

CONTRACTOR OR CREW FILE REVIEW

REVIEW DATE:					
SERVICE PROVIDER:					
CONTRACTOR NAME:					
CONTRACTOR TYPE:	<input type="checkbox"/> Crew	<input type="checkbox"/> Plumbing	<input type="checkbox"/> Shell (Insulation and Ext)	<input type="checkbox"/> Electrical	<input type="checkbox"/> Mechanical (HVAC)
FACSPRO Status: <input type="checkbox"/> Eligible Contractor <input type="checkbox"/> Doc Incomplete <input type="checkbox"/> Ineligible Contractor					
	PRESENT	Date	Notes		
Contractor/SP Contract signed & Includes SWS (7.4.3 CONTRACT CONTENTS)	<input type="checkbox"/> YES <input type="checkbox"/> NO	Date Signed:			
LIABILITY INSURANCE	<input type="checkbox"/> YES <input type="checkbox"/> NO	Expiration Date:			
WORK COMP INSURANCE (IF HAVE EMPLOYEES)	<input type="checkbox"/> YES <input type="checkbox"/> NO	Expiration Date:			
Debarment Check (SAMS.gov only)	<input type="checkbox"/> YES <input type="checkbox"/> NO	Date Completed:			
LICENSE (COMPANY) (SHELL, PLUMB, ELEC.)	<input type="checkbox"/> YES <input type="checkbox"/> NO	Expiration Date:			
LICENSE (INDIVIDUAL) (SHELL, PLUMB, ELEC.)	<input type="checkbox"/> YES <input type="checkbox"/> NO	Expiration Date:			
BOND (MECH/NO LICENSE)	<input type="checkbox"/> YES <input type="checkbox"/> NO	Expiration Date:			
Lead Firm EPA Certified (Business) (MDH cert N/A)	<input type="checkbox"/> YES <input type="checkbox"/> NO	Expiration Date:			
Lead Renovator EPA Certified and/or Lead Safe Training (Individual) (MDH cert N/A)	<input type="checkbox"/> YES <input type="checkbox"/> NO	Expiration Date:			
Asbestos Firm Certification	<input type="checkbox"/> YES <input type="checkbox"/> NO	Expiration Date:			
Asbestos Contactor Certification	<input type="checkbox"/> YES <input type="checkbox"/> NO	Expiration Date:			
Criminal background check (completed per agency policy list of pass/fail ok)	<input type="checkbox"/> YES <input type="checkbox"/> NO	Date Completed:			