

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		
BUSINESS: HOME:					
ADDRESS OF STORAGE LOCATION (Include ZIP CODE.)			GIVE NARRATIVE DESCRIPTION OF BUILDING (Use reverse for diagram of storage area, if desired.)		
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					
NUMBER OF TRUCKS		TYPE OF TRUCKS		TOTAL STORAGE SPACE (Square feet.)	
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					
FIRE CONTENTS RATE (Based upon 80 percent co-insurance per \$100 per year.)					
DOD FIRE CLASSIFICATION CODE		WEIGHT LIMITATIONS (LBS.)		(CHECK "YES" OR "NO" AS APPROPRIATE)	
				CATEGORY OF BUSINESS	
				YES	NO
NUMBER OF MILES TO NEAREST FIRE DEPARTMENT:				MINORITY BUSINESS ENTERPRISE	
NEAREST FIRE HYDRANT	NUMBER OF FEET FROM BUILDING:		SMALL BUSINESS CONCERN		
	POUNDS OF PRESSURE:		FIRE EXTINGUISHERS		
		<input type="checkbox"/> ADEQUATE <input type="checkbox"/> INADEQUATE		IS THERE A SUFFICIENT NUMBER?	
DESCRIBE FIRE PROTECTION SYSTEM				ARE THEY THE PROPER TYPE?	
				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?	
SCALES					
TYPE AVAILABLE		DISTANCE FROM BUILDING (MILES)		IS VENTILATION ADEQUATE?	
CERTIFIED	YES	NO	CAPACITY	MATERIAL HANDLING EQUIPMENT	
				IS THE EQUIPMENT PROPERLY MAINTAINED?	
STORAGE METHODS (Give brief description)				SMOKING	
RUGS				ARE "NO SMOKING" SIGNS POSTED?	
				IS "NO SMOKING" POLICY ENFORCED?	
UPHOLSTERED FURNITURE				HOUSEKEEPING	
PIANOS				IS BUILDING AND OUTSIDE AREA NEATLY KEPT AND FREE FROM HAZARDOUS MATERIALS?	
FIREARMS SECURITY				ARE COMBUSTIBLE WASTE MATERIALS STORED AT LEAST 50 FEET AWAY FROM FACILITY?	
SECURITY					
OTHER PROPERTY				IS BUILDING EQUIPPED WITH BURGLAR ALARM?	
				IS A WATCHMAN ON DUTY?	
HAZARDOUS OPERATIONS (Describe operations in or near building which may be hazardous to stored property.)				DO POLICE PATROL THE AREA?	
				ARE DOORS AND WINDOWS ADEQUATELY PROTECTED?	
				IS SEPARATION FROM JOINT OPERATION OCCUPANT, IF ANY, ADEQUATE? (See "Hazardous Operation" below.)	
TYPE OF PROGRAM FIRM HAS FOR RODENT AND/OR INSECT CONTROL				FLOODING	
				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)