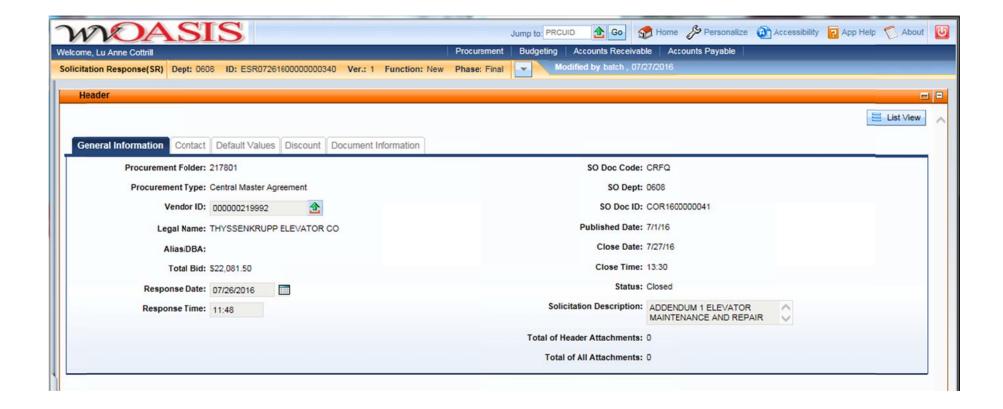


2019 Washington Street, East Charleston, WV 25305 Telephone: 304-558-2306 General Fax: 304-558-6026

Bid Fax: 304-558-3970

The following documentation is an electronicallysubmitted vendor response to an advertised solicitation from the West Virginia Purchasing Bulletin within the Vendor Self-Service portal at wvOASIS.gov. As part of the State of West Virginia's procurement process, and to maintain the transparency of the bid-opening process, this documentation submitted online is publicly posted by the West Virginia Purchasing Division at WVPurchasing.gov with any other vendor responses to this solicitation submitted to the Purchasing Division in hard copy format.





#### Purchasing Division 2019 Washington Street East Post Office Box 50130 Charleston, WV 25305-0130

## State of West Virginia Solicitation Response

Proc Folder: 217801

Solicitation Description: ADDENDUM 1 ELEVATOR MAINTENANCE AND REPAIR

Proc Type: Central Master Agreement

Date issued	Solicitation Closes	Solicitation No V		Version
	2016-07-27	SR 0608 E	SR07261600000000340	1
	13:30:00			

#### **VENDOR**

000000219992

THYSSENKRUPP ELEVATOR CO

FOR INFORMATION CONTACT THE BUYER

Crystal Rink (304) 558-2402 crystal.g.rink@wv.gov

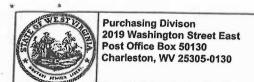
Signature X FEIN # DATE

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

Page: 1 FORM ID: WV-PRC-SR-001

Line	Comm Ln [	Doec	Qty	Unit Issue	Unit Price	Ln Total Or Contract Amount
1	Elevator In		12.00000	EA	Ontrice	En Total of Contract Amount
	Lievatoriii	ispections	12.00000			
0			0		84 - 1-14	
Comm Code	IVIAI	nufacturer	Specification		Model #	
72101506						
Extended Des	scription :	Elevator Inspections				
Line	Comm Ln [		Qty	Unit Issue	Unit Price	Ln Total Or Contract Amount
2	Safety and	I Full Load Test	1.00000	EA	\$0.000000	\$0.00
Comm Code	Maı	nufacturer	Specification		Model #	
72101506						
Extended Des	scription :	Safety and Full Load Test				
Line	Comm Ln [	Desc	Qty	Unit Issue	Unit Price	Ln Total Or Contract Amount
Line 3	Comm Ln I		<b>Qty</b> 60.00000	Unit Issue HOUR	Unit Price \$180.000000	Ln Total Or Contract Amount \$10,800.00
3	Regular La	abor Rate	60.00000		\$180.000000	
	Regular La					
3 Comm Code 72101506	Regular La	abor Rate nufacturer	60.00000		\$180.000000	
3 Comm Code	Regular La	abor Rate	60.00000		\$180.000000	
3 Comm Code 72101506	Regular La	abor Rate nufacturer	60.00000		\$180.000000	
3 Comm Code 72101506	Regular La	abor Rate nufacturer	60.00000		\$180.000000	
3 Comm Code 72101506	Regular La	abor Rate nufacturer	60.00000		\$180.000000	
3 Comm Code 72101506	Regular La	abor Rate nufacturer	60.00000		\$180.000000	
Comm Code 72101506  Extended Des	Regular La	nufacturer  Regular Labor Rate	60.00000  Specification	HOUR	\$180.000000 Model #	\$10,800.00
Comm Code 72101506  Extended Des	Regular La	nufacturer  Regular Labor Rate  Desc	60.00000  Specification	HOUR Unit Issue	\$180.000000  Model #	\$10,800.00  Ln Total Or Contract Amount
Comm Code 72101506  Extended Des	Regular La	nufacturer  Regular Labor Rate  Desc	60.00000  Specification	HOUR	\$180.000000 Model #	\$10,800.00
Comm Code 72101506  Extended Des	Regular La  Mai  Scription :  Comm Ln I  Overtime L	Regular Labor Rate  Desc Labor Rate	Specification  Oty 5.00000	HOUR Unit Issue	\$180.000000  Model #  Unit Price \$307.880000	\$10,800.00  Ln Total Or Contract Amount
Comm Code 72101506 Extended Des Line 4	Regular La  Mai  Scription :  Comm Ln I  Overtime L	nufacturer  Regular Labor Rate  Desc	60.00000  Specification	HOUR Unit Issue	\$180.000000  Model #	\$10,800.00  Ln Total Or Contract Amount
Comm Code 72101506 Extended Des Line 4	Regular La  Mai  Scription :  Comm Ln I  Overtime L	Regular Labor Rate  Desc Labor Rate	Specification  Oty 5.00000	HOUR Unit Issue	\$180.000000  Model #  Unit Price \$307.880000	\$10,800.00  Ln Total Or Contract Amount
Comm Code 72101506  Extended Des	Regular La  Mai  Scription :  Comm Ln [  Overtime L	Regular Labor Rate  Desc Labor Rate	Specification  Oty 5.00000	HOUR Unit Issue	\$180.000000  Model #  Unit Price \$307.880000	\$10,800.00  Ln Total Or Contract Amount
Comm Code 72101506  Extended Des Line 4  Comm Code 72101506	Regular La  Mai  Scription :  Comm Ln [  Overtime L	Regular Labor Rate  Desc Labor Rate	Specification  Oty 5.00000	HOUR Unit Issue	\$180.000000  Model #  Unit Price \$307.880000	\$10,800.00  Ln Total Or Contract Amount
Comm Code 72101506  Extended Des Line 4  Comm Code 72101506	Regular La  Mai  Scription :  Comm Ln [  Overtime L	Regular Labor Rate  Desc Labor Rate	Specification  Oty 5.00000	HOUR Unit Issue	\$180.000000  Model #  Unit Price \$307.880000	\$10,800.00  Ln Total Or Contract Amount

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Ln Total Or Contract Amount
5	Holiday Labor Rate	5.00000	HOUR	\$362.210000	\$1,811.05
Comm Code	Manufacturer	Specification		Model #	
72101506					
Extended Des	Holiday Labor Rate				
Line	Comm Ln Desc	<b>Qty</b> 5.00000	Unit Issue HOUR	Unit Price \$362.210000	Ln Total Or Contract Amount
6	Emergency Labor Rate	5.00000	HOUR	\$362.210000	\$1,811.05
Comm Code	Manufacturer	Specification		Model #	
72101506					
Extended Des	Emergency Labor Rate				
Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Ln Total Or Contract Amount
7	Parts - Markup Percentage	1.00000	PCT	\$0.000000	\$0.00
Comm Code	Manufacturer	Specification		Model #	
72101506					
Extended Des	Parts - Markup Percentage	9			
Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Ln Total Or Contract Amount
8	Elevator Preventative Maintenance	12.00000	EA	\$510.000000	\$6,120.00
Comm Code	Manufacturer	Specification		Model #	
72101506					
Extended Des	cription : Elevator Preventative Main	ntenance			



## State of West Virginia Request for Quotation

\_

	Proc Folder: 217801		
	Doc Description: ADDEI	NDUM 1 ELEVATOR MAINTENANCE AND REPAIR	
Date Issued	Solicitation Closes	Solicitation No	Version
2016-07-01	2016-07-27	CRFQ 0608 COR1600000041	

BID CLERK
DEPARTMENT OF ADMINISTRATION
PURCHASING DIVISION
2019 WASHINGTON ST E

CHARLESTON

WV

25305

US

Vendor Name, Address and Telephone Number:

ThyssenKrupp Elevator Corporation 901 Morris Street Charleston, WV 25301 Phone - 304-342-0187

Fax - 866-812-5542

FOR INFORMATION CONTACT THE BUYER

Crystal Rink (304) 558-2402 crystal.g.rink@wv.gov

Signature X

FEIN# 62-1211267

DATE 7-26-16

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

Page: 1

FORM ID: WV-PRC-CRFQ-001

# ADDENDUM ACKNOWLEDGEMENT FORM SOLICITATION NO.: COR1600000041

**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.

<b>Addendum</b>	Numbers	Received:
(OL - 1 41 - 1		1 11

(Check the box next to each addendum received)

[]	X ]	Addendum No. 1	1	J	Addendum No. 6
[	]	Addendum No. 2	[	]	Addendum No. 7
ſ	]	Addendum No. 3	[	]	Addendum No. 8
1	]	Addendum No. 4	]	]	Addendum No. 9
]	]	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.

ThyssenKrupp Elevator Corporation

Company

Authorized Signature

July 26, 2016

Date

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

### 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 Contractors 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 Programme	Corporation	
Contractor's License No.	WV000525			

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 - ThyssenKrupp Elevator Account Representative
(Name, Title) Eric Hackney Account Representative
(Printed Name and Title)
901 Morris Street Charleston, WV 25301
(Address) 304-342-0187 ext. 4129 Fax - 866-812-5542
(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.

	InyssenKrupp Ele	vator Corporation	
(Compan	у)		
=1.	4.0		
Pun	Vankey	Eric Hackney - Account	Representative
(Authoriz	ed Signature) (Repres	sentative Name, Title)	
	Eric Hackney - A	ccount Representative	
		thorized Representative)	
		1	
	July 26, 2016		
(Date)			W 2
304-3	342-0187 ext. 412	29 Fax - 866-812-5542	
(Phone Nu	umber) (Fax Number)		320



# 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, <u>Eric Hackney</u> , after being first duly sworn, depose and state as follows:
<ol> <li>I am an employee of <u>ThyssenKrupp Elevator Corporation</u>; and, (Company Name)</li> </ol>
2. I do hereby attest that Elevator Corporation
(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: Edintab
Title: Account Representative
Company Name: ThyssenKrupp Elevator Corporation
Date:July 26, 2016
Taken, subscribed and sworn to before me this 26 day of July , 2016
By Commission expires April 25, 2024
OFFICIAL SEAL Notary Public, State Of West Virginia KATY J PETRY 168 Beer Tracks Drive Charleston, WV 25306 (Notary Public)
THIS AFFIDA A THILLIAN BUILDING BUILDIN
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 Elevat	or Corporation
Authorized Signature:	Date: July 26, 2016
State ofWest Virginia	
County of Kanawha , to-wit:	
Taken, subscribed, and sworn to before me this 26	day of July 2016
My Commission expires April 25	, 20 <u>16</u> .
AFFIX SEAL HERE	NOTARY PUBLIC Kata O Potes
OFFICIAL SEAL  Notary Public, State Of West Virginia  KATY J PETRY  168 Bear Tracks Drive  Charleston, WV 25306  My Commission Expires April 25, 2024	Purchasing Affidavit (Revised 08/01/201

## **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

## thyssenkrupp Elevator Charleston, WV Office Location:

901 Morris Street Charleston, WV 25301 Phone - 304-342-0187 Fax - 866-812-5542

## Office Staff:

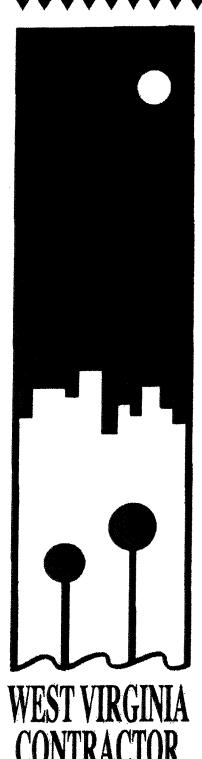
•	Joe Whitlock – Branch Manager	39 Years
•	Adam Hackney – Service Manager	.18 Years
•	Mike Jordan – Service Superintendent	2 Years
•	Eric Hackney – Service/Repair Sales	.20 Years
•	Chris Roberts – New Equipment/Mod Sales	.4 Years
•	Katy Petry – Office Administrator	5 Years
•	Michelle Hackney – Safety Tes/Inspection Coordinator	.9 Years
•	Ally Dinh – Office Administrator	5 Years
•	Jason Lott – Construction Manager	.15 Years

## thyssenkrupp Elevator Charleston, WV Office Location:

901 Morris Street Charleston, WV 25301 Phone - 304-342-0187 Fax - 866-812-5542

## Service Technicians:

•	Kenny Caldwell	17 Years
•	Kenner Markins	36 Years
•	Mark Tribble	36 Years
•	Michael McGhee	22 Years
•	Shane Perry	17 Years
•	Chris Mcghee	9Years
•	Scott Krepps	29 Years
•	John Danberry	26 Years
•	Ryan Huffman	11 Years
•	Steve Miller	11 Years
•	Kenny Lewis	19 Years
_	lason Parsons	17 Vaaro



# **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 2015

AUGUST 06. 2016

Wain W. Twoql
Authorized Company Signature

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 license cannot be assigned or transferred by licensee. Issued under provisions of West Virginia Code, Chapter 21, Article 11.



# Hydraulic Elevator Maintenance Tasks & Records

JOBSITE INFORMATION 20
Job Name:
Job Address:
Route/Contract #: of
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**

١	NS.	ΓRI	j	CT	IO	N	S

- (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 con	plete or full	Maintenance	Tasks & Reco	rds to Bran	ch Office fo	r filing.
Hv	draulic l	nternal A	udit Recor	o l		
	uditor				Title	
	iduitoi				1100	
		- Australia - International -				
Elevator #	Hydra	ulic Oil Macl	nine Room Lo	q		
If the reason for the missing oil cannot be determined by	visual inspection	, the unit must be to	aken out of service (lo	ock-out/tag-out) (	until cause is det	ermined, corrected,
and tested per ASME A1  Date Additional Oil Amount	7.1 by relief valve	setting and system Cause	pressure test and cyl	inder leak down		lalan
Date Additional on Amount		Cause			Techn	ician
Complete the following	no informat	ion after ner	forming Cate	nory One (	1) Tests	
						10145 051
	Date	Conducted By	Verified By	Inspection Authority	Inspection Company	ASME - QEI Certified
3.11.3.2.1 – Relief Valve Setting and System Pressure Te	st					Yes / No
3.11.3.2.2 – Hydraulic Cylinders and Pressure Piping						Yes / No
1.11.3.2.3 – Additional Tests		GAS STATE A SM		<u> </u>		A seed to the seed of the seed
3.11.3.2.3 (a) — Normal Terminal Stopping Devices						Yes / No
3.11.3.2.3 (b) – Governors, Overspeed Switch, and Seals 3.11.3.2.3 (c) – Safeties						Yes / No
3.11.3.2.3 (d) – Oil Buffers						Yes / No Yes / No
3.11.3.2.3 (e) – Firefighter's Emergency Operation						Yes / No
3.11.3.2.3 (f) – Standby Power Operation						Yes / No
.11.3.2.3 (g) — Power Operations of Door System						Yes / No
.11.3.2.3 (h) – Emergency Terminal Speed Reducing Devices						Yes / No
.11.3.2.3 (i) – Low Oil Protection Operation						Yes / No
.11.3.2.4 – Flexible Hose and Fitting Assemblies						Yes / No
.11.3.2.5 – Pressure Switch						Yes / No
Complete the following	informatio	an after nort	avming Cates	ow's Three	/7\ T4-	
complete the following	i indineni	ni arrei heur	oming careg	<u></u>		
Test	Date	Conducted By	Verified By	Inspection Authority	Inspection Company	ASME - QEI Certified
.11.3.3.1 – Unexposed Portions of Pistons (roped hydro)						Yes / No
.11.3.3.2 – Pressure Vessels						Yes / No
						1637 140
Complete the followin	g informati	on after peri	forming Cated	jory Five (	5) Tests	
Test	Date	Conducted By		Inspection Authority	Inspection Company	ASME - QEI Certified
11.3.4.1 – Governors, Safeties, and Oil Buffers (roped h	ıydro)					Yes / No
11.3.4.2 – Coated Ropes (roped hydro)						Yes / No
11.3.4.3 – Wire rope fastenings (roped hydro)						Yes / No
11.3.4.4 – Plunger Gripper						Yes / No
11.3.4.5 – Overspeed Valves		<u>.l</u>				Yes / No
	Other/	Additional Te	stina			<u> </u>
				Inspection	Increation	ASME - QEI
Test	Date	Conducted By	Verified By	Authority	Inspection Company	Certified

Yes / No Yes / No

## injuraunt manntendinte lasks (A17.1-200/ 0.0.3)

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, 4,6,9, 4,6,9, 6,9, 6,9 Assigned Number of Visits 9.12 9.12 9,12 12 12 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 As required, inspect, observe, and Overhead, Car Top, and Hoisting Sheaves Directional/Final Limits adjust/maintain; Clean and Inspect Hoistway Oil Lines, Supports, and Spring Buffers Power Supplies Motor Lubrication [Dry Unit] Valve Strainers Door Close Kinetic Energy Additiona Items:

## пушташис кераіг Log

INSTRUCTIONS:	(1) (2)	All Billable and Non-Billable repairs shall be recorded. Replacement parts used during repairs shall be recorde	d.

DATE	Description of Work	Parts Used	Technician

## **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
			440.	
			W	

License

License Number:



Issued To:

Kenneth R. Lewis

Expiration Date:

2/28/2018

Acting Commissioner

## Commonwealth of Kentucky

Public Protection Cabinet
Department of Housing, Buildings and Construction
Division of Building Code Enforcement

Kenneth Lewis

Kentucky Elevator Mechanic Active

Expires 02-28-2017

Hay Real



License Number:

Issued To:

Kenny R. Caldwell

Expiration Date:

4/30/2017

Jahn R Junkinstr

Acting Commissioner



License Number:

Issued To:

Shane T. Perry

Expiration Date:

1/31/2017

Jahn R Junking J.

Acting Commissioner



License Number:

Issued To:

Kenner Y. Markins

Expiration Date:

1/31/2017

Jahr R Junkinde

Acting Commissions

License Number:

Issued To:

Michael D. McGhee

**Expiration Date:** 

1/31/2017

Jahn R Junkus de

Acting Commissioner

License Number:

Issued To:

Mark W. Tribble

Expiration Date:

1/31/2017

John R Junhunstr

Acting Commissioner

License Number:

Issued To:

James W. Given

Expiration Date:

1/31/2017

Jahr R Junkinde

Acting Commissioner

License Number:



Issued To:

Christopher A. McGhee

Expiration Date:

4/30/2017

Jahn B. Junkins dr.

Acting Commissioner



**COVERAGES** 

## CERTIFICATE OF LIABILITY INSURANCE

**CERTIFICATE NUMBER: 963434** 

Page 1 of 1

**REVISION NUMBER:** 

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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 policy(les) 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 endorsement(s). CONTACT NAME: Willis of Illinois, Inc. PRODUCER FAX (A/C No.Ext): PHONE (A/C No.Ext): 312-288-7489 312-621-6866 Willis of Illinois, Inc. 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:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD

CE	DICATED. NOTWITHSTANDING ANY R RTIFICATE MAY BE ISSUED OR MAY CLUSIONS AND CONDITIONS OF SUCI	PERTAI H POLICI	N, TH ES LI	E INS MITS	URANCE AFFORDED BY T SHOWN MAY HAVE BEEN F	HE POLICIE	S DESCRIBE	D HEREIN IS SUBJECT TO ALL	WHICH THIS THE TERMS,		
INSR LTR	TYPE OF INSURANCE		ADDL INSR	SUBR MVD	POLICY NUMBER		POLICY EXP MM/D0/YYYY)	LIMITS			
Α	GENERAL LIABILITY  X COMMERCIAL GENERAL LIABILITY				GLD 12574-02	10/01/2015	10/01/2016	EACH OCCURRENCE	\$ 2,000,000		
	CLAIMS-MADE X OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 1,000,000		
		i						MED EXP (Any one person)	\$ 5,000		
						İ		PERSONAL & ADV INJURY	\$ 2,000,000		
	GEN'L AGGREGATE LIMIT APPLIES PER:	1	ł				ŀ	GENERAL AGGREGATE	\$ 2,000,000		
	X POLICY PROJECT LOC							PRODUCTS -COMP/OP AGG	\$ 2,000,000		
			ļ								
В	AUTOMOBILE LIABILITY  X ANY AUTO				ISAH08859279	10/01/2015	10/01/2016	COMBINED SINGLE LIMIT (Ea accident)	\$ 2,000,000		
	ALL OWNED SCHEDULED	1						BODILY INJURY(Per person)			
	HIRED AUTOS AUTOS		<b>~</b>	X		l		BODILY INJURY (Per accident)			
	AUTOS AUTOS							PROPERTY DAMAGE			
								(Per accident)			
	UMBRELLA LIAB OCCUR					<del> </del>		EACH OCCURPENCE			
	EXCESS LIAB CLAIMS-M	ADE	J					*CGREGATE			
	DED   RETENTION \$		ĺ			Ī					
	WORKERS COMPENSATION				144 CO 4050005 (4 CO)	10/01/00/15	45/04/0040	X WC STATU-			
6	AND EMPLOYERS' LIABILITY	Y/N	N/A		WLRC48590007 (AOS) WLRC48589996 (CA.MA)	10/01/2015 10/01/2015	10/01/2016 10/01/2016	TORY LIMITS OTHER			
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N			WLRC48593306 (TN)	10/01/2015	10/01/2016	E.L. EACH ACCIDENT	\$ 1,000,000		
Ε	(Mandatory in NH)		l		SCFC48590019 (WI)	10/01/2015	10/01/2016	E.L. DISEASE -EA EMPLOYEE E.L. DISEASE -POLICY LIMIT	\$ 1,000,000 \$ 1,000,000		
	lf yes, describe under DESCRIPTION OF OPERATIONS below	I						E.E. DIOLINOL I OLIO I LIMIT	ψ 1,000,000		
	DESCRIPTION OF OPERATIONS DEIOW										
DESC	RIPTION OF OPERATIONS / LOCATIO	NS / VEH	ICL ES	······································	ch ACORD 101, Additional	Remarks Sch	edule if mor	e space is required)			
Di	DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)  Division Number: 0001 - Named Insured Includes: ThyssenKrupp Elevator Corporation - Address 114 Town Park Drive, Suite 300 KENNES AW, GA 30144  Project Number: - Project Name SPECIMEN										
CER	TIFICATE HOLDER					LLATION	UE ADOVE S	ECODIDED DOLLOIDO DE CAMORIO	t mo		
					BEFOR	RE THE EXPI	RATION DATI	ESCRIBED POLICIES BE CANCEL E THEREOF, NOTICE WILL BE DE CY PROVISIONS.			
	AUTHORIZED REPRESENTATIVE										

SPECIMEN
, AL
United States