



# THE TOWN OF SWAN RIVER

PHONE (204) 734-4586 FAX (204) 734-5166  
BOX 879 SWAN RIVER, MANITOBA R0L 1Z0

**TOWN OF SWAN RIVER  
IS ACCEPTING QUOTATIONS  
FOR A ROOFING INVESTIGATION.**

Sealed quotations marked “**POOL – DESTRUCTIVE INVESTIGATION**” will be accepted by the Town of Swan River up to **2:00 pm Central Daylight Time on April 24, 2026**, from Commercial Roofers for the assisting in the opening of several spots on the Swan Valley Credit Union Aquatics Centre roof and associated repair of the same as per attached specifications.

Please refer to the following specifications and use the attached sheet(s) to submit your quotation. Bids shall be submitted based upon the “INSTRUCTION TO BIDDERS” and incomplete bids or bids that do not follow this format will be rejected. Forward quotation to:

**The Town of Swan River  
Box 879  
Swan River, MB R0L 1Z0**

Or deliver the bid to the Town office located at 439 Main St, Swan River, MB prior to bid closing.

The lowest or any quotation will not necessarily be accepted.

If you require additional information please contact Uriah Waldner at 204-734-4586 EXT 207.



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## INSTRUCTIONS TO BIDDERS

Quotation forms, specifications and other information may be obtained from the Town Office located at 439 Main St. Swan River, MB.

Bidding will consist of a quotation sheet submitted in a sealed envelope. The envelope shall be clearly marked as "POOL – DESTRUCTIVE INVESTIGATION".

The Town of Swan River reserves the right to reject any or all quotations or any portion thereof.

All prices shall include taxes (PST and GST where applicable)

The bidder shall submit an invoice for the work once the project is completed.

## Specifications

The Town of Swan River is requiring the assistance of a commercial roofer to assist with some destructive roof testing. We will need the contractor to open the roof in several specified locations and, following some tests, perform a full repair for all openings.

**Structure:** 1424 1st Street North, Swan River, MB

Destructive Testing will consist of the following:

- This is to be completed in a single day and coordinated with P3A Architecture with their staff on site.
- Successful proponent will plan a pre-inspection of the roof before test day to prepare for the project.
- The work is to be completed as soon as possible when the snow melt permits.
- The contractor will be required to open in four locations the roof membrane and any insulation, as shown on the attached diagram. Following investigation, the full repair of all four openings
- Diagram can be reviewed to see locations for investigation and also a detail on how the roof is built.

## Certification / Experience with SBS

The successful proponent will have experience working with and patching SBS Modified Bitumen Roofing.

## Insurance

The contractor shall maintain a standard Commercial General Liability policy with a minimum limit of \$2,000,000 per occurrence during the duration of the work.



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The contractor shall obtain and keep in force “All Risks” equipment insurance covering owned and non-owned machinery and equipment used by the contractor in the performance of the work for the replacement value of any such machinery and equipment.

## **Workers Compensation**

Prior to the commencement of work, the successful bidder shall deliver to the Town a Certificate of Clearance from the Workers Compensation Board of Manitoba (WCB) stating that they are in good standing with the WCB as of the current date and every sixty (60) days thereafter ensuring ongoing good standing with the WCB until the work is complete.

## **Occupational Health and Safety**

The successful bidder is and shall be the prime contractor and shall serve as and have the duties of the prime contractor in accordance with *The Workplace Safety and Health Act, C.C.S.M.C.W210*.

## **Business License**

The successful bidder and any subcontractors shall obtain a Town of Swan business license in accordance with Business Licensing By-law No. 17/2016 prior to performing the work.



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## Town of Swan River – Pool – Destructive Investigation

Contractor: \_\_\_\_\_

Contact: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

1. Price to assist in the destructive investigation.

Price for work in accordance with attached specifications including applicable taxes.

\$ \_\_\_\_\_