

PRE-AWARD SURVEY OF CONTRACTOR'S/CARRIER'S FACILITIES AND EQUIPMENT				DATE (Yr/Mo/Day) 20131030	
INSTRUCTIONS: THIS SELF EXPLANATORY FORM IS TO BE COMPLETED IN DUPLICATE FOR EACH WAREHOUSE OR SPECIFIC AREA THEREOF IN WHICH HOUSEHOLD GOODS ARE TO BE STORED. THE ORIGINAL TO BE RETAINED BY THE RESPONSIBLE ACTIVITY, DUPLICATE TO THE CONTRACTOR/CARRIER.					
NAME AND ADDRESS OF FIRM (Include ZIP code) MTL Umzugsg GmbH Dom Assenheimer Strasse 50 61169 Friedberg-Bauernheim		SCAC	CONSTRUCTION OF BUILDING		
NAME OF OPERATING EXECUTIVE Aydin Yavuzylmaz		FLOOR(S) -none-	NUMBER OF FLOORS 1		
PHONE (Include AREA CODE.) BUSINESS: (060) 311-6173 HOME: (017) 385-7492		BASEMENT -none-			
ADDRESS OF STORAGE LOCATION (Include ZIP CODE.) -same-		GIVE NARRATIVE DESCRIPTION OF BUILDING (Use reverse for diagram of storage area, if desired.) in rectangularly shape 1 large sliding door 1 fire exit office complex attached see warehouse diagram			
WAREHOUSE NUMBER	AREA (Floor, Fire Division, etc.)				
WAREHOUSE LICENSE NO.	OPERATING AUTHORITY				
OPEN FOR BUSINESS (Hours and days of week.) Monday-Friday 0800 - 1700					
PICK-UP AND DELIVERY EQUIPMENT					
NUMBER OF TRUCKS 3	TYPE OF TRUCKS closed	TOTAL STORAGE SPACE (Square feet.) 12,800 / US Operation 1600, expandable			
1	moving van	OWNERSHIP OF BUILDING <input type="checkbox"/> OWNED <input checked="" type="checkbox"/> LEASED (If leased complete the following and attach a copy of lease.) LEASE EXPIRES 20161031 PHONE (060) 311-6950			
FIRE PROTECTION		NAME AND ADDRESS OF OWNER (Include ZIP CODE.) Renata, Peter, Helmut Scharf; Vogelsbergstrasse 15 61169 Friedberg			
FIRE CONTENTS RATE (Based upon 80 percent co-insurance per \$100 per year.) "Full coverage" 13,280,000 EUR					
DOD FIRE CLASSIFICATION CODE III	WEIGHT LIMITATIONS (LBS.) 600,000	(CHECK "YES" OR "NO" AS APPROPRIATE)			
NUMBER OF MILES TO NEAREST FIRE DEPARTMENT: 1/4		CATEGORY OF BUSINESS		YES NO	
NEAREST FIRE HYDRANT	NUMBER OF FEET FROM BUILDING: 120	POUNDS OF PRESSURE:	MINORITY BUSINESS ENTERPRISE		
<input checked="" type="checkbox"/> ADEQUATE <input type="checkbox"/> INADEQUATE			SMALL BUSINESS CONCERN	<input checked="" type="checkbox"/>	
DESCRIBE FIRE PROTECTION SYSTEM Fire extinguishers, Fire smoke detection		FIRE EXTINGUISHERS			
FREQUENCY OF TEST/INSPECTION: annually		IS THERE A SUFFICIENT NUMBER?			
MAINTENANCE CONTRACT WITH Phoenix Sicherheits GmbH Klaus-P. Foeller Hoerber und Mandelbaumstrasse 6 Birkholzweg 38 86794 Oberhausen 60433 Frankfurt		ARE THEY THE PROPER TYPE?			
Fire Detection System Fire extinguishers		ARE THEY REGULARLY INSPECTED AND MAINTAINED?			
		FIRE FIGHTING PLAN			
		IS A FIRE FIGHTING PLAN POSTED?			
		ARE ALL EMPLOYEES FAMILIAR WITH THE PLAN?			
		CLIMATE PROTECTION			
		IS BUILDING PROTECTED FROM EXTREME COLD?			
		IS BUILDING PROTECTED FROM EXTREME HEAT?			
		IS BUILDING PROTECTED FROM EXTREME HUMIDITY?			
		IS VENTILATION ADEQUATE?			
		ARE UTILITIES AND OTHER SYSTEMS SERVICED AT LEAST ANNUALLY?			
		MATERIAL HANDLING EQUIPMENT			
		IS THE EQUIPMENT PROPERLY MAINTAINED?			
		SMOKING			
		ARE "NO SMOKING" SIGNS POSTED?			
		IS "NO SMOKING" POLICY ENFORCED?			
		HOUSEKEEPING			
		IS BUILDING AND OUTSIDE AREA NEATLY KEPT AND FREE FROM HAZARDOUS MATERIALS?			
		ARE COMBUSTIBLE WASTE MATERIALS STORED AT LEAST 50 FEET AWAY FROM FACILITY?			
		SECURITY			
		IS BUILDING EQUIPPED WITH BURGLAR ALARM?			
		IS A WATCHMAN ON DUTY?			
		DO POLICE PATROL THE AREA?			
		ARE DOORS AND WINDOWS ADEQUATELY PROTECTED?			
		IS SEPARATION FROM JOINT OPERATION OCCUPANT, IF ANY, ADEQUATE? (See "Hazardous Operation" below.)			
		FLOODING			
		IS BUILDING SUBJECT TO FLOODING?			
TYPE OF PROGRAM FIRM HAS FOR RODENT AND/OR INSECT CONTROL contracted / inspection interval -every 6 weeks-		SIGNATURE (Inspecting Officer) Werner Martiny		DATE (Yr/Mo/Day) 20131030	
I certify that I have inspected the above described facility and find that, to the best of my knowledge, the information herein is true and correct.		SIGNATURE (Warehouseman)		DATE (Yr/Mo/Day) 20131030	
I certify that the conditions and policies of this warehouse are, to the best of my knowledge, as indicated above.		SIGNATURE (Contracting Officer/Trans Officer)		DATE (Yr/Mo/Day) 20131113	
I certify that I have reviewed this survey and <input checked="" type="checkbox"/> APPROVE, <input type="checkbox"/> REJECT the facility for storage of household goods.					

Herbert Grollmisch  
Traffic Management Specialist  
405th AFSB BASOPS Transportation Div