

TABULATION SHEET
Bid No. 2009-044-4241- Annual Contract for
the Pick-Up and Disposal of Bio-Hazardous
Medical Waste

Opening Date: 23-Feb-09

VENDOR #1
 Medclean Mgt Solutions

PO Box 1840
 Dickinson, Tx 77539
 Hector Diaz
 281.220.1034
 281.220.1044 fax

VENDOR #2
 Enserv

6565 W. Loop South, Ste.
 400
 Houston, Tx 77401
 Marc Kroenert
 817.262.8791
 817.394.0533 fax

VENDOR #3
 Medical Waste Systems

PO Box 12318
 Florence SC 29504
 Jack Howard
 843.343.4820
 843.679.5655 fax

DESCRIPTION: **Est.**
Qty.

NCTRCA Certified Vendor (M/Wbe)
Dallas County Taxpayer?
How were you notified?

No
 No
 Letter from Dallas County

No reply
 No
 Dallas County website

Did not return forms
 No
 Dallas County website

Bio-Hazardous and Infectious Medical Waste Pick-up and Disposal Services, per the terms and conditions set forth in the specifications which includes the general and technical requirements (the price per pound shall be all inclusive)	75,000	pounds	\$	0.36	\$27,000.00	\$	-	\$	-	\$	0.49	\$	36,750.00
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Medical Waste Disposal Method:
Incineration

Specify the minimum service charge for Bio-Hazardous and Infectious Medical Waste Pick-up and Disposal Services.
 Note: Dallas County will only pay the minimum service charge amount or the actual poundage disposed whichever is greater.
 Price per pick-up & disposal (scheduled or non scheduled)

\$	0.36	40.00 Transportation Cost only	\$	55.00
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Option 1. Other Types of Disposal Methods:

Disposal Method: Autoclave - State cost per pound for pick-up and disposal
 Disposal Method: Type Name

.36/lb	.49/lb
Incineration .36/lb. and Autoclave .36/lb.	Med Shred - .60/lb

Specify the minimum service charge for Bio-Hazardous and Infectious Medical Waste Pick-up and Disposal Services.
 Note: Dallas County will only pay the minimum service charge amount or the actual poundage disposed whichever is greater.
 Price per pick-up & disposal (scheduled or non scheduled)

.36/lb	No reply	\$	55.00
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Option 2. Alternative Pricing

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Specify optional fixed flat rate pricing structure per location (if available). Note Bidder: No other charges would apply regardless of the total amount (poundage) of bio-hazardous material picked up and disposed each month at each location stated in Section 1.13 – General and Technical Requirements:

Location 1.13.1	2500.00/mo	No reply	4900.00/mo
Location 1.13.2	2500.00/mo	No reply	4900.00/mo
Location 1.13.3	2500.00/mo	No reply	4900.00/mo
Location 1.13.4	2500.00/mo	No reply	4900.00/mo
Location 1.13.5 -	700.00/mo.	No reply	4900.00/mo

Specify any additional comments/cost/etc. included with your bid proposal, if applicable

NA	No Comments	No Comments
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Specify Prompt Payment Discount Terms

-	No Comments	No Comments
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Documents to be submitted with proposal response:

- Copies of all written licenses, permits or approvals, issued by regulatory agency to Contractor or your subcontractor
- List of treatment, storage and disposal facilities that will utilized under this contract
- A copy of your firm's medical waste emergency action plan
- A copy of your firm's training plan for preparation and handling of medical waste
- Compliance history for the past three (3) years
- A list of the disposal facilities that will be used and the written procedures for notifying Dallas County and other customers of changes.
- List of sub-contractors (if applicable)
- References

Please answer the questions listed below

Specify the procedures for requesting non-scheduled pick-up and disposal services	fax for a pick-up at 281.220.1044 or email hdiaz@medclean solutions.com	Contact John Geneva, operations manager north Texas 817.825.2190 or 817.637.8230	No Comments
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Specify the name, telephone number and e-mail address (if any) of the account representative who will be handling this account:

Hector Diaz 214.432.2626, ,
 hdiaz@medcleansolutions.co
 m

Marc Kroenert, Account
 Executive, 817.262.8791,
 Mkroenert@medseve.com

No Comments

Cooperative Purchasing: Should other Governmental Entities decide to participate in this contract, would you, the awarded Contractor agrees that all terms, conditions, specifications, and pricing would apply to that entity?

No

Yes

No

Does your firm/company have the required insurance coverage stated under SECTION 3 - INSURANCE REQUIREMENTS and agree to comply with these requirements during the duration of this contract?
 If, No will your firm be able to obtained the required coverage within ten (10) days upon notification of contract award?

Yes

Yes

Yes

Information on Provision of Health Insurance Coverage for Employees

Dallas County may consider the provision of health insurance coverage for employees in the bid evaluation process (see page 5, paragraph 4). Please complete the information below to assist in this evaluation.

a) Does your company provide health insurance coverage to its employees?

No

Yes

Yes

b) If your company does provide health insurance coverage to its employees, does the company share in the cost a minimum of 75% for employee only coverage and 50% for family coverage?

No

Yes

Yes

c) If your company provides health insurance coverage to its employees, is the coverage comparable to the services provided by Dallas County as described in the attached summary plan description? (See Attachment B)

No

Yes

Yes

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Qty.**

d) If your company plans to utilize subcontractors in the fulfillment of this bid, does each of the subcontractors provide health insurance coverage to their employees that compares to Dallas County's health insurance coverage and share in the cost?

No

Yes

Yes