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| **IMPORTANT:****Off-site storage** will ***not*** be considered a normal operating procedure.Off-site Storage Authorization ***may*** be approved for ***special circumstances*** only! |

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| **Off-Site Storage Authorization Request Procedures** |
| The General Contractor (GC) or Construction Manager at Risk (CMR) (hereinafter referred to as “Contractor”) must request approval for off-site storage of material, equipment, or other items, officially and in writing, and indicate ***why*** approval should be granted. The Contractor must describe, exactly, what materials are to be stored off-site and provide the location and a description of the facility where the materials will be stored. The item(s) to be stored off-site must be a fabricated product or products specifically for use in the project and ***cannot*** be raw materials or other stock that may be used for other purposes. |
| The CT Department of Administrative Services (DAS) / Construction Services Project Manager (PM) should discuss the Contractor’s request for off-site storage with the DAS Assistant Director of Project Management (ADPM) for the Project prior to making any commitments to the Contractor. Final approval by the DAS ADPM for the Project (and DAS Chief Architect) is contingent on the fulfillment of the requirements outlined below. The following procedures must be completed prior to payment for materials and equipment stored off-site: |
| **1.0** | The Contractor shall prepare the **7600 Off-Site Storage Authorization Request Form.** The Contractor must furnish to the DAS PM a clear, complete description of the actual fabricated materials for which off-site storage is requested, a bill of sale listing the quantity and the cost of the material, equipment, or other items, Free On Board (F.O.B.) point of origin, and evidence of payment for these materials. |
| **2.0** | The Consultant and DAS PM or other designee shall inspect the material, equipment or other items at the site, prior to recommending payment for these items. The Contractor shall pay the cost of the Inspector’s time and any other expenses incurred in performing the inspection. The inspection report must clearly identify what was inspected, where and in what condition it was at the time of inspection. |
| **3.0** | The Contractor shall obtain and pay for a **separate,** project specific, broad base comprehensive coverage insurance policy, which provides coverage **at replacement value** for **all loss from any cause, including** **loss during transport** from the off-site storage to the project site as well as transportation charges. |
| **4.0** | The State of Connecticut shall be listed as “Co-owner” of the policy. The policy shall not have a deductible since, as co-owner, DAS must not be liable for payment of any deductible for material for which the State will make full payment to the Contractor. |
| **5.0** | The State of Connecticut must be provided with the **“Original” Policy. Insurance certificates are not acceptable.** |
| **6.0** | The DAS PM shall sign the **7600 Off-Site Storage Authorization Request Form**, and submit it for approval to the DAS ADPM for the Project and the DAS Chief Architect. |
| **No payment may be considered by the DAS PM until all of the above has been received, reviewed and approved by the Commissioner of Administrative Services through the DAS ADPM for the Project, the DAS Chief Architect, and, if necessary, the DAS Director of Project Management (see below).** |
| In the event that one or more of the requirements for Off-Site Storage cannot be fulfilled, a waiver may be obtained from the DAS Director of Project Management. |

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| **Off-Site Storage Authorization Request Form** |
|  |  |  | **Date:** | **Insert Date** |
| **To:**  | Insert Name of the DAS PM |  | **DAS Project No:** | Insert Project No. |
|  |  |  |  | **Project Name:** | Insert Project Name |
|  |  |  |  |  |  |
| **From:**  | Insert GC/CMR Contact Name |  | **Project Location:** | Insert Project Location |
|  | Insert GC/CMR Firm Name |  |  |  |
|  |
| **Off-Site Location:** | Insert Off-Site Storage Location Address (# Street, Town, State, Zip) |
| **Type of Facility:** | Insert Type of Facilty examples: warehouse, open lot, etc. |
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| **Attached hereto are the following:** | **Yes** | **No** | **N/A** | **GC/CMR****Signature Line** |
|  | Clear description of all the actual fabricated materials stored off-site (include serial and model numbers if applicable): |[ ] [ ] [ ]   |
|  | Copy of Bill of Sale from supplier to vendor for all the actual fabricated materials stored off-site: |[ ] [ ] [ ]   |
|  | Copy of evidence of payment by vendor to supplier for all the actual fabricated materials stored off-site: |[ ] [ ] [ ]   |
|  |  |  |  |  |  |  |  |  |
|  | Facility Inspection Report by: | [ ]  Consultant | and/or | [ ]  DAS PM |[ ] [ ] [ ]   |
|  |  | or | [ ]  DAS PM’s Designee | Insert Name |  |  |  |  |
|  |  | or | [ ]  Consultant’s Designee: | Insert Name |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  | Facility Inspection Report must include photographs of the facility and of all the actual fabricated materials stored off-site : |[ ] [ ] [ ]   |
|  |  |  |  |  |  |
|  | **An Insurance Policy:** |[ ] [ ] [ ]   |
|  |  | Listing the State Of Connecticut as Co-Owner: |[ ] [ ] [ ]   |
|  |  | With no Deductible or other restriction on claims payment: |[ ] [ ] [ ]   |
|  |  | With Comprehensive Broad Base coverage – all loss from any cause: |[ ] [ ] [ ]   |
|  |  | Which Includes coverage for Transportation Charges: |[ ] [ ] [ ]   |
|  |  | With coverage equal to or exceeding the total value of all the actual fabricated materials stored off-site: |[ ] [ ] [ ]   |
|  |  |  |  |  |  |  |
| ***All*** *the above must be indicated as**‘****YES****’ prior to authorization by the DAS ADPM for the Project and the DAS Chief Architect. The signature (initials) of the DAS Director of Project Management is required if any of the above are indicated as ‘****NO****’ or ‘****N/A****’. The amount approved for payment for off-site stored materials shall be the amount of the supplier’s invoice or the amount shown on the Schedule of Values for this project for materials only, whichever is less.*  |
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| **DAS Project Manager:** |  |  |  |  |  |
|  | Typed name |  | Signature |  | Date |
| **Authorization Approved By:** |  |  |  |  |  |
| **DAS ADPM for the Project:** |  |  |  |  |  |
|  | Typed name |  | Signature |  | Date |
|  |  |  |  |  |  |
| **DAS Chief Architect:** |  |  |  |  |  |
| **And/Or** | Typed name |  | Signature |  | Date |
|  |  |  |  |  |  |
| **DAS Director of Project Mgmt** |  |  |  |  |  |
|  | Typed name |  | Signature |  | Date |
| Copies: | [x]  Construction Administrator  | [x]  Project File |  |