VENDOR

PAGE NO. 1

amaxwelding@bellsouth.net 18605 FAX: 352-796 AMAX WELDING & FABRICATION PO BOX 1871 BROOKSVILLE FL 34605

(RENEWAL & REPLAC) 15400 WISCON ROAD BROOKSVILLE FL 34601

ORDER DATE: 02/21/23	1/23 BUYER: FHALLET REQ. NO.: 0			REQ. DATE:			
TERMS: NET 30 DAYS	F.O.B.: FOB DESTINATION	DESC.:	EPO	AERATI	ON	EQUIP	REPAIR
TEM# QUANTITY UON	DESCRIPTION		U	NIT PRICE		EXT	ENSION
01 22000.00 ЈОВ	This Emergency Purchase is in accord County Purchasing Policy 060F. The amount reflected is only a County experience Contractor/Vendor shall provide find County Project Manager detailing the involve for final invoicing amount. Will process a Change Order to the revising the amount of the emergency and payment by Accounts Payable. Conditions are identified this purchance Conditions are identified this purchase County Contact Person is: Landi Number: (352) 754-4820  The Contractor Contact is: amaxweld Phone Number: (352) 544-8484  EPO REPAIR AERATION EQUIPMENT THAT FAILED AT RIDGE MANOR WWTP. CRANE SERVICES AND FABRICATION REQUIRED TABLE REPAIR.	e esti estima al ir le act The Purch ey for bunty hase s Leg	mate ate. avoid cual e Der ase pro Term orde	ed doll The ce to t costs partmen Order ocessin ms and er. Phone	he t g		2,000.0

ITEM#	ACCOUNT	AMOUNT	PROJECT CODE	PAGE TOTAL \$	22,000.00
01	07201 5304617	22,000.00		TOTAL \$	22,000.00
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**0==	TEDMS AND CONDITIONS ON DEV	/EDGE SIDE** A	DDDU/ED BV	1011	

#### HERNANDO COUNTY PURCHASE ORDER TERMS AND CONDITIONS

#### **GENERAL**

The condition of this order <u>may not</u> be changed by Vendor/Contractor. If order is not acceptable, return to Hernando County Purchasing and Contracts Department. Failure of a Vendor/Contractor to deliver according to this purchase order awarded to him or to comply with any of the terms and conditions therein may disqualify him from receiving future orders.

#### **QUALITY**

All material or services furnished on this order must be as specified and subject to County inspection and approval within a reasonable time after delivery at destination. Variations in materials or services from those specified in this order must not be made without written authority from the Chief Procurement Officer. Materials rejected will be returned at the Vendor/Contractor's risk and expense.

#### QUANTITY/PRICE

The quantity of materials ordered or the prices specified must not be exceeded without written authority being first obtained from the Chief Procurement Officer.

#### INDEMNITY AND INSURANCE

The Vendor/Contractor agrees to indemnify and hold harmless Hernando County, including its officers, agents and employees, from all claims, damages, losses and expenses, including reasonable attorneys' fees, and costs brought or incurred on account of injuries or damages sustained by any party due to the operations of the Vendor/Contractor under this contract. The Vendor/Contractor further agrees to provide workers' compensation for all employees, and to maintain such general and auto liability insurance as is deemed necessary by the County for the particular circumstances and operations of the Vendor/Contractor. The Vendor/Contractor further agrees to provide the County with Certificates of Insurance, indicating the amount of coverage in force, upon request.

## **PACKING**

Packages must be plainly marked with shipper's name and purchase order number; charges are not allowed for boxing or crating unless previously agreed upon in writing.

## **DELIVERY**

All materials must be shipped F. O. B. destination. The County will pay no freight or express charges, except by previous agreement. If specific purchase is negotiated on the basis of F.O.B. shipping point, VENDOR/CONTRACTOR ARE TO PREPAY SHIPPING CHARGES AND ADD TO INVOICE. Delivery must actually be affected within the time stated on purchase made between 8:00 AM and 5:00 PM Monday to Friday inclusive unless otherwise stated. In case of default by the Vendor/Contractor, Hernando County may procure the articles or services covered by this order from other sources and hold the Vendor/Contractor responsible for any excess occasioned thereby.

#### **PAYMENT**

Partial billing will be accepted only for items received within the specified delivery period. Payments for items delivered after this specified delivery period will be made after the entire order is completed and accepted by Hernando County. Payment shall be made in accordance with Florida Statute 218, Florida Prompt Payment Act. Payment for accepted equipment/supplies/services will be accomplished by submission of an invoice, in duplicate; to the Ship To Address on the front of the purchase order unless otherwise indicated.

#### **MATERIAL SAFETY DATA SHEET**

The Vendor/Contractor agrees to furnish Hernando County with a current Material Safety Data Sheet (MSDS) on or before delivery of each and every hazardous chemical or substance purchased which is classified as toxic under Florida Statute 442. Appropriate labels and MSDSs shall be provided for all shipments. Send MSDSs and other pertinent data to: Hernando County Purchasing and Contracts Department, 20 North Main Street, Room 365, Brooksville, FL 34601-2828.

## **OSHA REQUIREMENT**

The Vendor/Contractor or contractor hereby guarantees Hernando County that all materials, supplies and equipment as listed on the purchase order meet the requirements, specifications and standards as provided for under the Federal Occupations Safety and Health Administration Act of 1970, as from time to time amended and in force at the date thereof.

# **LEGALLY AUTHORIZED WORKFORCE**

VENDOR/CONTRACTOR represents and warrants that VENDOR/CONTRACTOR is in compliance with all applicable federal, state and local laws, including, but not limited to, the laws related to the requirement of an employer to verify an employee's eligibility to work in the United States. VENDOR/CONTRACTOR is encouraged (but not required) to incorporate the IMAGE best practices into its business and, when practicable, incorporate verification requirements into its agreements with subcontractors. The IMAGE Best Practices can be found on the COUNTY'S website at <a href="https://www.hernandocounty.us/pur/">www.hernandocounty.us/pur/</a>.

# **INSURANCE**

Unless otherwise specified, the Contractor shall, at its sole expense, maintain in effect at all times during the performance of the services insurance coverage with limits not less than those set forth below (unless limits have been lowered) and with insurers and under forms of policies satisfactory to COUNTY.

Minimum Amounto and Limita

Coverage	Minimum Amounts and Limits
(a) Worker's Compensation	Statutory requirements at location of work
Employer's Liability	\$ 100,000 each accident
	\$ 100,000 by employee
	\$ 500,000 policy limit
(b) Commercial General Liability	\$ 2,000,000 General Aggregate
(Additional Insured & Wavier	\$ 2,000,000 Products-Comp. Ops Agg.
Of Subrogation)	\$ 1,000,000 Each Occurrence
- ,	\$ 5,000 Medical Expense
(c) Automobile Liability	\$ 1,000,000 Combined Single Limit (owned, hired and non-owned)
Option of Split Limits:	
(1.) Bodily Injury	\$ 1,000,000 Per Person or \$1,000,000 Per Accident

# HERNANDO COUNTY NOTICE OF EMERGENCY PURCHASE

Instructions: Departments may make emergency purchases, but are required to complete this form. If the emergency occurs after normal duty hours, the emergency form and requisition <a href="shall">shall</a> be submitted to the Chief Procurement Officer the next business day.

# **Definitions:**

Created: 7/01/12

*Emergency*: Any occurrence, or threat thereof, whether accidental, natural, or caused by man, in war or peace, which results or may result in substantial injury or harm to the population or substantial damage to or loss of property (section 252.34(3), Florida Statutes).

County Ordinance and Purchasing Policy and Procedures 060D:

*Emergency*. Any occurrence or set of circumstances involving actual or imminent physical trauma or property damage which demands immediate action.

*Emergency* work. Any work performed for the purpose of preventing or alleviating the physical trauma or property damage threatened or caused by an emergency.

*Emergency purchase* means a procurement of goods and/or services made in response to a requirement when the delay incident to complying with all governing rules, regulations, and/or procedures would be detrimental to the health, safety and welfare of the county and/or its citizens.

detrimental to the health, safety and welfare of the county and/or its citizens.					
Vendor Name: Amax Welding & Fabrication, Inc.					
Address: 13451 Irving St, Brooksville, FL 34609					
elephone No: (352) 544-8484					
Email: amaxwelding@amaxwelding.com					
DATE OF DECLARED EMERGENCY : $\frac{02}{\text{Mo.}}$ $\frac{21}{\text{Day}}$ $\frac{2023}{\text{Year}}$ ESTIMATED COST: \$22,000					
ACCOUNTING/FUND CITE: 07201-5304617  BRIEF DESCRIPTION OF THE EMERGENCY:					
One section of the acration equipment has failed at the ridge Manne					
One section of the acration equipment has failed at the Ridge Manor WWTP and requires immediate repair. The equipment requires crane services and fabrication to repair					
and fabrication to repair					
EMERGENCY PURCHASE JUSTIFICATION (Please check below all that applies to this purchase and attach					
supporting documentation).					
<ol> <li>An immediate danger to the public (check all that applies :) ✓ health, ✓ safety, ✓ welfare, or other</li> </ol>					
substantial loss to Hernando County, requires emergency action.					
2. Describe the circumstances giving rise to the emergency action (additional documentation may be attached					
2. Describe the circumstances giving rise to the emergency action (additional documentation may be attached to this request if necessary):  The acration equipment has Sailed requiring immediate to this request if necessary):					
3. Describe the efforts to obtain pricing information from at least three vendors, or describe the increased					
immediate danger that would result from such efforts (additional documentation may be attached to this					
request if necessary): Partially treated washewater is hazardous to public health and Substantial fines could result by Jelayed repairs.  We recommend that competitive procurement be waived and that the service or material on the attached requisition					
be purchased as a sole source commodity. I certify that the information contained in this justification is accurate					
and complete. Employee Requesting: heye Date: 02/21/23					
(\$ignature)					
Department Director/Manager:Date:Date:					
Place this document in the emergency file and attach a copy to the Purchase Order/Credit Card					

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