



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

Department of Administration  
DIVISION OF PURCHASES  
One Capitol Hill  
Providence, RI 02908-5855

Tel: (401) 574-8100  
Fax: (401) 574-8387  
Website: [www.purchasing.ri.gov](http://www.purchasing.ri.gov)

May 3, 2016

**ADDENDUM NUMBER ONE**

**RFQ # 7550560**

**TITLE: Electrical Switchboard Upgrade, DOA**

**Closing Date and Time: 5/25/16 at 11:30 AM**

**Per the issuance of this ADDENDUM # (1), 4 pages, including this cover sheet.**

**Specification Change /Addition / Clarifications**

Listed below are questions we received regarding this Bid, along with the State's responses.

1. Q. Are One Line Drawings of the system available?  
A. Yes, see attached drawing.
2. Q. Are specifications on the Ratings, Class & Type of Circuit Breaker and Switchgear available?  
A. No
3. Q. There is comments Test & Calibrate Power Logic unit on Breaker/Cubicle #24, repair/replace as needed. Is there a known problem with this equipment?  
A. Yes, the power logic for this breaker does not work.
4. Q. What is the required duration to monitor the load for Switchboard #2? 1. E>One day, one week?  
A. 1 week.



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5. Q. What is the exact Building Number and site address that the work is to be executed in?  
A. Building #64, 13 Power Road, Cranston, RI
  
6. Q. Should we assume that all of the changeover/replacement work is to be figured on an overtime basis between the hours of 5:00 PM – 7:00 AM?  
A. Yes
  
7. Q. Is there any site specific safety training required prior to our employees coming on site?  
A. Yes, see attached Contractor Safety Brief.



## CONTRACTOR SAFETY BRIEF

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### ALL CONTRACTORS ARE REQUIRED TO BE BRIEFED ON THE FOLLOWING:

- Sign in on the visitor's log located in the Control Room.
  - Observe all Federal, State, and Local Government Regulations and Laws.
  - Observe all Facility Safety Procedures.
  - Understand what to do and where to report in the event of an emergency or evacuation.
  - Report all fires, emergencies or unsafe conditions immediately to the control room.
  - Report all injuries to the Facility Supervisor
  - Wear OSHA approved Safety Hard Hats, Safety Glasses, and Steel Toe Safety Shoes while performing approved work outside of office or control room areas.
  - Use proper Hearing Protection in designated Areas.
  - Observe the maximum speed of 5 MPH on the facility property.
  - Observe good housekeeping at all times.
  - Smoke only in designated areas. (Outdoors)
  - Supply tools necessary to perform all tasks required.
  - Ensure all tools and equipment are safe and are in good working order.
  - Location of First Aid boxes and Eyewash stations / Showers.
  - Alcohol, controlled substances, and persons under the influence of these substances
- 

I hereby acknowledge receiving this brief on the date noted below.

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Sign: \_\_\_\_\_

Company: \_\_\_\_\_

Supervisor Name: \_\_\_\_\_

***If you have any questions, contact the control room operator or Facility Supervisor***