

The following requirements shall be quoted:

Preventative Maintenance

Each generator shall receive three (3) PM service visits annually unless otherwise specified in worksheet.

All parts, repairs and / or fluid changes must be done with parts and fluids that meet or exceeds the manufacturer's specifications and requirements. Any substitution of these parts, fluids, or the changing of any factory settings must be approved by the county representative.

Any used oil or fluids taken out of the generators must be transported and properly disposed of.

Preventative Maintenance Includes:

A. COOLING SYSTEM

1. Inspect radiator exchanger
2. Check coolant level – **Add up to one gallon included in PM.**
3. Glycol check of coolant
4. Inspect all hoses and connections
5. Inspect fan drive pulley and fan
6. Inspect fan belts
7. Check jacket water heater
8. Inspect water pump
9. Inspect thermostats

B. FUEL SYSTEM

1. Inspect fuel tank
2. Change fuel/water separator strainers
3. Inspect all fuel lines and connections
4. Inspect governor and controls
5. Change fuel filters (**One annually**)
6. Check fuel pressure
7. Test fuel in tanks for water

C. AIR INTAKE & EXHAUST SYSTEM

1. Change air filter (**One annually**)
2. Check air filter service indicator
3. Inspect air inlet system
4. Inspect turbocharger
5. Check exhaust manifold
6. Inspect exhaust system

D. ENGINE MONITORS & SAFETY CONTROLS

1. Check all gauges
2. Check all safety controls
3. Check remote enunciators & alarms

E. LUBE OIL SYSTEM

1. Check oil level
2. Change oil filter & date with permanent ink (**One annually**)
3. Check oil pressure
4. Inspect crankcase breather
5. Check for any leaks
6. Change oil (**One annually**)

F. STARTING SYSTEM

1. Inspect batteries, terminals & connections
2. Check specific gravity of batteries (results must be turned in)
3. Perform load test on batteries (results must be turned in)
4. Inspect battery charger
5. Inspect starting motor
6. Inspect alternator

G. GENERATOR

1. Inspect bearings
2. Check vibration isolators
3. Inspect control panel
4. Check start controls
5. Check voltmeter
6. Check ammeter
7. Check frequency meter
8. Check circuit breaker

H. TRANSFER SWITCH

1. Inspect all connections (retighten if necessary)
2. Inspect wiring for brittle or burn marks
3. Inspect all switches
4. **Perform "drop-dead" test to ensure correct transfer of utility power to generator and then back to unitality power.**
5. **Load test the site, adjust and calibrate voltages, frequency, and V.S.R.'s.**

I. SHELTER

1. **Sweep Generator Shelter Area**
2. **Apply and remove absorbent on any fluids**
3. **Remove any loose waste products from shelter**

J. PROVIDE WRITTEN DOCUMENTATION OF ALL WORK PERFORMED

On Call/Emergency Service

- **Emergency Service 7x24, 365**
- **Response time: two (2) hours or less**

In the event of a generator failure or malfunction, the Contractor shall provide 24/7/365 **on-call repair services and be on site within two (2) hours of receiving the call.** Contractor is expected to keep basic/routine parts on hand for emergency repair services.

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Any used oil or fluids taken out of the generators must be transported and properly disposed of.

A repair is defined as a deficiency which is identified during regular preventive maintenance that is not the result of normal wear and tear and is not because of any improper performance by the Contractor or failure to perform preventative maintenance.

Contractor should prepare and submit to the county representative a written not-to-exceed estimate to perform any major repairs. Repairs shall be made only with the written authorization of the county representative. The county representative may obtain additional repair cost estimates and authorize major repair work to be done by another contractor when it is determined to be in the best interest of the county.

DETAILED SUBMITTAL REQUIREMENTS

Proposal Format

Each proposer is required to submit the proposal in **Vendor Registry**. Proposals should be prepared as simply as possible and provide a straightforward, concise description of the proposer's capabilities to satisfy the requirements of the county. All parts, pages, figures, or tables should be numbered and clearly labeled. Response information should be limited to pertinent information only.

The proposal should be organized as follows:

- Cover Letter
- Company Information
- **PS Generator PM Pricing Worksheet**
- **Unscheduled Repair Rates** (Table A)
- Proposal Submission Form
- References

Omissions and incomplete answers will be deemed unresponsive. Please initial any corrections.

Cover Letter

A summary including the name, address, email address, and any other pertinent information about the company. The summary should not exceed two (2) pages.

Company Information

Include a description of the companies' background, its organizational structure, length of time in business, assets available to meet service requirements, and experience in providing the type of services solicited herein.

References

List three (3) references for similar services currently provided by your company. Provide building address, contact name and telephone numbers.

Proposed Pricing

- Complete PS Generator PM Pricing Worksheet - Attached
- Complete Unscheduled Repair Rates - Table A

TABLE A

Type	Hourly Rate (in US Dollars)
Labor Rate (Standard Business Hours)	
Travel Rate	
Mileage Rate	
Overtime Rate	
Type	Percentage
Material Mark-up	
Miscellaneous Costs/Fees (Explain)	

Award Procedures

The award shall be made in the best interest of the county.

PROPOSAL SUBMISSION:

Generator Maintenance Services

This Proposal is submitted by:

Provider Name: _____

Representative
(printed): _____

Representative
(signed): _____

Address: _____

City/State/Zip: _____

E-mail Address: _____

Telephone: _____

(Area Code) Telephone Number

Facsimile: _____

(Area Code) Fax Number

REFERENCES

Generator Maintenance Services

Reference #1:

Company Name: _____
Address: _____
Phone Number: _____
Contact Name: _____
Length Of Service: _____

Reference #2:

Company Name: _____
Address: _____
Phone Number: _____
Contact Name: _____
Length Of Service: _____

Reference #3:

Company Name: _____
Address: _____
Phone Number: _____
Contact Name: _____
Length Of Service: _____