



Michigan Technological University Pre-Qualification Procedure for Construction Contractors

Michigan Technological University requires all general contractors and construction managers bidding on construction projects to complete the Pre-Qualification process on a yearly basis. **Note that the Pre-qualification approval expires every year on December 31 of that year.** Download the form from the Facilities Management website – <https://www.mtu.edu/facilities/admin-planning/projects/contractor/index.html> or contact the Facilities Administration & Planning (A&P) office at 906-487-2303.

A full Pre-Qualification package includes the form fully filled out and the Contractors written Safety and Health Management System Plan.

Facilities A&P Project Managers will use the list of pre-qualified contractors to determine the qualified bidders list. Contractors may be eliminated as qualified bidders based on the following:

- They have not completed a pre-qualification package.
- Their bonding capacity will not cover the estimated cost of the project.
- The project falls outside their desired minimum/maximum project size.
- Michigan Tech determines that information on the contractor's pre-qualification form is in error.
- The contractor does not have a written Construction Health & Safety Program or Accident Prevention Program.
- The submitted pre-qualification does not satisfactorily meet the evaluation criteria noted below.

Michigan Technological University will evaluate the Contractor's pre-qualification submittal based on the following:

- 1. Does the required Contractor's Safety Plan include the 5 primary elements recommended by the State of Michigan LARA/MIOSHA?**
 - a. Management Commitment and Planning**
 - b. Employee Involvement**
 - c. Worksite Analysis**
 - d. Hazard Prevention and Control**
 - e. Safety and Health Training**
- 2. Does the Safety Plan describe how the Worksite Analysis will be applied to each individual Michigan Tech Project?**
- 3. Is the Contractor's EMR below 1.0 for the most recent year, and is a letter from their insurance carrier noting this provided?**
- 4. Does the contractor have workmans compensation insurance, or has an authorization letter from the State for self-insurance approval been provided?**
- 5. Does the Contractor have a designated safety Officer?**



Michigan Tech project teams may choose to include additional qualifications that are project specific in their bid package such as:

- Relevant Project Experience
- Superintendent Experience
- Sub-contractor Experience/Qualifications

Michigan Tech retains the right to remove bidders from their pre-qualified list if:

- Their performance on past projects is determined to be unsatisfactory.

Expiration:

- This Contractor Pre-Qualification form will expire on December 31, 2025.

Re-Qualification:

- Entities are required to update pre-qualification information every calendar year.
- Entities are responsible for keeping pre-qualification information current.
- If an entity is removed from the qualified list, they may resubmit a new pre-qualification form after 12 months.
- Michigan Tech will inform contractors as the re-qualification date approaches.



**Michigan
Technological
University**

Michigan Technological University Facilities Administration & Planning

Pre-Qualification Form (PQF) For Contractors

Please submit all Pre-Qualification Forms to:

Michigan Technological University
Facilities Administration & Planning
Facilities Building 100
1400 Townsend Drive
Houghton, MI 49931
facilities@mtu.edu



General Information

*Required fields must be filled out completely to be submitted for approval.

*Company Name:		*Telephone:	
*Street Address:		*Mailing Address:	
*Date:		E-Mail Address:	
1. Officers President: Vice President: Treasurer:			
2. *How many years has your organization been in business under your present entity name?			
3. *Parent Company Name (if applicable or n/a):			
City:		State:	Zip:
4. *Under Current Management Since (Date):			
5. *Company Contact for Insurance Information:			
Name:			
Title:		Telephone:	Email:



6. *Insurance Carrier(s)		
Name	Type of Coverage	Telephone
7. *Are you self-insured for Worker's Compensation Insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No 7A. If yes please provide a copy the authorization letter from the State of Michigan Workman's Compensation Agency.		
8. *Contact for Requesting Bids:		
Name:	Title:	
Telephone:	Email:	
9. *Pre-Qualification Form completed By:		
Name:	Title:	
Telephone:	Email:	

Organization

1. *Form of Business: <input type="checkbox"/> Sole Owner <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation
2. *Describe Services Self Performed: <input type="checkbox"/> General Contractor <input type="checkbox"/> Mechanical Contractor <input type="checkbox"/> Electrical Contractor <input type="checkbox"/> Other (please list):
3. Describe Additional Services Performed:

4. Attach a list of major equipment (e.g. cranes, Aerial Lifts, forklifts) your company has available for work at this facility and the method of establishing competency to operate:

5. *Largest Job During the Last 3 Years: \$

6. *Your Entity's Desired Project Size:

Maximum: \$

Minimum: \$

7. Bonding Capacity: \$

Work History

1. *Are there any judgements, claims or suits pending or outstanding against your company?

Yes No

If yes, please attach details

2. *Are you, or have you, ever been involved in any bankruptcy or reorganization proceedings?

Yes No

If yes, please attach details

3. *Has your organization ever failed to complete any work awarded to it?

Yes No

If yes, please attach details.

4. *Has your organization been involved in any lawsuits or arbitration with regard to construction contracts within the last five years?

Yes No

If yes, please attach details.

5. *Within the last five years, has any officer or principal of your organization ever been an officer or principal of another organization when it failed to complete a construction contract? (If the answer is yes, please attach details)

Yes No

If yes, please attach details.



6. *Provide the following information on three owners that have used your services. Educational owners preferred.	
a) Entity Name:	
Contact Name:	
Project	
Address:	
Telephone:	Email:
b) Entity Name:	
Contact Name:	
Project	
Address:	
Telephone:	Email:
c) Entity Name:	
Contact Name:	
Project	
Address:	
Telephone:	Email:



7. *Provide the following information on two architects that you have worked with in the past five years. Educational projects preferred.

a) Entity Name:

Contact Name:

Project

Address:

Telephone:

Email:

b) Entity Name:

Contact Name:

Project

Address:

Telephone:

Email:

Safety and Health Performance

1. *Worker's Compensation Experience Modification Rate (EMR) Data

a) EMR is:

Interstate Rate

Intrastate Rate

Monopolistic State Rate

Dual Rate

c) State or Origin:

e) Provide letter from Insurance Carrier documenting the noted EMR.

b) EMR for last three years:

_____ 20_____

_____ 20_____

_____ 20_____

d) EMR Anniversary Date:



2. *Injury and Illness Data:

a) Employee hours worked last three (3) years (excluding subcontractors)

Year: 20_____

Hours:

Year: 20_____

Hours:

Year: 20_____

Hours:

b) Provide the following data excluding subcontractor) using your OSHA 300 Forms for the past three (3) years: (Notes: Data should be the best available data applicable to the work in this region or area. If your company is not required to maintain OSHA 300 forms, please provide information from your Worker's Compensation Insurance carrier itemizing all claims for the last three years).

Injury related fatality:

20_____

Number:

Rate:

20_____

Number:

Rate:

20_____

Number:

Rate:

Lost workday case injuries involving days away from work, or days of restricted work activity or both:

20_____

Number:

Rate:

20_____

Number:

Rate:

20_____

Number:

Rate:

Injuries involving medical treatment only:

20_____

Number:

Rate:

20_____

Number:

Rate:

20_____

Number:

Rate:

Total OSHA Recordable Injury Rate:

20_____

Number:

Rate:

20_____

Number:

Rate:

20_____

Number:

Rate:



3. Have you received any regulatory (EPA, OSHA, etc.) citations in the last three years?

Yes No

Safety and Health Programs and Procedures

1. *Highest ranking safety/health professional in the company:

Name:

Title:

Telephone:

Email:

2. *Do you have or provide the following:

a) Full time Safety/Health Director

Yes No

b) Full time Safety/Health Supervisor

Yes No

c) Full time Job Safety/Health Coordinator

Yes No

3. Do you have or provide the following:

a) Safety/Health Incentive Program

Yes No

b) Company paid Safety/Health Training

Yes No

4. Do you have a substance abuse program including Testing?

Yes No

5. Do you provide asbestos Type 1 training for your employees?

Yes No



5. Do your employees read, write and understand English such that they can perform their job tasks safely without an interpreter?

Yes No

If no, provide a description of your plan to assure that they can safely perform their jobs.

6. Is the Health and Safety Plan attached?

Yes No

Print Entity Name/Principal

Signature/Principal

Date

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Facilities Administration & Planning
Facilities Building 100
1400 Townsend Drive
Houghton, MI 49931
facilities@mtu.edu