

## PACKAGING PRE-AWARD SURVEY

1. PRE-AWARD SERIAL NUMBER	5. COMPANY	
2. SOLICITATION NUMBER	a. NAME	b. CAGE CODE
	c. COMPLETE ADDRESS (Including ZIP Code)	
3. PREAWARD SURVEY RECOMMENDATION <input type="checkbox"/> AWARD <input type="checkbox"/> NO AWARD (See Remarks)	d. REPRESENTATIVE NAME	
4. GENERAL PURPOSE SURVEY <input type="checkbox"/> SATISFACTORY <input type="checkbox"/> UNSATISFACTORY (See Remarks)	e. TITLE	f. TELEPHONE NUMBER

### SOLICITATION REQUIREMENTS

6. ITEM DESCRIPTION	7. NSN/FSC/PART NUMBER	8. IF AWARDED, A POST AWARD ORIENTATION CONFERENCE WILL BE REQUIRED FOR PACKAGING <input type="checkbox"/> YES <input type="checkbox"/> NO	
9. ITEM IS HAZARDOUS <input type="checkbox"/> YES - (Explain in Remarks) <input type="checkbox"/> NO	10. MIL-STD-2073-IC CODE IS APPLICABLE <input type="checkbox"/> YES - Indicate code: _____ <input type="checkbox"/> NO		
11. SPECIAL PACKAGING REQUIREMENTS <input type="checkbox"/> YES (Explain in Remarks) <input type="checkbox"/> NO	12. PRESERVATION LEVEL <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> Commercial	14. QUP _____	15. ICQ _____
13. PACKING LEVEL <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> Commercial	16. APPLICABLE PACKING SPECIFICATION, DATA SHEET OR METHOD OF PRESERVATION		
17. PACKAGING REQUIREMENTS ARE COMPLETE, ADEQUATE AND ECONOMICAL <input type="checkbox"/> YES <input type="checkbox"/> NO			

### JUSTIFICATION

18. <input type="checkbox"/> DLA FORM 1095 DATED _____ IS ON FILE	19. PREVIOUS PACKAGING DEFICIENCIES HAVE BEEN CORRECTED <input type="checkbox"/> SEE REMARKS <input type="checkbox"/> N/A
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#### ALL ITEMS WITH AN "X" IN "NO" MUST BE EXPLAINED UNDER "REMARKS"

	N/A	YES	NO
20. Applicable specifications/data sheets/drawings are available and current.			
21. Contractor understands the preservation and packing requirements.			
22. Contractor understands the marking and bar code requirements.			
23. Facilities work area, layout material flow are adequate.			
24. Required preservation, packing and material handling equipment are available.			
25. Equipment for required testing is available. <input type="checkbox"/> Heat Seal <input type="checkbox"/> Leak <input type="checkbox"/> Other			
26. Packing materials and/or vendor sources are available.			
27. Contractor understands unitization requirements and necessary equipment is available.			
28. Contractor's written procedures are adequate and complete.			

#### PACKAGING FUNCTION WILL BE SUBCONTRACTED

29. SUBCONTRACTOR		
a. SUBCONTRACTOR NAME	b. CAGE CODE	c. COMPLETE ADDRESS (Including ZIP Code)
d. POINT OF CONTACT	e. TELEPHONE NUMBER	

30. REMARKS (Continue on separate sheet, if required) (You may use the FormFlow file "blinkdsc or blinkport" located in this directory)

31. PACKAGING SPECIALIST			
a. TYPED NAME	b. ORGANIZATIONAL SYMBOL	c. SIGNATURE	d. DATE
32. REVIEWING OFFICIAL (If applicable)			
a. TYPED NAME	b. SIGNATURE		c. DATE