

**LABORATORY TESTING & ANALYSIS
INSPECTION & CONTROLLED INSPECTION
QUALIFICATION STATEMENT**

1. Name of firm: _____

2. Location(s) of your in-house laboratory(ies) which would be servicing SCA contracts & total number of full-time staff currently employed at each:

3. How long has your firm been in the laboratory testing, inspection or controlled inspection business? _____

4. Attach a detailed list of the testing, inspection and controlled inspection services that your firm can provide with your own personnel at the laboratory locations listed in question #2.

5. Is your firm licensed by the Department of Buildings?:
 No Yes (Submit copies of current license registration)

6. Is your firm/laboratory accredited by AASHTO or NVLAP for the following materials? (Submit copies of current license registrations):

- | | | | |
|----|----------------------|-----------------------------|------------------------------|
| a. | concrete | <input type="checkbox"/> No | <input type="checkbox"/> Yes |
| b. | bituminous materials | <input type="checkbox"/> No | <input type="checkbox"/> Yes |
| c. | soils | <input type="checkbox"/> No | <input type="checkbox"/> Yes |

7. Does your firm fully comply with the following standards?

- | | | | |
|----|----------------|-----------------------------|------------------------------|
| a. | ASTM E329 | <input type="checkbox"/> No | <input type="checkbox"/> Yes |
| b. | ASTM C1077 | <input type="checkbox"/> No | <input type="checkbox"/> Yes |
| c. | ASTM D3666 | <input type="checkbox"/> No | <input type="checkbox"/> Yes |
| d. | ASTM D3740 | <input type="checkbox"/> No | <input type="checkbox"/> Yes |
| e. | AASHTO R18-921 | <input type="checkbox"/> No | <input type="checkbox"/> Yes |

8. Does your firm/laboratory:
- a. participate in CCRL Proficiency Sample Test Program?
 No Yes (Submit copies of most recent final report)
 - b. participate in AMRL Proficiency Sample Test Program?
 No Yes (Submit copies of most recent final report)
 - c. retain copies of all proficiency sample test reports?
 No Yes
 - d. have documentation describing procedures followed if poor proficiency sample test results are indicated?
 No Yes

9. Have the laboratories at which you would cure and test concrete cylinders for SCA projects been inspected by CCRL within the last 24 months?
 No Yes (Submit copies of "Summary of Findings" report, "Footnotes" and your response)

10. Have the laboratories at which you would test soils and bituminous materials for SCA projects been inspected by AMRL within the last 24 months?:
 No Yes (Submit copies of "Summary of Findings" report, "Footnotes" and your response)

11. Provide details on your TECHNICAL DIRECTOR OF INSPECTION AND TESTING SERVICES:

Name/Title: _____

Degrees/licenses: _____

Years of direct experience in testing/inspection: _____

Is your Technical Director currently full-time with your firm?

No Yes

12. Provide details on your SUPERVISORY or SENIOR FIELD TECHNICIANS. Indicate how many years experience they have inspecting and sampling applicable materials in the following areas:

	PERSON #1	PERSON #2	PERSON #3
Name & Title			
Structural Steel (#Yrs)			
Soils (#Yrs)			
Portland Cement Concrete (#Yrs)			
Bituminous Concrete (#Yrs)			
Currently Full-Time? (Y/N)			
Registered Engineer? (Y/N)			

13. Provide details on your SUPERVISORY or SENIOR LABORATORY TECHNICIANS. Indicate how many years experience they have performing tests on applicable materials in the following areas:

	PERSON #1	PERSON #2	PERSON #3
Name & Title			
Soils (#Yrs)			
Portland Cement Concrete (#Yrs)			
Bituminous Concrete (#Yrs)			
Aggregates (#Yrs)			
Currently Full-Time? (Y/N)			
Registered Engineer? (Y/N)			

14. How many inspectors for controlled inspections with at least two years of such experience are currently employed by your firm at the location(s) which would service SCA contracts? _____

15. How many of the above inspectors for controlled inspections are qualified to perform the following types of inspections:

OF INSPECTORS

Borings/Test Pits.	_____
Piling	_____
Subgrade	_____
Controlled Fill	_____
Underpinning	_____
Soil Bearing Pressure	_____
Welding	_____
Aluminum	_____
Laminated Wood	_____
High Strength Bolts	_____
Cable Fittings	_____
Smoke Test	_____
Fire Stops (familiar with applicable UL requirements)	_____
Eng/Installer Ventil. Certif	_____
Fuel Burning/Storage	_____
Noise Control	_____
Refrigeration System	_____
High Pressure Steam	_____
Soil Percolation Tests	_____
Curtain/Panel Wall	_____
Shoring	_____
Structural Stability	_____
Spray On Fire Proofing	_____
Reinforced Masonry	_____
Masonry Units	_____
All Concrete	_____
Concrete Design Mix	_____
Concrete Test Cylinders	_____
Sprinkler Test	_____
Standpipe Test	_____
Fire Alarm Test	_____
Final Inspection	_____

16. Provide details below on the number of all full-time employees possessing the following credentials. Include only those employees who are stationed at laboratories which would service SCA contracts. Copies of all applicable licenses/registration certificates (denoted by *) showing current expiration dates must be produced only if your firm is considered for SCA work.

<u>EMPLOYEE</u>	<u># OF EMPLOYEES</u>
Full-time Professional Engineers (NY State only)*	_____
Batch Plant Inspectors with 1+ yr. of such experience (ACI 311.5R current edit. req'mts)	_____
ACI Concrete Field Testing Technicians Grade I*.....	_____
Concrete Field Inspectors with 2+ yrs FIELD experience	_____
Concrete Field Inspectors NICET level III or higher*	_____
Certified ACI Concrete Construction Inspectors level II*	_____
Precast Concrete Plant Inspectors with 2+ yrs. of such experience	_____
Precast Concrete Inspectors PCI level II*	_____
Precast Concrete Inspectors PCI level III*	_____
Construction Material Testing (subfield concrete) NICET level II or higher*	_____
Certified ACI Laboratory Technicians grade I*	_____
Certified ACI Laboratory Technicians grade II*	_____
AWS Certified Welding Inspectors*	_____
AWS Certified Associate Welding Inspectors*	_____
Structural Steel Inspectors for bolting, fabrication (other than welding) and erection with 2+ yrs. of such experience <u>or</u> are AWS-CWI certified* <u>or</u> are graduate engineers with 6+ months of such experience	_____
NDT Technicians ASNT certified level II (in accordance with SNT-TCIA)*	_____
NDT Technicians ASNT certified level III (in accordance with SNT-TCIA)*	_____
Soils Inspectors NICET level II or higher*	_____
Soils Inspectors with 2+ yrs. <u>Or</u> graduate engineers with 1+yrs of such experience	_____

17. Does your laboratory have the following documentation:

a. a general description of the laboratory's facilities for testing and related activities (e.g. floor plan?)
 No Yes

b. an inventory of major equipment used to sample materials and perform inspections and tests?
 No Yes

If 'yes', do the records include:

- | | | | |
|-----|------------------------|-----------------------------|------------------------------|
| (1) | name of manufacturer | <input type="checkbox"/> No | <input type="checkbox"/> Yes |
| (2) | model and serial # | <input type="checkbox"/> No | <input type="checkbox"/> Yes |
| (3) | date placed in service | <input type="checkbox"/> No | <input type="checkbox"/> Yes |

c. a description of what test equipment is to be checked and how and when the work is to be performed?
 No Yes

d. records showing the results of work performed when checking test equipment?
 No Yes

If 'yes', do the records include:

- | | | | |
|-----|--|-----------------------------|------------------------------|
| (1) | a description of the equipment checked | <input type="checkbox"/> No | <input type="checkbox"/> Yes |
| (2) | date the work was performed | <input type="checkbox"/> No | <input type="checkbox"/> Yes |
| (3) | name of person checking the equipment | <input type="checkbox"/> No | <input type="checkbox"/> Yes |
| (4) | number of items checked | <input type="checkbox"/> No | <input type="checkbox"/> Yes |

e. a list or record of all laboratory equipment requiring calibration/verification?
 No Yes

If 'yes', do the records include:

- | | | | |
|-----|---------------------------------------|-----------------------------|------------------------------|
| (1) | frequency of calibration/verification | <input type="checkbox"/> No | <input type="checkbox"/> Yes |
| (2) | range of calibration/verification | <input type="checkbox"/> No | <input type="checkbox"/> Yes |
| (3) | a reference to the c/v procedure used | <input type="checkbox"/> No | <input type="checkbox"/> Yes |

f. written procedures describing how calibration/verification work is to be performed?
 No Yes

g. records showing the results of calibration/verification work performed?
 No Yes

If 'yes', do the records include:

- | | | | |
|-----|---|-----------------------------|------------------------------|
| (1) | description of equipment | <input type="checkbox"/> No | <input type="checkbox"/> Yes |
| (2) | date c/v work was performed | <input type="checkbox"/> No | <input type="checkbox"/> Yes |
| (3) | name of person performing work | <input type="checkbox"/> No | <input type="checkbox"/> Yes |
| (4) | identification of in-house c/v equipment used | <input type="checkbox"/> No | <input type="checkbox"/> Yes |

18. Has the equipment used by your laboratory been calibrated, verified or checked at the following minimum frequencies (no response indicates that your firm does not possess the referenced equipment):

Equipment	Frequency of calibration of verification	Yes	No
Soil Test Equipment			
1. Mechanical Shakers - sieving thoroughness	12 months		
2. GP Balances, Scales & Weights	12 months		
3. Mechanical Compactor (D698, D1557)	12 months		
4. Ovens - temperature settings	4 months		
5. Molds (D698, D1557) - critical dimensions	12 months		
6. Manual Hammer (D698, D155) - weight and critical dimensions	12 months		
7. Sieves - physical condition	6 months		
Aggregate Test Equipment			
1. Unit Weight Measures (C138, C29)	12 months		
2. Mechanical Shakers - sieving thoroughness	12 months		
3. GP Balances, Scales & Weights	12 months		
4. Sieves - physical condition	6 months		
5. Ovens - temperature settings	4 months		
6. Sulphate Oven (C88) - Rate of evaporation	12 months		
7. L.A. Machine (C131) - R.P.M. & critical dimensions	24 months		
8. Steel Balls (C311) - individual weight & charge weight	12 months		
9. Conical Mold, Tamper (C128) - critical dimensions	12 months		
Concrete Test Equipment			
1. Unit Weight Measures (138)	12 months		
2. Pressure Air Meters (C231)	3 months		
3. Compression Testing Machine - load indication (C39)	12 months		
4. Capping Material - strength	3 months		
5. Slump Cones (C143) - critical dimensions	12 months		
6. Reusable Molds (C31, C39) - critical dimensions	12 months		
7. GP Balances, Scales & Weights	12 months		

19. Does your laboratory have and maintain the following:
- a. books containing ASTM, ACI, AWS, ASSHTO standard test procedures?
- If 'yes' are the publications:
- | | | |
|---|-----------------------------|------------------------------|
| (1) the most current editions | <input type="checkbox"/> No | <input type="checkbox"/> Yes |
| (2) readily accessible to lab personnel | <input type="checkbox"/> No | <input type="checkbox"/> Yes |
| (3) physically present in the lab section | <input type="checkbox"/> No | <input type="checkbox"/> Yes |
- b. an up to date procedure or test manual referencing standard and detailing non-standard testing, sampling and inspection activities performed by your laboratory?
- No Yes
- c. a document describing procedures for recording, checking and processing data and reporting test results?
- No Yes
- d. a document describing procedures for the selection, handling, identification, conditioning, storage, retention and disposal of test samples?
- No Yes
20. Does your laboratory maintain a test record system which:
- a. contains sufficient information to permit verification of any test report?
- No Yes
- b. retains records for at least 3 years which include original observation, calculations and derived data, and final test reports?
- No Yes
21. Do your test reports include the following:
- | | | |
|---|-----------------------------|------------------------------|
| a. name and address of testing laboratory | <input type="checkbox"/> No | <input type="checkbox"/> Yes |
| b. identification of report and date issued | <input type="checkbox"/> No | <input type="checkbox"/> Yes |
| c. identification of client and project | <input type="checkbox"/> No | <input type="checkbox"/> Yes |
| d. description and identification of samples | <input type="checkbox"/> No | <input type="checkbox"/> Yes |
| e. date of receipt of samples | <input type="checkbox"/> No | <input type="checkbox"/> Yes |
| f. date(s) of test(s) performance | <input type="checkbox"/> No | <input type="checkbox"/> Yes |
| g. description of relevant sampling procedure | <input type="checkbox"/> No | <input type="checkbox"/> Yes |
| h. identification of the standard test method used, notation of deviations from standard method, and requirements of the method that was not used | <input type="checkbox"/> No | <input type="checkbox"/> Yes |
| j. a signature, name and title of person(s) accepting responsibility for test report | <input type="checkbox"/> No | <input type="checkbox"/> Yes |
| k. identification of the technician or inspector performing the test/inspection | <input type="checkbox"/> No | <input type="checkbox"/> Yes |

22. Do you have a computer in your laboratory(ies)?

No Yes

23. Do you have a fax machine in your laboratory(ies)?

No Yes

24. Does your laboratory maintain records of the daily scheduling and dispatching of personnel?

No Yes

25. How many times per week do your supervisors visit each project site? _____

26. Describe your on-site testing capabilities (i.e. Windsor Probe, cylinder, coring, etc.):

27. Describe your training program for new and current employees (i.g. how are employees trained in your procedures and kept abreast of current developments in the industry?):

28. Does your firm have the capability to do lead paint testing?

No Yes

REMINDER: Copies of all applicable documents specifically requested must be included with this questionnaire. Any supplemental information relevant to the firm's qualifications may be included at the respondent's option.

