

COMMERCIAL CONSTRUCTION EQUIPMENT/ MATERIAL HANDLING EQUIPMENT (CCE/MHE) CHECKLISTS

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One copy of the "General Questionnaire" and one copy of the specific vehicle performance checklist are to be completed by the customer, and should be included with the customer's request. If the checklist and questionnaire are not included, the case cannot be developed, pending receipt of the required information/checklists.



GENERAL QUESTIONNAIRE

NAME OF COUNTRY _____ DATE OF SUBMISSION _____ POC _____

1. What are the ambient temperatures to be encountered?

Minimum ____° Maximum ____° Specify Fahrenheit, Centigrade or Celsius _____.

Are Winterization Kits required? ____yes ____no

2. Are there any transportability limitations? (i.e. rail, water, air or highway) ____ yes ____ no If yes, specify below:

3. Are Concurrent Spare Parts (CSP) or Contractor furnished tools required? ____yes ____no If yes, please complete the Contractor CSP and Tools checklist near the end of this package.

4. One each commercial operator's manuals are normally overpacked with each vehicle. Are there any other unique publication requirements? ____ Yes ____ No. If so, please complete the Contractor Publications Checklist near the end of this package.

5. Lighting requirement:

Night time operation _____ Blackout Lighting _____

Other (specify) _____.

6. Paint requirement:

Manufacturers' Standard Commercial _____ CARC (Chemical Agent Resistant Coating)? ____
Special requirement, if so, specify (to include paint color/chip number) _____.

7. Is training required? ____yes ____no. If yes, please complete the Contractor Furnished Training Checklist near the end of this package.

8. Is in-country contractor support required during initial operation/ installation? ____yes ____no

If yes, specify duration of support and attach scope of work: _____.

9. Are there any special, unique requirements? ____yes ____ no. If yes, state requirements

_____.

(It should be noted that an additional cost will normally be incurred for any special or unique requirement requiring deviation or additions to the standard commercial model.)

10. Is Sole Source procurement desired by the customer? ____Yes ____No If so, please provide name of contractor and forward justification document to USASAC prior to LOA submission.

11. Point of contact at TACOM if you have any questions:

Jim Barackman, DSN 786-5903, COM [586] 574-5903 barackm@tacom.army.mil

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FOREIGN MILITARY SALES PERFORMANCE CHECKLIST

BITUMINOUS DISTRIBUTOR EQUIPMENT

NAME OF COUNTRY _____ DATE OF SUBMISSION _____ POC _____

1. Quantity desired _____.

2. Asphalt Distribution Rate

a. 0.1 thru 1.5 gallons per square yard _____ b. Other, Specify:

3. Tanker Size and Mounting

a. Truck Mounted: _____

(1) Min 1,000 gallon _____

(2) Min 2,000 gallon _____

(4) Min 4,000 gallon

(5) Other (specify size):

(3) Min 3,000 gallon

b. Cart Trailer Mounted: _____

(1) Min 400 gallon _____

(3) Min 800 gallon

(2) Min 600 gallon _____

(4) Min 1,000 gallon

Trailer intended to be towed by: _____

c. Lights _____ No Lights _____

4. Spray Bar:

a. Folding Spray Bar Width:

(1) 4 ft wide _____ (2) 8 ft wide _____ (3) 16 ft wide

b. Spray Bar Type:

(1) Circulating type (each nozzle has cutoff plate)

(2) Non-circulating type (one cutoff valve for bar)

c. Do you need hand spray attachment? yes_____ no

5. Pump Driven by:

a. Truck PTO (Power take-off) _____ b. Separate engine

(1) Gasoline _____ (2) Diesel

6. Tanker Heated by:

a. Liquefied Petroleum Gas _____ b. Propane Gas _____ c. Fuel Oil

7. Are there any special uses or unique requirements? yes___ no ___ If yes, state requirements:

_____.

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FOREIGN MILITARY SALES PERFORMANCE CHECKLIST

BITUMINOUS PLANTS

NAME OF COUNTRY _____ DATE OF SUBMISSION _____ POC _____

1. Quantity desired _____.
2. Basic Plant Type: a. Drum Mix _____ b. Batch Type _____
3. Plant Mobility: a. Stationary _____ b. Self Contained Trailer _____
4. Plant Rated Capacity:
 - a. 50 to 100 TPH (tons per hour) _____ b. 100 to 200 TPH _____
 - c. Over 200 TPH (specify capacity) _____
5. Cold Aggregate Feed System:
 - a. Bulkhead _____ b. Bins _____
 - (1) 2 Compartment _____ (2) 3 Compartment _____ (3) 4 Compartment _____
6. Exhaust Stack Emission Control
 - a. Dry Type _____ b. Wet Type _____
7. Electric Powered Plant
 - a. Engine Generator Set _____ Should generator set be furnished? (yes or no) _____
 - b. Commercial Utility _____ Should power line kit be furnished? (yes or no) _____Electrical Power Availability:
 - (1) Voltage/Cycle (specify) _____ (2) Phase (specify) _____ (3) Amperes (specify) _____
8. Plant support Accessories
 - a. Fuel Supply Tank _____ Trailer Mounted _____
 - b. Bituminous Supply Tank _____ Trailer Mounted _____
 - c. Bituminous Heating System
 - (1) Hot Oil System _____ Trailer Mounted _____
 - (2) Electrical System _____
 - d. Combination Fuel, Bituminous Supply Tank _____ Trailer Mounted _____
 - e. Mix Surge Bin System (Silo)
 - (1) Insulated _____ Non-insulated _____
 - (2) Heated _____ Non-heated _____
 - f. Master Control Trailer (If required, specify size)
 - (1) Air conditioned (yes or no) _____ (2) Office space (yes or no) _____
9. Are there any special uses or unusual requirements? ___ yes ___ no

If yes, state requirements: _____.

FOREIGN MILITARY SALES PERFORMANCE CHECKLIST

COMPACTION EQUIPMENT



NAME OF COUNTRY _____ DATE OF SUBMISSION _____ POC _____

1. Quantity desired _____.

2. Intended Use:

Main Use: ____ Asphalt: ____ Soils:

3. Type: ____ Pneumatic ____ Tandem ____ Vibratory ____ High Speed

a. Frame: ____ Rigid ____ Articulated

b. Power: ____ Self-Propelled ____ Towed

c. Fuel: ____ Gasoline ____ Diesel

d. Tires: ____ Smooth ____ Traction

e. Drum: ____ Smooth ____ Pad Foot (Sheepsfoot)

f. Weight: ____ (Specify weight or size required)

4. Wetting System (yes or no):

5. Transmission: ____ Manual ____ Power Shift

6. Tire Pressure Regulation System: ____ (yes or no, for models with tires).

7. Dozer Blade:

8. Steering and Wheel Oscillation (yes or no):

9. Are there any special uses or unusual requirements? __ yes __ no.

If yes, state requirements:

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FOREIGN MILITARY SALES PERFORMANCE CHECKLIST

CRANES



NAME OF COUNTRY _____ DATE OF SUBMISSION _____ POC _____

1. Quantity desired _____

2. Describe the intended use/main functions you intend to perform with this crane.

3. Is the primary use of the crane: _____ On-road or _____ Off-road?

4. Type Desired:

- | | |
|--------------------------------------|---|
| a. _____ Truck Mounted | b. _____ Lattice Boom |
| c. _____ Hydraulic | d. _____ Rough Terrain (Hydraulic Only) |
| e. _____ Crawler (Lattice Boom Only) | |

5. Attachments Desired:

- | | |
|----------------------|--------------------------------------|
| a. _____ Jib | b. _____ Tag Line |
| c. _____ Clam Shell | d. _____ Drag Line* |
| e. _____ Pile-Driver | f. _____ Shovel Front |
| g. _____ Backhoe* | * Not available for hydraulic cranes |

6. Lift capacities with Outriggers (not applicable to crawler mounted cranes)

- a. Maximum Load: _____ lbs at _____ ft radius
- b. Maximum Reach: _____ ft radius with _____ lbs load at _____ ft high

7. Lift capacities without Outriggers (crawler-mounted cranes)

- a. Maximum Load: _____ lbs at _____ ft radius
- b. Maximum Reach: _____ ft radius with _____ lbs load at _____ ft high

8. Maximum Boom Lengths Required:

- a. _____ feet with boom
- b. _____ feet with jib

9. Are lift and carry operations required? _____ yes _____no If yes, maximum load is about _____ lbs

10. What is the expected maximum highway speed required (Truck-Mounted Crane only):

- a. _____ miles per hour
- b. _____ kilometers per hour

(Rough Terrain Cranes have a maximum speed of approximately 20 mph; not applicable for crawler cranes)

11. Describe any potential known hazards such as using the cranes to handle explosive material or ammunition, working in an explosive or a small enclosed, unventilated area (this may require special explosion proof options).

12. Is an enclosed or open cab desired? _____ If enclosed, is the following desired: _____ a/c _____ heat

13. Are there any special uses or unusual requirements not mentioned above? ____ Yes ____ No If yes, state requirements: _____

14. Is there any optional equipment desired for the crane that is not listed above such as a certain type of steering, a particular language for the controls, a fire extinguisher, a pintle hook, light packages, etc...? If so, describe.

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FOREIGN MILITARY SALES PERFORMANCE CHECKLIST

CRAWLER LOADERS



NAME OF COUNTRY _____ DATE OF SUBMISSION _____ POC _____

1. Quantity desired _____.
2. Intended Use: Excavating/Scraping _____ Handling Loose Material
Other (specify) _____.
3. Bucket:
 - a. Bucket Size: _____ cubic yards
 - b. Bucket Type:
_____ General Purpose _____ w/teeth _____ w/o teeth
_____ Multi-purpose _____ w/teeth _____ w/o teeth
4. Track Type: a. Street Type _____ b. Traction Type _____
5. Attachments:
 - a. Backhoe: size _____ cubic yards
 - b. Ripper: _____ number of shanks
6. Is Rollover Protective Structure (ROPS) required (yes or no)? _____.
7. Type of structure (must be completed with or without ROPS):
_____ Canopy Type _____ Cab Type
(1) Winterized
(2) Non-Winterized
(3) Air Conditioned
8. Are there any special use, unique or unusual requirements? ____ (yes or no).
If yes, state requirements:

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FOREIGN MILITARY SALES PERFORMANCE CHECKLIST

CRAWLER TRACTOR/DOZER



NAME OF COUNTRY _____ DATE OF SUBMISSION _____ POC _____

1. Quantity desired _____.
2. Describe the intended use/main functions you intend to perform with this tractor/dozer:
 - a. Main Use (specify): ☐ Dozing ☐ Ripping ☐ Other (specify) _____
 - b. Main Soil Type (specify): ☐ Clay ☐ Sand ☐ Swampy Other (specify) _____
3. Describe the size required:
 - a. Operating Weight: _____ lbs
 - b. Horsepower: _____ (Reference only)
4. Is a ☐ Tracked or ☐ Wheeled Tractor/Dozer preferred?
5. Which transmission Type is preferred:
 - a. Power shift ☐ b. Manual ☐
6. Describe any desired Attachments:
 - a. Front Attachments: Blade Type _____ Straight ☐ Angle ☐ "U"
 - b. Rear Attachments: Winch ☐ Ripper ☐ # of Shanks _____ Drawbar/Winch ☐ (Not available w/Ripper)
8. Is a Guard required for engine, crankcase, final drive etc? ☐ Yes ☐ No
9. Is Rollover Protective Structure (ROPS) required? ☐ Yes ☐ No
10. Type of Structure (must be completed with or without ROPS):
 - a. ☐ Canopy Type b. ☐ Cab Type
 - c. ☐ Winterized d. ☐ Non-winterized e. ☐ Air-conditioned
11. Is 24-volt to 12-volt converter required? ☐ Yes ☐ No
12. Are there any special, unique or unusual requirements for the dozers not mentioned above? ☐ Yes ☐ No If yes, describe requirements: _____

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FOREIGN MILITARY SALES PERFORMANCE CHECKLIST

FORKLIFT TRUCKS



NAME OF COUNTRY _____ DATE OF SUBMISSION _____ POC _____

1. Quantity desired _____

2. Describe the intended use/main functions you intend to perform with this forklift.

3. Where do you intend to operate this forklift (inside warehouses all of the time, in ports and in ship holds or in frozen food lockers)?

4. Describe the surfaces this forklift must operate on (prepared surfaces paved with concrete, sandy unprepared surfaces or rough terrain environment).

5. Provide any desired fork requirements: _____ length _____ width _____ thickness

6. Provide the following dimensions (as applicable) for the facilities in which the forklift will operate:

a. Doorways: Height _____ Width _____

b. Operating Aisle: Width _____ Length _____ Clear (unobstructed) Height _____

c. Other/Describe: Height _____ Width _____ Length _____ Description of Other: _____

7. Provide the maximum desired lift height, if any (i.e. height of top shelf in warehouse/ storage area). _____

8. Provide the maximum desired forward reach, if any. _____

9. Describe the materials or load which the forklift will stack, un-stack and/or transport:

a. Maximum Weight of Load: _____ Pounds or _____ kg.

b. Type of Material(s): _____

c. Dimensions of Load: Length _____ In/MM Width _____ In/MM Height _____ In/MM

d. Are the loads carried on:

(1) Pallets ____ Yes ____ No (2) Slip Sheets ____ Yes ____ No

(3) Single Container ____ Yes ____ No (4) Other ____ Yes ____ No If yes to any, describe: _____

10. Which of the following modes of transportation will be loaded or unloaded by this forklift?

a. Trucks ____ Yes ____ No

b. Railroad Box Cars ____ Yes ____ No. If yes, provide:

Door Opening Height _____ Width

Allowable floor loading of Railroad Box Car

c. Container, Inter-modal ____ Yes ____ No

d. Aircraft ____ Yes ____ No If yes, what aircraft: _____

e. Ships ____ Yes ____ No

11. Describe any potential known hazards such as using the forklifts to handle explosive material or ammunition, working in an explosive or a small enclosed, unventilated area (this may require special explosion proof options).

12. Do you intend to move the forklift from one site to another? ____ Yes ____ No If yes, describe how:

13. Which is the preferred power source for your forklift?

Diesel Engine _____ Gasoline Engine _____ Electric Motor _____

14. What type of tires are desired?

a. Pneumatic _____ b. Solid Rubber _____ c. Rough Terrain _____

15. Is an enclosed or open cab desired? _____ If enclosed, is the following desired: ____ a/c ____ heat

16. Are there any special uses or unusual requirements not mentioned above? ____ Yes ____ No If yes, state requirements: _____

17. Is there any optional equipment desired for the forklift that is not listed above such as a Falling Object Protection Structure, a certain type of steering, a particular language for the controls, a fire extinguisher, a mounted tool box, a pintle hook, etc...? If so, describe.

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FOREIGN MILITARY SALES PERFORMANCE CHECKLIST

PAVING MACHINE, BITUMINOUS MATERIAL



NAME OF COUNTRY _____ DATE OF SUBMISSION _____ POC _____

1. Quantity desired _____

2. Type: _____Pneumatic Tire _____Crawler

3. Paving Widths Required: Max _____ft. Min _____ft.

4. Screed Control Desired: _____Automatic _____Manual

5. Paving Speed Required: _____Max _____Min

7. Auger Conveyor System:

Automatic _____ Manual _____ Automatic with Manual Override

8. Slope Control:

Automatic _____ Manual _____ Automatic with Manual Override

9. Grade Control

Automatic _____ Manual _____ Automatic with Manual Override

10. Screed Heaters: Electrical _____ Propane Gas _____ Fuel Oil

11. Operator Control:

Single Mount [Left Side] _____ Single Mount [Right Side] _____

Dual Mount Transferable _____

12. Engine: Gasoline _____ Diesel

13. Transmission: Hydrostatic _____ Mechanical

14. Mobility Type: Self-Propelled _____ Towed

15. Are there any special use or unusual requirements? _____(yes or no)

If yes, state requirements: _____.

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FOREIGN MILITARY SALES PERFORMANCE CHECKLIST

ROAD GRADERS



NAME OF COUNTRY _____ DATE OF SUBMISSION _____ POC _____

1. Quantity desired _____
2. Intended Use: _____.
3. Frame: Rigid _____ Articulated
4. Weight: 10,000 to 16,500 lbs
16,501 to 22,500 lbs
22,501 to 25,000 lbs
25,001 to 27,000 lbs
27,001 to 29,500 lbs
29,501 to 34,000 lbs
34,001 + _____ (specify size)
5. Transmission: Manual _____ Power-shift
6. Wheels Driving: Six _____ Four
7. Wheels Steering: Front _____ Front and Rear
8. Moldboard Length: _____ 12 ft _____ 13 ft _____ 14 ft
9. Attachments: _____ Ripper _____ Scarifier
10. Is Rollover Protective Structure (ROPS) required? _____ (yes or no)
11. Type of structure required (must be completed with or without ROPS):
_____ Canopy Type _____ Cab Type
(1) Winterized _____ (2) Non-winterized _____ (3) Air Conditioned
12. Are there any special uses or unusual requirements? _____ yes _____ no
If yes, state requirements: _____.

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FOREIGN MILITARY SALES PERFORMANCE CHECKLIST

ROCK CRUSHING EQUIPMENT



NAME OF COUNTRY _____ DATE OF SUBMISSION _____ POC _____

1. Quantity desired ____

Rock crushing equipment is ordered by capacity involving:

2. Input: Type of rock source.

a. Rock wall face from a quarry - solid rock

Soft____ Hard____ Brittle____ Dirty

b. Boulder rocks from a river - broken up rock

Max diameter input rock ____18-in ____15-in ____12-in

3. Output: Type of rock/sand products - output of crushing plant

a. Crushed rock ____ 6-in ____ 4-in ____1-1/2 in

b. Other: Washed aggregates ____ yes ____ no

Sand ____ yes ____ no

4. Plant type: ____ Stationary on concrete footing

____ Mobile on wheeled trailers

5. Basic Plant: Ton Per Hour (TPH) output of crushed rock

a. Small: Min 15 TPH (jaw unit only)

b. Medium: Min 35 TPH ____ Min 80 TPH ____ Min 100 TPH

c. Large: Min 150 TPH ____ Min 225 TPH ____ Min 500 TPH

NOTE: Consist of primary jaw type crusher plant and other secondary type crusher plant(s) employing rolls or cones.

*6. Accessories: (check desired items)

____ Conveyors min three ea - to move material away from plant

____ Hopper storage bins - to hold and store material

____ Washing and screening plant units - to clean crushed rock

____ Hydraulic crane w/rock breaker and oversize rock extractor*

Other (specify) _____.

*7. Other Equipment: (check desired items)

____ Rock drill with air compressor and explosives to blast rock

- ___ Quarry type dump truck fleet - feed material in
- ___ On-off road dump truck fleet - take material out
- ___ Scoop loaders shovels to load rock and sand
- Other (specify)

* These items should be ordered separately.

8. Power:

- a. Diesel engine drive w/electric generator driven accessories ___yes ___ no

Should the generator be: skid mounted ___ truck mounted

- b. All electric driven plant (yes or no)

- c. Commercial utility ___ engine-generator sets

If commercial utility, is power line kit required? ___ Yes ___ No

- d. System electrical characteristics (specify)

Voltage/cycles ___ Phase ___ Amperes

9. Are there any special uses or unusual requirements? ___ yes ___no

If yes, state requirements: _____.

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FOREIGN MILITARY SALES PERFORMANCE CHECKLIST

SCRAPER EQUIPMENT



NAME OF COUNTRY _____ DATE OF SUBMISSION _____ POC _____

1. Quantity desired _____

2. Intended Use: a. Main Use:

____ Self-load earth, haul over haul roads, and spread earth on a fill on the run.

____ With the help of another tractor, be loaded with earth, haul over roads, and spread earth on a fill on the run.

b. Material:

____ Earth, dirt, sand, etc. ____ Rocky materials ____ Mud, sand, poor flotation ground.

c. Operation:

____ Single, Self-load Scraper (w/Hydraulic Elevator Assembly).

____ Single, Standard Scraper.

____ Single, Standard Tandem Powered Scraper (w/front and rear double engine-drive train packages).

____ 2 ea, Push-Pull, Multiple-Unit Scraper Train.

3. Type, based on struck (water-level) capacity at scraper bowl:

____ Min. 4 yd³ (cubic yards) ____ Min. 10 yd³ (cubic yards)

____ Min. 14 yd³ (cubic yards) ____ Min. 21 yd³ (cubic yards)

4. Accessories:

a. ____ Large Flotation Tires b. ____ Belly Pan Guards

5. Are there any special use, unique or unusual requirements? ____ (yes or no)

If yes, state requirements: _____.

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FOREIGN MILITARY SALES PERFORMANCE CHECKLIST

WATER DISTRIBUTOR EQUIPMENT

NAME OF COUNTRY _____ **DATE OF SUBMISSION** _____ **POC** _____

1. Quantity desired _____

2. Intended Use: _____

- a. Road dust control: sprayer _____ flusher
- b. Compaction of soils: sprayer _____ flusher
- c. Flusher (flusher nozzles only)
- d. Other (specify operation):

3. Tanker Size and Mounting:

a. Truck Mounted Tanker

- (1) Min. 1,500 gallon _____ (4) Min. 4,500 gallon
- (2) Min. 2,000 gallon _____ (5) Other (specify size)
- (3) Min. 4,000 gallon

b. Semi-trailer Mounted Tanker:

- (1) Min. 4,000 gallon _____ (2) Min. 6,000 gallon _____ (3) Other (specify size)

Semitrailer intended to be towed by:

c. Earthmover Tractor-Tanker:

- (1) Min. 4,000 gallon _____ (4) Min. 12,000 gallon
- (2) Min. 6,000 gallon _____ (5) Min. 16,000 gallon
- (3) Min. 10,000 gallon _____ (6) Other (specify size)

4. Distribute Water by:

a. Precise application by folding rear spray bar up to a 24 foot spray width. Need:

- (1) 8 foot wide swath _____ (2) 16 foot wide swath _____ (3) 24 foot wide swath

b. Scattered application by duck-bill nozzles on side and rear up to 70 foot flushing width.

- (1) Rear nozzles, adj. 15 to 30 ft swath _____ (2) Side nozzles, adj. 15 to 30 ft swath

5. Pump discharge rate required _____ (Specify gallon/minute)

6. Is a self loading pump and tank desired? yes ____ no

7. Pump Powered by:

a. Vehicle's drive engine and PTO (Power Take-Off) _____ (Applies to 2a only)

b. Separate engine

- (1) Same fuel as vehicle (specify vehicle fuel) _____ (2) Other engine fuel, specify _____.

8. Are there any special use or unusual requirements? yes ____no ____

If yes, state requirements_____.

FOREIGN MILITARY SALES PERFORMANCE CHECKLIST

WHEELED LOADER



NAME OF COUNTRY _____ DATE OF SUBMISSION _____ POC _____

1. Quantity desired _____
2. Intended Use: _____ Excavating _____ Handling Loose Material
Other (specify) _____
3. Bucket:
 - a. Bucket Size: _____ cu. yds.
 - b. Bucket Type:
_____ General Purpose _____ w/teeth _____ w/o teeth
_____ Multi-purpose _____ w/teeth _____ w/o teeth
4. Tire Type: _____ Traction _____ Rock Lug
5. Options:
 - a. Traction Type Differential _____ yes _____ no
 - b. Backhoe: size _____ cubic yards
6. Is Rollover Protective Structure (ROPS) required? _____ yes _____ no
7. Type of structure required (must be completed with or without ROPS):
_____ Canopy Type _____ Cab Type
(1) Winterized _____ (2) Non-winterized _____ (3) Air Conditioned
8. Are there any special or unusual requirements? _____ yes _____ no
If yes, state requirements:

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FOREIGN MILITARY SALES PERFORMANCE CHECKLIST

EXCAVATOR



NAME OF COUNTRY _____ DATE OF SUBMISSION _____ POC _____

EXCAVATOR SPECIFIC QUESTIONS:

1. Quantity desired _____

2. Describe the intended use/main functions you intend to perform with this excavator.

3. Bucket:

a. Bucket Size: _____ cubic yards

b. Bucket Type:

1) _____ General Purpose _____ with teeth _____ without teeth

2) _____ Multi-purpose _____ with teeth _____ without teeth

4. Attachments/Options Desired:

a. _____ Auger

b. _____ Digging Bucket

c. _____ Ditch Cleaning Bucket

d. _____ Grapple

e. _____ Hammer

f. _____ Ripper

g. _____ Vibratory Compactor

h. _____ Other (please specify below)

If additional information is known about the desired options/attachments, please specify: _____

5. Is traction type differential desired? _____ yes or _____ no

6. Is _____ Tracked or _____ Wheeled desired?

Tire Type: _____ Traction or _____ Rock Lug

7. Is Rollover Protective Structure (ROPS) required? _____ yes or _____ no

8. Type of structure required:

a. _____ Canopy

b. _____ Cab type

9. Are there any special uses or unusual requirements not mentioned above? ____ Yes ____ No If yes, state requirements: _____

14. Is there any optional equipment desired for the crane that is not listed above such as a certain type of steering, a particular language for the controls, a fire extinguisher, air conditioning, heat, work tools, sunscreen roller, etc...? If so, please state/describe: _____

CONTRACTOR-FURNISHED TRAINING CHECKLIST

FMS CASE _____ END ITEM _____ EST DEL DT _____

1. TYPE(S) OF TRAINING REQUIRED:

- a. OPERATOR _____ NO. OF STUDENTS _____ (detailed questions in 8 below)
- b. MAINTENANCE _____ NO. OF STUDENTS _____ (detailed questions in 9 below)
- c. OTHER (describe below in para 10) _____ NO. OF STUDENTS _____

2. CONUS OR IN-COUNTRY? _____

If in country, specific location where training is to be conducted: _____

Is customer supplying the facility and/or equipment (i.e., vehicles) for the training, or is the contractor required to rent a facility, bring equipment? _____

3. CONSTRAINTS? (COST LIMITATIONS, DATES, HOLIDAYS) _____

4. PRIMARY LANGUAGE OF STUDENTS: _____

5. ARE STUDENTS CONVERSANT IN ENGLISH (Can class be taught in English?) _____

If students cannot be taught in English, will customer provide interpreter(s), or will contractor be required to hire instructors/interpreters who can communicate in that language? _____

6. TYPICAL "WORK DAY/WORK WEEK" IN HOST COUNTRY: _____

7. CUSTOMER INSPECTION-COORDINATOR/COTR (Name, telephone number, facsimile number) _____

8. OPERATOR TRAINING: (from question 1a)

Students' level of experience operating the equipment he is being trained to operate:

_____ No experience

_____ Some (____ months) of experience with this general type of equipment.

_____ Years (____) of experience with this general type of equipment.

_____ Months/years of experience with the **specific** type of equipment being acquired.

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9. MAINTENANCE TRAINING: (from question 1b)

a. Students' level of experience maintaining the equipment he is being trained to maintain:

___ Operator level: Check oil, fuel, tires

___ Garage level: Change the oil, repair a tire, change the belts, bulbs, etc.

___ Repair Facility: Overhauling engines etc.

___ Other relevant experience: _____

b. State the level of proficiency which you require the students to be at the end of the course:

___ Operator level: Operate the item, Check oil, fuel, tires

___ Garage level: Change the oil, repair a tire, change the belts, bulbs, etc.

___ Repair Facility: Overhauling engines etc.

___ Other _____

10. OTHER TRAINING: (from question 1c)

a. Describe the type of training desired: _____

b. Describe the current level of expertise of students to be trained: _____

c. Describe the level of proficiency you require the students to be at the end of the training?

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CONTRACTOR-FURNISHED MATERIEL (to support Commercial End Item)

FMS CASE _____ END ITEM _____ QTY _____ EST DEL DT _____

1. CONCURRENT SPARE PARTS:

Number of years CSP desired: ____ 1 year ____ 2 years ____ 3 years ____ none

Comments: _____

2. TOOLS

How many Organizational, Direct Support and General Support maintenance facilities will be supporting your Equipment? ____ ORG ____ DS ____ GS

Does customer wish to purchase tools to support this end item? ____ Yes ____ No

If yes, what types of tools? ____ Common ____ Operator's ____ Maintenance

____ Special ____ Other (list) _____

The General Mechanic's Tool Kit basically includes standard/common tools such as wrenches, sockets, Screwdrivers, pliers etc. which you would find in your garage. How many of this tool kit do you need?

____ Qty

Would customer like to review a list of tools (incl costs) prior to contract award?

____ Yes ____ No

3. TEST, MEASUREMENT AND DIAGNOSTIC EQUIPMENT:

Does customer wish to purchase TMDE? If Yes, identify equipment and quantities:

____ Yes ____ No _____

Does customer desire a listing of available TMDE (incl costs) to support this end item?

____ Yes ____ No

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COMMERCIAL PUBLICATIONS (in support of Commercial End Items)

FMS CASE _____ END ITEM _____ QTY _____ EST DEL DT _____

One set of commercial Operator's manuals are typically provided with each end item.

Does customer wish to purchase additional publications? ____ Yes ____ No

If YES, identify types of publications desired, and quantities:

____ Operator's ____ copies

____ Maintenance ____ copies

____ Parts Lists ____ copies

____ Service Manuals ____ copies

____ Other (list description and quantities below):

Language: All manuals are typically supplied in the English language.

Does the customer wish to have manuals in another language, if readily available?

If so, what language(s)? _____

Comments: _____

Does customer require a set of manuals prior to vehicle delivery, for review of parts/tools listings? ____ Yes
____ No

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