



MARICOPA COUNTY SPECIAL HEALTH CARE DISTRICT dba  
MARICOPA INTEGRATED HEALTH SYSTEM

2611 E Pierce Street, 2<sup>nd</sup> Floor, Phoenix, Arizona 85008

**MARICOPA**  
INTEGRATED  
HEALTH SYSTEM

*Count on us to care.*

Request for Quotations

Biohazardous Medical Waste Services

**PURPOSE:** Maricopa County Special Health Care District dba: Maricopa Integrated Health System (MIHS) hereby solicits quotes from qualified Proposers to provide the collection, transportation, treatment & disposal of biohazardous medical wastes, which is generated by MIHS. Proposer is responsible to provide all containers and supplies required at all facilities, containers size and required supplies vary from each location. It is our intent to award a contract to a qualified vendor, who is capable to service all of our MIHS facilities.

**HOW TO RESPOND TO THIS RFQ:** To respond to this Request for Quotations, the Proposer must: Submit a quote with a supporting proposal describing how you would perform and provide the removal and treatment of the biohazardous medical waste, ensure proper handling and storage while assuring a safe working environment for our staff in a cost effective manner.

- The quote must contain sufficient detail in response to the requirements in Attachment C (Work Statement) to allow MIHS to make an informed and realistic evaluation of the Proposer's services.
- Submit with your quotation the following:
  1. Certificates of insurance for:
    - A. Commercial general liability.
    - B. Vehicle liability.
    - C. Worker's compensation.
  2. Completion of Attachment A: Authorization to Submit Proposal and Required Certifications.
  3. Completion of Attachment B: Pricing.
  4. Response to Attachment C: Response to Work Statement Requirements.
  5. Response to Attachment D: Exceptions to Contract Provisions.

**CODE:** The MIHS Procurement Code governs this procurement and is incorporated by this reference (<http://www.mihs.org/docs/DistrictProcurementCodeEff06-25-2008.pdf>). Pricing on written quotations is to remain confidential until the transaction is complete, i.e., the purchase order is issued. The respondent understands that the successful respondent is to be an Independent Contractor in the performance of work and the provision of services under any contract issued and is not to be considered an officer, employee, or agent of MIHS.

#### **EVALUATION CRITERIA AND PROCESS:**

Evaluation criteria to be utilized in determining the successful Proposer are listed below. The order of appearance does not signify relative importance. Although price will be a factor in quote evaluation, it may be a consideration of lesser importance to other items identified in the quote. MIHS reserves the right to accept other than the lowest priced quote.

- Response to RFQ Requirements.  
This will include a thorough and detailed review of the responses to the Work Statement specifications, the quality, completeness, accuracy and level of detail of the response, the demonstration of the Proposer's understanding of the concepts and requirements of the system.
- Pricing.  
This will include a thorough and detailed review of the Proposer's pricing. Although price will be a factor in quote evaluation, it is specifically a consideration of lesser importance to other items identified in the quote. MIHS reserves the right to accept other than the lowest priced quote.

A committee composed of various representatives from MIHS departments will evaluate responsive quotes. The Committee may request additional information from Proposers through oral presentations or correspondence. The Committee will prepare an objective ranking of the quotes. MIHS may, at its sole discretion, reject any or all quotes submitted in response to the Request for Quotes.

**INQUIRIES:** Direct all inquiries to Marilyn Amor at: (602) 344-1495 or e-mail at: [marilynn.amor@mihs.org](mailto:marilynn.amor@mihs.org) or by mail to:

Maricopa Integrated Health System  
Contracts Management Department  
ATTN: Marilyn Amor  
2611 E Pierce Street  
Phoenix, AZ 85008-6092

**DEADLINE FOR RESPONSE: Quotes must be received at the above address no later than Friday, February 5, 2010 2:00PM MST, ARIZONA TIME. Quotes may be e-mailed (see above e-mail address) or faxed to Marilyn Amor at (602) 344-1813. Please note that emails are preferred.**

**ATTACHMENT A: AUTHORIZATION TO SUBMIT PROPOSAL AND REQUIRED CERTIFICATIONS**

By signing below, the Proposer hereby certifies that:

- \* They have read, understand, and agree that acceptance by MIHS of the Proposer's offer by the issuance of a purchase order or contract will create a binding contract;
- \* They agree to fully comply with all terms and conditions as set forth in the MIHS Procurement Code, and amendments thereto, together with the specifications and other documentary forms herewith made a part of this specific procurement;
- \* They are in compliance with A.R.S. § 35-397 and A.R.S. § 35-391 and do not have scrutinized operations in Iran or the Sudan and are not in violation of the Export Administration Act.

The person signing the Proposal certifies that he/she is the person in the Proposer's organization responsible for, or authorized to make, decisions regarding the prices quoted.

The Proposer is a corporation or other legal entity.

No attempt has been made or will be made by the Proposer to induce any other firm or person to submit or not to submit a Proposal in response to this RFQ.

- All amendments to this RFQ issued by MIHS have been received by the person/organization below. All amendments are signed and returned with the Proposal.
- No amendments have been received.

The price and terms and conditions in this Proposal are valid for 120 days from the date of submission.

\_\_\_\_\_  
FIRM SUBMITTING BID

\_\_\_\_\_  
ADDRESS

\_\_\_\_\_  
TELEPHONE

\_\_\_\_\_  
CITY

\_\_\_\_\_  
STATE

\_\_\_\_\_  
ZIP CODE

\_\_\_\_\_  
FAX

\_\_\_\_\_  
FEDERAL TAX ID NUMBER

\_\_\_\_\_  
EMAIL

\_\_\_\_\_  
AUTHORIZED SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
PRINTED NAME AND TITLE

**MINORITY BUSINESS/WOMEN BUSINESS/SMALL BUSINESS/DISADVANTAGED BUSINESS**  
(check appropriate item):

- Minority Business Enterprise (MBE)
- Women Business Enterprise (WBE)
- Small Business Enterprise (SBE)
- Disadvantaged Business Enterprise (DBE)

**ATTACHMENT B: PRICING**

**The document is to be used by the Proposer to specify proposed rates for Biohazardous Medical Waste Services. Rate quotes are to be provided for the initial contract term of March 1, 2010 to February 28, 2012.**

Please provide specific information about fees for Services including (a) how fees are calculated and (b) when fees are billed below:

Upon successful negotiations with Proposer(s), pricing information will be inserted into Section IV, Compensation, Paragraph 2, Pricing.

The price and terms and conditions in this Proposal are valid for 180 days from the date of submission.

I hereby certify that I acknowledge acceptance of the rates for the initial contract period of March 1, 2010 to February 28, 2012.

\_\_\_\_\_  
**Signature of Authorized Individual**

\_\_\_\_\_  
**Printed Name of Authorized Individual**

\_\_\_\_\_  
**Name of Submitting Organization**

\_\_\_\_\_  
**Date**

## ATTACHMENT C: RESPONSE TO WORK STATEMENT REQUIREMENTS

The Proposer must explain how they will meet all the requirements of the Work Statement. The Proposer shall insert appropriate text to indicate specifically how it will satisfy each requirement. The Proposer should use as much detail as necessary to clearly convey how they will ensure provision of these services. Proposers should not simply restate the requirements, but describe how each task will be accomplished.

Nothing prohibits the addition of supplemental services, not identified in this solicitation and deemed necessary by MIHS and agreed to by the selected Contractor(s).

Services associated with this procurement and the resulting contract(s) may be added or deleted by the District, as needed.

### WORK STATEMENT

1. Proposer shall meet or exceed the regulations of Arizona Department of Health Services (ADHS), Arizona Department of Environmental Quality (ADEQ), Center for Disease Control (CDC), Department of Energy (DOE), Department of Transportation (DOT), Food and Drug Administration (FDA), Joint Commission of Healthcare Organizations (JCAHO), National Commission on Correctional Health Care (NCCHC), (Occupational Safety and Health Administration) OSHA, and all other federal, state and other local applicable laws for Bloodborne pathogens for the collection, transportation, treatment and disposal of the biohazardous waste. **Submit documentations with proposal proving all applicable regulations have been met.**
2. Personnel must be appropriately trained to perform services, please provide supporting documentation (training log, & exposure control plan) that all personnel have been properly trained to perform their duties as outlined by all applicable standards.
3. Describe your methodology used for sterilization or disinfection.
4. Describe your company's operation & procedures.
5. Does your company have an exposure control plan? If so, please describe.
6. Provide sample of what tracking system your company use for collection, rendering, and disposition by site, and poundage.
7. All wastes must be disposed in an approved incinerator/autoclave site, Where is your designed waste disposal facility?
8. MIHS is committed to providing a safe working environment for our staffs; describe what program or methodology is available thru your company to assist MIHS to communicate the latest safety regulations to our staffs.
9. MIHS is opened to review any programs available thru your company, which can be beneficial to Environmental Services and infection control Department, describe programs available; it is MIHS' decision to participate in any/all or none of the programs, which ever is most advantageous to MIHS.

## REQUIREMENTS

### The successful Proposer shall:

1. Be responsible for collection, transportation, handling, and loading of the medical waste from storage locations(s) as determined by MIHS to the truck used for transportation to off site locations and not store medical waste containers in any other areas.
2. All wastes collected from MIHS must be documented, tracked and transported in accordance with local, State and Federal policies and procedures; shall be transported to an authorized wasted treatment facility.
3. Provide quarterly and annual reports, to include summary of waste control documentation, cost, and problems identified regarding MIHS or contracted waste company.
4. Submit, upon request, quality control and assurance results of all biological monitoring, maintenance logs, down time log, and training logs.
5. Accept all wastes as defined in **CLARIFICATIONS** below.
6. Take title for wasted upon possession; perform this service at own risk and shall hold MIHS harmless once title to the waste is taken.

### **CLARIFICATIONS (Biohazardous Medical Waste includes):**

1. Sharps include, but are not limited to
  - a. Needles, syringes, lancets, staples, knife blades, and ampoules.
  - b. Needles with attached tubing, scalpel and razor blades
  - c. Dental wires, disposal surgical instruments, and electrosurgical needles/blades
  - d. Medical/laboratory glassware as slides, pipettes, blood tubes, vials, bottles, contaminated broken glass and contaminated unbroken glass articles which could be broken during handling and transportation thus rendering them sharps waste
2. Regulated/Infectious Wastes include the following items described by OSHA as "Regulated Waste" and/or by the CDC as Infectious:
  - a. Microbiology or Pathology waste,
  - b. Sealed sharps containers of contaminated sharps,
  - c. Blood specimens, blood products, or other potentially infectious materials (OPIM),
  - d. Liquid or semi-liquid blood or other potentially infectious materials,
  - e. Items contaminated with blood or other potentially infectious materials, which would release these substances in a liquid or semi-liquid state if compressed (e.g., saturated dressings),
  - f. Items that are caked with dried blood or other potentially infectious materials and are capable of releasing these materials during handling, and
  - g. Suctioned fluids containing blood or other potentially infectious materials.
3. Other Potentially Infectious Materials (OPIM):
  - a. Semen, vaginal secretions, cerebrospinal fluid, synovial fluid, pleural fluid, pericardial fluid, peritoneal fluid amniotic fluid, saliva in dental procedures, and any body fluid that is visibly contaminated with blood, and all body fluids in situations where it is difficult or impossible to differentiate between body fluids.
  - b. Any unfixed tissue or organ other than intact skin from a human, living or dead.
  - c. HIV-containing cell or tissue cultures, organ cultures, and HIV- or HBV- containing culture medium or other solutions, blood, organs, or other tissues from experimental animals infected with HIV or HBV.

4. Biohazardous material is any substance capable of producing infection or injury.
5. Chemotherapy Waste including sharps, vials, syringes, tubing and IV bags and other discarded contaminated items generated in the preparation and administration of cytotoxic/antineoplastic drugs.

**MIHS RESPONSIBILITIES:**

MIHS will:

- a) Segregate and pack waste in accordance with local, State, Federal and Organizational policies and procedures.
- b) Properly label and mark medical waste bags and containers.

**ATTACHMENT D: EXCEPTIONS TO THE CONTRACT PROVISIONS**

Proposers must use this section to state any exceptions to the RFQ requirements and/or any requested language changes to the **MIHS General Provisions**. Proposer(s) may inspect the General Provisions at: <http://www.mihs.org/docs/GeneralProvisions-May52008.doc>. This is the only time proposers may contest these issues. Requests for changes after the date proposals are due will not be considered and could subject the proposer to non-award on grounds of non-responsiveness.

Please sign and include this statement with your proposal.

I have read the MIHS Contract Provisions and:

- I accept them
- I have stated my exceptions and have included them in this proposal.

\_\_\_\_\_  
**Signature of Authorized Individual**

\_\_\_\_\_  
**Printed Name of Authorized Individual**

\_\_\_\_\_  
**Name of Submitting Organization**

\_\_\_\_\_  
**Date**