



RETURN BIDS TO:

RETOURNER LES SOUMISSIONS À:

Bid Receiving Public Works and Government
Services Canada/Réception des soumissions Travaux
publics et Services gouvernementaux Canada
800 Burrard Street, Room 219
800, rue Burrard, pièce 219
Vancouver
British Columbia
V6Z 0B9
Bid Fax: (604) 775-9381

**SOLICITATION AMENDMENT
MODIFICATION DE L'INVITATION**

The referenced document is hereby revised; unless otherwise
indicated, all other terms and conditions of the Solicitation
remain the same.

Ce document est par la présente révisé; sauf indication contraire,
les modalités de l'invitation demeurent les mêmes.

Comments - Commentaires

**Vendor/Firm Name and Address
Raison sociale et adresse du
fournisseur/de l'entrepreneur**

Issuing Office - Bureau de distribution
Public Works and Government Services Canada - Pacific
Region
800 Burrard Street, Room 219
800, rue Burrard, pièce 219
Vancouver
British C
V6Z 0B9

Title - Sujet Fuel Storage Tanks Construction	
Solicitation No. - N° de l'invitation EZ899-210837/A	Amendment No. - N° modif. 002
Client Reference No. - N° de référence du client	Date 2020-10-16
GETS Reference No. - N° de référence de SEAG PW-SPWY-031-8837	
File No. - N° de dossier PWY-0-43101 (031)	CCC No./N° CCC - FMS No./N° VME
Solicitation Closes - L'invitation prend fin at - à 02:00 PM on - le 2020-10-20	Time Zone Fuseau horaire Pacific Daylight Saving Time PDT
F.O.B. - F.A.B.	
Plant-Usine: <input type="checkbox"/> Destination: <input checked="" type="checkbox"/> Other-Autre: <input type="checkbox"/>	
Address Enquiries to: - Adresser toutes questions à: Leung, Janie	Buyer Id - Id de l'acheteur pwy031
Telephone No. - N° de téléphone (778) 919-3273 ()	FAX No. - N° de FAX () -
Destination - of Goods, Services, and Construction: Destination - des biens, services et construction: CBSA – Huntingdon, Kingsgate & Waneta POE – Various Locations, BC	

Instructions: See Herein

Instructions: Voir aux présentes

Delivery Required - Livraison exigée	Delivery Offered - Livraison proposée
Vendor/Firm Name and Address Raison sociale et adresse du fournisseur/de l'entrepreneur	
Telephone No. - N° de téléphone Facsimile No. - N° de télécopieur	
Name and title of person authorized to sign on behalf of Vendor/Firm (type or print) Nom et titre de la personne autorisée à signer au nom du fournisseur/ de l'entrepreneur (taper ou écrire en caractères d'imprimerie)	
Signature	Date

Solicitation No. - N° de l'invitation
EZ899-210837/A

Amd. No. - N° de la modif.
002

Buyer ID - Id de l'acheteur
PWY031

Client Ref. No. - N° de réf. du client

File No. - N° du dossier
PWY-0-43101

CCC No./N° CCC - FMS No./N° VME

Les documents français seront disponibles sur demande.

This Amendment 002 is raised to issue Addendum 002.

All other terms and conditions remain unchanged.

The following addendum supersedes information contained in drawings and specifications issued for the project to the extent referenced. This Addendum forms part of the Tender Documents and is subject to all of the conditions set out in the contract conditions.

1. QUESTIONS

1.1 : Security escort required to be present on-site during work:

- .1 If the contractor has "Reliability" or "Secret" clearance would this still be a requirement?
 - .1 To avoid the security escort, the contractor must have specific reliability clearance with CBSA.
- .2 Does this apply for work doing outside of the building?
 - .1 Yes, this applies to indoor and outdoor work.

1.2 Kingsgate:

- .1 No description on the concrete or reinforcing on drawings for the concrete pad, design built?
 - .1 Yes, this would be included into the shop drawing for the service platform.

1.3 Huntingdon:

- .1 Are the tanks going to be drained or is it the contractor's responsibility to drain and disposed? Who is to supply fuel?
 - .1 Scope of work for draining and filling the fuel tanks is to be carried by the contractor.

1.4 Common Work Results for Mechanical:

- .1 1.39.2.9: Air System has been balanced? Please confirm
 - .1 No Air balancing is required
- .2 1.39.3.1; Submit final air balance report? Please confirm
 - .1 No Air balancing is required
- .3 3.2: System Cleaning? Please confirm
 - .1 No Cleaning is required.

1.5 Commissioning of Mechanical System:

- .1 Can you provide information on the existing Generator? Supplier? Maintenance contractor?
 - .1 Generator is an Isuzu 6RB1 – Diesel Generator. Mechanical service contractor to be determined on site.

The following addendum supersedes information contained in drawings and specifications issued for the project to the extent referenced. This Addendum forms part of the Tender Documents and is subject to all of the conditions set out in the contract conditions.

1.6 Condensate Storage Tank:

- .1 Specifications
 - .1 Noted on M200 drawing Noted as Storage tank
- .2 Photograph or information on lead off the radiator?
 - .1 Photo showing flexible line for radiator lead.



1.7 Section #017900 Demonstration & Training:

- .1 1.2.5.1; Ventilation System?
 - .1 No demonstration is required for ventilation system.

2. ADD:CONTRACTOR GENERAL REQUIREMENT – WORK PERMITS

- .1 Contractor will be required to provide weekly work permits to submitted to BGIS. Contact e-mail address is PAC-RP1workpermit@bgis.com for details. Sample Work Permit form attached for reference.

END OF MECHANICAL ADDENDUM NO. 2



HEALTH AND SAFETY WORK PERMIT

PURPOSE: To increase safety and security, all work activities managed by BGIS, PSPC, or Tenants that require contractor access to any part of BGIS managed facilities must have a Work Permit.

- INSTRUCTION:**
1. Fill in all relevant fields completely. Permits with blank fields may be rejected.
 2. E-mail the completed Permit to the email address listed for your region on the final page of this document.
 3. Await authorization from BGIS prior to commencing work.
 4. Retain a hard or soft copy of the authorized Work Permit. An authorized Work Permit must be available on site every day for the duration of this job or project.

NOTE: To ensure timely authorization, please submit the Work Permit **at least 2 Full Working Days** prior to the anticipated start time of work activities.
 Permits are only issued for 1 week time blocks. Longer work requires multiple permits. **ANY change to work requires a new permit**
 All Workers need to complete BGIS online orientation. (Available via Comply Works or through HSE Coordinator).

LOCATION OF THE WORK

Province / Territory: City:

Floor/ Room Number:

Building (Name or Address):

WORK INITIATOR (BUYER OF SERVICE)

Work Requested By (Name of Person):

Work Order # or Project # (If Applicable):

DATES OF WORK		WORK HOURS						
<input type="checkbox"/> Day Time	<input type="checkbox"/> After Hours	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Start Date	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
End Date	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

WORK DESCRIPTION - (Provide a detailed description of the work to be conducted. Attach a job safety plan as appropriate)

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RISK ASSESSMENT

Please note, this Risk Assessment is not intended to replace a Job Safety Assessment (JSA). "Controls" as identified are intended as prompts for the permit authorizer. The permit holder is responsible for conducting a proper JSA and safety briefing to the workers prior to the commencement of the work and implementing any additional controls that may be required specific to the work task.

Work Consideration	Yes/No	If Yes, See Associated Control	Controls
1. Have Building Specific OHS Documents & Hazards (including asbestos surveys/hazardous substances surveys) been reviewed by those conducting work?	<input type="checkbox"/>	A	A. Review of Asbestos Survey / BGIS Document Library required.
2. Will asbestos / other hazardous materials be disrupted during work activities?	<input type="checkbox"/>	A, B,K	B. Specialized Personal Protective Equipment and Work Procedures required.
3. Will the work create dust, smoke, heat, vibration or otherwise impact the Fire Life Safety System?	<input type="checkbox"/>	C, G, H, I, J	C. System Bypass Permit.
4. Will building systems be impacted or impaired (Fire Life Safety, HVAC, lighting, elevator, etc.)?	<input type="checkbox"/>	E	D. Security Coverage required.
5. Involves electrical or mechanical disruption?	<input type="checkbox"/>	B, E, H	E. Shutdown Notice required.
6. Requires energy isolation?	<input type="checkbox"/>	B, H, I	F. Additional Clearance or Authorized Escort required.
7. Requires work from heights (excluding ladders)?	<input type="checkbox"/>	B, G, H, I	G. Safety Barriers required.
8. Will the work involve ladders or work platforms?	<input type="checkbox"/>	L	H. Additional High Hazard Permit required (Confined Space, LOTO, etc.).
9. Requires access to a secure area where escort may be needed?	<input type="checkbox"/>	F	I. Additional License or Certifications required (Confined Space, Fall Arrest, etc.).
10. Requires access to a "Confined" or "Restricted" Space?	<input type="checkbox"/>	B, G, H, I	J. Notify Fire Department / Fire Alarm Monitoring Company.
11. Workers have all licenses, training, and tools needed to perform task?	<input type="checkbox"/>	I	K. Tenant Notification or Escort required.
12. Could generate noise?	<input type="checkbox"/>	K	L. Ensure the Ladder/Work Platform is on a stable surface and is set up and used according to manufacture specifications.
13. Could generate odours?	<input type="checkbox"/>	C, K, M	
14. Requires obstruction of building access or egress?	<input type="checkbox"/>	K, D, G	M. Ensure SDS are available.
15. Involves working around or with hazardous chemicals?	<input type="checkbox"/>	B, M	N. Conservation Plan required.
16. Work taking place at heritage site?	<input type="checkbox"/>	N	

Permit Holder/ Contractor Details

Company Name:

Permit Holder (Site Supervisor):

Permit Holder Contact Number:

Permit Holder Email:

Names of All Workers to be on site (attach separate list if required):

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BGIS HS REVIEW

Name of Reviewer:

Date of Review: Authorized:

Comments:

BGIS BUYER OF SERVICE REVIEW

Name of Reviewer:

Date of Review: Authorized:

Comments:

EMAIL COMPLETED WORK PERMIT TO THE ADDRESS LISTED FOR YOUR REGION

Region	Region Description	Email Address
Atlantic	Newfoundland, PEI, NB, NS	ATL-RP1workpermit@BGIS.com
Quebec	Quebec (Other Than Gatineau)	QC-RP1workpermit@BGIS.com
National Capital Area	Ottawa, Gatineau	NCA-RP1workpermit@BGIS.com
Ontario	Ontario (Other Than Ottawa)	ON-RP1workpermit@BGIS.com
Western	Manitoba, Saskatchewan, Alberta, NWT, Nunavut	WEST-RP1workpermit@BGIS.com
Pacific	British Columbia, Yukon	PAC-RP1workpermit@BGIS.com

Questions regarding the Work Permit process can be sent to the region-specific email address

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