

CONTRACT APPROVAL FORM

(Contract Management Use only)

CONTRACT TRACKING NO.

CM 1594

CONTRACTOR INFORMATION

Name: Breathing Air Systems, Inc.
 Address: 8855 East Broad St. Reynoldsburg, OH 43068
City State Zip
 Contractor's Administrator Name: _____ Title: _____
 Tel#: (614) 864-1235 Fax#: (614) 864-0071 Email: service@breathingair.com

CONTRACT INFORMATION

Contract Name: Breathing Air Systems, Inc. Contract Value: \$1,100.00
 Brief Description: Repair and test air compressor at Fire Station 70

Contract Dates _____ to _____ Status: New Renew Amend# WA/Task Order

How Procured: Sole Source Single Source ITB RFP RFQ Coop. Other _____

If Processing an Amendment:

Contract #: _____ Increase Amount of Existing Contract: _____ No Increase _____

New Contract Dates: _____ to _____ TOTAL OR AMENDMENT AMOUNT: _____

APPROVALS PURSUANT TO NASSAU COUNTY PURCHASING POLICY, SECTION 6

- | | | | |
|----|--|------------------------|---|
| 1. | <u>[Signature]</u>
Department Head Signature | <u>4/8/10</u>
Date | <u>04223522-546000</u>
Funding Source/Acct # |
| 2. | <u>[Signature]</u>
Contract Management | <u>5/6/10</u>
Date | |
| 3. | <u>[Signature]</u>
County Attorney (approved as to form only) | <u>5/11/10</u>
Date | |
| 4. | <u>[Signature]</u>
Office of Management & Budget | <u>5/12/10</u>
Date | |

RECEIVED
 CONTRACT MANAGEMENT
 2010 APR 14 AM 10:29

Comments: _____

~~MANAGER~~
 COUNTY COORDINATOR - FINAL SIGNATURE APPROVAL

[Signature] 5/12/10
 Edward Sealover Ted Selby Date

RECEIVED
 COUNTY COORDINATOR'S
 OFFICE
 10 MAY 11 PM 3:35

RETURN ORIGINAL(S) TO CONTRACT MANAGEMENT FOR DISTRIBUTION AS FOLLOWS:

- | | |
|-----------|---|
| Original: | Clerk's Services; Contractor (original or certified copy) |
| Copy: | Department |
| | Office of Management & Budget |
| | Contract Management |
| | Clerk Finance |



BREATHING AIR SYSTEMS, INC.

Corporate Office
8855 East Broad Street, Reynoldsburg, OH 43068

Tele: (614) 864-1235

FAX: (614) 864-0071

SALES: 1-800-937-2479

OCALA, FL
5555 S.E HWY 441
UNIT 10-04.
OCALA, FL 34480
TELE: (352) 629-7712
FAX: (352) 401-9501

CHATTANOOGA, TN
4255 CROMWELL RD
SUITE 576
CHATTANOOGA TN 37421
TELE: (432) 892-5902
FAX: (423) 485-9121

MACON, IL
650 N. WOODCOCK ST.
MACON, IL 62544
TELE: (217) 764-3221
FAX: (217) 764-5182

MICHIGAN CENTER, MI
4532 A PAGE AVENUE
MICHIGAN CENTER, MI 49254
TELE: (517) 783-4060
FAX: (517) 783-4073

MAINTENANCE PROGRAM SPECIFICATIONS

Inception Date UPON INVOICE PAYMENT

The maintenance program will automatically be renewed at the end of each anniversary unless cancelled by either party in writing. The standard maintenance program is for two (2) maintenance calls to be performed six months apart on the high pressure breathing air compressor. Calls are normally scheduled for the same months year after year. Breathing Air Systems reserves the right to change the regularly scheduled month at any time. Invoices must be paid prior to the date of service.

This maintenance program will cover a complete semi-annual performance and operational check. This will include the following:

- Oil and oil change
- Change of filter system (filters extra)
- Inspection of intake air filter
- CFM output flow check
- Oil pressure check and adjustment
- Inspection of auto drain system
- Maximum pressure check
- Inspection of all safety valves
- Inspection and tightening of all head and cylinder bolts, etc.
- Clean & inspection of final separator
- Check & adjustment of drive belt
- Lubrication of oil pump chain
- A complete, signed 56 point check list

You also receive a 10% discount on additional labor, if required. (Current labor rate is \$87.00 per hour; your discounted rate is \$78.30 per hour) **NOT INCLUDED** (but available at optional cost):

- Filter cartridges
- Motor or engine maintenance
- Parts
- Hydrostatic testing of storage tanks
- Air Quality Analysis
- Filter changes between calls
- Emergency service calls
- Labor, other than routine maintenance

The compressor owner agrees to pay the annual fee in advance, at inception and at each anniversary thereafter, unless cancelled. Cancellation before the end of the program will not warrant a refund of any paid invoices. The maintenance program is not transferable to a different unit other than the original without the prior approval of Breathing Air Systems. Breathing Air Systems agrees to provide a Breathing Air Systems certified technician to make a thorough maintenance service call on the customer's compressor system.

We care about air!

Internet: www.breathingair.com E-mail: sales@breathingair.com or service@breathingair.com



Invoice

Breathing Air Systems
 division of Sub-Aquatics, Inc.
 8855 E Broad Street
 Reynoldsburg, OH 43068
 (614) 864-1235

Invoice Number: 1000824-IN
 Invoice Date: 10/27/2008

Order Number: 0030702
 Order Date: 10/20/2008
 Salesperson: 0017
 Customer Number: 01-0210071

Sold To:

NASSAU CO EMERG SERV
 96135 NASSAU PLACE
 Yulee, FL 32097

Ship To:

NASSAU CO EMERG SERV
 96135 NASSAU PLACE
 Yulee, FL 32097
 (904) 321-5731

Confirm To:

Customer P.O. Ship VIA F.O.B. Terms
 SERVICE DEST Net 60

Item Number	Unit	Ordered	Shipped	Back Ordered	Price	Amount
XSCFL	EACH	1.00	1.00	0.00	430.00	430.00

Maintenance program.

The maintenance program will automatically be renewed at the end of each anniversary unless cancelled by either party in writing. The standard maintenance program is for two (2) calls to be performed six months apart. Breathing Air Systems reserves the right to change the regularly scheduled month at any time. Invoices must be paid prior to date of service. Your maintenance is scheduled for the following months:

Comment: BILLING FOR 09 MC- CALLS TO BE DONE ION MAY 09/ NOV 09

60037	EACH	1.00	1.00	0.00	143.00	143.00
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Cartridge - SECURUS Was CTG9

XAT4	EACH	1.00	1.00	0.00	350.00	350.00
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Air test - quarterly program. 4 tests per program. Air test collection container is the property of the lab. It is provided for you to transport the sample to the lab and needs to be returned promptly. Samples to be collected during routine maintenance and/or sent in the following months:

Comment: TAKE IN MAY 09/ NOV 09 - SEND IN AUG 09/FEB 2010

NASSAU COUNTY
 EMERGENCY SERVICES

2008 NOV -5 AM 9:28

APPROVED

DATE

11/19/08

ACCT.

04223522-546000

BY

[Signature]

PAST DUE INVOICES ARE SUBJECT TO LATE CHARGES AT THE RATE OF 1.5% PER MONTH (ANNUAL 18%)
 There is a 45 Day Period from date of invoice for parts returns only. All Returns are subject to a 15% restocking fee

Net Invoice:	923.00
Less Discount:	0.00
Freight:	0.00
Sales Tax:	0.00
Invoice Total:	923.00



BREATHING AIR SYSTEMS

8855 EAST BROAD STREET, REYNOLDSBURG, OH 43068
 PH: (614) 864-1235 Sales: 1-800-937-2479 FAX: 614 864-0071
 Ocala, FL (352) 629-7712 Chattanooga, TN (423) 634-3184
 Sullivan, IL (217) 728-4960 Michigan Center, MI (517) 783-4060

Operating properly
 Needs additional service
 OK to operate until then.
 Additional repairs

SERVICE CALL WORK SHEET

OWNER NASSAU CO LLC CONTACT [Signature]
 BRAND BAUER MODEL V14E SERIAL NO. 20506 PHONE _____
 Maintenance contract XX Service Call _____ TYPE PURIFIER P-2 w/s
 Service Contract _____ Warranty _____ CARTRIDGE 60037

CODES:	N/A - Not Applicable	V - Visual Check	C - Cleaned	T - Tested	Y - Yes	N - No
	M - Mechanical	R - Replaced	A - Adjustment Made			

PRE-CHECK

<input checked="" type="checkbox"/> Owner's Maintenance Log	<input checked="" type="checkbox"/> Air Flow Clearance	<input checked="" type="checkbox"/> Engine Oil Level (Check Only)
<u>568.1</u> Hour Meter Reading	<input checked="" type="checkbox"/> Oil Level Check	<input checked="" type="checkbox"/> Chassis/Cabinet
<input checked="" type="checkbox"/> Oil Pressure Gauge Installed	<input checked="" type="checkbox"/> Drive Belts	<input type="checkbox"/> Cascade Tank Dates _____
		<input type="checkbox"/> Cascade Tank Pressure _____

OPERATIONAL CHECK (Maintain compressor operation until the following items have been checked)

<input checked="" type="checkbox"/> Power on Light	<input checked="" type="checkbox"/> Stage Pressures	<input type="checkbox"/> ACDS Check Valve (old style)
<input checked="" type="checkbox"/> Compressor Rotation	1st Stage <u>45</u> psi	<input type="checkbox"/> ACDS Filters (500 Hrs, old style)
<input checked="" type="checkbox"/> BPMV Function, Set <u>2000</u> psi	2nd Stage <u>275</u> psi	<input checked="" type="checkbox"/> ACDS Solenoid Valve (Annual)
<input checked="" type="checkbox"/> Output <u>10</u> cfm (at 3000 psi if possible)	3rd Stage <u>800</u> psi	<input checked="" type="checkbox"/> ACDS Manual Function
<input checked="" type="checkbox"/> Oil Pressure <u>875</u> psi	4th Stage <u>2500</u> psi	<input checked="" type="checkbox"/> ACDS Purge/Test Switch
<input checked="" type="checkbox"/> Oil Flow Visual Check	5th Stage _____ psi	<input checked="" type="checkbox"/> Auto Pressure Restart <u>4200</u> psi
<input checked="" type="checkbox"/> Condensate Reservoir	<input type="checkbox"/> Manual Drain Function	<input checked="" type="checkbox"/> Auto Pressure Shut-off <u>4600</u> psi
<input checked="" type="checkbox"/> Vibration & Noise	<input checked="" type="checkbox"/> ACDS Function	<input checked="" type="checkbox"/> Final Safety Set at <u>4750</u> psi

MAINTENANCE CHECK

<input checked="" type="checkbox"/> Crankcase Oil Drained	<input checked="" type="checkbox"/> Cylinder Bolts	<input type="checkbox"/> Visual Moisture/CO Monitor
<input checked="" type="checkbox"/> Purifier Chambers Drained	<input checked="" type="checkbox"/> Valve Set Screws	<input type="checkbox"/> Fill Station Function
<input checked="" type="checkbox"/> Intake Filter (Visual)	<input checked="" type="checkbox"/> Tubing Connections	<input type="checkbox"/> Electric CO Monitor
<input checked="" type="checkbox"/> Separator Inner Filter (100 Hours)	<input checked="" type="checkbox"/> Head Bolt	<input type="checkbox"/> Cascade Plumbing Check
<input type="checkbox"/> Separator Outer Filter (100 Hours)	<input type="checkbox"/> Cartridges/Filters Replaced	<input checked="" type="checkbox"/> Fill Hose Condition
<input type="checkbox"/> Lube Oil Pump Cam (3-stage)	<input type="checkbox"/> Oil Filter Changed	<input type="checkbox"/> Drain Moisture from ASME Tanks
<input checked="" type="checkbox"/> Oil Pump Belt/Chain Replaced	<input checked="" type="checkbox"/> Crankcase Oil Replaced	

FINAL OPERATION & SAFETY CHECK

Compressor Oil Level Check 568.1 Ending Hour Meter Reading

Securus Test Air Sample, Kit # 204375

Final cfm Check _____ cfm Leak Check Service Date Sticker

Other repairs Did m/c and Air Sample! Replaced BAD OIL Pump Drive Belt!

Bill for (Parts/Materials) 1-N4159 F 6347-3-3 nipple TIP!

Recommendations Class 2 Fill Station and CO monitor to be NEPA compliant

See reverse side? Yes No Technician Steve M Arrival 337 Departure _____

Notes: UNIT RUNNING GOOD!

Date 3/24/10

Replace 1st Stage Gauge next m/c!

