

**Wernersville State Hospital  
Fire Dampers Inspection/Cleaning/Repair**

**SCOPE**

Contractor to perform inspections, repair, or replacement of Fire and Smoke Dampers in patient occupied buildings (Buildings 34, 35, and 37) located at Wernersville State Hospital, 160 Main Street, Wernersville, PA. A Site Visit is required.

**WORK OBJECTIVE**

1. The purpose of these inspections is to provide photographic and written documentation of the condition and working order efficiency of the approximately 307 dampers found in the ductwork serving Buildings 34, 25, and 37 of Wernersville State Hospital.
2. The facility will be responsible for removal, covering, securing consumer's personal effects, and re-locating the consumer during the cleaning.
3. Contractor will clean all dampers by first vacuuming with a HEPA vacuum and then damp-wiping with a surfactant solution as they are being inspected.
4. Contractor will leave all dampers in a full working condition. All work and documentation must be completed by December 31, 2019.

**TECHNICAL REQUIREMENTS**

1. The Contractor will travel to Buildings 34, 35, and 37 at a mutually agreeable time. The estimated time to perform this project is thirty (30) calendar days.
2. The Contractor will locate, operate and clean all fire dampers:
  - a. Cut in an access point for any inaccessible fire dampers.
  - b. Operate fire dampers by removing the fuse link.
  - c. Verify that the damper is fully closed. Repair if necessary.
  - d. Clean fire dampers by vacuuming with a HEPA vacuum and then wipe with a surfactant solution.
  - e. Lubricate all moving parts on the damper and track.
  - f. Reinstall the fuse link and insure that the damper is in a fully open position.
3. The Contractor will locate, operate and clean all smoke dampers:
  - a. Cut in an access point for any inaccessible smoke dampers.
  - b. Operate smoke damper by manually activating the actuators.
  - c. Verify that the damper is fully closed. Repair if necessary.
  - d. Clean fire dampers by vacuuming with a HEPA vacuum and then wipe with a surfactant solution.
  - e. Lubricate all moving parts on the damper and linkage and track.
  - f. Operate the actuators to ensure that the dampers are in a full position.

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4. The Contractor will coordinate with hospital representative and fire marshal to put the fire alarm in “Test Mode” to conduct inspection of smoke dampers.
5. The Contractor will locate and identify the location and its corresponding number on the hospital drawings. The dampers will coincide with the number on identification sticker that the vendor will affix to the ceiling denoting the damper location.
6. Wernersville State Hospital will provide the Contractor with the hospital’s Infection Control Department’s Infection Control Department’s Infection Control Risk Assessment (ICRA) Forms.
7. The Contractor will follow a strict adherence to Wernersville State Hospital’s Infection Control Department’s “Infection Control Procedures” including negative pressure containment tents where applicable.
8. Contractor will provide a third-party certification report to Wernersville State Hospital Maintenance office, Attention: William A. Cripps, Jr. no later than ten (10) business days after completion of the inspection. The report will include:
  - a. A master report listing the location of every damper.
  - b. The damper number.
  - c. A list of all dampers that require repair.
  - d. A list of all materials that were used to make the repairs.
  - e. Digital documentation (i.e. digital photographs) of all dampers.
    - i. In the open position.
    - ii. In the closed position.
    - iii. After cleaning.
    - iv. Providing Wernersville State Hospital with photographic proof that all dampers were inspected, clean, and in a serviceable condition. For regulatory agencies (Department of Health, Fire Marshall).

**GENERAL CONDITIONS**

Parts or equipment damaged by the Contractor shall be repaired or replaced at no cost to Wernersville State Hospital.

All work (parts and materials) shall be in conformance with applicable National Fire Protection Agency (NFPA), International Code Council (ICC), and the Department of Health (DOH) for Life Safety Code(s) parts for Life Safety Code(s). Parts and materials must be approved by Wernersville State Hospital.

It is the responsibility of the Contractor to be familiar with and comply with all codes, rules, ordinances, and regulations of all authorities having jurisdiction and their interpretations which are in effect at the sites of work.

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**CONTACT PROCESSING**

All services provided by the Contractor shall be subject to review and approval by the Building Maintenance Manager responsible for monitoring the work being performed under this contract on behalf of Wernersville State Hospital:

William A. Cripps Jr.  
Phone: (610) 927-3612  
Email: [wicripps@pa.gov](mailto:wicripps@pa.gov)

All administrative, fiscal, and technical matters relating to this contract shall be directed to:

Kelly Beers, Purchasing Agent  
Phone: (610) 670-4128  
Email: [kebeers@pa.gov](mailto:kebeers@pa.gov)

**UNSATISFACTORY WORKMANSHIP**

The Contract Administrator reserves the right to withhold payment for repetitive calls to correct the same deficiency or any other unsatisfactory workmanship. However, the Commonwealth assumes no responsibility for expenses so incurred in soliciting such assistance.

**INVOICING INSTRUCTIONS**

Payment Provision: The Contractor will be reimbursed only for services accepted by Wernersville State Hospital. Invoices will be verified and approved by the Contract Administrator prior to payment being made. The Contractor shall be paid upon satisfactory completion of work performed, and submission of an invoice on the Contractor's letterhead.

Invoices must be submitted to:

By US Mail: DHS Wernersville State Hospital  
Commonwealth of Pennsylvania – PO Invoice  
PO Box 69180  
Harrisburg, PA 17106

By Email [69180@pa.gov](mailto:69180@pa.gov)  
(Invoices Only)

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A copy of the invoice is also to be mailed to:

Department of Human Services  
Wernersville State Hospital  
Attention: Accounting Department  
160 Main Street  
Wernersville, PA 19565

**TERMS AND CONDITIONS**

The Standard Contract Terms and Conditions apply to this bid and any resulting orders or contracts are legally bound to these Terms and Conditions.

**PERIOD OF CONTRACT**

The anticipated effective date of this contract/purchase order is July 1, 2019 through June 30, 2020.

The Contractor is not permitted to start work under this contract until an Effective Date has been established for this contract and upon receipt of a Purchase Order. The Commonwealth shall not be liable to pay the Contractor for work performed or expensed incurred prior to the Effective Date and receipt of Purchase Order. No Commonwealth employee has the authority to verbally direct the commencement of any work or delivery of materials under this contract prior to the Effective Date and receipt of Purchase Order.

**BID**

A Site Visit is required, and form is attached at the end of this Statement of Work. **Proof of Site Visit must accompany the bid.**

Bidders are required to provide pricing on two (2) categories as follows:

1. Inspection/Cleaning/Repair of approximately 307 dampers. The price will include all Labor costs – labor, equipment, transportation, and tools from portal to portal.
2. Estimated parts cost of \$6,000.00. Bidder is asked to enter “1.00” each as the unit price on the bid so that the total cost of the estimated parts will then be \$6,000.00.

**Bidders shall contact William A. Cripps, Jr, to set up a time and date for the Proof of Visit.**

It shall be understood and agreed that any quantities listed in the proposal are estimates only and may be increased or decreased in accordance with the actual normal requirements of Wernersville State Hospital.



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**CONTRACTOR'S CONTACT PERSON**

The Contractor shall designate a person who shall be familiar with the contract, authorized to act on the Contractor's behalf in resolving any issues relating to the contract and available to the facility during regular business hours. The Contractor's Contact Person shall be:

NAME: \_\_\_\_\_

PHONE: \_\_\_\_\_