

WP 001.06 - Architectural and Structural Precast Concrete

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 001.06 - Architectural and Structural Precast Panel Design, Fabrication, and Erection - Qualification Criteria:

Work package consists of Architectural and Structural Precast Concrete systems work for five (5) Passenger Stations, six (6) Entrance Pavilions, 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 design, engineering, fabrication, transportation and erection of Architectural and Structural Precast Concrete systems and components, including:
 - Structural precast platform support girders (bulb tee and rectangular configurations)
 - Structural precast platform decking
 - Structural precast stair towers – integral walls, stairs, and landings
 - Hollow core plank decking
 - Exposed precast stair stringers
 - Exterior insulated wall and soffit panels – including embedded thin brick and light sandblast finishes
 - Architectural precast interior wall panels
2. Evidence of design and/or design 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 design and coordination process using experienced personnel, including the ability to provide design documents and supporting calculations signed and sealed by a Professional Engineer licensed in the Commonwealth of Virginia. Ability to prepare drawings in Micro-Station or Auto-Cadd format as required.
4. Capability to perform the required construction as a licensed contractor in the Commonwealth of Virginia.
5. Details of current design / fabrication / 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
- 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 evidence of Precast Concrete Institute (PCI) Certification.
- 11. 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
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Largest Contract Awarded & Completed: Description

Customer:	Value: \$	Year Completed:
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BONDING

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

Bonding Company:	Contact:	Phone:
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Bonding Capacity (US \$):	Amount Currently Bonded (US \$):
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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					
		Total Number 3 Yr Average	Total Number Current	Average Service	Years	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).**

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

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

Interstate:	Yr	EMR	Yr	EMR	Yr	EMR
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Intrastate:	Yr	EMR	Yr	EMR	Yr	EMR
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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
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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: _____