

**PREAWARD SURVEY OF  
PROSPECTIVE CONTRACTOR  
PRODUCTION**

SERIAL NO. (For surveying activity use)

OMB Control Number:  
**9000-0011**  
Expiration Date: 12/31/2013

PROSPECTIVE CONTRACTOR

Public reporting burden for this collection of information is estimated to average 24 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Regulatory Secretariat (MVCB), Office of Acquisition Policy, GSA, 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 is necessary. Identify any formal systems reviews and state results.)

IF CONTINUATION SHEETS  
ATTACHED - MARKED HERE

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

**SECTION II - PLANT FACILITIES**

1. SIZE OF TRACT		4. DESCRIPTION AND TYPED OF BUILDING(S)
2. SQUARE FEET UNDER ROOF	3. NO. OF BUILDINGS	<input type="checkbox"/> <b>OWNED</b> <input type="checkbox"/> <b>LEASED</b> (Give expiration date)

5. SPACE				6. MISCELLANEOUS PLANT OBSERVATIONS			
	TYPE	SQUARE FEET	ADE- QUATE	INADE- QUATE	(Explain any item marked "NO" on an attached sheet.)	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. OTHER (Specify)	<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"/>
			<input type="checkbox"/>	<input type="checkbox"/>	h.	<input type="checkbox"/>	<input type="checkbox"/>

**SECTION III - PRODUCTION EQUIPMENT**

	LIST MAJOR EQUIPMENT REQUIRED <i>(Include GFP and annotate it as such)</i>	QUANTITY REQUIRED FOR PROPOSED CONTRACT (b)	TOTAL QTY. REQD. DURING LIFE OF PROPOSED CONTRACT (c)	QUANTITY ON HAND (d)	CONDI- TION (e)			QUANTITY SHORT <i>(Col. (c) minus (d))</i> (f)	SOURCE, IF NOT ON HAND (g)	VERIFIED DELIVERY DATE (h)
					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 PRO.  (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	NO. ON BOARD	ADD. NO. REQUIRED	AVAIL.		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. TOT. (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)

YES                       NO

**SECTION VI - DELIVERY PERFORMANCE RECORD**

### SECTION VII - RELATED PREVIOUS PRODUCTION (Government)

PAST YEAR PRODUCTION		GOVERNMENT CONTRACT NUMBER*	PERFORMANCE		QUANTITY (f)	DOLLAR VALUE (\$000) (g)
ITEM NOMENCLATURE (a)	NATIONAL STOCK NO. (NSN) (b)		ON SCHED. (d)	DELIN- QUENT (e)		
			<input type="checkbox"/>	<input type="checkbox"/>		
			<input type="checkbox"/>	<input type="checkbox"/>		
			<input type="checkbox"/>	<input type="checkbox"/>		
			<input type="checkbox"/>	<input type="checkbox"/>		
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			<input type="checkbox"/>	<input type="checkbox"/>		
			<input type="checkbox"/>	<input type="checkbox"/>		
			<input type="checkbox"/>	<input type="checkbox"/>		

\* Identify identical item by an asterisk (\*) after the Government contract number.

### SECTION VIII - CURRENT PRODUCTION

(Government and civilian concurrent production schedule using same equipment and/ or personnel as offered item)

ITEM(S) (Include Government Contract NO., if applicable. Identify unsatisfactory performance with asterisk (*).)	MONTHLY SCHEDULE OF CONCURRENT DELIVERIES (Quantity)										
	1st	2nd	3rd	4th	5th	6th	7th	8th	9th	10th	BAL.
BEING PRODUCED											
PENDING AWARD											

### SECTION IX - ORGANIZATION AND MANAGEMENT DATA

Provide the following information SECTION NARRATIVE:

1. Describe the relationship between management production, and inspection. Attach an organization chart, if available.
2. Describe the prospective contractor's production control system. State whether or not it is operational.
3. Evaluate the prospective contractor's production control system in terms of (a) historical effectiveness, (b) the proposed contract, and (c) total production during performance of the proposed contract.
4. Comment on or evaluate area unique to this survey (include all special request by the contracting office and any other information pertinent to the proposed contractor item classification).