

Public Safety Committee Meeting
Tuesday, May 3, 2022 5:00 PM
Crete City Hall
243 E 13th Street
Crete, NE 68333

1. Open Meeting

- In accordance with Nebraska law, a copy of the Open Meetings Act can be found in the back of the Council Chambers.
- Items listed on the agenda may be considered in any order.

2. Roll Call

- Attendance of members will be recorded to determine the presence of a quorum for official actions.

3. Items of Business

- The Committee may discuss or limit discussion on, hear testimony in favor of or in opposition to, or take action to provide a recommendation to the City Council on any matter presented under this title.
- 3.A. Provide a recommendation to the City Council on entering into contracts with Stryker in the total amount of \$10,052.88 for Lifepak defibrillator maintenance at the Fire Station and Wildwood Pool.
- 3.B. Provide a recommendation to the City Council on approving a livestock exception permit to allow Wranglers 4-H Club to have horses at the Tuxedo Park arena from May 1, 2022 to July 17, 2022.
- 3.C. Provide a recommendation to the City Council on approving a special event permit with street and alley closures for the Saline County Fair parade on July 16, 2022 from 1:30 to 3:00 pm.

4. Officers' Reports

- Reports may be given by the Mayor, Officers, Departments, or Councilmembers concerning the current operations of the City.
- No action can be taken on matters presented under this title except to answer any questions or to refer the matter for further action.

5. Adjournment

Disclaimers & Notices

- The Council may enter into closed session to discuss any matter on this agenda when it is determined that a closed session is clearly necessary for the protection of the public interest or the prevention of needless injury to the reputation of an individual (if such individual has not requested a public meeting) or as otherwise allowed by law. Any closed session shall be limited to the subject matter for which the closed session was called. If the motion to close passes, then immediately prior to the closed session the Mayor shall restate on the record the limitation of the subject matter of the closed session.
- The City of Crete assures that no person shall on the grounds of race, color, national origin, age, disability, handicap or sex, be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination under any program or activity of the City receiving Federal financial assistance. To report discrimination, contact the City Clerk's office.
- The complete agenda with attachments is available at www.crete.ne.gov.

Sales Rep Name: Scott Pufahl
 ProCare Service Rep: Jeremy Stevens

3800 E. Centre Ave
 Portage, MI 49009

Date: 4/15/2022
 ID #: 220415095045

PROCARE PROPOSAL SUBMITTED TO:

Billing Acc Num: 1338493
 Shipping Acct Num: 1338493
 Account Name: City of Crete
 Account Address: 241 E 13TH ST
 City, State Zip: Crete, NE 68333

Name: *Tom Ourada*
 Title: *City Administrator*
 Phone: *402-826-4313*
 Email: *tom.ourada@crete.ne.gov*

PROCARE COVERAGE

Item No.	Model Number	Model Description	ProCare Program	Qty	Yrs	Total
1	LP1000	LifePak 1000	LP1000 PM Only Onsite	1	4	\$1,696.00

PROGRAM INCLUDES:

- LP1000 PM Only Onsite:**
- Update software to the most current version
 - Check all batteries and battery pins
 - Inspect the integrity of accessories and recommend replacement as needed
 - Test the integrity of all cables and recommend replacement as needed
 - Electrical safety check in accordance with NFPA guidelines
 - Computer-aided diagnostics to verify the unit functions accurately, including waveform shape and defibrillation energy
 - Replace up to 1 battery pack in accordance with the device operating instructions or upon battery failure
 - Replace 1 set of expired adult therapy electrodes at scheduled time of service
- ** (Onsite PM or Depot Depending on Agreement) **

Unless otherwise stated on contract, payment is expected upfront.	ProCare Total	\$1,696.00
Annual Payments \$424.00	FINAL TOTAL	\$1,696.00

See below for complete payment schedule

Start Date: 4/1/2022
 End Date: 3/31/2026

 Stryker Signature Date

 Customer Signature Date

The Terms and Conditions of this quote and any subsequent purchase order of the Customer are governed by the Terms and Conditions located at <https://techweb.stryker.com>
 The terms and conditions referenced in the immediately preceding sentence do not apply where Customer and Stryker are parties to a Master Service Agreement.

 Purchase Order Number

This is not an invoice. A physical invoice will be mailed.
Remit payment to: P.O. Box 93308 Chicago, IL 60673-3308 **If contract is over \$5,000 please send hard copy PO**

COMMENTS:

Please email signed Proposal and Purchase Order to procarecoordinators@stryker.com.
 All information contained within this quotation is considered confidential and proprietary and is not subject to public disclosure.
 **Quote pricing valid for 30 days.

PAYMENT SCHEDULE

Date	Payment	Int Paid	Prin. Remaining	Balance
Starting Balance				\$ 1,696.00
4/1/2022	\$ 424.00	\$ -	\$ 1,272.00	\$ 1,272.00
4/1/2023	\$ 424.00	\$ -	\$ 848.00	\$ 848.00
4/1/2024	\$ 424.00	\$ -	\$ 424.00	\$ 424.00
4/1/2025	\$ 424.00	\$ -	\$ -	\$ -

SERIAL NUMBER SHEET

Item No.	Model	Serial Number	Program
1	LP1000	36066320	LP1000 PM Only Onsite

Purchase Order Form



Account Manager _____
 Cell Phone _____

Purchase Order Date _____
 Expected Delivery Date _____
 Stryker Quote Number 220415095045

Check box if Billing same as Shipping

BILL TO		CUSTOMER #
Billing Account Num	1338493	
Company Name		
Contact or Department		
Street Address		
Add'l Address Line		
City, ST ZIP		
Phone		

SHIP TO		CUSTOMER #
Shipping Account Num	1338493	
Company Name	City of Crete	
Contact or Department	Pool - Parks and Rec 0	
Street Address	241 E 13TH ST	
Add'l Address Line		
City, ST ZIP	Crete, NE 68333	
Phone	-	

Authorized Customer Initials _____

Authorized Customer Initials _____

DESCRIPTION	QTY	TOTAL
REFERENCE QUOTE <input type="text"/>	<input type="text"/>	<input type="text"/>

Accounts Payable Contact Information

Name _____
 Email _____
 Phone _____

Stryker Terms and Conditions
www.strykeremergencycare.com/terms

Authorized Customer Signature

Printed Name _____
 Title _____
 Signature _____
 Date _____

Attachment Stryker Quote Number **220415095045**

*Sales or use taxes on domestic (USA) deliveries will be invoiced in addition to the price of the goods and services on the Stryker Quote.

Sales Rep Name: Scott Pufahl
 ProCare Service Rep: Jeremy Stevens

3800 E. Centre Ave
 Portage, MI 49009

Date: 4/15/2022
 ID #: 220415095308

PROCARE PROPOSAL SUBMITTED TO:

Billing Acc Num: 1338493
 Shipping Acct Num: 1071432
 Account Name: Crete Rescue Squad *City of Crete*
 Account Address: 210 E 14TH ST
 City, State Zip: Crete, NE 68333

Name: *Tom Durada*
 Title: *City Administrator*
 Phone: *402-826-4313*
 Email: *tom.durada@crete.ne.gov*

PROCARE COVERAGE

Item No.	Model Number	Model Description	Serial Number	ProCare Program	Qty	Yrs				Total
1	LP15	LifePak 15	46513658	LP15 Prevent Onsite	1	1	12/26/22-3/31/23			\$409.28
2	LP15	LifePak 15	39850548	LP15 Prevent Onsite	1	1				\$1,637.10
3	LP15	LifePak 15	42325559	LP15 Prevent Onsite	1	1				\$1,637.10
4	LUCAS	LUCAS	3015D774	LUCAS Prevent Onsite	1	1				\$1,276.70
5	LUCAS	LUCAS	30161158	LUCAS Prevent Onsite	1	1				\$1,276.70
6	LP1000	LifePak 1000	36066418	LP1000 PM Only Onsite	1	1				\$424.00
7	LP1000	LifePak 1000	36066430	LP1000 PM Only Onsite	1	1				\$424.00
8	LP1000	LifePak 1000	36269565	LP1000 PM Only Onsite	1	1				\$424.00
9	LP1000	LifePak 1000	36066402	LP1000 PM Only Onsite	1	1				\$424.00
10	LP1000	LifePak 1000	36269564	LP1000 PM Only Onsite	1	1				\$424.00

PROGRAM INCLUDES:

LUCAS Prevent Onsite:

- Update software to the most current version
- Check all batteries and battery pins
- Inspect the integrity of accessories and recommend replacement as needed
- Test linear sensor and recalibrate if needed
- Lubricate and adjust mechanical parts, including compression module and claw lock
- Clean hood, fan, intake and bellows
- Perform functional test on all mechanical components and electronics
- Computer-aided diagnostics
- Replacement of LUCAS Disposable suction cup, LUCAS Patient Straps, or LUCAS Stabilization Strap, as deemed necessary by Stryker
- Repairs (parts and labor) to restore equipment to manufacturer specifications
- Replace up to 2 LUCAS chest compression system batteries in accordance with the Instructions for Use or upon battery failure*
- LUCAS Battery Desk-Top Charger, LUCAS Aux Power Supply, LUCAS Car Cable repair or replacement as deemed necessary by Stryker*
- Replacement of LUCAS Disposable suction cup, LUCAS Patient Straps, or LUCAS Stabilization Strap

**(Onsite Repairs or Depot Depending on Agreement) **

LP15 Prevent Onsite:

- Update software to the most current version
- Check all batteries and battery pins
- Inspect the integrity of accessories and recommend replacement as needed
- Test the integrity of all cables and recommend replacement as needed
- Electrical safety check in accordance with NFPA guidelines
- Computer-aided diagnostics to test 30 device dimensions and verify the unit functions accurately, from waveform shape and defibrillation energy to pacing current and capnography readings (if present)
- Check electrode expiration dates and recommend replacement as needed
- Check printer operation and trace quality
- Repairs (parts and labor) to restore equipment to manufacturer specifications
- LIFEPAK battery-charger repair or replacement as deemed necessary by Stryker*
- Power-adaptor repair or replacement
- Replace up to 3 lithium-ion batteries in accordance with the device operating instructions or upon failure*
- Replace up to 1 coin cell memory battery in accordance with the device operating instructions or upon failure*
- Replacement of protective display shield, corner bumper guards, CO2 connector cover, shoulder strap, handle, device labels, and battery pins as deemed necessary by Stryker at time of annual inspection.

**(Onsite Repairs or Depot Depending on Agreement) **

LP1000 PM Only Onsite:

- Update software to the most current version
- Check all batteries and battery pins
- Inspect the integrity of accessories and recommend replacement as needed
- Test the integrity of all cables and recommend replacement as needed
- Electrical safety check in accordance with NFPA guidelines
- Computer-aided diagnostics to verify the unit functions accurately, including waveform shape and defibrillation energy
- Replace up to 1 battery pack in accordance with the device operating instructions or upon battery failure
- Replace 1 set of expired adult therapy electrodes at schedule ed time of service

**(Onsite PM or Depot Depending on Agreement) **

Unless otherwise stated on contract, payment is expected upfront.	ProCare Total	\$8,356.88
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	FINAL TOTAL	\$8,356.88
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Start Date: 4/1/2022
 End Date: 3/31/2023

 Stryker Signature Date

 Customer Signature Date

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 Purchase Order Number

This is not an invoice. A physical invoice will be mailed.
Remit payment to: P.O. Box 93308 Chicago, IL 60673-3308

COMMENTS:
 Please email signed Proposal and Purchase Order to procarecoordinators@stryker.com.
 All information contained within this quotation is considered confidential and proprietary and is not subject to public disclosure.
 **Quote pricing valid for 30 days.

SERIAL NUMBER SHEET

Item No.	Model	Serial Number	Program
1	LP15	46513658	LP15 Prevent Onsite
2	LP15	39850548	LP15 Prevent Onsite
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5	LUCAS	30161158	LUCAS Prevent Onsite
6	LP1000	36066418	LP1000 PM Only Onsite
7	LP1000	36066430	LP1000 PM Only Onsite
8	LP1000	36269565	LP1000 PM Only Onsite
9	LP1000	36066402	LP1000 PM Only Onsite
10	LP1000	36269564	LP1000 PM Only Onsite

Purchase Order Form



Account Manager _____
 Cell Phone _____

Purchase Order Date _____
 Expected Delivery Date _____
 Stryker Quote Number 220415095307

Check box if Billing same as Shipping

BILL TO		CUSTOMER #
Billing Account Num	1338493	
Company Name		
Contact or Department		
Street Address		
Add'l Address Line		
City, ST ZIP		
Phone		

SHIP TO		CUSTOMER #
Shipping Account Num	1071432	
Company Name	Crete Rescue Squad	City of Crete
Contact or Department	Fire	0
Street Address	210 E 14TH ST	
Add'l Address Line		
City, ST ZIP	Crete, NE 68333	
Phone	-	

Authorized Customer Initials _____

Authorized Customer Initials _____

DESCRIPTION	QTY	TOTAL
REFERENCE QUOTE <input type="text"/>	<input type="text"/>	<input type="text"/>

Accounts Payable Contact Information

Name _____
 Email _____
 Phone _____

Stryker Terms and Conditions
www.strykeremergencycare.com/terms

Authorized Customer Signature

Printed Name _____
 Title _____
 Signature _____
 Date _____

Attachment Stryker Quote Number 220415095307

*Sales or use taxes on domestic (USA) deliveries will be invoiced in addition to the price of the goods and services on the Stryker Quote.



Kelsey 4317

CITY OF CRETE
APPLICATION FOR PROHIBITED ANIMAL EXCEPTION
Crete City Code §6-102 and §6-104 (attached)

We usually ride every Wed. till fair

Date of Event May 1, 2022 Could be Sat. mornings as well

Start Time of Event Varies 6 pm.

Finish Time of Event 9:30 p.m.

Event Location Arena Tuxedo Park

Description of Event Including List of Animals - Include Number and Type

4H Horse Club Arena practice
around 20 Horses

Special Equipment No

Organization Wranglers 4H Club

Responsible Party Terri Brown

Address 744 CR 2350

Phone 402-826-0536 email: tb996884@gmail.com

Signature of Responsible Party Terri A. Brown

Date 4-20-22

DO NOT WRITE IN THIS SPACE

Application # PA22-02

City Admin. Review TO

Emergency Services Review

Council Meeting Date

Approved

Denied

Bond Required N/A

Bond Amount N/A

Insurance Certificate Required

Yes

Bond/Cert Received [check]

Conditions listed on back

ATTACHMENTS:

- Copy of current vaccinations
Copy of Insurance
Required Permits, as Applicable

CERTIFICATE OF INSURANCE

DATE 2/4/2022

PRODUCER
 BOARD OF REGENTS OF THE UNIVERSITY OF NEBRASKA
 3835 HOLDREGE
 LINCOLN NE 68583

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

INSURERS AFFORDING COVERAGE

INSURED
 BOARD OF REGENTS OF THE UNIVERSITY OF NEBRASKA
 3835 HOLDREGE
 LINCOLN NE 68583

INSURER A: Self Insured Trust Agreement	
INSURER B:	
INSURER C:	
INSURER D:	
INSURER E:	

COVERAGES

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	ADD'L INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	LIMITS	
A		GENERAL LIABILITY	SELF INSURED TRUST	7/1/2021	7/1/2022	EACH OCCURRENCE	\$1,000,000
		<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY				DAMAGE TO RENTED PREMISES (Ea occurrence)	
		<input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR				MED EXP (Any one person)	
		GEN'L AGGREGATE LIMIT APPLIES PER:				PERSONAL & ADV INJURY	
		<input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC				GENERAL AGGREGATE	\$3,000,000
						PRODUCTS - COMP/OP AGG	
A		AUTOMOBILE LIABILITY	SELF INSURED TRUST	7/1/2021	7/1/2022	COMBINED SINGLE LIMIT (Ea Occurrence)	\$1,000,000
		<input checked="" type="checkbox"/> ANY AUTO				BODILY INJURY (per person)	
		<input checked="" type="checkbox"/> ALL OWNED AUTOS				BODILY INJURY (per accident)	
		<input checked="" type="checkbox"/> SCHEDULED AUTOS				PROPERTY DAMAGE (per accident)	
		<input checked="" type="checkbox"/> HIRED AUTOS				Auto Only - Ea Accident	
		<input checked="" type="checkbox"/> NON - OWNED AUTOS				Other than Auto Only:	
						EA ACC	
						AGG	
		GARAGE LIABILITY				EACH OCCURRENCE	
		<input type="checkbox"/> ANY AUTO				AGGREGATE	
		EXCESS/UMBRELLA LIABILITY				WC STATUTORY LIMITS	
		<input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE				OTHER	
		<input type="checkbox"/> DEDUCTIBLE				E. L. EACH ACCIDENT	
		RETENTION \$				E. L. DISEASE-EA EMPLOYEE	
		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY				E. L. DISEASE-POLICY LIMIT	
		ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?					
		If yes, describe under SPECIAL PROVISIONS below					
		OTHER					

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS

Evidence of coverage for the University of Nebraska

CERTIFICATE HOLDER

CANCELLATION

City of Crete
 243 East 13th Street
 Crete, NE 68333

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE:
 Christopher J. Kabourek

Chris A Kabourek



CITY OF CRETE
APPLICATION FOR SPECIAL EVENT PERMIT

Date of Event 7-10-22

Start Time of Event 1:30 pm

Finish Time of Event Approx. 3pm

Location of Event Downtown Crete

Empty lines for additional location information

[X] This request is for temporary occupation of the street or sidewalk right-of-way.

Streets or Alleys requesting to be closed Main St. from 10th to 12th, 12th St. from Main to Quince, Linden from 12th to 9th

Special Equipment None

Organization Saline County Fair Parade Group

Responsible Party Janina Bakker

Address 1315 Iris Ave. Crete, NE 68333

Phone 402-826-9741

Signature of Responsible Party [Handwritten Signature]

DO NOT WRITE IN THIS SPACE

Application # P22-02

Public Works Review [checked]

Emergency Services Review [checked]

Council Meeting Date 5-3-2022

Approved

Denied

Insurance Certificate Required Saline Co.

Ins. Cert. Received [checked]

Conditions listed on back

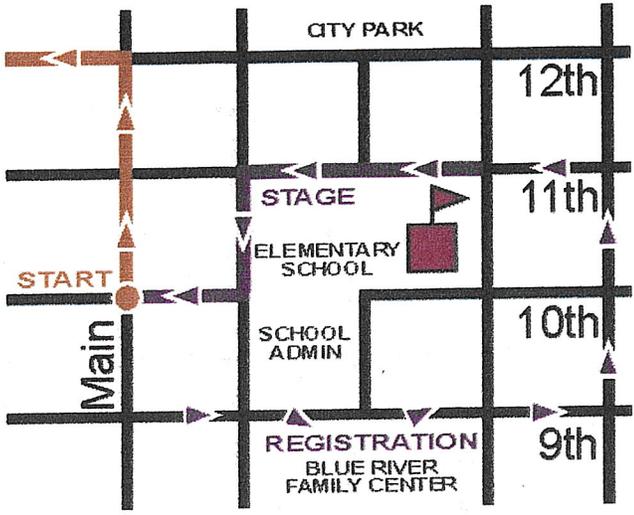
REQUIRED ATTACHMENTS:

- Diagram or print of location of event.
- If alcoholic liquor will be served, copy of SDL.
- If alcoholic liquor will be served, description of barricades, devices, security measures, etc. to ensure compliance with The Nebraska Liquor Control Act:

N/A.

- Copy of insurance covering event with City of Crete as named insured.

I am attaching last years diagram that we used and the parade route is planned to stay the same again this year.



Jerry Wilcox

From: Brian Stork
Sent: Tuesday, April 19, 2022 4:21 PM
To: Steve Hensel; Jerry Wilcox; Tom Ourada; Kyle Manley
Cc: Kelsey Sisouvong
Subject: RE: Special Event Permit

Follow Up Flag: Follow up
Flag Status: Flagged

I don't have any issues with it. The permit said they do not need any special equipment but Janina confirmed that they will need barricades from the street department.

Brian Stork | Public Works Director
City of Crete | 243 East 13th Street | Crete, NE | 68333
Office: 402 826-4312



From: Steve Hensel
Sent: Tuesday, April 19, 2022 3:44 PM
To: Jerry Wilcox; Tom Ourada; Kyle Manley; Brian Stork
Cc: Kelsey Sisouvong
Subject: RE: Special Event Permit

PD can support this.

Steve Hensel
Ext. 6203

CONFIDENTIALITY NOTICE: The materials in this electronic mail transmission (including all attachments) are private and confidential and are the property of the sender. If you are not the intended addressee, be advised that any unauthorized disclosure, copying, distribution or the taking of any action in reliance on the contents of this material is strictly prohibited. If you have received this electronic mail transmission in error, please notify the sender by replying to the email or by telephone.

From: Jerry Wilcox
Sent: Tuesday, April 19, 2022 3:40 PM
To: Tom Ourada; Kyle Manley; Steve Hensel; Brian Stork
Cc: Kelsey Sisouvong
Subject: Special Event Permit

Attached please find a Special Event Permit Application for review. It will require street closures and using the same route as last year.

Jerry Wilcox | Clerk-Treasurer
City of Crete | 243 East 13th Street
Crete, NE | 68333
☎ 402 826-4313 | 📠 402 826-4334

jerry.wilcox@crete.ne.gov

