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Title: Request for Expression of Interest: Infrastructure and Site Preparation for the Ten Plex Project for the Chemistry and Metallurgy Research Replacement (CMRR) Project.

Author(s): Bowers, Brian J.

Intended for: DOE
Electronic/World Wide Web
Demolition/Decontamination/Decommissioning
Storm water
Waste management
Reading Room
RCRA



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1. Author(s) (Include all contributing authors; first must be LANL employee.)				
Last	First	Middle	Z No.	Group or affiliation
Murphy	Michael	A	234956	ASM-DEP
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2. Primary Responsible Author: *My signature attests to the integrity and validity of the information provided on this form and the associated STI product, and affirms that all authors concur with its publication.*

Printed Name Brian J Bowers	Signature <i>Brian J Bowers</i>	Date 08/31/11
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3. Document Title (use upper/lower case; spell out symbols)

Request for Expression of Interest
Infrastructure and Site Preparation for the Ten Plex Project For The Chemistry & Metallurgy Research Replacement (CMRR) Project

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Particulars: (see point # 4 of instruction sheet.) Meeting/Conf. Name: _____ City, State, and Country: _____ Mtg. Date: _____ Journal Name: _____ Other: <u>External Trade Advertising</u>	

6. Research sponsored by <input checked="" type="checkbox"/> DOE/LANL/LDRD <input type="checkbox"/> DHS <input type="checkbox"/> DOD <input type="checkbox"/> Other: _____	Cost Center (Org./Group Code) and Program Code for this work: Org Code: 7X000A Related publication(s): _____ Charge Code: P5C1.4030.N37C None
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7. Deadline Date 08/31/2011	Z Number, name, e-mail, and phone number of contact for notification of release 256869, Brian J Bowers, bjbowers@lanl.gov, 505.665.3342
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8. Classification Category (<i>Cite applicable DUSA or obtain Derivative Classifier review</i>) <input type="checkbox"/> Unclassified Applicable DUSA Designator: _____	<input checked="" type="checkbox"/> Unclassified <input type="checkbox"/> Classified <input type="checkbox"/> Unclassified, controlled; Category: _____ OR Derivative Classifier Name Signature Date <i>Leroy Martinez</i> <i>Leroy Martinez</i> 8/31/11
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9. Responsible Line Manager: *Consistent with my responsibilities and authorities, my signature certifies that I have reviewed this STI product for professional, contractual, programmatic, institutional, OPSEC, and patent sensitivities, and that I concur with its publication.*

Printed Name Michael Murphy	Signature <i>Michael Murphy</i>	Date 8-31-2011
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Date Received	OSTI Category	Date Released
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Classification Analyst Signature	Classification Category: <input type="checkbox"/> U <input type="checkbox"/> C <input type="checkbox"/> S <input type="checkbox"/> RD <input type="checkbox"/> FRD <input type="checkbox"/> NSI <input type="checkbox"/> UCNI <input type="checkbox"/> OOU <input type="checkbox"/> ECI <input type="checkbox"/> Other: _____
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Comments:

Notice for Federal Business Opportunities

General Information

Document Type: Sources Sought

Solicitation Number: 156765

Title: Infrastructure and Site Preparation for the Ten Plex Project for the Chemistry & Metallurgy Research Replacement (CMRR) Project

Response Date: No Later Than Monday, September 26, 2011

Classification Code: 56

Set Aside: No

NAICS: 238910 (Site Preparation Contractor)

Is this a Recovery Act project? (NO)

Contracting Office Address:

Acquisition Services Management - CMRR Project
Los Alamos National Laboratory (DOE Contractor)
PO Box 1663 MS D442
Los Alamos, NM 87545.

Point Of Contact:

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rwping@lanl.gov

Amy Genry
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Request for Expression of Interest

Infrastructure and Site Preparation for the Ten Plex Project for

The Chemistry & Metallurgy Research Replacement (CMRR) Project

Los Alamos National Laboratory (LANL) is seeking Expressions of Interest and Prequalification Data from qualified firms for the services described below.

GENERAL NOTES:

The Chemistry and Metallurgy Research Replacement (CMRR) Project is issuing Requests for Expressions of Interest and Prequalification Data (REO) for potential construction subcontracts for the planned CMRR Nuclear Facility at the Los Alamos National Laboratory. A bidders list will be developed for each type of construction subcontract to be procured. This action will be followed by issuance of formal Request(s) for Proposal (RFP) and the bid and evaluate cycle will follow.

Subcontract construction awards will only be issued after completion of the Supplemental Environmental Impact Study (SEIS), the Record of Decision (ROD), and National Nuclear Security Administration's (NNSA) authorization to proceed.

This request does not represent any confirmation by LANS of inclusion on the final bidders list, notification of subcontract award or authorization to commence any work related to this request. Construction is not currently authorized and will be dependent upon Government approval after the NEPA process is complete.

Scope of Work:

The SUBCONTRACTOR shall furnish qualified personnel, equipment, tools, supplies, transportation, hoisting, temporary offices, technical supervision, professional expertise and materials to safely perform all Work necessary to provide required infrastructure and site preparation for installation of two ten-wide trailer complexes and one single-wide support trailer on an approximately 7 acre site, southeast of Puye Road and northeast of Pajarito Road, in the vicinity of the CMRR Nuclear Facility. Portions of the Work shall be performed within an occupied campus area and will require stringent safety controls and protection of people and existing facilities. The Work shall include, but is not limited to, demolition of existing asphalt paving and site concrete, demolition and salvage for future use of existing electrical equipment, clearing, grubbing, excavation, backfill; utility installation, storm water management facility construction, concrete, masonry, parking lot construction, concrete and masonry trailer pad and trailer foundation construction, pedestrian and parking lighting.

The Work includes, but is not limited to, all required submittals, shop drawings, lay out, cleanup and coordination as necessary to provide a complete installation and fully operational systems in accordance with the design documents and LANL standards.

Phasing of the work will be required. Subcontractor shall provide sufficient resources to complete the work in accordance with the Schedule. Multiple crews for activities should be considered. Anticipated duration to perform the Work is approximately seven months. Coordination with other projects, other subcontractors and the trailer vendor and trailer installation subcontractor will be required.

Specific Work for the CP-37 NF Ten-Plex Project includes, but is not limited to:

- Location of existing utilities.
- Survey and layout for the Work.
- Clearing and Grubbing
- Storm Water Pollution Prevention Plan (SWPPP) Permit, Excavation/Fill Soil Disturbance Permit, Traffic Control Plan, Dust Control Plan, and Air Quality Permit.
- Provision of SWPPP BMPS, installation, maintenance, and removal of same.
- Independent Concrete Testing in accordance with the Subcontract Documents.
- Demolition of paving and concrete.
- Cutting and capping of existing utilities.
- Excavation and backfill with approved materials, including required import material for the Work.
- Parking lot construction (approximately 7500 sq. yards of new parking) including all earth work, sub-grade preparation, paving base, asphalt, guardrails, site lighting and final paint striping and signage.
- Restoration of approximately 4500 sq. yards of an existing parking area including re-striping and revised signage.
- New parking and site lighting and pedestrian access and control improvements.
- Geotextile fabric in accordance with the design documents.
- Concrete sidewalks, ramps, equipment pads, and trailer foundations.
- Provide traffic control in accordance with your LANL approved Traffic Control Plan.
- Piping pressure and video testing.
- Electrical ground and lightning protections system testing.
- Approximately 660 linear feet of "keystone" type block wall system with footings.
- Approximately 940 linear feet of reinforced concrete secure telecom duct bank.
- Approximately 980 linear feet of reinforced concrete electrical power duct bank.
- Approximately 320 linear feet of reinforced concrete lighting duct bank.
- Approximately 1,420 linear feet of underground ductile iron water line.
- Approximately 320 linear feet of sanitary sewer piping and associated manholes.
- Storm piping, concrete trenches, and storm water pond development to provide storm water management for the entire site.
- Approximately 1,320 linear feet of two lane roadway.
- Vehicle and pedestrian fence gates.
- Electrical power distribution equipment, transformers and switchboards, and all associated pads and enclosures.
- Cabling for all electrical services from connection point to electrical service panels inside and/or outside of the trailers.
- Final stabilization and landscaping.
- As-built drawings of exiting utilities encountered and of the Work installed.

Exclusions to Scope of Work:

- LANL will supply all required soils testing.
- LANL will remove utility power poles.
- LANL will install any new utility power poles and make final terminations for electrical power.
- LANL will furnish final connections of utilities to the trailers with material furnished by the Subcontractor.
- LANL will furnish cabling for secure telecom service.
- Furnishing and installation of trailers.

SUBCONTRACTOR QUESTIONNAIRE

Enter Dun and Bradstreet (DUNS) Number:			
1. GENERAL INFORMATION			
NAME OF COMPANY (Full Legal Name)			
STREET ADDRESS		CITY - STATE - ZIP CODE	
MAILING ADDRESS		CITY - STATE - ZIP CODE	
TELEPHONE	FACSIMILE	E-MAIL	
WEBSITE	TELEX/TWX/CABLE	OTHER	
A. Type of Business (check box or boxes) <input type="checkbox"/> CORPORATION OR COMPANY <input type="checkbox"/> SUBSIDIARY <input type="checkbox"/> DIVISION <input type="checkbox"/> PARTNERSHIP			
Name and location of Parent Company		DUNS No. _____	
If a Division, enter name and location of Corporate Headquarters		DUNS No. _____	
<i>If more than one DUNS number applies to your operation, attach additional explanatory page(s).</i>			
B. Type of Subcontractor (check box or boxes)			
<input type="checkbox"/> MANUFACTURER/ FABRICATOR*		<input type="checkbox"/> DISTRIBUTOR/ SUPPLY HOUSE*	
<input type="checkbox"/> CONSTRUCTION*		<input type="checkbox"/> ARCHITECTURAL/ ENGINEERING*	
<input type="checkbox"/> MANUFACTURERS REPRESENTATIVE*		<input type="checkbox"/> GENERAL CONTRACTOR	
<input type="checkbox"/> TECHNICAL SERVICE*		<input type="checkbox"/> OTHER*	
* Specialization/Description As Follows:			
C. Enter Applicable SIC Codes:			
D. Enter Applicable NAICS Codes (North America):			
E. Date Business Founded:		Under Present Ownership Since:	
F. Number of Permanent Employees:		Manual:	Non-Manual:
G. Small, Disadvantaged, Women-Owned or Veteran Status (Reference Questionnaire - Appendix "A" For Definitions)			
Check Applicable Boxes <input type="checkbox"/> SMALL <input type="checkbox"/> WOMEN-OWNED <input type="checkbox"/> DISADVANTAGED: <input type="checkbox"/> HUB ZONE			
<input type="checkbox"/> VETERAN OWNED <input type="checkbox"/> SERVICE DISABLED VETERAN OWNED			
2. FINANCIAL INFORMATION (This section MUST BE COMPLETED for consideration. Information is kept CONFIDENTIAL.)			
A. Bank Name:		Agent:	Phone No.:
B. Annual Sales Volume (Last 3 Years):		Year: 20__ \$	Year: 20__ \$ Year: 20__ \$
C. Present Net Worth			
D. Can you furnish a Payment and Performance Bond? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If "Yes", indicate Max Dollar Limit: <input type="checkbox"/> \$250,000 <input type="checkbox"/> \$500,000 <input type="checkbox"/> \$1,000,000 <input type="checkbox"/> \$5,000,000 <input type="checkbox"/> \$10,000,000 <input type="checkbox"/> >\$25,000,000			
Surety Name:		Agent:	Phone No.:
E. If required, can you furnish a Bank Guarantee or Letter of Credit? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If "Yes", indicate Max Dollar Limit: <input type="checkbox"/> \$250,000 <input type="checkbox"/> \$500,000 <input type="checkbox"/> \$1,000,000 <input type="checkbox"/> \$5,000,000 <input type="checkbox"/> \$10,000,000 <input type="checkbox"/> >\$25,000,000			
Surety Name:		Agent:	Phone No.:

F. Current Financial Ratios (Public companies only) **Not Applicable**

Working Capital / Total Assets		Retained Earnings / Total Assets	
Earnings Before Interest and Taxes / Total Assets		Market Value of Equity / Total Liabilities	
Sales / Total Assets			

G. Current Financial Ratios (Private companies only) **Not Applicable**

(Current Assets-Current Liabilities) / Total Assets		Retained Earnings / Total Assets	
Earnings Before Interest and Taxes / Total Assets		Book Value of Equity / Total Liabilities	
Sales / Total Assets			

3. PERSONNEL (State "Not Applicable" if the position does not exist)

A. President:		D. QA/QC Manager:	
B. Sales Manager:		E. Field Support Manager:	
C. Engineering Manager :		F. Safety Manager:	

4. LABOR RELATIONS

(List all crafts with which you have contracts and/or working agreements.

Not Applicable

CRAFT		EXPIRATION DATE		CRAFT		EXPIRATION DATE	
1.				3.			
2.				4.			

5. QUALITY

A. Do you have a Quality Assurance/ program written to comply with the following:
 Nuclear related activities – 10CFR 830, Subpart A and DOE Order O 414.1C, Contractor requirements document (Attachments 2, 3 and 4) as implemented through a quality assurance program compliant with ASME NQA-1-2008, with 2009 addenda.
 Other: Specify _____
 Non Nuclear related activities – 10 CFR 830, Subpart A and DOE Order O 414.1.C, Contractor requirements document (Attachments 2, 3 and 4) as implemented through a quality assurance program compliant with ISO 9001-2000
 Other: Specify _____

Nuclear Yes No Other Certification (Please Specify) _____
 ISO 9001 Yes No Other Certification (Please Specify) _____

For your Quality Assurance/Quality Control program(s), attach the Table of Contents from relevant manual(s) or, on additional pages, describe the method and level of compliance standard(s).

6. BIDDING INTEREST AND QUALIFICATIONS

A. Indicate your relevant experience and qualifications as described in the attached "Scope of Work".
(Attach additional pages if necessary)

B. Indicate appropriate Contract/Purchase Order dollar range within which you prefer, and are currently able, to bid (i.e., \$250,000 to \$1,500,000)
 \$ _____ to \$ _____

C. Indicate Industry or Code Certifications (ASME, API, TEMA, Class of Code-Stamp, etc.)

CERTIFICATION		EXPIRATION DATE		CERTIFICATION		EXPIRATION DATE	
1.				4.			
2.				5.			
3.				6.			

D. Subcontract Services (List type of work normally subcontracted to others)

7. PROFESSIONAL LICENSES

Indicate the work category you are licensed for and the area(s) (Country/State/Province) in which you hold each. Attach additional pages, if necessary.

TYPE OF LICENSE	LOCATION	TYPE OF LICENSE	LOCATION
1.		4.	
2.		5.	
3.		6.	

8. CONTRACTORS' SPECIFIC NON-MANUAL, ENGINEERING, ARCHTECTORAL AND CONSTRUCTION TYPE LISTINGS:

A. List Personnel by Discipline (Number on Staff) – (State "Not Applicable" if the position does not exist)

Project Managers	Structural Engineers	Construction Inspectors
Administrators	Sanitary Engineers	Laborers
Estimators	Transportation Engineers	Carpenters
Architects	Technical Writers	Operators
Chemical Engineers	Surveyors	Painters
Electrical Engineers	Superintendants	Electricians
Mechanical Engineers	Foremen	Iron Workers

9. WORK HISTORY (Complete the attached Work History form per Appendix "B" and attach to this Questionnaire)

Also attach a list of permanent offices and any brochures that further describe your company's activities and capabilities. Please do not include product catalogs, inventory or price lists.

10. SAFETY & HEALTH EXPERIENCE (Complete the attached S&H form per Appendix "C" and attach to this Questionnaire)

11. SOCIAL AND ENVIRONMENT SUSTAINABILITY INITIATIVES (Check all that are employed or achieved through company initiatives)

<input type="checkbox"/> Written environmental policy	<input type="checkbox"/> Leadership in Energy and Environmental Design (LEED) Certification
<input type="checkbox"/> Environmental performance integrated into corporate mission	<input type="checkbox"/> Policies and practices to minimize fuel usage or use of alternative energy
<input type="checkbox"/> Social performance integrated into corporate mission	<input type="checkbox"/> Initiatives to mitigate environmental impacts of on-site services
<input type="checkbox"/> Annual report detailing its mission-related performance (e.g. corporate social and environmental targets)	<input type="checkbox"/> Code of conduct holding sub suppliers accountable for social and environmental performance

12. COMPLETED BY:

SIGNATURE	TITLE
NAME	DATE

APPENDICES:

APPENDIX "A" – GLOSSARY FOR SMALL, DISADVANTAGED, WOMEN-OWNED AND VETERAN ENTERPRISES

APPENDIX "B" – CONTRACTOR/SUPPLIER WORK HISTORY

APPENDIX "C" – CONTRACTOR SAFETY & HEALTH QUALIFICATION DATA

APPENDIX A

GLOSSARY FOR SMALL, DISADVANTAGED, WOMEN-OWNED, AND VETERAN ENTERPRISES

Following are definitions of small business concerns, veteran-owned small business concerns, service-disabled veteran-owned small business concerns, HUB Zone small business concerns, minority business enterprises, small disadvantaged business concerns, women-owned small business concerns and labor surplus area business concerns (all called "Enterprises") as defined by the U.S. Federal Acquisition Regulations:

Small-Business Concern	Firms, including affiliates, that are independently owned and operated, not dominant in the field of operation in which they are bidding on Government contracts, and that qualify under the criteria and size standards for small businesses in 13 CFR Part 121 as determined by the SBA.
HUB Zone	A historically underutilized business zone which is located within one or more qualified census tracts, qualified metropolitan counties, or lands within the external boundaries of an Indian reservation. HUBZone's appear on the List of Qualified HUBZone Small Business Concerns maintained by the SBA.
Veteran-owned Small Business Concern	A small business concern – (1) not less than 51 percent of which is owned by one or more veterans (as defined at 38 U.S.C. 101(2)) or, in the case of any publicly owned business, not less than 51 percent of the stock of which is owned by one or more veterans; and (2) the management and daily business operations of which are controlled by one or more veterans.
Service-disabled Veteran-owned small Business Concern	(1) A small business concern – (i) not less than 51 percent of which is owned by one or more service-disabled veterans or, in the case of any publicly owned business, not less than 51 percent of the stock of which is owned by one or more service-disabled veterans; and (ii) The management and daily business operations of which are controlled by one or more service-disabled or, in the case of a veteran with permanent and severe disability, the spouse or permanent caregiver of such veteran. (2) Service-disabled veteran means a veteran, as defined in 38 U.S.C. 101(2), with a disability that is service-connected, as defined in 38 U.S.C. 101(16).
Small Disadvantaged Business Concern (Minority)	An offeror that represents, as part of its offer, that it is a small business under the size standard applicable to the acquisition; and either – It self certifies as a small disadvantaged business concern consistent with 13 CFR part 124, subpart B; and (i) No material change in disadvantaged ownership and control has occurred since its certification; (ii) Where the concern is owned by one or more disadvantaged individuals upon whom the certification is based does not exceed \$750,000 after taking into account the applicable exclusions set forth at 13 CFR 124.104(c)(2); and (iii) It is identified, on the date of its representation, as a self certified small disadvantaged business concern in the database maintained by the SBA (Central Contractor Registration (CCR)).
Women-Owned Small Business Concern	A small business concern – 1) which is at least 51 percent owned by one or more women: or in the case of any publicly owned business, at least 51 percent of the stock which is owned by one or more women; and 2) whose management and daily operations are controlled by one or more women.

APPENDIX B

SUBCONTRACTOR WORK HISTORY

The Contractor submits the following statement as to its experience qualifications:

1. If stated in the cover letter, provide only experience in work similar in type and magnitude to the identified Work Scope.
2. All awarded contracts have been satisfactorily completed, except as follows (Name any and all exceptions and reasons therefore, attaching additional pages if necessary):

3. The following contracts are currently in progress or have been satisfactorily completed within the last three years or the period specified in the cover letter.
4. If you have not worked in the country specified in the cover letter within the period outlined in 3 above, add a separate page listing any work ever performed in that country. **[Item 4 does not apply to U.S. work.]**
5. Column Completion Notes:
 - a. Name and Address. For past Bechtel work, include Bechtel Job No. and also asterisk any work requiring nuclear quality assurance.
 - b. Work Description. Describe work scope and then indicate if prime or subcontract.
 - c. Start/Stop. Provide starting date and actual/forecast completion by mo/yr, e.g., Jan 93/Sep94.
 - d. Schedule and Budget. State either "over", "on", or "under" the contract schedule and budget.

Contractor/SUPPLIER WORK HISTORY							
	Customer Name, address, representative and phone no.	Work Description	Location	Value	Start/Stop	Schedule	Budget

APPENDIX C

SUBCONTRACTOR SAFETY AND HEALTH QUALIFICATION DATA

NAME OF COMPANY: _____

The above named Company submits the following Safety & Health qualification data:

1. SAFETY PERFORMANCE			
1.1.a Provide a brief description of each fatality your firm has incurred in the three most recent years (add pages if required):			
Year 20[] _____	Year 20[] _____	Year 20[] _____	
_____	_____	_____	
_____	_____	_____	
1.1.b Provide a brief description of each fatality by any sub-tier subcontractor working under your direction has incurred in the three most recent years (add pages if required):			
Year 20[] _____	Year 20[] _____	Year 20[] _____	
_____	_____	_____	
_____	_____	_____	
1.2.a Provide the following information on your firm for the three most recent years:			
	20[] _____	20[] _____	20[] _____
a. Number of lost workday cases.	_____	_____	_____
b. Number of restricted workday cases.	_____	_____	_____
c. Number of cases with medical attention only.	_____	_____	_____
d. Number of fatalities.	_____	_____	_____
e. Number of hours worked.	_____	_____	_____
1.2.b Provide the following information on any sub-tier subcontractor working under your direction for the three most recent years:			
	20[] _____	20[] _____	20[] _____
a. Number of lost workday cases.	_____	_____	_____
b. Number of restricted workday cases.	_____	_____	_____
c. Number of cases with medical attention only.	_____	_____	_____
d. Number of fatalities.	_____	_____	_____
e. Number of hours worked.	_____	_____	_____

2. Are accident reports and report summaries sent to the following and how often?

	No	Yes	Monthly	Quarterly	Annually
a. Project Superintendent/Site Manager.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Vice President/Manager of Construction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Safety Director	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. President of Firm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

3. Do you hold site safety meetings for field employees both Manual and Non-Manual?

Yes No

How Often?

Weekly Bi-Weekly Monthly Less Often, As needed

4. Do you conduct project safety inspections?

Yes No

If yes, who conducts this inspection?

TITLE

HOW OFTEN?

5. How are accident records and accident summaries kept? How often are they reported?

	No	Yes	Monthly	Annually
a. Accidents totaled for the entire company	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Accidents totaled by project	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(1) Subtotalled by superintendent	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(2) Subtotalled by foreman	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

6. How are costs of individual accidents kept? How often are they reported?

	No	Yes	Monthly	Annually
a. Costs totaled for the entire company	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Costs totaled by project	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(1) Subtotalled by superintendent	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(2) Subtotalled by foreman	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

7. List key Safety and Health personnel planned for this project. Please list name and expected position. When a project has not been specified, list key company personnel.

NAME	POSITION	PROPOSED / CURRENT PROJECT
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

8. Do you have a written safety & health program?

Yes No

If yes, submit a copy for evaluation.

9. Do you have an orientation program for new hires?

Yes No

If yes, submit a copy for evaluation. Does it include instruction on the following?

	Yes	No		Yes	No
a. Head protection	<input type="checkbox"/>	<input type="checkbox"/>	i. Fire protection	<input type="checkbox"/>	<input type="checkbox"/>
b. Eye protection	<input type="checkbox"/>	<input type="checkbox"/>	j. First aid facilities	<input type="checkbox"/>	<input type="checkbox"/>
c. Hearing protection	<input type="checkbox"/>	<input type="checkbox"/>	k. Emergency procedures	<input type="checkbox"/>	<input type="checkbox"/>
d. Respiratory protection	<input type="checkbox"/>	<input type="checkbox"/>	l. Toxic substances	<input type="checkbox"/>	<input type="checkbox"/>
e. Safety belts and lifeline	<input type="checkbox"/>	<input type="checkbox"/>	m. Trenching and excavation	<input type="checkbox"/>	<input type="checkbox"/>
f. Scaffolding	<input type="checkbox"/>	<input type="checkbox"/>	n. Signs, barricades, flagging	<input type="checkbox"/>	<input type="checkbox"/>
g. Perimeter guarding	<input type="checkbox"/>	<input type="checkbox"/>	o. Electrical safety	<input type="checkbox"/>	<input type="checkbox"/>
h. Housekeeping	<input type="checkbox"/>	<input type="checkbox"/>	p. Rigging and crane safety	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	q. Road Safety (Driving)	<input type="checkbox"/>	<input type="checkbox"/>

10. Do you have a program for newly hired or promoted foremen?

Yes No

If yes, submit a copy for evaluation. Does it include the following?

	Yes	No		Yes	No
a. Safe work practices	<input type="checkbox"/>	<input type="checkbox"/>	e. First aid procedures	<input type="checkbox"/>	<input type="checkbox"/>
b. Safety supervision	<input type="checkbox"/>	<input type="checkbox"/>	f. Accident investigation	<input type="checkbox"/>	<input type="checkbox"/>
c. Toolbox meetings	<input type="checkbox"/>	<input type="checkbox"/>	g. Fire protection and prevention	<input type="checkbox"/>	<input type="checkbox"/>
d. Emergency procedures	<input type="checkbox"/>	<input type="checkbox"/>	h. New worker orientation	<input type="checkbox"/>	<input type="checkbox"/>

11. Do you hold craft "toolbox" safety meetings?

Yes No

How Often?

Weekly Bi-Weekly Monthly Less Often, As needed

12. Do you have a written Hazard Communication program?

Yes No

If yes, how is it implemented on each project?

13. Do you have/require Material Safety Data Sheets (M.S.D.S.) for material/chemicals/equipment?

Yes No

If yes, explain field procedure for informing craft workers about potential hazards:

14. List three (3) client references that could verify the quality and management commitment of your safety program.

	Name	Address	Phone No.
a.	_____	_____	_____
	_____	_____	

b.	_____	_____	_____
	_____	_____	

c.	_____	_____	_____
	_____	_____	

DOE Order 414.1C QA Program Template

Quality Assurance Program		Page ___ of ___
A: Quality Assurance Program General Information		
A.1. Document Title (Add Title of Supplier Quality Assurance Program):		
A.2. Supplier Information: (Add Supplier Name, Address, & Telephone Number):		
A.3. Document Revision No. (Add revision 0, 1, 2, etc.):	A.4. Document Date (Add date document date including month/Day/year):	
A.5. Prepared By (Add the company, name, title, signature, & date of the preparer of this document):		
A.6. Reviewed and Approved For Use By (Add the name, title, signature & date of the reviewer/person authorizing the use of this document):		
B: QA Program Introduction & Objectives		
B.1. This document describes the QA program of _____, [Supplier Name] hereafter referred to as Supplier. This document is based on, and describes how Supplier complies with the U.S. Department of Energy (DOE) Order 414.1C, Quality Assurance, Attachment 2, hereafter referred to as the Order and attached as Appendix A of this document. Supplier adopts the applicable Order requirements, including the Order introduction guidance, objectives, definitions, and principals for work performed by the Supplier.		
B.2. This document is organized to correlate with the major headings of the Order. For each major heading, it adopts the Order requirement, if it is applicable for work performed by the Supplier. General applicability is defined as the determination that the identified activities and processes are actually used. As an example of general applicability, if Supplier does not perform design services, then Supplier may indicate "Not Applicable" for the Order design requirements and the associated Supplier implementing method because it is not applicable.		
B.3. The Supplier adopts the introduction and Section 1 "Objectives" of the Order.		
C: General Quality Requirements		
C.1. Supplier has assigned _____ [Name/Title] as the senior management position responsible for development, implementation, assessment and improvement of this QA program as required by Section 2 of the Order.		
C.2. Supplier incorporates the appropriate national or international consensus standard as required in procurement documents or regulatory requirements.		
C.3. Supplier shall update this document as required to accurately reflect the QA program of Supplier and/or to meet customer requirements. The updates shall be reviewed and approved by Supplier.		
D: Quality Assurance Criteria		
D.1. Management/Criterion 1 – Program. Supplier meets this criterion by (check all that apply):		
D.1.1. Having a company organizational structure, functional responsibilities, levels of authority, and interfaces for those managing, performing, and assessing work that is: <input type="checkbox"/> verbally communicated in meetings among Supplier management/supervisors and workers; <input type="checkbox"/> communicated by the Supplier management in organization charts or other documents; <input type="checkbox"/> Other: _____		
D.1.2. Establishing management processes, including planning, scheduling, and providing resources for work by <input type="checkbox"/> pre-job briefing/instruction; <input type="checkbox"/> using company or customer planning documents/work schedules, <input type="checkbox"/> Other: _____		
D.2. Management/Criterion 2 – Personnel Training and Qualification. Supplier meets this criterion by (check all that apply):		
D.2.1. Training and qualifying personnel to be capable of performing assigned work through <input type="checkbox"/> mentoring new personnel in on-the-job (OJT) training, <input type="checkbox"/> using only personnel that meet regulatory licensing requirements for the State in which work is performed (e.g., construction craft licensing requirements; professional engineering licensing requirements.); <input type="checkbox"/> using company or customer training/qualification procedures/work instructions; <input type="checkbox"/> Other (Describe): _____		
D.2.2. Providing continuing training to personnel to maintain job proficiency by <input type="checkbox"/> pre-job/ post-job reviews or briefings; <input type="checkbox"/> maintaining personnel licensing requirements for the State in which work is performed; <input type="checkbox"/> providing re-training to company or customer training/qualification procedures/work instructions; <input type="checkbox"/> Other (Describe): _____		
D.3. Management/Criterion 3 – Quality Improvement. Supplier meets this criterion by (check all that apply):		
<input type="checkbox"/> pre-job/post-job reviews, including discussion/development of lessons-learned; <input type="checkbox"/> Management observation of workers; <input type="checkbox"/> inspections; <input type="checkbox"/> documented company or customer procedures/work instructions; <input type="checkbox"/> requiring workers to control items (tagging, segregating, or other means to prevent their inadvertent use); <input type="checkbox"/> Other (Describe): _____		
D.4. Management/Criterion 4 – Documents and Records. Supplier meets this criterion by (check all that apply):		
D.4.1. Preparing, reviewing, approving, issuing, using and revising documents to prescribe processes, specify requirements, or establish design through <input type="checkbox"/> use of contract documents; <input type="checkbox"/> documented company or customer procedures/work instructions; <input type="checkbox"/> use of codes/standards; <input type="checkbox"/> Other (Describe): _____		
D.4.2. Specifying, preparing, reviewing, approving, and maintaining records through <input type="checkbox"/> performing these activities as required and in accordance with the methods outlined in contract documents; <input type="checkbox"/> maintaining work files for a specified period of time as required by contract or as determined by management. <input type="checkbox"/> documented company or customer procedures/work instructions; <input type="checkbox"/> Other (Describe): _____		

DOE Order 414.1C QA Program Template (continued)

Quality Assurance Program

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D.5. Performance/Criterion 5 – Work Processes. Supplier meets this criterion by (check all that apply):

D.5.1. implementing work to contract requirements; use of applicable codes/standards; performing work as discussed in pre-job/post-job meetings; maintaining items in controlled environments to prevent damage, loss, or deterioration as described in pre-job/post job meetings or as instructed by supervisors; Other (Describe): _____

D.6. Performance/Criterion 6 – Design. Supplier meets this criterion by (check all that apply):

Not Applicable (NA). Supplier does not perform design; documented company or customer procedures/work instructions; Other (Describe): _____

D.7. Performance/Criterion 7 – Procurement. Supplier meets this criterion by (check all that apply):

D.7.1. Procuring items and services that meet established requirements and perform as specified using requirements as established in customer or company procurement documents; Other (Describe): _____

D.7.2. Evaluating and selecting prospective suppliers on the basis of specified criteria such as past supplier performance history; ability to provide items/services when needed (schedule); cost; conformance with customer or company specified technical/quality requirements; Other (Describe): _____

D.7.3. Establishing and implementing processes to ensure that approved suppliers continue to provide acceptable items and services including such processes as inspections/rejection of items/services; non-conformance reporting/communication with supplier(s); discontinued or reduced use of supplier; increased use of other suppliers; Nonpayment or reduce payment for items/services; Other (Describe): _____

D.8. Performance/Criterion 8 - Inspection and Acceptance Testing 8 – Procurement. Supplier meets this criterion by (check all that apply):

D.8.1. Inspecting and testing specified items, services, and processes using established acceptance and performance criteria as described in company or customer procurement documents; described in applicable codes and standards; described in company or customer procedures/work instructions. Other (Describe): _____

D.8.2. Calibrating and maintaining equipment used for inspection and testing as described in company or customer procurement documents; described in applicable codes and standards; described in company or customer procedures/work instructions. Other (Describe): _____

D.9. Assessment/Criterion 9 – Management Assessment. Supplier meets this criterion by (check all that apply):

Managers assessing their management processes and identifying and correcting problems that hinder the organization from achieving its objectives in pre-job/post-job reviews, including discussion/development of lessons-learned; Management observation of workers; inspections; documented company or customer procedures/work instructions; Other (Describe): _____

D.10. Assessment/Criterion 10 – Independent Assessment. Supplier meets this criterion by (check all that apply):

D.10.1 Planning and conducting independent assessments to measure item and service quality, to measure the adequacy service quality, work adequacy/performance and opportunities for improvement; independent assessments performed by customers and/or other independent entities; documented company or customer procedures/work instructions for independent assessments; Other (Describe): _____

D.10.2 Establishing sufficient authority and freedom from line management for independent assessment teams by committing and agreeing to provide such authority and freedom to independent assessment teams as stated in this document; in contract documents; in customer and/or company procedures/work instructions; Other (Describe): _____

D.10.3. Ensuring that persons conducting independent assessments are technically qualified and knowledgeable in the areas to be assessed through review of resumes or other qualification data to ensure persons have performed a minimum of ___ number of similar assessments successfully within the past ___ years; qualification as an auditor or lead auditor by customer or other organizations, to recognized standards.

D.11. Suspect/Counterfeit Item (S/CI) Prevention Process. Supplier meets this criterion by (check all that apply):

Addressing the identification, analysis, prevention and removal of S/CI in awareness training of relevant S/CI issues in pre-job/post-job meetings; posting and reviews of S/CI issue notifications/bulletins and databases; pre-job/post-job evaluations, reviews; inspections; customer and/or company procedures/work instructions; management training; management observations; engineering/design activities and/or involvement; acceptance of items/services; procurement practices; Other (Describe): _____

D.12. Safety Software Quality Requirements. Supplier meets this criterion by (check all that apply):

Not Applicable (NA); Supplier does not develop and/or implement safety software.
 Use of customer and/or Supplier procedures/work instructions that address the safety software quality requirements of the Order including but not limited to the requirement that work processes involving safety software are developed and implemented using national or international consensus standards that include a) facility design authority involvement, b) identification, documentation and maintenance of safety software inventory, c) establishment of grading levels, selection and implementation of applicable software QA work activities to ensure safety software performs its intended functions.

E: Customer Acceptance

This section of the Supplier QA Program is an optional section that provides space for Customers to document their review and approval of this document as applicable/required in the Supplier/customer contract.

E.1. Customer Approval Recommended by (e.g., Name/ QA Representative; Other _____/Signature/Date):

E.2. Authorized Customer Approval (e.g., Approver Name/Title/Signature/Date):

Appendix A: DOE Order 414.1C, Attachment 2, Quality Assurance Contractor Requirements Document

Instructions for DOE Order 414.1C Program Template

- 1. Scope and Applicability:** This template is an optional template that may be provided to Suppliers to use to demonstrate how the supplier complies with DOE Order 414.1C, Quality Assurance, Attachment 2 (hereafter referred to as the Order) for low-risk, low complexity procurements by Los Alamos National Laboratory (LANL). This template is an example that may be customized as required by LANL or the Supplier. Completion of this template does not imply or otherwise indicate approval of supplier's QA program. Supplier use of this form is at supplier's risk.
- 2. General.** This template is designed for the supplier to customize. Electronic versions of this document in MS Word are available. This template may be completed by using the electronic version to add supplier information, or by hand-writing information on a hard copy. Change may be made to this document; however, changes should be made in conformance with the Order.
- 3. Section A: Quality Assurance Program General Information.** Add general supplier QA program information in this section, including the QA program title, revision number, document date, who it was prepared by, and who reviewed and approved it for use. Add the name, date and signature of the preparer and the person that reviewed and authorized the document.
- 4. Section B: Introduction & Objectives.** This section introduces the QA program and states its objectives. This section adopts the objectives of the Order unless otherwise modified by the supplier. This section refers to the Order and indicates that it is attached to the supplier QA program. A copy of the Order may be obtained from the DOE Directives website, <https://www.directives.doe.gov/>. Obtain and attach the Order. Modify this section as required, however ensure compliance with Order requirements
- 5. Section C: General Quality Requirements.** This section demonstrates how the supplier meets the general quality requirements as stated in the Order. Add the name and title of the supplier's QA representative. Modify this section if needed, however, modifications should be checked against the Order to ensure this section remains compliant with the Order. Do not check boxes for activities unless the Supplier actually performs the activity.
- 6. Section D: Quality Assurance Criteria.** This section demonstrates how the supplier meets the QA criteria of the Order, including the 10 numbered criteria plus suspect/counterfeit items (S/C) and safety software criteria. Review the criteria and either check the box, which represent common methods used to satisfy the criteria, and/or add other methods which demonstrate compliance with the criteria. Where "Other" is checked, describe how the requirement is met. Use additional sheets/attachments if necessary.
- 7. Customer Acceptance.** This section is an optional section of the document that provides space for customers to document their review and approval of this document. It is not a mandatory section. This section may be customized as required to meet QA program procurement review and approval sections of the relevant procurement.