



SELECTBOARD AGENDA & MEETING NOTICE

Mon., September 12, 2022

***Indicates item added after the 48 hour posting

bold underlined time = invited guest or advertised hearing
(all other times are approximate)

Location: Gill Town Hall, 2nd Floor

5:30 PM **Call to Order** (If the meeting is being videotaped, announce that fact. If remote participation will occur, announce member & reason, & need for roll call voting)

5:30 PM Utility Pole Hearing – Continuation of 8/29/22 hearing - Request by Eversource to relocate pole # 14/14 on Dole Road to provide electricity to a new home at 42 Dole Road

Old Business

- Review of Minutes from 8/29/22
- FirstLight Relicensing & Settlement Agreements – FirstLight has proposed to FERC all agreements will be finished by 12/31/22. Does the Selectboard want to send a letter to FERC regarding this new date?

New Business

- Cemetery Commission – Project to straighten and re-set stones at West Gill Cemetery, estimated cost of \$4,000 from Negus & Taylor Monuments; 50% of cost will be covered by a donation
- Gary Stevens – Concerns regarding access to his property located on Back Road
- Purchase Order – Negus & Taylor Monuments - \$398 or \$473 to cast a 10” bronze ribbon to add a name to one of the veterans’ memorials
- Fire Department – request from Forester Menson for a 1-year leave of absence as a Firefighter
- Other business as may arise after the agenda has been posted.
 - Fire Department – FEMA Grant Award from FFY2021 Assistance to Firefighters Grant (AFG) of \$16,000 (\$15,238.09 federal funds, \$761.91 town match) for purchase of a LUCAS device (automatic chest compression device for CPR)
 - Plumbing Work at Riverside Building - \$4,500 estimate to bypass basement toilet & sink fixtures to prevent (hopefully) future sewer backups in building
- Public Service Announcements, if any
 - Flu & COVID Vaccine Clinics – Gill Elem 9/13 3:30-5:30; TFHS 9/15 3-5 PM
 - Hazardous Waste Collection Day – Sat. Sept 24th. Pre-register by Sept. 16th
- Warrants
 - FY23 # 5 Vendors (\$39,608.78) & Payroll (\$33,930.56) – reviewed & signed on 8/29/22
 - FY23 # 6 – review & sign

Adjournment

Other Invitations/Meetings:

Date	Time	Event	Location
Sat 9/24	Registration required	Household Hazardous Waste Collection	GCC Main Campus
Sun 9/25	Noon-3PM	Harvest Festival	Town Common
Mon 9/26	5:30 PM	Gill Selectboard meeting	Gill Town Hall, 2 nd floor
Mon 10/10		Columbus Day holiday	



PETITION FOR SOLELY OWNED POLE AND WIRE LOCATIONS

By the Selectboard of Gill, Massachusetts

NSTAR ELECTRIC COMPANY DBA EVERSOURCE requests permission to relocate and/or install poles, wires, cables and fixtures, including the necessary sustaining and protecting fixtures along and across the following public way:

Location - 42 Dole Road, Gill:

Eversource is requesting to relocate one (1) solely owned pole, #14/14. The new pole is to be relocated thirty (30) feet easterly from current location. After being moved it will be approximately 240 feet westerly from exiting pole #14/13 and approximately midspan between existing poles #14/13 and #14/15.

Reason – To provide 42 Dole Road with power.

Wherefore it prays that after due notice and hearing as provided by law, let it be granted a location for and permission to construct and maintain a pole, wires and cables, together with such sustaining and protecting fixtures as they may find necessary, said pole to be erected substantially in accordance with the plan filed herewith and made a part hereof marked **9717238**.

Also for permission to lay and maintain underground laterals, cables and wires in the above or intersecting public ways for the purpose of making connections with such poles and buildings as it may desire for distributing purposes.

Your petitioners agree to reserve space for one crossarm at a suitable point on each of said poles for the fire and police telephone signal wires belonging to the municipality and used by it exclusively for municipal purposes.

NSTAR ELECTRIC COMPANY DBA EVERSOURCE

By Joanne Fox
Joanne Fox
District Representative

Dated this 30th day of August, 2022.

EVERSOURCE COPY

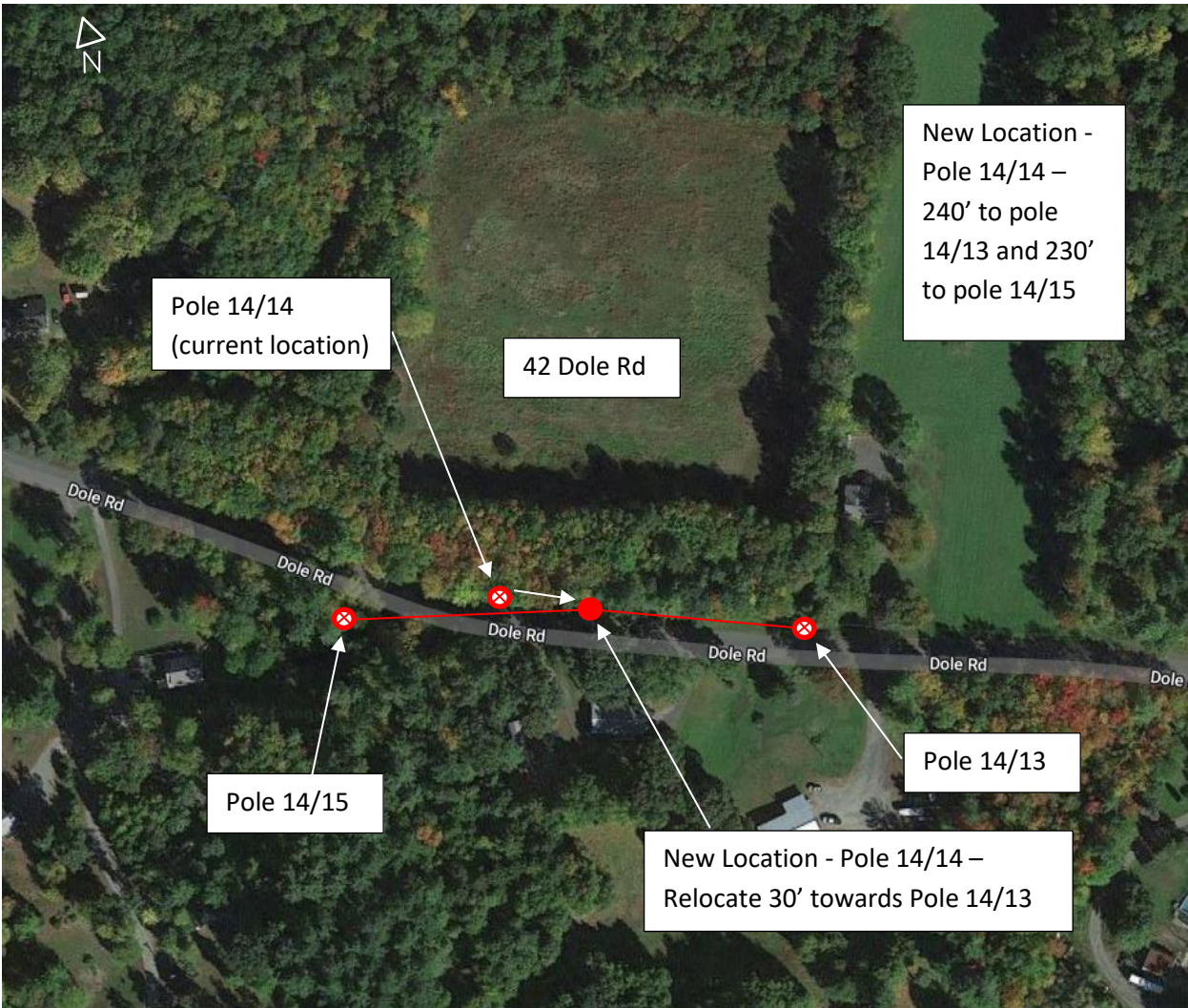
EVERSOURCE	TOWN GILL
NEW SERVICE	STREET 42 DOLE RD

PURPOSE AND DESCRIPTION

REQUESTING TO RELOCATE ONE FULL OWNED EVERSOURCE POLE ON DOLE RD IN GILL TO PROVIDE 42 DOLE RD WITH POWER.

LEGEND	
⊗ PROPOSED JOINT POLE	● HEXHOLE
● PROPOSED W.M.E.CO POLE	Ⓜ HANDHOLE
⊗ EXISTING JOINT POLE	□ MANHOLE
○ EXISTING W.M.E.CO POLE	■ PAD MONT TRANSFORMER
⊗ EXISTING FOREIGN POLE TO BE MADE JOINT	⋯ U.G. CONDUIT
⊗ EXISTING W.M.E.CO POLE TO BE MADE JOINT	—P— U.G. PRIMARY CABLE
	—S— U.G. SECONDARY CABLE

DRAWN BY: AUSTIN HARPIN	W.O.#: 9717238 W.R.#:	PETITION #: N/A	DISTANCES ARE APPROXIMATE NOT TO SCALE
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TOWN OF GILL

M A S S A C H U S E T T S



www.gillmass.org

September 12, 2022

Ms. Kimberly D. Bose, Secretary
Federal Energy Regulatory Commission
888 First Street, N.E.
Washington, DC 20426

Re: Turners Falls Hydroelectric Project (FERC No. 1889) and FirstLight MA Hydro LLC, Northfield Mountain Pumped Storage Project (FERC No. 2485)

Dear Secretary Bose:

On August 9, 2022 FirstLight filed a status update with the Commission describing work toward a comprehensive settlement agreement for the above referenced projects (Accession # 20220809-5118). Based on the progress toward settlement to date, the Town of Gill does not oppose the schedule outlined by FirstLight, including the completion date of December 31, 2022.

Sincerely,

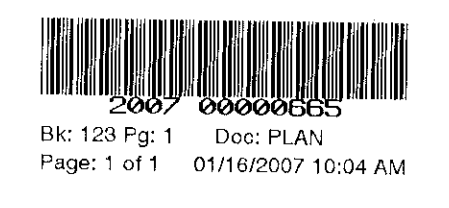
Selectboard of the Town of Gill

Charles Garbiel II, Chair

Gregory Snedeker

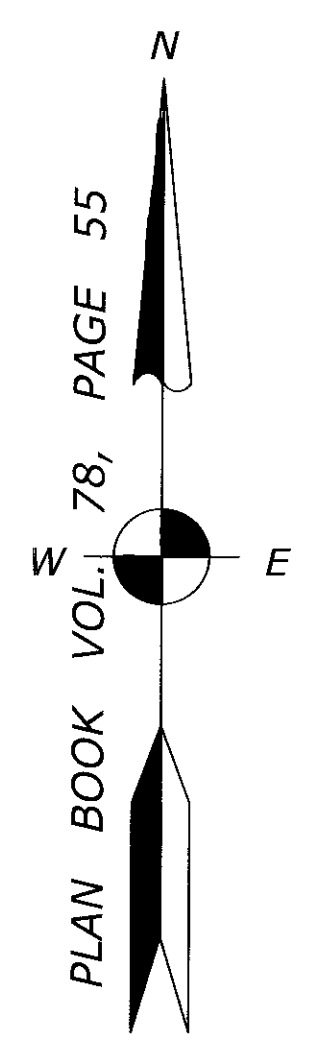
Randy Crochier

FOR REGISTRY USE



LEGEND

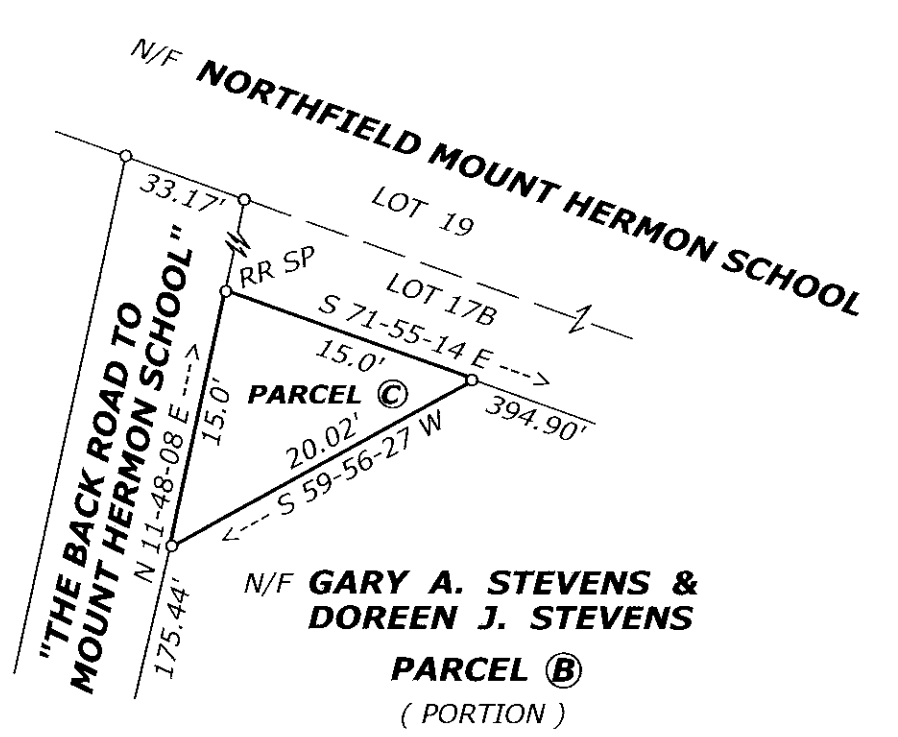
- IRON PIN FOUND
- IRON PIN SET
- STONE / CONCRETE BOUND FOUND
- △ UNMONUMENTED POINT
- ✕ FENCE
- STREAM
- 00000 STONE WALL
- ⊙ PERC TEST



DETAIL

(NOT TO SCALE)
PARCEL C
 (NOT A BLDG. LOT)
AREA = 111.82 SF

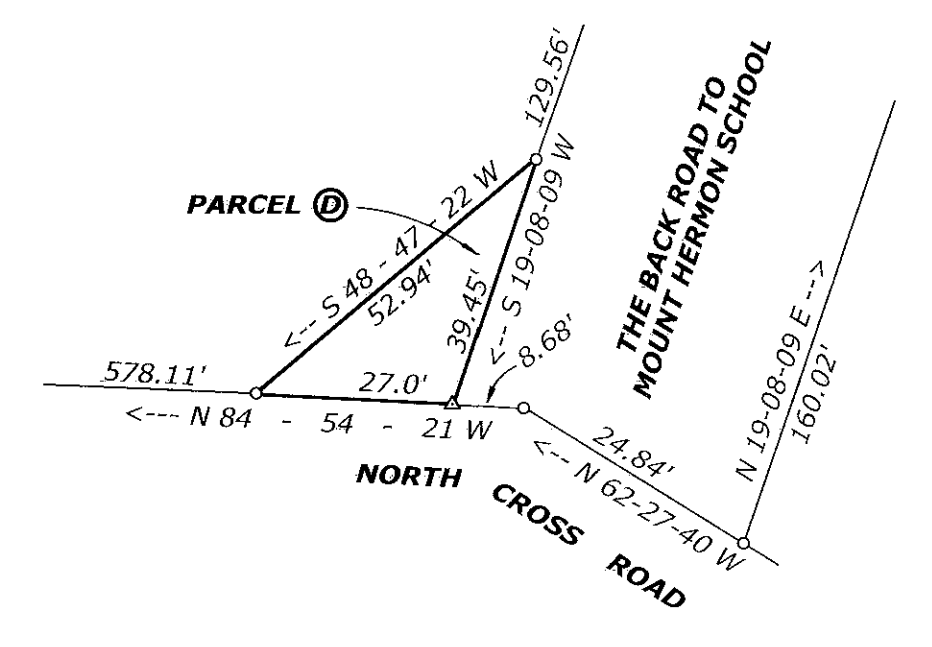
A PORTION OF DEED BOOK VOL. 3591, PAGE 249 &
 A PORTION OF PLAN BOOK VOL. 119, PAGE 71, PARCEL "B"
 (TO BE CONVEYED TO NORTHFIELD MOUNT HERMON SCHOOL)



DETAIL

(NOT TO SCALE)
PARCEL D
 (NOT A BLDG. LOT)
AREA = 516.77 SQ. FT.

A PORTION OF DEED BOOK VOL. 3591, PAGE 249 &
 A PORTION OF PLAN BOOK VOL. 119, PAGE 71, PARCEL "A"
 (TO BE CONVEYED TO THE TOWN OF GILL FOR HIGHWAY PURPOSES)



NOTES

THE "BACK ROAD TO MOUNT HERMON SCHOOL" AS SHOWN HEREON IS AN 1860 TOWN LAYOUT, 33.00 FEET WIDE. SEE ART. 11 OF THE MARCH 5, 1860 TOWN MEETING.

THE NORTH CROSS ROAD IS AN UNMONUMENTED 1829 FRANKLIN COUNTY LAYOUT 2 RODS (33.0 FT.) WIDE. THE STREET LINE FOR NORTH CROSS ROAD, AS SHOWN HEREON, IS A REVISION TO SAID STREET LINE SHOWN IN PREVIOUS PLANS OF RECORD PREPARED BY THE UNDERSIGNED RECORDED IN PLAN BOOK VOL. 60, PAGE 66, PLAN BOOK VOL. 63, PAGE 46, PLAN BOOK VOL. 78, PAGE 55 AND PLAN BOOK VOL. 119, PAGE 71.

PARCELS A & B ARE SUBJECT TO AN OFFICIAL LOCATION DETERMINATION/MONUMENTATION OF NORTH CROSS ROAD AND "THE BACK ROAD TO MOUNT HERMON SCHOOL" BY THE FRANKLIN COUNTY COMMISSIONERS AND/OR THE TOWN OF GILL. AN ATTEMPT HAS BEEN MADE TO LAYOUT SAID HIGHWAYS USING PHYSICAL EVIDENCE FOUND IN THE FIELD, DEEDS AND PLANS OF RECORD AND REFERENCED HIGHWAY LAYOUTS OF RECORD.

APPROVAL UNDER THE SUBDIVISION CONTROL LAW NOT REQUIRED :

DATED : _____
 SIGNED : _____
 GILL _____
 PLANNING _____
 BOARD _____

I HEREBY REPORT THAT THIS PLAN HAS BEEN PREPARED IN CONFORMITY WITH THE RULES AND REGULATIONS OF THE REGISTERS OF DEEDS OF THE COMMONWEALTH OF MASSACHUSETTS.

Don A. Merritt P.L.S. December 12, 2006
 PROFESSIONAL LAND SURVEYOR DATE

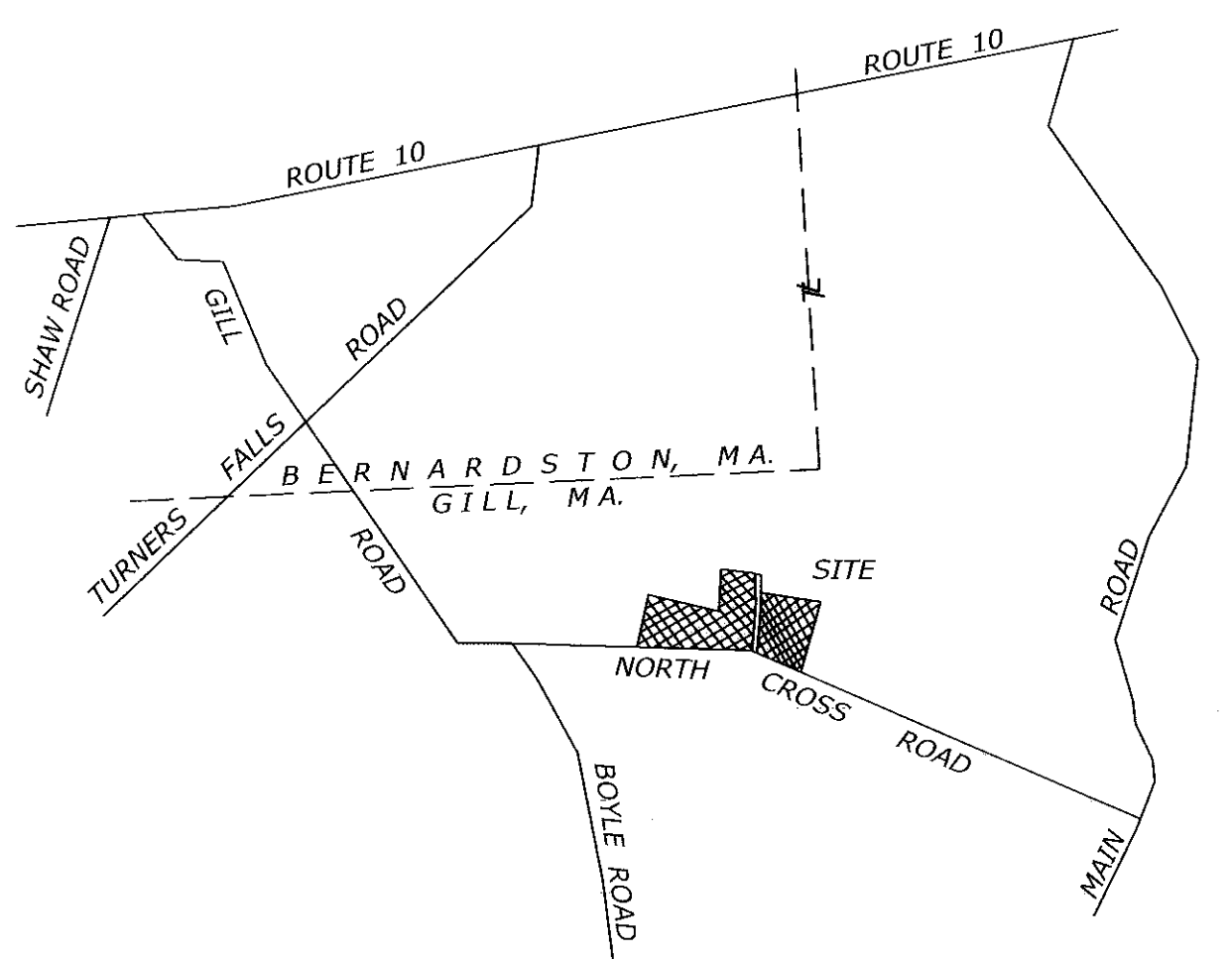
REVISED: DECEMBER 12, 2006 - REVISE STREET LINE, PARCELS "C" & "D", AREAS
 REVISED: NOVEMBER 20, 2006 - ADD PARCEL "C" & PARCEL "D"

PLAN OF LAND
 LOCATED IN
GILL, MASSACHUSETTS

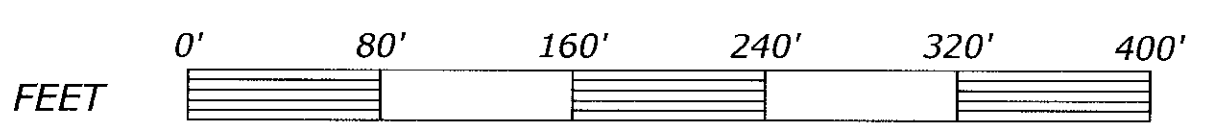
PREPARED FOR
GARY A. STEVENS & DOREEN J. STEVENS

SCALE: 1" = 80' DATE: DECEMBER 6, 2005
 DALE A. MERRITT P.L.S. VERNON, VERMONT

LOCUS PLAN

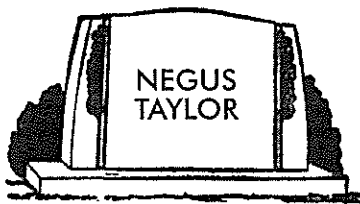


BAR SCALE



10 Mill Street
Greenfield, MA 01301-3217

DIVISION OF KEENE MONUMENT
COMPANY, KEENE, NH



Phone: (413) 773-9552

Fax: (413) 773-3220

Email: NegusAndTaylor@Verizon.net

NEGUS & TAYLOR MONUMENTS

9/7/22

Gill War Memorial

10" bronze ribbon \$ 398.00
installation \$ 75.00
(if necessary)

Caitlin Alexander
Caitlin Alexander



Forester Menson
12 Miles Street Apt. 17-2
Greenfield, MA 01301

September 5th, 2022

Town of Gill Fire Department
196 Main Road
Gill, MA 01354

Chief Beaubien,


I am writing this letter as a formal leave of absence for my role as a Firefighter for the Gill Fire Department, starting September 7th, 2022 and ending on September 7th, 2023.

My career as a Firefighter has been launched much sooner than anticipated, with the incredible opportunity of having a full-time position on the Greenfield Fire Department offered to me this last month.

I want to take a moment to thank you for everything you have done for me in the time we have worked together, between the recommendations, skills and lessons, and friendly attitude towards me you have always had. My time on the Gill Fire Department will never be forgotten, my beginning as a Firefighter started here. And for that I will always be grateful for the chance you and many others on the Department gave me.

I appreciate being given the option to have a leave of absence from the Gill Fire Department during my probationary period at Greenfield Fire Department.

Thank you,



Forester Menson

Award Letter

U.S. Department of Homeland Security
Washington, D.C. 20472

Effective date: 09/06/2022



William Kimball
GILL, TOWN OF
TOWN OF GILL 325 MAIN RD
GILL, MA 01354

EMW-2021-FG-06313

Dear William Kimball,

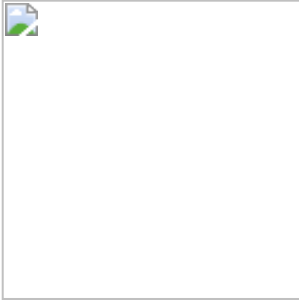
Congratulations on behalf of the Department of Homeland Security. Your application submitted for the Fiscal Year (FY) 2021 Assistance to Firefighters Grant (AFG) Grant funding opportunity has been approved in the amount of \$15,238.09 in Federal funding. As a condition of this grant, you are required to contribute non-Federal funds equal to or greater than 5.00% of the Federal funds awarded, or \$761.91 for a total approved budget of \$16,000.00. Please see the FY 2021 AFG Notice of Funding Opportunity for information on how to meet this cost share requirement.

Before you request and receive any of the Federal funds awarded to you, you must establish acceptance of the award through the FEMA Grants Outcomes (FEMA GO) system. By accepting this award, you acknowledge that the terms of the following documents are incorporated into the terms of your award:

- Summary Award Memo - included in this document
- Agreement Articles - included in this document
- Obligating Document - included in this document
- 2021 AFG Notice of Funding Opportunity (NOFO) - incorporated by reference

Please make sure you read, understand, and maintain a copy of these documents in your official file for this award.

Sincerely,



PAMELA WILLIAMS
Assistant Administrator, Grant Programs

Summary Award Memo

Program: Fiscal Year 2021 Assistance to Firefighters Grant

Recipient: GILL, TOWN OF

UEI-EFT: H63BCXDRM7R8

DUNS number: 957904493

Award number: EMW-2021-FG-06313

Summary description of award

The purpose of the Assistance to Firefighters Grant program is to protect the health and safety of the public and firefighting personnel against fire and fire-related hazards. After careful consideration, FEMA has determined that the recipient's project or projects submitted as part of the recipient's application and detailed in the project narrative as well as the request details section of the application - including budget information - was consistent with the Assistance to Firefighters Grant Program's purpose and was worthy of award.

Except as otherwise approved as noted in this award, the information you provided in your application for Fiscal Year (FY) 2021 Assistance to Firefighters Grants funding is incorporated into the terms and conditions of this award. This includes any documents submitted as part of the application.

Amount awarded table

The amount of the award is detailed in the attached Obligating Document for Award.

The following are the budgeted estimates for object classes for this award (including Federal share plus your cost share, if applicable):

Object Class	Total
Personnel	\$0.00
Fringe benefits	\$0.00
Travel	\$0.00
Equipment	\$16,000.00
Supplies	\$0.00
Contractual	\$0.00
Construction	\$0.00
Other	\$0.00
Indirect charges	\$0.00
Federal	\$15,238.09
Non-federal	\$761.91
Total	\$16,000.00
Program Income	\$0.00

Approved scope of work

After review of your application, FEMA has approved the below scope of work. Justifications are provided for any differences between the scope of work in the original application and the approved scope of work under this award. You must submit scope or budget revision requests for FEMA's prior approval, via an amendment request, as appropriate per 2 C.F.R. § 200.308 and the FY2021 AFG NOFO.

Approved request details:

Equipment

Automatic Chest Compression Device (CPR)

DESCRIPTION

LUCAS 3.1 Automated Compression Device for cardiac arrest.

	QUANTITY	UNIT PRICE	TOTAL	BUDGET CLASS
Cost 1	1	\$16,000.00	\$16,000.00	Equipment

CHANGE FROM APPLICATION

Price from \$18,000.00 to \$16,000.00

JUSTIFICATION

This reduction is because the cost you requested for CPR device exceeds the average price range calculated from market research and prior awards for the same item.



Lucas 3.1 112121

Quote Number: 10454446

Remit to: **Stryker Medical**

Version: 1
Prepared For: Gill Fire Department
Attn:

P.O. Box 93308
Chicago, IL 60673-3308
Rep: Brian Budinich
Email: brian.budinich@stryker.com
Phone Number:

Quote Date: 11/11/2021
Expiration Date: 12/30/2021

Delivery Address

Name: Gill Fire Department
Account #:
Address:

End User - Shipping - Billing

Name: Gill Fire Department
Account #:
Address:

Bill To Account

Name: Gill Fire Department
Account #:
Address:

Massachusetts

Massachusetts

Massachusetts

Equipment Products:

#	Product	Description	Qty	Sell Price	Total
1.0	99576-000063	LUCAS 3, v3.1 Chest Compression System, Includes Hard Shell Case, Slim Back Plate, (2) Patient Straps, (1) Stabilization Strap, (2) Suction Cups, (1) Rechargeable Battery and Instructions for use With Each Device	1	\$13,939.59	\$13,939.59
2.0	11576-000071	LUCAS External Power Supply	1	\$297.16	\$297.16
3.0	11576-000046	LUCAS Disposable Suction Cup (3 pack)	1	\$111.15	\$111.15
4.0	11576-000089	LUCAS Grip Tape for Slim Back Plate	1	\$22.80	\$22.80
5.0	11576-000080	LUCAS 3 Battery - Dark Grey - Rechargeable LiPo	2	\$573.80	\$1,147.60
Equipment Total:					\$15,518.30

ProCare Products:

#	Product	Description	Years	Qty	Sell Price	Total
6.1	78000013	ProCare LUCAS Prevent Service: Annual onsite preventive maintenance inspection and unlimited repairs including parts, labor and travel for LUCAS 3, v3.1 Chest Compression System, Includes Hard Shell Case, Slim Back Plate, (2) Patient Straps, (1) Stabilization Strap, (2) Suction Cups, (1) Rechargeable Battery and Instructions for use With Each Device	3	1	\$2,050.20	\$2,050.20
ProCare Total:						\$2,050.20



Lucas 3.1 112121

Quote Number: 10454446

Version: 1

Prepared For: Gill Fire Department

Attn:

Quote Date: 11/11/2021

Expiration Date: 12/30/2021

Remit to:

Stryker Medical

P.O. Box 93308

Chicago, IL 60673-3308

Rep:

Brian Budinich

Email:

brian.budinich@stryker.com

Phone Number:

Price Totals:

Estimated Sales Tax (0.000%):	\$0.00
Freight/Shipping:	\$0.00
Grand Total:	\$17,568.50

Prices: In effect for 90 days

Terms: Net 30 Days

Contact your local Sales Representative for more information about our flexible payment options.

Capital Terms and Conditions:

Deal Consummation: This is a quote and not a commitment. This quote is subject to final credit, pricing, and documentation approval. Legal documentation must be signed before your equipment can be delivered. Documentation will be provided upon completion of our review process and your selection of a payment schedule. Confidentiality Notice: Recipient will not disclose to any third party the terms of this quote or any other information, including any pricing or discounts, offered to be provided by Stryker to Recipient in connection with this quote, without Stryker's prior written approval, except as may be requested by law or by lawful order of any applicable government agency. A copy of Stryker Medical's Acute Care capital terms and conditions can be found at https://techweb.stryker.com/Terms_Conditions/index.html. A copy of Stryker Medical's Emergency Care capital terms and conditions can be found at <https://www.strykeremergencycare.com/terms>.

stryker

LUCAS[®] 3, v3.1

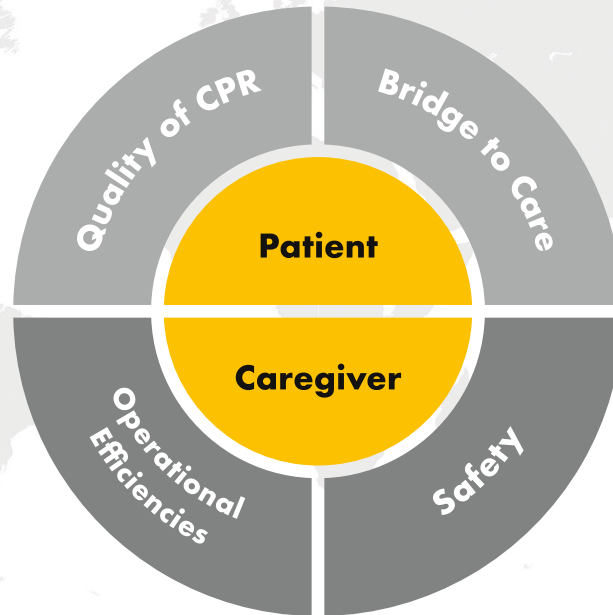
Chest Compression System



Your partner in life support

Consistency. It's a powerful thing.

The LUCAS Chest Compression System helps emergency care teams around the world do what they do best — save lives. With high-quality chest compressions and fewer interruptions than manual CPR, LUCAS is your partner that will administer Guidelines-consistent, high-quality compressions until the job is done.



CPR quality

- Delivers Guidelines-consistent, high-quality chest compressions at recommended rate and depth while allowing for chest recoil
- Fewer interruptions, compared to manual CPR, leading to higher compression ratios^{1,2} and increased blood flow to the brain^{3,4}
- Higher EtCO₂ values, compared to manual CPR, indicative of higher chance of ROSC⁵

Operational efficiencies

- Calms the event and reduces stress by eliminating the need to manage a compression rotation schedule
- Frees up care givers to focus on other tasks
- Utilizes data integration capabilities to enhance post event analysis and quality improvement efforts

Bridge to care

- Overcomes caregiver fatigue by providing Guidelines-consistent chest compressions for multiple hours if required*
- Allows for hands-free, high-quality chest compressions during transport^{1,6}
- Extends reach of care and allows for treatment of underlying cause during CPR (e.g. ECMO/PCI)²²

Safety

- Rescuers can avoid awkward and potentially dangerous situations when performing CPR during patient transport
- Potential to reduce CPR-related injuries to the CPR provider
- Reduces X-ray exposure of CPR provider during PCI

* When using multiple batteries or an external power source. Battery typically lasts for 45 minutes of operation

Proven. Safe. Effective.



For over 15 years the LUCAS Chest Compression System has been helping lifesaving teams around the world deliver high performance, Guidelines-consistent chest compressions to cardiac arrest patient in the field, on the move and in the hospital.

The LUCAS device has been proven safe and effective in a large randomized controlled trial, the highest level of clinical evidence.¹⁰

LUCAS by the numbers

25,000+

With over 25,000 devices in the global market, a patient is treated approximately every 2 minutes^{7,8}

16,830

In a successful 2 hour 45 minute resuscitation, LUCAS administered 16,830 Guidelines-consistent compressions⁹

>99%

Operational reliability in clinical use¹⁰

+60%

Increased blood flow to the brain vs. manual CPR³

>99%

of survivors had good neurological outcomes in large randomized LINC trial¹⁰

95%

of patients fit in the LUCAS device^{10,11}



“We know CPR is difficult to do well. People slow down. They don’t always do it appropriately — even professional rescuers. A machine doesn’t get tired; it is consistent, and consistency is key.”

—Charles Lick, MD, Medical Director, Allina Medical Transport & Emergency Department Director, Buffalo NY Hospital²³

Your power to improve CPR quality

Less interruptions to CPR on the scene and during transport

30-40% of patients who have achieved return of spontaneous circulation (ROSC) on the scene will re-arrest prior to hospital arrival and may require CPR during transportation.^{20,21}

On-scene¹

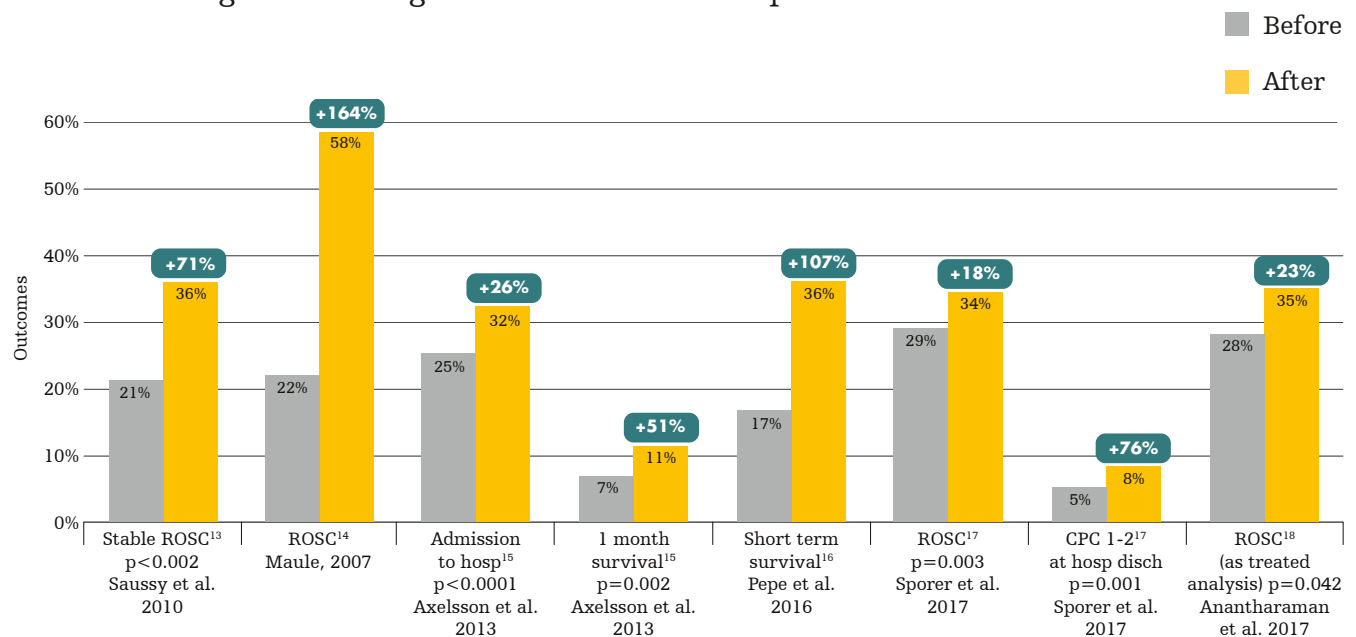


During transportation¹



LUCAS can contribute to improved outcomes

Systems of care implementing LUCAS together with a comprehensive approach to resuscitation* have shown increased ROSC rates¹³⁻¹⁷ as well as improved survival with good neurological outcomes^{15,17,19} compared to historical data.



*May include additional therapies or changes of protocols

LUCAS 3, v3.1 at a glance

7 seconds

The two-step application (back plate, then upper part) makes the LUCAS device quick and easy to deploy, as short as a median 7 second interruption time when transitioning from manual CPR.¹²

Battery allows for 45 min continuous run time. Plug in the external power supply for prolonged operation/charging



Top window for quick battery check

Compact, lightweight carrying case included with every device



The carbon fiber LUCAS PCI back plate (optional) is intended specifically for use in the cath lab, with its radiotranslucent material minimizing image shadows



Wi-Fi® connectivity for device Post-Event reports and asset notifications over e-mail

Comprehensive post-event analysis of LUCAS and LIFEPAK® data in CODESTAT™ 11 data review software

Patient straps secure patient arms during transport

Release Rings to remove the upper part from the back plate

Disposable suction cup with optional pressure pad release during ventilations

Compression rate can be set at 102, 111 or 120 to meet unique protocols

Stabilization strap helps keep device in correct position on patient

Standard low profile back plate, easy to place

High-quality CPR
Even if the patient lies upon a soft surface, the LUCAS device delivers Guidelines-consistent depth, overcoming the “mattress effect”.

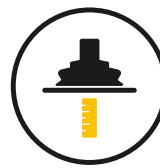
What's new with v3.1?*

The LUCAS 3, v3.1 was designed with enhanced data capabilities to allow for better post-event reporting and asset management. With Wi-Fi and Bluetooth connectivity, your LUCAS device can be configured to meet your protocols within your LIFENET account. Integration with CODE-STAT 11 now allows for precise and timely post-event reviews that can help with training and quality improvements.

Setup options



Increase compression rate **without** sacrificing depth. Compression rate can be fixed or variable during operation at 102, 111, or 120 compressions per minute while still maintaining desired depth between 1.8 to 2.1 inches/45 to 53mm (depth fixed during operation).



Adjustable depth: 1.8 and 2.1 \pm 0.1 inches / 45 to 53 \pm 2mm (fixed during operation)



Audible CPR timer:
1-15 minutes
(in 1 min. increments)



Adjust ventilation alerts, pause length and count



Optional pressure pad release (0.4 inches/10 mm) allows for chest rise during ventilation



Auto-lowering of piston (AutoFit or QuickFit)

* Setup options should be changed only under the direction of a physician knowledgeable in cardiopulmonary resuscitation who is familiar with the literature in this area

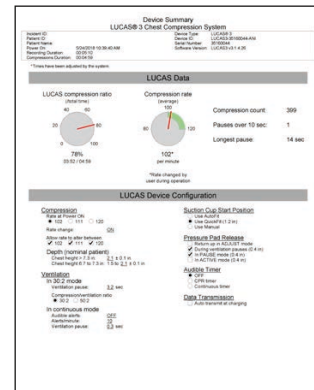
Connected care



Post-Event reporting

Key metrics and dashboards:

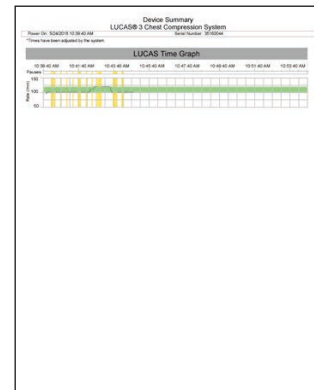
- Compression time, ratio, and rate
- Count, number of pauses > 10 sec.
- Duration of longest compression pauses
- Visual timeline of the event



Post-Event reporting

CODE-STAT 11 allows for LUCAS Post-Event Reports to be merged with reports from LIFEPAK 15 and LIFEPAK 20/20e devices.

Merged reports give a comprehensive view of cardiac arrest cases and can be used in quality improvement and training efforts.



Asset management

LIFENET offers easily accessible asset dashboard for fleet status at latest device check-in.

Gives notifications of expiring and expired LUCAS batteries.

Event Log
LUCAS 3 Chest Compression System

Event Time	Event Type	Description
10:00:00	10:00:00 AM	LUCAS 3 Power On
10:00:05	10:00:05 AM	Power On
10:00:10	10:00:10 AM	Power On
10:00:15	10:00:15 AM	Power On
10:00:20	10:00:20 AM	Power On
10:00:25	10:00:25 AM	Power On
10:00:30	10:00:30 AM	Power On
10:00:35	10:00:35 AM	Power On
10:00:40	10:00:40 AM	Power On
10:00:45	10:00:45 AM	Power On
10:00:50	10:00:50 AM	Power On
10:00:55	10:00:55 AM	Power On
10:01:00	10:01:00 AM	Power On
10:01:05	10:01:05 AM	Power On
10:01:10	10:01:10 AM	Power On
10:01:15	10:01:15 AM	Power On
10:01:20	10:01:20 AM	Power On
10:01:25	10:01:25 AM	Power On
10:01:30	10:01:30 AM	Power On
10:01:35	10:01:35 AM	Power On
10:01:40	10:01:40 AM	Power On
10:01:45	10:01:45 AM	Power On
10:01:50	10:01:50 AM	Power On
10:01:55	10:01:55 AM	Power On
10:02:00	10:02:00 AM	Power On
10:02:05	10:02:05 AM	Power On
10:02:10	10:02:10 AM	Power On
10:02:15	10:02:15 AM	Power On
10:02:20	10:02:20 AM	Power On
10:02:25	10:02:25 AM	Power On
10:02:30	10:02:30 AM	Power On
10:02:35	10:02:35 AM	Power On
10:02:40	10:02:40 AM	Power On
10:02:45	10:02:45 AM	Power On
10:02:50	10:02:50 AM	Power On
10:02:55	10:02:55 AM	Power On
10:03:00	10:03:00 AM	Power On
10:03:05	10:03:05 AM	Power On
10:03:10	10:03:10 AM	Power On
10:03:15	10:03:15 AM	Power On
10:03:20	10:03:20 AM	Power On
10:03:25	10:03:25 AM	Power On
10:03:30	10:03:30 AM	Power On
10:03:35	10:03:35 AM	Power On
10:03:40	10:03:40 AM	Power On
10:03:45	10:03:45 AM	Power On
10:03:50	10:03:50 AM	Power On
10:03:55	10:03:55 AM	Power On
10:04:00	10:04:00 AM	Power On
10:04:05	10:04:05 AM	Power On
10:04:10	10:04:10 AM	Power On
10:04:15	10:04:15 AM	Power On
10:04:20	10:04:20 AM	Power On
10:04:25	10:04:25 AM	Power On
10:04:30	10:04:30 AM	Power On
10:04:35	10:04:35 AM	Power On
10:04:40	10:04:40 AM	Power On
10:04:45	10:04:45 AM	Power On
10:04:50	10:04:50 AM	Power On
10:04:55	10:04:55 AM	Power On
10:05:00	10:05:00 AM	Power On

Selected specifications

For further details on specifications, please see the LUCAS 3, v3.1 Data Sheet (GDR 3336665) or LUCAS 3, v3.1 Instructions for Use.

Therapy

- Rate: 102 ± 2 compressions per minute
- Depth: 2.1 ± 0.1 inches / 53 ± 2 mm*
- Compression duty cycle: $50 \pm 5\%$
- ACTIVE 30:2 mode: 30:2 compression to ventilation ratio
- ACTIVE Continuous mode
- Ventilation alerts and pauses

Above specifications are factory default settings and for nominal patients. The LUCAS 3, v3.1 setup options allows you to tailor rate, depth and ventilation alerts and pauses within certain values, as well as setting up an optional audible timer, sending device data reports and connecting to Wi-Fi networks.

*For smaller patients with sternum height less than 7.3 inches / 185 mm: 1.5 to 2.1 ± 0.1 inches / 40 to 53 ± 2 mm

Device

Dimension

- Assembled (HxWxD):
22.0 x 20.5 x 9.4 inches / 56 x 52 x 24 cm
- In carrying case (HxWxD):
22.8 x 13.0 x 10.2 inches / 58 x 33 x 26 cm

Weight

- Device with Battery (no straps): 17.7 lbs / 8.0 kg
- Battery: 1.3 lbs / 0.6 kg

Environment

- Operating temperature:
+32°F to +104°F / +0°C to +40°C
-4°F / -20°C for 1 hour after storage at room temperature
- Storage temperature:
-4°F to +158°F / -20°C to +70°C
- Device IP classification (IEC 60529): IP43

Eligible patients

- No patient weight limitation
- Chest height: 6.7 to 11.9 inches / 17.0 to 30.3 cm
- Maximum chest width: 17.7 inches / 44.9 cm

Power specifications

Power source: Proprietary battery alone or with external power supply or car power cable

Battery

- Type: Rechargeable Lithium-ion Polymer (LiPo)
- Capacity: 3300 mAh (typical), 86 Wh
- Voltage (nominal): 25.9 V
- Run time (nominal patient): 45 minutes (typical).
Extended run time connecting to external power supply
- Service life: Recommendation to replace battery every 3 to 4 years or after 200 uses

Power supply

- Input: 100-240VAC, 50/60Hz, 2.3A, Class II
- Output: 24VDC, 4.2A
- Car power cable: 12-28VDC/0-10A
- Charging (at room temperature, +72°F / +22°C)
Using external power supply:
 - Less than two hours
- Using external battery charger:
 - Less than four hours

Your partner in life support



—in the **field**



—on the **move**



—in the **hospital**

Reference:

1. Olasveengen TM, Wik L, Steen PA. Quality of cardiopulmonary resuscitation before and during transport in out-of-hospital cardiac arrest. *Resuscitation*. 2008; 76(2):185-90.
2. Maule Y. The aid of mechanical CPR: better compressions, but more importantly – more compressions...(translated from French language; Assistance Cardiaque Externe; Masser mieux, mais surtout masser plus...). *Urgence Pratique*. 2011;106:47-48.
3. Carmona Jimenez F, Padro PP, Garcia AS, et al., Cerebral flow improvement during CPR with LUCAS, measured by Doppler. *Resuscitation*. 2011; 82S1:30,AP090. [This study is also published in a longer version, in Spanish language with English abstract, in Emergencias. 2012;24:47-49]
4. Rubertsson S, Karlsten R. Increased cortical cerebral blood flow with LUCAS; a new device for mechanical chest compressions compared to standard external compressions during experimental cardiopulmonary resuscitation. *Resuscitation*. 2015;65(3):357-63.
5. Axelsson C, Karlsson T, Axelsson AB, et al. Mechanical active compression-decompression cardiopulmonary resuscitation (ACDCPR) versus manual CPR according to pressure of end tidal carbon dioxide (PETCO2) during CPOR in out-of-hospital cardiac arrest 9OHCA). *Resuscitation*. 2009;80(10):1099-103.
6. Putzer G, Braun P, Zimmerman A, et al., LUCAS compared to manual cardiopulmonary resuscitation is more effective during helicopter rescue – a prospective, randomized, cross-over manikin study. *Am J Emerg Med*. 2013 Feb;31(2):384-9.
7. Based on internal and external marketing and financial data (as of August, 2018).
8. If each device is conservatively used 1/month.
9. Case study Regions Hospital St. Paul, GDR 3318844_A.
10. Rubertsson S, Lindgren E, Smekal, D et al. Mechanical chest compressions and simultaneous defibrillation vs conventional cardiopulmonary resuscitation in out-of-hospital cardiac arrest. The LINC randomized trial. *JAMA*. 2013;311(1):53-61.
11. GDR 3305537 User feedback on LUCAS in prehospital use. Data from four different EMS systems in the US completed 2009. Internal data file.
12. Levy M, Yost D, Walker R, et al. A quality improvement initiative to optimize use of a mechanical chest compression device within a high performance CPR approach to out-of-hospital cardiac arrest. *Resuscitation*. 2015;92:32-37.
13. Saussy J, Elder J, Flores C, et al. Optimization of cardiopulmonary resuscitation with an impedance threshold device, automated compression cardiopulmonary resuscitation and post-resuscitation in-the-field hypothermia improved short-term outcomes following cardiac arrest. *Circulation*. 2010;122:A256.
14. Maule Y. Mechanical external chest compression: A new adjuvant technology in cardiopulmonary resuscitation. (Translated from French Language: L'assistance cardiaque externe: nouvelle approche dans la RCP.) *Urgences & Accueil*. 2007;29:4-7.
15. Axelsson C, Herrera M, Fredriksson M, et al. Implementation of mechanical chest compression in out-of-hospital cardiac arrest in an emergency medical service system. *Am J Emerg Med*. 2013;31(8):1196-1200.
16. Pepe PE, Scheppke KA, Antevy PM et al., Abstract 15255: How would use of flow-focused adjuncts, passive ventilation and head-up CPR affect all-rhythm cardiac arrest resuscitation rates in a large, complex EMS system? *Circulation*. 2016;134:A15255.
17. Sporer K, Jacobs M, Derevin L, et al. Continuous quality improvement efforts increase survival with favorable neurologic outcome after out-of-hospital cardiac arrest. *Prehosp Emerg Care*. 2017;21(1):1-6.
18. Anantharaman V, Ng B, Ang S, et al. Prompt use of mechanical cardiopulmonary resuscitation in out-of-hospital cardiac arrest: The MECCA study report. *Singapore Med J*. 2017;58(7):424-431.
19. Wagner H, Madsen Hardig B, Rundgren M et al., Mechanical chest compressions in the coronary catheterization laboratory to facilitate coronary intervention and survival in patients requiring prolonged resuscitation efforts. *Scand J Trauma Resusc Emerg Med*. 2016; 24:4.
20. Salcido DD, Stephenson AM, Condlie JP et al., Incidence of rearrest of spontaneous circulation in out-of-hospital cardiac arrest. *Prehosp Emerg Care*. 2010;14(4):413-8.
21. Lerner EB, O'Connell M, Pirrallo RG. Rearrest after prehospital resuscitation. *Prehosp Emerg Care*. 2011;15(1):50-4.
22. William P, Rao P, Kanakadandi U, et al. Mechanical cardiopulmonary resuscitation in and on the way to the cardiac catheterization laboratory. *Circ J*. 2016;25;80(6):1292-1299.
23. LUCAS brochure GDR 3303294_B.

The LUCAS 3 device is for use as an adjunct to manual CPR when effective manual CPR is not possible (e.g., transport, extended CPR, fatigue, insufficient personnel).

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LUCAS[®] 3, v3.1

Chest Compression System

16,830

Guidelines-consistent compressions administered during a successful 2 hour 45 minute resuscitation¹

30,000

devices deployed globally²

102-111-120

LUCAS delivers Guidelines-consistent rates, configurable* to 102-111-120 per minute, without sacrificing compression depth

7 seconds

median interruption when transitioning from manual to LUCAS compressions during routine BLS/ALS use³

30-40%

of patients who achieve ROSC will re-arrest prior to hospital arrival^{4,5}

60%

CPR causes back pain in more than 60% of ambulance officers⁶

6.5X

unrestrained occupants are 6.5 times more likely to be severely injured and 3.8 times more likely to be killed⁷ in the 4,500 annual ambulance accidents⁸

By the numbers

+60%

increased blood flow to the brain vs. manual CPR⁹

21%

increase of mean average EtCO₂ compared to manual CPR¹⁰

>99%

of survivors had good neurological outcomes in large randomized LINC trial¹¹



“With LUCAS we know that if we do everything right the patient can survive”

— Steve Hagstrom
Paramedic and Clinical Educator | Allina Health EMS¹²

1. Case study Regions Hospital St. Paul, GDR 3318844_A.
2. Based on internal data as of January 2019
3. Levy M, Yost D, Walker R, et al. A quality improvement initiative to optimize use of a mechanical chest compression device within a high performance CPR approach to out-of-hospital cardiac arrest. *Resuscitation*. 2015;92:32-37.
4. Salcido DD, Stephenson AM, Condle JP et al., Incidence of rearrest of spontaneous circulation in out-of-hospital cardiac arrest. *Prehosp Emerg Care*. 2010;14(4):413-8.
5. Lerner EB, O'Connell M, Pirrallo RG. Rearrest after prehospital resuscitation. *Prehosp Emerg Care*. 2011;15(1):50-4.
6. Jones A, Lee R. Cardiopulmonary resuscitation and back injury in ambulance officers. *International Archives of Occupational and Environmental Health*. 2005 May; 78 (4); 332-336.
7. Becker L, Zaloshnja E, Levick N, et al. Relative risk of injury and death in ambulances and other emergency vehicles. *Accident analysis and prevention* 2003; 35(6): 941-948.
8. NHTSA's Fatality Analysis Reporting System (FARS) 1992-2010 Final and 2011 Annual Report File (ARF) and National Automotive Sampling System (NASS) General Estimates System (GES), 1992-2011. <http://www.ems.gov/pdf/GrundAmbulanceCrashesPresentation.pdf>
9. Carmona Jimenez F, Padro P, Garcia A, et al., Cerebral flow improvement during CPR with LUCAS, measured by Doppler. *Resuscitation*. 2011; 82S1:30,AP090. [This study is also published in a longer version, in Spanish language with English abstract, in *Emergencias*. 2012;24:47-49]
10. Axelsson C, Karlsson T, Axelsson A, et al. Mechanical active compression-decompression cardiopulmonary resuscitation (ACDCPR) versus manual CPR according to pressure of end tidal carbon dioxide (PETCO2) during CPOR in out-of-hospital cardiac arrest 9OHCA. *Resuscitation*. 2009;80(10):1099-1103.
11. Rubertsson S, Lindgren E, Smekal, D et al. Mechanical chest compressions and simultaneous defibrillation vs conventional cardiopulmonary resuscitation in out-of-hospital cardiac arrest. The LINC randomized trial. *JAMA*. 2013;311(1):53-61.
12. Case study Allina Health EMS, GDR 3302700_B.

For further information, please contact Stryker at 800 442 1142 (U.S.), 800 668 8323 (Canada) or visit our website at strykeremergencycare.com

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Estimate

ADDRESS

Four Winds School
54 French King Highway
Gill, MA 01354

ESTIMATE # 1327
DATE 09/09/2022

ACTIVITY	DESCRIPTION	AMOUNT
Estimate	Estimate Work to be done @ four winds school. excavate floor to expose sewer main. Reroute pipe up overhead in order to bypass basement fixtures. Install full size cleanout where main enters building. Price includes labor, materials and tax.	4,500.00
Payment to be made as follows: For jobs totaling more than \$1000, 50% paid upon acceptance of proposal, 50% to be paid upon finalization of the job.		
	SUBTOTAL	4,500.00
	TAX	0.00
	TOTAL	\$4,500.00

Acceptance of Proposal and the above prices, specifications and conditions are satisfactory and are hereby agreed upon. You are authorized to do the work as specified. Payment will be made as outlined above.

Note: Due to instability in supply prices as an effect from COVID, the prices listed are effective for 24 hours through our suppliers. With this in mind, we are required to order materials/ fixtures upon acceptance of proposal. If changes are made to estimated materials after proposal is signed, please be aware that price changes may occur. Thank you for your understanding.

Accepted By

Accepted Date

Accepted By: _____

Accepted Date: _____