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Solicitation Addendum

Addendum No.: 4
Solicitation No.: 18-R068449OV
Project No.: WA64
Solicitation Title: Bradenton Area Convention Center, Removal and Replacement of Fire Alarm System
Addendum Date: May 8, 2018
Procurement Contact: Olga Valcich (941-749-3055)

IFBC 18-R068449OV IS AMENDED AS SET FORTH HEREIN. RESPONSES TO QUESTIONS POSED BY PROSPECTIVE BIDDERS ARE PROVIDED BELOW. THIS ADDENDUM IS HEREBY INCORPORATED IN AND MADE A PART OF IFBC NO. 18-R068449OV.

Add:

ATTACHMENT 5, TYCO INTEGRATED SECURITY FIRE ALARM INSPECTION AND TESTING REPORT

Tyco Integrated Security Fire Alarm Inspection and Testing Report dated November 20, 2017 (4 total pdf pages), is hereby incorporated into the IFBC as Attachment 5.

Change:

~~PIPER Fire Protection Inspection Report~~ Annual Fire Sprinkler Test and Inspection Report dated June 15, 2017, (REF: Addendum #2)

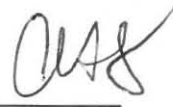
NOTE: Items that are ~~struck through~~ are deleted. Items that are underlined have been added or changed. All other terms and conditions remain as stated in the IFBC 18-R068449OV.

End of Addendum

INSTRUCTIONS:

Receipt of this addendum must be acknowledged as instructed in the solicitation document. Failure to acknowledge receipt of this Addendum may result in the response being deemed non-responsive.

AUTHORIZED FOR RELEASE: _____

A handwritten signature in black ink, appearing to be 'CWS', written over a horizontal line.



Fire Alarm Inspection and Testing Report

Date: 11-20-17 Time: 08:40 Inspection Job #: 84855805

SERVICE ORGANIZATION

Name: Tyco Integrated Security
 Address: PUNTA GORDA, FL
 Representative: ADAM RIOS
 License No: EF20000890 BETT MCCUE
 Telephone: 1-800-289-2647

PROPERTY NAME (USER)

Name: BRADENTON AREA CONVENTION CENTER
 Address: 1 HABEN BLVD PALMETTO, FL 3422
 Owner Contact: LEVI / SABLE
 Telephone: 941-722-3244

MONITORING ENTITY

Contact: Tyco
 Telephone: 1-800-289-2647
 Monitoring Account Ref No (CS#): H401910108

APPROVING AGENCY

Contact: NORTH RIVER FIRE DEPT
 Telephone: 941-721-6700

TYPE TRANSMISSION

- McCulloh
- Multiplex
- Digital
- Reserve Priority
- RF
- Other (Specify): _____

- AlarmNet
- Telular
- AAGard

SERVICE

- Weekly
- Monthly
- Bimonthly
- Quarterly
- Semiannually
- Annually
- Other (Specify): _____

Control Unit Manufacturer: EDWARDS

Circuit Styles: B

Number of Circuits: _____

Software Rev.: _____

Last Date System Had Any Service Performed: LAST ANNUAL INSP 10-31-16

Last Date that Any Software or Configuration Was Revised: _____

ALARM-INITIATING DEVICES AND CIRCUIT INFORMATION

Quantity of Devices Installed	Circuit Style	Quantity of Devices Tested	
<u>21</u>	<u>B</u>	<u>21</u>	Manual Fire Alarm Boxes
			Ion Detectors
<u>20</u>	<u>B</u>	<u>20</u>	Photo Detectors
<u>16</u>	<u>B</u>	<u>16</u>	Duct Detectors
<u>6</u>	<u>B</u>	<u>6</u>	Heat Detectors
<u>3</u>	<u>B</u>	<u>3</u>	Waterflow Switches
<u>5</u>	<u>B</u>	<u>5</u>	Supervisory Switches
<u>1</u>	<u>B</u>	<u>1</u>	Other (Specify): <u>ANGUL</u>

Alarm verification feature is: Disabled Enabled

Fire Alarm Inspection and Testing Report

ALARM NOTIFICATION APPLIANCES and CIRCUIT INFORMATION

Quantity of Appliances Installed	Circuit Style	Quantity of Appliances Tested	
_____	_____	_____	Bells
_____	_____	_____	Horns
_____	_____	_____	Chimes
_____	_____	_____	Strobes
_____	_____	_____	Speakers
<u>All</u>	<u>Y</u>	<u>All</u>	Other (Specify): <u>M/S, SPEAKERS, VOICE EVAC</u>

No. of alarm notification appliance circuits: All

Are circuits monitored for integrity? Yes No

84755155

710 120 3244

SUPERVISORY SIGNAL-INITIATING DEVICES and CIRCUIT INFORMATION

Qty of Devices Installed	Circuit Style	Qty of Devices Tested		Qty of Devices Installed	Circuit Style	Qty of Devices Tested	
_____	_____	_____	Building Temp.	_____	_____	_____	Fire Pump/Pump Controller Trbl
_____	_____	_____	Site Water Temp.	_____	_____	_____	Fire Pump Low Fuel
_____	_____	_____	Site Water Level	_____	_____	_____	Generator In Auto Position
_____	_____	_____	Fire Pump Power	_____	_____	_____	Generator or Controller Trouble
_____	_____	_____	Fire Pump Running	_____	_____	_____	Switch Transfer
_____	_____	_____	Fire Pump Auto Position	_____	_____	_____	Generator Engine Running
_____	_____	_____	Other (Specify): _____	_____	_____	_____	

SIGNALING LINE CIRCUITS

See NFPA 72 section for Protected Premises Fire Alarm Systems, Performance of Signaling Line Circuits (SLC), table for Performance of Signaling Line Circuits for Class and Style

Quantity and style of signaling line circuits connected to system:

Quantity: _____ Style(s): _____

SYSTEM POWER SUPPLIES

(a) Primary (Main): Nominal Voltage: 120 Amps: 20

Overcurrent Protection: Type: CB Amps: 20

Location (of Primary Supply Panelboard): PANEL R1E 1038

Disconnecting Means Locations: CB# 25

(b) Secondary (Standby): 2x 12VDC Storage Battery: Amp-Hr. Rating: 7AH

Calculated capacity in _____ Amp-Hrs to operate system for 24 hours.

Engine-driven generator dedicated to fire alarm system: _____

Location of fuel storage: _____

BATTERY TYPE

Dry Cell Nickel-Cadmium Sealed Lead-Acid Lead-Acid 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:

Fire Alarm Inspection and Testing Report

PRIOR TO ANY TESTING

NOTIFICATIONS ARE MADE

	Yes	No	Who	Time
Monitoring Entity	<input checked="" type="checkbox"/>	<input type="checkbox"/>	TYCO	08:40
Building Occupants	<input checked="" type="checkbox"/>	<input type="checkbox"/>	ALL STAFF	
Building Management	<input checked="" type="checkbox"/>	<input type="checkbox"/>	LEVI-SABLE	
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 checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	OK
Interface Equipment	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Lamps/LEDs	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Fuses	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Primary Power Supply	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Trouble Signals	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Disconnect Switches	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Ground-Fault Monitoring	<input type="checkbox"/>	<input checked="" type="checkbox"/>	

SECONDARY POWER

Type	Visual	Functional	Comments
Battery Condition	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	BATTERIES OK (2017)
Lead Voltage		<input checked="" type="checkbox"/>	
Discharge Test		<input type="checkbox"/>	
Charger Test		<input type="checkbox"/>	
Specific Gravity		<input type="checkbox"/>	

TRANSIENT SUPPRESSORS

TRANSIENT SUPPRESSORS	<input type="checkbox"/>		
REMOTE ANNUNCIATORS	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	OK

NOTIFICATION APPLIANCES

Type	Visual	Functional	Comments
Audible	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	1 A/V FAILED MAIN EVENT CEILING
Visible	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Speakers	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Voice Clarity		<input checked="" type="checkbox"/>	

INITIATING and SUPERVISORY DEVICE TESTS and INSPECTIONS

Loc. & S/N	Device Type	Visual	Functional	Factory Setting	Measured Setting	Pass	Fail
	MFA	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
	SD	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
	SDD	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
	MD	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
	WF	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
	GV	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Comments:	ANSU	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

* GATE VALVE TAMPER #1 WILL NOT RESET - CUSTOMER AWARE.



Fire Alarm Inspection and Testing Report

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"/>	

COMBINATION SYSTEMS	Visual	Device Operation	Simulated Operation
Fire Extinguisher Monitoring Device/System	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Carbon Monoxide Detector/System	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(Specify) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

INTERFACE EQUIPMENT	Visual	Device Operation	Simulated Operation	SPECIAL HAZARD SYSTEMS	Visual	Device Operation	Simulated Operation
(Specify) <u>DOOR RELEASE</u>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	(Specify) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(Specify) <u>HVAC</u>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	(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 Procedure: _____

Comments: BRADENTON AREA CONVENTION CENTER

SUPERVISING STATION MONITORING	Yes	No	Time	Comments
Alarm Signal	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u>08:40</u>	<u>SIGNALS OK</u>
Alarm Restoration	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Trouble Signal	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Supervisory Signal	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Supervisory Restoration	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u>10:55</u>	

NOTIFICATIONS THAT TESTING IS COMPLETE	Yes	No	Time	Who
Building Management	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u>11:00</u>	<u>MANAGEMENT</u>
Monitoring Agency	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<u>TYCO</u>
Building Occupants	<input type="checkbox"/>	<input type="checkbox"/>		
Other (Specify) _____	<input type="checkbox"/>	<input type="checkbox"/>		

The following did not operate correctly (See Service Job): UPON ARRIVAL; SYSTEM TROUBLES ON AUX PWR SUPPLY AND AMPLIFIERS, AND SUPERVISORY TAMPER #1. HORN/STROBES IS DAMAGED ON CEILING MAIN EVENT AREA NOT WORKING

Service Job#: 84989710 11-22-17 System restored to normal operation: Date: 11-20-17 Time: 11:00

On monitored alarm systems, I tested, and if necessary, connected the telephone line seizure feature to ensure it is working correctly. Yes No

THIS TESTING WAS PERFORMED IN ACCORDANCE WITH APPLICABLE NFPA STANDARDS.

Name of Inspector: ADAM RIOS Date: 11-20-17 Time: 11:00

Signature: [Signature]

Name of Owner or Representative: X Date: 11-20-17 Time: 11:00

Signature: X