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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

This document contains a security requirement.

Vendor/Firm Name and Address

Raison sociale et adresse du
fournisseur/de l'entrepreneur

Issuing Office - Bureau de distribution

Infrastructure Maintenance and Solution Services
Division (FK)
L'Esplanade Laurier,
East Tower 4th Floor
L'Esplanade Laurier,
Tour est 4e étage
140 O'Connor, Street
Ottawa
Ontario
K1A 0R5

Title - Sujet Industrial Hygiene Consulting	
Solicitation No. - N° de l'invitation EP914-191623/A	Date 2019-06-19
Client Reference No. - N° de référence du client 20191623	Amendment No. - N° modif. 002
File No. - N° de dossier fk305.EP914-191623	CCC No./N° CCC - FMS No./N° VME
GETS Reference No. - N° de référence de SEAG PW-\$\$FK-305-77095	
Date of Original Request for Standing Offer 2019-05-16	
Date de la demande de l'offre à commandes originale	
Solicitation Closes - L'invitation prend fin at - à 02:00 PM on - le 2019-06-26	
Time Zone Fuseau horaire Eastern Daylight Saving Time EDT	
Address Enquiries to: - Adresser toutes questions à: Rosso, Francois	Buyer Id - Id de l'acheteur fk305
Telephone No. - N° de téléphone (613) 297-1315 ()	FAX No. - N° de FAX () -
Delivery Required - Livraison exigée	
Destination - of Goods, Services, and Construction: Destination - des biens, services et construction:	
Security - Sécurité This revision does not change the security requirements of the Offer. Cette révision ne change pas les besoins en matière de sécurité de la présente offre.	

Instructions: See Herein

Instructions: Voir aux présentes

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

Solicitation Amendment 002 is raised to modify 4.1.2.1 Mandatory Technical Criteria. This modification is highlighted below.

A solicitation amendment 003 will follow shortly to answer questions from the industry.

Delete: **Part 4.1.2.1 Mandatory Technical Criteria** in its entirety; and
Insert: the following new **Part .1.2.1 Mandatory Technical Criteria**

4.1.2.1 Mandatory Technical Criteria

MT1^{PB} - The Offeror must have the following resources as part of the core team identified and list the ten (10) individuals proposed for the Standing Offer.

- a)** One (1) Principal Resource
- b)** Two (2) Senior Resources
- c)** One (1) Certified Industrial Hygienist (CIH) or Registered Occupational Hygienist (ROH)
- d)** Three (3) Intermediate Resources
- e)** Three (3) Junior Resources

a) The Principal Resource will act as the prime contact with the PWGSC Project Authority (ies) and will be overseeing all projects under the standing offer. The principal resource **must have at least eight (8) years of relevant experience* within the last ten (10) years** and hold a senior position in the management of the company.

b) The Senior Resources must be specialized in hazardous materials assessments/abatement **and/or** Indoor Air Quality Investigations. Senior resources are required for larger or more complex projects or where there is a need to lead a larger team. Each senior resource **must have at least eight (8) years of relevant experience* within the last ten (10) years. The two senior resources must demonstrate a minimum combined experience of 8 years in each of the two aspects outlined above as described in the example below.**

Example of acceptable combination of experience:

Senior Resource 1: Five (5) years' experience in hazardous materials assessments/abatement and three (3) years' experience in Indoor Air Quality Investigations

Senior Resource 2: Five (5) years' experience in Indoor Air Quality Investigations and three (3) years' experience in hazardous materials assessments/abatement

c) The CIH/ROH must have provided occupational hygiene related services as a CIH/ROH for at least three (3) years during the last five (5) years. The offeror must provide a valid certificate for the CIH - (the American Board of Industrial Hygiene) or ROH – (the Canadian Registration Board of Occupational Hygienists).

d) The Intermediate Resources must be specialized in hazardous materials assessments, hazardous materials abatement oversight **and/or** Indoor Air Quality Investigations. They must be able to respond to most typical projects and lead small teams. The intermediate resource **must have at least three (3) years of relevant experience* within the last five (5) years. Between the three intermediate resources, expertise in all three aspects described above must be demonstrated as per the example below.**

Example of acceptable combination of experience:

Intermediate Resource 1: three (3) years' experience in hazardous materials assessments

Intermediate Resource 2: three (3) years' experience in hazardous materials abatement oversight

Intermediate Resource 3: three (3) years' experience in Indoor Air Quality Investigations

e) The Junior Resources must be specialized in hazardous materials assessments, hazardous materials abatement oversight **and/or** Indoor Air Quality Investigations. They must be capable of independently providing services for smaller and relatively simple projects. The junior resource **must have at least one (1) year of relevant experience* within the last three (3) years.**

*Relevant Experience is defined as experience related to work as described in Annex A – Statement of Work

The Offeror must provide a comprehensive and verifiable CV for each resource to demonstrate that the proposed personnel have the capability, capacity and expertise to provide the required services and deliverables described in Annex A – Statement of Work and complete the tables below by providing 2 completed projects with client references during last 3 years (Name, telephone and e-mail address) to confirm the information presented in the proposal. For projects in the tables, each project must be valued at least at \$10,000 with a minimum duration of two (2) months.

The CV must include the following as a minimum:

- Personnel's experience and educational background. Minimum education is either a University degree or a College diploma in Environmental Sciences or related scientific or engineering disciplines and must be demonstrated by providing copies of said diploma or degree.
- A list of project (title, role of personnel, start and end dates of person's involvement [month and year]). Only non-overlapping time will be considered. Gaps will not count towards years of experience. For example, the following project list would count as 2 year of experience, not 3:
 - Project A, Field Technician and reporting, January 2016 – December 2016.
 - Project B, Field Technician, September 2016 – March 2018.
 - Project C, Abatement inspector, October 2018 – December 2018.
- The designation of each resource must be clearly identified by one of the following titles, which is consistent with the terminology used in the Basis of Payment, located in Annex "B":
 - Principal Resource,
 - Certified Industrial Hygienist or Registered Occupational Hygienist.
 - Senior Resource
 - Intermediate Resource
 - Junior Resource

Tables below:

Name of Principal Resource with minimum at least eight (8) years of relevant experience* within the last ten (10) years (from June 2009 to RFSO closing date) and hold a senior position in the management of the company. : _____		
Number of years of experience in the field: _____		
Name of client organization or Company	Project Reference #1: _____	Project Reference #2: _____
Name and title of client contact who can confirm the information presented in the proposal	Name: _____ Title: _____	Name: _____ Title: _____
Telephone and e-mail address of client contact	Phone Number: _____ E-mail: _____	Phone Number: _____ E-mail: _____
Performance period of the project or contract (indicate year, month, day)	Start date: _____ (year/month/day) Completion date: _____ (year/month/day)	Start date: _____ (year/month/day) Completion date: _____ (year/month/day)
Value of the contract or project	\$ _____	\$ _____

Name of Senior Resource 1 with minimum at least eight (8) years of relevant experience* within the last ten (10) years (from June 2009 to RFSO closing date): _____		
Number of years of experience in the field: _____		
Name of client organization or Company	Project Reference #1: _____	Project Reference #2: _____
Name and title of client contact who can confirm the information presented in the proposal	Name: _____ Title: _____	Name: _____ Title: _____
Telephone and e-mail address of client contact	Phone Number: _____ E-mail: _____	Phone Number: _____ E-mail: _____
Performance period of the project or contract (indicate year, month, day)	Start date: _____ (year/month/day) Completion date: _____ (year/month/day)	Start date: _____ (year/month/day) Completion date: _____ (year/month/day)
Value of the contract or project	\$ _____	\$ _____

Name of Senior Resource 2 with minimum at least eight (8) years of relevant experience* within the last ten (10) years (from June 2009 to RFSO closing date): _____		
Number of years of experience in the field: _____		
Name of client organization or Company	Project Reference #1: _____	Project Reference #2: _____
Name and title of client contact who can confirm the information presented in the proposal	Name: _____ Title: _____	Name: _____ Title: _____
Telephone and e-mail address of client contact	Phone Number: _____ E-mail: _____	Phone Number: _____ E-mail: _____
Performance period of the project or contract <i>(indicate year, month, day)</i>	Start date: _____ (year/month/day) Completion date: _____ (year/month/day)	Start date: _____ (year/month/day) Completion date: _____ (year/month/day)
Value of the contract or project	\$ _____	\$ _____

Name of CIH/ROH having provided occupational hygiene related services as a CIH/ROH for at least three (3) years during the last five (5) years (from June 2014 to RFSO closing date): _____		
Number of years of experience in the field: _____		
Name of client organization or Company	Project Reference #1: _____	Project Reference #2: _____
Name and title of client contact who can confirm the information presented in the proposal	Name: _____ Title: _____	Name: _____ Title: _____
Telephone and e-mail address of client contact	Phone Number: _____ E-mail: _____	Phone Number: _____ E-mail: _____
Performance period of the project or contract <i>(indicate year, month, day)</i>	Start date: _____ (year/month/day) Completion date: _____ (year/month/day)	Start date: _____ (year/month/day) Completion date: _____ (year/month/day)
Value of the contract or project	\$ _____	\$ _____

Name of Intermediate Resource 1 with minimum at least three (3) years of relevant experience* within the last five (5) years (from June 2014 to RFSO closing date): _____		
Number of years of experience in the field: _____		
Name of client organization or Company	Project Reference #1: _____	Project Reference #2: _____
Name and title of client contact who can confirm the information presented in the proposal	Name: _____ Title: _____	Name: _____ Title: _____
Telephone and e-mail address of client contact	Phone Number: _____ E-mail: _____	Phone Number: _____ E-mail: _____
Performance period of the project or contract (indicate year, month, day)	Start date: _____ (year/month/day) Completion date: _____ (year/month/day)	Start date: _____ (year/month/day) Completion date: _____ (year/month/day)
Value of the contract or project	\$ _____	\$ _____

Name of Intermediate Resource 2 with minimum at least three (3) years of relevant experience* within the last five (5) years (from June 2014 to RFSO closing date): _____		
Number of years of experience in the field: _____		
Name of client organization or Company	Project Reference #1: _____	Project Reference #2: _____
Name and title of client contact who can confirm the information presented in the proposal	Name: _____ Title: _____	Name: _____ Title: _____
Telephone and e-mail address of client contact	Phone Number: _____ E-mail: _____	Phone Number: _____ E-mail: _____
Performance period of the project or contract (indicate year, month, day)	Start date: _____ (year/month/day) Completion date: _____ (year/month/day)	Start date: _____ (year/month/day) Completion date: _____ (year/month/day)
Value of the contract or project	\$ _____	\$ _____

Name of Intermediate Resource 3 with minimum at least three (3) years of relevant experience* within the last five (5) years (from June 2014 to RFSO closing date): _____		
Number of years of experience in the field: _____		
Name of client organization or Company	Project Reference #1: _____	Project Reference #2: _____
Name and title of client contact who can confirm the information presented in the proposal	Name: _____ Title: _____	Name: _____ Title: _____
Telephone and e-mail address of client contact	Phone Number: _____ E-mail: _____	Phone Number: _____ E-mail: _____
Performance period of the project or contract <i>(indicate year, month, day)</i>	Start date: _____ (year/month/day) Completion date: _____ (year/month/day)	Start date: _____ (year/month/day) Completion date: _____ (year/month/day)
Value of the contract or project	\$ _____	\$ _____

Name of Junior Resource 1 with minimum at least one (1) year of relevant experience* within the last three (3) years (from June 2016 to RFSO closing date): _____		
Number of years of experience in the field: _____		
Name of client organization or Company	Project Reference #1: _____	Project Reference #2: _____
Name and title of client contact who can confirm the information presented in the proposal	Name: _____ Title: _____	Name: _____ Title: _____
Telephone and e-mail address of client contact	Phone Number: _____ E-mail: _____	Phone Number: _____ E-mail: _____
Performance period of the project or contract <i>(indicate year, month, day)</i>	Start date: _____ (year/month/day) Completion date: _____ (year/month/day)	Start date: _____ (year/month/day) Completion date: _____ (year/month/day)
Value of the contract or project	\$ _____	\$ _____

Name of Junior Resource 2 with minimum at least one (1) year of relevant experience* within the last three (3) years (from June 2016 to RFSO closing date): _____		
Number of years of experience in the field: _____		
Name of client organization or Company	Project Reference #1: _____	Project Reference #2: _____
Name and title of client contact who can confirm the information presented in the proposal	Name: _____	Name: _____
	Title: _____	Title: _____
Telephone and e-mail address of client contact	Phone Number: _____	Phone Number: _____
	E-mail: _____	E-mail: _____
Performance period of the project or contract <i>(indicate year, month, day)</i>	Start date: _____ (year/month/day)	Start date: _____ (year/month/day)
	Completion date: _____ (year/month/day)	Completion date: _____ (year/month/day)
Value of the contract or project	\$ _____	\$ _____

Name of Junior Resource 3 with minimum at least one (1) year of relevant experience* within the last three (3) years (from June 2016 to RFSO closing date): _____		
Number of years of experience in the field: _____		
Name of client organization or Company	Project Reference #1: _____	Project Reference #2: _____
Name and title of client contact who can confirm the information presented in the proposal	Name: _____	Name: _____
	Title: _____	Title: _____
Telephone and e-mail address of client contact	Phone Number: _____	Phone Number: _____
	E-mail: _____	E-mail: _____
Performance period of the project or contract <i>(indicate year, month, day)</i>	Start date: _____ (year/month/day)	Start date: _____ (year/month/day)
	Completion date: _____ (year/month/day)	Completion date: _____ (year/month/day)
Value of the contract or project	\$ _____	\$ _____

No other changes apply