



SUPPLEMENTAL QUESTIONS

OUC 54000 Property Office

Consultant Name: _____

Date: _____

- All Supplemental Questions must be answered for each Numbered Service checked off in **Section 5. Services Requested for Prequalification Consideration** on the Application.
- There is a bookmark navigation panel to the left. To navigate to a set of Supplemental Questions, click on the “plus sign” next to the applicable Service Number then answer each question.
- If a Service Number checked off in Section 5 of the Application is not listed in the Table of Contents below or on navigation panel, there are no Supplemental Questions for that Service Number.

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301.30 Hydrographic Surveys

302.00 Remote Sensing, Aerial Photography & Photogrammetric Mapping Services

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302.00 Add'l Supplemental Questions - Remote Sensing, Aerial Photography & Photogrammetric Mapping Services

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Consultant Name: _____

Date: _____

Supplemental Question(s) for 301.10 Engineering/Topographic Surveys

301.30 Hydrographic Surveys

302.00 Remote Sensing, Aerial Photography & Photogrammetric Mapping Services

1. Describe the methods and standard practices employed to ensure Quality Control, Project Management and oversight.

Consultant Name: _____ Date: _____

2. List office locations, in-state and out of state. Indicate the geographic locations or regions of Maine crews would be available and timeline for availability for this work.

Consultant Name: _____ Date: _____

3. Describe your firm's Safety Program, Training and equipment provided to the field crews, and field operations to be performed for work under these services.

Consultant Name: _____ Date: _____

4. Data must be provided in accordance with the "MaineDOT CADD Standards" as posted on the MaineDOT Internet page (<http://www.maine.gov/mdot/caddsupport/>). Can your firm provide the data in the prescribed format? Yes ☐ No ☐
Can your firm provide the data in the following formats? ☐ DGN ☐ DTM

5. EQUIPMENT (fill out all sections that apply):

EQUIPMENT TYPE	MAKE	MODEL	YEAR	Equipment Location (State)	TOTAL QUANTITY
GPS EQUIPMENT					
GPS EQUIPMENT					
GPS EQUIPMENT					
TOTAL STATIONS					
TOTAL STATIONS					
TOTAL STATIONS					
DATA COLLECTORS					
DATA COLLECTORS					
DATA COLLECTORS					
LEVELS					
AERIAL CAMERAS/SENSORS					
DIGITAL MAPPING/IMAGE WORKSTATIONS					
TERRESTRIAL LASER SCANNER					
MOBILE MAPPING SYSTEM					
UNMANNED AERIAL VEHICLE (UAV)					
CADD SYSTEM	Version:				
FATHOMETERS					
BATHYMETRIC SURVEY EQUIPMENT					
BATHYMETRIC SURVEY EQUIPMENT					
BATHYMETRIC SURVEY EQUIPMENT					
OTHER:					
OTHER:					
SUPPORT EQUIPMENT	MAKE	MODEL	YEAR	Equipment Location (State)	TOTAL QUANTITY
BOATS/SKIFFS					
AIRPLANES					
OTHER :					
OTHER:					

Consultant Name: _____

Date: _____

6. IN-HOUSE SERVICES (check all that your Firm can provide):

<p>Geodetic Surveying Establishing Horizontal and Vertical Control</p> <p>GPS Control and Processing</p> <p>Construction survey quality assurance including machine control construction projects</p> <p>Topographic plans, and contour modeling and Processing</p> <p>Terrestrial Lidar Scanning</p> <p>Mobile Lidar Scanning</p> <p>Data translation to Department based software and standards</p> <p>Bathymetric Survey</p> <p>Maine PLS</p> <p>FAA Certification</p>	<p>Mobilization and demobilization of aircraft</p> <p>Aerial Photography</p> <p>Photogrammetric Flight and Control Design Service</p> <p>Photogrammetric Mapping Services, including, but not limited to</p> <p>High Frequency Lidar (green)</p> <p>base station occupation</p> <p>target setting</p> <p>data processing</p> <p>Aero-triangulation</p> <p>Orthophoto production</p> <p>Airborne GPS survey services</p>
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Supplemental Question(s) for 302.00 Remote Sensing, Aerial Photography & Photogrammetric Mapping Services

1. Submit as a separate attachment to the submittal email, your firm's most recent camera calibration and other relevant calibration reports.
2. Indicate the required minimum response time your firm would need to begin work after receiving a survey services request from MaineDOT.

Consultant Name: _____ Date: _____

3. Describe methods of establishing Horizontal & Vertical Control on Projects, and Horizontal & Vertical positions of targets, and validation Points.

Consultant Name: _____

Date: _____

4. Submit as a separate attachment to the submittal email, a sample of a Project Control and Data Processing Report.
5. Describe your firm's ability to provide feature extraction and terrain modeling in a format that meets "MaineDOT CADD Standards" (<http://www.maine.gov/mdot/caddsupport/>).