SECTION 3 – LIST OF ATTACHMENTS

ATTACHMENT 1 - PHILIPPINES TRANSMITTING STATION, TINANG, CONCEPCION, TARLAC GOVERNMENT FURNISHED PROPERTY
ATTACHMENT 2 - PHILIPPINES TRANSMITTING STATION, TINANG, CONCEPCION, TARLAC CONTRACTOR FURNISHED PROPERTY
ATTACHMENT 3 – SAMPLE MAINTENANCE RECORD FOR EQUIPMENT
ATTACHMENT 4 – ANTENNA FIELD MAINTENANCE SERVICES SITE DRAWINGS (10 PAGES)
ATTACHMENT 5 - GARDENING SERVICES SITE DRAWINGS (2 PAGES)
ATTACHMENT 6 – MACHINE SAFETY AND MAINTENANCE INSPECTION FORMS (4 PAGES)
ATTACHMENT 7 – RSO OVERSEAS VETTING QUESTIONAIRE (OVQ) FORM
ATTACHMENT 8 – QUALITY ASSURANCE MONITORING FORM
ATTACHMENT 9 – CUSTOMER FEEDBACK FORM
ATTACHMENT 10 – CONTRACT DEFICIENCY REPORT FORM

ATTACHMENT 1

GOVERNMENT FURNISHED PROPERTY

Assigned Government Furnished Property – The Government shall make the below listed property available to the Contractor for performance under the contract. This property shall be under Contractor control throughout the life of this contract. All Government-furnished property is in good operating condition.

Assigned Government Furnished Property	GFE/GFM	Quantity
Backpack sprayer	GFE	2
GFCI All Weather Extension Wire	GFM	4
Hose, size ¾" to 1" diameter	GFM	10
Lawn sprinkler/sprayer hose attachment	GFM	8
Backpack blower	GFE	1
Walk behind vacuum/blower	GFE	1
Hedge Trimmer	GFE	1
Tractor – 90 HP FWD	GFE	2
Tractor – 120 HP FWD	GFE	2
Rear Mounted Boom Mower – 14' reach	GFE	2
Batwing (Attachment to Tractor Mower)	GFE	3
Sickle Bar Attachment for tractor	GFE	1
Power washer	GFE	3

As-Available Government Furnished Property – The Government shall make the below listed property available to the Contractor on an "as-needed / as-available basis" for performance under the contract. This property shall be under Government control, except when issued to the Contractor. Unless otherwise specified, these items shall be returned to the Government prior to the end of each working day. All requests for "Government-furnished property" shall be approved by the COR. All Government-furnished property is in good operating condition.

As-Available Government Furnished Property	GFE/GFM	Quantity
Pole Pruner	GFM	1
Chain Saw	GFE	2
Tractor Dump Trailer – 6 ton	GFE	1
Pressure washer	GFE	1
Skid-steer loader – Caterpillar	GFE	1
Skid-steer loader auger attachment	GFM	1
Skid-steer loader attachment - Blade, Dozer, 6-Way, 79"	GFM	1
Skid-steer loader Attachment - Forks, 42" Pallet w/ Carriage forklift attachment	GFM	1
Skid-steer loader Attachment - Broom, Hydraulic Angle	GFM	1
Skid-steer loader Attachment – backhoe BH150	GFM	1
Skid-steer loader Attachment - Auger, Direct DR 2"	GFM	1
Skid-steer loader Attachment - Backhoe Mounting Group	GFM	1
Chainsaw protective pants	GFM	2
Chainsaw protective gloves	GFM	2
Tractor – 75HP or more Tractor – JD 5715 4WD (1) / JD 6603 (2) / 5090E (1)	GFE	4
Chainsaw Protective Helmet	GFM	2
Backhoe/Excavator	GFM	1

Consumables – For all Government-Furnished Equipment (GFE), the Government shall provide all components, single parts and sub-assemblies, replacement parts including GFE-related tools as well as routine maintenance expendables such as spark plugs, filter elements, flushing oil, engine oil, fuel filters, gasket, O-rings, seal rings, lubrication rings, bolts, nuts, screws, fuses, cable assemblies, brake pads, exhaust pipes, manifolds and bearing components. The Government shall also provide all types of fuel (diesel and unleaded gas), fuel containers, additive (2T oil), lubrication supplies, batteries, and chargers necessary for all types of GFE.

ATTACHMENT 2

CONTRACTOR FURNISHED PROPERTY

The Contractor shall provide all the below listed equipment, materials, tools, supplies and clothing, required to perform the standard services as specified in this contract. Such items include, but are not limited to, uniforms, personnel equipment, tools of trade, cleaning supplies, equipment and any other operational or administrative items required for the performance of the duties and requirements of this contract. The quantity indicated for each item is the required minimum. The Contractor shall maintain sufficient parts and spare equipment for all the below listed Contractor-furnished materials to ensure uninterrupted service.

Uniforms. Minimum of five (5) t-shirts or shirts and one (1) pair of protective footwear per year. The Contractor shall not pass on the cost of the uniforms and footwear to the contract employees but should include it as part of their prices set forth in Section 1-The Schedule, Subsection 2.0-Pricing.

(1) Personal Protective Equipment (PPE). PPE must always be serviceable. Damaged or otherwise unserviceable items shall be replaced at no additional cost to the Government.

   (a) Protective Eye Guard or Safety Goggles – 1 per Contractor personnel

   (b) Safety Shoes – 1 per Contractor personnel

   (c) Protective Face Shield – 18 ea.

   (d) Safety Apron – 16 ea.

   (e) Safety Earplugs – 1 per Contractor personnel

   (f) Safety Gloves – 1 per Contractor personnel

   (g) Raincoat – 1 per Contractor personnel

   (h) Safety Gas Mask – 1 per Contractor personnel

(2) Pesticide
(3) Fertilizer
(4) Garbage / Trash Collection and Hauling Vehicle
(5) Walk Behind Mower – 2ea.
(6) Portable Mower -14ea.
(7) Zero-Turn Riding Mower -3ea
(8) **Consumables** – For all Contractor-Furnished Equipment (CFE), the contractor shall provide all components, single parts and sub-assemblies, replacement parts including CFE-related tools as well as routine maintenance expendables such as spark plugs, filter elements, flushing oil, engine oil, fuel filters, gasket, O-rings, seal rings, lubrication rings, bolts, nuts, screws, fuses, cable assemblies, brake pads, exhaust pipes, manifolds and bearing components. The Contractor shall also provide all types of fuel (diesel and unleaded gas), fuel containers, additive (2T oil), lubrication supplies, batteries, and chargers necessary for all types of CFE.

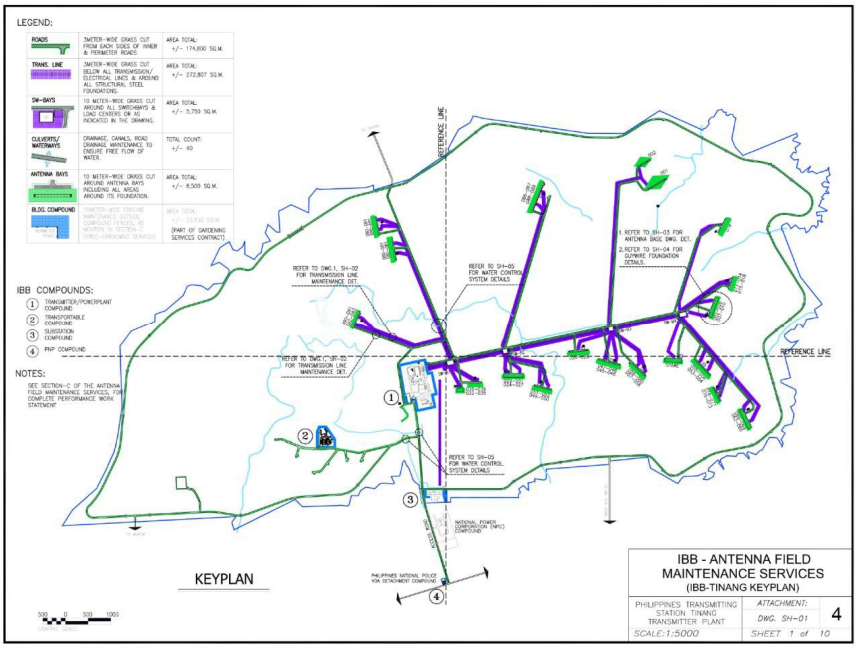
ATTACHMENT 3

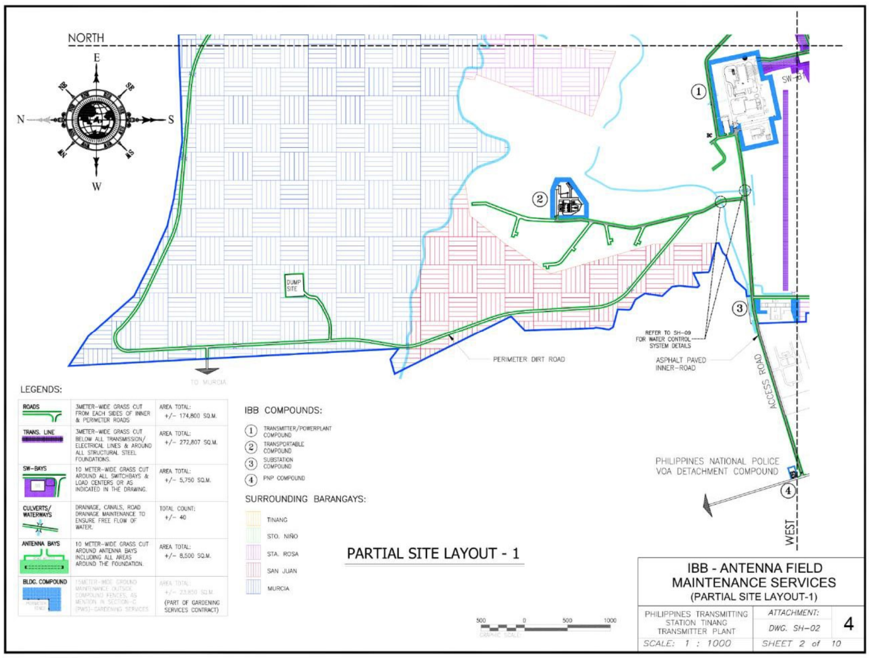
SAMPLE MAINTENANCE RECORD FOR EQUIPMENT

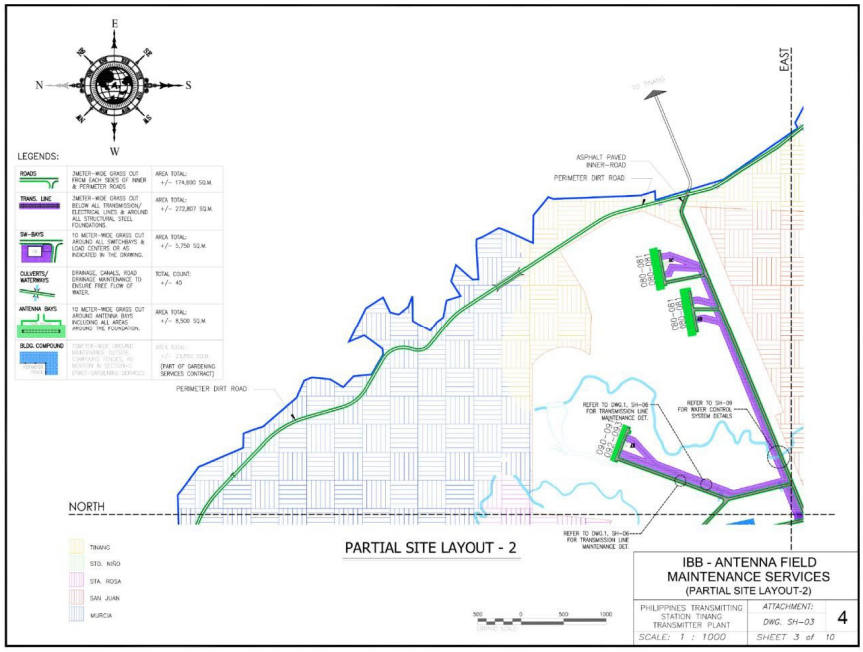
Quarterly Maintenance Record - Petrol Garden Equipment																
Equipment:		Quarter														
Serial Number:			Month 1				Month 2				Month 3					
Assembly	Components for Preventive Maintenance	Hours of Operation	Week 1	Week 2	Week 3	Week 4	Week 5	Week 6	Week 7	Week 8	Week 9	Week 10	Week 11	Week 12	Week 13
Engine	Change oil & filter	100														
	Service air and fuel filter	100														
Blade	Sharpen blade cut															
	Replace blade															
Spark Plug	Clean and check gap															
	Replace															
Inspection	Inspect unit															
	Clean debris from cool air pass															
	Make adjustment															
	Daily lubrication															
Add'l Manufacturer Maintenance Specification																
History of Breakdown / Parts Replacement:																

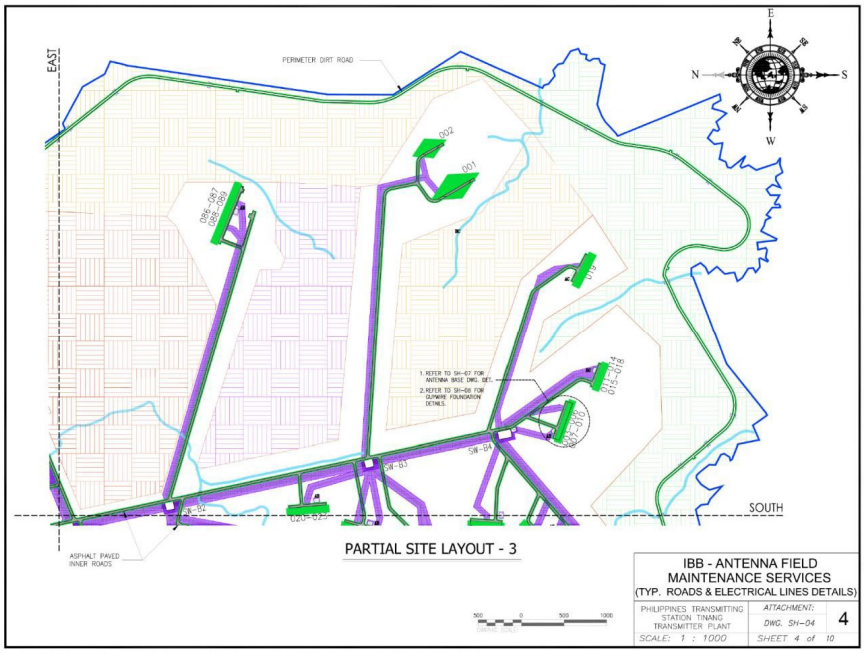
ATTACHMENT 4

ANTENNA FIELD MAINTENANCE SERVICES SITE DRAWINGS (10 PAGES)

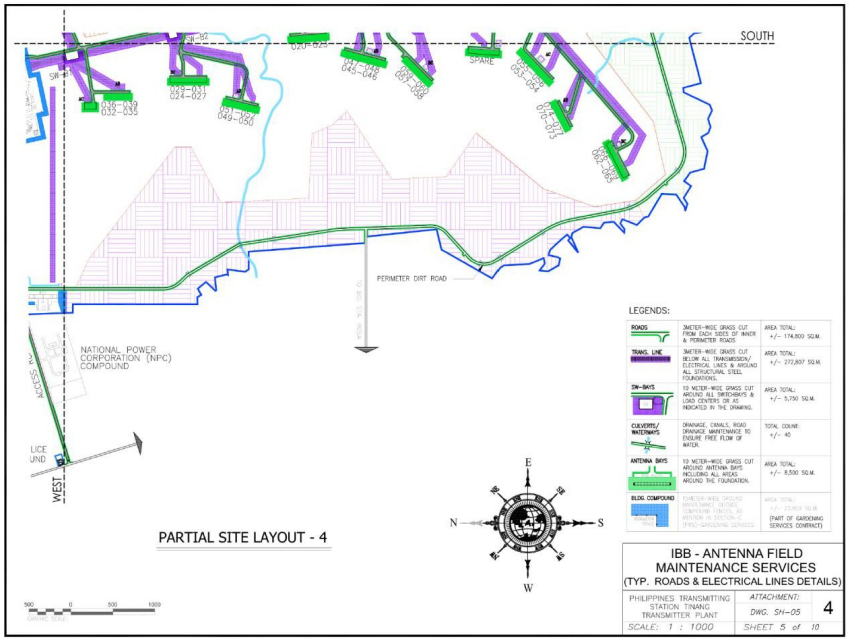


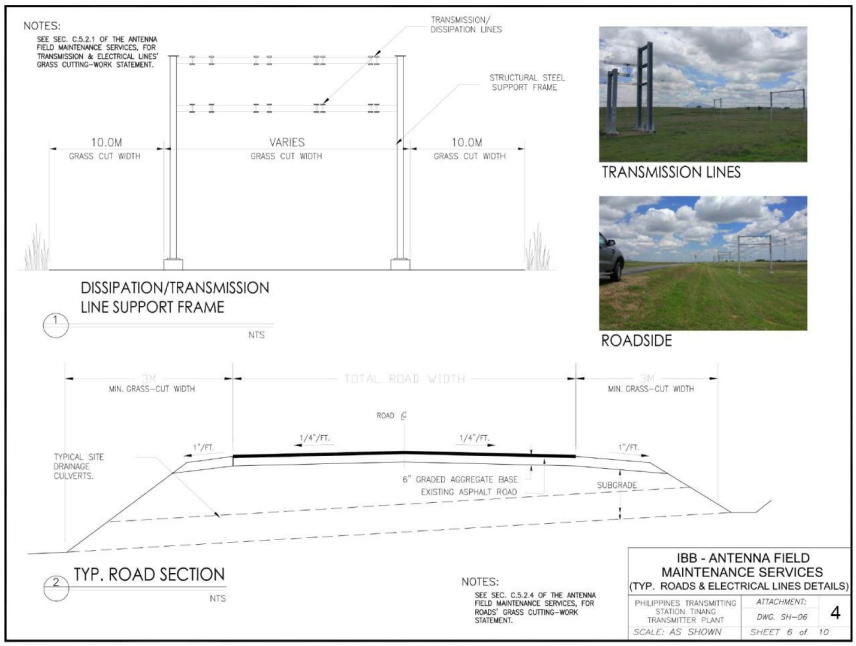

NORTH
E
N
S
W
NE
SE
NW
SW
DUMP SITE
SW-B1
PERIMETER DIRT ROAD
REFER TO SH-09 FOR WATER CONTROL SYSTEM DETAILS
ASPHALT PAVED INNER-ROAD
ACCESS ROAD
TO MURCIA
PHILIPPINES NATIONAL POLICE VOA DETACHMENT COMPOUND
WEST
LEGENDS:
ROADS
3METER-WIDE GRASS CUT FROM EACH SIDES OF INNER & PERIMETER ROADS
AREA TOTAL: +/- 174,800 SQ.M.
TRANS. LINE
3METER-WIDE GRASS CUT BELOW ALL TRANSMISSION/ ELECTRICAL LINES & AROUND ALL STRUCTURAL STEEL FOUNDATIONS.
AREA TOTAL: +/- 272,807 SQ.M.
SW-BAYS
10 METER-WIDE GRASS CUT AROUND ALL SWITCHBAYS & LOAD CENTERS OR AS INDICATED IN THE DRAWING.
AREA TOTAL: +/- 5,750 SQ.M.
CULVERTS/ WATERWAYS
DRAINAGE, CANALS, ROAD DRAINAGE MAINTENANCE TO ENSURE FREE FLOW OF WATER.
TOTAL COUNT: +/- 40
ANTENNA BAYS
10 METER-WIDE GRASS CUT AROUND ANTENNA BAYS INCLUDING ALL AREAS AROUND THE FOUNDATION.
AREA TOTAL: +/- 8,500 SQ.M.
BLDG. COMPOUND
15METER-WIDE GROUND MAINTENANCE OUTSIDE COMPOUND FENCES, AS MENTION IN SECTION-C (PWS)-GARDENING SERVICES
AREA TOTAL: +/- 23,850 SQ.M.
(PART OF GARDENING SERVICES CONTRACT)
IBB COMPOUNDS:
1 TRANSMITTER/POWERPLANT COMPOUND
2 TRANSPORTABLE COMPOUND
3 SUBSTATION COMPOUND
4 PNP COMPOUND
SURROUNDING BARANGAYS:
TINANG
STO. NIÑO
STA. ROSA
SAN JUAN
MURCIA
PARTIAL SITE LAYOUT - 1
500 0 500 1000
IBB - ANTENNA FIELD MAINTENANCE SERVICES
(PARTIAL SITE LAYOUT-1)
PHILIPPINES TRANSMITTING STATION TINANG TRANSMITTER PLANT
ATTACHMENT:
4
DWG. SH-02
SCALE: 1 : 1000
SHEET 2 of 10

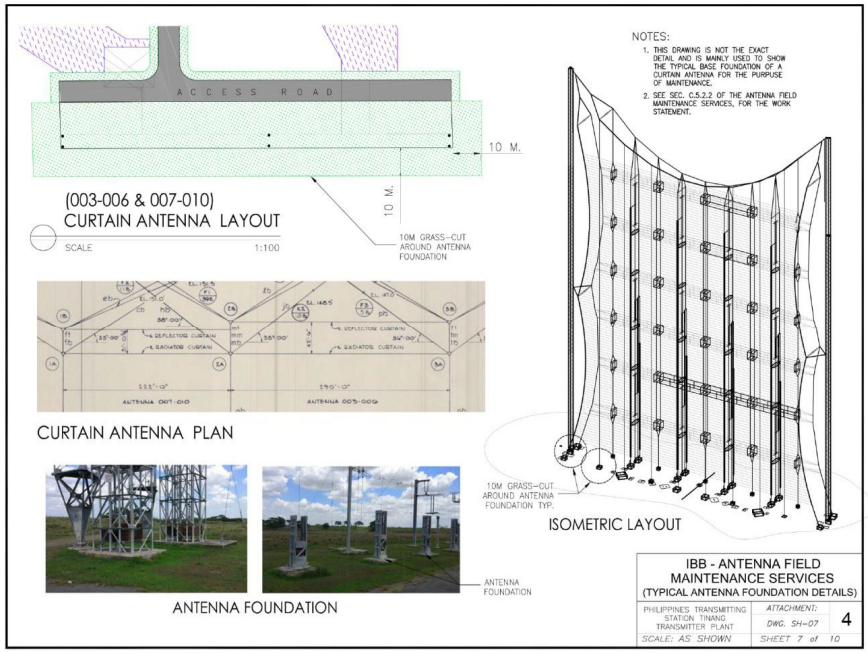

E
N
S
W
LEGENDS:
ROADS
3METER-WIDE GRASS CUT FROM EACH SIDES OF INNER & PERIMETER ROADS
AREA TOTAL: +/- 174,800 SQ.M.
TRANS. LINE
3METER-WIDE GRASS CUT BELOW ALL TRANSMISSION/ ELECTRICAL LINES & AROUND ALL STRUCTURAL STEEL FOUNDATIONS
AREA TOTAL: +/- 272,807 SQ.M.
SW-BAYS
10 METER-WIDE GRASS CUT AROUND ALL SWITCHBAYS & LOAD CENTERS OR AS INDICATED IN THE DRAWING.
AREA TOTAL: +/- 5,750 SQ.M.
CULVERTS/ WATERWAYS
DRAINAGE CANALS, ROAD DRAINAGE MAINTENANCE TO ENSURE FREE FLOW OF WATER.
TOTAL COUNT: +/- 43
ANTENNA BAYS
10 METER-WIDE GRASS CUT AROUND ANTENNA BAYS INCLUDING ALL AREAS AROUND THE FOUNDATION.
AREA TOTAL: +/- 8,500 SQ.M.
BLDG. COMPOUND
(PART OF GARDENING SERVICES CONTRACT)
EAST
ASPHALT PAVED INNER-ROAD
PERIMETER DIRT ROAD
PERIMETER DIRT ROAD
REFER TO DWG.1, SH-06 FOR TRANSMISSION LINE MAINTENANCE DET.
REFER TO SH-09 FOR WATER CONTROL SYSTEM DETAILS
REFER TO DWG.1, SH-06 FOR TRANSMISSION LINE MAINTENANCE DET.
NORTH
TINANG
STO. NIÑO
STA. ROSA
SAN JUAN
MURCIA
PARTIAL SITE LAYOUT - 2
500 0 500 1000
IBB - ANTENNA FIELD MAINTENANCE SERVICES
(PARTIAL SITE LAYOUT-2)
PHILIPPINES TRANSMITTING STATION TINANG TRANSMITTER PLANT
ATTACHMENT:
DWG. SH-03
4
SCALE: 1 : 1000
SHEET 3 of 10

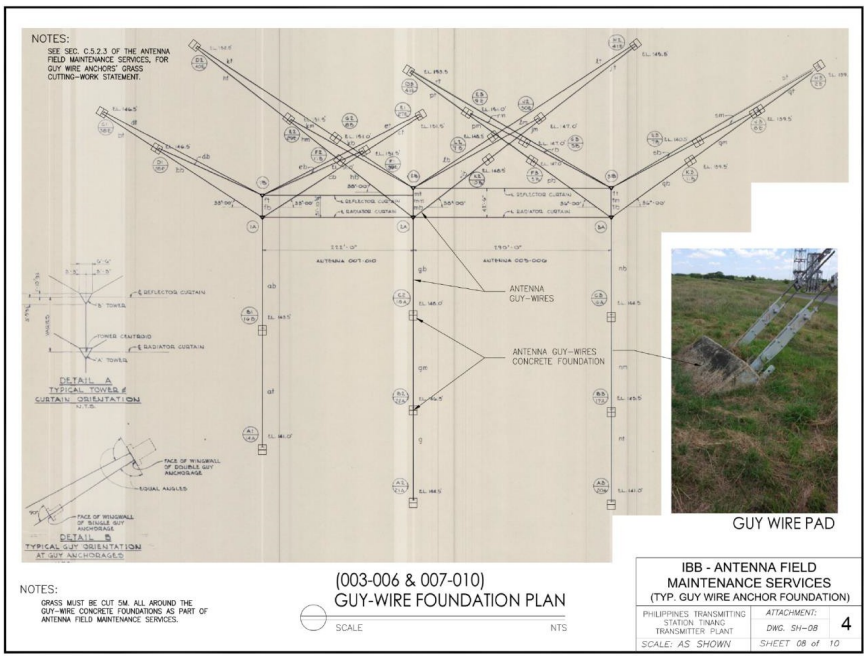


BB-PTS BACKUP DISC2\2-CURRENT DWG PROJECTS\TINANG\CONTRACT 2018\Antenna Field Maintenance\Ant. Field Mowinc.dwo Revised 6-5-2018.dwo, 6/5/2018 2:48:04 PM


SOUTH
PERIMETER DIRT ROAD
NATIONAL POWER CORPORATION (NPC) COMPOUND
WEST
LEGENDS:
ROADS
TRANS. LINE
SW-BAYS
CULVERTS/ WATERWAYS
ANTENNA BAYS
BLDG COMPOUND
PARTIAL SITE LAYOUT - 4
IBB - ANTENNA FIELD MAINTENANCE SERVICES
(TYP. ROADS & ELECTRICAL LINES DETAILS)
PHILIPPINES TRANSMITTING STATION TINANG TRANSMITTER PLANT
ATTACHMENT:
DWG. SH-05
4
SCALE: 1 : 1000
SHEET 5 of 10

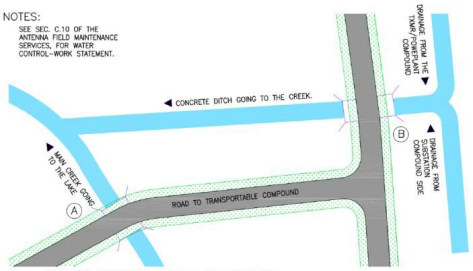

NOTES:
SEE SEC. C.5.2.1 OF THE ANTENNA FIELD MAINTENANCE SERVICES, FOR TRANSMISSION & ELECTRICAL LINES' GRASS CUTTING-WORK STATEMENT.
TRANSMISSION/ DISSIPATION LINES
STRUCTURAL STEEL SUPPORT FRAME
10.0M GRASS CUT WIDTH
VARIES GRASS CUT WIDTH
10.0M GRASS CUT WIDTH
DISSIPATION/TRANSMISSION LINE SUPPORT FRAME
1
NTS
TRANSMISSION LINES
ROADSIDE
3M MIN. GRASS-CUT WIDTH
TOTAL ROAD WIDTH
3M MIN. GRASS-CUT WIDTH
ROAD ℄
1"/FT.
1/4"/FT.
1/4"/FT.
1"/FT.
TYPICAL SITE DRAINAGE CULVERTS.
6" GRADED AGGREGATE BASE
EXISTING ASPHALT ROAD
SUBGRADE
2
TYP. ROAD SECTION
NTS
NOTES:
SEE SEC. C.5.2.4 OF THE ANTENNA FIELD MAINTENANCE SERVICES, FOR ROADS' GRASS CUTTING-WORK STATEMENT.
IBB - ANTENNA FIELD MAINTENANCE SERVICES
(TYP. ROADS & ELECTRICAL LINES DETAILS)
PHILIPPINES TRANSMITTING STATION TINANG TRANSMITTER PLANT
ATTACHMENT:
DWG. SH-06
4
SCALE: AS SHOWN
SHEET 6 of 10


ACCESS ROAD
10 M.
10 M.
10M GRASS-CUT AROUND ANTENNA FOUNDATION
(003-006 & 007-010)
CURTAIN ANTENNA LAYOUT
SCALE 1:100
CURTAIN ANTENNA PLAN
ANTENNA FOUNDATION
ANTENNA FOUNDATION
NOTES:
1. THIS DRAWING IS NOT THE EXACT DETAIL AND IS MAINLY USED TO SHOW THE TYPICAL BASE FOUNDATION OF A CURTAIN ANTENNA FOR THE PURPUSE OF MAINTENANCE.
2. SEE SEC. C.5.2.2 OF THE ANTENNA FIELD MAINTENANCE SERVICES, FOR THE WORK STATEMENT.
10M GRASS-CUT AROUND ANTENNA FOUNDATION TYP.
ISOMETRIC LAYOUT
IBB - ANTENNA FIELD MAINTENANCE SERVICES
(TYPICAL ANTENNA FOUNDATION DETAILS)
PHILIPPINES TRANSMITTING STATION TINANG TRANSMITTER PLANT
ATTACHMENT:
DWG. SH-07
4
SCALE: AS SHOWN
SHEET 7 of 10


NOTES:
SEE SEC. C.5.2.3 OF THE ANTENNA FIELD MAINTENANCE SERVICES, FOR GUY WIRE ANCHORS' GRASS CUTTING--WORK STATEMENT.
ANTENNA GUY-WIRES
ANTENNA GUY-WIRES CONCRETE FOUNDATION
DETAIL A
TYPICAL TOWER & CURTAIN ORIENTATION
N.T.S.
DETAIL B
TYPICAL GUY ORIENTATION AT GUY ANCHORAGES
NOTES:
GRASS MUST BE CUT 5M. ALL AROUND THE GUY-WIRE CONCRETE FOUNDATIONS AS PART OF ANTENNA FIELD MAINTENANCE SERVICES.
(003-006 & 007-010)
GUY-WIRE FOUNDATION PLAN
SCALE NTS
IBB - ANTENNA FIELD MAINTENANCE SERVICES
(TYP. GUY WIRE ANCHOR FOUNDATION)
PHILIPPINES TRANSMITTING STATION TINANG TRANSMITTER PLANT
ATTACHMENT:
DWG. SH-08
4
SCALE: AS SHOWN
SHEET 08 of 10

GUY WIRE PAD

NOTES:
SEE SEC. C.10 OF THE ANTENNA FIELD MAINTENANCE SERVICES, FOR WATER CONTROL-WORK STATEMENT.



CREEK, DITCH & ROAD DRAINAGE BLOW-UP LAYOUT (TYP.)

1 SCALE 1:100

CULVERTS AT ROAD GOING TO TINANG

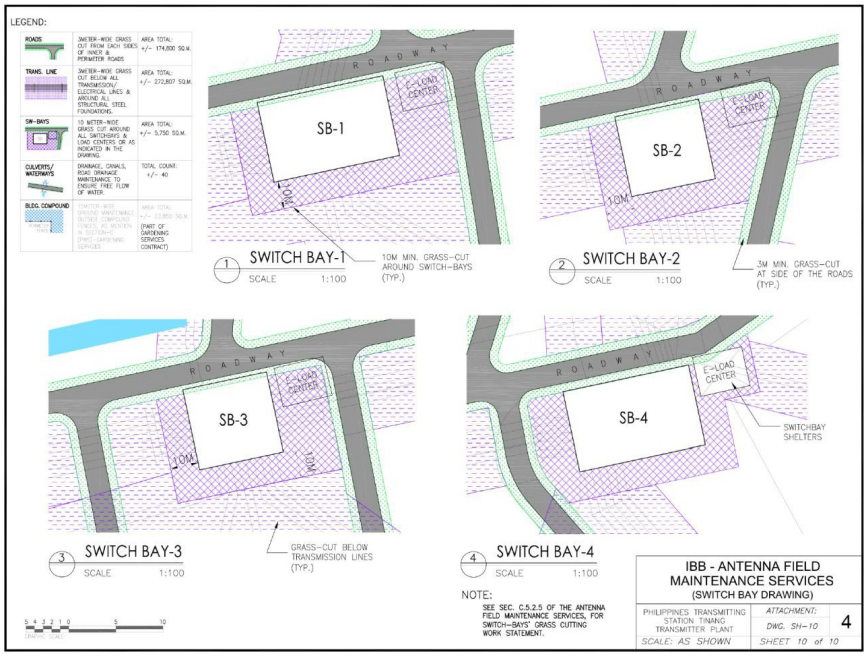
TYPICAL CULVERTS ALL THROUGOUT THE STATION

CREEK CULVERTS AT POINT-A

DITCH AT POINT-B

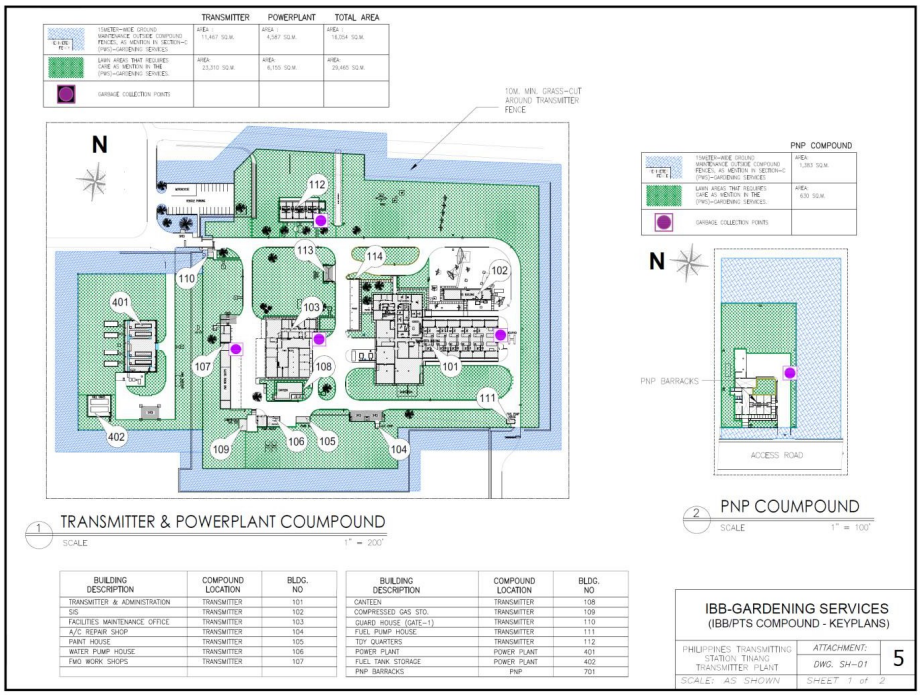
IBB - ANTENNA FIELD MAINTENANCE SERVICES
(CREEK, DITCH & ROAD DRAINAGE DET.)

PHILIPPINES TRANSMITTING STATION TINANG TRANSMITTER PLANT	ATTACHMENT: DWG. SH-09	4
SCALE: AS SHOWN	SHEET 09 of 10	


LEGEND:
ROADS
3METER-WIDE GRASS CUT FROM EACH SIDES OF INNER & PERIMETER ROADS
AREA TOTAL: +/- 174,000 SQ.M.
TRANS. LINE
3METER-WIDE GRASS CUT BELOW ALL TRANSMISSION/ ELECTRICAL LINES & AROUND ALL STRUCTURAL STEEL FOUNDATIONS.
AREA TOTAL: +/- 272,807 SQ.M.
SW-BAYS
10 METER-WIDE GRASS CUT AROUND ALL SWITCHBAYS & LOAD CENTERS OR AS INDICATED IN THE DRAWING.
AREA TOTAL: +/- 5,750 SQ.M.
CULVERTS/ WATERWAYS
DRAINAGE, CANALS, ROAD DRAINAGE MAINTENANCE TO ENSURE FREE FLOW OF WATER.
TOTAL COUNT: +/- 40
BLDG. COMPOUND
(PART OF GARDENING SERVICES CONTRACT)
ROADWAY
E-LOAD CENTER
SB-1
10M
1 SWITCH BAY-1
SCALE 1:100
10M MIN. GRASS-CUT AROUND SWITCH-BAYS (TYP.)
SB-2
10M
2 SWITCH BAY-2
SCALE 1:100
3M MIN. GRASS-CUT AT SIDE OF THE ROADS (TYP.)
SB-3
10M
10M
3 SWITCH BAY-3
SCALE 1:100
GRASS-CUT BELOW TRANSMISSION LINES (TYP.)
SB-4
SWITCHBAY SHELTERS
4 SWITCH BAY-4
SCALE 1:100
NOTE:
SEE SEC. C.5.2.5 OF THE ANTENNA FIELD MAINTENANCE SERVICES, FOR SWITCH-BAYS' GRASS CUTTING WORK STATEMENT.
IBB - ANTENNA FIELD MAINTENANCE SERVICES
(SWITCH BAY DRAWING)
PHILIPPINES TRANSMITTING STATION TINANG TRANSMITTER PLANT
ATTACHMENT:
DWG. SH-10
4
SCALE: AS SHOWN
SHEET 10 of 10

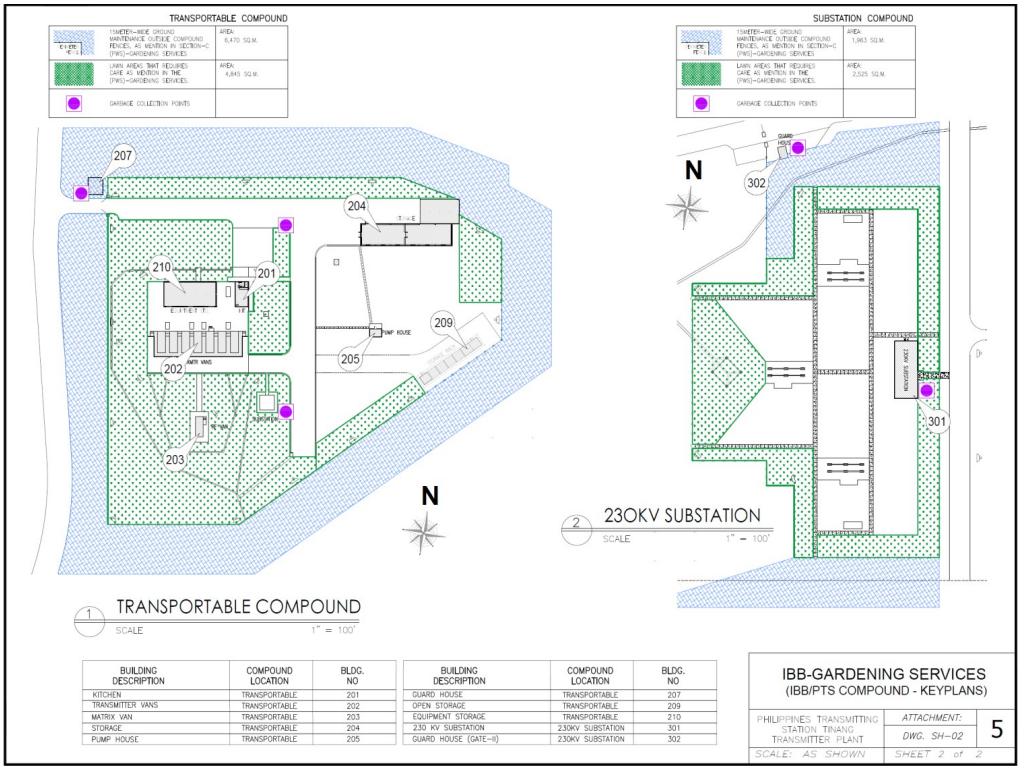
ATTACHMENT 5

GARDENING SERVICES SITE DRAWINGS (2PAGES)



BUILDING DESCRIPTION	COMPOUND LOCATION	BLDG. NO
TRANSMITTER & ADMINISTRATION	TRANSMITTER	101
SIS	TRANSMITTER	102
FACILITIES MAINTENANCE OFFICE	TRANSMITTER	103
A/C REPAIR SHOP	TRANSMITTER	104
PAINT HOUSE	TRANSMITTER	105
WATER PUMP HOUSE	TRANSMITTER	106
FMO WORK SHOPS	TRANSMITTER	107

BUILDING DESCRIPTION	COMPOUND LOCATION	BLDG. NO
CANTEEN	TRANSMITTER	108
COMPRESSED GAS STO.	TRANSMITTER	109
GUARD HOUSE (GATE-1)	TRANSMITTER	110
FUEL PUMP HOUSE	TRANSMITTER	111
TDY QUARTERS	TRANSMITTER	112
POWER PLANT	POWER PLANT	401
FUEL TANK STORAGE	POWER PLANT	402
PNP BARRACKS	PNP	701



BUILDING DESCRIPTION	COMPOUND LOCATION	BLDG. NO
KITCHEN	TRANSPORTABLE	201
TRANSMITTER VANS	TRANSPORTABLE	202
MATRIX VAN	TRANSPORTABLE	203
STORAGE	TRANSPORTABLE	204
PUMP HOUSE	TRANSPORTABLE	205

BUILDING DESCRIPTION	COMPOUND LOCATION	BLDG. NO
GUARD HOUSE	TRANSPORTABLE	207
OPEN STORAGE	TRANSPORTABLE	209
EQUIPMENT STORAGE	TRANSPORTABLE	210
230 KV SUBSTATION	230KV SUBSTATION	301
GUARD HOUSE (GATE-II)	230KV SUBSTATION	302

IBB-GARDENING SERVICES
(IBB/PTS COMPOUND - KEYPLANS)

PHILIPPINES TRANSMITTING STATION TINANG TRANSMITTER PLANT	*ATTACHMENT:* *DWG. SH-02*	5
SCALE: AS SHOWN	*SHEET 2 of 2*	

ATTACHMENT 6

PRE-OPERATION SAFETY &
MAINTENANCE INSPECTION

☐ The Periodic Maintenance Checklist as outlined in the Operator's Manual has been completed and any necessary maintenance items have been addressed.

Operator: Date:

Model No: Serial No: Hours:

FROM THE GROUND	[x]		[x]
Overall Machine Appearance		Under the Machine	
ROPS,GrabBars,Steps,HandHolds		Belts, Hoses, Hydraulic Cylinders	
Frame / Undercarriage		Engine Compartment Cleanliness	
Lights, Harnesses, Electrical Items		Cooler Cores	
Tires, Rims, Wheel Locks / Tracks		Safety Alert Labels	

IN THE OPERATOR'S STATION	[x]		[x]
Cab Windows*		Fuel	
Overall Cleanliness		Fire Extinguisher*	
Operator's Manual (Present)		Horn*	
Seat, Seat Belt, Buckle, Mount		Park Brake	
Mirrors, Rear Camera*		Brakes	
Windshield Wipers*		Steering	
Defroster*		Travel Alarm*, Back Up Alarm	
Gauges, Indicator Lights, Switches		Diagnostic Trouble Codes	

FLUIDS	[x]	LEVEL	ADDED/REPLACED	AMOUNT
Engine Oil				
Hydraulic Oil				
Transmission Oil				
Engine Coolant				
Washer Fluid				
Fuel				
DEF*				

*IF EQUIPPED

COMMENTS

PRE-OPERATION SAFETY & MAINTENANCE
INSPECTION

☐ The Periodic Maintenance Checklist as outlined in the Operator's Manual has been completed and any necessary maintenance items have been addressed.

Operator: Date:

Model No: Serial No: Hours:

FROM THE GROUND	[x]		[x]
Overall Machine Appearance		Under the Machine	
ROPS,GrabBars,Steps,HandHolds		Belts, Hoses, Hydraulic Cylinders	
Frame / Undercarriage		Engine Compartment Cleanliness	
Lights, Harnesses, Electrical Items		Cooler Cores	
Tires, Rims, Wheel Locks / Tracks		Safety Alert Labels	

IN THE OPERATOR'S STATION	[x]		[x]
Cab Windows*		Fuel	
Overall Cleanliness		Fire Extinguisher*	
Operator's Manual (Present)		Horn*	
Seat, Seat Belt, Buckle, Mount		Park Brake	
Mirrors, Rear Camera*		Brakes	
Windshield Wipers*		Steering	
Defroster*		Travel Alarm*, Back Up Alarm	
Gauges, Indicator Lights, Switches		Diagnostic Trouble Codes	

FLUIDS	[x]	LEVEL	ADDED/REPLACED	AMOUNT
Engine Oil				
Hydraulic Oil				
Transmission Oil				
Engine Coolant				
Washer Fluid				
Fuel				
DEF*				

*IF EQUIPPED

COMMENTS

To order more, contact your dealer or visit JohnDeere.com/SafetyChecklist.

If observed condition of a component could affect safe operation, **DO NOT OPERATE.** Follow the company Lockout/Tagout Procedure or refer tothe instructions in the Operator's Manual

The responsible Operator, filling out this checklist, has been adequately trained to both complete the Pre-Operation Safety & Maintenance Inspection and to operate the equipment. The Operator confirms understanding of the safety standards for each component and is capable of properly addressing any observed issues using the correct procedure(s). This checklist is **NOT** intended to replace the Operator's Manual. It is the responsibility of the Operator to have read the Operator's Manual prior to completing this checklist or operating the machine. Individual companies may have their own required checks. Those checks may, or may not, be included in this list. It is the responsibility of the operator to check with the appropriate competent person for details. **For additional information, refer to the Operator's Manual.**

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DKTCCHECK (I7-07)

If observed condition of a component could affect safe operation, **DO NOT OPERATE.** Follow the company Lockout/Tagout Procedure or refer tothe instructions in the Operator's Manual

The responsible Operator, filling out this checklist, has been adequately trained to both complete the Pre-Operation Safety & Maintenance Inspection and to operate the equipment. The Operator confirms understanding of the safety standards for each component and is capable of properly addressing any observed issues using the correct procedure(s). This checklist is **NOT** intended to replace the Operator's Manual. It is the responsibility of the Operator to have read the Operator's Manual prior to completing this checklist or operating the machine. Individual companies may have their own required checks. Those checks may, or may not, be included in this list. It is the responsibility of the operator to check with the appropriate competent person for details. **For additional information, refer to the Operator's Manual.**

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DKTCCHECK (I7-07)

Maintenance Schedule

Refer to Figure 4-24, Figure 4-25, Figure 4-26, Figure 4-27, Figure 4-28, Figure 4-29, & Figure 4-30

SERVICE AT INTERVALS INDICATED	WEEKLY OR 50 HOURS	MONTHLY OR 100 HOURS	ANNUALLY OR 500 HOURS
Verify safety start interlock system	Prior to each use		
Check coolant level	Prior to each use		
Visually inspect unit for loose hardware and/or damaged parts	Prior to each use		
Visually inspect tires	Prior to each use		
Check oil level, engine (1)	Prior to each use or every 4 hours		
Clean air intake screen (8)	Prior to each use or every 4 hours		
Clean oil heat exchanger (8)	Prior to each use or every 4 hours		
Check radiator screen (8)	Prior to each use or every 4 hours		
Check fuel level	Prior to each use		
Blades - sharpen & securely fastened	Prior to each use		
Discharge chute - securely in place &in lowest position	Prior to each use		
Clean engine and pump compartment	Daily		
Check air cleaner service indicator (5)	Daily		
Visually inspect radiator core	X		
Grease deck pusher arms	X		
Grease pump idler	X		
Grease deck height pivots	X		
Grease gauge wheel bearings	X		
Change engine oil and filter (1) (4)	X		
Clean cylinder and head fins (a)	X		
Check battery connections	X		
Check tire pressure with a gauge	X		
Check hydraulic oil level	X		
Clean engine exterior (a)	X		
Check pump and deck belt tension and condition (6)		X	
Check fuel system (7)		X	
Check hydraulic lines		X	
Check fuel valve and grommet (7)		X	
Tighten lug nuts on wheels (2)		X	
Change fuel filter (7)			X
Clean or replace hydraulic fill cap			X
Change hydraulic oil filter & oil (3)			X
Drain & replace engine coolant			X
Clean radiator core (8)			X
Check ROPS mounting hardware (9)			X

NOTES:

1. Initial oil change is after 50 hours of operation. Thereafter, change oil after every 100 hours operation. Change more often under dusty or dirty conditions and during hot weather periods.
2. Torque initially and after first 2 hours of operation.
3. Perform initial hydraulic oil filter change after 50 hours (one week) of operation.
4. Change engine oil filter per the engine manufacturer's recommendations. Refer to Engine Owner's Manual for recommendations and other maintenance items.
5. Service more often under dusty or dirty conditions. Use caution when servicing to prevent dust contamination in the engine. **Do not** clean filter element. Replace with a new one.
6. **Pump drive belt only - Inspect every 100 hours** and replace if worn or cracking is noticed. Otherwise, **replace every 400 hours or 2 years** whichever comes first.
7. Check fuel system for any cracks or leaks including, but not limited to, fuel line hoses, fuel valve, vent line hoses, vent valve, vapor valve, carbon canister, and grommets. Repair as needed.
8. More often under dusty or dirty conditions and during hot weather.
9. Inspect ROPS after the first 20 hours of operation and then after every 500 hours of operation or yearly whichever comes first.

REFERENCES: Refer to Engine Owner's Manual

NOTE: After completing maintenance cycle (500 hours), repeat cycle.

SKID STEER LOADER/MULTI TERRAIN LOADER/COMPACT TRACK LOADER

Safety & Maintenance Inspection

Operator/Inspector_____ **Date**_____ **Time**_____

Serial Number_____ **Machine Hours** _____

A thorough, regular visual inspection of the machine is necessary to maintain machine performance, availability, an safety. Make the pection at the be nning of every shift or make the inspection after every 10 hours.

- Inspect the area around the machine and under the machine. Look for loose bolts, trash buildup, oil leaks, coolant leaks, broken parts, or worn parts. Remove accumulated trash, dirt, grease, or oil from the machine.

For more information, please refer to the Operation & Maintenance Manual (O&MM) or any other applicable manuals and instructions for this product. If you have questions, please contact your local Cat dealer.

What are you inspecting?	☐	What are youlooking for?	☐	Evaluator Comments
FROM THE GROUND				
Lights		Broken lamps, lenses, operation		
Grab irons, steps, handholds		Condition and cleanliness, damage		
Tires, rims		nflation, leaks, damage, wear, loose lugnuts/valve stems/ aps		
Tracks and drive lugs		Damage, deep cuts, abrasions, embedded foreign matter, proper adjustment		
Sprocket rings and sleeves		Damage (consult O&MM for replacement)		
Idlers and bogies		Damage, wear, mounting bolts		
Undercarriage		Dirt, debris, tension, excessive damage		
Electrical and hydraulic lines		Damage, leaks		
Hydraulic oil		luid level		
Hydraulic cylinders, tubes, hoses, and fittings		Damage, leaks, mounting hardware		
uel tank		Fuel level, damage, leaks; drain water and sediment		
Lift arms		Cracks, welds, debris		
Work tool		Debris between lift arm and work tool, damage		
Body		Structural damage, cracks, welds		
Diesel exhaust fluid (DEF) tank (if equipped)		Fluid level, check for debris buildup		
Overall machine		Loose or missing nuts & bolts, loose guards, cleanliness, fluid eaks		
ENGINE COMPARTMENT				
Engine oil		Fluid level, condition of oil		
Engine coolant		Fluid leve		
Air filter		Restriction indicator (if equipped)		
Radiator		Fin blockage, leaks		
All hoses		Cracks, wear spots, leaks		
All belts		Tension, wear, cracks		
Batteries and hold downs		Cleanliness, loose nuts and bolts, connections		
Covers and guards		Trash or dirt buildup, leaks		
Overall engine compartment		Trash or dirt buildup, leaks		

Safety & Maintenance Inspection

ON THE MACHINE, OUTSIDE THE CAB

What are you inspecting?		What are you looking for?		Evaluator Comments
Lights, lenses		Housing or lens damage, cleanliness		
Mirrors, windows		Damage, cleanliness, movement		
Windshield wipers & washers		Wear, damage to arm, fluid level		
ROPS		Damage, loose mounting bolts		

INSIDE THE CAB

Seat		Adjustment-height/weight, able to reach pedals		
Seat belt & mounting		Damage, wear, adjustment, age of seat belt, installation date		
Fire extinguisher (if equipped)		Charge, damage, inspection tag current		
Windows and mirrors		Condition, clean and adjust		
Horn, backup alarm, lights		Proper function		
All switches, gauges, and controls		Correct operation, damage, cleanliness		
Floor pedals and controls		Functional and clear of debris		
Cab air filter		Dirt, dust		
ROPS		Damage, loose mounting bolts		
Overall cab interior		Cleanliness, free from debris		

NOTES

Inspected by: _____ Date: _____ Time: _____

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CATERPILLAR®

ATTACHMENT 7

OVERSEAS VETTING QUESTIONNAIRE

You must digitally sign before **submitting**

Please make sure to sign upon completion. Be aware this will lock the form from further editing.

OVERSEAS VETTING QUESTIONNAIRE

General Instructions

All questions in this form must be answered completely and truthfully in order that the Government may make the determinations described below on a complete record. Penalties for inaccurate or false statements are di1-cussed below. If you are a omrent Federal or contractor employee of the federal government: failure to answer any questions completelly and tnrthfullly oould resulit in an adverse personnel action against you, iindluding loss of employment.

Purpose of this !Form

This fonm willl be used by the United states (U.S.) Government in conducting background investigations, reinvestJigations, and continuous evaluations of persons for elfgibility for logiical aooess, physical aocess, credentialing. and fitness to perform work overseas for or on behalf of the U.S. Government as Locally Employed (LE) Staff (see 3 FAM 7121) and locally-hired third party oontractors employed overseas at a U.S. Mission. For applicants, this form is to be used only after a conditional!offer of emp!loyment has been made. This form is not to be used for National Security sensitive positions.

Providing this 1informatJion is voluntary. If you do not provid eeach item of requested infonmation, however, we will not be able to complete your investigation, which willl adversely affect your ability to obtain or retain Federal or contract emp!loyment or logica!! or physica!! aooess, It is imperative that the information provided be true and accurate, to the best of your knowledge. Any infonmation that you pnovide is evaluated on the basis of its currency, seriousness, relevance to the positiion and duties, and consistency with all other information about you, Withholding, miisrepr.esentiing, or falsifying information may affect your abiliity to obtain or retain Federal or oontract employment. In add1ition, withholding, miisrepresentiing, or falsifying informat[on may affect your eligibil1ity for physical and logicall aocess to federally controlled facilities or information systems. Withholding, misreprese.nting, or fallsifying infonmation may also negatively affect your empl!oyment prospects and job status, and the potential consequences include, but are not l1imited to, removal, debarment from federal service, or prosecution.

This fonm lis a permanent document that may be used as the basis for fotrure linvestigations, suitability or fitness for Federal employme.nt, fitness for contract employment, o.re:ligibili□ for phys'ical and logical access to foderally contnolled facilirties or information systems. Your responses to this form may be compared w.ith your responses to previous questionnaires..

The investigation conducted on the basis of information provided on this form may be selected for studies and analyseslin support of evaluating and improving th,ee ffectiveness and efficiency of the investfgative and adjudicative methodol!ogies. /1111study results re.leased to the general publ!ic will delete personall identifiiers such as name, social security number, and date and place of birth.

Authority to Request tIhis Infomiation

Depending upon the purpose of your investigation, the U.S. Government is authorized to ask for this infonmat1ion under the Omnibus Diplomatic Security and Antiterrorism Act of 1'986 and Executive Order 13457, as amended,

Your Social Securify Number (SSIN) is needed to identify records unique to you. Although disclosure of your SSN is not mandatory, failure to disclose your SSIN may prevent or delay t1he prooessing of your background investigation. The authonity for soHcitJing and verifying your SSNI is Executive Order 9397, as amended.

The Investigative Process

Baokground investigations for overseas positions are conducted to gather information to determine whether you are reliable, tru.stworthy, of good conduct and character, and loyal to the U.S, The information you pnovide in this fonm willl be confinmed duning your investigation. Be aware t1hat the U.S. Government reserves the right to accompllish a final adjudication at any point dur1ing your investigation. The investigatiion may extend beyond the time covered by thiis fo nm, when neoessary to resollve i:ssues. Your curren,ternpl!oyer may be contacted as part of the investigation, regardless of whether you have previousily indlicated in other applications or forms that you do not want your curr.e.nt emp'loyer contacted. If you have a security freez,e on you,rconsumer or credlit re.port file, we may not be able to compl!e.te your investigation, which can adversely affect your abillity to obtain or reta'in Federall or oontract employment. To avoid such delays, you must request thatthe consumer reporting agencies lift the freeze in these instances.

In addition to the questions on this form, inquiiry also is made about your adherence to security r,equiremenrts, hone.sty and integrity, vulnerabillity to exploitation or coercion, falsffication, misr.eprese.ntation, and any other behavior, activities, or associations that tend to demonstrate a pe.rson is not rel1iable, trnstworthy, or loyal, Federall agency records checks may be conducted on your spouse.c, ohabiitant(s), and immediate famill;'members. After an el'igiibility determ1ination has been completed, you also may be subject to oontinuous e'iilluat1ion, which may include periodic reinvestigat1ions, to detenmine whether retention in your pos'ition is dearly consistent with tlhe interests of the Department of State.

Your Personal Intervie\!11

Some investiigations willl include an interview with you as a routine part of the investigative prooess, The investigator may ask you to expllain your answers to any question on this form. Thiis provides you the opportunity to update, clarify,, and expllain 1informatJion on your form more completely, whiioh often assists in completing your investigation. It is imperative that the interview be conducted immediate!'{ after you ar.e contacted, Postponements willl dellay the processing of your investfgation, and dedining to be interviewed may resulit in your investigation being delayed or canceled.

For tlhe interview, you willl be requiired to provide photo ide.ntilfication, such as a V'illid driver's license. You may be required to provide otlher documents to ve.rify your identity, as instructed by your iinvestigator.

These documents may includ.ecertification of any 1.egal name change, Social Security card, passport, and/or your birth oertificate. You may also be asked to provide documents r.egardiing iinfonmatiion that you provide on this form, or about other matters requiiring specific attention. These matters incllude {a) alien registration or naturalization dooument s; [b) delinquent loans or taxes, bankruptciies, judgments, liens, or other financial obligations; (c) agreements involving chiild cu.stod.yor support, al'imony, or prope.rty settllements; {d) arrests, convictions, probation, and/or parole; or (e) other matters descnitied in court records.

Instructions for Coml)leting this !Form

1. Follow the instructiions, provided to you by the ofttoe that gave you tlhis form and any other darifying iinstructions provided by that oftioe to assist you with compl!e.tion of this form, You must sign and date, in ink, the original!and each copy you submit. You should retain a copy of the completed form for your records.
2. Type or le□ibly print your answers in ink. If the form is not legible, it willl not be acoepted. You may also be asked to submit your form us'ingthe appnoved electronic format.
3. All questions on this form must be answered. If no r.esponse is necessary or appl'icab'le, indicate this on t1he form with "III/A,• unless otherwi1se noted.
4. Any changes fhat you make to this fonm, after you sign it, must be initialed and dated by you, Under extremely limited circumstances, agencies may modify your response(s) with your consent.
5. You must use the Locat[on codes (abbre.viat1ions), immediate.ly following the Privacy Act Routine Uses, when you fi11 out this form. Do not abbreviate the names of cities or foreign countries,
6. Plaoe of birth r,equires Country entry, even ifin the U.S.

7. For telephone numbers,e, nsure that the area code is induded.

8. Allidates prOlliided in this form must be in Month/Day/Year or Month/Year format. Use numbers (01-12) to ind1icate months. For exampl'e,July 29, 1968, should be written as 07/29/ll'J68, If you are unable to report the exact date, provide an estimated date which iis the best of your abil1ity to recall, and then enter "EST" in that iield.

Final Determination on Your Eligibility

Final determinatiion on your eligibillity for position is□he responsibility of t1he Federal agency t1hat requested your investigation and the agency t1hat conducted your investigation. You w1ill be proV1ided the opportunity to explain, refute, or darify any information befor,e a fina'l decision is made, if an unfavorable decision is oonsidered. The United States Government does not discriminate on the basis of race, color,,r.el'ig1ion, sex, nationall orfgin, diiSabil1ity,,or sexual onientation when granting access to classifiied information.

Penalties for Inaccurate or False Statements

71he U.S. Criminal Code (title 18,section 1001) provides that knowingly falsifying or concealing a materiallfact is a felbny which may result in fines and/or up to five (5) years imprilsonment. In add'itton, Federall agendes generall'{ fire or di.squal1ify individuals who have materially and deliberately falsified these forms,,and this remains a par.tof the permanent record for futur.e placements, Your prospects of p'lacement are better if you answer all questionstruthfully and oompletely. You willl have adequate opportunity to explain any information you provide on this form and to ma□e your comments part of the,record.

Disclosure Information

The information you provide is for the purpose of investigating you for a poslition, and the information willlbe protected from unautiloriied disdosur.e. The oollection, maintenance, and di1sdosure of background investigative informat[on are.governed by the Privacy Act, wher.e, applitcab'le. The agency that requested the investligation and the agency that conducted t1he investigation have published notices in the Federall Regiister describing□he systems of r.eoords in which your records will be maintained. The information you provide on thi1s form, and iinformation collected during an iinvestigation, may be disclosed without your consent by an agency maintaining t1he informat1ion in a system of records as permitted by ilie Privacy Act [5 U.S.C. 552a(b)l, and by routine uses, a list of which are published by □he agency in the FederalR□gister,

Routine *Uses*

1. To the Department of Justice when:: (al the age ncy or any component thereof; or (b) any employee of t1he agency in his or her officiallcapacity; or (c) any employee of t1he agency in his or her 1individua,clapacity where the Department of Justiice has agreed to represent the employee; or (d) the United States Govem ment, is a party to llitigation or has interest in such litigation, and by careful review, the agency determines that t1he records ar.e both relevant and necessary to the litigat1ion and the use of such reoords by □he Department of Justioe ils therefore deemed by ilie agency to be for a purpose that iscompatible with the purlpose for which the agency oollected the records.

2. To a court or adjudicative bod'{ iin a proceeding w'hen: (a) the agency or any component t1hereof; or (b) any emplloyee of the agency in his or her officia'l capacirty; or (c) any employee of the agency in his or her individual capacity where the Department of Justice has agreed to represent th.eemplbyee; or (d) the United States Government is a party to l1itigation or has inter,est in sudh litigation, and by car.eful review, the agency determines that 1:Jhe reoords are both relevant and neoessary to the litigation and the use of such reoordls is therefore deemed by the agency to be for a purpose that is compatible with the pu□pose for which the agency oollected the records.

3. Except as noted in Sectiions 23 and 27, when a reoord on its face, or in conjunction with other reoords, indicates a vio!latton or potential v[olation of law, whe.fuer ci111il, criminal, or regulatory in nature., and whether arising by gene,ral statute, particular program statute, regulation, rulle, or order issued pursuant ilereto, the relevant records may be di1;closed to the appropriate Federal, foreign, state, local,,t1nibal, or other public authority responsible for enforcing, investigating or prosecuting such violation or charged with enforcing or implementing the statute, rule, regulation, or order.

4. To any sour,ce or potential source from which information is requested in the course of an investigatlion concerning the hiring or retention of an employee or other personnellaction, or the issuing or retention of a security dearanee, contract, grant, license., or oilier beneliit, to 1:Jhe extent necessary to identify the ind'ividual, inform □he source of the nature and purpose of the investigation, and to identify the type of information r.equested.

5. To a Federal, state, llocal, foreign, tribal, orotihe,r public authority the fact that thlis system of reoords contains information relevant to the retentiion of an emp'loyee, or ilie retention of **a** seouMity clearance, contract, lioense, grant, or other benefit. The other agency or ltoensing organization may then make a request supported by written consent of the individual for the entire record if lit so chooses. No disclosure willl be made unlless the information has been determined to be sufficiently reliable to support a referra'l to another office within the agency or to another Federal agency for oriminal,,civil, administrative,,personnell, or regulatory actlion.

6. To contractors, grantees,, experts, oonsultants, or volunteers when necessary to perform a function or service related to t1his re.cor,d for whiioh they have been engaged. Such r.eciptents shall be r.equired to compl11**with** the Privacy **Act of** 1974, as amended.

7. To □he news media or the general pub'lic, factual information the di.sclosur.e of which would be in the public interest and whiioh would not constitute an unwarranted invasion of personal privacy.

8. To a Federal, state, or locall agency, or o□her appropriat,ee.ntities or individua'ls, or through estab!lished llliaison channels to selected foreign governments, in order to enable an intelligence agency to canry out lits respon'libilities under □he NattonallSecurity Act of1947 as amended, the OIA Act of 1949 as amended, Executive Order 12333 **or** any sucoessor order, applicable nat1ional security directives, or dlassified implementing procedures approved by t1he Atitomey Generali and promulgated pursuant to such statutes, orders or directives.

9. To a Member of Congress or to a Congressional staff member in response to an inquiryoftheCongressiona'l office made at the written request of the constituent about whom the record is maintained,

10,To □he National Archives and Records AdlminisJ:Jratiion for records management inspections conducted in accordance with 44 U.S.C. 2904 and 2906..

ILTot1he Office of Management and Budget when necessary to the review of private rel1ief legislation,

OVERSEAS VETTING QUESTIONNAIRE

INFORMATION PROVIDED BY THE FEDERAL BUREAU OF INVESTIGATION

Privacy Act Statement

This privacy act statement is located on the back of the FD-258 fingerprint card.

Authority: The FBI's acquisition, preservation, and exchange of fingerprints and associated information is generally authorized under 28 U.S.C. 534. Depending on the nature of your application, supplemental authorities include Federal statutes, state statutes pursuant to Pub. L. 92-544, Presidential Executive Orders, and federal regulations. Providing your fingerprints and associated information is voluntary; however, failure to do so may affect completion or approval of your application.

Principal Purpose: Certain determinations, such as employment, licensing, and security clearances, may be predicated on fingerprint-based background checks. Your fingerprints and associated information/biometrics may be provided to the employing, investigating, or otherwise responsible agency, and/or the FBI for the purpose of comparing your fingerprints to other fingerprints in the FBI's Next Generation Identification (NGI) system or its successor systems (including civil, criminal, and latent fingerprint repositories) or other available records of the employing, investigating, or otherwise responsible agency. The FBI may retain your fingerprints and associated information/biometrics in NGI after the completion of this application and, while retained, your fingerprints may continue to be compared against other fingerprints submitted to or retained by NGI.

Routine Uses: During the processing of this application and for as long thereafter as your fingerprints and associated information/biometrics are retained in NGI, your information may be disclosed pursuant to your consent, and may be disclosed without your consent as permitted by the Privacy Act of 1974 and all applicable Routine Uses as may be published at any time in the Federal Register, including the Routine Uses for the NGI system and the FBI's Blanket Routine Uses. Routine uses include, but are not limited to, disclosures to: employing, governmental or authorized non-governmental agencies responsible for employment, contracting, licensing, security clearances, and other suitability determinations; local, state, tribal, or federal law enforcement agencies; criminal justice agencies; and agencies responsible for national security or public safety.

Noncriminal Justice Applicant's Privacy Rights

As an applicant who is the subject of a national fingerprint-based criminal history record check for a noncriminal Justice purpose (such as an application for employment or a license, an immigration or naturalization matter, security clearance, or adoption), you have certain rights which are discussed below. All notices must be provided to you in writing[1]. These obligations are pursuant to the Privacy Act of 1974, Title 5, United States Code (U.S.C.) Section 552a, and Title 28 Code of Federal Regulations (CFR), 50.12, among other authorities.

* You must be provided an adequate written FBI Privacy Act Statement (dated 2013 or later) when you submit your fingerprints and associated personal information. This Privacy Act Statement must explain the authority for collecting your fingerprints and associated information and whether your fingerprints and associated information will be searched, shared, or retained.[2]
* You must be advised in writing of the procedures for obtaining a change, correction, or update of your FBI criminal history record as set forth at 28 CFR 16.34.
* You must be provided the opportunity to complete or challenge the accuracy of the information in your FBI criminal history record (if you have such a record).
* If you have a criminal history record, you should be afforded a reasonable amount of time to correct or complete the record (or decline to do so) before the officials deny you the employment, license, or other benefit based on information in the FBI criminal history record.
* If agency policy permits, the officials may provide you with a copy of your FBI criminal history record for review and possible challenge. If agency policy does not permit it to provide you a copy of the record, you may obtain a copy of the record by submitting fingerprints and a fee to the FBI. Information regarding this process may be obtained at https://www.fbi.gov/services/cjis/identity-history-summary-checks and https://www.edo.cjis.gov.
* If you decide to challenge the accuracy or completeness of your FBI criminal history record, you should send your challenge to the agency that contributed the questioned information to the FBI. Alternatively, you may send your challenge directly to the FBI by submitting a request via https://www.edo.cjis.gov. The FBI will then forward your challenge to the agency that contributed the questioned information and request the agency to verify or correct the challenged entry. Upon receipt of an official communication from that agency, the FBI will make any necessary changes/corrections to your record in accordance with the information supplied by that agency. (See 28 CFR 16.30 through 16.34.)
* You have the right to expect that officials receiving the results of the criminal history record check will use it only for authorized purposes and will not retain or disseminate it in violation of federal statute, regulation or executive order, or rule, procedure or standard established by the National Crime Prevention and Privacy Compact Council.[3]

[1] Written notification includes electronic notification, but excludes oral communication.

[2] https://www.fbi.gov/services/cjis/compact-council/privacy-act-statement

[3] See 5 U.S.C. 552A(B),; 28 U.S.C. 534(1B); 34 U.S.C. 40316 (formerly cited as 42 U.S.C. 14616), Article IV(c); 28 CFR 20.2.(c), 20.33(d) and 906.2(d).

OVERSEAS VETTING QUESTIONNAIRE

PERSONS COMPLETING THIS FORM SHOULD BEGIN AFTER CAREFULLY READING IBE PRECEDING INSTRUCTIONS.

I have read the instructions and I understand that if I withhold, misrepresent, m falsify information on this form, I am subject to the penalties for inaccurate or false statement (per U.S. Criminal Code, Title 18, section 10011, or removal and debarment from Federal or contract employment. QYes QNo

SECTION 1- Personal Information

Surname *(Family Name)*	Given name *(First Name)*	Middle Name *(other Name)*

Date of Birth (MM/DD/YYYY)	Sex QMale 0 Femalle	Place of Birth if born in the US, enter the state postal abbreviation (such as CA, NY) in the state field City/Town/Village state/Province/Territory Country

Have you ever used another birth date in legal doumentation? QYes QNo

IA- Former Names/Aliases

Have you been known by any other names? Io Yes Q No

1B - Citizenship & Identification

IB. 1- Citirnnship *(Click to the right to add/remove countries of citizenship)* [+] -

Provide the name of the country and the period of time you held citizenship with this country (if multiple proofs of citizenship are being entered fm the SAMECOUNTIRY: click"+", enter the same country and time period, and add the additional IDinformation) ☐

Country of Citizenship	From	To	Present
		☐Est.	☐Est.

Proof of Citizenship

ID Type	m Number	Issuing Authority	Date Issued	Date Expires

The name the citizenship was issued under

Surname *(Family Name)*	Given name *(First Name)*	Middle Name *(other Name)*

1B.2 - Forms of Identification *(Provide as many as possible by clicking'+' to the right)* [+] -

ID Type	IDNumber	Issuing Authority	Date Issued	Date Expires

1JB.3 - Permanent Resident Card

Have you ever been issued a Permanent Resident Card (Alien Registration Number or USCIS Number) by the US Governme.nt? QYes QNo

18. 4 - Social Security Number

Have you ever been issued a Sooial Security Number by the IJS Government? QYes QNo

1C - Physical Description

Hair	Eye	Height *(meters or feet/inches)*			**Weight** *(kilograms or pounds)*	
		m	*ft*	in	*lbs*	*kg*

Describe any unique features or identifying marks on your body. (Example:: I have **star** shaped scars on my left shoulder and chin.)

1D - Contact & Social **Media**

1D. 1- Contact Information

Please provide your current contact information Home Email IworlkEmail

Phone Number Phone Type	Phone Number Phone Type	Phone Number Phone Type

1D.2 - Social Media Membership [+] -

Provide all social media that you currently use. Select 'Other' if one you use isn't listed in the drop-down and write it the social media name.

Username	Media Site

SECTION 2 - Residency History

List the places where you have lived beginning with your current residence and working back seven years. Residences for the entire period must be accounted for without breaks. Indicate the actual physical location of your residence, not a Post Office box or a permanent residence where you were not physically located. If you split your time between one or more residences during a time period, you must list all residences. Do not list residence before your 18th birthday unless you are doing this to provide a minimum of two years residence history.

You are not required to list temporary locations of less than 90 days that did not serve as your permanent or mailing address.

for your current address provide a person who knows you at that address, and who preferably still lives in that area. Do not list people who knew you well for residences completely outside this period, and do not list your spouse, cohabitant or other relatives.

Have you lived in the United states for more than six(6) months continuously during the past seven (7) years? QYes QNo

2A- Current Residence

Provide the dates in which you lived in this residence, If you do not recall the exact date enter your best estimate and mark the "Est" box From (MM/DD/YYYY) ☐ Est.	Residency Status: Qowned O Rented/leased by you 0 Military Housing Qother
Street (Bldg or Apt)	
Oty/liown/Village State/Province[rerritory Postabode Country	

2A.2 - **Neighbor's** Contact Informati"011,

Surname *(family Name)*	Given name *{First Name}*	Middle Name *(other Name)*
	Home Email	**Work** Email
Phone Number Phone Type	Phone Number Phone Type	Phone Number Phone Type
Street (Bldg or **Apt)**		
City/liown/Village	state/Province/Territory	Postal Code Country

2B - Prior Residenoes [+] -

2B.1- Residence Infom1ation

Provide the dates in which you lived in this residence. If you do not recall the exact date enter your best estimate and mark the "Est" box From (MM/DD/YYYY) To 0 Est 0 Est.	Residency status: Qowned 0 Rented/Leased by you 0 Military Housing QOther
Street (Bldg or Apt)	
City/liown/Village State/Province{Territory Postal Code Country	

2B.2:- Neighbor's Contact Information

OVERSEAS VETTI *re* QUESTIONNAIRE

Surname *(Family Name)*	Given name *(First Name)*	Middlle Name *(other Name)*
	Horne Email	Work Email
Phone Numtier Phone Type	Phone Number Phone lype	Phone Number Phone lype
Street [Bldg or Apt)		
City/Town/Village | State/Province/Territory	| Postal Code | Country	

SECTION 3 - Education History

Have you attended an educationa'l institution in the last seven years?	QYes QNo
Did you attend an educational institution more than seven years ago?	QYes QNo

SECTION 4 • Employment History

If you have never held a job/work positJion before, proceed immediately to the next section. IHhi&is not the case please list all of your employment activities, including unemployme,nt and self-employment, beginniing with the present and working back seve n years. Ihe entire period must be accounted for without breaks. If the employment activity was military duty, list separate employme,nt activity periods to show each change of mil1itary duty station. Provide separate entries for employment activities witlh the same employer but having difi erent physicall addresses. Do not l1i,set mployment before your 18th birthdlay unless to provide a minimum of 2 year semployment h-istory.

4A - Employment (All employment in the last 7 years) |+| -

Sellect the type of emplloyment (emplloyed, unemployed, military) and enter tlhe time period related to it (If you do not recall the exact date enter your best estimate and mark the "Est" box). You must account for the last 7 years **wiith** no interruptions

lype	from 0 Est.	Io DPresent ☐Est.
Emp'loyer	Email	WmlkTitle

Provide the organization's address and a supervisor's contact 1informat1ion (if unemployed, provide contact info for someone **who** can verify).

Street (Bldg or Apt)			
City/Town/Village	state/Province/Territory	Postal Code	Country
Supervisor's **Work** ntle	Supervisor's Surname *(Family Name)*		SuperviiSor's Given Name *(First Name)*
Supervisor Email	Phone Numbe.r		Phone Type

Reason for Leaving?

Any Disciplinary Action Taken Against You?

4B - Additional Employment Information

Have you served in tlhe US Military Service more than 7 years ago?	QYes QNo
Have you worked for a government (exduding the US) organization/military more than seven {7) years ago?	QYes QNo

SECTION 5 - Social References

Provide contact information for three (3) persons who are not family rellat[ons and are not llisted in other sections of this form

SA - Social Ref,er,ence 1 *(Provide contact information for a person who knew you during the past seven (7} years.)*

How long have you known this person?	From 0 Est.	To D Present 0 Est.
Surname *(Family Name)*	Given name *{First Name)*	Middl e Name *(other Name)*
Work Emaill	Home Email	other Emaill

Phone Number Phone Type	Phone Number Phone Type	Phone Nlumber Phone Type

Street (Bldg or Apt)

Ciity/Town/Villlage | state/Proviince/Tenitory | Postal Code | Country

SB - Social Reference 2 *(Provide contact information for a person who knew you during the past seven (7) years.)*

How long have you known this person?	From 0 Est.	To D Present 0 Est.
Surname *(Family Name)*	Given name *(First Name)*	Middl e Name *(other Name)*
Work Emaill	Home Email	**other** Emaill

Phone Number Phone Type	Phone,Number Phone Type	Phone,Number Phone Type

street (Bldg or **Apt)**

Ciity/Town/Villlage | State/Province/Territory | Postall Code | Country

SC - Social Reference 3 *(Provide contact information for a person who knew you during the past seven (7) years.)*

How long have you known this person?	From 0 Est.	To D Present 0 Est.
Surname *(Family Name)*	Given name *(First Name)*	Middl e Name *(other Name)*

Work Emaill	Home Emaill	Other Emaill
Phone Number Phone Type	Phone Number Phone Type	Phone Nlumber Phone Type

st l reet (Bldg or Apt)

Ciity/Town/Villlage | State/Province/Territory | Postal Gode | Country

Section 6 • Marital Status/DomesticUnion Status/Domestic Partnership Status

Provide your current status (check all that apply)

D Married/Cohab:iting/Se,parated | ☐ rnvorned/Widowedl | ☐ Single (never married)

SECTION 7 - Relationships

7A - Parents

7A.1- Parent ,(Click to the right to add/remove parents) | + | -

Relatiorship to you D Parent D Step-Parent D r;oster Parent D Guardian D Parent-in-law

Surname *(Family Name}*	Given name *(First Nome}*	Ma1iden Name/Middlle N'ame
Date ofBirth / Birth City/lownNillage	B1irth State/Province/lernitory	Birth Country

Citizenship *{Click to the right to odd/remove countries of citizenship}* |+| -

Country of Citizenship

Provide contact infonmation ☐ Deceased

Phone Number / Phone Type	Contact Emaill

Provide a current address if different from your own

street [Bldg or Apt)

City/lown/Viiill'age | State/Province/lerritory | Postal Codie | Country

7B - Siblings

7B..1- Sibling (Click to tllle rigl,t to add/remove sibli11g] | + | -

Relation.ship to you 0 Sibling 0 Hatf'sibling D Step-sib'ling

Surname *(Family Name}*	Given name *(First Name}*	Ma1iden Name/Middlle N'ame
Date of Birth / B.irth City/lownNillage	B1irth State/Province/lernitory	Birth Country

Citizenship *{Click to the right to add/remove countries of citizenship}* |+| -

Country of Citizenship

Provide contact infonmation ☐ Under 18? ☐ Deceased

Phone Number / Phone Type	Contact Emaill

Provide a curr,ent address if different from your own

street [Bldg or Apt)

City/lown/Viiill'age | State/Province/lerritory | Postal Codie | Country

7C - Children			
7C.1- Child (Olick to the right to add/remove children			| + | -
Relationship to you	Child Stepchild		
Surname *(Family Name}*	Given name *(First Nome}*	Maiden Name/Middl!e Name	
Date of Birth Birth City/liown,Nillage	8irth State/Province/lierritory	Birth Country	
Citi□enship *(Click to the right to odd/remove countries of citizenship)*			|+| -
Country of Citiienship			
Provide contact information	☐ **Under** 18?	☐ Deceased	
Phone Number Phone Type	Contact Emaill		
Provide a current address if diifferent **from** your own			
Sllreet (Bldg or **Apt)**			
City/Town/Village	State/Province/Territory | **Postal** Code | Country		

SECTION 8 • ForeignTravel	
Have you traveled outside the country in the past seven (7) years?	QYes QNo
SECTION 9 - Prior Investications	
Has the United States Goverinment (or any foreign government) EVER !investrgated you?	QYes QNo
SECTION 10 • General Questions	
IOA - Financial	
IOA.1- Have you expe.rienced difficulty paying your bills dur1ing the past seven [7) years?	QYes QNo
IOA.2 - Has the financial difficulty mentioned in the pr.evious question been resolved?	QYes QNo
IOA.3 - Have you formalll¥ declared bankruptcy *(an inability ta pay your debts)* during the past seven (7) years?	QYes QNo
IOA.4 - Have you, your spouse, cohabitant, or dependent childnen EVERhad financial 1interests (such as stocks, property, investments, bank accounts, owne,rship of corporate entities, corporate inter ests or businesses) in a country other than that of your oitizen.sh'ip?	QYes QNo
108 - Legal	
108.1- In t!he past (7) years, have you been issued a summons, citation, or ticket to appear in court in a criminal proceeding against you?	QYes QNo
108.2- In tlhe past (7) years, have you been charged, convicted, or sentenced with a crime in any court?	QYes QNo
108.3 - In t!he past (7) years, have you been a party to any publ!ic record civil court action not listed elsewhere on this form?	QYes QNo
108.4- Have you been debarred from government employme.nt?	QYes QNo
108.5- Have you been arrested, detained, or questioned by policie iin the past seven (7] years?	QYes QNo
108.6- Have you illlegal'll¥ or without proper authorization accessed or attempted to aocess any information teohnology system?	QYes QNo
108.7 - Have you ever used any drugs or controlled substances? *(Use of a drug or contwlled substance includes injecting, snorting, inhaling, swallowing, experimenting with or otherwise consuming any drug or controlled substance)*	QYes QNo
108.8- Have you ever used any drugs or controlled substances without a doctor's prescript!ion?	QYes QNo
108.9 - Have you ever been involved in trafficking substances such as weapons, persons, dim.gs, controlled substances., etc.?	QYes QNo
IOC- Associations & Conduct	

OVERSEAS VETTI 'G QUESTIONNAIRE

IOC.I - Do you, your associates, or family have cormectJions to any persons, groups, governments, or countries that create a conflict of inter,est?	QYes QNo
IOC.2 - Have you been involved in any act of sabotage, espionage, 1:Jreason, te nrorism or other acts to overthrow a government?	QYes QNo
IOC.3 - Have you associated or sympathized with persons involved iin sabotage, espionage, treason, terrorism or s!imil!ar acts?	QYes QNo
IOC.4- Have you engaged in conduct which may make you vulnerable to coercion, exploruition, or blackmaili?	QYes QNo
IOC.5 - Have you ooncea'led informatlon which may make you vullnerable to coercion, exploitation, or blackmail?	QYes QNo
10ID- **Additional** Disclosures	
Pmvide any 1information you believe we should be aware of before we begin your investigation	

SECTION 11- Certification

My statements on this fonm, and on any attachments to it, are true, complete, and correct to the best of my knoW:ledge and belief and are made in good faith. I have carefully read the foregoing instructions, routine uses, and statements pertaining to the Privacy Act. I understand that a know.ing and willful false statement on this form can be punished by fine or imprisonment or both (18 U.S.C. 1001). I understand that intentionally withholding, miiSrepresenting, or falsifying information may have a negative efiect on my .securirty oertmication, physical acoess, OSHP certification.e, mployment prospects, or job status, up to and including denial or revocation of my securit ycertiifica1lion, phys•ical aocess, or OSHP certification or my removal from i'eder!l service.

I certify and agree

SECTION 12 - Completion Assistance

Was a 1Jran sh1tor or aid used to complete this fonm?	QYes QNo

OVERSEAS VETTI TG QUESTIO TNAIRE

AUTHOIRIZA'TIONIFOR IRELIEASE OF IINIFORMATIONI

Please carefully read this authorization to rellease information about you, If you agree to the terms of this authorization, sign and date this **form** below,

I Authoriize any rinvestigator, speaial agent, or other duly accredited representative of the United States Department of State (State) or other authorized Federal agency conducting my background investigation, reinvestigation, or ongoing evalluation of my eHgibility for a security certifiication, physical access, oran Overseas Seasonal Hir•e Program (OSHP) certification to obtain any information relating to myactli11ities, conduct, and character, This information may include, but is not limited to, current and historic academic, residentia'l, achievement, performance, attendanoe, disciplrinary, employment, criminal, financial an,dcrediit information, and publicly available social media information.

I Understand that, for these purposes, publicly available sociall media information includes any electronic social media information that has been publlished or broadcast for public consumption, is availlable on r,equest to the•publric, is accessible anline to the public, is available to the publlic by subscriiptiion or purahase, or is otherwise lawfully aocessible to tlhe public, I fiurther understand tlhat th'is aurtlilorization does not require me to provide passwordls; log into a private account; or take any action1:Jhat would disclose non-publicly available sociallmedia information.

I Authollirze any iinvestigator, spedial agent, or othe•r duly accr,edited representative of State, the Fede-ral Burea,uof Investigation, tlhe Department of Defense, tlhe Department of Homeland Secunity, the Office of the Director or Natiional Intelliigence•, the Office of Personnel! Management, and any other autliloriied Federal agency, to request criminal record information about me from criminal!justice agencies for tlile purpose of determining my eligibility for a security certiifiication consistent with 5 U.S.C. 9101 and Executive Order 13467, June 30, 2008, as amended. I understand that I may r,equest a copy of such reoords as may be available to me under 1:Jhe law.

I Authollirze custodians ofi records and other sources of information pertaining to me to release such information upon request of the investigator, special agent, or other duly accredited representatiive of State or any Federal agency authoriized above regardless of any previous agreement to tlile contrary.

I Understand that the information released by reoords oustodians and sources of information is for official use by State onll)' for the purposes provided in this Overseas Vetting Questionnaire•, and that it may be disclosed only as authorized by l!aw,

I Authorize the information to be,U1;ed to conduct officially sanctioned and approved personnel! security-r,5lated studies and analyses, which willl be maintained in accordance with the Privacy Act, where applicable.

Photocopies of this authorization with my S'ignature ar,e valid. Th'is authorization shall r,emain in effect so long as I am applying for or retain a security certJification, physic.:il access, or OSHP oertilfic.:ition.

Surname *{Family Name)*	Given *name(Firsttvame)*	Middle Name *(other Name)*
ID Type	IDNumber	Date of Birth (MM/DD/YYYY]
Street (Blldg or Apt)	City/Town/Village	State/Province[rernitory	Postal Gode	Gountry
Form Complletion Signature		

ATTACHMENT 8

QUALITY ASSURANCE MONITORING FORM

SERVICE or STANDARD:

_____
_____
_____

SURVEY PERIOD: _____

SURVEILLANCE METHOD (Check):

_____Customer Feedback
_____ Random Sampling
_____ 100% Inspection
_____ Periodic Inspection
_____ Contractor Self Reporting
_____ Trend Analysis
_____ Third Party

LEVEL OF SURVEILLANCE SELECTED:

_____Monthly
_____ Quarterly
_____ As needed

PERCENTAGE OF ITEMS SAMPLED DURING SURVEY PERIOD: _____%

ANALYSIS OF RESULTS:

OBSERVED SERVICE PROVIDER PERFORMANCE MEASUREMENT RATE: _____%

SERVICE PROVIDER'S PERFORMANCE (Check):

_____ Meets Standards
_____ Does Not Meet Standards

NARRATIVE OF PERFORMANCE DURING SURVEY PERIOD:

_____
_____
_____

PREPARED BY:_____**DATE:** _____

ATTACHMENT 9

CUSTOMER FEEDBACK FORM

TYPE OF SERVICE: _____

CONTRACTOR: _____

NOTE: **O** = Outstanding Performance **E** = Excellent Performance **S** = Satisfactory Performance
U = Unsatisfactory Performance

1	**Surveillance:**			
2	**Performance Rating Criteria:** Performance is outstanding (O) when_____. Performance is excellent (E) when_____. Performance is satisfactory (S) when_____. Performance is unsatisfactory (U) when_____.			
3	**Procedure:** Instructions on how to fill out customer feedback. Must be clear and complete			
4	**Comments:**			
		Performance: Excellent (E), Satisfactory (S), Unsatisfactory (U)		
	Notes:	**Service**	**Quality of Work**	**Personnel**
	Overall Rating Of Inspection (O, E, S, or U)			

Additional Comments:

Signature:_____Date: _____

ATTACHMENT 10

CONTRACT DEFICIENCY REPORT FORM

A deficiency notice/report is used to document a deficiency in the contractor's performance of a contract requirement. The contractor is required to report back the corrective action taken. If the contractor's inability to perform is based upon the Government's lack of support, it should be documented on this form.

Date of Discovery:

Location:

Responsible Contract Site Manager:

Required Performance:

Actual Performance and Deficiency Noted:

_____

COR Signature and Date

_____

Contract Project Manager Signature and Date

NOTE: Contract Project Manager should correct the deficiency noted above and notify the COR of the corrective action taken and whether the action taken corrected the condition.