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_____________________________________________

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<tr>
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<th>Description</th>
<th>Amount</th>
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<td>2</td>
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<td>Invoices (Concrete)</td>
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<td>Invoices (Metals)</td>
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<td>Invoices (Wood, Plastics, and Composites)</td>
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<td>Invoices (Electronic Safety &amp; Security)</td>
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<td>Invoices (Utilities)</td>
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<td>Fee @_____%</td>
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Diversity Subcontractor Pay Application Summary Form

For projects over $3,000,000,000 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: 

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

% 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):
## 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 work location.
5. Sign and return this form to Vanderbilt University when expired.

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

<table>
<thead>
<tr>
<th>Description of Work:</th>
<th>Date of Work:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Location of Work/Building Name:</td>
<td>Time Started:</td>
</tr>
<tr>
<td>Room Number:</td>
<td>Time Completed:</td>
</tr>
</tbody>
</table>

PRECAUTIONS

Sprinklers in service / Fire Alarm System Deactivation Form submitted to Plant Operations
Cutting and welding equipment in good repair
Fire extinguishers and fire-resistant tarps in place at welding site
Other precautions:

WITHIN 30 FT. OF WORK
Floors swept clean of combustibles
Combustibles stored wet down, covered with damp sand, metal or other shields
No combustible material or flammable liquids
Combustibles and flammable liquids protected with covers, guards or metal shields
All wall and floor openings covered
Fire-resistant tarps in place beneath work to collect sparks

WORK ON WALLS OR CEILINGS
Construction noncombustible and without combustible covering
Combustibles moved away from opposite side of wall

WORK ON ENCLOSED EQUIPMENT IN CONFINED SPACES
Equipment cleaned of all combustibles
Containers purged of flammable vapors
Atmospheric test results

FIRE WATCH
To be provided during and 30 minutes after operation
Supplied with a (minimum of ABC 10 pound) fire extinguisher
Trained in use of equipment and sounding fire alarm

FINAL CHECK-UP
Final check up to be done each day, 60 minutes after the completion of any operation

Contractor Supervisor’s Initials:

<table>
<thead>
<tr>
<th>Contractor Name:</th>
<th>Phone No.:</th>
</tr>
</thead>
</table>

Issued By: (Vanderbilt Representative: Campus Planning and Construction or Plant Operations)

Issue Date: Expiration Date: Signed: (Contractor Supervisor responsible for work)

Print Name: ____________________________
Sprinkler System Red Tag Permit

FRONT OF FORM

REDD TAG PERMIT

CONTROL NUMBER

0091263

INDEX NUMBER

PRECAUTIONS TAKEN (CHECK AS APPROPRIATE)

☐ Emergency Organization Notified
☐ Public Fire Department Notified
☐ Hazardous Operations Stopped
☐ No Work Permitted
☐ Smoking Restricted
☐ Other:

INSURED NAME

INSURED LOCATION (City, State/Province)

INSURED PHONE NO.

INSURED FAX NO.

CHECK # 

☐ SPRINKLER
☐ FIRE PUMP
☐ CO2
☐ HALON
☐ OTHER

SPRINKLER VALVE LOCATION/NUMBER

AREA PROTECTED

REASON FOR IMPAIRMENT

PLANNED DATE/TIME TO BE CLOSED

PLANNED DATE/TIME TO BE OPEN

NAME/TITLE OF RESPONSIBLE PERSON (PRINT)

AUTHORIZED BY (PRINT NAME)

FIRE PROTECTION EQUIPMENT OPERATOR (PRINT NAME)

PART 1 INSTRUCTIONS

Fire safety 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.

FM Global

RED TAG PERMIT

Part 1 of 3

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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 or online at 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/finadm/fnrpt.html.

Sincerely,

Betty Price
Deputy Vice Chancellor for Finance and Controller

BP:ap

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PART 2 – PRODUCTS

Not Applicable

PART 3 – EXECUTION

Not Applicable

END OF SECTION