NEW SIDEWALK ALONG KNOLES NEAR GABALDON HALL
NAU Project #08.030.181
August 25, 2020

ADDENDUM #2

PART 1 – GENERAL


B. The following Addendum shall be incorporated in the Contract Documents of the above-named job, and all requirements herein are fully a part of the Contract Documents as if included therein.

C. Offerors shall acknowledge receipt of all Addenda in their Hard Bid Response, on FS#1 Form of Bid. Failure to do so may subject the Bidder to disqualification.

D. The following clarifications are for informational purposes only and are in response to questions received regarding the Hard Bid procurement for NAU Project #08.030.181– New Sidewalk Along Knoles Near Gabaldon Hall.

PART 2 – CLARIFICATIONS

A. Question: Will an FS-13 be issued for us to sign as part of the bid documents?

Answer: The FS#13 is included with this Addendum #2. Offeror shall sign and date page four (4) of the form. Although the FS#13 is noted twice below due to it appearing twice in the bidding documents, only one signed form is required with the bid submittal.

PART 3 – ADDENDUM

1. FS94 ATTACHMENT A of the Combined Bidding Documents

DELETE: FS-13 Placeholder

ADD: FS#13 included with this Addendum #2. The FS#13 shall be signed and dated on page 5 of the form.

2. Division 00 00 31 26 Existing Hazardous Material Information

DELETE: Delete the sample FS#13 included as page 38 of the Bidding Documents file.

ADD: Add the FS#13 included with this Addendum #2. The FS#13 shall be signed and dated on page 4 of the form.

END ADDENDUM #2
# Worksite Hazard Inspection/Hazard Communication (FS-13) Results

## Request Info

### Requestor Information

<table>
<thead>
<tr>
<th>Requestor First Name</th>
<th>Requestor Last Name</th>
<th>Requestor Email</th>
<th>Requestor Phone</th>
</tr>
</thead>
<tbody>
<tr>
<td>Kelly</td>
<td>Davis</td>
<td><a href="mailto:KELLY.DAVIS@NAU.EDU">KELLY.DAVIS@NAU.EDU</a></td>
<td>9283869171</td>
</tr>
</tbody>
</table>

### Project Information

<table>
<thead>
<tr>
<th>Request Type</th>
<th>Project #</th>
<th>Project Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>Contractor</td>
<td>08.030.181</td>
<td>SIDEWALK ALONG KNOLES DRIVE</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Start Date</th>
<th>Date of Request</th>
</tr>
</thead>
<tbody>
<tr>
<td>9/24/2020</td>
<td>8/6/2020</td>
</tr>
</tbody>
</table>

### Building Information

<table>
<thead>
<tr>
<th>Building #</th>
<th>Building Name</th>
<th>Room/Area</th>
</tr>
</thead>
<tbody>
<tr>
<td>000</td>
<td>N/A</td>
<td>Sidewalk</td>
</tr>
</tbody>
</table>

### Disturbed Areas

- Ceiling
- Wall
- Floor
- Mechanical System
- Exterior
- Roof
- Other (grading)

### NAU Authorized EH&S Representative

<table>
<thead>
<tr>
<th>First Name</th>
<th>Last Name</th>
<th>Email Address</th>
</tr>
</thead>
<tbody>
<tr>
<td>Scott</td>
<td>Halle</td>
<td><a href="mailto:Scott.Halle@nau.edu">Scott.Halle@nau.edu</a></td>
</tr>
</tbody>
</table>

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INITIAL INSPECTION IS AT NO COST TO THE REQUESTOR. SAMPLE ANALYSIS AND PROJECT/ABATEMENT MANAGEMENT FEES MAY BE CHARGED, AT THE STANDARD RATE TO THE CLIENT DEPARTMENT OR PROJECT

**This inspection does not waive the supervisor/contractor responsibility to provide adequate worker training/ppe**

The Requestor is responsible for submitting an inspection request with adequate time prior to commencing work to arrange and complete any necessary hazard abatement activities BEFORE other work begins. Inspection request form is located on the Engineering/Inspections website. Supervisors shall make this form or the information contained within it available for review by all employees present at the work site.
Affected Facility/Area Information

Location/Room Number included in scope of work:
Sidewalk

Describe in detail the nature of the work required:
construct a sidewalk and landscaping west of Gabaldon Hall between service drive and Skyview Building 1

Describe any demolition of load bearing components:
grading

Post Inspection Complete

Certified Inspector    Date
Scott S Halle          08/24/2020 01:52:58 PM
**Hazardous Building Materials**

### Ceiling Materials

<table>
<thead>
<tr>
<th>Material Summary</th>
<th>Asbestos</th>
<th>Lead</th>
<th>PCB</th>
<th>Silica</th>
<th>Special Work Controls</th>
</tr>
</thead>
</table>

### Wall Materials

<table>
<thead>
<tr>
<th>Material Summary</th>
<th>Asbestos</th>
<th>Lead</th>
<th>PCB</th>
<th>Silica</th>
<th>Special Work Controls</th>
</tr>
</thead>
</table>

### Flooring Materials

<table>
<thead>
<tr>
<th>Material Summary</th>
<th>Asbestos</th>
<th>Lead</th>
<th>PCB</th>
<th>Silica</th>
<th>Special Work Controls</th>
</tr>
</thead>
</table>

### Thermal System Insulation (TSI) Materials

<table>
<thead>
<tr>
<th>Material Summary</th>
<th>Asbestos</th>
<th>Lead</th>
<th>PCB</th>
<th>Silica</th>
<th>Special Work Controls</th>
</tr>
</thead>
</table>

### Other Materials

<table>
<thead>
<tr>
<th>Material Summary</th>
<th>Asbestos</th>
<th>Lead</th>
<th>PCB</th>
<th>Silica</th>
<th>Special Work Controls</th>
</tr>
</thead>
<tbody>
<tr>
<td>Concrete and Asphalt</td>
<td>No</td>
<td>N/A</td>
<td>N/A</td>
<td>Assumed</td>
<td>See Comments</td>
</tr>
<tr>
<td>Native or engineered fill/landscape</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>Assumed</td>
<td>See Comments</td>
</tr>
</tbody>
</table>

### Comments / Special Requirements

Existing curb and fill materials may contain silica which can pose a hazard to workers if rendered airborne. Basic controls for airborne dust may be used to mitigate this hazard. Please review the general hazard communication for more information.

If any materials not listed above are scheduled for disturbance or are discovered to be in a disturbed state, contact the Material Safety Official at 928-523-6435 for guidance or a supplemental inspection before proceeding with any additional work.
# Hazard Communication

## Hazard Type

- **Silica/Asbestos/Lead/PCB**
- Radiation
- Biological
- Chemical
- Other

## Additional Hazard Inspection(s)

- Chemical
- Biological
- Work Site
- Environmental
- Industrial Hygiene

The purpose of this form is to notify Contractors and Subcontractors and their employees working at Northern Arizona University of known or anticipated workplace hazards. NAU maintains comprehensive material/safety inspections and safety programs for campus buildings. Test results and safety programs are available for review in the NAU offices of Material Safety or Environmental Health and Safety. The following known and assumed hazards have been identified to be present in the work area located in Building(s):

### Building Information

<table>
<thead>
<tr>
<th>Building #</th>
<th>Building Name</th>
<th>Room/Area</th>
</tr>
</thead>
<tbody>
<tr>
<td>000</td>
<td>N/A</td>
<td>Sidewalk</td>
</tr>
</tbody>
</table>

### Known / Assumed Hazards

Minor potential for hazard from silica may exist and is discussed in the hazardous building material section of this report. Other potential hazards may include (not limited to) traffic hazards, heavy objects or awkward work position, chemical/caustic materials, and other hazards related to the materials, equipment, or work practices provided. It is the vendors responsibility to adhere to any applicable worker safety or environmental compliance regulations while performing this work. If the scope or location of work changes, additional hazards may arise. Please request inspection of any added materials or locations before commencing new or changed work activities.

NAU is responsible for informing you of the presence of hazards in your project work area on the NAU campus. If you encounter any previously unidentified hazards, stop all work immediately and contact the NAU Project Manager or NAU Safety Official (928-523-6435). By law, Employers must provide adequate training and protection for employees who will be exposed to hazards including those in this notification. The responsible party signing below agrees that it is the responsibility of the Contractor or Subcontractor to be knowledgeable of and comply with all applicable local, state, and federal safety regulations, and with university policies related to the hazards detailed in this form.

Your signature below acknowledges that you have received notice from NAU that hazardous materials or conditions are or may be present in your work area(s), NAU is responsible for informing you of the presence of hazards in your project work area on the NAU campus. If you encounter any previously unidentified hazards, stop all work immediately and contact the NAU Project Manager or NAU Safety Official (928-523-6435). Vendors must acknowledge that you agree to fully assume the responsibility for ensuring the safety of yourself and your employees, which includes ensuring that you comply with all applicable local, state, and federal laws, and with university policies governing hazardous materials or conditions.

### Company Acknowledgement

<table>
<thead>
<tr>
<th>Name of Responsible Party:</th>
<th>Title:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Signature</th>
<th>Date:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>
**Chemical Hazards (N/A)**

**Chemical Hazard Type**

Will the project create waste containing any of the following (lead paint, fluorescent bulbs, etc)?

(Check the box if applicable)

- [ ] Arsenic
- [ ] Lead
- [ ] Barium
- [ ] Mercury
- [ ] Cadmium
- [ ] Silver
- [ ] Chromium
- [ ] Selenium
- [ ] Other: N/A

Will the project create any hazardous waste? (paint solvents, methylene chloride based stripper, petroleum distillates, etc.)

Does the project include any waste materials that require TCLP?

Does the project scope include areas where laboratory work was done?

**Hazard Areas**

- [ ] Bottled Chemical/Hazardous Waste
- [ ] Fumehood
- [ ] Specialized Glassware
- [ ] Cabinet for Chemical Storage
- [ ] Other (please describe): N/A

**Decontamination**

Decontamination required prior to disturbance:

Area or equipment to be decontaminated:


**Additional Personal Protective Equipment Requirements**

- [ ] Eye Protection
- [ ] Gloves
- [ ] Lab Coat
- [ ] Respirator
- [ ] Other (please describe): N/A

**Comments/Special Work Practices**

**Authorized EH&S Representative**

Representative Name | Email Address

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This inspection does not waive the supervisor/contractor responsibility to provide adequate worker training/ppe.

The Requestor is responsible for submitting an inspection request with adequate time prior to commencing work to arrange and complete any necessary hazard abatement activities BEFORE other work begins. Inspection request form is located on the Engineering/Inspections website. Supervisors shall make this form or the information contained within it available for review by all employees present at the work site.
Biological Hazards (N/A)

Biological Hazard Type
___ Human or Animal Pathogens (e.g. salmonella, adenovirus)
___ Bloodborne Pathogens/Human Derived Material (e.g. blood, tissue, cell culture)
___ Clinical Space (may contain human derived materials, sharps, etc.)
___ Select Agents (must be escorted at all times)
___ Animals
___ Other (please describe): N/A

Hazard Areas
___ Countertops/Cabinets ___ Biological Safety Cabinet ___ Fume hood ___ Microbiology Equipment
___ Other (please describe): N/A

Decontamination
Decontamination required prior to disturbance:
Area or equipment to be decontaminated: N/A

Occupant should attach an Equipment Release Form to decontaminated equipment.

Additional Personal Protective Equipment Requirements
___ Eye Protection ___ Gloves ___ Lab Coat
___ Other (please describe): N/A

Comments/Special Work Practices

Authorized EH&S Representative
Representative Name Email Address

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Work Site Hazards (N/A)

Work Site Hazard Area/Types

___Leading Edge/Roof  ___Confined Space
___Trench           ___Ladders
___Crush/Pinch Point ___Electricity
___Hazardous Energy/Pressure Vessels
___Dust or Inhalation
___Other (please describe): N/A

Hazard Areas

___Safety Plan Recommended  ___Safety Plan Required  ___Safety Plan Not Required

Recommended Safety Plan Elements

N/A

*Please submit completed Site Safety Plan to the NAU Safety and Training Office

Comments/Special Precautions

Authorized EH&S Representative

Representative Name  Email Address

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Environmental (N/A)

Environmental Affected Source/Equipment/Area

___Boiler  ___Smoke Source  ___Wastewater (Sewage)
___Emergency Generator  ___Kiln  ___Acid Neutralization Tank
___Stormwater  ___Outdoor Odors
___Other

Other (Please Describe)

N/A

Conclusions/Recommendations

Authorized EH&S Representative

Representative Name  Email Address

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Industrial Hygiene (N/A)

Industrial Hygiene Hazard Type

___Respirator     ___Ergonomics     ___Electromagnetic Fields     ___Xray
___Noise          ___Lighting       ___Confined Space             ___Laser
___Indoor Air Quality ___PPE         ___Radiation                 ___Ventilation
___Laboratory Chemical Air Assessments ___Other

Other (Please Describe)

N/A

Conclusions/Recommendations

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