

Norfolk Southern Railway Corporation
Request for Pre-Qualification (RFPQ)
Heartland Corridor Clearance Improvement Project
November 1, 2009

1) Introduction and Purpose

Norfolk Southern Railway Corporation (NSRC) is requesting Pre-Qualification Statements from Construction Contractors for construction of the Heartland Corridor Clearance Improvement Project, a federally funded project. Contractors deemed Pre-qualified by NSRC will receive bid packages for the Construction Contracts listed below that will be bid in upcoming months. Only Pre-qualified contractors will receive bid packages (Request for Proposal/RFP) and be allowed to submit bids. Award will be made to the Contractor whose low bid price is considered to be acceptable.

2) Project Description

The Heartland Corridor Project will provide for double-stack intermodal service and necessitates clearance work on tunnels and other obstructions in Virginia, West Virginia, Kentucky and Ohio. This request seeks contractor qualifications for the work along portions of the NSRC route between Walton, VA and Ironton, OH.

The tunnels range in length from 174 to 3302 lf, with a total length of 31,112 lf. Ten of the tunnels were constructed for single track; the other twenty were constructed with a width for two tracks. However, three of the double width tunnels presently have a single track. Most of the tunnels are concrete lined, but one is unlined, and three are masonry lined.

Overall 28 tunnels have vertical clearance deficiencies. Three of those tunnels have relatively minor deficiencies with less than a 6" encroachment. Nine tunnels have significant vertical clearance deficiencies greater than 2'. Six tunnels also had horizontal clearance deficiencies. Appendix A is a Map that shows the tunnel locations.

The clearance improvements will require that contractors have track access, which will require rescheduling rail operations around ten hour work windows for extended periods. Some of the longer tunnels may require five day per week contractor access for up to 11 months.

In addition to the tunnel work, seven through truss bridges will require modification; the tracks must be shifted at one overhead bridge; nine slide detection fences require modification; and three sets of overhead wires must be raised; one overhead bridge will be removed.

Funding for the Heartland Corridor Project is provided under Section 1301 of SAFETEA-LU, in the amount of \$90 million, and Section 1702 of the same, in the amount of a \$5 million designation. The difference between projected total Project costs of approximately \$150 million and funds provided under SAFETEA-LU, will be provided primarily by Norfolk Southern Corporation, with funding support from the Commonwealth of Virginia (Virginia Rail Enhancement Fund, Virginia Department of Rail and Public Transportation) and the State of Ohio (Ohio Rail Development Commission).

NSRC intends to contract with Pre-qualified contractors for most of the construction. All signal work, most track work and all work at certain sites that involve predominantly track work and related grading and drainage or minor structural modifications to bridges or slide fences will be performed by NSRC forces.

3) Upcoming Bid Opportunities

NSRC intends to requests proposals from those Contractors deemed qualified under this RFPQ for the work listed below:

- a) **Bluefield, WV, Belcher (Harding) Street Bridge over Norfolk Southern Railway** – The Belcher (Harding) Street overhead Bridge is a two lane three span through truss bridge carrying Belcher Street over Norfolk Southern Railway. It is proposed to demolish the bridge.

4) Pre-Qualification Statement Requirements

All construction firms responding to this RFPQ will be evaluated based on the following criteria to receive a bid package (Request for Proposal/RFP). Qualification statements should be brief and concise and in no case shall exceed 10 single sided pages with a minimum 11 point font including covers, cover letters and any dividers but excluding the Safety Questionnaire and any supporting documentation for safety and financial qualifications.

- a) Safety
 - i) Complete the attached Health and Safety Questionnaire (Attachment B) including attachments.
 - (1) Provide supporting documentation from your insurance carrier for your Workman's Compensation Experience Modification Rate for the past three years.
 - (2) Provide a summary of your OSHA 200/300 logs for the last three years, specifically your Lost Work Day Case (Incident) Rate (LWCR) and Total Recordable Case (Incident) Rate (TRCR).
 - (3) Provide a list of any OSHA citations within the past three years.
 - (4) Provide a copy of your firm's Safety Program Manual.
 - ii) Provide a narrative summarizing any trends indicated by the Safety Statistics and efforts in place to improve Safety.
- b) Related experience
 - i) Summarize your firm's experience and competence relevant to the proposed projects.
 - ii) Summarize your firm's record of on-time-completion for projects relevant to the proposed projects.
 - iii) Does your firm have experience on active railroad projects with daily mobilizations and cleanup before resuming train traffic? If yes, provide details.
 - iv) Within the past ten years, has your firm, or any related entities been or proposed to be suspended, disbarred or determined to be non-responsive based on an allegation of unsatisfactory performance or fraud? If yes, provide details.
 - v) Within the past ten years, has your firm ever had a contract terminated for any reason either as a prime, subcontractor or as a partner in a joint venture? If yes, provide details.

- vi) Within the past ten years, has your firm ever filed a claim for a default termination, the imposition of liquidated damages, a termination for convenience that adversely affected your firm, or any damages caused by an owners determination that your firm was not performing in a timely, safe or contractual manner? If yes, provide details.
- c) Capacity
- i) Summarize your capability to complete the proposed project addressing financial resources, human resources and their geographical location.
 - ii) Address your ability to meet applicable State contracting license requirements, e-RailSafe certification (Security), <http://www.e-railsafe.com/>, and FRA Roadway Worker/Bridge Worker regulation training, <http://www.fra.dot.gov/us/content/1719>, at the time of award. State the number of employees that are currently:
 - (1) qualified under FRA Roadway Worker Protection rules, and/or
 - (2) have completed FRA Bridge Worker Safety training, and/or
 - (3) have e-RailSafe identification badges for working on NSRC
 - iii) Address your plan for the logistics of transport, feeding and lodging of your employees and past experiences with similar arrangements.
 - iv) Summarize equipment that can be mobilized for the project or projects and identify available and intended sources for any additional necessary specialized equipment. Specifically identify those pieces of equipment that are presently compliant with FRA Roadway Machinery Maintenance Safety (RMMS) regulations and state the timeframe to make all necessary work-required pieces compliant.
 - v) What work would you intend to subcontract? Describe any exiting working relationships with subcontractors. Note that it is not necessary to commit to using specific subcontractors at this time but it will be a requirement of the RFP to identify specific subcontractors and their overall percentage of the work.
- d) Bonding – Provide a statement that your firm is capable of providing performance and payments bonds for 100% of the contract value. Note that bid bonds will not be required.
- e) Insurance – Provide a statement that your firm is capable of providing evidence of insurance coverage, with the funding agencies identified as additional insured, including:
- i) Employer's Liability – \$1,000,000 per accident and \$1,000,000 per disease, each employee
 - ii) Commercial General Liability – combined single limit of not less than \$2,000,000 per occurrence, and in a form that does not deny contractual liability coverage for operations within fifty (50) feet of any railroad hazard.
 - iii) Railroad Protective Liability – \$2,000,000 / \$6,000,000
 - iv) Automotive Liability – \$2,000,000 per occurrence
 - v) Workman's Compensation – per state regulations; provide experience modifier rates
- f) References – Provide at least 3 references from past projects that best illustrate your firm's ability to perform the required work. References from railroad and/or transportation rehabilitation projects are preferred.

5) General Provisions

All responses and all information contained within the responses will become the private and confidential property of NSRC. Respondents are reminded that while NSRC may request individual respondents to provide supplemental qualification information, the burden of proof of acceptability rests with the respondent. A selection committee will review and evaluate contractor qualifications and will make the determination of whether the respondent is qualified or not qualified. A determination of being not qualified for any one of the criteria listed above is grounds for being excluded from receiving bid documents. Only pre-qualified contractors shall receive bidding instructions and RFP documents

NSRC is not committed to any course of action as a result of its issuance of this RFPQ and further reserves the right to accept or reject any and all responses for any reason whatsoever.

6) Submission Information

a) Point of Contact

Technical questions should be directed to:

James N. Carter, Jr.
Chief Engineer Bridges and Structures
Norfolk Southern Railway
1200 Peachtree Street
Atlanta, GA 30309
jncarter@nscorp.com
404-529-1408

Questions regarding the Pre-qualification or procurement process, as well as RFPQ submissions should be directed to:

Donald W. Smith
Manager Service Contracts
Norfolk Southern Railway
110 Franklin Road
Roanoke, VA 24042-0072
Donald.Smith@nscorp.com
540-981-3644

b) Submission

All Pre-qualification items are due by 5:00 PM Eastern Standard Time November 30, 2009.

i) Ten copies (only one copy of safety manual) of the response shall be submitted to:

Donald W. Smith
Manager Service Contracts
Norfolk Southern Railway
110 Franklin Road
Roanoke, VA 24042-0072

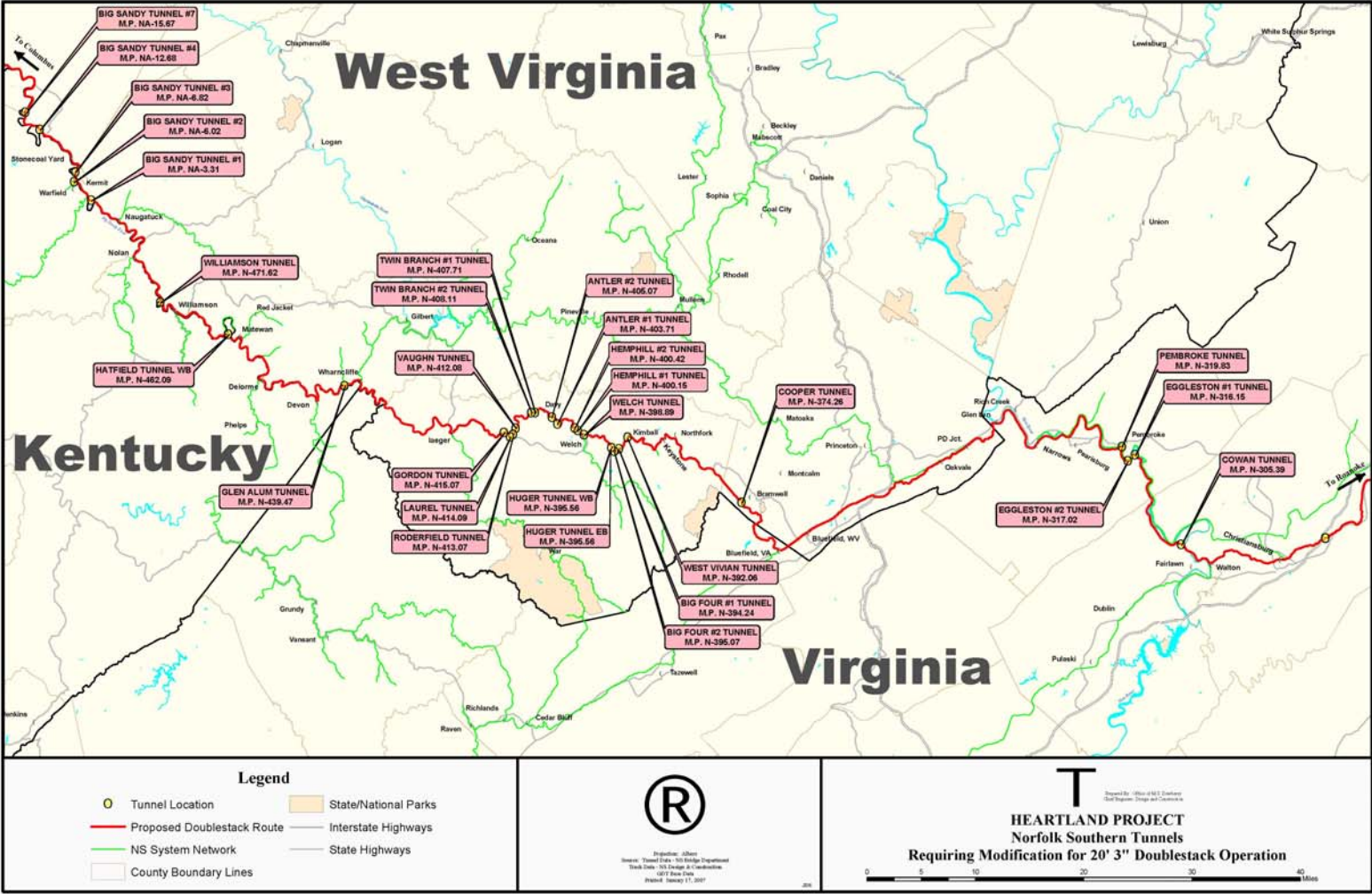
ii) One copy of the response shall be submitted to:

James N. Carter, Jr.
Chief Engineer Bridges and Structures

Norfolk Southern Railway
1200 Peachtree Street
Atlanta, GA 30309
jncarter@nscorp.com
404-529-1408

- iii) An electronic copy of the RFPQ shall be e-mailed to the attention of Donald.Smith@nscorp.com and cc jncarter@nscorp.com. If the electronic copy of the Safety Manual is too large to e-mail, include a digital copy on CD with Mr. Carter's copy of the RFPQ.

Appendix A



Appendix B

Health & Safety Questionnaire

PREAMBLE			
<i>This information is to be used to determine the safety record.</i>			
<i>A poor safety record will be grounds to not pre-qualify any prospective contractor or sub-contractor.</i>			
CERTIFICATION			
The information provided in this questionnaire is an accurate summary of the Company's Health and Safety Management System:			
Company Name:			
Signed:	<i>(print name)</i>		
Position:		Date:	
1. SAFE WORK PERFORMANCE			
1A. Injury Experience / Historical Performance			
Use the previous three years injury and illness records to complete the following:			
	Year		
Number of Fatalities			
Number of Medical Treatment cases			
Number of Restricted Work Day cases			
Number of Lost Time Injury cases			
Total Work Injuries			
Total Work Injury Frequency			
Lost Time Injury Frequency			
Total Recordable Frequency			
Number of Man-hours			
1 – Lost Time Cases (LTI)	Any occupational injury illness that prevents the worker from performing any work for at least one day not counting the day of the injury/illness		
2 – Restricted Work Day Case	Any occupational injury or illness that prevents a worker from performing any of his/her duties		
3 – Medical Treatment Case	Any occupational injury or illness requiring treatment beyond first aid		
4 – Total Work Injuries (TWI)	Total number of LTI's, MTI's and FAI's		
5 - Total Work Injury Frequency	Number of TWI's multiplied by 200,000 and divided by hours worked.		
6 - Lost Time Injury Frequency	Total number of Lost Time Injury cases multiplied by 200,000 then divide by total manhours		
7 – Total Recordable Frequency	Total number of 1, 2 and 3 cases multiplied by 200,000 divided by total manhours		
1B. Workers' Compensation Experience			
Industry Code:	Industry Classification:		
	Year		
Experience Modification Rating			

2. Citations	
2A.	Has your company been cited, charged or prosecuted under Health, Safety and/or Environmental Legislation in the last 5 years? <i>If yes, provide details.</i> <input type="checkbox"/> Yes <input type="checkbox"/> No
2B.	Has your company been cited, charged or prosecuted under the above Legislation in another Country, Region or State? <i>If yes, provide details.</i> <input type="checkbox"/> Yes <input type="checkbox"/> No
3. Safety Program	
3A	Do you have a written safety program manual? <i>If yes, provide a copy for review</i> <input type="checkbox"/> Yes <input type="checkbox"/> No
3B	Do you have a pocket safety booklet for field distribution? <i>If yes, provide a copy</i> <input type="checkbox"/> Yes <input type="checkbox"/> No
4. Training Program	
4A	Is health and safety training conducted in your company? <input type="checkbox"/> Yes <input type="checkbox"/> No
4B.	Do you have an orientation program for new hire employees? <input type="checkbox"/> Yes <input type="checkbox"/> No
4C	Do you have a program for training newly hired or promoted supervisors? <input type="checkbox"/> Yes <input type="checkbox"/> No
5. SAFETY ACTIVITIES	
5A	Do you conduct safety inspections? <i>If Yes, how often?</i> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly
Who follows up on inspection action items?	
5B	Do you hold site safety meetings for field employees? <i>If Yes, how often?</i> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Biweekly
5C	Do you hold site meetings where safety is addressed with management and field supervisors? <i>If Yes, how often?</i> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Weekly <input type="checkbox"/> Biweekly <input type="checkbox"/> Monthly
5D	Do you have a hazard assessment process? <input type="checkbox"/> Yes <input type="checkbox"/> No
5E	Are hazard assessments documented? <input type="checkbox"/> Yes <input type="checkbox"/> No
5F	Does your company have policies and procedures for environmental protection, spill clean-up, reporting, waste disposal, and recycling as part of the H&S Program? <input type="checkbox"/> Yes <input type="checkbox"/> No
5G	Does your company set safety targets and objectives? <input type="checkbox"/> Yes <input type="checkbox"/> No
5H	Does your company prepare and implement site-specific safety plans? <input type="checkbox"/> Yes <input type="checkbox"/> No
6. Safety Reporting	
6A	Are incident reports and report summaries sent to the following and how often?
	Yes No Monthly Quarterly Annually
Project/Site Manager	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Vice President/Managing Director	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Safety Director/Manager	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
President/Chief Executive Officer	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

6B	How are incident records and summaries kept? How often are they reported internally?	Yes	No	Monthly	Quarterly	Annually
	Incidents totaled for the entire company	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Incidents totaled by project	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	• Subtotaled by superintendent	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	• Subtotaled by foreman	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6C	Does your company track non-injury incidents?	Yes	No	Monthly	Quarterly	Annually
	Near Miss	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Property Damage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Fire	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Security	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Environmental	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

6D	Do you name the person(s) responsible for Safety on your projects? Who has overall responsibility and accountability for safety on your projects?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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6E	Do senior management demonstrate commitment to your company's safety policy and management system?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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7. Personnel

List key health and safety professionals in the organization.

Name	Position/Title	Designation