

**FORM P: PROPOSAL INFORMATION**

Bidder:	Bidder Rep:
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**Notes:**

1. The City reserves the right to clarify, investigate, and request additional information to confirm the Bidder's claim regarding any data provided.
2. The Bid Evaluation is not based solely upon the information submitted on this form.
3. This form is made available to Bidders in both PDF and Microsoft Word format. In the event of a discrepancy between the forms, the PDF version will take precedence.
4. Complete "Bidder Response" section in full. Failure to complete or submit required information may result in disqualification of the complete Bid.
5. If insufficient space is provided, attach additional sheets with required information.

Item	Description	Bidder Response
<b>1.0</b>	<b>Published Canadian Price List (Section A)</b>	
<b>1.1</b>	<b>General</b>	
1.1.1	As requested in B13, is a published price list provided for all electromagnetic flowmeter, pressure transmitter, and temperature transmitter components?	<input type="checkbox"/> Yes, a published price list is provided: <ul style="list-style-type: none"> <li><input type="checkbox"/> The price list is in Canadian Dollars.</li> <li><input type="checkbox"/> The price list is in US Dollars.</li> <li><input type="checkbox"/> The price list is in Euros.</li> </ul> <input type="checkbox"/> The price list is applicable for the following regions: _____ _____
1.1.2	Is the price list comprehensive of the manufacturer's entire electromagnetic flowmeter, pressure transmitter, and temperature transmitter offering, including all replacement parts?	<input type="checkbox"/> Yes <input type="checkbox"/> No. Provide details below: _____
1.1.3	Is the price list consistent with the prices and discounts indicated in Form B?	<input type="checkbox"/> Yes <input type="checkbox"/> No. Provide details below: _____
<b>2.0</b>	<b>Electromagnetic Flowmeters (Section A)</b>	
<b>2.1</b>	<b>General</b>	
2.1.1	Years of experience in the design and manufacture of electromagnetic flowmeters.	<input type="checkbox"/> <5 years <input type="checkbox"/> 5 to 9 years <input type="checkbox"/> 10 to 14 years <input type="checkbox"/> 15 to 19 years <input type="checkbox"/> 20 to 24 years <input type="checkbox"/> >25 years

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2.1.2	Approvals	<p>Only indicate approvals applicable to all products proposed:</p> <p><input type="checkbox"/> CSA</p> <p><input type="checkbox"/> Applicable to all products proposed.</p> <p><input type="checkbox"/> Applicable to some of the products proposed (list below)</p> <p><input type="checkbox"/> UL – Canadian (cUL)</p> <p><input type="checkbox"/> Applicable to all products proposed.</p> <p><input type="checkbox"/> Applicable to some of the products proposed (list below)</p> <p><input type="checkbox"/> FM – Canadian (cFM)</p> <p><input type="checkbox"/> Applicable to all products proposed.</p> <p><input type="checkbox"/> Applicable to some of the products proposed (list below)</p> <p><input type="checkbox"/> Other Canadian Recognized Approval:</p>
2.1.3	Documentation	<p><input type="checkbox"/> Product datasheets included with proposal</p> <p><input type="checkbox"/> Product O&amp;M manuals included with proposal</p>
<b>2.2 Product Lifecycle Guarantee</b>		
2.2.1	Active sale and production guarantee	<p><input type="checkbox"/> No plans to remove any of the proposed products from active sale and/or production are in place.</p> <p><input type="checkbox"/> There are plans to remove the product for active sale and/or production, but plans call for:</p> <p><input type="checkbox"/> 5 or more years of active production.</p> <p><input type="checkbox"/> 3 or more years of active production.</p> <p><input type="checkbox"/> Less than 3 years of active production and sale.</p> <p>Additional Details:</p>
2.2.2	Product support guarantee	<p><input type="checkbox"/> The product is guaranteed to be operable, maintainable, and fully supported by the manufacturer, including availability of spare parts for the following duration after any of the proposed products are removed from active sale:</p> <p><input type="checkbox"/> 5 or more years.</p> <p>Years guaranteed: _____</p> <p><input type="checkbox"/> &lt;5 years (Not acceptable)</p> <p>Additional Details:</p>

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<b>2.3</b>	<b>Flow Tubes - General</b>	
2.3.1	ASME B16.5 (ANSI) Class 150 minimum size in the proposed product series	Minimum Size: <input type="checkbox"/> 6 mm (1/4") <input type="checkbox"/> 12 mm (1/2") <input type="checkbox"/> 20 mm (3/4") <input type="checkbox"/> 25 mm (1") <input type="checkbox"/> > 25 mm (>1") <input type="checkbox"/> Other:
2.3.2	ASME B16.5 (ANSI) Class 150 maximum size in the proposed product series	Maximum Size: <input type="checkbox"/> 600 mm (24") <input type="checkbox"/> 750 mm (30") <input type="checkbox"/> 900 mm (36") <input type="checkbox"/> >900 mm (>36") <input type="checkbox"/> Other:
2.3.3	Flowtube technology	<input type="checkbox"/> Pulse DC <input type="checkbox"/> AC <input type="checkbox"/> Other (identify below):
2.3.4	Available Liner Materials	<input type="checkbox"/> Ceramic <input type="checkbox"/> EPDM <input type="checkbox"/> ETFE <input type="checkbox"/> Neoprene <input type="checkbox"/> PFA <input type="checkbox"/> Polyurethane <input type="checkbox"/> PTFE (Teflon) <input type="checkbox"/> Rubber - Soft <input type="checkbox"/> Rubber - Ebonite <input type="checkbox"/> Rubber - Hard <input type="checkbox"/> Rubber - NBR <input type="checkbox"/> Rubber - Linatex <input type="checkbox"/> Other: _____ <input type="checkbox"/> Other: _____ <input type="checkbox"/> Other: _____

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2.3.5	Available Electrode Materials	<input type="checkbox"/> Hastelloy C22 <input type="checkbox"/> Hastelloy C276 <input type="checkbox"/> Nickel Alloy <input type="checkbox"/> Tantalum <input type="checkbox"/> Titanium <input type="checkbox"/> Platinum <input type="checkbox"/> Platinum (80%) / Iridium (20%) <input type="checkbox"/> Platinum with Gold and Titanium <input type="checkbox"/> Stainless Steel - 316L  <input type="checkbox"/> Other: _____ <input type="checkbox"/> Other: _____ <input type="checkbox"/> Other: _____
2.3.6	Available Electrode Styles	<input type="checkbox"/> Flat <input type="checkbox"/> Bullethead <input type="checkbox"/> Other: _____
2.3.7	Available Grounding Options	<input type="checkbox"/> Grounding Straps <input type="checkbox"/> Grounding Electrodes <input type="checkbox"/> Grounding Rings <input type="checkbox"/> Lining Protectors (also act as Grounding Rings) <input type="checkbox"/> Other: _____
2.3.8	Flowtube housing material provided on all flowmeters, Type 1 through Type 6.	<input type="checkbox"/> Carbon Steel <input type="checkbox"/> Stainless Steel <input type="checkbox"/> Other: _____  If different materials are provided for Types 1 through 6, then indicate below which material is provided for each type of flowmeter:  _____
2.3.9	Flowtube flange material provided on all flowmeters, Type 1 through Type 6	<input type="checkbox"/> Carbon Steel <input type="checkbox"/> Stainless Steel <input type="checkbox"/> Other: _____  If different materials are provided for Types 1 through 6, then indicate below which material is provided for each type of flowmeter:  _____

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2.4	Transmitters	
2.4.1	Indicate the compatible PROFIBUS PA Profile version(s) of the proposed electromagnetic flowmeters.	<input type="checkbox"/> PROFIBUS Profile Version 3.02 <input type="checkbox"/> PROFIBUS Profile Version 3.01 <input type="checkbox"/> PROFIBUS Profile Version 3.00 <input type="checkbox"/> PROFIBUS Profile Version 2.x <input type="checkbox"/> Other: _____
2.4.2	Indicate the available device parameter file formats for integration of the proposed electromagnetic flowmeters on a PROFIBUS network.	<input type="checkbox"/> GSD (General Station Data) file certified by Profibus International <input type="checkbox"/> EDDL (Electronic Device Description Language) <input type="checkbox"/> FDT/DTM (Field Device Tool / Device Type Manager)
2.4.3	Indicate optional capabilities regarding intrinsically safe outputs.	<input type="checkbox"/> Optional Intrinsically Safe HART output <input type="checkbox"/> Optional Intrinsically Safe PROFIBUS PA output <input type="checkbox"/> Other: _____
2.4.4	Is an internal totalizer available via the PROFIBUS and HART interfaces?	<input type="checkbox"/> Yes, both HART and PROFIBUS. <input type="checkbox"/> Yes, HART only. <input type="checkbox"/> Yes, PROFIBUS only. <input type="checkbox"/> Not available. <input type="checkbox"/> Other: _____
2.4.5	Is the display backlit?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Other: _____
2.4.6	Integral transmitter enclosure material.	Select the material that is proposed for flowmeter types 1, 2, and 3:  <input type="checkbox"/> Aluminum <input type="checkbox"/> Stainless Steel <input type="checkbox"/> Polyamide <input type="checkbox"/> Polycarbonate <input type="checkbox"/> Other: _____

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2.4.7	Wall-mount transmitter enclosure material	Select the material that is proposed for flowmeter types 4, 5, and 6: <input type="checkbox"/> Aluminum <input type="checkbox"/> Stainless Steel <input type="checkbox"/> Polyamide <input type="checkbox"/> Polycarbonate <input type="checkbox"/> Other: _____
2.4.8	Configuration security	<input type="checkbox"/> No configuration security is provided. <input type="checkbox"/> Configuration is password protected. <input type="checkbox"/> A jumper is provided to secure the configuration.
2.4.9	Maximum cable length between flowtube and transmitter	_____ m
<b>2.5 Environmental</b>		
2.5.1	Indicate the ambient operating temperature range of the flowtube / sensor.	_____ to _____ °C
2.5.2	Indicate the ambient operating temperature range of the integral local mounted transmitter.	_____ to _____ °C
2.5.3	Indicate the ambient operating temperature range of the remote wall mount transmitter.	_____ to _____ °C
2.5.4	Integral Local Transmitter Enclosure Rating	Check all that apply: <input type="checkbox"/> Unknown <input type="checkbox"/> NEMA 4 <input type="checkbox"/> NEMA 4X (Specified) <input type="checkbox"/> IP67 (Specified) <input type="checkbox"/> NEMA 6 (Desired feature) <input type="checkbox"/> IP68 (Desired feature) <input type="checkbox"/> Other: _____
2.5.5	Remote Wall Mount Transmitter Enclosure Rating	Check all that apply: <input type="checkbox"/> Unknown <input type="checkbox"/> NEMA 4 <input type="checkbox"/> NEMA 4X (Specified) <input type="checkbox"/> IP67 (Specified) <input type="checkbox"/> NEMA 6 (Desired feature) <input type="checkbox"/> IP68 (Desired feature) <input type="checkbox"/> Other: _____

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<b>2.6</b>	<b>Functionality</b>	
2.6.1	Indicate the functional features of the proposed flowmeter transmitters.	<input type="checkbox"/> Bi-directional flow measurement. <input type="checkbox"/> Simulation capability to override output for testing.
2.6.2	How is the flowtube calibration data passed to a new field replaced transmitter?	<input type="checkbox"/> Cannot be accomplished in the field – requires factory involvement. <input type="checkbox"/> Via manual entry of a number stamped onto the flowtube. <input type="checkbox"/> Flowtube calibration data is stored within non-volatile memory within the sensor, and automatically passed to a new flowmeter transmitter. <input type="checkbox"/> Other: _____
<b>2.7</b>	<b>Diagnostic Capabilities</b>	
2.7.1	Indicate the basic diagnostic capabilities of the flowmeters.	<input type="checkbox"/> Empty Pipe Detection <input type="checkbox"/> Electronics Temperature <input type="checkbox"/> Coil Fault <input type="checkbox"/> Transmitter Faults <input type="checkbox"/> Reverse Flow <input type="checkbox"/> Other: _____
2.7.2	Indicate the coil diagnostics capabilities.	<input type="checkbox"/> Coil Signature (Magnetic Field Strength) <input type="checkbox"/> Coil Resistance <input type="checkbox"/> Other: _____
2.7.3	Indicate the electrode diagnostics capabilities.	<input type="checkbox"/> Electrode Resistance <input type="checkbox"/> Other: _____
2.7.4	Describe means to verify the calibration of the flowmeter in the field, without performing a full known volume flow calibration:	<input type="checkbox"/> No field calibration verification is possible <input type="checkbox"/> A factory service representative can perform a calibration verification utilizing a special tool. <input type="checkbox"/> A meter verification tool is available for purchase to allow maintenance personnel to verify the calibration of the flowmeter. <input type="checkbox"/> The transmitter has built-in capability to measure and verify the calibration of the flowmeter. <input type="checkbox"/> Other: _____

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2.7.5	Are all diagnostics available via the PROFIBUS interface (where specified)?	<input type="checkbox"/> Yes, all diagnostics are available via the PROFIBUS PA interface. <input type="checkbox"/> No, diagnostics are not available via the PROFIBUS PA interface. <input type="checkbox"/> Other: _____
<b>2.8 Deficiencies and Additional Features</b>		
2.8.1	Identify any deficiencies where the proposed electromagnetic flowmeters do not meet the specifications or the intent of the specifications. Do not include any item clearly identified elsewhere on Form P.	
2.8.2	Identify any additional features applicable to all flowmeters proposed that: <ul style="list-style-type: none"> <li>• significantly exceed the specified requirements,</li> <li>• would be of benefit to the City of Winnipeg; and</li> <li>• are included in the price in Form B.</li> </ul> Do not include any item identified elsewhere on Form P.	
<b>2.9 Electromagnetic Flowmeter – Type 1, 50mm</b>		
2.9.1	Complete model numbers of the electromagnetic flowmeter proposed.	Flowtube: _____ Transmitter: _____ Grounding Rings: _____ Other: _____
2.9.2	Indicate the liner material utilized in the proposed electromagnetic flowmeters.	<input type="checkbox"/> PFA <input type="checkbox"/> PTFE (Teflon) <input type="checkbox"/> Ceramic <input type="checkbox"/> Other: _____
2.9.3	Indicate the electrode material utilized in the proposed electromagnetic flowmeters.	<input type="checkbox"/> 316L stainless steel <input type="checkbox"/> Hastelloy C-22 <input type="checkbox"/> Hastelloy C-276 <input type="checkbox"/> Other: _____
2.9.4	Digital accuracy of the proposed electromagnetic flowmeter. Accuracy to include the combined effects of linearity, hysteresis, repeatability, and calibration uncertainty.	@ 0.5 m/s: _____ % @ 10 m/s: _____ % Other details: _____

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2.9.5	Output Signal	<input type="checkbox"/> PROFIBUS PA (Specified) <input type="checkbox"/> 4-20 mA output included with PROFIBUS output <input type="checkbox"/> HART <input type="checkbox"/> Other: _____
2.9.6	Identify any deficiencies where the proposed electromagnetic flowmeters do not meet the specifications or the intent of the specifications. Do not include any item clearly identified elsewhere on Form P.	
<b>2.10 Electromagnetic Flowmeter – Type 2, 100mm</b>		
2.10.1	Complete model numbers of the electromagnetic flowmeter proposed.	Flowtube: _____ Transmitter: _____ Grounding Rings: _____ Other: _____
2.10.2	Indicate the liner material utilized in the proposed electromagnetic flowmeters.	<input type="checkbox"/> PFA <input type="checkbox"/> PTFE (Teflon) <input type="checkbox"/> Ceramic <input type="checkbox"/> EPDM <input type="checkbox"/> ETFE <input type="checkbox"/> Rubber - Ebonite <input type="checkbox"/> Other: _____
2.10.3	Indicate the electrode material utilized in the proposed electromagnetic flowmeters.	<input type="checkbox"/> 316L stainless steel <input type="checkbox"/> Hastelloy C-22 <input type="checkbox"/> Hastelloy C-276 <input type="checkbox"/> Other: _____
2.10.4	Accuracy of the proposed electromagnetic flowmeter. Accuracy to include the combined effects of linearity, hysteresis, repeatability, and calibration uncertainty.	@ 0.5 m/s: _____ % @ 10 m/s: _____ % Other details: _____
2.10.5	Output Signal	<input type="checkbox"/> PROFIBUS PA (Specified) <input type="checkbox"/> 4-20 mA output included with PROFIBUS output <input type="checkbox"/> HART <input type="checkbox"/> Other: _____

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2.10.6	Identify any items where the proposed product does not meet the specifications or the intent of the specifications.	
<b>2.11 Electromagnetic Flowmeter – Type 3, 150mm</b>		
2.11.1	Complete model numbers of the electromagnetic flowmeter proposed.	Flowtube: _____ Transmitter: _____ Grounding Rings: _____ Other: _____
2.11.2	Hazardous Location Approval – Flowtube and transmitter	<input type="checkbox"/> Unclassified <input type="checkbox"/> CSA Class I, Div/Zone 2 <input type="checkbox"/> CSA Explosion Proof (Class I, Div/Zone 1) <input type="checkbox"/> Other:
2.11.3	Indicate the liner material utilized in the proposed electromagnetic flowmeters.	<input type="checkbox"/> PFA (Perfluoroalkoxy) <input type="checkbox"/> PTFE (Teflon) <input type="checkbox"/> Ceramic <input type="checkbox"/> Other: _____
2.11.4	Indicate the electrode material utilized in the proposed electromagnetic flowmeters.	<input type="checkbox"/> 316L stainless steel <input type="checkbox"/> Hastelloy C-22 <input type="checkbox"/> Hastelloy C-276 <input type="checkbox"/> Other: _____
2.11.5	Accuracy of the proposed electromagnetic flowmeter. Accuracy to include the combined effects of linearity, hysteresis, repeatability, and calibration uncertainty.	@ 0.5 m/s: _____ % @ 10 m/s: _____ % Other details:
2.11.6	Output Signal	<input type="checkbox"/> PROFIBUS PA (Specified) <input type="checkbox"/> 4-20 mA output included with PROFIBUS output <input type="checkbox"/> HART <input type="checkbox"/> Other: _____
2.11.7	Identify any deficiencies where the proposed electromagnetic flowmeters do not meet the specifications or the intent of the specifications. Do not include any item clearly identified elsewhere on Form P.	

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<b>2.12</b>	<b>Electromagnetic Flowmeter – Type 4, 200mm</b>	
2.12.1	Complete model numbers of the electromagnetic flowmeter proposed.	Flowtube: _____ Transmitter: _____ Grounding Rings: _____ Other: _____
2.12.2	Hazardous Location Approval – Flowtube	<input type="checkbox"/> Unclassified <input type="checkbox"/> CSA Class I, Div/Zone 2 <input type="checkbox"/> CSA Explosion Proof (Class I, Div/Zone 1) <input type="checkbox"/> Other:
2.12.3	Hazardous Location Approval – Transmitter	<input type="checkbox"/> Unclassified <input type="checkbox"/> CSA Class I, Div/Zone 2 <input type="checkbox"/> CSA Explosion Proof (Class I, Div/Zone 1) <input type="checkbox"/> Other:
2.12.4	Indicate the liner material utilized in the proposed electromagnetic flowmeters.	<input type="checkbox"/> PFA (Perfluoroalkoxy) <input type="checkbox"/> PTFE (Teflon) <input type="checkbox"/> Polyurethane <input type="checkbox"/> Neoprene <input type="checkbox"/> Other: _____
2.12.5	Indicate the electrode material utilized in the proposed electromagnetic flowmeters.	<input type="checkbox"/> 316L stainless steel <input type="checkbox"/> Hastelloy C-22 <input type="checkbox"/> Hastelloy C-276 <input type="checkbox"/> Other: _____
2.12.6	Accuracy of the proposed electromagnetic flowmeter. Accuracy to include the combined effects of linearity, hysteresis, repeatability, and calibration uncertainty.	@ 0.5 m/s: _____ % @ 10 m/s: _____ % Other details:
2.12.7	Output Signal	<input type="checkbox"/> PROFIBUS PA (Specified) <input type="checkbox"/> 4-20 mA output included with PROFIBUS output <input type="checkbox"/> HART <input type="checkbox"/> Other: _____

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2.12.8	Identify any deficiencies where the proposed electromagnetic flowmeters do not meet the specifications or the intent of the specifications. Do not include any item clearly identified elsewhere on Form P.	
<b>2.13 Electromagnetic Flowmeter – Type 5, 400mm</b>		
2.13.1	Complete model numbers of the electromagnetic flowmeter proposed.	Flowtube: _____ Transmitter: _____ Grounding Rings: _____ Other: _____
2.13.2	Hazardous Location Approval - Flowtube	<input type="checkbox"/> Unclassified <input type="checkbox"/> CSA Class I, Div/Zone 2 <input type="checkbox"/> CSA Explosion Proof (Class I, Div/Zone 1) <input type="checkbox"/> Other:
2.13.3	Hazardous Location Approval – Transmitter	<input type="checkbox"/> Unclassified <input type="checkbox"/> CSA Class I, Div/Zone 2 <input type="checkbox"/> CSA Explosion Proof (Class I, Div/Zone 1) <input type="checkbox"/> Other:
2.13.4	Indicate the liner material utilized in the proposed electromagnetic flowmeters.	<input type="checkbox"/> PFA (Perfluoroalkoxy) <input type="checkbox"/> PTFE (Teflon) <input type="checkbox"/> Polyurethane <input type="checkbox"/> Neoprene <input type="checkbox"/> Other: _____
2.13.5	Indicate the electrode material utilized in the proposed electromagnetic flowmeters.	<input type="checkbox"/> 316L stainless steel <input type="checkbox"/> Hastelloy C-22 <input type="checkbox"/> Hastelloy C-276 <input type="checkbox"/> Other: _____
2.13.6	Accuracy of the proposed electromagnetic flowmeter. Accuracy to include the combined effects of linearity, hysteresis, repeatability, and calibration uncertainty.	@ 0.5 m/s: _____ % @ 10 m/s: _____ % Other details:

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2.13.7	Output Signal	<input type="checkbox"/> PROFIBUS PA (Specified) <input type="checkbox"/> 4-20 mA output included with PROFIBUS output <input type="checkbox"/> HART <input type="checkbox"/> Other: _____
2.13.8	Identify any deficiencies where the proposed electromagnetic flowmeters do not meet the specifications or the intent of the specifications. Do not include any item clearly identified elsewhere on Form P.	
<b>2.14 Electromagnetic Flowmeter – Type 6, 750mm</b>		
2.14.1	Complete model numbers of the electromagnetic flowmeter proposed.	Flowtube: _____ Transmitter: _____ Grounding Rings: _____ Other: _____
2.14.2	Hazardous Location Approval - Flowtube	<input type="checkbox"/> Unclassified <input type="checkbox"/> CSA Class I, Div/Zone 2 <input type="checkbox"/> CSA Explosion Proof (Class I, Div/Zone 1) <input type="checkbox"/> Other:
2.14.3	Hazardous Location Approval – Transmitter	<input type="checkbox"/> Unclassified <input type="checkbox"/> CSA Class I, Div/Zone 2 <input type="checkbox"/> CSA Explosion Proof (Class I, Div/Zone 1) <input type="checkbox"/> Other:
2.14.4	Indicate the liner material utilized in the proposed electromagnetic flowmeters.	<input type="checkbox"/> Neoprene <input type="checkbox"/> PFA (Perfluoroalkoxy) <input type="checkbox"/> PTFE (Teflon) <input type="checkbox"/> Polyurethane <input type="checkbox"/> Other: _____

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2.14.5	Indicate the electrode material utilized in the proposed electromagnetic flowmeters.	<input type="checkbox"/> 316L stainless steel <input type="checkbox"/> Hastelloy C-22 <input type="checkbox"/> Hastelloy C-276 <input type="checkbox"/> Other: _____
2.14.6	Indicate the submergence rating provided.	<input type="checkbox"/> Not rated for submergence <input type="checkbox"/> Rated for submergence to the following depth: _____ m
2.14.7	Accuracy of the proposed electromagnetic flowmeter. Accuracy to include the combined effects of linearity, hysteresis, repeatability, and calibration uncertainty.	@ 0.5 m/s: _____ % @ 10 m/s: _____ % Other details:
2.14.8	Output Signal	<input type="checkbox"/> PROFIBUS PA (Specified) <input type="checkbox"/> 4-20 mA output included with PROFIBUS output <input type="checkbox"/> HART <input type="checkbox"/> Other: _____
2.14.9	Identify any deficiencies where the proposed electromagnetic flowmeters do not meet the specifications or the intent of the specifications. Do not include any item clearly identified elsewhere on Form P.	
<b>2.15 Electromagnetic Flowmeter Calibration Verification Tool (Non-Mandatory)</b>		
2.15.1	Information regarding the Electromagnetic Flowmeter Calibration Verification Tool proposed.	<input type="checkbox"/> A tool is not proposed. <input type="checkbox"/> A tool is proposed as per below:  Model Number: _____ Accessories: _____ Other: _____
2.15.2	Hazardous Location Approval	<input type="checkbox"/> Unclassified <input type="checkbox"/> CSA Class I, Div/Zone 2 <input type="checkbox"/> CSA Explosion Proof (Class I, Div/Zone 1) <input type="checkbox"/> Other:
2.15.3	Identify the disassembly and connection requirements required to perform the calibration verification. Check all that apply.	<input type="checkbox"/> Removal of the flowtube <input type="checkbox"/> Removal of the transmitter <input type="checkbox"/> Connection to the flowtube <input type="checkbox"/> Connection to the transmitter <input type="checkbox"/> Other:

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2.15.4	Indicate the components tested by the tool.	<input type="checkbox"/> Transmitter <input type="checkbox"/> Flowtube <input type="checkbox"/> Wiring Insulation <input type="checkbox"/> Magnetism <input type="checkbox"/> Other: _____
2.15.5	Indicate the presentation of the calibration verification tool results.	<input type="checkbox"/> Results not indicated. <input type="checkbox"/> Pass / fail displayed on screen. <input type="checkbox"/> Measurements displayed on screen. <input type="checkbox"/> Measurements displayed on computer screen. <input type="checkbox"/> Basic report transferable to a computer for printing. <input type="checkbox"/> Detailed report transferable to a computer for printing.  Other details: _____
2.15.6	Indicate the certified accuracy of the calibration verification.	<input type="checkbox"/> Accuracy of verification is not documented. <input type="checkbox"/> The tool can certify that the complete flowmeter installation is within _____ % of the factory calibration.
<b>3.0</b>	<b>Pressure Transmitters (Section A)</b>	
<b>3.1</b>	<b>General</b>	
3.1.1	Years of experience in the design and manufacture of pressure transmitters.	<input type="checkbox"/> <5 years <input type="checkbox"/> 5 to 9 years <input type="checkbox"/> 10 to 14 years <input type="checkbox"/> 15 to 19 years <input type="checkbox"/> 20 to 24 years <input type="checkbox"/> >25 years
3.1.2	Documentation	<input type="checkbox"/> Product datasheets included with proposal <input type="checkbox"/> Product O&M manuals included with proposal
<b>3.2</b>	<b>Product Lifecycle Guarantee</b>	
3.2.1	Active sale and production guarantee	<input type="checkbox"/> No plans to remove any of the proposed products from active sale and/or production are in place. <input type="checkbox"/> There are plans to remove the product for active sale and/or production, but plans call for: <input type="checkbox"/> 5 or more years of active production. <input type="checkbox"/> 3 or more years of active production. <input type="checkbox"/> Less than 3 years of active production and sale.  Additional Details:

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3.2.2	Product support guarantee	<input type="checkbox"/> The product is guaranteed to be operable, maintainable, and fully supported by the manufacturer, including availability of spare parts for the following duration after any of the proposed products are removed from active sale: <input type="checkbox"/> 5 or more years. Years guaranteed: _____ <input type="checkbox"/> <5 years (Not acceptable)  Additional Details:
<b>3.3 Environmental and Ingress Protection</b>		
3.3.1	Operating temperature range	_____ to _____°C
3.3.2	Enclosure Rating	Check all that apply: <input type="checkbox"/> Unknown <input type="checkbox"/> NEMA 4 <input type="checkbox"/> NEMA 4X (Specified) <input type="checkbox"/> IP67 (Specified) <input type="checkbox"/> NEMA 6 (Desired feature) <input type="checkbox"/> IP68 (Desired feature) <input type="checkbox"/> Other: _____
<b>3.4 Local Operator Interface</b>		
3.4.1	Display	<input type="checkbox"/> Display not provided (Does not meet specification) <input type="checkbox"/> Display Provided <input type="checkbox"/> Indicates pressure unit of measurement. <input type="checkbox"/> Backlit <input type="checkbox"/> Display is rotatable in the field. <input type="checkbox"/> Diagnostic / fault indicator <input type="checkbox"/> Other features (Indicate below): _____
<b>3.5 Functionality</b>		
3.5.1	Indicate the functional features of the proposed pressure transmitter(s).	<input type="checkbox"/> Configuration security protection via jumper and/or software password. <input type="checkbox"/> Simulation capability to override output for testing.

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<b>3.6</b>	<b>Communication</b>	
3.6.1	Indicate the compatible PA Profile version(s) of the proposed pressure transmitters.	<input type="checkbox"/> PROFIBUS Profile Version 3.02 <input type="checkbox"/> PROFIBUS Profile Version 3.01 <input type="checkbox"/> PROFIBUS Profile Version 3.00 <input type="checkbox"/> PROFIBUS Profile Version 2.x <input type="checkbox"/> Other: _____
3.6.2	Indicate the available device parameter file formats for integration of the proposed temperature transmitters on a PROFIBUS network.	<input type="checkbox"/> GSD (General Station Data) file certified by Profibus International <input type="checkbox"/> EDDL (Electronic Device Description Language) <input type="checkbox"/> FDT/DTM (Field Device Tool / Device Type Manager)
3.6.3	Indicate the PROFIBUS output data update rate.	<input type="checkbox"/> Unknown <input type="checkbox"/> As per below: _____ms
3.6.4	Power supply	<input type="checkbox"/> Power supply independent of communication bus (Does not meet specifications) <input type="checkbox"/> PROFIBUS PA bus powered Maximum current consumption: _____ mA
3.6.5	Power supply minimum voltage	_____ VDC
<b>3.7</b>	<b>Deficiencies and Additional Features</b>	
3.7.1	Identify any deficiencies where the proposed pressure transmitters do not meet the specifications or the intent of the specifications. Do not include any item clearly identified elsewhere on Form P.	
3.7.2	Identify any additional features proposed that: <ul style="list-style-type: none"> <li>• significantly exceed the specified requirements,</li> <li>• would be of benefit to the City of Winnipeg; and</li> <li>• are included in the price in Form B.</li> </ul> Do not include any item identified elsewhere on Form P.	

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<b>3.8</b>	<b>Pressure Transmitter, Type 1, Gauge</b>	
3.8.1	Complete model number of the pressure transmitter proposed.	Transmitter: _____ Manifold: _____ Other: _____
3.8.2	Confirm the following specified features are provided by the proposed pressure transmitter:	<input type="checkbox"/> Local display <input type="checkbox"/> Calibration certificate <input type="checkbox"/> PROFIBUS PA communication
3.8.3	Approvals	Only indicate approvals applicable to the products proposed: <input type="checkbox"/> CSA <input type="checkbox"/> UL – Canadian (cUL) <input type="checkbox"/> FM – Canadian (cFM) <input type="checkbox"/> Other Canadian Recognized Approval:
3.8.4	Hazardous Location Approval	<input type="checkbox"/> Unclassified <input type="checkbox"/> CSA Intrinsically Safe (Class I, Zone 1) <input type="checkbox"/> CSA Explosion Proof (Class I, Zone 1) <input type="checkbox"/> Other: _____
3.8.5	Range limits of the proposed pressure transmitter.	URL: _____ kPa LRL: _____ kPa
3.8.6	Reference accuracy of the proposed pressure transmitter, at the indicated user span.	_____ % of user span setting (0 – 689.5 kPag) Where (URL / user span) = _____
3.8.7	Stability of the proposed pressure transmitter.	_____ % of URL over five-years
3.8.8	Identify secondary seal provided.	<input type="checkbox"/> External secondary process seal provided. <input type="checkbox"/> Internal secondary process seal provided to ANSI/ISA 12.27.01-2011 compliance: <input type="checkbox"/> Certified by CSA <input type="checkbox"/> Certified by other 3rd party approval agency. _____ <input type="checkbox"/> Certified by manufacturer

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<b>3.9</b>	<b>Pressure Transmitter, Type 2, Differential</b>	
3.9.1	Complete model number of the pressure transmitter proposed.	Transmitter: _____ Manifold: _____ Other: _____
3.9.2	Confirm the following specified features are provided by the proposed pressure transmitter:	<input type="checkbox"/> Local display <input type="checkbox"/> Calibration certificate <input type="checkbox"/> PROFIBUS PA communication
3.9.3	Approvals	Only indicate approvals applicable to all products proposed: <input type="checkbox"/> CSA <input type="checkbox"/> UL – Canadian (cUL) <input type="checkbox"/> FM – Canadian (cFM) <input type="checkbox"/> Other Canadian Recognized Approval: _____
3.9.4	Hazardous Location Approval	<input type="checkbox"/> Unclassified <input type="checkbox"/> CSA Intrinsically Safe (Class I, Zone 1) <input type="checkbox"/> CSA Intrinsically Safe (Class I, Zone 2) <input type="checkbox"/> CSA Explosion Proof (Class I, Zone 1) <input type="checkbox"/> Class I, Div/Zone 2. Method of protection: _____
3.9.5	Range limits of the proposed pressure transmitter.	URL: _____ kPa LRL: _____ kPa (If capable, indicate maximum negative pressure)
3.9.6	Reference accuracy of the proposed pressure transmitter, at the indicated user span.	_____ % of user span setting (-2.0 – 2.0 kPa) Where (URL / user span) = _____
3.9.7	Stability of the proposed pressure transmitter.	_____ % of URL over five-years
3.9.8	Identify secondary seal provided.	<input type="checkbox"/> External secondary process seal provided. <input type="checkbox"/> Internal secondary process seal provided to ANSI/ISA 12.27.01-2011 compliance: <input type="checkbox"/> Certified by CSA <input type="checkbox"/> Certified by other 3rd party approval agency. _____ <input type="checkbox"/> Certified by manufacturer

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3.10	Pressure Transmitter, Type 3, Flow	
3.10.1	Complete model number of the pressure transmitter proposed.	Transmitter: _____ Manifold: _____ Other: _____
3.10.2	Confirm the following specified features are provided by the proposed pressure transmitter:	<input type="checkbox"/> Local display <input type="checkbox"/> Local pushbuttons <input type="checkbox"/> Calibration certificate
3.10.3	Approvals	Only indicate approvals applicable to the products proposed: <input type="checkbox"/> CSA <input type="checkbox"/> UL – Canadian (cUL) <input type="checkbox"/> FM – Canadian (cFM) <input type="checkbox"/> Other Canadian Recognized Approval:
3.10.4	Hazardous Location Approval	<input type="checkbox"/> Unclassified <input type="checkbox"/> CSA Intrinsically Safe (Class I, Zone 1) <input type="checkbox"/> CSA Intrinsically Safe (Class I, Zone 2) <input type="checkbox"/> CSA Explosion Proof (Class I, Zone 1) <input type="checkbox"/> Class I, Div/Zone 2. Method of protection:
3.10.5	Range limits of the proposed pressure transmitter.	URL: _____ kPa LRL: _____ kPa
3.10.6	Reference accuracy of the proposed pressure transmitter, at the indicated user span.	_____ % of user span setting (0 – 2.0 kPa) Where (URL / user span) = _____
3.10.7	Stability of the proposed pressure transmitter.	% of URL over five-years
3.10.8	Identify secondary seal provided.	<input type="checkbox"/> External secondary process seal provided. <input type="checkbox"/> Internal secondary process seal provided to ANSI/ISA 12.27.01-2011 compliance: <input type="checkbox"/> Certified by CSA <input type="checkbox"/> Certified by other 3rd party approval agency. _____ <input type="checkbox"/> Certified by manufacturer
3.10.9	Output Signal	<input type="checkbox"/> PROFIBUS PA (Preferred) <input type="checkbox"/> HART <input type="checkbox"/> Other _____

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<b>3.11</b>	<b>Pressure Transmitter, Type 4, Level</b>	
3.11.1	Complete model number of the pressure transmitter proposed.	Transmitter: _____ Diaphragm Seal: _____ Other: _____
3.11.2	Confirm the following specified features are provided by the proposed pressure transmitter:	<input type="checkbox"/> 75 mm diaphragm seal <input type="checkbox"/> Local display <input type="checkbox"/> Calibration certificate <input type="checkbox"/> PROFIBUS PA communication
3.11.3	Approvals	Only indicate approvals applicable to the products proposed: <input type="checkbox"/> CSA <input type="checkbox"/> UL – Canadian (cUL) <input type="checkbox"/> FM – Canadian (cFM) <input type="checkbox"/> Other Canadian Recognized Approval:
3.11.4	Hazardous Location Approval	<input type="checkbox"/> Unclassified <input type="checkbox"/> CSA Intrinsically Safe (Class I, Zone 1) <input type="checkbox"/> CSA Intrinsically Safe (Class I, Zone 2) <input type="checkbox"/> CSA Explosion Proof (Class I, Zone 1) <input type="checkbox"/> Class I, Div/Zone 2. Method of protection: _____
3.11.5	Range limits of the proposed pressure transmitter.	URL: _____ kPa LRL: _____ kPa
3.11.6	Reference accuracy of the proposed pressure transmitter, at the indicated user span.	_____ % of user span setting (0 – 689.5 kPag) Where (URL / user span) = _____
3.11.7	Stability of the proposed pressure transmitter.	_____ % of URL over five-years
3.11.8	Identify secondary seal provided.	<input type="checkbox"/> External secondary process seal provided. <input type="checkbox"/> Internal secondary process seal provided to ANSI/ISA 12.27.01-2011 compliance: <input type="checkbox"/> Certified by CSA <input type="checkbox"/> Certified by other 3rd party approval agency. _____ <input type="checkbox"/> Certified by manufacturer

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<b>4.0</b>	<b>Temperature Transmitters (Section A)</b>	
<b>4.1</b>	<b>General</b>	
4.1.1	Years of experience in the design and manufacture of temperature transmitters.	<input type="checkbox"/> <5 years <input type="checkbox"/> 5 to 9 years <input type="checkbox"/> 10 to 14 years <input type="checkbox"/> 15 to 19 years <input type="checkbox"/> 20 to 24 years <input type="checkbox"/> >25 years
<b>4.2</b>	<b>Product Lifecycle Guarantee</b>	
4.2.1	Active sale and production guarantee	<input type="checkbox"/> No plans to remove any of the proposed products from active sale and/or production are in place. <input type="checkbox"/> There are plans to remove the product for active sale and/or production, but plans call for: <input type="checkbox"/> 5 or more years of active production. <input type="checkbox"/> 3 or more years of active production. <input type="checkbox"/> Less than 3 years of active production and sale.  Additional Details:
4.2.2	Product support guarantee	<input type="checkbox"/> The product is guaranteed to be operable, maintainable, and fully supported by the manufacturer, including availability of spare parts for the following duration after any of the proposed products are removed from active sale: <input type="checkbox"/> 5 or more years. Years guaranteed: _____ <input type="checkbox"/> <5 years (Not acceptable)  Additional Details:
<b>4.3</b>	<b>Temperature Transmitter, Type 1, Process</b>	
4.3.1	Complete model number of the temperature transmitter proposed.	Transmitter: _____ Sensor: _____ Thermowell: _____ Other: _____

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4.3.2	Documentation	<input type="checkbox"/> Product datasheets included with proposal <input type="checkbox"/> Product O&M manuals included with proposal
4.3.3	Approvals	Only indicate approvals applicable to the products proposed: <input type="checkbox"/> CSA <input type="checkbox"/> UL – Canadian (cUL) <input type="checkbox"/> FM – Canadian (cFM) <input type="checkbox"/> Other Canadian Recognized Approval:
4.3.4	Hazardous Location Approval	<input type="checkbox"/> Unclassified <input type="checkbox"/> CSA Intrinsically Safe (Class I, Zone 1) <input type="checkbox"/> CSA Intrinsically Safe (Class I, Zone 2) <input type="checkbox"/> CSA Explosion Proof (Class I, Zone 1) <input type="checkbox"/> Class I, Div/Zone 2. Method of protection:
4.3.5	Sensor compatibility of the transmitter	<input type="checkbox"/> RTD Pt100 (Mandatory) <input type="checkbox"/> RTD Pt1000 (Desired)
4.3.6	RTD Sensor Tolerance	<input type="checkbox"/> IEC 60751 Class B $\pm(0.3 + 0.005  t )$ (Specified) <input type="checkbox"/> IEC 60751 Class A $\pm(0.15 + 0.002  t )$ <input type="checkbox"/> ASTM E1137 Grade B $\pm(0.25 + 0.0042  t )$ <input type="checkbox"/> ASTM E1137 Grade A $\pm(0.13 + 0.0017  t )$ <input type="checkbox"/> Other  _____ Where  t  is the absolute value of temperature in °C
4.3.7	Enclosure Rating	Check all that apply: <input type="checkbox"/> Unknown <input type="checkbox"/> NEMA 4 <input type="checkbox"/> NEMA 4X (Specified) <input type="checkbox"/> IP67 (Specified) <input type="checkbox"/> NEMA 6 (Desired feature) <input type="checkbox"/> IP68 (Desired feature) <input type="checkbox"/> Other:  _____
4.3.8	Display provided. (Note that a display is not a mandatory requirement.)	<input type="checkbox"/> Display not provided and is not available. <input type="checkbox"/> Display provided and included in the Form B price. <input type="checkbox"/> Display not provided but is available on the proposed transmitter model as an option. <input type="checkbox"/> Display not provided but is available on an alternate temperature transmitter model.

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4.3.9	Display features (Where provided or optional)	<input type="checkbox"/> Display not available <input type="checkbox"/> Display provided (not required) <input type="checkbox"/> Indicates temperature units. <input type="checkbox"/> Backlit <input type="checkbox"/> Display is rotatable in the field. <input type="checkbox"/> Diagnostic / fault indicator <input type="checkbox"/> Other features (Indicate below): _____
4.3.10	Galvanic Input / Output Isolation	<input type="checkbox"/> Not provided (Does not meet specification) <input type="checkbox"/> Unknown <input type="checkbox"/> As indicated below: _____ V ac
4.3.11	Measurement range of the proposed temperature transmitter.	_____ to _____ °C
4.3.12	Digital accuracy of the proposed temperature transmitter.	+/- _____ °C
4.3.13	Stability of the proposed temperature transmitter.	_____ °C/year or _____ % span/year, whichever is greater
4.3.14	Output Signal	<input type="checkbox"/> PROFIBUS PA (Mandatory) <input type="checkbox"/> HART <input type="checkbox"/> Other _____
4.3.15	Indicate the compatible PROFIBUS PA Profile version(s) of the proposed temperature transmitters.	<input type="checkbox"/> PROFIBUS Profile Version 3.02 <input type="checkbox"/> PROFIBUS Profile Version 3.01 <input type="checkbox"/> PROFIBUS Profile Version 3.00 <input type="checkbox"/> PROFIBUS Profile Version 2.x <input type="checkbox"/> Other: _____
4.3.16	Indicate the available device parameter file formats for integration of the proposed temperature transmitters on a PROFIBUS network.	<input type="checkbox"/> GSD (General Station Data) file certified by Profibus International <input type="checkbox"/> EDDL (Electronic Device Description Language) <input type="checkbox"/> FDT/DTM (Field Device Tool / Device Type Manager)
4.3.17	Indicate the PROFIBUS output data update rate.	<input type="checkbox"/> Unknown <input type="checkbox"/> As per below: _____ ms

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4.3.18	Power supply	<input type="checkbox"/> Power supply independent of communication bus (Does not meet specifications) <input type="checkbox"/> PROFIBUS PA bus powered Maximum current consumption: _____ mA
4.3.19	Power supply minimum voltage	_____ VDC
4.3.20	Indicate the functional features of the proposed temperature transmitters.	<input type="checkbox"/> Configuration security protection via jumper and/or software password. <input type="checkbox"/> Simulation capability to override output for testing.
4.3.21	Identify any deficiencies where the proposed temperature transmitters do not meet the specifications or the intent of the specifications. Do not include any item clearly identified elsewhere on Form P.	
4.3.22	Identify any additional features proposed that: <ul style="list-style-type: none"> <li>• significantly exceed the specified requirements,</li> <li>• would be of benefit to the City of Winnipeg; and</li> <li>• are included in the price in Form B.</li> </ul> Do not include any item identified elsewhere on Form P.	
<b>4.4</b>	<b>Temperature Transmitter, Type 2, HVAC Duct</b>	
4.4.1	Complete model number of the temperature transmitter proposed.	Transmitter: _____ Sensor: _____ Other: _____
4.4.2	Documentation	<input type="checkbox"/> Product datasheets included with proposal <input type="checkbox"/> Product O&M manuals included with proposal
4.4.3	Approvals	Only indicate approvals applicable to the products proposed: <ul style="list-style-type: none"> <li><input type="checkbox"/> CSA</li> <li><input type="checkbox"/> UL – Canadian (cUL)</li> <li><input type="checkbox"/> FM – Canadian (cFM)</li> <li><input type="checkbox"/> Other Canadian Recognized Approval:</li> </ul>

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4.4.4	Describe the optional hazardous certifications available within the proposed model series.	<input type="checkbox"/> No hazardous certifications available <input type="checkbox"/> CSA Intrinsically Safe (Class I, Zone 1) <input type="checkbox"/> CSA Intrinsically Safe (Class I, Zone 2) <input type="checkbox"/> CSA Explosion Proof (Class I, Zone 1) <input type="checkbox"/> Class I, Div/Zone 2. Method of protection:  Other details: _____
4.4.5	RTD Sensor Tolerance	<input type="checkbox"/> IEC 60751 Class B $\pm(0.3 + 0.005  t )$ (Specified) <input type="checkbox"/> IEC 60751 Class A $\pm(0.15 + 0.002  t )$ <input type="checkbox"/> ASTM E1137 Grade B $\pm(0.25 + 0.0042  t )$ <input type="checkbox"/> ASTM E1137 Grade A $\pm(0.13 + 0.0017  t )$ <input type="checkbox"/> Other  _____ Where  t  is the absolute value of temperature in °C
4.4.6	Enclosure Rating	Check all that apply: <input type="checkbox"/> Unknown <input type="checkbox"/> NEMA 4 <input type="checkbox"/> NEMA 4X (Specified) <input type="checkbox"/> IP67 (Specified) <input type="checkbox"/> NEMA 6 (Desired feature) <input type="checkbox"/> IP68 (Desired feature) <input type="checkbox"/> Other:  _____
4.4.7	Galvanic Input / Output Isolation	<input type="checkbox"/> Not provided (Does not meet specification) <input type="checkbox"/> Unknown <input type="checkbox"/> As indicated below:  _____ V ac
4.4.8	Measurement range of the proposed temperature transmitter.	_____ to _____ °C
4.4.9	Digital accuracy of the proposed temperature transmitter.	+/- _____ °C
4.4.10	Stability of the proposed temperature transmitter.	_____ °C/year or _____ % span/year, whichever is greater
4.4.11	Output Signal	<input type="checkbox"/> PROFIBUS PA <input type="checkbox"/> HART (Specified) <input type="checkbox"/> 4-20 mA <input type="checkbox"/> Other  _____

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4.4.12	Indicate the compatible HART revision(s) of the proposed temperature transmitters.	<input type="checkbox"/> HART Revision 7 <input type="checkbox"/> HART Revision 6 <input type="checkbox"/> HART Revision 5 <input type="checkbox"/> Other: _____
4.4.13	Indicate the functional features of the proposed temperature transmitters.	<input type="checkbox"/> Configuration security protection via jumper and/or software password. <input type="checkbox"/> Simulation capability to override output for testing.
4.4.14	Identify any deficiencies where the proposed temperature transmitters do not meet the specifications or the intent of the specifications. Do not include any item clearly identified elsewhere on Form P.	
4.4.15	Identify any additional features proposed that: <ul style="list-style-type: none"> <li>• significantly exceed the specified requirements,</li> <li>• would be of benefit to the City of Winnipeg; and</li> <li>• are included in the price in Form B.</li> </ul> Do not include any item identified elsewhere on Form P.	
<b>4.5</b>	<b>Temperature Transmitter, Type 3, HVAC Wall-Mount</b>	
4.5.1	Complete model number of the temperature transmitter proposed.	Transmitter: _____ Sensor: _____ Other: _____
4.5.2	Documentation	<input type="checkbox"/> Product datasheets included with proposal <input type="checkbox"/> Product O&M manuals included with proposal
4.5.3	Approvals	Only indicate approvals applicable to the products proposed: <ul style="list-style-type: none"> <li><input type="checkbox"/> CSA</li> <li><input type="checkbox"/> UL – Canadian (cUL)</li> <li><input type="checkbox"/> FM – Canadian (cFM)</li> <li><input type="checkbox"/> Other Canadian Recognized Approval:</li> </ul>

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4.5.4	Describe the optional hazardous certifications available within the proposed model series.	<input type="checkbox"/> No hazardous certifications available <input type="checkbox"/> CSA Intrinsically Safe (Class I, Zone 1) <input type="checkbox"/> CSA Intrinsically Safe (Class I, Zone 2) <input type="checkbox"/> CSA Explosion Proof (Class I, Zone 1) <input type="checkbox"/> Class I, Div/Zone 2. Method of protection:  Other details: _____
4.5.5	RTD Sensor Tolerance	<input type="checkbox"/> IEC 60751 Class B $\pm(0.3 + 0.005  t )$ (Specified) <input type="checkbox"/> IEC 60751 Class A $\pm(0.15 + 0.002  t )$ <input type="checkbox"/> ASTM E1137 Grade B $\pm(0.25 + 0.0042  t )$ <input type="checkbox"/> ASTM E1137 Grade A $\pm(0.13 + 0.0017  t )$ <input type="checkbox"/> Other  _____ Where  t  is the absolute value of temperature in °C
4.5.6	Enclosure Rating	Check all that apply: <input type="checkbox"/> Unknown <input type="checkbox"/> NEMA 4 <input type="checkbox"/> NEMA 4X (Specified) <input type="checkbox"/> IP67 (Specified) <input type="checkbox"/> NEMA 6 (Desired feature) <input type="checkbox"/> IP68 (Desired feature) <input type="checkbox"/> Other:  _____
4.5.7	Galvanic Input / Output Isolation	<input type="checkbox"/> Not provided (Does not meet specification) <input type="checkbox"/> Unknown <input type="checkbox"/> As indicated below:  _____ V ac
4.5.8	Measurement range of the proposed temperature transmitter.	_____ to _____ °C
4.5.9	Digital accuracy of the proposed temperature transmitter.	+/- _____ °C
4.5.10	Stability of the proposed temperature transmitter.	_____ °C/year or _____ % span/year, whichever is greater
4.5.11	Output Signal	<input type="checkbox"/> PROFIBUS PA <input type="checkbox"/> HART (Specified) <input type="checkbox"/> 4-20 mA <input type="checkbox"/> Other  _____

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4.5.12	Indicate the compatible HART revision(s) of the proposed temperature transmitters.	<input type="checkbox"/> HART Revision 7 <input type="checkbox"/> HART Revision 6 <input type="checkbox"/> HART Revision 5 <input type="checkbox"/> Other: _____
4.5.13	Indicate the functional features of the proposed temperature transmitters.	<input type="checkbox"/> Configuration security protection via jumper and/or software password. <input type="checkbox"/> Simulation capability to override output for testing.
4.5.14	Describe how the specified wall mounting is provided.	
4.5.15	Describe how the RTD sensor is protected in a wall mounted installation.	<input type="checkbox"/> The probe length is kept short to minimize potential for damage. Probe length is: _____ mm  <input type="checkbox"/> The probe diameter provides sufficient damage protection. Probe diameter is: _____ mm  <input type="checkbox"/> A protective sheath is provided for the sensor. Describe below: _____  <input type="checkbox"/> Other. Describe below: _____
4.5.16	Identify any deficiencies where the proposed temperature transmitters do not meet the specifications or the intent of the specifications. Do not include any item clearly identified elsewhere on Form P.	
4.5.17	Identify any additional features proposed that: <ul style="list-style-type: none"> <li>• significantly exceed the specified requirements,</li> <li>• would be of benefit to the City of Winnipeg; and</li> <li>• are included in the price in Form B.</li> </ul> Do not include any item identified elsewhere on Form P.	

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5.0		Warranty (Section A)	
5.1		General	
5.1.1	Warranty Length of Electromagnetic Flowmeters	<input type="checkbox"/> One-year (Beginning on the date of successful commissioning or 6 months after delivery, whichever comes sooner) – Minimum Specified <input type="checkbox"/> Two years or longer from the date of delivery. Indicate length below: _____ years <input type="checkbox"/> Two years or longer (Beginning on the date of successful commissioning or 6 months after delivery, whichever comes sooner). Indicate length below: _____ years	
5.1.2	Warranty Length of Pressure Transmitters	<input type="checkbox"/> One-year (Beginning on the date of successful commissioning or 6 months after delivery, whichever comes sooner) – Minimum Specified <input type="checkbox"/> Two years or longer from the date of delivery. Indicate length below: _____ years <input type="checkbox"/> Two years or longer (Beginning on the date of successful commissioning or 6 months after delivery, whichever comes sooner). Indicate length below: _____ years	
5.1.3	Warranty Length of Temperature Transmitters	<input type="checkbox"/> One-year (Beginning on the date of successful commissioning or 6 months after delivery, whichever comes sooner) – Minimum Specified <input type="checkbox"/> Two years or longer from the date of delivery. Indicate length below: _____ years <input type="checkbox"/> Two years or longer (Beginning on the date of successful commissioning or 6 months after delivery, whichever comes sooner). Indicate length below: _____ years	

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<b>6.0</b>	<b>Delivery (Section A)</b>	
<b>6.1</b>	<b>Electromagnetic Flowmeters</b>	
6.1.1	Indicate the delivery timeframe for proposed electromagnetic flowmeters from the date of order, for an order of up to ten (10) flowmeters within the corresponding size range. Allow 14 Calendar Days for shop drawing (submittal) reviews.	Diameter less than 300mm (12"): Maximum: _____ Calendar Days (max 42)  Diameter >= 300mm (12") and < 600mm ("24"): Maximum: _____ Calendar Days (max 63)  Diameter >= 600mm (24"): Maximum: _____ Calendar Days (max 84)
<b>6.2</b>	<b>Pressure Transmitters</b>	
6.2.1	Indicate the delivery timeframe for the proposed pressure transmitter from the date of order, for an order of up to ten (10) pressure transmitters. Allow 14 Calendar Days for shop drawing (submittal) reviews.	Maximum: _____ Calendar Days (max 42)
<b>6.3</b>	<b>Temperature Transmitters</b>	
6.3.1	Indicate the delivery timeframe for the proposed temperature transmitters, from the date of order, for an order of up to ten (10) pressure transmitters.. Allow 14 Calendar Days for shop drawing (submittal) reviews.	Maximum: _____ Calendar Days (max 42)
<b>7.0</b>	<b>Published Canadian Price List (Section B)</b>	
<b>7.1</b>	<b>General</b>	
7.1.1	As requested in B13, is a published price list provided for all ultrasonic level transmitter components?	<input type="checkbox"/> Yes, a published price list is provided: <input type="checkbox"/> The price list is in Canadian Dollars. <input type="checkbox"/> The price list is in US Dollars. <input type="checkbox"/> The price list is in Euros.  <input type="checkbox"/> The price list is applicable for the following regions: _____ _____
7.1.2	Is the price list comprehensive of the manufacturer's entire ultrasonic level transmitter offering, including all replacement parts?	<input type="checkbox"/> Yes <input type="checkbox"/> No. Provide details below: _____
7.1.3	Is the price list consistent with the prices and discounts indicated in Form B?	<input type="checkbox"/> Yes <input type="checkbox"/> No. Provide details below: _____

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<b>8.0</b>	<b>Ultrasonic Level Transmitters (Section B)</b>	
<b>8.1</b>	<b>General</b>	
8.1.1	Years of experience in the design and manufacture of ultrasonic level transmitters.	<input type="checkbox"/> <5 years <input type="checkbox"/> 5 to 9 years <input type="checkbox"/> 10 to 14 years <input type="checkbox"/> 15 to 19 years <input type="checkbox"/> 20 to 24 years <input type="checkbox"/> >25 years
<b>8.2</b>	<b>Product Lifecycle Guarantee</b>	
8.2.1	Active sale and production guarantee	<input type="checkbox"/> No plans to remove any of the proposed products from active sale and/or production are in place. <input type="checkbox"/> There are plans to remove the product for active sale and/or production, but plans call for: <input type="checkbox"/> 5 or more years of active production. <input type="checkbox"/> 3 or more years of active production. <input type="checkbox"/> Less than 3 years of active production and sale.  Additional Details:
8.2.2	Product support guarantee	<input type="checkbox"/> The products proposed are guaranteed to be operable, maintainable, and fully supported by the manufacturer, including availability of spare parts for the following duration after any of the proposed products are removed from active sale: <input type="checkbox"/> 5 or more years. Years guaranteed: _____ <input type="checkbox"/> <5 years (Not acceptable)  Additional Details:
<b>8.3</b>	<b>Ultrasonic Level Transmitter - Type 1, Integrated Unit</b>	
8.3.1	Complete model number of the ultrasonic level transmitter proposed, including all accessories included in the Form B price.	Transmitter: _____ Sensor: _____ Mounting Flange: _____ Other: _____ Other: _____
8.3.2	Documentation	<input type="checkbox"/> Product datasheets included with proposal <input type="checkbox"/> Product O&M manuals included with proposal

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8.3.3	Approvals	<p>Only indicate approvals applicable to the products proposed:</p> <p><input type="checkbox"/> CSA</p> <p><input type="checkbox"/> UL – Canadian (cUL)</p> <p><input type="checkbox"/> FM – Canadian (cFM)</p> <p><input type="checkbox"/> Other Canadian Approval (indicate below):</p> <p>_____</p>				
8.3.4	Indicate the hazardous location approvals provided	<p><input type="checkbox"/> Unclassified Only</p> <p><input type="checkbox"/> CSA Class I, Div 2 / Zone 2</p> <p><input type="checkbox"/> CSA Class I, Div 1 / Zone 1 – Explosion-proof</p> <p><input type="checkbox"/> CSA Class I, Div 1 / Zone 1 – Intrinsically-Safe (specified)</p> <p><input type="checkbox"/> Other:</p> <p>_____</p>				
8.3.5	Indicate the optional hazardous location approvals of the proposed transmitter / controller. The optional approvals are not required to be included in the Form B price	<p><input type="checkbox"/> Unclassified Only</p> <p><input type="checkbox"/> CSA Class I, Div 2 / Zone 2 (non-incendive)</p> <p><input type="checkbox"/> CSA Class I, Div 1 / Zone 1 – Explosion-proof</p> <p><input type="checkbox"/> CSA Class I, Div 1 / Zone 1 – Intrinsically-Safe (specified)</p> <p><input type="checkbox"/> Other:</p> <p>_____</p>				
8.3.6	Indicate the sensor / transmitter configuration.	<p><input type="checkbox"/> The sensor and transmitter are integrated into a single unit. (specified)</p> <p><input type="checkbox"/> The transmitter is separate from the sensor.</p> <p><input type="checkbox"/> Other:</p> <p>_____</p>				
8.3.7	Maximum operating range of the proposed transmitter	_____ m				
8.3.8	Blanking distance / minimum range of the proposed transmitter	_____ m				
8.3.9	Beam angle of the proposed ultrasonic level transmitter.	_____ degrees				
8.3.10	Indicate the additional available optional ranges, within the same model series, that address the indicated applications. Do not include these additional sensors in the Form B price. Note that the beam angle is for the entire beam width, not the angle from the center of the beam.	<b>Desired Range (m)</b>	<b>Desired Beam Angle</b>	<b>Model</b>	<b>Actual Range (m)</b>	<b>Actual Beam Angle</b>
		>=6 and < 10	<=12°			°
		>=10	<=12°			°
		>=15	<=11°			°

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8.3.11	Operating Frequency	<input type="checkbox"/> Fixed _____ kHz <input type="checkbox"/> Configurable range _____ kHz to _____ kHz
8.3.12	Accuracy of the proposed ultrasonic level transmitter.	<input type="checkbox"/> Information not available <input type="checkbox"/> The greater of the below: _____ % maximum range or _____ mm
8.3.13	Resolution of the proposed ultrasonic level transmitter.	<input type="checkbox"/> Information not available <input type="checkbox"/> The greater of the below: _____ % maximum range or _____ mm, whichever is greater
8.3.14	Is integral temperature compensation provided?	<input type="checkbox"/> Yes <input type="checkbox"/> No
8.3.15	Temperature operating limits.	_____ to _____ °C
8.3.16	Volume calculation capabilities	<input type="checkbox"/> Volume calculation is not supported. <input type="checkbox"/> Basic circular or rectangular tank volume calculation <input type="checkbox"/> Calculation via selection of multiple tank shapes <input type="checkbox"/> Custom tank characterization - Ability to define custom linearization curves for abnormal vessel shapes (level – volume)
8.3.17	Simulation Capabilities	<input type="checkbox"/> No simulation capability is provided <input type="checkbox"/> Simulation capability is provided to override the output for testing.
8.3.18	Echo Processing Capabilities	<input type="checkbox"/> Manually configurable interference echo suppression. <input type="checkbox"/> Automatic false echo suppression.
8.3.19	Diagnostic Capabilities	<input type="checkbox"/> Echo Profile Analysis provided via: <input type="checkbox"/> Local Display <input type="checkbox"/> HART Interface <input type="checkbox"/> PROFIBUS Interface <input type="checkbox"/> Proprietary Software
8.3.20	Power supply	<input type="checkbox"/> Power supply independent of communication bus (Does not meet specifications) <input type="checkbox"/> PROFIBUS PA bus powered Maximum current consumption: _____ mA
8.3.21	Power supply minimum voltage	_____ VDC

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8.3.22	Indicate the types of signal outputs included with the proposed ultrasonic level transmitter.	<input type="checkbox"/> PROFIBUS PA (specified) <input type="checkbox"/> PROFIBUS DP
8.3.23	Indicate the compatible PROFIBUS DP/PA Profile version(s) of the proposed ultrasonic level transmitter.	<input type="checkbox"/> PROFIBUS Profile Version 3.02 <input type="checkbox"/> PROFIBUS Profile Version 3.01 <input type="checkbox"/> PROFIBUS Profile Version 3.00 <input type="checkbox"/> PROFIBUS Profile Version 2.x <input type="checkbox"/> Other: _____
8.3.24	Indicate the available device parameter file formats for integration of the proposed ultrasonic level transmitter on a PROFIBUS network.	<input type="checkbox"/> GSD (General Station Data) file certified by Profibus International <input type="checkbox"/> EDDL (Electronic Device Description Language) <input type="checkbox"/> FDT/DTM (Field Device Tool / Device Type Manager) <input type="checkbox"/> Other: _____
8.3.25	Display	<input type="checkbox"/> Display not provided (Does not meet specification) <input type="checkbox"/> Display Provided <ul style="list-style-type: none"> <li><input type="checkbox"/> Indicates level unit of measurement.</li> <li><input type="checkbox"/> Indicates sensor temperature.</li> <li><input type="checkbox"/> Backlit</li> <li><input type="checkbox"/> Display is rotatable in the field.</li> <li><input type="checkbox"/> Diagnostic / fault / loss of echo indicator</li> <li><input type="checkbox"/> Other features (Indicate below): _____</li> </ul>
8.3.26	How is the transmitter configured?	Indicate all proposed methods: <ul style="list-style-type: none"> <li><input type="checkbox"/> Via local keypad</li> <li><input type="checkbox"/> Via HART communicator</li> <li><input type="checkbox"/> Via PROFIBUS Interface</li> <li><input type="checkbox"/> Via proprietary handheld programmer / configuration tool.</li> <li><input type="checkbox"/> Via proprietary PC configuration tool (supplied at no additional charge).</li> </ul>
8.3.27	Sensor Mounting	<input type="checkbox"/> 75mm (3") ASME Flange – Material as indicated below: <ul style="list-style-type: none"> <li><input type="checkbox"/> Stainless Steel</li> <li><input type="checkbox"/> Carbon Steel</li> <li><input type="checkbox"/> Other: _____</li> </ul> <input type="checkbox"/> Other: _____

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8.3.28	Identify any deficiencies where the proposed ultrasonic level transmitter does not meet the specifications or the intent of the specifications. Do not include any item clearly identified elsewhere on Form P.	
8.3.29	<p>Identify any additional features proposed that:</p> <ul style="list-style-type: none"> <li>• significantly exceed the specified requirements,</li> <li>• would be of benefit to the City of Winnipeg; and</li> <li>• are included in the price in Form B.</li> </ul> <p>Do not include any item identified elsewhere on Form P.</p>	
<b>8.4 Ultrasonic Level Transmitter - Type 2, Remote Sensor</b>		
8.4.1	Complete model number of the ultrasonic level transmitter proposed, including all accessories included in the Form B price	<p>Transmitter: _____</p> <p>Sensor: _____</p> <p>Mounting Flange: _____</p> <p>Other: _____</p> <p>Other: _____</p> <p>Other: _____</p>
8.4.2	Documentation	<input type="checkbox"/> Product datasheets included with proposal <input type="checkbox"/> Product O&M manuals included with proposal
8.4.3	Indicate the sensor / transmitter configuration.	<input type="checkbox"/> The transmitter is separate from the sensor. The transmitter is integrated with the controller. (specified) <input type="checkbox"/> The sensor and transmitter are integrated into a single unit. <input type="checkbox"/> The transmitter is integrated into the sensor. The controller (relays) is a separate device. <input type="checkbox"/> Other: _____
8.4.4	Approvals - Transmitter	<p>Only indicate approvals applicable to the products proposed:</p> <input type="checkbox"/> CSA (Specified) <input type="checkbox"/> UL – Canadian (cUL) <input type="checkbox"/> FM – Canadian (cFM) <input type="checkbox"/> Other Canadian Approval (indicate below): _____

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8.4.5	Indicate the hazardous location approvals of the proposed sensor / transducer.	<input type="checkbox"/> Unclassified (Does not meet specifications) <input type="checkbox"/> CSA Class I, Div 2 / Zone 2 <input type="checkbox"/> CSA Class I, Div 1 / Zone 1 – Explosion-proof <input type="checkbox"/> CSA Class I, Div 1 / Zone 1 – Intrinsically-Safe <input type="checkbox"/> Other: _____				
8.4.6	Indicate the optional hazardous location approvals of the proposed transmitter / controller. The optional approvals are not required to be included in the Form B price.	<input type="checkbox"/> Unclassified <input type="checkbox"/> CSA Class I, Div 2 / Zone 2 <input type="checkbox"/> CSA Class I, Div 1 / Zone 1 – Explosion-proof <input type="checkbox"/> CSA Class I, Div 1 / Zone 1 – Intrinsically-Safe <input type="checkbox"/> Other: _____				
8.4.7	Maximum operating range of the proposed sensor	_____ m				
8.4.8	Blanking distance / minimum range of the proposed sensor	_____ m				
8.4.9	Beam angle of the proposed ultrasonic level sensor.	_____ degrees				
8.4.10	Indicate the additional available optional CSA approved sensors that address the indicated applications. Do not include these additional sensors in the Form B price. Note that the beam angle is for the entire beam width, not the angle from the center of the beam.	<b>Desired Range (m)</b>	<b>Desired Beam Angle</b>	<b>Model</b>	<b>Actual Range (m)</b>	<b>Actual Beam Angle</b>
>=3 & < 6m		<=12°			°	
>=10		<=12°			°	
>=15		<=11°			°	
>=30		<=6°			°	
8.4.11	Operating Frequency	<input type="checkbox"/> Fixed _____ kHz <input type="checkbox"/> Configurable range _____ kHz to _____ kHz				
8.4.12	Accuracy of the proposed ultrasonic level transmitter / sensor combination.	<input type="checkbox"/> Information not available <input type="checkbox"/> The greater of the below: _____ % maximum range or _____ mm, whichever is greater				

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8.4.13	Resolution of the proposed ultrasonic level transmitter / sensor combination.	<input type="checkbox"/> Information not available <input type="checkbox"/> The greater of the below: _____ % maximum range or _____ mm, whichever is greater
8.4.14	Temperature compensation provided	<input type="checkbox"/> Not provided <input type="checkbox"/> Integral to sensor / transducer (specified) <input type="checkbox"/> An external temperature sensor is provided <input type="checkbox"/> Other: _____
8.4.15	Is an optional external compensation provided whereby the transmitter will average the temperature in the sensor / transducer and a remote temperature sensor?	<input type="checkbox"/> No available. <input type="checkbox"/> Available as an option.
8.4.16	Temperature operating limits – Transmitter / Controller	_____ to _____ °C
8.4.17	Temperature operating limits – Sensor / Transducer	_____ to _____ °C
8.4.18	Volume calculation capabilities	<input type="checkbox"/> Volume calculation is not supported. <input type="checkbox"/> Basic circular or rectangular tank volume calculation <input type="checkbox"/> Calculation via selection of multiple pre-programmed tank shapes <input type="checkbox"/> Custom tank characterization - Ability to define custom linearization curves for abnormal vessel shapes (level – volume)
8.4.19	Level Alarm Capabilities	<input type="checkbox"/> No Level Alarms Provided <input type="checkbox"/> Hi Hi <input type="checkbox"/> Hi <input type="checkbox"/> Lo <input type="checkbox"/> Lo Lo
8.4.20	Pump Control Capabilities	<input type="checkbox"/> No pump control capability provided <input type="checkbox"/> Pump control capability provided for: <input type="checkbox"/> Two pumps <input type="checkbox"/> Three pumps <input type="checkbox"/> Four pumps <input type="checkbox"/> Pump Alternation Capability
8.4.21	Simulation Capabilities	<input type="checkbox"/> No simulation capability is provided <input type="checkbox"/> Simulation capability is provided to override the output for testing.

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8.4.22	Echo Processing Capabilities	<input type="checkbox"/> Manually configurable interference echo suppression. <input type="checkbox"/> Automatic false echo suppression. <input type="checkbox"/> Means to connect multiple ultrasonic level transmitters to cancel echo interference if mounted in close proximity.
8.4.23	Diagnostic Capabilities	<input type="checkbox"/> Echo Profile Analysis provided via: <input type="checkbox"/> Local Display <input type="checkbox"/> HART Interface <input type="checkbox"/> PROFIBUS Interface <input type="checkbox"/> Proprietary Software
8.4.24	Power Supply	<input type="checkbox"/> 120 VAC (preferred) <input type="checkbox"/> 24 VDC
8.4.25	Indicate the types of signal outputs included with the proposed ultrasonic level transmitter.	<input type="checkbox"/> PROFIBUS DP <input type="checkbox"/> PROFIBUS PA
8.4.26	Indicate the compatible PROFIBUS DP/PA Profile version(s) of the proposed ultrasonic level transmitter.	<input type="checkbox"/> PROFIBUS Profile Version 3.02 <input type="checkbox"/> PROFIBUS Profile Version 3.01 <input type="checkbox"/> PROFIBUS Profile Version 3.00 <input type="checkbox"/> PROFIBUS Profile Version 2.x <input type="checkbox"/> Other: _____
8.4.27	Indicate the available device parameter file formats for integration of the proposed ultrasonic level transmitter on a PROFIBUS network.	<input type="checkbox"/> GSD (General Station Data) file certified by Profibus International <input type="checkbox"/> EDDL (Electronic Device Description Language) <input type="checkbox"/> FDT/DTM (Field Device Tool / Device Type Manager)
8.4.28	Indicate the output relay configuration of the proposed ultrasonic level transmitter.	<input type="checkbox"/> The transmitter is not equipped with relay outputs. <input type="checkbox"/> The transmitter is equipped with relay outputs – Indicate quantity below: _____ Fixed Function SPST (Form A) relays _____ Fixed Function SPDT (Form C) relays _____ Configurable Function SPST (Form A) relays _____ Configurable Function SPDT (Form C) relays
8.4.29	Indicate the output relay rating of the proposed ultrasonic level transmitter at 120 VAC.	<input type="checkbox"/> The transmitter is not equipped with relay outputs. <input type="checkbox"/> The output relays are not rated for 120 VAC <input type="checkbox"/> < 1 A <input type="checkbox"/> >= 1 A and < 2 A <input type="checkbox"/> >= 2 A and < 3.5 A <input type="checkbox"/> >= 3.5 A and < 5 A <input type="checkbox"/> >= 5 A

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8.4.30	Display	<input type="checkbox"/> Display not provided (Does not meet specification) <input type="checkbox"/> Display Provided <input type="checkbox"/> Indicates level unit of measurement. <input type="checkbox"/> Indicates sensor temperature. <input type="checkbox"/> Backlit <input type="checkbox"/> Diagnostic / fault / loss of echo indicator <input type="checkbox"/> Other features (Indicate below):  _____
8.4.31	How is the transmitter configured?	Indicate all proposed methods: <input type="checkbox"/> Via local keypad <input type="checkbox"/> Via HART communicator <input type="checkbox"/> Via PROFIBUS Interface <input type="checkbox"/> Via proprietary handheld programmer / configuration tool. <input type="checkbox"/> Via proprietary PC configuration tool (supplied at no additional charge).
8.4.32	Sensor cable length	_____ m
8.4.33	Sensor Mounting	<input type="checkbox"/> 100mm (4") ASME Flange – Material as indicated below: <input type="checkbox"/> Stainless Steel <input type="checkbox"/> Carbon Steel <input type="checkbox"/> Other: _____ <input type="checkbox"/> Other: _____
8.4.34	Identify any deficiencies where the proposed ultrasonic level transmitter does not meet the specifications or the intent of the specifications. Do not include any item clearly identified elsewhere on Form P.	
8.4.35	Identify any additional features proposed that: <ul style="list-style-type: none"> <li>• significantly exceed the specified requirements,</li> <li>• would be of benefit to the City of Winnipeg; and</li> <li>• are included in the price in Form B.</li> </ul> Do not include any item identified elsewhere on Form P.	

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<b>9.0</b>	<b>Warranty (Section B)</b>	
<b>9.1</b>	<b>General</b>	
9.1.1	Warranty Length of Ultrasonic Level Transmitters	<input type="checkbox"/> One-year (Beginning on the date of successful commissioning or 6 months after delivery, whichever comes sooner) – Minimum Specified <input type="checkbox"/> Two years or longer from the date of delivery. Indicate length below: _____ years <input type="checkbox"/> Two years or longer (Beginning on the date of successful commissioning or 6 months after delivery, whichever comes sooner). Indicate length below: _____ years
<b>10.0</b>	<b>Delivery (Section B)</b>	
<b>10.1</b>	<b>Ultrasonic Level Transmitters</b>	
10.1.1	Indicate the delivery timeframe for the proposed ultrasonic level transmitters from the date of order, for an order of up to ten (10) ultrasonic level transmitters. Allow 14 Calendar Days for shop drawing (submittal) reviews.	Maximum: _____ Calendar Days (max 42)
<b>11.0</b>	<b>Service and Support - General (Section A and Section B)</b>	
<b>11.1</b>	<b>General</b>	
11.1.1	Describe bidder's relationship with the manufacturer:	<input type="checkbox"/> Bidder is the manufacturer <input type="checkbox"/> Bidder is a distributor <input type="checkbox"/> Other: _____
11.1.2	Proposed bidder account manager:	Name: _____ Responsibilities: _____ Relevant Technical Experience: _____ years Relevant Account Management Experience: _____ years Certifications: _____
11.1.3	Bidder account manager's hours of business	_____ to _____ Time Zone: _____
<b>11.2</b>	<b>Local Support</b>	
11.2.1	Identify the company which will be providing local support for the proposed products, and where they are located.	Company: _____ Location: _____

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11.2.2	Local support hours of business	_____ to _____ Time Zone: _____
<b>11.3</b>	<b>Manufacturer Support Services</b>	
11.3.1	Is manufacturer telephone technical support available?	<input type="checkbox"/> Yes – complete technical support <input type="checkbox"/> Limited technical support (complete details below) <input type="checkbox"/> Not available.  Details: _____
11.3.2	Availability of telephone technical support?	<input type="checkbox"/> 24/7 <input type="checkbox"/> 8am – 4:30pm CST <input type="checkbox"/> Other (complete below)  Other: _____
<b>12.0</b>	<b>Service and Support (Section A)</b>	
<b>12.1</b>	<b>Local Support</b>	
12.1.1	Local support personnel – Electromagnetic Flow	Name: _____ Responsibilities: _____ Relevant Experience: _____ years Certifications: _____ Experience with proposed products: _____ years  Name: _____ Responsibilities: _____ Relevant Experience: _____ years Certifications: _____ Experience with proposed products: _____ years

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<p>12.1.2</p>	<p>Local support personnel – Pressure Transmitters</p>	<p><input type="checkbox"/> Same as electromagnetic flowmeters <input type="checkbox"/> See below:</p> <p>Name: _____ Responsibilities: _____ Relevant Experience: _____ years Certifications: _____ Experience with proposed products: _____ years</p> <p>Name: _____ Responsibilities: _____ Relevant Experience: _____ years Certifications: _____ Experience with proposed products: _____ years</p>
<p>12.1.3</p>	<p>Local support personnel – Temperature Transmitters</p>	<p><input type="checkbox"/> Same as electromagnetic flowmeters <input type="checkbox"/> See below:</p> <p>Name: _____ Responsibilities: _____ Relevant Experience: _____ years Certifications: _____ Experience with proposed products: _____ years</p> <p>Name: _____ Responsibilities: _____ Relevant Experience: _____ years Certifications: _____ Experience with proposed products: _____ years</p>

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<b>12.2</b>	<b>Spare Parts</b>	
12.2.1	Identify the closest location where comprehensive spare parts for the Section A instruments are located.	<input type="checkbox"/> Winnipeg <input type="checkbox"/> Manitoba <input type="checkbox"/> Canada <input type="checkbox"/> United States <input type="checkbox"/> Other (complete below)  _____ The proposed spare parts location is: <input type="checkbox"/> Currently in place. <input type="checkbox"/> Will be in place within 1 year of Contract award.
<b>12.3</b>	<b>Local Training Sessions – Electromagnetic Flowmeters</b>	
12.3.1	Who is proposed to perform the training?	Name: _____
12.3.2	How many years of experience does the proposed trainer have with the manufacturer’s electromagnetic flowmeters?	_____ years
12.3.3	List up to five customers for whom the proposed trainer has performed comparable training?	1. _____ 2. _____ 3. _____ 4. _____ 5. _____
<b>12.4</b>	<b>Local Training Sessions – Pressure Transmitters</b>	
12.4.1	Who is proposed to perform the training?	Name: _____
12.4.2	How many years of experience does the proposed trainer have with the manufacturer’s pressure transmitters?	_____ years
12.4.3	List up to five customers for whom the proposed trainer has performed comparable training?	1. _____ 2. _____ 3. _____ 4. _____ 5. _____

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<b>12.5</b>	<b>Local Training Sessions – Temperature Transmitters</b>	
12.5.1	Who is proposed to perform the training?	Name: _____
12.5.2	How many years of experience does the proposed trainer have with the manufacturer’s temperature transmitters?	_____ years
12.5.3	List up to five customers for whom the proposed trainer has performed comparable training?	1. _____ 2. _____ 3. _____ 4. _____ 5. _____
<b>13.0</b>	<b>Service and Support (Section B)</b>	
<b>13.1</b>	<b>Local Support – Ultrasonic Level Transmitters</b>	
13.1.1	Local support personnel – Ultrasonic Level Transmitters	Name: _____ Responsibilities: _____ Relevant Experience: _____ years Certifications: _____ Experience with proposed products: _____ years  Name: _____ Responsibilities: _____ Relevant Experience: _____ years Certifications: _____ Experience with proposed products: _____ years
<b>13.2</b>	<b>Spare Parts – Ultrasonic Level Transmitters</b>	
13.2.1	Identify the closest location where comprehensive spare parts for the Section B ultrasonic level instruments are located.	<input type="checkbox"/> Winnipeg <input type="checkbox"/> Manitoba <input type="checkbox"/> Canada <input type="checkbox"/> United States <input type="checkbox"/> Other (complete below) _____ The proposed spare parts location is: <input type="checkbox"/> Currently in place. <input type="checkbox"/> Will be in place within 1 year of Contract award.

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<b>13.3</b>	<b>Local Training Sessions – Ultrasonic Level Transmitters</b>	
13.3.1	Who is proposed to perform the training?	Name: _____
13.3.2	How many years of experience does the proposed trainer have with the manufacturer's ultrasonic level transmitters?	_____ years
13.3.3	List up to five customers for whom the proposed trainer has performed comparable training?	1. _____ 2. _____ 3. _____ 4. _____ 5. _____