Facility Services Planning and Development PO Box 5637 Flagstaff, AZ 86011 928.523.4227 928.523.9441 fax www.nau.edu/facilty-services

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

ADDENDUM #2

PART 1 – GENERAL

- A. Date of Issue: August 25, 2020.
- 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

Kelly

Requesto	or Info	ormatior	1
Requestor	r First N	lame	

Requestor Last Name Davis

Requestor Email KELLY.DAVIS@NAU.EDU

Requestor Phone 9283869171

Project Information

Request Type Contractor Start Date

9/24/2020

Project Name

SIDEWALK ALONG KNOLES DRIVE

Building Information

Building # Building Name Room/Area
000 N/A Sidewalk

Project #

8/6/2020

08.030.181

Date of Request

Disturbed Areas

___Ceiling ___Wall ___Floor ___Mechanical System ___Exterior ___Roof _X_Other grading

NAU Authorized EH&S Representative

First Name Last Name Email Address

Scott Halle Scott.Halle@nau.edu

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

	. idzai dede Ballanig Materiale					
Ceiling Materials						
Material Summary	Asbestos	Lead	РСВ	Silica	Special Work Controls	
Wall Materials						
Material Summary	Asbestos	Lead	РСВ	Silica	Special Work Controls	
Flooring Materials						
Material Summary	Asbestos	Lead	PCB	Silica	Special Work Controls	
Thermal System I	nsulation (1	ˈSI) Materia	ls			
Material Summary	Asbestos	Lead	РСВ	Silica	Special Work Controls	
Other Materials						
Material Summary	Asbestos	Lead	PCB	Silica	Special Work Controls	
Concrete and Asphalt	No	N/A	N/A	Assumed	See Comments	
Native or engineered fill/landscape	N/A	N/A	N/A	Assumed	See Comments	

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

Hazaru Commu	Illication			
Hazard Communicat	ion			
Hazard Type				
_X_Silica/Asbestos/Lead/	PCBRadiation	Biological	Chemical	Other
Additional Hazard In	spection(s)			
		SiteEnv	ironmental	Industrial Hygiene
The purpose of this form is to University of known or anticipa fety programs for campus Material Safety or Environment be present in the work area I	pated workplace hazards. N buildings. Test results and s ental Health and Safety. The	AU maintains compresafety programs are a	ehensive material/safe vailable for review in	ety inspections and the NAU offices of
Building Information				
Building # 000	Building Nan N/A	ne	Room/Area Sidewalk	
Known / Assumed H	azards			
Minor potential for hazard for Other potential hazards may chemical/caustic materials, a vendors responsibility to adh performing this work. If the of any added materials or local control of the second control of the sec	include (not limited to) tra and other hazards related to here to any applicable work scope or location of work c	ffic hazards, heavy ob the materials, equip er safety or environm nanges, additional ha	ojects or awkward wo oment, or work practi nental compliance reg zards may arise. Pleas	ork position, ces provided. It is the gulations while
NAU is responsible for informing previously unidentified hazards, 6435). By law, Employers must in this notification. The responsi knowledgeable of and comply whazards detailed in this form.	stop all work immediately and provide adequate training and ble party signing below agrees	contact the NAU Project protection for employee that it is the responsibil	t Manager or NAU Safe s who will be exposed to ity of the Contractor or S	ty Official (928-523- o hazards including those Subcontractor to be
Your signature below acknowled present in your work area(s), NA campus. If you encounter any p Safety Official (928-523-6435). Yourself and your employees, w university policies governing has	AU is responsible for informing reviously unidentified hazards, Vendors must acknowledge the hich includes ensuring that you	you of the presence of I stop all work immediate at you agree to fully ass u comply with all applica	nazards in your project v ly and contact the NAU ume the responsibility fo	work area on the NAU Project Manager or NAU or ensuring the safety of
Company Acknowled	dgement			
Name of Responsible Pa		1	Title:	
Signature		ι	Date:	

Chemical Hazards (N/A)

Comments/Special Work Practices

Other (please describe): N/A

Authorized EH&S Representative

Representative Name

Email Address

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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 Fumehood 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. https://nau.edu/wp-content/uploads/sites/74/2018/06/Equipment-Release-Form.pdf Additional Personal Protective Equipment Requirements ___Eye Protection Gloves Lab Coat

Comments/Special Work Practices

Other (please describe): N/A

Authorized EH&S Representative

Representative Name

Email Address

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Work Site Hazards (N/A)

Work Site Hazard Area/Types
Leading Edge/RoofConfined Space
Trench Ladders
Crush/Pinch PointElectricity
Hazardous Energy/Pressure Vessels
Dust or Inhalation
Other (please describe): N/A
Hazard Areas
Safety Plan RecommendedSafety Plan RequiredSafety 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 Describ	oe)			
N/A				
Conclusions/Recommendations				
Authorized EH&S Rep	oresentative			
Representative Name		Email Address		

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Industrial Hygiene (N/A)

Industrial Hygiene Ha	azard Type		
Respirator	Ergonomics	Electromagnetic Fields	Xray
Noise	Lighting	Confined Space	Laser
Indoor Air Quality	PPE	Radiation	Ventilation
Laboratory Chemical Ai	r Assessments	Other	
Other (Please Descri	be)		
N/A			
Conclusions/Recomn	nendations		
Authorized EH&S Re	presentative		
Representative Name		Email Address	

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