

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

| | |
|---|---|
| Title - Sujet BIO-MEDICAL WASTE REMOVAL | |
| Solicitation No. - N° de l'invitation W010X-12R116/A | Amendment No. - N° modif. 001 |
| Client Reference No. - N° de référence du client W010X-12-R116 | Date 2012-10-15 |
| GETS Reference No. - N° de référence de SEAG PW-\$PWA-122-4924 | |
| File No. - N° de dossier PWA-1-64202 (122) | CCC No./N° CCC - FMS No./N° VME |
| Solicitation Closes - L'invitation prend fin at - à 02:00 PM on - le 2012-10-23 | Time Zone Fuseau horaire Atlantic Daylight Saving Time ADT |
| F.O.B. - F.A.B. Plant-Usine: <input type="checkbox"/> Destination: <input checked="" type="checkbox"/> Other-Autre: <input type="checkbox"/> | |
| Address Enquiries to: - Adresser toutes questions à: Chinye, Chukwudi | Buyer Id - Id de l'acheteur pwa122 |
| Telephone No. - N° de téléphone (902) 496-5476 () | FAX No. - N° de FAX (902) 496-5016 |
| Destination - of Goods, Services, and Construction: Destination - des biens, services et construction: | |

Instructions: See Herein

Instructions: Voir aux présentes

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

Amendment 001 is raised to incorporate the following changes and answer the questions below:

2.2.3 Task Authorization Limit

Delete in its entirety

Insert as follows

The Technical Authority may authorize individual task authorizations up to a limit of \$1000.00, Goods and Services Tax or Harmonized Sales Tax included, inclusive of any revisions.

Any task authorization to be issued in excess of that limit must be authorized by the Technical Authority and Contracting Authority before issuance.

Question 1. 200 kg per container is quite heavy could you provide more insight as to possibly and average weight per month?

Answer to Question 1: The total weight for all containers is between 200-250 kg for each month, which interprets to an approximate weight of 40-50 kg for each container per month.

Question 2: You have indicated that you want red bags burned and yellow bags hydroclave. Just some clarification on the wording, we use incineration for red bags and the term "hydroclave" is a brand name not the process. We autoclave all yellow bags. Could you confirm that this is the current process for both?

Answer to Question 2: Red packaged bags will require a burning (incineration) method of disposal and autoclaved methods(either steam or gas) is permitted to be used for yellow packaged bags.

Question 3. Who owns these containers?

Answer to question 3: The contractor shall own the containers which must comply with Section 3.4 Containers of Annex A-Statement of Work as stipulated in the Request for Proposal. Also containers must comply with Canadian Council of Ministers of Environment guidelines (CCME-EPC-WM-42E), Provincial, Municipal and Federal Regulations for Transportation of Dangerous Goods.

Question 4. What is the make of these containers?

Answer to Question 4: The containers have no make.

Question 5. Could you provide a pictures of them?

Answer to Question 5: A picture will not be made available because the contractor will be providing the containers.

Annex F

Delete in its entirety

Insert as follows

1. Code of Conduct Certifications - Certifications Required Precedent to Contract Award

- 1.1** Bidders should provide, with their bid or promptly thereafter, a complete list of names of all individuals who are currently directors of the Bidder. If such a list has not been received by the time the evaluation of bids is completed, the Contracting Authority will inform the Bidder of a time frame within which to provide the information. Bidders must submit the list of directors before contract award, failure to provide such a list within the required time frame will render the bid non-responsive.

The Contracting Authority may, at any time, request that a Bidder provide properly completed and Signed Consent Forms (Consent to a Criminal Record Verification form - PWGSC-TPSGC 229) (<http://www.tpsgc-pwgsc.gc.ca/app-acq/forms/formulaires-forms-eng.html>) for any or all individuals named in the aforementioned list within a specified delay. Failure to provide such Consent Forms within the delay will result in the bid being declared non-responsive.

Bidder's List of Directors below: Please provide a list of names of all individuals who are currently Directors **in** accordance with **PART 5-CERTIFICATION**.

Directors: (Please print clearly)

| NAME | NAME | NAME | NAME |
|------|------|------|------|
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Attach additional names on a separate sheet if required.

ALL OTHER TERMS AND CONDITIONS REMAIN THE SAME



**FOR GOVERNMENT USE ONLY
POUR USAGE DU GOUVERNEMENT SEULEMENT**

Special Investigations Directorate File No.
N° de dossier de la Direction des enquêtes spéciales

Date Received (Y-A M D-J)
Date de réception

**CONSENT TO A CRIMINAL RECORD VERIFICATION
CONSENTEMENT À LA VÉRIFICATION DE L'EXISTENCE D'UN CASIER JUDICIAIRE**

This form must be completed and signed by each individual who is currently a director of the Bidder/Offeror/Supplier and provided with the Bid/Offer/Arrangement.

Le présent formulaire doit être rempli et signé par chaque individu qui est actuellement un administrateur du soumissionnaire/de l'offrant/du fournisseur et fourni avec la soumission/l'offre/l'arrangement.

**A PRIVACY ACT STATEMENT
ÉNONCÉ CONCERNANT LA LOI SUR LA PROTECTION DES RENSEIGNEMENTS PERSONNELS**

The personal information requested on this form is collected under the authority of subsection 750(3) of the *Criminal Code*, paragraph 42(1(c)) of the *Financial Administration Act*, and sections 7 and 21 of the *Department of Public Works and Government Services Act*. The information will be used for validating the criminal conviction certifications necessary for obtaining and maintaining a procurement instrument. It may be shared with other government departments, agencies, as well as provincial, territorial, and federal courts, within the limits of what is required to conduct the criminal conviction verification.

A refusal to provide information will result in the bid/offer/arrangement being rejected or the contract terminated, the standing offer being set-aside or the supply arrangement being cancelled, as applicable.

The personal information is described in personal information bank PWGSC PPU 184 - Integrity Assessment Program. Individuals have a right of access to, correction of and protection of their information in accordance with the *Privacy Act*.

Les renseignements personnels demandés dans le présent formulaire sont recueillis en vertu du paragraphe 750(3) du *Code criminel*, du paragraphe 42(1(c)) de la *Loi sur la gestion des finances publiques* et des articles 7 et 21 de la *Loi sur le ministère des Travaux publics et des Services gouvernementaux*. Ces renseignements seront utilisés pour valider les attestations de condamnation au criminel nécessaires pour obtenir et conserver un instrument d'approvisionnement. Les renseignements peuvent être diffusés à d'autres ministères et organismes fédéraux, ainsi qu'à des tribunaux provinciaux, territoriaux et fédéraux, dans les limites de ce qui est requis pour la vérification des condamnations au criminel.

À défaut de fournir les renseignements demandés, la soumission/l'offre/l'arrangement sera rejeté ou le contrat résilié, l'offre à commandes sera mise de côté ou l'arrangement en matière d'approvisionnement sera annulé, selon le cas.

Les renseignements personnels sont décrits dans les fichiers de renseignement personnels n° TPSGC PPU 184 - Programme de l'évaluation de l'intégrité. Les personnes ont le droit d'accéder aux renseignements personnels qui les concernent, ainsi que de les faire corriger ou protéger, conformément à la *Loi sur la protection des renseignements personnels*.

**B BIOGRAPHICAL INFORMATION - Must be completed by the individual
RENSEIGNEMENTS BIOGRAPHIQUES - À remplir par l'individu**

Family Name (Last Name) - Nom (de famille)

Family Name at Birth - Nom de famille à la naissance

Full Given Names (No initials) - Prénoms au complet (aucune initiale)

All other previously used names (i.e. maiden name, previously married names, legal name change, nicknames)
Tout autre nom utilisé (tel que nom de jeune fille, noms maritaux précédents, changement de nom légaux, sobriquets)

Gender - Sexe

☐

Male
Masculin

☐

Female
Féminin

Date of Birth - Date de naissance (Y-A M D-J)

**Current Permanent Residential Information
Information résidentielle permanente actuelle**

Apartment No. - N° d'appartement

Street No. - N° civique

Street Name - Nom de la rue

City - Ville

Province/State - État

Country - Pays

Postal Code/Zip Code - Code postal/Code zip

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|----------|---|
| C | CONSENT - Must be signed by the individual CONSENTEMENT - Doit être signé par l'individu |
|----------|---|

I, the undersigned, confirm that I have read and understand the above *Privacy Act* statement and that I consent to the collection and use of my personal information as described therein.

Je, soussigné, confirme avoir pris connaissance de l'Énoncé concernant la *Loi sur la protection des renseignements personnels* et consens à la collecte et à l'utilisation des renseignements personnels fournis aux présentes.

| | |
|-------------------------------------|------------------|
| Signature | |
| Print Name - Nom en lettres moulées | Date (Y-A M D-J) |

| | | |
|--|---|---|
| D | ADMINISTRATIVE INFORMATION - Internal Government Use Only RENSEIGNEMENTS ADMINISTRATIFS - Pour usage interne du gouvernement seulement | |
| Requesting Branch/Sector/Directorate/Division - Direction générale/Secteur/Direction/Division requérante | | |
| Solicitation/Proposed Contract No. - N° de la demande de soumission/N° du contrat | | Date of Request (Y-A M D-J) Date de la demande |
| Requesting Contact Person - Personne-ressource requérante | Contact Person Tel. No. - N° de tél. de la personne-ressource | |