

CONTRACT DOCUMENTS

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

**Annual Service
Inspection, Testing and Maintenance of Fire Sprinkler System
Bid No. 18-102**

**Mahoney Fire Sprinkler, Inc.
5004 S. 110th St.
Omaha, NE 68137
(402) 553-1221**

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

THIS CONTRACT, made and entered into by and between **Mahoney Fire Sprinkler, Inc., 5004 S. 110th St., 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:

Inspection, Testing and Maintenance of Fire Sprinkler System, Bid No. 18-102

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 full 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 estimated cost of products or services for City Departments shall not exceed \$20,000.00 during the contract term without approval by the Board of Commissioners. The estimated cost of products or services for County Agencies shall not exceed \$10,000.00 during the contract term without approval. The estimated cost of products or services for the Public Building Commission shall not exceed \$12,000.00 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. Notwithstanding the foregoing, the duties and obligations of the City, the County, and the Building Commission pursuant to the Contract shall be treated as divisible and severable duties and obligations, and default by any one of the City, the County, or the Building Commission shall not be attributed to any other of the Owners, but shall remain the sole obligation of the defaulting entity.

8. Audit Provision: The Contractor 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 four (4) year term.
10. The Contract Documents comprise the Contract, and consist of the following:
 1. Contract Terms
 2. Accepted Proposal/Response
 3. Insurance Certificate with Endorsements
 4. Payment/Performance Bonds
 5. Addendum Number 1
 6. Special Provisions
 7. Specifications
 8. Fire Sprinkler Inspection Reports
 9. Instructions to Bidders
 10. Insurance Requirements
 11. Employee Classification Act, Executive Order 83319
 12. Proprietary Information for Bids/Quotes/RFP's
 13. 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
Inspection, Testing and Maintenance of Fire Sprinkler System
Bid No. 18-102
City of Lincoln, Lancaster County and
City of Lincoln-Lancaster County Public Building Commission
Mahoney Fire Sprinkler, Inc.

EXECUTION BY CONTRACTOR

IF A CORPORATION:

Attest:

x Christine Mahoney Seal
Secretary

Mahoney Fire Sprinkler, Inc.
Name of Corporation

5004 S. 110th St. Omaha, NE 68137
Address

By: Robert F. Mahoney III
Duly Authorized Official

President
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
Inspection, Testing and Maintenance of Fire Sprinkler System
Bid No. 18-102
City of Lincoln, Lancaster County and
City of Lincoln-Lancaster County Public Building Commission
Mahoney Fire Sprinkler, Inc.**

EXECUTION BY THE CITY OF LINCOLN, NEBRASKA

ATTEST:

City Clerk

CITY OF LINCOLN, NEBRASKA

Chris Beutler, Mayor

Approved by Resolution No. _____

dated _____

Lancaster County Signature Page

CONTRACT
Annual Service
Inspection, Testing and Maintenance of Fire Sprinkler System
Bid No. 18-102
City of Lincoln, Lancaster County and
City of Lincoln-Lancaster County Public Building Commission
Mahoney Fire Sprinkler, Inc.

EXECUTION BY LANCASTER COUNTY, NEBRASKA

Contract Approved as to Form:

The Board of County Commissioners of
Lancaster, Nebraska

Deputy Lancaster County Attorney

dated _____

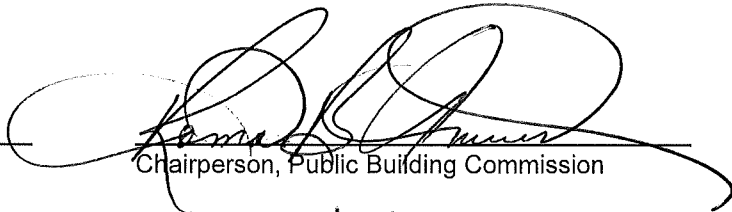
**Lincoln-Lancaster County Public Building Commission
Signature Page**

**CONTRACT
Annual Service
Inspection, Testing and Maintenance of Fire Sprinkler System
Bid No. 18-102
City of Lincoln, Lancaster County and
City of Lincoln-Lancaster County Public Building Commission
Mahoney Fire Sprinkler, Inc.**

EXECUTION BY LINCOLN-LANCASTER COUNTY PUBLIC BUILDING COMMISSION

ATTEST:


Public Building Commission Attorney


Chairperson, Public Building Commission

dated 6/5/18

COMMENTARY TO ACCOMPANY BONDS

A. GENERAL INFORMATION

There are two types of bonds that are required by statutes for public work in many jurisdictions and are widely used for other projects as well.

Performance Bond
Payment Bond

The Performance Bond is an instrument that is used to assure the availability of funds to complete the contract.

The Payment Bond is an instrument that is used to assure the availability of sufficient funds to pay for labor, materials and equipment used in the contract. For public work the Payment Bond provides rights of recovery for workers and suppliers similar to their rights under the mechanics lien laws applying to private work.

The objective underlying the re-writing of bond forms was to make them more understandable to provide guidance to users. The intention was to define the rights and responsibilities of the parties, without changing the traditional rights and responsibilities that have been decided by the courts. The new bond forms provide helpful guidance regarding time periods for various notices and actions and clarify the extent of available remedies.

The concept of pre-default meeting has been incorporated into the Performance Bond. All of the participants favored early and informal resolution of the problems that may precipitate a default, but some Surety companies were reluctant to participate in pre-default settings absent specific authorization in the bond form.

The responsibilities of the Owner and the options available to the Surety when a default occurs are set forth in the Performance Bond. Procedures for making a claim under the Payment Bond are set forth in the form.

EJCDC recommends the use of two separate bonds rather than a combined form. Normally the amount of each bond is 100 percent of the contract amount. The bonds have different purposes and are separate and distinct obligations of the Surety. The Surety Association reports that the usual practice is to charge a single premium for both bonds and there is no reduction in premium for using a combined form or for issuing one bond without the other.

B. COMPLETING THE FORMS

Bonds have important legal consequences; consultation with an attorney and a bond specialist is encouraged with respect to federal, state and local laws applicable to bonds and with respect to completing or modifying the bond forms.

Both bond forms have a similar format and the information to be filled in is ordinarily the same on both bonds. If modification is necessary, the modifications may be different.

The bond forms are prepared for execution by the Contractor and the Surety. Evidence of authority to bind the Surety is usually provided in the form of a power of attorney designating the agent who is authorized to sign on behalf of the Surety. The power of attorney should be filed with the signed bonds.

Each bond must be executed separately since they cover separate and distinct obligations. Preferably the bond date should be the same date as the contract, but in no case should the bond date precede the date of the contract.

PERFORMANCE BOND

Bond No. 2532834

Any singular reference to Contractor, Surety, Owner or other party shall be considered plural where applicable.

CONTRACTOR (Name and Address):

Company Name
Mahoney Fire Sprinkler, Inc.
5004 S. 110th St.
Omaha, NE 68137

SURETY (Name and Principal Place of Business):

Old Republic Surety Company
PO Box 1635
Milwaukee, WI 53201-1635

Owner (Name and Address):

City of Lincoln, Lancaster County and Lincoln-Lancaster County Public Building Commission
555 South 10th St.
Lincoln, NE 68508

CONTRACT

Date: May 23, 2018
Amount: \$42,000.00

Description (Name and Location):

For all labor, material and equipment necessary for Annual Service - Inspection, Testing and Maintenance of Fire Sprinkler System, Bid No. 18-102.

BOND

Date: May 23, 2018
Amount: \$42,000.00
Modifications to this Bond Form: None

CONTRACTOR AS PRINCIPAL

Company: _____ (Corp. Seal)
Mahoney Fire Sprinkler, Inc.

SURETY

Company: _____ (Corp. Seal)
Old Republic Surety Company

Signature: *Robert J. Mahoney III*
Name and Title: Robert J. Mahoney III President

Signature: *Joan Leu*
Name and Title: Joan Leu, Attorney-in-Fact

EJCDC NO. 1910-28a (1984 Edition)
Prepared through the joint efforts of The Surety Assoc. of America, Engineers' Joint Contract Documents Committee, The Associated General Contractors of America, and the American Institute of Architects.

1. The Contractor and the Surety, jointly and severally, bind themselves their heirs, executors, administrators, successors and assigns to the Owner for the performance of the Contract, which is incorporated herein by reference.
2. If the Contractor performs the Contract, the Surety and the Contractor shall have no obligation under this Bond, except to participate in conferences as provided in Subparagraph 3.1.
3. If there is no Owner Default, the Surety's obligation under this Bond shall arise after:
 - 3.1 The Owner has notified the Contractor and the Surety at its address described in Paragraph 10 below, that the Owner is considering declaring a Contractor Default and has requested and attempted to arrange a conference with the Contractor and the Surety to be held not later than fifteen days after receipt of such notice to discuss methods of performing the Contract. If the Owner, the Contractor and the Surety agree, the Contractor shall be allowed a reasonable time to perform the Contract, but such an agreement shall not waive the Owner's right, if any, subsequently to declare a Contractor Default and
 - 3.2 The Owner has declared a Contractor Default and formally terminated the Contractor's right to complete the contract. Such Contractor Default shall not be declared earlier than twenty days after the Contractor and the Surety have received notice as provided in Sub-paragraph 3.1; and
 - 3.3 The Owner has agreed to pay the Balance of the Contract Price to the Surety in accordance with the terms of the Contract or to a contractor selected to perform the Contract in accordance with the terms of the contract with the Owner.
4. When the Owner has satisfied the conditions of Paragraph 3, the Surety shall promptly and at the Surety's expense take one of the following actions:
 - 4.1 Arrange for the Contractor, with consent of the Owner, to perform and complete the Contract, or
 - 4.2 Undertake to perform and complete the Contract itself, through its agents or through independent contractors, or
 - 4.3 Obtain bids or negotiated proposals from qualified contractors acceptable to the Owner for a contract for performance and completion of the Contract, arrange for a contract to be prepared for execution by the Owner and the contractor selected with the Owner's concurrence, to be secured with performance and payment bonds executed by a qualified surety equivalent to the bonds issued on the Contract, and pay to the Owner the amount of damages as described in Paragraph 6 in excess of the Balance of the Contract Price incurred by the Owner resulting from the Contractor's default, or
 - 4.4 Waive its right to perform and complete, arrange for completion, or obtain a new contractor and with reasonable promptness under the circumstances:
 1. After investigation, determine the amount for which it may be liable to the Owner and as soon as practicable after the amount is determined tender payment therefore to the Owner; or
 2. Deny liability in whole or in part and notify the Owner citing reasons therefore.
5. If the Surety does not proceed as provided in Paragraph 4 with reasonable promptness, the Surety shall be deemed to be in default on this Bond fifteen days after receipt of an additional written notice from the Owner to the Surety demanding that the Surety perform its obligations under this Bond, and the Owner shall be entitled to enforce any remedy available to the Owner. If the Surety proceeds as provided in Subparagraph 4.4 and the Owner refuses payment tendered or the Surety has denied liability, in whole or in part, without further notice the Owner shall be entitled to enforce any remedy available to the Owner.
6. After the Owner has terminated the Contractor's right to complete the Contract, and if the Surety elects to act under Subparagraph 4.1, 4.2, or 4.3 above, then the responsibilities of the Surety to the Owner shall not be greater than those of the Contractor under the Contract, and the responsibilities of the Owner to the Surety shall not be greater than those of the Owner under the Contract. To the limit of the amount of this Bond, but subject to commitment by the Owner of the Balance of the Contract Price to mitigation of costs and damages on the Contract, the Surety is obligated without duplication for:
 - 6.1 The responsibilities of the Contractor for correction of defective work and completion of the Contract;
 - 6.2 Additional legal, design professional and delay costs resulting from the Contractor's Default, and resulting from the actions or failure to act of the Surety under Paragraph 4; and
 - 6.3 Liquidated damages, or if no liquidated damages are specified in the Contract, actual damages caused by delayed performance or non-performance of the Contractor.
7. The Surety shall not be liable to the Owner or others for obligations of the Contractor that are unrelated to the Contract, and the Balance of the Contract Price shall not be reduced or set off on account of any such unrelated obligations. No right of action shall accrue on this Bond to any person or entity other than the Owner or its heirs, executors, administrators, or successors.
8. The Surety hereby waives notice of any change, including changes of time, to the Contract or to related sub-contracts, purchase orders and other obligations.
9. Any proceeding, legal or equitable, under this Bond may be instituted in any court of competent jurisdiction in the location in which the work or part of the work is located and shall be instituted within two years after Contractor Default or within two years after the Contractor ceased working or within two years after the Surety refuses or fails to perform its obligations under this Bond, whichever occurs first. If the provisions of this Paragraph are void or prohibited by law, the minimum period of limitation available to sureties as a defense in the jurisdiction of the suit shall be applicable.
10. Notice to the Surety, the Owner or the Contractor shall be mailed or delivered to the address shown on the signature page.
11. When this Bond has been furnished to comply with a statutory or other legal requirement in the location where the work was to be performed, any provision in this Bond conflicting with said statutory or legal requirement shall be deemed deleted herefrom and provisions conforming to such statutory or other legal requirement shall be deemed incorporated herein. The intent is that this Bond shall be construed as a statutory bond and not as a common law bond.
12. Definitions.
 - 12.1 Balance of the Contract Price: The total amount payable by the Owner to the Contractor under the Contract after all proper adjustments have been made, including allowance to the Contractor of any amounts received or to be received by the Owner in settlement of insurance or other claims for damages to which the Contractor is entitled, reduced by all valid and proper payments made to or on behalf of the Contractor under the Contract.
 - 12.2 Contract: The agreement between the Owner and the Contractor identified on the signature page, including all Contract Documents and changes thereto.
 - 12.3 Contractor Default: Failure of the Contractor, which has neither been remedied nor waived, to perform or otherwise to comply with the terms of the Contract.
 - 12.4 Owner Default: Failure of the Owner, which has neither been remedied nor waived, to pay the Contractor as required by the Contract or to perform and complete or comply with the other terms thereof.

PAYMENT BOND

Bond No. 2532834

Any singular reference to Contractor, Surety, Owner or other party shall be considered plural where applicable.

CONTRACTOR (Name and Address):

Company Name
Mahoney Fire Sprinkler, Inc.
5004 S. 110th St.
Omaha, NE 68137

**SURETY (Name and Principal Place
Of Business):**

Old Republic Surety Company
PO Box 1635
Milwaukee, WI 53201-1635

Owner (Name and Address):

City of Lincoln, Lancaster County and Lincoln-Lancaster County Public Building Commission
555 South 10th St.
Lincoln, NE 68508

CONTRACT

Date: May 23, 2018
Amount: \$42,000.00

Description (Name and Location):

For all labor, material and equipment necessary for Annual Service - Inspection, Testing and Maintenance of Fire Sprinkler System, Bid No. 18-102.

BOND

Date: May 23, 2018
Amount: \$42,000.00

Modifications to this Bond Form: None

CONTRACTOR AS PRINCIPAL

Company: (Corp. Seal)

Mahoney Fire Sprinkler, Inc.

Signature: Robert J. Mahoney III President
Name and Title: Robert J. Mahoney III President

SURETY

Company: (Corp. Seal)

Old Republic Surety Company

Signature: Joan Leu
Name and Title: Joan Leu, Attorney-in-Fact

1. The Contractor and the Surety, jointly and severally, bind themselves their heirs, executors, administrators, successors and assigns to the Owner to pay for labor, materials and equipment furnished for use in the performance of the Contract, which is incorporated herein by reference.
2. With respect to the Owner, this obligation shall be null and void if the Contractor:
 - 2.1 Promptly makes payment, directly or indirectly, for all sums due Claimants, and
 - 2.2 Defends, indemnifies and holds harmless the Owner from all claims, demands, liens or suits by any person or entity who furnished labor, materials or equipment for use in the performance of the Contract, provided the Owner has promptly notified the Contractor and the Surety (at the address described in Paragraph 12) of any claims, demands, liens or suits and tendered defense of such claims, demands, liens or suits to the Contractor and the Surety, and provided there is no Owner Default.
3. With respect to Claimants, this obligation shall be null and void if the Contractor promptly makes payment, directly or indirectly, for all sums due.
4. The Surety shall have no obligation to Claimants under this Bond until:
 - 4.1 Claimants who do not have a direct contract with the Contractor have given notice to the Surety (at the address described in Paragraph 12) and sent a copy, or notice thereof to the Owner, stating that a claim is being made under this Bond and with substantial accuracy the amount of the claim.
 - 4.2 Claimants who do not have a direct contract with the Contractor:
 1. Have furnished written notice to the Contractor and sent a copy, or notice thereof, to the Owner, within 90 days after having last performed labor or last furnished materials or equipment included in the claim stating, with substantial accuracy, the amount of the claim and the name of the party to whom the materials were furnished or supplied or for whom the labor was done or performed, and
 2. Have either received a rejection in whole or in part from the Contractor, or not received within 30 days of furnishing the above notice any communication from the Contractor by which the Contractor has indicated the claim will be paid directly or indirectly; and
 3. Not having been paid within the above 30 days, have sent a written notice to the Surety (at the address described in Paragraph 12) and sent a copy, or notice thereof, to the Owner, stating that a claim is being made under this Bond and enclosing a copy of the previous written notice furnished to the Contractor.
5. If a notice required by Paragraph 4 is given by the Owner to the Contractor or to the Surety, that is sufficient compliance.
6. When the Claimant has satisfied the conditions of Paragraph 4, the Surety shall promptly and at the Surety's expense take the following actions:
 - 6.1 Send an answer to the Claimant, with a copy to the Owner, within 45 days after receipt of the claim, stating the amounts that are undisputed and the basis for challenging any amounts that are disputed.
 - 6.2 Pay or arrange for payment of any undisputed amounts.
7. The Surety's total obligation shall not exceed the amount of this Bond, and the amount of this Bond shall be credited for any payments made in good faith by the Surety.
8. Amounts owed by the Owner to the Contractor under the Contract shall be used for the performance of the Contract and to satisfy claims, if any, under any Performance Bond.

By the Contractor furnishing and the Owner accepting this Bond, they agree that all funds earned by the Contractor in the performance of the Contract are dedicated to satisfy obligations of the Contractor and the Surety under this Bond, subject to the Owner's priority to the funds for the completion of the work.

9. The Surety shall not be liable to the Owner, Claimants or others for obligations of the Contractor that are unrelated to the Contract. The Owner shall not be liable for payment of any costs or expenses of any Claimant under this Bond, and shall have under this Bond no obligations to make payments to, give notices on behalf of, or otherwise have obligations to Claimants under this Bond.
10. The Surety hereby waives notice of any change, including changes of time, to the Contract or to related subcontracts, purchase orders and other obligations.
11. No suite or action shall be commenced by a Claimant under this Bond other than in a court of competent jurisdiction in the location in which the work or part of the work is located or after the expiration of one year from the date (1) on which the Claimant gave the notice required by Subparagraph 4.1 or Clause 4.1 (iii), or (2) on which the last labor or service was performed by anyone or the last materials or equipment were furnished by anyone under the Contract, whichever of (1) or (2) first occurs. If the provisions of this Paragraph are void or prohibited by law, the minimum period of limitation available to sureties as a defense in the jurisdiction of the suit shall be applicable.
12. Notice to the Surety, the Owner or the Contractor shall be mailed or delivered to the address shown on the signature page. Actual receipt of notice by Surety, the Owner or the Contractor, however accomplished, shall be sufficient compliance as of the date received at the address shown on the signature page.
13. When this Bond has been furnished to comply with a statutory or other legal requirement in the location where the work was to be performed, any provision in this Bond conflicting with said statutory or legal requirement shall be deemed deleted here from and provisions conforming to such statutory or other legal requirement shall be deemed incorporated herein. The intent is, that this Bond shall be construed as a statutory bond and not as a common law bond.
14. Upon request by any person or entity appearing to be a potential beneficiary of this Bond, the Contractor shall promptly furnish a copy of this Bond or shall permit a copy to be made.
15. Definitions:
 - 15.1 Claimant: An individual or entity having a direct contract with the Contractor or with a subcontractor of the Contractor to furnish labor, materials or equipment for use in the performance of the Contract. The intent of this Bond shall be to include without limitation in the terms "labor, materials, or equipment" that part of water, gas, power, light, heat, oil, gasoline, telephone service or rental equipment used in the Contract, architectural and engineering services required for performance of the work of the Contractor and the Contractor's subcontractors, and all other items for which a mechanic's lien may be asserted in the jurisdiction where the labor, materials or equipment were furnished.
 - 15.2 Contract: The agreement between the Owner and the Contractor identified on the signature page, including all Contract Documents and changes thereto.
 - 15.3 Owner Default: Failure of the Owner, which has neither been remedied nor waived, to pay the Contractor as required by the Contract or to perform and complete or comply with the other terms thereof.

OLD REPUBLIC SURETY COMPANY

POWER OF ATTORNEY

KNOW ALL MEN BY THESE PRESENTS: That OLD REPUBLIC SURETY COMPANY, a Wisconsin stock insurance corporation, does make, constitute and appoint:

DAVID A. DOMINIANI, MAURA P. KELLY, JOAN LEU, SHARON K. MURRAY, JACQUELINE L DREY, KEVIN J STENGER, OF OMAHA, NE

its true and lawful Attorney(s)-in-Fact, with full power and authority, not exceeding \$50,000,000, for and on behalf of the company as surety, to execute and deliver and affix the seal of the company thereto (if a seal is required), bonds, undertakings, recognizances or other written obligations in the nature thereof, (other than bail bonds, bank depository bonds, mortgage deficiency bonds, mortgage guaranty bonds, guarantees of installment paper and note guaranty bonds, self-insurance workers compensation bonds guaranteeing payment of benefits, asbestos abatement contract bonds, waste management bonds, hazardous waste remediation bonds or black lung bonds), as follows:

ALL WRITTEN INSTRUMENTS IN AN AMOUNT NOT TO EXCEED
FOUR MILLION DOLLARS(\$4,000,000)----- FOR ANY SINGLE OBLIGATION.

and to bind OLD REPUBLIC SURETY COMPANY thereby, and all of the acts of said Attorneys-in-Fact, pursuant to these presents, are ratified and confirmed. This document is not valid unless printed on colored background and is multi-colored. This appointment is made under and by authority of the board of directors at a special meeting held on February 18, 1982. This Power of Attorney is signed and sealed by facsimile under and by the authority of the following resolutions adopted by the board of directors of the OLD REPUBLIC SURETY COMPANY on February 18, 1982.

RESOLVED that, the president, any vice-president, or assistant vice president, in conjunction with the secretary or any assistant secretary, may appoint attorneys-in-fact or agents with authority as defined or limited in the instrument evidencing the appointment in each case, for and on behalf of the company to execute and deliver and affix the seal of the company to bonds, undertakings, recognizances, and suretyship obligations of all kinds; and said officers may remove any such attorney-in-fact or agent and revoke any Power of Attorney previously granted to such person.

RESOLVED FURTHER, that any bond, undertaking, recognizance, or suretyship obligation shall be valid and binding upon the Company
(i) when signed by the president, any vice president or assistant vice president, and attested and sealed (if a seal be required) by any secretary or assistant secretary; or
(ii) when signed by the president, any vice president or assistant vice president, secretary or assistant secretary, and countersigned and sealed (if a seal be required) by a duly authorized attorney-in-fact or agent; or
(iii) when duly executed and sealed (if a seal be required) by one or more attorneys-in-fact or agents pursuant to and within the limits of the authority evidenced by the Power of Attorney issued by the company to such person or persons.

RESOLVED FURTHER, that the signature of any authorized officer and the seal of the company may be affixed by facsimile to any Power of Attorney or certification thereof authorizing the execution and delivery of any bond, undertaking, recognizance, or other suretyship obligations of the company; and such signature and seal when so used shall have the same force and effect as though manually affixed.

IN WITNESS WHEREOF, OLD REPUBLIC SURETY COMPANY has caused these presents to be signed by its proper officer, and its corporate seal to be affixed this 27TH day of JUNE, 2017.

OLD REPUBLIC SURETY COMPANY

Jane E. Cherney
Assistant Secretary



Alan Pavlic
President

STATE OF WISCONSIN, COUNTY OF WAUKESHA-SS

On this 27TH day of JUNE, 2017, personally came before me, Alan Pavlic and Jane E Cherney, to me known to be the individuals and officers of the OLD REPUBLIC SURETY COMPANY who executed the above instrument, and they each acknowledged the execution of the same, and being by me duly sworn, did severally depose and say; that they are the said officers of the corporation aforesaid, and that the seal affixed to the above instrument is the seal of the corporation, and that said corporate seal and their signatures as such officers were duly affixed and subscribed to the said instrument by the authority of the board of directors of said corporation.



Kathryn R. Pearson
Notary Public
My commission expires: 9/28/2018

(Expiration of notary commission does not invalidate this instrument)

CERTIFICATE

I, the undersigned, assistant secretary of the OLD REPUBLIC SURETY COMPANY, a Wisconsin corporation, CERTIFY that the foregoing and attached Power of Attorney remains in full force and has not been revoked; and furthermore, that the Resolutions of the board of directors set forth in the Power of Attorney, are now in force.

40-2658



Signed and sealed at the City of Brookfield, WI this 23 day of May 2018.

Jane E. Cherney
Assistant Secretary

THE HARRY A. KOCH CO.

THIS DOCUMENT HAS A COLORED BACKGROUND AND IS MULTI-COLORED ON THE FACE. THE COMPANY LOGO APPEARS ON THE BACK OF THIS DOCUMENT AS A WATERMARK. IF THESE FEATURES ARE ABSENT, THIS DOCUMENT IS VOID.

Certified Statement Pursuant to Neb. Rev. Stat. § 77-1323

§ 77-1323 Every person, partnership, limited liability company, association, or corporation furnishing labor or material in the repair, alteration, improvement, erection, or work of any public improvement shall furnish a certified statement to be attached to the contract 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.

Pursuant to Neb. Rev. Stat. § 77-1323, I, Robert J. Mahoney III, do hereby certify that all equipment to be used on Annual Service - Inspection, Testing and Maintenance of Fire Sprinkler System, Bid No. 18-102, except that equipment acquired since the assessment date, has been assessed for taxation for the current year, in Douglas County, Nebraska.

DATED this 24 day of May, 2018.

By: Robert J. Mahoney III
Title: President

STATE OF NEBRASKA)
)ss.
COUNTY OF Douglas)

On May 24, 2018, before me, the undersigned Notary Public duly commissioned for and qualified in said County, personally came Robert J. Mahoney III to me known to be the identical person, whose name is affixed to the foregoing instrument and acknowledged the execution thereof to be his voluntary act and deed.

Witness my hand and notarial seal the day and year last above written.

Melissa L Spencer Notary Public
(SEAL)



EMPLOYEE CLASSIFICATION ACT AFFIDAVIT

For the purposes of complying with THE NEBRASKA EMPLOYEE CLASSIFICATION ACT, Nebraska Revised Statutes 48-2901 to 48-2912 and City of Lincoln Executive Order 083319,

Mahoney Fire Sprinkler, Inc.

I, _____, herein below known as the Contractor, state under oath and swear as follows:

- 1. Each individual performing services for the Contractor is properly classified under the Employee Classification Act.
- 2. The Contractor has completed a federal I-9 immigration form and has such form on file for each employee performing services.
- 3. The Contractor has complied with Neb Rev Stat 4-114.
- 4. The Contractor has no reasonable basis to believe that any individual performing services for the Contractor is an undocumented worker.
- 5. The Contractor is not barred from contracting with the state or any political subdivision pursuant to NRS 48-2912 of this Act.
- 6. As the Contractor I understand that pursuant to the Employee Classification Act a violation of the Act by a contractor is grounds for rescission of the contract by the City of Lincoln and Lancaster County. I understand that pursuant to the Act any contractor who knowingly provides a false affidavit may be subject to criminal penalties and upon a second or subsequent violation shall be barred from contracting with the City of Lincoln and Lancaster County for a period of three years after the date of discovery of the falsehood.

I hereby affirm and swear that the statements and information provided on this affidavit are true, complete and accurate. The undersigned person does hereby agree and represent that he or she is legally capable to sign this affidavit and to lawfully bind the Contractor to this affidavit.

PRINT NAME: Robert J. Mahoney III
 (First, Middle, Last)

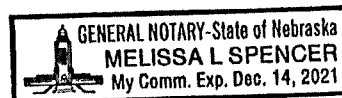
SIGNATURE: Robert J. Mahoney III

TITLE: President

State of Nebraska)
) ss.
 County of Douglas)

This affidavit was signed and sworn to before me, the undersigned Notary Public, on this
24 day of May, 2018

Melissa L. Spencer
 Notary Public



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 x | | Lincoln, NE 68508 | |
| Fax | 1 (402) 441-6513 x | Contact | Rachelle Hinze Buyer | Contact |
| Bid Number | 18-102 Addendum 1 | Department | | Department |
| Title | Inspection, Testing and Maintenance of Fire Sprinkler System | Building | Suite 200 | Building |
| Bid Type | Bid | Floor/Room | | Floor/Room |
| Issue Date | 4/19/2018 07:00 AM (CT) | Telephone | 1 (402) 441-8313 x | Telephone |
| Close Date | 5/9/2018 12:00:00 PM (CT) | Fax | 1 (402) 441-6513 x | Fax |
| | | Email | rhinze@lincoln.ne.gov | Email |

Supplier Information

Company Mahoney Fire Sprinkler, Inc.
 Address 5004 S. 110th St.
 Omaha, NE 68137
 Contact Bob Mahoney
 Department
 Building
 Floor/Room
 Telephone (402) 553-1221
 Fax (402) 553-4545
 Email
 Submitted 5/4/2018 02:10:29 PM (CT)
 Total \$6,390.00

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

Signature Bob Mahoney Email bob3@mahoneyfiresprinkler.com

Supplier Notes

Bid Notes

"PLEASE NOTE YOUR COMPANY MAY HAVE BEEN ADDED TO THIS BID DUE TO YOUR COMPANY NOT UPDATING YOUR COMMODITIES".
 . ALL VENDORS ARE STRONGLY ENCOURAGED TO UPDATE THEIR PROFILE AT THIS TIME TO ENSURE FUTURE NOTIFICATIONS OF BIDS AND QUOTES FOR THE CITY OF LINCOLN AND LANCASTER COUNTY.
 VENDORS SHOULD SELECT COMMODITIES AND SERVICES LISTED UNDER THE BOLD CATEGORIES IN ORDER TO RECEIVE BIDS AND QUOTES THAT ARE SPECIFIC TO YOUR BUSINESS.
 FOR ASSISTANCE CALL 402-441-8103

Bid Activities

| Date | Name | Description |
|----------------------------|---|--|
| 4/30/2018 11:00:00 AM (CT) | Pre-Bid at Pinnacle Bank Arena, 400 Pinnacle Arena Drive, Monday, April 30 at 11:00a.m. | Vendor shall go to the North Marshalling door and check in with Security |

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 | Specifications | I acknowledge reading and understanding the specifications. | Yes |

| | | | |
|----|--|---|--|
| 5 | 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 |
| 6 | Special Provision Term Contract Provisions | I acknowledge reading and understanding the Special Provision Term Contract Provisions. | Yes |
| 7 | Sample Contract | I acknowledge reading and understanding the sample contract. | Yes |
| 8 | Performance/Payment Bonds | I acknowledge that a Performance Bond and a Payment Bond each in the amount of 100% of the Contract amount will be required with the signed contract upon award of this job. | Yes |
| 9 | Bid Bond Submission - City | I acknowledge and understand that my bid will not be considered unless a bid bond or certified check in the sum of five percent (5%) of the total amount of the bid is made payable to the order of the City Treasurer as a guarantee of good faith prior to the bid opening. The bid security may be scanned and attached to the 'Response Attachments' section of your response or faxed to the Purchasing Office (402)441-6513. The original bond/check must then be received in the Purchasing Office, 440 S. 8th Street, Ste. 200, Lincoln, NE 68508 within three (3) days of bid closing. YOU MUST INDICATE YOUR METHOD OF BID BOND SUBMISSION IN BOX TO RIGHT! | I have scanned and attached my bid bond. |
| 10 | Term Clause with Escallation/De-Escalation | I acknowledge that the term of the contract will be a (4) four year term from the date of the executed contract. (a) Bid prices firm for the first full contract period. YES or NO _____ (b) Bid prices subject to escalation/de-escalation YES or NO _____ (c) If (b), state period for which prices will remain firm: through _____ | Yes |
| 11 | Labor Cost | List your hourly labor cost for replacement of backflow preventers and other services not listed in line item. | \$90.00 |
| 12 | 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. | 25% |
| 13 | Emergency Services | Is your company willing and able to provide emergency services at any time of the day or night? YES or NO _____ If YES, please list the contact person and phone number for these services: _____ If you are willing to provide emergency services, will your rate change from what is listed in the Line Items? YES or NO _____ If YES, please provide the rate increase by a percentage or attach on Company letterhead the specific rate for each Line Item. Emergency services are defined as those services which are specifically required after normal business hours (5:00pm - 7:00am). The City/County will not allow added cost when the Vendors time is outside the normal | Yes |

business hours due to scheduling issues with the Vendor.

- | | | | |
|----|-----------------------------------|---|----------------------------------|
| 14 | References | I have attached my References on Company letterhead to the Response Attachment section of this bid. ONE REFERENCE MUST BE A CORRECTION FACILITY. | Yes |
| 15 | Contract and Delivery Contact | The City/County Purchasing Department issues 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 Contract to be awarded. | service@mahoneyfiresprinkler.com |
| 16 | Employee Class Act EO | I acknowledge reading and understanding the Employee Classification Act, Executive Order 83319. | Yes |
| 17 | Employee Class Act Affidavit | I acknowledge if awarded the contract I will abide by the law, notarize and attach the Employee Classification Act Affidavit to my contract. | Yes |
| 18 | Recycling of Corrugated Cardboard | I acknowledge that I must comply with the City of Lincoln recycling regulations which includes a ban of all corrugated cardboard from the City Landfill effective April 1, 2018. Vendors are encouraged to utilize recycling sites located throughout the city of Lincoln to dispose of corrugated cardboard. | Yes |
| 19 | Bid Award | a) 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. Do you agree and understand? Yes/No _____ b) Is your pricing based on all-or-nothing basis, please indicate is so. Yes/No _____ | Yes |
| 20 | Contact | Name of person submitting this bid: | Bob Mahoney |
| 21 | Electronic Signature | Please check here for your electronic signature. | Yes |
| 22 | 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 | 605 Building Annual Fire Sprinkler System Testing and Inspection to include backflow preventer to the system. | \$540.00 |
| | | | Item Notes: | |
| | | | Supplier Notes: | |
| 2 | 1 | EA | Amtrak Station Annual Fire Sprinkler System Testing and Inspection to include backflow preventer to the system. | \$120.00 |
| | | | Item Notes: | |
| | | | Supplier Notes: | |
| 3 | 1 | EA | Ashland Water Annual Fire Sprinkler System Testing and Inspection to include backflow preventer to the system. | \$120.00 |
| | | | Item Notes: | |
| | | | Supplier Notes: | |
| 4 | 1 | EA | City County Building Annual Fire Sprinkler System Testing and Inspection to include backflow preventer to the system. | \$150.00 |
| | | | Item Notes: | |
| | | | Supplier Notes: | |
| 5 | 1 | EA | Adult Detention Center Warehouse Annual Fire Sprinkler System Testing and Inspection to include backflow preventer to the system. | \$120.00 |
| | | | Item Notes: | |
| | | | Supplier Notes: | |
| 6 | 1 | EA | County Adult Detention Center Annual Fire Sprinkler System Testing and Inspection to include backflow preventer to the system. | \$240.00 |
| | | | Item Notes: | |
| | | | Supplier Notes: | |
| 7 | 1 | EA | County DMV Annual Fire Sprinkler System Testing and Inspection to include backflow preventer to the system. | \$120.00 |
| | | | Item Notes: | |
| | | | Supplier Notes: | |

| | | | | |
|-----------------|---|----|--|----------|
| 8 | 1 | EA | Courthouse Plaza Annual Fire Sprinkler System Testing and Inspection to include backflow preventer to the system. | \$120.00 |
| Item Notes: | | | | |
| Supplier Notes: | | | | |
| 9 | 1 | EA | Crisis Center Annual Fire Sprinkler System Testing and Inspection to include backflow preventer to the system. | \$120.00 |
| Item Notes: | | | | |
| Supplier Notes: | | | | |
| 10 | 1 | EA | Hall of Justice Annual Fire Sprinkler System Testing and Inspection to include backflow preventer to the system. | \$240.00 |
| Item Notes: | | | | |
| Supplier Notes: | | | | |
| 11 | 1 | EA | Lancaster County Health Annual Fire Sprinkler System Testing and Inspection to include backflow preventer to the system. | \$120.00 |
| Item Notes: | | | | |
| Supplier Notes: | | | | |
| 12 | 1 | EA | Holmes Golf Course Club House Annual Fire Sprinkler System Testing and Inspection to include backflow preventer to the system. | \$120.00 |
| Item Notes: | | | | |
| Supplier Notes: | | | | |
| 13 | 1 | EA | Information Service Annual Fire Sprinkler System Testing and Inspection to include backflow preventer to the system. | \$120.00 |
| Item Notes: | | | | |
| Supplier Notes: | | | | |
| 14 | 1 | EA | K Street Complex Annual Fire Sprinkler System Testing and Inspection to include backflow preventer to the system. | \$480.00 |
| Item Notes: | | | | |
| Supplier Notes: | | | | |

| | | | | |
|-----------------|---|----|---|----------|
| 15 | 1 | EA | Landfill Maintenance Annual Fire Sprinkler System Testing and Inspection to include backflow preventer to the system. | \$120.00 |
| Item Notes: | | | | |
| Supplier Notes: | | | | |
| 16 | 1 | EA | Bennett Martin Library Annual Fire Sprinkler System Testing and Inspection to include backflow preventer to the system. | \$120.00 |
| Item Notes: | | | | |
| Supplier Notes: | | | | |
| 17 | 1 | EA | Eisley Library Annual Fire Sprinkler System Testing and Inspection to include backflow preventer to the system. | \$120.00 |
| Item Notes: | | | | |
| Supplier Notes: | | | | |
| 18 | 1 | EA | Gere Library Annual Fire Sprinkler System Testing and Inspection to include backflow preventer to the system. | \$120.00 |
| Item Notes: | | | | |
| Supplier Notes: | | | | |
| 19 | 1 | EA | Walt Library Annual Fire Sprinkler System Testing and Inspection to include backflow preventer to the system. | \$120.00 |
| Item Notes: | | | | |
| Supplier Notes: | | | | |
| 20 | 1 | EA | Lincoln Fire Station #2 Annual Fire Sprinkler System Testing and Inspection to include backflow preventer to the system. | \$120.00 |
| Item Notes: | | | | |
| Supplier Notes: | | | | |
| 21 | 1 | EA | Lincoln Fire Station #14 Annual Fire Sprinkler System Testing and Inspection to include backflow preventer to the system. | \$120.00 |
| Item Notes: | | | | |
| Supplier Notes: | | | | |

| | | | | |
|-----------------|---|----|--|----------|
| 22 | 1 | EA | Lincoln Police North 27th Annual Fire Sprinkler System Testing and Inspection to include backflow preventer to the system. | \$150.00 |
| Item Notes: | | | | |
| Supplier Notes: | | | | |
| 23 | 1 | EA | Lincoln Police Sub Station Huntington Annual Fire Sprinkler System Testing and Inspection to include backflow preventer to the system. | \$120.00 |
| Item Notes: | | | | |
| Supplier Notes: | | | | |
| 24 | 1 | EA | MSC 901 West Bond Annual Fire Sprinkler System Testing and Inspection to include backflow preventer to the system. | \$180.00 |
| Item Notes: | | | | |
| Supplier Notes: | | | | |
| 25 | 1 | EA | MSC 949 West Bond Annual Fire Sprinkler System Testing and Inspection to include backflow preventer to the system. | \$150.00 |
| Item Notes: | | | | |
| Supplier Notes: | | | | |
| 26 | 1 | EA | NE Wastewater Facility Annual Fire Sprinkler System Testing and Inspection to include backflow preventer to the system. | \$120.00 |
| Item Notes: | | | | |
| Supplier Notes: | | | | |
| 27 | 1 | EA | Parks & Recreation F Street Annual Fire Sprinkler System Testing and Inspection to include backflow preventer to the system. | \$180.00 |
| Item Notes: | | | | |
| Supplier Notes: | | | | |
| 28 | 1 | EA | Pinnacle Bank Arena Annual Fire Sprinkler System Testing and Inspection to include backflow preventer to the system. | \$780.00 |
| Item Notes: | | | | |
| Supplier Notes: | | | | |

| | | | | |
|----|---|----|--|----------|
| 29 | 1 | EA | Senior Center Aging Annual Fire Sprinkler System Testing and Inspection to include backflow preventer to the system. | \$120.00 |
|----|---|----|--|----------|

Item Notes:

Supplier Notes:

| | | | | |
|----|---|----|--|----------|
| 30 | 1 | EA | Wastewater Facility Annual Fire Sprinkler System Testing and Inspection to include backflow preventer to the system. | \$120.00 |
|----|---|----|--|----------|

Item Notes:

Supplier Notes:

| | | | | |
|----|---|----|--|----------|
| 31 | 1 | EA | Youth Services Center Annual Fire Sprinkler System Testing and Inspection to include backflow preventer to the system. | \$120.00 |
|----|---|----|--|----------|

Item Notes:

Supplier Notes:

| | | | | |
|----|---|----|--|----------|
| 32 | 1 | EA | Pinnacle Bank Arena Annual Fire Sprinkler System Testing and Inspection to include backflow preventer to the system. | \$780.00 |
|----|---|----|--|----------|

Item Notes:

Supplier Notes:

Item Attributes: Please review the following and respond where necessary

| # | Name | Note | Response |
|---|---|------|--|
| 1 | Full Flow Fire Pump Testing and Inspection as needed for populated areas of 1st and 2nd floor | | This testing and inspection is included in our price (\$780) for the annual and semi-annual inspection |

Response Total: \$6,390.00

Mahoney Fire Sprinkler, Inc.

5004 South 110th Street Omaha, NE 68137

Phone 402/553-1221 | Fax 402/553-4545

April 27, 2018

References

Nebraska Department Of Correctional Services
PO Box 94661
Lincoln, NE 68509
Sara Flynn
Tecumseh State Correctional Facility
2725 N. Highway 50
Tecumseh, NE 68450
(402) 335-5159

Omaha Public Schools
4041 N. 72nd Street
Omaha, NE 68134
John Neal
(402) 557-2800



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
5/30/2018

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 The Harry A. Koch Co. P.O. Box 45279 Omaha NE 68145-0279 | CONTACT NAME: PHONE (A/C. No. Ext): 402-861-7000 FAX (A/C. No): E-MAIL ADDRESS: | | | | | | | | | | | | |
| INSURER(S) AFFORDING COVERAGE | | | | | | | | | | | | | |
| INSURED MAH24348 Mahoney Fire Sprinkler, Inc. 5004 S 110th Street Omaha NE 68137 | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">INSURER A : Travelers Property Casualty of America</td> <td style="width: 20%;">NAIC # 25674</td> </tr> <tr> <td>INSURER B : Travelers Indemnity Co.</td> <td>25658</td> </tr> <tr> <td>INSURER C : Charter Oak Fire Insurance Co.</td> <td>25615</td> </tr> <tr> <td>INSURER D :</td> <td></td> </tr> <tr> <td>INSURER E :</td> <td></td> </tr> <tr> <td>INSURER F :</td> <td></td> </tr> </table> | INSURER A : Travelers Property Casualty of America | NAIC # 25674 | INSURER B : Travelers Indemnity Co. | 25658 | INSURER C : Charter Oak Fire Insurance Co. | 25615 | INSURER D : | | INSURER E : | | INSURER F : | |
| INSURER A : Travelers Property Casualty of America | NAIC # 25674 | | | | | | | | | | | | |
| INSURER B : Travelers Indemnity Co. | 25658 | | | | | | | | | | | | |
| INSURER C : Charter Oak Fire Insurance Co. | 25615 | | | | | | | | | | | | |
| INSURER D : | | | | | | | | | | | | | |
| INSURER E : | | | | | | | | | | | | | |
| INSURER F : | | | | | | | | | | | | | |

COVERAGES CERTIFICATE NUMBER: 858854584 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 |
|----------|--|-----------|----------|-------------------|-------------------------|-------------------------|---|
| C | <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> \$ 5,000 Ded GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input checked="" type="checkbox"/> LOC OTHER: | Y | | DTC06G424010COF18 | 1/1/2018 | 1/1/2019 | EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000 MED EXP (Any one person) \$ 10,000 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"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS ONLY <input checked="" type="checkbox"/> HIRED AUTOS ONLY | Y | | BA6G424010CNS18 | 1/1/2018 | 1/1/2019 | COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$ |
| B | <input type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$ 0 | | | CUP9H4049031826 | 1/1/2018 | 1/1/2019 | EACH OCCURRENCE \$ 4,000,000 AGGREGATE \$ 4,000,000 \$ |
| B | <input checked="" type="checkbox"/> WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below | | Y | DTKUB9J56264818 | 1/1/2018 | 1/1/2019 | <input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000 |

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
 City of Lincoln and Lancaster County and Lincoln-Lancaster County Public Building Commission are additional insured for general liability and auto liability if required by written contract executed prior to loss. Waiver of Subrogation applies for workers compensation if required by written contract executed prior to loss. The general liability, auto liability and workers compensation policies have been endorsed to provide 30 days notice of cancellation.

| | |
|---|--|
| CERTIFICATE HOLDER City of Lincoln Lancaster County Lincoln-Lancaster County Public Building Commission 555 S. 10th Street Lincoln NE 68508 | 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 |
|---|--|

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

ADDITIONAL INSURED (CONTRACTORS)

This endorsement modifies insurance provided under the following:
COMMERCIAL GENERAL LIABILITY COVERAGE PART

SCHEDULE

NAME OF PERSON(S) OR ORGANIZATION(S):

CITY OF LINCOLN
LANCASTER COUNTY
LINCOLN-LANCASTER COUNTY
PUBLIC BUILDING COMMISSION
555 SO. 10TH STREET
LINCOLN, NE 68508

PROJECT/LOCATION OF COVERED OPERATIONS:

ANY WORK/SERVICES PROFORMED
FOR CITY OF LINCOLN, LANCASTER
COUNTY, LINCOLN-LANCASTER
COUNTY PUBLIC BLDG COMM.

1. WHO IS AN INSURED – (Section II) is amended to include the person or organization shown in the Schedule above, but:
 - a) Only with respect to liability for "bodily injury", "property damage" or "personal injury"; and
 - b) If, and only 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" on or for the project, or at the location, shown in the Schedule. The person or organization does not qualify as an additional insured with respect to the independent acts or omissions of such person or organization.
2. The insurance provided to the additional insured by this endorsement is limited as follows:
 - a) In the event that the Limits of Insurance of this Coverage Part shown in the Declarations exceed the limits of liability required by a "written contract requiring insurance" for that additional insured, the insurance provided to the additional insured shall be limited to the limits of liability required by that "written contract requiring insurance". This endorsement shall 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:
 - i. 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
 - ii. 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 a "written contract requiring insurance" specifically requires you to provide such coverage for that additional insured, and then the insurance provided to the additional insured applies only to such "bodily injury" or "property damage" that occurs before the end of the period of time for which the "written contract requiring insurance" requires you to provide such coverage

COMMERCIAL GENERAL LIABILITY

or the end of the policy period, whichever is earlier.

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 for a loss we cover under this endorsement. However, if a "written contract requiring insurance" for that additional insured 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 which covers that person or organization as a named insured for such loss, 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 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:
 - i. How, when and where the "occurrence" or offense took place;
 - ii. The names and addresses of any injured persons and witnesses; and
 - iii. 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:
 - i. Immediately record the specifics of the claim or "suit" and the date received; and
 - ii. 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 definition is added to SECTION V. – DEFINITIONS:

"Written contract requiring insurance" means that part of any written contract or agreement under which you are required to include a person or organization 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:

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

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

DESIGNATED ENTITY – NOTICE OF CANCELLATION PROVIDED BY US

This endorsement modifies insurance provided under the following:

ALL COVERAGE PARTS INCLUDED IN THIS POLICY

SCHEDULE

CANCELLATION:

Number of Days Notice of Cancellation: 30

PERSON OR ORGANIZATION:

BAKKEN CONTRACTING CO. LLC

ADDRESS:

700 S 7TH ST

FARGO

ND

58103

PROVISIONS:

If we cancel this policy for any statutorily permitted reason other than nonpayment of premium, and a number of days is shown for cancellation in the schedule above, we will mail notice of cancellation to the person or organization shown in the schedule

above. We will mail such notice to the address shown in the schedule above at least the number of days shown for cancellation in the schedule above before the effective date of cancellation.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

DESIGNATED ENTITY – NOTICE OF CANCELLATION PROVIDED BY US

This endorsement modifies insurance provided under the following:

ALL COVERAGE PARTS INCLUDED IN THIS POLICY

SCHEDULE

CANCELLATION: Number of Days Notice of Cancellation: 30

PERSON OR ORGANIZATION:

MIDWEST ALARM SERVICES

ADDRESS:

1910 E KIMBERLY ROAD

DAVENPORT

IA

52807

PROVISIONS:

If we cancel this policy for any statutorily permitted reason other than nonpayment of premium, and a number of days is shown for cancellation in the schedule above, we will mail notice of cancellation to the person or organization shown in the schedule

above. We will mail such notice to the address shown in the schedule above at least the number of days shown for cancellation in the schedule above before the effective date of cancellation.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

DESIGNATED ENTITY – NOTICE OF CANCELLATION PROVIDED BY US

This endorsement modifies insurance provided under the following:

ALL COVERAGE PARTS INCLUDED IN THIS POLICY

SCHEDULE

CANCELLATION:

Number of Days Notice of Cancellation: 30

PERSON OR ORGANIZATION:

HAMPTON ENTERPRISES INC.

ADDRESS:

3400 PLANTATION DR, STE 110

LINCOLN

NE

68516

PROVISIONS:

If we cancel this policy for any statutorily permitted reason other than nonpayment of premium, and a number of days is shown for cancellation in the schedule above, we will mail notice of cancellation to the person or organization shown in the schedule

above. We will mail such notice to the address shown in the schedule above at least the number of days shown for cancellation in the schedule above before the effective date of cancellation.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

DESIGNATED ENTITY – NOTICE OF CANCELLATION PROVIDED BY US

This endorsement modifies insurance provided under the following:

ALL COVERAGE PARTS INCLUDED IN THIS POLICY

SCHEDULE

CANCELLATION:

Number of Days Notice of Cancellation: 30

PERSON OR ORGANIZATION:

CITY OF LINCOLN

(CONTINUED ON IL T8 03)

ADDRESS:

555 SO. 10TH STREET

LINCOLN

NE

68508

PROVISIONS:

If we cancel this policy for any statutorily permitted reason other than nonpayment of premium, and a number of days is shown for cancellation in the schedule above, we will mail notice of cancellation to the person or organization shown in the schedule

above. We will mail such notice to the address shown in the schedule above at least the number of days shown for cancellation in the schedule above before the effective date of cancellation.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

DESIGNATED INSURED FOR COVERED AUTOS LIABILITY COVERAGE – PRIMARY AND NON-CONTRIBUTORY WITH OTHER INSURANCE

This endorsement modifies insurance provided under the following:
BUSINESS AUTO COVERAGE FORM

SCHEDULE OF ADDITIONAL INSURED PERSONS OR ORGANIZATIONS

CITY OF LINCOLN
LANCASTER COUNTY
LINCOLN-LANCASTER COUNTY PUBLIC BUILDING
555 SO. 10TH STREET
LINCOLN, NE 68508

PROVISIONS

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

This includes any person or organization designated in the Schedule Of Additional Insured Persons Or Organizations who you are required under a written contract or agreement between you and that person or organization, that is signed by you before the "bodily injury" or "property damage" occurs and that is in effect during the policy period, to name as an additional insured for Covered Autos Liability Coverage, but only for damages to which this insurance applies and only to the extent of that designated person's or organization's liability for the conduct of another "insured".

2. The following is added to Paragraph **5., Other Insurance**, in **B., General Conditions**, of **SECTION IV – BUSINESS AUTO CONDITIONS**:

Regardless of the provisions of paragraph a. and paragraph **d.** of this part **5. Other Insurance**, this insurance is primary to and non-contributory with applicable other insurance under which the person or organization designated in the Schedule Of Additional Insured Persons Or Organizations is the first named insured when the written contract or agreement between you and that designated person or organization, that is signed by you before the "bodily injury" or "property damage" occurs and that is in effect during the policy period, requires this insurance to be primary and non-contributory.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

DESIGNATED ENTITY – NOTICE OF CANCELLATION PROVIDED BY US

This endorsement modifies insurance provided under the following:

ALL COVERAGE PARTS INCLUDED IN THIS POLICY

SCHEDULE

CANCELLATION:

Number of Days Notice of Cancellation: 30

PERSON OR ORGANIZATION:

SEE CA T8 05

ADDRESS:

.

LINCOLN, NE 68508

PROVISIONS:

If we cancel this policy for any statutorily permitted reason other than nonpayment of premium, and a number of days is shown for cancellation in the schedule above, we will mail notice of cancellation to the person or organization shown in the schedule

above. We will mail such notice to the address shown in the schedule above at least the number of days shown for cancellation in the schedule above before the effective date of cancellation.



ONE TOWER SQUARE
HARTFORD CT 06183

WORKERS COMPENSATION
AND
EMPLOYERS LIABILITY POLICY

ENDORSEMENT WC 00 03 13 (00) - 001

POLICY NUMBER: UB-9J562648-18-26-G

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 any one not named in the Schedule.

SCHEDULE

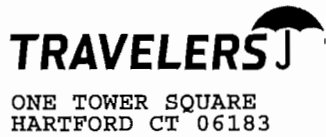
DESIGNATED PERSON:

DESIGNATED ORGANIZATION:

ANY PERSON OR ORGANIZATION FOR WHICH THE INSURED HAS AGREED
BY WRITTEN CONTRACT EXECUTED PRIOR TO LOSS TO FURNISH THIS
WAIVER.

INCLUDING:

INCLUDING CITY OF LINCOLN LANCASTER COUNTY LINCOLN-LANCASTER
COUNTY PUBLIC BUILDING COMMISSION 555 SO. 10TH STREET
LINCOLN, NE 68508



WORKERS COMPENSATION
AND
EMPLOYERS LIABILITY POLICY

ENDORSEMENT WC 89 06 14 (00) –

POLICY NUMBER: UB-9J562648-18-26-G

**POLICY INFORMATION PAGE
ENDORSEMENT**

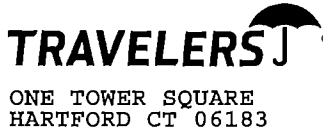
Item 3.D. Endorsement numbers is changed to read:

WC 00 03 13 00

ALL OTHER TERMS AND CONDITIONS OF THIS POLICY REMAIN UNCHANGED.

DATE OF ISSUE: 06-07-18

ST ASSIGN:



WORKERS COMPENSATION AND EMPLOYERS LIABILITY POLICY

CHANGE DOCUMENT WC 99 99 98 (A)

POLICY NUMBER: UB-9J562648-18-26-G

CHANGE EFFECTIVE DATE: 05-22-18

NCCI CO CODE: 11347

INSURER: THE TRAVELERS INDEMNITY COMPANY

INSURED'S NAME: MAHONEY FIRE SPRINKLER, INC.

This change is issued by the Company or Companies that issued the policy and forms a part of the policy. It is agreed that the policy is amended as follows:

An absence of an entry in the premium spaces below means that the premium adjustment, if any, will be made at time of audit.

ADDITIONAL PREMIUM \$ NIL RETURN PREMIUM \$ NIL
ADDITIONAL NON-PREMIUM \$ NIL RETURN NON-PREMIUM \$ NIL

Item 3.D Form Number is deleted:

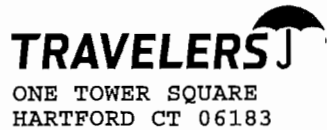
WC 00 03 13 00 WAIVER OF OUR RIGHT TO RECOVER

Item 3.D Form Number is added:

WC 00 03 13 00 - 001 Waiver of Our Right to Recover from Others

DATE OF ISSUE: 06-07-18 SR CHANGE NO: 6 PAGE 1 OF 1
POL. EFF. DATE: 01-01-18 POL. EXP. DATE: 01-01-19
OFFICE: OMAHA NE 155
PRODUCER: HARRY A KOCH CO THE 49200

COUNTERSIGNED AGENT



WORKERS COMPENSATION
AND
EMPLOYERS LIABILITY POLICY
ENDORSEMENT WC 99 06 R3 (00) - 004

POLICY NUMBER: UB-9J562648-18-26-G

NOTICE OF CANCELLATION TO DESIGNATED PERSONS OR ORGANIZATIONS

The following is added to PART SIX – CONDITIONS :

Notice Of Cancellation To Designated Persons Or Organizations

If we cancel this policy for any reason other than non-payment of premium by you, we will provide notice of such cancellation to each person or organization designated in the Schedule below. We will mail or deliver such notice to each person or organization at its listed address at least the number of days shown for that person or organization before the cancellation is to take effect.

You are responsible for providing us with the information necessary to accurately complete the Schedule below. If we cannot mail or deliver a notice of cancellation to a designated person or organization because the name or address of such designated person or organization provided to us is not accurate or complete, we have no responsibility to mail, deliver or otherwise notify such designated person or organization of the cancellation.

SCHEDULE

| Name and Address of Designated Persons or Organizations: | Number of Days Notice |
|--|-----------------------|
| CITY OF LINCOLN LANCASTER COUNTY LINCOLN-LANCASTER COUNTY PUBLIC BUILDING COMMISSION 555 SO. 10TH STREET LINCOLN, NE 68508 | 30 |

All other terms and conditions of this policy remain unchanged.

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
Insured

Policy No.

Endorsement No.
Premium \$

Insurance Company

Countersigned by _____

ADDENDUM #1

Issue Date:

4/25/2018

Bid No. 18-102

Inspection, Testing and Maintenance of Fire Sprinkler System

Addenda are instruments issued by the Purchasing Department 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.

A PRE-BID IS SCHEDULED FOR PINNACLE BANK ARENA

MONDAY, APRIL 30, 2018 AT 11:00 a.m.

Vendors shall park in the North lot go in the Marshalling door and check in with Security.

- Q. The inspection report that was provided for Pinnacle Bank Arena indicates it is being done semiannually. Is this correct? Are there any of the other buildings/systems tested more than once a year (annually).
- A. Yes. Pinnacle Bank Arena is tested semiannually. All other locations are annually. Vendor shall enter the unit price per each testing per each line item.

END OF ADDENDA NO. 1

All other terms, conditions and requirements of the request remain the same as originally indicated in the document or as modified on previous addenda.

Rachelle Hinze,
Buyer

**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.

Specifications Inspection, Testing and Maintenance of Fire Sprinkler System

1. SUPPLEMENTAL TO INSTRUCTIONS TO BIDDERS

- 1.1 The City of Lincoln, Lancaster County and the Lincoln-Lancaster County Public Building Commission, (hereafter referred to as "Owners") will enter into a yearly contract for the Inspection, Testing and Maintenance of Fire Sprinkler System to include Backflow Preventer Inspection of the Fire Sprinkler System.
- 1.2 The contract term shall be a four (4) year term from the date of execution upon approval by both parties.
- 1.3 Bidder shall submit bid documents and all supporting material via e-bid.
- 1.4 All inquiries regarding these specifications shall be directed via e-mail or faxed written request to Rachelle Hinze, Buyer (rhinze@lincoln.ne.gov) or fax: (402) 441-6513.
 - 1.4.1 These inquiries and/or responses shall be distributed to prospective bidders electronically as an addenda.
 - 1.4.2 The Purchasing Office shall only reply to written inquiries received within five (5) calendar days of bid opening.
 - 1.4.3 No direct contact is allowed between Contractor and other City staff throughout the bid process.
 - 1.4.3.1 Failure to comply with this directive may result in Vendor bid being rejected.
- 1.5 This agreement shall not be assigned by the Successful Vendor without express written permission of the Owners.

2. RESPONSIBILITIES OF THE VENDOR

- 2.1 Testing and inspections will be completed on normal business days. (Monday - Friday; 8:00am - 4:00pm).
 - 2.1.1 Vendor shall contact the department representative to schedule the inspection 24 hours prior to the service.
- 2.2 Pricing shall not deviate from those listed in ebid for a period of one year from date of execution.
 - 2.2.1 Any price deviation after one (1) year shall be sent on company letterhead to City of Lincoln, Purchasing to amend the contract for its price increase.
 - 2.2.1.1 Vendor must give a 30-day notification of the increase.
- 2.3 Vendor must provide a certificate of Insurance meeting City of Lincoln/Lancaster County and Public Building Commission guidelines. (Certificate due at time of contract signature).
 - 2.3.1 **Vendors are asked to forward the Insurance documents located in the attachment section of the bid to your insurance agent to determine if you need additional coverage on your policy and IF ADDITIONAL COST IS REQUIRED for the insurance coverage required.**
- 2.4 All testing and inspections must comply with all City of Lincoln, State of Nebraska and Federal regulations for this type of service(s).
 - 2.4.1 Contractor shall follow the NFPA 25 for inspections.
 - 2.4.2 Contractor shall follow the NFPA 13 for repairs.

- 2.4.3 The contractor shall operate within the guidelines as set forth by OSHA.
- 2.5 Inspector must be licensed under the State of Nebraska and show proof at the time of the contract.
- 2.6 Emergency requests shall be responded to within a 2-hour period, 24 hours a day.
- 2.7 Contractor shall provide an estimate of repairs prior to servicing the system to the department representative.
 - 2.7.1 Estimates and invoices shall be signed by designated department representative prior to completion of work.
- 2.8 Contractor shall furnish a one year labor and materials warranty for any repairs.
- 2.9 Unit price shall include a flat rate amount for services specified per the line item.
 - 2.9.1 Unit price shall include the cost of labor, direct and indirect cost, travel, fuel, delivery of items needing repaired and all other charges related to
- 2.10 Fuel surcharges or any other charges are not acceptable for this service.

3. REFERENCES

- 3.1 Contractor shall give two references to include a contact person, address, telephone number and a listing of the type of work completed for them.
 - 3.1.1 **ONE REFERENCE MUST BE A CORRECTIONAL FACILITY REFERENCE.**
 - 3.1.2 References shall be included in the e-bid response as a Vendor Response Attachment.

4. VENDOR INSURANCE

- 4.1 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.
- 4.2 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.
- 4.3 **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.**

5. AWARD EVALUATION

- 5.1 Bid will be awarded based on the following:
 - 5.1.1 The lowest responsible, responsive Bidder whose bid will be most advantageous to the Owners, and as the City deems will best serve the requirements and interests of the Owners;
 - 5.1.2 Quality of the vendor's performance on previous work.
 - 5.1.3 Favorable information received from any reference checks that are performed.

NEBRASKA STATE FIRE MARSHAL FIRE SPRINKLER INSPECTION

LOCATION OF THE SYSTEM:

Business Name: Lancaster Co. Jail
 Address: 605 South 10th
 City, State, Zip: Lincoln Ne

Thursday, August 31, 2017
 INSPECTION DATE

Office/Jail
 TYPE OCCUPANCY

| FORMS INCLUDED WITH THIS COVER SHEET | TYPE OF INSPECTION |
|--|---|
| <input type="checkbox"/> UNDERGROUND TEST CERTIFICATION (FORM BS-AB) | <input type="checkbox"/> INITIAL ACCEPTANCE OF SYSTEM |
| <input type="checkbox"/> ABOVEGROUND TEST CERTIFICATION (FORM BS-AC) | <input type="checkbox"/> REINSPECTION DUE TO REMODEL, REPAIR, ETC. |
| <input checked="" type="checkbox"/> REPORT OF INSPECTION | <input checked="" type="checkbox"/> PERIODIC INSPECTION <input checked="" type="checkbox"/> ANNUAL <input type="checkbox"/> QUARTERLY |
| <input checked="" type="checkbox"/> DRY PIPE VALVE TEST | <input checked="" type="checkbox"/> BACKFLOW PREVENTER TEST |

ITEM # DIRECTORY

DEFICIENCIES

- 1- WET RISER
- 2- DRY RISER
- 3- PREACTION RISER
- 4- FIRE PUMP

- 5- BACKFLOW PREVENTER
- 6- STANDPIPE
- 7- OTHER

ITEMIZE DEFICIENCIES NOTED ON INSPECTION
 AND ANY OTHER PERTINENT COMMENTS ON SYSTEM

| TAG # | ITEM # | MAJOR DEFICIENCIES / COMMENTS |
|-------|--------|---|
| | 1 | |
| | 2 | |
| | 5 | -Fire pump does not send a AC loss supervisory signal |
| | 4 | -Fire pump does not send a pump run supervisory signal. |
| | | |
| | | |
| | | |
| | | |
| | | Note: Dry valve partially tripped 8-31-17 |
| | | Full trip due 2019 |
| | | |
| | | |
| | | |

STATUS OF THE SYSTEM - CHECK ONE

- IN COMPLIANCE
 MINOR DEFICIENCIES
 MAJOR DEFICIENCIES



NIFCO MECHANICAL SYSTEMS, LLC
 500 Blue Heron Dr. • Lincoln, Nebraska 68522
 Your partner in piping
 & protection since 1975

Phone: 402-477-0666
 Fax: 402-477-2314

INSPECTOR SIGNATURE _____

John Kramer

NEBRASKA LICENSE # 98008

TESTER BFP LICENSE # 8412

OWNER REPRESENTATIVE SIGNATURE _____

Representative Signature

SEND TO: NEBRASKA STATE FIRE MARSHAL - 246 S 14TH STREET - LINCOLN, NE 68508
 A COPY OF THIS INSPECTION REPORT SHALL BE LEFT ATTACHED TO THE SYSTEM RISER

NEBRASKA STATE FIRE MARSHAL FIRE SPRINKLER INSPECTION

LOCATION OF SYSTEM:

Amtrak
277 Pinnacle Arena Dr.
Lincoln Ne.

7-23-13
INSPECTION DATE

TYPE OCCUPANCY

| FORMS INCLUDED WITH THIS COVER SHEET | | TYPE OF INSPECTION | |
|--------------------------------------|---|-------------------------------------|---|
| <input type="checkbox"/> | UNDERGROUND TEST CERTIFICATION (FORM 85-AB) | <input type="checkbox"/> | INITIAL ACCEPTANCE OF SYSTEM |
| <input type="checkbox"/> | ABOVEGROUND TEST CERTIFICATION (FORM 85-AC) | <input type="checkbox"/> | REINSPECTION DUE TO REMODEL, REPAIR, ETC. |
| <input checked="" type="checkbox"/> | REPORT OF INSPECTION | <input checked="" type="checkbox"/> | PERIODIC ANNUAL INSPECTION |
| <input type="checkbox"/> | DRY PIPE VALVE TEST | <input checked="" type="checkbox"/> | BACKFLOW PREVENTER TEST |

- ITEM # DIRECTORY**
- 1 - WET RISER
 - 2 - DRY RISER
 - 3 - PREACTION RISER
 - 4 - FIRE PUMP
 - 5 - BACKFLOW PREVENTER
 - 6 - STANDPIPE
 - 7 - OTHER

DEFICIENCIES
ITEMIZE DEFICIENCIES NOTED ON INSPECTION
AND ANY OTHER PERTINENT COMMENTS ON SYSTEM

| TAG # | ITEM # | MAJOR DEFICIENCIES/COMMENTS |
|-------|--------|---|
| 38819 | 1 | |
| | | <i>Waiting Room Heads are Painted White</i> |
| 38820 | 5 | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

STATUS OF SYSTEM - CHECK ONE

IN COMPLIANCE
 MINOR DEFICIENCIES
 MAJOR DEFICIENCIES

Nifco Mechanical Systems, Inc.
500 Blue Heron Drive
Lincoln, NE 68522
402-477-0666

INSPECTOR SIGNATURE *John R...*

NEBRASKA LICENSE # 98008

TESTER BFP LICENSE # 8699

OWNER REPRESENTATIVE SIGNATURE *Frederick P. Little*

SEND TO: NEBRASKA STATE FIRE MARSHAL - 246 S. 14TH STREET - LINCOLN, NE 68508
A COPY OF THIS INSPECTION REPORT SHALL BE LEFT ATTACHED TO THE SYSTEM RISER

NIFCO MECHANICAL SYSTEMS, INC.

500 Blue Heron Drive • Lincoln, NE 68522 • (402) 477-0666

Backflow Preventer MAINTENANCE TEST FORM

Business Name Lincoln Water Systems(Ashland)
 Service Address 401 East Highway 6
 Contact Person _____ /Phone Number _____

| | | | | |
|--|---------------------------------|------------------|------------------------------|-----------------------------|
| <input checked="" type="checkbox"/> Annual Test | <input type="checkbox"/> Repair | | | |
| <input checked="" type="checkbox"/> Double Check | <input type="checkbox"/> RPP | <u>6</u> Size | <u>Watts</u> Manufacturer | <u>709</u> Model No. |
| | | | | <u>107527</u> Serial No. |

| | | | | |
|---|--------------------------------------|------|--------------|------------|
| <input type="checkbox"/> New Installation | <input type="checkbox"/> Replacement | | | |
| <input type="checkbox"/> Double Check | <input type="checkbox"/> RPP | | | |
| | | Size | Manufacturer | Model No. |
| | | | | Serial No. |

| | | | | | |
|---|--|--|---------------------------------|-------------------------------------|--|
| <input type="checkbox"/> Domestic Containment | <input type="checkbox"/> Irrigation | <input checked="" type="checkbox"/> Fire Service | <input type="checkbox"/> Boiler | <input type="checkbox"/> Carbonator | <input type="checkbox"/> Other (Desc): |
| <input type="checkbox"/> Swimming Pool | <input type="checkbox"/> Cooling Tower | <input type="checkbox"/> Water Cooled Ice Maker | (Other Cont'd) | | |

Device Location CHEMICAL FEED ROOM

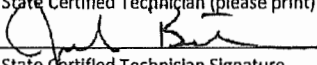
| Check Valve #1 INITIAL TEST | Check Valve #2 | Pressure Relief Valve | PVB/SVB |
|--|--|--|---|
| Held at <u>2.8</u> PSID Leaked <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Cleaned <input type="checkbox"/> Replaced: _____ | Held at <u>1.9</u> PSID Closed tight <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Leaked <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Cleaned <input type="checkbox"/> #2 Shut Off Closed Tight <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | Opened at _____ PSID Did not open <input type="checkbox"/> Cleaned <input type="checkbox"/> Replaced: _____ | Air Inlet Opened at _____ PSID Did Not Open <input type="checkbox"/> Check Valve Held at _____ PSID Leaked <input type="checkbox"/> Yes <input type="checkbox"/> No Cleaned <input type="checkbox"/> Replaced: _____ |

| FINAL TEST | | | |
|------------|---|----------------|------------------|
| | Closed tight <input type="checkbox"/> Yes <input type="checkbox"/> No | | Check Valve PSID |
| PSID | PSID | Opened at PSID | Air Inlet PSID |

I hereby certify the above backflow preventer has been tested in accordance with all rules and regulations of the State of Nebraska Health and Human Services, Department of Regulation and Licensure, Title 179, and the Lincoln Water System, Title 17, and that all readings are true and accurate to the best of my ability.

Jerad Baxter

State Certified Technician (please print)



State Certified Technician Signature

Midwest

Test Gauge Manufacturer

8699

Grade 6 Certificate #

Customer Signature

11132661

Test Gauge Serial #

308-379-4603

Cell / Phone No.

Wednesday, February 14, 2018

Date of Test

2.20.2017

Date of Calibration

Comment: _____

NEBRASKA STATE FIRE MARSHAL FIRE SPRINKLER INSPECTION

LOCATION OF THE SYSTEM:

Business Name: Lincoln Water Systems(Ashland)
 Address: 401 East Highway 6
 City, State, Zip: Ashland Ne 68803

Wednesday, February 14, 2018
 INSPECTION DATE

Water
 TYPE OCCUPANCY


| FORMS INCLUDED WITH THIS COVER SHEET | TYPE OF INSPECTION |
|--|---|
| <input type="checkbox"/> UNDERGROUND TEST CERTIFICATION (FORM 85-AB) | <input type="checkbox"/> INITIAL ACCEPTANCE OF SYSTEM |
| <input type="checkbox"/> ABOVEGROUND TEST CERTIFICATION (FORM 85-AC) | <input type="checkbox"/> REINSPECTION DUE TO REMODEL, REPAIR, ETC. |
| <input checked="" type="checkbox"/> REPORT OF INSPECTION | <input checked="" type="checkbox"/> PERIODIC INSPECTION <input checked="" type="checkbox"/> ANNUAL <input type="checkbox"/> QUARTERLY |
| <input type="checkbox"/> DRY PIPE VALVE TEST | <input checked="" type="checkbox"/> BACKFLOW PREVENTER TEST |

- | | | |
|---|--|--|
| <p style="text-align: center;"><u>ITEM # DIRECTORY</u></p> <ul style="list-style-type: none"> 1- WET RISER 2- DRY RISER 3- PREACTION RISER 4- FIRE PUMP | <p style="text-align: center;"><u>DEFICIENCIES</u></p> <ul style="list-style-type: none"> 5- BACKFLOW PREVENTER 6- STANDPIPE 7- OTHER | <p style="text-align: center;">ITEMIZE DEFICIENCIES NOTED ON INSPECTION AND ANY OTHER PERTINENT COMMENTS ON SYSTEM</p> |
|---|--|--|

| TAG # | ITEM # | MAJOR DEFICIENCIES / COMMENTS |
|-------|--------|-------------------------------|
| 16580 | 1 | |
| 36560 | 5 | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

STATUS OF THE SYSTEM - CHECK ONE

IN COMPLIANCE
 MINOR DEFICIENCIES
 MAJOR DEFICIENCIES


NIFCO MECHANICAL SYSTEMS, LLC
 500 Blue Heron Dr. • Lincoln, Nebraska 68522
 Your partner in piping
 & protection since 1975

Phone: 402-477-0666
 Fax: 402-477-2314

INSPECTOR SIGNATURE _____
Jerad Baxter
 NEBRASKA LICENSE # 98008
 TESTER BFP LICENSE # 8699

OWNER REPRESENTATIVE SIGNATURE _____
 Representative Signature

SEND TO: NEBRASKA STATE FIRE MARSHAL - 246 S 14TH STREET - LINCOLN, NE 68508
 A COPY OF THIS INSPECTION REPORT SHALL BE LEFT ATTACHED TO THE SYSTEM RISER

NEBRASKA STATE FIRE MARSHAL FIRE SPRINKLER INSPECTION

LOCATION OF THE SYSTEM:

Business Name: City County Building
 Address: 555south 10th Street
 City, State, Zip: Lincoln Nebraska

Thursday, September 07, 2017
 INSPECTION DATE

Full Tripped On Toffice
 TYPE OCCUPANCY

| FORMS INCLUDED WITH THIS COVER SHEET | TYPE OF INSPECTION |
|--|---|
| <input type="checkbox"/> UNDERGROUND TEST CERTIFICATION (FORM BS-AB) | <input type="checkbox"/> INITIAL ACCEPTANCE OF SYSTEM |
| <input type="checkbox"/> ABOVEGROUND TEST CERTIFICATION (FORM BS-AC) | <input type="checkbox"/> REINSPECTION DUE TO REMODEL, REPAIR, ETC. |
| <input checked="" type="checkbox"/> REPORT OF INSPECTION | <input type="checkbox"/> PERIODIC INSPECTION: <input checked="" type="checkbox"/> ANNUAL <input type="checkbox"/> QUARTERLY |
| <input checked="" type="checkbox"/> DRY PIPE VALVE TEST | <input checked="" type="checkbox"/> BACKFLOW PREVENTER TEST |

- | ITEM # DIRECTORY | DEFICIENCIES |
|--------------------|-----------------------|
| 1- WET RISER | 5- BACKFLOW PREVENTER |
| 2- DRY RISER | 6- STANDPIPE |
| 3- PREACTION RISER | 7- OTHER |
| 4- FIRE PUMP | |

ITEMIZE DEFICIENCIES NOTED ON INSPECTION
AND ANY OTHER PERTINENT COMMENTS ON SYSTEM

| TAG # | ITEM # | MAJOR DEFICIENCIES / COMMENTS |
|-------|--------|---|
| 21477 | 1 | (F.7.0.)- condensates should be drained prior to the onset of freezing temp |
| 21479 | 2 | Recommend new gasket for dry valve had to reset 4 times to set it. |
| 20603 | 5 | System was full tripped on this date. |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

STATUS OF THE SYSTEM - CHECK ONE

IN COMPLIANCE

 MINOR DEFICIENCIES

 MAJOR DEFICIENCIES

NIFCO MECHANICAL SYSTEMS, INC
 500 Blue Heron Drive • Lincoln, Nebraska 68522
 Your partner in piping & protection since 1975
 Phone: 402-477-0666
 Fax: 402-477-2314

INSPECTOR SIGNATURE Travis Billesbach
 NEBRASKA LICENSE # 98908
 TESTER BFP LICENSE # 8466

OWNER REPRESENTATIVE SIGNATURE _____
 Representative Signature

SEND TO: NEBRASKA STATE FIRE MARSHAL - 246 S 14TH STREET - LINCOLN, NE 68508
 A COPY OF THIS INSPECTION REPORT SHALL BE LEFT ATTACHED TO THE SYSTEM RISER

NEBRASKA STATE FIRE MARSHAL FIRE SPRINKLER INSPECTION

LOCATION OF THE SYSTEM:

Business Name: lancaster county jail warehouse
 Address: 3801 West O Street
 City, State, Zip: Lincoln Ne

Wednesday, October 04, 2017
 INSPECTION DATE

TYPE OCCUPANCY _____

| FORMS INCLUDED WITH THIS COVER SHEET | TYPE OF INSPECTION |
|--|--|
| <input type="checkbox"/> UNDERGROUND TEST CERTIFICATION (FORM 85-AB) | <input type="checkbox"/> INITIAL ACCEPTANCE OF SYSTEM |
| <input type="checkbox"/> ABOVEGROUND TEST CERTIFICATION (FORM 85-AC) | <input type="checkbox"/> REINSPECTION DUE TO REMODEL, REPAIR, ETC. |
| <input checked="" type="checkbox"/> REPORT OF INSPECTION | <input type="checkbox"/> PERIODIC INSPECTION <input checked="" type="checkbox"/> ANNUAL <input type="checkbox"/> QUARTERLY |
| <input type="checkbox"/> DRY PIPE VALVE TEST | <input checked="" type="checkbox"/> BACKFLOW PREVENTER TEST |

- | | | |
|--|---|---|
| <p style="text-align: center;"><u>ITEM # DIRECTORY</u></p> <p>1- WET RISER 2- DRY RISER 3- PREACTION RISER 4- FIRE PUMP</p> | <p style="text-align: center;"><u>DEFICIENCIES</u></p> <p>5- BACKFLOW PREVENTER 6- STANDPIPE 7- OTHER</p> | <p style="text-align: center;">ITEMIZE DEFICIENCIES NOTED ON INSPECTION AND ANY OTHER PERTINENT COMMENTS ON SYSTEM</p> |
|--|---|---|

| TAG # | ITEM # | MAJOR DEFICIENCIES / COMMENTS |
|-------|--------|-------------------------------|
| 32720 | 1 | |
| | | |
| 32721 | 5 | |
| | | |
| | | |
| | | |
| | | |
| | | |

STATUS OF THE SYSTEM - CHECK ONE

IN COMPLIANCE
 MINOR DEFICIENCIES
 MAJOR DEFICIENCIES


NIFCO MECHANICAL SYSTEMS, LLC
 500 Blue Heron Dr. • Lincoln, Nebraska 68522
 Your partner in piping & protection since 1975
 Phone: 402-477-0666
 Fax: 402-477-2314

INSPECTOR SIGNATURE Clint Coonrod
 NEBRASKA LICENSE # 98808
 TESTER BFP LICENSE # 8889

OWNER REPRESENTATIVE SIGNATURE _____
 Representative Signature

SEND TO: NEBRASKA STATE FIRE MARSHAL - 246 S 14TH STREET - LINCOLN, NE 68508
 A COPY OF THIS INSPECTION REPORT SHALL BE LEFT ATTACHED TO THE SYSTEM RISER

NEBRASKA STATE FIRE MARSHAL FIRE SPRINKLER INSPECTION

LOCATION OF THE SYSTEM:

Business Name: Lancaster County Jail
 Address: 3801 West O Street
 City, State, Zip: Lincoln Ne

Wednesday, October 04, 2017
 INSPECTION DATE

TYPE OCCUPANCY _____

| FORMS INCLUDED WITH THIS COVER SHEET | TYPE OF INSPECTION |
|--|--|
| <input type="checkbox"/> UNDERGROUND TEST CERTIFICATION (FORM 85-AB) | <input type="checkbox"/> INITIAL ACCEPTANCE OF SYSTEM |
| <input type="checkbox"/> ABOVEGROUND TEST CERTIFICATION (FORM 85-AC) | <input type="checkbox"/> REINSPECTION DUE TO REMODEL, REPAIR, ETC. |
| <input checked="" type="checkbox"/> REPORT OF INSPECTION | <input type="checkbox"/> PERIODIC INSPECTION <input checked="" type="checkbox"/> ANNUAL <input type="checkbox"/> QUARTERLY |
| <input checked="" type="checkbox"/> DRY PIPE VALVE TEST | <input checked="" type="checkbox"/> BACKFLOW PREVENTER TEST |

ITEM # DIRECTORY

DEFICIENCIES

- 1- WET RISER
- 2- DRY RISER
- 3- PREACTION RISER
- 4- FIRE PUMP

- 5- BACKFLOW PREVENTER
- 6- STANDPIPE
- 7- OTHER

ITEMIZE DEFICIENCIES NOTED ON INSPECTION
 AND ANY OTHER PERTINENT COMMENTS ON SYSTEM

| TAG # | ITEM # | MAJOR DEFICIENCIES / COMMENTS |
|-------|--------|----------------------------------|
| 22488 | 1 | partial trip on dry system |
| 22489 | 2 | Dry system full trip due in 2018 |
| 22490 | 5 | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

STATUS OF THE SYSTEM - CHECK ONE

IN COMPLIANCE

MINOR DEFICIENCIES

MAJOR DEFICIENCIES



NIFCO MECHANICAL SYSTEMS, LLC
 500 Blue Heron Dr. • Lincoln, Nebraska 68522
 Your partner in piping
 & protection since 1975

Phone: 402-477-0666
 Fax: 402-477-2314

INSPECTOR SIGNATURE _____

Clint Coonrod
 98808

NEBRASKA LICENSE # _____

TESTER BFP LICENSE # _____

8889

OWNER REPRESENTATIVE SIGNATURE _____

Representative Signature

SEND TO: NEBRASKA STATE FIRE MARSHAL - 246 S 14TH STREET - LINCOLN, NE 68508
 A COPY OF THIS INSPECTION REPORT SHALL BE LEFT ATTACHED TO THE SYSTEM RISER

NEBRASKA STATE FIRE MARSHAL FIRE SPRINKLER INSPECTION

LOCATION OF THE SYSTEM:

Business Name: Lancaster County DMU
 Address: 625 North 96th Street
 City, State, Zip: Lincoln, Ne

4-5-18
 INSPECTION DATE
office
 TYPE OCCUPANCY

FORMS INCLUDED WITH THIS COVER SHEET **TYPE OF INSPECTION**

- | | |
|--|---|
| <input type="checkbox"/> UNDERGROUND TEST CERTIFICATION (FORM 85-AB) <input type="checkbox"/> ABOVEGROUND TEST CERTIFICATION (FORM 85-AC) <input checked="" type="checkbox"/> REPORT OF INSPECTION <input type="checkbox"/> DRY PIPE VALVE TEST | <input type="checkbox"/> INITIAL ACCEPTANCE OF SYSTEM <input type="checkbox"/> REINSPECTION DUE TO REMODEL, REPAIR, ETC. <input checked="" type="checkbox"/> PERIODIC INSPECTION <input checked="" type="checkbox"/> ANNUAL <input type="checkbox"/> QUARTERLY <input checked="" type="checkbox"/> BACKFLOW PREVENTER TEST |
|--|---|

| | | |
|-------------------------|-----------------------|--|
| <u>ITEM # DIRECTORY</u> | <u>DEFICIENCIES</u> | |
| 1- WET RISER | 5- BACKFLOW PREVENTER | ITEMIZE DEFICIENCIES NOTED ON INSPECTION AND ANY OTHER PERTINENT COMMENTS ON SYSTEM |
| 2- DRY RISER | 6- STANDPIPE | |
| 3- PREACTION RISER | 7- OTHER | |
| 4- FIRE PUMP | | |

| TAG # | ITEM # | MAJOR DEFICIENCIES / COMMENTS |
|-------|--------|-------------------------------|
| 24107 | 1 | main drain 85/64/2 |
| 24140 | 5 | main drain - 80/57 |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

STATUS OF THE SYSTEM - CHECK ONE

IN COMPLIANCE
 MINOR DEFICIENCIES
 MAJOR DEFICIENCIES

NIFCO MECHANICAL SYSTEMS, LLC
 500 Blue Heron Dr. • Lincoln, Nebraska 68522
 Your partner in piping & protection since 1975
 Phone: 402-477-0666
 Fax: 402-477-2314

INSPECTOR SIGNATURE
 Technician
 NEBRASKA LICENSE # 98008
 TESTER BFP LICENSE # 5697

OWNER REPRESENTATIVE SIGNATURE
 Representative Signature

NEBRASKA STATE FIRE MARSHAL FIRE SPRINKLER INSPECTION

LOCATION OF THE SYSTEM:

Business Name: Court House Plaza
 Address: 633 South 9th Street
 City, State, Zip: Lincoln Ne

Monday, June 19, 2017
INSPECTION DATE

Office
TYPE OCCUPANCY

| FORMS INCLUDED WITH THIS COVER SHEET | TYPE OF INSPECTION |
|--|---|
| <input type="checkbox"/> UNDERGROUND TEST CERTIFICATION (FORM BS-AB) | <input type="checkbox"/> INITIAL ACCEPTANCE OF SYSTEM |
| <input type="checkbox"/> ABOVEGROUND TEST CERTIFICATION (FORM BS-AC) | <input type="checkbox"/> REINSPECTION DUE TO REMODEL, REPAIR, ETC. |
| <input checked="" type="checkbox"/> REPORT OF INSPECTION | <input checked="" type="checkbox"/> PERIODIC INSPECTION <input checked="" type="checkbox"/> ANNUAL <input type="checkbox"/> QUARTERLY |
| <input type="checkbox"/> DRY PIPE VALVE TEST | <input checked="" type="checkbox"/> BACKFLOW PREVENTER TEST |

ITEM # DIRECTORY

DEFICIENCIES

- 1- WET RISER
- 2- DRY RISER
- 3- PREACTION RISER
- 4- FIRE PUMP


- 5- BACKFLOW PREVENTER
- 6- STANDPIPE
- 7- OTHER

ITEMIZE DEFICIENCIES NOTED ON INSPECTION
AND ANY OTHER PERTINENT COMMENTS ON SYSTEM

| TAG # | ITEM # | MAJOR DEFICIENCIES / COMMENTS |
|-------|--------|---|
| 21474 | 1 | Flow switch would not come in on initial test went to flow device |
| 21475 | 5 | And moved paddle up and down manually and alarm came in. |
| | | Went back to insp. test and tried and alarm came in . we tested it twice. |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

STATUS OF THE SYSTEM - CHECK ONE

IN COMPLIANCE
 MINOR DEFICIENCIES
 MAJOR DEFICIENCIES

 **NIFCO MECHANICAL SYSTEMS, INC**
 500 Blue Heron Drive • Lincoln, Nebraska 68522
 Your partner in piping & protection since 1975
 Phone: 402-477-0666
 Fax: 402-477-2314

INSPECTOR SIGNATURE Travis Billesbach
 NEBRASKA LICENSE # 98908
 TESTER BFP LICENSE # 8466

OWNER REPRESENTATIVE SIGNATURE _____
 Representative Signature

SEND TO: NEBRASKA STATE FIRE MARSHAL - 246 S 14TH STREET - LINCOLN, NE 68508
 A COPY OF THIS INSPECTION REPORT SHALL BE LEFT ATTACHED TO THE SYSTEM RISER

NEBRASKA STATE FIRE MARSHAL FIRE SPRINKLER INSPECTION

LOCATION OF THE SYSTEM:

Business Name: Lancaster Mental Health
 Address: 825 J Street
 City, State, Zip: Lincoln Nebraska

Friday, June 16, 2017
 INSPECTION DATE

office -hospital
 TYPE OCCUPANCY

| FORMS INCLUDED WITH THIS COVER SHEET | TYPE OF INSPECTION |
|--|--|
| <input type="checkbox"/> UNDERGROUND TEST CERTIFICATION (FORM BS-AB) | <input type="checkbox"/> INITIAL ACCEPTANCE OF SYSTEM |
| <input type="checkbox"/> ABOVEGROUND TEST CERTIFICATION (FORM BS-AC) | <input type="checkbox"/> REINSPECTION DUE TO REMODEL, REPAIR, ETC. |
| <input checked="" type="checkbox"/> REPORT OF INSPECTION | <input checked="" type="checkbox"/> PERIODIC INSPECTION: <input checked="" type="checkbox"/> ANNUAL <input type="checkbox"/> QUARTERLY |
| <input type="checkbox"/> DRY PIPE VALVE TEST | <input checked="" type="checkbox"/> BACKFLOW PREVENTER TEST |

ITEM # DIRECTORY

- 1- WET RISER
- 2- DRY RISER
- 3- PREACTION RISER
- 4- FIRE PUMP

- 5- BACKFLOW PREVENTER
- 6- STANDPIPE
- 7- OTHER

DEFICIENCIES

ITEMIZE DEFICIENCIES NOTED ON INSPECTION
 AND ANY OTHER PERTINENT COMMENTS ON SYSTEM

| TAG # | ITEM # | MAJOR DEFICIENCIES / COMMENTS |
|-------|--------|-------------------------------|
| 38689 | 1 | |
| 38690 | 5 | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

STATUS OF THE SYSTEM - CHECK ONE

- IN COMPLIANCE**
 MINOR DEFICIENCIES
 MAJOR DEFICIENCIES



NIFCO MECHANICAL SYSTEMS, LLC
 500 Blue Heron Dr. • Lincoln, Nebraska 68522
 Your partner in piping & protection since 1975

Phone: 402-477-0666
 Fax: 402-477-2314

INSPECTOR SIGNATURE: *Travis Billesbach*
 NEBRASKA LICENSE # 98008
 TESTER BFP LICENSE # 8466

OWNER REPRESENTATIVE SIGNATURE _____
 Representative Signature

SEND TO: NEBRASKA STATE FIRE MARSHAL - 246 S 14TH STREET - LINCOLN, NE 68508
 A COPY OF THIS INSPECTION REPORT SHALL BE LEFT ATTACHED TO THE SYSTEM RISER

NEBRASKA STATE FIRE MARSHAL FIRE SPRINKLER INSPECTION

LOCATION OF THE SYSTEM:

Business Name: Hall Of Justice
 Address: 575 South 10th
 City, State, Zip: Lincoln Nebraska

Wednesday, September 13, 2017
 INSPECTION DATE

Office
 TYPE OCCUPANCY

| FORMS INCLUDED WITH THIS COVER SHEET | TYPE OF INSPECTION |
|--|--|
| <input type="checkbox"/> UNDERGROUND TEST CERTIFICATION (FORM 85-AB) | <input type="checkbox"/> INITIAL ACCEPTANCE OF SYSTEM |
| <input type="checkbox"/> ABOVEGROUND TEST CERTIFICATION (FORM 85-AC) | <input type="checkbox"/> REINSPECTION DUE TO REMODEL, REPAIR, ETC. |
| <input checked="" type="checkbox"/> REPORT OF INSPECTION | <input type="checkbox"/> PERIODIC INSPECTION <input checked="" type="checkbox"/> ANNUAL <input type="checkbox"/> QUARTERLY |
| <input checked="" type="checkbox"/> DRY PIPE VALVE TEST | <input checked="" type="checkbox"/> BACKFLOW PREVENTER TEST |

ITEM # DIRECTORY

- 1- WET RISER
- 2- DRY RISER
- 3- PREACTION RISER
- 4- FIRE PUMP

- 5- BACKFLOW PREVENTER
- 6- STANDPIPE
- 7- OTHER

DEFICIENCIES

ITEMIZE DEFICIENCIES NOTED ON INSPECTION
 AND ANY OTHER PERTINENT COMMENTS ON SYSTEM

| TAG # | ITEM # | MAJOR DEFICIENCIES / COMMENTS |
|-------|--------|---|
| 20666 | 1 | Selnoid is tested by others manual pull tested only |
| 20667 | 1 | |
| 20668 | 1 | |
| 20669 | 1 | |
| 20670 | 1 | |
| 20671 | 3 | |
| 20672 | 5 | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

STATUS OF THE SYSTEM - CHECK ONE

- IN COMPLIANCE**
 MINOR DEFICIENCIES
 MAJOR DEFICIENCIES



NIFCO MECHANICAL SYSTEMS, INC
 500 Blue Heron Drive • Lincoln, Nebraska 68522
 Your partner in piping & protection since 1975

Phone: 402-477-0666
 Fax: 402-477-2314

INSPECTOR SIGNATURE _____

Travis Billesbach

NEBRASKA LICENSE # 98008

TESTER BFP LICENSE # 8466

OWNER REPRESENTATIVE SIGNATURE _____

Representative Signature

SEND TO: NEBRASKA STATE FIRE MARSHAL - 246 S 14TH STREET - LINCOLN, NE 68508
 A COPY OF THIS INSPECTION REPORT SHALL BE LEFT ATTACHED TO THE SYSTEM RISER

Report of Inspection, Testing & Maintenance of Preaction & Deluge Fire Sprinkler Systems



ALL QUESTIONS ARE TO BE ANSWERED AND ALL BLANKS TO BE FILLED
(Weekly inspection tasks are NOT included in this report)



NIFCO MECHANICAL SYSTEMS, INC
500 Blue Heron Drive • Lincoln, Nebraska 68522
Your partner in piping & protection since 1975

Inspecting Firm: NIFCO MECHANICAL SYSTEMS, INC.
Business Name: Hall Of Justice
Address: 575 South 10th
Inspector Name: Travis Billesbach

Tag # 20671

Date: Wednesday, September 13, 2017

Inspection Frequency: Monthly Quarterly Annually Semi Annually Other: _____

Monthly Inspection for Preaction and Deluge Sprinkler System

| | | Y | N/A | N | | | Y | N/A | N |
|-------|--|-------------------------------------|-------------------------------------|-------------------------------------|----|-----|---|-----|---|
| A.1.0 | Preaction/Deluge System in service on inspection | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | | | |
| A.2.0 | Supply (water) gauge pressure | | | | 56 | psi | | | |
| A.2.1 | System (air) gauge pressure | | | | 36 | psi | | | |
| A.2.2 | Detection System (air) pressure gauge | | | | | psi | | | |
| A.2.3 | Gauges appear to be in good condition | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | | | |
| A.2.4 | Gauge pressures are normal | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | | | |
| A.3.0 | Control valves are in normal open or closed position | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | | | |
| A.3.1 | Control Valves are properly locked or supervised | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | | | |
| A.3.2 | Control valves accessible | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | | | |
| A.3.3 | Control valve provided with appropriate wrenches | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | | | |
| A.3.4 | Control valves free from external leaks | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | | | |
| A.3.5 | Control valve identification signs in place | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | | | |
| A.3.6 | System control valve signs indicate area served | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | | | |
| A.3.7 | System riser informational sign in place showing area served, locations of auxillary drains and any auxillary systems* | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | | | | | |
| A.4.0 | Backflow prevention assembly valves are locked or electrically supervised in open position | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | | | |
| A.4.1 | Reduced pressure backflow prevention assembly not in continuous discharge | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | | | | | |
| A.5.0 | Preaction/Deluge valve free of physical damage | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | | | |
| A.5.1 | Preaction/Deluge valve trim valves are in appropriate open or closed position | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | | | |
| A.5.2 | Preaction/Deluge valve seat is not leaking | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | | | |
| A.5.3 | System electrical components in service | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | | | |
| A.6.0 | ALARM PANEL CLEAR | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | | | |
| A.7.0 | COMMENTS: | | | | | | | | |

Quarterly Inspection of Preaction/Deluge Sprinkler Systems

| | | Y | N/A | N |
|--------|---|--------------------------|--------------------------|--------------------------|
| B.1.0 | Preaction/Deluge System in service on inspection | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| B.2.0 | Hydraulic nameplate attached and legible | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| B.2.1 | Alarm valve free of physical damage | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| B.3.0 | FDC is visible | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| B.3.1 | FDC is accessible | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| B.3.2 | FDC swivels/couplings undamaged/rotate smoothly | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| B.3.3 | FDC Plugs in place/undamaged | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| B.3.4 | FDC gaskets in place and in good condition | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| B.3.5 | FDC Identification sign in place | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| B.3.6 | FDC check valve not leaking | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| B.3.7 | FDC automatic drain valve in place and operating properly | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| B.3.8 | FDC clapper is in place and operating properly | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| B.3.9 | FDC interior inspected where caps missing | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| B.3.10 | FDC obstructions removed as necessary | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| B.4.0 | Pressure reducing control valves (PRV) indicate open | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| B.4.1 | PRV not leaking | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| B.4.2 | PRV maintaining downstream pressure per design | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| B.4.3 | PRV in good condition | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| B.4.4 | PRV handwheel installed and not broken | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| B.5.0 | ALARM PANEL CLEAR | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| B.6.0 | COMMENTS: | | | |

Quarterly Testing for Preaction/Deluge Sprinkler Systems

| | | Y | N/A | N |
|-------|---|-------------------------------------|--------------------------|--------------------------|
| C.1.0 | Preaction/Deluge System in service before testing | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| C.1.1 | Pertinent parties notified before test | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| C.1.2 | Adequate drainage provided before flow testing | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| C.2.0 | Priming water level tested | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| C.3.0 | Low air pressure alarm tested | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| C.4.0 | One main drain test conducted downstream from the backflow preventer | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| C.4.1 | One main drain test conducted downstream from pressure reducing valve | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| C.4.2 | Supply water gauge reading before flow (static) | | | 56 psi |
| C.4.3 | Gauge reading during stable flow (residual) | | | 50 psi |
| C.4.4 | Time for supply pressure to return to normal | | | sec |
| C.5.0 | Pertinent parties notified of test conclusion | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| C.6.0 | ALARM PANEL CLEAR | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| C.7.0 | SYSTEM RETURNED TO SERVICE | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| C.8.0 | COMMENTS: | | | |

*This requirement is new and can also be found in the 2007 edition of NFPA 13

(All "NO" answers to be explained)

| | | | | |
|---------------------|----|-------------------------------|------|-----------|
| INSPECTOR'S INITIAL | TB | OWNER/DESIGNATED REP. INITIAL | DATE | 9/13/2017 |
|---------------------|----|-------------------------------|------|-----------|

Report of Inspection, Testing & Maintenance of Preaction/Deluge Fire Sprinkler Systems...continued

Inspecting Firm: NIFCO MECHANICAL SYSTEMS, INC.
 Business Name: Hall Of Justice
 Address: 575 South 10th
 Inspector Name: Travis Billesbach
 Inspection Frequency: Monthly Quarterly Annually Semi Annually Other: _____

Tag # 20671

Date: Wednesday, September 13, 2017

Semi-Annual Testing for Preaction/Deluge Sprinkler System

| | | Y | N/A | N | | | Y | N/A | N |
|-------|--|-------------------------------------|--------------------------|--------------------------|-------|--|-------------------------------------|--------------------------|--------------------------|
| C.1.0 | System in service before testing | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | C.3.1 | Signal restored only when valve returns to normal position | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| C.1.1 | Pertinent parties notified before testing | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | C.4.0 | Pertinent parties notified of test conclusion | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| C.2.0 | Water flow alarm tested and is operational | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | C.5.0 | ALARM PANEL CLEAR | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| C.2.1 | Test conducted with inspector's test connection | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | C.6.0 | SYSTEM RETURNED TO SERVICE | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| C.2.2 | Test conducted with bypass connection (freezing weather) | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | C.7.0 | COMMENTS: | | | |
| C.2.3 | Test conducted per manufacturer's instructions | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | | | |
| C.3.0 | Supervisory switch initiates distinct signal during first two hand wheel revolutions or before valve stem moved one-fifth from normal position | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | | | |

Annual Inspection of Preaction/Deluge Sprinkler Systems

| | | | | | | | | | |
|-------|--|-------------------------------------|--------------------------|--------------------------|--------|--|-------------------------------------|--------------------------|--------------------------|
| D.1.0 | System in service on inspection | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | D.4.7 | Glass bulbs appear full of liquid | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| D.2.0 | Hangers and seismic bracing appears undamaged and tightly attached | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | D.4.8 | Spare sprinklers are of proper number (at least 6), type and temperature rating | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| D.3.0 | Piping appears free of mechanical damage | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | D.4.9 | Spare sprinklers stored where temperature maximum is 100°F | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| D.3.1 | Piping appears free of leakage | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | D.4.10 | Wrench available for each type of sprinkler | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| D.3.2 | Piping appears free of corrosion | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | D.5.0 | Preaction/Deluge valve in good condition internally (check at trip test 5 year for external reset) | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| D.3.3 | Piping appears free of external loading | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | D.5.1 | Preaction/Deluge system detection devices in good condition | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| D.4.0 | Sprinklers appear free of leakage | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | D.6.0 | ALARM PANEL CLEAR | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| D.4.1 | Sprinklers appear free of corrosion | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | D.7.0 | COMMENTS: | | | |
| D.4.2 | Sprinklers appear free of foreign materials | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | | | |
| D.4.3 | Sprinklers appear free of paint | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | | | |
| D.4.4 | Sprinklers appear free of physical damage | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | | | |
| D.4.5 | Sprinklers appear properly oriented | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | | | |
| D.4.6 | Clearance appears to be adequate between sprinkler and building contents | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | | | |

Annual Maintenance for Preaction/Deluge Sprinkler Systems

| | | | | | | | | | |
|-------|--|-------------------------------------|-------------------------------------|--------------------------|--------|--|-------------------------------------|-------------------------------------|--------------------------|
| E.1.0 | System in service before conducting maintenance | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | E.6.1 | Grease or other sealing materials not applied to seating surfaces of Preaction/Deluge valve | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| E.2.0 | Pertinent parties notified before conducting maintenance | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | E.7.0 | Preaction/Deluge system low points drained after operation and before onset of freezing weather conditions | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| E.3.0 | Operating stems of OS&Y (including backflow) valves lubricated | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | E.8.0 | Additional maintenance conducted as required by mfg. inst. | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| E.3.1 | Valves completely closed and reopened | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | E.9.0 | Pertinent parties notified after conclusion of maintenance | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| E.4.0 | Adequate drainage provided before flow testing or draining | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | E.10.0 | ALARM PANEL CLEAR | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| E.4.1 | Main drain test conducted | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | E.11.0 | PREACTION/DELUGE SYSTEM RETURNED TO SERVICE IN ACCORDANCE WITH MFG. INST. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| E.4.2 | Supply water gauge reading before flow (static) | | | psi | E.12.0 | COMMENTS: | | | |
| E.4.3 | Gauge reading during stable flow (residual) | | | psi | | | | | |
| E.4.4 | Time for supply pressure to return to normal | | | sec | | | | | |
| E.4.5 | Fill flow pressure (residual), 10 percent reduction from prior original test | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | | | |
| E.5.0 | Leaks causing drops in supervisory pressure sufficient to sound warning alarms located and repaired | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | | | | | |
| E.5.1 | Electrical malfunctions causing alarms to sound located and repaired | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | | | | | |
| E.6.0 | Preaction/Deluge valve interior thoroughly cleaned and parts replaced/ repaired as necessary (5 year for external reset) | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | | | |

(All "NO" answers to be explained)

INSPECTOR'S INITIAL TB

OWNER/DESIGNATED REP. INITIAL

DATE 9/13/2017

Report of Inspection, Testing & Maintenance of Preaction & Deluge Fire Sprinkler Systems...continued

Inspecting Firm: NIFCO MECHANICAL SYSTEMS, INC.
 Business Name: Hall Of Justice
 Address: 575 South 10th
 Inspector Name: Travis Billesbach

Tag # 20671

Date: Wednesday, September 13, 2017

Inspection Frequency: Monthly Quarterly Annually Semi Annually Other: _____

Annual Testing for Preaction & Deluge Sprinkler Systems

| | | Y | N/A | N | | | Y | N/A | N | |
|-------|---|-------------------------------------|-------------------------------------|-------------------------------------|--------|---|---|-------------------------------------|--------------------------|--------------------------|
| F.1.0 | Preaction/Deluge System in service before testing | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | F.7.3 | Forward flow test conducted without measuring flow (device ≤ 2" and outlet sized to flow system demand) | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| F.1.1 | Pertinent parties notified before testing | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | F.7.4 | Backflow prevention assembly internal inspection conducted in lieu of flow test (where shortages last more than 1 year and rationing enforced by AHJ) | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | |
| F.1.2 | Adequate drainage provided before flow testing | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | F.7.5 | Forward flow test satisfied by annual fire pump flow test | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | |
| F.2.1 | Preaction & Deluge valve protecting freezers trip tested in manner not introducing moisture into piping in freezer | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | F.7.6 | Backflow preventer flow test conducted as required by AHJ | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| F.2.0 | Main drain test conducted | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | F.8.0 | PRV control valves flow tested and compared to previous results | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | |
| F.2.1 | Supply water gauge reading before flow (static) | | | | psi | F.9.0 | Pertinent parties notified of test conclusion | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| F.2.2 | Gauge reading during stable flow (residual) | | | | psi | F.10.0 | Records of trip test maintained properly | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| F.2.3 | Time for supply pressure to return to normal | | | | sec | F.11.0 | ALARM PANEL CLEAR | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| F.3.0 | Deluge/Preaction valve trip test at full flow | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | F.12.0 | PREACTION/DELUGE SYSTEM RETURNED TO SERVICE | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| F.3.1 | Discharge patterns not impaired by plugging | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | F.13.0 | COMMENT: | | | | |
| F.3.2 | Discharge patterns not obstructed allowing wetting of protected surfaces | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | | | | | | |
| F.3.3 | Open sprinkler/ nozzles correctly positioned | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | | | | | | |
| F.3.4 | System tested with air to ensure that nozzles are not obstructed where water cannot be discharged | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | | | | | | |
| F.4.0 | Pressure reading at hydraulically most remote nozzle or sprinkler | | | | psi | | | | | |
| F.4.1 | Pressure reading at the deluge valve | | | | psi | | | | | |
| F.4.2 | Pressures compared to hydraulic design pressures and show original system design requirements are met by the water supply | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | | | | | | |
| F.4.3 | Nozzle or sprinkler discharged checked visually where hydraulically most remote is inaccessible (other than foam-water systems) | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | | | | | | |
| F.4.4 | Gauge placed at hydraulically most remote nozzle/sprinkler and results compared with required design pressure (if reading taken at riser indicates deteriorated water supply) | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | | | | | | |
| F.5.0 | Manual actuation device operated satisfactorily | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | |
| F.6.0 | Low temperature alarm tested at beginning of heat season (where provided for valve enclose) | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | | | | | | |
| F.6.1 | Control valves (including backflow and PIVs) operate through full range and return to normal position | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | |
| F.6.2 | PIVs open until spring or torsion felt in rod | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | |
| F.6.3 | PIVs and OS&Ys backed 1/4 turn from full open | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | |
| F.6.4 | Main drain test conducted | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | |
| F.6.5 | Supply water gauge reading before flow (static) | | | | psi | | | | | |
| F.6.6 | Gauge reading during stable flow (residual) | | | | psi | | | | | |
| F.6.7 | Time for supply pressure to return to normal | | | | sec | | | | | |
| F.6.8 | Full flow pressure (residual) < 10 percent reduction from prior or original test | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | |
| F.7.0 | Backflow prevention assembly forward flow test conducted | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | |
| F.7.1 | System demand flow was achieved | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | |
| F.7.2 | Forward flow test conducted at maximum rate possible (only where connections do not permit full flow test) | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | |

Report of Inspection, Testing & Maintenance of Preaction & Deluge Fire Sprinkler Systems...continued

Inspecting Firm: NIFCO MECHANICAL SYSTEMS, INC.
 Business Name: Hall Of Justice
 Address: 575 South 10th
 Inspector Name: Travis Billesbach

Tag # 20671

Date: Wednesday, September 13, 2017

Inspection Frequency: Monthly Quarterly Annually Semi Annually Other: _____

| Three Year Testing for Preaction and Deluge Systems | | | |
|---|--------------------------|-------------------------------------|--------------------------|
| This section is only applicable to systems NOT full flow trip tested annually due to the necessity of shutting down protected equipment. A full flow trip test must be conducted at the next scheduled shutdown OR every 3 years, whichever comes first. | | | |
| | Y | N/A | N |
| G.1.0 Preaction/Deluge System in service before testing | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| G.1.1 Pertinent parties notified before testing | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| G.1.2 Adequate drainage provided before flow testing | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| G.2.0 Deluge/Preaction valve trip tested at full flow | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| G.2.1 Discharge patterns not impeded by plugging | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| G.2.2 Discharge patterns not obstructed preventing wetting of protected surfaces | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| G.2.3 Open sprinkler/ nozzles correctly positioned | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| G.2.4 Pressure reading at hydraulically most remote nozzle or sprinkler | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| G.2.5 Pressure reading at the deluge valve | | | psi |
| G.2.6 Pressures compared to hydraulic design pressures and show original system design requirements are met by the water supply | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| G.2.7 Nozzle or sprinkler discharged checked visually where hydraulically most remote is inaccessible (other than foam-water systems) | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| G.2.8 Gauge placed at hydraulically most remote nozzle/sprinkler and results compared with required design pressure (if reading taken at riser indicates deteriorated water supply) | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| G.3.0 Manual actuation device operated satisfactorily | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| G.4.0 Manual actuation device operated satisfactorily | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| G.5.0 Pertinent parties notified of test conclusion | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| G.6.0 Records of trip test maintained properly | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| G.7.0 ALARM PANEL CLEAR | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| G.8.0 PREACTION/DELUGE SYSTEM RETURNED TO SERVICE | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| G.9.0 COMMENTS: | | | |

| Items of 5 Year or Greater Frequency | | | |
|---|--------------------------|--------------------------|-------------------------------------|
| | Y | N/A | N |
| H.1.0 System in service before conducting tasks | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| H.2.0 Pertinent parties notified before conducting tasks | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| H.3.0 System gauges replaced as necessary | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| H.3.1 System gauges tested by comparison with calibrated gauge | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| H.3.2 System gauges accurate within 3% of full scale | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| H.3.3 System gauges recalibrated as necessary | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| H.3.4 System gauge test/ replacement date: | | | |
| H.4.0 Check valve internally inspected | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| H.4.1 Check valve internal component operate correctly | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| H.4.2 Check valve internal components move freely | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| H.4.3 Check valve internal components in good condition | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| H.4.4 Check valve internal components cleaned / repaired / replaced as necessary | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| H.4.5 Check valve internal inspection/maintenance date: | | | |
| H.5.0 Preaction/Deluge valve in good condition internally (check at trip test) | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| H.5.1 Preaction & Deluge valve interior thoroughly cleaned and parts replaced/repaired as necessary | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| H.6.0 Adequate drainage provided before flow testing | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| H.6.1 PRV control valves full flow test conducted See AFSA Form 115A | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| H.7.0 Extra high temp solder type sprinklers tested/replaced - date: | | | |
| H.7.1 Sprinklers in harsh environment tested/replaced - Date: | | | |
| H.7.2 Dry sprinklers tested/ replaced (10 years)- Date: | | | |
| H.7.3 Sprinklers with fast response elements tested/ replaced (at 20 years, 10 thereafter)- Date: | | | |
| H.7.4 All sprinklers tested / replaced (at 50 years, 10 thereafter) - date: (at 75 years, 5 thereafter) - date: | | | |
| H.7.5 All sprinklers manufactured before 1920 replaced - Date: | | | |
| H.8.0 Obstruction inspection conducted See ASFA Form 114A - date: | | | |
| H.9.0 ALARM PANEL CLEAR | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| H.10.0 PREACTION/DELUGE SYSTEM RETURNED TO SERVICE | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| H.11.0 COMMENTS: | | | |

NIFCO MECHANICAL SYSTEMS, LLC.

500 Blue Heron Drive • Lincoln, NE 68522 • (402) 477-0666

Backflow Preventer MAINTENANCE TEST FORM

Business Name Hall Of Justice
 Service Address 575 South 10th
 Contact Person _____ /Phone Number _____

| | | | | |
|--|---------------------------------|--------------------|---------------------------------|------------------------------|
| <input checked="" type="checkbox"/> Annual Test | <input type="checkbox"/> Repair | | | |
| <input checked="" type="checkbox"/> Double Check | <input type="checkbox"/> RPP | <u>6.0</u> Size | <u>Conbraco</u> Manufacturer | <u>40-10003</u> Model No. |
| | | | | <u>Nd185</u> Serial No. |

| | | | | |
|---|--------------------------------------|---------------|-----------------------|---------------------|
| <input type="checkbox"/> New Installation | <input type="checkbox"/> Replacement | | | |
| <input type="checkbox"/> Double Check | <input type="checkbox"/> RPP | _____ Size | _____ Manufacturer | _____ Model No. |
| | | | | _____ Serial No. |

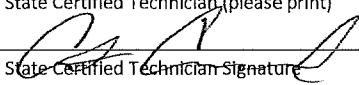
| | | | | | |
|---|--|--|---------------------------------|-------------------------------------|--|
| <input type="checkbox"/> Domestic Containment | <input type="checkbox"/> Irrigation | <input checked="" type="checkbox"/> Fire Service | <input type="checkbox"/> Boiler | <input type="checkbox"/> Carbonator | <input type="checkbox"/> Other (Desc): |
| <input type="checkbox"/> Swimming Pool | <input type="checkbox"/> Cooling Tower | <input type="checkbox"/> Water Cooled Ice Maker | (Other Cont'd) | | |

Device Location IN PARKING GARAGE

| Check Valve #1 INITIAL TEST | Check Valve #2 | Pressure Relief Valve | PVB/SVB |
|--|--|--|--|
| Held at <u>1.8</u> PSID Leaked <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Cleaned <input type="checkbox"/> Replaced: _____ | Held at <u>1.7</u> PSID Closed tight <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Leaked <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Cleaned <input type="checkbox"/> #2 Shut Off Closed Tight <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | Opened at _____ PSID Did not open <input type="checkbox"/> Cleaned <input type="checkbox"/> Replaced: _____ | Air Inlet Opened at _____ PSID Did Not Open <input type="checkbox"/> Check Valve Held at _____ PSID Leaked <input type="checkbox"/> Yes <input type="checkbox"/> No Cleaned <input type="checkbox"/> Replaced _____ |

| FINAL TEST | | | |
|------------|---|----------------|------------------|
| | Closed tight <input type="checkbox"/> Yes <input type="checkbox"/> No | | Check Valve PSID |
| PSID | PSID | Opened at PSID | Air Inlet PSID |

I hereby certify the above backflow preventer has been tested in accordance with all rules and regulations of the State of Nebraska Health and Human Services, Department of Regulation and Licensure, Title 179, and the Lincoln Water System, Title 17, and that all readings are true and accurate to the best of my ability.

Travis Billesbach
 State Certified Technician (please print)

 State Certified Technician Signature
Midwest
 Test Gauge Manufacturer

8466
 Grade 6 Certificate #
 Customer Signature
05091503
 Test Gauge Serial #

402-304-8027
 Cell / Phone No.
Wednesday, September 13, 2017
 Date of Test
10.21.2014
 Date of Calibration

Comment: _____

Report of Inspection, Testing & Maintenance Of Wet Pipe Fire Sprinkler Systems

ALL QUESTIONS ARE TO BE ANSWERED AND ALL BLANKS TO BE FILLED
(Weekly inspections tasks are NOT included in this report)



NIFCO MECHANICAL SYSTEMS, INC
500 Blue Heron Drive • Lincoln, Nebraska 68522
Your partner in piping
& protection since 1975

| | | | |
|-----------------------|--|-------|-------------------------------|
| Inspecting Firm | NIFCO MECHANICAL SYSTEMS, Inc. | Tag # | Wet |
| Business Name | Hall Of Justice | | |
| Address | 575 South 10th | | |
| Inspector Name: | Travis Billesbach | Date: | Wednesday, September 13, 2017 |
| Inspection Frequency: | <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input checked="" type="checkbox"/> Annually <input type="checkbox"/> Semi Annually <input type="checkbox"/> Other _____ | | |

| Monthly Inspection for Wet Pipe Sprinkler System | | | |
|--|-------------------------------------|-------------------------------------|--------------------------|
| | Y | N/A | N |
| A.1.0 System in service on inspection | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| A.2.0 Supply pressure gauge | 566 psi | | |
| A.2.1 System pressure gauge | psi | | |
| A.2.2 Gauges appear to be in good condition | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| A.3.0 Control valve in normal open or closed position | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| A.3.1 Control valve properly locked or supervised | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| A.3.2 Control valves accessible | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| A.3.3 Control valve provided with appropriate wrenches | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| A.3.4 Control valve free from external leaks | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| A.3.5 Control valve identification sign in place | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| A.3.6 System control valve sign indicates area served | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| A.4.0 Backflow prevention assembly valves are locked or electrically supervised in open position | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| A.4.1 Reduced pressure backflow prevention assembly not in continuous discharge | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| A.5.0 Alarm valve gauges indicate normal supply water pressure | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| A.5.1 Alarm valve free of physical damage | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| A.5.2 Alarm valve trim valves are in appropriate open or closed position | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| A.5.3 Alarm valve retarding chamber or alarm drain not leaking | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| A.6.0 System riser information sign in place showing area of coverage and location of any auxiliary systems* | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| A.7.0 ALARM PANEL CLEAR | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| A.8.0 COMMENTS: _____ | | | |

*This requirement is new and can be found in the 2007 edition of NFPA 13
(All "NO" answers to be explained)

| | | |
|------------------------|-------------------------------|--------------|
| INSPECTOR'S INITIAL TB | OWNER/DESIGNATED REP. INITIAL | DATE 9/13/17 |
|------------------------|-------------------------------|--------------|

REV. 1/08

Report of Inspection, Testing & Maintenance of Wet Pipe Fire Sprinkler Systems...continued

Inspecting Firm NIFCO MECHANICAL SYSTEMS, INC. Tag # _____
 Address 575 South 10th
 Inspector Name: Travis Billesbach Date: Wednesday, September 13, 2017
 Inspection Frequency: Monthly Quarterly Annually Semi Annually Other _____

| Quarterly Inspection for Wet Pipe Sprinkler Systems | | Y | N/A | N |
|---|---|-------------------------------------|-------------------------------------|--------------------------|
| B.1.0 | System in service on inspection | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| B.2.0 | Hydraulic nameplate attached and legible | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| B.2.1 | Alarm device free of physical damage | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| B.3.0 | FDC is visible | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| B.3.1 | FDC is accessible | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| B.3.2 | FDC swivels/couplings undamaged/rotate smoothly | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| B.3.3 | FDC Plugs in place/undamaged | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| B.3.4 | FDC gaskets in place and in good condition | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| B.3.5 | FDC identification sign in place | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| B.3.6 | FDC check valve not leaking | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| B.3.7 | FDC automatic drain valve in place and operating properly | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| B.3.8 | FDC clapper is in place and operating properly | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| B.3.9 | FDC interior inspected where caps missing | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| B.3.10 | FDC obstructions removed as necessary | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| B.4.0 | Pressure reducing control valves (PRV) indicate open | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| B.4.1 | PRV not leaking | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| B.4.2 | PRV maintaining downstream pressure per design | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| B.4.3 | PRV in good condition | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| B.4.4 | PRV handwheel installed and not broken | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| B.5.0 | ALARM PANEL CLEAR | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| B.6.0 | COMMENTS: | | | |

| Quarterly Testing for Wet Pipe Sprinkler Systems | | Y | N/A | N |
|--|---|-------------------------------------|--------------------------|--------------------------|
| C.1.0 | System in service before testing | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| C.1.1 | Pertinent parties notified before testing | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| C.1.2 | Adequate drainage provided before flow testing | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| C.2.4 | Alarm device appears free of physical damage | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| C.3.0 | A main drain test conducted downstream from the backflow preventer | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| C.3.1 | A main drain test conducted downstream from pressure reducing valve | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| C.3.2 | Supply water gauge reading before flow (static) | | 56 | psi |
| C.3.3 | Gauge reading during stable flow (residual) | | 50 | psi |
| C.3.4 | Time for supply pressure to return to normal | | 3 | sec |
| C.4.0 | Pertinent parties notified of test conclusion | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| C.5.0 | ALARM PANEL CLEAR | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| C.6.0 | SYSTEM RETURNED TO SERVICE | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| C.7.0 | COMMENTS | | | |

| Semi-Annual Testing for Wet Pipe Sprinkler Systems | | Y | N/A | N |
|--|--|-------------------------------------|-------------------------------------|--------------------------|
| D.1.0 | System in service before testing | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| D.1.1 | Pertinent parties notified before testing | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| D.2.0 | Supervisory switch initiates distinct signal during first two hand wheel revolutions or before valve stem moved one-fifth from normal position | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| D.2.1 | Signal restored only when valve returns to normal position | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| D.3.0 | Adequate drainage provided before flow testing | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| D.4.0 | Water flow alarm tested and is operational | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| D.4.1 | Test conducted with Inspector's test connection | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| D.4.2 | Test conducted with bypass connection (freezing weather) | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| D.4.3 | Test conducted per manufacturer's instructions | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| D.5.0 | Pertinent parties notified of test conclusion | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| D.6.0 | ALARM PANEL CLEAR | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| D.7.0 | SYSTEM RETURNED TO SERVICE | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| D.8.0 | COMMENTS: | | | |

REV. 1/08

Report of Inspection, Testing & Maintenance of Wet Pipe Fire Sprinkler Systems...continued

Inspecting Firm NIFCO MECHANICAL SYSTEMS, INC.
 Address 575 South 10th
 Inspector Name: Travis Billesbach

Tag # _____

Date: Wednesday, September 13, 2017

Inspection Frequency: Monthly Quarterly Annually Semi Annually Other _____

| Annual Testing for Wet Pipe Sprinkler Systems | | | |
|--|-------------------------------------|-------------------------------------|--------------------------|
| | Y | N/A | N |
| E.1.0 System in service before testing | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| E.1.1 Pertinent parties notified before testing | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| E.1.2 Adequate drainage provided before flow testing | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| E.2.0 Main Drain test conducted | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| E.2.1 Supply water gauge reading before flow (static) | | | psi |
| E.2.2 Gauge reading during stable flow (residual) | | | psi |
| E.2.3 Time for supply pressure to return to normal | | | sec |
| E.2.4 Full flow pressure (residual) < 10 percent reduction from prior or original test | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| E.3.0 Antifreeze system has a test connection at the most remote portion, the interface with the wet pipe system, and when the capacity exceeds 150 gal. one additional connection for every 100 gal.* | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| E.3.1 Antifreeze solution freezing point | | | *F |
| E.3.2 Antifreeze solution freezing point after adjustment | | | *F |
| E.4.0 Control valves (including backflow and PIVs) operate through full range and return to normal position | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| E.4.1 PIVs open until spring or torsion felt in rod | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| E.4.2 PIVs and OS&Ys backed 1/4 turn from full open | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| E.4.3 Main drain test conducted (see F.2.0) | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| E.5.0 Backflow prevention assembly forward flow test conducted | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| E.5.1 System demand flow was achieved through the device | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| E.5.2 Forward flow test conducted at maximum rate possible (only where connections do not permit full flow test) | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| E.5.3 Forward flow test conducted without measuring flow (device ≤ 2" and outlet sized to flow system demand) | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| E.5.4 Backflow prevention assembly internal inspection conducted (where shortages last more than 1 year and rationing enforced by AHJ) | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| E.5.5 Forward flow test satisfied by annual fire pump flow test | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| E.5.6 Backflow preventer flow test conducted as required by AHJ | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| E.6.0 PRV control valves partial flow test conducted and adequate to unseat valve | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| E.7.0 Pertinent parties notified of test conclusion | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| E.8.0 ALARM PANEL CLEAR | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| E.9.0 SYSTEM RETURNED TO SERVICE | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| E.10.0 COMMENTS: | | | |

| Annual Inspection for Wet Pipe Sprinkler System | | | |
|---|-------------------------------------|--------------------------|--------------------------|
| | Y | N/A | N |
| F.1.0 System in service on inspection | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| F.2.0 Hangers and seismic bracing appears undamaged and tightly attached | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| F.3.0 Piping appears free of mechanical damage | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| F.3.1 Piping appears free of leakage | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| F.3.2 Piping appears free of corrosion | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| F.3.3 Piping appears free of external loading | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| F.4.0 Sprinklers appear free of leakage | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| F.4.1 Sprinklers appear free of corrosion | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| F.4.2 Sprinklers appear free of foreign materials | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| F.4.3 Sprinklers appear free of paint | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| F.4.4 Sprinklers appear free of physical damage | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| F.4.5 Sprinklers appear properly oriented | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| F.4.6 Clearance appears to be adequate between sprinkler and building contents | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| F.4.7 Glass bulbs appear full of liquid | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| F.4.8 Spare sprinklers are of proper number (at least 6), type and temperature rating | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| F.4.9 Spare sprinklers stored where temperature maximum is 100°F | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| F.4.1 Wrench available for each type of sprinkler | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| PRIOR TO FREEZING WEATHER | | | |
| F.5.0 Building is secure such as not to expose piping to freezing conditions | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| F.5.1 Adequate heat is provided maintaining temperatures at 40°F or higher | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| F.6.0 ALARM PANEL CLEAR | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| F.7.0 COMMENTS: | | | |
| Annual Maintenance for Wet Pipe Sprinkler Systems | | | |
| G.1.0 System in service before conducting maintenance | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| G.2.0 Pertinent parties notified before conducting maintenance | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| G.3.0 Operating stems of OS&Y (including backflow) valves lubricated | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| G.3.1 Valves completely closed and reopened | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| G.4.0 Adequate drainage provided before flow testing | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| G.4.1 Main drain test conducted | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| G.4.2 Supply water gauge reading before flow (static) | | | psi |
| G.4.3 Gauge reading during stable flow (residual) | | | psi |
| G.4.4 Time for supply pressure to return to normal | | | sec |
| G.5.0 Pertinent parties notified after conclusion of maintenance | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| G.6.0 ALARM PANEL CLEAR | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| G.7.0 SYSTEM RETURNED TO SERVICE | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| G.8.0 COMMENTS: | | | |

*This requirement is new and can also be found in the 2007 edition of NFPA 13

INSPECTOR'S INITIAL TB (All "NO" answers to be explained) OWNER/DESIGNATED REP. INITIAL _____ DATE 9/13/17

Report of Inspection, Testing & Maintenance of Wet Pipe Fire Sprinkler Systems...continued

Inspecting Firm NIFCO MECHANICAL SYSTEMS, INC.
 Address 575 South 10th
 Inspector Name: Travis Billesbach
 Inspection Frequency: Monthly Quarterly Annually Semi Annually Other _____

Tag # _____

Date: Wednesday, September 13, 2017

| Items of 5 Years or Greater Frequency | | Y | N/A | N |
|---------------------------------------|--|--------------------------|--------------------------|-------------------------------------|
| H.1.0 | System in service before conducting tasks | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| H.2.0 | Pertinent parties notified before conducting tasks | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| H.3.0 | Alarm valve internally inspected | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| H.3.1 | Alarm valve strainer, filters, and restriction orifices inspected | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| H.3.2 | Alarm valve internal components cleaned/replaced as necessary | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| H.3.3 | Alarm valve internal components inspection / maintenance date: | | | |
| H.4.0 | System gauges replaced as necessary | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| H.4.1 | System gauges tested by comparison with calibrated gauge | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| H.4.2 | System gauges accurate within 3% of full scale | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| H.4.3 | System gauges recalibrated as necessary | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| H.4.4 | System gauge test/ replacement date: | | | |
| H.5.0 | Check valve internally inspected | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| H.5.1 | Check valve internal components operate correctly | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| H.5.2 | Check valve internal components move freely | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| H.5.3 | Check valve internal components in good condition | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| H.5.4 | Check valve internal components cleaned / repaired / replaced as necessary | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| H.5.5 | Check valve internal inspection/maintenance date: | | | |
| H.6.0 | Adequate drainage provided before flow testing | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| H.6.1 | PRV control valves full flow test conducted See AFSA Form 115A | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| H.7.0 | Extra high temp solder type sprinklers tested/replaced - date: | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| H.7.1 | Sprinklers in harsh environment tested/replaced - Date: | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| H.7.2 | Dry sprinklers tested/ replaced (10 years)- Date: | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| H.7.3 | Sprinklers with fast response elements tested/ replaced (at 20 years, 10 thereafter)- Date: | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| H.7.4 | All sprinklers tested / replaced (at 50 years, 10 thereafter) - date: (at 75 years, 5 thereafter) - date: | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| H.7.5 | All sprinklers manufactured before 1920 replaced - Date: | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| H.8.0 | Obstruction inspection conducted See ASFA Form 114A - date: | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| H.9.0 | Pertinent parties notified of test conclusion | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| H.10.0 | ALARM PANEL CLEAR | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| H.11.0 | SYSTEM RETURNED TO SERVICE | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| H.12.0 COMMENTS: | | | | |
| | | | | |
| | | | | |
| | | | | |

(All "NO" answers to be explained)

(AFSA Form 106A)

INSPECTOR'S INITIAL TB

OWNER/DESIGNATED REP. INITIAL

DATE 9/13/17

NEBRASKA STATE FIRE MARSHAL FIRE SPRINKLER INSPECTION

LOCATION OF THE SYSTEM:

Business Name: LANCASTER COUNTY HEALTH DEPT. 8-10-17
 Address: 3140 - N - ST. INSPECTION DATE
 City, State, Zip: LINCOLN, NE
OFFICE
TYPE OCCUPANCY


| FORMS INCLUDED WITH THIS COVER SHEET | TYPE OF INSPECTION |
|--|---|
| <input type="checkbox"/> UNDERGROUND TEST CERTIFICATION (FORM 85-AB) | <input type="checkbox"/> INITIAL ACCEPTANCE OF SYSTEM |
| <input type="checkbox"/> ABOVEGROUND TEST CERTIFICATION (FORM 85-AC) | <input type="checkbox"/> REINSPECTION DUE TO REMODEL, REPAIR, ETC. |
| <input checked="" type="checkbox"/> REPORT OF INSPECTION | <input checked="" type="checkbox"/> PERIODIC INSPECTION <input checked="" type="checkbox"/> ANNUAL <input type="checkbox"/> QUARTERLY |
| <input type="checkbox"/> DRY PIPE VALVE TEST | <input checked="" type="checkbox"/> BACKFLOW PREVENTER TEST |

- | | | |
|---|--|--|
| <p style="text-align: center;"><u>ITEM # DIRECTORY</u></p> <ul style="list-style-type: none"> 1- WET RISER 2- DRY RISER 3- PREACTION RISER 4- FIRE PUMP | <p style="text-align: center;"><u>DEFICIENCIES</u></p> <ul style="list-style-type: none"> 5- BACKFLOW PREVENTER 6- STANDPIPE 7- OTHER | <p style="text-align: center;">ITEMIZE DEFICIENCIES NOTED ON INSPECTION AND ANY OTHER PERTINENT COMMENTS ON SYSTEM</p> |
|---|--|--|

| TAG # | ITEM # | MAJOR DEFICIENCIES / COMMENTS |
|-------|--------|--|
| 24745 | 1 | <p style="font-size: 1.2em;">NOT ALL OF BUILD IS SPRINKLED.</p> <p style="font-size: 1.2em;">MAIN DRAIN IS 91 STATK 80 RESIDUAL.</p> |
| 24746 | 5 | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

STATUS OF THE SYSTEM - CHECK ONE

IN COMPLIANCE
 MINOR DEFICIENCIES
 MAJOR DEFICIENCIES


NIFCO MECHANICAL SYSTEMS, LLC
 500 Blue Heron Dr. • Lincoln, Nebraska 68522
 Your partner in piping & protection since 1975
 Phone: 402-477-0666
 Fax: 402-477-2314

INSPECTOR SIGNATURE [Signature]
 Technician
 NEBRASKA LICENSE # 98008
 TESTER BFP LICENSE # 8460

OWNER REPRESENTATIVE SIGNATURE Representative Signature

NEBRASKA STATE FIRE MARSHAL FIRE SPRINKLER INSPECTION

LOCATION OF THE SYSTEM:

Business Name: HOLMES GOLF COURSE
 Address: 3701 SOUTH 70th ST
 City, State, Zip: LIACOA NE

6-2-17
 INSPECTION DATE

GOLF COURSE
 TYPE OCCUPANCY

| FORMS INCLUDED WITH THIS COVER SHEET | TYPE OF INSPECTION |
|--|---|
| <input type="checkbox"/> UNDERGROUND TEST CERTIFICATION (FORM 85-AB) | <input type="checkbox"/> INITIAL ACCEPTANCE OF SYSTEM |
| <input type="checkbox"/> ABOVEGROUND TEST CERTIFICATION (FORM 85-AC) | <input type="checkbox"/> REINSPECTION DUE TO REMODEL, REPAIR, ETC. |
| <input checked="" type="checkbox"/> REPORT OF INSPECTION | <input checked="" type="checkbox"/> PERIODIC INSPECTION <input checked="" type="checkbox"/> ANNUAL <input type="checkbox"/> QUARTERLY |
| <input type="checkbox"/> DRY PIPE VALVE TEST | <input checked="" type="checkbox"/> BACKFLOW PREVENTER TEST |

- ITEM # DIRECTORY**
- 1- WET RISER
 - 2- DRY RISER
 - 3- PREACTION RISER
 - 4- FIRE PUMP

- DEFICIENCIES**
- 5- BACKFLOW PREVENTER
 - 6- STANDPIPE
 - 7- OTHER

ITEMIZE DEFICIENCIES NOTED ON INSPECTION
 AND ANY OTHER PERTINENT COMMENTS ON SYSTEM

| TAG # | ITEM # | MAJOR DEFICIENCIES/COMMENTS |
|--------------|----------|---|
| <u>32521</u> | <u>1</u> | |
| <u>32522</u> | <u>5</u> | <u>MAIN DRAIN 73 STATIC 59 RESIDUAL</u> |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

STATUS OF THE SYSTEM - CHECK ONE

IN COMPLIANCE
 MINOR DEFICIENCIES
 MAJOR DEFICIENCIES

 **NIFCO MECHANICAL SYSTEMS, LLC**
 500 Blue Heron Dr. • Lincoln, Nebraska 68522
 Your partner in piping & protection since 1975
 Phone: 402-477-0666
 Fax: 402-477-2314

INSPECTOR SIGNATURE [Signature]
 Technician
 NEBRASKA LICENSE # 98008
 TESTER BFP LICENSE # 8400

OWNER REPRESENTATIVE SIGNATURE Representative Signature

NEBRASKA STATE FIRE MARSHAL FIRE SPRINKLER INSPECTION

LOCATION OF THE SYSTEM:

Business Name: K Street Complex
 Address: 440 South 8th Street
 City, State, Zip: Lincoln Nebraska

Friday, September 15, 2017
 INSPECTION DATE

Office _____
 TYPE OCCUPANCY _____

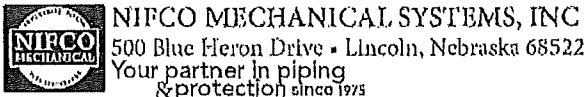
| FORMS INCLUDED WITH THIS COVER SHEET | TYPE OF INSPECTION |
|--|--|
| <input type="checkbox"/> UNDERGROUND TEST CERTIFICATION (FORM 85-AB) | <input type="checkbox"/> INITIAL ACCEPTANCE OF SYSTEM |
| <input type="checkbox"/> ABOVEGROUND TEST CERTIFICATION (FORM 85-AC) | <input type="checkbox"/> REINSPECTION DUE TO REMODEL, REPAIR, ETC. |
| <input checked="" type="checkbox"/> REPORT OF INSPECTION | <input type="checkbox"/> PERIODIC INSPECTION <input checked="" type="checkbox"/> ANNUAL <input type="checkbox"/> QUARTERLY |
| <input type="checkbox"/> DRY PIPE VALVE TEST | <input checked="" type="checkbox"/> BACKFLOW PREVENTER TEST |

- | ITEM # DIRECTORY | DEFICIENCIES |
|--------------------|-----------------------|
| 1- WET RISER | 5- BACKFLOW PREVENTER |
| 2- DRY RISER | 6- STANDPIPE |
| 3- PREACTION RISER | 7- OTHER |
| 4- FIRE PUMP | |
- ITEMIZE DEFICIENCIES NOTED ON INSPECTION
AND ANY OTHER PERTINENT COMMENTS ON SYSTEM

| TAG # | ITEM # | MAJOR DEFICIENCIES / COMMENTS |
|-------|--------|---|
| 20807 | 1 | Fire pump shut off and pump running does not send a signal to panel |
| 20808 | 4 | control valve to fdc on roof top does not send signal to panel |
| 20810 | 5 | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

STATUS OF THE SYSTEM - CHECK ONE

IN COMPLIANCE
 MINOR DEFICIENCIES
 MAJOR DEFICIENCIES



Phone: 402-477-0666
 Fax: 402-477-2314

INSPECTOR SIGNATURE _____
 Clint Coonrod

NEBRASKA LICENSE # 98008

TESTER BFP LICENSE # _____

OWNER REPRESENTATIVE SIGNATURE _____
 Representative Signature

SEND TO: NEBRASKA STATE FIRE MARSHAL - 246 S 14TH STREET - LINCOLN, NE 68508
 A COPY OF THIS INSPECTION REPORT SHALL BE LEFT ATTACHED TO THE SYSTEM RISER

NEBRASKA STATE FIRE MARSHAL FIRE SPRINKLER INSPECTION

LOCATION OF THE SYSTEM:

Business Name: Gere Library
 Address: 2400 South 56th
 City, State, Zip: Lincoln Ne

Thursday, October 26, 2017
 INSPECTION DATE

Library
 TYPE OCCUPANCY

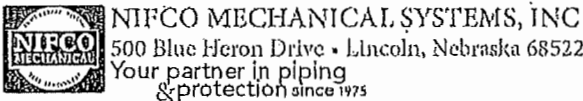
| FORMS INCLUDED WITH THIS COVER SHEET | TYPE OF INSPECTION |
|--|---|
| <input type="checkbox"/> UNDERGROUND TEST CERTIFICATION (FORM 85-AB) | <input type="checkbox"/> INITIAL ACCEPTANCE OF SYSTEM |
| <input type="checkbox"/> ABOVEGROUND TEST CERTIFICATION (FORM 85-AC) | <input type="checkbox"/> REINSPECTION DUE TO REMODEL, REPAIR, ETC. |
| <input checked="" type="checkbox"/> REPORT OF INSPECTION | <input checked="" type="checkbox"/> PERIODIC INSPECTION <input checked="" type="checkbox"/> ANNUAL <input type="checkbox"/> QUARTERLY |
| <input type="checkbox"/> DRY PIPE VALVE TEST | <input checked="" type="checkbox"/> BACKFLOW PREVENTER TEST |

- | | | |
|--|---|---|
| <p style="text-align: center;"><u>ITEM # DIRECTORY</u></p> <p>1- WET RISER 2- DRY RISER 3- PREACTION RISER 4- FIRE PUMP</p> | <p style="text-align: center;"><u>DEFICIENCIES</u></p> <p>5- BACKFLOW PREVENTER 6- STANDPIPE 7- OTHER</p> | <p style="text-align: center;">ITEMIZE DEFICIENCIES NOTED ON INSPECTION AND ANY OTHER PERTINENT COMMENTS ON SYSTEM</p> |
|--|---|---|

| TAG # | ITEM # | MAJOR DEFICIENCIES / COMMENTS |
|-------|--------|------------------------------------|
| 16988 | 1 | |
| 16989 | 5 | Unable to conduct main drain test. |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

STATUS OF THE SYSTEM - CHECK ONE

IN COMPLIANCE
 MINOR DEFICIENCIES
 MAJOR DEFICIENCIES



Phone: 402-477-0666
 Fax: 402-477-2314

INSPECTOR SIGNATURE Brian Egger
 NEBRASKA LICENSE # 98008
 TESTER BFP LICENSE # _____

OWNER REPRESENTATIVE SIGNATURE _____
 Representative Signature

SEND TO: NEBRASKA STATE FIRE MARSHAL - 246 S 14TH STREET - LINCOLN, NE 68508
 A COPY OF THIS INSPECTION REPORT SHALL BE LEFT ATTACHED TO THE SYSTEM RISER

NEBRASKA STATE FIRE MARSHAL FIRE SPRINKLER INSPECTION

LOCATION OF THE SYSTEM:

Business Name: Lincoln Fire Station #2
 Address: 1545 North 33rd Street
 City, State, Zip: Lincoln Ne

Friday, July 07, 2017
 INSPECTION DATE

Fire Station
 TYPE OCCUPANCY

| FORMS INCLUDED WITH THIS COVER SHEET | TYPE OF INSPECTION |
|--|---|
| <input type="checkbox"/> UNDERGROUND TEST CERTIFICATION (FORM 85-AB) | <input type="checkbox"/> INITIAL ACCEPTANCE OF SYSTEM |
| <input type="checkbox"/> ABOVEGROUND TEST CERTIFICATION (FORM 85-AC) | <input type="checkbox"/> REINSPECTION DUE TO REMODEL, REPAIR, ETC. |
| <input checked="" type="checkbox"/> REPORT OF INSPECTION | <input checked="" type="checkbox"/> PERIODIC INSPECTION <input checked="" type="checkbox"/> ANNUAL <input type="checkbox"/> QUARTERLY |
| <input type="checkbox"/> DRY PIPE VALVE TEST | <input checked="" type="checkbox"/> BACKFLOW PREVENTER TEST |

ITEM # DIRECTORY

DEFICIENCIES

- 1- WET RISER
- 2- DRY RISER
- 3- PREACTION RISER
- 4- FIRE PUMP

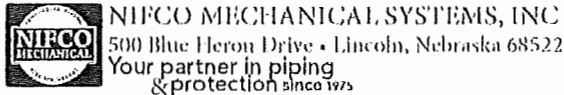
- 5- BACKFLOW PREVENTER
- 6- STANDPIPE
- 7- OTHER

ITEMIZE DEFICIENCIES NOTED ON INSPECTION
 AND ANY OTHER PERTINENT COMMENTS ON SYSTEM

| TAG # | ITEM # | MAJOR DEFICIENCIES / COMMENTS |
|-------|--------|-------------------------------|
| 24207 | 1 | Living quarters only |
| 24208 | 5 | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

STATUS OF THE SYSTEM - CHECK ONE

IN COMPLIANCE
 MINOR DEFICIENCIES
 MAJOR DEFICIENCIES



Phone: 402-477-0666
 Fax: 402-477-2314

INSPECTOR SIGNATURE *Clint Coonrod*
 Clint Coonrod

NEBRASKA LICENSE # 98008

TESTER BFP LICENSE # 8889

OWNER REPRESENTATIVE SIGNATURE _____
 Representative Signature

SEND TO: NEBRASKA STATE FIRE MARSHAL - 246 S 14TH STREET - LINCOLN, NE 68508
 A COPY OF THIS INSPECTION REPORT SHALL BE LEFT ATTACHED TO THE SYSTEM RISER

NEBRASKA STATE FIRE MARSHAL FIRE SPRINKLER INSPECTION

LOCATION OF THE SYSTEM:

Business Name: Lincoln Fire Station #14
 Address: 5435 Nw 1st Street
 City, State, Zip: Lincoln, Ne

Friday, July 07, 2017
 INSPECTION DATE

Fire Station
 TYPE OCCUPANCY

| FORMS INCLUDED WITH THIS COVER SHEET | TYPE OF INSPECTION |
|--|--|
| <input type="checkbox"/> UNDERGROUND TEST CERTIFICATION (FORM 85-AB) | <input type="checkbox"/> INITIAL ACCEPTANCE OF SYSTEM |
| <input type="checkbox"/> ABOVEGROUND TEST CERTIFICATION (FORM 85-AC) | <input type="checkbox"/> REINSPECTION DUE TO REMODEL, REPAIR, ETC. |
| <input checked="" type="checkbox"/> REPORT OF INSPECTION | <input type="checkbox"/> PERIODIC INSPECTION <input checked="" type="checkbox"/> ANNUAL <input type="checkbox"/> QUARTERLY |
| <input type="checkbox"/> DRY PIPE VALVE TEST | <input checked="" type="checkbox"/> BACKFLOW PREVENTER TEST |

- | ITEM # DIRECTORY | DEFICIENCIES |
|--------------------|-----------------------|
| 1- WET RISER | 5- BACKFLOW PREVENTER |
| 2- DRY RISER | 6- STANDPIPE |
| 3- PREACTION RISER | 7- OTHER |
| 4- FIRE PUMP | |

ITEMIZE DEFICIENCIES NOTED ON INSPECTION
AND ANY OTHER PERTINENT COMMENTS ON SYSTEM

| TAG # | ITEM # | MAJOR DEFICIENCIES / COMMENTS |
|-------|--------|-----------------------------------|
| 20794 | 1 | 5 year internal inspection is due |
| 20795 | 5 | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

| STATUS OF THE SYSTEM - CHECK ONE | | |
|---|---|---|
| <input checked="" type="checkbox"/> IN COMPLIANCE | <input type="checkbox"/> MINOR DEFICIENCIES | <input type="checkbox"/> MAJOR DEFICIENCIES |

NIFCO MECHANICAL SYSTEMS, INC
 500 Blue Heron Drive • Lincoln, Nebraska 68522
Your partner in piping & protection since 1975
Phone: 402-477-0666
Fax: 402-477-2314

INSPECTOR SIGNATURE Clint Coonrod
 NEBRASKA LICENSE # 98008
 TESTER BFP LICENSE # 8889

OWNER REPRESENTATIVE SIGNATURE Representative Signature

SEND TO: NEBRASKA STATE FIRE MARSHAL - 246 S 14TH STREET - LINCOLN, NE 68508
 A COPY OF THIS INSPECTION REPORT SHALL BE LEFT ATTACHED TO THE SYSTEM RISER

NEBRASKA STATE FIRE MARSHAL FIRE SPRINKLER INSPECTION

LOCATION OF THE SYSTEM:

Business Name: Lincoln Police Dept.
 Address: 1501 North 27th
 City, State, Zip: Lincoln Ne

Thursday, September 21, 2017
 INSPECTION DATE

Office _____
 TYPE OCCUPANCY

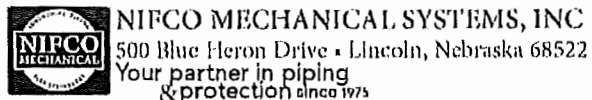
| FORMS INCLUDED WITH THIS COVER SHEET | TYPE OF INSPECTION |
|--|---|
| <input type="checkbox"/> UNDERGROUND TEST CERTIFICATION (FORM 85-AB) | <input type="checkbox"/> INITIAL ACCEPTANCE OF SYSTEM |
| <input type="checkbox"/> ABOVEGROUND TEST CERTIFICATION (FORM 85-AC) | <input type="checkbox"/> REINSPECTION DUE TO REMODEL, REPAIR, ETC. |
| <input checked="" type="checkbox"/> REPORT OF INSPECTION | <input checked="" type="checkbox"/> PERIODIC INSPECTION <input checked="" type="checkbox"/> ANNUAL <input type="checkbox"/> QUARTERLY |
| <input checked="" type="checkbox"/> DRY PIPE VALVE TEST | <input checked="" type="checkbox"/> BACKFLOW PREVENTER TEST |

- | | | |
|--|---|---|
| <p style="text-align: center;">ITEM # DIRECTORY</p> <p>1- WET RISER 2- DRY RISER 3- PREACTION RISER 4- FIRE PUMP</p> | <p style="text-align: center;">DEFICIENCIES</p> <p>5- BACKFLOW PREVENTER 6- STANDPIPE 7- OTHER</p> | <p style="text-align: center;">ITEMIZE DEFICIENCIES NOTED ON INSPECTION AND ANY OTHER PERTINENT COMMENTS ON SYSTEM</p> |
|--|---|---|

| TAG # | ITEM # | MAJOR DEFICIENCIES / COMMENTS |
|-------|--------|----------------------------------|
| 24601 | 1 | |
| 24602 | 2 | |
| 24603 | 5 | A.2.7 No Riser information sign. |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

STATUS OF THE SYSTEM - CHECK ONE

IN COMPLIANCE
 MINOR DEFICIENCIES
 MAJOR DEFICIENCIES



Phone: 402-477-0666
 Fax: 402-477-2314

INSPECTOR SIGNATURE: Jerad Baxter
 NEBRASKA LICENSE # 98008
 TESTER BFP LICENSE # 8699

OWNER REPRESENTATIVE SIGNATURE _____
 Representative Signature

SEND TO: NEBRASKA STATE FIRE MARSHAL - 246 S 14TH STREET - LINCOLN, NE 68508
 A COPY OF THIS INSPECTION REPORT SHALL BE LEFT ATTACHED TO THE SYSTEM RISER

NEBRASKA STATE FIRE MARSHAL FIRE SPRINKLER INSPECTION

John - 1
Jerald - 1

LOCATION OF SYSTEM:

Lincoln Police station
4843 Huntington Ave.
Lincoln NE, 68504

10/23/13
INSPECTION DATE

TYPE OCCUPANCY

| FORMS INCLUDED WITH THIS COVER SHEET | | TYPE OF INSPECTION | |
|--------------------------------------|---|-------------------------------------|---|
| <input type="checkbox"/> | UNDERGROUND TEST CERTIFICATION (FORM 85-AB) | <input type="checkbox"/> | INITIAL ACCEPTANCE OF SYSTEM |
| <input type="checkbox"/> | ABOVEGROUND TEST CERTIFICATION (FORM 85-AC) | <input type="checkbox"/> | REINSPECTION DUE TO REMODEL, REPAIR, ETC. |
| <input checked="" type="checkbox"/> | REPORT OF INSPECTION | <input checked="" type="checkbox"/> | PERIODIC ANNUAL INSPECTION |
| <input type="checkbox"/> | DRY PIPE VALVE TEST | <input checked="" type="checkbox"/> | BACKFLOW PREVENTER TEST |

ITEM # DIRECTORY

DEFICIENCIES

- | | |
|---------------------|------------------------|
| 1 - WET RISER | 5 - BACKFLOW PREVENTER |
| 2 - DRY RISER | 6 - STANDPIPE |
| 3 - PREACTION RISER | 7 - OTHER |
| 4 - FIRE PUMP | |

ITEMIZE DEFICIENCIES NOTED ON INSPECTION
AND ANY OTHER PERTINENT COMMENTS ON SYSTEM

| TAG # | ITEM # | MAJOR DEFICIENCIES/COMMENTS |
|-------|--------|-----------------------------|
| 25959 | 1 | |
| 25961 | 5 | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

STATUS OF SYSTEM - CHECK ONE

IN COMPLIANCE

MINOR DEFICIENCIES

MAJOR DEFICIENCIES

Nifco Mechanical Systems, Inc.
500 Blue Heron Drive
Lincoln, NE 68522
402-477-0666

INSPECTOR SIGNATURE *Paul B...*

NEBRASKA LICENSE # 98008

TESTER BFP LICENSE # 8699

OWNER REPRESENTATIVE SIGNATURE A

REV. 1/08

Report of Inspection, Testing & Maintenance of Wet Pipe Fire Sprinkler Systems



ALL QUESTIONS ARE TO BE ANSWERED AND ALL BLANKS TO BE FILLED
(Weekly inspection tasks are NOT included in this report)

Inspecting Firm: NIFCO MECHANICAL SYSTEMS, INC. Inspection Contract# _____
 Name of Inspected Property: NE Police Station
 Inspector Name: _____ Date: 10/23/13
 Inspection Frequency: Monthly Quarterly Annually Other

Monthly Inspection for Wet Pipe Sprinkler System

| | Y | N/A | N |
|--|---|-----|------------------------|
| A.1.0 System in service on inspection | X | | |
| A.2.0 Supply pressure gauge | | | psi |
| A.2.1 System pressure gauge | | | <u>60</u> psi |
| A.2.2 Gauges appear to be in good condition | X | | |
| A.3.0 Control valves in normal open or closed position | | | |
| A.3.1 Control valves properly locked or supervised | | | |
| A.3.2 Control valves accessible | | | |
| A.3.3 Control valves provided with appropriate wrenches | | | |
| A.3.4 Control valves free from external leaks | | | |
| A.3.5 Control valve identification signs in place | X | | |
| A.3.6 System control valve sign indicates area served | | | <u>Entire Building</u> |
| A.4.0 Backflow prevention assembly valves are locked or electrically supervised in open position | X | | |
| A.4.1 Reduced pressure backflow prevention assembly not in continuous discharge | | | X |
| A.5.0 Alarm valve gauges indicate normal supply water pressure | | | |
| A.5.1 Alarm valve free of physical damage | | | |
| A.5.2 Alarm valve trim valves are in appropriate open or closed position | | | |
| A.5.3 Alarm valve retarding chamber or alarm drain not leaking | | | |
| A.6.0 System riser information sign in place showing area of coverage and location of any auxiliary systems* | | | X |
| A.7.0 ALARM PANEL CLEAR | X | | |

A.8.0 COMMENTS:

*This requirement is new and can also be found in the 2007 edition of NFPA 13

INSPECTOR'S INITIAL _____ (All "NO" answers to be explained.) OWNER/DESIGNATED REP. INITIAL _____ DATE 10/23/13

REV. 1/08

Report of Inspection, Testing & Maintenance of Wet Pipe Fire Sprinkler Systems...continued

Inspecting Firm: NIFCO MECHANICAL SYSTEMS, INC.

Inspection Contract#

Name of Inspected Property: NE Police Station

Inspector Name:

Date: 10/23/13

Inspection Frequency: Monthly

Quarterly

Annually

Other

| Quarterly Inspection for Wet Pipe Sprinkler Systems | | | |
|---|---|-----|---|
| | Y | N/A | N |
| B.1.0 System in service on inspection | X | | |
| B.2.0 Hydraulic nameplate attached and legible | | | |
| B.2.1 Alarm device free from physical damage | | | |
| B.3.0 FDC is visible | | | |
| B.3.1 FDC is accessible | | | |
| B.3.2 FDC swivels/couplings undamaged/rotate smoothly | | | |
| B.3.3 FDC plugs/caps in place/undamaged | | | |
| B.3.4 FDC gaskets in place and in good condition | | | |
| B.3.5 FDC identification sign in place | | | |
| B.3.6 FDC check valve not leaking | | | |
| B.3.7 FDC automatic drain valve in place and operating properly | | | |
| B.3.8 FDC clapper is in place and operating properly | X | | |
| B.3.9 FDC interior inspected where caps missing | | X | |
| B.3.10 FDC obstructions removed as necessary | | | |
| B.4.0 Pressure reducing control valves (PRV) indicate open | | | |
| B.4.1 PRV not leaking | | | |
| B.4.2 PRV maintaining downstream pressure per design | | | |
| B.4.3 PRV in good condition | | | |
| B.4.4 PRV handwheel installed and not broken | | | X |
| B.5.0 ALARM PANEL CLEAR | X | | |
| B.6.0 COMMENTS: | | | |

| Quarterly Testing for Wet Pipe Sprinkler Systems | | | |
|---|---|-----|-----|
| | Y | N/A | N |
| C.1.0 System in service before testing | X | | |
| C.1.1 Pertinent parties notified before testing | | | |
| C.1.2 Adequate drainage provided before flow testing | | | |
| C.2.4 Alarm devices appear free of physical damage | | | |
| C.3.0 A main drain test conducted downstream from backflow preventer | | | |
| C.3.1 A main drain test conducted downstream from pressure reducing valve | X | | |
| C.3.2 Supply water gauge reading before flow (static) | | 60 | psi |
| C.3.3 Gauge reading during stable flow (residual) | | 53 | psi |
| C.3.4 Time for supply pressure to return to normal | | 8 | sec |
| C.4.0 Pertinent parties notified of test conclusion | | | / |
| C.5.0 ALARM PANEL CLEAR | | | / |
| C.6.0 SYSTEM RETURNED TO SERVICE | | | / |
| C.7.0 COMMENTS: | | | |

| Semi-Annual Testing for Wet Pipe Sprinkler Systems | | | |
|--|---|-----|---|
| | Y | N/A | N |
| D.1.0 System in service before testing | X | | |
| D.1.1 Pertinent parties notified before testing | | | |
| D.2.0 Supervisory switch initiates distinct signal during first two hand wheel revolutions or before valve stem moved one-fifth from normal position | | | |
| D.2.1 Signal restored only when valve returned to normal position | | | |
| D.3.0 Adequate drainage provided before flow testing | | | |
| D.4.0 Water flow alarm tested and is operational | | | |
| D.4.1 Test conducted with inspector's test connection | | | |
| D.4.2 Test conducted with bypass connection (freezing weather) | | | |
| D.4.3 Test conducted per manufacturer's instructions | | | |
| D.5.0 Pertinent parties notified of test conclusion | | | |
| D.6.0 ALARM PANEL CLEAR | | | |
| D.7.0 SYSTEM RETURNED TO SERVICE | | | |
| D.8.0 COMMENTS: | X | | |

INSPECTOR'S INITIAL _____ (All "NO" answers to be explained.) OWNER/DESIGNATED REP. INITIAL _____ DATE 10/23/13

REV. 1/08

Report of Inspection, Testing & Maintenance of Wet Pipe Fire Sprinkler Systems...continued

Inspecting Firm: NIFCO MECHANICAL SYSTEMS, INC.

Inspection Contract#

Name of Inspected Property: NE Police Station

Inspector Name:

Date: 10/23/13

Inspection Frequency: Monthly

Quarterly

Annually

Other

| Annual Testing for Wet Pipe Sprinkler Systems | | | |
|--|---|--------|---|
| | Y | N/A | N |
| E.1.0 System in service before testing | X | | |
| E.1.1 Pertinent parties notified before testing | | | |
| E.1.2 Adequate drainage provided before flow testing | | | |
| E.2.0 Main drain test conducted | X | | |
| E.2.1 Supply water gauge reading before flow (static) | | 60 psi | |
| E.2.2 Gauge reading during stable flow (residual) | | 53 psi | |
| E.2.3 Time for supply pressure to return to normal | | 0 sec | |
| E.2.4 Full flow pressure (residual) < 10 percent reduction from prior or original test | X | | |
| E.3.0 Antifreeze system has a test connection at the most remote portion, the interface with the wet pipe system, and when the capacity exceeds 150 gal. one additional connection for every 100 gal.* | | | X |
| E.3.1 Antifreeze solution freezing point | | | X |
| E.3.2 Antifreeze solution freezing point after adjustment | | | X |
| E.4.0 Control valves (including backflow and PIVs) operated through full range and returned to normal position | X | | |
| E.4.1 PIVs opened until spring or torsion felt in rod | | | |
| E.4.2 PIVs and OS&Ys backed 1/4 turn from full open | | | |
| E.4.3 Main drain test conducted (see F.2.0) | | | |
| E.5.0 Backflow prevention assembly forward flow test conducted | | | |
| E.5.1 System demand flow was achieved through the device | X | | |
| E.5.2 Forward flow test conducted at maximum rate possible (only where connections do not permit full flow test) | | | X |
| E.5.3 Forward flow test conducted without measuring flow (device ≤ 2" and outlet sized to flow system demand) | | | |
| E.5.4 Backflow prevention assembly Internal inspection conducted (where shortages last more than 1 year and rationing enforced by AHJ) | | | |
| E.5.5 Forward flow test satisfied by annual fire pump flow test | | | X |
| E.5.6 Backflow preventer flow test conducted as required by the AHJ | X | | |
| E.6.0 PRV control valves partial flow test conducted and adequate to unseat valve | | X | |
| E.7.0 Pertinent parties notified of test conclusion | X | | |
| E.8.0 ALARM PANEL CLEAR | X | | |
| E.9.0 SYSTEM RETURNED TO SERVICE | X | | |
| E.10.0 COMMENTS: | | | |

| Annual Inspection for Wet Pipe Sprinkler Systems | | | |
|---|---|-----|---|
| | Y | N/A | N |
| F.1.0 System in service on Inspection | X | | |
| F.2.0 Hangers and seismic bracing appears undamaged and tightly attached | | | |
| F.3.0 Piping appears free of mechanical damage | | | |
| F.3.1 Piping appears free of leakage | | | |
| F.3.2 Piping appears free of corrosion | | | |
| F.3.3 Piping appears free of external loading | | | |
| F.4.0 Sprinklers appear free of leakage | | | |
| F.4.1 Sprinklers appear free of corrosion | | | |
| F.4.2 Sprinklers appear free of foreign materials | | | |
| F.4.3 Sprinklers appear free of paint | | | |
| F.4.4 Sprinklers appear free of physical damage | | | |
| F.4.5 Sprinklers appear properly oriented | | | |
| F.4.6 Clearance appears to be adequate between sprinkler and building contents | | | |
| F.4.7 Glass bulbs appear full of liquid | | | |
| F.4.8 Spare sprinklers are of proper number (at least 6), type and temperature rating | | | |
| F.4.9 Spare sprinklers stored where temperature maximum is 100°F | | | |
| F.4.10 Wrench available for each type of sprinkler | | | |
| PRIOR TO FREEZING WEATHER: | | | |
| F.5.0 Building is secure such as not to expose piping to freezing conditions | | | |
| F.5.1 Adequate heat is provided maintaining temperatures at 40°F or higher | X | | |
| F.6.0 ALARM PANEL CLEAR | | | |
| F.7.0 COMMENTS: | | | |

| Annual Maintenance for Wet Pipe Sprinkler Systems | | | |
|--|---|--------|---|
| | Y | N/A | N |
| G.1.0 System in service before conducting maintenance | X | | |
| G.2.0 Pertinent parties notified before conducting maintenance | | | |
| G.3.0 Operating stems of OS&Y (including backflow) valves lubricated | | | |
| G.3.1 Valve completely closed and reopened | | | |
| G.4.0 Adequate drainage provided before flow testing | | | |
| G.4.1 Main drain test conducted | X | | |
| G.4.2 Supply water gauge reading before flow (static) | | 60 psi | |
| G.4.3 Gauge reading during stable flow (residual) | | 53 psi | |
| G.4.4 Time for supply pressure to return to normal | | 0 sec | |
| G.5.0 Pertinent parties notified after conclusion of maintenance | X | | |
| G.6.0 ALARM PANEL CLEAR | X | | |
| G.7.0 SYSTEM RETURNED TO SERVICE | X | | |
| G.8.0 COMMENTS: | | | |

*This requirement is new and can also be found in the 2007 edition of NFPA 13

INSPECTOR'S INITIAL _____ (All "NO" answers to be explained.) OWNER/DESIGNATED REP. INITIAL _____ DATE 10/23/13

NIFCO MECHANICAL SYSTEMS, INC.
 500 Blue Heron Drive • Lincoln, NE 68522 • (402) 477-0866

**Backflow Preventer
 MAINTENANCE TEST FORM**

Business / Building Lincoln NE Police station

Service Address 4843 Huntington Ave.

Contact Person _____ / Phone Number _____

| | | | | | |
|---|------------------------------|---------------|----------------|------------|---------------|
| <input checked="" type="checkbox"/> Annual Test | <input type="checkbox"/> RPP | <u>2 1/2"</u> | <u>Wilkins</u> | <u>350</u> | <u>J10196</u> |
| <input checked="" type="checkbox"/> DC | | Size | Manufacturer | Model No. | Serial No. |

| | | | | | |
|---|--------------------------------------|------|--------------|-----------|------------|
| <input type="checkbox"/> New Installation | <input type="checkbox"/> Replacement | | | | |
| <input type="checkbox"/> DC | <input type="checkbox"/> RPP | | | | |
| | | Size | Manufacturer | Model No. | Serial No. |

| | | | | | |
|---|--|--|---------------------------------|-------------------------------------|--|
| <input type="checkbox"/> Domestic Containment | <input type="checkbox"/> Irrigation | <input checked="" type="checkbox"/> Fire Service | <input type="checkbox"/> Boiler | <input type="checkbox"/> Carbonator | <input type="checkbox"/> Other (Desc): _____ |
| <input type="checkbox"/> Swimming Pool | <input type="checkbox"/> Cooling Tower | <input type="checkbox"/> Water Cooled Ice Maker | | | |

Device Location Storage Room, N.W. Corner basement.

| Check Valve #1 | Check Valve #2 | Pressure Relief Valve | PVB/SVB |
|--|--|-----------------------|----------------------|
| INITIAL TEST | | | |
| Held at <u>2.4</u> PSID | Held at <u>2.6</u> PSID | Opened at _____ PSID | Air Inlet |
| Leaked <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Closed Tight <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | Did not open | Opened at _____ PSID |
| Cleaned | Leaked <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Cleaned | Did not open |
| Replaced: | Cleaned | Replaced: | Check Valve |
| | #2 Shut Off | | Held at _____ PSID |
| | Closed Tight <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | Leaked |
| | | | Cleaned |
| | | | Replaced |
| FINAL TEST | | | |
| | Closed Tight <input type="checkbox"/> Yes <input type="checkbox"/> No | | Check Valve PSID |
| PSID | PSID | Opened at _____ PSID | Air Inlet PSID |

I hereby certify the above backflow preventer has been tested in accordance with all rules and regulations of the State of Nebraska Health and Human Services, Department of Regulation and Licensure, Title 179, and the Lincoln Water System, Title 17, and that all readings are true and accurate to the best of my ability.

Jerad Baxter 8699 379-4603
 State Certified Technician (please print) Grade 6 Certificate # Cell / Phone No.

Jim Baxter x 10/23/13
 State Certified Technician (signature) Customer Signature Date of Test

Watts 009789 1/10/13
 Test Gauge Manufacturer Test Gauge Serial # Date of Calibration

Comments: _____

NEBRASKA STATE FIRE MARSHAL FIRE SPRINKLER INSPECTION

LOCATION OF SYSTEM:

MUNICIPAL SERVICE CENTER

801 W BOND

LINCOLN NE 68521

10/23/17

INSPECTION DATE

TYPE OCCUPANCY

| FORMS INCLUDED WITH THIS COVER SHEET | | TYPE OF INSPECTION | |
|--------------------------------------|---|-------------------------------------|---|
| <input type="checkbox"/> | UNDERGROUND TEST CERTIFICATION (FORM 85-AB) | <input type="checkbox"/> | INITIAL ACCEPTANCE OF SYSTEM |
| <input type="checkbox"/> | ABOVEGROUND TEST CERTIFICATION (FORM 85-AC) | <input type="checkbox"/> | REINSPECTION DUE TO REMODEL, REPAIR, ETC. |
| <input checked="" type="checkbox"/> | REPORT OF INSPECTION | <input checked="" type="checkbox"/> | PERIODIC ANNUAL INSPECTION |
| <input type="checkbox"/> | DRY PIPE VALVE TEST | <input checked="" type="checkbox"/> | BACKFLOW PREVENTER TEST |

ITEM # DIRECTORY

- 1 - WET RISER 5 - BACKFLOW PREVENTER
- 2 - DRY RISER 6 - STANDPIPE
- 3 - PREACTION RISER 7 - OTHER
- 4 - FIRE PUMP

DEFICIENCIES

(STATE DEFICIENCIES NOTED ON INSPECTION AND ANY OTHER PERTINENT COMMENTS ON SYSTEM)

| TAG # | ITEM # | MAJOR DEFICIENCIES/COMMENTS |
|-------|--------|-----------------------------|
| 02004 | 5 | |
| 14602 | 1 - 8" | |
| 14603 | 1 - 8" | |
| 14604 | 1 - 8" | |
| 14605 | 1 - 8" | |
| 14606 | 1 - 8" | |
| 14607 | 1 - 8" | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |


STATUS OF SYSTEM - CHECK ONE

IN COMPLIANCE
 MINOR DEFICIENCIES
 MAJOR DEFICIENCIES

COMPANY PERFORMING INSPECTION:



Continental Fire Sprinkler Company
 4518 South 132nd Street Omaha, NE 68137
 Phone: (402) 330-5170 Fax: (402) 330-2373


 INSPECTOR SIGNATURE
 NEBRASKA LICENSE # 99005
 TESTER BFP LICENSE # 7272
 OWNER REPRESENTATIVE SIGNATURE

SEND TO: NEBRASKA STATE FIRE MARSHAL - 248 S. 14TH ST - LINCOLN NE 68508
 A COPY OF THIS INSPECTION REPORT SHALL BE LEFT ATTACHED TO THE SYSTEM RISER



State
 1214 South 103rd St.
 Omaha, NE 68117
 Phone (402) 592-4119
 Fax (402) 592-2273

West Coast
 1114 West 72nd St.
 Overland, UT 84058
 Phone (402) 582-1928
 Fax (402) 582-9812

Denver
 2304 East 48th Avenue
 Denver, CO 80216
 Phone (303) 275-4300
 Fax (303) 275-4100

San Mateo
 2000 32nd Avenue East
 Denver, CO 80231
 Phone (303) 875-0288
 Fax (303) 875-8818

| | | | | | |
|-----------------|---|-------------|---|----------|---|
| Wet Systems | 3 | Hydraulic | 2 | Backflow | 1 |
| Dry Systems | 0 | Fire Pump | 0 | | |
| Special Systems | 0 | Anti-Freeze | 0 | | |
| Standpipes | 0 | Foam | 0 | | |

FORM FOR INSPECTION, TESTING AND MAINTENANCE OF FIRE SPRINKLER SYSTEMS
 125858

ENR # _____
 PROPERTY NAME: MUNICIPAL SERVICE CENTER
 ADDRESS: 901 W BOND
 CITY/STATE/ZIP: LINCOLN NE 68521
 CONTACT: ROD MCENROCKSON

PHONE # (402) 416-1308

| PART I - OWNER'S SECTION / GENERAL SYSTEM INFORMATION | YES | NO | N/A |
|---|-------------------------------------|-------------------------------------|-------------------------------------|
| A. Have there been any fires or changes in building occupancy since last inspection? | | <input checked="" type="checkbox"/> | |
| B. Is the building occupied? | <input checked="" type="checkbox"/> | | |
| C. Is the building completely sprinklered? | <input checked="" type="checkbox"/> | | |
| D. Are all fire protection systems in service? | <input checked="" type="checkbox"/> | | |
| E. Have there been any changes to the sprinkler system since last inspection? | <input checked="" type="checkbox"/> | | |
| F. Are all areas of the building properly heated to prevent freezing of wet piping? | <input checked="" type="checkbox"/> | | |
| G. Do you have an outside alarm service? Name: <u>ALCO</u> Number: _____ | | | |
| PART II - INSPECTOR'S TEST SECTION | | | |
| I. SPRINKLERS - PIPING - HANGERS | YES | NO | N/A |
| A. Is emergency contact information available? | <input checked="" type="checkbox"/> | | |
| B. Is the hydraulic placed in place and firmly attached? | <input checked="" type="checkbox"/> | | |
| C. Are spare sprinkler heads and wrench in head box and match the type installed? (Spares fewer than 5) | <input checked="" type="checkbox"/> | | |
| D. Are all sprinklers in good condition and free of obstructions? | <input checked="" type="checkbox"/> | | |
| E. In spray coating areas, are sprinklers free of overspray accumulation? | | | <input checked="" type="checkbox"/> |
| F. Is exposed piping in good condition, free of corrosion, external leaks and mechanical damage? | <input checked="" type="checkbox"/> | | |
| G. Are all hangers and seismic bracing in good condition, firmly attached and free of corrosion? | <input checked="" type="checkbox"/> | | |
| H. Are all new additions and changes properly protected? | | | |
| J. CONTROL VALVES | YES | NO | N/A |
| A. Are all control valves accessible? | <input checked="" type="checkbox"/> | | |
| B. Are all system control valves open, locked and/or supervised? | <input checked="" type="checkbox"/> | | |
| C. Were valves operated through full range and returned to normal? | <input checked="" type="checkbox"/> | | |
| D. Are valves free of leaks and corrosion? | <input checked="" type="checkbox"/> | | |

| E. Control Valves | Number | Type | OPEN | | SECURED | | CLOSED | | SIGNS | | Condition |
|-------------------|----------|------------|-------------------------------------|----|-------------------------------------|----|-------------------------------------|----|-------------------------------------|----|-----------|
| | | | Yes | No | Yes | No | Yes | No | Yes | No | |
| <u>at City</u> | <u>1</u> | <u>PIV</u> | <input checked="" type="checkbox"/> | | <input checked="" type="checkbox"/> | | <input checked="" type="checkbox"/> | | <input checked="" type="checkbox"/> | | <u>OK</u> |
| <u>at City</u> | <u>2</u> | <u>PIV</u> | <input checked="" type="checkbox"/> | | <input checked="" type="checkbox"/> | | <input checked="" type="checkbox"/> | | <input checked="" type="checkbox"/> | | <u>OK</u> |
| <u>at City</u> | <u>3</u> | <u>PIV</u> | <input checked="" type="checkbox"/> | | <input checked="" type="checkbox"/> | | <input checked="" type="checkbox"/> | | <input checked="" type="checkbox"/> | | <u>OK</u> |
| <u>at City</u> | <u>4</u> | <u>PIV</u> | <input checked="" type="checkbox"/> | | <input checked="" type="checkbox"/> | | <input checked="" type="checkbox"/> | | <input checked="" type="checkbox"/> | | <u>OK</u> |

| K. BACKFLOW DEVICES | YES | NO | N/A |
|---|-------------------------------------|----|-------------------------------------|
| A. Did the backflow preventer(s) pass the test of backflow and forward flow capabilities? | <input checked="" type="checkbox"/> | | |
| B. Is the relief port on reduced pressure backflow assemblies free from continuous discharge? | | | <input checked="" type="checkbox"/> |
| C. Were control valves on backflow left open? | <input checked="" type="checkbox"/> | | |
| D. Were all control valves operated through full range and returned to normal position? | <input checked="" type="checkbox"/> | | |
| L. FIRE DEPARTMENT CONNECTIONS | YES | NO | N/A |
| A. Are fire department connections accessible, visible and in good condition? | <input checked="" type="checkbox"/> | | |
| B. Are identification signs in place? | <input checked="" type="checkbox"/> | | |
| C. Are signs in place and gauges in good condition? | <input checked="" type="checkbox"/> | | |
| D. Are hose couplings and wheels undamaged and operate unobtainably? | <input checked="" type="checkbox"/> | | |
| E. Is check valve free from leakage? | <input checked="" type="checkbox"/> | | |
| F. Is the automatic drain valve in place and operating properly? | <input checked="" type="checkbox"/> | | |

| E. ANTIFREEZE SYSTEMS | | YES | NO | N.A. |
|--|-------------------|-----|----|------|
| A. Have antifreeze systems been tested and left in satisfactory condition? | | | | |
| Location: | Manometer Reading | | | |
| Location: | Manometer Reading | | | |

| F. ALARM AND ALARM DEVICES | | YES | NO | N.A. |
|---|--|-----|----|------|
| A. Was water pump test satisfactory? | | | | |
| B. Was electric alarm test satisfactory? | | | | |
| C. Were supervisory alarm tests satisfactory? | | | | |
| D. Did low air pressure switches on dry and protection systems pass test? | | | | |
| E. Did central station receive alarm signals? | | | | |
| F. Alarm Signals | | | | |

| System # | 1 | 2 | 3 | 4 | 5 | 6 |
|------------|----|----|----|----|----|----|
| Test Times | 11 | 60 | 76 | 76 | 57 | 28 |

| I. TESTING | | | | |
|-------------------|---------------|------|------|-----------|
| A. Waterflow test | Water Supply: | City | Tank | Reservoir |

| MAIN DRAIN TEST | | | | | | | |
|-------------------|----|----|----|----|----|----|--|
| System Number | 1 | 2 | 3 | 4 | 5 | 6 | |
| Static Pressure | 67 | 67 | 67 | 63 | 62 | 67 | |
| Residual Pressure | 57 | 57 | 57 | 54 | 50 | 56 | |
| Size of Drain | 2 | 2 | 2 | 2 | 2 | 2 | |

| PART III - 5 YEAR INSPECTION | | YES | NO | N.A. |
|--|-----------|--------------------|----|------|
| A. Were the 5 year inspection performed on the following items? | | | | |
| Alarm valves: | Due Date: | Valve Size & Type: | | |
| Check valves: | Due Date: | Valve Size & Type: | | |
| Gauges: | Due Date: | Valve Size & Type: | | |
| Internal Examination of Piping: | Due Date: | | | |
| B. Hydraulic test of dry standpipes | | | | |
| C. Have sprinklers and spray nozzles protecting commercial cooking equipment and ventilation systems and/or high temp sprinkler heads been replaced every 5 years? | | | | |

| PART IV - SPRINKLER DUE | | YES | NO | N.A. |
|--|--|-----|----|------|
| A. Have all dry sprinklers been replaced or successfully sample tested every 10 years. | | | | |
| B. Have all quick response sprinklers been in service less than 20 years? | | | | |
| C. Have all standard response sprinklers been in service less than 50 years? | | | | |

PART V - EXPLANATION OF ALL "NO" ANSWERS

Sys 4 - 10 yr - 11/20/11

| PART VI - DEFICIENCIES | | YES | NO | N.A. |
|--|--|-----|----|------|
| Were inspection deficiencies and suggested improvements discussed with customer and/or customer representative? If no, please explain: | | | | |
| | | | | |
| | | | | |

I certify that the information in this form is correct at the time and place of my inspection, and that all equipment tested at this time was left in operational condition upon completion of this inspection except as noted in Part V, above.

Signature of Inspector [Signature]
 Printed Name of Inspector [Name]
 Title of Inspector _____
 Date 11/23/11

Signature of Witness _____
 Printed Name of Witness _____
 Title of Witness _____
 Date _____



Lincoln Water System Backflow Preventer MAINTENANCE TEST FORM

MUNICIPAL SERVICE CENTER



Business / Building 901 W BOND
 Service Address ROD HENDRICKSON
 Contact Person _____ / Phone Number (402) 416-1308

| | | | | |
|---|-----------|--------------|------------|---------------|
| <input checked="" type="checkbox"/> Annual Test | <u>8"</u> | <u>Watts</u> | <u>709</u> | <u>321387</u> |
| <input checked="" type="checkbox"/> DC <input type="checkbox"/> RPP | Size | Manufacturer | Model No. | Serial # |

| | | | | |
|--|-----------------|-----------------|-----------------|-----------------|
| <input type="checkbox"/> New Installation <input type="checkbox"/> Replacement | <u> </u> | <u> </u> | <u> </u> | <u> </u> |
| <input type="checkbox"/> DC <input type="checkbox"/> RPP | Size | Manufacturer | Model No. | Serial # |

Domestic Containment Irrigation Fire Service Boiler Carbonator Other
 (Desc): _____
 Swimming Pool Cooling Tower Water Cooled Ice Maker

Device Location Valve Pit NW

| Check Valve #1 | Check Valve #2 | Pressure Relief Valve | PVB/SVB |
|--|---|-----------------------|-----------------------|
| INITIAL TEST | | | |
| Held at <u>1.7</u> PSID | Held at <u>1.8</u> PSID | Opened at PSID | Air Inlet |
| Leaked <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Closed Tight <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | Did not open | Opened at PSID |
| Cleaned | Leaked <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Cleaned | Did not open |
| Replaced | Cleaned | Replaced | Check Valve |
| | #2 Shut Off Closed Tight <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | Held at PSID |
| | | | Leaked |
| | | | Cleaned |
| | | | Replaced |
| FINAL TEST | | | |
| | Closed Tight <input type="checkbox"/> Yes <input type="checkbox"/> No | | Check Valve PSID |
| PSID | PSID | Replaced PSID | Air Inlet PSID |

I hereby certify the above backflow preventer has been tested in accordance with all rules and regulations of the State of Nebraska Health and Human Services, Department of Regulation and Licensure, Title 179, and the Lincoln Water System Title 17, and that all readings are true and accurate to the best of my ability.

Questions - call (402) 441-5912
 Fax - 402-441-8003
Please Mail Form To:
 Lincoln Water System
 Backflow Prevention Office
 2021 North 27th Street
 Lincoln, NE 68503

Tina Butcher CFSC 7282
 State Certified Technician (please print) Company Grade 6 Certificate No. Cell / Phone No.
[Signature] _____ _____ 10/23/13
 State Certified Technician (signature) Customer Signature Date of Test
Midwest 03031287 12/14/12
 Test Gauge Manufacturer Test Gauge Serial No. Date of Calibration

Comments: _____

NEBRASKA STATE FIRE MARSHAL FIRE SPRINKLER INSPECTION

J.B. 1/2
Jakk 1/2

LOCATION OF SYSTEM:

N.E. Wastewater Facility
7000 N. 70th
Lincoln, Ne 68507

10-17-13
INSPECTION DATE
maint. shop
TYPE OCCUPANCY

| FORMS INCLUDED WITH THIS COVER SHEET | | TYPE OF INSPECTION | |
|--------------------------------------|---|-------------------------------------|---|
| <input type="checkbox"/> | UNDERGROUND TEST CERTIFICATION (FORM 85-AB) | <input type="checkbox"/> | INITIAL ACCEPTANCE OF SYSTEM |
| <input type="checkbox"/> | ABOVEGROUND TEST CERTIFICATION (FORM 85-AC) | <input type="checkbox"/> | REINSPECTION DUE TO REMODEL, REPAIR, ETC. |
| <input checked="" type="checkbox"/> | REPORT OF INSPECTION | <input checked="" type="checkbox"/> | PERIODIC ANNUAL INSPECTION |
| <input type="checkbox"/> | DRY PIPE VALVE TEST | <input checked="" type="checkbox"/> | BACKFLOW PREVENTER TEST |

ITEM # DIRECTORY

- | | |
|---------------------|------------------------|
| 1 - WET RISER | 5 - BACKFLOW PREVENTER |
| 2 - DRY RISER | 6 - STANDPIPE |
| 3 - PREACTION RISER | 7 - OTHER |
| 4 - FIRE PUMP | |

DEFICIENCIES

ITEMIZE DEFICIENCIES NOTED ON INSPECTION
AND ANY OTHER PERTINENT COMMENTS ON SYSTEM

| TAG # | ITEM # | MAJOR DEFICIENCIES/COMMENTS |
|-------|--------|-----------------------------|
| 23789 | 1 | |
| 19804 | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

STATUS OF SYSTEM - CHECK ONE

IN COMPLIANCE MINOR DEFICIENCIES MAJOR DEFICIENCIES

Nifco Mechanical Systems, Inc.
500 Blue Heron Drive
Lincoln, NE 68522
402-477-0666

INSPECTOR SIGNATURE [Signature]
NEBRASKA LICENSE # 98008
TESTER BFP LICENSE # 8699
OWNER REPRESENTATIVE SIGNATURE [Signature]

SEND TO: NEBRASKA STATE FIRE MARSHAL - 246 S. 14TH STREET - LINCOLN, NE 68508
A COPY OF THIS INSPECTION REPORT SHALL BE LEFT ATTACHED TO THE SYSTEM RISER

NEBRASKA STATE FIRE MARSHAL FIRE SPRINKLER INSPECTION

LOCATION OF THE SYSTEM:

Business Name: F Street Rec. Center
 Address: 1225 F Street
 City, State, Zip: Lincoln NE

3-9-18
 INSPECTION DATE

TYPE OCCUPANCY

| FORMS INCLUDED WITH THIS COVER SHEET | TYPE OF INSPECTION |
|--|--|
| <input type="checkbox"/> UNDERGROUND TEST CERTIFICATION (FORM 85-AB) | <input type="checkbox"/> INITIAL ACCEPTANCE OF SYSTEM |
| <input type="checkbox"/> ABOVEGROUND TEST CERTIFICATION (FORM 85-AC) | <input type="checkbox"/> REINSPECTION DUE TO REMODEL, REPAIR, ETC. |
| <input checked="" type="checkbox"/> REPORT OF INSPECTION | <input type="checkbox"/> PERIODIC INSPECTION <input checked="" type="checkbox"/> ANNUAL <input type="checkbox"/> QUARTERLY |
| <input checked="" type="checkbox"/> DRY PIPE VALVE TEST | <input checked="" type="checkbox"/> BACKFLOW PREVENTER TEST |

ITEM # DIRECTORY

DEFICIENCIES

- 1- WET RISER
- 2- DRY RISER
- 3- PREACTION RISER
- 4- FIRE PUMP

- 5- BACKFLOW PREVENTER
- 6- STANDPIPE
- 7- OTHER

ITEMIZE DEFICIENCIES NOTED ON INSPECTION
 AND ANY OTHER PERTINENT COMMENTS ON SYSTEM

| TAG # | ITEM # | MAJOR DEFICIENCIES / COMMENTS |
|---|--------|--|
| 10547 | 1 | Partial trip on this date Full trip due in 2020 |
| 10598 | 1 | System is due for 5 Year interval inspection |
| 10599 | 5 | |
| 10600 | 2 | No riser information sign |
| All Known Low points drained on this date. Low points must be drained again prior to onset of freezing weather | | |

STATUS OF THE SYSTEM - CHECK ONE

IN COMPLIANCE

MINOR DEFICIENCIES

MAJOR DEFICIENCIES



NIFCO MECHANICAL SYSTEMS, LLC
 500 Blue Heron Dr. • Lincoln, Nebraska 68522
 Your partner in piping & protection since 1975

Phone: 402-477-0666
 Fax: 402-477-2314

INSPECTOR SIGNATURE *[Signature]*
 Technician
 NEBRASKA LICENSE # 98008
 TESTER BFP LICENSE # 8889

OWNER REPRESENTATIVE SIGNATURE _____
 Representative Signature

SEND TO: NEBRASKA STATE FIRE MARSHAL - 246 S 14TH STREET - LINCOLN, NE 68508
 A COPY OF THIS INSPECTION REPORT SHALL BE LEFT ATTACHED TO THE SYSTEM RISER

2014

NEBRASKA STATE FIRE MARSHAL FIRE SPRINKLER INSPECTION

LOCATION OF THE SYSTEM:

Business Name: Pinnacle Arena
 Address: 400 Pinnacle Arena
 City, State, Zip: lincoln ne 68508

Tuesday, December 12, 2017
 INSPECTION DATE

Arena
 TYPE OCCUPANCY

| FORMS INCLUDED WITH THIS COVER SHEET | TYPE OF INSPECTION |
|--|--|
| <input type="checkbox"/> UNDERGROUND TEST CERTIFICATION (FORM 85-AB) | <input type="checkbox"/> INITIAL ACCEPTANCE OF SYSTEM |
| <input type="checkbox"/> ABOVEGROUND TEST CERTIFICATION (FORM 85-AC) | <input type="checkbox"/> REINSPECTION DUE TO REMODEL, REPAIR, ETC. |
| <input checked="" type="checkbox"/> REPORT OF INSPECTION | <input checked="" type="checkbox"/> PERIODIC INSPECTION <input type="checkbox"/> ANNUAL <input type="checkbox"/> QUARTERLY |
| <input checked="" type="checkbox"/> DRY PIPE VALVE TEST | <input type="checkbox"/> BACKFLOW PREVENTER TEST |

ITEM # DIRECTORY

- 1- WET RISER
- 2- DRY RISER
- 3- PREACTION RISER
- 4- FIRE PUMP

- 5- BACKFLOW PREVENTER
- 6- STANDPIPE
- 7- OTHER

DEFICIENCIES

ITEMIZE DEFICIENCIES NOTED ON INSPECTION
 AND ANY OTHER PERTINENT COMMENTS ON SYSTEM

| TAG # | ITEM # | MAJOR DEFICIENCIES / COMMENTS |
|-------|--------|---|
| | 1 | semiannual |
| | 2 | |
| | 2 | Zone 1a.3 flow switch sent supervisory to panel not alarm |
| | 3 | |
| | 3 | |
| | 4 | |
| | 5 | |
| | | |
| | | |
| | | |
| | | |
| | | |

STATUS OF THE SYSTEM - CHECK ONE

IN COMPLIANCE
 MINOR DEFICIENCIES
 MAJOR DEFICIENCIES



NIFCO MECHANICAL SYSTEMS, LLC
 500 Blue Heron Dr. • Lincoln, Nebraska 68522
 Your partner in piping
 & protection since 1975

Phone: 402-477-0666
 Fax: 402-477-2314

INSPECTOR SIGNATURE _____

Brian Egger

NEBRASKA LICENSE # 98008

TESTER BFP LICENSE # 8951

OWNER REPRESENTATIVE SIGNATURE _____

Representative Signature

SEND TO: NEBRASKA STATE FIRE MARSHAL - 246 S 14TH STREET - LINCOLN, NE 68508
 A COPY OF THIS INSPECTION REPORT SHALL BE LEFT ATTACHED TO THE SYSTEM RISER

NEBRASKA STATE FIRE MARSHAL FIRE SPRINKLER INSPECTION

LOCATION OF THE SYSTEM:

Business Name: Downtown Senior Center
 Address: 1005 O Street
 City, State, Zip: Lincoln Ne

Tuesday, November 28, 2017
 INSPECTION DATE

Office
 TYPE OCCUPANCY

| FORMS INCLUDED WITH THIS COVER SHEET | TYPE OF INSPECTION |
|--|---|
| <input type="checkbox"/> UNDERGROUND TEST CERTIFICATION (FORM 85-AB) | <input type="checkbox"/> INITIAL ACCEPTANCE OF SYSTEM |
| <input type="checkbox"/> ABOVEGROUND TEST CERTIFICATION (FORM 85-AC) | <input type="checkbox"/> REINSPECTION DUE TO REMODEL, REPAIR, ETC. |
| <input checked="" type="checkbox"/> REPORT OF INSPECTION | <input checked="" type="checkbox"/> PERIODIC INSPECTION <input checked="" type="checkbox"/> ANNUAL <input type="checkbox"/> QUARTERLY |
| <input type="checkbox"/> DRY PIPE VALVE TEST | <input checked="" type="checkbox"/> BACKFLOW PREVENTER TEST |

- | ITEM # DIRECTORY | DEFICIENCIES |
|--------------------|-----------------------|
| 1- WET RISER | 5- BACKFLOW PREVENTER |
| 2- DRY RISER | 6- STANDPIPE |
| 3- PREACTION RISER | 7- OTHER |
| 4- FIRE PUMP | |

ITEMIZE DEFICIENCIES NOTED ON INSPECTION
AND ANY OTHER PERTINENT COMMENTS ON SYSTEM

| TAG # | ITEM # | MAJOR DEFICIENCIES / COMMENTS |
|-------|--------|--|
| 20837 | 1 | No main drain test conducted drain wouldn't handle |
| 20873 | 5 | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

STATUS OF THE SYSTEM - CHECK ONE

IN COMPLIANCE
 MINOR DEFICIENCIES
 MAJOR DEFICIENCIES


NIFCO MECHANICAL SYSTEMS, LLC
 500 Blue Heron Dr. • Lincoln, Nebraska 68522
 Your partner in piping & protection since 1975
Phone: 402-477-0666
Fax: 402-477-2314

INSPECTOR SIGNATURE Brian Egger
 NEBRASKA LICENSE # 98008
 TESTER BFP LICENSE # 8951

OWNER REPRESENTATIVE SIGNATURE _____
 Representative Signature

SEND TO: NEBRASKA STATE FIRE MARSHAL - 246 S 14TH STREET - LINCOLN, NE 68508
 A COPY OF THIS INSPECTION REPORT SHALL BE LEFT ATTACHED TO THE SYSTEM RISER

NEBRASKA STATE FIRE MARSHAL FIRE SPRINKLER INSPECTION

LOCATION OF SYSTEM: TRAV 1.5

WASTE WATER TREATMENT
2400 THERESA ST.
LINCOLN, NE

7-18-13
INSPECTION DATE

Pump Room
TYPE OCCUPANCY

| FORMS INCLUDED WITH THIS COVER SHEET | | TYPE OF INSPECTION | |
|--|--|--|--|
| <input type="checkbox"/> UNDERGROUND TEST CERTIFICATION (FORM 85-AB) | | <input type="checkbox"/> INITIAL ACCEPTANCE OF SYSTEM | |
| <input type="checkbox"/> ABOVEGROUND TEST CERTIFICATION (FORM 85-AC) | | <input type="checkbox"/> REINSPECTION DUE TO REMODEL, REPAIR, ETC. | |
| <input checked="" type="checkbox"/> REPORT OF INSPECTION | | <input checked="" type="checkbox"/> PERIODIC ANNUAL INSPECTION | |
| <input type="checkbox"/> DRY PIPE VALVE TEST | | <input checked="" type="checkbox"/> BACKFLOW PREVENTER TEST | |

ITEM # DIRECTORY

- | | |
|---------------------|------------------------|
| 1 - WET RISER | 5 - BACKFLOW PREVENTER |
| 2 - DRY RISER | 6 - STANDPIPE |
| 3 - PREACTION RISER | 7 - OTHER |
| 4 - FIRE PUMP | |

DEFICIENCIES

ITEMIZE DEFICIENCIES NOTED ON INSPECTION
AND ANY OTHER PERTINENT COMMENTS ON SYSTEM

| TAG # | ITEM # | MAJOR DEFICIENCIES/COMMENTS |
|-------|--------|-----------------------------|
| 1 | 5 | |
| 2 | | |
| 3 | | |
| 4 | | |
| 5 | | |
| 6 | | |
| 7 | | |
| 8 | | |
| 9 | | |
| 10 | | |
| 11 | | |
| 12 | | |
| 13 | | |
| 14 | | |
| 15 | | |

STATUS OF SYSTEM - CHECK ONE

IN COMPLIANCE

MINOR DEFICIENCIES

MAJOR DEFICIENCIES

Nifco Mechanical Systems, Inc.
500 Blue Heron Drive
Lincoln, NE 68522
402-477-0666

INSPECTOR SIGNATURE [Signature]

NEBRASKA LICENSE # 98008

TESTER BFP LICENSE # 8404

OWNER REPRESENTATIVE SIGNATURE _____

NEBRASKA STATE FIRE MARSHAL FIRE SPRINKLER INSPECTION

LOCATION OF THE SYSTEM:

Business Name: Lancaster Co. Youth Services
 Address: 1200 Radcliff
 City, State, Zip: Lincoln Ne

Thursday, December 28, 2017
 INSPECTION DATE

TYPE OCCUPANCY

| FORMS INCLUDED WITH THIS COVER SHEET | TYPE OF INSPECTION |
|--|--|
| <input type="checkbox"/> UNDERGROUND TEST CERTIFICATION (FORM 85-AB) | <input type="checkbox"/> INITIAL ACCEPTANCE OF SYSTEM |
| <input type="checkbox"/> ABOVEGROUND TEST CERTIFICATION (FORM 85-AC) | <input type="checkbox"/> REINSPECTION DUE TO REMODEL, REPAIR, ETC. |
| <input checked="" type="checkbox"/> REPORT OF INSPECTION | <input type="checkbox"/> PERIODIC INSPECTION <input checked="" type="checkbox"/> ANNUAL <input type="checkbox"/> QUARTERLY |
| <input type="checkbox"/> DRY PIPE VALVE TEST | <input checked="" type="checkbox"/> BACKFLOW PREVENTER TEST |

ITEM # DIRECTORY

DEFICIENCIES

- 1- WET RISER
- 2- DRY RISER
- 3- PREACTION RISER
- 4- FIRE PUMP

- 5- BACKFLOW PREVENTER
- 6- STANDPIPE
- 7- OTHER

ITEMIZE DEFICIENCIES NOTED ON INSPECTION
 AND ANY OTHER PERTINENT COMMENTS ON SYSTEM

| TAG # | ITEM # | MAJOR DEFICIENCIES / COMMENTS |
|-------|--------|-------------------------------|
| 17653 | 1 | |
| 17654 | 1 | |
| 17687 | 5 | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

| STATUS OF THE SYSTEM - CHECK ONE | | |
|---|---|---|
| <input checked="" type="checkbox"/> IN COMPLIANCE | <input type="checkbox"/> MINOR DEFICIENCIES | <input type="checkbox"/> MAJOR DEFICIENCIES |



NIFCO MECHANICAL SYSTEMS, LLC
 500 Blue Heron Dr. • Lincoln, Nebraska 68522
 Your partner in piping & protection since 1975

Phone: 402-477-0666
Fax: 402-477-2314

INSPECTOR SIGNATURE Travis Billesbach

NEBRASKA LICENSE # 98008

TESTER BFP LICENSE # 8466

OWNER REPRESENTATIVE SIGNATURE Representative Signature

SEND TO: NEBRASKA STATE FIRE MARSHAL - 246 S 14TH STREET - LINCOLN, NE 68508
 A COPY OF THIS INSPECTION REPORT SHALL BE LEFT ATTACHED TO THE SYSTEM RISER

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/stndspect/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

Insurance coverage on this Contract will be required for the entities selected below

City of Lincoln Lancaster County Public Building Commission

Vendors must provide coverage & documents related to the items with a check mark in Sections 1 – 1.9.
This includes proof of coverage and waivers as required below.

All Vendors must comply with Sections 2-8.

**THE REQUIREMENTS HEREIN APPLY TO CONTRACTS TO BE ISSUED BY THE CITY OF LINCOLN,
LANCASTER COUNTY, AND THE LINCOLN-LANCASTER COUNTY PUBLIC BUILDING COMMISSION.
FOR PURPOSES OF CERTIFICATES, ENDORSEMENTS AND OTHER PROOF REQUIRED HEREIN, ONLY
INCLUDE THE ENTITY ISSUING THE CONTRACT.**

**FAILURE OF THE APPROPRIATE ENTITY (CITY, COUNTY, OR PUBLIC BUILDING COMMISSION) TO
OBJECT TO THE FORM OF THE CERTIFICATE OR ENDORSEMENT OR TO DEMAND SUCH PROOF AS
IS REQUIRED HEREIN SHALL NOT CONSTITUTE A WAIVER OF ANY OF THE INSURANCE
REQUIREMENTS SET FORTH BELOW.**

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 Contract 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 per occurrence or as may be approved by the City or County as appropriate. 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 such other proof, such as endorsements, as may be acceptable to the City or County (as appropriate) evidencing compliance with these requirements. The Contractor shall provide a Certificate of Insurance demonstrating the coverage required herein and the necessary endorsements or other proof and waivers described herein and below before being permitted to begin the work or project pursuant to this Contract.

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 each occurrence and \$2,000,000 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.

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

All Contractors shall provide an Additional Insured Endorsement form or other proof 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. The form or other proof shall be as is acceptable to the City/County Attorney.

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.

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 each accident or injury shall be included. The Contractor shall provide the City/County/PBC with an endorsement for waiver of subrogation or other proof of such waiver as may be acceptable to the City or County. 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

The Contractor shall purchase and maintain builder's risk 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. This coverage is required whenever the 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. The Contractor or subcontractor shall provide proof of such waiver.

1.6 Pollution Liability

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.

1.7 Errors and Omissions; Professional Liability

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 Contract, 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. This coverage is required whenever the Contractor or 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

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 proof acceptable to the City or County that any exception for such work in the Contractor's commercial general liability policy has been removed or deleted.

1.8.1 Railroad Protective Liability

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

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. Such insurance shall be maintained in force at all times during the term of the Contract and for a period of two years thereafter for services completed during the term of the Contract.

2. **Cancellation Notice**

All Contractors 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 Contract 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.

3. **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.

4. **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.

5. **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.

6. **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.

7. **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.

8. **Sovereign Immunity**

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

9. **Further Contact**

For further information or questions concerning coverage or acceptable forms, Contractors may contact the Purchasing Division or the department that issued the bid or the request for proposal.

For general questions regarding Insurance Requirements, please contact Risk Management for the City or County.

smart # 10070200
7-26-10/law/tb



CITY OF LINCOLN
EXECUTIVE ORDER

NO. 083319

WHEREAS, there is concern over the inappropriate competitive advantages in the public bidding process for local publicly funded construction and delivery service contracts resulting from the misclassification of individuals performing construction labor services as "independent contractors" rather than "employees"; such "independent contractors" are commonly referred to as "1099 workers" due to the IRS form they receive rather than a W-4 which an employee receives;

WHEREAS, this misclassification of such individuals as "independent contractors" rather than as "employees" eliminates any obligation to pay these individuals legally required minimum or overtime wages, to provide legally required workers' compensation insurance, to make unemployment insurance payments, to pay legally required employment and payroll taxes, and to provide any other health, pension, or benefit such individuals would typically receive if properly classified as employees;

WHEREAS, this misclassification of individuals performing construction labor services for the contractor as "independent contractors" rather than "employees" is a violation of federal and state law, but is difficult to enforce once public construction or delivery service contracts have been bid, awarded, and entered into;

WHEREAS, the use of public funds to compensate contractors who unlawfully avoid their obligation to pay legally required minimum or overtime wages, to provide legally required workers' compensation insurance, to make unemployment insurance payments, to pay legally required employment and payroll taxes, and to provide any other health, pension, or benefit is not in the public interest; and

WHEREAS, the Employee Classification Act, Neb. Rev. Stat. §§ 48-2901 to 48-2912 (effective July 15, 2010) provides that any contract entered into between a political subdivision and a contractor shall require that each contractor who performs construction or delivery service pursuant to the contract submit to the political subdivision an affidavit attesting that (1) each individual performing services for such contractor is properly classified under the Employee Classification Act, (2) such contractor has completed a federal I-9 Immigration form and has such form on file for each employee performing services, (3) such contractor has complied with Neb. Rev. Stat. § 4-114 requirements that the contractor register and use a federal immigration employment verification system to determine the work eligibility status of new employees physically performing services in the State of Nebraska, (4) such contractor has no reasonable basis to believe that any individual performing services for such contractor is an undocumented worker, and (5) as of the time of the contract, such contractor is not barred from contracting with the state or any political subdivision pursuant to § 48-2912 of the Employee Classification Act.

NOW, THEREFORE, BY VIRTUE OF THE AUTHORITY VESTED IN ME by the Charter of the City of Lincoln, I hereby establish the following policy as to the bid and award of contracts to contractors for construction and delivery services with the City of Lincoln:

The Purchasing Agent shall immediately include in the City of Lincoln's notice to bidders for construction contracts that all contractors submitting bids in response to the notice shall affirmatively certify to the Purchasing Agent that all individuals hired to perform construction or delivery labor services for the contractor under the contract shall be properly classified as employees and not as independent contractors if the individual does not meet the requirements of an independent contractor under federal and state law (including the requirements of the State of Nebraska Employee Classification Act), and that the contractor will comply with all legal obligations with respect to these employees (including, but not limited to, minimum and overtime pay, workers' compensation, unemployment compensation, and payment of federal and state payroll taxes). The

notice to bidders shall further provide that contractors may use affidavits required pursuant to the Employee Classification Act for this purpose, but that a failure to make the affirmative certification to the Purchasing Agent shall render the bidder ineligible for award of the contract.

The Purchasing Agent shall immediately include the following provisions in contracts for construction or delivery services:

(1) Contractor agrees that each individual performing services for the contractor shall be properly classified as an employee and not as an independent contractor if the individual does not meet the requirements of an independent contractor under the State of Nebraska's Employee Classification Act and that contractor shall comply with all legal obligations with respect to the employee (including, but not limited to, minimum and overtime pay, workers' compensation, unemployment compensation, and payment of federal and state payroll taxes).

(2) Contractor understands and agrees that failure to classify each individual hired to perform services under the contract as an employee rather than as an independent contractor if the individual does not meet the requirements of an independent contractor under the State of Nebraska's Employee Classification Act and/or failure to comply with legal obligations with respect to the employee (including, but not limited to, minimum and overtime pay, workers' compensation, unemployment compensation, and payment of federal and state payroll taxes) shall be considered a breach of the contract and is a grounds for rescission of the contract by the City.

(3) Contractor additionally agrees to include the following provisions in each subcontract entered into with a subcontractor as part of the contractor's contract with the City:

(a) Subcontractor agrees that each individual performing services for the subcontractor shall be properly classified as an employee and not as an independent contractor if the individual does not meet the requirements of an independent contractor under the State of Nebraska's Employee Classification Act and that subcontractor shall comply with all legal obligations with respect to the employee (including, but not limited to, minimum and overtime pay,

workers' compensation, unemployment compensation, and payment of federal and state payroll taxes).

(b) Subcontractor understands and agrees that subcontractor's failure to properly classify individuals hired to perform services under the subcontract as employees and not as independent contractors if the individual does not meet the requirements of an independent contractor under the State of Nebraska's Employee Classification Act and/or failure to comply with legal obligations with respect to the employee (including, but not limited to, minimum and overtime pay, workers' compensation, unemployment compensation, and payment of federal and state payroll taxes) shall be considered a breach of the contract and is a grounds for rescission of the subcontract by the contractor.

(4) Contractor agrees that if subcontractor fails to or is suspected of failing to properly classify each individual hired pursuant to the subcontract as an employee and not as an independent contractor if the individual does not meet the requirements of an independent contractor under the State of Nebraska's Employee Classification Act and/or fails to comply with legal obligations with respect to the subcontractor's employee, the contractor shall take appropriate corrective action including, but not limited to, reporting the suspected violation of the State of Nebraska Employee Classification Act to the Nebraska Department of Labor or rescission of the subcontract by the contractor. Written notification of the corrective action shall be submitted to the City of Lincoln Purchasing Department. Contractor understands and agrees that contractor's failure to take appropriate corrective action shall be considered a breach of the contractor's contract with the City of Lincoln and is a grounds for rescission of the contract by the City.

(5) The City of Lincoln shall notify the Nebraska Department of Labor of any contractor or subcontractor it has determined is in breach of contract due to the terms of this order.

(6) Any contractor or subcontractor who shall have been determined by the Nebraska Department of Labor to have knowingly provided a false affidavit to the City of Lincoln

under the State of Nebraska's Employee Classification Act shall be referred to the Purchasing Agent of the City who shall determine whether to declare such contractor or subcontractor an irresponsible bidder who shall be disqualified from receiving any business from the municipality for a stated period of time, in accordance with Lincoln Municipal Code § 2.18.030(n)(1) or (2).

(7) This policy does not prohibit a contractor or subcontractor from hiring individuals to perform construction labor services as independent contractors, provided that the contractor's or subcontractor's use of such individuals as an independent contractor complies with the criteria found in subdivision 5 of Neb. Rev. Stat. § 48-604 and is otherwise valid under federal and state law and is not intended to circumvent lawful obligations under federal and state law or city contractual requirements.

The City Clerk is directed to send a copy of this Executive Order to Vince Mejer, City Purchasing Agent, for his record.

Dated this 28 day of July, 2010.


Chris Beutler, Mayor of Lincoln

Approved as to Form & Legality:


City Attorney

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.