

WP 001.05 – Fireproofing

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 001.05 – Fireproofing – Bidder Pre-Qualification Criteria:

Work package consists of Sprayed Fireproofing work at and around five (5) Passenger Stations, six (6) Entrance Pavilions, and two (2) Ventilation Buildings. Bidder shall provide all the necessary data and back-up information and any other substantiating evidence to demonstrate the following:

1. Regularly engaged in the preparation of submittals and installation of Fireproofing Systems work, including:
 - Spray-applied cementitious fireproofing systems for the protection of exposed structural steel
 - Inspection of and preparation of (if necessary) structural steel, fastening of any necessary attachments to the structural steel, quality assurance, and application of any necessary sealants to complete the work.
2. Evidence of application and/or application management experience related to successfully completed or in-progress projects of similar scope and complexity to the Dulles Corridor Metro Project (DCMP), within the last 5 years.
3. Capability to apply and/or manage the application and coordination process using experienced personnel, including the ability to provide supporting documentation.
4. Capability to perform the required work as a licensed contractor in the Commonwealth of Virginia.
5. Details of current installation projects for the next three (3) years. Provide tentative duration of projects currently underway based upon existing workload and capacity.
6. List of satisfied clients (contact names and phone numbers)
7. QA/QC program that is regularly updated and followed (traceability); include brief description of QA
8. Current ISO 9001 certification, if applicable.
9. 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.

10. Provide qualifications of all lower tier subcontractors / suppliers / erectors your firm proposes 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: _____

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		\$	
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Sales Currently Booked:		Bidding Limits: Min		Max	
Largest Contract Awarded & Completed:	Description				
Customer:		Value: \$		Year Completed:	

BONDING

Provide the following information together with a letter from your bonding company certifying your bonding capacity:

Bonding Company:		Contact:		Phone:	
Bonding Capacity (US \$):		Amount Currently Bonded (US \$):			

BANKING REFERENCES

Provide the following information pertaining to your primary banks:

Bank Names:					
Addresses:					
Contact Name:					
Phone No.:					
FAX No.:					

PERFORMANCE

Has your Company at any time failed to complete a contract or purchase order?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are there any judgments, claims, or suits pending or outstanding against your Company?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is your Company now, or has it ever been, involved in bankruptcy or reorganization proceedings?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Has your company at any time withdrawn a bid? (If "Yes" why?)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Has your company at any time made a Bid Protest? (If "Yes" why?)	<input type="checkbox"/> Yes <input type="checkbox"/> No
If the answer to any of the above is "Yes" explain fully here or in an attachment:	

5.0 PERSONNEL

MANAGEMENT

	NAME	TITLE	Years of <u>Service</u>	
Quality				
Production				
Engineering				
Procurement				
Materials Mgmt.				
Construction				
Other				
	Total Number 3 Yr Average	Total Number Current	Average Years Service	Average Years Experience
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.							

6.0 REGULATORY	
Do your Company's policies comply with the Equal Opportunity provisions of Executive Order 11246?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is your Company a participant in and/or has it implemented an Affirmative Action Plan?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does your Company currently implement a drug screening program for employees?	<input type="checkbox"/> Yes <input type="checkbox"/> 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?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Has your Company performed work under the requirements established in the Federal Acquisition Regulations (FAR's)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does your Company have a small, disadvantaged, and woman-owned business program in place to address compliance with Public Law 95-507?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does your Company participate in a Disadvantaged Business Enterprise (DBE) program as defined in 49 CFR Part 26?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is your Company presently disbarred, suspended, or declared ineligible for the award of contracts by any federal agency or the Commonwealth of Virginia?	<input type="checkbox"/> Yes <input type="checkbox"/> 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?	<input type="checkbox"/> Yes <input type="checkbox"/> No

7.0 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.

8.0 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:

Also, bidder shall submit the following ES&H information:

1. ES&H Policy Statement.
2. ES&H organization chart. Include on and off site support organization if applicable.
3. Résumés of key ES&H personnel assigned to the project.
4. Safety and Health Plan. Bidder is to provide a Preliminary Safety and Health Plan which complies with the General Condition titled "SAFETY AND HEALTH" and Special Condition titled "SAFETY, HEALTH AND SECURITY REQUIREMENTS."
5. New Hire ES&H Orientation Program.
6. New Hire/Promoted Foreman/Supervisor Program.
7. Job Hazard Analysis for the activities within the scope of work.
8. Any ISO certifications such as ISO 14001 (EMS) or equivalent.

Environment, Safety, & Health Questionnaire

SUBCONTRACT NO: _____ PROJECT: _____

SUBCONTRACTOR: _____ JOB NO.: _____
(Company Name)

1. Provide key ES&H roles and responsibilities for ALL the following Subcontractor site personnel

Project Manager

Site Manager

Project ES&H Manager

Site Safety Officer

Superintendent	
Foreman	
Employee	

2. How will Subcontractor encourage safe behavior on the project?

3. How will Subcontractor discourage unsafe behavior on the project?

4. What are Subcontractor's top 3 ES&H objectives for the project?

a) _____

b) _____

c) _____

5. What predictive and reactive measures will Subcontractor measure as indicators of ES&H performance?

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6. What ratio of ES&H professionals to employees will the Subcontractor have? One ES&H professional for every manual employees
7. Describe Subcontractor field supervision structure; what will be the ratio of supervision (foreman, supervisor, superintendent) to worker?
8. List what internal ES&H meetings Subcontractor will hold. For each include the purpose, frequency, target audience and attendees.
9. List what ES&H training will be provided by Subcontractor for Subcontractor personnel.
10. What activities within Subcontractor scope, if any, will require specialized ES&H training?
11. Has Subcontractor participated in or has a behavioral safety program in place or on a prior project? If yes, please provide an example and demonstrate how effective it is/was?

12.	What processes/techniques will Subcontractor use to incorporate ES&H into work tasks to minimize risk?
13.	How will Subcontractor communicate all contractual ES&H requirements to lower tier subcontractors?
14.	How will Subcontractor monitor lower tier contractor ES&H performance?
15.	What method will Subcontractor use to control and communicate the risk of hazardous materials?
16.	How will Subcontractor manage and communicate the effect that changes in scope might have on risk to personnel?
17.	What inspection programs will Subcontractor have in place?

18.	Describe how Subcontractor will manage PPE provision, replacement, and training.
19.	If vehicles or equipment will be in use, describe Subcontractor's preventative maintenance and inspection program.
20.	What measures will Subcontractor take to minimize impact on the environment?
21.	What processes and programs will Subcontractor implement to minimize impact on employee long term health?
22.	What employee assistance programs does the Subcontractor provide to it's employees?
23.	How will Subcontractor minimize risk when conducting construction work in the same location and same time as other activities, such as Highway Workzones, ongoing construction, commissioning, and other activities?
24.	Provide a list of emergency drills and frequency contractor will conduct.

a)

b)

c)

31. What process will Subcontractor use to measure and assess its ES&H performance?

32. If they occur, who is involved in Subcontractor internal ES&H audits?

33. If involved in design phase, how does Subcontractor ensure that ES&H risks are eliminated, reduced, or mitigated during design?

34. How does Subcontractor ensure their sub-vendors/suppliers also manage the continued safety of their own personnel?

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38.	Provide the following information for the three most recent years. These statistics must include any incidents which were incurred by sub-tier subcontractors.	20[]	20[]	20[]
a)	Number of lost workday cases.	_____	_____	_____
b)	Number of restricted workday cases.	_____	_____	_____
c)	Number of cases with medical attention only.	_____	_____	_____
d)	Number of fatalities.	_____	_____	_____
e)	Number of hours worked.	_____	_____	_____

39. List CONTRACTOR's NAICS Code:

40. List CONTRACTOR's interstate Experience Modification Rate (EMR) for the three most recent years.

20[]	_____
20[]	_____
20[]	_____

41. Provide the state/province EMR for the three most recent years.

20[]	_____
20[]	_____
20[]	_____

42. List any prior experience of working with BECHTEL INC including details of projects completed and the scope of work.

11.0 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: _____

Title: _____