

WP 001.07 – Station Finishes

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 001.07 – Architectural Finishes – Bidder Pre-Qualification Criteria:

Work package consists of Architectural Finish work for five (5) Passenger Stations, six (6) Entrance Pavilions, eight (8) Pedestrian Bridges, and two (2) Ventilation Structures. 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, fabrication, transportation and installation of Station Finish systems and components, including:
 - Masonry systems – CMU, fire-rated and non-fire-rated, insulated and non-insulated
 - Acoustic ceilings and metal panel ceiling systems
 - Metal doors and frames
 - Door Hardware
 - Access panels and frames
 - Glass and glazing (at interior windows, map cases, station kiosks, Farecard machine enclosures)
 - Interior painting
 - Seals and sealants
 - Drywall/shaftwall systems
 - Rough carpentry
 - Millwork
 - Toilet partitions
 - Toilet accessories
 - Metal lockers / benches
 - Resilient flooring / base
 - Storage area wire mesh partitions
2. Evidence of subcontractor 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 produce and/or manage the coordination process using experienced personnel, including the ability to provide shop drawings and supporting calculations signed and sealed by a Professional Engineer licensed in the Commonwealth of Virginia. Ability to prepare drawings in Micro-Station or AutoCAD format as required.
4. Capability to perform the required construction as a licensed contractor in the Commonwealth of Virginia.
5. Details of current projects for the next three (3) years. Provide tentative duration of projects currently underway based upon existing workload and capacity.
6. List of 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
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	\$	
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 Service
Quality			

	Production						
	Engineering						
	Procurement						
	Materials Mgmt.						
	Construction						
	Other						
		<u>Total Number 3 Yr Average</u>	<u>Total Number Current</u>	<u>Average Years Service</u>	<u>Average Years Experience</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.						
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).**

1. ___ Does your Company have a currently valid ISO 9001 Certificate, for the relevant Scope of Work/Services?
If yes, please provide a copy.
2. ___ Does your Company 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 your Company 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 your 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 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?

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:
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:

9.0 LABOR RELATIONS

Operating basis of Company: Union Merit Open

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

Union Affiliation(s): _____

Contract Expiration(s): _____

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:

Date of last work stoppage:

Reason for stoppage:

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:

10.0 SAFETY

We believe that Environmental, Safety and Health (ES&H) management is a vital component of successful project completion. Our goal is to achieve Zero Accidents on all projects. In keeping with this, an assessment is made during bidding of Subcontractor's overall ES&H Program including: training, procedures, management, past performance, and culture.

Bidder is to complete all questions and submit the attached ES&H questionnaire.

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. (Attached is a blank Job Hazard Analysis form and extract from DTP's Project Procedure).
8. Any ISO certifications such as ISO 14001 (EMS) or equivalent.

Environment, Safety, & Health Questionnaire

SUBCONTRACT NO: _____

PROJECT: _____

SUBCONTRACTOR:
(Company Name) _____

JOB NO.: _____

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?

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.

25. Detail medical provisions that Subcontractor will provide on site. Include planned offsite treatment arrangements for more serious cases and Case Management techniques.

26. Detail fire prevention, inspection, and fire fighting provisions that Subcontractor will provide on site.

27. What type of incidents does Subcontractor:

Report internally? _____

Investigate internally? _____

28. Typically who from Subcontractor organization is involved in an incident investigation and what are their qualifications for incident investigation?

29. What incident records does Subcontractor keep at both project and corporate levels?

30. Give three examples of how you have incorporated lessons learned into your ES&H program.

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?
35. How does Subcontractor manage the safety of visitors to <u>their</u> premises and sites?
36. Has Subcontractor or Subcontractor Personnel won any ES&H awards (Local, National, or International)?

37. Where applicable, provide a budget estimate for the ES&H programs that Subcontractor implements:

ES&H Program Element	Budget Estimate (US\$)
Employee incentive program	
ES&H staffing	
Time for ES&H meetings	
Time for ES&H orientation	
Time for Supervision training	
Time for other ES&H training	
Behavioral Based Safety program	
ES&H planning	
Hazardous material control and communication	
PPE provision	
PPE replacement	
Environmental protection	
Health provision programs	
Employee welfare	
Medical provisions	
Non-medical emergency provisions	
ES&H audits/assessments	
Total	

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: