

**ATTACHMENT J-0200000-01  
DEFINITIONS AND ACRONYMS**

<b>Definition</b>	<b>Description</b>
Assessment	A general term referring to either a survey or inspection of a facility to determine condition.
Asset	A general term used to refer to an item, such as a component, system, building or facility, which is managed by an automated data management program.
Business Management System (BMS)	A web-based tool that provides a systematic method for the management of business processes, common practices, and process quality improvements that produce and support the most efficient and effective delivery of NAVFAC's products and services.
Competent Person	A person who has the professional experience and training necessary to identify existing and predictable hazards at a work or service environment, and who has the authority to take prompt and corrective action to eliminate or remove dangers from the environment.
Component Inventory Management Unit (CIMU)	An organization of like-kind real property into manageable maintenance units. CIMU is a building component, group of components or component assemblies, serving a specific purpose in a facility that can be expected to follow a common and predictable lifecycle behavior. This class of non-equipment will include items such as exterior walls, exterior windows, interior finish, and roofs. This class of equipment will include items such as fan coil units, air handling units, lighting, and water closets. CIMUs can include one or more items of installed equipment typically subject to routine scheduled maintenance.
Confined Work Space	A space that is large enough and so configured that a person may bodily enter a space (such as in tanks, vessels, silos, storage bins, hoppers, vaults, pits, and like spaces where there is limited means of entry) and is hindered or restricted from escaping during an emergency.
Contracting Officer (KO)	That individual with the authority to enter into, administer, and/or terminate contracts and make related determinations and findings. The term includes certain authorized representatives of the Contracting Officer acting within the limits of their authority as delegated by the Contracting Officer.
Contractor	That entity or its representative responsible for the delivery of the services or materials specified in this contract, as designated by contract award. The term Contractor as used herein refers to both the prime Contractor and any subcontractors. The prime Contractor shall insure that subcontractors comply with the provision of this contract.
Contractor Representative	That individual appointed by the Contractor, either orally or in writing, who has been assigned responsibility for executing the requirements of this contract.
Direct Material Costs	The actual vendor invoice charges for materials used for performance of work under this contract. Direct material costs shall include transportation charges when such charges are included on the invoice by the vendor, as well as any discounts allowed for prompt payment and discounts or rebates for core value or salvage value that accrue to the Contractor. When questions arise concerning the cost of materials, material costs will be based on the lowest of quotes provided by the Contractor from at least three different commercial vendors for the direct material cost. The Government retains the right to obtain additional quotes in questionable situations. The lowest price will be used.
Electronic Operation And Maintenance And Support Information (eOMSI)	A set of consultant-prepared data and document files that contain detailed, as-built technical information that describes the efficient, economical and safe operation, maintenance and repair of a facility, plant, equipment or system throughout its life cycle. Generally it is prepared during construction and submitted upon completion of a new facility or major facility upgrade. eOMSI's typically include asset information, staffing and budgeting information, supply support including critical spare parts, operating procedures, troubleshooting and diagnostic guides, extended warranty data, maintenance task frequencies and documentation, technical data, repair procedures and manufacturer's product data. eOMSI data and document files are provided in electronic formats.
Equipment	Tangible asset that is functionally complete for its intended purpose, durable, and non-expendable.
Facility	A building or structure designed and created to serve a particular function.

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Fixed Burden Rate (FBR)	The additional costs (expressed in percent of direct material cost) for ordering, handling, and stockpiling materials and repair parts. For example, if the offeror's Fixed Burden Rate for materials in the Base Period is 10% then:  $\$100,000.00 + (\$100,000.00 \times 10\%) = \$110,000.00$ <p>The Government will compensate the Contractor for the required parts and materials and not the total amount shown in Schedule of Indefinite Delivery Indefinite Quantity Work.</p>
Frequency Of Service	Annual (A). Services performed once during each 12-month period of the contract at intervals of 335 to 395 days. Semiannual (SA). Services performed twice during each 12-month period of the contract at intervals of 160 to 200 calendar days.
Government Furnished Property (GFP)	Property in the possession of, or directly acquired by, the Government and subsequently furnished to the contractor for performance of a contract. Government furnished property includes, but is not limited to, spares and property furnished for repairs, maintenance, overhaul, or modification. Government furnished property also includes contractor acquired property if the contractor acquired property is a deliverable under a cost contract when accepted by the Government for continued use under the contract.
Infrastructure Condition Assessment Program (ICAP)	A Navy automated data management program that utilizes historical asset lifecycle data and a structured assessment process to evaluate the condition facilities and their components.
Inspection	A rigorous, detailed assessment of the condition of a facility performed to generate a fundable scope and cost estimate for prioritization and funding of maintenance and repair.
Job or Work Order	An authorization for work that requires planning and estimating and has an individual line of accounting for financial and performance evaluation.
Maintenance And Repair	The preservation or restoration of a piece of equipment, system, or facility to such condition that it may be effectively used for its designated purposes. Maintenance/repair may be adjustment, overhaul, reprocessing, or replacement of constituent parts or materials that are missing or have deteriorated by action of the elements or usage, or replacement of the entire unit or system if beyond economical repair.
USMC MAXIMO	A specially configured software version of MAXIMO®, a commercially available computerized maintenance management system (CMMS), adopted by NAVFAC for enterprise facility asset data management. The terms "MAXIMO", "NAVFAC MAXIMO" or "Government's MAXIMO" shall be used interchangeably in the document.
Performance Assessment	A method used by the Government to provide some measure of control over the quality of purchased goods and services received.
Performance Assessment Representative (PAR)	That individual designated by the KO to be responsible for the monitoring of Contractor performance.
Pre-Expended Bin Materials And Supplies	The minor materials and supplies that are incidental to the job, for which the total direct cost of any one material line item shown on the material estimate is \$10.00 or less. Examples of pre-expended bin materials and supplies include, but are not limited to, solder, lead, flux, electrical connectors, electrical tape, fuses, nails, screws, bolts, nuts, washers, spacers, masking tape, sand paper, solvent, cleaners, lubricants, grease, oil, rags, mops, glue, epoxy, spackling compound, joint tape, plumbers tape and compound, clips, welding rods, and touch up paint.
Property Administrator	An authorized representative of the Contracting Officer who is responsible for administering contract property requirements, terms and conditions of the contract
Property Management Program	A Government program established for the purpose of reviewing and approving the Contractor's Property Management Plan and System through performance of a system analysis whenever government property is in the possession of the Contractor.

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Quality Assurance (QA)	The planned and systematic activities implemented in a quality system so that quality requirements for a product or service will be fulfilled.
Quality Control (QC)	The observation techniques and activities used to fulfill requirements for quality.
R. S. Means	A data collection and organization system developed by R. S. Means Company which can be used to prepare accurate, dependable construction estimates and budgets in a variety of ways. The Contractor shall use the latest edition. Material prices are based on a national average and computed labor costs are based on a 30-city national average. An estimate prepared using this data is called a "Means estimate"; data may simply be referred to as "Means".
Real Property Inventory Equipment (RPIE)	A Government owned or leased individual pieces of equipment, apparatus, or fixture that are essential to the function of the real property (i.e. plumbing, electrical, heating, cooling and elevators). It is physically attached to, integrated into, and built in or on the property. Individual RPIE's can be combined to make a CIMU to facilitate facilities management. An individual RPIE can also be a CIMU if the equipment is complex enough to require its own management planning.
Response Time	The time allowed the Contractor after initial notification of a work requirement to be physically on the premises at the work site with appropriate personnel, tools, equipment, and materials, ready to perform the work required.
Unit Priced Labor (UPL) Hour	The unit price bid by the Contractor to perform one hour of work-in-place. With the exception of direct material and construction equipment costs, the unit price includes all indirect and direct costs associated with performing work. The price includes the Contractor's hourly composite trade wage, adjusted to allow for workforce productivity; costs for pre-expended bin materials, union agreements, crew sizes, hand tools, payroll burdens and fringes, overtime, job (field) overhead (including clerical support, supervision, inspection, fees, taxes, licenses, permits, and insurance), general and administrative (home office) overhead, and profit. Additionally, time for job preparation, safety standby personnel, and similar indirect labor elements are included.

## ATTACHMENT J-0200000-02

WD 05-2393 (Rev.-17) was first posted on www.wdol.gov on 07/14/2015

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REGISTER OF WAGE DETERMINATIONS UNDER		U.S. DEPARTMENT OF LABOR
THE SERVICE CONTRACT ACT		EMPLOYMENT STANDARDS ADMINISTRATION
By direction of the Secretary of Labor		WAGE AND HOUR DIVISION
		WASHINGTON D.C. 20210

Daniel W. Simms	Division of		Wage Determination No.: 2005-2393
Director	Wage Determinations		Revision No.: 17
			Date Of Revision: 07/08/2015

Note: Executive Order (EO) 13658 establishes an hourly minimum wage of \$10.10 for 2015 that applies to all contracts subject to the Service Contract Act for which the solicitation is issued on or after January 1, 2015. If this contract is covered by the EO, the contractor must pay all workers in any classification listed on this wage determination at least \$10.10 (or the applicable wage rate listed on this wage determination, if it is higher) for all hours spent performing on the contract. The EO minimum wage rate will be adjusted annually. Additional information on contractor requirements and worker protections under the EO is available at [www.dol.gov/whd/govcontracts](http://www.dol.gov/whd/govcontracts).

States: North Carolina, South Carolina

Area: North Carolina Counties of Beaufort, Bladen, Brunswick, Carteret, Columbus, Craven, Cumberland, Dare, Duplin, Greene, Harnett, Hoke, Hyde, Johnston, Jones, Lee, Lenoir, Martin, Moore, New Hanover, Onslow, Pamlico, Pender, Pitt, Richmond, Robeson, Sampson, Scotland, Tyrrell, Washington, Wayne, Wilson  
South Carolina Counties of Dillon, Horry, Marion, Marlboro

\*\*Fringe Benefits Required Follow the Occupational Listing\*\*

OCCUPATION CODE - TITLE	FOOTNOTE	RATE
01000 - Administrative Support And Clerical Occupations		
01011 - Accounting Clerk I		12.40
01012 - Accounting Clerk II		14.00
01013 - Accounting Clerk III		15.65
01020 - Administrative Assistant		19.33
01040 - Court Reporter		14.47
01051 - Data Entry Operator I		11.58
01052 - Data Entry Operator II		12.64
01060 - Dispatcher, Motor Vehicle		16.32
01070 - Document Preparation Clerk		11.40
01090 - Duplicating Machine Operator		11.40
01111 - General Clerk I		11.48
01112 - General Clerk II		12.53
01113 - General Clerk III		14.06
01120 - Housing Referral Assistant		17.94
01141 - Messenger Courier		10.81
01191 - Order Clerk I		11.60
01192 - Order Clerk II		12.66
01261 - Personnel Assistant (Employment) I		13.15
01262 - Personnel Assistant (Employment) II		14.71
01263 - Personnel Assistant (Employment) III		18.35
01270 - Production Control Clerk		17.84
01280 - Receptionist		10.77
01290 - Rental Clerk		11.75
01300 - Scheduler, Maintenance		12.79
01311 - Secretary I		12.79
01312 - Secretary II		14.47

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01313	- Secretary III	17.94
01320	- Service Order Dispatcher	11.54
01410	- Supply Technician	19.33
01420	- Survey Worker	13.16
01531	- Travel Clerk I	11.20
01532	- Travel Clerk II	11.93
01533	- Travel Clerk III	12.67
01611	- Word Processor I	12.41
01612	- Word Processor II	13.92
01613	- Word Processor III	15.58
05000	- Automotive Service Occupations	
05005	- Automobile Body Repairer, Fiberglass	19.71
05010	- Automotive Electrician	19.33
05040	- Automotive Glass Installer	17.76
05070	- Automotive Worker	17.76
05110	- Mobile Equipment Servicer	15.82
05130	- Motor Equipment Metal Mechanic	19.71
05160	- Motor Equipment Metal Worker	17.76
05190	- Motor Vehicle Mechanic	19.71
05220	- Motor Vehicle Mechanic Helper	14.83
05250	- Motor Vehicle Upholstery Worker	16.17
05280	- Motor Vehicle Wrecker	17.76
05310	- Painter, Automotive	18.99
05340	- Radiator Repair Specialist	17.76
05370	- Tire Repairer	11.68
05400	- Transmission Repair Specialist	19.71
07000	- Food Preparation And Service Occupations	
07010	- Baker	13.08
07041	- Cook I	11.58
07042	- Cook II	13.08
07070	- Dishwasher	8.48
07130	- Food Service Worker	8.48
07210	- Meat Cutter	13.62
07260	- Waiter/Waitress	9.32
09000	- Furniture Maintenance And Repair Occupations	
09010	- Electrostatic Spray Painter	17.05
09040	- Furniture Handler	11.47
09080	- Furniture Refinisher	17.05
09090	- Furniture Refinisher Helper	13.34
09110	- Furniture Repairer, Minor	15.17
09130	- Upholsterer	17.05
11000	- General Services And Support Occupations	
11030	- Cleaner, Vehicles	8.90
11060	- Elevator Operator	8.90
11090	- Gardener	13.69
11122	- Housekeeping Aide	9.40
11150	- Janitor	9.40
11210	- Laborer, Grounds Maintenance	10.22
11240	- Maid or Houseman	8.05
11260	- Pruner	9.16
11270	- Tractor Operator	12.44
11330	- Trail Maintenance Worker	10.22
11360	- Window Cleaner	10.49
12000	- Health Occupations	
12010	- Ambulance Driver	14.47
12011	- Breath Alcohol Technician	15.98
12012	- Certified Occupational Therapist Assistant	23.49
12015	- Certified Physical Therapist Assistant	23.49
12020	- Dental Assistant	15.81
12025	- Dental Hygienist	29.84
12030	- EKG Technician	24.17
12035	- Electroneurodiagnostic Technologist	24.17

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12040 - Emergency Medical Technician	14.47
12071 - Licensed Practical Nurse I	14.29
12072 - Licensed Practical Nurse II	15.98
12073 - Licensed Practical Nurse III	17.83
12100 - Medical Assistant	12.14
12130 - Medical Laboratory Technician	17.08
12160 - Medical Record Clerk	12.81
12190 - Medical Record Technician	14.33
12195 - Medical Transcriptionist	15.43
12210 - Nuclear Medicine Technologist	33.19
12221 - Nursing Assistant I	9.44
12222 - Nursing Assistant II	10.61
12223 - Nursing Assistant III	11.58
12224 - Nursing Assistant IV	12.99
12235 - Optical Dispenser	15.99
12236 - Optical Technician	14.25
12250 - Pharmacy Technician	17.03
12280 - Phlebotomist	12.99
12305 - Radiologic Technologist	23.06
12311 - Registered Nurse I	22.96
12312 - Registered Nurse II	28.09
12313 - Registered Nurse II, Specialist	28.09
12314 - Registered Nurse III	33.98
12315 - Registered Nurse III, Anesthetist	33.98
12316 - Registered Nurse IV	40.72
12317 - Scheduler (Drug and Alcohol Testing)	20.57
13000 - Information And Arts Occupations	
13011 - Exhibits Specialist I	16.27
13012 - Exhibits Specialist II	20.17
13013 - Exhibits Specialist III	24.67
13041 - Illustrator I	16.27
13042 - Illustrator II	20.17
13043 - Illustrator III	24.67
13047 - Librarian	22.33
13050 - Library Aide/Clerk	11.32
13054 - Library Information Technology Systems Administrator	20.17
13058 - Library Technician	15.22
13061 - Media Specialist I	14.61
13062 - Media Specialist II	16.27
13063 - Media Specialist III	18.15
13071 - Photographer I	14.21
13072 - Photographer II	15.85
13073 - Photographer III	19.62
13074 - Photographer IV	23.41
13075 - Photographer V	28.34
13110 - Video Teleconference Technician	16.35
14000 - Information Technology Occupations	
14041 - Computer Operator I	14.20
14042 - Computer Operator II	15.88
14043 - Computer Operator III	18.75
14044 - Computer Operator IV	19.68
14045 - Computer Operator V	21.79
14071 - Computer Programmer I	(see 1) 22.75
14072 - Computer Programmer II	(see 1)
14073 - Computer Programmer III	(see 1)
14074 - Computer Programmer IV	(see 1)
14101 - Computer Systems Analyst I	(see 1)
14102 - Computer Systems Analyst II	(see 1)
14103 - Computer Systems Analyst III	(see 1)
14150 - Peripheral Equipment Operator	14.20
14160 - Personal Computer Support Technician	19.68

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15000 - Instructional Occupations	
15010 - Aircrew Training Devices Instructor (Non-Rated)	30.58
15020 - Aircrew Training Devices Instructor (Rated)	36.99
15030 - Air Crew Training Devices Instructor (Pilot)	41.77
15050 - Computer Based Training Specialist / Instructor	30.11
15060 - Educational Technologist	25.36
15070 - Flight Instructor (Pilot)	41.77
15080 - Graphic Artist	21.52
15090 - Technical Instructor	18.45
15095 - Technical Instructor/Course Developer	22.57
15110 - Test Proctor	14.89
15120 - Tutor	14.89
16000 - Laundry, Dry-Cleaning, Pressing And Related Occupations	
16010 - Assembler	8.27
16030 - Counter Attendant	8.27
16040 - Dry Cleaner	10.20
16070 - Finisher, Flatwork, Machine	8.27
16090 - Presser, Hand	8.27
16110 - Presser, Machine, Drycleaning	8.27
16130 - Presser, Machine, Shirts	8.27
16160 - Presser, Machine, Wearing Apparel, Laundry	8.27
16190 - Sewing Machine Operator	10.85
16220 - Tailor	11.49
16250 - Washer, Machine	8.90
19000 - Machine Tool Operation And Repair Occupations	
19010 - Machine-Tool Operator (Tool Room)	20.22
19040 - Tool And Die Maker	22.18
21000 - Materials Handling And Packing Occupations	
21020 - Forklift Operator	12.45
21030 - Material Coordinator	17.84
21040 - Material Expediter	17.84
21050 - Material Handling Laborer	10.32
21071 - Order Filler	10.09
21080 - Production Line Worker (Food Processing)	12.45
21110 - Shipping Packer	13.41
21130 - Shipping/Receiving Clerk	13.41
21140 - Store Worker I	11.35
21150 - Stock Clerk	15.84
21210 - Tools And Parts Attendant	12.45
21410 - Warehouse Specialist	12.45
23000 - Mechanics And Maintenance And Repair Occupations	
23010 - Aerospace Structural Welder	21.35
23021 - Aircraft Mechanic I	20.34
23022 - Aircraft Mechanic II	21.35
23023 - Aircraft Mechanic III	22.92
23040 - Aircraft Mechanic Helper	15.11
23050 - Aircraft, Painter	19.31
23060 - Aircraft Servicer	17.20
23080 - Aircraft Worker	18.24
23110 - Appliance Mechanic	17.05
23120 - Bicycle Repairer	13.11
23125 - Cable Splicer	23.00
23130 - Carpenter, Maintenance	17.05
23140 - Carpet Layer	16.29
23160 - Electrician, Maintenance	20.76
23181 - Electronics Technician Maintenance I	20.99
23182 - Electronics Technician Maintenance II	22.91
23183 - Electronics Technician Maintenance III	24.22
23260 - Fabric Worker	15.24
23290 - Fire Alarm System Mechanic	17.96
23310 - Fire Extinguisher Repairer	14.25
23311 - Fuel Distribution System Mechanic	18.40

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23312 - Fuel Distribution System Operator	14.31
23370 - General Maintenance Worker	16.30
23380 - Ground Support Equipment Mechanic	20.34
23381 - Ground Support Equipment Servicer	17.20
23382 - Ground Support Equipment Worker	18.24
23391 - Gunsmith I	14.13
23392 - Gunsmith II	16.30
23393 - Gunsmith III	18.40
23410 - Heating, Ventilation And Air-Conditioning Mechanic	18.40
23411 - Heating, Ventilation And Air Contditioning Mechanic (Research Facility)	19.42
23430 - Heavy Equipment Mechanic	18.81
23440 - Heavy Equipment Operator	17.31
23460 - Instrument Mechanic	18.40
23465 - Laboratory/Shelter Mechanic	17.41
23470 - Laborer	10.32
23510 - Locksmith	17.05
23530 - Machinery Maintenance Mechanic	20.47
23550 - Machinist, Maintenance	18.40
23580 - Maintenance Trades Helper	13.34
23591 - Metrology Technician I	18.40
23592 - Metrology Technician II	19.42
23593 - Metrology Technician III	20.40
23640 - Millwright	20.34
23710 - Office Appliance Repairer	17.05
23760 - Painter, Maintenance	17.05
23790 - Pipefitter, Maintenance	18.17
23810 - Plumber, Maintenance	17.26
23820 - Pneudraulic Systems Mechanic	18.40
23850 - Rigger	18.40
23870 - Scale Mechanic	16.30
23890 - Sheet-Metal Worker, Maintenance	18.40
23910 - Small Engine Mechanic	16.11
23931 - Telecommunications Mechanic I	23.46
23932 - Telecommunications Mechanic II	24.76
23950 - Telephone Lineman	21.84
23960 - Welder, Combination, Maintenance	18.40
23965 - Well Driller	18.40
23970 - Woodcraft Worker	18.40
23980 - Woodworker	14.25
24000 - Personal Needs Occupations	
24570 - Child Care Attendant	11.68
24580 - Child Care Center Clerk	14.58
24610 - Chore Aide	9.33
24620 - Family Readiness And Support Services Coordinator	13.63
24630 - Homemaker	16.20
25000 - Plant And System Operations Occupations	
25010 - Boiler Tender	19.87
25040 - Sewage Plant Operator	19.00
25070 - Stationary Engineer	20.69
25190 - Ventilation Equipment Tender	14.40
25210 - Water Treatment Plant Operator	19.00
27000 - Protective Service Occupations	
27004 - Alarm Monitor	14.25
27007 - Baggage Inspector	12.21
27008 - Corrections Officer	15.39
27010 - Court Security Officer	16.56
27030 - Detection Dog Handler	14.10
27040 - Detention Officer	15.39
27070 - Firefighter	15.64

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27101 - Guard I	12.21
27102 - Guard II	14.10
27131 - Police Officer I	17.27
27132 - Police Officer II	19.18
28000 - Recreation Occupations	
28041 - Carnival Equipment Operator	11.38
28042 - Carnival Equipment Repairer	12.16
28043 - Carnival Equipment Worker	8.90
28210 - Gate Attendant/Gate Tender	12.73
28310 - Lifeguard	11.34
28350 - Park Attendant (Aide)	14.24
28510 - Recreation Aide/Health Facility Attendant	11.10
28515 - Recreation Specialist	14.99
28630 - Sports Official	11.34
28690 - Swimming Pool Operator	18.94
29000 - Stevedoring/Longshoremen Occupational Services	
29010 - Blocker And Bracer	16.04
29020 - Hatch Tender	16.04
29030 - Line Handler	16.04
29041 - Stevedore I	15.00
29042 - Stevedore II	17.13
30000 - Technical Occupations	
30010 - Air Traffic Control Specialist, Center (HFO) (see 2)	35.77
30011 - Air Traffic Control Specialist, Station (HFO) (see 2)	24.66
30012 - Air Traffic Control Specialist, Terminal (HFO) (see 2)	27.16
30021 - Archeological Technician I	15.11
30022 - Archeological Technician II	18.98
30023 - Archeological Technician III	22.25
30030 - Cartographic Technician	22.36
30040 - Civil Engineering Technician	19.11
30061 - Drafter/CAD Operator I	15.11
30062 - Drafter/CAD Operator II	16.96
30063 - Drafter/CAD Operator III	18.98
30064 - Drafter/CAD Operator IV	22.83
30081 - Engineering Technician I	14.39
30082 - Engineering Technician II	16.14
30083 - Engineering Technician III	18.06
30084 - Engineering Technician IV	22.38
30085 - Engineering Technician V	27.38
30086 - Engineering Technician VI	33.12
30090 - Environmental Technician	19.53
30210 - Laboratory Technician	22.43
30240 - Mathematical Technician	22.25
30361 - Paralegal/Legal Assistant I	15.95
30362 - Paralegal/Legal Assistant II	19.77
30363 - Paralegal/Legal Assistant III	24.18
30364 - Paralegal/Legal Assistant IV	29.25
30390 - Photo-Optics Technician	21.48
30461 - Technical Writer I	21.77
30462 - Technical Writer II	26.63
30463 - Technical Writer III	32.22
30491 - Unexploded Ordnance (UXO) Technician I	22.74
30492 - Unexploded Ordnance (UXO) Technician II	27.51
30493 - Unexploded Ordnance (UXO) Technician III	32.97
30494 - Unexploded (UXO) Safety Escort	22.74
30495 - Unexploded (UXO) Sweep Personnel	22.74
30620 - Weather Observer, Combined Upper Air Or (see 2)	18.98
Surface Programs	
30621 - Weather Observer, Senior (see 2)	20.69
31000 - Transportation/Mobile Equipment Operation Occupations	
31020 - Bus Aide	10.37
31030 - Bus Driver	14.98

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31043 - Driver Courier	11.73
31260 - Parking and Lot Attendant	8.42
31290 - Shuttle Bus Driver	12.85
31310 - Taxi Driver	9.29
31361 - Truckdriver, Light	12.85
31362 - Truckdriver, Medium	14.80
31363 - Truckdriver, Heavy	16.27
31364 - Truckdriver, Tractor-Trailer	16.27
99000 - Miscellaneous Occupations	
99030 - Cashier	8.14
99050 - Desk Clerk	9.83
99095 - Embalmer	22.74
99251 - Laboratory Animal Caretaker I	10.07
99252 - Laboratory Animal Caretaker II	11.07
99310 - Mortician	22.74
99410 - Pest Controller	13.60
99510 - Photofinishing Worker	11.95
99710 - Recycling Laborer	12.53
99711 - Recycling Specialist	15.25
99730 - Refuse Collector	11.23
99810 - Sales Clerk	11.08
99820 - School Crossing Guard	12.86
99830 - Survey Party Chief	18.64
99831 - Surveying Aide	11.03
99832 - Surveying Technician	15.12
99840 - Vending Machine Attendant	13.63
99841 - Vending Machine Repairer	16.43
99842 - Vending Machine Repairer Helper	13.63

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ALL OCCUPATIONS LISTED ABOVE RECEIVE THE FOLLOWING BENEFITS:

HEALTH & WELFARE: \$4.27 per hour or \$170.80 per week or \$740.13 per month

VACATION: 2 weeks paid vacation after 1 year of service with a contractor or successor; 3 weeks after 8 years, and 4 weeks after 20 years. Length of service includes the whole span of continuous service with the present contractor or successor, wherever employed, and with the predecessor contractors in the performance of similar work at the same Federal facility. (Reg. 29 CFR 4.173)

HOLIDAYS: A minimum of ten paid holidays per year, New Year's Day, Martin Luther King Jr's Birthday, Washington's Birthday, Memorial Day, Independence Day, Labor Day, Columbus Day, Veterans' Day, Thanksgiving Day, and Christmas Day. (A contractor may substitute for any of the named holidays another day off with pay in accordance with a plan communicated to the employees involved.) (See 29 CFR 4174)

THE OCCUPATIONS WHICH HAVE NUMBERED FOOTNOTES IN PARENTHESES RECEIVE THE FOLLOWING:

1) COMPUTER EMPLOYEES: Under the SCA at section 8(b), this wage determination does not apply to any employee who individually qualifies as a bona fide executive, administrative, or professional employee as defined in 29 C.F.R. Part 541. Because most Computer System Analysts and Computer Programmers who are compensated at a rate not less than \$27.63 (or on a salary or fee basis at a rate not less than \$455 per week) an hour would likely qualify as exempt computer professionals, (29 C.F.R. 541.400) wage rates may not be listed on this wage determination for all occupations within those job families. In addition, because this wage determination may not

## ATTACHMENT J-0200000-02

list a wage rate for some or all occupations within those job families if the survey data indicates that the prevailing wage rate for the occupation equals or exceeds \$27.63 per hour conformances may be necessary for certain nonexempt employees. For example, if an individual employee is nonexempt but nevertheless performs duties within the scope of one of the Computer Systems Analyst or Computer Programmer occupations for which this wage determination does not specify an SCA wage rate, then the wage rate for that employee must be conformed in accordance with the conformance procedures described in the conformance note included on this wage determination.

Additionally, because job titles vary widely and change quickly in the computer industry, job titles are not determinative of the application of the computer professional exemption. Therefore, the exemption applies only to computer employees who satisfy the compensation requirements and whose primary duty consists of:

(1) The application of systems analysis techniques and procedures, including consulting with users, to determine hardware, software or system functional specifications;

(2) The design, development, documentation, analysis, creation, testing or modification of computer systems or programs, including prototypes, based on and related to user or system design specifications;

(3) The design, documentation, testing, creation or modification of computer programs related to machine operating systems; or

(4) A combination of the aforementioned duties, the performance of which requires the same level of skills. (29 C.F.R. 541.400).

2) AIR TRAFFIC CONTROLLERS AND WEATHER OBSERVERS - NIGHT PAY & SUNDAY PAY: If you work at night as part of a regular tour of duty, you will earn a night differential and receive an additional 10% of basic pay for any hours worked between 6pm and 6am. If you are a full-time employed (40 hours a week) and Sunday is part of your regularly scheduled workweek, you are paid at your rate of basic pay plus a Sunday premium of 25% of your basic rate for each hour of Sunday work which is not overtime (i.e. occasional work on Sunday outside the normal tour of duty is considered overtime work).

HAZARDOUS PAY DIFFERENTIAL: An 8 percent differential is applicable to employees employed in a position that represents a high degree of hazard when working with or in close proximity to ordnance, explosives, and incendiary materials. This includes work such as screening, blending, dying, mixing, and pressing of sensitive ordnance, explosives, and pyrotechnic compositions such as lead azide, black powder and photoflash powder. All dry-house activities involving propellants or explosives.

Demilitarization, modification, renovation, demolition, and maintenance operations on sensitive ordnance, explosives and incendiary materials. All operations involving regrading and cleaning of artillery ranges.

A 4 percent differential is applicable to employees employed in a position that represents a low degree of hazard when working with, or in close proximity to ordnance, (or employees possibly adjacent to) explosives and incendiary materials which involves potential injury such as laceration of hands, face, or arms of the employee engaged in the operation, irritation of the skin, minor burns and the like; minimal damage to immediate or adjacent work area or equipment being used. All operations involving, unloading, storage, and hauling of ordnance, explosive, and incendiary ordnance material other than small arms ammunition. These differentials are only applicable to work that has been specifically designated by the agency for ordnance, explosives, and incendiary material differential pay.

\*\* UNIFORM ALLOWANCE \*\*

If employees are required to wear uniforms in the performance of this contract (either by the terms of the Government contract, by the employer, by the state or local law, etc.), the cost of furnishing such uniforms and maintaining (by laundering or dry cleaning) such uniforms is an expense that may not be borne by an

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employee where such cost reduces the hourly rate below that required by the wage determination. The Department of Labor will accept payment in accordance with the following standards as compliance:

The contractor or subcontractor is required to furnish all employees with an adequate number of uniforms without cost or to reimburse employees for the actual cost of the uniforms. In addition, where uniform cleaning and maintenance is made the responsibility of the employee, all contractors and subcontractors subject to this wage determination shall (in the absence of a bona fide collective bargaining agreement providing for a different amount, or the furnishing of contrary affirmative proof as to the actual cost), reimburse all employees for such cleaning and maintenance at a rate of \$3.35 per week (or \$.67 cents per day). However, in those instances where the uniforms furnished are made of "wash and wear" materials, may be routinely washed and dried with other personal garments, and do not require any special treatment such as dry cleaning, daily washing, or commercial laundering in order to meet the cleanliness or appearance standards set by the terms of the Government contract, by the contractor, by law, or by the nature of the work, there is no requirement that employees be reimbursed for uniform maintenance costs.

The duties of employees under job titles listed are those described in the "Service Contract Act Directory of Occupations", Fifth Edition, April 2006, unless otherwise indicated. Copies of the Directory are available on the Internet. A links to the Directory may be found on the WHD home page at <http://www.dol.gov/esa/whd/> or through the Wage Determinations On-Line (WDOL) Web site at <http://wdol.gov/>.

REQUEST FOR AUTHORIZATION OF ADDITIONAL CLASSIFICATION AND WAGE RATE {Standard Form 1444 (SF 1444)}

Conformance Process:

The contracting officer shall require that any class of service employee which is not listed herein and which is to be employed under the contract (i.e., the work to be performed is not performed by any classification listed in the wage determination), be classified by the contractor so as to provide a reasonable relationship (i.e., appropriate level of skill comparison) between such unlisted classifications and the classifications listed in the wage determination. Such conformed classes of employees shall be paid the monetary wages and furnished the fringe benefits as are determined. Such conforming process shall be initiated by the contractor prior to the performance of contract work by such unlisted class(es) of employees. The conformed classification, wage rate, and/or fringe benefits shall be retroactive to the commencement date of the contract. {See Section 4.6 (C) (vi)} When multiple wage determinations are included in a contract, a separate SF 1444 should be prepared for each wage determination to which a class(es) is to be conformed.

The process for preparing a conformance request is as follows:

- 1) When preparing the bid, the contractor identifies the need for a conformed occupation(s) and computes a proposed rate(s).
- 2) After contract award, the contractor prepares a written report listing in order proposed classification title(s), a Federal grade equivalency (FGE) for each proposed classification(s), job description(s), and rationale for proposed wage rate(s), including information regarding the agreement or disagreement of the authorized representative of the employees involved, or where there is no authorized representative, the employees themselves. This report should be submitted to the contracting officer no later than 30 days after such unlisted class(es) of employees performs any contract work.
- 3) The contracting officer reviews the proposed action and promptly submits a report of the action, together with the agency's recommendations and pertinent

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information including the position of the contractor and the employees, to the Wage and Hour Division, Employment Standards Administration, U.S. Department of Labor, for review. (See section 4.6(b)(2) of Regulations 29 CFR Part 4).

4) Within 30 days of receipt, the Wage and Hour Division approves, modifies, or disapproves the action via transmittal to the agency contracting officer, or notifies the contracting officer that additional time will be required to process the request.

5) The contracting officer transmits the Wage and Hour decision to the contractor.

6) The contractor informs the affected employees.

Information required by the Regulations must be submitted on SF 1444 or bond paper.

When preparing a conformance request, the "Service Contract Act Directory of Occupations" (the Directory) should be used to compare job definitions to insure that duties requested are not performed by a classification already listed in the wage determination. Remember, it is not the job title, but the required tasks that determine whether a class is included in an established wage determination. Conformances may not be used to artificially split, combine, or subdivide classifications listed in the wage determination.

ATTACHMENT J-0200000-03  
DIRECTIVES, INSTRUCTIONS, AND REFERENCES

<u>Reference</u>	<u>Title</u>
EM 385-1-1	U.S. Army Corps of Engineers Safety and Health Requirements
P.L. 91-596	Occupational Safety and Health Act

ATTACHMENT J-0200000-04  
INVOICE FORM

NAVFAC 7300/30  
(Rev 2/01)

NAVAL FACILITIES ENGINEERING COMMAND

1. **CONTRACTOR'S INVOICE**

From: \_\_\_\_\_  
\_\_\_\_\_

DUNS NO: \_\_\_\_\_  
CAGE CODE NO: \_\_\_\_\_  
Invoice Date: \_\_\_\_\_  
Invoice Number: \_\_\_\_\_

POC/Telephone/email for this invoice: \_\_\_\_\_

To: Contract Specialist: \_\_\_\_\_

Below is a Statement of Performance under Contract N40085-\_\_\_\_\_ Task Order: \_\_\_\_\_

For \_\_\_\_\_ at \_\_\_\_\_

The enclosure provides breakdown of this statement of performance.

- A. Total value of contract/task order through change \_\_\_\_\_
- B. Percentage of performance complete \_\_\_\_\_
- C. Value of completed performance \_\_\_\_\_
- D. Less total of prior payments \_\_\_\_\_
- E. Amount of this invoice \_\_\_\_\_

Signature and Title: \_\_\_\_\_

Date: \_\_\_\_\_ Signature of Authorized Representative

2. **FIRST ENDORSEMENT**

Receipt and Acceptance Certification

From: \_\_\_\_\_

To: \_\_\_\_\_

1. Payment is recommended as follows:

- A. Amount of work completed to (date) \_\_\_\_\_
- B. Less:
  - Retention \_\_\_\_\_
  - Other Deductions: \_\_\_\_\_
- C. Subtotal \_\_\_\_\_
- D. Less previous payments \_\_\_\_\_
- E. Certified amount for payment # \_\_\_\_\_ Final on TO# \_\_\_\_\_
- F. Elapsed contract time (if applicable) \_\_\_\_\_
- G. Responsible Certifying UIC \_\_\_\_\_
- H. Invoice Receipt Date \_\_\_\_\_
- I. Material/Services Receipt Date \_\_\_\_\_
- J. Material/Services Acceptance Date \_\_\_\_\_
- K. Date forwarded to paying office \_\_\_\_\_
- L. I certify this amount is correct and payment is recommended.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Authorized Representative

Name and Title (Typed): \_\_\_\_\_

Phone and address: \_\_\_\_\_

3. **PROMPT PAYMENT CERTIFICATION**

I certify that the accounting data provided is accurate, funds have been obligated in appropriate accounting system and changes have been applied to the appropriate accounting classification reference number (ACRN), available funds have been decremented for the amount approved for disbursement and will not be de-obligated and the above invoice is correct and proper for payment.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Authorized Representative

Name and Title (typed): \_\_\_\_\_

Phone and address: \_\_\_\_\_

Line(s) of accounting to be used for this invoice (include appropriate Line Item # (CLIN, SLIN, OR ACRN, etc)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

# ATTACHMENT J-0200000-05-1

- Initial Report  
 Follow-up Report  
 Final Report

## Contractor Significant Incident Report (CSIR)

<b>1. General Information</b>		
Contracting Activity/ROICC Office:  		
Accident Classification:		
Injury	Fatality	Environment
Illness	Property Damage	Procedural Issues
		Lessons Learned
		Other _____
Involving:		
Confined Space	Equip/Mrt Ver/Mat Handling (Heavy Construction Equip.)	Hazardous Material
Crane and Rigging	Equip/Mrt Ver/Mat Handling (Material Handling)	Trenching/Excavation
Diving	Equip/Mrt Ver/Mat Handling (Man-Lift/Elevated Platform)	Waterfront/Marine
Demolition/Renovation	Fall from Ladder	Fall from Scaffold
Electrical	Fall from Roof	Fire
		Other _____
<b>2. Personal Information</b>		
Name (Last, First, MI):	Age:	Sex:
Job Title/Description:	Employed By:	
Supervisor Name (Last, First, MI) & Title:	Was the person trained to perform this activity/task? Yes      No	
What type of training was received (OJT, classroom, etc)?	Date of the most recent formal training and topics discussed?	
<b>3. Witness Information</b>		
Witness #1: Name (Last, First, MI):	Job Title/Description:	
Employed By:	Supervisor Name (Last, First, MI):	
Witness #2: Name (Last, First, MI):	Job Title/Description:	
Employed By:	Supervisor Name (Last, First, MI):	
Additional Witnesses: (List any additional witnesses on a separate sheet and attach.)	Yes	No

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4. Contract Information			
Type of Contract:			
A/E	BOS	CLEAN	Construction
JOC	RAC	Service	Design Build
FSCC		FSSC	
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: <i>(Use the back of page if you need additional space)</i>			
Direct Cause(s) of Accident:			

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<b>Indirect Cause(s) of Accident:</b>  		
<b>Action(s) taken to prevent re-occurrence or provide on-going corrective actions:</b>  		
<b>Corrective Action Beginning Date:</b>  	<b>Anticipated Completion Date:</b>  	
<b>Personal Protective Equipment:</b>		
Available and used	Available and not used	Not Required
Not related to Mishap	Wrong PPE for job	
<b>List PPE Used:</b>  		
<b>Type of Construction Equipment (Make, Model, Serial #, VIN#) Involved:</b>  		
<b>Was Hazardous Material Spilled/Released?</b>	<b>Yes</b>	<b>No</b>
<b>Please List Hazardous Material(s) Involved:</b>  		
<b>Who provided first aid or cleanup of mishap site?</b>  		
<b>Any blood-borne pathogen exposure, other than EMTs?</b>	<b>Yes</b>	<b>No</b>
<b>Who?</b>  		
<b>List OSHA and WM-385-1-1 standards that were violated:</b>  		
<b>Was site secured and witness statements taken immediately?</b>	<b>Yes</b>	<b>No</b>
<b>By Whom?</b>  		

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

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

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## 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.

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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

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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:

# ATTACHMENT J-0200000-05-1

## 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?

# ATTACHMENT J-0200000-05-1

- (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.).







**UNITED STATES MARINE CORPS**  
MARINE CORPS INSTALLATION-EAST, MARINE CORPS BASE  
PSC BOX 20004  
CAMP LEJEUNE, NC 28542-0004

IN REPLY REFER TO:  
1320  
PMO

From: Commanding General, Marine Corps Base, Camp Lejeune

Subj: DENIAL OF CONTRACTOR ID CARD ISSUANCE

Ref: (a) MARADMIN 533/08  
(B) BO 5512.1C W/Ch 1,2&3

1. After reviewing your background check, this office is not able to issue you an ID card based on the reason indicated below.

Installation access shall be denied if it is determined that an employee:

- a. Is listed on the National Terrorist Watch List.
- b. Is not a U.S. Citizen and is illegally present in the U.S. or whose U.S. citizenship, immigration status, or Social Security Number cannot be verified.
- c. Is subject to an outstanding criminal warrant of any type.
- d. Has knowingly submitted false or fraudulent information.
- e. Has been issued a debarment order and is currently banned from any military installations. (PNG)
- f. Is on a prisoner work-release program or currently on parole.
- g. Is a registered sex offender regardless of date of the criminal offense.
- h. Has been convicted of a drug crime within the past five years.

- i. Has obtained a conviction for the following types of criminal offenses within the last five years:
    - 1) Offenses of a sexual nature
    - 2) Offenses of violence
    - 3) Offenses related to gang activity, supremacist or extremist behavior
    - 4) Offenses in which weapon instrumentality was used either as a means of violence or a threat of violence
    - 5) Offenses were offender is pending a trial
  - j. Has received a DUI/DWI in the last year. This applies only to Delivery drivers, all others may be allowed access to the installation, but will not be permitted to drive on the installation
  - k. Has had driving privileges revoked aboard any installation. This applies only to delivery drivers, all others may be allowed access to the installation, but will not be permitted to drive on the installation.
  - l. Has had military active duty terminated by receipt of a dishonorable discharge or bad conduct discharge.
  - m. Has exhibited characteristics, traits or other indications that cause concern for the health, safety or welfare of personnel and/or residents aboard the base; or that cause concern for the physical security or environment of the base (this can be an incident that has occurred at any time in the past and will need to be reviewed by the Officer in the building).
  - n. Any reason the Installation Commander deems reasonable for good order and discipline.
2. Appeal Process. All appeals should be directed to Base Inspector's Office, Bldg 27 for any individual that has been denied access to the base.
  3. Please refer any questions or comments to the supervisor of the Contractor ID Office, **Mr. Terry Scott at 4501-0743**.

By direction of  
Commander, MCIEAST-MCB



ATTACHMENT J-0200000-07  
VISITOR CENTER AND CONTRACTOR VETTING ACCESS CONTROL  
UNITED STATES MARINE CORPS  
MARINE CORPS INSTALLATIONS EAST-MARINE CORPS BASE  
PSC BOX 20005  
CAMP LEJEUNE, NC 28542-0005

5500  
PMO

PROVOST MARSHAL SPECIAL ORDER 48-13

From: Provost Marshal, Marine Corps Installations East-Marine  
Corps Base, Camp Lejeune

To: Distribution

Subj: VISITOR CENTER AND CONTRACTOR VETTING ACCESS CONTROL

Ref: (a) BO 5512.1C  
(b) BO 5560.2N  
(c) MARADMIN 533/08

Encl: (1) Sample Delivery Letter  
(2) Sample Business Letter

1. Situation. To promulgate policies and procedures in accordance with references (a) through (c), for the operation of the Visitor's Center and Contractor Identification (ID) Office, regarding visitor and contractor vetting for Marine Corps Installations East-Marine Corps Base, Camp Lejeune (MCIEAST-MCB CAMLEJ) and Marine Corps Air Station, New River (MCAS New River).

2. Mission. To operate, policies must be in place to guide all Visitor and Contractor ID Office clerks in order to ensure that the daily operations of the offices are conducted fairly, clearly and without question. Uniformity is imperative to earning and keeping the trust and confidence of the individuals who live and work aboard MCIEAST-MCB CAMLEJ and MCAS New River and tenant commands.

3. Execution

a. Provost Marshal's Intent. The purpose of this Order is to establish an effective and efficient access control policy. The Commanding General (CG) MCIEAST-MCB CAMLEJ and Commanding Officer (CO), MCAS New River must ensure all personnel who are granted access to the Installations are properly identified and vetted prior to gaining access.

VISITOR CENTER AND CONTRACTOR VETTING ACCESS CONTROL

Subj: PROVOST MARSHAL SPECIAL ORDER FOR ACCESS CONTROL FOR THE VISITOR'S CENTER AND CONTRACTOR IDENTIFICATION OFFICE FOR CONTRACTOR VETTING

b. Concept of Operations. Per references (a) through (c), all individuals who access MCIEAST-MCB CAMLEJ, MCAS New River,, and tenant commands are subject to installation access control measures, including identity proofing, vetting, vehicular searches, personnel searches, and internal security regulations.

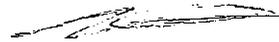
c. Tasks. The Provost Marshal Office's (PMO) will establish entry control point (gate) procedures to prevent unauthorized entry/access by personnel and vehicles and enforce all applicable internal security regulations consistent with this Order.

4. Administration and Logistics. This Special Order is applicable to all personnel assigned to the Visitor's Center and Contractor ID Office. Failure to follow the procedures set forth herein may subject a violator to administrative and/or disciplinary proceedings in appropriate cases.

5. Command and Signal

a. Command. This Order is applicable to MCIEAST-MCB CAMLEJ and MCAS New River.

b. Signal. This Order is effective immediately.



R. E. CATO II

DISTRIBUTION: A

Chapter 1

PROCESSING BACKGROUND CHECKS

1. Responsibility. References (a) through (c), and this Order require that contractors provide a letter from the CG, MCIEAST-MCB CAMLEJ and CO, MCAS New River Contracting Office with contract number, name of employees, and two forms of ID that contain a photo. Valid forms of ID include but are not limited to; Military dependent ID card, Military retiree ID card, ID card issued by Federal, State or Local Government Agencies, and/or passport, proof of United States Citizenship or work visa. Only original documents can be accepted, facsimiles, emails, and/or copies cannot be accepted for any missing documents.

2. The Visitor's Center or Contractor ID Office will conduct a nationwide background check. The individual's full name, and date of birth, will be verified using a valid form of identification. If any of the following offenses and/or disposition is listed on the background check, access shall not be granted to the Installations.

- a. On national terrorist watch list.
- b. Not a legal U.S. Citizen.
- c. On a prisoner work-release program or currently on parole.
- d. A registered sex offender.
- e. Have been convicted of a felony or drug crime within the past five years.

3. ID checks through the Consolidated Law Enforcement Operations Center (CLEOC) and Criminal Justice Law Enforcement Automated Data Service (CJLEADS) will also be conducted. If any information listed below appears, access to the Installation will be denied.

- a. Outstanding criminal warrant(s) of any type.
- b. Pending a felony charge(s).
- c. Individual whose military active duty has terminated by the receipt of a dishonorable discharge or bad conduct discharge.

VISITOR CENTER AND CONTRACTOR VETTING ACCESS CONTROL

d. Debarment order stating individual is currently banned from any military installation.

e. Individual who has received a Driving Order the Influence (DUI)/Driving While Intoxicated (DWI) within the last 12 months; individual may be allowed to access the Installation but will not be permitted to drive on the Installation.

f. Current revocation of driving privileges aboard any military installation; individual shall not be allowed access to the Installation or be permitted to drive aboard the Installation.

4. If the individual is not in CLEOC, they must be entered into the system whether or not they plan to receive a DoD decal.

5. If there are no derogatory entries on the individual's record and all paperwork is received; they will be issued a contractor's identification card. This identification card will be issued for a maximum of one year or the complete length of contract, whichever is less. The individual must possess the card at all times. Upon completion or termination, the employee or employer must turn in the card to the Contractor's ID Office. If the employer is unable to obtain a card, the Contracting Office must be notified.

6. If for any reason access is denied, Visitor Center and/or Contractor ID Office personnel will verbally explain the appeal process. An appeal can be submitted to the Assistant Chief of Staff, Security and Emergency Services Office, MCIEAST-MCB CAMLEJ, Building 58. They may also complete the appeal online at the following website: <http://www.mcieast.marines.mil/StaffOffices/CommandInspectorGeneral/Appeals.aspx>.

Chapter 3

PROCESSING AND COMPLETION OF BUSINESS LETTER

1. Prior to reporting to the Contractor ID Office, the individual must make an appointment with the office due to the length of the process. The same steps that are outlined in Chapter 1 of this Order will be followed during processing and completion of business letters per enclosure (2). Additionally, the owner will provide the below listed paperwork:

a. Health Code Rating (only required for restaurants). If the restaurant is already established aboard the Installation (i.e. Domino's, Burger King, Wendy's, and/or Michelangelo's) no Health Code Rating is necessary.

b. If the establishment is not a restaurant, they must provide proof of insurance for that business.

c. A copy of the individual's driver's license, social security card, and other required paperwork that is copied will be stored in the facility in an approved locked cabinet per applicable orders and directives.

d. The contractor must keep the letter and the card they are issued on their person at all times. The card and letter will be issued for a maximum of one-year or for the duration of contract, whichever is less. Upon completion or termination, the employee or employer must turn in the card to the Contractor's ID Office.

ATTACHMENT J-0200000-07

VISITOR CENTER AND CONTRACTOR VETTING ACCESS CONTROL

l. Temporary passes must be stamped with the expiration date of the pass and the Vehicle Registration (VEH REGS) stamp.

m. Upon contract completion or termination of the contract, decals shall be removed from the vehicle. The employer must notify the Contractor ID Office of early termination. ID card and/or decal must be returned, failure to return these items are a direct violation of references (a) through (c), and the individual can be legally processed for withholding government property.

VISITOR CENTER AND CONTRACTOR VETTING ACCESS CONTROL

SAMPLE DELIVERY LETTER



UNITED STATES MARINE CORPS  
MARINE CORPS INSTALLATIONS EAST-MARINE CORPS BASE  
PSC BOX 20005  
CAMP LEJEUNE, NC 28542-0005

5000  
ADJ  
DD MMM YY

From: Commanding General, Marine Corps Installations East-  
Marine Corps Base, Camp Lejeune  
To: Mr/Ms. *First MI Last, Insert Street, City*, North Carolina  
00000

Subj: AUTHORIZATION TO DELIVER SUBSISTENCE ABOARD MARINE CORPS  
INSTALLATIONS EAST-MARINE CORPS BASE CAMP LEJEUNE OR  
MARINE CORPS AIR STATION NEW RIVER FOR RESTAURANT/DELIVERY  
SERVICE NAME, LOCATION OF RESTAURANT, JACKSONVILLE,  
NORTH CAROLINA

Ref: (a) BO 5370.4H  
(b) BO 10110.2F

1. Per references (a) and (b), you are authorized to conduct business aboard Marine Corps Installations East-Marine Corps Base Camp Lejeune (MCIEAST-MCB CAMLEJ) and Marine Corps Air Station New River (MCAS, New River) as a representative subject named establishment, providing you continue to meet the requirements.
2. You certify that you have a valid driver's license and that you are not under suspension or revocation by MCIEAST-MCB CAMLEJ or any state.
3. You will be required to present your driver's license with this authorization upon request. This authorization will be carried at all times while delivering subsistence aboard this Installation.
4. You are required to display this authorization at Building 818 (Visitor's Center) in order to obtain a visitor's pass on each delivery and at any other time as may be necessary. In addition, you are required to provide proof of food orders received and delivery destination to any authority upon request, and also no deliveries will be made to unaccompanied personnel housing (barracks) between the hours of 0001 to 0700.

ATTACHMENT J-0200000-07  
VISITOR CENTER AND CONTRACTOR VETTING ACCESS CONTROL

SAMPLE BUSINESS LETTER



UNITED STATES MARINE CORPS  
MARINE CORPS INSTALLATIONS EAST-MARINE CORPS BASE  
PSC BOX 20005  
CAMP LEJEUNE, NC 28542-0005

5000  
ADJ  
DD MMM YY

From: Commanding General, Marine Corps Installations East-  
Marine Corps Base, Camp Lejeune  
To: Mr./Ms. *First MI Last, Insert Street, City*, North Carolina  
*00000*  
Subj: AUTHORIZATION TO CONDUCT BUSINESS ABOARD MARINE CORPS  
INSTALLATIONS EAST-MARINE CORPS BASE CAMP LEJEUNE OR  
MARINE CORPS AIR STATION NEW RIVER E'OR *RESTAURANT/DELIVERY*  
*SERVICE NAME, LOCATION OF RESTAURANT*, JACKSONVILLE, NORTH  
CAROLINA  
Ref: (a) BO 5370.4H  
(b) BO 10110.2F

1. Per references (a) and (b), you are authorized to conduct business aboard Marine Corps Installations East-Marine Corps Base Camp Lejeune (MCIEAST-MCB CAMLEJ)OR Marine Corps Air Station, New River (MCAS, New River) as a representative of subject named establishment, provided you continue to meet the requirements. You are not permitted to visit government quarters and rental housing except by request and appointment. Rental housing includes Midway Park, Tarawa Terrace, and Knox Trailer Park. Personnel soliciting, which includes house-to-house, individual-to-individual and organization-to-organization, either in person or by telephone, anywhere on this Installation is prohibited. The only authorized, method of solicitation is conducted through the United States Postal Service. If an individual replies to such a communication, it then becomes a personal matter and a private transaction.

a. Each time you desire to transact business, you will first obtain clearance from the Area Commander concerned. You are not permitted to enter any storeroom, squad room, troop barracks, or sleeping quarters except when it is designated as a place of meeting by the appropriate Area Commander or immediate Commanding Officer of the individual being contacted.

Enclosure (2)

ATTACHMENT J-0200000-07  
VISITOR CENTER AND CONTRACTOR VETTING ACCESS CONTROL

Subj: AUTHORIZATION TO CONDUCT BUSINESS ABOARD MARINE CORPS  
INSTALLATIONS EAST-MARINE CORPS BASE CAMP LEJEUNE AND  
MARINE CORPS AIR STATION NEW RIVER FOR **RESTAURANT/  
DELIVERY SERVICE NAME, LOCATION OF RESTAURANT,**  
JACKSONVILLE, NORTH CAROLINA

CERTIFICATION:

My signature below denotes my receipt of the authorization and  
indicates my having read and understand the orders and regula-  
tions governing solicitation and delivery of subsistence aboard  
MCIEAST-MCB CAMLEJ.

Permit #**0000**

Validated by: **Enter initials**

\_\_\_\_\_  
Representative's Signature



UNITED STATES MARINE CORPS  
MARINE CORPS INSTALLATION EAST-MARINE CORPS BASE  
PSC BOX 20005  
CAMP LEJEUNE NC 28542-0005

5530  
SES  
23 OCT 2015

MEMORANDUM

From: Commanding General, Marine Corps Installations East-Marine Corps Base, Camp Lejeune

Encl: (1) RAPIDGate Program Enrollment Information

Subj: RAPIDGATE ACCESS CONTROL PROGRAM FOR VENDORS, SUPPLIERS, CONTRACTORS, AND SERVICE PROVIDERS

1. Whenever our military personnel, family members, civilian workers, and visitors enter Marine Corps Installations East-Marine Corps Base, Camp Lejeune (MCIEAST-MCB CAMLEJ), safeguarding their security is among our highest priorities. In response to Department of Defense (DoD) and Marine Corps requirements, MCIEAST-MCB CAMLEJ is making significant changes which will directly impact how vendors, suppliers, contractors, subcontractors, and service providers currently access the installation. These changes will be fully implemented by 28 March 2016.

2. We recognize the important role companies like yours play in our day-to-day operations. That is why MCIEAST-MCB CAMLEJ is offering an access control solution called the RAPIDGate Program. The Program supports the DoD's security requirements while offering a streamlined access procedure for vendors, suppliers, contractors, sub-contractors, and service providers. This voluntary program requires installation approval for new and existing personnel who require routine access to MCIEAST-MCB CAMLEJ yet are not authorized to receive a Common Access Card. A RAPIDGate credential will give them streamlined entry into the Installation. Personnel previously vetted and possessing a MCIEAST-MCB CAMLEJ contractor badge are authorized installation access until the badge expiration or 22 February 2016, whichever comes first.

3. The following options are available to access MCIEAST-MCB CAMLEJ.

a. RAPIDGate credential allows:

(1) Long-term credential available up to three years with annual re-certification on-line.

(2) Unescorted access.

(3) Multiple access times.

b. Service providers who choose not to participate in the RAPIDGate Program will have access to MCIEAST-MCB CAMLEJ with an initial 30-day access pass followed by subsequent four day passes, issued at Building 812A, Marine Corps Base Camp Lejeune.

Subj: RAPIDGATE ACCESS CONTROL PROGRAM FOR VENDORS, SUPPLIERS,  
CONTRACTORS, AND SERVICE PROVIDERS

4. Effective 23 November 2015, registration for the RAPIDGate credential will begin for service providers. The only long-term credential that will be honored is the RAPIDGate credential. The only other pass valid for service providers is the aforementioned 30-day access pass followed by the subsequent four day passes. Access credentials issued prior to 23 November 2015 will expire 22 February 2016.

a. Access control changes can occur at any time due to security requirements

b. The Installation Commander can deny access during or after the RAPIDGate enrollment process.

c. All personnel regardless of which access credential they possess are subject to revetting at any time.

5. Companies that service MCIEAST-MCB CAMLEJ may initiate enrollment in the RAPIDGate Program by calling 1.877.RAPIDGate (1.877.727.4342). More information about the enrollment process can be found in the attachment titled "RAPIDGate Program Enrollment Information." If you have questions regarding the RAPIDGate Program at MCIEAST-MCB CAMLEJ, please contact RAPIDGate Customer Support at 1.877.RAPIDGate (1.877.727.4342). If you have any questions regarding the MCIEAST-MCB CAMLEJ access control changes, please contact the Provost Marshal's Office at 910-450-5977 or email your questions to MCB-MCASRAPIDGATE@USMC.MIL.

6. We strongly encourage you to review the program's benefits. It will assist us with streamlining access for your employees and improving the ability of our access control personnel to provide better customer service while maintaining higher levels of security and efficiency.

7. MCIEAST-MCB CAMLEJ appreciates your continued support of our efforts to make this installation safer and more secure for everyone who visits.



T. D. WEIDLEY



UNITED STATES MARINE CORPS  
MARINE CORPS AIR STATION NEW RIVER  
PSC BOX 21001  
JACKSONVILLE, NC 28545-1001

ATTACHMENT J-0200000-07-02

7 Oct 15

MEMORANDUM

From: Commanding Officer, Marine Corps Air Station New River  
Encl: (1) RAPIDGate Program Enrollment Information  
Subj: RAPIDGATE ACCESS CONTROL PROGRAM FOR VENDORS, SUPPLIERS,  
CONTRACTORS, SUBCONTRACTORS, AND SERVICE PROVIDERS

Whenever our military personnel, family members, civilian workers, and visitors enter Marine Corps Air Station (MCAS) New River, safeguarding their security is amongst our highest priorities. In response to Department of Defense (DoD), Marine Corps, and MCAS New River requirements we are making significant changes which will directly impact how service providers currently access the Installation. Service providers are defined by vendors, suppliers, contractors, and subcontractors. These changes will be fully implemented by 28 March 2016.

We recognize the important role companies, like yours, play in our day-to-day operations. That is why MCAS New River is offering an access control solution called the RAPIDGate® Program. The Program supports the DoD's security requirements while offering a streamlined access procedure for service providers. This voluntary program requires installation approval for new and existing personnel who require routine access to MCAS New River yet are not authorized to receive a Common Access Card. A RAPIDGate® credential will give them streamlined entry into the Installation\*. Personnel previously vetted and possessing a MCAS New River contractor badge are authorized installation access until the badge expiration or until 22 February 2016, whichever is first.

*\* Those individuals who will perform work aboard MCAS New River and require access to the flight line must contact the Airfield Operations Office at 910-449-5011.*

1. The following options are available to access MCAS New River:
  - a. RAPIDGate® credential allows:

Subj: RAPIDGATE ACCESS CONTROL PROGRAM FOR VENDORS, SUPPLIERS,  
CONTRACTORS, SUBCONTRACTORS, AND SERVICE PROVIDERS

(1) Long-term credential available up to three years  
with annual re-certification on-line.

(2) Unescorted access.

(3) Multiple access times.

b. Service providers who choose not to participate in the  
RAPIDGate® Program will have access to MCAS New River with an  
initial 30-day access pass followed by subsequent four day  
passes, issued at Building 812A, Marine Corps Base Camp Lejeune.

2. Effective 23 November 2015, registration for the RAPIDGate®  
credential will begin for service providers. The only long-term  
credential that will be honored is the RAPIDGate® credential.  
The only other pass valid for service providers is the  
aforementioned 30-day access pass followed by the subsequent  
four day passes. Access credentials issued prior to 23 November  
2015 will expire 22 February 2016.

a. Access control changes can occur at any time due to  
security requirements.

b. The Installation Commander can deny access during or  
after the RAPIDGate® enrollment process.

c. All personnel regardless of which access credential they  
possess are subject to revetting at any time.

3. Companies that service MCAS New River may initiate  
enrollment in the RAPIDGate® Program by calling 1-877-RAPIDGate  
(1-877-727-4342). More information about the enrollment process  
can be found in the attachment titled "RAPIDGate Program  
Enrollment Information". If you have questions regarding the  
RAPIDGate Program at MCAS New River, please contact RAPIDGate  
Customer Support at 1-877-RAPIDGate (1-877-727-4342). If you  
have any questions regarding the MCAS New River access control  
changes, please contact the Provost Marshal's Office, at 910-  
450-5977 or email your questions to MCB-MCASRAPIDGATE@USMC.MIL.

4. We strongly encourage you to review the program's benefits.  
It will assist us with streamlining access for your employees  
and improving the ability of our access control personnel to  
provide better customer service while maintaining higher levels  
of security and efficiency.

Subj: RAPIDGATE ACCESS CONTROL PROGRAM FOR VENDORS, SUPPLIERS,  
CONTRACTORS, SUBCONTRACTORS, AND SERVICE PROVIDERS

5. MCAS New River appreciates your continued support of our efforts to make this installation safer and more secure for everyone who visits.



T. M. SALMON  
Colonel, USMC  
Marine Corps Air Station New  
River

## **RAPIDGate Program Enrollment Information**

### **1. Enroll your company by calling 1.877.RAPIDGate (1.877.727.4342).**

To enroll your company in the RAPIDGate® Program, please go to <https://eform.rapidgate.com/> to fill out the Enrollment Form. On the form you will need to provide your sponsor point of contact at Marine Corps Air Station (MCAS) New River, including their name, phone number, and email address. If your company is not already pre-approved, Eid Passport will seek approval from authorized sponsors at MCAS New River. The minimum elapsed time from company enrollment to an employee receiving his or her RAPIDGate Credential is approximately two weeks.

**Enroll today to ensure your employees have their RAPIDGate Credentials by the Program effective date of 28 March 2016.**

If your company is already enrolled in the RAPIDGate Program at another installation, you may request access for your employees at this installation by calling 1.877.RAPIDGate (1.877.727.4342). Once your company is approved by MCAS New River, your employees who already hold RAPIDGate Credentials may be able to use the same credentials at the additional installation.

### **2. Employees register at onsite Registration Stations.**

Once your company has been approved for enrollment and paid the enrollment fee, you will receive an email with your company's RAPIDGate Company Code. This code instructs your employees who need access to MCAS New River to register at the self-service registration station located at MCB Camp Lejeune. Each employee should be ready to provide the RAPIDGate Company Code, plus his or her address, phone number, date of birth, and Social Security number. The Registration Station will capture the employee's photograph for credentialing and fingerprints for identity verification.

In order for a RAPIDGate Credential to be issued, the individual must follow the picture quality instructions outlined on the registration station. Additionally, they will be required to provide two forms of identification that meet the requirements listed below, and which match the full name that was used at registration. Failure to follow those steps may result in re-registration. More information about these requirements can be found on the RAPIDGate website or at MCB Camp Lejeune's Contractor Vetting Office.

**Assisted registration at your company's location may be available if you have 50 or more employees to register.** Call 1.877.RAPIDGate (1.877.727.4342) for details.

### **3. The RAPIDGate Program performs background screening and credentialing.**

Once your company has approved each employee for participation and paid the registration fee, the RAPIDGate Program performs identity authentication and background screening. Your company will be notified when qualified employees may schedule an appointment to pick up their personalized RAPIDGate Credentials at the MCB Camp Lejeune Contractor Vetting Office. To retrieve a credential, each employee must show proof of identity by presenting two forms of identification.

After the RAPIDGate Credential is issued, all employees must wear and display their credential at all times while on the installation. Questions about the MCAS New River RAPIDGate

Program should be addressed to [info@rapidgate.com](mailto:info@rapidgate.com) with the subject line RE: RAPIDGate Program.

**Types of Acceptable Identity Documents needed when picking up your credential:**

During identity proofing, the participant shall be required to provide two forms of identity source documents in original form.

The identity source documents shall be bound to that participant and shall be neither expired nor canceled.

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**The primary identity source document** shall be one of the following forms of identification:

1. U.S. Passport or a U.S. Passport Card
2. Permanent Resident Card or an Alien Registration Receipt Card (Form I-551)
3. Foreign passport
4. Employment Authorization Document that contains a photograph (Form I-766)
5. Driver's license or an ID card issued by a state or possession of the United States provided it contains a photograph
6. U.S. Military ID card
7. U.S. Military dependent's ID card
8. PIV Card

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**The secondary identity source document** may be from the list above, but cannot be of the same type as the primary identity source document. The secondary identity source document may also be one of the following:

1. U.S. Social Security Card issued by the Social Security Administration
2. Original or certified copy of a birth certificate issued by a state, county, municipal authority, possession, or outlying possession of the United States bearing an official seal
3. ID card issued by a federal, state, or local government agency or entity, provided it contains a photograph
4. Voter's registration card
5. U.S. Coast Guard Merchant Mariner Card
6. Certificate of U.S. Citizenship (Form N-560 or N-561)
7. Certificate of Naturalization (Form N-550 or N-570)
8. U.S. Citizen ID Card (Form I-197)
9. Identification Card for Use of Resident Citizen in the United States (Form I-179)
10. Certification of Birth Abroad or Certification of Report of Birth issued by the Department of State (Form FS-545 or Form DS-1350)
11. Temporary Resident Card (Form I-688)
12. Employment Authorization Card (Form I-688A)
13. Reentry Permit (Form I-327)
14. Refugee Travel Document (Form I-571)
15. Employment authorization document issued by Department of Homeland Security (DHS)
16. Employment Authorization Document issued by DHS with photograph (Form I-688B)
17. Driver's license issued by a Canadian government entity
18. Native American tribal document
19. In the case of a nonimmigrant alien authorized to work for a specific employer incident to status, a foreign passport with Form I-94 or Form I-94A bearing the same name as the passport and containing an endorsement of the alien's nonimmigrant status, as long as the

period of endorsement has not yet expired and the proposed employment is not in conflict with any restrictions or limitations identified on the form

20. A passport from the Federated States of Micronesia (FSM) or the Republic of the Marshall Islands (RMI) with Form I-94 or Form I-94A indicating nonimmigrant admission under the Compact of Free Association Between the United States and the FSM or RMI

Some states and territories may provide an official identification document to an individual regardless of that individual's immigration status. As mandated by some of our government customers, identification documents issued regardless of a person's immigration status may not be used to prove a person's identity for RAPIDGate® Program purposes.

IMPORTANT NOTICE: This communication, including any attachments, contains information that is confidential and/or privileged, and is intended solely for the entity or individual to whom it is addressed. No confidentiality or privilege is waived or lost by any mistransmission. If you are not the intended recipient, you should notify us immediately and delete this message, and you are hereby notified that any disclosure, copying, or distribution of this message is strictly prohibited. Nothing in this email, including any attachment, is intended to be a legally binding signature. Emails and attachments sent to and from this address will be received or otherwise recorded by the Eid Passport, Inc. email system, and are subject to archival, monitoring and review by Eid Passport, Inc., and/or disclosure to third parties as may be necessary or required by law. Should you wish to correspond with the recipient of your communication on a personal matter, please contact him/her for the appropriate electronic or other address.

WARNING: In rare cases, our anti-spam software may eliminate legitimate email from third parties. Therefore, if your email contains important instructions or other information, please make sure that we acknowledge receipt of the instructions or information.

<b>CLIN 0001 Firm Fixed - Base Period</b>					
PROVIDE PRICES FOR SAMPLING ANALYSIS OF DRINKING WELLS AND WATER TREATMENT PLANTS - RECURRING PRICE - IN ACCORDANCE WITH SECTION C, SPEC ITEM 3, ANNEX 1800000 - ENVIRONMENTAL.					
ELINS	DESCRIPTION	Quantity	U/I	Unit Price	Total Amount
A001					
A001AA	Well Sampling and Analysis of 55 Wells x two (2) Events	110	EA		\$ -
A001AB	Sampling & Analysis of four (4) Water Treatment Plants x two (2) Events	8	EA		\$ -
A001AC	Final Report on Wells and Water Treatment Plants Sampling and Analysis (one per Event)	2	EA		\$ -
TOTAL FFP ELINS A001AA THROUGH A001AC					\$
<b>CLIN 0002 IDIQ Price - Base Period</b>					
PROVIDE PRICES FOR SAMPLING ANALYSIS OF DRINKING WELLS AND WATER TREATMENTS - NON RECURRING PRICE - IN ACCORDANCE WITH SECTION C, SPEC ITEM 4, ANNEX 1800000 - ENVIRONMENTAL.					
ELIN	DESCRIPTION	Quantity	U/I	Unit Price	Total Amount
A002AA	Sampling, Analysis, and Reporting (Unscheduled)	10	EA	EA	
TOTAL IDIQ LINE ITEM A002AA					
TOTAL BASE YEAR AMOUNT A001AA THROUGH A002AA					\$

<b>CLIN 0003 Firm Fixed - 1st Option Period</b>					
PROVIDE PRICES FOR SAMPLING ANALYSIS OF DRINKING WELLS AND WATER TREATMENT PLANTS - RECURRING PRICE - IN ACCORDANCE WITH SECTION C, SPEC ITEM 3, ANNEX 1800000 - ENVIRONMENTAL.					
ELINS	DESCRIPTION	Quantity	U/I	Unit Price	Total Amount
B003					
B003AA	Well Sampling and Analysis of 55 Wells x two (2) Events	110	EA		\$ -
B003AB	Sampling & Analysis of four (4) Water Treatment Plants x two (2) Events	8	EA		\$ -
B003AC	Final Report on Wells and Water Treatment Plants Sampling and Analysis (one per Event)	2	EA		\$ -
TOTAL FFP ELINS B003AA THROUGH B003AC					\$
<b>CLIN 0004 IDIQ Price - 1st Option Period</b>					
PROVIDE PRICES FOR SAMPLING ANALYSIS OF DRINKING WELLS AND WATER TREATMENTS - NON RECURRING PRICE - IN ACCORDANCE WITH SECTION C, SPEC ITEM 4, ANNEX 1800000 - ENVIRONMENTAL.					
ELIN	DESCRIPTION	Quantity	U/I	Unit Price	Total Amount
B004AA	Sampling, Analysis, and Reporting (Unscheduled)	10	EA	EA	\$
TOTAL IDIQ LINE ITEM B004AA					
TOTAL 1ST YEAR AMOUNT B003AA THROUGH B004AA					\$

<b>CLIN 0005 Firm Fixed - 2nd Period</b>					
PROVIDE PRICES FOR SAMPLING ANALYSIS OF DRINKING WELLS AND WATER TREATMENT PLANTS - RECURRING PRICE - IN ACCORDANCE WITH SECTION C, SPEC ITEM 3, ANNEX 1800000 - ENVIRONMENTAL.					
ELINS	DESCRIPTION	Quantity	U/I	Unit Price	Total Amount
C005					
C005AA	Well Sampling and Analysis of 55 Wells x two (2) Events	110	EA		\$ -
C005AB	Sampling & Analysis of four (4) Water Treatment Plants x two (2) Events	8	EA		\$ -
C005AC	Final Report on Wells and Water Treatment Plants Sampling and Analysis (one per Event)	2	EA		\$ -
TOTAL FFP ELINS C005AA THROUGH C005AC					\$
<b>CLIN 0006 IDIQ Price - 2nd Period</b>					
PROVIDE PRICES FOR SAMPLING ANALYSIS OF DRINKING WELLS AND WATER TREATMENTS - NON RECURRING PRICE - IN ACCORDANCE WITH SECTION C, SPEC ITEM 4, ANNEX 1800000 - ENVIRONMENTAL.					
ELIN	DESCRIPTION	Quantity	U/I	Unit Price	Total Amount
C006AA	Sampling, Analysis, and Reporting (Unscheduled)	10	EA	EA	\$
TOTAL IDIQ LINE ITEM C006AA					
TOTAL 2ND YEAR AMOUNT C005AA THROUGH C006AA					\$

<b>CLIN 0007 Firm Fixed - 3rd Option Period</b>					
PROVIDE PRICES FOR SAMPLING ANALYSIS OF DRINKING WELLS AND WATER TREATMENT PLANTS - RECURRING PRICE - IN ACCORDANCE WITH SECTION C, SPEC ITEM 3, ANNEX 1800000 - ENVIRONMENTAL.					
ELINS	DESCRIPTION	Quantity	U/I	Unit Price	Total Amount
D007					
D007AA	Well Sampling and Analysis of 55 Wells x two (2) Events	110	EA		\$ -
D007AB	Sampling & Analysis of four (4) Water Treatment Plants x two (2) Events	8	EA		\$ -
D007AC	Final Report on Wells and Water Treatment Plants Sampling and Analysis (one per Event)	2	EA		\$ -
TOTAL FFP ELINS D007AA THROUGH D007AC					\$ -
<b>CLIN 0008 IDIQ Price - 3rd Option Period</b>					
PROVIDE PRICES FOR SAMPLING ANALYSIS OF DRINKING WELLS AND WATER TREATMENTS - NON RECURRING PRICE - IN ACCORDANCE WITH SECTION C, SPEC ITEM 4, ANNEX 1800000 - ENVIRONMENTAL.					
ELIN	DESCRIPTION	Quantity	U/I	Unit Price	Total Amount
D008AA	Sampling, Analysis, and Reporting (Unscheduled)	10	EA	EA	\$
TOTAL IDIQ LINE ITEM D008AA					
TOTAL 3RD YEAR AMOUNT D007AA THROUGH D008AA					\$

<b>CLIN 0009 Firm Fixed - 4th Period</b>					
PROVIDE PRICES FOR SAMPLING ANALYSIS OF DRINKING WELLS AND WATER TREATMENT PLANTS - RECURRING PRICE - IN ACCORDANCE WITH SECTION C, SPEC ITEM 3, ANNEX 1800000 - ENVIRONMENTAL.					
ELINS	DESCRIPTION	Quantity	U/I	Unit Price	Total Amount
E009					
E009AA	Well Sampling and Analysis of 55 Wells x two (2) Events	110	EA		\$ -
E009AB	Sampling & Analysis of four (4) Water Treatment Plants x two (2) Events	8	EA		\$ -
E009AC	Final Report on Wells and Water Treatment Plants Sampling and Analysis (one per Event)	2	EA		\$ -
TOTAL FFP ELINS E009AA THROUGH E009AC					\$ -
<b>CLIN 0010 IDIQ Price - 4th Period</b>					
PROVIDE PRICES FOR SAMPLING ANALYSIS OF DRINKING WELLS AND WATER TREATMENTS - NON RECURRING PRICE - IN ACCORDANCE WITH SECTION C, SPEC ITEM 4, ANNEX 1800000 - ENVIRONMENTAL.					
ELIN	DESCRIPTION	Quantity	U/I	Unit Price	Total Amount
E010AA	Sampling, Analysis, and Reporting (Unscheduled)	10	EA	EA	\$
TOTAL IDIQ LINE ITEM E010AA					
TOTAL 4TH YEAR AMOUNT E009AA THROUGH E010AA					\$

<b>NAVFAC/USACE PAST PERFORMANCE QUESTIONNAIRE (Form PPQ-0)</b>	
<b>CONTRACT INFORMATION (Contractor to complete Blocks 1-4)</b>	
<b>1. Contractor Information</b> Firm Name: _____ CAGE Code: _____ Address: _____ DUNs Number: _____ Phone Number: _____ Email Address: _____ Point of Contact: _____ Contact Phone Number: _____	
<b>2. Work Performed as:</b> <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 #): _____	
<b>3. Contract Information</b> 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: _____	
<b>4. Project Description:</b> 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> )  _____	
<b>CLIENT INFORMATION (Client to complete Blocks 5-8)</b>	
<b>5. Client Information</b> Name: _____ Title: _____ Phone Number: _____ Email Address: _____	
<b>6. Describe the client's role in the project:</b>  _____	
<b>7. Date Questionnaire was completed (mm/dd/yy):</b> _____	
<b>8. Client's Signature:</b>  _____	

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*

<b>RATING</b>	<b>DEFINITION</b>	<b>NOTE</b>
<b>(E) Exceptional</b>	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.
<b>(VG) Very Good</b>	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.
<b>(S) Satisfactory</b>	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.
<b>(M) Marginal</b>	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.
<b>(U) Unsatisfactory</b>	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.
<b>(N) Not Applicable</b>	No information or did not apply to your contract	Rating will be neither positive nor negative.

ATTACHMENT J-0200000-09

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.**

<b>1. QUALITY:</b>	
a) Quality of technical data/report preparation efforts	E VG S M U N
b) Ability to meet quality standards specified for technical performance	E VG S M U N
c) Timeliness/effectiveness of contract problem resolution without extensive customer guidance	E VG S M U N
d) Adequacy/effectiveness of quality control program and adherence to contract quality assurance requirements (without adverse effect on performance)	E VG S M U N
<b>2. SCHEDULE/TIMELINESS OF PERFORMANCE:</b>	
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 VG S M U N
b) Rate the contractor's use of available resources to accomplish tasks identified in the contract	E VG S M U N
<b>3. CUSTOMER SATISFACTION:</b>	
a) To what extent were the end users satisfied with the project?	E VG S M U N
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 VG S M U N
c) To what extent was the contractor cooperative, businesslike, and concerned with the interests of the customer?	E VG S M U N
d) Overall customer satisfaction	E VG S M U N
<b>4. MANAGEMENT/ PERSONNEL/LABOR</b>	
a) Effectiveness of on-site management, including management of subcontractors, suppliers, materials, and/or labor force?	E VG S M U N
b) Ability to hire, apply, and retain a qualified workforce to this effort	E VG S M U N
c) Government Property Control	E VG S M U N
d) Knowledge/expertise demonstrated by contractor personnel	E VG S M U N
e) Utilization of Small Business concerns	E VG S M U N
f) Ability to simultaneously manage multiple projects with multiple disciplines	E VG S M U N
g) Ability to assimilate and incorporate changes in requirements and/or priority, including planning, execution and response to Government changes	E VG S M U N
h) Effectiveness of overall management (including ability to effectively lead, manage and control the program)	E VG S M U N
<b>5. COST/FINANCIAL MANAGEMENT</b>	
a) Ability to meet the terms and conditions within the contractually agreed price(s)?	E VG S M U N

ATTACHMENT J-0200000-09

Contractor Information (Firm Name): \_\_\_\_\_  
 Client Information (Name): \_\_\_\_\_

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
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	M	U	N
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		
<b>6. SAFETY/SECURITY</b>						
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	M	U	N
b) Contractor complied with all security requirements for the project and personnel security requirements.	E	VG	S	M	U	N
<b>7. GENERAL</b>						
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	M	U	N
b) Compliance with contractual terms/provisions ( <i>explain if specific issues</i> )	E	VG	S	M	U	N
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

**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*):**