

# STATE OF NEW HAMPSHIRE APPROVAL SIGNATURE PAGE

VENDOR Total Security, Inc.

CONTRACT STATEWIDE CONTRACT FOR BURGLAR ALARM AND ACCESS CONTROL SYSTEM MAINTENANCE AND ALARM MONITORING SERVICES

EFFECTIVE THROUGH JUNE 30, 2016

\* \* \* \* \*

SUBMITTED FOR ACCEPTANCE BY:

  
ROBERT LAWSON, PURCHASING AGENT  
BUREAU OF PURCHASE AND PROPERTY

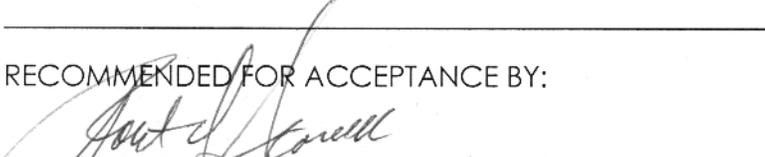
DATE 4/10/13

REVIEWED BY:

  
RUDOLPH OGDEN, ADMINISTRATOR  
BUREAU OF PURCHASE AND PROPERTY

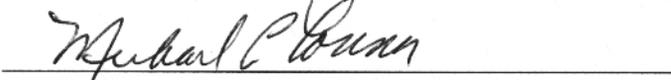
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RECOMMENDED FOR ACCEPTANCE BY:

  
ROBERT STOWELL, ADMINISTRATOR  
BUREAU OF PURCHASE AND PROPERTY

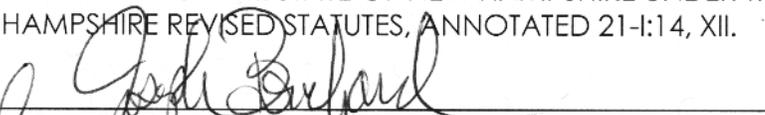
DATE 4/17/13

ENDORSED FOR ACCEPTANCE BY:

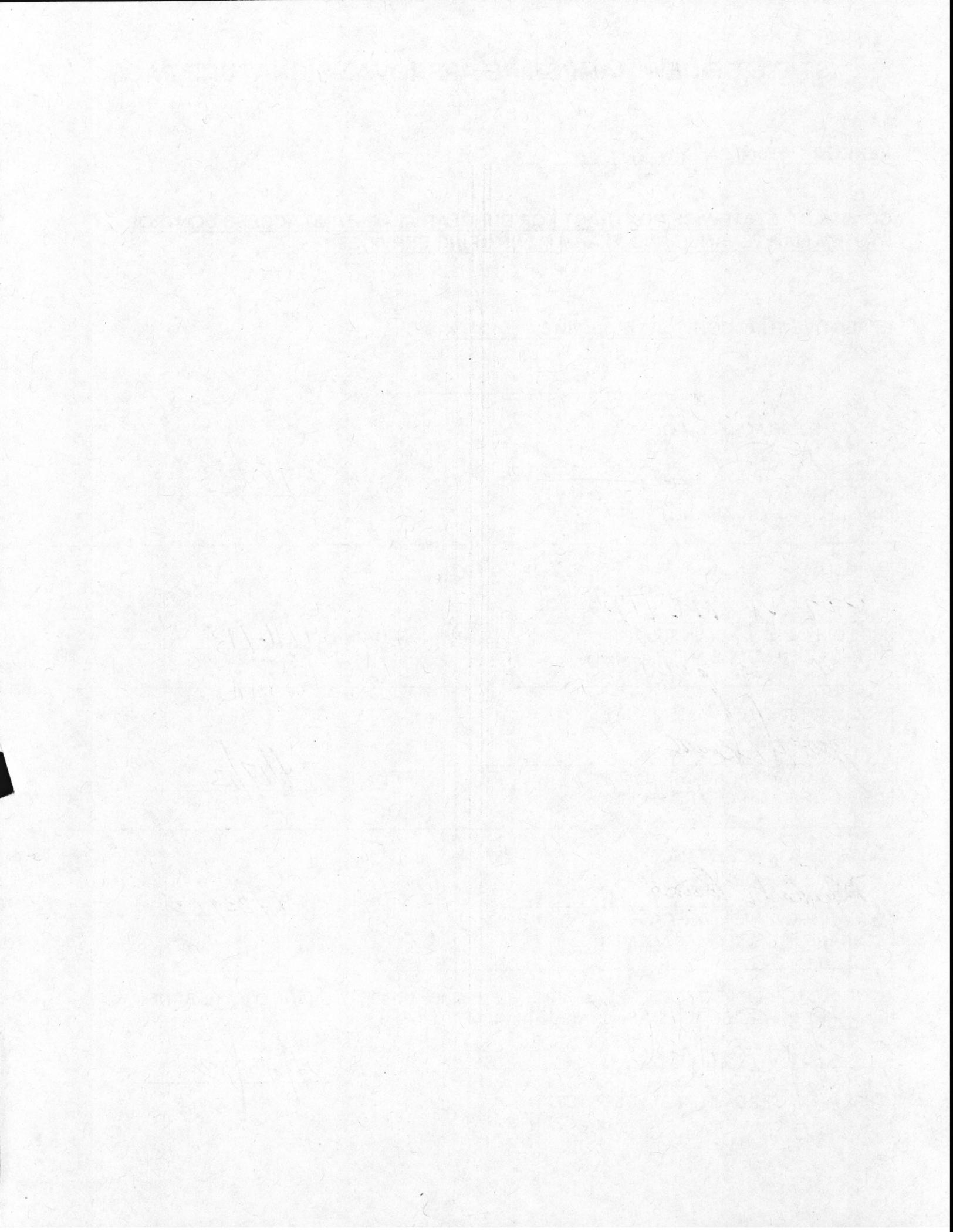
  
MICHAEL P. CONNOR, DIRECTOR  
PLANT AND PROPERTY MANAGEMENT

DATE 4/23/13

ACCEPTED FOR THE STATE OF NEW HAMPSHIRE UNDER THE AUTHORITY GRANTED TO ME BY NEW HAMPSHIRE REVISED STATUTES, ANNOTATED 21-I:14, XII.

  
LINDA M. HODGDON, COMMISSIONER  
DEPARTMENT OF ADMINISTRATIVE SERVICES

DATE 4/23/13



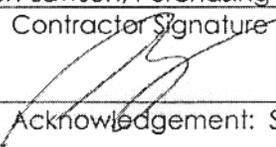
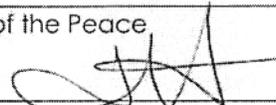
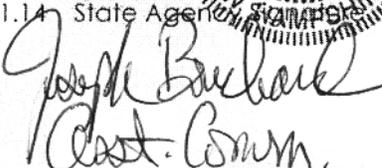
Subject: BURGLAR ALARM AND ACCESS CONTROL SYSTEM MAINTENANCE AND ALARM MONITORING SERVICES

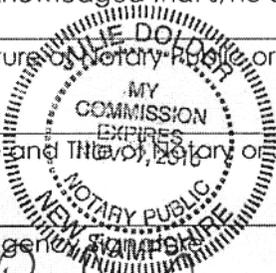
**AGREEMENT**

The State of New Hampshire and the Contractor hereby mutually agree as follows:

**GENERAL PROVISIONS**

**1. IDENTIFICATION.**

1.1 State Agency Name State of New Hampshire Administrative Services		1.2 State Agency Address 25 Capitol Street, Room 102 Concord, NH 03301	
1.3 Contractor Name – Total Security, Inc.		1.4 Contractor Address 135 Weirs Blvd., Unit C-1, Laconia, NH 03246	
1.5 Contractor Phone Number 603 524-2833	1.6 Account Number	1.7 Completion Date June 30, 2016	1.8 Price Limitation \$102,600.00
1.9 Contracting Officer for State Agency Robert Lawson, Purchasing Agent		1.10 State Agency Telephone Number 603-271-3147	
1.11 Contractor Signature 		1.12 Name and Title of Contractor Signatory Ralph King, President	
1.13 Acknowledgement: State of <u>NH</u> , County of <u>B. Hampton</u> On <u>3-25-13</u> , before the undersigned officer, personally appeared the person identified in block 1.12, or satisfactorily proven to be the person whose name is signed in block 1.11, and acknowledged that s/he executed this document in the capacity indicated in block 1.12.			
1.13.1 Signature of Notary Public or Justice of the Peace 			
1.13.2 Name and Title of Notary or Justice of the Peace Julie Dolder - Notary			
1.14 State Agency Signatory  Joseph Bouchard Asst. Comm.		1.15 Name and Title of State Agency Signatory Linda M. Hodgdon, Commissioner Administrative Services	
1.16 Approval by the N.H. Department of Administration, Division of Personnel (if applicable) By: _____ Director, On: _____			
1.17 Approval by the Attorney General (Form, Substance and Execution) By: _____ On: _____			
1.18 Approval by the Governor and Executive Council By: _____ On: _____			





**2. EMPLOYMENT OF CONTRACTOR/SERVICES TO BE PERFORMED.** The State of New Hampshire, acting through the agency identified in block 1.1 ("State"), engages contractor identified in block 1.3 ("Contractor") to perform, and the Contractor shall perform, the work or sale of goods, or both, identified and more particularly described in the attached EXHIBIT A which is incorporated herein by reference ("Services").

**3. EFFECTIVE DATE/COMPLETION OF SERVICES.**

3.1 Notwithstanding any provision of this Agreement to the contrary, and subject to the approval of the Governor and Executive Council of the State of New Hampshire, this Agreement, and all obligations of the parties hereunder, shall not become effective until the date the Governor and Executive Council approve this Agreement ("Effective Date").

3.2 If the Contractor commences the Services prior to the Effective Date, all Services performed by the Contractor prior to the Effective Date shall be performed at the sole risk of the Contractor, and in the event that this Agreement does not become effective, the State shall have no liability to the Contractor, including without limitation, any obligation to pay the Contractor for any costs incurred or Services performed. Contractor must complete all Services by the Completion Date specified in block 1.7.

**4. CONDITIONAL NATURE OF AGREEMENT.** Notwithstanding any provision of this Agreement to the contrary, all obligations of the State hereunder, including, without limitation, the continuance of payments hereunder, are contingent upon the availability and continued appropriation of funds, and in no event shall the State be liable for any payments hereunder in excess of such available appropriated funds. In the event of a reduction or termination of appropriated funds, the State shall have the right to withhold payment until such funds become available, if ever, and shall have the right to terminate this Agreement immediately upon giving the Contractor notice of such termination. The State shall not be required to transfer funds from any other account to the Account identified in block 1.6 in the event funds in that Account are reduced or unavailable.

**5. CONTRACT PRICE/PRICE LIMITATION/ PAYMENT.**

5.1 The contract price, method of payment, and terms of payment are identified and more particularly described in EXHIBIT B which is incorporated herein by reference.

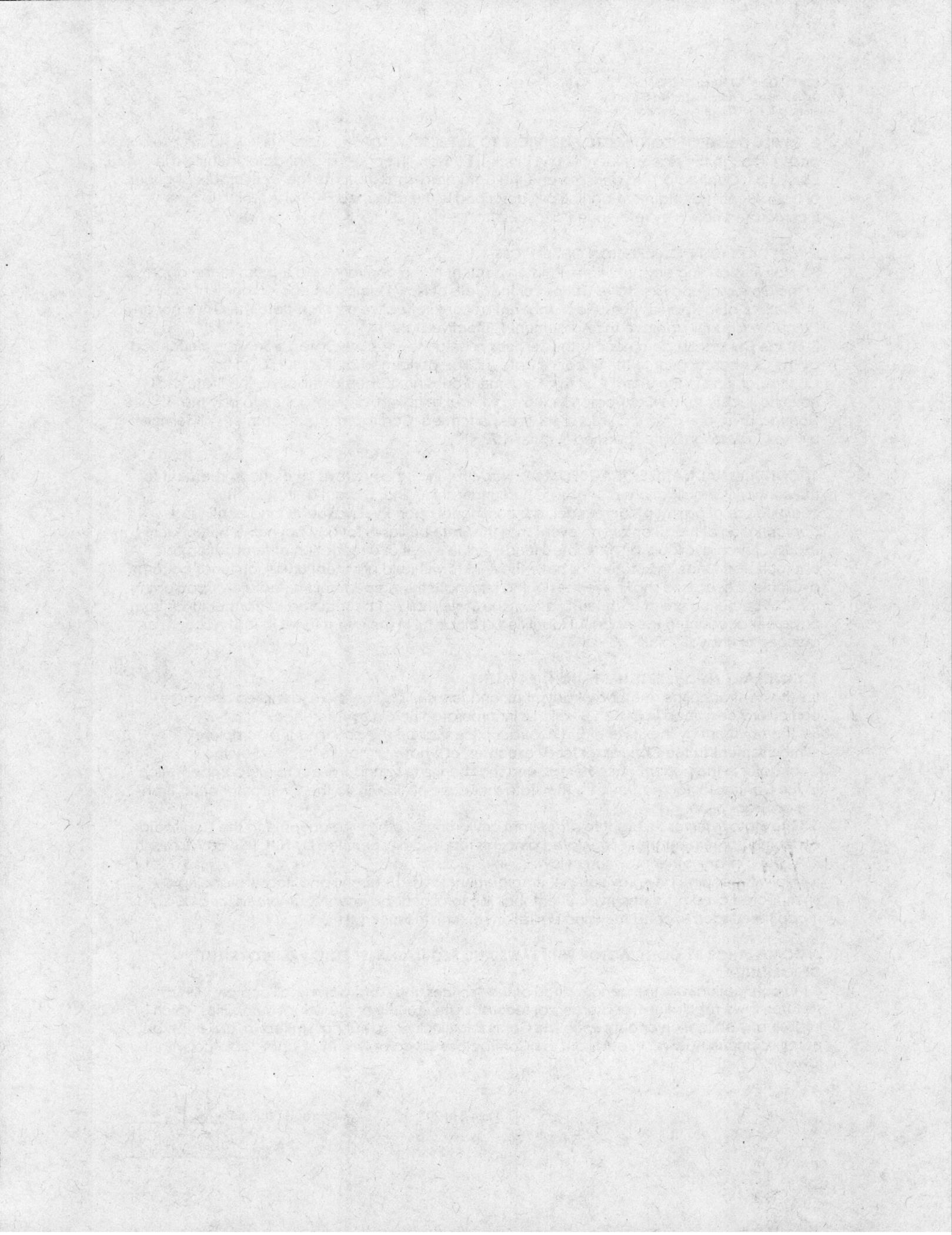
5.2 The payment by the State of the contract price shall be the only and the complete reimbursement to the Contractor for all expenses, of whatever nature incurred by the Contractor in the performance hereof, and shall be the only and the complete compensation to the Contractor for the Services. The State shall have no liability to the Contractor other than the contract price.

5.3 The State reserves the right to offset from any amounts otherwise payable to the Contractor under this Agreement those liquidated amounts required or permitted by N.H. RSA 80:7 through RSA 80:7-c or any other provision of law.

5.4 Notwithstanding any provision in this Agreement to the contrary, and notwithstanding unexpected circumstances, in no event shall the total of all payments authorized, or actually made hereunder, exceed the Price Limitation set forth in block 1.8.

**6. COMPLIANCE BY CONTRACTOR WITH LAWS AND REGULATIONS/ EQUAL EMPLOYMENT OPPORTUNITY.**

6.1 In connection with the performance of the Services, the Contractor shall comply with all statutes, laws, regulations, and orders of federal, state, county or municipal authorities which impose any obligation or duty upon the Contractor, including, but not limited to, civil rights and equal opportunity laws. In addition, the Contractor shall comply with all applicable copyright laws.



**STATE OF NEW HAMPSHIRE**  
**Department of Administrative Services**  
**Inmate & Pay Telephone Services**

6.2 During the term of this Agreement, the Contractor shall not discriminate against employees or applicants for employment because of race, color, religion, creed, age, sex, handicap, sexual orientation, or national origin and will take affirmative action to prevent such discrimination.

6.3 If this Agreement is funded in any part by monies of the United States, the Contractor shall comply with all the provisions of Executive Order No. 11246 ("Equal Employment Opportunity"), as supplemented by the regulations of the United States Department of Labor (41 C.F.R. Part 60), and with any rules, regulations and guidelines as the State of New Hampshire or the United States issue to implement these regulations. The Contractor further agrees to permit the State or United States access to any of the Contractor's books, records and accounts for the purpose of ascertaining compliance with all rules, regulations and orders, and the covenants, terms and conditions of this Agreement.

**7. PERSONNEL.**

7.1 The Contractor shall at its own expense provide all personnel necessary to perform the Services. The Contractor warrants that all personnel engaged in the Services shall be qualified to perform the Services, and shall be properly licensed and otherwise authorized to do so under all applicable laws.

7.2 Unless otherwise authorized in writing, during the term of this Agreement, and for a period of six (6) months after the Completion Date in block 1.7, the Contractor shall not hire, and shall not permit any subcontractor or other person, firm or corporation with whom it is engaged in a combined effort to perform the Services to hire, any person who is a State employee or official, who is materially involved in the procurement, administration or performance of this Agreement. This provision shall survive termination of this Agreement.

7.3 The Contracting Officer specified in block 1.9, or his or her successor, shall be the State's representative. In the event of any dispute concerning the interpretation of this Agreement, the Contracting Officer's decision shall be final for the State.

**8. EVENT OF DEFAULT/REMEDIES.**

8.1 Any one or more of the following acts or omissions of the Contractor shall constitute an event of default hereunder ("Event of Default"):

8.1.1 failure to perform the Services satisfactorily or on schedule;

8.1.2 failure to submit any report required hereunder; and/or

8.1.3 failure to perform any other covenant, term or condition of this Agreement.

8.2 Upon the occurrence of any Event of Default, the State may take any one, or more, or all, of the following actions:

8.2.1 give the Contractor a written notice specifying the Event of Default and requiring it to be remedied within, in the absence of a greater or lesser specification of time, thirty (30) days from the date of the notice; and if the Event of Default is not timely remedied, terminate this Agreement, effective two (2) days after giving the Contractor notice of termination;

8.2.2 give the Contractor a written notice specifying the Event of Default and suspending all payments to be made under this Agreement and ordering that the portion of the contract price which would otherwise accrue to the Contractor during the period from the date of such notice until such time as the State determines that the Contractor has cured the Event of Default shall never be paid to the Contractor;

8.2.3 set off against any other obligations the State may owe to the Contractor any damages the State suffers by reason of any Event of Default; and/or

8.2.4 treat the Agreement as breached and pursue any of its remedies at law or in equity, or both.



**9. DATA/ACCESS/CONFIDENTIALITY/ PRESERVATION.**

9.1 As used in this Agreement, the word "data" shall mean all information and things developed or obtained during the performance of, or acquired or developed by reason of, this Agreement, including, but not limited to, all studies, reports, files, formulae, surveys, maps, charts, sound recordings, video recordings, pictorial reproductions, drawings, analyses, graphic representations, computer programs, computer printouts, notes, letters, memoranda, papers, and documents, all whether finished or unfinished.

9.2 All data and any property which has been received from the State or purchased with funds provided for that purpose under this Agreement, shall be the property of the State, and shall be returned to the State upon demand or upon termination of this Agreement for any reason.

9.3 Confidentiality of data shall be governed by N.H. RSA chapter 91-A or other existing law. Disclosure of data requires prior written approval of the State.

**10. TERMINATION.** In the event of an early termination of this Agreement for any reason other than the completion of the Services, the Contractor shall deliver to the Contracting Officer, not later than fifteen (15) days after the date of termination, a report ("Termination Report") describing in detail all Services performed, and the contract price earned, to and including the date of termination. The form, subject matter, content, and number of copies of the Termination Report shall be identical to those of any Final Report described in the attached EXHIBIT A.

**11. CONTRACTOR'S RELATION TO THE STATE.** In the performance of this Agreement the Contractor is in all respects an independent contractor, and is neither an agent nor an employee of the State. Neither the Contractor nor any of its officers, employees, agents or members shall have authority to bind the State or receive any benefits, workers' compensation or other emoluments provided by the State to its employees.

**12. ASSIGNMENT/DELEGATION/SUBCONTRACTS.** The Contractor shall not assign, or otherwise transfer any interest in this Agreement without the prior written consent of the N.H. Department of Administrative Services. None of the Services shall be subcontracted by the Contractor without the prior written consent of the State.

**13. INDEMNIFICATION.** The Contractor shall defend, indemnify and hold harmless the State, its officers and employees, from and against any and all losses suffered by the State, its officers and employees, and any and all claims, liabilities or penalties asserted against the State, its officers and employees, by or on behalf of any person, on account of, based or resulting from, arising out of (or which may be claimed to arise out of) the acts or omissions of the Contractor. Notwithstanding the foregoing, nothing herein contained shall be deemed to constitute a waiver of the sovereign immunity of the State, which immunity is hereby reserved to the State. This covenant in paragraph 13 shall survive the termination of this Agreement.

**14. INSURANCE.**

14.1 The Contractor shall, at its sole expense, obtain and maintain in force, and shall require any subcontractor or assignee to obtain and maintain in force, the following insurance:

14.1.1 comprehensive general liability insurance against all claims of bodily injury, death or property damage, in amounts of not less than \$250,000 per claim and \$2,000,000 per occurrence; and

14.1.2 fire and extended coverage insurance covering all property subject to subparagraph 9.2 herein, in an amount not less than 80% of the whole replacement value of the property.

14.2 The policies described in subparagraph 14.1 herein shall be on policy forms and endorsements approved for use in the State of New Hampshire by the N.H. Department of Insurance, and issued by insurers licensed in the State of New Hampshire.

14.3 The Contractor shall furnish to the Contracting Officer identified in block 1.9, or his or her successor, a certificate(s) of insurance for all insurance required under this Agreement. Contractor shall also furnish to the Contracting Officer identified in block 1.9, or his or her successor, certificate(s) of insurance for all renewal(s) of insurance required under this Agreement no later than fifteen (15) days prior to the expiration date of each of the insurance policies. The certificate(s) of insurance and any renewals thereof shall be attached and are incorporated herein by reference. Each certificate(s) of insurance shall contain a clause requiring the insurer to endeavor to provide the Contracting Officer identified in block 1.9, or his or her successor, no less than ten (10) days prior written notice of cancellation or modification of the policy.

**15. WORKERS' COMPENSATION.**

15.1 By signing this agreement, the Contractor agrees, certifies and warrants that the Contractor is in compliance with or exempt from, the requirements of N.H. RSA chapter 281-A ("Workers' Compensation").

15.2 To the extent the Contractor is subject to the requirements of N.H. RSA chapter 281-A, Contractor shall maintain, and require any subcontractor or assignee to secure and maintain, payment of Workers' Compensation in connection with activities which the person proposes to undertake pursuant to this Agreement. Contractor shall furnish the Contracting Officer identified in block 1.9, or his or her successor, proof of Workers' Compensation in the manner described in N.H. RSA chapter 281-A and any applicable renewal(s) thereof, which shall be attached and are incorporated herein by reference. The State shall not be responsible for payment of any Workers' Compensation premiums or for any other claim or benefit for Contractor, or any subcontractor or employee of Contractor, which might arise under applicable State of New Hampshire Workers' Compensation laws in connection with the performance of the Services under this Agreement.

**16. WAIVER OF BREACH.** No failure by the State to enforce any provisions hereof after any Event of Default shall be deemed a waiver of its rights with regard to that Event of Default, or any subsequent Event of Default. No express failure to enforce any Event of Default shall be deemed a waiver of the right of the State to enforce each and all of the provisions hereof upon any further or other Event of Default on the part of the Contractor.

**17. NOTICE.** Any notice by a party hereto to the other party shall be deemed to have been duly delivered or given at the time of mailing by certified mail, postage prepaid, in a United States Post Office addressed to the parties at the addresses given in blocks 1.2 and 1.4, herein.

**18. AMENDMENT.** This Agreement may be amended, waived or discharged only by an instrument in writing signed by the parties hereto and only after approval of such amendment, waiver or discharge by the Governor and Executive Council of the State of New Hampshire.

**19. CONSTRUCTION OF AGREEMENT AND TERMS.** This Agreement shall be construed in accordance with the laws of the State of New Hampshire, and is binding upon and inures to the benefit of the parties and their respective successors and assigns. The wording used in this Agreement is the wording chosen by the parties to express their mutual intent, and no rule of construction shall be applied against or in favor of any party.

**20. THIRD PARTIES.** The parties hereto do not intend to benefit any third parties and this Agreement shall not be construed to confer any such benefit.

**STATE OF NEW HAMPSHIRE**  
**Department of Administrative Services**  
**Inmate & Pay Telephone Services**

**21. HEADINGS.** The headings throughout the Agreement are for reference purposes only, and the words contained therein shall in no way be held to explain, modify, amplify or aid in the interpretation, construction or meaning of the provisions of this Agreement.

**22. SPECIAL PROVISIONS.** Additional provisions set forth in the attached EXHIBIT C are incorporated herein by reference.

**23. SEVERABILITY.** In the event any of the provisions of this Agreement are held by a court of competent jurisdiction to be contrary to any state or federal law, the remaining provisions of this Agreement will remain in full force and effect.

**24. ENTIRE AGREEMENT.** This Agreement, which may be executed in a number of counterparts, each of which shall be deemed an original, constitutes the entire Agreement and understanding between the parties, and supersedes all prior Agreements and understandings relating hereto.

**EXHIBIT A**  
**SCOPE OF SERVICES**

**1. INTRODUCTION**

Total Security, Inc. (hereinafter referred to as the "Contractor") hereby agrees to provide the State of New Hampshire with Burglar Alarm and Access Control System Maintenance and Alarm Monitoring Services in accordance with NH State Bid #1518-13 and as described herein.

**2. CONTRACT DOCUMENTS**

This Contract consists of the following documents ("Contract Documents") in order of precedence:

- a. State of New Hampshire Terms and Conditions, General Provisions Form P-37
- b. EXHIBIT A            Scope of Services
- c. EXHIBIT B            Payment Terms
- d. EXHIBIT C            Special Provisions
- e. EXHIBIT D            RFB 1518-13
- f. EXHIBIT E            Facility Location Data Sheets

**3. TERM OF CONTRACT**

This contract shall commence upon the approval of Commissioner of the Department of Administrative Services through June 30, 2016, a period of approximately thirty six (36) months. The contract may be extended for additional periods of time thereafter under the same terms, conditions and pricing structure upon the mutual agreement between the Contractor and the Bureau of Purchase and Property, subject to the approval of the Commissioner of the Department of Administrative Services; however the contract shall not exceed a period of more than five (5) years.

All services shall remain in effect from the commencement of the contract to the initiation of a future contract, not to exceed ninety (90) days without a formal contract extension. Contractor may commence work upon receipt of a written notice to proceed from the Contracting Officer. Maintenance and support shall be continued throughout the duration of the contract.

**4. TERMINATION**

The State of New Hampshire shall have the right to terminate the contract at any time by giving the Contractor a thirty (30) day written notice.

**5. PURCHASE OUTSIDE OF CONTRACT**

The State reserves the right to contract for these services outside of this Contract where it is deemed appropriate by the State.

**6. SCOPE OF SERVICES – GENERAL REQUIREMENTS**

Contractor shall provide Burglar Alarm & Access Control System Maintenance and Alarm Monitoring Services.

Monitoring Services is meant to include Burglar Alarms, Fire Alarms and alarm systems for Boilers, Generators, Low/High Temperature Monitoring, and Panic/Duress Alarm Systems.

Locations may be added by requesting the Contractor to provide a quotation for that new location. Pricing quotations submitted for new locations shall be in line with the pricing structure as contained in this Contract.

Locations may be deleted within thirty (30) days by notifying the Contractor in writing.

In cases where the pricing is greater than available funding for a particular facility, it may be necessary to reduce the level of services to be performed to remain within budget parameters or to remove any single location in its entirety from the Contract while retaining all remaining locations at the individually quoted pricing.

**7. SITE TRANSITION**

Contractor shall transition all locations covered by this contract from the current Contractor over to their services not later than 6/30/2013.

If transition is not complete within this time frame the Contractor will credit the first quarterly fee for each location not completed.

Contractor will be required to coordinate with the incumbent Contractor to successfully transition each location before the deadline.

**8. SUBCONTRACTORS**

The Contractor shall be solely responsible for meeting all requirements and terms and conditions of this Contract.

Any subcontractor shall first be approved by the State. The primary Contractor shall remain wholly responsible for performance under the Contract and will be considered the sole point of contact with regard to all contractual matters, including payment of any and all charges resulting from this Contract.

Any proposed subcontractor must have a minimum of three (3) years of successful experience testing and maintaining the relevant alarm systems and/or providing similar Alarm Monitoring Services.

**9. PROBLEM RESOLUTION**

The Contractor shall have a central contact point, available during normal working hours, for the resolution of problems.

The State will designate a Contract Administrator who will work with the Contractor to resolve problems that cannot be resolved by the agency end-users.

**10. BURGLAR ALARM & ACCESS CONTROL SYSTEM MAINTENANCE**

The burglar alarm access control system maintenance services to be performed are as follows:

This is a full maintenance contract including parts, labor and transportation and all system components including all back-up batteries and software. Each system shall be inspected and tested twice yearly, once during the months of September through November and again during the months of March through May of each year. These inspections shall include the cleaning and adjusting of all system components, 50% sensor activation and communication to central station verification. Said tests and inspections shall be conducted on weekdays outside of normal business hours (5:01 PM – 7:59 AM) in order to minimize inconvenience to inhabitants. The Contractor shall repair or replace at their expense any defective components to maintain the systems in proper operating condition. Contractor shall provide to the site contact person a written report of the devices tested and proof of results of testing.

This Contract is not for the purchase of equipment or for the installation of equipment other than as part of system maintenance or repair.

## 11. ALARM MONITORING SERVICES

Alarm monitoring services shall consist of twenty-four hour monitoring and dispatching services from a U.L. approved central station.

Monitoring Services shall include Burglar Alarms, Fire Alarms, and alarm systems for Boilers, Generators, Low/High Temperature Monitoring, Panic/Duress Alarm Systems and any other alarm system listed in the individual Agency requirements contained in this Contract.

**The Contractor shall provide Burglar Alarm and Access Control System Maintenance and Alarm Monitoring Services as described herein:**

1. The Contractor shall be responsible to provide a proposed schedule for semi-annual testing to the State a minimum of two (2) weeks after commencement of this Contract.
2. The Contractor shall be responsible to establish appointments and schedules with each individual Agency and they shall arrive on time and as scheduled. Contractor shall contact the Agency a minimum of two (2) weeks (10 working days) in advance to confirm their scheduled Periodic Maintenance visits.
3. The Contractor shall employ a sufficient number of trained technicians so that the semi-annual maintenance and inspections are completed on time as scheduled. Contractor shall respond within fifteen (15) minutes of any scheduled appointment. If the Contractor fails to respond within fifteen (15) minutes to the first scheduled appointment, the State reserves the right to charge the Contractor \$20.00 per hour in increments of fifteen (15) minutes if the Contractor does not respond as detailed above. These charges will be deducted from quarterly payments that are due the Contractor.
4. Any equipment found to be defective as a result of these semi-annual inspections as described above, will be reported immediately to the site contact person, and shall be repaired and or replaced within five (5) working days.

5. The Contractor shall make emergency services available twenty-four (24) hours per day, seven (7) days per week. Normal system maintenance shall occur on Monday through Friday between 8:00 am and 5:00 pm.
6. Contractor is required to repair or replace, at their expense, defective components to maintain the systems in proper operating condition including all batteries and software.
7. The Contractor shall perform all the services contained within this Contract. Subcontractors will only be allowed upon written approval in advance from the site contact person.
8. The Contractor shall ensure that all system testing and maintenance service shall be accomplished in accordance with the applicable codes, manufacturer recommendations and any State or Local codes and regulations.
9. After completion of an inspection the Contractor shall inform the appropriate site contact person when equipment needs repairs to ensure systems are 100% functional.
10. The Contractor shall conduct his work so as to interfere as little as possible with State business, normal working conditions and activities in progress.
11. The Contractor shall secure and pay for all permits, inspections and licenses necessary for the execution of his work.
12. The Contractor shall do all the work and furnish all the materials, tools, equipment, transportation and safety devices necessary to perform in the manner and within the time specified. The Contractor shall complete their work to the satisfaction of the State and in accordance with the specifications herein mentioned, at the price herein agreed upon and fixed therefore. All the work, labor, and equipment to be done and furnished under this Contract, shall be done and finished strictly pursuant to, and in conformity with the specifications described herein and any directions of the State representatives as given from time to time during the progress of the work, under the terms of this Contract.
13. The Contractor shall at his own expense, wherever necessary or required, furnish safety devices and take such other precautions as may be necessary to protect life and property.

14. The Contractor shall bear all losses resulting to him or to the Owner on account of the amount or character of the work, or because of the nature of the area in or on which the work being done is different from what was estimated or expected, or on account of the weather, elements or other causes.
15. The Contractor agrees that any damage or injury to buildings, materials, and equipment or to other property during the performance of this service will be repaired at their own expense.
16. Unsatisfactory response to any or all of the listed services or requirements will be a basis for default.
17. Each individual agency may request the Contractor to provide security clearance and/or background checks for any and all Contractor representatives that may work in their facilities. Any fees for obtaining background checks will be the responsibility of the Contractor.
18. All buildings under this Contract that will need security systems upgrade over the course of the Contract will be the responsibility of the Contractor to maintain the existing equipment in working order and satisfactory condition until the upgrade is complete. After the upgrade is completed the contractor may continue service for the subject facility at the rates specified in Exhibit B below, or if the upgrade is significant enough as to necessitate an increase in fee the contractor shall submit a quote for the increase to the Contract Administrator at the Bureau of Purchase and Property. If approved the contract shall be amended.
19. The Contractor shall maintain or have readily available spare parts and properly trained personnel to support the equipment at the Contractor's cost throughout the duration of the Contract.
20. The Contractor shall, in performing the services as described herein, utilize technicians skilled in the service of the described systems. The Contractor shall have in his/her employ a sufficient number of trained technicians so that all service calls are answered promptly. The Contractor shall respond to the State by telephone to all service calls within fifteen (15) minutes of the report of occurrence. The Contractor shall physically respond to the site within three (3) hours after report of the occurrence except for locations in Coos County. For facilities in Coos County the acceptable on-site response time will be five (5) hours.

21. The Contractor shall present after each scheduled or emergency call and before leaving the job site, a written summary of the work performed and obtain the State's signature thereon.
22. The Contractor shall provide monthly trouble reports to each Agency summarizing activities for the previous month's reports. The Contractor shall meet with the Agency either in person or via telephone conference call regarding corrective actions and trouble resolution upon request.
23. The Contractor shall provide only replacement parts that are new and of the same quality and brand name as that being replaced. Substitutions will be permitted only with prior authorization of the site contact person.
24. All repair services shall be conducted in full compliance with all specified standards in a manner equal to or better than the normal safety and security procedures and standards established by the State, and at no time shall state facilities or its occupants be placed in jeopardy.
25. The State shall be responsible to provide reasonable means of access to all equipment covered by this agreement and promptly notify the Contractor of any malfunction in the system(s) which comes to the State's attention.
26. The State reserves the right to require the Contractor to train, counsel or reassign any employee whose actions or appearance are not consistent with the standards of the State and in the best interest of the customers utilizing the Contractor services. The Contractor or their personnel shall not represent themselves as employees or agents of the State. While on State property, employees shall be subject to the control of the State, but under no circumstances shall such persons be deemed to be employees of the State. All personnel shall observe all regulations or special restrictions in effect at the State Agency.
27. The Contractor shall provide employee picture identification badges identifying the company name and each employee servicing the State account. All contract employees while servicing the State shall wear the identification badge.

28. Monitoring/Dispatching shall be 24/7/365 and shall be provided by a U.L. approved central station. The central station shall have been in business for a minimum of five (5) years and shall have passed a minimum of two consecutive U.L. inspections. Said central station shall be staffed in accordance with UL requirements, 24 hours per day, 365 days per year.
29. The central station shall supervise opening and closing signals from burglar alarm systems, provide opening and closing tracking, scheduled weekly reports and provide daily reports of any alarm signals consisting of the time of alarm, name of the person notified and the cause of the alarm if known. Monitoring services shall include twenty-four hour dialer test signals to each location.
30. The central station monitoring services shall comply with all current local and national codes including but not limited to NFPA 71, commonly referred to as the "central station standard", NFPA 72 and as detailed in the Fire Alarm Signaling Systems Handbook published by the National Fire Protection Association, Quincy, MA 1987.
31. The central station shall be capable of issuing an unlimited amount of pass codes within 24 hours of their request and have the ability to delete security pass codes immediately upon request.
32. The Contractor shall be responsible to program the communication equipment to ensure that the various digital signals are communicated and received properly at the central station.
33. The Contractor shall be responsible to coordinate with the existing monitoring service providers to provide a seamless transition. The State shall be responsible to provide lockout codes for system dialers or new alarm panels as required. Contractors shall not be allowed to program new dialers with lockout codes without the prior approval of the State.

34. When it is required the central station shall be capable of calling several State contact personnel when alarms occur. Contractor shall work with each Facility to establish a comprehensive call list that will ensure a person to person alert. It is not acceptable to leave messages; specific individuals shall be contacted and provided a person to person alert. If for whatever reason the specific individuals cannot be reached after a significant effort the Contractor shall be provided with a default number to call for all accounts. Failure to comply with this requirement will be grounds for default.
35. The central station shall be capable of providing radio or cellular backup.

**EXHIBIT B**  
**PAYMENT TERMS**

The contract price limitation for this contract is \$ 102,600.00. The following pricing and payment terms apply:

The Contractor shall provide Burglar Alarm and Access Control System Maintenance and Alarm Monitoring Services as set forth in Exhibit A, for the locations and systems described in Exhibit E (Facility Location Data Sheets) according to the pricing contained in Exhibit B (Location Pricing Sheets/Conditional Labor Rates).

Pricing is FOB Destination and shall include all materials, equipment, labor and transportation necessary for the successful completion of the work required.

No reimbursement by the State for travel time or mileage shall be allowed.

**INVOICING**

Invoices for Maintenance only Contracts and combined services Contracts shall be submitted on a quarterly basis (October 1, January 1, April 1, and July 1) for the previous 3 months. Payment shall be due within thirty (30) days after receipt of properly documented invoices.

Invoices for Alarm Monitoring Services only Contracts shall be submitted on a monthly basis on the last day of each month in which the services have been performed. Payment shall be due within thirty (30) days after receipt of properly documented invoices and acceptance of the work to the State's satisfaction.

Invoices shall be submitted for each individual facility or for a group of facilities according to the schedule included in this document.

**PAYMENTS**

Invoices shall be paid within thirty (30) days after receipt of invoice(s) and acceptance of work to the State's satisfaction. Payments shall be sent to the "Remit To" address on the invoice.

**EXHIBIT B (CONTINUED)**

**LOCATION PRICING SHEETS**

**NON-PROPRIETARY  
 LOCATIONS**

LOCATION #	AGENCY NAME	ADDRESS	MAINTENANCE SERVICE INCLUDED (YES OR NO)	MONITORING SERVICE INCLUDED (YES OR NO)	COST PER YEAR 7/1/2013 THRU 6/30/2014	COST PER YEAR 7/1/2014 THRU 6/30/2015	COST PER YEAR 7/1/2015 THRU 6/30/2016	EXTENDED PRICE
1	Department of Administrative Services Bureau of Court Facilities	Carroll County Courthouse 96 Water Village Road Ossipee NH 03864	YES	YES	\$ 720.00	\$ 720.00	\$ 720.00	\$ 2,160.00
2	Department of Administrative Services Bureau of Court Facilities	NH Circuit Court - Concord 32 Clinton Street Concord NH 03301	Yes	Yes	\$ 720.00	\$ 720.00	\$ 720.00	\$ 2,160.00
3	Department of Administrative Services Bureau of Court Facilities	Coos County Courthouse 55 School Street Lancaster NH 03584	Yes	Yes	\$ 720.00	\$ 720.00	\$ 720.00	\$ 2,160.00
4	Department of Administrative Services Bureau of Court Facilities	NH Circuit Court - Derry 10 Courthouse Lane Derry NH 03038	No/Not Supportable	YES	\$ 240.00	\$ 240.00	\$ 240.00	\$ 720.00

STATE OF NEW HAMPSHIRE  
 Department of Administrative Services  
 Inmate & Pay Telephone Services

5	Department of Administrative Services Bureau of Court Facilities	NH Circuit Court - Dover 25 St. Thomas Street Dover NH 03820	Yes	Yes	\$ 720.00	\$ 720.00	\$ 720.00	\$ 720.00	\$ 2,160.00
6	Department of Administrative Services Bureau of Court Facilities	NH Circuit Court - Franklin 7 Hancock Terrace Franklin NH 03235	Yes	Yes	\$ 720.00	\$ 720.00	\$ 720.00	\$ 720.00	\$ 2,160.00
7	Department of Administrative Services Bureau of Court Facilities	Hillsborough County Courthouse - North 300 Chestnut Street Manchester NH 03101	yes	yes	\$ 720.00	\$ 720.00	\$ 720.00	\$ 720.00	\$ 2,160.00
8	Department of Administrative Services Bureau of Court Facilities	Hillsborough County Courthouse South 30 Spring Street Nashua NH 03060	yes	yes	\$ 720.00	\$ 720.00	\$ 720.00	\$ 720.00	\$ 2,160.00
9	Department of Administrative Services Bureau of Court Facilities	NH Circuit Court - Jaffrey 84 Peterborough Street Jaffrey NH 03452	yes	yes	\$ 720.00	\$ 720.00	\$ 720.00	\$ 720.00	\$ 2,160.00
10	Department of Administrative Services Bureau of Court Facilities	NH Circuit Court 2 Academy Street Laconia NH 0324	Yes	Yes	\$ 720.00	\$ 720.00	\$ 720.00	\$ 720.00	\$ 2,160.00
11	Department of Administrative Services Bureau of Court Facilities	NH Circuit Court - Lebanon 38 Centerra Parkway Lebanon NH 03766	yes	yes	\$ 720.00	\$ 720.00	\$ 720.00	\$ 720.00	\$ 2,160.00
12	Department of Administrative Services Bureau of Court Facilities	Circuit Court - Manchester 35 Amherst St Manchester NH 03101	yes	yes	\$ 720.00	\$ 720.00	\$ 720.00	\$ 720.00	\$ 2,160.00
13	Department of Administrative Services Bureau of Court Facilities	NH Circuit Court - Merrimack 4 Baboosic Lake Road	YES	YES	\$ 720.00	\$ 720.00	\$ 720.00	\$ 720.00	\$ 2,160.00

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 Contractor Initials: AK  
 Date: 3/25/13

STATE OF NEW HAMPSHIRE  
 Department of Administrative Services  
 Inmate & Pay Telephone Services

		Merrimack NH 03054							
14	Department of Administrative Services Bureau of Court Facilities	Nashua District Court 25 Walnut Street Oval Nashua NH 03060	No	Yes	\$ 240.00	\$ 240.00	\$ 240.00	\$ 240.00	\$ 720.00
15	Department of Administrative Services Bureau of Court Facilities	NH Circuit Court - Conway 35 East Conway Road, Rt 302 Conway NH 03818	Yes	Yes	\$ 720.00	\$ 720.00	\$ 720.00	\$ 720.00	\$ 2,160.00
16	Department of Administrative Services Bureau of Court Facilities	NH Circuit Court - Plymouth 26 Green Street Plymouth NH 03264	Yes	Yes	\$ 720.00	\$ 720.00	\$ 720.00	\$ 720.00	\$ 2,160.00
17	Department of Administrative Services Bureau of Court Facilities	NH Circuit Court - Portsmouth 111 Parrott Avenue Portsmouth, NH 03801	Yes	Yes	\$ 720.00	\$ 720.00	\$ 720.00	\$ 720.00	\$ 2,160.00
18	Department of Administrative Services Bureau of Court Facilities	NH Circuit Court - Rochester 76 No. Main Street Rochester NH 03867	Yes	Yes	\$ 720.00	\$ 720.00	\$ 720.00	\$ 720.00	\$ 2,160.00
19	Department of Administrative Services Bureau of Court Facilities	Rockingham County Courthouse #10 Route 125 Brentwood NH 03833	Yes	Yes	\$ 720.00	\$ 720.00	\$ 720.00	\$ 720.00	\$ 2,160.00
20	Department of Administrative Services Bureau of Court Facilities	Candia Circuit Court 110 Raymond Road, Candia, N.H. 03034	No	Yes	\$ 240.00	\$ 240.00	\$ 240.00	\$ 240.00	\$ 720.00

Contractor Initials: RV

Date: 3/25/13

STATE OF NEW HAMPSHIRE  
 Department of Administrative Services  
 Inmate & Pay Telephone Services

21	Department of Administrative Services Bureau of Court Facilities	Hillsborough Circuit Court 15 Antrim Road, Box 3 Hillsborough, N.H. 03244	No	Yes	\$ 240.00	\$ 240.00	\$ 240.00	\$ 240.00	\$ 720.00
22	Department of Administrative Services Bureau of Court Facilities	Hooksett Circuit Court 101 Merrimack Street Hooksett, N.H. 03106	No	Yes	\$ 240.00	\$ 240.00	\$ 240.00	\$ 240.00	\$ 720.00
23	Department of Administrative Services Bureau of Court Facilities	Littleton Circuit Court 134 Main Street Littleton, N.H. 03561	No	Yes	\$ 240.00	\$ 240.00	\$ 240.00	\$ 240.00	\$ 720.00
24	Department of Administrative Services Bureau of Court Facilities	Milford Circuit Court 180 Elm Street P.O. Box 943 Milford, N.H. 03055	No	Yes	\$ 240.00	\$ 240.00	\$ 240.00	\$ 240.00	\$ 720.00
25	Department of Administrative Services Bureau of Court Facilities	Newport Circuit Court 55 Main Street Newport, N.H. 03773-0581	No	Yes	\$ 240.00	\$ 240.00	\$ 240.00	\$ 240.00	\$ 720.00
26	Department of Administrative Services Bureau of Court Facilities	Plaistow Circuit Court 14 Elm Street Plaistow, N.H. 03865	No	Yes	\$ 240.00	\$ 240.00	\$ 240.00	\$ 240.00	\$ 720.00

*PK*

*3/25/13*

STATE OF NEW HAMPSHIRE  
 Department of Administrative Services  
 Inmate & Pay Telephone Services

27	Department of Administrative Services Bureau of Court Facilities	Seabrook Circuit Court 130 Ledge Road Seabrook, N.H. 03874	No	Yes	\$ 240.00	\$ 240.00	\$ 240.00	\$ 240.00	\$ 720.00
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29	D.E.S. - W.R.B.P	202 Water Street Laconia, New Hampshire 03246	No	Yes	\$ 240.00	\$ 240.00	\$ 240.00	\$ 240.00	\$ 720.00
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46	State of New Hampshire Department of Transportation Bureau of Bridge Maintenance	NHDOT - Bridge Maintenance 249B Pine Wood Drive, Allentown, NH	No	Yes	\$ 240.00	\$ 240.00	\$ 240.00	\$ 240.00	\$ 720.00
47	NH DOT District 6	50 Gerrish Road Dover, NH 03820	YES	YES	\$ 720.00	\$ 720.00	\$ 720.00	\$ 720.00	\$ 2,160.00
48	NH DOT District 6	253 Epping Road Exeter, NH	No/Not Supportable	NO	Deleted	Deleted	Deleted	Deleted	Deleted
49	State of New Hampshire Department of Transportation Bureau of Bridge Maintenance	NHDOT - Bridge Maintenance 13 Range Road Franklin, NH 03235	No	Yes	\$ 240.00	\$ 240.00	\$ 240.00	\$ 240.00	\$ 720.00
50		Jericho Mountain State Park, 298 Jericho Lake Rd. Berlin, NH 03570	Yes	Yes	\$ 720.00	\$ 20.00	\$ 720.00	\$ 720.00	\$ 2,160.00
51	DRED/Parks/Seacasat Science Ctr	570 Ocean Blvd Rye NH 03871	Yes	Yes	\$ 720.00	\$ 20.00	\$ 720.00	\$ 720.00	\$ 2,160.00
52	DRED/PARKS/WENTWORTH MANSION	375 Little Harbor Road Portsmouth NH 03801	Yes	Yes	Deleted	Deleted	Deleted	Deleted	Deleted

Contractor Initials: PV

Date: 3/25/13



STATE OF NEW HAMPSHIRE  
 Department of Administrative Services  
 Inmate & Pay Telephone Services

		NH							
66	Administrative Services	State Library, 20 Park St., Concord, NH 03301	No/Not Supportable	yes	\$ 240.00	\$ 240.00	\$ 240.00	\$ 240.00	\$ 720.00
67	Administrative Services	Londergan Hall, 101 Pleasant St., Concord, NH	No/Not Supportable	yes	\$ 240.00	\$ 240.00	\$ 240.00	\$ 240.00	\$ 720.00

71	Administrative Services	Old Labor Bldg, 19 Pillsbury St., Concord, NH	yes	yes	\$ 720.00	\$ 720.00	\$ 720.00	\$ 720.00	\$ 2,160.00
72	Administrative Services	Records&Archives, 71 S. Fruit St., Concord, NH	No/Not Supportable	yes	\$ 240.00	\$ 240.00	\$ 240.00	\$ 240.00	\$ 720.00
73	Administrative Services	Dept. of Safety, 33 Hazen Dr., Concord, NH	No/Not Supportable	yes	\$ 240.00	\$ 240.00	\$ 240.00	\$ 240.00	\$ 720.00
74	Administrative Services	Spaulding Hall, 95 Pleasant St., Concord, NH	No/Not Supportable	yes	\$ 240.00	\$ 240.00	\$ 240.00	\$ 240.00	\$ 720.00
75	Administrative Services	State House Complex, various addresses, Main St., Concord	No/Not Supportable	yes	\$ 240.00	\$ 240.00	\$ 240.00	\$ 240.00	\$ 720.00
76	Administrative Services	Supreme Court, 1 John Doe Drive, Concord, NH	No/Not Supportable	yes	\$ 240.00	\$ 240.00	\$ 240.00	\$ 240.00	\$ 720.00
77	Administrative Services	Upham Walker House, 18 Park St., Concord, NH	yes	yes	\$ 720.00	\$ 720.00	\$ 720.00	\$ 720.00	\$ 2,160.00
78	Administrative Services	State House Visitors Center, 107 N. Main St.	No/Not Supportable	yes	\$ 240.00	\$ 240.00	\$ 240.00	\$ 240.00	\$ 720.00
80	Administrative Services	White Farm, 144 Clinton St., Concord, NH	yes	yes	\$ 720.00	\$ 720.00	\$ 720.00	\$ 720.00	\$ 2,160.00

Contractor Initials: PK

Date: 3/25/13

STATE OF NEW HAMPSHIRE  
 Department of Administrative Services  
 Inmate & Pay Telephone Services

82	Administrative Services	Admin. Office of the Courts, 2 Noble Dr. Concord, NH	yes	yes	\$ 720.00	\$ 720.00	\$ 720.00	\$ 720.00	\$ 2,160.00
83	Administrative Services	23 Hazen Drive, Concord, NH, 03301	yes	yes	\$ 720.00	\$ 720.00	\$ 720.00	\$ 720.00	2,160.00
84	Administrative Services	Emergency Management, 110 Smokey Bear Blvd, Concord, NH 03301	yes	yes	\$ 720.00	\$ 720.00	\$ 720.00	\$ 720.00	2,160.00
85	Administrative Services	61 S. Spring Street, Concord, NH 03301	No/Not Supportable	yes	\$ 240.00	\$ 240.00	\$ 240.00	\$ 240.00	720.00
86	Administrative Services	State House, 107 Main St, Concord, NH 03301	No/Not Supportable	yes	\$ 240.00	\$ 240.00	\$ 240.00	\$ 240.00	720.00
87	Berlin Readiness Center,	Riverside Drive, Berlin, NH	No	Yes	\$ 240.00	\$ 240.00	\$ 240.00	\$ 240.00	720.00
88	The Adjutant General's Department	4 Pembroke Rd, Concord, NH 03301-5652	No	Yes	\$ 240.00	\$ 240.00	\$ 240.00	\$ 240.00	720.00
89	Portsmouth Readiness Center,	803 McGee Dr. Portsmouth, NH 03801-3398	No	Yes	\$ 240.00	\$ 240.00	\$ 240.00	\$ 240.00	720.00
90	Plymouth Readiness Center	19 Armory Rd, Plymouth, NH 03264-1510	No	Yes	\$ 240.00	\$ 240.00	\$ 240.00	\$ 240.00	720.00
91	Littleton FMS 2	350 Meadow St., Littleton, NH 03561-9703	No	Yes	\$ 240.00	\$ 240.00	\$ 240.00	\$ 240.00	720.00
92	Littleton Readiness Center,	350 Meadow St., Littleton, NH 03561-9703	No	Yes	\$ 240.00	\$ 240.00	\$ 240.00	\$ 240.00	720.00
93	Somersworth Readiness Center,	15 Blackwater Rd., Somersworth, NH 03878-1519	No	Yes	\$ 240.00	\$ 240.00	\$ 240.00	\$ 240.00	720.00
94	Milford Readiness Center,	154 Osgood Road, Milford, NH 03055-	No	Yes	\$ 240.00	\$ 240.00	\$ 240.00	\$ 240.00	720.00

Contractor Initials: PK

Date: 3/25/13

		9662								
95	The Adjutant Generals Department	Cooper house 11 Academy Ave Ctr. Stafford, NH 03815	NO	YES	\$ 240.00	\$ 240.00	\$ 240.00	\$ 240.00	\$ 720.00	
96	ROCHESTER ARMORY ANNEX	106 BROCK STREET ROCHESTER NH 03867	NO	YES	\$ 240.00	\$ 240.00	\$ 240.00	\$ 240.00	\$ 720.00	

\$ 98,280.00

TOTAL SECURITY PROPRIETARY LOCATIONS

LOCATION #	AGENCY NAME	ADDRESS	MAINTENANCE SERVICE INCLUDED (YES OR NO)	MONITORING SERVICE INCLUDED (YES OR NO)	COST PER YEAR 7/1/2013 THRU 6/30/2014	COST PER YEAR 7/1/2014 THRU 6/30/2015	COST PER YEAR 7/1/2015 THRU 6/30/2016	EXTENDED PRICE
28	D.E.S - W.R.B.P	528 River Street, Franklin New Hampshire	yes	no	\$ 480.00	\$ 480.00	\$ 480.00	\$ 1,440.00
30	D.E.S - W.R.B.P	202 Water Street, Laconia, New Hampshire 03246	yes	no	\$ 480.00	\$ 480.00	\$ 480.00	\$ 1,440.00

Contractor Initials: PK

Date: 3/25/13

STATE OF NEW HAMPSHIRE  
 Department of Administrative Services  
 Inmate & Pay Telephone Services

45	Dept. of Safety - FST&EMS	98 Smokey Bear Blvd, Concord, NH	Yes	No	\$ 480.00	\$ 480.00	\$ 480.00	\$ 1,440.00
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\$ 4,320.00

**Combined**  
**Total** \$ 102,600.00

Contractor Initials: PK

Date: 3/25/13

EXHIBIT B (CONTINUED)

CONDITIONAL LABOR RATE

**CONDITIONAL LABOR RATE**

The **CONDITIONAL LABOR RATE** is the rate to be charged for maintenance work performed outside of the service hours any facility has contracted for.  
Any charges beyond the monthly contract fee shall be approved in advance by the Contract Administrator at the Bureau of Purchase and Property.

**CONDITIONAL HOURLY LABOR RATE**

Monday thru Friday 5:01 PM to 7:59 AM      \$ \_60.00\_ per hour/per person  
Saturday Work:      \$ \_60.00\_ per hour/per person  
Sunday & Holiday\* Work:      \$ 160.00 per hour/per person  
\*Holidays shall be based on State designated holidays

**EXHIBIT C**  
**SPECIAL PROVISIONS**

1. There are no special provisions for this contract.

**EXHIBIT D**

**RFB 1518-13 is incorporated herewith.**

**EXHIBIT E**

**FACILITY LOCATION DATA SHEETS**

By initialing and dating this page I am accepting the specifications contained in  
the FACILITY LOCATION DATA SHEETS that follow.

Contractor Initials PK

Date 3/25/13

**EXHIBIT E  
 FACILITY LOCATION DATA SHEETS**

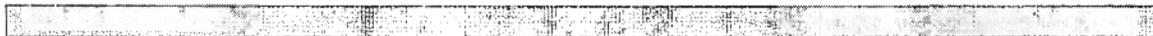
**SPECIFICATIONS - BURGLAR ALARM & ACCESS CONTROL  
 SYSTEM MAINTENANCE AND ALARM MONITORING  
 SERVICES LOCATIONS**

**LOCATION #1**

<b>AGENCY</b>	Bureau of Court Facilities
<b>FUNDING SOURCE</b>	01-14-14-141510-20450000 048-500226
<b>Invoices Sent To (Name &amp; Address)</b>	Bureau of Court Facilities 25 Capitol St, Room 420 Concord NH 03301

<b>Facility Location and Address</b>	<b>Carroll County Courthouse 96 Water Village Road Ossipee NH 03864</b>
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<b>Facility Contact Person Name</b>	Phyllis Nudd
<b>Facility Contact Person Phone Number</b>	603-783-1896
<b>Facility Contact Person E-Mail Address</b>	phyllis.nudd@nh.gov



**DATA COLLECTION WORKSHEET FOR SERVICES REQUIRED AT EACH FACILITY  
 (CONTINUED)**

**Burglar Alarm/Access Control System Maintenance**

**If you have responded Yes to wanting Burglar Alarm/Access Control Maintenance  
 You Must Provide an Inventory of your existing System Equipment Below**

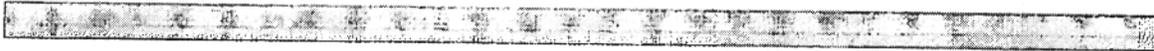
Contractor Initials *PN*  
 Date *3/25/13*

<b>Manufacturer/Brand of Equipment</b>	Interlogix/Caddx
<b>Control Panel Make and Model</b>	Caddx NXSE Control Panel, Model NX148E
<b>Peripheral Devices Make and Model</b>	(15) NXT Card Readers, (10) Sentrol 6150 Passive Inferred Motion Detectors, (3) Sentrol AP669 Ceiling Detectors (1) Elk 924 Sensitive Relay, (17) Sentrol 3040 Panic Switches, (9) GE NX475 Panic Pendants
<b>Control Pads Make and Model</b>	(3) NetworX NX-8E (4) NXT-4D-X
<b>Batteries – Quantity and Sizes</b>	(4) Ultra Tech 12V7AH UT1270 (1) Solex SB1240 12V 4Ah
<b>Power Supply – Quantity and Sizes</b>	(1) ELK-P412 Power Supply (4) ELK TRG 1640 16.5 VAC 45 VA Transformers
<b>Key Pads/Controllers – Make and Models</b>	(3) NetworX Keypads, Model NX-148E
<b>Printer</b>	HP Officejet 4-in-1, Model 4620
<b>Software</b>	Keri Card Reader System, Doors.NET Software v3.5.1.14
<b>Other</b>	(1) Master Sentry Loud Speaker System
<b>NOTE:</b>	Card Reader System is new (Oct 16, 2012) and has a one year maintenance warranty.

**DATA COLLECTION WORKSHEET FOR SERVICES REQUIRED AT EACH FACILITY (CONTINUED)**

Indicate the level of Burglar Alarm/Access Control Maintenance Service you will require

<b>24/7/365</b>	Yes
<b>8 AM to 5 PM Business Days</b>	
<b>Other (Please Define Requirement)</b>	

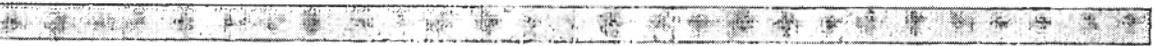


**Alarm Monitoring Services**

If you have responded Yes to wanting Alarm Monitoring Services  
 Please Indicate the types of Monitoring Services you require

(Indicate Yes or No and add comment if necessary)

Burglar Alarm	Yes
Fire Alarm	Yes
Boiler Alarm *	Yes
Generator Alarm *	Yes
Low/High Temperature Alarm *	Yes
Panic/Duress Alarm *	Yes
Other (Indicate type of Alarm)	
* Are These Alarms Tied Into the Burglar Alarm System - Yes or No	No



**DATA COLLECTION WORKSHEET FOR SERVICES REQUIRED AT EACH FACILITY**  
**(CONTINUED)**

**Alarm Monitoring Services**

If you have responded Yes to wanting Fire Alarm Monitoring Service Above  
 Please Provide an Inventory of your existing Fire Alarm System Equipment

Indicate the Type/Make of your Fire Alarm Panel, include Model number if possible	Fire Control Instrument, Model 7100-2D
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<b>Is the Fire Alarm System tied into the Burglar Alarm System or does it have it's own communicator/dialer?</b>	No - Has its own communicator/dialer.
<b>Does the Fire Alarm panel have backup communication? I.E. - AES Radio, Uplink, Cellular, Network or Masterbox</b>	No

**LOCATION # 2**

<b>AGENCY</b>	Bureau of Court Facilities
<b>FUNDING SOURCE</b>	01-14-14-141510-20450000 048-500226
<b>Invoices Sent To (Name &amp; Address)</b>	Bureau of Court Facilities 25 Capitol St, Room 420 Concord NH 03301

<b>Facility Location and Address</b>	NH Circuit Court - Concord 32 Clinton Street Concord NH 03301
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<b>Facility Contact Person Name</b>	Moe Longchamps or Liz Kelley
<b>Facility Contact Person Phone Number</b>	603-783-1817 or 603-783-1809
<b>Facility Contact Person E-Mail Address</b>	maurice.longchamps@nh.gov or elizabeth.kelley@nh.gov

**DATA COLLECTION WORKSHEET FOR SERVICES REQUIRED AT EACH FACILITY (CONTINUED)**

**Burglar Alarm/Access Control System Maintenance**

**If you have responded Yes to wanting Burglar Alarm/Access Control Maintenance You Must Provide an Inventory of your existing System Equipment Below**

<b>Manufacturer/Brand of Equipment</b>	Keri
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<b>Control Panel Make and Model</b>	2 nxt-4D,1nxt-2D Keri 4 & 2door controllers
<b>Peripheral Devices Make and Model</b>	
<b>Control Pads Make and Model</b>	(2) 7360-w DMP LCD Keypad
<b>Batteries – Quantity and Sizes</b>	(3) IM 1270 Keri Batterys Back up for Controllers
<b>Power Supply – Quantity and Sizes</b>	(1) Nxt-KPS Keri power supply
<b>Key Pads/Controllers – Make and Models</b>	(10) Nxt-5R Keri Prox Reader's
<b>Printer</b>	(1) TBD Printer for Dell Computer
<b>Software</b>	(1) Keri SW
<b>other</b>	28 Duress Buttons 10 Nxt 5R Keri Prox Readers 2 LCD 1920M 3 Arm Elect. 19" LCD Monitors 2 9 Channel color duplex multiplexer 10 714-18T OMP zone Expanders 6 AD-A4811R Genlv 1/3" Hi Res Vandal Proof Interior Dome Cameras 1 G4-WCT4801R Genin 1/3" High Resolution Bullet Camera 1 TAJ - TM 22W TatVng 22@ Flat Panel Monitor (Security Desk) 1 3008 - 2TB GE 8 Port DVR w/2 TB storage

**DATA COLLECTION WORKSHEET FOR SERVICES REQUIRED AT EACH FACILITY (CONTINUED)**

Indicate the level of Burglar Alarm/Access Control Maintenance Service you will require

24/7/365	Yes
8 AM to 5 PM Business Days	

<b>Other (Please Define Requirement)</b>	
--	--



**Alarm Monitoring Services**

If you have responded Yes to wanting **Alarm Monitoring Services**  
 Please Indicate the types of **Monitoring Services** you require

(Indicate Yes or No and add comment if necessary)

<b>Burglar Alarm</b>	Yes
<b>Fire Alarm</b>	Yes
<b>Boiler Alarm *</b>	Yes
<b>Generator Alarm *</b>	
<b>Low/High Temperature Alarm *</b>	Yes
<b>Panic/Duress Alarm *</b>	Yes
<b>Other (Indicate type of Alarm)</b>	
<b>* Are These Alarms Tied Into the Burglar Alarm System - Yes or No</b>	No



**DATA COLLECTION WORKSHEET FOR SERVICES REQUIRED AT EACH FACILITY**  
**(CONTINUED)**

**Alarm Monitoring Services**

If you have responded Yes to wanting **Fire Alarm Monitoring Service** Above  
 Please Provide an Inventory of your existing **Fire Alarm System Equipment**

Indicate the Type/Make of your Fire Alarm Panel, include Model number if possible	Simplex 4100
Is the Fire Alarm System tied into the Burglar Alarm System or does it have it's own communicator/dialer?	no
Does the Fire Alarm panel have backup communication? I.E. - AES Radio, Uplink, Cellular, Network or Masterbox	Yes

**LOCATION # 3**

<b>AGENCY</b>	Bureau of Court Facilities
<b>FUNDING SOURCE</b>	01-14-14-141510-20450000 048-500226
<b>Invoices Sent To (Name &amp; Address)</b>	Bureau of Court Facilities 25 Capitol St, Room 420 Concord NH 03301

<b>Facility Location and Address</b>	Coos County Courthouse 55 School Street Lancaster NH 03584
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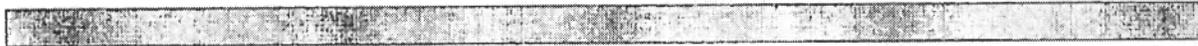
<b>Facility Contact Person Name</b>	Clark Benson or Christina Bryant
<b>Facility Contact Person Number</b>	603-545-8482 or 545-2515
<b>Facility Contact Person E-Mail Address</b>	<a href="mailto:clark.benson@nh.gov">clark.benson@nh.gov</a> or <a href="mailto:christina.bryant@nh.gov">christina.bryant@nh.gov</a>

**DATA COLLECTION WORKSHEET FOR SERVICES REQUIRED AT EACH FACILITY (CONTINUED)**

**Burglar Alarm/Access Control System Maintenance**

If you have responded Yes to wanting Burglar Alarm/Access Control Maintenance  
 You Must Provide an Inventory of your existing System Equipment Below

<b>Manufacturer/Brand of Equipment</b>	Superterm Continental Instruments Corp. & Keri Systems
<b>Control Panel Make and Model</b>	CICP 1800 Superterm Fully Independent Eight Door Control Panel (2)
<b>Peripheral Devices Make and Model</b>	(19) Sentrol 1076 Magnetic door contact switches (26) Sentrol 3040 Duress buttons (8) Narco 680 IR Intrusion detectors (14) DIR 680 Sensor D5151 Request to exit sensor.
<b>Control Pads Make and Model</b>	(2) AC292 on door 2nd Floor Continental instruments Corp. 170-1093-REV-D
<b>Batteries - Quantity and Sizes</b>	(7) 12VAH Batteries
<b>Power Supply - Quantity and Sizes</b>	(2) Altronic AL600 UCX 24 VDC 6 AMP Power supplies
<b>Key Pads/Controllers - Make and Models</b>	(2) Ademco keypads Vista 20 (19) Keri Readers - Slim style Prox
<b>Printer</b>	HP Deskjet 1000
<b>Software</b>	Keri Systems Client
<b>Other</b>	(1) Linear D-4R Digital receiver (4) Linear D-22 Handheld Transmitters (1) AD2096A Alarm interface unit, 64 Alarm inputs



**DATA COLLECTION WORKSHEET FOR SERVICES REQUIRED AT EACH FACILITY (CONTINUED)**

Indicate the level of Burglar Alarm/Access Control Maintenance Service you will require

24/7/365	24/7/365
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8 AM to 5 PM Business Days	
Other (Please Define Requirement)	

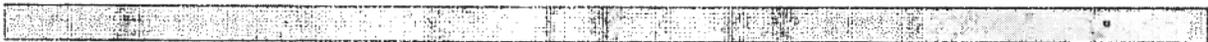


**Alarm Monitoring Services**

If you have responded Yes to wanting Alarm Monitoring Services  
 Please Indicate the types of Monitoring Services you require

(Indicate Yes or No and add comment if necessary)

Burglar Alarm	Yes
Fire Alarm	Yes
Boiler Alarm *	No
Generator Alarm *	No
Low/High Temperature Alarm *	Yes
Panic/Duress Alarm *	Yes
Other (Indicate type of Alarm)	
* Are These Alarms Tied Into the Burglar Alarm System - Yes or No	Yes



**DATA COLLECTION WORKSHEET FOR SERVICES REQUIRED AT EACH FACILITY (CONTINUED)**

**Alarm Monitoring Services**

If you have responded Yes to wanting Fire Alarm Monitoring Service Above

Contractor Initials PK  
 Date 3/25/13

Please Provide an Inventory of your existing Fire Alarm System Equipment

Indicate the Type/Make of your Fire Alarm Panel, include Model number if possible	Notifier AFP-400 Intelligent fire detection and alarm system
Is the Fire Alarm System tied into the Burglar Alarm System or does it have it's own communicator/dialer?	Yes
Does the Fire Alarm panel have backup communication? I.E. - AES Radio, Uplink, Cellular, Network or Masterbox	Masterbox under entryway, but the town is supposed to be discontinuing these boxes.

LOCATION # 4

AGENCY	Bureau of Court Facilities
FUNDING SOURCE	01-14-14-141510-20450000 048-500226
Invoices Sent To (Name & Address)	Bureau of Court Facilities 25 Capitol St, Room 420 Concord NH 03301

Facility Location and Address	NH Circuit Court - Derry 10 Courthouse Lane Derry NH 03038
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Facility Contact Person Name	Sue Flaherty
Facility Contact Person Phone Number	603-783-1806
Facility Contact Person E-Mail Address	susan.flaherty@nh.gov

**DATA COLLECTION WORKSHEET FOR SERVICES REQUIRED AT EACH FACILITY (CONTINUED)**

**Burglar Alarm/Access Control System Maintenance**

If you have responded Yes to wanting **Burglar Alarm/Access Control Maintenance**

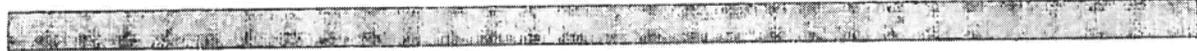
You Must Provide an Inventory of your existing System Equipment Below

<b>Manufacturer/Brand of Equipment</b>	MOOSE/ Z1250 DIGITAL ALARM TRANSMITTER
<b>Control Panel Make and Model</b>	MPI Z2350 ZONE EXPANSION MODULE
<b>Peripheral Devices Make and Model</b>	29 CAMERAS
<b>Control Pads Make and Model</b>	N/A
<b>Batteries – Quantity and Sizes</b>	1 - 12V 7AH ULTRA TECH
<b>Power Supply – Quantity and Sizes</b>	" "
<b>Key Pads/Controllers – Make and Models</b>	GE / KTD 405 JOYSTICK AND KEYPAD/// 17 DURESS BUTTONS
<b>Printer</b>	N/A
<b>Software</b>	N/A
<b>Other</b>	N/A

**DATA COLLECTION WORKSHEET FOR SERVICES REQUIRED AT EACH FACILITY (CONTINUED)**

Indicate the level of Burglar Alarm/Access Control Maintenance Service you will require

24/7/365	X
8 AM to 5 PM Business Days	
Other (Please Define Requirement)	



**Alarm Monitoring Services**

If you have responded Yes to wanting Alarm Monitoring Services  
 Please indicate the types of Monitoring Services you require

(Indicate Yes or No and add comment if necessary)

Burglar Alarm	YES
Fire Alarm	YES
Boiler Alarm *	NO
Generator Alarm *	N/A
Low/High Temperature Alarm *	YES
Panic/Duress Alarm *	YES
Other (Indicate type of Alarm)	
* Are These Alarms Tied Into the Burglar Alarm System - Yes or No	YES



**DATA COLLECTION WORKSHEET FOR SERVICES REQUIRED AT EACH FACILITY (CONTINUED)**

**Alarm Monitoring Services**

If you have responded Yes to wanting Fire Alarm Monitoring Service Above

**Please Provide an Inventory of your existing Fire Alarm System Equipment**

<b>Indicate the Type/Make of your Fire Alarm Panel, include Model number if possible</b>	MFA MODEL# FC-72 SERIAL#116247
<b>Is the Fire Alarm System tied into the Burglar Alarm System or does it have it's own communicator/dialer?</b>	YES - ANTENNA ON THE ROOF
<b>Does the Fire Alarm panel have backup communication? I.E. - AES Radio, Uplink, Cellular, Network or Masterbox</b>	MFA FIRE ALARM ANNOUNCIATOR OUTSIDE

**LOCATION # 5**

<b>AGENCY</b>	Bureau of Court Facilities
<b>FUNDING SOURCE</b>	01-14-14-141510-20450000 048-500226
<b>Invoices Sent To (Name &amp; Address)</b>	Bureau of Court Facilities 25 Capitol St, Room 420 Concord NH 03301

<b>Facility Location and Address</b>	NH Circuit Court - Dover 25 St. Thomas Street Dover NH 03820
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<b>Facility Contact Person Name</b>	Dave Conner
<b>Facility Contact Person Phone Number</b>	603-783-1715
<b>Facility Contact Person E-Mail Address</b>	david.conner@nh.gov

**DATA COLLECTION WORKSHEET FOR SERVICES REQUIRED AT EACH FACILITY (CONTINUED)**

**Burglar Alarm/Access Control System Maintenance**

If you have responded Yes to wanting **Burglar Alarm/Access Control Maintenance**

You Must Provide an Inventory of your existing System Equipment Below

<b>Manufacturer/Brand of Equipment</b>	603-783-1821
<b>Control Panel Make and Model</b>	DMPXR200
<b>Peripheral Devices Make and Model</b>	Duress Alarms, wired, handheld, Door, Motion Detectors
<b>Control Pads Make and Model</b>	
<b>Batteries – Quantity and Sizes</b>	
<b>Power Supply – Quantity and Sizes</b>	Batteries Unknown
<b>Key Pads/Controllers – Make and Models</b>	2-Keypads (security), 1-Keypad Low Temp
<b>Printer</b>	No
<b>Software</b>	
<b>Other</b>	



**DATA COLLECTION WORKSHEET FOR SERVICES REQUIRED AT EACH FACILITY (CONTINUED)**

Indicate the level of **Burglar Alarm/Access Control Maintenance Service** you will require

<b>24/7/365</b>	Yes
<b>8 AM to 5 PM Business Days</b>	

<b>Other (Please Define Requirement)</b>	
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**Alarm Monitoring Services**

If you have responded Yes to wanting Alarm Monitoring Services  
 Please Indicate the types of Monitoring Services you require

(Indicate Yes or No and add comment if necessary)

<b>Burglar Alarm</b>	Yes
<b>Fire Alarm</b>	Yes
<b>Boiler Alarm *</b>	Yes
<b>Generator Alarm *</b>	Yes
<b>Low/High Temperature Alarm *</b>	Yes
<b>Panic/Duress Alarm *</b>	Yes
<b>Other (Indicate type of Alarm)</b>	
<b>* Are These Alarms Tied Into the Burglar Alarm System - Yes or No</b>	Duress Alarm (yes) Low Temp (yes)



**DATA COLLECTION WORKSHEET FOR SERVICES REQUIRED AT EACH FACILITY (CONTINUED)**

**Alarm Monitoring Services**

If you have responded Yes to wanting Fire Alarm Monitoring Service Above  
 Please Provide an Inventory of your existing Fire Alarm System Equipment

Indicate the Type/Make of your Fire Alarm Panel, include Model number if possible	ASP-400 Notifier System
Is the Fire Alarm System tied into the Burglar Alarm System or does it have it's own communicator/dialer?	Unknown
Does the Fire Alarm panel have backup communication? I.E. - AES Radio, Uplink, Cellular, Network or Masterbox	Unknown

**LOCATION # 6**

AGENCY	Bureau of Court Facilities
FUNDING SOURCE	01-14-14-141510-20450000 048-500226
Invoices Sent To (Name & Address)	Bureau of Court Facilities 25 Capitol St, Room 420 Concord NH 03301

Facility Location and Address	NH Circuit Court - Franklin 7 Hancock Terrace Franklin NH 03235
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Facility Contact Person Name	Gary Field
Facility Contact Person Number	603-783-1824
Facility Contact Person Address	gary.field@nh.gov

**DATA COLLECTION WORKSHEET FOR SERVICES REQUIRED AT EACH FACILITY (CONTINUED)**

**Burglar Alarm/Access Control System Maintenance**

**If you have responded Yes to wanting Burglar Alarm/Access Control Maintenance**

**You Must Provide an Inventory of your existing System Equipment Below**

<b>Manufacturer/Brand of Equipment</b>	Digital monitoring products inc.
<b>Control Panel Make and Model</b>	DMP / AR9737
<b>Peripheral Devices Make and Model</b>	3-motions Rokonet /RK-110FC. Lo-temp/FBI/T-280 8 duresses/3045-w 2 portable duresses/ fa255
<b>Control Pads Make and Model</b>	10 zone KLB 884370 expander card 889928
<b>Batteries – Quantity and Sizes</b>	12v-10 ah
<b>Power Supply – Quantity and Sizes</b>	DMP model 367
<b>Key Pads/Controllers – Make and Models</b>	3/key pads DMP_XR_200
<b>Printer</b>	NO
<b>Software</b>	NO
<b>Other</b>	The door magnets are in the door type/ The window magnets are standard reed switches



**DATA COLLECTION WORKSHEET FOR SERVICES REQUIRED AT EACH FACILITY (CONTINUED)**

Indicate the level of Burglar Alarm/Access Control Maintenance Service you will require

<b>24/7/365</b>	Yes
<b>8 AM to 5 PM Business Days</b>	

<b>Other (Please Define Requirement)</b>	
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**Alarm Monitoring Services**

Yes

If you have responded Yes to wanting **Alarm Monitoring Services**  
 Please Indicate the types of **Monitoring Services** you require

(Indicate Yes or No and add comment if necessary)

<b>Burglar Alarm</b>	Yes
<b>Fire Alarm</b>	Yes
<b>Boiler Alarm *</b>	No
<b>Generator Alarm *</b>	No
<b>Low/High Temperature Alarm *</b>	Yes
<b>Panic/Duress Alarm *</b>	Yes
<b>Other (Indicate type of Alarm)</b>	
<b>* Are These Alarms Tied Into the Burglar Alarm System - Yes or No</b>	Yes



**DATA COLLECTION WORKSHEET FOR SERVICES REQUIRED AT EACH FACILITY (CONTINUED)**

**Alarm Monitoring Services**

If you have responded Yes to wanting **Fire Alarm Monitoring Service** Above  
 Please Provide an Inventory of your existing **Fire Alarm System Equipment**

Indicate the Type/Make of your Fire Alarm Panel, include Model number if possible	FCI---FC series-72
Is the Fire Alarm System tied into the Burglar Alarm System or does it have it's own communicator/dialer ?	The fire alarm is tied to the burglar alarm, also is hooked directly to the city via a Master box .
Does the Fire Alarm panel have backup communication? I.E. - AES Radio, Uplink, Cellular, Network or Masterbox	Master box.

**LOCATION # 7**

<b>AGENCY</b>	Bureau of Court Facilities
<b>FUNDING SOURCE</b>	01-14-14-141510-20450000 048-500226
<b>Invoices Sent To (Name &amp; Address)</b>	Bureau of Court Facilities 25 Capitol St, Room 420 Concord NH 03301

<b>Facility Location and Address</b>	Hillsborough County Courthouse - North 300 Chestnut Street Manchester NH 03101
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<b>Facility Contact Person Name</b>	Robert Girard or Steve Lis
<b>Facility Contact Person Phone Number</b>	603-783-1814 or 603-545-8608
<b>Facility Contact Person E-Mail Address</b>	robert.girard@nh.gov steve.lis@nh.gov

**DATA COLLECTION WORKSHEET FOR SERVICES REQUIRED AT EACH FACILITY (CONTINUED)**

**Burglar Alarm/Access Control System Maintenance**

**If you have responded Yes to wanting Burglar Alarm/Access Control Maintenance**

**You Must Provide an Inventory of your existing System Equipment Below**

<b>Manufacturer/Brand of Equipment</b>	Maxsys PC4020
<b>Control Panel Make and Model</b>	PC 4020
<b>Peripheral Devices Make and Model</b>	N/A
<b>Control Pads Make and Model</b>	DSC MAXSYS
<b>Batteries – Quantity and Sizes</b>	4 each UB1280 12 volt 8 AH
<b>Power Supply – Quantity and Sizes</b>	DC multiple power supply Model # PS-8nc/1A
<b>Key Pads/Controllers – Make and Models</b>	ELK-P412 7 each
<b>Printer</b>	N/A
<b>Software</b>	N/A
<b>Other</b>	N/A

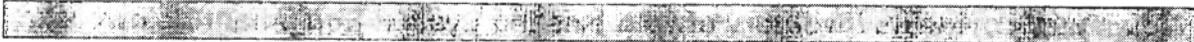


**DATA COLLECTION WORKSHEET FOR SERVICES REQUIRED AT EACH FACILITY (CONTINUED)**

Indicate the level of Burglar Alarm/Access Control Maintenance Service you will require

<b>24/7/365</b>	yes
<b>8 AM to 5 PM Business Days</b>	

<b>Other (Please Define Requirement)</b>	
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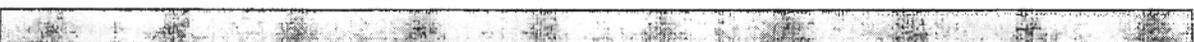


**Alarm Monitoring Services**

If you have responded Yes to wanting Alarm Monitoring Services  
 Please Indicate the types of Monitoring Services you require

(Indicate Yes or No and add comment if necessary)

<b>Burglar Alarm</b>	Yes
<b>Fire Alarm</b>	Yes
<b>Boiler Alarm *</b>	
<b>Generator Alarm *</b>	
<b>Low/High Temperature Alarm *</b>	Yes
<b>Panic/Duress Alarm *</b>	Yes
<b>Other (Indicate type of Alarm)</b>	
<b>* Are These Alarms Tied Into the Burglar Alarm System - Yes or No</b>	Yes



**DATA COLLECTION WORKSHEET FOR SERVICES REQUIRED AT EACH FACILITY (CONTINUED)**

**Alarm Monitoring Services**

If you have responded Yes to wanting Fire Alarm Monitoring Service Above  
 Please Provide an Inventory of your existing Fire Alarm System Equipment

Indicate the Type/Make of your Fire Alarm Panel, include Model number if possible	HoneyWell NFS2-3030(E), NFS2-640(E), Radio Box 70-4537, Dialor 1100-C670
Is the Fire Alarm System tied into the Burglar Alarm System or does it have it's own communicator/dialer?	Yes
Does the Fire Alarm panel have backup communication? I.E. - AES Radio, Uplink, Cellular, Network or Masterbox	Yes

**LOCATION # 8**

AGENCY	Bureau of Court Facilities
FUNDING SOURCE	01-14-14-141510-20450000 048-500226
Invoices Sent To (Name & Address)	Bureau of Court Facilities 25 Capitol St, Room 420 Concord NH 03301

Facility Location and Address	Hillsborough County Courthouse South 30 Spring Street Nashua NH 03060
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Facility Contact Person Name	Herney Londono
Facility Contact Person Phone Number	603-765-6953
Facility Contact Person E-Mail Address	herney.londono@nh.gov

**DATA COLLECTION WORKSHEET FOR SERVICES REQUIRED AT EACH FACILITY (CONTINUED)**

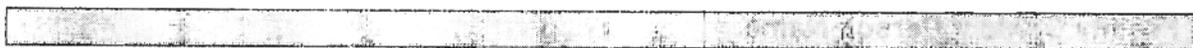
**Burglar Alarm/Access Control System Maintenance**

If you have responded Yes to wanting **Burglar Alarm/Access Control**

**Maintenance**

**You Must Provide an Inventory of your existing System Equipment Below**

<b>Manufacturer/Brand of Equipment</b>	DSC MAXSYS
<b>Control Panel Make and Model</b>	PC4020
<b>Peripheral Devices Make and Model</b>	4 dsc maxsys key pad access, motion detectors,duress alarms
<b>Control Pads Make and Model</b>	DSC MAXSYS
<b>Batteries – Quantity and Sizes</b>	1 sb1270 , 12v-7ah
<b>Power Supply – Quantity and Sizes</b>	imput 120v - output 120v
<b>Key Pads/Controllers – Make and Models</b>	maxsys DSC
<b>Printer</b>	
<b>Software</b>	
<b>Other</b>	



**DATA COLLECTION WORKSHEET FOR SERVICES REQUIRED AT EACH FACILITY (CONTINUED)**

Indicate the level of **Burglar Alarm/Access Control Maintenance Service** you will require

<b>24/7/365</b>	yes
<b>8 AM to 5 PM Business Days</b>	
<b>Other (Please Define Requirement)</b>	

**Alarm Monitoring Services**

If you have responded Yes to wanting Alarm Monitoring Services  
 Please Indicate the types of Monitoring Services you require

(Indicate Yes or No and add comment if necessary)

Burglar Alarm	yes
Fire Alarm	yes
Boiler Alarm *	
Generator Alarm *	
Low/High Temperature Alarm *	yes
Panic/Duress Alarm *	yes
Other (Indicate type of Alarm)	
* Are These Alarms Tied Into the Burglar Alarm System - Yes or No	yes

**DATA COLLECTION WORKSHEET FOR SERVICES REQUIRED AT EACH FACILITY (CONTINUED)**

**Alarm Monitoring Services**

If you have responded Yes to wanting Fire Alarm Monitoring Service Above  
 Please Provide an Inventory of your existing Fire Alarm System Equipment

Indicate the Type/Make of your Fire Alarm Panel, include Model number if possible	NFS2-3030
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Is the Fire Alarm System tied into the Burglar Alarm System or does it have it's own communicator/dialer?	yes
Does the Fire Alarm panel have backup communication? I.E. - AES Radio, Uplink, Cellular, Network or Masterbox	masterbox

**LOCATION # 9**

<b>AGENCY</b>	Bureau of Court Facilities
<b>FUNDING SOURCE</b>	01-14-14-141510-20450000 048-500226
<b>Invoices Sent To (Name &amp; Address)</b>	Bureau of Court Facilities 25 Capitol St, Room 420 Concord NH 03301

<b>Facility Location and Address</b>	NH Circuit Court - Jaffrey 84 Peterborough Street Jaffrey NH 03452
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<b>Facility Contact Person Name</b>	Gregory Marsh
<b>Facility Contact Person Phone Number</b>	603-412-7030
<b>Facility Contact Person E-Mail Address</b>	gregory.marsh@nh.gov

**DATA COLLECTION WORKSHEET FOR SERVICES REQUIRED AT EACH FACILITY (CONTINUED)**

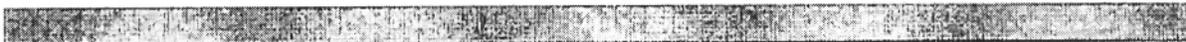
**Burglar Alarm/Access Control System Maintenance**

If you have responded Yes to wanting **Burglar Alarm/Access Control Maintenance**

You Must Provide an Inventory of your existing System Equipment Below

Contractor Initials PK  
 Date 3/25/13

<b>Manufacturer/Brand of Equipment</b>	DSC Security Products
<b>Control Panel Make and Model</b>	PC 4020 v 313
<b>Peripheral Devices Make and Model</b>	Duress A;arms- motion detectors
<b>Control Pads Make and Model</b>	DSC Key pads
<b>Batteries – Quantity and Sizes</b>	2 - 12v
<b>Power Supply – Quantity and Sizes</b>	2- 120 v
<b>Key Pads/Controllers – Make and Models</b>	DSC Key pads
<b>Printer</b>	
<b>Software</b>	
<b>Other</b>	



**DATA COLLECTION WORKSHEET FOR SERVICES REQUIRED AT EACH FACILITY (CONTINUED)**

Indicate the level of Burglar Alarm/Access Control Maintenance Service you will require

<b>24/7/365</b>	yes
<b>8 AM to 5 PM Business Days</b>	
<b>Other (Please Define Requirement)</b>	

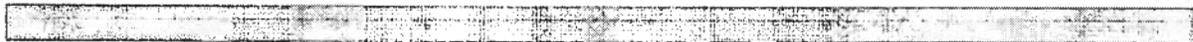


**Alarm Monitoring Services**

If you have responded Yes to wanting Alarm Monitoring Services  
 Please Indicate the types of Monitoring Services you require

(Indicate Yes or No and add comment if necessary)

Burglar Alarm	yes
Fire Alarm	yes
Boiler Alarm *	yes
Generator Alarm *	yes
Low/High Temperature Alarm *	yes
Panic/Duress Alarm *	yes
Other (Indicate type of Alarm)	
* Are These Alarms Tied Into the Burglar Alarm System - Yes or No	no



**DATA COLLECTION WORKSHEET FOR SERVICES REQUIRED AT EACH FACILITY (CONTINUED)**

**Alarm Monitoring Services**

If you have responded Yes to wanting Fire Alarm Monitoring Service Above  
 Please Provide an Inventory of your existing Fire Alarm System Equipment

Indicate the Type/Make of your Fire Alarm Panel, include Model number if possible	FCI Fire control instruments Model 7100-2d
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<b>Is the Fire Alarm System tied into the Burglar Alarm System or does it have it's own communicator/dialer?</b>	Have is own comunicator Dialer
<b>Does the Fire Alarm panel have backup communication? I.E. - AES Radio, Uplink, Cellular, Network or Masterbox</b>	yes

**LOCATION # 10**

<b>AGENCY</b>	Bureau of Court Facilities
<b>FUNDING SOURCE</b>	01-14-14-141510-20450000 048-500226
<b>Invoices Sent To (Name &amp; Address)</b>	Bureau of Court Facilities 25 Capitol St, Room 420 Concord NH 03301

<b>Facility Location and Address</b>	NH Circuit Court 2 Academy Street Laconia NH 0324
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<b>Facility Contact Person Name</b>	Kevin Crutchfield
<b>Facility Contact Person Phone Number</b>	603-783-1811
<b>Facility Contact Person E-Mail Address</b>	kevin.crutchfield@nh.gov

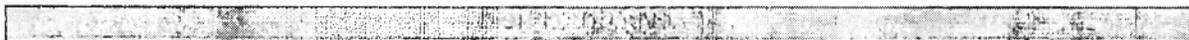
**DATA COLLECTION WORKSHEET FOR SERVICES REQUIRED AT EACH FACILITY (CONTINUED)**

**Burglar Alarm/Access Control System Maintenance**

**If you have responded Yes to wanting Burglar Alarm/Access Control Maintenance**

**You Must Provide an Inventory of your existing System Equipment Below**

<b>Manufacturer/Brand of Equipment</b>	Maxsys DSC
<b>Control Panel Make and Model</b>	DSC PC 4020
<b>Peripheral Devices Make and Model</b>	USP Duress Controls GRI Door Contacts Motion Detectors DSC
<b>Control Pads Make and Model</b>	N/A
<b>Batteries – Quantity and Sizes</b>	2 12v
<b>Power Supply – Quantity and Sizes</b>	Part of DSC Model 4020
<b>Key Pads/Controllers – Make and Models</b>	2 DSC Model 4020
<b>Printer</b>	NO
<b>Software</b>	No
<b>Other</b>	NO



**DATA COLLECTION WORKSHEET FOR SERVICES REQUIRED AT EACH FACILITY (CONTINUED)**

Indicate the level of Burglar Alarm/Access Control Maintenance Service you will require

<b>24/7/365</b>	Yes
<b>8 AM to 5 PM Business Days</b>	
<b>Other (Please Define Requirement)</b>	Belknap County Sherriff



**Alarm Monitoring Services**

If you have responded Yes to wanting Alarm Monitoring Services  
 Please Indicate the types of Monitoring Services you require

(Indicate Yes or No and add comment if necessary)

Burglar Alarm	NO
Fire Alarm	YES
Boiler Alarm *	YES
Generator Alarm *	
Low/High Temperature Alarm *	YES
Panic/Duress Alarm *	NO
Other (Indicate type of Alarm)	
* Are These Alarms Tied Into the Burglar Alarm System - Yes or No	NO



**DATA COLLECTION WORKSHEET FOR SERVICES REQUIRED AT EACH FACILITY (CONTINUED)**

**Alarm Monitoring Services**

If you have responded Yes to wanting Fire Alarm Monitoring Service Above  
 Please Provide an Inventory of your existing Fire Alarm System Equipment

Indicate the Type/Make of your Fire Alarm Panel, include Model number if possible	GE EST 3
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Is the Fire Alarm System tied into the Burglar Alarm System or does it have it's own communicator/dialer?	NO
Does the Fire Alarm panel have backup communication? I.E. - AES Radio, Uplink, Cellular, Network or Masterbox	Masterbox

**LOCATION # 11**

<b>AGENCY</b>	Bureau of Court Facilities
<b>FUNDING SOURCE</b>	01-14-14-141510-20450000 048-500226
<b>Invoices Sent To (Name &amp; Address)</b>	Bureau of Court Facilities 25 Capitol St, Room 420 Concord NH 03301

<b>Facility Location and Address</b>	NH Circuit Court - Lebanon 38 Centerra Parkway Lebanon NH 03766
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<b>Facility Contact Person Name</b>	David McGrath
<b>Facility Contact Person Phone Number</b>	603-252-0950
<b>Facility Contact Person E-Mail Address</b>	david.mcgrath@nh.gov

**DATA COLLECTION WORKSHEET FOR SERVICES REQUIRED AT EACH FACILITY (CONTINUED)**

**Burglar Alarm/Access Control System Maintenance**

**If you have responded Yes to wanting Burglar Alarm/Access Control Maintenance**

**You Must Provide an Inventory of your existing System Equipment Below**

<b>Manufacturer/Brand of Equipment</b>	honeywell
<b>Control Panel Make and Model</b>	model n/a
<b>Peripheral Devices Make and Model</b>	dmp (xt30)
<b>Control Pads Make and Model</b>	honeywell(model n/a) dmp( model xt30)
<b>Batteries – Quantity and Sizes</b>	(1) 12volt each pad box
<b>Power Supply – Quantity and Sizes</b>	110) 12volt battery backup
<b>Key Pads/Controllers – Make and Models</b>	honeywell(model n/a) dmp( model xt30)
<b>Printer</b>	n/a
<b>Software</b>	n/a
<b>Other</b>	



**DATA COLLECTION WORKSHEET FOR SERVICES REQUIRED AT EACH FACILITY (CONTINUED)**

Indicate the level of Burglar Alarm/Access Control Maintenance Service you will require

<b>24/7/365</b>	yes
<b>8 AM to 5 PM Business Days</b>	
<b>Other (Please Define Requirement)</b>	



**Alarm Monitoring Services**

If you have responded Yes to wanting Alarm Monitoring Services  
 Please Indicate the types of Monitoring Services you require

(Indicate Yes or No and add comment if necessary)

Burglar Alarm	yes
Fire Alarm	yes
Boiler Alarm *	yes
Generator Alarm *	n/a
Low/High Temperature Alarm *	yes
Panic/Duress Alarm *	yes ( 7 panic duress alarms ) in bldg
Other (Indicate type of Alarm)	
* Are These Alarms Tied Into the Burglar Alarm System - Yes or No	yes



**DATA COLLECTION WORKSHEET FOR SERVICES REQUIRED AT EACH FACILITY (CONTINUED)**

**Alarm Monitoring Services**

If you have responded Yes to wanting Fire Alarm Monitoring Service Above  
 Please Provide an Inventory of your existing Fire Alarm System Equipment

Indicate the Type/Make of your Fire Alarm Panel, include Model number if possible	notifier system 500
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<b>Is the Fire Alarm System tied into the Burglar Alarm System or does it have it's own communicator/dialer?</b>	seprate (own communicator)
<b>Does the Fire Alarm panel have backup communication? I.E. - AES Radio, Uplink, Cellular, Network or Masterbox</b>	masterbox

**LOCATION # 12**

<b>AGENCY</b>	Bureau of Court Facilities
<b>FUNDING SOURCE</b>	01-14-14-141510-20450000 048-500226
<b>Invoices Sent To (Name &amp; Address)</b>	Bureau of Court Facilities 25 Capitol St, Room 420 Concord NH 03301

<b>Facility Location and Address</b>	Circuit Court - Manchester 35 Amherst St Manchester NH 03101
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<b>Facility Contact Person Name</b>	Larry Lebrun
<b>Facility Contact Person Phone Number</b>	603-783-1812
<b>Facility Contact Person E-Mail Address</b>	larry.lebrun@nh.gov

**DATA COLLECTION WORKSHEET FOR SERVICES REQUIRED AT EACH FACILITY (CONTINUED)**

**Burglar Alarm/Access Control System Maintenance**

**If you have responded Yes to wanting Burglar Alarm/Access Control Maintenance**

**You Must Provide an Inventory of your existing System Equipment Below**

<b>Manufacturer/Brand of Equipment</b>	Westinghouse 5850-8
<b>Control Panel Make and Model</b>	Ranger 8980E
<b>Peripheral Devices Make and Model</b>	Sentrol 3040 duress / door switches / Linear ModelD-22a duress / Inovonics FA205D duress
<b>Control Pads Make and Model</b>	Caddx M#2283
<b>Batteries – Quantity and Sizes</b>	12 - NP7-12 12v 7.0ah
<b>Power Supply – Quantity and Sizes</b>	3 - Westinghouse Model 37183
<b>Key Pads/Controllers – Make and Models</b>	Westinghouse 2814 Proximity Sensors / DMP - XT50 Series
<b>Printer</b>	
<b>Software</b>	Windows XP / ProWatch
<b>Other</b>	



**DATA COLLECTION WORKSHEET FOR SERVICES REQUIRED AT EACH FACILITY (CONTINUED)**

Indicate the level of **Burglar Alarm/Access Control Maintenance Service** you will require

<b>24/7/365</b>	yes
<b>8 AM to 5 PM Business Days</b>	
<b>Other (Please Define Requirement)</b>	



**Alarm Monitoring Services**

If you have responded Yes to wanting **Alarm Monitoring Services**  
 Please Indicate the types of **Monitoring Services** you require

(Indicate Yes or No and add comment if necessary)

<b>Burglar Alarm</b>	yes
<b>Fire Alarm</b>	
<b>Boiler Alarm *</b>	
<b>Generator Alarm *</b>	
<b>Low/High Temperature Alarm *</b>	yes
<b>Panic/Duress Alarm *</b>	yes
<b>Other (Indicate type of Alarm)</b>	
<b>* Are These Alarms Tied Into the Burglar Alarm System - Yes or No</b>	yes

**LOCATION # 13**

<b>AGENCY</b>	Bureau of Court Facilities
<b>FUNDING SOURCE</b>	01-14-14-141510-20450000 048-500226
<b>Invoices Sent To (Name &amp; Address)</b>	Bureau of Court Facilities 25 Capitol St, Room 420 Concord NH 03301

<b>Facility Location and Address</b>	NH Circuit Court - Merrimack 4 Baboosic Lake Road Merrimack NH 03054
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<b>Facility Contact Person Name</b>	Randy Klaver
<b>Facility Contact Person Phone Number</b>	603-717-1902
<b>Facility Contact Person E-Mail Address</b>	randy.klaver@nh.gov

**DATA COLLECTION WORKSHEET FOR SERVICES REQUIRED AT EACH FACILITY (CONTINUED)**

**Burglar Alarm/Access Control System Maintenance**

If you have responded Yes to wanting Burglar Alarm/Access Control Maintenance  
 You Must Provide an Inventory of your existing System Equipment Below

<b>Manufacturer/Brand of Equipment</b>	DSC Power Series
<b>Control Panel Make and Model</b>	DSC Power Series PC1864
<b>Peripheral Devices Make and Model</b>	Alarm Panel Power 832, Intercom Door Releases PC5010
<b>Control Pads Make and Model</b>	DSC
<b>Batteries – Quantity and Sizes</b>	Camera's DC Multiple Power Supply PS-8DC/1A
<b>Power Supply – Quantity and Sizes</b>	Scuritron X 3
<b>Key Pads/Controllers – Make and Models</b>	DSC Z823
<b>Printer</b>	N/A
<b>Software</b>	Keri Systems
<b>Other</b>	

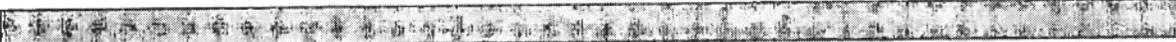


**DATA COLLECTION WORKSHEET FOR SERVICES REQUIRED AT EACH FACILITY (CONTINUED)**

Indicate the level of Burglar Alarm/Access Control Maintenance Service you will

require

24/7/365	X
8 AM to 5 PM Business Days	
Other (Please Define Requirement)	



**Alarm Monitoring Services**

If you have responded Yes to wanting Alarm Monitoring Services  
 Please Indicate the types of Monitoring Services you require

(Indicate Yes or No and add comment if necessary)

Burglar Alarm	Yes
Fire Alarm	Yes
Boiler Alarm *	No
Generator Alarm *	No
Low/High Temperature Alarm *	No
Panic/Duress Alarm *	Yes
Other (Indicate type of Alarm)	No
* Are These Alarms Tied Into the Burglar Alarm System - Yes or No	No



**DATA COLLECTION WORKSHEET FOR SERVICES REQUIRED AT EACH FACILITY (CONTINUED)**

**Alarm Monitoring Services**

If you have responded Yes to wanting Fire Alarm Monitoring Service Above

Please Provide an Inventory of your existing Fire Alarm System Equipment

Indicate the Type/Make of your Fire Alarm Panel, include Model number if possible	Notifier/Honeywell NFS2-640E
Is the Fire Alarm System tied into the Burglar Alarm System or does it have it's own communicator/dialer?	No-separate system
Does the Fire Alarm panel have backup communication? I.E. - AES Radio, Uplink, Cellular, Network or Masterbox	Master Box

**LOCATION # 14**

AGENCY	Bureau of Court Facilities
FUNDING SOURCE	01-14-14-141510-20450000 048-500226
Invoices Sent To (Name & Address)	Bureau of Court Facilities 25 Capitol St, Room 420 Concord NH 03301

Facility Location and Address	Nashua District Court 25 Walnut Street Oval Nashua NH 03060
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Facility Contact Person Name	Herney Londono
Facility Contact Person Phone Number	603-765-6953
Facility Contact Person E-Mail Address	herney.londono@nh.gov

**DATA COLLECTION WORKSHEET FOR SERVICES REQUIRED AT EACH FACILITY (CONTINUED)**

**Burglar Alarm/Access Control System Maintenance**

If you have responded Yes to wanting Burglar Alarm/Access Control Maintenance

You Must Provide an Inventory of your existing System Equipment Below

<b>Manufacturer/Brand of Equipment</b>	ADT
<b>Control Panel Make and Model</b>	ADT entrepreneur -2900 security control sttation
<b>Peripheral Devices Make and Model</b>	motion sensors., duress alarms, key pads
<b>Control Pads Make and Model</b>	ADT entrepreneur -2900 security control sttation
<b>Batteries – Quantity and Sizes</b>	1-12v - 7ah
<b>Power Supply – Quantity and Sizes</b>	120v
<b>Key Pads/Controllers – Make and Models</b>	ADT
<b>Printer</b>	
<b>Software</b>	
<b>Other</b>	



**DATA COLLECTION WORKSHEET FOR SERVICES REQUIRED AT EACH FACILITY (CONTINUED)**

Indicate the level of Burglar Alarm/Access Control Maintenance Service you will require

<b>24/7/365</b>	yes
<b>8 AM to 5 PM Business Days</b>	

<b>Other (Please Define Requirement)</b>	
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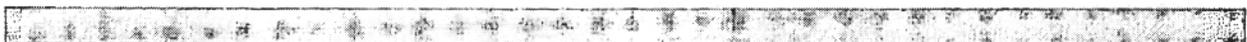


**Alarm Monitoring Services**

If you have responded Yes to wanting Alarm Monitoring Services  
 Please Indicate the types of Monitoring Services you require

(Indicate Yes or No and add comment if necessary)

<b>Burglar Alarm</b>	yes
<b>Fire Alarm</b>	yes
<b>Boiler Alarm *</b>	
<b>Generator Alarm *</b>	
<b>Low/High Temperature Alarm *</b>	yes
<b>Panic/Duress Alarm *</b>	yes
<b>Other (Indicate type of Alarm)</b>	
<b>* Are These Alarms Tied Into the Burglar Alarm System - Yes or No</b>	yes



**DATA COLLECTION WORKSHEET FOR SERVICES REQUIRED AT EACH FACILITY (CONTINUED)**

**Alarm Monitoring Services**

If you have responded Yes to wanting Fire Alarm Monitoring Service Above  
 Please Provide an Inventory of your existing Fire Alarm System Equipment

Indicate the Type/Make of your Fire Alarm Panel, include Model number if possible	Gamewell, model flex III
Is the Fire Alarm System tied into the Burglar Alarm System or does it have it's own communicator/dialer?	yes it is tie
Does the Fire Alarm panel have backup communication? I.E. - AES Radio, Uplink, Cellular, Network or Masterbox	masterbox

**LOCATION # 15**

<b>AGENCY</b>	Bureau of Court Facilities
<b>FUNDING SOURCE</b>	01-14-14-141510-20450000 048-500226
<b>Invoices Sent To (Name &amp; Address)</b>	Bureau of Court Facilities 25 Capitol St, Room 420 Concord NH 03301

<b>Facility Location and Address</b>	NH Circuit Court - Conway 35 East Conway Road, Rt 302 Conway NH 03818
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<b>Facility Contact Person Name</b>	Ed Faulkner
<b>Facility Contact Person Phone Number</b>	603-419-0537
<b>Facility Contact Person E-Mail Address</b>	edward.faulkner@nh.gov

**DATA COLLECTION WORKSHEET FOR SERVICES REQUIRED AT EACH FACILITY (CONTINUED)**

**Burglar Alarm/Access Control System Maintenance**

**If you have responded Yes to wanting Burglar Alarm/Access Control**

Contractor Initials DK  
 Date 3/25/13

**Provide an Inventory of your existing System Equipment Below**

<b>Manufacturer/Brand of Equipment</b>	Napco/Fire-lite Alarms Inc Sensiscan 1000
<b>Control Panel Make and Model</b>	Magnum Alert 3000
<b>Peripheral Devices Make and Model</b>	4 Panic Buttons 4 Door Sensors 1 Motion Sensor
<b>Control Pads Make and Model</b>	
<b>Batteries – Quantity and Sizes</b>	Magnum Alert 3 NP7-12v 7.0 ah Sensiscan 1000 2 NP7-12v 7.0ah
<b>Power Supply – Quantity and Sizes</b>	
<b>Key Pads/Controllers – Make and Models</b>	Magnum Alert RP3000 Lcde
<b>Printer</b>	no
<b>Software</b>	no
<b>Other</b>	

**DATA COLLECTION WORKSHEET FOR SERVICES REQUIRED AT EACH FACILITY (CONTINUED)**

Indicate the level of Burglar Alarm/Access Control Maintenance Service you will require

<b>24/7/365</b>	yes
<b>8 AM to 5 PM Business Days</b>	
<b>Other (Please Define Requirement)</b>	



**Alarm Monitoring Services**

If you have responded Yes to wanting **Alarm Monitoring Services**  
 Please Indicate the types of **Monitoring Services** you require

(Indicate Yes or No and add comment if necessary)

Burglar Alarm	yes
Fire Alarm	yes
Boiler Alarm *	yes
Generator Alarm *	
Low/High Temperature Alarm *	yes
Panic/Duress Alarm *	yes
Other (Indicate type of Alarm)	
* Are These Alarms Tied Into the Burglar Alarm System - Yes or No	no



**DATA COLLECTION WORKSHEET FOR SERVICES REQUIRED AT EACH FACILITY (CONTINUED)**

**Alarm Monitoring Services**

If you have responded Yes to wanting **Fire** Alarm Monitoring Service Above  
 Please Provide an Inventory of your existing **Fire Alarm** System Equipment

Indicate the Type/Make of your **Fire Alarm Panel**, include Model number if possible

Fire-Lite Sensiscan 1000

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Is the Fire Alarm System tied into the Burglar Alarm System or does it have it's own communicator/dialer?	yes
Does the Fire Alarm panel have backup communication? I.E. - AES Radio, Uplink, Cellular, Network or Masterbox	no

**LOCATION # 16**

<b>AGENCY</b>	Bureau of Court Facilities
<b>FUNDING SOURCE</b>	01-14-14-141510-20450000 048-500226
<b>Invoices Sent To (Name &amp; Address)</b>	Bureau of Court Facilities 25 Capitol St, Room 420 Concord NH 03301

<b>Facility Location and Address</b>	NH Circuit Court - Plymouth 26 Green Street Plymouth NH 03264
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<b>Facility Contact Person Name</b>	Kevin Morse
<b>Facility Contact Person Phone Number</b>	603-545-1006
<b>Facility Contact Person E-Mail Address</b>	kevin.morse@nh.gov

**DATA COLLECTION WORKSHEET FOR SERVICES REQUIRED AT EACH FACILITY (CONTINUED)**

**Burglar Alarm/Access Control System Maintenance**

If you have responded Yes to wanting Burglar Alarm/Access Control Maintenance

You Must Provide an Inventory of your existing System Equipment Below

<b>Manufacturer/Brand of Equipment</b>	Digital Security controls Ltd.
<b>Control Panel Make and Model</b>	DSC/Power 832 sec sys. Mod./pc5010
<b>Peripheral Devices Make and Model</b>	2 exterior keypads(open doors)IEI-2125e.. 4 motion detectors-napco-pir560..7 Duress buttons sentrol 3040...7 door mags-sentrol 3008.. 1 lo-temp TS300
<b>Control Pads Make and Model</b>	no
<b>Batteries – Quantity and Sizes</b>	1-12v 7ah
<b>Power Supply – Quantity and Sizes</b>	1-160 v/50/60 htz/ 2.5 a max
<b>Key Pads/Controllers – Make and Models</b>	3 DSC key pads 16zone
<b>Printer</b>	no
<b>Software</b>	no
<b>Other</b>	no

**DATA COLLECTION WORKSHEET FOR SERVICES REQUIRED AT EACH FACILITY (CONTINUED)**

Indicate the level of Burglar Alarm/Access Control Maintenance Service you will require

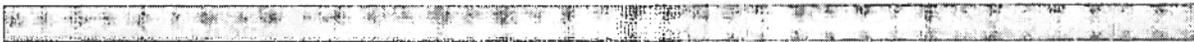
<b>24/7/365</b>	yes
<b>8 AM to 5 PM Business Days</b>	
<b>Other (Please Define Requirement)</b>	

**Alarm Monitoring Services**

If you have responded Yes to wanting Alarm Monitoring Services  
 Please Indicate the types of Monitoring Services you require

(Indicate Yes or No and add comment if necessary)

Burglar Alarm	yes
Fire Alarm	yes
Boiler Alarm *	no
Generator Alarm *	no
Low/High Temperature Alarm *	yes
Panic/Duress Alarm *	yes
Other (Indicate type of Alarm)	no
* Are These Alarms Tied Into the Burglar Alarm System - Yes or No	yes



**DATA COLLECTION WORKSHEET FOR SERVICES REQUIRED AT EACH FACILITY (CONTINUED)**

**Alarm Monitoring Services**

If you have responded Yes to wanting Fire Alarm Monitoring Service Above  
 Please Provide an Inventory of your existing Fire Alarm System Equipment

Indicate the Type/Make of your Fire Alarm Panel, include Model number if possible	Hochiki--HCP 1000
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<b>Is the Fire Alarm System tied into the Burglar Alarm System or does it have it's own communicator/dialer?</b>	yes & yes
<b>Does the Fire Alarm panel have backup communication? I.E. - AES Radio, Uplink, Cellular, Network or Masterbox</b>	no

**LOCATION # 17**

<b>AGENCY</b>	Bureau of Court Facilities
<b>FUNDING SOURCE</b>	01-14-14-141510-20450000 048-500226
<b>Invoices Sent To (Name &amp; Address)</b>	Bureau of Court Facilities 25 Capitol St, Room 420 Concord NH 03301

<b>Facility Location and Address</b>	NH Circuit Court - Portsmouth 111 Parrott Avenue Portsmouth, NH 03801
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<b>Facility Contact Person Name</b>	Hong Kim
<b>Facility Contact Person Phone Number</b>	603-783-1816
<b>Facility Contact Person E-Mail Address</b>	hong.kim@nh.gov

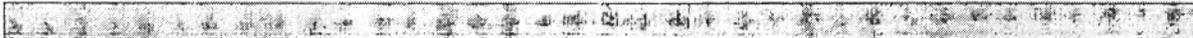
**DATA COLLECTION WORKSHEET FOR SERVICES REQUIRED AT EACH FACILITY (CONTINUED)**

**Burglar Alarm/Access Control System Maintenance**

**If you have responded Yes to wanting Burglar Alarm/Access Control Maintenance**

**You Must Provide an Inventory of your existing System Equipment Below**

<b>Manufacturer/Brand of Equipment</b>	Honeywell
<b>Control Panel Make and Model</b>	Vista-32FB Burglary Keypad :6160
<b>Peripheral Devices Make and Model</b>	Honeywell / Vista-32FB Panic Button / Motion Sensors
<b>Control Pads Make and Model</b>	n/a
<b>Batteries – Quantity and Sizes</b>	2 EA (UT 120) 12v 7AH
<b>Power Supply – Quantity and Sizes</b>	W5790 055 / SA 5140XM L
<b>Key Pads/Controllers – Make and Models</b>	Honeywell / Vista-32FB 2 Keypads front /back doors
<b>Printer</b>	n/a
<b>Software</b>	n/a
<b>Other</b>	n/a



**DATA COLLECTION WORKSHEET FOR SERVICES REQUIRED AT EACH FACILITY (CONTINUED)**

Indicate the level of **Burglar Alarm/Access Control Maintenance Service** you will require

<b>24/7/365</b>	yes
<b>8 AM to 5 PM Business Days</b>	yes
<b>Other (Please Define Requirement)</b>	n/a



**Alarm Monitoring Services**

If you have responded Yes to wanting Alarm Monitoring Services  
 Please Indicate the types of Monitoring Services you require

(Indicate Yes or No and add comment if necessary)

Burglar Alarm	Yes
Fire Alarm	Yes
Boiler Alarm *	Yes
Generator Alarm *	n/a
Low/High Temperature Alarm *	Yes
Panic/Duress Alarm *	Yes
Other (Indicate type of Alarm)	Yes flood Alarm Function)
* Are These Alarms Tied Into the Burglar Alarm System - Yes or No	Yes



**DATA COLLECTION WORKSHEET FOR SERVICES REQUIRED AT EACH FACILITY (CONTINUED)**

**Alarm Monitoring Services**

If you have responded Yes to wanting Fire Alarm Monitoring Service Above  
 Please Provide an Inventory of your existing Fire Alarm System Equipment

Indicate the Type/Make of your Fire Alarm Panel, include Model number if possible	Honeywell/Vista - 32FB Primary Fire Keypad: 6160 CR-2
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Is the Fire Alarm System tied into the Burglar Alarm System or does it have it's own communicator/dialer?	Yes
Does the Fire Alarm panel have backup communication? I.E. - AES Radio, Uplink, Cellular, Network or Masterbox	Yes

**LOCATION # 18**

<b>AGENCY</b>	Bureau of Court Facilities
<b>FUNDING SOURCE</b>	01-14-14-141510-20450000 048-500226
<b>Invoices Sent To (Name &amp; Address)</b>	Bureau of Court Facilities 25 Capitol St, Room 420 Concord NH 03301

<b>Facility Location and Address</b>	NH Circuit Court - Rochester 76 No. Main Street Rochester NH 03867
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<b>Facility Contact Person Name</b>	Barry King
<b>Facility Contact Person Phone Number</b>	603-783-1820
<b>Facility Contact Person E-Mail Address</b>	barry.king@nh.gov

**DATA COLLECTION WORKSHEET FOR SERVICES REQUIRED AT EACH FACILITY (CONTINUED)**

**Burglar Alarm/Access Control System Maintenance**

If you have responded Yes to wanting Burglar Alarm/Access Control Maintenance

You Must Provide an Inventory of your existing System Equipment Below

Contractor Initials JK  
 Date 3/25/13

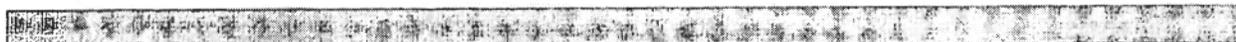
<b>Manufacturer/Brand of Equipment</b>	Maxsys PC4020
<b>Control Panel Make and Model</b>	(11) Sentrol Duredd Switches
<b>Peripheral Devices Make and Model</b>	(16) Motion Detectors DSC (Digital Security Control) Model AMB300
<b>Control Pads Make and Model</b>	(3) Card Readers Kantech Model P325W23
<b>Batteries – Quantity and Sizes</b>	(2) 12 volt
<b>Power Supply – Quantity and Sizes</b>	(1) 9 volt (5) 16.5 Volt
<b>Key Pads/Controllers – Make and Models</b>	(3) Key Pads (DSC) Model PC4020
<b>Printer</b>	ADEMCO Model 6220S
<b>Software</b>	DLS 2002
<b>Other</b>	(1) MHR Mini-Horn (1) Honeywell Thermostat for Bldg



**DATA COLLECTION WORKSHEET FOR SERVICES REQUIRED AT EACH FACILITY (CONTINUED)**

Indicate the level of Burglar Alarm/Access Control Maintenance Service you will require

<b>24/7/365</b>	Yes
<b>8 AM to 5 PM Business Days</b>	
<b>Other (Please Define Requirement)</b>	

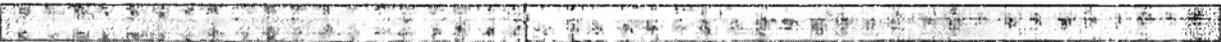


**Alarm Monitoring Services**

If you have responded Yes to wanting **Alarm Monitoring Services**  
 Please Indicate the types of **Monitoring Services** you require

(Indicate Yes or No and add comment if necessary)

<b>Burglar Alarm</b>	Yes
<b>Fire Alarm</b>	Yes
<b>Boiler Alarm *</b>	Yes
	N/A
<b>Low/High Temperature Alarm *</b>	Yes
<b>Panic/Duress Alarm *</b>	Yes
<b>Other (Indicate type of Alarm)</b>	
<b>* Are These Alarms Tied Into the Burglar Alarm System - Yes or No</b>	Yes



**DATA COLLECTION WORKSHEET FOR SERVICES REQUIRED AT EACH FACILITY (CONTINUED)**

**Alarm Monitoring Services**

If you have responded Yes to wanting **Fire Alarm Monitoring Service** Above  
 Please Provide an Inventory of your existing **Fire Alarm** System Equipment

<b>Indicate the Type/Make of your Fire Alarm Panel, include Model number if possible</b>	Simplex 4002
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Is the Fire Alarm System tied into the Burglar Alarm System or does it have it's own communicator/dialer?	Yes same system
Does the Fire Alarm panel have backup communication? I.E. - AES Radio, Uplink, Cellular, Network or Masterbox	No

**LOCATION # 19**

<b>AGENCY</b>	Bureau of Court Facilities
<b>FUNDING SOURCE</b>	01-14-14-141510-20450000 048-500226
<b>Invoices Sent To (Name &amp; Address)</b>	Bureau of Court Facilities 25 Capitol St, Room 420 Concord NH 03301

<b>Facility Location and Address</b>	Rockingham County Courthouse #10 Route 125 Brentwood NH 03833
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<b>Facility Contact Person Name</b>	Dave Paola or Jonathan Barnard
<b>Facility Contact Person Phone Number</b>	603-783-1810 or 603-582-5886
<b>Facility Contact Person E-Mail Address</b>	dave.paola@nh.gov jonathan.barnard@nh.gov

**DATA COLLECTION WORKSHEET FOR SERVICES REQUIRED AT EACH FACILITY (CONTINUED)**

**Burglar Alarm/Access Control System Maintenance**

**If you have responded Yes to wanting Burglar Alarm/Access Control Maintenance**

**You Must Provide an Inventory of your existing System Equipment Below**

<b>Manufacturer/Brand of Equipment</b>	Notifier
<b>Control Panel Make and Model</b>	Burle:Tc85550A
<b>Peripheral Devices Make and Model</b>	duressSentrol3040: motion napco pir700-30
<b>Control Pads Make and Model</b>	Sentrol Inc. 808s
<b>Batteries – Quantity and Sizes</b>	6-Yuasanp24 2 genesis-yanp710
<b>Power Supply – Quantity and Sizes</b>	2 2416 altv
<b>Key Pads/Controllers – Make and Models</b>	19 Schlage Electronics model 2744
<b>Printer</b>	
<b>Software</b>	
<b>Other</b>	

**DATA COLLECTION WORKSHEET FOR SERVICES REQUIRED AT EACH FACILITY (CONTINUED)**

Indicate the level of Burglar Alarm/Access Control Maintenance Service you will require

<b>24/7/365</b>	yes
<b>8 AM to 5 PM Business Days</b>	
<b>Other (Please Define Requirement)</b>	

**Alarm Monitoring Services**

If you have responded Yes to wanting Alarm Monitoring Services  
 Please Indicate the types of Monitoring Services you require

(Indicate Yes or No and add comment if necessary)

Burglar Alarm	yes
Fire Alarm	yes
Boiler Alarm *	no
Generator Alarm *	no
Low/High Temperature Alarm *	yes
Panic/Duress Alarm *	yes
Other (Indicate type of Alarm)	
* Are These Alarms Tied Into the Burglar Alarm System - Yes or No	no



**DATA COLLECTION WORKSHEET FOR SERVICES REQUIRED AT EACH FACILITY (CONTINUED)**

**Alarm Monitoring Services**

If you have responded Yes to wanting Fire Alarm Monitoring Service Above  
 Please Provide an Inventory of your existing Fire Alarm System Equipment

Indicate the Type/Make of your Fire Alarm Panel, include Model number if possible	Edwards Systems Technologies IRC3
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<b>Is the Fire Alarm System tied into the Burglar Alarm System or does it have it's own communicator/dialer?</b>	NO The fire alarm panel has it's own dialer.
<b>Does the Fire Alarm panel have backup communication? I.E. - AES Radio, Uplink, Cellular, Network or Masterbox</b>	Yes it has a secondary phone line.

**LOCATION # 20**

<b>AGENCY</b>	Bureau of Court Facilities
<b>FUNDING SOURCE</b>	01-14-14-141510-20450000 048-500226
<b>Invoices Sent To (Name &amp; Address)</b>	Bureau of Court Facilities 25 Capitol St, Room 420 Concord NH 03301

<b>Facility Location and Address</b>	Candia Circuit Court 110 Raymond Road, Candia, N.H. 03034
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<b>Facility Contact Person Name</b>	Rick Cote
<b>Facility Contact Person Phone Number</b>	603 568-4406
<b>Facility Contact Person E-Mail Address</b>	Richard.Cote@nh.gov

**DATA COLLECTION WORKSHEET FOR SERVICES REQUIRED AT EACH FACILITY (CONTINUED)**

**Burglar Alarm/Access Control System Maintenance**

**If you have responded Yes to wanting Burglar Alarm/Access Control Maintenance**

**You Must Provide an Inventory of your existing System Equipment Below**

<b>Manufacturer/Brand of Equipment</b>	
<b>Control Panel Make and Model</b>	
<b>Peripheral Devices Make and Model</b>	
<b>Control Pads Make and Model</b>	
<b>Batteries – Quantity and Sizes</b>	
<b>Power Supply – Quantity and Sizes</b>	
<b>Key Pads/Controllers – Make and Models</b>	
<b>Printer</b>	
<b>Software</b>	
<b>Other</b>	



**DATA COLLECTION WORKSHEET FOR SERVICES REQUIRED AT EACH FACILITY (CONTINUED)**

Indicate the level of Burglar Alarm/Access Control Maintenance Service you will require

<b>24/7/365</b>	X
<b>8 AM to 5 PM Business Days</b>	
<b>Other (Please Define Requirement)</b>	



**Alarm Monitoring Services**

If you have responded Yes to wanting **Alarm Monitoring Services**  
 Please Indicate the types of **Monitoring Services** you require

(Indicate Yes or No and add comment if necessary)

Burglar Alarm	X
Fire Alarm	
Boiler Alarm *	
Generator Alarm *	
Low/High Temperature Alarm *	
Panic/Duress Alarm *	X
Other (Indicate type of Alarm)	
* Are These Alarms Tied Into the Burglar Alarm System - Yes or No	

**LOCATION # 21**

AGENCY	Bureau of Court Facilities
FUNDING SOURCE	01-14-14-141510-20450000 048-500226
Invoices Sent To (Name & Address)	Bureau of Court Facilities 25 Capitol St, Room 420 Concord NH 03301

Facility Location and Address	Hillsborough Circuit Court 15 Antrim Road, Box 3 Hillsbrough, N.H. 03244
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Facility Contact Person Name	Rick Cote
Facility Contact Person Phone Number	603 568-4406
Facility Contact Person E-Mail Address	Richard.Cote@nh.gov

**DATA COLLECTION WORKSHEET FOR SERVICES REQUIRED AT EACH FACILITY (CONTINUED)**

**Burglar Alarm/Access Control System Maintenance**

If you have responded Yes to wanting Burglar Alarm/Access Control Maintenance  
 You Must Provide an Inventory of your existing System Equipment Below

<b>Manufacturer/Brand of Equipment</b>	
<b>Control Panel Make and Model</b>	
<b>Peripheral Devices Make and Model</b>	
<b>Control Pads Make and Model</b>	
<b>Batteries – Quantity and Sizes</b>	
<b>Power Supply – Quantity and Sizes</b>	
<b>Key Pads/Controllers – Make and Models</b>	
<b>Printer</b>	
<b>Software</b>	
<b>Other</b>	



**DATA COLLECTION WORKSHEET FOR SERVICES REQUIRED AT EACH FACILITY (CONTINUED)**

Indicate the level of Burglar Alarm/Access Control Maintenance Service you will

Contractor Initials RL  
 Date 3/25/13

require

24/7/365	X
8 AM to 5 PM Business Days	
Other (Please Define Requirement)	



**Alarm Monitoring Services**

If you have responded Yes to wanting Alarm Monitoring Services  
 Please Indicate the types of Monitoring Services you require

(Indicate Yes or No and add comment if necessary)

Burglar Alarm	X
Fire Alarm	
Boiler Alarm *	
Generator Alarm *	
Low/High Temperature Alarm *	
Panic/Duress Alarm *	X
Other (Indicate type of Alarm)	
* Are These Alarms Tied Into the Burglar Alarm System - Yes or No	

**LOCATION # 22**

AGENCY	Bureau of Court Facilities
FUNDING SOURCE	01-14-14-141510-20450000 048-500226
Invoices Sent To (Name & Address)	Bureau of Court Facilities 25 Capitol St, Room 420 Concord NH 03301

Facility Location and Address	Hooksett Circuit Court 101 Merrimack Street Hooksett, N.H. 03106
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<b>Facility Contact Person Name</b>	David Connor
<b>Facility Contact Person Phone Number</b>	603 783-1715
<b>Facility Contact Person E-Mail Address</b>	David.Connor@nh.gov

**DATA COLLECTION WORKSHEET FOR SERVICES REQUIRED AT EACH FACILITY (CONTINUED)**

**Burglar Alarm/Access Control System Maintenance**

If you have responded Yes to wanting Burglar Alarm/Access Control Maintenance

You Must Provide an Inventory of your existing System Equipment Below

<b>Manufacturer/Brand of Equipment</b>	
<b>Control Panel Make and Model</b>	
<b>Peripheral Devices Make and Model</b>	
<b>Control Pads Make and Model</b>	
<b>Batteries – Quantity and Sizes</b>	
<b>Power Supply – Quantity and Sizes</b>	
<b>Key Pads/Controllers – Make and Models</b>	
<b>Printer</b>	
<b>Software</b>	
<b>Other</b>	



**DATA COLLECTION WORKSHEET FOR SERVICES REQUIRED AT EACH FACILITY (CONTINUED)**

Indicate the level of **Burglar Alarm/Access Control Maintenance Service** you will require

24/7/365	X
8 AM to 5 PM Business Days	
Other (Please Define Requirement)	



**Alarm Monitoring Services**

If you have responded Yes to wanting **Alarm Monitoring Services**  
 Please Indicate the types of **Monitoring Services** you require

(Indicate Yes or No and add comment if necessary)

Burglar Alarm	X
Fire Alarm	
Boiler Alarm *	
Generator Alarm *	
Low/High Temperature Alarm *	
Panic/Duress Alarm *	X
Other (Indicate type of Alarm)	
* Are These Alarms Tied Into the Burglar Alarm System - Yes or No	

LOCATION # 23

Contractor Initials PK  
 Date 3/25/13

<b>AGENCY</b>	Bureau of Court Facilities
<b>FUNDING SOURCE</b>	01-14-14-141510-20450000 048-500226
<b>Invoices Sent To (Name &amp; Address)</b>	Bureau of Court Facilities 25 Capitol St, Room 420 Concord NH 03301

<b>Facility Location and Address</b>	Littleton Circuit Court 134 Main Street Littleton, N.H. 03561
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<b>Facility Contact Person Name</b>	David Connor
<b>Facility Contact Person Phone Number</b>	603 783-1715
<b>Facility Contact Person E-Mail Address</b>	David.Connor@nh.gov

**DATA COLLECTION WORKSHEET FOR SERVICES REQUIRED AT EACH FACILITY (CONTINUED)**

**Burglar Alarm/Access Control System Maintenance**

If you have responded Yes to wanting **Burglar Alarm/Access Control Maintenance**

You Must Provide an Inventory of your existing System Equipment Below

<b>Manufacturer/Brand of Equipment</b>	
<b>Control Panel Make and Model</b>	
<b>Peripheral Devices Make and Model</b>	
<b>Control Pads Make and Model</b>	
<b>Batteries – Quantity and Sizes</b>	

Power Supply – Quantity and Sizes	
Key Pads/Controllers – Make and Models	
Printer	
Software	
Other	

**DATA COLLECTION WORKSHEET FOR SERVICES REQUIRED AT EACH FACILITY (CONTINUED)**

Indicate the level of Burglar Alarm/Access Control Maintenance Service you will require

24/7/365	X
8 AM to 5 PM Business Days	
Other (Please Define Requirement)	

**Alarm Monitoring Services**

If you have responded Yes to wanting Alarm Monitoring Services  
 Please Indicate the types of Monitoring Services you require

(Indicate Yes or No and add comment if necessary)

Burglar Alarm	
Fire Alarm	
Boiler Alarm *	
Generator Alarm *	

Low/High Temperature Alarm *	
Panic/Duress Alarm *	X
Other (Indicate type of Alarm)	
* Are These Alarms Tied Into the Burglar Alarm System - Yes or No	

**LOCATION # 24**

AGENCY	Bureau of Court Facilities
FUNDING SOURCE	01-14-14-141510-20450000 048-500226
Invoices Sent To (Name & Address)	Bureau of Court Facilities 25 Capitol St, Room 420 Concord NH 03301

Facility Location and Address	Milford Circuit Court 180 Elm Street P.O. Box 943 Milford, N.H. 03055
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Facility Contact Person Name	Rick Cote
Facility Contact Person Phone Number	603 568-4406
Facility Contact Person E-Mail Address	Richard.Cote@nh.gov

**DATA COLLECTION WORKSHEET FOR SERVICES REQUIRED AT EACH FACILITY (CONTINUED)**

**Burglar Alarm/Access Control System Maintenance**

If you have responded Yes to wanting **Burglar Alarm/Access Control Maintenance**

You Must Provide an Inventory of your existing System Equipment Below

<b>Manufacturer/Brand of Equipment</b>	
<b>Control Panel Make and Model</b>	
<b>Peripheral Devices Make and Model</b>	
<b>Control Pads Make and Model</b>	
<b>Batteries – Quantity and Sizes</b>	
<b>Power Supply – Quantity and Sizes</b>	
<b>Key Pads/Controllers – Make and Models</b>	
<b>Printer</b>	
<b>Software</b>	
<b>Other</b>	



**DATA COLLECTION WORKSHEET FOR SERVICES REQUIRED AT EACH FACILITY (CONTINUED)**

Indicate the level of Burglar Alarm/Access Control Maintenance Service you will require

<b>24/7/365</b>	<b>X</b>
<b>8 AM to 5 PM Business Days</b>	
<b>Other (Please Define Requirement)</b>	



**Alarm Monitoring Services**

If you have responded Yes to wanting **Alarm Monitoring Services**  
 Please Indicate the types of **Monitoring Services** you require

(Indicate Yes or No and add comment if necessary)

<b>Burglar Alarm</b>	X
<b>Fire Alarm</b>	
<b>Boiler Alarm *</b>	
<b>Generator Alarm *</b>	
<b>Low/High Temperature Alarm *</b>	
<b>Panic/Duress Alarm *</b>	X
<b>Other (Indicate type of Alarm)</b>	
<b>* Are These Alarms Tied Into the Burglar Alarm System - Yes or No</b>	

**LOCATION # 25**

<b>AGENCY</b>	Bureau of Court Facilities
<b>FUNDING SOURCE</b>	01-14-14-141510-20450000 048-500226
<b>Invoices Sent To (Name &amp; Address)</b>	Bureau of Court Facilities 25 Capitol St, Room 420 Concord NH 03301

<b>Facility Location and Address</b>	Newport Circuit Court 55 Main Street Newport, N.H. 03773-0581
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<b>Facility Contact Person Name</b>	David Connor
<b>Facility Contact Person Phone Number</b>	603 783-1715
<b>Facility Contact Person E-Mail Address</b>	David.Connor@nh.gov

**DATA COLLECTION WORKSHEET FOR SERVICES REQUIRED AT EACH FACILITY (CONTINUED)**

**Burglar Alarm/Access Control System Maintenance**

If you have responded Yes to wanting **Burglar Alarm/Access Control Maintenance**

You Must Provide an Inventory of your existing System Equipment Below

<b>Manufacturer/Brand of Equipment</b>	
<b>Control Panel Make and Model</b>	
<b>Peripheral Devices Make and Model</b>	
<b>Control Pads Make and Model</b>	
<b>Batteries – Quantity and Sizes</b>	
<b>Power Supply – Quantity and Sizes</b>	
<b>Key Pads/Controllers – Make and Models</b>	
<b>Printer</b>	
<b>Software</b>	
<b>Other</b>	

**DATA COLLECTION WORKSHEET FOR SERVICES REQUIRED AT EACH FACILITY (CONTINUED)**

Indicate the level of Burglar Alarm/Access Control Maintenance Service you will require

24/7/365	X
8 AM to 5 PM Business Days	
Other (Please Define Requirement)	



**Alarm Monitoring Services**

If you have responded Yes to wanting Alarm Monitoring Services  
 Please Indicate the types of Monitoring Services you require

(Indicate Yes or No and add comment if necessary)

Burglar Alarm	X
Fire Alarm	
Boiler Alarm *	
Generator Alarm *	
Low/High Temperature Alarm *	
Panic/Duress Alarm *	X
Other (Indicate type of Alarm)	
* Are These Alarms Tied Into the Burglar Alarm System - Yes or No	

**LOCATION # 26**

AGENCY	Bureau of Court Facilities
FUNDING SOURCE	01-14-14-141510-20450000 048-500226
Invoices Sent To (Name & Address)	Bureau of Court Facilities 25 Capitol St, Room 420 Concord NH 03301

<b>Facility Location and Address</b>	Plastow Circuit Court 14 Elm Street Plastow, N.H. 03865
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<b>Facility Contact Person Name</b>	Rick Cote
<b>Facility Contact Person Phone Number</b>	603 568-4406
<b>Facility Contact Person E-Mail Address</b>	Richard.Cote@nh.gov

**DATA COLLECTION WORKSHEET FOR SERVICES REQUIRED AT EACH FACILITY (CONTINUED)**

**Burglar Alarm/Access Control System Maintenance**

If you have responded Yes to wanting **Burglar Alarm/Access Control Maintenance**

You Must Provide an Inventory of your existing System Equipment Below

<b>Manufacturer/Brand of Equipment</b>	
<b>Control Panel Make and Model</b>	
<b>Peripheral Devices Make and Model</b>	
<b>Control Pads Make and Model</b>	
<b>Batteries – Quantity and Sizes</b>	
<b>Power Supply – Quantity and Sizes</b>	
<b>Key Pads/Controllers – Make and Models</b>	
<b>Printer</b>	

Software	
Other	

**DATA COLLECTION WORKSHEET FOR SERVICES REQUIRED AT EACH FACILITY (CONTINUED)**

Indicate the level of Burglar Alarm/Access Control Maintenance Service you will require

24/7/365	X
8 AM to 5 PM Business Days	
Other (Please Define Requirement)	

**Alarm Monitoring Services**

If you have responded Yes to wanting Alarm Monitoring Services  
 Please Indicate the types of Monitoring Services you require

(Indicate Yes or No and add comment if necessary)

Burglar Alarm	X
Fire Alarm	X
Boiler Alarm *	
Generator Alarm *	
Low/High Temperature Alarm *	
Panic/Duress Alarm *	X
Other (Indicate type of Alarm)	

\* Are These Alarms Tied Into  
 the Burglar Alarm System -  
 Yes or No

**DATA COLLECTION WORKSHEET FOR SERVICES REQUIRED AT EACH FACILITY (CONTINUED)**

**Alarm Monitoring Services**

If you have responded Yes to wanting Fire Alarm Monitoring Service Above  
 Please Provide an Inventory of your existing Fire Alarm System Equipment

Indicate the Type/Make of your Fire Alarm Panel, include Model number if possible	Panel-Silent Night Model # 5104
Is the Fire Alarm System tied into the Burglar Alarm System or does it have it's own communicator/dialer?	No
Does the Fire Alarm panel have backup communication? I.E. - AES Radio, Uplink, Cellular, Network or Masterbox	No

**LOCATION # 27**

<b>AGENCY</b>	Bureau of Court Facilities
<b>FUNDING SOURCE</b>	01-14-14-141510-20450000 048-500226
<b>Invoices Sent To (Name &amp; Address)</b>	Bureau of Court Facilities 25 Capitol St, Room 420 Concord NH 03301

<b>Facility Location and Address</b>	Seabrook Circuit Court 130 Ledge Road Seabrook, N.H. 03874
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<b>Facility Contact Person Name</b>	Rick Cote
<b>Facility Contact Person Phone Number</b>	603 568-4406
<b>Facility Contact Person E-Mail Address</b>	Richard.Cote@nh.gov

**DATA COLLECTION WORKSHEET FOR SERVICES REQUIRED AT EACH FACILITY (CONTINUED)**

**Burglar Alarm/Access Control System Maintenance**

If you have responded Yes to wanting **Burglar Alarm/Access Control Maintenance**

You Must Provide an Inventory of your existing System Equipment Below

<b>Manufacturer/Brand of Equipment</b>	
<b>Control Panel Make and Model</b>	
<b>Peripheral Devices Make and Model</b>	
<b>Control Pads Make and Model</b>	
<b>Batteries – Quantity and Sizes</b>	
<b>Power Supply – Quantity and Sizes</b>	
<b>Key Pads/Controllers – Make and Models</b>	
<b>Printer</b>	

Software	
Other	



**DATA COLLECTION WORKSHEET FOR SERVICES REQUIRED AT EACH FACILITY (CONTINUED)**

Indicate the level of Burglar Alarm/Access Control Maintenance Service you will require

24/7/365	X
8 AM to 5 PM Business Days	
Other (Please Define Requirement)	



**Alarm Monitoring Services**

If you have responded Yes to wanting Alarm Monitoring Services  
 Please Indicate the types of Monitoring Services you require

(Indicate Yes or No and add comment if necessary)

Burglar Alarm	X
Fire Alarm	
Boiler Alarm *	
Generator Alarm *	
Low/High Temperature Alarm *	
Panic/Duress Alarm *	X
Other (Indicate type of Alarm)	

<b>* Are These Alarms Tied Into the Burglar Alarm System - Yes or No</b>	
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**LOCATION # 28**

<b>AGENCY</b>	<b>D.E.S - W.R.B.P</b>
<b>FUNDING SOURCE</b>	<b>010-044-1300-048-500226</b>
<b>Invoices Sent To (Name &amp; Address)</b>	<b>Stan Mitchell 202 Water Street, Laconia New Hampshire 03246</b>

<b>Facility Location and Address</b>	<b>528 River Street, Franklin New Hampshire 03235</b>
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<b>Facility Contact Person Name</b>	<b>John Spadafore</b>
<b>Facility Contact Person Phone Number</b>	<b>603.528.6746</b>
<b>Facility Contact Person E-Mail Address</b>	<b><u>John.Spadafore@des.nh.gov</u></b>

**DATA COLLECTION  
 WORKSHEET FOR  
 SERVICES REQUIRED AT  
 EACH FACILITY  
 (CONTINUED)**

**Burglar Alarm/Access  
 Control System Maintenance**

yes
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**If you have responded Yes to wanting Burglar Alarm/Access Control Maintenance**

**You Must Provide an Inventory of your existing System Equipment Below**

<b>Manufacturer/Brand of Equipment</b>	Simplex/Grinnell
<b>Control Panel Make and Model</b>	SimpleGrinnell DS7400XI Version 3+
<b>Peripheral Devices Make and Model</b>	None
<b>Control Pads Make and Model</b>	See Key Pad
<b>Batteries – Quantity and Sizes</b>	12volt 6.2AH 1ea.
<b>Power Supply – Quantity and Sizes</b>	Basier Electric BE1163500AA
<b>Key Pads/Controllers – Make and Models</b>	Detection System DS 7445 1ea.
<b>Printer</b>	None
<b>Software</b>	SimplexGrinnell Operating System
<b>Other</b>	None



**DATA COLLECTION**  
**WORKSHEET FOR**  
**SERVICES REQUIRED AT**  
**EACH FACILITY**  
**(CONTINUED)**

Indicate the level of Burglar  
Alarm/Access Control  
Maintenance Service you will  
 require

24/7/365	no
8 AM to 5 PM Business Days	yes

<b>Other (Please Define Requirement)</b>	no
--	----



**Alarm Monitoring Services**

If you have responded Yes to wanting **Alarm Monitoring Services**

Please Indicate the types of **Monitoring Services** you require

(Indicate Yes or No and add comment if necessary)

<b>Burglar Alarm</b>	no
<b>Fire Alarm</b>	no
<b>Boiler Alarm *</b>	no
<b>Generator Alarm *</b>	no
<b>Low/High Temperature Alarm *</b>	no
<b>Panic/Duress Alarm *</b>	no
<b>Other (Indicate type of Alarm)</b>	no
<b>* Are These Alarms Tied Into the Burglar Alarm System - Yes or No</b>	no

**LOCATION # 29**

<b>AGENCY</b>	D.E.S - W.R.B.P
<b>FUNDING SOURCE</b>	010-044-1300-048-500226
<b>Invoices Sent To (Name &amp; Address)</b>	Stan Mitchell 202 Water Street, Laconia New Hampshire 03246

<b>Facility Location and Address</b>	<b>* See Below *</b>
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<b>Facility Contact Person Name</b>	<b>John Spadafore</b>
<b>Facility Contact Person Phone Number</b>	<b>603.528.6746</b>
<b>Facility Contact Person E-Mail Address</b>	<b><u>John.Spadafore@des.nh.gov</u></b>

**DATA COLLECTION**  
**WORKSHEET FOR**  
**SERVICES REQUIRED AT**  
**EACH FACILITY**  
**(CONTINUED)**

**Burglar Alarm/Access Control System Maintenance**

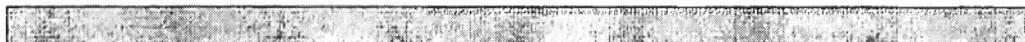
no
----

If you have responded Yes to wanting **Burglar Alarm/Access Control Maintenance**

**You Must Provide an Inventory of your existing System Equipment Below**

<b>Manufacturer/Brand of Equipment</b>	N/A
<b>Control Panel Make and Model</b>	N/A
<b>Peripheral Devices Make and Model</b>	N/A
<b>Control Pads Make and Model</b>	N/A
<b>Batteries – Quantity and Sizes</b>	N/A
<b>Power Supply – Quantity and Sizes</b>	N/A

Key Pads/Controllers – Make and Models	N/A
Printer	N/A
Software	N/A
Other	N/A



**DATA COLLECTION**  
**WORKSHEET FOR**  
**SERVICES REQUIRED AT**  
**EACH FACILITY**  
**(CONTINUED)**

Indicate the level of Burglar Alarm/Access Control Maintenance Service you will require

24/7/365	no
8 AM to 5 PM Business Days	no
Other (Please Define Requirement)	no



**Alarm Monitoring Services**

If you have responded Yes to wanting Alarm Monitoring Services

Please Indicate the types of Monitoring Services you require

(Indicate Yes or No and add comment if necessary)

Burglar Alarm	no
Fire Alarm	yes
Boiler Alarm *	no
Generator Alarm *	no
Low/High Temperature Alarm *	no
Panic/Duress Alarm *	no
Other (Indicate type of Alarm)	no
* Are These Alarms Tied Into the Burglar Alarm System - Yes or No	no



**DATA COLLECTION**  
**WORKSHEET FOR**  
**SERVICES REQUIRED AT**  
**EACH FACILITY**  
**(CONTINUED)**

**Alarm Monitoring Services**

If you have responded Yes to wanting Fire Alarm Monitoring Service Above  
 Please Provide an Inventory of your existing Fire Alarm System Equipment

Contractor Initials DL  
 Date 3/25/12

STATE OF NEW HAMPSHIRE  
 Department of Administrative Services  
 Inmate & Pay Telephone Services

Indicate the Type/Make of your Fire Alarm Panel, include Model number if possible	(2) Maxsys PC4020CF
Is the Fire Alarm System tied into the Burglar Alarm System or does it have it's own communicator/dialer?	Own Dialer
Does the Fire Alarm panel have backup communication? I.E. - AES Radio, Uplink, Cellular, Network or Masterbox	Back-up Phone Line Reduntant

**Addendum** The following fourteen sites listed below all transmit their fire alarm status via our SCADA system to this location and are currently monitored at the 202 Water Street Laconia, New Hampshire 03246 Maintenance Shop Facility. These alarms are monitored from two Maxsys FA Panels.

**Facility Addresses**

**Panel 1**  
 Phones: 528-6746 & 528-6147

Franklin W.W.T.P	528 River St. Franklin, NH 03235
River St. Pump Station	101 River St. Franklin, NH 03235
Belmont Pump Station	74 South Rd. Belmont, NH 03220
Ellacoya Pump Station	280 Scenic Dr. Gilford, NH 03249
Gilford Pump Station	74 Weirs Rd. Gilford, NH 03249
Glendale Pump Station	31 Dock Rd. Gilford, NH 03249
Jewett Brook Pump Station	73 Strafford St. Laconia, NH 03246
Maiden Lady Cove Pump Station	763 Scenic Dr. Laconia, NH 03246

**Facility Addresses**

**Panel 2**  
 Phones: 528-0388 & 528-6147

North Main Pump Station	1539 Old North Main St. Laconia, NH 03246
Paugus Park Pump Station	29 Paugus Park Rd. Laconia, NH 03246
Pendelton Pump Station	67 Pendelton Beach Rd. Laconia, NH 03246
State School Pump Station	1 Right Way Path Laconia, NH 03246
Winnisquam Pump Station	202 Water St. Laconia, NH 03246
Laconia Maintenance Shop	202 Water St. Laconia, NH 03246

**LOCATION # 30**

<b>AGENCY</b>	<b>D.E.S - W.R.B.P</b>
<b>FUNDING SOURCE</b>	<b>010-044-1300-048-500226</b>
<b>Invoices Sent To (Name &amp; Address)</b>	<b>Stan Mitchell 202 Water Street, Laconia New Hampshire 03246</b>

Contractor Initials *DK*  
 Date 3/25/13

Indicate the Type/Make of your Fire Alarm Panel, include Model number if possible	(2) Maxsys PC4020CF
Is the Fire Alarm System tied into the Burglar Alarm System or does it have it's own communicator/dialer?	Own Dialer
Does the Fire Alarm panel have backup communication? I.E. - AES Radio, Uplink, Cellular, Network or Masterbox	Back-up Phone Line Reduntant

**Addendum** | The following fourteen sites listed below all transmit their fire alarm status via our SCADA system to this location and are currently monitored at the 202 Water Street Laconia, New Hampshire 03246 Maintenance Shop Facility. These alarms are monitored from two Maxsys FA Panels.

**Facility Addresses**

**Panel 1**  
 Phones: 528-6746 & 528-6147

Franklin W.W.T.P	528 River St. Franklin, NH 03235
River St. Pump Station	101 River St. Franklin, NH 03235
Belmont Pump Station	74 South Rd. Belmont, NH 03220
Ellacoya Pump Station	280 Scenic Dr. Gilford, NH 03249
Gilford Pump Station	74 Weirs Rd. Gilford, NH 03249
Glendale Pump Station	31 Dock Rd. Gilford, NH 03249
Jewett Brook Pump Station	73 Strafford St. Laconia, NH 03246
Maiden Lady Cove Pump Station	763 Scenic Dr. Laconia, NH 03246

**Facility Addresses**

**Panel 2**  
 Phones: 528-0388 & 528-6147

North Main Pump Station	1539 Old North Main St. Laconia, NH 03246
Paugus Park Pump Station	29 Paugus Park Rd. Laconia, NH 03246
Pendelton Pump Station	67 Pendelton Beach Rd. Laconia, NH 03246
State School Pump Station	1 Right Way Path Laconia, NH 03246
Winnisquam Pump Station	202 Water St. Laconia, NH 03246
Laconia Maintenance Shop	202 Water St. Laconia, NH 03246

**LOCATION # 30**

<b>AGENCY</b>	<b>D.E.S - W.R.B.P</b>
<b>FUNDING SOURCE</b>	<b>010-044-1300-048-500226</b>
<b>Invoices Sent To (Name &amp; Address)</b>	<b>Stan Mitchell 202 Water Street, Laconia New Hampshire 03246</b>

Contractor Initials DK  
 Date 3/25/13

<b>Facility Location and Address</b>	202 Water Street, Laconia New Hampshire 03246
<b>Facility Contact Person Name</b>	John Spadafore
<b>Facility Contact Person Phone Number</b>	603.528.6746
<b>Facility Contact Person E-Mail Address</b>	<u>John.Spadafore@des.nh.gov</u>

**DATA COLLECTION**  
**WORKSHEET FOR**  
**SERVICES REQUIRED AT**  
**EACH FACILITY**  
**(CONTINUED)**

**Burglar Alarm/Access**  
**Control System Maintenance**

yes
-----

If you have responded Yes to  
 wanting **Burglar**  
**Alarm/Access Control**  
**Maintenance**

You Must Provide an  
 Inventory of your existing  
 System Equipment Below

<b>Manufacturer/Brand of Equipment</b>	Simplex/Grinnell
<b>Control Panel Make and Model</b>	SimpleGrinnell DS7400XI Version 3+
<b>Peripheral Devices Make and Model</b>	None
<b>Control Pads Make and Model</b>	See Key Pad
<b>Batteries – Quantity and Sizes</b>	12volt 6.2AH 1ea.

<b>Power Supply – Quantity and Sizes</b>	<b>Basier Electric BE1163500AA</b>
<b>Key Pads/Controllers – Make and Models</b>	<b>Detection System DS 7445 1ea.</b>
<b>Printer</b>	<b>None</b>
<b>Software</b>	<b>SimplexGrinnell Operating System</b>
<b>Other</b>	<b>None</b>



**DATA COLLECTION**  
**WORKSHEET FOR**  
**SERVICES REQUIRED AT**  
**EACH FACILITY**  
**(CONTINUED)**

Indicate the level of Burglar Alarm/Access Control Maintenance Service you will require

<b>24/7/365</b>	<b>no</b>
<b>8 AM to 5 PM Business Days</b>	<b>yes</b>
<b>Other (Please Define Requirement)</b>	<b>no</b>

**LOCATION # 45**

<b>AGENCY</b>	<b>Dept. Of Safety - FST&amp;EMS</b>
<b>FUNDING SOURCE</b>	<b>02-23-23-2370000-4065000-103-502664</b>
<b>Invoices Sent To (Name &amp; Address)</b>	<b>Brenda Marston, 33 Hazen Drive Concord NH 03305</b>

<b>Facility Location and Address</b>	98 Smokey Bear Blvd	1
<b>Facility Contact Person Name</b>	James Lindquist	
<b>Facility Contact Person Phone Number</b>	603-223-4200	
<b>Facility Contact Person E-Mail Address</b>	james.lindquist@dos.nh.gov	

**DATA COLLECTION WORKSHEET FOR SERVICES REQUIRED AT EACH FACILITY (CONTINUED)**

**Burglar Alarm/Access Control System Maintenance**

If you have responded Yes to wanting Burglar Alarm/Access Control Maintenance

You Must Provide an Inventory of your existing System Equipment Below

<b>Manufacturer/Brand of Equipment</b>	DSX
<b>Control Panel Make and Model</b>	DSX-1048 and DSX-1042
<b>Peripheral Devices Make and Model</b>	DSX LAN Module and DSX I/O Module
<b>Control Pads Make and Model</b>	HID ICLASS RP15
<b>Batteries - Quantity and Sizes</b>	QTY: 24, 12V 7AH
<b>Power Supply - Quantity and Sizes</b>	DSX, QTY: 10, 150W 27V
<b>Key Pads/Controllers - Make and Models</b>	NONE
<b>Printer</b>	NONE
<b>Software</b>	DSX-WINDSX

<b>Other</b>	Electronic Locks - 80
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**DATA COLLECTION WORKSHEET FOR SERVICES REQUIRED AT EACH FACILITY (CONTINUED)**

Indicate the level of Burglar Alarm/Access Control Maintenance Service you will require

<b>24/7/365</b>	
<b>8 AM to 5 PM Business Days</b>	X
<b>Other (Please Define Requirement)</b>	

**LOCATION # 46**

<b>AGENCY</b>	NHDOT - Bridge Maintenance
<b>FUNDING SOURCE</b>	3008
<b>Invoices Sent To (Name &amp; Address)</b>	NHDOT - Bridge Maintenance; PO Box 483; Concord, NH 03302

<b>Facility Location and Address</b>	249B Pine Wood Drive; Allenstown, NH
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<b>Facility Contact Person Name</b>	Reed Deinhardt
<b>Facility Contact Person Phone Number</b>	603-396-4645
<b>Facility Contact Person E-Mail Address</b>	rdeinhardt@dot.state.nh.us



**DATA COLLECTION WORKSHEET FOR SERVICES REQUIRED AT EACH FACILITY (CONTINUED)**

**Burglar Alarm/Access Control System Maintenance**

If you have responded Yes to wanting **Burglar Alarm/Access Control Maintenance**

You Must Provide an Inventory of your existing System Equipment Below

<b>Manufacturer/Brand of Equipment</b>	Digital Security Controls, Ltd (DSC)
<b>Control Panel Make and Model</b>	DSC Maxsys PC4020
<b>Peripheral Devices Make and Model</b>	Motion Dectectors: Visonic Inc (1 each); Door Magnetic Dectors: GRI (5 each)
<b>Control Pads Make and Model</b>	None
<b>Batteries – Quantity and Sizes</b>	12 V, 7.5 AH (one in control panel)
<b>Power Supply – Quantity and Sizes</b>	110 V
<b>Key Pads/Controllers – Make and Models</b>	DSC Maxsys (one each)
<b>Printer</b>	None
<b>Software</b>	Proprietary DSC software used by monitoring company
<b>Other</b>	



**DATA COLLECTION WORKSHEET FOR SERVICES REQUIRED AT EACH FACILITY (CONTINUED)**

Indicate the level of **Burglar Alarm/Access Control Maintenance Service** you will require

<b>24/7/365</b>	Yes
<b>8 AM to 5 PM Business Days</b>	No

<b>Other (Please Define Requirement)</b>	None
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**Alarm Monitoring Services**

If you have responded Yes to wanting Alarm Monitoring Services  
 Please Indicate the types of Monitoring Services you require

(Indicate Yes or No and add comment if necessary)

<b>Burglar Alarm</b>	Yes
<b>Fire Alarm</b>	No
<b>Boiler Alarm *</b>	No
<b>Generator Alarm *</b>	No
<b>Low/High Temperature Alarm *</b>	No
<b>Panic/Duress Alarm *</b>	No
<b>Other (Indicate type of Alarm)</b>	No
<b>* Are These Alarms Tied Into the Burglar Alarm System - Yes or No</b>	No

**LOCATION # 47**

<b>AGENCY</b>	NHDOT District 6
<b>FUNDING SOURCE</b>	015-096-3007-048-0226-0654
<b>Invoices Sent To (Name &amp; Address)</b>	NH DOT District 6 271 Main Street Durham, NH 03824 Attn. Doug Almon

<b>Facility Location and Address</b>	50 Gerrish Road Dover, NH
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<b>Facility Contact Person Name</b>	Doug Almon
<b>Facility Contact Person Phone Number</b>	603-868-1133

<b>Facility Contact Person E-Mail Address</b>	DAlmon2@dot.state.nh.us
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**DATA COLLECTION WORKSHEET FOR SERVICES REQUIRED AT EACH FACILITY (CONTINUED)**

**Burglar Alarm/Access Control System Maintenance**

**If you have responded Yes to wanting Burglar Alarm/Access Control Maintenance  
 You Must Provide an Inventory of your existing System Equipment Below**

<b>Manufacturer/Brand of Equipment</b>	Honeywell Fire alarm
<b>Control Panel Make and Model</b>	Fire Warden 100
<b>Peripheral Devices Make and Model</b>	Pull Station Notifier NR6126Y100, smoke detector notifier 851-100 (7) Heat Detector notifier 851-100 (7) Duct Detector Notifier IM (1)
<b>Control Pads Make and Model</b>	N/A
<b>Batteries – Quantity and Sizes</b>	12y7ah dated 05
<b>Power Supply – Quantity and Sizes</b>	N/A
<b>Key Pads/Controllers – Make and Models</b>	N/A
<b>Printer</b>	N/A
<b>Software</b>	N/A
<b>Other</b>	N/A

**DATA COLLECTION WORKSHEET FOR SERVICES REQUIRED AT EACH FACILITY (CONTINUED)**

Contractor Initials *DK*  
 Date *3/25/13*

Indicate the level of Burglar Alarm/Access Control Maintenance Service you will require

24/7/365	YES
8 AM to 5 PM Business Days	NO
Other (Please Define Requirement)	NO

**Alarm Monitoring Services**

If you have responded Yes to wanting Alarm Monitoring Services  
 Please Indicate the types of Monitoring Services you require

(Indicate Yes or No and add comment if necessary)

Burglar Alarm	NO
Fire Alarm	Yes Monitored system
Boiler Alarm *	NO
Generator Alarm *	NO
Low/High Temperature Alarm *	NO
Panic/Duress Alarm *	NO
Other (Indicate type of Alarm)	NO
* Are These Alarms Tied Into the Burglar Alarm System - Yes or No	NO

**DATA COLLECTION WORKSHEET FOR SERVICES REQUIRED AT EACH FACILITY (CONTINUED)**

**Alarm Monitoring Services**

*AK*  
 2/25/13

If you have responded Yes to wanting Fire Alarm Monitoring Service Above  
 Please Provide an Inventory of your existing Fire Alarm System Equipment

Indicate the Type/Make of your Fire Alarm Panel, include Model number if possible	Notifier Fire Warden -100
Is the Fire Alarm System tied into the Burglar Alarm System or does it have it's own communicator/dialer?	I believe it has it's own dailer, there is no burglar alarm
Does the Fire Alarm panel have backup communication? I.E. - AES Radio, Uplink, Cellular, Network or Masterbox	unknown

**LOCATION # 48**

AGENCY	NH DOT District 6
FUNDING SOURCE	015-096-3007-048-0226-0654
Invoices Sent To (Name & Address)	NH DOT District 6 271 Main Street Durham, NH 03824 ATTN. Doug Almon

Facility Location and Address	253 Epping Road Exeter, NH
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Facility Contact Person Name	Doug Almon
Facility Contact Person Phone Number	603-868-1133
Facility Contact Person E-Mail Address	DAlmon2@dot.state.nh.us

**DATA COLLECTION WORKSHEET FOR SERVICES REQUIRED AT EACH FACILITY (CONTINUED)**

**Burglar Alarm/Access Control System Maintenance**

If you have responded Yes to wanting Burglar Alarm/Access Control Maintenance

You Must Provide an Inventory of your existing System Equipment Below

<b>Manufacturer/Brand of Equipment</b>	Gamewell Panel model # Zans 400
<b>Control Panel Make and Model</b>	Panel Supervisory (1)
<b>Peripheral Devices Make and Model</b>	Pull station RB Allen SG Series (2) Smoke detector2 W-R (2) Heat detector sensor (6) Duct detector Robert straw 2650454 (1) outside beacon (1) Strobe unit P2R (7) strobe only Wheelock (1)
<b>Control Pads Make and Model</b>	N/A
<b>Batteries – Quantity and Sizes</b>	12y7ah——12V8AHAGMVRLA.187Wka12-8F replaced 11/1/2012
<b>Power Supply – Quantity and Sizes</b>	N/A
<b>Key Pads/Controllers – Make and Models</b>	N/A
<b>Printer</b>	N/A
<b>Software</b>	N/A
<b>Other</b>	N/A



**DATA COLLECTION WORKSHEET FOR SERVICES REQUIRED AT EACH FACILITY (CONTINUED)**

Indicate the level of Burglar Alarm/Access Control Maintenance Service you will require

Contractor Initials *PK*  
 Date *3/25/13*

24/7/365	YES Fire Alarm
8 AM to 5 PM Business Days	NO
Other (Please Define Requirement)	NO

**LOCATION # 49**

AGENCY	NHDOT - Bridge Maintenance
FUNDING SOURCE	3008
Invoices Sent To (Name & Address)	NHDOT - Bridge Maintenance; PO Box 483; Concord, NH 03302

Facility Location and Address	13 Range Road; Franklin, NH 03235
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Facility Contact Person Name	Normand Legere
Facility Contact Person Phone Number	603-934-5735
Facility Contact Person E-Mail Address	nlegere@dot.state.nh.us

**DATA COLLECTION WORKSHEET FOR SERVICES REQUIRED AT EACH FACILITY (CONTINUED)**

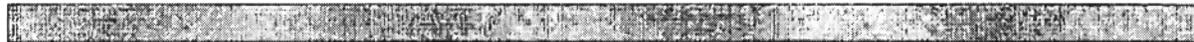
**Burglar Alarm/Access Control System Maintenance**

If you have responded Yes to wanting Burglar Alarm/Access Control Maintenance

You Must Provide an Inventory of your existing System Equipment Below

Manufacturer/Brand of Equipment	Digital Security Controls, Ltd (DSC)
Control Panel Make and Model	DSC Maxsys PC4020
Peripheral Devices Make and Model	Security Beam transmitter and receiver: Optex (3 each); Motion Dectectors: Visonic Inc (4 each); Door Magnetic Dectors: GRI (5 each)

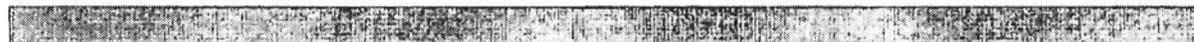
<b>Control Pads Make and Model</b>	None
<b>Batteries – Quantity and Sizes</b>	12 V, 7.5 AH (one in control panel)
<b>Power Supply – Quantity and Sizes</b>	110 V
<b>Key Pads/Controllers – Make and Models</b>	DSC Maxsys (one each)
<b>Printer</b>	Oki Microline 184 turbo 9 pin printer
<b>Software</b>	Proprietary DSC software used by monitoring company
<b>Other</b>	



**DATA COLLECTION WORKSHEET FOR SERVICES REQUIRED AT EACH FACILITY (CONTINUED)**

Indicate the level of **Burglar Alarm/Access Control Maintenance Service** you will require

<b>24/7/365</b>	Yes
<b>8 AM to 5 PM Business Days</b>	No
<b>Other (Please Define Requirement)</b>	None



**Alarm Monitoring Services**

If you have responded Yes to wanting **Alarm Monitoring Services**  
 Please Indicate the types of **Monitoring Services** you require

(Indicate Yes or No and add comment if necessary)

<b>Burglar Alarm</b>	Yes
----------------------	-----

Fire Alarm	No
Boiler Alarm *	No
Generator Alarm *	No
Low/High Temperature Alarm *	No
Panic/Duress Alarm *	No
Other (Indicate type of Alarm)	No
* Are These Alarms Tied Into the Burglar Alarm System - Yes or No	

**LOCATION # 50**

AGENCY	DRED 035
FUNDING SOURCE	010-035-37200000-502664-35P03611
Invoices Sent To (Name & Address)	DRED/BUSINESS OFFICE, PO BOX 1856, CONCORD, NH 03302

Facility Location and Address	298 Jericho Lake Rd. Berlin, NH 03570
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Facility Contact Person Name	Andrew D. Zboray
Facility Contact Person Phone Number	491-1327
Facility Contact Person E-Mail Address	andrew.zboray@dred.state.nh.us

**DATA COLLECTION WORKSHEET FOR SERVICES REQUIRED AT EACH FACILITY (CONTINUED)**

**Burglar Alarm/Access Control System Maintenance**

**If you have responded Yes to wanting Burglar Alarm/Access Control Maintenance**

**You Must Provide an Inventory of your existing System Equipment Below**

**Fire**

<b>Manufacturer/Brand of Equipment</b>	Digital Security Controls
<b>Control Panel Make and Model</b>	Power Series PC1616
<b>Peripheral Devices Make and Model</b>	FSA-210 Detectors
<b>Control Pads Make and Model</b>	
<b>Batteries – Quantity and Sizes</b>	1 ea. Sealed lead-acid 12Volt 4Amp
<b>Power Supply – Quantity and Sizes</b>	1 120VAC 60HZ .30Amp Input. 16.5V 25VA Output
<b>Key Pads/Controllers – Make and Models</b>	
<b>Printer</b>	
<b>Software</b>	
<b>Other</b>	



**DATA COLLECTION WORKSHEET FOR SERVICES REQUIRED AT EACH FACILITY (CONTINUED)**

Indicate the level of Burglar Alarm/Access Control Maintenance Service you will require

<b>24/7/365</b>	
<b>8 AM to 5 PM Business Days</b>	X
<b>Other (Please Define Requirement)</b>	



Contractor Initials RK  
 Date 3/25/13

**Alarm Monitoring Services**

If you have responded Yes to wanting Alarm Monitoring Services  
 Please Indicate the types of Monitoring Services you require

(Indicate Yes or No and add comment if necessary)

Burglar Alarm	NO
Fire Alarm	Yes
Boiler Alarm *	
Generator Alarm *	No
Low/High Temperature Alarm *	Yes (current panel is adaptable for this use that is not currently installed)
Panic/Duress Alarm *	No
Other (Indicate type of Alarm)	
* Are These Alarms Tied Into the Burglar Alarm System - Yes or No	No



**DATA COLLECTION WORKSHEET FOR SERVICES REQUIRED AT EACH FACILITY (CONTINUED)**

**Alarm Monitoring Services**

If you have responded Yes to wanting Fire Alarm Monitoring Service Above  
 Please Provide an Inventory of your existing Fire Alarm System Equipment

Indicate the Type/Make of your Fire Alarm Panel, include Model number if possible	Digital Security Controls (DSC), Power Series PC1616, FSA-210 Detectors
---	---

<b>Is the Fire Alarm System tied into the Burglar Alarm System or does it have it's own communicator/dialer?</b>	Has own.
<b>Does the Fire Alarm panel have backup communication? I.E. - AES Radio, Uplink, Cellular, Network or Masterbox</b>	No

**LOCATION # 51**

<b>AGENCY</b>	DRED/035
<b>FUNDING SOURCE</b>	010-035-37200000-502664-35P07011
<b>Invoices Sent To (Name &amp; Address)</b>	SEACOAST SCEINCE CENTER,570 Ocean Blvd Rye NH 03871

<b>Facility Location and Address</b>	SEACOAST SCEINCE CENTER,570 Ocean Blvd Rye NH 03871
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<b>Facility Contact Person Name</b>	Mr James Chase
<b>Facility Contact Person Phone Number</b>	603 436 8043
<b>Facility Contact Person E-Mail Address</b>	

**DATA COLLECTION WORKSHEET FOR SERVICES REQUIRED AT EACH FACILITY (CONTINUED)**

**Burglar Alarm/Access Control System Maintenance**

If you have responded Yes to wanting **Burglar Alarm/Access Control Maintenance**

You Must Provide an Inventory of your existing System Equipment Below

<b>Manufacturer/Brand of Equipment</b>	Faraday Alarm System
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<b>Control Panel Make and Model</b>	MPC 1500EBP
<b>Peripheral Devices Make and Model</b>	
<b>Control Pads Make and Model</b>	Gemini
<b>Batteries – Quantity and Sizes</b>	
<b>Power Supply – Quantity and Sizes</b>	
<b>Key Pads/Controllers – Make and Models</b>	Gemini
<b>Printer</b>	
<b>Software</b>	
<b>Other</b>	

**DATA COLLECTION WORKSHEET FOR SERVICES REQUIRED AT EACH FACILITY (CONTINUED)**

Indicate the level of **Burglar Alarm/Access Control Maintenance Service** you will require

<b>24/7/365</b>	XX
<b>8 AM to 5 PM Business Days</b>	
<b>Other (Please Define Requirement)</b>	

**Alarm Monitoring Services**

If you have responded Yes to wanting **Alarm Monitoring Services**

Please Indicate the types of Monitoring Services you require

(Indicate Yes or No and add comment if necessary)

<b>Burglar Alarm</b>	Yes
<b>Fire Alarm</b>	Yes
<b>Boiler Alarm *</b>	no
<b>Generator Alarm *</b>	Yes
<b>Low/High Temperature Alarm *</b>	Yes
<b>Panic/Duress Alarm *</b>	no
<b>Other (Indicate type of Alarm)</b>	Window / Door sensors
<b>* Are These Alarms Tied Into the Burglar Alarm System - Yes or No</b>	Yes



**DATA COLLECTION WORKSHEET FOR SERVICES REQUIRED AT EACH FACILITY (CONTINUED)**

**Alarm Monitoring Services**

If you have responded Yes to wanting Fire Alarm Monitoring Service Above Please Provide an Inventory of your existing Fire Alarm System Equipment

<b>Indicate the Type/Make of your Fire Alarm Panel, include Model number if possible</b>	Faraday Alarm System
<b>Is the Fire Alarm System tied into the Burglar Alarm System or does it have it's own communicator/dialer?</b>	?

*Handwritten initials*

<b>Does the Fire Alarm panel have backup communication? I.E. - AES Radio, Uplink, Cellular, Network or Masterbox</b>	Masterbox
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**LOCATION # 52**

<b>AGENCY</b>	DRED/0353
<b>FUNDING SOURCE</b>	010-035-34020000-500226-35H09511
<b>Invoices Sent To (Name &amp; Address)</b>	DRED/BUSINESS OFFICE, PO BOX 1856, CONCORD, NH 03302

<b>Facility Location and Address</b>	375 Little Harbor Road Portsmouth NH 03801
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<b>Facility Contact Person Name</b>	Gary W Bashline
<b>Facility Contact Person Phone Number</b>	603 227 8714
<b>Facility Contact Person E-Mail Address</b>	Gary.Bashline@dred.state.nh.us

**DATA COLLECTION WORKSHEET FOR SERVICES REQUIRED AT EACH FACILITY (CONTINUED)**

**Burglar Alarm/Access Control System Maintenance**

**If you have responded Yes to wanting Burglar Alarm/Access Control Maintenance**

**You Must Provide an Inventory of your existing System Equipment Below**

<b>Manufacturer/Brand of Equipment</b>	Gemini
<b>Control Panel Make and Model</b>	Gemine
<b>Peripheral Devices Make and Model</b>	
<b>Control Pads Make and Model</b>	
<b>Batteries – Quantity and Sizes</b>	

<b>Power Supply – Quantity and Sizes</b>	
<b>Key Pads/Controllers – Make and Models</b>	
<b>Printer</b>	none
<b>Software</b>	
<b>Other</b>	



**DATA COLLECTION WORKSHEET FOR SERVICES REQUIRED AT EACH FACILITY (CONTINUED)**

Indicate the level of **Burglar Alarm/Access Control Maintenance Service** you will require

<b>24/7/365</b>	Yes
<b>8 AM to 5 PM Business Days</b>	
<b>Other (Please Define Requirement)</b>	



**Alarm Monitoring Services**

If you have responded Yes to wanting **Alarm Monitoring Services**  
 Please Indicate the types of **Monitoring Services** you require

(Indicate Yes or No and add comment if necessary)

<b>Burglar Alarm</b>	Yes
<b>Fire Alarm</b>	Yes
<b>Boiler Alarm *</b>	No
<b>Generator Alarm *</b>	NO
<b>Low/High Temperature Alarm *</b>	No

<b>Panic/Duress Alarm *</b>	No
<b>Other (Indicate type of Alarm)</b>	Doors & Windows
<b>* Are These Alarms Tied Into the Burglar Alarm System - Yes or No</b>	Yes

**DATA COLLECTION WORKSHEET FOR SERVICES REQUIRED AT EACH FACILITY (CONTINUED)**

**Alarm Monitoring Services**

If you have responded Yes to wanting Fire Alarm Monitoring Service Above Please Provide an Inventory of your existing Fire Alarm System Equipment

<b>Indicate the Type/Make of your Fire Alarm Panel, include Model number if possible</b>	Gemini
<b>Is the Fire Alarm System tied into the Burglar Alarm System or does it have it's own communicator/dialer?</b>	
<b>Does the Fire Alarm panel have backup communication? I.E. - AES Radio, Uplink, Cellular, Network or Masterbox</b>	No

**LOCATION # 53**

<b>AGENCY</b>	DRED
<b>FUNDING SOURCE</b>	5300
<b>Invoices Sent To (Name &amp; Address)</b>	Urban Forestry Center

<b>Facility Location and Address</b>	45 Elywn Road, Portsmouth NH
<b>Facility Contact Person Name</b>	A.J. Dupere
<b>Facility Contact Person Phone Number</b>	603-431-6774
<b>Facility Contact Person E-Mail Address</b>	ajdupere@dred.state.nh.us

**DATA COLLECTION WORKSHEET FOR SERVICES REQUIRED AT EACH FACILITY (CONTINUED)**

**Burglar Alarm/Access Control System Maintenance**

If you have responded Yes to wanting Burglar Alarm/Access Control Maintenance

You Must Provide an Inventory of your existing System Equipment Below

<b>Manufacturer/Brand of Equipment</b>	Gemini
<b>Control Panel Make and Model</b>	Gem - P9600
<b>Peripheral Devices Make and Model</b>	
<b>Control Pads Make and Model</b>	
<b>Batteries – Quantity and Sizes</b>	One battery 12 volt, 7 amp
<b>Power Supply – Quantity and Sizes</b>	120 volts
<b>Key Pads/Controllers – Make and Models</b>	One Gemini GEM - RP2ASE2
<b>Printer</b>	None
<b>Software</b>	

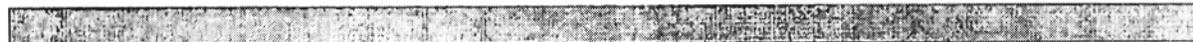
<b>Other</b>	
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**DATA COLLECTION WORKSHEET FOR SERVICES REQUIRED AT EACH FACILITY (CONTINUED)**

Indicate the level of Burglar Alarm/Access Control Maintenance Service you will require

<b>24/7/365</b>	YES
<b>8 AM to 5 PM Business Days</b>	
<b>Other (Please Define Requirement)</b>	



**Alarm Monitoring Services**

If you have responded Yes to wanting Alarm Monitoring Services  
 Please Indicate the types of Monitoring Services you require

(Indicate Yes or No and add comment if necessary)

<b>Burglar Alarm</b>	YES
<b>Fire Alarm</b>	YES
<b>Boiler Alarm *</b>	NO
<b>Generator Alarm *</b>	NO
<b>Low/High Temperature Alarm *</b>	NO
<b>Panic/Duress Alarm *</b>	NO
<b>Other (Indicate type of Alarm)</b>	NO
<b>* Are These Alarms Tied Into the Burglar Alarm System - Yes or No</b>	



**DATA COLLECTION WORKSHEET FOR SERVICES REQUIRED AT EACH FACILITY (CONTINUED)**

**Alarm Monitoring Services**

If you have responded Yes to wanting Fire Alarm Monitoring Service Above  
 Please Provide an Inventory of your existing Fire Alarm System Equipment

<b>Indicate the Type/Make of your Fire Alarm Panel, include Model number if possible</b>	Honeywell - Silent Knight Model # 5207
<b>Is the Fire Alarm System tied into the Burglar Alarm System or does it have it's own communicator/dialer?</b>	Tied in
<b>Does the Fire Alarm panel have backup communication? I.E. - AES Radio, Uplink, Cellular, Network or Masterbox</b>	Masterbox

**LOCATION # 54**

<b>AGENCY</b>	Joint Board
<b>FUNDING SOURCE</b>	22500000 50 0252
<b>Invoices Sent To (Name &amp; Address)</b>	Bobbie Carter, Joint Board, 57 regional Drive,

<b>Facility Location and Address</b>	57 Regional Drive
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<b>Facility Contact Person Name</b>	Bobbie Carter
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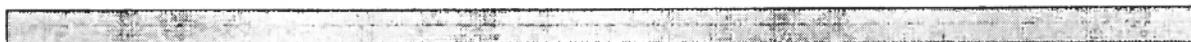
Facility Contact Person Phone Number	271-2219
Facility Contact Person E-Mail Address	bcarter@nhsa.state.nh.us

**DATA COLLECTION WORKSHEET FOR SERVICES REQUIRED AT EACH FACILITY (CONTINUED)**

**Burglar Alarm/Access Control System Maintenance**

If you have responded Yes to wanting Burglar Alarm/Access Control Maintenance  
 You Must Provide an Inventory of your existing System Equipment Below

Manufacturer/Brand of Equipment	DMP Panic button DMP RP 44. Panic Push Button
Control Panel Make and Model	DXP 701 1 channel receiver linear
Peripheral Devices Make and Model	
Control Pads Make and Model	
Batteries – Quantity and Sizes	
Power Supply – Quantity and Sizes	
Key Pads/Controllers – Make and Models	
Printer	
Software	
Other	



**DATA COLLECTION WORKSHEET FOR SERVICES REQUIRED AT EACH FACILITY (CONTINUED)**

Indicate the level of **Burglar Alarm/Access Control Maintenance Service** you will require

<b>24/7/365</b>	
<b>8 AM to 5 PM Business Days</b>	
<b>Other (Please Define Requirement)</b>	Require 7 days/week, 8:00 AM to 5:00 PM



**Alarm Monitoring Services**

If you have responded Yes to wanting **Alarm Monitoring Services**  
 Please Indicate the types of **Monitoring Services** you require

(Indicate Yes or No and add comment if necessary)

<b>Burglar Alarm</b>	No
<b>Fire Alarm</b>	No
<b>Boiler Alarm *</b>	No
<b>Generator Alarm *</b>	No
<b>Low/High Temperature Alarm *</b>	No
<b>Panic/Duress Alarm *</b>	yes - Panic button
<b>Other (Indicate type of Alarm)</b>	
<b>* Are These Alarms Tied Into the Burglar Alarm System - Yes or No</b>	no, there is no burglar alarm system

**LOCATION # 55**

<b>AGENCY</b>	NH Lottery Commission
<b>FUNDING SOURCE</b>	Lottery Funds security equipment code is 013-083-1029-030-0311 and maintenance is 013-083-1029-024-0227

Contractor Initials *DK*  
 Date *3/25/13*

<b>Invoices Sent To (Name &amp; Address)</b>	NH Lottery c/o Leonard Mannino 14 Integra Drive Concord, NH 03301
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<b>Facility Location and Address</b>	NH Lottery 14 Integra Drive Concord, NH 03301
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<b>Facility Contact Person Name</b>	Leonard Mannino
<b>Facility Contact Person Phone Number</b>	603.271.3391 x309
<b>Facility Contact Person E-Mail Address</b>	Leonard.D.Mannino@lottery.nh.gov

**DATA COLLECTION WORKSHEET FOR SERVICES REQUIRED AT EACH FACILITY (CONTINUED)**

**Burglar Alarm/Access Control System Maintenance**

If you have responded Yes to wanting **Burglar Alarm/Access Control Maintenance**

You Must Provide an Inventory of your existing System Equipment Below

<b>Manufacturer/Brand of Equipment</b>	DMP Alarm System and HID Access Control System
<b>Control Panel Make and Model</b>	DMP Alarm Panel w/enclosure DMP Model XR500N and HID Keypad Prox Pro
<b>Peripheral Devices Make and Model</b>	1 Uplink Radio L3-1925133LB; 26 door contacts 1078Cm TCP/IP network Comm controller
<b>Control Pads Make and Model</b>	6 DMP 7070W Thinline LCD keypads & 9 JID Prox Pro Reader access key pads
<b>Batteries – Quantity and Sizes</b>	1 DRC internal battery back-up; 112v4ah battery 51-0039 & 6 of the 12 volt 7 amp
<b>Power Supply – Quantity and Sizes</b>	1 Altronix AL600 for Access Control and 1 for Burg Alarm and 2 AC 1650 transformers

<b>Key Pads/Controllers – Make and Models</b>	Burg Alarm: DMP 7070W Thinline LCD Access Control: HID 63-0078 Keypad Prox Prop
<b>Printer</b>	
<b>Software</b>	System Link Version 1.41 and WAPAC PRO Multi Site, prem maintenance, SW maintenance
<b>Other</b>	15 GE motion detectors RCR-90; 3 Sentrol Panic Switches 3045; 3 strobe lights bk-p2r



**DATA COLLECTION WORKSHEET FOR SERVICES REQUIRED AT EACH FACILITY (CONTINUED)**

Indicate the level of Burglar Alarm/Access Control Maintenance Service you will require

24/7/365	24/7/365
8 AM to 5 PM Business Days	
Other (Please Define Requirement)	



**Alarm Monitoring Services**

If you have responded Yes to wanting Alarm Monitoring Services  
 Please indicate the types of Monitoring Services you require

(Indicate Yes or No and add comment if necessary)

<b>Burglar Alarm</b>	Yes
<b>Fire Alarm</b>	
<b>Boiler Alarm *</b>	
<b>Generator Alarm *</b>	
<b>Low/High Temperature Alarm *</b>	

Contractor Initials DK  
 Date 3/25/13

<b>Panic/Duress Alarm *</b>	Yes
<b>Other (Indicate type of Alarm)</b>	
<b>* Are These Alarms Tied Into the Burglar Alarm System - Yes or No</b>	Yes

**LOCATION # 56**

<b>AGENCY</b>	NH Police Standards & Training
<b>FUNDING SOURCE</b>	Penalty Assessment
<b>Invoices Sent To (Name &amp; Address)</b>	Business Administrator, PSTC

<b>Facility Location and Address</b>	17 Institute Drive, Concord, NH 03301
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<b>Facility Contact Person Name</b>	Clem Hamilton
<b>Facility Contact Person Phone Number</b>	(603) 271-3978
<b>Facility Contact Person E-Mail Address</b>	chamilton@pstc.state.nh.us

**DATA COLLECTION WORKSHEET FOR SERVICES REQUIRED AT EACH FACILITY (CONTINUED)**

**Burglar Alarm/Access Control System Maintenance**

**If you have responded Yes to wanting Burglar Alarm/Access Control Maintenance**

**You Must Provide an Inventory of your existing System Equipment Below**

<b>Manufacturer/Brand of Equipment</b>	DSC
<b>Control Panel Make and Model</b>	DSC PC 4000

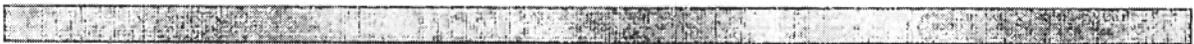
<b>Peripheral Devices Make and Model</b>	DSC 4820
<b>Control Pads Make and Model</b>	DSC LCD-4501
<b>Batteries – Quantity and Sizes</b>	UT-1270 12v 7ah, approx. 14
<b>Power Supply – Quantity and Sizes</b>	approx 9, 12v
<b>Key Pads/Controllers – Make and Models</b>	DSC LCD-4501
<b>Printer</b>	
<b>Software</b>	DSC
<b>Other</b>	wireless backup (radio)



**DATA COLLECTION WORKSHEET FOR SERVICES REQUIRED AT EACH FACILITY (CONTINUED)**

Indicate the level of Burglar Alarm/Access Control Maintenance Service you will require

<b>24/7/365</b>	yes
<b>8 AM to 5 PM Business Days</b>	
<b>Other (Please Define Requirement)</b>	



**Alarm Monitoring Services**

If you have responded Yes to wanting Alarm Monitoring Services  
 Please Indicate the types of Monitoring Services you require

(Indicate Yes or No and add comment if necessary)

<b>Burglar Alarm</b>	yes
<b>Fire Alarm</b>	no
<b>Boiler Alarm *</b>	yes
<b>Generator Alarm *</b>	no
<b>Low/High Temperature Alarm *</b>	yes
<b>Panic/Duress Alarm *</b>	yes
<b>Other (Indicate type of Alarm)</b>	wireless backup (radio)
<b>* Are These Alarms Tied Into the Burglar Alarm System - Yes or No</b>	yes

**LOCATION # 57**

<b>AGENCY</b>	DCYF/DHHS
<b>FUNDING SOURCE</b>	100% General
<b>Invoices Sent To (Name &amp; Address)</b>	Brenda Courchaine 97 Pleasant Street Thayer Building Concord, NH 03301

<b>Facility Location and Address</b>	1056 No. River Road, Manchester, NH
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<b>Facility Contact Person Name</b>	Harry Hadley
<b>Facility Contact Person Phone Number</b>	603-625-5471
<b>Facility Contact Person E-Mail Address</b>	Harry.R.Hadley@dhhs.state.nh.us

**DATA COLLECTION WORKSHEET FOR SERVICES REQUIRED AT EACH FACILITY (CONTINUED)**

**Burglar Alarm/Access Control System Maintenance**

**If you have responded Yes to wanting Burglar Alarm/Access Control**

Contractor Initials PH  
 Date 3/25/13

**Maintenance**

**You Must Provide an Inventory of your existing System Equipment Below**

<b>Manufacturer/Brand of Equipment</b>	HIRSCH Electronics
<b>Control Panel Make and Model</b>	HIRSCH Electronics Model 8 (21) Match 2 Card (130) Allen Bradley Logix card 5562 (8) Ether NET/IP (8) Device Net (8)
<b>Peripheral Devices Make and Model</b>	request to exit (21) DPS Brink 201020 X 24vdc (267) Remote unlock (182) intercom call (130) indicator lights (130)Brink 3522-300 (130) 5026M (51) 5026S (27) 3526-300 (27) 3026 (11) 5022M (1) Folger Adams FAM 68 (8) 310 - 234 (7)
<b>Control Pads Make and Model</b>	
<b>Batteries – Quantity and Sizes</b>	(42) 24.0 volt, 7.0 AH
<b>Power Supply – Quantity and Sizes</b>	
<b>Key Pads/Controllers – Make and Models</b>	PROX THIN LINE CARD READER 5395 (207)
<b>Printer</b>	
<b>Software</b>	VELOCITY
<b>Other</b>	Dell computers GX280 (18) UPS (7) ISO PROX II 1386, MATCH BOARD MRIB



**DATA COLLECTION WORKSHEET FOR SERVICES REQUIRED AT EACH FACILITY (CONTINUED)**

Indicate the level of **Burglar Alarm/Access Control Maintenance Service** you will require

<b>24/7/365</b>	
<b>8 AM to 5 PM Business Days</b>	X

<b>Other (Please Define Requirement)</b>	
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**LOCATION # 58**

<b>AGENCY</b>	NHDOT Bureau of Turnpikes
<b>FUNDING SOURCE</b>	7027-020-0200
<b>Invoices Sent To (Name &amp; Address)</b>	NHDOT Bureau of Turnpikes, PO Box 2950 Concord NH 03302-2950

<b>Facility Location and Address</b>	DMV Center 110 Broad Street, Nashua NH
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<b>Facility Contact Person Name</b>	Andrew O'Sullivan
<b>Facility Contact Person Phone Number</b>	603-485-3806
<b>Facility Contact Person E-Mail Address</b>	ao'sullivan@dot.state.nh.us

**DATA COLLECTION WORKSHEET FOR SERVICES REQUIRED AT EACH FACILITY (CONTINUED)**

**Burglar Alarm/Access Control System Maintenance**

**If you have responded Yes to wanting Burglar Alarm/Access Control Maintenance**

**You Must Provide an Inventory of your existing System Equipment Below**

<b>Manufacturer/Brand of Equipment</b>	DSC PowerSeries
<b>Control Panel Make and Model</b>	PowerSeries Control Panel PC1864
<b>Peripheral Devices Make and Model</b>	PowerSeries Adressable Zone Expander PC5100
<b>Control Pads Make and Model</b>	Powerseries 64-Zone LCD Full Message Keypad PK5500

<b>Batteries – Quantity and Sizes</b>	4ah/7ah/14Ahr
<b>Power Supply – Quantity and Sizes</b>	Hardwired, battery back-up
<b>Key Pads/Controllers – Make and Models</b>	Powerseries 64-Zone LCD Full Message Keypad PK5500
<b>Printer</b>	N/A
<b>Software</b>	Kantech KT-400
<b>Other</b>	



**DATA COLLECTION WORKSHEET FOR SERVICES REQUIRED AT EACH FACILITY (CONTINUED)**

Indicate the level of Burglar Alarm/Access Control Maintenance Service you will require

24/7/365	yes
8 AM to 5 PM Business Days	
Other (Please Define Requirement)	



**Alarm Monitoring Services**

If you have responded Yes to wanting Alarm Monitoring Services  
 Please Indicate the types of Monitoring Services you require

(Indicate Yes or No and add comment if necessary)

<b>Burglar Alarm</b>	
<b>Fire Alarm</b>	
<b>Boiler Alarm *</b>	yes

<b>Generator Alarm *</b>	
<b>Low/High Temperature Alarm *</b>	yes
<b>Panic/Duress Alarm *</b>	Yes (Potter HUB-M hold-up button)
<b>Other (Indicate type of Alarm)</b>	AWID MM-6800 Sentinel-Prox Proximity Reader
<b>* Are These Alarms Tied Into the Burglar Alarm System - Yes or No</b>	yes

**LOCATION # 59**

<b>AGENCY</b>	Administrative Services
<b>FUNDING SOURCE</b>	10-01400-14100000 048 500226
<b>Invoices Sent To (Name &amp; Address)</b>	State of New Hampshire, Administrative Services, Department of General Services, 25 Capitol St., Room 408, Concord, NH 03301

<b>Facility Location and Address</b>	12 Hills Ave Federal Warehouse, Concord, NH
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<b>Facility Contact Person Name</b>	Josh Raymond
<b>Facility Contact Person Phone Number</b>	603-271-3231
<b>Facility Contact Person E-Mail Address</b>	Joshua.Raymond@nh.gov

**DATA COLLECTION WORKSHEET FOR SERVICES REQUIRED AT EACH FACILITY (CONTINUED)**

**Burglar Alarm/Access Control System Maintenance**

**If you have responded Yes to wanting Burglar Alarm/Access Control Maintenance**

**You Must Provide an Inventory of your existing System Equipment Below**

<b>Manufacturer/Brand of Equipment</b>	Nexsentry Manager
<b>Control Panel Make and Model</b>	XR-200L DMP Panel, 4 790-52 LCD arm/disarm keypads
<b>Peripheral Devices Make and Model</b>	8 rex-detectors, 3AL2315 magnetic overhead door contacts, 1BCA01400 triplite 1400 VA UPS, 1DTA 4 Winland 4 zone monitoring module, 4-1193 defrost cycle time delay module, 4-1107 temp probes, 7-RK115 Rokonet wall mount motion detectors, 5-2202AU magnetic overhead door contacts, 1 blue strobe light, 1 PA adj audio piezo, 1-CVM timer board, 1-8501FPO 12v53 cube relay DPDT 24 vdc 10Amp, 1, C1-1RS-232 to 20 mlamp converter, 7-DC1 door contacts, 3 remote door release buttons, 12-RK150DT Lunar 360 ceiling mount dual tech motion detectors, 4-DC-1 magnetic door contacts, 8 electric door strikes.
<b>Control Pads Make and Model</b>	
<b>Batteries – Quantity and Sizes</b>	2-12v18ah, 2-12v7ah batteries
<b>Power Supply – Quantity and Sizes</b>	1-PS2 2amp power supply
<b>Key Pads/Controllers – Make and Models</b>	1-818SX WSE 8 door ACU, 1 778A WSE annunciator, 82814-A-B proxy card readers, 8 774A- multiple switch monitors w/enclosures
<b>Printer</b>	No
<b>Software</b>	Nexsentry Manager
<b>Other</b>	MUST BE NEXSENTRY CERTIFIED

**DATA COLLECTION WORKSHEET FOR SERVICES REQUIRED AT EACH FACILITY (CONTINUED)**

Indicate the level of Burglar Alarm/Access Control Maintenance Service you will require

*PX*  
 3/25/13

24/7/365	24/7/365
8 AM to 5 PM Business Days	
Other (Please Define Requirement)	

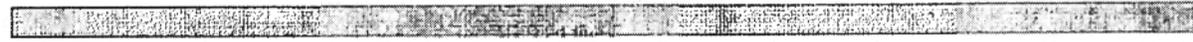


**Alarm Monitoring Services**

If you have responded Yes to wanting Alarm Monitoring Services  
 Please Indicate the types of Monitoring Services you require

(Indicate Yes or No and add comment if necessary)

Burglar Alarm	yes
Fire Alarm	yes
Boiler Alarm *	no
Generator Alarm *	yes
Low/High Temperature Alarm *	yes
Panic/Duress Alarm *	no
Other (Indicate type of Alarm)	1-cooler temp monitoring, 3 freezer temp monitoring, power failure, fire trouble, burg. Resotral
* Are These Alarms Tied Into the Burglar Alarm System - Yes or No	yes



**DATA COLLECTION WORKSHEET FOR SERVICES REQUIRED AT EACH FACILITY (CONTINUED)**

**Alarm Monitoring Services**

If you have responded Yes to wanting Fire Alarm Monitoring Service Above  
 Please Provide an Inventory of your existing Fire Alarm System Equipment

Indicate the Type/Make of your Fire Alarm Panel, include Model number if possible	NFS-320
Is the Fire Alarm System tied into the Burglar Alarm System or does it have it's own communicator/dialer?	burglar dialer
Does the Fire Alarm panel have backup communication? I.E. - AES Radio, Uplink, Cellular, Network or Masterbox	Masterbox

**LOCATION # 60**

<b>AGENCY</b>	Administrative Services
<b>FUNDING SOURCE</b>	10-01400-21670000-048-500226
<b>Invoices Sent To (Name &amp; Address)</b>	State of New Hampshire, Administrative Services, Department of General Services, 25 Capitol Street, Room 408, Concord, NH 03301

<b>Facility Location and Address</b>	17 Water Street, Claremont, NH
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<b>Facility Contact Person Name</b>	Andy Descoteau
<b>Facility Contact Person Phone Number</b>	603-543-0278 or have him paged from 603-271-3231
<b>Facility Contact Person E-Mail Address</b>	Andy.Descoteau@nh.gov

**DATA COLLECTION WORKSHEET FOR SERVICES REQUIRED AT EACH FACILITY (CONTINUED)**

**Burglar Alarm/Access Control System Maintenance**

If you have responded Yes to wanting Burglar Alarm/Access Control Maintenance  
 You Must Provide an Inventory of your existing System Equipment Below

<b>Manufacturer/Brand of Equipment</b>	Nexsentry Manager
<b>Control Panel Make and Model</b>	XR200 485 Security Command Executive Series
<b>Peripheral Devices Make and Model</b>	7 multi-switch monitors, 1-output annunciator, 9 electric door strikes, 11 request to exit devices, 12 door contacts, 1 co box , 11 Digital proxy card readers, 1 Honeywell 5501 controller, 1 boiler contact, 1 building temp alarm, 5 motion detectors.
<b>Control Pads Make and Model</b>	3 - XR200 485 security command executive series
<b>Batteries – Quantity and Sizes</b>	9-12v18ah
<b>Power Supply – Quantity and Sizes</b>	2 power supplies
<b>Key Pads/Controllers – Make and Models</b>	2-818SC ACU's
<b>Printer</b>	
<b>Software</b>	Nexsentry Manager
<b>Other</b>	MUST BE NEXSENTRY CERTIFIED



**DATA COLLECTION WORKSHEET FOR SERVICES REQUIRED AT EACH FACILITY (CONTINUED)**

Indicate the level of Burglar Alarm/Access Control Maintenance Service you will require

24/7/365	24/7/365
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8 AM to 5 PM Business Days	
Other (Please Define Requirement)	



**Alarm Monitoring Services**

If you have responded Yes to wanting Alarm Monitoring Services  
 Please Indicate the types of Monitoring Services you require

(Indicate Yes or No and add comment if necessary)

Burglar Alarm	yes
Fire Alarm	yes
Boiler Alarm *	yes
Generator Alarm *	
Low/High Temperature Alarm *	yes
Panic/Duress Alarm *	
Other (Indicate type of Alarm)	power failure, boiler, and burglar restorals
* Are These Alarms Tied Into the Burglar Alarm System - Yes or No	yes



**DATA COLLECTION WORKSHEET FOR SERVICES REQUIRED AT EACH FACILITY (CONTINUED)**

**Alarm Monitoring Services**

If you have responded Yes to wanting Fire Alarm Monitoring Service Above  
 Please Provide an Inventory of your existing Fire Alarm System Equipment

Indicate the Type/Make of your Fire Alarm Panel, include Model number if possible	Hockiki Firenet 4127
Is the Fire Alarm System tied into the Burglar Alarm System or does it have it's own communicator/dialer?	burglar dialer
Does the Fire Alarm panel have backup communication? I.E. - AES Radio, Uplink, Cellular, Network or Masterbox	Masterbox

**LOCATION # 61**

AGENCY	Administrative Services
FUNDING SOURCE	10-01400-20510000-048-500226
Invoices Sent To (Name & Address)	State of New Hampshire, Administrative Services, Department of General Services, 25 Capitol Street, Room 408, Concord, NH 03301

Facility Location and Address	Bridges House
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Facility Contact Person Name	Bill Kordas
Facility Contact Person Phone Number	603-271-3231
Facility Contact Person E-Mail Address	

**DATA COLLECTION WORKSHEET FOR SERVICES REQUIRED AT EACH FACILITY (CONTINUED)**

**Burglar Alarm/Access Control System Maintenance**

**If you have responded Yes to wanting Burglar Alarm/Access Control Maintenance**

**You Must Provide an Inventory of your existing System Equipment Below**

Contractor Initials AK  
 Date 3/25/13

<b>Manufacturer/Brand of Equipment</b>	FB 4600 digital transmitter, 1 line direct to state police, 1 line to security module
<b>Control Panel Make and Model</b>	2-LOT-0883 DMP
<b>Peripheral Devices Make and Model</b>	39 door and window contacts, 1 hold up transmitter, 5 panic buttons
<b>Control Pads Make and Model</b>	XR100
<b>Batteries – Quantity and Sizes</b>	12 Volt 7A.B
<b>Power Supply – Quantity and Sizes</b>	1 Power supply
<b>Key Pads/Controllers – Make and Models</b>	
<b>Printer</b>	
<b>Software</b>	Nexsentry
<b>Other</b>	



**DATA COLLECTION WORKSHEET FOR SERVICES REQUIRED AT EACH FACILITY (CONTINUED)**

Indicate the level of **Burglar Alarm/Access Control Maintenance Service** you will require

<b>24/7/365</b>	24/7/365
<b>8 AM to 5 PM Business Days</b>	
<b>Other (Please Define Requirement)</b>	



**Alarm Monitoring Services**

If you have responded Yes to wanting Alarm Monitoring Services  
 Please Indicate the types of Monitoring Services you require

	(Indicate Yes or No and add comment if necessary)
Burglar Alarm	yes
Fire Alarm	yes
Boiler Alarm *	yes
Generator Alarm *	no
Low/High Temperature Alarm *	yes
Panic/Duress Alarm *	yes
Other (Indicate type of Alarm)	power, boiler, panic, temp alarms and restorals
* Are These Alarms Tied Into the Burglar Alarm System - Yes or No	yes



**DATA COLLECTION WORKSHEET FOR SERVICES REQUIRED AT EACH FACILITY (CONTINUED)**

**Alarm Monitoring Services**

If you have responded Yes to wanting Fire Alarm Monitoring Service Above  
 Please Provide an Inventory of your existing Fire Alarm System Equipment

Indicate the Type/Make of your Fire Alarm Panel, include Model number if possible	FCI-FC-72
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Is the Fire Alarm System tied into the Burglar Alarm System or does it have it's own communicator/dialer?	burglar dialer
Does the Fire Alarm panel have backup communication? I.E. - AES Radio, Uplink, Cellular, Network or Masterbox	Masterbox

**LOCATION # 62**

<b>AGENCY</b>	Administrative Services
<b>FUNDING SOURCE</b>	10-01400-20400000 048 500226
<b>Invoices Sent To (Name &amp; Address)</b>	State of New Hampshire, Administrative Services, Department of General Services, 25 Capitol Street, Room 408, Concord, NH 03301

<b>Facility Location and Address</b>	11 Hazen Drive, Concord, NH
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<b>Facility Contact Person Name</b>	Brooks Young
<b>Facility Contact Person Phone Number</b>	603-271-3231
<b>Facility Contact Person E-Mail Address</b>	

**DATA COLLECTION WORKSHEET FOR SERVICES REQUIRED AT EACH FACILITY (CONTINUED)**

**Burglar Alarm/Access Control System Maintenance**

If you have responded Yes to wanting **Burglar Alarm/Access Control Maintenance**  
 You Must Provide an Inventory of your existing System Equipment Below

<b>Manufacturer/Brand of Equipment</b>	
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<b>Control Panel Make and Model</b>	1-XR20MDMP panel
<b>Peripheral Devices Make and Model</b>	1-714-18T 4 zone loop expander, 690-52LCD accessory package, R200PAK accessory package, 1 hi water sensor in sewer pit.
<b>Control Pads Make and Model</b>	12 Volt 7A.h./ 12 Volt 18 A-H
<b>Batteries – Quantity and Sizes</b>	
<b>Power Supply – Quantity and Sizes</b>	
<b>Key Pads/Controllers – Make and Models</b>	1-XR20M DMP panel
<b>Printer</b>	
<b>Software</b>	Nexsentry
<b>Other</b>	



**DATA COLLECTION WORKSHEET FOR SERVICES REQUIRED AT EACH FACILITY (CONTINUED)**

Indicate the level of Burglar Alarm/Access Control Maintenance Service you will require

<b>24/7/365</b>	24/7/365
<b>8 AM to 5 PM Business Days</b>	
<b>Other (Please Define Requirement)</b>	



**Alarm Monitoring Services**

If you have responded Yes to wanting Alarm Monitoring Services

Contractor Initials *DV*  
 Date *3/25/13*

**Please Indicate the types of Monitoring Services you require**

(Indicate Yes or No and add comment if necessary)

<b>Burglar Alarm</b>	no
<b>Fire Alarm</b>	no
<b>Boiler Alarm *</b>	no
<b>Generator Alarm *</b>	no
<b>Low/High Temperature Alarm *</b>	no
<b>Panic/Duress Alarm *</b>	no
<b>Other (Indicate type of Alarm)</b>	sewer pit high water alarm
<b>* Are These Alarms Tied Into the Burglar Alarm System - Yes or No</b>	yes

**DATA COLLECTION WORKSHEET FOR SERVICES REQUIRED AT EACH FACILITY (CONTINUED)**

**Alarm Monitoring Services**

**If you have responded Yes to wanting Fire Alarm Monitoring Service Above Please Provide an Inventory of your existing Fire Alarm System Equipment**

<b>Indicate the Type/Make of your Fire Alarm Panel, include Model number if possible</b>	FCI-7200
<b>Is the Fire Alarm System tied into the Burglar Alarm System or does it have it's own communicator/dialer?</b>	burglar dialer

<b>Does the Fire Alarm panel have backup communication? I.E. - AES Radio, Uplink, Cellular, Network or Masterbox</b>	     Masterbox
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**LOCATION # 63**

<b>AGENCY</b>	Administrative Services
<b>FUNDING SOURCE</b>	10-01400-20300000 048 500226
<b>Invoices Sent To (Name &amp; Address)</b>	State of New Hampshire, Administrative Services, Department of General Services, 25 Capitol Street, Room 408, Concord, NH 03301

<b>Facility Location and Address</b>	29 Hazen Drive, Concord, NH 03301
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<b>Facility Contact Person Name</b>	Bill Kordas
<b>Facility Contact Person Phone Number</b>	603-271-3231
<b>Facility Contact Person E-Mail Address</b>	

**DATA COLLECTION WORKSHEET FOR SERVICES REQUIRED AT EACH FACILITY (CONTINUED)**

**Burglar Alarm/Access Control System Maintenance**

**If you have responded Yes to wanting Burglar Alarm/Access Control Maintenance**

**You Must Provide an Inventory of your existing System Equipment Below**

<b>Manufacturer/Brand of Equipment</b>	NEXSentry
<b>Control Panel Make and Model</b>	3-star 11 controllers, 5-818SC ACU's

<b>Peripheral Devices Make and Model</b>	3-low cut off devices, 5 fire eye signaling devices, 5 pressuretrol signaling devices, 5 genertaor signaling devices, 1 connection to fire panel, 5 boiler shunt switches, 1 hi temp rem 300, 45-774 multi switch monitors, 81 digital proxy readers, 63 magnetic door contacts, 74 request to exit devices, 4 co-boxes, 2-714 8 xone expanders, 3-714 18T4 point zone expanders, 5-778A annunciators, 2-3040 hard wired panic buttons, 1-472 interface card, 2-FA400 remote receivers, 10-FA205D wireless dural transmitters, 3 FA575 real time repeaters, 1CI8 multi communicator interface, 74 electric door strikes, 1 DSCPC 500 dialer, 2 airphone w/door release, 3 8door chip set, 8-8input4/output modules, 2-216/1101 transformers, 1-481 zone expansion card 8-714 zone loop expander, 4 electric crash bars, 1-miro 2/24, 4-miro 4/84
<b>Control Pads Make and Model</b>	1-DMP-XR200, 1-XL200L DMP keypad, 1-790-52 LCD keypad
<b>Batteries – Quantity and Sizes</b>	20-12v18ah batteries
<b>Power Supply – Quantity and Sizes</b>	6-3718S power supplies, 5-92902031000 power for star 11's, 4 power supplies for star 11, 8-PS5 power supplies 5 amp.
<b>Key Pads/Controllers – Make and Models</b>	1-XR20M DMP panel
<b>Printer</b>	
<b>Software</b>	Nexsentry
<b>Other</b>	

**DATA COLLECTION WORKSHEET FOR SERVICES REQUIRED AT EACH FACILITY (CONTINUED)**

Indicate the level of **Burglar Alarm/Access Control Maintenance Service** you will require

Contractor Initials *PK*  
 Date *3/25/13*

24/7/365	24/7/365
8 AM to 5 PM Business Days	
Other (Please Define Requirement)	



**Alarm Monitoring Services**

If you have responded Yes to wanting Alarm Monitoring Services  
 Please Indicate the types of Monitoring Services you require

(Indicate Yes or No and add comment if necessary)

Burglar Alarm	yes
Fire Alarm	yes
Boiler Alarm *	yes
Generator Alarm *	yes
Low/High Temperature Alarm *	yes
Panic/Duress Alarm *	yes
Other (Indicate type of Alarm)	Resotral of Power, fire trouble, burg, generator and panic alarms
* Are These Alarms Tied Into the Burglar Alarm System - Yes or No	yes



**DATA COLLECTION WORKSHEET FOR SERVICES REQUIRED AT EACH FACILITY (CONTINUED)**

**Alarm Monitoring Services**

If you have responded Yes to wanting Fire Alarm Monitoring Service Above  
 Please Provide an Inventory of your existing Fire Alarm System Equipment

Indicate the Type/Make of your Fire Alarm Panel, include Model number if possible	Edwards, EST -3
Is the Fire Alarm System tied into the Burglar Alarm System or does it have it's own communicator/dialer?	burglar dialer
Does the Fire Alarm panel have backup communication? I.E. - AES Radio, Uplink, Cellular, Network or Masterbox	Masterbox

**LOCATION # 64**

AGENCY	Administrative Services
FUNDING SOURCE	10-01400-20960000 048 500226
Invoices Sent To (Name & Address)	State of New Hampshire, Administrative Services, Department of General Services, 25 Capitol Street, Room 408, Concord, NH 03301

Facility Location and Address	107 Pleasant St., Concord, NH 03301
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Facility Contact Person Name	Chris Thurston
Facility Contact Person Phone Number	603-271-3231
Facility Contact Person E-Mail Address	

**DATA COLLECTION WORKSHEET FOR SERVICES REQUIRED AT EACH FACILITY (CONTINUED)**

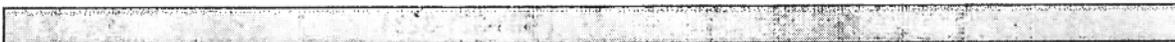
**Burglar Alarm/Access Control System Maintenance**

**If you have responded Yes to wanting Burglar Alarm/Access Control Maintenance**

Contractor Initials *PK*  
 Date *3/25/13*

**You Must Provide an Inventory of your existing System Equipment Below**

<b>Manufacturer/Brand of Equipment</b>	Nexsentry Manager
<b>Control Panel Make and Model</b>	DMP XR200 1-DMP 790 keypad
<b>Peripheral Devices Make and Model</b>	2-8 door chip/8 door reader chip, Miro4/8/4 module, 17 digital card reads, 19-Sentrol door contacts, 14 Folger Adams door strikes, 2 Kantech motion detectors, 1 co-box TCP/IP adaptor, 2 PB door release buttons, 2 airphone LEF - 5 intercom w/power supply 1-airphone LE-D sub station, 3 Sentrol HUB 2 panic buttons, 9 electric strikes
<b>Control Pads Make and Model</b>	XR200-485
<b>Batteries – Quantity and Sizes</b>	9 -12v18ah, 1 12v7ah,
<b>Power Supply – Quantity and Sizes</b>	2-24VDC 2.5AMP MOD#902-P1, 1-Altronics 6000ly 6 amp power supply
<b>Key Pads/Controllers – Make and Models</b>	2 Star 11 controllers
<b>Printer</b>	
<b>Software</b>	Nexsentry Manager
<b>Other</b>	MUST BE NEXSENTRY CERTIFIED



**DATA COLLECTION WORKSHEET FOR SERVICES REQUIRED AT EACH FACILITY (CONTINUED)**

Indicate the level of Burglar Alarm/Access Control Maintenance Service you will require

24/7/365	24/7/365
8 AM to 5 PM Business Days	

Contractor Initials PK  
 Date 3/25/13

<b>Other (Please Define Requirement)</b>	
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**Alarm Monitoring Services**

If you have responded Yes to wanting Alarm Monitoring Services  
 Please Indicate the types of Monitoring Services you require

(Indicate Yes or No and add comment if necessary)

<b>Burglar Alarm</b>	yes
<b>Fire Alarm</b>	yes
<b>Boiler Alarm *</b>	
<b>Generator Alarm *</b>	yes
<b>Low/High Temperature Alarm *</b>	
<b>Panic/Duress Alarm *</b>	yes
<b>Other (Indicate type of Alarm)</b>	Resotral of Power, fire trouble, burg, generator and panic alarms
<b>* Are These Alarms Tied Into the Burglar Alarm System - Yes or No</b>	yes



**DATA COLLECTION WORKSHEET FOR SERVICES REQUIRED AT EACH FACILITY (CONTINUED)**

**Alarm Monitoring Services**

If you have responded Yes to wanting Fire Alarm Monitoring Service Above  
 Please Provide an Inventory of your existing Fire Alarm System Equipment

Indicate the Type/Make of your Fire Alarm Panel, include Model number if possible	Simplex 4005
Is the Fire Alarm System tied into the Burglar Alarm System or does it have it's own communicator/dialer?	burglar dialer
Does the Fire Alarm panel have backup communication? I.E. - AES Radio, Uplink, Cellular, Network or Masterbox	Masterbox

**LOCATION # 65**

<b>AGENCY</b>	Administrative Services
<b>FUNDING SOURCE</b>	10-01400-20980000 048 500226
<b>Invoices Sent To (Name &amp; Address)</b>	State of New Hampshire, Administrative Services, Department of General Services, 25 Capitol Street, Room 408, Concord, NH 03301

<b>Facility Location and Address</b>	33 Capitol St., Concord, NH 03301
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<b>Facility Contact Person Name</b>	Mark Pezzulo
<b>Facility Contact Person Phone Number</b>	603-271-3231
<b>Facility Contact Person E-Mail Address</b>	

**DATA COLLECTION WORKSHEET FOR SERVICES REQUIRED AT EACH FACILITY (CONTINUED)**

**Burglar Alarm/Access Control System Maintenance**

**If you have responded Yes to wanting Burglar Alarm/Access Control Maintenance**

**You Must Provide an Inventory of your existing System Equipment Below**

Contractor Initials *DK*  
 Date *3/25/13*

<b>Manufacturer/Brand of Equipment</b>	Nexsentry manager
<b>Control Panel Make and Model</b>	1-DMP-XR200 Keypad, 2-2121 indoor keypads, 1-790DMP keypad
<b>Peripheral Devices Make and Model</b>	15-4208 proxy card readers, 15-774 multiple switch monitors, 16 electric door strikes, 16-10S5T magnetic door contacts, 1-778 remote annunciator, 16-request to exit devices, 1-co-box TCP/IP adaptor, 1Annunciator control module, 1-216/1101 transformer, 1-714 4 Zone Loop Expander, 1 - Co-box
<b>Control Pads Make and Model</b>	1-DMP-XR200 Keypad, 2-2121 indoor keypads, 1-790DMP keypad
<b>Batteries – Quantity and Sizes</b>	4-12v18ah
<b>Power Supply – Quantity and Sizes</b>	4 power supplies, 16-PS-keypad power supplies, 1-PS-5 power supply
<b>Key Pads/Controllers – Make and Models</b>	2-818Sc ACU's
<b>Printer</b>	
<b>Software</b>	Nexsentry manager
<b>Other</b>	MUST BE NEXSENTRY CERTIFIED

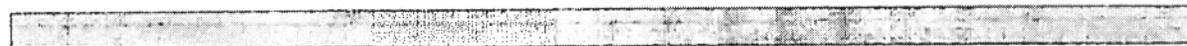


**DATA COLLECTION WORKSHEET FOR SERVICES REQUIRED AT EACH FACILITY (CONTINUED)**

Indicate the level of **Burglar Alarm/Access Control Maintenance Service** you will require

<b>24/7/365</b>	24/7/365
<b>8 AM to 5 PM Business Days</b>	

<b>Other (Please Define Requirement)</b>	
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**Alarm Monitoring Services**

If you have responded Yes to wanting Alarm Monitoring Services  
 Please Indicate the types of Monitoring Services you require

	(Indicate Yes or No and add comment if necessary)
<b>Burglar Alarm</b>	yes
<b>Fire Alarm</b>	yes
<b>Boiler Alarm *</b>	no
<b>Generator Alarm *</b>	no
<b>Low/High Temperature Alarm *</b>	yes
<b>Panic/Duress Alarm *</b>	no
<b>Other (Indicate type of Alarm)</b>	Restorals on power, fire troubles
<b>* Are These Alarms Tied Into the Burglar Alarm System - Yes or No</b>	yes



**DATA COLLECTION WORKSHEET FOR SERVICES REQUIRED AT EACH FACILITY (CONTINUED)**

**Alarm Monitoring Services**

If you have responded Yes to wanting Fire Alarm Monitoring Service Above  
 Please Provide an Inventory of your existing Fire Alarm System Equipment

Indicate the Type/Make of your Fire Alarm Panel, include Model number if possible	Simplex 4004
Is the Fire Alarm System tied into the Burglar Alarm System or does it have it's own communicator/dialer?	burglar dialer
Does the Fire Alarm panel have backup communication? I.E. - AES Radio, Uplink, Cellular, Network or Masterbox	Masterbox

**LOCATION # 66**

AGENCY	Administrative Services
FUNDING SOURCE	10-01400-20400000 048-500226
Invoices Sent To (Name & Address)	State of New Hampshire, Administrative Services, Department of General Services, 25 Capitol Street Room 408, Concord, NH 03301

Facility Location and Address	20 Park St., Concord, NH 03301
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Facility Contact Person Name	Mark Pezzulo
Facility Contact Person Phone Number	603-271-3231
Facility Contact Person E-Mail Address	

**DATA COLLECTION WORKSHEET FOR SERVICES REQUIRED AT EACH FACILITY (CONTINUED)**

**Burglar Alarm/Access Control System Maintenance**

If you have responded Yes to wanting **Burglar Alarm/Access Control Maintenance**

You Must Provide an Inventory of your existing System Equipment Below

Contractor Initials PK  
 Date 3/25/13

<b>Manufacturer/Brand of Equipment</b>	
<b>Control Panel Make and Model</b>	
<b>Peripheral Devices Make and Model</b>	1 transmitter, 1 AC power supply, 6 door contacts, 14 window contacts, 21 motion detectors (very old models)
<b>Control Pads Make and Model</b>	XT 30
<b>Batteries – Quantity and Sizes</b>	12 Volt 7 A.H./ 12 Volt 18 A.H.
<b>Power Supply – Quantity and Sizes</b>	1 power supply
<b>Key Pads/Controllers – Make and Models</b>	Electronic door lock push button, 1 XL4600 keypad, 1 DSC keypad
<b>Printer</b>	
<b>Software</b>	Nexsentry
<b>Other</b>	

**DATA COLLECTION WORKSHEET FOR SERVICES REQUIRED AT EACH FACILITY (CONTINUED)**

Indicate the level of Burglar Alarm/Access Control Maintenance Service you will require

<b>24/7/365</b>	24/7/365
<b>8 AM to 5 PM Business Days</b>	
<b>Other (Please Define Requirement)</b>	

**Alarm Monitoring Services**

If you have responded Yes to wanting Alarm Monitoring Services  
 Please Indicate the types of Monitoring Services you require

(Indicate Yes or No and add comment if necessary)

<b>Burglar Alarm</b>	yes
<b>Fire Alarm</b>	yes
<b>Boiler Alarm *</b>	
<b>Generator Alarm *</b>	
<b>Low/High Temperature Alarm *</b>	
<b>Panic/Duress Alarm *</b>	
<b>Other (Indicate type of Alarm)</b>	Restorals on power, fire and burg., supervisory signal for open/close
<b>* Are These Alarms Tied Into the Burglar Alarm System - Yes or No</b>	yes



**DATA COLLECTION WORKSHEET FOR SERVICES REQUIRED AT EACH FACILITY (CONTINUED)**

**Alarm Monitoring Services**

If you have responded Yes to wanting Fire Alarm Monitoring Service Above  
 Please Provide an Inventory of your existing Fire Alarm System Equipment

<b>Indicate the Type/Make of your Fire Alarm Panel, include Model number if possible</b>	Silent Knight IFP-1000
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Is the Fire Alarm System tied into the Burglar Alarm System or does it have it's own communicator/dialer?	fire & halon dialer
Does the Fire Alarm panel have backup communication? I.E. - AES Radio, Uplink, Cellular, Network or Masterbox	Masterbox

**LOCATION # 67**

AGENCY	Administrative Services
FUNDING SOURCE	10-01400-20950000 048 500226
Invoices Sent To (Name & Address)	State of New Hampshire, Administrative Services, Department of General Services, 25 Capitol Street, Room 408, Concord, NH 03301

Facility Location and Address	101 Pleasant St., Concord, NH 03301
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Facility Contact Person Name	Chris Thurston
Facility Contact Person Phone Number	603-271-3231
Facility Contact Person E-Mail Address	

**DATA COLLECTION WORKSHEET FOR SERVICES REQUIRED AT EACH FACILITY (CONTINUED)**

**Burglar Alarm/Access Control System Maintenance**

If you have responded Yes to wanting Burglar Alarm/Access Control Maintenance

You Must Provide an Inventory of your existing System Equipment Below

Manufacturer/Brand of Equipment	Nexsentry Manager
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<b>Control Panel Make and Model</b>	DMP 200,1-DMP arm/disarm keypad
<b>Peripheral Devices Make and Model</b>	1 818sc 8 door ASU, 4 proxy digital acrd readers, 1 co-box, 1 778 annunciator control module, 4-744 multiple switch monitors, 1 infrared motion detector, 4 electronic strikes, 8 magnetic door contacts, 4 request to exit devices.
<b>Control Pads Make and Model</b>	XR200
<b>Batteries – Quantity and Sizes</b>	2 12v18ah, 2 12v7ah
<b>Power Supply – Quantity and Sizes</b>	1 3708 power supply
<b>Key Pads/Controllers – Make and Models</b>	XR200
<b>Printer</b>	
<b>Software</b>	Nexsentry Manager
<b>Other</b>	MUST BE NEXSENTRY CERTIFIED



**DATA COLLECTION WORKSHEET FOR SERVICES REQUIRED AT EACH FACILITY (CONTINUED)**

Indicate the level of **Burglar Alarm/Access Control Maintenance Service** you will require

24/7/365	24/7/365
8 AM to 5 PM Business Days	
Other (Please Define Requirement)	



**Alarm Monitoring Services**

If you have responded Yes to wanting Alarm Monitoring Services  
 Please Indicate the types of Monitoring Services you require

(Indicate Yes or No and add comment if necessary)

Burglar Alarm	yes
Fire Alarm	yes
Boiler Alarm *	
Generator Alarm *	
Low/High Temperature Alarm *	
Panic/Duress Alarm *	yes
Other (Indicate type of Alarm)	Restoral on fire trouble, panic and sump troubles
* Are These Alarms Tied Into the Burglar Alarm System - Yes or No	yes

**DATA COLLECTION WORKSHEET FOR SERVICES REQUIRED AT EACH FACILITY (CONTINUED)**

**Alarm Monitoring Services**

If you have responded Yes to wanting Fire Alarm Monitoring Service Above  
 Please Provide an Inventory of your existing Fire Alarm System Equipment

Indicate the Type/Make of your Fire Alarm Panel, include Model number if possible	Notifier NFS 3030
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Is the Fire Alarm System tied into the Burglar Alarm System or does it have it's own communicator/dialer?	Burglar dialer
Does the Fire Alarm panel have backup communication? I.E. - AES Radio, Uplink, Cellular, Network or Masterbox	Masterbox

**LOCATION # 71**

AGENCY	Administrative Services
FUNDING SOURCE	10-01400-20850000 048 500226
Invoices Sent To (Name & Address)	State of New Hampshire, Administrative Services, Department of General Services, 25 Capitol Street, Room 408, Concord, NH 03301

Facility Location and Address	19 Pillsbury St., Concord, NH 03301
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Facility Contact Person Name	Joshua Raymond
Facility Contact Person Phone Number	603-271-3231
Facility Contact Person E-Mail Address	

**DATA COLLECTION WORKSHEET FOR SERVICES REQUIRED AT EACH FACILITY (CONTINUED)**

**Burglar Alarm/Access Control System Maintenance**

**If you have responded Yes to wanting Burglar Alarm/Access Control Maintenance**

**You Must Provide an Inventory of your existing System Equipment Below**

Manufacturer/Brand of Equipment	
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<b>Control Panel Make and Model</b>	4 zone control panel FB-4600
<b>Peripheral Devices Make and Model</b>	1 low temp sensor, 3 infrared motion detectors, 5 door contacts
<b>Control Pads Make and Model</b>	FB-4600
<b>Batteries – Quantity and Sizes</b>	12 Volt 7A.H. /12 Volt 18 A.H.
<b>Power Supply – Quantity and Sizes</b>	1 stand by power supply
<b>Key Pads/Controllers – Make and Models</b>	XR Super 6
<b>Printer</b>	
<b>Software</b>	Nexsentry
<b>Other</b>	

**DATA COLLECTION WORKSHEET FOR SERVICES REQUIRED AT EACH FACILITY (CONTINUED)**

Indicate the level of **Burglar Alarm/Access Control Maintenance Service** you will require

24/7/365	24/7/365
8 AM to 5 PM Business Days	
Other (Please Define Requirement)	

**Alarm Monitoring Services**

If you have responded Yes to wanting **Alarm Monitoring Services**

Please Indicate the types of Monitoring Services you require

(Indicate Yes or No and add comment if necessary)

Burglar Alarm	yes
Fire Alarm	yes
Boiler Alarm *	
Generator Alarm *	
Low/High Temperature Alarm *	yes
Panic/Duress Alarm *	yes
Other (Indicate type of Alarm)	Restorals on power, fire and burg.
* Are These Alarms Tied Into the Burglar Alarm System - Yes or No	yes

**DATA COLLECTION WORKSHEET FOR SERVICES REQUIRED AT EACH FACILITY (CONTINUED)**

**Alarm Monitoring Services**

If you have responded Yes to wanting Fire Alarm Monitoring Service Above Please Provide an Inventory of your existing Fire Alarm System Equipment

Indicate the Type/Make of your Fire Alarm Panel, include Model number if possible	Honeywell, XLS-2Z6R
Is the Fire Alarm System tied into the Burglar Alarm System or does it have it's own communicator/dialer?	Burglar dialer

<b>Does the Fire Alarm panel have backup communication? I.E. - AES Radio, Uplink, Cellular, Network or Masterbox</b>	Masterbox
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**LOCATION # 72**

<b>AGENCY</b>	Administrative Services
<b>FUNDING SOURCE</b>	10-01400-20400000 048 5002226
<b>Invoices Sent To (Name &amp; Address)</b>	State of New Hampshire, Administrative Services, Department of General Services, 25 Capitol Street, Room 408, Concord, NH 03301

<b>Facility Location and Address</b>	71 South Fruit St., Concord, NH 03301
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<b>Facility Contact Person Name</b>	Mike Dupont
<b>Facility Contact Person Phone Number</b>	603-271-3231
<b>Facility Contact Person E-Mail Address</b>	

**DATA COLLECTION WORKSHEET FOR SERVICES REQUIRED AT EACH FACILITY (CONTINUED)**

**Burglar Alarm/Access Control System Maintenance**

**If you have responded Yes to wanting Burglar Alarm/Access Control Maintenance**

**You Must Provide an Inventory of your existing System Equipment Below**

<b>Manufacturer/Brand of Equipment</b>	Prowatch Professional Addition
<b>Control Panel Make and Model</b>	1-PW-3000 Intelligent Controller 16-I/O reader boards

<b>Peripheral Devices Make and Model</b>	1-PW5Klout PW series output module, 1-PW5k1R2-PW series dual reader module, 1 PW5KENC1PW series high density enclosure, 1-PW3K1EN PW-3000 ethernet daughter board, 12-DR4208 Proxy card readers, 1-XR500PAK alarm accessory package, 6-714-8 DMP 8 zone loop expander, 5-T-REX-LT request to exit devices, 17-MDC magnetic door contacts, 14-RK115 Rokonet dual tech wall mount motion detectors, 2 overhead door contacts, 2-TS3000 temp sensors, 2 boiler tie ins.
<b>Control Pads Make and Model</b>	
<b>Batteries – Quantity and Sizes</b>	4-12v18ah
<b>Power Supply – Quantity and Sizes</b>	2-PW4KP2EPS Power supply
<b>Key Pads/Controllers – Make and Models</b>	1-XR500NL DMP panel, 3-690-52 LCD arm/disarm keypads
<b>Printer</b>	1 printer
<b>Software</b>	Nexsentry
<b>Other</b>	1 computer, MUST BE NEXSENTRY CERTIFIED



**DATA COLLECTION WORKSHEET FOR SERVICES REQUIRED AT EACH FACILITY (CONTINUED)**

Indicate the level of **Burglar Alarm/Access Control Maintenance Service** you will require

<b>24/7/365</b>	24/7/365
<b>8 AM to 5 PM Business Days</b>	
<b>Other (Please Define Requirement)</b>	

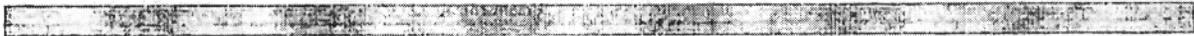


**Alarm Monitoring Services**

If you have responded Yes to wanting Alarm Monitoring Services  
 Please Indicate the types of Monitoring Services you require

(Indicate Yes or No and add comment if necessary)

Burglar Alarm	yes
Fire Alarm	yes
Boiler Alarm *	yes
Generator Alarm *	
Low/High Temperature Alarm *	yes
Panic/Duress Alarm *	yes
Other (Indicate type of Alarm)	Restorals on power, fire trouble and boilers
* Are These Alarms Tied Into the Burglar Alarm System - Yes or No	yes



**DATA COLLECTION WORKSHEET FOR SERVICES REQUIRED AT EACH FACILITY (CONTINUED)**

**Alarm Monitoring Services**

If you have responded Yes to wanting Fire Alarm Monitoring Service Above  
 Please Provide an Inventory of your existing Fire Alarm System Equipment

Indicate the Type/Make of your Fire Alarm Panel, include Model number if possible	Simplex 4100
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<b>Is the Fire Alarm System tied into the Burglar Alarm System or does it have it's own communicator/dialer?</b>	Burglar dialer
<b>Does the Fire Alarm panel have backup communication? I.E. - AES Radio, Uplink, Cellular, Network or Masterbox</b>	Masterbox

**LOCATION # 73**

<b>AGENCY</b>	Administrative Services
<b>FUNDING SOURCE</b>	10-01400-20800000 048 500226
<b>Invoices Sent To (Name &amp; Address)</b>	State of New Hampshire, Administrative Services, Department of General Services, 25 Capitol Street, Room, Concord, NH 03301

<b>Facility Location and Address</b>	33 Hazen Drive, Concord, NH 03301
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<b>Facility Contact Person Name</b>	Brooks Young
<b>Facility Contact Person Phone Number</b>	603-271-3231
<b>Facility Contact Person E-Mail Address</b>	

**DATA COLLECTION WORKSHEET FOR SERVICES REQUIRED AT EACH FACILITY (CONTINUED)**

**Burglar Alarm/Access Control System Maintenance**

**If you have responded Yes to wanting Burglar Alarm/Access Control Maintenance**

**You Must Provide an Inventory of your existing System Equipment Below**

<b>Manufacturer/Brand of Equipment</b>	XR200
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<b>Control Panel Make and Model</b>	1-DMP panel
<b>Peripheral Devices Make and Model</b>	2-TS300 temp sensors, 2 boiler tie ins., 4 hi/low temp sensors, 1 DMP panel, 2 chiller tie ins, 2 water bug sensors, 1 sewer pit tie for hi water.
<b>Control Pads Make and Model</b>	XR200
<b>Batteries – Quantity and Sizes</b>	1 12volt
<b>Power Supply – Quantity and Sizes</b>	
<b>Key Pads/Controllers – Make and Models</b>	
<b>Printer</b>	XR200
<b>Software</b>	Nexsentry
<b>Other</b>	

**DATA COLLECTION WORKSHEET FOR SERVICES REQUIRED AT EACH FACILITY (CONTINUED)**

Indicate the level of **Burglar Alarm/Access Control Maintenance Service** you will require

<b>24/7/365</b>	24/7/365
<b>8 AM to 5 PM Business Days</b>	
<b>Other (Please Define Requirement)</b>	

**Alarm Monitoring Services**

If you have responded Yes to wanting Alarm Monitoring Services  
 Please Indicate the types of Monitoring Services you require

(Indicate Yes or No and add comment if necessary)

<b>Burglar Alarm</b>	no
<b>Fire Alarm</b>	yes
<b>Boiler Alarm *</b>	yes
<b>Generator Alarm *</b>	yes
<b>Low/High Temperature Alarm *</b>	yes
<b>Panic/Duress Alarm *</b>	yes
<b>Other (Indicate type of Alarm)</b>	sewer pit hi water, poer loss, hi/lo temp, water sensor, boiler and chiller restorals
<b>* Are These Alarms Tied Into the Burglar Alarm System - Yes or No</b>	yes

**DATA COLLECTION WORKSHEET FOR SERVICES REQUIRED AT EACH FACILITY (CONTINUED)**

**Alarm Monitoring Services**

If you have responded Yes to wanting Fire Alarm Monitoring Service Above  
 Please Provide an Inventory of your existing Fire Alarm System Equipment

<b>Indicate the Type/Make of your Fire Alarm Panel, include Model number if possible</b>	Notifier -NFS_640
<b>Is the Fire Alarm System tied into the Burglar Alarm System or does it have it's own communicator/dialer?</b>	share dialer w temp, chiller and sewer alarms

<b>Does the Fire Alarm panel have backup communication? I.E. - AES Radio, Uplink, Cellular, Network or Masterbox</b>	     Masterbox
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**LOCATION # 74**

<b>AGENCY</b>	Administrative Services
<b>FUNDING SOURCE</b>	10-01400-20970000 048 500226
<b>Invoices Sent To (Name &amp; Address)</b>	State of New Hampshire, Administrative Services, Department of General Services, 25 Capitol Street, Room 408, Concord, NH 03301

<b>Facility Location and Address</b>	95 Pleasant St., Concord, NH 03301
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<b>Facility Contact Person Name</b>	Chris Thurston
<b>Facility Contact Person Phone Number</b>	603-271-3231
<b>Facility Contact Person E-Mail Address</b>	

**DATA COLLECTION WORKSHEET FOR SERVICES REQUIRED AT EACH FACILITY (CONTINUED)**

**Burglar Alarm/Access Control System Maintenance**

**If you have responded Yes to wanting Burglar Alarm/Access Control Maintenance You Must Provide an Inventory of your existing System Equipment Below**

<b>Manufacturer/Brand of Equipment</b>	Nexsentry Manager
<b>Control Panel Make and Model</b>	1 - DMP panel XR-200 485

<b>Peripheral Devices Make and Model</b>	2-star 11, 1-miro 4/8/4, 1 co-box TCP/IP adaptor, 16 request to exit devices, 24 door contacts, 16 proxy card sensors (digital), 16 window contacts, 2-P1 power supplies, 18 electric strikes, 1 power supply, 2 zone expanders, 1-16 point wireless receiver, 11 wireless panic buttons
<b>Control Pads Make and Model</b>	1-LCD arm/disarm keypad Annunciator
<b>Batteries – Quantity and Sizes</b>	4-12v7ah
<b>Power Supply – Quantity and Sizes</b>	
<b>Key Pads/Controllers – Make and Models</b>	
<b>Printer</b>	
<b>Software</b>	Nexsentry Manager
<b>Other</b>	

**DATA COLLECTION WORKSHEET FOR SERVICES REQUIRED AT EACH FACILITY (CONTINUED)**

Indicate the level of **Burglar Alarm/Access Control Maintenance Service** you will require

24/7/365	24/7/365
8 AM to 5 PM Business Days	
Other (Please Define Requirement)	

**Alarm Monitoring Services**

Contractor Initials *PK*  
 Date 3/25/13

If you have responded Yes to wanting Alarm Monitoring Services  
 Please Indicate the types of Monitoring Services you require

(Indicate Yes or No and add comment if necessary)

Burglar Alarm	yes
Fire Alarm	yes
Boiler Alarm *	no
Generator Alarm *	no
Low/High Temperature Alarm *	yes
Panic/Duress Alarm *	yes
Other (Indicate type of Alarm)	sewer pit hi water, poer loss, hi/lo temp, water sensor, boiler and chiller restorals
* Are These Alarms Tied Into the Burglar Alarm System - Yes or No	

**DATA COLLECTION WORKSHEET FOR SERVICES REQUIRED AT EACH FACILITY (CONTINUED)**

**Alarm Monitoring Services**

If you have responded Yes to wanting Fire Alarm Monitoring Service Above  
 Please Provide an Inventory of your existing Fire Alarm System Equipment

Indicate the Type/Make of your Fire Alarm Panel, include Model number if possible	Simplex 4002
Is the Fire Alarm System tied into the Burglar Alarm System or does it have it's own communicator/dialer?	Burglar dialer

<b>Does the Fire Alarm panel have backup communication? I.E. - AES Radio, Uplink, Cellular, Network or Masterbox</b>	Masterbox
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**LOCATION # 75**

<b>AGENCY</b>	Administrative Services
<b>FUNDING SOURCE</b>	10-01400-20400000-048-500226
<b>Invoices Sent To (Name &amp; Address)</b>	State of New Hampshire, Administrative Services, Department of General Services, 25 Capitol Street, Room 408, Concord, NH 03301

<b>Facility Location and Address</b>	State House Complex, various addresses
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<b>Facility Contact Person Name</b>	Mark Pezzulo
<b>Facility Contact Person Phone Number</b>	603-271-3231
<b>Facility Contact Person E-Mail Address</b>	

**DATA COLLECTION WORKSHEET FOR SERVICES REQUIRED AT EACH FACILITY (CONTINUED)**

**Burglar Alarm/Access Control System Maintenance**

**If you have responded Yes to wanting Burglar Alarm/Access Control Maintenance**

**You Must Provide an Inventory of your existing System Equipment Below**

<b>Manufacturer/Brand of Equipment</b>	nexsentry/Honeywell
<b>Control Panel Make and Model</b>	1-star 11 and 2-818sx controllers, XR 200L Command Panel

<b>Peripheral Devices Make and Model</b>	43 magnetic door contacts, 10 door contacts, 6 loop expanders, 1-interface card, 1 wireless interface card, 4 real time repeaters, 13 wireless transmitters, 5 wireless recievers, 1 sentrol panic switch, 8 proximity card readrs (digital), 8 multi switch monitors, 2 Annunciator control modules, 1 multiport smart switch, 8 request to exit devices, 8 VON Duprin electric strikes
<b>Control Pads Make and Model</b>	3 LCD arm/disarm keypads, 3-XR dialer total of 6
<b>Batteries – Quantity and Sizes</b>	8-12 vdc batteries, 30-3v batt. For panic alarms
<b>Power Supply – Quantity and Sizes</b>	2-3718 power supplies
<b>Key Pads/Controllers – Make and Models</b>	30arm/disarm alphanumeric programing keypads
<b>Printer</b>	
<b>Software</b>	1-Nexsentry client software at Annex
<b>Other</b>	30 panic buttons

**DATA COLLECTION WORKSHEET FOR SERVICES REQUIRED AT EACH FACILITY (CONTINUED)**

Indicate the level of Burglar Alarm/Access Control Maintenance Service you will require

<b>24/7/365</b>	24/7/365
<b>8 AM to 5 PM Business Days</b>	
<b>Other (Please Define Requirement)</b>	

**Alarm Monitoring Services**

If you have responded Yes to wanting Alarm Monitoring Services  
 Please Indicate the types of Monitoring Services you require

(Indicate Yes or No and add comment if necessary)

<b>Burglar Alarm</b>	yes
<b>Fire Alarm</b>	yes
<b>Boiler Alarm *</b>	no
<b>Generator Alarm *</b>	yes
<b>Low/High Temperature Alarm *</b>	yes
<b>Panic/Duress Alarm *</b>	yes
<b>Other (Indicate type of Alarm)</b>	power failure and restoral, panic alarms and restorals for all 3 buildings, MUST BE NEXSENTRY CERTIFIED
<b>* Are These Alarms Tied Into the Burglar Alarm System - Yes or No</b>	yes

**DATA COLLECTION WORKSHEET FOR SERVICES REQUIRED AT EACH FACILITY (CONTINUED)**

**Alarm Monitoring Services**

If you have responded Yes to wanting Fire Alarm Monitoring Service Above  
 Please Provide an Inventory of your existing Fire Alarm System Equipment

<b>Indicate the Type/Make of your Fire Alarm Panel, include Model number if possible</b>	3Honeywell FC-72 (Annex, L.O.B., State House)
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<b>Is the Fire Alarm System tied into the Burglar Alarm System or does it have it's own communicator/dialer?</b>	OWN dialer
<b>Does the Fire Alarm panel have backup communication? I.E. - AES Radio, Uplink, Cellular, Network or Masterbox</b>	Masterbox

**LOCATION # 76**

<b>AGENCY</b>	Administrative Services
<b>FUNDING SOURCE</b>	10-01400-20400000 048 500226
<b>Invoices Sent To (Name &amp; Address)</b>	State of New Hampshire, Administrative Services, Department of General Services, 25 Capitol Street, Room 408, Concord, NH 03301

<b>Facility Location and Address</b>	1 John Doe Drive, Concord, NH
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<b>Facility Contact Person Name</b>	John Dyer
<b>Facility Contact Person Phone Number</b>	603-271-2521 ext 2263
<b>Facility Contact Person E-Mail Address</b>	

**DATA COLLECTION WORKSHEET FOR SERVICES REQUIRED AT EACH FACILITY (CONTINUED)**

**Burglar Alarm/Access Control System Maintenance**

**If you have responded Yes to wanting Burglar Alarm/Access Control Maintenance**

**You Must Provide an Inventory of your existing System Equipment Below**

<b>Manufacturer/Brand of Equipment</b>	
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<b>Control Panel Make and Model</b>	1-714-4 zone loop expander, 1-UTA-1 temp sensor
<b>Peripheral Devices Make and Model</b>	2 infrared detectors, 2 door contacts
<b>Control Pads Make and Model</b>	
<b>Batteries – Quantity and Sizes</b>	
<b>Power Supply – Quantity and Sizes</b>	
<b>Key Pads/Controllers – Make and Models</b>	
<b>Printer</b>	
<b>Software</b>	Nexsentry
<b>Other</b>	



**DATA COLLECTION WORKSHEET FOR SERVICES REQUIRED AT EACH FACILITY (CONTINUED)**

Indicate the level of Burglar Alarm/Access Control Maintenance Service you will require

<b>24/7/365</b>	24/7/365
<b>8 AM to 5 PM Business Days</b>	
<b>Other (Please Define Requirement)</b>	



**Alarm Monitoring Services**

If you have responded Yes to wanting Alarm Monitoring Services

Please Indicate the types of Monitoring Services you require

(Indicate Yes or No and add comment if necessary)

Burglar Alarm	no
Fire Alarm	yes
Boiler Alarm *	yes
Generator Alarm *	no
Low/High Temperature Alarm *	yes
Panic/Duress Alarm *	no
Other (Indicate type of Alarm)	fire trouble and temp restorals
* Are These Alarms Tied Into the Burglar Alarm System - Yes or No	yes

**DATA COLLECTION WORKSHEET FOR SERVICES REQUIRED AT EACH FACILITY (CONTINUED)**

**Alarm Monitoring Services**

If you have responded Yes to wanting Fire Alarm Monitoring Service Above Please Provide an Inventory of your existing Fire Alarm System Equipment

Indicate the Type/Make of your Fire Alarm Panel, include Model number if possible	Fire Control, FC?
Is the Fire Alarm System tied into the Burglar Alarm System or does it have it's own communicator/dialer?	burglar dialer

Does the Fire Alarm panel have backup communication? I.E. - AES Radio, Uplink, Cellular, Network or Masterbox

Masterbox

**LOCATION # 77**

<b>AGENCY</b>	Administrative Services
<b>FUNDING SOURCE</b>	10-01400-20990000-048-500226
<b>Invoices Sent To (Name &amp; Address)</b>	State of New Hampshire, Administrative Services, Department of General Services, 25 Capitol Street, Room 408, Concord, NH 03301

<b>Facility Location and Address</b>	18 Park St., Concord, NH 03301
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<b>Facility Contact Person Name</b>	Mark Pezzulo
<b>Facility Contact Person Phone Number</b>	603-271-3148
<b>Facility Contact Person E-Mail Address</b>	

**DATA COLLECTION WORKSHEET FOR SERVICES REQUIRED AT EACH FACILITY (CONTINUED)**

**Burglar Alarm/Access Control System Maintenance**

If you have responded Yes to wanting Burglar Alarm/Access Control Maintenance

You Must Provide an Inventory of your existing System Equipment Below

<b>Manufacturer/Brand of Equipment</b>	
<b>Control Panel Make and Model</b>	1-DMP alarm panel
<b>Peripheral Devices Make and Model</b>	1-DCS PC550 dialer, 1-temp sensor, 9-motion detectors, 5-door contacts

*PK*  
 3/25/13

<b>Control Pads Make and Model</b>	XR 500
<b>Batteries – Quantity and Sizes</b>	12 Volt 7A.H./12 Volt 18 A.H.
<b>Power Supply – Quantity and Sizes</b>	1 Power Supply
<b>Key Pads/Controllers – Make and Models</b>	
<b>Printer</b>	
<b>Software</b>	Nexsentry
<b>Other</b>	



**DATA COLLECTION WORKSHEET FOR SERVICES REQUIRED AT EACH FACILITY (CONTINUED)**

Indicate the level of Burglar Alarm/Access Control Maintenance Service you will require

<b>24/7/365</b>	24/7/365
<b>8 AM to 5 PM Business Days</b>	
<b>Other (Please Define Requirement)</b>	



**Alarm Monitoring Services**

If you have responded Yes to wanting Alarm Monitoring Services  
 Please Indicate the types of Monitoring Services you require

(Indicate Yes or No and add comment if necessary)

<b>Burglar Alarm</b>	yes
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Contractor Initials *PK*  
 Date *2/25/13*

<b>Fire Alarm</b>	yes
<b>Boiler Alarm *</b>	no
<b>Generator Alarm *</b>	no
<b>Low/High Temperature Alarm *</b>	yes
<b>Panic/Duress Alarm *</b>	no
<b>Other (Indicate type of Alarm)</b>	power failure and fire trouble restorals, supervisory signal for open/close
<b>* Are These Alarms Tied Into the Burglar Alarm System - Yes or No</b>	yes



**DATA COLLECTION WORKSHEET FOR SERVICES REQUIRED AT EACH FACILITY (CONTINUED)**

**Alarm Monitoring Services**

**If you have responded Yes to wanting Fire Alarm Monitoring Service Above Please Provide an Inventory of your existing Fire Alarm System Equipment**

<b>Indicate the Type/Make of your Fire Alarm Panel, include Model number if possible</b>	Hochiki, HCP-204E
<b>Is the Fire Alarm System tied into the Burglar Alarm System or does it have it's own communicator/dialer?</b>	own dialer
<b>Does the Fire Alarm panel have backup communication? I.E. - AES Radio, Uplink, Cellular, Network or Masterbox</b>	N/A

**LOCATION # 78**

<b>AGENCY</b>	Administrative Services
<b>FUNDING SOURCE</b>	10-01400-20400000 048 500226
<b>Invoices Sent To (Name &amp; Address)</b>	State of New Hampshire, Administrative Services, Department of General Services, 25 Capitol Street, Room 408, Concord, NH 03301

<b>Facility Location and Address</b>	107 N. Main St., Concord, NH 03301
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<b>Facility Contact Person Name</b>	Mark Pezzulo
<b>Facility Contact Person Phone Number</b>	603-271-3148
<b>Facility Contact Person E-Mail Address</b>	

**DATA COLLECTION WORKSHEET FOR SERVICES REQUIRED AT EACH FACILITY (CONTINUED)**

**Burglar Alarm/Access Control System Maintenance**

If you have responded Yes to wanting **Burglar Alarm/Access Control Maintenance**

You Must Provide an Inventory of your existing System Equipment Below

<b>Manufacturer/Brand of Equipment</b>	
<b>Control Panel Make and Model</b>	2-FB-4600 Digital Transmitters
<b>Peripheral Devices Make and Model</b>	2 infrared detectors, 2 door contacts
<b>Control Pads Make and Model</b>	XR Super 6 / 485
<b>Batteries – Quantity and Sizes</b>	12 Volt 7a H /12 volt 18 A.H.
<b>Power Supply – Quantity and Sizes</b>	

Contractor Initials *PK*  
 Date *7/25/13*

<b>Key Pads/Controllers – Make and Models</b>	
<b>Printer</b>	
<b>Software</b>	Nexsentry
<b>Other</b>	



**DATA COLLECTION WORKSHEET FOR SERVICES REQUIRED AT EACH FACILITY (CONTINUED)**

Indicate the level of Burglar Alarm/Access Control Maintenance Service you will require

24/7/365	24/7/365
8 AM to 5 PM Business Days	
Other (Please Define Requirement)	



**Alarm Monitoring Services**

If you have responded Yes to wanting Alarm Monitoring Services  
 Please Indicate the types of Monitoring Services you require

(Indicate Yes or No and add comment if necessary)

<b>Burglar Alarm</b>	yes
<b>Fire Alarm</b>	no
<b>Boiler Alarm *</b>	no
<b>Generator Alarm *</b>	no
<b>Low/High Temperature Alarm *</b>	no

<b>Panic/Duress Alarm *</b>	no
<b>Other (Indicate type of Alarm)</b>	Restoral on burglar alarms and fire troubles
<b>* Are These Alarms Tied Into the Burglar Alarm System - Yes or No</b>	yes

**DATA COLLECTION WORKSHEET FOR SERVICES REQUIRED AT EACH FACILITY (CONTINUED)**

**Alarm Monitoring Services**

**If you have responded Yes to wanting Fire Alarm Monitoring Service Above Please Provide an Inventory of your existing Fire Alarm System Equipment**

<b>Indicate the Type/Make of your Fire Alarm Panel, include Model number if possible</b>	Honeywell
<b>Is the Fire Alarm System tied into the Burglar Alarm System or does it have it's own communicator/dialer?</b>	own dialer
<b>Does the Fire Alarm panel have backup communication? I.E. - AES Radio, Uplink, Cellular, Network or Masterbox</b>	Masterbox

**LOCATION # 80**

<b>AGENCY</b>	Administrative Services
<b>FUNDING SOURCE</b>	10-01400-20400000 048 500226

<b>Invoices Sent To (Name &amp; Address)</b>	State of New Hampshire, Administrative Services, Department of General Services, 25 Capitol Street, Room 408, Concord, NH 03301
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<b>Facility Location and Address</b>	144 Clinton St., Concord, NH 03301
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<b>Facility Contact Person Name</b>	
<b>Facility Contact Person Phone Number</b>	603-271-3148
<b>Facility Contact Person E-Mail Address</b>	

**DATA COLLECTION WORKSHEET FOR SERVICES REQUIRED AT EACH FACILITY (CONTINUED)**

**Burglar Alarm/Access Control System Maintenance**

**If you have responded Yes to wanting Burglar Alarm/Access Control Maintenance**

**You Must Provide an Inventory of your existing System Equipment Below**

<b>Manufacturer/Brand of Equipment</b>	
<b>Control Panel Make and Model</b>	XR-200L DMP panel
<b>Peripheral Devices Make and Model</b>	1-460 interface, 2-790-52 arm/disarm keypads, 2 magnetic door contacts, 6-RK115 dual motion detectors, 1-2202AU overhead door contacts, 1-MP1-38 moose siren, 1-SR-6155CT low temp motion, 1-RK110 motion detector short range, 1-AX100S single beam detector, 2-SD177XLBP Protex 100X 35 exterior motion detectors, 1-WB200 waterbug, 1-714 4 zone loop expander, 1-485 access interface.
<b>Control Pads Make and Model</b>	XR200L/485
<b>Batteries – Quantity and Sizes</b>	1-12v7ah

<b>Power Supply – Quantity and Sizes</b>	1-2amp power supply, 1-TRF24/40 Transformer
<b>Key Pads/Controllers – Make and Models</b>	
<b>Printer</b>	
<b>Software</b>	Nexsentry
<b>Other</b>	



**DATA COLLECTION WORKSHEET FOR SERVICES REQUIRED AT EACH FACILITY (CONTINUED)**

Indicate the level of Burglar Alarm/Access Control Maintenance Service you will require

<b>24/7/365</b>	24/7/365
<b>8 AM to 5 PM Business Days</b>	
<b>Other (Please Define Requirement)</b>	



**Alarm Monitoring Services**

If you have responded Yes to wanting Alarm Monitoring Services  
 Please Indicate the types of Monitoring Services you require

(Indicate Yes or No and add comment if necessary)

<b>Burglar Alarm</b>	yes
<b>Fire Alarm</b>	yes
<b>Boiler Alarm *</b>	no
<b>Generator Alarm *</b>	yes

Low/High Temperature Alarm *	yes
Panic/Duress Alarm *	yes
Other (Indicate type of Alarm)	power failure, panic, fire trouble, hi/lo temp restorals
* Are These Alarms Tied Into the Burglar Alarm System - Yes or No	yes

**DATA COLLECTION WORKSHEET FOR SERVICES REQUIRED AT EACH FACILITY (CONTINUED)**

**Alarm Monitoring Services**

If you have responded Yes to wanting Fire Alarm Monitoring Service Above Please Provide an Inventory of your existing Fire Alarm System Equipment

Indicate the Type/Make of your Fire Alarm Panel, include Model number if possible	
Is the Fire Alarm System tied into the Burglar Alarm System or does it have it's own communicator/dialer?	
Does the Fire Alarm panel have backup communication? I.E. - AES Radio, Uplink, Cellular, Network or Masterbox	Masterbox

**LOCATION # 82**

<b>AGENCY</b>	Administrative Services
<b>FUNDING SOURCE</b>	10-01400-20400000 048 500226

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 3/25/13

<b>Invoices Sent To (Name &amp; Address)</b>	State of New Hampshire, Administrative Services, Department of General Services, 25 Capitol Street, Room 408, Concord, NH 03301
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<b>Facility Location and Address</b>	2 Noble Drive, Concord, NH 03301
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<b>Facility Contact Person Name</b>	Brooks Young
<b>Facility Contact Person Phone Number</b>	603-271-3148
<b>Facility Contact Person E-Mail Address</b>	

**DATA COLLECTION WORKSHEET FOR SERVICES REQUIRED AT EACH FACILITY (CONTINUED)**

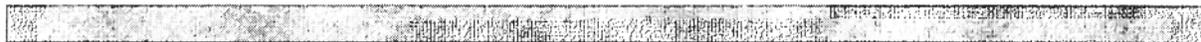
**Burglar Alarm/Access Control System Maintenance**

If you have responded Yes to wanting Burglar Alarm/Access Control Maintenance

You Must Provide an Inventory of your existing System Equipment Below

<b>Manufacturer/Brand of Equipment</b>	Maxsys DSC PC 4020
<b>Control Panel Make and Model</b>	2 Maxsys keypads
<b>Peripheral Devices Make and Model</b>	5 door contacts, 5 motion sensors, 2 honywell temp sensors, 1 boiler temp sensor, 1 expander, 1 panel tamper
<b>Control Pads Make and Model</b>	2 Maxsys keypads
<b>Batteries – Quantity and Sizes</b>	
<b>Power Supply – Quantity and Sizes</b>	

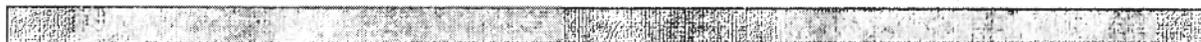
<b>Key Pads/Controllers – Make and Models</b>	
<b>Printer</b>	
<b>Software</b>	
<b>Other</b>	



**DATA COLLECTION WORKSHEET FOR SERVICES REQUIRED AT EACH FACILITY (CONTINUED)**

Indicate the level of **Burglar Alarm/Access Control Maintenance Service** you will require

<b>24/7/365</b>	24/7/365
<b>8 AM to 5 PM Business Days</b>	
<b>Other (Please Define Requirement)</b>	



**Alarm Monitoring Services**

If you have responded Yes to wanting **Alarm Monitoring Services**  
 Please Indicate the types of **Monitoring Services** you require

(Indicate Yes or No and add comment if necessary)

<b>Burglar Alarm</b>	no
<b>Fire Alarm</b>	yes
<b>Boiler Alarm *</b>	yes

Generator Alarm *	yes
Low/High Temperature Alarm *	yes
Panic/Duress Alarm *	no
Other (Indicate type of Alarm)	
* Are These Alarms Tied Into the Burglar Alarm System - Yes or No	yes



**DATA COLLECTION WORKSHEET FOR SERVICES REQUIRED AT EACH FACILITY (CONTINUED)**

**Alarm Monitoring Services**

If you have responded Yes to wanting Fire Alarm Monitoring Service Above Please Provide an Inventory of your existing Fire Alarm System Equipment

Indicate the Type/Make of your Fire Alarm Panel, include Model number if possible	Notifier-dr-c4r
Is the Fire Alarm System tied into the Burglar Alarm System or does it have it's own communicator/dialer?	burglar dialer
Does the Fire Alarm panel have backup communication? I.E. - AES Radio, Uplink, Cellular, Network or Masterbox	Masterbox

**LOCATION # 83**

<b>AGENCY</b>	D.M.V Building
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<b>FUNDING SOURCE</b>	10-01400-208200000 048 500226
<b>Invoices Sent To (Name &amp; Address)</b>	State of New Hampshire, Administrative Services, Department of General Services, 25 Capitol Street, Room 408, Concord, NH 03301

<b>Facility Location and Address</b>	D.M.V. 23 Hazen Drive, Concord, NH 03301
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<b>Facility Contact Person Name</b>	Brooks Young
<b>Facility Contact Person Phone Number</b>	603-271-3148
<b>Facility Contact Person E-Mail Address</b>	

**DATA COLLECTION WORKSHEET FOR SERVICES REQUIRED AT EACH FACILITY (CONTINUED)**

**Burglar Alarm/Access Control System Maintenance**

If you have responded Yes to wanting **Burglar Alarm/Access Control Maintenance**

You Must Provide an Inventory of your existing System Equipment Below

<b>Manufacturer/Brand of Equipment</b>	Nexsentry manager
<b>Control Panel Make and Model</b>	XR200/485
<b>Peripheral Devices Make and Model</b>	1 NX480E caddex expansion card, 1-TS-300 Ademco Temp Sensor
<b>Control Pads Make and Model</b>	
<b>Batteries – Quantity and Sizes</b>	12 Volt 7 A.H/ 12 Volt 18 A.H.
<b>Power Supply – Quantity and Sizes</b>	1 power supply
<b>Key Pads/Controllers – Make and Models</b>	

Printer	
Software	Nexsentry manager
Other	

**DATA COLLECTION WORKSHEET FOR SERVICES REQUIRED AT EACH FACILITY (CONTINUED)**

Indicate the level of Burglar Alarm/Access Control Maintenance Service you will require

24/7/365	24/7/365
8 AM to 5 PM Business Days	
Other (Please Define Requirement)	

**Alarm Monitoring Services**

If you have responded Yes to wanting Alarm Monitoring Services  
 Please Indicate the types of Monitoring Services you require

(Indicate Yes or No and add comment if necessary)

Burglar Alarm	yes
Fire Alarm	yes
Boiler Alarm *	yes
Generator Alarm *	no
Low/High Temperature Alarm *	yes
Panic/Duress Alarm *	yes

<b>Other (Indicate type of Alarm)</b>	
<b>* Are These Alarms Tied Into the Burglar Alarm System - Yes or No</b>	yes

**DATA COLLECTION WORKSHEET FOR SERVICES REQUIRED AT EACH FACILITY (CONTINUED)**

**Alarm Monitoring Services**

**If you have responded Yes to wanting Fire Alarm Monitoring Service Above Please Provide an Inventory of your existing Fire Alarm System Equipment**

<b>Indicate the Type/Make of your Fire Alarm Panel, include Model number if possible</b>	Fire Panel-FCI-7200 Series
<b>Is the Fire Alarm System tied into the Burglar Alarm System or does it have it's own communicator/dialer?</b>	Own dialer
<b>Does the Fire Alarm panel have backup communication? I.E. - AES Radio, Uplink, Cellular, Network or Masterbox</b>	Masterbox

**LOCATION # 84**

<b>AGENCY</b>	Administrative Services
<b>FUNDING SOURCE</b>	10-01400-208100000 048 500226
<b>Invoices Sent To (Name &amp; Address)</b>	State of New Hampshire, Administrative Services, Department of General Services, 25 Capitol Street, Room 408, Concord, NH 03301

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 3/5/13

<b>Facility Location and Address</b>	110 Smokey Bear Blvd, Concord, NH 03301
<b>Facility Contact Person Name</b>	Kevin Shuman
<b>Facility Contact Person Phone Number</b>	603-271-3148
<b>Facility Contact Person E-Mail Address</b>	

**DATA COLLECTION WORKSHEET FOR SERVICES REQUIRED AT EACH FACILITY (CONTINUED)**

**Burglar Alarm/Access Control System Maintenance**

If you have responded Yes to wanting Burglar Alarm/Access Control Maintenance

You Must Provide an Inventory of your existing System Equipment Below

<b>Manufacturer/Brand of Equipment</b>	
<b>Control Panel Make and Model</b>	XT50
<b>Peripheral Devices Make and Model</b>	
<b>Control Pads Make and Model</b>	
<b>Batteries – Quantity and Sizes</b>	12 volt 7A.H./12 Volt 18 A.H.
<b>Power Supply – Quantity and Sizes</b>	1 power supply
<b>Key Pads/Controllers – Make and Models</b>	
<b>Printer</b>	
<b>Software</b>	Nexsentry

Other	
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**DATA COLLECTION WORKSHEET FOR SERVICES REQUIRED AT EACH FACILITY (CONTINUED)**

Indicate the level of Burglar Alarm/Access Control Maintenance Service you will require

24/7/365	24/7/365
8 AM to 5 PM Business Days	
Other (Please Define Requirement)	



**Alarm Monitoring Services**

If you have responded Yes to wanting Alarm Monitoring Services  
 Please Indicate the types of Monitoring Services you require

(Indicate Yes or No and add comment if necessary)

Burglar Alarm	no
Fire Alarm	yes
Boiler Alarm *	yes
Generator Alarm *	yes
Low/High Temperature Alarm *	yes
Panic/Duress Alarm *	no
Other (Indicate type of Alarm)	

<b>* Are These Alarms Tied Into the Burglar Alarm System - Yes or No</b>	yes
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**DATA COLLECTION WORKSHEET FOR SERVICES REQUIRED AT EACH FACILITY (CONTINUED)**

**Alarm Monitoring Services**

If you have responded Yes to wanting Fire Alarm Monitoring Service Above Please Provide an Inventory of your existing Fire Alarm System Equipment

<b>Indicate the Type/Make of your Fire Alarm Panel, include Model number if possible</b>	
<b>Is the Fire Alarm System tied into the Burglar Alarm System or does it have it's own communicator/dialer?</b>	own dialer
<b>Does the Fire Alarm panel have backup communication? I.E. - AES Radio, Uplink, Cellular, Network or Masterbox</b>	N/A

**LOCATION # 85**

<b>AGENCY</b>	Administrative Services
<b>FUNDING SOURCE</b>	10-01400-20930000 048 500226
<b>Invoices Sent To (Name &amp; Address)</b>	State of New Hampshire, Administrative Services, Department of General Services, 25 Capitol Street, Room 408, Concord, NH 03301

<b>Facility Location and Address</b>	61 S. Spring St., Concord, NH 03301
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<b>Facility Contact Person Name</b>	Mark Pezzulo
<b>Facility Contact Person Phone Number</b>	603-271-3148
<b>Facility Contact Person E-Mail Address</b>	

**DATA COLLECTION WORKSHEET FOR SERVICES REQUIRED AT EACH FACILITY (CONTINUED)**

**Burglar Alarm/Access Control System Maintenance**

**If you have responded Yes to wanting Burglar Alarm/Access Control Maintenance**

**You Must Provide an Inventory of your existing System Equipment Below**

<b>Manufacturer/Brand of Equipment</b>	NexSentry manager Client
<b>Control Panel Make and Model</b>	818sc ACU
<b>Peripheral Devices Make and Model</b>	8 request to exit devices, 8 electric strikes, 10 door contracts
<b>Control Pads Make and Model</b>	XR200/485
<b>Batteries – Quantity and Sizes</b>	2-12v7ah
<b>Power Supply – Quantity and Sizes</b>	1 von duprin power supply
<b>Key Pads/Controllers – Make and Models</b>	1 DMP Panel
<b>Printer</b>	
<b>Software</b>	Nexsentry Client
<b>Other</b>	

**DATA COLLECTION WORKSHEET FOR SERVICES REQUIRED AT EACH FACILITY (CONTINUED)**

Indicate the level of Burglar Alarm/Access Control Maintenance Service you will require

24/7/365	24/7/365
8 AM to 5 PM Business Days	
Other (Please Define Requirement)	

**Alarm Monitoring Services**

If you have responded Yes to wanting Alarm Monitoring Services  
 Please Indicate the types of Monitoring Services you require

(Indicate Yes or No and add comment if necessary)

Burglar Alarm	yes
Fire Alarm	yes
Boiler Alarm *	no
Generator Alarm *	no
Low/High Temperature Alarm *	yes
Panic/Duress Alarm *	no
Other (Indicate type of Alarm)	power failure and fire trouble restorals, supervisory signal for open/close
* Are These Alarms Tied Into the Burglar Alarm System - Yes or No	yes

**DATA COLLECTION WORKSHEET FOR SERVICES REQUIRED AT EACH FACILITY (CONTINUED)**

**Alarm Monitoring Services**

**If you have responded Yes to wanting Fire Alarm Monitoring Service Above Please Provide an Inventory of your existing Fire Alarm System Equipment**

<b>Indicate the Type/Make of your Fire Alarm Panel, include Model number if possible</b>	   Simplex 4020
<b>Is the Fire Alarm System tied into the Burglar Alarm System or does it have it's own communicator/dialer?</b>	   Tied into Burglar System Dialer
<b>Does the Fire Alarm panel have backup communication? I.E. - AES Radio, Uplink, Cellular, Network or Masterbox</b>	   Masterbox

**LOCATION # 86**

<b>AGENCY</b>	Administrative Services
<b>FUNDING SOURCE</b>	10-01400-20400000 048 500226
<b>Invoices Sent To (Name &amp; Address)</b>	State of New Hampshire, Administrative Services, Department of General Services, 25 Capitol Street, Room 408, Concord, NH 03301

<b>Facility Location and Address</b>	State House, 107 N. Main St., Concord, NH
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<b>Facility Contact Person Name</b>	Mark Pezzulo
<b>Facility Contact Person Phone Number</b>	603-271-3231
<b>Facility Contact Person E-Mail Address</b>	

**DATA COLLECTION WORKSHEET FOR SERVICES REQUIRED AT EACH FACILITY (CONTINUED)**

**Burglar Alarm/Access Control System Maintenance**

**If you have responded Yes to wanting Burglar Alarm/Access Control Maintenance**

**You Must Provide an Inventory of your existing System Equipment Below**

<b>Manufacturer/Brand of Equipment</b>	nexsentry/Honeywell
<b>Control Panel Make and Model</b>	1-star 11 and 2-818sx controllers, XR 200L Command Panel
<b>Peripheral Devices Make and Model</b>	43 magnetic door contacts, 10 door contacts, 6 loop expanders, 1-interface card, 1 wireless interface card, 4 real time repeaters, 13 wireless transmitters, 5 wireless receivers, 1 sentrol panic switch, 8 proximity card readers (digital), 8 multi switch mo
<b>Control Pads Make and Model</b>	3 LCD arm/disarm keypads, 1-XR dialer
<b>Batteries – Quantity and Sizes</b>	8-12 vdc batteries, 30-3v batt. For panic alarms
<b>Power Supply – Quantity and Sizes</b>	2-3718 power supplies
<b>Key Pads/Controllers – Make and Models</b>	30arm/disarm alphanumeric programming keypads
<b>Printer</b>	
<b>Software</b>	1-Nexsentry client software at Annex
<b>Other</b>	30 panic buttons

**DATA COLLECTION WORKSHEET FOR SERVICES REQUIRED AT EACH**

Contractor Initials *PK*  
 Date *3/25/13*

**FACILITY (CONTINUED)**

Indicate the level of **Burglar Alarm/Access Control Maintenance Service** you will require

24/7/365	24/7/365
8 AM to 5 PM Business Days	yes
Other (Please Define Requirement)	



**Alarm Monitoring Services**

If you have responded Yes to wanting **Alarm Monitoring Services**  
 Please Indicate the types of **Monitoring Services** you require

(Indicate Yes or No and add comment if necessary)

Burglar Alarm	yes
Fire Alarm	yes
Boiler Alarm *	no
Generator Alarm *	yes
Low/High Temperature Alarm *	yes
Panic/Duress Alarm *	yes
Other (Indicate type of Alarm)	power failure and restoral, panic alarms and restorals for all 3 buildings, MUST BE NEXSENTRY CERTIFIED
* Are These Alarms Tied Into the Burglar Alarm System - Yes or No	yes



**DATA COLLECTION WORKSHEET FOR SERVICES REQUIRED AT EACH FACILITY (CONTINUED)**

**Alarm Monitoring Services**

If you have responded Yes to wanting Fire Alarm Monitoring Service Above  
 Please Provide an Inventory of your existing Fire Alarm System Equipment

Indicate the Type/Make of your Fire Alarm Panel, include Model number if possible	3-Honeywell FC-72(Annex, L.O.B., State House)
Is the Fire Alarm System tied into the Burglar Alarm System or does it have it's own communicator/dialer?	OWN dialer
Does the Fire Alarm panel have backup communication? I.E. - AES Radio, Uplink, Cellular, Network or Masterbox	Masterbox

**LOCATION # 87**

<b>AGENCY</b>	The Adjutant General's Department
<b>FUNDING SOURCE</b>	2240-103
<b>Invoices Sent To (Name &amp; Address)</b>	4 Pembroke Rd. Concord. NH. 03301

<b>Facility Location and Address</b>	Riverside Drive, Berlin, NH
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<b>Facility Contact Person Name</b>	James Mc Neil
<b>Facility Contact Person Phone Number</b>	(603) 227-5179-C (603)419-0623
<b>Facility Contact Person E-Mail Address</b>	james.d.mcneil10.nfq@mail.mil>

**DATA COLLECTION WORKSHEET FOR SERVICES REQUIRED AT EACH**

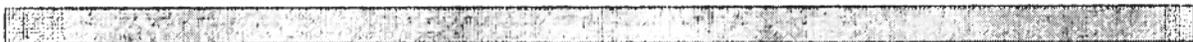
**FACILITY (CONTINUED)**

**Burglar Alarm/Access Control System Maintenance**

If you have responded Yes to wanting **Burglar Alarm/Access Control Maintenance**

You Must Provide an Inventory of your existing System Equipment Below

<b>Manufacturer/Brand of Equipment</b>	
<b>Control Panel Make and Model</b>	
<b>Peripheral Devices Make and Model</b>	
<b>Control Pads Make and Model</b>	
<b>Batteries – Quantity and Sizes</b>	
<b>Power Supply – Quantity and Sizes</b>	
<b>Key Pads/Controllers – Make and Models</b>	
<b>Printer</b>	
<b>Software</b>	
<b>Other</b>	



**DATA COLLECTION WORKSHEET FOR SERVICES REQUIRED AT EACH FACILITY (CONTINUED)**

Indicate the level of **Burglar Alarm/Access Control Maintenance Service** you will require

24/7/365	
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8 AM to 5 PM Business Days	
Other (Please Define Requirement)	



**Alarm Monitoring Services**

If you have responded Yes to wanting Alarm Monitoring Services  
 Please Indicate the types of Monitoring Services you require

(Indicate Yes or No and add comment if necessary)

Burglar Alarm	
Fire Alarm	YES
Boiler Alarm *	
Generator Alarm *	
Low/High Temperature Alarm *	
Panic/Duress Alarm *	
Other (Indicate type of Alarm)	
* Are These Alarms Tied Into the Burglar Alarm System - Yes or No	NO



**DATA COLLECTION WORKSHEET FOR SERVICES REQUIRED AT EACH FACILITY (CONTINUED)**

**Alarm Monitoring Services**

If you have responded Yes to wanting Fire Alarm Monitoring Service Above  
 Please Provide an Inventory of your existing Fire Alarm System Equipment

Indicate the Type/Make of your Fire Alarm Panel, include Model number if possible	Gamewell 7100
Is the Fire Alarm System tied into the Burglar Alarm System or does it have it's own communicator/dialer?	Dialer
Does the Fire Alarm panel have backup communication? I.E. - AES Radio, Uplink, Cellular, Network or Masterbox	NO

**LOCATION # 88**

AGENCY	The Adjutant General's Department
FUNDING SOURCE	2240-103-/2245-103
Invoices Sent To (Name & Address)	4 Pembroke Rd. Concord. NH. 03301

Facility Location and Address	4 Pembroke Rd. Concord. NH. 03301 Bldg M
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Facility Contact Person Name	James McNeil
Facility Contact Person Phone Number	(603) 227-5179-- (603)419-0623
Facility Contact Person E-Mail Address	james.d.mcneil10.nfg@mail.mil>

**DATA COLLECTION WORKSHEET FOR SERVICES REQUIRED AT EACH FACILITY (CONTINUED)**

**Burglar Alarm/Access Control System Maintenance**

If you have responded Yes to wanting **Burglar Alarm/Access Control Maintenance**

You Must Provide an Inventory of your existing System Equipment Below

*PK*  
 2/25/13

<b>Manufacturer/Brand of Equipment</b>	
<b>Control Panel Make and Model</b>	
<b>Peripheral Devices Make and Model</b>	
<b>Control Pads Make and Model</b>	
<b>Batteries – Quantity and Sizes</b>	
<b>Power Supply – Quantity and Sizes</b>	
<b>Key Pads/Controllers – Make and Models</b>	
<b>Printer</b>	
<b>Software</b>	
<b>Other</b>	



**DATA COLLECTION WORKSHEET FOR SERVICES REQUIRED AT EACH FACILITY (CONTINUED)**

Indicate the level of **Burglar Alarm/Access Control Maintenance Service** you will require

<b>24/7/365</b>	
<b>8 AM to 5 PM Business Days</b>	
<b>Other (Please Define Requirement)</b>	



Contractor Initials *AK*  
 Date *3/25/13*

**Alarm Monitoring Services**

If you have responded Yes to wanting Alarm Monitoring Services  
 Please Indicate the types of Monitoring Services you require

(Indicate Yes or No and add comment if necessary)

Burglar Alarm	
Fire Alarm	YES
Boiler Alarm *	
Generator Alarm *	
Low/High Temperature Alarm *	
Panic/Duress Alarm *	
Other (Indicate type of Alarm)	
* Are These Alarms Tied Into the Burglar Alarm System - Yes or No	NO



**DATA COLLECTION WORKSHEET FOR SERVICES REQUIRED AT EACH FACILITY (CONTINUED)**

**Alarm Monitoring Services**

If you have responded Yes to wanting Fire Alarm Monitoring Service Above  
 Please Provide an Inventory of your existing Fire Alarm System Equipment

Indicate the Type/Make of your Fire Alarm Panel, include Model number if possible	Simplex 4100U
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<b>Is the Fire Alarm System tied into the Burglar Alarm System or does it have it's own communicator/dialer?</b>	Dialer
<b>Does the Fire Alarm panel have backup communication? I.E. - AES Radio, Uplink, Cellular, Network or Masterbox</b>	Masterbox

**LOCATION # 89**

<b>AGENCY</b>	The Adjutant General's Department
<b>FUNDING SOURCE</b>	2240-103
<b>Invoices Sent To (Name &amp; Address)</b>	4 Pembroke Rd. Concord. NH. 03301

<b>Facility Location and Address</b>	803 McGee Dr. Portsmouth, NH 03801-3398
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<b>Facility Contact Person Name</b>	James Mc Neil
<b>Facility Contact Person Phone Number</b>	(603) 227-5179-C (603)419-0623
<b>Facility Contact Person E-Mail Address</b>	james.d.mcneil10.nfg@mail.mil

**DATA COLLECTION WORKSHEET FOR SERVICES REQUIRED AT EACH FACILITY (CONTINUED)**

**Burglar Alarm/Access Control System Maintenance**

**If you have responded Yes to wanting Burglar Alarm/Access Control Maintenance You Must Provide an Inventory of your existing System Equipment Below**

<b>Manufacturer/Brand of Equipment</b>	
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Contractor Initials *JK*  
 Date *3/25/13*

<b>Control Panel Make and Model</b>	
<b>Peripheral Devices Make and Model</b>	
<b>Control Pads Make and Model</b>	
<b>Batteries – Quantity and Sizes</b>	
<b>Power Supply – Quantity and Sizes</b>	
<b>Key Pads/Controllers – Make and Models</b>	
<b>Printer</b>	
<b>Software</b>	
<b>Other</b>	

**DATA COLLECTION WORKSHEET FOR SERVICES REQUIRED AT EACH FACILITY (CONTINUED)**

Indicate the level of Burglar Alarm/Access Control Maintenance Service you will require

<b>24/7/365</b>	
<b>8 AM to 5 PM Business Days</b>	
<b>Other (Please Define Requirement)</b>	

**Alarm Monitoring Services**

If you have responded Yes to wanting Alarm Monitoring Services

*RV*  
 3/25/13

Please Indicate the types of Monitoring Services you require

(Indicate Yes or No and add comment if necessary)

Burglar Alarm	
Fire Alarm	YES
Boiler Alarm *	
Generator Alarm *	
Low/High Temperature Alarm *	
Panic/Duress Alarm *	
Other (Indicate type of Alarm)	
* Are These Alarms Tied Into the Burglar Alarm System - Yes or No	NO

**DATA COLLECTION WORKSHEET FOR SERVICES REQUIRED AT EACH FACILITY (CONTINUED)**

**Alarm Monitoring Services**

If you have responded Yes to wanting Fire Alarm Monitoring Service Above Please Provide an Inventory of your existing Fire Alarm System Equipment

Indicate the Type/Make of your Fire Alarm Panel, include Model number if possible	Gamewell 7100
Is the Fire Alarm System tied into the Burglar Alarm System or does it have it's own communicator/dialer?	Dialer

**Does the Fire Alarm panel have backup communication? I.E. - AES Radio, Uplink, Cellular, Network or Masterbox**

None..

**LOCATION # 90**

<b>AGENCY</b>	The Adjutant General's Department
<b>FUNDING SOURCE</b>	2240-103
<b>Invoices Sent To (Name &amp; Address)</b>	4 Pembroke Rd. Concord. NH. 03301

<b>Facility Location and Address</b>	19 Armory Rd, Plymouth, NH 03264-1510
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<b>Facility Contact Person Name</b>	James Mc Neil
<b>Facility Contact Person Phone Number</b>	(603) 227-5179-C (603)419-0623
<b>Facility Contact Person E-Mail Address</b>	james.d.mcneil10.nfg@mail.mil

**DATA COLLECTION WORKSHEET FOR SERVICES REQUIRED AT EACH FACILITY (CONTINUED)**

**Burglar Alarm/Access Control System Maintenance**

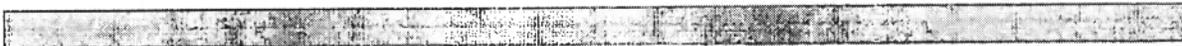
**If you have responded Yes to wanting Burglar Alarm/Access Control Maintenance**

**You Must Provide an Inventory of your existing System Equipment Below**

<b>Manufacturer/Brand of Equipment</b>	
<b>Control Panel Make and Model</b>	
<b>Peripheral Devices Make and Model</b>	

Contractor Initials *RK*  
 Date *3/25/13*

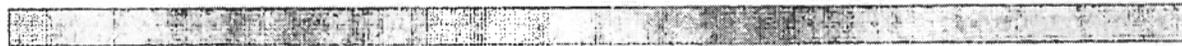
<b>Control Pads Make and Model</b>	
<b>Batteries – Quantity and Sizes</b>	
<b>Power Supply – Quantity and Sizes</b>	
<b>Key Pads/Controllers – Make and Models</b>	
<b>Printer</b>	
<b>Software</b>	
<b>Other</b>	



**DATA COLLECTION WORKSHEET FOR SERVICES REQUIRED AT EACH FACILITY (CONTINUED)**

Indicate the level of Burglar Alarm/Access Control Maintenance Service you will require

<b>24/7/365</b>	
<b>8 AM to 5 PM Business Days</b>	
<b>Other (Please Define Requirement)</b>	



**Alarm Monitoring Services**

If you have responded Yes to wanting Alarm Monitoring Services  
 Please Indicate the types of Monitoring Services you require

(Indicate Yes or No and add comment if necessary)

<b>Burglar Alarm</b>	
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<b>Fire Alarm</b>	YES
<b>Boiler Alarm *</b>	
<b>Generator Alarm *</b>	
<b>Low/High Temperature Alarm *</b>	
<b>Panic/Duress Alarm *</b>	
<b>Other (Indicate type of Alarm)</b>	
<b>* Are These Alarms Tied Into the Burglar Alarm System - Yes or No</b>	NO



**DATA COLLECTION WORKSHEET FOR SERVICES REQUIRED AT EACH FACILITY (CONTINUED)**

**Alarm Monitoring Services**

**If you have responded Yes to wanting Fire Alarm Monitoring Service Above Please Provide an Inventory of your existing Fire Alarm System Equipment**

<b>Indicate the Type/Make of your Fire Alarm Panel, include Model number if possible</b>	Gamewell 7100
<b>Is the Fire Alarm System tied into the Burglar Alarm System or does it have it's own communicator/dialer?</b>	Dialer
<b>Does the Fire Alarm panel have backup communication? I.E. - AES Radio, Uplink, Cellular, Network or Masterbox</b>	No

**LOCATION # 91**

<b>AGENCY</b>	The Adjutant General's Department
<b>FUNDING SOURCE</b>	2245-103
<b>Invoices Sent To (Name &amp; Address)</b>	4 Pembroke Rd. Concord. NH. 03301

<b>Facility Location and Address</b>	350 Meadow St., Littleton, NH 03561-9703
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<b>Facility Contact Person Name</b>	James Mc Neil
<b>Facility Contact Person Phone Number</b>	(603) 227-5179--C (603)419-0623
<b>Facility Contact Person E-Mail Address</b>	james.d.mcneil10.nfg@mail.mil

**DATA COLLECTION WORKSHEET FOR SERVICES REQUIRED AT EACH FACILITY (CONTINUED)**

**Burglar Alarm/Access Control System Maintenance**

If you have responded Yes to wanting **Burglar Alarm/Access Control Maintenance**

You Must Provide an Inventory of your existing System Equipment Below

<b>Manufacturer/Brand of Equipment</b>	
<b>Control Panel Make and Model</b>	
<b>Peripheral Devices Make and Model</b>	
<b>Control Pads Make and Model</b>	
<b>Batteries – Quantity and Sizes</b>	
<b>Power Supply – Quantity and Sizes</b>	

Contractor Initials *PK*  
 Date *3/25/13*

Key Pads/Controllers – Make and Models	
Printer	
Software	
Other	



**DATA COLLECTION WORKSHEET FOR SERVICES REQUIRED AT EACH FACILITY (CONTINUED)**

Indicate the level of Burglar Alarm/Access Control Maintenance Service you will require

24/7/365	
8 AM to 5 PM Business Days	
Other (Please Define Requirement)	



**Alarm Monitoring Services**

If you have responded Yes to wanting Alarm Monitoring Services  
 Please indicate the types of Monitoring Services you require

(Indicate Yes or No and add comment if necessary)

Burglar Alarm	
Fire Alarm	YES
Boiler Alarm *	
Generator Alarm *	
Low/High Temperature Alarm *	
Panic/Duress Alarm *	

Other (Indicate type of Alarm)	
* Are These Alarms Tied Into the Burglar Alarm System - Yes or No	NO



**DATA COLLECTION WORKSHEET FOR SERVICES REQUIRED AT EACH FACILITY (CONTINUED)**

**Alarm Monitoring Services**

If you have responded Yes to wanting Fire Alarm Monitoring Service Above Please Provide an Inventory of your existing Fire Alarm System Equipment

Indicate the Type/Make of your Fire Alarm Panel, include Model number if possible	Mercom.
Is the Fire Alarm System tied into the Burglar Alarm System or does it have it's own communicator/dialer?	No / Dialer will be installed
Does the Fire Alarm panel have backup communication? I.E. - AES Radio, Uplink, Cellular, Network or Masterbox	

**LOCATION # 92**

<b>AGENCY</b>	The Adjutant General's Department
<b>FUNDING SOURCE</b>	2240-103
<b>Invoices Sent To (Name &amp; Address)</b>	4 Pembroke Rd. Concord. NH. 03301

<b>Facility Location and Address</b>	350 Meadow St., Littleton, NH 03561-9703
<b>Facility Contact Person Name</b>	James Mc Neil
<b>Facility Contact Person Phone Number</b>	(603) 227-5179-C (603)419-0623
<b>Facility Contact Person E-Mail Address</b>	james.d.mcneil10.nfg@mail.mil

**DATA COLLECTION WORKSHEET FOR SERVICES REQUIRED AT EACH FACILITY (CONTINUED)**

**Burglar Alarm/Access Control System Maintenance**

If you have responded Yes to wanting Burglar Alarm/Access Control Maintenance

You Must Provide an Inventory of your existing System Equipment Below

<b>Manufacturer/Brand of Equipment</b>	
<b>Control Panel Make and Model</b>	
<b>Peripheral Devices Make and Model</b>	
<b>Control Pads Make and Model</b>	
<b>Batteries – Quantity and Sizes</b>	
<b>Power Supply – Quantity and Sizes</b>	
<b>Key Pads/Controllers – Make and Models</b>	
<b>Printer</b>	
<b>Software</b>	

<b>Other</b>	
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**DATA COLLECTION WORKSHEET FOR SERVICES REQUIRED AT EACH FACILITY (CONTINUED)**

Indicate the level of Burglar Alarm/Access Control Maintenance Service you will require

24/7/365	
8 AM to 5 PM Business Days	
Other (Please Define Requirement)	



**Alarm Monitoring Services**

If you have responded Yes to wanting Alarm Monitoring Services  
 Please Indicate the types of Monitoring Services you require

(Indicate Yes or No and add comment if necessary)

Burglar Alarm	
Fire Alarm	YES
Boiler Alarm *	
Generator Alarm *	
Low/High Temperature Alarm *	
Panic/Duress Alarm *	
Other (Indicate type of Alarm)	
* Are These Alarms Tied Into the Burglar Alarm System - Yes or No	NO

Contractor Initials *RV*  
 Date *3/25/13*

**DATA COLLECTION WORKSHEET FOR SERVICES REQUIRED AT EACH FACILITY (CONTINUED)**

**Alarm Monitoring Services**

If you have responded Yes to wanting Fire Alarm Monitoring Service Above  
 Please Provide an Inventory of your existing Fire Alarm System Equipment

Indicate the Type/Make of your Fire Alarm Panel, include Model number if possible	Gamewell 7100
Is the Fire Alarm System tied into the Burglar Alarm System or does it have it's own communicator/dialer?	Dialer
Does the Fire Alarm panel have backup communication? I.E. - AES Radio, Uplink, Cellular, Network or Masterbox	

**LOCATION # 93**

<b>AGENCY</b>	The Adjutant General's Department
<b>FUNDING SOURCE</b>	2240-103
<b>Invoices Sent To (Name &amp; Address)</b>	4 Pembroke Rd. Concord. NH. 03301

<b>Facility Location and Address</b>	15 Blackwater Rd., Somersworth, NH 03878-1519
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<b>Facility Contact Person Name</b>	James Mc Neil
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Contractor Initials *JK*  
 Date *3/25/13*

<b>Facility Contact Person Phone Number</b>	(603) 227-5179-C (603)419-0623
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<b>Facility Contact Person E-Mail Address</b>	james.d.mcneil10.nfg@mail.mil
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**DATA COLLECTION WORKSHEET FOR SERVICES REQUIRED AT EACH FACILITY (CONTINUED)**

**Burglar Alarm/Access Control System Maintenance**

If you have responded Yes to wanting Burglar Alarm/Access Control Maintenance  
 You Must Provide an Inventory of your existing System Equipment Below

<b>Manufacturer/Brand of Equipment</b>	
<b>Control Panel Make and Model</b>	
<b>Peripheral Devices Make and Model</b>	
<b>Control Pads Make and Model</b>	
<b>Batteries – Quantity and Sizes</b>	
<b>Power Supply – Quantity and Sizes</b>	
<b>Key Pads/Controllers – Make and Models</b>	
<b>Printer</b>	
<b>Software</b>	
<b>Other</b>	

Contractor Initials *PK*  
 Date *2/25/13*

**DATA COLLECTION WORKSHEET FOR SERVICES REQUIRED AT EACH FACILITY (CONTINUED)**

Indicate the level of Burglar Alarm/Access Control Maintenance Service you will require

24/7/365	
8 AM to 5 PM Business Days	
Other (Please Define Requirement)	

**Alarm Monitoring Services**

If you have responded Yes to wanting Alarm Monitoring Services  
 Please Indicate the types of Monitoring Services you require

(Indicate Yes or No and add comment if necessary)

Burglar Alarm	
Fire Alarm	YES
Boiler Alarm *	
Generator Alarm *	
Low/High Temperature Alarm *	
Panic/Duress Alarm *	
Other (Indicate type of Alarm)	
* Are These Alarms Tied Into the Burglar Alarm System - Yes or No	NO

**DATA COLLECTION WORKSHEET FOR SERVICES REQUIRED AT EACH FACILITY (CONTINUED)**

*PK*  
 3/25/15

**Alarm Monitoring Services**

If you have responded Yes to wanting Fire Alarm Monitoring Service Above  
 Please Provide an Inventory of your existing Fire Alarm System Equipment

Indicate the Type/Make of your Fire Alarm Panel, include Model number if possible	Gamewell 7100
Is the Fire Alarm System tied into the Burglar Alarm System or does it have it's own communicator/dialer?	Dailer
Does the Fire Alarm panel have backup communication? I.E. - AES Radio, Uplink, Cellular, Network or Masterbox	No

**LOCATION # 94**

AGENCY	The Adjutant General's Department
FUNDING SOURCE	2240-103
Invoices Sent To (Name & Address)	4 Pembroke Rd. Concord. NH. 03301

Facility Location and Address	154 Osgood Road, Milford, NH 03055-9662
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Facility Contact Person Name	James Mc Neil
Facility Contact Person Phone Number	(603) 227-5179--C (603)419-0623
Facility Contact Person E-Mail Address	james.d.mcneil10.nfg@mail.mil

**DATA COLLECTION WORKSHEET FOR SERVICES REQUIRED AT EACH**

Contractor Initials *JK*  
 Date *3/25/13*

**FACILITY (CONTINUED)**

**Burglar Alarm/Access Control System Maintenance**

If you have responded Yes to wanting **Burglar Alarm/Access Control Maintenance**

You Must Provide an Inventory of your existing System Equipment Below

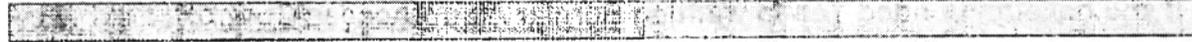
Manufacturer/Brand of Equipment	
Control Panel Make and Model	
Peripheral Devices Make and Model	
Control Pads Make and Model	
Batteries – Quantity and Sizes	
Power Supply – Quantity and Sizes	
Key Pads/Controllers – Make and Models	
Printer	
Software	
Other	

**DATA COLLECTION WORKSHEET FOR SERVICES REQUIRED AT EACH FACILITY (CONTINUED)**

Indicate the level of **Burglar Alarm/Access Control Maintenance Service** you will require

24/7/365	
----------	--

8 AM to 5 PM Business Days	
Other (Please Define Requirement)	



**Alarm Monitoring Services**

If you have responded Yes to wanting Alarm Monitoring Services  
 Please Indicate the types of Monitoring Services you require

(Indicate Yes or No and add comment if necessary)

Burglar Alarm	
Fire Alarm	YES
Boiler Alarm *	
Generator Alarm *	
Low/High Temperature Alarm *	
Panic/Duress Alarm *	
Other (Indicate type of Alarm)	
* Are These Alarms Tied Into the Burglar Alarm System - Yes or No	NO



**DATA COLLECTION WORKSHEET FOR SERVICES REQUIRED AT EACH FACILITY (CONTINUED)**

**Alarm Monitoring Services**

If you have responded Yes to wanting Fire Alarm Monitoring Service Above  
 Please Provide an Inventory of your existing Fire Alarm System Equipment

Indicate the Type/Make of your Fire Alarm Panel, include Model number if possible	Gamewell 7100
Is the Fire Alarm System tied into the Burglar Alarm System or does it have it's own communicator/dialer?	Dailer
Does the Fire Alarm panel have backup communication? I.E. - AES Radio, Uplink, Cellular, Network or Masterbox	No

**LOCATION #95**

AGENCY	The Adjutant Generals Department
FUNDING SOURCE	2245-103
Invoices Sent To (Name & Address)	ADJUTANT GENERALS DEPT 4 PEMBROKE RD CONCORD NH 03301

Facility Location and Address	11 ACADAMY AVE CENTER STRAFFORD NH 03815
-------------------------------	--

Facility Contact Person Name	RICHARD A SMITH JR
Facility Contact Person Phone Number	W 603-715 3655..C603 568-4661
Facility Contact Person E-Mail Address	richard.a.smith798.nfg@mail.mil

**DATA COLLECTION WORKSHEET FOR SERVICES REQUIRED AT EACH FACILITY (CONTINUED)**

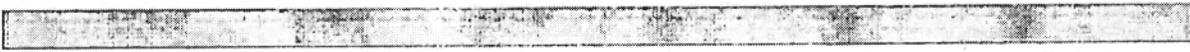
**Burglar Alarm/Access Control System Maintenance**

**If you have responded Yes to wanting Burglar Alarm/Access Control Maintenance**

Contractor Initials **RV**  
 Date **3/25/13**

**You Must Provide an Inventory of your existing System Equipment Below**

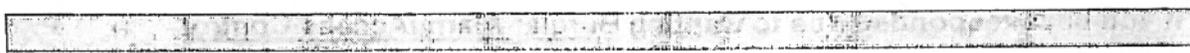
<b>Manufacturer/Brand of Equipment</b>	
<b>Control Panel Make and Model</b>	
<b>Peripheral Devices Make and Model</b>	
<b>Control Pads Make and Model</b>	
<b>Batteries – Quantity and Sizes</b>	
<b>Power Supply – Quantity and Sizes</b>	
<b>Key Pads/Controllers – Make and Models</b>	
<b>Printer</b>	
<b>Software</b>	
<b>Other</b>	



**DATA COLLECTION WORKSHEET FOR SERVICES REQUIRED AT EACH FACILITY (CONTINUED)**

Indicate the level of Burglar Alarm/Access Control Maintenance Service you will require

<b>24/7/365</b>	
<b>8 AM to 5 PM Business Days</b>	
<b>Other (Please Define Requirement)</b>	



**Alarm Monitoring Services**

If you have responded Yes to wanting **Alarm Monitoring Services**  
 Please Indicate the types of **Monitoring Services** you require

(Indicate Yes or No and add comment if necessary)

Burglar Alarm	
Fire Alarm	YES
Boiler Alarm *	
Generator Alarm *	
Low/High Temperature Alarm *	
Panic/Duress Alarm *	
Other (Indicate type of Alarm)	
* Are These Alarms Tied Into the Burglar Alarm System - Yes or No	NO

**DATA COLLECTION WORKSHEET FOR SERVICES REQUIRED AT EACH FACILITY (CONTINUED)**

**Alarm Monitoring Services**

If you have responded Yes to wanting **Fire Alarm Monitoring Service** Above  
 Please Provide an Inventory of your existing **Fire Alarm System Equipment**

Indicate the Type/Make of your Fire Alarm Panel, include Model number if possible	SIMPLEXGRINNELL 4100U. 1 MONITORING ACCOUNT FOR 9 BUILDINGS
---	---

Is the Fire Alarm System tied into the Burglar Alarm System or does it have it's own communicator/dialer?	ITS OWN DIALER
Does the Fire Alarm panel have backup communication? I.E. - AES Radio, Uplink, Cellular, Network or Masterbox	Yes, Network

**LOCATION #96**

<b>AGENCY</b>	ADJUTANT GENERALS DEPT
<b>FUNDING SOURCE</b>	2245-103
<b>Invoices Sent To (Name &amp; Address)</b>	ADJUTANT GENERALS DEPT 4 PEMBROKE RD CONCORD NH 03301
<b>Facility Location and Address</b>	106 BROCK STREET ROCHESTER NH 03867
<b>Facility Contact Person Name</b>	RICHARD A SMITH JR
<b>Facility Contact Person Phone Number</b>	W 603-715 3655..C603 568-4661
<b>Facility Contact Person E-Mail Address</b>	richard.a.smith798.nfg@mail.mil

**DATA COLLECTION WORKSHEET FOR SERVICES REQUIRED AT EACH FACILITY (CONTINUED)**

**Burglar Alarm/Access Control System Maintenance**

**If you have responded Yes to wanting Burglar Alarm/Access Control Maintenance**

**You Must Provide an Inventory of your existing System Equipment Below**

<b>Manufacturer/Brand of Equipment</b>	
<b>Control Panel Make and Model</b>	
<b>Peripheral Devices Make and Model</b>	
<b>Control Pads Make and Model</b>	
<b>Batteries – Quantity and Sizes</b>	
<b>Power Supply – Quantity and Sizes</b>	
<b>Key Pads/Controllers – Make and Models</b>	
<b>Printer</b>	
<b>Software</b>	
<b>Other</b>	

**DATA COLLECTION WORKSHEET FOR SERVICES REQUIRED AT EACH FACILITY (CONTINUED)**

Indicate the level of **Burglar Alarm/Access Control Maintenance Service** you will require

<b>24/7/365</b>	
<b>8 AM to 5 PM Business Days</b>	
<b>Other (Please Define Requirement)</b>	

**Alarm Monitoring Services**

*PV*  
 3/25/13

If you have responded Yes to wanting Alarm Monitoring Services  
 Please Indicate the types of Monitoring Services you require

(Indicate Yes or No and add comment if necessary)

Burglar Alarm	
Fire Alarm	YES
Boiler Alarm *	
Generator Alarm *	
Low/High Temperature Alarm *	
Panic/Duress Alarm *	
Other (Indicate type of Alarm)	
* Are These Alarms Tied Into the Burglar Alarm System - Yes or No	NO

**DATA COLLECTION WORKSHEET FOR SERVICES REQUIRED AT EACH FACILITY (CONTINUED)**

**Alarm Monitoring Services**

If you have responded Yes to wanting Fire Alarm Monitoring Service Above  
 Please Provide an Inventory of your existing Fire Alarm System Equipment

Indicate the Type/Make of your Fire Alarm Panel, include Model number if possible	HONEYWELL NFW2-100
---	--------------------

<b>Is the Fire Alarm System tied into the Burglar Alarm System or does it have it's own communicator/dialer?</b>	ITS OWN DIALER
<b>Does the Fire Alarm panel have backup communication? I.E. - AES Radio, Uplink, Cellular, Network or Masterbox</b>	YES, NETWORK



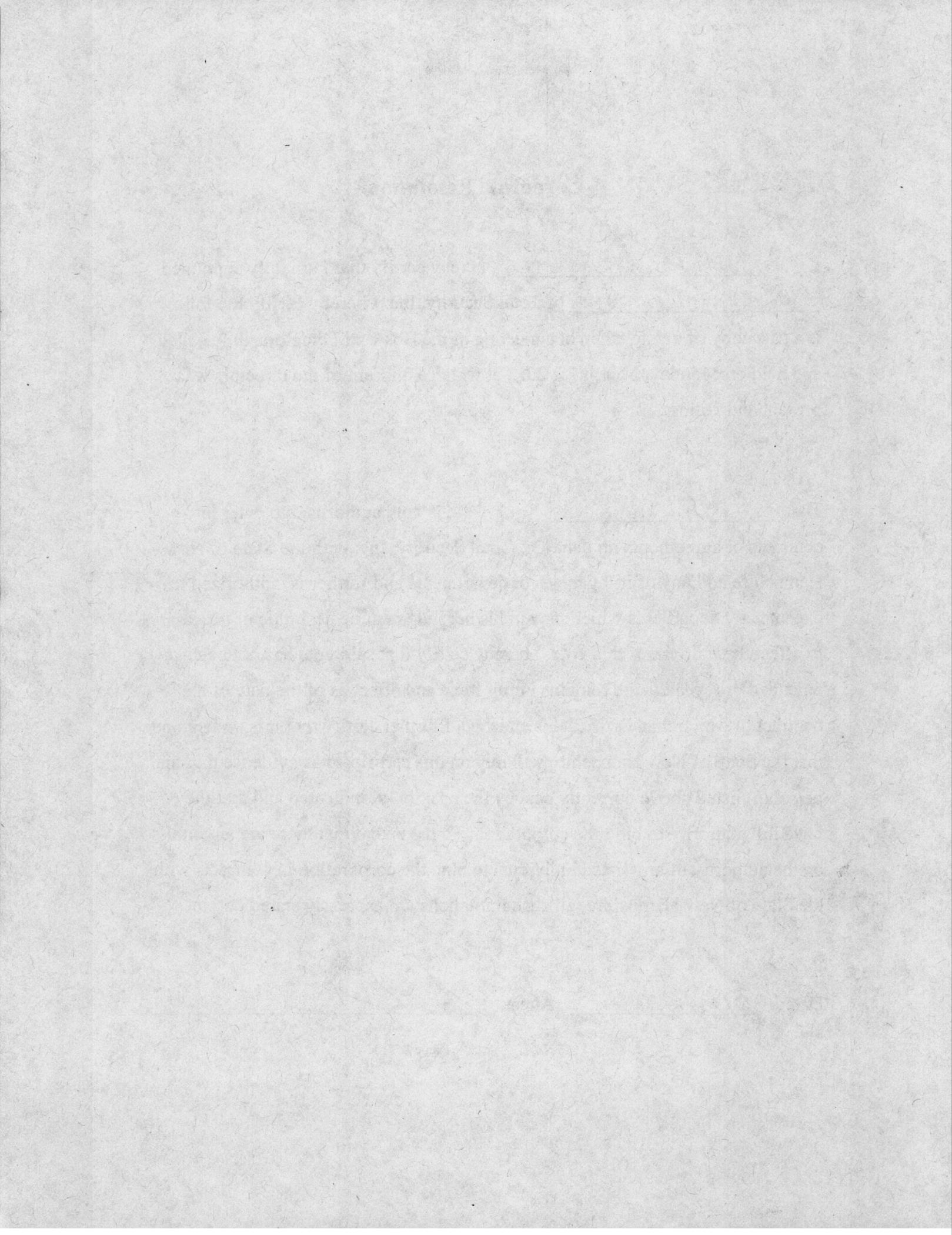
## Corporate Resolution

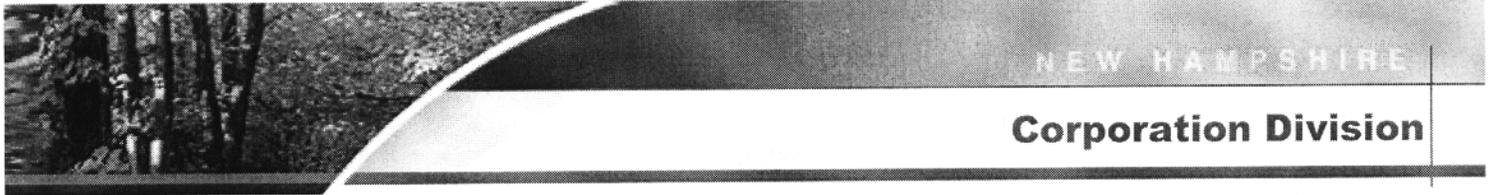
I GRAHAM DOLOREN, hereby certify that I am duly appointed Vice President of Total Security, Inc. I hereby certify the following is a true copy of a vote taken at a meeting of the Board of Directors, duly called and held on Monday, March 25, 2013 at which a quorum of the directors was present and voting.

That Ralph King is duly authorized to enter into contracts or agreements on behalf of Total Security, Inc. with the State of New Hampshire and any of its agencies or departments and further is authorized to execute documents which may in his/her judgment be desirable or necessary to affect the purpose of this vote. I hereby certify that said vote has not been amended or repealed and remains in full force and effect as of the date of the contract to which this certificate is attached. I further certify that it is understood that the State of New Hampshire will rely on this certificate as evidence that the person(s) listed above currently occupy the position(s) indicated and that they have full authority to bind the corporation. To the extent that there are any limits on the authority of any listed individual to bind the corporation in contracts with the State of New Hampshire, all such limitations are expressly stated herein.

Dated: 3/25/13 Attest: [Signature]

Name & Title





Search  
 By Business Name  
 By Business ID  
 By Registered Agent  
 Annual Report  
 File Online

**Date:** 4/22/2013 **Filed Documents**  
 (Annual Report History, View Images, etc.)

### Business Name History

Name	Name Type
TOTAL SECURITY, INC.	Legal

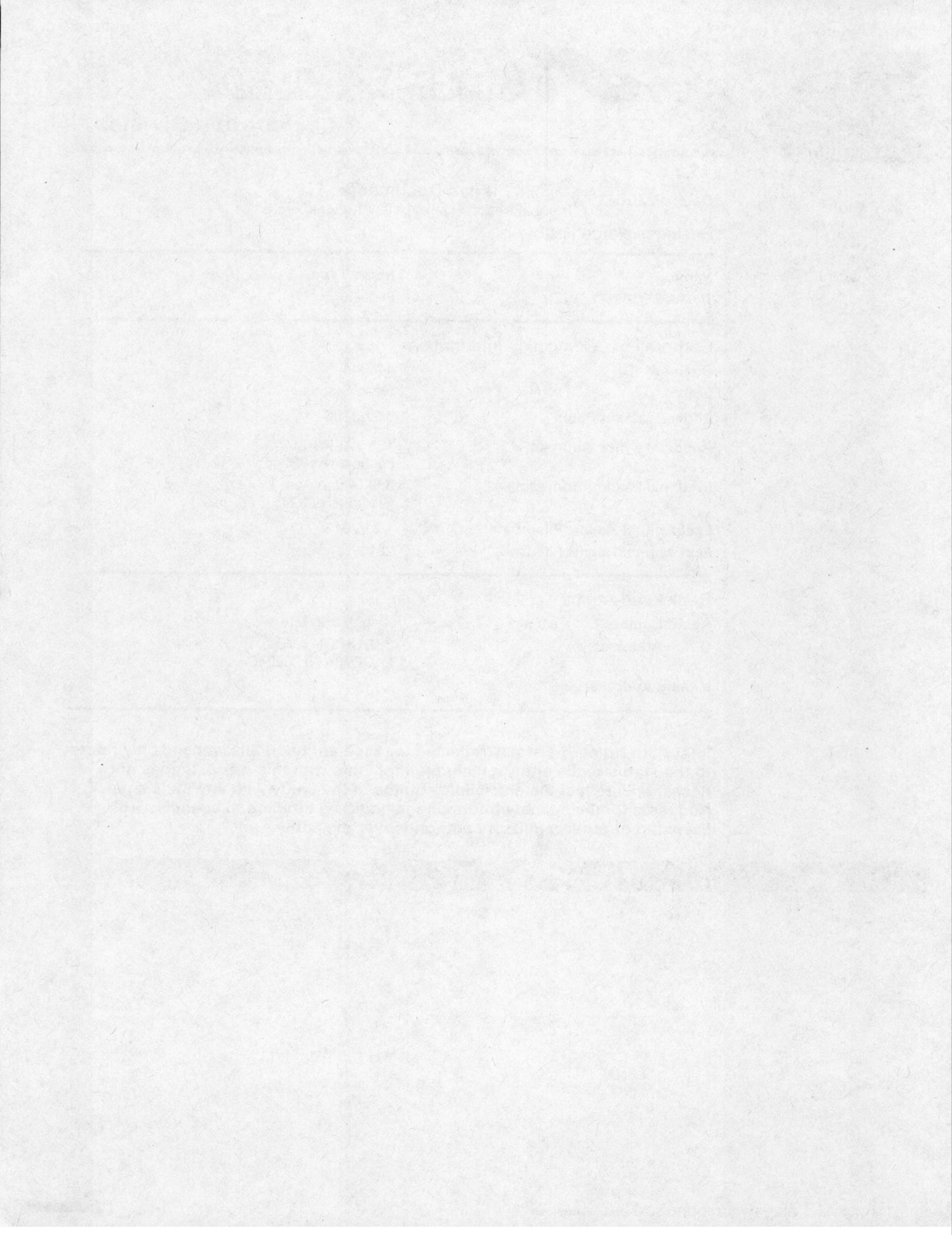
### Corporation - Domestic - Information

<b>Business ID:</b>	445044
<b>Status:</b>	Good Standing
<b>Entity Creation Date:</b>	8/27/2003
<b>Principal Office Address:</b>	135 WEIRS BLVD Laconia NH 03246
<b>Principal Mailing Address:</b>	689 Gilford Ave Gilford NH 03249
<b>Last Annual Report Filed Date:</b>	1/31/2013
<b>Last Annual Report Filed:</b>	2013

### Registered Agent

<b>Agent Name:</b>	King, Ralph E.
<b>Office Address:</b>	387 UNION AVE LACONIA NH 03246
<b>Mailing Address:</b>	

**Important Note:** The status reflected for each entity on this website only refers to the status of the entity's filing requirements with this office. It does not necessarily reflect the disciplinary status of the entity with any state agency. Requests for disciplinary information should be directed to agencies with licensing or other regulatory authority over the entity.



State of New Hampshire  
Department of State

CERTIFICATE

I, William M. Gardner, Secretary of State of the State of New Hampshire, do hereby certify that TOTAL SECURITY, INC. is a New Hampshire corporation duly incorporated under the laws of the State of New Hampshire on August 27, 2003. I further certify that all fees and annual reports required by the Secretary of State's office have been received and that articles of dissolution have not been filed.



In TESTIMONY WHEREOF, I hereto  
set my hand and cause to be affixed  
the Seal of the State of New Hampshire,  
this 28<sup>th</sup> day of March, A.D. 2013

A handwritten signature in cursive script, appearing to read "William M. Gardner".

William M. Gardner  
Secretary of State





# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

3/7/2013

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

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

PRODUCER Beecher Carlson Insurance Services, LLC obo Security America RRG 8390 E. Crescent Parkway #200 Greenwood Village CO 80111	CONTACT NAME: Kim LeMere	
	PHONE (A/C No. Ext): 866-315-3838 FAX (A/C No.): (877) 865-0003	
	E-MAIL ADDRESS: klemere@beechercarlson.com	
INSURED Total Security, Inc. 135 Weirs Blvd., Unit C-1  Laconia NH 03246	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A: Security America RRG	11267
	INSURER B:	
	INSURER C:	
	INSURER D:	
	INSURER E:	

## COVERAGES

## CERTIFICATE NUMBER:

## REVISION NUMBER:

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

INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR	X	004261314	1/24/2013	1/24/2014	EACH OCCURRENCE \$ 2,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC					DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 2,000,000 GENERAL AGGREGATE \$ 3,000,000 PRODUCTS - COMP/OP AGG \$ 3,000,000 PROFESSIONAL LIABILITY \$ 2,000,000
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS					COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTION \$					EACH OCCURRENCE \$ AGGREGATE \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below					WC STATU-TORY LIMITS <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

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

Certificate Holder is listed as Additional Insured as respect to General Liability Coverage related to operations of the Named Insured.

## CERTIFICATE HOLDER

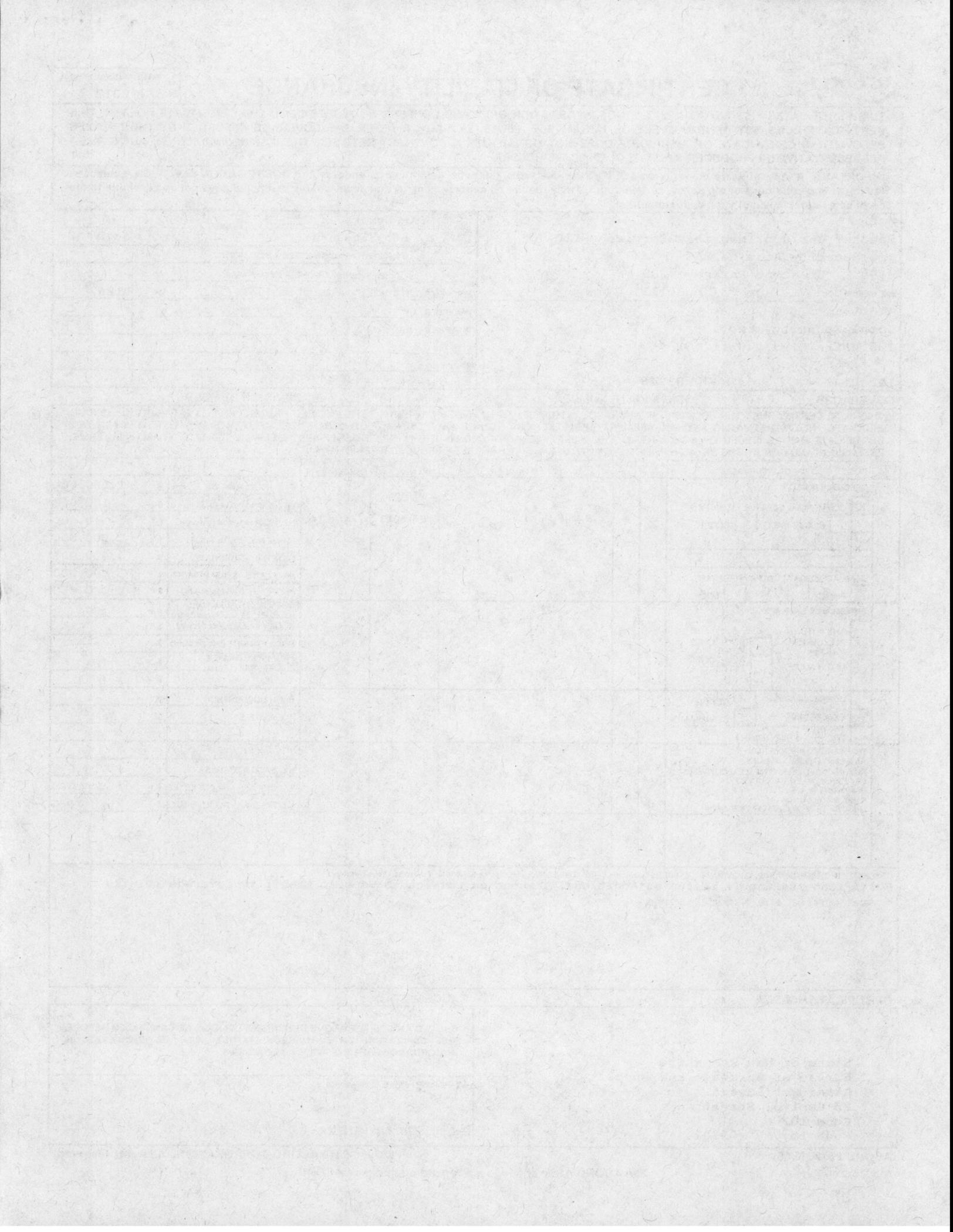
## CANCELLATION

State of New Hampshire  
Bureau of Purchase and Property  
Attn: Bob Lawson  
25 Capitol Street  
Room 102  
Concord, NH 03301

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

Cheryl Jones/KIMLEM





# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

3/7/2013

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

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

<b>PRODUCER</b> CROSS INSURANCE - LACONIA 155 Court Street  Laconia NH 03246	<b>CONTACT NAME:</b> Sarah Cullen, AINS, ACSR <b>PHONE (A/C, No, Ext):</b> (603) 524-2425 <b>E-MAIL ADDRESS:</b> scullen@crossagency.com	<b>FAX (A/C, No):</b> (603) 524-3666
	<b>INSURER(S) AFFORDING COVERAGE</b>	
	<b>INSURER A:</b> Star Insurance Co	<b>NAIC #</b> 18023
<b>INSURED</b> TOTAL SECURITY INC 135 WEIRS BLVD  LACONIA NH 03246	<b>INSURER B:</b>	
	<b>INSURER C:</b>	
	<b>INSURER D:</b>	
	<b>INSURER E:</b>	
	<b>INSURER F:</b>	

**COVERAGES**

CERTIFICATE NUMBER: CL133780988

REVISION NUMBER:

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

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	<b>GENERAL LIABILITY</b> <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC						EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$
	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	<b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$
A	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below						<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)  
 Ralph King and Graham Dolder are both excluded from workers compensation coverage.

**CERTIFICATE HOLDER****CANCELLATION**

State of New Hampshire  
 Administrative Services  
 Bureau of Purchase and Property  
 25 Capitol Street, Room 102  
 Concord, NH 03301

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

S Cullen, AINS, ACSR/ *Sarah Cullen*

