

4. Contract Information

Type of Contract:

☐ A/E ☐ BOS ☐ CLEAN ☐ Construction ☐ Design Build ☐ FSCC ☐ FSSC
☐ JOC ☐ RAC ☐ Service ☐ Other _____

Contract Number & Title:

Industrial Group & Industrial Type:

Prime Contractor Name/Address/Phone & Fax No:

Sub Contractor Name/Address/Phone & FAX No:

Safety Manager (Last, First, MI):

Safety Manager (Last, First, MI):

Insurance Carrier:

Insurance Carrier:

5. Accident Description

Date of Accident:

Time of Accident:

Exact Location of Accident:

Describe the accident in detail in your words: *(Use the back of page if you need additional space)*

Direct Cause(s) of Accident:

Indirect Cause(s) of Accident: <div style="background-color: yellow; height: 40px; width: 100%;"></div>	
Action(s) taken to prevent re-occurrence or provide on-going corrective actions: <div style="background-color: yellow; height: 80px; width: 100%;"></div>	
Corrective Action Beginning Date: <div style="background-color: yellow; height: 20px; width: 100%;"></div>	Anticipated Completion Date: <div style="background-color: yellow; height: 20px; width: 100%;"></div>
Personal Protective Equipment: <div style="display: flex; justify-content: space-around; margin-top: 5px;"> <input type="checkbox"/> Available and used <input type="checkbox"/> Available and not used <input type="checkbox"/> Not Required </div> <div style="display: flex; justify-content: space-around; margin-top: 5px;"> <input type="checkbox"/> Not related to Mishap <input type="checkbox"/> Wrong PPE for job </div> List PPE Used: <div style="background-color: yellow; height: 50px; width: 100%;"></div>	
Type of Construction Equipment (Make, Model, Serial #, VIN#) Involved: <div style="background-color: yellow; height: 40px; width: 100%;"></div>	
Was Hazardous Material Spilled/Released? <input type="checkbox"/> Yes <input type="checkbox"/> No Please List Hazardous Material(s) Involved: <div style="background-color: yellow; height: 30px; width: 100%;"></div>	
Who provided first aid or cleanup of mishap site? <div style="background-color: yellow; height: 40px; width: 100%;"></div>	
Any blood-borne pathogen exposure, other than EMTs? <input type="checkbox"/> Yes <input type="checkbox"/> No Who? <div style="background-color: yellow; height: 30px; width: 100%;"></div>	
List OSHA and WM-385-1-1 standards that were violated: <div style="background-color: yellow; height: 60px; width: 100%;"></div>	
Was site secured and witness statements taken immediately? <input type="checkbox"/> Yes <input type="checkbox"/> No By Whom? <div style="background-color: yellow; height: 30px; width: 100%;"></div>	

6. Injury Illness/Fatality Information		
Severity of Injury/Illness:		
<input type="checkbox"/> Fatality	<input type="checkbox"/> Lost Workday Case Involving Days Away From Work	
<input type="checkbox"/> Temporary Disability	<input type="checkbox"/> Recordable Workday Case Involving Restricted Duty	
<input type="checkbox"/> Permanent Total Disability	<input type="checkbox"/> Other Recordable Case	<input type="checkbox"/> Recordable First Aid Case
<input type="checkbox"/> Permanent Partial Disability	<input type="checkbox"/> Non-Recordable Case	<input type="checkbox"/> No Injury
Estimated Days Lost:	Estimated Days Hospitalized:	Estimated Days Restricted Duty:
<input type="text"/>	<input type="text"/>	<input type="text"/>
List Primary Body Part Affected:	List Other Body Part(s) Affected:	
<input type="text"/>	<input type="text"/>	
Nature of Injury/Illness for Primary Body Part (Examples: Amputation, Burn, Hernia):		
<input type="text"/>		
Type of Accident (Examples: Fall same level, Lifting, Bitten, Exerted):		
<input type="text"/>		
Source of Accident (Examples: Crane, Carbon Monoxide, Ladder, Welding Equipment):		
<input type="text"/>		
7. Casual Factors (<i>Explain answers on supplementary sheet</i>)		
• Design – Design of facility, workplace, or equipment was a factor?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
• Inspection/Maintenance – Inspection & Maintenance procedures were a factor?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
• Persons Physical Condition – In your opinion, the physical condition of the person was a factor?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
• Operation Procedures – Operating procedures were a factor?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
• Job Practices – One or more job safety/health practices not being followed when the accident occurred contributed to the accident?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
• Human Factors – One or more human factors, such as a person's size or strength contributed to the accident?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
• Environmental Factors – Heat, cold, dust, sun, glare, etc., contributed to the accident?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
• Chemical and Physical Agent Factors – Exposure to chemical agents, such as dust, fumes, mist, vapors, or physical agents such as noise, radiation, etc., contributed to the accident?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
• Office Factors – Office setting such as lifting office furniture, carrying, stooping, contributed to the accident?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
• Support Factors – Inappropriate tools/resources were provided to perform the task?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
• PPE – Improper selection, use or maintenance of PPE contributed to the accident?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
• Drugs/Alcohol – In your opinion, were drugs or alcohol a factor?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
• Job Hazard Analysis – The lack of an adequate (IAW-EM-385-1-1 Sec 01.A) activity hazard analysis was a contributing factor.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
• Job Hazard Analysis – JHA was not site specific and/or did not address the type of work/operations performed when the mishap occurred.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
• Management – A lack of adequate supervision contributed to the accident.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
• Management – Inadequate information was provided at pre con meeting.	<input type="checkbox"/> Yes	<input type="checkbox"/> No

8. OSHA Information			
Date OSHA was Notified:	Date(s) of Investigation:	Date of citation: (Attach Copy)	Dollar amount of Penalties:
9. Report Preparer			
Name (Last, First, MI):		Date of Report:	
Title:		Signature:	
Employer:			
Phone #:			

CONTRACTOR SIGNIFICANT INCIDENT REPORT (CSIR) INSTRUCTIONS

Complete Sections Appropriate to Incident (Rev. 06/02).

NOTE: THE ATTACHED CSIR FORM IS TO BE USED BY CONTRACTORS TO RECORD THE RESULTS OF THEIR ACCIDENT/INCIDENTS INVESTIGATIONS AND SHALL BE PROVIDED TO THE CONTRACTING OFFICER WITHIN THE REQUIRED TIMEFRAMES.

GENERAL. Complete a separate report for each person who was injured in the accident. A report needs to be completed for all OSHA recordable accidents, property damage in excess of \$2000.00 (This amount is for record purposes only. GOV is not required to enter property damage reports into FAIR database if it is less than \$10,000.00.), WHE accidents, or near miss/high visibility mishaps. Please type or print legibly. Appropriate items shall be marked with an "X" in box(es), non-applicable sections shall be marked "N/A". If additional space is needed, provide the information on a separate sheet of paper and attach to the completed form.

Mark the report:

INITIAL – If this form is being used as initial notification of a Fatality or High Visibility Mishap. The initial form is due within 4 hours of a serious accident. A form marked 'Follow-up' or 'Final' is required within 5 days.

FOLLOW-UP – If you are providing additional information on a report previously submitted.

FINAL – If you are providing a completed report and expect no changes.

SECTION 1 – GENERAL INFORMATION

CONTRACTING ACTIVITY/ROICC OFFICE - Enter the name and address of the Contracting Office administering the contract under which the mishap took place (e.g. ROICC MCBH, ROICC NORFOLK, PWC GUAM, etc.).

ACCIDENT CLASSIFICATION - INJURY/ILLNESS/FATALITY/PROPERTY DAMAGE/-PROCEDURAL ISSUES/-ENVIRONMENTAL/LESSONS LEARNED/OTHER – Mark the appropriate block(s) if the incident resulted in any of these conditions.

INVOLVING - If the mishap involved any of the conditions listed under "Involving" mark the appropriate box(es). Specific questions associated with each of these conditions are available from the Contracting Officer to assist you in your investigation. When these questions are used they shall be attached as part of this report.

SECTION 2 - PERSONAL INFORMATION

NAME - Enter last name, first name, middle initial of person involved.

AGE - Enter age.

SEX - Enter M for Male and F for Female.

JOB TITLE/DESCRIPTION - Enter the job title/description assigned to the injured person (e.g. carpenter, laborer, surveyor, etc.).

EMPLOYED BY - Enter employment company name of the person involved.

SUPERVISOR'S NAME & TITLE - Enter name and title of the immediate supervisor.

WAS PERSON TRAINED TO PERFORM ACTIVITY/TASK? - For the purpose of this section "trained" means the person has been provided the necessary information (either formal and/or on-the-job (OJT) training) to competently perform the activity/task in a safe and healthful manner.

TYPE OF TRAINING - Indicate the specific type of training (classroom or on-the-job) that the injured person received before the accident happened.

DATE OF MOST RECENT FORMAL TRAINING/TOPICS DISCUSSED - Enter the month, day, and year of the last *formal* training completed that covered the activity/task being performed at the time of the accident. List topics that were discussed at the training identified above.

SECTION 3 - WITNESS INFORMATION

The following applies to Witness #1 and Witness #2:

WITNESS NAME - Enter last name, first name, middle initial of the witness.

JOB DESCRIPTION/TITLE - Enter the job title/description assigned to the witness (e.g. carpenter, laborer, surveyor, etc.).

EMPLOYED BY - Enter the name of the employment company of the witness.

SUPERVISOR'S NAME - Enter name of immediate supervisor of the witness.

ADDITIONAL WITNESSES - Provide same information, as above, for each witnesses. Use additional pages if necessary.

SECTION 4 - CONTRACTOR INFORMATION

TYPE OF CONTRACT - Mark appropriate box. A/E means architect/engineer. If "OTHER" is marked, specify type of contract on line provided.

CONTRACT NUMBER/TITLE - Enter complete contract number and title of prime contract (e.g. N62477-85-C-0100, 184 Pearl City Hsg. Revitalization).

CONSTRUCTION INDUSTRIAL GROUP AND INDUSTRIAL TYPE – This is the type of construction that will be done at this project.

1. First, you must choose the Industrial Group. You have 4 choices to choose from: (**NOTE!** Review of the Industrial Types below and knowing what the projects scope of work is will assist you in deciding what the Industrial Group should be.)

- a. Buildings
- b. Heavy Industrial
- c. Infrastructure
- d. Light Industrial

2. Once you have chosen the Industrial Group, you now select the Industrial Type. You have multiple choices under each Group, chose the one you feel fits the project most closely because on most projects there won't be an exact match:

- a. Buildings:
 - (1) Communications Ctr.
 - (2) Dormitory/Hotel
 - (3) High-rise Office
 - (4) Hospital
 - (5) Housing
 - (6) Laboratory
 - (7) Low-rise Office
 - (8) Maintenance Facility
 - (9) Parking Garage
 - (10) Physical Fitness Ctr.
 - (11) Restaurant/Nightclub
 - (12) School
 - (13) Warehouse
- b. Heavy Industrial:
 - (1) Chemical Mfg.
 - (2) Electrical (Generating)
 - (3) Environmental
 - (4) Metals Refining/Processing
 - (5) Mining
 - (6) Natural Gas Processing
 - (7) Oil Exploration/Production
 - (8) Oil Refining
 - (9) Pulp and Paper
- c. Infrastructure:
 - (1) Airport
 - (2) Electrical Distribution
 - (3) Flood Control
 - (4) Highway
 - (5) Marine Facilities
 - (6) Navigation
 - (7) Rail
 - (8) Tunneling
 - (9) Water/Wastewater
- d. Light Industrial:
 - (1) Automotive Assembly/Mfg.
 - (2) Consumer Products Mfg.
 - (3) Foods
 - (4) Microelectronics Mfg.
 - (5) Office Products Mfg.
 - (6) Pharmaceuticals Mfg.

CONTRACTOR'S NAME/ADDRESS/PHONE NUMBER

- (1) PRIME - Enter the exact name (title of firm), address, phone and fax numbers of the prime contractor.
- (2) SUBCONTRACTOR - Enter the exact name, address, phone and fax numbers of any subcontractor involved in the accident.

SAFETY MANAGER'S NAME

- (1) PRIME - Enter the name of the prime contractor safety manager.
- (2) SUBCONTRACTOR - Enter the name of the subcontractors safety manager.

INSURANCE CARRIER

- (1) PRIME - Enter the exact name/title of the prime's insurance company. Policy number not required.
- (2) SUBCONTRACTOR - Enter the exact name of the subcontractor's insurance company. Policy number not required.

SECTION 5 - ACCIDENT DESCRIPTION

DATE OF ACCIDENT - Enter the month, day, and year of accident.

TIME OF ACCIDENT - Enter the local time of accident in military time. Example: 14:30 hrs (not 2:30 p.m.).

EXACT LOCATION OF ACCIDENT - Enter facts needed to locate the accident scene (installation/project name, building/room number, street, direction and distance from closest landmark, etc.).

DESCRIBE THE ACCIDENT IN DETAIL. Fully describe the accident in the space provided. If property damage involved, give estimated dollar amount of damage and/or repair costs involved. If additional space is needed continue on a separate sheet and attach to this report. Give the sequence of events that describe what happened leading up to and including the accident. Fully identify personnel and equipment involved and their role(s) in the accident. Ensure that relationships between personnel and

equipment are clearly specified. Ensure questions below regarding direct cause(s), indirect cause(s), and actions taken are answered. **NOTE!** Review questions in Section 7 below before completing.

DIRECT CAUSE(S) - The direct cause is that single factor which most directly lead to the accident. See examples below.

INDIRECT CAUSE(S) - Indirect cause are those factors, which contributed to, but did not directly initiate the occurrence of the accident.

Examples for Direct and Indirect Cause:

1. Employee was dismantling scaffold and fell 12 feet from unguarded opening.

Direct cause: Failure to provide fall protection at elevation

Indirect causes: Failure to enforce safety requirements; improper training/motivation of employee (possibility that employee was not knowledgeable of fall protection requirements or was lax in his attitude toward safety); failure to ensure provision of positive fall protection whenever elevated; failure to address fall protection during scaffold dismantling in phase hazard analysis.

2. Private citizen had stopped his vehicle at intersection for red light when vehicle was struck in rear by contractor vehicle. (note contractor vehicles was in proper safe working condition.)

Direct cause: Failure of contractor driver to maintain control of and stop contractor vehicle within safe distance.

Indirect cause: Failure of employee to pay attention to driving (defensive driving).

ACTION(S) TAKEN TO PREVENT RE-OCCURRENCE OR PROVIDE ON-GOING CORRECTIVE ACTIONS. Fully describe all the actions taken, anticipated, and recommended to eliminate the cause(s) and prevent reoccurrence of similar accidents/illnesses. Continue on back or additional sheets of paper if necessary to fully explain and attach to the complete report form.

CORRECTIVE ACTION DATES -

(1) Beginning - Enter the date when the corrective action(s) identified above will begin.

(2) Anticipated Completion - Enter the date when the corrective action(s) identified above will be completed.

PERSONAL PROTECTIVE EQUIPMENT (PPE) - Mark appropriate box(es) and list PPE which was being used by the injured person at the time of the accident (e.g. protective clothing, shoes, glasses, goggles, respirator, safety belt, harness, etc.)

TYPE OF CONTRACTOR EQUIPMENT - Enter the Serial Number, Model Number and specific type of equipment involved in the mishap (e.g. dump truck (off highway), crane (rubber tire), pump truck (concrete), etc.).

WAS HAZARDOUS MATERIAL SPILLED/RELEASED? - Mark appropriate block and list name(s) of any reportable quantities of hazardous materials spilled/released during the mishap.

WHO PROVIDED FIRST AID OR CLEAN-UP OF MISHAP SITE? - List name(s) of individual(s) and employer, if known.

ANY BLOOD-BORNE PATHOGEN EXPOSURE, OTHER THAN EMT? - Mark appropriate block and list name(s) of individual(s) and employer, if known.

LIST OSHA AND/OR EM 385-1-1 STANDARDS THAT WERE VIOLATED. - Self explanatory.

WAS SITE SECURED AND WITNESS STATEMENT TAKEN IMMEDIATELY? - Mark appropriate block and list by whom.

SECTION 6 - INJURY/ILLNESS/FATALITY INFORMATION

SEVERITY OF INJURY/ILLNESS - Mark appropriate box.

ESTIMATED DAYS LOST - Enter the estimated number of workdays the person will lose from work. Update when final data is known.

ESTIMATED DAYS HOSPITALIZED - Enter the estimated number of workdays the person will be hospitalized. Update when final data is known.

ESTIMATED DAYS RESTRICTED DUTY - Enter the estimated number of workdays the person, as a result of the accident, will not be able to perform all of their regular duties. Update when final data is known.

BODY PART(S) AFFECTED - Enter the most appropriate primary and when applicable, secondary, etc. body part(s) affected (e.g. arm: wrist: abdomen: single eye: jaw : both elbows: second finger: great toe: collar bone: kidney, etc.).

NATURE OF INJURY/ILLNESS FOR PRIMARY BODY PART - Enter the most appropriate nature of injury/illness (e.g. amputation, back strain, dislocation, laceration, strain, asbestosis, food poisoning, heart conditions, etc.).

TYPE AND SOURCE OF INJURY/ILLNESS - Type and Source Codes are used to describe what caused the incident.

(1) TYPE Code stands for an "Action" (Example: Worker, installing conduit, lost his balance and fell five feet from a ladder.

Type Code: Fell different levels".) Select the most appropriate Type of injury from the list below:

TYPE OF INJURY/ILLNESS

STRUCK BY/AGAINST	CONTACTED CONTACTED WITH (INJURED PERSON MOVING) CONTACTED BY (OBJECT WAS MOVING)
FELL, SLIPPED, TRIPPED SAME LEVEL/DIFFERENT LEVEL/NO FALL	EXERTED LIFTED, STRAINED BY (SINGLE ACTION) STRESSED BY (REPEATED ACTION)
CAUGHT ON/IN/BETWEEN	EXPOSED INHALED/INGESTED/ABSORBED/EXPOSED TO
PUNCTURED, LACERATED PUNCTURED BY/CUT BY/STUNG BY/BITTEN BY	TRAVELING IN

(2) SOURCE Code stands for an "object or substance." (Example: Worker, installing conduit, lost his balance and fell five feet from a ladder. Source Code: "Ladder".) Select the most appropriate Source of injury from the list below:

SOURCE OF INJURY/ILLNESS

BUILDING OR WORKING AREA WALKING/WORKING AREA STAIRS/STEPS LADDER FURNITURE BOILER/PRESSURE VESSEL EQUIPMENT LAYOUT WINDOWS/DOORS ELECTRICITY	DUST, VAPOR, ETC. DUST (SILICA, COAT, ETC.) FIBERS ASBESTOS GASES CARBON MONOXIDE MIST, STEAM, VAPOR, FUME WELDING FUMES PARTICLES (UNIDENTIFIED)
ENVIRONMENT CONDITION TEMPERATURE EXTREME (INDOOR) WEATHER (ICE, RAIN, HEAT, ETC.) FIRE, FLAME, SMOTE (NOT TABACCO) NOISE RADIATION LIGHT VENTILATION TOBACCO SMOKE STRESS (EMOTIONAL) CONFINED SPACE	CHEMICAL, PLASTIC, ETC. DRY CHEMICAL - CORROSIVE DRY CHEMICAL - TOXIC DRY CHEMICAL - EXPLOSIVE DRY CHEMICAL - FLAMMABLE LIQUID CHEMICAL - CORROSIVE LIQUID CHEMICAL - TOXIC LIQUID CHEMICAL - EXPLOSIVE LIQUID CHEMICAL - FLAMMABLE PLASTIC WATER MEDICINE
MACHINE OR TOOL HAND TOOL (POWERED: SAW, GRINDER, ETC.) HAND TOOL (NON POWERED) MECHANICAL POWER TRANSMISSION APPARATUS GUARD, SHIELD (FIXED, MOVEABLE, INTERLOCK) VIDEO DISPLAY TERMINAL PUMP, COMPRESSOR, AIR PRESSURE TOOL HEATING EQUIPMENT WELDING EQUIPMENT	INANIMATE OBJECT BOX, BARREL, ETC. PAPER METAL ITEM, MINERAL NEEDLE GLASS SCRAP, TRASH, WOOD FOOD CLOTHING, APPAREL, SHOES
MACHINE OR TOOL HAND TOOL (POWERED: SAW, GRINDER, ETC.) HAND TOOL (NON POWERED) MECHANICAL POWER TRANSMISSION APPARATUS GUARD, SHIELD (FIXED, MOVEABLE, INTERLOCK) VIDEO DISPLAY TERMINAL PUMP, COMPRESSOR, AIR PRESSURE TOOL HEATING EQUIPMENT WELDING EQUIPMENT	INANIMATE OBJECT BOX, BARREL, ETC. PAPER METAL ITEM, MINERAL NEEDLE GLASS SCRAP, TRASH, WOOD FOOD CLOTHING, APPAREL, SHOES
VEHICLE AS DRIVER OF PRIVATELY OWNED, RENTAL VEH. AS PASSENGER OF PRIVATELY OWNED, RENTAL VEH. DRIVER OF GOVERNMENT VEHICLE PASSENGER OF GOVERNMENT VEHICLE COMMON CARRIER (AIRLINE, BUS, ETC.) AIRCRAFT (NOT COMMERCIAL) BOAT, SHIP, BARGE	ANIMATE OBJECT DOG OTHER ANIMAL PLANT INSECT HUMAN (VIOLENCE) HUMAN (COMMUNICABLE DISEASE) BACTERIA, VIRUS (NOT HUMAN CONTACT)
MATERIAL HANDLING EQUIPMENT EARTHMOVER (TRACTOR, BACKHOE, ETC.) CONVEYOR (FOR MATERIAL AND EQUIPMENT) ELEVATOR, ESCALATOR, PERSONNEL HOIST HOIST, SLING CHAIN, JACK CRANE FORKLIFT HANDTRUCK, DOLLY	PERSONAL PROTECTIVE EQUIPMENT PROTECTIVE CLOTHING, SHOES, GLASSES, GOGGLES RESPIRATOR, MASK DIVING EQUIPMENT SAFETY BELT, HARNESS PARACHUTE

SECTION 7 - CAUSAL FACTORS

Review thoroughly. Answer each question by marking the appropriate block. **NOTE!** If any answer is yes, explain in section 5 above.

(1) **DESIGN** - Did inadequacies associated with the building or work site play a role? Would an improved design or layout of the equipment or facilities reduce the likelihood of similar accidents? Were the tools or other equipment designed and intended for the task at hand?

- (2) **INSPECTION/MAINTENANCE** - Did inadequately or improperly maintained equipment, tools, workplace, etc., create or worsen any hazards that contributed to the accident? Would better equipment, facility, work site or work activity inspections have helped avoid the accident?
- (3) **PERSONS PHYSICAL CONDITION** - Do you feel that the accident would probably not have occurred if the employee was in "good" physical condition? If the person involved in the accident had been in better physical condition, would the accident have been less severe or avoided altogether? Was overexertion a factor?
- (4) **OPERATION PROCEDURES** - Did lack of or inadequacy within established operating procedures contribute to the accident? Did any aspect of the procedures introduce any hazard to, or increase the risk associated with the work process? Would establishment or improvement of operating procedures reduce the likelihood of similar accidents?
- (5) **JOB PRACTICES** - Were any of the provision of the Safety and Health Requirements Manual (EM 385-1-1) violated? Was the task being accomplished in a manner which was not in compliance with an established job hazard analysis or activity hazard analysis? Did any established job practice (including EM 385-1-1) fail to adequately address the task or work process? Would better job practices improve the safety of the task?
- (6) **HUMAN FACTORS** - Was the person under undue stress (either internal or external to the job)? Did the task tend toward overloading the capabilities of the person: i.e., did the job require tracking and reacting to many external inputs such as displays, alarms, or signals? Did the arrangement of the workplace tend to interfere with efficient task performance? Did the task require reach strengths, endurance, agility, etc., at or beyond the capabilities of the employee? Was the work environment ill-adapted to the person? Did the person need more training, experience, or practice in doing the task? Was the person inadequately rested to perform safely?
- (7) **ENVIRONMENTAL FACTORS** - Did any factors such as moisture, humidity, rain, snow, sleet, hail, ice, fog, cold, heat, sun temperature changes, wind, tides, floods, currents, terrain; dust, mud, glare, pressure changes, lighting, etc., play a part in the accident?
- (8) **CHEMICAL AND PHYSICAL AGENT FACTORS** - Did exposure to chemical agents (either single shift exposure or long-term exposure such as dusts, fibers, (asbestos, etc.), silica, gases (carbon, monoxide, chlorine, etc.), mists, steam, vapors, fumes, smoke, other particulates, liquid or dry chemicals that are corrosive, toxic, explosive or flammable, by-products of combustion or physical agents such as noise, ionizing radiation, non-ionizing radiation (UV radiation created during welding, etc.) contribute to the accident/incident?
- (9) **OFFICE FACTORS** - Did the fact that the accident occurred in an office setting or to an office worker have a bearing on its cause? For example, office workers tend to have less experience and training in performing tasks such as lifting office furniture. Did physical hazards within the office environment contribute to the hazard?
- (10) **SUPPORT FACTORS** - Was the person using an improper tool for the job? Was inadequate time available or utilized to safely accomplish the task? Were less than adequate personnel resources (in terms of employee skills, number of workers, and adequate supervision) available to get the job done properly? Was funding available, utilized and adequate to provide proper tools, equipment, personnel, site preparation, etc.
- (11) **PERSONAL PROTECTIVE EQUIPMENT** - Did the person fail to use appropriate personal protective equipment (gloves, eye protection, hard-toed shoes, respirator, etc) for the task or environment? Did protective equipment provided or worn fail to provide adequate protection from the hazard(s)? Did lack of or inadequate maintenance of protective gear contribute to the accident?
- (12) **DRUGS/ALCOHOL** - Is there any reason to believe the person's mental or physical capabilities, judgment, etc., were impaired or altered by the use of drugs or alcohol? Consider the effects of prescription medicine and over the counter medications as well as illicit drug use. Consider the effect of drug or alcohol induced "hangovers".
- (13) **JOB/ACTIVITY HAZARD ANALYSIS** - Was a written Job/Activity Analysis completed for the task being performed at the time of the accident? If one was made, did it address the hazard adequately or does it need to be updated? If none made, will one be made? These may also need to be addressed in the Corrective Actions Taken section. Mark the appropriate box. If one was made, attach a copy of the analysis to the report.
- (14) **MANAGEMENT** - Did the lack of supervisor or management support play a part in the mishap? Mark the appropriate box.

SECTION - 8 OSHA INFORMATION - Complete this section if applicable

SECTION 9 - REPORT PREPARER

Providing a completed CSIR to the Contracting Officer is the PRIME CONTRACTOR'S RESPONSIBILITY. Enter the name, date of report, title, employer, phone number and signature of person completing the accident report and provide it to the Contracting Officer, or his representative, responsible for oversight of that contractor activity. **NOTE!** If prepared by other than the Prime Contractor, a person employed by the Prime Contractor must sign that they have reviewed and concur with the report and it's findings (e.g. company owner, project supervisor/foreman, Safety Officer, etc.).

ATTACHMENT J-0200000-06
FORMS
CRANE AND RIGGING GEAR ACCIDENT REPORT

CRANE AND RIGGING GEAR ACCIDENT REPORT									
Accident Category:			Crane Accident			Rigging Gear Accident			
From:					To: Navy Crane Center Bldg. 491 NNSY Portsmouth, VA 23709 Fax: 757-967-3808				
UIC:									
Activity:							Report No:		
Crane No:			Category:		Accident Date:			Time: hrs:	
Category of Service:			SPS GPS		Crane Type:			Crane Manufacturer:	
Was Crane/Rigging Gear Being Used in SPS: Yes No					Was Crane/Rigging Gear Being Used in a Complex Lift/Critical Non-Crane Rigging Operation: Yes No				
Location:					Weather:				
Crane Capacity:			Hook Capacity:			Weight of Load on hook:			
Fatality or Permanent Disability?			Yes No		Material/Property Cost Estimate:				
Reported to NAVSAFECEN?			Yes No						
Accident Type:									
Personal Injury		Overload		Derail		Damaged Rigging Gear			
Load Collision		Two Blocked		Dropped Load		Damaged Crane			
Crane Collision		Damaged Load		Other: Specify					
Cause of Accident:									
Improper Operation		Equipment Failure			Inadequate Visibility				
Improper Rigging		Switch Alignment			inadequate Communication				
Track Condition		Procedural Failure			Other: Specify				
Chargeable to:									
Crane Walker		Rigger			Operator				
Maintenance		Management/Supervision			Other: Specify				
Crane Function:									
Travel		Hoist	Rotate	Luffing	Telescoping		Other		N/A
Is this accident indicative of a recurring problem?				Yes No					
If yes, list Accident Report Nos.: _____									
ATTACH COMPLETE AND CONCISE SITUATION DESCRIPTION AND CORRECTIVE/PREVENTIVE ACTIONS TAKEN ASECLOSURE (1). Include probable cause and contributing factors. a Assess damages and define responsibility. For equipment malfunction or failure, include specific description of the component and the resulting effect or problem caused by the malfunction or failure. List immediate and long-term corrective/preventive actions assigned and respective codes.									
Preparer:			Phone:		E-mail:		Code:		Date:
Concurrences: (Include Code, Signature and Date)									
					Code:		Date:		
					Code:		Date:		

Certifying Official (Crane Accident Only):	Code:	Date:
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Brief Description:

Background and Detailed Description:

Corrective Actions:

ATTACHMENT J-0200000-06
FORMS
CRANE AND RIGGING GEAR ACCIDENT REPORT (CONT'D)

CRANE AND RIGGING GEAR ACCIDENT REPORT INSTRUCTIONS

This form is designed for fax transmission without a cover page or by e-mail and, with enclosures and signatures, shall be the official document. Electronic submission will be accepted without signatures but the names of the preparer, concurring personnel, and certifying official (for crane accidents only) shall be filled in. The e-mail address is m_nfsh_ncc_accident@navy.mil. The fax number is (757) 967-3808.

1. Accident Category: Indicate either crane accident or rigging gear accident.
2. From: The naval activity that is responsible for reporting the accident and UIC number.
3. Activity: The naval activity where the accident took place.
4. Report No.: The activity assigned accident number (e.g., 95-001).
5. Crane No.: The activity assigned crane number (e.g., PC-5), if applicable.
6. Category: Identify category of crane (i.e., 1, 2, 3, or 4), if applicable.
7. Accident Date: The date the accident occurred.
8. Time: The time (24 hour clock) the accident occurred (e.g., 1300).
9. Category of Service: Check the applicable service (SPS as defined by NAVSEA 0989-030-7000).
10. Crane Type: The type of crane involved in the accident (e.g., mobile, bridge), if applicable.
11. Crane Manufacturer: The manufacturer of the crane (e.g., Dravo, Grove, P&H), if applicable.
12. SPS: Was the crane or rigging gear being used in an SPS lift?
13. Complex lift: Was the crane or rigging gear being used in a complex lift?
14. Location: The detailed location where the accident took place (e.g., building 213, dry dock 5).
15. Weather: The weather conditions at time of accident (e.g., wind, rain, cold).
16. Crane Capacity: The certified capacity of the crane (e.g., 120,000 pounds), if applicable.
17. Hook Capacity: The capacity of the hook involved in the accident at the max radius of the operation, if applicable.
18. Weight of Load on Hook: If applicable, the weight of the load on the hook.
19. Fatality or Permanent Disability?: Check yes or no.
20. Material/Property Cost Estimate: Estimate total cost of damage resulting from the accident.
21. Reported to NAVSAFECEN?: Self-explanatory.
22. Accident Type: Check all that apply.
23. Cause of Accident: Check all that apply.
24. Chargeable to: Check all that apply.
25. Crane Function: Check all functions in operation at time of accident. Check N/A if a rigging gear accident.
26. Is this a recurring problem: Check yes or no. Identify any other similar accidents.
27. Situation Description/Corrective Actions: Self-explanatory.
28. Preparer: Self-explanatory.
29. Concurrences: Self-explanatory.
30. Certifying Official (Crane Accidents Only): Self-explanatory.
31. Brief Description: No more than one paragraph summarizing the resultant incident.
32. Background and Detailed Description: Provide the relevant background in a descriptive timeline of preconditions leading up to the event, as well as a detailed description of the event.
33. Corrective Actions: List all short term and long term corrective actions that are taken to prevent recurrence of the incident. Short Term Corrective Actions are those actions taken that will allow return to work in short time frame. Long Term actions are more 'programmatic' in nature and typically include: process revision, changes in training, 'mistake proofing', etc.

ATTACHMENT J-0200000-07
GOVERNMENT-FURNISHED PROPERTY, MATERIALS, AND SERVICES

**** NONE ****

ATTACHMENT J-0200000-08
REFUSE CONTRACTOR-FURNISHED PROPERTY

The Contractor shall provide all equipment, materials, and services to perform the requirements of this contract. Such equipment shall be subject to the inspection and approval of the Contracting Officer prior to and during the life of the contract. The Contractor shall provide:

Vehicles. The Contractor shall use vehicles specifically designed for refuse collection that have watertight bodies and which do not permit loss of refuse. Collection vehicles shall be operated in accordance with activity rules and regulations while in the activity area, and shall be kept closed when moving or when not actually engaged in collection wastes. Open-box trucks, without a cover, shall not be used except for the collection of bulky items. All vehicular equipment shall be maintained in good repair and in a safe, clean, and well painted condition. The Contractor's name shall be painted or otherwise displayed prominently on both sides of each Contractor owned vehicle. All vehicles shall be operated in accordance with Base Traffic Regulations and if radio equipped, radios will comply with the Base Radio frequency regulations. The Contractor shall have sufficient equipment for backup of regularly assigned vehicles to insure completion of contract requirements in the event of breakdown or other equipment problems.

Waste and recycle containers. All waste and recycle containers shall be standard commercial-industrial type, of heavy gauge metal construction; leak proof and shall hold all types of refuse or garbage without the contents being blown by the wind; and designed for mechanized handling and hoisting mechanism of the collection vehicles. Waste and recycle containers that are mounted on wheels shall have a positive breaking/locking device to prevent inadvertent movement. Waste and recycle containers shall be freshly painted at the start of the contract, and maintained in such conditions during the term of the contract to maintain a pleasing appearance. All doors, lids, hinges, rollers, breaking devices, and other moving parts shall be maintained to keep waste and recycle containers serviceable. The Contractor's name shall be prominently displayed on container. Unsanitary waste and recycle containers as determined by Health Authorities or PAR; damaged, leaking, rusting, and unsightly shall be replaced within twenty-four hours of notification by OIC.

ATTACHMENT J 1502000-09
EXAMPLE: PM/PI QUALITY INSPECTION AND SURVEILLANCE/WORK ORDER SUMMARY REPORT
MARFORRES & NAVFAC

See spec item 2.6.7.3 submitted per spec item 2.6.4.

January XX, FYXX

Naval Facilities Engineering Command Midwest ATTN:

Contracting Officer (KO)			
Contract Specialist			
Contracting Officer Representative (COR)			
Facilities Service Contract Manager (FSCM)/ (COR)			

520 Dewey Avenue, Building 5 Great Lakes, IL 60088-2913

Subject: Monthly Report for (JAN, FEB, MAR, X, XX, XXX)

Dear Government:

○ **General:**

- Quality Management Plan is being followed per 2.6.7.3. The Quality Inspection and Surveillance Report for this month is provided as Attachment XXX. (The contractor must attach all documents signed by their technician for all spec items serviced/PM'd for the month). Example forms provided in section J-1502000-26.
- **This letter provides a summary of (enter your company name) activities on this contract for (enter month) FY?? Facility Investment Services:**
 - Prepared and submitted a Work Order Summary Report for (enter month) FYXX.
 - The discrepancy identified in building XX, remains outstanding. An estimate to correct this deficiency has been submitted for review.
 - (List any and all) outstanding deficiencies. An estimate to correct this deficiency has been submitted for review.
 - The (enter upcoming month FYXX) PM Schedule for each building was provided via email notification in the previous month.
 - Inspection, Testing, and Certification Summary Report: (List all applicable and items not applicable for that month)
 - Elevators: Not applicable for this month.
 - Boilers/UPVs: Not applicable this month.
 - Lifts: Not applicable this month. Cranes: Not applicable for this month.
 - Backflow preventers: Not applicable this month.
 - Fire Protection Systems: Not applicable this month.

ATTACHMENT J 1502000-09
QUALITY INSPECTION AND SURVEILLANCE REPORT (CONT'D)

- Inspection, Testing, and Certification Schedule:
 - Cranes: Annual certification will take place in (enter month) FYxx.
 - Fire Protection Systems: Annual fire protection inspection will take place in (enter month) FYxx.
- Inspection, Testing, and Certification Forms:
 - Vertical Transportation Equipment (VTE) Forms are attached per MO-118.
 - Weight Handling Equipment (WHE) Forms are attached per P307.
- Completed XX Work Orders (enter WO numbers) not in investigating or awaiting signature.
- Work Orders approved, but not yet completed, with status note.
 - Interior double doors, Ticket Number: (Location) 20160425112919. Awaiting material.
- Completed PM activities across all buildings (see follow-on /checklists), with no exceptions. Some PM is being performed by outside vendors (e.g., such and such). Records of completed maintenance performed by outside vendors will be provided, when applicable.
- Preventative Maintenance (PM) Program Summary Report: (List all applicable and items not applicable for that month). Attach service check sheet for all items.
 - Air Filter Replacement: Not applicable for this month.
 - Interior and Exterior Lighting Systems: Not applicable for this month.
 - Entrance Gates/ Card Readers/ Controls: Not applicable for this month
- Task Orders - Non-Recurring and Recurring: (List all Task Order, service provided and status)
Task Order 0001 (Item 0001; bulk funding, base year):
 - Door replacement task (No. 1) has been completed.
 - Electrical panel issues task (No. 2) including testing, tracing, and labeling electrical panels at buildings XX and XXX has been completed.

Additionally:

Recurring and Non-recurring work is assessed monthly and documented on a Performance Assessment Worksheet (PAW).

Work Orders (WO) and IDIQ Task Orders (TO) require 100% assessment. This means that all (WO) and (TOs) must be verified as satisfactorily complete prior to payment.

The Government recommends the contractor partner with the site POC immediately after completion of recurring service to ensure PAWs documentation is accurate.

Sincerely,
Company and/ or Point of Contact

ATTACHMENT J 1502000-09
QUALITY INSPECTION AND SURVEILLANCE REPORT (CONT'D)

Maximo data pull or excel formate is acceptable.

Example: Annual ongoing Work/Service Order log submitted monthly* (Insert location, City and State) Log

#	Site (Date Requested)	Description of Repairs (Date approved)	Date Completed	Comments	WO#	MFR #	Invoiced	Status	Cost	Signed Fwrd	
INVOICED											
1	(Location) 8/4/2014	ExteriorLights	11/7/2019	SUB	(LN)008			Nov	COMPLETED	\$ -	Y
2	(Location)	Sauna timer	5/31/2019		(LN)175	31171513173328		May	COMPLETED	\$ 600.39	Y
3	(Location)	Rollup door	6/22/2019	SUB	(LN)176	31171513155613		June	COMPLETED	\$ 913.12	Y
3	(Location)	De-winterize park	5/24/2019		(LN)177	31171517135315		May	COMPLETED	\$ 426.18	Y
4	(Location)	Failed supply	6/22/2019		(LN)179	31171519131353		June	COMPLETED	\$ 426.18	Y
5	(Location)	Failed Ballast in	6/27/2019		(LN)180	31171519153337		June	COMPLETED	\$ 367.75	Y
6	(Location)	Broken water line	5/25/2019		(LN)181	31171532121219		May	COMPLETED	\$ 933.33	Y
7	(Location)	Water in	5/27/2019		(LN)182	31171537191113		June	COMPLETED	\$ 766.70	Y
8	(Location)	Cracked toilet in	6/27/2019		(LN)183	31171531111535		June	COMPLETED	\$ 568.93	Y
9	(Location)	Faulty flush	6/22/2019		(LN)184	31171531113313		June	COMPLETED	\$ 455.31	Y
10	(Location) 6/1/2017	Leaking wax ring	6/27/2019		(LN)185	31171531113323		June	COMPLETED	\$ 329.42	Y
11	(Location) 6/1/2017	Replace failed	6/14/2019		(LN)186	31171531113223		June	COMPLETED	\$ 813.81	Y
COMPLETE READY TO INVOICE											
12	(Location)	Overhead heating	7/12/2019	SUB	(LN)157	31171313193211		July	COMPLETED	\$ -	Y
13	(Location)	Failed AC unit -	6/20/2019	SUB	(LN)187	31171617175613		July	COMPLETED	\$ -	Y
14	(Location)	Repair 3 failed	7/1/2019		(LN)188	31171632135753		July	COMPLETED	\$ -	Y
APPROVED FOR EXECUTION											
15	(Location)	Change orientation of door and			(LN)177	20170302094046				\$ 990.88	N
17	(Location) 7/7/2017	Fan failed in			(LN)193	31171717152321				\$ 711.54	N
17	(Location) 7/7/2017	AC unit not			(LN)196	31171718112511				\$ -	N
18	(Location)	Gutter & down spout pulled away			(LN)198	20170714091118				\$ 351.77	N
AWAITING NAVFAC APPROVAL											
19	(Location) 3/27/2015	Repair Building lights	4/17/2019		(LN)067					\$ 8,362	Y
20	(Location)	Re-mum Bldg.			(LN)189	31171633133231				\$ -	N
21	(Location)	Ceiling tiles wet			(LN)201	31171735182131				\$ -	N
22	(Location)	Intermittent leak			(LN)202	31171735183631				\$ -	N
ON HOLD AWAITING NAVFAC/MFR											
23	(Location)	In room 108 -			(LN)146	31171333183855				\$ -	N
CANCELED											
24	(Location)	Front hatch not		Cancelled	(LN)141	31171135123721				\$ -	N
25	(Location)	Bldg., Creeping		Cancelled	(LN)172	31171339193326				\$ -	N

ATTACHMENT J 1502000-09
QUALITY INSPECTION AND SURVEILLANCE REPORT (CONT'D)

Example: Preventative Maintenance Inspection Schedule by location

Equipment (List all)	Designation	Building	Date/Week of Service	Notes
Inspection Log - Annual				
Hydronic Radiant Wall	HRWH-1 -	150		
Overhead Heating	OHU-1 -	150		
Furnace - Forced Air,	FG-1, FG-2	1104		
Heater - Unit, Forced	HUE-1	1104		
Boiler	B-1	1109		
Coil - Duct (Hot	CD-1	1109		
Boiler (Steam)	B-1	1110		
Condensate Return	CRU-1,	1110		
Heater - Unit, Forced Air,	HUW-1	1110		
System Water -	SW	1110		
Heater - Unit, Forced	HUG-1,	1112		
Pump - Sump	SP-1, SP-2	1112		
Inspection Log - Semiannual				
Air Conditioner -	ACS-1 -	1103		
Fan - Unit (Wall)	EF-1	1103		
Air Conditioner -	ACS-1 -	1104		
Air Conditioner -	ACP-1	1104		
Coil - Duct	CD-1, CD-	1104		
Fan - Unit (Roof)	EF-1 - EF-3	1104		
Fan - Duct (Vehicle	EF-4	1104		
Inspection Log - Quarterly				
Lighting - Exterior	LE	1103		
Lighting - Interior	LI	1103		
Inspection Log - Monthly				
Evewash Station		1103		

ATTACHMENT J 1502000-09
QUALITY INSPECTION AND SURVEILLANCE REPORT (CONT'D)

Example: Preventative Maintenance certification schedule by location

List all Certification	Designation	Location	Building	Manuf/Supplier	Model	Date of	Notes
Monorail Crane							
Bridge Crane							
Boiler							
UPV							
Vehicle Lifts							
Backflow Preventer							
Elevators							

PERFORMANCE ASSESSMENT REPRESENTATIVE SIGNATURE:

DATE:

EXAMPLE MONTHLY QUALITY INSPECTION AND SURVEILLANCE REPORT (CONT'D)SITE MONTHLY PERFORMANCE ASSESSMENT WORKSHEET (PAW)

Rating	Definition	Note
Exceptional	Performance meets contractual requirements and exceeds many to the Government's benefit. The contractual performance of the element or sub-element being assessed was accomplished with few minor problems for which corrective actions taken by the contractor was highly effective.	To justify an Exceptional rating, identify multiple significant events and state how they were of benefit to the Government. A singular benefit, however, could be of such magnitude that it alone constitutes an Exceptional rating. Also, there should have been NO significant weaknesses identified.
Very Good	Performance meets contractual requirements and exceeds some to the Government's benefit. The contractual performance of the element or sub-element being assessed was accomplished with some minor problems for which corrective actions taken by the contractor was effective.	To justify a Very Good rating, identify a significant event and state how it was a benefit to the Government. There should have been no significant weaknesses identified.
Satisfactory	Performance meets contractual requirements. The contractual performance of the element or sub-element contains some minor problems for which corrective actions taken by the contractor appear or were satisfactory.	To justify a Satisfactory rating, there should have been only minor problems, or major problems the contractor recovered from without impact to the contract. There should have been NO significant weaknesses identified. A fundamental principle of assigning ratings is that contractors will not be assessed a rating lower than Satisfactory solely for not performing beyond the requirements of the contract.
Marginal	Performance does not meet some contractual requirements. The contractual performance of the element or sub-element being assessed reflects a serious problem for which the contractor has not yet identified corrective actions. The contractor's proposed actions appear only marginally effective or were not fully implemented.	To justify Marginal performance, identify a significant event in each category that the contractor had trouble overcoming and state how it impacted the Government. A Marginal rating should be supported by referencing the management tool that notified the contractor of the contractual deficiency (e.g., management, quality, safety, or environmental deficiency report or letter).
Unsatisfactory	Performance does not meet most contractual requirements and recovery is not likely in a timely manner. The contractual performance of the element or sub-element contains a serious problem(s) for which the contractor's corrective actions appear or were ineffective.	To justify an Unsatisfactory rating, identify multiple significant events in each category that the contractor had trouble overcoming and state how it impacted the Government. A singular problem, however, could be of such serious magnitude that it alone constitutes an unsatisfactory rating. An Unsatisfactory rating should be supported by referencing the management tools used to notify the contractor of the contractual deficiencies (e.g., management, quality, safety, or environmental deficiency reports, or letters).

PURPOSE AND OVERVIEW

This document provides the process steps required to initiate Contractor submission of Flat File or Direct Entry Maximo data. This document is not intended to be a comprehensive “how to” manual but rather a reference document that points to the appropriate documents, personnel, training, and access requirements.

Online Training Resources

ML Maximo Guides: <https://hub.navfac.navy.mil/webcenter/portal/midlant/Maximo>

PDT Training: <https://hub.navfac.navy.mil/webcenter/portal/bd/page1881>

- Maximo Overview
- Managing Assets (this one should receive some guidance from the PW Maximo manager).
- Maximo PMI and II
- Maximo Service Requests & work orders

CIO Helpdesk Support

ML CIO Helpdesk STS: <https://apps.navfac.navy.mil/pls/apex/f?p=198>

Click on “New Request” Category = “Application

Support” Sub-Category = “Maximo”

Enter appropriate information into the “Title” and “Problem” fields. Click on “Submit”

NAVFAC MAXIMO SYSTEM ACCESS PROCEDURES

Purpose and Overview

In order to obtain access to NAVFAC Maximo for direct entry, Contractor personnel must obtain a Common Access Card (CAC) with DoD PKI certificates for the access to Government Information Systems (IS) and must have an account established within NAVFAC Maximo.

CAC Application Procedures

Once the Contractor has provided the list of personnel requiring Maximo accounts, the Government Trusted Agent (TA) will sponsor the Contractor personnel initiating the process to obtain a CAC. Contractor personnel must submit an application for the CAC within the Trusted Associate Sponsorship System (TASS). Contractor personnel must log into TASS within seven days of the application's approval and must complete the application for a CAC within 30 days of the initial login. More information can be found at: <http://www.cac.mil/common-access-card/getting-your-cac/for-contractors/>.

After approval in TASS, the Contractor personnel must go to a Real-Time Automated Personnel Identification System (RAPIDS) site for final verification and issuance of the CAC with associated DoD PKI certificates.

NAVFAC Maximo Account Requests

The Contractor shall submit a request for establishing a NAVFAC Maximo accounts to the Contracting Officer using the System Access Authorization Request – Navy (SAAR-N) form (OPNAV 5239/14), Attachment 4, and indicate the role the user will have and the specific account privileges desired. Account requests SHALL NOT be submitted prior to having received a CAC.

Specific steps for requesting account access include:

- Complete Information Assurance (IA) training
 - Cyber Awareness Challenge version 3.0 (current requirement, subject to change based on policy)
 - Annual IA training is required to maintain access to Government IS
- Submit a complete and digitally signed SAAR form detailing the following required access:
 - Requesting a NITC portal SSO account
 - Requesting a STS account
 - Request a NAVFAC Maximo accounts
- After the SSO/STS accounts are created, submit a STS ticket requesting a new Maximo accounts.
- The local NAVFAC Business Office will determine level of access and restrictions for users by configuring NAVFAC Maximo Work Center access. The Contractor will receive notification that the NAVFAC Maximo accounts has been created and NAVFAC Maximo access URL details.

NAVFAC MAXIMO DATA REPORTING

This section details the process required for proper submission of Contractor work order, asset, specification, and condition assessment data for NAVFAC Maximo. The data is required for the Government's use in long term asset management and planning.

Consult the NAVFAC Maximo User Guide, Appendix D001 for further information about the transfer of data to NAVFAC Maximo. Contact the NAVFAC Maximo Program Manager or your FEC Maximo lead if you have specific questions about these requirements.

PURPOSE AND OVERVIEW

The purpose of this document is to provide guidance on how data is to be recorded and provided by the Contractor in reporting Service Provider, Asset, Specification, and Characteristic Meter Reading Information for NAVFAC Maximo. This document outlines the methods that must be utilized by the Contractor and associated NAVFAC business process and procedures for how data is to be submitted.

GENERAL TYPES OF DATA

Work Order Data

Work order data includes all necessary information for the documentation of all completed work orders, including, but not limited to, work orders, preventive maintenance (as performed under the PM program or as part of IMP), and work issued as IDIQ. Specific NAVFAC Maximo fields required for work order data are listed on the Service Provider Information spreadsheet provided in Attachment 1.

Asset Data

Asset data includes the specific details necessary for proper identification and tracking of assets. Asset data must be updated for all completed work orders where an asset is repaired, replaced, installed, or otherwise affected. Specific NAVFAC Maximo fields required for asset data are listed on the Asset Information spreadsheet provided Attachment 2. Utilities assets require the additional data listed on the Specification Information spreadsheet provided in Attachment 2A. When replacing existing assets, the Contractor shall change the status of the current asset to decommissioned or DEA, which will remove it from the maintenance plan and add the new asset.

Condition Assessment Data

Condition assessment data includes all necessary information for the accurate condition rating of all assets in support of the Infrastructure Condition Assessment Program (ICAP). Specific NAVFAC Maximo fields required for condition assessment data are listed on the Characteristic Meter Reading Information spreadsheet provided in Attachment 3

METHODS FOR DATA SUBMISSION

The Contractor shall provide work order, asset, specification, and condition assessment data. Additional details are provided below for submission of data via Direct Entry and Flat File methods.

METHOD 1: Direct Data Entry

In this method a Contractor obtains authorized access as specified above and directly enters data into NAVFAC Maximo. All reference value verification is provided by NAVFAC Maximo.

All Contractors who obtain authorized access will be granted entry only within the applicable NAVFAC Maximo screens necessary to enter work order, asset, specification, and condition assessment data. Contractors are only authorized to view, edit, report or otherwise access data related to their work. Any unauthorized attempt to do otherwise may be grounds for removal of access privileges. Contractors will be assigned a specific work center code for their work and shall utilize this code for all such data entry and retrieval.

METHOD 2: NAVFAC Maximo Flat File Data Exchange

The Contractor will utilize the data formats contained in the Service Provider Information provided Attachment 1, Asset Information provided in Attachment 2, Specification Information provided in Attachment 3, and Characteristic Meter Reading Information provided in Attachment 4. The Contractor shall use their own internal systems to generate the flat file data into the format required. The Contractor is responsible for ensuring that data is correct and validated to meet the Maximo data requirements. If any data gets rejected the Contracting Officer (or designated Government Person) will send the data back to Contractor and the Contractor shall correct and resubmit the data. In all cases of data rejects, the Contractor shall communicate with the Contracting Officer (or designated Government Person) to rectify the data rejects.

Flat File Data Validation and Preparation

NAVFAC Maximo has several interfaces to assist in data transfer, many interfaces are used for multiple purposes to efficiently load or modify existing data in the system. Because of those multiple uses for each interface there are strict rules on how the data must be prepared for successful submission and loading.

The format required for flat files is detailed in the spreadsheets described below:

- SERVICE PROVIDER INFORMATION – (Spreadsheet provided in Attachment 1) –contains the format and data elements for submission of Work Order Information.
- ASSET INFORMATION – (Spreadsheet provided in Attachment 2) – contains the format and data elements for submission of new or updated Asset Information.
- SPECIFICATION INFORMATION – (Spreadsheet provided in Attachment 3) – generally only used for Utilities assets, contains the format and data elements for submission of additional fields related to new or updated Asset Information.
- CHARACTERISTIC METER READING INFORMATION – (Spreadsheet provided in Attachment 4) – contains the format and data elements for submission of updated Condition Assessment Information.

The Contractor is required to validate their data prior to submission to minimize data rejects. To assist the contractor in data validation, the appropriate reference values will be provided by the Government and updated as changes occur. The reference files contain the valid data values for specific fields within Maximo at a specific time. Due to the frequent nature of changes for some value lists within Maximo (e.g., new assets added or status being changed), this file will be directly transferred from a local PW Representative to the Contractor as changes occur. The Contractor shall communicate with the Contracting Officer if any data values need to be added.

Examples of data requiring validation:

- A current list of the valid Manufacturer's (Company) Name values in NAVFAC Maximo. When adding a new asset, the contractor will select the appropriate Company value so it will permit the successful asset record insert.

Company	Description	Company Type	Organization
---------	-------------	--------------	--------------

MCQUAY	McQuoid International; HVAC equipment	M	NAVFAC
--------	---------------------------------------	---	--------

- A current list of the valid Assets for the contract. The file must be refreshed periodically to reflect assets added over the contract period. Assets must be added prior to Work Order being submitted for work on the asset or the Work Order will be rejected.

Sample Reference Value “asset”

Asset	Description	Location	Parent	Rotating Item	Work Center	Site
WNY111 - AHU- 05	SPLIT SYSTEM #1A	WNY-111	WNY111- AHU- CIMU-02		WCCP22	10101

- For some fields, NAVFAC Maximo may have many valid values such as Sited and Work Center, however the Contractor will have only one authorized value. The Government will notify the Contractor of the specific values to be used for all records.

Flat File Submission Requirements

For data required to be submitted via flat file as specified in Section C, further detail of the format and submission requirements are detailed below. There are two different types of flat files: Pipe Delimited and Spreadsheet format.

- Pipe Delimited Flat File:

In this method the Contractor will prepare data in flat files for submission. These documents have strict requirements that must be followed to permit the successful processing by the Government to import into NAVFAC Maximo. Pipe Delimited Flat files are text files which are pipe delimited (the ‘|’ symbol on the keyboard) with one record per line in the file. The Contractor is responsible to verify data against the reference values to prevent record rejects for required information.

Service Provider Information, Asset Information, Specification Information, and Characteristic Meter Reading Information Reports submitted as pipe delimited flat-files must be prepared as follows:

An individual flat file record is made up of individual fields, stored in a text file and delimited by the piping symbol (‘|’). Not all of the fields must have data. Fields that are not required to have data must still exist in the flat file record but are allowed to have no data present for that field. See below for illustration for fields not required. A flat file is a text file that contains one or more of these individual records.

Example of a single line from a Service Provider work order flat file:

```
04|SC|181|131: RPL FLORESCENT LIGHT COVER|ELCENT-131|ENS SUMMERS||COMP|8/31/2005
16:37:16|3|8/30/2005 0:00:00|8/30/2005 13:30:00||0.50|8.73|0|0.00|131|||8/29/2005 9:13:28|UTIL|8/30/2005
10:53:49|9/6/2005 10:55:47|8/31/2005 16:37:25|CHARLIE|
```

There are a couple things worth noting in this example. First, notice the places where two or three piping symbols appear in a row. Anytime two piping symbols are located next to each other, it means a NULL value is being submitted for that field. Three pipes in a row would signify two NULL fields.

The second item worth noting is the last field in the line. The line ends with “|CHARLIE|”. This is the 26th field and represents the CHANGEBY field. Since no more data are being sent with this individual record. It would have been acceptable to include extra pipes to indicate the NULL values being sent for the remainder of the fields identified on the flat file format sheet.

- Spreadsheet Flat File:

In this method the Contractor will prepare data in flat files and submit in spreadsheet format to the Contracting Officer. These documents have strict requirements that must be followed to permit the successful processing by the Government to

import into NAVFAC Maximo. The Contractor is responsible to verify data against the reference values to prevent record rejects for required information. Spreadsheet flat files shall be submitted in a Microsoft Excel file format. Upon acceptance, the Government will extract the data to complete the NAVFAC Maximo Flat File Data Exchange.

Service Provider Information, Asset Information, Specification Information, and Characteristic Meter Reading Information Reports submitted as spreadsheet flat-files must be prepared as follows;

The Contractor shall submit a complete work order, asset, specification, or characteristic meter reading data spreadsheet by filling out all applicable portions of the Excel spreadsheet workbook after validating matching appropriate fields per provided reference files. *Note: the structure, order of columns and headings of columns shall not be altered.*

FSC RESPONSIBILITIES REGARDING CONTRACTOR SUBMISSIONS

FLAT FILE:

Flat file submissions are time consuming and present many opportunities for data error while formatting and reformatting manually.

The basic outline of steps for Flat File submissions are as follows (responsible parties):

1. Inventories need to be correct in Maximo, a complete list of inventories with asset numbers must be uploaded. (FSCM, PWD FM&S)
2. Contractor Work Center in Maximo needs to be create for each contract (Maximo Program Manager)
3. Flat File Template provided (Maximo Program Manager)
4. Flat File Template sent to contractor (contract should have this as an attachment in J-0200000-xx) (FSC)
5. Flat File completed monthly by contractor and submitted to FSC for review (Contractor)
6. Flat File reviewed for data integrity and format, *will be rejected by Maximo Program Manager if formatted incorrectly* (FSC)
7. Once data is verified and properly formatted, FSC forwards the Flat File to the Maximo Program Manager to upload to Maximo (FSC) DIRECT ENTRY:

Direct Entry requires time to establish accounts and access issues. However, once established, there is a significant reduction in effort for the FSC branches. The goal should be to get all contractors operating under the direct entry method as soon as possible (time determined by individual PWD's – recommendation is within 6 months of award).

The basic outline of steps for Direct Entry are as follows (responsible parties):

1. Submit STS ticket with a completed SAAR form to CIO for contractor security check to issue a CAC with proper certificates to contractor (FSCM)
2. Contractor purchases a computer and CAC reader (no dedicated NMCI line needed)
3. A list of inventories with asset numbers needs to be provided and uploaded to Maximo (PWD/FM&S)
4. Contractor Work Center in Maximo needs to be created per contract (Maximo Program Manager)
5. Submit a STS ticket for limited contractor access to Maximo, access to meter reading, meter numbers associated with asset, etc. (FSCM submits the STS, it is routed to Maximo Program Manager for approval for proper Maximo access)
6. Maximo training for direct entry provided to Contractor, FSCM, and PAR (Maximo Program Manager)
7. Data integrity and contractor performance/oversight (FSC)

AVAILABLE ATTACHMENTS:

Attachment 1: Service Provider Information Spreadsheet

Attachment 2: Asset Information Spreadsheet

Attachment 2A: Asset Information Spreadsheet (Utilities)

Attachment 3: Meter Reading Spreadsheet

Attachment 4: SAAR-N (OPNAVF 5239/14)

ATTACHMENT J-0200000-11
ACCIDENT PREVENTION PLAN NOTE

Procedures for ordering the USACE EM 385-1-1

Send a Fax Request to: (301) 394-0084

ATTN: Tony

I would like to request (1 or 2) copies of the USACE EM 385-1-1 November 2014 Edition

Send to: Name (**No Company Name**)
 Street Address (**No PO Boxes**)
 City, State, ZIP

ATTACHMENT J-0200000-11
ACCIDENT PREVENTION PLAN ADDITIONAL INFORMATION (CONT'D)

An Accident Prevention Plan (APP) is a safety and health policy and program document. APP shall be job-specific and shall also address any unusual or unique aspects of the project or activity for which it is written. The APP shall interface with the employer's overall safety and health program, and a copy shall be available on the work site. Any portions of the overall safety and health program that are referenced in the APP shall be included as appropriate. ANSI/ASSE A10.38 should be referenced for Programmatic Issues.

Most contracts awarded within NAVFAC are under the guidelines of the EM 385-1-1 concerning contract safety requirements. All NAVFAC FEAD/ROICC/OICC/FSC contractors will adhere to the EM 385-1-1 requirements for Accident Prevention Plans. The APP shall be developed by qualified personnel and then signed in accordance with Appendix A, paragraph 1. The Contractor shall be responsible for documenting the **Qualified person's** credentials.

***“Qualified person:** one who, by possession of a recognized degree, certificate, or professional standing, or extensive knowledge, training, and experience, has successfully demonstrated his/her ability to solve or resolve problems related to the subject matter, the work, or the project.”*

The Contractor shall address each of the elements/sub-elements in the outline contained in Appendix A in the order that they are provided in the manual. If an item is not applicable because of the nature of the work to be performed, the Contractor shall state this exception and provide a justification. > **See Appendix A.**

Accident Prevention Plans that are submitted shall follow the guidelines of Appendix A of the EM 385-1-1 or they will found not **acceptable** and sent back to the contractor for re-submittal. The contractor cannot start work on a contract until the Accident Prevention Plan has been submitted and found acceptable. *A copy shall be available on the work site.* The APP shall be written in English by the Prime Contractor and shall articulate the specific work and hazards pertaining to the contract.

The APP shall contain appropriate appendices (for example, a SSHP for hazardous waste site cleanup operations, a Lead Compliance Plan when working with lead, or an Asbestos Hazard Abatement Plan when working with asbestos). The APP shall also implement in detail the pertinent requirements of this manual. Before initiation of work at the job site, an APP shall be reviewed and found acceptable by the GDA.

***“Accepted/Acceptable:** a term denoting when a written procedure, practice, method, program, engineering design, or employee qualification criteria submittal, which, after a cursory review by a GDA, is determined to generally conform to safety and health or contractual requirements.*

Acceptance or acceptability of such submittals in no way relieves the submitting entity from ensuring employees a safe and healthful work environment or complying with all contractual requirements and good engineering practices.”

For contract operations, the Contractor's APP shall be job specific and should include work to be performed by subcontractors. In addition, the APP should state measures to be taken by the Contractor to control hazards associated with materials, services, or equipment provided by suppliers.

Updates to the APP shall be reviewed and **approved** by the GDA

***“Approved:** a method, equipment, procedure, practice, tool, etc., that is sanctioned, confirmed, as acceptable for a particular use or purpose by a person or organization authorized to render such approval or judgment.”*

Steps for putting the Accident Prevention Plan Together.

- You will need a three ring binder that will contain your Accident Prevention Plan.
- You will need tab sheets numbered 1 through 10. The tab sheets will be used to separate the 10 sections shown in Appendix A.
- You will need to have an index page installed as the first page of your plan.
- Next, insert tab sheet number one.
- Next, comply with section #1 a. b. and c. When you have completed these items, insert them into your tab # 1 section.
- Next, insert tab sheet number two.
- Next, comply with section #2 a. b. c. d. When you have completed these items insert them into your tab #2 section
- By now as you can see each tab section has sub statements within them that will be inserted into each section. Follow this procedure until all 10 sections are completed. Upon completion put together the correct number of Accident Prevention Plans required by your contract to be submitted to the and forward the copies to the Office in Charge of Construction.

By complying with Appendix A of the EM 385-1-1, you will have an Accident Prevention Plan that will meet the requirements of your contract.

ATTACHMENT J-0200000-12
EXAMPLE: ACTIVITY HAZARD ANALYSIS (AHA)

Activity/Work Task: <i>Pest Control????</i>	<i>Overall Risk Assessment Code (RAC) (Use highest code)</i>					
Project Location:	<i>Risk Assessment Code (RAC) Matrix</i>					
Contract Number:	<i>Severity</i>	<i>Probability</i>				
Date Prepared:		<i>Frequent</i>	<i>Likely</i>	<i>Occasional</i>	<i>Seldom</i>	<i>Unlikely</i>
Prepared by (Name/Title)	<i>Catastrophic</i>	<i>E</i>	<i>E</i>	<i>H</i>	<i>H</i>	<i>M</i>
	<i>Critical</i>	<i>E</i>	<i>H</i>	<i>H</i>	<i>M</i>	<i>L</i>
Reviewed by (Name/Title):	<i>Marginal</i>	<i>H</i>	<i>M</i>	<i>M</i>	<i>L</i>	<i>L</i>
	<i>Negligible</i>	<i>M</i>	<i>L</i>	<i>L</i>	<i>L</i>	<i>L</i>
Notes: (Field Notes, Review Comments, etc.) Company Name:	Step 1: Review each “ Hazard ” with identified safety “ Controls ” and determine RAC (See above)					
	“ Probability ” is the likelihood to cause an incident, near miss, or accident and identified as: <i>Frequent, Likely, Occasional, Seldom or Unlikely.</i>				<i>RAC Chart</i>	
	“ Severity ” is the outcome/degree if an incident, near miss, or accident did occur and identified as: <i>Catastrophic, Critical, Marginal, or Negligible</i>				<i>E = Extremely High Risk</i>	
					<i>H = High Risk</i>	
	Step 2: Identify the RAC (Probability/Severity) as E, H, M, or L for each “ Hazard ” on AHA. Annotate the overall highest RAC at the top of AHA.				<i>M = Moderate Risk</i>	
					<i>L = Low Risk</i>	
<i>Job Steps</i>	<i>Hazards</i>	<i>Controls</i>				<i>RAC</i>
1. Indoctrination	1a. Indoctrination and training 1b. Awareness of job hazards 1c. Hazardous materials on site 1d. Smoking 1e. Drug and Alcohol use	1a. 1. All workers will review the AHA for their particular scope 2. All workers will read and understand the plans and policies set forth in the EM 385-1-1 (Yellow Book) 3. AHA is included in APP 4. Hard copy of APP will be inside each vehicle 1b. All workers will attend at least a weekly safety meeting 1c. SDS available for all employees to view 1d. No Smoking within the work area allowed 1e. Employees to follow drug and alcohol policy as stated in the employee handbook				L
2. Mobilize						L
2a. At Shop: load truck with equipment, chemicals and tools necessary for jobsite	2a. Physical injury, sprain, strain	2a. 1. Use of hand truck and lift gate for loading of chemical and equipment when necessary 2. Ensure workers use proper lifting techniques when loading heavy items				
2b. Secure Cargo	2b. Shifting, spillage	2b. Equipment, chemicals, and tools shall be secured properly in vehicle to prevent shifting and spillage				
2c. Travel to Jobsite	2c. Auto Accident	2c. 1. Use caution when operating vehicle 2. Follow all driving laws while on the road				

		3. Only persons with valid driver's license and vehicle pass are to operate vehicle	
3. Application			L
3a. Pesticide Application	3a. Inhalation of chemicals 3b. Skin and eye irritation 3c. Dehydration 3d. Struck by vehicles 3e. Slipping and falling	3a. 1. Review SDS prior to use 2. Respirators shall be used when applicable to the application or as directed by the SDS 3. Mixing of all chemical shall be performed by certified personnel or under the supervision of certified personnel 3b. 1. Wear safety glasses 2. Suitable clothing made of appropriate material shall be worn 3. During windy conditions, employee shall not apply chemicals to prevent drifting 3c. Take periodic water breaks to prevent dehydration 3d. 1. The use of orange cones shall be enforced while vehicles are parked on roadways 2. Type II reflective vests shall be worn 3e. 1. Wear non-slip shoes 2. Employee shall inspect area before spraying to ensure it is free of objects that may cause trips or falls	
4. Disposal	4a. Contamination	4a. Read the SDS prior to use 4b. Dispose of the pesticide and the container as instructed	L
<i>Equipment to be Used</i>	<i>Training Requirements/Competent or Qualified Personnel name(s)</i>	<i>Inspection Requirements</i>	
Pickup truck Respirator Back pack spray Non-slip shoes	Competent person shall check that all equipment is in proper working condition daily before each use. Respirators shall be inspected for damage and proper fit prior to each use. Vehicle shall receive an annual safety inspection by a licensed mechanic and maintained weekly by driver.	Pesticide applicator shall be certified, trained, and competent in Pest Control Category No. 3, Ornamental and Turf and Pest Control and Category No. 10, Domestic, Institutional, Structural & Health Related Pest Control certification. This person shall be trained in First Aid and CPR. Employees shall receive an annual physical for respirator use and fit tested. Prior to start of work activity a safety meeting shall be conducted by the Contractor to discuss AHA & Operational Risk Management with everyone engaged in the activity. The Contractor shall document meeting attendance.	

ATTACHMENT J-0200000-13
EXAMPLE: CONTRACTOR HAZARDOUS MATERIAL INVENTORY LOG

CONTRACTOR HAZARDOUS MATERIAL INVENTORY LOG
 (EPCRA 312 & 313 Worksheet)

COMPANY NAME: _____ CONTRACT NO: _____
 PROJECT TITLE: _____

Product Name or Trade Name	Manufacturer	Max Amount of Product Stored on Site	Amount of Product Used (e.g., Gallons, Pounds)	Specific Gravity (or wt/volume)	Toxic Chemical Ingredient in Product (Refer to MSDS & List Individually)	Toxic Chemical CAS # (Refer to MSDS)	% Toxic Chemical by Weight	Days On Site

() Contractor(s) certifies that no hazardous materials will be brought onto the installation and/or used at the project site.
 () Contractor(s) certifies that no hazardous waste will be generated from this project.

Submitted By: _____ Phone: _____ Fax: _____ Date: _____
 Contract Administrator: _____ Phone: _____ Fax: _____

ATTACHMENT J-0200000-14
CONTRACTOR CRANE OPERATING CHECKLIST FOR CRITICAL LIFTS

ATTACHMENT "A"			
CONTRACTOR CRANE OPERATING CHECKLIST FOR CRITICAL LIFTS		YES	NO
1	Does the operator know the weight of the load to be lifted?		
2	Is the load to be lifted within the crane manufacturer's rated capacity in its present configuration?		
3	Is the crane level and on firm ground?		
4	Are outriggers required?		
5	If so, are outriggers fully extended and down, and the load off the wheels?		
6	If blocking is required, is the entire surface of the outrigger pad supported, and is the blocking material of sufficient strength to safely support the loaded outrigger pad?		
7	If outriggers are not used, is the crane rated for on-rubber lifts by the manufacturer's load chart?		
8	Is the swing radius of the crane counterweight clear of people and obstructions and accessible areas within the swing area barricaded to prevent injury, damage and unplanned encroachment?		
9	Has the hook been centered over the load in such a manner to prevent swing (deflection, side loading, load-moment)?		
10	Is the load well secured and balanced in the sling or lifting device before it is lifted (free and clear) more than a few inches?		
11	Is the lift swing path clear of obstructions?		
12	If rotation of the load being lifted is hazardous, is tag line or restraint line being used?		
13	Are personnel prevented from standing or passing under a suspended load?		
14	Are personnel prevented from entering the load fall zone?		
15	Is the crane operator's attention diverted?		
16	Are proper signals being used at all times?		
17	If radio communications are used is the frequency isolated to the crane team?		
18	Do the operations ensure that side and tip loading is prohibited?		
19	Are start and stop motions in a smooth fluid motion (no sudden acceleration or deceleration)?		
20	If operating near electric power lines, are the rules and guidelines understood and adhered to as specified in NAVFAC P-307?		
21	Is the lift a critical lift?		
22	If so, are critical lift regulations understood, check-off sheets initialed and signed off, and was there an interactive brief conducted with associated personnel?		
23	Is Attachment "A" current, filled out completely, and posted in the crane?		
Contractor Name (Print Legibly):			
Contractor Name (Signature):			
Location:			Date:

ATTACHMENT J-0200000-15
ENVIRONMENTAL PROTECTION LOCAL PROCEDURES

1. Environmental Protection:

a. Procurement of Recycled Content Materials:

Contractors shall procure all materials for projects on Government property in accordance with Executive Order 13101 of September 14, 1998 “Greening the Government through Waste Prevention, Recycling and Federal Acquisition”. A listing of recycled content materials available to be utilized can be found in the United States Environmental Protection Agency (U.S. EPA) Comprehensive Procurement Guidelines (CPG) listing: <http://www.epa.gov/cpg/products.htm>. Contractor shall provide documentation regarding compliance with this Order to the Contracting Officer’s representative on request.

2. Identification, Control, and Disposal of Regulated Materials and Waste:

Control and disposal of all Regulated Waste (waste regulated by state, local, or federal law, Navy or other agency, regulation or other policy including, but not limited to, Federal or State hazardous wastes, Toxic Substances Control Act (TSCA) waste, asbestos containing wastes lead paint wastes or other similarly regulated wastes) generated as a consequence of execution of this project shall be the responsibility of the Contractor and is to be included in the contract price. Contractor is responsible for all Regulated Materials (materials regulated under State, Local or Federal law, Navy or other agency regulation or policy, including, but not limited to Asbestos or Lead based paint) or Regulated Wastes as defined above, which are created in the course of the project, used in the project or brought on Government property by the Contractor. Contractor shall immediately notify the Contracting Officer or his/her designated representative in the event that any unforeseen Regulated Waste or Regulated Material is encountered in the course of the work described herein. Due care has been taken to identify any Regulated Materials or Regulated Wastes which should reasonably encountered in the course of the project, notwithstanding this, Contractor has primary responsibility for 1) identifying all Regulated Wastes or Regulated Materials encountered or generated in the course of the project and 2) complying with all applicable Policies, and State, Local or Federal regulations pertaining to these Regulated Wastes and/or Regulated Materials including, but not limited to, safety policies and regulations. All costs associated with complying with these requirements shall be included in the contract price. Inquiries regarding waste manifesting, disposal, etc. shall be directed to MARFORRES Environmental Division at (847) 688-3368.

- a. Regulated Waste as defined above, shall be generated, stored, and disposed of in compliance with Navy Policy and all applicable Federal, State, Local regulations. The Contractor is responsible for familiarizing themselves with all these requirements. Navy policies can be located in the Hazardous or Solid Waste Management Plans for the subject facility. Copies of Navy policy are available online or by contacting the Navy’s Designated Environmental Representative for the subject facility.
- b. Prior to any regulated waste being generated or stored, the Contractor shall contact the Environmental Division to request approval of the proposed location of any waste accumulation area. The Contractor shall appoint a single point of contact along with a contact for all such areas and provide a contact number for that person. The contact must be accessible 24 hours a day and identified in the Site Specific Environmental Protection Plan.

ATTACHMENT J-0200000-15
ENVIRONMENTAL PROTECTION LOCAL PROCEDURES (CONT'D)

- c. Contractor shall dispose of all Government generated waste at a licensed permitted disposal facility acceptable to the Government. The Government, in its sole judgment, reserves the right to approve or disapprove contractor disposal facilities based on their potential effect on the Governments disposal related liability. Prior to approval of any facility for disposal of government waste, all disposal facilities shall complete a Navy Region Midwest Disposal Facility Environmental Audit Form prior to shipments. Navy approved waste disposal sites available from MARFORRES Environmental Division.
- d. All representations to third parties regarding the nature of Regulated Waste(s) generated in the course of the project and the Navy's Designated Environmental Representative must approve shipping documents related to movement of any Regulated Wastes in advance. Where signature of the owner or operator is required, such signature shall be requested via the Navy's Designated Environmental Representative. Arrangements to review documents shall be scheduled a minimum of 2 business days in advance of the shipment, during normal business hours Monday through Friday, except in emergencies. Waste pickups must be scheduled at a time acceptable to the Navy Project Representative and Navy's Designated Environmental Representative. The Contractor shall be responsible for completing and obtaining approval of the appropriate authorities for all documents necessary to comply with Navy Policy as well as State, Local and Federal regulations and/or requirements. Generators' copies of all shipping documents from disposal facilities, as well as Certificates of Disposal/Recycling shall be returned to the Navy's Designated Environmental Representative within forty-five (45) days of shipment off station. The items requiring review and approval include, but are not limited to the following:
 - i. Prime Contractor:
 - Laboratory Reports on Waste Streams
 - Profile Sheets
 - Completed "Disposal Facility Environmental Audit" form from TSDF
 - ii. Transporter:
 - iii. Disposal Facility: (TSDF)

3. Release or Spill of Regulated Substance or Violation of Law:

- a. Contractor is required to adhere to the following policy:

All spills or releases of – petroleum products, hazardous substances, and regulated waste involving government waste or property occurring on Department of Navy property shall be immediately reported to the MARFORRES Environmental Division. Off-site spills or releases shall be immediately reported to the proper Federal, State, and Local agencies. The Navy's/Marine designated Environmental Representative is responsible for reporting spills or releases occurring on Department of NAVY property to Federal, State, and local agencies. Spill cleanup, remediation, damage to the environment and other related incurred costs resulting from Contractor actions shall be the responsibility of the Contractor.

All inquiries pertaining to waste operations shall be directed to the MARFORRES Environmental Division.

ATTACHMENT J-0200000-15
ENVIRONMENTAL PROTECTION LOCAL PROCEDURES (CONT'D)

Contractor is responsible for all costs, without limit, related to any release, spill or any violation of law associated with the Contractor's execution of the project or caused by any action of the contractor. The Contractor, to the sole satisfaction of the Navy's/Marin Designated Environmental Representative, shall execute all actions necessary to address such release, spill, or violation of law. If, in the sole opinion of the Navy's/Marine Designated Environmental Representative, the Contractor fails to respond with immediate and effective action (within 1 hour of discovery), the Government may, at its discretion, take such actions as it deems necessary, to protect the environment, property or public safety. The Contractor is responsible for all costs, without limit, related to such actions, and shall reimburse the government for all costs incurred. Notwithstanding terms of any agreement between the Contractor and Government, the Government reserves the right to unilaterally and without recourse by the Contractor to execute a deductive modification to the contract equal to the total or any fraction of, the expense to the Government for any actions necessary to address such release, spill or violation of law.

4. Environmental Permits and Licenses:

The Contractor shall be responsible for preparation of all applicable permits or licenses and payment of all permit, license, or similar fees associated with the project. The Contractor shall submit the permit application to the Navy's Designated Environmental Representative along with acceptable form of payment for the permit or license. Upon completion of the review the Navy will forward the application to the regulatory agency.

5. Protection of Natural Resources:

Preserve the natural resources within the project boundaries and outside the limits of permanent work. Restore to an equivalent or improved condition upon completion of work. Confine construction activities to within the limits of the work indicated or specified. If the work is near streams, lakes, or other waterways, conform to the national permitting requirements of the Clean Water Act.

Do not disturb fish and wildlife. Do not alter water flows or otherwise significantly disturb the native habitat adjacent to the project and critical to the survival of fish and wildlife, except as indicated or specified.

Except in areas to be cleared, do not remove, cut, deface, injure, or destroy trees or shrubs without the Government permission. Do not fasten or attach ropes, cables, or guys to existing nearby trees for anchorages unless authorized by the Government. Where such use of attached ropes, cables, or guys is authorized, the Contractor will be responsible for any resultant damage.

Protect existing trees which are to remain and which may be injured, bruised, defaced, or otherwise damaged by construction operations. Remove displaced rocks from uncleared areas. By approved excavation, remove trees with 30 percent or more of their root systems destroyed. Remove trees and other landscape features scarred or damaged by equipment operations, and replace with equivalent, undamaged trees and landscape features. Obtain Contracting Officer's approval before replacement.

The Government's approval is required before any equipment will be permitted to ford live streams. In areas where frequent crossings are required, install temporary culverts or bridges. Obtain Contracting Officer's approval prior to installation. Remove temporary culverts or bridges upon completion of work, and repair the area to its original condition unless otherwise required by the Contracting Officer.

ATTACHMENT J-0200000-16
EXHIBIT LINE ITEM NUMBERS

See ELINs on an attached Excel Spreadsheet.

ATTACHMENT J-0200000-17
SELF-ASSESSMENT CHECKLIST

ACCEPTANCE OF CONTRACTOR'S QUALITY APPROACH DOES NOT LIMIT CONTRACTING OFFICER FROM REQUIRING ADDITIONAL MEASURES. BELOW IS A SELF-ASSESSMENT CHECKLIST SOME ITEMS MAY NOT BE APPLICABLE. SEE SECTION F FOR ALL SUBMITTALS.

QMS Pre-Performance Review Checklist

GENERAL INFORMATION			
	NAME	PHONE	EMAIL
CONTRACTOR Project Manager			
CONTRACTOR Quality Manager			
SUB-CONTRACTOR QC			
SUB-CONTRACTOR QC			
SUB-CONTRACTOR QC			
SUB-CONTRACTOR QC			
SUB-CONTRACTOR QC			
SUB-CONTRACTOR QC			
CONTRACT INFORMATION			
TITLE:			
Contract #:		TO#	LOCATION:
START:	END:	CONTRACT PRICE:	
QUALITY MANAGEMENT CHECKLIST			
			YES, NO, N/A OR COMMENTS
QUALITY ORGANIZATION:			
	Is the QM/QC plan submitted in accordance with Annex 0200000 and Section F requirements?		
	Is the Quality organization clearly identified (e.g., org chart) and a list of all Quality personnel provided?		
	Are the responsibilities of Quality personnel detailed and lines of authority explained (e.g., Quality staff and Quality Manager reports directly to Prime Contractor management)?		
	Are the training and qualification requirements for Quality staff specified and does the staff meet these requirements?		
	Does the Quality organization show relationship between the Prime Contractor's Quality staff and Subcontractor's management or Quality?		
QUALITY APPROACH:			
	Is the QM plan current and specifically tailored for this contract?		
	Does the Quality Management System and management approach indicate a clear understanding of the contract requirements?		
METHODS AND PROCEDURES FOR PERFORMANCE OF WORK:			
	Does the contract provide details of planned work and control to ensure first time quality? This could include:		
	a. Proper selection and training of personnel		
	b. Tracking and verification of training and certification requirements		
	c. Work center supervisor/lead personnel oversight of work performance		
	d. Detailed SOPs and procedures for work requirements		
	e. Routine training and meetings		

	f. Selection procedures for subcontractors	
	g. Management control of subcontracted work	
SURVEILLANCE AND INSPECTION PROCEDURES:		
	Does the contract provide detailed procedure for the selection of samples (e.g., percentage of work inspected, process for selection of samples, in-process vs. completed work.)?	
	Does the QM plan detail procedures for the collection, recording, and analysis of inspection and surveillance results?	
	Does the QM plan include processes for utilization analysis of inspection and surveillance results to determine cause and implement corrective actions?	
	Does the QM plan provide a process for preventing recurrence of quality issues and continuous improvement of work performance?	
	Does the QM plan detail specific procedures for the oversight of subcontracted work or the review and analysis of subcontractor quality?	
DOCUMENTATION AND RECORDS MANAGEMENT:		
	Does the contract have a process for the control and retention of Quality documentation and records?	
	Does the contract provide the controls in place to ensure all Quality records are documented, maintained reviewed and properly filed?	
	Does the QM plan have a process for the review of documentation for completeness, accuracy, and consistency? (This may include management reviews or internal audit plan.)	
	Does the QM Plan provide a process for tracking and ensuring all submittal requirements are met?	
COMMUNICATION WITH GOVERNMENT:		
	Does the QM plan address the level, format, and frequency of communications with the government? This could include:	
	a. Routine, yet informal communications between contractor, quality staff, and Government PARs	
	b. Established meeting requirements between Contractor Quality and/or management staff with Government PA and/or contracting personnel.	
	c. Progressive reporting and communication based on the frequency or severity of the issue being addressed (e.g., Quality staff to PAR, Quality Manager to SPAR/FSCM, Project Manager to PWO	
	d. Details of protocol for attendance at meetings required by contract, including partnering sessions.	

QMS In-Process Review Checklist

		YES, NO, N/A OR COMMENTS
A. QUALITY SURVEILLANCE AND INSPECTION SCHEDULES		
1.	Is there a quality surveillance and inspection schedule? Does it include:	
	a. Surveillance and inspections to be performed?	
	b. Frequency of surveillance and inspections?	
2.	Is there a current schedule?	
3.	Does the schedule reflect all contractual requirements?	
4.	Are the number and frequency of surveillance and inspections sufficient?	
5.	Do the schedules match the QM plan?	
6.	Is the schedule being followed?	
B. DOCUMENTATION AND ANALYSIS OF QUALITY DATA		
1.	Are the results of all surveillance and inspections properly documented?	
2.	Are quality deficiencies properly resolved and tracked?	
3.	Is quality documentation of deficiencies analyzed for trends and root cause?	
4.	Is appropriate action taken or planned to prevent recurrence of quality issues?	
5.	Is there verification process to ensure corrective and preventative actions are effective?	
6.	Are appropriate continuous improvement plans in place and communicated to workforce?	
C. QUALITY MANAGEMENT PLAN		
1.	Is the written QM plan available on site?	
2.	Is the QM Plan current?	
3.	Does the QM staff meet the requirements designated in QM plan (in terms of staff provided and qualifications and training)?	
D. WORK PROCESSES AND PROCEDURES		
1.	Are work instructions, processes, and procedures documented?	
2.	Are work instructions, processes and procedures available and used by affected personnel?	
3.	Is there a process to communicate work instructions, processes and procedures throughout the project and organization?	
4.	Are training records properly maintained for employees who are performing the work?	
E. SURVEILLANCE AND INSPECTION PROCESS		
1.	Does the documented surveillance and inspection system match the requirements of the QM plan?	

	2. Are surveillance and inspection forms used systematically that document both conformances and non-conformances?	
	3. Are the surveillance and inspection criteria linked to the performance objectives and standards of the contract?	
	4. Does the communication and follow-up on deficiencies follow the process detailed in the QM plan?	
	5. Is analysis performed on surveillance and inspection data to identify trends and opportunities for improvement?	
	6. Are examples of process improvements based on surveillance and inspection data?	
F. CUSTOMER COMMUNICATION		
	1. Are meetings scheduled?	
	2. Document meetings and associated follow-up activities, i.e. action registers, meeting minutes, agendas.	
	3. Is there proper response and tracking of issues identified by Government personnel?	
	4. Is there a written documentation of issues, e.g., complaint/compliments logs, registers, records?	
	5. Is there a system for correction of defects/problems to satisfy customers?	
	6. Is there an escalation procedure if defects/problems are not addressed satisfactorily?	

Post Award Quick Review

Spec Item	Title	Requirement	ACKNOWLEDGED (X)
2.5	Contractor-Furnished Items	The Contractor will provide all equipment, materials, parts, supplies, components and facilities to perform the requirements of this contract.	
2.5	Contractor-Furnished Items	Inadequate or unsafe items will be removed and replaced by the Contractor at no cost to the Government.	
2.5	Contractor-Furnished Items	Materials will be asbestos, lead, and polychlorinated biphenyls (PCBs) free.	
2.5	Contractor-Furnished Items	Energy efficient tools and equipment will be used when available.	
2.5	Contractor-Furnished Items	Samples, Material Safety Data Sheets (MSDS) or Manufacturer's Data Cut Sheets of Materials will be provided upon request.	
2.6	Management		
2.6.4	Deliverables	Records and reports will be accurate, complete and submitted within the times specified as per Section F.	
2.6.6	Government's Computerized Maintenance Management Systems (CMMS)	Records stored in the Government's Computerized Maintenance Management Systems (CMMS) will be maintained accurate and complete.	
2.6.7	Quality Management System (QMS)	The Contractor's Quality Management System (QMS) will be effective and efficient means of identifying and correcting problems throughout the entire scope of operations.	
2.6.9	System and Equipment Replacement	Replacement components will be the same model/style or equivalent as the component being replaced.	
2.6.9	System and Equipment Replacement	Substitute replacement components will be accepted by the NAVFAC and MARFORRES prior to use.	
2.12	Technical Library	The Contractor will continually update library material to ensure all data is current, complete, accurate and suitable for intended use.	
2.12	Technical Library	The Contractor will monitor the use of the libraries to ensure materials are returned and data integrity is not compromised.	
2.13	Warranty Management	The Contractor will report any defect in workmanship, material, or parts, and any improper installation of equipment and components that are covered by a warranty as known.	

Schedule			
Spec Item	Title	Requirement	
2.6	Management		
2.6.1	Work Reception	The Contractor will receive, prioritize, correspond, and respond to trouble/service calls and task orders during Government regular working hours and provide a point of contact at a local or toll free number who can perform the above function during other than Government regular working hours.	
2.6.2	Work Control	The Contractor will implemented all necessary work control procedures to ensure timely accomplishment of work requirements, as well as to permit tracking and reporting of work in progress.	
2.6.2	Work Control	The Contractor will plan and schedule work to assure material, labor, and equipment are available to complete work requirements within the specified time limits and in conformance with the quality standards.	
2.6.2	Work Control	Status updates will be provided within the times specified.	
2.6.3	Work Schedule	The Contractor will not interfere with normal Government business?	

2.6.3	Work Schedule	In those cases where some interference is unavoidable, the will Contractor minimize the impact and effects of the interference.	
2.6.3	Work Schedule	The Contractor will provide advance access to all of their work schedules and notify the NAVFAC of any difficulty in scheduling work due to Government controls.	
2.6.6	Government's Computerized Maintenance Management Systems (CMMS)	Records (Work Orders) stored in the Government's Computerized Maintenance Management Systems (CMMS) updated within the times specified.	
2.14	FFP Work Procedures	The Contractor will take full responsibility for work up to the FFP limits that are specified in subsequent annexes or sub-annexes.	
2.15	IDIQ Work	The contractor will submit proposals for task orders on time.	
2.15	IDIQ Work	The contractor provide reasonable price proposals for task orders.	
2.15	IDIQ Work	The contractor will provide two price proposals for questionable pricing.	

Business Relations

Spec Item	Title	Requirement	
2.3	General Administrative Requirements		
2.3.1	Required Conferences and Meetings	The Contractor will attend all required conferences and meetings.	
2.3.2	Training for Maintenance and Operation of New and Replacement Systems and Equipment	The Contractor will attend Government provided training for maintenance and operation of new and replacement systems and equipment.	
2.3.3	Partnering	Key members of the prime contractor and subcontractors teams (including senior management) participate.	
2.3.4	Permits and Licenses	The Contractor will obtain and submitted to the KO within the time specified all required permits, licenses, and authorizations to perform work under this contract and comply with all the applicable Federal, state and local laws and regulation.	
2.3.6	Protection of Government Property	The Contractor will protect Government property and return areas damaged as a result of negligence under this contract to their original condition.	
2.4	Government-Furnished Property, Materials and Services	The Contractor will maintain Government-Furnished Property in accordance with FAR 52.245, GOVERNMENT PROPERTY and NAVFAC Clause 5252.245-9300, GOVERNMENT-FURNISHED PROPERTY, MATERIALS AND SERVICES.	
2.11	Disaster Preparedness	The Contractor will comply with the installation's Contingency Instruction and support the installation Contingency Response Plan, as directed by the Government.	

Management of Key Personnel

Spec Item	Title	Requirement	
2.7	Personnel Requirements		
2.7.1	Key Personnel	The Contractor will submitted a List of Key Personnel, Qualifications and an Organizational Chart that includes the names of personnel and their position title.	
2.7.1	Key Personnel	The contractor will meet the qualifications of the key position, as described in the contract, with who filled the key position.	

2.7.2	Employee Requirements	The Contractor key personnel will manage their employees to ensure personnel are fully knowledgeable of all safety, environmental, and energy requirements associated with the work they perform.	
2.7.2	Employee Requirements	Key personnel will ensure that all personnel are legal residents, speak, read, and comprehend English to the extent that they can perform the contract requirements and comply with installation emergency procedures.	
2.8	Security Requirements	The Contractor key personnel will ensure that employees are in compliance with all Federal, state, and local security statutes, regulations, requirements, and ensure that all security/entrance clearances are obtained.	

Safety			
Spec Item	Title	Requirement	
2.9	Contractor Safety Program	The Contractor's safety program will comply with all safety standards identified in the U.S. Army Corps of Engineers Safety and Health Requirements Manual, EM 385-1-1 and Public Law 91-596, Occupational Safety and Health Act.	
2.9	Contractor Safety Program	The Contractor will develop and implement an APP (which includes the AHA and the Occupational Risk and Compliance Plans) in accordance with the requirements in Annex 2.	

ATTACHMENT J-0200000-18
CORPORATE EXPERIENCE FORM

CORPORATE EXPERIENCE PROJECT DATA SHEET

Project No. (check one) : ☐ #1 ☐ #2 ☐ #3 ☐ #4 ☐ #5

1. Experience for: ☐ Offeror ☐ Joint-Venture ☐ Other
(Explain)

Firm Name:

Address:

Phone Number:

Point of Contact:

Contact Phone Number:

2. Work Performed as: ☐ Prime Contractor ☐ Sub Contractor ☐ Joint Venture
☐ Other (Explain)

Percent of project work performed:

If subcontractor, who was prime (Name/Phone #):

3. Contract Number:

Delivery/Task Order Number:

Title:

Location:

4. Award Date (mm/dd/yy):

Completion Date (mm/dd/yy):

If the contract contains a Base Period with Options, state which contract/option periods have been completed:

5. Type of work:

☐ New Construction ☐ Renovation ☐ Repair ☐ Alteration ☐ Other (explain):

6. Type of Contract/Task Order: (**Check ALL that apply**)

☐ Firm-Fixed Price ☐ Cost/Time and Material ☐ Other (explain):

7. Award Amount:

Final Price:

Type of Contract/Task Order: (**Check ALL that apply**)

☐ Delivery/Task Order (IDIQ) ☐ Other (explain):

8. Provide a detailed description of the project and the relevancy to the project requirements of this RFP

9. Provide a detailed description of what work your firm self-performed on this project:

10. Other Information:

ATTACHMENT J-0200000-19
PAST PERFORMANCE QUESTIONNAIRE (PPQ)

NAVFAC/USACE PAST PERFORMANCE QUESTIONNAIRE (Form PPQ-0)	
CONTRACT INFORMATION (Contractor to complete Blocks 1-4)	
1. Contractor Information	
Firm Name:	CAGE Code:
Address:	Entity Identifier Number:
Phone Number:	
Email Address:	
Point of Contact:	Contact Phone Number:
2. Work Performed as: <input type="checkbox"/> Prime Contractor <input type="checkbox"/> Sub Contractor <input type="checkbox"/> Joint Venture <input type="checkbox"/> Other (Explain)	
Percent of project work performed:	
If subcontractor, who was the prime (Name/Phone #):	
3. Contract Information	
Contract Number:	
Delivery/Task Order Number (if applicable):	
Contract Type: <input type="checkbox"/> Firm Fixed Price <input type="checkbox"/> Cost Reimbursement <input type="checkbox"/> Other (Please specify):	
Contract Title:	
Contract Location:	
Award Date (mm/dd/yy):	
Contract Completion Date (mm/dd/yy):	
Actual Completion Date (mm/dd/yy):	
Explain Differences:	
Original Contract Price (Award Amount):	
Final Contract Price (<i>to include all modifications, if applicable</i>):	
Explain Differences:	
4. Project Description:	
Complexity of Work <input type="checkbox"/> High <input type="checkbox"/> Med <input type="checkbox"/> Routine	
How is this project relevant to project of submission? (<i>Please provide details such as similar equipment, requirements, conditions, etc.</i>)	
CLIENT INFORMATION (Client to complete Blocks 5-8)	
5. Client Information	
Name:	
Title:	
Phone Number:	
Email Address:	
6. Describe the client's role in the project:	

7. Date Questionnaire was completed (mm/dd/yy):

8. Client's Signature:

NOTE: NAVFAC REQUESTS THAT THE CLIENT COMPLETES THIS QUESTIONNAIRE AND SUBMITS DIRECTLY BACK TO THE OFFEROR. THE OFFEROR WILL SUBMIT THE COMPLETED QUESTIONNAIRE TO NAVFAC WITH THEIR PROPOSAL, AND MAY DUPLICATE THIS QUESTIONNAIRE FOR FUTURE SUBMISSION ON NAVFAC SOLICITATIONS. CLIENTS ARE HIGHLY ENCOURAGED TO SUBMIT QUESTIONNAIRES DIRECTLY TO THE OFFEROR. HOWEVER, QUESTIONNAIRES MAY BE SUBMITTED DIRECTLY TO NAVFAC. PLEASE CONTACT THE OFFEROR FOR NAVFAC POC INFORMATION. THE GOVERNMENT RESERVES THE RIGHT TO VERIFY ANY AND ALL INFORMATION ON THIS FORM.

**ADJECTIVE RATINGS AND DEFINITIONS TO BE USED TO BEST REFLECT
YOUR EVALUATION OF THE CONTRACTOR'S PERFORMANCE**

RATING	DEFINITION	NOTE
(E) Exceptional	Performance meets contractual requirements and exceeds many to the Government/Owner's benefit. The contractual performance of the element or sub-element being assessed was accomplished with few minor problems for which corrective actions taken by the contractor was highly effective.	An Exceptional rating is appropriate when the Contractor successfully performed multiple significant events that were of benefit to the Government/Owner. A singular benefit, however, could be of such magnitude that it alone constitutes an Exceptional rating. Also, there should have been NO significant weaknesses identified.
(VG) Very Good	Performance meets contractual requirements and exceeds some to the Government's/Owner's benefit. The contractual performance of the element or sub-element being assessed was accomplished with some minor problems for which corrective actions taken by the contractor were effective.	A Very Good rating is appropriate when the Contractor successfully performed a significant event that was a benefit to the Government/Owner. There should have been no significant weaknesses identified.
(S) Satisfactory	Performance meets minimum contractual requirements. The contractual performance of the element or sub-element contains some minor problems for which corrective actions taken by the contractor appear or were satisfactory.	A Satisfactory rating is appropriate when there were only minor problems, or major problems that the contractor recovered from without impact to the contract. There should have been NO significant weaknesses identified. Per DOD policy, a fundamental principle of assigning ratings is that contractors will not be assessed a rating lower than Satisfactory solely for not performing beyond the requirements of the contract.
(M) Marginal	Performance does not meet some contractual requirements. The contractual performance of the element or sub-element being assessed reflects a serious problem for which the contractor has not yet identified corrective actions. The contractor's proposed actions appear only marginally effective or were not fully implemented.	A Marginal is appropriate when a significant event occurred that the contractor had trouble overcoming which impacted the Government/Owner.

(U) Unsatisfactory	Performance does not meet most contractual requirements and recovery is not likely in a timely manner. The contractual performance of the element or sub-element contains serious problem(s) for which the contractor's corrective actions appear or were ineffective.	An Unsatisfactory rating is appropriate when multiple significant events occurred that the contractor had trouble overcoming and which impacted the Government/Owner. A singular problem, however, could be of such serious magnitude that it alone constitutes an unsatisfactory rating.
(N) Not Applicable	No information or did not apply to your contract	Rating will be neither positive nor negative.

Contractor Information (Firm Name): _____

Client Information (Name): _____

TO BE COMPLETED BY CLIENT

**PLEASE CIRCLE THE ADJECTIVE RATING WHICH BEST REFLECTS
YOUR EVALUATION OF THE CONTRACTOR'S PERFORMANCE.**

1. QUALITY:	
a) Quality of technical data/report preparation efforts	E N VG S M U
b) Ability to meet quality standards specified for technical performance	E N VG S M U
c) Timeliness/effectiveness of contract problem resolution without extensive customer guidance	E N VG S M U
d) Adequacy/effectiveness of quality control program and adherence to contract quality assurance requirements (without adverse effect on performance)	E N VG S M U
2. SCHEDULE/TIMELINESS OF PERFORMANCE:	
a) Compliance with contract delivery/completion schedules including any significant intermediate milestones. <i>(If liquidated damages were assessed or the schedule was not met, please address below)</i>	E N VG S M U
b) Rate the contractor's use of available resources to accomplish tasks identified in the contract	E N VG S M U
3. CUSTOMER SATISFACTION:	
a) To what extent were the end users satisfied with the project?	E N VG S M U
b) Contractor was reasonable and cooperative in dealing with your staff (including the ability to successfully resolve disagreements/disputes; responsiveness to administrative reports, businesslike and communication)	E N VG S M U
c) To what extent was the contractor cooperative, businesslike, and concerned with the interests of the customer?	E N VG S M U
d) Overall customer satisfaction	E N VG S M U
4. MANAGEMENT/ PERSONNEL/LABOR	
a) Effectiveness of on-site management, including management of subcontractors, suppliers, materials, and/or labor force?	E VG S N M U
b) Ability to hire, apply, and retain a qualified workforce to this effort	E VG S N M U
c) Government Property Control	E VG S N M U
d) Knowledge/expertise demonstrated by contractor personnel	E VG S N M U
e) Utilization of Small Business concerns	E VG S N M U

f) Ability to simultaneously manage multiple projects with multiple disciplines	E	VG	S N	M	U
g) Ability to assimilate and incorporate changes in requirements and/or priority, including planning, execution and response to Government changes	E	VG	S N	M	U
h) Effectiveness of overall management (including ability to effectively lead, manage and control the program)	E	VG	S N	M	U
5. COST/FINANCIAL MANAGEMENT					
a) Ability to meet the terms and conditions within the contractually agreed price(s)?	E	VG	S N	M	U
b) Contractor proposed innovative alternative methods/processes that reduced cost, improved maintainability or other factors that benefited the client	E	VG	S N	M	U
c) If this is/was a Government cost type contract, please rate the Contractor's timeliness and accuracy in submitting monthly invoices with appropriate back-up documentation, monthly status reports/budget variance reports, compliance with established budgets and avoidance of significant and/or unexplained variances (under runs or overruns)	E	VG	S N	M	U
d) Is the Contractor's accounting system adequate for management and tracking of costs? <i>If no, please explain in Remarks section.</i>	Yes		No		
e) If this is/was a Government contract, has/was this contract been partially or completely terminated for default or convenience or are there any pending terminations? <i>Indicate if show cause or cure notices were issued, or any default action in comment section below.</i>	Yes		No		
f) Have there been any indications that the contractor has had any financial problems? <i>If yes, please explain below.</i>	Yes		No		
6. SAFETY/SECURITY					
a) To what extent was the contractor able to maintain an environment of safety, adhere to its approved safety plan, and respond to safety issues? (Includes: following the users rules, regulations, and requirements regarding housekeeping, safety, correction of noted deficiencies, etc.)	E	VG	S N	M	U
b) Contractor complied with all security requirements for the project and personnel security requirements.	E	VG	S N	M	U
7. GENERAL					
a) Ability to successfully respond to emergency and/or surge situations (including notifying COR, PM or Contracting Officer in a timely manner regarding urgent contractual issues).	E	VG	S N	M	U
b) Compliance with contractual terms/provisions (<i>explain if specific issues</i>)	E	VG	S N	M	U

c) Would you hire or work with this firm again? <i>(If no, please explain below)</i>	Yes					No				
d) In summary, provide an overall rating for the work performed by this contractor.	E	VG	S	M	U	N				
b) Contractor proposed innovative alternative methods/processes that reduced cost, improved maintainability or other factors that benefited the client	E	VG	S	M	U	N				

Please provide responses to the questions above *(if applicable)* and/or additional remarks. Furthermore, please provide a brief narrative addressing specific strengths, weaknesses, deficiencies, or other comments which may assist our office in evaluating performance risk *(please attach additional pages if necessary)*:

ATTACHMENT J-1502000
FUNCTIONAL ASSESSMENT PLAN
FACILITY INVESTMENT

FACILITY INVESTMENT FAP		
Assessment Levels (AL) AL1 Start assessment at this Level AL2 Add this Level if Contractor performance for AL1 is Unsatisfactory AL3 Add this Level if Contractor performance at AL1 or AL2 is Unsatisfactory		Assessment Frequency (Freq) A – Annually Q – Quarterly M – Once per month BW – Once every 13-16 days W – Once per week R – As required
Note: Return to appropriate Assessment Level when performance improves.		Method of Assessment (MOA) PS – Periodic Sampling VCC – Validated Customer Complaints UV – Unscheduled Visits CE – Customer’s Evaluation Note: The first method listed in the MOA column below is the primary assessment method.

Spec Item	Performance Objective	Performance Standard	MOA	Assessment Level			Sample Size			Freq
				AL1	AL2	AL3	UOM (total)	Normal	Reduced	
3.1	Service/ Work Orders The Contractor shall execute work orders in a timely manner to ensure facilities, ground structures; installed equipment and systems are restored to a safe, normal working condition and function properly.	Service work orders are responded too and completed within specified timeframes. Facilities, ground structures, installed equipment and systems are restored to normal working condition. When repair is complete the facility, ground structure, or installed equipment and systems do not present a danger to personnel or equipment. Facilities, systems, and equipment are restored to operable conditions and function properly in accordance with OEM specifications. Itemized and complete estimate are received. Monthly/Weekly reports are received. Mandated tracking number is utilized.	PS VCC		N/A	N/A		10%	N/A	M

Spec Item	Performance Objective	Performance Standard	MOA	Assessment Level			Sample Size			Freq
				AL1	AL2	AL3	UOM (total)	Normal	Reduced	
		Weekly/daily updates summarizing status on all work orders more than ten (10) business days after (ATP) are received. Received Work Orders do not depict travel expenses for locations provided in spec item 1.2.								
3.1.1	Emergency Work Orders The Contractor shall respond to emergency work orders and arrest emergent conditions to minimize and mitigate damage to facilities, ground structures, installed equipment and systems and danger to personnel.	Emergency service orders are responded to within two (2) hours of receipt of call. Emergency service orders are continued without interruption and arrested within 48 hours of receipt of call. Service/Work Orders are signed by both parties and submitted to NAVFAC by Contractor. KO for this contract has been notified via phone and email authorizing emergency work orders (document notification effort).	PS VCC	N/A		N/A		10%	N/A	M
3.1.2	Urgent Service Orders The Contractor shall complete urgent service orders in a timely manner and ensure facilities, ground structures, personal property equipment, and installed equipment and systems are restored to a safe, normal working condition and function properly.	Work is accomplished per Spec item 1502000 Facility Investment 2.3.1 Workmanship and Material Standards. Work request are signed by the site point of contact and submitted per attachment J 1502000-13, 14 and 15. Facilities, systems, and equipment are restored to operable conditions and function properly in accordance with OEM specifications. Estimates are completed within ten (10) working days after (ATP). Weekly/daily reports are received detailing status.	PS VCC	N/A		N/A		10%	N/A	M

Spec Item	Performance Objective	Performance Standard	MOA	Assessment Level			Sample Size			Freq
				AL1	AL2	AL3	UOM (total)	Normal	Reduced	
3.1.3	Routine Service Orders The Contractor shall complete routine service orders in a timely manner and ensure facilities, ground structures, personal property equipment, and installed equipment and systems are restored to a safe, normal working condition and function properly.	<p>Work is accomplished per Spec item 1502000 Facility Investment 2.3.1 Workmanship and Material Standards.</p> <p>Work request are signed by the site point of contact and submitted per attachment J 1502000-13, 14 and 15.</p> <p>Facilities, systems, and equipment are restored to operable conditions and function properly in accordance with OEM specifications.</p> <p>Work is accomplished per Spec item 2.3,1 Workmanship and Material Standards</p> <p>Estimates are completed within ten (10) working days after (ATP). Weekly/daily reports are received detailing status</p>	PS VCC	N/A		N/A		10%	N/A	M
3.2	Preventive Maintenance (PM) Program The Contractor shall develop and implement a PM program for facilities, ground structures, installed equipment and systems to ensure proper operation, to minimize breakdowns, and to maximize useful life.	<p>Maintenance is accomplished in accordance with the Contractor's PM program and work schedule. NAVFAC has received and approved the annual work schedule.</p> <p>PM is performed in accordance with manufacturers' recommended procedures and OEM standards.</p> <p>Service providers /technicians contact information is available on each inspection sheet per, J-1502000-20</p> <p>Any and all repairs made under the PM program were covered under the FFP portion of the contract up to \$500 per occurrence/per spec item.</p>	PS UV		N/A	N/A		10%	N/A	M
3.2.1	HVAC and Refrigeration Systems The Contractor shall maintain HVAC and refrigeration systems to ensure proper operation, to minimize breakdowns, and to maximize useful life.	<p>Maintenance is performed in accordance with Contractor's PM program and work schedule.</p> <p>HVAC and refrigeration systems are maintained at the required temperature.</p>	PS UV	N/A		N/A		10%	N/A	M

Spec Item	Performance Objective	Performance Standard	MOA	Assessment Level			Sample Size			Freq
				AL1	AL2	AL3	UOM (total)	Normal	Reduced	
		<p>HVAC and refrigeration systems are in compliance with environmental regulations.</p> <p>HVAC and refrigeration systems are maintained at the required temperature.</p> <p>HVAC and refrigeration systems are in compliance with environmental regulations.</p>								
3.2.1.1	Air Filter Replacement The Contractor shall replace air filters for HVAC equipment	<p>Air filters are changed in accordance with the work schedule and dated the day of the change out.</p> <p>Filter submittal is received denoting size, type, locations, building, and the manufacturer recommended frequency for replacement on an independent page entitled Air Filter Inventories.</p>								
3.2.2	Interior and Exterior Lighting Systems The Contractor shall perform maintenance on Interior and Exterior Lighting Systems to ensure proper operation, to minimize breakdowns, and to maximize useful life.	<p>Maintenance is performed in accordance with Contractor's PM program and work schedule.</p> <p>Lights' lenses, interior covers, and exterior covers are cleaned of bugs, dust, and debris and fully operational.</p> <p>Interior and Exterior Lighting Systems submittal is received denoting size, type, locations, and building as an attachment entitled Lighting System Inventories.</p>	PS UV	N/A		N/A		10%	N/A	M
3.2.3	Boilers and Unfired Pressure Vessels (UPVs) The Contractor shall perform maintenance on boilers, UPVs and associated equipment to ensure proper operation, to minimize breakdowns, and to maximize useful life.	<p>Maintenance is performed in accordance with Contractor's PM program and work schedule.</p> <p>Inventory is submitted per Attachment J 1502000-29</p> <p>Sufficient fuel is available to support boilers and UPV operations.</p>	PS UV	N/A		N/A		10%	N/A	M
3.2.4	Cathodic Protection Systems The Contractor shall perform maintenance on cathodic protection systems to ensure proper operation, to minimize breakdowns, and to maximize useful life.	<p>Maintenance is performed in accordance with Contractor's PM program and work schedule.</p>	PS UV	N/A		N/A		10%	N/A	M

Spec Item	Performance Objective	Performance Standard	MOA	Assessment Level			Sample Size			Freq
				AL1	AL2	AL3	UOM (total)	Normal	Reduced	
3.2.5	Weight Handling Equipment (WHE) The Contractor shall perform maintenance on WHE to ensure proper operation, to minimize breakdowns, and to maximize useful life.	Maintenance is performed in accordance with Contractor's PM program and work schedule. Inventory is submitted per Attachment J- 1502000-30.	PS UV	N/A		N/A		10%	N/A	M
3.2.6	Lightning Arrestors and Grounding Devices The Contractor shall perform maintenance in accordance with applicable directives on lightning arrestors and grounding devices to ensure proper operation, to minimize breakdowns, and to maximize useful life.	Maintenance is performed in accordance with Contractor's PM program and work schedule.	PS UV	N/A		N/A		10%	N/A	M
3.2.7	Fire Protection Systems The Contractor shall perform maintenance on fire protection systems to ensure safe, reliable, uninterrupted fire protection service.	Maintenance is performed in accordance with Contractor's PM program and work schedule.	PS UV	N/A		N/A		10%	N/A	M
3.2.8	Vertical Transportation Equipment (VTE) The Contractor shall perform maintenance on VTE to ensure safe, reliable operation.	Maintenance is performed in accordance with Contractor's PM program and work schedule.	PS UV	N/A		N/A		10%	N/A	M
3.2.9	Compressed Air Systems The Contractor shall perform maintenance on compressed air, distribution system, and associated equipment to ensure safe, reliable, uninterrupted service.	Maintenance is performed in accordance with Contractor's PM program and work schedule.	PS UV	N/A		N/A		10%	N/A	M
3.2.10	Roll-Up Doors The Contractor shall perform maintenance on roll-up doors to ensure safe, reliable and uninterrupted service.	Maintenance is performed in accordance with Contractor's PM program and work schedule.	PS UV	N/A		N/A		10%	N/A	M
3.2.11	Dock Leveler System The Contractor shall perform maintenance on dock levelers to ensure safe, reliable and uninterrupted service.	Maintenance is performed in accordance with Contractor's PM program and work schedule.	PS UV	N/A		N/A		10%	N/A	M
3.2.12	Entrance Gates/ Card Readers/ Controls and License Agreements The Contractor shall inspect and test personnel and entrance gates operations devices to ensure they are safe, fully functional, and operational.	Maintenance is performed in accordance with Contractor's PM program and work schedule. Vegetation is kept clear of controls. Gates open and close properly on demand.	PS UV	N/A		N/A		10%	N/A	M

Spec Item	Performance Objective	Performance Standard	MOA	Assessment Level			Sample Size			Freq
				AL1	AL2	AL3	UOM (total)	Normal	Reduced	
		License agreements are purchased as required to maintain equipment								
3.2.13	Water Treatment System The Contractor shall perform maintenance on the water treatment system to ensure a safe, reliable domestic water system.	Maintenance is performed in accordance with Contractor's PM program and work schedule. Filters are changed on schedule and no visible sign of leaks.	PS UV	N/A		N/A		10%	N/A	M
3.2.14	Emergency Eyewash Station The Contractor shall perform maintenance on interior and exterior eyewash systems to ensure on demand water is available.	Maintenance is performed in Contractor's PM program and work schedule.	PS UV	N/A		N/A		10%	N/A	M
3.2.15	Auxiliary Generators / Uninterruptible Power Systems The Contractor shall perform maintenance on auxiliary generators to ensure safe, reliable, uninterrupted service	Maintenance is performed in accordance with Contractor's PM program and work schedule. Auxiliary generators provide electrical power to meet the load demand for the duration of a power outage. Auxiliary generators activated to restore electrical power within 120 seconds following loss of power.	PS UV	N/A		N/A		10%	N/A	M
3.2.16	Solar Panels and Battery Storage The Contractor shall perform maintenance in accordance with applicable directives and manufactures recommendations on solar panels and battery storage to ensure proper operation, to minimize breakdowns, and to maximize useful life.	Maintenance is performed in accordance with Contractor's PM program and work schedule. Batteries should be clean, dry and free of electrolyte and corrosion residue. Cells are watered back to the original acid levels. Volt meter is used to measure quantity battery state of charge. Battery Alerts are clean and in good operating condition. Surface (glass) area is clean from any excess dirt. Defects in the modules such as cracks, chips, de-lamination, fogged glazing, water leaks and discoloration is repaired.	PS UV	N/A		N/A		10%	N/A	M

Spec Item	Performance Objective	Performance Standard	MOA	Assessment Level			Sample Size			Freq
				AL1	AL2	AL3	UOM (total)	Normal	Reduced	
		<p>Inverter/Battery Charger and Charge controller is free of dust accumulation.</p> <p>Wiring installations is free of any cracks, breaks or deterioration in the insulation/conduits</p>								
3.3	<p>Inspection, Testing, and Certification Program</p> <p>The Contractor shall provide inspection, testing, and certification services to ensure they are safe, fully functional, and operational.</p>	<p>All certifications are current.</p> <p>Testing, inspection, and certification services performed and completed in accordance with the inspection, testing, and certification program and schedule.</p> <p>Testing, inspection, and certification services performed in accordance with applicable references.</p> <p>Forms and inventories are submitted by equipment type on independent pages.</p>	PS UV	N/A		N/A		10%	N/A	M
3.3.1	<p>Boilers and UPVs</p> <p>The Contractor shall test, inspect, and certify boilers and/or UPVs to ensure they are safe, fully functional, and operational.</p>	<p>Testing, inspection, and certification of boilers and/or UPVs performed and completed in accordance with the Inspection, Testing, and Certification Program and Schedule.</p> <p>Boilers and/or UPVs are promptly returned to service upon issuance of certification.</p> <p>Boilers and/or UPVs are inspected, tested, and certified in accordance with UFC 3-410-06 and UFC 3-430-07.</p> <p>Written authorization and approval was received to certify boilers and UPV's from NAVFAC Senior Boiler Inspectors.</p>	PS UV	N/A		N/A		10%	N/A	M
3.3.2	<p>Weight Handling Equipment (WHE)</p> <p>The Contractor shall inspect, test, and certify WHE to ensure they are safe, fully functional, and operational.</p>	<p>Testing, inspection, and certification of WHE performed and completed in accordance with the Inspection, Testing, and Certification Program and Schedule.</p>	PS UV	N/A		N/A		10%	N/A	M

Spec Item	Performance Objective	Performance Standard	MOA	Assessment Level			Sample Size			Freq
				AL1	AL2	AL3	UOM (total)	Normal	Reduced	
		WHE inspected, tested, and certified in accordance with NAVFAC P-307. Active and inactive equipment inventories are received per J-1502000-24								
3.3.3	Backflow Prevention Devices The Contractor shall prepare, inspect, and test backflow prevention devices to ensure they are safe, fully functional, and operational.	Testing, inspection, and certification of backflow prevention devices performed and completed in accordance with the inspection, testing, and certification program and schedule. Backflow prevention devices are certified in accordance with UFC-3-230-02, UG-2029-ENV, and OPNAVINST 5090.1.	PS UV	N/A		N/A		10%	N/A	M
3.3.4	Vertical Transportation Equipment (VTE) The Contractor shall inspect, test, and certify all VTE systems to ensure they are safe, fully functional, and operational.	Notification of repair work necessary to maintain certification is reported to the Government within 24 hours of identification. Inspection, testing, and certification of VTE performed and completed in accordance with the inspection, testing, and certification program and schedule. VTE inspected, tested, and certified in accordance with NAVFAC MO-118.	PS UV	N/A		N/A		10%	N/A	M
3.4	Other Recurring Services Program The Contractor shall develop and implement another recurring services program for facilities, ground structures, personal property equipment and installed equipment and systems to ensure proper operation, to minimize breakdowns, and to maximize useful life.	Other recurring services are accomplished in accordance with the Contractor's program and work schedule. Services are performed in accordance with manufacturers' recommended procedures and OEM standards.	PS UV	N/A		N/A		10%	N/A	M
3.4.1	Grease Traps The Contractor shall clean designated grease traps and remove and dispose of grease to ensure they function properly.	Grease traps are cleaned in accordance with Contractor's work schedule. Grease traps are clean and free of grease on baffles, perforated surfaces, and all other removable parts and function to meet the intended purpose.	PS UV	N/A		N/A		10%	N/A	M

Spec Item	Performance Objective	Performance Standard	MOA	Assessment Level			Sample Size			Freq
				AL1	AL2	AL3	UOM (total)	Normal	Reduced	
3.4.2	Exhaust Hoods and Ducts The Contractor shall service designated exhaust hoods and ducts and associated equipment to ensure they are clean and sanitary.	Exhaust hoods and ducts and associated equipment are cleaned and sanitized in accordance with Contractor's work schedule.	PS UV	N/A		N/A		10%	N/A	M
3.4.3	HVAC Seasonal Start-Up and Shutdown The Contractor shall perform seasonal start-up and shutdown to ensure HVAC systems are prepared and activated at the start of each season and deactivated and preserved at the end of each season.	Seasonal start-up and shutdown work completed within three working days of the specified start date for equipment in individual buildings, or within 10 working days if services are ordered for all systems at the same time.	PS UV	N/A		N/A		10%	N/A	M
3.4.4	HVAC Water Testing and Treatment Services The Contractor shall provide and implement a HVAC water testing and treatment program to ensure optimum equipment operation and to maximize useful life.	Sampling and testing is accomplished in accordance with the Contractor's program and schedule. Test results confirm that cooling or chilled water meets the chemical residual limits in accordance with the Contractor's HVAC water testing and treatment program.	PS UV	N/A		N/A		10%	N/A	M
3.4.5	Boiler Seasonal Start-Up and Shutdown. The Contractor shall perform seasonal start-up and shutdown to ensure boilers are prepared and activated at the start of each season and deactivated and preserved at the end of each season	Seasonal start-up and shutdown work must be completed within three working days of the specified start date for equipment in individual buildings, or within five working days if services are ordered for all systems at the same time.	PS UV	N/A		N/A		10%	N/A	M
3.4.6	Boiler Water Testing and Treatment Services The Contractor shall provide and implement a boiler water testing and treatment program to ensure optimum equipment operation and to maximize useful life.	Sampling and testing is accomplished in accordance with the Contractor's program and schedule. Test results confirm that boiler water meets the chemical residual limits specified in NAVFACINST 11300.37.	PS UV	N/A		N/A		10%	N/A	M
4	Non-Recurring Work The order will specify the exact locations and types of work to be accomplished. The period of performance will be specified in each order.	Deliverables are received and accepted by the Government per section F. Performance Standards for all above are applicable to this spec item. Contractor has met all standards that apply.	PS UV			N/A		100%	N/A	M

PERFORMANCE ASSESSMENT SUMMARY

Contract #: N40085- Installation/Site: _____
Annex/sub-annex: 1502000 Facility Investment Month/Year: _____

Spec Item	Title	AL1 Rating						AL2/AL3 Rating			VCC	Safety	
		E	VG	S	M	U	# Samples	A	U	# Samples		Issues	# Samples
3.1	Service Orders												
3.1.1	Emergency Service Orders												
3.1.2	Urgent Service Orders												
3.1.3	Routine Service Orders												
3.2	Preventive Maintenance (PM) Program												
3.2.1	HVAC and Refrigeration Systems												
3.2.1.1	Air Filter Replacement												
3.2.2	Interior and Exterior Lighting Systems												
3.2.3	Boilers and Unfired Pressure Vessels (UPVs)												
3.2.4	Cathodic Protection Systems												
3.2.5	Weight Handling Equipment (WHE)												
3.2.6	Lightning Arrestors and Grounding Devices												
3.2.7	Fire Protection Systems												
3.2.8	Vertical Transportation Equipment (VTE)												
3.2.9	Crane and Railroad Trackage												
3.2.10	Motorized Roll-Up Doors												
3.2.11	Dock Leveler Systems												
3.2.12	Entrance Gates												
3.2.13	Water Treatment Systems												
3.2.14	Emergency Eyewash Station												
3.2.15	Auxiliary Generators												
3.2.16	Solar Panels												
3.3	Inspection, Testing, and Certification Program												
3.3.1	Boilers and UPVs												
3.3.2	Weight Handling Equipment (WHE)												
3.3.3	Backflow Prevention Devices												
3.3.4	Vertical Transportation Equipment (VTE)												
3.4	Other Recurring Services Program												
3.4.1	Grease Traps												
3.4.2	Exhaust Hoods and Ducts												
3.4.3	HVAC Seasonal Start-Up and Shutdown												
3.4.4	HVAC Water Testing and Treatment Services												
3.4.5	Boiler Seasonal Start-Up and Shutdown												
3.5.6	Boiler Water Testing and Treatment Services												

4	Non-Recurring Work								
Comments:									
Recommended Actions:									
		Technical Ratings (mark using "X")							
		E	VG	S	M	U			
Overall Technical Rating for FFP Work									
Overall Technical Rating for IDIQ Work									
SPAR Signature: _____ Date: _____									