

WORK AUTHORIZATION NO. 22 Under Purchasing Director's Award Authority for Professional Services.

THIS WORK AUTHORIZATION IS BETWEEN BROWARD COUNTY AND EE&G ENVIRONMENTAL SERVICES, LLC (CONSULTANT) PURSUANT TO THE QUALIFIED VENDORS LIST FOR ENVIRONMENTAL CONSULTANT SERVICES (SOLICITATION NO. F1154201B1) APPROVED BY THE BROWARD COUNTY COMMISSION ON 10/22/2013 WHICH SAID LIST EXPIRES ON 10/21/2018. NOTHING CONTAINED IN THIS WORK AUTHORIZATION SHALL ALTER, MODIFY OR CHANGE IN ANY WAY THE TERMS AND CONDITIONS OF THE CONTRACT WITH THE COUNTY.

THIS WORK AUTHORIZATION PROVIDES FOR TECHNICAL SERVICES IN ACCORDANCE WITH SOLICITATION NO. F1154201B1 AND FURTHER DETAILED IN THE SCOPE OF SERVICES ATTACHED HERETO AS EXHIBIT "A."

PAYMENT(S) FOR SUCH SERVICES SHALL BE IN ACCORDANCE WITH ARTICLE(S) 22 AS NOTED IN THE SPECIAL INSTRUCTIONS TO BIDDERS, ATTACHED TO THE SOLICITATION.

TOTAL LABOR EXPENSES ARE \$78,750.00 AND TOTAL REIMBURSABLE EXPENSES ARE \$26,250.00 (IF APPLICABLE). A GUARANTEED MAXIMUM OF \$105,000.00 COSTS ARE TO BE CHARGED AGAINST:

DIVISION NAME: Risk Management REQUISITION NO.: RSK0000134 BUDGET NO.: 61301000-35010-35015
Dept. Fund Program

SCOPE OF WORK: Perform environmental testing as requested in County facilities for indoor air quality.

THE TIME PERIOD FOR THIS WORK AUTHORIZATION WILL CONSIST OF WORKING DAYS, 1,095 CALENDAR DAYS (CHOOSE ONE) FROM NOTICE TO PROCEED DATE, OR TIME NECESSARY TO COMPLETE PROJECT.

WITNESSES:

[Signature]

[Signature]

COUNTY

Broward County, by and through its Purchasing Director's Designee

By [Signature] Date 12/16/16
Title: Manager, Purchasing Division

By [Signature] FOR J. BURKHOLDER
Contract Administrator

JOHN W. BURKHOLDER
Print Name

Date 12/2/2016

CONTRACTOR/CONSULTANT WITNESSES:

[Signature]
Signature
Walker W. Emmett II
Print Name
[Signature]
Signature
William C. Holten
Print Name

CONTRACTOR/CONSULTANT:

By [Signature]
President/Vice President
Jay Scall
Print Name
Date 12/1/16

Note: The dollar amounts indicated for reimbursables and labor are estimates only and may be interchanged by the Contract Administrator as directed by job requirements, not to vary 5 per cent of original amounts in each category; and not to exceed total guaranteed maximum amount of work authorization. If interchange between reimbursable and labor is greater than 5 per cent, an amended work authorization will be required. Such interchanges shall not cause or authorize any increase in the total dollar amount authorized in this work authorization. Any such increase by virtue of any interchange is null and void.

Exhibit A -- Scope of Work

INDUSTRIAL HYGIENE & SAFETY CONSULTANT SERVICES

SPECIFICATIONS

Scope: The Risk Management Division's Safety & Occupational Health Section (RMD/S&OH) requires Industrial Hygiene Services and Safety consultation services County-Wide on an as-needed basis which are generally described below:

1. Development of sampling strategies and procurement of applicable sampling media.
2. Industrial Hygiene sampling must follow the American Conference of Governmental Industrial Hygienists (ACGIH), Occupational Safety & Health Administration (OSHA), National Institute of Occupational Safety & Health (NIOSH), or other applicable regulatory or industry best practices guidelines.
3. Analysis compared to ACGIH, OSHA, NIOSH or applicable regulatory or industry best practice guidelines.
4. Production of a report that contains the sampling strategies, equipment used, calibration methods and documentation, chain of custody confirmation, results of the sampling and appropriate recommendations for action by RMD/S&OH.
5. A Certified Industrial Hygienist shall review the sampling strategies, analysis and resulting report with the emphasis on adherence to accepted industry practices.
6. Provide safety audits and program evaluations.
7. Provide safety and health training; including both design and presentation.
8. Provide assistance in written programs and needs assessment.
9. The vendor shall retain all data and make such information available to RMD/S&OH upon request. Upon completion of this agreement, all information and data will become the property of the vendor. The vendor agrees to provide RMD/S&OH, Broward County Auditor, Broward County Attorney or their authorized agents access, to any records supporting the services rendered and agrees to retain data/information for a period of three years; notwithstanding state or federal guidelines as it pertains to retention policies.

BID SHEET
INDUSTRIAL HYGIENE & SAFETY CONSULTANT SERVICES

| <u>DESCRIPTION</u> | <u>UNIT PRICE</u> | <u>TOTAL</u> |
|---|-------------------|---------------------|
| 1. Safety Consultant Services | | |
| 1a. (100 Hrs.) Certified Safety Professional* | \$ <u>110</u> | \$ <u>11,000.00</u> |
| 2. Industrial Hygiene Consultant Services | | |
| 2a. (100 Hrs.) Certified Industrial Hygienist* | \$ <u>115</u> | \$ <u>11,500.00</u> |
| 2b. (100 Hrs.) FL Licensed Asbestos Consultant* | \$ <u>115</u> | \$ <u>11,500.00</u> |
| 2c. (100 Hrs.) FL Licensed Mold Assessor* | \$ <u>62</u> | \$ <u>6,200.00</u> |
| 2d. (100 Hrs.) Industrial Hygiene Technician | \$ <u>62</u> | \$ <u>6,200.00</u> |
| 2e. (50 Hrs.) CAD Drawing Technician | \$ <u>40</u> | \$ <u>2,000.00</u> |
| 2f. (100 Hrs.) Administrative (Report writing) | \$ <u>30</u> | \$ <u>3,000.00</u> |
| 2g. Laboratory Analysis | | |
| (1000 ea.) Asbestos PLM (EPA/600/R-98/116) | \$ <u>9</u> | \$ <u>9,000.00</u> |
| (50 ea.) Asbestos PLM-PCM (<0.25%) | \$ <u>32</u> | \$ <u>1,600.00</u> |
| (100 ea.) Asbestos PCM (NIOSH 7400) | \$ <u>8</u> | \$ <u>800.00</u> |
| (100 ea.) Asbestos PCM (NIOSH 7400) TAT 3-Hour | \$ <u>25</u> | \$ <u>2,500.00</u> |
| (50 ea.) Asbestos TEM (AHERA App.A, Sub.E) | \$ <u>80</u> | \$ <u>4,000.00</u> |
| (50 ea.) Asbestos TEM (AHERA App.A, Sub.E) TAT 6-Hour | \$ <u>95</u> | \$ <u>4,750.00</u> |
| (100 ea.) Total Fungi Spore Count (Air-O-Cell) | \$ <u>38</u> | \$ <u>3,800.00</u> |
| (100 ea.) Total Fungi Spore Count (Air-O-Cell) TAT 3-Hour | \$ <u>105</u> | \$ <u>10,500.00</u> |
| (100 ea.) Fungi Surface Samples (Identification of fungal structures via direct examination; tape lift, bulk, swab, wipe) | \$ <u>32</u> | \$ <u>3,200.00</u> |

2g. Contractor must identify the laboratories to be utilized under this contract and include the laboratory electronic price list as part of the bid with the Contractor's percentage markup of the catalog fee for analyses not listed above: _____%

Laboratory _____

Laboratory _____

*ABIH Certified Industrial Hygienist must be a full time employee of the responding firm and also hold State of Florida licenses as an Asbestos Consultant and Mold Assessor. BCSP Certified Safety Professional may be a sub-consultant to the responding firm.

Other items to add/delete:

1. Contractor's Certified Industrial Hygienist (CIH) must be able to respond to emergencies and be on-site within 2 hours from notification from the S&OH Section. Emergencies may occur after normal business hours and on weekends and/or holidays. Contractor must provide contact numbers for all personnel expected to work on this project and be available 24/7.
2. Contractor must have an arrangement with a local AIHA Accredited laboratory for conducting asbestos and mold spore analyses for Emergencies that occur after normal business hours and on weekends and/or holidays.
3. Provide resumes for all staff members who will be assigned to this contract. Evaluation will be based on the extent to which the key personnel submitted by the Contractor meet, or exceed, the education, experience, knowledge, necessary skills and expertise required in performing the work.
4. Provide the Contractor's number of years experience. The Contractor must have a minimum of five (5) years experience in air monitoring, sample analysis, data interpretation, report recommendations and related IH Services.
5. Contractor must provide with the bid documents all licenses and certifications required to meet the eligibility requirements for staff members, including Technicians' qualifications, who will be assigned to this contract.

Work Authorization Negotiation Meeting
Work Authorization #22

Meeting Summary

County Staff:

Consuelo Avila-Ramsey, Risk Management Division

Tony Lorini, Risk Management Division

Vendor Representatives:

Jay Sall, EE&G Environmental Services, LLC

The meeting was called to order by Consuelo Avila-Ramsey on Wednesday, November 30, 2016 at 8:20 a.m. The meeting took place in Room 218 of the Broward County Governmental Center, located 115 South Andrews Avenue, Fort Lauderdale FL 33301. Introductions were made, and Mrs. Avila-Ramsey went over the purpose of the Work Authorization.

Mrs. Avila-Ramsey stated the pricing and the term of the contracts, all of which she affirmed was in compliance with the purchasing procedures in Broward County. Negotiations were concluded, and the meeting adjourned at approximately 8:25a.m.



CERTIFICATE OF LIABILITY INSURANCE

OP ID: CC

DATE (MM/DD/YYYY)
11/28/2016

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

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

| | | | | |
|--|--|--|--|------------------------|
| PRODUCER The Hib Group of Florida LLC 3438 Colwell Avenue Tampa, FL 33614 | | CONTACT NAME: PHONE (A/C, No, Ext): E-MAIL ADDRESS: PRODUCER CUSTOMER ID #: ECOSG-1 | | FAX (A/C, No): |
| INSURED EE&G Environmental Services, LLC 5751 Miami Lakes Drive East Miami Lakes, FL 33014 | | INSURER(S) AFFORDING COVERAGE | | NAIC # 11150 |
| | | INSURER A: Arch Speciality Insurance | | |
| | | INSURER B: Arch Insurance Company | | |
| | | INSURER C: Hanover Insurance Company | | |
| | | INSURER D: | | |
| | | INSURER E: | | |
| | | INSURER F: | | |

COVERAGES **CERTIFICATE NUMBER:** **REVISION NUMBER:**

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

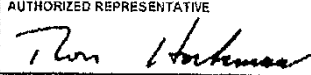
| INSR LTR | TYPE OF INSURANCE | ADOL INSS | SUBR WVR | POLICY NUMBER | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS |
|---|--|-----------|----------|---------------|-------------------------|-------------------------|--|
| A | GENERAL LIABILITY | | | | | | EACH OCCURRENCE \$ 2,000,000 |
| | <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY | | | 12EMP43870 10 | 09/19/2016 | 09/19/2017 | DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 50,000 |
| | <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR | | | | | | MED EXP (Any one person) \$ 5,000 |
| | <input checked="" type="checkbox"/> Pollution Liab | | | 12EMP43870 10 | 09/19/2016 | 09/19/2017 | PERSONAL & ADV INJURY \$ 2,000,000 |
| | <input checked="" type="checkbox"/> Claims Made | | | | | | GENERAL AGGREGATE \$ 2,000,000 |
| | GENL AGGREGATE LIMIT APPLIES PER | | | | | | PRODUCTS - COM/OP AGG \$ 2,000,000 |
| | <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC | | | | | | \$ |
| B | AUTOMOBILE LIABILITY | | | | | | COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 |
| | <input type="checkbox"/> ANY AUTO | | | 11CAB58239 09 | 09/19/2016 | 09/19/2017 | BODILY INJURY (Per person) \$ |
| | <input type="checkbox"/> ALL OWNED AUTOS | | | | | | BODILY INJURY (Per accident) \$ |
| | <input checked="" type="checkbox"/> SCHEDULED AUTOS | | | | | | PROPERTY DAMAGE (PER ACCIDENT) \$ |
| | <input checked="" type="checkbox"/> HIRED AUTOS | | | | | | \$ |
| <input checked="" type="checkbox"/> NON-OWNED AUTOS | | | | | | \$ | |
| A | UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR | | | | | | EACH OCCURRENCE \$ 3,000,000 |
| | <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE | | | 12EMX43769 11 | 09/19/2016 | 09/19/2017 | AGGREGATE \$ 3,000,000 |
| | DEDUCTIBLE | | | | | | \$ |
| | <input checked="" type="checkbox"/> RETENTION \$ 10,000 | | | | | \$ | |
| B | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY | | | | | | <input checked="" type="checkbox"/> WC STATU- TORY LIMITS <input type="checkbox"/> OTH- ER |
| | ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) | Y/N | N/A | EBWCC00007 08 | 09/19/2016 | 09/19/2017 | E.L. EACH ACCIDENT \$ 1,000,000 |
| | If yes, describe under DESCRIPTION OF OPERATIONS below | | | | | | E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 |
| | | | | | | | E.L. DISEASE - POLICY LIMIT \$ 1,000,000 |
| A | Professional Liab | | | 12EMP43870 10 | 09/19/2016 | 09/19/2017 | Claim/Agg 2,000,000 |
| C | Lease/Rent Equip | | | RHJ8164753 | 06/30/2016 | 06/30/2017 | Limit 550,000 |

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

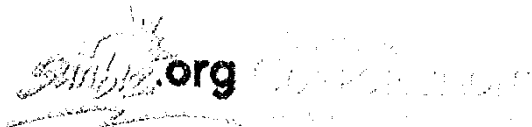
Broward County is named as Additional Insured with respect to General Liability and Excess Liability.
RE: QVL Environmental Consultants

Elizabeth Plaska

ELIZABETH PLASKA
dc=city, dc=broward, dc=bc, ou=Organization, ou=BC, ou=RM, ou=Users, cn=ELIZABETH PLASKA, 2016.12.02 15:46:13 -0500

| | | | |
|--|--|--|--|
| CERTIFICATE HOLDER | | CANCELLATION | |
| BROWCNT Broward County 115 S. Andrews Ave Fort Lauderdale, FL 33301 | | SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. | |
| | | AUTHORIZED REPRESENTATIVE  | |

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[Department of State](#) / [Division of Corporations](#) / [Search Records](#) / [Detail By Document Number](#) /

Detail by Entity Name

Florida Limited Liability Company
EE&G ENVIRONMENTAL SERVICES, LLC

Filing Information

| | |
|-----------------------------|--------------|
| Document Number | L04000039225 |
| FEI/EIN Number | 86-1106600 |
| Date Filed | 05/24/2004 |
| State | FL |
| Status | ACTIVE |
| Last Event | LC AMENDMENT |
| Event Date Filed | 03/07/2012 |
| Event Effective Date | NONE |

Principal Address

5751 Miami Lakes Drive
Miami Lakes, FL 33014

Changed: 04/10/2015

Mailing Address

5751 Miami Lakes Drive
Miami Lakes, FL 33014

Changed: 04/10/2015

Registered Agent Name & Address

NRAI SERVICES, INC
1200 South Pine Island Road
Plantation, FL 33324

Name Changed: 04/10/2015

Address Changed: 12/28/2007

Authorized Person(s) Detail

Name & Address

Title Manager

Detail by Entity Name

WOODS, ADRIAN B.
5751 Miami Lakes Drive
Miami Lakes, FL 33014

Title Manager

GIPE, TIMOTHY R.
5751 Miami Lakes Drive
Miami Lakes, FL 33014

Title Manager

BAILEY, CAROLYN
5751 Miami Lakes Drive
Miami Lakes, FL 33014

Title Manager

CLEVINGER, CRAIG C.
5751 Miami Lakes Drive
Miami Lakes, FL 33014

Title Manager

SALL, JAY W.
5751 Miami Lakes Drive
Miami Lakes, FL 33014

Annual Reports

| Report Year | Filed Date |
|-------------|------------|
| 2014 | 01/07/2014 |
| 2015 | 04/10/2015 |
| 2016 | 04/08/2016 |

Document Images

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| 04/08/2016 -- ANNUAL REPORT | View image in PDF format |
| 04/10/2015 -- ANNUAL REPORT | View image in PDF format |
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| 03/07/2012 -- LC Amendment | View image in PDF format |
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| 02/09/2011 -- ANNUAL REPORT | View image in PDF format |
| 03/26/2010 -- ANNUAL REPORT | View image in PDF format |
| 09/04/2009 -- LC Amendment | View image in PDF format |
| 01/29/2009 -- ANNUAL REPORT | View image in PDF format |
| 01/05/2009 -- ANNUAL REPORT | View image in PDF format |

Detail by Entity Name

Page 3 of 3

| | |
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| 04/17/2007 -- ANNUAL REPORT | View image in PDF format |
| 03/19/2007 -- ANNUAL REPORT | View image in PDF format |
| 04/11/2006 -- ANNUAL REPORT | View image in PDF format |
| 01/10/2005 -- ANNUAL REPORT | View image in PDF format |
| 05/24/2004 -- Florida Limited Liabilities | View image in PDF format |

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