

***INTERSTATE-5  
SUTHERLIN TO ROSEBURG  
DESIGN-BUILD PROJECT***

**REQUEST FOR QUALIFICATIONS  
APPENDIX C**

**STATEMENT OF QUALIFICATION  
FORMS**

**APPENDIX C**

**FORMS**

|                   |   |
|-------------------|---|
|                   | Acknowledgement of Receipt                              |
| <u>Form B</u>     | Backlog Information                                     |
| <u>Form E-1</u>   | Project Description                                     |
| <u>Form E-2</u>   | Subcontractor Information                               |
| <u>Form L-1</u>   | Proposer's Organization Information                     |
| <u>Form L-2</u>   | Principal Participant and Designer Certification        |
| <u>Form L-3</u>   | State Licensing Requirements                            |
| <u>Form DBE</u>   | Record of Disadvantaged Business Enterprise Performance |
| <u>Form PP-1</u>  | Past Performance  |
| <u>Form PP-2</u>  | Environmental Past Performance                          |
| <u>Form R</u>     | Past Revenue  |
| <u>Form RFQ-C</u> | Proposer's Question Request                             |
| <u>Form S</u>     | Safety Questionnaire                                    |

**ACKNOWLEDGMENT OF RECEIPT**  
**ACKNOWLEDGMENT OF RECEIPT**

**OF**

**REQUEST FOR QUALIFICATIONS, ADDENDA, AND RESPONSES TO QUESTIONS**  
(To be attached to Statement Of Qualifications Cover Letter)

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(Name of Proposer)

We hereby acknowledge receipt of the I-5 Sutherlin to Roseburg Project RFQ dated April 29, 2004, and subsequent Addenda and responses to questions issued by ODOT.

**ADDENDUM No.**

**Date Issued**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Response to Questions No.**

**Date Issued**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
(Signed)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Printed or Typed Name)

\_\_\_\_\_  
(Title)

**FORM B**

**BACKLOG INFORMATION**

Name of Proposer: \_\_\_\_\_

| Company Name<br>Proposer Entities | No. of<br>Contracts<br>in Force | Total<br>Contract Value<br>(US\$ Millions) | Value of Work Remaining by<br>Year (US\$ Millions) |      |      |
|-----------------------------------|---------------------------------|--|--|------|------|
|                                   |                                 |  | 2004   | 2005 | 2006 |
| Principal Participant(s)          |                                 |  |  |      |      |
|                                   |                                 |  |  |      |      |
|                                   |                                 |  |  |      |      |
|                                   |                                 |  |  |      |      |
| Designer                          |                                 |  |  |      |      |
|                                   |                                 |  |  |      |      |
|                                   |                                 |  |  |      |      |
| Quality Control Engineer          |                                 |  |  |      |      |
|                                   |                                 |  |  |      |      |
|                                   |                                 |  |  |      |      |
| Other Firms                       |                                 |  |  |      |      |
|                                   |                                 |  |  |      |      |
|                                   |                                 |  |  |      |      |
|                                   |                                 |  |  |      |      |
|                                   |                                 |  |  |      |      |
|                                   |                                 |  |  |      |      |
|                                   |                                 |  |  |      |      |

**FORM B**

**BACKLOG INFORMATION**

Name of Proposer: \_\_\_\_\_

**OUTSTANDING PROPOSAL/BID INFORMATION**

| <b>Company Name</b>      | <b>No. of Proposals / Bids Outstanding</b> | <b>Total Potential Value (US\$)</b> |
|--------------------------|--|-------------------------------------|
| Principal Participant(s) |  |                                     |
|                          |  |                                     |
|                          |  |                                     |
|                          |  |                                     |
|                          |  |                                     |
|                          |  |                                     |
| Designer                 |  |                                     |
|                          |  |                                     |
|                          |  |                                     |
|                          |  |                                     |
| Quality Control Engineer |  |                                     |
|                          |  |                                     |
|                          |  |                                     |
| Other Firms              |  |                                     |
|                          |  |                                     |
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|                          |  |                                     |

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**FORM E-1**  
**PROJECT DESCRIPTION**

Name of Proposer: \_\_\_\_\_

|   |
|---|
| Name of Firm: _____   |
| Project Role: _____<br>Principal Participant: _____ Designer: _____ Quality Control Engineer: _____<br>Other (Describe): _____  |
| Years of Experience: _____<br>Roads/Streets: _____ Bridges/Structures: _____ Utility Relocations: _____   |
| Project Name, Location, Description, and Nature of Work for which Company was responsible:<br>_____<br>_____<br>_____<br>_____<br>_____<br>_____<br>_____   |
| Describe Site Conditions:<br>_____<br>_____<br>_____<br>_____<br>_____<br>_____<br>_____  |
| (Use additional sheets as necessary to describe project and site conditions)  |
| List any awards, citations, and/or commendations received for the project:<br>_____<br>_____<br>_____   |
| Name of Client (Owner/Agency, Contractor, etc.):<br>_____<br>_____  |
| Address: _____<br>_____   |
| Contact Name: _____ Telephone: _____<br>Owner's Project or Contract No.: _____ Fax No: _____<br>Contract Value (US\$): _____ Final Value (US\$): _____<br>Percent of Total Work Performed by Company: _____<br>Commencement Date: _____ Planned Completion Date: _____<br>Actual Completion Date: _____<br>Amount of Claims: _____ Any Litigation? Yes _____ No _____ |



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**FORM L-1  
PROPOSER'S ORGANIZATION INFORMATION**

| <b>PROPOSER (INDIVIDUAL FIRM / JOINT VENTURE / PARTNERSHIP / LLC)</b> |                                      |                                |   |
|---|--------------------------------------|--------------------------------|---|
| Name of Entity:<br>Address:   |                                      |                                |   |
| Contact Name:   |                                      | Title:                         |   |
| Telephone No.:  | Fax No.:                             | E-mail:                        |   |
| <b>LOCAL / REGIONAL CONTACT</b>                                       |                                      |                                |   |
| Name:<br>Address:   |                                      |                                |   |
| Telephone No.:  |                                      | E-mail:                        |   |
| <b>NAME(S) OF PROPOSER ENTITY(IES)</b>                                |                                      |                                |   |
| <b>Company Name</b>   | <b>Address/Phone and Fax Numbers</b> | <b>State of Incorporation:</b> | <b>Lead Participant</b><br><u>Yes</u> <u>No</u> |
| <b>Principal Participant(s)</b>                                       |                                      |                                |   |
|   |                                      |                                |   |
|   |                                      |                                |   |
|   |                                      |                                |   |
|   |                                      |                                |   |
| <b>Designer</b>   |                                      |                                |   |
|   |                                      |                                |   |
|   |                                      |                                |   |
| <b>QC Engineer</b>  |                                      |                                |   |
|   |                                      |                                |   |
|   |                                      |                                |   |
| <b>Other Firm(s)</b>  |                                      |                                |   |
|   |                                      |                                |   |
|   |                                      |                                |   |
|   |                                      |                                |   |

**FORM L-2**  
**PRINCIPAL PARTICIPANT AND DESIGNER CERTIFICATION**

Complete for each Principal Participant and the Designer.

1. Has the firm\* ever failed to complete any work it agreed to perform, or had a contract terminated because it was in default? If yes, describe.
2. Has the firm\* or any officer thereof been indicted or convicted of bid or other contract related crimes or violations or any felony or misdemeanor related to performance under a contract within the past five years? If yes, describe.
3. Has the firm\* ever sought protection under any provision of any bankruptcy act? If yes, describe.
4. Has the firm\* ever been debarred or suspended from performing work for the federal government or any state or local government? If yes, describe.
5. List on a separate page up to five financial institutions with which the firm\* has done the most business during the past five years and identify the individual at each institution who was in charge of the firm's accounts. Indicate the address, telephone, and fax numbers of each individual.

(Must be signed by an officer of the firm)

Firm: \_\_\_\_\_

By: \_\_\_\_\_

Title: \_\_\_\_\_

Name of Proposer: \_\_\_\_\_

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\* (Note: "Firm" includes any Affiliate, including parent company or subsidiary companies.)

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**FORM DBE**

**RECORD OF DISADVANTAGED BUSINESS ENTERPRISE PERFORMANCE**

Name of Proposer: \_\_\_\_\_

Firm Name: \_\_\_\_\_

Role (check as applicable): Principal Participant  Designer

Provide the information requested below for projects completed within the years 2001, 2002, and 2003 where the firm was the prime contractor or prime consultant. For any project where the DBE goal, if applicable, was not achieved, attach a maximum 1/2 page explanation.

| Project Name | DBE Participation Goal (%), if applicable | DBE Participation Achieved (%) | Current Owner Contact (Name, Phone and Fax No.) |
|--------------|---|--------------------------------|---|
|              |   |                                |   |
|              |   |                                |   |
|              |   |                                |   |
|              |   |                                |   |
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|              |   |                                |   |
|              |   |                                |   |
|              |   |                                |   |

Add additional sheets if necessary.



**FORM PP-1**

**PAST PERFORMANCE**

**Liquidated Damages**

| Project Name | Cause of Delay(s) | Amount Assessed | Describe Outstanding Damage Claims by Any Owner | Current Owner, Contact Name, Phone, & Fax Nos. |
|--------------|-------------------|-----------------|---|--|
|              |                   |                 |   |  |
|              |                   |                 |   |  |
|              |                   |                 |   |  |

**Termination for Cause**

| Project | Describe Reason for Termination | \$ Amount Involved | Current Owner, Contact Name, Phone, & Fax Nos. |
|---------|---------------------------------|--------------------|--|
|         |                                 |                    |  |
|         |                                 |                    |  |
|         |                                 |                    |  |

**Disciplinary Action**

| Project | Describe Action Taken | Current Owner, Contact Name, Phone & Fax Nos. |
|---------|-----------------------|---|
|         |                       |   |
|         |                       |   |
|         |                       |   |

**FORM PP-2**

**ENVIRONMENTAL PAST PERFORMANCE**

Name of Proposer: \_\_\_\_\_

Firm Name: \_\_\_\_\_

**Environmental Awards and/or Commendations**

| Name of Award | Year Received | Project and Location | Work for Which Award Received |
|---------------|---------------|----------------------|-------------------------------|
|               |               |                      |                               |
|               |               |                      |                               |
|               |               |                      |                               |
|               |               |                      |                               |
|               |               |                      |                               |
|               |               |                      |                               |
|               |               |                      |                               |
|               |               |                      |                               |
|               |               |                      |                               |
|               |               |                      |                               |

**Environmental Citations**

| Name of Citations | Year Received | Project and Location | Work for Which Citation Received |
|-------------------|---------------|----------------------|----------------------------------|
|                   |               |                      |                                  |
|                   |               |                      |                                  |
|                   |               |                      |                                  |
|                   |               |                      |                                  |
|                   |               |                      |                                  |
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|                   |               |                      |                                  |
|                   |               |                      |                                  |
|                   |               |                      |                                  |

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**FORM R**

**PAST REVENUE**

Proposer's Name: \_\_\_\_\_

| Proposer Entities/Firm Name | Total Revenue by Year (\$US in Millions) |      |      |
|-----------------------------|--|------|------|
|                             | 2001                                     | 2002 | 2003 |
| Principal Participant(s):   |  |      |      |
|                             |  |      |      |
|                             |  |      |      |
|                             |  |      |      |
| Designer:                   |  |      |      |
|                             |  |      |      |
| Quality Control Engineer:   |  |      |      |
|                             |  |      |      |
| Other Firm(s):              |  |      |      |
|                             |  |      |      |
|                             |  |      |      |
|                             |  |      |      |
|                             |  |      |      |

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**FORM RFQ-C**

**Proposer's Question Request**

Proposer's/Firm's Name: \_\_\_\_\_

| RFQ Section No.<br>or Appendix | Question | Reserved for Agency Response |
|--------------------------------|----------|------------------------------|
|                                |          |                              |
|                                |          |                              |
|                                |          |                              |
|                                |          |                              |
|                                |          |                              |
|                                |          |                              |
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|                                |          |                              |
|                                |          |                              |

Use additional sheets as necessary.

**FORM S**

**SAFETY QUESTIONNAIRE**

**Proposer's Name:** \_\_\_\_\_

Firm Name: \_\_\_\_\_

1. Provide the following information for the last three years:

| Item  | 2001 | 2002 | 2003 |
|---|------|------|------|
| Employee hours worked<br>(Do not include non-work time, even though paid) |      |      |      |
| Number of lost workday cases  |      |      |      |
| Number of restricted workday cases  |      |      |      |
| Number of cases with medical attention only                               |      |      |      |
| Number of fatalities  |      |      |      |

2. Are internal accident reports and report summaries sent to management? To what levels and how often?

| Position | No | Yes | Monthly | Quarterly | Annually |
|----------|----|-----|---------|-----------|----------|
|          |    |     |         |           |          |
|          |    |     |         |           |          |
|          |    |     |         |           |          |

3. Do you hold site meetings for supervisors? Yes \_\_\_\_\_ No \_\_\_\_\_

How Often?

Weekly \_\_\_\_\_ Bi-Weekly \_\_\_\_\_ Monthly \_\_\_\_\_ Less often, as needed \_\_\_\_\_

4. Do you conduct project safety Inspections? Yes \_\_\_\_\_ No \_\_\_\_\_

By whom? \_\_\_\_\_

How Often?

Weekly \_\_\_\_\_ Bi-Weekly \_\_\_\_\_ Monthly \_\_\_\_\_

**FORM S**

**SAFETY QUESTIONNAIRE**

5. Does the firm have a written safety program? Yes \_\_\_\_\_ No \_\_\_\_\_

6. Does the firm have an orientation program for new hires?

Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, what safety items are included?

7. Does the firm have a program for newly hired or promoted foremen?

Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, does it include instruction of the following?

| Topic                          | Yes | No |
|--------------------------------|-----|----|
| Safety Work Practices          |     |    |
| Safety Supervision             |     |    |
| On-site Meetings               |     |    |
| Emergency Procedures           |     |    |
| Accident Investigation         |     |    |
| Fire Protection and Prevention |     |    |
| New Worker Orientation         |     |    |

8. Does the firm hold safety meetings which extend to the laborer level?

Yes \_\_\_\_\_ No \_\_\_\_\_

How often? Daily \_\_\_ Weekly \_\_\_ Bi-Weekly \_\_\_ Less often, as needed \_\_\_

9. For Proposer only, indicate the safety record on the last project to which the indicated key personnel were assigned:

| Key Person           | Total hours worked by all employees on project | Number of lost workday cases on project | Number of restricted workday cases on project | No. of cases with medical attention only on project | No. of fatalities on project |
|----------------------|--|---|---|---|------------------------------|
| Project Principal    |  |   |   |   |                              |
| Project Manager      |  |   |   |   |                              |
| Construction Manager |  |   |   |   |                              |

**FORM S**

**SAFETY QUESTIONNAIRE**

**WORK ZONE SAFETY**

1. Do you keep track of Work Zone Accidents? (Y/N) \_\_\_\_\_
2. If Yes, Please provide:
  1. Number of Accidents (non-alcoholic), last 3-years \_\_\_\_\_ from \_\_\_\_ Projects
  2. Loss of Life Number (non-alcoholic), last 3-years \_\_\_\_\_ from \_\_\_\_ Projects
3. Does your weekly safety meetings include lessons learned and improvements to Work Zone Safety? (Y/N) \_\_\_\_\_
  1. If Yes, provide a sample of Meeting Minutes that address Work Zone discussion. The sample should have name of project, location, and date.
4. How do your Safety Plans address Work Zone Safety?
  1. Provide sample table of contents from a transportation project.
5. What mitigation measures or improvements have been made to minimize traffic congestion and delays? (List 3)
  1. \_\_\_\_\_
  2. \_\_\_\_\_
  3. \_\_\_\_\_
6. Over the last 3-years, what five (5) top improvements have you employed to Work Zone Safety:
  1. \_\_\_\_\_
  2. \_\_\_\_\_
  3. \_\_\_\_\_
  4. \_\_\_\_\_
  5. \_\_\_\_\_