



**RETURN BIDS TO:**

**RETOURNER LES SOUMISSIONS À:**

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

**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**

Address all Inquiries to:  
Tammy.Weaver@tpsgc-pwgsc.gc.ca

**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> Wheeled Cart Electrostatic Spray Sy	
<b>Solicitation No. - N° de l'invitation</b> 21401-172135/A	<b>Amendment No. - N° modif.</b> 001
<b>Client Reference No. - N° de référence du client</b> 21401-17-2135	<b>Date</b> 2017-01-16
<b>GETS Reference No. - N° de référence de SEAG</b> PW-\$KIN-508-7084	
<b>File No. - N° de dossier</b> KIN-6-46182 (508)	<b>CCC No./N° CCC - FMS No./N° VME</b>
<b>Solicitation Closes - L'invitation prend fin</b> <b>at - à 02:00 PM</b> <b>on - le 2017-01-25</b>	
<b>Time Zone</b> Fuseau horaire Eastern Standard Time EST	
<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> Weaver, Tammy	<b>Buyer Id - Id de l'acheteur</b> kin508
<b>Telephone No. - N° de téléphone</b> (613) 484-1809 ( )	<b>FAX No. - N° de FAX</b> (613) 545-8067
<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> Raison sociale et adresse du fournisseur/de l'entrepreneur	
<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</b> (type or print) <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>

Solicitation No. - N° de l'invitation  
21401-172135/A  
Client Ref. No. - N° de réf. du client  
21401-17-2135

Amd. No. - N° de la modif.  
A001  
File No. - N° du dossier  
KIN-6-46182

Buyer ID - Id de l'acheteur  
KIN508  
CCC No./N° CCC - FMS No./N° VME

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The Correctional Service of Canada, Ontario Region has a requirement to provide technology and services within an accredited health care environment within a Federal Institution.

To Supply & Install 10 unit at 10 sites.

Supplier:

The supplier must have a minimum of two (2) years' experience in providing infectious disease control equipment and **in the delivery of infection control practices**. Correctional Service of Canada has a requirement to have offenders trained at Federal Institutions for the equipment supplied. The requirement includes the initial installation and training, plus additional training on a quarterly basis per year for up to 10 institutions if required.

Question:

**Is it acceptable if proof is provided from the manufacturer or the official distributor (not the bidder)?**

Answer:

Both the manufacturer of the equipment and the people who will deliver the training and education require minimum two years' experience in Infection Control Protocols.