

Contract Number: VA261-17-B-0322



VA Southern Nevada Healthcare System (VASNHS)
 6900 N. Pecos Rd.
 N. Las Vegas, NV 89086
 Tel: 702-791-9000

Meeting Subject: 593-15-107 Legionella (Construction), Pre-Bid Site Visit
 Meeting Date: Thursday, April 6, 2017, 09:00 am (PST)

Project Name: Legionella Prevention Measures and Monitoring (Construction)
 Project/Lease Number: 593-15-107
 Contract Number: TBD
 Project Address: 6900 N. Pecos Rd.
 N. Las Vegas, NV 89086

Project Managers: Jonathan G. Sanchez 702-791-9000 ext. 14779 Jonathan.Sanchez@va.gov
 Bernie Borja 702-791-9000 ext. 14791 Bernie.Borja@va.gov

Meeting Number:
 Meeting Track:
 Meeting Location:
 Conference Call-in:

01
 593-15-107 Legionella Prevention Measures and Monitoring
 VASNHS, Admin. Building, 1st Floor, Room 1H112
 N/A

PRE-BID SITE VISIT

Attendees

Attendee	Organization or Company - Title / Service - Phone / Email
Kevin McNeely	JES 801-813-3155
MIKE ADKINS	CHEM-ADAM, ILK 324-0771 303
Norma Shuss	GL TSS Secondary Distribution 315-524-6798
James Rust	AN60004
Jay Northing	G-C 702-759-3240
RON WASHINGTON	ALR GP USA 702-716-8944
SEANNE BREKSON	STRENGTH PUB 702-648-7525
Freddy Jackson	Starkey Plunkin (707) 648-7825
Vic Poma	Universal Plumbing 702-324-8448
Gregory THOMPSON	WATER TREATMENT SERVICES 800-817-5116 SHB

Attendee	Organization or Company - Title / Service - Phone / Email

SIGN IN SHEET – Solicitation VA261-17-B-0322

**PROJECT 593-15-107-304 Legionella Prevention and
Preventative Measures**

Complete the following and turn into the Contracting Officer

1. Company Name: UNIVERSAL PLUMBING

Company Representative: Vic Poma

Phone # 202-324-8648 **Email:** VIC@UNIVERSALPLUMBING.NET

Additional Representative: _____

Phone # _____ **Email:** _____

Additional Representative: _____

Phone # _____ **Email:** _____

Please check one of the following:

☒ **General Contractor**

☒ **Sub-Contractor**

☐ **Supplier**

SIGN IN SHEET – Solicitation VA261-17-B-0322

**PROJECT 593-15-107-304 Legionella Prevention and
Preventative Measures**

Complete the following and turn into the Contracting Officer

1. Company Name: WATER TREATMENT SERVICES

Company Representative: GREGORY THOMPSON

Phone # 800-817-5116 **Email:** GREGT@WTSERVICESLLC.COM

Additional Representative: _____

Phone # _____ **Email:** _____

Additional Representative: _____

Phone # _____ **Email:** _____

Please check one of the following:

_____ **General Contractor**

X _____ **Sub-Contractor**

X _____ **Supplier**

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**PROJECT 593-15-107-304 Legionella Prevention and
Preventative Measures**

Complete the following and turn into the Contracting Officer

1. Company Name: Airgo USA

Company Representative: Ron Washington

Phone # 702-715-8944 **Email:** RONW@AIRGousA.com

Additional Representative: Lacy Thomas

Phone # 702-835-6851 **Email:** LACYT@AIRGousA.com

Additional Representative: _____

Phone # _____ **Email:** _____

Please check one of the following:

☒ **General Contractor**

☐ **Sub-Contractor**

☐ **Supplier**

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**PROJECT 593-15-107-304 Legionella Prevention and
Preventative Measures**

Complete the following and turn into the Contracting Officer

1. Company Name: CHEM-AQUA, INC.

Company Representative: MIKE ADKINS

Phone # 303-324-0771 **Email:** MIKE.ADKINS@CHEMAQUA.COM

Additional Representative: N/A

Phone # _____ **Email:** _____

Additional Representative: _____

Phone # _____ **Email:** _____

Please check one of the following:

_____ **General Contractor**

_____ **Sub-Contractor**

☒ _____ **Supplier**

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**PROJECT 593-15-107-304 Legionella Prevention and
Preventative Measures**

Complete the following and turn into the Contracting Officer

1. Company Name: Global ^{Engineering} ~~Engineering~~ Services

Company Representative: Kevin McNeely

Phone # 801-819-3155 **Email:** Kevin@ges-us.com

Additional Representative: _____

Phone # _____ **Email:** _____

Additional Representative: _____

Phone # _____ **Email:** _____

Please check one of the following:

X **General Contractor**

_____ **Sub-Contractor**

_____ **Supplier**

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**PROJECT 593-15-107-304 Legionella Prevention and
Preventative Measures**

Complete the following and turn into the Contracting Officer

1. Company Name: STAR GATE PLUMBING

Company Representative: JEROME JACKSON

Phone # 702-648-7525 **Email:** STAR GATE PL@AOL.COM

Additional Representative: FREDERICK JACKSON

Phone # 702-648-7525 **Email:** 8 DYNATRAN@AOL.COM

Additional Representative: _____

Phone # _____ **Email:** _____

Please check one of the following:

_____ **General Contractor**

X _____ **Sub-Contractor**

_____ **Supplier**