

**WP 1.01 – M.E.P. Trades – Stations, Pavilions, Ventilation Structures
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-1.01 Mechanical / Electrical / Plumbing (MEP) Trades - 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. Evidence of management experience related to successful direction & coordination of self-performed trades as well as multiple suppliers and subcontractors. Work package consists of design coordination, procurement and installation of Electrical, Mechanical and plumbing systems work for five (5) Passenger Stations, six (6) Entrance Pavilions, two (2) Ventilation Structures, and eight (8) Pedestrian Bridges, including:
 - Electrical Power & Lighting – Switchgear, UPS, panelboards, transformers, batteries, starters & disconnects (for all electrical & mechanical requirements), fixtures and associated conduit, cable tray, “walker” duct, wiring, connections, ductbank (within 5’ of structure perimeter), testing, etc.
 - Site Lighting – Fixtures, foundations, ductbank (including required excavations), wiring & connections.
 - Communications & Fire Alarm Systems rough in (conduit & pull string) – wiring and devices by others.
 - Mechanical Systems – HVAC equipment, fans, unit heaters, ductwork, insulation, dampers, louvers, grilles, controls, balancing, testing, identification, filters, etc.
 - Monorail Systems (including monorail beams) for equipment maintenance / removal
 - Plumbing Systems – Fixtures, sewage ejectors, pumps, piping, connections, insulation, etc.
 - Fire Stopping, penetration sealing for all trades throughout Stations, Pavilions, Ventilation Structures.
 - Temporary power for 5 stations and 6 entrance pavilions from construction start until permanent power is received from provider.

2. Regularly engaged in management, design, fabrication and installation of Mechanical, Electrical & Plumbing systems including:
 - Design calculations
 - Fabrication drawings
 - Permit application
 - Field Testing & Inspection coordination

MANAGEMENT										
<i>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.</i>										
	NAME				TITLE				PHONE	
4.0 FINANCIAL & SALES										
FINANCIAL DATA										
<i>Attach copy of most recent audited annual report, certified financial statement, or balance sheet and complete the following:</i>										
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 <u>Service</u>	
	Quality						
	Production						
	Engineering						
	Procurement						
	Materials Mgmt.						
	Construction						
	Other						

		Total Number 3 Yr Average	Total Number Current	Average <u>Years</u> <u>Service</u>	Average Years <u>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?

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?

8.0 PERSONNEL & ASSOCIATIONS

PERSONNEL

Number of personnel currently employed by your Company (excluding Subcontract personnel):

Engineering	_____	Quality	_____
Procurement	_____	ES&H	_____

CONSTRUCTION

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

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:

Title	None	Monthly	Quarterly	Annually
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

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: _____