

4 February 2014

Prospective Bidders

Re: Request for Qualifications (RFQ)
Holland BPW Holland Energy Park Project -
Decontamination and Demolition
Fairbanks Avenue
Holland, Michigan



Dear Prospective Bidders:

Environmental Resources Management, Inc. (ERM) has noted your interest in providing a bid for the upcoming project in Holland, Michigan. The Project can be summarized as follows:

- Building materials abatement (i.e., asbestos, lead paint, and other materials). Surveys of building materials have been completed.
- Decontamination of equipment and facilities.
- Demolition of all structures that formerly comprised the Atmosphere Processing, Inc. facility, including one multi-story plant (approximately 100,000 square feet ground floor), approximately six commercial buildings, and 30 residences.
- Demolition of floor slabs and foundations, underground structures such as process piping and utilities.
- On-site reduction of building materials suitable for use as fill and placement and grading consistent with the development plan.
- Off-site management of all building contents and associated facilities including but not limited to machinery, equipment, furniture, piping, ancillary facilities, universal wastes, and other waste materials.
- Limited soil remediation.

Please complete the attached pre-qualification form (Attachment 1) and provide the requested information to:

ERM
3352 128th Avenue
Holland, MI 49424
Attn: Mr. Thomas O'Connell, P.E.
thomas.oconnell@erm.com

SUBCONTRACTOR PREQUALIFICATION EVALUATION CRITERIA

ERM, on behalf of the Holland BPW as the Owner, is extending this prequalification opportunity to those contractors who have expressed interest in the Project. Only qualified contractors will be extended an invitation to bid.

ERM evaluates subcontractors who perform work in the field to ensure they meet minimum health and safety criteria. Minimum criteria for obtaining an invitation to bid the Project are as follows:

- No fatalities in the past 5 years.
- A total incidence rate (TRIR) at or below the industry average for the past 3 years based on NAICS code.
- A lost/restricted rate (DART) at or below the industry average for the past 3 years based on NAICS code.
- Experience Modification Rate (EMR) at or below 1.0 for the past 3 years.
- Possess a Work Force trained under OSHA 1910.120 Hazardous Waste Operations and Emergency Response Standard (HAZWOPER).

In addition to the above criteria, bidders will be evaluated based on the following:

- Violations, citations, warnings, etc. from governmental agencies related to health, safety, and environmental issues, including asbestos work.

- Bonding capacity.
- Prospective bidders with annual demolition revenues sufficient to successfully implement the Project.
- Prospective bidders that can perform all work in-house are preferred. By completing this Prequalification Form, prospective bidders who cannot perform all work in-house are guaranteeing their subcontractors will be able to meet all the prequalification criteria in this request.
- The professionalism, thoroughness, and detail of the safety and training and other documentation requested herein.
- Licensing, and other requirements in the Prequalification Form.
- Ability to meet the following insurance, at a minimum; these coverage limits may be increased in the final bid package:
 - *Worker's Compensation (Statutory)*
 - *Employer's Liability (\$1,000,000)*
 - *General Liability (\$2,000,000 each occurrence/\$4,000,000 in the aggregate)*
 - *Automobile (\$1,000,000 combined single limit)*
 - *Umbrella Liability (\$5,000,000 minimum)*
 - *Professional Liability (\$1,000,000)*
 - *Contractor's Pollution Liability (\$3,000,000)*
 - *Railroad Protective Liability (the form of the policy and limits shall be determined by the railroad company involved)*

Access will not be allowed to the property prior to completion of this Prequalification package. Furthermore, prospective bidders are asked to direct all communications through the ERM staff referenced herein.

SCHEDULE

The bid package is anticipated to be issued to qualified bidders in late February/early March with mobilization to commence the project in May 2014.

Please forward your response by 5:00 pm EST, 18 February 2014.

Should there be any questions, you can reach me at (616) 738-7340 or by email at thomas.oconnell@erm.com.

Sincerely,



Thomas P. O'Connell, P.E.
Partner in Charge

Attachment

cc: J. Myrick
File

Prequalification Form

Attachment 1

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Environmental Resources Management, Inc. (ERM) expects that its subcontractors will be prepared, through training and positive experience, to conduct their work safely. We plan to have no disruption to the job from health and safety issues of any kind. A contractor's health and safety experience is one of the criteria for selection and a continuing positive relationship with ERM.

Instructions: Please answer the following questions completely in this form.
 As requested, attach supporting information to this completed form.
 An officer of your Company must sign at the end of this form (in Part VII).
 Return a **hard copy** to the following address:

Tom O'Connell
 Environmental Resources Management, Inc.
 3352 128th Avenue
 Holland, MI 49424

PART I. GENERAL INFORMATION

1. Company general information

Company Legal Name(s):	
SIC Code:	
Company Address:	
Web Site Address:	

Is your company registered in the Pacific Industrial Contractor Screening System (PICS)?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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2. Contact people within your Company

	Health & Safety Contact	Main Business Contact
Name:		
Phone Number:		
Fax Number:		
E-mail:		

3. Your Company's main contact within ERM if available (provide name and phone number)

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4. Complete the table below regarding your Company's recent history.

Last 3 Years (list)	Employee Hours Worked	Number of Full-time Employees	Gross Revenue (\$)
20__			
20__			
20__			

5. Provide a current Statement of Qualification (SOQ) for your Company, including relevant recent work experience. Please include relevant experience with recycling/reuse of materials and on-site concrete and masonry reduction. Attach that to this completed form.

The SOQ is attached:	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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PART II. OSHA AND ACCIDENT INFORMATION (will also be required on the SCJ AID-700 pre-qualification package)

1. Provide your Company's OSHA Injury/Illness Logs (200/300) for the last three years. Attach them to this completed form.

The OSHA Logs are attached:	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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2. Complete the table below regarding your Company's OSHA recordable injury incidence rates for the last three years and the basis for the rates, *even if OSHA Log completion is not required for your Company.*

Last 3 Years (list)	TRIR	Basis
20__		
20__		
20__		

(Frequency Rate equals number of OSHA recordable injuries times 200,000 divided by the total number of man-hours worked.)

3. Has your Company experienced any OSHA violations in the last three years? If so, what were the issues and how were they resolved?

4. What is the most serious injury that your Company has experienced in the last 5 years?

5. If your Company *is not required* to submit OSHA logs, then provide by attaching to this completed form a certification on company letterhead signed by a certified company official with information about the specific injury/illness record by year for the last three years.

My Company <i>is not required</i> to complete OSHA logs. Documentation to this effect is attached:	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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6. Does your company have a work force trained under OSHA 1910.120 Hazardous Waste Operations and Emergency Response Standard (HAZWOPER)?

OSHA 1910.120 Trained Work Force?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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What percentage of your field staff, operators, safety professionals, project managers, and supervisors have this OSHA training? _____%

7. Is your company licensed to conduct asbestos abatement in Michigan?

Asbestos Abatement license and capability?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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PART III. INSURANCE AND LICENSE INFORMATION

1. On your insurance carrier’s letterhead, provide your Company’s Workman’s Compensation Experience Modifier Rate (EMR) for the *last three years*. Attach that to this completed form.

The last 3 years’ EMR information is attached:	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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2. Provide a sample Certificate of Insurance identifying all coverages and the minimum limits as indicated in the cover letter to this form. Attach that to this completed form.

The sample Certificate of Insurance is attached:	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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PART IV. SAFETY MANAGEMENT AND EMPLOYEE TRAINING INFORMATION

1. Using the table below, indicate whether your Company has the following plans or programs in place. Attach additional information to this completed form as requested.

Plan or Program Description	Yes	No
Written Safety and Health Program (if yes, attach the table of contents to this completed form)	<input type="checkbox"/>	<input type="checkbox"/>
Written Emergency Action Plan	<input type="checkbox"/>	<input type="checkbox"/>
Written Drug and Alcohol Program	<input type="checkbox"/>	<input type="checkbox"/>
Written Contingency Plan dealing with business interruption issues	<input type="checkbox"/>	<input type="checkbox"/>
Employee Craft Training Program	<input type="checkbox"/>	<input type="checkbox"/>

2. How does your Company assure that subcontractors have good safety performance and are prepared to work safely on your Company’s projects?

3. Using the table below, indicate whether your Company trains employees on the following topics.

Topic	Yes	No
Respiratory Protection	<input type="checkbox"/>	<input type="checkbox"/>
40-hr HAZWOPER	<input type="checkbox"/>	<input type="checkbox"/>
Lockout/Tagout	<input type="checkbox"/>	<input type="checkbox"/>
Heat Stress	<input type="checkbox"/>	<input type="checkbox"/>
Electrical Safety	<input type="checkbox"/>	<input type="checkbox"/>
Hazard Communication	<input type="checkbox"/>	<input type="checkbox"/>
Hazard Recognition/Hazard Assessment	<input type="checkbox"/>	<input type="checkbox"/>
Hearing Conservation	<input type="checkbox"/>	<input type="checkbox"/>

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Topic	Yes	No
Personal Protective Equipment	<input type="checkbox"/>	<input type="checkbox"/>
Fork Lift/Industrial Powered Trucks	<input type="checkbox"/>	<input type="checkbox"/>
Confined Spaces	<input type="checkbox"/>	<input type="checkbox"/>
Lifting Devices	<input type="checkbox"/>	<input type="checkbox"/>
Fall Protection	<input type="checkbox"/>	<input type="checkbox"/>
Asbestos and Non-Asbestos Respirable Fibers	<input type="checkbox"/>	<input type="checkbox"/>

PART V. INFORMATION REQUIRED FOR TRANSPORTATION SERVICES

Note: If your Company intends to provide transportation services to (onsite or offsite) ERM, then this Part *must be completed*. Otherwise, skip this Part.

1. Identify the types of cargo your Company is licensed to carry. Check all that apply.

- General Freight Liquid/Gases Intermodal Chemicals
 Non-Hazardous Waste Hazardous Waste Radiological
 Other (please describe): _____

2. Using the table below, provide data regarding accidents experienced during the most recent 12 month period.

Period Start (mo./yr.): _____ Period End (mo./yr.): _____

	Fatality	Injury	Tow	Total (sum)
Number Occurring:				

PART VI. PLEASE PROVIDE THE FOLLOWING INFORMATION

- What is your company's Bonding capacity? \$_____ million.
- Identify your Bonding Underwriter.
- Provide five (minimum) project summaries for completed projects similar in nature to the HBPW decontamination and demolition project, with current references and telephone numbers.
- Has your company ever defaulted on a bonded job? _____ If yes, provide explanation.
- Is your company Dunn and Bradstreet rated, if so what is the rating?
- Has your company received a violation, notice, warning, fine, or similar from a regulatory agency or governmental unit for any action or activity related to demolition, environmental or health and safety issues, including asbestos work within the last 5 years? If so, describe the nature of all such incidents.
- Identify and describe any suits, enforcement actions, or other legal actions against your company or any of its parent, subsidiaries, or affiliates that are currently pending or have been adjudicated or settled within the last three years, that involve or involved, as applicable, allegations that your company breached a contract, violated a law or regulation, or was

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negligent. For each, identify the parties, the action number, the date initiated, and the date settled or adjudicated if applicable, and briefly describe the circumstances and nature of the claim, the outcome if applicable, and the current status. In the description, specifically highlight any issues or allegations relating to safety or job performance. Also identify whether the circumstances involved demolition, decontamination, and/or decommissioning.

PART VII. CONTRACTOR / SUPPLIER SIGNATURE BLOCK

Company Officer's Name (Print):	_____
Title:	_____
Signature:	_____
Date:	_____

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