

**ATTACHMENT NO. FIVE
QUALIFICATION STATEMENT
INTEGRATED RODENT AND PEST MANAGEMENT PROGRAM
AT VAMC CANADAIGUA**

SPECIAL NOTE: THIS STATEMENT MUST BE COMPLETED IN FULL, WITHOUT EXCEPTION BY ALL OFFERORS AND BE SUBMITTED WITH THE OFFEROR'S OFFER.

1.	NAME OF OFFEROR	
2.	MAIN OFFICE ADDRESS	
3.	TELEPHONE NUMBER	

4. What is the location of the local facility that will service this contract?

5. Where are support facilities located which will service this contact?

ENGINEERING		
MANUFACTURING		
TECHNICAL DATA DEPT		
PARTS WAREHOUSE		

6. What is the method of contacting field personnel on a 24 hour basis?

7. List four (4) service personnel, supervisory, and management who will be servicing VAMC Canandaigua, their permanent location and years of experience providing integrated rodent and pest management programs. Only personnel whose primary assignment is within Central New York shall be listed.

Service Personnel

	NAME	YEARS OF EXPERIENCE
1.		
2.		
3.		
4.		

Supervisory And Management Personnel

	NAME	YEARS OF EXPERIENCE
1.		
2.		
3.		
4.		

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8. List five (5) locations in Ontario county and one hundred (100) mile vicinity where offeror maintains, under similar maintenance, similar type of IPM service, listing the following:

COMPANY NAME	LOCATION	SERVICE TYPE	YRS UNDER SERVICE	CONTACT PERSON AND PHONE #

9. Provide samples with offer of the following forms:

- A. Safety Test
- B. Check Charts
- C. Service Department Report
- D. Time Tickets

10. List source of technical articles, manuals, etc to be used in conjunction with servicing this IPM.

11. Which parts do you now have available as spare parts to minimize shutdown time? List same.

12. Location where items listed in #11 above may be reviewed by the VA.

13. Method by which offeror will provide service in Ontario county in event of a strike or work stoppage by his employees.

14. Approximate number and value of replacement parts for IPM equipment in the Canandaigua/Rochester area. _____

OFFERORS MUST SUBMIT THIS ORIGINAL SHEET COMPLETED WITH OFFER.