City of Columbus, Department of Public Safety
Division of Fire
Purchase of High Pressure Mass Spectrometer and Related Accessories
References

The bidder must briefly document its capabilities and submit an outline of its experience and work history with Spectrometers and warranty service for the past five years by submitting the contact information of References from four (4) separate equipment sales. References should consist of projects of a similar scope, complexity, and cost.

Business Name: ____Massachusetts Department Fire Services_____ Tel #._978_-_567-3100__

Address: ____1 State Road, Stow MA 01775 _____

E-mail Address: ___Jeffrey.Winn@mass.gov_____ Fax #._____-_____

Contact: __Jeff Winn, Director_____ Equipment purchase date:___2018-2020_____

Equipment Provided/ Warranty Service Performed:

Mass DFS Hazmat has multiple MX908 Devices in use throughout the state____

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Business Name: __Ohio Bureau Criminal Investigation_____ Tel #._855-BCI-OHIO____

Address: _1560 State Rt 56 SW London OH_____ _____

E-mail Address: ___Amanda.White@OhioAGO.gov_____ Fax #._____-_____

Contact: _Amanda White_____ Equipment purchase date:__2019-2024_____

Equipment Provided/ Warranty Service Performed:

OH BCI and OHIO AG have multiple MX908 devices deployed throughout the state

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City of Columbus, Department of Public Safety
Division of Fire
Purchase of High Pressure Mass Spectrometer and Related Accessories
References

Business Name: ___DC Fire & EMS_____ Tel #._202-673-3320___

Address: __2225 5th St NE, Washington DC_____

E-mail Address: ____peter.dziubla@dc.go_____ Fax #._____-_____

Contact: __Capt Pete Dziubla_____ Equipment purchase date:____2019_____

Equipment Provided/ Warranty Service Performed:

MX908 devices are deployed throughout the National Capitol Region_____

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Business Name: _Broward County Sheriff Fire Rescue _____ Tel #._954-764-4357

Address: _2601 West Broward Blvd, Fort Lauderdale FL_____ _____

E-mail Address: __Ryan_Hyatt@bsosid.org_____ Fax #._____-_____

Contact: _Sgt Ryan Hyatt_____ Equipment purchase date:_2021 2022 2025_____

Equipment Provided/ Warranty Service Performed:

_MX908 Devices are deployed with fire rescue and sheriff and are placed thoughout the county_____

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SUBCONTRACTORS INFORMATION (IF APPLICABLE)

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Business Name: _____ Tel #._____-_____

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