



State of West Virginia  
 Department of Administration  
 Purchasing Division  
 2019 Washington Street East  
 Post Office Box 50130  
 Charleston, WV 25305-0130

# Request for Quotation

RFQ NUMBER
LSH80140

PAGE
1

ADDRESS CORRESPONDENCE TO ATTENTION OF
ROBERTA WAGNER 304-558-0067

RFQ COPY  
 TYPE NAME/ADDRESS HERE

VENDOR

HEALTH AND HUMAN RESOURCES  
 LAKIN HOSPITAL

1 BATEMAN CIRCLE  
 LAKIN, WV  
 25287

304-675-0860

SHIP TO

DATE PRINTED 10/18/2007	TERMS OF SALE	SHIP VIA	F.O.B.	FREIGHT TERMS
BID OPENING DATE: 11/14/2007		BID OPENING TIME: 01:30PM		

LINE	QUANTITY	UOP	CAT NO	ITEM NUMBER	UNIT PRICE	AMOUNT
ADDENDUM NO. 1						
1. TO EXTEND THE QUESTION AND ANSWER PERIOD FROM 10/18 TO CLOSE OF BUSINESS ON 10/25/2007. ALSO, TO EXTEND THE BID OPENING DATE FROM 11/7/2007 TO 11/14/2007.						
2. QUESTIONS AND ANSWERS, ALONG WITH PRINTS AND ADDITIONAL DOCUMENTS ARE ATTACHED.						
3. ADDENDUM ACKNOWLEDGEMENT IS ATTACHED. THIS DOCUMENT SHOULD BE SIGNED AND RETURNED WITH YOUR BID. FAILURE TO SIGN AND RETURN MAY RESULT IN DISQUALIFICATION OF YOUR BID.						
EXHIBIT 10						
REQUISITION NO.: LSH80140						
ADDENDUM ACKNOWLEDGEMENT						
I HEREBY ACKNOWLEDGE RECEIPT OF THE FOLLOWING CHECKED ADDENDUM(S) AND HAVE MADE THE NECESSARY REVISIONS TO MY PROPOSAL, PLANS AND/OR SPECIFICATION, ETC.						
ADDENDUM NO.'S:						
NO. 1 .....						
NO. 2 .....						
NO. 3 .....						
NO. 4 .....						
NO. 5 .....						

SEE REVERSE SIDE FOR TERMS AND CONDITIONS

SIGNATURE	TELEPHONE	DATE
TITLE	FEIN	ADDRESS CHANGES TO BE NOTED ABOVE

WHEN RESPONDING TO RFQ, INSERT NAME AND ADDRESS IN SPACE ABOVE LABELED 'VENDOR'



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DATE PRINTED 10/18/2007	TERMS OF SALE	SHIP VIA	F.O.B.	FREIGHT TERMS
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LINE	QUANTITY	UOP	CAT NO.	ITEM NUMBER	UNIT PRICE	AMOUNT
<p>I UNDERSTAND THAT FAILURE TO CONFIRM THE RECEIPT OF THE ADDENDUM(S) MAY BE CAUSE FOR REJECTION OF BIDS.</p> <p>VENDOR MUST CLEARLY 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.</p> <p>..... SIGNATURE ..... COMPANY ..... DATE</p> <p>REV. 11/96</p> <p>END OF ADDENDUM NO. 1</p>						

SEE REVERSE SIDE FOR TERMS AND CONDITIONS

SIGNATURE	TELEPHONE	DATE
TITLE	FEIN	ADDRESS CHANGES TO BE NOTED ABOVE

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**PREBID ADDENDUM 10-16-07**

LSH80140

**Add the following language to the sections as indicated:**

**1.2** OHFLAC requires the following documents be completed by the contractor before and during the scope of work: "Daily Monitoring: ILSM – ICRA Precautions" and the "Pre-Construction Site Survey Internal Construction Renovations." These documents are attached to this addendum.

**2.1** The owner is providing prints of the HVAC duct system and duct dimensions on a document titled "Duct Work For ICF" to prebid attendees either by e-mail or by US Mail. Use of these documents does not relieve the contractor from verifying all field conditions, further the owner does not assume any liability for the accuracy of these documents.

**3.5** No work will be performed to the PTAC units.

**3.6** This includes all air handling systems except flexduct.

**18.1** A determination of whether or not the payment of prevailing wages is required has been requested from the Division of Labor but a reply has not yet been received. Please submit the lump sum base bid including the payment of payment wages and submit an alternate bid that does not include the payment of prevailing wages.

**Following are questions that were asked and the answers that were given:**

**Q** Which worker classification under the prevailing wage rates should be used for workers doing this type of work?

**A** Contact the Division of Labor, Wage and Hour Division and request a determination.

**Q** What are the hours that work will be permitted?

**A** 7 days a week from 8:00 AM to 8:00 PM. Common areas may be arranged with expanded hours as convenient.

**Q** Since the owner agreed to provide duct system prints and it is assumed these prints won't be received for at least 4-5 days, can we extend the period in which the buyer will accept written questions and the bid open date?

**A** I will recommend that questions to the buyer be extended to October 25, 2007 and the bid open date be changed to November 14, 2007.

**Pre-Construction Site Survey**  
**Internal Construction Renovations**

Location of Construction:	Project Start Date:
Project Coordinator:	Estimated Duration:
Contractor Performing Work:	Telephone:
Supervisor:	Telephone:

Description of project:

**Construction Activities**

- The following must be addressed prior to the beginning of any construction activities.
- Separation wall must be constructed prior to project beginning
  - Fire protection systems must remain intact.
  - Provide extra fire extinguishers in work areas
  - Maintain exit lights in work area.
  - Maintain negative air in construction area (24/7) through duration of project.
  - There cannot be any return air from within the construction area to the rest of the building
  - Redirect exiting not to go through construction area.
  - Put signs on doors into construction area "Construction Area – Do Not Enter"
  - Maintain daily logs and keep a current Hot Work Permit
  - Place sticky mats at doors exiting construction area.
  - All debris removal must be by covered cart.
  - Maintain clean and orderly work area.
  - How will this project affect the departments above below and adjacent to this project?

Yes	No	
<input type="checkbox"/>	<input type="checkbox"/>	<b>Will there be noise generated that will impact a department adjacent to, above, or below the construction area?</b>
		a. If so, these departments must be notified
		b. How are you going to reduce the noise to an acceptable level?

Yes	No	
<input type="checkbox"/>	<input type="checkbox"/>	<b>Will there be vibration generated that will impact a department adjacent to, above, or below the construction area?</b>
		a. If so, these departments must be notified each time this type of work will be performed.
		b. How are you going to reduce the vibration to an acceptable level?

Yes	No	
<input type="checkbox"/>	<input type="checkbox"/>	<b>Are Emergency Procedures in place and posted on each job for accidental events that could greatly impact Patient Care or Life Safety to the facility? included in these procedures are such things as:</b>
		• Emergency telephone numbers of key departments.
		• A plan that describes where main valves, switches, and controls are for the area in case of an emergency
		• A plan for unexpected outages.

**Environment**

Yes	No	<b>Are any of the following environmental hazards present?</b>
<input type="checkbox"/>	<input type="checkbox"/>	Will hazardous chemicals be used on this project? If yes, how will fumes and odors be controlled? <i>(MSDS Sheets are required.)</i>
<input type="checkbox"/>	<input type="checkbox"/>	Is asbestos abatement required on this job? <i>If so, proper permits must be obtained.</i>
<input type="checkbox"/>	<input type="checkbox"/>	Will there be hot work done on this project? If so, a hot work permit must be posted on the job site. All hot work must have a fire watch assigned to each area while the hot work is being performed.
<input type="checkbox"/>	<input type="checkbox"/>	Will there be a Confined Space Entry required on this project? If so, the confined space entry program must be followed.

**Utility Failures**

Yes	No	<b>Will any of the following systems be out of service at any time during the project?</b>
<input type="checkbox"/>	<input type="checkbox"/>	• Fire alarm <i>(If out for more than 4 hours, Interim Life Safety Measures must be implemented.)</i>
<input type="checkbox"/>	<input type="checkbox"/>	• Sprinkler <i>(If out for more than 4 hours, Interim Life Safety Measures must be implemented.)</i>
<input type="checkbox"/>	<input type="checkbox"/>	• Electrical
<input type="checkbox"/>	<input type="checkbox"/>	• Domestic water
<input type="checkbox"/>	<input type="checkbox"/>	• Oxygen
<input type="checkbox"/>	<input type="checkbox"/>	• Sewage
<input type="checkbox"/>	<input type="checkbox"/>	• HVAC

Yes	No	
<input type="checkbox"/>	<input type="checkbox"/>	<p>Will there be any work that will require activation of the Interim Life Safety Measures during this project? Some things that will ILSM's to be implemented are but not limited to:</p> <ul style="list-style-type: none"> <li>Any construction that impacts an EXIT or stairs,</li> <li>Any construction that impacts major breaches in a fire or smoke wall</li> <li>Taking the main fire protection system out of service (sprinkler),</li> <li>Taking the main fire alarm system out of service,</li> <li>Taking the "area" fire or fire alarm systems out of service for more than 4 hours within a 24-hour period.</li> </ul> <p>Implementation of the ILSM requires a fire watch and the ILSM forms to be completed.</p>

**Additional Safety Concerns**

Yes	No	
<input type="checkbox"/>	<input type="checkbox"/>	Will construction affect exit routes from occupied areas adjacent to construction site?
<input type="checkbox"/>	<input type="checkbox"/>	Will project affect traffic patterns in area? <i>If yes, explain plan.</i>

**Air Quality and Infection Control**

The construction activity types are defined by the amount of dust that is generated the duration of the activity and the amount of shared HVAC systems.

Yes	No	
<input type="checkbox"/>	<input type="checkbox"/>	Will dust be generated during this project? <i>If yes, explain location of and plan for interim dust barriers or attach floor plan with barriers clearly marked</i>
<input type="checkbox"/>	<input type="checkbox"/>	Will debris removal be necessary? <i>If yes, explain plan for debris removal and control.</i>
<input type="checkbox"/>	<input type="checkbox"/>	Negative airflow ventilation and filtration in place and assessed for effectiveness.
<input type="checkbox"/>	<input type="checkbox"/>	Exhaust fans in place and functioning.
<input type="checkbox"/>	<input type="checkbox"/>	Is supply duct to area closed and HEPA filtration unit in place and functioning in adjacent patient care area?
<input type="checkbox"/>	<input type="checkbox"/>	Will work be done in a sterile area? <i>If so, how are you going to maintain sterile atmosphere in work area and access to and from work area?</i>

**Type A Inspections and Non-Invasive Activities or Small scale, Short duration Activities**

Yes	No	
<input type="checkbox"/>	<input type="checkbox"/>	Removal of ceiling tiles for visual inspection (limited to 1 tile per 50 square feet)
<input type="checkbox"/>	<input type="checkbox"/>	Painting (but not sanding)
<input type="checkbox"/>	<input type="checkbox"/>	Wall covering—Describe work to be done:
<input type="checkbox"/>	<input type="checkbox"/>	Electrical trim work. Describe:
<input type="checkbox"/>	<input type="checkbox"/>	Minor plumbing. Describe:

**Type B Small scale, short duration activities that create minimal dust.**

Yes	No	
<input type="checkbox"/>	<input type="checkbox"/>	Installation of telephone and computer cabling
<input type="checkbox"/>	<input type="checkbox"/>	Access to chase spaces
<input type="checkbox"/>	<input type="checkbox"/>	Sanding of walls for painting or wall covering (minor repairs—not sanding for drywall finishing)

**Type C Any work that generates a moderate to high level of dust or requires demolition or removal of any fixed building components or assemblies. (May require approval from State Fire Marshal and Health Department prior to beginning project)**

Yes	No	
<input type="checkbox"/>	<input type="checkbox"/>	Sanding of walls—drywall finishing
<input type="checkbox"/>	<input type="checkbox"/>	Removal of <input type="checkbox"/> floor coverings <input type="checkbox"/> ceiling tiles <input type="checkbox"/> casework Describe:
<input type="checkbox"/>	<input type="checkbox"/>	Cutting of walls or ceiling. Describe:
<input type="checkbox"/>	<input type="checkbox"/>	New wall construction
<input type="checkbox"/>	<input type="checkbox"/>	Minor ductwork or electrical work above ceilings
<input type="checkbox"/>	<input type="checkbox"/>	Major cabling activities
<input type="checkbox"/>	<input type="checkbox"/>	Activity cannot be completed within a single work shift
<input type="checkbox"/>	<input type="checkbox"/>	Has approval been obtained from State Fire Marshal and Health Department?

**Type D Major demolition and construction projects. (State Fire Marshal and Health Department approval required)**

Yes	No	
<input type="checkbox"/>	<input type="checkbox"/>	Will require heavy demolition or removal of a complete ceiling system
<input type="checkbox"/>	<input type="checkbox"/>	New construction
<input type="checkbox"/>	<input type="checkbox"/>	Has approval been obtained from State Fire Marshal and Health Department?

GROUP 1 LOWEST	GROUP 2 MEDIUM	GROUP 3 HIGH	GROUP 4 HIGHEST	P6
1) Office areas	1) All Med/Surg units 2) Physical Therapy 3) Sports Medicine 4) Admission/Discharge area 5) Outpatient areas	1) Emergency Room 2) Radiology/MRI 3) Post-anesthesia Care units 4) Labor and Delivery 5) Newborn Nurseries 6) Pediatrics 7) All other intensive Care Units 8) Nuclear Medicine 9) PT – tank areas 10) Cafeteria 11) Echocardiography 12) Laboratories 13) Occupational Lung Center	1) Operating Rooms; Sterile Processing 2) Labor and Delivery Operating Rooms 3) Cardiac & EP Catheterization & Angiography Areas 4) Oncology 5) Dialysis/Home Training 6) Renal Services Unit 7) Renal Transplant 8) Cardiology 9) Anesthesia and Pump areas 10) Endoscopy/Minor Surgery 11) Pharmacy Admixture 12) Surgicare 13) Central Services	

Contact the Clinical Epidemiology Department for risk assessment of any area not listed above.

CONSTRUCTION ACTIVITY (from previous page) <i>Check type of activity</i>		INFECTION CONTROL RISK GROUP (see above) <i>Check risk group</i>	
<input type="checkbox"/>	TYPE A: Inspection, non-invasive activity	<input type="checkbox"/>	GROUP 1: Lowest Risk
<input type="checkbox"/>	TYPE B: Small scale, short duration projects	<input type="checkbox"/>	GROUP 2: Medium Risk
<input type="checkbox"/>	TYPE C: Activity generates moderate to high levels of dust, requiring >1 work shift for completion	<input type="checkbox"/>	GROUP 3: High Risk
<input type="checkbox"/>	TYPE D: Major duration and construction activities Requiring consecutive work shifts	<input type="checkbox"/>	GROUP 4: Highest Risk

### CLASSIFICATION OF REQUIRED PREVENTIVE MEASURES

CONSTRUCTION ACTIVITY → INFECTION CONTROL RISK GROUP ↓	TYPE "A"	TYPE "B"	TYPE "C"	TYPE "D"
Group 1	I	I	II	III/IV
Group 2	I	I	III	IV
Group 3	II	III	III/IV	IV
Group 4	III	III/IV	III/IV	IV

An Infection Control—Safety Construction Permit is required for Class III or higher projects. Refer to shaded area on Construction Activity/Risk Group Matrix (above).

CLASS I <input type="checkbox"/>	1. Execute work by methods to minimize raising dust from construction operations.	2. Immediately replace any ceiling tile displaced for visual inspection.
CLASS II <input type="checkbox"/>	1. Provide active means to prevent air-borne dust from dispersing into atmosphere 2. Water mist work surfaces to control dust while cutting. 3. Seal unused doors with duct tape. 4. Block off and seal air vents. 5. Wipe surfaces with disinfectant.	6. Contain construction waste before and during transport in tightly covered containers. 7. Wet mop and/or vacuum with HEPA filtered vacuum before leaving work area. 8. Place dust mat at entrance and exit of work area as needed 9. Remove or isolate HVAC system in areas where work is being performed.
CLASS III <input type="checkbox"/>	1. Obtain infection control permit before construction begins. 2. Isolate HVAC system in area where work is being done to prevent contamination of the duct system. 3. Complete all critical barriers before construction begins. 4. Maintain negative air pressure within work site utilizing HEPA equipped air filtration units. 5. Contain construction waste before and during transport in tightly covered containers. 6. Seal holes, pipes, conduits, etc. appropriately.	7. Place dust mat at entrance and exit of work area. Replace as needed. 8. Do not remove barriers from work area until completed project is inspected by Safety and Epidemiology Depts. and thoroughly cleaned.  <i>After work is completed:</i> 9. Remove barrier materials carefully to minimize spreading of dirt and debris associated with construction. 10. Remove isolation of HVAC system.
Class IV <input type="checkbox"/>	1. Obtain infection control permit before construction begins. 2. Isolate HVAC system in area where work is being done to prevent contamination of duct system. 3. Complete all critical barriers or implement control cube method before construction begins. 4. Maintain negative air pressure within work site utilizing HEPA equipped air filtration units. 5. Seal holes, pipes, conduits, and punctures appropriately 6. Construct anteroom and require all personnel to pass through this room so they can be vacuumed using a HEPA vacuum cleaner before leaving work site or they can wear cloth or paper coveralls that are removed each time they leave the work site.	7. All personnel entering work site are required to wear shoe covers 8. Contain construction waste before and during transport in tightly covered containers. Cover transport receptacles or carts. Tape covering. 9. Do not remove barriers from work area until completed project is inspected by Safety and Epidemiology Depts. and thoroughly cleaned.  <i>After work is completed:</i> 10. Vacuum work area with HEPA filtered vacuums. 11. Wet mop with disinfectant. 12. Remove barrier materials carefully to minimize spreading of dirt and debris associated with construction. 13. Remove isolation of HVAC system.

Additional concerns for all classes:

P7

1. Maintain manpower and equipment including dust mops, wet mops, brooms, buckets, and clean wiping rags for cleaning fine dust from floors and adjacent occupied areas.
2. Contain work areas outside of construction barriers, including spaces above ceilings.
3. Clean up dust tracked outside of construction area immediately.
4. Temporary construction barriers and closures above ceiling must be dust tight.
5. Removal of debris must be in covered containers

Additional Requirements or Concerns:

Building Representative	Site Inspection Conducted By	Site Inspection Conducted By
Date:	Date:	Date:

## Daily Monitoring: ILSM – ICRA Precautions

Date of assessment/survey	Assessment completed by:		
Area assessed/surveyed	Date distributed to safety/I/C:		
Project no.	Project name:		
	Yes	No	NA
	List time, documentation or action/follow-up as needed		
<b>A. EXITS</b>			
1. Exits provide free and unobstructed egress through construction.			
2. Alternative exits are clearly identified.			
3. Means of egress in construction area inspected daily.			
4. Free & unobstructed access to ED/Services and for emergency forces.			
<b>B. FIRE EQUIPMENT AND SAFETY</b>			
5. Fire alarms, detection, and suppression systems are in an operational function.			
6. Fire alarms, detection, and suppression systems are not impaired.			
7. Temporary fire alarm, detection, and suppression systems been inspected and tested monthly.			Date:
8. Training and additional fire equipment been provided for personnel.			
9. No smoking policy been implemented in and adjacent to the construction areas.			
10. Construction areas are free of storage and housekeeping materials, food waste, and debris for daily operations to reduce flammable and combustible fire load of the building; floor area leading to/from construction site cleaned daily.			Date or time:
11. There has been a minimum of two fire drills conducted per shift per quarter.	Yes	No	NA
12. Number of hazard surveillance inspections in construction area has increased.			Last date or time:
13. Safety education programs have been conducted to ensure awareness of any ILS Safety Code deficiencies and construction hazards.			Date:
<b>C. HAZARD SURVEILLANCE and INFECTION PREVENTION SAFETY</b>			
14. Power is properly secured at the end of each workday.			
15. Hand and safety rails are in place and in good condition.			
16. Extension cords are grounded and in good condition.			
17. Power tools are in good condition.			
18. Workers wearing required identification and hard hats are used as required.			
19. Cutting and welding operations are properly and safely conducted and have appropriate hot work permits.			
20. Documentation of worker instruction in Right-To-Know, Infection Control and Fall Hazards is available if requested.			Date of request:
21. All scaffolding complies with OSHA requirements (1926.451)			



### Daily Monitoring: ILSM – ICRA Precautions

	Yes	No	NA	
22. Construction site secure and properly isolated from fresh air intakes.				
23. Lock out / tag out procedures are used as appropriate				
24. Materials used (i.e., fire retardants) comply with necessary safety regulations.				List time, documentation or action/follow-up as needed
25. Construction barriers maintain negative pressure relationships.				
26. Workers comply with use of PPE (Hard hats, eye protection etc) as needed.				
27. HEPA filtration units, HEPA vacuum equipment, &/or continuous use of exhaust fans demonstrate they are functioning appropriately.				
28. Exhaust ducts sealed/capped as agreed by ICRA.				
29. Construction area doors are closed and gaskets & hardware are intact.				
30. Construction carts (transporting debris are covered and consistent with agreement designed to minimize airborne particulate matter from debris.				
31. All windows and doors remain closed to prevent circulation of dust/debris.				
32. Walk-off mats, adhesive strips are clean and changed sufficiently, or construction exit cleaned sufficiently to maintain clean entry/exits.				
33. No signs of water leakage or pests.				
34. Ceiling tiles replaced when space not being accessed.				

Additional comments \_\_\_\_\_

Project Manager \_\_\_\_\_

Contractor \_\_\_\_\_

Sent to Safety &/or IC Committee \_\_\_\_\_

Date \_\_\_\_\_

Date \_\_\_\_\_

Date \_\_\_\_\_

RFQ # 1SH 80140

Project: District Court Cleaning

PRE BID SIGN IN SHEET

FIRM & REPRESENTATIVE NAME	MAILING ADDRESS	TELEPHONE & FAX NUMBERS
Company: <u>AMERICAN Clean Air</u>	<u>3602 E 7<sup>TH</sup> ST</u>	PHONE <u>304 488-6233</u>
Rep: <u>RICK RUSSELL</u>	<u>PARKERSBURG, WV 26104</u>	TOLL FREE <u>1-800-321-6233</u>
Email Address: <u>rkruss@cleanair.com</u>		FAX <u>304-488-6234</u>
Company: <u>F.A.T</u>	<u>33 W. Main St</u>	PHONE (SBS) <u>924-2010</u>
Rep: <u>Edward Hernandez</u>	<u>Victor (NY) 14564</u>	TOLL FREE <u>1-888-488-9850</u>
Email Address: <u>edward@unitedvolages.com</u>		FAX (SBS) <u>924-7216</u>
Company: <u>E. LUKE GREENE Co</u>	<u>619 E. MAIZE ST.</u>	PHONE <u>423-926-1151</u>
Rep: <u>STIERE MARTON</u>	<u>JOHNSON CITY TN</u>	TOLL FREE
Email Address: <u>STIERE@ELUKEGREENE.COM</u>	<u>37601</u>	FAX <u>423-926-5558</u>
Company:		PHONE
Rep:		TOLL
Email Address:		FREE
		FAX
Company:		PHONE
Rep:		TOLL
Email Address:		FREE
		FAX