

**CITY OF CORPUS CHRISTI
CONTRACTS AND PROCUREMENT
DEPARTMENT**



**REQUEST FOR PROPOSAL
("RFP")**

**Records Management System
for Corpus Christi Fire
Department**

RFP No. 2325

Release Date: July 14, 2019

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Section 1 – Notice of Request for Proposals

Date Issued: July 14, 2019

1.1. Request for Proposal

The City of Corpus Christi ("City") hereby issues this request for proposal ("RFP"). The City is seeking proposals from firms interested and qualified to provide a Records Management System for the Corpus Christi Fire Department. The City intends to enter into a Service Agreement (also referred to herein as "Contract" or "Agreement") for these services.

1.2. Term

The term of this contract will be for five years.

1.3. Schedule

The following is the schedule for this procurement:

| Date/Time | Activity |
|------------------------------|---|
| July 14, 2019 | Request for Proposal issued |
| July 24, 2019 10:00am | Pre-Proposal Conference |
| July 29, 2019 5:00pm | Requests for Clarification from Proposers are due |
| August 2, 2019 | Responses to Requests for Clarification will be posted via Addendum in the City's Supplier Portal |
| August 9, 2019 2:00pm | PROPOSALS DUE |
| Week of August 19, 2019 | Finalists interviewed (tentative) |
| September 2019 | Recommendation/selection (tentative) |
| September 2019 | Projected Date Award of Contract |
| October 2019 | Anticipated Notice to Proceed |

1.4. Procurement Officer and Delivery Address:

Minerva Alvarado

City of Corpus Christi – Contracts and Procurement Department

1201 Leopard St., 1st Floor

Corpus Christi, Texas 78401

Phone: (361) 826-3163

MinervaA@cctexas.com

Section 2 - Instructions to Proposers

2.1. Pre-Proposal Conference:

A Pre-Proposal Conference will be held as follows:

Date: July 24, 2019
Time: 10:00 am
Locations: IT Conference Room
1201 Leopard St. 4th Floor
Corpus Christi, Texas 78401

All proposers are highly encouraged to attend this conference to learn more about the business requirements of this solicitation. We will be reviewing all business requirements at this conference.

2.2. Proposer's Minimum Requirements:

- A. The Proposer must have operated continuously for a minimum of five years as an established firm in providing Record Management System. Contractor must submit the following with its proposal: documentation demonstrating the required experience as outline above.
- B. The Proposer must not have any outstanding lawsuits nor has the Proposer been involved in any lawsuits during the last five years that may materially affect its ability to provide the services described herein. In addition, the Proposer must not be currently involved in litigation with the City nor has the Proposer been involved in litigation with the City during the last five years. Provide information on any lawsuits that would materially affect your ability to provide the work with your proposal.
- C. The Proposer must not have any outstanding regulatory issues nor has the Proposer had any regulatory issues during the last five years that may materially affect its ability to provide the services described herein. Provide information on any outstanding regulatory issues that would materially affect your ability to provide the work with your proposal.
- D. The Proposer's must provide references on the two-page "REFERENCES" form provided in the proposal. The Proposer must provide three current client references and three former client references (or as many current and former client references as Proposer has available) for which the same services have been provided. This information will be used to determine the extent to which

size of the City of Corpus Christi, as well as the level of customer service exhibited by the Proposer.

2.3. Submission of Proposal:

- A. **PROPOSER SHALL SUBMIT ITS PROPOSAL, AS INSTRUCTED HEREIN.** All proposals must be complete and accurate and in the City-approved format specified herein.
- B. The City's Charter and the City's Procurement Policy require that all proposals submitted be sealed, secret, unopened through the DUE DATE FOR PROPOSALS specified in this RFP. **Therefore, proposals submitted directly to the City by facsimile machine or e-mail will be considered non-responsive and will be eliminated from consideration.**
- C. Proposals will be received, before the date and time specified in this RFP. Without exception, proposals received on or after this deadline are late, shall be deemed non-responsive and shall not be considered.
- D. Proposers shall comply with the additional detailed instructions regarding submission of proposals found in this RFP.

Section 3 - Conditions Governing the Procurement

3.1. RFP Procedural and Content Questions

- A. Any Proposer requiring further clarification of the RFP procedures should submit specific requests for clarification to the Procurement Officer as described in this RFP.
- B. During a review of this RFP and preparation of the proposal, certain errors, omissions or ambiguities may be discovered. If so, or if there are doubts or concerns about the meaning of any part of this RFP, questions should be submitted to the Procurement Officer as described in this RFP.
- C. All inquiries or requests regarding this RFP must be submitted to the Procurement Officer, or designee as specified in writing, and online, via the City's Supplier Portal:

<http://www.cctexas.com/business/supplierportal>

Use the electronic question submission feature specific to this RFP for Requests for Clarifications and questions. Such inquiries or requests must be submitted by the due date and time provided in this RFP. Other employees do not have the authority to respond for the City in writing and any attempt to question other employees regarding this RFP may result in the City disqualifying that Proposer. Only written responses from the Procurement Officer or designee will be binding with regard to inquiries requesting clarification or additional information. The Procurement Officer's written responses will be released simultaneously to all prospective Proposers.

- D. Addenda will be issued to address any submitted Request for Clarification and questions and answers along with any changes to the documents as a result of these clarifications.

3.2. Basis for Proposal

Only the information contained in this RFP, questions and answers, addenda hereto and information supplied by the City in writing through the Procurement Officer should be used in the preparation of the Proposer's proposal.

3.3. Proposal Terms and Conditions

With its proposal, the Proposer is committing to the terms and conditions proposed for inclusion in the final Agreement. Any concerns over the terms and

conditions must be resolved during the proposal stage through the request for clarification question and answer process.

3.4. Disclosure of Proposal Contents

Proposals will be handled in a manner that avoids disclosure of the contents to competing Proposers and keeps the proposals secret during evaluation. All proposals are open for public inspection after the contract(s) are awarded; however, trade secrets and confidential information in the proposals are not open for public inspection. **It is specifically provided, however, that each Proposer must identify any information contained in its proposal which it asserts is either a trade secret or confidential information.** Such material must be conspicuously identified by marking each page containing such information as “confidential” or “proprietary”. **If such material is not conspicuously identified, then by submitting its proposal, a Proposer agrees that such material is considered public information.**

3.5. Late Proposals

Without exception, proposals must be submitted before the DUE DATE FOR PROPOSALS. Proposals received on or after the time and date specified in this RFP are late and shall not be considered.

3.6. Signing of Proposals

By submitting and signing a proposal, the Proposer indicates its intention to adhere to the provisions described in this RFP. **Proposals signed for a partnership** shall be signed in the Proposer’s name by at least one general partner or designee. **Proposals signed for a corporation** shall have the correct corporate name thereon and shall bear the president’s, vice president’s, or designee’s original signature with the name and title written below the corporate name. Any other signature must be accompanied by a resolution of the board of directors authorizing such signature to contract in the corporation’s name. The title of the office held by the person signing for the corporation shall appear below the signature of the officer.

3.7. Cost of Proposal

This RFP does not commit the City to pay any costs incurred by a Proposer for preparation and submission of a proposal or for procuring or contracting for the items to be furnished under this RFP. All costs directly or indirectly related to preparing and responding to this RFP, including all costs incurred for supplementary documentation, shall be borne solely by the Proposer.

3.8. Disclosure of Interest

The City of Corpus Christi’s Code of Ordinances, Section 2-349, as amended, requires all persons and Proposers seeking to do business with the City to provide the Disclosure of Interest information on the City-supplied form included herewith. Every question must be answered. If the question is not applicable, answer with

N/A. Proposers are obligated to provide updated information concerning the Disclosure of Interest, as warranted, for the duration of time the proposals are under consideration.

3.9. Business Designation Form

Proposer shall complete, sign and submit the Business Designation Form. The information requested is for statistical reporting purposes only.

3.10. Conflict of Interest Questionnaire

Proposer agrees to comply with Chapter 176 of the Texas Local Government Code which requires a person who enters or seeks to enter into a contract with the City of Corpus Christi to file a Conflict of Interest Questionnaire Form (Form CIQ) with the City of Corpus Christi City Secretary's Office, if the Proposer has certain business and/or family relationships with officers of the City of Corpus Christi or has given any gifts exceeding \$100 in the aggregate to an officer or a family member of an officer. For more information on Form CIQ and to determine if you need to file a Form CIQ, please review the information on the City Secretary's website at:

www.cctexas.com/departments/city-secretary/conflict-disclosure

3.11. Form 1295 "Certificate of Interested Parties"

(Only to be submitted if chosen for award)

Proposer's must comply with Government Code Section 2252.908 and submit Form 1295 "Certificate of Interested Parties" upon notification that Proposer has been recommended for award. Form 1295 requires disclosure of "interested parties" with respect to entities that enter contracts with cities. These interested parties include:

- (1) persons with a "controlling interest" in the entity, which includes:
 - a. an ownership interest or participating interest in a business entity by virtue of units, percentage, shares, stock or otherwise that exceeds 10 percent;
 - b. membership on the board of directors or other governing body of a business entity of which the board or other governing body is composed of not more than 10 members; or
 - c. service as an officer of a business entity that has four or fewer officers, or service as one of the four officers most highly compensated by a business entity that has more than four officers; or
- (2) a person who acts as an intermediary and who actively participates in facilitating a contract or negotiating the contract with a governmental entity or state agency, including a broker, adviser, attorney or representative of or agent for the business entity who has a controlling interest or intermediary for the business entity.

Form 1295 must be electronically filed with the Texas Ethics Commission at https://www.ethics.state.tx.us/whatsnew/elf_info_form1295.htm. The form must then be printed, signed, and filed with the City. For more information, please review the Texas Ethics Commission Rules at <https://www.ethics.state.tx.us/legal/ch46.html>. A Sample Copy of Form 1295 has been provided for reference only.

3.12. Ownership of Proposals

All documents submitted in response to this RFP shall become the property of the City.

3.13. Disqualification or Rejection of Proposals

Proposers may be disqualified for any of the following reasons:

1. There is reason to believe that collusion exists among the Proposers;
2. The Proposer is involved in any litigation against the City;
3. The Proposer is in arrears on an existing contract or has defaulted on previous contracts with the City;
4. The Proposer lacks financial stability;
5. The Proposer has failed to perform under previous or present contracts with the City;
6. The Proposer has failed to use the City's approved forms;
7. The Proposer has failed to adhere to one or more of the provisions established in this RFP;
8. The Proposer has failed to submit its Proposal in the format specified herein;
9. The Proposer has failed to submit its Proposal before the deadline established herein;
10. The Proposer has failed to adhere to generally accepted ethical and professional principles during the proposal process; or,
11. The Proposer has failed to provide a detailed cost summary in the proposal if required.

3.14. Right to Waive Irregularities

Proposals shall be considered "irregular" if they show any omissions, alterations of form, additions or conditions not called for, unauthorized alternate proposals or irregularities of any kind. The Procurement Officer reserves the right to waive minor irregularities and mandatory requirements, provided that all responsive proposals failed to meet the same mandatory requirements and the failure to do so does not otherwise materially affect the procurement. This right may be exercised at the sole discretion of the Procurement Officer.

3.15. Withdrawal of Proposals

Proposals may be withdrawn prior to the exact hour and DUE DATE FOR PROPOSALS.

3.16. **Amending of Proposals**

A Proposer may amend a proposal prior to the exact hour and DUE DATE FOR PROPOSALS.

3.17. **Proposal Offer Firm**

By submission of its proposal, the Proposer affirms that its proposal is firm for one hundred eighty (180) days after the DUE DATE FOR PROPOSALS and if awarded a contract the proposal then remains firm for the duration of the contract.

3.18. **Proposer's Qualifications**

The City may make such investigations as necessary to determine the ability of the Proposer to adhere to the requirements specified herein. The Procurement Officer will reject the proposal of any Proposer who is not a responsible Proposer.

3.19. **Exceptions to RFP Specifications**

Although the specifications in the following sections represent the City's anticipated needs, there may be instances in which it is in the City's best interest to permit exceptions to specifications and evaluate alternatives. It is vital that the Proposer make very clear where exceptions are taken to the specifications and how the Proposer will provide alternatives. ***Therefore, when allowed, exceptions, conditions or qualifications to the provisions of the City's specifications must be clearly identified as such, together with reasons for taking exception, and submitted as a Request for Clarification during the proposal process. If the Proposer does not make clear that an exception is being taken and receive approval to take such exception, the City will assume the Proposer is, in its proposal, responding to and will meet the specifications and requirements of this RFP.***

3.20. **Consideration of Proposals**

Discussions may be conducted with responsible Proposers qualified to be selected for award for the purpose of clarification to assure full understanding of and responsiveness to the solicitation requirements. In discussions, there shall not be disclosure of any information derived from proposals submitted by competing Proposers. Until award of the Contract is made by the City, the City reserves the right to reject any or all proposals, to waive technicalities, to re-advertise for new proposals or to proceed with the work in any manner as may be considered in the best interest of the City. Should the City require clarification from the Proposer, the City shall contact the individual named as the organization's contact person in the City's Supplier Portal. Evaluation of the proposal is the first step in a series of evaluation steps that will be conducted by the Committee. The City may elect to conduct post-submission reference checks, Proposer interviews or best and final offers with any Proposers that are not eliminated based on their proposal.

3.21. Termination of RFP

The City reserves the right to cancel this RFP at any time. The City reserves the right to reject any or all proposals submitted in response to this RFP.

3.22. No Obligation

In no manner does this RFP obligate the City or any of its agencies to the eventual services offered until confirmed by an executed written Contract.

3.23. Recommendation for Award

City staff will recommend to the City Manager that award be made to the Proposer(s) whose proposal is determined by the City to be the most advantageous ("Best Value") to the City.

3.24. Execution of Contract

The City Manager or designee may authorize award of the Contract to the successful Proposer(s) and will designate the successful Proposer(s) ("**Contractor**") as the City's provider(s). The City will require the Contractor(s) to sign the documents necessary to enter into the required Contract with the City and to provide the necessary evidence of insurance as required in the Contract documents. No Contract for this project may be signed by the City without the authorization of the City Manager or designee and no Contract shall be binding on the City unless and until it has been approved as to form by the City Attorney's Office and executed by the City Manager or designee.

3.25. Disputes

In the case of any doubt or difference of opinion with regard to the items to be furnished by a Proposer or the interpretation of the provisions of this RFP, the decisions of the City shall be final and binding upon all parties.

3.26. Right to Publish

Throughout the duration of the procurement process and resulting Contract term, Proposer must secure from the City written approval prior to the release of any information that pertains to the potential work or activities covered by the RFP or the resulting Contract. Failure to adhere to this requirement may result in disqualification of the Proposer's proposal or termination of the Contract.

3.27. Proposer's Ethical Behavior

By submission of its proposal, the Proposer promises that Proposer's officers, employees, and agents will not attempt to lobby or influence a vote or recommendation related to the Proposer's proposal submitted in response to this RFP, directly or indirectly, through any contact with City Council members or other City officials between the date this RFP is released to the public and the date a contract is executed by the City Manager or designee. Such behavior will be cause for rejection of the Proposer's proposal at the discretion of the City

Manager or designee. **Please complete and sign the Ethical Behavior form and return it with your proposal.**

3.28. Quantities

Any quantities that may be described herein are estimates and do not obligate the City to order or accept more than the City's actual requirements during the term of any Contract, nor do the estimates limit the City to ordering less than its actual needs during the term of any Contract, subject to availability of appropriated funds.

3.29. Use of Subcontractors

The Proposer may use subcontractors in connection with the work performed if awarded a contract. When using subcontractors, however, if not listed in the proposal at the time of selection, the Proposer must obtain prior written approval from the **Contract Administrator**. In using subcontractors, the Proposer is responsible for all their acts and omissions to the same extent as if the subcontractor and its employees were employees of the Proposer. All requirements set forth as part of the Contract are applicable to all subcontractors and their employees to the same extent as if the Proposer and its employees had performed the services.

3.30. Protest Procedure

- A. These procurement protest procedures are applicable to procurement of goods or services by the City of Corpus Christi including where federal funds are used in whole or in part. These protest procedures are also made applicable to recipients awarded a grant of federal funds through the City of Corpus Christi who intend to provide such funds to subrecipients pursuant to an approved plan, project or activity. This protest process does not create any due process rights, but is intended to allow bidders/proposers to raise concerns regarding actions taken pertaining to a bid or other form of competitive solicitation.
- B. The City's Contracts and Procurement Management has the authority to settle or resolve any claim of an alleged deficiency or protest. The procedures for notifying the City of Corpus Christi of an alleged deficiency or filing a protest are listed below. If you fail to comply with any of these requirements, the Procurement Officer may dismiss your complaint or protest.
- C. **GROUNDS FOR PROTEST**
Only protests alleging an issue concerning the following subjects will be considered:
 - 1. Violation of local, state or federal regulation.
 - 2. Issues with the solicitation document that creates an unfair advantage or

unleveled playing field.

3. Errors in computing the tabulation or evaluation of a bid or proposal.
4. Discrepancies with material differences or quality of items or services.

D. **PROTEST PROCESS**

1. **Prior to Bid/Proposal Due Date:** If you are a prospective Bidder/Proposer and you become aware of the facts regarding what you believe is a deficiency in the solicitation or solicitation process before the Due Date for receipt of bids/proposals, you must notify the City in writing of the alleged deficiency no later than five days before the Due Date for bids/proposals, giving the City an opportunity to resolve the situation prior to the bid/proposal Due Date.
2. **After Bid/Proposal Due Date:** If you submit a bid/proposal to the City and you believe that there has been a deficiency in the solicitation process or the award, you have the opportunity to protest the solicitation process or the recommended award as follows:
 - a. You must file written notice of your intent to protest within five calendar days of the date that you know or should have known of the facts relating to the protest. If you do not file a written notice of intent within this time, you have waived all rights to protest the solicitation process or the award.
 - b. You must file your written protest within seven calendar days of the date that you notified the City of your intent to protest.
 - c. You must submit your protest in writing and must include the following information:
 - i. your name, address, telephone, and fax number; and
 - ii. the solicitation number; and
 - iii. a detailed statement of the factual grounds for the protest, including copies of any relevant documents; and
 - iv. signature of the protestor and its representative and evidence of authority to sign; and
 - v. the form of relief requested.

- d. Your protest must be concise and presented logically and factually to help with the City's review.
 - e. When the City receives a timely written protest, the Procurement Officer will determine whether the grounds for your protest are sufficient. If the Procurement Officer decides that the grounds are sufficient, the Contracts and Procurement Office will schedule a protest hearing, usually within five (5) working days. If the Procurement Officer determines that your grounds are insufficient, the City will notify you of that decision in writing.
3. **Informal Protest Hearing** - The protest hearing is informal and is not subject to the Open Meetings Act. The purpose of the hearing is to give you a chance to present your case, it is not an adversarial proceeding. Those who may attend from the City are: representatives from the department that requested the purchase, the Legal Department, the Contracts and Procurement Office, and other appropriate City staff. You may bring a representative or anyone else that will present information to support the factual grounds for your protest with you to the hearing.
 4. **Protest Decision** – A written decision will usually be made within 15 calendar days after the hearing. The City will send you a copy of the hearing decision after the appropriate City staff has reviewed the decision.
 5. **Exceptions; Restrictions** – When a protest is filed, the City usually will not make an award until a decision on the protest is made. However, the City will not delay an award if the City Manager or the Procurement Officer determines that:
 - a. the City urgently requires the supplies or services to be purchased, or
 - b. failure to make an award promptly will unduly delay delivery or performance.In those instances, the City will notify you and make every effort to resolve your protest before the award.
 6. **Federal Agency Review** – Every protestor must exhaust all administrative remedies with the City of Corpus Christi as are provided in this Protest Procedure before pursuing a protest to the appropriate federal agency. Reviews of protests by the federal agency are limited to:
 - a. violations of federal law or regulations and the standards set out in the relevant regulations (44 CFR § 13.36.10, 24 CFR § 85.36(b)(12), 24 CFR § 84.41 or as otherwise may be applicable); and

- b. violations of the City's Protest Procedures for failure to review a complaint or protest.

Any protests received by the federal agency other than those specified above will be referred to the City for handling and resolution.

3.31. Insurance Requirements

A. CONTRACTOR'S LIABILITY INSURANCE

1. Contractor must not commence work under this contract until all insurance required has been obtained and such insurance has been approved by the City. Contractor must not allow any subcontractor, to commence work until all similar insurance required of any subcontractor has been obtained.

2. Contractor must furnish to the City's Risk Manager and Contract Administer one (1) copy of Certificates of Insurance with applicable policy endorsements showing the following minimum coverage by an insurance company(s) acceptable to the City's Risk Manager. The City must be listed as an additional insured on the General liability and Auto Liability policies **by endorsement**, and a waiver of subrogation **endorsement** is required on all applicable policies. **Endorsements** must be provided with Certificate of Insurance. Project name and/or number must be listed in Description Box of Certificate of Insurance.

| TYPE OF INSURANCE | MINIMUM INSURANCE COVERAGE |
|--|--|
| 30-day advance written notice of cancellation, non-renewal, material change or termination required on all certificates and policies. | Bodily Injury and Property Damage Per occurrence - aggregate |
| ERRORS & OMISSIONS | \$1,000,000 Per Occurrence \$1,000,000 Aggregate |
| CYBER LIABILITY | \$1,000,000 Per Occurrence \$1,000,000 Aggregate |

3. In the event of accidents of any kind related to this contract, Contractor must furnish the Risk Manager with copies of all reports of any accidents within 10 days of the accident.

B. ADDITIONAL REQUIREMENTS

1. Applicable for paid employees, Contractor must obtain workers' compensation coverage through a licensed insurance company. The coverage must be written on a policy and endorsements approved by the Texas Department of Insurance. The workers' compensation coverage provided must be in statutory amounts according to the Texas Department of Insurance, Division of Workers' Compensation. An All States Endorsement shall be required if Contractor is not domiciled in the State of Texas.
2. Contractor shall obtain and maintain in full force and effect for the duration of this Contract, and any extension hereof, at Contractor's sole expense, insurance coverage written on an occurrence basis by companies authorized and admitted to do business in the State of Texas and with an A.M. Best's rating of no less than A- VII.
3. Contractor shall be required to submit renewal certificates of insurance throughout the term of this contract and any extensions within 10 days of the policy expiration dates. All notices under this Exhibit shall be given to City at the following address:

City of Corpus Christi
Attn: Risk Manager
P.O. Box 9277
Corpus Christi, TX 78469-9277

4. **Contractor agrees that, with respect to the above required insurance, all insurance policies are to contain or be endorsed to contain the following required provisions:**
 - List the City and its officers, officials, employees, and volunteers, as additional insureds by endorsement with regard to operations, completed operations, and activities of or on behalf of the named insured performed under contract with the City, with the exception of the workers' compensation policy;
 - Provide for an endorsement that the "other insurance" clause shall not apply to the City of Corpus Christi where the City is an additional insured shown on the policy;
 - Workers' compensation and employers' liability policies will provide a waiver of subrogation in favor of the City; and

- Provide thirty (30) calendar days advance written notice directly to City of any, cancellation, non-renewal, material change or termination in coverage and not less than ten (10) calendar days advance written notice for nonpayment of premium.
5. Within five (5) calendar days of a cancellation, non-renewal, material change or termination of coverage, Contractor shall provide a replacement Certificate of Insurance and applicable endorsements to City. City shall have the option to suspend Contractor's performance should there be a lapse in coverage at any time during this contract. Failure to provide and to maintain the required insurance shall constitute a material breach of this contract.
 6. In addition to any other remedies the City may have upon Contractor's failure to provide and maintain any insurance or policy endorsements to the extent and within the time herein required, the City shall have the right to order Contractor to stop work hereunder, and/or withhold any payment(s) which become due to Contractor hereunder until Contractor demonstrates compliance with the requirements hereof.
 7. Nothing herein contained shall be construed as limiting in any way the extent to which Contractor may be held responsible for payments of damages to persons or property resulting from Contractor's or its subcontractor's performance of the work covered under this contract.
 8. It is agreed that Contractor's insurance shall be deemed primary and non-contributory with respect to any insurance or self insurance carried by the City of Corpus Christi for liability arising out of operations under this contract.
 9. It is understood and agreed that the insurance required is in addition to and separate from any other obligation contained in this contract.

2019 Insurance Requirements

Ins. Req. Exhibit **7-B**

IT Contracts - Software Support, Configuration, Implementation and Maintenance

04/26/2019 Risk Management – Legal Dept.

Section 4 - Scope of Work

4.1. General Requirements

- A. System must be capable of supporting National Fire Incident Reporting System (NFIRS). Must be current version and subsequent versions.
- B. System must be capable of importing legacy records adhering to the NFIRS file formats.
- C. System must allow the ability to attach documents including, but not limited to the following types:
 - 1. Video
 - 2. Pictures
 - 3. Documents (spreadsheets, word docs., notepad, etc)
 - 4. PDF's
- D. Fire incidents using data elements from National Fire Protection Association (NFPA) 1710/1720. (**see Appendix A for details**)
- E. Department leaders must be able to access certain system level configurations and run date queries and reports based on records entered by their department.
- F. System must have an audit trail in order to show if any changes were made for quality assurance or legal purposes. Audit trail should:
 - 1. Track
 - 2. Capture
 - 3. Display key-stroke entry level changes
 - 4. Include all changes made to any records, not just last update
- G. Software must provide a means to display administrative messages or notes entered and link to individual event records and/or users (e.g. internal messaging or notes) (**see Appendix B for details**)
- H. System must have Quality Control (QC) Reports for completeness and accuracy (NFIRS reports).
- I. System must have active directory functionality.
- J. System must be capable of viewing previous, current, and future schedules with a task manager to create schedules (**see Appendix C for details**)
- K. System must be able to add and update department of employee's certification, notify department of certification nearing expiration date.

- L. System must be able to add full employee information such as: **(see Appendix D for details)**
 - 1. Employee contact
 - 2. Social Security Number (SSN)
 - 3. Driver license number and expiration date
 - 4. Certification
 - 5. Notes
 - 6. Employee ID
 - 7. Rank

- M. System must be able to customize data and label fields.

- N. System must hold historical data with import/export capabilities **(see Appendix E for details)**

- O. System must be able to search for record by:
 - 1. Date
 - 2. Address
 - 3. Name
 - 4. Incident #
 - 5. Etc.

- P. System must have the capability to track and manage Fire equipment maintenance record on all:
 - 1. Apparatus
 - 2. Equipment
 - 3. Inspection records, with due date, status, and maintenance inspections notes (history)
 - 4. Link maintenance records to inspection records
 - 5. Perform inspection on a mobile environment (tablet, cell phone, etc.)
 - 6. Capability to trigger a scheduled maintenance and submit a workorder
 - 7. Apparatus daily readiness report **(see Appendix F for details)**

- Q. System must have the capability to track and manage fleet and vehicle maintenance:
 - 1. Automated vehicle system for maintenance on vehicle mileage/engine hours
 - 2. Schedule and submit a workorder
 - 3. Track fuel usage
 - 4. Inspection records: with due dates, status, and maintenance inspections notes (history)
 - 5. Log all maintenance history records per vehicle
 - 6. EMS unit daily readiness report **(see Appendix G for details)**

- R. System must have daily EMS inventory real time capabilities interfaced with run reports and bar coding for inventory tracking.
- S. System must be able to track weekly medic unit inventory and EMS supply lockers by station (**see Appendix H for details**)
- T. System shall integrate with Maximo, ESRI, Infor, CE Solutions and share at minimum, incident demographic and time data.
- U. System software solution must work with any hardware including PC's, laptops, android, and mobile devices with the exception of any devices that are unsecure.
- V. System shall be able to create and customize dashboards in real time.
- W. System shall provide electronic signatures for maintenance checkoffs and other items, such as permits, occupancy.

4.2. System Requirements

- A. System must allow tiered permissions for various access:
 - 1. System settings
 - 2. Agency settings
 - 3. Data entry forms
 - 4. Patient data
 - 5. Print forms
 - 6. Data Analysis tools
- B. System administrator must have the ability to manage all users and control their ability to manage their profiles or add new users.
- C. System administrator must have the ability to manage locations: (**see Appendix I for details**)
 - 1. Streets
 - 2. Districts
 - 3. Stations
 - 4. Etc.
- D. System administrator must have the ability to: (**see Appendix J for details**)
 - 1. Manage and modify data entry forms
 - 2. Selective dynamic display with the data entry form, and the dataset
 - 3. Print layouts
 - 4. Point-of-entry business rules

- E. System and department administrator must have ability to manage the display of other agencies at an incident. For example, adding a unit from a different City that has responded to the incident. **(see Appendix K for details)**
- F. System must define when incident is complete with time stamp and related status changes for administrative purposes.
- G. System must export records to excel, PDF, or print.
- H. System must customize toolbars (shortcuts, favorites for reporting, queries or any screen and modify user view (user preferences).
- I. System must create system rules and default values – required fields.
- J. System must have a query tool with delivered queries and modifiable parameters.
- K. System must have a reporting tool with delivered reports, including modifiable parameters.

4.3. Import/Export Requirements

- A. System must interface with existing Integraph Computer Aided Dispatch (CAD) software v9.3.
- B. System must allow integration with data exported from CAD systems. The CAD system software vendor will provide an output file or other agreed upon secure method for the solution vendor to map and import.
- C. Contractor must have pre-established integrations and data relationships with the major CAD vendors to make this process more efficient for agencies to implement.
- D. System must provide means to import to CAD, at minimum:
 - 1. All Fire event times
 - 2. Incident address
 - 3. Type of service requested
 - 4. Responding unit numbers and call signs
 - 5. Incident numbers

- E. CAD integration must have capacity to re-import data into a record as new data is added to the CAD record (for example, more times are added as the incident progresses) overwriting or updating the previous data.
- F. CAD Data integration will be accessible to use by user with fixed devices (e.g. desktops) or mobile devices, provided the device is online.
- G. Imports and Exports will be in compliance with NFIRS validations and data rules for import/export (**see Appendix M for details**)
- H. System must be able to import/export reports, photos, records, and attachment.

4.4. Journal

System must have a monthly activity tracker for any entry for a specific date to include: (**see Appendix N for details**)

- A. On/off feature
- B. NFIRS activities
- C. Non-incident activities
- D. Department events
- E. Training classes
- F. Occupancy inspections
- G. Activities
- H. Permits
- I. Equipment maintenance
- J. Testing
- K. Hydrant Activities
- L. Filtering by:
 - 1. Station
 - 2. Shift
 - 3. Units
 - 4. Staff

4.5. Data Entry

- A. System must have default values and require values to be read only, or have them hidden with the value still part of the incident data (e.g. all incidents are in the US) (**see Appendix O for details**)
- B. System must limit the provider ability to enter one value, but have that value autofill related values without letting them access the linked elements. For example, limiting users to only enter an incident zip code, which will autofill the

incident city, county, and state without letting the user access the auto filled fields to prevent conflicting or poor quality data.

- C. Layout for online and mobile/offline data will be the same without needing to build the forms separately for each system.
- D. System will have a dynamic sizing display that will be able to adjust to screen size. Change with minimal effect on the layout displayed to the user.
- E. Display of single or multi-select drop-down lists must accommodate popup on screen keyboards on tablets such that the keyboard does not obscure the drop-down value list.
- F. Users must be able to navigate between elements in the data entry form using touch, mouse, or keyboard tabs and arrows.
- G. Data entry forms will clearly display elements and values that have an outstanding point of entry business rule to be resolved so users can quickly identify and resolve shortcomings.
- H. Incident form will provide display of the data entry and review status for administrative purposes.
- I. Incident form will provide easy interface to import CAD data.
- J. Incident form will provide means for agencies to create and apply localized custom fields.
- K. Capability of adding narratives on all modules and narrative will be able to print on reports.

4.6. Scheduling

- A. System must manage personnel schedules.
- B. System must create daily schedules for firefighters.
 - 1. Employee roster
 - 2. Station location
 - 3. Employee availability
 - 4. Per shift
- C. Schedule crews with stations and/or apparatus.
- D. Schedule inspections.
- E. Schedule maintenance on equipment.

- F. List leave status
- G. Create leave and payroll codes (customize codes)
- H. Flexibility to add additional scheduling items, such as available for overtime, out on leave, temp driver, etc.

4.7. Investigations

- A. System must link investigations to incidents and locations.
- B. System must be able to maintain, and access history of incidents and investigations attached to locations.
- C. System must conduct and document investigations.
- D. System must be able to create an investigation report. Investigation report need the following fields: **(see Appendix Q for details)**
 - 1. Referrals
 - 2. Evidence
 - 3. Leads
 - 4. Scene
 - 5. Activities
 - 6. Narrative
 - 7. Print capabilities of attachments

4.8. Inspections

- A. System must be able to capture various types of inspections such as life safety, building and occupancy based on NFIRS codes.
- B. System must link inspection to incidents and locations.
- C. Must be able to perform inspections in the mobile environments.
- D. System must be able to cross validate to ensure no duplicate records in occupancies.
- E. System must be able to add new inspection codes.
- F. System must be able to merge occupancy CAD information into inspection records.
- G. System must be able to schedule daily inspections for inspector.
- H. System shall interface inspection schedule to Office 365 calendar.

4.9. Permits

- A. System must track and manage all permits.
- B. Permits must be managed through the Fire RMS.
- C. System must manage permit fees, receipts, and adjustments through the City's payment gateway.
- D. System must allow users to print or email permits, receipts, and mailing labels.
- E. System must maintain a record of historical permit information.
- F. System must provide pre-formatted permit reports.
- G. System must create various types of permits.

4.10. Validations

System must be able to trigger time conflict rules against the current time the record is being entered to prevent any time in the future being entered for point of entry validations/business rules.

4.11. Printing

- A. System Administrator must have the ability to:
 - 1. Design, format, and manage report printout
 - 2. Create multiple formats
- B. System must print document attachments and addendums as part of the primary printing based on the print layout design by the System Administrator.
- C. System must allow print layout and design for agency name, address, and logo to be configured and automatically applied to a printing template.
- D. System must allow print layout to provide a means to configure a header and footer for each page such that incident information such as date, incident number, patient name can be displayed on each page of the record.

4.12. Vehicle and Equipment Inventory Records

- A. System must track specifications on the following:
 - 1. Personal Protection Equipment (PPE)
 - 2. Hose
 - 3. Self-contained breathing apparatus (SCBA)
 - 4. Vehicles
 - 5. Pump hoses
 - 6. Ladders
 - 7. All items on inventory

8. Upload fuel report from excel to application

- B. System must maintain vehicle maintenance records and requests with notifications of when vehicle is due for maintenance.
- C. System must maintain usage/purchased – date/time code, quantity, cost, mileage, staff, description.

4.13. Occupancy: Fire Prevention

- A. System must keep track of owners & contacts of buildings
- B. System must track inspections & activities
- C. System must track additional Fire service records – chem inventory, hydrants, storage tanks, need fire flows, permits, supplemental history.
- D. System must have the capability of merging occupancies when address is same, must be able to keep all history when merging occupancies.
- E. System must keep track of occupancy statistics.

4.14. Training Module (Appendix R)

- A. System must list classes with description, data/time, location, etc.
- B. System must have casualty report for injury during training to include:
 - 1. Vehicle accidents
 - 2. CE hours tracking
- C. System shall have scheduled training classes to interface to Office 365 calendar.

4.15. Hydrants

- A. System must list basic hydrant information, such as location, hydrant number, specifications, etc.
- B. System must list activities and repairs for each hydrant.
- C. System must list all flow tests.
- D. System must integrate with Maximo for water usage and work orders.

4.16. Reports Module

- A. System must set up rules for report fields.
- B. System must provide the following reports:
 - 1. NFIRS

2. Basic fire reports
3. List units and personnel
4. Casualty reports
5. Property involvement reports
6. Additional fire service reports
7. Canned statistical or list reports with modifiable parameters
8. 90 Percentile reports
9. NFPA report
10. Alarm response analysis
11. Incomplete report list
12. Not QC'd report list
13. Fire investigation reports
14. Fire/Arson reports
15. Reports notification
16. Report repository for all items including reports, inspections, occupancy records, permits, etc.
17. Query tool
18. Customizable reports
19. Logistics requisition form
20. Maintenance report (vehicle and equipment)
21. Ad hoc reporting

4.17. Technical Requirements

A. Application

1. System application must work with IE 11 and Microsoft Edge and the latest version of Java, .net framework. No outdated agents of these applications will be supported.
2. If system application requires install, it must be remotely managed and patch with ManageEngine Patch Manager Plus version 10.0.326.
3. System application must work with Netmotion on mobile computers.
4. System application must be a mobile application.
5. System application must be windows 10 compatible.
6. System application must have 24/7 technical support.

B. Network

1. System must be able to communicate over Ethernet technology and be compatible with wireless, copper and fiber optic methods of data transport.
2. Requirements must fit into a minimum throughput constraint to reach endpoints and a reasonable latency (no more than 100ms) and must be able to recover function after periods of packet loss which may occur.
3. Consideration must be demonstrated for reducing the amount of throughput required from end to end across the WAN.
4. Any wireless host/AP support requirements must be made known.
5. The specific services must be made known in the proposal as to which protocols will be needed and whether they are considered connection or connectionless.
6. A logical network diagram must be provided that exhibits traffic flow to and from application, database, repositories, end points and demarcations.

C. Security

1. System must accommodate the City's intent to apply security patches to its system within 30 days of release.
2. User authentication and access rights can be managed via Active Directory.
3. Remote 3rd party support access requires the 3rd party to use an HTML5 – compliant web browser.
4. Contractor must provide a point of contact.
5. Contractor must provide security updates to its product.
6. Contractor must list any required ports, protocols, web domains, firewall allowances needed for the system to function properly.

D. Server/Storage Backup

1. System must have server/storage backup on premises, in the cloud, or in a hybrid solution.
2. System must support a virtualized environment.
3. Contractor must provide server requirements for memory, CPU, storage and operating system.
4. Contractor must provide any cloud storage requirements to include provider, services, and size requirements to accommodate our current Nimble storage.

5. Contractor is required to support current backup solution which is Commvault version 11 service pack 14.

E. End User Support

1. System application must require admin rights.
2. Contractor must provide minimum requirements for:
 - a. Memory
 - b. Processor
 - c. Storage
 - d. Operating System (OS)
3. Application must not be dependent on any software that may or may not already be installed on the OS.
4. Antivirus must not cause any known issues.

F. Geographic Information System (GIS)

1. Application must integrate with ESRI solutions.
2. Application must interact and consume with data from the GIS database.
3. GIS data must require local storage.
4. Application must require GIS editing capabilities. Editing rights are subject to license purchasing.
5. Application must be compatible to Portal for ArcGIS version 10.3.1.
6. Solution must be for city and/or public use.

4.18. Overall Business Requirements

The Attached matrix (see Attachment A-1) outlines all of the requirements necessary to have a complete system. This matrix is part of the Agreement and will be used throughout the implementation phase to ensure compliance with all requirements.

Section 5 - Proposal Format and Organization

This section provides specific instructions on format and organization of the proposal to be submitted by the Contractor. Each Contractor may submit only one proposal in a totally self-supporting format without reference to any other proposal(s).

5.1. General Instructions

- A. To provide for ease and uniformity and to aid in the evaluation of proposals, Proposers shall comply with the sequence outlined herein. **IN NUMBERING PROPOSALS, THE PROPOSER SHALL USE THE SAME SECTION NUMBERS AND TITLES AND SHALL PROVIDE ITS RESPONSES IN THE SAME ORDER AS EACH ITEM IS NUMBERED AND ORDERED HEREIN.** Failure to comply may result in rejection of the proposal. The proposal shall be completed in sections, which are described below.
- B. Proposers should be aware that all technical and operational specifications, equipment descriptions and marketing material submitted or made available will be incorporated by reference into any contract(s). The City discourages the inclusion of general marketing material or equipment manuals unless they are used to provide specific information or specifically requested by the City.
- C. The Proposer shall provide one electronic copy, via flash drive or compact disk, along with six bound hard copies of the proposal before the DUE DATE FOR PROPOSALS.

5.2. Proposal Format

- A. This section outlines the minimum requirements for preparation and presentation of a proposal.
- B. **The Proposer shall define the capabilities of their organization to supply and maintain the services as requested in this RFP. The response should be specific and complete in every detail and prepared in a simple and straightforward manner.**
- C. Proposers are expected to examine the entire RFP including all specifications, standard provisions, instructions and attachments. Failure to do so will be at the Proposer's risk. Proposers should provide their best pricing for the services set out herein.
- D. Proposals shall be in at least 11 pt. easily readable font and bound in a manner that allows the proposals to be disassembled.

5.3. Proposal and Proposal Forms

- A. The transmittal letter shall be the first item in your proposal and shall indicate the intention of the Proposer to adhere to the provisions described in the RFP. The transmittal letter **SHALL**:
1. Be presented on company letterhead;
 2. Identify the submitting organization;
 3. Identify the name, title, contact number, email address and physical address of the person to be contacted during the RFP process;
 4. Identify, by name and title, and be signed by the person authorized by the organization to obligate the organization contractually;
 5. Acknowledge receipt of any addenda to this RFP;
 6. Statement indicating willingness to sign Service Agreement as written.
- B. The second item in your proposal shall be a table of contents listing titles, sections and major sub-sections. All pages shall have a unique identifier and be numbered sequentially.
- C. The third item in your proposal shall be the **forms** as follows:
- a. **Minimum Requirements Form.** Proposer is to complete and attach any relevant documents to this form.
 - b. **References.** Proposer is to provide the references on the forms provided.
 - c. **City of Corpus Christi's Disclosure of Interest Form.** Proposer is to complete, sign and include with proposal.
 - d. **City of Corpus Christi's Business Designation Form.** Proposer is to complete, sign and include with proposal.
 - e. **Ethical Behavior Form.** Proposer is to complete, sign and include with proposal.
- D. The fourth item in your proposal shall be your actual proposal and associated documents. The proposal shall be organized in the same manner as the evaluation criteria and should address all items outlined in the criteria. Proposers shall also complete the Business Requirement matrix, indicating that the proposed components meet the requirements, meet with modifications or is not available with any relevant comment. Include this matrix with your proposal.
- E. The fifth item in your proposal shall be the pricing sheet. Proposer is to provide on the attached Pricing Forms a cost per unit for Records Management System. Only one original of this form is needed and it shall be contained in a separate sealed envelope labeled as Price Proposal.

5.4. Service Agreement

A sample SERVICE AGREEMENT is attached hereto that the successful Proposer will be required to sign a similar agreement. With the exception of certain terms and conditions which may be modified by the City to conform the Contract prior to final execution of the Contract.

Section 6 - Proposal Evaluation

The City will conduct a comprehensive, fair and impartial evaluation of all proposals received in response to this RFP. Each proposal will first be analyzed to determine overall responsiveness and completeness as defined in the Proposal Format and Organization Section, and the Evaluation Criteria Section of this RFP. Failure to comply with the instructions or submission of a proposal that does not satisfy these Sections may result in the proposal being deemed non-responsive and may, at the discretion of the Committee, as defined in below, result in the proposal being eliminated from further consideration.

6.1. Evaluation Committee

An Evaluation Committee ("**Committee**") will be established to assist the City to select a qualified Proposer. The Committee will be comprised of staff from several City Departments. This Evaluation Committee will then recommend the top proposer to the Executive Committee consisting of the City Manager and Assistant City Managers.

6.2. Evaluation Criteria

- A. Minimum Qualifications: This area will be scored on a pass fail basis. Firms not meeting the minimum qualifications will not continue in the process. To be considered, the proposers must have the required experience, licensing, lack of litigation and regulatory issues and provide adequate references.
- B. Each qualified proposer will then be ranked on the basis of the following: EVALUATION CRITERIA. To determine an overall ranking, the relative rankings will be weighted according to the following:

Weighted Criteria

The following criteria will be used to evaluate the proposals:

| Evaluation Criteria | Criteria Weight |
|--|------------------|
| Minimum Qualifications <ul style="list-style-type: none"> • Licensing • Required five years in business • No outstanding lawsuits during last 5 years or current litigation with the City during last 5 years • No outstanding regulatory issues last 5 years • References Provided for firm | Pass/Fail |
| Technical Proposal | 40 Points |
| Firms' Experience (13 points) <ul style="list-style-type: none"> • Experience on projects of similar scope and complexity; • Demonstrated capability/capacity on comparable projects; • Past Performance and Reference Checks. Team Experience (13 points) <ul style="list-style-type: none"> • Team members with experience and qualifications; | |

| | |
|--|------------------|
| <ul style="list-style-type: none"> • Team members experience with work of similar scope and complexity; <p>Understanding of Project Scope (14 points)</p> <ul style="list-style-type: none"> • Demonstrated understanding of scope of services, completion of Business Requirement Matrix, • Demonstrated understanding and experience with similar service with a public agency | |
| Demonstration | 40 Points |
| <p><i>Firms' Experience (8 points)</i></p> <ul style="list-style-type: none"> • Demonstrated Experience providing these Services of similar scope and complexity; <p><i>Team Identification (5 points)</i></p> <ul style="list-style-type: none"> • Team members with experience and qualifications; <p><i>Understanding the Project Requirements (27 points)</i></p> <ul style="list-style-type: none"> • Demonstrated understanding of scope of services, as outlined on the Business Requirement Matrix, • Knowledge of Similar Services; • Capability to perform work | |
| Price | 20 Points |

- C. Price - Provide a lump sum price. A pricing sheet has been provided for use. The price shall be all inclusive of all costs necessary to meet the requirements outlined in this RFP. The Proposer with the lowest price will receive all 20 points and all other Proposers will receive a proportional share of the points based on the proration of their price to the lowest price provided.
- D. The Proposer's failure to provide information relative to the above criteria may result in the City deeming such proposal non-responsive and may, at the sole discretion of the Committee, result in elimination of said proposal from further consideration. The Committee reserves the right to conduct other evaluation and measurements of the proposals as may be necessary to make an informed decision.

6.3. Evaluation Process

The process outlined below is followed to allow the City to get a well-qualified firm for the best value for the City to complete these services. Care is taken by the Procurement Officer to make sure the process is adhered to by the Evaluation Committee. Proposals are scored by each evaluator independently to avoid group think or influence between Committee members. Strict adherence to the process by all parties participating in this solicitation will assure that proposers are treated fairly, time and expenses to propose are minimized and the qualified proposer providing the best value is awarded the contract.

Step 1 Minimum Requirements Review– Proposals will be screened for minimum requirements. Only those firms meeting the minimum requirements on a pass/fail basis will be allowed to continue in the process.

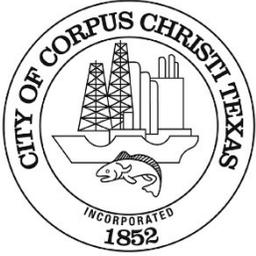
Step 2 Technical Proposal Review – Proposals will be evaluated by the Evaluation Committee based on the Business Requirement Matrix in this RFP. Scores from all evaluators will be averaged and tabulated to form a ranking from highest to lowest scoring proposers. If any natural breaks or gaps exist in the ranking, only the highest-ranking proposers will be invited for interviews. If the natural break does not allow for adequate competition the City may include the next grouping of proposers to enter the interview phase to allow adequate competition to occur. If no natural breaks exist, the City may interview the entire group.

Step 3 Demonstration – Those proposers that are invited to a demonstration of their product will be scheduled to participate and will be given a format and timeline for the demonstration. Typical demonstration will include going through all business requirements. Question and answer period for the panel will be discussed during demonstration. The Evaluation Committee will utilize the attached Business Requirement Matrix to score on a scale of 1-5 each component of the software demonstrated. Any scores in the 1-2 range on must have components will be cause for concern and result in an overall lower score for the demonstration portion of the evaluation. Demonstrations will be evaluated on the criteria listed in the RFP. Demonstration scores will then be added to Technical Proposal Review scores to refine the ranking of proposers. Evaluators will look for any new natural breaks to occur as outlined in Step 2 above and will determine the firms that will be considered for the final pricing step.

Step 4 Pricing - Only after a determination has been made of the firms most qualified to provide the services needed will the pricing be evaluated. Pricing proposals will be opened for the qualified firms and the pricing scores will be evaluated and points distributed on a prorated bases with the lowest priced firm receiving the maximum pricing points. These pricing points will be added to the Technical Proposal and Demonstration scores for a final ranking.

Step 5 Selection – The proposer with the highest number of overall points will be recommended for award. Should the highest-ranking firm be over budget, the City reserves the right to issue a Best and Final Pricing Proposal form to Proposers that passed Step 3 for further evaluation. Proposers will be notified at this point of their standing and offered an opportunity for a debriefing after the award is complete.

Section 7 – RFP Forms



MINIMUM REQUIREMENTS

RFP No. 2325

Records Management System for CCFD

1. Does your firm have the required licensing as outlined in Section 2.2 of this RFP?

YES

NO

Please attach copy of license.

2. Has your business been operating for a minimum of five years providing services similar in nature to the scope of work outlined in this RFP?

YES

NO

Please attach documentation to show number of years in business.

3. Does your firm have any outstanding lawsuits or litigation with the City as outlined in Section 2.2 of this RFP?

YES

NO

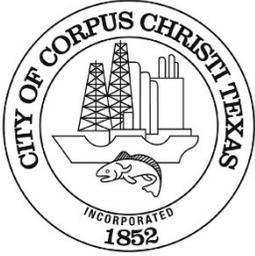
If yes, please explain in detail on attached documentation.

4. Does your firm have any outstanding regulatory issues as outlined in Section 2.2 of this RFP?

YES

NO

If yes, please explain in detail on attached documentation.



REFERENCES

RFP No. 2325

Records Management System for CCFD

| Current Client Reference 1 | |
|--|--------------------|
| Organization name: | Contact and title: |
| Address: | Phone number: |
| | Email Address: |
| Effective date of contract: | Value of Contract: |
| Description of products/services provided: | |

| Current Client Reference 2 | |
|--|--------------------|
| Organization name: | Contact and title: |
| Address: | Phone number: |
| | Email Address: |
| Effective date of contract: | Value of Contract: |
| Description of products/services provided: | |

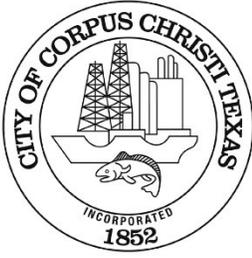
| Current Client Reference 3 | |
|-----------------------------------|--------------------|
| Organization name: | Contact and title: |
| Address: | Phone number: |
| | Email Address: |
| Effective date of contract: | Value of Contract: |

Description of products/services provided:

| | |
|--|--------------------|
| Former Client Reference 1 | |
| Organization name: | Contact and title: |
| Address: | Phone number: |
| | Email Address: |
| Effective date of contract: | Value of Contract: |
| Description of products/services provided: | |

| | |
|--|--------------------|
| Former Client Reference 2 | |
| Organization name: | Contact and title: |
| Address: | Phone number: |
| | Email Address: |
| Effective date of contract: | Value of Contract: |
| Description of products/services provided: | |

| | |
|--|--------------------|
| Former Client Reference 3 | |
| Organization name: | Contact and title: |
| Address: | Phone number: |
| | Email Address: |
| Effective date of contract: | Value of Contract: |
| Description of products/services provided: | |



CITY OF CORPUS CHRISTI DISCLOSURE OF INTEREST

RFP No. 2325

Records Management System for CCFD

Corpus Christi Code § 2-349, as amended, requires all persons or firms seeking to do business with the City to provide the following information. Every question must be answered. If the question is not applicable, answer with "NA". See next page for Filing Requirements, Certification and Definitions.

COMPANY NAME: _____

P. O. BOX: _____ STREET ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____ -

FIRM IS: 1. Corporation 2.Partnership 3.Sole Owner
 4. Association 5.Other

DISCLOSURE QUESTIONS

If additional space is necessary, please use the reverse side of this page or attach separate sheet.

1. State the names of each "employee" of the City of Corpus Christi having an "ownership interest" constituting 3% or more of the ownership in the above named "firm."

| Name | Job Title and City Department (if known) |
|-------|--|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

2. State the names of each "official" of the City of Corpus Christi having an "ownership interest" constituting 3% or more of the ownership in the above named "firm."

| Name | Title |
|-------|-------|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

3. State the names of each "board member" of the City of Corpus Christi having an "ownership interest" constituting 3% or more of the ownership in the above named "firm."

| Name | Board, Commission or Committee |
|-------|--------------------------------|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

4. State the names of each employee or officer of a "consultant" for the City of Corpus Christi who worked on any matter related to the subject of this contract and has an "ownership interest" constituting 3% or more of the ownership in the above named "firm."

| Name | Consultant |
|-------|------------|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

FILING REQUIREMENTS

If a person who requests official action on a matter knows that the requested action will confer an economic benefit on any City official or employee that is distinguishable from the effect that the action will have on members of the public in general or a substantial segment thereof, you shall disclose that fact in a signed writing to the City official, employee or body that has been requested to act in the matter, unless the interest of the City official or employee in the matter is apparent. The disclosure shall also be made in a signed writing filed with the City Secretary. [Ethics Ordinance Section 2-349 (d)]

CERTIFICATION

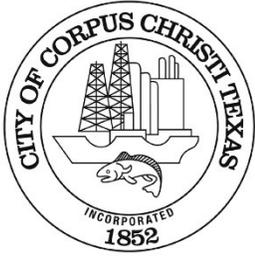
I certify that all information provided is true and correct as of the date of this statement, that I have not knowingly withheld disclosure of any information requested; and that supplemental statements will be promptly submitted to the City of Corpus Christi, Texas as changes occur.

Certifying Person: _____ Title: _____

Signature of
Certifying Person: _____ Date: _____

DEFINITIONS

- a. "Board member." A member of any board, commission, or committee of the city, including the board of any corporation created by the city.
- b. "Economic benefit". An action that is likely to affect an economic interest if it is likely to have an effect on that interest that is distinguishable from its effect on members of the public in general or a substantial segment thereof.
- c. "Employee." Any person employed by the city, whether under civil service or not, including part-time employees and employees of any corporation created by the city.
- d. "Firm." Any entity operated for economic gain, whether professional, industrial or commercial, and whether established to produce or deal with a product or service, including but not limited to, entities operated in the form of sole proprietorship, as self-employed person, partnership, corporation, joint stock company, joint venture, receivership or trust, and entities which for purposes of taxation are treated as non-profit organizations.
- e. "Official." The Mayor, members of the City Council, City Manager, Deputy City Manager, Assistant City Managers, Department and Division Heads, and Municipal Court Judges of the City of Corpus Christi, Texas.
- f. "Ownership Interest." Legal or equitable interest, whether actually or constructively held, in a firm, including when such interest is held through an agent, trust, estate, or holding entity. "Constructively held" refers to holdings or control established through voting trusts, proxies, or special terms of venture or partnership agreements.
- g. "Consultant." Any person or firm, such as engineers and architects, hired by the City of Corpus Christi for the purpose of professional consultation and recommendation.



CITY OF CORPUS CHRISTI CONTRACTS AND PROCUREMENT DEPARTMENT BUSINESS DESIGNATION FORM

RFP No. 2325
Records Management System for CCFD

ENSURE THIS FORM IS SUBMITTED WITH YOUR PROPOSAL RESPONSE

PLEASE INDICATE WHETHER YOUR COMPANY IS ANY ONE OF THE FOLLOWING:

YES **NO - CERTIFIED HISTORICALLY UNDERUTILIZED BUSINESS (HUB)**

Select all that are appropriate:

- ASIAN PACIFIC
- BLACK
- HISPANIC
- NATIVE AMERICAN
- WOMAN

Please visit the following website for information on becoming a Texas Certified HUB:
<http://www.window.state.tx.us/procurement/prog/hub/>

YES **NO - LOCAL SMALL BUSINESS (LSB)**

A for-profit entity employing less than 49 employees located within the City limits of Corpus Christi, Texas

YES NO OTHER (PLEASE SPECIFY):

THIS COMPANY IS **NOT** A CERTIFIED HUB or LSB

THE INFORMATION REQUESTED IN THIS FORM IS FOR STATISTICAL REPORTING PURPOSES ONLY AND WILL NOT INFLUENCE AWARD DECISIONS OR THE AMOUNT OF MONIES EXPENDED WITH ANY GIVEN COMPANY.

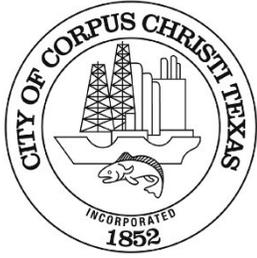
Firm Name: _____ Telephone: _____ Ext. _____

Address: _____ Fax: _____

City: _____ State: _____ Zip: _____ E-mail: _____

Signature of Person Authorized to Sign Form Date: _____

Signer's Name: _____ Title: _____
(Please print or type)



CITY OF CORPUS CHRISTI Ethical Behavior Form

RFP No. 2325

Records Management System for CCFD

By submission of its proposal, the Proposer promises that Proposer's officers, employees, and agents will not attempt to lobby or influence a vote or recommendation related to the Proposer's proposal submitted in response to this RFP, directly or indirectly, through any contact with City Council members or other City officials between the date this RFP is released to the public and the date a Contract is executed by the City Manager or designee. **Such behavior will be cause for rejection of the Proposer's proposal at the discretion of the City Manager or designee.**

Indicate your written assurance that your Firm's officers, employees, or agents will not attempt to lobby or influence a vote or recommendation related to the Firm's RFP response.

I, _____ confirms no officers, employees, and/or agents will attempt to lobby or influence a vote or recommendation related to the Firm's RFP response; directly or indirectly, through any contact with the City Council Members or other City officials between the RFP submission date and award by the City Council.

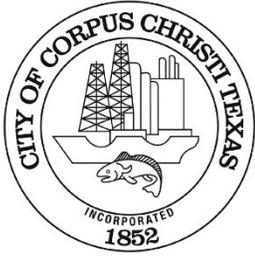
Name: _____ Title: _____

Signature: _____

Company: _____ Date: _____

SAMPLE FORM 1295 TO BE COMPLETED ONLINE AS INSTRUCTED AND PROVIDED PRIOR TO AWARD.

| CERTIFICATE OF INTERESTED PARTIES | | FORM 1295 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--|---|--|---|---------------------------------------|--|-------------|--------------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| Complete Nos. 1 - 4 and 6 if there are interested parties. Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties. | | OFFICE USE ONLY | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1 Name of business entity filing form, and the city, state and country of the business entity's place of business. | | Must file online at www.ethics.state.tx.us/File | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2 Name of governmental entity or state agency that is a party to the contract for which the form is being filed. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3 Provide the identification number used by the governmental entity or state agency to track or identify the contract, and provide a description of the services, goods, or other property to be provided under the contract. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4 | <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th rowspan="2" style="width: 30%; padding: 5px;">Name of Interested Party</th> <th rowspan="2" style="width: 25%; padding: 5px;">City, State, Country (place of business)</th> <th colspan="2" style="padding: 5px;">Nature of Interest (check applicable)</th> </tr> <tr> <th style="width: 20%; padding: 5px;">Controlling</th> <th style="width: 25%; padding: 5px;">Intermediary</th> </tr> </thead> <tbody> <tr><td style="height: 20px;"> </td><td> </td><td> </td><td> </td></tr> </tbody> </table> | Name of Interested Party | City, State, Country (place of business) | Nature of Interest (check applicable) | | Controlling | Intermediary | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Name of Interested Party | City, State, Country (place of business) | | | Nature of Interest (check applicable) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | Controlling | Intermediary | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5 Check only if there is NO Interested Party. <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 6 UNSWORN DECLARATION My name is _____, and my date of birth is _____. My address _____ (street) _____ (city) _____ (state) _____ (zip code) _____ (country). I declare under penalty of perjury that the foregoing is true and correct. Executed in _____ County, State of _____, on the _____ day of _____, 20____. (month) (year) <div style="text-align: center;"> _____ Signature of authorized agent of contracting business entity (Declarant) </div> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ADD ADDITIONAL PAGES AS NECESSARY | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |



CITY OF CORPUS CHRISTI
Pricing Form
CONTRACTS AND PROCUREMENT DEPARTMENT

RFP No. 2325
Records Management System for CCFD

PAGE 1 OF 2

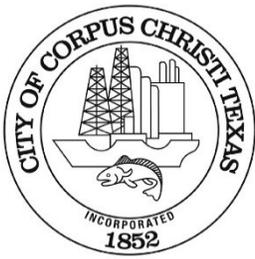
DATE: _____

PROPOSER

AUTHORIZED SIGNATURE

- 1. Refer to “Instructions to Proposers” and Contract Terms and Conditions before completing proposal.**
- 2. Provide your best price for each item.**
- 3. In submitting this proposal, Proposer certifies that:**
 - a. the prices in this proposal have been arrived at independently, without consultation, communication, or agreement with any other Proposer or competitor, for the purpose of restricting competition with regard to prices;
 - b. Proposer is an Equal Opportunity Employer; and the Disclosure of Interest information on file with City’s Contracts and Procurement office, pursuant to the Code of Ordinances, is current and true.
 - c. Proposer has incorporated any changes issue through Addenda to the RFP in this pricing.

| ITEM | DESCRIPTION | QTY | UNIT | UNIT PRICE | TOTAL PRICE |
|--------------|-----------------------------------|------------|-------------|-------------------|--------------------|
| 1 | Record Management System Software | 1 | Lump Sum | | |
| 2 | Maintenance & Support Year 1 | 1 | Lump Sum | | |
| 3 | Maintenance & Support Year 2 | 1 | Lump Sum | | |
| 4 | Maintenance & support Year 3 | 1 | Lump Sum | | |
| 5 | Maintenance & Support Year 4 | 1 | Lump Sum | | |
| 6 | Maintenance & Support Year 5 | 1 | Lump Sum | | |
| Total | | | | | |



Section 8 - Sample Agreement

SERVICE AGREEMENT NO. 123

TITLE OF SERVICE

THIS **Title of Service Agreement** ("Agreement") is entered into by and between the City of Corpus Christi, a Texas home-rule municipal corporation ("City") and Company or Person ("Contractor"), effective upon execution by the City Manager or the City Manager's designee ("City Manager").

WHEREAS, Contractor has bid to provide Title of Service in response to Request for Bid/Proposal No. 123 ("RFB/RFP"), which RFB/RFP includes the required scope of work and all specifications and which RFB/RFP and the Contractor's bid or proposal response, as applicable, are incorporated by reference in this Agreement as Exhibits 1 and 2, respectively, as if each were fully set out here in its entirety.

NOW, THEREFORE, City and Contractor agree as follows:

- 1. Scope.** Contractor will provide Title of Service ("Services") in accordance with the attached Scope of Work, as shown in Attachment A, the content of which is incorporated by reference into this Agreement as if fully set out here in its entirety, and in accordance with Exhibit 2.
- 2. Term.** This Agreement is for 00 months/years, with performance commencing upon the date of issuance of a notice to proceed from the Contract Administrator or Purchasing Division. The parties may mutually extend the term of this Agreement for up to 00 additional 00-month/year periods ("Option Period(s)"), provided, the parties do so in writing and prior to the expiration of the original term or the then-current Option Period. The City's extension authorization must be executed by the City Manager or designee.
- 3. Compensation and Payment.** This Agreement is for an amount not to exceed \$00.00, subject to approved extensions and changes. Payment will be made for Services completed and accepted by the City within 30 days of acceptance, subject to receipt of an acceptable invoice. Contractor shall invoice no more frequently than once per month. All pricing must be in accordance with the attached Bid/Pricing Schedule, as shown in Attachment B, the content of which is incorporated by reference into this Agreement as if fully set out here in its entirety. Any amount not expended during the initial term or any option period may, at the City's discretion, be allocated for use in the next option period.

Invoices will be mailed to the following address with a copy provided to the Contract Administrator:

City of Corpus Christi
Attn: Accounts Payable
P.O. Box 9277
Corpus Christi, Texas 78469-9277

- 4. Contract Administrator.** The Contract Administrator designated by the City is responsible for approval of all phases of performance and operations under this Agreement, including deductions for non-performance and authorizations for payment. The City's Contract Administrator for this Agreement is as follows:

Name
Department
Phone
Email

5. Insurance; Bonds.

(A) Before performance can begin under this Agreement, the Contractor must deliver a certificate of insurance ("COI"), as proof of the required insurance coverages, to the City's Risk Manager and the Contract Administrator. Additionally, the COI must state that the City will be given at least 30 days' advance written notice of cancellation, material change in coverage, or intent not to renew any of the policies. The City must be named as an additional insured. The City Attorney must be given copies of all insurance policies within 10 days of the City Manager's written request. Insurance requirements are as stated in Attachment C, the content of which is incorporated by reference into this Agreement as if fully set out here in its entirety.

(B) In the event that a payment bond, a performance bond, or both, are required of the Contractor to be provided to the City under this Agreement before performance can commence, the terms, conditions, and amounts required in the bonds and appropriate surety information are as included in the RFB/RFP or as may be added to Attachment C, and such content is incorporated here in this Agreement by reference as if each bond's terms, conditions, and amounts were fully set out here in its entirety.

- 6. Purchase Release Order.** For multiple-release purchases of Services to be provided by the Contractor over a period of time, the City will exercise its right to specify time, place and quantity of Services to be delivered in the following manner: any City department or division may send to Contractor a purchase release order signed by an authorized agent of the department or division. The purchase release order must refer to this Agreement, and Services will not be rendered until the Contractor receives the signed purchase release order.

7. Inspection and Acceptance. City may inspect all Services and products supplied before acceptance. Any Services or products that are provided but not accepted by the City must be corrected or re-worked immediately at no charge to the City. If immediate correction or re-working at no charge cannot be made by the Contractor, a replacement service may be procured by the City on the open market and any costs incurred, including additional costs over the item's bid/proposal price, must be paid by the Contractor within 30 days of receipt of City's invoice.

8. Warranty.

(A) The Contractor warrants that all products supplied under this Agreement are new, quality items that are free from defects, fit for their intended purpose, and of good material and workmanship. The Contractor warrants that it has clear title to the products and that the products are free of liens or encumbrances.

(B) In addition, the products purchased under this Agreement shall be warranted by the Contractor or, if indicated in Attachment D by the manufacturer, for the period stated in Attachment D. Attachment D is attached to this Agreement and is incorporated by reference into this Agreement as if fully set out here in its entirety.

(C) Contractor warrants that all Services will be performed in accordance with the standard of care used by similarly situated contractors performing similar services.

9. Quality/Quantity Adjustments. Any Service quantities indicated on the Bid/Pricing Schedule are estimates only and do not obligate the City to order or accept more than the City's actual requirements nor do the estimates restrict the City from ordering less than its actual needs during the term of the Agreement and including any Option Period. Substitutions and deviations from the City's product requirements or specifications are prohibited without the prior written approval of the Contract Administrator.

10. Non-Appropriation. The continuation of this Agreement after the close of any fiscal year of the City, which fiscal year ends on September 30th annually, is subject to appropriations and budget approval specifically covering this Agreement as an expenditure in said budget, and it is within the sole discretion of the City's City Council to determine whether or not to fund this Agreement. The City does not represent that this budget item will be adopted, as said determination is within the City Council's sole discretion when adopting each budget.

11. Independent Contractor. Contractor will perform the work required by this Agreement as an independent contractor and will furnish such Services in its own

manner and method, and under no circumstances or conditions will any agent, servant or employee of the Contractor be considered an employee of the City.

- 12. Subcontractors.** Contractor may use subcontractors in connection with the work performed under this Agreement. When using subcontractors, however, the Contractor must obtain prior written approval from the Contract Administrator unless the subcontractors were named in the bid or proposal or in an Attachment to this Agreement, as applicable. In using subcontractors, the Contractor is responsible for all their acts and omissions to the same extent as if the subcontractor and its employees were employees of the Contractor. All requirements set forth as part of this Agreement, including the necessity of providing a COI in advance to the City, are applicable to all subcontractors and their employees to the same extent as if the Contractor and its employees had performed the work. The City may, at the City's sole discretion, choose not to accept Services performed by a subcontractor that was not approved in accordance with this paragraph.
- 13. Amendments.** This Agreement may be amended or modified only in writing executed by authorized representatives of both parties.
- 14. Waiver.** No waiver by either party of any breach of any term or condition of this Agreement waives any subsequent breach of the same.
- 15. Taxes.** The Contractor covenants to pay payroll taxes, Medicare taxes, FICA taxes, unemployment taxes and all other applicable taxes. Upon request, the City Manager shall be provided proof of payment of these taxes within 15 days of such request.
- 16. Notice.** Any notice required under this Agreement must be given by fax, hand delivery, or certified mail, postage prepaid, and is deemed received on the day faxed or hand-delivered or on the third day after postmark if sent by certified mail. Notice must be sent as follows:

IF TO CITY:

City of Corpus Christi

Attn: Name

Title

Address

Phone:

Fax:

IF TO CONTRACTOR:

Company Name

Attn: Name

Title

Address

Phone:

Fax:

17. CONTRACTOR SHALL FULLY INDEMNIFY, HOLD HARMLESS AND DEFEND THE CITY OF CORPUS CHRISTI AND ITS OFFICERS, EMPLOYEES AND AGENTS (“INDEMNITEES”) FROM AND AGAINST ANY AND ALL LIABILITY, LOSS, CLAIMS, DEMANDS, SUITS, AND CAUSES OF ACTION OF WHATEVER NATURE, CHARACTER, OR DESCRIPTION ON ACCOUNT OF PERSONAL INJURIES, PROPERTY LOSS, OR DAMAGE, OR ANY OTHER KIND OF INJURY, LOSS, OR DAMAGE, INCLUDING ALL EXPENSES OF LITIGATION, COURT COSTS, ATTORNEYS' FEES AND EXPERT WITNESS FEES, WHICH ARISE OR ARE CLAIMED TO ARISE OUT OF OR IN CONNECTION WITH A BREACH OF THIS AGREEMENT OR THE PERFORMANCE OF THIS AGREEMENT BY THE CONTRACTOR OR RESULTS FROM THE NEGLIGENT ACT, OMISSION, MISCONDUCT, OR FAULT OF THE CONTRACTOR OR ITS EMPLOYEES OR AGENTS. CONTRACTOR MUST, AT ITS OWN EXPENSE, INVESTIGATE ALL CLAIMS AND DEMANDS, ATTEND TO THEIR SETTLEMENT OR OTHER DISPOSITION, DEFEND ALL ACTIONS BASED THEREON WITH COUNSEL SATISFACTORY TO THE CITY ATTORNEY, AND PAY ALL CHARGES OF ATTORNEYS AND ALL OTHER COSTS AND EXPENSES OF ANY KIND ARISING OR RESULTING FROM ANY SAID LIABILITY, DAMAGE, LOSS, CLAIMS, DEMANDS, SUITS, OR ACTIONS. THE INDEMNIFICATION OBLIGATIONS OF CONTRACTOR UNDER THIS SECTION SHALL SURVIVE THE EXPIRATION OR EARLIER TERMINATION OF THIS AGREEMENT.

18. Termination.

(A) The City Manager may terminate this Agreement for Contractor's failure to comply with any of the terms of this Agreement. The Contract Administrator must give the Contractor written notice of the breach and set out a reasonable opportunity to cure. If the Contractor has not cured within the cure period, the City Manager may terminate this Agreement immediately thereafter.

(B) Alternatively, the City Manager may terminate this Agreement for convenience upon 30 days advance written notice to the Contractor. The City Manager may also terminate this Agreement upon 24 hours written notice to the

Contractor for failure to pay or provide proof of payment of taxes as set out in this Agreement.

- 19. Owner's Manual and Preventative Maintenance.** Contractor agrees to provide a copy of the owner's manual and/or preventative maintenance guidelines or instructions if available for any equipment purchased by the City pursuant to this Agreement. Contractor must provide such documentation upon delivery of such equipment and prior to receipt of the final payment by the City.
- 20. Assignment.** No assignment of this Agreement by the Contractor, or of any right or interest contained herein, is effective unless the City Manager first gives written consent to such assignment. The performance of this Agreement by the Contractor is of the essence of this Agreement, and the City Manager's right to withhold consent to such assignment is within the sole discretion of the City Manager on any ground whatsoever.
- 21. Severability.** Each provision of this Agreement is considered to be severable and, if, for any reason, any provision or part of this Agreement is determined to be invalid and contrary to applicable law, such invalidity shall not impair the operation of nor affect those portions of this Agreement that are valid, but this Agreement shall be construed and enforced in all respects as if the invalid or unenforceable provision or part had been omitted.
- 22. Order of Precedence.** In the event of any conflicts or inconsistencies between this Agreement, its attachments, and exhibits, such conflicts and inconsistencies will be resolved by reference to the documents in the following order of priority:
 - A. this Agreement (excluding attachments and exhibits);
 - B. its attachments;
 - C. the bid solicitation document including any addenda (Exhibit 1); then,
 - D. the Contractor's bid response (Exhibit 2).
- 23. Certificate of Interested Parties.** Contractor agrees to comply with Texas Government Code Section 2252.908, as it may be amended, and to complete Form 1295 "Certificate of Interested Parties" as part of this Agreement if required by said statute.
- 24. Governing Law.** Contractor agrees to comply with all federal, Texas, and City laws in the performance of this Agreement. The applicable law for any legal disputes arising out of this Agreement is the law of the State of Texas, and such form and venue for such disputes is the appropriate district, county, or justice court in and for Nueces County, Texas.
- 25. Entire Agreement.** This Agreement constitutes the entire agreement between the parties concerning the subject matter of this Agreement and supersedes all prior

negotiations, arrangements, agreements and understandings, either oral or written, between the parties.

CONTRACTOR

Signature: _____

Printed Name: _____

Title: _____

Date: _____

CITY OF CORPUS CHRISTI

Kim Baker
Director of Contracts and Procurement

Date: _____

Attached and Incorporated by Reference:

- Attachment A: Scope of Work
- Attachment B: Bid/Pricing Schedule
- Attachment C: Insurance and Bond Requirements
- Attachment D: Warranty Requirements

Incorporated by Reference Only:

- Exhibit 1: RFB/RFP No. 123
- Exhibit 2: Contractor's Bid/Proposal Response

| FDID | Alarm Date | Incident Number | Box | Type | Scene Address |
|--|---|-----------------|--|------|------------------------------------|
| SP706 | 05/07/2019 | 19-001776 | 000 | 211 | 6902 EVERHART RD 77E/CORBUS CHHIST |
| NFPA 1710 Fire Suppression | | | NFPA 1710 Emergency Medical Services | | |
| <input checked="" type="checkbox"/> Incident required an Engine Company Response <input type="checkbox"/> Incident required a Full Alarm Assignment | | | <input type="checkbox"/> Incident required a BLS response <input checked="" type="checkbox"/> Incident required an ALS response | | |
| First Suppression Unit Notified 05:37:59 Same as Response | | | First Medical Unit Notified 05:37:41 Same as Response | | |
| First Suppression Unit En Route 05:38:54 Same as Response Same as 1st Notif Time | | | First Medical Unit En Route 05:38:50 Same as Response Same as 1st Notif Time | | |
| First Engine Company Arrived 05:46:06 Same as Response | | | BLS Unit Arrived : : Same as Response | | |
| Full Alarm Assignment Arrived : : Same as Response Same as Company Time | | | ALS Unit Arrived 05:48:50 Same as Response Same as BLS Time | | |
| NFPA 1720 Volunteer Fire Suppression | <input type="checkbox"/> Incident Required a Volunteer Suppression Response Required Resources Assembled : : Same as Response | | Capability to Initiate Attack : : | | |
| <input type="button" value="Save"/> <input type="button" value="Delete"/> <input type="button" value="Close"/> | | | | | |

| Date | Time | Station | Shift | Unit | Description |
|------------|-------|---------|-------|------|---------------------------------------|
| 04/13/2018 | 16:05 | - | - | - | Message from 10871: GARCIA, ANTHONY G |
| 04/13/2018 | 12:34 | - | - | - | Message from 10871: GARCIA, ANTHONY G |

Unread reminders are highlighted in GREEN

Show Hidden Items Show Reminders days in advance

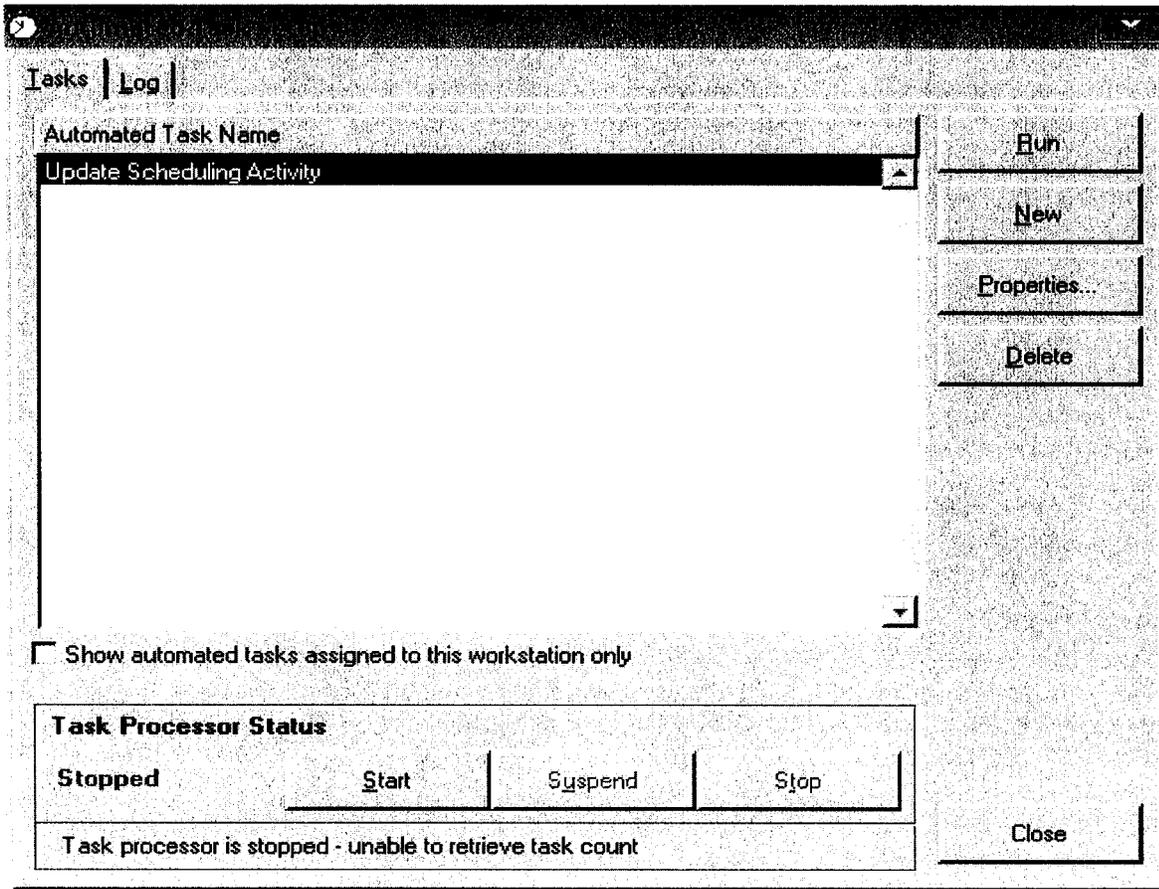
Filtering... New... Edit Delete Print Close

| May 2019 | | | | | | | Thu May 2, 2019 | | |
|----------|-----|-----|-----|-----|-----|-----|---------------------|---------------------|---|
| Sun | Mon | Tue | Wed | Thu | Fri | Sat | Start | End | Description |
| | | | 1 | 2 | 3 | 4 | 05/02/2019 06:23:06 | 05/02/2019 06:46:24 | #19-0017064: Rescue, EMS incident, other - 6717 S PADRE ISLAND DR EB |
| | | | | | | | 05/02/2019 08:00 | 05/02/2019 10:00 | Station FP Shift 4 Unit F806: INSPECTION - Certificate of Occupancy - PEDIATRIC CLINIC - 1504 WALDRON RD /CORPUS CHRISTI, TX 78414 Inspector: GOSSON, DONIEL |
| | | | | | | | 05/02/2019 08:57:13 | 05/02/2019 09:30:41 | #19-0017082: Rescue, EMS incident, other - 1701 THAMES DR /18- |
| | | | | | | | 05/02/2019 10:30 | 05/02/2019 10:55 | Station FP Shift 4 Unit F806: INSPECTION - Extinguishing System - CCISD MOODY HIGH SCHOOL - 1818 TROJAN DR Inspector: GOSSON, DONIEL |
| | | | | | | | 05/02/2019 10:52:30 | 05/02/2019 11:09:23 | #19-0017098: Medical assist, assist EMS crew - 4229 S PADRE ISLAND DR EB |
| 5 | 6 | 7 | 8 | 9 | 10 | 11 | 05/02/2019 11:20 | 05/02/2019 11:50 | Station FP Shift 4 Unit F806: INSPECTION - General - CITY BAKERY - 808 S 19TH ST Inspector: GOSSON, DONIEL |
| 12 | 13 | 14 | 15 | 16 | 17 | 18 | 05/02/2019 11:37:42 | 05/02/2019 12:00:52 | #19-0017103: Medical assist, assist EMS crew - 5518 LIPES BLVD /305 [Quality Checked] |
| | | | | | | | 05/02/2019 14:00 | 05/02/2019 14:30 | Station FP Shift 4 Unit F806: INSPECTION - Extinguishing System - DEL MAR RESTURANT MANAGEMENT BUILDING - 4101 OLD BROWNSVILLE RD /CORPUS CHRISTI, TX 78405 Inspector: GOSSON, DONIEL |
| | | | | | | | 05/02/2019 15:25:32 | 05/02/2019 15:48:16 | #19-0017130: Medical assist, assist EMS crew - 3509 HWY 358 FWY EB |
| | | | | | | | 05/02/2019 18:40:03 | 05/02/2019 19:03:26 | #19-0017160: Rescue, EMS incident, other - 4513 S STAPLES ST /104 |
| 19 | 20 | 21 | 22 | 23 | 24 | 25 | 05/02/2019 20:34:46 | 05/02/2019 21:06:52 | #19-0017174: Rescue, EMS incident, other - 5226 TARTAN DR |
| 26 | 27 | 28 | 29 | 30 | 31 | | 05/02/2019 22:30:27 | 05/02/2019 23:01:42 | #19-0017187: Medical assist, assist EMS crew - 305 ROSEBUD AVE [Quality Checked] |

Use Selected Calendar Date

Requesty 8 0 0 0 0 0 4 0 0

Filtering Shift Times Options New... Edit Delete Print Close



Tasks [Log]

| Date/Time | Task Name | Workstation |
|---------------------|----------------------------|-------------|
| 05/17/2019 07:55:59 | Update Scheduling Activity | FHAT-CT-02 |
| 05/16/2019 07:55:31 | Update Scheduling Activity | FHAT-CT-02 |
| 05/15/2019 07:55:45 | Update Scheduling Activity | FHAT-CT-02 |
| 05/14/2019 07:55:35 | Update Scheduling Activity | FHAT-CT-02 |
| 05/13/2019 07:55:30 | Update Scheduling Activity | FHAT-CT-02 |
| 05/12/2019 07:55:17 | Update Scheduling Activity | FHAT-CT-02 |
| 05/11/2019 07:55:51 | Update Scheduling Activity | FHAT-CT-02 |
| 05/10/2019 07:55:45 | Update Scheduling Activity | FHAT-CT-02 |
| 05/09/2019 07:55:36 | Update Scheduling Activity | FHAT-CT-02 |
| 05/08/2019 07:55:44 | Update Scheduling Activity | FHAT-CT-02 |
| 05/07/2019 07:55:37 | Update Scheduling Activity | FHAT-CT-02 |
| 05/06/2019 07:55:33 | Update Scheduling Activity | FHAT-CT-02 |
| 05/05/2019 07:55:23 | Update Scheduling Activity | FHAT-CT-02 |
| 05/04/2019 07:55:56 | Update Scheduling Activity | FHAT-CT-02 |
| 05/03/2019 07:55:04 | Update Scheduling Activity | FHAT-CT-02 |
| 05/02/2019 07:55:33 | Update Scheduling Activity | FHAT-CT-02 |
| 05/01/2019 07:55:01 | Update Scheduling Activity | FHAT-CT-02 |
| 04/30/2019 07:55:54 | Update Scheduling Activity | FHAT-CT-02 |
| 04/29/2019 07:55:25 | Update Scheduling Activity | FHAT-CT-02 |
| 04/28/2019 07:55:13 | Update Scheduling Activity | FHAT-CT-02 |
| 04/27/2019 07:55:01 | Update Scheduling Activity | FHAT-CT-02 |
| 04/26/2019 07:55:02 | Update Scheduling Activity | FHAT-CT-02 |
| 04/25/2019 07:55:02 | Update Scheduling Activity | FHAT-CT-02 |
| 04/24/2019 07:55:01 | Update Scheduling Activity | FHAT-CT-02 |

Details..

Delete

Purge

Refresh

Close

Show automated tasks run at this workstation only

| Last | First | Middle | Suffix | Staff ID | Alternate ID | | | | | | | | | | | | | | | | | | | | | | | | | |
|--|--------------|--------------------|------------------|--|--|--|--|--|--|--|--|--|---|--|--|------|--------------|-----------|----|--------------|--|--|--|--|--|--|--|--|--|--|
| | | STEVE | | 2435 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Basic Contacts Activities Training Additional Records Notes Other... | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Residence Address Street Miles to Station: 0.00 City: CORPUS CHRISTI State: TX ZIP Code: 78411 | | | | FDID EMS Service# Station Shift | Unit Rank Effective Date: 10/12/1987 Status: RE Retired Effective Date: 01/10/2016 | | | | | | | | | | | | | | | | | | | | | | | | | |
| Date of Birth | Hire Date | Adjusted Hire Date | End Service Date | Career/Volunteer | Current Age: 61 Years of Service: 33.34 | | | | | | | | | | | | | | | | | | | | | | | | | |
| 07/12/1957 | 09/07/1982 | | 01/10/2016 | 1 Career | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Other Stations <table border="1"> <thead> <tr> <th>Code</th> <th>Description</th> </tr> </thead> <tbody> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </tbody> </table> | | | Code | Description | | | | | | | | | Phone Numbers E-Mail/Internet Addresses <table border="1"> <thead> <tr> <th>Type</th> <th>Phone Number</th> <th>Extension</th> </tr> </thead> <tbody> <tr> <td>HM</td> <td>361-999-9999</td> <td> </td> </tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> </tbody> </table> | | | Type | Phone Number | Extension | HM | 361-999-9999 | | | | | | | | | | |
| Code | Description | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Type | Phone Number | Extension | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| HM | 361-999-9999 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| [Navigation icons] [New] [Browse] [Save] [Delete] [Print...] [Cancel] | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

| Last | First | Middle | Suffix | Staff ID | Alternate ID | | | | | | | | | | | | | | | |
|--|--------------|--------|--------------|------------|--------------|----------|------------|------|-------|------------|---|-------------|------|--------------|---|---|--------------|-------|---------|---|
| | | STEVE | | 2435 | | | | | | | | | | | | | | | | |
| Basic Contacts Activities Training Additional Records Notes Other... | | | | | | | | | | | | | | | | | | | | |
| <table border="1"> <thead> <tr> <th>Sequence</th> <th>Name/Title</th> <th>Type</th> <th>Phone</th> <th>Emgcy Cont</th> </tr> </thead> <tbody> <tr> <td>1</td> <td>VALDEZ, ...</td> <td>SPSE</td> <td>361-551-2227</td> <td>Y</td> </tr> <tr> <td>2</td> <td>SALINAS, ...</td> <td>ZEMER</td> <td>956-...</td> <td>Y</td> </tr> </tbody> </table> | | | | | | Sequence | Name/Title | Type | Phone | Emgcy Cont | 1 | VALDEZ, ... | SPSE | 361-551-2227 | Y | 2 | SALINAS, ... | ZEMER | 956-... | Y |
| Sequence | Name/Title | Type | Phone | Emgcy Cont | | | | | | | | | | | | | | | | |
| 1 | VALDEZ, ... | SPSE | 361-551-2227 | Y | | | | | | | | | | | | | | | | |
| 2 | SALINAS, ... | ZEMER | 956-... | Y | | | | | | | | | | | | | | | | |
| 2 Staff Contacts records listed [Navigation icons] [Add] [Open] [Delete] | | | | | | | | | | | | | | | | | | | | |
| [Navigation icons] [New] [Browse] [Save] [Delete] [Print...] [Cancel] | | | | | | | | | | | | | | | | | | | | |

| Last | First | Middle | Suffix | Staff ID | Alternate ID |
|------|-------|--------|--------|----------|--------------|
| | | STEVE | | 2435 | |

Basic | Contacts | Activities | Training | Additional Records | Notes | Other...

| | |
|---------------------------------------|-------------------|
| <input checked="" type="checkbox"/> 1 | Other History... |
| <input checked="" type="checkbox"/> 2 | Equipment... |
| <input type="checkbox"/> | Availability... |
| <input checked="" type="checkbox"/> | Administrative... |
| <input type="checkbox"/> | Schedules... |
| <input checked="" type="checkbox"/> 1 | User Setup |

Administrative Information

Basic | EMS | Notes

Social Security Number: [REDACTED] Race: 1H ... Hispanic

Gender: 1 ... Male Ethnicity: [REDACTED]

Driver's License: [REDACTED] Expires: 07/12/2018 ...

Class: A-M ...

Fire Certification #: [REDACTED] Spouse Name: [REDACTED]

Non-published phone numbers

| Type | Phone Number | Extension | + | - | ↑ | ↓ |
|------|--------------|-----------|---|---|---|---|
| | | | | | | |
| | | | | | | |
| | | | | | | |
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| | |
|--------------------------|---------------------|
| <input type="checkbox"/> | Insurance... |
| <input type="checkbox"/> | Pay Rates... |
| <input type="checkbox"/> | Casualty Reports... |
| | EMS Exposures... |

Personnel

| | | |
|-------------------------------------|-----------------------------------|----------------------------|
| EMS Certification # | EMS Certification Expires | Initial Certification Date |
| 16187 | 11/30/2018 ... | ... |
| State EMS Certification Level | Current Certification Date | National Registry |
| 1 ... EMT - EMT Basic | 11/30/2018 ... | No |
| Total length of EMS Service (years) | Length of Service Date Documented | |
| 0 | ... | |

Personnel at Agency

| | |
|----------------------------|-----------------------------|
| EMS Employment Status | Status Date |
| ... | ... |
| Agency Certification Level | Date Certification Achieved |
| ... | ... |

Save

Delete

Close

The screenshot displays a software application interface. At the top, there are fields for 'Occupancy Name', 'Occupancy ID' (6358SPID), 'Station', and 'Property ID'. Below these are navigation tabs: 'Address', 'Building', 'Owners & Contacts', 'Inspections & Activities', 'Additional Records', 'Notes', 'EH Sketch', and 'Other...'. A 'FDID' field is also present. A table with columns 'Required' and 'Completed' is visible, containing several rows with checkboxes. A modal dialog box is open, showing 'Basic' and 'Other' tabs. It includes a 'Date' field (07/21/2019), a 'Time' field (15:18), a checkbox for 'Require occupancy administrative rights to view', a 'Code' field (6358), and a 'Notes' field with the text 'Name changed from TEXAS EXCELLENCE to TEXAS EXCELLENCE'. The dialog has 'New', 'Save', 'Delete', and 'Close' buttons at the bottom. On the right side of the main window, there is a list of inspection records for the year 2019.

| Required | Completed |
|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> |
| | <input type="checkbox"/> |
| | |

2019

- F806 : INSPECTION - Extinguishing System - ERS ST Inspector: GOSSON, DONIEL
- F806 : INSPECTION - General - CORPUS D GAS REPAIR - 2213 GOLLIHAR RD TX 78416 Inspector: GOSSON, DONIEL
- F806 : INSPECTION - Annual - GARZA 19 DOMINICA DR /CORPUS CHRISTI, TX 78401 Inspector: DONIEL

Basic | Other

Date: 07/21/2019 Time: 15:18 Require occupancy administrative rights to view

Code: 6358 Occupancy Name or Building Information has Changed

Notes: Name changed from TEXAS EXCELLENCE to TEXAS EXCELLENCE

New Save Delete Close

**Corpus Christi Fire Department
Daily Readiness Report
(Fire Apparatus)**

Station # _____ Unit # _____ Company # _____ Saturday's Odometer: _____

Next Service Hrs. _____ Saturday's Hr. Meter: _____

| Date marked above each day | | | | | | | | | |
|---|-----|-----|-----|-----|------|-----|-----|-------|--|
| | Sun | Mon | Tue | Wed | Thur | Fri | Sat | RFM # | |
| 1. Service Sticker Checked | | | | | | | | | |
| 2. Vehicle Inspection Sticker Checked | | | | | | | | | |
| 3. Fuel (3/4 or above) | | | | | | | | | |
| 4. Engine Oil Level | | | | | | | | | |
| 5. Radiator Water Level | | | | | | | | | |
| 6. Engine Drive Belts – Inspect for excess Wear | | | | | | | | | |
| 7. Power Steering Fluid Level | | | | | | | | | |
| 8. Auto Transmission Fluid Level | | | | | | | | | |
| 9. Primer Pump Checked & Oil Reservoir level | | | | | | | | | |
| 10. Booster Tank Water Level | | | | | | | | | |
| 11. Battery Water Level & Clean Cables | | | | | | | | | |
| 12. Tires (Check Wear and Pressure) | | | | | | | | | |
| 13. Lights (Emergency, Clearance, Flood, etc.) | | | | | | | | | |
| 14. Horn & Siren | | | | | | | | | |
| 15. Brakes & Air System Checked | | | | | | | | | |
| 16. Bleed All Air Tanks | | | | | | | | | |
| 17. Cab Instrumentation (Gauges) | | | | | | | | | |
| 18. Pump Engagement | | | | | | | | | |
| 19. Pump Panel Gauges | | | | | | | | | |
| 20. Intake & Discharge Outlets | | | | | | | | | |
| 21. Intake & Discharge Levers | | | | | | | | | |
| 22. Wipers | | | | | | | | | |
| 23. Windshield & Windows (Cracks & Dings) | | | | | | | | | |
| 24. All Door Operations (Opening & Closing) | | | | | | | | | |
| 25. Gas powered Equipment (Run daily) | | | | | | | | | |
| 26. Body Condition & Cleanliness | | | | | | | | | |
| 27. SCBA SEMS device checked for Operation | | | | | | | | | |
| 28. Engineers Initials | | | | | | | | | |
| 29. Captains Initials | | | | | | | | | |
| 30. Battalion Chiefs Initials | | | | | | | | | |

Use the back of this form for comments

Under the daily columns, mark with an "OK" or an "X". Explain any item marked with an "X" indicating the corresponding number and the problem. Follow up with a RFM and notify the Battalion Chief. Any tools that are missing, report to the Battalion Chief so they can forward to Support Services.

If any fluids are added to the unit then a RFM must be put in.

**Corpus Christi Fire Department
Daily Readiness Report
(EMS Units)**

Station # _____ Unit # _____ Medic _____ Saturday's Odometer: _____

Next Service Hrs. _____ Saturday's Hr. Meter: _____

| Date marked above each day | Sun | Mon | Tue | Wed | Thur | Fri | Sat | RFM # |
|--|-----|-----|-----|-----|------|-----|-----|-------|
| 1. Service Sticker Checked | | | | | | | | |
| 2. Vehicle Inspection Sticker Checked | | | | | | | | |
| 3. Fuel (3/4 or above) | | | | | | | | |
| 4. Engine Oil Level | | | | | | | | |
| 5. Radiator Water Level | | | | | | | | |
| 6. Fan Belt – Inspect for excess Wear | | | | | | | | |
| 7. Power Steering Fluid Level | | | | | | | | |
| 8. Auto Transmission Fluid Level | | | | | | | | |
| 9. Battery Water Level & Clean Cables | | | | | | | | |
| 10. Tires (Check Wear and Pressure) | | | | | | | | |
| 11. Lights (Emergency, Clearance, Flood, etc.) | | | | | | | | |
| 12. Horn & Siren | | | | | | | | |
| 13. Brakes System Checked | | | | | | | | |
| 14. Cab Instrumentation (Gauges) | | | | | | | | |
| 15. Windshield Wipers / Washer Fluid | | | | | | | | |
| 16. Windshield & Windows (Cracks & Dings) | | | | | | | | |
| 17. All Door Operations (Opening & Closing) | | | | | | | | |
| 18. Generator Checked (Run daily) | | | | | | | | |
| 19. Body Condition & Cleanliness | | | | | | | | |
| 20. Vehicle Tools Inventory | | | | | | | | |
| 21. Medical Equipment Checked | | | | | | | | |
| 22. Medical Supplies Checked | | | | | | | | |
| 23. SCBA SEMS device checked for Operation | | | | | | | | |
| 24. Driver's Initials | | | | | | | | |
| 25. Captains Initials | | | | | | | | |
| 26. 623's Initials | | | | | | | | |

Use the back of this form for comments

Under the daily columns, mark with an "OK" or an "X". Explain any item marked with an "X" indicating the corresponding number and the problem. Follow up with a RFM and notify the Battalion Chief. Any tools that are missing, report to the Battalion Chief so they can forward to Support Services.

If any fluids are added to the unit then a RFM must be put in.

**CORPUS CHRISTI FIRE DEPARTMENT
WEEKLY MEDIC UNIT INVENTORY
Front Line and 1-B Only**

DATE: _____

UNIT DESIGNATION: M -UNIT# 55

INVENTORIED BY: _____

CAPTAIN: _____

AIRWAY BAG

- 1 ADULT BVM
- 1 Each BP CUFFS: ADULT / THIGH
- 1 STETHOSCOPE
- 1 LARYNGOSCOPE HANDLE
- 1 EACH INTUBATION BLADES
MILLER 4 & MAC 4
- 1 EACH ET TUBE: 6, 7, 7.5, 8, 8.5, 9
- 1 EACH KING TUBE: 3, 4, 5
- 1 ADULT TUBE HOLDER
- 1 ADULT ET/CO2 DETECTOR
- 1 ADULT STYLET
- 1 BOUGIE TRACHEAL TUBE INTRO
- 1 LARGE MAGILL FORCEPS
- 1 ALUMINUM O2 "D" CYLINDER W/ REG.
- 1 O2 WRENCH
- 1 SET ADULT ORAL AIRWAYS
- 1 10 CC SYRINGE
- 1 HAND SUCTION
- 1 BULB SYRINGE
- 2 TONGUE DEPRESSORS
- 1 ROLL TRANSPORE TAPE
- 1 2" ROLL CLOTH TAPE
- 1 NASAL CANNULA
- 1 NON-REBREATHER
- 1 NEBULIZER SETUP
- 1 ADULT AEROSOL MASK
- 1 CHEST DECOMPRESSION KIT
- 2 AMMONIA CAPSULES
- 1 AD PULSE OXIMETER (if not on monitor)
- 1 EACH CPAP Mask S,M,L

TRAUMA BAG

- 1 BANDAGE SHEARS
- 1 PENLIGHT
- 1 B/P CUFF - ADULT
- 1 STETHOSCOPE
- 2 NS 1000 ML
- 2 MAXI DRIP SETS
- 6 START PAKS
- 4 EACH 16,18,20 G. ANGIOS
- 2 22 GAUGE ANGIOS
- 2 24 GAUGE ANGIOS
- 2 TONGUE DEPRESSORS
- 5 VASELINE® GAUZE
- 3 4X4 TRAYS (BOATS)
- 5 4X4 SINGLES
- 5 2X2 SINGLES
- 2 STERILE DRESSINGS
- 2 MULTI-TRAUMA DRESSINGS
- 4 2" KLING
- 3 KERLIX™
- 4 TRIANGULAR BANDAGES
- 1 TOURNIQUET
- 2 1" TRANSPORE TAPE
- 2 2" CLOTH TAPE ROLLS
- 1 RING CUTTER
- 1 BOX ADULT BANDAIDS
- 2 COLD PACKS
- 1 BOTTLE ALCOHOL
- 1 BOTTLE PAPAIN MEAT TENDERIZER
- 2 SHUR CLENS® WOUND CLEANSER
- 2 ROLLS COBAN™

SUCTION or AIRWAY BAG

- 1 PORTABLE SUCTION W/ TUBING
- 1 YANKAUER TIP
- 1 #6 or #8 FRENCH CATHETER
- 1 #14 or #18 FRENCH CATHETER
- PEDIATRIC BAG**
- 1 BROSELOW TAPE or PEDI SLIDE
- 1 SET PEDI ORAL AIRWAYS
- 1 EACH BVM: CHILD & INFANT
- 1 PEDI LARYNGOSCOPE HANDLE
- 1 INTUBATION BLADE EACH
MILLER 0, 1, 2, 3,
MAC 2, 3
- 1 PEDI STYLET
- 1 SMALL MAGILL FORCEPS
- 1 EACH ET TUBE: 3, 3.5, 4
- 2 TONGUE DEPRESSORS
- 1 PEDI ET/CO2 DETECTOR
- 1 MECONIUM ASPIRATOR
- 1 PEDI TUBE HOLDER
- 1 #6 or #8 FRENCH CATHETER
- 1 #14 or #18 FRENCH CATHETER
- 1 BULB SYRINGE
- 2 1CC SYRINGE
- 3 18 GAUGE HYPO (DRAW) NEEDLES
- 1 INFANT O2 MASK
- 1 PEDI O2 MASK
- 1 PEDI AEROSOL MASK
- 1 INFANT B/P CUFF
- 1 CHILD B/P CUFF
- 1 STETHOSCOPE
- 4 PREFILLED SALINE FLUSHES
- 2 NS 100 ML
- 2 MINI DRIP SET
- 2 START PAKS
- 2 I-PADS
- 2 of each size angios
20, 22, 24 GAUGE
- 1 ROLL 1" TRANSPORE TAPE
- 6 2X2 SINGLES
- 4 4X4 SINGLES
- 10 PEDI BANDAIDS
- 2 PEDI IV BOARDS
- 1 #5 FR FEEDING CATHETER

TRIAGE BAG

- 1 EACH TRIAGE TAPE:
GREEN, YELLOW, RED, BLACK
- 25 TRIAGE CARDS
- 1 TRIAGE BELT
- 1 CLIPBOARD

EZ-IO KIT

- 1 EACH EZ-IO® NEEDLE: 45, 25 & 15MM
- 1 EZ-IO® DRIVER

DIAGNOSTIC EQUIPMENT

- 1 CARDIAC MONITOR w/
2 ADULT HANDS FREE PADS
1 PEDI HANDS FREE PADS
5 6-PK. ADULT ELECTRODES
5 4-PK. ADULT ELECTRODES
12 PEDI ELECTRODES
2 in line ET/CO2 DETECTORS

MEDICATIONS IN MED BOX***Replace meds within 30 days of exp. date.**

- 1 ACETAMINOPHEN BOTTLE 500mg
- 1 ACETAMINOPHEN ELIXER 160mg/5ml
- 3 ADENOSINE 6mg / 2ml
- 3 ALBUTEROL 3ml / .083%
- 4 AMIODARONE 150mg/3ml
- 1 ASPIRIN BOTTLE 81mg / tablet
- 2 ATROPINE 1mg / 10ml
- 1 CA GLUCANATE 10% IV 1gm/10ml
- 1 CA GLUCANATE 2.5% GEL 25gm / tube
- 1 DEXTROSE 50% 25gm / 50ml
- 2 DIAZEPAM (Valium®) 10mg tubex
- 1 DIPHENHYDRAMINE (Benadryl®) 50mg/1ml
- 1 DOPAMINE 200mg / 5ml
- 1 EPI 1:1000 1mg / 1ml
- 3 EPI 1:10,000 1mg / 10ml
- 1 FUROSEMIDE (LASIX®) 40mg / 4ml
- 1 GLUCAGON 1mg/ml
- 1 GLUCOSE PASTE 15 grams
- 1 LABETALOL (Normodyne) 20mg / 4ml
- 2 LIDOCAINE 100mg / 5ml
- 1 MAGNESIUM SULFATE 50% 5gm/10ml
- 1 METHYLPRED (Solu-Medrol®) 125mg/3ml
- 2 MIDAZOLAM (Versed®) 5mg/5ml
- 2 MORPHINE SULFATE 10mg / 2ml
- 2 NALOXONE (Narcan®) 2mg / 2ml
- 1 NITROSTAT SPRAY 0.4mg / m. dose
- 1 ONDANSETRON (Zofran®) 4mg/2ml
- 1 SODIUM BICARB 50meq / 50ml
- 1 TRANEXAMIC ACID (TXA) 1000mg/10ml

MED BOX SUPPLIES

- 1 GLUCOMETER
- 1 BOTTLE GLUCOMETER STRIPS
- METER CHECK PERFORMED**
- 10 LANCETS
- 1 THERMOMETER WITH COVERS
- 10 BANDAIDS
- 6 I-PADS
- 10 MEDICATION LABELS
- 1 CARPOJECT OR TUBEX INJECTOR
- 2 NS 500 ML
- 1 EACH DRIP SET: MINI & MAXI
- 6 START PAKS
- 10 ALCOHOL PREPS
- 3 EACH NEEDLES: 18, 21 or 22 GAUGE
- 4 PRE-FILLED SALINE FLUSHES
- 2 1 CC SYRINGE
- 2 10 CC SYRINGE
- 3 16 GAUGE ANGIOS
- 6 EACH SIZE ANGIOS: 18, 20, 22
- 1 ROLL TRANSPORE TAPE
- 4 MUCOSAL ATOMIZATION DEVICES (MAD)

CAB

- 1 TOUGHBOOK
- 1 PAIR BINOCULARS
- 2 FLASHLIGHTS
- 1 HAZMAT GUIDE
- 1 BOX EXAM GLOVES

Revised: March 12, 2018

MODULE STOCK SUPPLIES**(Keep minimums on board)****AIRWAY/O2 SUPPLIES**

ENDOTRACHEAL TUBES (1 EACH)

 3.0 6.0 8.0
 3.5 7.0 8.5
 4.0 7.5 9.0 6 ORAL AIRWAYS (VARIOUS SIZES) 1 EACH KING TUBE: 3, 4, 5 1 ETCO2 DETECTOR 1 ADULT STYLET 1 PEDI STYLET 1 BOUGIE TRACHEAL TUBE INTRO 4 TONGUE DEPRESSORS 6 NASAL CANNULAS 6 NON-REBREATHER MASKS 3 PEDI O2 MASKS 3 INFANT O2 MASKS 4 NEBULIZER SET-UPS 3 ADULT AEROSOL MASKS 3 PEDIATRIC AEROSOL MASKS 1 EACH CPAP MASK s, m, l 1 BULB SYRINGE 2 YANKAUER TIPS 2 SUCTION TUBING 1 #6 or #8 FRENCH CATHETER 1 #14 or #18 FRENCH CATHETER 1 EXTRA SUCTION CONTAINER 1 EACH BVM

ADULT / CHILD / INFANT

 1 WALL O2 CONNECT 1 WALL SUCTION UNIT 1 K CYLINDER W/ REG 1 ALUMINUM O2 "D" CYLINDER

AT FOOT OF STRETCHER

 1 SPARE ALUMINUM O2

"D" CYLINDER W/REG

 4 MUCOSAL ATOMIZATION DEVICES**IV SUPPLIES** 6 NS 500 ML 6 NS 1000 ML 12 IV START PAKS 6 MAXI DRIP SETS 6 MINI DRIP SETS 1 BOX ALCOHOL PREPS 6 of each size angiocath
16, 18, 20, 22, 24 10 IPAD'S 6 of each size syringe
1cc, 10cc 2 60CC SYRINGE 6 18 GAUGE HYPO NEEDLES 3 21 or 22 GAUGE HYPO NEEDLES 12 PRE-FILLED SALINE FLUSHES 1 EACH EZ-IO NEEDLE**LABOR/DELIVER MGT** 2 OBSTETRICAL KITS 2 SILVER SWADDLERS**SPLINTS** 1 ADULT TRACTION 1 PEDI TRACTION 2 SMALL PADDED BOARD 2 MEDIUM PADDED BOARD 2 LONG PADDED BOARD 2 FULL ARM AIR 2 FULL LEG AIR 2 FOOT/ANKLE AIR 2 SAM SPLINTS**HEMMORHAGE MGT** 1 BOX VASELINE® GAUZE 2 BOX 2X2 SINGLES 2 BOX 4X4 SINGLES 8 4X4 TRAYS 6 STERILE DRESSINGS 4 MULTI TRAUMA DRESSINGS 6 2" KLING 12 KERLIX 12 TRIANGULAR BANDAGES 6 ROLLS 1" TRANSPORE TAPE 4 ROLLS 2" CLOTH TAPE 1 BOX BANDAIDS 2 ROLLS COBAN**ISOLATION - BURN MANAGEMENT** 3 ISOLATION KITS 3 EYE PROTECTION

SHIELDS / GOGGLES

 12 ISOLAIR MASKS 12 N-95 MASKS 4 RED BIOHAZARD BAGS 1 SHARPS CONTAINER 2 STERILE SHEETS 1 GALLON DISTILLED WATER 1 TUB ANTISEPTIC WIPES**IMMOB EQUIPMENT** 3 6' BACKBOARDS W/ STRAPS 2 KEDS 1 SCOOP STRETCHER 1 PEDI IMMOB DEVICE 1 STAIR CHAIR 1 STRETCHER 1 SOFT STRETCHER 6 DISP. HEAD IMMOBILIZERS 4 PEDI, ADJUSTABLE C-COLLARS 6 ADULT ADJUSTABLE C-COLLARS**OTHER ITEMS** 1 SET PAPER PCR'S 1 SET EMS PROTOCOLS 3 RAINCOATS 3 SAFETY VESTS 1 WATER RESCUE TUBE 2 LIFE VESTS 1 PEDI CAR SEAT 1 SOFT PEDI SAFETY SEAT 1 SPRAY BOTTLE VIREX® 1 BOTTLE HAND CLEANER 1 BOTTLE EYEWASH 5 SPARE 6-PK. ADULT ELECTRODES 5 SPARE 4-PK. ADULT ELECTRODES 24 SPARE PEDI ELECTRODES 3 ADULT HANDS FREE PAD 1 PEDIATRIC HANDS FREE PAD 3 SPARE PACKS ECG PAPER 4 BIO-HOOP BAGS 4 HOT PAKS 4 COLD PAKS 10 FLAT SHEETS 10 FITTED SHEETS 1 BOX EACH EXAM GLOVES

MEDIUM, LARGE, X-LARGE

 2 NO SMOKING SIGNS CAB PT COMPARTMENT 1 5# ABC EXTINGUISHER 1 BOLT CUTTER 1 WRENCH FOR K-CYLINDER 1 SET REFLECTIVE WARNING DEVICES 1 STRETCHER**SPARE MEDICATIONS BOX*****Replace meds within 30 days of exp. date.** 1 ACETAMINOPHEN BOTTLE 500mg 1 ACETAMINOPHEN ELIXER 160mg/5ml 2 ADENOSINE 6mg / 2ml 2 ALBUTEROL 3ml / .083% 2 AMIODARONE 150mg/3ml 1 ASPIRIN BOTTLE 81mg / tablet 3 ATROPINE 1mg / 10ml 1 CA GLUCANATE 10% IV 1gm/10ml 2 DEXTROSE 50% 25gm / 50ml 1 DIPHENHYDRAMINE (Benadryl®) 50mg/1ml 1 DOPAMINE 200mg / 5ml 2 EPI 1:1000 1mg / 1ml 4 EPI 1:10,000 1mg / 10ml 1 FUROSEMIDE (LASIX®) 40mg / 4ml 1 GLUCOSE PASTE 15 grams 1 LABETALOL (Normodyne) 20mg / 4ml 1 LIDOCAINE 100mg / 5ml 2 METHYLPRED (Solu-Medrol®) 125mg/3ml 2 NALOXONE (Narcan®) 2mg / 2ml 1 NITRO SPRAY 0.4mg / m.dose 1 ONDANSETRON (Zofran®) 4mg/2ml 1 SODIUM BICARB 50meq / 50ml 1 TRANEXAMIC ACID (TXA) 1000mg/10ml

Effective: 09/01/17 to 08/31/19

MICU # _____ Date: _____

Revised: March 12, 2018

Station # _____

EMS SUPPLY LOCKER ORDER FORM OUTLYING STATION

Print Name: _____

Station 2 Station 7 Station 13 Station 15

Date: _____

Print Name: _____

| Supply/Supply | Station Qty | Needed | Diagnosis/Equip | Station Qty | Needed | Notes | |
|-------------------------------|-------------|--------|----------------------------|---------------|--------|-------|--|
| ET Tube Holder-Pedi | 2 | | Electrodes Adult-4 pack | 6 bx | | | |
| ET Tube Holder-Adult | 5 | | Electrodes Adult-6 pack | 6 bx | | | |
| ETCO2 Detector-Pedi | 2 | | Electrodes Pedi | 10 ea | | | |
| ETCO2 Detector-Adult | 5 | | Hands Free CPR Pads-Adult | 3 | | | |
| Styilet - Pedi | 2 | | Hands Free CPR Pads-Pedi | 1 | | | |
| Styilet - Adult | 5 | | ECG Paper Roll | 6 | | | |
| ET Tube - 3.0 | 2 | | Glucometer Strips | 4 bottles | | | |
| ET Tube - 3.5 | 2 | | Glucometer Test Solution | 1 ea | | | |
| ET Tube - 4.0 | 2 | | Glucometer Lancets | 100 | | | |
| ET Tube - 6.0 | 3 | | Immob. Equipment | | | | |
| ET Tube - 7.0 | 4 | | C-Collar - Adult | 15 | | | |
| ET Tube - 7.5 | 4 | | C-Collar - Pediatric | 5 | | | |
| ET Tube - 8.0 | 3 | | Head Blocks | 15 | | | |
| ET Tube - 8.5 | 3 | | Head Block Tape | 1 | | | |
| ET Tube - 9.0 | 2 | | Pediatric IV Board | 1 | | | |
| King Tube - 3 | 1 | | Padded Board Splint-Small | 1 | | | |
| King Tube - 4 | 2 | | Padded Board Splint-Medium | 1 | | | |
| King Tube - 5 | 1 | | Padded Board Splint-Large | 1 | | | |
| Oral Airway 40mm | 2 | | SAM Splint | 3 | | | |
| Oral Airway 50mm | 2 | | Air Splint (full arm) | 1 | | | |
| Oral Airway 60mm | 2 | | Air Splint (full leg) | 1 | | | |
| Oral Airway 80mm | 2 | | Air Splint (ankle/foot) | 2 | | | |
| Oral Airway 90mm | 2 | | P.P.C. | | | | |
| Oral Airway 100mm | 4 | | Isolation Kits | 2 | | | |
| Tongue Depressors | 12 | | Mask w/eye protection | 6 | | | |
| Nebulizer | 10 | | Burn Sheets (sterile) | 2 | | | |
| Nebulizer Mask- Pedi | 2 | | Isolair Masks | 12 | | | |
| Nebulizer Mask- Adult | 4 | | N-95 Masks | 12 | | | |
| Infant O2 Mask | 5 | | Cleaning Supplies | | | | |
| Pedi O2 Mask | 5 | | Virex Spray Bottle | 1 | | | |
| Nasal Cannula | 50 | | Antiseptic Wipes | 1 tub | | | |
| NRB Mask | 50 | | Hand sanitizer | 2 | | | |
| Suction Tubing | 5 | | Wype-All | 2 | | | |
| Yankaur Tip | 5 | | I/D Management | | | | |
| Suction Canister - Red | 1 | | OB Kit | 2 | | | |
| Suction Canister - Green | 1 | | Silver Swaddler | 2 | | | |
| #6 or #8 Fr. Catheter | 1 | | Other Supplies | | | | |
| #5 or #6 Fr. Catheter | 1 | | Biohazard Box w/bag | 2 | | | |
| #14 or #18 Fr. Catheter | 1 | | Biohazard Bag-Small | 1 roll | | | |
| Hand Suction Refill | 1 | | Paper- PCR's | 1-tablet | | | |
| Bulb Syringe | 1 | | Thermometer Cover | 5-small boxes | | | |
| BVM - Adult | 3 | | Bio-Hoop Bags (emesis) | 12 | | | |
| BVM - Pedi | 1 | | Gloves-Small | 2 boxes | | | |
| BVM - Infant | 1 | | Gloves-Medium 1 case=10 | 1 case | | | |
| O2 Wrench (D-Cylinder) | 1 | | Gloves- Large 1 case=10 | 1 case | | | |
| Bougie Tracheal Tube | 1 | | Gloves- X-Large 1 case=10 | 1 case | | | |
| Chest Decompression Kit | 1 | | Flat Sheets 1 case=50 | 2 cases | | | |
| Ammonia Capsules | 2 boxes | | Fitted Sheets 1 case=50 | 2 cases | | | |
| Meconium Aspirator | 1 | | Blankets (cold weather) | 5 | | | |
| CPAP Mask- Small (green) | 1 | | Distilled Water Gallon | 1 | | | |
| CPAP Mask-Medium (red) | 1 | | IV Equipment | | | | |
| CPAP Mask- Large (blue) | 1 | | 16g Angiocaths | 25 | | | |
| MAD -nasal use | 3 | | 18g Angiocaths | 50 | | | |
| Capnography(etco2 filterline) | 3 | | 20g Angiocaths | 50 | | | |

SCAN and EMAIL to T. Tezcucano and R. Mirelez

Station # _____

EMS SUPPLY LOCKER ORDER FORM OUTLYING STATION

Print Name: _____

X Series Monitor

Station 2 Station 7 Station 13 Station 15

Date: _____

Print Name: _____

| Equipment | Station Qty | Needed | Equipment | Station Qty | Needed |
|-----------------------------|--------------------|---------------|--------------------------|-------------|--------|
| 22g Angiocaths | 25 | | Kerlix | 12 | |
| 24g Angiocaths | 25 | | 2" Kling | 12 | |
| Pre-filled Saline Flushes | 100 | | 2x2 Singles | 2 bx | |
| I-Pads | 100 | | 4x4 Singles | 2 bx | |
| IV Start Packs | 100 | | Triangular Bandages | 12 | |
| 15gtt Drip Set (maxi) | 25 | | Vaseline Gauze | 12 | |
| 60gtt Drip Set (mini) | 5 | | Band-aids- Pediatric | 1 bx | |
| 100ml N/S Bag | 5 | | Band-aids- Adult | 1 bx | |
| 500ml N/S Bag | 10 | | 1" Transpore Tape | 6 | |
| 1000ml N/S Bag | 10 | | 2" Cloth Tape | 6 | |
| Medication Labels | 10 | | Hot Packs | 6 | |
| 18g Draw Needle | 20 | | Cold Packs | 10 | |
| 21g or 22g Hypo Needle (IM) | 10 | | Hydrogen Peroxide Bottle | 1 | |
| Sharps Container -Small | 1 | | Alcohol Bottle | 1 | |
| Sharps Container -Large | 1 | | Meat Tenderizer | 1 | |
| Syringe - 1ml | 12 | | Eye Wash | 1 | |
| Syringe - 3ml | 12 | | Alcohol Preps | 1 bx | |
| Syringe - 10ml | 12 | | Tourniquet | 1 | |
| Syringe - 60ml | 3 | | Sterile Wound Cleanser | 2 | |
| Trauma Equipment | Station Qty | Needed | Coban | 6 | |
| Abdominal Sterile Dressing | 8 | | Pen Light | 2 | |
| Multi-Trauma Dressing | 8 | | Trauma Shears | 1 | |
| 4x4 Trays | 20 | | | | |

| Medications | Station Qty | Needed |
|--------------------------------------|-------------|--------|
| Acetaminophen Bottle 500mg tablet | 1 | |
| Acetaminophen Elixir 160mg/5ml | 1 | |
| Adenosine 6mg/2ml | 4 | |
| Albuterol 3ml/.083% | 8 | |
| Amiodarone 150mg/3ml | 4 | |
| Aspirin 81mg chewables | 1 | |
| Atropine 1mg/10ml | 6 | |
| Calcium Gluconate 10% IV 1gm/10ml | 1 | |
| Calcium Gluconate 2.5% gel 25gm/tube | 1 | |
| Benadryl 50mg/1ml | 2 | |
| Dextrose 50% 25gm/50ml | 8 | |
| Dopamine 200mg/5ml | 1 | |
| Epinephrine 1:1000 1mg/1ml | 4 | |
| Epinephrine 1:10000 1mg/10ml | 8 | |
| Glucose Paste Tube | 4 | |
| Glucagon 1mg/1ml | 4 | |
| Lasix 40mg/4ml | 4 | |
| Lidocaine 100mg/5ml | 4 | |
| Narcan 2mg/2ml | 6 | |
| Nitro Spray 0.4mg/metered dose | 1 | |
| Normodyne 20mg/4ml | 2 | |
| Magnesium Sulfate 50% 5gm/10ml | 2 | |
| Sodium Bicarbonate 50meq/50ml | 2 | |
| Solu-Medrol 125mg/3ml | 3 | |
| Tranexamic Acid (TXA) 1000mg/10ml | 3 | |
| Zofran 4mg/2ml | 6 | |

****EZ IO's CONTACT B/C****

SCAN and EMAIL to T. Tezcucano and R. Mirelez

Station # _____

EMS SUPPLY LOCKER ORDER FORM

Print Name : _____

Date: _____

Print Name: _____

| Item | Station Qty | Needed | Item | Station Qty | Needed |
|-------------------------------|-------------|--------|--------------------------------|----------------|--------|
| ET Tube Holder-Pediatric | 2 | | Electrodes Adult-4pk 1 cs=10bx | 1 case | |
| ET Tube Holder-Adult | 5 | | Electrodes Adult-6pk 1 cs=10bx | 1 case | |
| ETCO2 Detector-Pediatric | 2 | | Electrodes Pedi | 10 ea | |
| ETCO2 Detector-Adult | 5 | | Hands Free CPR Pads-Adult | 6 | |
| Stylet - Pediatric | 2 | | Hands Free CPR Pads-Pedi | 1 | |
| Stylet -Adult | 5 | | ECG Paper Roll | 6 | |
| ET Tube - 3.0 | 2 | | Glucometer Strips | 4 bottles | |
| ET Tube - 3.5 | 2 | | Glucometer Test Solution | 1 ea | |
| ET Tube - 4.0 | 2 | | Glucometer Lancets | 100 | |
| ET Tube - 6.0 | 3 | | | | |
| ET Tube - 7.0 | 5 | | C-Collar - Adult | 15 | |
| ET Tube - 7.5 | 5 | | C-Collar - Pediatric | 5 | |
| ET Tube - 8.0 | 3 | | Head Blocks | 1 case | |
| ET Tube - 8.5 | 2 | | Head Block Tape | 2 | |
| ET Tube - 9.0 | 2 | | Pediatric IV Board | 1 | |
| King Tube - 3 | 1 | | Padded Board Splint-Small | 1 | |
| King Tube - 4 | 2 | | Padded Board Splint-Medium | 1 | |
| King Tube - 5 | 1 | | Padded Board Splint-Large | 1 | |
| Oral Airway 40mm | 2 | | SAM Splint | 6 | |
| Oral Airway 50mm | 2 | | Air Splint (full arm) | 1 | |
| Oral Airway 60mm | 2 | | Air Splint (full leg) | 1 | |
| Oral Airway 80mm | 2 | | Air Splint (ankle/foot) | 2 | |
| Oral Airway 90mm | 2 | | | | |
| Oral Airway 100mm | 4 | | Isolation Kits | 2 | |
| Tongue Depressors | 12 | | Mask w/eye protection | 6 | |
| Nebulizer | 10 | | Burn Sheets (sterile) | 2 | |
| Nebulizer Mask- Pedi | 4 | | Isolair Masks | 6 | |
| Nebulizer Mask- Adult | 6 | | N-95 Masks | 6 | |
| Infant O2 Mask | 5 | | | | |
| Pedi O2 Mask | 5 | | Cleaning Supplies | Station Qty | Needed |
| Nasal Cannula | 50 | | Virex Spray Bottle | 1 | |
| NRB Mask | 50 | | Antiseptic Wipes | 1 tub | |
| Suction Tubing | 5 | | Hand sanitizer | 2 | |
| Yankaur Tip | 5 | | Wype-All | 2 | |
| Suction Canister - Red | 3 | | | | |
| Suction Canister - Green | 1 | | W/D Management | Station Qty | Needed |
| 5fr or 6fr. Catheter | 1 | | OB Kit | 2 | |
| #6 or #8 Fr. Catheter | 3 | | Silver Swaddler | 2 | |
| #14 or #18 Fr. Catheter | 3 | | | | |
| Hand Suction Refill | 1 | | Other Supplies | Station Qty | Needed |
| Bulb Syringe | 1 | | Biohazard Box w/bag | 3 | |
| BVM - Adult | 3 | | Biohazard Bag-Small | 1 roll | |
| BVM - Pedi | 1 | | Paper- PCR's | 1-tablet | |
| BVM - Infant | 1 | | Thermometer Cover | 10-small boxes | |
| O2 Wrench (D-Cylinder) | 1 | | Bio-Hoop Bags (emesis) | 12 | |
| Bougie Tracheal Tube | 1 | | Gloves-Small | 5 | |
| Chest Decompression Kit | 1 | | Gloves-Medium 1 case=10 | 1 case | |
| Ammonia Capsules | 2 boxes | | Gloves- Large 1 case=10 | 1 case | |
| Meconium Aspirator | 1 | | Gloves- X-Large 1 case=10 | 1 case | |
| CPAP Mask- Small (green) | 1 | | Flat Sheets 1 case=50 | 2 cases | |
| CPAP Mask-Medium (red) | 1 | | Fitted Sheets 1 case=50 | 2 cases | |
| CPAP Mask- Large (blue) | 1 | | Blankets (cold weather) | 5 | |
| MAD -nasal use | 6 | | Distilled Water Gallon | 1 | |
| Capnography(etco2 filterline) | 5 | | | | |
| X Series Monitor | | | IV Equipment | Station Qty | Needed |
| | | | 16g Angiocaths | 25 | |
| | | | 18g Angiocaths 1bx=50 | 50 | |
| | | | 20g Angiocaths 1bx=50 | 50 | |

*****SCAN and EMAIL to TracyT@cctexas.com, EnriqueM@cctexas.com, ManuelY@cctexas.com*****

Station # _____

EMS SUPPLY LOCKER ORDER FORM

Print Name : _____

Date: _____

Print Name: _____

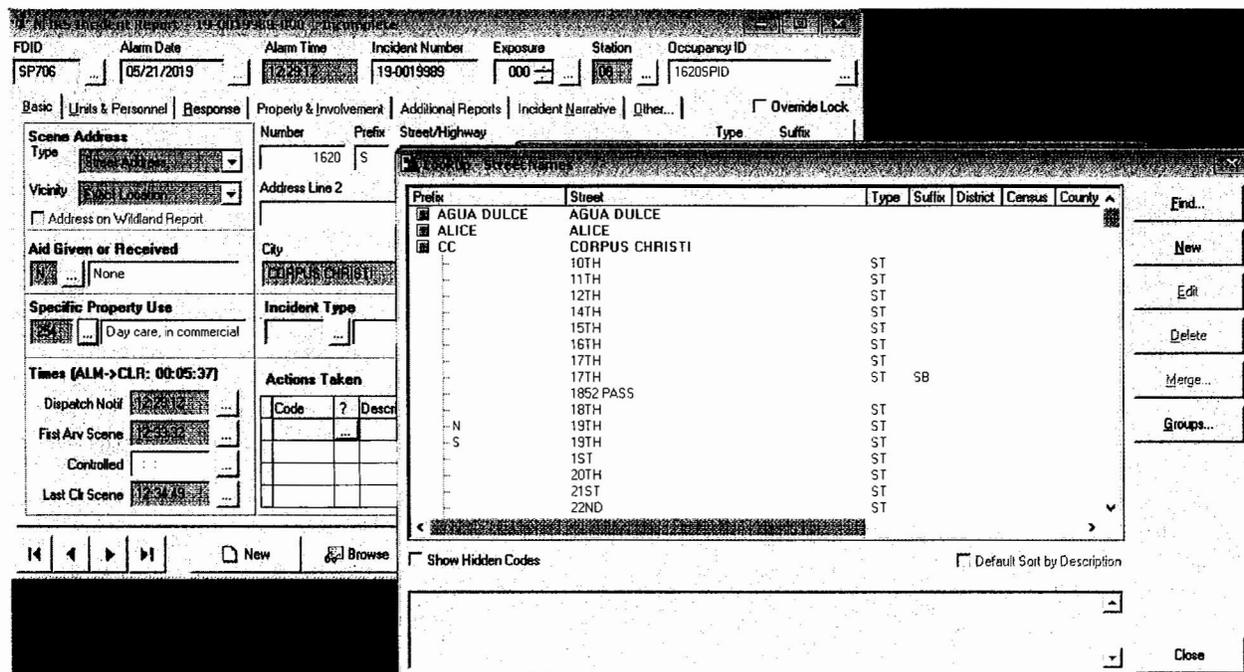
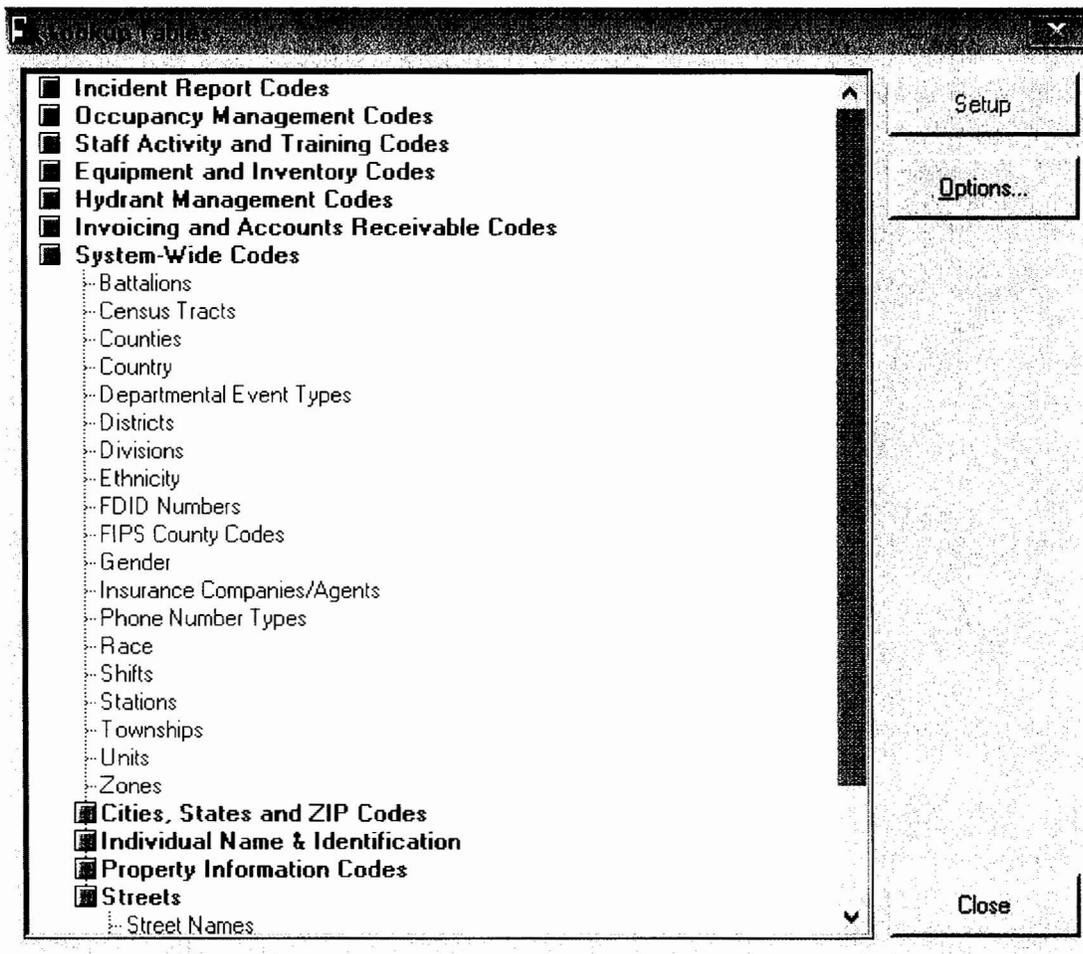
| Equipment | Station Qty | Needed | Quantity | Trauma Equipment | Station Qty | Needed | Quantity |
|-----------------------------|-------------|--------|----------|---------------------------|-------------|--------|----------|
| 22g Angiocaths | 25 | | | Kerlix | 12 | | |
| 24g Angiocaths | 25 | | | 2" Kling | 12 | | |
| Pre-filled Saline Flushes | 100 | | | 2x2 Singles | 2 bx | | |
| I-Pads | 100 | | | 4x4 Singles | 2 bx | | |
| IV Start Packs | 100 | | | Triangular Bandages | 12 | | |
| 15gtt Drip Set (maxi) | 50 | | | Vaseline Gauze | 12 | | |
| 60gtt Drip Set (mini) | 10 | | | Band-aids- Pediatric | 1 bx | | |
| 100ml N/S Bag | 5 | | | Band-aids- Adult | 1 bx | | |
| 500ml N/S Bag | 10 | | | 1" Transpore Tape 1 bx=12 | 12 | | |
| 1000ml N/S Bag | 12 | | | 2" Cloth Tape 1bx=12 | 12 | | |
| Medication Labels | 10 | | | Hot Packs | 6 | | |
| 18g Draw Needle | 20 | | | Cold Packs | 10 | | |
| 21g or 22g Hypo Needle (IM) | 10 | | | Hydrogen Peroxide Bottle | 1 | | |
| Sharps Container -Small | 2 | | | Alcohol Bottle | 1 | | |
| Sharps Container -Large | 2 | | | Meat Tenderizer | 1 | | |
| Syringe - 1ml | 12 | | | Eye Wash | 2 | | |
| Syringe - 3ml | 12 | | | Alcohol Preps | 2 bx | | |
| Syringe - 10ml | 12 | | | Tourniquet | 1 | | |
| Syringe - 60ml | 3 | | | Sterile Wound Cleanser | 4 | | |
| Trauma Equipment | Station Qty | Needed | Quantity | Coban | 6 | | |
| Abdominal Sterile Dressing | 8 | | | Pen Light | 2 | | |
| Multi-Trauma Dressing | 8 | | | Trauma Shears | 1 | | |
| 4x4 Trays | 20 | | | | | | |

| Medications | Station Qty | Needed | Quantity |
|--------------------------------------|-------------|--------|----------|
| Acetaminophen 500mg tablet | 1 bx | | |
| Acetaminophen Elixir 160mg/5ml | 1 | | |
| Adenosine 6mg/2ml | 6 | | |
| Albuterol 3ml/.083% | 10 | | |
| Amiodarone 150mg/3ml | 6 | | |
| Aspirin 81mg chewables | 1 | | |
| Atropine 1mg/10ml | 10 | | |
| Calcium Gluconate 10% IV 1gm/10ml | 1 | | |
| Calcium Gluconate 2.5% gel 25gm/tube | 1 | | |
| Benadryl 50mg/1ml | 4 | | |
| Dextrose 50% 25gm/50ml | 10 | | |
| Dopamine 200mg/5ml | 2 | | |
| Epinephrine 1:1000 1mg/1ml | 4 | | |
| Epinephrine 1:10000 1mg/10ml | 10 | | |
| Glucose Paste Tube | 6 | | |
| Glucagon 1mg/1ml | 4 | | |
| Lasix 40mg/4ml | 6 | | |
| Lidocaine 100mg/5ml | 10 | | |
| Narcan 2mg/2ml | 10 | | |
| Nitro Spray 0.4mg/metered dose | 1 | | |
| Normodyne 20mg/4ml | 2 | | |
| Magnesium Sulfate 50% 5gm/10ml | 2 | | |
| Sodium Bicarbonate 50meq/50ml | 4 | | |
| Solu-Medrol 125mg/3ml | 10 | | |
| Tranexamic Acid (TXA) 1000mg/10ml | 4 | | |
| Zofran 4mg/2ml | 10 | | |

****EZ IO's CONTACT B/C****

*****SCAN and EMAIL to TracyT@cctexas.com, EnriqueM@cctexas.com, ManuelY@cctexas.com*****

Line 40, Number 3



FDID: 5P708 Alarm Date: 05/21/2019 Alarm Time: Incident Number: 19-0019989 Exposure: 000 Station: Occupancy ID: 1620SPID

Basic | Links & Personnel | Response | Property & Involvement | Additional Reports | Incident Narrative | Other... | Override Lock

Scene Address: Type: Vicinity: Address on Wildland Report: Address Line 2: City: Incident Type: Actions Taken:

Aid Given or Received: None Specific Property Use: Day care, in commercial Times (ALM -> CLR: 00:05:37) Dispatch Notif: First Arr Scene: Controlled: Last Clr Scene:

Code Description

| | |
|-----|--|
| 1 | Assembly |
| 2 | Educational |
| 200 | Educational, Other |
| 210 | Schools, non-adult, other |
| 211 | Preschool |
| 213 | Elementary school, including kindergarten |
| 215 | High school/junior high school/middle school |
| 241 | Adult education center, college classroom |
| 254 | Day care, in commercial property |
| 255 | Day care, in residence, licensed |
| 256 | Day care in residence, unlicensed |
| 3 | Health Care, Detention & Correction |
| 4 | Residential |
| 400 | Residential, Other |
| 419 | 1 or 2 family dwelling |
| 429 | Multi-family dwelling |
| 439 | Boarding/rooming house, residential hotels |
| 449 | Hotel/motel, commercial |
| 459 | Residential board and care |
| 460 | Dormitory-type residence, other |

Show Hidden Codes Default Sort by Description

End... New Plus-One Edit Delete Merge... Groups...

OK Cancel

FDID: SP706 Alarm Date: 05/21/2019 Alarm Time: Incident Number: 19-0019989 Exposure: 000 Station: Occupancy ID: 1620SPID

Basic | Units & Personnel | Response | Property & Involvement | Additional Reports | Incident Narrative | Other... Override Lock

Scene Address
 Type: Number: 1620 Prefix: S Street/Highway: Type: DR Suffix: WB
 Vicinity: Address Line:
 Address on Wildland Report

Aid Given or Received
 None

Specific Property Use
 Day care, in commercial

Times (ALM -> CLR: 00:05:37)
 Dispatch Notif: First Arrv Scene: Controlled: Last Crt Scene:

Incident T
 City: Actions T:
 Code:

Field-Level Rules and Default Values | Record-Level Rules | Custom Form Caption

Highlight a field name in the list on the left to view rules and default values associated with that field on the right. Use the buttons below the list at right to modify default values or rules for this field.

| Field Name | Caption | Description |
|------------|-------------|---|
| STREET | Street Name | Require field when: ADDR_TYPE=1 OR ADDR_TYPE= ! Disable field when: !EMPTY(OCCUP_ID) AND !goApp.In |

↓ = System ? = User-Defined

Add Opn Delete

Show only user-defined rules

Disable all non-required Fields Enable all non-required Fields Reset OK Cancel

FDID: SP706 Alarm Date: 05/21/2019 Alarm Time: Incident Number: 19-0019989 Exposure: 000 Station: Occupancy ID: 1620SPID

Basic Units & Personnel

| Unit | Name |
|------|----------|
| M8 | MEDIC 8 |
| M10 | MEDIC 10 |

2 Unit records listed

Personnel

| Staff ID | Name |
|----------|------|
|----------|------|

0 Personnel records listed

Unit Code: [] Resource Type

Response Code: Emergency

Times (NOTIF->IN SVC: 00:00:4)

Unit Notified: []

Unit Enroute: []

Cancelled []

Arrived at Scene: []

Cleared: []

Back in Svc: []

Back at Home: []

| Code | Describe | Type | Ems Type | Fdid |
|---------|------------------------------------|------|----------|-------|
| U5 | UTILITY VEHICLE 5 | 00 | | SP706 |
| ADM | ADMINISTRATION | | | |
| ANNAV | ANNAVILLE | | | |
| -AV700 | ENGINE 700 | 11 | | SP502 |
| -E71 | ENGINE 71 | 11 | | SP502 |
| -M71 | MEDIC 71 | 76 | | SP502 |
| -M72 | MEDIC 72 | 76 | | SP502 |
| EMS | EMERGENCY MEDICAL SERVICES | | | |
| FB | FLOUR BLUFF | | | |
| -E94 | ENGINE 94 | 11 | | SP508 |
| -E95 | ENGINE 95 | 11 | | SP508 |
| -FBFD | FLOUR BLUFF SUPERVISOR | 92 | | SP508 |
| FP | FIRE PREVENTION | | | |
| LEPC | LOCAL EMERGENCY PLANNING COMMITTEE | | | |
| LOGIST | LOGISTICAL SUPPORT | | | |
| NAVY | NAVY | | | |
| -NAVY1 | ENGINE | 11 | | SP706 |
| -NAVY2 | CHIEF SUPERVISOR | 92 | | SP706 |
| -NAVY3 | TRUCK | 12 | | SP706 |
| -NAVYM1 | MEDIC UNIT | 70 | | SP706 |

Show Hidden Codes Default Sort by Description

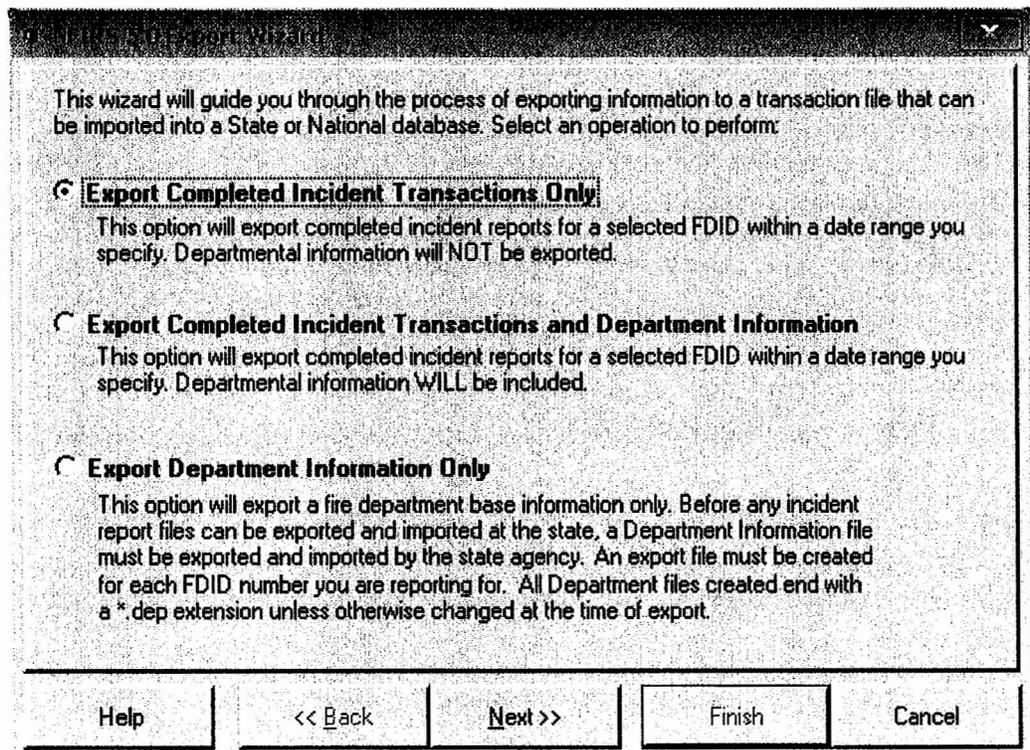
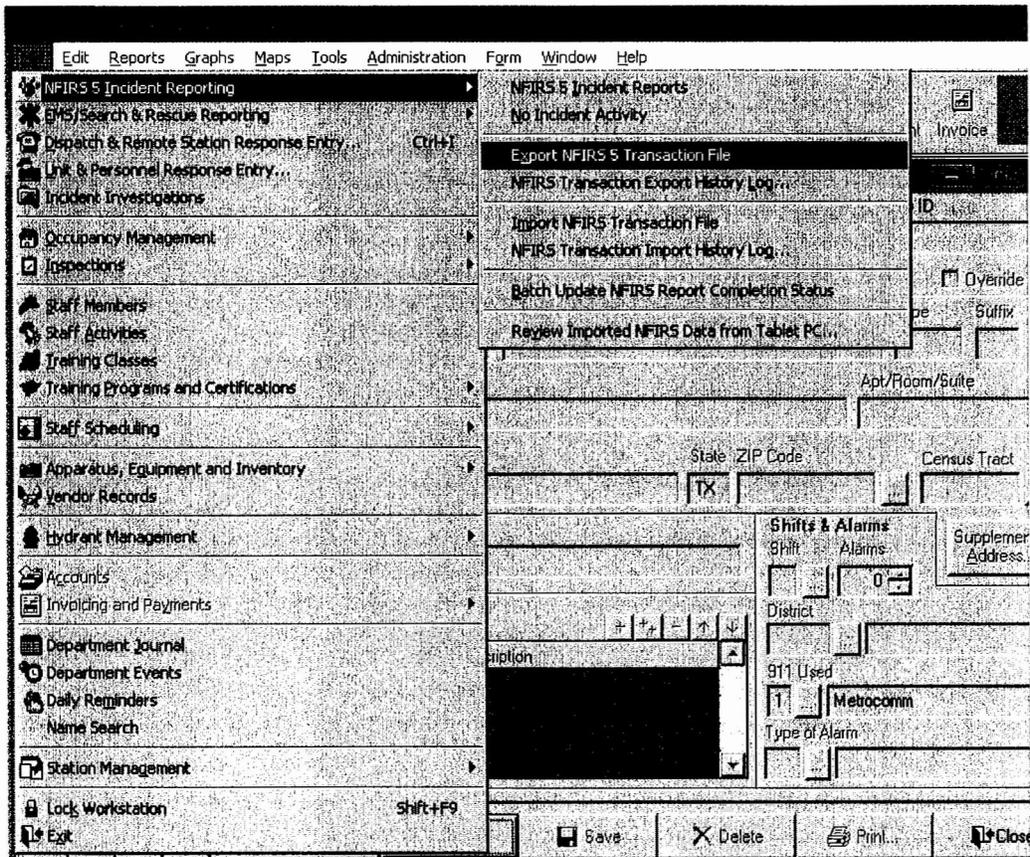
Find... New Edit Delete Merge... Groups... OK Cancel

Select a Query

List NFIRS Incidents by Alarm Date New Query Query Properties...

| Inci Num | Exp | Alm Date | Alm Time | Str | Inci Type | Address | Description |
|------------|-----|------------|----------|-----|-----------|---------------------|--|
| 19-0020041 | 0 | 05/21/2019 | 16:42:10 | 03 | | 6629 WOOLDRIDGE RD | |
| 19-0020040 | 0 | 05/21/2019 | 16:40:43 | 08 | | 2145 KAREN DR | |
| 19-0020039 | 0 | 05/21/2019 | 16:26:53 | | | | |
| 19-0020038 | 0 | 05/21/2019 | 16:26:43 | 15 | | 15937 SAN FELIPE DR | |
| 19-0020037 | 0 | 05/21/2019 | 16:25:43 | 10 | | HWY 286 | |
| 19-0020036 | 0 | 05/21/2019 | 16:21:16 | 11 | | 4710 EVERHART RD | |
| 19-0020034 | 0 | 05/21/2019 | 16:20:24 | 07 | 622 | OCEAN DR | No Incident found on arrival at dispatch a |
| 19-0020035 | 0 | 05/21/2019 | 16:20:13 | 01 | | 546 SCOTT DR | |
| 19-0020032 | 0 | 05/21/2019 | 16:15:04 | 05 | | 1301 ANTELOPE ST | |
| 19-0020033 | 0 | 05/21/2019 | 16:14:47 | 17 | | 7018 CHISWICK DR | |
| 19-0020031 | 0 | 05/21/2019 | 16:09:19 | 06 | | 4713 COVENTRY LN | |
| 19-0020029 | 0 | 05/21/2019 | 15:54:14 | 03 | | 2002 MORGAN AVE | |
| 19-0020030 | 0 | 05/21/2019 | 15:53:32 | 11 | | 100 BUCCANEER DR /D | |
| 19-0020028 | 0 | 05/21/2019 | 15:53:26 | 08 | | 5201 KOSTORYZ RD | |
| 19-0020027 | 0 | 05/21/2019 | 15:51:09 | 09 | | 430 VAN CLEVE DR | |

All Applicable Records 60,000 Records/9 Selected Options... OK Cancel



Limit Display to items involving

Stations(s) Shift(s) Unit(s)

...

Staff Member(s)

... ...

Hide items with no Station set
 Hide items with no Shift set
 Hide items with no Unit set
 Hide items with no Staff set

May 2019

| Sun | Mon | Tue | Wed | Thu | Fri | Sat |
|-----|-----|-----|-----|-----|-----|-----|
| | | | 1 | 2 | 3 | 4 |
| 5 | 6 | 7 | 8 | 9 | 10 | 11 |
| 12 | 13 | 14 | 15 | 16 | 17 | 18 |
| 19 | 20 | 21 | 22 | 23 | 24 | 25 |
| 26 | 27 | 28 | 29 | 30 | 31 | |

Use Selected Calendar Date

Tue May 21, 2019

| Start | End | Description |
|---------------------|---------------------|--|
| 05/21/2019 07:57:50 | 05/21/2019 08:16:13 | #19-0019947 - 2928 MORRIS ST |
| 05/21/2019 08:13:06 | 05/21/2019 08:47:58 | #19-0019949 - SABINAS ST |
| 05/21/2019 09:55:58 | 05/21/2019 10:14:04 | #19-0019962 - 3829 DAVID ST SB |
| 05/21/2019 12:48:25 | 05/21/2019 13:16:43 | #19-0019995 - 134 CLEMMER ST |
| 05/21/2019 15:12:21 | 05/21/2019 15:30:44 | #19-0020022 - 721 WEST POINT RD |
| 05/21/2019 15:45 | 05/21/2019 16:00 | Station FP Shift 4 : CONSULTATION - General - ARA'S SEAFOOD AND STEAKS - 6917 S STAPLES ST /CORPUS CHRISTI, TX 78414 Inspector: MARTINEZ, DAVID |

Requery 5 0 0 0 0 0 1 0 0

Line 61, Number 1

The screenshot shows a multi-layered software interface. The background window is titled "Select the data table for which you want to edit or view system rules" and contains a list of data tables. The middle window is titled "Field-Level Rules and Default Values" and is currently displaying rules for the "Structure Fire Reports" table. The foreground window is a dialog box for defining a rule for the "FLOORS_BELOW" field.

Select the data table for which you want to edit or view system rules

| | |
|-----------|--|
| -Inc_fign | Fire - Factors Contributing to Ignition |
| -Inc_fhf | Fire - Human Factors Contributing to Ignition |
| -Inc_fsup | Fire - Suppression Factors |
| -Inc_stru | Structure Fire Reports |
| -Inc_ccas | Civilian Casualty Reports |
| -Inc_cchf | Civilian Casualty - Human Factors Contributing to Ignition |
| -Inc_ccf | Civilian Casualty - Factors Contributing to Ignition |
| -Inc_icas | Fire Service Casualty Reports |
| -Inc_iceq | Fire Service Casualty - Equipment Failures |
| -Inc_loss | Property Loss and Value |
| -Inc_insu | Insurance Information |
| -Inc_haz | HazMat Reports |
| -Inc_hact | HazMat - Actions Taken |
| -Inc_hmat | HazMat - Materials Released |
| -Inc_hrf | HazMat - Factors Contributing to Release |
| -Inc_hmf | HazMat - Factors Affecting Mitigation |
| -Inc_wild | Wildland Fire Reports |
| -Inc_wcrp | Wildland Fire - Primary Crops Burned |
| -Inc_wthr | Weather Conditions |
| -Inc_wign | Wildland Fire - Factors Contributing to Ignition |
| -Inc_wsup | Wildland Fire - Fire Suppression Factors |
| -Inc_whf | Wildland Fire - Human Factors Contributing to Ignition |
| -Inc_ars | Investigation Reports |
| -Inc_amot | Investigation - Suspected Motivations |
| -Inc_ainv | Investigation - Apparent Group Involved |
| -Inc_ainf | Investigation - Other Investigative Factors |
| -Inc_aobs | Investigation - Initial Observations |
| -Inc_alab | Investigation - Laboratories Used |
| -Inc_aevi | Investigation - Evidence Collected |

Field-Level Rules and Default Values | Record-Level Rules | Custom Form Caption

Highlight a field name in the list on the left to view rules and default values associated with that field on the right. Use the buttons below the list at right to modify default values or rules for this field.

| Field Name | Caption | Description |
|--------------|-----------------|---|
| STRU_TYPE | Structure Type | Require field when: INLIST(LEFT(STRU_TYPE,1),"1") |
| BLDG_STAT | Building Status | Disable field when: !EMPTY(IncidentRecord.Occup_Id) |
| FLOORS_ABOVE | Floors Above | |
| FLOORS_BELOW | Floors Below | |
| BLDG_LEN | Building Length | |
| BLDG_WIDTH | Building Width | |
| TOTAL_AREA | Total Area | |
| FLOOR_ORIGIN | Floor Origin | |

Require field always

Require field when the following expression evaluates to true

INLIST(LEFT(STRU_TYPE,1),"1","2") AND FLOORS_BELOW = 0

Close

Opn Delete

Show only user-defined rules

Disable all non-required Fields | Enable all non-required Fields

Reset OK Cancel

Appendix P

RMS Scheduling Module Request:

On-Duty Daily Staff list section:

| Staff ID | Name | Act Code | Role(s) | Position | Start Time | Hours | All Shift | Normal Shift | Start Date | End Date | End Time |
|--|----------------------|----------|---------|----------|------------|-------|-----------|--------------|------------|------------|----------|
| Working Staff on Duty | | | | | | | | | | | |
| Station 01 | | | | | | | | | | | |
| Unit E1 (1 ACTC, 1 ACTD, 3 total personnel) (1 FF, 2 LM, 3 total personnel) | | | | | | | | | | | |
| 11789 | SCANLAN, GARRETT T | ACTC | ACTC | LM | 08:00:00 | 24 | Yes | Yes | 05/16/2019 | 05/17/2019 | 08:00:00 |
| 8571 | SHELBY, NICHOLAS C | ACTD | ACTD | FF | 08:00:00 | 24 | Yes | Yes | 05/16/2019 | 05/17/2019 | 08:00:00 |
| Unit M1 (1 ACTE, 2 total personnel) (1 FF, 1 LM, 2 total personnel) | | | | | | | | | | | |
| 10636 | PENA, HERMILD | ACTE | ACTE | FF | 08:00:00 | 24 | Yes | Yes | 05/16/2019 | 05/17/2019 | 08:00:00 |
| 7552 | WARD, BRYAN K | OD | | LM | 08:00:00 | 24 | Yes | Yes | 05/16/2019 | 05/17/2019 | 08:00:00 |
| Unit T1 (1 ACTC, 3 total personnel) (1 EN, 1 FF, 1 LM, 3 total personnel) | | | | | | | | | | | |
| 2591 | RODRIGUEZ, ANTHONY | OD | | EN | 08:00:00 | 24 | Yes | Yes | 05/16/2019 | 05/17/2019 | 08:00:00 |
| 13872 | SHICK, CASEY L | OD | | FF | 08:00:00 | 24 | Yes | Yes | 05/16/2019 | 05/17/2019 | 08:00:00 |
| 6000 | YANEZ, ALONZO | ACTC | ACTC | LM | 08:00:00 | 24 | Yes | Yes | 05/16/2019 | 05/17/2019 | 08:00:00 |
| Station 02 | | | | | | | | | | | |
| Unit L2 (1 ACTD, 3 total personnel) (1 FC, 1 FF, 1 LM, 3 total personnel) | | | | | | | | | | | |
| 2392 | CORDOVA, RAY J | OD | ACTD | LM | 08:00:00 | 24 | Yes | Yes | 05/16/2019 | 05/17/2019 | 08:00:00 |
| 4151 | PINKERTON, MICHAEL S | OD | | FC | 08:00:00 | 24 | Yes | Yes | 05/16/2019 | 05/17/2019 | 08:00:00 |
| 10640 | RENKEN, ERIC L | OD | | FF | 08:00:00 | 24 | Yes | Yes | 05/16/2019 | 05/17/2019 | 08:00:00 |
| Unit M2 (2 LM, 2 total personnel) | | | | | | | | | | | |
| 4141 | DENTON, JAMES R | OD | | LM | 08:00:00 | 24 | Yes | Yes | 05/16/2019 | 05/17/2019 | 08:00:00 |
| 8589 | PIERCE, BRENDAN S | OD | | LM | 08:00:00 | 24 | Yes | Yes | 05/16/2019 | 05/17/2019 | 08:00:00 |

(Staff ID, Name, Activity Code, Role, Position, Start Time, Hours, All Shift or Not, Is It Normal Shift, Start Date, End Date and End Time)

Stations listed

Units by Stations

Personnel by Units

All Staff as normally assigned list section:

| Staff ID | Name | Act Code | Role(s) | Position | Start Time | Hours | All Shift | Normal Shift | Start Date | End Date | End Time |
|--|----------------------|----------|---------|----------|------------|-------|-----------|--------------|------------|------------|----------|
| All Involved Staff | | | | | | | | | | | |
| Station 01 | | | | | | | | | | | |
| Unit E1 (1 ACTC, 1 ACTD, 3 total personnel) (1 FF, 2 LM, 3 total personnel) | | | | | | | | | | | |
| 8590 | GONZALEZ, JOSE | KPL | | FF | 08:00:00 | 24 | No | No | 05/16/2019 | 05/17/2019 | 08:00:00 |
| 2433 | NEDDY, BRET WAYNE | | | EN | 08:00:00 | 24 | No | No | 05/16/2019 | 05/17/2019 | 08:00:00 |
| 11789 | SCANLAN, GARRETT T | ACTC | ACTC | LM | 08:00:00 | 24 | Yes | Yes | 05/16/2019 | 05/17/2019 | 08:00:00 |
| 8571 | SHELBY, NICHOLAS C | ACTD | ACTD | FF | 08:00:00 | 24 | Yes | Yes | 05/16/2019 | 05/17/2019 | 08:00:00 |
| 10710 | YALOWITZ, DAVID R | EBD | | LM | 08:00:00 | 24 | No | No | 05/16/2019 | 05/17/2019 | 08:00:00 |
| 2392 | CORDOVA, RAY J | OD | | LM | 08:00:00 | 24 | No | No | 05/16/2019 | 05/17/2019 | 08:00:00 |
| Unit M1 (1 ACTE, 2 total personnel) (1 FF, 1 LM, 2 total personnel) | | | | | | | | | | | |
| 10636 | PENA, HERMILD | ACTE | ACTE | FF | 08:00:00 | 24 | Yes | Yes | 05/16/2019 | 05/17/2019 | 08:00:00 |
| 7552 | WARD, BRYAN K | OD | | LM | 08:00:00 | 24 | Yes | Yes | 05/16/2019 | 05/17/2019 | 08:00:00 |
| Unit T1 (1 ACTC, 3 total personnel) (1 EN, 1 FF, 1 LM, 3 total personnel) | | | | | | | | | | | |
| 6005 | CORDOVA, HEILYN | SCK | | FF | 08:00:00 | 24 | No | No | 05/16/2019 | 05/17/2019 | 08:00:00 |
| 2591 | RODRIGUEZ, ANTHONY | OD | | EN | 08:00:00 | 24 | Yes | Yes | 05/16/2019 | 05/17/2019 | 08:00:00 |
| 13872 | SHICK, CASEY L | OD | | FF | 08:00:00 | 24 | Yes | Yes | 05/16/2019 | 05/17/2019 | 08:00:00 |
| 6000 | YANEZ, ALONZO | ACTC | ACTC | LM | 08:00:00 | 24 | Yes | Yes | 05/16/2019 | 05/17/2019 | 08:00:00 |
| Station 02 | | | | | | | | | | | |
| Unit L2 (1 ACTD, 3 total personnel) (1 FC, 1 FF, 1 LM, 3 total personnel) | | | | | | | | | | | |
| 7525 | ALVARADO, GILBERTO | VAC | | EN | 08:00:00 | 24 | No | No | 05/16/2019 | 05/17/2019 | 08:00:00 |
| 2392 | CORDOVA, RAY J | OD | ACTD | LM | 08:00:00 | 24 | Yes | Yes | 05/16/2019 | 05/17/2019 | 08:00:00 |
| 4151 | PINKERTON, MICHAEL S | OD | | FC | 08:00:00 | 24 | Yes | Yes | 05/16/2019 | 05/17/2019 | 08:00:00 |
| 10640 | RENKEN, ERIC L | OD | | FF | 08:00:00 | 24 | Yes | Yes | 05/16/2019 | 05/17/2019 | 08:00:00 |
| Unit M2 (2 LM, 2 total personnel) | | | | | | | | | | | |
| 4141 | DENTON, JAMES R | OD | | LM | 08:00:00 | 24 | Yes | Yes | 05/16/2019 | 05/17/2019 | 08:00:00 |
| 8589 | PIERCE, BRENDAN S | OD | | LM | 08:00:00 | 24 | Yes | Yes | 05/16/2019 | 05/17/2019 | 08:00:00 |

(Staff ID, Name, Activity Code, Role, Position, Start Time, Hours, All Shift or Not, Is It Normal Shift, Start Date, End Date and End Time)

Stations listed

Units by Stations

Personnel by Units

Assignments Not Covered list section:

| Assigned ID | Assigned Name | Replacement ID | Replacement Name | Role(s) | Position | Start Time | Hours | All Shift | Start Date |
|--|--------------------|----------------|------------------|---------|----------|------------|-------|------------|------------|
| Assignments Not Covered | | | | | | | | | |
| Station 01 | | | | | | | | | |
| Unit E1 (1 EN, 1 FC, 1 FF, 3 total personnel) | | | | | | | | | |
| 8590 | GONZALEZ, JOSE | FFIP | KEL | FF | 08:00:00 | 24 | Yes | 05/16/2019 | 05/17/2019 |
| 2443 | NEDRY, BRETT WAYNE | FFID | PL | EN | 08:00:00 | 24 | Yes | 05/16/2019 | 05/17/2019 |
| 2395 | VICHA, THEODORE D | CP | FML | FC | 08:00:00 | 24 | Yes | 05/16/2019 | 05/17/2019 |
| Unit T1 (1 FF, 1 total personnel) | | | | | | | | | |
| 8045 | CORDOVA, JERILYN | FFIP | SCK | FF | 08:00:00 | 24 | Yes | 05/16/2019 | 05/17/2019 |
| Station 02 | | | | | | | | | |
| Unit L2 (1 EN, 1 total personnel) | | | | | | | | | |
| 7526 | ALVARADO, GILBERTO | FFID | VAC | EN | 08:00:00 | 24 | Yes | 05/16/2019 | 05/17/2019 |

(Staff ID, Name, Activity Code, Role, Position, Start Time, Hours, All Shift or Not, Start Date, End Date and End Time)

Stations listed

Units by Stations

Personnel by Units

Approved Exchanges list section:

| Assigned ID | Assigned Name | Replacement ID | Replacement Name | Role(s) | Position | Start Time | Hours | All Shift | Start Date | End Date | End Time |
|-----------------------------------|------------------------|----------------|----------------------|---------|----------|------------|-------|-----------|------------|------------|----------|
| Approved Exchanges | | | | | | | | | | | |
| | | 10710 | VALADEZ, DAVID B | | LM | 08:00:00 | 24 | | 05/16/2019 | 05/17/2019 | 08:00:00 |
| | | 11796 | SHEARHART, BRICE H | | | 08:00:00 | 3 | | 05/16/2019 | 05/16/2019 | 17:00:00 |
| 13852 | CONTRERAS, JONATHAN | 13855 | TORRES, JR, DAVID | | | 08:00:00 | 0 | Yes | 05/16/2019 | 05/17/2019 | 08:00:00 |
| 10638 | ESCOBAR, MARK D | 5632 | GUTIERREZ, ROEL RENE | ACTD | | 08:00:00 | 0 | Yes | 05/16/2019 | 05/17/2019 | 08:00:00 |
| 7543 | PIMENTEL, ISRAEL M | 9142 | SCOTT, ISRAEL S | | | 08:00:00 | 0 | Yes | 05/16/2019 | 05/17/2019 | 08:00:00 |
| 2323 | STOWERS, BRANDON L | 6810 | McQUARY, JOE W | | | 08:00:00 | 0 | Yes | 05/16/2019 | 05/17/2019 | 08:00:00 |
| 6820 | VASQUEZ, DANIEL SANTOS | 5807 | LOPEZ, ROMAN GABRIEL | | | 08:00:00 | 0 | Yes | 05/16/2019 | 05/17/2019 | 08:00:00 |
| There are no Unapproved Exchanges | | | | | | | | | | | |

(Assigned ID, Assigned Name, Replacement ID, Replacement Name, Role, Position, Start Time, Hours, All Shift or Not, Start Date, End Date and End Time)

Approved On-Duty Staff list section:

| Assigned ID | Assigned Name | Replacement ID | Replacement Name | Role(s) | Position | Start Time | Hours | All Shift | Start Date | End Date | End Time |
|-------------------------------|----------------------|----------------|----------------------|---------|----------|------------|-------|-----------|------------|------------|----------|
| Approved Reassignments | | | | | | | | | | | |
| 13880 | BUYS, ERIK E | 13880 | BUYS, ERIK E | ACTE | | 08:00:00 | 0 | Yes | 05/16/2019 | 05/17/2019 | 08:00:00 |
| 2392 | CORDOVA, RAY J | 2392 | CORDOVA, RAY J | ACTD | | 08:00:00 | 0 | Yes | 05/16/2019 | 05/17/2019 | 08:00:00 |
| 12035 | CORPORON, BRETT A | 12035 | CORPORON, BRETT A | | | 08:00:00 | 0 | Yes | 05/16/2019 | 05/17/2019 | 08:00:00 |
| 13883 | CUELLAR, JOSE I | 13883 | CUELLAR, JOSE I | ACTE | | 08:00:00 | 0 | Yes | 05/16/2019 | 05/17/2019 | 08:00:00 |
| 11798 | FROST, PATRICK T | 11798 | FROST, PATRICK T | | | 08:00:00 | 0 | Yes | 05/16/2019 | 05/17/2019 | 08:00:00 |
| 13869 | FUNKE, FRANK C | 13869 | FUNKE, FRANK C | | | 08:00:00 | 0 | Yes | 05/16/2019 | 05/17/2019 | 08:00:00 |
| 13875 | GRADY, CARROLL W | 13875 | GRADY, CARROLL W | ACTE | | 08:00:00 | 0 | Yes | 05/16/2019 | 05/17/2019 | 08:00:00 |
| 12389 | HOUCK, KEVIN A | 12389 | HOUCK, KEVIN A | ACTD | | 08:00:00 | 0 | Yes | 05/16/2019 | 05/17/2019 | 08:00:00 |
| 8577 | LEAL, FRANCISCO | 8577 | LEAL, FRANCISCO | | DM | 08:00:00 | 0 | Yes | 05/16/2019 | 05/17/2019 | 08:00:00 |
| 2580 | LEBLANC, STEPHEN RAY | 2580 | LEBLANC, STEPHEN RAY | ACTD | | 08:00:00 | 0 | Yes | 05/16/2019 | 05/17/2019 | 08:00:00 |
| 11791 | LOPEZ, MATTHEW J | 11791 | LOPEZ, MATTHEW J | | DM | 08:00:00 | 0 | Yes | 05/16/2019 | 05/17/2019 | 08:00:00 |
| 13881 | MARTINEZ, VALERIE | 13881 | MARTINEZ, VALERIE | ACTE | | 08:00:00 | 0 | Yes | 05/16/2019 | 05/17/2019 | 08:00:00 |
| 13868 | MAXEY, BENJAMIN E | 13868 | MAXEY, BENJAMIN E | ACTD | | 08:00:00 | 0 | Yes | 05/16/2019 | 05/17/2019 | 08:00:00 |
| 2998 | MEEKS, CURTIS G | 2998 | MEEKS, CURTIS G | | | 08:00:00 | 0 | Yes | 05/16/2019 | 05/17/2019 | 08:00:00 |
| 11786 | MENDOZA, KEVIN R | 11786 | MENDOZA, KEVIN R | | | 08:00:00 | 0 | Yes | 05/16/2019 | 05/17/2019 | 08:00:00 |

(Assigned ID, Assigned Name)

Assorted reports on Scheduling data

Add exchanges, Edit exchanges, Add extended leaves, Create/Edit daily staffing activity, Switch shift view by 24hr, by same shift and to current shift, (forward and backwards)

Showing Schedule Filtering..

Shits & Staff Status At

05/16/2019 ... 15:29:14 ... Now

< 24hr > < Same Shift > < Any Shift >

Create/Edit Activity Transfer to Poster

Add Exchange Extended Leave

Add Personnel Reassign Staff

| Shift Name | Shift Code |
|------------------|------------|
| B Shift | B |
| Additional Staff | B |
| Additional Staff | B |

Only show staff from selected shift(s)

Approve Exchanges Options...

Print... Close

| | | | | |
|-------------|------------------|-------|------------|-----------------|
| Description | Investigation ID | FDID | Alarm Date | Incident Number |
| | 11320002 | SP706 | 05/02/2019 | 19-0017168 |

Basic | Referrals | Evidence | Photos | Fire/Arson | Leads/Involvements | Scene | Activities | Narrative | Other

| | | | | |
|------------|------------------------|-------------|--------------------------|-----------------------|
| Start Date | Case Status | Status Date | Compl | Linked Investigations |
| 05/02/2019 | 2 Investigation closed | 05/13/2019 | <input type="checkbox"/> | |

| Code | Description |
|------|---------------|
| F810 | Johnson, D.D. |

| Code | Description |
|------|-------------|
| N | None |

| Code | Description |
|------|----------------|
| 4 | Doors unlocked |

| Code | Description |
|------|----------------|
| 1A | No Involvement |

Navigation: [Back] [Forward] [New] [Browse] [Save] [Delete] [Print...] [Close]

Investigation: 11325 LN 37 Apr #3401

| | | | | |
|-----------------------|------------------|-------|------------|-----------------|
| Description | Investigation ID | FDID | Alarm Date | Incident Number |
| 11325 LN 37 Apr #3401 | 11320002 | SP706 | 05/02/2019 | 19-0017168 |

Basic | Referrals | Evidence | Photos | Fire/Arson | Leads/Involvements | Scene | Activities | Narrative | Other

| | |
|--|---------------------------|
| Extent of Fire Involvement on Arrival | 3 Flame and smoke showing |
| Property Ownership | 1 Private |
| Availability of Material First Ignited | UT N/A Accidental Fire |
| Entry Method | 001 N/A - Accidental Fire |
| Incendiary Methods/Devices | |
| Container | NN1 N/A Accidental Fire |
| Delay Device | NN1 N/A Accidental Fire |
| Fuel | NN1 N/A Accidental Fire |

| Code | Description |
|------|-----------------------|
| 001 | N/A - Accidental Fire |

| Code | Description |
|------|-----------------------|
| N1 | N/A - Accidental Fire |

Person involved in ignition of fire was a child or juvenile under the age of 18.

Navigation: [Back] [Forward] [New] [Browse] [Save] [Delete] [Print...] [Close]

RMS ITEMS - SPECIAL SERVICES NEEDS

STAFF MANAGEMENT-

A. Basic

1. Name
2. ID number
3. Address
4. Phone number
5. DOB
6. Hire date
7. FIDO PIN
8. EMS Reg #
9. PID #
10. FEMA SSID
11. Rank
 - a. Effective date
12. Status
 - a. Active/inactive
 - i. Effective date
 - b. Deceased
 - i. Effective date
 - c. Part time
 - i. Effective date
 - d. Retired
 - i. Effective date
 - e. Resigned
 - i. Effective date
 - f. Terminated
 - i. Effective date
 - g. Temporary
 - i. Effective date
 - h. Volunteer
 - i. Effective date

13. Shift

14. Station

15. Unit

16. Current Age

17. Years of service

B. Certifications/qualifications

- a. Expirations > notifications of upcoming exp.
- b. Sorting capability by certifications, rank, shift

c. Upload Certifications

****Ability to generate lists by

- Rank
- Seniority/promotional date/hire date
- Certification

TRAINING MODULE -

1. Class – bridge information to personnel information staff page
 - a. Description
 - b. Date/time
 - c. Location
 - d. Agency providing training (CCFD, TEEX, TDEM, etc.) Customizable.
 - e. Type of training (Fire, Medical, Hazmat, Rescue, Other)
 - f. Shift
 - g. Station
 - h. Hours
 - i. Method (Classroom, drill, online, etc.)
 - j. Attendees
 - k. Certificate Awarded – Upload Ability
2. Notes
3. ISO Categories
 - a. Night Drill (Yes or No)
 - b. Multi Company Drill (Yes or No)
 - c. Single Company Drill (Yes or No)
 - d. Auto Aid Training (Yes or No)
 - e. Driver Training (Yes or No)
 - f. New Driver Training (Yes or No)
 - g. Officer Training (Yes or No)
 - h. Company Training (Yes or No)
4. **Casualty Report- during training**
 - a. Name
 - b. Gender
 - c. Age
 - d. Prior responses during previous 24 hours
 - e. Usual assignment
 - i. Suppression
 - ii. EMS
 - iii. Prevention

- iv. Training
- v. Administration
- vi. Logistics
- vii. Maintenance
- f. Physical Condition prior to injury
 - i. Rested
 - ii. Fatigued
 - iii. Ill or injured
 - iv. Other
- g. Severity
 - i. Report only
 - ii. First aid only
 - iii. Treated by physician, no lost time injury
 - iv. Moderate severity, lost time injury
 - v. Severe, lost time injury
 - vi. Life threatening, lost time injury
 - vii. Death
- h. Taken to
 - i. Hospital
 - ii. Doctor's office
 - iii. Morgue or funeral home
 - iv. Residence _____
 - v. Station or quarters
 - vi. Not transported
- i. Activity at time of injury
 - i. Driving or riding in vehicle
 - ii. Operating fire department apparatus
 - iii. Extinguishing fire or neutralizing incident
 - iv. Fireground activity/Suppression support
 - v. EMS/Rescue
 - vi. Station Activity/Training
- j. Injury
 - i. Primary symptom
 - ii. Primary area of body injured
 - iii. Cause of injury
 - iv. Factor contributing to injury
 - v. Object involved in injury
 - vi. Where injury occurred
 - vii. Relationship to structure
 - viii. Specific location
 - ix. Vehicle type

- x. Protective equipment contributed to injury
- k. Narrative

SAFETY & HEALTH –

1. Injuries

a. Location

- i. Fireground
- ii. Non-fire Incident scene
- iii. Responding to or from incident
- iv. Training
- v. Station activities

b. Type

- i. Burn
- ii. Smoke inhalation
- iii. Other respiratory
- iv. Burn and smoke inhalation
- v. Wound, cut, bruise
- vi. Dislocation, fracture
- vii. Heart attack or stroke
- viii. Strain, sprain, muscle pain
- ix. Thermal stress (Heat exhaustion, frostbite)
- x. Exposure to infectious disease
- xi. Other

c. Cause

- i. Exposure to fire products
- ii. Exposure to chemicals or radiation
- iii. Fall, jump, slip, trip
- iv. Overexertion, strain
- v. Contact with object
- vi. Struck by
- vii. Extreme weather
- viii. Other

d. Exposures

2. Light Duty/Lost time

a. Days/time

3. Vehicle Accidents

- a. Preventable
- b. Non-preventable
- c. Disciplinary action completed

**Nice to have - Tie injuries, light duty/lost time, & accidents to personal profile page

Attachment A-1
1 - Technical Proposal
2 - Demonstration Scoring Matrix

| Fire RMS Business Requirements Matrix | | Priority | Vendor Response | Comments |
|--|---|-----------------|------------------------|-----------------|
| Req# | Requirement Description | M/E/N | Y/M/N | |
| A | General Requirements | | | |
| 1 | System will be capable of supporting NFIRS (current version and subsequent versions) | M | | |
| 2 | System will be capable of importing legacy records adhering to the NFIRS file formats | M | | |
| 3 | Integrated with Maximo, ESRI, Infor, CE Solutions and share at minimum, incident demographic and time data | E | | |
| 4 | The system will allow the ability to attach documents including, but not limited to the following types: a. video b. pictures c. documents (spreadsheets, word docs, notepad, etc) d. PDFs | M | | |
| 5 | Fire incidents using data elements from NFPA 1710/1720 (Appendix A for details) | M | | |
| 6 | Department Leaders can access certain system level configurations and run data queries and reports based on records entered by their department | M | | |
| 7 | System must have an audit trail in order to show if any changes were made for quality assurance or legal purposes. Audit trail should: a. track b. capture c. display key-stroke entry level changes d. To include all changes made to any records, not just last update. | M | | |
| 8 | Software solution must work with any hardware including PCs, Laptops, Android and mobile devices with the exception of any devices that are unsecure. | E | | |
| 9 | Software must provide means to display administrative messages or notes entered and link to individual event records and/or users (e.g. internal messaging or notes) (Appendix B) | M | | |
| 10 | QC Reports for completeness and accuracy (NFIRS reports) | M | | |
| 11 | Electronic signatures for maintenance checkoffs and other items, such as permits, occupancy | E | | |
| 12 | Active Directory functionality | M | | |
| 13 | Scheduling system capable of viewing previous, current and future schedules with a task manager to create schedules (Appendix C) | M | | |
| 14 | Add and update department of employees certification. Notify department of certification nearing expiration date. | M | | |
| 15 | Add full employee information such as: a. Employee contact b. SSN c. Drive license number and expiration date d. Certification e. Notes f. Empl ID g. Rank (Appendix D) | M | | |
| 16 | Customize data and label fields | M | | |
| 17 | Historical data with import/export capabilities (Appendix E) | M | | |
| 18 | Create and customize dashboards (real-time) | E | | |

Priority

M = Must have

E = Expected to have

N = Nice to have

Y = Yes without modification

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| Fire RMS Business Requirements | | Priority | Vendor Response | Comments |
|--------------------------------|---|----------|-----------------|----------|
| Req# | Requirement Description | M/E/N | Y/M/N | |
| 19 | Search for record by: a. Date b. Address c. Name d. Incident # e. Etc | M | | |
| 20 | Capability to track and manage Fire equipment maintenance record on all: a. Apparatuses b. Equipment c. Inspection records; with due date, status, and maintenance inspections notes (history) d. Link maintenance records to inspections records. e. Perform inspections on a mobile environment (tablet, cell phone, etc..) f. Capability to trigger a scheduled maintenance and submit a workorder. g. Apparatus daily readiness report (Appendix F) | M | | |
| 21 | Capability to track and manage fleet and vehicle maintenance: a. Automated vehicle system for maintenance on vehicle mileage/engine hours b. Schedule and submit a workorder c. Track fuel usage d. Inspection records; with due date, status, and maintenance inspections notes (history) e. Log all maintenance history records per vehicle f. EMS unit daily readiness report (Appendix G) | M | | |
| 22 | Daily EMS Inventory real time capabilities interfaced with run reports. Bar Coding for inventory tracking. | M | | |
| 23 | Weekly Medic Unit inventory and EMS supply lockers by station (Appendix H) | M | | |
| B | System Requirements | | | |
| 1 | Allow tiered permissions for various access: a. to system settings b. agency settings c. data entry forms d. patient data e. print forms f. data analysis tools | M | | |
| 2 | System administrator ability to manage all users and control their ability to manage their profiles or add new users | M | | |
| 3 | System administrator ability to manage locations a. streets b. districts c. stations d. etc (Appendix I) | M | | |
| 4 | System administrator ability: a. manage and modify data entry forms b. selective dynamic display within the data entry form, and the dataset c. print layouts d. point-of-entry business rules (Appendix J) | E | | |
| 5 | System and department administrator ability to manage the display of other agencies at an incident. For instance, adding a unit from a different City that responded to the incident (Appendix K) | M | | |
| 6 | Define when incident is complete with time stamp and related status changes for administrative purposes | M | | |
| Priority | Export records to excel. PDF or print | M | | |

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| Fire RMS Business Requirements | | Priority | Vendor Response | Comments |
|---------------------------------------|--|-----------------|------------------------|-----------------|
| Req# | Requirement Description | M/E/N | Y/M/N | |
| 8 | Customizeable toolbars (shortcuts, favorites for reporting, queries or any screen and modify user view (user preferences) | M | | |
| 9 | Create system rules and default values - required fields | M | | |
| 10 | Select multiple items (streets) for any records (Appendix L) | M | | |
| 11 | Query tool with delivered queries and modifiable parameters | M | | |
| 12 | Reporting tool with delivered reports, includes modifiable parameters | M | | |
| C | Import / Export Requirements | | | |
| 1 | Interface with existing Integraph CAD (Computer Aided Dispatch) software v.9.3 | M | | |
| 2 | Allow integration with data exported from CAD systems. The CAD system software vendor will provide an output file or other agreed upon secure method for the solution vendor to map and import | M | | |
| 3 | Vendor will have pre-established integrations and data relationships with the major CAD vendors to make this process more efficient for agencies to implement | M | | |
| 4 | Provide means to import to CAD, at minimum: -All Fire event times -Incident address, -Type of service requested, -Responding unit numbers and call signs -Incident numbers | M | | |
| 5 | CAD integration will have capacity to re-import data into a record as new data is added to the CAD record (for example, more times are added as the incident progresses) overwriting or updating the previous data. | M | | |
| 6 | CAD Data integration will be accessible to use by users with fixed devices (e.g. desktops) or mobile devices, provided the device is online | M | | |
| 7 | Import/Export reports, photos, records and attachments | M | | |
| 8 | Imports and Exports will be in compliance with NFIRS validations and data rules for import/export (Appendix M) | M | | |
| D | Journal | | | |
| 1 | Monthly activity tracker for any entry for a specific date to include: a. on/off feature b. NFIRS activities c. non-incident activities d. dept events e. training classes, f. occupancy inspections g. activities h. permits i. equipment maintenance j. testing, k. hydrant activities l. Filtering by: a. station b. shift c. units d. staff (Appendix N) | M | | |
| E | Data Entry | | | |
| 1 | Default values and make them read only or hidden with the value still part of the incident data. (e.g. all incidents are in the US) (Appendix O) | M | | |
| Priority | Limit provider ability to enter one value, but have that value autofill related values without letting them access the linked elements. For example, limiting users to only entering an incident zip code, which will autofill the incident city, county and state without letting the user access the auto filled fields to prevent conflicting or poor quality data. | M | | |

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| Fire RMS Business Requirements | | Priority | Vendor Response | Comments |
|---------------------------------------|---|-----------------|------------------------|-----------------|
| Req# | Requirement Description | M/E/N | Y/M/N | |
| 3 | Layout for online and mobile/offline data will be the same without needing to build the forms separately for each system | M | | |
| 4 | System will have a dynamic sizing display that will be able to adjust to screen size changes with minimal effect on the layout displayed to the user | M | | |
| 5 | Where possible, any data entry buttons should be touch-friendly | E | | |
| 6 | Display of single or multi-select drop-down lists must accommodate popup on screen keyboards on tablets such that the keyboard does not obscure the drop down value list | M | | |
| 7 | Users should be able to navigate between elements in the data entry form using touch, mouse, or keyboard tabs and arrows | M | | |
| 8 | Data Entry form will clearly display elements and values that have an outstanding point-of-entry business rule to be resolved so users can quickly identify and resolve shortcomings | M | | |
| 9 | Incident form will provide display of the data entry and review status for administrative purposes (e.g. In Progress, Complete) | M | | |
| 10 | Incident form will provide easy interface to import CAD data | M | | |
| 11 | Incident form will provide means for agencies to create and apply localized custom fields. | M | | |
| 12 | Capability of adding narratives on all modules and narrative will be able to print on reports. | M | | |
| F | Scheduling (Appendix P) | | | |
| 1 | Manage personnel schedules | M | | |
| 2 | Daily schedules a. Employee roster. b. Station location c. Employee availability d. Per shift | M | | |
| 3 | Print daily schedule per: a. Employee roster. b. Station location c. Employee availability c. Per shift | M | | |
| 4 | Schedule crews with stations and/or apparatus | M | | |
| 5 | Schedule inspections | M | | |
| 6 | Schedule maintenance on equipment | M | | |
| 7 | List leave status | M | | |
| 8 | Create leave and payroll codes (customize codes) | M | | |
| 9 | Flexibility to add additional scheduling items, such as available for OT, out on leave, temp driver, etc. | M | | |
| G | Investigations | | | |
| 1 | Link investigations to incidents and locations | M | | |
| 2 | Maintain and access history of incidents and investigations attached to locations | M | | |
| 3 | Conduct and document investigations | M | | |
| 4 | Investigation report needs the following fields: a. referrals b. evidence c. leads d. scene e. activities f. Narrative Print capabilities of attachments (Appendix Q) | M | | |
| H | Inspections | | | |

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| Fire RMS Business Requirements | | Priority | Vendor Response | Comments |
|---------------------------------------|---|-----------------|------------------------|-----------------|
| Req# | Requirement Description | M/E/N | Y/M/N | |
| 1 | Conduct various types of inspections such as life safety, building and occupancy based on NFIRS codes | M | | |
| 2 | Link inspections to incidents and locations | M | | |
| 3 | Perform inspections in the mobile environment | M | | |
| 4 | Inspector daily scheduling with inspections scheduled for the day by inspector | M | | |
| 5 | Inspection schedule interface to Office 365 calendar | N | | |
| 6 | Cross validation to ensure no duplicate records in Occupancies | M | | |
| 7 | Add new inspection codes | M | | |
| 8 | Merge occupancy CAD information into inspection records | M | | |
| I | Permits | | | |
| 1 | Track and manage all permits | M | | |
| 2 | Permits can be managed through the Fire RMS, | M | | |
| 3 | Manage permit fees, receipts, and adjustments through the City's payment gateway | M | | |
| 4 | Users can print or email permits, receipts, and mailing labels | M | | |
| 5 | Maintain a record of historical permit information | M | | |
| 6 | System to provide pre-formatted permit reports | M | | |
| 7 | System to create various types of permits | M | | |
| J | Validations | | | |
| 1 | Point-of-entry validations/business rules must be able to trigger time conflict rules against the current time the record is being entered to prevent any time in the future being entered. | M | | |
| K | Printing | | | |
| 1 | System Administrator ability to: a. design, format and manage report printout b. create multiple formats | M | | |
| 2 | Document attachments and addendums can be printed as part of the primary printing based on the print layout design by the System administrator | M | | |
| 3 | Print layout and design will allow for agency name, address and logo to be configured and automatically applied to a printing template | N | | |
| 4 | Print layout will provide means to configure a header and footer for each page such that incident information such as date, incident number, patient name can be displayed on each page of the record | E | | |
| L | Vehicle and Equipment Inventory Records | | | |
| 1 | Track specifications on the following- PPE, hose, SCBA, vehicles, pumps hoses, ladders (all items in inventory) | M | | |
| 2 | Vehicle maintenance records and requests with notifications of when vehicle due for maintenance | M | | |
| 3 | Usage/Purchased - date/time, code, quantity, cost, mileage, staff, description | M | | |
| 4 | Upload from a Valero fuel report (personell ID, re-fuel @ valero, unit number, fuel, etc) | N | | |
| M | Occupancy: Fire Prevention | | | |
| 1 | Owners & Contacts | M | | |
| 2 | Inspections & activities | M | | |
| 3 | Add'l Fire service records - chem inv, hydrants, storage tanks, needed fire flows, permits, supplemental history | M | | |
| 4 | Capability of merging occupancies when address is same, must be able to keep all history when merging occupancies. | M | | |
| 5 | Tracking of occupancy statistics | M | | |
| N | Training Module (Appendix R) | | | |
| Priority | List classes with description, Date/Time, Location, etc | M | | |

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| Fire RMS Business Requirements | | Priority | Vendor Response | Comments |
|---------------------------------------|--|-----------------|------------------------|-----------------|
| Req# | Requirement Description | M/E/N | Y/M/N | |
| 2 | Casualty report for injury during training to include | M | | |
| 3 | Vehicle Accidents | N | | |
| 4 | CE hours tracking | E | | |
| 5 | Scheduled training classes to interface to Office 365 calendar | N | | |
| O | Hydrants | | | |
| 1 | List basic hydrant information, such as location, hydrant number, specifications, etc. | M | | |
| 2 | Activities and repairs | M | | |
| 3 | All flow tests | M | | |
| 4 | Integrated with Maximo for water usage and work orders | E | | |
| P | Reports Module | | | |
| 1 | NFIRS | M | | |
| 2 | Basic fire reports | M | | |
| 3 | List units and personnel | M | | |
| 4 | Casualty reports | M | | |
| 5 | Property involvement reports | M | | |
| 6 | Additional Fire Service reports | M | | |
| 7 | Canned statistical or list reports with modifiable parameters | M | | |
| 8 | 90 percentile report | M | | |
| 9 | NFPA report | M | | |
| 10 | Alarm response analysis | M | | |
| 11 | Incomplete report list | M | | |
| 12 | Not QC'd report list | M | | |
| 13 | Fire investigation reports | M | | |
| 14 | Fire/Arson reports | M | | |
| 15 | Add'l reports for actual fires | M | | |
| 16 | Set up rules for report fields | M | | |
| 17 | Report notifications | M | | |
| 18 | Report repository for all items including reports, inspections, occupancy records, permits, etc. | M | | |
| 19 | Query tool | M | | |
| 20 | Customizable reports | M | | |
| 21 | Ability to set up rules for report fields (required fields) | E | | |
| 22 | Logistics Requisition Form | M | | |
| 23 | Maintenance Report (Vehicle and Equipment) | M | | |
| 24 | Ad hoc reporting | M | | |
| TECHNICAL REQUIREMENTS | | | | |
| T1 | Application | | | |
| 1 | If browser based, it should work with IE 11 and Edge | M | | |
| 2 | Does the application require any install of files on the user's computer | | | |
| 3 | If application requires install, can it be remotely managed and patched with ManageEngine Patch Manager Plus version 10.0.326? | | | |
| 4 | We use Netmotion on mobile computers, does your application work with Netmotion? | | | |
| 5 | Application must be a mobile application | M | | |
| 6 | Windows 10 compatible | M | | |
| 7 | Application must have 24/7 technical support | M | | |
| T2 | End User Support | | | |
| 1 | Will application require admin rights? | | | |
| 2 | What are the minimum requirements for: | | | |
| | a Memory | | | |
| | b Processor | | | |

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| Fire RMS Business Requirements | | Priority | Vendor Response | Comments |
|---------------------------------------|---|-----------------|------------------------|-----------------|
| Req# | Requirement Description | M/E/N | Y/M/N | |
| | c Storage | | | |
| | d OS | | | |
| 3 | Application must work with IE 11 or Microsoft Edge and the latest version of Java, .net framework, etc. No outdated agents of these applications will be supported. | M | | |
| 4 | Will an application or client have to be installed? | | | |
| 5 | Will Antivirus cause any known issues? | | | |
| 6 | Is your application a standalone application, not dependent on any software that may or may not already be installed on the operation system? | | | |
| T3 | Server/Storage/Backup | | | |
| 1 | Will the solution run on premises, in the cloud, or in a hybrid solution? Provide the architectural drawings of the complete solution. | | | |
| 2 | Does your solution support a virtualized environment? List supported virtual machines. | | | |
| 3 | What are the minimum server requirements for Memory, CPU, storage and operating systems? List all specifications for all servers. | | | |
| 4 | What are your SAN storage requirements? We currently run Nimble storage with CS240G, CS260G, CS460G-X2, and CS500arrays. Provide any cloud storage requirements to include provider, services, and size requirements. | | | |
| 5 | On-premises backup solution utilizes Commvault version 11 service Pack 14. All compute data and application data require support of current backup solution. Provide complete backup requirements including compute, data, and databases. | | | |
| T4 | Security | | | |
| 2 | How are security vulnerabilities about the product communicated, and can the proposed system accommodate the City's intent to apply security patches to its systems within 30 days of release? | | | |
| 3 | Who is the point of contact to raise security concerns or findings about this system? | | | |
| 4 | Will the vendor or the City be responsible for applying security updates to its product? | | | |
| 5 | Remote 3rd party support access requires the 3rd party to use an HTML5-compliant web browser. This can be used to access systems via RDP, HTTP(S) and SSH which is what the city uses. | M | | |
| 6 | User authentication and access rights can be managed via Active Directory. | M | | |
| 7 | Please list any required ports, protocols, web domains, firewall allowances needed for the proposed system to function properly as described. | | | |
| T5 | Network | | | |
| 1 | Must be able to communicate over Ethernet technology and be compatible with wireless, copper and fiber optic methods of data transport. | M | | |
| 2 | Requirements must fit into a minimum throughput constraint to reach endpoints and a reasonable latency (no more than 100ms) and must be able to recover function after periods of packet loss which may occur. | M | | |
| 3 | Consideration must be demonstrated for reducing the amount of throughput required from end to end across the WAN. | M | | |
| 4 | Any wireless host/AP support requirements must be made known. | M | | |
| 5 | The specific services need to be made known in the proposal as to which protocols will be needed and whether they are considered connection or connectionless. | M | | |
| 6 | For our understanding, a logical network diagram will be provided that exhibits traffic flow to and from application, database, repositories, end points and demarcations. | M | | |

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| Fire RMS Business Requirements | | Priority | Vendor Response | Comments |
|---------------------------------------|--|-----------------|------------------------|-----------------|
| Req# | Requirement Description | M/E/N | Y/M/N | |
| T5 | GIS | | | |
| 1 | Recommend that the application integrate with ESRI solutions. | | | |
| 2 | Will the application be consuming or interacting with data from the GIS database? | | | |
| 3 | Will the GIS data require local storage? | | | |
| 4 | Will the application require GIS editing capabilities? Editing rights are subject to license purchasing. | | | |
| 5 | We are on Portal for ArcGIS version 10.3.1. Is your application compatible? | | | |
| 6 | Will the solution be for city and/or public use? | | | |

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| Fire RMS Business Requirements | | Priority | Score | | | | |
|--------------------------------|---|----------|-------|---|---|---|---|
| Req# | Requirement Description | M/E/N | 1 | 2 | 3 | 4 | 5 |
| A | General Requirements | | | | | | |
| 1 | System will be capable of supporting NFIRS (current version and subsequent versions) | M | | | | | |
| 2 | System will be capable of importing legacy records adhering to the NFIRS file formats | M | | | | | |
| 3 | Integrated with Maximo, ESRI, Infor, CE Solutions and share at minimum, incident demographic and time data | E | | | | | |
| 4 | The system will allow the ability to attach documents including, but not limited to the following types: a. video b. pictures c. documents (spreadsheets, word docs, notepad, etc) d. PDFs | M | | | | | |
| 5 | Fire incidents using data elements from NFPA 1710/1720 (Appendix A for details) | M | | | | | |
| 6 | Department Leaders can access certain system level configurations and run data queries and reports based on records entered by their department | M | | | | | |
| 7 | System must have an audit trail in order to show if any changes were made for quality assurance or legal purposes. Audit trail should: a. track b. capture c. display key-stroke entry level changes d. To include all changes made to any records, not just last update. | M | | | | | |
| 8 | Software solution must work with any hardware including PCs, Laptops, Android and mobile devices with the exception of any devices that are unsecure. | E | | | | | |
| 9 | Software must provide means to display administrative messages or notes entered and link to individual event records and/or users (e.g. internal messaging or notes) (Appendix B) | M | | | | | |
| 10 | QC Reports for completeness and accuracy (NFIRS reports) | M | | | | | |
| 11 | Electronic signatures for maintenance checkoffs and other items, such as permits, occupancy | E | | | | | |
| 12 | Active Directory functionality | M | | | | | |
| 13 | Scheduling system capable of viewing previous, current and future schedules with a task manager to create schedules (Appendix C) | M | | | | | |
| 14 | Add and update department of employees certification. Notify department of certification nearing expiration date. | M | | | | | |
| 15 | Add full employee information such as: a. Employee contact b. SSN c. Drive license number and expiration date d. Certification e. Notes f. Empl ID g. Rank (Appendix D) | M | | | | | |
| 16 | Customize data and label fields | M | | | | | |
| 17 | Historical data with import/export capabilities (Appendix E) | M | | | | | |
| 18 | Create and customize dashboards (real-time) | E | | | | | |
| 19 | Search for record by: a. Date b. Address c. Name d. Incident # e. Etc | M | | | | | |

Score

5 = Excellent

4 = Above Average

3 = Average

2 = Below Average

1 = Substandard

Priority

M = Must have

E = Expected to have

N = Nice to have

| Fire RMS Business Requirements | | Priority | Score | | | | |
|--------------------------------|---|----------|-------|---|---|---|---|
| Req# | Requirement Description | M/E/N | 1 | 2 | 3 | 4 | 5 |
| 20 | Capability to track and manage Fire equipment maintenance record on all: a. Apparatuses b. Equipment c. Inspection records; with due date, status, and maintenance inspections notes (history) d. Link maintenance records to inspections records. e. Perform inspections on a mobile environment (tablet, cell phone, etc..) f. Capability to trigger a scheduled maintenance and submit a workorder. g. Apparatus daily readiness report (Appendix F) | M | | | | | |
| 21 | Capability to track and manage fleet and vehicle maintenance: a. Automated vehicle system for maintenance on vehicle mileage/engine hours b. Schedule and submit a workorder c. Track fuel usage d. Inspection records; with due date, status, and maintenance inspections notes (history) e. Log all maintenance history records per vehicle f. EMS unit daily readiness report (Appendix G) | M | | | | | |
| 22 | Daily EMS Inventory real time capabilities interfaced with run reports. Bar Coding for inventory tracking. | M | | | | | |
| 23 | Weekly Medic Unit inventory and EMS supply lockers by station (Appendix H) | M | | | | | |
| B | System Requirements | | | | | | |
| 1 | Allow tiered permissions for various access: a. to system settings b. agency settings c. data entry forms d. patient data e. print forms f. data analysis tools | M | | | | | |
| 2 | System administrator ability to manage all users and control their ability to manage their profiles or add new users | M | | | | | |
| 3 | System administrator ability to manage locations a. streets b. districts c. stations d. etc (Appendix I) | M | | | | | |
| 4 | System administrator ability: a. manage and modify data entry forms b. selective dynamic display within the data entry form, and the dataset c. print layouts d. point-of-entry business rules (Appendix J) | E | | | | | |
| 5 | System and department administrator ability to manage the display of other agencies at an incident. For instance, adding a unit from a different City that responded to the incident (Appendix K) | M | | | | | |
| 6 | Define when incident is complete with time stamp and related status changes for administrative purposes | M | | | | | |
| 7 | Export records to excel, PDF or print | M | | | | | |
| 8 | Customizable toolbars (shortcuts, favorites for reporting, queries or any screen and modify user view (user preferences) | M | | | | | |
| 9 | Create system rules and default values - required fields | M | | | | | |
| 10 | Select multiple items (streets) for any records (Appendix L) | M | | | | | |
| 11 | Query tool with delivered queries and modifiable parameters | M | | | | | |
| 12 | Reporting tool with delivered reports, includes modifiable parameters | M | | | | | |
| C | Import / Export Requirements | | | | | | |
| 1 | Interface with existing Integraph CAD (Computer Aided Dispatch) software v.9.3 | M | | | | | |

Score

5 = Excellent

4 = Above Average

3 = Average

2 = Below Average

1 = Substandard

Priority

M = Must have

E = Expected to have

N = Nice to have

| Fire RMS Business Requirements | | Priority | Score | | | | |
|--------------------------------|---|----------|-------|---|---|---|---|
| Req# | Requirement Description | M/E/N | 1 | 2 | 3 | 4 | 5 |
| 2 | Allow integration with data exported from CAD systems. The CAD system software vendor will provide an output file or other agreed upon secure method for the solution vendor to map and import | M | | | | | |
| 3 | Vendor will have pre-established integrations and data relationships with the major CAD vendors to make this process more efficient for agencies to implement | M | | | | | |
| 4 | Provide means to import to CAD, at minimum: -All Fire event times -Incident address, -Type of service requested, -Responding unit numbers and call signs -Incident numbers | M | | | | | |
| 5 | CAD integration will have capacity to re-import data into a record as new data is added to the CAD record (for example, more times are added as the incident progresses) overwriting or updating the previous data. | M | | | | | |
| 6 | CAD Data integration will be accessible to use by users with fixed devices (e.g. desktops) or mobile devices, provided the device is online | M | | | | | |
| 7 | Import/Export reports, photos, records and attachments | M | | | | | |
| 8 | Imports and Exports will be in compliance with NFIRS validations and data rules for import/export (Appendix M) | M | | | | | |
| D | Journal | | | | | | |
| 1 | Monthly activity tracker for any entry for a specific date to include: a. on/off feature b. NFIRS activities c. non-incident activities d. dept events e. training classes, f. occupancy inspections g. activities h. permits i. equipment maintenance j. testing, k. hydrant activities l. Filtering by: a. station b. shift c. units d. staff | M | | | | | |
| E | Data Entry | | | | | | |
| 1 | Default values and make them read only or hidden with the value still part of the incident data. (e.g. all incidents are in the US) (Appendix O) | M | | | | | |
| 2 | Limit provider ability to enter one value, but have that value autofill related values without letting them access the linked elements. For example, limiting users to only entering an incident zip code, which will autofill the incident city, county and state without letting the user access the auto filled fields to prevent conflicting or poor quality data. | M | | | | | |
| 3 | Layout for online and mobile/offline data will be the same without needing to build the forms separately for each system | M | | | | | |
| 4 | System will have a dynamic sizing display that will be able to adjust to screen size changes with minimal effect on the layout displayed to the user | M | | | | | |
| 5 | Where possible, any data entry buttons should be touch-friendly | E | | | | | |
| 6 | Display of single or multi-select drop-down lists must accommodate popup on screen keyboards on tablets such that the keyboard does not obscure the drop down value list | M | | | | | |
| 7 | Users should be able to navigate between elements in the data entry form using touch, mouse, or keyboard tabs and arrows | M | | | | | |

Score

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|--------------------------------|--|----------|-------|---|---|---|---|
| Req# | Requirement Description | M/E/N | 1 | 2 | 3 | 4 | 5 |
| 8 | Data Entry form will clearly display elements and values that have an outstanding point-of-entry business rule to be resolved so users can quickly identify and resolve shortcomings | M | | | | | |
| 9 | Incident form will provide display of the data entry and review status for administrative purposes (e.g. In Progress, Complete) | M | | | | | |
| 10 | Incident form will provide easy interface to import CAD data | M | | | | | |
| 11 | Incident form will provide means for agencies to create and apply localized custom fields. | M | | | | | |
| 12 | Capability of adding narratives on all modules and narrative will be able to print on reports. | M | | | | | |
| F | Scheduling (Appendix P) | | | | | | |
| 1 | Manage personnel schedules | M | | | | | |
| 2 | Daily schedules a. Employee roster. b. Station location c. Employee availability d. Per shift | M | | | | | |
| 3 | Print daily schedule per: a. Employee roster. b. Station location c. Employee availability c. Per shift | M | | | | | |
| 4 | Schedule crews with stations and/or apparatus | M | | | | | |
| 5 | Schedule inspections | M | | | | | |
| 6 | Schedule maintenance on equipment | M | | | | | |
| 7 | List leave status | M | | | | | |
| 8 | Create leave and payroll codes (customize codes) | M | | | | | |
| 9 | Flexibility to add additional scheduling items, such as available for OT, out on leave, temp driver, etc. | M | | | | | |
| G | Investigations | | | | | | |
| 1 | Link investigations to incidents and locations | M | | | | | |
| 2 | Maintain and access history of incidents and investigations attached to locations | M | | | | | |
| 3 | Conduct and document investigations | M | | | | | |
| 4 | Investigation report needs the following fields: a. referrals b. evidence c. leads d. scene e. activities f. Narrative Print capabilities of attachments | M | | | | | |
| H | Inspections | | | | | | |
| 1 | Conduct various types of inspections such as life safety, building and occupancy based on NFIRS codes | M | | | | | |
| 2 | Link inspections to incidents and locations | M | | | | | |
| 3 | Perform inspections in the mobile environment | M | | | | | |
| 4 | Inspector daily scheduling with inspections scheduled for the day by inspector | M | | | | | |
| 5 | Inspection schedule interface to Office 365 calendar | N | | | | | |
| 6 | Cross validation to ensure no duplicate records in Occupancies | M | | | | | |
| 7 | Add new inspection codes | M | | | | | |
| 8 | Merge occupancy CAD information into inspection records | M | | | | | |
| I | Permits | | | | | | |
| 1 | Track and manage all permits | M | | | | | |
| 2 | Permits can be managed through the Fire RMS, | M | | | | | |

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| 3 | Manage permit fees, receipts, and adjustments through the City's payment gateway | M | | | | | |
| 4 | Users can print or email permits, receipts, and mailing labels | M | | | | | |
| 5 | Maintain a record of historical permit information | M | | | | | |
| 6 | System to provide pre-formatted permit reports | M | | | | | |
| 7 | System to create various types of permits | M | | | | | |
| J | Validations | | | | | | |
| 1 | Point-of-entry validations/business rules must be able to trigger time conflict rules against the current time the record is being entered to prevent any time in the future being entered. | M | | | | | |
| K | Printing | | | | | | |
| 1 | System Administrator ability to: a. design, format and manage report printout b. create multiple formats | M | | | | | |
| 2 | Document attachments and addendums can be printed as part of the primary printing based on the print layout design by the System administrator | M | | | | | |
| 3 | Print layout and design will allow for agency name, address and logo to be configured and automatically applied to a printing template | N | | | | | |
| 4 | Print layout will provide means to configure a header and footer for each page such that incident information such as date, incident number, patient name can be displayed on each page of the record | E | | | | | |
| L | Vehicle and Equipment Inventory Records | | | | | | |
| 1 | Track specifications on the following- PPE, hose, SCBA, vehicles, pumps hoses, ladders (all items in inventory) | M | | | | | |
| 2 | Vehicle maintenance records and requests with notifications of when vehicle due for maintenance | M | | | | | |
| 3 | Usage/Purchased - date/time, code, quantity, cost, mileage, staff, description | M | | | | | |
| 4 | Upload from a Valero fuel report (personell ID, re-fuel @ valero, unit number, fuel, etc) | N | | | | | |
| M | Occupancy: Fire Prevention | | | | | | |
| 1 | Owners & Contacts | M | | | | | |
| 2 | Inspections & activities | M | | | | | |
| 3 | Add'l Fire service records - chem inv, hydrants, storage tanks, needed fire flows, permits, supplemental history | M | | | | | |
| 4 | Capability of merging occupancies when address is same, must be able to keep all history when merging occupancies. | M | | | | | |
| 5 | Tracking of occupancy statistics | M | | | | | |
| N | Training Module (Appendix R) | | | | | | |
| 1 | List classes with description, Date/Time, Location, etc | M | | | | | |
| 2 | Casualty report for injury during training to include | M | | | | | |
| 3 | Vehicle Accidents | N | | | | | |
| 4 | CE hours tracking | E | | | | | |
| 5 | Scheduled training classes to interface to Office 365 calendar | N | | | | | |
| O | Hydrants | | | | | | |
| 1 | List basic hydrant information, such as location, hydrant number, specifications, etc. | M | | | | | |
| 2 | Activities and repairs | M | | | | | |
| 3 | All flow tests | M | | | | | |
| 4 | Integrated with Maximo for water usage and work orders | E | | | | | |
| P | Reports Module | | | | | | |
| 1 | NFIRS | M | | | | | |
| 2 | Basic fire reports | M | | | | | |
| 3 | List units and personnel | M | | | | | |
| 4 | Casualty reports | M | | | | | |
| 5 | Property involvement reports | M | | | | | |

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|-------------------------------------|---|----------|-------|---|---|---|---|
| Req# | Requirement Description | M/E/N | 1 | 2 | 3 | 4 | 5 |
| 6 | Additional Fire Service reports | M | | | | | |
| 7 | Canned statistical or list reports with modifiable parameters | M | | | | | |
| 8 | 90 percentile report | M | | | | | |
| 9 | NFPA report | M | | | | | |
| 10 | Alarm response analysis | M | | | | | |
| 11 | Incomplete report list | M | | | | | |
| 12 | Not QC'd report list | M | | | | | |
| 13 | Fire investigation reports | M | | | | | |
| 14 | Fire/Arson reports | M | | | | | |
| 15 | Add'l reports for actual fires | M | | | | | |
| 16 | Set up rules for report fields | M | | | | | |
| 17 | Report notifications | M | | | | | |
| 18 | Report repository for all items including reports, inspections, occupancy records, permits, etc. | M | | | | | |
| 19 | Query tool | M | | | | | |
| 20 | Customizable reports | M | | | | | |
| 21 | Ability to set up rules for report fields (required fields) | E | | | | | |
| 22 | Logistics Requisition Form | M | | | | | |
| 23 | Maintenance Report (Vehicle and Equipment) | M | | | | | |
| 24 | Ad hoc reporting | M | | | | | |
| <u>TECHINAL REQUIREMENTS</u> | | | | | | | |
| T1 | Application | | | | | | |
| 1 | If browser based, it should work with IE 11 and Edge | M | | | | | |
| 2 | Does the application require any install of files on the user's computer | | | | | | |
| 3 | If application requires install, can it be remotely managed and patched with ManageEngine Patch Manager Plus version 10.0.326? | | | | | | |
| 4 | We use Netmotion on mobile computers, does your application work with Netmotion? | | | | | | |
| 5 | Application must be a mobile application | M | | | | | |
| 6 | Windows 10 compatible | M | | | | | |
| 7 | Application must have 24/7 technical support | M | | | | | |
| T2 | End User Support | | | | | | |
| 1 | Will application require admin rights? | | | | | | |
| 2 | What are the minimum requirements for: | | | | | | |
| | a Memory | | | | | | |
| | b Processor | | | | | | |
| | c Storage | | | | | | |
| | d OS | | | | | | |
| 3 | Application must work with IE 11 or Microsoft Edge and the latest version of Java, .net framework, etc. No outdated agents of these applications will be supported. | M | | | | | |
| 4 | Will an application or client have to be installed? | | | | | | |
| 5 | Will Antivirus cause any known issues? | | | | | | |
| 6 | Is your application a standalone application, not dependent on any software that may or may not already be installed on the operation system? | | | | | | |
| T3 | Server/Storage/Backup | | | | | | |
| 1 | Will the solution run on premises, in the cloud, or in a hybrid solution? Provide the architectural drawings of the complete solution. | | | | | | |
| 2 | Does your solution support a virtualized environment? List supported virtual machines. | | | | | | |
| 3 | What are the minimum server requirements for Memory, CPU, storage and operating systems? List all specifications for all servers. | | | | | | |

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| 4 | What are your SAN storage requirements? We currently run Nimble storage with CS240G, CS260G, CS460G-X2, and CS500arrays. Provide any cloud storage requirements to include provider, services, and size requirements. | | | | | | |
| 5 | On-premises backup solution utilizes Commvault version 11 service Pack 14. All compute data and application data require support of current backup solution. Provide complete backup requirements including compute, data, and databases. | | | | | | |
| T4 | Security | | | | | | |
| 2 | How are security vulnerabilities about the product communicated, and can the proposed system accommodate the City's intent to apply security patches to its systems within 30 days of release? | | | | | | |
| 3 | Who is the point of contact to raise security concerns or findings about this system? | | | | | | |
| 4 | Will the vendor or the City be responsible for applying security updates to its product? | | | | | | |
| 5 | Remote 3rd party support access requires the 3rd party to use an HTML5-compliant web browser. This can be used to access systems via RDP, HTTP(S) and SSH which is what the city uses. | M | | | | | |
| 6 | User authentication and access rights can be managed via Active Directory. | M | | | | | |
| 7 | Please list any required ports, protocols, web domains, firewall allowances needed for the proposed system to function properly as described. | | | | | | |
| T5 | Network | | | | | | |
| 1 | Must be able to communicate over Ethernet technology and be compatible with wireless, copper and fiber optic methods of data transport. | M | | | | | |
| 2 | Requirements must fit into a minimum throughput constraint to reach endpoints and a reasonable latency (no more than 100ms) and must be able to recover function after periods of packet loss which may occur. | M | | | | | |
| 3 | Consideration must be demonstrated for reducing the amount of throughput required from end to end across the WAN. | M | | | | | |
| 4 | Any wireless host/AP support requirements must be made known. | M | | | | | |
| 5 | The specific services need to be made known in the proposal as to which protocols will be needed and whether they are considered connection or connectionless. | M | | | | | |
| 6 | For our understanding, a logical network diagram will be provided that exhibits traffic flow to and from application, database, repositories, end points and demarcations. | M | | | | | |
| T5 | GIS | | | | | | |
| 1 | Recommend that the application integrate with ESRI solutions. | | | | | | |
| 2 | Will the application be consuming or interacting with data from the GIS database? | | | | | | |
| 3 | Will the GIS data require local storage? | | | | | | |
| 4 | Will the application require GIS editing capabilities? Editing rights are subject to license purchasing. | | | | | | |
| 5 | We are on Portal for ArcGIS version 10.3.1. Is your application compatible? | | | | | | |
| 6 | Will the solution be for city and/or public use? | | | | | | |

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