



November 12, 2020

Dear Jon,

Thank you and your group for allowing Southwest Elevator to bid as the potential elevator service provider with NCPA. We feel confident that we can not only meet but exceed customer's needs by offering a fresh choice to elevator service over the typical industry majors. We are an independently owned elevator company that has built the company around the principles of superior service. Unlike major elevator companies, our projects are not standardized. We have the ability to work with customers and provide options that stay within your budget's parameters. We are capable of changing with technology and, more importantly, changing with our clients' needs.

It is Southwest Elevator's commitment to provide a comprehensive preventative maintenance program. From new design and installation to renovation, including service and repair and preventative maintenance programs, we are committed to serving our clients. Southwest Elevator is committed to excellence, total customer satisfaction, and continued support. Using this commitment to excellence as our road map to success, Southwest Elevator's leadership and employees have been building relationships with property owners and managers for more than 30 years. Southwest Elevator comes from a family line of elevator construction and service providers in the Midwest and southern regions.

Our vision and direction is simple. We will continue to surpass our customers' expectations while using the NCPA to expand our reach into new cities and portfolios. With a fully staffed and highly experienced sales team and marketing department, Southwest has no doubt that partnering with a cooperative program like NCPA will allow us to grow deeper in Texas, Nevada, and Florida and southern regions in 2020-2021.

Thank you again for your time and interest in Southwest Elevator!

Leslie Pollard
Business Development
lpollard@southwestelevator.com
817-771-9247

Tab 1 – Master Agreement

General Terms and Conditions

- ◆ Customer Support
 - The vendor shall provide timely and accurate technical advice and sales support. The vendor shall respond to such requests within one (1) working day after receipt of the request.
- ◆ Disclosures
 - Respondent affirms that he/she has not given, offered to give, nor intends to give at any time hereafter any economic opportunity, future employment, gift, loan, gratuity, special discount, trip, favor or service to a public servant in connection with this contract.
 - The respondent affirms that, to the best of his/her knowledge, the offer has been arrived at independently, and is submitted without collusion with anyone to obtain information or gain any favoritism that would in any way limit competition or give an unfair advantage over other vendors in the award of this contract.
- ◆ Renewal of Contract
 - Unless otherwise stated, all contracts are for a period of one (1) year with an option to renew for up to four (4) additional one-year terms or any combination of time equally not more than 4 years if agreed to by Region 14 ESC and the vendor.
- ◆ Funding Out Clause
 - Any/all contracts exceeding one (1) year shall include a standard “funding out” clause. A contract for the acquisition, including lease, of real or personal property is a commitment of the entity’s current revenue only, provided the contract contains either or both of the following provisions:
 - Retains to the entity the continuing right to terminate the contract at the expiration of each budget period during the term of the contract and is conditioned on a best efforts attempt by the entity to obtain appropriate funds for payment of the contract.
- ◆ Shipments (if applicable)
 - The awarded vendor shall ship ordered products within the written estimate of delivery time by the vendor to the entity after the receipt of the order unless modified. If a product cannot be shipped within that time, the awarded vendor shall notify the entity placing the order as to why the product has not shipped and shall provide an estimated shipping date. At this point the participating entity may cancel the order if estimated shipping time is not acceptable. All deliveries shall be freight prepaid, F.O.B. destination.
- ◆ Tax Exempt Status
 - Since this is a national contract, knowing the tax laws in each state is the sole responsibility of the vendor.

◆ Payments

- The entity using the contract will make payments directly to the awarded vendor or their affiliates as long as written request and approval by NCPA is provided to the awarded vendor.

◆ Adding authorized distributors/dealers

- Awarded vendors may submit a list of distributors/partners/resellers to sell under their contract throughout the life of the contract. Vendor must receive written approval from NCPA before such distributors/partners/resellers considered authorized.
- Purchase orders and payment can only be made to awarded vendor or distributors/business partners/resellers previously approved by NCPA.
- Pricing provided to members by added distributors or dealers must also be less than or equal to the pricing offered by the awarded contract holder.
- All distributors/partners/resellers are required to abide by the Terms and Conditions of the vendor's agreement with NCPA.

◆ Pricing

- All pricing submitted to shall include, as a cost of sale to the awarded vendor, the administrative fee to be remitted to NCPA by the awarded vendor. It is the awarded vendor's responsibility to keep all pricing up to date and on file with NCPA. For those pricing requiring annual or periodic pricing updates, awarded vendors are expected to provide these changes as submitted.
- All deliveries shall be freight prepaid, F.O.B. destination and shall be included in all pricing offered unless otherwise clearly stated in writing

◆ Warranty

- Proposals should address each of the following:
 - Applicable warranty and/or guarantees of equipment and installations including any conditions and response time for repair and/or replacement of any components during the warranty period.
 - Availability of replacement parts
 - Life expectancy of equipment under normal use
 - Detailed information as to proposed return policy on all equipment
- All supplies, equipment and services shall include manufacturer's minimum standard warranty and one (1) year labor warranty unless otherwise agreed to in writing.

◆ Audit rights

- Vendor shall, at Vendor's sole expense, maintain appropriate due diligence of all purchases made by any entity that utilizes this Agreement. NCPA and Region 14 ESC each reserve the right to audit the accounting for a period of three (3) years from the time such purchases are made. This audit right shall survive termination of this Agreement for a period of one (1) year from the effective date of termination. In the State of New Jersey, this audit right shall survive termination of this Agreement for a period of five (5) years from the date of

final payment. Such records shall be made available to the New Jersey Office of the State Comptroller upon request.

- Region 14 ESC shall have the authority to conduct random audits of Vendor's pricing that is offered to eligible entities at Region 14 ESC's sole cost and expense. Notwithstanding the foregoing, in the event that Region 14 ESC is made aware of any pricing being offered to eligible agencies that is materially inconsistent with the pricing under this agreement, Region 4 ESC shall have the ability to conduct an extensive audit of Vendor's pricing at Vendor's sole cost and expense. Region 14 ESC may conduct the audit internally or may engage a third-party auditing firm. In the event of an audit, the requested materials shall be provided in the format and at the location designated by Region 14 ESC or NCPA.

◆ Indemnity

- The awarded vendor shall protect, indemnify, and hold harmless Region 14 ESC and its participants, administrators, employees and agents against all claims, damages, losses and expenses arising out of or resulting from the actions of the vendor, vendor employees or vendor subcontractors in the preparation of the solicitation and the later execution of the contract.

◆ Licenses and Duty to keep current licenses

- Vendor shall maintain in current status all federal, state and local licenses, bonds and permits required for the operation of the business conducted by vendor. Vendor shall remain fully informed of and in compliance with all ordinances and regulations pertaining to the lawful provision of services under the contract. Region 14 ESC reserves the right to stop work and/or cancel the contract of any vendor whose license(s) expire, lapse, are suspended or terminated. Vendor is expected to provide all required license(s) with this RFP response.

◆ Franchise Tax

- The respondent hereby certifies that he/she is not currently delinquent in the payment of any franchise taxes.

◆ Supplemental Agreements

- The entity participating in this contract and awarded vendor may enter into a separate supplemental agreement to further define the level of service requirements over and above the minimum defined in this contract i.e. invoice requirements, ordering requirements, specialized delivery, etc. Any supplemental agreement developed as a result of this contract is exclusively between the participating entity and awarded vendor.

◆ Certificates of Insurance

- Certificates of insurance shall be delivered to the Public Agency prior to commencement of work. The insurance company shall be licensed in the applicable state in which work is being conducted. The awarded vendor shall give the participating entity a minimum of ten (10) days notice prior to any modifications or cancellation of policies. The awarded vendor shall require all subcontractors performing any work to maintain coverage as specified.

◆ Legal Obligations

- It is the Respondent's responsibility to be aware of and comply with all local, state, and federal laws governing the sale of products/services identified in this RFP and any awarded contract and shall comply with all while fulfilling the RFP. Applicable laws and regulation must be followed even if not specifically identified herein.

◆ Protest

- A protest of an award or proposed award must be filed in writing within ten (10) days from the date of the official award notification and must be received by 5:00 pm CST. No protest shall lie for a claim that the selected Vendor is not a responsible Bidder. Protests shall be filed with Region 14 ESC and shall include the following:
 - Name, address and telephone number of protester
 - Original signature of protester or its representative
 - Identification of the solicitation by RFP number
 - Detailed statement of legal and factual grounds including copies of relevant documents and the form of relief requested
- Any protest review and action shall be considered final with no further formalities being considered.

◆ Force Majeure

- If by reason of Force Majeure, either party hereto shall be rendered unable wholly or in part to carry out its obligations under this Agreement then such party shall give notice and full particulars of Force Majeure in writing to the other party within a reasonable time after occurrence of the event or cause relied upon, and the obligation of the party giving such notice, so far as it is affected by such Force Majeure, shall be suspended during the continuance of the inability then claimed, except as hereinafter provided, but for no longer period, and such party shall endeavor to remove or overcome such inability with all reasonable dispatch.
- The term Force Majeure as employed herein, shall mean acts of God, strikes, lockouts, or other industrial disturbances, act of public enemy, orders of any kind of government of the United States or any civil or military authority; insurrections; riots; epidemics; landslides; lighting; earthquake; fires; hurricanes; storms; floods; washouts; droughts; arrests; restraint of government and people; civil disturbances; explosions, breakage or accidents to machinery, pipelines or canals, or other causes not reasonably within the control of the party claiming such inability. It is understood and agreed that the settlement of strikes and lockouts shall be entirely within the discretion of the party having the difficulty, and that the above requirement that any Force Majeure shall be remedied with all reasonable dispatch shall not require the settlement of strikes and lockouts by acceding to the demands of the opposing party or parties when such settlement is unfavorable in the judgment of the party having the difficulty.

◆ Prevailing Wage

- It shall be the responsibility of the Vendor to comply, when applicable, with the prevailing wage legislation in effect in the jurisdiction of the purchaser. It shall further be the responsibility of the Vendor to monitor the prevailing wage rates as established by the appropriate department of labor for any increase in rates during the term of this contract and adjust wage rates accordingly.

◆ Miscellaneous

- Either party may cancel this contract in whole or in part by providing written notice. The cancellation will take effect 30 business days after the other party receives the notice of cancellation. After the 30th business day all work will cease following completion of final purchase order.

◆ Cancellation for Non-Performance or Contractor Deficiency

- Region 14 ESC may terminate any contract if awarded vendor has not used the contract, or if purchase volume is determined to be low volume in any 12-month period.
- Region 14 ESC reserves the right to cancel the whole or any part of this contract due to failure by contractor to carry out any obligation, term or condition of the contract.
- Region 14 ESC may issue a written deficiency notice to contractor for acting or failing to act in any of the following:
 - ◆ Providing material that does not meet the specifications of the contract;
 - ◆ Providing work and/or material that was not awarded under the contract;
 - ◆ Failing to adequately perform the services set forth in the scope of work and specifications;
 - ◆ Failing to complete required work or furnish required materials within a reasonable amount of time;
 - ◆ Failing to make progress in performance of the contract and/or giving Region 14 ESC reason to believe that contractor will not or cannot perform the requirements of the contract;
- Upon receipt of a written deficiency notice, contractor shall have ten (10) days to provide a satisfactory response to Region 14 ESC. Failure to adequately address all issues of concern may result in contract cancellation. Upon cancellation under this paragraph, all goods, materials, work, documents, data and reports prepared by contractor under the contract shall become the property of Region 14 ESC on demand.

◆ Open Records Policy

- Because Region 14 ESC is a governmental entity responses submitted are subject to release as public information after contracts are executed. If a vendor believes that its response, or parts of its response, may be exempted from disclosure, the vendor must specify page-by-page and line-by-line the parts of the response, which it believes, are exempt. In addition, the respondent must specify which exception(s) are applicable and provide detailed reasons to substantiate the exception(s).
- The determination of whether information is confidential and not subject to disclosure is the duty of the Office of Attorney General (OAG). Region 14 ESC must provide the OAG sufficient information to render an opinion and therefore, vague and general claims to confidentiality by the respondent are not acceptable. Region 14 ESC must comply with the opinions of the OAG. Region 14 ESC assumes no responsibility for asserting legal arguments on behalf of any vendor. Respondent are advised to consult with their legal

counsel concerning disclosure issues resulting from this procurement process and to take precautions to safeguard trade secrets and other proprietary information.

If awarded vendor is going to do business in the State of Arizona, the following terms and conditions shall apply

◆ Cancellation for Conflict of Interest

- Per A.R.S. 38-511 a School District/public entity may cancel this Contract within three (3) years after Contract execution without penalty or further obligation if any person significantly involved in initiating, negotiating, securing, drafting, or creating the Contract on behalf of the School District/public entity is, or becomes at any time while the Contract or an extension the Contract is in effect, an employee of or a consultant to any other party to this Contract with respect to the subject matter of the Contract. The cancellation shall be effective when the awarded vendor receives written notice of the cancellation unless the notice specifies a later time.

◆ Registered Sex Offender Restriction

- Pursuant to this order, the awarded vendor agrees by acceptance of this order that no employee of the awarded vendor or a subcontractor of the awarded vendor, who has been adjudicated to be a registered sex offender, will perform work on any School District's premises or equipment at any time when District students are, or are reasonably expected to be, present. The awarded vendor further agrees by acceptance of this order that a violation of this condition shall be considered a material breach and may result in a cancellation of the order at the District's discretion.

◆ Contract's Employment Eligibility

- By entering the contract, awarded vendor warrants compliance with A.R.S. 41-4401, A.R.S. 23-214, the Federal Immigration and Nationality Act (FINA), and all other federal immigration laws and regulations. A School District/public entity may request verification of compliance from any contractor or subcontractor performing work under this contract. A School District/public entity reserves the right to confirm compliance in accordance with applicable laws. Should the School District/public entity suspect or find that the awarded vendor or any of its subcontractors are not in compliance, the School District/public entity may pursue any and all remedies allowed by law, including, but not limited to: suspension of work, termination of the contract for default, and suspension and/or debarment of the awarded vendor. All costs necessary to verify compliance are the responsibility of the award vendor.

◆ Terrorism Country Divestments

- Per A.R.S. 35-392, a School District/public entity is prohibited from purchasing from a company that is in violation of the Export Administration Act.

◆ Fingerprint Checks

- If required to provide services on School District/public entity's property, awarded vendor shall comply with A.R.S. 15-511(h).

◆ Indemnification

- Notwithstanding all other provisions of this agreement, School District/public entity does not agree to accept responsibility, waive liability, or indemnify the awarded vendor, in whole or in part, for the errors, negligence, hazards, liabilities, contract breach and/or omissions of the awarded vendor, its employees and/or agents.

Process

Region 14 ESC will evaluate proposals in accordance with, and subject to, the relevant statutes, ordinances, rules, and regulations that govern its procurement practices. NCPA will assist Region 14 ESC in evaluating proposals. Award(s) will be made to the prospective vendor(s) whose response is determined to be the most advantageous to Region 14 ESC, NCPA, and its participating agencies. To qualify for evaluation, response must have been submitted on time, and satisfy all mandatory requirements identified in this document.

- ◆ Contract Administration
 - The contract will be administered by Region 14 ESC. The National Program will be administered by NCPA on behalf of Region 14 ESC.
- ◆ Contract Term
 - The contract term will be for one (1) year starting from the date of the award. The contract may be renewed for up to two (4) additional one-year terms or any combination of time equally not more than 4 years.
 - It should be noted that maintenance/service agreements may be issued for up to (5) years under this contract even if the contract only lasts for the initial term of the contract. NCPA will monitor any maintenance agreements for the term of the agreement provided they are signed prior to the termination or expiration of this contract.
- ◆ Contract Waiver
 - Any waiver of any provision of this contract shall be in writing and shall be signed by the duly authorized agent of Region 14 ESC. The waiver by either party of any term or condition of this contract shall not be deemed to constitute waiver thereof nor a waiver of any further or additional right that such party may hold under this contract.
- ◆ Products and Services additions
 - Products and Services may be added to the resulting contract during the term of the contract by written amendment, to the extent that those products and services are within the scope of this RFP and has written approval of NCPA and Region 14 ESC.
- ◆ Competitive Range
 - It may be necessary for Region 14 ESC to establish a competitive range. Responses not in the competitive range are unacceptable and do not receive further award consideration.
- ◆ Deviations and Exceptions
 - Deviations or exceptions stipulated in response may result in disqualification. It is the intent of Region 14 ESC to award a vendor's complete line of products and/or services, when possible.
- ◆ Estimated Quantities
 - The estimated dollar volume of Products and Services purchased under the proposed Master Agreement is \$25 million dollars annually. This estimate is based on the anticipated volume of Region 14 ESC and current sales within the NCPA program. There is no guarantee or commitment of any kind regarding usage of any contracts resulting from this solicitation

◆ Evaluation

- Region 14 ESC will review and evaluate all responses in accordance with, and subject to, the relevant statutes, ordinances, rules and regulations that govern its procurement practices. NCPA will assist the lead agency in evaluating proposals. Recommendations for contract awards will be based on multiple factors, each factor being assigned a point value based on its importance.

◆ Formation of Contract

- A response to this solicitation is an offer to contract with Region 14 ESC based upon the terms, conditions, scope of work, and specifications contained in this request. A solicitation does not become a contract until it is accepted by Region 14 ESC. The prospective vendor must submit a signed Signature Form with the response thus, eliminating the need for a formal signing process.

◆ NCPA Administrative Agreement

- The vendor will be required to enter and execute the National Cooperative Purchasing Alliance Administration Agreement with NCPA upon award with Region 14 ESC. The agreement establishes the requirements of the vendor with respect to a nationwide contract effort.

◆ Clarifications / Discussions

- Region 14 ESC may request additional information or clarification from any of the respondents after review of the proposals received for the sole purpose of elimination minor irregularities, informalities, or apparent clerical mistakes in the proposal. Clarification does not give respondent an opportunity to revise or modify its proposal, except to the extent that correction of apparent clerical mistakes results in a revision. After the initial receipt of proposals, Region 14 ESC reserves the right to conduct discussions with those respondent's whose proposals are determined to be reasonably susceptible of being selected for award. Discussions occur when oral or written communications between Region 14 ESC and respondents are conducted for the purpose clarifications involving information essential for determining the acceptability of a proposal or that provides respondent an opportunity to revise or modify its proposal. Region 14 ESC will not assist respondent bring its proposal up to the level of other proposals through discussions. Region 14 ESC will not indicate to respondent a cost or price that it must meet to neither obtain further consideration nor will it provide any information about other respondents' proposals or prices.

◆ Multiple Awards

- Multiple Contracts may be awarded as a result of the solicitation. Multiple Awards will ensure that any ensuing contracts fulfill current and future requirements of the diverse and large number of participating public agencies.

◆ Past Performance

- Past performance is relevant information regarding a vendor's actions under previously awarded contracts; including the administrative aspects of performance; the vendor's history of reasonable and cooperative behavior and commitment to customer satisfaction; and generally, the vendor's businesslike concern for the interests of the customer.

Evaluation Criteria

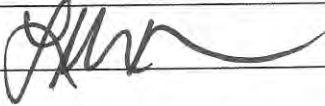
- ◆ Product & Services/Pricing (40 points)
 - Respondent(s)' products and services (e.g.; quality and breadth of product(s)/service(s), description(s) quality, reputation in the marketplace, average on time delivery rate and historical shipping timelines, return and restocking policies and applicable fees, average Fill Rate, shipping charges and other)
 - Competitive Level of Pricing for vendor's available products and services
 - Warranties on Respondent(s)' products and services (e.g.; availability of standard/extended warranties, pricing, detailed descriptions, ease of process and others)
 - Evidence of the ability of Respondent(s)' products and services to save members time and money (e.g.; breadth of service departments, technological advances, personnel experience, product(s) efficiencies, and others)
 - Other factors relevant to this section as submitted by the responder(s)
- ◆ Ability to Provide and Perform the Required Services for the Contract (25 points)
 - Response to emergency orders & service (e.g.; response time, breadth of service coverage, strength of meeting service and warranty needs of members)
 - Customer service/problem resolution (e.g.; technical abilities of service personnel; quality of processes,)
 - Invoicing process (e.g.; ease of use; transparency, billing resolutions)
 - Respondent(s)' processes, and quality of organizational structure
 - Contract implementation/Customer transition
 - Financial condition of vendor
 - Offeror's safety record (e.g.; benchmarks, lost hours, reporting)
 - Instructional materials and training (e.g.; administrative documentation, internal technical training, training of agencies)
 - Other factors relevant to this section as submitted by the proposer
- ◆ References (10 points)
 - A minimum of ten (10) customer references for product and/or services of similar scope dating within past 3 years
- ◆ Qualification and Experience (15 points)
 - Respondent(s)' reputation in the marketplace
 - Past relationship with Region 14 ESC and/or NCPA members
 - Experience with cooperative selling (e.g.; number of other cooperatives, Exhibited understanding of cooperative purchasing)
 - Experience and qualification of key employees
 - Location and number of sales persons who will work on this contract
 - Marketing plan and capability
 - Past experience working with the government sector
 - Past litigation, bankruptcy, reorganization, state investigations of entity or current officers and directors

- Completeness of response (e.g.; filled out all sections, answered all questions, provided pricing)
 - Other factors relevant to this section as submitted by the proposer
- ◆ Value Added Services Description, Products and/or Services (10 points)
- Marketing and agency Training
 - Customer Service
 - Sales force training (e.g.; internal training plan, corporate officer involvement, orientation commitment)
 - Marketing plan and capability (e.g.; contract rollout plan, benchmarks, goals)
 - Green initiative(s) (e.g.; philosophy, certificates, awards)
 - Quality and breadth of value add(s)
 - Other factors relevant to this section as submitted by the proposer

Signature Form

The undersigned hereby proposes and agrees to furnish goods and/or services in strict compliance with the terms, specifications and conditions at the prices proposed within response unless noted in writing. The undersigned further certifies that he/she is an officer of the company and has authority to negotiate and bind the company named below and has not prepared this bid in collusion with any other Respondent and that the contents of this proposal as to prices, terms or conditions of said bid have not been communicated by the undersigned nor by any employee or agent to any person engaged in this type of business prior to the official opening of this proposal.

Prices are guaranteed: **120 days**

Company name	SW Elevators, LLC
Address	301 Commerce Street
City/State/Zip	Fort Worth, Texas 76102
Telephone No.	817-924-2828
Fax No.	817-921-4267
Email address	lharrison@southwestelevators.com
Printed name	Luke Harrison
Position with company	Regional Sales Manager
Authorized signature	

Tab 2 – NCPA Administration Agreement

This Administration Agreement is made as of December 8, 2020, by and between National Cooperative Purchasing Alliance ("NCPA") and SW Elevators, LLC ("Vendor").

Recitals

WHEREAS, Region 14 ESC has entered into a certain Master Agreement dated December 8, 2020, referenced as Contract Number 02-98, by and between Region 14 ESC and Vendor, as may be amended from time to time in accordance with the terms thereof (the "Master Agreement"), for the purchase of Elevator Equipment, Service, Repair and Related Services;

WHEREAS, said Master Agreement provides that any state, city, special district, local government, school district, private K-12 school, technical or vocational school, higher education institution, other government agency or nonprofit organization (hereinafter referred to as "public agency" or collectively, "public agencies") may purchase products and services at the prices indicated in the Master Agreement;

WHEREAS, NCPA has the administrative and legal capacity to administer purchases under the Master Agreement to public agencies;

WHEREAS, NCPA serves as the administrative agent for Region 14 ESC in connection with other master agreements offered by NCPA

WHEREAS, Region 14 ESC desires NCPA to proceed with administration of the Master Agreement;

WHEREAS, NCPA and Vendor desire to enter into this Agreement to make available the Master Agreement to public agencies on a national basis;

NOW, THEREFORE, in consideration of the payments to be made hereunder and the mutual covenants contained in this Agreement, NCPA and Vendor hereby agree as follows:

◆ General Terms and Conditions

- The Master Agreement, attached hereto as Tab 1 and incorporated herein by reference as though fully set forth herein, and the terms and conditions contained therein shall apply to this Agreement except as expressly changed or modified by this Agreement.
- NCPA shall be afforded all of the rights, privileges and indemnifications afforded to Region 14 ESC under the Master Agreement, and such rights, privileges and indemnifications shall accrue and apply with equal effect to NCPA under this Agreement including, but not limited to, the Vendor's obligation to provide appropriate insurance and certain indemnifications to Region 14 ESC.
- Vendor shall perform all duties, responsibilities and obligations required under the Master Agreement in the time and manner specified by the Master Agreement.
- NCPA shall perform all of its duties, responsibilities, and obligations as administrator of purchases under the Master Agreement as set forth herein, and Vendor acknowledges that NCPA shall act in the capacity of administrator of purchases under the Master Agreement.
- With respect to any purchases made by Region 14 ESC or any Public Agency pursuant to the Master Agreement, NCPA (a) shall not be construed as a dealer, re-marketer, representative, partner, or agent of any type of Vendor, Region 14 ESC, or such Public Agency, (b) shall not be obligated, liable or responsible (i) for any orders made by Region

14 ESC, any Public Agency or any employee of Region 14 ESC or Public Agency under the Master Agreement, or (ii) for any payments required to be made with respect to such order, and (c) shall not be obligated, liable or responsible for any failure by the Public Agency to (i) comply with procedures or requirements of applicable law, or (ii) obtain the due authorization and approval necessary to purchase under the Master Agreement. NCPA makes no representations or guaranties with respect to any minimum purchases required to be made by Region 14 ESC, any Public Agency, or any employee of Region 14 ESC or Public Agency under this Agreement or the Master Agreement.

- The Public Agency participating in the NCPA contract and Vendor may enter into a separate supplemental agreement to further define the level of service requirements over and above the minimum defined in this contract i.e. invoice requirements, ordering requirements, specialized delivery, etc. Any supplemental agreement developed as a result of this contract is exclusively between the Public Agency and Vendor. NCPA, its agents, members and employees shall not be made party to any claim for breach of such agreement.

◆ **Term of Agreement**

- This Agreement shall be in effect so long as the Master Agreement remains in effect, provided, however, that the obligation to pay all amounts owed by Vendor to NCPA through the termination of this Agreement and all indemnifications afforded by Vendor to NCPA shall survive the term of this Agreement.

◆ **Fees and Reporting**

- The awarded vendor shall electronically provide NCPA with a detailed quarterly report showing the dollar volume of all sales under the contract for the previous quarter. Reports are due on the fifteenth (15th) day after the close of the previous quarter. It is the responsibility of the awarded vendor to collect and compile all sales under the contract from participating members and submit one (1) report. The report shall include at least the following information as listed in the example below:

Agency Name	State	Zip Code	Date	PO or Job #	RQN Number	Sale Amount	Admin Fee
						Total	_____

- Each quarter NCPA will invoice the vendor based on the total of sale amount(s) reported. From the invoice the vendor shall pay to NCPA an administrative fee of three (3%) for the amount of the agency's purchase order less any applicable sales tax and Performance and/or Payment bond cost. Vendor's annual sales shall be measured on a calendar year basis. Deadline for term of payment will be included in the invoice NCPA provides.
- Supplier shall maintain an accounting of all purchases made by Public Agencies under the Master Agreement. NCPA and Region 14 ESC reserve the right to audit the accounting for a period of five (5) years from the date NCPA receives the accounting. In the event of such an audit, the requested materials shall be provided at the location designated by Region 14 ESC or NCPA. In the event such audit reveals an under reporting of Contract Sales and a resulting underpayment of administrative fees, Vendor shall promptly pay NCPA the amount of such underpayment, together with interest on such amount and shall be obligated to reimburse NCPA's costs and expenses for such audit.

◆ **General Provisions**

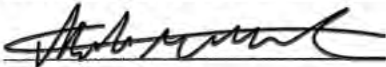
- This Agreement supersedes any and all other agreements, either oral or in writing, between the parties hereto with respect to the subject matter hereof, and no other agreement, statement, or promise relating to the subject matter of this Agreement which is not contained herein shall be valid or binding.
- Awarded vendor agrees to allow NCPA to use their name and logo within website, marketing materials and advertisement. Any use of NCPA name and logo or any form of publicity regarding this contract by awarded vendor must have prior approval from NCPA.
- If any action at law or in equity is brought to enforce or interpret the provisions of this Agreement or to recover any administrative fee and accrued interest, the prevailing party shall be entitled to reasonable attorney's fees and costs in addition to any other relief to which such party may be entitled.
- Neither this Agreement nor any rights or obligations hereunder shall be assignable by Vendor without prior written consent of NCPA, provided, however, that the Vendor may, without such written consent, assign this Agreement and its rights and delegate its obligations hereunder in connection with the transfer or sale of all or substantially all of its assets or business related to this Agreement, or in the event of its merger, consolidation, change in control or similar transaction. Any permitted assignee shall assume all assigned obligations of its assignor under this Agreement.
- This Agreement and NCPA's rights and obligations hereunder may be assigned at NCPA's sole discretion, to an existing or newly established legal entity that has the authority and capacity to perform NCPA's obligations hereunder
- All written communications given hereunder shall be delivered to the addresses as set forth below.

National Cooperative Purchasing Alliance:

Name: Matthew Mackel

Title: Director, Business Development

Address: PO Box 701273
Houston, TX 77270

Signature: 

Date: December 8, 2020

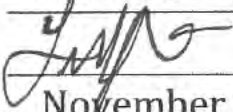
Vendor:

SW Elevators, LLC

Name: Luke Harrison

Title: Regional Sales Manager

Address: 301 Commerce St, #2360
Fort Worth, Texas 76102

Signature: 

Date: November 11, 2020

NCPA Registered Vendor Quotation Number

RFP responders are requested to agree to a quotation number registration program to provide consistency and faster service for our facility awarded vendors, agency members and participants. The process will require Facility Contract holders to register and receive a NCPA Vendor Registered Quotation Number that must be prominently displayed on each proposal(s) that you present to the agencies. The system will track Facility transactions from the initial proposal stage to the completion of each project. NCPA has assembled an experienced Facilities Management Team that stands ready and willing to assist its vendors in providing quality services to the awarded vendor's organization. Failure to receive the Vendor Registered Quotation Number can result in potential delays to your services and the only acceptable proposals need to have a NCPA Vendor Registered Quotation Number.

NCPA Registered Vendor Quotation Number Process

Fill out the form on the Facilities page at www.ncpa.us

(Direct link is <http://www.ncpa.us/Facilities/Register>)

*** Fill out and submit.**

- All registered vendor quotation number requests must be submitted and a proposal number received before you present it to your potential customer.
- You will have a response with a NCPA Vendor Registered Quotation Number within 4 hours.
- If you have an emergency and need a quotation number sooner, call any member of the Facility Management team and we will help you.
- Include the quotation number on all proposals.

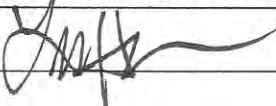
This document acknowledges that you have received and agree to the details, directions and expectations of the NCPA Vendor Registered Quotation Number process.

Date November 11, 2020

RFP Number 36-20

Company Name SW Elevators, LLC

Printed Name Luke Harrison

Signature 

Tab 3 – Vendor Questionnaire

Please provide responses to the following questions that address your company's operations, organization, structure, and processes for providing products and services.

◆ States Covered

- Bidder must indicate any and all states where products and services can be offered.
- Please indicate the price co-efficient for each state if it varies.

☐ **50 States & District of Columbia** (Selecting this box is equal to checking all boxes below)

<input type="checkbox"/> Alabama	<input type="checkbox"/> Maryland	<input type="checkbox"/> South Carolina
<input type="checkbox"/> Alaska	<input type="checkbox"/> Massachusetts	<input type="checkbox"/> South Dakota
<input type="checkbox"/> Arizona	<input type="checkbox"/> Michigan	<input type="checkbox"/> Tennessee
<input type="checkbox"/> Arkansas	<input type="checkbox"/> Minnesota	<input checked="" type="checkbox"/> Texas
<input type="checkbox"/> California	<input type="checkbox"/> Mississippi	<input type="checkbox"/> Utah
<input type="checkbox"/> Colorado	<input type="checkbox"/> Missouri	<input type="checkbox"/> Vermont
<input type="checkbox"/> Connecticut	<input type="checkbox"/> Montana	<input type="checkbox"/> Virginia
<input type="checkbox"/> Delaware	<input type="checkbox"/> Nebraska	<input type="checkbox"/> Washington
<input type="checkbox"/> District of Columbia	<input checked="" type="checkbox"/> Nevada	<input type="checkbox"/> West Virginia
<input checked="" type="checkbox"/> Florida	<input type="checkbox"/> New Hampshire	<input type="checkbox"/> Wisconsin
<input type="checkbox"/> Georgia	<input type="checkbox"/> New Jersey	<input type="checkbox"/> Wyoming
<input type="checkbox"/> Hawaii	<input type="checkbox"/> New Mexico	
<input type="checkbox"/> Idaho	<input type="checkbox"/> New York	
<input type="checkbox"/> Illinois	<input type="checkbox"/> North Carolina	
<input type="checkbox"/> Indiana	<input type="checkbox"/> North Dakota	
<input type="checkbox"/> Iowa	<input type="checkbox"/> Ohio	
<input type="checkbox"/> Kansas	<input checked="" type="checkbox"/> Oklahoma	
<input type="checkbox"/> Kentucky	<input type="checkbox"/> Oregon	
<input checked="" type="checkbox"/> Louisiana	<input type="checkbox"/> Pennsylvania	
<input type="checkbox"/> Maine	<input type="checkbox"/> Rhode Island	

☐ **All US Territories and Outlying Areas** (Selecting this box is equal to checking all boxes below)

☐ American Samoa

☐ Northern Marina Islands

☐ Federated States of Micronesia

☐ Puerto Rico

☐ Guam

☐ U.S. Virgin Islands

☐ Midway Islands

◆ **Minority and Women Business Enterprise (MWBE) and (HUB) Participation**

- It is the policy of some entities participating in NCPA to involve minority and women business enterprises (MWBE) and historically underutilized businesses (HUB) in the purchase of goods and services. Respondents shall indicate below whether or not they are an M/WBE or HUB certified.

▪ **Minority / Women Business Enterprise**

- Respondent Certifies that this firm is a M/WBE ☐

▪ **Historically Underutilized Business**

- Respondent Certifies that this firm is a HUB ☐

◆ **Residency**

- Responding Company's principal place of business is in the city of Fort Worth, State of Texas

◆ **Felony Conviction Notice**

- Please Check Applicable Box;

☐ A publically held corporation; therefore, this reporting requirement is not applicable.

☒ Is not owned or operated by anyone who has been convicted of a felony.

☐ Is owned or operated by the following individual(s) who has/have been convicted of a felony

- If the 3rd box is checked, a detailed explanation of the names and convictions must be attached.

◆ **Distribution Channel**

- Which best describes your company's position in the distribution channel:

☐ Manufacturer Direct

☐ Certified education/government reseller

☐ Authorized Distributor

☐ Manufacturer marketing through reseller

☒ Value-added reseller

☒ Other: Service

◆ **Processing Information**

- Provide company contact information for the following:

▪ **Sales Reports / Accounts Payable**

Contact Person: Aaron Wright

Title: Accounts Payable

Company: SW Elevators, LLC

Address: 301 Commerce Street, Suite 2360

City: Fort Worth State: Texas Zip: 76102

Phone: 817-402-4109 Email: awright@southwestelevator.com

▪ Purchase Orders

Contact Person: Tina Roberts
Title: Administrative Assistant
Company: SW Elevators, LLC
Address: 301 Commerce Street, Suite 2360
City: Fort Worth State: Texas Zip: 76102
Phone: 817-900-8269 Email: Troberts@southwestelevator.com

▪ Sales and Marketing

Contact Person: Leslie Pollard
Title: Business Developmet
Company: SW Elevators, LLC
Address: 301 Commerce Street, Suite 2360
City: Fort Worth State: Texas Zip: 76102
Phone: 817-924-2828 Email: lpollard@southwestelevator.com

♦ Pricing Information

- In addition to the current typical unit pricing furnished herein, the Vendor agrees to offer all future product introductions at prices that are proportionate to Contract Pricing.
 - If answer is no, attach a statement detailing how pricing for NCPA participants would be calculated for future product introductions.

☒ Yes ☐ No
- Pricing submitted includes the required NCPA administrative fee. The NCPA fee is calculated based on the invoice price to the customer.

☐ Yes ☒ No
- Vendor will provide additional discounts for purchase of a guaranteed quantity.

☒ Yes ☐ No

Tab 4 – Vendor Profile

Please provide answers to the following questions in a clear and concise manner. Provide the question number in your response:

1. Company's official registered name.
Elevators Intermediate Holdings, LLC (see Attachment A - W-9 copy in additional information section)
2. Brief history of your company, including the year it was established.
Southwest were founded in Fort Worth, Texas in 2003 by current chief executive officer and third generation elevator contractor Tom Cavinder.
3. Company's Dun & Bradstreet (D&B) number.
117443442
4. Company's organizational chart of those individuals that would be involved in the contract.
(See Attachment B – Org Chart in additional information section)
5. Corporate office location.

301 Commerce Street
Suite 2360
Fort Worth, TX 76102
a. List the number of sales and service offices for states being bid in solicitation.
Three service office. 7 Total sales for the southern Region.

Fort Worth – Tim Horton Director of Operations, 301 Commerce St. Suite 2360 Fort Worth, TX 76102 thorton@southwestelevator.com, 817-924-2828

Miami Florida – Tim Horton Director of Operations, 301 Commerce St. Suite 2360 Fort Worth, TX 76102 thorton@southwestelevator.com, 817-924-2828

Las Vegas – Zach Christiansen, zchristiansen@southwestelevator.com

Oklahoma - Mike Barnes Director Of Operations, mbarnes@southwestelevator.com
6. Define your standard terms of payment.
Net 30
7. Who is your competition in the marketplace?
Thyssenkrupp, Otis, Schindler, K & M Elevator, EMR Elevator
8. What is your market share?
Current 15% market share for our southern region.
9. Are you gaining market share, losing market share, or maintaining market share?

Southwest has had a 40% growth rate since 2019.

10. What is your strategy to increase market share?

Continue to provide what the market needs. True maintenance and quality work by a union company who earns the business by exceeding the customers' expectations.
Continuing offering an elite
Level of customer service.

11. What differentiates your company from competitors?

Southwest offers guaranteed monthly maintenance as one of our many offerings to customers. Our mechanics work more like an independent contractor allowing them to be more in control of ordering needed parts for reliability of the vertical transportation needs. Our mechanics have about half of the number of units on their routes than industry standard to ensure they can perform the needed preventative maintenance rather being in a reactive position of spending time handling call backs.

14. Describe how your company will market this contract if awarded. Our sales team will spend ample time each month introducing ourselves to the purchasing and facilities teams in the regions we currently do business.

We will offer free audits and surveys of equipment to these customers in order to gain their trust and confidence. Using these two tools together will be key in bringing more customers over to Southwest for future growth.

15. Describe how you intend on introducing NCPA to your company.

Our company is already familiar with NCPA and the benefits of using this great resource. We plan on having monthly meetings with operations and sales to ensure we are utilizing the program to its fullest extent. We are currently utilizing NCPA as an affiliate under Reliant Elevator Inspection & Consulting contract.

16. Describe your company's Customer Service Department (hours of operation, number of service centers, parts outlets, number of technicians, etc.) Clarify if the service centers are owned by your company or if they are a network of subcontractors.

Our office hours for normal hours are Monday through Friday 7:30 AM to 5:00 PM. We have a dispatching answering service that provides after hours and emergency services the remainder of the non-working office hours.

17. Describe your company's process in handling High Security Areas for repair work.

If badges are required, we will do the necessary steps to get all of our personnel badged and screened. If that isn't possible, they will be escorted.

18. Describe how your company handles after-hours customer service needs.
Customers call our 24/7 phone number which will put them into our after-hours service
19. Indicate your response time to emergency service calls.
Average 30 minutes to 1-hour response for emergency calls with these types of calls being the top priority
20. Describe your call log and what information is provided.
Unit #, Date, Technicians Name, Time in, Time out and Problem reported by customer and resolution
See Attachment C copy in additional information section
21. Provide your company's "Maintenance Performance Evaluation Form" and "Maintenance Evaluation Checklist" per ASME Current code requirements.
See Attachment D copy in additional information section
22. List the dollar volume your company completes in Elevator maintenance annually along with Baggage Handling Systems and Passenger Loading Bridges.
3.6 Million Annually
23. Does your company offer a dedicated, 800 number for all locations to place phone and fax orders? Is the call center available 24 hours/7 days week?
- Yes. We have a system in place to handle all after hours, weekend and holiday needs for our customers.
24. Describe how service call problems get escalated in emergency situations during and after hours. Who would be responsible in your company for assessing the appropriate course of action to remedy the problem?
When a service call is received in our dispatch, the on-call dispatch immediately sends a ticket to the mechanic who is on call for immediate action. The technician stops what he is doing and safely leaves the elevator down at his current call and then quickly arrives on site for the emergency. The secondary on call technician will also arrive on the scene if warranted.
25. Describe how your company tracks completion of repairs and what information is required to be submitted by the service center prior to payment.
We use a program called Total Elevator that creates job tickets. Upon the technician closing the ticket, it will prompt our administration to send invoice accordingly.
26. Describe your process for coordinating the annual QEI inspections for all elevators, if required by each individual state. Indicate who will be present for all QEI's.
Southwest has a full-time employee who coordinates QEI's with customers and the third party inspection company three months in advance of all inspections to ensure these are done in a timely manner.

27. Can agencies review your company's proposed personnel assignments, and can they request changes or substitutions to the proposed personnel? If so, describe your process? If not, explain why?

Yes. This can be done anytime prior to the contract being signed.

28. Indicate how your company's maintenance procedures meet Section 8.6 of the ASME Code A17.1.

Please see Attachment D. Our MCP is also available, which provides additional information. Please let us know if you would like a hard copy submitted.

29. Indicate the implementation steps and time frames needed to implement an Elevator Repair and Maintenance Program with your company.

See Attachment E – Operational Plan

30. List the functions or parameters your company is monitoring or receiving elevator troublecalls from the general public.

We have a 24/7 dispatch which utilizes Insta Answer, which can issue tickets which are entered into Total Elevator and dispatched to the technician.

31. List your company capabilities regarding system changes and repairs to Elevator systems. Southwest Elevator utilizes Total Elevator to track changes in the system for any elevator related needs.

32. List the reporting capabilities your company has for Elevator system parameters.

Southwest Elevator has service tools and laptops with multiple capabilities to provide needed system parameters

33. Respondents must be able to maintain and repair/replace Elevator Systems in-house (self perform) to include monitoring on all government entities. Describe, in general, your ability to accomplish this.

Our technicians trucks are equipped with the more common parts that are needed. We also have parts availability locally. If we are not able to source something locally, we utilize overnight shipping to have parts the next day.

34. Describe your process for trouble shooting a problem at a site with an Elevator system. How does repair get escalated for service?

If unable to get an elevator working within 4 hours, our technician is instructed to call the technical services for further troubleshooting. If unable to complete over the phone, an onsite visit from the technical division is scheduled.

35. List the total dollar volume your company completes in Elevator replacements annually. 7M in revenue is our average for modernizations.

36. List the other functions your company can provide regarding unit replacement to offer a turnkey project (ex. electrical, sheet metal work, Elevator system connection and programming, etc.)

We are able to provide 100% turnkey jobs for our modernizations. We allow the customer to make the decision on whether they would like us to turnkey the work, on average about 75% of our modernizations are done turnkey.

37. Describe your company capabilities regarding Elevator system inspections and for upgrades and equipment repair/replacement.
We have trained technicians on multiple manufacturer's equipment that can maintain, repair and suggest upgrades or replacements for the general
38. Describe your training program for your field personnel?
Training is provided through the union's apprenticeship program through the NEIEP and local union.
39. Please list your company's location for technical training.
Corporate office in Fort Worth, TX
40. Describe your company's warranty support.
Southwest has a warranty program that is industry -standard when it comes to repair, maintenance programs alike. We extend manufacture's warranty and labor is typically 1 year
41. Describe your company's safety program during service/repair work.
Southwest follows a strict safety protocol when performing a service call, maintenance task or a repair which is outlined in the complete safety manual that can be provided at NCPA's request. A hard copy of this is available upon request.
42. Indicate number of lost hours or other benchmarks to verify your company's effectiveness of their safety record.
We have had zero lost hours and zero accidents.
43. What reporting mechanism does your company provide to the customer upon completion of any project?
For service-related needs, Southwest utilizes Total Elevator to provide time tickets, which can be e-mailed directly to the customer. For modernizations, we can provide breakdown of hours and material as per request.
44. Describe your company's technical training system for maintaining equipment other than what your company manufactures.
Southwest is not a manufacturer. We hire industry mechanics that have strengths pertaining to specific jobs. Our mechanics are able to troubleshoot and work on all of our competitors equipment.
45. Acknowledge that your organization agrees to provide its company logo(s) to Region 14 ESC and agrees to provide permission for reproduction of such logo in marketing communications and promotions.
Southwest acknowledges and agrees to provide its logo.

47. Describe your company's implementation and success with existing cooperative purchasing programs, if any, and provide the cooperative's name(s), contact person(s) and contact information as reference(s).

Southwest is currently an affiliate with NCPA through the Reliant Elevator Inspections agreement. We have been utilizing this agreement with partnering through Covid to explore ISD opportunities as well as County and City bids. On the references attached, Cleburne ISD and Birdville ISD are two programs Southwest recently won using NCPA affiliate program. Southwest is also a member of the 719 Co-op and was able to secure the UNTHSC which is also a reference on the reference list attached.

48. Describe the capacity of your company to report quarterly sales through this agreement.

Southwest uses total elevator and Sage to incorporate the needed reports for our customers. We can provide any needed information on any given moment to NCPA for sales information.

49. Describe the capacity of your company to provide management reports, i.e. consolidated billing by location, time and attendance reports, etc. for each eligible agency.

Southwest has a dedicated team of accounts and a CFO who are able to work closely with our administration team to provide whatever reports that are needed through our software programs mentioned above.

50. Please provide any suggested improvements and alternatives for doing business with your company that will make this arrangement more cost effective for your company and Participating Public Agencies.

It would be beneficial for NCPA to send out a welcoming email to all of the existing customers allowing them to have a warm introduction to Southwest Elevator.

Purchasing Department

Jerome Pilgrim **Director of Purchasing** **972-600-5440**

jpilgrim@irvingisd.net

Construction Projects, A & E Services, New Purchases over \$50,000, Professional Services, Professional Staff Development, Consulting Services, Technology Services (E-ORate), Copiers, and Insurance, Financial Services (Depository, Benefits, Etc.)

Terry Martella Purchasing **Supervisor** **972-600-5441**

tmartella@irvingisd.net

District-wide purchases, Furniture, Technology Projects, Major Application Software, Vehicles, Office Equipment & Office Supplies, Construction.

Brenda Anderson **Buyer** **972-600-5019**

banderson@irvingisd.net

Purchases for Elementary, Pre-School, and Middle Schools, Fine Arts, Special Education, Curriculum & Instructional Materials/Services, Digital Media, Books, Library, Health Services, and Amazon

Lauren Rodriguez **Buyer**

lrodriguez01@irvingisd.net

Purchases for High Schools, Fine Arts, Special Education, Curriculum & Instructional Materials/Services, Digital Media, Books, Library, Health Services, and Amazon

Jennifer Bryan **Buyer** **972-600-5402**

jbryan@irvingisd.net

Purchases for High Schools, Maintenance, Pre-K-Elementary Schools, Career and Technical, Transportation Equipment/Supplies/Services, Food Service Products, Print Shop, Audio/Visual, and Athletic

Cindy Williamson **Assistant** **972-600-5440**

cwilliamson@irvingisd.net

Office Administration, Contract Approval Routing, Maintenance of Contract and Bid Files, and Vendor Database Updates

IRVING | Purchasing

Independent School District

Procurement Department Key Contacts

Jonathan Bey, Executive Director, Purchasing – jonathan.bey@fwisd.org

Nellie Lucano, Purchasing Manager – nellie.lucano@fwisd.org; Catering, Copiers, Retail, Charter Bus Services, Equipment Rentals. After School Services

Tina Harris, Contracts Administrator/Sr. Buyer – tina.harris@fwisd.org; Consultants, Moving Services, Shredding Services, Temporary Services

Taylor Shaw, HUB Analyst/Sr. Buyer – taylor.shaw@fwisd.org; Custodial Supplies, Maintenance, Playground Equipment, Career Technology Education, Construction Projects (non-Capital Improvement/Bond).

Eric McKibben, eric.mckibben@fwisd.org; Technology Products and Services, Data Sharing Agreements, Audio Visual, Telecommunications

Kaleisa Jackson, kaleisa.jackson@fwisd.org; Transportation Parts and Services, Vehicle Rentals, Awards & Promotions, Fund Raisers, Books/Reading Materials, Printing Services, Food Service, Furniture, Library Supplies/Equipment

Michelle Rodriguez, michelle.rodriguez1@fwisd.org; Teacher Instructional Supplies and Services, Music Supplies and Services, Radios, Safety and Security, Safety Equipment, Special Education, Athletics



Respondents are requested to provide detailed description of your product offerings. It is the intention of NCPA to establish a contract with vendor(s) for Elevator Equipment, Service, Repair and Related Services. Awarded vendor(s) shall perform covered services under the terms of this RFP and the contract terms and conditions.

PRODUCT:

- Responding to the Baggage Handling System and Passenger Loading Bridge Section and/or Escalator, or Moving Walkway portion of this RFP is not necessary, in order to be considered for this RFP.

- The Services shall meet ASME Code A 17.1-2007/CSA B44-07, ASME Code A 17.3-2002, ASME Code A 18.1-2005, and ASCE Code 21 as required by the Texas Department of Licensing and Regulation or equivalent for the state(s) of respondent(s)' territory.
- Section 8.6 of the ASME Code A17.1 specifically addresses the requirements for a comprehensive maintenance program. Respondent shall ensure that the Facility is in compliance with these requirements.
- Every time a technician is on-site a check in with Approved Facilities Personnel shall be done. When work is completed and the technician is leaving, they will check back out with Approved Facilities Personnel. The technician shall fill out the Elevator Maintenance Checklist to document the services provided.
- Describe and provide timelines of review meeting(s) between Responder(s) and Approved Facilities representatives.
- Provide and deliver all inspection reports in compliance with State law to Approved Facilities

representatives to ensure Facilities compliance with this requirement,

- In general all elevator components shall be cleaned, lubricated, adjusted, and items worn or broken shall be repaired or replaced. Any replacement shall be at no additional charge to the Facility unless it has been approved in advance by the facility,
- Respondent(s) shall be responsible for applicable code and safety tests. Records of the tests and callbacks shall be kept current by the responsible party.
- Respondent(s) should be compliant with environmental regulations, and firefighter's emergency operations monthly operation, including documentation.

General Maintenance Contracts

- a written maintenance control plan
- use of trained personnel
- disposal of hazardous materials
- how the maintenance plan is executed
- include a quality control program
- Complete logs in each machine room to be filled out with each visit. It is mandatory that machine room logs are filled out completely and left in the machine room. Electronic tickets are not acceptable for this requirement.

Elevator Maintenance Services

- Annual governor and safety tests on traction elevators
- Annual relief pressure tests on hydraulic elevators
- General Monthly or Quarterly Services
- Onsite inspections
- Data tags and code information
- List Exclusions (e.g.; Cab enclosure finishes, repairs, or replacement, Damage to hoistway door panels, door frames, and door sills, floor coverings inside the elevator cabs, Smoke and fire sensors, Air conditioning units, Buried or underground piping of any type or kind including, but not limited to, underground oil/feed line(s), hydraulic cylinders, pistons, and PVC or other cylinder lining(s) and others)

Controller Equipment Monthly or Quarterly Services

- Maintenance and service of components
- Onsite inspections of other incidental electronic or mechanical components and wiring
- Onsite inspections of filters and cooling fans
- Onsite inspections controller doors, covers, guards, and labels
- Verify proper grounding with electric meter;
- Recording unit run counter, if applicable, and your reporting function
- List Exclusions (e.g.; Cab enclosure finishes, repairs, or replacement, Damage to hoistway door panels, door frames, and door sills, floor coverings inside the elevator cabs, Smoke and fire sensors, Air conditioning units, Buried or underground piping of any type or kind including, but not limited to, underground oil/feed line(s), hydraulic cylinders, pistons, and PVC or other cylinder lining(s) and others)

Pump Unit and Motor Monthly or Quarterly Services

- Maintain and service of components (e.g.; power unit, pump motor, valves, pump, belt and others)
- Onsite inspections of other incidental electronic or mechanical components and wiring
- Monitoring oil levels
- Cleaning of components
- Your reporting capabilities and reporting timelines (e.g.; weekly, monthly, quarterly or other)
- List Exclusions (e.g.; Cab enclosure finishes, repairs, or replacement, Damage to hoistway door panels, door frames, and door sills, floor coverings inside the elevator cabs, Smoke and fire sensors, Air conditioning units, Buried or underground piping of any type or kind including, but not limited to, underground oil/feed line(s), hydraulic cylinders, pistons, and PVC or other cylinder lining(s) and others)

Elevator Cab and Hoistway Door Equipment Monitor Quarterly Services

- Maintain and service the following components (e.g.; door motors, Electronic boards, contacts, rollers, pick-ups and relating devices, bearings, sheaves, door arms, bushings, wiring and related electronic components, door restrictors and others)
- Verify speed and torque levels of door operation as required by Category 1 periodic test
- Verify proper grounding with electrical meter
- Check hoistway door gibes and vision panels
- Test and confirm door locks, verify an open lock would prevent movement as required by code
- List Exclusions (e.g.; Cab enclosure finishes, repairs, or replacement, Damage to hoistway door panels, door frames, and door sills, floor coverings inside the elevator cabs, Smoke and fire sensors, Air conditioning units, Buried or underground piping of any type or kind including, but not limited to, underground oil/feed line(s), hydraulic cylinders, pistons, and PVC or other cylinder lining(s) and others)

Elevator Cab Monthly or Quarterly Services

- Maintain and service components (e.g.; car top service and operation controls, check/repair alarm bells and wiring, pushbuttons, pushbutton lamps, digital and/or incandescent position indicators and lamps)
- All switches (keyed, push/pull, or toggled)
- Electrical outlets or other operational device directly related to the operation of the elevator
- Check, monitor and replace fan if necessary
- Test emergency lights and replace batteries and lights if necessary
- Fire Services Per ASME 17.1 8.6.11.1 (e.g.; All elevators provided with firefighter's emergency operation shall be subjected monthly to Phase I recall by use of the key switch, and a minimum of one-floor operation on Phase II. Findings shall be recorded and deficiencies corrected)
- List Exclusions (e.g.; Cab enclosure finishes, repairs, or replacement, Damage to hoistway door panels, door frames, and door sills, floor coverings inside the elevator cabs, Smoke and fire sensors, Air conditioning units, Buried or underground piping of any type or kind including, but not limited to, underground oil/feed line(s), hydraulic cylinders, pistons, and PVC or other cylinder lining(s) and others)

Hoistway and Pit Monthly or Quarterly Services

- Maintain and service components (e.g.; Limit switches, Leveling systems, electronic or mechanical, buffer assembly – also check for leaks, buffer switches, Hoistway wiring, piping, and related devices, Governor, governor sheave, shaft assembly, bearings, contacts and governor jaws and others)
- Examine compensation chain rope, guides or sheaves and adjust to provide proper clearance and tracking;
- Examine governor sheave and switch and adjust as required
- Examine selector tape sheave and switch and adjust as required
- Examine and check coated steel belt, shackles, sheaves and associated hardware
- Check for damage to polyurethane or exposed wires
- Check for unusual noise, heat, vibration or wear patterns
- Clean excessive debris or fluid off coated steel belts
- Examine counterweight and compensation ropes, chains and fastenings
- Check counterweight frames, guides, and sheaves
- Adjust counterweight roller guides for proper tension and rail clearance
- Replace worn guide components as needed
- Lubricate counterweight safety linkage pivot points as needed
- Hoistway entrance door sill areas beyond the entrance frame opening will be cleaned
- List Exclusions (e.g.; Cab enclosure finishes, repairs, or replacement, Damage to hoistway door panels, door frames, and door sills, floor coverings inside the elevator cabs, Smoke and fire sensors, Air conditioning units, Buried or underground piping of any type or kind including, but not limited to, underground oil/feed line(s), hydraulic cylinders, pistons, and PVC or other cylinder lining(s) and others)

AIRPORT BRIDGE MAINTENANCE AND BAGGAGE HANDLING SYSTEMS

NOTE: It is not necessary to respond to the Elevator, Escalator, or Moving Walkway portion of this RFP to submit a response to this section

This contract also includes an alternative for preventative and complete maintenance service and repairs of equipment of mechanical systems of Airport Bridges (known as Passenger Loading Systems or Bridges) and Airport Baggage handling systems. The Responder(s) shall provide:

- All management, supervision, labor, materials, supplies, and repair parts, tools, and equipment
- Plan, schedule, coordinate and ensure effective and economical completion of all work and services specified in this contract.
- These specifications are a statement of the minimum level of work and services that are to be provided under this contract.
- They are not intended to be, nor shall they be construed as, limiting specifications and measures which would be taken by a prudent building owner to maximize the life expectancy of the property.
- All mechanical, electrical, and utility systems in the building shall be operated at the highest level of efficiency compatible with any energy conservation requirements, and maintained at an acceptable level throughout the contract period. An acceptable level of maintenance is defined as the level of maintenance, which will preserve the equipment(s)' operating condition. This means keeping the equipment above the point where deterioration will begin, thereby diminishing the normal life expectancy of the equipment.
- Perform maintenance and repairs in the manner, which preserves the equipment and machinery and assures it's most economical and efficient usefulness for an indefinite period.

- The contract is designed to cover the complete Baggage Handling System and Passenger Loading Bridge Maintenance effort in a manner to ensure beneficial and continued Airport operations.
- All work required for the proposed maintenance by this contract is intended to be within the scope of work except as may be otherwise specified.

Facilities, Equipment and systems to be operated, maintained and/or services to be performed under the Contract include but are not limited to:

The Passenger Loading Bridges

- Associated ground power units
- Potable water systems
- Preconditioned air units.

The Complete Baggage Handling System

- Inbound and outbound Baggage conveyers, carousels, and associated equipment.
- Baggage Security Doors,, Passenger Loading Bridges, Generators-400HZ System, Jet Power Systems, Potable Water, Lighting, Cable Retrievers
- Ramp scrubbing option
- Special projects related to the maintenance, repair, or upgrade to these systems
- New equipment may be added to standardize with existing systems (It is the intent to take corrective action as needed to ensure that the equipment and related systems covered in this contract are safe, in operation and do not disrupt Airport Operations).
- immediate emergency response service arising from unforeseen circumstances or conditions
- Personnel to operate a Service Call Desk twenty-four (24) hours a day, seven (7) days a week.
- Propose three options of maintaining these systems and what each one includes
Describe how your company will perform all duties within this contract so that it will not cause interference or Airport Operations.

TAB 8 – VALUE ADD

We propose to add the following elevator related items to our Value Add through our associate contract.

- Service & Maintenance
- Modernization
- Repairs
- 24-hour dispatch
- Phone Monitoring
- Capital Planners
- Non-Contract Repairs
- We are able to provide all services nationwide

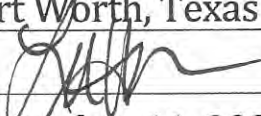
Tab 9 – Required Documents

- ◆ Clean Air and Water Act / Debarment Notice
- ◆ Contractors Requirements
- ◆ Antitrust Certification Statements
- ◆ Required Clauses for Federal Funds Certifications
- ◆ Required Clauses for Federal Assistance by FTA
- ◆ State Notice Addendum

Clean Air and Water Act & Debarment Notice

I, the Vendor, am in compliance with all applicable standards, orders or regulations issued pursuant to the Clean Air Act of 1970, as Amended (42 U.S. C. 1857 (h)), Section 508 of the Clean Water Act, as amended (33 U.S.C. 1368), Executive Order 117389 and Environmental Protection Agency Regulation, 40 CFR Part 15 as required under OMB Circular A-102, Attachment O, Paragraph 14 (1) regarding reporting violations to the grantor agency and to the United States Environment Protection Agency Assistant Administrator for the Enforcement.

I hereby further certify that my company has not been debarred, suspended or otherwise ineligible for participation in Federal Assistance programs under Executive Order 12549, "Debarment and Suspension", as described in the Federal Register and Rules and Regulations

Potential Vendor	<u>SW Elevators, LLC</u>
Print Name	<u>Luke Harrison</u>
Address	<u>301 Commerce Street, Suite 2360</u>
City, State, Zip	<u>Fort Worth, Texas 76102</u>
Authorized signature	<u></u>
Date	<u>November 11, 2020</u>

Contractor Requirements

Contractor Certification Contractor's Employment Eligibility

By entering the contract, Contractor warrants compliance with the Federal Immigration and Nationality Act (FINA), and all other federal and state immigration laws and regulations. The Contractor further warrants that it is in compliance with the various state statutes of the states it is will operate this contract in.

Participating Government Entities including School Districts may request verification of compliance from any Contractor or subcontractor performing work under this Contract. These Entities reserve the right to confirm compliance in accordance with applicable laws.

Should the Participating Entities suspect or find that the Contractor or any of its subcontractors are not in compliance, they may pursue any and all remedies allowed by law, including, but not limited to: suspension of work, termination of the Contract for default, and suspension and/or debarment of the Contractor. All costs necessary to verify compliance are the responsibility of the Contractor.

The offeror complies and maintains compliance with the appropriate statutes which requires compliance with federal immigration laws by State employers, State contractors and State subcontractors in accordance with the E-Verify Employee Eligibility Verification Program.

Contractor shall comply with governing board policy of the NCPA Participating entities in which work is being performed

Fingerprint & Background Checks

If required to provide services on school district property at least five (5) times during a month, contractor shall submit a full set of fingerprints to the school district if requested of each person or employee who may provide such service. Alternately, the school district may fingerprint those persons or employees. An exception to this requirement may be made as authorized in Governing Board policy. The district shall conduct a fingerprint check in accordance with the appropriate state and federal laws of all contractors, subcontractors or vendors and their employees for which fingerprints are submitted to the district. Contractor, subcontractors, vendors and their employees shall not provide services on school district properties until authorized by the District.

The offeror shall comply with fingerprinting requirements in accordance with appropriate statutes in the state in which the work is being performed unless otherwise exempted.

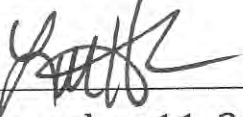
Contractor shall comply with governing board policy in the school district or Participating Entity in which work is being performed

Business Operations in Sudan, Iran

In accordance with A.R.S. 35-391 and A.R.S. 35-393, the Contractor hereby certifies that the contractor does not have scrutinized business operations in Sudan and/or Iran.

Authorized signature

Date


November 11, 2020

Antitrust Certification Statements (Tex. Government Code § 2155.005)

I affirm under penalty of perjury of the laws of the State of Texas that:

- (1) I am duly authorized to execute this contract on my own behalf or on behalf of the company, corporation, firm, partnership or individual (Company) listed below;
- (2) In connection with this bid, neither I nor any representative of the Company has violated any provision of the Texas Free Enterprise and Antitrust Act, Tex. Bus. & Comm. Code Chapter 15;
- (3) In connection with this bid, neither I nor any representative of the Company has violated any federal antitrust law; and
- (4) Neither I nor any representative of the Company has directly or indirectly communicated any of the contents of this bid to a competitor of the Company or any other company, corporation, firm, partnership or individual engaged in the same line of business as the Company.

Company name	SW Elevators, LLC
Address	301 Commerce Street, Suite 2360
City/State/Zip	Fort Worth, Texas 76058
Telephone No.	817-924-2828
Fax No.	817-921-4267
Email address	lharrison@southwestelevator.com
Printed name	Luke Harrison
Position with company	Regional Sales Manager
Authorized signature	

Request for Taxpayer Identification Number and Certification

► Go to www.irs.gov/FormW9 for instructions and the latest information.

Give Form to the
requester. Do not
send to the IRS.

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.
SW Elevators Intermediate Holdings, LLC

2 Business name/disregarded entity name, if different from above
SW Elevators, LLC

3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only **one** of the following seven boxes.

☐ Individual/sole proprietor or single-member LLC

☐ C Corporation

☐ S Corporation

☐ Partnership

☐ Trust/estate

☒ Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ► **P**

Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is **not** disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.

☐ Other (see instructions) ►

4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):

Exempt payee code (if any) _____

Exemption from FATCA reporting code (if any) _____

(Applies to accounts maintained outside the U.S.)

5 Address (number, street, and apt. or suite no.) See instructions.
3811 Turtle Creek Boulevard, Suite 1010

6 City, state, and ZIP code
Dallas, TX 75219

7 List account number(s) here (optional)

Requester's name and address (optional)

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Note: If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number

				-				-				
--	--	--	--	---	--	--	--	---	--	--	--	--

or

Employer identification number

8	4	-	2	6	2	6	9	4	1
---	---	---	---	---	---	---	---	---	---

Part II Certification

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
- I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
- I am a U.S. citizen or other U.S. person (defined below); and
- The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

Sign Here Signature of U.S. person ►  Date ► **10/01/2019**

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-INT (interest earned or paid)

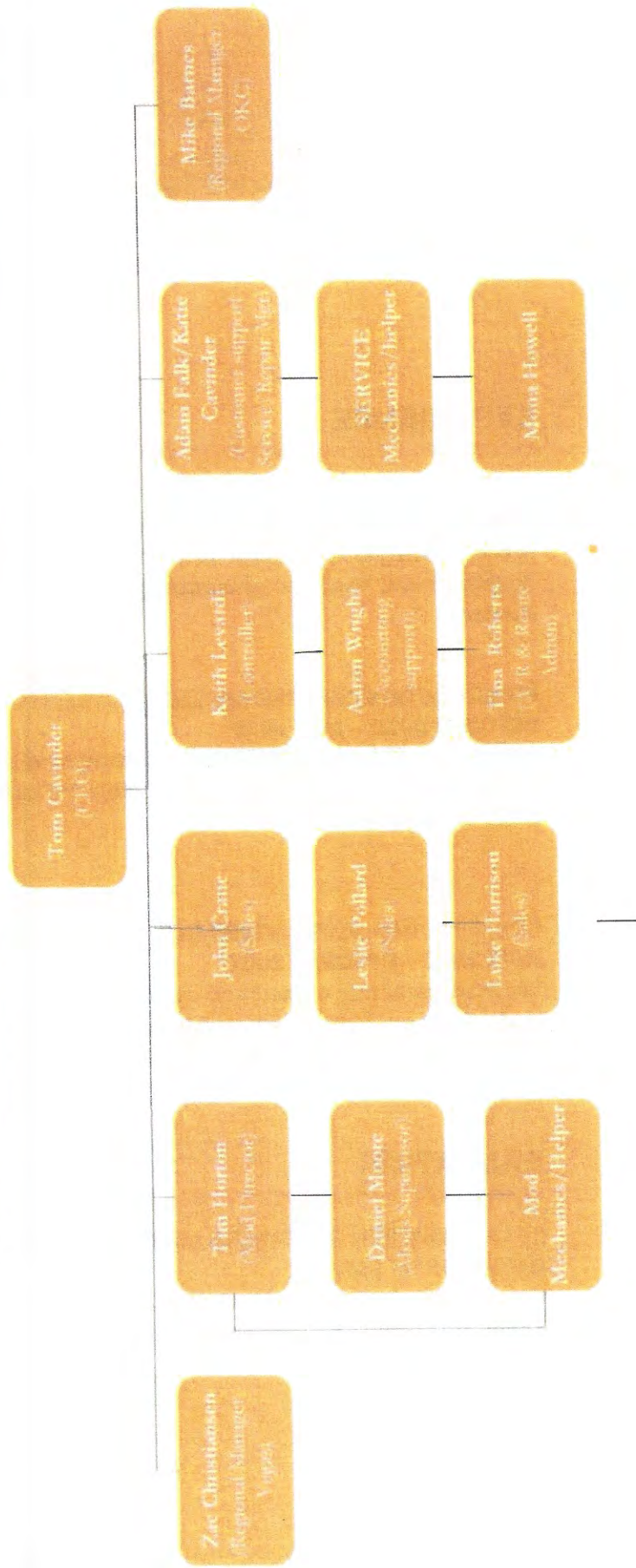
- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, later.



Employee Organizational Chart



"B"



Certified Staff

Tim Horton
Director of Operations

- September 2019 – Present: Director of Operations, Southwest Elevator
- August 2018 – September 2019: Major Projects Manager, KONE Elevator
- March 2016 – August 2018: Modernization Superintendent, ThyssenKrupp Elevator
- January 2016 – March 2017: New Construction Sales, Otis Elevator
- September 2014 – January 2016: Service Manager, KONE Elevator
- April 2009 – September 2014: Service Sales & Superintendent, Schindler Elevator
- January 2008 – April 2009: New Construction & Service Sales, Otis Elevator

Daniel Moore
Field Foreman

- December 2019 – Present: Field Foreman, Southwest Elevator
- September 2017 – December 2019: Owner/Operator, Urban Elevator Services
- September 2015 – September 2017: Service Adjuster, Schindler
- 2012- September 2015: Supervisor, OTIS Elevator
- 2005 – 2012 – Mechanic, Helper: Thyssen Krupp Elevator, United Elevator

Adam Falk

- October 2019 – Present: Sales Director, Southwest Elevator
- April 2018 - October 2019: Service Sales Manager, KONE
- March 2016 – April 2018: Field Superintendent, Existing Installations, Schindler
- May 2008 – March 2016: Sales, KONE

CALL-BACK (TROUBLE CALL) LOG

STATE OR GOVERNMENT ID:
 OWNER ID:

DATE	COMMENTS:	PERFORMED BY:
MONTH: <input type="text"/> DAY: <input type="text"/> YR: <input type="text"/>	TROUBLE REPORTED: <input type="text"/>	<input type="checkbox"/> TEAM <input type="checkbox"/> TECHNICIAN TECHNICIAN INITIALS: <input type="text"/>
ACTIONS TAKEN: <input type="text"/>		
ALSO DOCUMENTED IN: <input type="checkbox"/> MAINTENANCE LOG <input type="checkbox"/> EXAMINATION LOG <input type="checkbox"/> TESTING LOG		
Time Technician was Notified: <input type="text"/>	Time Arrived on Location: <input type="text"/>	Time Departed Location: <input type="text"/>

DATE	COMMENTS:	PERFORMED BY:
MONTH: <input type="text"/> DAY: <input type="text"/> YR: <input type="text"/>	REASON FOR CALL-BACK SERVICE: <input type="text"/>	<input type="checkbox"/> TEAM <input type="checkbox"/> TECHNICIAN TECHNICIAN INITIALS: <input type="text"/>
ACTIONS TAKEN: <input type="text"/>		
ALSO DOCUMENTED IN: <input type="checkbox"/> MAINTENANCE LOG <input type="checkbox"/> EXAMINATION LOG <input type="checkbox"/> TESTING LOG		
Time Technician was Notified: <input type="text"/>	Time Arrived on Location: <input type="text"/>	Time Departed Location: <input type="text"/>

DATE	COMMENTS:	PERFORMED BY:
MONTH: <input type="text"/> DAY: <input type="text"/> YR: <input type="text"/>	REASON FOR CALL-BACK SERVICE: <input type="text"/>	<input type="checkbox"/> TEAM <input type="checkbox"/> TECHNICIAN TECHNICIAN INITIALS: <input type="text"/>
ACTIONS TAKEN: <input type="text"/>		
ALSO DOCUMENTED IN: <input type="checkbox"/> MAINTENANCE LOG <input type="checkbox"/> EXAMINATION LOG <input type="checkbox"/> TESTING LOG		
Time Technician was Notified: <input type="text"/>	Time Arrived on Location: <input type="text"/>	Time Departed Location: <input type="text"/>

CALL-BACK (TROUBLE CALL) LOG IS PART OF MAINTENANCE CONTROL PROGRAM

Attachment C

EXAMINATION LOG (HYDRAULIC ELEVATOR)

STATE OR GOVERNMENT ID:

OWNER ID: _____

DATE		DEVICE(S) / SYSTEM / COMPONENT(S)	PERFORMED BY:
MONTH: <input type="text"/>	DEVICE / SYSTEM COMPONENT: <input type="text"/> TYPICAL EXAMINATION FREQUENCY: <input type="text"/> RESULTS OF EXAMINATION: <input type="text"/>		<input type="checkbox"/> TEAM <input type="checkbox"/> TECHNICIAN
DAY: <input type="text"/>			TECHNICIAN INITIALS: <input type="text"/>
YR: <input type="text"/>			

DATE		DEVICE(S) / SYSTEM / COMPONENT(S)		PERFORMED BY:	
MONTH:	<input type="text"/>	DEVICE / SYSTEM COMPONENT: <input type="text"/>		<input type="checkbox"/>	TEAM
DAY:	<input type="text"/>	TYPICAL EXAMINATION FREQUENCY: <input type="text"/>		<input type="checkbox"/>	TECHNICIAN
YR:	<input type="text"/>	RESULTS OF EXAMINATION:		TECHNICIAN INITIALS:	
		<div></div>		<div></div>	

DATE		DEVICE(S) / SYSTEM / COMPONENT(S)		PERFORMED BY:	
MONTH:	<input type="text"/>	DEVICE / SYSTEM COMPONENT: <input type="text"/>		<input type="checkbox"/>	TEAM
DAY:	<input type="text"/>	TYPICAL EXAMINATION FREQUENCY: <input type="text"/>		<input type="checkbox"/>	TECHNICIAN
YR:	<input type="text"/>	RESULTS OF EXAMINATION:		TECHNICIAN INITIALS:	
				<input type="text"/>	

DATE		DEVICE(S) / SYSTEM / COMPONENT(S)		PERFORMED BY:	
MONTH:	<input type="text"/>	DEVICE / SYSTEM COMPONENT: <input type="text"/>		<input type="checkbox"/> TEAM	<input type="checkbox"/> TECHNICIAN
		TYPICAL EXAMINATION FREQUENCY: <input type="text"/>			
DAY:	<input type="text"/>	RESULTS OF EXAMINATION: 			
YR:	<input type="text"/>			TECHNICIAN INITIALS: <input type="text"/>	

SOUTHWEST ELEVATOR COMPANY

EXAMINATION LOG IS PART OF MAINTENANCE CONTROL PROGRAM

EXAMINATION LOG (ELECTRIC ELEVATOR)

STATE OR GOVERNMENT ID: <input type="text"/>		
OWNER ID: <input type="text"/>		
DATE	DEVICE(S) / SYSTEM / COMPONENT(S)	PERFORMED BY:
MONTH: <input type="text"/>	DEVICE / SYSTEM COMPONENT: <input type="text"/>	<input type="checkbox"/> TEAM
DAY: <input type="text"/>	TYPICAL EXAMINATION FREQUENCY: <input type="text"/>	<input type="checkbox"/> TECHNICIAN
YR: <input type="text"/>	RESULTS OF EXAMINATION: <input type="text"/>	TECHNICIAN INITIALS: <input type="text"/>
DATE	DEVICE(S) / SYSTEM / COMPONENT(S)	PERFORMED BY:
MONTH: <input type="text"/>	DEVICE / SYSTEM COMPONENT: <input type="text"/>	<input type="checkbox"/> TEAM
DAY: <input type="text"/>	TYPICAL EXAMINATION FREQUENCY: <input type="text"/>	<input type="checkbox"/> TECHNICIAN
YR: <input type="text"/>	RESULTS OF EXAMINATION: <input type="text"/>	TECHNICIAN INITIALS: <input type="text"/>
DATE	DEVICE(S) / SYSTEM / COMPONENT(S)	PERFORMED BY:
MONTH: <input type="text"/>	DEVICE / SYSTEM COMPONENT: <input type="text"/>	<input type="checkbox"/> TEAM
DAY: <input type="text"/>	TYPICAL EXAMINATION FREQUENCY: <input type="text"/>	<input type="checkbox"/> TECHNICIAN
YR: <input type="text"/>	RESULTS OF EXAMINATION: <input type="text"/>	TECHNICIAN INITIALS: <input type="text"/>
DATE	DEVICE(S) / SYSTEM / COMPONENT(S)	PERFORMED BY:
MONTH: <input type="text"/>	DEVICE / SYSTEM COMPONENT: <input type="text"/>	<input type="checkbox"/> TEAM
DAY: <input type="text"/>	TYPICAL EXAMINATION FREQUENCY: <input type="text"/>	<input type="checkbox"/> TECHNICIAN
YR: <input type="text"/>	RESULTS OF EXAMINATION: <input type="text"/>	TECHNICIAN INITIALS: <input type="text"/>

WRITTEN MAINTENANCE CONTROL PROGRAM

ELECTRIC ELEVATOR

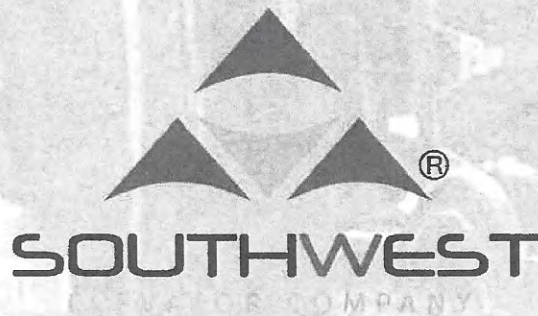
OWNER ID:

STATE OR GOVERNMENT ID:

DESIGNED TO ASSIST WITH COMPLIANCE

WITH ASME A17.1-2016 / CSA B44-16

REQUIREMENT 8.6.1.2.1



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ADDITIONAL MCP DOCUMENTS.....	Appendix <input type="checkbox"/>
ADDITIONAL MCP DOCUMENTS.....	Appendix <input type="checkbox"/>
ADDITIONAL MCP DOCUMENTS.....	Appendix <input type="checkbox"/>
ADDITIONAL MCP DOCUMENTS.....	Appendix <input type="checkbox"/>

" Δ "

FILLABLE FORMS:

MCP REQUIREMENTS WITH BLANK FORM FIELDS. TASKS AND PROCEDURES ARE TYPED INTO THE FORM FIELDS.

SPECIFIC TASKS ARE TYPED INTO THE FORM
FIELDS FOLLOWING EACH 8.6 REQUIREMENT.

SOUTHWEST ELEVATOR COMPANY

For more information visit www.elevatormcp.com.

WRITTEN MAINTENANCE CONTROL PROGRAM ELECTRIC ELEVATOR

DATE: FIRST REVISION DATE(S):
ELEVATOR STATE OR GOVERNMENT ID:
ELEVATOR SERIAL NUMBER:
SERVICE COMPANY ELEVATOR ID:

ELEVATOR OWNER ID:
LOCATION OF UNIT:

ELEVATOR TYPE: ☐ PASSENGER ☐ FREIGHT ☐ OTHER:

ELEVATOR SPEED: FPM ELEVATOR CAPACITY: LBS

ORIGINAL MANUFACTURER:

YEAR OF ORIGINAL INSTALL: MONTH OF ORIGINAL INSTALL: ☐ UNKNOWN

ALTERATION(S) PERFORMED: ☐ YES ☐ NO ☐ UNKNOWN

TYPE OF ALTERATION:

1. YEAR:
2. YEAR:
3. YEAR:

ADDITIONAL ALTERATION INFORMATION:

BUILDING NAME:

OWNER NAME:

OWNER ADDRESS (STREET):

CITY: STATE OR PROVINCE:

PRIMARY (OWNERS) CONTACT PERSON NAME:

JOB TITLE: CONTACT INFORMATION:

CURRENT ELEVATOR SERVICE CONTRACTOR INFORMATION:

SERVICE COMPANY:

BUSINESS ADDRESS:

CONTACT PHONE NUMBER(S):

SOUTHWEST ELEVATOR COMPANY

WRITTEN MAINTENANCE CONTROL PROGRAM

HYDRAULIC ELEVATOR

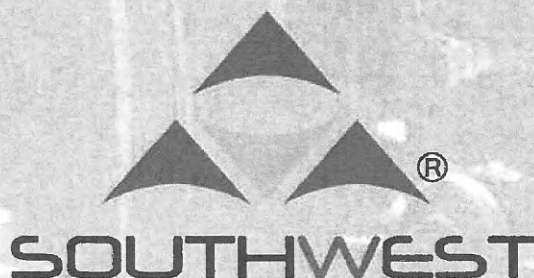
OWNER ID:

STATE OR GOVERNMENT ID:

DESIGNED TO ASSIST WITH COMPLIANCE WITH

ASME A17.1-2016 / CSA B44-16

REQUIREMENT 8.6.1.2.1



ELEVATOR COMPANY

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Additional MCP Documents.....	Appendix	<input type="checkbox"/> <input type="checkbox"/>

F1 Δ

FILLABLE FORMS:

MCP REQUIREMENTS WITH BLANK FORM FIELDS. TASKS AND PROCEDURES ARE TYPED INTO THE FORM FIELDS.

SPECIFIC TASKS ARE TYPED INTO THE FORM
FIELDS FOLLOWING EACH 8.6 REQUIREMENT.

SOUTHWEST ELEVATOR COMPANY

Each WMCP Form is based on a specific type of equipment, i.e. the E-100 form is designed only for Electric Elevators, the H-200 Form is designed only for Hydraulic Elevators, etc. Each WMCP Form can be used an unlimited number of times to create a MCP for each elevator serviced.

WMCP FORM H-200 (2016)

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WRITTEN MAINTENANCE CONTROL PROGRAM

HYDRAULIC ELEVATOR

DATE: FIRST REVISION DATE:
ELEVATOR STATE OR GOVERNMENT ID:
ELEVATOR SERIAL NUMBER:
SERVICE COMPANY ELEVATOR ID:

ELEVATOR OWNER ID:
LOCATION OF UNIT:

ELEVATOR TYPE: ☐ PASSENGER ☐ FREIGHT ☐ OTHER:

ELEVATOR SPEED: FPM ELEVATOR CAPACITY: LBS

ORIGINAL MANUFACTURER:
YEAR OF ORIGINAL INSTALL: MONTH OF ORIGINAL INSTALL: ☐ UNKNOWN

ALTERATION(S) PERFORMED: ☐ YES ☐ NO ☐ UNKNOWN

TYPE OF ALTERATION:

1. YEAR:
2. YEAR:
3. YEAR:

ADDITIONAL ALTERATION INFORMATION:

BUILDING NAME:

OWNER NAME:

OWNER ADDRESS (STREET):

CITY: STATE:

PRIMARY (OWNERS) CONTACT PERSON NAME:

JOB TITLE: CONTACT INFORMATION:

CURRENT ELEVATOR SERVICE CONTRACTOR INFORMATION:

SERVICE COMPANY:

BUSINESS ADDRESS:

CONTACT PHONE NUMBER(S):

WMCP FORM H-200 (2016)

WRITTEN MAINTENANCE CONTROL PROGRAM

ESCALATOR

OWNER ID:

STATE OR GOVERNMENT ID:

DESIGNED TO ASSIST WITH COMPLIANCE WITH

ASME A17.1-2016 / CSA B44-16

REQUIREMENT 8.6.1.2.1



"15"

MAINTENANCE (TASK) LOG:			
STATE OR GOVERNMENT ID:			
OWNER ID:			
DATE	TASK PERFORMED / FREQUENCY		PERFORMED BY:
	<input type="checkbox"/> REPAIR <input type="checkbox"/> REPLACEMENT <input type="checkbox"/> ADJUSTMENT <input type="checkbox"/> OTHER		
DATE	TASK PERFORMED / FREQUENCY		PERFORMED BY:
	<input type="checkbox"/> REPAIR <input type="checkbox"/> REPLACEMENT <input type="checkbox"/> ADJUSTMENT <input type="checkbox"/> OTHER		
DATE	TASK PERFORMED / FREQUENCY		PERFORMED BY:
	<input type="checkbox"/> REPAIR <input type="checkbox"/> REPLACEMENT <input type="checkbox"/> ADJUSTMENT <input type="checkbox"/> OTHER		
DATE	TASK PERFORMED / FREQUENCY		PERFORMED BY:
	<input type="checkbox"/> REPAIR <input type="checkbox"/> REPLACEMENT <input type="checkbox"/> ADJUSTMENT <input type="checkbox"/> OTHER		
DATE	TASK PERFORMED / FREQUENCY		PERFORMED BY:
	<input type="checkbox"/> REPAIR <input type="checkbox"/> REPLACEMENT <input type="checkbox"/> ADJUSTMENT <input type="checkbox"/> OTHER		
DATE	TASK PERFORMED / FREQUENCY		PERFORMED BY:
	<input type="checkbox"/> REPAIR <input type="checkbox"/> REPLACEMENT <input type="checkbox"/> ADJUSTMENT <input type="checkbox"/> OTHER		

SOUTHWEST ELEVATOR COMPANY

MAINTENANCE (TASK) LOG IS PART OF MAINTENANCE CONTROL PROGRAM

IMPLEMENTATION PLAN

Upon receiving a notice to proceed SW Elevators LLC will perform equipment audits, surveys and assessments of all vertical transportation units with field personnel and office staff included in the portfolio based on a mutually agreed upon schedule (approximately 2-3 weeks for all surveys). SW Elevators LLC understands time is of the essence if awarded the project and will attempt to schedule immediately. Photos, site notes and code mandated information will be gathered and presented to THR. Potential Issues and/or upgrades will be included in said presentation.

SW Elevators LLC understands the need and requirement for personnel to have the proper vaccinations background check requirements not. SW Elevators LLC will complete these per your requirements in a timely fashion once awarded.

SW Elevators LLC will present all information gathered during surveys for review and discussion. Among others, SW Elevators LLC will present the following items:

- Survey findings
- Potential opportunities for improvement
- Parts needed to be included on site
- Critical units
- Technicians that will be performing the work
- Office staff assistance for the customer

On the first day of the contract of the resident locations, SW Elevators LLC's technicians will be to become acquainted with each location as quickly as possible. A member of the office staff will be there as well to assist in getting acclimated. SW Elevators LLC will also have a member of the office staff and field personnel visit the remote locations during the first week. SW Elevators LLC prides itself in its commitment and effort to make this turnover to a new service vendor as streamlined and efficient as possible to make sure THR is comfortable and convinced we are the company for the job.

"D"

SOUTHWEST ELEVATOR COMPANY

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ADDITIONAL MCP DOCUMENTS.....	Appendix <input type="checkbox"/>

ABOUT THIS FORM: This form is specifically designed for use by authorized Escalator Service Providers and / or other authorized persons responsible for creating a Maintenance Control Program (MCP) as prescribed by Section 8.6, Requirement 8.6.1.2.1 of the ASME A17.1-2016 / CSA B44-16 Elevator and Escalator Safety Code. Requirements for Escalators are referenced in this form and have been re-printed by permission of the American Society of Mechanical Engineers, all rights reserved.

This form simplifies the process of creating a MCP by using fill-able "form fields" that are associated with each Requirement. Page 1 of this form is designed for the user to insert the Equipment information, the Owner information, information, the Escalator Service Company information and all relevant data applicable to the escalator equipment for which this form is created. In addition to the sub-sections contained in Section 8.6, this form includes a blank task log that can be used to enter the dates that specific tasks are performed. Also included is a Section that provides detailed assistance and samples of the many Data Plates and Data Tags, required for overall code compliance.

FILLABLE FORMS:

WRITTEN MAINTENANCE CONTROL PROGRAM FOR ESCALATOR:

STATE OR GOVERNMENT ID: _____

OWNER ID: _____

Per Requirement 8.6.8.4.1 Combs will be adjusted and maintained in mesh with the slots in the step surface so that the points of the teeth are always below the upper surface of the treads.

MAINTENANCE FREQUENCY: _____

MAINTENANCE PROCEDURE: _____

Per Requirement 8.6.8.4.3 (Applies to escalators installed under A17.1b-1992 and later editions). Comb-step impact devices will be adjusted to operate in compliance with the forces specified in 6.1.6.3.1.3.

COMB-STEP IMPACT DEVICE MAINTENANCE FREQUENCY: _____

COMB-STEP IMPACT DEVICE MAINTENANCE PROCEDURE: _____

Per Requirement 8.6.8.5. Escalator Skirt Panels and Skirt Obstruction Devices

(a) The exposed surface of the skirt panels adjacent to the steps will be treated with a friction-reducing material. Damaged skirt or dynamic skirt panels will be replaced or repaired.

(b) The skirt obstruction devices will be checked for proper adjustment and operation.

SKIRT PANEL AND SKIRT OBSTRUCTION DEVICE MAINTENANCE FREQUENCY: _____

SKIRT PANEL AND SKIRT OBSTRUCTION DEVICE MAINTENANCE PROCEDURE: _____

Per Requirement 8.6.8.6.1 Steps with broken treads shall be repaired or replaced.

WRITTEN MAINTENANCE CONTROL PROGRAM FORM ESC-100R, Page 10

WMCP FORM ESC-100R (2010)

Page 10

MCP REQUIREMENTS WITH BLANK FORM FIELDS. TASKS AND PROCEDURES ARE TYPED INTO THE FORM FIELDS.

WRITTEN MAINTENANCE CONTROL PROGRAM FOR ESCALATOR:

STATE OR GOVERNMENT ID: SAMPLE ID

OWNER ID: SAMPLE ESCALATOR DOCUMENT

Per Requirement 8.6.8.4.1 Combs will be adjusted and maintained in mesh with the slots in the step surface so that the points of the teeth are always below the upper surface of the treads.

MAINTENANCE FREQUENCY: MONTHLY

MAINTENANCE PROCEDURE: Check for missing teeth. Confirm proper mesh with each step. Verify proper mesh with each step. Confirm comb teeth mesh with and set into the tread surface so that the teeth are always below the upper surface of the treads. Adjust as needed and replace any missing teeth. Escalators installed under A17.1b-1992 and later editions require contact with comb surface.

Per Requirement 8.6.8.4.3 (Applies to escalators installed under A17.1b-1992 and later editions). Comb-step impact devices will be adjusted to operate in compliance with the forces specified in 6.1.6.3.1.3.

COMB-STEP IMPACT DEVICE MAINTENANCE FREQUENCY: ANNUALLY OR MORE OFTEN IS REQUIRED

COMB-STEP IMPACT DEVICE MAINTENANCE PROCEDURE: Check operation of Comb-Step Impact Device. Confirm activation of device causes power to be removed from escalator drive machine. Refer to test procedures for maximum and minimum forces required to activate comb-step impact device. Confirm power is not restored until switch / device is manually reset.

Per Requirement 8.6.8.5. Escalator Skirt Panels and Skirt Obstruction Devices

(a) The exposed surface of the skirt panels adjacent to the steps will be treated with a friction-reducing material. Damaged skirt or dynamic skirt panels will be replaced or repaired.

(b) The skirt obstruction devices will be checked for proper adjustment and operation.

SKIRT PANEL AND SKIRT OBSTRUCTION DEVICE MAINTENANCE FREQUENCY: ANNUALLY OR MORE OFTEN IS REQUIRED

SKIRT PANEL AND SKIRT OBSTRUCTION DEVICE MAINTENANCE PROCEDURE: Check operation of Skirt Obstruction Device. Confirm activation of device causes power to be removed from escalator drive machine. Refer to test procedures for maximum and minimum forces required to activate skirt obstruction device. Confirm power is not restored until switch / device is manually reset. Adjust as needed to maintain proper operation of device.

Per Requirement 8.6.8.6.1 Steps with broken treads shall be repaired or replaced.

WRITTEN MAINTENANCE CONTROL PROGRAM FORM ESC-100R, Page 10

WMCP FORM ESC-100R (2010)

Page 10

SPECIFIC TASKS ARE TYPED INTO THE FORM FIELDS FOLLOWING EACH 8.6 REQUIREMENT.

After completing this form, the entire form can be printed and kept at a specific location, as required by Requirement 8.6.1.2.1(b). As conditions change or additional information becomes applicable with this escalator equipment, individual pages can be revised, and inserted into the existing WMCP form. Each WMCP Form is based on a specific type of equipment, i.e. the E-100 form is designed only for Electric Escalators, the H-200 Form is designed only for Hydraulic Escalators, etc. Each WMCP Form can be used an unlimited number of times to create a MCP for each escalator serviced. For more information visit www.elevatormcp.com.

WRITTEN MAINTENANCE CONTROL PROGRAM FOR ESCALATORS

DATE: FIRST REVISION DATE:

ESCALATOR STATE OR GOVERNMENT ID:

ESCALATOR SERIAL NUMBER:

SERVICE COMPANY ESCALATOR ID:

ESCALATOR OWNER ID:

LOCATION OF UNIT:

NORMAL DIRECTION OF TRAVEL: ☒ UP ☐ DOWN ☐ N/A

ESCALATOR SPEED: FPM ESCALATOR CAPACITY: LBS ☐ UNKNOWN

ORIGINAL MANUFACTURER:

YEAR OF ORIGINAL INSTALL: MONTH OF ORIGINAL INSTALL: ☐ UNKNOWN

ALTERATION(S) PERFORMED: ☐ YES ☐ NO ☐ UNKNOWN

TYPE OF ALTERATION:

1. <input type="text"/>	YEAR: <input type="text"/>
2. <input type="text"/>	YEAR: <input type="text"/>
3. <input type="text"/>	YEAR: <input type="text"/>

ADDITIONAL ALTERATION INFORMATION:

A CODE DATA PLATE PROVIDED ON THIS UNIT (REF: RULE 8.6.1.5.1) ☐ YES ☐ NO

BUILDING NAME:

OWNER NAME:

OWNER ADDRESS (STREET):

CITY:

STATE: ZIP CODE:

PRIMARY CONTACT PERSON NAME:

JOB TITLE:

CURRENT SERVICE CONTRACTOR INFORMATION:

SERVICE COMPANY NAME:

BUSINESS ADDRESS:

CONTACT PHONE NUMBER(S):

SOUTHWEST ELEVATOR COMPANY

WRITTEN MAINTENANCE CONTROL PROGRAM FOR ESCALATOR:

STATE OR GOVERNMENT ID:

OWNER ID:

GENERAL MAINTENANCE REQUIREMENTS

Per Requirement 8.6.1.2.1 This written Maintenance Control Program is in place to maintain the equipment compliance with Section 8.6 of the ASME A17.1 2016 / CSA B44-16 Elevator and Escalator Safety Code. This MCP specifies examinations, tests, cleaning, lubrication, and adjustments to applicable components at regular intervals and it complies with the following:

Requirement 8.6.1.2.1(a) It is provided for only the unit identified on Page 1 of the MCP and by the Service Contractor identified on Page 1. This MCP is viewable on-site by escalator personnel at all times beginning with acceptance inspection and test and/or from the time of equipment installation or alteration, whichever applies.

Requirement 8.6.1.2.1 (b) This MCP includes Code required maintenance tasks, procedures and examination and tests listed with the associated requirements. If/when Code required maintenance tasks or procedures, or examinations or tests are revised in Section 8.6, the MCP will be updated accordingly.

Requirement 8.6.1.2.1(c) This MCP references on-site Equipment Documentation needed to fulfill item (b) above, and on-site Maintenance Records that record the completion of all associated maintenance tasks.

Requirement 8.6.1.2.1(d) If this MCP is maintained remotely from the machine room, machinery space, control room, or control space, instructions for viewing the MCP (hard copy or electronic format) are posted on the controller or at the means necessary for test, and the instructions are permanently legible with characters a minimum of 3mm in height.

Requirement 8.6.1.2.1(e) Specified maintenance intervals are based on:

- (1) Equipment age, condition, and accumulated wear
- (2) Design and inherent quality of the equipment
- (3) Usage
- (4) Environmental conditions
- (5) Improved technology
- (6) Manufacturers recommendations and original equipment certification for any SIL rated devices or circuits.
- (7) Manufacturers recommendations based on ASME A17.7 / CSA B44.7 approved components or functions.

Requirement 8.6.1.2.1(f) Procedures for tests; periodic inspections; maintenance; replacements; adjustments; and repairs for traction loss detection means, broken-suspension-member detection means, residual-strength detection means and related circuits are incorporated into and made part of this MCP.

ADDITIONAL INFORMATION REGARDING GENERAL MAINTENANCE REQUIREMENTS

This MCP consists of the main document which documents compliance with 8.6 requirements that are applicable to this escalator. This escalator is one of 6 escalators of the same design, construction and usage. Therefore, maintenance tasks & testing procedures for all 6 units are similar. This MCP also makes reference to appendices which document manufacturers repair, replacement, adjustment and testing procedures. See individual MCP records for documentation of dates, times and tasks performed for each unit individually.

WRITTEN MAINTENANCE CONTROL PROGRAM FOR ESCALATOR:

STATE OR GOVERNMENT ID:

OWNER ID:

ON-SITE DOCUMENTATION

Requirement 8.6.1.2.2 The following documents specify are written and permanently kept on-site in the machine-room, machinery space, control room / control space, or in the means necessary for the test in hard copy for each unit for escalator service personnel:

- (a) Up-to-date wiring diagrams detailing circuits of all electrical protective devices and critical operating circuits.
- (b) Procedures for inspections and tests not described in ASME 17.2 and procedures or methods required personnel to perform maintenance, repairs, replacements and adjustments, as follows:
 - (1) All procedures specifically identified in the Code as required to be written.
 - (2) Unique maintenance procedures or methods required for inspection, tests and replacement of SIL rated E/E/PES electrical protective devices and circuits.
 - (3) Unique maintenance procedures or methods required for inspection, tests, and replacement of equipment applied under alternative arrangements are provided by the manufacturer or installer.
 - (4) Unique maintenance procedures or unique methods required for inspection and test of equipment specified in an ASME A17.7 / CSA B44.7, Code Compliance Document (CCD).
- (c) Written Checkout procedures to demonstrate E/E/PES function as intended.

ADDITIONAL INFORMATION REGARDING ON-SITE DOCUMENTATION

" 15 "

WRITTEN MAINTENANCE CONTROL PROGRAM FOR ESCALATOR:

STATE OR GOVERNMENT ID:

OWNER ID:

MAINTENANCE PERSONNEL

Requirement 8.6.1.3 Maintenance, repairs, replacements, and tests will only be performed on this escalator equipment by escalator service personnel.

ADDITIONAL INFORMATION REGARDING MAINTENANCE PERSONNEL

A service agreement is in place. Service agreement specifies who is permitted to perform maintenance, repair, replacement, adjustment and testing actions.

MAINTENANCE RECORDS

Requirement 8.6.1.4 Maintenance records for this escalator equipment document compliance with Section 8.6. Instructions for locating the maintenance records and for viewing records on-site are posted on the controller or at the means necessary for test. Per code requirements, the instructions are permanently legible with characters at least 3mm in height. Records are retained for the most recent 5 years or from the date of installation or adaption of the MCP code requirement, whichever is less or as specified by the authority having jurisdiction. Existing maintenance records up to 5 years are also retained.

ON-SITE MAINTENANCE RECORDS

Requirement 8.6.1.4.1(a) Maintenance Control Program Records

- (1) A record that includes the maintenance tasks listed with the associated requirements in 8.6 and identified in this MCP, and other tests, examinations and adjustments, and the specified scheduled intervals are maintained on-site.
- (2) The specified scheduled maintenance intervals are applicable as based on the criteria in 8.6.1.2.1(e) above.
- (3) This MCP is viewable on-site by Escalator service personnel in electronic or hard copy format.

Requirement 8.6.1.4.1(b) Repair & Replacement Records

The following repair and replacements are recorded and kept on-site (or remotely) for viewing by escalator personnel in hard copy or electronic format:

- (1) Repairs
- (2) Replacements

Requirement 8.6.1.4.1(c) Other records:

The following records are kept on-site for immediate viewing:

- (1) Periodic Test Records

WRITTEN MAINTENANCE CONTROL PROGRAM FOR ESCALATOR:

STATE OR GOVERNMENT ID:

OWNER ID:

Requirement 8.6.1.4.1(d) Other records (Continued):

A permanent record of the results of all acceptance tests is kept with the on-site records. Test tags are permanently attached to or adjacent to the controller.

ADDITIONAL INFORMATION REGARDING MAINTENANCE RECORDS

Maintenance Records are kept in both electronic format and hard copy as per the requirements of 8.6.1.4.1(b) and (d) above.

CALL BACKS (TROUBLE CALLS)

A record of call backs that are reported by any means to escalator service personnel, is maintained and includes the description of reported trouble, dates, times and corrective actions taken. The records are available to escalator service personnel when performing corrective actions. For other escalator personnel, the records are available on request.

Instructions on how to report any need for corrective action (trouble calls) to the responsible party are posted on the controller or at the means necessary for test.

ADDITIONAL INFORMATION REGARDING CALL BACK (TROUBLE CALLS)

A trouble-call log (call-backs) specific to this unit only, is kept with this MCP and may differ from the call-back log for the other 4 units. Copies are located in Bldg Managers office and Service Contractors office.

CODE DATA PLATE

(Reference Page 29 of this MCP for additional information on Data Plates and Data Tags)

Per Requirement 8.6.1.5.1 The Code Data Plate on this escalator complies with Section 8.9

ADDITIONAL INFORMATION REGARDING CODE DATA PLATE

Code Data Plates, test tags, plates etc are in place and maintained as per code requirements. Periodic Test tags are updated as tests are performed. Other data tags are installed and maintained as required.

WRITTEN MAINTENANCE CONTROL PROGRAM FOR ESCALATOR:

STATE OR GOVERNMENT ID:
 OWNER ID:

GENERAL MAINTENANCE METHODS AND PROCEDURES

Per Requirement 8.6.1.6.1 Making Safety Devices Inoperative or Ineffective. No person will at any time make inoperative or ineffective any device on which the safety of users of this escalator is dependent, including any electrical protective devices, except where necessary during tests, inspections, maintenance, repair and replacement, provided that this escalator equipment is first removed from normal operation. Devices made inoperative during tests, inspections, maintenance repair and replacement will be restored to their normal operating condition in conformity with the applicable requirements prior to returning the equipment to service.

Per Requirement 8.6.1.6.2 Lubrication. All parts of the machinery and equipment requiring lubrication will be lubricated with lubricants equivalent to the type and grade recommended by the manufacturer. Alternate lubricants may be used when the intended lubrication effects are achieved. All excess lubricants will be cleaned from the equipment and containers used to catch lubricant leakage will not be allowed to overflow.

Per Requirement 8.6.1.6.3 (a) The interior of the controller(s) and their components are cleaned when necessary to minimize the accumulation of foreign matter that can interfere with the operation of the equipment.

Per Requirement 8.6.1.6.3 (b) Temporary wiring and insulators or blocks in the armatures or poles of magnetically operated switches, contactors, or relays are not installed when this escalator is in service.

Per Requirement 8.6.1.6.3 (c) When jumpers are used during maintenance, repair or testing all jumpers will be removed prior to returning this escalator to normal operation. Jumpers are not stored in machine rooms, control rooms, hoistways, machinery spaces, control spaces, escalator / moving walk wellways or pits.

Per Requirement 8.6.1.6.3 (d) Control and operating circuits and devices are maintained in compliance with the applicable code requirements for this escalator equipment.

Per Requirement 8.6.1.6.3 (e) No substitution will take place for any wire or current-carrying device for the correct fuse or circuit breaker in any circuit on this escalator.

Per Requirement 8.6.1.6.4 Painting. Care will be used in the painting of this equipment to make certain that it does not interfere with the proper functioning of any component.
 Painted components will be tested for proper operation after painting.

Per Requirement 8.6.1.6.5 Fire Extinguishers. A Class "ABC" fire extinguisher is located in:

☐ The Control Space ☒ Other Location:

Per Requirement 8.6.1.6.6 Workmanship. When torquing, drilling, cutting and welding, care will be taken to ensure that no component of the assembly is damaged or weakened. Rotating parts will be properly aligned.

WRITTEN MAINTENANCE CONTROL PROGRAM FOR ESCALATOR:

STATE OR GOVERNMENT ID:

OWNER ID:

Per Requirement 8.6.1.6.7 Signs and Data Plates Signs and data plates on this escalator equipment that are damaged or missing will be repaired or replaced.

Per Requirement 8.6.1.7 Periodic Tests The frequency of periodic test will be performed on this escalator equipment as established by the authority having jurisdiction and as required by Requirement 8.11.1.3

Per Requirement 8.6.1.7.1 Periodic tests on this escalator equipment will be witnessed by an inspector and / or as required by the authority having jurisdiction.

Per Requirement 8.6.1.7.2 A test record for all periodic tests, containing the applicable Code requirement and dates performed, and the name of the person or company performing the test will be installed and readily visible and adjacent to or securely attached to the controller, in the form of a metal tag, or other format designated by and acceptable to the AHJ. If any alternative test methods are performed the tag will indicate that alternative test was utilized for the applicable requirement.

Per Requirement 8.6.1.7.3 Except where necessary when performing tests, no person will, at any time, make any required safety device or electrical protective device ineffective. Such devices will be restored to their normal operating condition in conformity with the applicable requirements prior to returning this escalator to normal service.

Per Requirement 8.6.1.7.4 All references to "Items" and "Parts" in this document are to Items in ASME A17.2.

ADDITIONAL INFORMATION REGARDING GENERAL MAINTENANCE AND PROCEDURES

No exceptions apply for this escalator equipment in regard to the above General Maintenance & Procedures requirements.

WRITTEN MAINTENANCE CONTROL PROGRAM FOR ESCALATOR:

STATE OR GOVERNMENT ID:

OWNER ID:

REPAIRS (TO THIS ESCALATOR EQUIPMENT)

Per Requirement 8.6.2.1 Repair Parts Repairs to this escalator equipment will be made with parts of at least equivalent material, strength and design.

Per Requirement 8.6.2.2 Welding and Design Welding and design of welding will conform to Requirement 8.7.1.4 and Requirement 8.7.1.5.

Per Requirement 8.6.2.6 Repairs involving SIL Rated Device(s) SIL rated device(s) used to satisfy:

- Electrical Equipment & Wiring
- Release and Application of Driving Machine Brakes
- Software Systems for Protection Against Failures
- E/E/PES to remove power from Driving Machine Motor from AC Sources
- E/E/PES to remove power from Driving Machine Motor from DC Sources
- (a) Will not be repaired in the field
- (b) May be repaired in accordance with the provisions for repair where included in the listing/certification
- (c) Will not be affected by other repairs to the extent that the listing/certification is invalidated

ADDITIONAL INFORMATION REGARDING REPAIRS

No exceptions apply for this escalator equipment in regard to the above "Repairs" requirements. Repairs, when performed are documented in the Task Log for this unit individually.

REPLACEMENTS (TO THIS ESCALATOR EQUIPMENT)

Per Requirement 8.6.3.1 Replacement Parts. Replacements to this escalator equipment will be made with parts of at least equivalent material, strength, and design.

Per Requirement 8.6.3.5 Belts and Chains If one belt or chain of a set on this escalator equipment is worn or stretched beyond that specified in the manufacturers recommendations, or is damaged so as to require replacement, the entire set will be replaced. Sprockets and toothed sheaves will also be replaced if worn beyond that specified in the manufacturers recommendations.

Per Requirement 8.6.3.7.1 Listed / Certified Devices. If a listed / certified device on this escalator equipment is replaced, the replacement will be subject to the applicable engineering or type test as specified in Section 8.3 or the requirements of CSA B44.1 / ASME A17.5.

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Per Requirement 8.6.3.7.2 If a component in a listed / certified device on this escalator equipment is replaced, the replacement component will be subject to the requirements of the applicable edition of CSA B44.1 /ASME A 17.5 and / or the engineering or type test in Requirement 8.3.

Per Requirement 8.6.3.14 Replacements Involving SIL Rated Device(s)

Per Requirement 8.6.3.14(a) A SIL rated device used to satisfy:

- Electrical Equipment & Wiring
- Release and Application of Driving Machine Brakes
- Software Systems for Protection Against Failures
- E/E/PES to remove power from Driving Machine Motor from AC Sources
- E/E/PES to remove power from Driving Machine Motor from DC Sources

Will not be affected by other replacement(s) to the extent that the listing/certification is invalidated.

Per Requirement 8.6.3.14(b) Where a SIL rated device is replaced that is used to satisfy:

- Electrical Equipment & Wiring
- Release and Application of Driving Machine Brakes
- Software Systems for Protection Against Failures
- E/E/PES to remove power from Driving Machine Motor from AC Sources
- E/E/PES to remove power from Driving Machine Motor from DC Sources

It shall be considered a replacement only when the replacement device is the original manufacturers listed/certified SIL rated device or the original manufacturers listed/certified SIL rated replacement device, otherwise it will be considered as an Alteration.

Per Requirement 8.6.3.14(c) Where a non-SIL rated device is replaced that is used to satisfy:

- Electrical Equipment & Wiring
- Release and Application of Driving Machine Brakes
- Software Systems for Protection Against Failures
- E/E/PES to remove power from Driving Machine Motor from AC Sources
- E/E/PES to remove power from Driving Machine Motor from DC Sources

It will be considered as an Alteration.

ADDITIONAL INFORMATION REGARDING REPLACEMENTS

No exceptions apply for this escalator equipment in regard to the above "Replacements" requirements. Replacements, when performed are performed as per manufacturer's and code requirements, and are documented in the Task Log for this unit individually.

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8.6.8 MAINTENANCE AND TESTING (FOR THIS ESCALATOR EQUIPMENT)

The maintenance of this escalator equipment conforms to Rules 8.6.1 through 8.6.3 and 8.6.8.1 thru 8.6.8.15.24

Per Requirement 8.6.8.1 Handrails.

Handrails on this escalator will operate at the speed specified in the applicable codes.

The handrail speed monitoring device will cause electric power to be removed from the driving- machine motor and brake when the speed of either handrail deviates from the step speed by 15% or more and continuously within a 2s to 6s range.

☐ A handrail speed monitoring device is not installed on this escalator equipment.

Cracked or damaged handrails on this escalator that present a pinching effect will be repaired or replaced.

Splicing will be done in such a manner that the joint is free of pinching effect.

MAINTENANCE FREQUENCY:

HANDRAIL MAINTENANCE PROCEDURE:

Procedures outlined in the Field Employees Safety Handbook apply. Check for cuts, cracks, gouges, pinch points, or any hazards. Indications of rubber filings or rust on balustrade or deck suggest an internal inspection is needed. Adjust as required for handrails to move smoothly without jerking and that they travel at substantially the same speed as the escalator steps. Confirm handrail does not slip or stall when moderate force to stop handrail is applied. If excessive noise is found, make necessary adjustments as required including repair or replacement of rollers or turn-around devices. Check clearances between handrail lips and the handrail stand.

- Routing maintenance includes cleaning handrail using a soft texture cloth.

- Periodically clean, polish and disinfect handrail using procedures recommended by handrail manufacturer.

Also See Appendix A for manufacturers recommended procedures.

Per Requirement 8.6.8.2 Step to Skirt Clearance

Step to Skirt clearances will be maintained in compliance with the following applicable code:

Alternatively, the clearance on either side of the steps and between the steps and the adjacent skirt guard will not exceed 4mm (0.16in.) and the sum of the clearances on both sides shall not exceed 7mm (0.28in.).

The allowable clearances for this escalator equipment are as indicated below:

- ☐ **8.6.8.2(a).** (ASME A17.1-1955 through A17.1d-1970): Not more than 4.8mm (0.1875in.) with a total of both sides both sides not more than 6.4mm (0.25in.), except where skirt obstruction devices are installed at the lower entrance for escalators installed under the ASMEA17.1-1965 through A17.1d- 1970.
- ☐ Skirt obstruction devices are installed on this escalator equipment.
- ☐ **8.6.8.2(b).** (ASMEA17.1-1971 through A17.1-1979 editions): Not more than 9.5mm (0.375in.) on each side.
- ☒ **8.6.8.2(c)** (ASMEA17.1-1980 through A17.1c-1999 & ASMEA17.3): Not more than 4.8mm (0.1875in.) on each side.
- ☐ **8.6.8.2(d).** (ASMEA17.1d-2000 and later editions): The clearance (loaded gap) is not more than 5mm (0.2in.) when 110N (25lbf) force is laterally applied from the step to the adjacent skirt panel.

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Per Requirement 8.6.8.2 Step to Skirt Clearance (Continued)

Where CSA B44 Requirements apply, the allowable clearances are applicable as follows:

- (a) (B44-1960 through B44S3-1982): Not more than 4.8mm (0.1875in.) on each side. Sum of both sides not more than 6.4mm (0.25in.).
- (b) (B44-1985 through B44S2-1998): Not more than 5mm (0.197in.) on each side. Sum of both sides not more than 6mm(0.236in.).
- (c) (CSAB44-00): Not more than 4mm (0.157in.) on each side. Sum of both sides not more than 7mm (0.28in.)
- (d) (CSAB44-00 Update1 and later editions): Clearance (loaded gap) will be not more than 5mm (0.2in.) when 110N (25lbf) force is laterally applied from the step to the adjacent skirt panel. Ref. Rule 6.1.3.3.5.

STEP TO SKIRT MAINTENANCE FREQUENCY:

MAINTENANCE PROCEDURE:

- To adjust the skirt panel, remove the interior panels above the sections to adjust.
- Loosen the fasteners connecting the skirt frame to the bracket and adjust until an 1/8 inch gap is achieved. Tighten fastener.
- Readjust skirt switches if necessary.
- Replace interior panels.

8.6.8.3 Step/Skirt Performance Index

Per Requirement 8.6.8.3.1 The step / skirt performance index, when the escalator is subjected to the test specified in 8.11.4.2.19, shall be the maximum value of the recorded instantaneous step / skirt index $e^y / (e^y + 1)$, where

(SI Units)

$$e = 2.7183$$

$$y = -3.77 + 2.37 (\mu) + 0.37 (L_s)$$

μ = the sliding coefficient of friction of a polycarbonate test specimen on the skirt panel at the measurement point calculated when subjected to a 110 N normal load. The coefficient of friction shall be measured without addition of any field-applied lubricant.

L_s = the clearance between the step and the adjacent skirt panel when 110 N is applied from the step to skirt panel, mm

(Imperial Units)

$$e = 2.7183$$

$$y = -3.77 + 2.37 (\mu) + 9.3 (L_s)$$

μ = the sliding coefficient of friction of a polycarbonate test specimen on the skirt panel at the measurement point calculated when subjected to a 25 lbf normal load. The coefficient of friction shall be measured without addition of any field-applied lubricant.

L_s = the clearance between the step and the adjacent skirt panel when 25 lbf is applied from the step to skirt panel, in.

R (SI Units): The applied load will not deviate from 110 N by more than +/- 11N and the load will be distributed over a round or square area not less than 1 940 mm² and not more than 3 870 mm².

R (Imperial Units): The applied load will not deviate from 25lbf by more than +/- 2.5 lbf and the load will be distributed over a round or square area not less than 3 in² and not more than 6 in²

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Per Requirement 8.6.8.3.2 The step/skirt performance index polycarbonate test specimen will conform to the following specifications:

- (a) Material: Polycarbonate without fillers
- (b) Color: Natural, no pigments
- (c) Finish: Glossy (roughness less than $0.8 \mu\text{m}$ (32 $\mu\text{in.}$)
- (d) Area in contact with skirt panel: $2\,900 \pm 325 \text{ mm}^2$ ($4.5 \pm 0.5 \text{ in.}^2$) and at least 0.8mm (0.03in.) thick
- (e) Specification: GE Lexan 100 series or equivalent polycarbonate

Per Requirement 8.6.8.3.3 The escalator step/skirt performance index will be as indicated below:

- (a) ≤ 0.15
- (b) ≤ 0.25 because this escalator is installed under ASMEA17.1a-2002/CSAB44-00 Update1 and later editions and when a skirt deflector device complying with the requirements of 6.1.3.3.7 is provided.
- (c) ≤ 0.4 because this escalator is installed under ASMEA17.1-2000 / CSAB44-00 and earlier editions and a skirt deflector device is provided.

ADDITIONAL INFORMATION REGARDING STEP / SKIRT PERFORMANCE INDEX:

Use approved Skirt / Step Performance Index Testing device to obtain measurements, including loaded gap test. Perform test prior to or during annual inspection. Document findings and confirm an index of 0.4 or less. Adjust, replace or repair as necessary for index measurements that comply with code requirements.

8.6.8.4 Combplates

Per Requirement 8.6.8.4.1. Combs with any broken teeth will be repaired or replaced. If two adjacent teeth are missing, the escalator will be removed from operation.

COMBPLATE MAINTENANCE FREQUENCY:

COMBPLATE MAINTENANCE PROCEDURE:

Check for missing comb teeth during each visit to unit. Replace combs with missing or damaged teeth. Check mesh of comb teeth with step tread. Use a business card or stiff paper to confirm step tread always meshes below upper surface of comb teeth. (Escalators installed under A17.1c-1986 and later editions require comb surface be contracting color, pattern or texture).

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Per Requirement 8.6.8.4.2 Combs will be adjusted and maintained in mesh with the slots in the step surface so that the points of the teeth are always below the upper surface of the treads.

MAINTENANCE FREQUENCY:

MAINTENANCE PROCEDURE:

See 8.6.8.4.1 above. Repair, replace or adjust missing or damaged combs to maintain code compliance.

When combfinger segment replacement is required:

- Remove the screws that mount the Combfinger segments to the Combplate.
- Remove the Combfinger segment. Make a note of any shims that are used.
- Replace the Combfinger segment by centering the fingers in the step tread. Check the clearance and shim if necessary.
- Apply removable thread locker to the screws and tighten the Combfinger segments down.

Per Requirement 8.6.8.4.3 (Applies to escalators installed under A17.1b-1992 and later editions).

Comb-step impact devices will be adjusted to operate in compliance with the forces specified in applicable requirements.

COMB-STEP IMPACT DEVICE MAINTENANCE FREQUENCY:

COMB-STEP IMPACT DEVICE MAINTENANCE PROCEDURE:

Check operation by applying a vertical force to the center front edge of the combplate until the device trips. Apply a force in the direction of travel at the front center of the combplate, increasing the force until the device trips. Apply a force in the direction of travel on one side of the front of the combplate, increasing the force until the device trips. For all tests, verify the unit will not start until manually reset. Repeat this test for the opposite side.

For escalators governed by A17.1-2010 Code Edition, maximum vertical force is 150 lbf upward direction, 800 lbf horizontal center, and 400 lbf one sides. Other forces may apply for escalators governed by earlier code editions. Confirm maximum values based on governing code edition for this escalator.

Adjust comb-step impact device springs as necessary to maintain code compliant tripping force settings.

Per Requirement 8.6.8.5. Escalator Skirt Panels and Skirt Obstruction Devices

(a) Damaged skirt or dynamic skirt panels will be replaced or repaired. The installation will conform to Requirements 8.6.8.2 and 8.6.8.3.3.

(b) The skirt obstruction devices will be checked for proper adjustment and operation.

SKIRT PANEL AND SKIRT OBSTRUCTION DEVICE MAINTENANCE FREQUENCY:

SKIRT PANEL AND SKIRT OBSTRUCTION DEVICE MAINTENANCE PROCEDURE:

Check operation of obstruction devices by placing an object such as a wooden stick or rubber eraser between the steps and the skirt as the step moves past the switch. Use caution to not damage to the equipment. Do not test by kicking skirt. Confirm unit stops at a distance that does not exceed the distance from the switch to the comb-plates. Adjust, repair or replace device(s) as needed, per manufacturers recommendations and procedures to maintain code compliance at all times. Confirm that devices are installed at lower end or both ends, depending on the code in effect at time of installation.

Per Requirement 8.6.8.6.1. Steps with broken treads shall be repaired or replaced.

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Per Requirement 8.6.8.6.2 Steps with dented or damaged risers will be repaired or replaced.

Per Requirement 8.6.8.6.3 Steps that are worn or damaged and that do not provide proper engagement with the combplates will be repaired or replaced.

Per Requirement 8.6.8.6.4 The width or depth of the slots in the tread surface of steps that do not meet the applicable Code requirements shall be repaired or replaced.

STEPS MAINTENANCE FREQUENCY:

MAINTENANCE PROCEDURES FOR STEPS:

Confirm steps are clean, free of debris, and in good condition. Confirm there is no excessive movement or play in the direction of travel, at right angles to the direction of travel and vertically.

Per Requirement 8.6.8.7 Rollers, Tracks, and Chains. Rollers, tracks, and chains will be examined, repaired, or replaced when necessary to ensure required clearances.

ROLLERS, TRACKS AND CHAINS MAINTENANCE FREQUENCY:

ROLLERS, TRACKS AND CHAINS MAINTENANCE PROCEDURE:

Safety Procedures outlined in the Field Employees Safety Handbook apply. Remove at least half of the steps. Visually inspect the drip pans, undersides of steps, trusses, roller tracks, chains, handrails, and the interiors of balustrades, skirts, and newels. Examine condition of rollers. Inspect chains for lubrication and buildup of dirt and grease. Lubricate as per manufacturers recommendations.

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Per Requirement 8.6.8.8 Signs. Caution signs will be provided in compliance with applicable code requirements. Damaged or missing signs will be replaced. Additional signs, if provided, will comply with applicable code requirements.

SIGNAGE MAINTENANCE FREQUENCY:

SIGNAGE MAINTENANCE PROCEDURE:

Check and observe to make sure current conditions are still applicable to code requirements

Per Requirement 8.6.8.9 Guards at Ceiling Intersections.

Damaged or missing guards shall be repaired or replaced in compliance with applicable code requirements.

CEILING GUARDS MAINTENANCE FREQUENCY:

CEILING GUARDS MAINTENANCE PROCEDURE:

Per Requirement 8.6.8.10. Antislid e Devices. Damaged or missing anti-slide devices will be repaired or replaced.

ANTISLIDE MAINTENANCE FREQUENCY:

ANTISLIDE MAINTENANCE PROCEDURE:

Per Requirement 8.6.8.11 Handrail Guards. Damaged or missing hand or finger guards will be repaired or replaced.

HANDRAIL GUARDS MAINTENANCE FREQUENCY:

HANDRAIL GUARDS MAINTENANCE PROCEDURE:

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Per Requirement 8.6.8.12 Brakes. Brakes will be maintained in compliance with the applicable requirements of 8.6.4.6, and adjusted to the torque shown on the data plate, where provided.

BRAKE(S) MAINTENANCE FREQUENCY:

BRAKES(S) MAINTENANCE PROCEDURE:

Confirm brake stops a down-running escalator with a retardation not exceeding 3 ft/s² (0.91 m/s²). Visually inspect all mechanisms for condition and operation. Confirm a nameplate or data plate that specifies the required brake torque is present. Verify that the torque complies with data plate information. Adjust using a torque wrench current calibration certificate.
Refer to Appendix B, MANUFACTURER / BRAKE MAINTENANCE & ADJUSTMENT

Per Requirement 8.6.8.13 Cleaning. The interior of this escalator and its components will be cleaned to prevent an accumulation of oil, grease, lint, dirt, and refuse. The frequency of the cleaning will depend on service and conditions, but an examination to determine if cleaning is necessary is will be performed at least once a year.

CLEANING MAINTENANCE FREQUENCY:

CLEANING MAINTENANCE PROCEDURE:

Safety Procedures outlined in the Field Employees Safety Handbook apply. Remove 1/2 steps to expose internal components. Clean all interior components including drip pan, truss, tracks, chains, etc. Clean and inspect steps for cracks or other deficiencies. Wipe away slight amounts of dirt with a slightly wrung cloth soaked in the neutral detergent. Completely wipe the detergent or liquid with a damp cloth that was soaked in clean water. Finally, wipe surfaces with a dry cloth until it is completely dry. For grease or heavy dirt, wipe with a cloth soaked in ethyl alcohol. After cleaning, wait until the alcohol has completely evaporated and no odor can be detected.
For Chewing Gum, Glue etc.: Scrap of as much of the foreign material as possible, paying attention not to damage the handrail surface. Then, locally wipe it with a cloth soaked in ethyl alcohol.

Per Requirement 8.6.8.14 Entrance and Egress Ends. The escalator landing plates will be properly secured in place. The landing plates will be kept free of tripping hazards and will be maintained to provide a secure foothold. All required entrance and exit safety zones will be kept free from obstructions.

ENTRANCE AND EGRESS ENDS MAINTENANCE FREQUENCY:

ENTRANCE AND EGRESS ENDS MAINTENANCE PROCEDURE:

Keep access egress area free of obstacles and tripping hazards. Confirm pit covers are present and in good condition. Tighten all screws. Replace missing screws, fittings and/or attachments. Verify a 7 ft vertical headroom is provided and that the required safety zone is clear of obstructions. Check that floor openings adjacent to the entire length of the wellway are in compliance with the applicable building code.

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8.6.8.15 PERIODIC TEST REQUIREMENTS (CATEGORY 1)

Per Requirement 8.6.8.15.1 Machine Space and Truss Interior. The condition of and access to machine rooms, the truss interior, and all escalator components contained therein will be examined and if required, cleaned to perform the required inspections and tests. The operation and adequacy of lighting and receptacles will be checked.

MACH. SPACE & TRUSSES INTERIOR EXAMINATION PROCEDURE:

Clean machine space of dirt, rubbish and oil. Remove combustible materials. Items unrelated to the escalator maintenance or operation should be removed. Confirm that no lubricant or solvent with a flashpoint less than 110°F is stored in such space. Water should not be accumulating on the floor of the space. Do not store jumpers in the machine space, wellway, or pit. Confirm that two fluorescent demarcation lamps are present and that they are clean, and green in color, and in good working condition at each landing. Verify that no penetrations exist through the sides of the machinery space and truss that could compromise fire resistance or allows physical contact with moving parts. Check that a fixed guard is in place to protect against accidental contact with the moving steps. Repair, adjust or replace all deficiencies to maintain code compliance.

UPPER / LOWER STATIONS PERIODIC EXAMINATION PROCEDURE:

Confirm floor surfaces adjacent to the landing plates are continuous with the top of the landing plate, with no abrupt changes in elevation of more than 1/4 in. Remove obstacles and /or tripping hazards. Confirm pit covers are present and in good condition.

STEPS & ROLLERS PERIODIC EXAMINATION PROCEDURE:

Inspect each of the steps for evidence of damage. Check condition of the step rollers and upthrust tabs and materials. Verify that the step tread material is noncombustible or that the undersides are properly covered with fire-resistive materials. Verify that step frames are made of noncombustible materials.

STEP FRAMES, RISERS AND TREADS PERIODIC EXAMINATION PROCEDURE:

Examine all steps, risers and treads. Examinations / tests should be done during or after cleaning to expose all surfaces for inspection. Verify that all components are present, in good condition, clean of dirt and rubbish, and free of oil and combustibles. Inspect for any damage. Repair, replace or adjust components as needed for safe, efficient and code compliant operation.

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Per Requirement 8.6.8.15.1 Machine Space, Continued.

ESCALATOR TRACKS, PERIODIC EXAMINATION PROCEDURE:

Perform inspection after or during interior cleaning. Inspect for worn or damaged tracks. Lubricate as per manufacturers recommendations. Repair, replace or adjust track system for smooth, consistent, safe operation. Check and tighten all fittings.

TRUSS COMPONENTS, PERIODIC EXAMINATION PROCEDURE:

Perform inspection after or during interior cleaning. Inspect for worn or damaged structural components. Visually inspect for damage to the fire-resistive material. Confirm truss system is in accordance with original design and OEM recommendations. Clean as required for smooth, consistent, safe operation. Check and tighten all fittings.

Per Requirement 8.6.8.15.2 Stop Switch. The machine space stop switches shall be tested (Ref. Item 8.2).

STOP SWITCH TEST PROCEDURE:

Confirm that stop switches are properly installed and labeled. Confirm activation removes all power from drive machine. Confirm starting switches are within reach of an emergency stop button. Start the unit and hold the start switch in the "UP" position, then actuate the emergency stop button. The unit must not restart until the start switch is placed in the "RUN" position and the starting sequence is repeated. Repeat this for the down direction and for the other start switch.

Per Requirement 8.6.8.15.3 Controller and Wiring. Controller and wiring on this escalator equipment will be examined.

CONTROLLER AND WIRING EXAMINATION PROCEDURE:

Confirm that stop switches are properly installed and labeled. Confirm activation removes all power from drive machine. Confirm starting switches are within reach of an emergency stop button. Start the unit and hold the start switch in the "UP" position, then actuate the emergency stop button. The unit must not restart until the start switch is placed in the "RUN" position and the starting sequence is repeated. Repeat this for the down direction and for the other start switch.

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Per Requirement 8.6.8.15.4 Drive Machine and Brake. The drive machine and brakes on this escalator equipment will be examined and tested, including test of the brake torque (Ref Item 8.4).

DRIVE MACHINE AND BRAKE EXAMINATION AND TEST PROCEDURE:

Numerous code requirements apply, depending on the code in effect at the time of installation. (See A17.2 Inspectors Guide or Code Data Plate). Confirm applicable code, and applicable requirements.

Verify that the driving machine is properly secured, lubricated, clean, and in good condition. Check the driving-machine fastenings and bearing caps to verify that they are tight. Verify that the driving machine is connected to the main drive shaft by (toothed gearing) (mechanical coupling) (chain) and that it is in good condition. Check for excessive backlash in the driving gears or chains. Inspect any drive belts and sheaves for damage and wear. Check for proper belt tension and reasonable equality of tension in a set of belts.

Confirm nameplate or data plate indicates torque specified for breakaway.

See Appendix B for additional testing information.

Per Requirement 8.6.8.15.5 Speed Governor. The mechanical speed governor will be tested by manually operating the trip mechanism (Ref. Item 8.5).

☐ N/A. A speed governor is not installed on this escalator equipment.

SPEED GOVERNOR TEST PROCEDURE:

Test it to verify that governor is functioning properly. Manually operate the switch or use any testing mechanisms (such as flywheel weights). Confirm flyballs and all operating mechanisms are present and in good operating condition. When the switch is opened, it should interrupt power to the driving machine. Verify that the escalator cannot be started by the starting switch until the device is manually reset. When a manual reset is installed, turn the power off and then back on, and then try the start switch to check that the device will not reset. Confirm an indication that the device has been activated be provided (fault finder, etc.). Repair, replace or adjust as needed for safe, efficient and code compliant operation.

Per Requirement 8.6.8.15.6 Broken Drive-Chain Device. Operation of the broken drive-chain device, on the drive chain, will be tested by manually operating the actuating mechanism (Ref. Item 8.6).

BROKEN DRIVE-CHAIN TEST PROCEDURE:

Manually operate the broken step chain devices to verify that each will interrupt power to the driving machine and brake. Inspect each device to verify that they are in position to operate and will activate when either step chain breaks or when excessive sag occurs. Verify that the escalator cannot be started by the starting switch until the device is manually reset. Confirm an indication that the device has been activated is provided (fault finder, etc.).

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Per Requirement 8.6.8.15.7 Reversal Stop Switch. The reversal stop switch (to prevent reversal when operating in the ascending direction) will be tested by manually operating it to determine that it functions properly.

☐ The device cannot be manually operated, therefore a written check out procedure is provided.

Compliance with the code will be demonstrated.

REVERSAL STOP SWITCH TEST PROCEDURE:

Manually operate the device to confirm that all operating mechanisms are in good, operational condition. Activate device to open the circuits to the driving machine motor and brake. Verify that the escalator cannot be started by the starting switch until the device is manually reset. Confirm an indication that the device has been activated is provided (fault finder, etc.).

Per Requirement 8.6.8.15.8 Broken Step-Chain Device. The broken or slack step-chain device will be tested by manual operation (Ref. Items 8.8).

BROKEN STEP-CHAIN DEVICE TEST PROCEDURE:

Manually operate the broken step chain devices to verify that each will interrupt power to the driving machine and brake. Inspect each device to verify that they are in position to operate and will activate when either step chain breaks or when excessive sag occurs. Verify that the escalator cannot be started by the starting switch until the device is manually reset. Confirm an indication that the device has been activated is provided (fault finder, etc.).

Per Requirement 8.6.8.15.9 Step Upthrust Device. The operation of the step upthrust device will be tested by manually displacing the step, causing the device to operate (Ref. Item 8.9).

STEP UPTHrust DEVICE TEST PROCEDURE:

With steps removed, manually move the mechanism to activate the device. Verify that the escalator cannot be started by the starting switch until the device is manually reset. Confirm an indication that the device has been activated is provided (fault finder, etc.).

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Per Requirement 8.6.8.15.10 Missing Step Device. The missing step device will be tested by removing a step and verifying that the device will properly function (Ref. Item 8.10).

MISSING STEP DEVICE TEST PROCEDURE:

Test the missing step device by running the escalator with a step missing on the underside of the escalator. Confirm escalator stops before the gap resulting from the missing step emerges from the combplate. Verify that the escalator cannot be started by the starting switch until the device is manually reset. Confirm an indication that the device has been activated is provided (fault finder, etc.).

Per Requirement 8.6.8.15.11 Step Level Device. The step level device will be tested by simulating an out of level step and verifying that the device functions properly (Ref. Item 8.11).

STEP LEVEL DEVICE TEST PROCEDURE:

Manually operate device to verify that it will open the safety circuit and stop the escalator. Verify that the escalator cannot be started by the starting switch until the device is manually reset. Confirm an indication that the device has been activated is provided (fault finder, etc.).

Per Requirement 8.6.8.15.12 Steps, Step Chain, and Trusses. The steps, step chain, and trusses will be visually examined for structural defects, mechanical condition, and buildup of combustible materials.(Ref. Items 8.12).

STEPS, STEP CHAIN AND TRUSS EXAMINATION PROCEDURE:

With at least half of the steps removed, move the remaining steps to the upper half of the escalator. inspect the drip pans, undersides of steps, trusses, roller tracks, chains, handrails, and the interiors of balustrades, skirts, and newels. Verify that they are in good condition, clean of dirt and rubbish, and free of oil and combustibles.

Inspect each step for evidence of structural damage, condition of the step rollers and upthrust tabs. Verify the step frames are made of noncombustible materials.

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WRITTEN MAINTENANCE CONTROL PROGRAM FOR ESCALATOR:

STATE OR GOVERNMENT ID:

OWNER ID:

Per Requirement 8.6.8.15.13 Handrail Safety Systems. The handrail operating system will be visually examined for condition. The handrail entry device, and the stopped handrail or handrail speed monitoring device, will be tested by disconnecting of handrail motion sensor (Ref. Items 8.13).

A written checkout procedure exists to demonstrate that the handrail speed does not change when a retarding force, up to the maximum required by code, is applied opposite to the direction of travel. (Ref. Items 7.3).

HANDRAIL SAFETY SYSTEM EXAMINATION AND TEST PROCEDURE:

Disconnect handrail motion sensor while the unit is off and then run the unit, or grab the handrail and stall it while the escalator is running. Confirm an alarm sounds immediately and the escalator stops within 15 sec.
Confirm an indication that the device has been activated is provided (fault finder, etc.).

Per Requirement 8.6.8.15.14; Outdoor Escalators. Heaters will be tested for condition and operation, (Ref. Items 8.3)

☒ N/A. This is not an outdoor escalator.

OUTDOOR ESCALATOR HEATER TEST PROCEDURE:

Per Requirement 8.6.8.15.15 Permissible Stretch in Escalator Chains. This escalator equipment will have a periodic examination of the clearance between successive steps to detect wear or stretch of the step chains and the clearances will not exceed 6mm (0.25in.) (Ref. Item 7.9).

ESCALATOR CHAIN STRETCH EXAMINATION PROCEDURE:

Use PMT Machine to perform Skirt Step Index Testing annually. Analyze findings to confirm test results are in compliance with code requirements.

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WRITTEN MAINTENANCE CONTROL PROGRAM FOR ESCALATOR:

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OWNER ID:

Per Requirement 8.6.8.15.16 Disconnected Motor Safety Device. Operation of the motor safety device on this escalator equipment will be tested and verified, (Ref. 6.1.6.3.10 or 6.2.6.3.8 and (Ref. Item 8.6).

DISCONNECTED MOTOR SAFETY DEVICE TEST PROCEDURE:

Manually activate device. Confirm power is removed from driving machine and brake. Verify that the escalator cannot be started by the starting switch until the device is manually reset. Confirm an indication that the device has been activated is provided (fault finder, etc.).

Per Requirement 8.6.8.15.17 Response to Smoke Detectors.

☒ N/A. Smoke detectors are not installed.

Response to smoke detectors will be in accordance with Rules 6.1.6.8 or 6.2.6.7, (Ref. Items 8.15)

(6.1.6.8 Escalator Smoke Detectors. Smoke detectors will activate the alarm required by 6.1.6.3.1(b) and, after at least 15, will cause the interruption of power to the driving-machine motor and brake).

RESPONSE TO SMOKE DETECTOR TEST PROCEDURE:

Per Requirement 8.6.8.15.18 Comb-Step Impact Device

Operation of the comb-step impact devices on this escalator will be tested and verified.

COMB-STEP IMPACT DEVICE TEST PROCEDURE:

The comb-step/pallet-impact devices are tested in both the vertical and horizontal directions by placing a vertical and horizontal force on the combplate to cause operation of the device. The vertical and horizontal tests are performed independent of each other. The horizontal force shall be applied at the front edge center and both sides; the force shall be applied in the direction of travel into the combplate. The vertical force shall be applied at the front edge center. Both the vertical and horizontal forces required to operate the device will be recorded.

Additional Information:

Apply a vertical force to the center front edge of the combplate until the device trips. Record the force required to trip the device and verify the unit will not start until manually reset.
Apply a force in the direction of travel at the front center of the combplate, increasing the force until the device trips. Record the force required to trip the device and verify the unit will not start until manually reset.
Apply a force applied in the direction of travel on one side of the front of the combplate, increasing the force until the device trips. Record the forces required to activate all devices. Adjust as required for code compliance.

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WRITTEN MAINTENANCE CONTROL PROGRAM FOR ESCALATOR:

STATE OR GOVERNMENT ID:

OWNER ID:

Per Requirement 8.6.8.15.19 Step/Skirt Performance Index

☐ N/A

The step/skirt performance index on this escalator will be measured and verified.

STEP/SKIRT PERFORMANCE INDEX MEASUREMENT PROCEDURE:

- The escalator skirt will not be cleaned, lubricated, or otherwise modified in preparation for testing.
The escalator instantaneous step/skirt index measurements [6.1.3.3.7(a)] will be recorded at intervals no larger than 150mm (6in.) from each side of two distinct steps along the inclined portion of the escalator, where the steps are fully extended. Test steps will be separated by a minimum of 8 steps.
- A load of 110N (25lbf) will be laterally applied from the step to the adjacent skirt panel. The applied load will not deviate from 110N (25lbf) by more than $\pm 11\text{N}$ (2.5lbf). The load will be distributed over a round or square area not less than $1\,940\text{ mm}^2$ (3 in²) and not more than $3\,870\text{ mm}^2$ (6 in²).
- No vertical load exceeding 220N (50lbf) will be applied to the test step and adjacent steps.
- The coefficient of friction will be measured with the test specimen conforming to the requirements of 6.1.3.3.7(b) sliding in the direction of the step motion under a 110N (25lbf) normal force at the operating speed of the escalator and will be measured with devices having sensitivity better than $\pm 2.2\text{ N}$ (0.5lbf). The direction of step motion will be the direction of normal operation. If the escalator is operated in both directions, the down direction will be used for the test.
- For both the coefficient of friction measurement and the loaded gap measurements, the center of the the applied load will be between 25mm (1in.) and 100mm (4in.) below the noseline of the steps. The center of applied load will be not more than 250mm (10in.) from the nose of the step.
- The step/skirt performance index will conform to the requirements in 6.1.3.3.7 and 8.6.8.3 (Ref. Item 7.17).

Per Requirement 8.6.8.15.20 Clearance Between Step and Skirt (Loaded Gap).

The clearance between the step and skirt (loaded gap) of this escalator will be measured and verified.

Escalators installed under ASME A17.1d-2000 will be tested as follows (Item 7.17):

☒ (N/A. This escalator equipment is not installed under A17.1d-2000).

STEP AND SKIRT CLEARANCE (LOADED GAP) MEASUREMENT PROCEDURE:

- The loaded gap measurements will be taken at intervals not exceeding 300mm (12in.) in transition region (6.1.3.6.5) and before the steps are fully extended. These measurements will be made independently on each side of the escalator, and the measurements will be made independently on each side of the escalator.
- The applied load will not deviate from 110N (25lbf) by more than $\pm 11\text{N}$ (2.5lbf) (Ref. 6.1.3.3.5), and the load will be distributed over a round or square area no less than $1\,940\text{ mm}^2$ (3 in²) and no more than $3\,870\text{ mm}^2$ (6 in²).
- Re: Loaded gap measurements: The center of the applied loads will be between 25mm (1in.) and 100mm (4in.) below the noseline of the steps and the center of the applied loads will be not more than 250mm (10in.) from the nose of the step.

Additional Information:

Use PMT Machine to perform Skirt Step Index Testing annually. Analyze findings to confirm test results are in compliance with code requirements.

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WRITTEN MAINTENANCE CONTROL PROGRAM FOR ESCALATOR:

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Per Requirement 8.6.8.15.21 Inspection control devices will be tested and inspected to determine conformance with the requirements of 6.1.6.2.2 for escalators, (inspection control).

INSPECTION CONTROL DEVICE EXAMINATION AND TESTING PROCEDURE:

Check the operation of the inspection control device. Confirm device only permits movement by a constant pressure means, and clearly indicates the direction of travel. If a plug-in control station is used, verify that it is stored in the upper pit.

Per Requirement 8.6.8.15.22 Step Lateral Displacement Device. For curved escalators; the step lateral device will be manually tested. ☒ N/A. This escalator equipment is not a curved escalator.

STEP LATERAL DISPLACEMENT DEVICE TEST:

Per Requirement 8.6.8.15.23 Seismic Risk Zones 2 or Greater ☒ N/A

The operation of the seismic switch will be verified for compliance with the requirements of 8.5.4.

SEISMIC SWITCH OPERATION TEST PROCEDURE:

Per Requirement 8.6.8.15.24 Maintenance of Seismic Devices ☒ N/A. The seismic switch will be maintained in accordance with the manufacturers recommendations:

SWITCH MAINTENANCE PROCEDURES.

SOUTHWEST ELEVATOR COMPANY

WRITTEN MAINTENANCE CONTROL PROGRAM FOR ESCALATOR:

STATE OR GOVERNMENT ID:

OWNER ID:

8.6.11 SPECIAL PROVISIONS

8.6.11.6 Escalator Startup

Per 8.6.11.6.1 This escalator will be started only by authorized personnel (Ref. 1.3) trained in compliance with the procedures specified in 8.6.11.6.2 through 8.6.11.6.5.

Per Rule 8.6.11.6.2 The following procedure will be utilized when starting this escalator:

- (a) Prior to starting the unit, observe the steps and both landing areas to ensure no persons are on the unit or about to board. Run the unit away from the landing.
- (b) Verify correct operation of the starting switch.
- (c) Verify correct operation of the stop buttons
- (d) Verify correct operation of each stop button cover alarm, if furnished.
- ☒ Item (d) is N/A. This unit does not have a stop button cover/alarm.
- (e) Visually examine the steps for damaged or missing components; combplates for broken or missing teeth; skirt or dynamic skirt panels and balustrades for damage.
- (f) Verify that both handrails travel at substantially the same speed as the steps and are free from damage or pinch points, and that entry guards are in place
- (g) Visually verify that all steps are properly positioned.
- (h) Verify that ceiling intersection guards, antislid devices, deck barricades, and caution signs are securely in place.
- (i) Verify that demarcation lighting is illuminated, if furnished. ☐ Item (i) N/A. This unit does not have demarcation lighting.
- (j) Check for uniform lighting on steps/tread not contrasting with surrounding areas.
- (k) Verify that the safety zone is clear of obstacles and that the landing area and adjacent floor area are free from foreign matter and slipping or tripping hazards.
- (l) Check for any unusual noise or vibration during operation.

If any of the conditions in 8.6.11.6.2 a through l are unsatisfactory, the unit will be placed out of service, the landing areas will be barricaded, and the responsible party will be notified of the problem.

ADDITIONAL INFORMATION REGARDING ESCALATOR START-UP:

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WRITTEN MAINTENANCE CONTROL PROGRAM FOR ESCALATOR:

STATE OR GOVERNMENT ID:

OWNER ID:

Per 8.6.11.6.3 Escalators subject to 24hr operation and will be checked daily by authorized personnel. ☒ N/A
ADDITIONAL INFORMATION REGARDING 24 HR OPERATION:

Per Rule 8.6.11.6.4 A record of authorized personnel trained as specified in 8.6.11.6.2 is kept on the premises where the escalator is located and is available to the authority having jurisdiction.

ADDITIONAL INFORMATION RECORD OF AUTHORIZED/TRAINED PERSONNEL:

Per Requirement 8.6.11.10 Alternative Test Methods. If alternate test methods are applicable to this escalator or moving walk equipment, a written test and examination procedure will be provided. ☐ N/A

ADDITIONAL INFORMATION REGARDING ALTERNATIVE TEST METHODS:

ADDITIONAL SPECIAL PROVISIONS INFORMATION:

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WRITTEN MAINTENANCE CONTROL PROGRAM FOR ESCALATOR:

STATE OR GOVERNMENT ID:

OWNER ID:

CodeDataPlate.com
CODE DATA PLATE

8.6.1.5.1 / 8.9.1
Code Data Plate

CODE DATA PLATE

INSTALLATION CODE: ASME A17.1-2016/CSA B44-16

codedataplate.com

Installed:

☐ YES ☐ NO ☐ N/A

CodeDataPlate.com
LOCATION OF MCP TAG

8.6.1.2.1(b)
Instructions For Locating
MCP & RECORDS

MAINTENANCE CONTROL PROGRAM LOCATION

☐ Machine Room Contact Information for the Responsible Party to Report any Corrective Action:

☐ Building Office

☐ At:

LOCATION OF MAINTENANCE RECORDS

☐ Machine Room

☐ Building Office

☐ At:

Installed:

☐ YES ☐ NO ☐ N/A

CodeDataPlate.com
PERIODIC TEST TAG

8.6.1.7.2
Periodic Test Tag

Escalators & Moving Walk – Periodic Test REQ. Tag			
Person or Firm Performing Test: <input style="width: 150px;" type="text"/>			
Test Category: 1		Test Item	Test Date
8.11.4.2.1	8.6.8.15.1	Machine Space Access	
8.11.4.2.2	8.6.8.15.2	Machine Space Stop Switch	
8.11.3.2.3	8.6.8.15.3	Controller and Wiring	
8.11.4.2.4	8.6.8.15.4	Drive Machine & Brake Torque Test	
8.11.4.2.5	8.6.8.15.5	Speed Governor	
8.11.4.2.6	8.6.8.15.6	Broken Drive Chain Device	
8.11.4.2.7	8.6.8.15.7	Reversal Stop Device	
8.11.4.2.8	8.6.8.15.8	Broken Step-Chain/Treadway Device	
8.11.4.2.9	8.6.8.15.9	Escalator Step Upthrust Device	
8.11.4.2.10	8.6.8.15.10	Missing Step/Pallet Device	
8.11.4.2.11	8.6.8.15.11	Step/Pallet Level Device	
8.11.4.2.12	8.6.8.15.12	Step/Pallets, Chain and Trusses	
8.11.4.2.13	8.6.8.15.13	Handrail Safety System Entry Device and Speed Monitoring	
8.11.4.2.14	8.6.8.15.14	Heaters Outdoor Units	
8.11.4.2.15	8.6.8.15.15	Permissible Stretch of Esc. Step Chain	
8.11.4.2.16	8.6.8.15.16	Disconnected Motor Device	
8.11.4.2.17	8.6.8.15.17	Response to Smoke Detectors	
8.11.4.2.18	8.6.8.15.18	Comb/Step/Pallet Impact Device	
8.11.4.2.19	8.6.8.15.19	Esc. Step/Skirt Performance Index	
8.11.4.2.20	8.6.8.15.20	Esc. Clr. Step and Skirt (Loaded Gap)	
8.11.4.2.21	8.6.8.15.21	Inspection Controls	
8.11.4.2.22	8.6.8.15.22	Esc. Step Lateral Displace Device	
(2010 >)	8.6.8.15.23	Seismic Switch Operation Test	

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Installed:

☐ YES ☐ NO ☐ N/A

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WRITTEN MAINTENANCE CONTROL PROGRAM FOR ESCALATOR:

STATE OR GOVERNMENT ID: _____

OWNER ID: _____

CodeDataPlate.com
ACCEPTANCE TAGS

Per Requirement 8.6.1.4.1(d) (On-Site Maintenance Records)

Test tags, complying with 2.16.3.3 for marking plates (except lettering shall be 1.6 mm [0.0625 in.]), permanently attached to or adjacent to the controller, shall meet this requirement. NOTE: This requirement does not apply to equipment installed under ASME A17.1-2010 and earlier editions.

Escalator Acceptance Tags are Installed:

☐ YES ☐ NO ☐ N/A

Other Acceptance Tags are Installed:

☐ YES ☐ NO ☐ N/A

Additional Information:

ESCALATOR

Escalator/Moving Walk - Acceptance Test Tag – DO NOT REMOVE		
Person or Firm Performing Test:		Date:
Witnessed by:		QEI #
REQ. #	Devices Tested/ Test	Results of Tests
8.10.4.1.1(j)(4)	Tandem Operation	
8.10.4.1.1(k)	Handrail Entry Device	
8.10.4.1.1(l)	Egress Restriction	
8.10.4.1.1(m)	Rated Speed Test	
8.10.4.1.1(p)(5)	Clearance of Step & Skirt (Loaded Gap)*	
8.10.4.1.1(t)	Step/Skirt Performance Index *	
8.10.4.1.2(a)	Machine Space Access	
8.10.4.1.2(b)	Machine Space Stop Switch	
8.10.4.1.2(c)	Control Wiring and Fuses	
8.10.4.1.2(d)	Driving Machine and Brake Torque Test	
8.10.4.1.2(e)	Speed Governor	
8.10.4.1.2(f)	Broken Drive Chain Device	
8.10.4.1.2(g)	Reversal Stop Device	
8.10.4.1.2(h)	Broken Step Chain/Treadway Device	
8.10.4.1.2(i)	Step Upthrust Device *	
8.10.4.1.2(j)	Missing Step/Pallet Device	
8.10.4.1.2(k)	Step/Pallet Level Device	
8.10.4.1.2(l)	Steps, Pallet Chain, and Trusses	
8.10.4.1.2(m)	Handrail Speed Monitoring Device	
8.10.4.1.2(n)	Disconnected Motor Device	
8.10.4.1.2(o)	Heaters Outdoor Units	
8.10.4.1.2(q)	Comb-Step/Comb-Pallet Impact Device	
8.10.4.1.2(r)	Step Lateral Disp. Device, Curved Esc. *	
8.10.4.1.2(s)	Operating and Safety Devices	
8.10.4.1.2(t)	Skirt Obstruction Devices	
8.10.4.1.2(u)	Inspection Controls	
8.10.4.1.2(v)	Response to Smoke Detectors	
8.10.4.1.2(w)	Verify Seismic Balustrades	
8.10.4.1.2(x)	Seismic switch Location & function	
* Applies only to Escalators		

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MOVING WALK

Escalator/Moving Walk - Acceptance Test Tag – DO NOT REMOVE		
Person or Firm Performing Test:		Date:
Witnessed by:		QEI #
REQ. #	Devices Tested/ Test	Results of Tests
8.10.4.1.1(j)(4)	Tandem Operation	
8.10.4.1.1(k)	Handrail Entry Device	
8.10.4.1.1(l)	Egress Restriction	
8.10.4.1.1(m)	Rated Speed Test	
8.10.4.1.1(p)(5)	Clearance of Step & Skirt (Loaded Gap)*	
8.10.4.1.1(t)	Step/Skirt Performance Index *	
8.10.4.1.2(a)	Machine Space Access	
8.10.4.1.2(b)	Machine Space Stop Switch	
8.10.4.1.2(c)	Control Wiring and Fuses	
8.10.4.1.2(d)	Driving Machine and Brake Torque Test	
8.10.4.1.2(e)	Speed Governor	
8.10.4.1.2(f)	Broken Drive Chain Device	
8.10.4.1.2(g)	Reversal Stop Device	
8.10.4.1.2(h)	Broken Step Chain/Treadway Device	
8.10.4.1.2(i)	Step Upthrust Device *	
8.10.4.1.2(j)	Missing Step/Pallet Device	
8.10.4.1.2(k)	Step/Pallet Level Device	
8.10.4.1.2(l)	Steps, Pallet Chain, and Trusses	
8.10.4.1.2(m)	Handrail Speed Monitoring Device	
8.10.4.1.2(n)	Disconnected Motor Device	
8.10.4.1.2(o)	Heaters Outdoor Units	
8.10.4.1.2(q)	Comb-Step/Comb-Pallet Impact Device	
8.10.4.1.2(r)	Step Lateral Disp. Device, Curved Esc. *	
8.10.4.1.2(s)	Operating and Safety Devices	
8.10.4.1.2(t)	Skirt Obstruction Devices	
8.10.4.1.2(u)	Inspection Controls	
8.10.4.1.2(v)	Response to Smoke Detectors	
8.10.4.1.2(w)	Verify Seismic Balustrades	
8.10.4.1.2(x)	Seismic switch Location & function	
* Applies only to Escalators		

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MCP MAINTENANCE TASK LOG FOR ESCALATORS

STATE OR GOVERNMENT ID:

OWNER ID:

	NOT APPLICABLE	JANUARY	FEBUARY	MARCH	APRIL	MAY	JUNE	JULY	AUGUST	SEPTEMBER	OCTOBER	NOVEMBER	DECEMBER
8.6.8.1 Handrails	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.6.8.2 Step-to-Skirt Clearance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.6.8.3 Step/Skirt Performance Index	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.6.8.4 Combplates	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.6.8.5 Escalator Skirt Panels	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.6.8.6 Steps	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.6.8.7 Rollers, Tracks, and Chains	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.6.8.8 Signs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.6.8.9 Guards at Ceiling Intersections	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.6.8.10 Antislid Devices	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.6.8.11 Handrail Guards	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.6.8.12 Brakes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.6.8.13 Cleaning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.6.8.14 Entrance and Egress Ends	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.6.4.7 Cleaning of Hoistways	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.6.11.6 Escalator Startup documents	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Other:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

MCP PERIODIC TEST LOG FOR ESCLATORS

STATE OR GOVERNMENT ID:

OWNER ID:

CATEGORY 1 (1-YEAR) TESTS	NOT APPLICABLE	JANUARY	FEBUARY	MARCH	APRIL	MAY	JUNE	JULY	AUGUST	SEPTEMBER	OCTOBER	NOVEMBER	DECEMBER
8.6.8.15.1 Machine Space													
8.6.8.15.2 Stop Switch													
8.6.8.15.3 Controller and Wiring													
8.6.8.15.4 Drive Machine and Brake													
8.6.8.15.5 Speed Governor													
8.6.8.15.6 Broken Drive-Chain Device													
8.6.8.15.7 Reversal Stop Switch													
8.6.8.15.8 Broken Step-Chain or Treadway Device													
8.6.8.15.9 Step Upthrust Device													
8.6.8.15.10 Missing Step or Pallet Device													
8.6.8.15.11 Step or Pallet Level Device													
8.6.8.15.12 Steps, Pallet, Step or Pallet Chain, and Trusses													
8.6.8.15.13 Handrail Safety Systems													
8.6.8.15.14 Test the heaters outdoor escalators & moving walks.													
8.6.8.15.15 Permissible Stretch in Escalator Chains													
8.6.8.15.16 Disconnected Motor Safety Device													
8.6.8.15.17 Response to Smoke Detectors													
8.6.8.15.18 Comb-Step or Comb-Pallet Impact Device													
8.6.8.15.19 Step/Skirt Performance Index													
8.6.8.15.20 Clearance Between Step and Skirt													
8.6.8.15.21 Inspection control device													

MCP PERIOD TEST LOG FOR ESCLATORS

STATE OR GOVERNMENT ID:

OWNER ID:

	NOT APPLICABLE	JANUARY	FEBUARY	MARCH	APRIL	MAY	JUNE	JULY	AUGUST	SEPTEMBER	OCTOBER	NOVEMBER	DECEMBER
8.6.8.15.22 Step Lateral Displacement Device	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.6.8.2 Step-to-Skirt Clearance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.6.8.15.23 Seismic Switch	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Additional Information or Comments Regarding Maintenance and Testing of Escalators:

CALL-BACK (TROUBLE CALL) LOG

STATE OR GOVERNMENT ID:
 OWNER ID:

DATE	COMMENTS:	PERFORMED BY:
MONTH: <input style="width: 40px;" type="text"/> DAY: <input style="width: 40px;" type="text"/> YR: <input style="width: 40px;" type="text"/>	TROUBLE REPORTED: <div style="border: 1px solid black; height: 60px; margin-top: 5px;"></div>	<input type="checkbox"/> TEAM <input type="checkbox"/> TECHNICIAN TECHNICIAN INITIALS: <div style="border: 1px solid black; width: 100px; height: 20px; margin-top: 5px;"></div>
ACTIONS TAKEN: <div style="border: 1px solid black; height: 60px; margin-top: 5px;"></div>		
ALSO DOCUMENTED IN: <input type="checkbox"/> MAINTENANCE LOG <input type="checkbox"/> EXAMINATION LOG <input type="checkbox"/> TESTING LOG		
Time Technician was Notified: <input style="width: 100px;" type="text"/>	Time Arrived on Location: <input style="width: 100px;" type="text"/>	Time Departed Location: <input style="width: 100px;" type="text"/>

DATE	COMMENTS:	PERFORMED BY:
MONTH: <input style="width: 40px;" type="text"/> DAY: <input style="width: 40px;" type="text"/> YR: <input style="width: 40px;" type="text"/>	REASON FOR CALL-BACK SERVICE: <div style="border: 1px solid black; height: 60px; margin-top: 5px;"></div>	<input type="checkbox"/> TEAM <input type="checkbox"/> TECHNICIAN TECHNICIAN INITIALS: <div style="border: 1px solid black; width: 100px; height: 20px; margin-top: 5px;"></div>
ACTIONS TAKEN: <div style="border: 1px solid black; height: 60px; margin-top: 5px;"></div>		
ALSO DOCUMENTED IN: <input type="checkbox"/> MAINTENANCE LOG <input type="checkbox"/> EXAMINATION LOG <input type="checkbox"/> TESTING LOG		
Time Technician was Notified: <input style="width: 100px;" type="text"/>	Time Arrived on Location: <input style="width: 100px;" type="text"/>	Time Departed Location: <input style="width: 100px;" type="text"/>

DATE	COMMENTS:	PERFORMED BY:
MONTH: <input style="width: 40px;" type="text"/> DAY: <input style="width: 40px;" type="text"/> YR: <input style="width: 40px;" type="text"/>	REASON FOR CALL-BACK SERVICE: <div style="border: 1px solid black; height: 60px; margin-top: 5px;"></div>	<input type="checkbox"/> TEAM <input type="checkbox"/> TECHNICIAN TECHNICIAN INITIALS: <div style="border: 1px solid black; width: 100px; height: 20px; margin-top: 5px;"></div>
ACTIONS TAKEN: <div style="border: 1px solid black; height: 60px; margin-top: 5px;"></div>		
ALSO DOCUMENTED IN: <input type="checkbox"/> MAINTENANCE LOG <input type="checkbox"/> EXAMINATION LOG <input type="checkbox"/> TESTING LOG		
Time Technician was Notified: <input style="width: 100px;" type="text"/>	Time Arrived on Location: <input style="width: 100px;" type="text"/>	Time Departed Location: <input style="width: 100px;" type="text"/>

CALL-BACK (TROUBLE CALL) LOG IS PART OF MAINTENANCE CONTROL PROGRAM

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Operational Plan

APPLICABLE CODES AND COMPLIANCE

SW Elevator has attached the State of Texas Elevator License and QEI-1 Certification at the end of the operational plan for compliance.

MINIMUM PREVENTIVE MAINTENANCE FREQUENCY AND TASK

Our Detailed Maintenance Control Program (MCP) for all types of elevator equipment can be found at the end of this document.

REPAIR SERVICES

- The agreement includes service calls, during regular working hours of regular working days of Monday through Friday, 8:00 a.m. through 5:00 p.m., for repairs to elevator systems that render the elevator inoperable or unsafe for service. All work shall be bid on the basis of regular working hours on regular working days.
- Emergency call-back maintenance during regular working hours during regular working days will not be billed at a separate rate.
- Revamping of signal fixtures shall be covered under regular service time only.
- Use of lubricants shall conform to the elevator manufacturer's specifications.
- No Repairs outside the scope of agreed work will be performed without a formal proposal from SW Elevator that has been reviewed and signed by an authorized employee at the City of Arlington.

PERFORMANCE REQUIREMENTS

SW Elevators, LLC shall submit monthly reports for each elevator/lift . The Contractor shall submit to City written performance reports at the end of each 6-month period. SW Elevators, LLC shall submit, when applicable ,any written recommendations related to safety issues, new attachments etc. C SW Elevators, LLC supervisory personnel shall be available at all times to report to and confer with City. SW Elevators, LLC shall submit to the City such records as may be identified in this Specification or such other records and reports as City may require.

SW Elevators, LLC shall have a Supervisor regularly conduct a field audit of the performance of Contractor's field personnel. SW Elevators, LLC shall semi-annually survey all equipment covered by this Contract to conform compliance to the requirements of the Contract.

On all elevator shutdowns involving passenger entrapments, a comprehensive report shall be prepared and submitted to the City/ within 24 hours of the entrapment. The report shall include building location were released, cause of entrapment and corrective action taken by the SW Elevators, LLC r.

ANNUAL INSPECTIONS

Included in the contract shall be the annual inspection, as required by the Texas Department of Licensing and Regulations. All inspection will comply with the most current requirements at the time and date of inspection. SW Elevators, LLC shall provide current copy of license issued to Inspector by the Texas Department of Licensing and Regulations prior to annual inspection.

Inspection procedures

- A. The inspector shall inspect all equipment for compliance with the applicable ASME Safety Codes or ASCE Standards as adopted in §74.100.
- B. Inspectors shall use the most current published edition of ASME A17.2, and the "Guide for Inspection of Elevators, Escalators, and Moving Walks" to conduct inspections and witness tests for compliance with the ASME Safety Codes or ASCE Standards adopted in §74.100.
- C. The inspector shall report to the Contract Administrator before beginning any inspections.
- D. The inspector shall not perform any of the tests.

Forms

- E. The inspector shall use current State approved forms for reporting inspections. The forms shall be filled out completely, and comply with all rules, regulations, and law.
- F. The inspector shall list all ASME Code violations by code number and code edition for each unit inspected and include a written description of the violation on the State's approved form. If the ASME Code refers to another code, the inspector shall list both code numbers and include a written description of the violation.

Inspector's Equipment.

- A. All test tags and decals Shall conform to no less than the State of Texas Licensing and Regulation requirements, including but not limited to:
- B. Verifying that a contractor's test tag(s) is/are placed on the equipment in conformance with the ASME Safety Codes or ASCE Standards adopted in §74.100,
- C. Follow all current State tagging requirements at time of inspection, including but not limited to, all devices and adjustments required to be sealed by the adopted standard shall be sealed with wire rope and lead seal by the inspector witnessing the tests(s). Once a device or adjustment has been so sealed, there shall be no need to replace the seal unless it is broken for whatever reason. If broken, an inspector shall witness the test and provide a seal in accordance with the State's rules, regulations, and laws prior to the unit being returned to service,
- D. Verify and affix the required identification decal issued by the State, to the upper right hand corner of the control panel. The decal shall remain on the control panel for the life of the equipment. There shall be no additional decal will be affixed to equipment that has a current State decal displayed,
- E. The replacement of a new decal being required on a unit of equipment, due to loss or destruction of the decal, the inspector must report the equipment's location, old decal number, and new decal number to the Department within ten calendar days of placing the new decal number upon the equipment, and
- F. All correspondence and inspection reports shall reference the decal number and Department building ID number, as reflected on the Certificate of Compliance.

SIGNING

No elevators will be removed from service, except in cases of hazard to life, and/or extensive equipment damage without prior approval by Contract Administrator. When an elevator is out of service for any reason, SW Elevators, LLC shall place signage at all floor entrances to that elevator indicating that the elevator is out of service. **Placement of signage will be mandatory.** Signage should be legible and well defined as to the elevator being out of service.

RESPONSE TIME

SW Elevators, LLC shall respond to calls for repair service within two (2) hours of the receipt of the call. If unable to provide this level of response, SW Elevators, LLC shall contact City of Arlington and communicate specific plan to be onsite. Bid price for each location includes labor costs and response time.

OVERTIME

A separate hourly rate of \$350.00/ hour will be for after-hours emergency services. Normal business hours are Monday – Friday 8am-5pm. All work performed outside these hours shall be billed as overtime rates or an emergency call if necessary



SUCCESS STORY: **AT&T PERFORMING ARTS CENTER**

Southwest Elevator Company is a leading elevator and escalator service contractor serving organizations throughout the U.S. In every relationship, we put our customers' needs first. Whether we're repairing or maintaining an existing vertical transportation system or partnering with our clients on a modernized or new construction project, our commitment remains the same: to help our clients experience the superior difference that only comes with working with Southwest Elevator Company.

THE PROBLEM

Located in Downtown Dallas, Texas, the AT&T Performing Arts Center is a creative hub for arts education, performances, and more. With three venues and a green space spread across its 10-acre downtown campus, the Center is visited by thousands every year.

When the Center needed to conduct a state inspection on the elevator hydraulics in its Wyly Theatre, they reached out to Southwest Elevator Company. This inspection would require more than 16,000 pounds of elevator weights for proper testing. Rather than them renting the weights, we shipped the weights same-day to save time and money.

Shortly after, the Center began exploring options for a new elevator service partner. The Center put out a request for proposals, but once all responses had been received, the Center quickly identified Southwest Elevator as having its best interests in mind.

THE SOLUTION

The Center selected Southwest Elevator as its new elevator service contractor. At first, the Center was concerned with how the transition would proceed. The Center is an active hub seven days a week, and though it was not planning any future shows at the time, ensuring patrons, visitors, and students could navigate its facilities was important.

"The transition between our previous contractor and Southwest Elevator was seamless," said Director of Facilities Chuck Thomas. "It was a fantastic experience, and there were no hiccups at all. To customers, there were no interruptions in service. It was a total success."

While finalizing the contract, we recommended that the Center include state inspections. This ensured it would have support for future inspections or tests, saving them thousands of dollars they otherwise would have to pay as an additional expense. It also eliminated the need to find support for testing, as Southwest would be under contract for all state inspections. We also worked with the Center to customize its contract. Since performances take place in the evening and on weekends, it would need later support hours in the event an elevator needed repair.

"Southwest Elevator tailored this contract to our needs — they set up hours that aren't typical for most contractors," Thomas said. "This saved us on costly call-back rates that other responders insisted on. This saved us on call-back costs for needs after 5 PM and ensured we'd have support prior to a show beginning."



THE RESULT

The Center was able to complete its transition from its former service provider to Southwest Elevator without any impact to daily operations. And with all services and support for inspections bundled into their contract, the Center will have the support it needs at all times — and right on time.

"We firmly believe that this new partnership has already begun to bear fruit, as they have already exceeded expectations in their mobilization of maintenance services that were not addressed in the original contract RFP requirements," Thomas said. "Our team is already very impressed with how this relationship has developed in a very short period of time."

If your organization has been looking for assistance with vertical transportation maintenance and repair, or is looking for a partner to help with a modernization or new construction project, Southwest Elevator Company can partner with you for long-term success. As a true monthly maintenance provider, we can create a program that ensures maximum uptime, safety, and energy efficiency.

Contact us today to learn more about our services and how we can partner with your organization.

Dallas/Fort Worth: 817.924.2828

Las Vegas: 702.583.5080

Oklahoma City/Tulsa: 918.703.0168

Emergency services available 24/7/365

southwestelevator.com

EXPERIENCE THE SOUTHWEST ELEVATOR DIFFERENCE

YOUR VERTICAL TRANSPORTATION RESOURCE

Southwest Elevator Company has been providing best-in-class vertical transportation services throughout the U.S. since 2003. In every relationship, service comes first.

WHAT MAKES US DIFFERENT

- We provide true monthly elevator and escalator maintenance
- We have the tools and technology to service any OEM equipment
- Our technicians have vast experience in elevators and escalators
- A reputation built on the trust we've created for nearly 20 years
- Three generations of family ownership and independence

Your elevators and escalators are the heart of your facilities. Entrust these systems to a team that's been supporting them for more than three generations.



SOUTHWEST
ELEVATOR COMPANY

✓ EXTENSIVE CAPABILITIES

We provide all of your vertical transportation repair, preventive maintenance, modernization, and new construction service needs.

✓ SUPPORT

We will advise you throughout the life of your equipment. We want to guide you through any maintenance, repair, modernization, or new installation project.

✓ UNION PROUD

We proudly use union labor to ensure your systems are serviced by trained professionals certified by the National Association of Elevator Contractors (NAEC).

**TAKE YOUR VERTICAL
TRANSPORTATION TO NEW
HEIGHTS.**

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