



Georgetown County, South Carolina

129 Screven Street, Suite 239
Post Office Drawer 421270
Georgetown, SC 29442-4200
(843) 545-3083 • Fax (843) 545-3500
E-Mail • purch@gtcounty.org
Website • <http://www.gtcounty.org>

ADDENDUM #1 TO BID #23-065 REBID

BID NUMBER: 23-065 REBID

ISSUE DATE: Friday, December 22, 2023

OPENING DATE: Wednesday, January 10, 2024

OPENING TIME: 3:00 PM ET

Pre-Bid Site Inspection: [Voluntary, by appointment]

PROCUREMENT FOR: Fire Systems: Inspection, Monitoring and Maintenance

This addendum will amend **BID #23-065 REBID, Fire Systems: Inspection, Monitoring and Maintenance** originally issued on Wednesday, December 6, 2023. This clarification is being provided to all known and registered correspondents in response to questions received. All addenda and original bid documents are also available online at: www.gtcounty.org, select “Bid Opportunities” from the Quick Links section.

Question 1: Could we get a copy of the inspection reports for the kitchen hood fire suppression systems that are listed as option #1? This will allow us to find out the size of each kitchen hood, the size of each system and how many detection links are associated with each system.

Response: Yes, see attached.

Question 2: Am I correct or incorrect in assuming all service calls will be on a time/material basis?

Response: See page 8, section 9.4 cost in the original bid document. Pricing will be as listed on the mandatory bid submittal form.

Question 3: Where applicable, please list the names of any buildings that the incumbent has to bring a lift to access equipment. Where a lift is needed to access equipment, does

the county allow their vendors to use county lifts, or should the vendor plan on coordinating and providing a lift in the bid cost?

Response: **There has not been a need for a lift in the past. However, it is the bidder's responsibility to visit the sites and bid accordingly. The Bidder will be responsible for providing any and all equipment necessary to perform the services.**

Question 4: Regarding monitoring services, will the county be responsible for any fees and logistics regarding converting existing communication equipment to new vendor?

Response: **As listed in the bid document, it is the bidder's responsibility to list their transition plan and list any transition related charges that the County may be responsible for as part of their proposal.**

Question 5: We are a prospective bidder for the 23-065 REBID of Fire Systems: Inspection, Monitoring, and Maintenance. In an effort to reduce time delays, could we please share our Monitoring Terms and Conditions with the County? As you advise, if determined mutually agreed upon, we will move forward with our estimation and submission.

Response: **If you are interested in submitting a proposal, we would welcome you to do so. Please notate any exceptions on the provided mandatory exceptions page and attach any additional terms & conditions for the County's review as part of your proposal. Pleas note however, if awarded, you firm would be signing a County drafted Services contract.**

Range Hood Systems Report



PYE • BARKER
FIRE & SAFETY
Since 1948

1445 Cannon Road • Myrtle Beach, SC 29577
Office: 843-916-8787
Fax: 843-839-3473

DATE OF SERVICE 9/18/2023			TIME 8:00	A.M. <input checked="" type="checkbox"/>	P.M. <input type="checkbox"/>
ANNUAL <input type="checkbox"/>	SEMI-ANNUAL <input checked="" type="checkbox"/>	RECHARGE <input type="checkbox"/>	INSTALLATION <input type="checkbox"/>	RENOVATION <input type="checkbox"/>	
LOCATION OF SYSTEM CYLINDERS Left of Hood 4'				UL 300 <input type="checkbox"/> YES <input type="checkbox"/> NO	
MANUFACTURER Apsel	MODEL NUMBER A102	WET <input checked="" type="checkbox"/>	DRY CHEMICAL <input type="checkbox"/>		
CYLINDER SIZE - MASTER 3g1	CYLINDER SIZE - SLAVE 3g1	CYLINDER SIZE - SLAVE 3g1			
FUSE LINKS 360° 6	FUSE LINKS 450° 2	FUSE LINKS 500° -	OTHER -		
FUEL SHUT-OFF M/S	ELECTRIC M/S Alarm	GAS <input checked="" type="checkbox"/>	SIZE 2"		
SERIAL NUMBER 5211765	LAST HYDRO TEST DATE 3-2020	LAST RECHARGE DATE			
HOOD SIZES 3-9'	DUCT SIZES 3-18"X12"	NO. OF NOZZLES 13			

CUSTOMER

Name Georgetown Detention Center
Address 2394 Browns Ferry Rd
City Georgetown State SC Zip 29440
Phone 843-503-6882 Store # _____
Owner or Manager Mark

COOKING APPLIANCE LOCATIONS: LEFT TO RIGHT

<input type="checkbox"/> Warmer	<input type="checkbox"/> Double Oven	<input type="checkbox"/> 36x20 Griddle	<input type="checkbox"/> 24x24 Range // space
<input type="checkbox"/> 36x24 TITS/Kilo	<input type="checkbox"/> 36x24 Griddle	<input type="checkbox"/> 34 1/2 x 24 1/2 Fryer vat	

- | | |
|--|--|
| 1. All appliances properly covered w/correct nozzles <input checked="" type="checkbox"/> | 20. Replace fuse links <input checked="" type="checkbox"/> |
| 2. Duct and plenum covered w/correct nozzles <input checked="" type="checkbox"/> | 21. Check travel of cable nuts/S-hooks <input checked="" type="checkbox"/> |
| 3. Check positioning of all nozzles <input checked="" type="checkbox"/> | 22. Piping and conduit securely bracketed <input checked="" type="checkbox"/> |
| 4. System installed in accordance w/MFG UL listing <input checked="" type="checkbox"/> | 23. Proper separation between fryers & flame <input checked="" type="checkbox"/> |
| 5. Hood/duct penetrations sealed w/weld or UL device <input checked="" type="checkbox"/> | 24. Proper clearance-flame to filters <input checked="" type="checkbox"/> |
| 6. Check if seals intact, evidence of tampering <input checked="" type="checkbox"/> | 25. Exhaust fan in operating order <input checked="" type="checkbox"/> |
| 7. If system has been discharged, report same <input checked="" type="checkbox"/> | 26. All filters replaced <input checked="" type="checkbox"/> |
| 8. Pressure gauge in proper range (if gauged) <input checked="" type="checkbox"/> | 27. Fuel shut-off in on position <input checked="" type="checkbox"/> |
| 9. Check cartridge weight (if applicable) <input checked="" type="checkbox"/> | 28. Manual & remote set/seals in place <input checked="" type="checkbox"/> |
| 10. Hydrostatic test date <input checked="" type="checkbox"/> | 29. Replace systems covers <input checked="" type="checkbox"/> |
| 11. 6 year maintenance date <input checked="" type="checkbox"/> | 30. System operational & seals in place <input checked="" type="checkbox"/> |
| 12. Inspect cylinder and mount <input checked="" type="checkbox"/> | 31. Slave system operational <input checked="" type="checkbox"/> |
| 13. Operate system from terminal link <input checked="" type="checkbox"/> | 32. Clean cylinder & mount <input checked="" type="checkbox"/> |
| 14. Test for proper operation from remote <input checked="" type="checkbox"/> | 33. Fan warning sign on hood <input checked="" type="checkbox"/> |
| 15. Check operation of micro switch <input checked="" type="checkbox"/> | 34. Personnel instructed in manual operation of system <input checked="" type="checkbox"/> |
| 16. Check operation of gas valve <input checked="" type="checkbox"/> | 35. Proper hand portable extinguishers <input checked="" type="checkbox"/> |
| 17. Clean nozzles <input checked="" type="checkbox"/> | 36. Portable extinguishers properly serviced <input checked="" type="checkbox"/> |
| 18. Proper nozzle covers in place <input checked="" type="checkbox"/> | 37. Service & Certification tag on system <input checked="" type="checkbox"/> |
| 19. Check fuse links and clean <input checked="" type="checkbox"/> | |

NOTE DISCREPANCIES OR DEFICIENCIES BELOW

COMMENTS:

Entire Bldg Has Electric Gas Valve shut off
reset gas valve by resetting Fire Alarm

On this date, the above system was tested and inspected in accordance with procedures of the presently adopted editions of NFPA 17, 17A, 96 and the manufacturer's manual and was operated according to these procedures with results indicated above.

AMX 1330 9:30 Mark Grouck
 SERVICE TECHNICIAN PERMIT NO. CUSTOMER'S AUTHORIZED AGENT

The above service technician certifies that the system was personally inspected and found conditions to be as indicated on this report.



ADDENDUM ACKNOWLEDGEMENT

BID #23-065 REBID

Fire Systems: Inspection, Monitoring and Maintenance Mandatory Submittal Form

To be returned with the final proposal submission to Georgetown County.

COMPANY NAME: _____

- Addendum #1 Received Date: _____ Initialed By: _____
- Addendum #2 Received Date: _____ Initialed By: _____
- Addendum #3 Received Date: _____ Initialed By: _____
- Addendum #4 Received Date: _____ Initialed By: _____
- Addendum #5 Received Date: _____ Initialed By: _____
- Addendum #6 Received Date: _____ Initialed By: _____