



Division of Finance and Business Operations

Procurement & Strategic Sourcing
5700 Cass Avenue, suite 4200
Detroit, Michigan 48202
(313) 577-3734
FAX (313) 577-3747

March 3, 2015

**Addendum #2 To
Request for Proposal
For Renovation of 5447 Woodward for Social Work – Abatement: Project 063-233732**

Dated February 19, 2015

Points of Clarifications during the Pre-proposal Meeting February 26, 2015:

The Addendum must be acknowledged on your lump sum bid.

IMPORTANT – PLEASE NOTE: Effective December 1, 2007, bid notices will be sent only to those Vendors registered to receive them via our Bid Opportunities Listserve service. To register, to http://www.forms.purchasing.wayne.edu/Adv_bid/Adv_bid.html, and click on the “Join our Listserve” link at the top of the page. Instructions are at the top of the page, and the Construction Listserv service is under “Construction Bid Opportunities”.

NOTE: You must have attended a pre-bid conference in order to be eligible to bid on a particular project. Receipt of minutes or addenda without being at a pre-bid conference does not qualify your company to bid.

Clarification:

1. Contractor is to provide selected demolition where needed to facilitate any asbestos abatement such as demolishing walls, ceiling, casework, cabinetry, columns, etc. Refer to demolition drawings.
2. Elevator load testing is attached, for reference.

A copy of this Addendum will be posted to the Purchasing web site at http://www.forms.purchasing.wayne.edu/Adv_bid/Adv_bid.html.

As a reminder, the bid due date is March 9, 2015, at 2:00 pm. If you have any further questions, please do not hesitate to email them to me at rfpteam2@wayne.edu.

Thank you,

**Valerie Kreher,
Senior Buyer**

City of Detroit

BUILDINGS AND SAFETY ENGINEERING DEPARTMENT

Test Report of Governors, Safety Devices, Oil Buffers, Relief Valves and Changing of Flexible Hoses
(DO NOT FILE WITHOUT CITY SERIAL NUMBER)

Notice Number _____

City Serial Number 7737

NAME OF BUILDING DETROIT INSTITUTE FOR CHILDREN

ADDRESS OF BUILDING 5447 WOODWARD AVE DETROIT MI 48202
Number, Street, City, Zip Code

LICENSEE WAYNE STATE UNIVERSITY

ADDRESS OF LICENSEE 5454 CASS AVE DETROIT 48202
Number, Street, City, Zip Code

Type of elevator being tested: Passenger (X) Freight () Other _____

Powered by: Electric motor (X) Handpowered () Other _____

Machine type: Traction () Drum () Sprocket () Hydraulic (X) Other _____

Type of Safety being tested: Broken rope () A () B () C () Relief valve (X)

N/A Location of safety devices: Safety plank () Crosshead () Counterweight ()
Material of guide rails: Car STEEL Counterweight N/A
A (Instantaneous)
B (Gradual)
C (Type A with oil buffers)

N/A Type of governor: Flyball () Centrifugal () Sealed AFTER test: Yes () No ()

Type and number of buffers: Car 2 SPRINGS Counterweight N/A

N/A Was governor tripping speed tested? Yes () No () Tripping speed is _____ fpm

Are the required governor, buffer, carrier and relief valve seals and tags affixed in accordance with the code rules?
Yes (X) No ()

PERIODIC TEST FOR GOVERNORS AND SAFETIES REQUIRED EVERY 30 MONTHS

2. Capacity _____ lbs. Rated speed _____ fpm.
Cable leaving the safety drum _____ inches. Turns remaining on drum _____
Did governor jaws drop of own weight when latch was released? Yes () No ()
Did all parts of governor and safety perform the functions for which intended? Yes () No ()
Buffer oil level and plunger return tested? Yes () No ()

FULL LOAD MAINTENANCE TEST REQUIRED EVERY 5 YEARS

3. Capacity _____ lbs.
Safety tested by: Obtaining slack in hoist cables () Tripping governor at rated speed with rated load ()
overspeed ()
Cable leaving the safety drum _____ inches. Turns remaining on drum _____ Tripping speed is _____ fpm.
Car slide _____ inches after safety applied to rails. (Average of all four marks)
Platform was out of level _____ inches with safety devices set.
Did any damage occur because of the safety test? Yes () No () If yes explain _____
_____ were corrections made? Yes () No ()
Were oil buffers tested? Yes () No ()
Test performed with _____ lbs. (Rated load) in car.
Did elevator lose traction with rated load in car? Yes () No ()
Car speeds: Empty up _____ fpm — Empty down _____ fpm — Rated load up _____ fpm
Rated load down _____ fpm

HOIST CABLE RESHACKLING

4. Date _____ Was Tag Attached? _____

Note: ~~Periodic reshackling required only on overhead drum-type machines roped 1:1.~~

5. THIS FULL LOAD MAINTENANCE TEST SHALL BE MADE ONCE EVERY (30 MONTHS).

Capacity: 3000 lbs.

Relief valve fully passed pressure at 350 psi. Rated load working pressure 300 psi

Car speeds: Empty up 77 fpm — Empty down 66 fpm — Rated load up 71 fpm

Rated load down 86 fpm

Was there any change in the car position which cannot be accounted for by visible oil leakage or temperature change during the standing test? Yes () No (X) 2 hour test required. YES

6. ~~FLEXIBLE HYDRAULIC HOSE CONNECTION REPLACEMENT REQUIRED EVERY 6 YEARS~~

~~Has hose connection been permanently stamped with date of installation? Yes () No ()~~

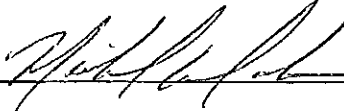
Company conducting test or hose replacement SCHINDLER Person conducting test M. WAKER

Date of test or hose replacement 12-30-14 Journeyman License No. LIC-2001-02505

SECTION (1) MUST BE FILLED OUT WITH EACH TEST

FILE WITH THE DEPARTMENT WITHIN 10 DAYS FOLLOWING COMPLETION OF THE INSPECTION AND TESTS

I affix my signature hereto as certification that the tests and reshackling reported above were conducted as required by the Official Detroit Elevator Ordinance.

Signature 

Company SCHINDLER ELEV. CO.

Mail Completed Report Form to:
BUILDINGS AND SAFETY ENGINEERING DEPARTMENT
Safety Engineering Inspection Division
408 City-County Building
Detroit, Michigan 48226