

**DEPARTMENT OF HEALTH  
WEST HAWAII  
KONA HEALTH CENTER  
LOCKSMITH SERVICES  
SPECIFICATIONS**

**PURPOSE**

The purpose for this Request for Quote (RFQ) is to invite prospective vendors to submit a quote for a one-time locksmith service for the State of Hawaii, Department of Health location at:

**KONA HEALTH CENTER**  
79-1015 Haukapila St., Kealahou, HI 96750  
Facility Contact: Jasmine Staup, (808) 322-1500

**SCOPE OF WORK**

The CONTRACTOR shall cover all steps:

- A. Remove and replace current locks on three (3) doors to match one master key.
- B. Provide one (1) master key and ten (10) duplicate keys.

**LOSS, DESTRUCTION OR DAMAGE**

In the event of loss, destruction, or damage of STATE property, the CONTRACTOR shall notify the Facility Contact (STATE). The CONTRACTOR shall be liable for all damages relating to the loss, destruction, or damage of STATE property.

**OTHER**

- A. Invoicing for services by the CONTRACTOR shall be submitted via mail to:

DEPARTMENT OF HEALTH  
HAWAII DISTRICT HEALTH OFFICE  
P.O. Box 916  
Hilo, Hawaii 96721-0916

- B. Payments for Invoices shall be paid through Purchase Order/ Check through the State of Hawaii, Department of Health.
- C. The CONTRACTOR shall submit the following documents:
  - 1. Certificate of Vendor Compliance
  - 2. Certificate of Good Standing
  - 3. Certificate of Liability Insurance
  - 4. W-9