



## BIDDERS BULLETIN

**PROJECT:** RWMC – Imaging Recovery & Emergency Dept.  
OBS Unit Build-Outs  
Scottsbluff, Nebraska

### BULLETIN NUMBER

BB-2

### ISSUED BY:

Grant Creager

**PROJECT #:** 12-0933

**DATE ISSUED:** April 16, 2013

*This bulletin is issued by the Architect to all known bidders before receipt of proposals, for the purpose of explaining, interpreting, or modifying the original plans and specifications. When enumerated by the bidder upon the proposal sheet, the information or instructions given hereon will be equally binding upon all parties as if included in the original plans and specifications.*

**BIDDER MUST ENTER THE NUMBER OF THIS BULLETIN ON HIS PROPOSAL SHEET**

**MECHANICAL AND ELECTRICAL BID BULLETIN ITEMS WILL FOLLOW THE ARCHITECTURAL AND ARE FORMATED SEPERATLY.**

### THE FOLLOWING ITEMS ARE APPLICABLE TO THE ARCHITECTURAL SPECIFICATIONS

#### **BB-2, ITEM #1: Substitutions**

The following products and manufacturers will be considered approved equal for the products in which they are listed below. However, this does not relieve the supplier from providing equipment as specified, and if equipment is submitted which does not meet the intent of the specifications, it will in fact be rejected.

#### **Architectural**

Concrete Sealing	SpecChem – Cure & Seal WB Low odor sealant
Door Closures	Stanley - D4550 Series
Exit Devices	Stanley – Precision 200 Series

#### **BB-2, ITEM #2: General Information –**

- 1) The successful general contractor is to maintain the State Health & Human Services, Licensure Unit, Division of Public Health - Completion Certificate. This certificate requires the signature of the State Fire Marshal and State Electrical Inspector upon their final review. A copy of this certificate is attached to this bid bulletin.
- 2) The new power panel & emergency power panel in existing Electrical Room MO-050 , communications power supply work in existing room Tel/I.S. Equip G126 and the running of the cabling to the projects is to allocated and tracked cost wise at 60% to the Imaging Recovery & 40% to the Emergency Department OBS Unit. All other common/shared cost for these projects is to be allocated using the same ratio.
- 3) General Contractor has the option to email their bids on the provided bid form to Alex Rakisits at [Alexander.Rakisits@rwmc.net](mailto:Alexander.Rakisits@rwmc.net). Also copy John Ferguson at [John.Ferguson@rwmc.net](mailto:John.Ferguson@rwmc.net).

**BB-2, ITEM #3: Specification Section 10153, Cubicle Curtain Tracks and Curtains** – Curtain tracks are for all curtain and IV track locations as shown on drawing sheet A701. Add to the following:

- 1) Clarification - InPro Corp, Optitrac curtain track system with all accessories at each location for IV and Curtain
- 2) Add - One CE550208 carriage at each IV Track for a total of 12
- 3) Add - One CE9505 IV Five-Bag Holder at each IV Track for a total of 12

**THE FOLLOWING ITEMS ARE APPLICABLE TO THE DRAWINGS**

**BB-2, ITEM #4: Drawing Sheet A601 Interior Elevation & A602**

- 1) At elevation 51, Change the detail cut at the sink cabinet to detail S-1/A602
- 2) At elevation 51, Change the detail cut at the adjustable base cabinet to detail S-2/A6-2
- 3) At elevation 51, base for clinical sink CS-1 in the right hand side of the elevation is detail S-7/A602

**BB-2, ITEM #5: Drawing Sheet A701 Detail D-3**

- 4) Delete all references to "Crown Molding"

**BB-2, ITEM #6: Drawing Sheet A801, Detail D-10**

- 1) The rough opening of the existing concrete wall at door 106 to be large enough for drywall framing and 3'-6" door. Disregard 3'-8" opening width dimension on D-10 on A801. Start rough opening in concrete wall on the north side of the existing column as shown on drawing A102.

**END OF BB-2, See Attached**

# Completion Certificate



All applicable items are checked below and are certified to be complete, properly installed, cleaned, tested, and approved to be used for treatment and care of the occupants within the following health care facility (project or phase):

**Facility:** \_\_\_\_\_ **Project:** \_\_\_\_\_ **City:** \_\_\_\_\_

**By:** \_\_\_\_\_ **Title:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Occupancy Approvals from Authorities:** (Signature and phone number, if an attachment is not included)

- State Fire Marshal (Occupancy: \_\_\_\_\_) ..by \_\_\_\_\_
- Building Official ( Official or  Qualified Inspector) .....by \_\_\_\_\_
- Plumbing Inspector ( Official or  Qualified Inspector) ....by \_\_\_\_\_
- State Electrical Inspector (Delegated Authority).....by \_\_\_\_\_
- Elevator Inspector ( State or  Other).....by \_\_\_\_\_
- Boiler Inspector ( State or  Other).....by \_\_\_\_\_
- \_\_\_\_\_ ..by \_\_\_\_\_

**Completion Certifications from Engineers, Installers, or Others:** (Complete and attach applicable certifications)

- Food Service ( hoods,  equipment,  housekeeping,  dishwasher hot water \_\_\_\_\_ degrees or chemical) .....
- Food Storage ( freezer \_\_\_\_\_ degrees,  cooler \_\_\_\_\_ degrees, and  stored \_\_\_\_\_+ inches above floor) .....
- Laundry ( personal,  divided bulk,  soak/hand sink,  housekeeping,  hot water \_\_\_\_\_ degrees or  other)
- Equipment installed and approved for use ( care,  treatment,  diagnostic,  sterilizing, and  medical) .....
- Sanitation ( clean utility,  soiled utility  waste disposal,  housekeeping, and  scrub/hand sink accessories) .
- Protective Shielding ( radiation,  magnetic,  radio frequency,  electronic, and  sound transmission) .....
- Safety Equipment ( handrails,  grab bars,  guard rails,  hardware, and  other \_\_\_\_\_) ..
- Room finishes ( scrubable,  washable,  food code,  joints/fixture sealed,  base, and  other finishes) .....
- Privacy curtains are installed ( nursing care beds,  care and treatment cubicles,  bathing, and  windows) .....
- Water Quality ( public water,  private well samples,  back-flow,  air gap, and  indirect connections) .....
- Hot water Temperatures ( bathing \_\_\_\_\_ degrees, and  handwashing \_\_\_\_\_ degrees maximums at fixture) .....
- Heating and Cooling System ( temperature \_\_\_\_\_ to \_\_\_\_\_ ,  surgery \_\_\_\_\_ to \_\_\_\_\_ degrees).....
- Ventilation System ( \_\_\_\_\_ pre-filter, \_\_\_\_\_ final filter efficiencies, and  air flow from clean to soiled locations).....
- Exhaust System ( \_\_\_\_\_ air changes/hour in  janitor,  toilets/baths,  soiled,  waste, and  laundry) .....
- Electrical System ( isolated power,  equipotential grounding,  redundant grounding, and  GFIC protected) ....
- Illumination ( 5 fc general,  10 fc corridors,  20 fc personal care/dining,  30 fc reading/activity,  40 fc food service,  50 fc hazardous,  70 fc care/treatment,  100 fc exam,  200 fc procedure, and  1000 fc surgery)....
- Reduced night lighting ( nursing care rooms,  corridors,  toilet,  bathrooms, and  central toilets/bathing) ....
- Emergency Generator (Life Safety, distinctively marked outlets, and \_\_\_\_\_ hour minimum on-site fuel supply) .....
- Emergency Power ( nurse call,  critical/life support equipment,  medical gas, and  essential lighting).....
- Nurse Call System ( care/treatment,  beds,  toilets,  bathing, and  central toilets/bathing) .....
- Medical Gas  system or  equipment installed and tested -- NFPA 99 ( O<sub>2</sub>,  V,  A,  N<sub>2</sub>O, and  \_\_\_\_\_).
- \_\_\_\_\_ .
- \_\_\_\_\_ .
- \_\_\_\_\_ .
- \_\_\_\_\_ .

I for the  Licensee or a  Nebraska Architect or Engineer have inspected the above facility (project) for compliance with approved construction plans, and have attached accurate schematic floor plan(s) and other approval attachments. I hereby certify that all support areas, care and treatment areas, construction, and building systems comply to the best of my knowledge with health care facility licensure regulations; and are complete and approved for use and occupancy.

By \_\_\_\_\_ Title/License Number \_\_\_\_\_ Date \_\_\_\_\_