

**WP 009.01 – Traction Power Cables  
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: \_\_\_\_\_ 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**

Wire and Cable for Traction Power Bidder Pre-Qualification Criteria:

The Phase I of the Dulles Corridor Metrorail System extends 11.6 miles from the existing K-Route (Orange Line) west of East Falls Church Station to Wiehle Avenue. The system consists of five passenger stations, aerial structures, short tunnel segments and at-grade facilities. The scope of work is to furnish High Voltage cable, 2kV shield and unshielded Traction Power Cable, 600 Volt Single Conductor, 600 Volt sheathed Multi-conductor Cable, 600 Volt ALS Multi-conductor Cable, Ethernet Cable, Fiber Optic Cable, Bare copper conductors and 600 Volt Twisted Pair Cables.

Seller shall demonstrate compliance with the following:

- 1. Latest edition of applicable standards, Codes and regulations.
- 2. NPFA 130 2003 Chapter 5 and 6 by providing product test reports that meeting NPFA requirements for all the above cable types

**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:							

**BANKING REFERENCES**

Provide the following information pertaining to your primary banks:

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

<b>PERFORMANCE</b>	
Has your Company at any time failed to complete a 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**

<b>MANAGEMENT</b>							
		<b>NAME</b>		<b>TITLE</b>		<u>Years of Service</u>	
	Quality						
	Production						
	Engineering						
	Procurement						
	Materials Mgmt.						
	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.						
	Other						
	<b>Total Employees</b>						

**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	<input type="checkbox"/> Yes <input type="checkbox"/> No

address compliance with Public Law 95-507?	
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 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: