

Tax ID# _____

**ASBESTOS CONSULTANT
QUALIFICATION STATEMENT**

1. Name of firm: _____

2. Location(s) of office(s) which would service SCA contracts:

3. Location(s) of in-house lab(s) which would service SCA contracts:

4. If lab(s) other than in-house are used, specify full name and address of lab(s) primarily used by your firm:

5. List your firm's projected sub-consultants which would be used for work that is not performed by your in-house laboratory or staff:

6. Specify which of the following designations are maintained by the laboratory which would service SCA contracts:

- ELAP NVLAP NIOSH PAT AIHA

7. Describe in detail below (or in a separate attachment) the services that your firm is able to provide with its own personnel and equipment (i.e. project design, project monitoring, underground storage tanks, IAQ services, lead testing, radon testing, PCBs, specific hazardous management services, etc).

8. In the table below, provide information on the sampling and analytical equipment at the location(s) which would service SCA contracts.

Equipment	In-House Lab Quantity:	Subconsultant's Lab Quantity:
PCM Microscopes		
TEM Microscopes		
PLM Microscopes		
High Volume Pumps		
Low Volume Pumps		
Fans/Forced Air Equipment		
Primary Calibrators		
Rotometers		
(Other):		

9. Does your office and/or laboratory have a computer?

No Yes

10. Does your office and/or laboratory have CADD capability?

No Yes

If yes, which CADD system? _____

11. Does your office and/or laboratory have a fax machine?

No Yes

12. What is your turn-around time for submitting results during the week for the following analyses:

TEM	<input type="checkbox"/> 6 Hrs.	<input type="checkbox"/> 12 Hrs.	<input type="checkbox"/> 24 Hrs.	<input type="checkbox"/> Other	_____
LEAD	<input type="checkbox"/> 6 Hrs.	<input type="checkbox"/> 12 Hrs.	<input type="checkbox"/> 24Hrs	<input type="checkbox"/> Other	_____
IAQ	<input type="checkbox"/> 6 Hrs.	<input type="checkbox"/> 12 Hrs.	<input type="checkbox"/> 24 Hrs.	<input type="checkbox"/> Other	_____
PLM	<input type="checkbox"/> 6 Hrs.	<input type="checkbox"/> 12 Hrs.	<input type="checkbox"/> 24 Hrs.	<input type="checkbox"/> Other	_____
PCM	<input type="checkbox"/> 6 Hrs.	<input type="checkbox"/> 12 Hrs.	<input type="checkbox"/> 24 Hrs.	<input type="checkbox"/> Other	_____

13. Is your firm available for weekend work?

No Yes

14. What is your turn-around time for submitting results on the weekend for the following analyses:

TEM	<input type="checkbox"/> 6 Hrs.	<input type="checkbox"/> 12 Hrs.	<input type="checkbox"/> 24 Hrs.	<input type="checkbox"/> Other	_____
LEAD	<input type="checkbox"/> 6 Hrs.	<input type="checkbox"/> 12 Hrs.	<input type="checkbox"/> 24Hrs	<input type="checkbox"/> Other	_____
IAQ	<input type="checkbox"/> 6 Hrs.	<input type="checkbox"/> 12 Hrs.	<input type="checkbox"/> 24 Hrs.	<input type="checkbox"/> Other	_____
PLM	<input type="checkbox"/> 6 Hrs.	<input type="checkbox"/> 12 Hrs.	<input type="checkbox"/> 24 Hrs.	<input type="checkbox"/> Other	_____
PCM	<input type="checkbox"/> 6 Hrs.	<input type="checkbox"/> 12 Hrs.	<input type="checkbox"/> 24 Hrs.	<input type="checkbox"/> Other	_____

15. What is your turn-around time for submitting the written report upon completion of a project? _____

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16. What is the total number of FULL-TIME staff currently employed by your firm? _____

17. What is the total number of FULL-Time staff currently stationed at the locations which would service SCA contracts: _____

Total # Laboratory Technicians _____

Total # Field Technicians _____

Total # Project Managers _____

18. In the table below, indicate number of your firm's FULL-TIME staff who possess the following certifications and are currently stationed at the locations which would be servicing SCA contracts:

Certification	# of Employees
AIHA AAR	
NIOSH 582	
Asbestos Project Designers (NYS Certified)	
Air Sampling Technicians (NYS Certified)	
Asbestos Project Monitors (NYS Certified)	
Asbestos Management Planners (NYS Certified)	
Asbestos Handlers (NYC, NYS Certified)	
Restricted Handlers (NYC, NYS Certified)	
Asbestos Investigators (NYC Certified)	
Asbestos Inspectors (NYC Certified)	
Certified Industrial Hygienists	
Professional Engineers	
Registered Architects	

19. Provide full name, contact person and current telephone number of your principal clients in the New York City area. Additional references and/or information regarding your firm's qualifications may be included at your option.

a. Firm/Organization Name: _____
Contact Person: _____
Tel. (____) _____
Duration of Services: _____
\$ _____
Services Provided: _____

b. Firm/Organization Name: _____
Contact Person: _____
Tel. (____) _____
Duration of Services: _____
\$ _____
Services Provided: _____

c. Firm/Organization Name: _____
Contact Person: _____
Tel. (____) _____
Duration of Services: _____
\$ _____
Services Provided: _____

20. Attach copies of your most recent Professional Analytical Testing (PAT) rating.

