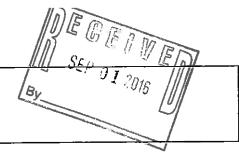


Purchasing Divison 2019 Washington Street East Post Office Box 50130 Charleston, WV 25305-0130 State of West Virginia Request for Quotation 09 — Construction



Proc Folder: 234504

Doc Description: Addendum No.03- Elevator Maintenance for WV Guard

Proc Type: Central Master Agreement

Date Issued Solicitation Closes Solicitation No

2016-08-29 2016-09-07 CRFQ 0603 ADJ1700000002

13:30:00 4

BID RECEIVING LOCATION

**BID CLERK** 

DEPARTMENT OF ADMINISTRATION

PURCHASING DIVISION

2019 WASHINGTON ST E

CHARLESTON

WV

25305

US

VENDOR

Vendor Name, Address and Telephone Number:

thyssenkrupp Elevator Corporation 901 Morris Street Charleston, WV 25301 304-342-0187 Ext. 4129

09/06/16 16:30:59
HU Furchasing Division

FOR INFORMATION CONTACT THE BUYER

Jessica S Chambers (304) 558-0246

jessica.s.chambers@wv.gov

Signature X

FEIN# 62-1211267

DATE 8-30-2016

All offers subject to all terms and conditions contained in this solicitation

Page: 1

FORM ID: WV-PRC-CRFQ-001

# ADDITIONAL INFORMATION:

#### Addendum

Addendum No.03, issued to publish and distribute the following information to the Vendor community as attached herein.

The West Virginia Purchasing Division is soliciting bids on behalf of the West Virginia Army National Guard, Construction and Facilities Management Office to establish an open-end contract for Elevator Maintenance, per the specifications, and Terms and Conditions as attached.

INVOICE TO		SHIP TO	
DIVISION ENGINEERING & ADJUTANT GENERALS OF 1707 COONSKIN DR		STATE OF WEST VIR	GINIA S AS INDICATED BY ORDER
CHARLESTON	WV25311	No City	WV 99999
บร		US	

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Total Price
1	Please see Exhibit C Pricing Pa	ge for			ľ
1	details				

Comm Code	Manufacturer	Specification	Model #	
72101506				Ì
12101300				

#### **Extended Description:**

Elevator Preventative Maintenance per Exhibit C Pricing Page. Pricing page must be submitted with the bid as an attachment if submitting via wvOasis.

INVOICETO		SHIP TO	
DIVISION ENGINEERING & ADJUTANT GENERALS OFF 1707 COONSKIN DR		STATE OF WEST VIEW VARIOUS LOCATION	RGINIA NS AS INDICATED BY ORDER
CHARLESTON	WV25311	No City	WV 99999
us		us	

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Total Price
2	Corrective Maintenance (Hourly	0.00000	HOUR		
1.	Labor Rate)			_	

Comm Code	Manufacturer	Specification	Model #	
72154010				
12104010				

#### **Extended Description:**

Please list pricing on Exhibit C Pricing Page. This line is inactive in wvOasis.

INVOICE TO		SHIP TO	STATE OF THE STATE
DIVISION ENGINEERING ADJUTANT GENERALS C 1707 COONSKIN DR		STATE OF WEST VIR VARIOUS LOCATION	RGINIA IS AS INDICATED BY ORDER
CHARLESTON	WV25311	No City	WV 99999
us		US	

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Total Price
3	Parts-Markup Percentage	0.00000	PCT		

Comm Code	Manufacturer	Specification	Model #
72101506			

#### **Extended Description:**

Please list pricing on Exhibit C Pricing Page. This line is inactive in wvOasis.

	Desument Phase	Document Description
	Document Phase	1
ADJ1700000002	Draft	Addendum No.03- Elevator Maintenance for
		WV Guard

### ADDITIONAL TERMS AND CONDITIONS

See attached document(s) for additional Terms and Conditions

# SOLICITATION NUMBER: CRFQ 0603 ADJ1700000002 Addendum Number: No.03

The purpose of this addendum is to modify the solicitation identified as ("Solicitation") to reflect the change(s) identified and described below.

#### Applicable Addendum Category:

[ ]	Modify bid opening date and time
[ ]	Modify specifications of product or service being sought
[🗸]	Attachment of vendor questions and responses
Į Į	Attachment of pre-bid sign-in sheet
[1]	Correction of error
1 1	Other

#### Description of Modification to Solicitation:

Addendum issued to publish and distribute the attached documentation to the vendor community.

- 1. Technical Questions received are attached;
- 3. Revised commodity lines in wvOasis.

No other Changes.

Additional Documentation: Documentation related to this Addendum (if any) has been included herewith as Attachment A and is specifically incorporated herein by reference.

#### Terms and Conditions:

- 1. All provisions of the Solicitation and other addenda not modified herein shall remain in full force and effect.
- 2. Vendor should acknowledge receipt of all addenda issued for this Solicitation by completing an Addendum Acknowledgment, a copy of which is included herewith. Failure to acknowledge addenda may result in bid disqualification. The addendum acknowledgement should be submitted with the bid to expedite document processing.

# ATTACHMENT A

#### Technical Question for CRFQ ADJ17\*2 August 29, 2016

Q: Did anyone mention that the quantity is incorrect on page 2, Line 1 of the solicitation?

If you go to pages 40 – 43 you will count 13 units...also as we were doing our site surveys we saw 13 units.

A: The quantity on Page 2, Line 1 of the solicitation is not incorrect, they are just interpreting it incorrectly, that Line is for a "Monthly" Charge for Preventative Maintenance, refer them to Page 44 of the solicitation Exhibit C-Pricing Page for further clarification. Monthly Charge x 12 months = Total Yearly Charge.

We agree and do not dispute that there are 13 units listed on pages 40-43, because that is how many elevators we requested to be covered in this contract.

# ADDENDUM ACKNOWLEDGEMENT FORM SOLICITATION NO.:

Instructions: Please acknowledge receipt of all addenda issued with this solicitation by completing this addendum acknowledgment form. Check the box next to each addendum received and sign below. Failure to acknowledge addenda may result in bid disqualification.

**Acknowledgment:** I hereby acknowledge receipt of the following addenda and have made the necessary revisions to my proposal, plans and/or specification, etc.

#### Addendum Numbers Received:

(Check the box next to each addendum received)

[ ]	Addendum No. 1	[	]	Addendum No. 6
[ ]	Addendum No. 2	[	]	Addendum No. 7
[ x ]	Addendum No. 3	[	]	Addendum No. 8
[ ]	Addendum No. 4	[	]	Addendum No. 9
f 1	Addendum No. 5	[	]	Addendum No. 10

I understand that failure to confirm the receipt of addenda may be cause for rejection of this bid. I further understand that any verbal representation made or assumed to be made during any oral discussion held between Vendor's representatives and any state personnel is not binding. Only the information issued in writing and added to the specifications by an official addendum is binding.

Company

Eric Hackney

August 30, 2016

Date

NOTE: This addendum acknowledgement should be submitted with the bid to expedite document processing. Revised 6/8/2012

WV-73 Approved / Revised 08/01/15



# State of West Virginia DRUG FREE WORKPLACE CONFORMANCE AFFIDAVIT West Virginia Code §21-1D-5

#### STATE OF WEST VIRGINIA,

COUNTY OF Kanawha , TO-WIT:
I, Eric Hackney after being first duly sworn, depose and state as follows:
<ol> <li>I am an employee of thyssenkrupp Elevator Corp. ; and, (Company Name)</li> </ol>
2. I do hereby attest that thyssenkrupp Elevator Corp.  (Company Name)
maintains a written plan for a drug-free workplace policy and that such plan and policy are in compliance with <b>West Virginia Code</b> §21-1D.
The above statements are sworn to under the penalty of perjury.
Printed Name:Eric Hackney  Signature:
Date: August 30, 2016
Taken, subscribed and sworn to before me this 30 day of flugust, 2016.
By Commission expires A Commis
(Seal) Notary Public, State Of West Virginia KATY J PETRY 168 Beer Tracks Drive
Charleston, WV 25306 (Notary Públic)  My Commission Expires April 25, 2024   THIS AFFIDAVIT MUST BE SUBMITTED WITH THE BID IN ORDER TO COMPLY
WITH WV CODE PROVISIONS. FAILURE TO INCLUDE THE AFFIDAVIT WITH THE BID SHALL RESULT IN DISQUALIFICATION OF THE BID.

#### STATE OF WEST VIRGINIA Purchasing Division

# **PURCHASING AFFIDAVIT**

**MANDATE:** Under W. Va. Code §5A-3-10a, no contract or renewal of any contract may be awarded by the state or any of its political subdivisions to any vendor or prospective vendor when the vendor or prospective vendor or a related party to the vendor or prospective vendor is a debtor and: (1) the debt owed is an amount greater than one thousand dollars in the aggregate; or (2) the debtor is in employer default.

**EXCEPTION:** The prohibition listed above does not apply where a vendor has contested any tax administered pursuant to chapter eleven of the W. Va. Code, workers' compensation premium, permit fee or environmental fee or assessment and the matter has not become final or where the vendor has entered into a payment plan or agreement and the vendor is not in default of any of the provisions of such plan or agreement.

#### **DEFINITIONS:**

"Debt" means any assessment, premium, penalty, fine, tax or other amount of money owed to the state or any of its political subdivisions because of a judgment, fine, permit violation, license assessment, defaulted workers' compensation premium, penalty or other assessment presently delinquent or due and required to be paid to the state or any of its political subdivisions, including any interest or additional penalties accrued thereon.

"Employer default" means having an outstanding balance or liability to the old fund or to the uninsured employers' fund or being in policy default, as defined in W. Va. Code § 23-2c-2, failure to maintain mandatory workers' compensation coverage, or failure to fully meet its obligations as a workers' compensation self-insured employer. An employer is not in employer default if it has entered into a repayment agreement with the Insurance Commissioner and remains in compliance with the obligations under the repayment agreement.

"Related party" means a party, whether an individual, corporation, partnership, association, limited liability company or any other form or business association or other entity whatsoever, related to any vendor by blood, marriage, ownership or contract through which the party has a relationship of ownership or other interest with the vendor so that the party will actually or by effect receive or control a portion of the benefit, profit or other consideration from performance of a vendor contract with the party receiving an amount that meets or exceed five percent of the total contract amount.

AFFIRMATION: By signing this form, the vendor's authorized signer affirms and acknowledges under penalty of law for false swearing (*W. Va. Code* §61-5-3) that neither vendor nor any related party owe a debt as defined above and that neither vendor nor any related party are in employer default as defined above, unless the debt or employer default is permitted under the exception above.

#### WITNESS THE FOLLOWING SIGNATURE:

Vendor's Name: thyssenkrupp Elevator Co	rporation
	Date: August 30, 2016
Authorized Signature: Eric Hackney	
State of West Vinginia	
County of Larawha, to-wit:	1
Taken, subscribed, and sworn to before me this $30$ da	y of August, 20 ile.
My Commission expires April 25	, 20 <u>24</u> .
AFFIX SEAL HERE	NOTARY PUBLIC Hotal Pates
OFFICIAL SEAL	Purchasing Affidavit (Revised 08/01/2015)
OFFICIAL SEAL Notary Public, State Of West Virginia KATY JPETRY	
168 Bear Tracks Drive	
Charleston, WV 25306 My Commission Expires April 25, 2024 My Commission Expires April 25, 2024	
шиши	

#### ADDITIONAL TERMS AND CONDITIONS (Construction Contracts Only)

1. CONTRACTOR'S LICENSE: West Virginia Code § 21-11-2 requires that all persons desiring to perform contracting work in this state be licensed. The West Virginia Contractor's Licensing Board is empowered to issue the contractor's license. Applications for a contractor's license may be made by contacting the West Virginia Division of Labor. West Virginia Code § 21-11-11 requires any prospective Vendor to include the contractor's license number on its bid. Failure to include a contractor's license number on the bid shall result in Vendor's bid being disqualified. Vendors should include a contractor's license number in the space provided below.

Contractor's Name: _	thyssenkrupp	Elevator	Corporation	
Contractor's License	No. WV-000525			

The apparent successful Vendor must furnish a copy of its contractor's license prior to the issuance of a Award Document.

- 2. DRUG-FREE WORKPLACE AFFIDAVIT: W. Va. Code § 21-1D-5 provides that any solicitation for a public improvement contract requires each Vendor that submits a bid for the work to submit at the same time an affidavit that the Vendor has a written plan for a drug-free workplace policy. To comply with this law, Vendor must either complete the enclosed drug-free workplace affidavit and submit the same with its bid or complete a similar affidavit that fulfills all of the requirements of the applicable code. Failure to submit the signed and notarized drug-free workplace affidavit or a similar affidavit that fully complies with the requirements of the applicable code, with the bid shall result in disqualification of Vendor's bid. Pursuant to W. Va. Code 21-1D-2(b) and (k), this provision does not apply to public improvement contracts the value of which is \$100,000 or less or temporary or emergency repairs.
- 2.1.DRUG-FREE WORKPLACE POLICY: Pursuant to W. Va. Code § 21-1D-4, Vendor and its subcontractors must implement and maintain a written drug-free workplace policy that complies with said article. The awarding public authority shall cancel this contract if: (1) Vendor fails to implement and maintain a written drug-free workplace policy described in the preceding paragraph, (2) Vendor fails to provide information regarding implementation of its drug-free workplace policy at the request of the public authority; or (3) Vendor provides to the public authority false information regarding the contractor's drug-free workplace policy.

Pursuant to W. Va. Code 21-1D-2(b) and (k), this provision does not apply to public improvement contracts the value of which is \$100,000 or less or temporary or emergency repairs.

- 3. DRUG FREE WORKPLACE REPORT: Pursuant to W. Va. Code § 21-1D-7b, no less than once per year, or upon completion of the project, every contractor shall provide a certified report to the public authority which let the contract. For contracts over \$25,000, the public authority shall be the West Virginia Purchasing Division. For contracts of \$25,000 or less, the public authority shall be the agency issuing the contract. The report shall include:
- (1) Information to show that the education and training service to the requirements of West Virginia Code § 21-1D-5 was provided;

**DESIGNATED CONTACT:** Vendor appoints the individual identified in this Section as the Contract Administrator and the initial point of contact for matters relating to this Contract.

Eric Hackney Sales Representative	_
(Name, Title)	1
Eric Hackney Sales Representative	1
(Printed Name and Title)	1
thyssenkrupp Elevator 901 Morris Street Charleston, Wy 25	301
(Address)	-
P- 304-342-0187	
(Phone Number) / (Fax Number)	
eric.hackney@thyssenkrupp.com	
(email address)	

CERTIFICATION AND SIGNATURE: By signing below, or submitting documentation through wvOASIS, I certify that I have reviewed this Solicitation in its entirety; that I understand the requirements, terms and conditions, and other information contained herein; that this bid, offer or proposal constitutes an offer to the State that cannot be unilaterally withdrawn; that the product or service proposed meets the mandatory requirements contained in the Solicitation for that product or service, unless otherwise stated herein; that the Vendor accepts the terms and conditions contained in the Solicitation, unless otherwise stated herein; that I am submitting this bid, offer or proposal for review and consideration; that I am authorized by the vendor to execute and submit this bid, offer, or proposal, or any documents related thereto on vendor's behalf; that I am authorized to bind the vendor in a contractual relationship; and that to the best of my knowledge, the vendor has properly registered with any State agency that may require registration.

thyssenkrupp Elevator Corporation

(Company)

Eric Hackney, Sales Representative

(Authorized Signature) (Representative Name, Title)

Eric Hackney, Sales Representative

(Printed Name and Title of Authorized Representative)

August 30, 2016

(Date)

P- 304-342-0187 F- 866-812-5542

(Phone Number) (Fax Number)

# REQUEST FOR QUOTATION Elevator Maintenance and Repairs

#### **EXHIBIT C - PRICING PAGE**

#### Preventive Maintenance:

Monthly Charge	x	12 months	<u></u>	Total Yearly Charge
\$_2,434.00	x	12	=	\$ 29,208.00
Corrective Maintenance:				
Hourly Labor Rate	X	Estimated Hours	=	Total Labor Cost
\$ 185.00 per man hour	x	100	=	\$_18,500.00
Estimated Parts Cost	x	Multiplier	=	Total Parts Cost
\$5,000.00	x	1.10	=	\$_5,500.00

Total Cost \*

**\$** 53,208.00

Due to the proprietary nature of elevator number EV0003683, Schindler elevator serial # G9818 located at the Buckhannon AFRC location will be excluded from coverage under this contract.

THYSSENKRUPP ELEVATOR 901 MORRIS STREET CHARLESTON, WV 25301

<sup>\*</sup> Total Cost is calculated by adding the Total Yearly Cost, Total Labor Cost, and the Total Parts Cost.

<sup>\*\*</sup>Quantities are estimated for bid evaluation purposes only.

<sup>\*\*\*</sup>Estimated cost for bid evaluation purposes only

<sup>\*\*\*\*</sup>Enter a Unit Price of Zero (0) if item will be provided at no cost- enter N/B if the item is not being bid or provided.

		Agency
		REQ.P.O#
	BID B	<b>GHD</b>
* NOW A	II MEN BY THESE BRESENTS That we the use	dersigned, ThyssenKrupp Elevator Corporation
of 114	Townpark Drive, Suite 300, Kennesaw, GA	30144 as Principal, and Federal Insurance Company
of 15 N	Mountain View Road, Warren, NJ 07059 area	rporation organized and existing under the laws of the State of IN
	with its principal office in the City of Warren	n, NJ aş Sürety, are held and firmly bound unto the State
of West Virginia, a	s Obligee, in the penal sum of Five Percent of A	Amount Bid (\$ 5% of amount bid ) for the payment of which,
well and truly to be	made, we jointly and severally bird ourselves, ou	) fields, administrators, executors, successors and assigns,
The Cond	dition of the above obligation is such that where	as the Principal has submitted to the Purchasing Section of the
		to and made a part hereof, to enter into a contract in writing for
Elevator Maint	enance and Repairs for WV Army National (	Guard
	<u> </u>	
NOWTHE	ŘÉFORE:	
(a) If	said bid shall be rejected, or	nall enter into a contract in accordance with the bid or proposal
attended houses no	A shall famile and atnor brooks and insurance real	med by the hid or proposel, and shall in all other respects certorin
the secondary area	and he the acceptance of earthird then this obline	mon shall be null and void, atherwise this obligation shall remain in
full force and effect	it is expressly understood and agreed that the	liability of the Surety for any and all claims hereunder shall, in no
event, exceed the p	enal amount of this obligation as herein stated.	
The Caret	for the vette received hereby applicates and set	rees that the obligations of said Surety and its boild shall be in no
way moarec or aff	ected by any extension of the time within which	the Obligee may accept such bid, and said Surety does hereby
walve notice of any	suci: extension.	
MARKEDO	the falls with the fall of the fall and souls of Dischart and	d Surety, executed and sealed by a proper officer of Francipal and
	atindividually if Principal is an individual, itils 30tl	
Surety, or by minor	van (Eldi Ardesii A. a.: Ezii ici barris en indicament in s	<u></u>
that a sure of the con-		ThyssenKrupp Elevator Corporation
Principal Seal	MATOR O	(Name of Principal)
	SENKEROR CONTRACTOR OF THE PROPERTY OF THE PRO	MI 18
	58 4	(Must be President, Vice President, or
	ORPORATE AT NO NO ITALIAN OR OF THE PROPERTY O	Michaya Biotem Agent)
	EX COLOR	Contract Analyst
	EWI CRAVE	(Tite)
	P P V	****
Surety Seal	WARRING	Federal Insurance Company
ornera ses	DELAWAREN	(Name of Surety)
	*****	1 1
		11 00000
		Attorney in Feet, Kimberly Bragg
		Ortomos and Willingth progg

TMPORTANT - Surety executing Bonds must be ligerand in West Virginia to transact surety insurance, must affix its soul, and must attach a power of attorney with its seal affixed.

#### ACKNOWLEDGEMENT OF SURETY

STATE OF ILLINOIS COUNTY OF COOK

On this 30<sup>th</sup> day of August, 2016, before me personally came Kimberly Bragg to me known, who being by so duly sworn, did depose and say: that he/she is

Attorney-In-Fact of Federal Insurance Company

The Corporation described in and which executed the foregoing instrument; that he/she knows the seal of said Corporation; that the seal affixed by authority granted to him/her in accordance with By-Laws of the said Corporation, and that he/she signed his/her name thereto by like authority.

Notary Public. Sarah E. Green

SARAH E. GREEN
NOTARY PUBLIC, STATE OF HALL

MY COMMISSION EXPIRES 2/17/2000



Chubb Surety POWER OF ATTORNEY Federal Insurance Company Vigilant Insurance Company Pacific Indemnity Company Attn: Surety Department 15 Mountain View Road Warren, NJ 07059

Know All by These Presents, That FEDERAL INSURANCE COMPANY, an Indiana corporation, VIGILANT INSURANCE COMPANY, a New York corporation, and PACIFIC INDEMNITY COMPANY, a Wisconsin corporation, do each hereby constitute and appoint

#### Kimberly Bragg

as their true and lawful Attorney- in- Fact to execute under such designation in their names and to affix their corporate seals to and deliver for and on their behalf as surety thereon or otherwise, the following Surety Bond:

Surety Bond Number

: Bid Bond

Obligee

: State of West Virginia

And the execution of such bond or obligation by such Attorney- in- Fact in the Company's name and on its behalf as surety thereon or otherwise, under its corporate seal, in pursuance of the authority hereby conferred shall, upon delivery thereof, be valid and binding upon the Company.

In Witness Whereof, said FEDERAL INSURANCE COMPANY, VIGILANT INSURANCE COMPANY, and PACIFIC INDEMNITY COMPANY have each executed and attested these presents and affixed their corporate seals on this 1St day of March 2013.

Dayn M. Chloros, Assistant Secretary

tichard A. Ciullo, Vice President

STATE OF NEW JERSEY

County of Somerset

58.

On this 1st day of March 2013 before me, a Notary Public of New Jersey, personally came Dawn M. Chloros, to me known to be Assistant Secretary of FEDERAL INSURANCE COMPANY, VIGILANT INSURANCE COMPANY, and PACIFIC INDEMNITY COMPANY, the companies which executed the foregoing Power of Attorney, and the said Dawn M. Chloros, being by me duly sworn, did depose and say that she is Assistant Secretary of FEDERAL INSURANCE COMPANY, VIGILANT INSURANCE COMPANY, and PACIFIC INDEMNITY COMPANY and knows the corporate seals thereof, that the seals affixed to the foregoing Power of Attorney are such corporate seals and were thereto affixed by authority of the By- Laws of said Companies; and that she signed said Power of Attorney as Assistant Secretary of said Companies by like authority; and that she is acquainted with Richard A. Ciullo, and knows him to be Vice President of said Companies; and that the signature of Richard A. Ciullo, subscribed to said Power of Attorney is in the genuine handwriting of Richard A. Ciullo, and was thereto subscribed by authority of said By- Laws and in deponent's presence.

Notarial Seal



WENDIE WALSH Notary Public, State of New Jersey No. 0054504 Expires April 18, 2018

Notary

Public

#### CERTIFICATION

Extract from the By- Laws of FEDERAL INSURANCE COMPANY, VIGILANT INSURANCE COMPANY, and PACIFIC INDEMNITY COMPANY:

"All powers of attorney for and on behalf of the Company may and shall be executed in the name and on behalf of the Company, either by the Chairman or the President or a Vice President or an Assistant Vice President, jointly with the Secretary or an Assistant Secretary, under their respective designations. The signature of such officers may be engraved, printed or lithographed. The signature of each of the following officers: Chairman, President, any Vice President, any Assistant Vice President, any Secretary, and the seal of the Company may be affixed by facsimile to any power of attorney or to any certificate relating thereto appointing Assistant Secretaries or Attorneys- in- Fact for purposes only of executing and attesting bonds and undertakings and other writings obligatory in the nature thereof, and any such power of attorney or certificate bearing such facsimile signature or facsimile seal shall be valid and binding upon the Company and any such power so executed and certified by such facsimile signature and facsimile seal shall be valid and binding upon the Company with respect to any bond or undertaking to which it is attached."

I, Dawn M. Chloros, Assistant Secretary of FEDERAL INSURANCE COMPANY, VIGILANT INSURANCE COMPANY, and PACIFIC INDEMNITY COMPANY (the "Companies") do hereby certify that

(i) the foregoing extract of the By-Laws of the Companies is true and correct,

- (ii) the Companies are duly licensed and authorized to transact surety business in all 50 of the United States of America and the District of Columbia and are authorized by the U.S. Treasury Department; further, Federal and Vigilant are licensed in Puerto Rico and the U.S. Virgin Islands, and Federal is licensed in American Samoa, Guam, and each of the Provinces of Canada except Prince Edward Island; and
- (iii) the foregoing Power of Attorney is true, correct and in full force and effect.

Given under my hand and seals of said Companies at Warren, NJ this 30th day of August, 2016.







Deurm Cheros

Kendie Kalsh

Dawn M. Chloros, Assistant Secretary

IN THE EVENT YOU WISH TO NOTIFY US OF A CLAIM, VERIFY THE AUTHENTICITY OF THIS BOND OR NOTIFY US OF ANY OTHER MATTER, PLEASE CONTACT US AT ADDRESS LISTED ABOVE, OR BY Telephone (908) 903- 3493 Fax (908) 903- 3656 e-mail: surety@chubb.com

# WEST VIRGINIA STATE TAX DEPARTMENT **BUSINESS REGISTRATION** CERTIFICATE

**ISSUED TO:** KRUPP ELEVATOR CORPORATION 901 MORRIS ST **CHARLESTON, WV 25301-1422** 

SINESS REGISTRATION ACCOUNT NUMBER:

This certificate is issued on: ... 06/11/2010

This certificate is issued by the West Virginia State Tax Commissioner In accordance with W.Va. Code s 11-12.

The person or organization identified on this certificate is registered to conduct business in the State of West Virginia at the location above.

This certificate is not transferrable and must be displayed at the location for which issued

This certificate shall be permanent until cessation of the business for which the certificate of registration was granted or until it is suspended, revoked or cancelled by the Tax Commissioner.

Change in name or change of location shall be considered a cassation of the business and a new certificate shall be required.

TRAVELING/STREET VENDORS: Must carry a copy of this certificate in every vehicle operated by them. CONTRACTORS, DRILLING OPERATORS, TIMBER/LOGGING OPERATIONS: Must have a copy of this certificate displayed at every job site within West Virginia.

atL006 v.1 L1669225216



# PAAAAAAA

# CONTRACTOR LICENSE

Authorized by the

West Virginia Contractor Licensing Board

Number:

WV000525

Classification:

SPECIALTY

THYSSENKRUPP ELEVATOR CORPORATION DBA THYSSENKRUPP ELEVATOR CORPORATION 114 TOWNPARK DR NW STE 300 KENNESAW, GA 30144-5876

Date Issued

**Expiration Date** 

AUGUST 06, 2016

AUGUST: 06, 2017

land W. Grage Authorized Company Signature

David W. Turnage

VP-Tax

Chair, West Virginia Contractor

Licensing Board

This license, or a copy thereof, must be posted in a conspicuous place at every construction site where work is being performed. This license number must appear in all advertisements, on all bid submissions and on all fully executed and binding contracts. This liceuse cannot be assigned or transferred by liceusee. Issued under provisions of West Virginia Code, Chapter 21, Article 11.



#### **CERTIFICATE OF LIABILITY INSURANCE**

Page 1 of 1

© 1988-2010 ACORD CORPORATION. All rights reserved.

DATE (MM/DD/YYYY) 10/07/2015

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER. IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policyties) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such encorsement(s). PRODUCER CONTACT NAME: Wills of Hinois Inc. . . . . . Sec. 15 84 2 18 Willis of Illinois, Inc. PHONE (A/C No.Ext): 312-288-7489 FAX (A/C No.Ext): 233 S. Wacker Drive, Suite 2000 E-MAIL ADDRESS:tke.certificates@willis.com CHICAGO, IL 60606 **INSURER(S) AFFORDING COVERAGE** NAIC# INSURER A: HDI-Gerling America Insurance Company 41343 INSURED INSURER B: ACE American Insurance Company 22667 THYSSENKRUPP ELEVATOR CORPORATION INSURER C: Indemnity Insurance Company of NA 43575 INSURER D: Agri General Insurance Company 42757 INSURER E: ACE Fire Underwriters Insurance Company 20702 INSURER F: **COVERAGES CERTIFICATE NUMBER: 963434 REVISION NUMBER:** THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD

INDICATED. NOTWITHSTANDING ANY REQUIREMENT, FERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORCED BY THE POLICIES DESCRIBED HEREIN IS SEJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES, LIMITS SHOWN MAY HAVE BEEN REDUCED BY FAID CLAIMS. POLICY EFF POLICY EXP INSR TYPE OF INSURANCE POLICY NUMBER LIMITS LTR INSR WVD GENERAL LIABILITY A GL:12574-02 L EACH OCCURRENCE 10/01/2015 10/01/2016 \$ 2,000,000 COMMERCIAL GENERAL LIABILITY Х DAMAGE TO RENTED CLAIMS-MADE X OCCUR \$1,000,000 PREMISES (Ea occurrence) MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 2,000,000 GENERAL AGGREGATE GEN'L AGGREGATE LIMIT APPLIES PER: \$ 2,000,000 X POLICY PROJECT PRODUCTS - COMP/OP AGG \$ 2,000,000 AUTOMOBILE LIABILITY COMBINED SINGLE LIMIT ISAH08859279 10/01/2015 10/01/2016 \$ 2,000,000 ANY AUTO (Ea accident) X BODILY INJURY(Per person) ALL OWNED SCHEDULED **AUTOS AUTOS** . 7. BODILY INJURY (Per accident) NON-OWNED HIRED AUTOS PROPERTY DAMAGE UTOS 130 (Per accident) 4 UMBRELLA LIAB OCCUR EACH COURRENCE CLAIMS-MADE 2.30 EXCESS LIAB GREGATE DED RETENTION \$ WORKERS COMPENSATION WC STATU-WLRC48590007 (AOS) N/A 10/01/2015 10/01/2016 Y/N OTHER AND EMPLOYERS' LIABILITY WLRC48589996 (CA,MA) WLRC48593306 (TN) TORY LIMITS 10/01/2015 10/01/2016 L. EACH ACCIDENT ANY PROPRIETOR/PARTNER/EXECUTIVE N \$ 1,000,000 10/01/2015 10/01/2016 OFFICER/MEMBER EXCLUDED? SCFC48590019 (WI) L. DISEASE -EA EMPLOYEE 10/01/2015 10/01/2016 \$ 1,000,000 (Mandatory in NH) L. DISEASE -POLICY LIMIT yes, describe under \$ 1,000,000 DESCRIPTION OF OPERATIONS below DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required) Division Number: 0001 - Named Insured Includes. ThysisenKrupp Elevator Corporation - Address, 114 Town Fark Linve, Suite 304 KENNESAW, GA 30144 Project Number: - Project Name: SPECIMEN N. SETTERS **Beautiful** ś. Www.sec Property and the **CERTIFICATE HOLDER** CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS AUTHORIZED REPRESENTATIVE SPECIMEN ALTERNATION OF

**United States** 

## ThyssenKrupp Elevator

**Americas Business Unit** 

Service Sales Department - Charleston, WV



# The TKE Advantage

Thank you for the opportunity to present information on behalf of ThyssenKrupp Elevator (formerly known as Dover Elevator). We are the industry leader for manufacturing, installation, service, maintenance and repair of vertical transportation. Many companies claim they are the best. At ThyssenKrupp Elevator, we demonstrate every day what it takes to *be* the best by providing quality, customer driven service. These are just a few of the benefits you will experience with the **TKE Advantage**:

- 14 IUEC certified route mechanics and 2 dedicated Repair Teams managed out of the Charleston, WV office with combined experience of over 300 years
- Over 2,185 units serviced/maintained out of the Charleston, WV office
- On-call mechanics available 24 hours a day, 7 days a week
- Each mechanic operates from a fully equipped service vehicle
- Branch office/warehouse in Charleston with over \$100K in spare parts
- Award winning Safety program that makes employee & customer safety Priority 1
- International Technical Services Group
  - Engineers on call 24/7 dedicated to on-the-spot troubleshooting
  - Diagnostic tools for virtually all competitors equipment
- Regional Trainers provide ongoing instruction to our field personnel
- Service/Repair/Sales Management Team with over 50 years combined field experience and over 50 years combined management experience
  - o Routine Safety audits of field personnel, their vehicles and tools
  - Routine service audits of our field personnel and customer facilities
- Dedicated Sales and Customer Service Representatives
  - Address customer concerns in a timely and efficient manner.
  - Process City/State Inspection reports and schedule appropriate work for completion in the allotted time
  - Inform and educate customers about every aspect of their elevator service needs from contractual issues to repairs and improvement opportunities
- Service Superintendent with QEI-1 (Qualified Elevator Inspector) certification
- CSP website provides online access to maintenance records for your facilities

When you join the ranks of satisfied ThyssenKrupp customers, you will come to appreciate the TKE Advantage that separates us from the competition. Thank you for your time. We sincerely appreciate the opportunity to become a trusted partner in the care of your facilities and property investment. Feel free to contact ThyssenKrupp Elevator for all your new installation, service & maintenance and repair needs.

ThyssenKrupp Elevator Team Charleston

ThyssenKrupp Elevator Corporation 901 Morris Street Charleston, WV 25301 Telephone: (304) 342-0187

Fax: (866) 812-5542



# Hydraulic Elevator Maintenance Tasks & Records

JOBSITE INFORMATION 20
Job Name:
Job Address:
Route/Contract #:
Contract Type: Platinum Premier Platinum Gold Bronze
Building Manager/Supt.: Location:
Phone Number: Ext.:
Building Engineer: Location:
Phone Number: Ext.:
EQUIPMENT DATA
Elevator #, State Installation #, Unit Serial #
Original Manufacturer: Controller Mfr.:
Controller Name & Model:
Controller Type: Simplex Duplex Group Other
Landings/Openings: Valve Mfr. Model:
Door Equipment Mfr.: Model:
Pump Motor Mfr. & Model: HPVoltage:
Supply Voltage: Pump Mfr. & Model: Belted
Submersible: Main Piston Mfr.: Packing Type & Sizes

The frequency of periodic inspections and tests are recommended by ASME A17.1-2007 (8.11.1.3 Periodic Inspection and Test Frequency). The frequency of maintenance intervals, as required by Section 8.6, are determined by the TKEstimate program.

ThyssenKrupp Elevator Americas Business Unit



# **Hydraulic Test Records**

INSTRUCTI	ON	S

(1) Use one record for each controller.(2) When any section of the Maintenance Tasks & Records is complete or full, replace with a

		aintenance T all complete		Records. Maintenance	asks & Record	ds to Branc	h Office for	filing.
		14.77	nde l	nernal Au	dit Pecoro			
Da	<u> </u>	Audito					itle	
Da	te	Augitt	)r					
		_						
-				•-			·	
-					<u> </u>			
					<u> </u>		<u> </u>	
Hévaro		2. 1	Hydra	Hije Oil Machi	de Room <b>Loc</b>			
If the reaso	n for the missing oil cannot be det	ermined by visual	inspection	, the unit must be tak	en out of service (loc	k-out/tag-out) u	ntil cause is deter	mined, corrected,
Date	Additional Oil Amount	ASME A17.1 Dy	relier valve	setting and system pa	ressure test and cylir	ider jeak down u	est. <b>Techni</b> o	
				- i				
130 %	2000年,自由中国的基础的特殊(	ទី សែមហើងប្តូមនេ		in of a part	erning velte	លិក្សាក្ន	W TENSON	
			Date	Conducted By	Verified By	Inspection Authority	Inspection Company	ASME - QEI Certified
8.11.3.2.1 -	- Relief Valve Setting and System P	ressure Test						Yes / No
l	- Hydraulic Cylinders and Pressure	Piping						Yes / No
	- Additional Tests		22.3					
	a) - Normal Terminal Stopping Dev							Yes / No Yes / No
<u> </u>	<ul> <li>(b) – Governors, Overspeed Switch,</li> <li>(c) – Safeties</li> </ul>	, and Seals	_			-		Yes / No
	(d) — Oil Buffers					+		Yes / No
	e) – Firefighter's Ernergency Opera	ation						Yes / No
	f) – Standby Power Operation							Yes / No
	<ul> <li>g) – Power Operations of Door Sys</li> <li>h) – Emergency Terminal Speed Re</li> </ul>							Yes / No
8.11.3.2.3 (	n) – Emergency Terminal Speed Ri Devices	educing						Yes / No
	i) – Low Oil Protection Operation							Yes / No
	<ul> <li>Flexible Hose and Fitting Assemb</li> <li>Pressure Switch</li> </ul>	lies						Yes / No
8.11.3.2.5	- Pressure Switch				7 - AH			Yes / No
	Ciglia ereliadis faid fe	ulió Wilnig Uni	ប់រក់ព្រះធម្រើ	olo estel perso	rining Çallagı	iny Paris	(7) Tusta	
	Test		Date	Conducted By	Verified By	Inspection Authority	Inspection Company	ASME - QEI Certified
8.11.3.3.1 -	- Unexposed Portions of Pistons (re	oped hydro)	Ţ.					Yes / No
8.11.3.3.2 -	- Pressure Vessels							Yes / No
	Complete the f	ri inveno la	កែខិល្ខការ	ing affectuer.	armino Cater	inny Five (	fil Tests	
	Test		Date	Conducted By	Verified By	Inspection	Inspection	ASME - QEI
8.11.3.4.1 -	- Governors, Safeties, and Oil Buffe	ers (roped hydro)				Authority	Company	Certified Yes / No
8.11.3.4.2	- Coated Ropes (roped hydro)			1				Yes / No
	- Wire rope fastenings (roped hydro	 o)			1	<u> </u>		Yes / No
8.11.3.4.4	- Plunger Gripper					† 1		Yes / No
	- Overspeed Valves					+ -		Yes / No
		المعامل المراقب المراقب				- 2 8 (0 8		
	Sert au	A	Other	Additional Te	នម្បាំឲ្			
	Test		Date	Conducted By	Verified By	Inspection Authority	Inspection Company	ASME - QEI Certified

Certified Yes / No Yes / No

# Hydraulic Maintenance Tasks (A17.1-2007 8.6.5)

INSTRUCTIONS [1] Upon each regular visit, service personnel must print his / her name, date this maintenance log and check [v] the corresponding box in the spaces provided. This log is not for use during callbacks, unless regular maintenance is also performed at that time [2] if a task is not done during a regular visit, do not check the corresponding block. [3] Cross out those tasks listed below which are not applicable to this elevator [unit]. [4] Fill in Jobsite Information (front cover), Year and Month Starting, and Assigned Number of Visits. Printed Name For the Year and Month Starting 4,6,9, 4,6,9, 9,12 9,12 12 12 **Assigned Number of Visits** 12 12 12 12 12 12 12 Date -Clean and Inspect Machine Room During each maintenance visit, observe and adjust/maintain as necessary; Stopping Accuracy + or -[0.5 in]Door Close Force [Torque] <30 lbf. # Car Door Reopening Devices Car Door, Gate Equipment, and Operator Car Stop Switch(es), Emer. Communications, Signals/Buttons, Alarm (Optional Switch/ Buttons), Emer. Light and Ventilation Clean and Inspect Car Top and **Devices** Top of Car Operating [Insp.] Device, Incl. Stop Switch, and Light Car Top Guide Shoes/Roller Guides Leveling Devices/Hardware Hoistway Doors, Tracks, and Door Locks Pit Lighting, Stop Switch, Clean and Inspect Pit Jack/Packing and Oil Recovery Device Car Bottom Guide Shoes/Roller Guides Power Unit Oil Level/Condition, Oil Leaks, and Belt Tension Motor Starter Contacts/Connections Traveling Cable(s) Car Safety Device pue Overhead, Car Top, and Hoisting required, inspect, observe, Sheaves Directional/Final Limits Clean and Inspect Hoistway Oil Lines, Supports, and Spring **Buffers Power Supplies** Motor Lubrication [Dry Unit] Valve Strainers Door Close Kinetic Energy Additional

#### **Hydraulic Repair Log**

**INSTRUCTIONS:** 

INSTR	UCTIONS: (1) All Billable and Non-Billable re (2) Replacement parts used during	pairs shall be recorded. g repairs shall be recorded.	
DATE	Description of Work	Parts Used	Technician
	· · · · · · · · · · · · · · · · · · ·		
<del></del> .			

### **Hydraulic Service Request Log**

INSTRUCTIONS: (1) This Service Request Report (Callback) Log shall be used to record all Callbacks or Complaints reported to Elevator Personnel by any means, including corrective actions taken.

(2) The Technician is responsible to report all trouble calls to ThyssenKrupp Dispatch that he or she receives by means other than Authorized Dispatch.

Date	Time	Description	Resolution	Technician
				<u>                                     </u>
	<u> </u>			



# Traction Elevator Maintenance Tasks & Records

JOBSITE IN	FORMATION 20
Job Name:	
Job Address:	
Route/Contract #:	Elevator # of
Contract Type: Platinum Premier	Platinum Gold Bronze
Building Manager/Supt.:	Location:
Phone Number:	
Building Engineer:	Location:
Phone Number:	Ext.:
EQUIPME	ENT DATA
Elevator #, State Installation #	, Unit Serial #
Original Manufacturer:	
Controller Name & Model:	
Controller Type: Simplex Duple:	x Group Other
Landings/Openings: Geared	
Door Equipment Mfr. ;	
Supply Voltage:	
Drive: MG  SCR  VVVF PWM	Other
Drive Mfr. & Model: Hoist Motor Mfr. : HF	
The frequency of periodic increation	ins and tests are recommended by

ASME A17.1-2007 (8.11.1.3 Periodic Inspection and Test Frequency). The frequency of maintenance intervals, as required by Section 8.6, are determined by the TKEstimate program.

ThyssenKrupp Elevator Americas Business Unit



# **Traction Test Log**

INSTRUCTIONS:

- (1) Use one record for each controller.
- (2) When any section of the Maintenance Tasks & Records is complete or full, replace with a new Maintenance Tasks & Records.
- (3) Turn in all complete or full Maintenance Tasks & Records to Branch Office for filing.

	e lan la	iema Mica	izeni.	N. W. 15			
Date Audi			Record Title				
						·	
complete the lettering i	្រើក្រុំកំពុំ	on affect de le	minia lia e	iov tine (	Tacies,		
Bernelling significant some significant	Date	Conducted By	Verified By	Inspection Authority	Inspection Company	ASME - QEI Certified	
8.11.2.2.1 - Oil Buffers						Yes / No	
8.11.2.2.2 - Safeties - No Load/Slow Speed						Yes / No	
8.11.2.2.3 - Governors						Yes / No	
8.11.2.2.4 - Slack-Rope Devices on Winding Drum Machines						Yes / No	
8.11.2.2.5 - Normal and Final Terminal Stopping Devices						Yes / No	
8.11.2.2.6 – Firefighters' Emergency Operation						Yes / No	
8.11.2.2.7 - Standby or Emergency Power Operation						Yes / No	
8.11.2.2.8 - Power Operation of Door System						Yes / No	
8.11.2.2.9 - Broken Rope, Tape, or Chain Switch						Yes / No	
8.11.2.2.10 - E/E/PES Electrical Protective Devices						Yes / No	
8.11.2.2.11 - Ascending Car Overspeed Protection and Unintended Car Motion Devices						Yes / No	
Complete the following t	alarman	de afficer (lacife	ming Cele	jory. Five (	i,) Pests		
Test	Date	Conducted By	Verified By	Inspection Authority	Inspection Company	ASME - QE <sup>1</sup> Certified	
8.11.2.3.1 – Car and Counterweight Safeties						Yes / No	
8.11.2.3.2 – Governors			· <del>-</del>			Yes / No	
8.11.2.3.3 – Oil Buffers						Yes / No	
8.11.2.3.4 – Braking System						Yes / i.o	
8.11.2.3.5 – Emergency and Standby Power Operation					-	Yes / No	
8.11.2.3.6 – Emergency Terminal Stopping and Speed Limitin Devices	9					Yes / No	
8.11.2.3.7 – Power Opening of Doors						Yes / t₃o	
8.11.2.3.8 – Leveling Zone and Leveling Speed						Yes / ita	
8.11.2.3.9 – Inner Landing Zone						Yes / No	
8.11.2.3.10 – Emergency Stopping Distance						Yes / No	
	100 4011	ulajjanajara	deter 4.				
			3				
Test	Date	Conducted By	Verified By	Inspection Authority	Inspection Company	ASME - QE Certified	
Test			the art to the first the second secon	Inspection	Inspection	ASME - QE	
Test			the art to the first the second secon	Inspection	Inspection	ASME - QE Certified	
Test			the art to the first the second secon	Inspection	Inspection	ASME - QE Certified Yes / 1.3	
Test			the art to the first the second secon	Inspection	Inspection	ASME - QE Certified Yes / 1.2 Yes / 1.2	
Test			the art to the first the second secon	Inspection	Inspection	ASME - OE Certified Yes / 1.2 Yes / 1.2	

Yes / No

# Traction Maintenance Tasks (A17.1-2007 8.6.4)

INSTRUCTIONS: [1] Upon each regular visit, service personnel must print his / her name, date this maintenance log and check [v] the corresponding box in the spaces provided. This log is not for use during callbacks, unless regular maintenance is also performed at that time. [2] If a task is not done during a regular visit, do not check the corresponding block. [3] Cross out those tasks listed below which are not applicable to this elevator [unit]. [4] Fill in Jobsite Information (front cover), Year & Month Starting, and Assigned Number of Visits.

Pri	Printed Name ————————————————————————————————————													
	For the Year and and and and													
Mo	Month Starting													
Assigned Number of Visits			12	12	12	12	12	12	9,12	9,12	9,12	12	12	12
		Date>	1								- 4	Š.	1 × 1	
		Clean and Inspect Machine Room												
_		Stopping Accuracy + or – [0.5 in]	S											
Ē	,	Door Close Force [Torque] <30 lbf. #												
ig.	İ	Car Door Reopening Devices												$\vdash$
Ę	ļ	Car Door, Gate Equipment, and Operator Car Stop Switch(es), Erner. Communications,												<b>  </b>
During each maintenance visit, observe and adjust/maintain		Signals/Buttons, Alarm (Optional Switch/ Buttons), Emer. Light and Ventilation Top of Car Operating [Insp.] Device, Incl. Stop						) !						
ä		Switch and Light												
Ne		Top of Car Optical Sensors/Leveling Devices and Car Top Selector											] '	
pse		Car Top Guide Shoes/Roller Guides												
<u>.</u>	ess	Counterweight Guide Shoes/Roller Guides												
visit, obser necessary:		Hoistway Doors, Tracks, and Door Locks												
eg	as B	Clean and Inspect Car Top and Devices												-
ian E		Car Bottom Guide Shoes/Roller Guides												
Iter	- [	Clean and Inspect Pit Condition, Pit Lighting, and Stop Switch			1									
lai.	ì	Hoist Machine and Motor												
r L	į	Brake Operation												
eac	ŀ	Rope Gripper Operation												
ng	8	Motor Generator Set												
Ĕ	1	Selector and Related Components												
		Governor(s), Car, and Counterweight												
		Tachometer/Encoder	62	200		2.7		15	-			- 2		
		Traveling Cable[s]	(1)	- 8				1.4	1552-71					
		Hitch Plates and Rope Fastening												
and		Counterweight Frame, Sheave, and Safeties (if provided)												
9		Overhead, Car Top, and Hoisting Sheaves						,						
	. [	Directional/Final Limits												
obs	<u>ة</u>	Rail Mounted Roller Switches								L				9
P	ess	Derailment Detector												
S	<u>و</u> ا	Clean and Inspect Hoistway												
Ë	as necessary:	Car and Counterweight Buffers												
ĕ. <u>≖</u>	اٰ≣	Compensation Sheaves/Ropes/Chains												
je.	<u>≅</u>	Governor Tail Sheave/Clearances												
뒿.	Ë	Car Safeties and SOS												
Annually inspect these items and observ	adjust/maintain	PC Cards												
تا:	뗾	Drive Transformer/Inverters												
la l		Brake			T									
Inn		Inspect and Lubricate Hoist Ropes												
⋖		Seismic Devices												
		Door Close Kinetic Energy												
		Rails and Brackets												
la .					Š.	100			(9)3		9			
Additional	Item					<del> </del>				-				

### **Traction Repair Log**

All Billable and Non-Billable repairs shall be recorded. Replacement parts used during repairs shall be recorded.

**INSTRUCTIONS:** 

(1) (2)

	<del></del>		
DATE	Description of Work	Parts Used	Technician
<b> </b>		1	

## **Traction Service Request Log**

INSTRUCTIONS: (1)	This Service Request Report (Callback) Log shall be used to record all
	Callbacks or Complaints reported to Elevator Personnel by any means,
	including corrective actions taken.

(2) The Technician is responsible to report all trouble calls to ThyssenKrupp Dispatch that he or she receives by means other than Authorized Dispatch.

Date	Time	Description	Resolution	Technician
			<u> </u>	
·				
	i—			