



## Commission Agenda Item

**MEETING DATE:** July 22, 2013

**SUBJECT:** Wood Utility Pole Inspection

**AGENDA SECTION:** Consent Agenda

**DEPARTMENT:** Public Services

**PREPARED BY:** Mike New, PE

**RECOMMENDED ACTION:** Authorize the City Manager to issue a purchase order to Osmose Utility Services, Inc. for \$12,500 for wood utility pole inspection services.

### Summary

The City of Alachua's electric distribution system maintains an inventory of approximately 2,800 wood utility poles. In accordance to Florida Public Service Commission (FPSC) requirements, the electric system established an eight (8) year cycle for wood pole inspection. The inspection program surveys 350 poles per year. Wood pole inspections are critical to the integrity of the wood utility pole.

Osmose Utility Services, Inc. provides inspection services for wood utility poles. The inspection services includes above and below ground visual inspection, pole sounding, and pole treatment. Osmose provides a detail report of the condition of all poles surveyed, including recommendation for pole replacement and pole reinforcement (C-trussing).

The City of Tallahassee solicited quotations under Bid No.: 0018-13-RM-FT; and has selected Osmose Utility Services, Inc. as the low, responsive bidder to provide wood pole inspections services. Osmose consents to the City of Alachua to "piggyback" its contract with the City of Tallahassee.

The FY 2012-13 Electric System Budget identifies this project and has sufficient funds available to complete this inspection services.

**ATTACHMENTS:** Proposal from Osmose Utility Services, Inc. for wood pole inspection; unit prices are the same as those proposed to the City of Tallahassee, Bid No.: 0018-13-RM-FT under Purchase Order No.: COTLH-0001043443.

**REVIEWED BY CITY MANAGER:**



June 28, 2013

Mr. Roland E. Davis  
Engineer-Public Services  
CITY OF ALACHUA  
P.O. Box 9  
Alachua, FL 32616-0009

**RE: POLE INSPECTION, TREATMENT & REINFORCING PROPOSAL – 2013  
CITY OF TALLAHASSEE PURCHASE ORDER NUMBER COTLH-0001043443  
BID NUMBER 0018-13-RM-FT**

Dear Mr. Davis:

At the request of our Director-Sales, Ms. Kris Angiulli, we are submitting the following unit prices approved by City of Tallahassee on January 2, 2013. This pertains to the inspection, treatment and reinforcing of distribution poles in 2013.

We will perform the work in accordance with the City of Tallahassee's Purchase Order Number COTLH-0001043443 and Bid Number 0018-13-RM-FT.

Osmose hereby gives its consent to City of Alachua to piggyback on the City of Tallahassee Bid Number 0018-13-RM-FT.

An insurance certificate covering Osmose for this work is attached for your convenience.

If you need further assistance or have any questions concerning this proposal, please do not hesitate to contact Kris at (813) 310-7653.

We look forward to working with you on this important project. If these unit prices are acceptable, please issue a Purchase Order referencing this proposal so we can schedule crews to begin this project.

Sincerely,

A handwritten signature in blue ink, appearing to read "Michael W. Groves, Jr.", written in a cursive style.

Michael W. Groves, Jr.  
Vice President-Contracts

Attachment

MWG/km

C: File

## **Osmose Utilities Services, Inc.**

### **SCHEDULE 1**

**6/28/2013**

**(Approximately 350 Distribution Poles)**

<b>UNIT DESCRIPTION</b>	<b>PRICE</b>
EXTERNAL TREAT	\$ 27.30
EXCAVATED REJECT	\$ 25.74
TREATED REJECT	\$ 28.81
VISUAL REPORT	\$ 5.52
SOUND AND BORE	\$ 6.87
DATA DELIVERY/HOSTING	\$ 0.60
MITC-FUME® PER TUBE	\$ 6.72
INTERNAL TREAT	\$ 10.28
INSTALL CUSTOMER GUY MARKER	\$ 4.67
GROUNDWIRE REPAIR	\$ 10.64
INSTALL POLE TAG	\$ 0.26
PRIVATE PROPERTY	\$ 4.31
RISERS	\$ 4.14
GPS READING	\$ 2.54
DIGITAL IMAGE	\$ 4.25
POLE LOADING ASSESSMENT	\$ 8.83

# Osмосе Utilities Services, Inc.

## SCHEDULE 3

6/28/2013

(Reinforcing 5 Poles)

UNIT DESCRIPTION	PRICE
35,000 FT/LBS.	\$ 389.22
49,000 FT/LBS.	\$ 432.84
56,000 FT/LBS.	\$ 440.57
71,000 FT/LBS.	\$ 497.67
90,000 FT/LBS.	\$ 534.36
111,000 FT/LBS.	\$ 572.11
128,000 FT/LBS.	\$ 594.68
152,000 FT/LBS.	\$ 627.10
169,000 FT/LBS.	\$ 683.02
191,000 FT/LBS.	\$ 734.13
210,000 FT/LBS.	\$ 751.18
RE-DRIVE SINGLE TRUSS	\$ 261.86



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
6/18/2013

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

**IMPORTANT:** If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER First Niagara Risk Management, Inc 726 Exchange Street Suite 900  Buffalo NY 14210	CONTACT NAME: Christie Geiger	
	PHONE (A/C, No. Ext): (716) 819-5500 FAX (A/C, No.): (716) 819-5140 E-MAIL ADDRESS: Christie.Geiger@fnrm.com	
INSURED Osmose Utilities Services Inc 980 Ellicott Street  Buffalo NY 14209	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A: Hartford Fire Insurance Company	19682
	INSURER B: Nat'l Union Fire Ins Co of PA	19445
	INSURER C: Travelers Prop Cas Co of Am	25674
	INSURER D:	
	INSURER E:	
	INSURER F:	

**COVERAGES** CERTIFICATE NUMBER: 13-14 OUS REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<b>GENERAL LIABILITY</b>						EACH OCCURRENCE \$ 1,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 500,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR	X	X	01 UEN OH 2007	7/1/2013	7/1/2014	MED EXP (Any one person) \$ 10,000
	<input checked="" type="checkbox"/> Contractual Liability						PERSONAL & ADV INJURY \$ 1,000,000
	<input checked="" type="checkbox"/> XCU included						GENERAL AGGREGATE \$ 2,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input checked="" type="checkbox"/> LOC						PRODUCTS - COMP/OP AGG \$ 2,000,000
A	<b>AUTOMOBILE LIABILITY</b>						COMBINED SINGLE LIMIT (Ea accident) \$ 3,000,000
	<input checked="" type="checkbox"/> ANY AUTO						BODILY INJURY (Per person) \$
	<input type="checkbox"/> ALL OWNED AUTOS						BODILY INJURY (Per accident) \$
	<input checked="" type="checkbox"/> HIRED AUTOS						PROPERTY DAMAGE (Per accident) \$
	<input type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS	X	X	01 UEN OH2008	7/1/2013	7/1/2014	\$
B	<input checked="" type="checkbox"/> UMBRELLA LIAB						EACH OCCURRENCE \$ 25,000,000
	<input type="checkbox"/> EXCESS LIAB						AGGREGATE \$ 25,000,000
	<input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ 10,000			BE 018085665	7/1/2013	7/1/2014	\$
A	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b>						<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTH-ER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)						E.L. EACH ACCIDENT \$ 1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE \$ 1,000,000
							E.L. DISEASE - POLICY LIMIT \$ 1,000,000
C	<b>Leased/Rented Equipment</b>			QT6603420P452TIL12	7/1/2013	7/1/2014	Limit 1,400,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)  
Certificate holder is an additional insured as required by written contract regarding work performed by the insured for the certificate holder.

<b>CERTIFICATE HOLDER</b>  City of Alachua PO Box 9 Alachua, FL 32616-0009	<b>CANCELLATION</b>  SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
	AUTHORIZED REPRESENTATIVE  Bruce Rogers/CGEIGE 