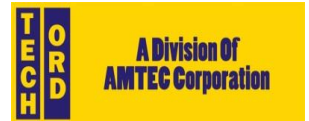


**SUBCONTRACTOR SAFETY SELF ASSESSMENT FOR CONTRACTORS
PROVIDING ARMS, AMMUNITION AND EXPLOSIVES (AA&E)**



1.	Provide each facility address and identify work to be performed at each facility involving AA&E for proposed effort. (Please do not list a P.O. Box address or corporate administrative office address if the work is to be done at another location.)
2.	Do you have any outstanding safety violations since the last DCMA Safety Survey was completed?
3.	Do you understand that if any AA&E product listed above is handled at any location other than the location stated above or at any of your suppliers, you must inform Tech Ord in writing and obtain written approval? Check one: <input type="checkbox"/> Yes <input type="checkbox"/> No
4.	Do you have a license(s) from BATFE for your explosives and/or firearm activities? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please list license number(s) and expiration:
5.	State your injury and illness incident rates from your OSHA 300 log (columns H & I +M) for the last three years.
6.	Do you currently have any waivers or exemptions at any location stated in question #1 for requirements in DoD4145.26M or an applicable service Component safety manual? <input type="checkbox"/> Yes <input type="checkbox"/> No If so, describe briefly:
7.	Do you currently have an approved safety site plan for the area where the work will occur on this purchase order or contract? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please state approval authority and date of approval. If the answer is no, are you going to be submitting a plan for approval prior to commencing work? Describe briefly:
8.	Do you meet Quantity Distance requirements at the specified location(s) for the proposed effort where AA&E will be handled, stored, processed, manufactured, or exist? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, describe briefly:
9.	Have you, in the past 36 months, had any mishaps/events involving AA&E which resulted in lost time injuries or fatalities? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, describe briefly:
10.	Under the contract for the proposed product(s) or service(s), have you taken any exception to or will you be requesting "acceptance of existing conditions" for any requirements of DoD4145.26M or the applicable service components safety manual? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, describe briefly:
11.	Does the company follow up regarding subcontractor compliance with DoD4145.26M? In what manner?
12.	At the facility stated in question #1, do you use the concepts of total confinement or Maximum Credible Event to meet either the fragment rule or Quantity Distance? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, provide details:
13.	In the past 12 months, has any governmental agency, e.g., DCMA, AMCCOM, ATF, etc., performed any surveys related to AA&E for the facility in question #1? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please provide details and describe any outstanding issues that are currently non-compliant:
14.	Per FAR 9.104-1, have you been found non-responsible or ineligible to receive a government or U.S. contractor AA&E award during the last 12 months? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, explain:
15.	Provide a listing of all your AA&E suppliers, including those providing "common commercial" items. Include the facility address, point of contact, name, phone number, and a description of the work performed at each facility.
16.	How do you ensure and verify that your AA&E suppliers listed above are in compliance with DoD4145.26M?

Seller/subcontractor certifies by signing below that the information submitted is accurate and complete.

PREPARER NAME:	PREPARER TITLE:
COMPANY NAME:	COMPANY TELEPHONE NUMBER:
DATE PREPARED:	SUPPLIER ACCOUNT NID:

TOA Safety Representative certifies by signing below that the information has been reviewed and is acceptable.

REVIEWER NAME:	DATE:
----------------	-------

This survey will be issued to your company on an annual basis.