

PRE-AWARD SURVEY OF CONTRACTOR'S/CARRIER'S FACILITIES AND EQUIPMENT						DATE (Yr/Mo/Day)		
INSTRUCTIONS: THIS SELF EXPLANATORY FORM IS TO BE COMPLETED IN DUPLICATE FOR EACH WAREHOUSE OR SPECIFIC AREA THEREOF IN WHICH HOUSEHOLD GOODS ARE TO BE STORED. THE ORIGINAL TO BE RETAINED BY THE RESPONSIBLE ACTIVITY, DUPLICATE TO THE CONTRACTOR/CARRIER.								
NAME AND ADDRESS OF FIRM (Include ZIP code)			SCAC		CONSTRUCTION OF BUILDING			
					WALLS			
					ROOF			
NAME OF OPERATING EXECUTIVE			FLOOR(S)		NUMBER OF FLOORS			
PHONE (Include AREA CODE)			BASEMENT		GIVE NARRATIVE DESCRIPTION OF BUILDING (Use reverse for diagram of storage area, if desired.)			
BUSINESS: HOME:								
ADDRESS OF STORAGE LOCATION (Include ZIP CODE)								
WAREHOUSE NUMBER		AREA (Floor, Fire Division, etc.)						
WAREHOUSE LICENSE NO.		OPERATING AUTHORITY						
OPEN FOR BUSINESS (Hours and days of week.)								
PICK-UP AND DELIVERY EQUIPMENT				TOTAL STORAGE SPACE (Square feet.)				
NUMBER OF TRUCKS		TYPE OF TRUCKS						
				OWNERSHIP OF BUILDING				
				<input type="checkbox"/> OWNED <input type="checkbox"/> LEASED (If leased complete the following and attach a copy of lease.)				
				LEASE EXPIRES _____ PHONE _____				
				NAME AND ADDRESS OF OWNER (Include ZIP CODE)				
FIRE PROTECTION				(CHECK "YES" OR "NO" AS APPROPRIATE)				
FIRE CONTENTS RATE (Based upon 80 percent co-insurance per \$100 per year.)								CATEGORY OF BUSINESS
DOD FIRE CLASSIFICATION CODE		WEIGHT LIMITATIONS (LBS.)		MINORITY BUSINESS ENTERPRISE				
NUMBER OF MILES TO NEAREST FIRE DEPARTMENT:				SMALL BUSINESS CONCERN				
NEAREST FIRE HYDRANT	NUMBER OF FEET FROM BUILDING:		FIRE EXTINGUISHERS					
	POUNDS OF PRESSURE:		IS THERE A SUFFICIENT NUMBER?					
	<input type="checkbox"/> ADEQUATE	<input type="checkbox"/> INADEQUATE	ARE THEY THE PROPER TYPE?					
DESCRIBE FIRE PROTECTION SYSTEM				ARE THEY REGULARLY INSPECTED AND MAINTAINED?				
FREQUENCY OF TEST/INSPECTION:				FIRE FIGHTING PLAN				
MAINTENANCE CONTRACT WITH				IS A FIRE FIGHTING PLAN POSTED?				
				ARE ALL EMPLOYEES FAMILIAR WITH THE PLAN?				
				CLIMATE PROTECTION				
				IS BUILDING PROTECTED FROM EXTREME COLD?				
				IS BUILDING PROTECTED FROM EXTREME HEAT?				
IS BUILDING PROTECTED FROM EXTREME HUMIDITY?								
IS VENTILATION ADEQUATE?								
SCALES		DISTANCE FROM BUILDING (MILES)		ARE UTILITIES AND OTHER SYSTEMS SERVICED AT LEAST ANNUALLY?				
TYPE AVAILABLE		CAPACITY		MATERIAL HANDLING EQUIPMENT				
<input type="checkbox"/> CERTIFIED	<input type="checkbox"/> YES			<input type="checkbox"/> NO	IS THE EQUIPMENT PROPERLY MAINTAINED?			
STORAGE METHODS (Give brief description)				SMOKING				
RUGS				ARE "NO SMOKING" SIGNS POSTED?				
UPHOLSTERED FURNITURE				IS "NO SMOKING" POLICY ENFORCED?				
PIANOS				HOUSEKEEPING				
FIREARMS SECURITY				IS BUILDING AND OUTSIDE AREA NEATLY KEPT AND FREE FROM HAZARDOUS MATERIALS?				
				ARE COMBUSTIBLE WASTE MATERIALS STORED AT LEAST 50 FEET AWAY FROM FACILITY?				
				SECURITY				
OTHER PROPERTY				IS BUILDING EQUIPPED WITH BURGLAR ALARM?				
HAZARDOUS OPERATIONS (Describe operations in or near building which may be hazardous to stored property.)				IS A WATCHMAN ON DUTY?				
				DO POLICE PATROL THE AREA?				
				ARE DOORS AND WINDOWS ADEQUATELY PROTECTED?				
				IS SEPARATION FROM JOINT OPERATION OCCUPANT, IF ANY, ADEQUATE? (See "Hazardous Operation" below.)				
				FLOODING				
TYPE OF PROGRAM FIRM HAS FOR RODENT AND/OR INSECT CONTROL				IS BUILDING SUBJECT TO FLOODING?				
I certify that I have inspected the above described facility and find that, to the best of my knowledge, the information herein is true and correct.				SIGNATURE (Inspecting Officer)			DATE (Yr/Mo/Day)	
I certify that the conditions and policies of this warehouse are, to the best of my knowledge, as indicated above.				SIGNATURE (Warehouseman)			DATE (Yr/Mo/Day)	
I certify that I have reviewed this survey and <input type="checkbox"/> APPROVE, <input type="checkbox"/> REJECT the facility for storage of household goods.				SIGNATURE (Contracting Officer/Trans. Officer)			DATE (Yr/Mo/Day)	