

WP 022 – Fire Suppression

PREQUALIFICATION QUESTIONNAIRE

BIDDER IS REQUIRED TO RESPOND TO ALL QUESTIONS, PROVIDE ALL REQUIRED DATA, COMPLETE THIS QUESTIONNAIRE AND ATTACH ALL REQUIRED ADDITIONAL INFORMATION

1.0 LOCATIONS & CONTACTS

PRIMARY LOCATION & CONTACT

Company Name: _____

Division Name: _____

Street Address: _____

City: _____ State/Province: _____ Zip Code: _____

County: _____ Country: _____

P.O. Box: _____ P.O. Box City: _____ P.O. Box Zip: _____

Sales Contact: _____ Title: _____

Phone: _____ FAX: _____ E-Mail: _____

Internet Web Page Links or URL: _____

OTHER LOCATIONS & CONTACTS

Attach a list of sales offices, representatives, or agents that act for your organization. For each location include the names, address, primary sales contact and title, and communications information similar to that furnished above. For each authorized representative or agent also state the extent to which they are authorized to act for your organization.

2.0 BIDDER'S PACKAGE SPECIFIC QUALIFICATIONS

WP-022 Fire Suppression Bidder Pre-Qualification Criteria:

Bidder shall provide all the necessary data and back-up information and any other substantiating evidence to demonstrate the following:

1. Regularly engaged in design, fabrication and installation of fire suppression systems including:
 - Design calculation
 - Fabrication drawings
 - Permit application
2. Evidence of design experience related to successfully completed or in-progress projects of similar complexity to the DCMP, within the last 5 years.
3. Details of current design / fabrication / installation projects for the next three (3) years. Provide tentative duration of design, fabrication and labor availability based upon existing workload, shop capacity, and the fabrication cycle.
4. Capability to produce in-house designs using experienced personnel, including the ability to provide design documents signed and sealed by a Professional Engineer licensed in the Commonwealth of Virginia. Familiarity with NFPA 130, Fairfax County, City of Falls Church, Metropolitan Washington Airports Authority, and Virginia Department of General Services (DGS) fire suppression design requirements is required.
5. List of satisfied clients (contact names and phone numbers)
6. Ability to prepare drawings in Micro-Station or Auto-Cadd format as required.
7. Example of and existing "execution plan" for a current or previous contract or similar document which summarizes your approach to the work, quality and staffing.
8. Provide qualifications of all lower tier subcontractors you propose to use.

3.0 ORGANIZATION

OWNERSHIP

Company is legally established as a: Corporation State of Incorporation: _____ Date: _____
 Partnership Partners _____
 Joint Venture Partners _____
 Proprietorship Owner: _____
 Other: Specify: _____

Is Company owned or controlled by a parent company? No Yes -- If yes, complete the following:

Legal Name of Parent Company: _____
 Full Address of Parent: _____
 Relationship to Parent: Subsidiary Division Date of Ownership: _____

BUSINESS TYPE

Select One from the following which most closely represents your business:

Manufacturer Distributor Lessor Erector/Installer/Constructor
 Representative/Agent Broker Transport Carrier Professional Service/Consultant

SOCIO ECONOMIC STATUS

Utilizing Business Classifications as defined by US Government agencies, Company certifies that its Classification is: (Attach copy of certification letter(s) if applicable)

Large Business Small Business Certified DBE Certified WBE Certified MBE
 Certified Small Disadvantaged Business (SDB) Woman-Owned Business SBA Certified 8(a)

MANAGEMENT

Attach organization chart(s) which illustrate how your business is organized to perform work and list below the officers, partners, or principles of the Company.

NAME	TITLE	PHONE	FAX
_____	_____	_____	_____
_____	_____	_____	_____

4.0 FINANCIAL & SALES

FINANCIAL DATA

Attach copy of most recent audited annual report, certified financial statement, or balance sheet and complete the following:

Tax Identification Number (TIN): _____ Dun & Bradstreet Number: _____ D & B Rating: _____
 Present Net Worth in US Dollars: _____ Date of Attached Finance Report: _____

SALES VOLUME & CAPACITY (US \$)

Annual Sales Volume for the Last Three Fiscal Years:


FY	\$	FY	\$	FY	\$
_____	_____	_____	_____	_____	_____

Sales Currently Booked: _____ Bidding Limits: Min _____ M
a
x

Attach an Experience Summary which describes your business experience in the past five years. Include descriptions of all major orders/projects completed. For each order/project listed identify and provide customer name, dates of performance, value, location, customer references, and for each direct-hired project state the total craft hours expended.

WORK MIX

State the amount of work performed in the following business sectors, as a percent of your Company's total sales volume:

Commercial: _____ % Government/Municipal: _____ % Industrial: _____ %
 Transit  %

Products or services furnished by Company have been utilized by Customers in which of the following business areas:

- | | | | |
|--|--|---|---|
| <input type="checkbox"/> Manufacturing | <input type="checkbox"/> Energy, Fossil | <input type="checkbox"/> Polymers & Chemicals | <input type="checkbox"/> Infrastructure |
| <input type="checkbox"/> Metals | <input type="checkbox"/> Energy, Nuclear | <input type="checkbox"/> Petroleum & Gas | <input type="checkbox"/> Military |
| <input type="checkbox"/> Mining | <input type="checkbox"/> Food | <input type="checkbox"/> Pharmaceutical | <input type="checkbox"/> Construction |
| <input type="checkbox"/> Pulp & Paper | <input type="checkbox"/> Consumer Products | <input type="checkbox"/> Biotechnology | <input type="checkbox"/> Other: |

NAICS: The North American Industry Classification System (NAICS) codes are used by the United States Federal Government to identify and classify specific categories of business activity that represent the lines of business a firm conducts. <http://www.sba.gov/services/contractingopportunities/sizestandardtopics/tableofsize/index.html>

List your firms Primary NAICS Code(s):

7.0 PERSONNEL

MANAGEMENT

	NAME	TITLE	Years of <u>Service</u>	
Quality	_____	_____	_____	
Production	_____	_____	_____	
Engineering	_____	_____	_____	
Procurement	_____	_____	_____	
Materials Mgmt.	_____	_____	_____	
Construction	_____	_____	_____	
Other	_____	_____	_____	
	<u>Total Number</u>	<u>Total Number</u>	<u>Average</u>	<u>Years</u>
	<u>3 Yr Average</u>	<u>Current</u>	<u>Service</u>	<u>Average Years</u>
Management/Staff	_____	_____	_____	_____
Quality	_____	_____	_____	_____
ES&H	_____	_____	_____	_____
Production	_____	_____	_____	_____
Project Controls	_____	_____	_____	_____
Engineering	_____	_____	_____	_____
Procurement	_____	_____	_____	_____
Materials Mgmt.	_____	_____	_____	_____
Construction	_____	_____	_____	_____
Other	_____	_____	_____	_____
Total Employees	_____	_____	_____	_____

Attach a summary of the qualifications of the Key Personnel listed above.

8.0 REGULATORY

- Do your Company's policies comply with the Equal Opportunity provisions of Executive Order 11246? Yes No
- Is your Company a participant in and/or has it implemented an Affirmative Action Plan? Yes No
- Does your Company currently implement a drug screening program for employees? Yes No

- Does your Company's Health and Safety Plan conform to the requirements set forth in Federal OSHA Hazard Communications Standards 29 CFR 1926 and 1910? Yes No
- Has your Company performed work under the requirements established in the Federal Acquisition Regulations (FAR's)? Yes No
- Does your Company have a small, disadvantaged, and woman-owned business program in place to address compliance with Public Law 95-507? Yes No
- Does your Company participate in a Disadvantaged Business Enterprise (DBE) program as defined in 49 CFR Part 26? Yes No
- Is your Company presently disbarred, suspended, or declared ineligible for the award of contracts by any federal agency or the Commonwealth of Virginia? Yes No
- Will your Company agree to comply with all applicable International Laws & Regulations, including export rules and regulations of the country of origin of commodities, software and technology including technical data and assistance? Yes No

9.0 QUALITY MANAGEMENT SYSTEM

BIDDER is requested to complete the following questionnaire regarding the controls which are in place to assure the quality of their Work/Products. **Answer the questions by Yes (Y), No (N), or Not Applicable (N/A). Attach relevant documents, as requested, as well as any other documents the BIDDER considers beneficial in the evaluation of the BIDDER's competence.**

BIDDER's responses to the Questionnaire are required as follows:

Received as a Prequalification Request Questions 1 through 40

Received in a Request for Proposal:

Not received previously as part of Prequalification package All Questions

Responses provided previously as part of Pre-qualification Question Nos. 41 & 42 only

1. ___ Does BIDDER have a currently valid ISO 9001 Certificate, for the relevant Scope of Work/Services?

If yes, please provide a copy.

2. ___ Does BIDDER currently implement a Quality Management System (QMS), per ISO 9001:1994, or a more recent equivalent Quality Standard (e.g., ISO 9001:2000)?

Please provide a copy of the document used to implement the QMS; e.g., Quality Management System Plan or Manual.

3. ___ Does BIDDER use a "Project" or a "Contract Specific" Quality Plan or Manual (i.e., a customized document that reflects specific Customer requirements) to execute relevant Scope of Work/Services?

If yes, please provide a copy of such a document currently being implemented or used on a recently executed project.

If no, please attach an explanation describing how QMS is implemented on a "Project" or a specific "Contract"?

Does BIDDER's Quality Management System (QMS) include appropriate controls pertaining to the following:

4. ___ Provisions for review of Customer's Procurement documents and implementation of appropriate controls to ensure compliance with specified requirements?

5. ___ Preparation, checking and approval of design documents?

6. ___ Coordination of design documents with other engineering disciplines?
7. ___ Verification of computer software?
8. ___ Specifying QMS requirements in procurement documents?
9. ___ Review of Supplier's and Subcontractor's design and quality related documents?
10. ___ Document controls associated with issuance of engineering documents to internal and external organizations?
11. ___ Retention of engineering documents associated with checking and inter-discipline coordination?
12. ___ Processing of design changes?
13. ___ Design verification/validation?
14. ___ Design documents Configuration management?
15. ___ Are Suppliers and Subcontractors selected on the basis of their capabilities to comply with the specified QMS requirements?
16. ___ Are Suppliers and Subcontractors required to submit, for review, their technical and/or quality related documents?
17. ___ Are inspections performed and/or tests witnessed, at the Supplier's facilities, during fabrication/manufacturing of purchased equipment/products?
18. ___ Are Suppliers required to provide quality verification documentation for equipment/products supplied by them?
19. ___ Is documentary evidence maintained to provide objective evidence that the Products will conform to the Purchase Order requirements?
20. ___ Are controls in place to ensure design/fabrication information and changes are controlled and incorporated in a timely manner?
21. ___ Are controls in place for the selection, evaluation and source inspection of procured items to ensure compliance to Purchase Order requirements?
22. ___ Are evaluations and controls established and maintained to control manufacturing processes and to ensure continuous control of the quality of the parts, components and assemblies?
23. ___ Is there a system for inspection and testing of material to assure that the Purchase Order requirements have been met?
24. ___ Are records maintained of all required inspections and tests performed on the Products to be furnished under this Purchase Order?
25. ___ Is surveillance maintained over preservation, marking, packing and shipping of equipment and materials to assure compliance with the Purchase Order requirements and industry standards to prevent damage, loss or substitution?
26. ___ Are controls in place to assure that nonconforming material is promptly identified and removed from normal production to prevent inadvertent use?
27. ___ Are controls in place to address corrective action and follow-up activities to avoid repetitive non-conformities?
28. ___ Are controls in place to assure that measuring and test equipment devices, used for final inspection/acceptance of Products being provided, are calibrated against certified standards?
29. ___ Quality Control, i.e., performance of inspections and tests by independent personnel, during various Construction activities?
30. ___ Performance of welding and non-destructive examinations?
31. ___ Qualifications of welders, personnel performing non-destructive examinations and associated Procedures?
32. ___ Receipt inspections of materials and equipment at Construction site?

33. ___ Handling, storage and preservation of materials and equipment at Construction site?
 34. ___ Identification and resolution of non-conformances?
 35. ___ Calibration of inspection, measuring and test equipment?
 36. ___ Retention and turnover of quality related records to the Customer, for Construction activities?
 37. ___ Performance of internal and external quality audits?
 38. ___ Periodic reviews of the adequacy and implementation of the Quality Management System?
 39. ___ Training and indoctrination of personnel?
 40. ___ Implementation of corrective and preventive actions, to preclude recurrence of quality related non-conformances?
 41. ___ Has BIDDER reviewed the Request for Quotation Section titled, 'Quality System Requirements' and determined that the BIDDER will comply with all the requirements specified in the document?
 42. ___ Does BIDDER have any exceptions to the requirements set forth in the Request for Quotation Section 9 titled 'Quality System Requirements'?
- If 'Yes', BIDDER shall attach a complete list of proposed exceptions.**

10.0 PERSONNEL & ASSOCIATIONS

CONSTRUCTION PERSONNEL

Number of construction personnel currently employed by your Company (excluding Subcontract personnel):		Total direct-hire craft hours expended during the last five Calendar Years:	
Office Staff	_____	CY	_____ Hrs _____
Field Staff	_____	CY	_____ Hrs _____
Crafts	_____	CY	_____ Hrs _____
Total		CY	_____ Hrs _____

ASSOCIATIONS

Identify the Trade Associations or Bidder's Associations with which your Company is affiliated:

11.0 LABOR RELATIONS

Operating basis of Company: Union Merit Open

If your Company operates as a Union Bidder, provide the following:

Who is responsible for Labor Relations in your Company?

Name: _____ Title: _____ Years of Service: _____

Will your Company work under a Project Agreement? Yes No - Explain: _____

Have there been any strikes or labor disputes in the past two years? No Yes - If so, provide details below:

If your Company operates as a Merit or Open Bidder, provide the following:

Project hiring practices (*Attach a copy*)

Organization and lines of communication for supervisors and labor crafts: _____

Do you have an active in-house training program? No Yes -- *if so, attach a program description*

List organizational efforts by any Labor Organization in the last two years:

List any pending or historic claims or charges against your Company over the past five years from the NLRB, EEO, or civil rights action groups:

12.0 SAFETY

List your Company's insurance Experience Modification Rate (EMR) for the last three years:

Interstate: Yr EMR Yr EMR Yr EMR

Intrastate: Yr EMR Yr EMR Yr EMR

List Company's OSHA Lost Work Day Case Incidence

List Company's OSHA Recordable Incidence

Rates for the last three years (per 200,000 hrs/yr worked):

Rates for the last three years (per 200,000 hrs/yr worked):

Yr Qty

Yr Qty

Yr Qty

Yr Qty

Yr Qty

Yr Qty

List Number of Fatalities for last five years

List Number of injury/illness cases involving restricted work activity for last five years:

List Number of days of restricted work activity due to injury/illness for last five years:

How often are accident report summaries sent to the following:

<u>Title</u>	<u>None</u>	<u>Monthly</u>	<u>Quarterly</u>	<u>Annually</u>
CEO	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
President or Vice President	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Manager of Construction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Project or Site Managers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Are site safety meetings held for field supervisors? No Yes -- if so, how often? _____

Does your Company have a Safety Department? No Yes Who is the Safety Officer? _____

Does your Company conduct project safety inspections? No Yes How often? _____

By whom? _____

Does your Company conduct craft "tool box" meetings? No Yes

How often? _____

Does your Company have a written Safety Manual? Yes -- *attach a copy* No -- why not: _____

Does your Safety Manual align with OSHA/regulatory standards applicable to your business? Yes No

Does your Company have a Hazardous Communication Program per OSHA 1926.59 and/or 1910.1200? No Yes -- if so, *attach a copy or a table of contents*

Does your Company have an orientation program for new hires? No Yes -- if so, does it cover the following:

Head Protection	<input type="checkbox"/> Yes <input type="checkbox"/> No	First Aid Practices & Equipment	<input type="checkbox"/> Yes <input type="checkbox"/> No
Eye Protection	<input type="checkbox"/> Yes <input type="checkbox"/> No	Hazard Communications	<input type="checkbox"/> Yes <input type="checkbox"/> No
Hearing Protection	<input type="checkbox"/> Yes <input type="checkbox"/> No	Housekeeping	<input type="checkbox"/> Yes <input type="checkbox"/> No
Respiratory Protection	<input type="checkbox"/> Yes <input type="checkbox"/> No	Trenching and Excavation	<input type="checkbox"/> Yes <input type="checkbox"/> No

Fall Protection	<input type="checkbox"/> Yes <input type="checkbox"/> No	Signs, Barricades, Flagging	<input type="checkbox"/> Yes <input type="checkbox"/> No
Scaffolding	<input type="checkbox"/> Yes <input type="checkbox"/> No	Electrical Safety	<input type="checkbox"/> Yes <input type="checkbox"/> No
Perimeter Guarding	<input type="checkbox"/> Yes <input type="checkbox"/> No	Rigging and Crane Safety	<input type="checkbox"/> Yes <input type="checkbox"/> No
Fire Protection	<input type="checkbox"/> Yes <input type="checkbox"/> No	Substance Abuse	<input type="checkbox"/> Yes <input type="checkbox"/> No
Emergency Response Procedure	<input type="checkbox"/> Yes <input type="checkbox"/> No	Lockout/Tagout Procedures	<input type="checkbox"/> Yes <input type="checkbox"/> No

Does Company have a program for newly hired or promoted foremen? No Yes -- if so, does it cover the following:

Safe Work Practices	<input type="checkbox"/> Yes <input type="checkbox"/> No	Accident Investigation Techniques	<input type="checkbox"/> Yes <input type="checkbox"/> No
Hazard Communication	<input type="checkbox"/> Yes <input type="checkbox"/> No	Fire Protection and Prevention	<input type="checkbox"/> Yes <input type="checkbox"/> No
Conducting Craft Toolbox Mtgs	<input type="checkbox"/> Yes <input type="checkbox"/> No	New Work Orientation	<input type="checkbox"/> Yes <input type="checkbox"/> No
Emergency Response Procedure	<input type="checkbox"/> Yes <input type="checkbox"/> No	Supervisor's Responsibility	<input type="checkbox"/> Yes <input type="checkbox"/> No
First Aid Procedures	<input type="checkbox"/> Yes <input type="checkbox"/> No	Injury Reporting Procedures	<input type="checkbox"/> Yes <input type="checkbox"/> No

13.0 SIGNATURE & CERTIFICATION

The official signing this document certifies that he/she is acting within the scope of his/her authority to make such representations and certifications, and that the information furnished in this document is current, complete, and accurate as of the date of signing.

Signed: _____ Date _____
Name: _____