



LAKE COUNTY

FLORIDA

OFFICE OF PROCUREMENT SERVICES
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ADDENDUM NO. 1 **September 19, 2016**

RFP 17-0602 **Fire Sprinkler System Inspection, Testing, Maintenance and Repair Services**

It is the vendor's responsibility to ensure their receipt of all addenda, and to clearly acknowledge all addenda within their initial bid or proposal response. Acknowledgement may be confirmed either by inclusion of a signed copy of this addendum within the proposal response, or by completion and return of the addendum acknowledgement section of the solicitation. Failure to acknowledge each addendum may prevent the bid or proposal from being considered for award.

This addendum does not change the date for receipt of bids or proposals.

Questions concerning this RFP were due September 14, 2016. The purpose of this addendum is to provide answers to questions received since the pre-proposal conference was held.

Question 1: Are the current Inspection reports available? The bid docs do not provide an inventory of all equipment for each location.

Answer 1: There is not an inventory of the equipment located in each building. Following this page is a copy of an inspection report for one County location. In the past, firms have submitted proposals based on square footage.

Acknowledgement of receipt of Addendum:

Firm Name: _____ Date: _____

Signature: _____ Title: _____

Typed/Printed Name: _____

LifeLine Fire Protection, Inc.

REPORT OF SPRINKLER INSPECTION

3. WATER SUPPLIES

a. Water supply sources? City: _____ Gravity Tank: _____					Pressure Fire Pump & Tank				
Main Drain Test Results Made During This Inspection					Pressure Fire Pump & City				
					Pressure Fire Pump & Pond				
Test Pipe Located	Size Test Pipe	Static Supply Pressure	Residual Pressure	Return time to Static Pressure	Test Pipe Located	Size Test Pipe	Static Supply Pressure Before	Residual Pressure	Return time to Static Pressure
RISER	4	70	60	2 sec					

4. TANKS, PUMPS, FIRE DEPT. CONNECTIONS

a. Do fire pumps, gravity, surface or pressure tanks appear to be in good external conditions?	YES	NA	NO
b. Are gravity, surface and pressure tanks at the proper pressure and/or water levels?	x		
c. Has the storage tank been internally inspected in the last 3 yrs. (unlined) or 5 yrs. (lined)? Date: _____	x		
d. Are fire dept. connections in satisfactory condition, couplings free, caps or plugs in place and check valves tight?	x		
e. Are fire dept. connections visible and accessible?	x		

5. WET SYSTEMS

a. No. of systems: <u>1</u> Make & Model _____	YES	NA	NO
b. Are cold weather valves in the appropriate open or closed position? If closed, has piping been drained?	x		
c. Has the Customer been advised that cold weather valves are not recommended?	x		
d. Have all the antifreeze systems been tested? Date: _____	x		
The antifreeze tests indicated protection to: _____ Type of protection: _____ Glycol _____ Glycerin _____	x		
system 1 _____ 2 _____ 3 _____ 4 _____ 5 _____ temperature _____	x		
The antifreeze tests indicated protection to: (Note temp & type for each. Example: -15F/126C glycol or -15F/-26C glycerin)			
System 1) _____ 2) _____ 3) _____			
4) _____ 5) _____ 6) _____			
e. Did alarm valves, water flow alarm devices and retards test satisfactorily?			

6. DRY SYSTEMS

a. No. of systems: _____ Make & Model: _____	YES	NA	NO
Date last trip tested: _____ Partial _____ Full _____			
b. Are the air pressure and priming water levels normal?	x		
c. Did the air compressor operate satisfactorily?	x		
d. Air compressor oil checked? Bell? _____			
e. Were Auxiliary / Low Point drains drained during this inspection? No. of Drains: _____	x		
Locations 1) _____ 2) _____			
3) _____ 4) _____			
f. Did all quick opening devices operate satisfactorily? Make: _____ Model: _____	x		
g. Did all the dry valves operate satisfactorily during this inspection?	x		
h. Is the dry valve house heated?	x		
i. Do dry valves appear to be protected from freezing?	x		

7. SPECIAL SYSTEMS

a. No. of systems: <u>N/A</u> Make & Model: _____	YES	NA	NO
Type: _____			
b. Were valves tested as required?	x		
c. Did all heat responsive systems operate satisfactorily?	x		
d. Did the supervisory features operate during testing?	x		
e. Has a supplemental test form for this system been completed and provided to the customer? (Please attach)	x		
Auxiliary equipment: No. _____ Type: _____			
Location _____			
Test results _____			

8. ALARMS

a. Did the water motors and gong operate during testing?	YES	NA	NO
b. Did the electric alarms operate during testing?	x		
c. Did the supervisory alarms operate during testing?	x		

LifeLine Fire Protection, Inc.

REPORT OF SPRINKLER INSPECTION

9. SPRINKLERS - PIPING

- a. Do sprinklers generally appear to be in good external condition?
- b. Do sprinklers generally appear to be free of corrosion, paint, or loading and visible obstructions?
- c. Are extra sprinklers and sprinkler wrench available on the premises?
(#, size, finish, temp, brand, of spare heads)
- d. Does the exposed exterior condition of piping, drain valves, check valves, hangers, pressure gauges open sprinklers and strainers appear to be satisfactory?
- e. Does the hand hose on the sprinkler system appear to be in satisfactory condition?
- f. Does there appear to be proper clearance between the top of all storage and the sprinkler deflector?

YES	NA	NO
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

10. EXPLANATION OF "NO" ANSWERS AND DEFICIENCIES. (Sections 1d thru 9):

11. THE INSPECTOR SUGGESTS THE FOLLOWING NECESSARY IMPROVEMENTS. THESE SUGGESTIONS ARE NOT THE RESULT OF AN ENGINEERING SURVEY AND DO NOT REFLECT CONDITIONS ABOVE CEILINGS OR IN CONCEALED SPACES:

12. ADJUSTMENTS OR CORRECTIONS MADE:

13. LIST CHANGES IN OCCUPANCY, HAZARD OR FIRE PROTECTION SYSTEM, AS ADVISED BY CUSTOMER IN SECTION 1 a-c:

14. INSPECTION DEFICIENCIES AND SUGGESTED IMPROVEMENTS WERE DISCUSSED WITH THE CUSTOMER /CUSTOMER REPRESENTATIVE.

YES	NO
<input checked="" type="checkbox"/>	<input type="checkbox"/>

If No, explain.

CUSTOMER _____ Date: MAR 30 2016	Steve Tracey
PRINT NAME _____	INSPECTOR SIGNATURE _____