

| INVITATION TO BID |  | BID DUE DATE AND TIME |
|--|---|--|
| BOARD OF SUPERVISORS OF LOUISIANA STATE UNIVERSITY AND AGRICULTURAL & MECHANICAL COLLEGE | | 02/03/2026 11:00 AM CT |
| SOLICITATION RFQ-0000002689 SUPPLIER # SUPPLIER NAME AND ADDRESS  | | RETURN BID TO lsubids@lsu.edu Buyer Erica Pino Buyer Phone Buyer Email epino2@lsu.edu Issue Date 01/13/2026 |

TITLE: REBID: Inspect & Test Water-Based Fire Protection System - Term Contract

Addendum 01: Notice is given to all parties that this Solicitation is amended by the University as stated herein. This Addendum is hereby made an official part of this solicitation. See attached Supplier Inquiries and Reponses.

To Be Completed By Supplier

1. _____ "No Bid" (sign and return this page only).
2. _____ My Company does not wish to receive future solicitations for this spend category.
3. Specify your Delivery: To be made within _____ days after receipt of order.
4. If applicable, Supplier's Addendum Acknowledgement/Response:
As an authorized agent/signatory of the supplier, I/we acknowledge receipt of this Addendum, and
_____ submit no alterations/clarifications to our original bid.
_____ submit superseding revisions/clarifications to our original bid as written herein or attached hereto.

General Instructions to Suppliers

1. Sealed bids for furnishing the items and/or services specified are hereby solicited, and will be received by LSU Procurement at the "Return Bid To" address stated above, until the specified due date and time.
2. Read the entire solicitation, including all terms, conditions and specifications.
3. All bid information and prices must be typed or written in ink. Any corrections, erasures or other forms of alteration to unit price are to be initialed by the supplier.
4. Bid prices are to be quoted FOB LSU/Destination and inclusive of any and all applicable shipping and handling charges unless otherwise specified in the solicitation. Any invoiced delivery charges not quoted and itemized on the LSU purchase order are subject to rejection and non-payment.
5. Payment is to be made within 30 days after receipt of properly executed invoice, or delivery and acceptance, whichever is later.
6. By signing this solicitation, the supplier certifies compliance with all general instructions to suppliers, terms, conditions and specifications; and further certifies that this bid is made without collusion or fraud.

| | |
|----------------------|------------------|
| SUPPLIER NAME | MAILING ADDRESS |
| AUTHORIZED SIGNATURE | CITY, STATE ZIP |
| PRINTED NAME | PHONE # |
| TITLE | FAX # |
| E-MAIL | FEDERAL TAX ID # |

Addendum 01

Supplier Inquiry and Response

Q1. Is it possible to get more information to allow a better proposal for you. If previous inspection reports are available that would be great, and would also give a better idea of pump types, number of systems per floor etc.

A1. See attached service report example. The information provided in Appendix A of the bid includes system descriptions for each building.

Q2. I was writing to request the previous bids on the inspection and test of water based fire protection system contract.

A2. See attached previous bid tabulation.

| | | | | | |
|----------------------|------------------------------|--|--|---|--|
| Property Information | |  <small>CERTIFYING FIRM: GARRISON RESOURCES, LLC F278</small> | |  | |
| Building Name | Chemistry material | | | | |
| Address | 5th floor bathroom | | | | |
| City | Gulfport 2 1/2 inch drain | | | | |

ANNUAL INSPECTION, TESTING, AND MAINTENANCE
Include ALL Quarterly Inspections
I = Inspection **T** = Test **M** = Maintenance **P** = Pass **F** = Fail **N/A** = Not Applicable

| Item | Description | | NFPA 25 CA ed. Reference | Date | Comments Only | P,F,N/A |
|------|-------------|--|--------------------------|------|--|---------|
| 1.19 | I | Sprinklers | 5.2.1 | | | P |
| 1.20 | I | Buildings (Freeze Protection) | 4.1.1.1 | | Owner's Responsibility | P |
| 1.21 | I | Pipe and Fittings | 5.2.2 | | | P |
| 1.22 | I | Hangers | 5.2.3 | | | P |
| 1.23 | I | Seismic Braces | 5.2.3 | | | P |
| 2.1 | T | Field Service Test Required (Send Report to Fire Code Official) | 5.3.1 | | If REQUIRED, Enter 'F' until results are returned from Lab | P |
| 2.2 | T | Recalled Sprinklers <i>If not present = Pass; If present = Fail</i> | Title 19 904.1(c) | | | P |
| 2.3 | T | Water Flow Alarm Devices 90 sec. maximum - (Enter Time) | 5.3.3 13.2.6 | | 45 sec. | P |
| 2.4 | T | Main Drain Test (Enter data on Page 1 of this form) | 13.2.5 13.3.3.4 | | | P |
| 2.5 | T | Control Valve - Position | 13.3.3.2 | | | P |
| 2.6 | T | Control Valve – Operation | 13.3.3.1 | | | P |
| 2.7 | T | Supervisory Devices | 13.3.3.5 | | | P |
| 2.8 | T | Backflow Preventer Assemblies | 13.6.2 | | | P |
| 2.9 | T | Small Hose Connections* w/PRV Hose Valves – Partial Flow Test | 13.5.2.3 13.5.3.3 | | | P |
| 2.10 | T | PRV – Fire Sprinkler Systems | 13.5.1.3 | | | N/A |
| 3.1 | M | Control Valves | 13.3.4 | | | P |
| 3.2 | M | Small Hose Connections* | 13.5.6.3 | | | P |
| 3.3 | M | Obstruction Investigation required (If "Yes", see Deficiencies and Comments Section for Results.) | 14.3 | | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | P |
| 3.4 | M | System Returned to Service | 4.5.3 | | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | P |

* Small hose connections are hose valves and optional hose supplied by the fire sprinkler system. They do not include Class I, II, or III standpipe systems.

| D = Deficiency C = Comment (Indicate type) | | | | | | Deficiencies and Comments | |
|--|------|-------|---|---|--|---------------------------|--|
| Item | Date | Riser | D | C | Indicate all equipment, devices and parts that were repaired or replaced | | |
| | | | | | 180psi static pressure | | |
| | | | | | 60psi flow pressure | | |
| | | | | | Departure pressure 180psi With fire pump disabled | | |
| | | | | | | | |

Property Information

Building Name

Address

City



130 N RYAN ST LAKE CHARLES, LA 70601 337.243.6134

D = Deficiency C = Comment (Indicate type)

Deficiencies and Comments (cont.)

Indicate all equipment, devices and parts that were repaired or replaced

Check here if additional Deficiencies and Comments are listed on Form AES9 Number attached:

See Correction Form AES 10 for corrected deficiencies. Number attached: _____

I hereby certify that the fire protection equipment listed above has been fully inspected, tested, and maintained on this date by the company indicated above, in accordance with the NFPA

Check box if Annual Inspection, Testing & Maintenance Items are Completed in the Indicated Quarter

| Quarter | 1st - <input type="checkbox"/> Annual | 2nd - <input type="checkbox"/> Annual | 3rd - <input type="checkbox"/> Annual | 4th - <input type="checkbox"/> Annual |
|------------|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|
| Date | 7-16-25 | | | |
| Print Name | Raymond Reed | | | |
| Signature | Raymond Reed | | | |

Property Information

Building Name *Chemistry material*
 Address *4th floor bathroom*
 City *2 1/2" riser*
1" drain



130 N RYAN ST LAKE CHARLES, LA 70601 337.243.6134

ANNUAL INSPECTION, TESTING, AND MAINTENANCE
Include ALL Quarterly Inspections

I = Inspection T = Test M = Maintenance P = Pass F = Fail N/A = Not Applicable

| Item | | Description | NFPA 25 CA ed. Reference | Date | Comments Only | P,F,N/A |
|------|---|--|--------------------------|------|--|---------|
| 1.19 | I | Sprinklers | 5.2.1 | | | P |
| 1.20 | I | Buildings (Freeze Protection) | 4.1.1.1 | | Owner's Responsibility | P |
| 1.21 | I | Pipe and Fittings | 5.2.2 | | | P |
| 1.22 | I | Hangers | 5.2.3 | | | P |
| 1.23 | I | Seismic Braces | 5.2.3 | | | P/A |
| 2.1 | T | Field Service Test Required (Send Report to Fire Code Official) | 5.3.1 | | If REQUIRED, Enter 'F' until results are returned from Lab | P |
| 2.2 | T | Recalled Sprinklers If not present = Pass; If present = Fail | Title 19 904.1(c) | | | P |
| 2.3 | T | Water Flow Alarm Devices 90 sec. maximum - (Enter Time) | 5.3.3 13.2.6 | | 45 sec. | P |
| 2.4 | T | Main Drain Test (Enter data on Page 1 of this form) | 13.2.5 13.3.3.4 | | | P |
| 2.5 | T | Control Valve - Position | 13.3.3.2 | | | P |
| 2.6 | T | Control Valve – Operation | 13.3.3.1 | | | P |
| 2.7 | T | Supervisory Devices | 13.3.3.5 | | | P |
| 2.8 | T | Backflow Preventer Assemblies | 13.6.2 | | | P |
| 2.9 | T | Small Hose Connections* w/PRV Hose Valves – Partial Flow Test | 13.5.2.3 13.5.3.3 | | | P |
| 2.10 | T | PRV – Fire Sprinkler Systems | 13.5.1.3 | | | N/A |
| 3.1 | M | Control Valves | 13.3.4 | | | P |
| 3.2 | M | Small Hose Connections* | 13.5.6.3 | | | P |
| 3.3 | M | Obstruction Investigation required (If "Yes", see Deficiencies and Comments Section for Results.) | 14.3 | | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| 3.4 | M | System Returned to Service | 4.5.3 | | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | |

* Small hose connections are hose valves and optional hose supplied by the fire sprinkler system. They do not include Class I, II, or III standpipe systems.

D = Deficiency C = Comment (Indicate type)

| Item | Date | Riser | D | C | Deficiencies and Comments | |
|------|------|-------|---|---|--|--|
| | | | | | Indicate all equipment, devices and parts that were repaired or replaced | |
| | | | | | 175 psi static pressure | |
| | | | | | 0.55 psi flow pressure | |
| | | | | | 175 psi departure pressure | |
| | | | | | fire pump disabled for test | |

| Property Information | |
|----------------------|--|
| Building Name | |
| Address | |
| City | |

D = Deficiency C = Comment (Indicate type)

Deficiencies and Comments (cont.)

Indicate all equipment, devices and parts that were repaired or replaced

Check here if additional Deficiencies and Comments are listed on Form AES9 Number attached:

See Correction Form AES 10 for corrected deficiencies

I hereby certify that the fire protection equipment listed above has been fully inspected, tested, and maintained on this date by the company indicated above, in accordance with the NFPA.

Check box if Annual Inspection, Testing & Maintenance Items are Completed in the Indicated Quarter

| | | | | |
|------------|--|---------------------------------------|---------------------------------------|---------------------------------------|
| Quarter | 1st - <input checked="" type="checkbox"/> Annual | 2nd - <input type="checkbox"/> Annual | 3rd - <input type="checkbox"/> Annual | 4th - <input type="checkbox"/> Annual |
| Date | 7-16-25 | | | |
| Print Name | Raymond Reed | | | |
| Signature | Raymond Reed | | | |

| | | | |
|----------------------|--------------------------|---|--|
| Property Information | |  FIRE-INSPECT FIRE & SPRINKLER  CERTIFYING FIRM: GARRISON RESOURCES, LLC F3708 | |
| Building Name | Chemistry Materials | | |
| Address | 3rd Floor bathroom | | |
| City | 2 1/2" riser 1" drain | | |

ANNUAL INSPECTION, TESTING, AND MAINTENANCE
Include ALL Quarterly Inspections

I = Inspection T = Test M = Maintenance P = Pass F = Fail N/A = Not Applicable

| Item | Description | NFPA 25 CA ed. Reference | Date | Comments Only | P,F,N/A |
|------|--|--------------------------|------|--|---------|
| 1.19 | I Sprinklers | 5.2.1 | | | P |
| 1.20 | I Buildings (Freeze Protection) | 4.1.1.1 | | Owner's Responsibility | P |
| 1.21 | I Pipe and Fittings | 5.2.2 | | | P |
| 1.22 | I Hangers | 5.2.3 | | | P |
| 1.23 | I Seismic Braces | 5.2.3 | | | N/A |
| 2.1 | T Field Service Test Required (Send Report to Fire Code Official) | 5.3.1 | | If REQUIRED, Enter 'F' until results are returned from Lab | P |
| 2.2 | T Recalled Sprinklers If not present = Pass; If present = Fail | Title 19 904.1(c) | | | P |
| 2.3 | T Water Flow Alarm Devices 90 sec. maximum - (Enter Time) | 5.3.3 13.2.6 | | 45 sec. | P |
| 2.4 | T Main Drain Test (Enter data on Page 1 of this form) | 13.2.5 13.3.3.4 | | | P |
| 2.5 | T Control Valve - Position | 13.3.3.2 | | | P |
| 2.6 | T Control Valve – Operation | 13.3.3.1 | | | P |
| 2.7 | T Supervisory Devices | 13.3.3.5 | | | P |
| 2.8 | T Backflow Preventer Assemblies | 13.6.2 | | | P |
| 2.9 | T Small Hose Connections* w/PRV Hose Valves – Partial Flow Test | 13.5.2.3 13.5.3.3 | | | N/A |
| 2.10 | T PRV – Fire Sprinkler Systems | 13.5.1.3 | | | N/A |
| 3.1 | M Control Valves | 13.3.4 | | | P |
| 3.2 | M Small Hose Connections* | 13.5.6.3 | | | P |
| 3.3 | M Obstruction Investigation required (If "Yes", see Deficiencies and Comments Section for Results.) | 14.3 | | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| 3.4 | M System Returned to Service | 4.5.3 | | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |

* Small hose connections are hose valves and optional hose supplied by the fire sprinkler system. They do not include Class I, II, or III standpipe systems.

| D = Deficiency C = Comment (Indicate type) | | | | | |
|--|------|-------|---|---|---|
| Item | Date | Riser | D | C | Deficiencies and Comments Indicate all equipment, devices and parts that were repaired or replaced |
| | | | | | 175 psi static pressure |
| | | | | | 55 psi flow pressure |
| | | | | | 175 psi departure pressure |
| | | | | | Tested with fire pump disabled |

Property Information

Building Name

Address

City



130 N RYAN ST LAKE CHARLES, LA 70601 337.243.6134

D = Deficiency C = Comment (Indicate type)

Deficiencies and Comments (cont.)

Indicate all equipment, devices and parts that were repaired or replaced

Check here if additional Deficiencies and Comments are listed on Form AES9 Number attached:

See Correction Form AES 10 for corrected deficiencies. Number attached: _____

I hereby certify that the fire protection equipment listed above has been fully inspected, tested, and maintained on this date by the company indicated above, in accordance with the NFPA

Check box if Annual Inspection, Testing & Maintenance Items are Completed in the Indicated Quarter

| | | | | |
|------------|--|---------------------------------------|---------------------------------------|---------------------------------------|
| Quarter | 1st - <input checked="" type="checkbox"/> Annual | 2nd - <input type="checkbox"/> Annual | 3rd - <input type="checkbox"/> Annual | 4th - <input type="checkbox"/> Annual |
| Date | 6-16-25 | | | |
| Print Name | Raymond Reel | | | |
| Signature | Raymond Reel | | | |

Property Information

Building Name Chemistry material
 Address 2nd floor bathroom
 City 2 1/2" riser
1" drain


ANNUAL INSPECTION, TESTING, AND MAINTENANCE
Include ALL Quarterly Inspections

I = Inspection T = Test M = Maintenance P = Pass F = Fail N/A = Not Applicable

| Item | | Description | NFPA 25 CA ed. Reference | Date | Comments Only | P,F,N/A |
|------|---|---|--------------------------|------|--|---------|
| 1.19 | I | Sprinklers | 5.2.1 | | | P |
| 1.20 | I | Buildings (Freeze Protection) | 4.1.1.1 | | Owner's Responsibility | P |
| 1.21 | I | Pipe and Fittings | 5.2.2 | | | P |
| 1.22 | I | Hangers | 5.2.3 | | | P |
| 1.23 | I | Seismic Braces | 5.2.3 | | | N/A |
| 2.1 | T | Field Service Test Required (Send Report to Fire Code Official) | 5.3.1 | | If REQUIRED, Enter 'F' until results are returned from Lab | P |
| 2.2 | T | Recalled Sprinklers If not present = Pass; If present = Fail | Title 19 904.1(c) | | | P |
| 2.3 | T | Water Flow Alarm Devices 90 sec. maximum - (Enter Time) | 5.3.3 13.2.6 | | 45 sec. | P |
| 2.4 | T | Main Drain Test (Enter data on Page 1 of this form) | 13.2.5 13.3.3.4 | | | P |
| 2.5 | T | Control Valve - Position | 13.3.3.2 | | | P |
| 2.6 | T | Control Valve – Operation | 13.3.3.1 | | | P |
| 2.7 | T | Supervisory Devices | 13.3.3.5 | | | P |
| 2.8 | T | Backflow Preventer Assemblies | 13.6.2 | | | P |
| 2.9 | T | Small Hose Connections* w/PRV Hose Valves – Partial Flow Test | 13.5.2.3 13.5.3.3 | | | N/A |
| 2.10 | T | PRV – Fire Sprinkler Systems | 13.5.1.3 | | | N/A |
| 3.1 | M | Control Valves | 13.3.4 | | | P |
| 3.2 | M | Small Hose Connections* | 13.5.6.3 | | | N/A |
| 3.3 | M | Obstruction Investigation required (If "Yes", see Deficiencies and Comments Section for Results.) | 14.3 | | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| 3.4 | M | System Returned to Service | 4.5.3 | | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | |

* Small hose connections are hose valves and optional hose supplied by the fire sprinkler system. They do not include Class I, II, or III standpipe systems.

D = Deficiency C = Comment (Indicate type)

| Item | Date | Riser | D | C | Deficiencies and Comments | |
|------|------|-------|---|---|--|--|
| | | | | | Indicate all equipment, devices and parts that were repaired or replaced | |
| | | | | | 165psi static pressure | |
| | | | | | 55psi flow pressure | |
| | | | | | 165 departure pressure | |
| | | | | | Tested with fire pump disabled | |

Property Information

Building Name

Address

City



130 N RYAN ST LAKE CHARLES, LA 70601 337.243.6134

D = Deficiency C = Comment (Indicate type)

Deficiencies and Comments (cont.)

Indicate all equipment, devices and parts that were repaired or replaced

Check here if additional Deficiencies and Comments are listed on Form AES9 Number attached:

See Correction Form AES 10 for corrected deficiencies Number attached:

I hereby certify that the fire protection equipment listed above has been fully inspected, tested, and maintained on this date by the company indicated above, in accordance with the NFPA

Check box if Annual Inspection, Testing & Maintenance Items are Completed in the Indicated Quarter

| Quarter | 1st - <input checked="" type="checkbox"/> Annual | 2nd - <input type="checkbox"/> Annual | 3rd - <input type="checkbox"/> Annual | 4th - <input type="checkbox"/> Annual |
|------------|--|---------------------------------------|---------------------------------------|---------------------------------------|
| Date | 7-16-25 | | | |
| Print Name | Raymond Reed | | | |
| Signature | Raymond Reed | | | |

| | | | | | |
|----------------------|---------------------|---|----------|---|--|
| Property Information | |  <small>CERTIFYING FIRM: GARRISON RESOURCES, LLC F2708</small> | |  | |
| Building Name | chemistry materials | | Address | 1st floor break room | |
| City | 2 1/2" riser | | 1" drain | 130 N RYAN ST LAKE CHARLES, LA 70601 337.243.6134 | |

ANNUAL INSPECTION, TESTING, AND MAINTENANCE

Include ALL Quarterly Inspections

I = Inspection T = Test M = Maintenance P = Pass F = Fail N/A = Not Applicable

| Item | | Description | NFPA 25 CA ed. Reference | Date | Comments Only | P,F,N/A |
|------|---|--|--------------------------|------|--|---------|
| 1.19 | I | Sprinklers | 5.2.1 | | | P |
| 1.20 | I | Buildings (Freeze Protection) | 4.1.1.1 | | Owner's Responsibility | P |
| 1.21 | I | Pipe and Fittings | 5.2.2 | | | P |
| 1.22 | I | Hangers | 5.2.3 | | | P |
| 1.23 | I | Seismic Braces | 5.2.3 | | | N/A |
| 2.1 | T | Field Service Test Required (Send Report to Fire Code Official) | 5.3.1 | | If REQUIRED, Enter 'F' until results are returned from Lab | P |
| 2.2 | T | Recalled Sprinklers If not present = Pass; If present = Fail | Title 19 904.1(c) | | | P |
| 2.3 | T | Water Flow Alarm Devices 90 sec. maximum - (Enter Time) | 5.3.3 13.2.6 | | 45 sec. | P |
| 2.4 | T | Main Drain Test (Enter data on Page 1 of this form) | 13.2.5 13.3.3.4 | | | P |
| 2.5 | T | Control Valve - Position | 13.3.3.2 | | | P |
| 2.6 | T | Control Valve – Operation | 13.3.3.1 | | | P |
| 2.7 | T | Supervisory Devices | 13.3.3.5 | | | P |
| 2.8 | T | Backflow Preventer Assemblies | 13.6.2 | | | P |
| 2.9 | T | Small Hose Connections* w/PRV Hose Valves – Partial Flow Test | 13.5.2.3 13.5.3.3 | | | N/A |
| 2.10 | T | PRV – Fire Sprinkler Systems | 13.5.1.3 | | | N/A |
| 3.1 | M | Control Valves | 13.3.4 | | | P |
| 3.2 | M | Small Hose Connections* | 13.5.6.3 | | | N/A |
| 3.3 | M | Obstruction Investigation required (If "Yes", see Deficiencies and Comments Section for Results.) | 14.3 | | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | |
| 3.4 | M | System Returned to Service | 4.5.3 | | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | |

* Small hose connections are hose valves and optional hose supplied by the fire sprinkler system. They do not include Class I, II, or III standpipe systems.

| D = Deficiency C = Comment (Indicate type) | | | | | |
|--|------|-------|---|---|---|
| Item | Date | Riser | D | C | Deficiencies and Comments Indicate all equipment, devices and parts that were repaired or replaced |
| | | | | | 200 psi Static pressure 60 psi flow pressure 200 psi departure pressure Tested with fire pump disabled |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

Property Information

Building Name

Address

City



130 N RYAN ST LAKE CHARLES, LA 70601 337.243.6134

D = Deficiency C = Comment (Indicate type)

Deficiencies and Comments (cont.)

Indicate all equipment, devices and parts that were repaired or replaced

Check here if additional Deficiencies and Comments are listed on Form AES9 Number attached:

See Correction Form AES 10 for corrected deficiencies. Number attached: _____

I hereby certify that the fire protection equipment listed above has been fully inspected, tested, and maintained on this date by the company indicated above, in accordance with the NFPA

Check box if Annual Inspection, Testing & Maintenance Items are Completed in the Indicated Quarter

| Quarter | 1st - <input type="checkbox"/> Annual | 2nd - <input type="checkbox"/> Annual | 3rd - <input type="checkbox"/> Annual | 4th - <input type="checkbox"/> Annual |
|------------|--|---------------------------------------|---------------------------------------|---------------------------------------|
| Date | 7-16-25 | | | |
| Print Name | Raymond Reed | | | |
| Signature |  | | | |

Annual Test

Job Site Info:

JOB SITE: **Chemical and Materials**
STREET: **Chemical and Materials**
CITY & STATE: **Baton Rouge, Louisiana**
SITE CONTACT:
PHONE:
EMAIL:

Customer Info:

CUSTOMER: **LSU**
STREET: **Engineering Lane**
CITY & STATE: **Baton Rouge, Louisiana**
CUSTOMER CONTACT:
PHONE:
EMAIL:

| Rated (GPM) | Rated RPM | Net Pressures: | | |
|----------------|--------------|----------------|------------|-------------|
| | | 100% (PSI) | 150% (PSI) | Churn (PSI) |
| 750 | 3500 | 100.0 | 68.5 | 126.0 |

Fire Pump Details

Pump Name: CHEMICAL AND MATERIALS
Motor: Electric
Manufacturer: Aurora Pumps (AP) / Pentair
Annual Month: July
Testing Frequency: Annually
Report Notes:

Header Size: 6"
Hose Outlets: 3
Length:
Size of Hoses:
Location: AT PUMP ROOM

Fire Pump Component Details

| Fire Pump | | Fire Pump Driver | |
|--------------------------------|--|--------------------------------|--|
| Pump ID: | CHEMICAL AND MATERIALS | Type: | <input type="checkbox"/> Diesel Engine <input checked="" type="checkbox"/> Electric Motor <input type="checkbox"/> Other _____ |
| Pump Type (check one): | <input type="checkbox"/> Horizontal <input checked="" type="checkbox"/> Vertical In-Line <input type="checkbox"/> Vertical Turbine <input type="checkbox"/> End-Suction | Manufacturer: | Marathon Electric |
| Manufacturer: | Aurora Pumps (AP) / Pentair | Model: | KF3267TAR14011ANL |
| Model: | 4-383-10B | Serial: | 241714352-01 |
| Serial: | K-2070945 | Rated Speed (RPM): | 3500 |
| Listed (check all that apply): | <input checked="" type="checkbox"/> FM <input checked="" type="checkbox"/> UL <input type="checkbox"/> ULC | Frame Size: | |
| Rated Capacity (GPM): | 750 | Motor Enclosure Type: | TEAO - Totally Enclosed Air Over |
| Total Dynamic Head (ft): | 230.72 | Rated Voltage: | 460 |
| Head at Churn 0% (PSI): | 126.0 | Rated Full Load Amps: | 67.5 |
| Head at Rated 100% (PSI): | 100.0 | Phase: | 3 |
| Head at Overload 150% (PSI): | 68.5 | Cycles (Hz): | 60 |
| Rated Speed (RPM): | 3500 | Service Factor: | 1.15 |
| Pump Rotation: | <input type="checkbox"/> Clockwise <input checked="" type="checkbox"/> Counterclockwise | Jockey Pump | |
| Suction From: | City | Manufacturer: | Metron |
| Impeller Diameter (in): | | Model: | M15A-1-480 |
| Fire Pump Controller | | Serial: | JL-40048650-21 |
| Manufacturer: | Metron | Rated Flow (GPM): | |
| Model: | MP420-60-480CM5S | Rated Pressure (PSI): | |
| Serial: | QA-7W48650-11 | Rated HP: | 60.0 |
| Listed (check all that apply): | <input checked="" type="checkbox"/> FM <input checked="" type="checkbox"/> UL <input type="checkbox"/> ULC | Jockey Pump Controller | |
| Rated HP: | 60.0 | Manufacturer: | Baldor-Reliance |
| Rated RPM: | 3550 | Model: | B4Z04051 |
| Phase: | 3 | Serial: | 355324578361 |
| Cycles (Hz): | 60 | Listed (check all that apply): | <input checked="" type="checkbox"/> FM <input checked="" type="checkbox"/> UL <input type="checkbox"/> ULC |
| Rated Voltage: | 460 | Phase: | 3 |
| On (PSI): | 160.0 | Cycles (Hz): | 60 |
| Off (PSI): | 170.0 | Rated Voltage: | 230-460 |
| Type of Start: | Automatic | On (PSI): | 175.0 |
| Run Timer Setting (min): | 10 | Off (PSI): | 185.0 |

Fire Pump Checklist

| Electrical Systems | | | | |
|--|-------------------------------------|--------------------------|-------------------------------------|-------|
| | Y | N | N/A | Notes |
| Is the Controller pilot light (power on) illuminated? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| Is the Transfer switch normal power light illuminated? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| Is the Transfer switch operating properly during the test? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| Is the isolating switch for standby power closed? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| Is the Reverse-phase alarm light not illuminated? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| Is the Normal-phase rotation light illuminated? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| Is the Oil level in vertical motor sight glass within acceptable range? | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | |
| Are the electronic pressure sensors in the controller comparable to the analog gauges on the system? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| Fire Alarm Report | | | | |
| | Y | N | N/A | Notes |
| AC Power Loss | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| Phase Reversal | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| Fire Alarm Received transmitted | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| Fire Pump Running | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| Fire pump control log (if equipped) | | | | |
| | Y | N | N/A | Notes |
| Highest Discharge Pressure psi | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | |
| Lowest Discharge Pressure psi | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | |
| Jockey Pump System | | | | |
| | Y | N | N/A | Notes |
| Does the Jockey pump have power? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| Is the Jockey Pump operating properly? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| Pump House | | | | |
| | Y | N | N/A | Notes |
| Is the temperature in the pump room at 40°F (4°C) or higher? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| Are the Ventilation louvers free to operate | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| Is the floor free from water? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| Is the temperature in the pump room at 70°F (21°C) for diesel engine pump without engine heater? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| Is the FACP and Control panel free of Fire Pump alarms? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| Pump Systems | | | | |
| | Y | N | N/A | Notes |

| | |
|--|---|
| Is the Pump suction, discharge, and bypass valves in the open position? | <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |
| Is the Test Header Control Valve in the closed position? | <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |
| Are the Test Header Hose Valves and piping free of water? | <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |
| Is the fire pump piping free from leaks or corrosion? | <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |
| Is the coupling guard in place? | <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |
| Is the fire pump packing dripping at one drop of water per second? | <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |
| Are the packing cups clear of debris and are draining properly? | <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |
| Is the Suction reservoir or Water Tank full? | <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> |
| Are the Wet pit suction screens unobstructed and in place? | <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> |
| Are the Supply and Discharge Gauges accurate and free of leaks and damage? | <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |
| Is the coupling and shaft in correct alignment? | <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |
| Have the bearings been lubricated? | <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |

Deficiencies

No Deficiencies Noted.

Flow Test Data

Pump Overview

| Rated (GPM) | Rated RPM | Net Pressures: | | |
|----------------|--------------|----------------|------------|-------------|
| | | 100% (PSI) | 150% (PSI) | Churn (PSI) |
| 750 | 3500 | 100.0 | 68.5 | 126.0 |

Streams For Peak Flow: 3

Length Of Hoses:

| | RPM | Pressure | | Streams | | | Total Flow | | Corrected | | | | | |
|---|--------|----------|------|---------|----------------|-----------------|-----------------|-----------------|---------------|---------------------|-------|------|--------|-------|
| | | Disch. | Suct | Net | Flow | 1 | 2 | 3 | Flow (GPM) | % Rated Capacity | Volts | Amps | Flow % | Press |
| 1 | 3560.0 | 180.0 | 55.0 | 125.0 | Flow Device | - | - | - | 0 | 0.0 | 455 | 48 | 0.0 | 120.8 |
| | | | | | (PSI) | | | | 0 | 0.0 | 461 | 46 | | |
| | | | | | (GPM) | | | | 0 | 0.0 | 454 | 48 | | |
| 2 | 3555.0 | 150.0 | 45.0 | 105.0 | Flow Device | PN1.75 - ATM | PN1.75 - ATM | - | 791 | 105.5 | 454 | 74 | 103.84 | 101.8 |
| | | | | | (PSI) | 13.0 | 13.0 | | 791 | 105.5 | 454 | 70 | | |
| | | | | | (GPM) | 396 | 396 | | 791 | 105.5 | 459 | 70 | | |
| 3 | 3545.0 | 120.0 | 35.0 | 85.0 | Flow Device | PN1.75 - ATM | PN1.75 - ATM | PN1.75 - ATM | 1187 | 158.2 | 454 | 78 | 156.2 | 82.9 |
| | | | | | (PSI) | 13.0 | 13.0 | 13.0 | 1187 | 158.2 | 459 | 76 | | |
| | | | | | (GPM) | 396 | 396 | 396 | 1187 | 158.2 | 458 | 74 | | |

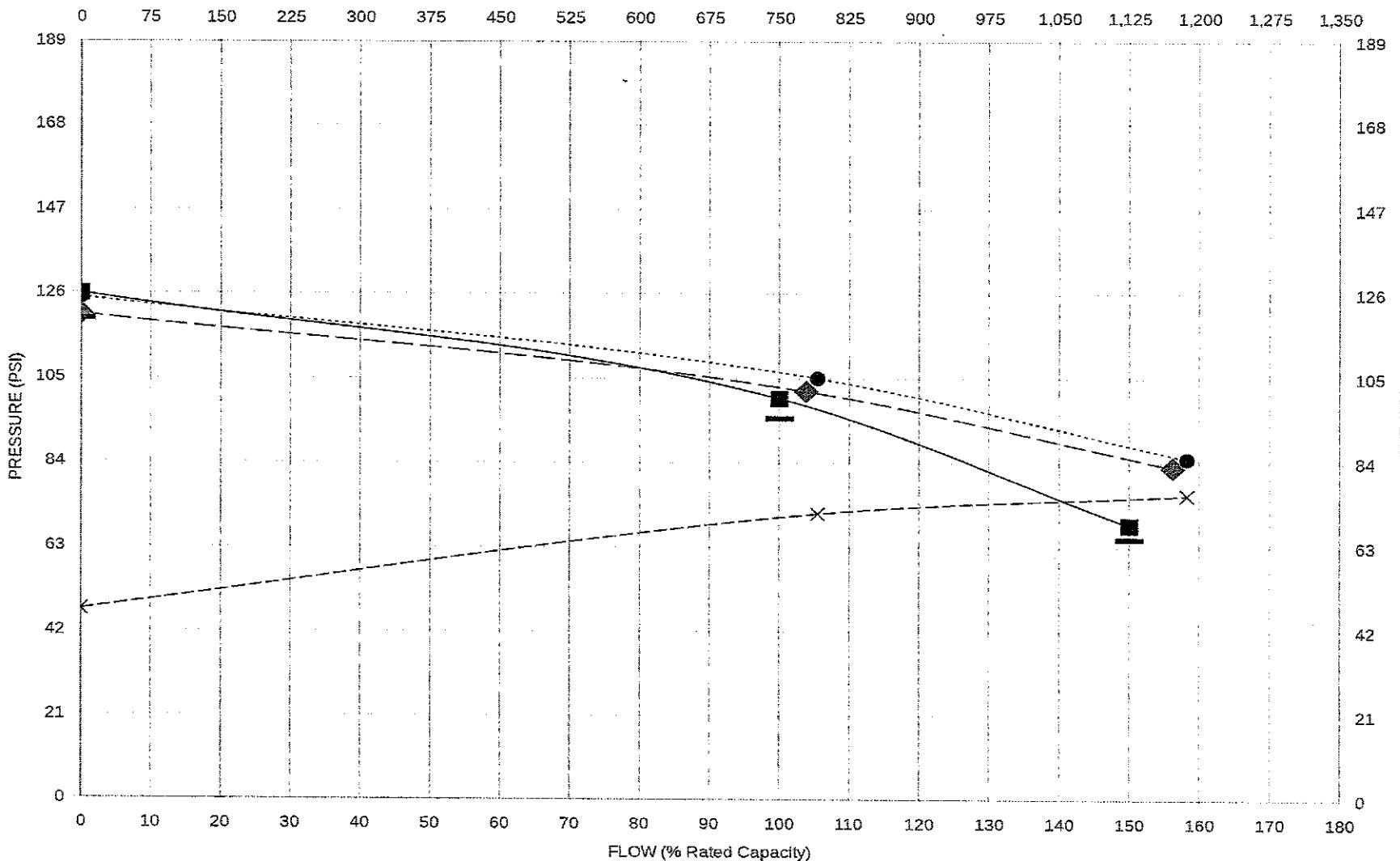
Fire Pump Performance Chart

Pump ID: CHEMICAL AND MATERIALS

Date of Test:

Pump Design 5% degradation point (NFPA 25) Net Head Performance Corrected Amps

FLOW (GPM)



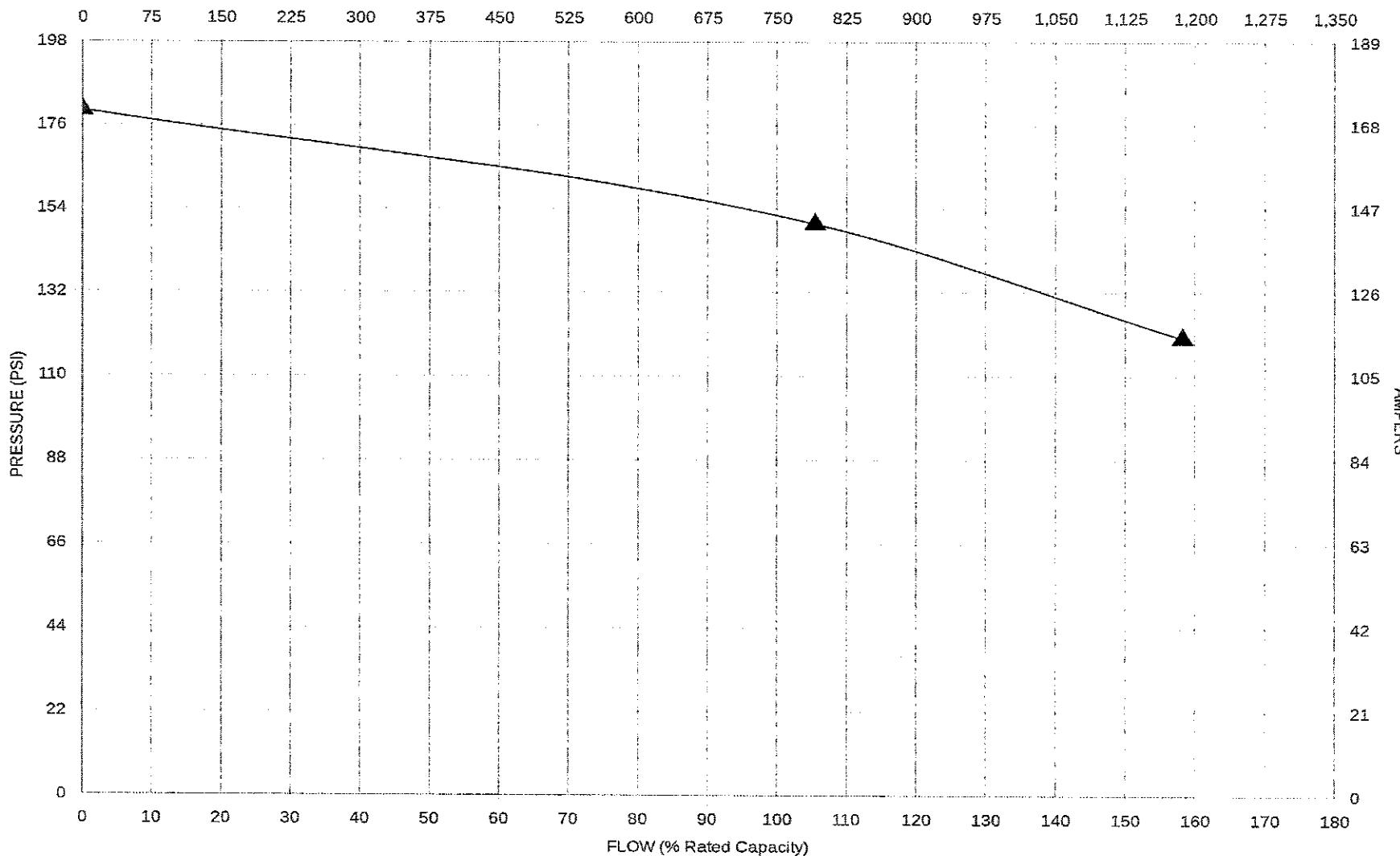
Discharge with System Demand

Pump ID: CHEMICAL AND MATERIALS

Date of Test:

Discharge

FLOW (GPM)



Annual Fire Pump ITM Summary

Inspection Summary

Testing Summary Per NFPA 25-8.3.7.2.3 (2023 edition)

Fire pump meets the flow and pressure requirements of the most demanding system(s)

No Data Available.

Fire pump supplies 100 percent of rated flow

The fire pump was able to flow greater than the fire pump rated flow of 750 (GPM). The max flow measured was 1187 (GPM).

Net pressure at each flow point is at least 95 percent from test curve generated from the fire pump nameplate

note: within, meets or exceeds 95% is acceptable

At churn test point, net pressure of 125.0 (PSI) is within 95% of 126.0 (PSI) (max rated pressure)
 At 100% test point, net pressure of 105.0 (PSI) is within 95% of 100.0 (PSI) (100 rated pressure)
 At peak flow test point, net pressure of 85.0 (PSI) is within 95% of 68.5 (PSI) (150% rated pressure)

Flow Test Result: Acceptable

Checklist Results: No Deficiencies Noted

Customer Name:

Customer Signature:

RFQ Nbr: RFQ-0000002538 - Inspect & Test Water-Based Fire Protection System - Term Contract RFQ Type: Invitation to Bid Sourcing Buyer: Erica Pino Evaluation Type: Group Responses: 3 Awards: 1

Supplier Response Totals

Double-click a supplier line below to view response details

| AWARD | STATUS | RESPONSE NBR | SUPPLIER NAME | COMPANY | TOTAL ITEMS | TOTAL QTY | RESPONSE TOTAL |
|-------|-----------|--------------|------------------------------------|---|-------------|-----------|----------------|
| Y | Evaluated | 2 | Garrison Resources LLC (SPL-54094) | Louisiana State University and Agricultural and Mechanical College (10) | 8 | 7,490.00 | \$42,130.00 |
| N | Evaluated | 3 | BRASSCO INC (SPL-00598) | Louisiana State University and Agricultural and Mechanical College (10) | 8 | 7,490.00 | \$54,185.00 |
| N | Evaluated | 1 | Hiller Companies (SPL-60936) | Louisiana State University and Agricultural and Mechanical College (10) | 8 | 7,490.00 | \$84,825.00 |