



Rockingham County
Engineering & Maintenance Services
116 North Road — Brentwood, NH 03833-6614
Telephone: 603 679-2256, ext. 9150
Fax: 603 679-9380
www.co.rockingham.nh.us

**REQUEST FOR PROPOSAL
FIRE ALARM SYSTEM TESTING and INSPECTION
ROCKINGHAM COUNTY
02 JULY 2018**

You are hereby invited to submit a proposal to perform the annual fire alarm testing and inspection as specified in the attachments of the Request for Proposal.

The information necessary to complete the proposal is listed below and in the attachments of this invitation.

Questions on bidding procedures can be directed to the Commissioner's Office at (603) 679-9350. Questions on the technical specifications of the Request for Proposal may be addressed to Jude Gates, Director of Facilities, Planning & IT at (603) 679-9375 jgates@co.rockingham.nh.us

Proposal Instructions:

Two (2) copies of the Proposal should be submitted in a **sealed envelope** marked "RFP-Fire Alarm Testing" to:

Rockingham County Commissioners
119 North Road
Brentwood, NH 03833

Proposals must be submitted to the above address **no later than 3:00 p.m. on Monday, 23 July 2018**, to be eligible for consideration.

If proposals are being sent via FedEx, UPS, or other mail carrier, please ensure that the mailing envelope/package is clearly marked "RFP – Fire Alarm Testing". Envelopes/packages not marked the name of the proposal may be misidentified and will be rejected. Other forms of submission (fax or email) will be rejected. Proposals received after the deadline will be rejected.

An electronic version of your proposal, via CD or flash drive, included inside your sealed bid is welcomed.

Mandatory Site Visit:

Vendors submitting proposals are required to attend a mandatory site visit on **Thursday, 12 July 2018, at 9:30am**, at the Engineering & Maintenance Services office, 116 North Road, Brentwood, NH. Proposals from vendors who have not made a site visit will be considered invalid.

Proposal Opening:

Proposals will be opened publicly at a regular scheduled Meeting of the Board of Rockingham County Commissioners in the Commissioners' Conference Room of the Rockingham County Rehabilitation and Nursing Center, 117 North Road, Brentwood, NH. on **Wednesday, 25 July 2018, at 10:00AM**. Proposals will be taken under advisement at that time and will be awarded as soon as a complete review and comparison of the proposals received has been made by the Board of Commissioners.

Proposal Award:

The proposal(s) will be formally awarded and announced publicly at a regular scheduled meeting of the Board of Rockingham County Commissioners held in the Commissioners' Conference Room located in the Rockingham County Rehabilitation and Nursing Center, 117 North Road, Brentwood, NH. Formal notification of award to all proposers will occur immediately thereafter. Information on the award will also be available on the RFP/Bidding section of the County's website at: <http://co.rockingham.nh.us>.

RFP Prices:

RFP prices are to remain in effect for a period of ninety (90) days from opening date of the proposals and are to remain firm once proposal is awarded to the successful proposer(s).

Performance Clause:

In the event that the successful awarded proposer/Rockingham County should default in the observance of the stipulations set forth in this Request for Proposal and any attachments thereto and such default is not corrected within thirty days of written notice from either party, the successful awarded proposer/Rockingham County shall have the option of canceling the proposal.

The successful awarded provider acknowledges that all work performed on County property will be done so in accordance with the standard safety rules and guidelines of OSHA. Please include with your Proposal a copy of your safety rules and guidelines and/or acknowledgement of your compliance with OSHA.

Contractual Obligations:

In the event that contracts for the supply of materials, equipment, or services are required under the bid, the Board of Rockingham County Commissioners reserves the right to review said contracts and amend to comply with County legal requirements prior to signing by the appointed representative of the Board of Rockingham County Commissioners. All contracts entered into by Rockingham County are required to contain Non-Appropriation and Indemnification clauses. Sample language is provided below.

Non-Appropriation

Rockingham County is obligated to pay only such contract amounts that can lawfully be made from funds budgeted and appropriated for that purpose during Rockingham County's then current fiscal year, subject to annual approval by the Rockingham County Delegation. Should Rockingham County fail to budget, appropriate, or otherwise make available funds to make payments under this contract, such contract shall be deemed terminated at the end of the then current term. Rockingham County agrees to deliver prompt notification after any decision to non-appropriation is made, but failure to give such notice will not extend the term beyond such Original or Renewal Term.

Indemnification

To the fullest extent permitted by law, (ORGANIZATION) shall protect, indemnify, save, defend and hold harmless Rockingham County, including its officials, agents, volunteers and employees, (“Indemnified Parties”), from and against any and all liabilities, obligations, claims, damages, penalties, causes of action, costs, interest and expenses, including but not limited to reasonable attorney and paralegal fees, which Indemnified Parties may become obligated or suffer by reason of any accident, bodily injury, personal injury, death of person, or loss of or damage to property, arising indirectly or directly under, out of, in connection with, or as a result of this Contract or the activities of (ORGANIZATION) or its agents, employees, contractors or subcontractors, and even if caused in whole or in part by any negligent or intentional act or omission of Indemnified Parties.

In addition, and regardless of respective fault, (ORGANIZATION) shall defend, indemnify and hold harmless the Indemnified Parties for any costs, expenses and liabilities arising out of a claim, charge or determination that (ORGANIZATION) officers, employees, contractors, subcontractors or agents are employees of the Indemnified Parties, including but not limited to claims or charges for benefits, wages, fees, penalties, withholdings, damages or taxes brought in connection with laws governing workers compensation, unemployment compensation, social security, Medicare, state or federal taxation, and/or any other similar obligation associated with an employment relationship.

(ORGANIZATION’S) obligations to defend, indemnify and hold harmless the Indemnified Parties hereunder shall survive the term of this Contract.

Rockingham County shall not be required to defend or indemnify (ORGANIZATION) or its agents, employees, contractors or subcontractors or any professional service provider.

Insurance Requirements

The provider shall maintain at all times during the life of this contract the following insurance coverage. The provider must also require its subcontractors to maintain such coverage. Any request for modification of the coverage requirements must be submitted in writing with the proposal, and will be evaluated accordingly.

Workers Compensation Insurance: The provider shall carry workers compensation insurance as required by the State of New Hampshire.

Comprehensive General Liability Insurance: The provider shall maintain comprehensive general liability insurance policy, which includes coverage for contractual liability, in an amount of no less than \$1,000,000 per occurrence.

Motor Vehicle Insurance: The provider shall carry motor vehicle insurance to include bodily injury, property damage, and uninsured motorist, coverage in an amount of no less than \$1,000,000 combined single limit per accident.

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Provider shall provide an insurance certificate confirming the above insurance coverage. The insurance certificate and the underlying insurance coverage shall be issued by a carrier authorized to do business in the State of New Hampshire and having A.M. Best Company rating of "A" or better.

The provider shall have professional insurance/errors and omissions insurance with limits of not less than \$1,000,000 each occurrence.

The provider shall file certificates with Rockingham County showing that the above insurance has been purchased. The insurance certificate submitted must show the certificate holder as;

The Rockingham County
119 North Road
Brentwood, NH 03833

A 30-day notice is required for cancellation and /or material change of coverage, sent directly to the Rockingham County Commissioners Office at 119 North Road, Brentwood, N.H. 03833.

NOTE:

The Board of Rockingham County Commissioners reserves the right to accept or reject any and all proposals or parts thereof, to accept the proposal which they deem to be in the best interest of Rockingham County and to waive any bid formality.

Sincerely,



Jude Gates, Director of Facilities, Planning and IT
Engineering & Maintenance Services

JG:lt

ATTACHMENT A

I. General Requirement for Proposing and Instructions to Providers

A. INTRODUCTION AND BACKGROUND

Rockingham County Complex (Rockingham) is a public entity composed of general administrative offices, a nursing home and a correctional facility.

Rockingham is seeking written proposals from qualified vendors to enter into an 18 month contract, commencing on 01 October 2018, for the purpose of supplying such services as noted in section B.

B. SCOPE OF WORK

Provide all labor, materials and equipment necessary to perform annual cleaning, testing, and inspection of approximately 1,700 fire alarm system devices located in the Nursing Home, Jail/HOC, Water and Waste Water Treatment Plants, and several surrounding buildings containing administrative offices.

Verify that all devices are in proper working condition and that all alarms are properly announced at the fire panels.

- The annual test is due and shall be completed in November 2018.
- Vendor will furnish all labor, materials and equipment necessary to perform an annual testing, cleaning, and inspection of smoke and heat detectors, pull stations, horns and strobes, sprinkler tampers and flow alarms, and several fire panels located throughout the Nursing Home, Jail and support buildings on the Complex.
- Testing will not be done with a hair drier, torch or magnet. Only approved testing devices for heats and smokes may be used.
- Test all devices; heats, smokes pulls, duct smokes, supply and return, elevator, elevator pit and top of elevator shaft, elevator machine rooms and beam smokes.
- All batteries shall be load tested on all panels and boosters.
- All testing shall be done in the presence of a county employee.
- All deficiencies are to be reported at the time of inspection to the Engineering & Maintenance Office.
- Provide copies of all service reports within one week.
- Provide all necessary written reports (legible if hand written) in accordance with the guidelines set forth by NFPA 25 and all other governing Codes. See the required Attachment B form.
- Provide separate reports for each building and Nursing Home wing (see list below).
- Availability for emergency and service calls as needed.
- All service slips must be signed by the Engineering & Maintenance office staff.

Number of Devices (numbers may vary, +/-)

RCNH/Blaisdell Bldg – 211	Water Treatment – 23
RCNH/Driscoll Bldg – 267	Waste Water – 21
RCNH/Fernald Bldg– 268	Storage Building – 7
RCNH/Mitchell Bldg– 95	Radio Shop/Horse Barn – 35
RCNH/Underhill Bldg– 162	Motor Services – 13
RCNH/Carlisle – 98	Nutrition – 34
RCNH/Atrium – 3	Old Admin – 48
Conservation – 27	Maintenance – 49
Jail – 235	Grounds Bldg – 25
Biomass – 11	Delegation - 12

<u>Duct Smokes</u>	Supply	Return
Driscoll East Penthouse	3	3
Driscoll West Penthouse	2	2
Fernald Main Roof		4
Fernald Bakery	2	
Fernald Staff Dining Room	3	3
Fernald Two Dining Room	1	
Fernald Two Storage Rooms	1	1
Mitchell Attic	1	1
Blaisdell Penthouse	2	2
Carlisle Basement	1	1
Underhill		5

C. SPECIAL CONSIDERATIONS

- Please include as part of your Proposal references from work performed of an equal scope at similar sites and County complexes.
- Vendors are required to provide information on equipment used for sensitivity testing.
- Please include as part of your proposal an hourly labor rate and any other associated costs to be charged for any repairs or service calls above and beyond the services outlined in the annual testing and inspection agreement.
- All labor and materials needed to perform repairs above and beyond those specified in the annual testing and inspection agreement will be at the owners (Rockingham's) expense, a written quotation will be required and prior authorization received before commencing with repairs.
- Work to be performed is in an occupied facility. Scheduling to be coordinated with the office of Engineering & Maintenance Services.
- Work to be performed in the elevators must be conducted with the County's contracted elevator service company to be coordinated by the Engineering & Maintenance office.
- Service technicians shall check in at the office of Engineering & Maintenance Services, located at 116 North Road, (across the street from the Nursing Home) before starting.
- All service slips must be signed by an employee in the office of the Engineering & Maintenance Services Department
- Payment is subject to the County's standard accounts payable process.
- Invoicing should be per building/system.
- Proposals submitted should include pricing for one, two and three year periods.

D. NOTICE

Information provided in these specifications is to be used only for the purposes of preparing a proposal detailing costs and services to be provided to Rockingham County. It is expected that each provider will read these specifications with care. Failure to meet certain conditions may invalidate proposals.

The information contained herein is believed to be accurate, but should not be considered as warranted in any way. Questions or requests for additional information should be directed to:

Jude Gates, Director of Facilities, Planning & IT
Engineering & Maintenance Services
Rockingham County Complex
116 North Road
Brentwood, NH 03833
(603) 679-9375
jgates@co.rockingham.nh.us

E. PREPARATION OF PROPOSALS

Following the review and screening of all proposals, firms may be invited to participate in the final selection process, which may include the submission of additional information regarding cost or other issues, as requested by Rockingham.

F. DELIVERY OF PROPOSALS

Rockingham County must receive your written proposal no later than 3:00 p.m., **Monday, 23 July 2018**, addressed and delivered to the attention:

Board of Rockingham County Commissioners
119 North Road
Brentwood, NH 03833

"RFP – Fire Alarm Testing"

G. ADDITIONAL TERMS AND CONDITIONS

1. Rockingham County may buy from multiple vendors.
2. Any changes to the above Specifications shall meet the approval of the Board of Rockingham County Commissioners.
3. Should you have any variations (discounts and/or penalty clauses) which would affect the price, please specify in your proposal.

Attachment B

INSPECTION, TESTING, AND MAINTENANCE

72-101

INSPECTION AND TESTING FORM

DATE: _____
 TIME: _____

<p>SERVICE ORGANIZATION</p> <p>Name: _____</p> <p>Address: _____</p> <p>Representative: _____</p> <p>License No.: _____</p> <p>Telephone: _____</p>	<p>PROPERTY NAME (USER)</p> <p>Name: _____</p> <p>Address: _____</p> <p>Owner Contact: _____</p> <p>Telephone: _____</p>
<p>MONITORING ENTITY</p> <p>Contact: _____</p> <p>Telephone: _____</p> <p>Monitoring Account Ref. No.: _____</p>	<p>APPROVING AGENCY</p> <p>Contact: _____</p> <p>Telephone: _____</p>
<p>TYPE TRANSMISSION</p> <p><input type="checkbox"/> McCulloh</p> <p><input type="checkbox"/> Multiplex</p> <p><input type="checkbox"/> Digital</p> <p><input type="checkbox"/> Reverse Priority</p> <p><input type="checkbox"/> RF</p> <p><input type="checkbox"/> Other (Specify) _____</p>	<p>SERVICE</p> <p><input type="checkbox"/> Weekly</p> <p><input type="checkbox"/> Monthly</p> <p><input type="checkbox"/> Quarterly</p> <p><input type="checkbox"/> Semiannually</p> <p><input type="checkbox"/> Annually</p> <p><input type="checkbox"/> Other (Specify) _____</p>

Control Unit Manufacturer: _____ Model No.: _____

Circuit Styles: _____

Number of Circuits: _____

Software Rev.: _____

Last Date System Had Any Service Performed: _____

Last Date that Any Software or Configuration Was Revised: _____

ALARM-INITIATING DEVICES AND CIRCUIT INFORMATION

Quantity	Circuit Style	
_____	_____	Manual Fire Alarm Boxes
_____	_____	Ion Detectors
_____	_____	Photo Detectors
_____	_____	Duct Detectors
_____	_____	Heat Detectors
_____	_____	Waterflow Switches
_____	_____	Supervisory Switches
_____	_____	Other (Specify): _____

Alarm verification feature is disabled _____ enabled _____

(NFPA Inspection and Testing, 1 of 4)

FIGURE 10.6.2.3 Example of an Inspection and Testing Form.

ALARM NOTIFICATION APPLIANCES AND CIRCUIT INFORMATION		
Quantity	Circuit Style	
_____	_____	Bells
_____	_____	Horns
_____	_____	Chimes
_____	_____	Strobes
_____	_____	Speakers
_____	_____	Other (Specify): _____
No. of alarm notification appliance circuits: _____		
Are circuits monitored for integrity? <input type="checkbox"/> Yes <input type="checkbox"/> No		
SUPERVISORY SIGNAL-INITIATING DEVICES AND CIRCUIT INFORMATION		
Quantity	Circuit Style	
_____	_____	Building Temp.
_____	_____	Site Water Temp.
_____	_____	Site Water Level
_____	_____	Fire Pump Power
_____	_____	Fire Pump Running
_____	_____	Fire Pump Auto Position
_____	_____	Fire Pump or Pump Controller Trouble
_____	_____	Fire Pump Running
_____	_____	Generator In Auto Position
_____	_____	Generator or Controller Trouble
_____	_____	Switch Transfer
_____	_____	Generator Engine Running
_____	_____	Other: _____
SIGNALING LINE CIRCUITS		
Quantity and style of signaling line circuits connected to system (see NFPA 72, Table 6.6.1):		
Quantity _____	Style(s) _____	
SYSTEM POWER SUPPLIES		
(a) Primary (Main): Nominal Voltage _____ Ampe _____		
Overcurrent Protection: Type _____ Ampe _____		
Location of Primary Supply Panelboard: _____		
Disconnecting Means Location: _____		
(b) Secondary (Standby):		
Storage Battery: Amp-hr. Rating _____		
Calculated capacity to operate system, in hours: _____ 24 _____ 60		
_____ Engine-driven generator dedicated to fire alarm system:		
Location of fuel storage: _____		
TYPE BATTERY		
<input checked="" type="checkbox"/> Dry Cell		
<input type="checkbox"/> Nickel-Cadmium		
<input type="checkbox"/> Sealed Lead-Acid		
<input type="checkbox"/> Lead-Acid		
<input type="checkbox"/> Other (Specify): _____		
(c) Emergency or standby system used as a backup to primary power supply, instead of using a secondary power supply:		
_____ Emergency system described in NFPA 70, Article 700		
_____ Legally required standby described in NFPA 70, Article 701		
_____ Optional standby system described in NFPA 70, Article 702, which also meets the performance requirements of Article 700 or 701.		
(NFPA Inspection and Testing, 2 of 4)		

FIGURE 10.6.2.3 Continued

PRIOR TO ANY TESTING							
NOTIFICATIONS ARE MADE	Yes	No	Who	Time			
Monitoring Entity	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____			
Building Occupants	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____			
Building Management	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____			
Other (Specify)	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____			
AHJ Notified of Any Impairments	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____			
SYSTEM TESTS AND INSPECTIONS							
TYPE	Visual	Functional	Comments				
Control Unit	<input type="checkbox"/>	<input type="checkbox"/>	_____				
Interface Equipment	<input type="checkbox"/>	<input type="checkbox"/>	_____				
Lamps/LEDS	<input type="checkbox"/>	<input type="checkbox"/>	_____				
Fuses	<input type="checkbox"/>	<input type="checkbox"/>	_____				
Primary Power Supply	<input type="checkbox"/>	<input type="checkbox"/>	_____				
Trouble Signals	<input type="checkbox"/>	<input type="checkbox"/>	_____				
Disconnect Switches	<input type="checkbox"/>	<input type="checkbox"/>	_____				
Ground-Fault Monitoring	<input type="checkbox"/>	<input type="checkbox"/>	_____				
SECONDARY POWER							
TYPE	Visual	Functional	Comments				
Battery Condition	<input type="checkbox"/>		_____				
Load Voltage		<input type="checkbox"/>	_____				
Discharge Test		<input type="checkbox"/>	_____				
Charger Test		<input type="checkbox"/>	_____				
Specific Gravity		<input type="checkbox"/>	_____				
TRANSIENT SUPPRESSORS	<input type="checkbox"/>		_____				
REMOTE ANNUNCIATORS	<input type="checkbox"/>	<input type="checkbox"/>	_____				
NOTIFICATION APPLIANCES							
Audible	<input type="checkbox"/>	<input type="checkbox"/>	_____				
Visible	<input type="checkbox"/>	<input type="checkbox"/>	_____				
Speakers	<input type="checkbox"/>	<input type="checkbox"/>	_____				
Voice Clarity		<input type="checkbox"/>	_____				
INITIATING AND SUPERVISORY DEVICE TESTS AND INSPECTIONS							
Loc. & S/N	Device Type	Visual Check	Functional Test	Factory Setting	Measured Setting	Pass	Fail
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
Comments: _____							

(NFPA Inspection and Testing, 3 of 4)

FIGURE 10.6.2.3 Continued

EMERGENCY COMMUNICATIONS EQUIPMENT	Visual	Functional	Comments	
Phone Set	<input type="checkbox"/>	<input type="checkbox"/>		
Phone Jacks	<input type="checkbox"/>	<input type="checkbox"/>		
Off-Hook Indicator	<input type="checkbox"/>	<input type="checkbox"/>		
Amplifier(s)	<input type="checkbox"/>	<input type="checkbox"/>		
Tone Generator(s)	<input type="checkbox"/>	<input type="checkbox"/>		
Call-in Signal	<input type="checkbox"/>	<input type="checkbox"/>		
System Performance	<input type="checkbox"/>	<input type="checkbox"/>		
	Visual	Device Operation	Simulated Operation	
INTERFACE EQUIPMENT				
(Specify) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
(Specify) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
(Specify) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
SPECIAL HAZARD SYSTEMS				
(Specify) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
(Specify) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
(Specify) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Special Procedures: _____				
Comments: _____				
SUPERVISING STATION MONITORING	Yes	No	Time	Comments
Alarm Signal	<input type="checkbox"/>	<input type="checkbox"/>		
Alarm Restoration	<input type="checkbox"/>	<input type="checkbox"/>		
Trouble Signal	<input type="checkbox"/>	<input type="checkbox"/>		
Supervisory Signal	<input type="checkbox"/>	<input type="checkbox"/>		
Supervisory Restoration	<input type="checkbox"/>	<input type="checkbox"/>		
NOTIFICATIONS THAT TESTING IS COMPLETE	Yes	No	Who	Time
Building Management	<input type="checkbox"/>	<input type="checkbox"/>		
Monitoring Agency	<input type="checkbox"/>	<input type="checkbox"/>		
Building Occupants	<input type="checkbox"/>	<input type="checkbox"/>		
Other (Specify) _____	<input type="checkbox"/>	<input type="checkbox"/>		
The following did not operate correctly: _____				
System restored to normal operation: Date: _____ Time: _____				
THIS TESTING WAS PERFORMED IN ACCORDANCE WITH APPLICABLE NFPA STANDARDS.				
Name of Inspector: _____	Date: _____	Time: _____		
Signature: _____				
Name of Owner or Representative: _____				
Date: _____	Time: _____			
Signature: _____				

FIGURE 10.6.2.3 Continued