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ATTACHMENT J-0200000-01
DEFINITIONS AND ACRONYMS

| Definition | Description |
|--|---|
| 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. One who can identify existing and predictable hazards in the working environment or working conditions that are dangerous to personnel and who has authorization to take prompt corrective measures to eliminate them. |
| 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. |
| Contracting Officer's Representative (COR) | The individual appointed by the KO responsible for monitoring the Contractor's technical compliance and progress, relative to assigned contract(s)/orders(s), based on the contract requirements specified in the PWS and in accordance with the PAP. The COR performs a variety of contract administration duties that includes oversight of PA, documenting and rating Contractor performance, reviewing invoices, and acceptance of work. Assignment as a COR is a collateral duty typically performed by the FSCM or SPAR. |
| 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. |

ATTACHMENT J-0200000-01
DEFINITIONS AND ACRONYMS

| Definition | Description |
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| 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. |
| Fixed Burden Rate (FBR) | <p>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:</p> $\$100,000.00 + (\$100,000.00 \times 10\%) = \$110,000.00$ <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 | <p>Annual (A). Services performed once during each 12-month period of the contract at intervals of 335 to 395 days.</p> <p>Biennial (B). Services performed once during each 24-month period of the contract at intervals of 670 to 790 days.</p> <p>Daily (D5). Services performed once each calendar day, Monday through Friday, including holidays unless otherwise noted.</p> <p>Daily (D7). Services performed once each calendar day, seven days per week, including weekends and holidays.</p> <p>Monthly (M). Services performed 12 times during each 12-month period of the contract at intervals of 28 to 31 calendar days.</p> <p>Quarterly (Q). Services performed four times during each 12-month period of the contract at intervals of 80 to 100 calendar days.</p> <p>Semiannual (SA). Services performed twice during each 12-month period of the contract at intervals of 160 to 200 calendar days.</p> <p>Semimonthly (SM). Services performed 24 times during each 12-month period of the contract at intervals of 14 to 16 calendar days.</p> <p>Three times weekly (3W). Services performed three times a week, such as Monday, Wednesday, and Friday.</p> <p>Twice weekly (2W). Services performed twice a week, such as Monday and Thursday or Tuesday and Friday.</p> <p>Weekly (W). Services performed 52 times during each 12-month period of the contract at intervals of six to eight calendar days.</p> |
| 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. |

ATTACHMENT J-0200000-01
DEFINITIONS AND ACRONYMS

| Definition | Description |
|---|---|
| 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. |
| Load Handling Equipment | A term used to describe cranes, hoists and all other hoisting equipment (hoisting equipment means equipment, including crane, derricks, hoists and power operated equipment used WITH RIGGING to raise, lower and/or horizontally move a load. |
| 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. |
| NAVFAC 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) | The individual(s) assigned as a Technical Point of Contact (TPOC) / Subject Matter Expert (SME) to the COR to perform duties as the on-site representative who assesses Contractor performance. The PAR periodically observes Contractor performance, reviews delivered services, reviews quality management corrective actions, periodically assesses and documents Contractor performance on PAWs and the MPAS, and communicates findings as necessary with the Contractor, SPAR, and COR. |
| 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. |
| 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. |

ATTACHMENT J-0200000-01
DEFINITIONS AND ACRONYMS

| Definition | Description |
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| 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
WAGE DETERMINATION

WD 15-4389 (Rev.-2) was first posted on www.wdol.gov on 01/05/2016

REGISTER OF WAGE DETERMINATIONS UNDER
THE SERVICE CONTRACT ACT
By direction of the Secretary of Labor

U.S. DEPARTMENT OF LABOR
EMPLOYMENT STANDARDS ADMINISTRATION
WAGE AND HOUR DIVISION
WASHINGTON D.C. 20210

Daniel W. Simms Division of
Director Wage Determinations

Wage Determination No.: 2015-4389
Revision No.: 2
Date Of Revision: 12/29/2015

Note: Under Executive Order (EO) 13658, an hourly minimum wage of \$10.15 for calendar year 2016 applies to all contracts subject to the Service Contract Act for which the solicitation was 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 \$10.15 per hour (or the applicable wage rate listed on this wage determination, if it is higher) for all hours spent performing on the contract in calendar year 2016. 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.

State: North Carolina

Area: North Carolina County of Onslow

| **Fringe Benefits Required Follow the Occupational Listing** | | |
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| 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 | | 19.44 |
| 01035 - Court Reporter | | 15.92 |
| 01041 - Customer Service Representative I | | 10.96 |
| 01042 - Customer Service Representative II | | 12.33 |
| 01043 - Customer Service Representative III | | 13.46 |
| 01051 - Data Entry Operator I | | 12.33 |
| 01052 - Data Entry Operator II | | 13.46 |
| 01060 - Dispatcher, Motor Vehicle | | 17.19 |
| 01070 - Document Preparation Clerk | | 12.54 |
| 01090 - Duplicating Machine Operator | | 12.54 |
| 01111 - General Clerk I | | 11.48 |
| 01112 - General Clerk II | | 12.53 |
| 01113 - General Clerk III | | 14.06 |
| 01120 - Housing Referral Assistant | | 18.83 |
| 01141 - Messenger Courier | | 10.96 |
| 01191 - Order Clerk I | | 12.33 |
| 01192 - Order Clerk II | | 13.46 |
| 01261 - Personnel Assistant (Employment) I | | 14.47 |
| 01262 - Personnel Assistant (Employment) II | | 16.18 |
| 01263 - Personnel Assistant (Employment) III | | 18.63 |
| 01270 - Production Control Clerk | | 18.83 |
| 01290 - Rental Clerk | | 11.75 |
| 01300 - Scheduler, Maintenance | | 14.07 |
| 01311 - Secretary I | | 14.07 |
| 01312 - Secretary II | | 15.92 |
| 01313 - Secretary III | | 18.83 |

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| 01320 | - Service Order Dispatcher | 12.69 |
| 01410 | - Supply Technician | 19.44 |
| 01420 | - Survey Worker | 14.48 |
| 01460 | - Switchboard Operator/Receptionist | 10.77 |
| 01531 | - Travel Clerk I | 11.72 |
| 01532 | - Travel Clerk II | 12.53 |
| 01533 | - Travel Clerk III | 13.38 |
| 01611 | - Word Processor I | 13.32 |
| 01612 | - Word Processor II | 14.95 |
| 01613 | - Word Processor III | 16.73 |
| 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 | 8.55 |
| 07130 | - Food Service Worker | 8.48 |
| 07210 | - Meat Cutter | 14.98 |
| 07260 | - Waiter/Waitress | 9.32 |
| 09000 | - Furniture Maintenance And Repair Occupations | |
| 09010 | - Electrostatic Spray Painter | 18.76 |
| 09040 | - Furniture Handler | 11.94 |
| 09080 | - Furniture Refinisher | 18.76 |
| 09090 | - Furniture Refinisher Helper | 14.53 |
| 09110 | - Furniture Repairer, Minor | 16.69 |
| 09130 | - Upholsterer | 18.76 |
| 11000 | - General Services And Support Occupations | |
| 11030 | - Cleaner, Vehicles | 9.40 |
| 11060 | - Elevator Operator | 9.79 |
| 11090 | - Gardener | 15.06 |
| 11122 | - Housekeeping Aide | 9.82 |
| 11150 | - Janitor | 9.82 |
| 11210 | - Laborer, Grounds Maintenance | 11.24 |
| 11240 | - Maid or Houseman | 8.69 |
| 11260 | - Pruner | 10.08 |
| 11270 | - Tractor Operator | 13.68 |
| 11330 | - Trail Maintenance Worker | 11.24 |
| 11360 | - Window Cleaner | 10.95 |
| 12000 | - Health Occupations | |
| 12010 | - Ambulance Driver | 15.92 |
| 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 |

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| 12035 | - Electroneurodiagnostic Technologist | 24.17 |
| 12040 | - Emergency Medical Technician | 15.92 |
| 12071 | - Licensed Practical Nurse I | 14.29 |
| 12072 | - Licensed Practical Nurse II | 15.98 |
| 12073 | - Licensed Practical Nurse III | 17.83 |
| 12100 | - Medical Assistant | 12.37 |
| 12130 | - Medical Laboratory Technician | 17.08 |
| 12160 | - Medical Record Clerk | 14.09 |
| 12190 | - Medical Record Technician | 15.76 |
| 12195 | - Medical Transcriptionist | 15.43 |
| 12210 | - Nuclear Medicine Technologist | 34.99 |
| 12221 | - Nursing Assistant I | 10.38 |
| 12222 | - Nursing Assistant II | 11.67 |
| 12223 | - Nursing Assistant III | 12.74 |
| 12224 | - Nursing Assistant IV | 14.29 |
| 12235 | - Optical Dispenser | 15.99 |
| 12236 | - Optical Technician | 14.29 |
| 12250 | - Pharmacy Technician | 17.03 |
| 12280 | - Phlebotomist | 13.50 |
| 12305 | - Radiologic Technologist | 24.38 |
| 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) | 21.82 |
| 12320 | - Substance Abuse Treatment Counselor | 21.82 |
| 13000 | - Information And Arts Occupations | |
| 13011 | - Exhibits Specialist I | 17.11 |
| 13012 | - Exhibits Specialist II | 21.19 |
| 13013 | - Exhibits Specialist III | 25.92 |
| 13041 | - Illustrator I | 17.11 |
| 13042 | - Illustrator II | 21.19 |
| 13043 | - Illustrator III | 25.92 |
| 13047 | - Librarian | 23.47 |
| 13050 | - Library Aide/Clerk | 12.45 |
| 13054 | - Library Information Technology Systems Administrator | 21.19 |
| 13058 | - Library Technician | 16.74 |
| 13061 | - Media Specialist I | 15.29 |
| 13062 | - Media Specialist II | 17.11 |
| 13063 | - Media Specialist III | 19.07 |
| 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 |
| 13090 | - Technical Order Library Clerk | 17.11 |
| 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) |

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| 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 |
| 14170 | - System Support Specialist | | 24.37 |
| 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 | | 30.58 |
| 15060 | - Educational Technologist | | 27.90 |
| 15070 | - Flight Instructor (Pilot) | | 41.77 |
| 15080 | - Graphic Artist | | 21.52 |
| 15085 | - Maintenance Test Pilot, Fixed, Jet/Prop | | 38.02 |
| 15086 | - Maintenance Test Pilot, Rotary Wing | | 38.02 |
| 15088 | - Non-Maintenance Test/Co-Pilot | | 38.02 |
| 15090 | - Technical Instructor | | 20.30 |
| 15095 | - Technical Instructor/Course Developer | | 24.83 |
| 15110 | - Test Proctor | | 16.38 |
| 15120 | - Tutor | | 16.38 |
| 16000 | - Laundry, Dry-Cleaning, Pressing And Related Occupations | | |
| 16010 | - Assembler | | 8.44 |
| 16030 | - Counter Attendant | | 8.44 |
| 16040 | - Dry Cleaner | | 10.49 |
| 16070 | - Finisher, Flatwork, Machine | | 8.44 |
| 16090 | - Presser, Hand | | 8.44 |
| 16110 | - Presser, Machine, Drycleaning | | 8.44 |
| 16130 | - Presser, Machine, Shirts | | 8.44 |
| 16160 | - Presser, Machine, Wearing Apparel, Laundry | | 8.44 |
| 16190 | - Sewing Machine Operator | | 11.18 |
| 16220 | - Tailor | | 11.90 |
| 16250 | - Washer, Machine | | 9.09 |
| 19000 | - Machine Tool Operation And Repair Occupations | | |
| 19010 | - Machine-Tool Operator (Tool Room) | | 20.22 |
| 19040 | - Tool And Die Maker | | 24.14 |
| 21000 | - Materials Handling And Packing Occupations | | |
| 21020 | - Forklift Operator | | 13.70 |
| 21030 | - Material Coordinator | | 19.62 |
| 21040 | - Material Expediter | | 19.62 |
| 21050 | - Material Handling Laborer | | 10.67 |
| 21071 | - Order Filler | | 10.34 |
| 21080 | - Production Line Worker (Food Processing) | | 13.70 |
| 21110 | - Shipping Packer | | 14.40 |
| 21130 | - Shipping/Receiving Clerk | | 14.39 |
| 21140 | - Store Worker I | | 11.80 |
| 21150 | - Stock Clerk | | 16.47 |
| 21210 | - Tools And Parts Attendant | | 13.70 |
| 21410 | - Warehouse Specialist | | 13.70 |
| 23000 | - Mechanics And Maintenance And Repair Occupations | | |
| 23010 | - Aerospace Structural Welder | | 23.49 |
| 23019 | - Aircraft Logs and Records Technician | | 18.92 |
| 23021 | - Aircraft Mechanic I | | 22.37 |
| 23022 | - Aircraft Mechanic II | | 23.49 |
| 23023 | - Aircraft Mechanic III | | 25.21 |
| 23040 | - Aircraft Mechanic Helper | | 16.62 |
| 23050 | - Aircraft, Painter | | 21.24 |
| 23060 | - Aircraft Servicer | | 18.92 |
| 23070 | - Aircraft Survival Flight Equipment Technician | | 21.24 |
| 23080 | - Aircraft Worker | | 20.06 |
| 23091 | - Aircrew Life Support Equipment (ALSE) Mechanic | | 20.06 |

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| 23092 - Aircrew Life Support Equipment (ALSE) Mechanic II | 22.37 |
| 23110 - Appliance Mechanic | 18.76 |
| 23120 - Bicycle Repairer | 14.42 |
| 23125 - Cable Splicer | 25.30 |
| 23130 - Carpenter, Maintenance | 17.05 |
| 23140 - Carpet Layer | 17.92 |
| 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 | 16.76 |
| 23290 - Fire Alarm System Mechanic | 19.76 |
| 23310 - Fire Extinguisher Repairer | 15.68 |
| 23311 - Fuel Distribution System Mechanic | 20.24 |
| 23312 - Fuel Distribution System Operator | 15.74 |
| 23370 - General Maintenance Worker | 16.30 |
| 23380 - Ground Support Equipment Mechanic | 22.37 |
| 23381 - Ground Support Equipment Servicer | 18.92 |
| 23382 - Ground Support Equipment Worker | 20.06 |
| 23391 - Gunsmith I | 15.54 |
| 23392 - Gunsmith II | 17.93 |
| 23393 - Gunsmith III | 20.24 |
| 23410 - Heating, Ventilation And Air-Conditioning Mechanic | 18.40 |
| 23411 - Heating, Ventilation And Air Contditioning Mechanic (Research Facility) | 19.42 |
| 23430 - Heavy Equipment Mechanic | 20.69 |
| 23440 - Heavy Equipment Operator | 17.96 |
| 23460 - Instrument Mechanic | 20.24 |
| 23465 - Laboratory/Shelter Mechanic | 19.15 |
| 23470 - Laborer | 10.67 |
| 23510 - Locksmith | 18.76 |
| 23530 - Machinery Maintenance Mechanic | 20.82 |
| 23550 - Machinist, Maintenance | 20.24 |
| 23580 - Maintenance Trades Helper | 13.34 |
| 23591 - Metrology Technician I | 20.24 |
| 23592 - Metrology Technician II | 21.36 |
| 23593 - Metrology Technician III | 22.44 |
| 23640 - Millwright | 20.82 |
| 23710 - Office Appliance Repairer | 18.76 |
| 23760 - Painter, Maintenance | 17.05 |
| 23790 - Pipefitter, Maintenance | 18.17 |
| 23810 - Plumber, Maintenance | 17.88 |
| 23820 - Pneudraulic Systems Mechanic | 20.24 |
| 23850 - Rigger | 20.24 |
| 23870 - Scale Mechanic | 17.93 |
| 23890 - Sheet-Metal Worker, Maintenance | 18.40 |
| 23910 - Small Engine Mechanic | 17.72 |
| 23931 - Telecommunications Mechanic I | 23.46 |
| 23932 - Telecommunications Mechanic II | 24.76 |
| 23950 - Telephone Lineman | 21.84 |
| 23960 - Welder, Combination, Maintenance | 20.24 |
| 23965 - Well Driller | 20.24 |
| 23970 - Woodcraft Worker | 20.24 |
| 23980 - Woodworker | 15.68 |
| 24000 - Personal Needs Occupations | |
| 24550 - Case Manager | 18.96 |
| 24570 - Child Care Attendant | 11.68 |
| 24580 - Child Care Center Clerk | 14.58 |
| 24610 - Chore Aide | 10.26 |

| | |
|--|-------|
| 24620 - Family Readiness And Support Services Coordinator | 14.05 |
| 24630 - Homemaker | 16.20 |
| 25000 - Plant And System Operations Occupations | |
| 25010 - Boiler Tender | 20.95 |
| 25040 - Sewage Plant Operator | 19.82 |
| 25070 - Stationary Engineer | 20.95 |
| 25190 - Ventilation Equipment Tender | 14.62 |
| 25210 - Water Treatment Plant Operator | 19.82 |
| 27000 - Protective Service Occupations | |
| 27004 - Alarm Monitor | 14.25 |
| 27007 - Baggage Inspector | 12.21 |
| 27008 - Corrections Officer | 16.93 |
| 27010 - Court Security Officer | 18.22 |
| 27030 - Detection Dog Handler | 14.10 |
| 27040 - Detention Officer | 16.93 |
| 27070 - Firefighter | 17.20 |
| 27101 - Guard I | 12.21 |
| 27102 - Guard II | 14.10 |
| 27131 - Police Officer I | 18.84 |
| 27132 - Police Officer II | 20.94 |
| 28000 - Recreation Occupations | |
| 28041 - Carnival Equipment Operator | 11.45 |
| 28042 - Carnival Equipment Repairer | 12.61 |
| 28043 - Carnival Worker | 8.90 |
| 28210 - Gate Attendant/Gate Tender | 14.00 |
| 28310 - Lifeguard | 11.34 |
| 28350 - Park Attendant (Aide) | 15.66 |
| 28510 - Recreation Aide/Health Facility Attendant | 11.67 |
| 28515 - Recreation Specialist | 16.49 |
| 28630 - Sports Official | 12.47 |
| 28690 - Swimming Pool Operator | 18.94 |
| 29000 - Stevedoring/Longshoremen Occupational Services | |
| 29010 - Blocker And Bracer | 17.64 |
| 29020 - Hatch Tender | 17.64 |
| 29030 - Line Handler | 17.64 |
| 29041 - Stevedore I | 16.50 |
| 29042 - Stevedore II | 18.84 |
| 30000 - Technical Occupations | |
| 30010 - Air Traffic Control Specialist, Center (HFO) (see 2) | 36.49 |
| 30011 - Air Traffic Control Specialist, Station (HFO) (see 2) | 25.17 |
| 30012 - Air Traffic Control Specialist, Terminal (HFO) (see 2) | 27.71 |
| 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 |
| 30051 - Cryogenic Technician I | 21.00 |
| 30052 - Cryogenic Technician II | 23.19 |
| 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 |
| 30095 - Evidence Control Specialist | 18.96 |

| | |
|---|---------------|
| 30210 - Laboratory Technician | 22.43 |
| 30221 - Latent Fingerprint Technician I | 21.00 |
| 30222 - Latent Fingerprint Technician II | 23.19 |
| 30240 - Mathematical Technician | 22.25 |
| 30361 - Paralegal/Legal Assistant I | 17.55 |
| 30362 - Paralegal/Legal Assistant II | 21.75 |
| 30363 - Paralegal/Legal Assistant III | 26.60 |
| 30364 - Paralegal/Legal Assistant IV | 32.18 |
| 30375 - Petroleum Supply Specialist | 23.19 |
| 30390 - Photo-Optics Technician | 21.48 |
| 30395 - Radiation Control Technician | 23.19 |
| 30461 - Technical Writer I | 21.77 |
| 30462 - Technical Writer II | 26.63 |
| 30463 - Technical Writer III | 32.22 |
| 30491 - Unexploded Ordnance (UXO) Technician I | 23.19 |
| 30492 - Unexploded Ordnance (UXO) Technician II | 28.06 |
| 30493 - Unexploded Ordnance (UXO) Technician III | 33.63 |
| 30494 - Unexploded (UXO) Safety Escort | 23.19 |
| 30495 - Unexploded (UXO) Sweep Personnel | 23.19 |
| 30501 - Weather Forecaster I | 22.83 |
| 30502 - Weather Forecaster II | 27.77 |
| 30620 - Weather Observer, Combined Upper Air Or Surface Programs | (see 2) 18.98 |
| 30621 - Weather Observer, Senior | (see 2) 20.69 |
| 31000 - Transportation/Mobile Equipment Operation Occupations | |
| 31010 - Airplane Pilot | 28.06 |
| 31020 - Bus Aide | 10.37 |
| 31030 - Bus Driver | 14.98 |
| 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 | |
| 99020 - Cabin Safety Specialist | 13.68 |
| 99030 - Cashier | 8.92 |
| 99050 - Desk Clerk | 9.83 |
| 99095 - Embalmer | 23.19 |
| 99130 - Flight Follower | 23.19 |
| 99251 - Laboratory Animal Caretaker I | 10.07 |
| 99252 - Laboratory Animal Caretaker II | 11.07 |
| 99260 - Marketing Analyst | 21.00 |
| 99310 - Mortician | 23.19 |
| 99410 - Pest Controller | 14.52 |
| 99510 - Photofinishing Worker | 12.19 |
| 99710 - Recycling Laborer | 13.21 |
| 99711 - Recycling Specialist | 16.08 |
| 99730 - Refuse Collector | 11.85 |
| 99810 - Sales Clerk | 11.08 |
| 99820 - School Crossing Guard | 13.37 |
| 99830 - Survey Party Chief | 19.34 |
| 99831 - Surveying Aide | 11.45 |
| 99832 - Surveying Technician | 15.69 |
| 99840 - Vending Machine Attendant | 14.99 |
| 99841 - Vending Machine Repairer | 18.07 |
| 99842 - Vending Machine Repairer Helper | 14.99 |

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 4.174)

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 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 re-grading 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 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 (Revision 1), dated September 2014, unless otherwise indicated.

** 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 (See 29 CFR 4.6(b)(2)(i)). Such conforming procedures shall be initiated by the contractor prior to the performance of contract work by such unlisted class(es) of employees (See 29 CFR 4.6(b)(2)(ii)). The Wage and Hour Division shall make a final determination of conformed classification, wage rate, and/or fringe benefits which shall be paid to all employees performing in the classification from the first day of work on which contract work is performed by them in the classification. Failure to pay such unlisted employees the compensation agreed upon by the interested parties and/or fully determined by the Wage and Hour Division retroactive to the date such class of employees commenced contract work shall be a violation of the Act and this contract. (See 29 CFR 4.6(b)(2)(v)). 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 the 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 information including the position of the contractor and the employees, to the U.S. Department of Labor, Wage and Hour Division, for review (See 29 CFR 4.6(b)(2)(ii)).
- 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 Division's decision to the contractor.
- 6) Each affected employee shall be furnished by the contractor with a written copy of such determination or it shall be posted as a part of the wage determination (See 29 CFR 4.6(b)(2)(iii)).

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" should be used to compare job definitions to ensure 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 (See 29 CFR 4.152(c)(1)).

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

| | <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**

DUNS NO: _____

CAGE CODE NO: _____

From: _____

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
 CONTRACTOR SIGNIFICANT INCIDENT REPORT (CSIR)

- Initial Report
- Follow-up Report
- Final Report

Contractor Significant Incident Report (CSIR)

| 1. General Information | | |
|--|---|------|
| Contracting Activity/ROICC Office: | | |
| Accident Classification: <input type="checkbox"/> Injury <input type="checkbox"/> Fatality <input type="checkbox"/> Environment <input type="checkbox"/> Procedural Issues <input type="checkbox"/> Lessons Learned <input type="checkbox"/> Illness <input type="checkbox"/> Property Damage <input type="checkbox"/> Other _____ | | |
| Involving: <input type="checkbox"/> Confined Space <input type="checkbox"/> Equip/Mrt Ver/Mat Handling (Heavy Construction Equip.) <input type="checkbox"/> Hazardous Material <input type="checkbox"/> Crane and Rigging <input type="checkbox"/> Equip/Mrt Ver/Mat Handling (Material Handling) <input type="checkbox"/> Trenching/Excavation <input type="checkbox"/> Diving <input type="checkbox"/> Equip/Mrt Ver/Mat Handling (Man-Lift/Elevated Platform) <input type="checkbox"/> Waterfront/Marine <input type="checkbox"/> Demolition/Renovation <input type="checkbox"/> Fall from Ladder <input type="checkbox"/> Fall from Scaffold <input type="checkbox"/> Other _____ <input type="checkbox"/> Electrical <input type="checkbox"/> Fall from Roof <input type="checkbox"/> Fire | | |
| 2. Personal Information | | |
| 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? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| What type of training was received (OJT, classroom, etc)? | Date of the most recent formal training and topics discussed? | |
| 3. Witness Information | | |
| 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): | |

ATTACHMENT J-0200000-05-1
CONTRACTOR SIGNIFICANT INCIDENT REPORT (CSIR)

Additional Witnesses:

(List any additional witnesses on a separate sheet and attach.)

Yes

No

| 4. Contract Information | | |
|--|---|-----------------------------|
| Type of Contract: <input type="checkbox"/> A/E <input type="checkbox"/> BOS <input type="checkbox"/> CLEAN <input type="checkbox"/> Construction <input type="checkbox"/> Design Build <input type="checkbox"/> FSCC <input type="checkbox"/> FSSC <input type="checkbox"/> JOC <input type="checkbox"/> RAC <input type="checkbox"/> Service <input type="checkbox"/> Other _____ | | |
| Contract Number & Title: | Industrial Group & Industrial Type: | |
| Prime Contractor Name/Address/Phone & Fax No: | Sub Contractor Name/Address/Phone & FAX No: | |
| Safety Manager (Last, First, MI): | Safety Manager (Last, First, MI): | |
| Insurance Carrier: | Insurance Carrier: | |
| 5. Accident Description | | |
| Date of Accident: | Time of Accident: | Exact Location of Accident: |
| Describe the accident in detail in your words: (Use the back of page if you need additional space) | | |
| Direct Cause(s) of Accident: | | |

ATTACHMENT J-0200000-05-1
CONTRACTOR SIGNIFICANT INCIDENT REPORT (CSIR)

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

CONTRACTOR SIGNIFICANT INCIDENT REPORT (CSIR)

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

ATTACHMENT J-0200000-05-1
CONTRACTOR SIGNIFICANT INCIDENT REPORT (CSIR)

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

CONTRACTOR SIGNIFICANT INCIDENT REPORT (CSIR) INSTRUCTIONS

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

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

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

Mark the report:

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

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

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

SECTION 1 – GENERAL INFORMATION

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

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

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

SECTION 2 - PERSONAL INFORMATION

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

AGE - Enter age.

SEX - Enter M for Male and F for Female.

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

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

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

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

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

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

SECTION 3 - WITNESS INFORMATION

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

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

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

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

SUPERVISORS 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.

CONTRACTOR SIGNIFICANT INCIDENT REPORT (CSIR)

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, choose 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

CONTRACTOR SIGNIFICANT INCIDENT REPORT (CSIR)

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

SERVERITY OF INJURY/ILLNESS – Mark appropriate box.

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

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

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

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

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

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

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

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

TYPE OF INJURY/ILLNESS

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

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

SOURCE OF INJURY/ILLNESS

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

SECTION 7 - CAUSAL FACTORS

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

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

CONTRACTOR SIGNIFICANT INCIDENT REPORT (CSIR)

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

SECTION - 8 OSHA INFORMATION - Complete this section if applicable

SECTION 9 - REPORT PREPARER

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

ATTACHMENT J-0200000-06
DENIAL OF CONTRACTOR ID CARD ISSUANCE



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.

ATTACHMENT J-0200000-06
DENIAL OF CONTRACTOR ID CARD ISSUANCE

Subj: DENIAL OF CONTRACTOR ID CARD ISSUANCE

- 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.

ATTACHMENT J-0200000-06
DENIAL OF CONTRACTOR ID CARD ISSUANCE

3. Please refer any questions or comments to the supervisor of the Contractor ID Office, **Mr. Terry Scott at 910-451-0743.**

By direction of
Commander, MCIEAST-MCB



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

UNITED STATES MARINE CORPS
MARINE CORPS INSTALLATIONS EA. ST-HARINE 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.

ATTACHMENT J-0200000-07
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.

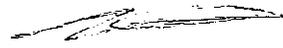
c. Tasks. The Provost Marshal Office's (PMO) will establish entry control point (gate) procedures to prevent unauthorized entry/access by personnel and vehicles and enforce all applicable internal security regulations consistent with this Order.

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

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

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.

ATTACHMENT J-0200000-07
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>.

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

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.

ATTACHMENT J-0200000-07
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.

Enclosure (1)

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.

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

ACCESS CONTROL SPECIFICATIONS

1. Marine Corps Installations East - Marine Corps Base Camp Lejeune and Marine Corps Air Station New River have implemented the new RAPIDGate program intended to enhance installation access control. However, RAPIDGate contains significant changes that may affect contractor's and their employee's access to these installations. In order to gain access to Marine Corps Base (MCB), Camp Lejeune and/or Marine Corps Air Station (MCAS), New River, non-Federal Government and non-DoD issued ID cardholders require identity proofing and vetting to determine fitness and eligibility for access. Specifically, a check of records through the National Crime Information Center (NCIC) Interstate Identification Index (III) is the installation's minimum background check for access to MCB, Camp Lejeune and/or MCAS, New River for non-Common Access Card holders, to include entrance of visitors.

2. MCB, Camp Lejeune and MCAS, New River applies the following non-Federal Government cardholder criteria to determine the authorized type of access control credentials:

- a. Contractors: RAPIDGate or 30-Day Pass followed by 4-Day Pass*
- b. Sub-Contractors: RAPIDGate or 30-Day Pass followed by 4-Day Pass*
- c. Vendors: RAPIDGate or 30-Day Pass followed by 4-Day Pass*
- d. Suppliers: RAPIDGate or 30-Day Pass followed by 4-Day Pass*
- e. Service Providers: RAPIDGate or 30-Day Pass followed by 4-Day Pass*
- f. Delivery Personnel: RAPIDGate or 30-Day Pass followed by 4-Day Pass*

g. Public-Private Venture (PPV) Housing and Installation Volunteers: Local Population Credential (The following are examples of Installation Volunteers: (Red Cross, Community College Instructors and Students, Commissary Baggers, Naval Hospital Volunteers, Family Readiness Volunteers, Wounded Warrior Volunteers, and any other organization approved by the Commanding General, Marine Corps Installation East-Marine Corps Base Camp Lejeune and Commanding Officer, MCAS, New River)

3. Contractor Common Access Card (CAC) Eligibility: Contractor personnel authorized CAC's are exempt from RAPIDGate enrollment.

4. Contractor personnel who are ineligible for a CAC will be required to either obtain a 30-Day pass followed by a 4-Day pass* or enroll in the RAPIDGate Program. RAPIDGate is a voluntary program due to associated costs. For further information concerning contractor access, please contact the Contractor Vetting Office at 910-450-5978 or visit MCB, Camp Lejeune (<http://www.lejeune.marines.mil/>) or MCAS, New River (<http://www.newriver.marines.mil/>) websites. For information concerning enrolling in RAPIDGate please visit their website at www.rapidgate.com.

NOTE: The Government will not be responsible for any access delays. Delays that may result from inadequate planning are contractor responsibility. Any and all costs associated with RAPIDGate are the sole responsibility of the contractor.

* Contractors will be issued a one-time pass for 30 days. Upon expiration of the 30 day pass, they will only be issued a 4 day pass every 4 days thereafter, for the duration of the contract.

ATTACHMENT J-0200000-07-2

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 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.

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

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.

Landfill Operating Hours: 0730-1530 Mon-Thur, 0730-1200 Fri

General Trash

The following items may be mixed together and brought to the landfill in the same load:

Roofing Shingles (Non-Asbestos)
Insulation (Non-Asbestos)
Glass (other than bottles)
Sheet Rock (Wall Board)
Particle Board/Composition Board /OSB (re-manufactured wood products used in construction and furniture in lieu of ply-board)
Laminated/Formica covered wood products (counter tops, etc)
Hollow core interior doors
Floor tile (Non-Asbestos)
Porcelain & Ceramic products (toilets, sinks ect)
Fiber glass
PVC pipe (cut in 10' or less lengths)

Wood products

The following wood products can be mixed together and brought to the landfill in the same load:

Scrap lumber (painted and unpainted)
Embark and packing boxes (must be broken down) Broken Untreated Pallets

The following wood products must be delivered in separate loads

Trees, limbs and shrubs (cut in 10' or less lengths and free of as much dirt as possible)
Serviceable Pallets
Broken Treated Pallets
Salt treated wood
Creosote treated wood
Ammunition Crates

Wood Furniture units (must have a 1348 with Base Property and DRMO Stamps downgrading it to SCAP or be specified in the Contract)

Lead Base Painted Wood Products must be delivered to the landfill cut in less than eight foot lengths, wrapped in 6 mil plastic and sealed. Not accepted after 1400 Mon-Thur.

Asbestos (all types)

Accepted by Appointment Only

Asbestos must be double wrapped in 6 mil plastic, sealed with duct tape and labeled prior to delivery. Must be delivered before 1000

Mon-Thur.

Call Landfill Manager for appointment @ 451-2946.

Please provide manifest at time of delivery.

Organic Products

Leaves, pine straw, grass and shrub clippings must be delivered separate from other items. No bags or containers allowed. No twigs or limbs over two inches in diameter or over 6 ft. in length accepted with Organic Products.

Soil

NON-CONTAMINATED soil accepted

Concrete Products

Concrete, block, brick, asphalt, concrete culverts, and mortar products must be delivered separate from other items All wire

Recyclable Products

The following Recyclable Products

Must be separated and dropped off at a recycling drop-off point or the Recycling Center: Plastic Containers,

Glass bottles, Aluminum cans & foil, Cardboard, White paper, Shredded paper, Vinyl siding, Steel Cans (clean), Newspaper, Toner/ink cartridges.

CAMP LEJEUNE SANITARY LANDFILL INFORMATION SHEET

The following items **CANNOT** be accepted at the landfill:

Hazardous waste (Contact EMD)
Liquid waste (Contact EMD)
Metal any type (Contact DRMO) (see Base Order 5090.17)
Paint & Paint cans (Contact EMD)
Appliances (white gear) (Contact EMD)
Electronics (Contact Recycling Center)
Computer equipment (Contact DRMO)
Batteries any type (Contact EMD)
Comm wire (Contact EMD)
Barbed wire (Contact EMD)
Concertina wire (Contact EMD)
Contaminated soil (Contact EMD)
Tires (Contact EMD)
55 Gal Drums (Contact EMD)
Oil Filters (Contact EMD)
Petroleum containers (Contact EMD)
Regulated Medical waste (Contact Naval Hospital)
PCBs or PCB containers (Contact EMD)
Oyster Shells (Take to Off Base collection point) (Outside T.O.P. Gate) Items
Requiring Demilitarization (Return to generating unit for demil) Construction
and Demolition debris (unless specifically stated in the contract)

Other Info

All furniture must be accompanied by a **1348 REJECTED** by Base Property Office **AND** downgraded to **Scrap by DRMO**.

All other **Base or USMC property** must be accompanied by a **1348 downgraded to Scrap by DRMO**.

Anything related to Ordinance, Ammunition or Dangerous items, including containers, tubes, and packing, must be accompanied by the **ADEA Certifications** and copies of the **Certifier and Verifier's Appointment letters**.

Phone Numbers:

Landfill Clerk: 451-2946
Landfill Manager: 451-4998
Recycling Manager: 451-4214
Landfill Fax Number: 451-9935

EMD: 451-5837
EOD: 451-0558

ATTACHMENT J-0200000-09
EXHIBIT LINE ITEM NUMBERS
EXHIBIT A -CLIN 0009

| CLIN 0001 RECURRING - BASE YEAR | | | | | |
|---|---|-----------------|----------------------|-------------------|---------------|
| PROVIDE PRICES FOR LEJEUNE SCHOOLS CHILLER/WATER TOWERCHILL WATER LOOP MAINTENANCE SERVICES RECURRING PRICE - IN ACCORDANCE WITH SECTION C, SPEC ITEM 3, ANNEX 1502000 FACILITY INVESTMENT | | | | | |
| Line Item 0001 Recurring - Base Period | | | | | |
| ELIN /Sub ELIN | Description - 1502000 LEJEUNE SCHOOL CHILLERS, WATER TOWER, CHILL WATER LOOP MAINTENANCE | Quantity | Unit of Issue | Unit Price | Total |
| A001 | Spec Item 3 | | | | |
| A001AA | Price to include all labor, management, supervision, tools, materials, and equipment required to perform services for the Lejeune Schools Chiller/Water Tower/Chill Water Loop Maintenance, Spec Items 3, 3.1,3.1.1,3.1.2, 3.2, 3.2.1, and 3.3 | 12 | MO | | \$0.00 |
| TOTAL BASE YEAR RECURRING LINE ITEM A001AA | | | | | \$0.00 |

| CLIN 0002 RECURRING -FIRST OPTION | | | | | |
|---|---|-----------------|----------------------|-------------------|---------------|
| PROVIDE PRICES FOR LEJEUNE SCHOOLS CHILLER/WATER TOWERCHILL WATER LOOP MAINTENANCE SERVICES RECURRING PRICE - IN ACCORDANCE WITH SECTION C, SPEC ITEM 3, ANNEX 1502000 FACILITY INVESTMENT | | | | | |
| Line Item 0002 Recurring - First Option | | | | | |
| ELIN /Sub ELIN | Description - 1502000 LEJEUNE SCHOOL CHILLERS, WATER TOWER, CHILL WATER LOOP MAINTENANCE | Quantity | Unit of Issue | Unit Price | Total |
| B002 | Spec Item 3 | | | | |
| B002AA | Price to include all labor, management, supervision, tools, materials, and equipment required to perform services for the Lejeune Schools Chiller/Water Tower/Chill Water Loop Maintenance, Spec Items 3, 3.1,3.1.1,3.1.2, 3.2, 3.2.1, and 3.3 | 12 | MO | | \$0.00 |
| TOTAL FIRST OPTION RECURRING LINE ITEM B002AA | | | | | \$0.00 |

| CLIN 0003 RECURRING -SECOND OPTION | | | | | |
|---|---|-----------------|----------------|-------------------|---------------|
| PROVIDE PRICES FOR LEJEUNE SCHOOLS CHILLER/WATER TOWERCHILL WATER LOOP MAINTENANCE SERVICES RECURRING PRICE - IN ACCORDANCE WITH SECTION C, SPEC ITEM 3, ANNEX 1502000 FACILITY INVESTMENT | | | | | |
| Line Item 0003 Recurring - Second Option | | | | | |
| ELIN /Sub | Description - 1502000 LEJEUNE SCHOOL CHILLERS, WATER TOWER, | Quantity | Unit of | Unit Price | Total |
| C003 | Spec Item 3 | | | | |
| C003AA | Price to include all labor, management, supervision, tools, materials, and equipment required to perform services for the Lejeune Schools Chiller/Water Tower/Chill Water Loop Maintenance, Spec Items 3, 3.1,3.1.1,3.1.2, 3.2, 3.2.1, and 3.3 | 12 | MO | | \$0.00 |
| TOTAL SECOND OPTION YEAR RECURRING LINE ITEM C003AA | | | | | \$0.00 |

| CLIN 0004 RECURRING -THIRD OPTION | | | | | |
|---|---|-----------------|----------------|-------------------|---------------|
| PROVIDE PRICES FOR LEJEUNE SCHOOLS CHILLER/WATER TOWERCHILL WATER LOOP MAINTENANCE SERVICES RECURRING PRICE - IN ACCORDANCE WITH SECTION C, SPEC ITEM 3, ANNEX 1502000 FACILITY INVESTMENT | | | | | |
| Line Item 0004 Recurring - Third Option | | | | | |
| ELIN /Sub | Description - 1502000 LEJEUNE SCHOOL CHILLERS, WATER TOWER, | Quantity | Unit of | Unit Price | Total |
| D004 | Spec Item 3 | | | | |
| D004AA | Price to include all labor, management, supervision, tools, materials, and equipment required to perform services for the Lejeune Schools Chiller/Water Tower/Chill Water Loop Maintenance, Spec Items 3, 3.1,3.1.1,3.1.2, 3.2, 3.2.1, and 3.3 | 12 | MO | | \$0.00 |
| TOTAL THIRD OPTION RECURRING LINE ITEM D004AA | | | | | \$0.00 |

| CLIN 0005 RECURRING -FOURTH OPTION | | | | | |
|---|---|-----------------|----------------|-------------------|---------------|
| PROVIDE PRICES FOR LEJEUNE SCHOOLS CHILLER/WATER TOWERCHILL WATER LOOP MAINTENANCE SERVICES RECURRING PRICE - IN ACCORDANCE WITH SECTION C, SPEC ITEM 3, ANNEX 1502000 FACILITY INVESTMENT | | | | | |
| Line Item 0005 Recurring - Fourth Option | | | | | |
| ELIN /Sub | Description - 1502000 LEJEUNE SCHOOL CHILLERS, WATER TOWER, | Quantity | Unit of | Unit Price | Total |
| E005 | Spec Item 3 | | | | |
| E005AA | Price to include all labor, management, supervision, tools, materials, and equipment required to perform services for the Lejeune Schools Chiller/Water Tower/Chill Water Loop Maintenance, Spec Items 3, 3.1,3.1.1,3.1.2, 3.2, 3.2.1, and 3.3 | 12 | MO | | \$0.00 |
| TOTAL FOURTH OPTION RECURRING LINE ITEM E005AA | | | | | \$0.00 |

PAST PERFORMANCE QUESTIONNAIRE COVER SHEET

1. CONTRACTOR: _____
2. PROJECT DESCRIPTION: _____
3. CONTRACT/TASK ORDER AMOUNT: _____
4. PERFORMANCE PERIOD: _____
5. EVALUATOR'S CONTACT INFO:
 - a. NAME & TITLE: _____
 - b. PHONE NUMBER: _____
 - c. FAX NUMBER: _____
 - d. EMAIL ADDRESS: _____

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

E (EXCELLENT) – Performance meets contractual requirements and exceeds the Government's expectations. The contractual performance of the element being assessed was accomplished with few minor problems for which corrective actions taken by the contractor were highly effective. (HIGH CONFIDENCE)

G (GOOD) – Performance meets contractual requirements and exceeds some requirements to the Government's benefit. The contractual performance of the element being assessed was accomplished with some minor problems for which corrective actions taken by the contractor were effective. (SIGNIFICANT CONFIDENCE)

S (SATISFACTORY) – Performance meets contractual requirements. The contractual performance of the element contains some minor problems for which corrective action taken by the contractor appear or were satisfactory. (CONFIDENCE)

M (MARGINAL) – Performance does not meet some contractual requirements. The contractual performance of the 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. (LITTLE CONFIDENCE)

P (POOR) – Performance does not meet most contractual requirements and recovery is not likely in a timely manner. The contractual performance of the element contains serious problem(s) for which the contractor's corrective actions appear or were ineffective. (NO CONFIDENCE)

N (NEUTRAL) – No relevant past performance record is identifiable upon which to base a meaningful performance risk prediction. A search was unable to identify any relevant past performance information for the contractor or their key personnel. (This is neither a negative nor positive assessment.)

CONTRACTOR: _____

| PLEASE CIRCLE THE ADJECTIVE RATING WHICH BEST REFLECTS YOUR EVALUATION OF THE CONTRACTOR'S PERFORMANCE. | |
|--|--|
| 1. Was this a competitive Contract? | |
| 2. Role of contractor. | |
| 3. Ability to meet contract requirements or performance. | |
| 4. Compliance with contractual terms and conditions. | |
| 5. Effectiveness of quality control program. | |
| 6. Ability to manage contact. | |
| 7. Effectiveness of on-site management, including management of subcontractors. | |
| 8. Contractor was reasonable and cooperative in dealing with your staff. | |
| 9. Timeliness of problem resolution without extensive customer guidance. | |
| 10. Effectiveness of material management. | |
| 11. Contractor safety record. | |
| 12. Responsiveness regarding safety issues. | |
| 13. Ability to hire and retain a qualified workforce to this effort. | |
| 14. Have there been any indications that the contractor has had any financial problem? | |
| 15. In summary, provide an overall rating for the work performed by this contractor. | |

COMMENTS: Objective Comments/ concerns relating to this Offeror.
