



Building Community®

Procurement Department Bid Section
Customer Center 1st Floor, Room 002
21 W. Church Street
Jacksonville, Florida 32202

September 25, 2015

ADDENDUM NUMBER: **TWO (2)**

TITLE: **INSPECTION AND SERVICE OF FIRST AID EQUIPMENT**

JEA IFB NUMBER: **REQUEST FOR QUOTE 79700**

BID DUE DATE: **OCTOBER 12, 2015**

TIME OF RECEIPT: **12:00 PM**

THIS ADDENDUM IS FOR THE PURPOSE OF MAKING THE FOLLOWING CHANGES OR CLARIFICATIONS IN RED:

- 1. Changed: BID DUE DATE: October 5, 2015 to October 12, 2015.**
- 2. Addendum Two (3) forthcoming with additional documents.**
- 3. CHANGES FOR SECTION – 1.1.1. SCOPE OF WORK**
JEA and St. Johns River Power Park (SJRPP) Services, repairs, and replacements of first aid kits, automatic external defibrillators, and emergency eye wash and shower stations, and portable emergency oxygen units.
- 4. Refer to: REVISED -APPENDIX B - BID FORM – JEA AND SJRPP (All of Appendix B Forms must be submitted)**
- 5. Added additional site for Section: 2.10.3. WORK LOCATION**

St. Johns River Power Park

Shipping/Receiving Warehouse, Building #1

11201 New Berlin Road

Jacksonville, FL 32226

ACKNOWLEDGE RECEIPT OF THIS ADDENDUM ON YOUR BID

REVISED-ADDENDUM 2**APPENDIX B****BID FORM FOR REQUEST FOR QUOTE 79700
INSPECTION AND SERVICE OF FIRST AID EQUIPMENT****Bid Form Page 1 of 8**Submit an this Bid Form – **APPENDIX B** along with other required forms via email to: Moorea@jea.com

Company Name: _____

Company's Address _____

License Number (if applicable) _____

Phone Number: _____ FAX No: _____ Email Address: _____

BID SECURITY REQUIREMENTS

- ☒ None required
☐ Certified Check or Bond Five Percent (5%)

TERM OF CONTRACT

- ☐ One Time Purchase
☒ Annual Requirements - five (5) year Contract
☐ Other, Specify- Project Completion

SAMPLE REQUIREMENTS

- ☒ None required
☐ Samples required prior to Bid Opening
☐ Samples may be required subsequent to Bid Opening

SECTION 255.05, FLORIDA STATUTES CONTRACT BOND

- ☒ None required
☐ Bond required 100% of Bid Award

QUANTITIES

- ☐ Quantities indicated are exacting
☒ Quantities indicated reflect the approximate quantities to be purchased Throughout the Contract period and are subject to fluctuation in accordance with actual requirements.

INSURANCE REQUIREMENTS

Yes, Insurance required

PAYMENT DISCOUNTS

- ☐ 1% 20, net 30
☐ 2% 10, net 30
☐ 3% 5, net 30
☐ Other _____
☐ None Offered

ENTER YOUR BID FOR THE FOLLOWING DESCRIBED ARTICLES OR SERVICES	LUMP SUM PRICE FOR ANNUAL YEAR
1. Emergency Eye Wash–Emer. Showers/Combo Showers/ Monthly Inspection (JEA)	\$ _____
2. Medical Oxygen Unit – Monthly Inspection FOR JEA	\$ _____
3. Hydrostatic Testing FOR JEA	\$ _____
4. First Aid Kits – Monthly Inspection FOR JEA	\$ _____
5. First Aid Kits – Itemized List – FOR JEA	\$ _____
6. Replacement Boxes – FOR JEA	\$ _____
7. Automatic External Defibrillators – Monthly Inspection FOR JEA	\$ _____
8. First Aid Kits – Monthly Inspection - FOR (SJRPP)	\$ _____
9. First Aid Kits – Itemized List – FOR ST. JOHNS RIVER POWER PARK (SJRPP)	\$ _____
Grand Total for Items 1 – 9.	\$ _____

BIDDER'S CERTIFICATION

By submitting this Bid, the Bidder certifies that it has read and reviewed all of the documents pertaining to this Solicitation, that the person signing below is an authorized representative of the Bidder's Company, that the Company is legally authorized to do business in the State of Florida, and that the Company maintains in active status an appropriate contractor's license for the work (if applicable). The Bidder also certifies that it complies with all sections (including but not limited to Conflict Of Interest and Ethics) of this Solicitation, and that the Bidder is an authorized distributor or manufacturer of the equipment that meets the Technical Specifications stated herein.

We have received addenda _____

Handwritten Signature of Authorized Officer of Company or Agent _____ Date _____

_____ through _____

Printed Name and Title _____

INSPECTION AND SERVICE OF FIRST AID EQUIPMENT

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The quantities reflected within the Form of Bid are estimated totals for this contract and are based on actual service information extended out to one year (12 months) period. **Previous contract value and usage fluctuate every year and are not guaranteed, this is for information purposes only. JEA does not guarantee any quantities for future agreements.**

**1. Emergency Eye Wash Stations, Emergency Showers and Combination
Emergency Showers FOR JEA
Monthly Inspection**

Type	Quantity	Unit Price	Total	Annual Fee
Emergency Eyewash Stations	7	_____	_____	_____
Combination Emergency Showers	134	_____	_____	_____
Total =				_____

Transfer Total to Bid Form Page 1 of 5 – Line 1

**2. Medical Oxygen Units FOR JEA
Monthly Inspection**

Type	Quantity	Unit Price	Total	Annual Fee
Life Oxygen Pack	106	_____	_____	_____
Total =				_____

Transfer Total to Bid Form Page 1 of 5 – Line 2

3. Hydrostatic Testing FOR JEA

Type	Quantity	Unit Price	Total	Annual Fee
Life Oxygen Pack	106	_____	_____	_____
Total =				_____

Transfer Total to Bid Form Page 1 of 5 – Line 3

**4. First Aid Kits – FOR JEA
Monthly Inspection**

Type	Quantity	Unit Price	Total	Annual Fee
Large Metal Office/Shop Kit	117	_____	_____	_____
Large Metal Vehicle Kit	50	_____	_____	_____
Total =				_____

Transfer Total to Bid Form Page 1 of 5 – Line 4

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**5. First Aid Kits – Itemized List
FOR JEA**

Replacement Items	QUANTITY	UNIT PRICE	TOTAL	ANNUAL FEE
4 oz. Eye Wash - bottle	20			
2 oz. Antiseptic Spray - bottle	75			
4oz. Cold Spray - can	55			
2 oz. Hydrogen Peroxide - bottle	86			
100 Cotton Tip Applicators (vial)	98			
3"x3" Gauze Pads (10 ct) - box	34			
2"x3" Gauze Pads (10 ct) - box	28			
Fingertip Bandage sm (1/2) box	87			
Fingertip Bandage med - box	14			
Knuckle Bandage sm (1/2) box	75			
Knuckle Bandage med - box	41			
Small Strip Bandage (50 ct) - box	5			
Elastic Strip Bandage sm (1/2) box	176			
Elastic Strip Med - box	98			
Nitrile Gloves – 2 pr. - box	100			
CPR Barrier (each)	57			
Ammonia Inhalants amp -10 per(bx)	5			
1" x 5 Yds. Tape Dispenser	33			
2" non sterile gauze (rolls)	72			
Cold Pack Small (1) -Box	32			
Cold Pack Large (1) -Box	7			
Emergency Blood-Stopper (each)	5			
Triangular Bandage (each)	42			
Xpect First aid cream (10 per bag)	86			
Antiseptic Cleansers wipes med(bx)	2			
Antiseptic Cleaner Wipes sm(10/bg)	153			
Alcohol Swabs sm (10 per bag)	269			
Alcohol pads med (box)	7			
Hydrocortisone Itch Cream med(bx)	28			
Hydrocortisone Itch Cream sm(10bg)	170			
Triple Antibiotic Cream med (box)	76			
Triple Antibiotic Cream sm (10/bag)	458			
Hand Sanitizer (10/bag)	62			
Burn Free Burn Gel (5 ct) (6 in bag)	5			
Burn Free 4"x4" Burn Dressing (ea)	59			

INSPECTION AND SERVICE OF FIRST AID EQUIPMENT

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Continuation – 5 - First Aid Kits – Itemized List FOR JEA

Replacement Items	QUANTITY	UNIT PRICE	TOTAL	ANNUAL FEE
Sterile Eye Drops 1 oz 4/box Thera (4/box)	200			
Butterfly Wound Closures (box)	62			
Tweezers (3pr) (3/bag)	106			
First Aid Scissors 4 1/2" (each)	12			
Sting Ampoules (10 ct) (10 Box)	39			
Nu Skin – Bottle liquid bandage (6/Bag)	131			
First Aid Guide (each)	10			
16 oz. Eye Wash Bottles (Bottle)	31			
32 oz. Eye Wash Bottles (Bottle)	3			
1 oz Eye Wash (5 ct) Bottle (5/Bt)	163			
Eye Cup Vile (6 ct)	35			
Tourniquet (each)	121			
Rllr Gauze 4" non-sterle (roll)	121			
Eye Pads 4/box unit Box (4/box)	121			
Disp Cardboard Splint 24" (each)	121			
Body Fuild Cleanup kit (12 kit)	12			
Body Fluid Cleanup Kit Rep (kits)	45			
Medi-Rip 2" (roll)	130			
Medi-Rip 3" (roll)	67			
Xpect Super Stop Blood Clotter 3 oz (can)	53			
Splinter-out Disp med - pack	140			
TOTAL =				\$

Transfer Total to Bid Form Page 1 of 5 – Line 5**INSPECTION AND SERVICE OF FIRST AID EQUIPMENT**

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6. Replacement Boxes FOR JEA

Type	Quantity	Unit Price	Total	Annual Fee
Large Metal Office/Shop Kit 3 shelf (22 1/2" Wx24" H x 6" D)	1	_____	_____	_____
Large Metal Office/Shop Kit (9 1/2" H x 14" W x 2 5/8" D)	1	_____	_____	_____
				Total = _____
Transfer Total to Bid Form Page 1 of 5 – Line 6				

7. Automatic External Defibrillators FOR JEA

Monthly Inspection

Type	Quantity	Unit Price	Total	Annual Fee
ZOLL AED Plus	29	_____	_____	_____
				Total = _____
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8. First Aid Kits – FOR ST. JOHNS RIVER POWER PARK (SJRPP)
Monthly Inspection

Type	Quantity	Unit Price	Total	Annual Fee
Large Metal Office/Shop Kit	30	_____	_____	_____
				Total = _____
Transfer Total to Bid Form Page 1 of 5 – Line 8				

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9. First Aid Kits – Itemized List FOR:ST. JOHNS
RIVER POWER PARK (SJRPP)

Replacement Items	QUANTITY	UNIT PRICE	TOTAL	ANNUAL FEE
4 oz. Eye Wash - bottle	18			
2 oz. Antiseptic Spray - bottle	20			
4oz. Cold Spray - can	10			
2 oz. Hydrogen Peroxide - bottle	32			
100 Cotton Tip Applicators (vial)	18			
3"x3" Gauze Pads (10 ct) - box	5			
2"x3" Gauze Pads (10 ct) - box	5			
Fingertip Bandage sm (1/2) box	22			
Fingertip Bandage med - box	3			
Knuckle Bandage sm (1/2) box	13			
Knuckle Bandage med - box	3			
Small Strip Bandage (50 ct) - box	5			
Elastic Strip Bandage sm (1/2) box	26			
Elastic Strip Med - box	8			
Nitrile Gloves – 2 pr. - box	30			
CPR Barrier (each)	3			
Ammonia Inhalants amp -10 per(bx)	3			
1" x 5 Yds. Tape Dispenser	3			
2" non sterile gauze (rolls)	13			
Cold Pack Small (1) -Box	10			
Cold Pack Large (1) -Box	10			
Emergency Blood-Stopper (each)	2			
Triangular Bandage (each)	3			
Xpect First aid cream (10 per bag)	20			
Antiseptic Cleansers wipes med(bx)	1			
Antiseptic Cleaner Wipes sm(10/bg)	41			
Alcohol Swabs sm (10 per bag)	39			
Alcohol pads med (box)	3			
Hydrocortisone Itch Cream med(bx)	5			
Hydrocortisone Itch Cream sm(10bg)	35			
Triple Antibiotic Cream med (box)	30			
Triple Antibiotic Cream sm (10/bag)	116			
Hand Sanitizer (10/bag)	15			
Burn Free Burn Gel (5 ct) (6 in bag)	12			
Burn Free 4"x4" Burn Dressing (ea)	6			

INSPECTION AND SERVICE OF FIRST AID EQUIPMENT

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9.Continuation for First Aid Kits – Itemized List FOR:ST. JOHNS RIVER POWER PARK (SJRPP)

Replacement Items	QUANTITY	UNIT PRICE	TOTAL	ANNUAL FEE
Sterile Eye Drops 1 oz 4/box Thera (4/box)	18			
Butterfly Wound Closures (box)	62			
Tweezers (3pr) (3/bag)	12			
First Aid Scissors 4 ½” (each)	4			
Sting Ampoules (10 ct) (10 Box)	30			
Nu Skin – Bottle liquid bandage (6/Bag)	19			
First Aid Guide (each)	30			
16 oz. Eye Wash Bottles (Bottle)	10			
32 oz. Eye Wash Bottles (Bottle)	10			
1 oz Eye Wash (5 ct) Bottle (5/Bt)	33			
Eye Cup Vile (6 ct)	15			
Tourniquet (each)	30			
Rllr Gauze 4” non-sterle (roll)	30			
Eye Pads 4/box unit Box (4/box)	24			
Disp Cardboard Splint 24” (each)	121			
Body Fluid Cleanup kit (12 kit)	12			
Body Fluid Cleanup Kit Rep (kits)	15			
Medi-Rip 2” (roll)	31			
Medi-Rip 3” (roll)	27			
Xpect Super Stop Blood Clotter 3 oz (can)	8			
Splinter-out Disp med - pack	9			
TOTAL =				\$

Transfer Total to Bid Form Page 1 of 8 – Line 9

Address	Zip	Facility Name	Type	# First Aid Kits	# Medical Oxygen Units	# Emergency Eye Wash Stations	# Emergency Showers	# Combination Emergency Showers	# AED Units	
118th St – 5420	32244	Southeast WWTP	WWTP	2	2	0	0	2	1	8 weeks
Beaver St. - 15701	32234	Brandy Branch Generating Station	EP	7	5	0	0	8	1	4 weeks
Broadway Ave. - 6727	32254	Westside Service Center	ED	7	8	0	1	4	1	4 weeks
Buckman St. - 2221	32206	Buckman WWTP	WWTP	7	6	0	0	17	1	8 weeks
Cedar Bay Rd. - 1840	32277	District II WWTP	WWTP	2	1	0	0	4	1	4 weeks
Church St. E. – 21	32202	Church St. Motor Pool	MP	1	0	0	0	0	0	8 weeks
Church St. W. - 21	32202	Tower I	Ofc.	19	22	0	0	0	1	4 weeks
Church St. E. – 43	32202	Customer Center	Ofc.	9	11	0	0	0	1	4 weeks
Commonwealth Ave. - 6674	32254	Commonwealth Service Center	ED	2	7	0	0	2	1	4 weeks
Emerson St. 2325	32207	Southside Service Center	ED	3	3	0	0	0	1	4 weeks
Hampton Rd. - 10828	32257	Mandarin WTP	WTP	4	4	0	0	3	1	4 weeks
Heckscher Dr. - 4377	32226	Northside Generating Station	EP	28	16	2	0	34	8	4 weeks
Kernan Blvd. - 102	32225	Ridenour WTP	WTP	3	3	0	0	3	1	8 weeks
Main St. – 1002	32206	Maint St. WTP & Springfield Lab	WTP/Ofc.	5	3	0	0	6	1	8 weeks
Millcoe Rd. - 1555	32225	Arlington East WWTP	WWTP	2	2	1	0	2	1	4 weeks
Pearl St. – 2408	32206	Meter Reading	ED	1	1	0	0	0	0	8 weeks
Pearl St. – 2434	32206	Pearl St. Service Center	DC	5	3	0	0	2	1	8 weeks
Ramona Blvd. - 7720	32221	SOCC	ED	1	1	1	0	1	1	8 weeks
Talleyrand Ave. - 4215	32206	Kennedy Generating Station/Kennedy Pump Shop	EP/Shps.	4	3	0	0	8	1	8 weeks
Wheat Rd. – 7754	32244	Southwest WTP	WTP	1	1	0	0	3	1	8 weeks
Greenland Energy Center	32258	Phillips Hwy	EP	1	1	0	0	2	1	
Church St.W-21	32202	Gym	OFC	1	1	0	0	2	1	4 weeks
Amelia Concourse 96237 Yulee	32097	Nassau WW Plant	WWTP	1	0	0	0	1	0	8 weeks
Training Yard WSSC	32254	Westside Service Center	Ofc	1	0	0	0	0	1	
			Total Units	121	106	7	1	134	28	

INSPECTION AND SERVICE OF FIRST AID EQUIPMENT