

# Barrington Fire & Rescue

## Self-Contained Breathing Apparatus Replacement Questionnaire

Answer all questions completely; use additional sheet (s) as needed. If using additional sheets, they must be referenced on this form.

- 1 List three current New England customers (fire department) currently using your manufactures air packs that you are proposing

Department name

Number of years they have been your customer

Name of current contact person at department

Phone number for current contact person

Department name

Number of years they have been your customer

Name of current contact person at department

Phone number for current contact person

Department name

Number of years they have been your customer

Name of current contact person at department

Phone number for current contact person

List three customers (fire department) using your manufactures air packs that you are proposing that you have lost over the past five years.

Department name \_\_\_\_\_

Number of years they had been your customer \_\_\_\_\_

Name and phone number of current contact person \_\_\_\_\_

Reason why they left your company? \_\_\_\_\_

Department name \_\_\_\_\_

Number of years they had been your customer \_\_\_\_\_

Name and phone number of current contact person \_\_\_\_\_

Reason why they left your company? \_\_\_\_\_

Department name \_\_\_\_\_

Number of years they had been your customer \_\_\_\_\_

Name and phone number of current contact person \_\_\_\_\_

Reason why they left your company? \_\_\_\_\_

- 2 How many years has your company been in business?
- 3 How many years has your company carried your line of air packs?
- 4 Has your company, person, firm and/or corporation defaulted upon a contract with the Town of Barrington, the State of New Hampshire, Federal Government or any city or town within the past five years?(Please use separate sheet)
- 5 Does your company have service technicians on staff available to assist with questions and/or service and repair issues? If YES, what days of the week and hours are they typically available?
- 6 Are your technicians available after their typical hours, on weekends and holidays?
- 7 Are the service technicians available for onsite (Barrington Fire & Rescue) repairs? if yes, are there any additional charges to the hourly service rate?
- 8 What is the maximum time to get a technician to Barrington for repairs?
- 9 Average turnaround time for packs sent to the shop for repairs?
- 10 Provide a detailed summary of all required annual maintenance for the first year. Please use separate page)
- 11 Provide a detailed summary for the air packs, to include any and all scheduled and/or required maintenance in addition to the annual maintenance above. Also list any limitations to repairs on site if any. (Please use separate page)

- 12 Provide a detailed list of any special cleaning supplies and/or tools required for routine cleaning of the SCBA, cylinder and mask after field use. (Please use separate page)
- 13 How many hours are required for repair technician certification?
- 14 What level of repairs can a Department field technician accomplish?
- 15 How long is the repair technician certification valid?
- 16 How long is the repair technician recertification training?
- 17 Is the repair technician training offered locally? If so, where?
- 18 Will there be a cost for the Town of Barrington for repair technician training?
- 19 Do you provide in-house (at Barrington Fire Rescue) repair technician training?
- 20 Are there any specialized tools provided only by your manufacturer that are required for servicing or maintenance? If yes, please list tools and any cost associated with tool.  

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- 21 List any product recalls associated with your manufacturer's Air Packs over the past 5 years. (Please use separate sheet)
- 22 List any criminal and/or civil lawsuits associated with your Air Packs. (Please use separate sheet)
- 23 Do you provide onsite technician support and service to investigate and/or repair recall issues?
- 24 Do you reimburse fire department costs (man hours) to investigate and/or repair recall issues?

- 25 Please include a copy of the warranty information for all products and/or options that you intend to propose. This information should, at a minimum, detail what is and is not covered by the warranty, the length of the warranty, and when the warranty commences.

By signing below I attest that I am authorized to sign on behalf of my company and that the information provided for this questionnaire is true and accurate to the best of my knowledge.

Signature \_\_\_\_\_

Name (printed)

Title

Date

Contact Phone number

Proposals must be received by Selectmen's Office, at PO Box 660, 333 Calef Highway, Barrington, New Hampshire, 03825, **no later than 4:00pm on Thursday, March 10, 2016.** Proposals will be opened at the March 14, 2016 selectman's meeting.