

PURCHASE ORDER

THE TEXAS A&M UNIVERSITY SYSTEM HEALTH SCIENCE CENTER

Order Date

01/10/2017

Page 01

FILE

200 Technology Way, Suite 2079, College Station, Texas 77845-3424; Phone 979-436-9219, FAX 979-436-0074

Include PO number on all Correspondence and packages
P700038

VENDOR GUARANTEES
MERCHANDISE DELIVERED ON
THIS ORDER WILL MEET OR
EXCEED SPECIFICATIONS IN THE
BID INVITATION.

INVOICE (IN DUPLICATE) TO AGENCY BELOW

TEXAS A&M HEALTH SCIENCE CTR
INSTITUTE OF BIOSCIENCES &
TECHNOLOGY
2121 W HOLCOMBE BLVD
HOUSTON TX 77030

VENDOR
*****1661 SCIENTIFIC RESOURCES SOUTHWEST INC 4719 S MAIN ST STAFFORD, TX 77477-4723

ALL TERMS AND
CONDITIONS SET
FORTH IN THE
BID INVITATION
BECOME A PART
OF THIS ORDER.

SHIP TO:

TEXAS A&M HEALTH SCIENCE CTR
INSTITUTE OF BIOSCIENCES &
TECHNOLOGY
2121 W HOLCOMBE BLVD
HOUSTON TX 77030

R 700044

ANY EXCEPTION TO PRICING OR DESCRIPTION CONTAINED HEREIN MUST BE APPROVED BY
HUB & PROCUREMENT SERVICES PRIOR TO SHIPPING.

PLEASE NOTE: IF YOUR INVOICE IS NOT ADDRESSED AS
INSTRUCTED PAYMENT WILL BE DELAYED.

Item	Description	Quantity	UOM	Unit Price	Ext Price
	USER REF: 280490-00000MC PAYMENT TERMS: NET 30 THE TEXAS A&M HEALTH SCIENCE CENTER WILL INCUR NO LATE PAYMENT PENALTY IF PAYMENT IS MADE WITHIN THIRTY (30) DAYS FROM RECEIPT OF GOODS OR SERVICES AND AN UNCONTESTED INVOICE. BY ACCEPTANCE OF THIS PURCHASE ORDER, VENDOR AGREES TO ALL TEXAS A&M UNIVERSITY TERMS AND CONDITIONS LOCATED AT THE FOLLOWING URL: PURCHASING.TAMU.EDU/MEDIA/123743/BIDTAMU.PDF IN THE EVENT OF A CONFLICT BETWEEN THE PARTIES' TERMS AND CONDITIONS, VENDOR SPECIFICALLY AGREES TO BE BOUND BY THE LAWS OF THE STATE OF TEXAS. PERIOD OF SVC: 12/1/16 THROUGH 11/30/17				
1	Equipment Maintenance for Two (2) Tunnel Washers T236 J/N N2110, 12/01/16-11/30/17. Includes four (4) preventative maintenance inspections and repairs M-F 8:00 am - 5:00 pm Includes labor only for PM's and repairs.	1	YR	17,000.000	17,000.00
	PHONE: 281-980-2845 Purchase made by an Institution of Higher Education, Section 51.9335 Education Code. CC FY ACCOUNT NO. DEPT. -- --- ----- ---- 23 2017 280490-00000-5513 7070			TOTAL	17,000.00
				17,000.00	
SAK					

SAK

FOB: NOT SPECIFIED

The Texas A&M University System Health Science Center cannot accept collect freight shipments.

Terms:

FAILURE TO DELIVER-If the vendor fails to deliver these supplies by the promised delivery date or a reasonable time thereafter, without giving acceptable reasons for delay, or if supplies are rejected for failure to meet specifications, the State reserves the right to purchase specified supplies elsewhere, and charge the increase in price and cost of handling, if any, to the vendor. Neither substitutions nor cancellations permitted without prior approval.

IN ACCORDANCE WITH YOUR BID, SUPPLIES/EQUIPMENT MUST BE PLACED IN THE
DEPARTMENT RECEIVING ROOM BY

The State of Texas is exempt from all Federal Excise Taxes

STATE AND CITY SALES TAX EXEMPTIONS CERTIFICATE: The undersigned claims an exemption from taxes under Texas Tax Code, Section 151.309(4), for purchase of tangible personal property described in this numbered order, purchased from contractor and/or shipper listed above, as this property is being secured for the exclusive use of the State of Texas. The Terms and Conditions of the State of Texas shall prevail.

THIS ORDER IS NOT VALID UNLESS SIGNED BY THE PURCHASING AGENT.

PURCHASING AGENT FOR
THE TEXAS A&M UNIVERSITY SYSTEM HEALTH SCIENCE CENTER

PURCHASE ORDER**THE TEXAS A&M UNIVERSITY SYSTEM
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Item	Description	Quantity	UOM	Unit Price	Ext Price
SAK	DOCUMENT DATE: 01/10/2017 DEPT.CONTACT: MARY COLE PHONE NO.: 713-677-7745 SOLE SOURCE REASON: SRS SOLD US EQUIPMENT & HAS THE TRAINED TECHNICIANS FAMILIAR W/THE SERVICING. PCC CD: 9 TYPE FUND: S TYPE ORDER: HIED				

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				TOTAL	17,000.00

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PURCHASING AGENT FOR
THE TEXAS A&M UNIVERSITY SYSTEM HEALTH SCIENCE CENTER

Susan King

From: Susan King
Sent: Tuesday, January 10, 2017 11:19 AM
To: 'Cole, Mary L.'
Subject: PO # P700038
Attachments: 20170110111821649.pdf

Importance: High

Mary,
Please send the attached PO to your rep. at SRS.
I could not locate an email address.

Thanks,
Susan

The Texas A&M University System Health Science Center

Sole Source and/or Proprietary Justification

Requisition No. **R700044**

Date: **1/06/2016**

This form is to be used to aid departmental staff in relating information necessary in the process of requisitions on a sole source and/or proprietary basis. Your cooperation in answering the questions listed below will assist the purchaser in handling your order expeditiously. Please complete the form and forward to HUB and Procurement Services. If more space is required, feel free to attach additional pages. **NOTE: For your convenience, this is a fill-in form. Adobe Reader required.**

1. Description of item (if commodity: make, model no., etc.; if service: detail of type of service):
Service for (2) tunnel washers in PAR. This is for preventive maintenance as well as service calls if the equipment breaks down.

2. Name of known source for item:
Scientific Resources Southwest (SRS)

Manufacturer? ☒ Yes ☐ No

*MANUFACTURER'S REP
FOR TEXAS.*

3. What feature or functions are unique (proprietary) to this item?
They sold us the equipment.

4. Briefly explain how the unique features or functions are essential to the purpose for which the item is needed.
They sold us the equipment; they know how it works and have trained technicians available to work on it.

5. List any source other than the known source that manufactures or supplies similar items or items with similar functions.
None found.

6. Why are the other sources not satisfactory?

We are unable to find any other company in the Houston area to service this machine. IBT does not have a mechanic on staff who is certified to repair/service this equipment.

7. Will the item be used with existing equipment?

- If yes, -as a repair/replacement part?
-as component to be interfaced?
-as an accessory?
-to match existing equipment?
-for reason of interchangeability?

<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No
<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
<input type="checkbox"/>	Yes	<input type="checkbox"/>	No

List make and model of existing equipment.

Tunnel washers Better Built T236 J/N N2110 built by Northwestern Systems Corp.

8. Include any additional information that may aid the purchaser in processing this requisition.

In order to maintain this equipment, we must continue periodic scheduled preventive maintenance. IBT does not have a qualified mechanic to do the work.

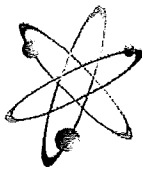
MANUFACTURER'S
REP FOR BETTER BUILT
TUNNEL WASHERS.

[Handwritten signature]

I certify that, to the best of my knowledge, the above information is true and accurate and that no other material fact or consideration offered or given has influenced this recommendation for a sole source/proprietary purchase.

Submitted by: Mary Cole, Admin. Assoc., IBT-PAR
(Printed name, title and department)

Signature: *M. Cole*



SRS
SCIENTIFIC RESOURCES SOUTHWEST

B. M. M. M.

"Providing Equipment and Service
for the Scientific Community"

4719 South Main Street Stafford, TX 77477

PH 281-980-2845

FAX 281-980-1956

www.srsonline.com

EQUIPMENT MAINTENANCE AGREEMENT

This agreement is entered into on **December 1, 2016** by and between **Scientific Resources Southwest, Inc.** and **Texas A&M HSC IBT**, hereinafter referred to as the **FACILITY**, to provide the services described below under the following terms and conditions.

EQUIPMENT

A. Equipment covered under this agreement:

(2) Tunnel Washers T236 J/N N2110

B. Coverage:

Four Preventative Maintenance Inspections & Repairs. Parts not included.

C. Contract term:

The term of this agreement shall be for (1) year commencing on **December 1, 2016** and expiring on **November 30, 2017**.

D. Cost:

The annual cost for the above preventative maintenance services is **\$8,500.00** each per year for a total of **\$17,000.00**.

E. Purchase order:

Invoices for the equipment maintenance services provided within the scope of this Agreement will be submitted at the payment frequency specified in Section D. Please indicate the FACILITY purchase order number that these invoices should reference: _____.
Invoices for services provided outside the scope of the Agreement will be submitted monthly. Please indicate the FACILITY standing purchase order number that all time & materials invoices should reference: _____.

F. Special provisions: _____

By: _____ Date: _____
SCIENTIFIC RESOURCES SOUTHWEST

By: _____ Date: _____
FACILITY

TERMS AND CONDITIONS

G. EQUIPMENT COVERED UNDER THIS AGREEMENT:

Scientific Resources Southwest, Inc. agrees to include in its equipment maintenance program the equipment listed (on the attached medical equipment inventory or on the face of this Agreement), hereafter called the EQUIPMENT. All listed items will be included in a preventive maintenance and/or electrical program which is described in H and I of this Agreement Documentation of all services shall be maintained on file at the FACILITY. Maintenance and/or repair performed by Scientific Resources Southwest, Inc. on any equipment added to the FACILITY'S inventory during the term of this Agreement, which is not included on the attached EQUIPMENT inventory, will be separately charged to the FACILITY as the maintenance and/or repair-work is completed.

H. PREVENTIVE MAINTENANCE AND/OR ELECTRICAL SAFETY INSPECTIONS:

Scientific Resources Southwest, Inc. will perform preventive maintenance and/or electrical safety inspections on the EQUIPMENT identified in Section A in accordance with JCAHO and State Department of Health Services' requirements. These services will be performed during the specified hours stated on the face of this Agreement, excluding holidays. Scientific Resources Southwest, Inc. follows all manufacturer's recommended preventive maintenance procedures, as well as those set forth by the American Society for Hospital Engineering, and all applicable regulatory

I. REPAIR SERVICE

The EQUIPMENT will be repaired in a timely manner in order to keep downtime to a minimum. Repairs specifically not covered under this Agreement include the following: (1) Repairs due to failure of EQUIPMENT component, or due to improper maintenance provided by a source other than Scientific Resources Southwest, Inc. (2) Repairs due to failure of the FACILITY'S steam, water, electrical or other utility Supply system (3) Repairs due to operator neglect misuse or abuse (4) Repairs due to any documented circumstance beyond the control of Scientific Resources Southwest, Inc. (5) EQUIPMENT overhauls or rebuilds. Compressors, upgrades, relocation (6) Repairs to equipment not listed on the attached EQUIPMENT inventory (7) Repairs exceeding 50% of current market value of the, EQUIPMENT (8) Pre-Existing conditions.

J. PARTS, MATERIALS, AND CONSUMABLES:

Replacement parts or other materials are not included unless, otherwise indicated. The FACILITY agrees to assist Scientific Resources Southwest, Inc. in obtaining replacement parts and materials from suppliers who have policies of selling parts only to end-users. Not Included in this agreement are consumable items such as batteries, glass, electrodes, paper, magnetic tapes, patient leads, cables, fiber optics and similar items that the FACILITY would use during normal operation, unless otherwise indicated.

K. TEST EQUIPMENT AND WORK SPACE:

Scientific Resources Southwest, Inc. will provide all necessary test equipment in order to fulfill the maintenance obligations of the Agreement. Routine calibration and certification of this test equipment by an outside laboratory to those standards set forth by the National Institute of Standards and Technology. The FACILITY will provide Scientific Resources Southwest, Inc. technical staff with sufficient working space in order to accommodate the day-to-day requirements of this Agreement.

L. CHANGES AND CANCELLATION:

Changes to the terms and conditions of this Agreement whether such changes are due to the quantity or types, of items covered, equipment, service level, or pricing (increase and/or decrease), must be agreed to in writing by authorized representative of both Scientific Resources Southwest, Inc. and the FACILITY. This Agreement is cancelable by either Scientific Resources Southwest, Inc. or the FACILITY upon THIRTY (30) days prior written notice.

M. NOTICES:

Notices or correspondence regarding the above agreement shall be sent to the following Scientific Resources Southwest, Inc. office: Scientific Resources Southwest, Inc. Services, 4719 South Main Street, Stafford TX, 77477

N. COST:

The annual cost for the aforementioned services is indicated on the face of this Agreement. Any parts or services (labor and travel) provided outside the scope of this Agreement will be invoiced as-needed at a rate of \$140/hr. during normal working hours (Monday - Friday, 8:00 a.m. -5:00 p.m.) and \$170/hr. after normal working hours.

Payment is due thirty (30) days from receipt of invoice.

DATE OFFERED _____

DATE ACCEPTED _____

SCIENTIFIC RESOURCES SOUTHWEST, INC.

FACILITY

F6501 Update not allowed because Document is Closed
250 Req. Header Create/Modify

01/06/17 16:29
FY 2017 CC 23

Screen: ___ Doc: R700044

Doc. Year: 2017

Total Amount: 17000.00

<< Dates >>

Document: 01/06/2017 Cat.: RO User Ref: 280490-00000MC St Req: _____
Required: _____ Contact Person: MARY COLE _____ Ph: 713-677-7745
Start : _____ Buyer: _____ Ph: _____
End : _____ Research (Y/N): Y Type Funds: L Type Order: HIED
Change : _____ No. 00 Print Doc? Y
Dept: 7070 SubDept: _____ Attachments: _

Doc Summary: SERVICE AGREEMENT FOR (2) TUNNEL WASHERS _____

Sole Source (Y/N): Y Emergency(Y/N): N Catalogue Order(Y/N): _

<< Suggested Vendors >>

Vn ID: 17605041661 or FEI: _____ Vn ID: _____ or FEI: _____

SCIENTIFIC RESOURCES SOUTHWEST

Addr: 4719 S MAIN ST _____
STAFFORD TX 77477-4723 _____

Addr: _____

PH: 281-980-2845 FAX: _____

PH: _____ FAX: _____

Enter-PF1---PF2---PF3---PF4---PF5---PF6---PF7---PF8---PF9---PF10--PF11--PF12---

Hmenu Help EHelp

Next

SResn EResn Notes AdVen AdDpt

4-© § 1 Sess-1 128.194.103.18 TAMT4364 4/12

VISUAL COMPLIANCE RESTRICTED PARTY SCREENING

Search criteria: **Scientific Resources Southwest** (Exact match)
[Export, Sanctions, GSA, Police, PEP and International data groups]

Date of search: **Tuesday, January 10, 2017**

Time of search: **10:15 AM EDT**

Report created by: **SUSAN WARREN, TEXAS A&M - HEALTH SCIENCE CENTER**

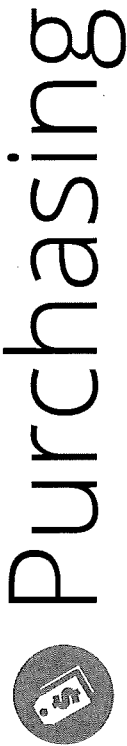
NO MATCHING RECORDS FOUND

AUTHORITIES:

- Department of Commerce Denied Persons [BIS]
- Department of Commerce Entity List [BIS]
- Department of Commerce "Unverified" List [BIS]
- Department of State Arms Export Control Act Debarred Parties [DDTC]
- Department of State Munitions Export Control Orders [DDTC]
- Department of State Nonproliferation Orders
- Department of State Iran Sanctions (ISA and TRA)
- WMD Trade Control Designations [OFAC]
- Department of State Designated Terrorist Organizations
- Department of State Terrorist Exclusion List
- Palestinian Legislative Council List [OFAC]
- Federal Register General Orders
- Specially Designated Nationals and Blocked Persons [OFAC]
- Foreign Sanctions Evaders List (FSE-IR) [OFAC]
- Sectoral Sanctions Identifications List (UKRAINE-EO13662) [OFAC]
- Persons Identified as Blocked Solely Pursuant to Executive Order 13599 [OFAC]
- United Nations Consolidated List
- GSA Parties Excluded from Federal Procurement Programs [SAM/EPLS]
- GSA Parties Excluded from Federal Nonprocurement Programs [SAM/EPLS]
- GSA Parties Excluded from Federal Reciprocal Programs [SAM/EPLS]
- Air Force Special Investigations - Top Ten Fugitives
- Alcohol, Tobacco, Firearms and Explosives Most Wanted
- FBI Ten Most Wanted Fugitives
- FBI Most Wanted Terrorists
- FBI Kidnappings and Missing Persons
- FBI Seeking Information
- FBI Wanted Fugitives
- Food and Drug Administration – Clinical Investigators
- Food and Drug Administration – Debarment List
- Food and Drug Administration – Disqualified and Restricted
- Homeland Security Investigations Most Wanted
- Naval Criminal Investigative Service – Wanted Fugitives
- U.S. Immigration and Customs Enforcement Most Wanted
- U.S. Drug Enforcement – Major International Fugitives
- U.S. Marshals Service – Major Fugitive Cases
- U.S. Marshals Service – Top 15 Most Wanted
- Office of Research Integrity PHS Administrative Actions
- U.S. Postal Inspection Service – Most Wanted
- U.S. Secret Service Most Wanted
- OIG Entities Excluded from Federal Health and Medicare Programs
- CIA Chiefs of State and Cabinet Members of Foreign Governments [Politically Exposed Persons]
- Japan Foreign End-Users of Concern
- Kingdom of Saudi Arabia Wanted Militants
- CPSEP Listed Entities
- Australia Foreign Affairs Consolidated List
- European Union Consolidated List
- Interpol Recently Wanted
- HM Treasury Consolidated List [England]
- Canadian Economic Sanctions
- Canadian Border Services Agency Wanted List
- RCMP Wanted Fugitives
- FinCEN (USA PATRIOT Act) Section 311 - Special Measures
- World Bank Listing of Ineligible Firms
- OSFI Consolidated List – Entities
- OSFI Consolidated List – Individuals
- OSFI Warning List



Glenn Hegar
Texas Comptroller of Public Accounts



DEBARRED VENDOR LIST

The following vendors shown below are debarred from doing business with the State of Texas, effective from the date of debarment for the length of time indicated. Whether they are listed below or not, the debarred vendors include the vendors' successors in interest as defined in Rule §20.102(b)(4).

Vendor ID Number	Vendor Name/Address	Date of Debarment	Length of Debarment
1562456928900	Smith Housewares and Restaurant Supplies 500 Erie Blvd. Syracuse, NY 13202	November 12, 2014	5 Years
1743261315000	Walker's Electric Company 1520 Park St Beaumont TX 77701 Also: Walkers Electric Company Calvin G. Walker Stacy Walker	August 28, 2012	5 Years

1272447273800	Walker Electric Company, LLC 1520 Park St. Beaumont TX 77701-5527 Also: Walkers Electric Company Calvin G. Walker Stacy Walker	August 28, 2012	5 Years
1760677671800	Texas Code Blue 5550 Eastex Fwy, Suite # L Beaumont, TX 77708-5300	October 24, 2016	5 Years

Download Debarred Vendor List [comptroller.texas.gov/purchasing/docs/debarred-vendor-list.pdf].

Federal Exclusion

Agencies and co-op members may wish to check the list of vendors excluded from doing business on the federal level. The System for Award Management, or SAM [↗](#), can be used as a resource for purchasing entities.

According to Statewide Procurement Division rules, other debarment activities from other entities may be considered as possible indicators of vendor responsibility.

Vendor Information on Payments

The Search State Payments Issued application provides vendors with payment details.

They can also sign up in the application for Advance Payment Notification.

Texas Government Code §2155.077 [↗](#)

Texas Administrative Code: 34 TAC §20.101, §20.102, §20.105, §20.106 and §20.107 [↗](#).

ACORD™

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

2/08/2016

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 Insurepointe of Texas, Inc. 2909 Hillcroft Ste #600 Houston, TX 77057 713 964-0022	CONTACT NAME: Marsha Trasp PHONE (A/C, No, Ext): 713 964-0022 FAX (A/C, No): 713 964 0044 E-MAIL ADDRESS: mtrasp@insurepointe.com
INSURED Scientific Resources Southwest, Inc. 4719 South Main St. Stafford, TX 77477	INSURER(S) AFFORDING COVERAGE INSURER A: Travelers Property Casualty Co NAIC # 25674 INSURER B: Travelers Indemnity Co. of Conn 25682 INSURER C: INSURER D: INSURER E: INSURER F:

COVERAGES

CERTIFICATE NUMBER: 16-17 All Lines Mast

REVISION NUMBER: 0

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
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> BI/PD Ded: \$2,500 GEN'L AGGREGATE LIMIT APPLIES PER <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC			6606386P527	02/21/2016	02/21/2017	EACH OCCURRENCE \$1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$300,000 MED EXP (Any one person) \$10,000 PERSONAL & ADV INJURY \$1,000,000 GENERAL AGGREGATE \$2,000,000 PRODUCTS - COMPROP AGG \$2,000,000 \$
B	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS <input checked="" type="checkbox"/> Drive Oth Car			BA6579P116	02/21/2016	02/21/2017	COMBINED SINGLE LIMIT (Ea accident) \$1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$10,000			CUP6386P527	02/21/2016	02/21/2017	EACH OCCURRENCE \$5,000,000 AGGREGATE \$5,000,000 \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below						WC STATUTORY LIMITS GTH-ER 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)

The General Liability and Automobile policies include a blanket automatic additional insured endorsement that provides additional insured status to the certificate holder only when there is a written contract between the named insured and the certificate holder that requires such status. The General Liability and Automobile policies include a blanket automatic waiver of subrogation endorsement that provides this feature only when there is a written contract between the named insured and the certificate holder that (See Attached Descriptions)

CERTIFICATE HOLDER

CANCELLATION

Texas A&M Health Service Center
Robby Bounds
301 Tarrow St., 6th Fl.
College Station, TX 77840-7896

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

Doreen M Palmer

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