

**RETURN BIDS TO:**  
**RETOURNER LES SOUMISSIONS À:**  
Bid Receiving Public Works & Government Services  
Canada/Réception des soumissions Travaux publics et  
Services gouvernementaux Canada  
1713 Bedford Row  
Halifax, N.S./Halifax,(N.E.)  
B3J 1T3  
Halifax  
Bid Fax: (902) 496-5016

**SOLICITATION AMENDMENT  
MODIFICATION DE L'INVITATION**

The referenced document is hereby revised; unless otherwise indicated, all other terms and conditions of the Solicitation remain the same.

Ce document est par la présente révisé; sauf indication contraire, les modalités de l'invitation demeurent les mêmes.

**Comments - Commentaires**

**Vendor/Firm Name and Address**  
**Raison sociale et adresse du  
fournisseur/de l'entrepreneur**

**Issuing Office - Bureau de distribution**  
Real Property Contracting  
1713 Bedford Row  
P.O. Box 2247/C.P.2247  
Halifax, N.S./Halifax, (N.E.)  
B3J 3C9  
Halifax

<b>Title - Sujet</b> BIO-MEDICAL WASTE REMOVAL	
<b>Solicitation No. - N° de l'invitation</b> W010X-12R116/A	<b>Amendment No. - N° modif.</b> 002
<b>Client Reference No. - N° de référence du client</b> W010X-12-R116	<b>Date</b> 2012-10-17
<b>GETS Reference No. - N° de référence de SEAG</b> PW-\$PWA-122-4924	
<b>File No. - N° de dossier</b> PWA-1-64202 (122)	<b>CCC No./N° CCC - FMS No./N° VME</b>
<b>Solicitation Closes - L'invitation prend fin at - à 02:00 PM on - le 2012-10-23</b>	<b>Time Zone</b> Fuseau horaire Atlantic Daylight Saving Time ADT
<b>F.O.B. - F.A.B.</b> <b>Plant-Usine:</b> <input type="checkbox"/> <b>Destination:</b> <input checked="" type="checkbox"/> <b>Other-Autre:</b> <input type="checkbox"/>	
<b>Address Enquiries to: - Adresser toutes questions à:</b> Chinye, Chukwudi	<b>Buyer Id - Id de l'acheteur</b> pwa122
<b>Telephone No. - N° de téléphone</b> (902) 496-5476 ( )	<b>FAX No. - N° de FAX</b> (902) 496-5016
<b>Destination - of Goods, Services, and Construction:</b> <b>Destination - des biens, services et construction:</b>	

**Instructions: See Herein**

**Instructions: Voir aux présentes**

<b>Delivery Required - Livraison exigée</b>	<b>Delivery Offered - Livraison proposée</b>
<b>Vendor/Firm Name and Address</b> <b>Raison sociale et adresse du fournisseur/de l'entrepreneur</b>	
<b>Telephone No. - N° de téléphone</b> <b>Facsimile No. - N° de télécopieur</b>	
<b>Name and title of person authorized to sign on behalf of Vendor/Firm (type or print)</b> <b>Nom et titre de la personne autorisée à signer au nom du fournisseur/ de l'entrepreneur (taper ou écrire en caractères d'imprimerie)</b>	
<b>Signature</b>	<b>Date</b>

Amendment 002 is raised to incorporate the following change;

**ANNEX "B"**  
**BASIS OF PAYMENT**

**Delete in its entirety**  
**Insert as follows**

Collection will be performed on the **First Tuesday** of each month.

**Price per unit below must include; kilometric costs to and from bio-medical waste site, and the disposal costs of bio-medical wastes in accordance with Annex A- Statement of Work.**

**Year 1**

**Table A-Routine/Scheduled Collection and Disposal As per Amendment 002**

Column A	Column B Description of Work	Column C Unit of Measurement	Column D Estimated Quantity	Column E Price per unit	Column F Extended Price= (col D*Col E).
1	Collection and disposal of Bio-medical wastes in accordance with Annex A-Statement of Work. Collection will be performed on the <b>First Tuesday</b> of each month	Per pick-up	12	\$ _____	\$ _____
<b>Total</b>					\$ _____

**TABLE B -TASK AUTHORIZATION**

Column A	Column B Description of Work	Column C Unit of Measurement	Column D Estimated Quantity	Column E Price per Unit	Column F Extended Price=Col D*Col E
1	Additional collection in accordance with Annex A-Statement of Work	Per pick-up	2	\$ _____	\$ _____
<b>Total</b>					\$ _____

**Total Year one = Total (Table A) + Total (Table B)= \$ \_\_\_\_\_**

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Amd. No. - N° de la modif.

002

Buyer ID - Id de l'acheteur

pwa122

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W010X-12-R116

File No. - N° du dossier

PWA-1-64202

CCC No./N° CCC - FMS No/ N° VME

Collection will be performed on the **First Tuesday** of each month.

**Price per unit below must include; kilometric costs to and from bio-medical waste site, and the disposal costs of bio-medical wastes in accordance with Annex A- Statement of Work.**

### Option Year 1

**Table A-Routine/Scheduled Collection and Disposal As per Amendment 002**

Column A	Column B Description of Work	Column C Unit of Measurement	Column D Estimated Quantity	Column E Price per unit	Column F Extended Price= (col D*Col E).
1	Collection and disposal of Bio-medical wastes in accordance with Annex A-Statement of Work. Collection will be performed on the <b>First Tuesday</b> of each month	Per pick-up	12	\$ _____	\$ _____
Total					\$ _____

**TABLE B -TASK AUTHORIZATION**

Column A	Column B Description of Work	Column C Unit of Measurement	Column D Estimated Quantity	Column E Price per Unit	Column F Extended Price=Col D*Col E
1	Additional collection in accordance with Annex A-Statement of Work	Per pick-up	2	\$ _____	\$ _____
Total					\$ _____

**Total Option Year one = Total (Table A) + Total (Table B)= \$ \_\_\_\_\_**

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Collection will be performed on the **First Tuesday** of each month.

**Price per unit below must include; kilometric costs to and from bio-medical waste site, and the disposal costs of bio-medical wastes in accordance with Annex A- Statement of Work.**

**Option Year 2**

**Table A-Routine/Scheduled Collection and Disposal As per Amendment 002**

Column A	Column B Description of Work	Column C Unit of Measurement	Column D Estimated Quantity	Column E Price per unit	Column F Extended Price= (col D*Col E).
1	Collection and disposal of Bio-medical wastes in accordance with Annex A-Statement of Work. Collection will be performed on the <b>First Tuesday</b> of each month	Per pick-up	12	\$ _____	\$ _____
Total					\$ _____

**TABLE B -TASK AUTHORIZATION**

Column A	Column B Description of Work	Column C Unit of Measurement	Column D Estimated Quantity	Column E Price per Unit	Column F Extended Price=Col D*Col E
1	Additional collection in accordance with Annex A-Statement of Work	Per pick-up	2	\$ _____	\$ _____
Total					\$ _____

**Total Option Year two = Total (Table A) + Total (Table B)= \$ \_\_\_\_\_**

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Collection will be performed on the **First Tuesday** of each month.

**Price per unit below must include; kilometric costs to and from bio-medical waste site, and the disposal costs of bio-medical wastes in accordance with Annex A- Statement of Work.**

### Option Year 3

**Table A-Routine/Scheduled Collection and Disposal As per Amendment 002**

Column A	Column B Description of Work	Column C Unit of Measurement	Column D Estimated Quantity	Column E Price per unit	Column F Extended Price= (col D*Col E).
1	Collection and disposal of Bio-medical wastes in accordance with Annex A-Statement of Work. Collection will be performed on the <b>First Tuesday</b> of each month	Per pick-up	12	\$ _____	\$ _____
Total					\$ _____

**TABLE B -TASK AUTHORIZATION**

Column A	Column B Description of Work	Column C Unit of Measurement	Column D Estimated Quantity	Column E Price per Unit	Column F Extended Price=Col D*Col E
1	Additional collection in accordance with Annex A-Statement of Work	Per pick-up	2	\$ _____	\$ _____
Total					\$ _____

**Total Option Year three = Total (Table A) + Total (Table B)= \$ \_\_\_\_\_**

Collection will be performed on the **First Tuesday** of each month.

**Price per unit below must include; kilometric costs to and from bio-medical waste site, and the disposal costs of bio-medical wastes in accordance with Annex A- Statement of Work.**

#### Option Year 4

**Table A-Routine/Scheduled Collection and Disposal As per Amendment 002**

Column A	Column B Description of Work	Column C Unit of Measurement	Column D Estimated Quantity	Column E Price per unit	Column F Extended Price= (col D*Col E).
1	Collection and disposal of Bio-medical wastes in accordance with Annex A-Statement of Work. Collection will be performed on the <b>First Tuesday</b> of each month	Per pick-up	12	\$ _____	\$ _____
Total					\$ _____

**TABLE B -TASK AUTHORIZATION**

Column A	Column B Description of Work	Column C Unit of Measurement	Column D Estimated Quantity	Column E Price per Unit	Column F Extended Price=Col D*Col E
1	Additional collection in accordance with Annex A-Statement of Work	Per pick-up	2	\$ _____	\$ _____
Total					\$ _____

**Total option Year 4 = Total (Table A) + Total (Table B)= \$ \_\_\_\_\_**

**Grand Total = Year 1+ Option Year 1+Option Year 2+Option year 3+Option Year 4=**  
**\$ \_\_\_\_\_**

**The grand total amount will be the amount that will be considered during evaluation of all bids tendered.**

**ALL OTHER TERMS AND CONDITIONS REMAIN THE SAME**

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