



The Beaufort County School District is requesting quotes for **Heat and Smoke Vent Testing**.

Submit offer by: Quotes should be submitted to - Beaufort County School District, Kaylee Yinger, Procurement Coordinator, by **11:00 AM on Friday August 20, 2021** via email to kaylee.yinger@beaufort.k12.sc.us or faxed to 843-322-0748.

Direct Inquiries to: Kaylee Yinger, Procurement Coordinator, in writing via email – kaylee.yinger@beaufort.k12.sc.us

Job Locations:

Battery Creek High Auditorium
Beaufort High School Auditorium
Beaufort High School Performing Arts Center
Bluffton High Auditorium
Bluffton Middle Auditorium
Hilton Head High Performing Arts Center
Hilton Head Middle Auditorium
May River High Auditorium
Whale Branch High Auditorium

Description of work:

Heat and smoke vent testing – 5-year requirement

Contractor Requirements:

1. Schedule with ABM Maintenance prior to arrival on site so as not to interfere with scheduled programs
2. Provide Beaufort County School District with valid and acceptable background checks for on-site employees
3. Perform work as outlined in scope of work
4. Work shall be performed by qualified personnel
5. Contractor shall abide by all applicable OSHA and ANSI standards
6. Remove / appropriately discard all equipment and supplies, as well as clean site of all residual job-related materials at conclusion of job.
7. Maintain safety barriers in place until job is completed to avoid unwanted traffic/damage
8. Any manlift type equipment required to perform work will be the sole responsibility of contractor
9. Contractor and employees must abide by all Beaufort County School District rules and regulations.
10. Any required adjustments and/or repairs shall be performed at time of testing.

11. Submit detailed quote including time and materials within 7 working days for any required repairs that cannot be made at time of inspection

Scope of Work:

1. Doors shall be activated by pulling manual release. Latches should immediately release smoothly and open freely, moving through its designed travel. Doors should open fully without assistance or interruption.
2. With doors open restraining cables shall be inspected for proper tension and have no frays.
3. All operating levers, latches, hinges and weather-sealed surfaces shall be examined for condition.
4. All fusible links shall be inspected to determine date and temperature rating. If over 5 years old, shall be replaced at time of inspection.

Pricing and Invoicing:

1. Pricing schedule should be on a "per location" basis and include all costs associated with the inspection, testing and any initial repairs associated with each location These prices should be inclusive of all labor, materials, equipment, mileage, lodging, waste disposal, per diem, etc.
2. Wage rates for each category of worker for additional work not included in the initial inspection and testing.
3. Markup percentage on materials not covered under the initial inspection and testing.
4. All invoicing should follow the above detail.

Reporting:

Upon completion of testing and inspection, a detailed report in a format acceptable to the AHJ shall be provided for each location in electronic format to the Facilities Manager.

Terms and Conditions:

Please include detailed warranty information for each product.

Pricing should be valid for 30 Days.

Items must be shipped per grouping.

Do not add sales tax.

F.O.B. Destination: Beaufort County School District, 2900 Mink Point Blvd, Beaufort, SC 29902

Vendor shall not perform any work prior to the receipt of a purchase order from the BCSD. The District shall order any supplies or services to be furnished under this contract by issuing a purchase order. Vendor agrees to accept payment by the BCSD procurement card for **no extra charge**. An order placed pursuant to the purchasing card provision qualifies as a purchase order. Vendor shall not outsource to another vendor without written permission from the BCSD.

AFFIRMATIVE ACTION EQUAL OPPORTUNITY EMPLOYER

Bids from Minority and Women owned Business Enterprises are strongly encouraged.

CONTACT INFORMATION:

Vendor Name: _____

Vendor Address: _____

City/State/Zip: _____

Phone: _____

Contact Person: _____

E-Mail: _____

Authorized Signature: _____

Printed Name: _____