

## **SECTION 00 60 00 – PROJECT FORMS**

### **PART 1 – GENERAL**

#### **1.01 RELATED SECTIONS**

- A. Section 01 29 00 Payment Procedures

#### **1.02 SECTION INCLUDES**

- A. Contractor's Pay Application Index Form
- B. Diversity Subcontractor Pay Application Summary
- C. Utility Outage Request Form
- D. Permit for Cutting and Welding with Portable Gas or Arc Equipment Form (Hot Work Permit Form)
- E. Sprinkler System Red Tag Permit
- F. Letter of Credit Form

## Contractor's Pay Application Index Form

Project Name \_\_\_\_\_  
 VU Project Number \_\_\_\_\_  
 Pay Application # \_\_\_\_\_  
 Application Date \_\_\_\_\_

<b>Division 1 General Conditions/Requirements</b>	\$
Direct Reimbursable Expense Invoices	\$
Hourly Payroll	\$
Supervisory/Management Staff Payroll	\$
Other (Must specify) _____	\$
<b>SUBTOTAL Division 1</b>	\$

<b>Division 2 Invoices (Existing Conditions)</b>	\$
<b>Division 3 Invoices (Concrete)</b>	\$
<b>Division 4 Invoices (Masonry)</b>	\$
<b>Division 5 Invoices (Metals)</b>	\$
<b>Division 6 Invoices (Wood, Plastics, and Composites)</b>	\$
<b>Division 7 Invoices (Thermal &amp; Moisture Protection)</b>	\$
<b>Division 8 Invoices (Openings)</b>	\$
<b>Division 9 Invoices (Finishes)</b>	\$
<b>Division 10 Invoices (Specialties)</b>	\$
<b>Division 11 Invoices (Equipment)</b>	\$
<b>Division 12 Invoices (Furnishings)</b>	\$
<b>Division 13 Invoices (Special Construction)</b>	\$
<b>Division 14 Invoices (Conveying Equipment)</b>	\$
<b>Division 21 Invoices (Fire Suppression)</b>	\$
<b>Division 22 Invoices (Plumbing)</b>	\$
<b>Division 23 Invoices (HVAC)</b>	\$
<b>Division 25 Invoices (Integrated Automation)</b>	\$
<b>Division 26 Invoices (Electrical)</b>	\$
<b>Division 27 Invoices (Communications)</b>	\$
<b>Division 28 Invoices (Electronic Safety &amp; Security)</b>	\$
<b>Division 31 Invoices (Earthwork)</b>	\$
<b>Division 32 Invoices (Exterior Improvements)</b>	\$
<b>Division 33 Invoices (Utilities)</b>	\$
<b>Other (Must specify) _____</b>	\$
<b>Other (Must specify) _____</b>	\$

<b>SUBTOTAL All Divisions</b>	\$
Overhead @ _____ %	\$
<b>SUBTOTAL</b>	\$
Fee @ _____ %	\$
<b>TOTAL</b>	\$
Other (Must specify) _____	\$
Fee on Owner Purchases	\$
This Month's Retainage Withheld	\$
This Month's Retainage Billed/Released	\$
<b>TOTAL PAYMENT DUE=</b>	\$

## Diversity Subcontractor Pay Application Summary Form

For projects over \$3,000,000 submit this form with each pay application.  
 For projects under \$3,000,000 submit this form using cumulative values with final pay application.

Contractor Name: \_\_\_\_\_  
 Project Name: \_\_\_\_\_  
 Pay Application Number: \_\_\_\_\_  
 Pay Application Date: \_\_\_\_\_  
 Pay Application Amount: \_\_\_\_\_  
 GMP Amount: \_\_\_\_\_

Subcontractor Name	CSI Division	CSI Div #	Classification MBE, WBE, SBE, Other	Amount Paid This Application	Total Subcontract Amount	Amount Paid as a % of Total Pay Application Amount
<b>Totals</b>						

% of Diversity Participation (number of diversity subcontractors divided by total number of subcontractors): \_\_\_\_\_  
 % of Dollars of Diversity Sub Participation (total diversity subcontract amount divided by total subcontract amount): \_\_\_\_\_  
 % of Diversity Contracts per Project (total diversity subcontract amount divided by the GMP amount): \_\_\_\_\_

**Vanderbilt University – Plant Operations  
Utility Outage Request Form**

Project Work Order # \_\_\_\_\_

Project Funding Source: Account: \_\_\_\_\_ Center: \_\_\_\_\_

**Section I – Contractor to fill in this section only**

Requestor must complete this section prior to submitting form to Work Management (103 Bryan Bldg.). Form must be submitted at least 10 days prior to date the outage is required. (Please type or print information).

Person requesting outage: \_\_\_\_\_ Representing: \_\_\_\_\_

Purpose of outage: \_\_\_\_\_

Type of utility service(s) involved: \_\_\_\_\_

Emergency: Yes \_\_\_\_\_ No \_\_\_\_\_

Date Required: \_\_\_\_\_ Does this date provide 10 days notice? Yes \_\_\_\_\_ No \_\_\_\_\_

Outage start time: \_\_\_\_\_ Duration of outage: \_\_\_\_\_

Facility/Building(s) involved: \_\_\_\_\_

Customers/Departments affected (attach list if necessary): \_\_\_\_\_

Signature of Requestor: \_\_\_\_\_ Date: \_\_\_\_\_

**Section II**

Permit(s) required: Yes \_\_\_\_\_ No \_\_\_\_\_ Type of permit(s) \_\_\_\_\_

Special instructions: \_\_\_\_\_

Stand-by utilities required: Yes \_\_\_\_\_ No \_\_\_\_\_ If Yes, equipment needed: \_\_\_\_\_

Clearance required: Yes \_\_\_\_\_ No \_\_\_\_\_

If Yes, who will hold clearance: \_\_\_\_\_ Clearance # \_\_\_\_\_

Problems with completion (if any): \_\_\_\_\_

Shop Foreman approval: \_\_\_\_\_ Date: \_\_\_\_\_

Superintendent of Utilities approval: \_\_\_\_\_ Date: \_\_\_\_\_

Plant Engineer-Plant Operations approval: \_\_\_\_\_ Date: \_\_\_\_\_

**Section III**

All affected customers contacted at least seven days prior to outage date(s): \_\_\_\_\_

Signature of person who made contact: \_\_\_\_\_

Outage schedule confirmed: Yes \_\_\_\_\_ No \_\_\_\_\_ (If no, contact Requestor)

Distribution:     Mark Petty                     Requestor  
                         Roger Bess                     Work Management File

# PERMIT FOR CUTTING AND WELDING WITH PORTABLE GAS OR ARC EQUIPMENT

**Instructions to Contractor:**


1. Each day, before conducting cutting or welding, the individual performing the work or immediate supervisor shall inspect the work site and comply with all provisions of this form.
2. Place check marks in each block to indicate completion of inspection of the corresponding item.
3. Initial bottom of form on each day where indicated to indicate completion of required inspections for that day.
4. Post this completed form at the hot work location.
5. Sign and return this form to Vanderbilt University when expired.

The following 3 rows to be filled out by Vanderbilt University:

	MON	TUES	WED	THURS	FRI	SAT	SUN
Description of Work:							
Location of Work/Building Name:							
Room Number:							
<b>PRECAUTIONS</b>							
Sprinklers in service / Fire Alarm System Deactivation Form submitted to Plant Operations							
Cutting and welding equipment in good repair							
Fire extinguishers and fire-resistive tarpaulins in place at welding site							
Other precautions:							
<b>WITHIN 35 FT. OF WORK</b>							
Floors swept clean of combustibles							
Combustible floors wet down, covered with damp sand, metal or other shields							
No combustible material or flammable liquids							
Combustible and flammable liquids protected with covers, guards or metal shields							
All wall and floor openings covered							
Fire-resistive tarpaulins suspended beneath work to collect sparks							
<b>WORK ON WALLS OR CEILINGS</b>							
Construction noncombustible and without combustible covering							
Combustibles moved away from opposite side of wall							
<b>WORK ON ENCLOSED EQUIPMENT IN CONFINED SPACES</b>							
Equipment cleaned of all combustibles							
Containers purged of flammable vapors							
Atmospheric test results							
<b>FIRE WATCH</b>							
To be provided during & 30 minutes after operation							
Supplied with a (minimum of ABC 10 pound) fire extinguisher							
Trained in use of equipment and sounding fire alarm							
<b>FINAL CHECK-UP</b>							
Final check up to be done each day, 60 minutes after the completion of any operation							
Contractor Supervisor's Initials:							

Issued By:		Contractor Name:	
(Vanderbilt Representative: Campus Planning and Construction or Plant Operations)		Phone No.:	
Issue Date:	Expiration Date:	Signed:	Print Name:
(Contractor Supervisor responsible for work)			

# Sprinkler System Red Tag Permit

RED TAG PERMIT	
CONTROL NUMBER <b>0091263</b>	INDEX NUMBER
<b>PRECAUTIONS TAKEN (CHECK AS APPROPRIATE)</b>	
<input type="checkbox"/> Emergency Organization Notified <input type="checkbox"/> Public Fire Department Notified <input type="checkbox"/> Hazardous Operations Stopped <input type="checkbox"/> Hot Work Prohibited <input type="checkbox"/> Smoking Restricted <input type="checkbox"/> Other _____	<input type="checkbox"/> Continuous Work Authorized <input type="checkbox"/> Ongoing Patrol of Area <input type="checkbox"/> Hydrant Connected to Sprinkler Riser <input type="checkbox"/> Pipe Plugs on Hand <input type="checkbox"/> Fire Hose Laid Out
INSURED NAME	
INSURED LOCATION (City, State/Province)	
INSURED PHONE NO.	INSURED FAX NO.
CHECK IF <input type="checkbox"/> SPRINKLER <input type="checkbox"/> FIRE PUMP <input type="checkbox"/> CO <sub>2</sub> <input type="checkbox"/> HALON <input type="checkbox"/> OTHER	SPRINKLER VALVE LOCATION/NUMBER  AREA PROTECTED
REASON FOR IMPAIRMENT	
PLANNED DATE/TIME TO BE CLOSED	[REDACTED]
PLANNED DATE/TIME TO BE OPEN	
NAME/TITLE OF RESPONSIBLE PERSON (PRINT)	
AUTHORIZED BY (PRINT NAME)	FIRE PROTECTION EQUIPMENT OPERATOR (PRINT NAME)
<b>PART 1 INSTRUCTIONS</b> Firesafety Supervisor: Fill out using ball-point pen, sign and issue permit as follows:  Phone Part 1 information or fax this part to the FM Global number listed on the Red Tag Permit Wall Kit.  Place Part 2 in center pocket of Wall Kit as visual reminder of impairment. Issue Part 3 (Red Tag) to Fire Protection Equipment Operator to attach to impaired equipment.	
	<b>RED TAG PERMIT</b>
<small>F2480 (10-01) ENG PRINTED IN USA            ©2001 Factory Mutual Insurance Company. All Rights Reserved.</small>	

Front of Form



Back of Form

LETTER OF CREDIT

VANDERBILT  UNIVERSITY

Office of Financial Affairs

January 4, 2010

To Whom It May Concern:

In reference to your inquiry regarding Vanderbilt University's credit standing, relevant information regarding the University is listed in Dun & Bradstreet's special listing. You can locate Dun & Bradstreet information for the University under #00-441-3456.

With an annual operating budget in excess of \$3 billion, the University, which includes a nationally prominent medical center, comprises over 30,000 faculty, students, and staff supporting scholarly research, teaching, health care, and public service. In accomplishing these varying missions, we deal nationally and internationally with financial institutions and manufacturing concerns.

If needed, a credit inquiry of Vanderbilt University can be made to The Bank of New York Mellon at which the University has its master account. You can submit a credit inquiry request to The Bank of New York Mellon via fax at (732) 667-4620, via email to [credit\\_inquiry@bankofny.com](mailto:credit_inquiry@bankofny.com) or online at [www.bnymellon.com/credit/](http://www.bnymellon.com/credit/).

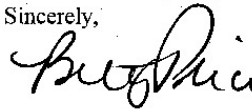
Several credit references are available below:

- (1) Interior Design Services, Inc., 209 Powell Place, Brentwood, TN 37027  
(615) 376-1240.
- (2) Cardinal Health Medical Products, Credit Underwriting, Fax (614) 652-8072
- (3) Owens & Minor, Attention: Chris Ladd or Judy Reynolds, Fax (865) 588-0705
- (4) Nashville Marriott, 2555 West End Ave., Nashville, TN 37203. Contact: Louella Akers  
615-340-5126.
- (5) Guy Brown Office Products, 9003 Overlook Boulevard, Brentwood, TN 37027,  
(615) 777-1500. Contact: David Carter 615-364-4070.
- (6) Loew's Vanderbilt Plaza Hotel, 2100 West End Avenue, Nashville, TN 37203.  
Contact: Susan Beard 615-321-1952.

All invoices should reflect a correct purchase order number and be mailed directly to our Disbursement Services, VU Station B #351810, Nashville, TN 37235-1810.

If the extension of credit by your company requires a financial report, you can find it online at [www.vanderbilt.edu/divadm/finrpt.html](http://www.vanderbilt.edu/divadm/finrpt.html).

Sincerely,



Betty Price  
Deputy Vice Chancellor for Finance and Controller

BP:ap

VU Station B #356310  
2301 Vanderbilt Place  
Nashville, Tennessee 37235-6310

tel 615.343.6601  
fax 615.343.0530

**PART 2 – PRODUCTS**

Not Applicable

**PART 3 – EXECUTION**

Not Applicable

END OF SECTION