

**Project:** Sheridan Health HRSA Amer Rescue Fund PN21-107321

**Date:** January 16, 2024

**To:** All Bidding Contractors

The following responses to questions shall become part of the bidding documents and are binding for the contractor's bids.

**PART 1: QUESTIONS AND RESPONSE**

1. Is there a preferred fire alarm / fire suppression vendor at this location?

Response: Colorado Fire and Security has the most knowledge and history with the existing Monaco Fire Alarm system. Fire Suppression is open.

2. Will drawings for the dental equipment be distributed/will more detail be provided (structural support for the imaging equipment, etc.)?

Response: The pre-installation guide by the dental equipment vendor is attached for the A-dec 411 chair. The imaging equipment is a small piece that will sit on the floor and have an anchoring bracket that is screwed into the adjacent wall to stabilize.

3. What are the containment requirements?

Response: The question is not clear, the Owner is coordinating the abatement contractor, if the question relates to the construction site the owner will work with the successful bidder on how to separate the construction activity from the operating clinic.

4. The notes for the door openers seemed a little contradictory – in the electrical drawings it states install by others, but the architectural calls for GC to provide openers – just want to confirm if we are to provide.

Response: The G.C. is responsible for the entire power door opener scope.

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5. What are the construction hours?

Response: 7am-5pm are standard hours, loud work and work generating offending odors may have to happen during the off hours and will be coordinated with the University PM.

6. A-601 - Scanner Room B311A calls for VCT2 and RB2 however these are not shown on finish schedule. Please Advise.

Response: VCT-1 and RB-1 are to be used.

7. What type of subfloor is under the existing flooring?

Response: Elevated concrete slab, crawlspace below.

8. ED-101 - General note 6 states that the electrical trade partner will provide an allowance for work not on the drawings. Can the owner set the allowance to compare proposals evenly?

Response - This allowance is to be determined by the bidding contractor based upon project walk through and is to include demolition scope that the engineer did not observe due to inaccessibility.

9. Is construction going to be done during normal business hours or night work?

Response: Yes, see response to question #5.

10. Please confirm the general contractor is not responsible for the building permit & plan check fees.

Response: CU pays for all permit and plan check fees.

11. Please confirm we are only allowed to use SCPP Mechanical/Electrical/Plumbing trade partners.

Response: CU prefers Contractors to use sub-contractors on the SCPP list. However, if there is a sub-contractor not on the SCPP list, the GC can submit an application prior to the bid due date. See the attached word document.

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12. Please confirm builders' risk is by owner.

**Response: Builders Risk is the responsibility of the contractor.**

13. Please confirm performance bond is not required.

**Response: A performance bond is REQUIRED**

14. Only the architecturals dated 11/1/2023 where included as part of addendum #1 - will the MEP drawings be provided separately? if so we would need to give our MEP trade partners more time to put together accurate quotes, can we extend the due date of the project?

**Response: The MEP contractors' bid needs to include the scope indicated on the MEP Construction Documents dated 11/01/2023. See the attached MEP Drawings. See addendum #3.**

15. Please confirm any tax exemptions for this project.

**Response: The University of Colorado is a State Entity and is tax exempt. All materials and services provided are tax exempt.**

16. Is there physical meeting space available onsite or should we include costs for office space in our estimate?

**Response: A meeting site is available for the contractor's use during the project.**

17. Please confirm no physical copies of bid are required. (Appendix A: Information for Bidders (SBP-6.12) Section 1 mentions bids in a physical envelope. If so, please confirm what address envelope is to be sent to.)

**Response: No physical copies of the bid are required. Bid submission is online.**

18. Is this a prevailing wage project and if so can you provide the wage sheet?

**Response: No. This project does not require prevailing wage.**

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19. What is the floor assembly for Dental Clinic? We will have compressed air, vacuum, cw, and hw piping routed under the floor in the crawl space.

Response: Elevated concrete slab, crawlspace below.

20. What are the extents of existing shelving in scanner room B311A? (none shown on demo plan)

Response: 4 plywood shelves with wall cleats over the tub.

21. Is the bathtub mounted or on a recessed concrete slab?

Response: No.

22. Please confirm the gc is not responsible for installing the new dental chairs.

Response: The dental equipment provider will install the chair, the G.C. is responsible for running the utilities to the locations as directed by the dental equipment provider and to make the actual utility connection to the equipment.

23. Please confirm that the Pro Max Dental Imaging machine will be provided by the owner / others.

Response: This an existing piece of equipment that the G.C. will relocate to a new location and make the utility connections.

24. Please confirm that the owner/others will provide access controls. If not, please provide the manufacturer and specifications.

Response: There are no access controls on this project only the power assisted openers that are provided and installed by G.C.

25. Please confirm that the only millwork required by GC are the countertops in the conference room and that all other millwork is excluded.

Response: See drawing sheets A-102. A-103 and A-106.

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26. Please confirm the panel boards manufacturer is Eaton. Please confirm CAT #'s and breaker type.

Response: Refer to sheet E201 of the Construction Documents dated 11/01/2022. Addendum #3.

27. Please confirm the scope for these areas: Dental wing Treatment room B307, Lab B309, Treatment room B311 & Scanner Room B311A are rooms with scope. Looks like two new door access/pushbuttons installed.

Response: Review drawings and specifications dated 11.01.23 found in addendum #1 and #3.

28. Please confirm the scope for these areas: Behavior Health. Looks like two new door access/pushbuttons installed and new receptacle and data in Bath B213.

Response: Review drawings and specifications dated 11.01.23 found in addendum #1 and #3.

29. Please confirm the scope for these areas: Office and Primary Care Conference Room B434 shows new work and Primary Care shows new door access/pushbuttons installed.

Response: Review drawings and specifications dated 11.01.23 found in addendum #1 and #3.

30. Please provide the fixture schedule. (Drawing E101 shows new S1 fixtures but they are unidentified.)

Response: Refer to sheet E201 of the Construction Documents dated 11/01/2022. See addendum #3.

31. Clearly define scope of work regarding all hazardous materials that are being removed by the Owner during the abatement process.

Response: Reference Addendum #1.

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32. Confirm that the electrical wires run from the crawl space up through the floor and up the main walls?

Response: Refer to sheet E101, E102 and E103 of the Construction Documents dated 11/01/2022. See addendum #3.

33. Regarding RB-2: Roppe doesn't make the "Long Toe" base in a 6" option. Confirm a 4" option is acceptable. If a 6" base is required, confirm either a standard toe or no toe is to be used.

Response: Refer to sheet A-601 of the Construction Documents dated 11/01/2022.

34. Are the door openers required to have dedicated circuits and if so, please provide circuit designations.

Response: Yes, refer to sheets E101, E102 and E103 of the Construction Documents dated 11/01/2022. See addendum #3.

35. Is the scope to include the demo of the switches and lights back to source or just blank off?

Response: Remove circuit back to point of connection. Refer to sheets ED101 and ED103. See addendum #3.

36. Will surface mounted raceways need to be priced out for EMT or wiremold? Both wiring methods are required.

Response: Refer to sheets E101, E102 and E103 of the Construction Documents dated 11/01/2022. See addendum #3.

37. There is no circuit designation for any of the new electrical, are we to use what's available or are these circuits going to be updated on new drawings?

Response: No, refer to sheets E101, E102 and E103 of the Construction Documents dated 11/01/2022 for branch circuiting information. See addendum #3.

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38. Are the "D6A" fixtures going to be furnished by the owners?

Response: This fixture was removed from the project scope, refer to the Construction Documents dated 11/01/2022 for branch circuiting information. See addendum #3.

39. Is panel 1G or 1F suitable for conference room B434 circuits due to proximity of panels and conference area?

Response: Refer to sheets E101, E102 and E103 of the Construction Documents dated 11/01/2022 for branch circuiting information. See addendum #3.

40. What are the extents of Grab Bars in Hall B208A of Behavioral Health? (none shown on demo plan)

Response: Continuous between doors.

41. Please confirm ceiling height.

Response: 8'-6"

42. Light fixtures identified in rooms B307, B311, and B311A do not show a circuit. Are these fixtures on the existing circuit and just need to be reworked?

Response: Refer to Sheet E201 of the electrical Construction Documents dated 11/01/2023 for requested information. See Addendum #3.

43. Please confirm if backflow preventers in rooms B307 and B311 and identified on Dental Schedule on E201 require dedicated circuits or if they can be fed from panel 1G.

Response: Refer to Sheet E201 of the electrical Construction Documents dated 11/01/2023 for requested information. See Addendum #3.

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44. No circuit numbers are identified on Floor Plan E103. Note 1 calls for circuits to panel 1E, but panels 1F and 1G are much closer. If the intent is to use panel 1E, is there crawl space access to room B434?

Response: Refer to Sheet E201 of the electrical Construction Documents dated 11/01/2023 for requested information. See Addendum #3.

45. Please advise who the existing switchgear manufacturer is.

Response: Refer to Sheet E201 of the electrical Construction Documents dated 11/01/2023 for panel manufacturer. See addendum #3

46. Please confirm if MC cable is acceptable instead of EMT cable.

Response: Refer to project specifications for approved wiring method.

47. Please confirm all low voltage wiring and devices are by owner.

Response: This is correct.

48. Will the S1 and D6 lights be provided? Cut sheets are not on the drawings.

Response: Refer to Sheet E201 of the electrical Construction Documents dated 11/01/2023 for fixture "S1" specification. This is the only light fixture on the project provided by the Electrical Contractor. See addendum #3.

49. Addendum 1 did not include any Electrical or Mechanical drawings. Please confirm no modifications were made.

Response: The MEP Contractor's bid need to include the scope indicated on the MEP Construction Documents dated 11/01/2023. See addendum #3.



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50. Please identify type of fire alarm panel in the building and distance from panel to Dental Clinic area of work.

Response: See response to question #1 and Refer to Sheet E000 of the electrical Construction Documents dated 11/01/2023 for existing fire alarm manufacturer. See addendum #3.

51. Are walls and door frames going to be exposed down to floor for access to the crawl space for new door controllers?

Response: Existing walls are clay tile block with plaster finish both sides and the door frames are fully grouted, so surface mounting of pathways will be required.

52. Are walls going to be exposed down to floor for access to the crawl space for new devices and circuiting?

Response: Existing walls are clay tile block with plaster finish both sides and the door frames are fully grouted, so surface mounting of pathways will be required.

53. Are there any as built drawings for these areas?

Response: Copy and paste the link below into a browser to access as built:

<https://archshop-my.sharepoint.com/:f:/p/jmarshall/EixjL7j4xxplrBHXUOu4fKMBE3p3TKyYuUicarB63YuMQQ?e=WDGMWr>

54. **Due to the late issuing of Addendum III, the bid due date will be extended to January 22, 2024 @ 12:00 noon. Bids openings will be at 12:30 via zoom**

**PART 2: CHANGES TO DRAWINGS**

1. No Changes.

**PART 3: ADDED DRAWINGS TO THE BID SET**

1. Mechanical Drawings added Addendum III

**PART 4: ADDITIONAL DOCUMENTS**

1. A-dec 411 dental chair pre-installation Guide.

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2. Link to archived drawings for facility, see response to question 53.

**END OF RESPONSES**

# A-dec® 411 Dental Chair and Related Systems



A-dec 411 Chair with 333 Delivery System,  
551 Assistant's, 461 Cuspidor, 482 Monitor Mount,  
572L Dental Light

This document contains technical specifications for installing the A-dec 411 chair and related systems.

## Product Models and Versions Covered in this Document

Model	Versions	Description
351	B	Assistant's Instrumentation
352/353/551	A	Assistant's Instrumentation
551sta	n/a	Assistant's Instrumentation
332/333/336	A	Delivery System
332pro/333pro/334pro 335pro/336pro	n/a	Delivery System
334/335/336	B	Delivery System
411	A	Dental Chair
371L/372L/571L/572L	A	Dental Light
381/382/482	A	Monitor Mount
362/461	A	Support Center and Cuspidor

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**NOTE** Job site construction should be completed before the dental equipment installation (including finished floors, ceiling, plumbing, lighting, paint, etc.).

### Dental Patient Chair Interface Requirement

The dental chair requires a solid, level mounting surface that meets these minimum specifications:

- Weight of 1000 lb (4448 N) for the chair, dental light, delivery system, and patient.
- Capability to anchor the chair to the floor, with a minimum pullout load of 100 lb (445 N) for one anchor-bolt.

## Utility Requirements



**CAUTION** Local regulation may require licensed plumbers and electricians to install the utilities. All plumbing and utilities must conform to prevailing local codes.



**CAUTION** The manner and method for accessing the utilities within the wall is the responsibility of the design team working on the project (dental dealer, architectural services, and contractors). Utilities must be accessible without the use of tools.

### Air

- 1/2" (13 mm) nominal pipe compression fitting protruding 2" (51 mm) from the finished floor or wall, supplied by the contractor.
- Right angle manual shut-off valve supplied by the dental dealer and installed by the contractor.
- Air pressure and flow of 80-125 psi (550-860 kPa), 2.5 scfm. (71 sl/min) during normal use; 7.5 scfm (210 sl/min) peak intermittent flow.
- Air plumbing to be flushed clean before the final connection to the dental equipment.

### Water



**NOTE** The delivery system comes with a self-contained water bottle. Municipal water is only required if the equipment configuration includes a cuspidor or if the facility has special requirements.

- 1/2" (13 mm) nominal pipe compression fitting protruding 2" (51 mm) from the finished floor or wall, supplied by the contractor.
- Right angle manual shut-off valve supplied by the dental dealer and installed by the contractor.
- Water pressure and flow of 60 ± 20 psi (410 ± 140 KPa), 1.5 gpm (5.7 L/min), not to exceed 104°F (40°C).
- Water plumbing to be flushed clean before the final connection to the dental equipment.

### Electrical

- 1/2" (13 mm) conduit and electrical box with a hospital-grade quad power receptacle (supplied by the contractor).

- Wire box to conform to local codes.
- Top of quad box should not be higher than 5" (127 mm) above the finished floor to fit within the floor box.
- Voltage: 120 volts, 3 wire.
- 110-120 VAC, 50-60 Hz, 15 Amp mains breaker min.



**NOTE** The A-dec 411 chair is rated at 10 Amps max.

- The 10 Amp rating breaks down as follows for 120 VAC @ 60 Hz:
  - 3.5 Amps for the chair pump motor to move the chair base up.
  - 1.0 Amps for the chair back motor to move the chair back up or down.
  - 2.5 Amps for the 300-watt power supply (located in the utility area) to power the chair-mounted dental light and other ancillaries.
  - 3 Amps of additional current for mains voltage ancillary products, such as video monitors.

## Central Vacuum

- Plumbing up to the floor box utility center to be specified by the central vacuum supplier (terminates in the utility center).
- Plumbing to terminate with 1" PVC pipe (1.315" OD) protruding 2" (50 mm) perpendicular to the floor.
- Wet systems:
  - **Pressure/Vacuum:** 10 ± 2 inches of Hg (34 ± 7 kPa)
  - **Flow:** 9 scfm (255 SL/min) minimum
- Dry/semidry systems:
  - **Pressure/Vacuum:** 4.5 ± 1 inches of Hg (16 ± 3.5 kPa)
  - **Flow:** 12 scfm (340 SL/min) minimum
- Data:
  - 2" (51 mm) conduit, supplied by the contractor, located as needed, and as many as required. For installations requiring Ethernet, run Cat5e or Cat6 cable.

## Head Loss With Respect to Flow

### A-dec 352/353 Assistant's Instrumentation on A-dec 362 Support Center

The following tables include information about high volume evacuator (HVE) and saliva ejector (SE) head loss with flow for an A-dec 352/353 assistant's instrumentation on a A-dec 362 support center.

Tubing and HVE/SE	90 NL/min (3.18 SCFM)	150 NL/min (5.30 SCFM)	250 NL/min (8.83 SCFM)
A-dec 15 mm HVE (large bore) valve with 16 mm flex Tubing & 15 mm canister connection	0.05 in-Hg (0.17 kPa)	0.11 in-Hg (0.37 kPa)	0.47 in-Hg (1.59 kPa)
A-dec 11mm HVE (standard bore) valve with 16 mm Easyflex Tubing & 15 mm canister connection	0.06 in-Hg (0.20 kPa)	0.13 in-Hg (0.44 kPa)	0.57 in-Hg (1.93 kPa)
A-dec 11 mm HVE (standard bore) valve with 13mm Easyflex Tubing & 15 mm canister connection	0.09 in-Hg (0.30 kPa)	0.22 in-Hg (0.75 kPa)	1.09 in-Hg (3.69 kPa)
A-dec 11 mm HVE (standard bore) valve with 13 mm PVC Tubing & 15mm canister connection	0.10 in-Hg (0.34 kPa)	0.26 in-Hg (0.88 kPa)	1.21 in-Hg (4.10 kPa)
A-dec SE (standard bore) valve with 6 mm PVC Tubing & 15 mm canister connection	1.27 in-Hg (4.30 kPa)	6.39 in-Hg (21.64 kPa)	Exceeds 12 in-Hg (40.64 kPa) at flow rates above ~200 NL/min.
A-dec SE (standard bore) valve with 10 mm Easyflex Tubing & 15 mm canister connection	0.66 in-Hg (2.24 kPa)	2.72 in-Hg (9.21 kPa)	Exceeds 12 in-Hg (40.64 kPa) at flow rates above ~250 NL/min.

## A-dec 551 Assistant's Instrumentation on A-dec 411 Dental Chair

The following table includes information about high volume evacuator (HVE) and saliva ejector (SE) head loss with flow for an A-dec 551 assistant's instrumentation on an A-dec 411 dental chair.

Tubing and HVE/SE	90 NL/min (3.18 SCFM)	150 NL/min (5.30 SCFM)	250 NL/min (8.83 SCFM)
15 mm HVE (large bore) valve with 16 mm EasyFlex Tubing	0.11 in-Hg 0.37 kPa	0.32 in-Hg 1.08 kPa	0.82 in-Hg 2.78 kPa
11 mm HVE (standard bore) valve with 13 mm EasyFlex Tubing	0.33 in-Hg 1.12 kPa	1.09 in-Hg 3.69 kPa	2.97 in-Hg 10.06 kPa
11 mm HVE (standard bore) valve with 16 mm EasyFlex Tubing	0.20 in-Hg 0.68 kPa	0.54 in-Hg 1.83 kPa	1.41 in-Hg 4.77 kPa
11 mm HVE (standard bore) valve with 13 mm PVC Tubing	0.38 in-Hg 1.29 kPa	1.03 in-Hg 3.49 kPa	2.57 in-Hg 8.70 kPa
SE (standard bore) valve with 6 mm PVC Tubing	8.89 in-Hg 30.10 kPa	Exceeds 12 in-Hg (40.64 kPa) at flow rates ~100 NL/min.	
SE (standard bore) valve with 10 mm EasyFlex Tubing	5.03 in-Hg 17.03 kPa	Exceeds 12 in-Hg (40.64 kPa) at flow rates above ~125 NL/min.	

## A-dec 351 Assistant's Instrumentation

The following table includes information about high volume evacuator (HVE) and saliva ejector (SE) head loss with flow for an A-dec 351 Assistant's Instrumentation.

Tubing and HVE/SE	90 NL/min (3.18 SCFM)	150 NL/min (5.30 SCFM)	250 NL/min (8.83 SCFM)
15mm HVE (large bore) valve with 16 mm EasyFlex Tubing	0.08 in-Hg (0.27 kPa)	0.14 in-Hg (0.47 kPa)	0.36 in-Hg (1.22 kPa)
11mm HVE (standard bore) valve with 16 mm EasyFlex Tubing	0.03 in-Hg (0.10 kPa)	0.7 in-Hg (0.24 kPa)	0.40 in-Hg (1.35 kPa)
11 mm HVE (standard bore) valve with 13 mm EasyFlex Tubing	0.07 in-Hg (0.24 kPa)	0.20 in-Hg (0.68 kPa)	1.25 in-Hg (4.23 kPa)
11 mm HVE (standard bore) valve with 13 mm PVC Tubing	0.10 in-Hg (0.34 kPa)	0.27 in-Hg (0.91 kPa)	1.50 in-Hg (5.08 kPa)
SE (standard bore) valve with 6 mm PVC Tubing	1.15 in-Hg (3.89 kPa)	6.31 in-Hg (21.37 kPa)	Exceeds 12 in-Hg (40.64 kPa) at flow rates above ~175 NL/min
SE (standard bore) valve with 10 mm EasyFlex Tubing	0.43 in-Hg (1.46 kPa)	2.00 in-Hg (6.77 kPa)	Exceeds 12 in-Hg (40.64 kPa) at flow rates above ~220 NL/min

## Gravity Drain



**NOTE** Gravity drains are needed only on systems with a cuspidor.

- 1-1/2" (38 mm) nominal pipe protruding 1" (25 mm) from finished floor. Trap to be placed in line, conforming to local codes, contractor-supplied.
- Floor mount only. Not recommended for wall mount utilities.
- Waste water drain must have a minimum slope of 1/4" per foot (21 mm per meter) and accommodate a flow of 4.5 gpm (17 L/min) without overflow.

## Shipping Weights

Product/Box	Est. Shipping Weight
A-dec 411 Chair	410 lb (186 kg)
A-dec 332/333/332pro/333pro Delivery System	88 lb (40 kg)
A-dec 461 Cuspidor with Support Center	66 lb (30 kg)
A-dec 351 Assistant's Instrumentation (assistant's only)	28 lb (12.7 kg)
A-dec 551/551sta Assistant's Instrumentation (assistant's arm only)	20 lb (9.1 kg)
A-dec 572/572L Dental Light	47 lb (21 kg)
A-dec 372L Dental Light	47 lb (21 kg)
A-dec 482 Radius-Style Monitor Mount (mount hardware only; without monitor)	10 lb (4.5 kg)
Back Mount and Support Link (required with 551 module)	15 lb (6.8 kg)

## Documentation References

Document Title	p/n
<b>Installation Guides</b>	
A-dec 411 Dental Chair	86.0925.00
A-dec 332/333/336 and 332ft Delivery System on 411 Dental Chair	86.0922.00
A-dec 332pro/333pro/3336pro Delivery System on A-dec 311/411 Dental Chair IG	86.1016.00
A-dec 372L/572L Dental Light on A-dec 311/411/511 Dental Chair	86.0333.00
A-dec 461 Support Center	86.0387.00
A-dec 551/551sta Assistant's Instrumentation	86.0388.00
A-dec 482 Monitor Mount	86.0410.00
A-dec 382 Monitor Mount	86.0413.00
<b>Instructions for Use</b>	
A-dec 411 Dental Chair	86.0546.00
A-dec 461 Cuspidor with Support Center	86.0374.00
A-dec 551 Assistant's Instrumentation	86.0603.00
A-dec Self-Contained Water System	86.0609.00
A-dec Monitor Mounts	86.0309.00
<b>Service Information</b>	
A-dec Dental Chairs Service Guide	86.0380.00
A-dec Delivery Systems Service Guide	86.0382.00
A-dec Dental Lights and Monitor Mounts Service Guide	86.0326.00
<b>Templates</b>	
A-dec 411 Chair Template	86.0386.00
A-dec 411 Related Modules Template	86.0385.00
A-dec 411 Chair Mini Template	86.1003.00
A-dec Floor Boxes	85.0472.00



**NOTE** Use only full-scale templates for locating the plumbing and electrical.



**NOTE** The floor box mounting hole placements appear on the floor box base that is being installed.



## Views and Dimensions



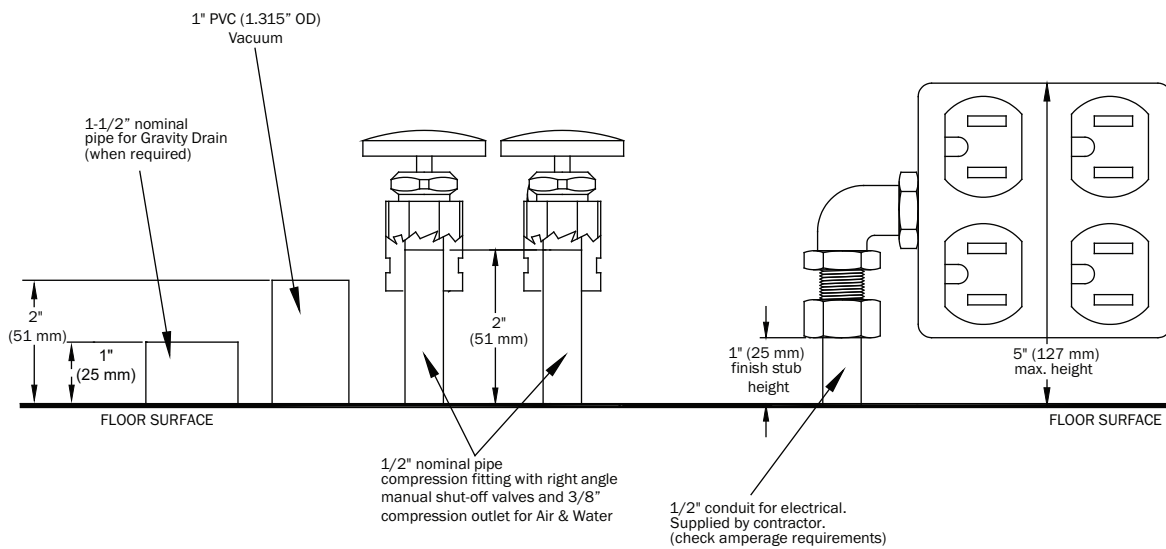
**NOTE** The dimensional drawings in this section are not to scale and are for reference only. For complete accuracy, use the appropriate full-sized templates.

### Utility Placement

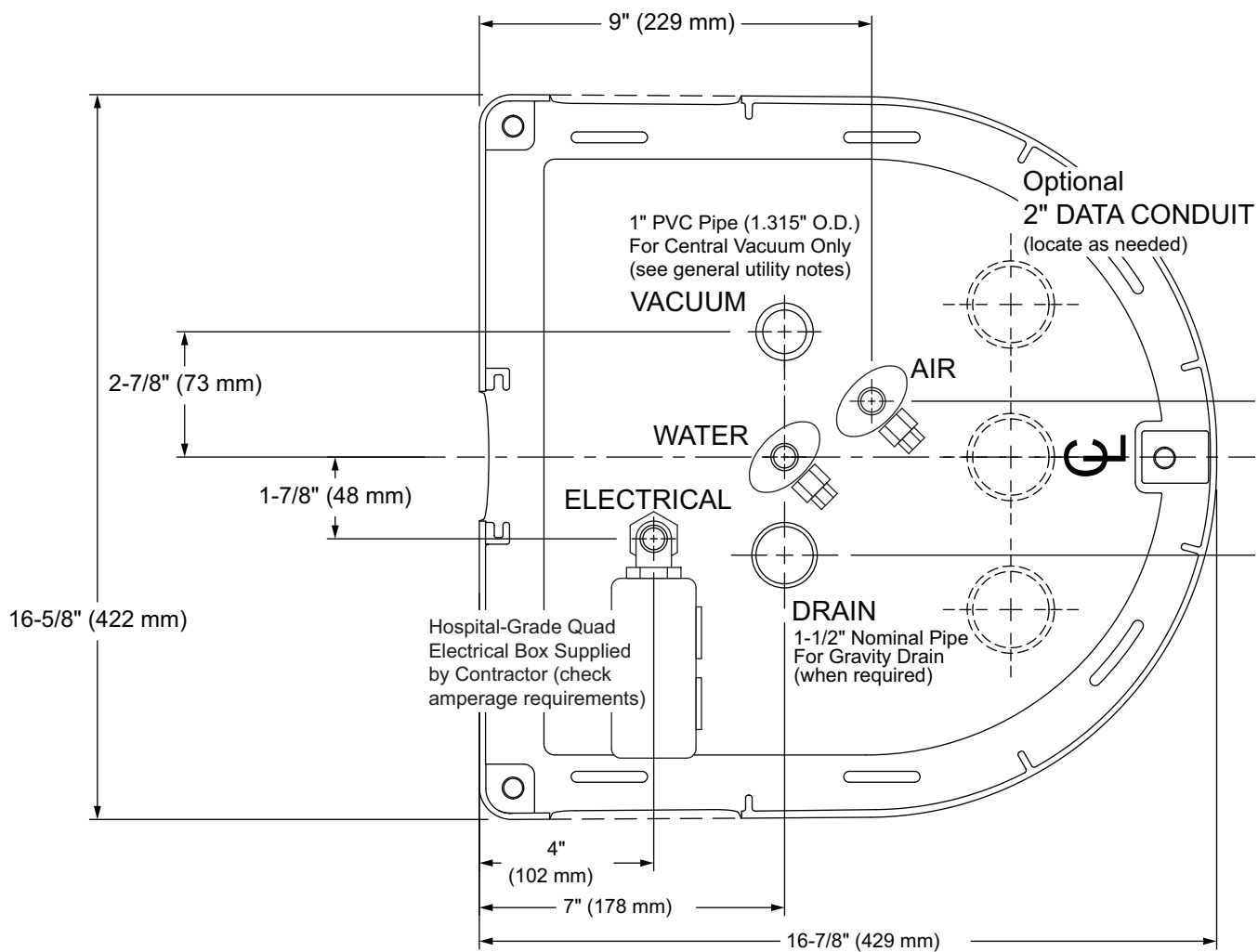


**CAUTION** Due to specific plumbing elevation restrictions, the height and placement of utilities in the floor box can affect the ability to use the floor box cover. Failure to provide adequate space will prevent installation and removal of the cover. Please reference the appropriate full-size template which includes all of the necessary space constraints.

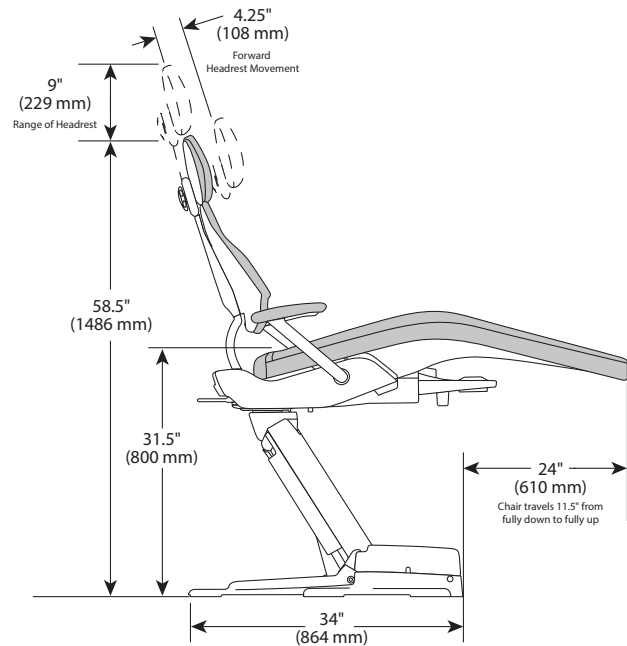
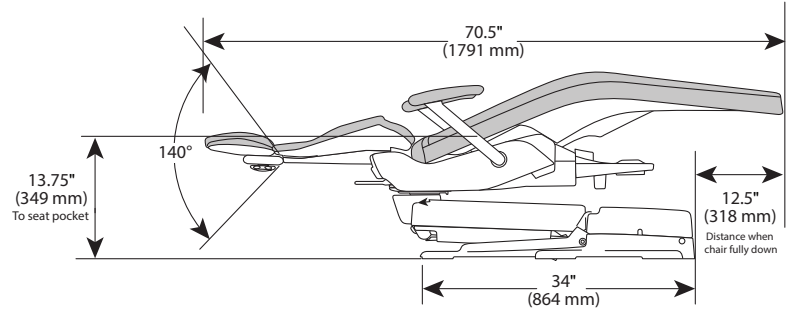
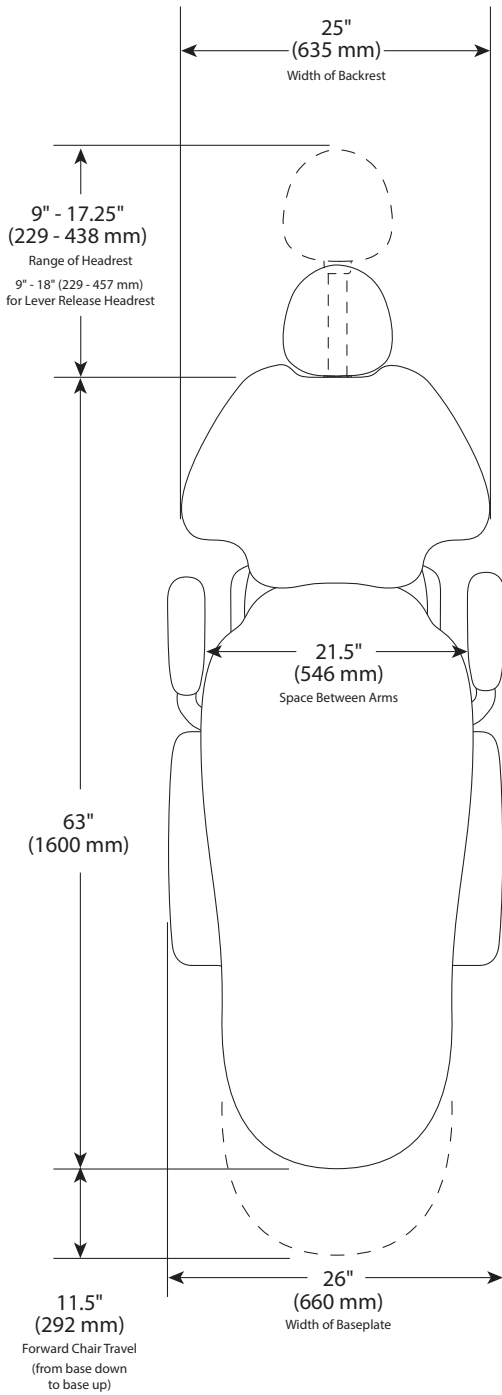
### Plumbing Elevations



## Floor Box Utility Connections

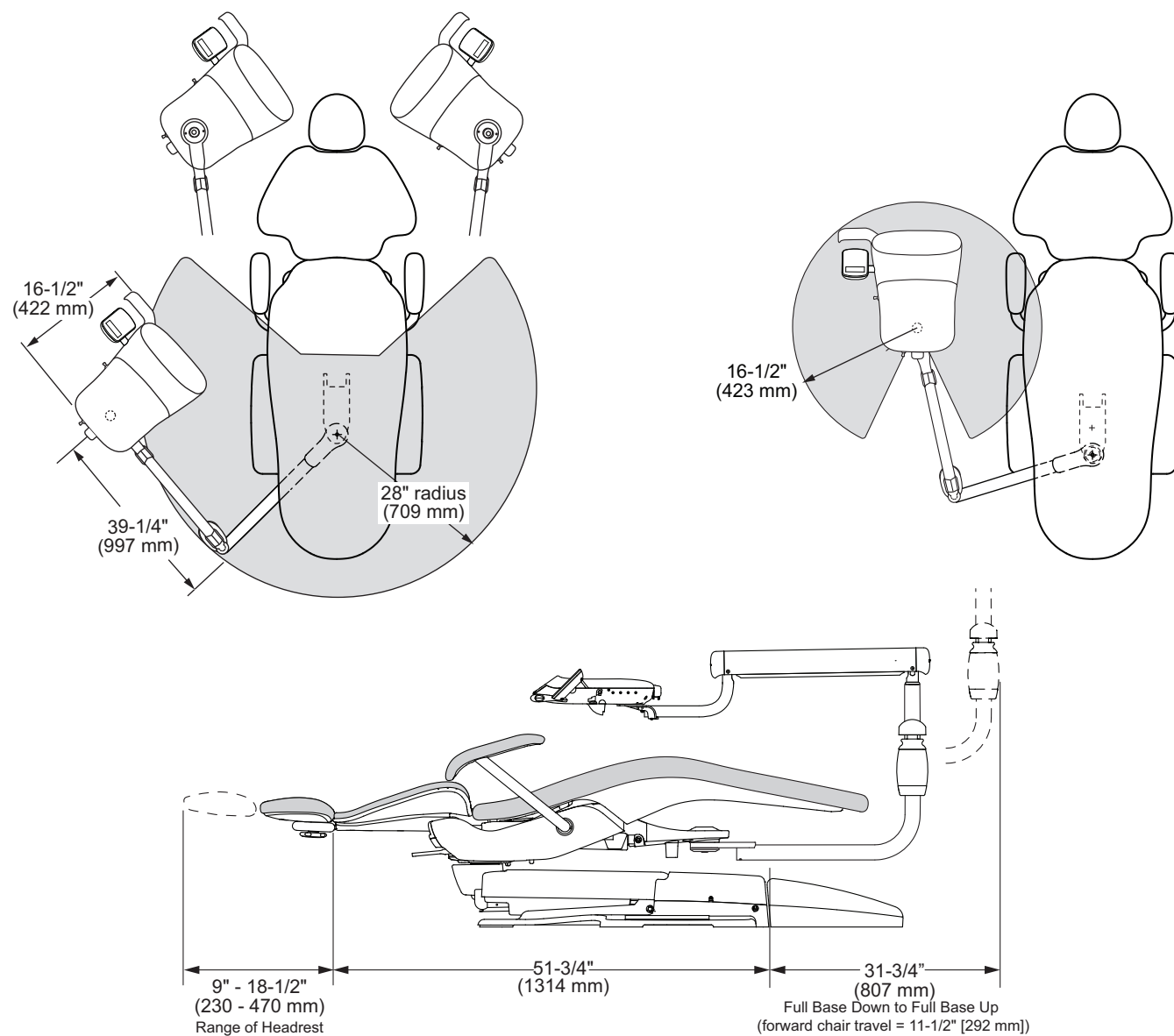


## A-dec 411 Chair Plan View with Elevation



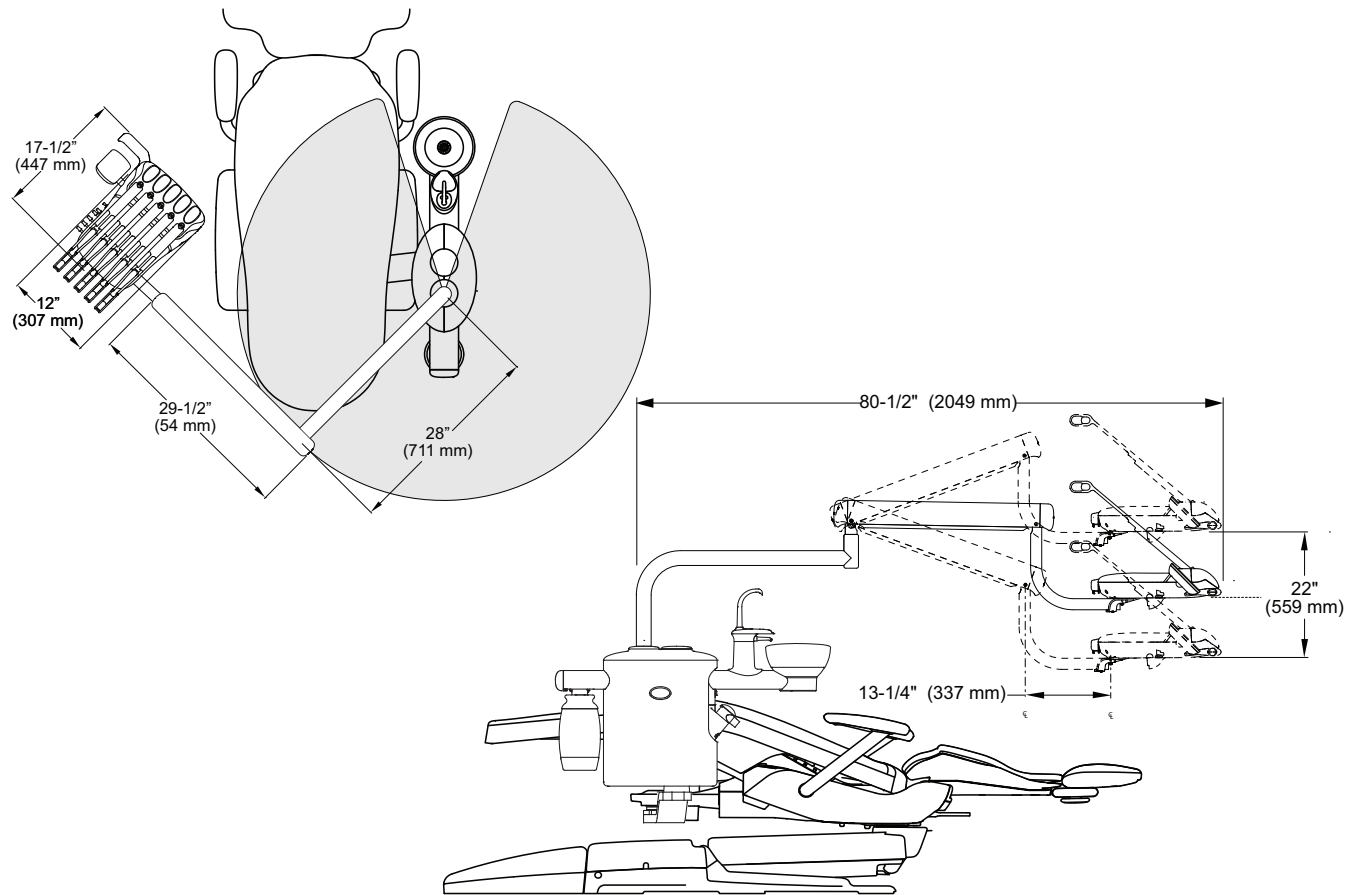
## A-dec 332/333/332pro/333pro Delivery System Plan View with Elevation

(shown with 332pro system)



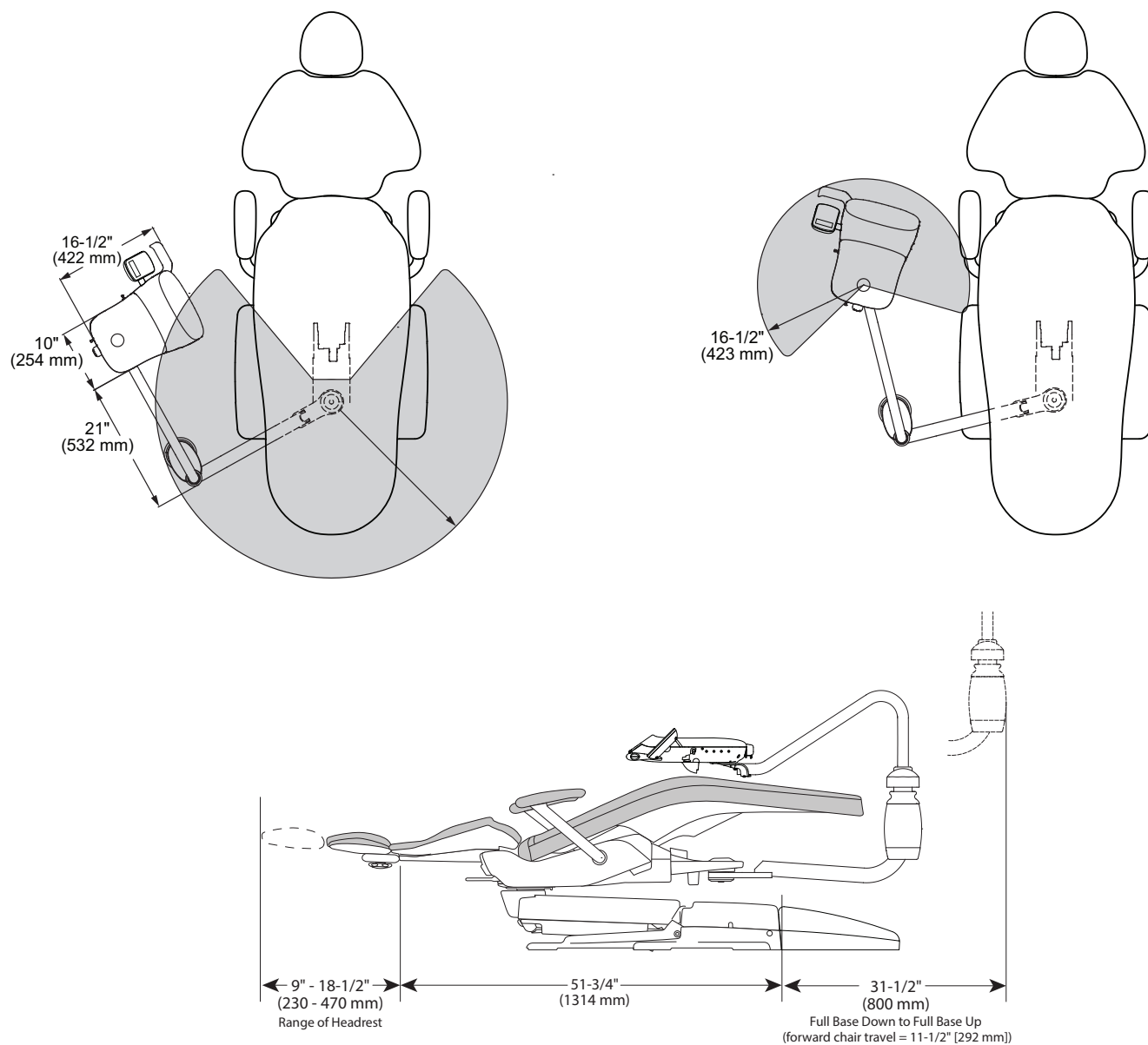
## A-dec 334/335/334pro/335pro Delivery System with 362 Support Center Plan View with Elevation

(A-dec 335pro System Shown)

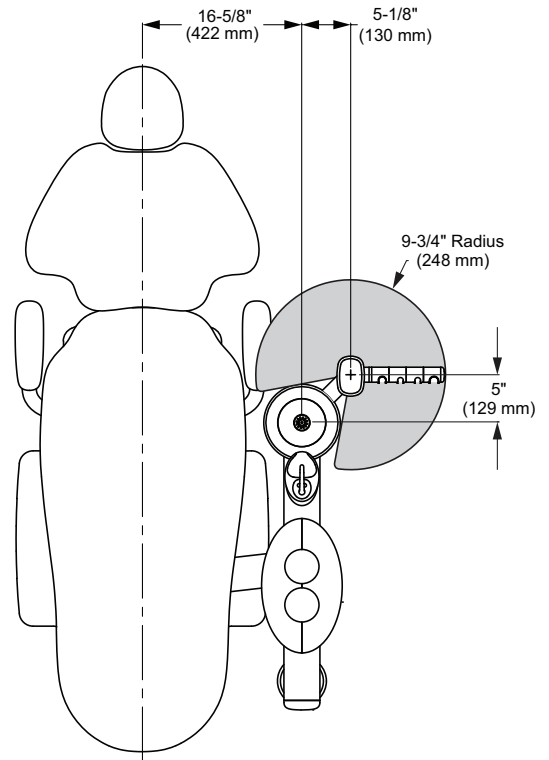
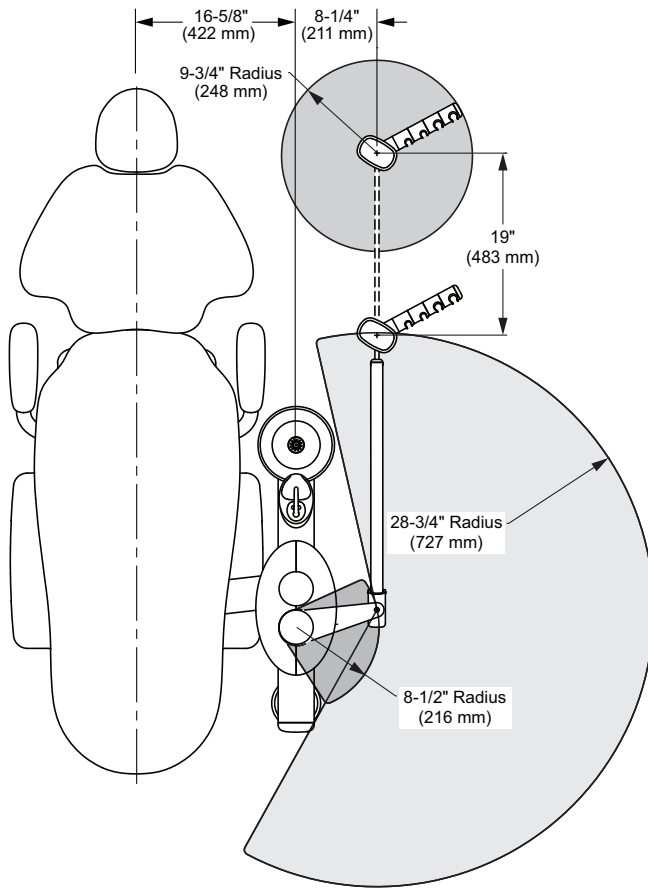


## A-dec 336/336pro Delivery System Plan View with Elevation

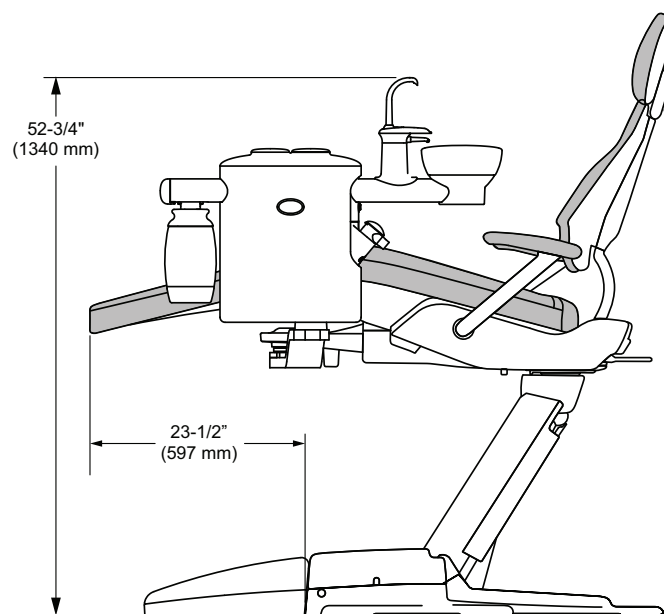
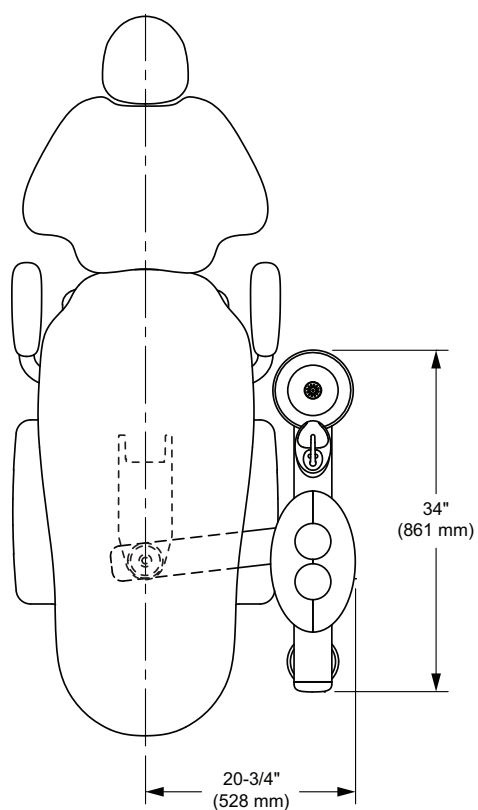
(A-dec 336pro System Shown)



## A-dec 352/353 Assistant's Instrumentation Plan View



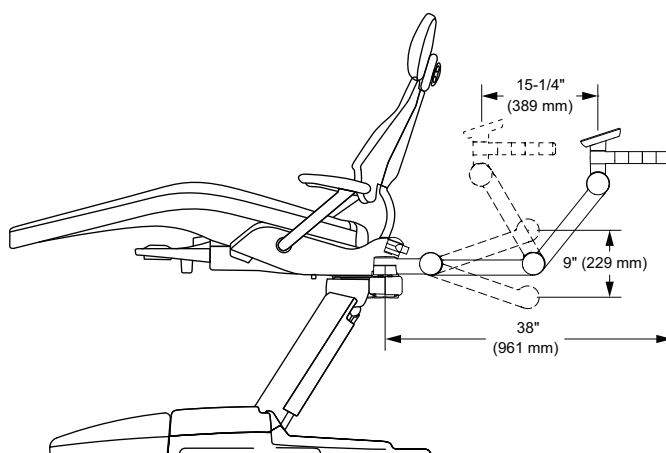
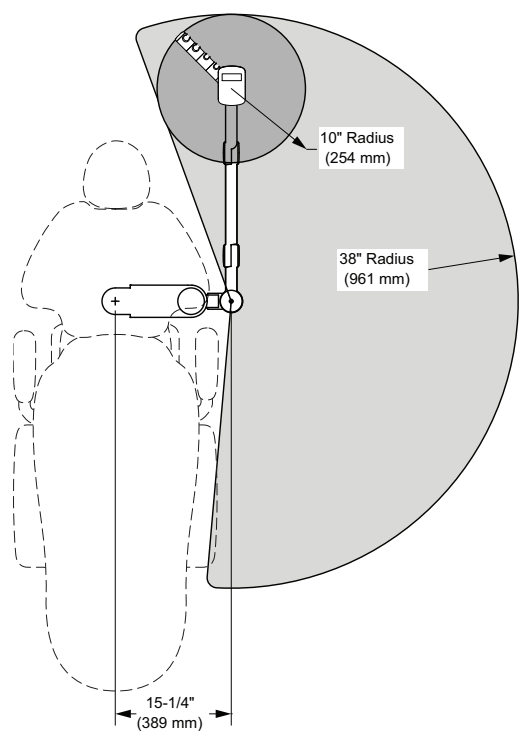
## A-dec 362 Cuspidor and Support Center Plan View with Elevation



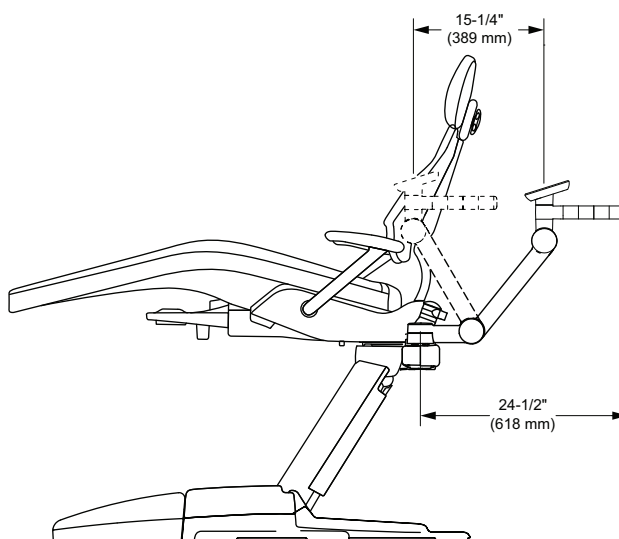
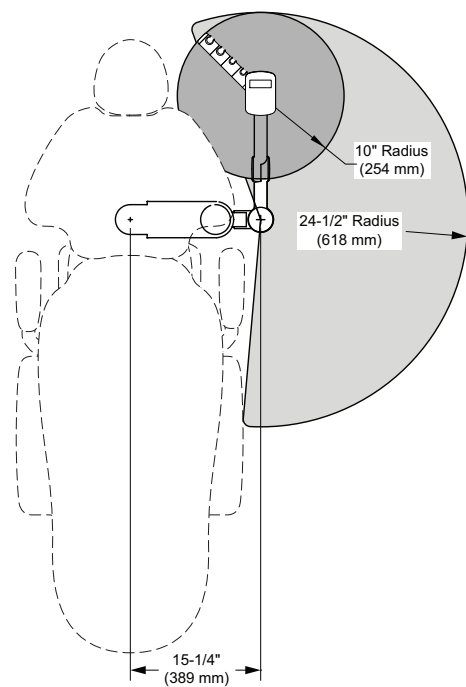


**A-dec 551/551sta Assistant's Instrumentation**  
***Plan View***

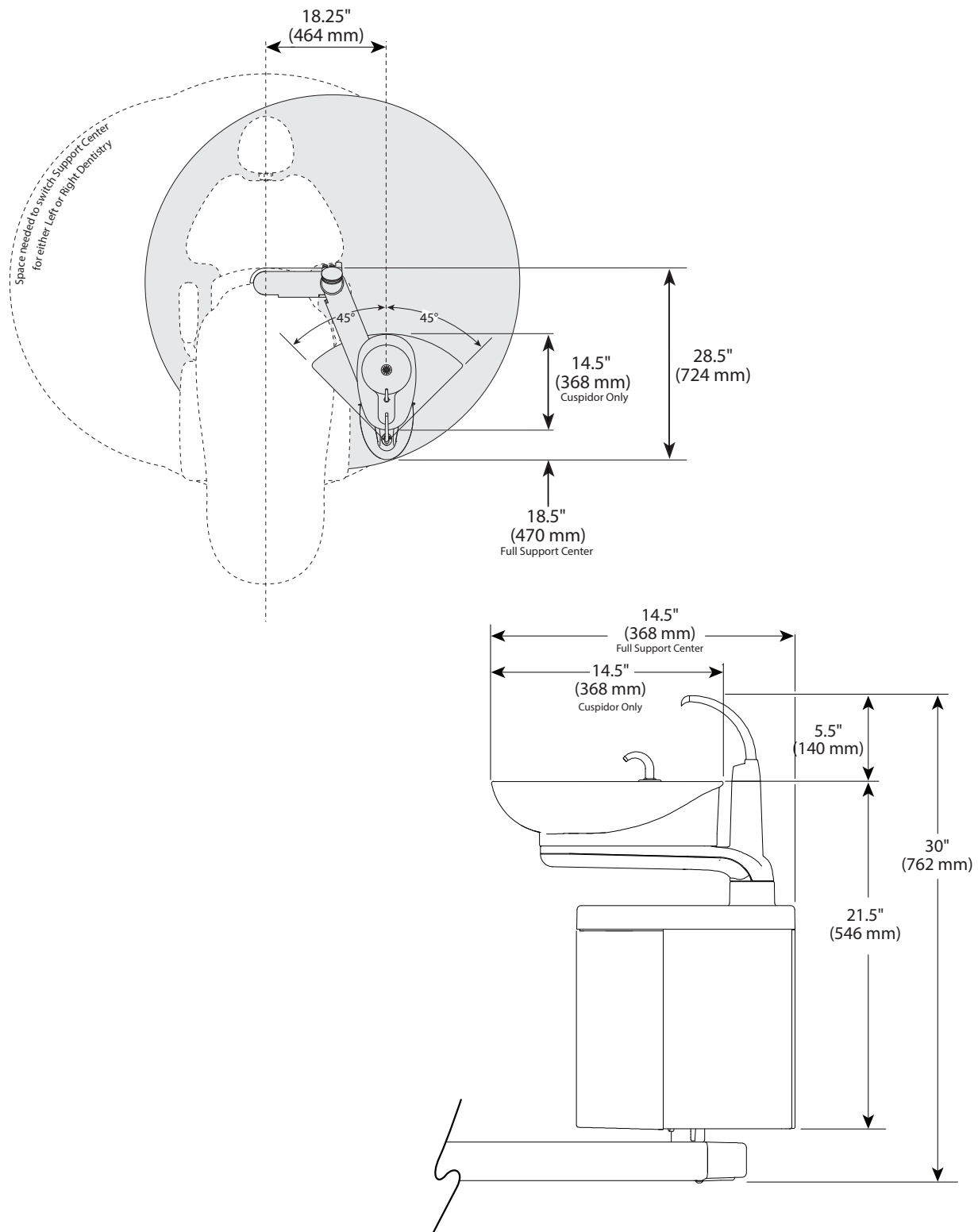
## Long Arm



## Short Arm

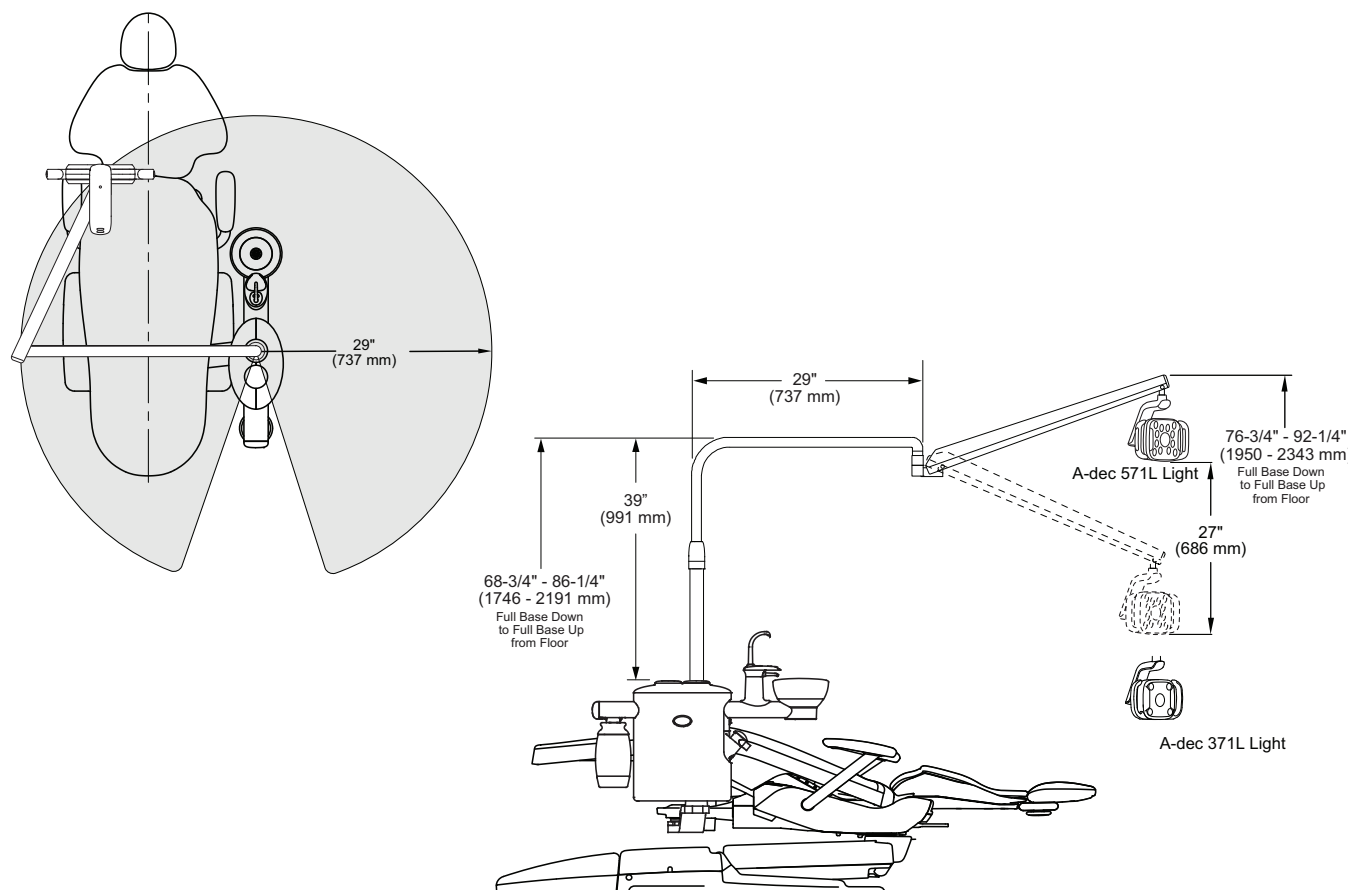


# **A-dec 461 Cuspidor with Support Center** **Plan View with Elevation**



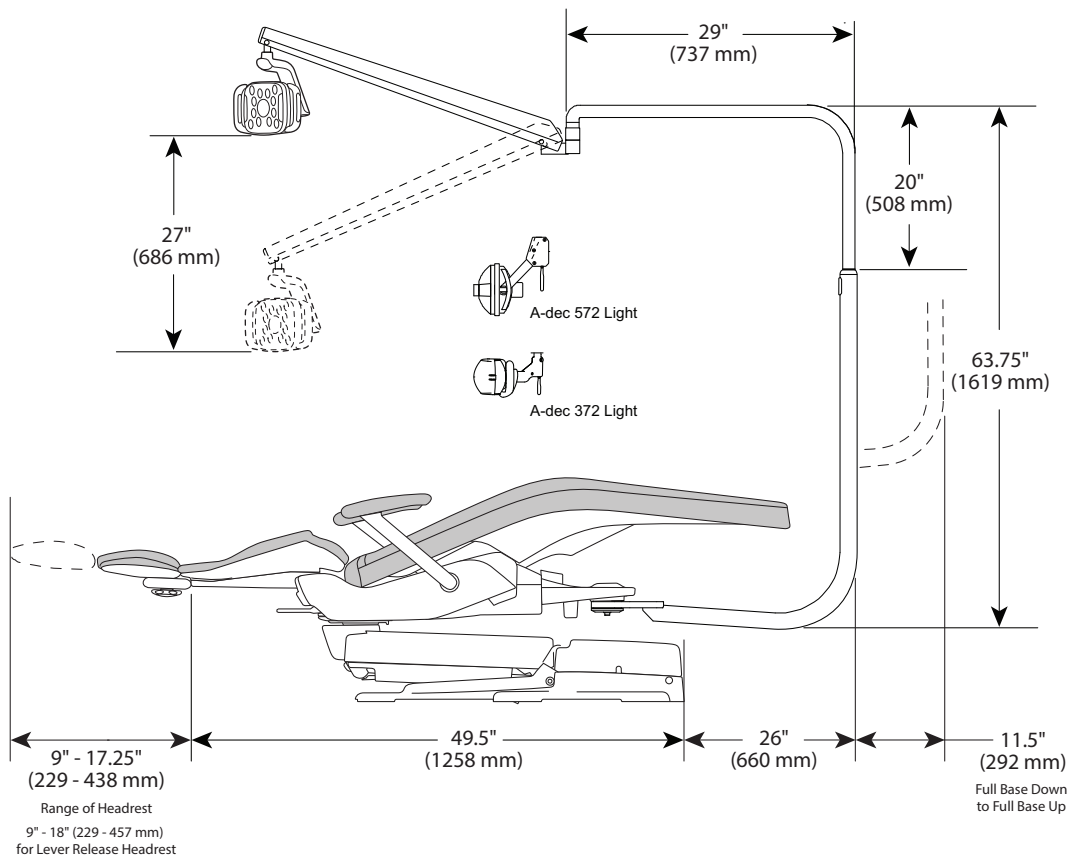
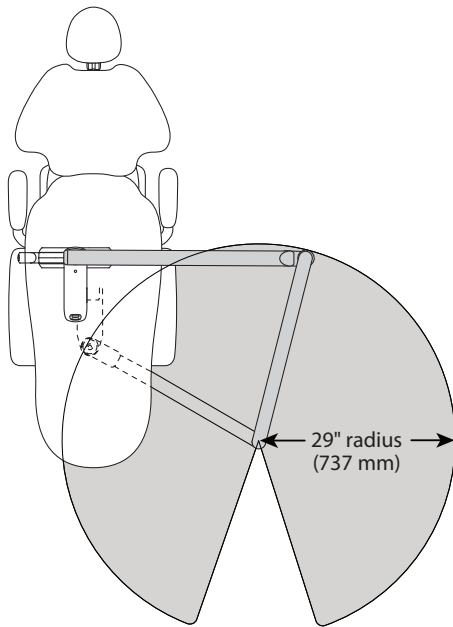
## A-dec 371L/571L Dental Light

### Plan View with Elevation



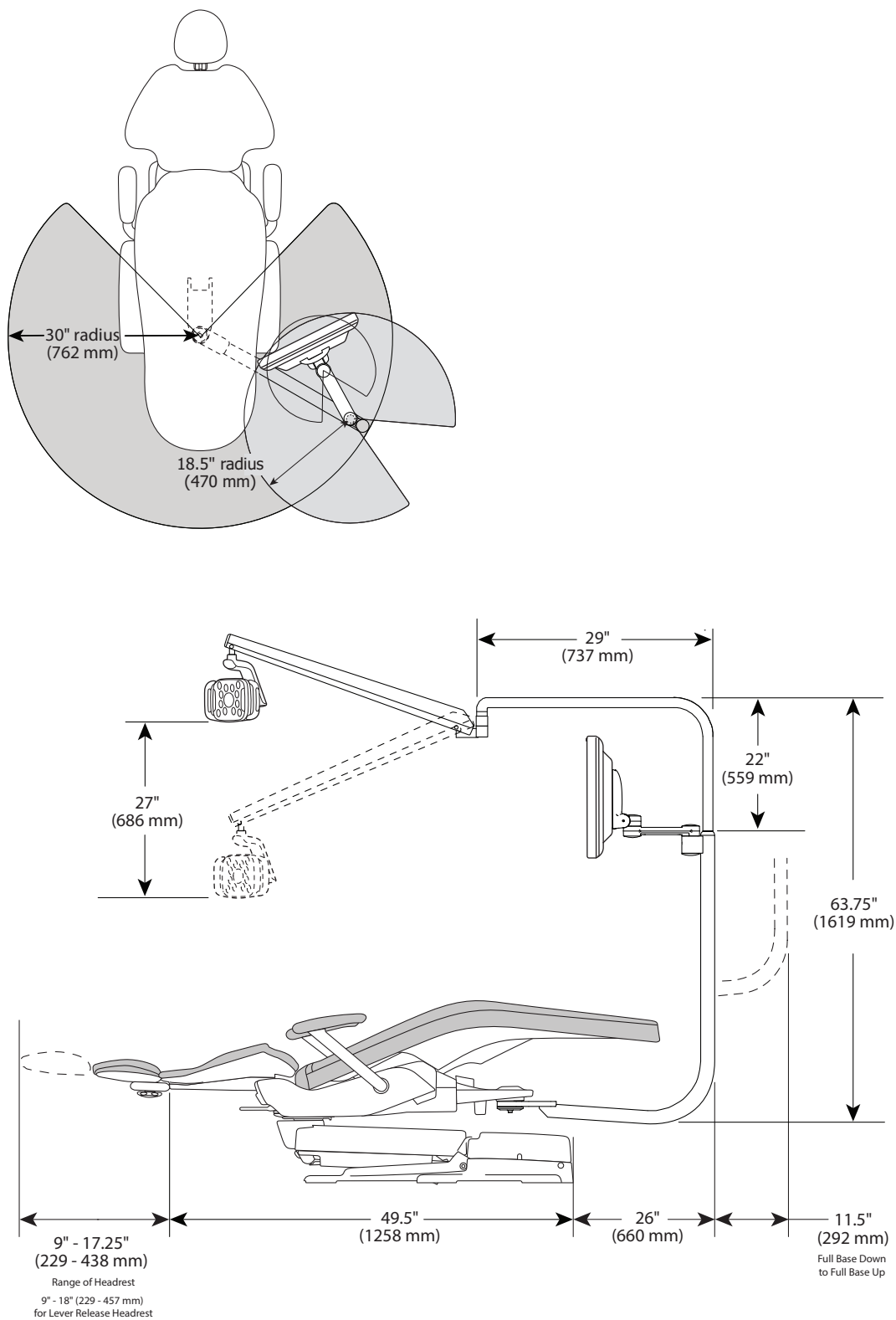
## A-dec 372L/572L/572L Dental Light Plan View with Elevation

(shown with A-dec 572L LED Dental Light)

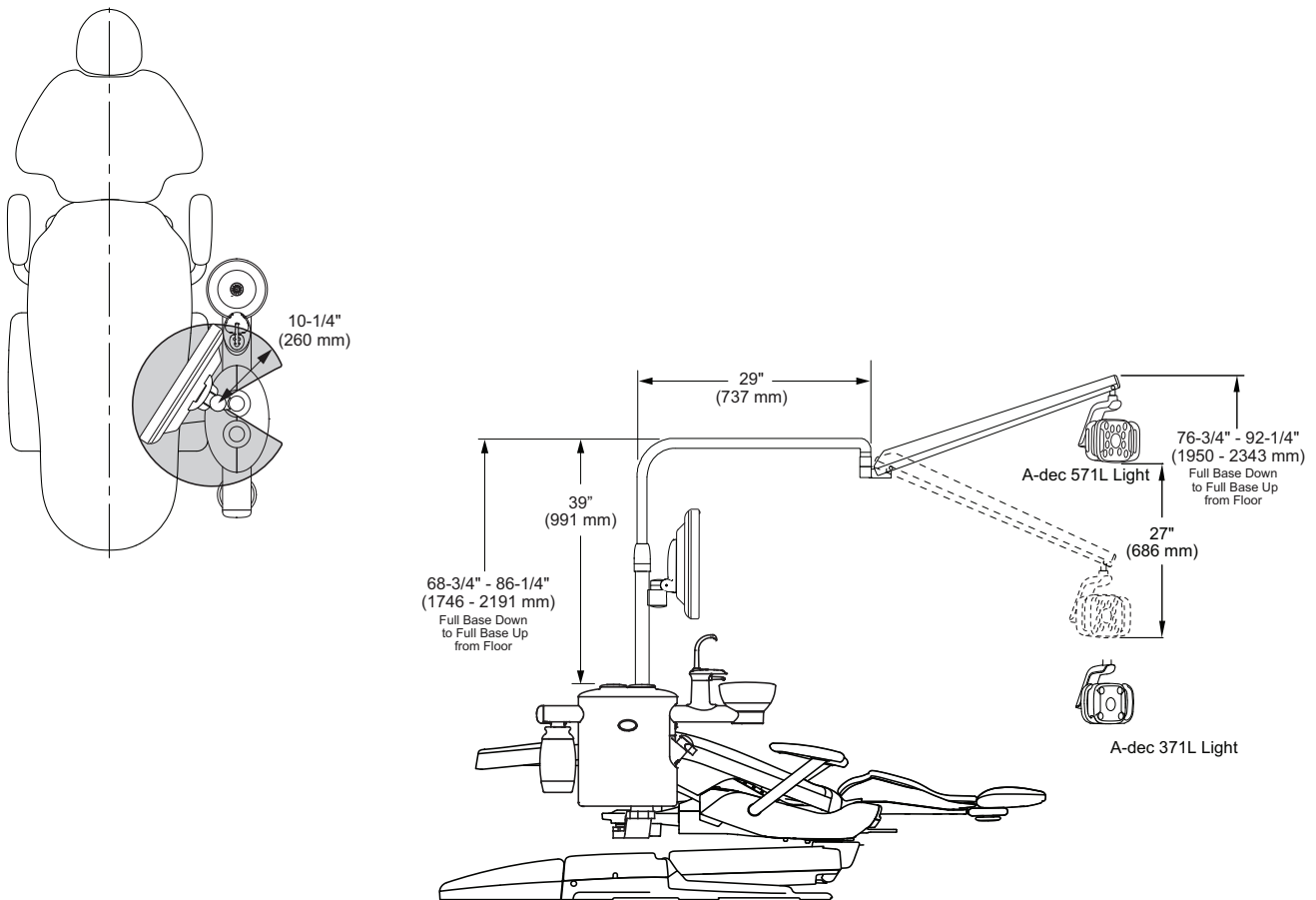


## A-dec 482 Monitor Mount with Dental Light

### Plan View with Elevation

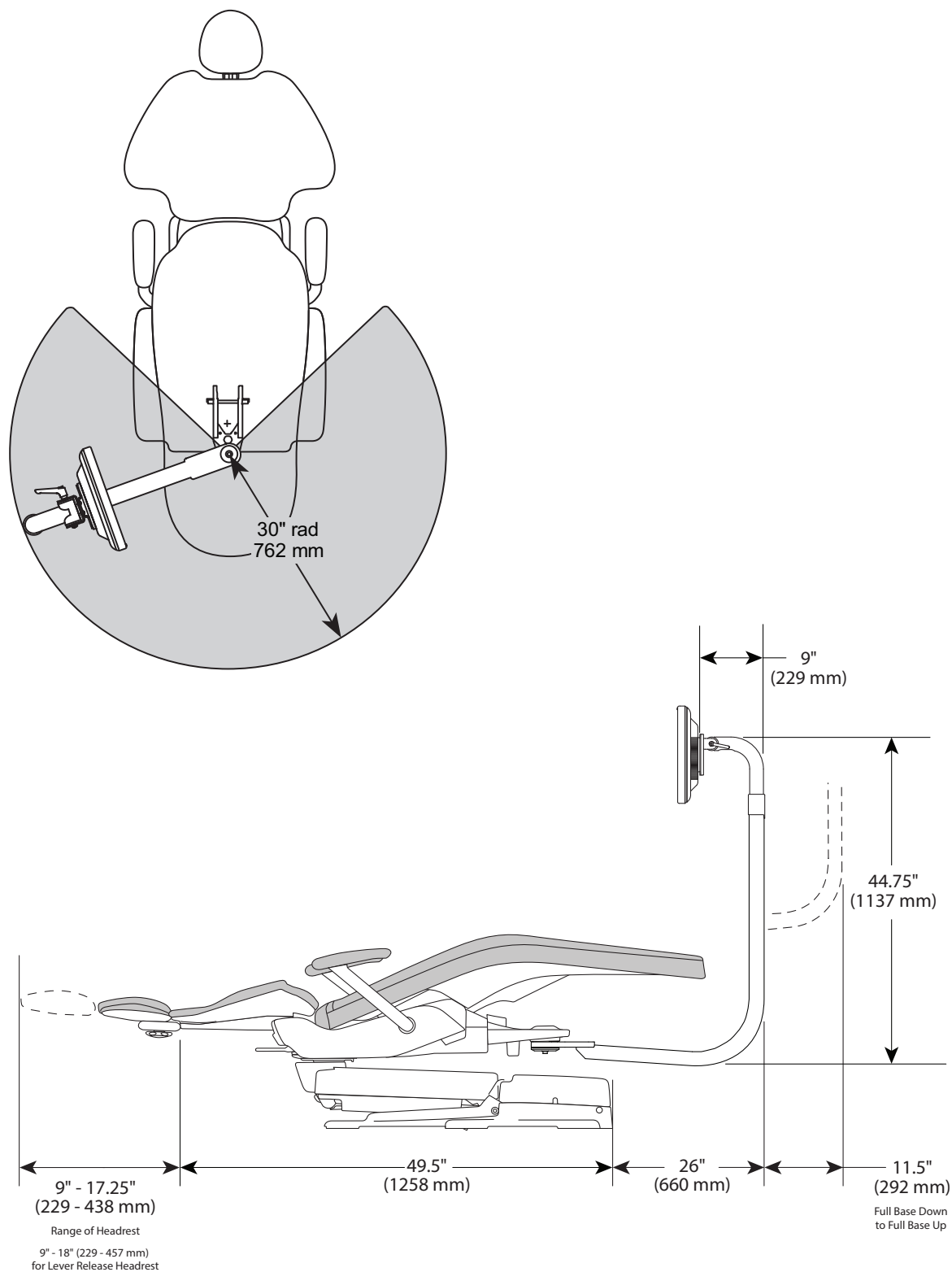


## A-dec 381 Monitor Mount with 362 Support Center Mount Dental Light Plan View with Elevation



## A-dec 382 Radius-Style Monitor Mount

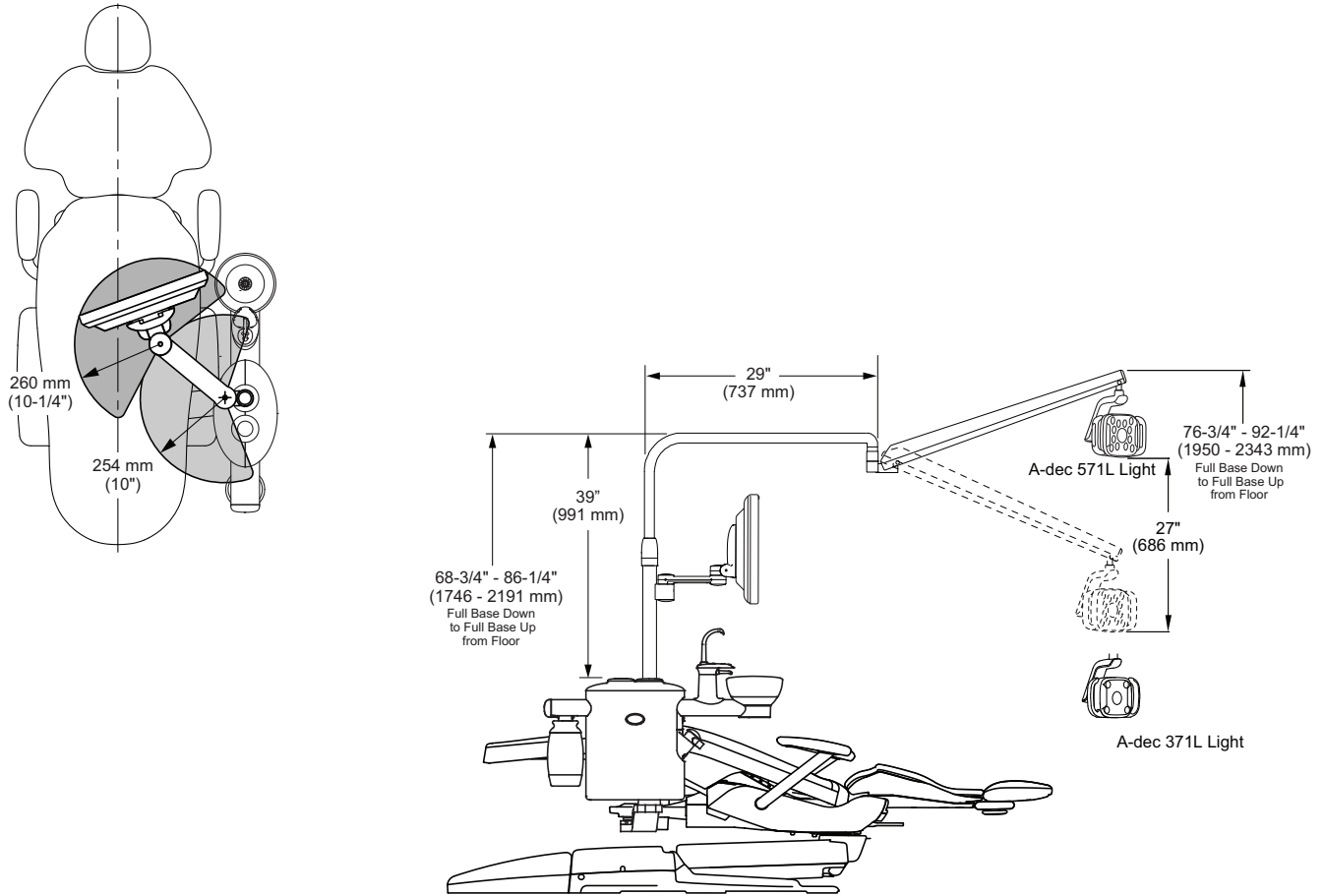
### Plan View with Elevation





## A-dec 482 Monitor Mount with 362 Support Center Mount Dental Light

### Plan View with Elevation





## Regulatory Information and Warranty

For required regulatory information and the A-dec warranty, see the *Regulatory Information, Specifications, and Warranty* document (p/n 86.0221.00) available in the Resource Center at [www.a-dec.com](http://www.a-dec.com).



For quick access to this document online, scan, tap, or click this QR code, which points to [a-dec.com/regulatory-guide](http://a-dec.com/regulatory-guide).



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University of Colorado  
Denver | Anschutz Medical Campus  
Facilities Management

## SUBCONTRACTOR'S STATEMENT OF EXPERIENCE

Project Name: \_\_\_\_\_

Project # \_\_\_\_\_

Project Manager: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Architect/Engineer: \_\_\_\_\_

General Contractor: \_\_\_\_\_

Subcontractor: \_\_\_\_\_

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UNIVERSITY OF COLORADO DENVER | ANSCHUTZ MEDICAL CAMPUS  
SUBCONTRACTOR'S QUALIFICATION STATEMENT

INFORMATION FORM

STATEMENT OF \_\_\_\_\_  
(Subcontractor)

ADDRESS \_\_\_\_\_  
(Street or PO Box) (City) (State) (Zip)

TELEPHONE/FAX NO. \_\_\_\_\_  
(telephone) (fax)

DATE OF EXPERIENCE STATEMENT \_\_\_\_\_

PRINCIPLE OWNER/OFFICER \_\_\_\_\_  
(Names(s) and Official Title(s))

*Please indicate below if your company qualifies as one of the following:*

Minority Business Enterprise (MBE) YES\_\_\_ NO \_\_\_

Justification: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Woman-Owned Business Enterprise (WBE) YES\_\_\_ NO \_\_\_

Justification: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Small Business Enterprise (SBE) YES\_\_\_ NO\_

Justification: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Disadvantaged Business Enterprise (DBE) YES\_\_\_ NO\_\_\_

Justification: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**UNIVERSITY OF COLORADO DENVER | ANSCHUTZ MEDICAL CAMPUS**  
**SUBCONTRACTOR'S QUALIFICATION STATEMENT**

**TYPES OF WORK**

- (1) If you are a General Contractor interested in bidding on all types of construction, mark "All Classes of Construction" only.
- (2) If you are interested in contracting directly with the University for certain types of work only, mark in the column provided after the particular types of work on which you wish to bid.

TYPES OF WORK	MARK WITH (X)
1. All Classes of Construction	
2. General	
3. Mechanical	
4. Electrical	
5. Excavating and Grading	
6. Concrete	
7. Structural Steel	
8. Steel and Miscellaneous Iron	
9. Painting and Decorating	
10. Laboratory Equipment	
11. Elevator Installation	
12. Plumbing	
13. Heating and Ventilating	
14. Air Conditioning	
15. Boiler and Equipment	
16. Environmental (Describe)	
17. Other (Describe)	
18. Other (Describe)	
19. Other (Describe)	
20. Other (Describe)	

**UNIVERSITY OF COLORADO DENVER | ANSCHUTZ MEDICAL CAMPUS  
SUBCONTRACTOR'S QUALIFICATION STATEMENT**

**IDENTIFICATION**

(The signatory of this questionnaire guarantees the truth and accuracy of all statements and of all answers to questions hereinafter made.)

LEGAL NAME \_\_\_\_\_

PRINCIPAL OFFICE \_\_\_\_\_  
(Street or PO Box) (City) (State) (Zip)

\_\_\_\_\_ A Corporation \_\_\_\_\_ A Copartnership \_\_\_\_\_ An Individual \_\_\_\_\_ Combination

**GENERAL INFORMATION**

A. Are you licensed as a contractor? Yes ( ) No ( )

Licensed in the name of	Location (City or State)	License No. & Type
_____	_____	_____
_____	_____	_____

B. How many years has your organization been in business as a contractor under your present business name? \_\_\_\_\_

C. How many years experience in \_\_\_\_\_ construction work has your organization had? (Type)

(a) As a prime contractor? \_\_\_\_\_ (b) As a subcontractor? Yes

D. Have you or your organization, or any officer or partner thereof, failed to complete a contract? \_\_\_\_\_

If so, give details \_\_\_\_\_  
\_\_\_\_\_

E. If you have a controlling interest in any firms presently qualified with the University, show names thereof:

\_\_\_\_\_  
\_\_\_\_\_

F. We normally perform \_\_\_\_\_% of the work with our own forces.

List trades: \_\_\_\_\_  
\_\_\_\_\_

Where qualification is based on a combination of several organizations, show the experience and equipment of the combined organizations.



G. Has your firm been involved in any litigation in the past five (5) years? Yes ( ) No ( ) If yes, explain (listing type, kind, plaintiff, defendant, etc. and state the current status).

H. Are there any activities or interests of officers, principle stockholders, or employees of your firm or other factors which would place your firm and the University of Colorado Denver in a position of "Conflict of Interests"?

Yes ( ) No ( ) If yes, or in doubt, explain.

I. Has your firm ever been involved in any bankruptcy action as a bankrupt?

Yes ( ) No ( ) If yes, explain.

**UNIVERSITY OF COLORADO DENVER | ANSCHUTZ MEDICAL CAMPUS  
SUBCONTRACTOR'S QUALIFICATION STATEMENT**

**PERSONNEL OF ORGANIZATION**

1. Name the persons with whom you have been associated in business as partners or business associates in each of the last five (5) years

2. Show the construction experience of the principal individuals of your present organization in the following tabulation:

Individual's Name	Present Position or Office in Your Organization	Years of Construction Experience	Magnitudes and Type of Work	In What Capacity

## PROJECT EXPERIENCE

Year Completed	Project	Type of Work (See Page 2)	Location	Contract Value	Contracting Authority	In what Capacity

**UNIVERSITY OF COLORADO DENVER | ANSCHUTZ MEDICAL CAMPUS**  
**SUBCONTRACTOR'S QUALIFICATION STATEMENT**

**WORK CURRENTLY UNDER CONTRACT**

Expected Completion Date	Project	Type of Work (See Page 1)	Location	Contract Value	Contracting Authority	Architect or Engine

**UNIVERSITY OF COLORADO DENVER | ANSCHUTZ MEDICAL CAMPUS**  
**SUBCONTRACTOR'S QUALIFICATION STATEMENT**

**SURETIES**

List the Surety Companies that have bonded your work for the past five (5) years:

Name of Surety and Name and Address of Agent	Project and Location	Period of Bond From	Period of Bond To	General Comments

**UNIVERSITY OF COLORADO DENVER | ANSCHUTZ MEDICAL CAMPUS  
SUBCONTRACTOR'S QUALIFICATION STATEMENT**

**CORPORATION / CO-PARTNERSHIP**

**CORPORATION:**

(If a corporation, answer this:)

When Incorporated \_\_\_\_\_

In What State \_\_\_\_\_

President's Name \_\_\_\_\_

Vice President's Name \_\_\_\_\_

Secretary's Name \_\_\_\_\_

Treasurer's Name \_\_\_\_\_

**CO-PARTNERSHIP:**

(If a co-partnership, answer this:)

Date of Organization \_\_\_\_\_

State whether partnership is general, limited, or association \_\_\_\_\_

Name and address of each partner: \_\_\_\_\_

\_\_\_\_\_  
(name)

\_\_\_\_\_  
(name)

\_\_\_\_\_  
(address)

\_\_\_\_\_  
(address)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

WHERE QUALIFICATION IS BASED ON A COMBINATION OF ORGANIZATIONS, THE  
APPROPRIATE (ATTACHED) AFFIDAVITS MUST BE EXECUTED FOR EACH  
MEMBER OF SUCH COMBINATION.

**UNIVERSITY OF COLORADO DENVER | ANSCHUTZ MEDICAL CAMPUS  
SUBCONTRACTOR'S QUALIFICATION STATEMENT**

**AFFIDAVIT FOR CORPORATION**

\_\_\_\_\_certifies and says: That he is  
(Name of officer)

\_\_\_\_\_of the \_\_\_\_\_  
(Official capacity)

corporation submitting this statement of experience: that he/she has read the same, and that the same is true of his/her own knowledge: that the statement is for the purpose of inducing the University of Colorado Denver to supply the submitter with plans and specifications, and that any vendor, or other agency therein named is hereby authorized to supply the University of Colorado Denver with any information necessary to verify the statement: and that furthermore, should this statement at any time cease to properly and truly represent his/her condition in any substantial respect, it will refrain from further bidding on University work until it shall have submitted a revised and corrected statement.

I certify and declare under penalty of perjury that the foregoing is true and correct:

Subscribed on \_\_\_\_\_ at \_\_\_\_\_, State of Colorado  
(date) (city) (county)

NOTE: Use full corporate name and  
attach corporate seal here.

\_\_\_\_\_  
(Officer must sign here)

NOTE: Statement will be returned unless affidavit is completed in EVERY respect.

**UNIVERSITY OF COLORADO DENVER | ANSCHUTZ MEDICAL CAMPUS  
SUBCONTRACTOR'S QUALIFICATION STATEMENT**

**AFFIDAVIT FOR CO-PARTNERSHIP**

\_\_\_\_\_certifies and says: That he/she is a  
partner of \_\_\_\_\_  
(Name of partner)

the partnership of \_\_\_\_\_: That said partnership  
(Name of Firm)

submitted this statement of experience: that he/she has read the same, and that the same is true of his/her own knowledge: that the statement is for the purpose of inducing the University of Colorado Denver to supply the submitter with plans and specifications, and that any vendor, or other agency therein named is hereby authorized to supply the University of Colorado Denver with any information necessary to verify the statement: and that furthermore, should this statement at any time cease to properly and truly represent the condition of said firm in any substantial respect, it will refrain from further bidding on University work until they shall have submitted a revised and corrected statement.

I certify and declare under penalty of perjury that the foregoing is true and correct:

Subscribed on \_\_\_\_\_ at \_\_\_\_\_, \_\_\_\_\_, State of \_\_\_\_\_  
(date) (city) (county)

The foregoing statement and affidavit are hereby  
offered.

\_\_\_\_\_  
(Member of Firm must sign here)

\_\_\_\_\_  
(Title)

\_\_\_\_\_  
(Remaining members of Firm sign here)

\_\_\_\_\_  
(Name of Firm)

NOTE: Statement will be returned unless affidavit is completed in EVERY respect.



**UNIVERSITY OF COLORADO DENVER | ANSCHUTZ MEDICAL CAMPUS  
SUBCONTRACTOR'S QUALIFICATION STATEMENT**

**AFFIDAVIT FOR INDIVIDUAL**

\_\_\_\_\_doing business \_\_\_\_\_  
(Name of individual) (Name of Firm)

certifies and says: That he/she is the person submitting this statement of experience: that he/she has read the same, and that the same is true of his/her own knowledge: that the statement is for the purpose of inducing the University of Colorado Denver to supply the submitter with plans and specifications, and that any vendor, or other agency therein named is hereby authorized to supply the University of Colorado Denver with any information necessary to verify the statement: and that furthermore, should this statement at any time cease to properly and truly represent his/her condition in any substantial respect, it will refrain from further bidding on University work until it shall have submitted a revised and corrected statement.

I certify and declare under penalty of perjury that the foregoing is true and correct:

Subscribed on \_\_\_\_\_ at \_\_\_\_\_, \_\_\_\_\_, State of \_\_\_\_\_  
(date) (city) (county)

NOTE: Statement will be returned unless  
affidavit is completed in EVERY respect. \_\_\_\_\_  
(Applicant must sign here)

**UNIVERSITY OF COLORADO DENVER | ANSCHUTZ MEDICAL CAMPUS  
SUBCONTRACTOR'S QUALIFICATION STATEMENT**

**BIDDING INFORMATION**

**QUALIFICATION**

The University of Colorado Denver will qualify or disqualify a Subcontractor on the basis of:

- (1) The information contained in this statement and
- (2) Past contract experience with the University.

**NOTIFICATION**

The University of Colorado Denver will, in writing, notify Contractors of their qualification or disqualification.