



## Accredited Company Application Form

Company Name: \_\_\_\_\_

Representative: \_\_\_\_\_ Date Submitted: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Country: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Website: \_\_\_\_\_

### Business Form

Company Type:  Corp.  LLC  Partnership  Joint Venture  Other

Year Founded: \_\_\_\_\_ State of Incorporation: \_\_\_\_\_

Former Company Name (if applicable): \_\_\_\_\_

#### 1. Contractor License Information

State: \_\_\_\_\_ License #: \_\_\_\_\_ Expires: \_\_\_\_\_

States Your Organization is Qualified to do Business In: \_\_\_\_\_

Unions Your Company is Signatory to (if any): \_\_\_\_\_

#### 2. Main Office Contact Information

Name: \_\_\_\_\_ Email: \_\_\_\_\_

Phone: \_\_\_\_\_ Mobile: \_\_\_\_\_

#### 3. Owner/Principal/Representative

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Email: \_\_\_\_\_

#### 4. Field Supervisors

Names: \_\_\_\_\_

*Attach additional page with names, titles, emails, years of experience, qualifications, job duties and applicable training received.*

# The CSDA Accredited Company Program



## 5. Work Performed by Company

- Wall Sawing     Wire Sawing     Core Drilling     Slab Sawing  
 Grinding / Grooving     Polishing / Surface Prep / Coatings / Joint Filling  
 GPR Imaging     Demolition     Robotic Demo     Non-Destructive Testing

## 6. Market Segments Serviced (Approximate Percentages Per Area)

- Commercial \_\_\_\_\_     Residential \_\_\_\_\_     Institutional \_\_\_\_\_     Industrial \_\_\_\_\_  
 DOT \_\_\_\_\_     Public \_\_\_\_\_     Private \_\_\_\_\_

## 7. Construction Volume (\$ in millions)

- |                                    |                              |                              |                             |
|------------------------------------|------------------------------|------------------------------|-----------------------------|
| 1 <sup>st</sup> Past Calendar Year | <input type="checkbox"/> 0-1 | <input type="checkbox"/> 1-5 | <input type="checkbox"/> 5+ |
| 2 <sup>nd</sup> Past Calendar Year | <input type="checkbox"/> 0-1 | <input type="checkbox"/> 1-5 | <input type="checkbox"/> 5+ |
| 3 <sup>rd</sup> Past Calendar Year | <input type="checkbox"/> 0-1 | <input type="checkbox"/> 1-5 | <input type="checkbox"/> 5+ |

## 8. Largest Project in Last Five Years (List \$ Amount in 000's)

Name: \_\_\_\_\_ Size (\$): \_\_\_\_\_

## 9. Typical Project Size (List \$ Amount)

Size (\$): \_\_\_\_\_

## 10. Annual Work Capacity (List \$ Amount)

Size (\$): \_\_\_\_\_

## 11. Average Number of Employees

Office: \_\_\_\_\_ Field Management: \_\_\_\_\_ Shop: \_\_\_\_\_ Tradespeople: \_\_\_\_\_ TOTAL: \_\_\_\_\_

## 12. Do your employees read, write and understand English so they can safely and competently perform their tasks without an interpreter?

Yes:  No:

If no, how do you assure they can safely and competently perform their tasks? How do your non-English speaking employees communicate and how are they communicated with to understand safety guidelines and job protocols?

# The CSDA Accredited Company Program



13. Does your company have an orientation program?

Yes:  No:

If yes, please describe what is included in the orientation.

14. Have you ever failed to complete a project or been required to leave a job due to performance issues?

Yes:  No:

If yes, please explain.

15. How do you ensure your company's proper full compliance with insurance regulations?

**16. EMR Rates for the Past 3 Years:**

\_\_\_\_\_ **Current** \_\_\_\_\_ **Past Year** \_\_\_\_\_ **Second Past Year**  
*Attach official documentation if current EMR is above 1 and provide explanation of ongoing efforts to reduce it.*

**17. Current OSHA 300 (if applicable):** \_\_\_\_\_ *Attach official documentation.*

**18. Do you participate in trade association memberships and nationally-accredited programs? If so, please list and attach a list if necessary.**



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## Legal/Financial

19. Is your firm in compliance with all EEO requirements?

Yes:  No:

20. Has your company ever been fined or penalized for failure to meet compliance or regulatory requirements?

Yes:  No:

If yes, please explain.

21. Has your company or any of its principals ever petitioned for bankruptcy, failed in business, defaulted, or been terminated on a contract awarded to you?

Yes:  No:

If yes, please explain.

22. Have any of the owners, officers, or major stockholders of your company ever been convicted of any felony or other criminal conduct?

Yes:  No:

If yes, please explain.

23. Has your company ever been disbarred or otherwise precluded from pursuing public work or ever been found to be non-responsive by a public agency?

Yes:  No:

If yes, please explain.

24. Has your company ever had a claim made against it for improper, delayed, defective, or non-compliant work or failure to meet warranty obligations?

Yes:  No:

# The CSDA Accredited Company Program



If yes, please explain.

25. Does your company have any outstanding judgments or claims against it?

Yes:  No:

If yes, please explain.

26. Has any litigation been brought against your company in the past 5 years asserting that you failed to make payments to anyone?

Yes:  No:

If yes, please list and explain.

27. Are there any criminal citations against your company or owners in the last 3 years?

Yes:  No:

If yes, please explain.

## Insurance

28. Please attach a current certificate of insurance covering each line below.

Commercial General Liability Carrier: \_\_\_\_\_

Excess Liability Carrier: \_\_\_\_\_

Workers Liability & Employers Liability Carrier: \_\_\_\_\_

Automobile Liability Carrier: \_\_\_\_\_

Professional Liability Carrier: \_\_\_\_\_



## Safety

### 29. Identify your Company Safety Policy: \_\_\_\_\_

The policy should:

- Be appropriate to the nature and scale of risks.
- Include commitment to prevention of injury and ill health and continual improvement.
- Includes commitment to comply with legal and other requirements related to hazards.
- Is documented, implemented, maintained, and communicated and understood by employees.
- Is available to interested parties outside the company.
- Is periodically reviewed for relevance.

*Attach separate sheet if required.*

### 30. Does your company have a designated person responsible for safety within your company?

Yes:  No:

### 31. Do they do safety inspections on projects?

Yes:  No:

If yes, frequency: \_\_\_\_\_ *Please attach copies of example forms.*

### 32. Does your company have a written safety manual?

Yes:  No:

*If yes, provide a copy of the safety manual (PDF preferred).*

### 33. Does the safety program address the following elements?

Management Commitment & Expectations	Yes:	<input type="checkbox"/>	No:	<input type="checkbox"/>
Employee Participation	Yes:	<input type="checkbox"/>	No:	<input type="checkbox"/>
Accountabilities & responsibilities for mgrs., supervisors, employees & ownership	Yes:	<input type="checkbox"/>	No:	<input type="checkbox"/>
Resources for meeting safety health & environmental requirements—please attach sample	Yes:	<input type="checkbox"/>	No:	<input type="checkbox"/>
Periodic safety & health performance appraisals for all employees—please attach sample	Yes:	<input type="checkbox"/>	No:	<input type="checkbox"/>
Safety, health, environmental recognition program	Yes:	<input type="checkbox"/>	No:	<input type="checkbox"/>
Hazard recognition and control	Yes:	<input type="checkbox"/>	No:	<input type="checkbox"/>

### 34. Does the program satisfy your responsibility under OSHA regulations for:

Ensuring your employees follow safety rules?	Yes:	<input type="checkbox"/>	No:	<input type="checkbox"/>
Advising the client of any unique hazards presented by your work and of any hazards found by your company?	Yes:	<input type="checkbox"/>	No:	<input type="checkbox"/>

# The CSDA Accredited Company Program



## 35. Does program include work practices and procedures such as:

*Please provide copies of procedures. If not applicable, please state and explain.*

Lockout/ tag out	Yes:	<input type="checkbox"/>	No:	<input type="checkbox"/>
Confined space entry	Yes:	<input type="checkbox"/>	No:	<input type="checkbox"/>
Injury and illness recording	Yes:	<input type="checkbox"/>	No:	<input type="checkbox"/>
Fall protection	Yes:	<input type="checkbox"/>	No:	<input type="checkbox"/>
Personal Protective Equipment (PPE)	Yes:	<input type="checkbox"/>	No:	<input type="checkbox"/>
Portable electrical/ power tools	Yes:	<input type="checkbox"/>	No:	<input type="checkbox"/>
Vehicle safety	Yes:	<input type="checkbox"/>	No:	<input type="checkbox"/>
Compressed gas cylinder	Yes:	<input type="checkbox"/>	No:	<input type="checkbox"/>
Electrical equipment	Yes:	<input type="checkbox"/>	No:	<input type="checkbox"/>
Powered industrial vehicles (cranes, forklifts, man lifts)	Yes:	<input type="checkbox"/>	No:	<input type="checkbox"/>
Housekeeping	Yes:	<input type="checkbox"/>	No:	<input type="checkbox"/>
Accident/ incident reporting	Yes:	<input type="checkbox"/>	No:	<input type="checkbox"/>
Unsafe conditions	Yes:	<input type="checkbox"/>	No:	<input type="checkbox"/>
Emergency preparedness, including evacuation plan	Yes:	<input type="checkbox"/>	No:	<input type="checkbox"/>
Waste disposal/ waste minimization/ spill protection	Yes:	<input type="checkbox"/>	No:	<input type="checkbox"/>
Back injury prevention	Yes:	<input type="checkbox"/>	No:	<input type="checkbox"/>
Heat stress prevention	Yes:	<input type="checkbox"/>	No:	<input type="checkbox"/>
Scaffolding erection – scaffolding use	Yes:	<input type="checkbox"/>	No:	<input type="checkbox"/>

## 36. Do you have a written program for the following:

*If so, attach the program.*

Hearing conservation	Yes:	<input type="checkbox"/>	No:	<input type="checkbox"/>
Respiratory protection	Yes:	<input type="checkbox"/>	No:	<input type="checkbox"/>
100% hard hat compliance	Yes:	<input type="checkbox"/>	No:	<input type="checkbox"/>
Company-wide substance abuse policy	Yes:	<input type="checkbox"/>	No:	<input type="checkbox"/>
Drug-free work program	Yes:	<input type="checkbox"/>	No:	<input type="checkbox"/>
Return to work/light duty program	Yes:	<input type="checkbox"/>	No:	<input type="checkbox"/>

# The CSDA Accredited Company Program



If you have answered no to any of the items above, please explain here:

37. Describe your company's annual documented safety goals.

38. Does your company require documented safety meetings for employees?

Yes:  No:

*Attach example from a safety meeting.*

If yes, indicate the frequency (where applicable):

<b><u>General Employees</u></b>	Yes: <input type="checkbox"/>	No: <input type="checkbox"/>				
Once a Month <input type="checkbox"/>	Once every 6 months <input type="checkbox"/>	Once a year <input type="checkbox"/>	Other <input type="checkbox"/>			
<b><u>Field Supervisors</u></b>	Yes: <input type="checkbox"/>	No: <input type="checkbox"/>				
Once a Month <input type="checkbox"/>	Once every 6 months <input type="checkbox"/>	Once a year <input type="checkbox"/>	Other <input type="checkbox"/>			
<b><u>New Hires</u></b>	Yes: <input type="checkbox"/>	No: <input type="checkbox"/>				
Once a Month <input type="checkbox"/>	Once every 6 months <input type="checkbox"/>	Once a year <input type="checkbox"/>	Other <input type="checkbox"/>			
<b><u>Subs &amp; Vendors</u></b>	Yes: <input type="checkbox"/>	No: <input type="checkbox"/>	N/A: <input type="checkbox"/>			
Once a Month <input type="checkbox"/>	Once every 6 months <input type="checkbox"/>	Once a year <input type="checkbox"/>	Other <input type="checkbox"/>			

39. Safety Training Program (attach training records, where applicable)

Have field employees been:

Fit Tested	Yes: <input type="checkbox"/>	No: <input type="checkbox"/>
Medically Approved/Fit for Duty	Yes: <input type="checkbox"/>	No: <input type="checkbox"/>
Trained on Hazard Communication	Yes: <input type="checkbox"/>	No: <input type="checkbox"/>



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Trained on Noise Exposure Yes:  No:

Trained on Silica Exposure Yes:  No:

40. Does your company have a disciplinary program in place for safety violations?

Yes:  No:

If yes, please explain.

41. Does your company review the safety management systems of your subcontractors?

Yes:  No:  N/A:

If so, do you require documentation?

Yes:  No:

42. Does your company conduct accident/incident investigations?

Yes:  No:

43. Does your company hold monthly tool box safety meetings?

Yes:  No:

44. Does your company have an SDS program?

Yes:  No:

45. Are SDS sheets available to your clients on jobsites (supply example SDS sheet)?

Yes:  No:

46. Do you conduct documented equipment inspections (supply equipment inspection form)?

Yes:  No:

47. Do you conduct documented jobsite safety inspections (supply jobsite inspection form)?

Yes:  No:

48. Has your company reviewed CSDA safety provisions and the association's Standards, Tolerances and Best Practices?

Yes:  No:

[Click Here](#) to review CSDA Standards, Specifications and Best Practices online.

# The CSDA Accredited Company Program



## Training

49. Does your company have Safety Data Sheet (SDS) training or equivalent?

Yes:  No:

Attach training agenda.

50. How many field employees do you have?\*

\*10% or at least one (1) must be a CSDA Certified Operator in at least (1) discipline (CSDA will provide a list of certified employees on its website for verification purposes).

51. Which CSDA training classes have your employees completed in the past year?

### Hands-On / Classroom Training

- \_\_\_\_\_ Concrete Polishing 101
- \_\_\_\_\_ Diamond Cutting: *Sharpen Your Skills*
- \_\_\_\_\_ Estimating
- \_\_\_\_\_ Mechanics
- \_\_\_\_\_ Robotic Demolition
- \_\_\_\_\_ Slab Sawing & Core Drilling 101
- \_\_\_\_\_ Slab Sawing & Core Drilling 201
- \_\_\_\_\_ ST-115 Certification
- \_\_\_\_\_ Wall Sawing 101
- \_\_\_\_\_ Wall Sawing 201
- \_\_\_\_\_ Wire Sawing 101
- \_\_\_\_\_ Wire Sawing 201
- \_\_\_\_\_ Other

### Online Training

- \_\_\_\_\_ Core Drilling Safety
- \_\_\_\_\_ Cutting Edge
- \_\_\_\_\_ Hand Sawing Safety
- \_\_\_\_\_ Slab Sawing Safety
- \_\_\_\_\_ Wall Sawing Safety
- \_\_\_\_\_ Wire Sawing Safety

51. Describe how the company identifies training requirements.

52. Describe how the company ensures employees are competent to handle the job.

# The CSDA Accredited Company Program



## 53. Provide sample training records for each employee functional group below.

Do you comply with the following CSDA Certification requirements for employ training:

- 10% of field staff or at minimum one (1) must be a CSDA Certified Operator or equivalent in at least one (1) discipline.
- Additional Certified Operators shall be added at a minimum of every 24 months (if staff numbers allow).

*This requirement to be phased in over a 24-month period from inception of program or company joining; this CSDA certification or equivalent training to be administered and/or qualified by CSDA.*

Other staff safety/craft or professional training requirements as follows (any applicable to their duties or future life goals):

- Other operators/laborers/craftsmen (non-Certified Operators) require 20 hours per year per person or 1% of paid hours worked if less than 2,000 hrs.
- Shop labor/maintenance/mechanics require 10 hours per year per person or 0.5% of hours worked.
- Office staff and management require 6 hours per year per person or 0.5% of hours worked.

*These requirements to be phased in over 12 month period from inception of program or company joining.*

## Quality & Environmental Programs

### 54. Describe your quality control program:

- How do you ensure you have met the customer requirements?
- Describe controls to ensure consistent practices.
- Attach sample of records that are created ensuring that inspections have been conducted and results are satisfactory.

### 55. Describe your “green” environmental program.

- Describe any activities or practices that are in place. For example, recycling practices, practices to limit electricity use, etc.

### 56. Does your program comply with CSDA-BP-009 *Green Construction*?

Yes:  No:

## Maintenance of Equipment

### 57. Describe the types of equipment that fall into your maintenance program.

# The CSDA Accredited Company Program



**58. Describe any equipment that is NOT covered under your maintenance program.**

**59. Describe how you track repair and preventive maintenance done on your equipment.**

*Attach copy of maintenance log.*

**60. Describe how you determine intervals for preventive maintenance.**

**61. Describe your predictive maintenance program (if applicable).**

*Predictive maintenance is when you anticipate maintenance that will be required, and take preventive action based on data gathered. E.g. saw blades will last for xx cuts under normal conditions so instead of waiting until there are problems, when xx number of cuts are made, the blades are replaced.*

**62. Do you conduct inspections on operating equipment, e.g. cranes, forklifts, man-lifts, in compliance with regulatory requirements?**

Yes:  No:  N/A:

**63. Is your operating equipment maintained in compliance with regulatory requirements?**

Yes:  No:

**64. Do you maintain the applicable inspection and maintenance records for operating equipment?**

Yes:  No:

**65. If yes, attach examples of each for 3 pieces of equipment.**

# The CSDA Accredited Company Program



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## Acknowledgement

I certify that all the statements herein are true and understand that any falsification or willful omission shall be sufficient cause for disqualification of certification.

This form must be signed by a duly authorized representative of the company.

Signature\*: \_\_\_\_\_ Title: \_\_\_\_\_

Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

*\*An electronic copy of a signature can be added here, but a mailed, scanned or faxed version of this page with a handwritten signature should be provided upon submission of the Application Form.*

**End of Form**

### **Submit Application to:**

Chris Cervellera, Esq.  
Cerv Law, PLLC  
Email: [chris@cervlaw.com](mailto:chris@cervlaw.com)  
Phone: 727-619-4234