



**OFFICE OF STATEWIDE HEALTH PLANNING AND DEVELOPMENT
FACILITIES DEVELOPMENT DIVISION**

California Licensed Structural Engineer Responsible for the Engineering and Test Report(s)

Company Name: The VMC Group

Name: Mr. Ken Tarlow California License Number: SE2851

Mailing Address: 113 Main Street, Bloomingdale, NJ 07403

Telephone: (973) 838-1780 Email: ken.tarlow@thevmcgroup.com

Supports and Attachments Preapproval

- Supports and attachments are preapproved under OPM- _____
(Separate application for OSHPD Preapproval of Manufacturer's Certification (OPM) of Supports and attachments is required)
- Supports and attachments are not preapproved

Certification Method

- Testing in accordance with: ICC-ES AC156
- Other (Please Specify): _____

Testing Laboratory

Company Name: Dynamic Certification Laboratories

Contact Name: Kelly Laplace / Josh Sailer

Mailing Address: 1315 Greg Pkwy # 109, Sparks, NV 89431

Telephone: (775) 358-5085 Email: kelly@shaketest.com / josh@shaketest.com



**OFFICE OF STATEWIDE HEALTH PLANNING AND DEVELOPMENT
FACILITIES DEVELOPMENT DIVISION**

Seismic Parameters

Design in accordance with ASCE 7-10 Chapter 13: Yes No

Design Basis of Equipment or Components (F_p/W_p) = 2.70

S_{Ds} (Design spectral response acceleration at short period, g) = 1.50

a_p (In-structure equipment or component amplification factor) = 2.50

R_p (Equipment or component response modification factor) = 2.50

Ω_0 (System overstrength factor) = 2.0

I_p (Importance factor) = 1.5

z/h (Height factor ratio) = 1

Equipment or Component Natural Frequencies (Hz) = N/A

Overall dimensions and weight (or range thereof) = See Attached

Equipment or Components @ grade designed in accordance with ASCE 7-10 Chapter 15: Yes No

Design Basis of Equipment or Components (V/W) = _____

S_{Ds} (Design spectral response acceleration at short period, g) = _____

S_{D1} (Design spectral response acceleration at 1 second period, g) = _____

R (Response modification coefficient) = _____

Ω_0 (System overstrength factor) = _____

C_d (Deflection amplification factor) = _____

I_p (Importance factor) = 1.5

Height to Center of Gravity above base = _____

Equipment or Component Natural Frequencies (Hz) = _____

Overall dimensions and weight (or range thereof) = _____

Tank(s) designed in accordance with ASME BPVC, 2015: Yes No

List of Attachments Supporting Special Seismic Certification

Test Report(s) Drawings Calculations Manufacturer's Catalog

Other(s) (Please Specify): UUT, Certified Product and Certified Sub-Component Matrices

OSHPD Approval (For Office Use Only) – Approval Expires on December 31, 2022

Signature: Date: January 10, 2018

Print Name: Timothy J. Piland Title: SSE

Special Seismic Certification Valid Up to : S_{Ds} (g) = 1.50 z/h = 1

Condition of Approval (if applicable): _____

Table 1 - Certified LFC Cabinet Sizes

Model	Unit Size	Maximum Weight (lbs.)	Maximum Length (in.)	Maximum Width (in.)	Maximum Height (in.)	UUT	Enclosure	Roof Level		Ground Level	
								Sds	sh	Sds	sh
LFC	15	270.0	42.00	38.00	11.00	UUT 1	NEMA 1	1.50	1.0	1.50	0.0
	20	330.0	42.00	38.00	14.00	Interpolated	NEMA 1	1.50	1.0	1.50	0.0
	25	400.0	42.00	38.00	16.00	Interpolated	NEMA 1	1.50	1.0	1.50	0.0
	30	460.0	47.00	38.00	18.50	Interpolated	NEMA 1	1.50	1.0	1.50	0.0
	45	560.0	47.00	50.00	18.50	Interpolated	NEMA 1	1.50	1.0	1.50	0.0
	50	660.0	50.00	50.00	21.00	Interpolated	NEMA 1	1.50	1.0	1.50	0.0
	65	780.0	54.00	50.00	26.00	Interpolated	NEMA 1	1.50	1.0	1.50	0.0
	85	890.0	54.00	62.00	26.00	UUT 2	NEMA 1	1.50	1.0	1.50	0.0

Note: 1) That the tested Sds level is highlighted in yellow

2) The Test Report has a small error with the UUT numbers being reversed which is fixed on this table

Table 2 - Certified LFC Base Frame Construction

Use	Size		Material	WFR	UUT
	15	20-65			
LFC			18 Gauge Galvanized CS	Greenheck	1
		85			Interpolated

Note: CS stands for Cold Rolled Carbon Steel

Table 3 - Certified LFC Enclosure Construction: Wall/Roof Exterior Panels

Skin	Insulation	Panel Mounting Thickness	Wall/Roof Panel Material	Wall/Roof Panel Type	Unit Size	WFR	UUT
Coil Access Panel	Matte Faced Fiberglass	1"	18ga Galvanized CS	Double Wall	15-85		
Front Panel	Matte Faced Fiberglass	1"	18ga Galvanized CS	Double Wall	15-85	Greenheck	1 and 2
Inlet Side Panel	Matte Faced Fiberglass	1"	18ga Galvanized CS	Double Wall	15-85		
Filter Access Door	Matte Faced Fiberglass	1"	18ga Galvanized CS	Double Wall	15-85		
Coil Side Panel	Matte Faced Fiberglass	1"	18ga Galvanized CS	Double Wall	15-85		

Note: CS stands for Cold Rolled Carbon Steel

Table 4a - Certified LFC Hydronic/DX Coils

Dimensions	Width (Inches)								Series	WUT
	24	31	34	36	42	48	54	60		
Height (Inches)	7.5	Size 15							Precision Coils	1 Interpolated Interpolated Interpolated Interpolated Interpolated
	10.0		Size 20							
	12.5			Size 25						
	15.0				Size 30					
	15.0					Size 45				
	17.5						Size 50			
22.5							Size 65	Size 85	2 Interpolated	
22.5										

Note: The Hydronics and DX coils are identical in material and construction and only differ in their use

Table 4b - Certified LFC Hydronic/DX Coil Options

Casing Material	Galvanized Carbon Steel (18 Gauge)	WUT
Tube Material	Copper	1 and 2
Tube Outer Diameter	0.5"	
Tube Wall Thickness	0.016"	1 and 2
Permitted Fin Material	Aluminum	
Permitted Fins per Inch	6-14	--
Permitted Tube Rows	1 (Heating)	1 and 2
	2 (Heating)	
	4 (Heating/Cooling)	1 and 2
	6 (Cooling) 8 (Cooling)	
Header Type	Copper	1 and 2

Note: The Hydronics and DX coils are identical in material and construction and only differ in their use

Table 5 - Certified LFC Fans
 • Forward Curved Centrifugal Fan

Size	HP	Material	Part No.	Mount	UUT
5.75"	~ 1.5 lbs	Galvanized Carbon Steel	335496	Revor	1
11.62"	~ 2 lbs	Galvanized Carbon Steel	335480	Revor	2

General Material	Fan Diameter	Part No.	Mount	UUT
Galvanized Carbon Steel	5.75"	335496	Revor	1
Galvanized Carbon Steel	11.62"	335480	Revor	2

UUT	Part No.	Mounting Material	UUT
Greenheck	828093	Galvanized Carbon Steel	1
	828074	Galvanized Carbon Steel	2

Motor Mount Configuration	HP Range	Material	UUT
Horizontal Shaft Rear Mount	2 Hp Max 5 HP Max	Galvanized Carbon Steel Galvanized Carbon Steel	1 2

Table 6 - Certified LFC Flat Filter (2" MERV 8)

Unit	Cartidge Quantity	Frame Material Options	Dimensions [in.]		UUT
			Width	Height	
Size 15	2	Galvanized Carbon Steel	9	18	UUT 1
Size 20	1	Galvanized Carbon Steel	12	12 or 24"	Interpolated
Size 25	2	Galvanized Carbon Steel	14	18	Interpolated
Size 30	1	Galvanized Carbon Steel	16	16 or 20"	Interpolated
Size 45	2	Galvanized Carbon Steel	16	24	Interpolated
Size 50	2	Galvanized Carbon Steel	18	24	Interpolated
Size 65	2	Galvanized Carbon Steel	24	24	Interpolated
Size 85	2	Galvanized Carbon Steel	24	24	UUT 2

Table 7 - Certified LFC Flat Media Options

Type	Filter Material	MFR	Material	UUT
2" MERV 8	Pleated	AirGuard		1 and 2

Table 8 - Certified LFC Dampers

Unit Size	Supply		Return		Qty	MFR	UUT
	Height [in.]	Width [in.]	Height [in.]	Width [in.]			
15	8.25	34.625	5.75	33	1	Greenheck	1
20	11.563	34.625	8.75	33	1		Interpolated
25	13.5	34.625	10.75	33	1		Interpolated
30	14.625	46.625	13.25	33	1		Interpolated
45	14.625	46.625	13.25	45	1		Interpolated
50	17.25	46.625	15.5	45	1		Interpolated
65	22.25	46.625	20.75	45	1		Interpolated
85	22.25	59.625	20.75	57	1		Interpolated

Dampner Material	Blades	Blade Orientation	MFR	Part No.	Supply		Return		UUT
					Height [in.]	Width [in.]	Height [in.]	Width [in.]	
Galvanized Carbon Steel	Galvanized Carbon Steel	HZ Opposed	Greenheck	VCD-23	8.25 - 22.5	4.625 - 59.62	5.75 - 20.75	33 - 57	1 and 2

Actuator MFR	Part No.	Material	UUT
Belimo	LMP24-3	Galvanized Carbon Steel	1
Belimo	NMB24-3	Galvanized Carbon Steel	2



**UNIT UNDER TEST (UUT)
SUMMARY SHEET**

UUT-01

VMA-51133-01C

Model Line	Model Number	Manufacturer
LFC Air Handling Equipment	LFC-15L-FC	Greenheck

Product Construction Summary

18 Gauge Galvanized Carbon Steel Base, 18 Gauge Galvanized Carbon Steel Walls, Fiberglass Insulation

Options / Subcomponent Summary

Coils: Precision Coils; Fan: Greenheck/Revcor; Damper: Greenheck; Filter: AirGuard; Actuator: Belimo

UUT Properties

Weight [lbs]	Dimensions [in]			Lowest Nat. Freq. [Hz]		
	Length	Width	Height	F-B	S-S	V
270	42	38	11	N/A	N/A	N/A

UUT Highest Passed Seismic Run Information

Building Code	Test Criteria	S _{DS} (g)	z/h	I _p	A _{FLX-H} (g)	A _{RIG-H} (g)	A _{FLX-V} (g)	A _{RIG-V} (g)
CBC 2016	ICC-ES AC156	1.50	1.00	1.50	2.40	1.80	1.00	0.40

Test Mounting Details

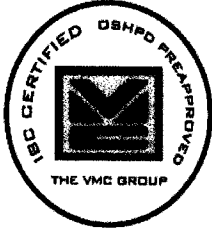
The UUTs were attached to the fixturing wall at four corners utilizing the International Seismic Application Technology (ISAT) C10 splayed cable braces oriented at 45 degrees, and 1/2" ASTM A307 rod. Seismic enhancements were made in the form of a 1-5/8" x 12GA strut channel along the front and back of the UUT and 1-5/8" x 12GA strut channel rod stiffeners.

UUT 1



**1-5/8"
strut
channel**

All units were filled with contents and maintained structural integrity and functionality after AC 156 test.



**UNIT UNDER TEST (UUT)
SUMMARY SHEET**

UUT-02

VMA-51133-01C

Model Line	Model Number	Manufacturer
LFC Air Handling Equipment	LFC-85L-FC	Greenheck

Product Construction Summary

18 Gauge Galvanized Carbon Steel Base, 18 Gauge Galvanized Carbon Steel Walls, Fiberglass Insulation

Options / Subcomponent Summary

Coils: Precision Coils; Fan: Greenheck/Revcor; Damper: Greenheck; Filter: AirGuard; Actuator: Belimo

UUT Properties

Weight [lbs]	Dimensions [in]			Lowest Nat. Freq. [Hz]		
	Length	Width	Height	F-B	S-S	V
890	54	62	26	N/A	N/A	N/A

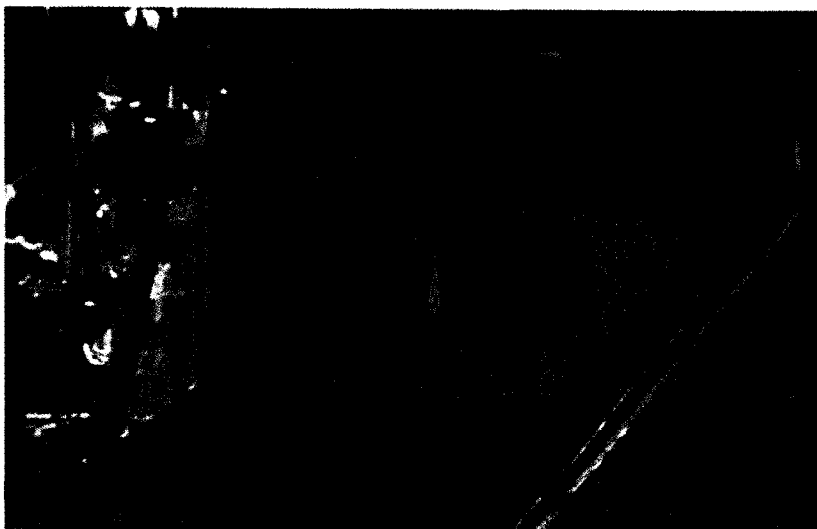
UUT Highest Passed Seismic Run Information

Building Code	Test Criteria	S _{DS} (g)	z/h	I _p	A _{FLX-H} (g)	A _{RIG-H} (g)	A _{FLX-V} (g)	A _{RIG-V} (g)
CBC 2016	ICC-ES AC156	1.50	1.00	1.50	2.40	1.80	1.00	0.40

Test Mounting Details

The UUTs were attached to the fixturing wall at four corners utilizing the International Seismic Application Technology (ISAT) C10 splayed cable braces oriented at 45 degrees, and 1/2" ASTM A307 rod. Seismic enhancements were made in the form of a 1-5/8" x 12GA strut channel along the front and back of the UUT and 1-5/8" x 12GA strut channel rod stiffeners.

UUT2



1-5/8" strut channel

All units were filled with contents and maintained structural integrity and functionality after AC 156 test.



STRONGHOLD ENGINEERING, INC.

2000 Market Street, Riverside, CA 92501 • Tel (951) 684-9303 • Fax (951) 684-9329 • Est. Fax (951) 684-3813

Established 1991

May 30, 2018

ELECTRONIC TRANSMISSION

Mike Wickham., Construction Manager
Kitchell

Project: S161619-33-00 Second Level Catheterization Lab Build-Out
Re: **COR 031 – Change Order #4 ACD 0007 - ACCO**

Dear Mr. Wickham,

Stronghold Engineering, Inc. (Stronghold) has reviewed the scope of work added in Change order #4 ACD 007 Drawings for the RUHS 2nd Floor Cath lab Project. The COR breakdown is shown below that includes the scope of work affected and the time impact associated with each scope of work.

1. Rework Low Side Duct Work for 2 Laminar Grilles – 6 Days

- Material was already on site.
- Hangers were installed and ready to hang duct.
- Detail and reorder of duct.
- Additional insulation for change in routing.

The total COR amount to complete the changes listed above is \$6,261.00

Sincerely,
STRONGHOLD ENGINEERING, INC

Shane Papp
Project Manager

BUILDING CONSTRUCTION EXCELLENCE

www.strongholdengineering.com

California • Arizona • Nevada • Florida • Hawaii • International

PROPOSAL/ESTIMATE **STRONGHOLD ENGINEERING, INC.**

DATE: 30-May-18

CONTRACT TITLE: **RUHS 2nd Floor Cath Lab**

CONTRACT NO: **0843-000-7374**

TO: **Mike Wickham - Kitchell**

COR 031

DESCRIPTION: **Change Order #4 ACD 0007 ACCO**

PRIME CONTRACTOR'S WORK				Revisions/comments
1. Direct Materials				
2. Sales Tax on Materials	0.00% of line 1	0.00%	-	
3. Direct Labor				
4. Insurance, Taxes, and Fringe Benefits				
5. Rental Equipment			-	
6. Sales Tax on Rental Equipment	0.00% of line 5	0.00%	-	
7. Equipment Ownership and Operating Expenses			-	
8. SUBTOTAL (add lines 1-7)				
9. Field Overhead	0% of line 8	0.00%	-	
10. SUBTOTAL (Add Lines 8 & 9)				

Prime Remarks:

SUB-CONTRACTOR'S WORK (Infinity)				Revisions/comments
11. Direct Materials			243	
12. Sales Tax on Materials	0.00% of line 11	0.00%		
13. Direct Labor			3,903	
14. Insurance, Taxes, and Fringe Benefits	0.0% of line 13	0.0%	-	
15. Rental Equipment			152	
16. Sales Tax on Rental Equipment	0.00% of line 15	0.00%	-	
17. Equipment Ownership and Operating Expenses			-	
18. SUBTOTAL (add lines 11-17)				\$ 4,298.00
19. Warranty and Tax			66	
20. Overhead	10.0% of line 18	10.0%	436	
21. Profit	5.0% of line 18+19	5.0%	240	
22. SUBTOTAL (Add Lines 18 & 19)				\$ 5,041.00
23. SubContracts to Sub			863	
24. SUBTOTAL (Add Lines 20 - 22)				\$ 5,904.00

Sub's Remarks:

SUMMARY				Revisions/comments
24. Prime Contractor's work (from line 10)				
25. Sub-contractor's work (from line 23)			5,904	
26. SUBTOTAL (add lines 24 & 25)				\$ 5,904.00
27. Prime Overhead on sub-contractor	5.0% of line 25	5.0%	295	
28. Prime's Home Office Overhead	5.0% of line 24	5.0%		
29. Prime's Overhead & Profit	0.0% of line 18	0.0%	-	
30. SUBTOTAL (add lines 26-29)				\$ 6,199.20
31. Prime Contractor's Bond Premium	1.00% of line 30	1.0%	62	
32. TOTAL COST (add lines 30 & 31)				\$ 6,261.00

Prime Contractor name: **Stronghold Engineering, Inc.**

Sub-contractor name: **Evans**

Signature and title of Preparer

Date 05/30/18

Project Manager



Extra Work Proposal Labor and Material Breakdown

ACCO Job # : 611028

Date : 5/1/2018

Job Name : RUHS Catheterization Lab Project

Extra Work Proposal # : 8

Description of work:

ACD 4 - Rework low side duct for (2) laminar grilles

Pricing Breakdown:

Equipment		\$0
Sheet Metal-Shop		\$1,003
Lining Shop		\$0
Welding Shop		\$0
Teamsters		\$307
Sheet Metal-Field		\$2,836
HVAC Piping-Shop		\$0
HVAC Piping-Field		\$0
Rigging		\$0
Systems Operations		\$0
Project Engineering / Management		\$0
Rentals		\$152
Jobsite Expenses		\$0
Misc.		\$0
Sales Tax	9.50%	\$23
Warranty Reserve		\$43
DIRECT JOB COST		\$4,365
+ Unit Pricing Costs		\$0
TOTAL COST		\$4,365
+ Overhead	10%	\$436
+ Profit	5%	\$240
Total ACCO Price		\$5,041
Subcontracts		\$750
+ Subcontracts Overhead/Profit	15%	\$113
+ Bond	0.00%	\$0
Total Extra Work Proposal Price		\$5,904

Time extension required because of labor added by this change is _____ workdays.

This proposal is based on 43 hours of straight time and 0 hours of premium time.

ACCO is:

Proceeding with this work: X Waiting for authorization : _____

This price does not include any cutting or patching of drywall, electrical, utility fees, site utilities, painting, or other general construction. The cost of this change includes only those direct costs which can be identified at this time. There are no impact or ripple costs and no delay costs included in this proposal. Should it be determined at a later date that we are experiencing impact cost because of multiple changes, delays, or causes beyond our control, we will submit those costs at that time.

Submitted by: _____ Date: _____
Project Manager

Approved by: _____ Date: _____
Signature



Extra Work Proposal

EWP #: 8

Job Name: RUHS Catheterization Lab Project **Job #:** 611028 **Date:** 5/1/2018

Sheet Metal - Shop		Units	Hrs (ST)	Hrs (OT)	Hrs (DT)	Labor \$	Material \$	TOTAL \$			
Sheet Metal (Pounds)		360					234	\$ 234			
SM - Fab labor			8	-	-	769	-	\$ 769			
Sheet Metal ShopTotals:			8	-	-	769	234	\$ 1,003			
Teamsters			Hrs (ST)	Hrs (OT)	Hrs (DT)	Labor \$	Material \$	TOTAL \$			
Loading			2	-	-	154	-	\$ 154			
Driving / Unloading			2	-	-	154	-	\$ 154			
Teamsters Totals:			4	-	-	307	-	\$ 307			
Sheet Metal - Field			Hrs (ST)	Hrs (OT)	Hrs (DT)	Labor \$	Material \$	TOTAL \$			
Detailing			2	-	-	181	9	\$ 190			
Install Duct			24	-	-	2,171	-	\$ 2,171			
Foreman			4	-	-	378	-	\$ 378			
General Foreman			1	-	-	98	-	\$ 98			
Sheet Metal (Field) Totals:			31	-	-	2,827	9	\$ 2,836			
SUBCONTRACTS			TOTAL \$			SUBCONTRACTS			TOTAL \$		
Duct Insulation		750	Fire Stopping								-
Subcontract Total:								\$	750		
OTHER COSTS											
Jobsite Expenses			TOTAL \$			Rentals			TOTAL \$		
other			-	Sheet Metal Machinery							152
Jobsite Expenses Total:			-	Rentals Total:			\$	152			

ACCO Change order #008 - Justification for cost proposal

- Material was on site
- Hangers were installed and ready to hang duct.
- Detail and reorder of duct.
- Additional insulation for change in routing.



STRONGHOLD ENGINEERING, INC.

2000 Market Street, Riverside, CA 92501 • Tel (951) 684-9303 • Fax (951) 684-9329 • Est. Fax (951) 684-3813

Established 1991

June 19, 2018

ELECTRONIC TRANSMISSION

Mike Wickham., Construction Manager
Kitchell

Project: S161619-33-00 Second Level Catheterization Lab Build-Out

Re: **COR 033 – Fan Coil 1 Relocations in Reference to RFI 024 , 024R1, 024R2 and ACD0001**

Dear Mr. Wickham,

Stronghold Engineering, Inc. (Stronghold) has reviewed the scope of work for the relocations for FC-1 Location above Nurse's Station for the RUHS 2nd Floor Cath lab Project. The COR breakdown is shown below that includes the scope of work affected and the time impact associated with each scope of work.

1.) Fan Coil Relocations Plumbing– 2 Days

- a. Relocate 2" waste line above Nurse Station for Fan Coil. – 2 Days Added Time

The total COR amount to complete the changes listed above is \$4,511.00.

Sincerely,
STRONGHOLD ENGINEERING, INC.

Shane Papp
Project Manager

BUILDING CONSTRUCTION EXCELLENCE

www.strongholdengineering.com

California • Arizona • Nevada • Florida • Hawaii • International

PROPOSAL/ESTIMATE **STRONGHOLD ENGINEERING, INC.**

DATE: 19-Jun-18

CONTRACT TITLE: **RUHS 2nd Floor Cath Lab**

CONTRACT NO: **0843-000-7374**

TO: **Mike Wickham - Kitchell**

COR 033

DESCRIPTION: **Fan Coil Relocations - RFI 009, RFI 024, 024R1, 024R2 and ACD 0001 - Plumbing**

PRIME CONTRACTOR'S WORK				Revisions/comments
1.	Direct Materials			
2.	Sales Tax on Materials	9.00% of line 1	9.00%	-
3.	Direct Labor			
4.	Insurance, Taxes, and Fringe Benefits			
5.	Rental Equipment			-
6.	Sales Tax on Rental Equipment	0.00% of line 5 INCLUDED	0.00%	-
7.	Equipment Ownership and Operating Expenses			-
8.	SUBTOTAL (add lines 1-7)			\$ -
9.	Field Overhead	0% of line 8 INCLUDED	0.00%	-
10.	SUBTOTAL (Add Lines 8 & 9)			\$ -

Prime Remarks:

SUB-CONTRACTOR'S WORK (Continental)				Revisions/comments
11.	Direct Materials			3,699
12.	Sales Tax on Materials	9.00% of line 11 Included	9.00%	
13.	Direct Labor			
14.	Insurance, Taxes, and Fringe Benefits	0.0% of line 13 Included	0.0%	-
15.	Rental Equipment			
16.	Sales Tax on Rental Equipment	0.00% of line 15 Included	0.00%	-
17.	Equipment Ownership and Operating Expenses			-
18.	SUBTOTAL (add lines 11-17)			\$ 3,699.00
19.	Overhead and Profit	15.0% of line 18 Included	15.0%	555
20.	SUBTOTAL (Add Lines 18 & 19)			\$ 4,253.85
21.	Sub Contractor Bond Premium	1.0% of line 20 Included		
22.		of total change		
23.	SUBTOTAL (Add Lines 20 - 22)			\$ 4,253.85

Sub's Remarks:

SUMMARY				Revisions/comments
24.	Prime Contractor's work (from line 10)			-
25.	Sub-contractor's work (from line 23)			4,254
26.	SUBTOTAL (add lines 24 & 25)			\$ 4,253.85
27.	Prime Overhead on sub-contractor	0.0% of line 25	0.0%	-
28.	Prime's Home Office Overhead	0.0% of line 24	0.0%	-
29.	Prime's Overhead & Profit	5.0% of line 18	5.0%	213
30.	SUBTOTAL (add lines 26-29)			\$ 4,466.54
31.	Prime Contractor's Bond Premium	1.000% of line 30	1.0%	45
32.	TOTAL COST (add lines 30 & 31)			\$ 4,511.00

Prime Contractor name: **Stronghold Engineering, Inc.**

Sub-contractor name: **Continental**

Signature and title of Preparer

Date 06/19/18

VP of General Construction



CHANGE ORDER REQUEST #006

Wednesday, February 21, 2018

Denny McGahey
Stronghold Engineering
2000 Market Street
Riverside, CA 92501

**RE: Cath Lab-Bi-Plane Riverside University Hospital System-
CPI Job # 6585-01**

Dear Denny,

Our quoted price for: Relocate 2" waste above nurse station for new tube steel.

Excludes: Trough Drain, Drain Pan.

Total net change to contract: \$4,254.00

Additional time required: 2 days

The total cost shown on this page may not be used as a basis for T & M pricing not to exceed. All pricing is only reflective of current conditions on the jobsite and are subject to change based upon the conditions at the time of approval.

This change proposal is based on the usual cost elements such as labor, materials, and markup and does not include any amount for impacts such as interference, disruptions, rescheduling, change in the sequence of work, delays and/or associated acceleration. We expressly reserve the right to submit our request for any of these items should we be faced with performing work under any of these conditions.

This cost proposal supersedes all previously submitted cost proposals relating to this same work. The work of other trades, which may be required to complete this change order, is not a part of this change proposal.

This quote is valid for thirty (30) calendar days from the above date and void thereafter. All work affected by either the acceptance or rejection of the enclosed change order quotation is on hold pending notification.

Respectfully,

Joe O'Brien
Project Manager
JC

February 21, 2018



**CONTINENTAL
PLUMBING
INC.**

www.continentalplumbing.com
CHANGE ORDER RECAP

C.O. #

MATERIAL COST	<u>\$1,069</u>
FREIGHT 4%	<u>\$43</u>
LABOR <u>23.85</u> HRS X <u>\$98.00</u>	<u>\$2,337</u>
SPILL KIT (BARREL, SHOP VAC/PUMP)	<u>\$250</u>
SUBCONTRACTS	<u>\$0</u>
DIRECT JOB COSTS	<u>\$0</u>
INDIRECT JOB COSTS	<u>\$0</u>
SUBTOTAL	<u>\$3,699</u>
15% MARK UP	<u>\$555</u>
TOTAL C.O.	<u>\$4,254</u>
BOND	<u>\$0</u>
TOTAL COST ADJUSTMENT	<u>\$4,254</u>

	A	B	C	D	E	F	G	H	I
1	Item Name	Quantity		Bid Pr	U	Ext'd Pr	Lbr	U	Ext'd Lbr
2	Cost Code:								
3	SEISMIC BRACING	3.00		\$225.00	E	\$675.00	2.00	E	6.00
4	BAG EXIST FIXTURES	1.00		\$25.00	E	\$25.00	2.00	E	2.00
5	INSPECTIONS	1.00		\$0.00	E	\$0.00	1.00	E	1.00
6	REMOVE EXISTING PIPING	1.00		\$0.00	E	\$0.00	2.00	E	2.00
7	TEST GAUGE	1.00		\$15.00	E	\$15.00	1.00	E	1.00
8	Cost Code: NO HUB PIPE								
9	2 NO HUB PIPE	20.00		\$4.36	E	\$87.13	0.00	E	0.00
10	Cost Code: NO HUB FITTINGS								
11	2 NH 1/8 BEND	4.00		\$5.54	E	\$22.15	0.00	E	0.00
12	2 NH BLIND PLUG	5.00		\$3.94	E	\$19.68	0.00	E	0.00
13	Cost Code: NO HUB COUPLINGS-HUSKY 4000								
14	2 NH HUSKY COUP	12.00		\$10.18	E	\$122.11	0.48	E	5.76
15	Cost Code:								
16	3/8" ATR COUPLING	6.00		\$0.35	E	\$2.11	0.03	E	0.18
17	Cost Code: SUPPORTS/ACCESORIES								
18	3/8 DROP IN ANCHORS	6.00		\$0.05	E	\$0.31	0.15	E	0.90
19	3/8 ALL THREAD	20.00		\$0.50	E	\$9.92	0.08	E	1.50
20	3/8 FLAT WASHER	18.00		\$0.03	E	\$0.63	0.01	E	0.27
21	3/8 HEX NUT	18.00		\$0.04	E	\$0.71	0.03	E	0.54
22	Cost Code: HANGERS								
23	2 CLEVIS HANGER BLK	6.00		\$1.63	E	\$9.75	0.45	E	2.70
24						\$989.50			23.85



STRONGHOLD ENGINEERING, INC.

2000 Market Street
Riverside, CA 92501
(951) 684-9303 - FAX (951) 684-3813

OSHPD REVIEW REQUIRED			SIGNATURE
YES	NO		
DSE	<input type="checkbox"/>	<input type="checkbox"/>
PLS	<input type="checkbox"/>	<input type="checkbox"/>
ACC	<input type="checkbox"/>	<input type="checkbox"/>
OTHER	<input type="checkbox"/>	<input type="checkbox"/>
NOTES			

PROJECT NO.: 17008
CONTRACT NO.: 0843-000-7374

REQUEST FOR INFORMATION

RFI NO.: 024R2
DATE: 11/7/2017

TO: <u>Ewing Cole</u> <u>Electronic Submission</u>	PROJECT: <u>Riverside University Hospital System</u> <u>Bi-Plane Cardiac Catherization Lab</u> <u>26520 Cactus Ave.</u> <u>Moreno Valley, CA 92555</u>
ATTN: <u>Jennifer Smith</u>	FROM: <u>Cam Crites - Project Engineer on behalf of ACCO</u>

REFERENCE: FC-1 Location per Walk on 11/7/17 9am
LOCATION: 2nd Floor Cath Lab

DESCRIPTION:

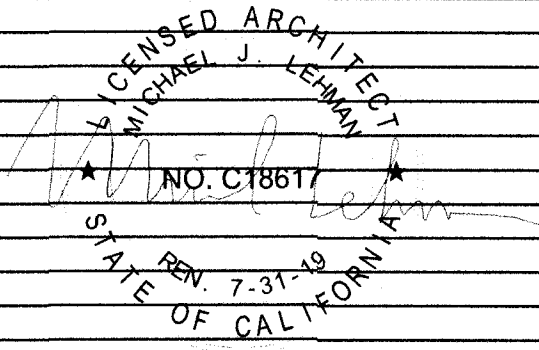
Please reference attached RFI #001-R1 from ACCO with attachments included for the location of the Fan Coil Unit.

SCHEDULE IMPACT depending on Response FINANCIAL IMPACT Depending on Response ATTACHMENTS 5

RESPONSE NEEDED BY: DATE: 11/10/2017

REPLY: SEE OUR ANSWERS ON 2ND PAGE OF THIS RFI. This RFI will require OSHPD review and changes to the drawings.

RUPESH PATEL
EWING COLE
11/08/2017



(SIGNATURE) Dwayne Kelly (TITLE) Project Superintendent

If the initiator disagrees with the response or believes that the response creates a change in scope affecting contract costs or time, the initiator shall respond in writing in accordance with the contract. RFI # 024R2



Request For Information

Customer: STRONGHOLD ENGINEERING

Date: 11/07/2017

Project #: 611028

Attn: Cam Crites

RFI Number: 001-R1

Subject: FC-1 Location

Project: RUHS Bi-Plane Catheterization Lab Project

Cost Impact: Yes

Schedule Impact: Yes

Discipline:

Priority: High

Drawing No:

Spec Section:

Question:

Ewing Cole, Stronghold, and ACCO verified the location of FC-1 on November 7th, 2017. Per the walk please confirm the following (See attached mark-up drawing).

1. The area within the yellow box inside Surgical Supervisor (F2034) will require for all conduit and ceiling compression post to be relocated. Lights within this box will need to be removed and potentially relocated for FC electrical and controls access.
2. T-bar ceiling within the yellow box will need to be removed for installation of FC.
3. FC will need to be configured per the mark-up drawing. This will require for the humidifier dispersion tube assembly to be located within the Cath Procedure Rm (F2033).
4. Relocation of H-1 east so clean steam supply may pass between side wall tap-ins.
5. The proposed clean steam supply pipe length is approx 30', the developed length will be greater than the 30' max per DriSteam O&M. Confirm 2" is acceptable for the proposed routing.

ANSWERS:

1. NOTE # 13 ADDED TO SHEET M2.2 (SEE ATTACHED DRAWING).
2. INCORPORATED UNDER NOTE # 13 IN SHEET M2.2 (SEE ATTACHED DRAWING)
3. REFER TO THE ATTACHED SHEET M2.2 IN WHICH FAN COIL UNIT IS RECONFIGURED AND STEAM DISPERSION ASSEMBLY RELOCATED IN CATH PROCEDURE ROOM AS PER OUR DISCUSSION DURING THE SITE MEETING ON NOVEMBER 07, 2017 AND MARK-UP DRAWING PROVIDED BY ACCO UNDER RFI # 001-R1. IN ADDTIOIN, 14" DIA. SA DUCT OF CAV-2 MOVED FROM CORRIDOR TO CATH LAB AS REQUESTED BY ACCO.
4. RELOCATED STEAM HUMIDIFIER (H-1) TO EAST FROM ITS ORIGINAL LOCATION. SEE ATTACHED DRAWING M2.2.
5. ACCEPTED.
6. ACCEPTED.
7. ACCEPTED.

Table 19-1:

Maximum steam carrying capacity and length of interconnecting steam hose or tubing

Steam hose ¹						Copper or stainless steel tubing				
Hose I.D.		Maximum capacity		Maximum length ²		Tubing size		Maximum capacity ³		Maximum dev
inches	DN	lbs/hr	kg/h	ft	m	inches	DN	lbs/hr	kg/h	ft
1½	40	150	68	10	3	1½	40	150	68	20
2	50	250	113	10	3	2	50	220	100	30
<p>1. When using steam hose, use DriSteam steam hose for best results. Field-supplied hose may have shorter life and may cause foaming in the evaporating chamber resulting in condensate discharge at the dispersion assembly. Do not use steam hose for outdoor applications.</p> <p>2. Maximum recommended length for steam hose is 10' (3 m). Longer distances can cause kinking or low spots.</p>						<p>3. Insulate tubing to minimize loss of capacity and efficiency.</p> <p>4. Developed length of tubing equals measured length plus 50% of length, to account for fittings. Longer tubing lengths are possible at capacities lower than listed. Consult factory.</p>				
<p>Note: Capacities and lengths in this table are based on total maximum pressure drop in hose or tubing of 5" wc (1250 Pa)</p>										

6. Confirm 20x20 SA is acceptable. The available space for the new FSD at the north wall will not fit a 26" duct.

7. Confirm 8" supply from (E) CAV may tap-in to the mixed air plenum of the FC.

Answer: (expected by 11/14/2017)

Authorized to Proceed: Yes No

By: _____
Austin Hargett

Date: 11/07/2017

Received By: _____
Cam Crites

Date: _____

GENERAL NOTES

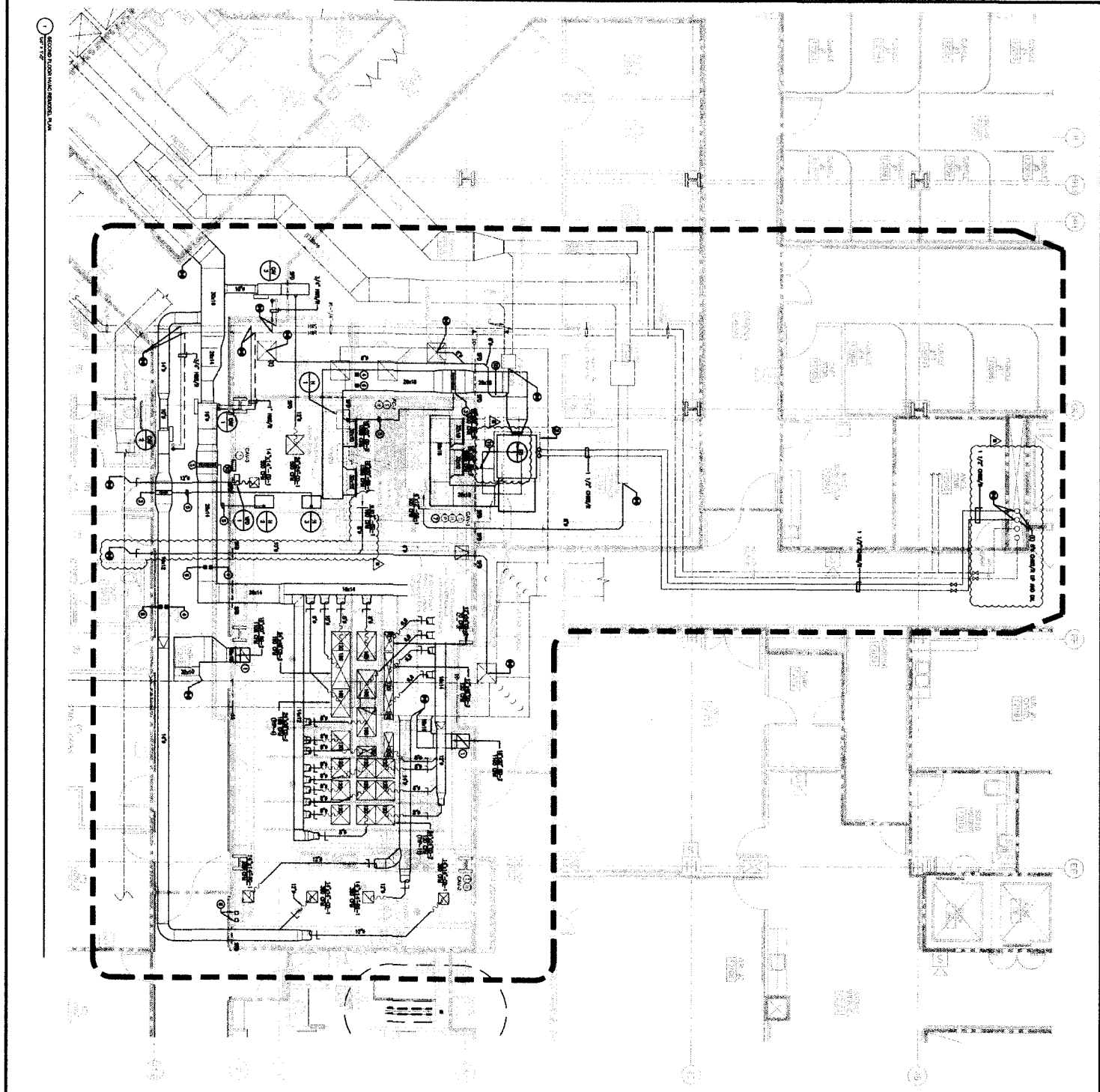
1. FIELD VERIFY ALL CONDITIONS PRIOR TO COMMENCEMENT OF WORK.
2. THE CONTRACTOR SHALL BE RESPONSIBLE FOR OBTAINING ALL NECESSARY PERMITS AND APPROVALS FROM THE LOCAL JURISDICTIONS PRIOR TO COMMENCEMENT OF WORK.
3. THE CONTRACTOR SHALL BE RESPONSIBLE TO NOTIFY ALL ADJACENT BUILDINGS AND OCCUPANTS OF ANY WORK TO BE PERFORMED IN THESE AREAS.
4. LOCATIONS OF EXISTING AND NEW EQUIPMENT, DUCTWORK, PIPING, ETC. SHALL BE FIELD VERIFIED PRIOR TO COMMENCEMENT OF WORK.
5. CONTRACTOR SHALL BE RESPONSIBLE TO VERIFY AND CONFIRM THE EXISTING CONDITIONS AND EQUIPMENT PRIOR TO COMMENCEMENT OF WORK.
6. CONTRACTOR SHALL BE RESPONSIBLE TO VERIFY AND CONFIRM THE EXISTING CONDITIONS AND EQUIPMENT PRIOR TO COMMENCEMENT OF WORK.
7. CONTRACTOR SHALL BE RESPONSIBLE TO VERIFY AND CONFIRM THE EXISTING CONDITIONS AND EQUIPMENT PRIOR TO COMMENCEMENT OF WORK.
8. CONTRACTOR SHALL BE RESPONSIBLE TO VERIFY AND CONFIRM THE EXISTING CONDITIONS AND EQUIPMENT PRIOR TO COMMENCEMENT OF WORK.
9. CONTRACTOR SHALL BE RESPONSIBLE TO VERIFY AND CONFIRM THE EXISTING CONDITIONS AND EQUIPMENT PRIOR TO COMMENCEMENT OF WORK.
10. CONTRACTOR SHALL BE RESPONSIBLE TO VERIFY AND CONFIRM THE EXISTING CONDITIONS AND EQUIPMENT PRIOR TO COMMENCEMENT OF WORK.
11. CONTRACTOR SHALL BE RESPONSIBLE TO VERIFY AND CONFIRM THE EXISTING CONDITIONS AND EQUIPMENT PRIOR TO COMMENCEMENT OF WORK.
12. CONTRACTOR SHALL BE RESPONSIBLE TO VERIFY AND CONFIRM THE EXISTING CONDITIONS AND EQUIPMENT PRIOR TO COMMENCEMENT OF WORK.

NOTES

1. ALL ELECTRICAL DEVICES ENCLOSED IN THE SHIELD SHALL BE FIELD VERIFIED PRIOR TO COMMENCEMENT OF WORK.
2. THE CONTRACTOR SHALL BE RESPONSIBLE TO VERIFY AND CONFIRM THE EXISTING CONDITIONS AND EQUIPMENT PRIOR TO COMMENCEMENT OF WORK.
3. CONTRACTOR SHALL BE RESPONSIBLE TO VERIFY AND CONFIRM THE EXISTING CONDITIONS AND EQUIPMENT PRIOR TO COMMENCEMENT OF WORK.
4. CONTRACTOR SHALL BE RESPONSIBLE TO VERIFY AND CONFIRM THE EXISTING CONDITIONS AND EQUIPMENT PRIOR TO COMMENCEMENT OF WORK.
5. CONTRACTOR SHALL BE RESPONSIBLE TO VERIFY AND CONFIRM THE EXISTING CONDITIONS AND EQUIPMENT PRIOR TO COMMENCEMENT OF WORK.
6. CONTRACTOR SHALL BE RESPONSIBLE TO VERIFY AND CONFIRM THE EXISTING CONDITIONS AND EQUIPMENT PRIOR TO COMMENCEMENT OF WORK.
7. CONTRACTOR SHALL BE RESPONSIBLE TO VERIFY AND CONFIRM THE EXISTING CONDITIONS AND EQUIPMENT PRIOR TO COMMENCEMENT OF WORK.
8. CONTRACTOR SHALL BE RESPONSIBLE TO VERIFY AND CONFIRM THE EXISTING CONDITIONS AND EQUIPMENT PRIOR TO COMMENCEMENT OF WORK.
9. CONTRACTOR SHALL BE RESPONSIBLE TO VERIFY AND CONFIRM THE EXISTING CONDITIONS AND EQUIPMENT PRIOR TO COMMENCEMENT OF WORK.
10. CONTRACTOR SHALL BE RESPONSIBLE TO VERIFY AND CONFIRM THE EXISTING CONDITIONS AND EQUIPMENT PRIOR TO COMMENCEMENT OF WORK.
11. CONTRACTOR SHALL BE RESPONSIBLE TO VERIFY AND CONFIRM THE EXISTING CONDITIONS AND EQUIPMENT PRIOR TO COMMENCEMENT OF WORK.
12. CONTRACTOR SHALL BE RESPONSIBLE TO VERIFY AND CONFIRM THE EXISTING CONDITIONS AND EQUIPMENT PRIOR TO COMMENCEMENT OF WORK.

LEGEND

- ☒ SHIELD WALL SWITCHES
- ☒ SHIELD WALL RECEPTS
- ☒ EXISTING SHIELD RECEPTS
- ☒ AUTOMATIC FIRE DAMPERS
- ☒ CHANGES SHIELD & FIRE DAMPERS
- ☒ ELECTRONIC BALANCE DAMPERS



EWING COLLI

15211 Spauldery Blvd. Suite 100
 14 94411-2591, CA 94504
 (925) 461-1100

PROJECT NO. 2008000001
 PROJECT NAME: RIVERSIDE UNIVERSITY HEALTH SYSTEM
 PROJECT LOCATION: 2800 OCTAVIA AVE, RIVERSIDE, CA 92506
 PROJECT NUMBER: 2008000001

CONTRACT PROJECT # 2008000001 FOR APPROVAL

APPROVED

DATE: 1/1/2011

BY: [Signature]

PROJECT MANAGER

LEGEND

1. SHIELD WALL SWITCHES

2. SHIELD WALL RECEPTS

3. EXISTING SHIELD RECEPTS

4. AUTOMATIC FIRE DAMPERS

5. CHANGES SHIELD & FIRE DAMPERS

6. ELECTRONIC BALANCE DAMPERS

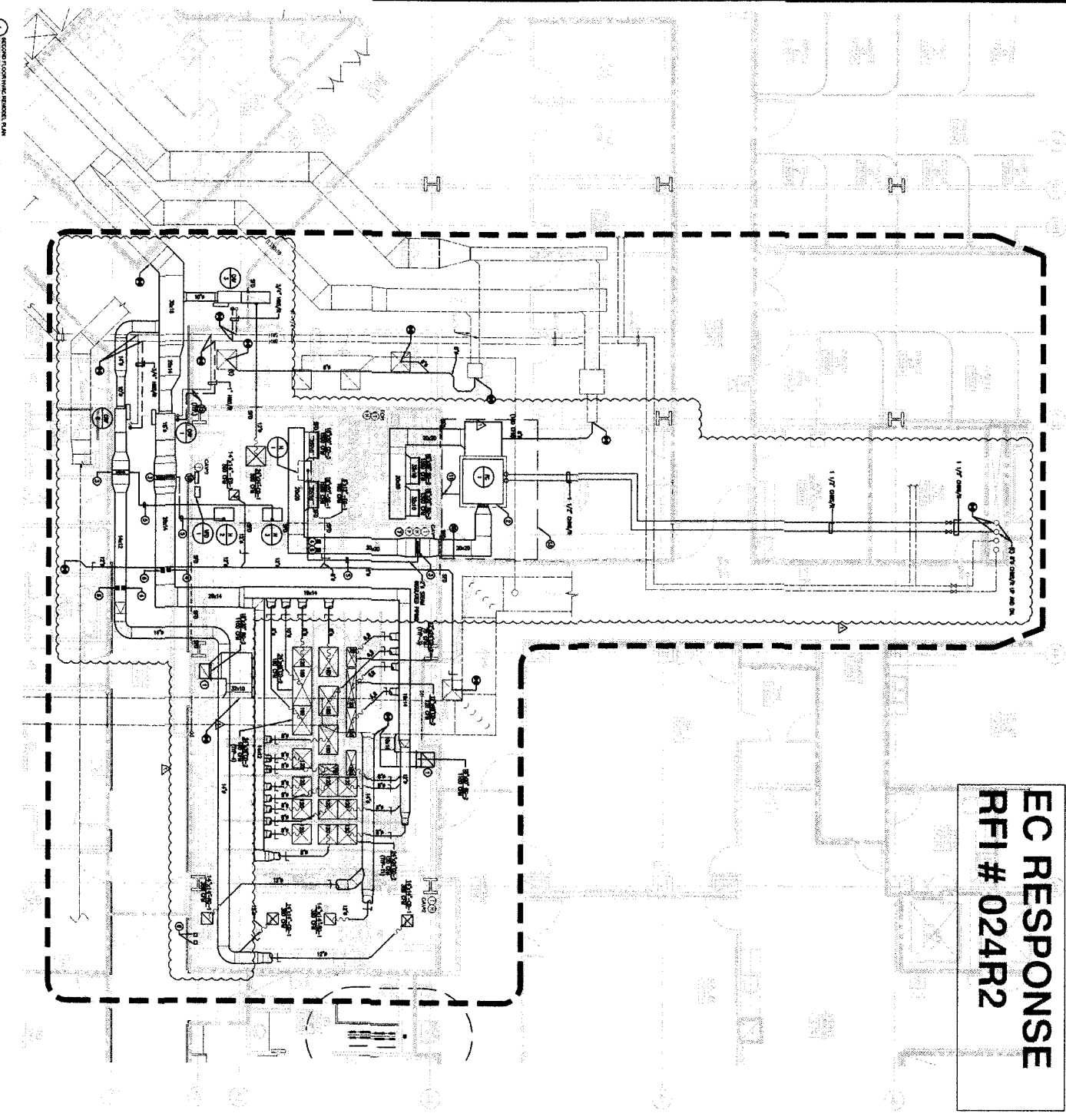
RIVERSIDE University Health System

2800 OCTAVIA AVE
 RIVERSIDE, CA 92506

PROJECT NO. 2008000001
 PROJECT NAME: RIVERSIDE UNIVERSITY HEALTH SYSTEM
 PROJECT LOCATION: 2800 OCTAVIA AVE, RIVERSIDE, CA 92506
 PROJECT NUMBER: 2008000001

CD M2.2

EC RESPONSE RFI # 024R2



1 SECOND FLOOR WING BEHIND PLAN

GENERAL NOTES

1. FIELD VERIFY ALL CONNECTIONS AND/OR DISCONNECTS OF WORK.
2. THE CONTRACTOR SHALL DISCONNECT ALL EXISTING EMERGENCY COMMUNICATIONS NETWORKS TO BE RELOCATED FROM THE BUILDING TO THE LOCATION OF ANY NETWORKS RELOCATED IN THIS DRAWING.
3. THE CONTRACTOR SHALL BE RESPONSIBLE TO PROTECT ALL EXISTING NETWORKS NOT TO BE RELOCATED IN THIS DRAWING.
4. LOCATION OF EXISTING NETWORKS SHALL BE IDENTIFIED BY THE CONTRACTOR TO THE PROJECT MANAGER AND THE CONTRACTOR SHALL BE RESPONSIBLE TO VERIFY AND CORRECT ANY NETWORKS NOT IDENTIFIED BY THE CONTRACTOR.
5. CONNECTIONS TO EXISTING NETWORKS SHALL BE IDENTIFIED BY THE CONTRACTOR TO THE PROJECT MANAGER AND THE CONTRACTOR SHALL BE RESPONSIBLE TO VERIFY AND CORRECT ANY NETWORKS NOT IDENTIFIED BY THE CONTRACTOR.
6. CONNECTIONS TO EXISTING NETWORKS SHALL BE IDENTIFIED BY THE CONTRACTOR TO THE PROJECT MANAGER AND THE CONTRACTOR SHALL BE RESPONSIBLE TO VERIFY AND CORRECT ANY NETWORKS NOT IDENTIFIED BY THE CONTRACTOR.
7. CONNECTIONS TO EXISTING NETWORKS SHALL BE IDENTIFIED BY THE CONTRACTOR TO THE PROJECT MANAGER AND THE CONTRACTOR SHALL BE RESPONSIBLE TO VERIFY AND CORRECT ANY NETWORKS NOT IDENTIFIED BY THE CONTRACTOR.
8. CONNECTIONS TO EXISTING NETWORKS SHALL BE IDENTIFIED BY THE CONTRACTOR TO THE PROJECT MANAGER AND THE CONTRACTOR SHALL BE RESPONSIBLE TO VERIFY AND CORRECT ANY NETWORKS NOT IDENTIFIED BY THE CONTRACTOR.
9. CONNECTIONS TO EXISTING NETWORKS SHALL BE IDENTIFIED BY THE CONTRACTOR TO THE PROJECT MANAGER AND THE CONTRACTOR SHALL BE RESPONSIBLE TO VERIFY AND CORRECT ANY NETWORKS NOT IDENTIFIED BY THE CONTRACTOR.
10. CONNECTIONS TO EXISTING NETWORKS SHALL BE IDENTIFIED BY THE CONTRACTOR TO THE PROJECT MANAGER AND THE CONTRACTOR SHALL BE RESPONSIBLE TO VERIFY AND CORRECT ANY NETWORKS NOT IDENTIFIED BY THE CONTRACTOR.
11. CONNECTIONS TO EXISTING NETWORKS SHALL BE IDENTIFIED BY THE CONTRACTOR TO THE PROJECT MANAGER AND THE CONTRACTOR SHALL BE RESPONSIBLE TO VERIFY AND CORRECT ANY NETWORKS NOT IDENTIFIED BY THE CONTRACTOR.
12. CONNECTIONS TO EXISTING NETWORKS SHALL BE IDENTIFIED BY THE CONTRACTOR TO THE PROJECT MANAGER AND THE CONTRACTOR SHALL BE RESPONSIBLE TO VERIFY AND CORRECT ANY NETWORKS NOT IDENTIFIED BY THE CONTRACTOR.

NOTES

1. ON ALL DRAWINGS ALL ELECTRICAL SYMBOLS SHALL BE IDENTIFIED WITH A TAG.
2. PROVIDE ALL WORK AND MATERIALS TO BE INSTALLED IN ACCORDANCE WITH THE LATEST EDITION OF THE NATIONAL ELECTRICAL CODE (NEC) AND ALL APPLICABLE LOCAL AND STATE CODES.
3. ALL ELECTRICAL WORK SHALL BE INSTALLED IN ACCORDANCE WITH THE LATEST EDITION OF THE NATIONAL ELECTRICAL CODE (NEC) AND ALL APPLICABLE LOCAL AND STATE CODES.
4. PROVIDE ALL ELECTRICAL WORK TO BE INSTALLED IN ACCORDANCE WITH THE LATEST EDITION OF THE NATIONAL ELECTRICAL CODE (NEC) AND ALL APPLICABLE LOCAL AND STATE CODES.
5. PROVIDE ALL ELECTRICAL WORK TO BE INSTALLED IN ACCORDANCE WITH THE LATEST EDITION OF THE NATIONAL ELECTRICAL CODE (NEC) AND ALL APPLICABLE LOCAL AND STATE CODES.
6. PROVIDE ALL ELECTRICAL WORK TO BE INSTALLED IN ACCORDANCE WITH THE LATEST EDITION OF THE NATIONAL ELECTRICAL CODE (NEC) AND ALL APPLICABLE LOCAL AND STATE CODES.
7. PROVIDE ALL ELECTRICAL WORK TO BE INSTALLED IN ACCORDANCE WITH THE LATEST EDITION OF THE NATIONAL ELECTRICAL CODE (NEC) AND ALL APPLICABLE LOCAL AND STATE CODES.
8. PROVIDE ALL ELECTRICAL WORK TO BE INSTALLED IN ACCORDANCE WITH THE LATEST EDITION OF THE NATIONAL ELECTRICAL CODE (NEC) AND ALL APPLICABLE LOCAL AND STATE CODES.
9. PROVIDE ALL ELECTRICAL WORK TO BE INSTALLED IN ACCORDANCE WITH THE LATEST EDITION OF THE NATIONAL ELECTRICAL CODE (NEC) AND ALL APPLICABLE LOCAL AND STATE CODES.
10. PROVIDE ALL ELECTRICAL WORK TO BE INSTALLED IN ACCORDANCE WITH THE LATEST EDITION OF THE NATIONAL ELECTRICAL CODE (NEC) AND ALL APPLICABLE LOCAL AND STATE CODES.
11. PROVIDE ALL ELECTRICAL WORK TO BE INSTALLED IN ACCORDANCE WITH THE LATEST EDITION OF THE NATIONAL ELECTRICAL CODE (NEC) AND ALL APPLICABLE LOCAL AND STATE CODES.
12. PROVIDE ALL ELECTRICAL WORK TO BE INSTALLED IN ACCORDANCE WITH THE LATEST EDITION OF THE NATIONAL ELECTRICAL CODE (NEC) AND ALL APPLICABLE LOCAL AND STATE CODES.

LEGEND

- OPEN VOLT BREAKER
- RETURN AIR DUCTS INSULATED
- EMERGENCY LIGHTS
- AUTOMATIC FIRE DAMPERS
- CHANGED WORK FROM OTHER DRAWINGS
- ELECTRICAL PANELS

EWING COLE
1821 Upper Court Road, Suite 100
Masonville, MD 21772
Tel: 410-326-1100

RIVERSIDE UNIVERSITY HEALTH SYSTEM
MASONVILLE CAMPUS

PROJECT NO. 2024-001
DATE: 08/20/24

DESIGNED BY: [Signature]
CHECKED BY: [Signature]

CD M2.2



STRONGHOLD ENGINEERING, INC.

2000 Market Street, Riverside, CA 92501 • Tel (951) 684-9303 • Fax (951) 684-9329 • Est. Fax (951) 684-3813

Established 1991

June 19, 2018

ELECTRONIC TRANSMISSION

Mike Wickham., Construction Manager
Kitchell

Project: S161619-33-00 Second Level Catheterization Lab Build-Out

Re: **COR 035 – Fan Coil 1 Relocations in Reference to RFI 024 , 024R1, 024R2 and ACD0001**

Dear Mr. Wickham,

Stronghold Engineering, Inc. (Stronghold) has reviewed the scope of work for the relocations for FC-1 Location above Nurse's Station for the RUHS 2nd Floor Cath lab Project. The COR breakdown is shown below that includes the scope of work affected and the time impact associated with each scope of work.

1.) Fan Coil Relocations - Electrical – 2 Days

- a. Rework and Install New Conduit for Fan Coil above Nurse Station – 2 Days Added Time

The total COR amount to complete the changes listed above is \$2,786.00.

Sincerely,

STRONGHOLD ENGINEERING, INC.

Shane Papp
Project Manager

BUILDING CONSTRUCTION EXCELLENCE

www.strongholdengineering.com

California • Arizona • Nevada • Florida • Hawaii • International

PROPOSAL/ESTIMATE **STRONGHOLD ENGINEERING, INC.**

DATE: 19-Jun-18

CONTRACT TITLE: **RUHS 2nd Floor Cath Lab**

CONTRACT NO: **0843-000-7374**

TO: **Mike Wickham - Kitchell**

COR 035

DESCRIPTION: **Fan Coil Relocations - RFI 009, RFI 024, 024R1, 024R2 and ACD 0001 - Electrical Scope**

PRIME CONTRACTOR'S WORK				Revisions/comments	
1.	Direct Materials				
2.	Sales Tax on Materials	9.00% of line 1	9.00%	-	
3.	Direct Labor				
4.	Insurance, Taxes, and Fringe Benefits				
5.	Rental Equipment			-	
6.	Sales Tax on Rental Equipment	0.00% of line 5	0.00%	-	
7.	Equipment Ownership and Operating Expenses			-	
8.	SUBTOTAL (add lines 1-7)				\$ -
9.	Field Overhead	0% of line 8	0.00%	-	
10.	SUBTOTAL (Add Lines 8 & 9)				\$ -

Prime Remarks:

SUB-CONTRACTOR'S WORK (SEI Electrical)				Revisions/comments	
11.	Direct Materials			443	
12.	Sales Tax on Materials	9.00% of line 11	Included	9.00%	40
13.	Direct Labor			1,802	
14.	Insurance, Taxes, and Fringe Benefits	0.0% of line 13	Included	0.0%	-
15.	Rental Equipment			-	
16.	Sales Tax on Rental Equipment	0.00% of line 15	Included	0.00%	-
17.	Equipment Ownership and Operating Expenses			-	
18.	SUBTOTAL (add lines 11-17)				\$ 2,284.19
19.	Overhead and Profit	15.0% of line 18	Included	15.0%	343
20.	SUBTOTAL (Add Lines 18 & 19)				\$ 2,626.82
21.	Sub Contractor Bond Premium	1.0% of line 20	Included		
22.		_____ of total change			
23.	SUBTOTAL (Add Lines 20 - 22)				\$ 2,626.82

Sub's Remarks:

SUMMARY				Revisions/comments	
24.	Prime Contractor's work (from line 10)			-	
25.	Sub-contractor's work (from line 23)			2,627	
26.	SUBTOTAL (add lines 24 & 25)				\$ 2,626.82
27.	Prime Overhead on sub-contractor	0.0% of line 25		0.0%	-
28.	Prime's Home Office Overhead	0.0% of line 24		0.0%	-
29.	Prime's Overhead & Profit	5.0% of line 18		5.0%	131
30.	SUBTOTAL (add lines 26-29)				\$ 2,758.16
31.	Prime Contractor's Bond Premium	1.000% of line 30		1.0%	28
32.	TOTAL COST (add lines 30 & 31)				\$ 2,786.00

Prime Contractor name: **Stronghold Engineering, Inc.**

Sub-contractor name: **SEI Electrical**

Signature and title of Preparer

Date 06/19/18

VP of General Construction



STRONGHOLD ENGINEERING INC.

2000 Market Street
Riverside, CA 92501
Tel: (951) 684-9303
Fax: (951) 684-3813-Main
Fax: (951) 684-3813-Est.

Attn: **Shane Papp** Date: **1/12/2018**
Project: **RUHS Medical Center Catheterization Lab** SEI # **2**
Customer RFP #
Subject: **Rework and Install New Conduit for Nurse Station Fan Coil**
Status: **On Hold**

Gentlemen

Please find attached our Cost Breakdown, Recap & Back-up in the Amount of \$2,626.82 Dollars for the following electrical revisions:

Rework and Install New Conduit for Nurse Station Fan Coil

This change proposal is limited to modifications involving our original scope of work. Work that may be required to complete this change order, which is the work of other trades, is not a part of this change proposal.

This change proposal is based on the usual cost elements such as labor, materials, and normal mark-up and does not include any amount for interference, disruptions, rescheduling, change in the sequence of work, delays, acceleration and or impact costs. This cost proposal supersedes all previously submitted cost proposal's relating to this same work.

This proposal is valid for (5) calendar days from the above date and void thereafter. **All work affected by either the acceptance or rejection of the enclosed request for quote is on hold pending notification.**

EXCLUSIONS:

1. This proposal is based solely on the scope as indicated in the subject documents and includes direct costs for labor, material, and equipment only.
2. Fireproofing
3. Overtime Labor Cost
4. Patching & Painting
5. All of Stronghold Engineering Inc. base contract exclusions shall apply
6. We reserve the right to correct this quote for errors and omissions
7. **We require a time extension of 2-Days.**

BY:

Robert Martinez / Electrical Project Manger

ACCEPTED BY: _____



Change Request Form

Labor Factors & Corrections

Percentages are to be applied to the total affected manhours of the current contract, and to the Labor of the proposed change.	Affected Manhours of Current Contract		Manhours of Proposed Change	
	Manhours *		20.90	
	As of			
Negative Productivity Factors	Percentage of Loss	Manhours Lost	Percentage of Loss	Manhours Lost
Reassignment of Manpower				
Crew Size Inefficiency				
Site Access				
Logistics				
Stacking of Trades				
Dilution of Supervision				
Errors and Omissions				
Fatigue				
Learning Curve				
Ripple				
Morale and Attitude				
Concurrent Operations				
Beneficial Occupancy				
Joint Occupancy (Other Trades)				
Weather Factor				
Height Factor				
Overtime Adjustment				
1 + 2 + 3 =	{2}		{3}	

* Estimated

{4} Electrician	20.90	Hrs. @	\$77.31	1,615.78
{5} Foreman 10%	2.09	Hrs. @	\$88.87	185.74
{6} General Foreman		Hrs. @		
{7} Superintendent		Hrs. @	\$72.00	
{8}		Hrs. @		
{9}		Hrs. @		
{10} Other: _____		Hrs. @		
{11}				
{12} Total Direct Labor (Lines 4 - 11)	22.99	Hrs.		1,801.52
{13} Small Tools				
{14} Total Labor (Lines 12+13)				\$1,802



Labor Summary

Hourly Rates

Job Description	Base Rate	Payroll Tax Insurance Fringes	Wage, Tax & Fringe Escalation	Other	Total Hourly Rate
Electrician	\$77.31				77.31
Foreman	\$88.87				88.87
General Foreman					
Superintendent	\$72.00				72.00
Other:					

1. Electrician	17.90 Hrs.
2. Nonproductive Travel	_____ Hrs.
3. Remobilization Hours	_____ Hrs.
4. Material Handling	1.00 Hrs.
5. Punch and Demo	_____ Hrs.
6. Safety Training	_____ Hrs.
7. Clean Up	2.00 Hrs.
8. Warranty	_____ Hrs.
9. Safety Training	_____ Hrs.
10. Set Up / Clean Up	_____ Hrs.
11. Labor Difficulty	_____ Hrs.
12. Base Electrician Hours 1 thru 11	20.90

Takeoff Sheet

Project No.: 17-008

RFP#: _____

U = E for Each, C for 100, M for **Project Name:**

Item	Description	Qty	Mat Price	U	Labor	U	Total Mat(\$)	Total Hours
1	One Lot Material	1	\$442.82	E	17.90	E	\$442.82	17.90
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								
32								
33								
34								
35								
36								
37								
38								
39								

Totals

442.82	17.90
---------------	--------------

Project: RUHS Medical Center Catheterization Lab

Subject: Rework Nurse Station Conduit for Fan Coil

Item	Description	Quantity	Net Price	Unit	Total Mat	Labor	Unit	Total Hours
1	3/4" EMT CONDUIT	60	248.63 C		149.18	6.20 C		3.72
2	1" EMT CONDUIT	20	414.23 C		82.85	6.80 C		1.36
3	3/4" EMT STL COMP CPLG	4	703.17 C		28.13	37.00 C		1.48
4	1" EMT STL COMP CPLG	2	1047.71 C		20.95	43.00 C		0.86
5	3/4" EMT INSUL STL COMP CONN	6	674.29 C		40.46	17.00 C		1.02
6	1" EMT INSUL STL COMP CONN	1	1130.29 C		11.30	20.00 C		0.20
7	3/4" EMT 2-H STRAP	10	61.80 C		6.18	5.63 C		0.56
8	1" EMT 2-H STRAP	2	96.56 C		1.93	5.63 C		0.11
9	3/4" STEEL FLEX	10	178.73 C		17.87	6.20 C		0.62
10	3/4" INSUL STL FLEX CONN	2	823.13 C		16.46	17.00 C		0.34
11	#12 THHN BLACK	190	323.44 M		61.45	7.50 M		1.43
12	B2-1 RED WIRE CONN	25	19.36 C		4.84	0.40 C		0.10
13	3M #1700 3/4"x60' BLACK TAPE	1	1.22 E		1.22	0.10 E		0.10
14	REMOVE EXISTING CONDUIT	1	0 E		0.00	6.00 E		6.00

15 SUBTOTAL

\$442.82

17.90



STRONGHOLD ENGINEERING, INC.

2000 Market Street, Riverside, CA 92501 • Tel (951) 684-9303 • Fax (951) 684-9329 • Est. Fax (951) 684-3813

Established 1991

June 25, 2018

ELECTRONIC TRANSMISSION

Mike Wickham, Construction Manager
Kitchell

Project: S161619-33-00 Second Level Catheterization Lab Build-Out
Re: **COR 042 – Bridging Blocking RFI 142**

Dear Mr. Wickham,

Stronghold Engineering, Inc. (Stronghold) has reviewed the scope of work for Infinity in response to RFI 142 for bridging and blocking for the RUHS 2nd Floor Cath lab Project. The COR breakdown is shown below that includes the scope of work affected and the time impact associated with each scope of work.

1. Bridging Blocking per RFI 142

A. Furnish labor and material to install blocking and bridging per RFI 142. Due to the disruption of bridging and blocking that was previously installed by Infinity, RFI 142 was generated as an alternate to replace framing per detail 3/S6.1. See EWA 1684.

The total COR amount to complete the changes listed above is \$2,069.00.

Sincerely,

STRONGHOLD ENGINEERING, INC.

Shane Papp
Project Manager

BUILDING CONSTRUCTION EXCELLENCE

www.strongholdengineering.com

California • Arizona • Nevada • Florida • Hawaii • International

PROPOSAL/ESTIMATE **STRONGHOLD ENGINEERING, INC.**

DATE: 25-Jun-18

CONTRACT TITLE: **RUHS 2nd Floor Cath Lab**

CONTRACT NO: **0843-000-7374**

TO: **Mike Wickham - Kitchell**

COR 042

DESCRIPTION: **Bridging Blocking per RFI 142**

		PRIME CONTRACTOR'S WORK			Revisions/comments
1.	Direct Materials				
2.	Sales Tax on Materials	9.00% of line 1	9.00%	-	
3.	Direct Labor				
4.	Insurance, Taxes, and Fringe Benefits				
5.	Rental Equipment			-	
6.	Sales Tax on Rental Equipment	0.00% of line 5	0.00%	-	
7.	Equipment Ownership and Operating Expenses			-	
8.	SUBTOTAL (add lines 1-7)			\$ -	
9.	Field Overhead	0% of line 8	0.00%	-	
10.	SUBTOTAL (Add Lines 8 & 9)			\$ -	

Prime Remarks:

		SUB-CONTRACTOR'S WORK (ACCO)			Revisions/comments
11.	Direct Materials			163	
12.	Sales Tax on Materials	9.00% of line 11	9.00%		
13.	Direct Labor			1,533	
14.	Insurance, Taxes, and Fringe Benefits	0.0% of line 13	0.0%	-	
15.	Rental Equipment				
16.	Sales Tax on Rental Equipment	0.00% of line 15	0.00%	-	
17.	Equipment Ownership and Operating Expenses			-	
18.	SUBTOTAL (add lines 11-17)			\$ 1,696.45	
19.	Overhead and Profit	10.0% of line 18	10.0%	170	
20.	Profit	5.0% of line 18+19	5.0%	85	
21.	SUBTOTAL (Add Lines 18 & 19)			\$ 1,950.92	
22.	Sub Contractor Bond Premium	1.0% of line 20			
23.		of total change			
24.	SUBTOTAL (Add Lines 20 - 22)			\$ 1,951.00	

Sub's Remarks:

		SUMMARY			Revisions/comments
24.	Prime Contractor's work (from line 10)			-	
25.	Sub-contractor's work (from line 23)			1,951	
26.	SUBTOTAL (add lines 24 & 25)			\$ 1,951.00	
27.	Prime Overhead on sub-contractor	0.0% of line 25	0.0%	-	
28.	Prime's Home Office Overhead	0.0% of line 24	0.0%	-	
29.	Prime's Overhead & Profit	5.0% of line 18	5.0%	98	
30.	SUBTOTAL (add lines 26-29)			\$ 2,048.55	
31.	Prime Contractor's Bond Premium	1.000% of line 30	1.0%	20	
32.	TOTAL COST (add lines 30 & 31)			\$ 2,069.00	

Prime Contractor name: **Stronghold Engineering, Inc.**

Sub-contractor name: **Infinity**

Signature and title of Preparer

Date 06/25/18

VP of General Construction

Stronghold Engineering, Inc.
 2000 Market St.
 Riverside, Ca. 92501

05/11/18



Attention: Camille Crites
 Project: Riverside Medical Cath Lab
 Reference: RFI 142 Bridging Blocking
 Infinity COR#: 018

Furnish labor and material to install blocking and bridging per RFI 142. Due to the disruption of bridging and blocking that was previously installed by Infinity, RFI 142 was generated as a alternate to replace framing per detail 3/S6.1. See EWA 1684.

Description	Quantity	Unit	Cost	Total
LABOR				
Foreman Lather / Carpenter	4	Hours	\$81.16	\$324.64
Lather / Carpenter	16	Hours	\$75.54	\$1,208.69
Total Labor:				\$1,533.33
MATERIAL				
4" 16ga DL Track	20	lf	\$1.49	\$29.71
3-5/8" 16ga DL Track	10	lf	\$1.38	\$13.78
2" 16ga Flat Strap	200	lf	\$0.36	\$72.00
Misc. Materials	1	Each	\$15.01	\$15.01
Delivery/Stock	1	Each	\$20.88	\$20.88
Subtotal Material:				\$151.38
Material Tax			9.00%	\$11.74
Total Materials:				\$163.12
			Subtotal:	\$1,696.45
			15%Overhead & Profit:	\$254.47
			Subtotal:	\$1,950.92
			TOTAL:	\$1,950.92

The total for the above changes will be an **ADD** of: **\$1,951**

Respectfully,
Infinity DW Contracting, Inc.

Project Manager
 Jason Hernandez

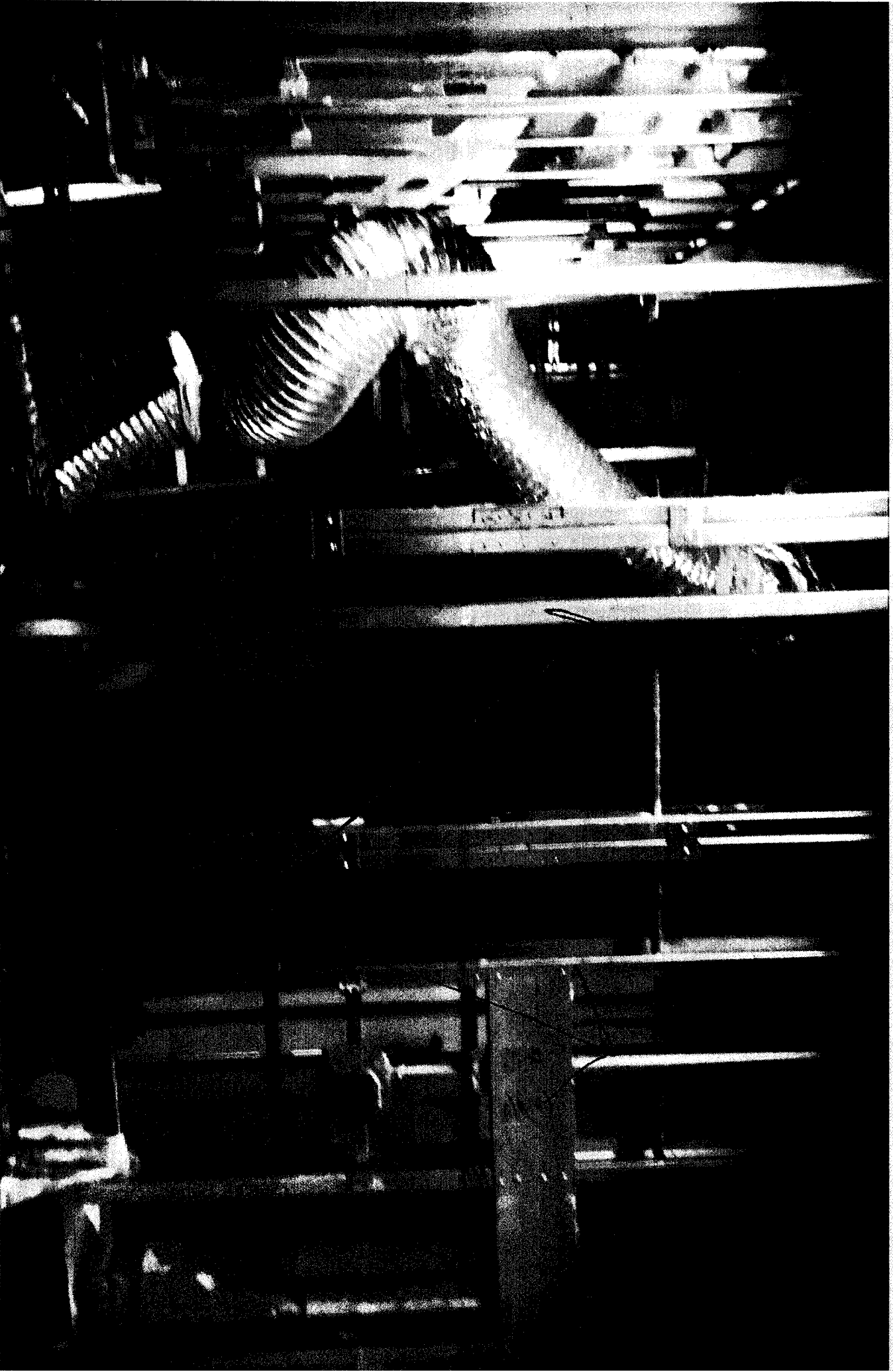
7:56 AM

Riverside County Regional Medical Center

April 19 12:29 PM



Edit



EWA# 1884

INFINITY DW CONTRACTING, INC.

EXTRA WORK AUTHORIZATION!

JOB SITE: Cath LAB 17-069

DATE: 5-10-18

RFI# 142

GEN. CONTRACTOR: Stronghold

GC REF #: Alternate Bridging/Blocking

DESCRIPTION OF WORK: ON A4.1.1 Bridging/blocking is called out Per detail 18/56.1. This bridging/blocking has been installed and disrupted by MEP'S. RFI #142 was generated and response was to use detail 3/56.1. Per direction of Stronghold infinity is to remove bridging/blocking that was installed per 18/56.1 and replace with bridging/blocking per 3/56.1. Per Stronghold direction this is added work for infinity and will be tracked on T&M.

DATE / TRADE / HOURS WORKED:	TOTAL HOURS
<u>5-10-18</u> <u>1 Carpenter Foreman</u> <u>4 hrs</u>	<u>4</u>
<u>5-10-18</u> <u>2 Carpenter's</u> <u>8 hrs each</u>	<u>16 hrs</u>
<u>Please See attached</u>	

MATERIAL / EQUIPMENT USED:

2" x 16ga @ 10'-0" Strap 20 pcs
~~4" 16ga~~ 4" 16ga track @ 10'-0" 2 pcs
3 5/8" 16ga track @ 10'-0" 1 pcs

WORK COMPLETED YES NO

ADDITIONAL EWA# RELATING TO EXTRA WORK: _____

FORWARD SIGNATURE _____

GENERAL CONTRACTOR REPRESENTATIVE SIGNATURE _____

YOU ARE REQUESTING WORK TO BE PERFORMED OUTSIDE THE FOLLOWING EXTRA WORK? _____



STRONGHOLD ENGINEERING, INC.

2000 Market Street
Riverside, CA 92501
(951) 684-9303 - FAX (951) 684-3813

OSHPD REVIEW REQUIRED			
	YES	NO	SIGNATURE
DSE	<input type="checkbox"/>	<input type="checkbox"/>	
FLSO	<input type="checkbox"/>	<input type="checkbox"/>	
ACO	<input type="checkbox"/>	<input type="checkbox"/>	
OTHER	<input type="checkbox"/>	<input type="checkbox"/>	
NOTED			

PROJECT NO.: 17008

CONTRACT NO.: 0843-000-7374

OSHPD NO.: S161619-33

REQUEST FOR INFORMATION

RFI NO.: 142

DATE: 4/25/2018

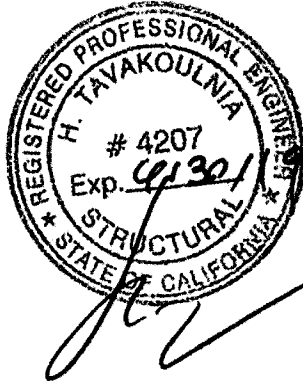
TO: Ewing Cole - Architect 15231 Laguna Canyon Road Irvine, CA 92618	PROJECT: Riverside University Hospital System Bi-Plane Cardiac Catherization Lab 26520 Cactus Ave. Moreno Valley, CA 92555
ATTN: Jennifer Smith	FROM: Cam Crites - Project Engineer

REFERENCE: S6.1

LOCATION: 2nd Floor Cath Lab, GE Equipment

DESCRIPTION:

Please confirm that detail 3/S6.1 is an acceptable alternative for detail 18/S6.1.



SCHEDULE IMPACT Depending on Response FINANCIAL IMPACT Depending on Response ATTACHMENTS

RESPONSE NEEDED BY: DATE: 4/26/2018

REPLY:

It is confirmed. WHERE DRY BALL OCCURS ON BOTH SIDES, FULL HEIGHT BLOCK BRIDGING NOT REQ'D
Vahid Tavakoulnia, S.E. 4-25-18

(SIGNATURE) Dwayne Kelly (TITLE) Project Superintendent

If the initiator disagrees with the response or believes that the response creates a change in scope affecting contract costs or time, the initiator shall respond in writing in accordance with the contract. RFI # 142

ULL, 1055 4/27/18



REQUEST FOR INFORMATION

To: Stronghold Engineering **Date:** 4/25/18
R.F.I. #: 23
Via: **Mail**
Attention: Camille Crites **Fax**
Reference: Bridging/Blocking **X** **EMAIL**
Drawing(s): S6.1 **Area:** New interior partitions **Spec Section:**

Request: Please confirm detail 3/S6.1 is an acceptable alternate for detail 18/S6.1

Proposed Solution: _____

Response required by: _____
Schedule Impact: X Yes No **Requested by:** Ryan Beers
Cost Impact: X Yes No **Signature:** *R. Beers*



STRONGHOLD ENGINEERING, INC.

2000 Market Street, Riverside, CA 92501 • Tel (951) 684-9303 • Fax (951) 684-9329 • Est. Fax (951) 684-3813

Established 1991

November 6, 2018

ELECTRONIC TRANSMISSION

Mike Wickham, Construction Manager
Kitchell

Project: S161619-33-00 Second Level Catheterization Lab Build-Out
Re: **COR 045R1 – RFI 204 Additional Welding for Coring Reinforcement**

Dear Mr. Wickham,

Stronghold Engineering, Inc. (Stronghold) has reviewed the scope of work for Evans Industrial for the additional welding reinforcement for coring per RFI 204 for the RUHS 2nd Floor Cath lab Project. The COR breakdown is shown below that includes the scope of work affected and the time impact associated with each scope of work.

1. Additional Welding Reinforcement for Coring per RFI 204 – 1 Day

The total COR amount to complete the changes listed above is \$2,149.00

Sincerely,
STRONGHOLD ENGINEERING, INC.

Shane Papp
Project Manager

BUILDING CONSTRUCTION EXCELLENCE

www.strongholdengineering.com

California • Arizona • Nevada • Florida • Hawaii • International

PROPOSAL/ESTIMATE **STRONGHOLD ENGINEERING, INC.**

DATE: 6-Nov-18

CONTRACT TITLE: **RUHS 2nd Floor Cath Lab**

CONTRACT NO: **0843-000-7374**

TO: **Mike Wickham - Kitchell**

COR 045R1

DESCRIPTION: **RFI 204 Additional Welding Coring**

PRIME CONTRACTOR'S WORK				Revisions/comments
1.	Direct Materials			
2.	Sales Tax on Materials	9.00% of line 1	9.00%	-
3.	Direct Labor			
4.	Insurance, Taxes, and Fringe Benefits			
5.	Rental Equipment			-
6.	Sales Tax on Rental Equipment	0.00% of line 5	0.00%	-
7.	Equipment Ownership and Operating Expenses			-
8.	SUBTOTAL (add lines 1-7)			\$ -
9.	Field Overhead	0% of line 8	0.00%	-
10.	SUBTOTAL (Add Lines 8 & 9)			\$ -

Prime Remarks:

SUB-CONTRACTOR'S WORK (ACCO)				Revisions/comments
11.	Direct Materials			
12.	Sales Tax on Materials	9.00% of line 11	Included	9.00%
13.	Direct Labor			1,497
14.	Insurance, Taxes, and Fringe Benefits	0.0% of line 13	Included	0.0%
15.	Rental Equipment			230
16.	Sales Tax on Rental Equipment	0.00% of line 15	Included	0.00%
17.	Equipment Ownership and Operating Expenses			-
18.	SUBTOTAL (add lines 11-17)			\$ 1,727.23
19.	Overhead and Profit	10.0% of line 18	Included	10.0%
20.	Profit	5.0% of line 18		5.0%
21.	SUBTOTAL (Add Lines 18 & 19)			\$ 1,986.31
22.	Sub Contractor Bond Premium	2.0% of line 20	Included	40
23.		of total change		
24.	SUBTOTAL (Add Lines 20 - 22)			\$ 2,026.04

Sub's Remarks:

SUMMARY				Revisions/comments
24.	Prime Contractor's work (from line 10)			-
25.	Sub-contractor's work (from line 23)			2,026
26.	SUBTOTAL (add lines 24 & 25)			\$ 2,026.04
27.	Prime Overhead on sub-contractor	0.0% of line 25		0.0%
28.	Prime's Home Office Overhead	0.0% of line 24		0.0%
29.	Prime's Overhead & Profit	5.0% of line 18		5.0%
30.	SUBTOTAL (add lines 26-29)			\$ 2,127.34
31.	Prime Contractor's Bond Premium	1.000% of line 30		1.0%
32.	TOTAL COST (add lines 30 & 31)			\$ 2,149.00

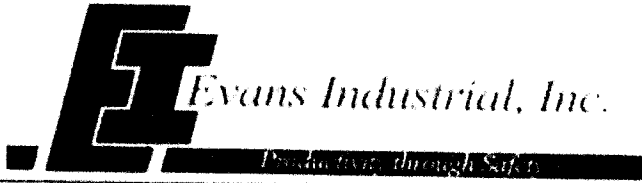
Prime Contractor name: **Stronghold Engineering, Inc.**

Sub-contractor name: **Evans Industrial**

Signature and title of Preparer

Date 11/06/18

VP of General Construction



P.O. Box 53908
Irvine, CA 92619
T: (888) 311-1341
F: (310) 317-7773
www.evans-industrial.com

INVOICE

1110

Contract/PO Number	Date
4831	11/5/2018

Terms	EI Project Name/Number
Net 30	1753-455

Bill To:
Stronghold Engineering, Inc. 2000 Market Street Riverside, Ca. 92501

Remit Payment To:
Evans Industrial, Inc. Attn: Herschel Evans PO Box 53908 Irvine, Ca. 92619-3908

Description	Amount
Weld Steel coring opening reinforcement to (E) steel Beam Equipment	1,497.23 230.00
Work Performed at RUHS Stronghold Job # 17008 Site Contact Dwayne Kelly Change Order # 18	0.00
Total	\$1,727.23



STRONGHOLD ENGINEERING, INC.

2000 Market Street
Riverside, CA 92501
(951) 684-9303 - FAX (951) 684-3813

PROJECT NO.: 17-008
CONTRACT NO.: FM08430007374

REQUEST FOR INFORMATION

RFI NO.: 204
DATE: 07/24/18

TO: STRONGHOLD ENGINEERING, INC.

PROJECT: RUSH SYSTEM BI-PLANE CARDIAC
CATHERIZATION LAB

ATTN: Jennifer Smith

FROM: Stronghold Engineering

REFERENCE: _____

LOCATION: CATH LAB - 1st Floor Radiology

DESCRIPTION: Base in Equipment Room

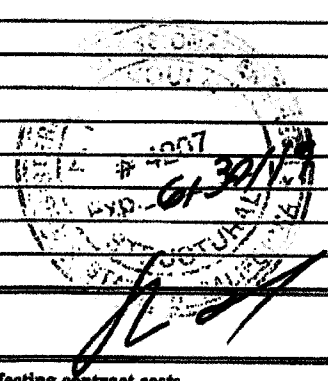
Per drawings on S6.3 detail 25 it shows supplemental steel anchored to deck crossing over two flutes each side of the cored openings in slab, Due to conditions we cant follow the detail shown, We can only cross two flutes on one side of cores, Please clarify we can weld the supplemental steel to existing I beam and or Angle iron

SCHEDULE IMPACT Depending on Response FINANCIAL IMPACT Depending on Response ATTACHMENTS

RESPONSE NEEDED BY: _____ DATE: 7/25/2018

RECEIPT ACKNOWLEDGED: _____ DATE: _____

REPLY: It is acceptable to weld steel coring opening reinforcement to (E) steel beams where spacing prohibits anchorage to two flutes per detail 25/S6.3. Please see attached CPS-33.
Vahid Tavakoulia, S.E. 7-24-18

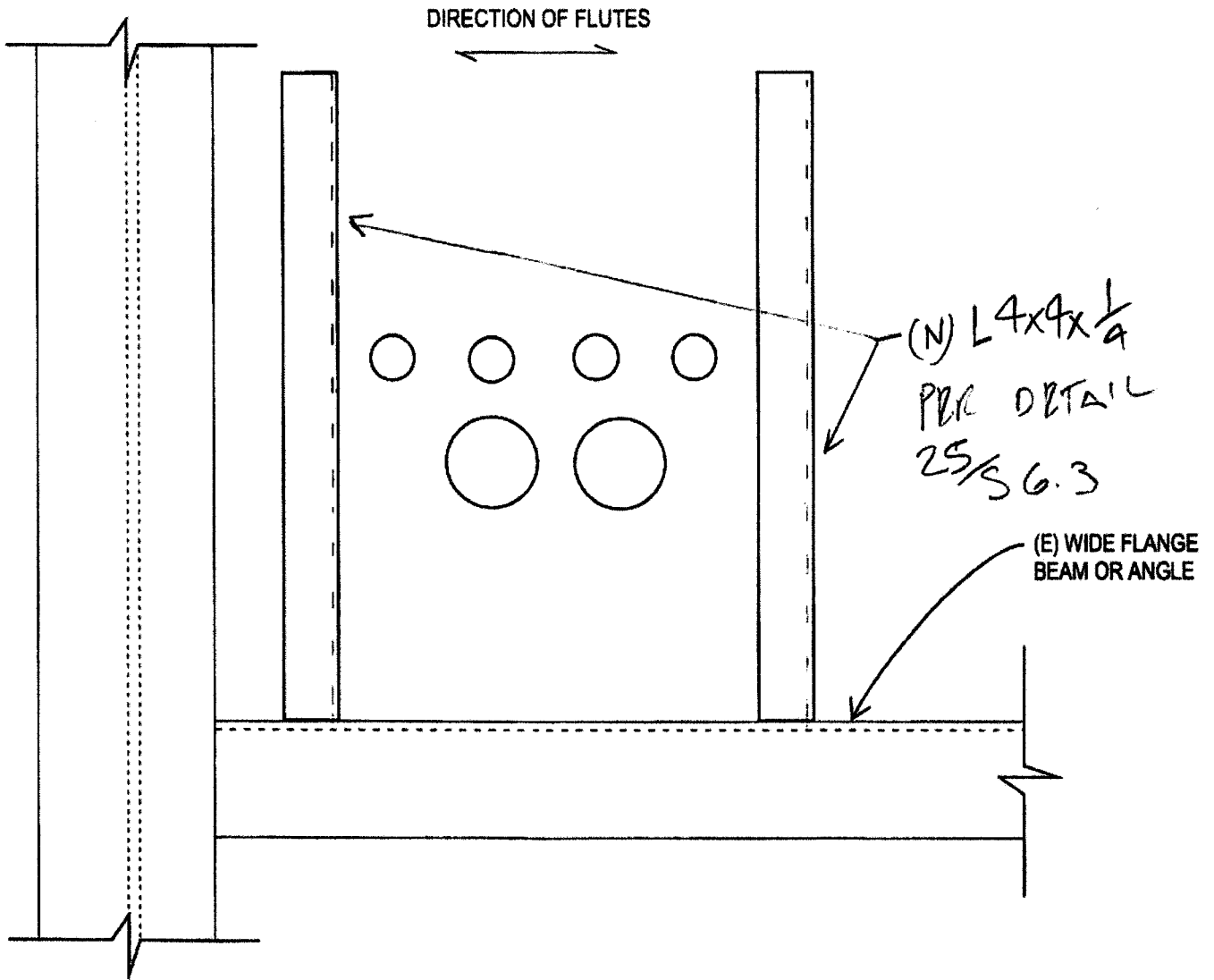


(SIGNATURE)

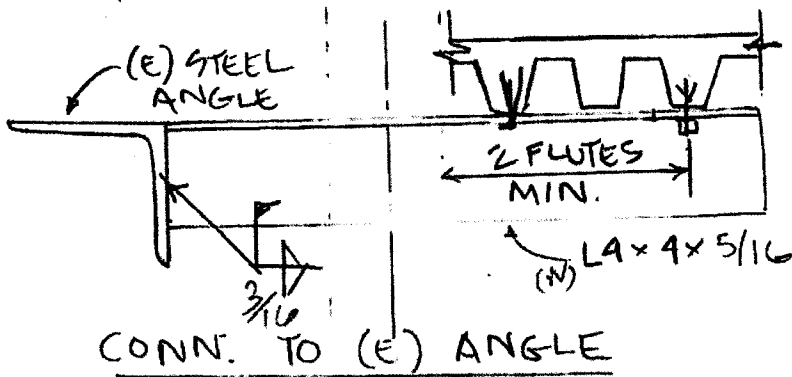
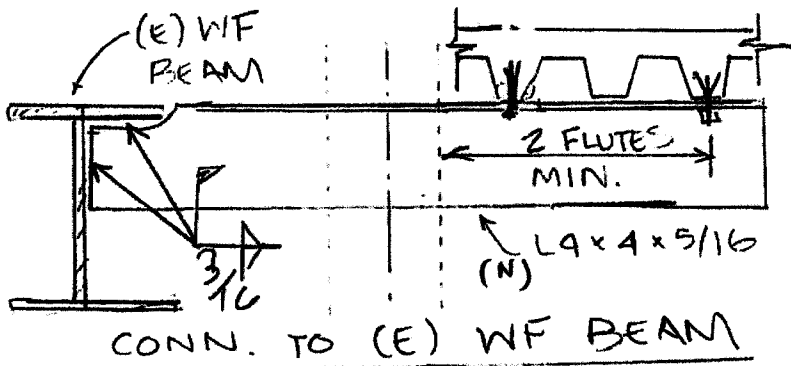
(TITLE)

If the initiator disagrees with the response or believes that the response creates a change in scope affecting contract costs or time, the initiator shall respond in writing in accordance with the contract.

Let, DS 7/25/18



CORING NEAR (E) STEEL FRAMING - PLAN



RHHS
 CATH LAB
 PFI # 204
 CPS-33
 7-24-2018

EVANS INDUSTRIAL, INC

REPORT NO.

WEEKLY TIME REPORT

Client Name		Stronghold Engineering		Job No.		1753-489		Page 1 of 1	
DATE		DAY OF WEEK		SHIFT		CUSTOMER PO NO.		WEEK ENDING	
				Days		RUHS OR - Change Order 1		7/27/2018	
NAME		CLASS	Shift	HOURS	RATE	TOTAL	No.	Per Diem	TOTALS
Brian Charlie		sup	ST	3.0	\$120.25	\$360.75		\$0.00	
			OT						\$360.75
			DT						
Armando Rivas		wf1	ST	6.0	\$115.45	\$692.70		\$0.00	
			OT						\$692.70
			DT						
Morgan Kelly		wf3	ST	6.0	\$74.08	\$444.48		\$0.00	
			OT						\$444.48
			DT						
		wf1	ST					\$0.00	
			OT						\$0.00
			DT						
		wf1	ST					\$0.00	
			OT						\$0.00
			DT						
			ST					\$0.00	
			OT						\$0.00
			DT						
			ST					\$0.00	
			OT						\$0.00
			DT						
			ST					\$0.00	
			OT						\$0.00
			DT						
			ST					\$0.00	
			OT						\$0.00
			DT						
			ST					\$0.00	
			OT						\$0.00
			DT						

COMMENTS:
EXTRA'S, JOB COMPLETED

TOTAL FOR THIS PAGE		15.0		\$1,497.93	0	\$0.00	\$1,497.93
----------------------------	--	------	--	------------	---	--------	------------

EII Authorized Rep. _____
Signature

Authorized Customer Approval _____
Signature



STRONGHOLD ENGINEERING, INC.

2000 Market Street, Riverside, CA 92501 • Tel (951) 684-9303 • Fax (951) 684-9329 • Est. Fax (951) 684-3813

Established 1991

August, 24, 2018

ELECTRONIC TRANSMISSION

Mike Wickham., Construction Manager
Kitchell

Project: S161619-33-00 Second Level Catheterization Lab Build-Out
Re: **COR 051 – Overtime for Infinity to Expedite Schedule**

Dear Mr. Wickham,

Stronghold Engineering, Inc. (Stronghold) has reviewed the scope of work added in response to the Owner's request to expedite work being completed by Infinity Drywall for the RUHS 2nd Floor Cath lab Project. The COR breakdown is shown below that includes the scope of work affected and the time impact associated with each scope of work.

1. Overtime Requested by Owner to Expedite Infinity's Scope of Work in changes to the Ceiling Framing

- Furnish labor to frame ceilings in Procedure Room F2033 on 7/21/18. This work will be on overtime which Infinity will pay the cost for regular wages and Stronghold will pay for the difference in Premium Time. See EWA 1223.

The total COR amount to complete the changes listed above is \$1,299.00

Sincerely,

STRONGHOLD ENGINEERING, INC

Shane Papp
Project Manager

BUILDING CONSTRUCTION EXCELLENCE

www.strongholdengineering.com

California • Arizona • Nevada • Florida • Hawaii • International

PROPOSAL/ESTIMATE **STRONGHOLD ENGINEERING, INC.**

DATE: 24-Aug-18

CONTRACT TITLE: **RUHS 2nd Floor Cath Lab**

CONTRACT NO: **0843-000-7374**

TO: **Mike Wickham - Kitchell**

COR 059

DESCRIPTION: Overtime for Infinity to Expedite Schedule

		PRIME CONTRACTOR'S WORK			Revisions/comments
1.	Direct Materials				
2.	Sales Tax on Materials	9.00% of line 1	9.00%	-	
3.	Direct Labor				
4.	Insurance, Taxes, and Fringe Benefits				
5.	Rental Equipment			-	
6.	Sales Tax on Rental Equipment	0.00% of line 5 INCLUDED	0.00%	-	
7.	Equipment Ownership and Operating Expenses			-	
8.	SUBTOTAL (add lines 1-7)			\$ -	
9.	Field Overhead	0% of line 8 INCLUDED	0.00%	-	
10.	SUBTOTAL (Add Lines 8 & 9)			\$ -	

Prime Remarks:

		SUB-CONTRACTOR'S WORK (ACCO)			Revisions/comments
11.	Direct Materials				
12.	Sales Tax on Materials	9.00% of line 11 Included	9.00%		
13.	Direct Labor			1,065	
14.	Insurance, Taxes, and Fringe Benefits	0.0% of line 13 Included	0.0%	-	
15.	Rental Equipment				
16.	Sales Tax on Rental Equipment	0.00% of line 15 Included	0.00%	-	
17.	Equipment Ownership and Operating Expenses			-	
18.	SUBTOTAL (add lines 11-17)			\$ 1,065.47	
19.	Overhead and Profit	10.0% of line 18 Included	10.0%	107	
20.	Profit	5.0% of line 18	5.0%	53	
21.	SUBTOTAL (Add Lines 18 & 19)			\$ 1,225.29	
22.	Sub Contractor Liability Insurance	1.0% of line 20 Included			
23.		of total change			
24.	SUBTOTAL (Add Lines 20 - 22)				

Sub's Remarks:

		SUMMARY			Revisions/comments
24.	Prime Contractor's work (from line 10)			-	
25.	Sub-contractor's work (from line 23)			1,225	
26.	SUBTOTAL (add lines 24 & 25)			\$ 1,225.29	
27.	Prime Overhead on sub-contractor	0.0% of line 25	0.0%	-	
28.	Prime's Home Office Overhead	0.0% of line 24	0.0%	-	
29.	Prime's Overhead & Profit	5.0% of line 18	5.0%	61	
30.	SUBTOTAL (add lines 26-29)			\$ 1,286.56	
31.	Prime Contractor's Bond Premium	1.000% of line 30	1.0%	13	
32.	TOTAL COST (add lines 30 & 31)			\$ 1,299.00	

Prime Contractor name: **Stronghold Engineering, Inc.**
 Sub-contractor name: **Infinity Drywall**

Signature and title of Preparer

Date 08/24/18

VP of General Construction

Stronghold Engineering, Inc.
2000 Market St.
Riverside, Ca. 92501

08/02/18



Attention: Camille Crites
Project: Riverside Medical Cath Lab
Reference: Overtime 7-21-18
Infinity COR#: 026

Furnish labor to frame ceilings in Procedure Room F2033 on 7/21/18. This work will be on overtime which Infinity will pay the cost for regular wages and Stronghold will pay for the difference in Premium Time. See EWA 1223.

Description	Quantity	Unit	Cost	Total
LABOR				
Foreman Lather / Carpenter Premium Time	6	Hours	\$30.53	\$183.21
Lather / Carpenter Premium Time	30	Hours	\$29.41	\$882.26
Total Labor:				\$1,065.47
			Subtotal:	\$1,065.47
			15%Overhead & Profit:	\$159.82
			Subtotal:	\$1,225.29
			TOTAL:	\$1,225.29

The total for the above changes will be an **ADD** of: **\$1,225**

Respectfully,
Infinity DW Contracting, Inc.

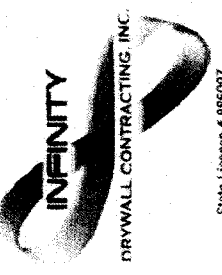
Project Manager
Jason Hernandez

EXTRA WORK AUTHORIZATION

1223

17069 CATH LAB
Job Site

7-21-18
Date



Stronghold
Gen. Contractor

COR #24
GC Ref. #

State License # 886097

Description of Work: AS directed by Dwayne with Stronghold
Infinity DW is to work overtime on ceiling framing
in procedure room # F3033 on 7-21-18 and Stronghold
will pick up premium time to accelerate the schedule
due to lost time on this project. Continue on ceiling
framing per S6.4, start drilling and prepping holes in
deck for anchors per detail 13/S6.4 clean up
trash out

Date / Trade / Hours Worked:	Total Hours
7-21-18 Carpenter Foremen 6hrs Premium time	6 hr
7-21-18 5 Carpenters 6 hrs each Ceiling Framing only Premium Time only	30 hrs

Material / Equipment Used:

N/A

Work Completed: Yes NO

Additional EWA's Relating To Extra Work:

Foreman Signature: *[Signature]*

General Contractor Representative Signature: *[Signature]* 7/23/18

You are hereby authorized to proceed with the following extra work!



STRONGHOLD ENGINEERING, INC.

2000 Market Street, Riverside, CA 92501 • Tel (951) 684-9303 • Fax (951) 684-9329 • Est. Fax (951) 684-3813

Established 1991

November 6, 2018

ELECTRONIC TRANSMISSION

Mike Wickham., Construction Manager
Kitchell

Project: S161619-33-00 Second Level Catheterization Lab Build-Out
Re: **COR 053R1 – RFI 143 Unistrut Stitch Welding**

Dear Mr. Wickham,

Stronghold Engineering, Inc. (Stronghold) has reviewed the scope of work added in response to RFI 143 for added Unistrut Stitch Welding for the RUHS 2nd Floor Cath lab Project. The COR breakdown is shown below that includes the scope of work affected and the time impact associated with each scope of work.

1. RFI 143 Unistrut Stitch Welding – 1 Day

The total COR amount to complete the changes listed above is \$4,629.00

Sincerely,

STRONGHOLD ENGINEERING, INC

Shane Papp
Project Manager

BUILDING CONSTRUCTION EXCELLENCE

www.strongholdengineering.com

California • Arizona • Nevada • Florida • Hawaii • International

PROPOSAL/ESTIMATE **STRONGHOLD ENGINEERING, INC.**

DATE: 6-Nov-18

CONTRACT TITLE: **RUHS 2nd Floor Cath Lab**

CONTRACT NO: **0843-000-7374**

TO: **Mike Wickham - Kitchell**

COR 053R1

DESCRIPTION: **RFI 143 Unistrut Stitch Welding**

		PRIME CONTRACTOR'S WORK			Revisions/comments
1.	Direct Materials				
2.	Sales Tax on Materials	9.00% of line 1	9.00%	-	
3.	Direct Labor				
4.	Insurance, Taxes, and Fringe Benefits				
5.	Rental Equipment			-	
6.	Sales Tax on Rental Equipment	0.00% of line 5	0.00%	-	
7.	Equipment Ownership and Operating Expenses			-	
8.	SUBTOTAL (add lines 1-7)			\$ -	
9.	Field Overhead	0% of line 8	0.00%	-	
10.	SUBTOTAL (Add Lines 8 & 9)			\$ -	

Prime Remarks:

		SUB-CONTRACTOR'S WORK (Evans)			Revisions/comments
11.	Direct Materials				
12.	Sales Tax on Materials	9.00% of line 11	9.00%		
13.	Direct Labor			2,328	
14.	Insurance, Taxes, and Fringe Benefits	0.0% of line 13	0.0%	-	
15.	Rental Equipment			1,430	
16.	Sales Tax on Rental Equipment	0.00% of line 15	0.00%	-	
17.	Equipment Ownership and Operating Expenses			-	
18.	SUBTOTAL (add lines 11-17)			\$ 3,758.20	
19.	Overhead and Profit	10.0% of line 18	10.0%	376	
20.	Profit	5.0% of line 18	5.0%	188	
21.	SUBTOTAL (Add Lines 18 & 19)			\$ 4,321.93	
22.	Sub Contractor Liability Insurance	1.0% of line 20		43	
23.		of total change			
24.	SUBTOTAL (Add Lines 20 - 22)			\$ 4,365.15	

Sub's Remarks:

		SUMMARY			Revisions/comments
24.	Prime Contractor's work (from line 10)			-	
25.	Sub-contractor's work (from line 23)			4,365	
26.	SUBTOTAL (add lines 24 & 25)			\$ 4,365.15	
27.	Prime Overhead on sub-contractor	0.0% of line 25	0.0%	-	
28.	Prime's Home Office Overhead	0.0% of line 24	0.0%	-	
29.	Prime's Overhead & Profit	5.0% of line 18	5.0%	218	
30.	SUBTOTAL (add lines 26-29)			\$ 4,583.41	
31.	Prime Contractor's Bond Premium	1.000% of line 30	1.0%	46	
32.	TOTAL COST (add lines 30 & 31)			\$ 4,629.00	

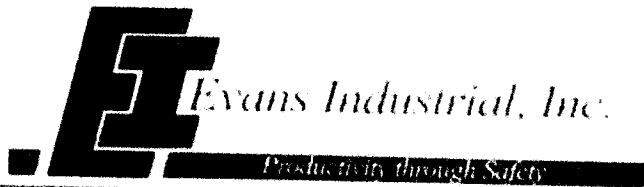
Prime Contractor name: **Stronghold Engineering, Inc.**

Sub-contractor name: **Evans Industrial**

Signature and title of Preparer

Date 11/06/18

VP of General Construction



P.O. Box 53908
Irvine, CA 92619
T: (888) 311-1341
F: (310) 317-7773
www.evans-industrial.com

INVOICE

1004 Rev 2

Contract/PO Number	Date
4831	11/5/2018

Terms	EI Project Name/Number
Net 30	1753-455

Bill To:
Stronghold Engineering, Inc. 2000 Market Street Riverside, Ca. 92501

Remit Payment To:
Evans Industrial, Inc. Attn: Herschel Evans PO Box 53908 Irvine, Ca. 92619-3908

Description	Amount
Unit Strut Stitch Welding, RFI 143 Equipment	2,328.20 1,430.00
Work Performed at RHUS Cath Lab Project Site Contact Dwayne Kelly RUHS Cath Lab Evans Industrial Change Order 10 Stronghold Job # 17008 Work was direct by Dwayne Kelly Stronghold Engineering Original Invoice Submitted on May 19, 2018	0.00
Total	\$3,758.20

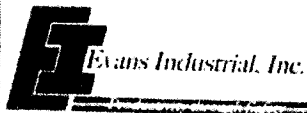
EVANS INDUSTRIAL, INC

REPORT NO.

WEEKLY TIME REPORT

Client Name		Stronghold Engineering		Job No.		1753-455		Page 1 of 1	
DATE		DAY OF WEEK		SHIFT		CUSTOMER PO NO.		WEEK ENDING	
4/27/2018		Friday		Days		RUHS - Change Order 10		4/29/2018	
NAME		CLASS	HOURS	RATE	TOTAL	No.	Per Diem	TOTALS	
Brandon Charlie		sup	ST	4.0	\$120.25	\$481.00		\$0.00	
			OT						
			DT						
Emmerson Joe		wf1	ST	8.0	\$115.45	\$923.60		\$0.00	
			OT						
			DT						
Daren Charlie		wf1	ST	8.0	\$115.45	\$923.60		\$0.00	
			OT						
			DT						
								\$0.00	
								\$0.00	
								\$0.00	
								\$0.00	
								\$0.00	
								\$0.00	
COMMENTS: <p style="text-align: center;"><i>EXTRA'S, JOB COMPLETED</i></p>									
TOTAL FOR THIS PAGE									
			20.0		\$2,328.20	0	\$0.00	\$2,328.20	
EII Authorized Rep. _____ <p style="text-align: center;">Signature</p>									
Authorized Customer Approval _____ <p style="text-align: center;">Signature</p>									

TBM



2815 Hampton Ave
 Fontana, CA 92331
 TEL: 909-808-3124
 FAX: 909-808-3127



REPORT NO.
EI-001
 Page

TIME REPORT

CUSTOMER **STRONGHOLD/ CATH LAB** JOB NO. **1753-455** PO NO.
 DATE **4/26/2018** DAYS OF WEEK **THURSDAY** SHIFT **DAYS** WEEK ENDING **4/29/18**

WORK REQUESTED: **UNISTRUT SEEM WELDING**

DESCRIPTION OF THE WORK PERFORMED: **STITCH WELD EXISTING UNISTRUTS**

CONTRACT []	T & M [x]	NTE [] [Not to Exceed]	JOB COMPLETED		ANY DELAYS IF YES ENTER COMMENTS BELOW:							YES [x] NO [] Inspector showed up 3hrs late & left at 11am		
			YES []	NO [x]	MON	TUE	WED	THU	FRI	SAT	SUN	PER DIEM TOTALS	TRAVEL TIME	TOTAL HOURS
BRANDON CHARLIE	SUP	ST					8							8
		OT												0
		DT												0
		PD					\$ 125.00					\$ 125.00		0
EMMERSON JOE	WF-1	ST				8								8
		OT												0
		DT												0
		PD					\$ 100.00					\$ 100.00		0
DAREN CHARLIE	WF-1	ST				8								8
		OT												0
		DT												0
		PD					\$ 100.00					\$ 100.00		0
TOTALS			0	0	0	24	0	0	0	0	\$ 325.00		24	

QTY	EQUIPMENT	Rate/ Hourly	Rate Daily	No of Days	Rate/Weekly	No of Weeks	No. of Hours	TOTAL	REMARKS
	Pick-up Truck							\$ -	
	Welding Truck							\$ -	
	Flatbed Truck (1 ton & below)							\$ -	
	Air Compressor							\$ -	
2	Welding Machine (350 amps)							\$ -	
	Plasma Arc							\$ -	
	Threading Machine							\$ -	
	Hydro Pump							\$ -	
	Tube Milling Machine							\$ -	
	LEL Monitor							\$ -	

QTY	UNITS	MATERIAL/SUB-CONTRACT	PRICE	5% HANDLING	TOTAL	REMARKS

COMMENTS:

 JOB ADDRESS: _____

 CONTACT NAME: _____

 ACCEPTED & APPROVED BY: *[Signature]* PHONE NO. _____
 EII REPRESENTATIVE: *Brandon Charlie*
(Signature)

TOTAL HOURS THIS SHEET	24
TOTAL PER DIEM	\$ 325.00
TOTAL EQUIPMENT	\$ -
TOTAL MATERIAL	\$ -
TOTAL SUB-CONTRACT	\$ -
TOTAL THIS SHEET	\$ 325.00

DATE **04/26/18**
 DATE _____

EVANS INDUSTRIAL, INC

22815 Frampton Ave.
Torrance, CA 90501

RECEIPT NO.

Tel (888) 311-1341 Fax (310) 317-7773

Customer Stronghold Engineering
Location _____
Charge No. RUHS Cath Lab - Change Order 10

Date: 4/27/2018
Job No. 1753-455
Page 1 of 1

Qty No.	Description	Daily		Weekly		Monthly		Totals
		Rate	No.	Rate	No.	Rate	No.	
	Consumables, Welding Rod, Welding Gases							
	Field Office							
	Welding Tool Trailer - equipted charge per shift worked							
1	Gang Box		1					\$ 50
	Pickup Trucks							
	Flatbed under 2 tons							
	170 AMP Portable Gas							
	Nelson Stud Gun - Parts charged seperately							
2	350 AMP Electric		2					\$ 240
	250 AMP Diesel							
	MIG Welder 300 AMP							
	Helarc Units							
	8 Pack Welders 250 AMP each							
	Acetylene Outfit (without gas)							
	Plasma Cutters (parts charged seperately)							
	Air Arc							
	Four Gas Monitors							
	Fresh Air System (4man set-up)							
	HEPA Vacuums							
2	Scissor Lifts		2					\$ 500
2	Air Mover Per Hour Worked		16					\$ 640

EII Representative _____

Customer Approval: _____



STRONGHOLD ENGINEERING, INC.

2000 Market Street
Riverside, CA 92501
(951) 684-9303 - FAX (951) 684-3813

OSHPD REVIEW REQUIRED			SIGNATURE
	YES	NO	
DSE	<input type="checkbox"/>	<input type="checkbox"/>	
FLSO	<input type="checkbox"/>	<input type="checkbox"/>	
ACC	<input type="checkbox"/>	<input type="checkbox"/>	
OTHER	<input type="checkbox"/>	<input type="checkbox"/>	
NOTES			

PROJECT NO.: 17008

CONTRACT NO.: 0843-000-7374

OSHPD NO.: S161619-33

REQUEST FOR INFORMATION

RFI NO.: 143

DATE: 4/26/2018

TO: Ewing Cole - Architect 15231 Laguna Canyon Road Irvine, CA 92618	PROJECT: Riverside University Hospital System Bi-Plane Cardiac Catherization Lab 26520 Cactus Ave. Moreno Valley, CA 92555
ATTN: Jennifer Smith	FROM: Cam Crites - Project Engineer

REFERENCE: S6.4

LOCATION: 2nd Floor Cath Lab, GE Equipment

DESCRIPTION:

In our approved submittal for welding procedures, for P1000AW it shows a 2-inch stitch weld every 12 inches. On Sheet S6.4 (Change Order #3 Dated 3/21/18) it calls for a 2-inch stitch weld every 8 inches. Please clarify.

[Handwritten Signature]

SCHEDULE IMPACT Depending on Response FINANCIAL IMPACT Depending on Response ATTACHMENTS

RESPONSE NEEDED BY: DATE: 4/27/2018

REPLY:

Please provide 2" stitch weld @ 8" o.c. AT UNISTRUT CONNECTED TO HSS GX.

Vahid Tavakoulnia, S.E. 4-26-18

(SIGNATURE) Dwayne Kelly (TITLE) Project Superintendent

If the initiator disagrees with the response or believes that the response creates a change in scope affecting contract costs or time, the initiator shall respond in writing in accordance with the contract. RFI # 143

LL, D&S 4/27/18



STRONGHOLD ENGINEERING, INC.

2000 Market Street, Riverside, CA 92501 • Tel (951) 684-9303 • Fax (951) 684-9329 • Est. Fax (951) 684-3813

Established 1991

November 6, 2018

ELECTRONIC TRANSMISSION

Mike Wickham., Construction Manager
Kitchell

Project: S161619-33-00 Second Level Catheterization Lab Build-Out

Re: **COR 054R1 – RFI 163 Provide Unistrut Traverse Bracing at both ends and Unistrut Longitudinal Bracing**

Dear Mr. Wickham,

Stronghold Engineering, Inc. (Stronghold) has reviewed the scope of work added in response to RFI 163 for the additional Unistrut Traverse and Longitudinal Bracing for the RUHS 2nd Floor Cath lab Project. The COR breakdown is shown below that includes the scope of work affected and the time impact associated with each scope of work.

1. RFI 163 Provide Unistrut Traverse Bracing at both ends and Unistrut Longitudinal Bracing – 8 Days

The total COR amount to complete the changes listed above is \$40,960.00

Sincerely,
STRONGHOLD ENGINEERING, INC

Shane Papp
Project Manager

BUILDING CONSTRUCTION EXCELLENCE

www.strongholdengineering.com

California • Arizona • Nevada • Florida • Hawaii • International

PROPOSAL/ESTIMATE **STRONGHOLD ENGINEERING, INC.**

DATE: 6-Nov-18

CONTRACT TITLE: **RUHS 2nd Floor Cath Lab**

CONTRACT NO: 0843-000-7374

TO: **Mike Wickham - Kitchell**

COR 054R1

DESCRIPTION: **RFI 163 - Provide Unistrut Traverse Bracing at both ends and Unistrut Longitudinal Bracing**

PRIME CONTRACTOR'S WORK				Revisions/comments
1. Direct Materials				
2. Sales Tax on Materials	9.00% of line 1	9.00%	-	
3. Direct Labor				
4. Insurance, Taxes, and Fringe Benefits				
5. Rental Equipment			-	
6. Sales Tax on Rental Equipment	0.00% of line 5 INCLUDED	0.00%	-	
7. Equipment Ownership and Operating Expenses			-	
8. SUBTOTAL (add lines 1-7)			\$ -	
9. Field Overhead	0% of line 8 INCLUDED	0.00%	-	
10. SUBTOTAL (Add Lines 8 & 9)			\$ -	

Prime Remarks:

SUB-CONTRACTOR'S WORK (ACCO)				Revisions/comments
11. Direct Materials				
12. Sales Tax on Materials	9.00% of line 11 Included	9.00%		
13. Direct Labor			29,043	
14. Insurance, Taxes, and Fringe Benefits	0.0% of line 13 Included	0.0%	-	
15. Rental Equipment			4,210	
16. Sales Tax on Rental Equipment	0.00% of line 15 Included	0.00%	-	
17. Equipment Ownership and Operating Expenses			-	
18. SUBTOTAL (add lines 11-17)			\$ 33,253.02	
19. Overhead and Profit	10.0% of line 18 Included	10.0%	3,325	
20. Profit	5.0% of line 18	5.0%	1,663	
21. SUBTOTAL (Add Lines 18 & 19)			\$ 38,240.97	
22. Sub Contractor Liability Insurance	1.0% of line 20 Included		382	
23.	of total change			
24. SUBTOTAL (Add Lines 20 - 22)			\$ 38,623.38	

Sub's Remarks:

SUMMARY				Revisions/comments
24. Prime Contractor's work (from line 10)			-	
25. Sub-contractor's work (from line 23)			38,623	
26. SUBTOTAL (add lines 24 & 25)			\$ 38,623.38	
27. Prime Overhead on sub-contractor	0.0% of line 25	0.0%	-	
28. Prime's Home Office Overhead	0.0% of line 24	0.0%	-	
29. Prime's Overhead & Profit	5.0% of line 18	5.0%	1,931	
30. SUBTOTAL (add lines 26-29)			\$ 40,554.55	
31. Prime Contractor's Bond Premium	1.000% of line 30	1.0%	406	
32. TOTAL COST (add lines 30 & 31)			\$ 40,960.00	

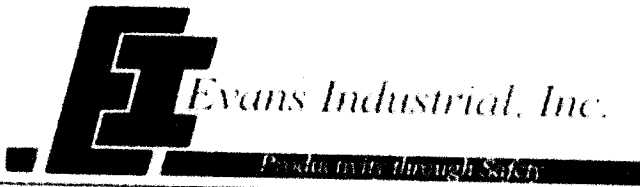
Prime Contractor name: **Stronghold Engineering, Inc.**

Sub-contractor name: **Evans Industrial**

Signature and title of Preparer

Date 11/06/18

VP of General Construction



P.O. Box 53908
Irvine, CA 92619
T: (888) 311-1341
F: (310) 317-7773
www.evans-industrial.com

INVOICE

1007 Rev 2

Contract/PO Number	Date
	11/5/2018

Terms	EI Project Name/Number
Net 30	1753-455

Bill To:
Stronghold Engineering, Inc. 2000 Market Street Riverside, Ca. 92501

Remit Payment To:
Evans Industrial, Inc. Attn: Herschel Evans PO Box 53908 Irvine, Ca. 92619-3908

Description	Amount
provide Unistrut Transverse Bracing as both ends and unistrut longitudinal bracing. RFI 163, CPS-29 Equipment	29,043.02 4,210.00
Work Performed at RHUS Cath Lab Project Site Contact Dwayne Kelly Cath Lab Change Order # 12 Stronghold Job # 17008	
RFI 163 CPS -29	
Original Invoice Sent on May 19 2018	0.00
Total	\$33,253.02

EVANS INDUSTRIAL, INC

REPORT NO.

WEEKLY TIME REPORT

Client Name	Stronghold Engineering	Job No.	1753-455		Page 1 of 1			
DATE	DAY OF WEEK	SHIFT	CUSTOMER PO NO.		WEEK ENDING			
5/7/2018	Monday	Days	RUHS Cath Lab CO 12		5/13/2018			
NAME	CLASS		HOURS	RATE	TOTAL	No.	Per Diem	TOTALS
Brandon Charlie	sup	ST	32.0	\$120.25	\$3,848.00		\$0.00	
		OT						\$3,848.00
		DT						
Emmerson Joe	wf1	ST	46.0	\$115.45	\$5,310.70		\$0.00	
		OT						\$5,310.70
		DT						
Daren Charlie	wf1	ST	34.0	\$115.45	\$3,925.30		\$0.00	
		OT						\$3,925.30
		DT						
Morgan Kelly	wf3	ST	44.0	\$74.08	\$3,259.52		\$0.00	
		OT						\$3,259.52
		DT						
Raymond Charlie	wf1	ST	56.0	\$115.45	\$6,465.20		\$0.00	
		OT						\$6,465.20
		DT						
Brian Charlie	wf1	ST	54.0	\$115.45	\$6,234.30		\$0.00	
		OT						\$6,234.30
		DT						
							\$0.00	\$0.00
							\$0.00	\$0.00
							\$0.00	\$0.00
							\$0.00	\$0.00
							\$0.00	\$0.00
							\$0.00	\$0.00

COMMENTS: **EXTRA'S, JOB COMPLETED**

TOTAL FOR THIS PAGE	266.0	\$29,043.02	0	\$0.00	\$29,043.02
----------------------------	-------	-------------	---	--------	-------------

EII Authorized Rep. x _____
Signature

Authorized Customer Approval x _____
Signature

EVANS INDUSTRIAL, INC

22815 Frampton Ave.
Torrance, CA 90501

RECEIPT NO.

Tel (888) 311-1341 Fax (310) 317-7773

Customer Stronghold Engineering
Location _____
Charge No. RUHS Cath Lab - Change Order 12

Date: 5/20/2018
Job No. 1753-455
Page 1 of 1

Qty NO.	Description	Daily		Weekly		Monthly		TOTALS
		RATE	NO.	RATE	NO.	RATE	NO.	
	Consumables, Welding Rod, Welding Gases	\$ 350						
	TRAILERS (Delivery & Pick Up Additional Charge)							
	Field Office					\$ 450		
	Welding Tool Trailer - equipped charge per shift worked	\$ 350						
1	Gang Box	\$ 50		\$ 200	1	\$ 900		\$ 200
	TRUCKS							
	Pickup Trucks	\$ 65		\$ 270		\$ 700		
	Flatbed under 2 tons	\$ 84		\$ 756		\$ 1,985		
	WELDING EQUIPMENT							
	170 AMP Portable Gas	\$ 50		\$ 200		\$ 600		
	Nelson Stud Gun - Parts charged seperately	\$ 60		\$ 240		\$ 720		
2	350 AMP Electric	\$ 60	7	\$ 240		\$ 720		\$ 840
	250 AMP Diesel	\$ 60		\$ 240		\$ 720		
	MIG Welder 300 AMP	\$ 80		\$ 320		\$ 960		
	Helarc Units	\$ 50		\$ 200		\$ 600		
	8 Pack Welders 250 AMP each	\$ 120		\$ 480		\$ 1,440		
	Acetylene Outfit (without gas)	\$ 50		\$ 200		\$ 600		
	Plasma Cutters (parts charged seperately)	\$ 80		\$ 320		\$ 960		
	Air Arc	\$ 40		\$ 140		\$ 420		
	SAFETY							
	Four Gas Monitors	\$ 100		\$ 216		\$ 600		
	Fresh Air System (4man set-up)	\$ 120		\$ 480		\$ 1,920		
	HEPA Vacuums	\$ 20		\$ 80		\$ 240		
2	Scisor Lifts	\$ 125	5	\$ 300		\$ 1,200		\$ 1,250
2	Air Mover Per Hour Worked	\$ 20	48					\$ 1,920
Page 1 Total:								\$ 4,210

EII Representative _____

Customer Approval: _____



STRONGHOLD ENGINEERING, INC.

2000 Market Street
Riverside, CA 92501
(951) 684-9303 - FAX (951) 684-3813

OSHPD REVIEW REQUIRED			
	YES	NO	SIGNATURE
DSE	<input type="checkbox"/>	<input type="checkbox"/>	
FLSU	<input type="checkbox"/>	<input type="checkbox"/>	
AGO	<input type="checkbox"/>	<input type="checkbox"/>	
OTHER	<input type="checkbox"/>	<input type="checkbox"/>	
NOTES			

PROJECT NO.: 17008

CONTRACT NO.: 0843-000-7374

OSHPD NO.: S161619-33

RFI NO.: 163

DATE: 5/10/2018

REQUEST FOR INFORMATION

TO: Ewing Cole - Architect
15231 Laguna Canyon Road
Irvine, CA 92618

PROJECT: Riverside University Hospital System
Bi-Plane Cardiac Catheterization Lab
26520 Cactus Ave.
Moreno Valley, CA 92555

ATTN: Jennifer Smith

FROM: Cam Crites - Project Engineer

REFERENCE: Supports/Racing Unistrut

LOCATION: 2nd Floor Cath Lab

DESCRIPTION:

Please confirm that supports/bracing are not required for the unistrut referenced in the attached drawing.



SCHEDULE IMPACT Depending on Response FINANCIAL IMPACT Depending on Response ATTACHMENTS

RESPONSE NEEDED BY: DATE: 5/8/2018

REPLY:

Please provide Unistrut transverse bracing at both ends and Unistrut longitudinal bracing at one end. Please refer to detail 12/ S6.2 for connection of Unistrut brace to deck above.

SEE DETAILS ON ATTACHED SHEET, CPS-29

Vahid Tavakoulnia, S.E. 5-11-18

(SIGNATURE) Dwayne Kelly

(TITLE) Project Superintendent

If the initiator disagrees with the response or believes that the response creates a change in scope affecting contract costs or time, the initiator shall respond in writing in accordance with the contract.

RFI # 163

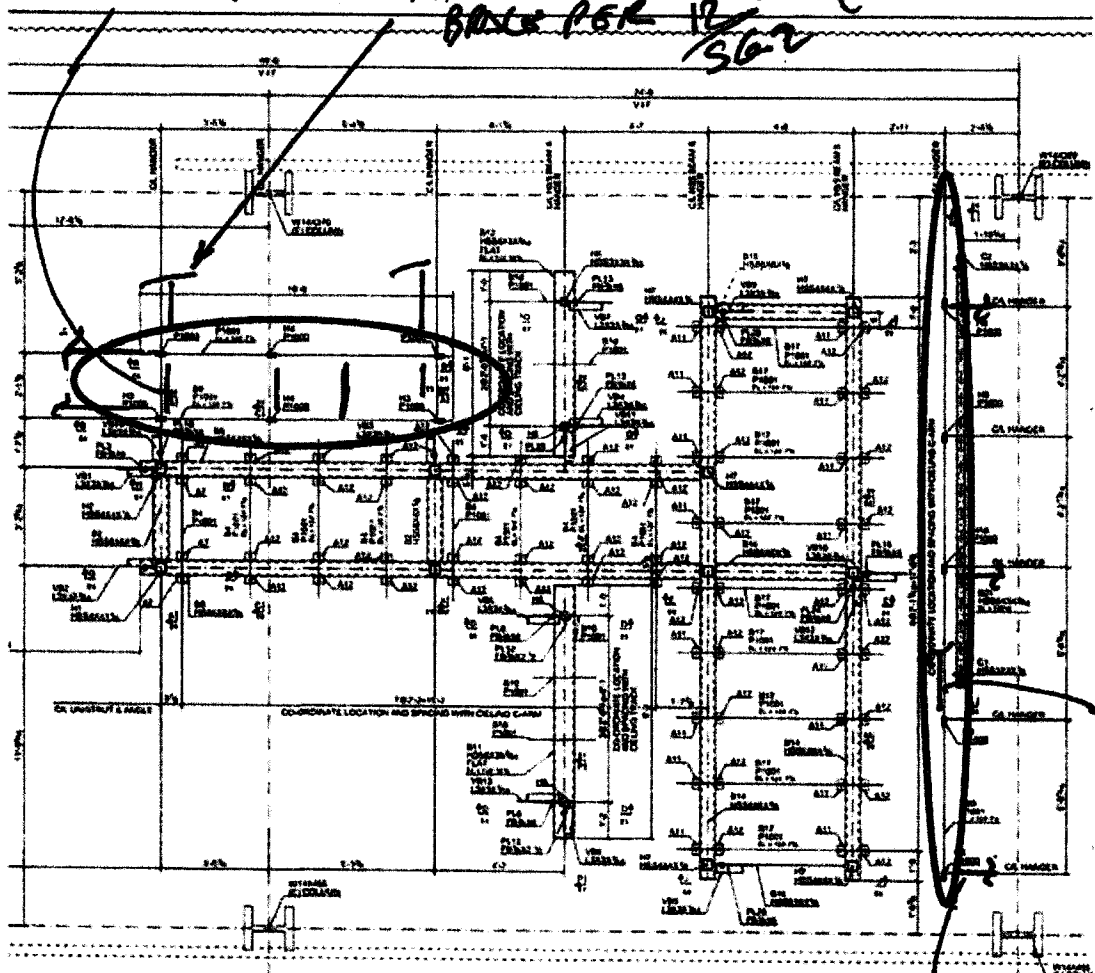
Acad Reduninos

Page 1

W.L., 555 5/11/18

ADD Plate/AW
TOTALS 3

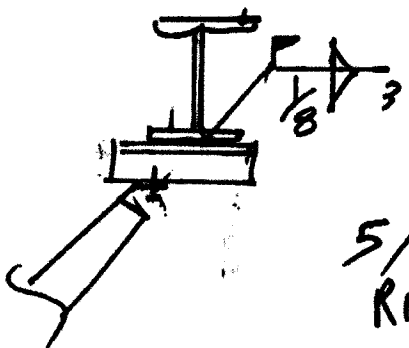
ADD Plate UNISTEEL
BRACE PER 1/2
S.G. 2 (TOTALS 3)



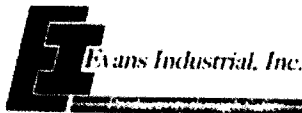
SECOND LEVEL FLOOR CEILING PLAN (TOP OF STEEL EL. +125'-1" A.M.N.O.)
THIRD FLOOR FRAMING (REF DWG 251)

ADD Plate
BRACE
PER 1/2
S.G. 2

ADD Plate UNISTEEL BRACE
PER DETAIL BELOW
TOTALS 3



RUHS
5/14/18
RFS 163
CPS-25



12816 Frampton Ave.
Torrance, CA 90503
TELEPHONE (310) 341-1344
FAX (310) 341-1377



REPORT NO.
EI-00
Page

TIME REPORT

CUSTOMER **STRONGHOLD / CATH LAB** JOB NO. **1753-455** PO NO.
DATE **4/30/2018** DAYS OF WEEK **TUESDAY** SHIFT **DAYS** WEEK ENDING **5/6/18**

WORK REQUESTED: **FIELD VERIFY NEW LAYOUTS FOR NEW VB ON BOTH ENDS OF THE TUBE STEEL**

DESCRIPTION OF THE WORK PERFORMED: **REMOVED MONO COATING AND LAYOUT NEW LOCATION TO INSTALL VB ON BOTH ENDS OF TUBE STEEL AND WELD BACKING SUPPORT AND PREP FOR WELDING**

NAME	CLASS	JOB COMPLETED		ANY DELAYS							PERIODIC TOTALS		TRAVEL TIME	TOTAL HOURS
		YES	NO x	IF YES ENTER COMMENTS BELOW							YES [x]	NO []		
		T & M [x] NTE []		MON	TUE	WED	THU	FRI	SAT	SUN	testing being performed in work area			
BRANDON CHARLIE	SUP	ST	8											8
		OT												0
		OT												0
		PD	\$ 125.00											
EMMERSON JOE	WF-1	ST	8											8
		OT												0
		OT												0
		PD	\$ 100.00								\$ 100.00			
RAYMOND CHARLIE	WF-1	ST	8											8
		OT												0
		OT												0
		PD	\$ 100.00											
BRIAN CHARLIE	WF-1	ST	8											8
		OT												0
		OT												0
		PD	\$ 100.00											
DAREN CHARLIE	WF-1	ST	8											8
		OT												0
		OT												0
		PD	\$ 100.00								\$ 100.00			
MORGAN KELLY	WF-3	ST	8											8
		OT												0
		OT												0
		PD	\$ 100.00								\$ 100.00			
TOTALS			48	0	0	0	0	0	0	0	\$ 300.00		48	

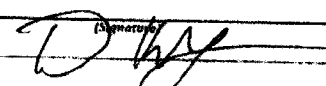
QTY	EQUIPMENT	Rate/ Hourly	Rate Daily	No of Days	Rate/Weekly	No of Weeks	No. of Hours	TOTAL	REMARKS
	Pick up Truck							\$	
	Welding Truck							\$	
	Flatbed Truck (1 ton & below)							\$	
	Air Compressor							\$	
3	Welding Machine (350 amps)							\$	
	Plasma Arc							\$	
	Threading Machine							\$	
	Hydro Pump							\$	
	Tube Milling Machine							\$	
	I.I. Monitor							\$	

QTY	UNITS	MATERIAL/SUB-CONTRACT	PRICE	5% HANDLING	TOTAL	REMARKS

COMMENTS: _____

JOB ADDRESS: _____

CONTACT NAME: _____ PHONE NO. _____

ACCEPTED & APPROVED BY: *X*  DATE: *5/2/18*

EI REPRESENTATIVE: **Brandon Charlie** (Signature)

DATE: **4/30/2018**

TOTAL HOURS THIS SHEET	48
TOTAL PER DIEM	\$ 300.00
TOTAL EQUIPMENT	\$ -
TOTAL MATERIAL	\$ -
TOTAL SUB-CONTRACT	\$ -
TOTAL THIS SHEET	\$ 300.00

SUBCONTRACTOR PRODUCTION REPORT

Date: **4-30-18**

(ATTACH ADDITIONAL SHEETS IF NECESSARY)

STRONGHOLD PROJECT #
17-008

PROJECT TITLE AND LOCATION
RUHS Bi-Plane Catheterization Laboratory Project

REPORT NO.

SUBCONTRACTOR

EVAN'S INC.

SUBCONTRACTOR SUPERINTENDENT

BRANDON CHARLIE

WORK PERFORMED TODAY

WORK LOCATION AND DESCRIPTION	EMPLOYEE	CLASSIFICATION	WORK HOURS
T-M 2ND FLOOR CATH ROOM 1	BRANDON CHARLIE	BLK SMITH SUPER	8
	EMMERSON JEE	BLK SMITH FORM	8
LAYOUT FOR NEW PLATES AND KICKER	RAYMOND CHARLIE	BLK SMITH	8
SUPPORT ON 6X6 TUBING AND EXISTING	BRIAN CHARLIE	BLK SMITH	8
I-BEAM GRIND & CLEAN CUT TO LENGTH	DARTON CHARLIE	BLK SMITH	8
REDRILL HOLES TACK AND WELD	MORGAN KELLY	BLK SMITH HELPER	8

JOB SAFETY

- WAS A JOB SAFETY MEETING HELD THIS DATE? YES NO
(IF YES, ATTACH COPY OF THE MEETING MINUTES)
- WERE THERE ANY LOST TIME ACCIDENTS THIS DATE? YES NO
(IF YES, ATTACH A COPY OF COMPLETED OSHA REPORTS)
- WAS TRENCHING/SCAFFOLD/HV ELECTRICAL/HIGH WORK DONE? YES NO
(IF YES, ATTACH STATEMENT OR CHECKLIST SHOWING INSPECTION PERFORMED)
- WAS HAZARDOUS MATERIAL/WASTE RELEASED INTO THE ENVIRONMENT? YES NO
(IF YES, ATTACH DESCRIPTION OF INCIDENT AND PROPOSED ACTION)

TOTAL WORK HOURS ON JOB SITE THIS DATE: **48**
CUMULATIVE TOTAL OF WORK HOURS FROM PREVIOUS REPORT:
TOTAL WORK HOURS FROM START OF CONST

LIST SAFETY ACTIONS TAKEN TODAY/SAFETY INSPECTION CONDUCTED
WORK SAFE UP IN THE CEILING AND MAKE TO TIE-OFF WHEN OUT OF THE RIFT, AND WATCH YOUR SPARKS. WHEN GRINDING & CUTTING, PUT UP WELD SCREEN WHEN WELDING!

SAFETY REQUIREMENTS HAVE BEEN MET (YES OR NO)

EQUIPMENT/MATERIAL RECEIVED TODAY TO BE INCORPORATED IN JOB

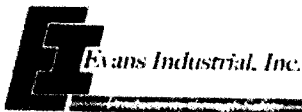
CONSTRUCTION AND PLANT EQUIPMENT ON JOB SITE TODAY. INCLUDE NUMBER OF HOURS USED TODAY

REMARKS

 **4-30-2018**
SUBCONTRACTOR/SUPERINTENDENT DATE

FORM 1400-1 9/96

* Please complete daily before leaving the job site. Submit paperwork to your Stronghold Site Superintendent. Hours reported on your Daily Production Report must match certified payrolls. It is recommended that a copy of this report be submitted to your company payroll department. ONLY REPORT HOURS WORKED ON SITE.



25815 Hampton Ave.
 Fontana, CA 92331
 TELEPHONE: (951) 801-1234
 FACSIMILE: (951) 801-1234



REPORT NO.
EI-00
 Page

TIME REPORT

CUSTOMER **STRONGHOLD / CATH LAB** JOB NO. **1753-455** PO NO.
 DATE **5/1/2018** DAYS OF WEEK **TUESDAY** SHIFT **DAYS** WEEK ENDING **5/6/18**

WORK REQUESTED: **WELD VB IN THE CATH LAB AND INSTALL NEW VB AND SUPPORT PLATE**

DESCRIPTION OF THE WORK PERFORMED: **ADD TWO NEW VB ON EACH END OF TUBE STEEL AND WELDED SUPPORT PLATE ON EXISTING BEAM TO CONNECT**

CONTRACT [] T & M [x] NTE [] [Not to Exceed] JOB COMPLETED YES [] NO [x] ANY DELAYS IF YES ENTER COMMENTS BELOW: YES [] NO [] Inspector showed up 3hrs late & left at 11am

NAME	CLASS	MON	TUE	WED	THU	FRI	SAT	SUN	PER DIEM TOTALS	TRAVEL TIME	TOTAL HOURS
BRANDON CHARLIE	SUP	ST	8								8
		OT									0
		DT									0
		PD		\$ 125.00							
EMMERSON JOE	WF-1	ST	5								5
		OT									0
		DT									0
		PD		\$ 100.00						\$ 100.00	
DAREN CHARLIE	WF-1	ST	4								4
		OT									0
		DT									0
		PD		\$ 100.00							
MORGAN KELLY	WF-3	ST	3								3
		OT									0
		DT									0
		PD		\$ 100.00							
		ST									0
		OT									0
		DT									0
		PD									0
TOTALS			0	20	0	0	0	0	\$ 100.00		20

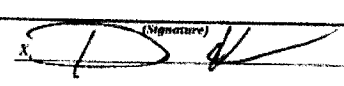
QTY	EQUIPMENT	Rate/ Hourly	Rate Daily	No of Days	Rate/Weekly	No of Weeks	No. of Hours	TOTAL	REMARKS
	Pick-up Truck							\$	
	Welding Truck							\$	
	Flatbed Truck (1 ton & below)							\$	
	Air Compressor							\$	
2	Welding Machine (350 amps)							\$	
	Plasma Arc							\$	
	Threading Machine							\$	
	Hydro Pump							\$	
	Tube Milling Machine							\$	
	I.I.I. Monitor							\$	

QTY	UNITS	MATERIAL/SUB-CONTRACT	PRICE	5% HANDLING	TOTAL	REMARKS

COMMENTS: _____

JOB ADDRESS: _____

CONTACT NAME: _____ PHONE NO. _____

ACCEPTED & APPROVED BY:  DATE: **5/2/18**

EII REPRESENTATIVE: **Brandon Charlie** DATE: **5/1/2018**

TOTAL HOURS THIS SHEET	20
TOTAL PER DIEM	\$ 100.00
TOTAL EQUIPMENT	\$ -
TOTAL MATERIAL	\$ -
TOTAL SUB-CONTRACT	\$ -
TOTAL THIS SHEET	\$ 100.00

SUBCONTRACTOR PRODUCTION REPORT

(ATTACH ADDITIONAL SHEETS IF NECESSARY)

Date: **5-1-18**
REPORT NO.

STRONGHOLD PROJECT #
17-008

PROJECT TITLE AND LOCATION
RUHS Bi-Plane Catheterization Laboratory Project

SUBCONTRACTOR
EVAN'S INC.

SUBCONTRACTOR SUPERINTENDENT
BRANDON CHARLIE

WORK PERFORMED TODAY

WORK LOCATION AND DESCRIPTION	EMPLOYEE	CLASSIFICATION	WORK HOURS
T-M WORK 2ND FLOOR CATH LAB ROOM	BRANDON CHARLIE	BLK SMITH SUPER	8
	EMMERSON JOE	BLK SMITH FOREM	5
WORK WELDING ON SUPPORT KICKER PLATES AND GRINDING AND CLEANING AND WELD SOME MORE ON THE UNSTRUCTS THAT'S ADDING MORE WELDS	DARREN CHARLIE	BLK SMITH	4
	MORGAN KELLY	BLK SMITH HELPER	3

JOB SAFETY

- WAS A JOB SAFETY MEETING HELD THIS DATE? YES NO
(IF YES, ATTACH COPY OF THE MEETING MINUTES)
- WERE THERE ANY LOST TIME ACCIDENTS THIS DATE? YES NO
(IF YES, ATTACH A COPY OF COMPLETED OSHA REPORTS)
- WAS TRENCHING/SCAFFOLD/HV ELECTRICAL/HIGH WORK DONE? YES NO
(IF YES, ATTACH STATEMENT OR CHECKLIST SHOWING INSPECTION PERFORMED)
- WAS HAZARDOUS MATERIAL/WASTE RELEASED INTO THE ENVIRONMENT? YES NO
(IF YES, ATTACH DESCRIPTION OF INCIDENT AND PROPOSED ACTION)

TOTAL WORK HOURS ON JOB SITE THIS DATE: **20**
CUMULATIVE TOTAL OF WORK HOURS FROM PREVIOUS REPORT:
TOTAL WORK HOURS FROM START OF CONST

LIST SAFETY ACTIONS TAKEN TODAY/SAFETY INSPECTION CONDUCTED
WORK SAFE UP IN THE CEILING AND TIE-OFF WHEN OUT OF THE LIFT, AND WATCH YOUR SPARKS WHEN GRINDING & CUTTING!

YES SAFETY REQUIREMENTS HAVE BEEN MET (YES OR NO)

EQUIPMENT/MATERIAL RECEIVED TODAY TO BE INCORPORATED IN JOB

CONSTRUCTION AND PLANT EQUIPMENT ON JOB SITE TODAY. INCLUDE NUMBER OF HOURS USED TODAY

REMARKS

Brandon Charlie **5-1-2018**
SUBCONTRACTOR SUPERINTENDENT DATE

FORM 1400-1 9/99
* Please complete daily before leaving the job site. Submit paperwork to your Stronghold Site Superintendent. Hours reported on your Daily Production Report must match certified payrolls. It is recommended that a copy of this report be submitted to your company payroll department. ONLY REPORT HOURS WORKED ON SITE.



1880 Frempton Ave.
Fremont, CA 94541
TELEPHONE (510) 461-1141
FAX (510) 461-1141



REPORT NO.
EI-00
Page

TIME REPORT

CUSTOMER **STRONGHOLD/CATH LAB** JOB NO. **1753-455** PO NO.
DATE **5/2/2018** DAYS OF WEEK **WEDNESDAY** SHIFT **DAYS** WEEK ENDING **5/6/18**

WORK REQUESTED: **PREP BOX TUBING FOR UNISTRUT LAYOUTS**

DESCRIPTION OF THE WORK PERFORMED: **GRIND AND VERIFY LAYOUTS FOR UNISTRUT AT THE BOTTOM OF BOX TUBING**

CONTRACT []	T & M [x] NTE [] [Not to Exceed]	JOB COMPLETED		ANY DELAYS IF YES ENTER COMMENTS BELOW:							YES [x] NO [] RESTRICTED ACCESS DU TO OTHERS CO.		TRAVEL TIME	TOTAL HOURS
		YES []	NO [x]	MON	TUE	WED	THU	FRI	SAT	SUN	PER DIEM TOTALS			
BRANDON CHARLIE	SUP	ST				R								8
		OT												0
		DT												0
		PD					\$ 125.00							
RAYMOND CHARLIE	WF-1	ST				R								8
		OT												0
		DT												0
		PD					\$ 100.00				\$ 100.00			
BRIAN CHARLIE	WF-1	ST				4								4
		OT												0
		DT												0
		PD					\$ 100.00							
EMMERSON JOE	WF-1	ST				4								4
		OT												0
		DT												0
		PD					\$ 100.00							
DAREN CHARLIE	WF-1	ST				4								4
		OT												0
		DT												0
		PD					\$ 100.00				\$ 100.00			
MORGAN KELLY	WF-1	ST				4								4
		OT												0
		DT												0
		PD					\$ 100.00				\$ 100.00			
TOTALS				0	0	32	0	0	0	0	0	\$ 300.00		32


QTY	EQUIPMENT	Rate/ Hourly	Rate Daily	No of Days	Rate/Weekly	No of Weeks	No. of Hours	TOTAL	REMARKS
	Pick-up Truck							\$	
	Welding Truck							\$	
	Flatbed Truck [1 ton & below]							\$	
	Air Compressor							\$	
3	Welding Machine (350 amps)							\$	
	Plasma Arc							\$	
	Threading Machine							\$	
	Hydro Pump							\$	
	Tube Milling Machine							\$	
	T.I.I. Monitor							\$	

QTY	UNITS	MATERIAL/SUB-CONTRACT	PRICE	5% HANDLING	TOTAL	REMARKS

COMMENTS: _____
 JOB ADDRESS: _____
 CONTACT NAME: _____ PHONE NO. _____
 ACCEPTED & APPROVED BY: *X Brandon Kelly* (Signature)
 EIT REPRESENTATIVE: *Brandon Kelly* (Signature)

TOTAL HOURS THIS SHEET	32
TOTAL PER DIEM	\$ 300.00
TOTAL EQUIPMENT	\$ -
TOTAL MATERIAL	\$ -
TOTAL SUB-CONTRACT	\$ -
TOTAL THIS SHEET	\$ 300.00

DATE *5/2/18*
 DATE 5/2/2018

SUBCONTRACTOR PRODUCTION REPORT		Date: 5-2-18	
<small>(ATTACH ADDITIONAL SHEETS IF NECESSARY)</small>			
STRONGHOLD PROJECT # 17-008	PROJECT TITLE AND LOCATION RUHS Bi-Plane Catheterization Laboratory Project	REPORT NO.	
SUBCONTRACTOR EVAN'S INC.	SUBCONTRACTOR SUPERINTENDENT BRANDON CHARLIE		
WORK PERFORMED TODAY			
<small>WORK LOCATION AND DESCRIPTION</small>	<small>EMPLOYEE</small>	<small>CLASSIFICATION</small>	
<small>WORK</small>	<small>HOURS</small>		
T-M WORK 2ND FLOOR CATH LAB!	BRANDON CHARLIE	BLK SMITH SUPER	8
	RAYMOND CHARLIE	BLK SMITH	8
WORK IN CATH LAB ROOM WELDING ON THE UNISTRUCTS THE 6X3 TUBING AND THE KICKER SUPPORT ANGLE!	EMMERSON JOE	BLK SMITH FOREM	4
	BRIAN CHARLIE	BLK SMITH	4
	DARREN CHARLIE	BLK SMITH	4
	MORGAN KELLY	BLK SMITH HELPER	4
AND WE HAD TO WAIT ON SOME DELAYS HOLD UP BECAUSE THERE ARE MATERIALS ALL OVER THE ROOM, AND THE OTHER CONTRACTORS ARE NOT MOVING THERE MATERIALS AROUND, SO STRONGHOLD HAS TO MOVE IT FOR THEM JUST TO MAKE ROOM!			
JOB SAFETY	WAS A JOB SAFETY MEETING HELD THIS DATE? <small>(IF YES, ATTACH COPY OF THE MEETING MINUTES)</small> <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	TOTAL WORK HOURS ON JOB SITE THIS DATE: 32	
	WERE THERE ANY LOST TIME ACCIDENTS THIS DATE? <small>(IF YES, ATTACH A COPY OF COMPLETED OSHA REPORTS)</small> <input type="checkbox"/> YES <input type="checkbox"/> NO	CUMULATIVE TOTAL OF WORK HOURS FROM PREVIOUS REPORT:	
	WAS TRENCHING/SCAFFOLD/HV ELECTRICAL/HIGH WORK DONE? <small>(IF YES, ATTACH STATEMENT OR CHECKLIST SHOWING INSPECTION PERFORMED)</small> <input type="checkbox"/> YES <input type="checkbox"/> NO	TOTAL WORK HOURS FROM START OF CONST	
	WAS HAZARDOUS MATERIAL/WASTE RELEASED INTO THE ENVIRONMENT? <small>(IF YES, ATTACH DESCRIPTION OF INCIDENT AND PROPOSED ACTION)</small> <input type="checkbox"/> YES <input type="checkbox"/> NO		
LIST SAFETY ACTIONS TAKEN TODAY/SAFETY INSPECTION CONDUCTED MAKE SURE TO PUT UP FIRE BLANKET WHEN WELDING AND GRINDING, CUTTING!		YES <input type="checkbox"/> SAFETY REQUIREMENT: HAVE BEEN MET (YES OR NO)	
EQUIPMENT/MATERIAL RECEIVED TODAY TO BE INCORPORATED IN JOB			
CONSTRUCTION AND PLANT EQUIPMENT ON JOB SITE TODAY. INCLUDE NUMBER OF HOURS USED TODAY			
REMARKS			
 SUBCONTRACTOR/SUPERINTENDENT			5-2-2018 DATE

FORM 1400-1 9/96

* Please complete daily before leaving the job site. Submit paperwork to your Stronghold Site Superintendent. Hours reported on your Daily Production Report must match certified payrolls. It is recommended that a copy of this report be submitted to your company payroll department. ONLY REPORT HOURS WORKED ON SITE.



1586 Huntington Ave.
 Fontaine, CA 95324
 TELEPHONE (888) 30-1344
 FACSIMILE (510) 317-7777



REPORT NO.
EI-00
 Page

TIME REPORT

CUSTOMER **STRONGHOLD/CATH LAB** JOB NO. **1753-455** PO NO.
 DATE **5/3/2018** DAYS OF WEEK **THURSDAY** SHIFT **DAYS** WEEK ENDING **5/6/18**

WORK REQUESTED: **LAYOUTS FOR UNISTRUT INSTALLATION**

DESCRIPTION OF THE WORK PERFORMED: **FIELD VERIFY LAYOUTS AND INSTALL UNISTRUT AND WELD INPLACE FOR GE EQUIPEMENT**

CONTRACT [] T & M [x] NTE [] JOB COMPLETED YES [] NO [] ANY DELAYS YES [] NO [] IF YES ENTER COMMENTS BELOW

NAME	CLASS	JOB COMPLETED		ANY DELAYS							PER DIEM TOTALS	TRAVEL TIME	TOTAL HOURS	
		YES []	NO []	MON	TUE	WED	THU	FRI	SAT	SUN				
BRANDON CHARLIE	SUP	ST					8							8
		OT												0
		DT												0
		PD										\$ 125.00		0
RAYMOND CHARLIE	WF-1	ST					8							8
		OT												0
		DT												0
		PD										\$ 100.00	\$ 100.00	0
BRIAN CHARLIE	WF-1	ST					8							8
		OT												0
		DT												0
		PD										\$ 100.00		0
DAREN CHARLIE	WF-1	ST					8							8
		OT												0
		DT												0
		PD										\$ 100.00		0
TOTALS		ST					32							32
		OT												0
		DT												0
		PD										\$ -		0

QTY	EQUIPMENT	Rate/ Hourly	Rate Daily	No of Days	Rate/Weekly	No of Weeks	No. of Hours	TOTAL	REMARKS
	Pick-up Truck							\$ -	
	Welding Truck							\$ -	
	Flatbed Truck (1 ton & below)							\$ -	
	Air Compressor							\$ -	
3	Welding Machine (350 amps)							\$ -	
	Plasma Arc							\$ -	
	Threading Machine							\$ -	
	Hydro Pump							\$ -	
	Tube Milling Machine							\$ -	
	I.E.I. Monitor							\$ -	

QTY	UNITS	MATERIAL/SUB-CONTRACT	PRICE	5% HANDLING	TOTAL	REMARKS

COMMENTS:

JOB ADDRESS:

CONTACT NAME: *(Signature)* PHONE NO.:

ACCEPTED & APPROVED BY: *(Signature)* DATE: 5/3/2018

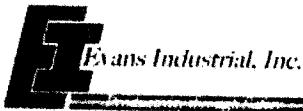
EII REPRESENTATIVE: Brandon Charlie DATE: 5/3/2018
(Signature)

TOTAL HOURS THIS SHEET	32
TOTAL PER DIEM	\$ 100.00
TOTAL EQUIPMENT	\$ -
TOTAL MATERIAL	\$ -
TOTAL SUB-CONTRACT	\$ -
TOTAL THIS SHEET	\$ 100.00

SUBCONTRACTOR PRODUCTION REPORT (ATTACH ADDITIONAL SHEETS IF NECESSARY)			Date: 5-3-18
STRONGHOLD PROJECT # 17-008	PROJECT TITLE AND LOCATION RUHS Bi-Plane Catheterization Laboratory Project		REPORT NO.
SUBCONTRACTOR EVAN'S INC.	SUBCONTRACTOR SUPERINTENDENT BRANDON CHARLIE		
WORK PERFORMED TODAY			WORK HOURS
WORK LOCATION AND DESCRIPTION	EMPLOYEE	CLASSIFICATION	HOURS
T-M WORK 2ND FLOOR CATH LAB ROOM!	BRANDON CHARLIE	BLK SMITH SUPER.	32
	RAYMOND CHARLIE	BLK SMITH	
WELDING ON UNISTRUCTS AND LAYING OUT FOR UNISTRUCTS WHERE IT NEEDS TO BE INSTALL AND DID THE BUTT WELD AND INSTALL TACK IT UP AND STICHT WELD IT IN PLACE!	BRIAN CHARLIE	BLK SMITH	
	DARREN CHARLIE		
JOB SAFETY WAS A JOB SAFETY MEETING HELD THIS DATE? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <small>(IF YES, ATTACH COPY OF THE MEETING MINUTES)</small> WERE THERE ANY LOST TIME ACCIDENTS THIS DATE? <input type="checkbox"/> YES <input type="checkbox"/> NO <small>(IF YES, ATTACH A COPY OF COMPLETED OSHA REPORTS)</small> WAS TRENCHING/SCAFFOLD/HV ELECTRICAL/HIGH WORK DONE? <input type="checkbox"/> YES <input type="checkbox"/> NO <small>(IF YES, ATTACH STATEMENT OR CHECKLIST SHOWING INSPECTION PERFORMED)</small> WAS HAZARDOUS MATERIAL/WASTE RELEASED INTO THE ENVIRONMENT? <input type="checkbox"/> YES <input type="checkbox"/> NO <small>(IF YES, ATTACH DESCRIPTION OF INCIDENT AND PROPOSED ACTION)</small>		TOTAL WORK HOURS ON JOB SITE THIS DATE: 32 CUMULATIVE TOTAL OF WORK HOURS FROM PREVIOUS REPORT: TOTAL WORK HOURS FROM START OF CONST	
LIST SAFETY ACTIONS TAKEN TODAY/SAFETY INSPECTION CONDUCTED WORK SAFELY WHEN WELDING ON UNISTRUCTS AND WORK SAFE OUT OF THE LIFT!		YES <input type="checkbox"/> SAFETY REQUIREMENTS: HAVE BEEN MET (YES OR NO)	
EQUIPMENT/MATERIAL RECEIVED TODAY TO BE INCORPORATED IN JOB			
CONSTRUCTION AND PLANT EQUIPMENT ON JOB SITE TODAY. INCLUDE NUMBER OF HOURS USED TODAY			
REMARKS			
Signature: <i>Brandon Charlie</i> SUBCONTRACTOR/SUPERINTENDENT			5-3-2018 DATE

FORM 1400-1 9/96

* Please complete daily before leaving the job site. Submit paperwork to your Stronghold Site Superintendent. Hours reported on your Daily Production Report must match certified payrolls. It is recommended that a copy of this report be submitted to your company payroll department. ONLY REPORT HOURS WORKED ON SITE.



2585 Braampow Ave
 Fontaine, CA 95024
 TELEPHONE (888) 30-0241
 FACSIMILE (510) 317-7777



REPORT NO.

EI-00

Page

TIME REPORT

CUSTOMER **STRONGHOLD/CATH LAB** JOB NO. **1753-455** PO NO. _____
 DATE **5/4/2018** DAYS OF WEEK **FRIDAY** SHIFT _____ DAYS _____ WEEK ENDING **5/6/18**

WORK REQUESTED: **LAYOUTS FOR UNISTRUT INSTALLATION**

DESCRIPTION OF THE WORK PERFORMED: **FIELD VERIFY LAYOUTS AND INSTALL UNISTRUT AND WELD INPLACE FOR GE EQUIPMENT**

NAME	CLASS	JOB COMPLETED		ANY DELAYS							PER DIEM TOTALS	TRAVEL TIME	TOTAL HOURS
		YES	NO	MON	TUE	WED	THU	FRI	SAT	SUN			
BRANDON CHARLIE	SUP	ST						8					8
		OT											0
		DT											0
		PD							\$ 125.00				0
RAYMOND CHARLIE	WF-1	ST						8					8
		OT										0	
		DT										0	
		PD							\$ 125.00		\$ 125.00		0
BRIAN CHARLIE	WF-1	ST						8					8
		OT										0	
		DT										0	
		PD							\$ 100.00				0
DAREN CHARLIE	WF-1	ST						8					8
		OT										0	
		DT										0	
		PD							\$ 100.00				0
EMMERSON JOE	WF-1	ST						5					5
		OT										0	
		DT										0	
		PD							\$ 100.00		\$ 100.00		0
MORGAN KELLY	WF-3	ST						5					5
		OT										0	
		DT										0	
		PD							\$ 100.00		\$ 100.00		0
TOTALS				0	0	0	0	42	0	0	\$ 325.00		42

QTY	EQUIPMENT	Rate/ Hourly	Rate/ Daily	No of Days	Rate/Weekly	No of Weeks	No. of Hours	TOTAL	REMARKS
	Pick-up Truck							\$	
	Welding Truck							\$	
	Flatbed Truck (1 ton & below)							\$	
	Air Compressor							\$	
3	Welding Machine (350 amps)							\$	
	Plasma Arc							\$	
	Threading Machine							\$	
	Hydro Pump							\$	
	Tube Milling Machine							\$	
	L.E.L. Monitor							\$	

COMMENTS: _____
 JOB ADDRESS: _____
 CONTACT NAME: _____ PHONE NO. _____
 ACCEPTED & APPROVED BY: *[Signature]* DATE: _____
 EII REPRESENTATIVE: **Brandon Charlie** (Signature)

TOTAL HOURS THIS SHEET	42
TOTAL PER DIEM	\$ 325.00
TOTAL EQUIPMENT	\$ -
TOTAL MATERIAL	\$ -
TOTAL SUB-CONTRACT	\$ -
TOTAL THIS SHEET	\$ 325.00

5-4-2018

SUBCONTRACTOR PRODUCTION REPORT <small>(ATTACH ADDITIONAL SHEETS IF NECESSARY)</small>			Date: 4-4-18
STRONGHOLD PROJECT # 17-008	PROJECT TITLE AND LOCATION RUHS Bi-Plane Catheterization Laboratory Project	REPORT NO.	
SUBCONTRACTOR EVAN'S INC.		SUBCONTRACTOR SUPERINTENDENT BRANDON CHARLIE	
WORK PERFORMED TODAY			
WORK LOCATION AND DESCRIPTION	EMPLOYEE	CLASSIFICATION	WORK HOURS
T-M WORK 2ND FLOOR CATH LAB ROOM!	BRANDON CHARLIE	BLK SMITH SUPER.	8
	EMMERSON JOE	BLK SMITH FOREM.	5
WORK ON WELDING THE UNISTRUCTS UNDERNEATH THE H&G TUBING AND WELD THE BUTT SPLICE ON THE UNISTRUCTS AND DO THE LAY-OUT AND RECT ANGLE CLIPS FOR UNISTRUCTS!	RAYMOND CHARLIE	BLK SMITH	8
	BRIAN CHARLIE	BLK SMITH	8
	DARREN CHARLIE	BLK SMITH	8
	MORGAN KELLY	BLK SMITH HELPER	5
<div style="border: 1px solid black; padding: 2px; display: inline-block; margin-bottom: 5px;">JOB SAFETY</div> WAS A JOB SAFETY MEETING HELD THIS DATE? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <small>(IF YES, ATTACH COPY OF THE MEETING MINUTES)</small>		TOTAL WORK HOURS ON JOB SITE THIS DATE: 42 CUMULATIVE TOTAL OF WORK HOURS FROM PREVIOUS REPORT: TOTAL WORK HOURS FROM START OF CONST:	
WERE THERE ANY LOST TIME ACCIDENTS THIS DATE? <input type="checkbox"/> YES <input type="checkbox"/> NO <small>(IF YES, ATTACH A COPY OF COMPLETED OSHA REPORTS)</small>			
WAS TRENCING/SCAFFOLD/HV ELECTRICAL/HIGH WORK DONE? <input type="checkbox"/> YES <input type="checkbox"/> NO <small>(IF YES, ATTACH STATEMENT OR CHECKLIST SHOWING INSPECTION PERFORMED)</small>			
WAS HAZARDOUS MATERIAL/WASTE RELEASED INTO THE ENVIRONMENT? <input type="checkbox"/> YES <input type="checkbox"/> NO <small>(IF YES, ATTACH DESCRIPTION OF INCIDENT AND PROPOSED ACTION)</small>		SAFETY REQUIREMENT: HAVE BEEN MET (YES OR NO)	
LIST SAFETY ACTIONS TAKEN TODAY/SAFETY INSPECTION CONDUCTED PLEASE PUT UP FIRE BLANKETS WHEN CUTTING, GRINDING, AND WELDING			
EQUIPMENT/MATERIAL RECEIVED TODAY TO BE INCORPORATED IN JOB			
CONSTRUCTION AND PLANT EQUIPMENT ON JOB SITE TODAY. INCLUDE NUMBER OF HOURS USED TODAY			
REMARKS <div style="text-align: right;"> BRANDON CHARLIE <small>SUBCONTRACTOR/SUPERINTENDENT</small> </div> <div style="text-align: right; margin-top: 10px;"> 5-4-2018 4-4-2018 <small>DATE</small> </div>			

FORM 1400-1 9/95

* Please complete daily before leaving the job site. Submit paperwork to your Stronghold Site Superintendent. Hours reported on your Daily Production Report must match certified payrolls. It is recommended that a copy of this report be submitted to your company payroll department. ONLY REPORT HOURS WORKED ON SITE.



Evans Industrial, Inc.

2586 Frampton Ave.
Frampton, CA 95029
TELEPHONE: 888-201-1341
FACSIMILE: 209-347-7777



REPORT NO.

EI-00

Page

TIME REPORT

CUSTOMER **STRONGHOLD/CATH LAB** JOB NO. **1753-455** PO NO. _____
 DATE **5/15/2018** DAYS OF WEEK **TUESDAY** SHIFT _____ DAYS _____ WEEK ENDING **5/20/18**

WORK REQUESTED: **ADD WELDS ON UNISTRUT SUPPORT PER SET AND OSD**

DESCRIPTION OF THE WORK PERFORMED: **ADDED MORE WELDS ON SUPPORT FOR UNISTRUT AND RE-LOCATE UNSTRUT BY WINDOW FRAME**

CONTRACT [] T & M [x] NTE [] JOB COMPLETED YES [] NO [x] ANY DELAYS YES [] NO []
IF YES ENTER COMMENTS BELOW:

NAME	CLASS	JOB COMPLETED		ANY DELAYS							PER DIEM TOTALS	TRAVEL TIME	TOTAL HOURS	
		YES []	NO [x]	MON	TUE	WED	THU	FRI	SAT	SUN				
BRANDON CHARLIE	SUP	ST		8										8
		OT												0
		DT												0
		PD			\$ 125.00								\$ 125.00	
RAYMOND CHARLIE	WF-1	ST		8										8
		OT												0
		DT												0
		PD			\$ 100.00								\$ 100.00	
BRIAN CHARLIE	WF-1	ST		8										8
		OT												0
		DT												0
		PD			\$ 100.00								\$ 100.00	
EMMERSON JOE	WF-1	ST		8										8
		OT												0
		DT												0
		PD			\$ 100.00								\$ 100.00	
MORGAN KELLY	WF-3	ST		8										8
		OT												0
		DT												0
		PD			\$ 100.00								\$ 100.00	
TOTALS			0	40	0	0	0	0	0	0	0	\$ 525.00		40

QTY	EQUIPMENT	Rate/ Hourly	Rate Daily	No of Days	Rate/Weekly	No of Weeks	No. of Hours	TOTAL	REMARKS
	Pick-up Truck							\$ -	
	Welding Truck							\$ -	
	Flatbed Truck (1 ton & below)							\$ -	
	Air Compressor							\$ -	
3	Welding Machine (350 amps)							\$ -	
	Plasma Arc							\$ -	
	Threading Machine							\$ -	
	Hydro Pump							\$ -	
	Tube Milling Machine							\$ -	
	LEL Monitor							\$ -	

QTY	UNITS	MATERIAL/SUB-CONTRACT	PRICE	5% HANDLING	TOTAL	REMARKS

COMMENTS: _____
 JOB ADDRESS: _____
 CONTACT NAME: _____ (Signature) PHONE NO. _____
 ACCEPTED & APPROVED BY: X _____
 BII REPRESENTATIVE: Brandon Charlie (Signature)

TOTAL HOURS THIS SHEET	40
TOTAL PER DIEM	\$ 525.00
TOTAL EQUIPMENT	\$ -
TOTAL MATERIAL	\$ -
TOTAL SUB-CONTRACT	\$ -
TOTAL THIS SHEET	\$ 525.00

SUBCONTRACTOR PRODUCTION REPORT

(ATTACH ADDITIONAL SHEETS IF NECESSARY)

Date: **5-15-18**

STRONGHOLD PROJECT #
17-008

PROJECT TITLE AND LOCATION
RUHS Bi-Plane Catheterization Laboratory Project

REPORT NO.

SUBCONTRACTOR
EVAN'S INC.

SUBCONTRACTOR SUPERINTENDENT
BRANDON CHARLIE

WORK PERFORMED TODAY

WORK

WORK LOCATION AND DESCRIPTION	EMPLOYEE	CLASSIFICATION	HOURS
T-M WORK 2ND FLOOR CATH LAB ROOM!	BRANDON CHARLIE	BLK SMITH SUPERV.	8
	EMMERSON JOE	BLK SMITH FOREM.	8
WORK ON ADDING MORE WELDS TO THE ANGLE	RAYMOND CHARLIE	BLK SMITH	8
CHIPS THAT'S BEEN WELDED TO THE 626 TUBING	BRIAN CHARLIE	BLK SMITH	8
AND UNSTRUCT. AND SO WE ADDED MORE	MORGAN KELLY	BLK SMITH HELPER	8
WELDS TO IT, SO WE BEEN WELDING AND			
CLEANING, ALSO REMOVE FIRE PROOFING ON			
EXISTING BEAM FOR UNSTRUCT KICKER TO BE			
INSTALL!			

JOB SAFETY

WAS A JOB SAFETY MEETING HELD THIS DATE? YES NO
(IF YES, ATTACH COPY OF THE MEETING MINUTES)
 WERE THERE ANY LOST TIME ACCIDENTS THIS DATE? YES NO
(IF YES, ATTACH A COPY OF COMPLETED OSHA REPORTS)
 WAS TRENCHING/SCAFFOLD/HV ELECTRICAL/HIGH WORK DONE? YES NO
(IF YES, ATTACH STATEMENT OR CHECKLIST SHOWING INSPECTION PERFORMED)
 WAS HAZARDOUS MATERIAL/WASTE RELEASED INTO THE ENVIRONMENT? YES NO
(IF YES, ATTACH DESCRIPTION OF INCIDENT AND PROPOSED ACTION)

TOTAL WORK HOURS ON JOB SITE THIS DATE: **40**
 CUMULATIVE TOTAL OF WORK HOURS FROM PREVIOUS REPORT:
 TOTAL WORK HOURS FROM START OF CONST

LIST SAFETY ACTIONS TAKEN TODAY/SAFETY INSPECTION CONDUCTED
WORK SAFE WHEN GRINDING AND WELDING, AND PUT UP WEB SCREEN WHEN GRINDING AND WELDING, AND DO HOUSEKEEPING AFTER DONE WORKING CLEAN UP AFTER YOURSELVES!

YES SAFETY REQUIREMENT: HAVE BEEN MET (YES OR NO)

EQUIPMENT/MATERIAL RECEIVED TODAY TO BE INCORPORATED IN JOB

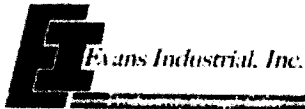
CONSTRUCTION AND PLANT EQUIPMENT ON JOB SITE TODAY. INCLUDE NUMBER OF HOURS USED TODAY

REMARKS

 **5-15-2018**
 SUBCONTRACTOR/SUPERINTENDENT DATE

FORM 1400-1 0/98

* Please complete daily before leaving the job site. Submit paperwork to your Stronghold Site Superintendent. Hours reported on your Daily Production Report must match certified payrolls. It is recommended that a copy of this report be submitted to your company payroll department. ONLY REPORT HOURS WORKED ON SITE.



182 Hampton Ave.
 Fontana, CA 92331
 (951) 833-1024
 (951) 833-1077



REPORT NO.
EI-00
 Page

TIME REPORT

CUSTOMER **STRONGHOLD/CATH LAB** JOB NO. **1753-455** PO NO.
 DATE **5/16/2018** DAYS OF WEEK **WEDNESDAY** SHIFT **DAYS** WEEK ENDING **5/20/18**

WORK REQUESTED: **RE-DRILL AND RE-LOCATE UNISTRUT HANGER BY CONTROL ROOM**

DESCRIPTION OF THE WORK PERFORMED: **REMOVED UNISTRUT AND HANGER TO RE-LOCATE CLOSER TO WINDOW FRAME**

NAME	CLASS	JOB COMPLETED		ANY DELAYS							PER DIEM TOTALS	TRAVEL TIME	TOTAL HOURS	
		YES []	NO []	MON	TUE	WED	THU	FRI	SAT	SUN				IF YES ENTER COMMENTS BELOW:
BRANDON CHARLIE	SUP	ST				8								8
		OT												0
		DT												0
		PD					\$ 125.00					\$ 125.00		
RAYMOND CHARLIE	WF-1	ST				8								8
		OT												0
		DT												0
		PD					\$ 100.00					\$ 100.00		
BRIAN CHARLIE	WF-1	ST				8								8
		OT												0
		DT												0
		PD					\$ 100.00					\$ 100.00		
EMMERSON JOE	WF-1	ST				8								8
		OT												0
		DT												0
		PD					\$ 100.00					\$ 100.00		
MORGAN KELLY	WF-3	ST				8								8
		OT												0
		DT												0
		PD					\$ 100.00					\$ 100.00		
TOTALS		ST												0
		OT												0
		DT												0
		PD										\$		
TOTALS			0	0	40	0	0	0	0	0	\$ 525.00		40	

QTY	EQUIPMENT	Rate/ Hourly	Rate Daily	No of Days	Rate/Weekly	No of Weeks	No. of Hours	TOTAL	REMARKS
	Pick-up Truck							\$	
	Welding Truck							\$	
	Flatbed Truck (1 ton & below)							\$	
	Air Compressor							\$	
3	Welding Machine (350 amps)							\$	
	Plasma Arc							\$	
	Threading Machine							\$	
	Hydro Pump							\$	
	Tube Milling Machine							\$	
	LEL Monitor							\$	

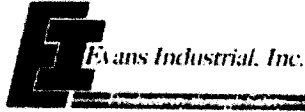
QTY	UNITS	MATERIAL/SUB-CONTRACT	PRICE	5% HANDLING	TOTAL	REMARKS

COMMENTS: _____

 JOB ADDRESS: _____

 CONTACT NAME: _____ (Signature) PHONE NO. _____
 ACCEPTED & APPROVED BY: X _____
 BI REPRESENTATIVE: Brandon Charlie (Signature)

TOTAL HOURS THIS SHEET	40
TOTAL PER DIEM	\$ 525.00
TOTAL EQUIPMENT	\$ -
TOTAL MATERIAL	\$ -
TOTAL SUB-CONTRACT	\$ -
TOTAL THIS SHEET	\$ 525.00



12812 Frampton Ave.
Fountain Valley, CA 92708
TELEPHONE (949) 301-1241
FACSIMILE (949) 317-7777



REPORT NO.
EI-00
Page

TIME REPORT

CUSTOMER **STRONGHOLD/CATH LAB** JOB NO. **1753-455** PO NO.

DATE **5/17/2018** DAYS OF WEEK **THURSDAY** SHIFT **DAYS** WEEK ENDING **5/20/18**

WORK REQUESTED: **RE-DRILLED HOLE FOR ANCOR TO RE-LOCATE UNISTRUT BY WINDOW FRAMS**

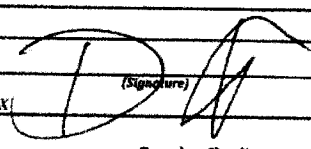
DESCRIPTION OF THE WORK PERFORMED: **ADD VB AND SUPPORT FOR UNISTRUT AND WELDED NEW UNISTRUT TO BOX THE EXISTING UNISTRUT**

CONTRACT [] T & M [x] NTE [] JOB COMPLETED YES [] NO [] ANY DELAYS YES [] NO [] IF YES ENTER COMMENTS BELOW:

NAME	CLASS	MON	TUE	WED	THU	FRI	SAT	SUN	PER DIEM TOTALS	TRAVEL TIME	TOTAL HOURS
BRANDON CHARLIE	ST				8						8
	OT										0
	DT										0
	PD				\$ 125.00				\$ 125.00		
RAYMOND CHARLIE	ST				8						8
	OT										0
	DT										0
	PD				\$ 100.00				\$ 100.00		
BRIAN CHARLIE	ST				8						8
	OT										0
	DT										0
	PD				\$ 100.00				\$ 100.00		
EMMERSON JOE	ST				8						8
	OT										0
	DT										0
	PD				\$ 100.00				\$ 100.00		
MORGAN KELLY	ST				8						8
	OT										0
	DT										0
	PD				\$ 100.00				\$ 100.00		
TOTALS			0	0	0	40	0	0	0	\$ 525.00	40

QTY	EQUIPMENT	Rate/ Hourly	Rate Daily	No of Days	Rate/Weekly	No of Weeks	No. of Hours	TOTAL	REMARKS
	Pick-up Truck							\$ -	
	Welding Truck							\$ -	
	Flatbed Truck [1 ton & below]							\$ -	
	Air Compressor							\$ -	
3	Welding Machine [350 amps]							\$ -	
	Plasma Arc							\$ -	
	Threading Machine							\$ -	
	Hydro Pump							\$ -	
	Tube Milling Machine							\$ -	
	LEL Monitor							\$ -	

QTY	UNITS	MATERIAL/SUB-CONTRACT	PRICE	5% HANDLING	TOTAL	REMARKS

COMMENTS: _____
 JOB ADDRESS: _____
 CONTACT NAME: _____
 ACCEPTED & APPROVED BY: X  (Signature)
 BR REPRESENTATIVE: Brandon Charlie (Signature)

TOTAL HOURS THIS SHEET	40
TOTAL PER DIEM	\$ 525.00
TOTAL EQUIPMENT	\$ -
TOTAL MATERIAL	\$ -
TOTAL SUB-CONTRACT	\$ -
TOTAL THIS SHEET	\$ 525.00

PHONE NO. _____
 DATE: _____
 DATE: 5/17/2018

SUBCONTRACTOR PRODUCTION REPORT

(ATTACH ADDITIONAL SHEETS IF NECESSARY)

Date: **5-17-18**

STRONGHOLD PROJECT # **17-008** PROJECT TITLE AND LOCATION **RUHS Bi-Plane Catheterization Laboratory Project** REPORT NO.

SUBCONTRACTOR **EVAN'S INC.** SUBCONTRACTOR SUPERINTENDENT **BRANDON CHARLIE**

WORK PERFORMED TODAY

WORK LOCATION AND DESCRIPTION	EMPLOYEE	CLASSIFICATION	WORK HOURS
T-M WORK 2ND FLOOR CATH LAB ROOM	BRANDON CHARLIE	BLK SMITH SUPERV.	8
	EMERSON JOE	BLK SMITH FOREM.	8
WORK ON UNISTRUCTS INSTALLING AND PUTTING IN ANKERS AND ALSO KICKER SUPPORT BRACE FOR THE UNISTRUCTS AND ALSO PUT SUPPORTS BETWEEN THE TWO UNISTRUCTS UNDER THE AIR DUCT, AND PUT SOME WELDS ON IT FOR IT TO HOLD IN PLACE!	RAYMOND CHARLIE	BLK SMITH	8
	BRAN CHARLIE	BLK SMITH	8
	MORGAN KELLY	BLK SMITH HELPER	8

JOB SAFETY	WAS A JOB SAFETY MEETING HELD THIS DATE? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO (IF YES, ATTACH COPY OF THE MEETING MINUTES)	TOTAL WORK HOURS ON JOB SITE THIS DATE: 40
	WERE THERE ANY LOST TIME ACCIDENTS THIS DATE? <input type="checkbox"/> YES <input type="checkbox"/> NO (IF YES, ATTACH A COPY OF COMPLETED OSHA REPORTS)	CUMULATIVE TOTAL OF WORK HOURS FROM PREVIOUS REPORT:
	WAS TRENCHING/SCAFFOLD/HV ELECTRICAL/HIGH WORK DONE? <input type="checkbox"/> YES <input type="checkbox"/> NO (IF YES, ATTACH STATEMENT OR CHECKLIST SHOWING INSPECTION PERFORMED)	TOTAL WORK HOURS FROM START OF CONST
	WAS HAZARDOUS MATERIAL/WASTE RELEASED INTO THE ENVIRONMENT? <input type="checkbox"/> YES <input type="checkbox"/> NO (IF YES, ATTACH DESCRIPTION OF INCIDENT AND PROPOSED ACTION)	

LIST SAFETY ACTIONS TAKEN TODAY/SAFETY INSPECTION CONDUCTED

WORK ON THE UNISTRUCTS, WORK SAFE OFF THE LIFT AND OFF THE LADDER!

YES SAFETY REQUIREMENTS HAVE BEEN MET (YES OR NO)

EQUIPMENT/MATERIAL RECEIVED TODAY TO BE INCORPORATED IN JOB

CONSTRUCTION AND PLANT EQUIPMENT ON JOB SITE TODAY. INCLUDE NUMBER OF HOURS USED TODAY

REMARKS

Brandon Charlie **5-17-2018**
 SUBCONTRACTOR SUPERINTENDENT DATE

FORM 1400-1 046

* Please complete daily before leaving the job site. Submit paperwork to your Stronghold Site Superintendent. Hours reported on your Daily Production Report must match certified payrolls. It is recommended that a copy of this report be submitted to your company payroll department. ONLY REPORT HOURS WORKED ON SITE.



STRONGHOLD ENGINEERING, INC.

2000 Market Street, Riverside, CA 92501 • Tel (951) 684-9303 • Fax (951) 684-9329 • Est. Fax (951) 684-3813

Established 1991

November 6, 2018

ELECTRONIC TRANSMISSION

Mike Wickham., Construction Manager
Kitchell

Project: S161619-33-00 Second Level Catheterization Lab Build-Out
Re: **COR 055R1 – RFI 164 Unistrut 4-Sole Splice Clevis**

Dear Mr. Wickham,

Stronghold Engineering, Inc. (Stronghold) has reviewed the scope of work added in response to RFI 164 for added Unistrut 4-Sole Splice Clevis for the RUHS 2nd Floor Cath lab Project. The COR breakdown is shown below that includes the scope of work affected and the time impact associated with each scope of work.

1. RFI 164 Unistrut 4-Sole Splice Clevis– 2 Days

The total COR amount to complete the changes listed above is \$10,436.00

Sincerely,
STRONGHOLD ENGINEERING, INC

Shane Papp
Project Manager

BUILDING CONSTRUCTION EXCELLENCE

www.strongholdengineering.com

California • Arizona • Nevada • Florida • Hawaii • International

PROPOSAL/ESTIMATE **STRONGHOLD ENGINEERING, INC.**

DATE: 6-Nov-18

CONTRACT TITLE: **RUHS 2nd Floor Cath Lab**

CONTRACT NO: **0843-000-7374**

TO: **Mike Wickham - Kitchell**

COR 055R1

DESCRIPTION: **RFI 164 Unistrut 4-Sole Splice Clevis**

PRIME CONTRACTOR'S WORK				Revisions/comments
1. Direct Materials				
2. Sales Tax on Materials	9.00% of line 1	9.00%	-	
3. Direct Labor				
4. Insurance, Taxes, and Fringe Benefits				
5. Rental Equipment			-	
6. Sales Tax on Rental Equipment	0.00% of line 5 INCLUDED	0.00%	-	
7. Equipment Ownership and Operating Expenses			-	
8. SUBTOTAL (add lines 1-7)			\$ -	
9. Field Overhead	0% of line 8 INCLUDED	0.00%	-	
10. SUBTOTAL (Add Lines 8 & 9)			\$ -	

Prime Remarks:

SUB-CONTRACTOR'S WORK (Evans)				Revisions/comments
11. Direct Materials				
12. Sales Tax on Materials	9.00% of line 11 Included	9.00%		
13. Direct Labor			7,152	
14. Insurance, Taxes, and Fringe Benefits	0.0% of line 13 Included	0.0%	-	
15. Rental Equipment			1,320	
16. Sales Tax on Rental Equipment	0.00% of line 15 Included	0.00%	-	
17. Equipment Ownership and Operating Expenses			-	
18. SUBTOTAL (add lines 11-17)			\$ 8,472.06	
19. Overhead and Profit	10.0% of line 18 Included	10.0%	847	
20. Profit	5.0% of line 18	5.0%	424	
21. SUBTOTAL (Add Lines 18 & 19)			\$ 9,742.87	
22. Sub Contractor Liability Insurance	1.0% of line 20 Included		97	
23. of total change				
24. SUBTOTAL (Add Lines 20 - 22)			\$ 9,840.30	

Sub's Remarks:

SUMMARY				Revisions/comments
24. Prime Contractor's work (from line 10)			-	
25. Sub-contractor's work (from line 23)			9,840	
26. SUBTOTAL (add lines 24 & 25)			\$ 9,840.30	
27. Prime Overhead on sub-contractor	0.0% of line 25	0.0%	-	
28. Prime's Home Office Overhead	0.0% of line 24	0.0%	-	
29. Prime's Overhead & Profit	5.0% of line 18	5.0%	492	
30. SUBTOTAL (add lines 26-29)			\$ 10,332.31	
31. Prime Contractor's Bond Premium	1.000% of line 30	1.0%	103	
32. TOTAL COST (add lines 30 & 31)			\$ 10,436.00	

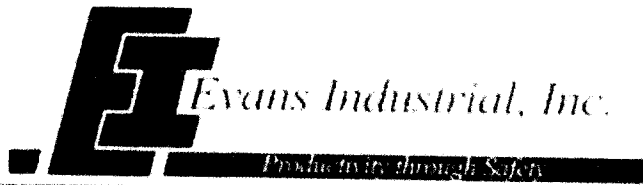
Prime Contractor name: **Stronghold Engineering, Inc.**

Sub-contractor name: **Evans Industrial**

Signature and title of Preparer

Date 11/06/18

VP of General Construction



P.O. Box 53908
Irvine, CA 92619
T: (888) 311-1341
F: (310) 317-7773
www.evans-industrial.com

INVOICE

1010 Rev 2

Contract/PO Number	Date
	5/19/2018

Terms	EI Project Name/Number
Net 30	1753-455

Bill To:
Stronghold Engineering, Inc. 2000 Market Street Riverside, Ca. 92501

Remit Payment To:
Evans Industrial, Inc. Attn: Herschel Evans PO Box 53908 Irvine, Ca. 92619-3908

Description	Amount
User Unistrut 4-Sole Splice Clevis RFI 164 Equipment	7,152.06 1,320.00
Work performed at RUHS Cath Lab Site Contact Dwayne Kelly Cath Lab Change Order # 14 Stronghold Job # 17008 RFI 164 Original Invoice sent in on May 19 2018	 0.00
Total	\$8,472.06

EVANS INDUSTRIAL, INC

REPORT NO.

WEEKLY TIME REPORT

Client Name		Stronghold Engineering		Job No.		1753-455		Page 1 of 1	
DATE	DAY OF WEEK	SHIFT		CUSTOMER PO NO.				WEEK ENDING	
		Days		RUHS Cath Lab CO 14				5/20/2018	
NAME	CLASS		HOURS	RATE	TOTAL	No.	Per Diem	TOTALS	
Brandon Charlie	sup	ST	6.0	\$120.25	\$721.50		\$0.00		
		OT							\$721.50
		DT							
Raymond Charlie	wf1	ST	12.0	\$115.45	\$1,385.40		\$0.00		
		OT							\$1,385.40
		DT							
Brian Charlie	wf1	ST	12.0	\$115.45	\$1,385.40		\$0.00		
		OT							\$1,385.40
		DT							
Daren Charlie	wf1	ST	12.0	\$115.45	\$1,385.40		\$0.00		
		OT							\$1,385.40
		DT							
Emmerson Joe	wf1	ST	12.0	\$115.45	\$1,385.40		\$0.00		
		OT							\$1,385.40
		DT							
Morgan Kelly	wf3	ST	12.0	\$74.08	\$888.96		\$0.00		
		OT							\$888.96
		DT							
							\$0.00	\$0.00	
							\$0.00	\$0.00	
							\$0.00	\$0.00	
							\$0.00	\$0.00	
							\$0.00	\$0.00	
							\$0.00	\$0.00	

COMMENTS: **EXTRA'S, JOB COMPLETED**

TOTAL FOR THIS PAGE	66.0	\$7,152.06	0	\$0.00	\$7,152.06
----------------------------	------	------------	---	--------	------------

EII Authorized Rep. _____
Signature

Authorized Customer Approval _____
Signature

EVANS INDUSTRIAL, INC

22815 Frampton Ave.
Torrance, CA 90501

RECEIPT NO.
Tel (888) 311-1341 Fax (310) 317-7773

Customer Stronghold Engineering

Date: 5/27/2018

Location _____

Job No. 1753-455

Charge No. RUHS Cath Lab - Change Order 14

Page 1 of 1

Qty NO.	Description	Daily		Weekly		Monthly		TOTALS
		RATE	NO.	RATE	NO.	RATE	NO.	
	Consumables, Welding Rod, Welding Gases	\$ 350						
	TRAILERS (Delivery & Pick Up Additional Charge)							
	Field Office					\$ 450		
	Welding Tool Trailer - equipted charge per shift worked	\$ 350						
1	Gang Box	\$ 50	2	\$ 200		\$ 900		\$ 100
	TRUCKS							
	Pickup Trucks	\$ 65		\$ 270		\$ 700		
	Flatbed under 2 tons	\$ 84		\$ 756		\$ 1,985		
	WELDING EQUIPMENT							
	170 AMP Portable Gas	\$ 50		\$ 200		\$ 600		
	Nelson Stud Gun - Parts charged seperately	\$ 60		\$ 240		\$ 720		
2	350 AMP Electric	\$ 60	2	\$ 240		\$ 720		\$ 240
	250 AMP Diesel	\$ 60		\$ 240		\$ 720		
	MIG Welder 300 AMP	\$ 80		\$ 320		\$ 960		
	Hellarc Units	\$ 50		\$ 200		\$ 600		
	8 Pack Welders 250 AMP each	\$ 120		\$ 480		\$ 1,440		
	Acetylene Outfit (without gas)	\$ 50		\$ 200		\$ 600		
	Plasma Cutters (parts charged seperately)	\$ 80		\$ 320		\$ 960		
	Air Arc	\$ 40		\$ 140		\$ 420		
	SAFETY							
	Four Gas Monitors	\$ 100		\$ 216		\$ 600		
	Fresh Air System (4man set-up)	\$ 120		\$ 480		\$ 1,920		
	HEPA Vacuums	\$ 20		\$ 80		\$ 240		
2	Scisor Lifts	\$ 125	2	\$ 300		\$ 1,200		\$ 500
2	Air Mover Per Hour Worked	\$ 20	12					\$ 480
Page 1 Total:								\$ 1,320

EII Representative _____
Customer Approval: _____



STRONGHOLD ENGINEERING, INC.

2000 Market Street
Riverside, CA 92501
(951) 684-9303 - FAX (951) 684-3813

OSHPD REVIEW REQUIRED			SIGNATURE
USE	YES	NO	
FLRD	<input type="checkbox"/>	<input type="checkbox"/>	
ACC	<input type="checkbox"/>	<input type="checkbox"/>	
OTHER	<input type="checkbox"/>	<input type="checkbox"/>	
NOTES			

PROJECT NO.: 17008

CONTRACT NO.: 0843-000-7374

OSHPD NO: S161619-33

REQUEST FOR INFORMATION

RFI NO.: 164

DATE: 5/10/2018

TO: Ewing Cole - Architect

15231 Laguna Canyon Road

Irvine, CA 92618

PROJECT: Riverside University Hospital System

Bi-Plane Cardiac Catheterization Lab

26520 Cactus Ave.

Moreno Valley, CA 92555

ATTN: Jennifer Smith

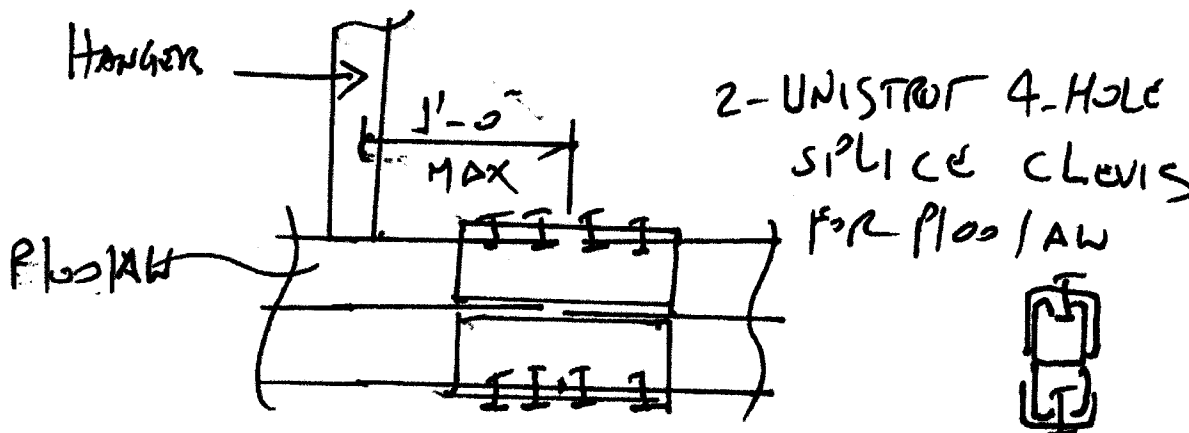
FROM: Cam Crites - Project Engineer

REFERENCE: WPS Submittal 073

LOCATION: 2nd Floor Cath Lab

DESCRIPTION:

Attached is a drawing showing locations of the butt welds (WPS) in submittal 073. This will be needed for inspection purposes to show where the WPS will be used.



SCHEDULE IMPACT Depending on Response FINANCIAL IMPACT Depending on Response ATTACHMENTS

RESPONSE NEEDED BY: DATE: _____ ASAP

REPLY:

USE UNISTROT 4-hole splice clavis at top
& bot. in lieu of butt welding
per detail above.

YANNI TAVAKOU, S.E. 5/11/18

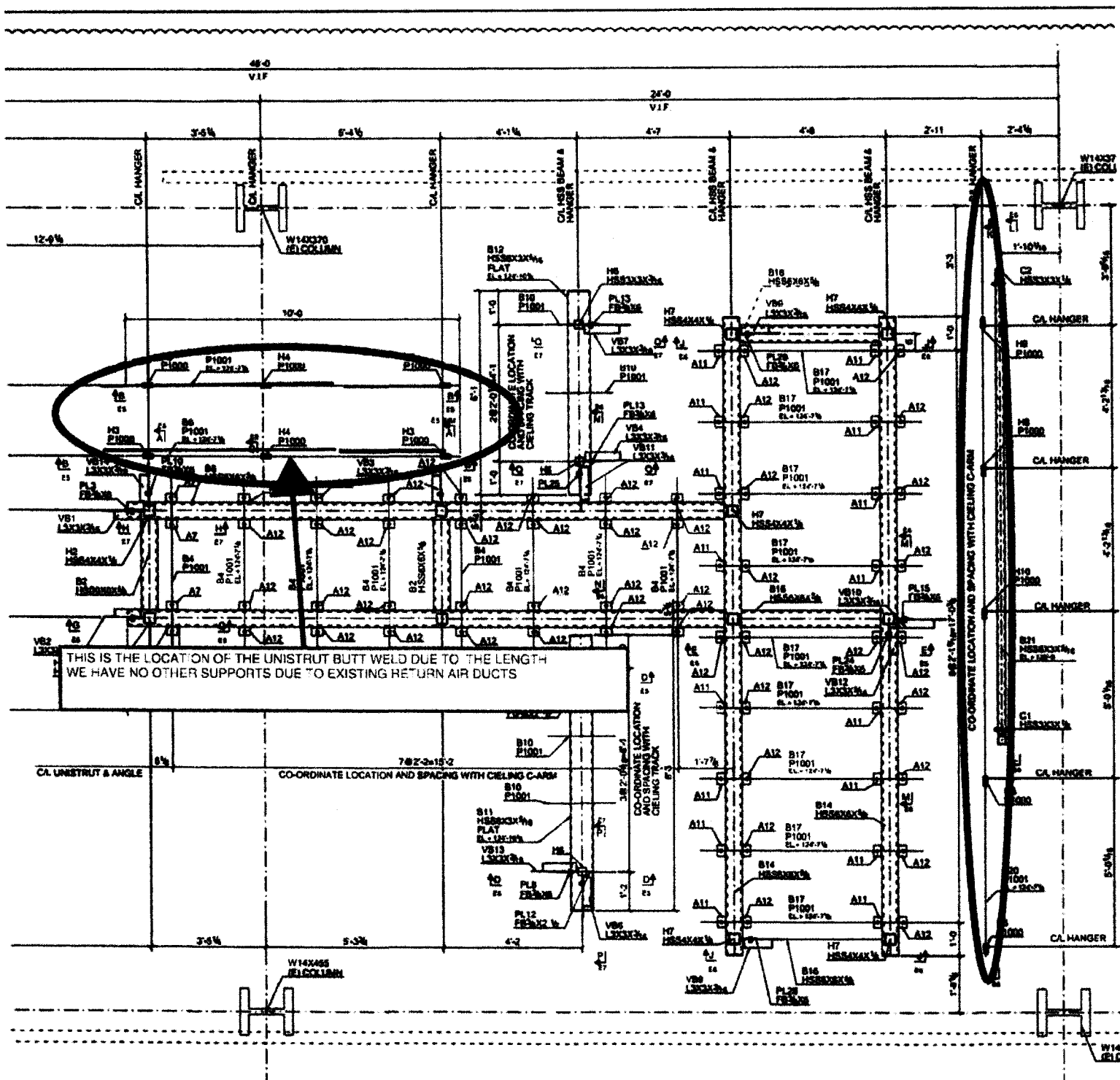
(SIGNATURE) Dwayne Kelly

(TITLE) Project Superintendent

If the initiator disagrees with the response or believes that the response creates a change in scope affecting contract costs or time, the initiator shall respond in writing in accordance with the contract.

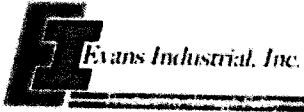
RFI # 164

LL, 555 5/11/18



THIS IS THE LOCATION OF THE UNISTRUT BUTT WELD DUE TO THE LENGTH WE HAVE NO OTHER SUPPORTS DUE TO EXISTING RETURN AIR DUCTS

COND LEVEL FLOOR CEILING PLAN (TOP OF STEEL EL. +125'-1 1/4" U.N.O.)
 (THIRD FLOOR FRAMING) REF DWG# S3.1



2200 Hampton Ave.
Fountain Valley, CA 92708
TEL: 949.953.3141
FAX: 949.953.3141



REPORT NO.
EI-00
Page

TIME REPORT

CUSTOMER **STRONGHOLD/CATH LAB** JOB NO. **1753-455** PD NO.
DATE **5/21/2018** DAYS OF WEEK **MONDAY** SHIFT **DAYS** WEEK ENDING **5/27/18**

WORK REQUESTED: **UNISTRUT BRACING**

DESCRIPTION OF THE WORK PERFORMED: **FIELD VERIFY LAYOUTS AND INSTALL UNISTRUT AND WELD INPLACE FOR GE EQUIPEMENT AND INSTALL VB AT EACH END OF THE UNISTRUT**

CONTRACT [] T & M [x] NTB [] JOB COMPLETED YES [X] NO [] ANY DELAYS YES [X] NO []
IF YES ENTER COMMENTS BELOW:

NAME	CLASS	JOB COMPLETED							ANY DELAYS			TRAVEL TIME	TOTAL HOURS
		MON	TUE	WED	THU	FRI	SAT	SUN	PER DIEM TOTALS	NO []			
BRANDON CHARLIE	ST	8											8
	OT												0
	DT												0
	PD	\$ 125.00									\$ 125.00		0
RAYMOND CHARLIE	ST	8											8
	OT												0
	DT												0
	PD	\$ 100.00									\$ 100.00		0
BRIAN CHARLIE	ST	8											8
	OT												0
	DT												0
	PD	\$ 100.00									\$ 100.00		0
EMMERSON JOE	ST	8											8
	OT												0
	DT												0
	PD	\$ 100.00									\$ 100.00		0
MORGAN KELLY	ST	8											8
	OT												0
	DT												0
	PD	\$ 100.00									\$ 100.00		0
TOTALS	ST		40	0	0	0	0	0	0	0			0
	OT												0
	DT												0
	PD										\$ -		0
											\$ 525.00		40

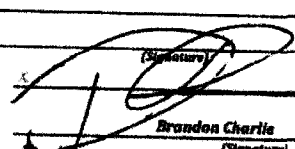
QTY	EQUIPMENT	Rate/ Hourly	Rate Daily	No of Days	Rate/Weekly	No of Weeks	No. of Hours	TOTAL	REMARKS
	Pick-up Truck							\$ -	
	Welding Truck							\$ -	
	Flatbed Truck [1 ton & below]							\$ -	
	Air Compressor							\$ -	
3	Welding Machine [350 amps]							\$ -	
	Plasma Arc							\$ -	
	Threading Machine							\$ -	
	Hydro Pump							\$ -	
	Tube Milling Machine							\$ -	
	LEL Monitor							\$ -	

QTY	UNITS	MATERIAL/SUB-CONTRACT	PRICE	5% HANDLING	TOTAL	REMARKS

COMMENTS: _____

JOB ADDRESS: _____

CONTACT NAME: _____ PHONE NO. _____

ACCEPTED & APPROVED BY:  DATE: _____

REPRESENTATIVE: **Brandon Charlie** DATE: **5/21/2018**

TOTAL HOURS THIS SHEET	40
TOTAL PER DIEM	\$ 525.00
TOTAL EQUIPMENT	\$ -
TOTAL MATERIAL	\$ -
TOTAL SUB-CONTRACT	\$ -
TOTAL THIS SHEET	\$ 525.00

SUBCONTRACTOR PRODUCTION REPORT		Date: 5-21-18	
(ATTACH ADDITIONAL SHEETS IF NECESSARY)			
STRONGHOLD PROJECT #	PROJECT TITLE AND LOCATION	REPORT NO.	
17-008	RUHS Bi-Plane Catheterization Laboratory Project		
SUBCONTRACTOR	SUBCONTRACTOR SUPERINTENDENT		
EVAN'S INC.	BRANDON CHARLIE		
WORK PERFORMED TODAY			
WORK LOCATION AND DESCRIPTION	EMPLOYEE	CLASSIFICATION	WORK HOURS
T-M WORK CATH LAB ROOM 2ND FLOOR!	BRANDON CHARLIE	BIK SMITH SUPERV.	8
	EMERSON JOE	BIK SMITH FOREM.	8
WORK ON SETTING AND INSTALLING THE UNSTRUCT AND LAYING OUT WHERE IT NEEDS TO BE AND PUTTING UP SUPPORT BRACKETS ONTO THE BEAM'S	RAYMOND CHARLIE	BIK SMITH	8
	BRIAN CHARLIE	BIK SMITH	8
	MORGAN KELLY	BIK SMITH HELPER	8
<div style="border: 1px solid black; padding: 2px; width: fit-content; margin: auto;">JOB SAFETY</div>	WAS A JOB SAFETY MEETING HELD THIS DATE? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <small>(IF YES, ATTACH COPY OF THE MEETING MINUTES)</small> WERE THERE ANY LOST TIME ACCIDENTS THIS DATE? <input type="checkbox"/> YES <input type="checkbox"/> NO <small>(IF YES, ATTACH A COPY OF COMPLETED OSHA REPORTS)</small> WAS TRENCHING/SCAFFOLD/HV ELECTRICAL/HIGH WORK DONE? <input type="checkbox"/> YES <input type="checkbox"/> NO <small>(IF YES, ATTACH STATEMENT OR CHECKLIST SHOWING INSPECTION PERFORMED)</small> WAS HAZARDOUS MATERIAL/WASTE RELEASED INTO THE ENVIRONMENT? <input type="checkbox"/> YES <input type="checkbox"/> NO <small>(IF YES, ATTACH DESCRIPTION OF INCIDENT AND PROPOSED ACTION)</small>	TOTAL WORK HOURS ON JOB SITE THIS DATE: 40 CUMULATIVE TOTAL OF WORK HOURS FROM PREVIOUS REPORT: TOTAL WORK HOURS FROM START OF CONST	
LIST SAFETY ACTIONS TAKEN TODAY/SAFETY INSPECTION CONDUCTED WORK SAFE OFF THE LIFT AND LADDER AND WATCH FOR OVERHEAD OBJECTS!		YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	SAFETY REQUIREMENTS: HAVE BEEN MET (YES OR NO)
EQUIPMENT/MATERIAL RECEIVED TODAY TO BE INCORPORATED IN JOB			
CONSTRUCTION AND PLANT EQUIPMENT ON JOB SITE TODAY. INCLUDE NUMBER OF HOURS USED TODAY			
REMARKS			
			<div style="font-family: cursive; font-size: 1.2em; margin-bottom: 5px;"> <i>Brandon Charlie</i> </div> SUBCONTRACTOR SUPERINTENDENT
			DATE 5-21-2018

FORM 1400-1 6/96

* Please complete daily before leaving the job site. Submit paperwork to your Stronghold Site Superintendent. Hours reported on your Daily Production Report must match certified payrolls. It is recommended that a copy of this report be submitted to your company payroll department. ONLY REPORT HOURS WORKED ON SITE.



Evans Industrial, Inc.

286 Hampton Ave.
Fountain, CA 92320
TELEPHONE: (951) 301-1241
FACSIMILE: (951) 317-7777



REPORT NO.

EI-00

Page

TIME REPORT

CUSTOMER **STRONGHOLD/ CATH LAB** JOB NO. **1753-455** PO NO. _____
 DATE **5/22/2018** DAYS OF WEEK **MONDAY Tuesday** SHIFTS **DAYS** WEEK ENDING **5/27/18**

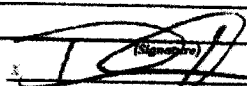
WORK REQUESTED: **ADDED MORE UNISTRUT BRACING**

DESCRIPTION OF THE WORK PERFORMED: **FIELD VERIFY LAYOUTS AND INSTALL UNISTRUT AND WELD INPLACE FOR GE EQUIPEMENT AND INSTALL VB AT EACH END OF THE UNISTRUT**

NAME	CLASS	JOB COMPLETED		ANY DELAYS							PER DIEM TOTALS	TRAVEL TIME	TOTAL HOURS	
		YES [X]	NO []	MON	TUE	WED	THU	FRI	SAT	SUN				
BRANDON CHARLIE	SUP	ST		4										4
		OT												0
		DT												0
		PD			\$ 125.00									
RAYMOND CHARLIE	WF-1	ST		4										4
		OT												0
		DT												0
		PD			\$ 100.00							\$ 100.00		
BRIAN CHARLIE	WF-1	ST		4										4
		OT												0
		DT												0
		PD			\$ 100.00							\$ 100.00		
MORGAN KELLY	WF-3	ST		4										4
		OT												0
		DT												0
		PD			\$ 100.00							\$ 100.00		
EMMERSON JOE	WF-1	ST		4										4
		OT												0
		DT												0
		PD			\$ 100.00							\$ 100.00		
TOTALS		ST		0	20	0	0	0	0	0	0			20
		OT												0
		DT												0
		PD										\$ -		0


QTY	EQUIPMENT	Rate/ Hourly	Rate Daily	No of Days	Rate/Weekly	No of Weeks	No. of Hours	TOTAL	REMARKS
	Pick-up Truck							\$ -	
	Welding Truck							\$ -	
	Flatbed Truck (1 ton & below)							\$ -	
	Air Compressor							\$ -	
3	Welding Machine (350 amps)							\$ -	
	Plasma Arc							\$ -	
	Threading Machine							\$ -	
	Hydro Pump							\$ -	
	Tube Milling Machine							\$ -	
	L&L Monitor							\$ -	

QTY	UNITS	MATERIAL/SUB-CONTRACT	PRICE	5% HANDLING	TOTAL	REMARKS

COMMENTS: _____
 JOB ADDRESS: _____
 CONTACT NAME: _____ PHONE NO. _____
 ACCEPTED & APPROVED BY:  _____
 RH REPRESENTATIVE: **Brandon Charlie** (Signature)

TOTAL HOURS THIS SHEET	20
TOTAL PER DIEM	\$ 400.00
TOTAL EQUIPMENT	\$ -
TOTAL MATERIAL	\$ -
TOTAL SUB-CONTRACT	\$ -
TOTAL THIS SHEET	\$ 400.00

DATE: _____
 DATE: **5/22/2018**

SUBCONTRACTOR PRODUCTION REPORT		Date:
(ATTACH ADDITIONAL SHEETS IF NECESSARY)		5-22-18
STRONGHOLD PROJECT #	PROJECT TITLE AND LOCATION	REPORT NO.
17-008	RUHS Bi-Plane Catheterization Laboratory Project	
SUBCONTRACTOR	SUBCONTRACTOR SUPERINTENDENT	
EVAN'S INC.	BRANDON CHARLIE	
WORK PERFORMED TODAY		
WORK LOCATION AND DESCRIPTION	EMPLOYEE	WORK
		CLASSIFICATION HOURS
FM WORK CATH LAB ROOM 2ND FLOOR!	BRANDON CHARLIE	RIK SMITH SUPER 4
	EMERSON JOE	RIK SMITH FOREM. 4
WORK ON ADDING ABOVE UNISTRUCTS	RAYMOND CHARLIE	RIK SMITH 4
ABOVE THE WINDOW AND ALSO	BRANDON CHARLIE	RIK SMITH 4
INSTALLING UNISTRUCTS KICKER	MORGAN KELLY	RIK SMITH HELPER 4
SUPPORT BRACE!		
<div style="border: 1px solid black; padding: 2px; display: inline-block; margin-bottom: 5px;">JOB SAFETY</div> <p>WAS A JOB SAFETY MEETING HELD THIS DATE? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <small>(IF YES, ATTACH COPY OF THE MEETING MINUTES)</small></p> <p>WERE THERE ANY LOST TIME ACCIDENTS THIS DATE? <input type="checkbox"/> YES <input type="checkbox"/> NO <small>(IF YES, ATTACH A COPY OF COMPLETED OSHA REPORTS)</small></p> <p>WAS TRENCHING/SCAFFOLD/HV ELECTRICAL/HIGH WORK DONE? <input type="checkbox"/> YES <input type="checkbox"/> NO <small>(IF YES, ATTACH STATEMENT OR CHECKLIST SHOWING INSPECTION PERFORMED)</small></p> <p>WAS HAZARDOUS MATERIAL/WASTE RELEASED INTO THE ENVIRONMENT? <input type="checkbox"/> YES <input type="checkbox"/> NO <small>(IF YES, ATTACH DESCRIPTION OF INCIDENT AND PROPOSED ACTION)</small></p>	<p>TOTAL WORK HOURS ON JOB SITE THIS DATE: 20</p> <p>CUMULATIVE TOTAL OF WORK HOURS FROM PREVIOUS REPORT:</p> <p>TOTAL WORK HOURS FROM START OF CONST</p>	
<p>LIST SAFETY ACTIONS TAKEN TODAY/SAFETY INSPECTION CONDUCTED</p> <p>WORK SAFE UP TO CEILING ON OFF THE LIFT AND ALSO OFF THE LADDER!</p>		<p>YES SAFETY REQUIREMENT: HAVE BEEN MET (YES OR NO)</p>
EQUIPMENT/MATERIAL RECEIVED TODAY TO BE INCORPORATED IN JOB		
CONSTRUCTION AND PLANT EQUIPMENT ON JOB SITE TODAY. INCLUDE NUMBER OF HOURS USED TODAY		
REMARKS		
 <small>SUBCONTRACTOR SUPERINTENDENT</small>		5-22-2018 <small>DATE</small>

FORM 1400-1 9/96

* Please complete daily before leaving the job site. Submit paperwork to your Stronghold Site Superintendent. Hours reported on your Daily Production Report must match certified payrolls. It is recommended that a copy of this report be submitted to your company payroll department. ONLY REPORT HOURS WORKED ON SITE.



STRONGHOLD ENGINEERING, INC.

2000 Market Street, Riverside, CA 92501 • Tel (951) 684-9303 • Fax (951) 684-9329 • Est. Fax (951) 684-3813

Established 1991

November 6, 2018

ELECTRONIC TRANSMISSION

Mike Wickham., Construction Manager
Kitchell

Project: S161619-33-00 Second Level Catheterization Lab Build-Out
Re: **COR 056R1 – Additional Welding of Clips per RFI 167**

Dear Mr. Wickham,

Stronghold Engineering, Inc. (Stronghold) has reviewed the scope of work added in response to RFI 167 for additional welding of clips for the RUHS 2nd Floor Cath lab Project. The COR breakdown is shown below that includes the scope of work affected and the time impact associated with each scope of work.

1. Additional Welding of Clips per RFI 167– 1 Day

The total COR amount to complete the changes listed above is \$6,557.00

Sincerely,
STRONGHOLD ENGINEERING, INC

Shane Papp
Project Manager

BUILDING CONSTRUCTION EXCELLENCE

www.strongholdengineering.com

California • Arizona • Nevada • Florida • Hawaii • International

PROPOSAL/ESTIMATE **STRONGHOLD ENGINEERING, INC.**

DATE: 6-Nov-18

CONTRACT TITLE: **RUHS 2nd Floor Cath Lab**

CONTRACT NO: **0843-000-7374**

TO: **Mike Wickham - Kitchell**

COR 056R1

DESCRIPTION: **RFI 167 Additional Welding of Clips**

PRIME CONTRACTOR'S WORK					Revisions/comments
1.	Direct Materials				
2.	Sales Tax on Materials	9.00% of line 1	9.00%	-	
3.	Direct Labor				
4.	Insurance, Taxes, and Fringe Benefits				
5.	Rental Equipment			-	
6.	Sales Tax on Rental Equipment	0.00% of line 5	0.00%	-	
7.	Equipment Ownership and Operating Expenses			-	
8.	SUBTOTAL (add lines 1-7)			\$ -	
9.	Field Overhead	0% of line 8	0.00%	-	
10.	SUBTOTAL (Add Lines 8 & 9)			\$ -	

Prime Remarks:

SUB-CONTRACTOR'S WORK (ACCO)					Revisions/comments
11.	Direct Materials				
12.	Sales Tax on Materials	9.00% of line 11	Included	9.00%	
13.	Direct Labor			4,768	
14.	Insurance, Taxes, and Fringe Benefits	0.0% of line 13	Included	0.0%	
15.	Rental Equipment			555	
16.	Sales Tax on Rental Equipment	0.00% of line 15	Included	0.00%	
17.	Equipment Ownership and Operating Expenses			-	
18.	SUBTOTAL (add lines 11-17)			\$ 5,323.04	
19.	Overhead and Profit	10.0% of line 18	Included	10.0%	532
20.	Profit	5.0% of line 18		5.0%	266
21.	SUBTOTAL (Add Lines 18 & 19)			\$ 6,121.50	
22.	Sub Contractor Liability Insurance	1.0% of line 20	Included		61
23.					
24.	SUBTOTAL (Add Lines 20 - 22)			\$ 6,182.71	

Sub's Remarks:

SUMMARY					Revisions/comments
24.	Prime Contractor's work (from line 10)			-	
25.	Sub-contractor's work (from line 23)			6,183	
26.	SUBTOTAL (add lines 24 & 25)			\$ 6,182.71	
27.	Prime Overhead on sub-contractor	0.0% of line 25		0.0%	-
28.	Prime's Home Office Overhead	0.0% of line 24		0.0%	-
29.	Prime's Overhead & Profit	5.0% of line 18		5.0%	309
30.	SUBTOTAL (add lines 26-29)			\$ 6,491.85	
31.	Prime Contractor's Bond Premium	1.000% of line 30		1.0%	65
32.	TOTAL COST (add lines 30 & 31)			\$ 6,557.00	

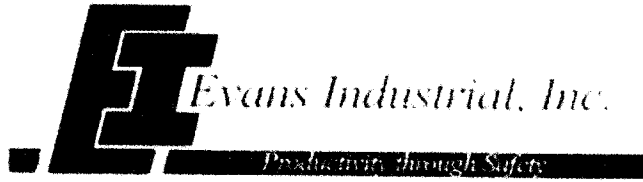
Prime Contractor name: **Stronghold Engineering, Inc.**

Sub-contractor name: **Evans Industrial**

Signature and title of Preparer

Date 11/06/18

VP of General Construction



P.O. Box 53908
Irvine, CA 92619
T: (888) 311-1341
F: (310) 317-7773
www.evans-industrial.com

INVOICE

1019 Rev 3

Contract/PO Number	Date
	6/7/2018

Terms	EI Project Name/Number
Net 30	1753-455

Bill To:
Stronghold Engineering, Inc. 2000 Market Street Riverside, Ca. 92501

Remit Payment To:
Evans Industrial, Inc. Attn: Herschel Evans PO Box 53908 Irvine, Ca. 92619-3908

Description	Amount
Additional Welding of the Clips, RFI 167 CPS-27 Equipment	4,768.04 555.00
Work Performed at the RUHS Cath Lab Site Contact Dwayne Kelly Cath Lab Change order # 15 Stronghold Job # 17008 RFI 167 CPS-27 Original Invoice sent in on June 7 2018	0.00
Total	\$5,323.04

EVANS INDUSTRIAL, INC

REPORT NO.

WEEKLY TIME REPORT

Client Name Stronghold Engineering				Job No. 1753-455		Page 1 of 1	
DATE 5/21/2018		DAY OF WEEK Monday		SHIFT Days		CUSTOMER PO NO. RUHS Cath Lab CO 13	
						WEEK ENDING 5/13/2018	
NAME		CLASS	HOURS	RATE	TOTAL	No.	Per Diem
Brandon Charlie		sup	ST 4.0	\$120.25	\$481.00		\$0.00
		OT					
		DT					
Emmerson Joe		wf1	ST 8.0	\$115.45	\$923.60		\$0.00
		OT					
		DT					
Daren Charlie		wf1	ST 8.0	\$115.45	\$923.60		\$0.00
		OT					
		DT					
Morgan Kelly		wf3	ST 8.0	\$74.08	\$592.64		\$0.00
		OT					
		DT					
Raymond Charlie		wf1	ST 8.0	\$115.45	\$923.60		\$0.00
		OT					
		DT					
Brian Charlie		wf1	ST 8.0	\$115.45	\$923.60		\$0.00
		OT					
		DT					
							\$0.00
							\$0.00
							\$0.00
							\$0.00
							\$0.00
							\$0.00
							\$0.00
							\$0.00
COMMENTS: <p style="text-align: center;"><i>EXTRA'S, JOB COMPLETED</i></p>							
TOTAL FOR THIS PAGE			44.0		\$4,768.04	0	\$0.00
EII Authorized Rep. _____ <p style="text-align: center;">Signature</p>							
Authorized Customer Approval _____ <p style="text-align: center;">Signature</p>							

EVANS INDUSTRIAL, INC

22815 Frampton Ave.
Torrance, CA 90501

RECEIPT NO.
Tel (888) 311-1341 Fax (310) 317-7773

Customer Stronghold Engineering
Location _____
Charge No. RUHS Cath Lab - Change Order 15

Date: 5/13/2018
Job No. 1753-455
Page 1 of 1

Qty NO.	Description	Daily		Weekly		Monthly		TOTALS
		Rate	NO.	Rate	NO.	Rate	NO.	
	Consumables, Welding Rod, Welding Gases	\$ 350						
	TRAILERS (Delivery & Pick Up Additional Charge)							
	Field Office					\$ 450		
	Welding Tool Trailer - equipted charge per shift worked	\$ 350						
1	Gang Box	\$ 50	1	\$ 200		\$ 900		\$ 50
	TRUCKS							
	Pickup Trucks	\$ 65		\$ 270		\$ 700		
	Flatbed under 2 tons	\$ 84		\$ 756		\$ 1,985		
	WELDING EQUIPMENT							
	170 AMP Portable Gas	\$ 50		\$ 200		\$ 600		
	Nelson Stud Gun - Parts charged seperately	\$ 60		\$ 240		\$ 720		
1	350 AMP Electric	\$ 60	1	\$ 240		\$ 720		\$ 60
	250 AMP Diesel	\$ 60		\$ 240		\$ 720		
	MIG Welder 300 AMP	\$ 80		\$ 320		\$ 960		
	Helarc Units	\$ 50		\$ 200		\$ 600		
	8 Pack Welders 250 AMP each	\$ 120		\$ 480		\$ 1,440		
	Acetylene Outfit (without gas)	\$ 50		\$ 200		\$ 600		
	Plasma Cutters (parts charged seperately)	\$ 80		\$ 320		\$ 960		
	Air Arc	\$ 40		\$ 140		\$ 420		
	SAFETY							
	Four Gas Monitors	\$ 100		\$ 216		\$ 600		
	Fresh Air System (4man set-up)	\$ 120		\$ 480		\$ 1,920		
	HEPA Vacuums	\$ 20		\$ 80		\$ 240		
1	Scissor Lifts	\$ 125	1	\$ 300		\$ 1,200		\$ 125
2	Air Mover Per Hour Worked	\$ 20	8					\$ 320
Page 1 Total:								\$ 555

EII Representative _____

Customer Approval: _____



STRONGHOLD ENGINEERING, INC.

2000 Market Street
Riverside, CA 92501
(951) 684-9303 - FAX (951) 684-3813

OSHPD REVIEW REQUIRED			SIGNATURE
DAE	YES	NO	
PLSO	<input type="checkbox"/>	<input type="checkbox"/>	_____
ACC	<input type="checkbox"/>	<input type="checkbox"/>	_____
OTHER	<input type="checkbox"/>	<input type="checkbox"/>	_____
NOTES			

PROJECT NO.: 17008

CONTRACT NO.: 0843-000-7374

OSHPD NO: S161619-33

REQUEST FOR INFORMATION

RFI NO.: 167

DATE: 5/15/2018

TO: Ewing Cole - Architect
15231 Laguna Canyon Road
Irvine, CA 92618

PROJECT: Riverside University Hospital System
Bi-Plane Cardiac Catheterization Lab
26520 Cactus Ave.
Moreno Valley, CA 92555

ATTN: Jennifer Smith

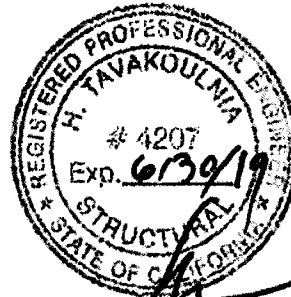
FROM: Cam Crites - Project Engineer

REFERENCE: Additional Welding Clips Detail

LOCATION: 2nd Floor Cath Lab

DESCRIPTION:

Stronghold is requesting is the detail for additional welding of the clips and unistrut to the tube steel because the unistrut is not center of the tube steel. Vahid requested us to add these additional welds and said he would have a detail for us. This took place last Friday during a job walk. PLease provide the mentioned detail so we can proceed with these welds.



SCHEDULE IMPACT Depending on Response FINANCIAL IMPACT Depending on Response ATTACHMENTS

RESPONSE NEEDED BY: DATE: ASAP

REPLY:

Please refer to updated detail 10/ S6.4 on attached sheet, CPS-27.

Vahid Tavakoulnia, S.E. 5-16-18

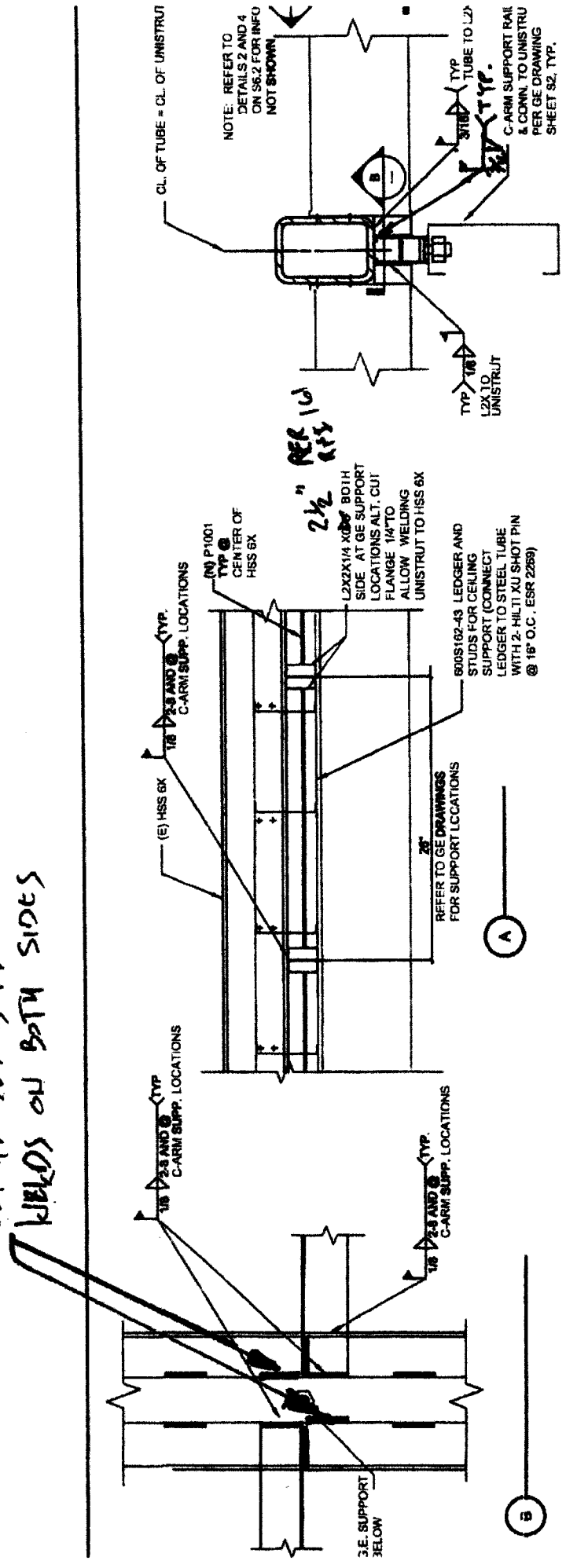
(SIGNATURE) Dwayne Kelly

(TITLE) Project Superintendent

If the initiator disagrees with the response or believes that the response creates a change in scope affecting contract costs or time, the initiator shall respond in writing in accordance with the contract. RFI # 167

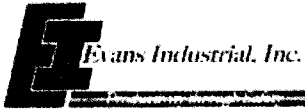
LL, 650 6/6/18

WHERE WELDS ARE NOT DONE PER
 DETAIL BELOW, PLEASE ADD ADDITIONAL
 WELDS ON BOTH SIDES



SECTION
 NAME

RUHS
 RFI 167
 5/16/18
 CPS-27



2282 Hampton Ave.
 Fontaine, CA 95024
 TEL: 916-888-3013
 FAX: 916-888-3722



REPORT NO.
EI-00
 Page

TIME REPORT

CUSTOMER **STRONGHOLD/CATH LAB** JOB NO. **1753-455** PO NO.
 DATE **5/11/2018** DAYS OF WEEK **FRIDAY** SHIFT **DAYS** WEEK ENDING **5/13/18**

WORK REQUESTED: **INSTALL UNISTRUTE AND WELD IN PLACE**

DESCRIPTION OF THE WORK PERFORMED: **WELD AND INSTALL SUPPORT ANGLE IRON PRE-SEI ON UNISTRUTE**

NAME	CLASS	JOB COMPLETED		ANY DELAYS							PER DIEM TOTALS	TRAVEL TIME	TOTAL HOURS	
		YES []	NO []	IF YES ENTER COMMENTS BELOW:	MON	TUE	WED	THU	FRI	SAT				SUN
BRANDON CHARLIE	SUP	ST						8						8
		OT												0
		DT												0
		PD							\$ 125.00				\$ 125.00	
RAYMOND CHARLIE	WF-1	ST						8						8
		OT												0
		DT												0
		PD							\$ 100.00				\$ 100.00	
BRIAN CHARLIE	WF-1	ST						8						8
		OT												0
		DT												0
		PD							\$ 100.00				\$ 100.00	
DAREN CHARLIE	WF-1	ST						8						8
		OT												0
		DT												0
		PD							\$ 100.00				\$ 100.00	
EMMERSON JOE	WF-1	ST						8						8
		OT												0
		DT												0
		PD							\$ 100.00				\$ 100.00	
MORGAN KELLY	WF-3	ST						8						8
		OT												0
		DT												0
		PD							\$ 100.00				\$ 100.00	
TOTALS				0	0	0	0	48	0	0		\$ 625.00		48

QTY	EQUIPMENT	Rate/ Hourly	Rate Daily	No of Days	Rate/Weekly	No of Weeks	No. of Hours	TOTAL	REMARKS
	Pick-up Truck							\$ -	
	Welding Truck							\$ -	
	Platbed Truck (1 ton & below)							\$ -	
	Air Compressor							\$ -	
3	Welding Machine (350 amps)							\$ -	
	Plasma Arc							\$ -	
	Threading Machine							\$ -	
	Hydro Pump							\$ -	
	Tube Milling Machine							\$ -	
	LEL Monitor							\$ -	

QTY	UNITS	MATERIAL/SUB-CONTRACT	PRICE	5% HANDLING	TOTAL	REMARKS

COMMENTS: _____

 JOB ADDRESS: _____

 CONTACT NAME: _____ PHONE NO. _____
 ACCEPTED & APPROVED BY: X *Brandon Charlie* DATE: _____
 (Signature)
 EI REPRESENTATIVE: Brandon Charlie DATE: 5/11/2018
 (Signature)

TOTAL HOURS THIS SHEET	48
TOTAL PER DIEM	\$ 625.00
TOTAL EQUIPMENT	\$ -
TOTAL MATERIAL	\$ -
TOTAL SUB-CONTRACT	\$ -
TOTAL THIS SHEET	\$ 625.00

SUBCONTRACTOR PRODUCTION REPORT		Date:	
(ATTACH ADDITIONAL SHEETS IF NECESSARY)		5-11-18	
STRONGHOLD PROJECT #	PROJECT TITLE AND LOCATION	REPORT NO.	
17-008	RUHS Bi-Plane Catheterization Laboratory Project		
SUBCONTRACTOR	SUBCONTRACTOR SUPERINTENDENT		
EVAN'S INC.	BRANDON CHARLIE		
WORK PERFORMED TODAY			
WORK LOCATION AND DESCRIPTION	EMPLOYEE	CLASSIFICATION	WORK HOURS
T-M WORK 2ND FLOOR GATH LAB ROOM 1	BRANDON CHARLIE	ORK SMITH SUPERV.	0800-1600
	EMERSON JOE	ORK SMITH FOREM.	0800-1600
GOT APPROVAL FOR UNSTRUCTURE TO STAY IN PLACE, AND PUTTING CLIPS ON AND GONNA WELD THEM PUTTING 4 WELDS ON EACH CLIPS 1/4 & 3/16 TO THE 6x6 TUBING STEEL TO UNSTRUCTURE!	RAYMOND CHARLIE	ORK SMITH	0800-1600
	DRIAN CHARLIE	ORK SMITH	0800-1600
	JACKED CHARLIE	ORK SMITH	0800-1600
	MORGAN KELLY	ORK SMITH HELPER	0800-1600
<div style="border: 1px solid black; padding: 2px; display: inline-block;">JOB SAFETY</div> WAS A JOB SAFETY MEETING HELD THIS DATE? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <small>(IF YES, ATTACH COPY OF THE MEETING MINUTES)</small> WERE THERE ANY LOST TIME ACCIDENTS THIS DATE? <input type="checkbox"/> YES <input type="checkbox"/> NO <small>(IF YES, ATTACH A COPY OF COMPLETED OSHA REPORTS)</small> WAS TRENCHING/SCAFFOLD/HV ELECTRICAL/HIGH WORK DONE? <input type="checkbox"/> YES <input type="checkbox"/> NO <small>(IF YES, ATTACH STATEMENT OR CHECKLIST SHOWING INSPECTION PERFORMED)</small> WAS HAZARDOUS MATERIAL/WASTE RELEASED INTO THE ENVIRONMENT? <input type="checkbox"/> YES <input type="checkbox"/> NO <small>(IF YES, ATTACH DESCRIPTION OF INCIDENT AND PROPOSED ACTION)</small>		TOTAL WORK HOURS ON JOB SITE THIS DATE: 48 CUMULATIVE TOTAL OF WORK HOURS FROM PREVIOUS REPORT: TOTAL WORK HOURS FROM START OF CONST:	
LIST SAFETY ACTIONS TAKEN TODAY/SAFETY INSPECTION CONDUCTED MAKE SURE PUT UP FIRE BLANKETS, WELDING SCREENS WHEN GRINDING, CUTTING, AND WELDING!		YES <input type="checkbox"/> SAFETY REQUIREMENTS HAVE BEEN MET (YES OR NO)	
EQUIPMENT/MATERIAL RECEIVED TODAY TO BE INCORPORATED IN JOB			
CONSTRUCTION AND PLANT EQUIPMENT ON JOB SITE TODAY. INCLUDE NUMBER OF HOURS USED TODAY			
REMARKS			
		<i>Brandon Charlie</i> 5-11-2018 <small>SUBCONTRACTOR SUPERINTENDENT DATE</small>	

FORM 1400-1 9/98

* Please complete daily before leaving the job site. Submit paperwork to your Stronghold Site Superintendent. Hours reported on your Daily Production Report must match certified payrolls. It is recommended that a copy of this report be submitted to your company payroll department. ONLY REPORT HOURS WORKED ON SITE.



STRONGHOLD ENGINEERING, INC.

2000 Market Street, Riverside, CA 92501 • Tel (951) 684-9303 • Fax (951) 684-9329 • Est. Fax (951) 684-3813

Established 1991

August, 22, 2018

ELECTRONIC TRANSMISSION

Mike Wickham., Construction Manager
Kitchell

Project: S161619-33-00 Second Level Catheterization Lab Build-Out
Re: **COR 057 – ACD 0008 CO #5 Equipment Room Unistrut Shelving**

Dear Mr. Wickham,

Stronghold Engineering, Inc. (Stronghold) has reviewed the scope of work added in response CO #5 ACD 0008 for the added Equipment Room Unistrut Shelving for the RUHS 2nd Floor Cath lab Project. The COR breakdown is shown below that includes the scope of work affected and the time impact associated with each scope of work.

1. ACD 0008 CO #5 Equipment Room Unistrut Shelving – 3 Days

The total COR amount to complete the changes listed above is \$10,316.00

Sincerely,

STRONGHOLD ENGINEERING, INC

Shane Papp
Project Manager

BUILDING CONSTRUCTION EXCELLENCE

www.strongholdengineering.com

California • Arizona • Nevada • Florida • Hawaii • International

PROPOSAL/ESTIMATE **STRONGHOLD ENGINEERING, INC.**

DATE: 22-Aug-18

CONTRACT TITLE: **RUHS 2nd Floor Cath Lab**

CONTRACT NO: **0843-000-7374**

TO: **Mike Wickham - Kitchell**

COR 057

DESCRIPTION: **ACD 0008 Unistrut Shelving Equipment Room**

PRIME CONTRACTOR'S WORK				Revisions/comments
1. Direct Materials				
2. Sales Tax on Materials	9.00% of line 1		9.00%	-
3. Direct Labor				
4. Insurance, Taxes, and Fringe Benefits				
5. Rental Equipment				-
6. Sales Tax on Rental Equipment	0.00% of line 5	INCLUDED	0.00%	-
7. Equipment Ownership and Operating Expenses				-
8. SUBTOTAL (add lines 1-7)				\$ -
9. Field Overhead	0% of line 8	INCLUDED	0.00%	-
10. SUBTOTAL (Add Lines 8 & 9)				\$ -

Prime Remarks:

SUB-CONTRACTOR'S WORK (ACCO)				Revisions/comments
11. Direct Materials				275
12. Sales Tax on Materials	9.00% of line 11	Included	9.00%	
13. Direct Labor				7,770
14. Insurance, Taxes, and Fringe Benefits	0.0% of line 13	Included	0.0%	-
15. Rental Equipment				330
16. Sales Tax on Rental Equipment	0.00% of line 15	Included	0.00%	-
17. Equipment Ownership and Operating Expenses				-
18. SUBTOTAL (add lines 11-17)				\$ 8,374.72
19. Overhead and Profit	10.0% of line 18	Included	10.0%	837
20. Profit	5.0% of line 18		5.0%	419
21. SUBTOTAL (Add Lines 18 & 19)				\$ 9,630.93
22. Sub Contractor Liability Insurance	1.0% of line 20	Included		96
23.	of total change			
24. SUBTOTAL (Add Lines 20 - 22)				\$ 9,727.24

Sub's Remarks:

SUMMARY				Revisions/comments
24. Prime Contractor's work (from line 10)				-
25. Sub-contractor's work (from line 23)				9,727
26. SUBTOTAL (add lines 24 & 25)				\$ 9,727.24
27. Prime Overhead on sub-contractor	0.0% of line 25		0.0%	-
28. Prime's Home Office Overhead	0.0% of line 24		0.0%	-
29. Prime's Overhead & Profit	5.0% of line 18		5.0%	486
30. SUBTOTAL (add lines 26-29)				\$ 10,213.60
31. Prime Contractor's Bond Premium	1.000% of line 30		1.0%	102
32. TOTAL COST (add lines 30 & 31)				\$ 10,316.00

Prime Contractor name: **Stronghold Engineering, Inc.**

Sub-contractor name: **Evans Industrial**

Signature and title of Preparer

Date 08/22/18

VP of General Construction

August 22, 2018

Stronghold Engineering

Proposal# 1753-455, 17008 RUHS Cath Lab: CO #19, ACD0008

Attn: Camille Crites

In accordance with your request we are pleased to submit the following Lump Sum proposal. We propose to furnish labor, structural steel members, equipment, including taxes, insurance, expense items and necessary supervision to perform the following scope of work; **Scope of Work Detailed Below:**

Our proposal is based upon on the following parameters:

RUHS Bi-Plane Catheterization Lab Project: Equipment Shelf Framing per ACD0008 Details 13 and 14 on Drawings S6.3

- Project is based on Prevailing Wage
- Crew Size 1 Superintendent, 1 Journeyman, 1 Helper
- Assumes 110V Power is accessible for use.

We have not included the following items in our estimated budget:

- Any Engineering requirements, or design change.

Costs Break down for 17008 RUHS Cath Lab: CO # 19, ACD0008 Shelf Framing

Labor for 17008 RUHS Cath Lab: CO # 19

Craft	Hours	\$ / Hour	Total Billing
Supervisor	24	\$120.25	\$2,886
Journeyman Layout	24	\$115.45	\$2,771
Welders	0	\$103.94	\$0
Welder Helper	24	\$74.08	\$1,778
Per Diem	1 days		\$335
Total Labor for CO #18			\$7,769.72

Materials, Includes Delivery and Taxes

1"X1/8" 19-P-2 Grating \$150.00

P10000 W/P1354A Connectors \$125.00

Total Materials \$275

Equipment, Includes Delivery, Rentals and Taxes

Tool Trailer 3 Days \$150

1 Welding Machines 3 Days \$180

Total Equipment \$330.00

Total Lump Sum Change Order #19 \$8,374.72

- This proposal is valid for 30 days; Terms of payments are net 30 upon received of EII invoicing.

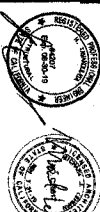
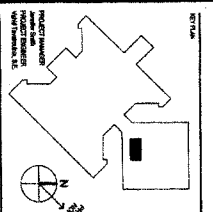
We appreciate the opportunity to work with you on this project. If there are any questions regarding this information or if we can be of further service, please call directly the undersigned below.

Evans Industrial Inc.

Best regards,
Herschel Evans
(310) 850-6020

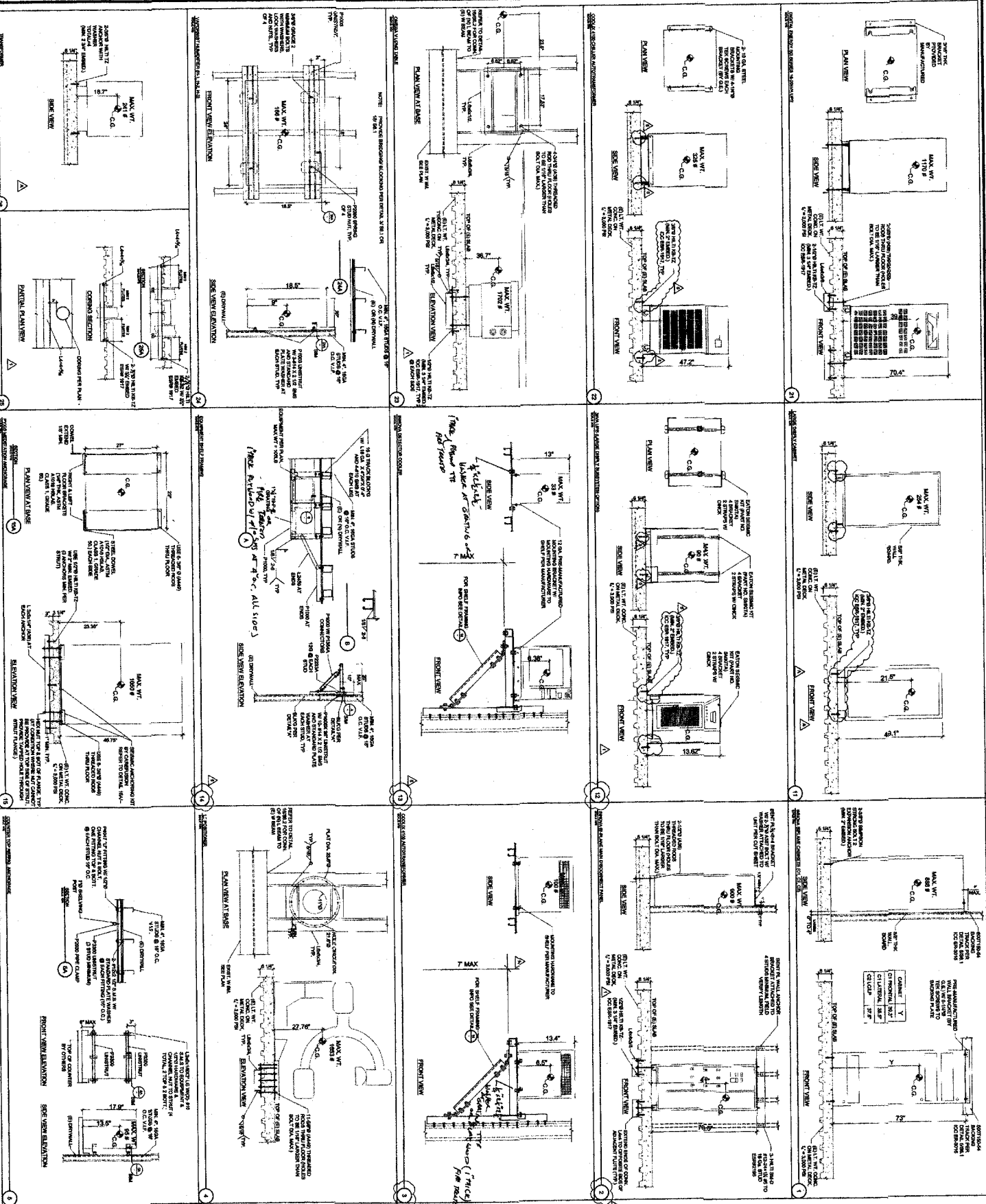
PROJECT NO. 17-288
 DATE: 11/17/2011

DESIGNED AND DRAWN BY: [Signature]
 APPROVED BY: [Signature]
 DATE: 11/17/2011



NO.	DESCRIPTION	DATE
1	ISSUED FOR PERMITS	11/17/2011
2	ISSUED FOR PERMITS	11/17/2011
3	ISSUED FOR PERMITS	11/17/2011
4	ISSUED FOR PERMITS	11/17/2011
5	ISSUED FOR PERMITS	11/17/2011
6	ISSUED FOR PERMITS	11/17/2011
7	ISSUED FOR PERMITS	11/17/2011
8	ISSUED FOR PERMITS	11/17/2011
9	ISSUED FOR PERMITS	11/17/2011
10	ISSUED FOR PERMITS	11/17/2011
11	ISSUED FOR PERMITS	11/17/2011
12	ISSUED FOR PERMITS	11/17/2011
13	ISSUED FOR PERMITS	11/17/2011
14	ISSUED FOR PERMITS	11/17/2011
15	ISSUED FOR PERMITS	11/17/2011
16	ISSUED FOR PERMITS	11/17/2011
17	ISSUED FOR PERMITS	11/17/2011
18	ISSUED FOR PERMITS	11/17/2011
19	ISSUED FOR PERMITS	11/17/2011
20	ISSUED FOR PERMITS	11/17/2011
21	ISSUED FOR PERMITS	11/17/2011
22	ISSUED FOR PERMITS	11/17/2011
23	ISSUED FOR PERMITS	11/17/2011
24	ISSUED FOR PERMITS	11/17/2011
25	ISSUED FOR PERMITS	11/17/2011
26	ISSUED FOR PERMITS	11/17/2011
27	ISSUED FOR PERMITS	11/17/2011
28	ISSUED FOR PERMITS	11/17/2011
29	ISSUED FOR PERMITS	11/17/2011
30	ISSUED FOR PERMITS	11/17/2011
31	ISSUED FOR PERMITS	11/17/2011
32	ISSUED FOR PERMITS	11/17/2011
33	ISSUED FOR PERMITS	11/17/2011
34	ISSUED FOR PERMITS	11/17/2011
35	ISSUED FOR PERMITS	11/17/2011
36	ISSUED FOR PERMITS	11/17/2011
37	ISSUED FOR PERMITS	11/17/2011
38	ISSUED FOR PERMITS	11/17/2011
39	ISSUED FOR PERMITS	11/17/2011
40	ISSUED FOR PERMITS	11/17/2011
41	ISSUED FOR PERMITS	11/17/2011
42	ISSUED FOR PERMITS	11/17/2011
43	ISSUED FOR PERMITS	11/17/2011
44	ISSUED FOR PERMITS	11/17/2011
45	ISSUED FOR PERMITS	11/17/2011
46	ISSUED FOR PERMITS	11/17/2011
47	ISSUED FOR PERMITS	11/17/2011
48	ISSUED FOR PERMITS	11/17/2011
49	ISSUED FOR PERMITS	11/17/2011
50	ISSUED FOR PERMITS	11/17/2011

DESIGNED BY: [Signature]
 DRAWN BY: [Signature]
 CHECKED BY: [Signature]
 APPROVED BY: [Signature]



CD S6.3
 11/17/2011



STRONGHOLD ENGINEERING, INC.

2000 Market Street, Riverside, CA 92501 • Tel (951) 684-9303 • Fax (951) 684-9329 • Est. Fax (951) 684-3813

Established 1991

August, 29, 2018

ELECTRONIC TRANSMISSION

Mike Wickham., Construction Manager
Kitchell

Project: S161619-33-00 Second Level Catheterization Lab Build-Out
Re: COR 061R2 – Access Panel Added Scope

Dear Mr. Wickham,

Stronghold Engineering, Inc. (Stronghold) has reviewed the scope of work added in response to RFI 199 as well as revised and added Access Panels in the Cath Lab Procedure Room, Control Room and Equipment Room for the RUHS 2nd Floor Cath lab Project. The COR breakdown is shown below that includes the scope of work affected and the time impact associated with each scope of work.

1. Access Panel Added Scope for revisions and additions – 6 Days

- Furnish labor and material to install 10 lead lined access panels at the ceilings of rooms F02033 and F2036. – 4 Days
- Furnish labor and material to frame out for (2) access panels in the Procedure Room ceiling and (1) in the Control Room Ceiling. This was required by the IOR. Infinity also infilled at one access panel that was framed per layout and was no longer needed. The work that was involved included the demo of the strapping, blocking and the adding of a B3 beam as required per details. See EWA 2440. – 2 Days
- ~~—Furnish labor and material to remove two access panels and frame them in a different location. This was due to the incorrect layout and IOR requesting new locations. The new locations were provided by Stronghold. Infinity had to infill the two access panel areas. (1) of the panels had a B3 beam that supported a portion of the ceiling, with this panel being removed the ceiling joist had to be replaced. See EWA 1687. – 1 Day~~ Removed as agreed upon with Mike and Nahid.
- ~~—Move water line for access panel location. – 2 Days~~ Removed as agreed upon with Mike and Nahid.

BUILDING CONSTRUCTION EXCELLENCE

www.strongholdengineering.com

California • Arizona • Nevada • Florida • Hawaii • International