Department of Veterans Affairs

# SHOP DATA SHEET (ARTIFICIAL LIMBS)

**NOTE:** This form must be accurately completed and submitted by the bidder, in duplicate for each shop owned and operated by said bidder and for all branch shops and/or shops of bidder's agents at which service will be performed under this contract. The data submitted on this form will be checked for accuracy by the Department of Veterans Affairs. **(If space below is not sufficient, please continue information on a separate sheet of paper and attach.)** The information requested on this form is solicited under authority of Title 38, "Veterans Benefits", and will be used to assist us in evaluating your facility. It will not be used for any other purpose. Disclosure is voluntary. However, failure to furnish this information will result in delaying the bidding process. It will have no adverse effect on any other benefits to which you may be entitled.

| 1. NAME OF BIDDER | 1A. FULL BUSINESS NAME OF SHOP *(If other than item 1)* | |
|---|---|---|
| 2. COMPLETE ADDRESS OF SHOP | 3. TRADE NAME *(If any)* | 4. DAYS OF BUSINESS<br>THROUGH<br>5. HOURS OF BUSINESS<br>A.M. TO P.M. |

***NOTE:*** *Firms which have previously held contracts with the Department of Veterans Affairs DO NOT need to fill out Item 6 through Item 11, unless changes have ocurred.*

| 6. NO. OF YEARS EXPERIENCE IN ARTIFICIAL LIMB BUSINESS AT PRESENT ADDRESS | 7. NO. OF YEARS EXPERIENCE IN ARTIFICIAL LIMB BUSINESS AT OTHER LOCATIONS | 8. DOES YOUR SHOP USUALLY MAKE ITS OWN "SET-UPS?" ☐ YES ☐ NO | 8A. IF "NO" IS CHECKED IN ITEM 8, GIVE NAME AND ADDRESS OF YOUR PRINCIPAL SUPPLIER | 9. IS IT COMMON PRACTICE TO REQUIRE A PHYSICIAN'S PRESCRIPTION AS A CONDITION FOR FITTING OF CIVILIAN AMPUTEES? ☐ YES ☐ NO |
|---|---|---|---|---|
| | | | | |

**10. IF YOUR FIRM HAS BEEN IN BUSINESS LESS THAN 3 YEARS, LIST TWO BUSINESS REFERENCES** ***(Including bank reference)***

| A. NAME AND LOCATION OF ORGANIZATION | B. NAME AND LOCATION OF ORGANIZATION |
|---|---|
| | |

**11. GIVE NAMES AND ADDRESSES OF CIVILIAN PHYSICIANS WHO HAVE REFERRED PATIENTS TO YOUR SHOP**

| A. NAME AND OFFICE ADDRESS | B. NAME AND OFFICE ADDRESS | C. NAME AND OFFICE ADDRESS |
|---|---|---|
| | | |

| 12. TOTAL NUMBER OF EMPLOYEES IN THE SHOP *(Including officials)* | 13. NO. OF EMPLOYEES ENGAGED IN THE FABRICATION OF LIMBS | 14. NO. OF FULL-TIME QUALIFIED LIMB FITTERS EMPLOYED | 15. NO. OF PROSTHETISTS EMPLOYED WHO HAVE SUCCESSFULLY COMPLETED ONE OR MORE OF THE FOLLOWING POST-GRADUATE COURSE IN PROSTHETICS *(If none, then write "none")* | | |
|---|---|---|---|---|---|
| | | | A. UPPER EXTREMITY COURSE | B. A/K PROSTHETICS COURSE | C. OTHER *(Specify)* |
| | | | | | |

**16. NAMES AND CERTIFICATE NUMBERS OF CERTIFIED SUCTION SOCKET FITTERS** ***(If none, then write "none")***

| A. NAME | CERTIFICATE NUMBER | B. NAME | CERTIFICATE NUMBER |
|---|---|---|---|
| | | | |

| 17. SHOP LOCATED IN ☐ PRIVATE RESIDENCE ☐ OFFICE BUILDING ☐ OTHER *(Specify)* | 18. IS FITTING ROOM ON GROUND FLOOR ☐ YES ☐ NO | 18A. IF ITEM 18 IS "NO," ARE ELEVATORS AVAILABLE ☐ YES ☐ NO |
|---|---|---|
| | | |

| 19. TOTAL FLOOR SPACE OCCUPIED BY SHOP SQ. FT. | 20. TOTAL FLOOR SPACE IN WORK-SHOP SQ. FT. | 21. TOTAL FLOOR SPACE IN FITTING ROOM SQ. FT. | 22. TOTAL OFFICE FLOOR SPACE SQ. FT. |
|---|---|---|---|
| | | | |

| 23. IS SHOP EQUIPPED WITH PARALLEL BARS FOR WALKING TRAINING? ☐ YES ☐ NO | 24. IS SHOP EQUIPPED WITH FULL-LENGTH MIRRORS? ☐ YES ☐ NO | 25. IS SHOP EQUIPPED WITH RAMPS? ☐ YES ☐ NO |
|---|---|---|
| | | |

**26. INDICATE NUMBER AND TYPE OF SHOP EQUIPMENT** ***(Use reverse side for equipment not listed)***

| ITEM | NUMBER | TYPE | ITEM | NUMBER | TYPE |
|---|---|---|---|---|---|
| A. BAND SAW | | | G. SEWING MACHINE | | |
| B. SANDING DISC | | | H. GRINDING EQUIPMENT | | |
| C. SANDING PAPER | | | I. PAINT-SPRAYING EQUIPMENT | | |
| D. FLEXIBLE SHAFT SANDER | | | J. WELDING EQUIPMENT | | |
| E. LATHE (WOOD-TURNING) | | | K. ALIGNMENT JIG | | |
| F. DRILL PRESS | | | O. OTHER *(Specify)* | | |

| CERTIFICATION: I do hereby certify that the above statements are true and correct to the best of my knowledge and belief. ▶ | SIGNATURE AND TITLE | DATE |
|---|---|---|
| | | |

CONTINUATION SHEET *(Use this space for all data fields that are too small to capture desired text entry)*