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Public Works and Government Services / Travaux  
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Des Acquisitions Kingston  
86 Clarence Street, 2nd floor  
Kingston  
Ontario  
K7L 1X3  
Bid Fax: (613) 545-8067

## Revision to a Request for a Standing Offer

## Révision à une demande d'offre à commandes

Regional Individual Standing Offer (RISO)

Offre à commandes individuelle régionale (OCIR)

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

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

## Comments - Commentaires

## Vendor/Firm Name and Address

Raison sociale et adresse du  
fournisseur/de l'entrepreneur

## Issuing Office - Bureau de distribution

Public Works and Government Services / Travaux  
publics et services gouvernementaux  
Kingston Procurement  
Des Acquisitions Kingston  
86 Clarence Street, 2nd floor  
Kingston  
Ontario  
K7L 1X3

|  |  |
|--|--|
| <b>Title - Sujet</b><br>Tower Structures- Repair and mainte  |  |
| <b>Solicitation No. - N° de l'invitation</b><br>W0125-13K260/A   | <b>Date</b><br>2013-07-29  |
| <b>Client Reference No. - N° de référence du client</b><br>W0125-13-K260   | <b>Amendment No. - N° modif.</b><br>005  |
| <b>File No. - N° de dossier</b><br>KIN-3-40014 (655)   | <b>CCC No./N° CCC - FMS No./N° VME</b>   |
| <b>GETS Reference No. - N° de référence de SEAG</b><br>PW-\$KIN-514-6125   |  |
| <b>Date of Original Request for Standing Offer</b><br>Date de la demande de l'offre à commandes originale 2013-05-29   |  |
| <b>Solicitation Closes - L'invitation prend fin</b><br><b>at - à 02:00 PM</b><br><b>on - le 2013-08-16</b>   |  |
| <b>Address Enquiries to: - Adresser toutes questions à:</b><br>Semple, Patrick   | <b>Time Zone</b><br><b>Fuseau horaire</b><br>Eastern Daylight<br>Saving Time EDT |
| <b>Telephone No. - N° de téléphone</b><br>(613) 530-3117 ( )   | <b>Buyer Id - Id de l'acheteur</b><br>kin655                                     |
| <b>FAX No. - N° de FAX</b><br>(613) 545-8067   |  |
| <b>Delivery Required - Livraison exigée</b>  |  |
| <b>Destination - of Goods, Services, and Construction:</b><br><b>Destination - des biens, services et construction:</b>  |  |
| <b>Security - Sécurité</b><br>This revision does not change the security requirements of the Offer.<br>Cette révision ne change pas les besoins en matière de sécurité de la présente offre. |  |

Instructions: See Herein

Instructions: Voir aux présentes

|  |  |   |
|--|--|---|
| <b>Acknowledgement copy required</b><br><b>Accusé de réception requis</b>  | <b>Yes - Oui</b><br><input type="checkbox"/> | <b>No - Non</b><br><input type="checkbox"/> |
| <b>The Offeror hereby acknowledges this revision to its Offer.</b><br><b>Le proposant constate, par la présente, cette révision à son offre.</b>   |  |   |
| <b>Signature</b>   | <b>Date</b>                                  |   |
| Name and title of person authorized to sign on behalf of offeror. (type or print)<br>Nom et titre de la personne autorisée à signer au nom du proposant.<br>(taper ou écrire en caractères d'imprimerie) |  |   |
| <b>For the Minister - Pour le Ministre</b>   |  |   |

Amendment# 005 is being raised to modify the Solicitation document as follows:

### (1) Modify the Mandatory Technical Criteria

**Refer:** Part 4 - Evaluation Procedures and Basis of Selection,  
1.1 Technical Evaluation,  
1.1.1 Mandatory Technical Criteria,  
D) 4 & 5

**Delete:** D) 4. Their valid confined space certificate  
D) 5. Their valid Certificate of Accreditation ISO/IEC 17025:2004 from the laboratory accreditation bureau.

### (2) Add the following Certification

**Refer:** Part 5 - Certifications  
Additional certifications precedent to Issuance of a Standing Offer

**Insert:** The following:

### 2.2 Status and Availability of Resources

If for reasons beyond its control, the Offeror is unable to provide the services of an individual named in its offer, the Offeror may propose a substitute with similar qualifications and experience. The Offeror must advise the Standing Offer Authority of the reason for the substitution and provide the name, qualifications and experience of the proposed replacement. For the purposes of this clause, only the following reasons will be considered as beyond the control of the Offeror: death, sickness, maternity and parental leave, retirement, resignation, dismissal for cause or termination of an agreement for default.

If the Offeror is unable to provide a substitute with similar qualifications and experience, Canada may set aside the standing offer.

### (3) Modify the General Scope of Work as follows:

**Refer:** Annex A, General Scope of Work  
4. Valid Trade Licenses and Certifications, I and J

**Delete:** I) Confined Space Rescue  
J) Certificate of Accreditation ISO/IEC 17025:2005 from the laboratory accreditation bureau.

### (4) Add Fall Protection Site

**Refer:** Annex "B", Fall Protection Sites

**Insert:**

### FALL PROTECTION SITES

| Type                 | Location                        | Ser # | Remarks        |
|----------------------|---------------------------------|-------|----------------|
| Fixed Tie-off Points | TEME Bldg B643, 7a Winnipeg Ave |       | As per drawing |

**(5) Modify Annex "C", Pricing Basis "A"****(a) Refer: Annex "C", Pricing Basis "A", Item 4, Description****Delete:** In it's entirety

**Insert:** A firm all inclusive price for the Cable inspection for the Mock Tower as per Annex A.  
( Estimated usage 1 inspection per year)

**(b) Refer: Annex "C", Pricing Basis "A", Item 5, Description****Delete:** In it's entirety

**Insert:** A firm all inclusive price for the Cable inspection for the Mock Tower as per Annex A.  
( Estimated usage 1 inspection per year)

**(6) Modify Annex "D", Insurance Requirements as follows:****(a) Refer:** Annex "D" Insurance Requirements, 2 Automobile Liability Insurance.**Delete:** In it's entirety**Insert:****2 - Automobile Liability Insurance**

The Contractor must obtain Automobile Liability Insurance, and maintain it in force throughout the duration of the Contract, in an amount usual for a contract of this nature, but for not less than \$5,000,000 per accident or occurrence.

The policy must include the following:

- a) Third Party Liability - \$5,000,000 Minimum Limit per Accident or Occurrence
- b) Accident Benefits - all jurisdictional statutes
- c) Uninsured Motorist Protection
- d) Notice of Cancellation: The Insurer will endeavour to provide the Contracting Authority thirty (30) days written notice of cancellation.

**(b) Refer:** Annex "D" Insurance Requirements**Insert: 3. Aviation Liability Insurance**

1. The Contractor must obtain Aviation Liability Insurance for Bodily Injury (including passenger Bodily Injury) and Property Damage, and maintain it in force throughout the duration of the Contract, in an amount usual for a contract of this nature, but for not less than \$5,000,000 per accident or occurrence and in the annual aggregate.

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2. The Aviation Liability policy must include the following:

a. Additional Insured: Canada is added as an additional insured, but only with respect to liability arising out of the Contractor's performance of the Contract. The interest of Canada should read as follows: Canada, represented by Public Works and Government Services Canada.

b. Notice of Cancellation: The Insurer will endeavour to provide the Contracting Authority thirty (30) days written notice of policy cancellation.

c. Cross Liability/Separation of Insureds: Without increasing the limit of liability, the policy must protect all insured parties to the full extent of coverage provided. Further, the policy must apply to each Insured in the same manner and to the same extent as if a separate policy had been issued to each.

d. Contractual Liability: The policy must, on a blanket basis or by specific reference to the Contract, extend to assumed liabilities with respect to contractual provisions.

e. Employees and, where applicable, Volunteers must be included as Additional Insured.

f. Aviation Passenger Liability and inclusive Medical Payments: If sub-limits are applicable to Contractor's policy conforming to international carriage agreements or otherwise, such sub-limits must in any event be, not less than, \$300,000 per person. The per accident limit should be no less than \$300,000 multiplied by the number of passengers.

g. If the policy is written on a claims-made basis, coverage must be in place for a period of at least 12 months after the completion or termination of the Contract.

h. Employers Liability (unless we have confirmation that all employees are covered by Worker's compensation (WSIB) or similar program)

**(7) Refer: ANNEX "E" SECURITY REQUIREMENT CHECK LIST ATTACHED**

**Insert:** Please see document below.



Government of Canada  
Gouvernement du Canada

Contract Number / Numéro du contrat

W0125-13K260

Security Classification / Classification de sécurité  
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**PART A (continued) / PARTIE A (suite)**

8. Will the supplier require access to PROTECTED and/or CLASSIFIED COMSEC information or assets?  
Le fournisseur aura-t-il accès à des renseignements ou à des biens COMSEC désignés PROTÉGÉS et/ou CLASSIFIÉS? ☒ No ☐ Yes  
If Yes, indicate the level of sensitivity:  
Dans l'affirmative, indiquer le niveau de sensibilité:

9. Will the supplier require access to extremely sensitive INFOSEC information or assets?  
Le fournisseur aura-t-il accès à des renseignements ou à des biens INFOSEC de nature extrêmement délicate? ☒ No ☐ Yes

Short Title(s) of material / Titre(s) abrégé(s) du matériel:  
Document Number / Numéro du document:

**PART B - PERSONNEL (SUPPLIER) / PARTIE B - PERSONNEL (FOURNISSEUR)**

10. a) Personnel security screening level required / Niveau de contrôle de la sécurité du personnel requis

- |   |   |   |  |
|---|---|---|--|
| <input checked="" type="checkbox"/> RELIABILITY STATUS<br>COTE DE FIABILITÉ | <input type="checkbox"/> CONFIDENTIAL<br>CONFIDENTIEL           | <input type="checkbox"/> SECRET<br>SECRET           | <input type="checkbox"/> TOP SECRET<br>TRÈS SECRET               |
| <input type="checkbox"/> TOP SECRET - SIGINT<br>TRÈS SECRET - SIGINT        | <input type="checkbox"/> NATO CONFIDENTIAL<br>NATO CONFIDENTIEL | <input type="checkbox"/> NATO SECRET<br>NATO SECRET | <input type="checkbox"/> COSMIC TOP SECRET<br>COSMIC TRÈS SECRET |
| <input type="checkbox"/> SITE ACCESS<br>ACCÈS AUX EMPLACEMENTS              |   |   |  |

Special comments:

Commentaires spéciaux:

NOTE: If multiple levels of screening are identified, a Security Classification Guide must be provided.

REMARQUE: Si plusieurs niveaux de contrôle de sécurité sont requis, un guide de classification de la sécurité doit être fourni.

10. b) May unscreened personnel be used for portions of the work?  
Du personnel sans autorisation sécuritaire peut-il se voir confier des parties du travail? ☐ No ☒ Yes  
If Yes, will unscreened personnel be escorted?  
Dans l'affirmative, le personnel en question sera-t-il escorté? ☐ No ☒ Yes

**PART C - SAFEGUARDS (SUPPLIER) / PARTIE C - MESURES DE PROTECTION (FOURNISSEUR)**

**INFORMATION / ASSETS / RENSEIGNEMENTS / BIENS**

11. a) Will the supplier be required to receive and store PROTECTED and/or CLASSIFIED information or assets on its site or premises?  
Le fournisseur sera-t-il tenu de recevoir et d'entreposer sur place des renseignements ou des biens PROTÉGÉS et/ou CLASSIFIÉS? ☒ No ☐ Yes

11. b) Will the supplier be required to safeguard COMSEC information or assets?  
Le fournisseur sera-t-il tenu de protéger des renseignements ou des biens COMSEC? ☒ No ☐ Yes

**PRODUCTION**

11. c) Will the production (manufacture, and/or repair and/or modification) of PROTECTED and/or CLASSIFIED material or equipment occur at the supplier's site or premises?  
Les installations du fournisseur serviront-elles à la production (fabrication et/ou réparation et/ou modification) de matériel PROTÉGÉ et/ou CLASSIFIÉ? ☒ No ☐ Yes

**INFORMATION TECHNOLOGY (IT) MEDIA / SUPPORT RELATIF À LA TECHNOLOGIE DE L'INFORMATION (TI)**

11. d) Will the supplier be required to use its IT systems to electronically process, produce or store PROTECTED and/or CLASSIFIED information or data?  
Le fournisseur sera-t-il tenu d'utiliser ses propres systèmes informatiques pour traiter, produire ou stocker électroniquement des renseignements ou des données PROTÉGÉS et/ou CLASSIFIÉS? ☒ No ☐ Yes

11. e) Will there be an electronic link between the supplier's IT systems and the government department or agency?  
Disposera-t-on d'un lien électronique entre le système informatique du fournisseur et celui du ministère ou de l'agence gouvernementale? ☒ No ☐ Yes

TBS/SCT 350-103(2004/12)

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**SECURITY REQUIREMENTS CHECK LIST (SRCL)**  
**LISTE DE VÉRIFICATION DES EXIGENCES RELATIVES À LA SÉCURITÉ (LVERS)**

|   |  |  |
|---|--|--|
| <b>PART A - CONTRACT INFORMATION / PARTIE A - INFORMATION CONTRACTUELLE</b>   |  |  |
| 1. Originating Government Department or Organization /<br>Ministère ou organisme gouvernemental d'origine<br>DND 8 WING TRENTON   |  | 2. Branch or Directorate / Direction générale ou Direction<br>8 WCE                            |
| 3. a) Subcontract Number / Numéro du contrat de sous-traitance  |  | 3. b) Name and Address of Subcontractor / Nom et adresse du sous-traitant                      |
| 4. Brief Description of Work / Brève description du travail<br>INSPECTION AND MAINTENANCE OF MOCK TOWER, RAPPEL TOWER AND FALL PROTECTION SYSTEMS   |  |  |
| 5. a) Will the supplier require access to Controlled Goods?<br>Le fournisseur aura-t-il accès à des marchandises contrôlées?  |  | <input checked="" type="checkbox"/> No<br><input type="checkbox"/> Yes                         |
| 5. b) Will the supplier require access to unclassified military technical data subject to the provisions of the Technical Data Control Regulations?<br>Le fournisseur aura-t-il accès à des données techniques militaires non classifiées qui sont assujetties aux dispositions du Règlement sur le contrôle des données techniques?  |  | <input checked="" type="checkbox"/> No<br><input type="checkbox"/> Yes                         |
| 6. Indicate the type of access required / Indiquer le type d'accès requis   |  |  |
| 6. a) Will the supplier and its employees require access to PROTECTED and/or CLASSIFIED information or assets?<br>Le fournisseur ainsi que les employés auront-ils accès à des renseignements ou à des biens PROTÉGÉS et/ou CLASSIFIÉS?<br>(Specify the level of access using the chart in Question 7. c)<br>(Préciser le niveau d'accès en utilisant le tableau qui se trouve à la question 7. c)                                |  | <input checked="" type="checkbox"/> No<br><input type="checkbox"/> Yes                         |
| 6. b) Will the supplier and its employees (e.g. cleaners, maintenance personnel) require access to restricted access areas? No access to PROTECTED and/or CLASSIFIED information or assets is permitted.<br>Le fournisseur et ses employés (p. ex. nettoyeurs, personnel d'entretien) auront-ils accès à des zones d'accès restreintes? L'accès à des renseignements ou à des biens PROTÉGÉS et/ou CLASSIFIÉS n'est pas autorisé. |  | <input type="checkbox"/> No<br><input checked="" type="checkbox"/> Yes                         |
| 8. c) Is this a commercial courier or delivery requirement with no overnight storage?<br>S'agit-il d'un contrat de messagerie ou de livraison commerciale sans entreposage de nuit?   |  | <input checked="" type="checkbox"/> No<br><input type="checkbox"/> Yes                         |
| 7. a) Indicate the type of information that the supplier will be required to access / Indiquer le type d'information auquel le fournisseur devra avoir accès  |  |  |
| Canada <input type="checkbox"/>   | NATO / OTAN <input type="checkbox"/>                                   | Foreign / Étranger <input type="checkbox"/>  |
| 7. b) Release restrictions / Restrictions relatives à la diffusion  |  |  |
| No release restrictions<br>Aucune restriction relative à la diffusion <input type="checkbox"/>  | All NATO countries<br>Tous les pays de l'OTAN <input type="checkbox"/> | No release restrictions<br>Aucune restriction relative à la diffusion <input type="checkbox"/> |
| Not releasable<br>À ne pas diffuser <input type="checkbox"/>  |  |  |
| Restricted to: / Limité à: <input type="checkbox"/>   | Restricted to: / Limité à: <input type="checkbox"/>                    | Restricted to: / Limité à: <input type="checkbox"/>  |
| Specify country(ies): / Préciser le(s) pays:  | Specify country(ies): / Préciser le(s) pays:                           | Specify country(ies): / Préciser le(s) pays:   |
| 7. c) Level of information / Niveau d'information   |  |  |
| PROTECTED A<br>PROTÉGÉ A <input type="checkbox"/>   | NATO UNCLASSIFIED<br>NATO NON CLASSIFIÉ <input type="checkbox"/>       | PROTECTED A<br>PROTÉGÉ A <input type="checkbox"/>  |
| PROTECTED B<br>PROTÉGÉ B <input type="checkbox"/>   | NATO RESTRICTED<br>NATO DIFFUSION RESTREINTE <input type="checkbox"/>  | PROTECTED B<br>PROTÉGÉ B <input type="checkbox"/>  |
| PROTECTED C<br>PROTÉGÉ C <input type="checkbox"/>   | NATO CONFIDENTIAL<br>NATO CONFIDENTIEL <input type="checkbox"/>        | PROTECTED C<br>PROTÉGÉ C <input type="checkbox"/>  |
| CONFIDENTIAL<br>CONFIDENTIEL <input type="checkbox"/>   | NATO SECRET<br>NATO SECRET <input type="checkbox"/>                    | CONFIDENTIAL<br>CONFIDENTIEL <input type="checkbox"/>  |
| SECRET<br>SECRET <input type="checkbox"/>   | COSMIC TOP SECRET<br>COSMIC TRÈS SECRET <input type="checkbox"/>       | SECRET<br>SECRET <input type="checkbox"/>  |
| TOP SECRET<br>TRÈS SECRET <input type="checkbox"/>  |  | TOP SECRET<br>TRÈS SECRET <input type="checkbox"/>   |
| TOP SECRET (SIGINT)<br>TRÈS SECRET (SIGINT) <input type="checkbox"/>  |  | TOP SECRET (SIGINT)<br>TRÈS SECRET (SIGINT) <input type="checkbox"/>                           |

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**PART C - (continued) / PARTIE C - (suite)**

For users completing the form manually use the summary chart below to indicate the category(ies) and level(s) of safeguarding required at the supplier's site(s) or premises.

Les utilisateurs qui remplissent le formulaire manuellement doivent utiliser le tableau récapitulatif ci-dessous pour indiquer, pour chaque catégorie, les niveaux de sauvegarde requis aux installations du fournisseur.

For users completing the form online (via the Internet), the summary chart is automatically populated by your responses to previous questions. Dans le cas des utilisateurs qui remplissent le formulaire en ligne (par Internet), les réponses aux questions précédentes sont automatiquement saisies dans le tableau récapitulatif.

**SUMMARY CHART / TABLEAU RÉCAPITULATIF**

| Category<br>Catégorie  | PROTECTED<br>PROTÉGÉ |   |   | CLASSIFIED<br>CLASSIFIÉ      |        |                           | NATO  |  |                |   | COMSEC               |   |   |              |        |                              |  |
|--|----------------------|---|---|------------------------------|--------|---------------------------|---|--|----------------|---|----------------------|---|---|--------------|--------|------------------------------|--|
|  | A                    | B | C | CONFIDENTIAL<br>CONFIDENTIEL | SECRET | TOP SECRET<br>TRÈS SECRET | NATO<br>RESTRICTED<br>NATO<br>DIFFUSION<br>RESTREINTE | NATO<br>CONFIDENTIAL<br>NATO<br>CONFIDENTIEL | NATO<br>SECRET | COSMIC<br>TOP<br>SECRET<br>COSMIC<br>TRÈS<br>SECRET | PROTECTED<br>PROTÉGÉ |   |   | CONFIDENTIAL | SECRET | TOP SECRET<br>TRÈS<br>SECRET |  |
|  |                      |   |   |                              |        |                           |   |  |                |   | A                    | B | C |              |        |                              |  |
| Information / Assets<br>Renseignements / Biens<br>Production |                      |   |   |                              |        |                           |   |  |                |   |                      |   |   |              |        |                              |  |
| IT Media /<br>Support TI                                     |                      |   |   |                              |        |                           |   |  |                |   |                      |   |   |              |        |                              |  |
| IT Link /<br>Lien électronique                               |                      |   |   |                              |        |                           |   |  |                |   |                      |   |   |              |        |                              |  |

12. a) Is the description of the work contained within this SRCL PROTECTED and/or CLASSIFIED?

La description du travail visé par la présente LVERS est-elle de nature PROTÉGÉE et/ou CLASSIFIÉE?



No  
Non



Yes  
Oui

If Yes, classify this form by annotating the top and bottom in the area entitled "Security Classification".

Dans l'affirmative, classifiez le présent formulaire en indiquant le niveau de sécurité dans la case intitulée « Classification de sécurité » au haut et au bas du formulaire.

12. b) Will the documentation attached to this SRCL be PROTECTED and/or CLASSIFIED?

La documentation associée à la présente LVERS sera-t-elle PROTÉGÉE et/ou CLASSIFIÉE?



No  
Non



Yes  
Oui

If Yes, classify this form by annotating the top and bottom in the area entitled "Security Classification" and indicate with attachments (e.g. SECRET with Attachments).

Dans l'affirmative, classifiez le présent formulaire en indiquant le niveau de sécurité dans la case intitulée « Classification de sécurité » au haut et au bas du formulaire et indiquez qu'il y a des pièces jointes (p. ex. SECRET avec des pièces jointes).