



No. 2123 / Estt.(BBMC&H)/19,

Balangir

Dt. 21-8-19

**TENDER DOCUMENT FOR PROVIDING OUTSOURCING SERVICE FOR
BIO-MEDICAL WASTE IN
BHIMA BHOI MEDICAL COLLEGE & HOSPITAL, BALANGIR**

| | | |
|---|---|--|
| Date of Opening of Tender | : | 21.08.2019 |
| Pre-Bid Meeting | : | 29.08.2019 at 11.00 AM |
| Last Date of Receipt Of Tender | : | 18.09.2019 Up To 5.30 PM |
| Date of Opening Technical Bid | : | 20.09.2019 At 11.00 AM |
| Date of Opening Financial Bid | : | Will be intimated later |
| Place of Opening of Tender & Address For Communication | : | Office of Superintendent, Bhima Bhoi Medical Collage & Hospital, At/PO/District-Balangir, Odisha, PIN– 767 001 |


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Terms and Condition of Outsourcing of Bio-Medical Waste Management

1. All the workers & supervisor engaged by the outsourcing agency shall have uniform and photo identity cards during the period of work, which shall be duly signed by the Superintendent, BBMC&H, Balangir.
2. The outsourcing agency shall furnish the List of workers & supervisors (above 18 years of age only) with Proof of Identity and address to the Authority of Medicals after finalization of the outsourcing services.
3. All the personnel to be engaged by the Organization / Agency should be covered under the statutory Government regulations framed from time to time.
4. Superintendent of the Hospital may ask the Agency to withdraw any of their workers from the Hospital without assigning any reasons, with 24 hours of prior intimation.
5. The Agency will abide by all the rules and regulation relating to labour laws, accident, workmen compensation act, Workmen Insurance, ESI and EPF etc., as applicable. This will be the sole responsibility of the Agency. The Authority will not be a party at any stage if any kind of dispute arises relating to the above.
6. Any damage/pilferage to the Hospital property due to mishandling, carelessness of the contractor/agency by his workmen will be recoverable form the Agency's bill and all materials issued to Contractor shall be his sole responsibility during the entire period of the contract.
7. The service provider should depute qualified and dedicated staff (trained in the field of Bio-Medical Waste Management) to manage the Bio-Medical Waste Management activity in the Hospital and will coordinate in executing the same with the Bio-Medical Waste Management committee of the Hospital and be responsible for supervision of the work.
8. All the employees will have to be covered under relevant insurance act against any personal accidents/health hazards. The Hospital authority will not be liable, in any way, for payment and any other issues of any compensation on that account.
9. During execution of work, the service provider must follow all standard norms of safety measures/precautions to avoid accidents/damages to men, machine and building etc. On nonperformance to this clause, suitable fine/penalty as decided by the Authority will be imposed.
10. Generator of the Bio-Medical Waste is responsible for providing segregated waste to the service provider. The wastes shall be segregated as per the provisions of the Bio-Medical Waste Management Rules 2016. The service provider shall report about the non-segregated waste to the Authority. The points of segregation will be handled by the service provider. The designated colour bags will be put in respective colour coded bins and lifted from time to time after they become two third full. Bags are to be closed by tying a string and taken to the plant site for disposal. Each bag shall be as per BIS Standards or Bar code system for effective management of Bio Medical Waste under the provision of Bio-Medical Waste Management



Rule, 2016, as amended. The colour coded containers shall be strong enough to withstand any possible damage that may occur during loading, transportation or unloading of such containers. All the bags/ containers/ bins used for collection and storage of bio-medical waste, must be labeled with the Symbol of Bio Hazard or Cytotoxic Hazard as the case may be as per the type of waste in accordance with the BMW Rules, 2016. Sharps shall be collected from all points in the hospital. The person responsible for collection of Bio-Medical Waste shall also carry a register with him to maintain the record such as name of generation point, type and quantity of waste received, signature of the authorized person (I/C sister of the ward/OT/LR/ICU etc.), day and time of collection, etc.

11. The service provider is also responsible for liquid waste management as per the Bio-Medical Waste Management Rules, 2016.
12. The service provider also provide HR (Sweeper cum attendant) who are hired on daily wages as per minimum daily wages Act under Govt. of Odisha labour & ESI Department. They shall be utilized for management the Bio-Medical waste (segregation), handling of equipments related to biomedical waste, liquid waste management, disinfection, treatment and disposal of bio-medical waste etc.
13. The collection and transportation of Bio-Medical Waste shall be carried out in a manner so as to avoid any possible hazard to human health and environment. The timing of collection of the waste will be preferably within 6AM- 8 AM and 3 PM- 4PM daily.
14. The Bio-Medical Waste collected in Polybags shall be transported to the Common Bio-Medical Waste Treatment Facility (CBWTF) in a fully covered vehicle. Such vehicle shall be dedicated for transportation of Bio-Medical Waste. The colored coded polybags of appropriate size and colors with bio-hazards markings will be provided by the service provider.
15. The service provider shall maintain all the records related Bio-Medical Waste Management of all the units. Daily records shall be maintained for the waste accepted and treated waste removed from the site. The record shall include the following minimum details.
 - i. Waste Accepted: waste collection date, name of the health care unit, waste category as per the rules, quantity of the waste, vehicle number and receiving date (at site).
 - ii. Treated Waste removed: Date, treated Waste type, quantity, vehicle number and location of disposal.
 - iii. **Log Book** : A log book shall be maintained for each treatment equipment installed at the site and shall include the followings:
 - i. The weight of each batch.
 - ii. The categories Waste as per the rules.
 - iii. The time, date and duration of each treatment cycle and total hours of operation.
 - iv. The complete details of all operational parameters during each cycle.
 - iv. **Site Records** : Site records shall include the following:
 - i. Details of construction or engineering works.
 - ii. Maintenance schedule, breakdowns/trouble shootings and remedial action, Emergencies
 - iii. Incidents of unacceptable waste received and the action taken thereof.


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- iv. Details of site inspections by the officials of the regulatory agency and necessary action on the observations,
 - v. Daily, monthly and annual summery records of all the above shall be maintained and made available at the site for inspection whenever required by an authorized officer of regulatory agency.
15. After the allotment of the work, the service provider shall have to sign an MOU with the Authority regarding the detail scope of services to be executed. **(Annexure-I)**
 16. The service provider will work for a period of one year from the, date of agreement which may, be extended for yearly basis up to maximum three years, subject to certification by the competent authority & BMWV committee of the institution. During this period if at any stage of time, the Hospital Authority finds non-compliance of assigned work, the service provider will be served with a notice for a period of one month and if still noncompliance is there, the contract will be cancelled and new party will be assigned with the said service.
 17. After execution of MOU, the service provider shall execute the service within 15 days of the issue of work order.
 18. The service provider shall be under the Administrative Control of the Superintendent, BBMC&H, Balangir.
 21. The number of workers to be engaged by the service provider has to be specified. The numbers of worker are subjected to be modified with the revision/further increase with bed strength.

PENALTY

22. In case of deficiencies in providing quality service, the authority will have the right to impose penalty as per decision of the relevant committee which shall be deducted from the monthly bill.

FINANCIAL

23. The Technical Bid should be accompanied with an Earnest Money deposit (EMD), refundable without interest, of Rs. 30,000/-(Rupees Thirty Thousand) only in the form of DD.
24. The Earnest Money Deposit in respect of the service provider which do not qualify the Technical Bid (First Stage) / Financial Bid (Second Competitive Stage) shall be returned to them without any interest. In case of successful tenderer, if the service provider fails to deploy the required manpower against the initial requirement within 15 days from the date of placing the order, the EMD **shall stand forfeited** without giving any further notice.
25. The successful tenderer will have to deposit a Security amount of Rs. 1, 00,000/- (Rupees One Lakh) only in the form of Fixed Deposit Receipt (FDR) / Bank Guarantee made in the name of the service provider but hypothecated to the Superintendent, Bhima Bhoi Medical College & Hospital, Balangir, covering the period of contract. In case, the contract is further extended beyond the initial period, the FDR / BG will have to be accordingly renewed by the successful tenderer.

N.B.: - All documents submitted shall be consecutively numbered having signature with official seal of the authorized signatory on each page and total number of pages shall be mentioned on the top sheet duly authenticated by the authorized signatory. In case the tender document is signed by the authorized signatory, a copy of the Power of Attorney / Authorization may be enclosed along with the tender for consideration.


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CONSUMABLES TO BE SUPPLIED BY THE AGENCY

| Sl. No. | Consumables for Treatment SITE |
|---------|--------------------------------|
| 1 | Bleaching Powder |
| 2 | Lime |
| 3 | Salt |
| 4 | Polybags |
| 5 | Room freshener |
| 6 | Liquid Hand Wash |
| 7 | Phenyl |
| 8 | Utility Gloves |
| 9 | Mask |
| 10 | Apron |
| 11 | Gun Boot |
| 12 | Glass |
| 13 | Cap |



[Handwritten Signature]

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Interested Service Providers are hereby informed to submit their proposals in the following manner.

| Sl. No. | Information of documents | Particulars |
|---------|---|-------------|
| 1 | The tender document should be accompanied with Bank Draft of Rs 2100/- (Cost of Tender Document) from any Nationalized Bank in favor of Superintendent, BBMC&H, Balangir. | |
| 2 | Valid labour license issued by concerned Dist. Labour Officers / Authority. | |
| 3 | Valid Registration number with date, of Voluntary Organization / Society / Firm, if any | |
| 4 | Valid State Pollution control board license / approval with date. | |
| 5 | Valid EPF registration number & date (ECR copy of last 3 Financial year i.e. 2016-17, 2017-18, 2018-19) | |
| 6 | Valid ESI Registration number & date (ESI Copy of last 3 Financial year) | |
| 7 | PAN of the organization and Audited financial statement of last 3 Financial Year i.e. 2016-17, 2017-18, 2018-19. | |
| 8 | Self-Attested Copy of the IT Return for last three Financial Years i.e. 2016-17, 2017-18, 2018-19. | |
| 9 | Bye-law of the organization / Firm, if any. | |
| 10 | GSTIN registration number & proof of last return filed. | |
| 11 | GSTIN registration number & proof of last return filed. | |
| 12 | Experience certificate on providing service in Bio-Medical Waste Management for last 3 consecutive years i.e. 2016-17, 2017-18, 2018-19. | |
| 13 | EMD (refundable, non-interest bearing) Rs. 30,000/- (Rupees Thirty Thousand) only shall be enclosed with the tender paper in shape of Demand Draft in favor of Superintendent, Bhima Bhoi Medical College & Hospital, Balangir. | |

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CHECK LIST (TECHNICAL PROPOSAL)

Please check whether followings have been enclosed in the respective cover, namely, Technical Proposal: (please arrange the documents serially in the following order)

1. EMD (DD of Rs. 30,000/-) Yes/No _____
2. Form T1 Yes/No _____
3. Form T2 Yes/No _____
4. Copy of the company/Agency Registration certificate Yes/No _____
5. Copy of the Service Tax, EPF,ESI registration certificate Yes/No _____
6. Copy of PAN Yes/No _____
7. Form T3 Yes/No _____
8. Photocopies of the audited P/L account of each year
Highlighting the turnover in support of that) Yes/No _____
9. Copies of Work Order/Contract certificates from the clients in support of similar works
executed in support of the information provided in Form T4 Yes/No _____
10. Form T5 Yes/No _____
11. Form T6 Yes/No _____
12. Copy of existing valid labour license Yes/No _____
13. Copy of GSTIN certificate Yes/No _____


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FORM – T1

(To be furnished in the Technical Proposal)
TECHNICAL TENDER SUBMISSION FORM
(On the letterhead of the Agency)

To

The Superintendent, Bhima Bhoi Medical College & Hospital, Balangir.

Re.: TENDER DOCUMENT Reference no. _____ dated _____

Dear Sir,

I/We, the undersigned, offer to provide the services for the work: Out Sourcing of Bio-Medical Waste Management at BBMC&H, Balangir. I/We are hereby submitting my/our Proposal, which includes this Technical Proposal and a Financial Proposal sealed under a separate envelope.

I/We hereby declare my/our Confirmation of acceptance of the Conditions of Contract mentioned in the TENDER DOCUMENT under reference cited above.

I/We hereby declare that all the information and statements made in this Proposal are true and accept that any of my/our misrepresentations contained in it may lead to disqualification.

My/our proposal shall be binding upon me/us for a period of 1 year from the date of bid opening, subject to the modifications resulting from Contract negotiations which may be subsequently carry out with me/us to accept the bid. If I/we are assigned the work during the period of validity of the Proposal, I/we undertake to carry out the same as per the terms and conditions of this tender document.


I/we hereby declare that my/our company has not been debarred / black listed by any Government / Semi Government organizations. I/we further certify that I/we am/are the competent authority/authorities in my/our company authorized to make this declaration.

I/We understand that the Authority is not bound to accept any Proposal that has been received.

Yours sincerely,

Authorized Signatory [In full and initials]: _____
Name and Title of Signatory: _____
Name of Agency: _____
Address: _____

(Company Seal)


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FORM – T2

(To be furnished in the Technical Proposal)

PROFILE OF THE AGENCY

| | | |
|----|---|---|
| 1) | Name of the Agency | |
| 2) | Address with Contact Number | |
| 3) | Financial position and Operational results for last 3 financial year (2016-17,2017-18 & 2018-19) | Audited Statements of Accounts to be attached (Self attested photo copies) |
| 4) | Numbers of field level staffs engaged at the client locations to render Bio-Medical Waste Management | Service & Support Staff Supervisory Staff |
| 5) | Year of Working experience in the related field along with the list of clients to whom similar service has been provided in last 3 yrs. | <input type="checkbox"/> Name of client <input type="checkbox"/> Date of Contract <input type="checkbox"/> Duration of Engagement <input type="checkbox"/> Contract Value <input type="checkbox"/> Contact Status <input type="checkbox"/> (Completed/Ongoing) |
| 6) | Separate list to be furnished for Govt. /Semi Govt. /Public Sector and Private Sector Clients. | |
| 7) | Registration/empanelment details with different authorities | Authority Date of Registration |
| 8) | Plan for execution | <input type="checkbox"/> Man Power Planning <input type="checkbox"/> Monitoring <input type="checkbox"/> Quality Assurance |
| 9) | Any other details the applicants would like to furnish (i.e. Awards and Accreditations) | |

Note (i) Information to be furnished in separate sheet wherever necessary.

(ii) The documents have to be self-attested photocopies.

Authorized Signatory/Signature [In full and initials]: _____

Name and Title of Signatory: _____


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FORM T3

(To be furnished in the Technical Proposal)

ANNUAL TURN OVER STATEMENT

(To be furnished in the letter head of the Chartered Accountant)

The Annual Turnover of M/s _____

for the last 3 financial years are given below and certified that the statement is true and correct.

| Sl. No. | Financial Year | Turnover in Lakhs (Rs.) |
|--|----------------|-------------------------|
| 1 | 2016-17 | |
| 2 | 2017-18 | |
| 3 | 2018-19 | |
| | Total | |
| Average Annual Turnover in Lakhs (Rs.) | | |

Signature of Chartered Accountant

(Name in Capital)

Seal

Membership No.-

Note:

- 1) To be issued in the letter head of the Chartered Accountant with membership No.
- 2) Also attach photocopies of the audited P/L account of each year highlighting the turnover in its support.

[Handwritten Signature]
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FORM T4

(To be furnished in the Technical Proposal)

PAST EXPERIENCE IN OPERATING SIMILAR FIELD DURING THE LAST 3 YRS

(Attach separate sheets if the space provided is not sufficient)

| Name of Assignment | Name/address of the Organization | Date of award Of Assignment | Date of completion of assignment | Value of the Assignment | Role of the Agency |
|--------------------|----------------------------------|-----------------------------|----------------------------------|-------------------------|--------------------|
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

* Note: Please furnish the Work order /Contract copies of the works executed in support of the information mentioned above.

Authorized Signatory/Signature [In full and initials]: _____

Name and Title of Signatory: _____

(Company Seal)


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FORM T5
(To be furnished in the Technical Proposal)

Format for Power of Attorney for Signing of Proposal
(On a Stamp Paper of relevant value)

Power of Attorney

Know all persons by these presents, I/we..... (name and address of the registered office) do hereby constitute, appoint and authorize Mr/Ms.....(name and residential address) who is presently employed with us and holding the positionas my/our attorney, to do in my/our name and on my/our behalf, all such acts, deeds and things necessary in connection with or incidental to our bid for Out Sourcing of Bio-Medical Waste Management at BBMC&H, Balangir including signing and submission of all documents and providing information / responses to the District Authorities, representing me/us in all matters before District Authorities and generally dealing with District Authorities in all matters in connection with our bid for the said Project. I/We hereby agree to ratify all acts, deeds and things lawfully done by my/our said attorney pursuant to this Power of Attorney and that all acts, deeds and things done by my/our aforesaid attorney shall and shall always be deemed to have been done by me/us.

Dated this the _____ day of _____ 2019

For _____

(Name, Designation and Address)

Accepted _____ (Signature)

(Name, Title and Address of the Attorney)

Date: _____

Note:

- i. To be executed by the Chief of the Agency.
- ii. The mode of execution of the Power of Attorney should be in accordance with the procedure, if any, lay down by the applicable law and the charter documents of the executants(s) and when it is so required the same should be under common seal affixed in accordance with the required procedure.
- iii. In case an authorized Director of the agency signs the proposal, a certified copy of the appropriate resolution/ document conveying such authority may be enclosed in lieu of the Power of Attorney.

(Handwritten Signature)
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FORM T6

(To be furnished in the Technical Proposal)

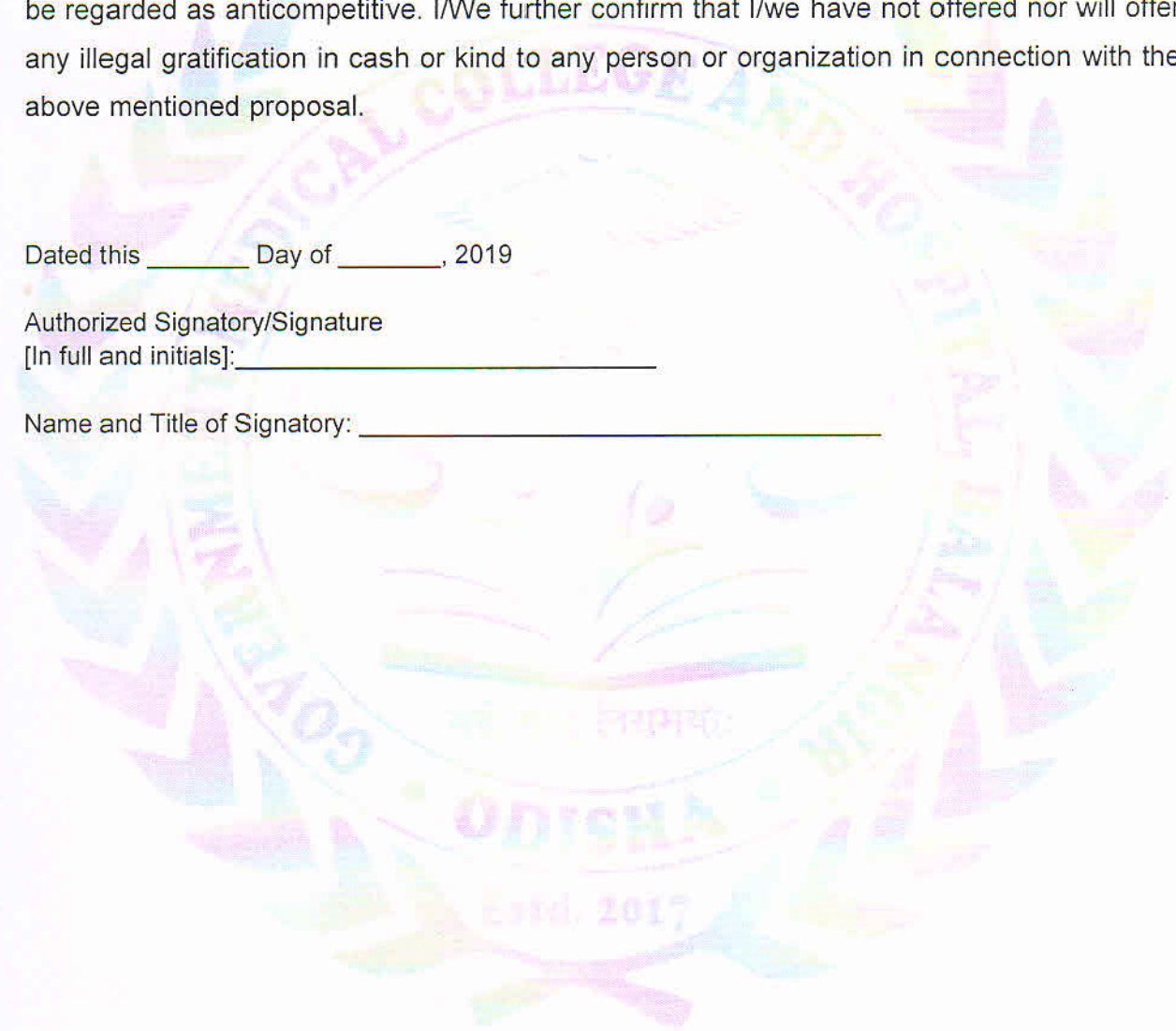
Anti-Collusion Certificate

I/We hereby certify and confirm that in the preparation and submission of my/our Proposal for Out-Sourcing Agency for Bio-Medical Waste Management at Bhima Bhoi Medical College & Hospital, Balangir, I/We have not acted in concert or in collusion with any other Bidder or Other person(s) and also not done any act, deed or thing, which is or could be regarded as anticompetitive. I/We further confirm that I/we have not offered nor will offer any illegal gratification in cash or kind to any person or organization in connection with the above mentioned proposal.

Dated this _____ Day of _____, 2019

Authorized Signatory/Signature
[In full and initials]: _____

Name and Title of Signatory: _____



[Handwritten Signature]

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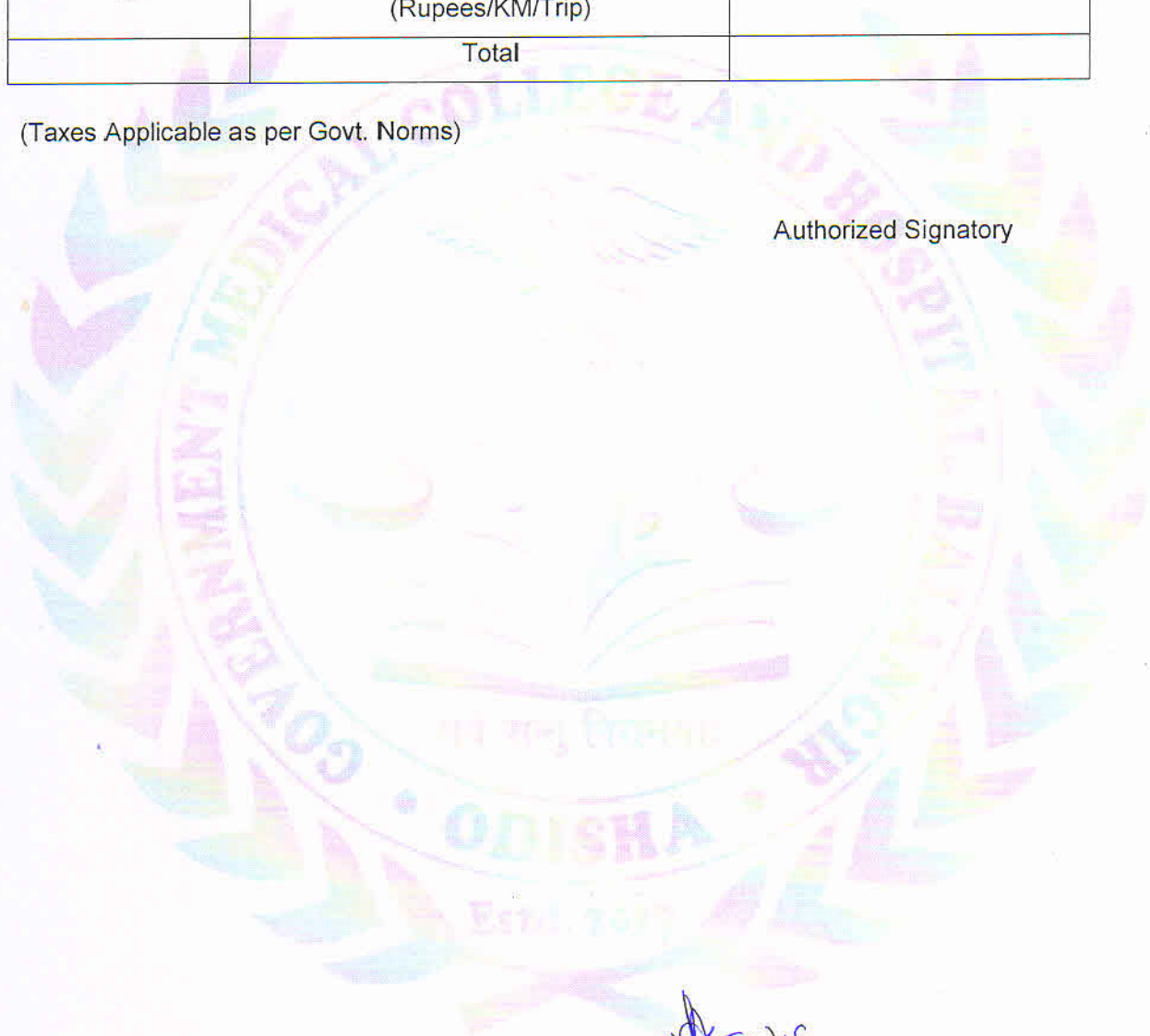


**FORMAT FOR FINANCIAL BID FOR OUTSOURCING OF
BIO-MEDICAL WASTE SERVICES**

| Name and address of the Organization / Agency: | | |
|--|--|------------------------------|
| Sl no | Criteria | Particulars in Indian Rupees |
| 1 | Charges per bed per day including Poly bags. | |
| 2 | Transportation Charges (Rupees/KM/Trip) | |
| | Total | |

(Taxes Applicable as per Govt. Norms)

Authorized Signatory




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