

**PRE-AWARD SURVEY OF  
PROSPECTIVE CONTRACTOR  
(PRODUCTION)**

SERIAL NUMBER *(For surveying activity use)*

**OMB Control Number: 9000-0011  
Expiration Date: 1/31/2024**

PROSPECTIVE CONTRACTOR

Paperwork Reduction Act Statement - This information collection meets the requirements of 44 U.S.C. § 3507, as amended by section 2 of the Paperwork Reduction Act of 1995. You do not need to answer these questions unless we display a valid Office of Management and Budget (OMB) control number. The OMB control number for this collection is 9000-0011. We estimate that it will take 24 hours to read the instructions, gather the facts, and answer the questions. Send only comments relating to our time estimate, including suggestions for reducing this burden, or any other aspects of this collection of information to: U.S. General Services Administration, Regulatory Secretariat Division (M1V1CB), 1800 F Street, NW, Washington, DC 20405.

**SECTION I - RECOMMENDATION**

1. RECOMMENDED

- a. COMPLETE AWARD       b. PARTIAL AWARD (Quantity: \_\_\_\_\_)       c. NO AWARD

2. NARRATIVE *(Cite those sections of this report which substantiate the recommendation. List any other backup information in this space or on attached sheet(s) if necessary. Identify any formal systems reviews and state results.)*

IF CONTINUATION SHEETS  
ATTACHED - MARKED HERE

3. SURVEY MADE BY	a. SIGNATURE AND OFFICE <i>(Include typed or printed name)</i>	b. TELEPHONE NUMBER <i>(Include area code)</i>	c. DATE SIGNED
4. SURVEY REVIEWING OFFICIAL	a. SIGNATURE AND OFFICE <i>(Include typed or printed name)</i>	b. TELEPHONE NUMBER <i>(Include area code)</i>	c. DATE REVIEWED

**SECTION II - PLANT FACILITIES**

1. SIZE OF TRACT		4. DESCRIPTION AND TYPED OF BUILDING(S)	
2. SQUARE FEET UNDER ROOF		<input type="checkbox"/> <b>OWNED</b> <input type="checkbox"/> <b>LEASED</b> <i>(Give expiration date)</i>	
		3. NUMBER OF BUILDINGS	

5. SPACE				6. MISCELLANEOUS PLANT OBSERVATIONS			
TYPE		SQUARE FEET	ADE- QUATE	INADE- QUATE	<i>(Explain any item marked "NO" on an attached sheet.)</i>	YES	NO
MANUFACTURING	a. TOTAL MANUFACTURING SPACE		<input type="checkbox"/>	<input type="checkbox"/>	a. GOOD HOUSEKEEPING MAINTAINED	<input type="checkbox"/>	<input type="checkbox"/>
	b. SPACE AVAILABLE FOR OFFERED ITEM		<input type="checkbox"/>	<input type="checkbox"/>	b. POWER AND FUEL SUPPLY ADEQUATE TO MEET PRODUCTION	<input type="checkbox"/>	<input type="checkbox"/>
STORAGE	c. TOTAL STORAGE SPACE		<input type="checkbox"/>	<input type="checkbox"/>	c. ALTERNATE POWER AND FUEL SOURCE AVAILABLE	<input type="checkbox"/>	<input type="checkbox"/>
	d. FOR INSPECTION LOTS		<input type="checkbox"/>	<input type="checkbox"/>	d. ADEQUATE MATERIAL HANDLING EQUIPMENT AVAILABLE	<input type="checkbox"/>	<input type="checkbox"/>
	e. FOR SHIPPING QUANTITIES		<input type="checkbox"/>	<input type="checkbox"/>	e. TRANSPORTATION FACILITIES AVAILABLE FOR SHIPPING PRODUCT	<input type="checkbox"/>	<input type="checkbox"/>
	f. SPACE AVAILABLE FOR OFFERED ITEM		<input type="checkbox"/>	<input type="checkbox"/>	f. <i>OTHER (Specify)</i>	<input type="checkbox"/>	<input type="checkbox"/>
	g. AMOUNT OF STORAGE THAT CAN BE CONVERTED FOR MANUFACTURING, IF REQUIRED		<input type="checkbox"/>	<input type="checkbox"/>	g.	<input type="checkbox"/>	<input type="checkbox"/>
					h.	<input type="checkbox"/>	<input type="checkbox"/>

**SECTION III - PRODUCTION EQUIPMENT**

	LIST MAJOR EQUIPMENT REQUIRED <i>(Include condition as Good (G), Fair (F) or Poor (P) and annotate in column e.)</i>	QUANTITY REQUIRED FOR PROPOSED CONTRACT  (b)	TOTAL QUANTITY REQUIRED DURING LIFE OF PROPOSED CONTRACT  (c)	QUANTITY ON HAND  (d)	CONDITION			QUANTITY SHORT <i>(Column (c) minus (d))</i>  (f)	SOURCE, IF NOT ON HAND  (g)	VERIFIED DELIVERY DATE  (h)
					(e)					
	(a)				G	F	P			
1.  MANUFACTURING										
2.  SPECIAL TOOLING										
3.  SPECIAL TEST										

\* Coordinates shortage information for financial implications.


**SECTION IV - MATERIALS, PURCHASED PARTS, AND SUBCONTRACTS**

**1. PARTS/ MATERIAL/SUBCONTRACTS WITH LONGEST LEAD TIME OR CRUCIAL ITEM**

DESCRIPTION  (a)	SOURCE  (b)	VERIFIED DELIVERY DATE TO MEET PRODUCTION (c)

2. DESCRIBED THE MATERIAL CONTROL SYSTEMS, INDICATING WHETHER IT IS CURRENTLY OPERATIONAL, AND EVALUATE ITS ABILITY TO MEET THE NEEDS OF THE PROPOSED ACQUISITION.

**SECTION V - PERSONNEL**

1. NUMBER AND SOURCE OF EMPLOYEES					2. SHIFTS ON WHICH WORK IS TO BE PERFORMED			
TYPE OF EMPLOYEES	NUMBER ON BOARD	ADDITIONAL NUMBER REQUIRED	AVAILABLE?		SOURCE	<input type="checkbox"/> FIRST	<input type="checkbox"/> SECOND	<input type="checkbox"/> THIRD
			YES	NO				
a. SKILLED PRODUCTION			<input type="checkbox"/>	<input type="checkbox"/>				
b. UNSKILLED PRODUCTION			<input type="checkbox"/>	<input type="checkbox"/>				
c. ENGINEERING			<input type="checkbox"/>	<input type="checkbox"/>				
d. ADMINISTRATIVE			<input type="checkbox"/>	<input type="checkbox"/>				
e. TOTAL(Lines A thru D)								
					3. UNION AFFILIATION			
					AGREEMENT EXPIRATION DATE 			
					4. RELATIONSHIP WITH LABOR INDICATES PROBLEMS AFFECTING TIMELY PERFORMANCE OF PROPOSED CONTRACT (If "Yes," explain on attached sheet(s))			
					<input type="checkbox"/> YES <input type="checkbox"/> NO			

**SECTION VI - DELIVERY PERFORMANCE RECORD**

