

CONTRACT DOCUMENTS

**CITY OF LINCOLN, NEBRASKA,
LANCASTER COUNTY,
LINCOLN - LANCASTER COUNTY
PUBLIC BUILDING COMMISSION**

**Annual Service
Fire Alarm Panel Inspection, Testing and Repair
Quote No. 5682**

**Protex Central, Inc.
6775 South 188th Street
Omaha, NE 68137
(402) 592-8225**

**CITY OF LINCOLN-LANCASTER COUNTY, NEBRASKA and
LINCOLN-LANCASTER COUNTY PUBLIC BUILDING COMMISSION
CONTRACT TERMS**

THIS CONTRACT, made and entered into by and between **Protex Central, Inc., 6775 South 188th Street, Omaha, NE 68137**, hereinafter called "Contractor", and the City of Lincoln, Nebraska, a municipal corporation, and the County of Lancaster, Nebraska, a political subdivision of the State of Nebraska, and the Lincoln-Lancaster County Public Building Commission hereinafter called the "Owners".

WHEREAS, the Owners have caused to be prepared, in accordance with law, Specifications, Plans, and other Contract Documents for the Work herein described, and has approved and adopted said documents and has caused to be published an advertisement for and in connection with said Work, to-wit:

Fire Alarm Panel Inspection, Testing and Repair, Quote No. 5682

and,

WHEREAS, the Contractor, in response to such advertisement, has submitted to the Owners, in the manner and at the time specified, a sealed Proposal/Supplier Response in accordance with the terms of said advertisement; and,

WHEREAS, the Owners, in the manner prescribed by law has publicly opened, read aloud, examined, and canvassed the Proposals/Supplier Responses submitted in response to such advertisement, and as a result of such canvass has determined and declared the Contractor to be the lowest responsible bidder for the said Work for the sum or sums named in the Contractor's Proposal/Supplier Responses, a copy thereof being attached to and made a part of this Contract;

NOW, THEREFORE, in consideration of the sums to be paid to the Contractor and the mutual covenants herein contained, the Contractor and the Owners have agreed and hereby agree as follows:

1. The Contractor agrees to (a) furnish all tools, equipment, supplies, superintendence, transportation, and other accessories, services, and facilities; (b) furnish all materials, supplies, and equipment specified to be incorporated into and form a permanent part of the complete work; (c) provide and perform all necessary labor in a substantial and workmanlike manner and in accordance with the provisions of the Contract Documents; and (d) execute and complete all Work included in and covered by the Owners' award of this Contract to the Contractor, such award being based on the acceptance by the Owner of the Contractor's Proposal, or part thereof, as follows:

Agreement to Line Items 3 & 4, 15 & 16, 21-34, 39-56 and 59-80 of Contractor's Proposal

2. The Owners agree to pay to the Contractor for the performance of the Work embraced in this Contract, the Contractor agrees to accept as full compensation therefore, the following sums and prices for all Work covered by and included in the Contract award and designated above, payment thereof to be made in the manner provided by the Owners:

The Owners will pay for products/service, according to the Line Item pricing as listed in Contractors Proposal/Supplier Response, a copy thereof being attached to and made a part of this Contract. The Owners shall order on an as-needed basis for the duration of the contract. The cost of products or services for County agencies shall not exceed \$3,000.00 during the contract term without approval by the Board of Commissioners. The cost of products or services for City Departments shall not exceed \$5,500.00 during the contract term without approval. The cost of products or services for the Public Building Commission shall not exceed \$2,700.00 during the contract term without approval by the Board of the Public Building Commission.

3. Equal Employment Opportunity. In connection with the carrying out of this project, the contractor shall not discriminate against any employee or applicant for employment because of race, color, religion, sex, national origin, ancestry, disability, age or marital status. The Contractor will take affirmative action to ensure that applicants are employed, and that employees are treated during employment, without regard to their race, color, religion, sex, national origin, ancestry, disability, age or marital status. Such action shall include, but not be limited to, the following: employment, upgrading, demotion or transfer; recruitment or recruitment advertising; layoff or termination; rates of pay or other compensation; and selection for training, including apprenticeship.
4. E-Verify. In accordance with Neb. Rev. Stat. 4-108 through 4-114, the contractor agrees to register with and use a federal immigration verification system, to determine the work eligibility status of new employees performing services within the state of Nebraska. A federal immigration verification system means the electronic verification of the work authorization program of the Illegal Immigration Reform and Immigrant Responsibility Act of 1996, 8 U.S.C. 1324 a, otherwise known as the E-Verify Program, or an equivalent federal program designated by the United States Department of Homeland Security or other federal agency authorized to verify the work eligibility status of a newly hired employee pursuant to the Immigration Reform and Control Act of 1986. The Contractor shall not discriminate against any employee or applicant for employment to be employed in the performance of this section pursuant to the requirements of state law and 8 U.S.C.A 1324b. The contractor shall require any subcontractor to comply with the provisions of this section.
5. Termination. This Contract may be terminated by the following:
 - 5.1) Termination for Convenience. Either party may terminate this Contract upon thirty (30) days written notice to the other party for any reason without penalty.
 - 5.2) Termination for Cause. The Owners may terminate the Contract for cause if the Contractor:
 - 5.2.1) Refuses or fails to supply the proper labor, materials and equipment necessary to provide services and/or commodities.
 - 5.2.2) Disregards Federal, State or local laws, ordinances, regulations, resolutions or orders.
 - 5.2.3) Otherwise commits a substantial breach or default of any provision of the Contract Document. In the event of a substantial breach or default the Owners will provide the Contractor written notice of said breach or default and allow the Contractor ten (10) days from the date of the written notice to cure such breach or default. If said breach or default is not cured within ten (10) days from the date of notice, then the contract shall terminate.
6. Independent Contractor. It is the express intent of the parties that this contract shall not create an employer-employee relationship. Employees of the Contractor shall not be deemed to be employees of the Owners and employees of the Owners shall not be deemed to be employees of the Contractor. The Contractor and the Owners shall be responsible to their respective employees for all salary and benefits. Neither the Contractor's employees nor the Owners' employees shall be entitled to any salary, wages, or benefits from the other party, including but not limited to overtime, vacation, retirement benefits, workers' compensation, sick leave or injury leave. Contractor shall also be responsible for maintaining workers' compensation insurance, unemployment insurance for its employees, and for payment of all federal, state, local and any other payroll taxes with respect to its employees' compensation.
7. Owner Inclusion. It is understood and agreed by all parties that "Owner/s" shall include the City of Lincoln, Lancaster County, Nebraska and Lincoln-Lancaster County Public Building Commission. Whenever in the Contract documents, including the instructions to bidders, specifications, insurance requirements, bonds, and terms and conditions or any other documents which are a part of the Contract, a singular entity is referenced (i.e., "the City" or "the County" or "Building Commission") it shall mean the "Owners" encompassing the City of Lincoln, Lancaster County and Lincoln-Lancaster County Building Commission.

8. Audit Provision: The Service Provider shall be subject to an audit and shall, upon request, make available to the Public Building Commission or a contract auditor hired by the Public Service Commission, copies of all financial and performance related records and materials related to this Agreement, as allowed by law.
9. Period of Performance. This Contract shall be effective upon execution by all parties. The term of the Contract shall be a one (1) year term with option to renew for three (3) additional one (1) year terms.
10. The Contract Documents comprise the Contract, and consist of the following:
 1. Contract Terms
 2. Accepted Proposal/Response
 3. Insurance Certificate
 4. Addendum Number 1
 5. Fire Alarm Test Reports
 6. Special Provisions
 7. Specifications
 8. Proprietary Information for Bids/Quotes/RFP's
 9. Instructions to Bidders
 10. Insurance Requirements
 11. Sales Tax Exemption Form 13
(Note: This form cannot be used for the WATER Division of the City of Lincoln. The WATER Division is taxable per Reg. 066.14A or applicable laws.)

The herein above mentioned Contract Documents form this Contract and are a part of the Contract as if hereto attached. Said documents which are not attached to this document may be viewed at: lincoln.ne.gov - Keyword: Bid - Awarded or Closed bids.

The Contractor and the Owners hereby agree that all the terms and conditions of this Contract shall be binding upon themselves, and their heirs, administrators, executors, legal and personal representatives, successors, and assigns.

IN WITNESS WHEREOF, the Contractor and the Owners do hereby execute this contract upon completion of signatures on:

Vendor Signature Page
City of Lincoln Signature Page
Lancaster County Signature Page
City of Lincoln-Lancaster County Public Building Commission Signature Page

Vendor Signature Page

CONTRACT
Annual Service
Fire Alarm Panel Inspection, Testing and Repair
Quote No. 5682
City of Lincoln, Lancaster County and
City of Lincoln-Lancaster County Public Building Commission
Protex Central, Inc.

EXECUTION BY CONTRACTOR


IF A CORPORATION:

Attest:

Secretary Seal

Protex Central, Inc.
Name of Corporation

6775 South 118th Street Omaha, NE 68137
Address

By: 
Duly Authorized Official

General Manager
Legal Title of Official

IF OTHER TYPE OF ORGANIZATION:

Name of Organization

Type of Organization

Address

By: _____
Member

By: _____
Member

IF AN INDIVIDUAL:

Name

Address

Signature

City of Lincoln Signature Page

**CONTRACT
Annual Service
Fire Alarm Panel Inspection, Testing and Repair
Quote No. 5682
City of Lincoln, Lancaster County and
City of Lincoln-Lancaster County Public Building Commission
Protex Central, Inc.**

EXECUTION BY THE CITY OF LINCOLN, NEBRASKA

ATTEST:

CITY OF LINCOLN, NEBRASKA

City Clerk

Finance Director

Approved by Directorial Order No. _____

dated _____

Lancaster County Signature Page

CONTRACT
Annual Service
Fire Alarm Panel Inspection, Testing and Repair
Quote No. 5682
City of Lincoln, Lancaster County and
City of Lincoln-Lancaster County Public Building Commission
Protex Central, Inc.

EXECUTION BY LANCASTER COUNTY, NEBRASKA

Contract Approved as to Form:

The Board of County Commissioners of
Lancaster, Nebraska

Deputy Lancaster County Attorney

dated _____

**Lincoln-Lancaster County Public Building Commission
Signature Page**

**CONTRACT
Annual Service
Fire Alarm Panel Inspection, Testing and Repair
Quote No. 5682
City of Lincoln, Lancaster County and
City of Lincoln-Lancaster County Public Building Commission
Protex Central, Inc.**

EXECUTION BY LINCOLN-LANCASTER COUNTY PUBLIC BUILDING COMMISSION

ATTEST:

Public Building Commission Attorney

Chairperson, Public Building Commission

dated _____

City of Lincoln/Lancaster County (Lincoln Purchasing) Supplier Response

Bid Information		Contact Information		Ship to Information
Bid Creator	Rachelle Hinze, Buyer	Address	Purchasing	Address
Email	rhinze@lincoln.ne.gov		440 S. 8th St.	
Phone	1 (402) 441-8313		Lincoln, NE 68508	
Fax	1 (402) 441-6513	Contact	Rachelle Hinze, Buyer	Contact
			Purchasing	
Bid Number	5682 Addendum 1	Department		Department
Title	Annual Service - Fire Alarm Panel Inspection, Testing and Repair	Building	Suite 200	Building
		Floor/Room		Floor/Room
Bid Type	Quote	Telephone	(402) 441-8313	Telephone
Issue Date	8/4/2017 11:45 AM (CT)	Fax	(402) 441-6513	Fax
Close Date	8/16/2017 02:00:00 PM (CT)	Email	rhinze@lincoln.ne.gov	Email

Supplier Information

Company Protex Central, Inc.
 Address 6775 South 188th Street

 Omaha, NE 68137
 Contact George Bristol
 Department
 Building
 Floor/Room
 Telephone (402) 592-8225
 Fax (402) 592-8222
 Email george.bristol@protexcentral.net
 Submitted 8/15/2017 11:55:14 AM (CT)
 Total \$15,196.00

By submitting your response, you certify that you are authorized to represent and bind your company.

Signature Jacob Mitchell Lipker Email jacob.lipker@protexcentral.net

Supplier Notes

Bid Notes

Added Addendum 1

Bid Activities

Bid Messages

Bid Attributes

Please review the following and respond where necessary

#	Name	Note	Response
1	U.S. Citizenship Attestation	<p>Is your company legally considered an Individual or Sole Proprietor: YES or NO</p> <p>As a Vendor who is legally considered an Individual or a Sole Proprietor I hereby understand and agree to comply with the requirements of the United States Citizenship Attestation Form, available at: http://www.sos.ne.gov/business/notary/citizenforminfo.html</p> <p>All awarded Vendors who are legally considered an Individual or a Sole Proprietor must complete the form and submit it with contract documents at time of execution.</p> <p>If a Vendor indicates on such attestation form that he or she is a qualified alien, the Vendor agrees to provide the US Citizenship and Immigration Services documentation required to verify the Vendor's lawful presence in the United States using the Systematic Alien Verification for Entitlements (SAVE) Program.</p> <p>Vendor further understands and agrees that lawful presence in the United States is required and the Vendor may be disqualified or the Contract terminated if such lawful presence cannot be verified as required by Neb. Rev. Stat. 4-108.</p>	Yes
2	Instructions to Bidders	I acknowledge reading and understanding the Instructions to Bidders.	Yes
3	Insurance Requirements and Endorsements	<p>Vendor agrees to provide insurance coverage for each checked box on the Insurance Clause document in the Bid Attachments including the submission of the Certificate of ACORD and the applicable endorsements.</p> <p>Insurance Certificate and required Endorsements are required at time of contract execution by the vendor.</p> <p>Vendors are strongly encouraged to send the insurance requirements and endorsement information to their insurance agent prior to bid close in order to expedite the contract execution process. .</p>	Yes
4	Bid Documents	I acknowledge and accept that it is my responsibility as a Bidder to promptly notify the Purchasing Department Staff prior to the close of the bid of any ambiguity, inconsistency or error which I may discover upon examination of the bid documents including, but not limited to the Specifications.	Yes
5	Specifications	I acknowledge reading and understanding the specifications.	Yes
6	Bid award	<p>I acknowledge and understand that the City, County and/or Public Building Commission reserves the right to award bids item-by-item, with or without alternates/options, by groups, or "lump sum" such as shall best serve the requirements and interests of the City, County and/or Public Building Commission.</p> <p>If your pricing is based on an all-or-nothing basis, please indicate so in the Supplier Notes section of your E-Bid response.</p>	Yes

7	License Attachments	I acknowledge attaching any applicable licenses for the services provided in the suppliers response attachment section in the bid.	Yes
8	Special Provision Term Contract Provisions	I acknowledge reading and understanding the Special Provision Term Contract Provisions.	Yes
9	Sample Contract	I acknowledge reading and understanding the sample contract.	Yes
10	Term Clause of Contract	I acknowledge that the term of the contract is for a one (1) year term with the option for three (3) additional one (1) year renewals from the date of the executed contract. (a) Are your bid prices firm for the first one (1) year contract period. YES or NO _____ (b) Are your bid prices subject to escalation/de-escalation YES or NO _____ (c) If (b), state period for which prices will remain firm: through _____	A. Yes / B. Yes / C. One year from start of agreement.
11	Percentage Markup of Material, Excluding Freight.	Percentage Markup of Material, Excluding Freight. ONLY ENTER A NUMBER IN THE SPACE PROVIDED! An invoice showing the material type AND cost of material from 3rd Party Vendor may be requested with the final invoice to verify quoted price.	30%
12	Hourly Rate	List your hourly rate for service work.	\$98.00
13	After Hours/Emergency Hours/Weekend Rate	List your hourly labor rate for emergency and weekends service work. After Hour \$_____ Emergency \$_____ Weekend \$_____.	After Hours: \$147.00 / Emergency: \$196.00 / Weekend: \$196.00
14	Purchase Order, Contract and Delivery Contact	The City/County Purchasing Department issues Purchase Orders and Contracts via email to a designated contact person of the awarded Vendor. This designee will be the primary contact with the department through the delivery of the product/services. Please list the name, email address and phone number of the person who will be the contact person for the PO to be awarded.	Jacob M. Lipker - 402-705-9089 - jacob.lipker@protexcentral.net - Service Sales Representative - Hastings
15	Reference	List three references of this type of service. References shall include a contact person, address, telephone number and a listing of the type of work completed for them.	1. JBS Swift - Grand Island - (308) 384-5330 - John Beverly - All Inspections / 2. Lincoln Regional Center - Lincoln - (402) 479-5453 - Kurt Anderson - Inspections / 3. Offutt Air Force Base - Offutt AFB - (402) 297-1100 - Phil Post - Inspections, Service, install.
16	Contact	Name of person submitting this bid:	Jacob M. Lipker - 402-705-9089 - jacob.lipker@protexcentral.net - Service Sales Representative - Hastings
17	Electronic Signature	Please check here for your electronic signature.	Yes
18	Agreement to Addendum No. 1	Respondent hereby certifies that the change set forth in this addendum has been incorporated in their proposal and is part of their bid. Reason: See Bid Attachments section for Addendum information.	Yes

Line Items

#	Qty	UOM	Description	Response
1	1	EA	Semi- Annual Fire Alarm and Equipment Inspection, Testing and Maintenance for 605 Building - 605 South 10th	\$708.00
			Item Notes:	
			Supplier Notes:	
2	1	EA	Annual Fire Alarm and Equipment Inspection, Testing and Maintenance for 605 Building - 605 South 10th	\$2,100.00
			Item Notes:	
			Supplier Notes:	
3	1	EA	Semi-Annual Fire Alarm and Equipment Inspection, Testing and Maintenance for Information Services Building - 233 South 10th	\$48.00
			Item Notes:	
			Supplier Notes:	
4	1	EA	Annual Fire Alarm and Equipment Inspection, Testing and Maintenance for Information Services Building - 233 South 10th	\$100.00
			Item Notes:	
			Supplier Notes:	
5	1	EA	Semi-Annual Fire Alarm and Equipment Inspection, Testing and Maintenance for Crisis Center - 825 J Street	\$78.00
			Item Notes:	
			Supplier Notes:	
6	1	EA	Annual Fire Alarm and Equipment Inspection, Testing and Maintenance for Crisis Center - 825 J Street	\$210.00
			Item Notes:	
			Supplier Notes:	
7	1	EA	Semi-Annual Fire Alarm and Equipment Inspection, Testing and Maintenance for County City Building - 555 South 10th	\$148.00
			Item Notes:	
			Supplier Notes:	

8	1	EA	Annual Fire Alarm and Equipment Inspection, Testing and Maintenance for County City Building - 555 South 10th	\$420.00
Item Notes:				
Supplier Notes:				
9	1	EA	Semi-Annual Fire Alarm and Equipment Inspection, Testing and Maintenance for County Extension Building - 444 Cherrycreek Rd	\$78.00
Item Notes:				
Supplier Notes:				
10	1	EA	Annual Fire Alarm and Equipment Inspection, Testing and Maintenance for County Extension Building - 444 Cherrycreek Rd	\$210.00
Item Notes:				
Supplier Notes:				
11	1	EA	Semi-Annual Fire Alarm and Equipment Inspection, Testing and Maintenance for County Shop - 444 Cherrycreek Rd. Building C	\$148.00
Item Notes:				
Supplier Notes:				
12	1	EA	Annual Fire Alarm and Equipment Inspection, Testing and Maintenance for County Shop - 444 Cherrycreek Rd. Building C	\$280.00
Item Notes:				
Supplier Notes:				
13	1	EA	Semi-Annual Fire Alarm and Equipment Inspection, Testing and Maintenance for Courthouse Plaza - 633 South 9th	\$218.00
Item Notes:				
Supplier Notes:				
14	1	EA	Annual Fire Alarm and Equipment Inspection, Testing and Maintenance for Courthouse Plaza - 633 South 9th	\$630.00
Item Notes:				
Supplier Notes:				

15	1	EA	Semi-Annual Fire Alarm and Equipment Inspection, Testing and Maintenance for Aging Downtown Senior Center - 1005 "O" Street	\$48.00
Item Notes:				
Supplier Notes:				
16	1	EA	Annual Fire Alarm and Equipment Inspection, Testing and Maintenance for Aging Downtown Senior Center - 1005 "O" Street	\$100.00
Item Notes:				
Supplier Notes:				
17	1	EA	Semi-Annual Fire Alarm and Equipment Inspection, Testing and Maintenance for F Street Rec Center - 1225 F Street	\$148.00
Item Notes:				
Supplier Notes:				
18	1	EA	Annual Fire Alarm and Equipment Inspection, Testing and Maintenance for F Street Rec Center - 1225 F Street	\$280.00
Item Notes:				
Supplier Notes:				
19	1	EA	Semi-Annual Fire Alarm and Equipment Inspection, Testing and Maintenance for Hall of Justice - 575 South 10th Street	\$218.00
Item Notes:				
Supplier Notes:				
20	1	EA	Annual Fire Alarm and Equipment Inspection, Testing and Maintenance for Hall of Justice - 575 South 10th Street	\$630.00
Item Notes:				
Supplier Notes:				
21	1	EA	Semi-Annual Fire Alarm and Equipment Inspection, Testing and Maintenance for Anderson Library - 3635 Touzalin	\$48.00
Item Notes:				
Supplier Notes:				

22	1	EA	Annual Fire Alarm and Equipment Inspection, Testing and Maintenance for Anderson Library - 3635 Touzalin	\$100.00
Item Notes:				
Supplier Notes:				
23	1	EA	Semi-Annual Fire Alarm and Equipment Inspection, Testing and Maintenance for Bennett Martin Library - 136 South 14th	\$218.00
Item Notes:				
Supplier Notes:				
24	1	EA	Annual Fire Alarm and Equipment Inspection, Testing and Maintenance for Bennett Martin Library - 136 South 14th	\$770.00
Item Notes:				
Supplier Notes:				
25	1	EA	Semi-Annual Fire Alarm and Equipment Inspection, Testing and Maintenance for Bess Walt Library - 6701 South 14th	\$48.00
Item Notes:				
Supplier Notes:				
26	1	EA	Annual Fire Alarm and Equipment Inspection, Testing and Maintenance for Bess Walt Library - 6701 South 14th	\$100.00
Item Notes:				
Supplier Notes:				
27	1	EA	Semi-Annual Fire Alarm and Equipment Inspection, Testing and Maintenance for Bethany Library - 1810 North Cotner	\$48.00
Item Notes:				
Supplier Notes:				
28	1	EA	Annual Fire Alarm and Equipment Inspection, Testing and Maintenance for Bethany Library - 1810 North Cotner	\$100.00
Item Notes:				
Supplier Notes:				

29	1	EA	Semi-Annual Fire Alarm and Equipment Inspection, Testing and Maintenance for Charles Gere Library - 2400 South 56th	\$48.00
Item Notes:				
Supplier Notes:				
30	1	EA	Annual Fire Alarm and Equipment Inspection, Testing and Maintenance for Charles Gere Library - 2400 South 56th	\$100.00
Item Notes:				
Supplier Notes:				
31	1	EA	Semi-Annual Fire Alarm and Equipment Inspection, Testing and Maintenance for Loren Eiseley Library - 1530 Superior Street	\$78.00
Item Notes:				
Supplier Notes:				
32	1	EA	Annual Fire Alarm and Equipment Inspection, Testing and Maintenance for Loren Eiseley Library - 1530 Superior Street	\$140.00
Item Notes:				
Supplier Notes:				
33	1	EA	Semi-Annual Fire Alarm and Equipment Inspection, Testing and Maintenance for South Branch Library - 2675 South Street	\$48.00
Item Notes:				
Supplier Notes:				
34	1	EA	Annual Fire Alarm and Equipment Inspection, Testing and Maintenance for South Branch Library - 2675 South Street	\$100.00
Item Notes:				
Supplier Notes:				
35	1	EA	Semi-Annual Fire Alarm and Equipment Inspection, Testing and Maintenance for Municipal Service Center - 901 West Bond	\$288.00
Item Notes:				
Supplier Notes:				

36	1	EA	Annual Fire Alarm and Equipment Inspection, Testing and Maintenance for Municipal Service Center - 901 West Bond	\$840.00
Item Notes:				
Supplier Notes:				
37	1	EA	Semi-Annual Fire Alarm and Equipment Inspection, Testing and Maintenance for Municipal Service Center - 949 West Bond	\$148.00
Item Notes:				
Supplier Notes:				
38	1	EA	Annual Fire Alarm and Equipment Inspection, Testing and Maintenance for Municipal Service Center - 949 West Bond	\$420.00
Item Notes:				
Supplier Notes:				
39	1	EA	Semi-Annual Fire Alarm and Equipment Inspection, Testing and Maintenance for NE Treatment Control Maintenance Shop - 7000 N 70th Street	\$48.00
Item Notes:				
Supplier Notes:				
40	1	EA	Annual Fire Alarm and Equipment Inspection, Testing and Maintenance for NE Treatment Control Maintenance Shop - 7000 N 70th Street	\$100.00
Item Notes:				
Supplier Notes:				
41	1	EA	Semi-Annual Fire Alarm and Equipment Inspection, Testing and Maintenance for TS Grit Handling Building - 2400 Theresa Street	\$48.00
Item Notes:				
Supplier Notes:				
42	1	EA	Annual Fire Alarm and Equipment Inspection, Testing and Maintenance for TS Grit Handling Building - 2400 Theresa Street	\$100.00
Item Notes:				
Supplier Notes:				

43	1	EA	Semi-Annual Fire Alarm and Equipment Inspection, Testing and Maintenance for TS Odor Control - 2400 Theresa Street	\$48.00
Item Notes:				
Supplier Notes:				
44	1	EA	Annual Fire Alarm and Equipment Inspection, Testing and Maintenance for TS Odor Control - 2400 Theresa Street	\$100.00
Item Notes:				
Supplier Notes:				
45	1	EA	Semi-Annual Fire Alarm and Equipment Inspection, Testing and Maintenance for NE Grit Facility - 7000 N 70th Street	\$48.00
Item Notes:				
Supplier Notes:				
46	1	EA	Annual Fire Alarm and Equipment Inspection, Testing and Maintenance for NE Grit Facility - 7000 N 70th Street	\$100.00
Item Notes:				
Supplier Notes:				
47	1	EA	Semi-Annual Fire Alarm and Equipment Inspection, Testing and Maintenance for NE Blower Building - 7000 N 70th Street	\$48.00
Item Notes:				
Supplier Notes:				
48	1	EA	Annual Fire Alarm and Equipment Inspection, Testing and Maintenance for NE Blower Building - 7000 N 70th Street	\$100.00
Item Notes:				
Supplier Notes:				
49	1	EA	Semi-Annual Fire Alarm and Equipment Inspection, Testing and Maintenance for Wastewater Administration - 2400 Theresa Street	\$48.00
Item Notes:				
Supplier Notes:				

50	1	EA	Annual Fire Alarm and Equipment Inspection, Testing and Maintenance for Wastewater Administration - 2400 Theresa Street	\$100.00
Item Notes:				
Supplier Notes:				
51	1	EA	Semi-Annual Fire Alarm and Inspection, Testing and Maintenance for Property Management - 920 "O" Street	\$78.00
Item Notes:				
Supplier Notes:				
52	1	EA	Annual Fire Alarm and Inspection, Testing and Maintenance for Property Management - 920 "O" Street	\$210.00
Item Notes:				
Supplier Notes:				
53	1	EA	Semi-Annual Fire Alarm and Equipment Inspection, Testing and Maintenance for Trabert Hall - 2202 South 11th Street	\$150.00
Item Notes:				
Supplier Notes:				
54	1	EA	Annual Fire Alarm and Equipment Inspection, Testing and Maintenance for Trabert Hall - 2202 South 11th Street	\$350.00
Item Notes:				
Supplier Notes:				
55	1	EA	Semi-Annual Fire Alarm and Equipment Inspection, Testing and Maintenance for Youth Service Center - 1700 Radcliff Street	\$288.00
Item Notes:				
Supplier Notes:				
56	1	EA	Annual Fire Alarm and Equipment Inspection, Testing and Maintenance for Youth Service Center - 1700 Radcliff Street	\$840.00
Item Notes:				
Supplier Notes:				

57	1	EA	Semi-Annual Fire Alarm and Equipment Inspection, Testing and Maintenance for Pioneers Park Prairie Interpretive Center - 3201 Coddington	\$78.00
Item Notes:				
Supplier Notes:				
58	1	EA	Annual Fire Alarm and Equipment Inspection, Testing and Maintenance for Pioneers Park Prairie Interpretive Center - 3201 Coddington	\$210.00
Item Notes:				
Supplier Notes:				
59	1	EA	Semi-Annual Fire Alarm and Equipment Inspection, Testing and Maintenance for Lancaster County Motor Vehicle - 625 North 46th Street	\$48.00
Item Notes:				
Supplier Notes:				
60	1	EA	Annual Fire Alarm and Equipment Inspection, Testing and Maintenance for Lancaster County Motor Vehicle - 625 North 46th Street	\$100.00
Item Notes:				
Supplier Notes:				
61	1	EA	Semi- Annual Fire Alarm and Equipment Inspection, Testing and Maintenance for K Street Complex - 440 South 8th	\$78.00
Item Notes:				
Supplier Notes:				
62	1	EA	Annual Fire Alarm and Equipment Inspection, Testing and Maintenance for K Street Complex - 440 South 8th	\$210.00
Item Notes:				
Supplier Notes:				
63	1	EA	Semi- Annual Fire Alarm and Equipment Inspection, Testing and Maintenance for Health Department	\$48.00
Item Notes:				
Supplier Notes:				

64	1	EA	Annual Fire Alarm and Equipment Inspection, Testing and Maintenance for Health Department	\$100.00
Item Notes:				
Supplier Notes:				
65	1	EA	Semi-Annual Fire Alarm and Equipment Inspection, Testing and Maintenance for North 27th St. Police Department	\$48.00
Item Notes:				
Supplier Notes:				
66	1	EA	Annual Fire Alarm and Equipment Inspection, Testing and Maintenance for North 27th St. Police Department	\$100.00
Item Notes:				
Supplier Notes:				
67	1	EA	Semi-Annual Fire Alarm and Equipment Inspection, Testing and Maintenance for Carriage Park Garage	\$42.00
Item Notes:				
Supplier Notes:				
68	1	EA	Annual Fire Alarm and Equipment Inspection, Testing and Maintenance for Carriage Park Garage	\$70.00
Item Notes:				
Supplier Notes:				
69	1	EA	Semi-Annual Fire Alarm and Equipment Inspection, Testing and Maintenance for Center Park Garage	\$39.00
Item Notes:				
Supplier Notes:				
70	1	EA	Annual Fire Alarm and Equipment Inspection, Testing and Maintenance for Center Park Garage	\$39.00
Item Notes:				
Supplier Notes:				

71	1	EA	Semi-Annual Fire Alarm and Equipment Inspection, Testing and Maintenance for Que Place Garage	\$48.00
Item Notes:				
Supplier Notes:				
72	1	EA	Annual Fire Alarm and Equipment Inspection, Testing and Maintenance for Que Place Garage	\$100.00
Item Notes:				
Supplier Notes:				
73	1	EA	Semi-Annual Fire Alarm and Equipment Inspection, Testing and Maintenance for Market Place Garage	\$48.00
Item Notes:				
Supplier Notes:				
74	1	EA	Annual Fire Alarm and Equipment Inspection, Testing and Maintenance for Market Place Garage	\$100.00
Item Notes:				
Supplier Notes:				
75	1	EA	Semi-Annual Fire Alarm and Equipment Inspection, Testing and Maintenance for Lumber Works Garage	\$48.00
Item Notes:				
Supplier Notes:				
76	1	EA	Annual Fire Alarm and Equipment Inspection, Testing and Maintenance for Lumber Works Garage	\$100.00
Item Notes:				
Supplier Notes:				
77	1	EA	Semi-Annual Fire Alarm and Equipment Inspection, Testing and Maintenance for Green #2 Garage	\$48.00
Item Notes:				
Supplier Notes:				

78	1	EA	Annual Fire Alarm and Equipment Inspection, Testing and Maintenance for Green #2 Garage	\$100.00
Item Notes:				
Supplier Notes:				
79	1	EA	Semi-Annual Fire Alarm and Equipment Inspection, Testing and Maintenance for Red One Garage	\$48.00
Item Notes:				
Supplier Notes:				
80	1	EA	Annual Fire Alarm and Equipment Inspection, Testing and Maintenance for Red One Garage	\$100.00
Item Notes:				
Supplier Notes:				
Response Total:				\$15,196.00



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
09/01/2017

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Holmes Murphy & Assoc - WDM PO Box 9207 Des Moines, IA 50306-9207	1-800-247-7756	CONTACT NAME: PHONE (A/C, No, Ext): E-MAIL ADDRESS:	FAX (A/C, No):
INSURED Protex Central Inc. Attn: Kevin Turner P O Box 1467 1239 North Minnesota Avenue Hastings, NE 68902		INSURER(S) AFFORDING COVERAGE	NAIC #
		INSURER A: TRAVELERS IND CO OF AMER	25666
		INSURER B: MIDWEST BUILDERS CAS MUT CO	13126
		INSURER C: ATLANTIC SPECIALTY INS CO	27154
		INSURER D:	
		INSURER E:	
		INSURER F:	

COVERAGES CERTIFICATE NUMBER: 50708681 REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL/SUBR INSD/ WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input checked="" type="checkbox"/> LOC OTHER:		CO1500M613	04/01/17	04/01/18	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 500,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 \$
A	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> Comp \$1,000 <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS <input checked="" type="checkbox"/> Coll. \$1,000		8101500M613	04/01/17	04/01/18	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ 10,000		CUP1500M613	04/01/17	04/01/18	EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$ 5,000,000 \$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N <input checked="" type="checkbox"/> N N/A	17BWC1097	01/01/17	01/01/18	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
C	Inland Marine		710036354	04/01/17	04/01/18	Rented/Leased Equi 100,000 Ded 1,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
City of Lincoln, Lancaster County, and Lincoln-Lancaster County Public Building Commission are Additional Insured on the General Liability and Auto Liability as required by written contract with the insured, per policy terms and conditions.

CERTIFICATE HOLDER

City of Lincoln; Lancaster County;
Lincoln-Lancaster County Public Building Commission
555 S 10th St
Lincoln, NE 68508
USA

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

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THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

BLANKET ADDITIONAL INSURED – AUTOMATIC STATUS IF REQUIRED BY WRITTEN CONTRACT (CONTRACTORS)

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

1. The following is added to SECTION II – WHO IS AN INSURED:

Any person or organization that:

- a. You agree in a "written contract requiring insurance" to include as an additional insured on this Coverage Part; and
- b. Has not been added as an additional insured for the same project by attachment of an endorsement under this Coverage Part which includes such person or organization in the endorsement's schedule;

is an insured, but:

- a. Only with respect to liability for "bodily injury", "property damage" or "personal injury"; and
- b. Only as described in Paragraph (1), (2) or (3) below, whichever applies:

(1) If the "written contract requiring insurance" specifically requires you to provide additional insured coverage to that person or organization by the use of:

- (a) The Additional Insured – Owners, Lessees or Contractors – (Form B) endorsement CG 20 10 11 85; or
- (b) Either or both of the following: the Additional Insured – Owners, Lessees or Contractors – Scheduled Person Or Organization endorsement CG 20 10 10 01, or the Additional Insured – Owners, Lessees or Contractors – Completed Operations endorsement CG 20 37 10 01;

the person or organization is an additional insured only if the injury or damage arises out of "your work" to which the "written contract requiring insurance" applies;

(2) If the "written contract requiring insurance" specifically requires you to provide additional insured coverage to that person or organization by the use of:

(a) The Additional Insured – Owners, Lessees or Contractors – Scheduled Person or Organization endorsement CG 20 10 07 04 or CG 20 10 04 13, the Additional Insured – Owners, Lessees or Contractors – Completed Operations endorsement CG 20 37 07 04 or CG 20 37 04 13, or both of such endorsements with either of those edition dates; or

(b) Either or both of the following: the Additional Insured – Owners, Lessees or Contractors – Scheduled Person Or Organization endorsement CG 20 10, or the Additional Insured – Owners, Lessees or Contractors – Completed Operations endorsement CG 20 37, without an edition date of such endorsement specified;

the person or organization is an additional insured only if the injury or damage is caused, in whole or in part, by acts or omissions of you or your subcontractor in the performance of "your work" to which the "written contract requiring insurance" applies; or

(3) If neither Paragraph (1) nor (2) above applies:

(a) The person or organization is an additional insured only if, and to the extent that, the injury or damage is caused by acts or omissions of you or your subcontractor in the performance of "your work" to which the "written contract requiring insurance" applies; and

(b) The person or organization does not qualify as an additional insured with respect to the independent acts or omissions of such person or organization.

COMMERCIAL GENERAL LIABILITY

2. The insurance provided to the additional insured by this endorsement is limited as follows:
- a. If the Limits of Insurance of this Coverage Part shown in the Declarations exceed the minimum limits of liability required by the "written contract requiring insurance", the insurance provided to the additional insured will be limited to such minimum required limits of liability. For the purposes of determining whether this limitation applies, the minimum limits of liability required by the "written contract requiring insurance" will be considered to include the minimum limits of liability of any Umbrella or Excess liability coverage required for the additional insured by that "written contract requiring insurance". This endorsement will not increase the limits of insurance described in Section III – Limits Of Insurance.
 - b. The insurance provided to the additional insured does not apply to "bodily injury", "property damage" or "personal injury" arising out of the rendering of, or failure to render, any professional architectural, engineering or surveying services, including:
 - (1) The preparing, approving, or failing to prepare or approve, maps, shop drawings, opinions, reports, surveys, field orders or change orders, or the preparing, approving, or failing to prepare or approve, drawings and specifications; and
 - (2) Supervisory, inspection, architectural or engineering activities.
 - c. The insurance provided to the additional insured does not apply to "bodily injury" or "property damage" caused by "your work" and included in the "products-completed operations hazard" unless the "written contract requiring insurance" specifically requires you to provide such coverage for that additional insured during the policy period.
3. The insurance provided to the additional insured by this endorsement is excess over any valid and collectible other insurance, whether primary, excess, contingent or on any other basis, that is available to the additional insured. However, if the "written contract requiring insurance" specifically requires that this insurance apply on a primary basis or a primary and non-contributory basis, this insurance is primary to other insurance available to the additional insured under which that person or organization qualifies as a named insured, and we will not share with that other insurance. But the insurance provided to the additional insured by this endorsement still is excess over any valid and collectible other insurance, whether primary, excess, contingent or on any other basis, that is available to the additional insured when that person or organization is an additional insured, or is any other insured that does not qualify as a named insured, under such other insurance.
4. As a condition of coverage provided to the additional insured by this endorsement:
- a. The additional insured must give us written notice as soon as practicable of an "occurrence" or an offense which may result in a claim. To the extent possible, such notice should include:
 - (1) How, when and where the "occurrence" or offense took place;
 - (2) The names and addresses of any injured persons and witnesses; and
 - (3) The nature and location of any injury or damage arising out of the "occurrence" or offense.
 - b. If a claim is made or "suit" is brought against the additional insured, the additional insured must:
 - (1) Immediately record the specifics of the claim or "suit" and the date received; and
 - (2) Notify us as soon as practicable.

The additional insured must see to it that we receive written notice of the claim or "suit" as soon as practicable.
 - c. The additional insured must immediately send us copies of all legal papers received in connection with the claim or "suit", cooperate with us in the investigation or settlement of the claim or defense against the "suit", and otherwise comply with all policy conditions.
 - d. The additional insured must tender the defense and indemnity of any claim or "suit" to any provider of other insurance which would cover the additional insured for a loss we cover under this endorsement. However, this condition does not affect whether the insurance provided to the additional insured by this endorsement is primary to other insurance available to the additional insured which covers that person or organization as a named insured as described in Paragraph 3. above.
5. The following is added to the **DEFINITIONS** Section:
- "Written contract requiring insurance" means that part of any written contract or agreement under which you are required to include a person or or-

COMMERCIAL GENERAL LIABILITY

ganization as an additional insured on this Coverage Part, provided that the "bodily injury" and "property damage" occurs, and the "personal injury" is caused by an offense committed, during the policy period and:

- a. After the signing and execution of the contract or agreement by you; and
- b. While that part of the contract or agreement is in effect.

WAIVER OF OUR RIGHT TO RECOVER FROM OTHERS ENDORSEMENT

We have the right to recover our payments from anyone liable for an injury covered by this policy. We will not enforce our right against the person or organization named in the Schedule. (This agreement applies only to the extent that you perform work under a written contract that requires you to obtain this agreement from us.)

This agreement shall not operate directly or indirectly to benefit anyone not named in the Schedule.

Schedule

Any person or organization that you perform work for that is liable for an injury, covered by this policy, that prior to the injury has a written contract requiring a waiver of our right to recover from them. This endorsement does not apply where prohibited by law.

This endorsement changes the policy to which it is attached and is effective on the date issued unless otherwise stated.

(The information below is required only when this endorsement is issued subsequent to preparation of the policy.)

Endorsement Effective **01/01/2017**
Insured **Protex Central, Inc.**

Policy No. **17BWC1097**

Endorsement No. **WC 00 03 13**
Premium \$ **25,616.27**

Insurance Company
MIDWEST BUILDERS' CASUALTY
1100 Walnut Street, Suite 3010
Kansas City, MO 64106
(800) 374-7798
Carrier Code: 32131



Countersigned by _____

Protex Central, Inc.
3305 104th Street,
Urbandale, IA 50322

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

BUSINESS AUTO EXTENSION ENDORSEMENT

This endorsement modifies insurance provided under the following:

BUSINESS AUTO COVERAGE FORM

GENERAL DESCRIPTION OF COVERAGE – This endorsement broadens coverage. However, coverage for any injury, damage or medical expenses described in any of the provisions of this endorsement may be excluded or limited by another endorsement to the Coverage Part, and these coverage broadening provisions do not apply to the extent that coverage is excluded or limited by such an endorsement. The following listing is a general coverage description only. Limitations and exclusions may apply to these coverages. Read all the provisions of this endorsement and the rest of your policy carefully to determine rights, duties, and what is and is not covered.

- | | |
|---|---|
| <ul style="list-style-type: none"> A. BROAD FORM NAMED INSURED B. BLANKET ADDITIONAL INSURED C. EMPLOYEE HIRED AUTO D. EMPLOYEES AS INSURED E. SUPPLEMENTARY PAYMENTS – INCREASED LIMITS F. HIRED AUTO – LIMITED WORLDWIDE COVERAGE – INDEMNITY BASIS G. WAIVER OF DEDUCTIBLE – GLASS | <ul style="list-style-type: none"> H. HIRED AUTO PHYSICAL DAMAGE – LOSS OF USE – INCREASED LIMIT I. PHYSICAL DAMAGE – TRANSPORTATION EXPENSES – INCREASED LIMIT J. PERSONAL PROPERTY K. AIRBAGS L. NOTICE AND KNOWLEDGE OF ACCIDENT OR LOSS M. BLANKET WAIVER OF SUBROGATION N. UNINTENTIONAL ERRORS OR OMISSIONS |
|---|---|

PROVISIONS

A. BROAD FORM NAMED INSURED

The following is added to Paragraph A.1., **Who Is An Insured**, of **SECTION II – COVERED AUTOS LIABILITY COVERAGE**:

Any organization you newly acquire or form during the policy period over which you maintain 50% or more ownership interest and that is not separately insured for Business Auto Coverage. Coverage under this provision is afforded only until the 180th day after you acquire or form the organization or the end of the policy period, whichever is earlier.

B. BLANKET ADDITIONAL INSURED

The following is added to Paragraph c. in A.1., **Who Is An Insured**, of **SECTION II – COVERED AUTOS LIABILITY COVERAGE**:

Any person or organization who is required under a written contract or agreement between you and that person or organization, that is signed and executed by you before the "bodily injury" or "property damage" occurs and that is in effect during the policy period, to be named as an additional insured is an "insured" for Covered Autos Liability Coverage, but only for damages to which

this insurance applies and only to the extent that person or organization qualifies as an "insured" under the Who Is An Insured provision contained in Section II.

C. EMPLOYEE HIRED AUTO

1. The following is added to Paragraph A.1., **Who Is An Insured**, of **SECTION II – COVERED AUTOS LIABILITY COVERAGE**:

An "employee" of yours is an "insured" while operating an "auto" hired or rented under a contract or agreement in an "employee's" name, with your permission, while performing duties related to the conduct of your business.

2. The following replaces Paragraph b. in B.5., **Other Insurance**, of **SECTION IV – BUSINESS AUTO CONDITIONS**:

b. For Hired Auto Physical Damage Coverage, the following are deemed to be covered "autos" you own:

- (1) Any covered "auto" you lease, hire, rent or borrow; and
- (2) Any covered "auto" hired or rented by your "employee" under a contract in an "employee's" name, with your

COMMERCIAL AUTO

permission, while performing duties related to the conduct of your business.

However, any "auto" that is leased, hired, rented or borrowed with a driver is not a covered "auto".

D. EMPLOYEES AS INSURED

The following is added to Paragraph A.1., **Who Is An Insured**, of **SECTION II – COVERED AUTOS LIABILITY COVERAGE**:

Any "employee" of yours is an "insured" while using a covered "auto" you don't own, hire or borrow in your business or your personal affairs.

E. SUPPLEMENTARY PAYMENTS – INCREASED LIMITS

1. The following replaces Paragraph A.2.a.(2), of **SECTION II – COVERED AUTOS LIABILITY COVERAGE**:

(2) Up to \$3,000 for cost of bail bonds (including bonds for related traffic law violations) required because of an "accident" we cover. We do not have to furnish these bonds.

2. The following replaces Paragraph A.2.a.(4), of **SECTION II – COVERED AUTOS LIABILITY COVERAGE**:

(4) All reasonable expenses incurred by the "insured" at our request, including actual loss of earnings up to \$500 a day because of time off from work.

F. HIRED AUTO – LIMITED WORLDWIDE COVERAGE – INDEMNITY BASIS

The following replaces Subparagraph (5) in Paragraph B.7., **Policy Period, Coverage Territory**, of **SECTION IV – BUSINESS AUTO CONDITIONS**:

(5) Anywhere in the world, except any country or jurisdiction while any trade sanction, embargo, or similar regulation imposed by the United States of America applies to and prohibits the transaction of business with or within such country or jurisdiction, for Covered Autos Liability Coverage for any covered "auto" that you lease, hire, rent or borrow without a driver for a period of 30 days or less and that is not an "auto" you lease, hire, rent or borrow from any of your "employees", partners (if you are a partnership), members (if you are a limited liability company) or members of their households.

(a) With respect to any claim made or "suit" brought outside the United States of America, the territories and possessions of the United States of America, Puerto Rico and Canada:

(i) You must arrange to defend the "insured" against, and investigate or settle any such claim or "suit" and keep us advised of all proceedings and actions.

(ii) Neither you nor any other involved "insured" will make any settlement without our consent.

(iii) We may, at our discretion, participate in defending the "insured" against, or in the settlement of, any claim or "suit".

(iv) We will reimburse the "insured" for sums that the "insured" legally must pay as damages because of "bodily injury" or "property damage" to which this insurance applies, that the "insured" pays with our consent, but only up to the limit described in Paragraph C., **Limits Of Insurance**, of **SECTION II – COVERED AUTOS LIABILITY COVERAGE**.

(v) We will reimburse the "insured" for the reasonable expenses incurred with our consent for your investigation of such claims and your defense of the "insured" against any such "suit", but only up to and included within the limit described in Paragraph C., **Limits Of Insurance**, of **SECTION II – COVERED AUTOS LIABILITY COVERAGE**, and not in addition to such limit. Our duty to make such payments ends when we have used up the applicable limit of insurance in payments for damages, settlements or defense expenses.

(b) This insurance is excess over any valid and collectible other insurance available to the "insured" whether primary, excess, contingent or on any other basis.

(c) This insurance is not a substitute for required or compulsory insurance in any country outside the United States, its territories and possessions, Puerto Rico and Canada.

You agree to maintain all required or compulsory insurance in any such country up to the minimum limits required by local law. Your failure to comply with compulsory insurance requirements will not invalidate the coverage afforded by this policy, but we will only be liable to the same extent we would have been liable had you complied with the compulsory insurance requirements.

- (d) It is understood that we are not an admitted or authorized insurer outside the United States of America, its territories and possessions, Puerto Rico and Canada. We assume no responsibility for the furnishing of certificates of insurance, or for compliance in any way with the laws of other countries relating to insurance.

G. WAIVER OF DEDUCTIBLE – GLASS

The following is added to Paragraph D., **Deductible**, of **SECTION III – PHYSICAL DAMAGE COVERAGE**:

No deductible for a covered "auto" will apply to glass damage if the glass is repaired rather than replaced.

H. HIRED AUTO PHYSICAL DAMAGE – LOSS OF USE – INCREASED LIMIT

The following replaces the last sentence of Paragraph A.4.b., **Loss Of Use Expenses**, of **SECTION III – PHYSICAL DAMAGE COVERAGE**:

However, the most we will pay for any expenses for loss of use is \$65 per day, to a maximum of \$750 for any one "accident".

I. PHYSICAL DAMAGE – TRANSPORTATION EXPENSES – INCREASED LIMIT

The following replaces the first sentence in Paragraph A.4.a., **Transportation Expenses**, of **SECTION III – PHYSICAL DAMAGE COVERAGE**:

We will pay up to \$50 per day to a maximum of \$1,500 for temporary transportation expense incurred by you because of the total theft of a covered "auto" of the private passenger type.

J. PERSONAL PROPERTY

The following is added to Paragraph A.4., **Coverage Extensions**, of **SECTION III – PHYSICAL DAMAGE COVERAGE**:

Personal Property

We will pay up to \$400 for "loss" to wearing apparel and other personal property which is:

- (1) Owned by an "insured"; and

- (2) In or on your covered "auto".

This coverage applies only in the event of a total theft of your covered "auto".

No deductibles apply to this Personal Property coverage.

K. AIRBAGS

The following is added to Paragraph B.3., **Exclusions**, of **SECTION III – PHYSICAL DAMAGE COVERAGE**:

Exclusion 3.a. does not apply to "loss" to one or more airbags in a covered "auto" you own that inflate due to a cause other than a cause of "loss" set forth in Paragraphs A.1.b. and A.1.c., but only:

- If that "auto" is a covered "auto" for Comprehensive Coverage under this policy;
- The airbags are not covered under any warranty; and
- The airbags were not intentionally inflated.

We will pay up to a maximum of \$1,000 for any one "loss".

L. NOTICE AND KNOWLEDGE OF ACCIDENT OR LOSS

The following is added to Paragraph A.2.a., of **SECTION IV – BUSINESS AUTO CONDITIONS**:

Your duty to give us or our authorized representative prompt notice of the "accident" or "loss" applies only when the "accident" or "loss" is known to:

- You (if you are an individual);
- A partner (if you are a partnership);
- A member (if you are a limited liability company);
- An executive officer, director or insurance manager (if you are a corporation or other organization); or
- Any "employee" authorized by you to give notice of the "accident" or "loss".

M. BLANKET WAIVER OF SUBROGATION

The following replaces Paragraph A.5., **Transfer Of Rights Of Recovery Against Others To Us**, of **SECTION IV – BUSINESS AUTO CONDITIONS**:

5. Transfer Of Rights Of Recovery Against Others To Us

We waive any right of recovery we may have against any person or organization to the extent required of you by a written contract signed and executed prior to any "accident" or "loss", provided that the "accident" or "loss" arises out of operations contemplated by

8101500M613

COMMERCIAL AUTO

such contract. The waiver applies only to the person or organization designated in such contract.

N. UNINTENTIONAL ERRORS OR OMISSIONS

The following is added to Paragraph **B.2., Concealment, Misrepresentation, Or Fraud,** of **SECTION IV – BUSINESS AUTO CONDITIONS:**

The unintentional omission of, or unintentional error in, any information given by you shall not prejudice your rights under this insurance. However this provision does not affect our right to collect additional premium or exercise our right of cancellation or non-renewal.

Addendum #1
ISSUE DATE 8/9/17
Annual Service - Fire Alarm Panel Inspection, Testing and Repair
Bid 5682

Addenda are instruments issued by the City prior to the date for receipt of offers which will modify or interpret the specification document by addition, deletion, clarification or correction.

Please acknowledge receipt of this addendum in the space provided in the Attribute Section.

Be advised of the following changes and clarifications to the City's specification and bidding documents:

NOTE: Bid is extended to Wednesday, August 16, at 2:00pm

1. A new Fire Alarm Test Report has been added for Lincoln Lancaster County Health
2. A new Fire Alarm Test Report has been added for the K Street Complex.

All other terms and conditions shall remain unchanged.

Dated this 8th day of August, 2017.

Rachelle Hinze,
Buyer

SEQ # _____

DATE 1 Dec 15

N, NE 68506

Area: _____ Customer: _____

Customer: K-STREET Complex
440 So 8th

Location: _____

MONITORED BY NECO

TIME OOS 905

TIME BIS _____

SYSTEM COMPONENTS	TOTAL QUANTITY	# TESTED	DISCONNECT A.C. POWER & CHECK SYSTEM ON EMERGENCY POWER
Manual Stations.....	<u>17</u>	<u>12</u>	Did Trouble Signal operate properly? <input checked="" type="radio"/> Yes <input type="radio"/> No Date: <u>12/15</u>
Heat Detectors			Did Alarm Signal operate properly? <input checked="" type="radio"/> Yes <input type="radio"/> No Date: <u>12/15</u>
Fixed Temp. Non-Restorable Line Type.....			BATTERY TEST VOLTAGE UNDER 1 AMPERE TEST LOAD
Fixed Temp. Non-Restorable Spot Type.....			Emergency Power Battery Type <u>SUA</u> Test Volts <u>136/139</u>
Fixed Temp./Rate of Rise/Restorable.....	<u>10</u>		Main Operating Power Type <u>AC</u> Test Volts <u>120</u>
Restorable Line Type, Pneumatic.....			What Code is system installed under? <u>NFPA-72</u>
Smoke Detectors			Is system operating according to Code? <u>YES-PRI INSTALL NAC</u>
Functional.....	<u>10</u>	<u>11</u>	Comments: (Note any known deficiencies here)
Calibrated.....		<u>(10)</u>	
Beam, Infrared or other detectors.....			
Duct Detectors.....	<u>5</u>	<u>5</u>	
Waterflow Devices (Time to Activate).....	<u>8</u>		
Supervisory Switches.....	<u>10</u>		
Audible/Visual Devices.....	<u>42/180</u>		
Annunciators.....			
Control Unit			
Lamps and LED's.....	<u>640</u>	<u>640</u>	
Fuses.....	<u>1</u>	<u>1</u>	
Primary Power Supply.....	<u>1</u>	<u>1</u>	
Secondary Supply.....	<u>1</u>	<u>1</u>	
Magnetic Hold-open Devices.....	<u>2</u>	<u>2</u>	
Fan Relays.....	<u>2</u>		
Voice Alarm and 2-way phone.....			
Trouble Signals			
Alarm Circuit.....	<u>5</u>		
Zone Initiating Circuit.....	<u>10/2</u>	<u>10/2</u>	
Supervisory Signals.....	<u>10</u>		
Ground Fault.....	<u>1</u>		
Elevator Controls.....	<u>1</u>	<u>1</u>	
Powered Fire and Smoke Dampers.....			
Range Hood.....			

SYSTEM TYPE CENTRAL STATION MANUFACTURER Notifire MODEL # APP200 SERIAL # _____

STANDBY POWER TYPE 2 X SLA 1075 TRUBLE BATTERY TYPE 2 X SLA 1075 (9/12)

Smoke detection calibration method used _____

Date 100% smoke calibration performed 12/15 Next Scheduled _____

Date 100% heat detection last performed _____ Next Scheduled _____

Inspector _____ License # _____ Expiration Date 1/18

Subscriber _____ State Fire Marshal _____

NEBRASKA STATE FIRE MARSHAL
FIRE ALARM TEST REPORT

Acceptance Re-Acceptance Periodic 1 2

FIRE ALARM AND EMERGENCY COMMUNICATION SYSTEM INSPECTION AND TESTING FORM

To be completed by the system inspector or tester at the time of the inspection or test.
Insert N/A in all unused lines.
Attach additional sheets, data, or calculations as necessary to provide a complete record.

Date of this inspection or test: _____ Time of inspection or test: _____

1. PROPERTY INFORMATION

Name of property: City / County Nebraska Department
Address: 4621 NW 47th Lincoln, NE
Occupancy type: OFFICE
Name of property representative: _____
Phone: _____

2. INSTALLATION, SERVICE, AND TESTING CONTRACTOR INFORMATION

Service and/or testing organization for this equipment: Electronic Contracting Company
Address: 6501 North 70th St. - Lincoln, NE
Phone: (402) 466-8274
Service technician or tester: _____
Qualifications of technician or tester: Nebraska Fire Alarm Inspectors License # 879
Contract number: _____ Permit number: FA 170006 Job number: 14070
Monitoring organization for this equipment: _____
Phone: _____ Account # _____

3. TYPE OF SYSTEM OR SERVICE

- Fire alarm system (nonvoice)
- Fire alarm with in-building fire emergency voice alarm communication system (EVACS)
- Mass notification system (MNS)
- Combination system, with the following components:
 - Fire alarm
 - EVACS
 - MNS
 - Two-way, in-building, emergency communication system

3.1 Control Unit

Manufacturer: SIMONS Model number: M10

NFPA 72 edition: 2002

Inspection Type

- Weekly
- Monthly
- Quarterly
- Semiannually
- Annually
- As required
- Calibration

3.2 Mass Notification System

This system does not incorporate an MNS. *IF UNCERTAIN INCLUDE MASS NOTIFICATION SYSTEM FORM

3.3 System Documentation

An owner's manual, a copy of the manufacturer's instructions, a written sequence of operation, and a copy of the record record drawings are stored on site. Location: _____

3.4 System Software

This system does not have alterable site-specific software.

Software revision number: _____ Software last updated on: _____

A copy of the site-specific software is stored on site. Location: _____

4. SYSTEM POWER *Additional Power Sheets Attached YES NO

*Uninterruptible Power System

This building/systems does not have a UPS

4.1 Control Unit

4.1.1 Primary Power (FACP) Location: _____

Input voltage of control panel: 120V Control panel amps: _____

4.1.2 Engine-Driven Generator (FACP) This system does not have a generator.

Location of generator: _____

Location of fuel storage: _____ Type of fuel: _____

4.1.3 Batteries (FACP)

Location: In Panel Type: sealed Nominal voltage: 24V Amp/hour rating: _____

Calculated capacity of batteries to drive the system:

In standby mode (hours): _____ In alarm mode (minutes): _____

Batteries are marked with date of manufacture.

4.2 In-Building Fire Emergency Voice Alarm Communication System (EVACS)

This system does not have an EVACS panel. This is combination FACP+EVACS system.

4.2.1 Primary Power (EVACS) Location: _____

Input voltage of EVACS panel: _____ EVACS panel amps: _____

4.2.2 Engine-Driven Generator (EVACS) This system does not have a generator.

Location of generator: _____

Location of fuel storage: _____ Type of fuel: _____

4.2.4 Batteries (EVACS)

Location: _____ Type: _____ Nominal voltage: _____ Amp/hour rating: _____

Calculated capacity of batteries to drive the system:

In standby mode (hours): _____ In alarm mode (minutes): _____

Batteries are marked with date of manufacture.

4.3 Notification Appliance Power Extender Panels

This system does not have power extender panels.

4.3.1 Primary Power (Extender Panel) Location: 0107, 1207, 2207, 3207

Input voltage of power extender panel(s): 120V Power extender panel amps: 8

4.3.2 Engine-Driven Generator (Extender Panels) This system does not have a generator.

Location of generator: _____

Location of fuel storage: _____ Type of fuel: _____

4.3.4 Batteries (Extender Panels)

Location: Is parts Type: Sealed Nominal voltage: 24V Amp/hour rating: _____

Calculated capacity of batteries to drive the system: _____

In standby mode (hours): _____ In alarm mode (minutes): _____

Batteries are marked with date of manufacture.

6. ANNUNCIATORS

This system does not have annunciators.

6.1 Location and Description of Annunciators

Annunciator 1: _____ Annunciator 4: _____

Annunciator 2: _____ Annunciator 5: _____

Annunciator 3: _____ Annunciator 6: _____

*Additional Annunciator Sheets Attached YES NO

6. NOTIFICATIONS MADE PRIOR TO TESTING

Monitoring organization Contact: _____ Time: _____

Building management Contact: _____ Time: _____

Building occupants Contact: _____ Time: _____

7. TESTING RESULTS

7.1 Control Unit and Related Equipment (FACP)

Description	Visual Inspection	Functional Test	Comments
Control unit	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Lamps/LEDs/LCD's	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Fuses	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Trouble signals	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Disconnect switches	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Ground-fault monitoring	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Supervision	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Local annunciator	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Remote annunciator	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	

Description	Visual Inspection	Functional Test	Comments
Power extender panels	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Isolation modules (Surge Protect.)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	

7.2 Control Unit Power Supplies (FACP)

Description	Visual Inspection	Functional Test	Comments
120-volt power	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Generator or UPS	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Battery condition	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Load voltage	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Discharge test	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Charger test	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	

7.3 In-Building Fire Emergency Voice Alarm Communications Equipment (EVACS Panel)

Description	Visual Inspection	Functional Test	Comments
Control unit	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Lamps/LEDs/LCDs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Phones	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Primary power supply	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Secondary power supply	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Trouble signals	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Disconnect switches	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Ground-fault monitoring	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Panel supervision	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
System performance	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Sound pressure levels Occupied <input type="checkbox"/> Yes <input type="checkbox"/> No Ambient dBA Alarm dBA (attach report with locations, values, and weather conditions)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	(Testing only required during acceptance or re-acceptance NFPA 72 2010 Table 14.4.2.2 section 15)
System intelligibility <input type="checkbox"/> CSI <input type="checkbox"/> STI (attach report with locations, values, and weather conditions)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	(Testing only required during acceptance or re-acceptance. NFPA 72 2010 Table 14.4.2.2 section 15)

7.4 Notification Appliance Power Extender Panels

Description	Visual Inspection	Functional Test	Comments
Lamps/LEDs/LCDs	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Fuses	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Primary power supply	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Secondary power supply	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Trouble signals	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Ground-fault monitoring	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Panel supervision	<input checked="" type="checkbox"/>	<input type="checkbox"/>	

7.6 Two-Way Communications Equipment (Fire Phones)

Description	Visual Inspection	Functional Test	Comments
Phone handsets	<input type="checkbox"/>	<input type="checkbox"/>	<i>N/A</i>
Phone jacks TOTAL=	<input type="checkbox"/>	<input type="checkbox"/>	
Off-hook indicator	<input type="checkbox"/>	<input type="checkbox"/>	
Call-in signal	<input type="checkbox"/>	<input type="checkbox"/>	
System performance	<input type="checkbox"/>	<input type="checkbox"/>	
System audibility	<input type="checkbox"/>	<input type="checkbox"/>	
System intelligibility	<input type="checkbox"/>	<input type="checkbox"/>	
Radio communications enhancement system	<input type="checkbox"/>	<input type="checkbox"/>	
Area of refuge communication system	<input type="checkbox"/>	<input type="checkbox"/>	
Elevator emergency communications system	<input type="checkbox"/>	<input type="checkbox"/>	

7.7 Combination Systems

Description	Visual Inspection	Functional Test	Comments
Fire extinguishing monitoring devices/system	<input type="checkbox"/>	<input type="checkbox"/>	<i>N/A</i>
Carbon monoxide detector/system	<input type="checkbox"/>	<input type="checkbox"/>	
Combination fire/security system	<input type="checkbox"/>	<input type="checkbox"/>	

7.8 Special Hazard Systems

Description (specify)	Visual Inspection	Functional Test	Comments
	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	

7.9 Emergency Communications System (Voice Evac Mic & Fire Phones)

- Visual
- Functional
- Simulated operation

7.10 Monitored Systems

Description (specify)	Visual Inspection	Functional Test	Comments
Engine-driven generator	<input type="checkbox"/>	<input type="checkbox"/>	NA
Fire pump	<input type="checkbox"/>	<input type="checkbox"/>	/
Special suppression systems	<input type="checkbox"/>	<input type="checkbox"/>	

7.11 Auxiliary Functions

Description	Visual Inspection	Functional Test	Comments
Door-releasing devices	<input checked="" type="checkbox"/>	<input type="checkbox"/>	NA
Fan shutdown	<input type="checkbox"/>	<input type="checkbox"/>	
Smoke management/smoke control	<input type="checkbox"/>	<input type="checkbox"/>	
Smoke damper operation	<input type="checkbox"/>	<input type="checkbox"/>	
Smoke shutter release	<input type="checkbox"/>	<input type="checkbox"/>	
Door unlocking	<input type="checkbox"/>	<input type="checkbox"/>	
Elevator recall	<input type="checkbox"/>	<input type="checkbox"/>	
Elevator shunt trip	<input type="checkbox"/>	<input type="checkbox"/>	

7.12 Alarm Initiating Device

- Device test results sheet attached listing all devices tested and the results of the testing

7.13 Supervisory Alarm Initiating Device

- Device test results sheet attached listing all devices tested and the results of the testing

7.10 Alarm Notification Appliances and Circuit Information

Quantity of Appliances Installed	Circuit Style	Quantity of Devices Functionally Tested	Quantity of Appliances Visually Inspected	
				Bells
				Horns
22	B	22	22	Chimes
22	B	22	22	Strobes
				Speakers
No. of alarm notification appliance circuits: 4		Are circuits monitored for integrity? <input type="checkbox"/> Yes <input type="checkbox"/> No		

7.1.5 Supervisory Station Monitoring

Description	Yes	No	Time	Comments
Alarm signal	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Alarm restoration	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Trouble signal	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Trouble restoration	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Supervisory signal	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Supervisory restoration	<input type="checkbox"/>	<input type="checkbox"/>		

8. NOTIFICATIONS THAT TESTING IS COMPLETE

Monitoring organization Contact: _____ Time: _____
 Building management Contact: _____ Time: _____
 Building occupants Contact: _____ Time: _____

9. SYSTEM RESTORED TO NORMAL OPERATION

Date: _____ Time: _____

Comments:

10. CERTIFICATION

10.1 Inspector Certification:

This system, as specified herein, has been inspected and tested according to all NFPA standards cited herein.

Signed: [Signature] Printed name: Rosy Holman Date: 3-24-17
 Organization: Electronic Contracting Company Phone: (402) 466-8274

10.2 Acceptance by State Fire Marshal or City Fire Inspection

Signed: [Signature] Printed name: Ken Halsetz Date: 3/29/2017

10.3 Acceptance by Owner or Owner's Representative:

Signed: _____ Printed name: _____ Date: _____
 Organization: _____ Phone: _____



2900 SOUTH 70TH STREET . SUITE 330 . LINCOLN, NE 68506

SEQ # _____
DATE 22 Mar 16

Area: 5 Customer: 14811

Customer:
LINCOLN LANCASTER COUNTY HEALTH DEPT
3140 N STREET

Location:

MONITORED BY NECO TIME OOS 850 TIME BIS _____

SYSTEM COMPONENTS	TOTAL QUANTITY	# TESTED	DISCONNECT A.C. POWER & CHECK SYSTEM ON EMERGENCY POWER
Manual Stations.....	17	<u>14</u>	Did Trouble Signal operate properly? <input checked="" type="checkbox"/> Yes No Date: <u>3/16</u>
Heat Detectors			Did Alarm Signal operate properly? <input checked="" type="checkbox"/> Yes No Date: <u>3/16</u>
Fixed Temp. Non-Restorable Line Type...	0		BATTERY TEST VOLTAGE UNDER 1 AMPERE TEST LOAD
Fixed Temp. Non-Restorable Spot Type...	0		Emergency Power Battery Type <u>SLA</u> Test Volts <u>137/138</u>
Fixed Temp./Rate of Rise/Restorable.....	0		Main Operating Power Type <u>AC</u> Test Volts <u>120</u>
Restorable Line Type, Pneumatic.....	0		What Code is system installed under? <u>NFA-72</u>
Smoke Detectors			Is system operating according to Code? <u>YES - PM INSTALL DATE</u>
Functional.....	0		Comments: (Note any known deficiencies here)
Calibrated.....	49		
Beam, Infrared or other detectors.....	0		
Duct Detectors.....	11		
Waterflow Devices (Time to Activate).....	4		
Supervisory Switches.....	5		
Audible/Visual Devices.....	59 / 61	<u>59/61</u>	
Annunciators.....	1	<u>1</u>	
Control Unit			
Lamps and LED's.....	0	<u>LCD</u>	
Fuses.....	1	<u>1</u>	
Primary Power Supply.....	1	<u>1</u>	
Secondary Supply.....	3	<u>3</u>	
Magnetic Hold-open Devices.....	2	<u>2</u>	
Fan Relays.....	5		
Voice Alarm and 2-way phone.....	1	<u>1</u>	
Trouble Signals			
Alarm Circuit.....	3	<u>3</u>	
Zone Initiating Circuit.....	0	<u>ADD</u>	
Supervisory Signals.....	5		
Ground Fault.....	1		
Elevator Controls.....	3		
Powered Fire and Smoke Dampers.....	2	<u>2</u>	
Range Hood.....	0		

SYSTEM TYPE CENTRALSTATION MANUFACTURER SIEMENS/SK5129 MODEL # MXL-V SERIAL # _____

STANDBY POWER TYPE 2 X SLA 1165 55AH TROUBLE BATTERY TYPE 2 X SLA 1165 55AH

Smoke detection calibration method used _____

Date 100% smoke calibration performed 08/15 Next Scheduled _____

Date 100% heat detection last performed _____ Next Scheduled _____

Inspector Sam Hallen License # 271 Expiration Date 1/18

Subscriber _____ State Fire Marshal _____

**NEBRASKA STATE FIRE MARSHAL
FIRE ALARM TEST REPORT**

Acceptance Re-Acceptance Periodic 1 2

605

NEBRASKA STATE FIRE MARSHAL

FIRE ALARM TEST REPORT

Acceptance G

Re-acceptance G

Date: 7/7/14

Periodic 1 G 2 G

Customer County City Property Management

Address 575 S. 10th St

Premises Protected Lancaster County Corrections

Address 605 South 10th St

Type of System Addressable

Model # XLS

Standby Power type

Manufacturer Siemens

Serial #

Trouble Battery Type

Installed By

and Voltage

System remotely monitored by

Date 100% smoke calibration performed

Type of Inspection

Next scheduled

Time inspection completed and system back in service

Date 100% heat detection last performed

Smoke Detection Calibration Test method used

Next Scheduled

SYSTEM COMPONENTS	TOTAL QUANTITY	# TESTED
Manual Stations	4	4
Heat Detectors		
Fixed Temp Non-Restorable Line Type	1	
Fixed Temp Non-Restorable Spot Type	3	
Fixed Temp/Rate of Rise/Restorable	?	
Restorable Line Type, Pneumatic	?	
Smoke Detectors		
Functional	?	
Calibrated	?	
Beam, Infrared or other detectors		
Duct Detectors		
Water flow Devices (Time to Activate)	2	0
Supervisory Switches	1	
Audible/Visual Devices	18/28	0/0
Annunciators	1	
Control Unit		
Lamps and LEDs	26	
Fuses	26	
Primary Power Supply	1	1
Secondary Supply	1	1
Magnetic Hold-open Devices	1	
Fan Relays	2	
Voice Alarm and 2-way phone		
Trouble Signals		
Alarm Circuit	26	
Zone Initiating Circuit	26	
Supervisory Signals	26	
Ground Fault	26	
Elevator Controls		
Powered Fire and Smoke Dampers		

DISCONNECT AC POWER AND CHECK SYSTEM ON EMERGENCY POWER

Did Trouble Signal operate properly? Yes/No Date

Did Alarm Signal operate properly? Yes/No Date

BATTERY TEST VOLTAGE UNDER 1 AMPERE TEST LOAD

Emergency Power Battery Type Test Volts

Main Operating Power Type Test Volts

What code is system installed under?

Is system operating according to code?

Comments (Note any known deficiencies here)

List Current Repairs to System and Date of Repairs (use back if needed)

Inspector

License # 029

Witness

Expiration Date 6/30/2016

(For acceptance test only)

Subscriber

State Fire Marshal

Customer hereby releases, discharges and agrees to hold Company harmless from any and all claims, liabilities, damages, losses or expenses arising from or cause by any hazard, accident or incident of any nature in or on the premises of customer weather said claim is made by customer, customers agent, customers insurance company, customers employees, customers invitees, or any other parties claiming under or through customers or by reason of customers business or place of business. Customer acknowledges, consents and agrees that company is not an insurer and that customer assumes all risk of loss or damage to customers premises or the contents there of as a result of a non operation of or malfunction of or the failure of the system to perform for any reason.

Protex Central, Inc
Account # 150401

FIRE ALARM INSPECTION
Area: K Frequency: 2, 8,

1721-6008

Bill To: Lancaster County Corrections
605 South 10th Street
Lincoln, NE 68508

Facility: Downtown
605 South 10th Street
Lincoln, NE 68508

Contact: Bob Jarrett 402-450-5671

Panel Type: Simplex 4400

Remote Connection:

100% Smoke Test: 08/23/2013

100% Heat Test: 08/23/2013

Calibration: -

Notification does not disable through disable buttons. System must be in walk test.

	<u>Actual</u>	<u>Tested</u>	Additional Questions
	<u>SLC</u>	<u>SLC</u>	
1. Circuits			1. Code the system installed under: As Accepted
2. Pull Stations	<u>18</u>	<u>18</u>	2. Is the Ground Fault Functioning? Yes
3. Remote Annunciators	<u>0</u>	<u>0</u>	3. Signals received at receiving station? Not Applicable
4. Heat Detectors	<u>0</u>	<u>0</u>	4. Are system components functioning properly? Yes
5. Smoke Detectors	<u>272</u>	<u>272</u>	5. Did Trouble Signal Operate Properly? Yes
6. Duct Detectors	<u>21</u>	<u>21</u>	6. Checked System on emergency power? No
7. Flow Switches	<u>9</u>	<u>9</u>	7. Elevator Recall ? Not Applicable
8. Pressure Switches	<u>0</u>	<u>0</u>	8. Main Power (110V AC) Test Value <u>120 vac</u> (Secondary Low Voltage)
9. Tamper Switches	<u>23</u>	<u>23</u>	9. Emergency Power (Gel Cell) Test Value <u>27.8 vdc</u> (Choices: Gel Cell, Dry Cell, or Wet Cell)
10. Audibles	<u>41</u>	<u>41</u>	10. Battery Changeout Date <u>11/01/2010</u>
11. Visuals	<u>41</u>	<u>41</u>	
12. Door Holders	<u>0</u>	<u>0</u>	
13. Fan Relays	<u>0</u>	<u>0</u>	
14. Smoke Relays	<u>0</u>	<u>0</u>	
15. FCPS	<u>0</u>	<u>0</u>	

Comments: Tested sprinkler devices with Mahoney. Batteries should be replaced - smoke detector in ADM34, is not secured to building - system test good.

Inspector 1 Chad Riddle License # 792
Inspector 2 _____ License # _____
A.H.J. _____ Customer _____
Insp. Date August 23, 2013 Insp. Start Time _____ Insp. End Time _____
Start Drive Time _____ Start Mileage 0 End Mileage _____

Last Inspected By: Chad Riddle

Office - White, State - Yellow, City - Pink, Customer - Gold

Last Inspected: 02/07/13

NEBRASKA STATE FIRE MARSHAL

FIRE ALARM TEST REPORT

Acceptance G

Re-acceptance G

Date: 10-13-2017

G 2G

Customer County Extension BU
 Address 444 1st St
 Premises Protected 10000
 Address same building
 Type of System 1-1 alarm
 Manufacturer 1-1 alarm
 Installed By 1-1 alarm
 System remotely monitored by 1-1 alarm
 Type of Inspection 1-1 alarm

2017
 Bid

Standby Power type 1-1 alarm
 Trouble Battery Type 1-1 alarm
 and Voltage 240V
 Smoke calibration performed 1-1 alarm
 Next scheduled 1-1 alarm

Time inspection completed and system back in service			Date 100% heat detection last performed		
Smoke Detection Calibration Test method used			Next Scheduled		
SYSTEM COMPONENTS	TOTAL QUANTITY	# TESTED	DISCONNECT AC POWER AND CHECK SYSTEM ON EMERGENCY POWER		
Manual Stations	9	9	Did Trouble Signal operate properly?	Yes No	Date
Heat Detectors			Did Alarm Signal operate properly	Yes No	Date
Fixed Temp Non-Restorable Line Type			BATTERY TEST VOLTAGE UNDER 1 AMPERE TEST LOAD		
Fixed Temp Non-Restorable Spot Type	34	0	Emergency Power Battery	Type	Test Volts
Fixed Temp/Rate of Rise/Restorable			Main Operating Power	Type	Test Volts
Restorable Line Type, Pneumatic			What code is system installed under?		
Smoke Detectors			Is system operating according to code?		
Functional	4	4	Comments (Note any known deficiencies here)		
Calibrated					
Beam, Infrared or other detectors					
Dust Detectors					
Water flow Devices (Time to Activate)					
Supervisory Switches					
Audible/Visual Devices	878	878			
Annunciators					
Control Unit			List Current Repairs to System and Date of Repairs (use back if needed)		
Lamps and LEDs	11 + LCD	11 + LCD			
Fuses	1	1			
Primary Power Supply	1	1			
Secondary Supply					
Magnetic Hold-open Devices					
Fan Relays					
Voice Alarm and 2-way phone					
Trouble Signals					
Alarm Circuit	2	2			
Zone Initiating Circuit	522	522			
Supervisory Signals					
Ground Fault	1	1			
Elevator Controls					
Powered Fire and Smoke Dampers					

Inspector [Signature] License # [Blank] Witness [Blank]
 Expiration Date [Blank] (For acceptance test only)
 Subscriber [Signature]

Customer hereby releases, discharges and agrees to hold harmless from any and all claims, liabilities, damages, losses or expenses arising from or caused by any hazard, accident or incident of any nature in or on the premises of customer weather said claim is made by customer, customers agent, customers insurance company, customers employees, customers invitees, or any other parties claiming under or through customers or by reason of customers business or place of business. Customer acknowledges, consents and agrees that company is not an insurer and that customer assumes all risk of loss or damage to customers premises or the contents thereof as a result of a non operation of or malfunction of or the failure of the system to perform for any reason.

NEBRASKA STATE FIRE MARSHAL

FIRE ALARM TEST REPORT

Acceptance G

Re-acceptance G

Periodic 1 G 2 G

Date: 10-5-2016

Customer			Address		
Premises Protected			Address		
Type of System	Model #	Standby Power type	Trouble Battery Type		
Manufacturer	Serial #	and Voltage			
Installed By			System remotely monitored by		
Type of Inspection			Date 100% smoke calibration performed		
Time inspection completed and system back in service			Next scheduled		
Smoke Detection Calibration Test method used			Date 100% heat detection last performed		
SYSTEM COMPONENTS			DISCONNECT AC POWER AND CHECK SYSTEM ON EMERGENCY POWER		
Manual Stations	TOTAL QUANTITY	# TESTED	Did Trouble Signal operate properly?	Yes: No	Date
Heat Detectors			Did Alarm Signal operate properly	Yes: No	Date
Fixed Temp Non-Restorable Line Type			BATTERY TEST VOLTAGE UNDER 1 AMPERE TEST LOAD		
Fixed Temp Non-Restorable Spot Type			Emergency Power Battery	Type	Test Volts
Fixed Temp/Rate of Rise/Restorable			Main Operating Power	Type	Test Volts
Restorable Line Type, Pneumatic			What code is system installed under?		
Smoke Detectors			Is system operating according to code?		
Functional			Comments (Note any known deficiencies here)		
Calibrated					
Beam, Infrared or other Detectors					
Duct Detectors					
Water flow Devices (Time to Activate)					
Supervisory Switches					
Audible/Visual Devices					
Annunciators					
Control Unit			List Current Repairs to System and Date of Repairs (use back if needed)		
Lamps and LEDs					
Fuses					
Primary Power Supply					
Secondary Supply					
Magnetic Hold-open Devices					
Fan Relays					
Voice Alarm and 2-way phone					
Trouble Signals					
Alarm Circuit					
Zone Isolating Circuit					
Supervisory Signals					
Ground Fault					
Elevator Controls					
Powered Fire and Smoke Dampers					
Inspector	License #	Witness	(For accept see last only)		
Expiration Date					
Subscriber					

State Fire Marshal

Customer hereby releases, discharges and agrees to hold harmless from any and all claims, liabilities, damages, losses or expenses arising from or caused by any hazard, accident or incident of any nature in or on the premises of customer where said claim is made by customer, customer's agent, customer's insurance company, customer's employees, customer's invitees, or any other parties claiming under or through customer or by reason of customer's business or place of business. Customer acknowledges, consents and agrees that company is not an insurer and that customer assumes all risk of loss or damage to customer's premises or the contents thereof as a result of a non-operation of or malfunction of or the failure of the system to perform for any reason.

0107-0

Inspection Date: 8-20-2016

Acceptance
 Re-Acceptance
 Periodic

FIRE ALARM TEST REPORT

NAME: LANSING COUNTY
 ADDRESS: 575 So. 10th Lincoln

System Installed by: [Blank]
 Remains Working: YES
 Signal Level: 0

Standby Power Type: BATTERY
 Trouble Battery Type: SUPPLY
 Battery Voltage: 24VDC
 7.00% Smoke Calibration Date: 2/1/16
 1.00% Heat Detection Date: [Blank]
 Last Scheduled Test: [Blank]

DISCONNECT AC POWER AND CHECK SYSTEM ON EMERGENCY POWER
 Did Trouble Signal operate properly? Yes No Date
 Did Alarm Signal operate properly? Yes No Date
 BATTERY TEST VOLTAGE UNDER 1 AMPERE TEST LOAD
 Emergency Power Battery Type: SLA Test Volts:
 Main Operating Power Type: AC Test Volts:
 What code is system installed under NFPA 72
 Is system operating normally?

Examine for any known deficiencies:
 * SIGNAL MANUAL FIRE ALARM INSP.

QUANTITY	TESTED
20	
03	
11	
14	
12	

SYSTEM CLEAR AT THIS TIME SL

Wiring and LEDs	Fuses	Primary Power Supply	Secondary Power Supply	Magnetic Door Holders	Fire Pulls	Fire Phones	Trouble Signal	Alarm Circuit	Drain Indicating Circuit	Alarm Battery Blower	Ground Fault	Elevator Controls	Powered Fire and Smoke Emergency
							OK					06	

	VDC	AH
Line Current (Specify to System and Date of Report)		
MAIN POWER	13	13
BUS	12	12
1st	12	13
2nd	12	12
3rd	12	12
4th	12	13

Inspector: [Signature]
 License No: [Blank]
 Expiration Date: 12/31/18
 Station No: 100

Inspection Date: 2 12 2016

FIRE ALARM TEST REPORT

Acceptance
 Re-Acceptance
 Periodic

JOBSITE	CUSTOMER
HALL OF JUSTICE 575 S 10 Street LINCOLN NE 68508	

SYSTEM DETAIL

Type of System: <u>FIVE</u>	Model #: <u>HAL-10</u>	Standby Power Type: <u>BATT</u>
Manufacturer: <u>Aytronics</u>	Serial #:	Trouble Battery Type: <u>SLA</u>
System Installed by:		Battery Voltage: <u>24 V A</u>
Remote Monitoring: <u>NE LO</u>	Signal Rcvd: <u>⓪ N</u>	100% Smoke Calibration Date:
Time of Inspection:		Next Scheduled Date:
Time Inspection Completed and back in service:		100% Heat Detection Date:
		Next Scheduled Date:

SYSTEM COMPONENTS	QUANTITY	TESTED	DISCONNECT AC POWER AND CHECK SYSTEM ON EMERGENCY POWER
Manual Stations	26	26	Did Trouble Signal operate properly? Yes No Date:
Heat Detectors			Did Alarm Signal operate properly? Yes No Date:
Fixed Temp Non-Restorable Line Type			BATTERY TEST VOLTAGE UNDER 1 AMPERE TEST LOAD
Fixed Temp Non-Restorable Spot Type			
Fixed Temp/Rate of Rise Restorable	3	0	Emergency Power Battery Type: SLA Test Volts:
Restorable Line Type			Main Operating Power Type: AC Test Volts:
Smoke Detectors			What code is system installed under? NFPA 72
Functional	75	75	Is system operating to code?
Calibrated			Comments (Note any known deficiencies here): 4 new batteries - 12.88/19.44 + 12.93/19.44 12.88 - 4.7m 12.79 - 7.0m 12.93 - 7.0m 12.93 - 12.79 - 12.79 - 7.0m 12.93 - 7.0m 12.88 - 12.79 - 12.79 - 7.0m 12.93 - 7.0m 12.88 - 12.79 - 12.79 - 7.0m 12.93 - 7.0m 12.88 - 12.79 - 12.79 - 7.0m 12.93 - 7.0m
Beam, Infrared or Other Detectors			
Duct Detectors	14	14	
Waterflow Devices (Time to Activate)	8		
Supervisory Switches	12	NIFCO	
Audible/Visual Devices	61	61	
Visual Only Devices	30	30	
Audible Only Devices	30	30	
Annunciators	1	1	
Control Unit	1	1	
Lamps and LEDs	3 LED	✓	List Current Repairs to System and Date of Repairs: 12/12/16 #5 1st Flr smoke w/1 smoke 12/12/16 #10, smoke changed (Programming) 12/12/16 #11, smoke changed (Programming) 12/12/16 #12, smoke changed (Programming) 12/12/16 #13, smoke changed (Programming) 12/12/16 #14, smoke changed (Programming) 12/12/16 #15, smoke changed (Programming) 12/12/16 #16, smoke changed (Programming) 12/12/16 #17, smoke changed (Programming) 12/12/16 #18, smoke changed (Programming) 12/12/16 #19, smoke changed (Programming)
Fuses			
Primary Power Supply	1		
Secondary Power Supply			
Magnetic Door Holders	OK	OK	
Fan Relays			
Fire Phones			
Trouble Signals			
Alarm Circuit	29	29	
Zone Initiating Circuit	4	4	
Supervisory Signals			
Ground Fault			
Elevator Controls	6		
Powered Fire and Smoke Dampers			

Inspector:	License #: <u>001</u>	Witness (For Acceptance Test Only):
Expiration Date: <u>12/31/2017</u>		Report shall be submitted to SFM following each inspection test
Subscriber:		

SEQ # _____
 DATE 8/16/16

NE 68506

Area: 1 Customer: 11293

Customer:
 CITY OF LINCOLN - MSC
 901 WEST BOND

Location:

MONITORED BY NECO

TIME OOS 8:30

TIME BIS _____

SYSTEM COMPONENTS	TOTAL QUANTITY	# TESTED
Manual Stations.....	39	<u>39</u>
Heat Detectors		
Fixed Temp. Non-Restorable Line Type...	0	
Fixed Temp. Non-Restorable Spot Type...	124	
Fixed Temp./Rate of Rise/Restorable.....	0	
Restorable Line Type, Pneumatic.....	0	
Smoke Detectors		
Functional.....	17	<u>17</u>
Calibrated.....	0	
Beam, Infrared or other detectors.....	0	
Duct Detectors.....	8	<u>8</u>
Waterflow Devices (Time to Activate).....	7	
Supervisory Switches.....	0	
Audible/Visual Devices.....	171 / 210	<u>171/210</u>
Annunciators.....	0	
Control Unit		
Lamps and LED's.....	0	<u>LED</u>
Fuses.....	2	<u>2</u>
Primary Power Supply.....	1	<u>1</u>
Secondary Supply.....	6	<u>6</u>
Magnetic Hold-open Devices.....	5	<u>5</u>
Fan Relays.....	6	
Voice Alarm and 2-way phone.....	0	
Trouble Signals		
Alarm Circuit.....	4	<u>4</u>
Zone Initiating Circuit.....	0	<u>DOOR</u>
Supervisory Signals.....	0	
Ground Fault.....	1	
Elevator Controls.....	0	
Powered Fire and Smoke Dampers.....	0	
Range Hood.....	0	

DISCONNECT A.C. POWER & CHECK SYSTEM ON EMERGENCY POWER

Did Trouble Signal operate properly? Yes No Date: 4/16
 Did Alarm Signal operate properly? Yes No Date: _____

BATTERY TEST VOLTAGE UNDER 1 AMPERE TEST LOAD

Emergency Power Battery Type SLA Test Volts 13.7/13.6
 Main Operating Power Type AC Test Volts 120

What Code is system installed under? NFPA-72
 Is system operating according to Code? YES FULL INSTALL done
 Comments: (Note any known deficiencies here)

Replaced the Batteries
2 x PS1270 (Fire Panel)

List Current Repairs to System and Date of Repairs
 (use back if needed)

SYSTEM TYPE CENTRALSTATION MANUFACTURER NOTIFIER MODEL # AFP-400 SERIAL # _____

STANDBY POWER TYPE 2 X SLA 1075 8AH TROUBLE BATTERY TYPE 2 X SLA 1075 8AH

Smoke detection calibration method used _____
 Date 100% smoke calibration performed 10/13 9/16 Next Scheduled _____

Date 100% heat detection last performed _____ Next Scheduled _____

Inspector [Signature] License # _____ Expiration Date 1/18
 Subscriber _____ State Fire Marshal _____

**NEBRASKA STATE FIRE MARSHAL
 FIRE ALARM TEST REPORT**

Acceptance Re-Acceptance Periodic 2

Inspection Date: 6-24-16

FIRE ALARM TEST REPORT

Acceptance
 Re-Acceptance
 Periodic

JOB SITE	CUSTOMER
Pioneers Park Prairie Interpretive Center 3201 Coddington Lincoln, NE 68522	:

SYSTEM DETAIL			
Type of System:	Model #: XR-40	Standby Power Type:	Batt
Manufacturer: DMP	Serial #:	Trouble Battery Type:	SLA
System Installed by:		Battery Voltage:	24 VDC
Remote Monitoring: <u>NO</u>	Signal Rcvd: Y N	100% Smoke Calibration Date:	
Time of Inspection:		Next Scheduled Date:	
Time Inspection Completed and back in service:		100% Heat Detection Date:	
		Next Scheduled Date:	

SYSTEM COMPONENTS	QUANTITY	TESTED	DISCONNECT AC POWER AND CHECK SYSTEM ON EMERGENCY POWER
Manual Stations	3	3	Did Trouble Signal operate properly? Yes No Date: <u>6-24-16</u>
Heat Detectors			Did Alarm Signal operate properly? Yes No Date: <u>6-24-16</u>
Fixed Temp Non-Restorable Line Type			BATTERY TEST VOLTAGE UNDER 1 AMPERE TEST LOAD
Fixed Temp Non-Restorable Spot Type			Emergency Power Battery Type: SLA Test Volts:
Fixed Temp/Rate of Rise Restorable			Main Operating Power Type: AC Test Volts:
Restorable Line Type			What code is system installed under? NFPA 72
Smoke Detectors	9	9	Is system operating to code?
Functional			Comments (Note any known deficiencies here): Panel 13.0 5.2AH BPS 12.94 56AH - 13.0 5.0AH <div style="font-size: 2em; text-align: center;">TESTED OK</div>
Calibrated			
Beam, Infrared or Other Detectors			
Duct Detectors			
Waterflow Devices (Time to Activate)			
Supervisory Switches			
Audible/Visual Devices			
Visual Only Devices			
Audible Only Devices			
Annunciators			
Control Unit			List Current Repairs to System and Date of Repairs:
Lamps and LEDs			
Fuses	1	1	
Primary Power Supply	1	1	
Secondary Power Supply	1	1	
Magnetic Door Holders			
Fan Relays			
Fire Phones			
Trouble Signals			
Alarm Circuit	1	1	
Zone Initiating Circuit			
Supervisory Signals			
Ground Fault			
Elevator Controls			
Powered Fire and Smoke Dampers			

Inspector: <u>[Signature]</u>	License #:	Witness (For Acceptance Test Only):
Expiration Date: <u>04-2017</u>		
Subscriber:		

SEQ# _____

DATE 24 Mar 14

NE 68506

Area: _____ Customer: _____

Customer: Pioneers Park Prairie Interpretive Center
3201 Codington

Location: FIRE/SECURITY

MONITORED BY NECO

TIME OOS 315

TIME BIS _____

SYSTEM COMPONENTS	TOTAL QUANTITY	# TESTED	
Manual Stations	<u>3</u>	<u>3</u>	
Heat Detectors			
Fixed Temp. Non-Restorable Line Type			
Fixed Temp. Non-Restorable Spot Type			
Fixed Temp./Rate of Rise/Restorable			
Restorable Line Type, Pneumatic			
Smoke Detectors			
Functional	<u>9</u>		
Calibrated			
Beam, Infrared or other detectors			
Duct Detectors			
Waterflow Devices (Time to Activate)			
Supervisory Switches			
Audible/Visual Devices	<u>2/0</u>	<u>2/0</u>	
Annunciators	<u>2</u>	<u>2</u>	
Control Unit			
Lamps and LED's	<u>100</u>	<u>100</u>	
Fuses	<u>1</u>	<u>1</u>	
Primary Power Supply	<u>1</u>	<u>1</u>	
Secondary Supply	<u>1</u>	<u>1</u>	<u>137/140</u>
Magnetic Hold-open Devices			
Fan Relays			
Voice Alarm and 2-way phone			
Trouble Signals			
Alarm Circuit	<u>1</u>	<u>1</u>	
Zone Initiating Circuit	<u>ADDC</u>	<u>ADDC</u>	
Supervisory Signals			
Ground Fault			
Elevator Controls			
Powered Fire and Smoke Dampers			
Range Hood			

DISCONNECT A.C. POWER & CHECK SYSTEM ON EMERGENCY POWER

Did Trouble Signal operate properly? Yes No _____ Date: 3/14

Did Alarm Signal operate properly? Yes No _____ Date: 3/14

BATTERY TEST VOLTAGE UNDER 1 AMPERE TEST LOAD

Emergency Power Battery Type SLA Test Volts 13.9

Main Operating Power Type AC Test Volts 120

What Code is system installed under? NFPA-72

Is system operating according to Code? Yes - per install date

Comments: (Note any known deficiencies here)

List Current Repairs to System and Date of Repairs

(use back if needed)

SYSTEM TYPE Central Station MANUFACTURER DMP MODEL # XR40 SERIAL # _____

STANDBY POWER TYPE 1 X SLA 1055 SAH TROUBLE BATTERY TYPE 1 X SLA 1055 SAH

Smoke detection calibration method used _____

Date 100% smoke calibration performed 9/13 Next Scheduled _____

Date 100% heat detection last performed _____ Next Scheduled _____

Inspector _____ License # _____ Expiration Date 1/15

Subscriber _____ State Fire Marshal _____

NEBRASKA STATE FIRE MARSHAL
FIRE ALARM TEST REPORT

Acceptance Re-Acceptance Periodic 1 2

NEBRASKA STATE FIRE MARSHAL - FIRE ALARM TEST REPORT

INSPECTION DATE: 1-25-13

INSPECTION TYPE: 100% CALIBRATION

NAME OF INSTALLER/MAINTENANCE COMPANY: _____

ADDRESS: 8501 NORTH 70TH STREET; LINCOLN, NE 68507

CUSTOMER: CENTER DIRECTOR

CITY / STATE: LINCOLN, NE

ADDRESS: F STREET COMMUNITY CENTER; LINCOLN, NE 68508

PREMISES PROTECTED: F STREET COMMUNITY CENTER

CITY / STATE: LINCOLN, NE

ADDRESS: 1225 F STREET

TYPE OF SYSTEM: LOCAL PROTECTIVE - CLASS B

MODEL NO.: MXL-IQ EVAX

STANDBY PWR TYPE: BATTERIES

MANUFACTURER: PYROTRONICS

SERIAL NO.: NA

TROUBLE BATT. TYPE: GEL CELL

INSTALLED BY: GREG ELECTRIC

TROUBLE VOLTAGE: 24 VDC

SYSTEM MONITORED BY: NECO

DATE OF LAST 100% SMOKE CALIBRATION: 1-25-13

TIME OF INSPECTION: _____

NEXT SCHEDULED: 2014

TIME INSPECTION COMPLETED & SYSTEM BACK IN SERVICE: _____

DATE OF LAST 100% HEAT DETECTOR TEST: 1-25-13

SMOKE DETECTOR CALIBRATION METHOD USED: PANEL

NEXT SCHEDULED: 2014

SYSTEM COMPONENTS	TOTAL	# TESTED
MANUAL STATIONS	12	12
HEAT DETECTOR2...		
FIXED TEMP. NON-RETORABLE SPOT TYPE	NA	NA
FIXED TEMP./RATE OF RISE/RESTORABLE	1	1
SMOKE DETECTORS...		
FUNCTIONAL	16	16
CALIBRATED	16	16
BEAM, INFRARED OR OTHER DETECTORS	NA	NA
DUCT DETECTORS	2	2
WATERFLOW DEVICES (TIME DELAY)	3	3
SUPERVISORY SWITCHES	0	0
AUDIBLE DEVICES	20	20
VISUAL DEVICES	48	48
ANNUNCIATORS	NA	NA
MAGNETIC HOLD-OPEN DEVICES	10	10
FAN RELAYS	2	2
VOICE ALARM AND TWO-WAY PHONE	NA	NA
ELEVATOR CONTROLS	3	3
POWERED FIRE AND SMOKE DAMPERS	NA	NA
TROUBLE SIGNALS...		
AUDIBLE/VISUAL CIRCUIT	3	3
ZONE INITIATING CIRCUIT	1	1
SUPERVISORY SIGNALS	1	1
GROUND FAULT	1	1
CONTROL UNIT...		
LAMPS AND LEDS	10	10
FUSES	3	3
PRIMARY POWER SUPPLY	1	1
SECONDARY POWER SUPPLY	1	1

DISCONNECT A.C. POWER & CHECK SYSTEM ON EMERGENCY POWER

DID TRBLE SIGNAL OPERATE PROPERLY? YES - NO DATE: 1-25-13

DID ALARM SIGNAL OPERATE PROPERLY? YES - NO DATE: 1-25-13

BATTERY TEST VOLTAGE UNDER ONE AMPERE TEST LOAD;

EMERG. PWR BATTERY - TYPE GEL CELL TEST VOLTS 26.4

MAIN OPERATING PWR - TYPE CITY - 120VAC TEST VOLTS 120

WHAT CODE IS SYSTEM INSTALLED UNDER? NFPA 72 SERIES

IS SYSTEM OPERATING ACCORDING TO CODE? YES

COMMENTS: (NOTE DEFICIENCIES HERE) _____

LIST CURRENT REPAIRS TO SYSTEM / DATE OF REPAIRS;
(USE BACK IF NEEDED)

INSPECTOR: _____

LICENSE #: 1

EXPIRATION DATE: 2014

WITNESS: (FOR ACCEPTANCE TEST ONLY)

NEBRASKA STATE FIRE MARSHAL - FIRE ALARM TEST REPORT

SUBSCRIBER: _____

STATE FIRE MARSHAL

Fire Alarm Inspection/Testing Form

Property Name: YOUTH SERVICE CENTER
 Address: 1200 RADCLIFF STREET LINCOLN NE
 Contact: GREG
 Telephone: 402-432-6852

APPROVING AGENCY _____
 Contact: _____
 Telephone: _____

MONITORING ENTITY

Contact: LOLAL Telephone: _____ ACCOUNT NO: _____

TYPE TRANSMISSION

- McCulloh Digital Reverse Priority
 Multiplex RF Other: LOCAL

SERVICE

- Weekly Monthly Quarterly
 Semi-Annual Annual Acceptance

Control Unit Manufacturer: SIMPLAX

Model No: 4100

Circuit Styles: CLASS B

No. of Circuits: _____

Software Rev: _____

Last Date System Was Serviced: _____

Last Inspection Date and Inspector: _____ JAMIE GUSTAFSON 7-2016

QUANTITY	QTY TESTED	
		Fire Pump Power
		Fire Pump Running
		Fire Pump Auto Pos.
		Fire Pump/Control Trouble
		Generator in Auto Pos.
		Generator/Controller Trouble

QUANTITY	QTY TESTED	
		Building Temp.
		Site Water Temp
		Site Water Level
		Switch Transfer
		Generator Engine
		Other: _____

SUPERVISORY SIGNAL/ALARM INITIATING DEVICES AND CIRCUIT INFORMATION

QUANTITY	QTY TESTED	
22	22	Manual Fire Alarm Boxes
150	150	Smoke Detectors
13	13	Duct Detectors
		Fixed Temp Heat Detectors
5	5	Rate of Rise Heat Detectors
		Hood System
2	NIFCO	Waterflow Switches
2	NIFCO	Supervisory Switches
		Elev Control
		Other: _____

QUANTITY	QTY TESTED	
		Bells
		Horns
		Chimes
		Horn/Strobes
109	109	Strobes
109	109	Speakers
		Fan Relays
6	6	Door Holders
		Other: _____

No. of Alarm Notification App. Circuits: 7

Alarm verification feature is: Disabled Enabled

ALARM NOTIFICATION APPLIANCES AND CIRCUIT INFORMATION

Are circuits monitoring for integrity? Yes No

SINGLE LINE CIRCUITS

Quantity and style of signaling line circuits connected to system (see NFPA 72, Table 6.6.1.):

Quantity: 1 Style(s): CLASS B

SYSTEM LINE CIRCUITS

(a) Primary (Main): Nominal Voltage 120 Amps 20
 Overcurrent Protection: Type BREAKER Amps 20
 Location (of Primary Supply Panelboard): LXA
 Disconnection Means Location: #8

SYSTEM LINE CIRCUITS Continued...

(b) Secondary (Standby):

BATTERY

Storage Battery: Amp-Hr Rating: 100AH X2

Calculated capacity in: AH Amp-Hrs to operate system for: 24 hours

Engine-driven generator dedicated to fire alarm system: YES

Location of fuel storage: UNDER GENERATOR

TYPE BATTERY

Dry Cell Lead-Acid Nickel-Cadmium Sealed Lead Acid Other:

(c) Emergency or standby system used as a backup to primary power supply, instead of using a secondary power supply:

 Emergency system described in NFPA 70, Article 700

 Legally required standby described in NFPA 70, Article 701

 requirements of Article 700 or 701

PRIOR TO ANY TESTING

NOTIFICATIONS ARE MADE	YES	NO	WHO	TIME
Monitoring Entity	<input type="checkbox"/>	<input checked="" type="checkbox"/>	LOCAL	
Building Occupants	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Building Management	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Other (Specify) <u> </u>	<input type="checkbox"/>	<input type="checkbox"/>		
AHJ Notified of Any Impairments	<input type="checkbox"/>	<input type="checkbox"/>		

SYSTEM TESTS AND INSPECTIONS

TYPE	Visual	Functional	Comments
Control Unit	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Interface Equipment	<input type="checkbox"/>	<input type="checkbox"/>	
Lamps/LEDs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Fuses	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Primary Power Supply	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Trouble Signals	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Disconnect Switches	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Ground-Fault Monitoring	<input type="checkbox"/>	<input checked="" type="checkbox"/>	

SECONDARY POWER

TYPE	Visual	Functional	Comments
Battery Condition	<input checked="" type="checkbox"/>		GOOD
Load Voltage		<input checked="" type="checkbox"/>	12.05-76AH; 12.01-77AH;
Discharge Test		<input checked="" type="checkbox"/>	13.22-13.28
Charger Test		<input checked="" type="checkbox"/>	13.48-13.45
Specific Gravity		<input type="checkbox"/>	
TRANSIENT SUPPRESSORS	<input type="checkbox"/>		
REMOTE ANNUNCIATORS	<input type="checkbox"/>	<input type="checkbox"/>	

SECONDARY POWER Cont...

TYPE	Visual	Functional	Comments
NOTIFICATION APPEARANCES			
Audible	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	_____
Visible	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	_____
Speakers	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	_____
Voice Clarity		<input type="checkbox"/>	_____

INITIATING AND SUPERVISORY DEVICE TESTS AND INSPECTIONS

Loc. & S/N	Device Type	Visual Check	Func. Test	Factory Setting	Setting	Pass	Fail
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>

Comments:

EMERGENCY COMMUNICATIONS EQUIPMENT

	Visual	Functional	Comments
Phone Set	<input type="checkbox"/>	<input type="checkbox"/>	_____
Phone Jacks	<input type="checkbox"/>	<input type="checkbox"/>	_____
Off-Hook Indicator	<input type="checkbox"/>	<input type="checkbox"/>	_____
Amplifier(s)	<input type="checkbox"/>	<input type="checkbox"/>	_____
Tone Generator(s)	<input type="checkbox"/>	<input type="checkbox"/>	_____
Call-in Signal	<input type="checkbox"/>	<input type="checkbox"/>	_____
System Performance	<input type="checkbox"/>	<input type="checkbox"/>	_____

COMBINATION SYSTEMS

	Device Operation	Simulated Operation	Visual
Fire Exting. Monitoring Device/System	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Carbon Monoxide Detector/System	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other(Specify): _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

INTERFACE EQUIPMENT

(Specify) _____
 (Specify) _____
 (Specify) _____

SPECIAL HAZARD SYSTEMS

(Specify) _____
 (Specify) _____
 (Specify) _____

Special Procedures:

Comments:

SUPERVISING STATION MONITORING

	Yes	No	Time	Comments
Alarm Signal	<input type="checkbox"/>	<input checked="" type="checkbox"/>	_____	LOCAL
Alarm Restoration	<input type="checkbox"/>	<input checked="" type="checkbox"/>	_____	LOCAL
Trouble Signal	<input type="checkbox"/>	<input checked="" type="checkbox"/>	_____	LOCAL
Trouble Signal Restoration	<input type="checkbox"/>	<input checked="" type="checkbox"/>	_____	LOCAL
Supervisory Signal	<input type="checkbox"/>	<input checked="" type="checkbox"/>	_____	LOCAL
Supervisory Signal Restoration	<input type="checkbox"/>	<input checked="" type="checkbox"/>	_____	LOCAL

NOTIFICATION THAT TESTING IS COMPLETE

	Yes	No	Who	Time
Building Management	<input checked="" type="checkbox"/>	<input type="checkbox"/>	GREG	_____
Monitoring Agency	<input type="checkbox"/>	<input checked="" type="checkbox"/>	LOCAL	_____
Building Occupants	<input checked="" type="checkbox"/>	<input type="checkbox"/>	_____	_____
Other (Specify)	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____

The following did not operate correctly:

ALL TESTED OK

System restored to normal operation:

Date: 1/13/2017 Time: _____

THIS TESTING WAS PERFORMED IN ACCORDANCE WITH APPLICABLE NFPA STANDARDS

Name of Inspector: _____ Date: 1/13/2017 Time: _____

Signature: _____

License No. _____

Name of Representative: _____

Signature: _____

Inspection Date: 7-27-16

FIRE ALARM TEST REPORT

Acceptance
 Re-Acceptance
 Periodic

JOB SITE

CUSTOMER

Lancaster County Youth Service Center
 1200 Radcliff Street
 Lincoln, NE 68512

SYSTEM DETAIL

Type of System:	Inch/Class B	Model #: 4100	Standby Power Type:	65AH
Manufacturer:	Simplex	Serial #:	Trouble Battery Type:	SLA
System Installed by:			Battery Voltage:	24.6V
Remote Monitoring:	Local	Signal Rcvd: Y N	100% Smoke Calibration Date:	
Time of Inspection:			Next Scheduled Date:	
Time Inspection Completed and back in service:			100% Heat Detection Date:	
			Next Scheduled Date:	

SYSTEM COMPONENTS	QUANTITY	TESTED	DISCONNECT AC POWER AND CHECK SYSTEM ON EMERGENCY POWER
Manual Stations	22	✓	Did Trouble Signal operate properly? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Date: 7-27-16
Heat Detectors			Did Alarm Signal operate properly? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Date: 7-27-16
Fixed Temp Non-Restorable Line Type			BATTERY TEST VOLTAGE UNDER 1 AMPERE TEST LOAD
Fixed Temp Non-Restorable Spot Type			
Fixed Temp/Rate of Rise Restorable	5	✓	Emergency Power Battery Type: SLA Test Vols: 24
Restorable Line Type			Main Operating Power Type: AC Test Vols: 120
Smoke Detectors	150	✓	What code is system installed under? NFPA 72
Functional			Is system operating to code? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Calibrated			Comments (Note any known deficiencies here):
Beam, Infrared or Other Detectors			Panel batts 13.62 65 AH 13.58 65 AH Tested ok
Duct Detectors	13	✓	
Waterflow Devices (Time to Activate)	2	✓	
Supervisory Switches	2	✓	
Audible/Visual Devices	104/109	✓	
Visual Only Devices			List Current Repairs to System and Date of Repairs:
Control Unit			
Lamps and LEDs	43 B LED	✓	
Fuses	6	✓	
Primary Power Supply	1	✓	
Secondary Power Supply	1	✓	
Magnetic Door Holders	6	✓	
Fan Relays	2	✓	
Fire Phones			
Trouble Signals			
Alarm Circuit			
Zone Initiating Circuit			
Supervisory Signals			
Ground Fault			
Elevator Controls			
Powered Fire and Smoke Dampers			

Inspector: _____ License #: _____ Witness (For Acceptance Test Only): _____
 Expiration Date: 04-2017
 Subscriber: _____

SEQ # _____

DATE 16 DEC 13

NE 68506

Area: 5 Customer: 10545

Customer:
DOWNTOWN SENIOR CENTER
1005 'O' STREET

Location:

MONITORED BY NECO

TIME OOS 100

TIME BIS _____

SYSTEM COMPONENTS	TOTAL QUANTITY	# TESTED
Manual Stations.....	5	<u>3</u>
Heat Detectors		
Fixed Temp. Non-Restorable Line Type...	0	
Fixed Temp. Non-Restorable Spot Type...	0	
Fixed Temp./Rate of Rise/Restorable.....	3	
Restorable Line Type, Pneumatic.....	0	
Smoke Detectors		
Functional.....	14	<u>14</u>
Calibrated.....	0	
Beam, Infrared or other detectors.....	0	
Duct Detectors.....	2	<u>2</u>
Waterflow Devices (Time to Activate).....	1	
Supervisory Switches.....	0	
Audible/Visual Devices.....	11 / 17	<u>11/17</u>
Annunciators.....	0	
Control Unit		
Lamps and LED's.....	0	<u>0</u>
Fuses.....	1	<u>1</u>
Primary Power Supply.....	1	<u>1</u>
Secondary Supply.....	1	<u>1</u>
Magnetic Hold-open Devices.....	7	<u>7</u>
Fan Relays.....	0	
Voice Alarm and 2-way phone.....	0	
Trouble Signals		
Alarm Circuit.....	1	<u>1</u>
Zone Initiating Circuit.....	1	<u>1</u>
Supervisory Signals.....	0	
Ground Fault.....	1	
Elevator Controls.....	3	
Powered Fire and Smoke Dampers.....	0	
Range Hood.....	0	

DISCONNECT A.C. POWER & CHECK SYSTEM ON EMERGENCY POWER

Did Trouble Signal operate properly? Yes No Date: 12/13

Did Alarm Signal operate properly? Yes No Date: 12/13

BATTERY TEST VOLTAGE UNDER 1 AMPERE TEST LOAD

Emergency Power Battery Type SLA Test Volts 137/139

Main Operating Power Type AC Test Volts 120

What Code is system Installed under? APSPA-72

Is system operating according to Code? PER-INSTALL date

Comments: (Note any known deficiencies here)

INSTALLED NEW Batteries

2X SLA (PS 1250 FI 12V 15AH

List Current Repairs to System and Date of Repairs _____
(use back if needed)

SYSTEM TYPE CENTRALSTATION MANUFACTURER SPECTRONICS MODEL # 641/IPA SERIAL # _____

STANDBY POWER TYPE 2 X ~~SLA~~ PS-1250 FI 15AH TROUBLE BATTERY TYPE 2 X SLA ~~1055AH~~ PS 1250 57A4

Smoke detection calibration method used _____

Date 100% smoke calibration performed ~~12/12~~ 12/13 Next Scheduled _____

Date 100% heat detection last performed 09/07 Next Scheduled _____

Inspector Sam Thaller License # 271 Expiration Date 1/15

Subscriber _____ State Fire Marshal _____

NEBRASKA STATE FIRE MARSHAL
FIRE ALARM TEST REPORT

Acceptance Re-Acceptance Periodic 1 2

501146



Down town Senior Center
1006 "D" St.
Lincoln, Ne 68508

Item	Quantity	Notes
...	5	3
...	14	
...	2	
...	1	
...	11	
...	1	
...	LED	✓
...	1	✓
...	1	✓
...	1	
...	1	✓
...	1	
...	2	✓
...	3	

Inspection Date: 11-30-16

FIRE ALARM TEST REPORT

Acceptance
 Re-Acceptance
 Periodic

JOB SITE

CUSTOMER

Lancaster County Motor Vehicle
 625 North 46th Street
 Lincoln, NE 68503

SYSTEM DETAIL

Type of System:	Model #: <u>5FD-400</u>	Standby Power Type: <u>Batteries</u>
Manufacturer: <u>Naffziger</u>	Serial #:	Trouble Battery Type: <u>SLA</u>
		Battery Voltage: <u>24V</u>
System Installed by:		100% Smoke Calibration Date:
Remote Monitoring: <u>NFECO</u>	Signal Rcvd: <input checked="" type="radio"/> N	Next Scheduled Date:
Time of Inspection: <u>10:45</u>		100% Heat Detection Date:
Time Inspection Completed and back in service: <u>11:15</u>		Next Scheduled Date:
SYSTEM COMPONENTS	QUANTITY	TESTED
Manual Stations		
Heat Detectors		
Fixed Temp Non-Restorable Line Type		
Fixed Temp Non-Restorable Spot Type		
Fixed Temp/Rate of Rise Restorable		
Restorable Line Type		
Smoke Detectors		
Functional		
Calibrated		
Beam, Infrared or Other Detectors		
Duct Detectors	<u>3</u>	<u>3</u>
Waterflow Devices (Time to Activate)	<u>1</u>	<u>34 sec</u>
Supervisory Switches		
Audible/Visual Devices	<u>3</u>	<u>3</u>
Visual Only Devices	<u>5</u>	<u>5</u>
Audible Only Devices		
Annunciators		
Control Unit		
Lamps and LEDs	<u>16</u>	<u>16</u>
Fuses	<u>3</u>	<u>3</u>
Primary Power Supply	<u>1</u>	<u>1</u>
Secondary Power Supply	<u>1</u>	<u>1</u>
Magnetic Door Holders		
Fan Relays	<u>3</u>	
Fire Phones		
Trouble Signals		
Alarm Circuit	<u>2</u>	
Zone Initiating Circuit	<u>4</u>	
Supervisory Signals		
Ground Fault		
Elevator Controls		
Powered Fire and Smoke Dampers		

DISCONNECT AC POWER AND CHECK SYSTEM ON EMERGENCY POWER
 Did Trouble Signal operate properly? Yes No Date: 11-30-16
 Did Alarm Signal operate properly? Yes No Date: 11-30-16
BATTERY TEST VOLTAGE UNDER 1 AMPERE TEST LOAD
 Emergency Power Battery Type: SLA Test Volts: 25.5
 Main Operating Power Type: AC Test Volts: 120
 What code is system installed under? NFPA 72
 Is system operating to code? Yes

Comments (Note any known deficiencies here):
All tested OK

List Current Repairs to System and Date of Repairs:

Inspector: _____ License #: _____ Witness (For Acceptance Test Only): _____
 Expiration Date: 4-19-20
 Subscriber: _____

SEQ# _____
 DATE 14 Nov 13

Area: _____ Customer: _____

Customer: TRABERT Hall
2202 South 11

Location: _____

MONITORED BY NECO

TIME OOS 340

TIME BIS _____

SYSTEM COMPONENTS	TOTAL QUANTITY	# TESTED
Manual Stations.....	19	14
Heat Detectors		
Fixed Temp. Non-Restorable Line Type...		
Fixed Temp. Non-Restorable Spot Type...	64	
Fixed Temp./Rate of Rise/Restorable.....		
Restorable Line Type, Pneumatic.....		
Smoke Detectors		
Functional.....		
Calibrated.....	29	
Beam, Infrared or other detectors.....		
Duct Detectors.....	2	
Waterflow Devices (Time to Activate).....		
Supervisory Switches.....		
Audible/Visual Devices.....	21/21	21/21
Annunciators.....		
Control Unit		
Lamps and LED's.....	42	42
Fuses.....	3	3
Primary Power Supply.....	1	1
Secondary Supply.....	1	1
Magnetic Hold-open Devices.....	17	
Fan Relays.....	2	
Voice Alarm and 2-way phone.....		
Trouble Signals		
Alarm Circuit.....	1	1
Zone Initiating Circuit.....	12	4
Supervisory Signals.....		
Ground Fault.....	1	
Elevator Controls.....		
Powered Fire and Smoke Dampers.....		
Range Hood.....		

DISCONNECT A.C. POWER & CHECK SYSTEM ON EMERGENCY POWER

Did Trouble Signal operate properly? Yes No Date: 11/13

Did Alarm Signal operate properly? Yes No Date: 11/13

BATTERY TEST VOLTAGE UNDER 1 AMPERE TEST LOAD

Emergency Power Battery Type SLA Test Volts K

Main Operating Power Type PL Test Volts 12.0

What Code is system Installed under? NIFPA 72

Is system operating according to Code? NO*

Comments: (Note any known deficiencies here)

* System needs to be updated

many devices in the Bldg are longer function.

* System charging circuit not working -

Several pull stations on west side of Bldg do not work.

List Current Repairs to System and Date of Repairs
 (use back if needed)

SYSTEM TYPE Central Station MANUFACTURER huelite MODEL # C10/PW SERIAL # _____

STANDBY POWER TYPE 2x SLA 1075 TROUBLE BATTERY TYPE 2x SLA 1075

Smoke detection calibration method used _____

Date 100% smoke calibration performed _____ Next Scheduled _____

Date 100% heat detection last performed _____ Next Scheduled _____

Inspector Sam Hall License # 271 Expiration Date 7/15

Subscriber _____ State Fire Marshal _____

NEBRASKA STATE FIRE MARSHAL
 FIRE ALARM TEST REPORT

Acceptance Re-Acceptance Periodic 1 2

SEQ # _____

DATE 15 Nov 13

Area: 5 Customer: 11613

Customer:
OLD CITY HALL
920 O STREET

Location:

MONITORED BY NECO

TIME OOS 200

TIME BIS _____

SYSTEM COMPONENTS	TOTAL QUANTITY	# TESTED
Manual Stations.....	1	1
Heat Detectors		
Fixed Temp. Non-Restorable Line Type...	0	
Fixed Temp. Non-Restorable Spot Type...	2	
Fixed Temp./Rate of Rise/Restorable.....	0	
Restorable Line Type, Pneumatic.....	0	
Smoke Detectors		
Functional.....	55	
Calibrated.....	0	
Beam, Infrared or other detectors.....	0	
Duct Detectors.....	0	
Waterflow Devices (Time to Activate).....	0	
Supervisory Switches.....	0	
Audible/Visual Devices.....	6 / 6	6/6
Annunciators.....	0	
Control Unit		
Lamps and LED's.....	13	13
Fuses.....	7	7
Primary Power Supply.....	1	1
Secondary Supply.....	1	1
Magnetic Hold-open Devices.....	0	
Fan Relays.....	0	
Voice Alarm and 2-way phone.....	0	
Trouble Signals		
Alarm Circuit.....	1	1
Zone Initiating Circuit.....	6	
Supervisory Signals.....	0	
Ground Fault.....	0	
Elevator Controls.....	0	
Powered Fire and Smoke Dampers.....	0	
Range Hood.....	0	

DISCONNECT A.C. POWER & CHECK SYSTEM ON EMERGENCY POWER

Did Trouble Signal operate properly? Yes No _____ Date: 11/13
Did Alarm Signal operate properly? Yes No _____ Date: 11/13

BATTERY TEST VOLTAGE UNDER 1 AMPERE TEST LOAD

Emergency Power Battery Type SLA Test Volts 13.6/13.5
Main Operating Power Type AC Test Volts 120

What Code is system installed under? NFPA-72

Is system operating according to Code? yes - per install code

Comments: (Note any known deficiencies here)

** System should be brought up to code.*

List Current Repairs to System and Date of Repairs _____

(use back if needed) _____

SYSTEM TYPE CENTRALSTATION MANUFACTURER NOTIFIER MODEL # MD SERIAL # _____

STANDBY POWER TYPE 2 X NP4/12 4AH TROUBLE BATTERY TYPE 2 X NP4/12 4AH

Smoke detection calibration method used _____

Date 100% smoke calibration performed 05/03 Next Scheduled _____

Date 100% heat detection last performed _____ Next Scheduled _____

Inspector [Signature] License # _____ Expiration Date 1/15

Subscriber _____ State Fire Marshal _____

NEBRASKA STATE FIRE MARSHAL
FIRE ALARM TEST REPORT

Acceptance Re-Acceptance Periodic 1 2

SEQ # _____
 DATE 17 Apr 13

Area: 5 Customer: 11170

Customer:
 CITY OF LINCOLN - 233 BUILDING
 233 SOUTH 10TH STREET

Location: _____

MONITORED BY NECO

TIME OOS 1130 TIME BIS _____

SYSTEM COMPONENTS	TOTAL QUANTITY	# TESTED	DISCONNECT A.C. POWER & CHECK SYSTEM ON EMERGENCY POWER
Manual Stations.....	10	<u>10</u>	Did Trouble Signal operate properly? Yes <input checked="" type="checkbox"/> No _____ Date: <u>9/13</u>
Heat Detectors			Did Alarm Signal operate properly? Yes <input checked="" type="checkbox"/> No _____ Date: <u>9/13</u>
Fixed Temp. Non-Restorable Line Type...	0		BATTERY TEST VOLTAGE UNDER 1 AMPERE TEST LOAD
Fixed Temp. Non-Restorable Spot Type...	0		Emergency Power Battery Type <u>SLA</u> Test Volts <u>13.7/13.8</u>
Fixed Temp./Rate of Rise/Restorable.....	0		Main Operating Power Type <u>AC</u> Test Volts <u>120</u>
Restorable Line Type, Pneumatic.....	0		What Code is system Installed under? <u>NFPA-72</u>
Smoke Detectors			Is system operating according to Code? <u>YES per install date</u>
Functional.....	0	<u>1</u>	Comments: (Note any known deficiencies here)
Calibrated.....	1		_____
Beam, Infrared or other detectors.....	0		_____
Duct Detectors.....	0		_____
Waterflow Devices (Time to Activate).....	1		_____
Supervisory Switches.....	1		_____
Audible/Visual Devices.....	12 / 36	<u>12/36</u>	_____
Annunciators.....	0		_____
Control Unit			_____
Lamps and LED's.....	0	<u>LCD</u>	_____
Fuses.....	1	<u>1</u>	_____
Primary Power Supply.....	1	<u>1</u>	_____
Secondary Supply.....	1	<u>1</u>	_____
Magnetic Hold-open Devices.....	0		_____
Fan Relays.....	0		_____
Voice Alarm and 2-way phone.....	0		_____
Trouble Signals			_____
Alarm Circuit.....	4	<u>4</u>	_____
Zone Initiating Circuit.....	0	<u>ADD</u>	_____
Supervisory Signals.....	0		_____
Ground Fault.....	1		_____
Elevator Controls.....	0		_____
Powered Fire and Smoke Dampers.....	0		_____
Range Hood.....	0		_____

SYSTEM TYPE CENTRALSTATION MANUFACTURER NOTIFIER MODEL # AFP-200 SERIAL # _____

STANDBY POWER TYPE 2 X SLA 1075 8AH TROUBLE BATTERY TYPE 1 X SLA 1075 8AH Square

Smoke detection calibration method used _____
 Date 100% smoke calibration performed 9/13 Next Scheduled _____
 Date 100% heat detection last performed _____ Next Scheduled _____
 Inspector Sam Staller License # 291 Expiration Date 1/15
 Subscriber _____ State Fire Marshal _____

NEBRASKA STATE FIRE MARSHAL
 FIRE ALARM TEST REPORT

Acceptance Re-Acceptance Periodic 1 2

SEQ # _____

DATE 12 Jul 13

Area: 5 Customer: 10160

68506

Customer:
BENNETT MARTIN LIBRARY (FIRE)
14TH & Nth STREETS

Location:
FIRE/SECURITY/ELEVATOR PHONE

MONITORED BY NECO

TIME OOS 855

TIME BIS _____

SYSTEM COMPONENTS	TOTAL QUANTITY	# TESTED	DISCONNECT A.C. POWER & CHECK SYSTEM ON EMERGENCY POWER
Manual Stations.....	20	<u>20</u>	Did Trouble Signal operate properly? <input checked="" type="checkbox"/> Yes No Date: <u>4/13</u>
Heat Detectors			Did Alarm Signal operate properly? <input checked="" type="checkbox"/> Yes No Date: <u>4/13</u>
Fixed Temp. Non-Restorable Line Type...	0		BATTERY TEST VOLTAGE UNDER 1 AMPERE TEST LOAD
Fixed Temp. Non-Restorable Spot Type...	0		Emergency Power Battery Type <u>SLA</u> Test Volts <u>138/138</u>
Fixed Temp./Rate of Rise/Restorable.....	0		Main Operating Power Type <u>AC</u> Test Volts <u>120</u>
Restorable Line Type, Pneumatic.....	0		What Code is system Installed under? <u>NFPA-72</u>
Smoke Detectors			Is system operating according to Code? <u>Yes per install date</u>
Functional.....	0		Comments: (Note any known deficiencies here)
Calibrated.....	98	<u>98</u>	
Beam, Infrared or other detectors.....	0		
Duct Detectors.....	0		
Waterflow Devices (Time to Activate).....	1	<u>1</u>	
Supervisory Switches.....	0		
Audible/Visual Devices.....	20 / 43	<u>20/43</u>	
Annunciators.....	0		
Control Unit			
Lamps and LED's.....	0	<u>60</u>	
Fuses.....	3	<u>3</u>	
Primary Power Supply.....	1	<u>1</u>	
Secondary Supply.....	1	<u>1</u>	
Magnetic Hold-open Devices.....	6	<u>6</u>	List Current Repairs to System and Date of Repairs
Fan Relays.....	4		(use back if needed)
Voice Alarm and 2-way phone.....	1	<u>1</u>	<u>SM - 138/138</u>
Trouble Signals			
Alarm Circuit.....	1	<u>1</u>	
Zone Initiating Circuit.....	0	<u>ADDC</u>	
Supervisory Signals.....	0		
Ground Fault.....	1		
Elevator Controls.....	0		
Powered Fire and Smoke Dampers.....	0		
Range Hood.....	0		

SYSTEM TYPE CENTRALSTATION MANUFACTURER SECURTRON MODEL # MR-2100 SERIAL # _____

STANDBY POWER TYPE 2 X SLA 1075 7AH TROUBLE BATTERY TYPE 2 X SLA 1075 7AH

Smoke detection calibration method used _____

Date 100% smoke calibration performed 02/12 4/13 Next Scheduled _____

Date 100% heat detection last performed _____ Next Scheduled _____

Inspector _____ License # _____ Expiration Date 7/15

Subscriber _____ State Fire Marshal _____

NEBRASKA STATE FIRE MARSHAL
FIRE ALARM TEST REPORT

Acceptance Re-Acceptance Periodic 1 2

SEQ # _____
 DATE 9 OCT 13

Area: _____ Customer: _____

68506

Customer:
Bethany Branch Library
1810 North Cotner

Location: _____

MONITORED BY NECO TIME OOS 125 TIME BIS _____

SYSTEM COMPONENTS	TOTAL QUANTITY	# TESTED	DISCONNECT A.C. POWER & CHECK SYSTEM ON EMERGENCY POWER
Manual Stations.....	<u>2</u>	<u>2</u>	Did Trouble Signal operate properly? <input checked="" type="checkbox"/> Yes No _____ Date: <u>10/13</u>
Heat Detectors			Did Alarm Signal operate properly? <input checked="" type="checkbox"/> Yes No _____ Date: <u>10/13</u>
Fixed Temp. Non-Restorable Line Type...			BATTERY TEST VOLTAGE UNDER 1 AMPERE TEST LOAD
Fixed Temp. Non-Restorable Spot Type...			Emergency Power Battery Type <u>SLA</u> Test Volts <u>13.5/10.5</u>
Fixed Temp./Rate of Rise/Restorable.....			Main Operating Power Type <u>A</u> Test Volts <u>120</u>
Restorable Line Type, Pneumatic.....			What Code is system installed under? <u>NEPA-72</u>
Smoke Detectors			Is system operating according to Code? <u>Yes - per install date</u>
Functional.....	<u>8</u>	<u>8</u>	Comments: (Note any known deficiencies here)
Calibrated.....			_____
Beam, Infrared or other detectors.....			_____
Duct Detectors.....			_____
Waterflow Devices (Time to Activate).....			_____
Supervisory Switches.....			_____
Audible/Visual Devices.....	<u>2/5</u>	<u>2/5</u>	_____
Annunciators.....	<u>1</u>	<u>1</u>	_____
Control Unit			_____
Lamps and LED's.....	<u>13</u>	<u>13</u>	_____
Fuses.....	<u>1</u>	<u>1</u>	_____
Primary Power Supply.....	<u>1</u>	<u>1</u>	_____
Secondary Supply.....	<u>1</u>	<u>1</u>	_____
Magnetic Hold-open Devices.....			_____
Fan Relays.....			_____
Voice Alarm and 2-way phone.....			_____
Trouble Signals			_____
Alarm Circuit.....	<u>1</u>	<u>1</u>	_____
Zone Initiating Circuit.....	<u>2</u>	<u>2</u>	_____
Supervisory Signals.....			_____
Ground Fault.....			_____
Elevator Controls.....			_____
Powered Fire and Smoke Dampers.....			_____
Range Hood.....			_____

SYSTEM TYPE Central Station MANUFACTURER Edwards MODEL # EST-1 SERIAL # _____

STANDBY POWER TYPE 2X SLA 10.5V SAIT TROUBLE BATTERY TYPE 2X SLA 10.5V SAIT

Smoke detection calibration method used _____

Date 100% smoke calibration performed 10/13 Next Scheduled _____

Date 100% heat detection last performed _____ Next Scheduled _____

Inspector _____ License # _____ Expiration Date 1/15

Subscriber _____ State Fire Marshal _____

**NEBRASKA STATE FIRE MARSHAL
 FIRE ALARM TEST REPORT**

Acceptance Re-Acceptance Periodic 1 2

SEQ# _____
 DATE 2005/13

68506

Area: 6 Customer: 10322

Customer:
 CHARLES H. GERE LIBRARY
 2400 SOUTH 56TH STREET

Location:
 FIRE & SECURITY INSPECTION

MONITORED BY NECO

TIME OOS 845

TIME BIS _____

SYSTEM COMPONENTS	TOTAL QUANTITY	# TESTED	DISCONNECT A.C. POWER & CHECK SYSTEM ON EMERGENCY POWER
Manual Stations.....	5	5	Did Trouble Signal operate properly? <input checked="" type="checkbox"/> Yes No Date: <u>10/13</u>
Heat Detectors			Did Alarm Signal operate properly? <input checked="" type="checkbox"/> Yes No Date: <u>10/13</u>
Fixed Temp. Non-Restorable Line Type...	0		BATTERY TEST VOLTAGE UNDER 1 AMPERE TEST LOAD
Fixed Temp. Non-Restorable Spot Type...	0		Emergency Power Battery Type <u>SLA</u> Test Volts <u>13.4/14</u>
Fixed Temp./Rate of Rise/Restorable.....	0		Main Operating Power Type <u>AC</u> Test Volts <u>12.0</u>
Restorable Line Type, Pneumatic.....	0		What Code is system installed under? <u>N.A. = 7L</u>
Smoke Detectors			Is system operating according to Code? <u>Yes per install date</u>
Functional.....	1		Comments: (Note any known deficiencies here)
Calibrated.....	0		
Beam, Infrared or other detectors.....	0		
Duct Detectors.....	4		
Waterflow Devices (Time to Activate).....	1		
Supervisory Switches.....	2		
Audible/Visual Devices.....	19 / 28	19/28	
Annunciators.....	0		
Control Unit			
Lamps and LEDs.....	26	26	
Fuses.....	4	4	
Primary Power Supply.....	1	1	
Secondary Supply.....	1	1	
Magnetic Hold-open Devices.....	0		
Fan Relays.....	2	2	
Voice Alarm and 2-way phone.....	0		
Trouble Signals			
Alarm Circuit.....	2	2	
Zone Initiating Circuit.....	6	3	
Supervisory Signals.....	2		
Ground Fault.....	1		
Elevator Controls.....	0		
Powered Fire and Smoke Dampers.....	1	1	
Range Hood.....	0		

List Current Repairs to System and Date of Repair
 (use back if needed)

SYSTEM TYPE CENTRAL STATION MANUFACTURER GAMEWELL MODEL # ZANS400 SERIAL # _____

STANDBY POWER TYPE 2 X SLA NP7/12 7AH TROUBLE BATTERY TYPE 2 X SLA NP7/12 7AH

Smoke detection calibration method used _____

Date 100% smoke calibration performed 04/13 Next Scheduled _____

Date 100% heat detection test performed _____ Next Scheduled _____

Inspector _____ License # _____ Expiration Date 1/15

Subscriber _____ State Fire Marshal _____

**NEBRASKA STATE FIRE MARSHAL
 FIRE ALARM TEST REPORT**

Acceptance Re-Acceptance Periodic 1 2

SEQ# _____

DATE 16 Oct 13

NE 68506

Area: _____ Customer: _____

Customer:

Loren C Eiseley Library
1530 Superior St

Location:

INITIATED BY

NJECO

TIME OOS

325

TIME BIS _____

SYSTEM COMPONENTS	TOTAL QUANTITY	# TESTED
Manual Stations.....	<u>8</u>	<u>7</u>
Heat Detectors		
Fixed Temp. Non-Restorable Line Type...		
Fixed Temp. Non-Restorable Spot Type...		
Fixed Temp./Rate of Rise/Restorable.....		
Restorable Line Type, Pneumatic.....		
Smoke Detectors		
Functional.....	<u>15</u>	
Calibrated.....		
Beam, Infrared or other detectors.....		
Duct Detectors.....	<u>1</u>	
Waterflow Devices (Time to Activate).....	<u>1</u>	
Supervisory Switches.....	<u>2</u>	
Audible/Visual Devices.....	<u>40/49</u>	
Annunciators.....		
Control Unit		
Lamps and LEDs.....	<u>CCO</u>	<u>CCO</u>
Fuses.....	<u>1</u>	<u>1</u>
Primary Power Supply.....	<u>1</u>	<u>1</u>
Secondary Supply.....	<u>1</u>	<u>1</u>
Magnetic Hold-open Devices.....		
Relays.....	<u>1</u>	
Voice Alarm and 2-way phone.....	<u>1</u>	
audible Signals		
Alarm Circuit.....	<u>12</u>	
Zone Initiating Circuit.....	<u>ADDN</u>	<u>ADDN</u>
Supervisory Signals.....	<u>2</u>	
Ground Fault.....	<u>1</u>	
Elevator Controls.....		
Powered Fire and Smoke Dampers.....	<u>1</u>	
Range Hood.....		

DISCONNECT A.C. POWER & CHECK SYSTEM ON EMERGENCY POWER

Did Trouble Signal operate properly? Yes No Date: 10/13

Did Alarm Signal operate properly? Yes No Date: 10/13

BATTERY TEST VOLTAGE UNDER 1 AMPERE TEST LOAD

Emergency Power Battery Type SLA Test Volts 13 7/13

Main Operating Power Type AC Test Volts 120

What Code is system installed under? NFPA-72

Is system operating according to Code? Yes per install date

Comments: (Note any known deficiencies here)

List Current Repairs to System and Date of Repairs

(use back if needed)

SYSTEM TYPE Central Station MANUFACTURER Notifies MODEL # AFP-400 SERIAL # _____

ANDBY POWER TYPE 2XSLU 1075 8AH TROUBLE BATTERY TYPE 2XSLU 1075 8A

Smoke detection calibration method used _____

Date 100% smoke calibration performed 4/13 Next Scheduled _____

Date 100% heat detection last performed _____ Next Scheduled _____

Inspector _____ License # _____ 1 Expiration Date 1/15

Subscriber _____ State Fire Marshal _____

SEQ # _____

DATE 18 4 13

Area: 5 Customer: 13814

68506

Customer:
SOUTH BRANCH LIBRARY
2675 SOUTH STREET

Location:
FIRE & SECURITY INSPECTION

MONITORED BY NECO TIME OOS 400 TIME BIS _____

SYSTEM COMPONENTS	TOTAL QUANTITY	# TESTED	DISCONNECT A.C. POWER & CHECK SYSTEM ON EMERGENCY POWER
Manual Stations.....	3	<u>3</u>	Did Trouble Signal operate properly? <input checked="" type="checkbox"/> Yes No Date: <u>4/13</u>
Heat Detectors			Did Alarm Signal operate properly? <input checked="" type="checkbox"/> Yes No Date: <u>4/13</u>
Fixed Temp. Non-Restorable Line Type...	0		BATTERY TEST VOLTAGE UNDER 1 AMPERE TEST LOAD
Fixed Temp. Non-Restorable Spot Type...	0		Emergency Power Battery Type <u>SLA</u> Test Volts <u>13.18</u>
Fixed Temp./Rate of Rise/Restorable.....	0		Main Operating Power Type <u>AL</u> Test Volts <u>120</u>
Restorable Line Type, Pneumatic.....	0		What Code is system installed under? <u>NFPA-72</u>
Smoke Detectors			Is system operating according to Code? <u>Yes - per install date</u>
Functional.....	10	<u>10</u>	Comments: (Note any known deficiencies here)
Calibrated.....	0		
Beam, Infrared or other detectors.....	0		
Duct Detectors.....	0		
Waterflow Devices (Time to Activate).....	0		
Supervisory Switches.....	0		
Audible/Visual Devices.....	2 / 8	<u>2/8</u>	
Annunciators.....	1		
Control Unit			
Lamps and LED's.....	0	<u>0</u>	
Fuses.....	1	<u>1</u>	
Primary Power Supply.....	1	<u>1</u>	
Secondary Supply.....	1	<u>1</u>	
Magnetic Hold-open Devices.....	0		
Fan Relays.....	0		
Voice Alarm and 2-way phone.....	0		
Trouble Signals			
Alarm Circuit.....	2	<u>2</u>	
Zone Initiating Circuit.....	1	<u>1</u>	
Supervisory Signals.....	0		
Ground Fault.....	0		
Elevator Controls.....	0		
Powered Fire and Smoke Dampers.....	0		
Range Hood.....	0		

Replaced The Batteries
2x SLA 1075 - (Fire System)

List Current Repairs to System and Date of Repairs
(use back if needed)

SYSTEM TYPE CENTRALSTATION MANUFACTURER SILENT KNIGHT MODEL # 4821 SERIAL # _____

STANDBY POWER TYPE 2 X SLA 1075 TROUBLE BATTERY TYPE 2 X SLA 1075

Smoke detection calibration method used _____

Date 100% smoke calibration performed 4/13 Next Scheduled _____

Date 100% heat detection last performed _____ Next Scheduled _____

Inspector _____ License # _____ Expiration Date 1/15

Subscriber _____ State Fire Marshal _____

NEBRASKA STATE FIRE MARSHAL
FIRE ALARM TEST REPORT

Acceptance Re-Acceptance Periodic 2

NEBRASKA STATE FIRE MARSHAL

FIRE ALARM TEST REPORT

Acceptance G
 Re-acceptance G
 Periodic 1 G 2 G

Date: 5/24/17

Customer CITY OF LINCOLN PARKING
 Address _____
 Premises Protected RED ONE GARAGE
 Address 555 R ST. #11 LINCOLN, NE.
 Type of System F/A Model # _____ Standby Power type _____
 Manufacturer SIEMENS Serial # _____ Trouble Battery Type _____
 Installed By _____ and Voltage _____

System remotely monitored by LOCAL Date 100% smoke calibration performed _____
 Type of Inspection _____ Next scheduled _____
 Time inspection completed and system back in service _____ Date 100% heat detection last performed _____
 Smoke Detection Calibration Test method used _____ Next Scheduled _____

SYSTEM COMPONENTS	TOTAL QUANTITY	# TESTED	DISCONNECT AC POWER AND CHECK SYSTEM ON EMERGENCY POWER
Manual Stations			Did Trouble Signal operate properly? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Date <u>5/24/17</u>
Heat Detectors			Did Alarm Signal operate properly <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Date _____
Fixed Temp Non-Restorable Line Type			BATTERY TEST VOLTAGE UNDER 1 AMPERE TEST LOAD
Fixed Temp Non-Restorable Spot Type			Emergency Power Battery Type <u>GEL CELL</u> Test Volts <u>12v</u>
Fixed Temp/Rate of Rise/Restorable			Main Operating Power Type <u>AC</u> Test Volts <u>120VAC</u>
Restorable Line Type, Pneumatic			What code is system installed under? <u>AS ACCEPTED</u>
Smoke Detectors	<u>18</u>	<u>2</u>	Is system operating according to code? <u>YES</u>
Functional			Comments (Note any known deficiencies here)
Calibrated			<u>SYSTEM TESTED OK</u>
Beam, Infrared or other detectors			
Duct Detectors			
Water flow Devices (Time to Activate)			
Supervisory Switches			
Audible/Visual Devices	<u>14/14</u>	<u>14/14</u>	
Annunciators			List Current Repairs to System and Date of Repairs (use back if needed)
Control Unit			
Lamps and LEDs			<u>CUSTOMER WILL REPLACE BATTERIES AS NEEDED; PER JAMES</u>
Fuses			
Primary Power Supply			
Secondary Supply			
Magnetic Hold-open Devices			
Fan Relays			
Voice Alarm and 2-way phone			
Trouble Signals			
Alarm Circuit			
Zone Initiating Circuit			
Supervisory Signals			
Ground Fault			
Elevator Controls			
Powered Fire and Smoke Dampers			

Inspector Christina License # 615 Witness _____
 Expiration Date 12/19 (For acceptance test only)
 Subscriber [Signature] State Fire Marshal

Customer hereby releases, discharges and agrees to hold Company harmless from any and all claims, liabilities, damages, losses or expenses arising from or cause by any hazard, accident or incident of any nature in or on the premises of customer whether said claim is made by customer, customer's agent, customer's insurance company, customer's employees, customer's invitees, or any other parties claiming under or through customer or by reason of customer's business or place of business. Customer acknowledges, consents and agrees that company is not an insurer and that customer assumes all risk of loss or damage to customer's premises or the contents thereof as a result of a non operation of or malfunction of or the failure of the system to perform for any reason.

NEBRASKA STATE FIRE MARSHAL

FIRE ALARM TEST REPORT

Acceptance G
 Re-acceptance G Date: 5/23/17
 Periodic 1 G 2 G

Customer CITY OF LINCOLN PARKING

Address

Premises Protected LUMBER WORKS GARAGE

Address 700 N. ST. LINCOLN, NE. 68508

Type of System Model # Standby Power type

Manufacturer SIEMENS Serial # Trouble Battery Type GELCELL

Installed By and Voltage 24VDC

System remotely monitored by LOCAL Date 100% smoke calibration performed

Type of Inspection Next scheduled

Time inspection completed and system back in service Date 100% heat detection last performed

Smoke Detection Calibration Test method used Next Scheduled

DISCONNECT AC POWER AND CHECK SYSTEM ON EMERGENCY POWER

Manual Stations Did Trouble Signal operate properly? Yes No Date 5/23/17

Heat Detectors Did Alarm Signal operate properly? Yes No Date

Fixed Temp Non-Restorable Line Type BATTERY TEST VOLTAGE UNDER 1 AMPERE TEST LOAD

Fixed Temp Non-Restorable Spot Type Emergency Power Battery Type Test Volts 12VDC

Fixed Temp/Rate of Rise/Restorable Main Operating Power Type Test Volts 120VAC

Restorable Line Type, Pneumatic What code is system installed under?

Smoke Detectors 14 2 Is system operating according to code?

Functional Comments (Note any known deficiencies here)

Calibrated SYSTEM TESTED OK

Beam, Infrared or other detectors

Quint Detectors

Water flow Devices (Time to Activate)

Supervisory Switches BATTERIES WILL BE CHANGED OUT BY CUSTOMER PER JAMES.

Audible/Visual Devices

Annunciators

Control Unit List Current Repairs to System and Date of Repairs (use back if needed)

Lamps and LEDs

Fuses

Primary Power Supply

Secondary Supply

Magnetic Hold-open Devices

Fan Relays

Voice Alarm and 2-way phone

Trouble Signals

Alarm Circuit

Zone Initiating Circuit

Supervisory Signals

Ground Fault

Elevator Controls

Powered Fire and Smoke Dampers

Inspector Chris Hamilton License # 615 Witness

Expiration Date 12/19 (For acceptance test only)

Subscriber Jan Ballinger State Fire Marshal

Customer hereby releases, discharges and agrees to hold Company harmless from any and all claims, liabilities, damages, losses or expenses arising from or cause by any hazard, accident or incident of any nature in or on the premises of customer whether said claim is made by customer, customers agent, customers insurance company, customers employees, customers invitees, or any other parties claiming under or through customers or by reason of customers business or place of business. Customer acknowledges, consents and agrees that company is not an insurer and that customer assumes all risk of loss or damage to customers premises or the contents thereof as a result of a non operation of or malfunction of or the failure of the system to perform for any reason.

NEBRASKA STATE FIRE MARSHAL

FIRE ALARM TEST REPORT

Acceptance G
 Re-acceptance G Date: 5/23/17
 Periodic 1 G 2 G

Customer CITY OF LINCOLN PARKING
 Address _____
 Premises Protected MARKET PLACE PARKING
 Address 925 Q ST. LINCOLN, NE.
 Type of System FIA Mode: # _____ Standby Power type _____
 Manufacturer PYROTRONICS Serial # _____ Trouble Battery Type _____
 Installed By _____ and Voltage _____
 System remotely monitored by LOCAL Date 100% smoke calibration performed _____
 Type of Inspection _____ Next scheduled _____
 Time inspection completed and system back in service _____ Date 100% heat detection last performed _____
 Smoke Detection Calibration Test method used _____ Next Scheduled _____

SYSTEM COMPONENTS	TOTAL QUANTITY	# TESTED	DISCONNECT AC POWER AND CHECK SYSTEM ON EMERGENCY POWER
Manual Stations			Did Trouble Signal operate properly? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Date <u>5/23/17</u>
Heat Detectors			Did Alarm Signal operate properly? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Date _____
Fixed Temp Non-Restorable Line Type			BATTERY TEST VOLTAGE UNDER 1 AMPERE TEST LOAD
Fixed Temp Non-Restorable Spot Type			Emergency Power Battery Type <u>GEL CELL</u> Test Volts <u>12V</u>
Fixed Temp/Rate of Rise/Restorable			Main Operating Power Type <u>AC</u> Test Volts _____
Restorable Line Type, Pneumatic			What code is system installed under? <u>AS ACCEPTED</u>
Smoke Detectors	<u>17</u>	<u>1</u>	Is system operating according to code? <u>YES</u>
Functional			Comments (Note any known deficiencies here) <u>SYSTEM TESTED OK</u>
Calibrated			
Beam, Infrared or other detectors			
Dual Detectors			
Water flow Devices (Time to Activate)			
Supervisory Switches			
Audible/Visual Devices			
Annunciators			
Control Unit			List Current Repairs to System and Date of Repairs (use back if needed)
Lamps and LEDs	<u>✓</u>	<u>✓</u>	
Fuses	<u>✓</u>	<u>✓</u>	
Primary Power Supply	<u>✓</u>	<u>✓</u>	
Secondary Supply	<u>✓</u>	<u>✓</u>	
Magnetic Hold-open Devices			
Fan Relays			
Voice Alarm and 2-way phone			
Trouble Signals			
Alarm Circuit			
Zone Initiating Circuit			
Supervisory Signals			
Ground Fault			
Elevator Controls			
Powered Fire and Smoke Dampers			

Inspector Chris Hawla License # 615 Witness _____
 Expiration Date 12/18 (For acceptance test only)
 Subscriber J. B. Bathy State Fire Marshal

Customer hereby releases, discharges and agrees to hold Company harmless from any and all claims, liabilities, damages, losses or expenses arising from or caused by any hazard, accident or incident of any nature on the premises of customer whether said claim is made by customer, customer's agent, customer's insurance company, customer's employees, customer's invitees, or any other parties claiming under or through customer or by reason of customer's business or place of business. Customer acknowledges, consents and agrees that company is not an insurer and that customer assumes all risk of loss or damage to customer's premises or the contents thereof as a result of a non-operation of or malfunction of or the failure of the system to perform for any reason.

NEBRASKA STATE FIRE MARSHAL

FIRE ALARM TEST REPORT

Acceptance G
 Re-acceptance G Date: 5/24/17
 Periodic 1 G 2 G

Customer CITY OF LINCOLN PARKING
 Address _____

Premises Protected CENTER PARK GARAGE
 Address 1120 N. ST. LINCOLN, NE

Type of System F/A Model # _____ Standby Power type _____
 Manufacturer NOTIFER Serial # _____ Trouble Battery Type _____
 Installed By _____ and Voltage _____

System remotely monitored by LOCAL Date 100% smoke calibration performed _____

Type of Inspection _____ Next scheduled _____

Time inspection completed and system back in service _____ Date 100% heat detection last performed _____

Smoke Detection Calibration Test method used _____ Next Scheduled _____

SYSTEM COMPONENTS TOTAL QUANTITY # TESTED DISCONNECT AC POWER AND CHECK SYSTEM ON EMERGENCY POWER

Manual Stations _____ Did Trouble Signal operate properly? Yes No _____ Date 5/24/17

Heat Detectors _____ Did Alarm Signal operate properly Yes No _____ Date 5/24/17

Fixed Temp Non-Restorable Line Type _____ BATTERY TEST VOLTAGE UNDER 1 AMPERE TEST LOAD

Fixed Temp Non-Restorable Spot Type _____ Emergency Power Battery Type GEL CELL Test Volts 12VDC

Fixed Temp/Rate of Rise/Restorable _____ Main Operating Power Type AC Test Volts 120VAC

Restorable Line Type, Pneumatic _____ What code is system installed under? AS ACCEPTED

Smoke Detectors _____ Is system operating according to code? YES

Functional _____ Comments (Note any known deficiencies here)

Calibrated _____ SYSTEM TESTED OK

Beam, Infrared or other detectors _____

Duct Detectors _____

Water flow Devices (Time to Activate) _____

Supervisory Switches _____ NO INSP. REPORTS ON SITE.

Audible/Visual Devices _____

Annunciators _____

Control Unit _____ List Current Repairs to System and Date of Repairs (use back if needed)

Lamps and LEDs _____ ✓ _____ ✓

Fuses _____

Primary Power Supply _____ ✓ _____ ✓

Secondary Supply _____ ✓ _____ ✓

Magnetic Hold-open Devices _____

Fan Relays _____

Voice Alarm and 2-way phone _____

Trouble Signals _____

Alarm Circuit _____

Zone Initiating Circuit _____

Supervisory Signals _____

Ground Fault _____

Elevator Controls _____

Powered Fire and Smoke Dampers _____

Inspector Chris Hawthorn License # 615 Witness _____

Expiration Date 12/19 (For acceptance test only)

Subscriber [Signature] State Fire Marshal

Customer hereby releases, discharges and agrees to hold Company harmless from any and all claims, liabilities, damages, losses or expenses arising from or cause by any hazard, accident or incident of any nature in or on the premises of customer weather said claim is made by customer, customers agent, customers insurance company, customers employees, customers invitees, or any other parties claiming under or through customers or by reason of customers business or place of business. Customer acknowledges, consents and agrees that company is not an insurer and that customer assumes all risk of loss or damage to customers premises or the contents thereof as a result of a non operation of or malfunction of or the failure of the system to perform for any reason.

NEBRASKA STATE FIRE MARSHAL

FIRE ALARM TEST REPORT

Acceptance G
 Re-acceptance G
 Periodic 1 2 G

Date: 5/24/17

Customer <u>CITY OF LINCOLN PARKING</u>		
Address		
Premises Protected <u>CARRIAGE PARK</u>		
Address <u>1728 L ST. LINCOLN, NE.</u>		
Type of System <u>F/A</u>	Model #	Standby Power type
Manufacturer <u>PYROTRONICS</u>	Serial #	Trouble Battery Type
Installed By		and Voltage
System remotely monitored by <u>LOCAL</u>		Date 100% smoke calibration performed
Type of Inspection		Next scheduled
Time inspection completed and system back in service		Date 100% heat detection last performed
Smoke Detection Calibration Test method used		Next Scheduled
SYSTEM COMPONENTS	TOTAL QUANTITY	# TESTED
Manual Stations		
Heat Detectors	<u>8</u>	
Fixed Temp Non-Restorable Line Type		
Fixed Temp Non-Restorable Spot Type		
Fixed Temp/Rate of Rise/Restorable		
Restorable Line Type, Pneumatic		
Smoke Detectors	<u>1</u>	<u>1</u>
Functional		
Calibrated		
Beam, Infrared or other detectors		
Duct Detectors		
Water flow Devices (Time to Activate)		
Supervisory Switches		
Audible/Visual Devices		
Annunciators		
Control Unit		
Lamps and LEDs	<u>✓</u>	<u>✓</u>
Fuses	<u>✓</u>	<u>✓</u>
Primary Power Supply	<u>✓</u>	<u>✓</u>
Secondary Supply		
Magnetic Hold-open Devices		
Fan Relays		
Voice Alarm and 2-way phone		
Trouble Signals		
Alarm Circuit		
Zone Initiating Circuit		
Supervisory Signals		
Ground Fault		
Elevator Controls		
Powered Fire and Smoke Dampers		
Inspector <u>Chris Haulton</u>	License # <u>615</u>	Witness
Expiration Date <u>12/19</u>	(For acceptance test only)	
Subscriber <u>M. J. [Signature]</u>	State Fire Marshal	

DISCONNECT AC POWER AND CHECK SYSTEM ON EMERGENCY POWER

Did Trouble Signal operate properly? Yes No Date 5/24/17

Did Alarm Signal operate properly? Yes No Date 5/24/17

BATTERY TEST VOLTAGE UNDER 1 AMPERE TEST LOAD

Emergency Power Battery Type GEL CELL Test Volts 12DC

Main Operating Power Type AC Test Volts 120VAC

What code is system installed under? AS ACCEPTED

Is system operating according to code? YES

Comments (Note any known deficiencies here)
SYSTEM TESTED OK

List Current Repairs to System and Date of Repairs (use back if needed)

CUSTOMER WILL REPLACE BATTERIES PER JAMES

Customer hereby releases, discharges and agrees to hold Company harmless from any and all claims, liabilities, damages, losses or expenses arising from or caused by any hazard, accident or incident of any nature in or on the premises of customer whether said claim is made by customer, customer's agent, customer's insurance company, customer's employees, customer's invitees, or any other parties claiming under or through customer or by reason of customer's business or place of business. Customer acknowledges, consents and agrees that company is not an insurer and that customer assumes all risk of loss or damage to customer's premises or the contents thereof as a result of a non-operation of or malfunction of or the failure of the system to perform for any reason.

NEBRASKA STATE FIRE MARSHAL

FIRE ALARM TEST REPORT

Acceptance G
 Re-acceptance G
 Periodic 1 G 2 G

Date: 5/24/17

Customer			Address		
Premises Protected <u>QUE PLACE GARAGE</u>			Address <u>1111 Q ST. LINCOLN, NE</u>		
Type of System <u>F/A</u>	Model #	Standby Power type	Trouble Battery Type		
Manufacturer <u>SIMPLEX</u>	Serial #	and Voltage			
Installed By			Date 100% smoke calibration performed		
System remotely monitored by <u>LOCAL</u>			Next scheduled		
Type of Inspection			Date 100% heat detection last performed		
Time inspection completed and system back in service			Next Scheduled		
Smoke Detection Calibration Test method used			DISCONNECT AC POWER AND CHECK SYSTEM ON EMERGENCY POWER		
SYSTEM COMPONENTS	TOTAL QUANTITY	# TESTED	Did Trouble Signal operate properly?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Date <u>5/24/17</u>
Manual Stations			Did Alarm Signal operate properly	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Date <u>5/24/17</u>
Heat Detectors			BATTERY TEST VOLTAGE UNDER 1 AMPERE TEST LOAD		
Fixed Temp Non-Restorable Line Type			Emergency Power Battery	Type <u>GEL CELL</u>	Test Volts <u>12V</u>
Fixed Temp Non-Restorable Spot Type			Main Operating Power	Type <u>AC</u>	Test Volts <u>120VAC</u>
Fixed Temp/Rate of Rise/Restorable			What code is system installed under? <u>AS ACCEPTED</u>		
Restorable Line Type, Pneumatic			Is system operating according to code? <u>YES</u>		
Smoke Detectors	<u>19</u>	<u>2</u>	Comments (Note any known deficiencies here) <u>SYSTEM TESTED OK</u>		
Functional					
Calibrated					
Beam, Infrared or other detectors					
Duct Detectors					
Water flow Devices (Time to Activate)					
Supervisory Switches					
Audible/Visual Devices					
Annunciators					
Control Unit			List Current Repairs to System and Date of Repairs (use back if needed)		
Lamps and LEDs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<u>CUSTOMER WILL REPLACE BATTERIES AS NEEDED. BY JAMES.</u>		
Fuses	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			
Primary Power Supply					
Secondary Supply					
Magnetic Hold-open Devices					
Fan Relays					
Voice Alarm and 2-way phone					
Trouble Signals					
Alarm Circuit					
Zone Initiating Circuit					
Supervisory Signals					
Ground Fault					
Elevator Controls					
Powered Fire and Smoke Dampers					
Inspector <u>Chris Hawthorn</u>	License # <u>615</u>	Witness	(For acceptance test only)		
Expiration Date <u>12/19</u>					
Subscriber <u>[Signature]</u>	State Fire Marshal				

Customer hereby releases, discharges and agrees to hold Company harmless from any and all claims, liabilities, damages, losses or expenses arising from or caused by any hazard, accident or incident of any nature in or on the premises of customer where said claim is made by customer, customer's agent, customer's insurance company, customer's employees, customer's invitees, or any other parties claiming under or through customer or by reason of customer's business or place of business. Customer acknowledges, consents and agrees that company is not an insurer and that customer assumes all risk of loss or damage to customer's premises or the contents thereof as a result of a non-operation of or malfunction of or the failure of the system to perform for any reason.

NEBRASKA STATE FIRE MARSHAL

FIRE ALARM TEST REPORT

Acceptance G
 Re-acceptance G Date: 5/23/17
 Periodic 1 G 2 G

Customer CITY OF LINCOLN PARKING

Address
 Premises Protected GREEN # 2 GARAGE

Address
 Type of System SIEMENS F/A Model #
 Manufacturer Serial # Standby Power type
 and Voltage
 Trouble Battery Type

Installed By
 System remotely monitored by LOCAL Date 100% smoke calibration performed
 Next scheduled

Type of Inspection
 Time inspection completed and system back in service Date 100% heat detection last performed
 Next Scheduled

Smoke Detection Calibration Test method used
 DISCONNECT AC POWER AND CHECK SYSTEM ON EMERGENCY POWER

SYSTEM COMPONENTS	TOTAL QUANTITY	# TESTED	Did Trouble Signal operate properly?	Yes No	Date
Manual Stations			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u>5/23/17</u>
Heat Detectors			<input checked="" type="checkbox"/>	<input type="checkbox"/>	

BATTERY TEST VOLTAGE UNDER 1 AMPERE TEST LOAD	Type	Test Volts
Emergency Power Battery	<u>SEEL CELL</u>	<u>12</u>
Main Operating Power	<u>AC</u>	<u>120 VAC</u>

Fixed Temp Non-Restorable Line Type
 Fixed Temp Non-Restorable Spot Type
 Fixed Temp/Rate of Rise/Restorable
 Restorable Line Type, Pneumatic
 Smoke Detectors 18 2
 What code is system installed under? AS ACCEPTED

Functional
 Calibrated
 Beam, Infrared or other detectors
 Duct Detectors
 Is system operating according to code? YES
 Comments (Note any known deficiencies here)
SYSTEM TESTED OK

Water Flow Devices (Time to Activate)
 Supervisory Switches
 Audible/Visual Devices
 Annunciators
 Control Unit
CUSTOMER WILL REPLACE BATTERIES PER DRAWING

Lamps and LEDs
 Fuses
 Primary Power Supply
 Secondary Supply
 Magnetic Hold-open Devices
 Fan Relays
 Voice Alarm and 2-way phone
 List Current Repairs to System and Date of Repairs (use back if needed)

Trouble Signals
 Alarm Circuit
 Zone Initiating Circuit
 Supervisory Signals
 Ground Fault
 Elevator Controls

✓ ✓
 ✓ ✓

✓ ✓

✓ ✓

✓ ✓

✓ ✓

✓ ✓

✓ ✓

✓ ✓

✓ ✓

✓ ✓

✓ ✓

✓ ✓

✓ ✓

SEQ # _____
 DATE 8 April 16

NE 68506

Area: 1 Customer: 11294

Customer:
 CITY OF LINCOLN - MSC
 949 WEST BOND

Location: _____

MONITORED BY NECO TIME OOS 830 TIME BIS _____

SYSTEM COMPONENTS	TOTAL QUANTITY	# TESTED	DISCONNECT A.C. POWER & CHECK SYSTEM ON EMERGENCY POWER
Manual Stations.....	11	11	Did Trouble Signal operate properly? Yes <input checked="" type="checkbox"/> No _____ Date: <u>4/16</u>
Heat Detectors			Did Alarm Signal operate properly? Yes <input checked="" type="checkbox"/> No _____ Date: <u>4/16</u>
Fixed Temp. Non-Restorable Line Type...	0		BATTERY TEST VOLTAGE UNDER 1 AMPERE TEST LOAD
Fixed Temp. Non-Restorable Spot Type...	0		Emergency Power Battery Type <u>SLA</u> Test Volts <u>13.1/13.5</u>
Fixed Temp./Rate of Rise/Restorable.....	0		Main Operating Power Type <u>AC</u> Test Volts <u>120</u>
Restorable Line Type, Pneumatic.....	0		What Code is system Installed under? <u>NFPA-72</u>
Smoke Detectors			Is system operating according to Code? <u>YES - PER INSTALL DATA</u>
Functional.....	97	97	Comments: (Note any known deficiencies here)
Calibrated.....	0		_____
Beam, Infrared or other detectors.....	0		_____
Duct Detectors.....	5	3	_____
Waterflow Devices (Time to Activate).....	2		_____
Supervisory Switches.....	3		_____
Audible/Visual Devices.....	24 / 24	24 / 24	_____
Annunciators.....	1	1	_____
Control Unit			_____
Lamps and LED's.....	73	73	_____
Fuses.....	2	2	_____
Primary Power Supply.....	1	1	_____
Secondary Supply.....	1	1	_____
Magnetic Hold-open Devices.....	10	10	_____
Fan Relays.....	3	3	_____
Voice Alarm and 2-way phone.....	0		_____
Trouble Signals			_____
Alarm Circuit.....	3	3	_____
Zone Initiating Circuit.....	20	27	_____
Supervisory Signals.....	3		_____
Ground Fault.....	1		_____
Elevator Controls.....	0		_____
Powered Fire and Smoke Dampers.....	0		_____
Range Hood.....	0		_____

SYSTEM TYPE CENTRALSTATION MANUFACTURER NOTIFIER MODEL # 4885-2 SERIAL # _____

STANDBY POWER TYPE 2 X PC7/12F1 7AH TROUBLE BATTERY TYPE 2 X PC7/12F1 7AH (2/15)

Smoke detection calibration method used _____

Date 100% smoke calibration performed 10/13 4/16 Next Scheduled _____

Date 100% heat detection last performed _____ Next Scheduled _____

Inspector [Signature] License # _____ Expiration Date 1/18

Subscriber _____ State Fire Marshal _____

NEBRASKA STATE FIRE MARSHAL
 FIRE ALARM TEST REPORT

Acceptance Re-Acceptance Periodic 1 2

555

NEBRASKA STATE FIRE MARSHAL

FIRE ALARM TEST REPORT

Acceptance G
Re-acceptance G
Periodic 1 G 2 G

Date: 5/9/17

Customer Lancaster County Bldg.
Address 555 South 10th St. Lincoln, NE 68508
Premises Protected Same

Address _____
Type of System _____ Model # MXL-1Q Standby Power type Sealed SLA
Manufacturer _____ Serial # _____ Trouble Battery Type SLA
Installed By _____ and Voltage 24V

System remotely monitored by None Date 100% smoke calibration performed 1-21-15

Type of Inspection Annual Next scheduled 7-21-17

Time inspection completed and system back in service 2:30 Date 100% heat detection last performed _____

Smoke Detection Calibration Test method used _____ Next Scheduled _____

SYSTEM COMPONENTS	TOTAL QUANTITY	# TESTED	DISCONNECT AC POWER AND CHECK SYSTEM ON EMERGENCY POWER
Manual Stations	16	16	Did Trouble Signal operate properly? Yes No Date <u>5-9-17</u>
Heat Detectors			Did Alarm Signal operate properly Yes No Date <u>5-9-17</u>
Fixed Temp Non-Restorable Line Type			BATTERY TEST VOLTAGE UNDER 1 AMPERE TEST LOAD
Fixed Temp Non-Restorable Spot Type			Emergency Power Battery Type _____ Test Volts _____
Fixed Temp/Rate of Rise/Restorable	3		Main Operating Power Type _____ Test Volts _____
Restorable Line Type, Pneumatic			What code is system installed under? <u>NEPA 22</u>
Smoke Detectors			Is system operating according to code? <u>yes</u>
Functional	27	0	Comments (Note any known deficiencies here)
Calibrated			<u>1-21-15</u>
Beam, Infrared or other detectors			<u>1-21-15</u>
Duct Detectors	5		<u>1-21-15</u>
Water flow Devices (Time to Activate)	8	7	<u>1-21-15</u>
Supervisory Switches	12	10	<u>1-21-15</u>
Audible/Visual Devices			<u>1-21-15</u>
Annunciators	1	1	<u>1-21-15</u>
Control Unit			List Current Repairs to System and Date of Repairs (use back if needed)
Lamps and LEDs	16	✓	<u>1-21-15</u>
Fuses	52	✓	<u>1-21-15</u>
Primary Power Supply	2	✓	
Secondary Supply	2	✓	
Magnetic Hold-open Devices	6	✓	
Fan Relays	1	✓	
Voice Alarm and 2-way phone			
Trouble Signals			
Alarm Circuit	5	✓	
Zone Initiating Circuit	1	✓	
Supervisory Signals	5	✓	
Ground Fault	1	✓	
Elevator Controls	6	✓	
Powered Fire and Smoke Dampers	11	✓	

Inspector [Signature] License # 615 Witness _____

Expiration Date _____ (For acceptance last only)

Subscriber _____

State Fire Marshal

Customer hereby releases, discharges and agrees to hold Company harmless from any and all claims, liabilities, damages, losses or expenses arising from or cause by any hazard, accident or incident of any nature in or on the premises of customer weather said claim is made by customer, customers agent, customers insurance company, customers employees, customers invitees, or any other parties claiming under or through customers or by reason of customers business or place of business. Customer acknowledges, consents and agrees that company is not an insurer and that customer assumes all risk of loss or damage to customers premises or the contents there of as a result of a non operation of or malfunction of or the failure of the system to perform for any reason.

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NEBRASKA STATE FIRE MARSHAL

FIRE ALARM TEST REPORT

Acceptance G
Re-acceptance G
Periodic 1 G 2 G

Date: 5-9-17

Customer <u>CITY - Carthouse place</u>		
Address <u>633 S. 9th</u>		
Premises Protected <u>Building</u>		
Address _____		
Type of System <u>Siemens</u>	Model # <u>ES250</u>	Standby Power type <u>SA</u>
Manufacturer _____	Serial # _____	Trouble Battery Type <u>Battery</u>
Installed By _____	and Voltage <u>24</u>	
System remotely monitored by <u>NECO</u>		Date 100% smoke calibration performed _____
Type of Inspection _____		Next scheduled _____
Time inspection completed and system back in service _____		Date 100% heat detection last performed _____
Smoke Detection Calibration Test method used _____		Next Scheduled _____
SYSTEM COMPONENTS	TOTAL QUANTITY	# TESTED
Manual Stations	<u>11</u>	<u>7</u>
Heat Detectors		
Fixed Temp Non-Restorable Line Type		
Fixed Temp Non-Restorable Spot Type		
Fixed Temp/Rate of Rise/Restorable		
Restorable Line Type, Pneumatic		
Smoke Detectors	<u>10</u>	<u>0</u>
Functional		
Calibrated		
Beam, Infrared or other detectors		
Duct Detectors	<u>2</u>	<u>0</u>
Water flow Devices (Time to Activate)	<u>1</u>	
Supervisory Switches	<u>3</u>	<u>N/A</u>
Audible/Visual Devices	<u>23</u>	<u>23</u>
Annunciators	<u>32</u>	<u>32</u>
Control Unit		
Lamps and LEDs		
Fuses		
Primary Power Supply	<u>1</u>	<u>1</u>
Secondary Supply		
Magnetic Hold-open Devices		
Fan Relays		
Voice Alarm and 2-way phone		
Trouble Signals		
Alarm Circuit	<u>20</u>	<u>5</u>
Zone Initiating Circuit	<u>36</u>	
Supervisory Signals		
Ground Fault	<u>~</u>	<u>~</u>
Elevator Controls		
Powered Fire and Smoke Dampers		
Inspector <u>CHMS</u>	License # <u>615</u>	Witness _____
Expiration Date _____	(For acceptance test only)	
Subscriber _____		

DISCONNECT AC POWER AND CHECK SYSTEM ON EMERGENCY POWER

Did Trouble Signal operate properly? Yes No Date _____

Did Alarm Signal operate properly Yes No Date _____

BATTERY TEST VOLTAGE UNDER 1 AMPERE TEST LOAD

Emergency Power Battery	Type _____	Test Volts _____
Main Operating Power	Type _____	Test Volts <u>12</u>

What code is system installed under? NFPA 72

Is system operating according to code? yes

Comments (Note any known deficiencies here)

Batteries tested OK

No Access to Elevator RM

State Fire Marshal

Customer hereby releases, discharges and agrees to hold Company harmless from any and all claims, liabilities, damages, losses or expenses arising from or caused by any hazard, accident or incident of any nature in or on the premises of customer where said claim is made by customer, customer's agent, customer's insurance company, customer's employees, customer's invitees, or any other parties claiming under or through customer or by reason of customer's business or place of business. Customer acknowledges, consents and agrees that company is not an insurer and that customer assumes all risk of loss or damage to customer's premises or the contents thereof as a result of a non-operation of or malfunction of or the failure of the system to perform for any reason.

SEQ # _____

DATE 4 April 17

06

Area: _____ Customer: _____

Customer: Lincoln Police Dept.
1501 No 27

Location: _____

MONITORED BY LOCAL

TIME OOS 1045

TIME BIS _____

SYSTEM COMPONENTS	TOTAL QUANTITY	# TESTED
Manual Stations.....	<u>3</u>	<u>3</u>
Heat Detectors		
Fixed Temp. Non-Restorable Line Type...		
Fixed Temp. Non-Restorable Spot Type...		
Fixed Temp./Rate of Rise/Restorable.....	<u>0</u>	
Restorable Line Type, Pneumatic.....		
Smoke Detectors		
Functional.....		
Calibrated.....		
Beam, Infrared or other detectors.....		
Duct Detectors.....		
Waterflow Devices (Time to Activate).....	<u>2</u>	
Supervisory Switches.....	<u>0</u>	
Audible/Visual Devices.....	<u>12/12</u>	<u>12/12</u>
Annunciators.....		
Control Unit		
Lamps and LED's.....	<u>LCD</u>	<u>LCD</u>
Fuses.....	<u>4</u>	<u>4</u>
Primary Power Supply.....	<u>1</u>	<u>1</u>
Secondary Supply.....	<u>1</u>	<u>1</u>
Magnetic Hold-open Devices.....	<u>UNLOCK</u>	<u>1</u>
Fan Relays.....		
Voice Alarm and 2-way phone.....		
Trouble Signals		
Alarm Circuit.....	<u>2</u>	<u>2</u>
Zone Initiating Circuit.....	<u>4</u>	<u>3</u>
Supervisory Signals.....		
Ground Fault.....		
Elevator Controls.....		
Powered Fire and Smoke Dampers.....		
Range Hood.....		

DISCONNECT A.C. POWER & CHECK SYSTEM ON EMERGENCY POWER

Did Trouble Signal operate properly? Yes No Date: 4/17

Did Alarm Signal operate properly? Yes No Date: 4/17

BATTERY TEST VOLTAGE UNDER 1 AMPERE TEST LOAD

Battery Install Date 5/15

Emergency Power Battery Type SLA Test Volts 13.6/13

Main Operating Power Type AC Test Volts 120

What Code is system installed under? NEPA-72

Is system operating according to Code? yes per install date

Comments: (Note any known deficiencies here)

List Current Repairs to System and Date of Repairs

(use back if needed)

SYSTEM TYPE Local fire MANUFACTURER PYRO MODEL # PXL SERIAL # _____

STANDBY POWER TYPE 2 X PS1270 TROUBLE BATTERY TYPE 2 X PS1270

Smoke detection calibration method used _____

Date 100% smoke functional performed _____ Next Scheduled _____

Date 100% smoke calibration performed _____ Next Scheduled _____

Date 100% heat detection last performed _____ Next Scheduled _____

Inspector [Signature] License # _____ Expiration Date 1/18

Subscriber _____ State Fire Marshal _____

**NEBRASKA STATE FIRE MARSHAL
FIRE ALARM TEST REPORT**

Acceptance Re-Acceptance Periodic 1 2

**SPECIAL PROVISIONS
FOR
TERM CONTRACTS**

**PURCHASING DEPARTMENT
CITY OF LINCOLN/LANCASTER COUNTY, NEBRASKA**

1. ESTIMATED QUANTITIES

- 1.1 The quantities set forth in the line items and specification document are approximate and represent the estimated requirements for the contract period.
- 1.2 Items listed may or may not be an inclusive requirements for this category.
- 1.3 Category items not listed, but distributed by bidder are to be referred to as kindred items. Kindred items shall receive the same percentage of discount or pricing structure as items listed in the specification document.
- 1.4 The unit prices and the extended total prices shall be used as a basis for the evaluation of bids. The actual quantity of materials necessary may be more or less than the estimates listed in the specification document, but the City/County shall be neither obligated nor limited to any specified amount. If possible, the Owners will restrict increases/decreases to 20% of the estimated quantities listed in the specification document.

2. CONTRACT PERIOD

- 2.1 The material shall be delivered as ordered during the contract period, beginning from the date of contract execution and ending as indicated in the specifications or in the Attribute Section of the bid.
- 2.2 Bidder must indicate in the Bid, if extension renewals are an option.
- 2.3 By mutual consent of both parties it is understood and agreed that the contract may be renewed at the same prices and/or under the same conditions governing the original contract.

3. BID PRICES

- 3.1 Bidders must state in the Attribute Section if the bid prices will remain firm for the full contract period; or if the bid prices will be subject to escalation/de-escalation.
- 3.2 Escalation/De-escalation Clause: In the event that prevailing market conditions warrant an adjustment in bid prices contained in the contract, the following escalation/de-escalation clause shall be the only clause applicable or acceptable:
 1. Contractor shall give written notice to the Purchasing Agent of any proposed changes from contract prices not less than thirty (30) calendar days prior to the effective date of said price changes.
 2. Such notice must be accompanied by a certified copy of the supplier's advisory or notification to the contractor of price changes.
 3. No price escalation will be authorized in excess of the amount of the increase referred to on the supplier's notice.
 4. Purchasing shall issue a contract Addendum with revised pricing upon receipt and approval. The Addendum will be executed by both parties for the remaining term of the contract.
 5. The approved price change shall be honored for all orders received by the contractor after the effective date of such price change.
 6. Approved price changes are not applicable to orders already issued and in process at time of price change.

7. Purchasing reserves the right to audit and/or examine any pertinent books, documents, papers, records or invoices relating directly to the contract transaction in question after reasonable notice and during normal business hours.

8. The Purchasing Agent retains the right to determine whether or not such proposed price changes are in the best interests of the City/County.

9. If in the opinion of the Purchasing Agent any proposed increase is found unacceptable, the Purchasing Agent reserves the right to cancel the contract upon thirty (30) calendar days written notice.

10. Contractors must tie any price change clause to an industry-wide or otherwise nationally recognized index, or some other form of verifiable document. Contractor will put the Purchasing Agent on the mailing lists for such publication so that the Purchasing Agent can monitor said changes. Such membership will be no cost to the Owners.

4. CONTRACT ADMINISTRATION

- 4.1 The Purchasing Division will issue a Contract to all successful bidders. Such contract will incorporate the specifications and all other forms used during the bid process.
- 4.2 Orders for materials will be made as needed by the various Agencies following execution by all parties.
- 4.3 Contractor may be asked to assist the Purchasing Agent with the development of a list of repetitively purchased commodities, to periodically update such list, and to assist in the development of a list of suitable substitutions.
- 4.4 Contractor shall provide technical advice upon request, and assist in the evaluation of new products.
- 4.5 Contractor shall monitor orders to ensure the highest possible fill rate and minimize back-orders.

5. QUARTERLY REPORT

- 5.1 Upon request, the contractor shall provide to the Purchasing Agent a quarterly report, showing all purchases made under the terms and conditions of the contract.
- 5.2 Such quarterly report shall itemize the following information:
 1. Each ordering department.
 2. Items and quantities purchased by department.
 3. Total dollar amount of purchases by department.

Annual Requirements Fire Alarm Inspection, Testing and Repair

1. SUPPLEMENTAL TO INSTRUCTIONS TO BIDDERS

- 1.1 The City of Lincoln, Lancaster County and Public Building Commission (hereafter referred to as "Owners") are requesting bids from qualified companies, hereinafter referred to as Vendor(s) for the Annual Requirements - Fire Alarm Inspection, Testing and Repair.
 - 1.1 Vendor shall be responsible for furnishing all materials, supplies, equipment, parts and labor for service, maintenance, inspection, testing, calibration, modifications, retrofit and/or repairs.
- 1.2 Any deviation from these Specifications or any other bid document must be provided on Company letterhead and attached to the Supplier Response section of your ebid response.
- 1.3 The contract term shall be a one (1) year term with the option of three (3) additional one year terms from the date of execution upon approval by both parties.
- 1.4 Pricing shall not deviate for a period of one year from date of execution unless stated in the attribute section.
 - 1.4.1 Any price deviation shall be sent on company letterhead to City of Lincoln, Purchasing to amend the contract with a 30 day notification.
- 1.5 Bidder shall submit bid documents and all supporting material via e-bid.
- 1.6 All inquiries regarding these specifications shall be directed via e-mail to Rachelle Hinze, Buyer (rhinze@lincoln.ne.gov).
 - 1.6.1 These inquiries and/or responses shall be distributed to prospective bidders electronically as an addendum.
 - 1.6.2 No direct contact is allowed between Vendor and other Owner's staff throughout the bid process.
 - 1.6.2.1 Failure to comply with this directive may result in contractor bid being rejected.
- 1.7 The awarded contract is not assignable without the written approval of the Owners in the form of a contract amendment.

2. CONTRACTOR INSURANCE

- 2.1 The awarded Vendor shall furnish the Owners with a Certificate of Insurance ACORD and associated endorsements in the kinds and minimum amounts as detailed in the attached "Insurance Requirements for all Contracts" at time of award.
- 2.2 All certificates of insurance and endorsements shall be filed with the Owners on the standard ACORD Certificate of Insurance form showing specific limits of insurance coverage required and showing City of Lincoln as "Named Additional Insured" as pertains to these services.
- 2.3 **Vendors are strongly encouraged to send the insurance requirements and endorsement information to their Insurance Agent during the bid process in order to ensure contract execution within 5 days of award notice.**

3. VENDORS RESPONSIBILITY

- 3.1 Testing, inspections and repair will be completed on normal business days. (Monday - Friday 8:00am - 4:00pm).
 - 3.1.1 Vendor shall contact the department representative to schedule the testing, inspection, maintenance and repairs 24 hours prior to the service.
- 3.2 Vendor shall provide one (1) semiannual (partial) and one (1) 100% annual mechanical/electrical inspection and testing fire alarms and equipment at each location.

- 3.3 All testing, inspection and repairs must comply with Nebraska State Fire Marshal regulations, City of Lincoln, State and Federal regulations as well as the National Fire Protection Association, OSHA and manufacturers recommended procedures, as applicable.
- 3.4 Vendor shall obtain a permit and register with the City of Lincoln for testing & installation of fire alarm systems.
 - 3.4.1 Any vendor testing the system they must be registered with the State of Nebraska.
- 3.5 Vendor must be a licensed for low voltage or carry an electrician's license with the State of Nebraska.
- 3.6 Upon completion of testing the vendor shall leave a written State Fire Marshal alarm test and inspection report inside the panel or with the designated representative of the department.
 - 3.6.1 If the system should have any deficiencies the vendor shall send an inspection report to the Bureau of Fire Prevention.
- 3.7 Unit price shall include a flat rate for services including the cost of labor, direct and indirect cost, travel, fuel and all other charges per location.
- 3.8 To help minimize false alarms, and in accordance with NFPA, accessible smoke detection devices shall be cleaned using manufacturer's recommended procedures.
- 3.9 Vendor shall not bill additional trip charges for needed materials for repairs.
- 3.10 Fuel surcharges or any other charges are not acceptable.

4. REPAIRS

- 4.1 If required as a result of a test inspection or a service call the device indicating trouble shall be adjusted for proper operation.
 - 4.1 If repair cannot be made at the service call time vendor shall inform designated representative of the issue.
- 4.2 Sufficient amounts of spare parts for all systems shall be maintained at all times by the service company to prevent an extended shutdown due to the malfunction of the systems.
- 4.3 Estimates and work orders shall be signed by designated department representative prior to completion of work.
 - 4.3.1 Any invoices that are presented for payment, that do not have a signed work order backup, by an Owner's representative, will not be paid by the Owners.
- 4.4 All parts replaced must be U.L approved.
- 4.5 If equipment requires parts/replacement it shall be at the Owner's expense.

5. EXAMINATION OF THE EQUIPMENT AND PREMISES

- 5.1 The Vendor shall take all precautions to protect the Owner's property from injury.
- 5.2 Any corresponding damages shall be replaced, repaired, and paid by the contractor to the satisfaction of all parties.
- 5.3 Vendor shall be held responsible for all employees or any person or persons, instruments or devices directly or indirectly employed by him.

6. EVALUATION CRITERIA

- 6.1 Evaluation of bids will consist of the following:
 - 6.1.1 Contract will be awarded to the lowest, responsible, responsive Vendor whose bid substantially meets all of the required specifications, terms and conditions as defined in this request.
 - 6.1.2 Total price of contract and other pricing factors that will amount to the best value to the Owners.
 - 6.1.3 Ability to provide labor and services as required in this Specification.
 - 6.1.4 Vendor's terms and conditions.

In furtherance of Neb. Rev. Stat. §84-712 et seq., all proposals or responses received may be subject to a public records request. Responses to public records requests may include the entire proposal or response. Bidders must request that proprietary information be excluded from the posting. The bidder must identify the proprietary information, mark the proprietary information according to state law, and submit the proprietary information in a separate container or envelope marked conspicuously in black ink with the words "PROPRIETARY INFORMATION". The bidder must submit a detailed written showing that the release of the proprietary information would give a business advantage to named business competitor(s) and explain how the named business competitor(s) will gain an actual business advantage by disclosure of information. The mere assertion that information is proprietary or that a speculative business advantage might be gained is not sufficient. (See Attorney General Opinion No. 92068, April 27, 1992) THE BIDDER MAY NOT ASSERT THAT THE ENTIRE PROPOSAL IS PROPRIETARY. COST PROPOSALS WILL NOT BE CONSIDERED PROPRIETARY AND ARE A PUBLIC RECORD IN THE STATE OF NEBRASKA. The City and/or County will then determine, in its discretion, if the interests served by nondisclosure outweighs any public purpose served by disclosure. (See Neb. Rev. Stat. § 84-712.05(3)) The Bidder will be notified of the agency's decision. Absent a City and/or County determination that information is proprietary, the City and/or County will consider all information a public record subject to release regardless of any assertion that the information is proprietary. If the agency determines it is required to release proprietary information, the bidder will be informed. It will be the bidder's responsibility to defend the bidder's asserted interest in nondisclosure. To facilitate such public postings, with the exception of proprietary information, the City of Lincoln and/or Lancaster County reserves a royalty-free, nonexclusive, and irrevocable right to copy, reproduce, publish, post to a website, or otherwise use any contract, proposal, or response to this RFP for any purpose, and to authorize others to use the documents. Any individual or entity awarded a contract, or who submits a proposal or response to this bid/RFP, specifically waives any copyright or other protection the contract, proposal, or response to the bid/RFP may have; and, acknowledges that they have the ability and authority to enter into such waiver. This reservation and waiver is a prerequisite for submitting a proposal or response to this RFP, and award of a contract. Failure to agree to the reservation and waiver will result in the proposal or response to the bid/RFP being found nonresponsive and rejected. Any entity awarded a contract or submitting a proposal or response to the bid/RFP agrees not to sue, file a claim, or make a demand of any kind, and will indemnify and hold harmless the City and/or County and its employees, volunteers, agents, and its elected and appointed officials from and against any and all claims, liens, demands, damages, liability, actions, causes of action, losses, judgments, costs, and expenses of every nature, including investigation costs and expenses, settlement costs, and attorney fees and expenses, sustained or asserted against the City and/or County, arising out of, resulting from, or attributable to the releasing of the contract or the proposals and responses to the RFP, awards, and other documents in accordance with the state public records laws.

INSTRUCTIONS TO BIDDERS

City of Lincoln, Nebraska, County of Lancaster, Public Building Commission

E-Bid

1. **BIDDING PROCEDURE**

- 1.1 Sealed bid, formal and informal, subject to Instructions and General Conditions and any special conditions set forth herein, will be received in the office of the Purchasing Division, 440 So. 8th St., Lincoln, NE 68508, until the bid closing date and time indicated for furnishing the City of Lincoln, Lancaster County and Building Commission, hereafter referred to as "Owners" the materials, supplies, equipment or services shown in the electronic bid request.
- 1.2 Bidders shall use the electronic bid system for submitting bids and must complete all required fields. If you do not care to bid, please respond to the bid request and note your reason.
- 1.3 Identify the item you will furnish by brand or manufacturer's name and catalog numbers. Also furnish specifications and descriptive literature if not bidding the specific manufacturer or model as listed in the specifications.
- 1.4 Any person submitting a bid for a firm, corporation, or other organization must show evidence of his authority so to bind such firm, corporation, or organization.
- 1.5 Bids received after the time and date established for receiving bids will be rejected.
- 1.6 The Bidders and public are invited, but not required, to attend the formal opening of bids. At the opening, prices will be displayed electronically and/or read aloud to the public. The pricing is also available for immediate viewing on-line. No decisions related to an award of a contract or purchase order will be made at the opening.
- 1.7 If bidding on a construction contract, the City's Standard Specifications for Municipal Construction 2011 shall apply.
 - 1.7.1 Bidders may obtain this document from the City's Design Engineering Division of the Public Works & Utilities Department for a small fee.
 - 1.7.2 Said document can be reviewed at Design Engineering or the office of the Purchasing Division.
 - 1.7.3 Said document is available on the web site.
<http://www.lincoln.ne.gov/city/pworks/engine/dconst/standard/stndspec/index.htm>

2. **BID SECURITY**

- 2.1 Bid security, as a guarantee of good faith, in the form of a certified check, cashier's check, or bidder's bond, may be required to be submitted with this bid document, as indicated on the bid.
 - 2.1.1 Bid security, if required, shall be in the amount specified on the bid. The bid security must be scanned and attached to the "Response Attachments" section of your response or it can be faxed to the Purchasing Office at 402-441-6513. The original bid security should then be sent or delivered to the office of the Purchasing Division, 440 S. 8th St., Ste. 200, Lincoln, NE 68508 to be received within three (3) days of bid closing.
 - 2.1.2 If bid security is not received in the Office of the Purchasing Division as stated above, the vendor may be determined to be non-responsive.
- 2.2 If alternates are submitted, only one bid security will be required, provided the bid security is based on the amount of the highest gross bid.
- 2.3 Such bid security will be returned to the unsuccessful Bidders when the award of bid is made.
- 2.4 Bid security will be returned to the successful Bidder(s) as follows:
 - 2.4.1 For single order bids with specified quantities: upon the delivery of all equipment or merchandise, and upon final acceptance by the Owners.
 - 2.4.2 For all other contracts: upon approval by the Owners of the executed contract and bonds.
- 2.5 Owners shall have the right to retain the bid security of Bidders to whom an award is being considered until either:
 - 2.5.1 A contract has been executed and bonds have been furnished.
 - 2.5.2 The specified time has elapsed so that the bids may be withdrawn.
 - 2.5.3 All bids have been rejected.
- 2.6 Bid security will be forfeited to the Owners as full liquidated damages, but not as a penalty, for any of the following reasons, as pertains to this specification document:
 - 2.6.1 If the Bidder fails or refuses to enter into a contract on forms provided by the Owners, and/or if the Bidder fails to provide sufficient bonds or insurance within the time period as established in this specification document.

3. **BIDDER'S REPRESENTATION**

- 3.1 Each Bidder by electronic signature and submitting a bid, represents that the Bidder has read and understands the specification documents, and the bid has been made in accordance therewith.
- 3.2 Each Bidder for services further represents that the Bidder has examined and is familiar with the local conditions under which the work is to be done and has correlated the observations with the requirements of the bid documents.

4. CLARIFICATION OF SPECIFICATION DOCUMENTS

- 4.1 Bidders shall promptly notify the Purchasing Agent of any ambiguity, inconsistency or error which they may discover upon examination of the specification documents.
- 4.2 Bidders desiring clarification or interpretation of the specification documents for formal bids shall make a written request which must reach the Purchasing Agent at least five (5) calendar days prior to the date and time for receipt of formal bids.
- 4.3 Changes made to the specification documents will be issued electronically. All vendors registered for that bid will be notified of the addendum. Subsequent Bidders will only receive the bid with the addendum included.
- 4.4 Oral interpretations or changes to the bidding documents made in any manner other than written form will not be binding on the Owners; and Bidders shall not rely upon such interpretations or changes.

5. ADDENDA

- 5.1 Addenda are instruments issued by the Owners prior to the date for receipt of bids which modify or interpret the specification document by addition, deletion, clarification or correction.
- 5.2 Addenda notification will be made available to all registered vendors immediately via e-mail for inspection on-line.
- 5.3 No formal bid addendums will be issued later than forty-eight (48) hours prior to the date and time for receipt of formal bids, except an addendum withdrawing the invitation to bid, or an addendum which includes postponement of the bid.

6. INDEPENDENT PRICE DETERMINATION

- 6.1 By signing and submitting this bid, the Bidder certifies that the prices in this bid have been arrived at independently, without consultation, communication or agreement, for the purpose of restricting competition, as to any matter relating to such prices with any other Bidder or with any competitor; unless otherwise required by law, the prices which have been quoted in this bid have not been knowingly disclosed by the Bidder prior to bid opening directly or indirectly to any other Bidder or to any competitor; no attempt has been made, or will be made, by the Bidder to induce any person or firm to submit, or not to submit, a bid for the purpose of restricting competition.

7. ANTI-LOBBYING PROVISION

- 7.1 During the period between the bid advertisement date and the contract award, Bidders, including their agents and representatives, shall not lobby or promote their bid with any member of the City or County staff or officers except in the course of Owner sponsored inquiries, briefings, interviews, or presentations, unless requested by the Owners.

8. BRAND NAMES

- 8.1 Wherever in the specifications or bid that brand names, manufacturer, trade name, or catalog numbers are specified, it is for the purpose of establishing a grade or quality of material only; and the term "or equal" is deemed to follow.
- 8.2 It is the Bidder's responsibility to identify any alternate items offered in the bid, and prove to the satisfaction of the Owners that said item is equal to, or better than, the product specified.
- 8.3 Bids for alternate items shall be stated in the appropriate space on the e-bid form, or if the proposal form does not contain blanks for alternates, Bidder MUST attach to its bid document on Company letterhead a statement identifying the manufacturer and brand name of each proposed alternate, plus a complete description of the alternate items including illustrations, performance test data and any other information necessary for an evaluation.
- 8.4 The Bidder must indicate any variances by item number from the specification document no matter how slight.
- 8.5 If variations are not stated in the bid, it will be assumed that the item being bid fully complies with the Owners' bidding documents.

9. DEMONSTRATIONS/SAMPLES

- 9.1 Bidders shall demonstrate the exact item(s) proposed within seven (7) calendar days from receipt of such request from the Owners.
- 9.2 Such demonstration can be at the Owners delivery location or a surrounding community.
- 9.3 If items are small and malleable, the Bidder is proposing an alternate product, the Bidder shall supply a sample of the exact item. Samples will be returned at Bidder's expense after receipt by the Owners of acceptable goods. The Bidder must indicate how samples are to be returned.

10. DELIVERY (Non-Construction)

- 10.1 Each Bidder shall state on the bid the date upon which it can make delivery of all equipment or merchandise.
- 10.2 The Owners reserve the right to cancel orders, or any part thereof, without obligation, if delivery is not made within the time(s) specified on the bid.
- 10.3 All bids shall be based upon **inside** delivery of the equipment/ merchandise F.O.B. the Owners at the location specified by the Owners, with all transportation charges paid.
- 10.4 At the time of delivery, a designated Owner employee will sign the invoice/packing slip. The signature will only indicate that the order has been received and the items actually delivered agree with the delivery invoice. This signature does not indicate all items met specifications, were received in good condition and/or that there is not possible hidden damage or shortages.

11. WARRANTIES, GUARANTEES AND MAINTENANCE

- 11.1 Copies of the following documents, if requested, shall accompany the bid proposal for all items being bid:
 - 11.1.1 Manufacturer's warranties and/or guarantees.
 - 11.1.2 Bidder's maintenance policies and associated costs.
- 11.2 As a minimum requirement of the Owners, the Bidder will guarantee in writing that any defective components discovered within a one (1) year period after the date of acceptance shall be replaced at no expense to the Owners. Replacement parts of defective components shall be shipped at no cost to the Owners. Shipping costs for defective parts required to be returned to the Bidder shall be paid by the Bidder.

12. ACCEPTANCE OF MATERIAL

- 12.1 All components used in the manufacture or construction of materials, supplies and equipment, and all finished materials, shall be new, the latest make/model, of the best quality, and the highest grade workmanship.
- 12.2 Material delivered under this proposal shall remain the property of the Bidder until:
 - 12.2.1 A physical inspection and actual usage of the material is made and found to be acceptable to the Owners; and
 - 12.2.2 Material is determined to be in full compliance with the bidding documents and accepted proposal.
- 12.3 In the event the delivered material is found to be defective or does not conform to the specification documents and accepted proposal, the Owners reserves the right to cancel the order upon written notice to the Bidder and return materials to the Bidder at Bidder's expense.
- 12.4 Awarded Bidder shall be required to furnish title to the material, free and clear of all liens and encumbrances, issued in the name of the Owner, as required by the specification documents or purchase orders.
- 12.5 Awarded Bidder's advertising decals, stickers or other signs shall not be affixed to equipment. Vehicle mud flaps shall be installed blank side out with no advertisements. Manufacturer's standard production forgings, stampings, nameplates and logos are acceptable.

13. BID EVALUATION AND AWARD

- 13.1 The electronic signature shall be considered an offer on the part of the Bidder. Such offer shall be deemed accepted upon issuance by the Owners of purchase orders, contract award notifications, or other contract documents appropriate to the work.
- 13.2 No bid shall be modified or withdrawn for a period of ninety (90) calendar days after the time and date established for receiving bids, and each Bidder so agrees in submitting the bid.
- 13.3 In case of a discrepancy between the unit prices and their extensions, the unit prices shall govern.
- 13.4 The bid will be awarded to the lowest responsible, responsive Bidder whose bid will be most advantageous to the Owners, and as the Owners deem will best serve the requirements and interests of the Owners.
- 13.5 The Owners reserves the right to accept or reject any or all bids; to request rebids; to award bids item-by-item, with or without alternates, by groups, or "lump sum"; to waive minor irregularities in bids; such as shall best serve the requirements and interests of the Owners.
- 13.6 In order to determine if the Bidder has the experience, qualifications, resources and necessary attributes to provide the quality workmanship, materials and management required by the plans and specifications, the Bidder may be required to complete and submit additional information as deemed necessary by the Owners. Failure to provide the information requested to make this determination may be grounds for a declaration of non-responsive with respect to the Bidder.
- 13.7 The Owners reserves the right to reject irregular bids that contain unauthorized additions, conditions, alternate bids, or irregularities that make the Bid Proposal incomplete, indefinite or ambiguous.
- 13.8 Any governmental agency may piggyback on any contract entered into from this bid.

14. INDEMNIFICATION

- 14.1 The Bidder shall indemnify and hold harmless the Owners from and against all losses, claims, damages, and expenses, including, attorney's fees arising out of or resulting from the performance of the contract that results in bodily injury, sickness, disease, death, or to injury to or destruction of tangible property, including the loss of use resulting therefrom and is caused in whole or in part by the Bidder, any subcontractor, any directly or indirectly employed by any of them or anyone for whose acts any of them may be liable. This section will not require the Bidder to indemnify or hold harmless the Owners for any losses, claims damages, and expenses arising out of or resulting from the sole negligence of the Owners.
- 14.2 In any and all claims against the Owners or any of its members, officers or employees by an employee of the Bidder, any subcontractor, anyone directly or indirectly employed by any of them or by anyone for whose acts made by any of them may be liable, the indemnification obligation under paragraph 14.1 shall not be limited in any way by any limitation of the amount or type of damages, compensation or benefits payable by or for the Bidder or any subcontractor under worker's compensation acts, disability benefit acts or other employee benefit acts.

15. TERMS OF PAYMENT

15.1 Unless stated otherwise, the Owners will begin processing payment within thirty (30) calendar days after all labor has been performed and all equipment or other merchandise has been delivered, and all such labor and equipment and other materials have met all contract specifications.

16. LAWS

16.1 The laws of the State of Nebraska shall govern the rights, obligations, and remedies of the parties under this proposal and any contract reached as a result of this process.

16.2 Bidder agrees to abide by all applicable local, state and federal laws and regulations concerning the handling and disclosure of private and confidential information concerning individuals and corporations as to inventions, copyrights, patents and patent rights.

17. EQUIPMENT TAX ASSESSMENT

17.1 Any bid for public improvement shall comply with Nebraska Revised Statutes Section 77-1323 and 77-1324. Indicating; every person, partnership, limited liability company, association or corporation furnishing labor or material in the repair, alteration, improvement, erection, or construction of any public improvement shall sign a certified statement which will accompany the contract. The certified statement shall state that all equipment to be used on the project, except that acquired since the assessment date, has been assessed for taxation for the current year, giving the county where assessed.

18. AFFIRMATIVE ACTION

18.1 The City of Lincoln-Lancaster County provides equal opportunity for all Bidders and encourages minority businesses, women's businesses and locally owned business enterprises to participate in our bidding process.

19. INSURANCE

19.1 All Bidders shall take special notice of the insurance provisions required for all City/County and Building Commissions contracts (see *Insurance Requirements for City, County, Building Commission*).

20. EXECUTION OF AGREEMENT

20.1 Depending on the type of service and commodity provided, one of the following methods will be employed. The method applicable to this contract will be checked below:

a. **PURCHASE ORDER**, unless otherwise noted.

1. This Contract shall consist of a City of Lincoln, Lancaster County and City-County Public Building Commission Purchase Order.
2. A copy of the Bidder's bid response (or referenced bid number) attached and that the same, in all particulars, becomes the contract between the parties hereto: that both parties thereby accept and agree to the terms and conditions of said bid documents.

b. **CONTRACT**, unless otherwise noted.

1. City, County and City-County Public Building Commission will furnish copies of a Contract to the successful Bidder who shall prepare attachments as required. Insurance as evidenced by a Certificate of Insurance (as required), surety bonds properly executed (as required), and Contract signed and dated.
2. The prepared documents shall be returned to the Purchasing Office within 10 days (unless otherwise noted).
3. The City, County and City-County Public Building Commission will sign and date the Contract.
4. Upon approval and signature, the City, County and City-County Public Building Commission will return one copy to the successful Bidder.

21. TAXES AND TAX EXEMPTION CERTIFICATE

21.1 The Owners are generally exempt from any taxes imposed by the state or federal government. A Tax Exemption Certificate will be provided as applicable.

22.2 The Water Division of the City of Lincoln is taxable per Reg. 066.14A and no exemption certificate will be issued.

22. CITY AUDIT ADVISORY BOARD

22.1 All parties of any City agreement shall be subject to audit pursuant to Chapter 4.66 of the Lincoln Municipal Code and shall make available to a contract auditor, as defined therein, copies of all financial and performance related records and materials germane to the contract/order, as allowed by law.

23. **E-VERIFY**

23.1 In accordance with Neb. Rev. Stat. 4-108 through 4-114, the contractor agrees to register with and use a federal immigration verification system, to determine the work eligibility status of new employees performing services within the state of Nebraska. A federal immigration verification system means the electronic verification of the work authorization program of the Illegal Immigration Reform and Immigrant Responsibility Act of 1996, 8 U.S.C. 1324 a, otherwise known as the E-Verify Program, or an equivalent federal program designated by the United States Department of Homeland Security or other federal agency authorized to verify the work eligibility status of a newly hired employee pursuant to the Immigration Reform and Control Act of 1986. The Contractor shall not discriminate against any employee or applicant for employment to be employed in the performance of this section pursuant to the requirements of state law and 8 U.S.C.A 1324b. The contractor shall require any subcontractor to comply with the provisions of this section. For information on the E-Verify Program, go to www.uscis.gov/everify.

**INSURANCE CLAUSE FOR ALL CITY OF LINCOLN, LANCASTER COUNTY
AND PUBLIC BUILDING COMMISSION CONTRACTS**

Vendors must provide coverage & documents related to the items with a check mark in Sections 1 – 1.9.

This includes endorsements and waivers as required below.

All Vendors must comply with Sections 2-7.

Insurance; Coverage Information

The contractor shall, prior to beginning work, provide proof of insurance coverage in a form satisfactory to the City/County/PBC, which shall not withhold approval unreasonably. The coverages and minimum levels required by this contract are set forth below and shall be in effect for all times that work is being done pursuant to this Contract. No work on the Project or pursuant to this Contract shall begin until all insurance obligations herein are met to the satisfaction of the City/County/PBC, which shall not unreasonably withhold approval. Self-insurance shall not be permitted unless consent is given by the City/County/PBC prior to execution of the Agreement and may require submission of financial information for analysis. Deductible levels shall be provided in writing from the Contractor's insurer and will be no more than \$25,000.00 per occurrence. Said insurance shall be written on an **OCCURRENCE** basis, and shall be **PRIMARY, with any insurance coverage maintained by the City/County/PBC being secondary or excess.**

Certificates

The Contractor shall provide certificates of insurance and endorsements evidencing compliance with these requirements. The Contractor shall provide a Certificate of Insurance demonstrating the coverage required herein and the necessary endorsements and waivers described herein and below before being permitted to begin the work or project. All certificates, endorsements and endorsement forms (where required) must be acceptable to the City Attorney or County Attorney as appropriate. Certificates shall include an endorsement to provide for at least thirty (30) days' firm written notice in the event of cancellation. During the term of the Agreement and during the period of any required continuing coverages, the Contractor shall provide, prior to expiration of the policies, certificates and endorsement forms evidencing renewal insurance coverages. The parties agree that the failure of City/County/PBC to object to the form of a certificate and/or additional insured endorsement or endorsement forms provided shall not constitute a waiver of this requirement.

X **1. Commercial General Liability**

The Contractor shall provide proof of Commercial General Liability Insurance with a minimum limit of not less than \$1,000,000.00 each occurrence and \$2,000,000.00 aggregate. These minimum limits can be met by primary and umbrella liability policies. Coverage shall include: Premises-Operations, Products/ Completed Operations, Contractual, Broad Form Property Damage, and Personal Injury. Such coverage shall be endorsed for the general aggregate to be on a **PER PROJECT** basis, and the contractor shall provide an additional insured endorsement acceptable to the City/County/PBC. The required insurance must include coverage for all projects and operations of Contractor or similar language that meets the approval of the City/County/PBC, which approval shall not be unreasonably withheld.

X **1.1 Additional Insured (Requires an Endorsement Form)**

An Additional Insured Endorsement Form showing the City/County/PBC as Additional Insured for Commercial General Liability, Auto Liability and such other coverages as may be required by the City/County/PBC.

X **1.2 Automobile Liability**

The Contractor shall provide proof of Automobile Liability coverage, which shall include: Owned, Hired and Non-Owned. Bodily Injury and Property Damage Combined Single Limit shall be at least \$1,000,000 Per Accident.

1.3 Garage Keepers / Garage Liability

The Contractor shall provide garage insurance, if required. Coverage shall include Garage Liability and Garage Keepers on a Direct Primary Basis, including Auto Physical Damage, with limits of not less than \$1,000,000 each accident Bodily Injury and Property Damage combined liability and Actual Cash Value auto physical damage. Coverage symbol(s) 30 and 21 shall be provided, where applicable.

X **1.4 Workers' Compensation; Employers' Liability**

The Contractor shall provide proof of workers' compensation insurance of not less than minimum statutory requirements under the laws of the State of Nebraska and any other applicable State. Employers' Liability coverage with limits of not less than \$500,000.00 each accident or injury shall be included. The Contractor shall provide the City/County/PBC with an endorsement for waiver of subrogation. The contractor shall also be responsible for ensuring that all subcontractors have workers' compensation insurance for their employees before and during the time any work is done pursuant to this Contract.

1.5 Builder's Risk Insurance (Required only if appropriate)

The Contractor shall purchase and maintain property insurance for all sites upon which construction is occurring as provided by Contract and all storage sites where equipment, materials, and supplies of any kind purchased pursuant to the Contract are being held or stored unless the Contractor receives notice that the City/County/PBC has obtained a builder's risk policy for itself. Except to the extent recoverable by Contractor from another subcontractor, deductibles shall be the responsibility of the Contractor. In the event the Contractor procures the builder's risk policy herein, the Contractor shall provide an endorsement to the City/County/PBC, in a form approved by the City/County/PBC demonstrating additional insured coverage for the City/County/PBC. Approval of such endorsement shall not be unreasonably withheld by the City/County/PBC.

**Coverage required whenever work under contract involves construction or repair of a building structure or bridge.*

1.5.1 Waiver of Builder's Risk Insurance Carrier's Subrogation Rights

The Contractor and its Subcontractor(s) waive all rights of action and subrogation that the insurance company providing the builder's risk policy may have against each of them and/or the City/County/PBC, Architect, and the officers, agents and employees of any of them, for all claims, damages, injuries and losses, to the extent covered by such property insurance. Such waiver of subrogation shall be effective for such persons even though such persons would otherwise have a duty of indemnification or contribution, contractual or otherwise, and even though such persons did not pay the insurance premium directly or indirectly, and whether or not such persons had an insurable interest in any property damaged.

1.6 Pollution Liability (Required only if appropriate)

Contractors shall provide proof of pollution liability insurance arising out of all operations of the Contractors and subcontractors, due to discharge, dispersal, release, or escape of contaminants or pollutants into or upon land, the atmosphere or any watercourse or body of water with bodily injury and property damage limits of not less than \$1,000,000 per occurrence and \$2,000,000 annual aggregate for:

- 1) Bodily injury, sickness, disease, mental anguish or shock sustained by any person, including death;
- 2) Property damage including physical injury to or destruction of tangible property including the resulting loss of use thereof, clean-up costs, and the loss of use of tangible property that has not been physically injured or destroyed;
- 3) Defense including loss adjustment costs, charges and expenses incurred in the investigation, adjustment or defense of claims for such compensatory damages;
- 4) Definition of pollution conditions shall include asbestos, lead, and mold so that these risks are covered if caused by contractor/successful candidate's work or operations.
- 5) Coverage is required on an occurrence form.

**Coverage required whenever work under contract involves pollution risk to the environment.*

1.7 **Errors and Omissions; Professional Liability** (Required only if appropriate)

Errors and Omissions or Professional Liability insurance, as may be required, covering damages arising out of negligent acts, errors, or omissions committed by Contractor in the performance of this Agreement, with a liability limit of not less than \$1,000,000 each claim. Contractor shall maintain this policy for a minimum of two (2) years after completion of the work or shall arrange for a two year extended discovery (tail) provision if the policy is not renewed. The intent of this policy is to provide coverage for claims arising out of the performance of professional Services under this contract and caused by any error, omission, breach or negligent act, including infringement of intellectual property (except patent and trade secret) of the Contractor.

**Required whenever service provider is required to be certified, licensed or registered by a regulatory entity and/or where the provider's judgment in planning and design could result in economic loss to City/County/PBC.*

1.8 **Railroad Contractual Liability Insurance** (Required only if appropriate)

If work is to be performed within 50 feet of any railroad property and affecting any railroad bridge or trestle, tracks, road beds, tunnel, underpass or railroad crossing, the Contractor must provide an endorsement (ISO® form CG24170193 or newer) that removes or deletes any exception for such work in the Contractor's commercial general liability policy. Any endorsement not described herein shall be subject to the approval of the City/County/PBC Attorney.

1.8.1 **Railroad Protective Liability** (Required only if appropriate)

If work is to be performed within 50 feet of any railroad property and affecting any railroad bridge or trestle, tracks, road beds, tunnel, underpass or crossing or otherwise required by the Special Provisions or applicable requirements of an affected railroad, the Contractor shall provide Railroad Protective Liability Insurance naming the affected railroad/s as insured with minimum limits for bodily injury and property damage of \$2,000,000 per occurrence, \$6,000,000 aggregate, or such other limits as required in the Special Provisions or by the affected railroad. The original of the policy shall be furnished to the railroad and a certified copy of the same furnished to the City/County/PBC Purchasing Department prior to any related construction or entry upon railroad premises by the Contractor or for work related to the Contract.

1.9 **Cyber Insurance** (Required only if appropriate)

The Contractor shall maintain network risk and cyber liability coverage (including coverage for unauthorized access, failure of security, breach of privacy perils, as well as notification costs and regulatory defense) in an amount of not less than \$1,000,000.00. Such insurance shall be maintained in force at all times during the

term of the agreement and for a period of two years thereafter for services completed during the term of the agreement.

2. Risk of Loss

Except to the extent covered by the builder's risk insurance, the Contractor shall have the sole responsibility for the proper storage and protection of, and assumes all risk of loss of, any Subcontractor's Work and tools, materials, equipment, supplies, facilities, offices and other property at or off the Project site. The Contractor shall be solely responsible for ensuring each subcontractor shall take every reasonable precaution in the protection of all structures, streets, sidewalks, materials and work of other subcontractors. Contractor shall protect its Work from damage by the elements or by other trades working in the area.

3. Umbrella or Excess Liability

The Contractor may use an Umbrella, Excess Liability, or similar coverage to supplement the primary insurance stated above in order to meet or exceed the minimum coverage levels required by this Contract.

4. Minimum Scope of Insurance

All Liability Insurance policies shall be written on an "Occurrence" basis only. All insurance coverage are to be placed with insurers authorized to do business in the State of Nebraska and must be placed with an insurer that has an A.M. Best's Rating of no less than A:VII unless specific approval has been granted otherwise.

5. Indemnification

To the fullest extent permitted by law the Contractor shall indemnify, defend, and hold harmless the Owner, its elected officials, officers, employees, agents, consultants, and employees of any of them from and against claims, damages, losses and expenses, including but not limited to attorney fees, arising out of or resulting from performance of the Work, provided that such claim, damage, loss or expense is attributable to bodily injury, sickness, disease or death, or to injury to or destruction of tangible or intangible property, including the Work itself, but only to the extent caused by the negligent, wrongful, or intentional acts or omissions of the Contractor, a subcontractor, anyone directly or indirectly employed by them or anyone for whose acts they may be liable, regardless of whether or not such claim, damage, loss or expense is caused in part by the negligence of a party indemnified hereunder. In the event the claim, damage, loss or expense is caused in part by the negligence of a party indemnified hereunder, the indemnification by the Contractor shall be prorated based on the extent of the liability of the party indemnified hereunder. Such obligation shall not be construed to negate, abridge, or reduce obligations of indemnity which would otherwise exist as to a party or person described in this Section. Nothing herein shall be construed to be a waiver of sovereign immunity by the Owner.

6. Reservation of Rights

The City/County/PBC reserves the right to require a higher limit of insurance or additional coverages when the City/County/PBC determines that a higher limit or additional coverage

is required to protect the City/County/PBC or the interests of the public. Such changes in limits or coverages shall be eligible for a change order or amendment to the Contract.

7. Sovereign Immunity

Nothing contained in this clause or other clauses of this Agreement/Contract shall be construed to waive the Sovereign Immunity of the City/County/PBC.

For questions regarding Insurance Requirements, please contact Risk Management.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER	CONTACT NAME:	
	PHONE (A/C, No, Ext):	FAX (A/C, No):
INSURED	E-MAIL ADDRESS:	
	INSURER(S) AFFORDING COVERAGE	
	INSURER A :	
	INSURER B :	
	INSURER C :	
	INSURER D :	
INSURER E :		
INSURER F :		

COVERAGES

CERTIFICATE NUMBER:

REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
	COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:						EACH OCCURRENCE	\$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident)	\$
	UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$						EACH OCCURRENCE	\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A If yes, describe under DESCRIPTION OF OPERATIONS below						PER STATUTE	OTHER
							E.L. EACH ACCIDENT	\$
							E.L. DISEASE - EA EMPLOYEE	\$
							E.L. DISEASE - POLICY LIMIT	\$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

City of Lincoln and/or Lancaster County and/or City of Lincoln/Lancaster County Public Building Commission are listed as additionally insured.

CERTIFICATE HOLDER**CANCELLATION**

City of Lincoln and/or
Lancaster County and/or
City of Lincoln/Lancaster County Public Building Commission
555 South 10th Street
Lincoln, NE 68508

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

**ADDITIONAL INSURED – OWNERS, LESSEES OR
CONTRACTORS – SCHEDULED PERSON OR
ORGANIZATION**

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

SCHEDULE

Name of Person or Organization:

City of Lincoln and/or Lancaster County and/or City of Lincoln/Lancaster County Public Building
Commission

(If no entry appears above, information required to complete this endorsement will be shown in the Declarations as applicable to this endorsement.)

A. Section II – Who Is An Insured is amended to include as an insured the person or organization shown in the Schedule, but only with respect to liability arising out of your ongoing operations performed for that insured.

B. With respect to the insurance afforded to these additional insureds, the following exclusion is added:

2. Exclusions

This insurance does not apply to "bodily injury" or "property damage" occurring after:

- (1) All work, including materials, parts or equipment furnished in connection with such work, on the project (other than service, maintenance or repairs) to be performed by or on behalf of the additional insured(s) at the site of the covered operations has been completed; or
- (2) That portion of "your work" out of which the injury or damage arises has been put to its intended use by any person or organization other than another contractor or subcontractor engaged in performing operations for a principal as a part of the same project.

Example

WAIVER OF OUR RIGHT TO RECOVER FROM OTHERS ENDORSEMENT

We have the right to recover our payments from anyone liable for an injury covered by this policy. We will not enforce our right against the person or organization named in the Schedule. (This agreement applies only to the extent that you perform work under a written contract that requires you to obtain this agreement from us.)

This agreement shall not operate directly or indirectly to benefit anyone not named in the Schedule.

Schedule

City of Lincoln and/or Lancaster County and/or City of Lincoln/Lancaster County Public Building Commission

Example

This endorsement changes the policy to which it is attached and is effective on the date issued unless otherwise stated.

(The information below is required only when this endorsement is issued subsequent to preparation of the policy.)

Endorsement Insured

Effective Policy No.

Endorsement No. Premium

Insurance Company

Countersigned by _____