



**Bayfield County Administrator**  
117 E 5<sup>th</sup> Street, PO Box 878, Washburn, WI 54891  
Ph: 715-373-6181 Fx: 715-373-6153

Mark Abeles-Allison, *County Administrator*  
Kristine Kavajecz, *Human Resources Director*

**BAYFIELD COUNTY  
REQUEST FOR PROPOSALS  
COURTROOM WALK THROUGH METAL DETECTOR  
DEADLINE FRIDAY, JUNE 11, 2021**

Bayfield County Wisconsin is accepting proposals for the purchase of a new metal detector for the Bayfield County Courtroom in Washburn, Wisconsin. Responses to this request shall be submitted no later than Monday, June 14, 2021. Email, Fax and Mail will all be accepted. Please confirm our receipt after sending. Questions may be directed to: Mark Abeles-Allison, 715 373 6181 or at [mark.abeles-allison@bayfieldcounty.wi.gov](mailto:mark.abeles-allison@bayfieldcounty.wi.gov)

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Proposals should include delivery, maintenance supplies (if any) for a 24-month period of time and two 45-minute virtual tutorials for staff operating and setting up this equipment.

At present participants are scanned with a wand. The proposed free-standing unit will be placed in a narrow (5-foot-wide hallway, outside of the courtroom. Pictures of the location are below. Courtroom is to the left. Please confirm with us if a virtual visit to the location is needed.



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Bayfield County is seeking a walk through metal detector which will accurately scan for metal objects and have the ability to be calibrated to an appropriate sensitivity level. Please find additional requirements of the unit below:

1. Meets ADA requirements.
2. Easily moved.
3. 2-year warranty
4. Delivery: 15 days
5. Remote Monitoring Option
6. Minimum 18 zones with graphic display, full body scan
7. Signal lights to direct traffic flow
8. Certifications

Alternate: Body Temperature Scanner

**BAYFIELD COUNTY  
WALK THROUGH METAL DETECTOR  
PROPOSALS DUE: Friday, June 11, 2021  
Proposals may be emailed to: [mark.abeles-allison@bayfieldcounty.wi.gov](mailto:mark.abeles-allison@bayfieldcounty.wi.gov)**

COMPONENTS: Circle whether unit meets this requirement or not, add notes below

- |   |     |    |
|---|-----|----|
| • Meets ADA requirements.                                 | YES | NO |
| • Easily moved.   | YES | NO |
| • 2-year warranty   | YES | NO |
| • Delivery: within 15 days                                | YES | NO |
| • Remote Monitoring Option                                | YES | NO |
| • Minimum 18 zones with graphic display<br>Full body scan | YES | NO |
| • Signal lights to direct traffic flow                    | YES | NO |
| • Certifications (If yes, list)                           | YES | NO |

NOTES:

BASE COST: \$ \_\_\_\_\_

Alternate 1: Body Temperature Scanner

ADDITIONAL COST: \$ \_\_\_\_\_

Please identify make and manufacturer:

Include notes or alternative recommendations here:

Any other charges not included above: \$ \_\_\_\_\_  
*Please detail additional charges:*

Approximate Delivery Date: \_\_\_\_\_

*Attach any additional notes as necessary*

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**VENDOR INFORMATION:**

Company Name: \_\_\_\_\_

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

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

Authorized Signature: \_\_\_\_\_

Printed Name and Title: \_\_\_\_\_

Date: \_\_\_\_\_

*Please Attach a List of Three (3) References, including: Name, email, Telephone Number*