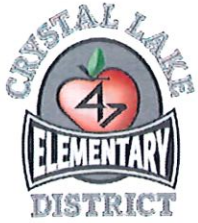


FOIA 234

Rec'd 2-19-16
Repr'd - 2-23-16
Cmplt - 2-26-16



CRYSTAL LAKE ELEMENTARY DISTRICT #47

300 Commerce Drive, Crystal Lake, Illinois 60014 (815) 788-5000

www.d47.org

[f /D47schools](https://www.facebook.com/D47schools) [@crystallakeSD47](https://twitter.com/crystallakeSD47)

February 23, 2016

James Elwart
1160 Crimson Dr.
Crystal Lake, IL 60014
jme721@sbcglobal.net

Re: Freedom of Information Request

Dear Mr. Elwart:

On February 19, 2016, the School District received a Freedom of Information Act ("FOIA") request from you. Your request and the School District's response is below.

1. **Request:** Any and all records documenting any injuries sustained by anyone as a result of "slip and fall" incidents occurring on any interior stairwells located within Lundahl Middle School, 560 Nash Rd., Crystal Lake, IL 60014 for the last five (5) years.

Response: Information has been attached as requested.

2. **Request:** Any and all records, including requests for, regarding repairs, maintenance and/or modifications to any interior stairwell located at Lundahl Middle School, 560 Nash Rd., Crystal Lake, IL 60014 for the last five years.

Response: Information has been attached as requested.

I would greatly appreciate acknowledgement of our response that you have been able to successfully open all attachments.

If you have any questions, please feel free to contact the district at 815-788-5000.

Sincerely,

Cathy Nelson
Assistant Superintendent of Business/CSBO

cc: C. Bourne, FOIA Officer

**REQUEST FOR ACCESS TO PUBLIC RECORDS
PURSUANT TO THE FREEDOM OF INFORMATION ACT (5ILCS 140)**

Date of Request: 02/19/16

FOIA Record # _____

Name: James Elwart

Organization: _____

Address: 1160 Crimson Dr
Crystal Lake, IL 60014Phone Number: 815-715-4160**I HEREBY REQUEST ACCESS TO THE FOLLOWING RECORDS:**

Any and all records documenting any injuries
sustained by anyone as a result of "slip
and fall" incidents occurring on any interior
stairwells located within Lundahl Middle
School, 560 Nash Rd Crystal Lake IL 60014
for the last five (5) years.

Within 5 business days of the District receiving your request, you are entitled to a response, or notice that the district is in need of additional processing time (not to exceed an additional 5 business days). When our response is complete, we will contact you.

The District's response, including all supporting documents, and FOIA request with all submitted information, will be posted online under "Freedom of Information" on the District 47 website. District 47 provides this service as a public courtesy for no fee. Documents will be posted within 10 business days from our response to your request.

Fees will apply after the initial limited amount of black and white copies are provided. Actual cost of color or abnormal size copies will apply.

FOR OFFICE USE ONLY:

The District's response and records were accessed by: _____ In House Inspection _____ Pick-up _____ Mail _____ Fax _____ Email

Date: _____ Time: _____

AMT REC'D: _____ Check# _____ Cash _____

FOIA Officer: _____

Witness: _____

2011/2012 Injury Report

Employee	Position	Date	Location	Injury	W/C Claim	Time Off	Lift/Push Twist/Pull	Slip/Trip & Fall	Injury Caused By Student	Tool/ Equipment Related	Other
[REDACTED]	Teacher	9/6/2011	Lundahl	While walking up the stairs by the band room to the upper gym her shoe caught the next-to-the-top step and the employee fell forward onto the floor causing contusions to the head, arm, hand, back and neck.	Yes	No		x			
[REDACTED]	Teacher	2/16/2012	LMS	The employee fell up the stairs while carrying teaching materials, hurting her neck, leg, arm and back.	Yes	No		X			

RECEIVED
NOV 10 2011

CRYSTAL LAKE SCHOOL DISTRICT 47
STUDENT ACCIDENT/INCIDENT REPORT

BY: _____

PLEASE REPORT ON THIS FORM EVERY OCCURRENCE ON OR NEAR SCHOOL PREMISES

IDENTIFYING INFORMATION

STUDENT'S NAME [Redacted] BOY ☒ GIRL _____ GRADE 8

STUDENT'S ADDRESS/PHONE [Redacted]

DATE OF ACCIDENT 11/3/11 TIME 9 AM SCHOOL LMS PLACE Stairwell by library

DESCRIBE ACCIDENT AND NATURE OF INJURY

Student tripped while coming down stairway by library and injured (L) foot. Helped back to health office for evaluation.

DESCRIBE THE FIRST AID STEPS TAKEN FOR PUPIL

Foot elevated and ice applied. No edema noted. Patient states foot very painful. Mom contacted and cannot pick up student. Student wheeled to classes by RN and to car at day end.

WITNESSES OF ACCIDENT (AT LEAST THREE, IF POSSIBLE)

STAFF MEMBER
SUPERVISING _____

Signature

position

PARENTS NOTIFIED YES

NO

BY WHOM

[Signature] RN
Signature

PARENTS REACTION

Mom contacted and is unable to pick up student at this time.

FOLLOW UP DATA

Student seen by urgent care on 11/6/11. No PE or sprain x 1 week. Boot applied to foot.

[Signature]
Health Office - RN/Health Clerk

Certified School Nurse Signature

CRYSTAL LAKE SCHOOL DISTRICT 47
STUDENT ACCIDENT/INCIDENT REPORT

White copy goes in student health file. Yellow copy goes in health office files. Pink copy is attached to Gerber accident form and sent to the CORE.

IDENTIFYING INFORMATION

STUDENT'S NAME Deborah Campbell BOY X GIRL GRADE 8

STUDENT'S ADDRESS/PHONE 701 Northwood Dr, Crystal Lake, IL 60014

DATE OF ACCIDENT 4-11-14 TIME 1205 SCHOOL LMS PLACE Coming in from lunch

DESCRIBE ACCIDENT AND NATURE OF INJURY

Student was pushed coming in from lunch and landed on stairwell.
Complaining of pain to (L) shoulder area

DESCRIBE THE FIRST AID STEPS TAKEN FOR PUPIL

Ice was applied to shoulder, and arm was left in position of comfort. ↑ pain with movement.

WITNESSES OF ACCIDENT (AT LEAST THREE, IF POSSIBLE)

STAFF MEMBER SUPERVISING M. AB Assistant Principal
Signature position

PARENTS NOTIFIED YES NO BY WHOM John L. Longenecker
Signature

PARENTS REACTION Mom contacted and will pick up student

FOLLOW UP DATA Fractured clavicle per xray. PE
Restrictions: Arm in sling

John L. Longenecker RN
Health Office - RN/Health Clerk

Candy Heston KCSN
Certified School Nurse Signature

CRYSTAL LAKE SCHOOL DISTRICT 47
STUDENT ACCIDENT/INCIDENT REPORT

White copy goes in student health file. Yellow copy goes in health office files. Pink copy is attached to Gerber accident form and sent to the CORE.

IDENTIFYING INFORMATION

STUDENT'S NAME Kaitlyn Elwert BOY ☐ GIRL ☒ GRADE 6

STUDENT'S ADDRESS/PHONE 1160 Crinson Dr Crystal Lake, IL 6004

DATE OF ACCIDENT 2-1-16 TIME 1240 SCHOOL Lundahl PLACE Front stairwell

DESCRIBE ACCIDENT AND NATURE OF INJURY

Student fell on the front stairwell while walking down to class.

DESCRIBE THE FIRST AID STEPS TAKEN FOR PUPIL

Student was assisted up stairs and wheeled to front office. (1) Ankle/foot elevated and ice applied. (2) Edema. Pain 9/10.

WITNESSES OF ACCIDENT (AT LEAST THREE, IF POSSIBLE)

STAFF MEMBER
SUPERVISING

Signature

position

PARENTS NOTIFIED ☒ YES ☐ NO BY WHOM Janet L. Linn RN

PARENTS REACTION Mom concerned and will pick up student.

FOLLOW UP DATA (1) Ankle/Foot Xrayed at hospital and

fractured in 2 spots.

Health Office - RN/Health Clerk

Certified School Nurse Signature



Gerber Life
Insurance Company

STUDENT ACCIDENT INSURANCE CLAIM FORM

SIGNED CLAIM FORM IS REQUIRED

SEND ALL CORRESPONDENCE TO:

WEB-TPA
P.O. Box 2415
Grapevine, TX 76099-2415

Toll-Free: 866-975-9468
Fax: 469-417-1969

IMPORTANT NOTICE:

Your insurance plan is designed to provide maximum benefits for minimum premium. This plan of insurance is secondary to any health insurance you have. If you have other insurance, submit your claim to your other insurer. When you receive their Benefit Statement, send it to us along with your itemized bills, with diagnosis, and this completed form. **SEE REVERSE SIDE FOR ADDITIONAL INSTRUCTIONS ON FILING A CLAIM.** Note: The accident policy benefits are limited and may not provide 100% coverage.

< IF PART 1-A & PART 1-B ARE NOT COMPLETED IN FULL THIS CLAIM CANNOT BE PROCESSED AND WILL BE RETURNED >

PART 1-A - TO BE COMPLETED IN FULL BY THE ORGANIZATION/SCHOOL

Organization/School District Name Collective Liability Insurance Cooperative Policy Number 13-3799-13
School Name Lindahl Middle School Phone No. 815, 459-5971
Address 560 Nash Rd. Email www.d47.org/lms
Crystal Lake, IL 60014 Type of Activity/Sport _____
If Athletics, designate ☐ P.E. Class ☐ Intramural ☐ Interscholastic ☐ Game ☐ Jr. Varsity ☐ Varsity
☐ Youth ☐ Adult ☐ Practice ☒ Other Bring School Hours
Date of Accident 2-1-2016 Accident Time 1240 Date of First Treatment 2-1-2016
Where and how did accident occur? (Please be specific) Student fell on front
stairwell while walking down to class.

Part of body injured Back/Scot At the time of the accident, was the claimant involved in a sponsored and supervised activity and were they a current student/member of the Organization/School District? ☐ Yes ☐ No

Under whose supervision? _____ Was he/she a witness? ☐ Yes ☐ No

Authorized Signature [Signature] Title RN Date 2-5-16
(MUST BE SIGNED BY AN ORGANIZATION/SCHOOL OFFICIAL UNLESS INJURY DID NOT OCCUR DURING AN ORGANIZATION/SCHOOL ACTIVITY. SIGNATURE IS REQUIRED)

PART 1-B - TO BE COMPLETED IN FULL BY CLAIMANT - OR BY PARENT/LEGAL GUARDIAN IF CLAIMANT IS A MINOR

Claimant's Name _____ Social Security # _____

Date of Birth _____ Age _____ Grade Level _____ ☐ Male ☐ Female

Address of Claimant or Parents/Guardian _____

Phone No. () _____ Email Address _____

Name and Address of Family Physician _____

Phone No. () _____ Has treatment been completed? ☐ Yes ☐ No

Claimant or Father/Guardian Name _____

Employer Name and Address _____ Phone No. () _____

☐ Self Employed ☐ Unemployed

Claimant or Mother/Guardian Name _____

Employer Name and Address _____ Phone No. () _____

☐ Self Employed ☐ Unemployed

Is claimant covered under any other medical and or dental insurance policy? ☐ Yes ☐ No

Is claimant covered under a government sponsored insurance such as Medicare/Medicaid? ☐ Yes ☐ No

PLEASE CONTINUE TO THE NEXT PAGE OF THE FORM WHICH MUST BE COMPLETED IN FULL

Name of all companies providing claimant insurance coverage or prepaid health plans

Name of Company

Address

Policy #

Are benefits due for this claim under these other insurance coverages? ☐ Yes ☐ No (See IMPORTANT NOTICE at top of form on page 1)

Does your son or daughter have medical insurance coverage as an eligible dependent from a previous marriage as mandated in a divorce decree? ☐ Yes ☐ No If yes, please give name, address and phone number of responsible party _____

AFFIDAVIT: I verify that the above statement on other insurance is accurate and complete. I understand that the intentional furnishing of incorrect information via the U.S. Mail may be fraudulent and violate federal laws as well as state laws. I agree that it is determined at a later date that there are other insurance benefits collectible on this claim I will reimburse Gerber Life Insurance Company to the extent for which Gerber Life Insurance Company would not have been liable.

Signature: Claimant, Parent or Guardian _____ Date: _____

SIGNATURE IS REQUIRED

AUTHORIZATION TO RELEASE INFORMATION: I hereby authorize any employer, health plan, insurance company, hospital, physician, health care profession, clinic, laboratory, pharmacy, medical facility or other person that has provided treatment, payment, or services in connection with this claim to disclose, when requested to do so, all information with respect to any injury, policy coverage, medical history, consultations, prescription or treatment, and copies of all hospital or medical records and itemized bills to WebTPA, Inc. and Gerber Life Insurance Company, its agents, employees and representatives.

I hereby authorize WebTPA, Inc. to discuss any information related to medical expenses incurred or treatments rendered in connection with this claim, with Special Markets Insurance Consultants, Inc. representatives and their assigned agents and to officials at the school or organization through which this policy is issued. A photo static copy of this authorization shall be considered as effective and valid as the original.

Signature: Claimant, Parent or Guardian _____ Date: _____

PLEASE READ

PLEASE FOLLOW THESE INSTRUCTIONS TO FILE A CLAIM

ALL INFORMATION MUST BE PROVIDED IN ORDER FOR CLAIM TO BE PROCESSED

NOTE: The accident policy benefits are limited and may not provide 100% coverage. Completion of a claim form does not guarantee benefit payment. Each claim is reviewed according to the policy provisions.

♦ Answer all questions in detail (including all signatures on the front and back of the form). A claim form needs to be completed for each accident.

♦ If you have other insurance, submit your claim to your other insurer. Non-compliance with your primary health HMO/PPO plan will reduce this plans benefits by 50%. When you receive the explanation of benefits notice from your primary carrier, send it to us along with the corresponding itemized bills and with the fully completed claim form. You must submit itemized bills; balance due statements will not be processed. Itemized bills include:

- 1) HCFA-1500 (standard form used by Providers)
- 2) UB-04 or UB-92 (standard form used by Hospitals)

♦ If you already paid the bill, include a paid receipt or a copy of your cancelled check. Otherwise payment will be made to the providers of service (Hospital, Physician or Others), unless a paid receipt statement accompanies the bill at the time the claim is submitted.

♦ Send all correspondence to WebTPA, Inc., P.O. Box 2415 Grapevine, TX 76099-2415. The claim form must be sent within 90 days of the date you first received medical care. Any bills not filed with the claim form should be sent, within 90 days of the date you received medical care, to the Company identified with claimant's name, Organization or School name and date of Accident.

♦ If you change your address, please notify WebTPA, Inc. by sending notification to WebTPA so that there is no delay in processing any claims.

♦ Please contact WebTPA, Inc. by calling 866-975-9468 if you would like to check the status of your claim or if you have any questions on how your claim was processed or the benefit paid.

Common Causes For Delays In Processing Claims

1. Claim Forms Not Completed In Full or Not Submitted.
2. Balance Due, Balance Forward, or Past Due Statements Submitted for Bills.
3. Explanation of Benefits from Primary Carrier Not Provided with the Bills.

KEEP COPIES OF ALL CLAIM FORMS, BILLS, AND CORRESPONDENCE FOR YOUR OWN RECORDS UNTIL YOUR CLAIM HAS BEEN PROCESSED.

FRAUD NOTICE STATEMENTS

NOTICE TO APPLICANTS: "ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT WHICH IS A CRIME AND MAY SUBJECT SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES."

RESIDENTS OF ALASKA APPLICANTS: "A PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD OR DECEIVE AN INSURANCE COMPANY FILES A CLAIM CONTAINING FALSE, INCOMPLETE OR MISLEADING INFORMATION MAY BE PROSECUTED UNDER STATE LAW."

RESIDENTS OF ARKANSAS APPLICANTS: "ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN PRISON."

RESIDENTS OF ARIZONA APPLICANTS: "FOR YOUR PROTECTION ARIZONA LAW REQUIRES THE FOLLOWING STATEMENT TO APPEAR ON THIS FORM. ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS IS SUBJECT TO CRIMINAL AND CIVIL PENALTIES."

RESIDENTS OF COLORADO APPLICANTS: "IT IS UNLAWFUL TO KNOWINGLY PROVIDE FALSE, INCOMPLETE, OR MISLEADING FACTS OR INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING OR ATTEMPTING TO DEFRAUD THE COMPANY. PENALTIES MAY INCLUDE IMPRISONMENT, FINES, DENIAL OF INSURANCE, AND CIVIL DAMAGES. ANY INSURANCE COMPANY OR AGENT OF AN INSURANCE COMPANY WHO KNOWINGLY PROVIDES FALSE, INCOMPLETE, OR MISLEADING FACTS OR INFORMATION TO A POLICYHOLDER OR CLAIMANT FOR THE PURPOSE OF DEFRAUDING OR ATTEMPTING TO DEFRAUD THE POLICYHOLDER OR CLAIMANT WITH REGARD TO A SETTLEMENT OR AWARD PAYABLE FROM INSURANCE PROCEEDS SHALL BE REPORTED TO THE COLORADO DIVISION OF INSURANCE WITHIN THE DEPARTMENT OF REGULATORY AGENCIES."

RESIDENTS OF DISTRICT OF COLUMBIA APPLICANTS: "WARNING: IT IS A CRIME TO PROVIDE FALSE OR MISLEADING INFORMATION TO AN INSURER FOR THE PURPOSE OF DEFRAUDING THE INSURER OR ANY OTHER PERSON. PENALTIES INCLUDE IMPRISONMENT AND/OR FINES. IN ADDITION, AN INSURER MAY DENY INSURANCE BENEFITS IF FALSE INFORMATION MATERIALLY RELATED TO A CLAIM WAS PROVIDED BY THE APPLICANT."

RESIDENTS OF FLORIDA RESIDENTS APPLICANTS: "ANY PERSON WHO, KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD, OR DECEIVE ANY INSURER FILES A STATEMENT OF CLAIM OR AN APPLICATION CONTAINING ANY FALSE, INCOMPLETE OR MISLEADING INFORMATION IS GUILTY OF A FELONY OF THE THIRD DEGREE."

RESIDENTS OF KANSAS APPLICANTS: "ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON CAUSES TO BE PRESENTED OR PREPARES WITH KNOWLEDGE OR BELIEF THAT IT WILL BE PRESENTED TO OR BY AN INSURER, PURPORTED INSURER, BROKER OR ANY AGENT THEREOF, ANY WRITTEN STATEMENT AS PART OF, OR IN SUPPORT OF, AN APPLICATION FOR THE ISSUANCE OF, OR THE RATING OF AN INSURANCE POLICY, OR A CLAIM FOR PAYMENT OR OTHER BENEFIT PURSUANT TO AN INSURANCE POLICY WHICH SUCH PERSON KNOWS TO CONTAIN MATERIALLY FALSE INFORMATION CONCERNING ANY FACT MATERIAL THERETO, OR CONCEALS, FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT WHICH IS A CRIME AND MAY SUBJECT SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES."

RESIDENTS OF KENTUCKY APPLICANTS: "ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE CONTAINING ANY "MATERIALLY" FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT WHICH IS A CRIME."

RESIDENTS OF LOUISIANA APPLICANTS: "ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN PRISON."

RESIDENTS OF MAINE APPLICANTS: "IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES MAY INCLUDE IMPRISONMENT, FINES OR A DENIAL OF INSURANCE BENEFITS."

RESIDENTS OF MARYLAND APPLICANTS: "ANY PERSON WHO KNOWINGLY AND WILLFULLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR WHO KNOWINGLY AND WILLFULLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN PRISON."

RESIDENTS OF MINNESOTA APPLICANTS: "ANY PERSON WHO, WITH INTENT TO DEFRAUD OR KNOWING THAT HE/SHE IS FACILITATING A FRAUD AGAINST ANY INSURER, SUBMITS AN APPLICATION OR FILES A CLAIM CONTAINING A FALSE OR DECEPTIVE STATEMENT IS GUILTY OF INSURANCE FRAUD."

RESIDENTS OF NEW JERSEY APPLICANTS: "ANY PERSON WHO INCLUDES ANY FALSE OR MISLEADING INFORMATION ON AN APPLICATION FOR AN INSURANCE POLICY IS SUBJECT TO CRIMINAL AND CIVIL PENALTIES."

RESIDENTS OF NEW MEXICO APPLICANTS: "ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO CIVIL FINES AND CRIMINAL PENALTIES."

RESIDENTS OF NEW YORK APPLICANTS: "ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME AND SHALL ALSO BE SUBJECT TO A CIVIL PENALTY NOT TO EXCEED FIVE THOUSAND DOLLARS AND THE STATED VALUE OF THE CLAIM FOR EACH SUCH VIOLATION."

RESIDENTS OF OHIO APPLICANTS: "ANY PERSON WHO, WITH INTENT TO DEFRAUD OR KNOWING THAT HE/SHE IS FACILITATING A FRAUD AGAINST ANY INSURER, SUBMITS AN APPLICATION OR FILES A CLAIM CONTAINING A FALSE OR DECEPTIVE STATEMENT IS GUILTY OF INSURANCE FRAUD."

RESIDENTS OF OKLAHOMA APPLICANTS: "ANY PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD OR DECEIVE ANY INSURER, MAKES ANY CLAIM FOR THE PROCEEDS OF AN INSURANCE POLICY CONTAINING ANY FALSE, INCOMPLETE OR MISLEADING INFORMATION IS GUILTY OF A FELONY."

RESIDENTS OF OREGON APPLICANTS: "ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD OR SOLICIT ANOTHER TO DEFRAUD AN INSURER: (1) BY SUBMITTING AN APPLICATION, OR (2) BY FILING A CLAIM CONTAINING A FALSE STATEMENT AS TO ANY MATERIAL FACT, MAY BE VIOLATING STATE LAW."

RESIDENTS OF PENNSYLVANIA APPLICANTS: "ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION OR CONCEALS FOR THE PURPOSE OF MISLEADING INFORMATION CONCERNING ANY FACT MATERIAL THERETO COMMITS A FRAUDULENT INSURANCE ACT WHICH IS A CRIME AND SUBJECTS SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES."

RESIDENTS OF TENNESSEE APPLICANTS: "IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES INCLUDE IMPRISONMENT, FINES AND DENIAL OF INSURANCE BENEFITS."

RESIDENTS OF TEXAS APPLICANTS: IF A LIFE, HEALTH AND ACCIDENT INSURER PROVIDES A CLAIM FORM FOR A PERSON TO USE TO MAKE A CLAIM, THAT FORM MUST CONTAIN THE FOLLOWING STATEMENT OR A SUBSTANTIALLY SIMILAR STATEMENT: "ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR THE PAYMENT OF A LOSS IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN STATE PRISON."

RESIDENTS OF VERMONT APPLICANTS: "ANY PERSON WHO KNOWINGLY PRESENTS A FALSE STATEMENT IN AN APPLICATION FOR INSURANCE MAY BE GUILTY OF A CRIMINAL OFFENSE AND SUBJECT TO PENALTIES UNDER STATE LAW."

RESIDENTS OF VIRGINIA APPLICANTS: "IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES MAY INCLUDE IMPRISONMENT, FINES AND DENIAL OF INSURANCE BENEFITS."

RESIDENTS OF WASHINGTON APPLICANTS: "IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE, OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSES OF DEFRAUDING THE COMPANY. PENALTIES INCLUDE IMPRISONMENT, FINES, AND DENIAL OF INSURANCE BENEFITS."

RESIDENTS OF WEST VIRGINIA APPLICANTS: "ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN PRISON."

SCHOOL COPY



Incident/Accident Report

Crystal Lake School District 47

Name:

JESUS ALVARADO

Today's date:

8/18/10

Department:

OPERATIONS

Position:

CUSTODIAN-LMS

Date of Birth:

5/13/1981

Social Security No.

[REDACTED]

Date of Hire:

[REDACTED]

Home Phone No.

(224) 789-0864

Street Address:

1033 DEER CREEK

City:

CARPENTERSVILLE

State:

IL

Zip Code:

60010

Injury Date:

8/18/2010

Time:

☒ AM 10:45 ☐ PM

Date Last Worked:

8/18/2010

Date Accident Reported:

8/18/2010

Date Sent/Went to Doctor:

N/A

Investigation (check all that apply)

Injury	Type of Injury	Injury Cause
☐ Head	☐ Unconscious	☐ Medical/Unknown
☒ Back	☐ Laceration (cuts)	☐ Struck by/against
☒ Arm	☒ Contusion (bruise)	☐ Caught on/between
☐ Hand	☐ Burn	☒ Fall same/different level
☐ Leg	☐ Other:	☐ Lifting/lowering
☐ Foot		☐ Pushing/pulling
☐ Torso		☐ Carrying
☐ Other:		☐ Reaching
		☐ Bending
		☐ Twisting
		☐ Other:

Description of Accident:

WHILE CLEANING STAIRS, EMPLOYEE SLIPPED ON WET STAIR FROM WATER SPILL & FELL. HE LANDED ON HIS RIGHT ELBOW & RIGHT LOWER BACK

First Aid administered?

☐ Yes ☒ No

Action Taken:

EMPLOYEE IS CONTINUING TO WORK WITH MINOR DISCOMFORT.

GREG GROVES

Supervisor/Health Clerk Name (please print)

8/18/2010

Date

CORE Center Investigation

Were there any witnesses?

☐ No ☒ Yes

If so list names:

DAN REEP

Facts revealed during the investigation:

WATER HAD BEEN SPILLED ON STAIRS
IMMEDIATELY PRIOR TO ACCIDENT. IT HAD NOT
BEEN CLEANED UP YET.

Short term corrective action:

Suggested long term corrective action to prevent reoccurrence:

- ☐ No injury/near miss
- ☐ First Aid
- ☐ OSHA recordable
- ☐ Lost time (lost workdays)

Work Order ID: 26917

Completion Date: 8/25/2011

Description	Please fix the railing going up the stairs from the outside to our main floor. It is loose from the wall.		
Location	Lundahl Middle	Building	
Area	Entrance	Priority	Medium
Area Number	entrance #2	Craft	Carpentry
Custom Category		Type	
Status	Closed Work Orders	Estimated Hour	0.00
Assigned To	Soderberg, Ben	Requester	Matthew Grubbs 815-477-6962
Estimated Start	8/19/2011	Request Date	8/19/2011
Est. Completion Date		Req. Completion Date	8/22/2011
Budget Code		Purpose Code	General Maintenance
Project Code		Project Description	
Equip Item No.		Equip Desc	
Notes			

Purchases						To Date:	\$0.00
Date	Inv/Ref	Description	Supplier	Pool	Qty	Cost Each	

Labor			To Date:	2.00 h
Date	Name			Hours

Work Order ID: 26210

Completion Date: 8/25/2011

Description	The inside door on the main level in stairwell 3 will not stay propped open. Please fix.		
Location	Lundahl Middle	Building	
Area	Entrance	Priority	Medium
Area Number	entrance number 3	Craft	Doors and Hardware
Custom Category		Type	
Status	Complete	Estimated Hour	0.00
Assigned To	Jones, Russ	Requester	Matthew Grubbs 815-477-6962
Estimated Start	5/18/2011	Request Date	5/18/2011
Est. Completion Date		Req. Completion Date	5/19/2011
Budget Code		Purpose Code	General Maintenance
Project Code		Project Description	
Equip Item No.		Equip Desc	
Notes			

Purchases						To Date:	\$0.00
Date	Inv/Ref	Description	Supplier	Pool	Qty	Cost Each	

Labor			To Date:	1.00 h
Date	Name	Hours		

Technician Name
www.schoolde.com MaintenanceDirect

Date

Confirmation

Date
Printed by Renee Komosa

Work Order ID: 26892

Completion Date: 9/7/2011

Description	Main stairway hand rail on north side is falling off please repair asap.		
Location	Lundahl Middle	Building	
Area	Stairway	Priority	Medium
Area Number		Craft	General Maintenance
Custom Category		Type	
Status	Complete	Estimated Hour	0.00
Assigned To	Jones, Russ	Requester	Memo Salas
Estimated Start	8/18/2011	Request Date	8/18/2011
Est. Completion Date		Req. Completion Date	8/19/2011
Budget Code		Purpose Code	General Maintenance
Project Code		Project Description	
Equip Item No.		Equip Desc	
Notes			

Purchases						To Date:	\$0.00
Date	Inv/Ref	Description	Supplier	Pool	Qty	Cost Each	

Labor			To Date:	1.00 h
Date	Name			Hours

Work Order ID: 27666

Completion Date: 10/7/2011

Description	Two water leakings from rain, one by east lower gym entrance and the other one by back library stairwell please check asap.		
Location	Lundahl Middle	Building	
Area	Roof	Priority	Medium
Area Number		Craft	Roof
Custom Category		Type	
Status	Complete	Estimated Hour	0.00
Assigned To	Soderberg, Ben	Requester	Memo Salas
Estimated Start	9/27/2011	Request Date	9/27/2011
Est. Completion Date		Req. Completion Date	9/28/2011
Budget Code		Purpose Code	General Maintenance
Project Code		Project Description	
Equip Item No.		Equip Desc	
Notes			

Purchases						To Date:	\$0.00
Date	Inv/Ref	Description	Supplier	Pool	Qty	Cost Each	

Labor			To Date:	h
Date	Name			Hours

Work Order ID: 28014

Completion Date: 10/24/2011

Description	The fire door off of the main floor in stairwell three will not stay open. please fix.		
Location	Lundahl Middle	Building	
Area	Entrance	Priority	Medium
Area Number	door 3	Craft	Doors and Hardware
Custom Category		Type	
Status	Closed Work Orders	Estimated Hour	0.00
Assigned To	Soderberg, Ben	Requester	Matthew Grubbs 815-477-6962
Estimated Start	10/24/2011	Request Date	10/24/2011
Est. Completion Date		Req. Completion Date	10/24/2011
Budget Code		Purpose Code	General Maintenance
Project Code		Project Description	
Equip Item No.		Equip Desc	
Notes			

Purchases						To Date:	\$0.00
Date	Inv/Ref	Description	Supplier	Pool	Qty	Cost Each	

Labor			To Date:	1.00 h
Date	Name	Hours		

4. Husmann – 131 Paddock, Crystal Lake IL – 815- 356-3400:

a.) Existing gym floor will be removed and disposed of by others. Assure that figures include moisture testing per manufacturer guidelines. Include an allowance (per sq. ft.) for materials and labor for additional floor prep work if required.

Furnish and install 5.0mm gym floor system	\$ _____
Furnish and install base (to replace existing) and required transitions	\$ _____
Floor prep	\$ _____

Gym Floor Total Cost \$ _____

Floor prep – additional cost / sq. ft. if needed \$ _____

b.) Flooring will be removed and replaced in various areas (as shown on attached drawing).

Furnish and install 24"x24" walk off carpet tile	\$ _____
Furnish and install vinyl base and required transitions	\$ _____
Demo and offsite disposal of existing flooring	\$ _____
Floor prep	\$ _____

Walk-off Carpeting Total Cost \$ _____

5. Lundahl Middle School– 560 Nash, Crystal Lake IL – 815- 788-5450:

a.) Existing cafeteria flooring will be removed and replaced with quartz tile or walk off carpet tiles (as shown on attached drawing).

Furnish and install 24"x24" quartz tile	\$ _____
Furnish and install vinyl base (to replace existing) and required transitions	\$ _____
Demo and offsite disposal of existing flooring	\$ _____
Floor prep	\$ _____

Cafeteria Floor Total Cost \$ _____

b.) Existing flooring will be removed and replaced with walk off carpet tiles (as shown on attached drawing).

Furnish and install 24"x24" walk off carpet tile	\$ _____
Furnish and install vinyl base (to replace existing) and required transitions	\$ _____
Demo and offsite disposal of existing flooring	\$ _____
Floor prep	\$ _____
Alternate – add to include additional flooring for entry 12	\$ _____ (do not omit)

Walk-off Carpeting Total Cost \$ _____

4. Lundahl Middle School- 560 Nash, Crystal Lake, IL

Existing flooring will be removed and replaced with walk off carpet tiles (as shown on attached drawing).

Furnish and install 24"x24" walk off carpet tile (spec. 3)	\$ _____
Furnish and install vinyl base (to replace existing) and required transitions	\$ _____
Demo and offsite disposal of existing flooring	\$ _____
Floor prep	\$ _____
Total Cost	\$ _____

5. North Elementary - 500 Woodstock Street, Crystal Lake, IL

Existing flooring will be removed and replaced with walk off carpet tiles (as shown on attached drawing).

Furnish and install 24"x24" walk off carpet tile (spec. 3)	\$ _____
Furnish and install vinyl base (to replace existing) and required transitions	\$ _____
Demo and offsite disposal of existing flooring	\$ _____
Floor prep	\$ _____
Total Cost	\$ _____

6. South Elementary - 601 Golf, Crystal Lake, IL

Existing flooring will be removed and replaced with walk off carpet tiles (as shown on attached drawing).

Furnish and install 24"x24" walk off carpet tile (spec. 3)	\$ _____
Furnish and install vinyl base (to replace existing) and required transitions	\$ _____
Demo and offsite disposal of existing flooring	\$ _____
Floor prep	\$ _____
Total Cost	\$ _____

SCHOOL DISTRICT 47 FLOORING BID SUMMARY APRIL 3, 2012

COMPANY NAME: _____

ADDRESS: _____

PHONE NUMBER: _____ **FAX NUMBER:** _____

E-MAIL ADDRESS: _____

Please PRINT name

AUTHORIZED SIGNATURE

DATE

Work Order ID: 29952

Completion Date: 5/3/2012

Description	Paint entrance #6(back 6th gr doors) door frames and doors leading outside and leading into this stair case from hallway		
Location	Lundahl Middle	Building	
Area	Entrance	Priority	Medium
Area Number	#6	Craft	Painting
Custom Category		Type	
Status	Complete	Estimated Hour	0.00
Assigned To	Yates, Larry	Requester	Matthew Grubbs 815-477-6962
Estimated Start	4/4/2012	Request Date	4/4/2012
Est. Completion Date		Req. Completion Date	8/1/2012
Budget Code		Purpose Code	General Maintenance
Project Code		Project Description	
Equip Item No.		Equip Desc	
Notes			

Purchases						To Date:	\$0.00
Date	Inv/Ref	Description	Supplier	Pool	Qty	Cost Each	

Labor			To Date:	11.50 h
Date	Name	Hours		

Work Order ID: 31410	Completion Date: 8/27/2012
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Description	Matt Grubs asked me to put an outlet in at the top of the stairs at main entrance so they could plug in a large fan for ventilation.		
Location	Lundahl Middle	Building	
Area	Stairway	Priority	Medium
Area Number		Craft	Electrical
Custom Category		Type	
Status	Complete	Estimated Hour	0.00
Assigned To	Adams, Mike	Requester	Mike Adams
Estimated Start	8/27/2012	Request Date	8/27/2012
Est. Completion Date		Req. Completion Date	
Budget Code		Purpose Code	
Project Code		Project Description	
Equip Item No.		Equip Desc	
Notes			

Purchases						To Date:	\$0.00
Date	Inv/Ref	Description	Supplier	Pool	Qty	Cost Each	

Labor			To Date:	2.00 h
Date	Name	Hours		

Work Order ID: 31836

Completion Date: 9/24/2012

Description	The following exit signs and emergency lights need maintenance: exit sign by stairwell leading from cafe lobby to music room, out when testing; Right exit sign by entrance door #1, out when testing; Lights on sign in basement by girls washroom, out when testing; Lights on sign by entrance door #2 are getting dim; Lights on sign by tech lab north door, are out when testing; lights on exit sign by door #3 are out when testing; Lights on exit sign by south band room door out when testing; Emergency lights by room 215 are out; Middle hallway exit sign by middle stairwell, out when testing; Exit sign by storage room near learning center out when testing; Lights on exit sign out LMC, out when testing; Lights on exit sign by west library door are out when testing please fix asap.		
Location	Lundahl Middle	Building	
Area	Hallway/Corridor	Priority	Safety
Area Number		Craft	Lighting
Custom Category		Type	
Status	Complete	Estimated Hour	0.00
Assigned To	Adams, Mike	Requester	Memo Salas
Estimated Start	9/18/2012	Request Date	9/18/2012
Est. Completion Date		Req. Completion Date	9/21/2012
Budget Code		Purpose Code	
Project Code		Project Description	
Equip Item No.		Equip Desc	
Notes			

Purchases						To Date:	\$0.00
Date	Inv/Ref	Description	Supplier	Pool	Qty	Cost Each	

Labor			To Date:	4.00 h
Date	Name	Hours		

Work Order ID: 29953

Completion Date: 10/31/2012

Description	paint door frames and doors leading outside and leading into this staircase from hallway and radiator at Entrance #4(doors by buses)		
Location	Lundahl Middle	Building	
Area	Entrance	Priority	Medium
Area Number	#4	Craft	Painting
Custom Category		Type	
Status	Complete	Estimated Hour	0.00
Assigned To	Yates, Larry	Requester	Matthew Grubbs 815-477-6962
Estimated Start	4/4/2012	Request Date	4/4/2012
Est. Completion Date		Req. Completion Date	8/1/2012
Budget Code		Purpose Code	
Project Code		Project Description	
Equip Item No.		Equip Desc	
Notes			

Purchases					To Date:	\$0.00
Date	Inv/Ref	Description	Supplier	Pool	Qty	Cost Each

Labor			To Date:	h
Date	Name			Hours

Work Order ID: 32612

Completion Date: 11/9/2012

Description	2012 Life Safety Inspection - Remove hold opens on stairway doors by Upper level Science Labs.		
Location	Lundahl Middle	Building	
Area	Science Lab	Priority	Safety
Area Number	Upper Level	Craft	Doors and Hardware
Custom Category		Type	
Status	Complete	Estimated Hour	0.00
Assigned To	Salas, Memo	Requester	Greg Groves 815-479-6240
Estimated Start	11/8/2012	Request Date	11/8/2012
Est. Completion Date		Req. Completion Date	
Budget Code		Purpose Code	General Maintenance
Project Code		Project Description	
Equip Item No.		Equip Desc	
Notes			

Purchases						To Date:	\$0.00
Date	Inv/Ref	Description	Supplier	Pool	Qty	Cost Each	

Labor			To Date:	0.30 h
Date	Name			Hours

Work Order ID: 34144

Completion Date: 4/22/2013

Description	In the back library stairwell there's a roof water leakage when rain, please check asap.		
Location	Lundahl Middle	Building	
Area	Stairway	Priority	Medium
Area Number		Craft	Roof
Custom Category		Type	
Status	Closed Work Orders	Estimated Hour	0.00
Assigned To	Soderberg, Ben	Requester	Memo Salas
Estimated Start	4/11/2013	Request Date	4/11/2013
Est. Completion Date		Req. Completion Date	4/12/2013
Budget Code		Purpose Code	
Project Code		Project Description	
Equip Item No.		Equip Desc	
Notes			

Purchases						To Date:	\$0.00
Date	Inv/Ref	Description	Supplier	Pool	Qty	Cost Each	

Labor			To Date:	3.00 h
Date	Name			Hours

Work Order ID: 29961

Completion Date: 11/13/2013

Description	doors, door frame, radiator leading to staircase of Entrance \$		
Location	Lundahl Middle	Building	
Area	Hallway/Corridor	Priority	Medium
Area Number	8th gr hallway	Craft	Painting
Custom Category		Type	
Status	Complete	Estimated Hour	0.00
Assigned To	Yates, Larry	Requester	Matthew Grubbs 815-477-6962
Estimated Start	4/4/2012	Request Date	4/4/2012
Est. Completion Date		Req. Completion Date	8/1/2012
Budget Code		Purpose Code	
Project Code		Project Description	
Equip Item No.		Equip Desc	
Notes			

Purchases					To Date: \$0.00	
Date	Inv/Ref	Description	Supplier	Pool	Qty	Cost Each

Labor			To Date: 16.00 h	
Date	Name		Hours	

Work Order ID: 29951

Completion Date: 11/14/2013

Description	Paint door frames and doors leading outside and into this stair case from hallway		
Location	Lundahl Middle	Building	
Area	Entrance	Priority	Medium
Area Number	#6	Craft	Painting
Custom Category		Type	
Status	Complete	Estimated Hour	0.00
Assigned To	Yates, Larry	Requester	Matthew Grubbs 815-477-6962
Estimated Start	4/4/2012	Request Date	4/4/2012
Est. Completion Date		Req. Completion Date	8/1/2012
Budget Code		Purpose Code	General Maintenance
Project Code		Project Description	
Equip Item No.		Equip Desc	
Notes			

Purchases						To Date:	\$0.00
Date	Inv/Ref	Description	Supplier	Pool	Qty	Cost Each	

Labor			To Date:	4.00 h
Date	Name	Hours		

Work Order ID: 29962

Completion Date: 11/14/2013

Description	paint door and door frame leading into staircase to Entrance #6 by 8th gr hallway		
Location	Lundahl Middle	Building	
Area	Hallway/Corridor	Priority	Medium
Area Number	Interior by #6	Craft	Painting
Custom Category		Type	
Status	Complete	Estimated Hour	0.00
Assigned To	Yates, Larry	Requester	Matthew Grubbs 815-477-6962
Estimated Start	4/4/2012	Request Date	4/4/2012
Est. Completion Date		Req. Completion Date	8/1/2012
Budget Code		Purpose Code	
Project Code		Project Description	
Equip Item No.		Equip Desc	
Notes			

Purchases						To Date:	\$0.00
Date	Inv/Ref	Description	Supplier	Pool	Qty	Cost Each	

Labor			To Date:	4.00 h
Date	Name			Hours

Work Order ID: 29963

Completion Date: 11/18/2013

Description	paint door/door frame leading into staircase to Entrance #3		
Location	Lundahl Middle	Building	
Area	Hallway/Corridor	Priority	Medium
Area Number	#3	Craft	Painting
Custom Category		Type	
Status	Complete	Estimated Hour	0.00
Assigned To	Yates, Larry	Requester	Matthew Grubbs 815-477-6962
Estimated Start	4/4/2012	Request Date	4/4/2012
Est. Completion Date		Req. Completion Date	8/1/2012
Budget Code		Purpose Code	
Project Code		Project Description	
Equip Item No.		Equip Desc	
Notes			

Purchases					To Date:	\$0.00
Date	Inv/Ref	Description	Supplier	Pool	Qty	Cost Each

Labor			To Date:	4.00 h
Date	Name		Hours	

Work Order ID: 29964

Completion Date: 11/18/2013

Description	paint door and door frame leading into staircase to Entrance #2 by 7th gr hallway		
Location	Lundahl Middle	Building	
Area	Entrance	Priority	Medium
Area Number	Entrance #2	Craft	Painting
Custom Category		Type	
Status	Complete	Estimated Hour	0.00
Assigned To	Yates, Larry	Requester	Matthew Grubbs 815-477-6962
Estimated Start	4/4/2012	Request Date	4/4/2012
Est. Completion Date		Req. Completion Date	8/1/2012
Budget Code		Purpose Code	
Project Code		Project Description	
Equip Item No.		Equip Desc	
Notes			

Purchases						To Date:	\$0.00
Date	Inv/Ref	Description	Supplier	Pool	Qty	Cost Each	

Labor			To Date:	4.00 h
Date	Name	Hours		

SCHOOL DISTRICT 47 FLOORING BID PROPOSAL FORM

Existing flooring is to be removed and replaced as highlighted on the attached floor plans.

Please itemize the cost for removal and replacement as follows:

1. Operations Center – 221 Liberty Road, Crystal Lake IL (floor plan not provided)

Furnish labor and materials to replace front office stairway carpeting.

Walk off tiles to be installed on landings and broadloom

to be installed on stairs. (specs 1 and 3).

Furnish and install 4" vinyl base (to replace existing if applicable)

Furnish and install required transitions

Demo and offsite disposal of existing flooring

Floor prep

\$ _____

2. Lundahl Middle School – 560 Nash Road, Crystal Lake IL

Furnish labor and materials to install epoxy flooring (spec 4).

Notes:

1. Existing floor tiles will be removed by others as indicated.

2. Existing HALLWAY floor tiles outside rooms 12 through 11
to be removed by flooring contractor.

3. Band room instrument storage cabinets to be removed by others.

4. All rooms / areas will be cleared of furniture / items by others.

Furnish and install 6" vinyl base (to replace existing if applicable)

Furnish and install required transitions

Demo and offsite disposal of existing flooring

Floor prep

\$ _____

3. South Elementary – 601 Golf, Crystal Lake, IL

Furnish labor and materials to replace stairway stair treads

and flooring at top and bottom of stairs and landing and entry 16

flooring (specs 3 and 5).

Notes:

1. ADA chair lift railing system will be removed by others.

2. Stairway stair treads to be removed by others.

3. Stairway VCT located at top of stairs, landing and bottom of stairs to
be removed by flooring contractor.

4. Entry 16 floor tiles to be removed by others.

Furnish and install 4" vinyl base (to replace existing if applicable)

Furnish and install required transitions

Demo and offsite disposal of existing flooring

Floor prep

\$ _____

4. North Elementary – 500 Woodstock Street, Crystal Lake, IL

Existing flooring will be removed and replaced with walk off carpet tiles,

broadloom carpeting, walk off carpet tiles and stair treads (specs 1,3,5).

Furnish and install 4" vinyl base (to replace existing if applicable)

Furnish and install required transitions

Demo and offsite disposal of existing flooring

Floor prep

\$ _____

Work Order ID: 37841

Completion Date: 5/2/2014

Description	Latch is broke on double stairwell door by entrance door #1 please fix asap.		
Location	Lundahl Middle	Building	
Area	Stairway	Priority	Medium
Area Number		Craft	Doors and Hardware
Custom Category		Type	
Status	Complete	Estimated Hour	0.00
Assigned To	Rueff, Jim	Requester	Memo Salas
Estimated Start	5/1/2014	Request Date	5/1/2014
Est. Completion Date		Req. Completion Date	5/2/2014
Budget Code		Purpose Code	
Project Code		Project Description	
Equip Item No.		Equip Desc	
Notes			

Purchases						To Date:	\$0.00
Date	Inv/Ref	Description	Supplier	Pool	Qty	Cost Each	

Labor			To Date:	h
Date	Name			Hours

Work Order ID: 28183

Completion Date: 8/5/2014

Description	Please paint the hangover area in the far north stairwell. JR- I don't have the painting calendar.		
Location	Lundahl Middle	Building	
Area	Entrance	Priority	Medium
Area Number	far north stairwell	Craft	Painting
Custom Category		Type	
Status	Complete	Estimated Hour	0.00
Assigned To	Yates, Larry	Requester	Matthew Grubbs 815-477-6962
Estimated Start	11/3/2011	Request Date	11/3/2011
Est. Completion Date		Req. Completion Date	11/3/2011
Budget Code		Purpose Code	General Maintenance
Project Code		Project Description	
Equip Item No.		Equip Desc	
Notes			

Purchases						To Date:	\$0.00
Date	Inv/Ref	Description	Supplier	Pool	Qty	Cost Each	

Labor			To Date:	14.00 h
Date	Name	Hours		

Work Order ID: 26913

Completion Date: 9/3/2014

Description	Please paint all stairways railings, vents, and doors purple.		
Location	Lundahl Middle	Building	
Area	Stairway	Priority	Medium
Area Number	all stairways	Craft	Painting
Custom Category		Type	
Status	Closed Work Orders	Estimated Hour	0.00
Assigned To	Yates, Larry	Requester	Matthew Grubbs 815-477-6962
Estimated Start	8/19/2011	Request Date	8/19/2011
Est. Completion Date		Req. Completion Date	8/24/2011
Budget Code		Purpose Code	General Maintenance
Project Code		Project Description	
Equip Item No.		Equip Desc	
Notes			

Purchases					To Date:	\$0.00
Date	Inv/Ref	Description	Supplier	Pool	Qty	Cost Each

Labor			To Date:	115.50 h
Date	Name			Hours

Work Order ID: 39058

Completion Date: 9/19/2014

Description	please install an outlet at the top of the stairway (see Barb) in order to run the fan for circulation on hot days.		
Location	Lundahl Middle	Building	
Area	Stairway	Priority	Medium
Area Number	top floor across fr rm 207	Craft	Electrical
Custom Category		Type	
Status	Complete	Estimated Hour	0.00
Assigned To	Friel, Bob	Requester	Matthew Grubbs 815-477-6962
Estimated Start	9/11/2014	Request Date	9/11/2014
Est. Completion Date		Req. Completion Date	9/19/2014
Budget Code		Purpose Code	General Maintenance
Project Code		Project Description	
Equip Item No.		Equip Desc	
Notes			

Purchases						To Date:	\$0.00
Date	Inv/Ref	Description	Supplier	Pool	Qty	Cost Each	

Labor			To Date:	3.00 h
Date	Name	Hours		

Work Order ID: 39875

Completion Date: 11/14/2014

Description	paint door frames,stairs,railings		
Location	Lundahl Middle	Building	
Area	Hallway/Corridor	Priority	Medium
Area Number	main lobby	Craft	Painting
Custom Category		Type	
Status	Complete	Estimated Hour	0.00
Assigned To	Yates, Larry	Requester	Larry Yates
Estimated Start	11/12/2014	Request Date	11/14/2014
Est. Completion Date		Req. Completion Date	
Budget Code		Purpose Code	
Project Code		Project Description	
Equip Item No.		Equip Desc	
Notes			

Purchases						To Date:	\$0.00
Date	Inv/Ref	Description	Supplier	Pool	Qty	Cost Each	

Labor			To Date:	20.50 h
Date	Name	Hours		

Work Order ID: 39914

Completion Date: 11/25/2014

Description	Weather stripping all around the doors in the back stairwell facing the prairie. Gaps are large enough to let in mice and frigid cold winds.		
Location	Lundahl Middle	Building	
Area	Entrance	Priority	Medium
Area Number	door 6	Craft	Doors and Hardware
Custom Category		Type	
Status	Complete	Estimated Hour	0.00
Assigned To	Stahl, Matt	Requester	Matthew Grubbs 815-477-6962
Estimated Start	11/19/2014	Request Date	11/19/2014
Est. Completion Date		Req. Completion Date	11/21/2014
Budget Code		Purpose Code	
Project Code		Project Description	
Equip Item No.		Equip Desc	
Notes			

Purchases						To Date:	\$0.00
Date	Inv/Ref	Description	Supplier	Pool	Qty	Cost Each	

Labor			To Date:	h
Date	Name			Hours

Work Order ID: 36426

Completion Date: 12/3/2014

Description	2013 Life Safety Inspections Finding: Upper gym stairwell by cafeteria- Interlock doors to fire alarm system (Audio Engineering).		
Location	Lundahl Middle	Building	
Area		Priority	Medium
Area Number		Craft	Health/Safety
Custom Category		Type	
Status	Closed Work Orders	Estimated Hour	0.00
Assigned To	Schuh, Dave	Requester	Dave Schuh
Estimated Start	12/5/2013	Request Date	12/5/2013
Est. Completion Date		Req. Completion Date	
Budget Code		Purpose Code	General Maintenance
Project Code		Project Description	
Equip Item No.		Equip Desc	
Notes			

Purchases						To Date:	\$0.00
Date	Inv/Ref	Description	Supplier	Pool	Qty	Cost Each	

Labor			To Date:	h
Date	Name			Hours

SCHOOL DISTRICT 47 FLOORING BID MARCH 4, 2015

BID PROPOSAL FORM

Existing flooring is to be removed and replaced as highlighted on the attached floor plans.
Please itemize the cost for removal and replacement as follows:

1. CORE Center – 300 Commerce Drive, Crystal Lake IL
Furnish labor and materials to replace hallway carpeting with carpet tiles (spec. 4) Color Mandarin (MAND) and walk-off carpet tiles (spec. 3)
Furnish and install 4" vinyl base (to replace existing if applicable)
Furnish and install required transitions
Demo and offsite disposal of existing flooring
Floor prep
Note: All rooms / areas will be cleared of furniture / items and casework by others \$ _____
- 1a) Alternate to add women's washroom vinyl tile (spec 2.)
Note: All washroom partitions and fixtures in contact with floor removed by others \$ _____
- 5 2. Lundahl Middle School – 560 Nash Road, Crystal Lake IL
Furnish labor and materials to install epoxy flooring (spec 5).
Notes:
1. See abatement plan for flooring to be removed by others
2. Locker room lockers and benches to remain in place.
3. All rooms / areas will be cleared of furniture / items by others.
4. Lower level washroom partitions to be removed by others
5. Racks in Boy's locker room uniform store room to be removed by others
Furnish and install 6" vinyl base (to replace existing if applicable)
Furnish and install required transitions
Demo and offsite disposal of existing flooring
Floor prep \$ _____
- 2 3. Bernotas Middle School – 170 N. Oak, Crystal Lake, IL
Furnish labor and materials to replace flooring in teachers' lounge, workroom, and hallways (specs 2 and 3).
Notes:
1. See abatement plan for flooring to be removed by others
2. All rooms / areas will be cleared of casework and furniture by others.
3. Maintain existing stair treads at top of landing by door 5.
4. Lockers in related areas are on concrete bases and shall remain in place.
Furnish and install 4" vinyl base (to replace existing if applicable)
Furnish and install required transitions
Demo and offsite disposal of existing flooring
Floor prep \$ _____
- 4 4. Husmann Elementary – 131 W. Paddock Street, Crystal Lake, IL
Replace stair treads with stair treads (spec 6).
Furnish and install 4" vinyl base (to replace existing if applicable)
Furnish and install required transitions
Demo and offsite disposal of existing flooring
Floor prep
Note: provide proper stair tread landing section at top of steps per industry standards \$ _____

Work Order ID: 40111	Completion Date: 9/21/2015
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Description	Audio Eng - Add camera inside Main Entry so that office staff can see if people go upstairs or down.		
Location	Lundahl Middle	Building	
Area	Entrance	Priority	Medium
Area Number	Door 2	Craft	Health/Safety
Custom Category		Type	
Status	Complete	Estimated Hour	0.00
Assigned To	Groves, Greg	Requester	Dave Schuh
Estimated Start	12/15/2014	Request Date	12/15/2014
Est. Completion Date		Req. Completion Date	
Budget Code		Purpose Code	General Maintenance
Project Code		Project Description	
Equip Item No.		Equip Desc	
Notes			

Purchases					To Date:	\$0.00
Date	Inv/Ref	Description	Supplier	Pool	Qty	Cost Each

Labor			To Date:	h
Date	Name			Hours

Work Order ID: 43762

Completion Date: 11/24/2015

Description	Please check roof leaks by back library stairwell, in teachers lounge and out side cafeteria above door by ramp.		
Location	Lundahl Middle	Building	
Area	Roof	Priority	Medium
Area Number		Craft	Roof
Custom Category		Type	
Status	Complete	Estimated Hour	0.00
Assigned To	Groves, Greg	Requester	Memo Salas
Estimated Start	11/20/2015	Request Date	11/20/2015
Est. Completion Date		Req. Completion Date	11/23/2015
Budget Code		Purpose Code	
Project Code		Project Description	
Equip Item No.		Equip Desc	
Notes			

Purchases						To Date:	\$0.00
Date	Inv/Ref	Description	Supplier	Pool	Qty	Cost Each	

Labor			To Date:	h
Date	Name			Hours

Work Order ID: 43887

Completion Date: 12/9/2015

Description	Please replaced broken door glass on main stairwell top floor ASAP.		
Location	Lundahl Middle	Building	
Area	Stairway	Priority	Medium
Area Number		Craft	Glass\Window Repairs
Custom Category		Type	
Status	Complete	Estimated Hour	0.00
Assigned To	Groves, Greg	Requester	Memo Salas
Estimated Start	12/1/2015	Request Date	12/1/2015
Est. Completion Date		Req. Completion Date	12/1/2015
Budget Code		Purpose Code	
Project Code		Project Description	
Equip Item No.		Equip Desc	
Notes			

Purchases						To Date:	\$0.00
Date	Inv/Ref	Description	Supplier	Pool	Qty	Cost Each	

Labor			To Date:	h
Date	Name			Hours

Work Order ID: 43674

Completion Date: 12/17/2015

Description	Please replaced bad ballast for T12 light bulbs by North stairwell.		
Location	Lundahl Middle	Building	
Area	Stairway	Priority	Medium
Area Number		Craft	Lighting
Custom Category		Type	
Status	Complete	Estimated Hour	0.00
Assigned To	Friel, Bob	Requester	Memo Salas
Estimated Start	11/16/2015	Request Date	11/16/2015
Est. Completion Date		Req. Completion Date	11/17/2015
Budget Code		Purpose Code	
Project Code		Project Description	
Equip Item No.		Equip Desc	
Notes			

Purchases						To Date:	\$0.00
Date	Inv/Ref	Description	Supplier	Pool	Qty	Cost Each	

Labor			To Date:	14.00 h
Date	Name	Hours		

Work Order ID: 26073

Completion Date: 1/8/2016

Description	paint stairs and railings		
Location	Lundahl Middle	Building	
Area	Stairway	Priority	Medium
Area Number		Craft	Painting
Custom Category		Type	
Status	Closed Work Orders	Estimated Hour	0.00
Assigned To		Requester	Larry Yates
Estimated Start	4/27/2011	Request Date	5/5/2011
Est. Completion Date		Req. Completion Date	
Budget Code		Purpose Code	General Maintenance
Project Code		Project Description	
Equip Item No.		Equip Desc	
Notes			

Purchases						To Date:	\$0.00
Date	Inv/Ref	Description	Supplier	Pool	Qty	Cost Each	

Labor			To Date:	48.00 h
Date	Name	Hours		

Work Order ID: 44206

Completion Date: 1/14/2016

Description	Roof leak by back stairway landing near science labs, please check asap.		
Location	Lundahl Middle	Building	
Area	Stairway	Priority	Medium
Area Number		Craft	Roof
Custom Category		Type	
Status	Complete	Estimated Hour	0.00
Assigned To	Groves, Greg	Requester	Memo Salas
Estimated Start	1/11/2016	Request Date	1/11/2016
Est. Completion Date		Req. Completion Date	1/14/2016
Budget Code		Purpose Code	
Project Code		Project Description	
Equip Item No.		Equip Desc	
Notes			

Purchases						To Date:	\$0.00
Date	Inv/Ref	Description	Supplier	Pool	Qty	Cost Each	

Labor			To Date:	h
Date	Name			Hours

Work Order ID: 43658

Completion Date: 2/3/2016

Description	Paint the front entrance hallway up and down the stairs (including over the purple lion on the side wall going down the stairs. Keep the Lion on the ceiling of the upper stairs (professionally done mural). Also, sand and paint stairs, heater, handles, etc. It must be sanded down first or paint will continue to chip. For painting 1/6/16 - 2/3/16. GG		
Location	Lundahl Middle	Building	
Area		Priority	Scheduled
Area Number		Craft	Painting
Custom Category		Type	
Status	Complete	Estimated Hour	0.00
Assigned To	Yates, Larry	Requester	Angela Compere 815-788-5453
Estimated Start	11/13/2015	Request Date	11/13/2015
Est. Completion Date		Req. Completion Date	1/29/2016
Budget Code		Purpose Code	
Project Code		Project Description	
Equip Item No.		Equip Desc	
Notes			

Purchases						To Date:	\$0.00
Date	Inv/Ref	Description	Supplier	Pool	Qty	Cost Each	

Labor			To Date:	21.00 h
Date	Name	Hours		

Work Order ID: 43743

Completion Date:

Description	Entry 4 - Paint stringers and drywall repairs to underside of stairs to main level.		
Location	Lundahl Middle	Building	
Area	Stairway	Priority	Medium
Area Number		Craft	Painting
Custom Category		Type	
Status	Open Extended	Estimated Hour	0.00
Assigned To	Yates, Larry	Requester	Annette O'Connell
Estimated Start	11/19/2015	Request Date	11/19/2015
Est. Completion Date		Req. Completion Date	
Budget Code		Purpose Code	
Project Code		Project Description	
Equip Item No.		Equip Desc	
Notes			

Purchases						To Date:	\$0.00
Date	Inv/Ref	Description	Supplier	Pool	Qty	Cost Each	

Labor			To Date:	h
Date	Name			Hours