

Attachment A
MaineDOT
PROPOSAL WORKSHEET & SCHEDULE OF ITEMS
FOR REGION 1 ELECTRICAL SERVICES

Company Name: _____ Phone # _____

Address: _____

Work hours are defined in Appendix C.

Bid for Hourly rates – Straight Time:

Master Electrician per hour: \$ _____

Journeyman Electrician per hour \$ _____

Electricians Helper per hour: \$ _____

Bid for Hourly rates – Over Time:

Master Electrician per hour: \$ _____

Journeyman Electrician per hour \$ _____

Electricians Helper per hour: \$ _____

Bid for Hourly rates – Sundays and Holidays:

Master Electrician per hour: \$ _____

Journeyman Electrician per hour \$ _____

Electricians Helper per hour: \$ _____

Equipment Rates

Ariel Lift: _____

Answer questions below by checking appropriate box:

1.	The company has at least 3 years experience working with MaineDOT and has knowledge of Snow & Ice equipment used by the department.	YES <input type="checkbox"/>	NO <input type="checkbox"/>
2.	There is a licensed Master Electrician available to respond to emergencies within 2 hours of notification.	YES <input type="checkbox"/>	NO <input type="checkbox"/>
3.	The company and its employees will adhere to comprehensive Lockout/Tagout policies.	YES <input type="checkbox"/>	NO <input type="checkbox"/>

4.	The company and its employees are trained and knowledgeable in all electrical codes and OSHA requirements.	YES <input type="checkbox"/>	NO <input type="checkbox"/>
5.	Possess all power tools and necessary equipment needed to perform required duties.	YES <input type="checkbox"/>	NO <input type="checkbox"/>
6.	Reliable vehicles, carrying tools, supplies and equipment needed to perform work, are assigned to employee(s) to provide transportation to and from employee's residence and/or workplace during normal work hours, and after hours for emergency response.	YES <input type="checkbox"/>	NO <input type="checkbox"/>
7.	Possess all Personal Protective Equipment needed to perform job duties and comply with safety guidelines and procedures.	YES <input type="checkbox"/>	NO <input type="checkbox"/>
8.	Provide on-call service and provide cellular phone or pager numbers in order to be contacted 24/7 for emergency situations.	YES <input type="checkbox"/>	NO <input type="checkbox"/>
9.	The company and employees have ability to communicate effectively, orally and in writing, to explain procedures that need to be performed and in emergency situations.	YES <input type="checkbox"/>	NO <input type="checkbox"/>
10.	Employees can work effectively with minimum supervision.	YES <input type="checkbox"/>	NO <input type="checkbox"/>

(Print Respondent's Name and Title)

Signature

Date