

SECTION J
INTEGRATED SOLID WASTE MANAGEMENT AND PAVEMENT CLEARANCE SERVICES
DOCUMENTS, EXHIBITS, AND OTHER ATTACHMENTS
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ATTACHMENT J-0200000-01
DEFINITIONS AND ACRONYMS
INTEGRATED SOLID WASTE MANAGEMENT AND PAVEMENT CLEARANCE SERVICES

Title	Description
Accident Prevention Plan (APP)	A written plan created by the Contractor that states the safety training, prevention of hazards, corrective measures, safety policy, etc. in accordance with work requirements.
Activity Hazard Analysis (AHA)	A written plan created by the Contractor that states elimination or prevention methods for recognized hazards.
Alternate Contracting Officer's Representative (ACOR)	That individual specifically appointed by the Contracting Officer, either orally or in writing, who has been assigned responsibility for executing the requirements of this contract who acts as an alternate when the COR is not available.
Assessment	A general term referring to either a survey or inspection of a facility to determine condition.
Asset	A general term used to refer to an item, such as a component, system, building or facility, which is managed by an automated data management program.
Business Management System (BMS)	A web-based tool that provides a systematic method for the management of business processes, common practices, and process quality improvements that produce and support the most efficient and effective delivery of NAVFAC's products and services.
Competent Person	A person who has the professional experience and training necessary to identify existing and predictable hazards at a work or service environment, and who has the authority to take prompt and corrective action to eliminate or remove dangers from the environment.
Component Inventory Management Unit (CIMU)	An organization of like-kind real property into manageable maintenance units. CIMU is a building component, group of components or component assemblies, serving a specific purpose in a facility that can be expected to follow a common and predictable lifecycle behavior. This class of non-equipment will include items such as exterior walls, exterior windows, interior finish, and roofs. This class of equipment will include items such as fan coil units, air handling units, lighting, and water closets. CIMUs can include one or more items of installed equipment typically subject to routine scheduled maintenance.
Confined Work Space	A space that is large enough and so configured that a person may bodily enter a space (such as in tanks, vessels, silos, storage bins, hoppers, vaults, pits, and like spaces where there is limited means of entry) and is hindered or restricted from escaping during an emergency.
Contract Discrepancy Report (CDR)	A report issued by the Performance Assessment Representative (PAR) to the Contractor when performance is unsatisfactory. The CDR requires the Contractor to explain, in writing, why performance is unsatisfactory, how performance will be returned to satisfactory levels and how re-occurrence of the problem will be presented or corrected in the future. The CDR shall be responded to within one (1) business day.
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 Representative (COR)	That individual specifically appointed by the Contracting Officer, either orally or in writing who has been assigned responsibility for executing the requirements of this contract.
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.

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DEFINITIONS AND ACRONYMS
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Title	Description
Contractor Quality Control (CQC)	A competent and qualified Contractor employee responsible for ensuring that services and goods are provided in a timely manner and are in compliance with the specifications of this contract. A qualified CQC shall be responsible for managing and implementing the QMS program for this contract and possess experience and knowledge in quality control. The CQC shall be deemed qualified by the NAVFAC Marianas Technical Branch Manager.
Contractor QM Component of QMS	The QM component evaluates whether the service or product meets the contract performance objectives and standards. QA is based on a written plan describing the evaluation approach and techniques that will be applied.
Contractor QC Component of QMS	<p>The QC component evaluates the production process based on a written plan. The plan contains the Contractor production procedures and work processes, quality checks conducted during production, and a methodology to adjust processes as indicated by the quality checks.</p> <p>The Contractor shall establish and maintain a QC inspection system in accordance with the FAR Clause 52.246-4, INSPECTION OF SERVICES – FIXED PRICE, to ensure that the work performed conforms to the contract requirements. The Contractor shall maintain a file of all scheduled and performed QC inspections, inspection results, and dates and details of corrective and preventive actions. The file shall be the property of the Government and made available during the Government’s regular working hours. The file shall be turned over to the ACO within five (5) calendar days of completion/termination of the contract. This inspection system also applies to Indefinite Quantity items.</p>
Direct Material Costs	The actual vendor invoice charges for materials used for performance of work under this contract. Direct material costs shall include transportation charges when such charges are included on the invoice by the vendor, as well as any discounts allowed for prompt payment and discounts or rebates for core value or salvage value that accrue to the Contractor. When questions arise concerning the cost of materials, material costs will be based on the lowest of quotes provided by the Contractor from at least three different commercial vendors for the direct material cost. The Government retains the right to obtain additional quotes in questionable situations. The lowest price will be used.
Electronic Operation And Maintenance And Support Information (eOMSI)	A set of consultant-prepared data and document files that contain detailed, as-built technical information that describes the efficient, economical and safe operation, maintenance and repair of a facility, plant, equipment or system throughout its life cycle. Generally it is prepared during construction and submitted upon completion of a new facility or major facility upgrade. eOMSI’s typically include asset information, staffing and budgeting information, supply support including critical spare parts, operating procedures, troubleshooting and diagnostic guides, extended warranty data, maintenance task frequencies and documentation, technical data, repair procedures and manufacturer’s product data. eOMSI data and document files are provided in electronic formats.
Equipment	Tangible asset that is functionally complete for its intended purpose, durable, and non-expendable.
Facility	A building or structure designed and created to serve a particular function.
Facility Structures	Buildings, sheds, utility lines, and drainage pipes on the facility.
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>

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Title	Description
Foreign Port Origin Garbage	<ul style="list-style-type: none"> ▪ In order to protect against the introduction of exotic animal and plant pests, the importation of garbage from all foreign countries except Canada is prohibited. This garbage subject to special treatment and disposal requirements. Byproducts generated by the rearing of animals and the production and harvest of crops or trees. All waste material that is derived in whole or in part from fruits, vegetables, meats, or other plant or animal (including poultry) material, and other refuse of any character whatsoever that has been associated with any such material.
Frequency Of Service	<ul style="list-style-type: none"> ▪ Annual (A). Services performed once during each 12-month period of the contract at intervals of 335 to 395 days. ▪ Biennial (B). Services performed once during each 24-month period of the contract at intervals of 670 to 790 days. ▪ Daily (D5). Services performed once each calendar day, Monday through Friday, including holidays unless otherwise noted. ▪ Daily (D7). Services performed once each calendar day, seven days per week, including weekends and holidays. ▪ Monthly (M). Services performed 12 times during each 12-month period of the contract at intervals of 28 to 31 calendar days. ▪ Quarterly (Q). Services performed four times during each 12-month period of the contract at intervals of 80 to 100 calendar days. ▪ Semiannual (SA). Services performed twice during each 12-month period of the contract at intervals of 160 to 200 calendar days. ▪ Semimonthly (SM). Services performed 24 times during each 12-month period of the contract at intervals of 14 to 16 calendar days. ▪ Three times weekly (3W). Services performed three times a week, such as Monday, Wednesday, and Friday. ▪ Twice weekly (2W). Services performed twice a week, such as Monday and Thursday or Tuesday and Friday. ▪ Weekly (W). Services performed 52 times during each 12-month period of the contract at intervals of 6 to 8 calendar days.
Functional Assessment Plan (FAP)	The matrix plan for assessing KTR's work against measurable performance standards.
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.
Government Performance Assessment	The Government shall conduct performance assessments (PA) of Contractor performance to ensure services and products comply with contract requirements and payment is proper. The Government may use several methods and frequencies based on Contractor performance. The Government's Performance Assessment Plan (PAP) may be provided to the Contractor after contract award for information and constructive interaction. The Government may alter its plan at anytime at its discretion.
Hazard Communication (HazCom)	A written program created by the Contractor that lists hazardous materials used to provide services within this contract, container labeling, inventory, etc.
Indefinite Delivery/Indefinite Quantity (IDIQ)	IDIQ work consists of Unit Price Task which may be ordered by the Government as separate items or in combinations of items from the Schedule of Indefinite Quantity Work (Bid Schedule) in Section J on an as-needed basis. This work is required with an irregular frequency and will be ordered on a form DD 1155, Order for Supplies or Services.

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DEFINITIONS AND ACRONYMS
INTEGRATED SOLID WASTE MANAGEMENT AND PAVEMENT CLEARANCE SERVICES

Title	Description
Infrastructure Condition Assessment Program (ICAP)	A Navy automated data management program that utilizes historical asset lifecycle data and a structured assessment process to evaluate the condition facilities and their components.
Inspection	A rigorous, detailed assessment of the condition of a facility performed to generate a fundable scope and cost estimate for prioritization and funding of maintenance and repair.
Job or Work Order	An authorization for work that requires planning and estimating and has an individual line of accounting for financial and performance evaluation.
Liquidated Damages (LD)	An amount paid by the Contractor to the Government to compensate for damages incurred as a result of late or incomplete performance.
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.
Material Safety Data Sheet (MSDS)	A sheet for hazardous materials containing advise and information from the manufacturer on the product's intended use, the chemicals it contains, what to do if a person is exposed, etc.
Monthly On-Site Labor Report	A compilation of all Contractor and subcontractor employee-hours involved in delivering contract services on a Government property.
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.
OSD COLS	Office of the Secretary of Defense Common Output Level Standards
Objectionable	Provoking disapproval or opposition; offensive.
Pavement Clearance	A road maintenance technique employed in many regions of the world in areas ranging from small towns to large urban environments. It is often combined with spraying and scrubbing to remove surface filth, mud, litter, leaves, grit and debris from the roadside to leave streets clean, safe to drive on, and tidy.
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 Board (PAB)	Comprise of key technical and administrative installation personnel appointed by the KO; periodically reviews performance documentation for the evaluation period (normally, per quarter); prepares and forward summary report of findings/recommendations to KO.
Performance Assessment Plan (PAP)	Provides common framework for performance assessment. Contains an administrative and procedural section that describes procedure for how to adjust sample size, validate customer complaints, summarize monthly performance assessment, and withhold payment for non-performance or unsatisfactory work; also includes PARC, FAP, and PAW.
Performance Assessment Rating Criteria (PARC)	An adjectival description used to assess contractor performance.
Performance Assessment Representative (PAR)	That individual designated by the KO to be responsible for the monitoring of Contractor performance.
Performance Assessment Worksheets (PAW)	Worksheets used to document and report Government observations of KTR performance.

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Title	Description
Performance Based Service Acquisition (PBSA)	Focuses on acquisition strategies, methods, and techniques that describe and communicate measurable outcome rather than direct performance processes. It is structured around defining a service requirement in terms of performance objectives and provides contractors the latitude to determine how to meet those objectives.
Performance Objective (PO)	An “end state” the contractor is to achieve. Objectives are often expressed in terms of specific accomplishments by an organization, levels of service provided to customer, or improvements in performance of some activity when measured against an established baseline.
Performance Standard	The measurable targeted level or range of performance that the Government will monitor. Achievement of a performance standard will either demonstrate directly that the Contractor has met the contract performance objective or will enable the Government to infer with a high degree of confidence that the Contractor has met the contract performance objective.
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.
Qualified Person	One who, by possession of a recognized degree, certificate, or professional standing, or extensive knowledge, training, and experience, has successfully demonstrated his/her ability to solve or resolve problems related to the subject matter, the work, or the project.
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.
Quality Management System (QMS)	The Contractor shall establish and maintain a complete QMS program that consists of Quality Control (QC) and Quality Assurance (QA) in accordance with the provisions specified herein. The Contractor’s QMS Program shall provide an effective and efficient means of identifying and correcting problems throughout the entire scope of operations. The Contractor’s QMS Program shall address the following: <ul style="list-style-type: none"> ▪ Accurate documentation of work processes, procedures, and output measures. ▪ A systematic procedure for assessing compliance with performance objectives and standards. ▪ Accurate documentation of quality inspections conducted throughout the execution of work. ▪ Assessment-driven corrective actions and process adjustments as appropriate in a timely manner.
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.

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DEFINITIONS AND ACRONYMS
INTEGRATED SOLID WASTE MANAGEMENT AND PAVEMENT CLEARANCE SERVICES

Title	Description
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.
Safety Officer	A person responsible for the safety, management, surveillance, inspection and enforcement of safety issues and programs. A qualified Safety Officer shall possess experience and knowledge in safety and health and shall be deemed qualified by the NAVFAC Marianas Technical Branch Manager.
Senior Performance Assessment Representative (SPAR)	That individual designated by the KO to be ultimately responsible for the monitoring of Contractor performance.
Spec Item	Spec Item refers to Specification Item
Submittal	Product data, samples and administrative submittal presented by the Contractor for review and approval by the Government. Contract clause "Material and Workmanship" and "Contract Drawings, Maps and Specifications" apply to all submittals. Submittals shall be provided to the Government in a timely manner.
Task Order (T.O.)	A task order (DD Form 1155) is a document issued to the Contractor by the Contracting Officer to order work from the Indefinite Quantity (IQ) portion of the contract. Also known as a Delivery Order.
Unit Priced Labor (UPL) Hour	The unit price bid by the Contractor to perform one (1) 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.
Violation - Class 1	Notice of Violation (NOV), Notice of Noncompliance (NON) or Field Citation as defined by OPNAVINST5090.1or regulator, issued by a Federal or local regulatory agency. Includes written notices issued by a regulatory agency.
Violation - Class 2	Written notice of administrative or procedural violation issued by a Federal or local regulatory agency. Also includes a Class 3 violation for which there is no approved Corrective Action Plan within ninety (90) calendar days of discovery.
Violation - Class 3	Policy or Audit "violation:" Navy Policy violation cited by external audit organizations or valid findings by regulators or COR. Also includes a Class 4 violation for which there is no approved Corrective Action Plan within sixty (60) calendar days of discovery.
Violation - Class 4	Policy and Audit "violations" cited as a failure to comply with guidance and policy objectives or environmental standards or regulations that are formally identified as the Contractor's responsibility.
Waste Collection Area	Designated points where solid wastes will be placed for collection by the Contractor. May also be referred to as collection station, collection point, pick-up stations, or collection site. Housing Areas: By the curbside where refuse containers are placed by residents during collection periods to include a ten (10) foot perimeter from refuse containers. Non-Housing Areas: The designated area where refuse containers are placed to include a ten (10) foot perimeter from refuse containers.

ATTACHMENT J-0200000-01
INTEGRATED SOLID WASTE MANAGEMENT AND PAVEMENT CLEARANCE SERVICES
DEFINITIONS AND ACRONYMS

Acronym	Title
ACO	Administrative Contracting Officer
BW	Biweekly
CDR	Contract Discrepancy Report
CIA	Controlled Industrial Area
CIMU	Component Inventory Management Unit
CMMS	Computerized Maintenance Management System
COR	Contracting Officer Representative
COR	Condition of Readiness
DBH	Diameter at Breast Height
DCR	Direct Condition Rating
DLA, DS	Defense Logistics Agency, Disposition Services
DoD	Department of Defense
DoN	Department of Navy
DRMO	Defense Reutilization Management Office
EPA	Environmental Protection Agency
EPCRA	Emergency Planning and Community Right-to-Know Act
FAR	Federal Acquisition Regulation
FFP	Firm Fixed Price
FIFRA	Federal Insecticide, Fungicide, and Rodenticide Act
FSC	Facility Support Contract
GEPA	Guam Environmental Protection Agency
GIS	Geospatial Information System
GFE	Government-furnished Equipment
GFF	Government-furnished Facilities
GFM	Government-furnished Materials
GPWS	Guide Performance Work Statements
GSWDRR	Guam Solid Waste Disposal Rules and Regulations
HACCP	Hazard Analysis Critical Care Point
HCA	Head Contracting Agency
IAW	In Accordance With
ICAP	Infrastructure Condition Assessment Program
ICP	Integrated Contingency Plan
IDIQ	Indefinite Delivery Indefinite Quantity
iNFADS	Internet Navy Facilities Asst Data Store
IPM	Integrated Pest Management
IPMIS	Integrated Pest Management Information System
IPMP	Integrated Pest Management Plan
ISWM	Integrated Solid Waste Management
KO	Contracting Officer
LAN	Local Area Network
M	Monthly
MAP	Maintenance Action Plan
MDI	Mission Dependency Index
MEP	Mechanical, Electrical and Plumbing
MRI	Mission Readiness Index
MSDS	Material Safety Data Sheets
NAVFAC	Naval Facilities Engineering Command
NAVHOSP	Naval Hospital
NAVMED	Navy Medical
NAVSUP	Naval Supply

ATTACHMENT J-0200000-01
INTEGRATED SOLID WASTE MANAGEMENT AND PAVEMENT CLEARANCE SERVICES
DEFINITIONS AND ACRONYMS

Acronym	Title
NMCI	Navy Marine Corps Intranet
NOSC	Navy-On-Scene Coordinator
PAP	Performance Assessment Plan
PAR	Performance Assessment Representative
PAW	Performance Assessment Worksheet
PEO	Program Executive Officer
PM	Project Manager
PM	Planned Maintenance or Preventative Maintenance
PRCSP	Permit Required Confined Space Program
PWS	Performance Work Statement
PWO	Public Works Officer
Q	Quarterly
QC	Quality Control
RPIE	Real Property Inventory Equipment
RSL	Remaining Service Life
SC	Security Clearances
SM	Semimonthly
SPAR	Senior Performance Assessment Representative
TE	Technical Exhibit
USCINCPACREP	United States Commander in Chief Pacific Representative
USDA	United States Department of Agriculture
USNH	United States Naval Hospital
USNHGUAMINST	United States Naval Hospital Guam Instruction
VIQ	Variation in Quantity
WBS	Work Breakdown Structure

ATTACHMENT J-0200000-02	
INTEGRATED SOLID WASTE MANAGEMENT AND PAVEMENT CLEARANCE SERVICES REFERENCES, INSTRUCTIONS, DIRECTIVES AND TECHNICAL DOCUMENTS	
<u>Title</u>	<u>Reference</u>
Accident and Damage Reporting	29CFR1904 for OSHA/HIOSH record keeping and reporting requirements and EM 385-1-1 requirements
Chapter 51	Solid Waste Management and Litter Control of Guam Public Law 23-64
Drug-Free Work Force	DFARS Clause 252.223-7004 and include elements addressed in paragraph 01.C.02 of EM 385-1-1
Emergency Response Plans	To include elements addressed in paragraphs 01.E, 03.A, 03.D, and 19.A.04 of EM 385-1-1
EM 385-1-1	U.S. Army Corps of Engineers Safety and Health Requirements
Environmental Readiness Program	OPNAVINST 5090.1
GOVERNMENT-FURNISHED PROPERTY, MATERIALS AND SERVICES	NAVFAC Clause 5252.245-9300
GOVERNMENT PROPERTY	FAR 52.245
Guam EPA Solid Waste Disposal	Title 22, Division 4 Chapter 23
Health Hazard Control Program and Hazard Communication Program	To include elements addressed in paragraphs 06.A and 06.B of EM 385-1-1 and 29 Code of Federal Regulations (CFR) 1910.120 or 1926.59 requirements
INSPECTION OF SERVICES – FIXED PRICE	FAR Clause 52.246-4
Installation Support Memorandum of Agreement (MOA) for Joint Region Marianas	Annex W, ICC-Approved Common Output Level Standard, 23 January 2009
INSURANCE – WORK ON A GOVERNMENT INSTALLATION	FAR Clause 52.228-05
Invoicing and Receiving Payment Reference “payment by third party” clause	FAR 52.232-36
Joint Region Marianas Emergency Management Plan	JTREGMARIANASINST 3440.17
10 GCA 45106	Water Resource Development/Operating Regs
Material and Equipment Requirements Accepted industry and Government material and equipment costs	R. S. Means cost data, national material supplier catalogues, U.S. Army Corps of Engineers Construction Equipment Ownership and Operating Expense Schedule (EP 1110-1-8), equipment rental catalogues, and similar estimating sources shall be used for determining customary and reasonable costs for the material and equipment estimate
Navy Environmental and Natural Resources Program Manual	OPNAVINST 5090.1C
Occupational Safety and Health Act	Public Law 91-596
Partnering	NAVFACINST 11013.40
Regulation of Certain Garbage	7 CFR 330.400, 9 CFR 94.5
Respiratory Protection Program	To include elements addressed in paragraph 05.G of EM 385-1-1 and the OSHA’s respiratory protection standard specified in 29 CFR
Safety Apparel on Jobsites As a minimum	Contractor personnel shall wear ANSI/ISEA 107-2004 Class II compliant apparel and EM 385-1-1 minimum requirements
Service Contract Act of 1965, As Amended	Incorporated under Section I, Federal Acquisition Regulation (FAR) Clause 52.222-41
Environmental Readiness Program	OPNAVINST 5090.1D

Attachment J-0200000-03

Wage Determination

WD 05-2147 (Rev.-19) 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.: 2005-2147
Revision No.: 19
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.

States: Guam, Northern Marianas, Wake Island

Area: Guam Statewide
Northern Marianas Statewide
Wake Island Statewide

Fringe Benefits Required Follow the Occupational Listing

OCCUPATION CODE - TITLE	FOOTNOTE	RATE
01000 - Administrative Support And Clerical Occupations		
01011 - Accounting Clerk I		12.50
01012 - Accounting Clerk II		13.53
01013 - Accounting Clerk III		15.59
01020 - Administrative Assistant		17.67
01040 - Court Reporter		15.38
01051 - Data Entry Operator I		10.48
01052 - Data Entry Operator II		11.99
01060 - Dispatcher, Motor Vehicle		13.06
01070 - Document Preparation Clerk		12.25
01090 - Duplicating Machine Operator		12.25
01111 - General Clerk I		10.29
01112 - General Clerk II		11.28
01113 - General Clerk III		12.32
01120 - Housing Referral Assistant		17.15
01141 - Messenger Courier		10.12
01191 - Order Clerk I		11.23
01192 - Order Clerk II		12.25
01261 - Personnel Assistant (Employment) I		14.33
01262 - Personnel Assistant (Employment) II		14.90
01263 - Personnel Assistant (Employment) III		16.48
01270 - Production Control Clerk		18.34
01280 - Receptionist		9.67
01290 - Rental Clerk		11.10
01300 - Scheduler, Maintenance		13.75
01311 - Secretary I		13.75
01312 - Secretary II		15.38
01313 - Secretary III		17.15
01320 - Service Order Dispatcher		11.57
01410 - Supply Technician		17.67
01420 - Survey Worker		15.26

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Wage Determination

01531 - Travel Clerk I	11.61
01532 - Travel Clerk II	12.57
01533 - Travel Clerk III	13.44
01611 - Word Processor I	12.25
01612 - Word Processor II	13.75
01613 - Word Processor III	15.38
05000 - Automotive Service Occupations	
05005 - Automobile Body Repairer, Fiberglass	13.34
05010 - Automotive Electrician	13.06
05040 - Automotive Glass Installer	12.10
05070 - Automotive Worker	12.10
05110 - Mobile Equipment Servicer	8.59
05130 - Motor Equipment Metal Mechanic	13.06
05160 - Motor Equipment Metal Worker	12.10
05190 - Motor Vehicle Mechanic	13.06
05220 - Motor Vehicle Mechanic Helper	10.12
05250 - Motor Vehicle Upholstery Worker	12.10
05280 - Motor Vehicle Wrecker	12.10
05310 - Painter, Automotive	12.37
05340 - Radiator Repair Specialist	12.10
05370 - Tire Repairer	7.81
05400 - Transmission Repair Specialist	12.10
07000 - Food Preparation And Service Occupations	
07010 - Baker	10.47
07041 - Cook I	9.54
07042 - Cook II	11.78
07070 - Dishwasher	7.25
07130 - Food Service Worker	7.78
07210 - Meat Cutter	11.86
07260 - Waiter/Waitress	7.59
09000 - Furniture Maintenance And Repair Occupations	
09010 - Electrostatic Spray Painter	14.38
09040 - Furniture Handler	8.85
09080 - Furniture Refinisher	14.38
09090 - Furniture Refinisher Helper	10.66
09110 - Furniture Repairer, Minor	12.51
09130 - Upholsterer	14.38
11000 - General Services And Support Occupations	
11030 - Cleaner, Vehicles	8.23
11060 - Elevator Operator	8.23
11090 - Gardener	10.99
11122 - Housekeeping Aide	8.33
11150 - Janitor	8.23
11210 - Laborer, Grounds Maintenance	9.14
11240 - Maid or Houseman	7.25
11260 - Pruner	8.23
11270 - Tractor Operator	10.33
11330 - Trail Maintenance Worker	9.14
11360 - Window Cleaner	9.14
12000 - Health Occupations	
12010 - Ambulance Driver	15.81
12011 - Breath Alcohol Technician	15.81
12012 - Certified Occupational Therapist Assistant	21.70
12015 - Certified Physical Therapist Assistant	21.70
12020 - Dental Assistant	13.20
12025 - Dental Hygienist	29.85
12030 - EKG Technician	23.96
12035 - Electroneurodiagnostic Technologist	23.96
12040 - Emergency Medical Technician	15.81
12071 - Licensed Practical Nurse I	14.14
12072 - Licensed Practical Nurse II	15.81
12073 - Licensed Practical Nurse III	17.63
12100 - Medical Assistant	11.54

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12130 - Medical Laboratory Technician	14.14
12160 - Medical Record Clerk	11.82
12190 - Medical Record Technician	13.59
12195 - Medical Transcriptionist	14.14
12210 - Nuclear Medicine Technologist	34.75
12221 - Nursing Assistant I	10.03
12222 - Nursing Assistant II	11.30
12223 - Nursing Assistant III	12.31
12224 - Nursing Assistant IV	13.84
12235 - Optical Dispenser	15.81
12236 - Optical Technician	14.14
12250 - Pharmacy Technician	13.41
12280 - Phlebotomist	13.84
12305 - Radiologic Technologist	22.64
12311 - Registered Nurse I	20.70
12312 - Registered Nurse II	25.32
12313 - Registered Nurse II, Specialist	25.32
12314 - Registered Nurse III	30.64
12315 - Registered Nurse III, Anesthetist	30.64
12316 - Registered Nurse IV	36.72
12317 - Scheduler (Drug and Alcohol Testing)	19.59
13000 - Information And Arts Occupations	
13011 - Exhibits Specialist I	15.06
13012 - Exhibits Specialist II	18.66
13013 - Exhibits Specialist III	22.83
13041 - Illustrator I	15.06
13042 - Illustrator II	18.66
13043 - Illustrator III	22.83
13047 - Librarian	20.66
13050 - Library Aide/Clerk	12.00
13054 - Library Information Technology Systems Administrator	18.66
13058 - Library Technician	15.06
13061 - Media Specialist I	13.46
13062 - Media Specialist II	15.06
13063 - Media Specialist III	16.80
13071 - Photographer I	12.82
13072 - Photographer II	14.32
13073 - Photographer III	17.75
13074 - Photographer IV	21.73
13075 - Photographer V	26.30
13110 - Video Teleconference Technician	12.91
14000 - Information Technology Occupations	
14041 - Computer Operator I	13.65
14042 - Computer Operator II	15.76
14043 - Computer Operator III	17.56
14044 - Computer Operator IV	19.50
14045 - Computer Operator V	21.81
14071 - Computer Programmer I	(see 1) 15.73
14072 - Computer Programmer II	(see 1) 19.50
14073 - Computer Programmer III	(see 1) 23.84
14074 - Computer Programmer IV	(see 1)
14101 - Computer Systems Analyst I	(see 1) 24.23
14102 - Computer Systems Analyst II	(see 1)
14103 - Computer Systems Analyst III	(see 1)
14150 - Peripheral Equipment Operator	13.65
14160 - Personal Computer Support Technician	19.50
15000 - Instructional Occupations	
15010 - Aircrew Training Devices Instructor (Non-Rated)	24.23
15020 - Aircrew Training Devices Instructor (Rated)	29.32
15030 - Air Crew Training Devices Instructor (Pilot)	33.30
15050 - Computer Based Training Specialist / Instructor	24.23
15060 - Educational Technologist	22.82

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15070 - Flight Instructor (Pilot)	33.30
15080 - Graphic Artist	20.47
15090 - Technical Instructor	17.65
15095 - Technical Instructor/Course Developer	21.58
15110 - Test Proctor	13.87
15120 - Tutor	13.87
16000 - Laundry, Dry-Cleaning, Pressing And Related Occupations	
16010 - Assembler	8.08
16030 - Counter Attendant	8.08
16040 - Dry Cleaner	9.34
16070 - Finisher, Flatwork, Machine	8.08
16090 - Presser, Hand	8.08
16110 - Presser, Machine, Drycleaning	8.08
16130 - Presser, Machine, Shirts	8.08
16160 - Presser, Machine, Wearing Apparel, Laundry	8.08
16190 - Sewing Machine Operator	9.86
16220 - Tailor	10.33
16250 - Washer, Machine	8.46
19000 - Machine Tool Operation And Repair Occupations	
19010 - Machine-Tool Operator (Tool Room)	14.49
19040 - Tool And Die Maker	18.20
21000 - Materials Handling And Packing Occupations	
21020 - Forklift Operator	12.49
21030 - Material Coordinator	18.34
21040 - Material Expediter	18.34
21050 - Material Handling Laborer	10.65
21071 - Order Filler	9.66
21080 - Production Line Worker (Food Processing)	12.49
21110 - Shipping Packer	13.33
21130 - Shipping/Receiving Clerk	13.33
21140 - Store Worker I	13.23
21150 - Stock Clerk	18.58
21210 - Tools And Parts Attendant	12.49
21410 - Warehouse Specialist	12.49
23000 - Mechanics And Maintenance And Repair Occupations	
23010 - Aerospace Structural Welder	20.69
23021 - Aircraft Mechanic I	19.70
23022 - Aircraft Mechanic II	20.69
23023 - Aircraft Mechanic III	21.74
23040 - Aircraft Mechanic Helper	13.70
23050 - Aircraft, Painter	18.50
23060 - Aircraft Servicer	16.09
23080 - Aircraft Worker	17.38
23110 - Appliance Mechanic	14.49
23120 - Bicycle Repairer	9.74
23125 - Cable Splicer	15.43
23130 - Carpenter, Maintenance	13.00
23140 - Carpet Layer	13.55
23160 - Electrician, Maintenance	14.99
23181 - Electronics Technician Maintenance I	14.72
23182 - Electronics Technician Maintenance II	15.05
23183 - Electronics Technician Maintenance III	18.31
23260 - Fabric Worker	12.60
23290 - Fire Alarm System Mechanic	15.43
23310 - Fire Extinguisher Repairer	11.67
23311 - Fuel Distribution System Mechanic	15.43
23312 - Fuel Distribution System Operator	13.01
23370 - General Maintenance Worker	11.95
23380 - Ground Support Equipment Mechanic	19.70
23381 - Ground Support Equipment Servicer	16.09
23382 - Ground Support Equipment Worker	17.38
23391 - Gunsmith I	11.67
23392 - Gunsmith II	13.55

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23393 - Gunsmith III	15.43
23410 - Heating, Ventilation And Air-Conditioning Mechanic	15.76
23411 - Heating, Ventilation And Air Contditioning Mechanic (Research Facility)	16.55
23430 - Heavy Equipment Mechanic	15.15
23440 - Heavy Equipment Operator	13.73
23460 - Instrument Mechanic	15.43
23465 - Laboratory/Shelter Mechanic	14.49
23470 - Laborer	10.65
23510 - Locksmith	14.49
23530 - Machinery Maintenance Mechanic	17.38
23550 - Machinist, Maintenance	15.43
23580 - Maintenance Trades Helper	9.92
23591 - Metrology Technician I	15.43
23592 - Metrology Technician II	16.41
23593 - Metrology Technician III	17.37
23640 - Millwright	15.43
23710 - Office Appliance Repairer	14.38
23760 - Painter, Maintenance	13.55
23790 - Pipefitter, Maintenance	15.32
23810 - Plumber, Maintenance	14.38
23820 - Pneudraulic Systems Mechanic	15.43
23850 - Rigger	15.43
23870 - Scale Mechanic	13.55
23890 - Sheet-Metal Worker, Maintenance	15.21
23910 - Small Engine Mechanic	13.55
23931 - Telecommunications Mechanic I	19.01
23932 - Telecommunications Mechanic II	19.76
23950 - Telephone Lineman	18.24
23960 - Welder, Combination, Maintenance	14.66
23965 - Well Driller	15.43
23970 - Woodcraft Worker	15.43
23980 - Woodworker	11.67
24000 - Personal Needs Occupations	
24570 - Child Care Attendant	10.09
24580 - Child Care Center Clerk	12.58
24610 - Chore Aide	12.43
24620 - Family Readiness And Support Services Coordinator	12.44
24630 - Homemaker	16.12
25000 - Plant And System Operations Occupations	
25010 - Boiler Tender	15.43
25040 - Sewage Plant Operator	14.49
25070 - Stationary Engineer	15.43
25190 - Ventilation Equipment Tender	10.73
25210 - Water Treatment Plant Operator	14.49
27000 - Protective Service Occupations	
27004 - Alarm Monitor	10.90
27007 - Baggage Inspector	7.35
27008 - Corrections Officer	12.05
27010 - Court Security Officer	12.05
27030 - Detection Dog Handler	10.90
27040 - Detention Officer	12.05
27070 - Firefighter	12.05
27101 - Guard I	7.37
27102 - Guard II	10.90
27131 - Police Officer I	12.05
27132 - Police Officer II	13.40
28000 - Recreation Occupations	
28041 - Carnival Equipment Operator	9.53
28042 - Carnival Equipment Repairer	10.08
28043 - Carnival Equipment Worker	7.78

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28210 - Gate Attendant/Gate Tender	13.18
28310 - Lifeguard	11.01
28350 - Park Attendant (Aide)	14.74
28510 - Recreation Aide/Health Facility Attendant	10.76
28515 - Recreation Specialist	18.26
28630 - Sports Official	11.74
28690 - Swimming Pool Operator	17.71
29000 - Stevedoring/Longshoremen Occupational Services	
29010 - Blocker And Bracer	15.20
29020 - Hatch Tender	15.20
29030 - Line Handler	15.20
29041 - Stevedore I	14.22
29042 - Stevedore II	16.25
30000 - Technical Occupations	
30010 - Air Traffic Control Specialist, Center (HFO) (see 2)	35.77
30011 - Air Traffic Control Specialist, Station (HFO) (see 2)	24.66
30012 - Air Traffic Control Specialist, Terminal (HFO) (see 2)	27.16
30021 - Archeological Technician I	17.49
30022 - Archeological Technician II	19.56
30023 - Archeological Technician III	24.21
30030 - Cartographic Technician	23.18
30040 - Civil Engineering Technician	21.93
30061 - Drafter/CAD Operator I	17.49
30062 - Drafter/CAD Operator II	19.56
30063 - Drafter/CAD Operator III	20.74
30064 - Drafter/CAD Operator IV	24.21
30081 - Engineering Technician I	14.62
30082 - Engineering Technician II	16.41
30083 - Engineering Technician III	18.36
30084 - Engineering Technician IV	22.34
30085 - Engineering Technician V	27.83
30086 - Engineering Technician VI	33.66
30090 - Environmental Technician	21.10
30210 - Laboratory Technician	20.74
30240 - Mathematical Technician	23.34
30361 - Paralegal/Legal Assistant I	19.06
30362 - Paralegal/Legal Assistant II	21.53
30363 - Paralegal/Legal Assistant III	26.35
30364 - Paralegal/Legal Assistant IV	30.80
30390 - Photo-Optics Technician	21.93
30461 - Technical Writer I	22.17
30462 - Technical Writer II	27.10
30463 - Technical Writer III	32.79
30491 - Unexploded Ordnance (UXO) Technician I	22.74
30492 - Unexploded Ordnance (UXO) Technician II	27.51
30493 - Unexploded Ordnance (UXO) Technician III	32.97
30494 - Unexploded (UXO) Safety Escort	22.74
30495 - Unexploded (UXO) Sweep Personnel	22.74
30620 - Weather Observer, Combined Upper Air Or (see 2)	20.74
Surface Programs	
30621 - Weather Observer, Senior (see 2)	23.00
31000 - Transportation/Mobile Equipment Operation Occupations	
31020 - Bus Aide	8.15
31030 - Bus Driver	9.69
31043 - Driver Courier	8.97
31260 - Parking and Lot Attendant	7.25
31290 - Shuttle Bus Driver	9.99
31310 - Taxi Driver	8.21
31361 - Truckdriver, Light	8.97
31362 - Truckdriver, Medium	11.61
31363 - Truckdriver, Heavy	12.48
31364 - Truckdriver, Tractor-Trailer	12.48
99000 - Miscellaneous Occupations	

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99030 - Cashier	7.46
99050 - Desk Clerk	9.70
99095 - Embalmer	22.74
99251 - Laboratory Animal Caretaker I	16.24
99252 - Laboratory Animal Caretaker II	17.04
99310 - Mortician	22.74
99410 - Pest Controller	13.28
99510 - Photofinishing Worker	11.95
99710 - Recycling Laborer	10.76
99711 - Recycling Specialist	16.27
99730 - Refuse Collector	10.24
99810 - Sales Clerk	8.95
99820 - School Crossing Guard	15.03
99830 - Survey Party Chief	20.30
99831 - Surveying Aide	11.54
99832 - Surveying Technician	15.00
99840 - Vending Machine Attendant	20.19
99841 - Vending Machine Repairer	23.57
99842 - Vending Machine Repairer Helper	20.19

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

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

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

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

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

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

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

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

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

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

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

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

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

**** UNIFORM ALLOWANCE ****

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

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and maintenance at a rate of \$3.35 per week (or \$.67 cents per day). However, in those instances where the uniforms furnished are made of "wash and wear" materials, may be routinely washed and dried with other personal garments, and do not require any special treatment such as dry cleaning, daily washing, or commercial laundering in order to meet the cleanliness or appearance standards set by the terms of the Government contract, by the contractor, by law, or by the nature of the work, there is no requirement that employees be reimbursed for uniform maintenance costs.

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

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

Conformance Process:

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

The process for preparing a conformance request is as follows:

- 1) When preparing the bid, the contractor identifies the need for a conformed occupation(s) and computes a proposed rate(s).
- 2) After contract award, the contractor prepares a written report listing in order proposed classification title(s), a Federal grade equivalency (FGE) for each proposed classification(s), job description(s), and rationale for proposed wage rate(s), including information regarding the agreement or disagreement of the authorized representative of the employees involved, or where there is no authorized representative, the employees themselves. This report should be submitted to the contracting officer no later than 30 days after such unlisted class(es) of employees performs any contract work.
- 3) The contracting officer reviews the proposed action and promptly submits a report of the action, together with the agency's recommendations and pertinent information including the position of the contractor and the employees, to the Wage and Hour Division, Employment Standards Administration, U.S. Department of Labor, for review. (See section 4.6(b)(2) of Regulations 29 CFR Part 4).
- 4) Within 30 days of receipt, the Wage and Hour Division approves, modifies, or disapproves the action via transmittal to the agency contracting officer, or notifies the contracting officer that additional time will be required to process the request.
- 5) The contracting officer transmits the Wage and Hour decision to the contractor.
- 6) The contractor informs the affected employees.

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

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

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CONTRACT FORMS

1. Transmittal Form
2. Invoice Form
3. Contractor Production Report
4. Rework Items List
5. Quality Control Plan Components
6. Activity Hazard Analysis (AHA)
7. Accident Prevention Plan Checklist
8. Deficiency Tracking System
9. Machinery and Mechanized Equipment Certification
10. Certificate of Compliance
11. Contractor Incident Report system (CIRS)
12. OSHA Forms for Recording Work-Related Injuries and Illnesses
13. Contractor Site Safety Assessment

TRANSMITTAL FORM

CONTRACT NO. _____

CONTRACT TITLE _____

FROM: _____
(CONTRACTOR) (DATE)

TO: NAVFAC MARIANAS SUBMITTAL NUMBER _____ RESUBMITTAL OF SUBMITTAL NUMBER _____

SUBJ: SUBMITTAL FOR PROJECT _____ LINE ITEM _____

IN ACCORDANCE WITH SPECIFICATIONS PARAGRAPH _____.

TRANSMITTED HEREWITH ARE:

FOR: () ACCEPTANCE OR APPROVAL () CLARIFICATION () SELECTION () _____

IT IS HEREBY CERTIFIED THAT THE MATERIAL SUBMITTED HEREIN CONFORMS TO CONTRACT REQUIREMENTS AND CAN BE INSTALLED IN THE ALLOCATED SPACES.

CONTRACTOR'S SIGNATURE _____

FROM: _____
(SIGNATURE) (DATE)

TO: _____ FOR REVIEW AND COMMENT NO LATER

THAN _____ (DATE). (MAXIMUM 5 WORKING DAYS)

FROM: _____

TO: _____ () APPROVED: () RETURNED FOR CORRECTION: () SOURCE INSPECTION REQUIRED:

() APPROVED, AS NOTED: () DISAPPROVED

() _____

REMARKS:

FROM: NAVFAC MARIANAS CODE _____
(SIGNATURE) (DATE)

TO: _____

SUBMITTAL IS: () APPROVED: () RETURNED FOR CORRECTION: () APPROVED, AS NOTED: () DISAPPROVED:

() _____

REMARKS:

NAVAL FACILITIES ENGINEERING COMMAND

1. CONTRACTOR'S INVOICE

From _____ Invoice Date _____
_____ Invoice Number _____

POC/Telephone/email for this invoice: _____

To: Contract Specialist: _____

Below is a Statement of Performance under Contract _____ 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: DFAS _____

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 # _____ on TO # _____ \$ _____
- F. Elapsed cc (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)

CONTRACTOR PRODUCTION REPORT <small>(ATTACH ADDITIONAL SHEETS IF NECESSARY)</small>					DATE	
CONTRACT NO		TITLE AND LOCATION			REPORT NO	
CONTRACTOR				SUPERINTENDENT		
AM WEATHER		PM WEATHER		MAX TEMP (F)	MIN TEMP (F)	
WORK PERFORMED TODAY						
Schedule Activity No.	WORK LOCATION AND DESCRIPTION		EMPLOYER	NUMBER	TRADE	HRS
JOB SAFETY	WAS A JOB SAFETY MEETING HELD THIS DATE? <small>(If YES attach copy of the meeting minutes)</small>			<input type="checkbox"/> YES	<input type="checkbox"/> NO	TOTAL WORK HOURS ON JOB SITE, THIS DATE, INCL CON'T SHEETS
	WERE THERE ANY LOST TIME ACCIDENTS THIS DATE? <small>(If YES attach copy of completed OSHA report)</small>			<input type="checkbox"/> YES	<input type="checkbox"/> NO	CUMULATIVE TOTAL OF WORK HOURS FROM PREVIOUS REPORT
	WAS CRANE/MANLIFT/TRENCHING/SCAFFOLD/HV ELEC/HIGH WORK/ HAZMAT WORK DONE? <small>(If YES attach statement or checklist showing inspection performed.)</small>			<input type="checkbox"/> YES	<input type="checkbox"/> NO	TOTAL WORK HOURS FROM START OF CONSTRUCTION
	WAS HAZARDOUS MATERIAL/WASTE RELEASED INTO THE ENVIRONMENT? <small>(If YES attach description of incident and proposed action.)</small>			<input type="checkbox"/> YES	<input type="checkbox"/> NO	
Schedule Activity No.	LIST SAFETY ACTIONS TAKEN TODAY/SAFETY INSPECTIONS CONDUCTED				<input type="checkbox"/> SAFETY REQUIREMENTS HAVE BEEN MET.	
EQUIPMENT/MATERIAL RECEIVED TODAY TO BE INCORPORATED IN JOB (INDICATE SCHEDULE ACTIVITY NUMBER)						
Schedule Activity No.	Submittal #	Description of Equipment/Material Received				
CONSTRUCTION AND PLANT EQUIPMENT ON JOB SITE TODAY. INDICATE HOURS USED AND SCHEDULE ACTIVITY NUMBER.						
Schedule Activity No.	Owner	Description of Construction Equipment Used Today (incl Make and Model)				Hours Used
Schedule Activity No.	REMARKS					
_____			_____			DATE
CONTRACTOR/SUPERINTENDENT						

QUALITY CONTROL PLAN COMPONENTS

MINIMUM PLAN REQUIREMENTS	
Table of Contents	List major sections identified with tabs in the order of the bulletized items following hereafter.
QC Organization	Organization chart showing organization structure and lines of authority.
Names and Qualifications	The names, qualifications, and classification of each member of the Contractor's Quality Control Team. The QC Manager and Alternate QC Manager must be employees of the Prime Contractor.
Duties, Responsibilities and Authorities of QC Personnel	A listing of assigned Quality Control activities for performance by the Prime Contractor, subcontractors, offsite fabricators, and suppliers.
Outside Organizations	A list of outside organizations such as Architectural and Consulting Engineering Firms that will be employed by the Contractor and a description of their services.
Appointment Letters	Letters signed by an officer of the firm appointing the QC Manager and Alternate QC Manager and stating that they are responsible for implementing and managing the QC Program as QC Manager and Alternate QC Manager to implement and manage the three phases of control and their authority to stop work which is not in compliance with the contract.
Submittal Procedures	A listing of procedures for scheduling and managing submittals.
Testing Laboratory Information	Performance of control testing is to be included in the QC Program. If a commercial testing laboratory is to be used, the plan must indicate both the laboratory to be used and the test methods to be employed. If technicians employed by the contractor will be performing the tests, the plan must indicate who will perform specific tests and their qualifications.
Testing Plan and Log	A testing plan and log that includes the tests required, referenced by the specification number requiring the test, the frequency, and the person responsible for each test.
Procedures to Complete Construction	A listing of the procedures to identify, record and track construction deficiencies/rework items from identification through corrective action.
Documentation Procedures	Documentation procedures including proposed report formats.
List Of Definable Features of Work	A list of the definable features of work (DFOW). A DFOW is a task which is separate and distinct from other tasks and has a separate control measure.
Procedures for Performing the Three Phases of Control	Preparatory Phase, Initial Phase, and Follow-up Phase
Personnel Matrix	A personnel matrix showing, for each section of the specification, who review and approve submittals, who will perform and document the three phases of control, and who will perform and document the testing.
Procedures for Completion Inspection	Provisions for the QC Manager to conduct completion inspections of the work and develop a "punch List" of items which do not conform to the contract requirements. Perform a second completion inspection to ascertain that all "punch list" items have been corrected and so notify the gov't.
Turn Over Procedures	To include but not limited to: Warranty information, O & M manuals, system operation and sequence verification, instruction and training procedures, pre-final inspection to include the Government, final inspection to include client/customer "punch list", "punch list" correction and verification, turnover of extra materials and spare parts, turnover of keys, and turnover of completed as-built drawings.

Activity Hazard Analysis (AHA)

Activity/Work Task:	Overall Risk Assessment Code (RAC) (Use highest code)					
Project Location:	Risk Assessment Code (RAC) Matrix					
Contract Number:	Severity	Probability				
Date Prepared:		Frequent	Likely	Occasional	Seldom	Unlikely
Prepared by (Name/Title):	Catastrophic	E	E	H	H	M
	Critical	E	H	H	M	L
Reviewed by (Name/Title):	Marginal	H	M	M	L	L
	Negligible	M	L	L	L	L
Notes: (Field Notes, Review Comments, etc.)		Step 1: Review each "Hazard" with identified safety "Controls" and determine RAC (See above)				
		"Probability" is the likelihood to cause an incident, near miss, or accident and identified as: Frequent, Likely, Occasional, Seldom or Unlikely.			RAC Chart	
		"Severity" is the outcome/degree if an incident, near miss, or accident did occur and identified as: Catastrophic, Critical, Marginal, or Negligible			E = Extremely High Risk	
		Step 2: Identify the RAC (Probability/Severity) as E, H, M, or L for each "Hazard" on AHA. Annotate the overall highest RAC at the top of AHA.			H = High Risk	
				M = Moderate Risk		
				L = Low Risk		
Job Steps	Hazards	Controls			RAC	
Equipment to be Used	Training Requirements/Competent or Qualified Personnel name(s)		Inspection Requirements			

Accident Prevention Plans (APP)
Appendix A EM 385-1-1
(15 SEPTEMBER 2008 edition)

FEAD/ROICC/FSC/OICC offices with the new safety requirements of EM 385 dated 15 SEPTEMBER 2008 assist our Contractors in learning how to properly develop an Accident Prevention Plan which will meet the US Army Corps of Engineers Safety and Health Requirements Manual EM 385-1-1 15 September 2008 Appendix A requirements as a minimum plan. Many of the Accident Prevention Plans (APP) that have been submitted/accepted are not in the correct format or do not address all the requirements of Appendix A.

Special new note **For LIMITED-SCOPE SERVICE, SUPPLY AND R&D CONTRACTS, for example, mowing (only), park attendant, rest room cleaning, the Contracting Officer and SOHO may allow an ABBREVIATED APP (customized APP requirements and waive the more stringent elements of this section). See 01.A.11 and Appendix A, paragraph 11.**

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

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

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

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

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

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

“Accepted/Acceptable: a term denoting when a written procedure, practice, method, program, engineering design, or employee qualification criteria submittal, which, after a cursory review by a GDA, is determined to generally conform to safety and health or contractual requirements. Acceptance or acceptability of such submittals in no way relieves the submitting entity from ensuring employees a safe and healthful work environment or complying with all contractual requirements and good engineering practices.”

For contract operations, the Contractor's APP shall be job specific and should include work to be performed by subcontractors.

In addition, the APP should state measures to be taken by the Contractor to control hazards associated with materials, services, or equipment provided by suppliers.

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

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

Steps for putting the Accident Prevention Plan Together.

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

By complying with Appendix A of the EM 385-1-1 you will have an Accident Prevention Plan which will meet the requirements of your contract and the Accident Prevention Plan can be modified for reuse with other NAVFAC contracts which may be awarded to your company

<p><u>Qualifications shall include the OSHA 30-hour course or equivalent course areas as listed here:</u></p>			
<p><u>(1) OSH Act/General Duty Clause;</u></p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<p><u>(2) 29 CFR 1904, Recordkeeping;</u></p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<p><u>(3) Subpart C: General Safety and Health Provisions, Competent Person;</u></p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<p><u>(4) Subpart D: Occupational Health and Environmental Controls, Citations and Safety Programs;</u></p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<p><u>(5) Subpart E: PPE, types and requirements for use;</u></p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<p><u>(6) Subpart F: understanding fire protection in the workplace;</u></p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<p><u>(7) Subpart K: Electrical;</u></p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<p><u>(8) Subpart M: Fall Protection;</u></p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<p><u>(9) Rigging, welding and cutting, <input type="checkbox"/> scaffolding, <input type="checkbox"/> excavations, <input type="checkbox"/> concrete and masonry, <input type="checkbox"/> demolition; <input type="checkbox"/> health hazards in construction, <input type="checkbox"/> materials handling, <input type="checkbox"/> storage and disposal, <input type="checkbox"/> hand and power tools, <input type="checkbox"/> motor vehicles, <input type="checkbox"/> mechanized equipment, <input type="checkbox"/> marine operations, <input type="checkbox"/> steel erection, <input type="checkbox"/> stairways and ladders, <input type="checkbox"/> confined spaces or any others that are applicable to the work being performed. <input type="checkbox"/></u></p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<p><u>c. The names of Competent and/or Qualified Person(s) and proof of competency/qualification to meet specific OSHA Competent/Qualified Person(s) requirements must be attached. The District SOHO will review the qualifications for acceptance;</u></p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

k. Asbestos abatement plan <u>(06.B.05 & specifications)</u> ;	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
l. <u>Radiation Safety Program (06.E.03.a)</u> ;	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
m. Abrasive blasting (06.H.01);	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
n. <u>Heat/Cold Stress Monitoring Plan (06.I.02)</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
o. <u>Crystalline Silica Monitoring Plan (Assessment) (06.M)</u> ;	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
p. Night operations lighting plan (07.A.08);	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
q. <u>Fire Prevention Plan (09.A)</u> ;	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
r. <u>Wild Land Fire Management Plan (09.K)</u> ;	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
s. <u>Hazardous energy control plan (12.A.01)</u> ;	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
t. Critical lift Plan (16.H);	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
u. Contingency plan for severe weather (19.A.03);	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
v. Float Plan (19.F.04);	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
w. Site-Specific Fall Protection & Prevention Plan (21.C);	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
x. Demolition plan (to include engineering survey) (23.A.01);	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
y. Excavation/trenching plan (25.A.01);	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
z. Emergency rescue (tunneling) (26.A.);	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
aa. Underground construction fire prevention and protection plan (26.D.01);	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
bb. Compressed air plan (26.I.01);	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
cc. Formwork and shoring erection and removal plans (27.C);	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
dd. Pre-Cast Concrete Plan (27.D);	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ee. Lift slab plans (27.E);	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ff. Steel erection plan (27.F.01);	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<p>gg. Site Safety and Health Plan for HTRW work (28.B);</p> <p>hh. Blasting Safety Plan (29.A.01);</p> <p>ii. Diving plan (30.A.13);</p> <p>jj. Confined space Program (34.A);</p>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<p>9. <u>RISK MANAGEMENT PROCESSES</u>. Detailed <u>project-specific</u> hazards and controls shall be provided by an <u>Activity Hazard Analysis (01.A.13)</u> for <u>each major phase/activity of work</u>.</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<p>REMARKS;</p>			

MACHINERY & MECHANIZED EQUIPMENT CERTIFICATION FORM

From (Prime Contractor): _____

Contract No.: _____

Contract Title: _____

To: Contracting Officer

Subj: **SAFETY CERTIFICATION OF MACHINERY AND MECHANIZED EQUIPMENT**

Reference: (a) U.S. Army Corps of Engineers, EM 385-1-1 (15 Sep 2008), Safety & Health Requirements Manual, (b) NAVFAC P-307 (Dec 2009)

Per EM 385-1-1, paragraph 18.A.03.b, "Before initial use, vehicles not otherwise inspected by State or local authorities, shall be inspected by a qualified mechanic and found in safe operating condition and in compliance with all required published vehicle safety standards. *This safety certification form shall be available for inspection on the work site.* > **Subsequent re-inspections will be conducted at least annually thereafter.**

Inspection and certification of machinery and mechanized equipment, as required by EM 385-1-1 and NAVFAC P-307, has been made for the following equipment:

a. Identification of equipment:

(1) Make: _____ Model: _____

License/Serial Number: _____ Year: _____

(2) Make: _____ Model: _____

License/Serial Number: _____ Year: _____

2. The above listed equipment is **CERTIFIED TO BE IN SAFE OPERATING CONDITION BY A QUALIFIED PERSON IN ACCORDANCE WITH THE MANUFACTURE'S RECOMMENDATIONS.**

Every person operating a motor vehicle shall possess, at all times while operating such vehicle, a license/permit valid for the equipment being operated. All machinery and mechanized equipment will be operated *only by designated qualified personnel.*

I certify that all machinery and mechanized equipment listed above is certified to be in safe operating condition in accordance with the manufacture's recommendations.

Name, Title, and signature of Qualified Person making the inspection

Name: _____ Title: _____

Signature (Qualified Person) _____ Date: _____

Copy to: Contract File

APPENDIX P – CONTRACTOR CRANE (OR ALTERNATE MACHINE USED TO LIFT
SUSPENDED LOAD) AND RIGGING GEAR REQUIREMENTS

CERTIFICATE OF COMPLIANCE	
This certificate shall be signed by an official of the company that provides cranes (or multi-purpose machines, material handling equipment, or construction equipment used to lift loads suspended by rigging gear) or rigging gear for any application under this contract. Post a completed certificate on each crane or alternate machine (or in the contractor's on-site office for rigging operations) brought onto Navy property.	
CONTRACTING OFFICER'S POINT OF CONTACT (Government Representative)	PHONE
PRIME CONTRACTOR/PHONE	CONTRACT NUMBER
CRANE OR ALTERNATE MACHINE SUPPLIER/PHONE (if different from prime contractor)	CRANE OR ALTERNATE MACHINE NUMBER (i.e., ID number)
CRANE OR ALTERNATE MACHINE MANUFACTURER/TYPE/CAPACITY	
CRANE OR ALTERNATE MACHINE OPERATOR'S NAME(S)	
<p>I certify that</p> <ol style="list-style-type: none"> 1. The above noted crane or alternate machine and all rigging gear conform to applicable OSHA regulations (host country regulations for naval activities in foreign countries) and applicable ASME B30 standards. The following OSHA regulations and ASME standards apply: _____ 2. The operators noted above have been trained and are qualified for the operation of the above noted crane(s) or alternate machine(s). 3. The operators noted above have been trained not to bypass safety devices during lifting operations. 4. The operators, riggers and company officials are aware of the actions required in the event of an accident as specified in the contract. 	
COMPANY OFFICIAL SIGNATURE	DATE
COMPANY OFFICIAL NAME/TITLE	
<p>POST ON CRANE (OR ALTERNATE MACHINE) (IN CAB OR VEHICLE) (or in the contractor's on-site office for rigging operations)</p>	

FIGURE P-1

Initial Report
 Follow-up Report
 Final Report
 Date ____ / ____ / ____

Contractor Incident Report System (CIRS)

1. Contract Information		Incident Information	
Prime Contractor:	Cage Code:	Contract Number:	Installation of Incident:
Task Order #:	Contracting Activity/ROICC Office:	Contractor Contact Information	
Name (Last, First):	Phone #:	Email Address:	Date Notified:
2. Incident Type (Please Check/Bold All That Apply)			
<input type="checkbox"/> Assault/Violent Act	<input type="checkbox"/> Extreme Environmental Exposure	<input type="checkbox"/> Man over the side (No water entry)	
<input type="checkbox"/> Diving	<input type="checkbox"/> Falls, slip, trip, or bodily exertion	<input type="checkbox"/> Man Overboard - Water Entry	
<input type="checkbox"/> Electrical Shock/Burns	<input type="checkbox"/> Fires - All Types	<input type="checkbox"/> Material Handling Equipment	
<input type="checkbox"/> Equipment Installation/Repair	<input type="checkbox"/> Hazardous Material (any type)	<input type="checkbox"/> Ordnance-Related (Explosive)	
<input type="checkbox"/> Explosion, Non-Ordnance	<input type="checkbox"/> Industrial (Select Additional Below)	<input type="checkbox"/> Vehicle (Government or Private)	
Industrial Incident Additional Information (Please Check/Bold All That Apply)			
<input type="checkbox"/> Confined Space	<input type="checkbox"/> Hand and Power Tools	<input type="checkbox"/> Work Platforms and Scaffolding	
<input type="checkbox"/> Demolition/Renovation	<input type="checkbox"/> Rigging	<input type="checkbox"/> Underground Construction, Shafts, and Caissons	
<input type="checkbox"/> Trenching/Entrapment	<input type="checkbox"/> Cranes and Hoisting Equipment	<input type="checkbox"/> Concrete, Masonry, Steel Erection and Residential Construction	
<input type="checkbox"/> Traffic Control	<input type="checkbox"/> Floating Plant and Marine Activities	<input type="checkbox"/> Tree Maintenance and Removal	
<input type="checkbox"/> Welding and Cutting	<input type="checkbox"/> Pressurized Equipment and System	<input type="checkbox"/> Airfield and Aircraft Operations	
<input type="checkbox"/> Control of Hazardous Energy	<input type="checkbox"/> Fall Protection		

4. Fully Explain What Allowed or Caused the Incident:	Incident Information
--	-----------------------------

Direct Cause:

Indirect Cause:

Additional Action Taken: (Please Include a Begin Date and Est. End Date in Description)

Additional Action Taken: (Please Include a Begin Date and Est. End Date in Description) *(Use the back of page if you need additional space)*

5. Contributing Factors:

Was Visibility Restricted? Yes No

Distance Visibility was restricted:

Unit of Measure (Check/Bold): Feet Yards Meters Miles Nautical Miles

Visibility Restricted By: (Check/Bold all that apply)

Fog Smoke Rain Sleet Snow
 Mist Dust Sandstorm Unknown Object Other:

Lighting Conditions at Site of Mishap:

(Please Check)

Adequate Inadequate Unknown

Was Noise Level a Factor:

(Please Check)

Yes No Unknown

Was Carbon Monoxide (CO) a Factor:(Please Check)

Yes No

If Yes CO Alarm Manufacturer:

1. Injured Data		(if applicable) Person #	
Age:	Gender: (Check/Bold) <input type="checkbox"/> Male <input type="checkbox"/> Female	Prime Contractor Company Name:	Subcontractor Company Name:
2. General Information			
Drug or Alcohol Involved: (Check/Bold all that apply)			
<input type="checkbox"/> None	<input type="checkbox"/> Unknown	<input type="checkbox"/> Alcohol	<input type="checkbox"/> Drugs <input type="checkbox"/> Alcohol and Drugs
Who Provided First Aid? <input type="checkbox"/> Onsite <input type="checkbox"/> Base <input type="checkbox"/> Public			
Was Ergonomics a Factor: (Check/Bold) <input type="checkbox"/> Yes <input type="checkbox"/> No			
Type of Ergonomic Injury: (Check/Bold All That Apply)			
<input type="checkbox"/> Lifting	<input type="checkbox"/> Positioning	<input type="checkbox"/> Bending	<input type="checkbox"/> Equipment Placement Office
<input type="checkbox"/> Equipment Placement Industrial	<input type="checkbox"/> Repetitive Motion	<input type="checkbox"/> Impact Strain	
3. Injury Illness/Fatality Information			
Severity of Injury/Illness: (Check/Bold)			
<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	
Where There Days Lost: (Check/Bold)	Where There Days Hospitalized: (Check/Bold)	Where There Days Restricted Duty: (Check/Bold)	
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Part of Body Affected:			
Nature of Injury or Illness:			
Event or Exposure:			
Source of Injury or Illness:			
General Location Description:			
Injury Activity Code:			

4. License(if applicable) **Person #**Are Appropriate License and Certification/Medical Current: (Check/Bold) Yes No

Describe or Explain:

**Attach Image of License or Certification
Name/Description:****Date Added:****Uploaded By:****5. Training**Was all the contract-required training provided to the employee: (Check/Bold) Yes No

Explain:

6. Attached Documents**Attached Documents
Name/Description:****Date Added:****Uploaded By:**

4. License(if applicable) **Property Damage**Are Appropriate License and Certification/Medical Current: (Check/Bold) Yes No

Describe or Explain:

**Attach Image of License or Certification
Name/Description:****Date Added:****Uploaded By:**

Attach Image of License or Certification Name/Description:	Date Added:	Uploaded By:

5. TrainingWas all the contract-required training provided to the employee? (Check/Bold) Yes No

Explain:

CONTRACTOR INCIDENT REPORT SYSTEM (CIRS) INSTRUCTIONS
Complete Only Sections Appropriate to Incident (Rev. 03/11).

NOTE: THE ATTACHED CIRS 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 pages 5-6. A report needs to be completed for all OSHA recordable accidents and property damage cases. Please type or print legibly. Appropriate items shall be Checkd/Bolded, 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: (Check/Bold)

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.

Incident Information

Section 1 Contract Information – Incident Information

Prime Contractor: Name as it appears on contract documents.

Cage Code: If known.

Contract Number: Number as it appears on the contract documents.

Installation: Name of installation where incident occurred.

Task Order #: Insert number if applicable.

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.).

Contractor Contact Information: (Contractor point of contact information for the individual responsible for completing the form) Self Explanatory

Section 2 Incident Type: Check/Bold most applicable category, if you select Industrial you must Check/Bold at least one additional category from the **Industrial Incident Additional Information Section**.

Section 3 General Information Incident Information

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.).

Describe the Accident in Detail in your words: Fully describe the accident in the space provided. If property damage involved, give estimated dollar amount of damage and/or repair costs involved. If additional space is needed continue on a separate sheet and attach to this report. Give the sequence of events that describe what happened leading up to and including the accident. Fully identify personnel and equipment involved and their role(s) in the accident. Ensure that relationships between personnel and equipment are clearly specified. Ensure questions below regarding direct cause(s), indirect cause(s), and actions taken are answered. **NOTE!** Review questions in Section 4 (Fully Explain What Allowed or Caused the Incident - Incident Information) below before completing.

Exact Location of Accident: Enter facts needed to locate the accident scene (e.g. installation/project name, building/room number, street, direction and distance from closest landmark, etc.).

Were Hazardous Material(s) Involved Yes No

If Yes, Explain What Hazardous Materials Were Involved and Why: Check or Bold appropriate block and list name(s) and quantities of hazardous materials spilled/released during the mishap. List why the hazardous chemicals were being used.

Activity at the time of incident: What type of work/task was being performed by the injured when the injury took place or property damage occurred.

Personal Protective Equipment– Check/Bold appropriate items 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.)

Section 4 Fully Explain What Allowed or Caused the Incident - Incident Information

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).

Additional Action Taken: Fully describe all the actions taken, anticipated, and recommended to eliminate the cause(s) and prevent reoccurrence of similar accidents/illnesses. Continue in the additional box and or on additional sheets of paper if necessary to fully explain and attach to the completed report form.

Please Include a Begin Date and Estimated Completion Date in Description

(1) Begin: Enter the date when the corrective action(s) identified above will begin.

(2) Est. End Date - Enter the date when the corrective action(s) identified above will be completed.

Section 5 Contributing Factors Incident Information: Check/Bold appropriate items fill in information where required
Other Contributing Factors: Describe in detail any additional contributing factors not listed in previous information provided.

Section 6 Attached Documents: Provide the appropriate information for each document/file attached or uploaded.

Injured Data Person #

Complete Pages 5 and 6 for each injured person At the upper right hand corner of page 5 and 6 differentiate between each person by using a numerical value (e.g. Person #1, Person #, Person #3, etc.)

Section 1 Injured Data: Fill in all applicable information, Check/bold appropriate responses.

Section 2 General Information:

Check/bold appropriate responses

Section 3 Injury/Illness Fatality Information: Check/bold appropriate responses

Part of Body 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: Describes the manner in which the injury or illness was inflicted or produced. It attempts to answer the broad question of “how” work injuries and illnesses occurred. (e.g. Fall, Struck By, Caught By, Repetitive Motion, Rubbed or Abraded By, etc.)

Event or Exposure: Describes what was produced by the injury or illness was produced or inflicted. (e.g. Infectious Parasitic Diseases, Traumatic Injuries and Disorders, Open Wounds, Burns, Intracranial Injuries, etc.)

Source of Injury Illness: Identifies the object, substance, bodily motion, or exposure, which directly produced or inflicted the previously identified injury or illness. (e.g. Acids, Chemical Products, Furniture and Fixtures, Machinery, Structures and Surfaces, Tools Instruments and Equipment, etc.)

General Location Description: Describes where the injury occurred (e.g. Industrial Facilities, Operational Industrial Building Plant , Roadway, etc.)

Injury Activity Code: Describes what the injured person was doing when the injury occurred. (e.g. Operating Type of Equipment, Construction Activity Being Performed, Industrial Operation Being Conducted, etc.)

Section 4 License:

Are Appropriate License and Certification/Medical Current: Did the injured employee have the appropriate license/certification or medical evaluations completed to conduct the work/task being performed.

Describe/Explain: Describe the required (licensing/certification/medical evaluation) for job/task being performed, date when license was issued, and expiration date. (e.g. “Powdered Actuated Tools, Hilti DX-350, License issued 11/29/2011, expires 3-years from issue date.” “Respirator Semi Annual Medical Evaluation, conducted 12/30/2011, expires on 12/30/2013”, etc.)

Attach Image of License or Certification: Self-Explanatory

Section 5 Training:

Was all the contract-required training provided to the employee: Self-Explanatory

Explain: If no, to the previous questions explain why the employee was not trained.

Section 6 Attached Documents:

Self-Explanatory use this for photos, drawings, diagrams, or other relevant documents.

Property Damage

Section 1 Involved Person Data: Fill in all applicable information, Check/bold appropriate responses.

Section 2 Attached Documents:

Self-Explanatory use this for photos, drawings, diagrams, or other relevant documents.

Section 3 Property Damaged:

Check/bold appropriate responses. Other Headings Self-Explanatory.

Section 4 License:

Are Appropriate License and Certification/Medical Current: Did the equipment operator have the appropriate license/certification or medical evaluations completed to conduct the work/task being performed.

Describe/Explain: Describe the required (licensing/certification/medical evaluation) for job/task being performed, date when license was issued, and expiration date. (e.g. “State Issued Driver, License issued 11/29/2011, expires on MM/DD/YYYY)” “Scissor Lift, JLG Model 260MRT conducted 12/30/2011, does not expire.”)

Attach Image of License or Certification: Self-Explanatory

Section 5 Training:

Was all the contract-required training provided to the employee: Self-Explanatory

OSHA Forms for Recording Work-Related Injuries and Illnesses

Dear Employer:

This booklet includes the forms needed for maintaining occupational injury and illness records. Many but not all employers must complete the OSHA injury and illness recordkeeping forms on an ongoing basis. Employers in State Plan States should check with their State Plan to see if the exemptions below apply.

Employers with 10 or fewer employees throughout the previous calendar year do not need to complete these forms. Said another way, if there are more than 10 employees at any time during that calendar year, the employer may come under the requirement. When counting employees, you must include full-time, part-time, temporary, and seasonal workers. This exemption is based on the employment of the entire company rather than the establishment. For example, if a company has two establishments, one with 5 employees and one with 7 employees, the company must fill out the forms for each establishment because the company employment is greater than 10.

In addition to the small employer exemption, there is an exemption for establishments classified in certain industries. For example, the forms do not need to be completed for restaurants, banks, and medical offices. A complete list of exempt industries can be found on the OSHA web page at www.osha.gov.

Establishments normally exempt from keeping the OSHA forms must complete the forms if they are informed in writing to do so by the Bureau of Labor Statistics or OSHA. Also, exempt establishments must report to the local OSHA office within 8 hours any fatality or incident involving three or more in-patient hospitalizations.

The Occupational Safety and Health Administration shares with you the goal of preventing injuries and illnesses in our nation's workplaces. Accurate injury and illness records will help us achieve that goal.

Occupational Safety and Health Administration
U.S. Department of Labor

What's Inside...

In this package, you'll find everything you need to complete OSHA's *Log* and the *Summary of Work-Related Injuries and Illnesses* for the next several years. On the following pages, you'll find:

- ▼ *An Overview: Recording Work-Related Injuries and Illnesses* — General instructions for filling out the forms in this package and definitions of terms you should use when you classify your cases as injuries or illnesses.
- ▼ *How to Fill Out the Log* — An example to guide you in filling out the *Log* properly.
- ▼ *Log of Work-Related Injuries and Illnesses* — Several pages of the *Log* (but you may make as many copies of the *Log* as you need.) Notice that the *Log* is separate from the *Summary*. 
- ▼ *Summary of Work-Related Injuries and Illnesses* — Removable *Summary* pages for easy posting at the end of the year. Note that you post the *Summary* only, not the *Log*. 
- ▼ *Worksheet to Help You Fill Out the Summary* — A worksheet for figuring the average number of employees who worked for your establishment and the total number of hours worked.
- ▼ *OSHA's 301: Injury and Illness Incident Report* — A copy of the OSHA 301 to provide details about the incident. You may make as many copies as you need or use an equivalent form. 

Take a few minutes to review this package. If you have any questions, visit us online at www.osha.gov or call your local OSHA office. We'll be happy to help you.





An Overview: Recording Work-Related Injuries and Illnesses

The Occupational Safety and Health (OSH) Act of 1970 requires certain employers to prepare and maintain records of work-related injuries and illnesses. Use these definitions when you classify cases on the Log. OSHA's recordkeeping regulation (see 29 CFR Part 1904) provides more information about the definitions below.

The *Log of Work-Related Injuries and Illnesses* (Form 300) is used to classify work-related injuries and illnesses and to note the extent and severity of each case. When an incident occurs, use the *Log* to record specific details about what happened and how it happened. The *Summary* — a separate form (Form 300A) — shows the totals for the year in each category. At the end of the year, post the *Summary* in a visible location so that your employees are aware of the injuries and illnesses occurring in their workplace.

Employers must keep a *Log* for each establishment or site. If you have more than one establishment, you must keep a separate *Log* and *Summary* for each physical location that is expected to be in operation for one year or longer.

Note that your employees have the right to review your injury and illness records. For more information, see 29 Code of Federal Regulations Part 1904.35, *Employee Involvement*.

Cases listed on the *Log of Work-Related Injuries and Illnesses* are not necessarily eligible for workers' compensation or other insurance benefits. Listing a case on the *Log* does not mean that the employer or worker was at fault or that an OSHA standard was violated.

When is an injury or illness considered work-related?

An injury or illness is considered work-related if an event or exposure in the work environment caused or contributed to the condition or significantly aggravated a preexisting condition. Work-relatedness is

presumed for injuries and illnesses resulting from events or exposures occurring in the workplace, unless an exception specifically applies. See 29 CFR Part 1904.5(b)(2) for the exceptions. The work environment includes the establishment and other locations where one or more employees are working or are present as a condition of their employment. See 29 CFR Part 1904.5(b)(1).

Which work-related injuries and illnesses should you record?

Record those work-related injuries and illnesses that result in:

- ▼ death,
- ▼ loss of consciousness,
- ▼ days away from work,
- ▼ restricted work activity or job transfer, or
- ▼ medical treatment beyond first aid.

You must also record work-related injuries and illnesses that are significant (as defined below) or meet any of the additional criteria listed below.

You must record any significant work-related injury or illness that is diagnosed by a physician or other licensed health care professional. You must record any work-related case involving cancer, chronic irreversible disease, a fractured or cracked bone, or a punctured eardrum. See 29 CFR 1904.7.

What are the additional criteria?

You must record the following conditions when they are work-related:

- ▼ any needlestick injury or cut from a sharp object that is contaminated with another person's blood or other potentially infectious material;
- ▼ any case requiring an employee to be medically removed under the requirements of an OSHA health standard;
- ▼ tuberculosis infection as evidenced by a positive skin test or diagnosis by a physician or other licensed health care professional after exposure to a known case of active tuberculosis;
- ▼ an employee's hearing test (audiogram) reveals 1) that the employee has experienced a Standard Threshold Shift (STS) in hearing in one or both ears (averaged at 2000, 3000, and 4000 Hz) and 2) the employee's total hearing level is 25 decibels (dB) or more above audiometric zero (also averaged at 2000, 3000, and 4000 Hz) in the same ear(s) as the STS.

What is medical treatment?

Medical treatment includes managing and caring for a patient for the purpose of combating disease or disorder. The following are not considered medical treatments and are NOT recordable:

- ▼ visits to a doctor or health care professional solely for observation or counseling;

What do you need to do?

1. Within 7 calendar days after you receive information about a case, decide if the case is recordable under the OSHA recordkeeping requirements.
2. Determine whether the incident is a new case or a recurrence of an existing one.
3. Establish whether the case was work-related.
4. If the case is recordable, decide which form you will fill out as the injury and illness incident report.
You may use OSHA's 301: *Injury and Illness Incident Report* or an equivalent form. Some state workers compensation, insurance, or other reports may be acceptable substitutes, as long as they provide the same information as the OSHA 301.

How to work with the Log

1. Identify the employee involved unless it is a privacy concern case as described below.
2. Identify when and where the case occurred.
3. Describe the case, as specifically as you can.
4. Classify the seriousness of the case by recording the **most serious outcome** associated with the case, with column G (Death) being the most serious and column J (Other recordable cases) being the least serious.
5. Identify whether the case is an injury or illness. If the case is an injury, check the injury category. If the case is an illness, check the appropriate illness category.



- ▼ diagnostic procedures, including administering prescription medications that are used solely for diagnostic purposes; and
- ▼ any procedure that can be labeled first aid. (See below for more information about first aid.)

What is first aid?

If the incident required only the following types of treatment, consider it first aid. Do NOT record the case if it involves only:

- ▼ using non-prescription medications at non-prescription strength;
- ▼ administering tetanus immunizations;
- ▼ cleaning, flushing, or soaking wounds on the skin surface;
- ▼ using wound coverings, such as bandages, BandAids™, gauze pads, etc., or using SteriStrips™ or butterfly bandages;
- ▼ using hot or cold therapy;
- ▼ using any totally non-rigid means of support, such as elastic bandages, wraps, non-rigid back belts, etc.;
- ▼ using temporary immobilization devices while transporting an accident victim (splints, slings, neck collars, or back boards);
- ▼ drilling a fingernail or toenail to relieve pressure, or draining fluids from blisters;
- ▼ using eye patches;
- ▼ using simple irrigation or a cotton swab to remove foreign bodies not embedded in or adhered to the eye;
- ▼ using irrigation, tweezers, cotton swab or other simple means to remove splinters or foreign material from areas other than the eye;

- ▼ using finger guards;
- ▼ using massages;
- ▼ drinking fluids to relieve heat stress.

How do you decide if the case involved restricted work?

Restricted work activity occurs when, as the result of a work-related injury or illness, an employer or health care professional keeps, or recommends keeping, an employee from doing the routine functions of his or her job or from working the full workday that the employee would have been scheduled to work before the injury or illness occurred.

How do you count the number of days of restricted work activity or the number of days away from work?

Count the number of calendar days the employee was on restricted work activity or was away from work as a result of the recordable injury or illness. Do not count the day on which the injury or illness occurred in this number. Begin counting days from the day **after** the incident occurs. If a single injury or illness involved both days away from work and days of restricted work activity, enter the total number of days for each. You may stop counting days of restricted work activity or days away from work once the total of either or the combination of both reaches 180 days.

Under what circumstances should you NOT enter the employee's name on the OSHA Form 300?

You must consider the following types of injuries or illnesses to be privacy concern cases:

- ▼ an injury or illness to an intimate body part or to the reproductive system,
- ▼ an injury or illness resulting from a sexual assault,
- ▼ a mental illness,
- ▼ a case of HIV infection, hepatitis, or tuberculosis,
- ▼ a needlestick injury or cut from a sharp object that is contaminated with blood or other potentially infectious material (see 29 CFR Part 1904.8 for definition), and
- ▼ other illnesses, if the employee independently and voluntarily requests that his or her name not be entered on the log.

You must not enter the employee's name on the OSHA 300 Log for these cases. Instead, enter "privacy case" in the space normally used for the employee's name. You must keep a separate, confidential list of the case numbers and employee names for the establishment's privacy concern cases so that you can update the cases and provide information to the government if asked to do so.

If you have a reasonable basis to believe that information describing the privacy concern case may be personally identifiable even though the employee's name has been omitted, you may use discretion in describing the injury or illness on both the OSHA 300 and 301 forms. You must enter enough information to identify the cause of the incident and the general severity of the

injury or illness, but you do not need to include details of an intimate or private nature.

What if the outcome changes after you record the case?

If the outcome or extent of an injury or illness changes after you have recorded the case, simply draw a line through the original entry or, if you wish, delete or white-out the original entry. Then write the new entry where it belongs. Remember, you need to record the most serious outcome for each case.

Classifying injuries

An injury is any wound or damage to the body resulting from an event in the work environment.

Examples: Cut, puncture, laceration, abrasion, fracture, bruise, contusion, chipped tooth, amputation, insect bite, electrocution, or a thermal, chemical, electrical, or radiation burn. Sprain and strain injuries to muscles, joints, and connective tissues are classified as injuries when they result from a slip, trip, fall or other similar accidents.



Classifying illnesses

Skin diseases or disorders

Skin diseases or disorders are illnesses involving the worker's skin that are caused by work exposure to chemicals, plants, or other substances.

Examples: Contact dermatitis, eczema, or rash caused by primary irritants and sensitizers or poisonous plants; oil acne; friction blisters, chrome ulcers; inflammation of the skin.

Respiratory conditions

Respiratory conditions are illnesses associated with breathing hazardous biological agents, chemicals, dust, gases, vapors, or fumes at work.

Examples: Silicosis, asbestosis, pneumonitis, pharyngitis, rhinitis or acute congestion; farmer's lung, beryllium disease, tuberculosis, occupational asthma, reactive airways dysfunction syndrome (RADS), chronic obstructive pulmonary disease (COPD), hypersensitivity pneumonitis, toxic inhalation injury, such as metal fume fever, chronic obstructive bronchitis, and other pneumoconioses.

Poisoning

Poisoning includes disorders evidenced by abnormal concentrations of toxic substances in blood, other tissues, other bodily fluids, or the breath that are caused by the ingestion or absorption of toxic substances into the body.

Examples: Poisoning by lead, mercury, cadmium, arsenic, or other metals; poisoning by carbon monoxide, hydrogen sulfide, or other gases; poisoning by benzene, benzol, carbon tetrachloride, or other organic solvents; poisoning by insecticide sprays, such as parathion or lead arsenate; poisoning by other chemicals, such as formaldehyde.

Hearing Loss

Noise-induced hearing loss is defined for recordkeeping purposes as a change in hearing threshold relative to the baseline audiogram of an average of 10 dB or more in either ear at 2000, 3000 and 4000 hertz, and the employee's total hearing level is 25 decibels (dB) or more above audiometric zero (also averaged at 2000, 3000, and 4000 hertz) in the same ear(s).

All other illnesses

All other occupational illnesses.

Examples: Heatstroke, sunstroke, heat exhaustion, heat stress and other effects of environmental heat; freezing, frostbite, and other effects of exposure to low temperatures; decompression sickness; effects of ionizing radiation (isotopes, x-rays, radium); effects of nonionizing radiation (welding flash, ultra-violet rays, lasers); anthrax; bloodborne pathogenic diseases, such as AIDS, HIV, hepatitis B or hepatitis C; brucellosis; malignant or benign tumors; histoplasmosis; coccidioidomycosis.

When must you post the Summary?

You must post the *Summary* only — not the *Log* — by February 1 of the year following the year covered by the form and keep it posted until April 30 of that year.

How long must you keep the Log and Summary on file?

You must keep the *Log* and *Summary* for 5 years following the year to which they pertain.

Do you have to send these forms to OSHA at the end of the year?

No. You do not have to send the completed forms to OSHA unless specifically asked to do so.

How can we help you?

If you have a question about how to fill out the *Log*,

- ▼ visit us online at www.osha.gov or
- ▼ call your local OSHA office.

Optional

Calculating Injury and Illness Incidence Rates

What is an incidence rate?

An incidence rate is the number of recordable injuries and illnesses occurring among a given number of full-time workers (usually 100 full-time workers) over a given period of time (usually one year). To evaluate your firm's injury and illness experience over time or to compare your firm's experience with that of your industry as a whole, you need to compute your incidence rate. Because a specific number of workers and a specific period of time are involved, these rates can help you identify problems in your workplace and/or progress you may have made in preventing work-related injuries and illnesses.

How do you calculate an incidence rate?

You can compute an occupational injury and illness incidence rate for all recordable cases or for cases that involved days away from work for your firm quickly and easily. The formula requires that you follow instructions in paragraph (a) below for the total recordable cases or those in paragraph (b) for cases that involved days away from work, and for both rates the instructions in paragraph (c).

(a) To find out the total number of recordable injuries and illnesses that occurred during the year, count the number of line entries on your OSHA Form 300, or refer to the OSHA Form 300A and sum the entries for columns (G), (H), (I), and (J).

(b) To find out the number of injuries and illnesses that involved days away from work, count the number of line entries on your OSHA Form 300 that received a check mark in column (H), or refer to the entry for column (H) on the OSHA Form 300A.

(c) The number of hours all employees actually worked during the year. Refer to OSHA Form 300A and optional worksheet to calculate this number.

You can compute the incidence rate for all recordable cases of injuries and illnesses using the following formula:

Total number of injuries and illnesses X 200,000 ÷ Number of hours worked by all employees = Total recordable case rate

(The 200,000 figure in the formula represents the number of hours 100 employees working 40 hours per week, 50 weeks per year would work, and provides the standard base for calculating incidence rates.)

You can compute the incidence rate for recordable cases involving days away from work, days of restricted work activity or job transfer (DART) using the following formula:

(Number of entries in column H + Number of entries in column I) X 200,000 ÷ Number of hours worked by all employees = DART incidence rate

You can use the same formula to calculate incidence rates for other variables such as cases involving restricted work activity (column (I) on Form 300A), cases involving skin disorders (column (M-2) on Form 300A), etc. Just substitute the appropriate total for these cases, from Form 300A, into the formula in place of the total number of injuries and illnesses.

What can I compare my incidence rate to?

The Bureau of Labor Statistics (BLS) conducts a survey of occupational injuries and illnesses each year and publishes incidence rate data by

various classifications (e.g., by industry, by employer size, etc.). You can obtain these published data at www.bls.gov/iif or by calling a BLS Regional Office.

Worksheet

Total number of injuries and illnesses		Number of hours worked by all employees		Total recordable case rate
	X 200,000	÷	=	
_____		_____		_____
Number of entries in Column H + Column I		Number of hours worked by all employees		DART incidence rate
	X 200,000	÷	=	
_____		_____		_____



How to Fill Out the Log

The *Log of Work-Related Injuries and Illnesses* is used to classify work-related injuries and illnesses and to note the extent and severity of each case. When an incident occurs, use the *Log* to record specific details about what happened and how it happened.

If your company has more than one establishment or site, you must keep separate records for each physical location that is expected to remain in operation for one year or longer.

If you need additional copies of the *Log*, you may photocopy the printout or insert additional form pages in the PDF, and then use as many as you need.

The *Summary* — a separate form — shows the work-related injury and illness totals for the year in each category. At the end of the year, count the number of incidents in each category and transfer the totals from the *Log* to the *Summary*. Then post the *Summary* in a visible location so that your employees are aware of injuries and illnesses occurring in their workplace.

You don't post the *Log*. You post only the *Summary* at the end of the year.

OSHA's Form 300 (Rev. 01/2004)
Log of Work-Related Injuries and Illnesses

Year 20 00
U.S. Department of Labor
Occupational Safety and Health Administration
Form approved OMB no. 1218-0176

Establishment name XYZ Company
City Anywhere State MA

You must record information about every work-related death and about every work-related injury or illness that involves loss of consciousness, restricted work activity or job transfer, days away from work, or medical treatment beyond first aid. You must also record significant work-related injuries and illnesses that are diagnosed by a physician or licensed health care professional. You must also record work-related injuries and illnesses that meet any of the specific recording criteria listed in 29 CFR Part 1904.8 through 1904.12. Feel free to use two lines for a single case if you need to. You must complete an Injury and Illness Incident Report (OSHA Form 301) or equivalent form for each injury or illness recorded on this form. If you're not sure whether a case is recordable, call your local OSHA office for help.

Identify the person		Describe the case				Classify the case				Enter the number of days the injured or ill worker was:											
(A) Case no.	(B) Employee's name	(C) Job title (e.g. Welder)	(D) Date of injury or onset of illness	(E) Where the event occurred (e.g. Loading dock north end)	(F) Describe injury or illness, parts of body affected, and object/substance that directly injured or made person ill (e.g. Second degree burns on right forearm from acetylene torch)	SELECT ONLY ONE box for each case based on the most serious outcome for that case:				Away from work		On job transfer or restriction		Select the "Injury" column or choose one type of illness:							
						Remained at Work								(M)							
						Death	Days away from work	Job transfer or restriction	Other recordable cases	(G)	(H)	(I)	(J)	(K)	(L)	Days lost due to injury or illness	Days lost due to job transfer or restriction	Days lost due to other injury or illness	Days lost due to other injury or illness	Days lost due to other injury or illness	Days lost due to other injury or illness
RESET	1	Mark Bagin	Welder	5 / 25 morning	basement	fracture, left arm and left leg, fell from ladder	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	12 days	15 days	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
RESET	2	Shana Alexander	Foundry man	7 / 2 morning	pouring deck	poisoning from lead fumes	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	7 days	30 days	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
RESET	3	Sam Sander	Electrician	8 / 15 morning	2nd floor storeroom	broken left foot, fell over box	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	3 days	30 days	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
RESET	4	Ralph Boccia	Laborer	9 / 17 morning	packaging dept	Back strain lifting a box	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	3 days	30 days	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
RESET	5	Jarrod Daniels	Machine opt.	10 / 23 morning	production floor	dust in eye	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	3 days	30 days	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
RESET							<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	— days	— days	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
RESET							<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	— days	— days	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Be as specific as possible. You can use two lines if you need more room.

Revise the log if the injury or illness progresses and the outcome is more serious than you originally recorded for the case. Cross out, erase, or white-out the original entry if hard copy. (If using the PDF's fillable form feature, simply change your selections. You can also clear the entire case entry from the Log using the Reset button.)

Choose ONLY ONE of these categories. Classify the case by recording the most serious outcome of the case, with column G (Death) being the most serious and column J (Other recordable cases) being the least serious.

Note whether the case involves an injury or an illness.



OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20__



U.S. Department of Labor
Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

All establishments covered by Part 1904 must complete this Summary page, even if no work-related injuries or illnesses occurred during the year. Remember to review the Log to verify that the entries are complete and accurate before completing this summary.

Using the Log, count the individual entries you made for each category. Then write the totals below, making sure you've added the entries from every page of the Log. If you had no cases, write "0."

Employees, former employees, and their representatives have the right to review the OSHA Form 300 in its entirety. They also have limited access to the OSHA Form 301 or its equivalent. See 29 CFR Part 1904.35, in OSHA's recordkeeping rule, for further details on the access provisions for these forms.

Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
_____	_____	_____	_____
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
_____	_____
(K)	(L)

Injury and Illness Types

Total number of . . . (M)	
(1) Injuries _____	(4) Poisonings _____
(2) Skin disorders _____	(5) Hearing loss _____
(3) Respiratory conditions _____	(6) All other illnesses _____

Post this Summary page from February 1 to April 30 of the year following the year covered by the form.

Public reporting burden for this collection of information is estimated to average 50 minutes per response, including time to review the instructions, search and gather the data needed, and complete and review the collection of information. Persons are not required to respond to the collection of information unless it displays a currently valid OMB control number. If you have any comments about these estimates or any other aspects of this data collection, contact: US Department of Labor, OSHA Office of Statistical Analysis, Room N-3644, 200 Constitution Avenue, NW, Washington, DC 20210. Do not send the completed forms to this office.

Establishment information

Your establishment name _____

Street _____

City _____ State _____ Zip _____

Industry description (e.g., *Manufacture of motor truck trailers*)

Standard Industrial Classification (SIC), if known (e.g., 3715)

OR _____

North American Industrial Classification (NAICS), if known (e.g., 336212)

Employment information (If you don't have these figures, see the Worksheet on the next page to estimate.)

Annual average number of employees _____

Total hours worked by all employees last year _____

Sign here

Knowingly falsifying this document may result in a fine.

I certify that I have examined this document and that to the best of my knowledge the entries are true, accurate, and complete.

Company executive _____ Title _____

Phone _____ - _____ - _____ Date ____ / ____ / ____

Optional

Worksheet to Help You Fill Out the Summary

At the end of the year, OSHA requires you to enter the average number of employees and the total hours worked by your employees on the summary. If you don't have these figures, you can use the information on this page to estimate the numbers you will need to enter on the Summary page at the end of the year.

How to figure the average number of employees who worked for your establishment during the year:

- 1 Add the total number of employees your establishment paid in all pay periods during the year. Include all employees: full-time, part-time, temporary, seasonal, salaried, and hourly.

The number of employees paid in all pay periods = **1** _____

- 2 Count the number of pay periods your establishment had during the year. Be sure to include any pay periods when you had no employees.

The number of pay periods during the year = **2** _____

- 3 Divide the number of employees by the number of pay periods.

1 _____ = **3** _____
2

- 4 Round the answer to the next highest whole number. Write the rounded number in the blank marked *Annual average number of employees*.

The number rounded = **4** _____

For example, Acme Construction figured its average employment this way:

In this pay period . . . Acme paid this many employees . . .

1	10
2	0
3	15
4	30
5	40
▼	▼
24	20
25	15
26	+10
	830

Number of employees paid = 830 **1**

Number of pay periods = 26 **2**

$830 \div 26 = 31.92$ **3**

31.92 rounds to 32 **4**

32 is the annual average number of employees

How to figure the total hours worked by all employees:

Include hours worked by salaried, hourly, part-time and seasonal workers, as well as hours worked by other workers subject to day to day supervision by your establishment (e.g., temporary help services workers).

Do not include vacation, sick leave, holidays, or any other non-work time, even if employees were paid for it. If your establishment keeps records of only the hours paid or if you have employees who are not paid by the hour, please estimate the hours that the employees actually worked.

If this number isn't available, you can use this optional worksheet to estimate it.

Optional Worksheet

_____ Find the number of full-time employees in your establishment for the year.

X _____ Multiply by the number of work hours for a full-time employee in a year.

_____ This is the number of full-time hours worked.

+ _____ Add the number of any overtime hours as well as the hours worked by other employees (part-time, temporary, seasonal)

_____ Round the answer to the next highest whole number. Write the rounded number in the blank marked *Total hours worked by all employees last year*.



OSHA's Form 301

Injury and Illness Incident Report

Attention: This form contains information relating to employee health and must be used in a manner that protects the confidentiality of employees to the extent possible while the information is being used for occupational safety and health purposes.



U.S. Department of Labor
Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

This *Injury and Illness Incident Report* is one of the first forms you must fill out when a recordable work-related injury or illness has occurred. Together with the *Log of Work-Related Injuries and Illnesses* and the accompanying *Summary*, these forms help the employer and OSHA develop a picture of the extent and severity of work-related incidents.

Within 7 calendar days after you receive information that a recordable work-related injury or illness has occurred, you must fill out this form or an equivalent. Some state workers' compensation, insurance, or other reports may be acceptable substitutes. To be considered an equivalent form, any substitute must contain all the information asked for on this form.

According to Public Law 91-596 and 29 CFR 1904, OSHA's recordkeeping rule, you must keep this form on file for 5 years following the year to which it pertains.

If you need additional copies of this form, you may photocopy the printout or insert additional form pages in the PDF, and then use as many as you need.

Information about the employee

- 1) Full name _____
- 2) Street _____
- 3) City _____ State _____ ZIP _____
- 4) Date of birth _____
Month Day Year
- 5) Date hired _____
Month Day Year
- Male Female

Information about the physician or other health care professional

- 6) Name of physician or other health care professional _____
- 7) If treatment was given away from the worksite, where was it given?
- Facility _____
- Street _____
- City _____ State _____ ZIP _____

- 8) Was employee treated in an emergency room?
 Yes No
- 9) Was employee hospitalized overnight as an in-patient?
 Yes No

Information about the case

- 10) Case number from the Log _____ (Transfer the case number from the Log after you record the case.)
- 11) Date of injury or illness _____
Month Day Year
- 12) Time employee began work _____ AM PM
- 13) Time of event _____ AM PM Check if time cannot be determined
- 14) What was the employee doing just before the incident occurred? Describe the activity, as well as the tools, equipment, or material the employee was using. Be specific. Examples: "climbing a ladder while carrying roofing materials"; "spraying chlorine from hand sprayer"; "daily computer key-entry."

- 15) What Happened? Tell us how the injury occurred. Examples: "When ladder slipped on wet floor, worker fell 20 feet"; "Worker was sprayed with chlorine when gasket broke during replacement"; "Worker developed soreness in wrist over time."

- 16) What was the injury or illness? Tell us the part of the body that was affected and how it was affected; be more specific than "hurt," "pain," or "sore." Examples: "strained back"; "chemical burn, hand"; "carpal tunnel syndrome."

- 17) What object or substance directly harmed the employee? Examples: "concrete floor"; "chlorine"; "radial arm saw." If this question does not apply to the incident, leave it blank.

- 18) If the employee died, when did death occur? Date of death _____
Month Day Year

Completed by _____

Title _____

Phone _____ - _____ - _____ Date _____
Month Day Year

If You Need Help...

If you need help deciding whether a case is recordable, or if you have questions about the information in this package, feel free to contact us. We'll gladly answer any questions you have.

▼ Visit us online at www.osha.gov

▼ Call your OSHA Regional office and ask for the recordkeeping coordinator

or

▼ Call your State Plan office

Federal Jurisdiction

Region 1 - 617 / 565-9860
Connecticut; Massachusetts; Maine;
New Hampshire; Rhode Island

Region 2 - 212 / 337-2378
New York; New Jersey

Region 3 - 215 / 861-4900
DC; Delaware; Pennsylvania; West Virginia

Region 4 - 678 / 237-0400
Alabama; Florida; Georgia; Mississippi

Region 5 - 312 / 353-2220
Illinois; Ohio; Wisconsin

Region 6 - 972 / 850-4145
Arkansas; Louisiana; Oklahoma; Texas

Region 7 - 816 / 283-8745
Kansas; Missouri; Nebraska

Region 8 - 720 / 264-6550
Colorado; Montana; North Dakota; South
Dakota

Region 9 - 415 / 625-2547

Region 10 - 206 / 553-5930
Idaho

State Plan States

Alaska - 907 / 269-4957

Arizona - 602 / 542-5795

California - 415 / 703-5100

*Connecticut - 860 / 566-4380

Hawaii - 808 / 586-9100

*Illinois - 217 / 782-6206

Indiana - 317 / 232-2688

Iowa - 515 / 281-3661

Kentucky - 502 / 564-3070

Maryland - 410 / 527-4465

Michigan - 517 / 322-1848

Minnesota - 651 / 284-5050

Nevada - 702 / 486-9020

*New Jersey - 609 / 984-1389

New Mexico - 505 / 827-4230

*New York - 518 / 457-2574

North Carolina - 919 / 807-2875

Oregon - 503 / 378-3272

Puerto Rico - 787 / 754-2172

South Carolina - 803 / 734-9669

Tennessee - 615 / 741-2793

Utah - 801 / 530-6901

Vermont - 802 / 828-2765

Virginia - 804 / 786-6613

*Virgin Islands - 340 / 772-1315

Washington - 360 / 902-5554

Wyoming - 307 / 777-7786

*Public Sector only



Have questions?

If you need help in filling out the *Log* or *Summary*, or if you have questions about whether a case is recordable, contact us. We'll be happy to help you. You can:

- ▼ Visit us online at: www.osha.gov
- ▼ Call your regional or state plan office. You'll find the phone number listed on the previous page.



CONTRACTOR SITE SAFETY ASSESSMENT

ROICC OFFICE: _____ DATE: _____

CONTRACTOR: _____

CONTRACT TITLE: _____

CONTRACT % COMPLETE: _____

CONTRACTOR SUPERINTENDENT: _____

CATEGORY:

	(Yes)	(No)	(N/A)	
PREPARATORY PHASE (Planning)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1) Activity Hazard Analysis performed and used on the site for each definable feature of work?
Comments/Notes:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2) Are weekly safety meetings and indoctrination held on site and documented for all workers?
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3) Is the submitted safety plan on site and in use?
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4) Is the Activity Hazard Analysis reviewed during the preparatory inspection?
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5) Hazardous materials program in place with MSDS sheets on site and maintained?
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	6) EM 385-1-1 available on the site?
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	7) Other? Extra Credit?
OFFICE TRAILER GENERAL	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	8) Are office and storage trailers anchored?
Comments/Notes:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	9) Are emergency phone numbers posted?
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	10) Is a phone available?
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	11) First aid log maintained (contractors must use OSHA Form 300)?
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	12) Toilet facilities available?
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	13) Site posted "HARD HAT AREA," "NOISE HAZARD," "CONSTRUCTION AREA," etc., as required?
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	14) Garbage cans and dumpsters available?
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	15) Jobsite cleaned daily?
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	16) Is traffic control around site adequate?
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	17) Other? Extra Credit?
FIRE PREVENTION	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	18) Are fire extinguishers available, fully charged, and easily visible within 75 feet for low hazard areas?
Comments/Notes:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	19) Is fuel stored in proper containers?
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	20) Are hot work permits being obtained?
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	21) Are fire watches provided?
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	22) Are gas cylinders stored upright and secured with chain or rope?
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	23) Is Housekeeping acceptable?
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	24) Other? Extra Credit?
SCAFFOLD SAFETY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	25) Are daily scaffold inspections performed by designated competent person?
Comments/Notes:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	26) Planks overlapped not less than 6" or more than 12" over end supports with toe boards in place?
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	27) Tubing pinned properly and all cross bracing in place?
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	28) If scaffold height is 4X smallest base dimension, is system secured to structure?
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	29) All guardrails are in place?
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	30) Full work platform at each working level with no cracks/splits?
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	31) Safe access provided to each working level?
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	32) Scaffold and components not overloaded?
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	33) Is scaffold system plumb and level?
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	34) Suspended scaffold systems using independent personal fall arrest system?
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	35) Other? Extra Credit?
FALL PROTECTION	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	36) Is a full body harness used where required?
Comments/Notes:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	37) Tied off at all times to structural element capable of supporting 5,000 lbs/person?
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	38) Is protection provided for all personnel working in areas where they could fall 6' or more?
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	39) Are employees trained for fall protection systems in use?
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	40) Does the contractor have a certified competent person?
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	41) Have standard guardrails been provided where required?
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	42) Have horizontal life lines been designed and installed under supervision of a qualified person?
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	43) Other? Extra Credit?
CATEGORY:				
LADDER SAFETY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	44) Do ladders extend 3' above landing platform and tied to structure?
Comments/Notes:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	45) Are ladders used with hand tools only?
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	46) Are ladder base distances from structure 1/4 height?
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	47) Are floor openings either covered or surrounded by a guardrail?
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	48) Electricians not using portable "conductive" ladders?



CONTRACTOR SITE SAFETY ASSESSMENT

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	49) Stairways provided on all structures over 20' during construction and supplied with guardrail?	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	50) Portable step ladders over 20' not used on the site?	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	51) Are ladders properly used?	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	52) Other? Extra Credit?	

EXCAVATIONS

Comments/Notes:

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	53) Does excavation over 4' deep have a ladder within 25' and two means of egress?	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	54) Has proper slope or trench box/shoring been provided?	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	55) Is water controlled/removed?	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	56) Is excavated material at least 2' back from trench edge?	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	57) Is excavation barricaded, etc., to prevent workers and public from falling into trench/hole?	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	58) In locations of known or suspected contamination, is excavation atmosphere monitored?	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	59) Does contractor have certified competent person on site?	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	60) Other? Extra Credit?	

ELECTRICAL

Comments/Notes:

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	61) Are temporary power panels and receptacles protected from weather?	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	62) Are GFCI's in use for site tools ?	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	63) Are temporary lights rigged and secured to supports properly, and with covers?	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	64) If overhead power lines are in area, are operations maintaining required distance or isolation?	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	65) Is lockout/tagout program in effect?	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	66) Has a sketch of proposed temporary power distribution been submitted/accepted before installing?	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	67) Other? Extra Credit?	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	68) Other? Extra Credit?	

CRANES

Comments/Notes:

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	69) Has periodic inspection been performed prior to use on site IAW EM 385-1-1, App. H?	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	70) Are App. H daily start up inspections performed by operator and submitted with DRI?	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	71) Is crane operator qualified IAW EM 385-1-1, App. G, and is crane certification posted in cab?	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	72) Are workers protected from the crane swing radius and prevented from passing under the load?	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	73) Are rigging cables and slings in good repair free of kinks and cracks?	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	74) Is the crane level and on firm ground and outriggers in use with appropriate cribbing?	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	75) Is crane side loading prohibited?	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	76) Near electric power sources, are rules followed for clearance/isolation in operating zone?	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	77) Is crane equipped with anti two-block device if required?	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	78) Other? Extra Credit?	

CONFINED SPACES

Comments/Notes:

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	79) Has entry plan been submitted and accepted?	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	80) Is atmosphere being monitored?	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	81) Is space being ventilated?	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	82) Are entrants, attendants and entry supervisor properly trained?	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	83) Is rescue/retrieval system in place?	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	84) Are daily entry permits posted at point of entry and signed by entry supervisor?	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	85) Is point of entry posted "DANGER CONFINED SPACE"?	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	86) Has blanking or locking out of systems taken place?	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	87) Other? Extra Credit?	

ROOFING

Comments/Notes:

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	88) Are kettles at least 25 feet away from buildings?	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	89) Has an employee fall protection system been implemented and in proper use?	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	90) Are skylights and roof penetrations covered or barricaded appropriately?	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	91) Has the roof been evaluated for its ability to support the intended construction loads?	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	92) Has the roof been surveyed for deterioration?	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	93) Are two fire extinguishers at the kettle?	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	94) Fuel cylinder a minimum of 10' from open flame?	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	95) Other? Extra Credit?	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	96) Other? Extra Credit?	

CATEGORY:

EQUIPMENT

Comments/Notes:

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	97) Are forklift operators qualified through training at the site (certificate included in Safety Plan)?	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	98) Does mobile equipment have rollover cages and backup alarms, with moving parts adequately guarded?	Swing rat
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	99) Are equipment operations maintaining safe clearance from electrical power lines?	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	100) Do modifications meet safety rating per manufacturer (i.e., lifting personnel with forklift)?	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	101) Are safety lashings provided for high pressure hose connections, i.e., air compressors?	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	102) Are workers clear of blind spots associated with mobile construction equipment?	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	103) Do aerial lifts have basket/platform with guardrail?	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	104) Are workers not extending over guardrail of aerial lifts?	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	105) Are articulating boom platforms (JLG type) used with Full Body Harness attached to boom or basket?	



CONTRACTOR SITE SAFETY ASSESSMENT

	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	106) Other? Extra Credit?	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	107) Other? Extra Credit?	
DEMOLITION	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	108) Has demolition plan been submitted and accepted?	
Comments/Notes:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	109) If waste is being dropped > 6' is it in an enclosed chute and is area secured from traffic?	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	113) For building demolition, has notification been made to State having jurisdiction?	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	114) Are nails removed from scrap lumber/materials?	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	115) Other? Extra Credit?	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	116) Other? Extra Credit?	
PPE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	117) Workers wearing leather shoes (not tennis), long pants, sleeved shirts, and steel toes where required?	
Comments/Notes:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	118) Are hare hats being worn?	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	119) Are safety glasses where appropriate?	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	120) Hearing protection where appropriate? (if you need to yell to converse)	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	121) Respirators where appropriate?	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	122) Impalement protection provided where personnel could work above vertical impalement?	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	123) Is lighting adequate?	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	124) Other? Extra Credit?	
ABATEMENT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	125) Has abatement plan been submitted and accepted?	
Comments/Notes:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	126) Is independent air monitoring being performed as required inside and outside barriers?	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	127) Is containment in place without integrity compromise?	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	128) Are employees utilizing appropriate PPE?	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	129) If negative air is used, are fans used continuously and monitored for pressure differential?	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	130) Has baseline been performed and necessary final clearance readings taken?	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	131) Are inspections by independent POP performed prior to barrier removal?	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	132) Is waste material properly containerized and stored?	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	133) Are air monitoring results provided to ROICC?	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	134) Are waste shipment records provided to ROICC?	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	135) Other? Extra Credit?	
WATERFRONT ACTIVITIES	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	136) Are employees wearing appropriate flotation devices (PFDs)?	0
Comments/Notes:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	137) Is a rescue skiff available?	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	138) Are emergency life rings available?	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	139) If diving operations are taking place, has a dive plan been submitted and accepted?	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	140) Does dive team consist of proper number and qualifications for employees?	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	141) Other? Extra Credit?	

SCORING: Total applicable for each category = X (where X includes responses for category of "Yes" and "No" but does not include N/A)

Total with "Yes" responses for each category = Y

SCORE FOR EACH CATEGORY:

SCORE RATE EQUATION = Y / X

1 PREPARATORY PHASE: _____ 0%	6 LADDER SAFETY: _____ 0%	11 ROOFING: _____ 0%
2 OFFICE TRAILER GENERAL: _____ 0%	7 EXCAVATIONS: _____ 0%	12 EQUIPMENT: _____ 0%
3 FIRE PREVENTION: _____ 0%	8 ELECTRICAL: _____ 0%	13 DEMOLITION: _____ 0%
4 SCAFFOLD SAFETY: _____ 0%	9 CRANES: _____ 0%	14 PPE: _____ 0%
5 FALL PROTECTION: _____ 0%	10 CONFINED SPACES: _____ 0%	15 ABATEMENT: _____ 0%
		16 WATERFRONT ACTIVITIES: _____ 0%

OVERALL RATING = AVERAGE RATING FOR ALL CATEGORIES: _____ 0%

ATTACHMENT J-0200000-05

N40192-16-R-7000

Government Furnished Property, Materials and Services

Bldg	Location
354	Navy Landfill
Weight Scale	Navy Landfill

ATTACHMENT J-0200000-06
EXHIBIT LINE ITEM NUMBERS

See Attachment J-0200000-06 for Exhibit Line-Item Numbers.

Attachment J-0200000-07
Invoicing Procedures
N40192-16-R-7000

252.232-7006 Wide Area WorkFlow Payment Instructions.

As prescribed in 232.7004(b), use the following clause:

WIDE AREA WORKFLOW PAYMENT INSTRUCTIONS (MAY 2013)

(a) Definitions. As used in this clause—

“Department of Defense Activity Address Code (DoDAAC)” is a six position code that uniquely identifies a unit, activity, or organization.

“Document type” means the type of payment request or receiving report available for creation in Wide Area WorkFlow (WAWF).

“Local processing office (LPO)” is the office responsible for payment certification when payment certification is done external to the entitlement system.

(b) Electronic invoicing. The WAWF system is the method to electronically process vendor payment requests and receiving reports, as authorized by DFARS 252.232-7003, Electronic Submission of Payment Requests and Receiving Reports.

(c) WAWF access. To access WAWF, the Contractor shall—

(1) Have a designated electronic business point of contact in the System for Award Management at <https://www.acquisition.gov>; and

(2) Be registered to use WAWF at <https://wawf.eb.mil/> following the step-by-step procedures for self-registration available at this web site.

(d) WAWF training. The Contractor should follow the training instructions of the WAWF Web-Based Training Course and use the Practice Training Site before submitting payment requests through WAWF. Both can be accessed by selecting the “Web Based Training” link on the WAWF home page at <https://wawf.eb.mil/>

(e) WAWF methods of document submission. Document submissions may be via web entry, Electronic Data Interchange, or File Transfer Protocol.

(f) WAWF payment instructions. The Contractor must use the following information when submitting payment requests and receiving reports in WAWF for this contract/order:

(1) Document type. The Contractor shall use the following document type(s).

Navy Construction/Facilities Management Invoice

(2) Inspection/acceptance location. The Contractor shall select the following inspection/acceptance location(s) in WAWF, as specified by the contracting officer.

TBD

Attachment J-0200000-07

Invoicing Procedures

N40192-16-R-7000

(3) Document routing. The Contractor shall use the information in the Routing Data Table below only to fill in applicable fields in WAWF when creating payment requests and receiving reports in the system.

Routing Data Table*

Field Name in WAWF	Data to be entered in WAWF
Pay Official DoDAAC	TBD
Issue By DoDAAC	TBD
Admin DoDAAC	TBD
Inspect By DoDAAC	TBD
Ship To Code	TBD
Ship From Code	TBD
Mark For Code	TBD
Service Approver (DoDAAC)	TBD
Service Acceptor (DoDAAC)	TBD
Accept at Other DoDAAC	TBD
LPO DoDAAC	TBD
DCAA Auditor DoDAAC	TBD
Other DoDAAC(s)	TBD

(4) Payment request and supporting documentation. The Contractor shall ensure a payment request includes appropriate contract line item and subline item descriptions of the work performed or supplies delivered, unit price/cost per unit, fee (if applicable), and all relevant back-up documentation, as defined in DFARS Appendix F, (e.g. timesheets) in support of each payment request.

(5) WAWF email notifications. The Contractor shall enter the e-mail address identified below in the “Send Additional Email Notifications” field of WAWF once a document is submitted in the system.

TBD

(g) WAWF point of contact.

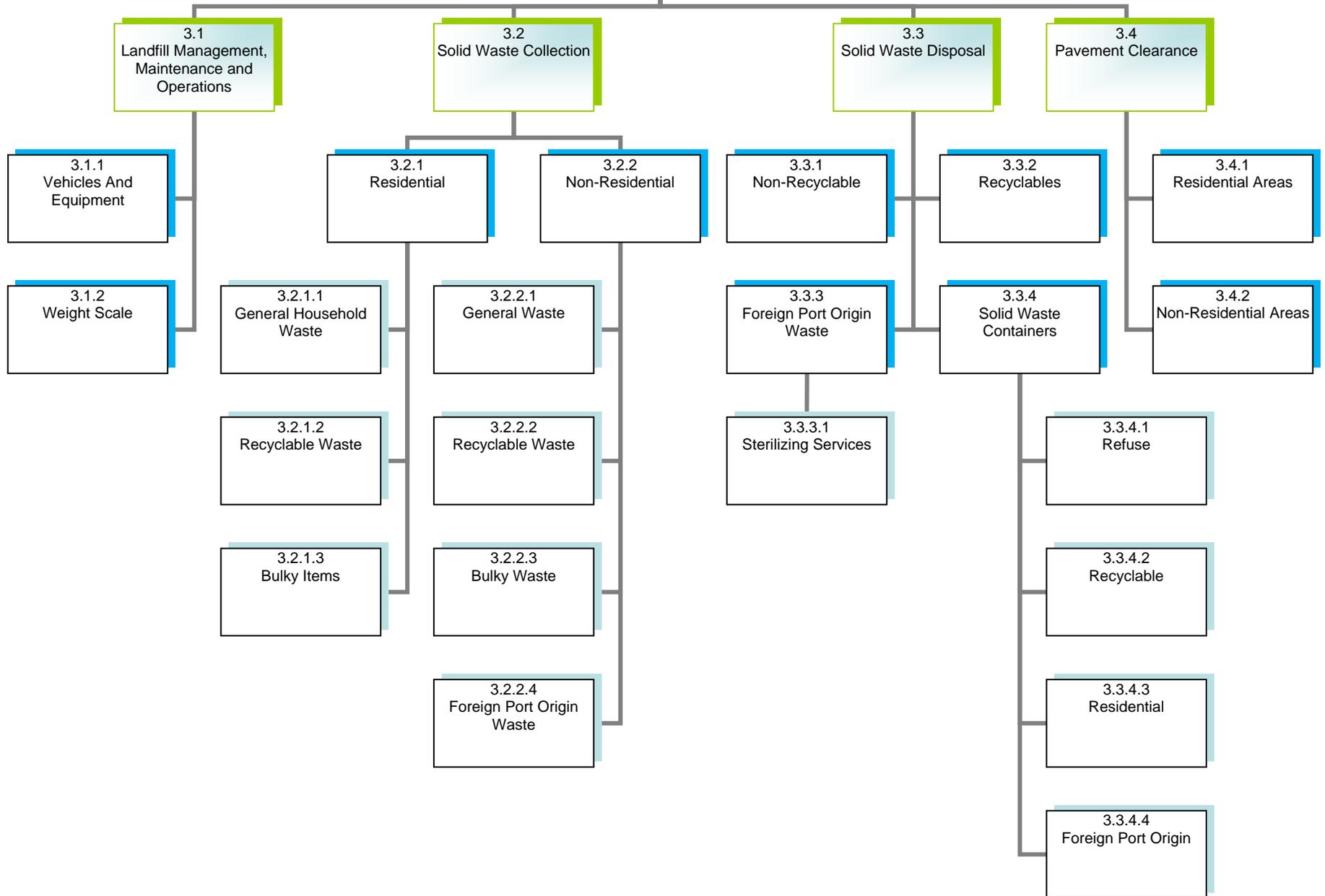
(1) The Contractor may obtain clarification regarding invoicing in WAWF from the following contracting activity’s WAWF point of contact.

TBD

(2) For technical WAWF help, contact the WAWF helpdesk at 866-618-5988.

(End of clause)

**3
Recurring Work**



SECTION J	
INTEGRATED SOLID WASTE MANAGEMENT AND PAVEMENT CLEARANCE SERVICES DOCUMENTS, EXHIBITS, AND OTHER ATTACHMENTSTABLE OF CONTENTS	
<u>ATTACHMENT NUMBER</u>	<u>ATTACHMENT TITLE</u>
J-1503030-01	Definitions and Acronyms
J-1503030-02	References and Technical Documents
J-1503030-03	Common Output Level Standards
J-1503030-04	Site Maps and Locations
J-1503030-05	Location and Frequency Historical Data
J-1503030-06	Solid Waste and Recyclable Waste Collection Points
J-1503030-07	Requirements For Foreign Port Origin Waste
J-1503030-08	Workload Data Submission (WDS)
J-1503030-09	Government Furnished Facility Site Map
J-1503030-10	Functional Assessment Plan
J-1503030-11	Performance Assessment Plan

ATTACHMENT J-1503030-01 DEFINITIONS AND ACRONYMS INTEGRATED SOLID WASTE MANAGEMENT AND PAVEMENT CLEARANCE SERVICES	
Title	Description
Ashes	The residue from burned wood, coal, coke, and other combustible material.
BW	Biweekly
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.
Container	A receptacle designed for holding and transporting various types of solid waste.
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 Representative (COR)	That individual specifically appointed by the Contracting Officer, either orally or in writing who has been assigned responsibility for executing the requirements of this contract.
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 provisions 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.
COR	Condition of Readiness or Contract Officer Representative
Cover Material	Soil or other GEPA approved suitable material that is used to cover compacted solid wastes in a landfill.
Cubic Yards to Tonnage Conversion	Cubic yards to tonnage conversion is 8.33 cy to 1 ton.
C&D	Construction and Demolition debris
CY	Cubic Yard
Daily Cover	Cover material that is spread and compacted on the top and side slopes of a landfill at the end of each operating day or after a period of twenty-four (24) hours in order to control vectors, fire, moisture and erosion, and to assure aesthetic appearance.
Debris	Grass cuttings, tree trimmings, leaves, pine straw, limbs, stumps, street sweepings, roofing and construction wastes, and similar waste material.
DLA, DS	Defense Logistics Agency, Disposition Services
DoD	Department of Defense
DoN	Department of Navy
DRMO	Defense Reutilization Management Office
EPA	Environmental Protection Agency
EPCRA	Emergency Planning and Community Right-to-Know Act
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.
Facility Structures	Buildings, sheds, utility lines, and drainage pipes on the facility.
FAR	Federal Acquisition Regulation
FFP	Firm Fixed Price
FIFRA	Federal Insecticide, Fungicide, and Rodenticide Act

ATTACHMENT J-1503030-01 DEFINITIONS AND ACRONYMS INTEGRATED SOLID WASTE MANAGEMENT AND PAVEMENT CLEARANCE SERVICES	
Title	Description
Foreign Port Origin Garbage	In order to protect against the introduction of exotic animal and plant pests, the importation of garbage from all foreign countries except Canada is prohibited. This garbage subject to special treatment and disposal requirements. Byproducts generated by the rearing of animals and the production and harvest of crops or trees. All waste material that is derived in whole or in part from fruits, vegetables, meats, or other plant or animal (including poultry) material, and other refuse of any character whatsoever that has been associated with any such material.
Frequency Of Service	<ul style="list-style-type: none"> ▪ Annual (A). Services performed once during each 12-month period of the contract at intervals of 335 to 395 days. ▪ Biennial (B). Services performed once during each 24-month period of the contract at intervals of 670 to 790 days. ▪ Daily (D5). Services performed once each calendar day, Monday through Friday, including holidays unless otherwise noted. ▪ Daily (D7). Services performed once each calendar day, seven days per week, including weekends and holidays. ▪ Monthly (M). Services performed 12 times during each 12-month period of the contract at intervals of 28 to 31 calendar days. ▪ Quarterly (Q). Services performed four times during each 12-month period of the contract at intervals of 80 to 100 calendar days. ▪ Semiannual (SA). Services performed twice during each 12-month period of the contract at intervals of 160 to 200 calendar days. ▪ Semimonthly (SM). Services performed 24 times during each 12-month period of the contract at intervals of 14 to 16 calendar days. ▪ Three times weekly (3W). Services performed three times a week, such as Monday, Wednesday, and Friday. ▪ Twice weekly (2W). Services performed twice a week, such as Monday and Thursday or Tuesday and Friday. ▪ Weekly (W). Services performed 52 times during each 12-month period of the contract at intervals of 6 to 8 calendar days.
Garbage	Animal and vegetable waste (and containers thereof) resulting from the handling, preparation, cooking, and consumption of foods. Edible or hog food garbage is that portion of waste food which has been segregated for salvage.
GDA	Government Designated Authority
GEPA	Guam Environmental Protection Agency
GFE	Government-furnished Equipment
GFF	Government-furnished Facilities
GFM	Government-furnished Materials
GSWDRR	Guam Solid Waste Disposal Rules and Regulations
Hazardous Waste	A solid waste or combination of solid wastes, which because of its quantity, concentration, or physical, chemical, or infectious characteristics may: <ol style="list-style-type: none"> 1. cause, or significantly contribute to, an increase in mortality or an increase in serious irreversible, or incapacitating reversible, illness; or 2. pose a substantial present or potential hazard to human health or the environment when improperly treated, stored, transported, disposed of, or otherwise managed.
IAW	In Accordance With

ATTACHMENT J-1503030-01 DEFINITIONS AND ACRONYMS INTEGRATED SOLID WASTE MANAGEMENT AND PAVEMENT CLEARANCE SERVICES	
Title	Description
Indefinite Delivery/Indefinite Quantity (IDIQ)	IDIQ work consists of Unit Price Task which may be ordered by the Government as separate items or in combinations of items from the Schedule of Indefinite Quantity Work (Bid Schedule) in Section J on an as-needed basis. This work is required with an irregular frequency and will be ordered on a form DD 1155, Order for Supplies or Services.
ISWM	Integrated Solid Waste Management
KO	Contracting Officer
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.
Material Safety Data Sheet (MSDS)	A sheet for hazardous materials containing advise and information from the manufacturer on the product's intended use, the chemicals it contains, what to do if a person is exposed, etc.
NAVFAC	Naval Facilities Engineering Command
NAVHOSP	Naval Hospital
NAVMED	Navy Medical
NAVSUP	Naval Supply
Open Burning	The combustion of solid waste without: <ul style="list-style-type: none"> a) control of combustion air to maintain adequate temperature for efficient combustion, b) containment of the combustion reaction in an enclosed device to provide sufficient residence time and mixing for complete combustion, or c) control of the emission of the combustion products.
OSD COLS	Office of the Secretary of Defense Common Output Level Standards
Performance Assessment Representative (PAR)	That individual designated by the KO to be responsible for the monitoring of Contractor performance.
Performance Objective (PO)	An "end state" the contractor is to achieve. Objectives are often expressed in terms of specific accomplishments by an organization, levels of service provided to customer, or improvements in performance of some activity when measured against an established baseline.
Performance Standard	The measurable targeted level or range of performance that the Government will monitor. Achievement of a performance standard will either demonstrate directly that the Contractor has met the contract performance objective or will enable the Government to infer with a high degree of confidence that the Contractor has met the contract performance objective.
PM	Project Manager, Preventative Maintenance
PRCSP	Permit Required Confined Space Program
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.

ATTACHMENT J-1503030-01 DEFINITIONS AND ACRONYMS INTEGRATED SOLID WASTE MANAGEMENT AND PAVEMENT CLEARANCE SERVICES	
Title	Description
PWS	Performance Work Statement
Recyclable Waste	Waste material which can be transformed into new products in such a manner that the original product may lose its identity.
Refuse	All garbage, ashes, debris, rubbish, and other similar waste materials. Not included are explosive and incendiary waste and contaminated waste from medical and radiological processes.
Rubbish	A variety of unsalvageable waste materials such as metal, glass, crockery, floor sweepings, paper, wrapping, containers, cartons, and similar articles not used in preparing or dispensing food.
Sanitary	Free of microorganisms.
Senior Performance Assessment Representative (SPAR)	That individual designated by the KO to be ultimately responsible for the monitoring of Contractor performance.
Solid Waste	Refuse and other discarded solid materials resulting from commercial, industrial, residential, and community activities. It does not include hazardous wastes, infectious/medical wastes, solids or dissolved materials in domestic sewage, or other significant pollutants in water resources such as silt, dissolved or suspended solids in industrial waste, water effluents, dissolved materials in irrigation return flow, or other common water pollutants.
Spillage	Any refuse dislodged from containers and/or solid waste collecting equipment in the course of collection and disposal.
Square Yard (SY)	A unit of U.S. measure equal to three feet by three feet, for a total of nine square feet.
Task Order (T.O.)	A task order (DD Form 1155) is a document issued to the Contractor by the Contracting Officer to order work from the Indefinite Quantity (IQ) portion of the contract. Also known as a Delivery Order.
USCINCPACREP	United States Commander in Chief Pacific Representative
USDA	United States Department of Agriculture
USNH	United States Naval Hospital
USNHGUAMINST	United States Naval Hospital Guam Instruction
Vegetative waste	Organic waste that includes trees, tree trunks, branches, hedge clippings, and jungle growth.
Violation - Class 1	Notice of Violation (NOV), Notice of Noncompliance (NON) or Field Citation as defined by OPNAVINST5090.1or regulator, issued by a Federal or local regulatory agency. Includes written notices issued by a regulatory agency.
Violation - Class 2	Written notice of administrative or procedural violation issued by a Federal or local regulatory agency. Also includes a Class 3 violation for which there is no approved Corrective Action Plan within ninety (90) calendar days of discovery.
Violation - Class 3	Policy or Audit "violation:" Navy Policy violation cited by external audit organizations or valid findings by regulators or COR. Also includes a Class 4 violation for which there is no approved Corrective Action Plan within sixty (60) calendar days of discovery.
Violation - Class 4	Policy and Audit "violations" cited as a failure to comply with guidance and policy objectives or environmental standards or regulations that are formally identified as the Contractor's responsibility.
VIQ	Variation in Quantity

<u>ATTACHMENT J-1503030-01</u> DEFINITIONS AND ACRONYMS INTEGRATED SOLID WASTE MANAGEMENT AND PAVEMENT CLEARANCE SERVICES	
Title	Description
Waste Collection Area	<p>Designated points where solid wastes will be placed for collection by the Contractor. May also be referred to as collection station, collection point, pick-up stations, or collection site.</p> <p>Housing Areas: By the curbside where refuse containers are placed by residents during collection periods to include a ten (10) foot perimeter from refuse containers.</p> <p>Non-Housing Areas: The designated area where refuse containers are placed to include a ten (10) foot perimeter from refuse containers.</p>
WBS	Work Breakdown Structure

<u>ATTACHMENT J-1503030-02</u>	
REFERENCES, INSTRUCTIONS, DIRECTIVES AND TECHNICAL DOCUMENTS	
<u>Title</u>	<u>Reference</u>
AFFIRMATIVE PROCUREMENT OF BIOBASED PRODUCTS UNDER SERVICE AND CONSTRUCTION CONTRACTS	FAR Clause 52.223-2
Criteria for Municipal Solid Waste Landfills	40 CFR 258, Subtitle D
Environmental and Natural Resources Protection Manual	OPNAVINST 5090.1
GOVERNMENT-FURNISHED PROPERTY, MATERIALS AND SERVICES	NAVFAC Clause 5252.245-9300
GOVERNMENT PROPERTY	FAR 52.245
Guam EPA Solid Waste Disposal	Title 22, Division 4 Chapter 23
HAZARDOUS MATERIAL IDENTIFICATION AND MATERIAL SAFETY DATA	FAR Clause 52.223-3
Environmental Readiness Program	OPNAVINST 5090.1D
Regulation of Certain Garbage	7 CFR 330.400, 9 CFR 94.5
Solid Waste Management	40 CFR parts 243, 260 through 267, 270, 271 and 280
Solid Waste Management Receiver Policy	Attachment J-1503030-02
Spill Prevention, Containment, and Clean-up and the installation spill control plan	As specified in 29 CFR Part 1926 and 29 CFR Part 1910 at no cost to Government
Unified Facilities Guide Specifications	UFGS 01 35 26
U.S. Navy Public Work Center Guam, Solid Waste Steaming Operation Plan and the Compliance Agreement for the Handling and Disposal of Foreign Garbage	OPNAVINST 5090.1C



GUAM SOLID WASTE MANAGEMENT DIVISION RECEIVER POLICY MEMORANDUM

DATE: June 27, 2008

SUBJECT: Receivership: Banning Policy at all Solid Waste Division Facilities

The Policy

Effective July 17, 2008 the following materials will be added to the list of materials banned from disposal at the Ordot Dump and the three transfer facilities operated by the Solid Waste Management Division (SWMD) at Agat, Dededo and Malojloj:

1. **Old Corrugated Cardboard Containers (OCC):** corrugated cardboard boxes. These are widely recycled around the world. Over 70 percent of the corrugated containers are recovered and recycled into new corrugated products.
2. **Yard and Other Vegetative Waste:** a generic term used to define organic wastes from lawn, tree, horticultural and landscaping activities, including leaves, grass clippings, tree prunings, large cut waste timber and stumps, and other similar materials. These items can be ground into mulch and/or composted to use in the garden.
3. **Untreated Wood:** wood, such as construction and demolition lumber or pallets, is considered untreated when neither paint/stain nor preservatives have been applied to it. Untreated wood can be ground into mulch and composted or reused.
4. **Inert Material:** concrete, concrete blocks, bricks, rocks, and other bulky material.
5. **Mixed Loads:** loads containing one or more of the above material will be considered a mixed load as determined by SWMD personnel.

Policy Goals

Banning yard and other vegetative waste, untreated wood, inert material, such as rocks and concrete, and corrugated cardboard from the SWMD's Transfer Facilities and Ordot Dump will do two things:

1. Encourage recycling by eliminating such items as cardboard and vegetative waste that can be recycled by private entities already operating on the Island of Guam; and
2. Increase capacity at the Ordot Dump while a new landfill is being designed and built.

Guam Solid Waste Management Division

June 27, 2008

Page 2

Customers to Whom the Ban Applies

The ban applies to all customers who deliver waste to any of the SWMD's Transfer Facilities or Ordodump. This includes:

- All commercial haulers
- All loads generated by the Mayors' Offices
- All loads generated by the Government of Guam's Departments
- All residential self haulers

While the ban will not immediately apply to residential customers collected by the Solid Waste Management Division, it is anticipated that the ban will be extended to them at a later date.

Enforcement Rules

The following rules will be used to enforce the ban of items from all customers using the SWMD's Transfer Facilities and Ordodump.

- All loads entering facilities are subject to visual inspection by SWMD employees at the gate. If a load is found to contain banned material, the SWMD employee will inform the customer of the transport vehicle of the finding, advise the customer of the rules, inform the customer that the load cannot be dumped at the SWMD's facilities, and provide information as to what the customer can do with the load. This is not considered an infraction of the banning policy;
- If a load with banned material is not detected at the gate and a SWMD employee finds banned material at the disposal point, the employee will alert the customer who dumped the banned material of the issue. The SWMD employee shall request that the customer get out of the vehicle, acknowledge the banned material, and answer questions regarding the identity of the customer. The SWMD employee will obtain the customer's name and company (if applicable), the license plate number of the vehicle, and customer contact information. The customer will be requested to take back the banned material as long as it is safe to do so. No money will be returned to the customer for the material removed from the facility. This will be considered an infraction of the banning policy. The SWMD employee will then do the following:
 1. Upon a first and second time infraction, the customer committing the infraction will be warned and informed that upon a third infraction involving the same vehicle, that vehicle will be banned for a period of one (1) week from disposal at any and all of the SWMD facilities..
 2. Every additional infraction involving each specific vehicle will result in an additional week being added to that vehicle's exclusion from access to any and all SWMD facilities.
 3. After a one (1) month period during which a customer's vehicle, which had previously been cited as being used in the delivery of banned material resulting in an infraction, has had no such infraction, the customer for that vehicle shall be considered in good standing with that vehicle and be provided the privilege of starting the process from the beginning for deliveries with that vehicle, with the next infraction, if any, involving that vehicle being considered as the first, resulting in only a warning.



Commander, Navy Installations Command



Facility Services (FX) Common Output Levels (COL)

April 2015

Supporting the Warfighter



Integrated Solid Waste Management



Refuse Collection

COL 1-4:

Solid Waste Collection and Disposal

- The size and number of dumpsters and solid waste collection containers are minimized to the greatest extent practical
- All dumpsters and solid waste collection containers are emptied on an optimized schedule
- Pickups are scheduled at the minimum number that will prevent dumpster or collection container overflow
- The size, placement, and pickup schedule of dumpsters and solid waste collection containers are evaluated periodically (no less than annually) to minimize sanitation risks and reduce cost, where possible



Recycling and Qualified Recycling Programs (QRP)

Note: QRPs are not authorized unless approved in writing by CNIC HQ N4 in accordance with OPNAV M-5090.1

COL 1 Baseline:

- All recyclable materials that can be recycled are recycled
- Federal municipal solid waste diversion goals are met or exceeded
- Recyclable material pickups are scheduled at the minimum number that will prevent collection container overflow

COL 2 Baseline:

- All recyclable materials that generate a positive net benefit are recycled
- Additional resources provided to ensure Federal municipal solid waste diversion goals are met
- Federal municipal solid waste diversion goals must be met before funding MWR or pollution prevention projects
- Recyclable materials mandated by Federal, State, and local laws are recycled
- Recyclable material pickups are scheduled at the minimum number that will prevent collection container overflow

COL 3-4 Baseline:

- Recycle products as mandated by Federal, State and local law. Only Qualified Recycling Programs (QRPs) that represent a positive economic benefit (i.e. cost to the QRP is less than the avoided cost plus revenue) are authorized. QRPs that are not self-sustaining must submit a business case analysis to request authorization to continue to operate at a loss.
- Federal municipal solid waste diversion goals must be met before funding MWR or pollution prevention projects
- Except where mandated by law, only recyclable materials that generate a neutral or positive net benefit are recycled
- Federal, State, and local recycling laws are met
- Federal municipal solid waste diversion goals may not be met
- Recyclable material pickups are scheduled at the minimum number that will prevent collection container overflow

COL 3 Additional Measure 3:

- Additional FX resources provided to increase diversion in support of Executive Order 13514



Pavement Clearance



Street Sweeping

COL 1 Baseline:

- **Roads** – Prior to sweeping, primary and mission critical roads are free of visible sand, soil, aggregates, grass, leaves, debris, and other foreign matter with **a few** allowable deviations. Secondary roads are free of visible sand, soil, aggregates, grass, leaves, debris, and other foreign matter with **several** allowable deviations.
- **Piers** – Prior to sweeping, piers are free of visible sand, soil, aggregates, grass, leaves, debris, and other foreign matter with **a few** allowable deviations.
- **Parking Lots** – Prior to sweeping, parking lots are free of visible sand, soil, aggregates, grass, leaves, debris, and other foreign matter with **several** allowable deviations.
- **Airfields** – Airfields are swept in accordance with operational requirements commensurate with the airfield condition.

Refer to COL photos on slides 46-49 for appearance guidelines.

COL 2 Baseline:

- **Roads** – Prior to sweeping, primary and mission critical roads are free of visible sand, soil, aggregates, grass, leaves, debris, and other foreign matter with **several** allowable deviations. Secondary are free of visible sand, soil, aggregates, grass, leaves, metals, debris, and other foreign matter with **many** allowable deviations.
- **Piers** – Prior to sweeping, piers are free of visible sand, soil, aggregates, grass, leaves, debris, and other foreign matter with **several** allowable deviations.
- **Parking Lots** – Prior to sweeping, parking lots are free of visible sand, soil, aggregates, grass, leaves, debris, and other foreign matter with **many** allowable deviations.
- **Airfields** – Airfields are swept in accordance with operational requirements commensurate with the airfield condition.

Refer to COL photos on slides 48-51 for appearance guidelines.



Street Sweeping

COL 3 Baseline:

- **Roads** – Prior to sweeping, primary and mission critical roads are free of visible sand, soil, aggregates, grass, leaves, debris, and other foreign matter with **many** allowable deviations. No sweeping of secondary roads
- **Piers** – Prior to sweeping, piers are free of visible sand, soil, aggregates, grass, leaves, debris, and other foreign matter with **many** allowable deviations
- **Parking Lots** – No sweeping unless required for operational or regulatory compliance
- **Airfields** – Airfields are swept in accordance with operational requirements commensurate with the airfield condition

Refer to COL photos on slides 50-51 for appearance guidelines.

COL 4 Baseline:

- **Roads** – No sweeping unless required for operational or regulatory compliance
- **Piers** – No sweeping unless required for operational or regulatory compliance
- **Parking Lots** – No sweeping unless required for operational or regulatory compliance
- **Airfields** – Airfields are swept in accordance with operational requirements commensurate with the airfield condition



Appearance of Street Sweeping Few Allowable Deviations





Appearance of Street Sweeping Few Allowable Deviations





Appearance of Street Sweeping Several Allowable Deviations





Appearance of Street Sweeping Several Allowable Deviations





Appearance of Street Sweeping Many Allowable Deviations





Appearance of Street Sweeping ***Many Allowable Deviations***

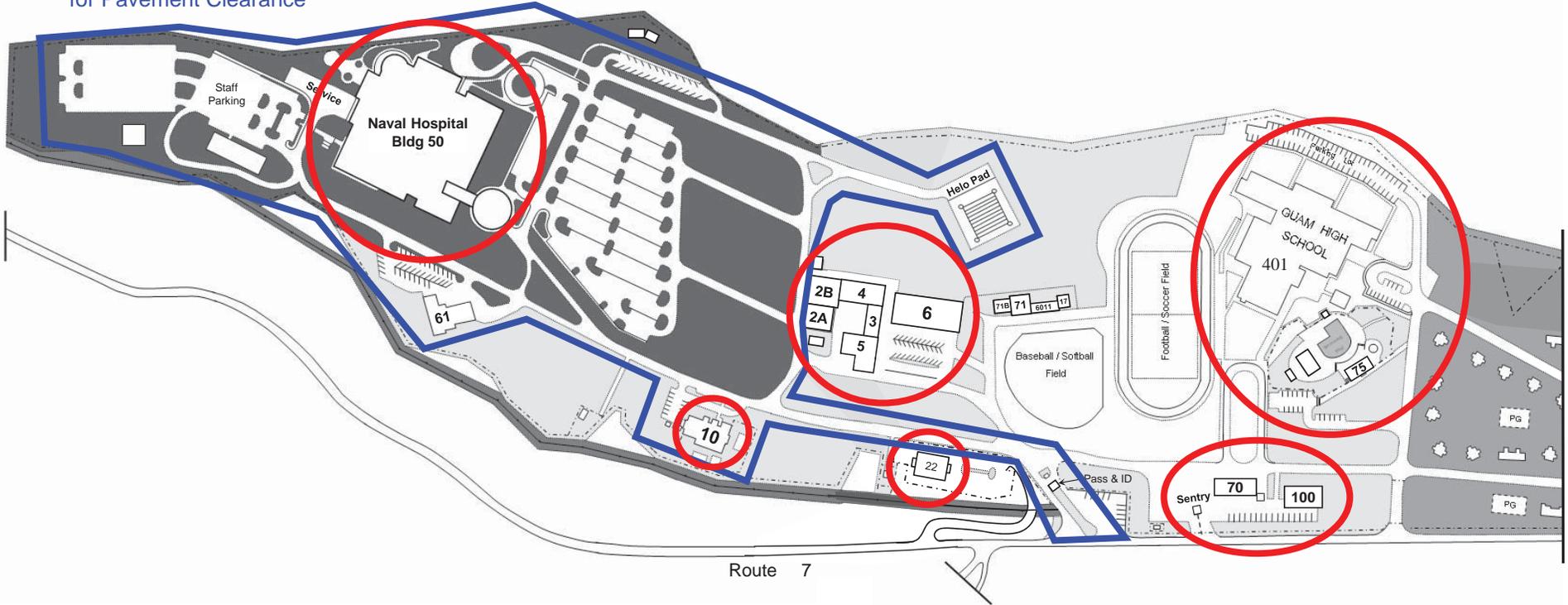


1503030-04 SITE MAPS AND LOCATIONS (NON-HOUSING)

N40192-16-R-7000

Areas within blue outline included for Pavement Clearance

NAVAL HOSPITAL AREA



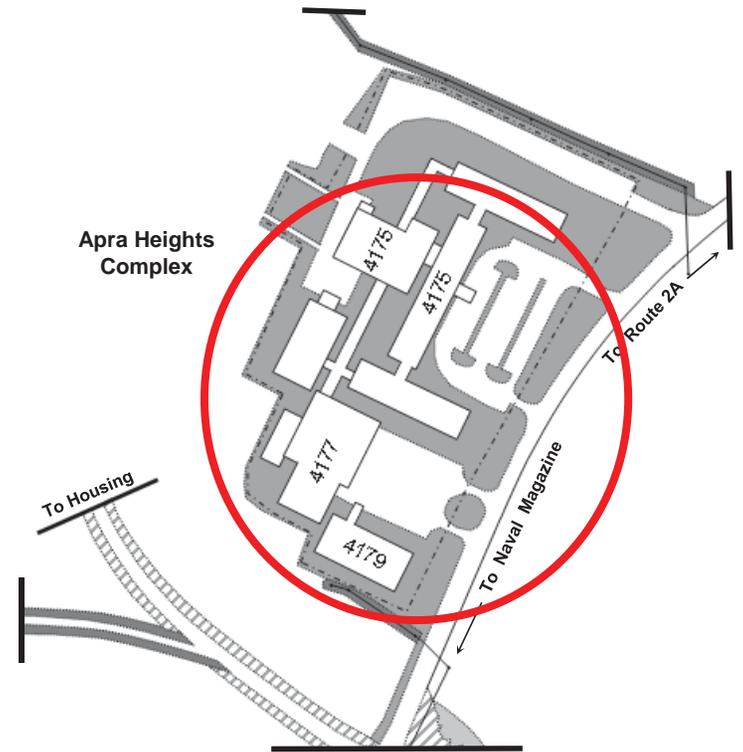
1503030-04 SITE MAPS AND LOCATIONS (NON-HOUSING)

N40192-16-R-7000

APRA HEIGHTS



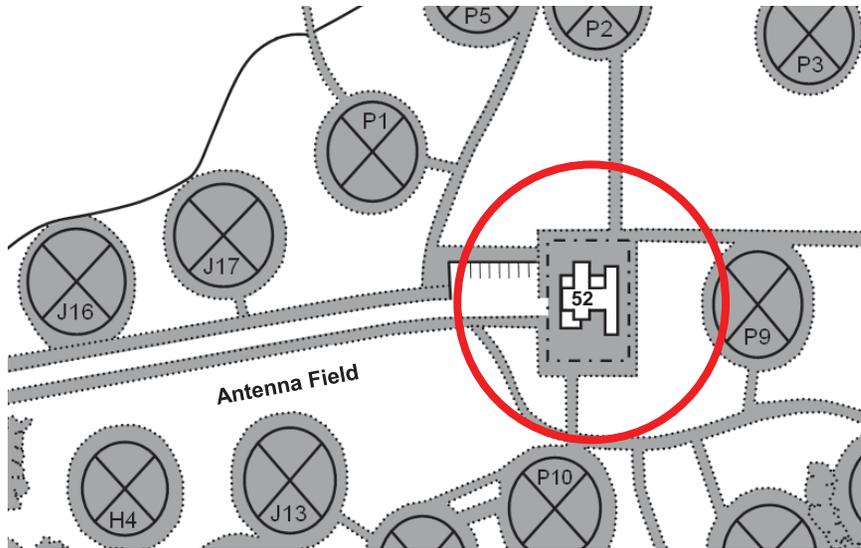
APRA HEIGHTS



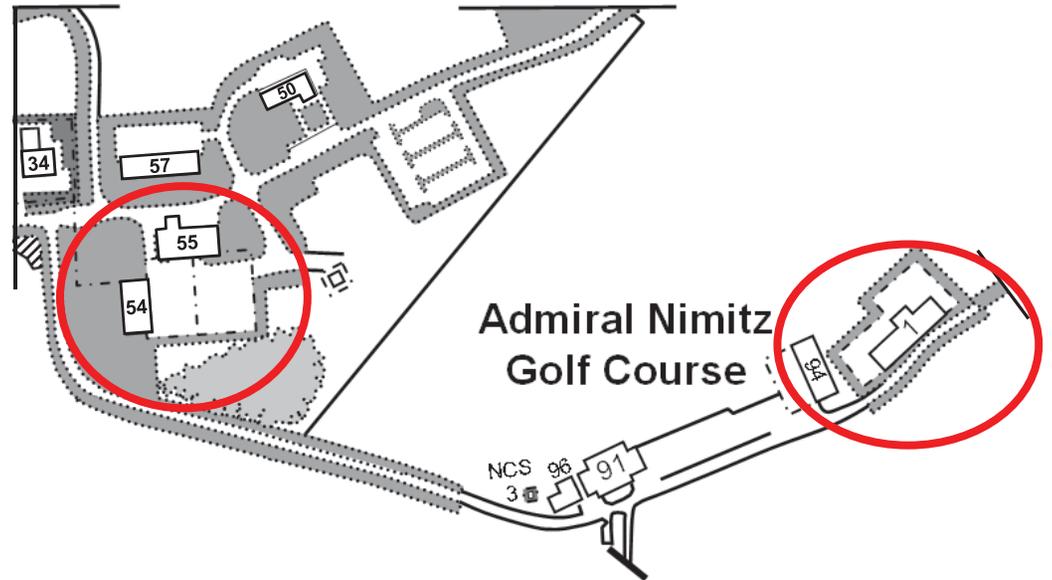
1503030-04 SITE MAPS AND LOCATIONS (NON-HOUSING)

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NBGTS BARRIGADA



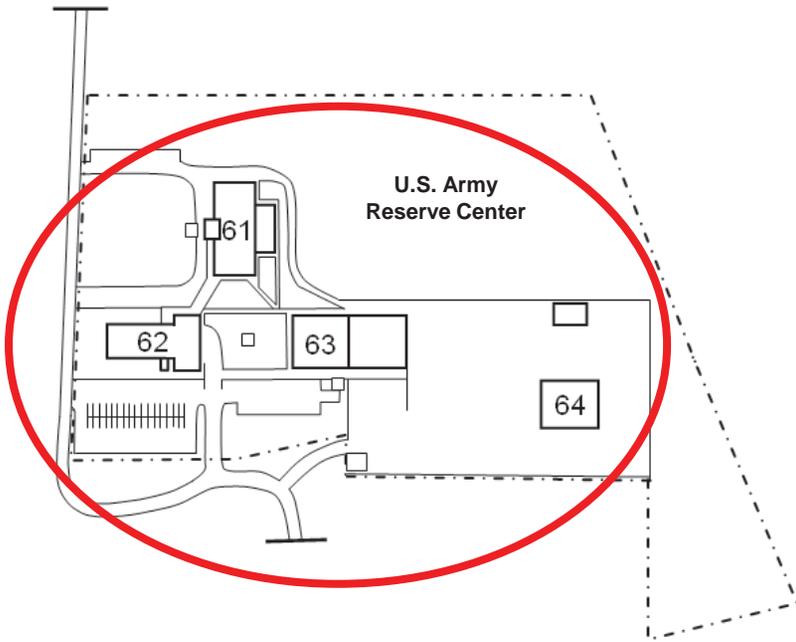
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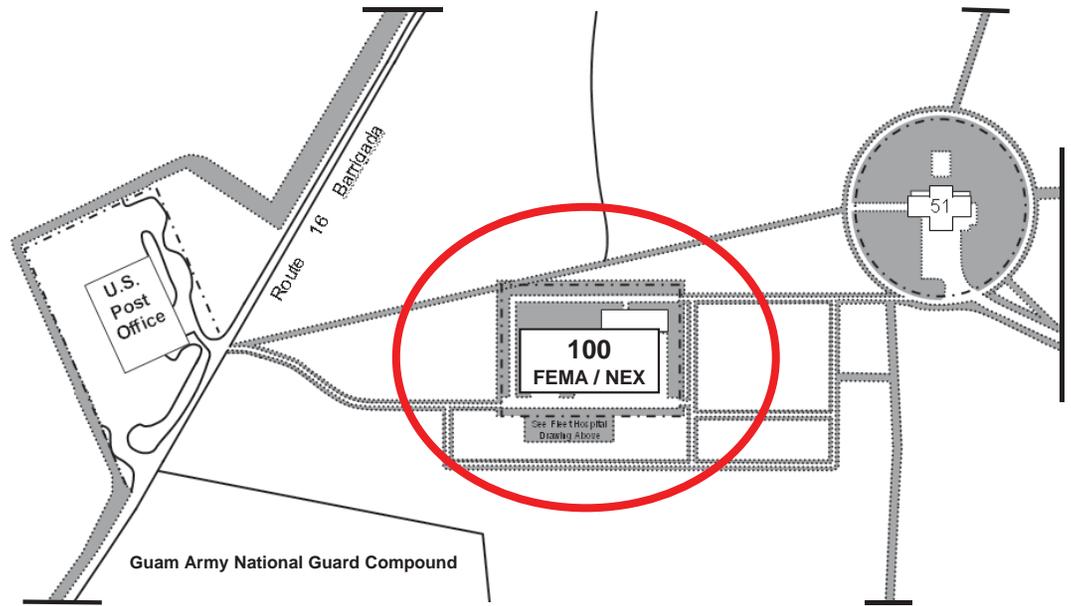
1503030-04 SITE MAPS AND LOCATIONS (NON-HOUSING)

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NBGTS BARRIGADA



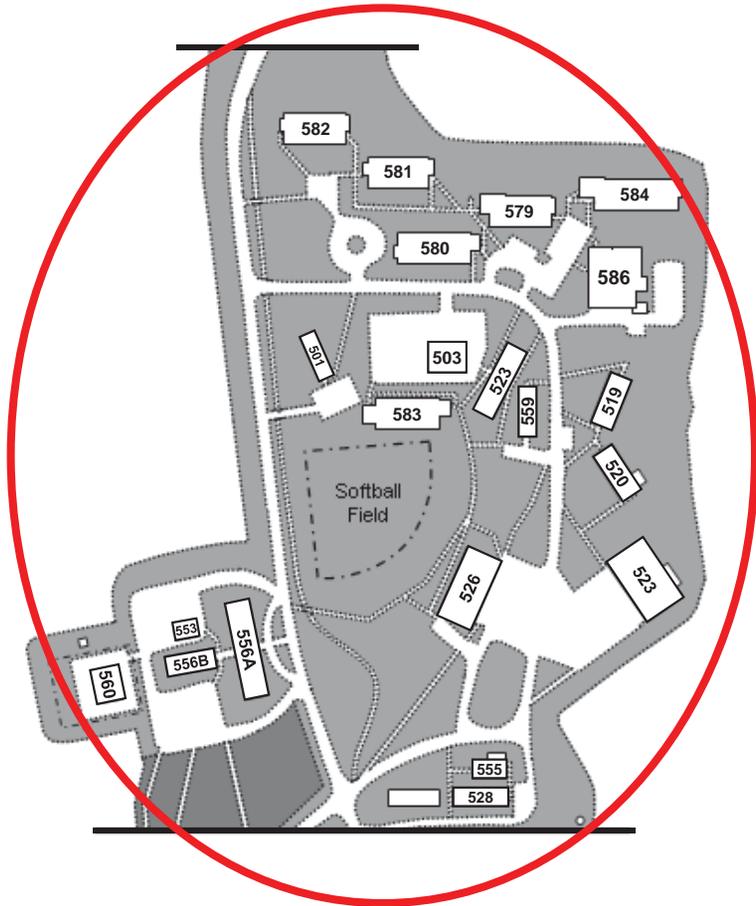
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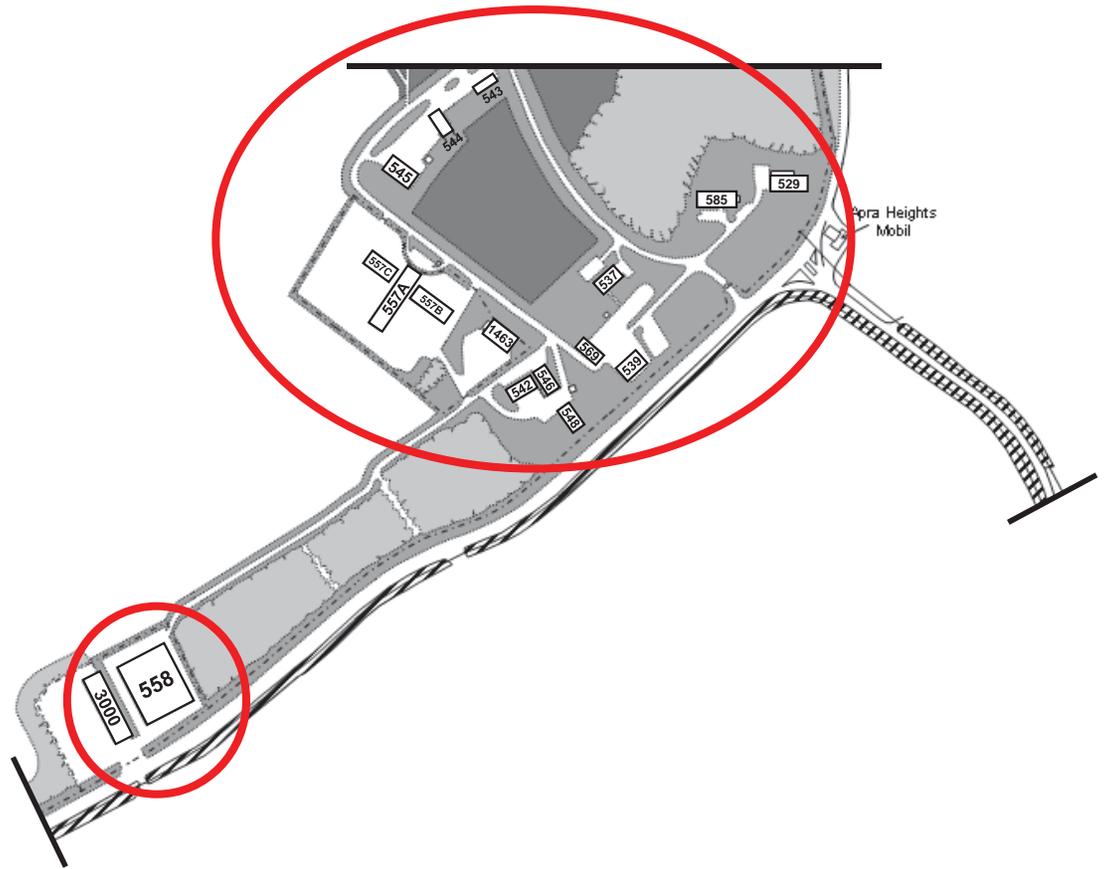
1503030-04 SITE MAPS AND LOCATIONS (NON-HOUSING)

N40192-16-R-7000

CAMP COVINGTON



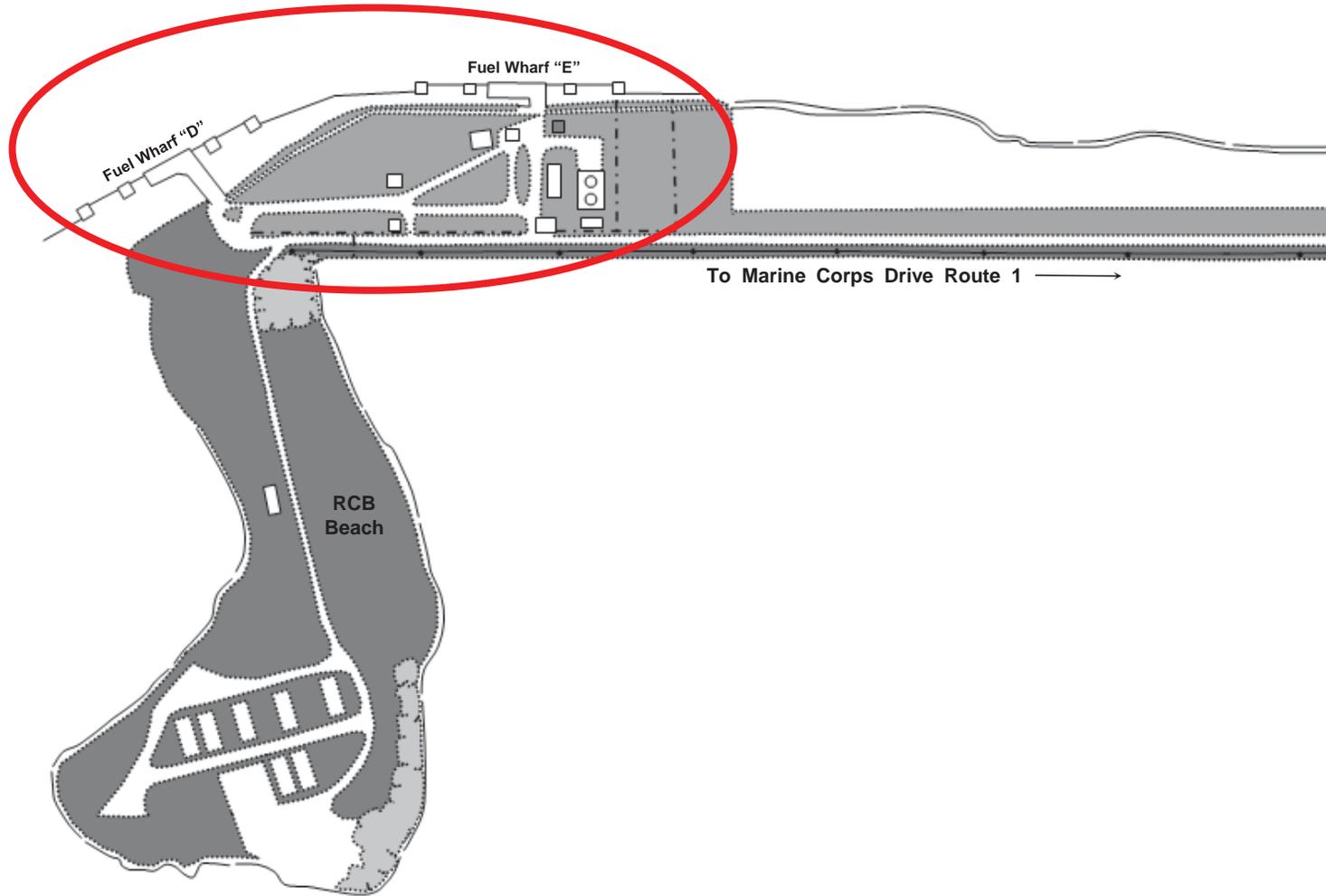
CAMP COVINGTON



1503030-04 SITE MAPS AND LOCATIONS (NON-HOUSING)

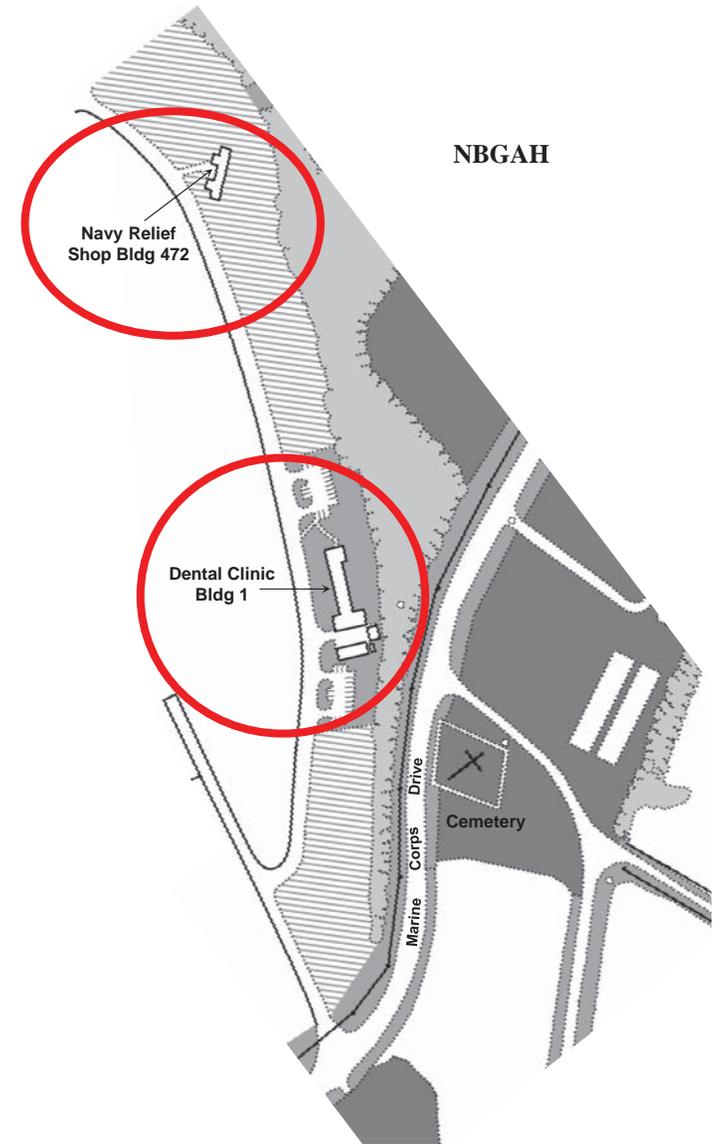
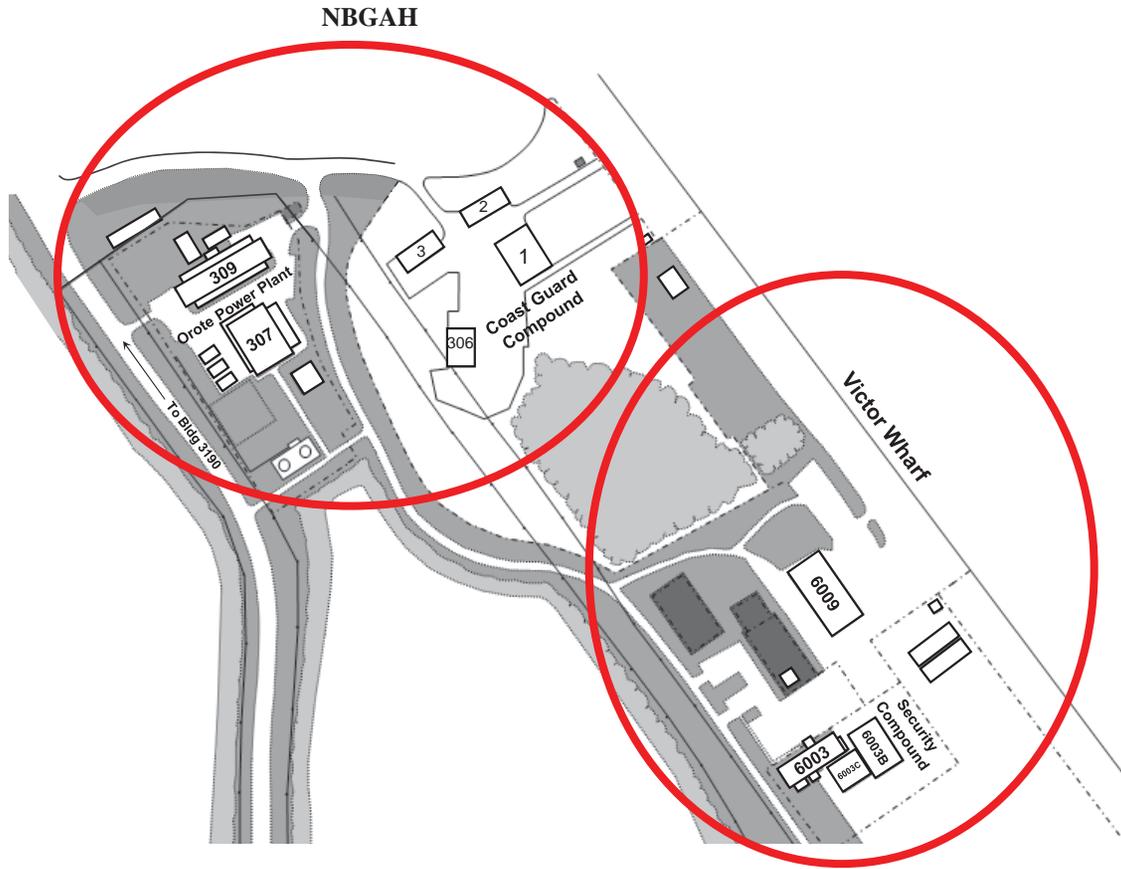
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DELTA / ECHO PIER



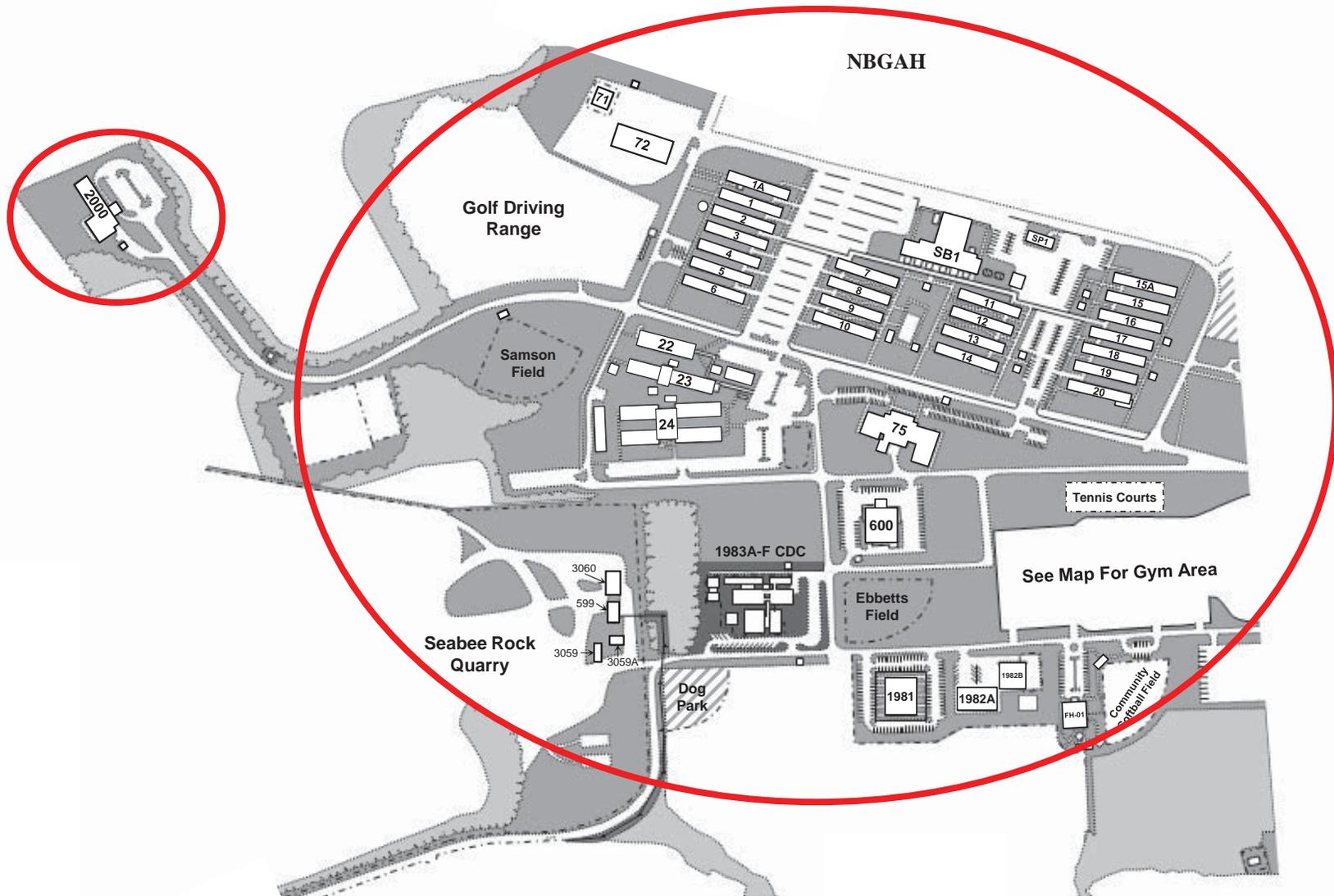
1503030-04 SITE MAPS AND LOCATIONS (NON-HOUSING)

N40192-16-R-7000



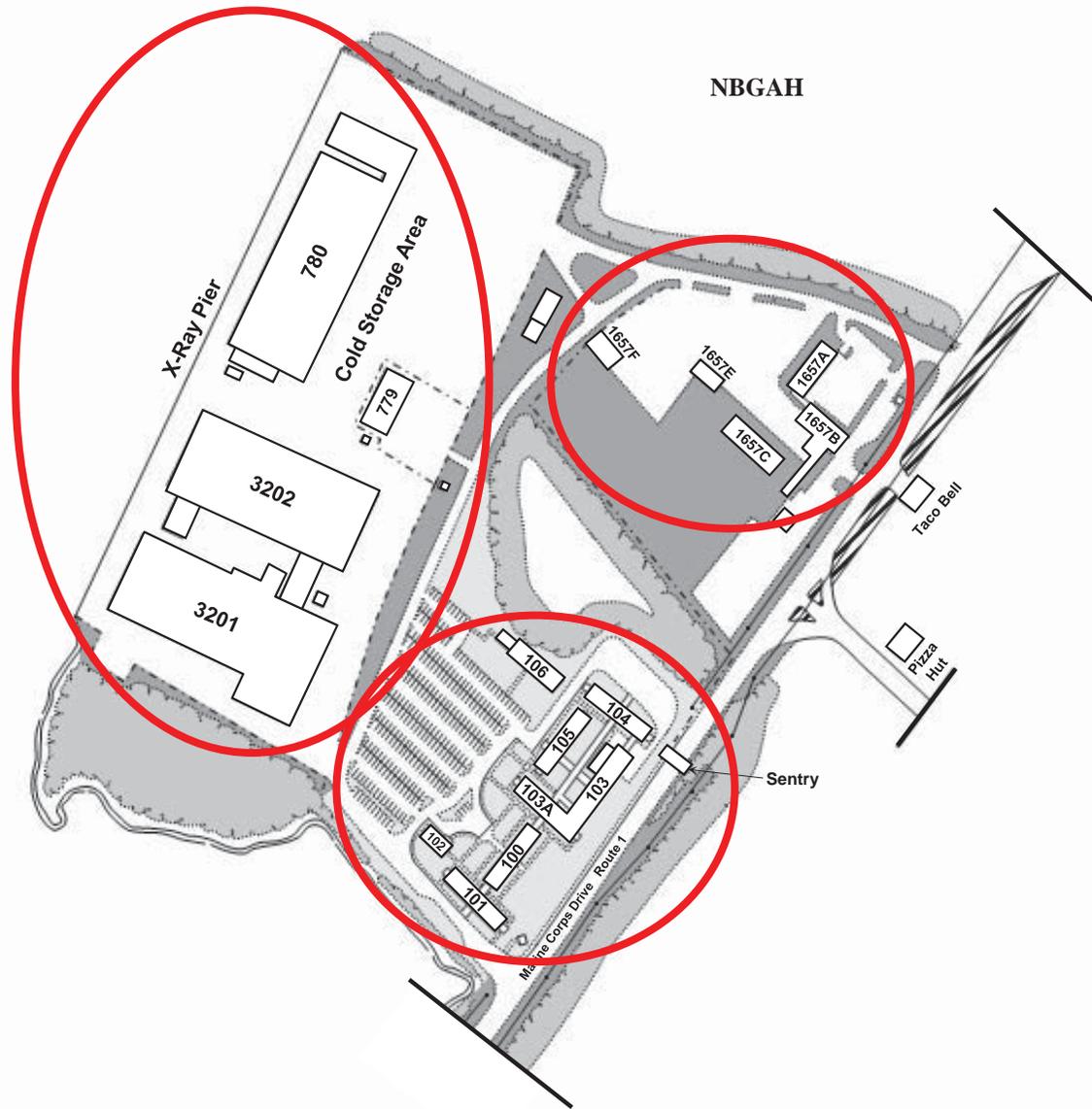
1503030-04 SITE MAPS AND LOCATIONS (NON-HOUSING)

N40192-16-R-7000



1503030-04 SITE MAPS AND LOCATIONS (NON-HOUSING)

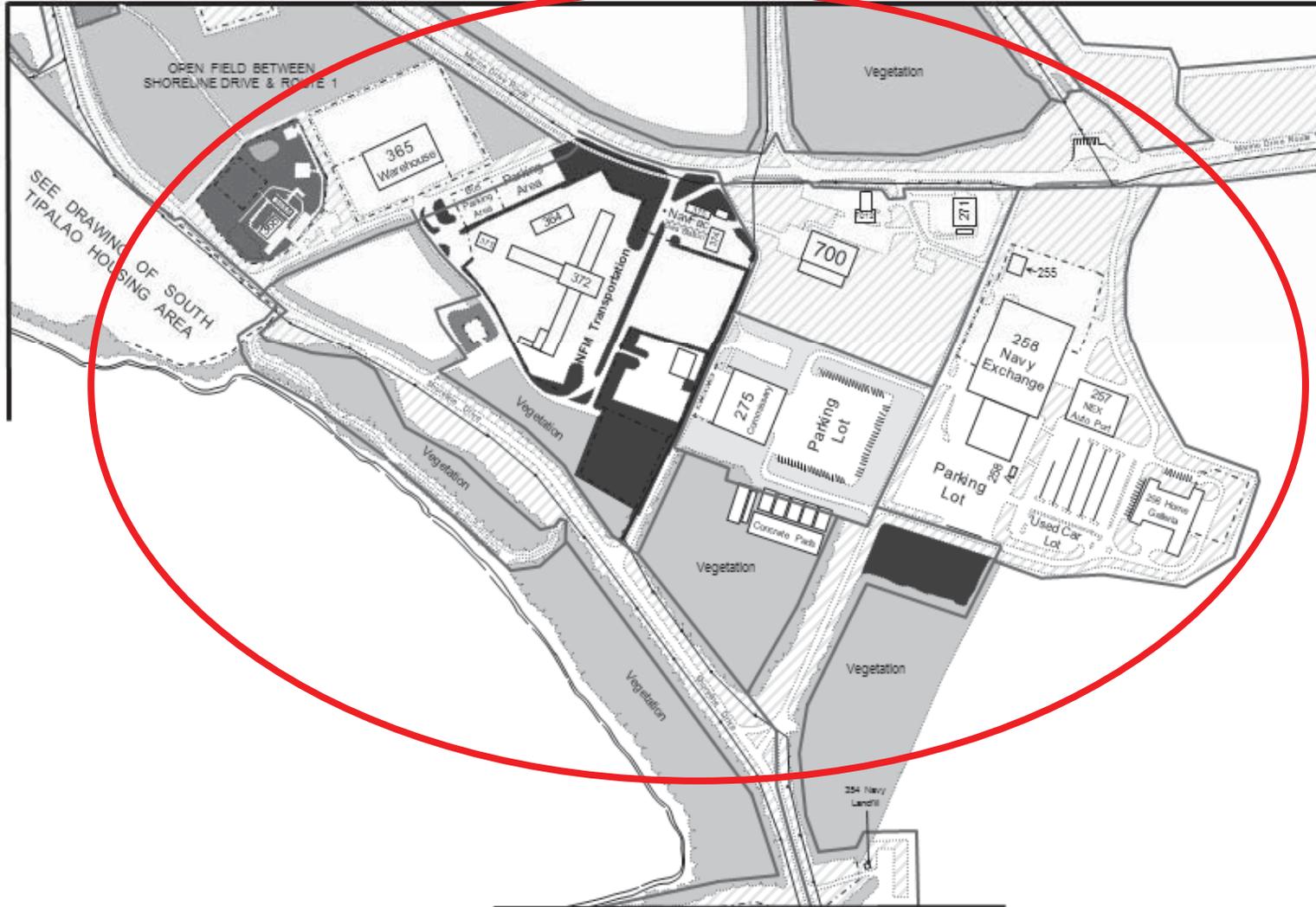
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1503030-04 SITE MAPS AND LOCATIONS (NON-HOUSING)

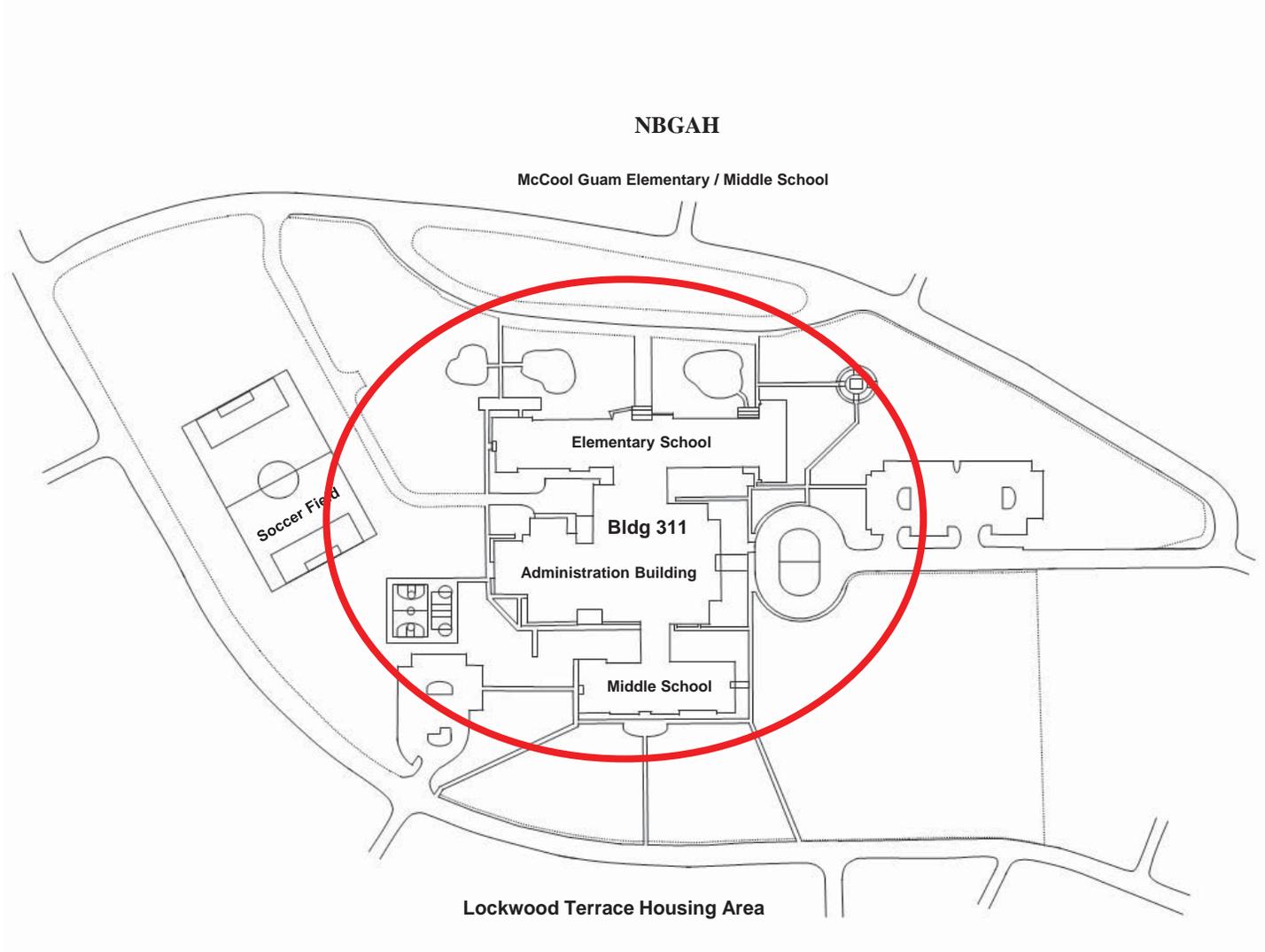
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NBGAH



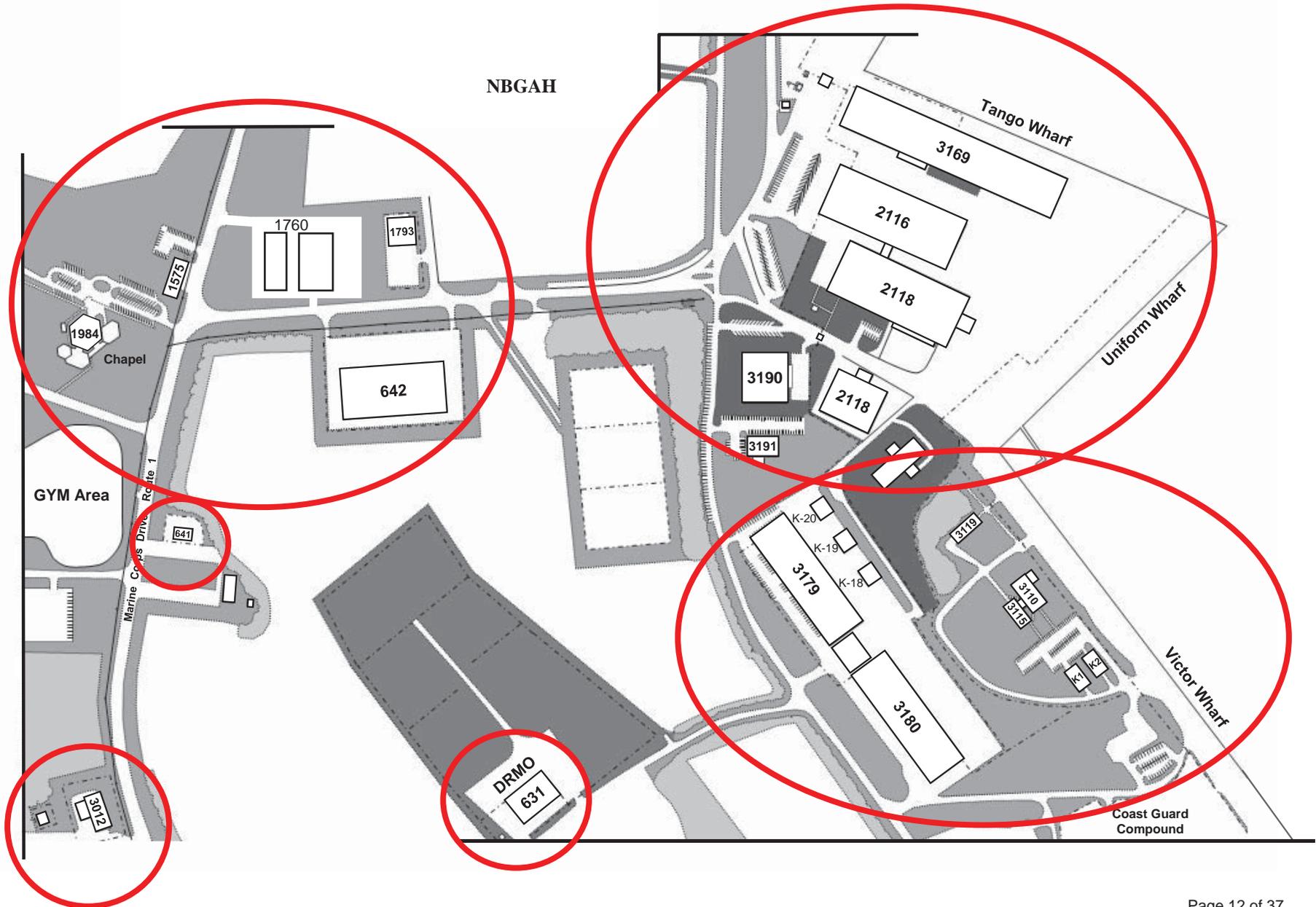
1503030-04 SITE MAPS AND LOCATIONS (NON-HOUSING)

N40192-16-R-7000



1503030-04 SITE MAPS AND LOCATIONS (NON-HOUSING)

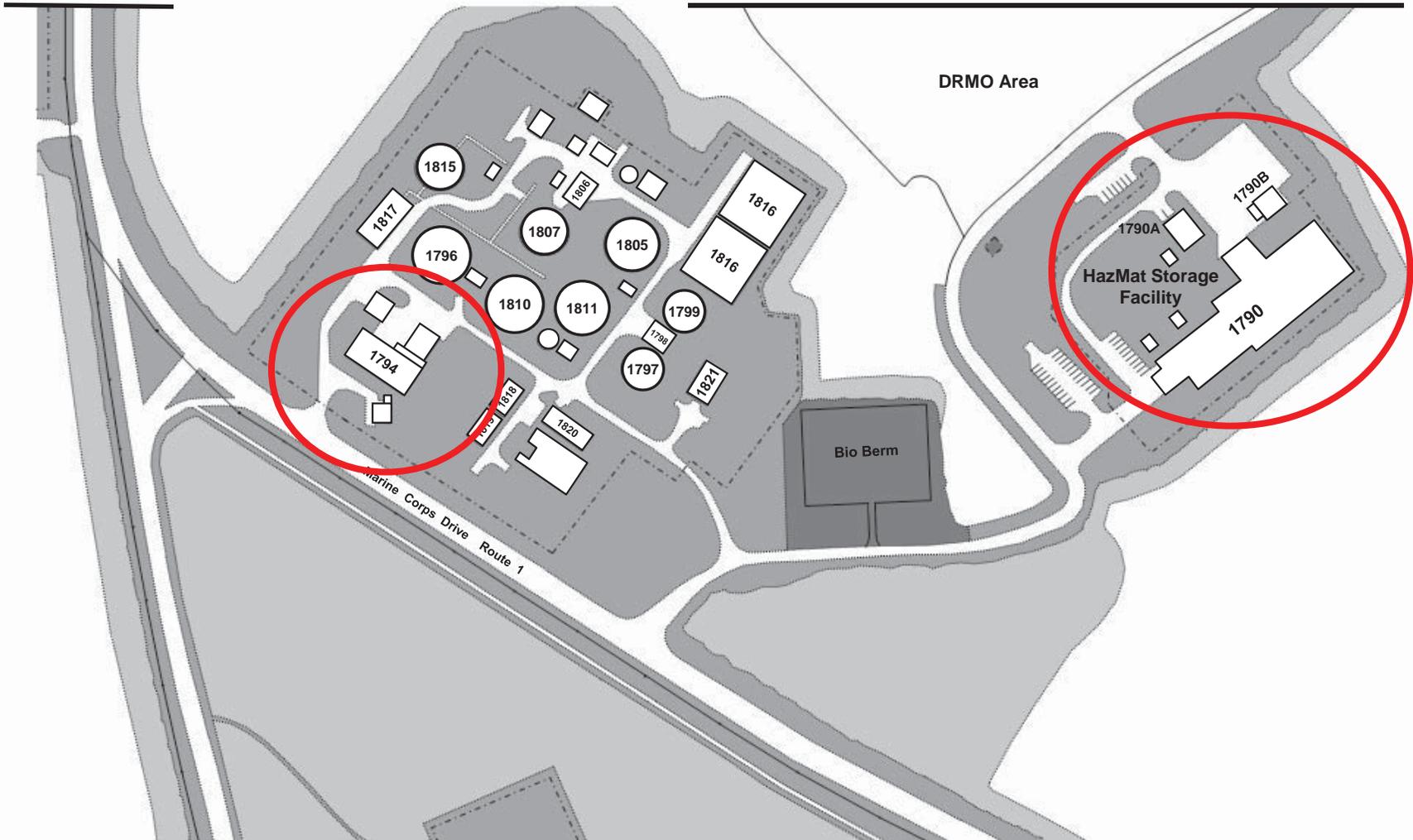
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1503030-04 SITE MAPS AND LOCATIONS (NON-HOUSING)

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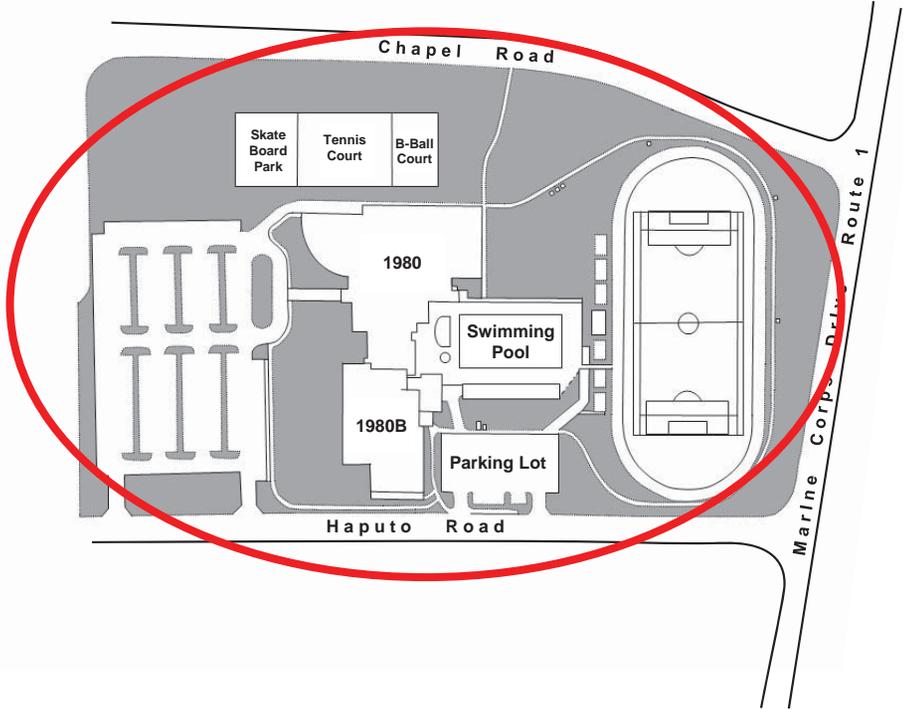
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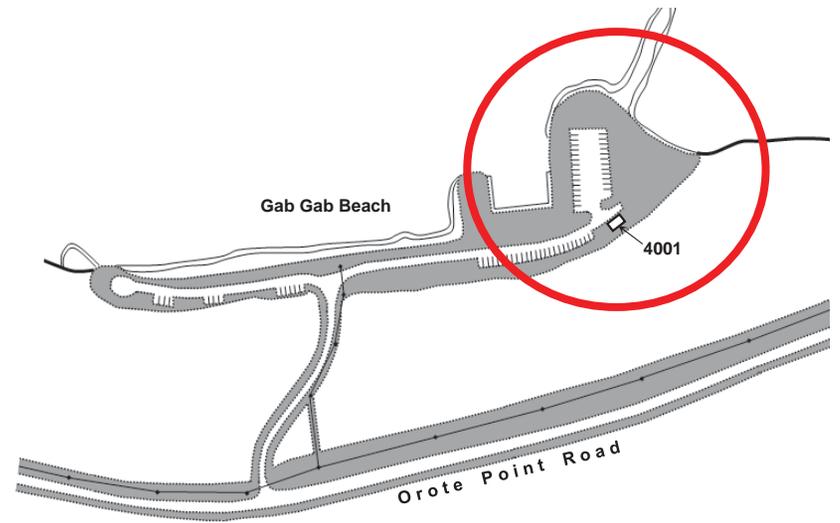
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N40192-16-R-7000

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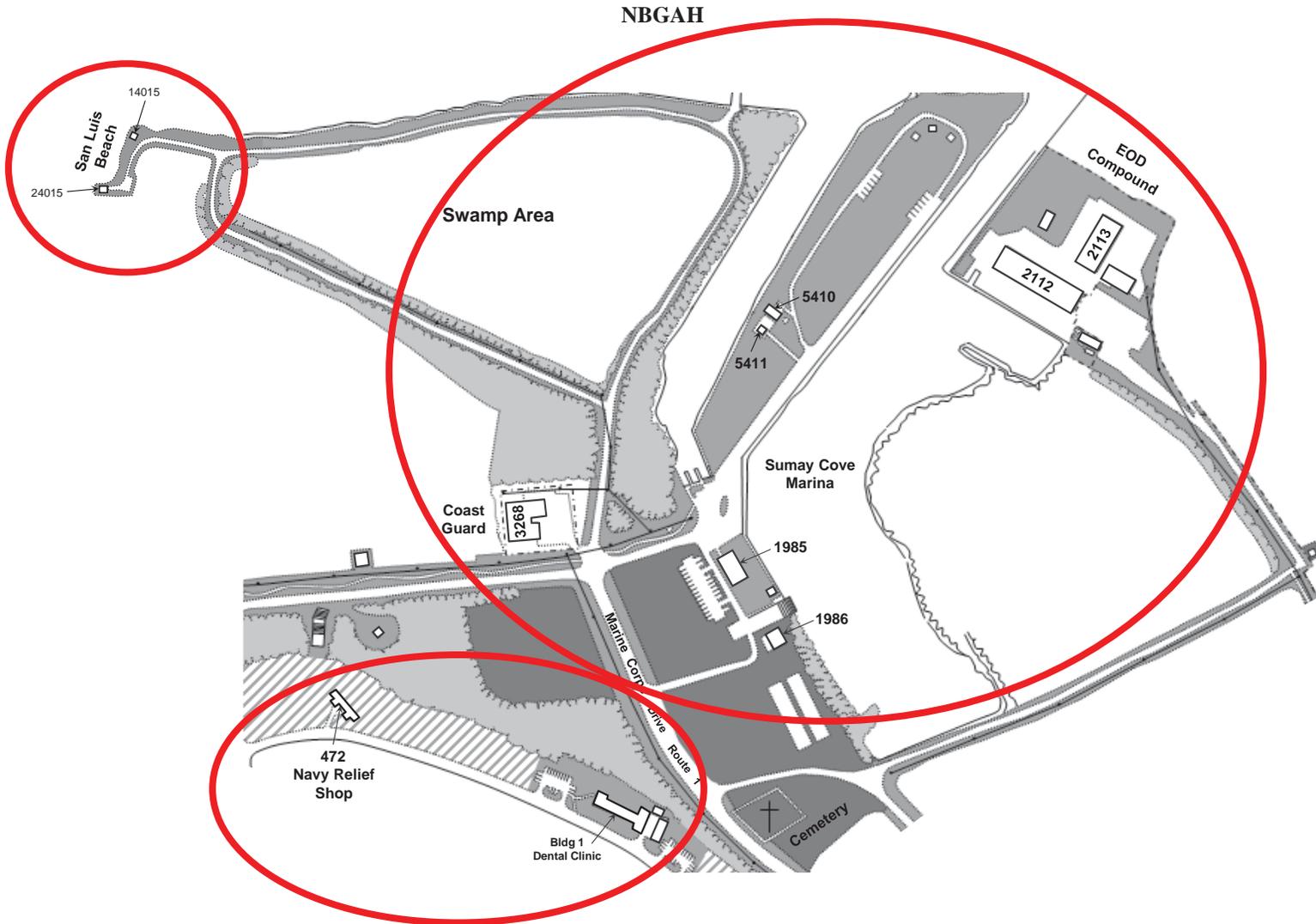


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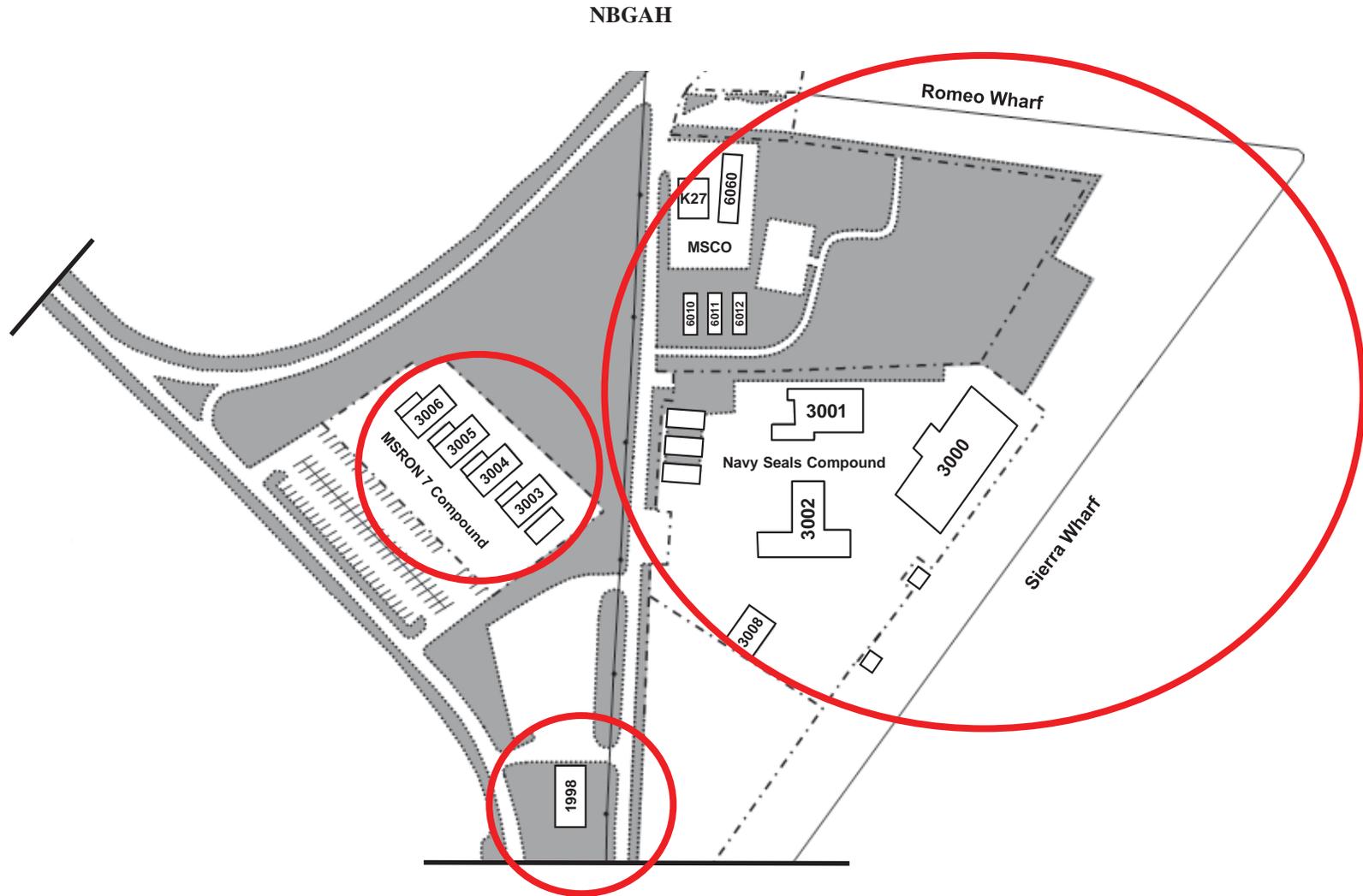
1503030-04 SITE MAPS AND LOCATIONS (NON-HOUSING)

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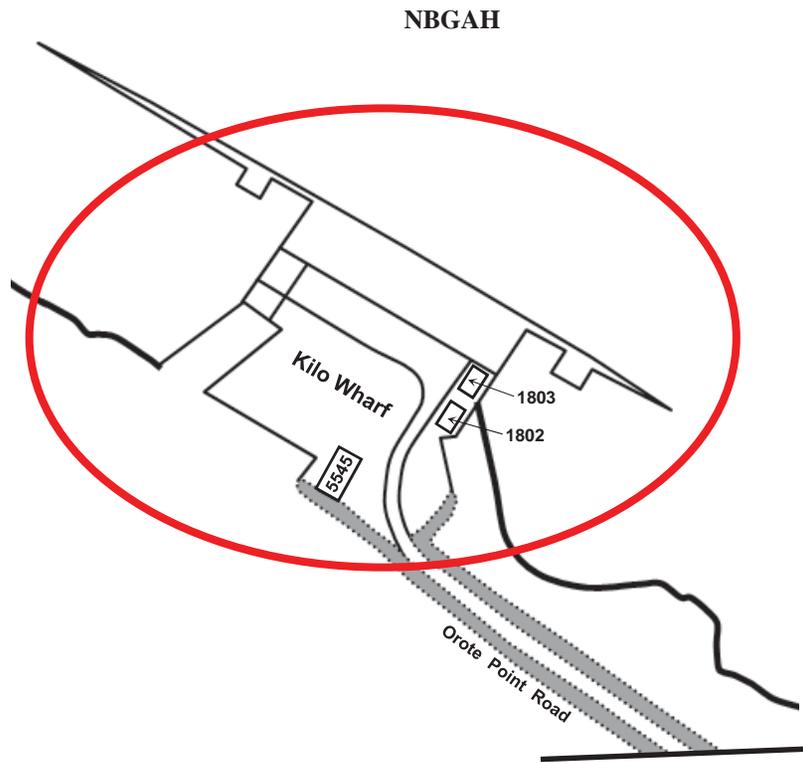
1503030-04 SITE MAPS AND LOCATIONS (NON-HOUSING)

N40192-16-R-7000



1503030-04 SITE MAPS AND LOCATIONS (NON-HOUSING)

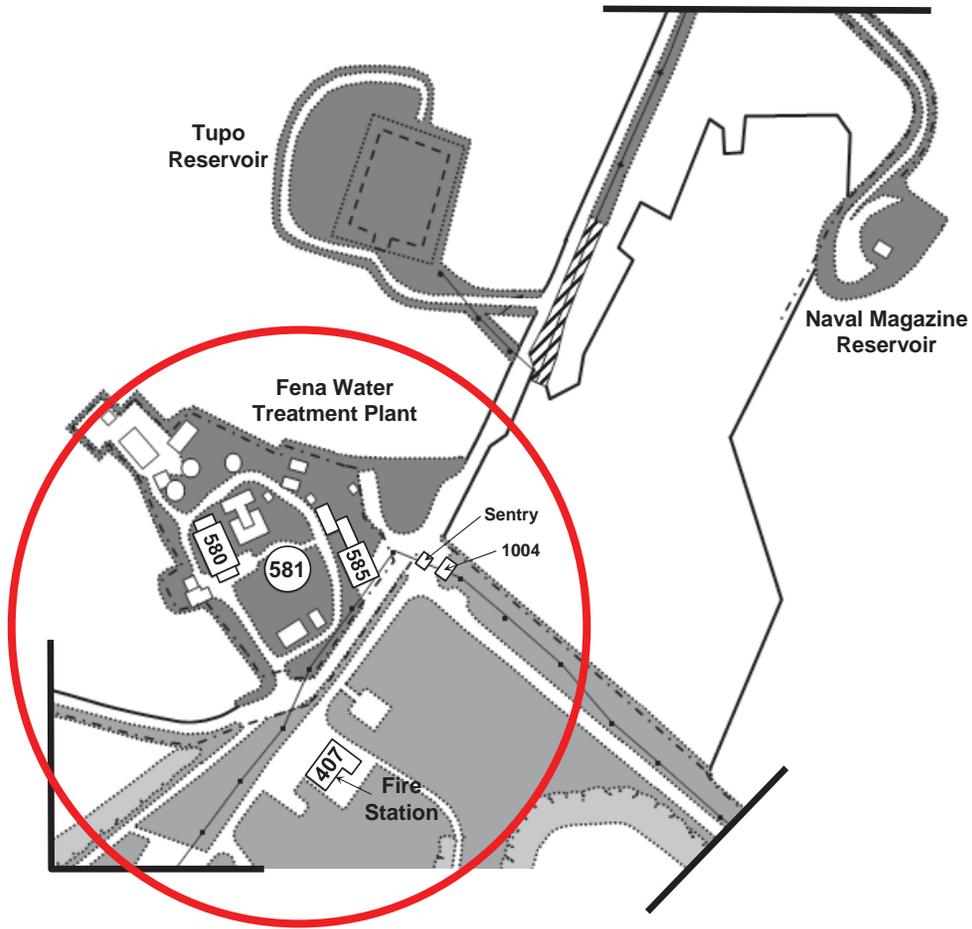
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1503030-04 SITE MAPS AND LOCATIONS (NON-HOUSING)

N40192-16-R-7000

NBGMS



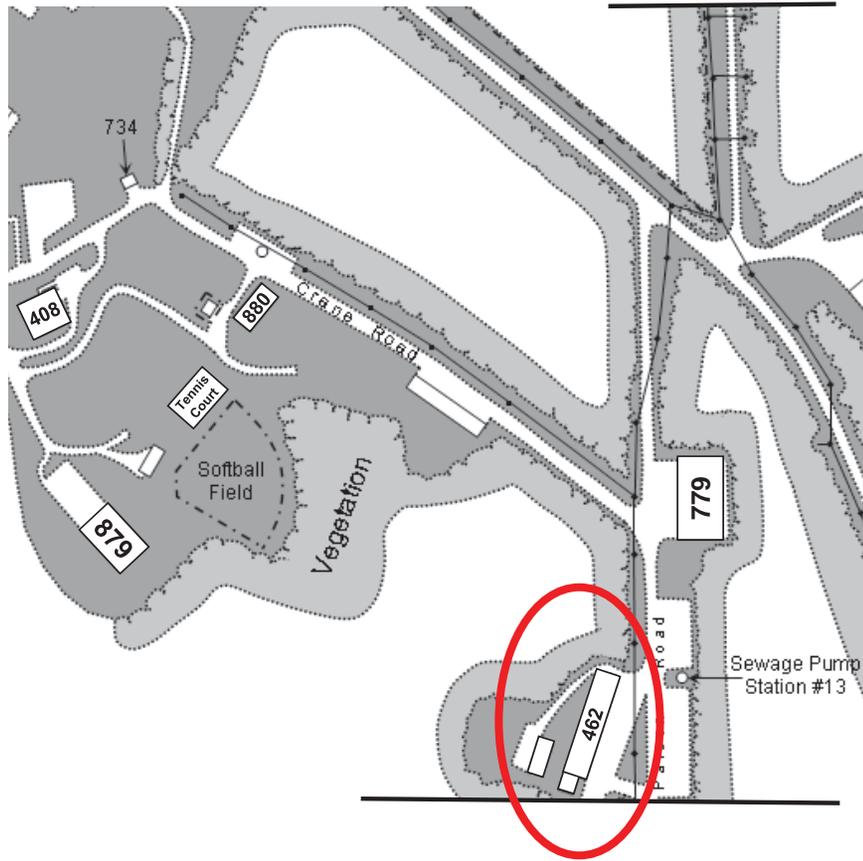
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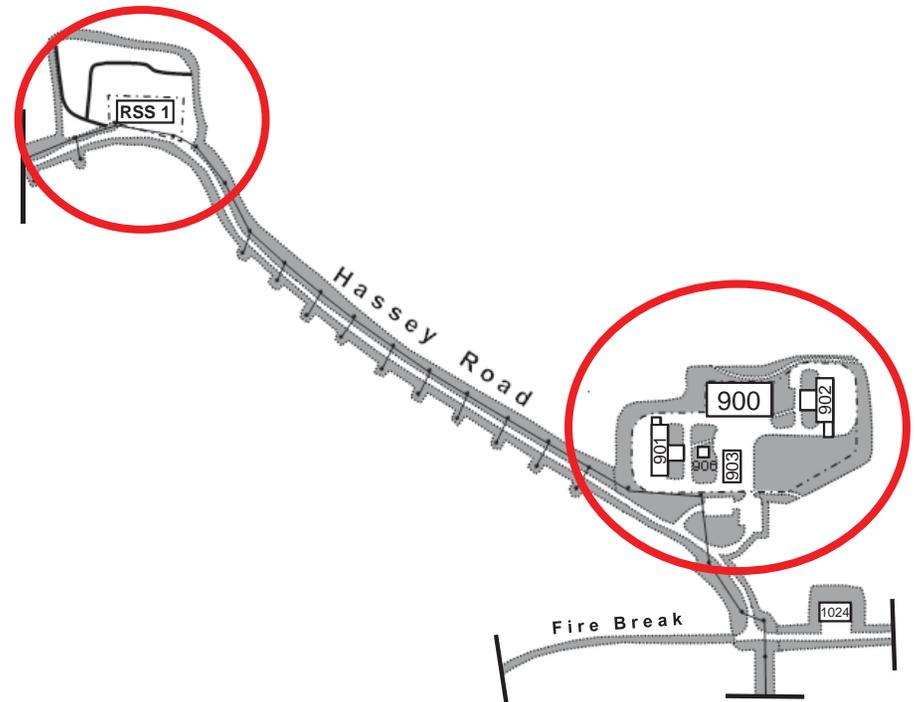
1503030-04 SITE MAPS AND LOCATIONS (NON-HOUSING)

N40192-16-R-7000

NBGMS

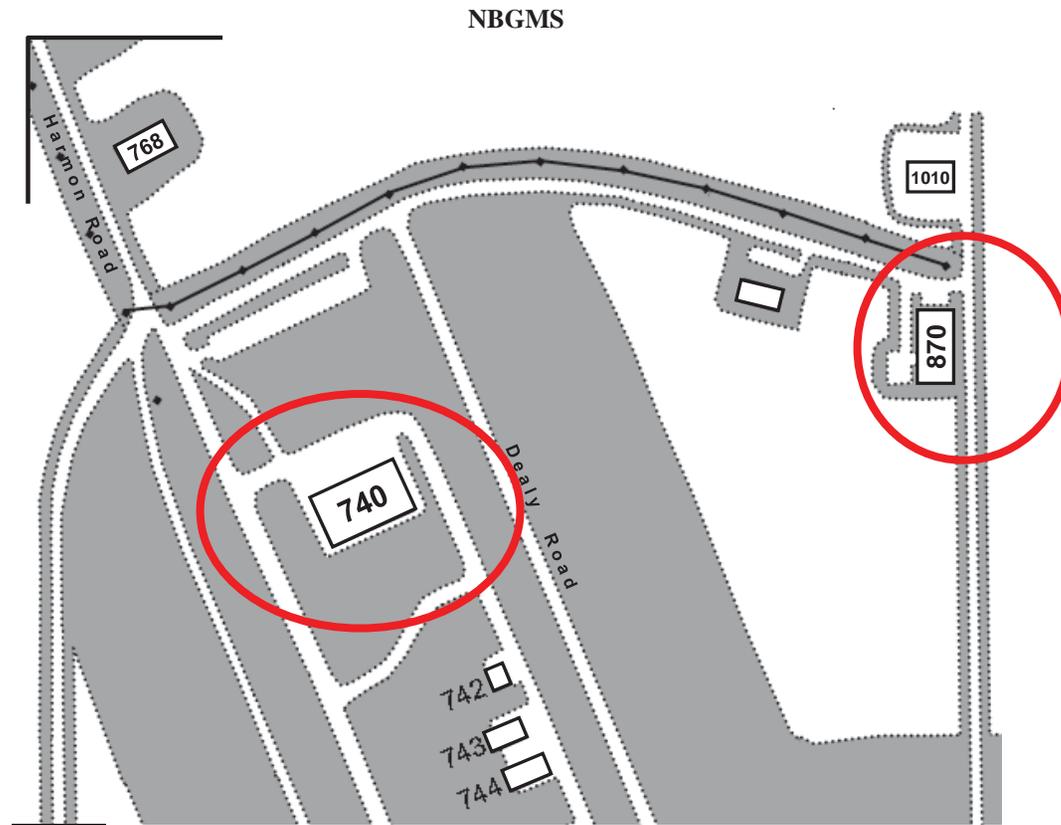


NBGMS



1503030-04 SITE MAPS AND LOCATIONS (NON-HOUSING)

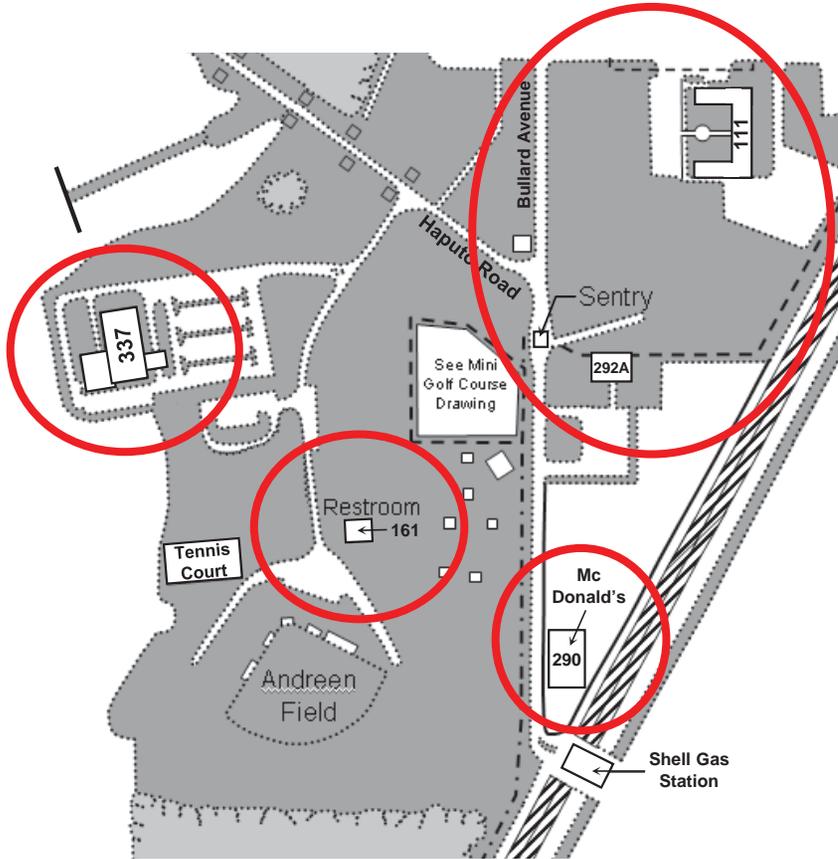
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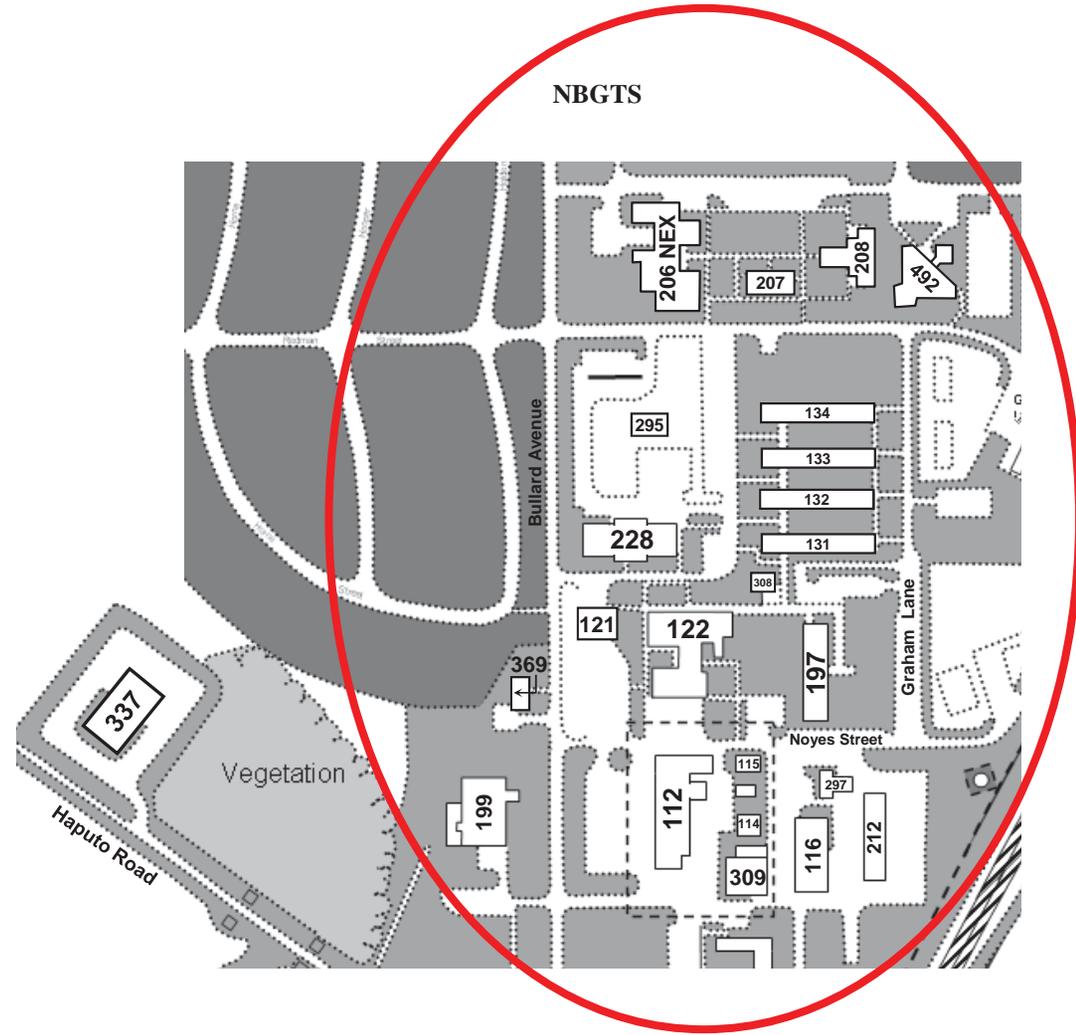
1503030-04 SITE MAPS AND LOCATIONS (NON-HOUSING)

N40192-16-R-7000

NBGTS

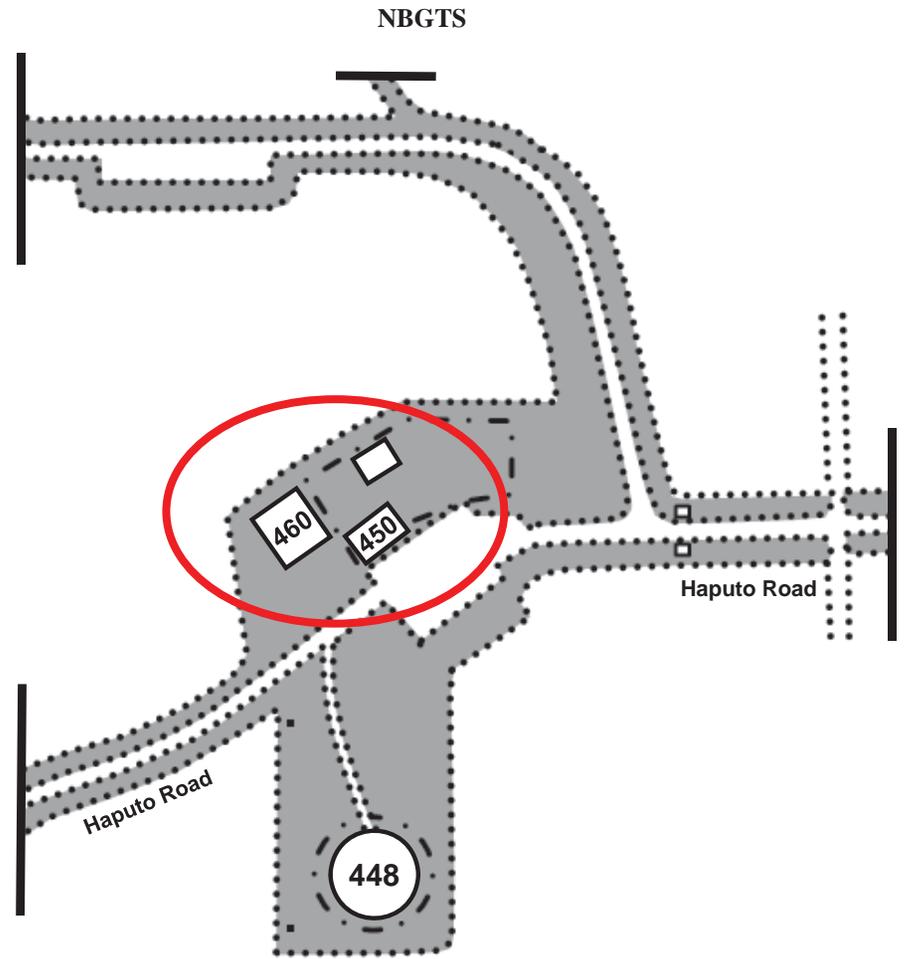
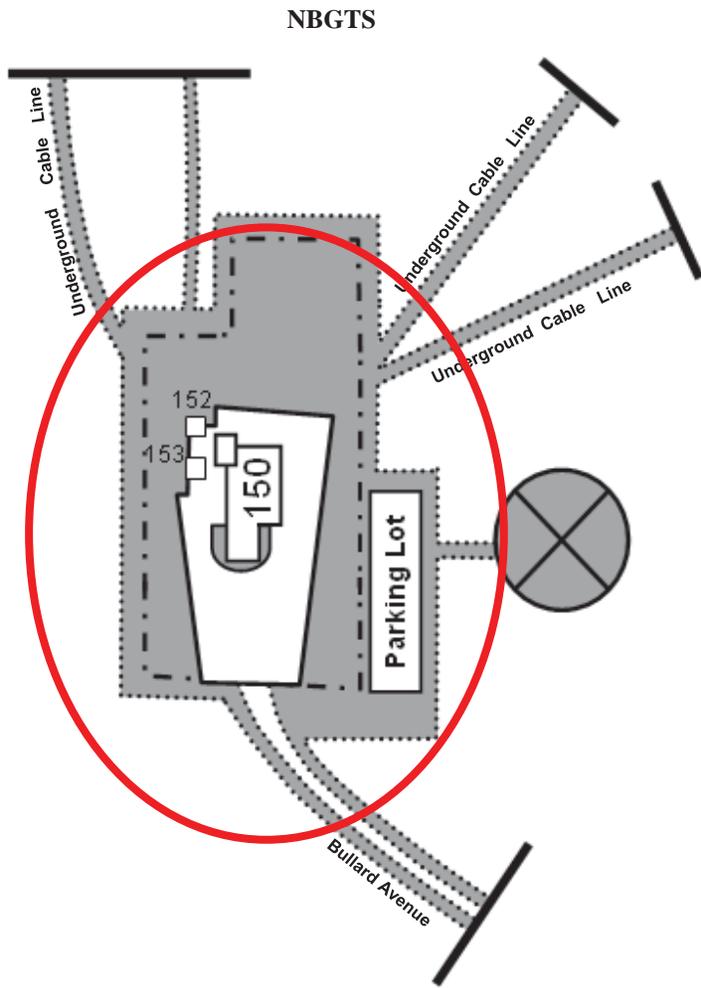


NBGTS



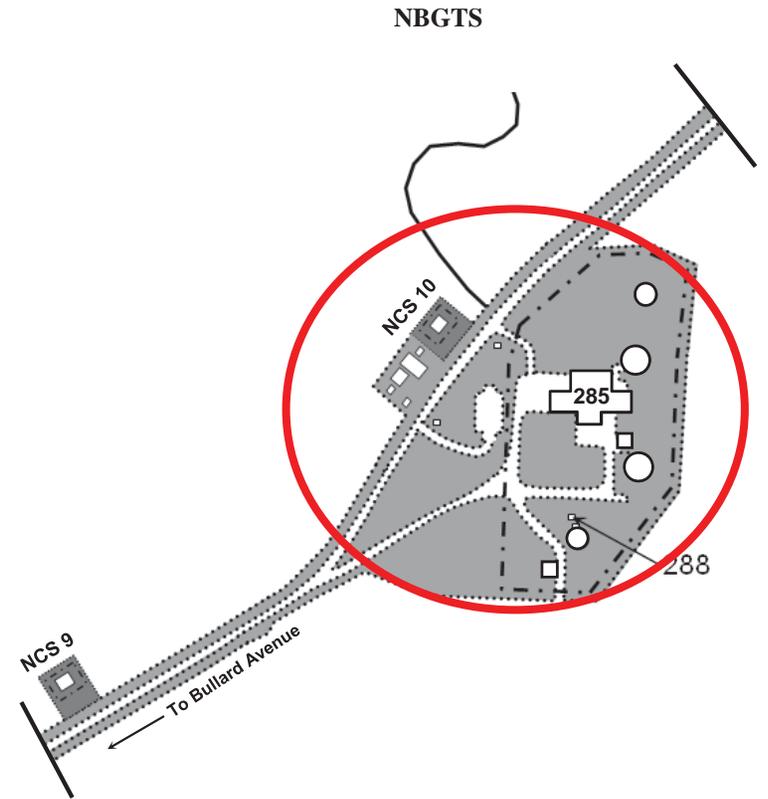
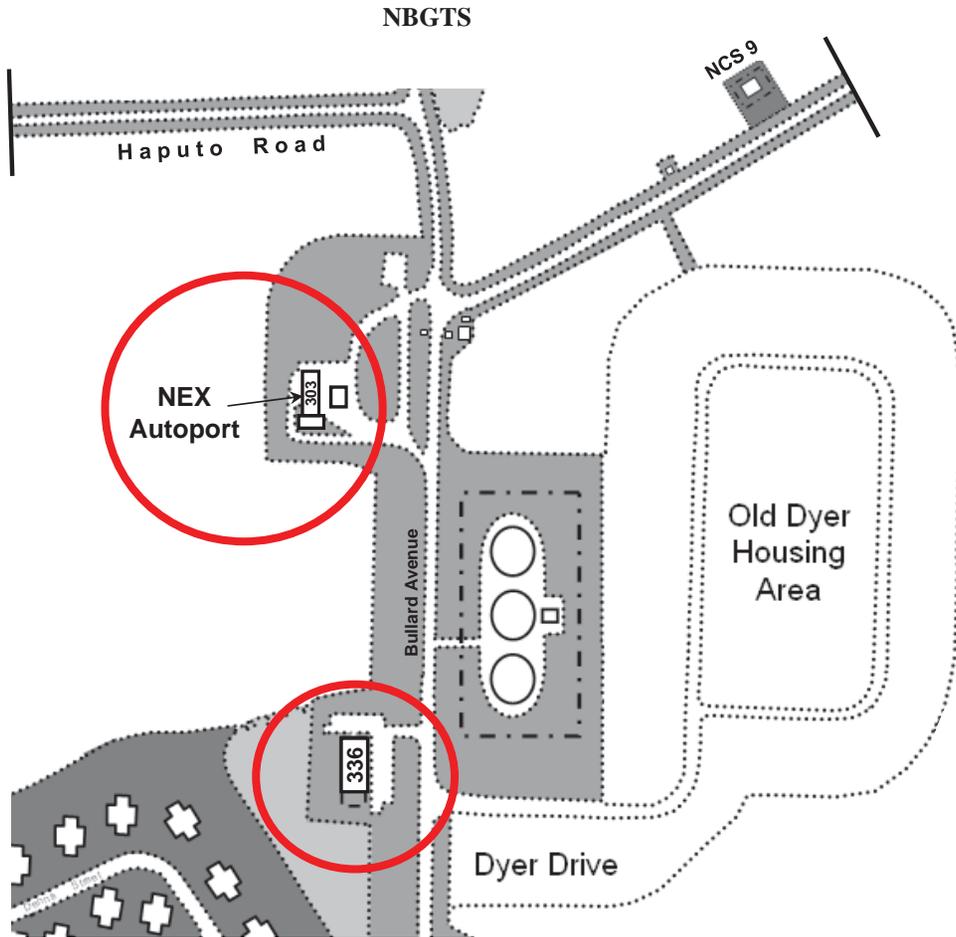
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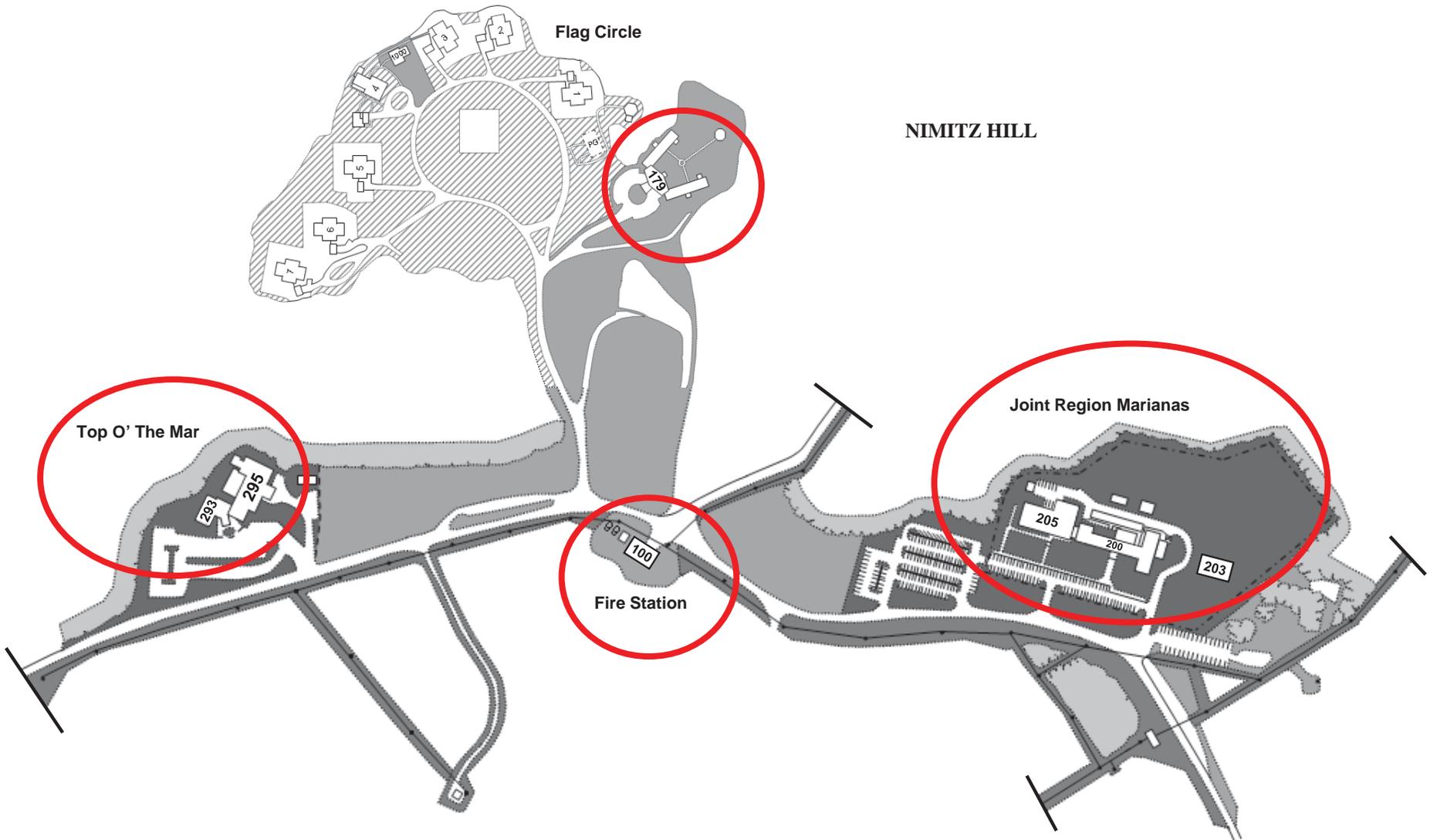
1503030-04 SITE MAPS AND LOCATIONS (NON-HOUSING)

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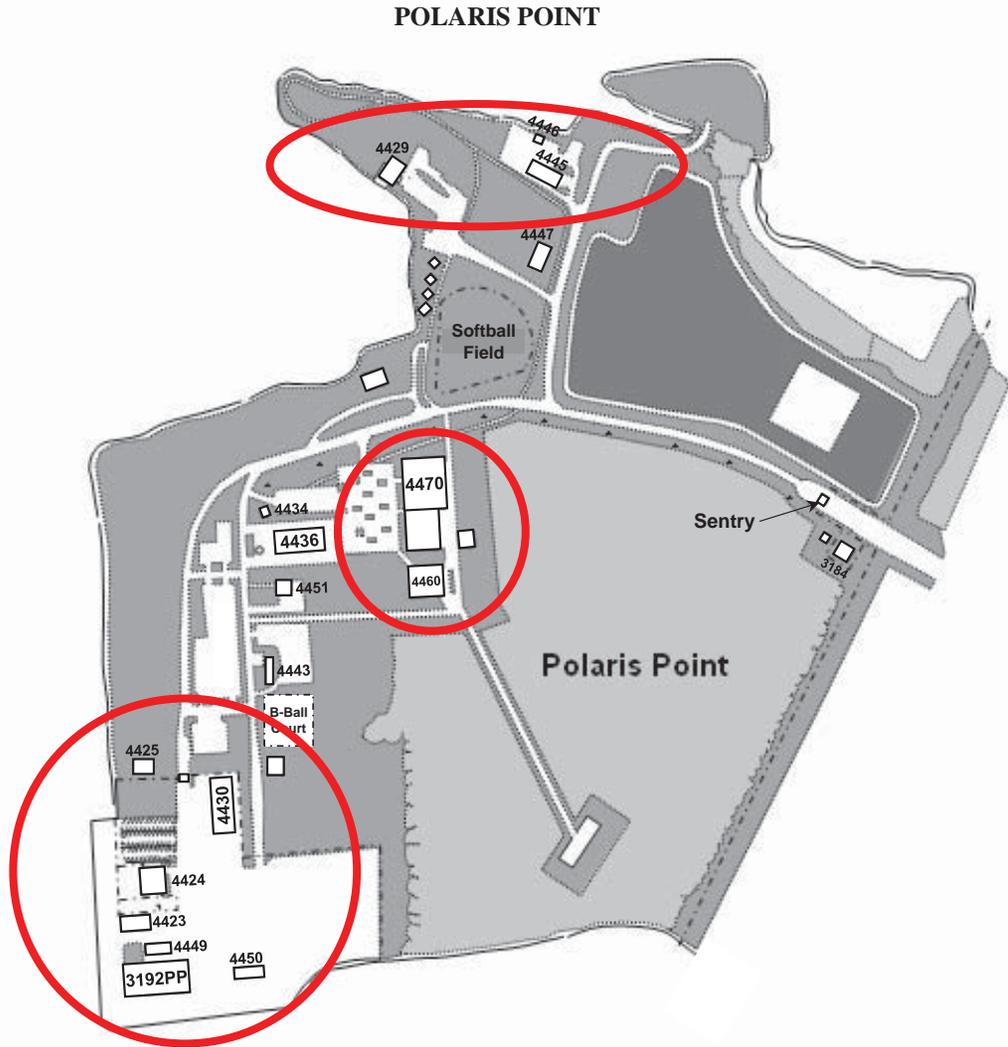
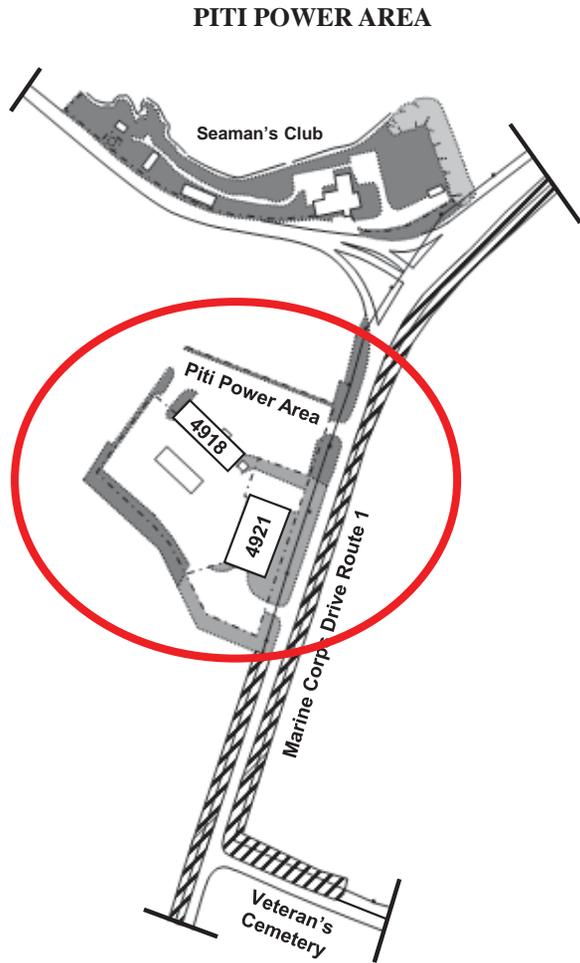
1503030-04 SITE MAPS AND LOCATIONS (NON-HOUSING)

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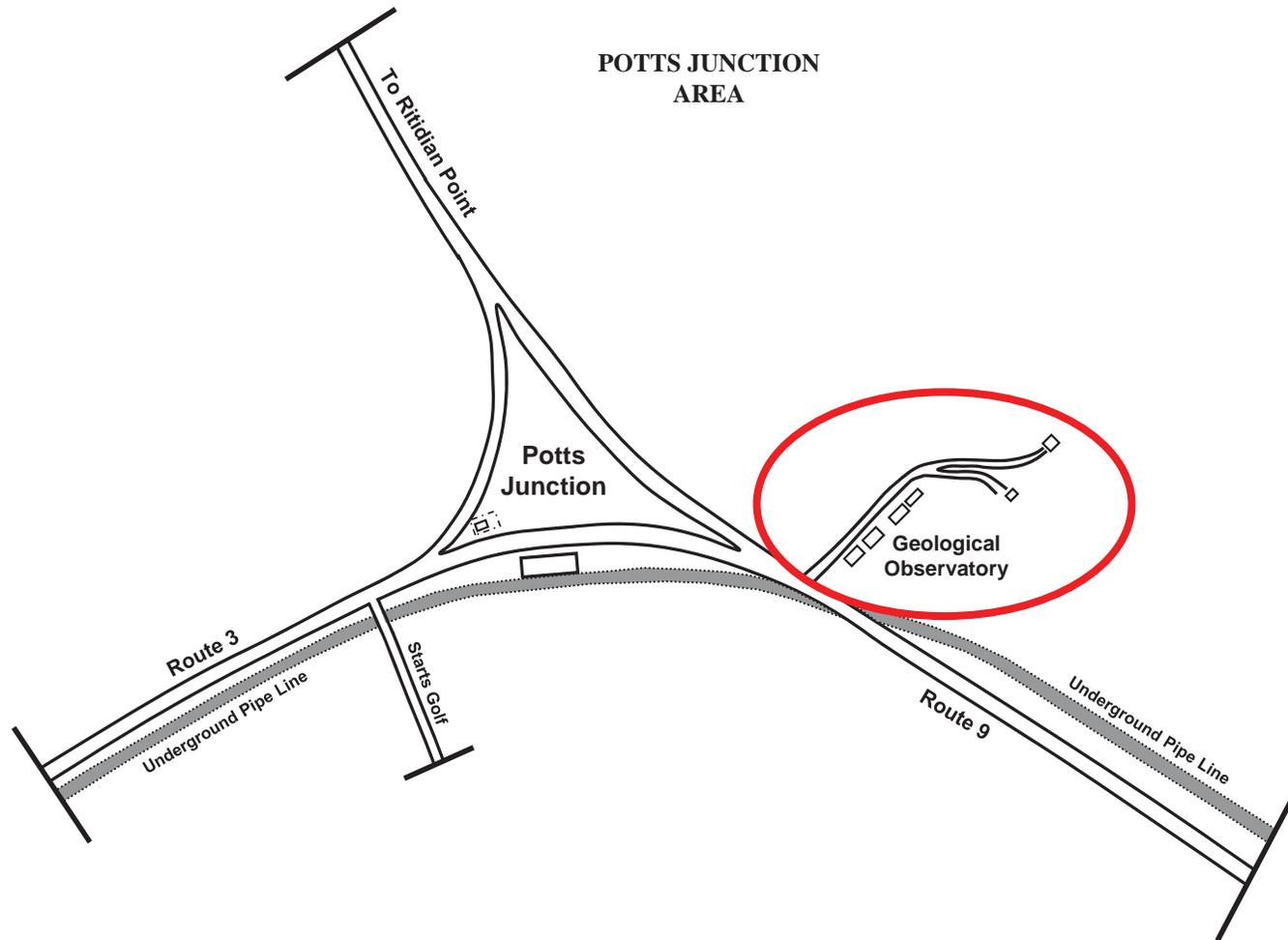
1503030-04 SITE MAPS AND LOCATIONS (NON-HOUSING)

N40192-16-R-7000



1503030-04 SITE MAPS AND LOCATIONS (NON-HOUSING)

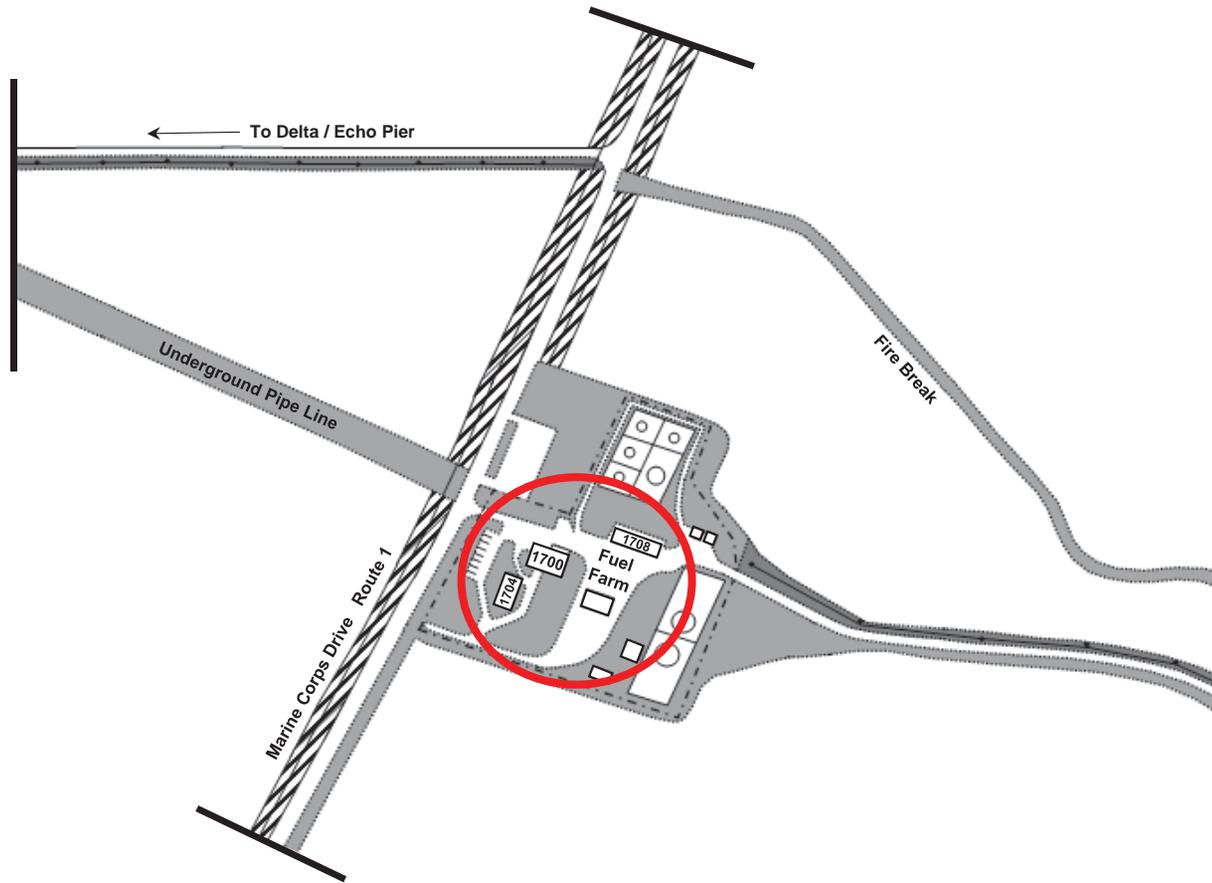
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1503030-04 SITE MAPS AND LOCATIONS (NON-HOUSING)

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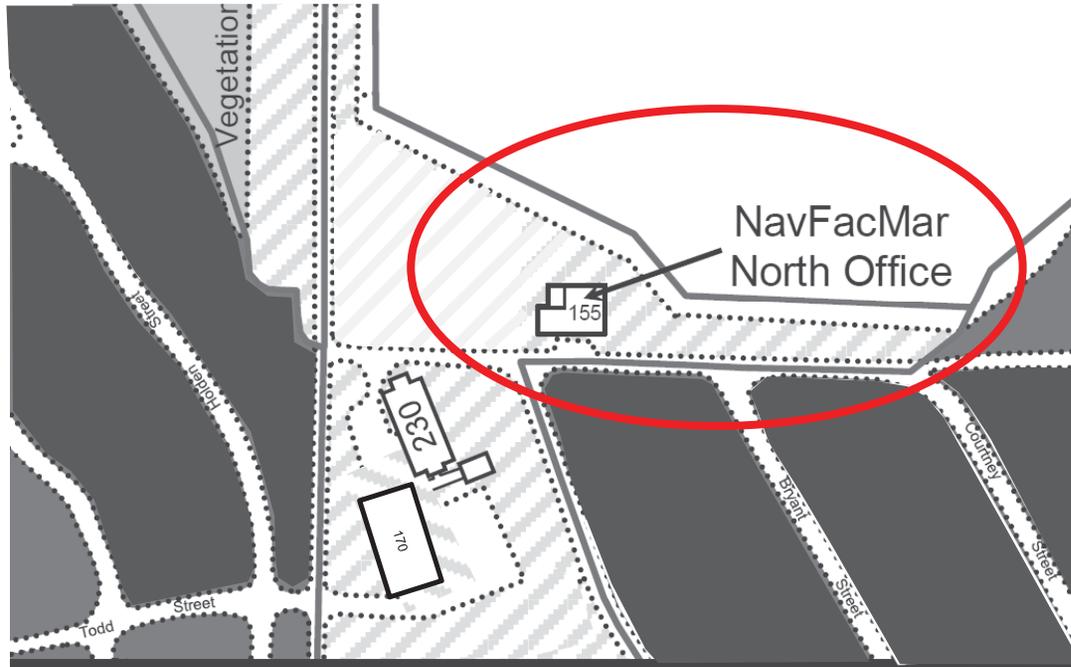
SASA VALLEY



1503030-04 SITE MAPS AND LOCATIONS (NON-HOUSING)

N40192-16-R-7000

NBGTS



1503030-04 SITE MAPS AND LOCATIONS (HOUSING)

N40192-16-R-7000

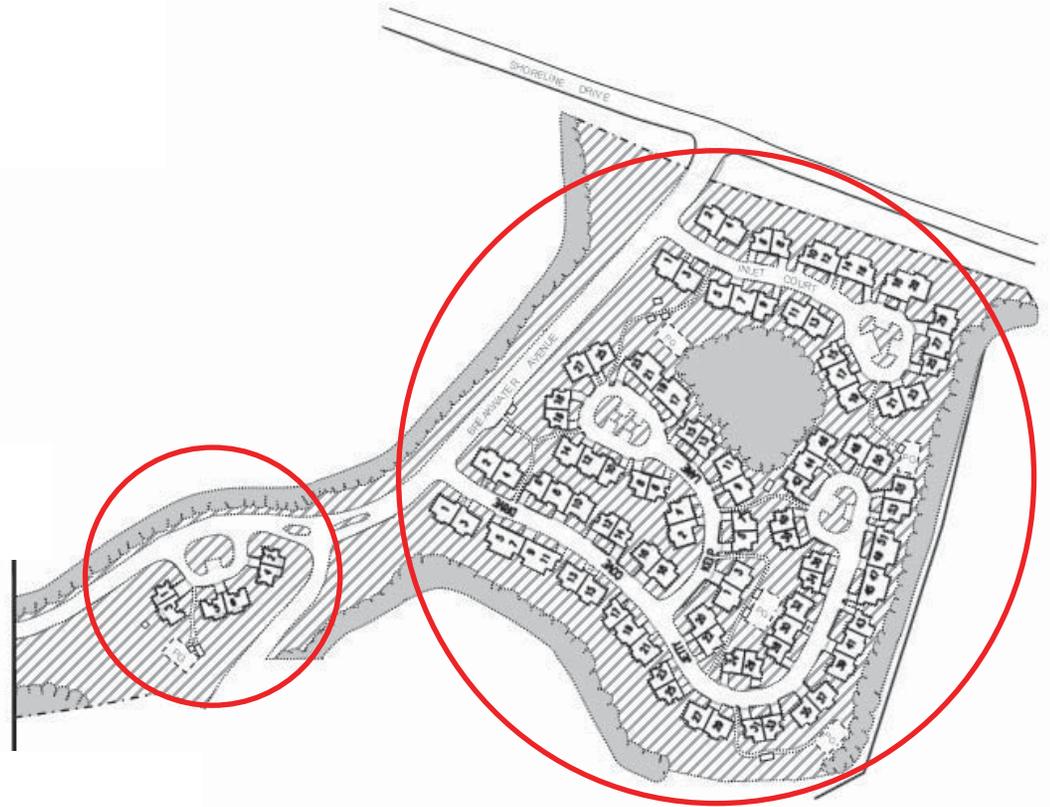
LOCKWOOD TERRACE HOUSING AREA (NBGAH)



1503030-04 SITE MAPS AND LOCATIONS (HOUSING)

N40192-16-R-7000

HARBOR VIEW HOUSING AREA (NBGAH)



1503030-04 SITE MAPS AND LOCATIONS (HOUSING)

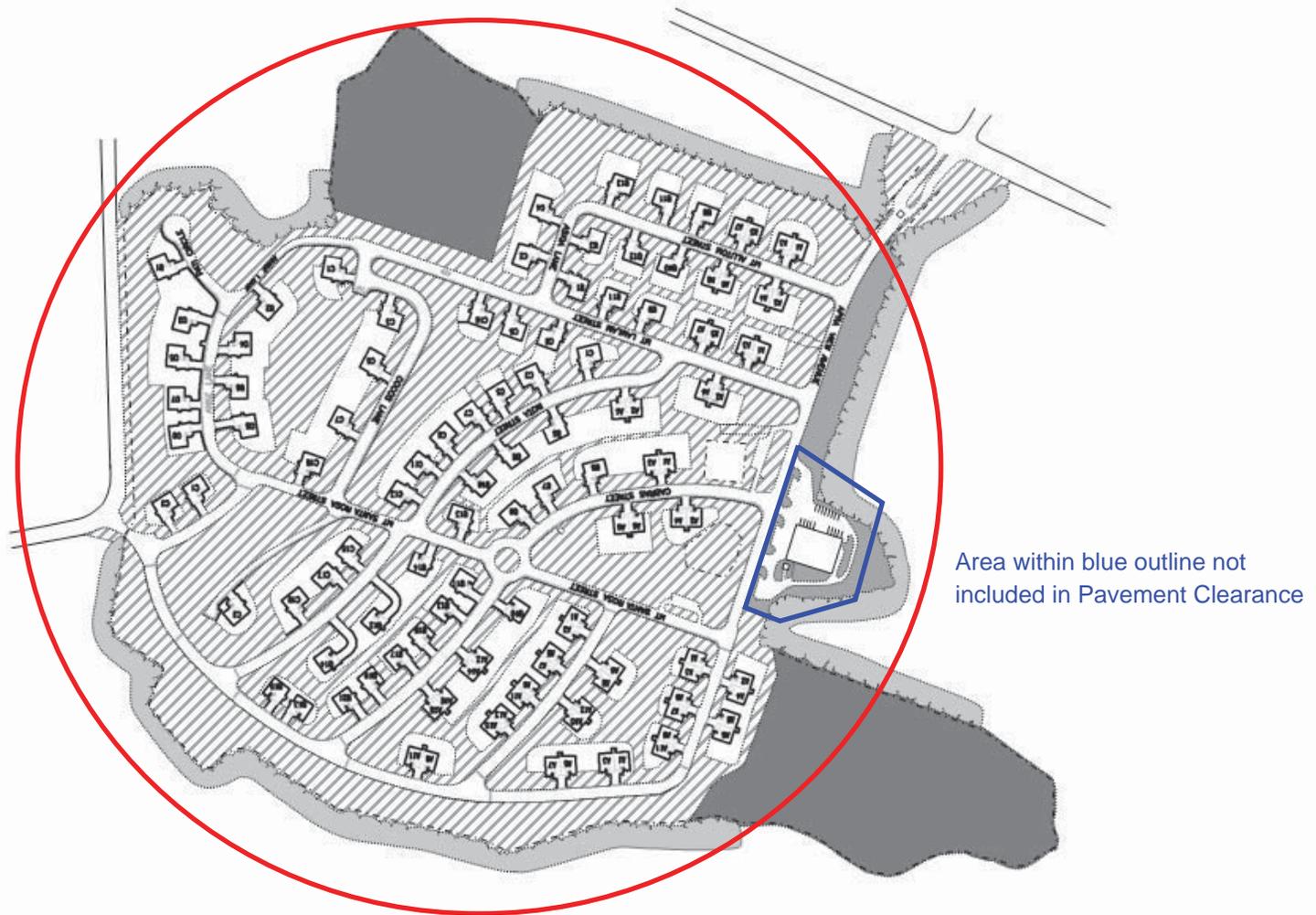
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1503030-04 SITE MAPS AND LOCATIONS (HOUSING)

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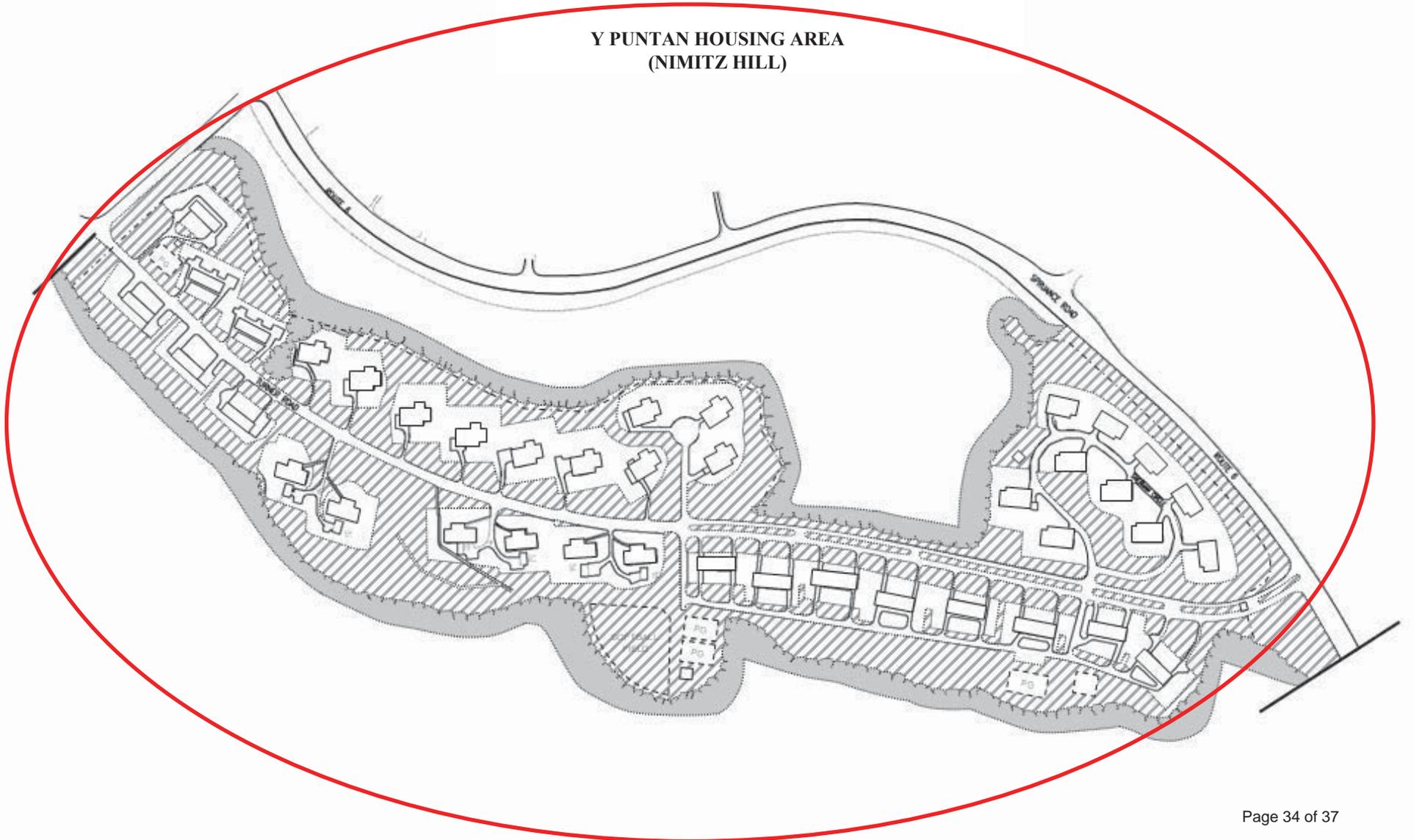
APRA VIEW HOUSING AREA (APRA HEIGHTS)



1503030-04 SITE MAPS AND LOCATIONS (HOUSING)

N40192-16-R-7000

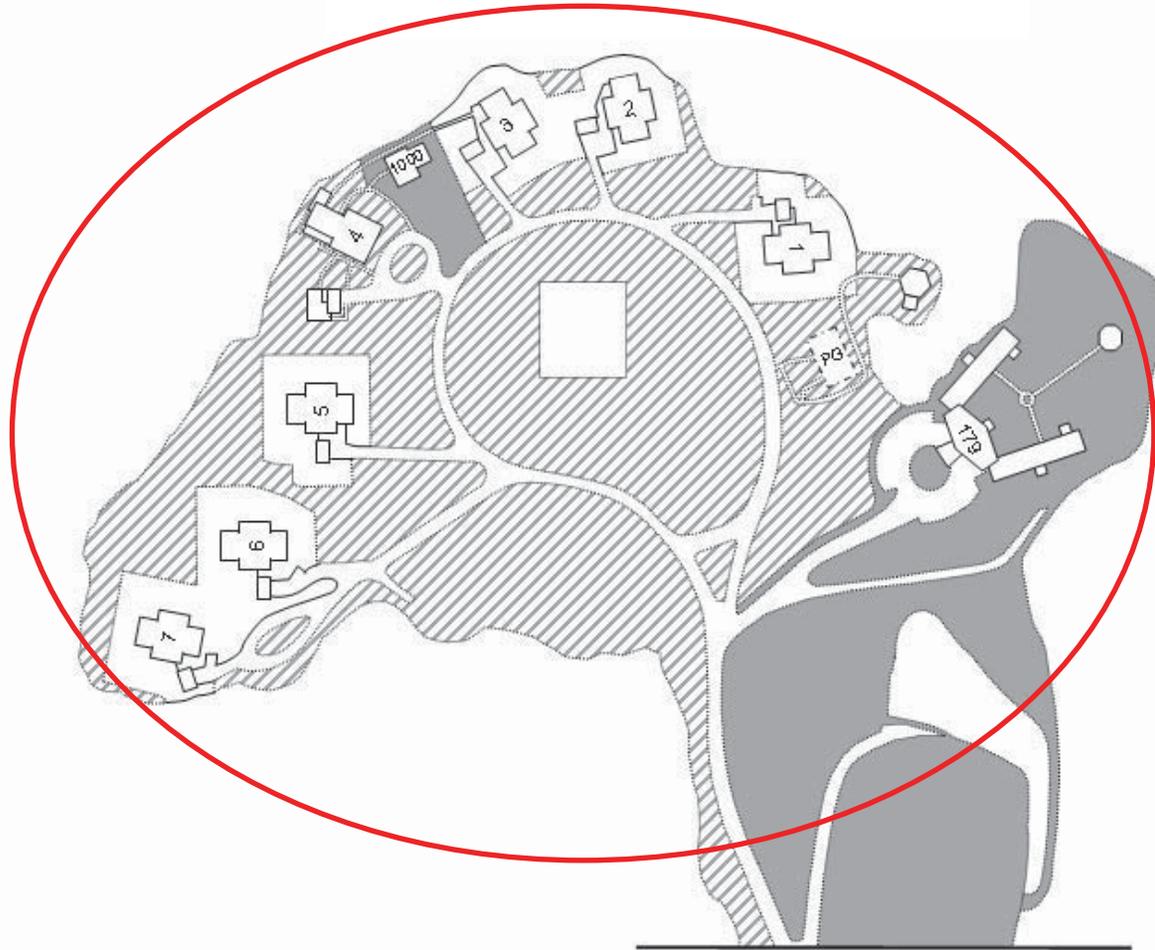
Y PUNTAN HOUSING AREA (NIMITZ HILL)



1503030-04 SITE MAPS AND LOCATIONS (HOUSING)

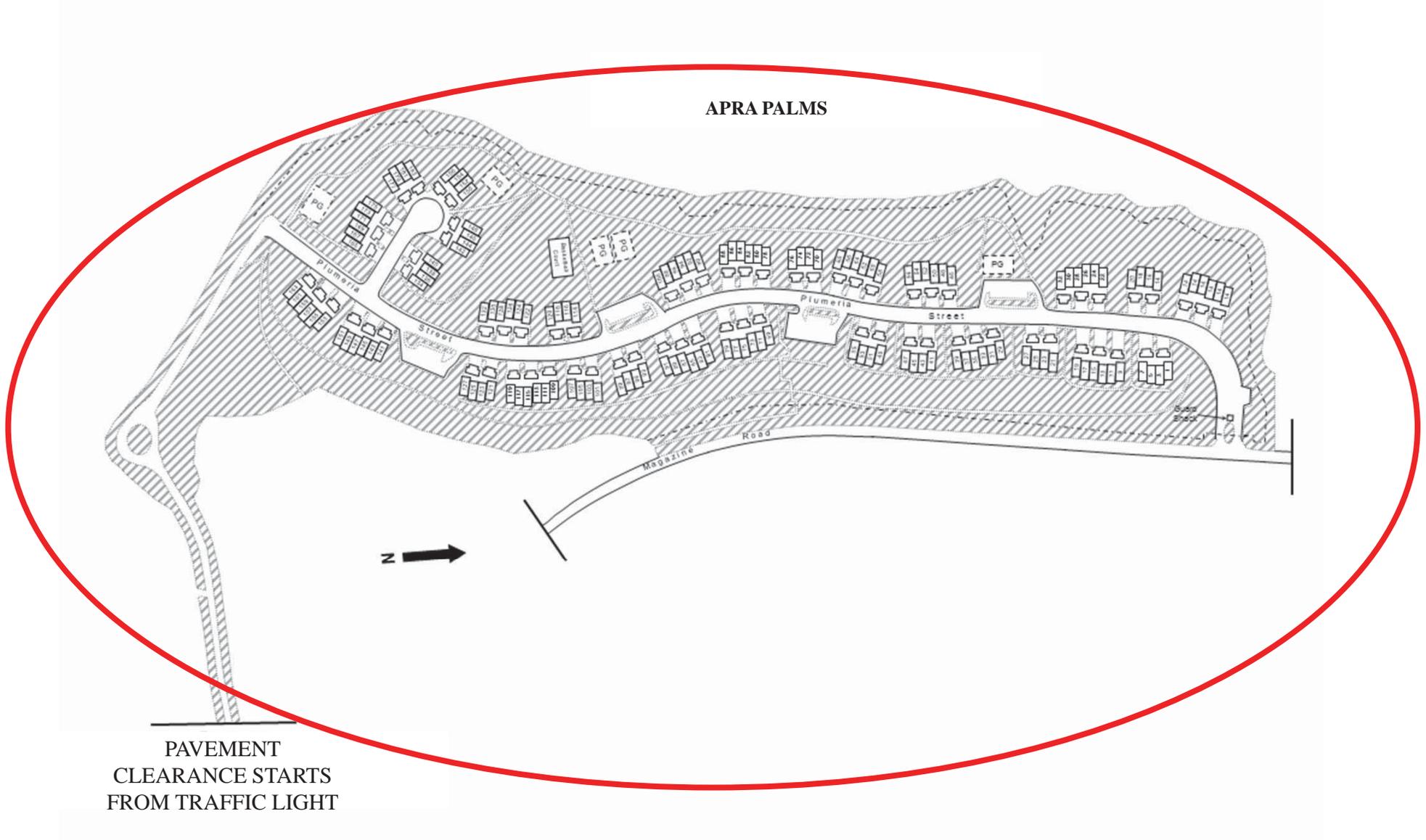
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FLAG CIRCLE HOUSING AREA (NIMITZ HILL)



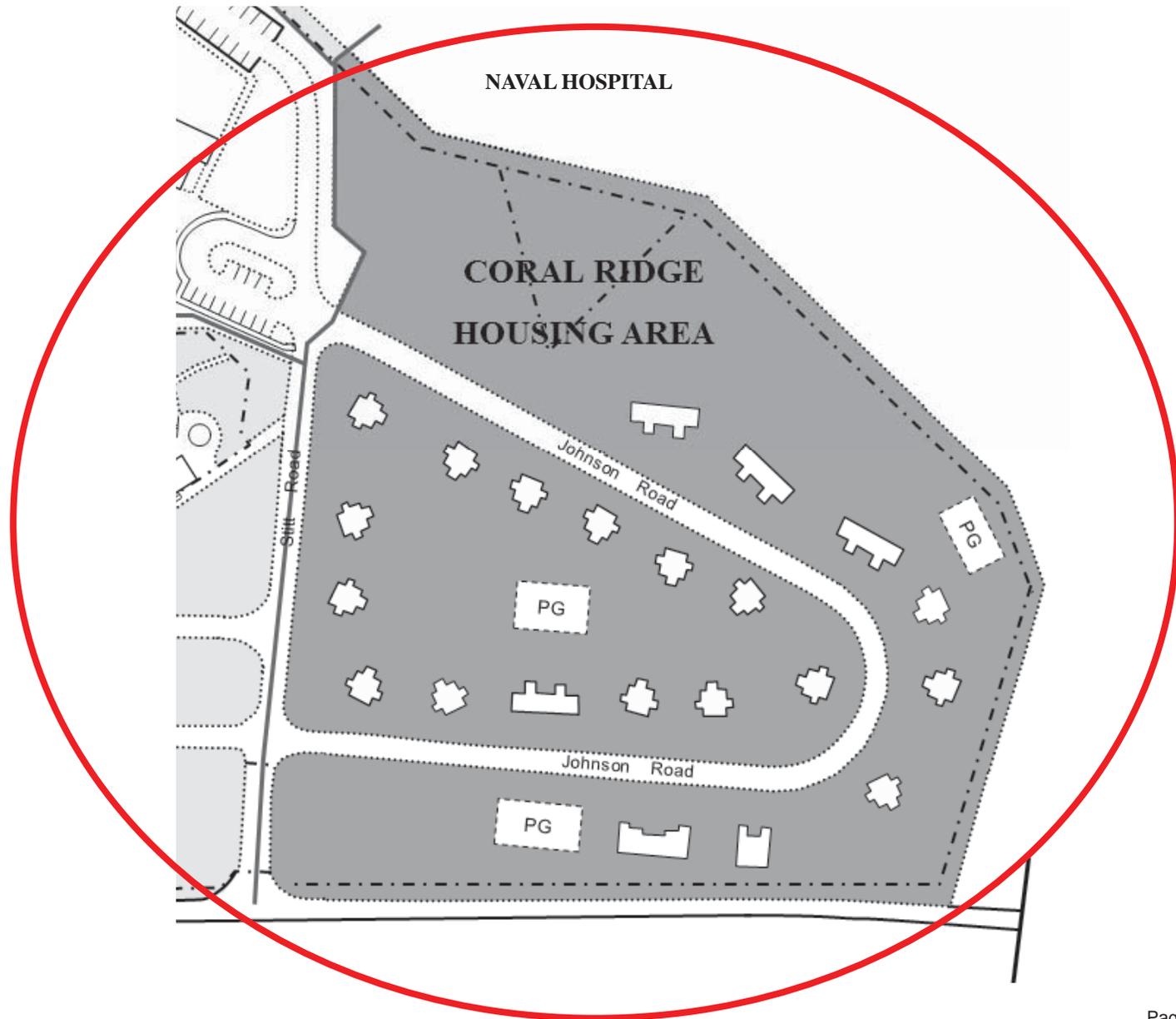
1503030-04 SITE MAPS AND LOCATIONS (HOUSING)

N40192-16-R-7000



1503030-04 SITE MAPS AND LOCATIONS (NON-HOUSING)

N40192-16-R-7000



ATTACHMENT 1503030-04
N40192-16-R-7000

1503030-04 SITE MAP PAGE	LOCATION	DESCRIPTION OF WORK	FREQUENCY
1	Naval Hospital	Pavement Clearance	Monthly
29	Lockwood Terrace Housing	Pavement Clearance	Monthly
30	Harbor Veiw Housing	Pavement Clearance	Monthly
31	Bay View Housing	Pavement Clearance	Monthly
32	Ocean Ridge Housing (North Tupalao)	Pavement Clearance	Monthly
33	Apra View	Pavement Clearance	Monthly
34	Y Puntan	Pavement Clearance	Monthly
35	Flag Circle	Pavement Clearance	Monthly
36	Apra Palms	Pavement Clearance	Monthly

ISWM COLLECTION HISTORICAL

BLDG	COMMAND	FACILITY DESCRIPTION	LOCATION	SOLID WASTE	CARDBOARD	MIXED PAPER	ALUMINUM	PLASTIC	GLASS	METAL	REFUSE COLLECTION DAY					
											M	T	W	T	F	S
Wharf	Joint Region Marianas (JRM)	Sierra Pier	NBGAH	8 CY	6 CY (As Needed)						As Needed					
Wharf	Joint Region Marianas (JRM)	Tango Wharf	NBGAH	8 CY	6 CY (As Needed)						As Needed					
Wharf	Joint Region Marianas (JRM)	Uniform Wharf	NBGAH	8 CY	6 CY (As Needed)						As Needed					
Wharf	Joint Region Marianas (JRM)	Victor Wharf	NBGAH	8 CY	6 CY (As Needed)						As Needed					
Wharf	Joint Region Marianas (JRM)	X-Ray Wharf	NBGAH	8 CY	6 CY (As Needed)						As Needed					
	Naval Base Guam (NBG)	Coral Ridge Housing	NAVAL HOSPITAL	90 GL	90 GL For All Recyclable Material							X				
1	Naval Base Guam (NBG)	Antenna Building	RADIO BARRIGADA	6 CY							X			X		
2	Naval Base Guam (NBG)	Bank of Guam/NCIS Office	NBGAH	6 CY	6 CY									X		
5	Naval Base Guam (NBG)	NEX Autoport	NAVAL HOSPITAL		(2 EA) 6 CY											
6	Naval Base Guam (NBG)	NEX Mini Mart	NAVAL HOSPITAL	(2 EA) 6 CY	6 CY		3 CY	3 CY	3 CY		X	X	X	X	X	
7	Naval Base Guam (NBG)	Barracks	NBGAH	8 CY							X				X	
10	Naval Base Guam (NBG)	Child Development Center	NAVAL HOSPITAL	6 CY							X			X		
11	Naval Base Guam (NBG)	Barracks	NBGAH	6 CY	3 CY						X				X	
17	Naval Base Guam (NBG)	Fire Department Administrative Office	NBGAH	8 CY	3 CY						X				X	
23	Naval Base Guam (NBG)	Barracks	NBGAH	6 CY							X		X		X	
24	Naval Base Guam (NBG)	Barracks	NBGAH	6 CY, 8 CY							X		X		X	
71	Naval Base Guam (NBG)	Base Armory	NBGAH	6 CY							X					
72	Naval Base Guam (NBG)	Barracks Warehouse	NBGAH	1.5 CY							X					
75	Naval Base Guam (NBG)	Molly McGee's, Nap's Restaurant	NBGAH	8 CY			3 CY	3 CY	3 CY		X	X	X	X	X	
100	Naval Base Guam (NBG)	Fire Station	NIMITZ HILL	8 CY							X			X		
102	Naval Base Guam (NBG)	Fleet Family Support Training Room	NBGAH	6 CY	6 CY						X		X		X	
104	Naval Base Guam (NBG)	Veterinary Clinic/Fleet Family Support Center (FFSC)	NBGAH	8 CY							X		X		X	
111	Naval Base Guam (NBG)	Administrative Office	NBGTS	6 CY							X			X		
112	Naval Base Guam (NBG)	Communication Center Building	NBGTS	6 CY							X			X		
121	Naval Base Guam (NBG)	Fire Station	NBGTS	6 CY								X			X	
133	Naval Base Guam (NBG)	Barracks	NBGTS	6 CY							X			X		
150	Naval Base Guam (NBG)	NASA	NBGTS	6 CY							X			X		
161	Naval Base Guam (NBG)	Restroom Area (Andreen Park)	NBGTS	6 CY							X	X			X	
179	Naval Base Guam (NBG)	Navy Gateway Inns & Sweets	NIMITZ HILL	8 CY							X	X		X		
206	Naval Base Guam (NBG)	Navy Exchange	NBGTS	(2 EA) 8 CY		6 CY	3 CY	3 CY	3 CY		X			X		
256	Naval Base Guam (NBG)	NEX Home Galleria	NBGAH	(2 EA) 8 CY	20 CY							X		X		
257	Naval Base Guam (NBG)	NEX Autoport	NBGAH	6 CY	(2 EA) 6 CY						X	X	X	X	X	
258	Naval Base Guam (NBG)	Navy Exchange	NBGAH	(2 EA) 6 CY	(2 EA) 6 CY, 20 CY		3 CY	3 CY			X	X	X	X	X	
258	Naval Base Guam (NBG)	Navy Exchange	NBGAH	(2 EA) 40 CY							X			X		
271	Naval Base Guam (NBG)	McDonald's Restaurant	NBGAH	8 CY							X	X	X	X	X	
275	Naval Base Guam (NBG)	Commissary Store	NBGAH		(2 EA) 6 CY	6 CY	3 CY	(3 EA) 3 CY	(2 EA) 3 CY							
285	Naval Base Guam (NBG)	Satellite Communications Facility	NBGTS	6 CY							X			X		
290	Naval Base Guam (NBG)	McDonald's Restaurant	NBGTS	8 CY							X	X	X	X	X	
295	Naval Base Guam (NBG)	Top O' The Mar	NIMITZ HILL	8 CY	6 CY		3 CY		3 CY		X			X	X	
303	Naval Base Guam (NBG)	NEX Autoport Gas Station	NBGTS	6 CY	6 CY						X	X		X		
365	Naval Base Guam (NBG)	Family Housing Self Help	NBGAH	40 CY	6 CY								X			

ISWM COLLECTION HISTORICAL

BLDG	COMMAND	FACILITY DESCRIPTION	LOCATION	SOLID WASTE	CARDBOARD	MIXED PAPER	ALUMINUM	PLASTIC	GLASS	METAL	REFUSE COLLECTION DAY					
											M	T	W	T	F	S
368	Naval Base Guam (NBG)	Military Working Dog Kennel	NBGAH	1.5 CY									X			
402	Naval Base Guam (NBG)	NAWMU 1	NBGMS	8 CY							X					
405	Naval Base Guam (NBG)	Safety Office	NBGMS	8 CY								X			X	
407	Naval Base Guam (NBG)	Fire Station	NBGMS	6 CY										X		
408	Naval Base Guam (NBG)	Geological Office (Intersection going to Ritidian Point)	NBGTS	6 CY									X			
462	Naval Base Guam (NBG)	EOD/Carpentry Shop	NBGMS	(2 EA) 6 CY							X			X		
472	Naval Base Guam (NBG)	Navy Relief Center	NBGAH	1.5 CY									X			X
492	Naval Base Guam (NBG)	Base Communication Office	NBGTS	1.5 CY							X			X		
579	Naval Base Guam (NBG)	Barracks	CAMP COVINGTON	6 CY, 8 CY							X				X	
581	Naval Base Guam (NBG)	Barracks	CAMP COVINGTON	6 CY								X			X	
582	Naval Base Guam (NBG)	Barracks	CAMP COVINGTON	6 CY								X				
585	Naval Base Guam (NBG)	Barracks	CAMP COVINGTON	6 CY							X					
600	Naval Base Guam (NBG)	Orote Point Lanes	NBGAH	6 CY			3 CY	3 CY	3 CY		X			X		X
641	Naval Base Guam (NBG)	USDA Agriculture	NBGAH	3 CY	6 CY						X		X	X	X	
642	Naval Base Guam (NBG)	NCF TOA Warehouse	NBGAH	3 CY							X			X		
700	Naval Base Guam (NBG)	NEX Home Center	NBGAH	6 CY, 40 CY	6 CY, 20 CY						X		X		X	
740	Naval Base Guam (NBG)	Carpentry Shop	NBGMS	6 CY								X			X	
769	Naval Base Guam (NBG)	MWR Bldg	NBGMS	6 CY										X		
859	Naval Base Guam (NBG)	Barracks	NBGMS	6 CY, 8 CY										X		
870	Naval Base Guam (NBG)	Naval Magazine	NBGMS	8 CY										X		
901/902/903	Naval Base Guam (NBG)	Navy Munitions Command East Asia Division	NBGMS	(2 EA) 8 CY							X			X		
1004	Naval Base Guam (NBG)	Navy Ammunition Office	NBGMS	1.5 CY	1.5 CY	1.5 CY								X		
1575	Naval Base Guam (NBG)	Fire Station	NBGAH	8 CY							X			X		
1657A	Naval Base Guam (NBG)	Visitor Control Center/Pass & ID	NBGAH	1.5 CY								X				
1760	Naval Base Guam (NBG)	Autoport Gas Station	NBGAH	8 CY	6 CY						X	X	X	X	X	X
1980	Naval Base Guam (NBG)	Charles King Fitness Center	NBGAH	8 CY							X			X		
1981	Naval Base Guam (NBG)	Orote Point Theater	NBGAH	8 CY							X			X		
1982	Naval Base Guam (NBG)	Hobby Shop/Teen Center	NBGAH	8 CY							X			X		
1983	Naval Base Guam (NBG)	Child Development Center	NBGAH	6 CY	6 CY						X		X		X	
1984	Naval Base Guam (NBG)	Chapel	NBGAH	1.5 CY								X			X	
1985	Naval Base Guam (NBG)	Sumay Cove Marina (Clipper Landing)	NBGAH	3 CY			3 CY	3 CY	3 CY				X			X
1988	Naval Base Guam (NBG)	Laundry Mat	NBGAH	3 CY							X	X	X	X	X	X
2000	Naval Base Guam (NBG)	Navy Gateway Inns & Sweets	NBGAH	6 CY							X			X		
3000	Naval Base Guam (NBG)	Navy Seal Main Facility	NBGAH	8 CY	6 CY								X		X	
3012	Naval Base Guam (NBG)	Base Communication	NBGAH	6 CY							X			X		
3059	Naval Base Guam (NBG)	Sea Bee Rock Quarry	NBGAH	6 CY	6 CY						X			X		
3169	Naval Base Guam (NBG)	Port Operations	NBGAH	8 CY									X		X	
3179	Naval Base Guam (NBG)	Warehouse POV Lot	NBGAH	8 CY								X			X	
3180	Naval Base Guam (NBG)	NEX Maintenance/Naval Exchange Customer Pick-up/DRMO	NBGAH	8 CY								X			X	
3190, 3191	Naval Base Guam (NBG)	NBG Headquarters	NBGAH	8 CY	3 CY							X		X		
4001	Naval Base Guam (NBG)	Gab Gab Beach (Restroom Area)	NBGAH	(4 EA) 3 CY							X			X		
K 18	Naval Base Guam (NBG)	NEX	NBGAH	8 CY								X		X		
4176	Naval Base Guam (NBG)	NEX Mini Mart	APRA HEIGHTS	6 CY	(2 EA) 6 CY		3 CY	3 CY	3 CY				X			
4429	Naval Base Guam (NBG)	The Point Club	POLARIS POINT	(2 EA) 3 CY									X			
4445	Naval Base Guam (NBG)	NEX Mini Mart	POLARIS POINT	6 CY	(2 EA) 6 CY			3 CY					X			
4470	Naval Base Guam (NBG)	Operational Training Facility	POLARIS POINT	20 CY										X		

ISWM COLLECTION HISTORICAL

BLDG	COMMAND	FACILITY DESCRIPTION	LOCATION	SOLID WASTE	CARDBOARD	MIXED PAPER	ALUMINUM	PLASTIC	GLASS	METAL	REFUSE COLLECTION DAY					
											M	T	W	T	F	S
4921	Naval Base Guam (NBG)	Base Communication Warehouse	PITI AREA	8 CY							X					
5410	Naval Base Guam (NBG)	Sumay Cove Marina	NBGAH	3 CY									X			X
6003	Naval Base Guam (NBG)	Security Compound	NBGAH	6 CY									X			
6009	Naval Base Guam (NBG)	Security Warehouse	NBGAH	3 CY									X			
2B	Naval Base Guam (NBG)	Fire Station	NAVAL HOSPITAL	6 CY												X
5418A	Naval Base Guam (NBG)	San Luis Beach	NBGAH	3 CY							X			X		
2 or RSS1	Naval Base Guam (NBG)	Warehouse	NBGMS	6 CY								X			X	
52	Naval Base Guam (NBG)	Transmitter Facility	RADIO BARRIGADA	6 CY							X			X		
54	NAVFAC Marianas	Antenna Maintenance Shop	RADIO BARRIGADA	8 CY							X					
155	NAVFAC Marianas	PWD Finegayan Office	NBGTS	3 CY												X
199	NAVFAC Marianas	Warehouse	NBGTS	8 CY												X
307	NAVFAC Marianas	Orote Power Plant	NBGAH	3 CY								X				
336	NAVFAC Marianas	CIS Maintenance/Equipment Shop	NBGTS	1.5 CY							X			X		
337	NAVFAC Marianas	CIS Maintenance Office	NBGTS	6 CY							X			X		
372	NAVFAC Marianas	Forklift Shop, Tire, Heavy Equipment & Light Auto Shop	NBGAH	6 CY, (3 EA) 8 CY									X			
372	NAVFAC Marianas (BSVE)	Forklift Shop, Tire, Heavy Equipment & Light Auto Shop	NBGAH		6 CY								X			
450	NAVFAC Marianas	CIS Administrative Office	NBGTS	6 CY							X			X		
585	NAVFAC Marianas	Fena Treatment Plant	NBGMS	3 CY, 8 CY									X		X	
1790	NAVFAC Marianas	Hazardous Waste Facility	NBGAH	6 CY						As Needed					X	
1793	NAVFAC Marianas	Sheet Metal Shop	NBGAH	8 CY								X				
1794	NAVFAC Marianas	Wastewater Treatment Plant	NBGAH	(2 EA) 6 CY								X				
4175	NAVFAC Marianas (General Fund)	NAVFAC,SPAWAR And Family Housing Office	APRA HEIGHTS			6 CY						X			X	
4918	NAVFAC Marianas	Piti Power Plant Admin	PITI AREA	3 CY, 6 CY							X					
1790A	NAVFAC Marianas	Hazardous Waste Facility	NBGAH	6 CY											X	
4175	NAVFAC,SPAWAR And Family Housing	NAVFAC,SPAWAR And Family Housing Office	APRA HEIGHTS	(2 EA) 6 CY								X			X	
1657F	SPAWAR	SPAWAR Bldg	NBGAH	8 CY							X			X		
1	US Coast Guard	Coast Guard Facility	NBGAH	6 CY							X			X		X
306	US Coast Guard	Coast Guard Facility	NBGAH	6 CY								X		X		X
3268	US Coast Guard	Galveston Warehouse	NBGAH	8 CY							X					
22	Veterans Affairs	Veterans Clinic	NAVAL HOSPITAL	8 CY	3 CY											X
	Housing	Lockwood Terrace Housing	NBGAH	90 GL				90 GL For All Recyclable Material					X			
	Housing	Harbor Veiw Housing	NBGAH	90 GL				90 GL For All Recyclable Material			X					
	Housing	Bay View Housing	NBGAH	90 GL				90 GL For All Recyclable Material				X				
	Housing	Ocean Ridge Housing (North Tupalao)	NBGAH	90 GL				90 GL For All Recyclable Material				X				
	Housing	Apra View	APRA HEIGHTS	90 GL				90 GL For All Recyclable Material					X			
	Housing	Y Puntan	NIMITZ HILL	90 GL				90 GL For All Recyclable Material				X				
	Housing	Flag Circle	NIMITZ HILL	90 GL				90 GL For All Recyclable Material				X				

COLLECTION POINTS

1503030-04 SITE MAP PAGE	BLDG	COMMAND	FACILITY DESCRIPTION	LOCATION
7 & 15	1	BUMED	Dental Clinic	NBGAH
1	6	BUMED	Naval Hospital Supply Warehouse	NAVAL HOSPITAL
1	50	BUMED	Naval Hospital	NAVAL HOSPITAL
1	70	BUMED	Fitness Center	NAVAL HOSPITAL
10	365	Housing	Housing Self Help	NBGAH
16	3003	Coastal Riverine Group One Detachment Guam (CRG-1 DET)	MSRON 7 Compound	NBGAH
12	3179	Coastal Riverine Group One Detachment Guam (CRG-1 DET)	MSRON 7 Warehouse	NBGAH
10	275	DECA (Orote)	Commissary Store	NBGAH
9	780	DECA (CDC)	Cold Storage Warehouse, X Ray Wharf	NBGAH
9	3201	DECA (CDC)	Warehouse 5	NBGAH
9	3202	DECA (CDC)	Warehouse 6	NBGAH
21	369	DISA PAC	DISA PAC Office	NBGTS
12	631	DLA	DRMO	NBGAH
27	1700	DLA	Fuel Farm Admin.	PITI AREA
12	2116	DLA	Servmart	NBGAH
12	2118	DLA	Supply Warehouse	NBGAH
1	100	DODEA	DODEA Office	NAVAL HOSPITAL
11	311	DODEA	McCool Elementary/Middle School	NBGAH
1	401	DODEA	Guam High School	NAVAL HOSPITAL
4	100	FEMA	Warehouse	RADIO BARRIGADA
25	3192	Frank Cable	Alpha/Bravo Wharf	POLARIS POINT
12	3110	MSC Guam	Military Sealift Command Building	NBGAH
4	62	Joint Region Marianas (JRM)	Army Reserve Center	RADIO BARRIGADA
4	64	Joint Region Marianas (JRM)	Army Reserve Center	RADIO BARRIGADA
24	200	Joint Region Marianas (JRM)	Joint Region Marianas Headquarters	NIMITZ HILL
5	503	Joint Region Marianas (JRM)	CPO Mess	CAMP COVINGTON
5	526	Joint Region Marianas (JRM)	Bee Quick Mini Mart/Training Center	CAMP COVINGTON
5	528	Joint Region Marianas (JRM)	Dental Clinic	CAMP COVINGTON
5	537	Joint Region Marianas (JRM)	DETCAT	CAMP COVINGTON
5	542	Joint Region Marianas (JRM)	Sea Bee Self Help	CAMP COVINGTON
5	556	Joint Region Marianas (JRM)	Headquarters	CAMP COVINGTON
5	557	Joint Region Marianas (JRM)	Transportation Facility	CAMP COVINGTON
5	558	Joint Region Marianas (JRM)	MLO Facility	CAMP COVINGTON

COLLECTION POINTS

1503030-04 SITE MAP PAGE	BLDG	COMMAND	FACILITY DESCRIPTION	LOCATION
5	559	Joint Region Marianas (JRM)	Cardio Room	CAMP COVINGTON
5	586	Joint Region Marianas (JRM)	Galley	CAMP COVINGTON
15	2113	Joint Region Marianas (JRM)	EOD Facility	NBGAH
6	Wharf	Joint Region Marianas (JRM)	Delta Wharf, Echo Wharf	PITI AREA
17	Wharf	Joint Region Marianas (JRM)	Kilo Wharf	NBGAH
16	Wharf	Joint Region Marianas (JRM)	Romeo Pier	NBGAH
16	Wharf	Joint Region Marianas (JRM)	Sierra Pier	NBGAH
12	Wharf	Joint Region Marianas (JRM)	Tango Wharf	NBGAH
12	Wharf	Joint Region Marianas (JRM)	Uniform Wharf	NBGAH
7 & 12	Wharf	Joint Region Marianas (JRM)	Victor Wharf	NBGAH
9	Wharf	Joint Region Marianas (JRM)	X-Ray Wharf	NBGAH
37		Naval Base Guam (NBG)	Coral Ridge Housing	NAVAL HOSPITAL
3	1	Naval Base Guam (NBG)	Antenna Building	RADIO BARRIGADA
8	2	Naval Base Guam (NBG)	Bank of Guam/NCIS Office	NBGAH
1	5	Naval Base Guam (NBG)	NEX Autoport	NAVAL HOSPITAL
1	6	Naval Base Guam (NBG)	NEX Mini Mart	NAVAL HOSPITAL
8	7	Naval Base Guam (NBG)	Barracks	NBGAH
1	10	Naval Base Guam (NBG)	Child Development Center	NAVAL HOSPITAL
8	11	Naval Base Guam (NBG)	Barracks	NBGAH
8	17	Naval Base Guam (NBG)	Fire Department Administrative Office	NBGAH
8	23	Naval Base Guam (NBG)	Barracks	NBGAH
8	24	Naval Base Guam (NBG)	Barracks	NBGAH
8	71	Naval Base Guam (NBG)	Base Armory	NBGAH
8	72	Naval Base Guam (NBG)	Barracks Warehouse	NBGAH
8	75	Naval Base Guam (NBG)	Molly McGee's, Nap's Restaurant	NBGAH
24	100	Naval Base Guam (NBG)	Fire Station	NIMITZ HILL
9	102	Naval Base Guam (NBG)	Fleet Family Support Training Room	NBGAH
9	104	Naval Base Guam (NBG)	Veterinary Clinic/Fleet Family Support Center (FFSC)	NBGAH
21	111	Naval Base Guam (NBG)	Administrative Office	NBGTS
21	112	Naval Base Guam (NBG)	Communication Center Building	NBGTS
21	121	Naval Base Guam (NBG)	Fire Station	NBGTS
21	133	Naval Base Guam (NBG)	Barracks	NBGTS
22	150	Naval Base Guam (NBG)	NASA	NBGTS
21	161	Naval Base Guam (NBG)	Restroom Area (Andreen Park)	NBGTS
24	179	Naval Base Guam (NBG)	Navy Gateway Inns & Sweets	NIMITZ HILL

COLLECTION POINTS

1503030-04 SITE MAP PAGE	BLDG	COMMAND	FACILITY DESCRIPTION	LOCATION
21	206	Naval Base Guam (NBG)	Navy Exchange	NBGTS
10	256	Naval Base Guam (NBG)	NEX Home Galleria	NBGAH
10	257	Naval Base Guam (NBG)	NEX Autoport	NBGAH
10	258	Naval Base Guam (NBG)	Navy Exchange	NBGAH
10	271	Naval Base Guam (NBG)	McDonald's Restaurant	NBGAH
10	275	Naval Base Guam (NBG)	Commissary Store	NBGAH
23	285	Naval Base Guam (NBG)	Satellite Communications Facility	NBGTS
21	290	Naval Base Guam (NBG)	McDonald's Restaurant	NBGTS
24	295	Naval Base Guam (NBG)	Top O' The Mar	NIMITZ HILL
23	303	Naval Base Guam (NBG)	NEX Autoport Gas Station	NBGTS
10	365	Naval Base Guam (NBG)	Family Housing Self Help	NBGAH
10	368	Naval Base Guam (NBG)	Military Working Dog Kennel	NBGAH
18	402	Naval Base Guam (NBG)	NAWMU 1	NBGMS
18	405	Naval Base Guam (NBG)	Safety Office	NBGMS
18	407	Naval Base Guam (NBG)	Fire Station	NBGMS
26	408	Naval Base Guam (NBG)	Geological Office (Intersection going to Ritidian Point)	NBGTS
19	462	Naval Base Guam (NBG)	EOD/Carpentry Shop	NBGMS
7 & 15	472	Naval Base Guam (NBG)	Navy Relief Center	NBGAH
21	492	Naval Base Guam (NBG)	Base Communication Office	NBGTS
5	579	Naval Base Guam (NBG)	Barracks	CAMP COVINGTON
5	581	Naval Base Guam (NBG)	Barracks	CAMP COVINGTON
5	582	Naval Base Guam (NBG)	Barracks	CAMP COVINGTON
5	585	Naval Base Guam (NBG)	Barracks	CAMP COVINGTON
8	600	Naval Base Guam (NBG)	Orote Point Lanes	NBGAH
12	641	Naval Base Guam (NBG)	USDA Agriculture	NBGAH
12	642	Naval Base Guam (NBG)	NCF TOA Warehouse	NBGAH
10	700	Naval Base Guam (NBG)	NEX Home Center	NBGAH
20	740	Naval Base Guam (NBG)	Carpentry Shop	NBGMS
18	769	Naval Base Guam (NBG)	MWR Bldg	NBGMS
18	859	Naval Base Guam (NBG)	Barracks	NBGMS
20	870	Naval Base Guam (NBG)	Naval Magazine	NBGMS
19	901/902/903	Naval Base Guam (NBG)	Navy Munitions Command East Asia Division	NBGMS
18	1004	Naval Base Guam (NBG)	Navy Ammunition Office	NBGMS

COLLECTION POINTS

1503030-04 SITE MAP PAGE	BLDG	COMMAND	FACILITY DESCRIPTION	LOCATION
12	1575	Naval Base Guam (NBG)	Fire Station	NBGAH
9	1657A	Naval Base Guam (NBG)	Visitor Control Center/Pass & ID	NBGAH
12	1760	Naval Base Guam (NBG)	Autoport Gas Station	NBGAH
14	1980	Naval Base Guam (NBG)	Charles King Fitness Center	NBGAH
8	1981	Naval Base Guam (NBG)	Orote Point Theater	NBGAH
8	1982	Naval Base Guam (NBG)	Hobby Shop/Teen Center	NBGAH
8	1983	Naval Base Guam (NBG)	Child Development Center	NBGAH
12	1984	Naval Base Guam (NBG)	Chapel	NBGAH
15	1985	Naval Base Guam (NBG)	Sumay Cove Marina (Clipper Landing)	NBGAH
16	1988	Naval Base Guam (NBG)	Laundry Mat	NBGAH
8	2000	Naval Base Guam (NBG)	Navy Gateway Inns & Sweets	NBGAH
16	3000	Naval Base Guam (NBG)	Navy Seal Main Facility	NBGAH
12	3012	Naval Base Guam (NBG)	Base Communication	NBGAH
8	3059	Naval Base Guam (NBG)	Sea Bee Rock Quarry	NBGAH
12	3169	Naval Base Guam (NBG)	Port Operations	NBGAH
12	3179	Naval Base Guam (NBG)	Warehouse POV Lot	NBGAH
12	3180	Naval Base Guam (NBG)	NEX Maintenance/Naval Exchange Customer Pick-up/DRMO	NBGAH
12	3190, 3191	Naval Base Guam (NBG)	NBG Headquarters	NBGAH
14	4001	Naval Base Guam (NBG)	Gab Gab Beach (Restroom Area)	NBGAH
12	K 18	Naval Base Guam (NBG)	NEX	NBGAH
2	4176	Naval Base Guam (NBG)	NEX Mini Mart	APRA HEIGHTS
25	4429	Naval Base Guam (NBG)	The Point Club	POLARIS POINT
25	4445	Naval Base Guam (NBG)	NEX Mini Mart	POLARIS POINT
25	4470	Naval Base Guam (NBG)	Operational Training Facility	POLARIS POINT
25	4921	Naval Base Guam (NBG)	Base Communication Warehouse	PITI AREA
15	5410	Naval Base Guam (NBG)	Sumay Cove Marina	NBGAH
7	6003	Naval Base Guam (NBG)	Security Compound	NBGAH
7	6009	Naval Base Guam (NBG)	Security Warehouse	NBGAH
21	292A	Naval Base Guam (NBG)	Pass and ID Office	NBGTS
1	2B	Naval Base Guam (NBG)	Fire Station	NAVAL HOSPITAL
15	5418A	Naval Base Guam (NBG)	San Luis Beach	NBGAH
19	2 or RSS1	Naval Base Guam (NBG)	Warehouse	NBGMS
3	52	NAVFAC Marianas	Transmitter Facility	RADIO BARRIGADA
3	54	NAVFAC Marianas	Antenna Maintenance Shop	RADIO BARRIGADA

COLLECTION POINTS

1503030-04 SITE MAP PAGE	BLDG	COMMAND	FACILITY DESCRIPTION	LOCATION
28	155	NAVFAC Marianas	PWD Finegayan Office	NBGTS
21	199	NAVFAC Marianas	Warehouse	NBGTS
7	307	NAVFAC Marianas	Orote Power Plant	NBGAH
23	336	NAVFAC Marianas	CIS Maintenance/Equipment Shop	NBGTS
21	337	NAVFAC Marianas	CIS Maintenance Office	NBGTS
10	372	NAVFAC Marianas	Forklift Shop, Tire, Heavy Equipment & Light Auto Shop	NBGAH
10	372	NAVFAC Marianas (BSVE)	Forklift Shop, Tire, Heavy Equipment & Light Auto Shop	NBGAH
22	450	NAVFAC Marianas	CIS Administrative Office	NBGTS
18	585	NAVFAC Marianas	Fena Treatment Plant	NBGMS
13	1790	NAVFAC Marianas	Hazardous Waste Facility	NBGAH
12	1793	NAVFAC Marianas	Sheet Metal Shop	NBGAH
13	1794	NAVFAC Marianas	Wastewater Treatment Plant	NBGAH
2	4175	NAVFAC Marianas (General Fund)	NAVFAC, SPAWAR And Family Housing Office	APRA HEIGHTS
25	4918	NAVFAC Marianas	Piti Power Plant Admin	PITI AREA
13	1790A	NAVFAC Marianas	Hazardous Waste Facility	NBGAH
2	4175	NAVFAC, SPAWAR And Family Housing	NAVFAC, SPAWAR And Family Housing Office	APRA HEIGHTS
9	1657F	SPAWAR	SPAWAR Bldg	NBGAH
7	1	US Coast Guard	Coast Guard Facility	NBGAH
7	306	US Coast Guard	Coast Guard Facility	NBGAH
15	3268	US Coast Guard	Galveston Warehouse	NBGAH
1	22	Veterans Affairs	Veterans Clinic	NAVAL HOSPITAL
29		Housing	Lockwood Terrace Housing	NBGAH
30		Housing	Harbor Veiw Housing	NBGAH
31		Housing	Bay View Housing	NBGAH
32		Housing	Ocean Ridge Housing (North Tupalao)	NBGAH
33		Housing	Apra View	APRA HEIGHTS
34		Housing	Y Puntan	NIMITZ HILL
35		Housing	Flag Circle	NIMITZ HILL

ATTACHMENT J-1503030-07
REQUIREMENTS FOR FOREIGN PORT OF ORIGIN WASTE

1. The Contractor shall provide 6-CY covered containers suitable for the use and approved by the Department of Agriculture. Containers shall be placed at various areas as directed by the GDA.
2. The Contractor shall pick up foreign origin waste from various locations and place the waste in the 6-CY Contractor provided containers.
3. When notified, the Contractor shall deliver the waste to a Waste Sterilization Facility certified by the U.S. Department of Agriculture. Garbage disposal shall be accomplished by means of sterilization as per Department of Agriculture regulations.
4. The Contractor will typically receive notice of disposal requirements at least twenty-four (24) hours prior to need for disposal.
5. The Contractor must notify the Department of Agriculture's representative for approved disposal procedures. Disposal shall be accomplished by means of sterilization with entire contents. Sterilization shall be accomplished by cooking the garbage at an internal temperature of 212 °F for 30 minutes minimum.
6. The Contractor shall sanitize containers immediately after dumping and return them to their original location.
7. The Contractor shall comply with the latest requirements and safeguards prescribed in 7 CFR 330.400 Regulation of Certain Garbage and 9 CFR 94.5 Regulation of Certain Garbage.
8. The Contractor shall report all spillages immediately to the KO and appropriate regulatory agencies. The Contractor shall identify the time and location of the spillage. The Contractor shall cleanup spillage and disinfect the spill area according to Department of Agriculture instructions.

N40192-16-R-7000
J-1503030-09 Government Furnished
Facilities and Location Map



**PERFORMANCE
ASSESSMENT
PLAN**

**N40912-16-R-7000
1503030 Integrated Solid Waste Management & Pavement Clearance Services**

**Naval Facilities Engineering Command Marianas
Guam, M.I.**

PREPARED BY:

**Kevin Cruz
PW2 – FMFS**

10 August 2015

Version 2.1

Updated 21MAY14

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1. Introduction

1.1 Purpose

The Performance Assessment Plan (PAP) establishes Performance Assessment (PA) provisions for Contract N40192-16-R-7000, Integrated Solid Waste Management and Pavement Clearance Services for Naval Base Guam Activities and tenants, and other U.S. Military Activities or DoD/federal agencies at various activities/locations, Guam, M.I.

The PAP describes the methodology for assessing the Contractor’s performance that will be used to provide Contractor feedback and update the Contractor Performance Assessment Rating System (CPARS). The PAP includes the Functional Assessment Plan (FAP), Attachment A, and standard Performance Assessment Worksheets (PAW), Attachment B, to document and report Government observations of Contractor performance. The Government’s role is to assess Contractor’s work against measurable performance standards, and per the principles of Performance Based Services Acquisition (PBSA), the Contractor’s role is to ensure its quality through successful implementation of its Quality Management System (QMS). Per FAR Subpart 46.4, Government PA “shall be performed at such times and places as may be necessary to determine that the supplies or services conform to contract requirements” in order to ensure payments are made only for services that meet performance standards specified in the contract.

1.2 Partnering

Effective partnering and establishing a positive relationship between the Government and the Contractor is essential in fulfilling a performance-based requirement. The Government’s relationship with the Contractor should be one that promotes a strong and positive business alliance to achieve mutually beneficial goals, such as timely delivery and acceptance of high-quality services through the use of efficient business practices. Business relationships should seek to create a cooperative environment to ensure effective communication between the parties. Teamwork, cooperation, and good-faith performance are important for meeting mission objectives and resolving conflicts and problems. Each party should clearly understand the goals, objectives, and needs of the other. It is essential that the Government and the Contractor work together as a team to communicate expectations, agree on common goals, develop a common understanding of measurable standards, and identify and address problems early in the contract to achieve desirable outcomes.

2. Roles and Responsibilities

The Government’s key roles and responsibilities for performance assessment are as follows:

FSC Management and Facility Services (FMFS) Director. The FMFS Branch Director provides direct supervision of SPARs, PARs, Spec Writers, etc assigned to the FMFS Branch. The FMFS branch Director is responsible for ensuring adequate funding and staffing to support the specification development, contract management, and performance assessment function of the branch as well as all personnel management responsibilities. The FMFS Branch Director is assigned as the COR for this contract. The FMFS Branch Director is the overall technical lead for the management of Facility Support Contract requirements from cradle to grave.

Contracting Officer (KO). The ACO and/or PCO assigned to the contract. The KO has final responsibility for Contractor PA per FAR Part 42—Contract Administration and Audit Services, non-conformance modifications, and unilateral determination of incentives.

Contracting Officer’s Representative (COR). The COR is responsible for monitoring the Contractor’s technical compliance and progress 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.

Senior PAR (SPAR). The SPAR is responsible for coordinating efforts of multiple PARs assigned to this contract. The SPAR reviews PA schedules and PA documentation for sufficiency and consistency of oversight.

Performance Assessment Representative (PAR). The PAR is 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 Performance Assessment Worksheets (PAWs) and the Monthly Performance Assessment Summary (MPAS), and communicates findings as necessary with the Contractor, Senior PAR (SPAR), and Contracting Officer Representative (COR).

Note: Throughout NAVFAC policy, processes, and training, the term Performance Assessment Representative (PAR) refers to anyone responsible for conducting assessments of a NAVFAC administered Facility Support Contract. The term PAR will be used in reference to any individual assigned as a TPOC/SME to provide support to the COR, including as a collateral duty of other PWD or customer personnel, regardless of billet. All personnel assigned these duties must follow the guidance and direction provided to PARs.

Performance Assessment Board (PAB). The PAB is comprised of key technical and administrative personnel appointed in writing by the KO. The PAB will convene on a regular basis to review Contractor performance documentation for the prior evaluation period, and prepare and forward a summary report of findings and recommendations to the KO. The PAB makes recommendations for CPARS and provides input for the determination of contract incentives, if applicable. Details of PAB membership and the process for convening the PAB are provided in paragraph 11.4 below.

3. Training

To effectively implement the PA Program, individuals who monitor the Contractor's performance should be experienced in the annex/sub-annex areas for which they are assigned and adequately trained. Mandatory training standards for all personnel performing PA of NAVFAC contracts are specified in BMS B-14.3, Performance Assessment. Additionally, safety training requirements are detailed in BMS B-14.18, FSC Safety and training for those assigned as CORs is promulgated by NFAS 1.602 and detailed in NAVFAC Instruction 4200.1.

CORs assigned to provide oversight of this contract must meet the applicable training requirements and must be appointed in writing by the KO per BMS S-18.3.6. PARs providing support as TPOC/SME for the COR must meet the applicable training requirements and must be assigned in writing by per BMS S-18.3.6 and B-14.3.

4. Safety

Proper oversight of Contractor safety is an integral part of effective performance assessment. The PAR must ensure that the Contractor is in compliance with safety requirements specified in Spec Item 2.9 of the contract. The PAR should be present during any local Safety briefings. If the PAR observes a violation of any safety requirements by the Contractor, the PAR should:

- Report the safety hazard resulting from unsafe acts or conditions, defective tools, materials, or equipment used by the Contractor to the COR.
- When imminent danger is apparent (where, if the hazard is not immediately corrected, there is a high probability that a serious accident will occur, life will be in danger or there will be extensive property damage), immediately inform the Contractor and request immediate action be taken to correct the hazard. If the Contractor does not voluntarily take corrective action, require the Contractor to stop work and immediately notify the COR.

Further detail of safety assessment procedures is provided in paragraph 10.4.3 below.

5. Security

The PAR should become familiar with all security requirements specified in Spec Item 2.8 of the contract and report any observed violations to the KO.

6. Submittals

The PAR should review reports and other submittals identified in Section F to ensure they comply with applicable requirements and specifications.

6.1 Quality Management Plan Submittal

The Quality Management System Pre-Performance Review Checklist, Attachment C, should be used for the review of the Contractor's QM Plan submittal and as a guideline for discussion of the Contractor's QMS during the post-award kickoff/pre-performance conference. The PAR, SPAR, Contractor Quality Manager and Project Manager, and any applicable subcontractor quality representatives should sign off on the QMS review checklist.

6.2 Accident Prevention Plan Submittal

Per BMS B-14.18, FSC Safety, the FMFS Pre-Performance Safety Checklist should be used for the review of the Contractor's Accident Prevention Plan submittal (including Activity Hazard Analyses (AHAs) and Occupational Risk and Compliance Plans and Programs) and as a guideline for discussion of the Contractor's Safety Program during the post-award kickoff/pre-performance conference. The PAR should coordinate with the local command Safety Representative for assistance in review of Contractor's APP. The PAR, SPAR, Contractor Site Safety and Health Officer (SSHO) and Project Manager, and any applicable subcontractor safety representatives should sign off on the Safety review checklist. The Contractor must submit and have an approved APP before any work may begin on site. Additionally, new or revised AHAs must be submitted and reviewed at the beginning of each work phase, when new hazards are identified, or when a new work crew is brought on site.

7. Meetings

The PAR should attend and be prepared for required meetings, including partnering sessions. The PAR should be familiar with the Spec Items in Annex 2 titled "Required Conferences and Meetings" and "Partnering." The FSC Partnering process is addressed in BMS B-14.16.

8. Methods of Assessment (MOA)

The PAR will periodically assess services for conformance to contract performance objectives and standards using the following MOAs:

- Periodic Sampling (PS) – requires a pre-determined plan for assessing a portion of the work, using sample size and frequency at the applicable assessment level.
- Validated Customer Comments (VCC) – consists of customers observing the performance of services they have received and using a pre-determined procedure to provide feedback and/or report observations to the PAR for validation.
- Unscheduled Visits (UV) – impromptu assessments of performance standards and objectives whenever practical.
- Customer's Evaluation (CE) – consists of collected survey data of Contractor performance from the customer's perspective through the use of a feedback form.

The MOAs used for assessment of each performance objective and standard are identified within the FAP included in Attachment A.

9. Quality Management System (QMS)

When the Government's assessment of the Contractor's performance reveals that the quality management efforts are not effective in ensuring performance objectives and standards are achieved, further action is required. The PAR will conduct a review of the Contractor's QMS processes and quality inspection and surveillance records for the work item(s) where deficiencies are noted to validate the accuracy and effectiveness of the Contractor's QMS.

For QMS to be considered acceptable, the Contractor must demonstrate to the Government through quality management and QC corrective and preventive actions that the risk of failure to meet performance standards has been satisfactorily mitigated.

Further detail of the QMS review process is provided within the assessment procedures in paragraph 10.4 below.

10.1 Post-Award Planning

Performance Assessment personnel should review and understand the final contract requirements, including any amendments made during the solicitation period, paying particular attention to performance objectives and standards and any changes in the scope of work. Performance Assessment personnel should also review the Contractor's technical proposal received in response to the solicitation and initial submittals, such as the QMS program (including Quality Management Plan), Accident Prevention Plan (including Activity Hazard Analyses (AHAs) and Occupational Risk and Compliance Plans and Programs), list of key personnel and employee listing.

Performance Assessment personnel should also meet with customer representatives to review details of the contract and discuss the process for reporting and handling of customer comments and review the contract requirements for partnering and the process described in BMS B-14.16, FSC Partnering, to be prepared for these meetings.

10.2 Scheduling Assessments

Performance Assessment personnel should develop a planned assessment schedule based upon factors such as selected MOAs, Contractor's recurring performance schedule, population of work, and local priorities and conditions. Certain work requirements may necessitate increased assessment based on performance risk considerations, e.g., services that are mission critical or have life safety impacts. Increased assessment may be conducted by adding AL2 or AL3 assessments or by targeting specific samples during routine AL1 assessment. Risk is measured based on two things: the likelihood (or probability) and event will occur and the consequence (or impact) if the event does occur.

The FAP, Attachment A, along with the starting point for assessments based on risk determination should be compared against the Contractor's work schedules as applicable to develop the initial assessment schedule. This schedule may be adjusted when required based on Contractor performance as detailed within the assessment procedures in paragraph 10.4 below.

10.3 IDIQ Task Orders

IDIQ Task Orders (TO) require 100% assessment. This means that all TOs must be verified as satisfactorily complete prior to payment. For EMALL Task Orders, verification is performed by the customer through the validation of the credit card payment and acceptance in EMALL. EMALL orders that involve high-risk evolutions will be indicated as "HIGH RISK" in the EMALL short description. The customer must notify the COR by email or phone immediately upon ordering a high-risk IDIQ TO. The COR will schedule appropriate safety oversight for these evolutions. For all other IDIQ TOs, validation is the responsibility of PA personnel. Scheduling of assessments must be planned based on the nature of the work (i.e. simple, short duration tasks performed at a single location vs. complex work performed over a longer period at multiple locations) and added to the assessment schedule after TO award.

10.4 Assessment Procedures

Every assessment must be documented on a Performance Assessment Worksheet (PAW) using the form provided in Attachment B. The assessment procedures based on the scheduled level of assessment performed are detailed below.

10.4.1 AL1 Assessments

The flowchart in Figure 1 below and corresponding descriptions shown below detail the performance assessment process used by the PAR to observe, assess, and document Contractor's performance for 2-digit Spec Items (AL1).

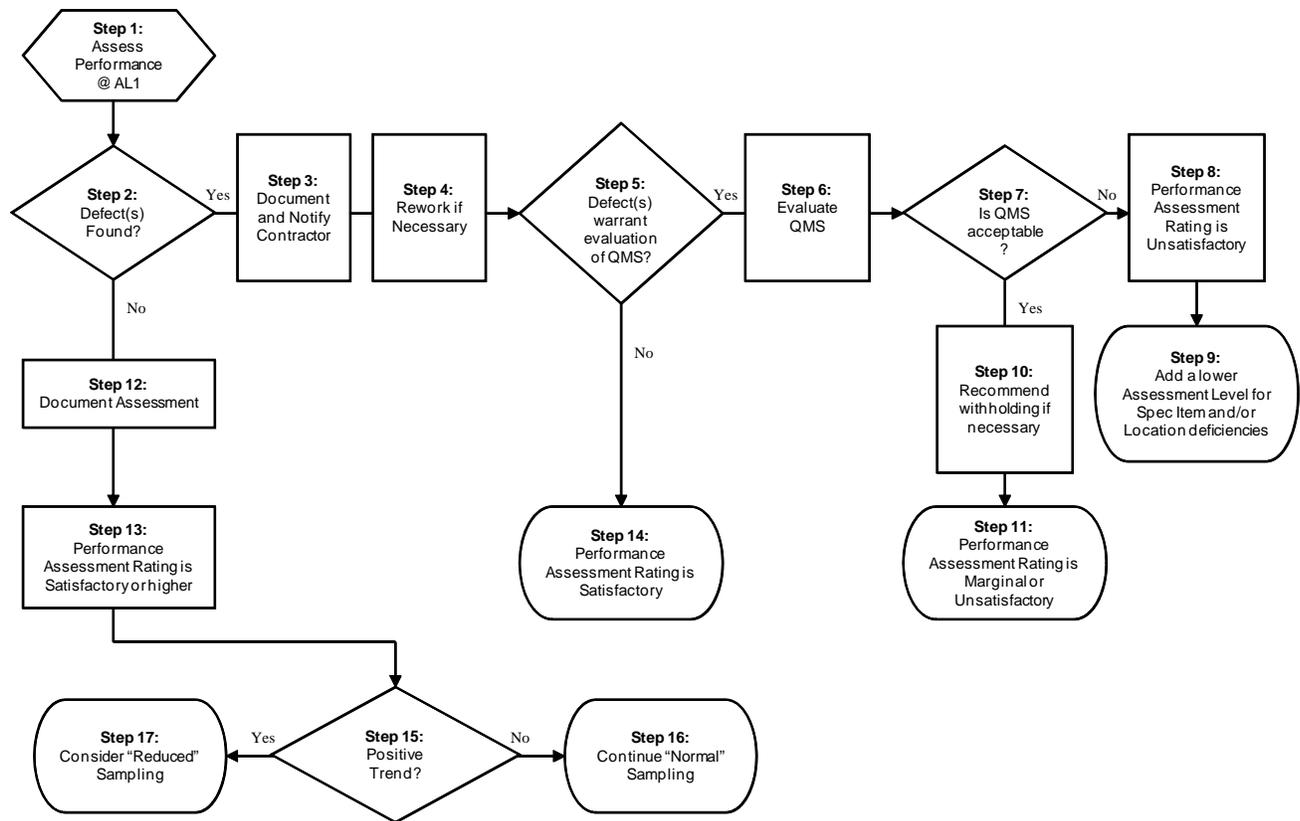


Figure 1. Performance Assessment Process for Assessment Level 1 (AL1)

Step 1: Assess Performance at AL1 – This is the typical starting point of assessment. Assess the Contractor’s performance using the MOA, frequencies, and sample sizes indicated at AL1 of the FAP. The starting point may include additional PA at lower assessment levels for mission critical, safety, or environmental related services as determined based on the risk assessment performed during post-award planning. A Performance Assessment Worksheet (PAW) must be used for each assessment indicating this is an AL1 assessment. A PAW is the form used to document and report Government observations and rate Contractor performance.

Step 2: Defect(s) Found – The PAR should evaluate the Contractor’s performance of work looking for both failures to comply with performance objectives and standards as well as instances of value-added services or work that exceeds performance standards. Any observation of work that fails to meet any of the specified performance standards will be documented as a defect. Instances of non-conforming work discovered during unscheduled visits (UV) should also be documented as defects. Where customer comments are received (VCC), all alleged defects must be evaluated within a reasonable time to validate that the performance standards were not met. Documentation will be completed using the Customer Comment Record, Attachment D. Documentation of UVs will be completed on a PAW. **DECISION:** If a defect is found, continue. If not, jump to Step 12.

Step 3: Document and Notify Contractor – Document any observed negative performance that fails to meet contract performance standards with supporting narrative on the Performance Assessment Worksheet (PAW). If defects are found, the PAR will forward a copy of the PAW to the Contractor. The Contractor shall sign and return the PAW within the specified timeframe to acknowledge receipt of the document. The Contractor’s signature does not constitute agreement with the Government’s assessment, it merely acknowledges that the Contractor has been notified of a Government observed defect. Should the Contractor disagree with the Government’s observations, discussions should be conducted to reach a common understanding of performance objectives and standards.

Step 4: Rework if Necessary – In the case of unsatisfactory or non-performed work, the Government may, at its option, allow the Contractor an opportunity to correct by reperformance at no additional cost to the Government. Rework shall

be completed within the timeframe specified in Section E, Consequences of Contractor's Failure to Perform Required Services clause of the contract.

Step 5: Defect(s) Warrant Evaluation of QMS? – Defects warrant evaluation of QMS if: 1) they are “Significant”, 2) a “Trend” has been established, or 3) the work is not considered “Substantially Complete”. Significant defects include the Contractor's failure to meet performance objectives and standards that result in damage to the Government, or incomplete major or critical work items. Significant defects are subjective and should be discussed in initial partnering sessions with the Contractor. Trends are defects that may be considered minor but are recurring and have not been corrected through the Contractor's QMS. Trends are typically defects found in the same or similar work requirements repeated consistently over several periods of the assessment frequency. Substantially complete means that the performance standard is fully met except for minor or trivial non-conformances per FAR 46.407. A service will be judged to be fully conforming to the contract performance standards if the nonconformance is minor or trivial and there is no omission of essential work, and approximately 95% of the total work (population) assessed meets the performance standard. Substantial completion can be measured based on the total work requirement being assessed or based on any one element of work performance. DECISION: If QMS evaluation is warranted, continue. If not, jump to Step 14.

Step 6: Evaluate QMS – The PAR should evaluate the Contractor's QMS to verify proper controls are in place to ensure the delivery of quality services. The PAR should follow the QMS In-Process Review Checklist, Attachment E, and document findings on this form. This review should begin with a focus on the Spec Items and/or location where defects have been found as opposed to a complete audit of the Contractor's QMS (use Parts A & B of the checklist). The evaluation should identify corrective actions the Contractor is taking for specific discrepancies and identify any QMS changes the Contractor is implementing to preclude systemic problems, avoid repeat discrepancies, and regain Quality Control (QC). If the initial evaluation identifies deficiencies in the Contractor's QMS with insufficient planned corrective actions or QMS changes, or, if corrective actions and QMS changes planned during previous QMS reviews have been ineffective, then broaden the evaluation to a more comprehensive review of the Contractor's QMS program (use Parts C through F of the checklist).

Step 7: Is QMS Acceptable? – The Contractor must demonstrate to the Government that they have taken corrective actions and identified QMS changes to preclude systemic problems, avoid repeat discrepancies, and regain QC. QMS is considered “Acceptable” if the Contractor's actions will satisfactorily reduce the risk of continued failure to meet performance standards. DECISION: If QMS is unacceptable, continue. If QMS is acceptable, jump to Step 10.

Step 8: Performance Assessment Rating is Unsatisfactory – If the Contractor's QMS is unacceptable, then the PAR should document all findings, including a summary of the findings associated with the Contractor's QMS, on the PAW. The PAR should rate the Contractor Unsatisfactory in accordance with the evaluation ratings definitions included in the PAB Rating Summary. The PAR should also document recommendations for withholding of payment on the PAW for non-conforming services when defects cannot be corrected by reperformance.

Step 9: Add a lower Assessment Level for Spec Item and/or Location deficiencies – When the Contractor's performance is Unsatisfactory at AL1 and QMS is Unacceptable, additional PA at Assessment Level 2 or 3 (AL2 or AL3) should be conducted for the Spec Item and/or location deficiencies as shown in Figure 3. [End of this assessment]

Step 10: Recommend withholding if necessary – Even if the QMS is acceptable and the Contractor has implemented or planned appropriate corrective actions, withholdings may still be warranted. The PAR should document recommendations for withholding of payment on the PAW for non-conforming services when defects cannot be corrected by reperformance.

Step 11: Performance Assessment Rating is Marginal or Unsatisfactory – The PAR shall document all findings, including a summary of the findings associated with the Contractor's QMS evaluation, on the PAW. The PAR should rate the Contractor Marginal or Unsatisfactory in accordance with the evaluation ratings definitions included in the PAB Rating Summary. The PAR should continue sampling the size identified as “Normal” in the FAP at AL1. [End of this assessment]

Step 12: Document Assessment – Document results of assessment particularly noting how it was validated that performance complied with contract requirements and detailing any instances of value-added services or work that exceeds contract performance standards, with supporting narrative on the PAW.

Step 13: Performance Assessment Rating is Satisfactory or Higher – If the Contractor has performed all work in accordance with the performance objectives and standards, then a performance rating of Satisfactory or higher should be

assigned. The PAR should rate the Contractor Satisfactory, Very Good, or Exceptional in accordance with the evaluation ratings definitions included in the PAB Rating Summary. Jump to Step 15.

Step 14: Performance Assessment Rating is Satisfactory – The PAR shall document all findings, including details of the failures to comply with performance objectives and standards on the PAW. Per the evaluation ratings definitions included in the PAB Rating Summary, Satisfactory is defined as "contractual performance of the element or sub-element contains some minor problems for which corrective actions taken by the contractor appear or were satisfactory." Therefore, the PAR should rate the Contractor Satisfactory and continue sampling the size identified as “Normal” in the FAP at AL1. [End of this assessment]

Step 15: Positive Trend Established? – If the Contractor has established a trend of Satisfactory, Very Good or Exceptional performance, repeated consistently over several periods of the assessment frequency, the PAR should consider sampling at the reduced level (Jump to Step 17). If a trend has not yet been established the PAR should continue normal sampling.

Step 16: Continue “Normal” Sampling – The PAR should continue sampling the size identified as “Normal” in the FAP at AL1. [End of this assessment]

Step 17: Consider “Reduced” Sampling – The PAR should adjust sampling to the size identified as “Reduced” in the FAP at AL1. [End of this assessment]

10.4.2 AL2/3 Assessments

The flowchart in Figure 2 below and corresponding descriptions shown below detail the performance assessment process used by the PAR to observe, assess, and document Contractor’s performance for 3-digit and 4-digit Spec Items (AL2/3).

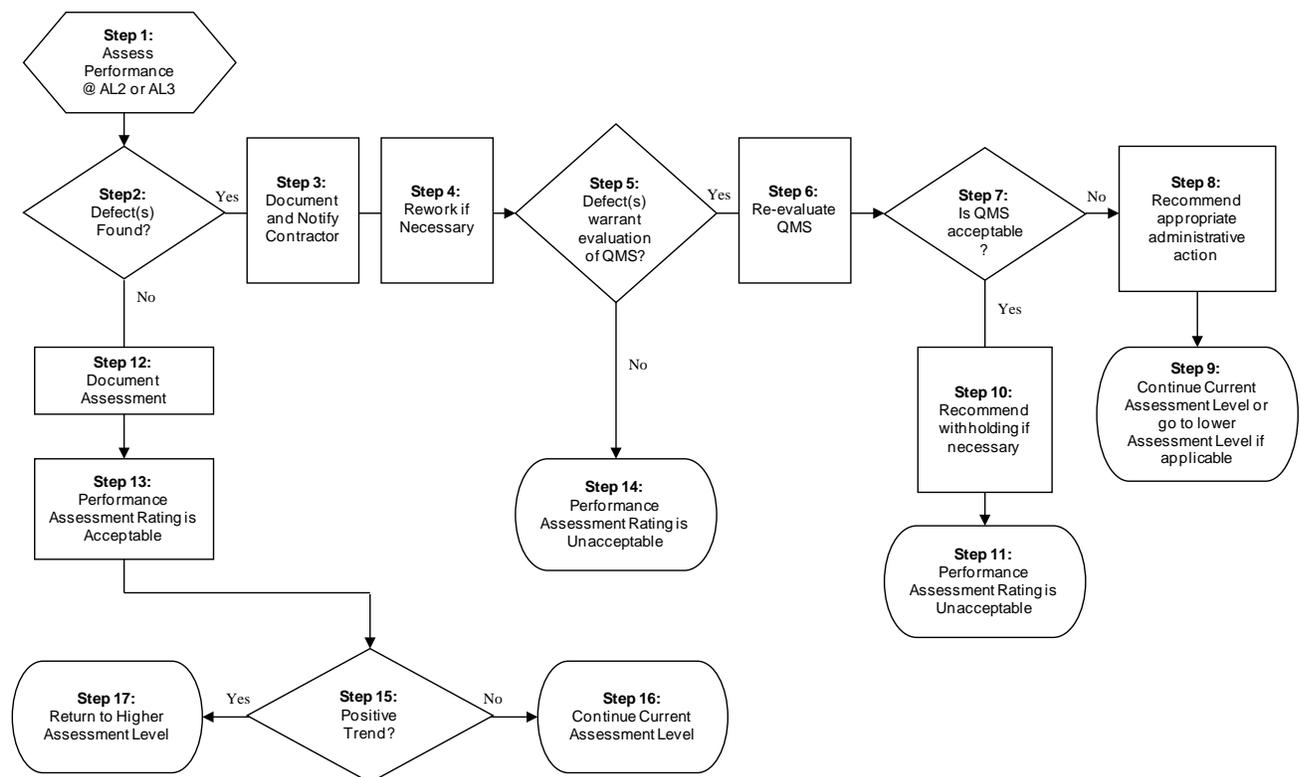


Figure 2. Performance Assessment Process for Assessment Level 2 or 3 (AL2 or AL3)

Step 1: Assess Performance at AL2 or AL3 – Start additional assessment(s) at a lower level if the rating on PAW 1 was Unsatisfactory and QMS was unacceptable. Certain work requirements may necessitate normal assessment at AL2

or AL3 based on performance risk considerations, e.g., services that are mission critical or have life safety impacts. Assess the Contractor's performance using the MOA, frequencies, and sample sizes indicated at the appropriate assessment level, e.g., AL2 or AL3 of the FAP.

Step 2: Defect(s) Found – If the Contractor has performed all work in accordance with the performance objectives and standards, then a performance rating of Acceptable should be assigned. The PAR will document any instances of value-added services or work that exceeds performance standards with supporting narrative on the Performance Assessment Worksheet (PAW). When the assessed work fails to comply with performance objectives and standards, the PAR will document the defect on the PAW and notify the Contractor. Instances of non-conforming work discovered during unscheduled visits (UV) should also be documented as defects. Where customer comments (VCC) are received, all alleged defects must be evaluated within a reasonable time to validate that the performance standards were not met. Documentation will be completed using the Customer Comment Record, Attachment D. Documentation of UV will be completed on a PAW. DECISION: If defect is found, continue. If not, jump to Step 12.

Step 3: Document and Notify Contractor – Document instances of value-added performance that exceeds contract performance standards, and negative performance that fails to meet contract performance standards, with supporting narrative on the PAW. If defects are found, the PAR will forward a copy of the PAW to the Contractor. The Contractor shall sign and return the PAW within the specified timeframe to acknowledge receipt of the document. The Contractor's signature does not constitute agreement with the Government's assessment, it merely acknowledges that the Contractor has been notified of a Government observed defect. Should the Contractor disagree with the Government's observations, discussions should be conducted to reach a common understanding of performance objectives and standards.

Step 4: Rework if Necessary – In the case of unsatisfactory or non-performed work, the Government may, at its option, allow the Contractor an opportunity to correct by re-performance at no additional cost to the Government. Rework shall be completed within the timeframe specified in Section E, Consequences of Contractor's Failure to Perform Required Services clause of the contract.

Step 5: Defect(s) Warrant Evaluation of QMS? – Defects warrant evaluation of QMS if 1) they are "Significant", 2) a "Trend" has been established, or 3) the work is not considered "Substantially Complete". Significant defects include the Contractor's failure to meet performance objectives and standards that result in damage to the Government, or incomplete major or critical work items. Significant defects are subjective and should be discussed in initial partnering sessions with the Contractor. Trends are defects that may be considered minor but are recurring and have not been corrected through the Contractor's QMS. Substantially complete means that the performance standard is fully met except for minor or trivial non-conformances per FAR 46.407. A service will be judged to be fully conforming to the contract performance standards if the nonconformance is minor or trivial and there is no omission of essential work, and approximately 95% of the total work (population) assessed meets the performance standard. DECISION: If QMS evaluation is warranted, continue. If not, jump to Step 14.

Step 6: Re-evaluate QMS – The PAR should reevaluate the Contractor's QMS to verify proper controls are in place to ensure the delivery of quality services. This review should be limited to the Spec Items and/or location where defects have been found as opposed to a complete audit of the Contractor's QMS. The evaluation should identify corrective actions the Contractor is taking for specific discrepancies, and identify any QMS changes the Contractor is implementing to preclude systemic problems, avoid repeat discrepancies, and regain Quality Control (QC).

Step 7: Is QMS Acceptable? – The Contractor must demonstrate to the Government that they have taken corrective actions and identified QMS changes to preclude systemic problems, avoid repeat discrepancies, and regain QC. QMS is considered "Acceptable" if the Contractor's actions will satisfactorily reduce the risk of continued failure to meet performance standards. DECISION: If QMS is unacceptable, continue. If QMS is acceptable, jump to Step 10.

Step 8: Recommend appropriate administrative action – The PAR should make recommendations to the Contracting Officer via the SPAR/COR/FSCM for appropriate administrative actions. Administrative actions may include additional performance review meetings, issuance of a Contract Discrepancy Report (CDR), Attachment F, withholding of payment including liquidated damages, or interim CPARS rating. The PAR should also document recommendations for withholding of payment on the PAW for non-conforming services when defects cannot be corrected by reperformance.

Step 9: Continue Current Assessment Level or go to lower Assessment Level if applicable – The PAR shall continue sampling at the size and frequency identified in the FAP at the appropriate assessment level or can move to a lower level of assessment if applicable. Additionally, if there is a negative trend in Contractor performance, the PAR should consider modification of the MOAs, sample sizes, and frequencies included in the FAP.

Step 10: Recommend withholding if necessary – If the Contractor’s QMS is acceptable, then the PAR may still consider recommending withholding of payment for non-conforming services when defects cannot be corrected by re-performance by documenting on the PAW.

Step 11: Document Performance Assessment Rating as Unacceptable – The PAR shall document all findings, including findings associated with the Contractor’s QMS, which justify rating the Contractor’s performance as Unacceptable. The PAR shall continue sampling the size identified in the FAP at the current assessment level. [End of this assessment]

Step 12: Document Assessment – Document results of assessment with supporting narrative on the PAW, particularly noting how it was validated that performance complied with contract requirements.

Step 13: Document Performance Assessment Rating as Acceptable at appropriate assessment level – The PAR shall document all findings which justify rating the Contractor’s performance as Acceptable. Jump to Step 15.

Step 14: Document Performance Assessment Rating as Unacceptable – The PAR shall document all findings which justify rating the Contractor’s performance as Unacceptable. The PAR shall continue sampling the size identified in the FAP at the current assessment level. [End of this assessment]

Step 15: Positive Trend Established? – If the Contractor has established a trend of acceptable performance over a period of time, e.g., three months, the PAR should return to a higher assessment level (Jump to Step 17). If a positive trend has not yet been established the PAR should continue at the current assessment level.

Step 16: Continue Current Assessment Level – The PAR should continue sampling at the size and frequency identified in the FAP at the appropriate assessment level. [End of this assessment]

Step 17: Return to Higher Assessment Level – The PAR should discontinue the additional lower level assessment and move to a higher assessment level or reduce to normal AL1 assessment. [End of this assessment]

10.4.3 Safety Assessment

As detailed in BMS B-14.18, FSC Safety, proper oversight of Contractor safety is an integral part of effective performance assessment. There are two preferred methods for assessing a Contractor’s safety performance: 1) Assessing safety while conducting regular periodic sampling; and 2) Documenting “unscheduled visits” to specifically assess safety anytime the performance of work can be observed.

Note: Anytime a safety issue is observed, the PAR should take appropriate immediate action to stop work as necessary until the unsafe practices are properly corrected.

The PAR shall record all safety assessments on the PAW including a supporting narrative regarding the safety issues observed in the comments block. The FSC Safety Assessment Checklist, Attachment G, should be used to identify the specific areas where safety issues were noted and attached to the PAW. Similar to the assessment process detailed above, the PAR should consider the significance of safety issues and any trends observed in evaluating the need for further review of the Contractor’s safety program and the addition of more scheduled assessments.

If a detailed review of the Contractor’s safety program is deemed necessary, the PAR should evaluate the Contractor’s Accident Prevention Plan (APP)/Activity Hazard Analysis (AHA) to verify proper safety controls are in place to ensure their employees are performing work in accordance with EM 385-1-1. This review shall ensure the APP/AHA is site specific and relevant to the service process. The safety program review should identify discrepancies between the Contractor’s APP/AHA with the EM 385-1-1 and identify any corrective actions the Contractor is implementing to preclude systemic problems and avoid repeat safety issues. The PAR should coordinate with the local command Safety Representative for assistance in review of Contractor’s APP.

The PAR must also be familiar with other safety responsibilities detailed in BMS B-14.18, including assisting with Occupational Safety and Health Administration (OSHA) inspections and ensuring Contractors follow the proper procedure for mishap notification.

10.4.4 Management and Administration Assessment

Contractor compliance with contract requirements, including those specified in Annex 0200000 or Spec Item 2 of the functional annex can generally be evaluated through the assessment of work performed. For example, the Contractor

must provide properly trained and qualified personnel to perform work in order to meet the standards specified in the contract. However, there remain certain overall management and administration requirements that cannot be effectively assessed through PA scheduled per the FAPs. Therefore, the COR will conduct a monthly assessment to evaluate the Contractor's compliance with management and administration requirements as specified in Annex 0200000 using the checklist provided in Attachment H.

10.4.5 Contract Discrepancy Reports

Contract Discrepancy Reports (CDRs) are a formal administrative action intended to document and track Contractor corrective actions for resolution of continued unsatisfactory performance. CDRs will be issued for repeated failures where the Contractor has an unacceptable QMS that has not been effectively corrected. That is, the following conditions have occurred:

- 1) Defects at AL1 led to a QMS evaluation,
- 2) The Contractor's QMS was found to be unacceptable and additional assessments were scheduled for the AL2/3 level,
- 3) AL2/3 assessments revealed further defects and the QMS evaluation was again unacceptable.

Issuance of a CDR requires the Contractor to evaluate the noted discrepancy, determine root cause of the failure to perform, and develop a plan to ensure contract requirements are met. CDRs require Contractor response and Government acceptance of the Contractor's corrective action. CDRs must be tracked until officially closed out by the Government. The Contract Discrepancy Report format is included in Attachment F.

11. Assessment Summary and Evaluation

11.1 Monthly Performance Assessment Summary (MPAS)

The PAR and SPAR will collect, review, and evaluate the results of all performance assessments including PAW documentation, safety assessments, validated customer comments, customer evaluations, trend data, and Contractor QMS corrective and preventive actions. The PAR summarizes PA information and completes the comments block on the MPAS for each annex/sub-annex. The MPAS for each annex/sub-annex is included with the applicable FAP, Attachment A. The SPAR reviews completed annex/sub-annex MPAS, provides recommended actions as applicable, assigns an overall technical rating for the function, and validates the MPAS by signing it. Supporting information (e.g. copies of completed PAWs, VCCs, Customer Evaluation forms, and other assessment documentation) should be made available with the MPAS.

11.2 Invoice Validation and Withholdings

Results of performance assessments and other PA information should also be used as part of the validation of the Contractor's monthly invoice amount. The COR will make a determination for the value of the estimated damages to the Government for non-conforming or non-performed work and recommend to the KO the appropriate withholding including liquidated damages (LDs). Documentation must be provided to support the reduced value of services and/or the estimated cost and related profit to correct deficiencies and complete unfinished work.

The COR is designated as a Departmental Accountable Official (DAO) due to the duties for invoice verification and the responsibility to ensure that payment recommendations are made only for services received that meet the performance standards of the contract. The COR must review the submitted invoices for accuracy and completion of required supporting documentation. The COR should reference MPASs with associated PAWs and other assessment documentation to verify completion of required services and determine if any withholdings or deductions are warranted.

For invoices submitted through Wide Area Work Flow (WAWF), the COR performs the inspector role as detailed in BMS S-17.4.14.2 Process Wide Area Work Flow (WAWF) Invoices. For non-WAWF invoices, follow local process for documenting invoice reviews.

11.3 COR Activity File

In order to provide an auditable trail of documentation supporting the assessment of Contractor performance, the COR is required to maintain a file for each contract/order assigned. A list of items that must be included (at a minimum) in a COR file can be found in NAVFAC Instruction 4200.1, Contracting Officer's Representative. The COR File will be maintained until the end of contract performance, when it is then turned over to the Contracting Officer for inclusion as part of the official contract file.

Hardcopy files are maintained by the COR in a folder(s) annotated with the contract number and period of performance for the included documentation. Supporting documentation (e.g. PAWs) for the current period of performance may be located in individual files retained by each PAR.

Performance Assessment Board (PAB)

The Performance Assessment Board membership consists of the following:

PAB Chairperson – Edward Ballesta, COR

PAB Member – TBA, SPAR

PAB Member – Olga Muna, KO

The PAB will convene quarterly to review and evaluate Contractor performance. The date, time, and location of PAB meetings will be established by the PAB Chairperson and communicated to all PAB members.

Additional participants may include the Customer representative as specifically requested or approved by the PAB Chairperson. The personnel may participate in the discussion of Contractor performance, but will have no vote on consensus ratings.

The COR (with support as required from PARs/SPARs) should be prepared to brief the PAB on the monthly summary information and trend data and offer a recommended consensus rating to the PAB based on assessment results. Each PAB member should consider the information presented and individually document ratings with supporting comments for each area defined in CPARS on the PAB Rating Summary form, Attachment J. The PAB Chairperson should develop a consensus rating for each factor and document comments relevant to each rating factor from the PAB review. At, or near, the end of each performance period, the PAB should review previous PAB Rating Summaries in addition to performance during the most recent evaluation period to develop overall input for official CPARS ratings and relevant comments. This final PAB report should be used by the Assessing Official Representative (AOR) for entry into CPARS for the performance period. Additionally, this PAB should make final recommendations for assessing contract incentives in accordance with the Award Option Plan.

Specific details of the PAB process are provided in BMS B-14.26, Performance Assessment Board.

12. Summary

The PAP is based on the premise that the Contractor is responsible for managing and ensuring that quality controls meet the terms of the contract. The PAP facilitates consistent and effective tiered PA to verify the accuracy and completeness of the Contractor's QMS and to assess overall compliance with performance objectives and standards. The Government will evaluate Contractor performance through appropriate assessment methods to ensure payments are made only for services that comply with contract requirements. This PAP is a "living" document that will be revised or modified as circumstances warrant.

Attachment A: Functional Assessment Plan (FAP)

PERFORMANCE ASSESSMENT WORKSHEET

ANNEX/SUB-ANNEX: _____

Attachment B: Performance Assessment Worksheet

PAW (Indicate Level)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> IDIQ
CONTRACT NO:		PAR NAME:		
SAMPLE ID:		DATE:		
SAMPLE LOCATION:				
SPEC ITEM / TO #:		TITLE:		
SAFETY ASSESSMENT: Issues found? <input type="checkbox"/> No <input type="checkbox"/> Yes (document details below)				
COMMENTS: (Document findings/observations of how performance complies with contract requirements and detail any value-added or negative performance, and trends)				
RATING: (For AL-2/3)		<input type="checkbox"/> Acceptable	<input type="checkbox"/> Unacceptable	
PAR (signature): _____ DATE: _____				
CONTRACTOR (signature): _____ DATE: _____				
REWORK:				
<input type="checkbox"/> Acceptable		<input type="checkbox"/> Unacceptable		<input type="checkbox"/> N/A
QMS EVALUATION: (Document effectiveness of contractor's QMS to detect/correct negative performance and reverse trends. Attach QMS review checklist.)				
QMS RATING:		<input type="checkbox"/> Acceptable	<input type="checkbox"/> Unacceptable	<input type="checkbox"/> N/A
PERFORMANCE ASSESSMENT RATING: (FOR AL-1 or IDIQ)				
<input type="checkbox"/> Exceptional	<input type="checkbox"/> Very Good	<input type="checkbox"/> Satisfactory	<input type="checkbox"/> Marginal	<input type="checkbox"/> Unsatisfactory

QUALITY MANAGEMENT SYSTEM PRE-PERFORMANCE REVIEW CHECKLIST

Attachment C: QMS Pre-performance Review Checklist

GENERAL INFORMATION			
	NAME	PHONE	EMAIL
CONTRACTOR Project Manager			
CONTRACTOR Quality Manager			
SUB-CONTRACTOR QC			
SUB-CONTRACTOR QC			
PERFORMANCE ASSESSMENT REPRESENTATIVE (PAR)			
SUPERVISORY PAR / COR			
CONTRACT INFORMATION			
TITLE:			
Contract #:	TO#	LOCATION:	
START:	END:	CONTRACT PRICE:	

ACCEPTANCE OF CONTRACTOR'S QUALITY APPROACH DOES NOT LIMIT CONTRACTING OFFICER FROM REQUIRING ADDITIONAL MEASURES IF PERFORMANCE IS UNACCEPTABLE.

QUALITY MANAGEMENT BRIEFING CHECKLIST	
CHECKPOINT (Y/N)	COMMENTS
QUALITY ORGANIZATION:	
Is the QM plan submitted in accordance with Annex 0200000 and Section F requirements?	
Is the Quality organization clearly identified (e.g., org chart) and a list of all Quality personnel provided?	
Are the responsibilities of Quality personnel detailed and lines of authority explained (e.g., Quality staff and Quality Manager reports directly to Prime Contractor management)?	
Are the training and qualification requirements for Quality staff specified and does the Contractor's staff meet these requirements?	
Does the Quality organization show relationship between the Prime Contractor's Quality staff and Subcontractor's management or Quality?	
QUALITY APPROACH:	
Is the QM plan current and specifically tailored for this contract?	
Does the Contractor's Quality Management System and management approach indicate a clear understanding of the contract requirements?	

QUALITY MANAGEMENT SYSTEM PRE-PERFORMANCE REVIEW CHECKLIST

METHODS AND PROCEDURES FOR PERFORMANCE OF WORK:		
	Does the Contractor provide detail of their work planning and control to ensure first time quality? This could include:	
	a. Proper selection and training of personnel	
	b. Tracking and verification of training and certification requirements	
	c. Work center supervisor/lead personnel oversight of work performance	
	d. Detailed SOPs and procedures for work requirements	
	e. Routine training and meetings	
	f. Selection procedures for subcontractors	
	g. Management control of subcontracted work	
SURVEILLANCE AND INSPECTION PROCEDURES:		
	Does the Contractor provide detailed procedure for the selection of samples (e.g., percentage of work inspected, process for selection of samples, in-process vs. completed work.)?	
	Does the QM plan detail procedures for the collection, recording, and analysis of inspection and surveillance results?	
	Does the QM plan include processes for utilization analysis of inspection and surveillance results to determine cause and implement corrective actions?	
	Does the QM plan provide a process for preventing recurrence of quality issues and continuous improvement of work performance?	
	Does the QM plan detail specific procedures for the oversight of subcontracted work or the review and analysis of subcontractor quality?	
DOCUMENTATION AND RECORDS MANAGEMENT:		
	Does the Contractor have a process for the control and retention of Quality documentation and records?	
	Does the Contractor provide the controls in place to ensure all Quality records are documented, maintained reviewed and properly filed?	
	Does the QM plan have a process for the review of documentation for completeness, accuracy, and consistency? (This may include management reviews or internal audit plan.)	
	Does the QM Plan provide a process for tracking and ensuring all submittal requirements are met?	

QUALITY MANAGEMENT SYSTEM PRE-PERFORMANCE REVIEW CHECKLIST

COMMUNICATION WITH GOVERNMENT:		
	Does the QM plan address the level, format, and frequency of communications with the government? This could include:	
	a. Routine, yet informal communications between contractor, quality staff, and Government PARs	
	b. Established meeting requirements between Contractor Quality and/or management staff with Government PA and/or contracting personnel.	
	c. Progressive reporting and communication based on the frequency or severity of the issue being addressed (e.g., Quality staff to PAR, Quality Manager to SPAR/FSCM, Project Manager to PWO	
	d. Details of protocol for attendance at meetings required by contract, including partnering sessions.	
REVIEW SIGNATURES		
PAR:		DATE:
SPAR/COR:		DATE:
CONTRACTOR QUALITY MANAGER:		DATE:
CONTRACTOR PROJECT MANAGER:		DATE:
SUBCONTRACTOR:		DATE:
SUBCONTRACTOR:		DATE:

CUSTOMER COMMENT RECORD

ANNEX/SUB-ANNEX: _____

Attachment D: Customer Comment Record

CONTRACT NO:	DATE/TIME RECEIVED: RECEIVED BY:		
SOURCE OF COMMENT ORGANIZATION: _____ INDIVIDUAL: _____ PHONE: _____			
LOCATION:			
SPEC ITEM:	TITLE:		
<u>DETAILS OF OBSERVATION:</u> (Provide specific details of the requirement observed.) 			
Comment Validation:	<input type="checkbox"/> Valid	<input type="checkbox"/> Non-valid	
<u>COMMENTS:</u> 			
PAR (signature): _____ DATE: _____			
CONTRACTOR (signature): _____ DATE: _____			
REWORK:	<input type="checkbox"/> Acceptable	<input type="checkbox"/> Unacceptable	<input type="checkbox"/> N/A
PAR (signature): _____ DATE: _____			

QMS IN-PROCESS REVIEW CHECKLIST

Attachment E: QMS In-process Review Checklist

CONTRACT #:	TITLE:
PAR NAME:	DATE:
ANNEX/SUB-ANNEX:	
SPEC ITEM:	TITLE:

QMS REVIEW CHECKLIST	
If observed defects warrant evaluation of QMS, the initial review should be limited to the Spec Items and/or location where defects have been found. This process begins with Part A & B below.	
CHECKPOINT (Y/N)	COMMENTS
A. QUALITY SURVEILLANCE AND INSPECTION SCHEDULES	
1. Is there a quality surveillance and inspection schedule? Does it include:	
a. Surveillance and inspections to be performed?	
b. Frequency of surveillance and inspections?	
2. Is there a current schedule?	
3. Does the schedule reflect all contractual requirements?	
4. Are the number and frequency of surveillance and inspections sufficient?	
5. Do the schedules match the QM plan?	
6. Is the schedule being followed?	
B. DOCUMENTATION AND ANALYSIS OF QUALITY DATA	
1. Are the results of all surveillance and inspections properly documented?	
2. Are quality deficiencies properly resolved and tracked?	
3. Is quality documentation of deficiencies analyzed for trends and root cause?	
4. Is appropriate action taken or planned to prevent recurrence of quality issues?	
5. Is there verification process to ensure corrective and preventative actions are effective?	
6. Are appropriate continuous improvement plans in place and communicated to workforce?	

QMS IN-PROCESS REVIEW CHECKLIST

Comments: (Document corrective actions taken or QMS changes being implemented. If QMS is unsatisfactory, document findings and rationale for additional review conducted below.)

If review conducted above identifies deficiencies in the Contractor's QMS with insufficient planned corrective actions or QMS changes, or, if corrective actions and QMS changes planned during previous QMS reviews have been ineffective, then continue review with Parts C through F below.

CHECKPOINT (Y/N)	COMMENTS
------------------	----------

C. QUALITY MANAGEMENT PLAN	
-----------------------------------	--

1. Is the written QM plan available on site?	
2. Is the QM Plan current?	
3. Does the QM staff meet the requirements designated in QM plan (in terms of staff provided and qualifications and training)?	

D. WORK PROCESSES AND PROCEDURES	
---	--

1. Are work instructions, processes and procedures documented?	
2. Are work instructions, processes and procedures available and used by affected personnel?	
3. Is there a process to communicate work instructions, processes and procedures throughout the project and organization?	
4. Are training records properly maintained for employees who are performing the work?	

E. SURVEILLANCE AND INSPECTION PROCESS	
---	--

1. Does the documented surveillance and inspection system match the requirements of the QM plan?	
2. Are surveillance and inspection forms used systematically that document both conformances and non-conformances?	
3. Are the surveillance and inspection criteria linked to the performance objectives and standards of the contract?	
4. Does the communication and follow-up on deficiencies follow the process detailed in the QM plan?	
5. Is analysis performed on surveillance and inspection data to identify trends and opportunities for improvement?	
6. Are there examples of process improvements based on surveillance and inspection data?	

CHECKPOINT (Y/N)	COMMENTS
------------------	----------

F. CUSTOMER COMMUNICATION	
----------------------------------	--

1. Are required meetings being held and attended as scheduled?	
--	--

QMS IN-PROCESS REVIEW CHECKLIST

	2. Is there documentation of the meetings and associated follow-up activities, i.e. action registers, meeting minutes, agendas?	
	3. Is there proper response and tracking of issues identified by Government personnel?	
	4. Is there a written documentation of issues, e.g., complaint/compliments logs, registers, records?	
	5. Is there a system for correction of defects/problems to satisfy customers?	
	6. Is there an escalation procedure if defects/problems are not addressed satisfactorily?	
<p><u>Comments:</u> (Document corrective actions taken or QMS changes being implemented. If QMS is unsatisfactory, document recommendation to move to a lower assessment level or take appropriate administrative action.)</p>		
QMS RATING:	<input type="checkbox"/> Acceptable	<input type="checkbox"/> Unacceptable
REVIEW SIGNATURES		
PAR:	DATE:	
CONTRACTOR QUALITY REPRESENTATIVE:	DATE:	

Attachment F: Contract Discrepancy Report (CDR)

CONTRACT DISCREPANCY REPORT		1. CONTRACT NUMBER
GOVERNMENT ACTION		
2. TO (Contractor and Manager Name)		3. FROM (Name of Government Representative)
4. DISCREPANCY OR PROBLEM		
5. CONTRACTOR NOTIFIED (Date, Time, Contact Name)		
6. SIGNATURE OF CONTRACTING OFFICER		7. DATE
CONTRACTOR ACTION		
8. TO (Contracting Officer)		9. FROM (Contractor)
10. CONTRACTOR RESPONSE (Cause, corrective actions to prevent recurrence. Attach continuation sheet if necessary.)		
11. SIGNATURE OF CONTRACTOR REPRESENTATIVE		12. DATE
GOVERNMENT CLOSE OUT		
13. GOVERNMENT EVALUATION (Acceptance, partial acceptance. Attach continuation sheet if necessary.)		
14. GOVERNMENT ACTIONS (Payment deduction, cure notice, show cause, other.)		
15. SIGNATURE OF CONTRACTING OFFICER		16. DATE

17. SIGNATURE OF REVIEWING OFFICIAL	18. DATE
-------------------------------------	----------

FSC SAFETY ASSESSMENT CHECKLIST

ANNEX/SUB-ANNEX: _____

Attachment G: FSC Safety Assessment Checklist

CONTRACT NO:		PAR NAME:					
SAMPLE ID:		DATE:					
SAMPLE LOCATION:							
SPEC ITEM / TO #:		TITLE:					
SAFETY ASSESSMENT: Issues found? <input type="checkbox"/> No <input type="checkbox"/> Yes (indicate area of safety deficiency below)							
Administrative					Issue	No Issue	N/A
Is the Contractor staff knowledgeable of Activity Hazard Analyses (AHAs) and Occupational Risk and Compliance Plans and Programs related to the work performed?							
Is the Contractor Site Safety Plan (AHA) on site?							
Have all potential hazards been identified and appropriate controls implemented?							
Are there Emergency Planning/Communication procedures in place?							
Are there First Aid and CPR Trained personnel on site as required?							
Safety Hazards	Issue	No Issue	N/A	Safety Hazards	Issue	No Issue	N/A
Chemical hazards/MSDS				Accident Prevention (signs, tags, barricades, covers, etc)			
Site Cleanliness (floor care, signage removal, etc)				Hot Work (Welding/Grinding)			
Environmental Conditions (Heat/Cold stress, weather)				Fall Protection/Working at Heights (Ladder Safety, Scaffolding/Staging, Aerial Lifts, etc)			
Lead Paint/Asbestos				Slips, Trips, and Falls			
Biological Hazards (Animals, insects, etc)				Personal Protective Equipment (PPE)			
Soil Disturbance				Respirator Protection			
Underground Utilities/Utility Clearance				Confined and Enclosed Space			
Vehicle Operation and Condition				Trenching/Excavations			
Weight Handling Equipment Safety				Electrical Safety			
Crane Safety				Lockout/Tagout (Control of Hazardous Energy)			
Traffic Control				Ergonomics and Musculoskeletal Hazards			
Equipment Use and Condition				Fire Safety			
Material Handling				Compressed Gas			
<i>Note: Include detailed comments related to Safety assessment on the PAW</i>							

Attachment H: Annex 2 – Management and Administration Evaluation Checklist

See checklist that begins on next page.

ANNEX 2 – MANAGEMENT AND ADMINISTRATION EVALUATION CHECKLIST

Contract #: _____ **Title:** _____ **Period Assessed:** _____

Quality of Product or Service					
Spec Item	Title	Requirement	YES	NO	N/A
2.5	Contractor-Furnished Items	Does the Contractor provide all equipment, materials, parts, supplies, components and facilities to perform the requirements of this contract?			
2.5	Contractor-Furnished Items	Are inadequate or unsafe items removed and replaced by the Contractor at no cost to the Government?			
2.5	Contractor-Furnished Items	Are materials asbestos, lead, and polychlorinated biphenyls (PCBs) free?			
2.5	Contractor-Furnished Items	Are energy efficient tools and equipment used when available?			
2.5	Contractor-Furnished Items	Are samples, Material Safety Data Sheets (MSDS) or Manufacturer’s Data Cut Sheets of Materials provided upon request?			
2.6	Management				
2.6.4	Deliverables	Are records and reports accurate, complete and submitted within the times specified as per Section F?			
2.6.7	Quality Management System (QMS)	Is the Contractor's Quality Management System (QMS) an effective and efficient means of identifying and correcting problems throughout the entire scope of operations?			
2.6.9	System and Equipment Replacement	Are replacement components the same model/style or equivalent as the component being replaced?			
2.6.9	System and Equipment Replacement	Are all substitute replacement components accepted by the KO prior to use?			
2.13	Warranty Management	Is the Contractor aware of which equipment and components are covered by the original warranty and the warranty duration?			
2.13	Warranty Management	Does the Contractor report any defect in workmanship, material, or parts, and any improper installation of equipment and components that are covered by a warranty?			
COMMENTS: (Document findings of how performance complies with contract requirements and detail any value-added or negative performance, and trends)					
<input type="checkbox"/> Exceptional <input type="checkbox"/> Very Good <input type="checkbox"/> Satisfactory <input type="checkbox"/> Marginal <input type="checkbox"/> Unsatisfactory					

ANNEX 2 – MANAGEMENT AND ADMINISTRATION EVALUATION CHECKLIST

Contract #: _____ **Title:** _____ **Period Assessed:** _____

Schedule					
Spec Item	Title	Requirement	YES	NO	N/A
2.6	Management				
2.6.1	Work Reception	Does the Contractor receive, prioritize, correspond, and respond to trouble/service calls and task orders during Government regular working hours and provide a point of contact at a local or toll free number who can perform the above function during other than Government regular working hours?			
2.6.2	Work Control	Has the Contractor implemented all necessary work control procedures to ensure timely accomplishment of work requirements, as well as to permit tracking and reporting of work in progress.			
2.6.2	Work Control	Does the Contractor plan and schedule work to assure material, labor, and equipment are available to complete work requirements within the specified time limits and in conformance with the quality standards?			
2.6.2	Work Control	Are status updates provided within the times specified?			
2.6.3	Work Schedule	Does the Contractor work interfere with normal Government business?			
2.6.3	Work Schedule	In those cases where some interference is unavoidable, does the Contractor minimize the impact and effects of the interference?			
2.6.3	Work Schedule	Does the Contractor provide advance access to all of their work schedules and notify the KO of any difficulty in scheduling work due to Government controls?			
2.14	FFP Work Procedures	Does the Contractor take full responsibility for work up to the FFP limits that are specified in subsequent annexes or sub-annexes			
2.15	IDIQ Work	Does the contractor submit proposals for task orders on time?			
2.15	IDIQ Work	Does the contractor provide reasonable price proposals for task orders?			
<p>COMMENTS: (Document findings of how performance complies with contract requirements and detail any value-added or negative performance, and trends)</p> 					
<input type="checkbox"/> Exceptional		<input type="checkbox"/> Very Good		<input type="checkbox"/> Satisfactory	
		<input type="checkbox"/> Marginal		<input type="checkbox"/> Unsatisfactory	

ANNEX 2 – MANAGEMENT AND ADMINISTRATION EVALUATION CHECKLIST

Contract #: _____ Title: _____ Period Assessed: _____

Business Relations					
Spec Item	Title	Requirement	YES	NO	N/A
2.3	General Administrative Requirements				
2.3.1	Required Conferences and Meetings	Does the Contractor attend all required conferences and meetings?			
2.3.2	Training for Maintenance and Operation of New and Replacement Systems and Equipment	Does the Contractor attend Government provided training for maintenance and operation of new and replacement systems and equipment?			
2.3.3	Partnering	Do key members of the prime contractor and subcontractors teams (including senior management) participate?			
2.3.3	Partnering	Did partnering demonstrate cohesiveness between the Government and Contractor?			
2.3.4	Permits and Licenses	Has the Contractor obtained and submitted to the KO within the time specified all required permits, licenses, and authorizations to perform work under this contract and comply with all the applicable Federal, state and local laws and regulations?			
2.3.6	Protection of Government Property	Does the Contractor protect Government property and return areas damaged as a result of negligence under this contract to their original condition?			
2.4	Government-Furnished Property, Materials and Services	Does the Contractor maintain Government-Furnished Property in accordance with FAR 52.245, GOVERNMENT PROPERTY and NAVFAC Clause 5252.245-9300, GOVERNMENT-FURNISHED PROPERTY, MATERIALS AND SERVICES?			
2.6.8	Property Management Plan	Has the Property Management Plan shall be submitted per Section F?			
2.6.8	Property Management Plan	Does the contractor's Property Management Plan identify the Contractor's policies, procedures, and practices in receiving and performing physical inventories, repairing and maintaining, preserving and protecting, and reporting the disposition of accepted government property in its possession?			
2.11	Disaster Preparedness	Does the Contractor comply with the installation's Contingency Instruction and support the installation Contingency Response Plan, as directed by the KO?			
COMMENTS: (Document findings of how performance complies with contract requirements and detail any value-added or negative performance, and trends)					
<input type="checkbox"/> Exceptional		<input type="checkbox"/> Very Good		<input type="checkbox"/> Satisfactory	
<input type="checkbox"/> Marginal		<input type="checkbox"/> Unsatisfactory			

ANNEX 2 – MANAGEMENT AND ADMINISTRATION EVALUATION CHECKLIST

Contract #: _____ **Title:** _____ **Period Assessed:** _____

Management of Key Personnel					
Spec Item	Title	Requirement	YES	NO	N/A
2.7	Personnel Requirements				
2.7.1	Key Personnel	Has the Contractor submitted a List of Key Personnel, Qualifications and an Organizational Chart that includes the names of personnel and their position title?			
2.7.1	Key Personnel	Does the contractor meet the qualifications of the key position, as described in the contract, with who filled the key position?			
2.7.2	Employee Requirements	Do the Contractor key personnel manage their employees to ensure personnel are fully knowledgeable of all safety, environmental, and energy requirements associated with the work they perform?			
2.7.2	Employee Requirements	Do the key personnel ensure that all personnel are legal residents, speak, read, and comprehend English to the extent that they can perform the contract requirements and comply with installation emergency procedures?			
2.8	Security Requirements	Do the Contractor key personnel ensure that employees are in compliance with all Federal, state, and local security statutes, regulations, requirements, and ensure that all security/entrance clearances are obtained?			
COMMENTS: (Document findings of how performance complies with contract requirements and detail any value-added or negative performance, and trends)					
<input type="checkbox"/> Exceptional <input type="checkbox"/> Very Good <input type="checkbox"/> Satisfactory <input type="checkbox"/> Marginal <input type="checkbox"/> Unsatisfactory					

ANNEX 2 – MANAGEMENT AND ADMINISTRATION EVALUATION CHECKLIST

Contract #: _____ **Title:** _____ **Period Assessed:** _____

Safety					
Spec Item	Title	Requirement	YES		NO
2.9	Contractor Safety Program	Is the Contractor’s safety program in compliance with all safety standards identified in the U.S. Army Corps of Engineers Safety and Health Requirements Manual, EM 385-1-1 and Public Law 91-596, Occupational Safety and Health Act?			
2.9	Contractor Safety Program	Has the Contractor develop and implement an APP (which includes the AHA and the Occupational Risk and Compliance Plans) in accordance with the requirements in Annex 2.			
COMMENTS:					
<input type="checkbox"/> Exceptional		<input type="checkbox"/> Very Good		<input type="checkbox"/> Satisfactory	
		<input type="checkbox"/> Marginal		<input type="checkbox"/> Unsatisfactory	

COR (signature): _____

DATE: _____

COR (printed name): _____

MONTHLY PERFORMANCE ASSESSMENT SUMMARY COVERSHEET

Contract #: _____ Month/Year: _____

Attachment I: MPAS Coversheet

Annex/ Sub- annex	Title	Functional Annex/ Sub-annex Rating (mark using "X")					
		E	VG	S	M	U	N/A
1503040	Other – Material Handling Equipment (FFP Work)						
	Other – Material Handling Equipment (IDIQ Work)						
	Comments:						
OVERALL RATING FOR FFP AND IDIQ WORK							
SPAR: _____							
Signature: _____ Date: _____							

PERFORMANCE ASSESSMENT BOARD RATING SUMMARY

Contract #: _____ Period of Rating: _____

Attachment J: PAB Rating Summary

<p>Block 18a - Quality of Product or Service. Assess the contractor's conformance to contract requirements, specifications and standards of good workmanship (e.g., commonly accepted technical, professional, environmental, or safety and health standards). List and assess any sub-elements to indicate different efforts where appropriate. Include, as applicable, information on the following:</p> <ul style="list-style-type: none"> • Are reports/data accurate? • Does the product or service provided meet the specifications of the contract? • Does the contractor's work measure up to commonly accepted technical or professional standards? • What degree of Government technical direction was required to solve problems that arise during performance? 					
	Exceptional	Very Good	Satisfactory	Marginal	Unsatisfactory
Rating (place an X in the appropriate box)					
Comments:					
<p>Block 18b - Schedule. Assess the timeliness of the contractor against the completion of the contract, task orders, milestones, delivery schedules, and administrative requirements (e.g., efforts that contribute to or affect the schedule variance). This assessment of the contractor's adherence to the required delivery schedule should include the contractor's efforts during the assessment period that contributes to or affect the schedule variance. This element applies to contract closeout activities as well as contract performance. Instances of adverse actions such as the assessment of liquidated damages or issuance of Cure Notices, Show Cause Notices, and Delinquency Notices are indicators of problems which may have resulted in variance to the contract schedule and should, therefore, be noted in the evaluation.</p>					
	Exceptional	Very Good	Satisfactory	Marginal	Unsatisfactory
Rating (place an X in the appropriate box)					
Comments:					
<p>Block 18c - Cost Control. (N/A).</p>					
<p>Block 18d - Business Relations. Assess the integration and coordination of all activity needed to execute the contract, specifically the timeliness, completeness and quality of problem identification, corrective action plans, proposal submittals, the contractor's history of reasonable and cooperative behavior (to include timely identification of issues in controversy), customer satisfaction, timely award and management of subcontracts. Include, as applicable, information on the following:</p>					

PERFORMANCE ASSESSMENT BOARD RATING SUMMARY

Contract #: _____

Period of Rating: _____

- Is the contractor oriented toward the customer?
 - Is interaction between the contractor and the government satisfactory or does it need improvement?
 - Include the adequacy of the contractor’s accounting, billing, and estimating systems and the contractor’s management of Government Property (GFP) if a substantial amount of GFP has been provided to the contractor under the contract.
 - Address the timeliness of awards to subcontractors and management of subcontractors, including subcontract costs.
- Consider efforts taken to ensure early identification of subcontract problems and the timely application of corporate resources to preclude subcontract problems from impacting overall prime contractor performance.
- Assess the prime contractor’s effort devoted to managing subcontracts and whether subcontractors were an integral part of the contractor’s team.

	Exceptional	Very Good	Satisfactory	Marginal	Unsatisfactory
Rating (place an X in the appropriate box)					

Comments:

Block 18e - Management of Key Personnel (For Services and Information Technology Business Sectors only - Not Applicable to Operations Support).

Assess the contractor’s performance in selecting, retaining, supporting, and replacing, when necessary, key personnel. For example:

- How well did the contractor match the qualifications of the key position, as described in the contract, with the person who filled the key position?
- Did the contractor support key personnel so they were able to work effectively?
- If a key person did not perform well, what action was taken by the contractor to correct this?
- If a replacement of a key person was necessary, did the replacement meet or exceed the qualifications of the position as described in the contract schedule?

	Exceptional	Very Good	Satisfactory	Marginal	Unsatisfactory
Rating (place an X in the appropriate box)					

Comments:

Block 18f – Utilization of Small Business.

FAR Subpart 19.7 and 15 U.S.C. 637 contains statutory requirements for complying with the Small Business Subcontracting Program. Assess whether the contractor provided maximum practicable opportunity for Small Business (including Alaska Native Corporations (ANCs) and Indian Tribes) (including Small Disadvantaged Businesses (which also includes ANCs and Indian Tribes), Women Owned Small Businesses, HUBZone, Veteran Owned, Service Disabled Veteran Owned Small Business, Historically Black Colleges and Minority Institutions and ANCs and Indian Tribes that are not Small Disadvantaged Businesses or Small Businesses) to participate in contract performance consistent with efficient performance of the contract.

A4.27.1 Assess compliance with all terms and conditions in the contract relating to Small Business participation (including FAR 52.219-8, Utilization of Small Businesses and FAR 52.219-9, Small Business Subcontracting Plan (when required)). Assess any small business participation goals which are stated separately in the contract. Assess achievement on each individual goal stated within the contract or subcontracting plan including good faith effort if the goal was not

PERFORMANCE ASSESSMENT BOARD RATING SUMMARY

Contract #: _____ Period of Rating: _____

<p>achieved.</p> <p>A4.27.2 It may be necessary to seek input from the Small Business specialist, ACO or PCO in regards to the contractor's compliance with these criteria. For DoD in cases where the contractor has a comprehensive subcontracting plan, request DCMA Comprehensive Subcontracting Plan Manager to provide input including any program specific performance information.</p> <p>A4.27.3 For contracts subject to a commercial subcontracting plan, the Utilization of Small Business factor should be rated "satisfactory" as long as an approved plan remains in place, unless liquidated damages have been assessed by the contracting officer who approved the commercial plan (see FAR 19.705-7(h)). In such case, the Utilization of Small Business area must be rated "unsatisfactory".</p> <p>A4.27.4 This area must be rated for all contracts and task orders that contain a small business subcontracting goal.</p>					
	Exceptional	Very Good	Satisfactory	Marginal	Unsatisfactory
Rating (place an X in the appropriate box)					
Comments:					
<p>Block 18g - Other Areas. (Safety)</p> <p>Assess the contractor's conformance to safety requirements, specifications, and adherence to their safety program (including APP, AHAs, and Occupational Risk and Compliance Plans). List and assess any sub-elements to indicate different efforts where appropriate. Include, as applicable, information on the following:</p> <ul style="list-style-type: none"> • Has the Contractor consistently demonstrated a commitment to safety and properly managed and implemented safety procedures for itself and its subcontractors? • Do the documented safety issues, near misses, and recordable safety incidents indicate the Contractor has followed safe work practices taking into account any upward or downward trends and extenuating circumstances? • Has the Contractor reported safety incidents in a proper and timely manner and taken appropriate corrective actions? • What degree of Government direction was required to solve problems that arise during performance? 					
	Exceptional	Very Good	Satisfactory	Marginal	Unsatisfactory
Rating (place an X in the appropriate box)					
Comments:					

Evaluation Ratings Definitions (Excluding Utilization of Small Business)		
Rating	Definition	Note
Exceptional	Performance meets contractual requirements and exceeds many to the Government's benefit. The contractual performance of the element or sub-element being assessed was accomplished with few minor problems for which corrective actions taken by the contractor was highly effective.	To justify an Exceptional rating, identify multiple significant events and state how they were of benefit to the Government. A singular benefit, however, could be of such magnitude that it alone constitutes an Exceptional rating. Also, there should have been NO significant weaknesses identified.

PERFORMANCE ASSESSMENT BOARD RATING SUMMARY

Contract #: _____ **Period of Rating:** _____

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

FUNCTIONAL ASSESSMENT PLAN (FAP)

INTEGRATED SOLID WASTE MANAGEMENT AND PAVEMENT CLEARANCE SERVICES

1503030

INTEGRATED SOLID WASTE MANAGEMENT FAP

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

Spec Item	Performance Objective	Performance Standard	MOA	Assessment Level			Sample Size			Freq
				AL1	AL2	AL3	UOM (total)	Normal	Reduced	
3.1	Landfill Management, Maintenance and Operations The Contractor shall manage, maintain and operate the landfill in accordance with applicable local, State and Federal laws, regulations and policies.	Zero occurrences of Violation Classes 1 through 4. See attachment J-1503030-01. Daily cover of disposed C&D, Municipal Solid Waste and Asbestos waste with a GEPA approved method performed 100% of the time. Zero violations to Section 110 of the Clean Air Act or any additional requirements of the Guam Air Pollution Control regulations.	PS VCC		N/A	N/A		10%	5%	BW

Spec Item	Performance Objective	Performance Standard	MOA	Assessment Level			Sample Size			Freq
				AL1	AL2	AL3	UOM (total)	Normal	Reduced	
		<p>No discharges into waters or wetlands to violate the requirements of the Clean Water Act.</p> <p>100% accountability for all required logs, reports, sampling results and laboratory analyses.</p> <p>100% Environmental Compliance in accordance with legal and regulatory requirements.</p>								
3.1.1	<p>Vehicles And Equipment The Contractor shall maintain vehicles and equipment in a manner to ensure a clean appearance, minimal foul odors and normal working condition</p>	<p>Vehicles and equipment are clean, have minimal foul odors and are maintained in normal working condition.</p> <p>Vehicles utilized under this contract display the Contractor's name and phone number on the driver and passenger side of the vehicle.</p>	PS	N/A		N/A		10%	N/A	M
3.1.2	<p>Weight Scale The Contractor shall operate and maintain the weight scale.</p>	<p>Weight scale is clean, free of debris and other contaminants and in operational condition 90% of the time during landfill operations.</p>	PS	N/A		N/A		10%	N/A	M
3.2	<p>Solid Waste Collection The Contractor shall provide collection of residential, commercial, and industrial solid wastes to ensure refuse and recyclables are sorted and properly collected.</p>	<p>Residential, commercial, and industrial solid wastes are collected per the Contractor's schedule.</p> <p>Waste collection areas are free of waste following collection</p>	PS		N/A	N/A		10%	5%	BW

Spec Item	Performance Objective	Performance Standard	MOA	Assessment Level			Sample Size			Freq
				AL1	AL2	AL3	UOM (total)	Normal	Reduced	
		operations.								
3.2.1	Residential Waste The Contractor shall remove general household, recyclable, and bulky item waste from waste collection areas to ensure refuse and recyclables are properly collected.	Residential waste is removed from waste collection areas per the Contractor's schedule. Containers are returned to an upright position and lids are secured. Waste collection areas are free of waste following collection operations.	PS VCC	N/A		N/A		10%	N/A	BW
3.2.1.1	General Household Waste The Contractor shall remove general household waste from containers to ensure refuse is properly collected.	General household waste is removed from waste collection areas per the Contractor's schedule. Containers are returned to an upright position and lids are secured. Waste collection areas are free of waste following collection operations.	PS VCC	N/A	N/A			10%	N/A	BW
3.2.1.2	Recyclable Waste The Contractor shall remove recyclable waste to ensure it is properly collected.	Recyclable waste is removed from waste collection areas per the Contractor's schedule. Containers are returned to an upright position and lids are secured. Waste collection areas are free of waste following collection operations.	PS	N/A	N/A			10%	N/A	BW

Spec Item	Performance Objective	Performance Standard	MOA	Assessment Level			Sample Size			Freq
				AL1	AL2	AL3	UOM (total)	Normal	Reduced	
3.2.1.3	Bulky Items The Contractor shall remove bulky items to ensure they are properly collected.	Bulky items are removed from waste collection areas per the Contractor's schedule. Bulky items disposal complies with all applicable local, State, and Federal laws and regulations.	PS	N/A	N/A			10%	N/A	BW
3.2.2	Non-Residential The Contractor shall remove non-residential waste from containers to ensure refuse and recyclables are properly collected.	Non-residential waste is removed from waste collection areas per the Contractor's schedule. Waste collection areas are free of waste following collection operations.	PS VCC	N/A		N/A		10%	N/A	BW
3.2.2.1	General Waste The Contractor shall remove general waste from containers to ensure refuse is properly collected.	General waste is removed from waste collection areas per the Contractor's schedule. Containers are returned to an upright position and lids are secured. Waste collection areas are free of waste following collection operations.	PS VCC	N/A	N/A			10%	N/A	BW
3.2.2.2	Recyclable Waste The Contractor shall remove recyclable waste from containers to ensure it is properly collected.	Recyclable waste is removed from waste collection areas per the Contractor's schedule. Containers are returned to an upright position and lids are secured.	PS	N/A	N/A			10%	N/A	BW

Spec Item	Performance Objective	Performance Standard	MOA	Assessment Level			Sample Size			Freq
				AL1	AL2	AL3	UOM (total)	Normal	Reduced	
		Waste collection areas are free of waste following collection operations.								
3.2.2.3	Bulky Waste The Contractor shall remove bulky waste to ensure it is properly collected.	Bulky waste is removed from waste collection areas per the Contractor's schedule. Bulky waste disposal complies with all applicable local, State, and Federal laws and regulations.	PS	N/A	N/A			10%	N/A	BW
3.2.2.4	Foreign Port Origin Waste The Contractor shall remove foreign port origin waste to ensure it is properly collected.	Foreign port origin waste is removed from designated locations within four (4) hours of the specified collection time. Foreign port origin waste is collected in accordance with all local, State and Federal requirements.	PS	N/A	N/A			10%	N/A	M
3.3	Solid Waste Disposal The Contractor shall dispose of the residential, commercial, and industrial solid waste to ensure compliance with all applicable local, state, and federal laws and regulations.	Solid waste disposal complies with all applicable local, State and Federal laws and regulations 100% of the time.	PS		N/A	N/A		10%	5%	BW
3.3.1	Non-Recyclable The Contractor shall dispose of non-recyclable solid waste to ensure compliance with all applicable local, State, and Federal laws and regulations.	Solid waste disposal complies with all applicable local, State and Federal laws and regulations 100% of the time.	PS	N/A		N/A		10%	N/A	BW

Spec Item	Performance Objective	Performance Standard	MOA	Assessment Level			Sample Size			Freq
				AL1	AL2	AL3	UOM (total)	Normal	Reduced	
3.3.2	Recyclable The Contractor shall recycle solid waste to ensure compliance with the installation's waste reduction policy.	Solid waste is recycled in accordance with all applicable local, State and Federal laws and regulations 100% of the time.	PS	N/A		N/A		10%	N/A	BW
3.3.3	Foreign Port Origin Waste The Contractor shall provide services for the disposal and burning of solid quarantine waste, and garbage generated by vessels and aircraft returning from foreign countries and by vessels and aircraft visiting from foreign countries.	Foreign Port Origin Waste disposal complies with all applicable local, State, and Federal laws and regulations 100% of the time.	PS	N/A		N/A		10%	N/A	M
3.3.3.1	Sterilizing Services The Contractor shall operate the Waste Sterilization Facility to sterilize wet garbage in accordance with all local, State and Federal laws and regulations.	Zero occurrences of Violation Classes 1 through 4. See J-1503030-01.	PS	N/A	N/A			10%	N/A	M
3.3.4	Solid Waste Containers The Contractor shall provide containers suitable for the collection and disposal of solid waste.	All containers are of standard commercial-industrial grade and are clean, have minimal foul odors, and maintained in normal working condition 100% of the time.	PS	N/A		N/A		10%	N/A	M
3.3.4.1	Refuse The Contractor shall provide containers suitable for the collection and disposal of refuse.	All containers are suitable for the collection and disposal of refuse 100% of the time. Containers do not leak.	PS	N/A	N/A			10%	N/A	M
3.3.4.2	Recyclables The Contractor shall provide containers suitable for the collection and recycling of materials.	All containers are suitable for the collection and recycling of materials and correctly labeled 100% of the time.	PS VCC	N/A	N/A			10%	N/A	M

Spec Item	Performance Objective	Performance Standard	MOA	Assessment Level			Sample Size			Freq
				AL1	AL2	AL3	UOM (total)	Normal	Reduced	
3.3.4.3	Residential The Government (U.S. Navy Housing Office) shall provide containers suitable for residential refuse and recyclable waste.	All containers are suitable for residential refuse and recyclable waste 100% of the time.	PS VCC	N/A	N/A			10%	N/A	M
3.3.4.4	Foreign Port Origin Foreign Port Origin Waste disposal complies with all applicable local, State, and Federal laws and regulations.	All containers are suitable for foreign port origin waste 100% of the time.	PS	N/A	N/A			10%	N/A	M
3.4	Pavement Clearance Contractor shall provide pavement clearance to achieve a cleared appearance and safe use of paved surfaces. The Contractor shall sweep paved surfaces to ensure paved surfaces are clear.	Paved surfaces are clear, safe, and passable in accordance with the specified COLS. Paved surfaces are swept per the schedule and in accordance with specified COLS.	PS		N/A	N/A		10%	5%	BW
3.4.1	Residential Areas The Contractor shall sweep roads and other paved surfaces to ensure they are clear.	Roads and other paved surfaces are clear in accordance with specified COLS.	PS	N/A		N/A		10%	N/A	BW
3.4.2	Non-Residential Areas The Contractor shall sweep roads and other paved surfaces to ensure they are clear.	Roads and other paved surfaces are clear in accordance with specified COLS.	PS	N/A		N/A		10%	N/A	BW
4	IDIQ Work IDIQ work may be ordered utilizing DoD EMALL in accordance with Section H or on a task order in accordance with the PROCEDURES FOR ISSUING ORDERS clause in Section G. The order will specify the exact locations and types of work to be accomplished. The period of	Periods of performance (measured from the issue date of the order to work completion) have been met. Work performed meets established expectations. Debris generated is removed and disposed of in accordance with requirements.	PS	N/A	N/A	N/A	EA	100%	N/A	R

Spec Item	Performance Objective	Performance Standard	MOA	Assessment Level			Sample Size			Freq
				AL1	AL2	AL3	UOM (total)	Normal	Reduced	
	performance will be specified in each order.	Establishment or warranty periods are confirmed.								

MONTHLY PERFORMANCE ASSESSMENT SUMMARY

Contract #: N40192-16-R-7000 Installation/Site: _____
 Annex/sub-annex: 1503030 Integrated Solid Waste Management And Pavement Clearance Services
 Month/Year: _____

Spec Item	Title	AL1 Rating					AL2/AL3 Rating			VCC	Safety		
		E	VG	S	M	U	# Samples	A	U		# Samples	Issues	# Samples
3.1	Landfill Management, Maintenance and Operations												
3.1.1	Vehicles And Equipment												
3.1.2	Weight Scale												
3.2	Solid Waste Collection												
3.2.1	Residential												
3.2.1.1	General Household Waste												
3.2.1.2	Recyclable Waste												
3.2.1.3	Bulky Items												
3.2.2	Non-Residential												
3.2.2.1	General Waste												
3.2.2.2	Recyclable Waste												
3.2.2.3	Bulky Waste												
3.2.2.4	Foreign Port Origin Waste												
3.3	Solid Waste Disposal												
3.3.1	Non-Recyclable												
3.3.2	Recyclable												
3.3.3	Foreign Port Origin Waste												
3.3.3.1	Sterilizing Services												
3.3.4	Solid Waste Containers												
3.3.4.1	Refuse												
3.3.4.2	Recyclable												
3.3.4.3	Residential												
3.3.4.4	Foreign Port Origin												
3.4	Pavement Clearance												
3.4.1	Residential Areas												
3.4.2	Non-Residential Areas												
4	IDIQ												

Comments:

Recommended Actions:

	Technical Ratings (mark using "X")				
	E	VG	S	M	U
Overall Technical Rating for FFP Work					
Overall Technical Rating for IDIQ Work					

SPAR Signature: _____ Date: _____