

SECTION 5

Invitation for Bid (IFB) No 2015.08.21

5.0: IFB RESPONSE FORMS

SUBMITTED TO:

City of Coral Gables
Office of the Chief Procurement Officer
2800 SW 72 Avenue
Miami, Florida 33155

1. The undersigned Bidder proposes and agrees, if this Bid is accepted, to enter in a Contract with the CITY to perform and furnish all work as specified or indicated in the Bid and Contract Documents for the Contract price and within the Contract time indicated in the Bid and in accordance with the Other terms and conditions of the bid and Contract Documents.
2. Bidder accepts and hereby incorporates by reference in this Bid Response Form all of the terms and conditions of the Invitation for Bid.
3. Bidder proposes to furnish all labor, services and supervision for the work described in this Invitation for Bid.
4. Acknowledgement is hereby made of the following Addenda, if any (identified by number) received since issuance of the Invitation for Bid.

Addendum No. 1 Date 09/01/15 Initials AS

Addendum No. 2 Date 09/03/15 Initials A.S.

Addendum No. 3 Date 09/09/15 Initials A.S.

Addendum No. 4 Date 09/15/15 Initials A.S.

5. Bidder accepts the provisions of the Contract as to penalties in the event of failure to provide services as indicated.

6. Bidders correct legal name: Stone Concept Miami Inc

Address: 1239 Robin ave

City/State/Zip: Miami Springs FL 33166

Telephone No./Fax No.: 786-337-3425 / 305-603-9293

E-mail: hamid@scmiami.com

Social Security or Federal I.D. No.: 20-2363215

Officer signing Bids: Ali Sami Title: Vice President

SECTION 5

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Addendum No. 5 Date 09/17/15 Initials A-S.

Addendum No. 6 Date 09/21/15 Initials A.S.

Addendum No. _____ Date _____ Initials _____

Addendum No. _____ Date _____ Initials _____

5. Bidder accepts the provisions of the Contract as to penalties in the event of failure to provide services as indicated.

6. Bidders correct legal name: Stone Concept Miami Inc

Address: 1239 Robin ave

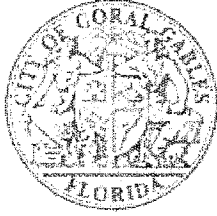
City/State/Zip: Miami Springs FL 33166

Telephone No./Fax No.: 786-337-3429/ 305-603-9293

E-mail: hamid@scmiami.com

Social Security or Federal I.D. No.: 20-2363215

Officer signing Bids: Aur Sand Title: Vice President



INVITATION FOR BID

IFB 2015.08.21

ADULT ACTIVITY CENTER

ADDENDUM No. 1

Issue Date: August 31, 2015

THERE WILL BE A SITE VISIT FOR POTENTIAL BIDDERS AT THE LOCATION OF THE FUTURE ADULT ACTIVITY CENTER, AS FOLLOWS:

DATE: TUESDAY, SEPTEMBER 1, 2015

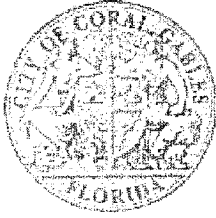
TIME: Immediately Following the Pre-Bid Conference scheduled for 10:00 A.M.

**LOCATION: 2 Andalusia Avenue, Coral Gables, Florida,
(Ground Floor of the Palace parking garage)**

This Addendum should be acknowledged in Section 5.0 on the IFB Response Form. All other terms and conditions shall remain in full force and effect.

Sincerely,

Chief Procurement Officer



INVITATION FOR BID

IFB 2015.08.21

ADULT ACTIVITY CENTER

ADDENDUM No. 2

Issue Date: September 3, 2015

THERE WILL BE A 2ND SITE VISIT FOR POTENTIAL BIDDERS AT THE LOCATION OF THE FUTURE ADULT ACTIVITY CENTER, AS FOLLOWS:

DATE: WEDNESDAY, SEPTEMBER 9, 2015

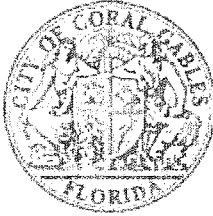
TIME: 10:00 A.M.

**LOCATION: 2 Andalusia Avenue, Coral Gables, Florida,
(Ground Floor of the Palace parking garage)**

This Addendum should be acknowledged in Section 5.0 on the IFB Response Form. All other terms and conditions shall remain in full force and effect.

Sincerely,

Chief Procurement Officer



INVITATION FOR BID

IFB 2015.08.21

ADULT ACTIVITY CENTER

ADDENDUM No. 3

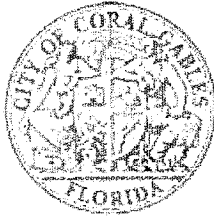
Issue Date: September 9, 2015

The deadline for Written Questions regarding IFB 2015.08.21 – Adult Activity Center has been extended until 4:00 p.m. Friday, September 11, 2015.

This Addendum should be acknowledged in Section 5.0 on the IFB Response Form. All other terms and conditions shall remain in full force and effect.

Sincerely,

Chief Procurement Officer



Invitation for Bid
IFB 2015.09.21
Adult Activity Center

ADDENDUM No. 4

Issue Date: September 15, 2015

These questions were submitted for the Question and Answer Phase of the Bid Solicitation and are not verbatim but are summarized for clarity and conciseness for response purposes. You are to refer to the questions (Q) from prospective proposers and the City's answers (A) to those questions.

- Q1) Please advise if the Contractor will be provided with a staging area during construction for its dumpsters, temporary toilets, storage containers, and field office (if required). If so, for restoration purposes, please advise on the following:**
- a. Provide the maximum area (length x width) and location for the staging area the Contractor will be able to use for the staging of its temporary toilets, dumpster, and storage/office trailers?**
 - b. Will the staging area be situated in asphalted area or concrete area?**
- A1) The contractors will be able to use the 8 parking spaces that are located in the ground floor of the parking garage, behind the AAC, as a staging area. Approximately 1,885 SF in area.**
- a. On Concrete surface, which shall be repaired to match existing in case it is damaged by contractor.**
 - b. The contractors shall be responsible to provide clearance for the exit traffic lanes of the parking garage and keep the area clean and clear at all times.**
- Q2) IFB Item 3.29 calls for all major subcontractors to be listed in Original Bid submittal documents. Please clarify if licensing and insurance information for the subcontractors need also to be supplied at time of original bid or if licensing and insurance information of subs can be provided after contract award notification.**
- A2) Licensing and insurance information for subcontractors should be maintained by the Prime Contract and available to the City upon request.**
- Q3) IFB Item 3.61 mentions parking spaces will be made available for GC personnel and subs. Please confirm a minimum of 10 spaces adjacent to the jobsite can be made available and indicate what the parking fees are required for such spaces. Please advise.**

- A3) The contractor will be provided access to a maximum of 10 standard size parking spaces in the garage at no cost. Parking will be located in available public areas of the Parking Garage between the 2nd floor and the 6th floor.
- Q4) Please advise if Builder's Risk insurance will be required for this project. If so what value should we use for estimating purposes? Please advise.
- A4) Installation Floater or Builder's Risk should be provided in the amount of the project. Such insurance shall add the City of Coral Gables as a Loss Payee.
- Q5) Please clarify the length of time the professional liability insurance is to be maintained. The IFB article 4.6.3.1 indicated 3 years. The sample contract "Attachment D" article 13.1.5 indicates 10 years. Please clarify.
- A5) Disregard Section 4.6.3.1., as Professional Liability insurance is not required for this contract.
- Q6) IFB Insurance section 4.6.3.1 requires the contractor to provide Professional Liability Insurance. This is usually required of design professionals. GC's normally carry Commercial General Liability Insurance as required under 4.6.3.3. Please advise if Professional Liability Insurance is a requirement for this project.
- A6) See response in A5) regarding Professional Liability Insurance. Commercial General Liability Insurance is required under Section 4.6.3.
- Q7) Contract Section 13.1.3 calls for including Pollution Liability Insurance. This project's scope of work limits all work to the interior space. Please advise if the Pollution Liability Insurance is a requirement for this project.
- A7) Disregard 13.1.3 of the draft construction contract, Pollution Liability is not required.
- Q8) Schedule of Values form has a Division 5 "Railings" cost line. We understand that the only railings involved are located at the steps and they already exist, as indicated in sheet A-101. Please clarify if this line item can be marked "N/A" or define what cost are to be included.
- A8) If there are no new railings in the scope mark \$0 in the cost column .
- Q9) Schedule of Values, Page 2 contains a note that appears to include the CCTV camera system as part of the Security System Allowance of \$40,000. Please confirm if CCTV system is part of such Allowance and does not need to be included in any cost division.
- A9) The allowance is to cover the City approved CCTV contractor's scope of work. Items associated with the CCTV system that are specifically shown on the drawings to be in the contractor's scope of work, not specifically noted to be "By Others" are to be included in the electrical line item of the Schedule of Values.
- Q10) Specification section 015000-1.2D and 2.3A mentions the need for providing two trailers and its temporary services for "Fire Fighters Quarters". Please clarify if these sections were meant for another project and are therefore voided or advise what the intent of the documents is with respect to these trailers.
- A10) The section has been revised and replaced with a new Section 015000.

- Q11) Specification section 05500-Metal Fabrications calls for all steel finishes to be Hot Dipped Galvanized unless otherwise noted. Structural sheets do not mention the columns and beams to be Hot Dipped Galvanized. Please clarify the required steel finish for the structural steel members required.**
- A11) Columns and beams do not need to be hot dip galvanized. Refer to structural drawings for required finish.**
- Q12) Specifications 072100-2.1-C for Thermal Insulation includes a "closed cell Polyurethane foam Insulation". Please advise where is this insulation to be applied since we cannot find any in drawings.**
- A12) The contractor may elect to use Closed Cell Polyurethane Insulation instead of the foil faced isocyanurate board.**
- Q13) Sheet A-100 shows a closet located in room 118-Office Pool with shelving. Drawings do not show how many shelves or specify type of shelving required. Please advise.**
- A13) Provide five 16" deep P.Lam. shelving on brackets on adjustable shelf standards spaced at 3'-0" o.c. Standards to be anchored to backing in wall. Studs supporting brackets to be 20 ga.**
- Q14) Sheet A-100 shows various interior windows located in rooms 116,117,118,121,124 that are not shown in interior elevations or in window schedule. Please specify size, height, type of such interior windows.**
- A14) Updated sheets A-100 and A-602 are issued with this addendum illustrating these windows.**
- Q15) Sheet A-102 shows detail 4/A-607 that includes "Mechoshades" at the multipurpose room 105. But detail 4 in sheet 607 indicates this detail happens at "classroom". On the west side, classrooms 120,121 and reception lobby 123 have a drapery cove detail but no shades as indicated in details 2/A-607 and 4/A-600. Please clarify if there are no Mechoshades in rooms 120,121 and 123 and confirm which rooms do have Mechoshades.**
- A15) Mechoshades are to be provided at all glazing located in Multipurpose Room 105 and in Conference Room 115. Sheet A-607 has been updated to reflect this information.**
- Q16) Sheet A-103 floor finish note #2 calls for the "grinding" of the existing concrete slab to allow for the new porcelain tile to be flush with the existing door threshold to comply with ADA requirements. Please define the area affected by this sloped "grinding". Full width of lobby area? How far back from doors? Please advise.**
- A16) Remove/grind the piece of concrete that exists just inside the threshold and grind the slab so that the finished top surface of the new tile aligns with the bottom of the existing metal threshold.**
- Q17) Sheet A-600 Wall types A and B calls for 20 ga. metal studs on walls supporting plumbing fixtures and wall cabinets. All the partitions at this project are over 15' in height, the studs are being spaced at 16" O.C. and specification 092200-2.2-A is calling for a minimum metal thickness of 0.033" which would make the partitions "20 ga. -Structural". Please confirm this metal gauge applies to ALL partitions.**
- A17) Provide 20 ga. studs for all partitions supporting plumbing fixtures, wall cabinets and shelves, television/monitors, and other wall-supported items. Provide 20 ga. studs for all partitions with tile finish. Provide 20 ga. studs for wall framing supporting windows, glazing and doors. Framing for**

other partitions not noted above and for exterior furring may be 25 ga. spaced at 16 inches on center.

Q18) Sheet A-600 contains the color/finish selection in which the PCT-1 porcelain tile is defined as Crossville-Speakeasy. Such tile comes in three widths 6", 8" 12". Please define width of tile or if a combination pattern of different widths is desired.

A18) Updated sheet A-600 is issued with this addendum illustrating tile dimensions.

Q19) Sheet A-600 calls for blocking in stud cavities for support of TV, grab bars, etc...Please advise if the plywood or wood backing members used inside the stud cavities are required to be "fireproof" or not.

A19) Backing is not required to be fire rated wood.

Q20) Sheet P-2, Floor plan 1/P-2 shows the two common bathrooms but no "drawing lines" are shown for the sanitary lines for these bathrooms but isometric drawing seems to indicate new lines are needed. At the site visit we notice the underground sanitary piping for these bathrooms seems to exist already. Please advice if the existing lines are correctly installed for the layout of these bathrooms and if we are to use the existing underground lines for the two new common bathrooms or is the intent of the drawings to install new sanitary lines. Please advise.

A20) There are existing underground sanitary pipes, but these may not be located to serve the layout on the drawings. Contractor shall be responsible to field verify extent of existing underground and re-route/re-locate the existing piping as required to accommodate fixture layouts shown on the drawings. The contractor is to conduct field investigations to establish the scope of work required. Record drawings of existing construction will be made available.

Q21) Sheet M-1 contains a "HVAC Bid Schedule" showing two AC bid Alternates for eliminating the floor saw cuts needed for drainage of AC units. These bid "Alternates" are not indicated in the "Schedules of Values" Bid sheet. Please clarify if these two Alternates are required and if so where do we include such values.

A21) Please list HVAC Base Bid and Alternates #1 & #2 as indicated on drawing M-1. Schedule of values has been revised. Total Project Bid shall include HVAC Base Bid.

Q22) Sheet E-1 general note 11 calls for the fire alarm additions to be compatible with the existing system of the building. Please provide information on the manufacturer and model of the existing Fire Alarm system.

A22) E-1 also states that it is the CONTRACTOR'S responsibility to verify existing Job-site conditions during the bid process.

Q23) IFB Item 3.40 calls for any permits issue by the City of Coral Gables shall be at no cost to the Contractor. Does this also apply to the subcontractor's permit fees, such as electrical, plumbing, etc. Please advise.

A23) Yes. Coral Gables permit fees are waived for subcontractors too. Make sure to indicate "City Job" at the time of pulling permit. Inspection process shall remain as required by authorities with jurisdiction.

- Q24) Technical specifications section does not contain an item for the Electric specifications and the TOC does not mention that specs are included in drawings. Please clarify if electric specifications will be provided.**
- A24) Specifications information is noted/listed in drawings.**
- Q25) Specifications section 083100 covers access doors, but we can only find one in drawing A-102 at the women's bathroom. Please clarify if there is only one access door or provide locations for the other doors where they may be required.**
- A25) Refer to Mechanical drawings for additional access doors. Provide access doors at all locations where access to dampers, valves and boxes are required.**
- Q26) Specifications section 089000 covers louvers, but we cannot find any new louvers required in plans. Please clarify if there are any new louvers and if so provide locations.**
- A26) Refer to Mechanical drawings for additional access doors. Provide access doors at all locations where access to dampers, valves and boxes are required.**
- Q27) Specifications section 089000 covers louvers, but we cannot find any new louvers required in plans. Please clarify if there are any new louvers and if so provide locations.**
- A27) All louvers existing.**
- Q28) Sheet A-102 shows a drop down screen and ceiling mounted projector but we cannot find any specifications for either of those items. Please clarify if we are to include them and if so please provide specifications and information.**
- A28) Provide drop down screen, ceiling mounted projector lift and projector as follows: Drop down screen is a Da-lite Tension Advantage Deluxe Electroscreen (dimensions called out on the drawing). Ceiling Mounted Projector Lift is a Draper Scissor Lift SL Series Model SL6 with environmental housing and ceiling enclosure. Projector is InFocus 1N3138HDA 1080p projector.**
- Q29) Plans contain no riser diagram or details for the speakers, the CCTV and or the WAP's. Please provide or clarify intent of documents on these items.**
- A29) CCTV (And access card system) equipment and wiring to be installed by city pre-approved contractor (Under Security System Allowance as indicated in the schedule of values). WAP's equipment and wiring to be installed by city pre-approved IT contractor (Under IT allowance as indicated in the schedule of values). General contractor shall be responsible to coordinate among subcontractors of all trades for proper planning and installation of all required appurtenances.**
- Q30) Is there an "Approved" Fire Alarm Contractor for this building or can any qualified Fire Alarm Contractor perform the work? Please advise.**
- A30) There is no approved fire alarm contractor for this building.**
- Q31) The last specification section provided is Div. 14 - Conveying System. The following divisions are missing from the provided specifications although they are listed in the table of contents. Missing are: Fire Protection, Plumbing, HVAC, Fire Alarm, and Electrical. Please provide missing specifications**

- A31) There are no missing specs. Table of contents notes "No Sections Included." Specifications for products are as noted/ listed on the drawings.**
- Q32) There is an Enlarged Existing Electrical Room shown on E-4. Is this room same as the Existing Electrical Room 100 shown on E-3? If it is. There is no existing Telephone Backboard in this room as shown on the plans. That space is all covered with different Electrical Panels. Please clarify.**
- A32) It is the same room and there is an existing telephone backboard in the room.**
- Q33) New Plumbing Sanitary Lines require cutting & patching of existing concrete slab. Could you provide the thickness of the existing concrete slab? Could you also provide concrete patching detail for plumbing trenches?**
- A33) The thicknesses of existing concrete slabs vary and are anticipated to be between 4 and 6 inches. Repair of slab cuts should match existing construction, but at a minimum provide clean sand fill compacted to 95%, repair penetration in vapor barrier, patch concrete slab pouring 4,000 psi concrete to match thickness of adjacent slab with top of slab flush with existing.**
- Q34) Plans show all drywalls and insulation on the perimeter wall extend up to the underside of the concrete structure. However, no elevation has been provided. Please provide height elevation of the underside of the existing concrete structure above.**
- A34) Underside of existing concrete structure is approximately 14'-6". Contractor to field verify.**
- Q35) There is a note on the plans that low voltage is not part of this contract. However, plans show CCTV cameras. Also no specification has been provided. Please clarify if it is part of this contract.**
- A35) Provide low voltage wiring where noted on the drawings.**
- Q36) Plans show Access Control. No specification provided. Please clarify if it is part of this contract.**
- A36) Access Control is to be included as an Allowance under Division 13. Yes they are part of contract.**
- Q37) Plans show Clocks, PA & Intercom System. No specification provided. Please clarify if it is part of this contract.**
- A37) See sheet E-6 for information. Yes they are part of the contract.**
- Q38) Plans show Cook Top, Oven, & Microwave. No specification provided. Please clarify if these items are part of this contract.**
- A38) Refer to Appliance/Kitchen Equipment Schedule on Sheet A-604 for specifications. Yes they are part of the contract.**
- Q39) Could you kindly provide copy of the sign in sheet.**
- A39) Yes for the Non-mandatory Pre-Bid Conference.**
- Q40) There are two Aluminum Roll Up doors in this project. No sizes have been provided. Please provide required Roll Up Door dimensions.**

A40) Refer to Architectural drawings for clear opening heights and widths.

Q41) Sheet A101 shows an enlarged partial first floor for the SW side of the new work area. Do you have an enlarged partial first floor dimension plan for the SE portion?

A41) No

Q42) With the exception of special extended warrantees. What is the standard warranty period after substantial completion?

A42) Unless noted otherwise in the documents all work shall be warranted by the General Contractor for a 1 year period.

Q43) Need to know the existing controls - ems- contractor in order to attach the new system to it.

A43) It is our understanding that existing controls are by TRANE. Sheet M-4 indicates phone number. Contact would be DAYAM ROQUE or HAMISH LIST

Trane Commercial Systems

2884 Corporate Way, Miramar, FL 33025

Office Phone: 954-499-8315

Q44) Is the surveillance system (security cameras, etc.) responsibility of the contractor? Or do we just provide the wiring?

A44) The document outlines the requirements for CCTV.

Q45) Does the City have a vendor for the Card Access and IT work? What if the work is above the budgeted amounts in the SOV?

A45) No vendor has been selected at this time.

Q46) The design profile for Johnsonite Millwork 6" wall base (RB 1) is not mentioned in any bid documents. Please select profile to price.

A46) Updated sheet A-600 is issued with this addendum illustrating base profile.

Q47) Do you have a specific location for a debris dumpster to be placed for the construction debris, by the General contractor?

A47) The General Contractor is to coordinate with the City of Coral Gables building department and public works department for location of the construction dumpster.

Q48) Is there any specific route the construction workers need to use in and out of the building?

A48) Contractor is to maintain public areas clear at all times and not interfere with the existing building operations.

Q49) Is the City providing temporary power for the work? And Water?

A49) Temporary power and water requirements are outlined in the specifications.

Q50) Please, provide a confirmation of which type of door you want to be quoted as AL/GLASS, type A1, type A & A1 or any other.

A50) Refer to sheet A-601 door schedule. Door type A1 is existing.

Q51) In section of the contract (page 286 – Section 14.3) that contains the language “The City will not be required to terminate the Contractor, to trigger the surety’s liability for the Contractors failure to cure Contractor’s Defaults.” In previous projects with the City Of Coral Gables, the Florida Surety Association has been able to get Coral Gables to issue an Addendum, removing this provision of the proposed contract. Could you please clarify if you can remove this provision from the contract?

A51) This provision will be removed from the contract.

Q52) Guarantee/Warranty period. Page 14 – Section 3.23 states “The Contractor shall guarantee all work performed as to the quality of the work and the compliance with all applicable codes. The Contractor shall guarantee all work performed for a period not less than one year from the date of acceptance”. Due to our experience, this guarantee is not a warranty; guarantee applies to the workmanship and the proper methods of work. The guarantee will be that the Contractor at no cost to the Owner will perform inspections, testing and necessary corrective measures. Could you please clarify this?

A52) Please comply with this Section as written.

Q53) In Section 15.1 incorporates “ The Contractor shall, within three (3) working days of written notice from City, proceed to commence and diligently proceed to complete the correction of any Work that fails to conform to the requirements of the Contract Documents, including defects or damage from whatever cause, and unconditionally guarantees and warrants that it shall correct any defects due to faulty materials, equipment, and/or workmanship and provide warranties of merchantability and fitness of all of the materials for the particular purpose for a period of three (3) years from Substantial Completion of the Work, or such longer time required by the Contract Documents for particular items (the “Extended Warranties”). These Extended Warranties include 5 years as a Special Installer's Warranty. Could you please advise if it is possible to reduce these extended warranties from 3 or 5 years to only 1 year?

A53) No

Q54) In drawing A6.04, there is a schedule of equipment. Could you please indicate if the GC will furnish and install all of them, or Owner will furnish all or some of them to be installed by GC?

A54) Contractor to provide and install kitchen equipment.

Q55) No door veneer or finish is specified. All doors will be figured as rotary cut natural Birch unfinished unless a spec is issued Please Clarify.

A55) Refer to sheet A-600 finish selections for door finishes and Project Specifications.

Q56) Reflecting Ceiling plan on A-102 shows drywall ceiling for room 110. However finish schedule on A-600 specifies acoustical ceiling for this room. Please clarify.

A56) Updated sheet A-600 is issued with this addendum illustrating these updates.

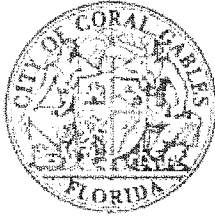
Attachments:

- o Specification Section 015000**
- o Architectural Sheet A-100**
- o Architectural Sheet A-600**
- o Architectural Sheet A-602**
- o Architectural Sheet A-607**
- o Mechanical Sheet M-4**
- o Revised Schedule of Values**
- o Non-mandatory Pre-Bid Conf. Sign-In Sheet**

This Addendum shall be acknowledged in Section 5.0, IFB Response Form, of the bid document. All other terms and conditions shall remain in full force and effect.

Sincerely,

**Michael P. Pounds
Chief Procurement Officer**



INVITATION FOR BID

IFB 2015.08.21

ADULT ACTIVITY CENTER

ADDENDUM No. 5

Issue Date: September 17, 2015

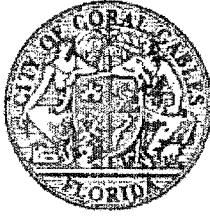
On Drawing E-3, Equipment Legend #9 is revised to read:

Existing panel SCL. Panel SCL shall be replaced with a new panel of 150 Amp Main Circuit Breaker and 42 circuits.

This Addendum should be acknowledged in Section 5.0 on the IFB Response Form. All other terms and conditions shall remain in full force and effect.

Sincerely,

Chief Procurement Officer



INVITATION FOR BID

IFB 2015.08.21

ADULT ACTIVITY CENTER

ADDENDUM No. 6

Issue Date: September 21, 2015

Please submit the attached Bidder Acknowledgement with your bid.

Under Section 1.5 of the Bid Document, Attachment A - Procurement Forms, the following forms should be submitted with your bid:

- Bidder Acknowledgement
- Proposers Statement
- Validation
- Public Entity Crimes
- Americans with Disabilities (ADA)
- Non Collusion Affidavit
- Drug Free Work Place
- Certification of Proposer Statement

Under Section 1.5 of the Bid Document, Attachment A - Procurement Forms, disregard the reference to the following forms:

Certified Resolution
Lobbyist Application
Lobbyist Biennial Registration Application

The Lobbyist Applications may be obtained by City's Website at: <http://www.coralgables.com>. Click on City Clerk, Lobbyist Registration, Applications and Forms, Lobbyist Registration & Disclosure of Fees – Ordinance No. 2006-1. However, the Lobbyist Applications need not be submitted with your bid.

This Addendum should be acknowledged in Section 5.0 on the IFB Response Form. All other terms and conditions shall remain in full force and effect.

Just a reminder, that bids for the Adult Activity Center Project are due no later than 2 pm, Tuesday, September 22, 2015.

Sincerely,

Chief Procurement Officer

CITY OF CORAL GABLES

PROPOSER STATEMENT

This questionnaire is to be submitted to the City of Coral Gables Procurement Division by the Proposer, along with the solicitation being submitted for the goods, services and/or construction required by the City of Coral Gables. Do not leave any questions unanswered. When the question does not apply, write the word(s) "None" or "Not Applicable", as appropriate. Failure to complete this form as applicable may be deemed non-responsive.

Company Name: Stone Concept Miami Inc.

Contact Name: Ali Sarrafi Title Vice President

Address: 1239 Robin Ave. Miami Springs FL 33166

Telephone 786-337-3425 Cellular _____ Facsimile 305-603-9293

Email: hamid@scmiami.com

Federal Employer Identification Number (FEIN No.): 20-2363215

Check One: Corporation Partnership Sole Proprietary LLC / LLP Other

List all current licenses held and provide copies

(a) State of Florida Certified General Contractor

(b) Miami Dade County _____

(c) City of Coral Gables Municipal License _____

(d) Others _____

1. State the true, exact, correct and complete name of the partnership, corporation, and trade or fictitious name in which business is transacted and the address of the place of business.

Proposer Name: Stone Concept Miami Inc.

The address of the principal place of business is: 1239 Robin Ave.
Miami Springs FL 33166

2. How many years has organization been in business under present business name? 10

a. Under what other former names has organization operated? N/A

3. Are any of the principals of this company employed by the City of Coral Gables? If so, disclose their name(s) below:

N/A

4. Indicate registration, license numbers or certificate numbers for the business or professions which are the subject of this RFP. Please attach certificate of competency and/or state registration.

CGC1520461

5. Have you ever failed to complete any work awarded to you or been held in default of a contract? (Y) _____ (N) X if yes, state when, where and why? (Please provide the name and contact information of the entity which was involved).

6. Have you, or a predecessor company or organization, filed bankruptcy in the last three (3) Years? (Y) _____ (N) X if yes, information must be provided pertaining to the proceeding and outcome of the action.

7. State whether you or any officers of your company have been involved in any claims or litigation in the last five (5) years in any way relating to the business being procured in this RFP. Provide details as to the cause and outcome (judgments and settlements) of those claims or litigation, whether it is the present company, a predecessor or related company.

N/A

8. Has your insurance coverage ever been cancelled for non-payment of insurance premiums or any other reason? (Y) _____ (N) X If yes, what was the reason? _____

9. Have you personally inspected the site of the proposed work? (Y) X (N) _____

10. References: List references that may be contacted to ascertain experience and ability of Proposer. Provide a minimum of three (3) references (*Government entities preferred*):

<u>MDAD</u>	<u>Alejandro Montalvo</u>	<u>305-876-7513</u>	<u>AMONTALVO@miami-airport.com</u>
(Name)	(Contact)	(Phone Number)	(Email)
<u>MDPH</u>	<u>Francisco Trujillo</u>	<u>786-469-4125</u>	<u>FTRUJIL@miamidade.gov</u>
(Name)	(Contact)	(Phone Number)	(Email)
<u>MDCR</u>	<u>Eugenio Raposo</u>	<u>786-263-6407</u>	<u>ER02@miamidade.gov</u>
(Name)	(Contact)	(Phone number)	(Email)

Provide any additional information as to qualifications and/or experience, attach documentation to this form.

VALIDATION:

The undersigned certifies the information provided in this questionnaire is correct and accurate.

IF PARTNERSHIP:

Signature

Print Name of Firm

Print Name

Address

Title

IF CORPORATION:

Ali Sarrafi
Signature

Stone Concept Miami Inc.
Print Name of Corporation

Ali Sarrafi
Print Name

1239 Robin Ave. Miami Spring FL 33166
Address

Vice President
Title

WITNESS:

Ali Reza Sarrafi
Signature

Ali Reza Sarrafi
Print Name

Superintendent
Title

Attest: [Signature] Secretary

(CORPORATE SEAL)

VALIDATION (Cont'd):

IF LIMITED LIABILITY COMPANY (LLC) OR LIMITED LIABILITY PARTNERSHIP (LLP):

Signature

Name of Company

Print Name

Address

Title

IF SOLE PROPRIETORSHIP

Signature

Name of Firm

Print Name

Address

Title

**SWORN STATEMENT PURSUANT TO SECTION 287.133 (3) (a),
FLORIDA STATUTES, ON PUBLIC ENTITY CRIMES**

THIS FORM MUST BE SIGNED AND SWORN TO IN THE PRESENCE OF A NOTARY PUBLIC OR OTHER OFFICIAL AUTHORIZED TO ADMINISTER OATHS.

1. This sworn statement is submitted to The City of Coral Gables
[print name of the public entity]
by Ali Sarrafi, Vice President
[print individual's name and title]
for Stone Concept Miami Inc.
[print name of entity submitting sworn statement]

Whose business address is: 1239 Robin Ave. Miami Springs FL 33166

and (if applicable) its Federal Employer Identification Number (FEIN) 20-2363215

If the entity has no FEIN, include the Social Security Number of the individual signing this sworn statement:
_____.)

2. I understand that a "public entity crime" as define in Paragraph 287.133(1)(g), Florida Statutes, means a violation of any state or federal law by a person with respect to and directly related to the transaction of business with any public entity or with an agency or political subdivision of any other state or of the United States, including, but not limited to, any Proposal or contract for goods or services to be provided to any public entity or an agency or political subdivision of any other state or of the United States and involving antitrust, fraud, theft, bribery, collusion, racketeering, conspiracy, or material misrepresentation.
3. I understand that "convicted" or "conviction" as defined in Paragraph 287.133(1)(b), Florida Statutes, means a finding of guilt or a conviction of a public entity crime, with or without an adjudication of guilt, in any federal or state trial court of record relating to charges brought by indictment or information after July 1, 1989, as a result of a jury verdict, non-jury trial, or entry of a plea of guilty or nolo contendere.
4. I understand that an "affiliate" as defined in Paragraph 287.133(1)(a), Florida Statutes, means:
 1. A predecessor or successor of a person convicted of a public entity crime; or
 2. An entity under the control of any natural person who is active in the management of the entity and who has been convicted of a public entity crime. The term "affiliate" includes those officers, directors, executives, partners, shareholders, employees, members, and agents who are active in the management of an affiliate. The ownership by one person of shares constituting a controlling interest in another person, or a pooling of equipment or income among persons when not for fair market value under an arm's length agreement, shall be a prima facie case that one person controls another person. A person who knowingly enters into a joint venture with a person who has been convicted of a public entity crime in Florida during the preceding 36 months shall be considered an affiliate.
5. I understand that a "person" as defined in Paragraph 287.133(1)(e), Florida Statutes, means any natural person or entity organized under the laws of any state or of the United States with the legal power to enter into a binding contract and which Proposals or applies to Proposal on contracts for the provision of goods or services let by a public entity, or which otherwise transacts or applies to transact business with a public entity. The term "person" includes those officers, directors, executives, partners, shareholders, employees, members, and agents who are active in management of an entity.

6. Based on information and belief, the statement which I have marked below is true in relation to the entity submitting this sworn statement. [indicate which statement applies.]

___ Neither the entity submitting this sworn statement, nor any of its officers, directors, executives, partners, shareholders, employees, members, or agents who are active in the management of the entity, nor any affiliate of the entity has been charged with and convicted of a public entity crime subsequent to July 1, 1989.

___ The entity submitting this sworn statement, or one or more of its officers, directors, executives, partners, shareholders, employees, members, or agents who are active in the management of the entity, or an affiliate of the entity has been charged with and convicted of a public entity crime subsequent to July 1, 1989.

___ The entity submitting this sworn statement, or one or more of its officers, directors, executives, partners, shareholders, employees, members, or agents who are active in the management of the entity, or an affiliate of the entity has been charged with and convicted of a public entity crime subsequent to July 1, 1989. However, there has been subsequent proceeding before a Hearing Officer of the State of Florida, Division of Administrative Hearings and the Final Order entered by the Hearing Officer determined that it was not in the public interest to place the entity submitting this sworn statement on the convicted vendor list.
[attach a copy of the final order]

I UNDERSTAND THAT THE SUBMISSION OF THIS FORM TO THE CONTRACTING OFFICER FOR THE PUBLIC ENTITY IDENTIFIED IN PARAGRAPH 1 (ONE) ABOVE IS FOR THAT PUBLIC ENTITY ONLY AND, THAT THIS FORM IS VALID THROUGH DECEMBER 31 OF THE CALENDAR YEAR IN WHICH IT IS FILED. I ALSO UNDERSTAND THAT I AM REQUIRED TO INFORM THE PUBLIC ENTITY PRIOR TO ENTERING INTO A CONTRACT IN EXCESS OF THE THRESHOLD AMOUNT PROVIDED IN SECTION 287.017, FLORIDA STATUTES FOR CATEGORY TWO OF ANY CHANGE IN THE INFORMATION CONTAINED IN THIS FORM.

Alan Sampa
[Signature]

Sworn to and subscribed before me this 22nd day of September, 2015.

Personally known _____

OR Produced identification FIDL

(Type of identification)

Erika Santamaria
Notary Public - State of Florida

My commission expires _____



Erika Santamaria
(Printed, typed, or stamped commissioned name of notary public)

AMERICANS WITH DISABILITIES ACT (ADA)
DISABILITY NONDISCRIMINATION STATEMENT

THIS FORM MUST BE SIGNED AND SWORN TO IN THE PRESENCE OF A NOTARY PUBLIC OR
OTHER OFFICIAL AUTHORIZED TO ADMINISTER OATHS.

This sworn statement is submitted The City of Coral Gable
(print name of public entity)

by All Sarraf
(print individual's name and title)

for Stone Concept Miami Inc.
(print name of entity submitting sworn statement)

whose business address is: 1239 Robin Ave. Miami Springs FL 33166

and (if applicable) its Federal Employer Identification Number (FEIN) 20-2363215
(If the entity has not FEIN, include Social Security Number of the individual signing this sworn statement:
_____.)

I, being duly first sworn state:

That the above named firm, corporation or organization is in compliance with and agreed to continue to comply with, and assure that any sub-contractor, or third party contractor under this project complies with all applicable requirements of the laws listed below including, but not limited to, those provisions pertaining to employment, provision of programs and service, transportation, communications, access to facilities, renovations, and new construction.

The American with Disabilities Act of 1990 (ADA), Pub. L. 101-336, 104 Stat 327, 42 U.S.C. 12101,12213 and 47 U.S.C. Sections 225 and 661 including Title I, Employment; Title 11, Public Services; Title III, Public Accommodations and Services Operated by Private Entities; Title IV, Telecommunications; and Title V, Miscellaneous Provisions.

The Florida Americans with Disabilities Accessibility Implementation Act of 1993, Sections 5553.501-553.513, Florida Statutes

The Rehabilitation Act of 1973, 229 U.S.C. Section 794
The Federal Transit Act, as amended, 49 U.S.C. Section 1612
The Fair Housing Act as amended, 42 U.S.C. Section 3601-3631

All Sarraf
[Signature]

Sworn to and subscribed before me this 22nd day of September, 20 15

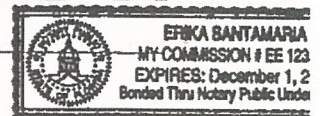
Personally known _____

or produced identification:

FDL
[Type of Identification]

Notary Public, State of Florida

My Commission Expires _____



Erika Santamaria
[Printed, typed or stamped
commissioned name of
Notary Public]

NON-COLLUSION AFFIDAVIT

State of Florida)

County of Miami Dade)

ss.

Ali Sarrafi

being first duly sworn, deposes

and says that:

(1) Affiant is the Vice President
(Owner, Partner, Officer, Representative or Agent) of

Stone Concept Miami Inc. the Bidder / Proposer that has

submitted the attached Solicitation;

(2) Affiant is fully informed respecting the preparation and contents of the attached Bid/Proposal and of all pertinent circumstances respecting such Solicitation;

(3) Such submittal is genuine and is not a collusive or sham Solicitation;

(4) Neither the said Bidder / Proposer nor and of its officers, partners, owners, agents, representatives, employees or parties in interest, including this affiant, have in any way colluded, conspired, connived or agreed, directly or indirectly, with any other Bidder / Proposer or firm, or person to submit a collusive or sham Solicitation in connection with the work for which the attached submittal; or to refrain from bidding in connection with such work; or have in any manner, directly or indirectly, sought by agreement or collusion, or communication, or conference with any Bidder, firm, or person to fix any overhead, profit, or cost elements of the Solicitation price or the Solicitation price of any other Bidder / Proposer, or to secure through any collusion, conspiracy, connivance, or unlawful agreement any advantage against (Recipient), or any person interested in the proposed work;

(5) The price or prices quoted in the attached submittal are fair and proper and are not tainted by any collusion, conspiracy, connivance, or unlawful agreement on the part of the Proposer or any other of its agents, representatives, owners, employees or parties in interest, including this affiant.

Ali Sarrafi
[Signature]

Sworn to and subscribed before me this 22nd day of September, 2015

Personally known _____

or produced identification:

FIDL
[Type of Identification]

Notary Public, State of Florida

My Commission Expires



Erika Santamaria


[Printed, typed or stamped
commissioned name of
Notary Public]

DRUG-FREE WORK PLACE FORM

The undersigned vendor in accordance with Florida Statute 287.087 hereby certifies that Stone Concept Miami Inc. does:
(Name of Business)

1. Publish a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance is prohibited in the workplace and specifying the actions that will be taken against employees for violations of such prohibition.
2. Inform employees about the dangers of drug abuse in the work place, the business's policy of maintaining a drug-free workplace, any available drug counseling, Employee Assistance Programs, and the penalties that may be imposed upon employees for drug abuse violations.
3. Give each employee a copy of the statement specified in subsection (1) that are engaged in providing the commodities or contractual services that are proposed.
4. In the statement specified in subsection (1), notify the employees that, as a condition of working on the commodities or contractual services that are proposed, the employee will abide by the terms of the statement and will notify the employer of any conviction of, or plea of guilty or nolo contendere to, any violation of Chapter 893 or of any controlled substance law of the United States or any state, for a violation occurring in the workplace no later than five (5) days after such conviction.
5. Impose a sanction on, or require the satisfactory participation in a drug abuse assistance or rehabilitation program if such is available in the employee's community, by any employee who is so convicted.
6. Make a good faith effort to continue to maintain a drug-free workplace through implementation of this section.

As the person authorized to sign the statement, I certify that this firm complies fully with the above requirements.



Proposer Signature

09/22/15

Date

CERTIFICATION OF PROPOSER STATEMENT

I, Ali Sarrafi, Vice President certify that I am authorized to act on behalf
(Name) (Title)
of Stone Concept Miami Inc. pursuant to the RFP and further
(Name of Business)

acknowledge and understand the information contained in response to this Proposer Statement shall be relied upon by Owner awarding the contract and such information is warranted by Proposer to be true and correct. The discovery of any omission or misstatement that materially affects the Proposer Statement to perform under the contract shall cause the City to reject the bid or proposal, and if necessary, terminate the award and/or contract. I further certify that the following are the names, titles and official signatures of those persons authorized to act by the foregoing statement.

<u>NAME</u>	<u>TITLE</u>	<u>SIGNATURE</u>
<u>Hamid Sarrafi</u>	<u>President</u>	<u>[Signature]</u>
<u>Ali Reza Sarrafi</u>	<u>Superintendent</u>	<u>[Signature]</u>
		<u>[Signature]</u> Signature

State of Florida

County of Miami-Dade

On this the 22nd day of September 2015, before me, the undersigned Notary Public of the State of Florida, personally appeared Ali Abdol Sarrafi and whose name(s) is/are subscribes to
(Name(s) of individual(s) who appeared before notary)

the within instrument, and acknowledge it's execution.

[Signature]
NOTARY PUBLIC, STATE OF FLORIDA

NOTARY PUBLIC
SEAL OF OFFICE:



Erika Santamaria
(Name of Notary Public: Print, Stamp or Type as Commissioned.)

Personally known to me, or
Produced identification

FLDL
(Type of Identification Produced)

BID BOND

STATE OF FLORIDA }
COUNTY OF MIAMI DADE }SS.
CITY OF CORAL GABLES }

KNOWN ALL MEN BY THESE PRESENTS, That we **
as Principal, and United States Fire Insurance Company, as Surety, are ***
held and firmly bonded unto the City of Coral Gables as Owner in the penal sum of
Dollars (\$ 5% of Amount Bid), lawful money of the United States, for the payment of which sum well and
truly to be made, we bind ourselves, our heirs, executors, administrators, and successors, jointly and
severally, firmly by these presents. ** Stone Concept Miami, Inc.
*** Five Percent of Amount Bid

THE CONDITION OF THIS OBLIGATION IS SUCH, that whereas the Principal has submitted
to the City of Coral Gables the accompanying Bid, signed
_____, and dated September 22, 2015, for

**ADULT ACTIVITY CENTER - IFB 2015.08.21
CORAL GABLES, FLORIDA**

in accordance with the Plans and Specifications therefore, the call for Bids or Proposals, and the
Instructions to Bidders, all of which are made a part hereof by reference as if fully set forth herein.

NOW, THEREFORE,

- (a) If the Principal shall not withdraw said bid within thirty (30) days after date of opening
of the same, and shall within ten (10) days after written notice being given by the City
Manager or his designee, of the award of the contract, enter into a written contract with
the City, in accordance with the bid as accepted, and give bond with good and sufficient
surety or sureties, as may be required for the faithful performance and proper fulfillment
of such contract,

- (b) in the event of the withdrawal of said bid or proposal within the period specified, or
the failure to enter into such contract and give such bond within the time specified, if
the Principal shall pay the City the difference between the amount specified in said bid
or proposal and the amount for which the City may procure the required work and/or
supplies, if the latter amount be in excess of the former, the above obligation shall be
void and of no effect, otherwise to remain in full force and effect.

BID BOND

IN WITNESS HEREOF, the above bounded parties have executed this instrument under their several seals this 22nd day of September, A.D., 2015, the name and corporate seal of each corporate party being hereto affixed and these presents duly signed by its undersigned representative, pursuant to authority of its governing body.

WITNESS
(If Sole Ownership or Partnership,
Two (2) Witnesses Required.
If Corporation, Secretary Only
will attest and affix seal).

(1) _____

(2) _____

WITNESS:
(1) *[Signature]*
(2) *[Signature]*

PRINCIPAL

Stone Concept Miami, Inc.
Name of Firm

(SEAL)
Signature of Authorized Officer

Title

1239 Robin Ave
Business Address

Miami Springs, FL 33166
City, State

SURETY:

United States Fire Insurance Company
Corporate Surety

(SEAL)
Attorney-In-Fact, Warren M. Alter

305 Madison Avenue
Business Address

Morristown, NJ 07962
City, State

Alter Surety Group, Inc.
Name of Local Agency

POWER OF ATTORNEY
UNITED STATES FIRE INSURANCE COMPANY
PRINCIPAL OFFICE - MORRISTOWN, NEW JERSEY

6342

KNOW ALL MEN BY THESE PRESENTS: That United States Fire Insurance Company, a corporation duly organized and existing under the laws of the state of Delaware, has made, constituted and appointed, and does hereby make, constitute and appoint:

Warren M. Alter, David T. Satine

each, its true and lawful Attorney(s)-In-Fact, with full power and authority hereby conferred in its name, place and stead, to execute, acknowledge and deliver: Any and all bonds and undertakings of surety and other documents that the ordinary course of surety business may require, and to bind United States Fire Insurance Company thereby as fully and to the same extent as if such bonds or undertakings had been duly executed and acknowledged by the regularly elected officers of United States Fire Insurance Company at its principal office, in amounts or penalties not exceeding: Seven Million, Five Hundred Thousand Dollars (\$7,500,000).

This Power of Attorney limits the act of those named therein to the bonds and undertakings specifically named therein, and they have no authority to bind United States Fire Insurance Company except in the manner and to the extent therein stated.

This Power of Attorney revokes all previous Powers of Attorney issued on behalf of the Attorneys-In-Fact named above and expires on January 1, 2016.

This Power of Attorney is granted pursuant to Article IV of the By-Laws of United States Fire Insurance Company as now in full force and effect, and consistent with Article III thereof, which Articles provide, in pertinent part:

Article IV, Execution of Instruments - Except as the Board of Directors may authorize by resolution, the Chairman of the Board, President, any Vice-President, any Assistant Vice President, the Secretary, or any Assistant Secretary shall have power on behalf of the Corporation:

(a) to execute, affix the corporate seal manually or by facsimile to, acknowledge, verify and deliver any contracts, obligations, instruments and documents whatsoever in connection with its business including, without limiting the foregoing, any bonds, guarantees, undertakings, recognizances, powers of attorney or revocations of any powers of attorney, stipulations, policies of insurance, deeds, leases, mortgages, releases, satisfactions and agency agreements;

(b) to appoint, in writing, one or more persons for any or all of the purposes mentioned in the preceding paragraph (a), including affixing the seal of the Corporation.

Article III, Officers, Section 3.11, Facsimile Signatures. The signature of any officer authorized by the Corporation to sign any bonds, guarantees, undertakings, recognizances, stipulations, powers of attorney or revocations of any powers of attorney and policies of insurance issued by the Corporation may be printed, facsimile, lithographed or otherwise produced. In addition, if and as authorized by the Board of Directors, dividend warrants or checks, or other numerous instruments similar to one another in form, may be signed by the facsimile signature or signatures, lithographed or otherwise produced, of such officer or officers of the Corporation as from time to time may be authorized to sign such instruments on behalf of the Corporation. The Corporation may continue to use for the purposes herein stated the facsimile signature of any person or persons who shall have been such officer or officers of the Corporation, notwithstanding the fact that he may have ceased to be such at the time when such instruments shall be issued.

IN WITNESS WHEREOF, United States Fire Insurance Company has caused these presents to be signed and attested by its appropriate officer and its corporate seal hereunto affixed this 5th day of August, 2015.



State of New Jersey
County of Morris }

UNITED STATES FIRE INSURANCE COMPANY

Anthony R. Slimowicz, Senior Vice President

On this 5th day of August, 2015 before me, a Notary public of the State of New Jersey, came the above named officer of United States Fire Insurance Company, to me personally known to be the individual and officer described herein, and acknowledged that he executed the foregoing instrument and affixed the seal of United States Fire Insurance Company thereto by the authority of his office.



SONIA SCALA
NOTARY PUBLIC OF NEW JERSEY
MY COMMISSION EXPIRES 3/25/2019

Sonia Scala

(Notary Public)

I, the undersigned officer of United States Fire Insurance Company, a Delaware corporation, do hereby certify that the original Power of Attorney of which the foregoing is a full, true and correct copy is still in force and effect and has not been revoked.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the corporate seal of United States Fire Insurance Company on the 22nd day of September, 2015.



UNITED STATES FIRE INSURANCE COMPANY

Al Wright, Senior Vice President



Stone Concept Miami Inc.

Adult Activity Center
Cost Breakdown

Date: 09/29/2015



Cost Breakdown

Project Name: Adult Activity Center
 Project Address: 405 Biltmore Way – Coral Gables, FL 33134

Item Description	Location/Description	Labor Cost	Material & Equipment Cost	Total Cost
DIVISION 01 - GENERAL REQUIREMENTS				
Temporary Facilities & Control	N/A	-	-	\$ 2,240.00
Administrative Cost	N/A	-	-	\$ 2,000.00
Supervision/Proj Management	N/A	-	-	\$ 19,080.00
Insurance and Bond	N/A	-	-	\$ 27,560.00
DIVISION 03 - CONCRETE				
Concrete Work	Footings and Concrete Work on the 2nd Floor	\$ 8,013.60	\$ 6,826.40	\$ 14,840.00
DIVISION 05 - METALS				
Structural Steel	All Assigned Areas	\$ 6,868.80	\$ 5,851.20	\$ 12,720.00
Railings	All Assigned Areas	\$ 2,575.80	\$ 2,194.20	\$ 4,770.00
DIVISION 06 - WOOD AND PLASTIC				
Rough Carpentry	All Assigned Areas	\$ 10,875.60	\$ 9,264.40	\$ 20,140.00
Stone Counter Tops	Receptionist desk at the lobby	\$ 2,289.60	\$ 1,950.40	\$ 4,240.00
Cabinetry	Kitchen Cabinets	\$ 12,592.80	\$ 10,727.20	\$ 23,320.00
DIVISION 07 - THERMAL & MOISTURE PROTECTION				
Building Insulation	All Assigned Areas	\$ 10,303.20	\$ 8,776.80	\$ 19,080.00
Firestopping & Joint Sealants	All Assigned Areas	\$ 6,794.93	\$ 5,788.28	\$ 12,583.21
DIVISION 08 - OPENINGS				
Doors, Frames & Hardware	Furnish and Installation of 30 New Doors	\$ 4,293.00	\$ 3,657.00	\$ 7,950.00
Interior Windows & Storefront	Furnish and Installation of 5 Interior Windows	\$ 5,580.90	\$ 4,754.10	\$ 10,335.00
Operable Partitions	Furnish and Installation Operable Partitions	\$ 17,172.00	\$ 14,628.00	\$ 31,800.00
DIVISION 09 - FINISHES				
Luxury Vinyl Tile	Multipurpose Room 1 & 2	\$ 8,654.69	\$ 7,372.51	\$ 16,027.20
Porcelain Floor/Wall Tiles	All Areas Except Multipurpose Rooms	\$ 7,270.05	\$ 6,193.01	\$ 13,463.06
Rubber Wall Base	All Areas Except Restrooms	\$ 680.01	\$ 579.27	\$ 1,259.28
MTL Stud/GWB Partition	All Assigned Areas	\$ 33,986.25	\$ 28,951.25	\$ 62,937.50
Acoustical Tile Ceilings	All Assigned Areas	\$ 20,853.68	\$ 17,764.24	\$ 38,617.92
Painting Wall/Ceiling	All Assigned Areas	\$ 10,303.20	\$ 8,776.80	\$ 19,080.00
DIVISION 10 - SPECIALTIES				
Bathroom Accessories	Including: Grab bars, Hand Drayer, etc.	\$ 4,657.05	\$ 3,967.11	\$ 8,624.16
Bathroom Partition	New Partitions for 7 Bathroom Stalls	\$ 16,027.20	\$ 13,652.80	\$ 29,680.00
Kitchen Appliances	6 New Appliances	\$ 25,758.00	\$ 21,942.00	\$ 47,700.00
Signage	28 New Signs	\$ 1,025.10	\$ 873.23	\$ 1,898.33
Fire Extinguishers & Cabinets	3 Fire Extinguishers and Cabinets	\$ 915.84	\$ 780.16	\$ 1,696.00
DIVISION 13 - SPECIAL CONSTRUCTION				
Access Card/Security System	N/A	-	-	\$ 40,000.00
IT (Allowance)	N/A	-	-	\$ 80,300.00
P/A & Intercom systems	N/A	\$ 37,206.00	\$ 31,694.00	\$ 68,900.00
DIVISION 14 - CONVEYING EQUIPMENT				
Wheelchair Lift	As indicated in the drawing	\$ 2,575.80	\$ 2,194.20	\$ 4,770.00
DIVISION 21 - FIRE SUPPRESSION				
Fire Protection	etc.	\$ 19,080.00	\$ 8,776.80	\$ 19,080.00
DIVISION 22 - PLUMBING				
Plumbing Work	Including: Demolition, Sanitary System, Domestic Water System, etc.	\$ 40,640.40	\$ 34,619.60	\$ 75,260.00
DIVISION 23 - HVAC				
HVAC Work	Including: 10 VAVs, 2 VFDs, DDC Control, Insulation, Ductwork, 3 Electric Duct Heaters, 3 Ceiling Exhaust Fans, Hood, Anslu System, etc.	\$ 91,584.00	\$ 78,016.00	\$ 169,600.00
DIVISION 26 - ELECTRICAL				

Electrical & Fire Alarm	Including: Fire Alarm System, Light Fixtures Installation, Branch Wires and Devices, Electrical Equipments, etc.	\$ 165,779.63	\$ 141,219.69	\$ 306,999.32
BASE BID			Subtotal	\$ 1,218,550.98
Historical Art Fund (1%)				\$ 12,185.51
Contingency				\$ 80,000.00
			BID TOTAL	\$ 1,310,736.49

Safety Plan

(Stone Concept Miami Inc.)

COMPANY POLICY LETTER

SAFETY AND HEALTH POLICY FOR (Stone Concept Miami)

The purpose of this policy is to develop a high standard of safety throughout all operations of Stone Concept Miami

We believe that each employee has the right to derive personal satisfaction from his/her job and the prevention of occupational injury or illness is of such consequence to this belief that it will be given top priority at all times.

It is our intention here at (Stone Concept Miami) to initiate and maintain complete accident prevention and safety training programs. Each individual from top management to the working person is responsible for the safety and health of those persons in their charge and coworkers around them. By accepting mutual responsibility to operate safely, we will all contribute to the well being of personnel.

(Signature & Title)

Safety Program Outline

(Enter your Company Name)

Element 1 - Safety Orientation: Each employee will be given a safety orientation by *(Ali Sarrafi, Vice President)* when first hired. The orientation will cover the following items:

A description of the accident prevention program:

- We have a formal written accident prevention program as described in WISHA regulations (WAC 296-155-110). It consists of this safety orientation, safety meetings as described in Element 2, and Self-inspections as outlined in Element 3.
- We also have basic safety rules that all employees must follow. They are:
- Never do anything that is unsafe in order to get the job done. If a job is unsafe, report it to your supervisor or foreman. We will find a safer way to do that job.
- Do not remove or disable any safety device! Keep guards in place at all times on operating machinery.
- Never operate a piece of equipment unless you have been trained and are authorized.
- Use your personal protective equipment whenever it is required.
- Obey all safety warning signs.
- Working under the influence of alcohol or illegal drugs or using them at work is prohibited.
- Do not bring firearms or explosives onto company property.
- Horseplay, running and fighting are prohibited
- Clean up spills immediately. Replace all tools and supplies after use. Do not allow scraps to accumulate where they will become a hazard. Good housekeeping helps prevent accidents.
- *(Add any other basic safety rules that apply to your company. Delete any from the above list that do not apply to your business.)*

How and when to report injuries, including first aid kits and their locations:

- If you are injured or become ill on the job, report this to *(Ali Sarrafi)*.
- We require all supervisors and/or foremen to have first-aid/CPR training.
- We have first aid qualified workers here but we do not have "designated" first-aiders. First aid at the job site is done on a Good Samaritan basis.
 - If first aid trained personnel are involved in a situation involving blood, they should:
 - Avoid skin contact with blood/other potentially infectious materials by letting the victim help as much as possible, and by using gloves provided in the first aid kit.
 - Remove clothing, etc. with blood on it after rendering help.
 - Wash thoroughly with soap and water to remove blood. A 10% chlorine bleach solution is good for disinfecting areas contaminated with blood (spills, etc.).
 - Report such first aid incidents within the shift to supervisors (time, date, blood presence, exposure, names of others helping).
- **First aid kit locations at this jobsite include:**
- (Add Location(s)) _____

Temperature Extremes

Workers subjected to temperature extremes, radiant heat, humidity, or air velocity combinations which, over a period of time, may produce physical illness. Protection by use of adequate controls, methods or procedures, or use of protective clothing will be provided to employees working in these conditions. Excessive exposure to heat is referred to as heat stress and excessive exposure to cold is referred to as cold stress.

Heat related illness (HRI) and cold-induced illnesses (Hypothermia/frostbite) are well known, recognized workplace hazards. All work operations involving exposure to temperature extremes, either humidity/heat extremes or cold extremes have the potential for inducing heat stress and heat related illnesses or cold stress resulting in frostbite or hypothermia, therefore, **(Stone Concept Miami)** has developed a policy to address these issues. All employees will receive training relating to the causes and effects, as well as the personal and environmental factors that may lead to temperature extreme related illnesses. Each employee will be provided with training and materials that include but are not limited to:

- The chosen method or methods to assess the risk for HRI or cold stress.
- A section covering training elements to provide employees information on what the employer will do when working in extreme weather conditions.
- A section on first aid including how to identify HRI symptoms and cold stress systems. The proper first aid application for an individual that is suffering from HRI or cold weather illness, and procedures for summoning medical aid personnel.
- A section identifying where and how adequate drinking water will be supplied.

What to do In an emergency including how to exit the workplace:

- An evacuation map for the building is posted (*Add location of evacuation map if you have one or delete this sentence*). It shows the location of exits, fire extinguishers, first aid kits, and where to assemble outside.

Fire Emergency

- A fire extinguisher or fire extinguishers will be covered as part of this orientation. (*Add information about how fire emergencies will be handled in your business.*)
- **If you discover a fire:** ² Tell another person immediately. Call or have them call 911 and a supervisor.
- If the fire is small (such as a wastebasket fire) and there is minimal smoke, you may try to put it out with a fire extinguisher.
- If the fire grows or there is thick smoke, do not continue to fight the fire.
- Tell other employees in the area to evacuate.
- Go to the designated assembly point outside the building.

Add other emergency procedures ³

Identification of hazardous chemicals used at this location:

- Safe use and emergency actions to take following an accidental exposure.
- We use a limited number of chemicals. You will receive a separate orientation as part of our chemical hazard communication program on the hazards of these chemicals before you work with them or work in an area where they are used.

Use and care of required personal protective equipment (PPE): ⁴

- Some tasks in our company require an employee to wear PPE to protect against injury.
- You will be instructed by (*Add name or title of person who will instruct employees in the use and care of PPE*) using the manufacturer's instructions on how to use and care for these PPE.

On-the-job training about what you need to know to perform the job safely:

- Before you are first assigned a task, *(Add name or title of person who will conduct on-the-job training for new employees)* will show you what to do along with safety instructions and required PPE.
- We have established safety rules and personal protective equipment (PPE) requirements based upon a hazard assessment for each task.
- Do not use equipment or attempt to do any of these tasks until you have received the required training and PPE.

Safety Meetings and Self-Inspections

• **Element 2 - Employee Safety Meetings**

- At the beginning of each job and at least weekly thereafter.
- Review of any walk-around safety inspections conducted since the last safety meeting.
- Review of any citation to assist in correction of hazards.
- Evaluation of any accident investigations conducted since the last meetings to determine if the cause of the unsafe acts or unsafe conditions involved were properly identified and corrected.
- Document attendance and other subjects discussed.
- *Maintain records for one year.*

• **Element 3 – Self-inspections**

- At the beginning of each job, and at least weekly thereafter.
- Include one member of management and one employee, elected by the employees, as their authorized representative.
- Document walk-around safety inspection.
- *Maintain records until the completion of the job.*

Safety Disciplinary Policy

(Stone Concept Miami) believes that a safety and health Accident Prevention Program is unenforceable without some type of disciplinary policy. Our company believes that in order to maintain a safe and healthful workplace, the employees must be cognizant and aware of all company, State, and Federal safety and health regulations as they apply to the specific job duties required. The following disciplinary policy is in effect and will be applied to all safety and health violations.

The following steps will be followed unless the seriousness of the violation would dictate going directly to Step 2 or Step 3.

1. A first time violation will be discussed orally between company supervision and the employee. This will be done as soon as possible.
2. A second time offense will be followed up in written form and a copy of this written documentation will be entered into the employee's personnel folder. Time off without pay (3 day minimum).
3. A third time violation will result in termination.

If an employee of this company knowingly and willingly violates any of the safety rules or procedures, or puts his/her self in an imminent danger situation, the employee will be immediately discharged.

General Safe Work Practices for Construction

Personal Protective Equipment

- Suitable clothing must be worn; long pants, at least short-sleeved shirts and adequate foot wear.
- Hard hats, safety glasses or goggles must be used when a potential hazard exists. (Safety glasses must be ANSI Z87 or Z87.1 approved).
- Hearing protection (earplugs or earmuffs) must be used in high noise areas.
- Gloves (as needed).

Housekeeping

- Always store materials in a safe manner. Tie down or support materials if necessary to prevent falling, rolling, or shifting.
- Shavings, dust scraps, oil or grease should not be allowed to accumulate. Good housekeeping is a part of the job.
- Trash piles must be removed as soon as possible. Trash is a safety and fire hazard.
- Immediately remove all loose materials from stairs, walkways, ramps, platforms, etc.
- Do not block aisles, traffic lanes, fire exits, gangways, or stairs.

Other general safe work practices

- Avoid shortcuts – use ramps, stairs, walkways, ladders, etc.
- Do not remove, deface or destroy any warning, danger sign, or barricade, or interfere with any form of accident prevention device or practice provided for your use or that is being used by other workers.
- Get help with heavy or bulky materials to avoid injury to yourself or damage to material.
- Do not use tools with split, broken, or loose handles, or burred or mushroomed heads. Keep cutting tools sharp and carry all tools in a container.

- Know the correct use of hand and power tools. Use the right tool for the job.

Fall protection

- Fall hazards of 10 feet or more will be outlined and addressed in our jobsite fall protection work plan.
- Fall hazards of less than 10 feet will be protected by covers, guardrails or other methods and will be addressed in our self-inspections and safety meetings.
- Standard guardrails must be erected around all floor openings and open-sided surfaces. Contact your supervisor for the correct specifications.

Electrical

- Ground-fault circuit interrupters (GFCI) will be used when ever possible.
- Electric cords will be inspected daily and repaired or replaced as necessary.
- Do not operate any power tool or equipment unless you are trained in its operation.
- Use tools only for their designed purpose.

Ladder safety

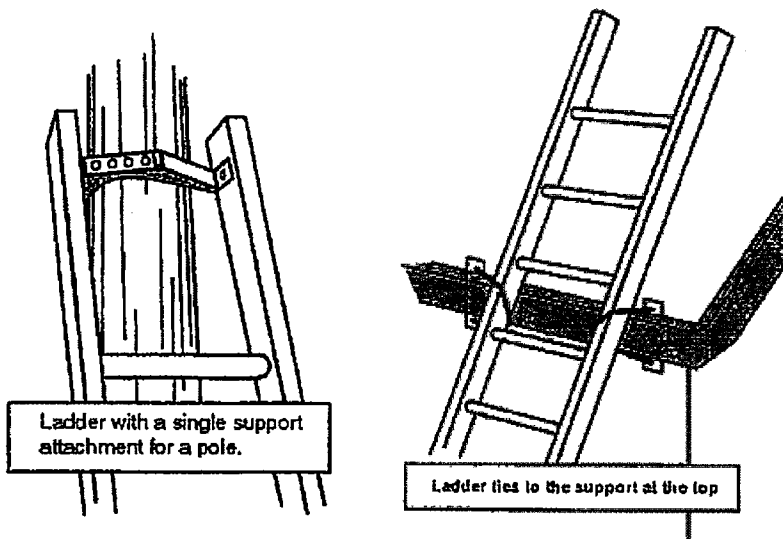
- Inspect before use for physical defects.
- Ladders are not to be painted except for numbering purposes.
- Do not use ladders for skids, braces, workbenches, or any purpose other than climbing.
- When you are ascending or descending a ladder, do not carry objects that will prevent you from grasping the ladder with both hands.
- Always face the ladder when ascending and descending.
- If you must place a ladder over a doorway, barricade the door to prevent its use and post a warning sign.
- Only one person is allowed on a ladder at a time.
- Do not jump from a ladder when descending.
- All joints between steps, rungs, and side rails must be tight.
- Safety feet must be in good working order and in place.
- Rungs must be free of grease and/or oil.

Stepladders

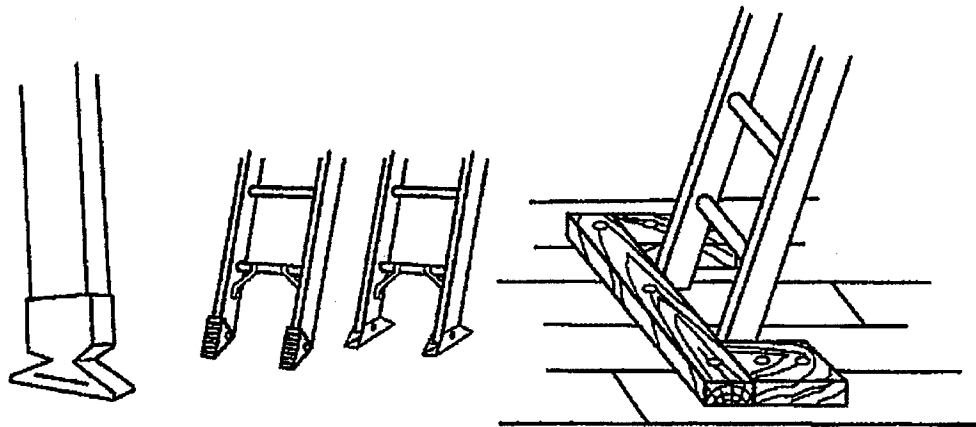
- Do not place tools or materials on the steps or platform of a stepladder
- Do not use the top two steps of a stepladder as a step or stand.
- Always level all four feet and lock spreaders in place.
- Do not use a stepladder as a straight ladder.

Straight type or extension ladders

- All straight or extension ladders must extend at least three feet beyond the supporting object when used as an access to an elevated work area.
- After raising the extension portion of a two or more stage ladder to the desired height, check to ensure that the safety dogs or latches are engaged.
- All extension or straight ladders must be secured or tied off at the top.

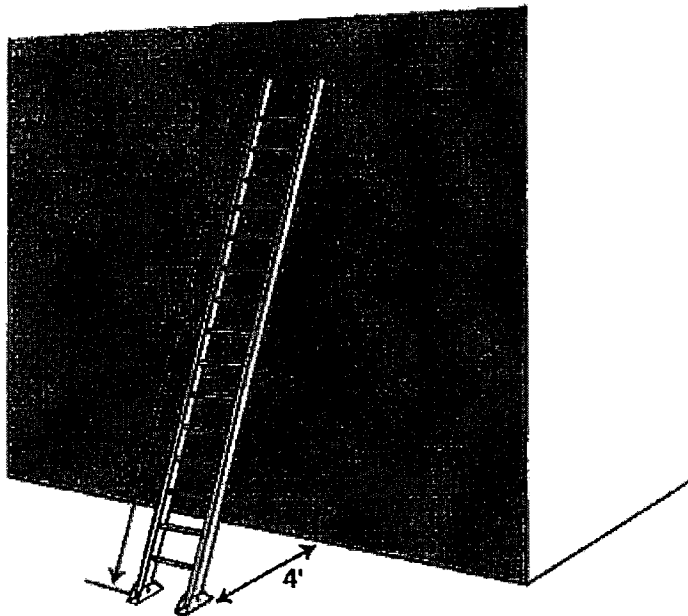


- All ladders must be equipped with safety (non-skid) feet.



Rubber Safety Feet	Spikes	Cleats Nailed to the Floor
Ladders with supports on the bottom.		

- Portable ladders must be used at such a pitch that the horizontal distance from the top support to the foot of the ladder is about one-quarter of the working length of the ladder.



For other rules and regulations regarding Portable Ladders, please refer to Safety Standard, WAC 296-876. For other rules and regulations regarding Fixed Ladders & Stairways, please refer to Part J of the Safety Standard WAC 296-155.

Trenching and Excavating

1. The determination of the angle of repose and design of the supporting system shall be based on careful evaluation of pertinent factors, such as:
 - a. Depth and/or cut/soils classification
 - b. Possible variation in water content of the material while excavation is open
 - c. Anticipated changes in materials from exposure to air, sun, water, or freezing
 - d. Loading imposed by structures, equipment, or overlaying or stored material
 - e. Vibration from equipment, blasting, traffic, or other sources

Approximate Angle of Repose For sloping of sides of excavations

Nota.
Clays, silts, loams or non-homogenous soils require shoring and bracing
The presence of ground water requires special treatment

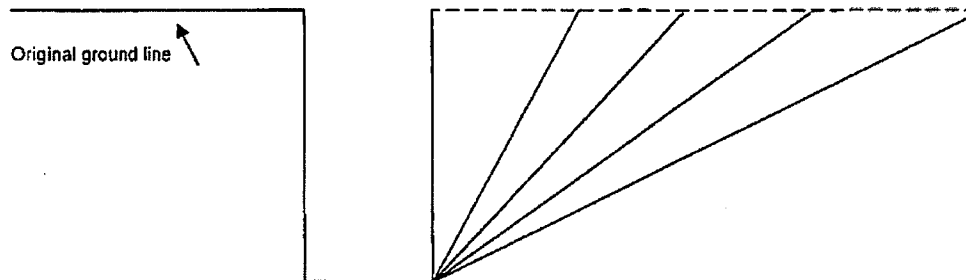
Solid rock and compact shale (90°)

Compacted angular gravels, glacial till
1/2:1
(63°26')

Recommended slope For Average soils
1:1
(45°)

Compacted sharp sand
1 1/2:1
(33°41')

Well rounded loose sand
2:1
(26°34')



2. Walkways or bridges with standard railings **must be provided** when employees or equipment are required to cross over excavations.
3. The walls and faces of all excavations in which employees are exposed to danger from moving ground **must be guarded** by a shoring system, sloping of the ground, or some other equivalent means.
4. **No person must be permitted** under loads handled by power shovels, derricks, or hoists.
5. **All employees must be protected** with personal protective equipment for the protection of the head, eyes, respiratory system, hands, feet, and other parts of the body.

For other rules and regulations regarding trenching and excavating, please refer to Part N of the Construction Safety Standard, WAC 296-155.

Scaffold Safety Rules

1. General

Before starting work on a scaffold, inspect it for the following:

- a. Are guardrails, toeboards, and planking in place and secure?
 - b. Are locking pins at each joint in place?
 - c. Are all wheels on moveable scaffolds locked?
2. Do not attempt to gain access to a scaffold by climbing on it (unless it is specifically designed for climbing – always use a ladder.
 3. Scaffolds and their components must be capable of supporting four times the maximum intended load.
 4. Any scaffold, including accessories such as braces, brackets, trusses, screw legs, ladders, etc., damaged or weakened in any way, must be immediately repaired or replaced.
 5. Scaffold planks must extend over their end supports not less than 6 inches or more than 12 inches, unless otherwise specifically required.
 6. Scaffold platforms must be at least 18 inches wide unless otherwise specifically required or exempted.
 7. Where persons are required to work or pass under the scaffold, scaffolds shall be provided with a screen between the toeboard and guardrail, extending along the entire opening. The screen must be made of No. 18 gauge U.S. Standard wire, ½ inch mesh or equivalent protection.
 8. All scaffolds must be erected level and plumb, and on a solid footing.
 9. Do not change or remove scaffold members unless authorized.
 10. Do not allow workers to ride on a rolling scaffold when it is being moved. Remove or secure all materials and tools on deck before moving.
 11. Do not alter any scaffold member by welding, burning, cutting, drilling, or bending.

For other rules and regulations regarding scaffolding, please refer to Part J of the Construction Safety Standard, WAC 296-155.

Motorized vehicles and equipment

1. Do not ride on motorized vehicles or equipment unless a proper seat is provided for each rider.
2. Always be seated when riding authorized vehicles (unless they are designed for standing).
3. Do not operate any motorized vehicle or equipment unless you are specifically authorized to do so by your supervisor.
4. Always use your seat belts in the correct manner.
5. Obey all speed limits and other traffic regulations.
6. Always be aware of pedestrians and give them the right-of-way.
7. Always inspect your vehicle or equipment before and after daily use.
8. Never mount or dismount any vehicles or equipment while they are still in motion.
9. Do not dismount any vehicle without first shutting down the engine, setting the parking brake and securing the load.
10. Do not allow other persons to ride the hook or block, dump box, forks, bucket or shovel of any equipment.
11. Each operator must be knowledgeable of all hand signals and obey them.
12. Each operator is responsible for the stability and security of his/her load.

Forklift safety

Prior to performing work on or around Powered Industrial Trucks (forklifts) employees will receive training in: (See State of Washington – Forklift Safety Guide).

- Forklift safety hazards
- Types of forklifts (powered industrial trucks)
- Forklift operator training requirements

For other rules and regulations regarding motor vehicles, mechanized equipment and marine operations, please refer to Part M of the construction Safety Standard, WAC 296-155.

You are at the end of the Sample Employee Safety Program. Please be sure that you have added all the required information to make it specific to your business. If you have any further information to add, please do so. Otherwise delete this message.

¹ Tailored to specify availability of the first aid provider component of first aid facilities.

²Tailored to specify limits of employee involvement in fire fighting and provide specific evacuation instructions.

³ Tailored to specify emergency procedures (such as location of emergency shut-off) and assign responsibility for this task.

⁴ Tailored to specify what types of PPE (Personal Protective Equipment) are required in this facility and incorporate manufacturer's instructions for use and care into the program.

Job Orientation Guide

Company: (Enter your Company Name) Employee: (Enter Employee Name)
 Trainer: (Enter Name of Trainer) Hire Date: (Enter Employee's Hire Date)
 Date: (Enter Date of Orientation) Position: (Enter Employee's Job Title)

This checklist is a guideline for conducting employee safety orientations for employees new to (Customize by adding the name of your company). Once completed and signed by both supervisor and employee, it serves as documentation that orientation has taken place.

	Date	Initials
1. Explain the company safety program, including:		
Orientation	_____	_____
On-the-job training	_____	_____
Safety meetings	_____	_____
Accident investigation	_____	_____
Disciplinary action	_____	_____
2. Use and care of personal protective equipment, (Hard hat, fall protection, eye protection, etc.)	_____	_____
3. Line of communication and responsibility for immediately reporting accidents.		
A. When to report an injury	_____	_____
B. How to report an injury	_____	_____
C. Who to report an injury to	_____	_____
D. Filling out accident report forms	_____	_____
4. General overview of operation, procedures, methods and hazards as they relate to the specific job	_____	_____
5. Pertinent safety rules of the company and WISHA	_____	_____
6. First aid supplies, equipment and training		
A. Obtaining treatment	_____	_____
B. Location of Facilities	_____	_____
C. Location and names of First-aid trained personnel	_____	_____
7. Emergency plan		
A. Exit location and evacuation routes	_____	_____
B. Use of fire fighting equipment (extinguishers, hose)	_____	_____
C. Specific procedures (medical, chemical, etc.)	_____	_____
8. Vehicle safety	_____	_____
9. Personal work habits		
A. Serious consequences of horseplay	_____	_____
B. Fighting	_____	_____
C. Inattention	_____	_____
D. Smoking policy	_____	_____
E. Good housekeeping practices	_____	_____
F. Proper lifting techniques	_____	_____

NOTE TO EMPLOYEES: Do not sign unless ALL items are covered and ALL questions are satisfactorily answered.

The signatures below document that the appropriate elements have been discussed to the satisfaction of both parties, and that both the supervisor and the employee accept responsibility for maintaining a safe and healthful work environment.

Date: _____ Supervisor's Signature: _____

Date: _____ Employee's Signature: _____

JOB SAFETY ANALYSIS WORKSHEET

TITLE OF JOB OPERATION: _____ Date: _____

Title of person who does job: _____

Employee observed: _____ Location: _____

Analysis made by: _____ Analysis approved by: _____

Sequence of basic job steps	Potential accidents or hazards	Recommended safe job procedures

Personal protective equipment required for this position:

Other hazards that may develop and will be addressed in our safety meetings:

FALL PROTECTION WORK PLAN

COMPANY: _____ DATE: _____
SITE ADDRESS: _____
REPORT PREPARED BY: _____ TITLE: _____

- 1) SPECIFIC WORK AREA: _____
 - 2) ACTIVITIES: _____
 - 3) IDENTIFY ALL FALL HAZARDS IN THIS AREA: _____
- _____
- _____

4) CHECK THE METHOD OF FALL RESTRAINT OR ARREST TO BE UTILIZED:

- | | | |
|--|--|--|
| <input type="checkbox"/> STANDARD GUARDRAIL | <input type="checkbox"/> FULL BODY HARNESS | <input type="checkbox"/> SCISSOR LIFT |
| <input type="checkbox"/> SECURED TO EXISTING STRUCTURE | <input type="checkbox"/> TIE-OFF POINT CAPABLE OF 5000 LB/PERSON | <input type="checkbox"/> BOOM LIFT |
| <input type="checkbox"/> SHOCK ABSORBING LANYARD | <input type="checkbox"/> RETRACTABLE LANYARD | <input type="checkbox"/> FORKLIFT BASKET |
| <input type="checkbox"/> SCAFFOLD W/GUARDRAIL | <input type="checkbox"/> OTHER (SPECIFY) | |
| <input type="checkbox"/> WARNING LINE | <input type="checkbox"/> WARNING LINE & SAFETY MONITOR (See WAC 296-155-24521) | |

5) DESCRIBE PROCEDURES FOR ASSEMBLY, MAINTENANCE, INSPECTION AND DIASSEMBLY OF THE SYSTEM (IF ADDITIONAL SPACE IS REQUIRED, COMPLETE ON THE BACK OR THIS FORM OR ATTACH A SEPARATE SHEET.)

6) DESCRIBE PROCEDURES FOR HANDLING AND SECURING TOOLS, EQUIPMENT AND MATERIALS AND FOR PROVIDING OVERHEAD PROTECTION FOR WORKERS (IF ADDITIONAL SPACE IS REQUIRED, COMPLETE ON THE BACK OF THIS FORM OR SEPARATE SHEET):

7) DESCRIBE THE METHOD FOR PROMPT, SAFE REMOVAL OF INJURED WORKER(S):
(Calling 911 is not sufficient as a means of rescue)

8) I CERTIFY THAT I HAVE RECEIVED FALL PROTECTION ORIENTATION INCLUDING THE MATERIAL COVERED IN THIS FALL PROTECTION WORK PLAN.

EMPLOYEE NAME:

DATE:

Walk-around Safety Inspection

- Power lines:** Minimum 10' clearance / insulate – de-energize, under 50 kw; over 50 kw – refer to Chapter 155
- Trench/excavation:** Any trench four feet or more must be sloped, shored or braced
- Guardrails:** Any opening four feet or more above ground level must be guarded
- Standard guardrail:** Top rail = 39" to 45" above working surface. Midrail = halfway between top rail and floor. Toeboard = 4".
- Scaffold:** Fully planked
- Scaffold:** Fall protection provided if fall hazards over 10 feet exist
- Stairs:** Four or more risers must have handrails
- Fall protection:** Any exposure to fall hazards of 10' or greater must be eliminated by the use of safety harness/belt, lanyard or lifeline, horizontal lines, or cantenary lines. Positive fall restraint/protection must be utilized at all times. Two lanyards may be necessary at the beam/upright traverse points. No exposure at any time is allowed.
- Fall protection work plan:** Job specific, in writing; available on-site for all fall hazards above 10'.
- Open belts and pulleys, chains and sprockets, points of operation** must be guarded to prevent accidental contact. Air compressors and electric motor pulleys are the most common hazards.
- Radial saws:** Cutting head must return easily to start position when released; blade must not extend past the edge of the worktable; off/on switch should be at front of operator's position.
- Table saws:** Upper hood guard; anti-kickback, push stick, belt and pulley guarded
- Circular saws:** Blade guard instantly returns to covering position
- Never wedge or pin a guard.**
- Ladders:** Extended 36" above landing and secured to prevent displacement
- Floor holes/openings:** Covered and secured; be sure no tripping hazards in the area.
- Extension cords/electric power tools:** Marked/covered by Assured Grounding Program
- Clothing:** Minimum of short sleeve shirts, long pants, and substantial footwear; no recreational shoes
- Hard hats:** readily accessible at all times; worn when overhead hazard exists
- Oxygen/acetylene storage areas:** Cylinders chained and separated
- Personal protective equipment:** Head, eye, ear, respiratory, and leg protection – high visibility vests when required
- Housekeeping:** Workers are responsible for their own area of exposure
- First aid/fire extinguishers:** Available and readily accessible

Other hazards observed: _____

Supervisor's signature

Date

Employee's signature

Date

Equipment Safety Inspection Checklist

Date: _____

Project: _____

Equipment: _____

All guards and fenders	_____	OK	_____	Needs Repair
Brakes	_____	OK	_____	Needs Repair
Lights – front, rear, side, dash	_____	OK	_____	Needs Repair
Back-up alarm – horn	_____	OK	_____	Needs Repair
Ladders, stairs, hand holds	_____	OK	_____	Needs Repair
ROPS (Roll-over protection)	_____	OK	_____	Needs Repair
Seat belts	_____	OK	_____	Needs Repair
Fire extinguisher	_____	OK	_____	Needs Repair
Glass	_____	OK	_____	Needs Repair
Tires	_____	OK	_____	Needs Repair
Electrical cords	_____	OK	_____	Needs Repair
Ground fault circuit interrupters	_____	OK	_____	Needs Repair
Electrical hand tools	_____	OK	_____	Needs Repair
Powder actuated tools	_____	OK	_____	Needs Repair
Condition of pneumatic hand tools	_____	OK	_____	Needs Repair

Other Items Checked:

Oil level and leaks	_____	OK	_____	Needs Repair	_____	Add	_____	Change
Hydraulic oil level and leaks	_____	OK	_____	Needs Repair	_____	Add	_____	Change
Anti-freeze level and leaks	_____	OK	_____	Needs Repair	_____	Add	_____	Change
Fuel level and leaks	_____	OK	_____	Needs Repair	_____	Add	_____	Change
First aid kit	_____	OK	_____	Needs Repair	_____	Add	_____	Change

Repaired by: _____

Checked by: _____



Department of Labor & Industries - OSH Services

Framing Emphasis Checklist - Safety

Employer _____

Report Number: _____

CSHO Name: _____

Date of inspection: _____

		YES	NO	N/A
CONTRACTOR REGISTRATION				
Did employer have valid contractor's Registration?	Lic #: _____			
FALL PROTECTION				
Is fall protection used when exposed to 10' fall hazard?	155-24510			
Are fall protection anchorage points installed properly?	155-24510(2)(a)(ix)			
Is fall protection work plan available and implemented?	155-24505(1)			
LADDERS / STAIRWAYS				
Stairway installed before 2 nd floor studs raised?	155-477(1)(f)(i)			
Guardrail and handrail on stairways with 4 or more risers?	155-477(3)(a)(i)			
Ladders extend 3 ft beyond upper landing?	876-40030			
Ladders used for purpose they were designed for?	876-40005			
Top of ladder used as step?	876-40050			
Defective ladder marked and removed from service?	876-30005			
Ladder/stairway safety training program implemented?	876-50005			
GUARDING				
Hand-held power circular saws properly guarded?	155-370(2)			
Table saws properly guarded?	155-370(3)(a)			
Radial saws properly guarded?	155-370(4)(a)			
Power miter saws properly guarded?	155-370(7)			
Pneumatic nailer/stapler have safety device on muzzle?	155-360 (2) (c)			
STRUCTURE CONSTRUCTION				
Walls braced to prevent collapse?	155-035(8)			
Scaffolds fully planked and guarded?	874-20008 & 874-20052			
Floor openings guarded (12" or more)?	155-505(4)(a)			
Wall openings guarded by standard railing or equivalent?	155-505(5)(a)			
Open sided surfaces guarded by standard railing or equivalent?	155-505(6)(a)			
Stair or ramp provided for break in elevation >19"?	155-476(1)			
Ramp used for access is at least 18" wide?	155-515(1)			
PERSONAL PROTECTIVE EQUIPMENT (PPE)				
Individual hard hats available on site?	155-205(2)			
Hard hats used when exposed to flying or falling objects?	155-205(3)			
Eye protection worn?	155-215(1)(a) & 155-350 (3)			
Suitable clothing -short sleeved shirt and long pants worn?	155-200(2)(a)			
Proper footwear worn?	155-212			

Is leg protection used during chainsaw usage?	155-211			
ELECTRICAL				
Extension cords with ground pin?	155-447(6)(f)			
Extension cords free of improper splices?	155-449(7)(b)(iii)			
Multi-outlet J-Box are waterproof?	155-449(1)(a)(iii)			
GFCI or assured grounding program?	155-447 (2) (a) (i)			
RELATED PROGRAM REQUIREMENTS				
Is the APP tailored to the business and hazards involved?	155-110 (2)			
Does the employer provide safety orientations?	155-110 (3)			
Is the APP outlined in written format?	155-110 (4)			
Is a Crew Leader-Crew Safety meeting held at beginning of job & weekly thereafter?	155-110(5) (a)			
Are safety meetings tailored to the operations?	155-110 (5) (b)			
Are safety meetings documented?	155-110 (6) (d) & (e)			
Are safety walk-around inspections conducted at the beginning of the job and weekly thereafter?	155-110 (9) (a)			
Are walk-around inspections documented and available for inspection?	155-110 (9) (b)			
Do employees work with hazardous chemicals/materials?				
Is there a hazard communication program that is written and implemented?	800-17005			
Is there a Chemical Inventory for chemicals on-site?	800-17010			
Is there an MSDS for each hazardous product?	800-17015			
Are employees provided HAZCOM training?	800-17030			
FIRST-AID				
Are first-aid supplies available on-site?	800-15020			
Is there a first-aid trained person or persons on site?	155-120(2)			
Are crew leaders and supervisors first aid trained?	155-120(3)			
HOUSEKEEPING				
Is proper housekeeping maintained at the jobsite?	155-020 (1) through (12)			
SANITATION				
*Adequate supply of potable water provided?	155-140(1)(a)			
*Toilets provided and maintained at jobsite?	155-140(4)(b) & 155-140 (4) (d)			

* Does not apply to mobile crews or normally unattended work locations per WAC 296-155-140 (1) (g) & (h). Mobile crew is defined as "A work crew that routinely moves to a different work location periodically. Normally a mobile crew is not at the same location all day."

This emphasis checklist outlines fundamental requirements and is not inclusive of all safety and health requirements for employers in the construction industry. Other requirements can be found in the Washington Administrative Code (WAC) Chapters 296-24, 296-62, 296-155, 296-800, 296-874, and 296-876. Information relevant to these requirements or further assistance can be found on the agency website located at: WWW.LNI.WA.GOV/WISHA

Hazard Communication checklist

1. Have we prepared a list of all the hazardous chemicals in our workplace?
2. Are we prepared to update our hazardous chemical list?
3. Have we obtained or developed a material safety data sheet for each hazardous chemical we use?
4. Have we developed a system to ensure that all incoming hazardous chemicals are checked for proper labels and data sheets?
5. Do we have procedures to ensure proper labeling or warning signs for containers that hold hazardous chemicals?
6. Are our employees aware of the specific information and training requirements of the Hazard Communication Standard?
7. Are our employees familiar with the different types of chemicals and the hazards associated with them?
8. Have our employees been informed of the hazards associated with performing non-routine tasks?
9. Are employees trained about proper work practices and personal protective equipment in relation to the hazardous chemicals in their work area?
10. Does our training program provide information on appropriate first aid, emergency procedures, and the likely symptoms of overexposure?
11. Does our training program include an explanation of labels and warnings that are used in each work area?
12. Does the training describe where to obtain data sheets and how employees may use them?
13. Have we worked out a system to ensure that new employees are trained before beginning work?
14. Have we developed a system to identify new hazardous chemicals before they are introduced into a work area?
15. Do we have a system for informing employees when we learn of new hazards associated with a chemical?

Written Hazard Communication Program

General:

It is the Policy of (Enter your Company Name) to provide and maintain a safe and healthy workplace for all employees including those who work with potentially hazardous chemicals. This written program will be posted and available 24 hours a day, seven days a week at the following locations:

1. (Add location)
2. (Add location)

If you work with or around potentially hazardous chemicals, this program affects you. The HAZARD COMMUNICATION STANDARD is intended to inform you of any potential chemical hazards from products you may come in contact with at this facility.

Container Labeling:

All containers of chemical products received at this company and all containers used as secondary containers will contain a label listing their hazards, both physical and health hazards. If the label is missing, contact (Add name of person responsible) so that he/she may determine what the product is that has been received, and where it should be stored. **DO NOT ATTEMPT TO USE ANY CHEMICAL THAT IS NOT READILY IDENTIFIABLE.**

Material Safety Data Sheets:

(Add name of person responsible) has the MSDSs on file from the various chemical manufacturers for all hazardous chemicals used in connection with this workplace. The MSDSs list, in English, information available about any particular chemical: health hazards, emergency and first aid procedures, how the chemical could enter the body, the safe handling and use of the chemical, name of manufacturer, etc. The MSDS file may be found in these locations:

1. (Add location)
2. (Add location)

Employee Training and Information:

(Add name of person responsible) will provide training to all employees and new hires on the proper use of hazardous chemicals and potential hazards. They will be responsible for providing the following informational training to all employees:

1. Hazardous chemicals present in the workplace.
2. Location of various chemicals. What to use. What to avoid.
3. Emergency procedures in case of contact with hazardous chemicals.
4. How to read the labels.
5. Location of the MSDS files and how to read the MSDS.
6. Non-routine tasks that may be encountered.
7. Symptoms of overexposure and personal protective measures to be used.

Hazardous Materials Inventory List:

Examples: acids, aerosols, battery fluids, catalysts, caustics, cleaning agents, degreasing agents, flammables, fuels, fungicides, industrial oils, insecticides, herbicides, office copier chemicals, pesticides, surfactants, solvents, wood preservatives.

(This is where you will add your inventory list of the hazardous chemicals for your firm.)

OSHA Occupational
Safety and Health
Administration

20-800865498

This card acknowledges that the recipient has successfully completed a
30-hour Occupational Safety and Health Training Course in
Construction Safety and Health

ALI A SARRAFI

EDDIE MARTINEZ

10/2012

(Trainer name - print or type)

(Course and date)