

**FAKHRUDDIN ALI AHMED MEDICAL COLLEGE & HOSPITAL
BARPETA :: ASSAM**

**Office of the Superintendent, FAAMCH,
Jatigaon, Barpeta – 781301**

BID REFERENCE:

FAAMCH/MECH.HOSPITAL CLEANING/Pt.I/1073/2017/1054 Date - 11/09/2017

**Tender for Outsourcing Mechanized Cleaning,
General Cleaning, Disposal of Biomedical Waste up to
Incinerator and Deep Burial Pit & General Waste up to
Municipal Corporation Collection Point/or Designated
Area in F.A.A. Medical College Hospital**

LAST DATE OF RECEIPT OF TENDER : 3rd October/2017 up to 1:00 p.m.

OPENING OF TENDER : 3rd October/2017 at 1:30 p.m.

NON-TRANSFERABLE

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Acronyms

MS - Medical Superintendent

LOA - Letter of Agreement

LOI - Letter of Intent

RFP - Request for Proposal

FAAMCH - Fakhruddin Ali Ahmed Medical College & Hospital

PART I

BIDDING PROCEDURES

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1.1. INSTRUCTIONS TO BIDDERS :-

1.1.1. RATIONALE FOR THE BID

- A. (1) Superintendent, FAAMCH intends to outsource the mechanized cleaning of hospital floor and all surfaces, disposal of biomedical waste and general waste in the Fakhruddin Ali Ahmed Medical College & Hospital. This initiative has been the outcome of good results in outsourcing of these services in many of such hospitals in the state and the country. It has been proposed to identify a single agency through a transparent bidding process to accomplish this task.
- A. (2) Accordingly, Superintendent, FAAMCH invites bids from the eligible bidders to provide the facility Management solution for the services mentioned in this bidding document.
- A. (3) Mechanized Cleaning including Biomedical Waste Management, general waste disposal & Pest Control Services.
- B. The bidder should compulsorily provide a good management team on site, which would ensure a smooth service delivery process with respect to the stated standard service level specifications mentioned in this RFP. This management team will comprise of the bidder's representatives and one point of contract for the hospital authority. For the services being offered as part of consortium, it would be the bidder's responsibility to ensure effective quality control as specified in the later sections of this document.

1.1.2. IMPORTANT DATES

Sl. No.	Events	Date	Location
1	Date of commencement of sale of Bid documents	13.09.2017	Office of the Superintendent, FAAMCH 2 nd floor, Hospital Building Barpeta, Assam
2	Last date and time of Submission of tender document	03.10.2017 1:00 PM	
3	Date and time of opening of Technical bid	03.10.2017 1.30 PM	
4	Date and time of opening of the Financial Bid	Will be intimated to all technically qualified bidders only	

1.1.3. CONTRACT PERIOD:

The tenure of the contract is three (3) years from the date of signing the contract. After three (3) years the contract may be renewed on the basis of the performance of the previous years.

SALE OF BID:

A. Bids would be considered in the prescribed Bid form / document only.

A complete set of Bid documents may be purchased by any interested bidder on the submission of a written application to the Superintendent, FAAMCH on all working days, during office hours (11.00 a.m. to 03.00 p.m.) on payment of **Rs.10,000/- (Rupees Ten thousand) only (non-refundable) by means of a demand draft drawn in favour of the Superintendent, FAAMCH, Barpeta.**

payable at Barpeta from any Nationalized / Scheduled Bank. In case the Bid document is sought by post, an **extra amount of Rs. 500/- Rupees (Five hundred)** will be charged towards postal charges. Bids not submitted in the prescribed form will be rejected.

B. Sealed Tenders in duplicate will be received till 1.00 PM on 03.09.17 in the Superintendent Office, FAAMCH, Barpeta.

C. The Technical bids will be opened on 03.09.17 at 1.30 PM in the presence of the representatives of the bidders who choose to attend the opening of bids.

D. Technically qualified bids will be taken up for further processing and Commercial Bids of the qualified bidders will be opened in the presence of authorized representatives of the bidders on a particular date and time which will be informed separately.

E. The bids shall be valid for 90 days from the date of opening of Technical bids. The validity can be extended on mutual agreement for subsequent period if required.

1) The bidder should agree to abide by all the conditions mentioned in this Tender Notice issued by the tendering authority and also the further conditions of the said Tender Notice given in the attached sheets.

2) No further discussion / interaction will be held with the bidders whose bids have been rejected / disqualified.

3) FAAMCH reserves the right to accept or reject in part or full any or all the offers without assigning any reasons whatsoever.

- 4) Interested Bidders may obtain further information from the Superintendent, FAAMCH, on any working day between 11:00 am to 3.00 pm, during the sale period of bid documents.

1.1.5. METHOD OF SUBMISSION OF TENDER:

A. The bidder compliance with minimum eligibility should submit the Response to RFP (tender) in a sealed envelope containing the following two envelopes:

Envelope (A) --- Technical Bid

Envelope (B) --- Financial Bid

B. **Envelope (A):** The bidders shall submit technical Envelope (A) to the following documents:-

- 1) Bid Security.
- 2) Duly attested copy of License if any, approved by the concerned Licensing Authority.
- 3) Documentary evidence of constitution of firm such as Memorandum of Articles, Partnership Deed, etc., with details of Name, Address, Tel. No., Fax No., E-mail Address of the firm and the Managing Director/Partner/Proprietor.
- 4) In case of the bid by the consortium, valid consortium agreement with authorization to the prime bidder to quote the tender on behalf of the consortium and sign contract which will be binding all the members of the consortium. However, the consortium member should not be more than **2 (two)** including the prime bidder.
- 5) Authorization of senior responsible officer of the company to transact business.
- 6) Annual turnover statement of the last three years (2014-15, 2015-16 and 2016-17) Certified by the Auditor should be submitted.
- 7) Copies of Balance Sheet and Profit & Loss Account of the last three years certified by the Auditors should be submitted.
- 8) Tax clearance Certificate as on 31.03.2017
- 9) Documentary evidence for meeting the eligibility Criteria.
- 10) Technical literature and other documents in support of the services.
- 11) Any deviations.

C. **Envelope (B):** The bidders shall submit Price bid Envelope (B) containing the following:-

1) Duly filled in Price Schedule (As per format shown in page no 97)

Please note that Bidder run the risk of his bid being rejected if the Price Schedule contains any conditions.

D. SUBMISSION OF BIDS

1) **Sealing and Marking of Bids** - The bidder shall seal the “Technical bid” and “Price bid” in separate inner envelopes marking the envelopes as “Technical bid” and “Price bid”. He shall then place these two inner envelopes in an outer envelope.

2) The inner envelopes and outer envelopes and the cover shall be addressed to the Superintendent FAAMCH, Barpeta who is the Tender inviting authority at the following address:

**The Superintendent, FAAMCH
Jatigaon, Barpeta - 781301**

3) **Superscribing** the envelope to the words “**OUTSOURCING OF MECHANIZED CLEANING, GENERAL CLEANING, DISPOSAL OF BIOMEDICAL WASTE UP TO INCINERATOR AND DEEP BURIAL PIT AND GENERAL WASTE UP TO MUNICIPAL CORPORATION COLLECTION POINT/OR DESIGNATED AREA IN FAAMCH**” due on 03.10.17 at 1.00 PM and do not open before 03.10.17 at 1.30 pm. The outer envelope and inner envelope should also contain the name of the bidder with full postal address and telephone number.

4) Bidders are advised in their own interest to ensure that their Bids reach the specified office well before the closing date and time for the Bid Submission. **Any bids reaching after the stipulated date & time will be rejected and returned unopened to the bidder.** Telex, Cable, Facsimile, or E-mail bids will be rejected.

5) In the event of specified date for submission of bids being declared a holiday, the bids will be received up to the appointed time on the next working day.

6) FAAMCH at its discretion, may extend the deadline for submission of bids by amending the bid documents. In this case, all the rights and obligations are reserves by the SUPERINTENDENT, FAAMCH, preciously subject to the deadline, will thereafter be subject to the deadline as extended.

1.1.6. ELIGIBILITY CRITERIA:

A. Objective: The main objective of setting the eligibility criteria is to shortlist the prospective bidders who have:

- a. Required Business Profile and Market Presence in Hospital mechanized cleaning, disposal of biomedical waste and general waste
- b. Requisite Management and Operational Skills to provide an effective service delivery process as per Goods Industry practice
- c. Adequate experience in handling projects of this size and scale
- d. Adequate financial background and resources to manage an efficient service delivery process

B. Criteria:

1. The bidder must be a registered contractor under the Govt. of Assam.
2. The bidder must be an established, reputed and reliable Service provider in the field of Facilities Management Services and should have at least **five years of experience** in this field.
3. The bidder should have handled in the last five years, contracts of similar services in mechanized cleaning in a Govt. Medical College Hospital in India with minimum bed capacity of 500 beds.
4. The bidder must have its own support infrastructure facilities in India.
5. The Annual Turnover of the bidder should not be less than **Rupees Five (5) crore during each of the last three accounting/financing year (2014– 15, 2015 – 16, 2016 – 17).**
6. The bidder must have an effective quality control system/ISO certification.
7. The bidder should have adequate manpower and resources with good experience and adequate training in the respective services and should have supplied minimum direct man power of 350 nos. per day in the project **in the field of Housekeeping/Mechanized Housekeeping Services.**
8. The bidder should possess adequate equipment either of their own or by lease for the proposed sites to carry out the intended services.
9. Bidder must have valid PF, ESI and Service Tax Registration.

10. Proof for quality documentation/copy of the valid ISO certification should be attached.
11. The bidder should submit with their bid the following documents for the above criteria :-
 - a. List of clients and contract details with certified copies of work order from their clients clearly indicating the scope of work, area of work, contract period, value of work and details of man power and machineries deployed and a client certificate for the satisfactory performance of the services rendered by the bidder during the contract period.
 - b. Documentary proof for establishment in India with own support infrastructure facilities in India.
 - c. Copies of Balance Sheet and Profit & Loss Account for three years certified by the Auditors for the Annual Turnover in the last Accounting/financial year (2014-15, 2015-16, 2016-17)
 - d. Proof of quality documentation/currently valid ISO certificate.
 - e. The list of equipment containing name, model, and make/manufacturer of all the machineries possessed by the bidder/deployed by the bidder in an earlier contract of similar size and proposed to be deployed for the present tender.
 - f. Copy of the valid registration certificates for PF, ESI, Service tax, GST.
 - g. Clearance certificates/returns submitted for PF, ESI and service tax in the last 3 years (2014-15, 2015-16, 2016-17).

C. Bid Evaluation:-

- a. Bidder should fulfill all the eligibility criteria for qualification. Only such bidders who fulfill these criteria will be technically shortlisted for opening of the price bids.
- b. All bidders who qualify based on technical bids will be informed to attend the price bid opening on prescribed date and time.
- c. The tendering evaluation will be done on weightage with 70% to technical evaluation and 30% to financial evaluation.
- d. **Technical Bid Evaluation criteria:-** The Technical Bid Evaluation Committee constituted by the FAAMCH Authority will evaluate the proposals on the basis of their responsiveness to the tender terms,

applying the evaluation criteria, sub criteria and point system specified.

During the technical evaluation stage, each bidder shall be assigned different marks out of a total of 100 marks, as per the criteria specified below.

The following is the evaluation criteria illustrative for a 500 bedded hospital.

Technical Criteria and weightage matrix for evaluation (total 100 marks). Documentary proof for the below mentioned parameters must be submitted, otherwise marks will not be awarded for the criteria.

Sl. No.	Criteria					
1	Experience in the field of Mechanized cleaning of Govt. Medical Colleges. Firms with less than 3 (three) years experience will not be considered. (25Marks)	Minimum 3 years	Minimum 4 years	Minimum 5 years	Minimum 6 years	Minimum 7 years
		5 marks	10 marks	15 marks	20 marks	25 marks
2.	Total value of a single work completed or executing in Mechanized hospital cleaning till 31/03/2017 (25 marks)	Minimum 3 crores	Minimum 5 crores	Minimum 7 crores	Minimum 11 crores	Minimum 14 crores
		5 marks	10 marks	15 marks	20 marks	25 marks
3.	Cleaning experience in nos. of Govt.Hospital at a time (20 Marks)	Minimum 3 nos.	Minimum 10 nos.	Minimum 20 nos.	Minimum 25 nos.	
		5 marks	10 marks	15 marks	20 marks	

4.	Firms/Individuals having registration in Govt. of Assam for last 10 years (15 marks)	Registered in Govt. of Assam for last 2 years	Registered in Govt. of Assam for last 5 years	Registered in Govt. of Assam for last 10 years	
		5 marks	10 marks	15 marks	
5.	Total nos. of manpower showed in the ESI/PF Statement in the last 6 month continuously (10 marks)	Upto 200	More than 200		
		5 marks	15 marks		

Minimum score for the technical bid shall be 30 marks for qualification.

Illustration 1 (for Technical weightage):-

If a bidder has secured 80 marks out of the total 100 marks in technical evaluation, the technical evaluation value shall be 56 i.e. (80 x 70%)

Financial/Price Bid evaluation Criteria:-

The Financial evaluation shall be carried out and financial bids of all the bidders will be given 30% of weightage. The bidder with the lowest bid prices (L1) shall be assigned full 30 marks(i.e. 30%x100)

The Total Marks obtained by a bidder in the technical bid shall be allocated 70% of technical weightage and the financial bid shall be allocated 30 % of the financial weightage and thereby making a total of 100 % weightage for the complete bidding.

ILLUSTRATION 2:-

If the bidder at illustration 1 is L1 and quoted rate is Rs. 100/- than the total score shall be 86 i.e. (56 technical score + 30 financial score)

The financial score of the other bidder i.e. L2, L3....etc. shall be computed as under and as explained at illustration 3 below

$$30 \times \text{lowest price(L1 price)/Quoted Price(L2 or L3)}$$

ILLUSTRATION 3:-

If the bidder at illustration 1 is L2 bidder and he quoted Rs. 125/- , therefore 30% being the weightage value, the financial score for L2 shall be computed as under.

$30 \times 100 (\text{lowest price L1}) / 125 (\text{Quoted price-L2}) = 24$ (financial score)

Therefore L2 bidder shall have total score of 80 (56 Technical score + 24 financial score)

Financial Bid Evaluation and determination of the Successful Bidder:-

The bidder meeting the minimum eligibility criteria and with the highest marks/rank (i.e. the total of technical evaluation marks and financial evaluation marks) shall be deemed as the successful bidder and shall be considered eligible L1 bidder for further process.

1.1.7. BIDDER SITE VISIT AT WORK PLACE:

Intending bidders shall visit the sites and shall get themselves thoroughly acquainted with the local site condition. It is suggested that they conduct a demographic study to identify the local utility areas (markets, locality, communication and transportation conditions, labour and materials availability), which will help the bidders to consider all such factors during the estimation for performing the contract. The Department holds no responsibility of arrangement of transportation /accommodation facilities for the bidders during their site visits except for giving permission in writing to access the premises at the stipulated time period. Every bidder is expected to fulfill this condition.

1.1.8. MODIFICATION AND WITHDRAWALS

1.1.8(1) The bidder may modify or withdraw its bid after the bids submission, provided that written notice of the modification or withdrawal is received by the *Tender inviting authority* prior to the deadline prescribed for submission of bids.

1.1.8(2) The bidders modification or withdrawal notice shall be prepared, sealed, marked and dispatched in accordance with the terms of the bidding document. A withdrawal notice may also be sent by telex or cable but followed by a signed confirmation copy, post marked not later than the deadline for submission of bids.

1.1.8(3) No bid may be modified subsequent to the deadline for submission of bids.

1.1.8 (4) No bid may be withdrawn in the interval between the deadlines for

submission of bids and the expiration of the period of bid validity specified by the bidder on the bid form. Withdrawal of a bid during this interval may result in the bidder's forfeiture of its bid security.

1.1.9. PERIOD OF VALIDITY:

Bids shall be valid for a period of 90 (ninety) days from the date of opening of the Technical Bids prescribed by the authority, which may be extended with mutual consent. A bid valid for a shorter period will be rejected.

1.1.10. PRE-BID CONFERENCE:

The bid authority will conduct a pre-bid conference as per the date indicated in the schedule. The bidders shall depute their representatives who should be competent /authorized to take spot decisions. Doubts on specifications and other issues shall be frozen after the Pre-Bid conference. If there is any extension / change in the scope of work, the authority will inform all the bidders in writing after the pre-bid meeting. Bidders' queries will also be responded through letter/correspondences, and all enquiries and clarifications shall be addressed to:

The Superintendent, FAAMCH, Barpeta – 781301

1.1.11. POST BID PRESENTATION:

The responsible signatory party from the bidder organization shall be available if called upon to make a presentation at Superintendent Office, FAAMCH as part of the evaluation process. All submitted proposals will be considered as the property of FAAMCH and will not be shared with anyone unrelated to the Tender process.

1.1.12. BID SECURITY:

- 1) All bidders are required to submit a Bid Security along with the Technical Bids for an amount equal to **Rs. 5,00,000/- (Five Laks only)** for which they are applying, by means of demand draft/National Saving Certificate/Banker cheque drawn in favor of the Superintendent, FAAMCH, payable at Barpeta from any Nationalized/Scheduled Bank.
- 2) Tenders not accompanied by the Bid Security Deposit are liable for rejection.
- 3) The bid security of the unsuccessful bidders will be returned within 60 days after the expiration of the period of bid validity or within 30 days after award of the contract to the successful bidder whichever is later.

4) **The bid security will be forfeited on account of one or more of the following reasons:-**

- i. The bidder withdraws his bid during the period of bid validity.
 - ii. In case of a successful bidder, the selected bidder fails to sign the agreement in time and furnish performance security.
- 5) The successful bidder would be required to sign an Agreement and furnish the Performance Security within the period specified.
- 6) The Bid Security of the successful bidder may be adjusted in the Performance Security by depositing the difference amount of Performance Security or alternatively Bid security could be refunded by taking a fresh Performance security for the full value.
- 7) All queries received on or before the stipulated dates shall be replied by the FAAMCH in writing, which will be circulated to all the bidders who have procured this document. The authority will not answer clarifications and queries received after the stipulated date unless or otherwise they feel it is very significant.

1.1.13. TAXES AND DUTIES:

The bidder must exclude in their bids all duties, royalties and GST/service taxes or any other taxes as applicable.

1.1.14. DISQUALIFICATION OF BIDS:

FAAMCH may in its sole discretion and at any time during the processing of RFP, disqualify any bidder from the process if the bidder has:

- 1) Submitted the RFP after the scheduled date & time
- 2) Firms not meeting the eligibility criteria
- 3) Made misleading or false representations in the forms, statements and attachments submitted in proof of the eligibility requirements.
- 4) If found to have a record of poor performance such as abandoning works, not properly completing the contracts, inordinately delaying completion, or financial failures etc., and black listed by any State/Central Government departments/Organizations.
- 5) Submitted an RFP which is not accompanied by required documentation and the Bid Security.
- 6) Failed to provide clarifications related thereto, when sought

- 7) Submitted more than one RFP.
- 8) Been found to canvass, influence or attempt to influence in any manner the selection process or the committee by offering bribes or other illegal gratification.
- 9) Offered a Bid which is not valid for at least 90 days from the day of opening and deviations in critical conditions such as performance security, warranty applicable Law, Taxes and duties, performance evaluation criteria, payment terms etc.,

1.1.15. OTHER INFORMATION TO BIDDERS:

- 1) Direct or indirect canvassing on the part of the bidder or his representative will be a disqualification.
- 2) Tender forms shall be filled in ink or typed. No tender filled in pencil shall be considered. The bidder shall sign the tender form at each page and at the end, in token of acceptance of all the terms and conditions of the tender.
- 3) All communication and information should be provided in writing and in the English Language only.
- 4) Rates shall be written both in words and figures. There should not be errors and /or over-writings. Corrections, if any, should be made clearly and initialed with dates.
- 5) The Bid security should be only in the form of Demand Draft / Banker Cheque/ National Savings Certificate/ Bank Guarantee and the original with validity on the date of bid opening should be attached only in the technical bid.
- 6) **Currency of Payment:** Payment shall be made in Indian Rupees only.
- 7) Income Tax may be deducted at source as per rules.
- 8) The payment schedule will be as specified in the terms of payment.
- 9) Modified/Re-word processed formats or Tenderer's own formats for the price quotations will disqualify the tender.
- 10) Strict adherence to the formats, wherever specified, is required and non adherence to the formats may be a ground for declaring the bid nonresponsive.
- 11) All communications and informations provided should be legible and wherever the information is given in figures the same should also be

mentioned in words. In case of conflict between amounts stated in figures and words, the words will be taken as correct. In case of conflict between unit and total rates in the document, unit rate will prevail.

- 12) No variation in or modification of the terms of the Contract shall be made except by written amendment signed by both the parties, namely the Bidder and the department.
- 13) Bids that are incomplete in any respect or those that are not consistent with the requirements as specified in this RFP document or those that do not contain the covering letter and other documentation as per the specified formats may be considered non-responsive and are liable for rejection.
- 14) The bidder should designate one person (contact person and authorized representative and signatory) authorized to represent the bidding firm in its dealings with Department. This designated person should hold the Power of Attorney and be authorized to perform all tasks including but not limited to providing information, responding to enquiries, entering into contractual commitments on behalf of the bidding firm. The covering letter submitted by the bidder shall be countersigned by the authorized signatory and shall bear the stamp of the entity thereof.
- 15) The bid shall also bear the initials of the authorized signatory and stamp of the entity thereof on each page of the bid.
- 16) **All partners / bidders as part of the consortium to submit all details as per the eligibility criteria. It is not sufficient for prime bidder alone to submit details as per the eligibility criteria, but each bidder for individual services will also need to provide details as required.**
- 17) All rates and lump-sum amounts, if any, shall be firm throughout the duration of the contract and no deviations shall be entertained by HMS in this context.
- 18) **Prior of the expiration of the period of the bid validity, FAAMCH will notify the successful bidder in writing that its bid has been accepted. The notification of award will constitute the formation of contract. Upon the successful bidder's furnishing of performance security, FAAMCH will notify each unsuccessful bidder and will discharge their bid security.**
- 19) The successful bidder must be able to commence the service immediately after the award of Letter of Intent (LOI). FAAMCH/Department may modify

these requirements in whole or in part. Only the execution of the written contract will obligate the department in accordance with the terms and conditions contained in that contract. FAAMCH shall not in any way be liable for any costs incurred by the bidders in preparing a response to this RFP or during subsequent discussions with FAAMCH regarding their RFP response.

- 20) The authority will make all payments to the service providers for the services rendered satisfactorily on monthly basis in accordance to relevant clauses of conditions of contract.
- 21) SUPERINTENDENT, FAAMCH reserves the rights to seek additional information from the bidders, if found necessary, during the course of evaluation of the bids. Non-submission, incomplete submission or delayed submission of such additional information or clarifications sought by SUPERINTENDENT, FAAMCH, may be a ground for rejecting the bid.
- 22) SUPERINTENDENT, FAAMCH may, at any time, by a written order given to the Service Provider, make changes within the general scope of the Contract. If any such change causes an increase or decrease in the cost of, or the time required for, service provider's performance of any part of the work under the contract, whether changed or not changed by the order, an equitable adjustment shall be made in the performance security, Contract Price or delivery schedule, or both, and the contract shall accordingly be amended. Any claims by the service provider for adjustment under this clause must be asserted within thirty (30) days from the date of the service provider's receipt of changed order from the SUPERINTENDENT, FAAMCH
- 23) All access to the Hospital site shall be subject to Departmental security Procedures, code of conduct and health and safety rules. Department reserves the right, at its absolute discretion, to exclude or refuse access to any personnel if suspected.
- 24) In case any person engaged by the contractor is found to be inefficient, quarrelsome, infirm, and invalid or found indulging in unlawful or union activities, the contractor will have to replace such person with a suitable substitute at the direction of the competent authority.
- 25) The contractor will be required to remove or replace any of its personnel whose duty has not been found satisfactory or whose presence in the Hospital premises is considered undesirable by the authorities.

- 26)The hospital shall not provide any sort of accommodation to the personnel deployed by the contractor and no cooking/lodging will be allowed in the premises of the hospital at any time.
- 27)If any complaint of misbehavior and misconduct by personnel of the contractor comes into the knowledge of the hospital authorities then the responsibility for all such activities shall be of the contractor and any loss owing to negligence or mishandling by the personnel employed by the contractor, the contractor shall be responsible to make good for the losses so suffered by the Hospital.
- 28)The bidders shall consider the strategic deployment of manpower and machineries to ensure the resource availability as per stipulated operational timings. No over timings shall be allowed to the staff members.
- 29)Should any new areas of work transpire, which FAAMCH Authority did not envisage as being part of this RFP document, the prices for the new scope of works shall be mutually agreed between the authority and the service providers based on the actual rate analysis or as per the prevailing rates as agreed in this RFP document.
- 30)The service providers are responsible for all mandatory compliances to social, safety and environmental issues related to the performance of the service provision in the hospital premises.
- 31)Any Change in the constitution of the company or Individual contractors policy, and such like, shall be notified in writing to the SUPERINTENDENT, FAAMCH and such change shall not relieve any former member of the company, and such like, from any liability under the contract.
- 32)If any dispute arises out of the contract with regard to the interpretation, meaning and breach of the terms of the contract, the matter shall be resolved based on mutual consent of both the parties as per Arbitration Act, 1996 and amendment issued from time to time.
- 33)**Loss of Revenue:** The bidder shall be vicariously liable to
- a. Indemnify department in case of any misuse of data / information by the bidder.
 - b. Deliberate or otherwise, if this comes to the knowledge of department during the performance of the contract.

- 34)The institutions reserves the right to remove any person found unfit without any prior intimation to the service providers.
- 35)If any claim made or information provided by the bidder in the bid or any information provided by the bidder in response to any subsequent query by SUPERINTENDENT, FAAMCH, is found to be incorrect or misinterpretation of facts, then the bid will be liable for rejection. Mere clerical errors or bonafide mistakes may be treated as an exception at the sole discretion of FAAMCH and if FAAMCH is adequately satisfied.
- 36)Mere submission of information does not entitle the bidder to meet an eligibility criterion. FAAMCH reserves the right to vet and verify any or all information submitted by the bidder.
- 37)All legal proceedings, if necessity arises to institute, by any of the parties shall have to be lodged in courts situated in Barpeta, Assam and not elsewhere.
- 38)The service providers must employ qualified / competent personnel on the site for the execution of the agreed tasks
- 39)The service providers shall employ the personnel after verifying the character and antecedent before engaging into the job.
- 40)The contractor shall be registered under ESI and EPF. Moreover, he shall abide by all the necessary provisions of various other Labour Laws/Acts viz. ESI, Workmen's Compensation, EPF and any other laws and rules applicable, in this regard. It shall be the duty of the service provider to get EPF code number allotted by Regional Provident Fund Commissioner (RPFC) against which the EPF subscription, deducted from the payment of the personnel engaged and employer's amount of contribution should be deposited with the respective EPF authorities within 7 days of close of every month. In the eventuality of the contractor failing to remit employee/employer's contribution towards EPF subscription etc. within the stipulated time, the administrative head of the Hospital is entitled to recover equal sum of money from any payment due or accrue to the contractor under this agreement or any other contract with RPFC, with an advice to RPFC, duly furnishing particulars of personnel engaged. The contractor shall issue EPF Pass Book/ESI card to every worker and shall supply the Code Number allotted by the local ESI/EPF authorities. The Service Provider shall ensure compliance within 90 days of the award of work. If any change

is required on part of hospital a fresh list of personnel shall be made available by the contractor after each and every change.

- 41) It shall be the sole responsibility of the contractor to abide by all statutory rules & regulations (eg. ESI, EPF, etc.) as applicable from time to time and no separate claims for the same shall be entertained by the organization.
- 42) The contractor shall mandatorily furnish proof of payment of all the legal entitlements to the workers besides wages on a monthly basis in the following formats.

Salary slip		
1	Name	
2	Designation	
3	EPF Code & IP No	
4	Weekly Off	
5	Net Due	
6	Total Days (Duties)	
7	Total No. of Days (Duties)	
8	P.F Employer Share	
9	P.F Employee Share	
10	ESI Employer Share	
11	ESI Employee Share	
12	Total Net Payable/Paid with Bank Account No	

- 43) If on account of non-compliance with the provisions of any laws, hospital is called upon to make any payment to or in respect of his employees, the service provider shall be liable and pay the hospitals all such amounts and the hospitals shall also free to make deductions on this account from the amount of Performance Deposit, in which case, the contractor shall immediately pay to the Hospital such amount as may be necessary to make up the required performance Deposit, or from the dues which may be payable by the Hospital to the contractor. The contractor will sign an **Indemnity Bond** in favor of hospital to this effect. No liability whatsoever shall attach to the hospital on account of or any failure on the part of the service provider to observe these regulations.
- 44) The contractor shall not, at any stage, cause or permit any sort of nuisance in the premises of hospital or do anything which may cause unnecessary disturbance or inconvenience to the others working there as well as to the general public in the hospital premises and near to it.

- 45)The contract can be terminated by the department by giving three months' notice. The contractor if so desire to terminate the contract will be required to give six months' notice or till hospital is able to make alternative arrangements, whichever is earlier.
- 46)The contractor shall not engage the personnel below the age of 18 years. All the personnel deployed by the contractor shall be medically fit and their antecedent be verified prior to the deployment in the Hospital. Persons at higher risk should be vaccinated against Hepatitis 'B'.
- 47)Any liability arising out of any litigation (including those in consumer courts) due to any act of contractor's personnel shall be directly borne by the contractor including all compensation/damage/expenses/fines, the concerned contractor personnel shall attend the court as and when required.
- 48)If as a result of 'post payment audit' any overpayment is detected in respect of any work done by the agency or alleged to have been done by the agency under the tender, it shall be recovered by the Hospital from the contractor.
- 49)The contractor shall not engage any sub-contractor or transfer the contract to any other service provider.
- 50)The contractor has to maintain all the appropriate records at his own cost as required by various Government departments. In case of any violation of any statutory provisions under any applicable law related to the work, the liability of the same shall devolve on the contractor and not on Hospital administration.
- 51)The contractor shall be responsible for all acts of omission/commission in the hospital by their employees during the course of discharge of their duties at the hospital. Hospital will not be responsible for any mishap while dealing with the sanitation and housekeeping work during the described scope of work because of such acts of omission/commission.
- 52)Persons suffering from contagious or infectious disease shall not be employed or permitted to work in hospital & it reserves its rights to examine any of the employees for medical fitness without prior notice. Expenses, if any incurred by the hospitals on medical examination of such employees, shall be borne and paid by the contractor.

- 53)The service provider's work shall be executed under the Authority of the hospital. The contractor shall make arrangements for centralized communication system for all the Hospitals and Medical Colleges covered in the contract. The complaints regarding the sanitation, mechanized cleaning, disposal of biomedical waste and general waste made at the centralized control room/desk and shall be directed to the Hospital level manager and he must ensure speedy redressal.
- 54)The payment against bills shall be made every month by the Authority of FAAMCH. The bill submitted by the contractor every month has to be accompanied by the exact data on personnel employed plus other charges and the deployments have to be certified by authorized official of hospital. The payment against bill shall be made as per the reports received from the hospital authorities every month. The service provider shall disburse the wages to its personnel deployed in the hospital every month. The service provider shall ensure that all personnel deployed have valid Bank account and payment is made to them every month.
- 55)The contractor will have to submit the proof of depositing employee's contribution towards EPF/ESI etc. of each employee for every month to the hospital authority.
- 56)The Quoted rate should be justified, so that the contractor pays the monthly salary of the workers according to the minimum wage fixed by the labour commissioner, Govt. of Assam. Otherwise the bid will be rejected.
- 57)The FAAMCH Authority may reject the lowest rate of the bidder if found unjustified.

1.2. DATA SHEET

1.2.1 BIDDER INFORMATION

1	Name of the Bidder			
2	Name of the Contact Person			
3	Registered Office Address			
4	Year of Establishment			
5	Type of Firm	Public Ltd.	Private Ltd.	Individual Contractor
6	Telephone Number(s)			
7	Email Address/Website			
8	Fax. No.			
9	Area Of Specialization in Facilities Management			
10	Consultancy Firm or Management Firm or Service Providing Firm			

1.2.2. DETAILS OF VALUE ADDED SERVICES

Sl. No	Service	Description

1.2.3. TAX CELARANCE CERTIFICATES

Sl No	Type of Tax	Tax Clearance Certificates Enclosed (Yes / No)	Certificates Number

- I. We accept the payment schedule as specified in the terms of payment.
- II. Technical Bid (**Envelope A**) shall be duly filled and signed is enclosed with this tender form along with the Terms & conditions as token of acceptance.
- III. Financial bid (**Envelope B**) of this tender document is enclosed in a separate envelope duly signed and sealed.

Dated:

Name of the Bidder: _____

1.2.4. CHECKLIST:

Sl. No	List of Important Documents	Enclosed (Yes/No)	Annexed as
1	Cover Letter		
2	Details of authorized contact person of the bidder		
3	The proposed project team structure with roles and responsibilities of top management & technical staff		
4	Documentation showing the proof of having fulfillment of eligibility conditions as per schedule		
5	Feedback from existing clients in prescribed formats		
6	Earnest Money Deposit/Bid security		
7	A declaration of any actual or potential conflict of interest		
8	Proposed Methodology /Method Statement		
9	Any general information which bidders wish to provide being attached separately		
10	Annual reports / audited financial statements for the last 3 consecutive years		

11	Certificate of Incorporation / Articles of Association / Partnership Deed etc.		
12	Copies of relevant certificates of registration with ESI, EPF, Insurance & ISO (if any)		
13	Standard operation procedures with resource details		
14	Address of the Bidders office		
15	Documentary evidence including copies of invoices as proof for previous/running projects		
16	Signing authority documents		
17	Certified copies valid PF, ESI and Service Tax/GST Registration and License under Contract Labour Act and also the certificates for PF, ESI, and Service Tax clearance from the Departments concerned.		
18	Certified copies of up to date returns for last 3 financial years filed with the appropriate authorities.		
19	Documentary evidence for having the possession of cleaning equipments as per the requirement mentioned in the bid document.		

Signature & Seal of the bidder

1.3. BID FORMAT

The following are the sample formats through which the competent bidders can quote for the Management / Operational Services at individual hospital level and overall Zonal level with reference to all stated standards and specifications as it has been proposed to identify a single agency for one or two or any or all the five zones.

Format – A (Manpower Cost)

A) Manpower Requirement and cost for FAAMCH Mechanized cleaning and Waste Disposal (Biomedical and General)			
Designation	Strategic Deployment		
	I shift	II shift	III shift
Hospital Manager			
Hospital supervisors			
Housekeeping staff			

Format – B (Resource Requirement)

B) Resource Requirement – quantity per month for FAAMCH Mechanized cleaning and Waste Disposal (Biomedical and General)			
Sl. No	Particulars	Numbers	Quantity per Month
	Equipment & Machinery		
1	Wet & Dry Vacuum Cleaner		
2	Floor Scrubbing Machine		
3	Back pack Vacuum Machine		
4	Glass Cleaning Kit		
5	Telescopic Pole		
6	Bucket Trolley		
7	Safety Signage		
8	Hi -Pressure Water Jet Machine		
9	Industrial Scrubbing Machine		
10(a)	Ladders – Size 12'-0"		
10(b)	Ladders – Size 8'- 0"		
10(c)	Ladders – Size 6'- 0"		
11	Walk behind manual sweeper		
12	Consumables		
12(a)	Toiletry Consumables like Liquid Soaps, hygiene care units etc.,-(List including manufacturer's specifications to be provided)	Lump sum	
12(b)	Cleaning Chemicals and Consumables (List including Manufacturer's specifications to be provided)	Lump sum	
12(c)	Cleaning accessories (List including Manufacturer's specifications to be provided)	Lump sum	
12(d)	Waste disposal covers (Colour Coded-Green, Blue, Red, Yellow, Black)	Lump sum	
12(e)	Waste disposal Bins (Colour Coded- Green, Blue, Red, Yellow, Black)	Lump sum*	
13	Pest Control activities		
14	Any other (Specify)		

Note:

- i. Indicative quantities for maintaining 10,000 Sq.Ft. of floor space has been enclosed for evaluation purpose) (Annexure-I at page no.27 & 28).
- ii. * Color coded bins should be replaced every 3 months with new Bins.

General Note:

- 1) In case a bidder wishes to include any other requirement the same shall be included and highlighted separately in the supporting document submitted along with this Bid Document.
- 2) There should be one Manager for each floor and it is discretion of agency add more managers or any other staff and the cost for such additional staff should be taken into consideration in the quoted rate.

Annexure - I				
Indicative quantities for maintaining 10000 Sq. ft of floor space (Refer Foot note in Bid Format 'B')				
Sl. No	Particulars	Specs	Qty per 10000 Sq. Ft. Equipment for 2 years and Consumables per month* Unit no.	Units
	Equipment & Machinery			
1	Wet & Dry Vacuum Cleaner		0.03	Nos.
2	Floor Scrubbing Machine		0.03	Nos.
3	Back pack Vacuum Machine		0.03	Nos.
4	Glass Cleaning Kit		0.04	Nos.
5	Telescopic Pole		0.04	Nos.
6	Bucket Trolley		0.20	Nos.
7	Safety Signage		0.20	Nos.
8	Hi -Pressure Water Jet Machine		0.02	Nos.
9	Industrial Scrubbing Machine		0.02	Nos.
10	Ladders	12'-0"	0.02	Nos.
		8'- 0"	0.02	Nos.
		6'- 0"	0.04	Nos.
11	Walk behind manual sweeper		0.03	Nos.
12	Consumables			
12(a)	Toiletries Consumables like Liquid Soaps, hygiene care units etc.,-(List including manufacturer's specifications to be provided)	Liquid Soaps	1.91	Lts
		Hand Towels	0.96	Nos.
		Bucket	As per actuals	Pkts.
		Mug		Nos.
		Freshener		Lts
12(b)	Cleaning Chemicals and Consumables (List including Manufacturer's specifications to be provided)	R1	0.32	Lts
		R2	0.64	Lts
		R3	0.22	Lts
		R5	0.96	Lts

Annexure I				
Indicative quantities for maintaining 10000 Sq.ft of floor space (Refer Foot note in Bid Format 'B')				
S.No	Particulars	Specs	Qty per 10000 Sq.	Units
		R6	2.55	Lts
		R7	0.32	Lts
		D 5.2	0.22	Lts
		Naphthalene Balls	0.32	Kgs.
		Phenyl	1.28	Lts.
		Soap Oil	0.64	Lts.
		Bleaching Powder	0.32	Kgs.
		Dry Mop	0.40	Nos.
		Wet Mop	0.51	Nos.
		Joby Kit	0.40	Nos.
		Dust Pan	0.64	Nos.
		Floor Squeeze	0.51	Nos.
		Dusters	0.99	Nos.
		Plumber Pumps	0.40	Nos.
		Floor Scrapers	0.40	Nos.
		Hard Brushes	0.51	Nos.
		Scrubbing Pads	0.23	Nos.
		Hand Scrubbers	0.64	Nos.
		Dry Mop Refills	1.28	Nos.
		Wet Mop Refills	2.04	Nos.
		Hand Gloves	2.09	Nos.
		Nose Masks	1.05	Nos.
		Gum Boots	0.64	Nos.
12(d)	Waste disposal covers (Colour Coded)	Blue/Red/ Green/Black/ Yellow	4.46	Kgs.
12(e)	Waste disposal Bins (Colour Coded)	Blue/Red/ Green/Black/ Yellow	0.59	Nos.
13	Pest Control activities	Detailed Scope of Services is mentioned for pest control Services in tender but Price Bid format does not ask for Pest Control rates separately however, Service Contract @ Rs.300 per month per 10000Sq.Ft. can be considered.		
14	Any other Specify			
15	*The quantities are arrived at on an assumption of average utilization of the facility but might vary as per actual scenario from premises to premises			

PART II

CONDITIONS OF CONTRACT

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2.1. INTERPRETATION OF TERMINOLOGIES

- 1) In these conditions of contract the following definitions shall apply:
- 2) **The Tender inviting authority** means FAAMCH Authority/
SUPERINTENDENT, FAAMCH
- 3) **The Implementing authority/Department** means SUPERINTENDENT,
FAAMCH who is placing the contract.
- 4) **The contract** means the agreement concluded between the authority
and the contractor, including all specifications, patterns, contractor's
samples, plans, drawings and other documents incorporated or referred
to therein.
- 5) **The contractor or the service provider** means the person who
succeeded the contract undertakes to supply all the stated services to
the authority as provided for in the contract. Where the contractor is an
individual or partnership, the expression shall include the personal
representatives of that individual or of the partners.
- 6) **The contract price** means the price inclusive of all taxes and duties
payable, that is payable to the contractor by the authority under the
contract for the full and proper performance by the contractor of its
part of the contract.
- 7) **The services** mean the services and the goods that the contractor is
required to supply under the contract.

2.2. CONTRACT CLAUSES

2.2.1. SIGNING OF CONTRACT:

The successful bidders are required to sign a formal detailed contract with the Authority of FAAMCH within 21 days of the date of issuance of Letter of Intent (LOI). Until the contract is signed, the LOI remains binding on both the

parties. In case of delay in signing the contract document on the part of *Authority of FAAMCH* the contractor shall be paid 90% of the applicable rates falling due as per the contractual obligations on adhoc basis, till final signing of contracts, after which the balance of payment shall be released /adjusted against the regular bills / invoices. However, no payment will be made if there is any delay to sign the contract from the contractor's point of view.

2.2.2. VARIATION OF CONDITIONS & SERVICES:

- a) The services shall be supplied solely in accordance with these conditions. All other contractual terms which in any way add to, vary or contradict these conditions upon which the contractor may seek to rely or otherwise impose on the authority shall be excluded and shall not form part of the contract (whether or not such other contractual terms post-date these conditions), unless the authority has specifically agreed in writing to be bound by any of such other contractual terms.
- b) The authority may at any time vary or add to the service specification in accordance with this condition and no such variation or addition shall affect the continuation of the contract.
- c) The authority shall give the contractor at least one month's written notice of any variation or addition. The notice shall give details of the variation or addition and the date on which it is to take effect.
- d) No later version shall be binding unless it has been agreed in writing and signed by an authorized representative of the authority.

2.2.3. PERFORMANCE SECURITY:

This amount has to be submitted at the time of signing the final agreement with the successful bidder and it shall remain valid during

the tenure of contract period (3 years). The value of the performance security will be 5% of the annual contract value.

The Performance security shall be in the following format:

- i. Bank Demand Draft / Bank Guarantee duly discharged in favour of the Superintendent, FAAMCH, Jatigaon, Barpeta – 781301 (Assam).

- ii. This Performance security deposit money shall be refunded within 30 days after the expiry of contract provided there is no breach of contract during the period of the contract.
- iii. No interest shall be paid on the Performance security.

2.2.3.1. FOREFEITURE OF PERFORMANCE SECURITY:

The performance security amount in full or part may be forfeited in the following cases:

- a) When the terms and conditions of the contract are breached.
- b) When the contractor fails to comply with minimum service levels agreed upon.
- c) Failure of the service providers to comply with the requirements shall constitute sufficient grounds for the annulment of the award and forfeiture of the Service Guarantee.
- d) Notice of reasonable time will be given in case of forfeiture of Performance security.

2.2.3.2. RELEASE OF PERFORMANCE SECURITY:

The Performance security will be returned after successful completion of contract period provided there is no claim for liquidated damages from HMS side.

2.2.4. EXECUTION METHOD:

The successful bidders shall get the following documents approved by the *Authority of FAAMCH* for effective performance of tasks:

- a) Standard Operation Procedures for all Service Categories
- b) Service Level Agreements
- c) Daily/Weekly/Monthly-Reporting format.
- d) Comprehensive Reports
- e) History Sheets.
- f) Down time Scheduling of various Services
- g) Instruction Manual
- h) Infection control Manuals

2.2.5. TIMING:

Time shall be of essence with regard to the obligations of the contractor under the contract.

2.2.6. STAFF:

A.

- i. The contractor must employ sufficient staff to ensure the services are provided at all times and in all respects in accordance with the service specification. The contractor must ensure that a sufficient reserve of staff is available to meet the service specification during holidays or absences.
- ii. The contractor must employ for the purposes of this contract, only such persons as are careful, skilled and experienced in the duties required of them and must ensure that every such person is properly and sufficiently trained and instructed and carries out the services with regard to:

The task that person has to perform

All relevant provisions of the contract

All relevant rules, policies, procedures and standards of the authority

Fire risks and fire precautions

The need for those working in the medical college hospital to observe the highest standards of hygiene, courtesy and consideration

- B. The contractor shall provide his staff with a form of identification that is acceptable to the authority and which staff shall display on their clothing at all times when they are on the authority’s premises.
- C. The contractor shall instruct his staff not to smoke on the premises.
- D. The contractor shall remove from the premises any of his staff, where the authority requests this on grounds of efficiency or public interest.

2.2.7. HEALTH CARE WORKERS SAFETY:

The contractor should ensure the safety of the health care workers posted in the hospital through their firm/company. Necessary protective equipments need to be provided to the staff while performing their functions. Appropriate

vaccination (esp. Hepatitis B, Tetanus Toxoid and Typhoid) to be provided to all the staff placed by the firm/ company. In case of any accidental exposure to infectious materials, the contractor needs to ensure that the workers adhere to the post exposure prophylaxis protocols followed by the institutions at the company's cost.

2.2.8. INSURANCE (OPTIONAL-ON MUTUAL CONSENT WITH DME):

A. The contractor should keep the authority indemnified against claims, actions, proceedings brought or instituted against HMS by any of the contractor's employees or any third party in connection relating to or arising out of the performance of services under the agreement. The third party insurance shall cover:

Personal injury up to INR 5,00,000/-

Property Damage up to INR 10,00,000/-

B. The authority may enter into a comprehensive insurance for all the critical equipment including the building structure. The contractors must identify such critical areas of the premises that needs to be insured and submit the necessary details to the authority for necessary action (if required).

2.2.9. SEVERABILITY:

If any provision of the contract is or becomes illegal, void or invalid, that shall not affect the legality and validity of its other provisions.

2.2.10. WAIVER:

A. The failure of either party to seek redress for breaches or to insist on strict performance of any provision of the contract or the failure of either party to exercise any right or remedy to which it is entitled under the contract shall not constitute a waiver thereof and shall not cause a diminution of the obligations under the contract.

B. No waiver of any provision of the contract shall be effective unless it is agreed to by both parties in writing. No waiver of any default shall constitute a waiver of any subsequent default.

2.2.11. ACCRUED RIGHTS AND REMEDIES:

Neither the expiration nor the termination of the contract shall prejudice or affect any right of action or remedy which shall have accrued or shall thereafter accrue, either to the authority or to the contractor.

2.2.12. TRANSFER AND SUB-CONTRACT:

The contractor shall not assign the whole or any part of the contract to another agency.

2.2.13. PATENTS:

- A. The contract price shall include all payments made or to be made to any third party in respect of any right, patent, design, trademark or copyright used for the purpose of performing the contract.
- B. The contractor shall indemnify the authority against any costs or claims arising from any infringement of any right, patent, design, trademark or copyright.

2.2.14. CONFIDENTIALITY:

- A. The contractor and his staff must not disclose to any person (other than a person authorized by the authority) any information acquired by them in connection with the contract.
- B. Without prejudice to the generality of the previous condition, the contractor and his staff must not disclose to any person (other than a person authorized by the authority) any information acquired by them in connection with the provision of the services which concerns:
 - i. The authority, its staff or its procedures
 - ii. The identity of any patient at any of the authority's hospitals or other establishments
 - iii. The medical condition of or the treatment received by any patient.

2.2.15. DATA PROTECTION:

- A. The contractor must protect personal data and in particular the contractor must ensure compliance with the authority's security arrangements and ensure the reliability of his staff who has access to any personal data held by the authority. In addition, if the contractor is required to access or

process personal data held by the authority, the contractor shall keep all such personal data secure at all times and shall only process such data in accordance with instructions received from the authority.

- B. The contractor shall indemnify the authority and the Secretary of State for Health against all claims and proceedings and all liability, loss, costs and expenses incurred in connection therewith made or brought by any person in respect of any loss, damage or distress caused to that person as a result of the contractor's unauthorized and /or unlawful processing or the contractor's destruction and /or damage to any personal data held by the contractor, his employees or agents.

2.2.16. INDUCEMENTS TO PURCHASE:

- A. The authority shall be entitled to terminate the contract and to recover from the contractor the amount of any loss resulting from such termination in the following circumstances:

- i. If the contractor, shall have offered or given or agreed to give to any person any gift or consideration of any kind as an inducement or reward for doing or forbearing to do, or for having done or forborne to do, any action in relation to the obtaining or execution of the contract or any other contract with the authority or any health authority, or for showing or forbearing to show favor or disfavor to any person in relation to the contract or any other contract with the authority or any health authority
- ii. If the like acts shall have been done by any person employed by him or acting on his behalf (whether with or without the knowledge of the contractor)
- iii. If in relation to the contract or any other contract with the authority or any health authority the contractor or any person employed by him or acting on his behalf shall have committed any offence like corruption, or shall have given any fee or reward to any officer of the authority which shall have been exacted or accepted by such officer.

2.2.17. PUBLICITY:

The contractor shall not advertise or publicly announce that it is supplying services or undertaking work for the authority without the prior written consent of the authority, such consent not to be unreasonably withheld.

2.2.18. USE OF CONTRACT DOCUMENTS AND INFORMATION:

- A. The bidder shall not, without the HMS's prior written consent, disclose the contract, or any provision thereof, or any specification, plan, drawing, pattern, sample or information furnished by or on behalf of the HMS in connection therewith, to any person other than a person employed by the bidder for performance of the contract. Disclosure to any such employed person shall be made in confidence and shall extend only so far, as may be necessary for purposes of such performance.

- B. The bidder shall not, without the *Authority of FAAMCH* prior written consent, make use of any document or information enumerated in this document except for purposes of performing the contract.

- C. Any document, other than the contract itself, shall remain the property of the *Authority of FAAMCH* and shall be returned (including all copies) to the *Authority of FAAMCH* on completion of the bidder's performance under the contract, if so required by the *Authority of FAAMCH*.

2.2.19. USE OF AGREEMENTS:

Upon receiving a written request the authority may allow the contractor to use *Authority of FAAMCH* purchase agreements for goods and services. Should the authority allow such use, it is on the understanding that the goods or services so purchased by the contractor against these agreements are only for the performance of the contract. The authority retains the right to withdraw consent for the use of any agreement instantly at any time without giving any period of notice and without giving any reason. All information received by the contractor concerning HMS purchase agreements shall be held in confidence.

2.2.20. LAW:

The parties shall accept the non-exclusive jurisdiction of the IGauhati High Court and agree that the contract is to be governed and construed according to Constitutional Law.

2.2.21. INDEMNITY:

- A. Neither Party shall be liable to the other Party for any loss or damage, costs or expenses incurred or suffered by the other Party as a result of any breach of the terms of the Contract, unless the same were in the reasonable contemplation of the Parties at the time when they entered into the Contract.
- B. The Contract Price of the Services under the Contract has been negotiated and agreed on the basis that the Parties may limit their liability to each other as set out in the Contract and the Parties, each, confirm that they will themselves bear or insure against any loss for which the other Party has limited its liability under the Contract.

2.2.22. LIABILITY FOR LOSS OR DAMAGE:

- A. The Contractor shall indemnify and hold the HMS institutions harmless from any and all loss or damage to any of the properties / assets furnished under this contract, the Contractor shall procure and maintain during the term of this contract, and any extensions thereof, full insurance acceptable to the Contracting Authority (*Authority of FAAMCH*). The Contractor's insurance coverage shall apply to all workers who are at the operation level of the assets also.
- B. Prior to the commencement of work here under, the Contractor shall furnish to the Contracting Authority (*Authority of FAAMCH*) a copy of the insurance policy or policies or a certificate of insurance issued by the underwriter(s) showing that the coverage required by this clause has been obtained.
- C. Each policy or certificate evidencing the insurance shall contain an endorsement which provides that the insurance company will notify the Contracting Officer (MS) 30 days prior to the effective date of any cancellation or termination of any policy or certificate or any modification of a policy or certificate, which adversely affects the interests of the HMS authority in such insurance. The notice shall be sent by registered mail

and shall identify this contract, the name and address of the contracting firm, the policy, and the insured.

- D. If the assets are damaged or destroyed while in the custody and control of the institution, the Hospital authority will reimburse the Contractor for the deductible stipulated in the insurance coverage (if any) as follows:

In-Functioning Failures -- Up to 5 percent of the current insured value of the asset stated in the policy,

- E. The contractor assumes all risk and liability for damage to or loss of the assets for the term of this contract, even though the assets are in the Government's possession, for (1) normal wear and tear to the assets, or (2) loss which occurs as a result of negligence or fault in maintenance of the assets by the Contractor, or (3) loss resulting from a latent defect in the construction of the component thereof.
- F. In the event of damage to the assets of its own (due to age - no fault from contractors side), the *Authority of FAAMCH* may, at its option, make the necessary repairs with its own facilities, or by contract, or pay the Contractor the reasonable cost of repair of the assets.
- G. In the event if the assets are lost, destroyed, or damaged so extensively as to be beyond repair, the contractor will pay to the *Authority of FAAMCH* a sum equal to the fair market value of the asset just prior to such loss, destruction, or extensive damage, less the salvage value of the asset.
- H. Any failure to agree as to the responsibility of the Government or the Contractor under this clause shall, after a final finding and determination by the Contracting Officer, be considered a dispute within the meaning of the "Disputes" clause of this contract.

2.2.23. DEFAULT BY CONTRACTOR:

- A. Without prejudice to any other right or remedy, if the contractor does not provide the services in accordance with the specification or at the times specified in the contract the authority may;
- i. require the contractor to remedy the default within such time as the authority may specify by providing or providing again (as the case may be) without further charge to the authority, such part of the services to the service specification

- ii. without terminating the whole of the contract terminate the contract in respect of part of the services only and thereafter provide or procure the provision of such part of the services itself
 - iii. itself provide or procure the provision of the services until it is satisfied that the contractor is able to carry out the services in accordance to these conditions
 - iv. Terminate the contract.
- B. If the cost to the authority for executing or procuring such services or part of them exceeds the amount that would have been payable to the contractor for executing or procuring such services, such excess amount shall be paid by the contractor to the authority in addition to any other sums payable by the contractor to the authority in respect of the breach of contract.
- C. All or any of the remedies in aforesaid conditions may be exercised by the authority in respect of any default by the contractor.

2.2.24. TERMINATION FOR INSOLVENCY:

- A. The authority may at any time by giving a two months' written notice, summarily terminate the contract without compensation to the contractor in any of the following events:
- i. if the contractor being an individual (or where the contractor is a firm, any partner in that firm) shall at any time become bankrupt or shall have a receiving order, administration order or interim order made against him, or shall make any composition or scheme of arrangement with or for the benefit of his creditors, or shall make any conveyance or assignment for the benefit of his creditors, or shall purport to do so, or if in India he shall become insolvent or notour bankrupt, or any application shall be made for sequestration of his estate, or a trust deed shall be granted by him for the benefit of his creditors
 - ii. if the contractor being a company shall pass a resolution, or the courts shall make an order, that the company shall be wound up (except for the purposes of amalgamation or reconstruction), or if an administrative receiver on behalf of a creditor shall be appointed, or if the courts shall make an administration order, or if circumstances shall arise that entitle the courts or a creditor to appoint an administrative receiver, or which

entitle the courts to make a winding-up order or administration order provided always that such termination shall not prejudice or affect any right of action or remedy that shall have accrued or shall accrue thereafter to the authority.

2.2.25. TERMINATION FOR CONVENIENCE:

A. The *Authority of FAAMCH* may, by written notice sent to the service provider, terminate the contract, in whole or in part at any time for its convenience. The notice of termination shall specify that termination is for the *Authority of FAAMCH's* convenience, the extent to which performance of work under the Contract is terminated and the date upon which such termination becomes effective.

- i. The service provider shall not assign or sub-let his contract or any substantial part thereof to any other agency not identified or mentioned expressly in the Contract.
- ii. The service provider shall pay the expenses of stamp duty for execution of agreement.
- iii. If a bidder imposes conditions, which is in addition to or in conflict with the conditions mentioned herein, his tender is liable to summary rejection. In any case, none of such conditions will be deemed to have been accepted unless specifically mentioned in the letter of acceptance.

2.2.26. FORCE MAJEURE:

A. An event of force majeure shall mean an event which is neither foreseeable nor preventable and which is entirely outside the direct or indirect control of the authority or the contractors and /or which is not directly or indirectly occasioned or contributed to by the act, omission, negligence, breach of agreement by the authority or the contractor and includes natural disasters, war, riots, civil disorders, explosion or fire, earthquake, tsunami or any industrial action by employees other than employees of the party seeking to rely on the force majeure or any prohibitory orders passed by the court tribunal or irresistible force or reasons beyond control.

- i. Upon the happening of a relevant event of force majeure that renders the obligations of either party wholly incapable of performance, the

performance of the agreement shall be suspended and the parties shall be relieved of their obligations during the period of such suspension.

- ii. Upon happening of such an event of force majeure which renders the obligations of either party incapable of performance, but only in part, the parties shall mutually agree a revised level of performance of the agreement to be undertaken. Failing agreement on this, after 2 days from the date of the event of force majeure the decision of *Authority of FAAMCH* shall be final. Such revised level of performance shall be provided subject to all terms and conditions of this agreement, except where necessarily amended to take into account the effect of the relevant event of force majeure.
 - iii. Where the performance of the agreement has been suspended for a continuous period of 30 days or more, or if the revised level of performance has continued for such period, at any time thereafter, *Authority of FAAMCH* shall be entitled to terminate the agreement by notice in writing to take immediate effect without being liable to the contractor in any manner.
- B. As regards any delay or failure to perform as a result of an event of force majeure:
- i. Any costs arising from the delay or failure shall be borne by the party incurring the costs
 - ii. The party claiming the force majeure event will take all reasonable steps to bring the circumstances to a close or to find a solution whereby this agreement shall be performed despite the event of force majeure
 - iii. Promptly take such other steps that the other party reasonably requires in order to reduce the other party's losses or risks of losses.

2.2.27. ARBITRATION:

If any dispute arises out of these Conditions (other than in relation to any matter in which the authority has a discretion which is exercised in accordance with the terms of these Conditions and which shall be final and conclusive) the parties will use all of their respective reasonable endeavors to resolve it by negotiation. If negotiations fail to resolve such disputes, the parties will attempt to settle it by arbitration in accordance with the procedures of The **Arbitration Act, 1996**. To initiate arbitration a party shall

give a notice in writing (an "*Arbitration Notice*") to the other party requesting arbitration of the dispute and shall send a copy thereof to the State Arbitration Committee asking to nominate an arbitrator in the event that the parties shall not be able to agree such appointment by negotiation. The arbitration shall commence within 28 days of the Arbitration Notice being served. Neither party will terminate such arbitration until each party has made its opening presentation and the arbitrator has met each party separately for at least one hour. The arbitrator's award will be the final and binding one and the parties must adhere to the same, and the fees to be paid to the arbitrator has to be shared by the both parties on mutual consent.

2.2.28. PRICE AND PAYMENT:

- A. The contract price for the services shall be net, i.e. after the deduction of all agreed discounts. The amount of any early settlement discounts shall be shown separately in the contract.
- B. The charges quoted shall be firm and inclusive of cost of material transportation, labour charges and other charges. The rates are linked with area; if the area gets increased or decreased the payment will be made proportionately on the basis of revised area rates.
- C. An invoice shall be rendered on the contractor's own invoice form to the authority at monthly intervals clearly marked with the authority's order number.
- D. Invoices shall show the period and the amount of the services for which payment is claimed together with the agreed charging rates and any other details the authority may determine as being part of the service specification.
- E. The authority shall pay the contract price to the contractor, by Bank Cheque/RTGS, if the authority so chooses, within 30 days of the receipt of the services or a valid invoice, whichever is later subject to the availability of fund.
- F. Whenever under the contract any sum of money shall be recoverable from or payable by the contractor, the same may be deducted from any sum then due or which at any time thereafter may become due to the contractor under the contract or under any other contract with the authority.

G. If for any reason the contract comes to an end other than at the end of a completed calendar month, the authority must pay in respect of the partly completed calendar month 1/365th of the annual contract price for each completed day worked by the contractor in the partly completed calendar month.

2.2.29. TERMS OF PAYMENT:

Date of Commencement of Work	<p>a) 15th day from the date of issuance of LOI, the contract agreement has to be signed.</p> <p>b) 30th day from the date of contract signed, the work has to be started at all hospitals.</p> <p>c) Hence, on 45th day from the date of issuance of LOI, the contractor has to start the work.</p>
Period of Contract:	The tenure of the contract is three (3) years from the date of signing the contract extendable according to the performance.
Payment of Invoices	The invoices shall be submitted to Authority, FAAMCH by 1st week of every month, and the same shall be cleared, subject to availability of fund.
Price Escalation	The prices shall remain firm and shall not be subject to variation for any reason whatsoever unless there is any revision in statutory norms.
Tax	May be applicable as per Government regulations changing from time to time.

Place: _____

Date: _____

Signature of MS : _____

PART III

SCOPE OF WORK

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3.1 ADMINISTRATIVE SPECIFICATIONS:

3.1.1. LEVELS OF FUNCTIONING:

The *Authority of FAAMCH* intends to identify a single agency for implementing the mechanized cleaning of the hospital.. The agency is expected to have the following structure to implement the activities

- **The agency quoting for the bids must have one local office.**

• **The office would be coordinating body with the Authority of FAAMCH for all its activities in FAAMCH.**

• **Institution** Level Office to execute the outsourcing activities in the Hospital with coordination of institutional authorities.

3.1.2. KEY ACTIVITIES:

The following are the key activities to be performed by the agency (**NOT EXHAUSTIVE**). Detailed scope of work for individual areas are given below

- A. **Staff recruitment:** Engage and deploy necessary skilled workers in appropriate numbers, to manage and implement all aspects of housekeeping.
- B. **Capacity building:** Develop training materials, undertake training of all recruited housekeeping staff and permanent hospital staff.
- C. **Documentation:** The agency needs to maintain a record of all the agreed upon trainings including induction as per the specified format with the chief hospital authority. The agency is required to collect data on a real time basis and provide information to MS regularly.
- D. **Supply of Consumables:** The agency needs to provide equipment and consumables in appropriate numbers and amounts for ensuring provisions of all services, as per agreed deliverables at the contract.
- E. **Monitoring & Evaluation:** Conduct periodic, objective & evidence based monitoring of the staff and the activities. Provide scope for semiannual inter zonal cross learning. Evaluation by the state level office on a semiannual basis. The agency should aim for continuous quality improvement in work performance, data collection analysis and rectification of errors.

3.1.3: STAFFING & SHIFTS:

A. Staffing:

- i. The agency is expected to work out the staffing pattern at two levels: **head office** and **district level**. Tentative guidelines for the staffing at various levels is given below

Hospital level office	Hospital Manager	1	This person would be the nodal person for implementing all HK related activities within the hospital
	Supervisors	1 per 15 hospital staff per shift	Details given below

i. Qualification of personnel in the Hospital Office.

- ii.** The following key personnel with the required qualification and experience shall form part of the team to manage the cleaning System.

Hospital Key Personnel	Minimum Qualification	Minimum Experience required in years
Hospital Manager	Any degree	5 years (in management services)
Supervisor	Any UG degree (preferable) /Plus II	3 years (in housekeeping services)
Cleaning and Sanitation Worker	Before starting up the assignments of contract, the contractor should submit the documents relating to relevant skill training imparted to the workers, their skills set / job profile and their personal record. For any new worker entering the hospital, the above particulars should be authenticated and provided by the contractor.	1 Year

B. Shifting

- i. The hospitals level staff are expected to work in three shifts
 - First Shift : 7 a.m – 2 p.m
 - Second Shift : 2 p.m – 9 p.m
 - Third Shift : 9 p.m – 7 a.m
- ii. The outsourced hospital staff should follow the rules and regulations laid by the agency.
- iii. Attendance to work needs to be monitored by the hospital manager through biometric system. Report of the same needs to be submitted to the head office on a daily basis.

3.1.4. ROLES AND RESPONSIBILITIES:

3.1.4.1 *The vendor's responsibilities include the following:*

1. Ensuring the cleanliness and infection free ambience of the hospital.
2. Staffing as per contract to ensure optimum service as per scope of work.
3. Reporting both to the Facility Manager and site in charge nominated by the hospital.
4. Preparing and submitting various checklists / Inspection Reports as schedules in the approved formats.
5. Preparing activity reports regarding work handled.
6. Providing uniforms and identity cards to the employees of the Contractor.
7. Providing all statutory obligations such as PF, ESI and Minimum Wages.
8. Providing necessary and adequate equipment, and implements to ensure optimum service as per the scope of work.
9. Ensuring all machinery as per the offer document to be on site.
10. Ensuring adequate training of staff.
11. Bidder would ensure that healthcare organization is neat and clean by 8:00 am in the morning daily; and would ensure cleanliness throughout the day. While doing cleaning works at night/early morning hours bidder would ensure that patients and attendants are not disturbed.
12. The contractor shall perform the cleaning as per the standard operating procedures provided by the healthcare organization.
13. The contractor shall procure the consumables (soap, toilet roll, paper towels, plastic mugs, hockey brush, wipers, etc). / Chemicals/ detergents/ disposables/disinfectants and other stores related to sanitation & housekeeping. The contractor shall use ecofriendly and ISI marked detergents, chemicals, consumables. These chemicals should not damage/cause harm to the hospital property or of the users. The hospital shall have the discretion regarding the quality and quantity of the stores. The proper record of such stores shall be

maintained by the Store Keeper of the contractor. A hospital representative can carry out surprise checks of the stores without any prior intimation. The contractor is bound to change any chemical, consumable, detergent to the satisfaction of the hospital authorities.

14. No cleaning material and consumables shall be manually transported. Janitor's trolleys shall be used during cleaning activities.
15. It will be the responsibility of the contractor to provide the uniform of distinct colour and design as approved by the hospital authority and ensure compliance.
16. The contractor shall issue identity cards to its employees in consultation with Security officer of the Hospital to ensure safety of premises. Staff engaged by the firm will carry the card which can be checked randomly and non-adherence will invite a penalty.
17. The contractor shall be responsible for taking all measures to safeguard (all the staff employed by the firm) from all the likely health hazards including Personal Protective Equipment (PPE) and immunization.
18. **Contingency services**
 - a) The service provider shall also provide cleaning services in the entire premises as and when the contingency arises, on any day of the week.
 - b) The service provider shall be responsible to maintain quality and work efficiency by deploying extra staff, if so required.
 - c) No extra payment shall be charged for this contingency work.

3.1.4.2 Responsibility of the Supervisor:

1. To monitor and ensure proper Housekeeping activities are conducted at the site as per specifications.
2. To brief all staff regarding their duties, designated areas and special instructions if any.
3. To create awareness and train all staff regarding methods and the specifications, and to inform them of any changes in routines or specifications.

4. To submit the various checklists to the respective officer, at the frequency instructed in the suggested formats.
5. To de-brief all supervised staff at the end of each shift.
6. To monitor that the staff is cleaning in the required manner in order to ensure that the surfaces are maintained in the best possible way and to enhance their longevity.
7. To inform all discrepancies and maintenance requirements brought to notice by the staff and by the supervisor's own observations to the authority of the hospital.
8. To ensure discipline, proper attire and etiquette in the staff under them.
9. To maintain the daily attendance record, absentees list and list of stand-by personnel called for duty.
10. To ensure that janitor closets and storage areas are maintained in a neat and orderly manner at all times.

3.1.4.3 Responsibility of Housekeeping staff:

1. The cleaning activities are to be undertaken as per the cleaning schedule mentioned for each functional area
2. As per agreed schedule, cleaning all the rooms (both inside and outside), doors, windows, grills, fittings, furniture, corridors, ceiling (high cleaning), lift cabins, surface areas and flooring of the entire hospital, basement and parking areas by using suitable / standard cleaning equipment / chemicals. High dusting of corners, ledges, ceiling fixtures and so on will be performed on a needed basis.
3. Empty and clean the trash receptacles in the common areas. Sweep the staircases, landings and other related areas. General floor areas should be polished for scraps of paper, cigarette butts, and so on.
4. Clean all the telephones; all critical equipments to be dusted under supervision of the user / staff nurse / paramedical staff in-charge.
5. Clean properly all the equipments used and keep them at the designated places.

6. Clean the Mechanical Electrical areas (premises only) in the presence of respective operators. No equipment should be touched for any reason. These premises are to be cleaned only in the presence of the M & E area operator or supervisor.
7. Clean the various signages of the common areas.
8. Any such stains / marks, which cannot be removed easily without affecting the surface or existing paint, should be brought to the notice of the Supervisor.
9. Any condition of the building requiring repair or attention should be brought to the notice of the Supervisor as soon as possible.
10. The staff should be alert and observe any discrepancies in the fittings, fixtures and other such items in the designated areas. Any such discrepancy should be reported to their supervisor promptly.
11. Report any lights failure to the Supervisors. Any discrepancies or cleanup required beyond normal polishing will be reported to the Supervisor immediately.
12. The supervisor should be notified when restroom supplies and light inventories need reordering.
13. Ensure drinking water is made available in the drums placed at specified points through periodical transportation from the water source / tank at the hospital.
14. Monitor the quality of linen used in the Hospital, ensure that the linen is changed at regular intervals and carry out periodical cleaning of the cots and mattresses, applying talcum powder etc., to ensure they are free from bad odor.
15. Should inform the Nursing Superintendent on the quality of cleanliness.
16. All floors to be cleaned using suitable safe Disinfectants and also as specified by the Superintendent / other officers of the hospital.
17. All OP & Wards & Corridors should be cleaned of cob webs once in a month on fixed days as per cleaning schedule.
18. All Sun shades and roofs should be cleaned once in a week on fixed days as per cleaning schedule.

19. Cleaning of the entire premises (including all vacant space) every day. Ensure that there is no open air defecation, urine, spitting, etc., and to keep pollution free environment
20. Regularly check out the toilets and other washing areas for any taps left open.
21. Collect the waste generated in the bins provided by the Hospital for the purpose and transport the same to the BMWM room of the hospital. Maintain the bins cleanly and keep them always covered.
22. Educate their staff on Bio Medical Waste Management practices to ensure collection, storage and disposal of waste is carried out as prescribed. They should provide necessary help in the segregation of different wastes and in the proper disposal of the same.
23. Have a proper sewage cleaning plan in order to maintain proper functions of sewer system.
24. Clean the drains within the hospital premises regularly and ensure no clogging.
25. Clean and de-silt on a periodic basis the overhead tanks, sumps and septic tanks of the hospital as per cleaning schedule.
26. Ensure scientific chlorination (as per standards) of water in sumps / overhead tanks / wells. This should be supported by a clear plan.
27. Clean all bathrooms, toilets, wash area, wash basin, sinks, etc by using suitable cleaning equipment / chemicals as per schedule. All toilets should be washed with Disinfectants as per cleaning schedule.
28. All toilets should be Acid washed on fixed days and whenever necessary as per schedule.
29. Carry out regular fumigation, spraying insect, pest and rodent repellent measures through approved pest control agency. The provision of pesticides / insecticides to be within the scope of the bidder.
30. The pest rodents control service should be undertaken in a safe and cost effective manner which maximizes the availability of the hospital's resources and reduces the risks in terms of safety, food-

hygiene, infection control, damage to the buildings, loss of clinical service activity etc. from pest infestation. All type of pest and insect control should be done periodically as per standard schedule or norms

31.The service provider must ensure that all insects and rodent control systems should be tamper resistant. It is expected to take up rodent control measures once a month especially along the shafts (electrical, gas supply), ducts and sewer, drainage pipelines etc.

32.The service provider must produce the hospital authority a service report giving a complete overview on pest control activity within the hospital premises during the previous month and mentioning future course of action.

33.The Hospital authority will have the right to inspect the quality of work / type of equipment to be used for rendering the service. The pest control treatment shall be done in the presence and to the satisfaction of the official authorized for this purpose. In addition the service provider should provide emergency pest control advice to the hospital authority whenever needed.

34.The Chemicals/Pesticides used shall be of reputed manufacturer and approved by the Pest Control Association for its effectiveness and safety to human beings in closed and Air-conditioned environment.

3.1.5. TRAINING:

- A.** Staff training and development is a core activity in the sanitation service and a structured approach to training should be developed and controlled by State Level Manager, with direct inputs from Hospital Authority, Nursing Superintendent and other relevant healthcare professionals, as required. Institutions should ensure that training is readily accessible to all staff involved in the provision of the service, and that training levels and technical competency are standardized throughout shift patterns. As a minimum, training must be given in the performance of cleaning tasks, the use of cleaning equipment, control of infection, manual handling, fire, health and safety and site orientation. Where there is a change in cleaning products, materials or equipment, retraining of staff will need to be brought forward and completed before the new products are deployed for the first time. All aspects of

environmental cleaning must be supervised and performed by knowledgeable, trained staff. Regular education and support must be provided by health care organizations and contract agencies to help staff consistently implement appropriate practices. Education should be provided at the initiation of employment as part of the orientation process and as ongoing continuing education

B. Contractor must provide a training program that includes:

- A written curriculum.
- A mechanism for assessing proficiency.
- Documentation of training and proficiency verification.
- Orientation and continuing education.

C. Education provided should include:

- Handling of mops, cloths, cleaning equipment and disinfection of blood and body fluids.
- Handling and application of cleaning agents and disinfectants
- Handling of biomedical waste.
- Techniques for cleaning and disinfection of surfaces and items in the health care environment.

Functional Risk category	Induction Training	Refresher Training/ on the job training frequency
High risk area	24 hours of intensive training on general cleaning and infection control followed by 7 days of supervised duties	Training of four hours every month
Moderate risk area	16 hours of training on general cleaning and infection control followed by 5 days of supervised	Once in every months for 2 hours
Low risk area	8 hours of training on cleaning practices followed by three days of supervised duties	Every six months for 2 hours

D. Induction Training Topics for Housekeeping staff :

1. Orientation.
2. Organization.
3. Job Description—duties & responsibilities
4. Grooming
5. Uniform and protective gear
6. Leave Procedures
7. Cleaning chemical—Use & dilution rate
8. Handling equipment – with demonstration
9. Step by step cleaning procedures for different areas and surfaces (for example)
 - Cleaning of furniture
 - Light fixtures
 - Maintaining upholstery
 - Floor care
 - Glass cleaning
 - Metal polishing
 - Tiles cleaning
 - Elevator cleaning
 - Stair case cleaning
 - Corridor cleaning
 - Dusting
 - Mopping
 - Stain removal
 - Any other areas or surface
10. Reporting repair and maintenance
11. Safety & security
12. Garbage removal
13. Fire safety
14. Penalties for misconduct/ not working

E. Induction Training Topics for Hospital Supervisor

1. Orientation.
2. Organization.
3. Job Description—duties & responsibility
4. Grooming
5. Uniform and protective gear
6. Leave Procedures
7. Cleaning Chemicals
8. Equipment handling
9. Inspection and filling up checklist
10. Reporting repair and maintenance

11. Step by step cleaning procedures
12. Safety and security.
13. Fire training
14. Documentation of records (work done, attendance, leave etc.) and knowledge of computers
15. Garbage removal
16. Penalties for misconduct/ not working.

Training programmes should be evaluated regularly to ensure that they meet the needs of the service and that staff are able to readily assimilate the information provided to them. On-going training should take cognizance of the outcomes of monitoring reports, skill audits or competency reviews by appropriate responsible persons or managers

3.1.6. SUPPLY CHAIN MANAGEMENT:

The agency is expected to procure all the necessary equipments & consumables for the housekeeping, sanitation and security services. Safety devices for the facilities should also be procured and placed in the hospital.

3.1.7 DATA MANAGEMENT:

A. The agency needs to manage the data obtained from the hospitals on a real time basis utilizing special software. The agency needs to provide exclusive facilities (computers with broadband internet connection) for the same at all hospitals.

B. Specific Systems need to be developed for collection of data covering the information like

- i. Stock inventory for consumables and equipments;
- ii. Staff profile with address;
- iii. Staff attendance in shift basis,
- iv. Nature / quality of work carried out every day,
- v. Monitoring services, records of addressing logged grievances;
- vi. Survey / performance / service reports on a daily basis.

C. Data entry needs to be done and sent from the hospital to the web server, which could be accessed at Zonal level & State Head Office. Use of innovative data capturing technologies (eg: SODA software) is encouraged.

D. Data analysis needs to be done by the head office for each centre and shared with the respective heads of the department in the hospitals.

E. Reports to be submitted by the vendor

- i. A daily report of staff on duty in all the shifts.
- ii. A daily report of the status of the equipment and its utilization.
 - iii. A daily report of the chemicals and the consumables used.
- iv. A daily report of the general sanitation from the Officer in charge/Nursing Superintendent or any other officer deputed for the purpose of program.
- v. A centralized complaint reporting and redressal mechanism to be manned by the bidder. The redressal has to be certified by the complainant.
- vi. Any other reporting mechanism as desired by the Hospital.

3.1.8. MONITORING & EVALUATION:

The agency needs to undertake quality monitoring of the entire activities, which should aim at continuous quality improvement.

A. INTERNAL MONITORING:

- i. Daily supervision:** The agency is required to undertake daily supervisory visits, based on a check list.
- ii. Weekly review meeting:** Weekly performance review meeting need to be conducted by the agency. The report of the same should be sent to the hospital authorities for reference.
- iii. Monthly review meetings:** Monthly review meetings need to be conducted in coordination with the hospital authorities. Monthly technical & financial reports need to be sent to the institution by the 10th of the ensuing month as per the form prescribed by the *Authority of FAAMCH*.
- iv.** Set of indicators would be developed for each of the areas. The monitoring of the entire activities would be undertaken based on these set of indicators. Accepted level of compliance in each of the broad areas is given
- v.** Detailed scoring sheets for each component would be finalized in consultation with the *Authority of FAAMCH*. The agency is required to follow the guidelines prescribed by MOHFW, Govt. of India.

B. EVALUATION:

- i. Quarterly assessment:** The agency is required to undertake quarterly assessments on the progress of the activities. This would be supervised by the Superintendent of the hospital.
- ii. Semiannual Experience sharing meetings:** The agency should organize semiannual experience sharing meetings across the five zones. This is aimed at understanding the best practices at various hospitals in a particular zone. The ESRMs would be a good platform for guiding the program activities. Review of the activities along with the performance of the monitoring team would be undertaken during these meetings.
- iii. External evaluation:** The performance of the agency would be externally evaluated by a third party research team and the report would be submitted to the MS.

3.1.9. INDICATORS (OUTPUT, PROCESS & OUTCOME):

The agency would be objectively evaluated based on the following indicators.

A. OUTPUT INDICATORS:

- 1) Staff management
 - % of staff recruited as per contract
 - % of staff provided job description
 - % of staff immunized for hepatitis B & Typhoid
 - No. of staff turnover per month
- 2) Supply chain management
 - % of equipments in working condition
 - % of procurement of consumables based on requirement
 - No. of days of stock out of consumables

B. PROCESS INDICATORS:

- 3) Capacity building
 - % of staff provided induction training
 - % of staff provided patient safety training
 - % of staff provided fire safety training.
- 4) Site supervision
 - No. of departments supervised
 - No. of surprise visits made

- 5) Weekly review
 - No. of weekly review meetings conducted
 - No. of site errors identified
 - No. of site errors rectified
- 6) Monthly review
 - No. of monthly review meetings conducted
 - No. of site errors identified (consolidated)
 - No. of site errors rectified(consolidated)

C. OUTCOME INDICATORS:

- 7) Patient satisfaction indicators (in patient & outpatient)
 - % of people satisfied on cleanliness of the hospital
- 8) Health care providers satisfaction indicators
 - % of HCP satisfied on cleanliness of the hospital
- 9) Infection control indicators
 - No. of surgical site infections
 - No. of Catheter associated UTI
 - No. of Ventilator associated pneumonias
- 10) Demographic improvement indicators
 - % of change in OP statistics
 - % of change in IP statistics

3.1.10. PENALTY CLAUSES:

- 1) The Mechanised cleaning, disposal of biomedical waste and general waste shall be provided 24x7 without any interruption.
- 2) The bidder shall provide the number of staff mentioned in 24x7 shift duty at any given day during the contract period.
- 3) The outsourced workers should be given weekly off by the contractor as per the labor rules of State/ Central Government.
- 4) In case the contractor fails to commence/execute the work as stipulated in the agreement or there is a breach of any terms and conditions of the contract the hospital reserves the right to impose the penalty as detailed below:

Sl. No	Offences	Penalties (In Rupees)
1	Worker not in proper Uniform	50 /- per person/per day
2	Indulging in smoking/drinking/sleeping or any other misconduct during duty hours	500/- with removal of the offender

3	Duty performed by a worker for more than one shift in 24 hours	With Due permission from the Hospital authority, not more than 5% of the total attendance. Penalty of 200/- per instance/per person in case of non-compliance
4	Unsatisfactory performance	Adverse Monthly report: 10,000/- per report
5	<ul style="list-style-type: none"> Deploying lesser no. of machines In case of repair of a house keeping machine, the bidder has to rectify or provide stand-by within 24 hours. 	1000/- per machine per day
6	Short supply of Consumables/Chemicals and any violation	1000/Item/month
7	Absenteeism/Under deployed	1000/- per instance
8	Complaints are not registered or not redressed	500/- per instance
9	Absence of personal protective gears	200/- per person/per day
10	For any other breach, violation or contravention of any terms and conditions	Rupees 5000/- will be imposed per day
11	In case the services remain consistently unsatisfactory for a period of more than 2 weeks in any Hospital	penalty of 5% of monthly payment will be imposed

3.2 TECHNICAL SPECIFICATIONS

3.2.1. OCCUPATIONAL HEALTH AND SAFETY STANDARDS:

A. Occupational health and safety involves two disciplines, which when combined are designed to ensure that people at work are provided with employment that maintains quality health and safety standards.

Objectives

Promotion and maintenance of the highest degree of physical, mental and social wellbeing of workers.

Ensuring working conditions do not adversely affect workers' health.

Protection of workers in the workplace from risks resulting from factors adverse to health.

Ensuring workers are placed in jobs and workplaces suited to their physiological and psychological capabilities.

To sum up, the aim of Occupational Health is, **“The adaptation of work to people and each person to his or her job.**

B. Safety is defined as the condition in which persons are protected from the risks of work injury so far as is practicable in the light of current knowledge, through the control of the working environment, work methods, machinery, plant and equipment, and through measures to influence human factors conducive to accidents. It is the responsibility of all staff to work towards eliminating workplace hazards and risks.

C. All service providers should meet the following:

- 1) **Training:** All staff must receive adequate training to be able to safely perform the role asked from them and Biomedical Waste Management Training.
- 2) **Supply of PPE:** All the health care workers appointed by the agency need to be provided adequate color coded uniforms and personal protective equipments (cap, mask, Industrial gloves, boots, etc.)

Key Personnel	Colour of Over Coat Uniform	Protective Gears
Supervisor	<u>“Olive green”</u>	Wear Cap, Mask, Glove and Shoe during visit to Wards and risk areas
Cleaning and Sanitation Worker	<u>“Sky Blue”</u>	Wear Cap, Mask, thick Glove and Gumboots whenever at work

- 3) **Vaccination:** Appropriate vaccination (esp. Hepatitis B, Tetanus toxoid and Typhoid) to be provided to all the staff placed by the firm/ company.
- 4) **Inspection:** Regular inspections should be conducted by all the managers to ensure that a safe working environment is maintained.
- 5) **Accident Investigation / Reporting:** All accidents / incidents should be reported and investigated to ensure safe work practices are followed and an ongoing proactive approach is taken to ensure safety.
- 6) **Accidental exposure to infectious materials:** In case of any accidental exposure to infectious materials, the contractor needs to ensure that the workers adhere to the post exposure

prophylaxis protocols followed by the institutions at the company's cost.

- 7) **Rehabilitation:** Any staff member injured whilst at work should be afforded the opportunity to return to work as soon as possible under a rehabilitation program to ensure that they can be rehabilitated to pre injury fitness and return to normal duties as soon as possible.

3.2.2. HOUSEKEEPING STANDARDS AND SPECIFICATION

3.2.2.1 Cleaning Process by the staff

The cleaning processes by the staff are as follows:

- 1) Wet / Dry mop for cleaning in the designated areas.
- 2) Wet / Dry Vacuum cleaner for cleaning in the designated areas.
- 3) Use of Wet / Dry Scrubber machine for cleaning in the designated areas.
- 4) Use of Mechanical Sweeper for sweeping in the designated areas.
- 5) Use of Single disk scrubber for cleaning in the designated areas.
- 6) Use of the rubber squeezers to remove excess water from various areas.
- 7) Clean the various surfaces in the estate as per the specifications.
- 8) Clean the various fittings / fixtures in the hospital as per the specifications.
- 9) Clean all the lift cabins as per the specifications.
- 10) Clean the basement / parking areas.
- 11) Clean the Mechanical Electrical areas (premises only) in the presence of respective operators. No equipment should be touched for any reason. These premises are to be cleaned only in the presence of the M & E area operator or supervisor.
- 12) High dusting of corners, ledges, ceiling fixtures and so on will be performed on a needed basis, not less frequently than every 60 days.
- 13) Empty and clean the trash receptacles in the common areas.
- 14) Clean and stock all the common toilets in the building.
- 15) Sweep the staircases, landings and other related areas.
- 16) Clean the various signages of the common areas.

- 17) All common area walls, doors and windows (exterior) are to be cleared off from all easily removable stains, smudges and hand marks. Any such marks, which cannot be removed easily without affecting the surface or existing paint, should be brought to the notice of the Supervisor.
- 18) General floor areas should be polished for scraps of paper, cigarette butts, and so on.
- 19) Any condition of the building requiring repair or attention should be brought to the notice of the Supervisor as soon as possible.
- 20) The staff should be alert and observe any discrepancies in the fittings, fixtures and other such items in the designated areas. Any such discrepancy should be reported to their supervisor promptly.
- 21) Report any lights failure to the Supervisors.
- 22) At least once per shift, the staff will polish their particular area, picking-up cigarette butts, papers, leaves and any other debris, sweeping up the standing water and leaving the area in a neat, orderly condition. Any discrepancies or clean-up required beyond normal polishing will be reported to the Supervisor immediately.
- 23) The supervisor should be notified when restroom supplies and light inventories need reordering.
- 24) Scour, wash and clean all basins, bowls and urinals, including tile walls and partitions near urinals. Special attention should be paid in inspecting and cleaning areas of difficult access, such as the underside of toilet bowl rings and urinals, to prevent building up of calcium and iron oxide deposits. Wash both sides of all toilet seats and wipe dry.

Toilet seats are to be left in an upright position.

3.2.2.2. Method Statement of Basic Housekeeping Process:

Activity	Process
Spot cleaning	Dip a sponge into the appropriate Solution which is mild and give a gentle wipe on the spots of the surface. The wiping should be done horizontally first and then vertically. Keep repeating the process till the spots disappear.

Damp cleaning	Give a complete dry mop to the surface and make sure that there are no solid dust particles. Then the mop has to be dipped in mild R2 solution or clean water and it has to be squeezed to avoid water flooding. It should then be run on the surface to one half of the part first and then the other half of the entire area.
Dry Mopping	The aim of dry mopping is to control the dust, so the mop should be handled in a straight position by the left hand near the handle and it has to be run in one direction, that is, forward, and then backward after covering some distance.
Scrubbing	Initially the entire surface should be given a complete dry mopping such that there are no solid dust particles. Then the diluted R2 solution has to be used with a scrubbing machine having a red pad (in case of hard surfaces brushes shall be used). The water has to be sprinkled initially and the scrubbing is done parallelly, at the end of the process the water has to be squeezed out by using vacuumisers. A complete dry mopping has to be given after that.
Buffing	This is the next process for scrubbing and it is preferable to use white pads to make the surface shining and glossy.
Vacuuming	Vacuuming should be done for both hard and soft surfaces. The floor tool has to be adjusted to keep out the brush and the vacuuming should not be done as some big solid particles are there.
Shampooing	Stain Removers shall be used to remove small stains on the carpet, the foam is generated by the machine and it has to be run in a circular motion, in case of deep stains good concentrated stain removers shall be used and a complete vacuuming has to be done after the process. The carpet should be allowed to dry naturally.

3.2.2.3. Categorization of hospital areas:

Very High Risk Functional Areas: (RED)

Operating theatre (OT) – Major & minor, Intensive Care Units(ICU), Burn Units, Neonatal ICU, Cardiac ICU, CATH lab , Labour & Delivery Rooms, Casualty, Isolation wards & attached internal areas like bathrooms / toilets

High Risk Functional Areas: (YELLOW)

Inpatient Units (Inpatient Units include medical, surgical, pediatric, maternity/nursery, neurology, and palliative wards), Sterile Processing , Radiation Treatment Areas, Chemotherapy, Renal

Dialysis
Main lobbies, public entrances (Include up to twenty feet radius extending from exterior doorways), cafeterias, elevators, main staircase, kitchen, waiting areas, children’s play areas
Moderate Risk Functional (GREEN)
Rehabilitation Areas, Psychiatric Units, Laboratories, Mortuary, Diagnostic Imaging, Pharmacies,
Outpatient Clinics, Special Treatment Areas (ortho, etc), Nurses/ Doctors rest rooms
Low Risk Functional Areas (BLUE)
Laundry\Linen areas, Offices, Staff Locker Areas, Central Stores, Receiving & Distribution Areas, Libraries, Meeting Rooms, Medical Records room .
Very Low Risk (GREY)
Telephone rooms, electrical, mechanical, External surroundings

3.2.2.4. Cleaning Schedule:

		Abbreviation:			
Very High Risk Area	VHRA	Constant		C	
High Risk Area	HRA	Twice Daily		T D	
Moderate Risk Area	MRA	Daily		D	
Low Risk Area	LWA	Periodically		P	
Very Low Risk Area	VLRA	Periodically		P	

Sl. No	Cleaning Element	VHRA			HRA			MRA			LRA			VLRA		
		D	W	M	D	W	M	D	W	M	D	W	M	D	W	M
1	DOORS	No. of Times			No. of Times			No. of Times			No. of Times			No. of Times		
	Definition - All types of doors (including door grilles, overhead doors), sills, surrounding frames, door glass, door closers and hardware, and moldings)															
	Cleaning -Blood Stain, spillages, Cobwebs, Dust, Graffiti and Damp Cleaning.															
	Frequency of cleaning	4	0	0	4	0	0	2	0	0	2	0	0	2	0	0
	Mass cleaning with Vacuum and Soap Water	0	1	4	0	1	4	0	1	4	0	1	4	0	1	4
2	WALLS	D	W	M	D	W	M	D	W	M	D	W	M	D	W	M
	Definition - All types of walls including room dividers, low partition walls, cubicle walls.															
	Cleaning -Blood Stain, Spillages, Tapes, Cobwebs, Dust, Graffiti , Feces/Urine, Scuff marks, Soiled, Spot clean and Wash.															
	Frequency of cleaning	4	0	0	4	0	0	2	0	0	2	0	0	2	0	0
	Mass cleaning with Vacuum	0	1	4	0	1	4	0	1	4	0	1	4	0	1	4
3	CEILINGS	D	W	M	D	W	M	D	W	M	D	W	M	D	W	M
	Definition - All types of ceilings															

Cleaning - Blood Spill, Cobwebs, Dust, Soiled, Strings or Wire and Vacuum Cleaning																	
Frequency of cleaning		1	0	0	1	0	0	1	0	0	1	0	0	1	0	0	
Mass cleaning with Vacuum		0	1	4	0	1	4	0	1	4	0	1	4	0	1	4	
4	VENTS	D	W	M	D	W	M	D	W	M	D	W	M	D	W	M	
	Definition - All types of air vents and exhausts																
	Cleaning: Blood spill, Cobwebs, Dust, Soiled, Strings or Wire and Vacuum Cleaning																
	Frequency of cleaning		4	0	0	4	0	0	2	0	0	2	0	0	2	0	0
Mass cleaning with Vacuum		0	1	4	0	1	4	0	1	4	0	1	4	0	1	4	
5	HARD FLOORING	D	W	M	D	W	M	D	W	M	D	W	M	D	W	M	
	Definition - All types of hard flooring including stairs, stair handle																
	Cleaning: Blood Spill, Soiled, Spillages, Scuff marks, Feces/Urine, Pick up of rubbish, Damp Mopping, Scrubbing, Buffing, Dry Mopping, House Clean.																
	Frequency of cleaning																
	Damp cleaning		4	0	0	4	0	0	2	0	0	2	0	0	2	0	0
	Sweeping		C	0	0	C	0	0	C	0	0	4	0	0	2	0	0
	Pick up of rubbish		C	0	0	C	0	0	C	0	0	C	0	0	C	0	0
Mass cleaning with High Jet Water Washing		0	3	6	0	3	6	0	3	6	0	3	6	0	3	6	
6	INTERIOR WINDOW / GLASS	D	W	M	D	W	M	D	W	M	D	W	M	D	W	M	
	Definition - All types of windows, glass, including frames, hardware, sills																
	Cleaning: Blood stain, Spillages, Tapes, Cobwebs, Dust, Graffiti and Wash.																
	Frequency of cleaning		4	0	0	4	0	0	2	0	0	2	0	0	2	0	0
Mass Cleaning with soap water		0	2	6	0	2	6	0	2	6	0	2	4	0	2	4	
7	WINDOW COVERING	D	W	M	D	W	M	D	W	M	D	W	M	D	W	M	
	Definition – All types of window coverings (curtains, vertical and horizontal blinds, etc.)																
	Cleaning: Cobwebs, Dust, Stains, Soiled, Strings or Wire and Vacuum Cleaning.																
	Frequency of cleaning		2	0	0	2	0	0	2	0	0	1	0	0	1	0	0
Mass cleaning with Vacuum Cleaner		0	3	6	0	3	6	0	2	4	0	1	4	0	1	4	
8	CUBICLE CURTAIN	D	W	M	D	W	M	D	W	M	D	W	M	D	W	M	
	Definition – All types of cubicle curtains																
	Cleaning: Blood, Dust, Feces/Urine, Soiled and Vacuum cleaning.																
	Frequency of cleaning		2	0	0	2	0	0	1	0	0	1	0	0	1	0	0
Mass cleaning with Vacuum Cleaner		0	1	4	0	1	4	0	1	4	0	1	4	0	1	4	
9	COTS	D	W	M	D	W	M	D	W	M	D	W	M	D	W	M	
	Definition – All types of patient cots																
	Cleaning: Blood, Cobwebs, Debris, Dust, Feces/Urine, Soiled and Strings or Wire.																
Frequency of cleaning		6	0	0	4	0	0	4	0	0	1	0	0	1	0	0	
10	MATTRESS & RUGS	D	W	M	D	W	M	D	W	M	D	W	M	D	W	M	
	Definition – All types of mattress																
	Cleaning: Blood, Dust, Feces/Urine, Soiled, Spot removal,																

	Frequency of cleaning	6	0	0	4	0	0	4	0	0	1	0	0	1	0	0
11	LINEN	D	W	M	D	W	M	D	W	M	D	W	M	D	W	M
	Definition – All types of patient related linen															
	Cleaning: Blood, Debris, Dust, Feces/Urine and Soiled.															
	Frequency of cleaning	6	0	0	4	0	0	4	0	0	1	0	0	1	0	0
12	EXAMINATION TABLES	D	W	M	D	W	M	D	W	M	D	W	M	D	W	M
	Definition – All types of operating room tables, examination tables															
	Cleaning: Blood, Cobwebs, Debris, Dust, Dust balls, Feces/Urine, Soiled and Strings or Wire.															
	Frequency of cleaning	6	0	0	4	0	0	4	0	0	1	0	0	0	0	0
	Mass Cleaning with soap water	0	1	4	0	1	4	0	1	4	0	1	4	0	0	0
13	STRETCHERS	D	W	M	D	W	M	D	W	M	D	W	M	D	W	M
	Definition – All types of stretchers															
	Cleaning: Blood, Cobwebs, Dust, Debris, Feces/Urine, Soiled and Strings or Wire															
	Frequency of cleaning	6	0	0	4	0	0	4	0	0	1	0	0	0	0	0
	Mass cleaning with soap water	0	2	8	0	2	8	0	1	4	0	1	4	0	0	0
14	PATIENT EQUIPMENT	D	W	M	D	W	M	D	W	M	D	W	M	D	W	M
	Definition - All types of patient equipment including wall mounted equipment															
	Cleaning: Water cans, Commode, Bed Pans, Urinals, Sputum Cup, Inhaler, Intravenous Stand, Suction apparatus, BP apparatus, Patient diagnostic monitors, Lifts/Traction Bars, Bedside Tables, Wheel Chairs, Weighing Machine, Call bells, Bed side alcohol container, Case Sheet Boards, Linen Trolley, Lotion Stand (alcohol dispenser), Lotion Stand (Liquid Soap Dispenser) and Mirror.															
	Frequency of cleaning	6	0	0	6	0	0	4	0	0	2	0	0	2	0	0
	Mass cleaning with soap water	0	3	8	0	3	8	0	1	4	0	1	4	0	1	4
15	FURNISHING / FIXTURES	D	W	M	D	W	M	D	W	M	D	W	M	D	W	M
	Definition - All types of furnishings and fixtures															
	Cleaning : Chairs, Stools, Computer Monitors, Cabinets, Lockers, Desks/Work Stations, Counters, Filing Cabinets, Patient Closets, Medication Carts, Appliances /Ceiling, Wall, Floor, and desk fans, Dining Room Tables, Cupboards, Television Stands/Brackets, Black/ White Boards/Pictures/Wall hanging, Bulletin Boards, Telephones.C133.															
	Frequency of cleaning	4	0	0	4	0	0	2	0	0	2	0	0	2	0	0
	Mass cleaning with soap water	0	1	4	0	1	4	0	1	4	0	1	4	0	1	4
16	SOFT FURNITURE FITTINGS	D	W	M	D	W	M	D	W	M	D	W	M	D	W	M
	Cleaning: Vacuum Fabric Surfaces, Shampooing, Spot Clean Fabric.															
	Frequency of cleaning	2	0	0	2	0	0	1	0	0	1	0	0	1	0	0
	Mass cleaning with Vacuum and Shampooing	0	3	8	0	3	8	0	2	6	0	2	6	0	2	6
17	LIGHT, FANS AND FIXTURES	D	W	M	D	W	M	D	W	M	D	W	M	D	W	M
	Definition - All types of light fixtures including pull cords.															
	Cleaning: Cobwebs, Dust, Soiled, Strings or Wire															
	Frequency of cleaning	1	0	0	1	0	0	1	0	0	0	0	0	0	0	0
	Mass cleaning with Vacuum Cleaner	0	2	8	0	2	8	0	2	6	0	2	6	0	2	6
18	HIGH DUSTING	D	W	M	D	W	M	D	W	M	D	W	M	D	W	M

	Definition - Horizontal surfaces above five feet															
	No. of cleaning times	1	0	0	1	0	0	1	0	0	1	0	0	1	0	0
	Mass cleaning with Vacuum Cleaner	0	2	8	0	2	8	0	2	8	0	2	8	0	2	8
19	SINK	D	W	M	D	W	M	D	W	M	D	W	M	D	W	M
	Definition - All types of sinks (outside toilets)															
	Cleaning: Blood, Cobwebs, Dust, Mineral Deposits, Soiled, Fluid Buildup, Clean Splash backs, Removal Residue, Removal Spots, Tissue Papers.															
	Frequency of cleaning	C	0	0	C	0	0	6	0	0	4	0	0	4	0	0
	Mass cleaning with machine	0	2	8	0	2	8	0	2	8	0	2	8	0	2	8
20	WASH BASINS	D	W	M	D	W	M	D	W	M	D	W	M	D	W	M
	Cleaning: Picking up and waste removal, Clean basin and Fixture units, Clean Splash backs, Clean Mirrors, Clean and Replenish Dispensers (if any) and Replenish Hand Towels.															
	Frequency of cleaning	C	0	0	C	0	0	6	0	0	4	0	0	4	0	0
		Mass cleaning with hose pipe	0	2	8	0	2	8	0	2	8	0	2	8	0	2
21	TOILET\URINALS	D	W	M	D	W	M	D	W	M	D	W	M	D	W	M
	Definition - All types of toilets (including raised seats), urinals															
	Cleaning: Blood, Cobwebs, Dust, Mineral Deposits, Soiled, Fluid Buildup, Clean toilet bowl and eat, Clean Urinals and fittings, Clean Vents/Fans, Wash Walls and Doors and High Dusting and supply of tissue paper.															
	Frequency of cleaning	12	0	0	12	0	0	8	0	0	8	0	0	6	0	0
	Mass cleaning with High Jet Water Washing	0	4	16	0	4	16	0	2	8	0	2	8	0	1	4
22	BATHROOMS	D	W	M	D	W	M	D	W	M	D	W	M	D	W	M
	Cleaning: Picking up and Waste Removal, Wash Bath, Fixtures and Fittings, Spot clean Walls, Clean Mats, Clean Vents/Fans and High Dusting.															
	No. of cleaning times	12	0	0	12	0	0	8	0	0	8	0	0	8	0	0
	Mass cleaning with hose pipe	0	4	16	0	4	16	0	2	8	0	2	8	0	2	8
23	PANTRY	D	W	M	D	W	M	D	W	M	D	W	M	D	W	M
	Cleaning: Picking up and Waste Removal, Dust, Soiled, Strings & Wire															
	Frequency of cleaning	0	0	0	3	0	0	0	0	0	0	0	0	0	0	0
	Mass cleaning with hose pipe and Vacuum cleaner	0	0	0	0	2	8	0	0	0	0	0	0	0	0	0
24	Bio medical waste management	D	W	M	D	W	M	D	W	M	D	W	M	D	W	M
	Definition - All types of infectious and general waste segregation, transport & disposal.															
	Cleaning: Blood, Dust, Removal Residue, Removable Spots and Soiled bins.															
	Frequency of cleaning	8	0	0	8	0	0	6	0	0	6	0	0	0	0	0
	Mass cleaning of bins with soap water	0	3	12	0	3	12	0	2	8	0	2	8	0	2	8

3.2.3. INFECTION CONTROL STANDARDS AND SPECIFICATIONS:

- A. It is very essential for us to implement infection cleaning control practices and procedures that incorporate standard (universal) precautions.

B. Standard (universal) precautions involve the use of protective barriers and practices to protect patients and staff from parental, mucosal and nonintact skin exposure to blood and body substances, and to minimize the transmission of blood-borne pathogens.

3.2.3.1. Non-clinical aspects of infection control:

A. Equipment such as clothes, mops and mechanical washing devices should be clean, in working order and they should be stored dry between uses. Clothes and mop heads should be laundered each day. Preference should be given to detachable mop heads.

- 1) A neutral detergent is recommended for general cleaning.
- 2) Disinfectants are not recommended for general cleaning.
- 3) Work surfaces should be cleaned regularly. Surfaces should be cleaned immediately when soiling or spills occur, or when visibly soiled.
- 4) Terminal cleaning of walls, blinds and curtains is not recommended, unless they are visibly soiled. Regular cleaning should be undertaken as a good housekeeping measure.
- 5) Disinfectant fogging should not be used.
- 6) Curtains should be changed on a regular basis and whenever necessary.

3.2.3.2. Basic Cleaning Techniques:

A. The minimum components are to include the following:

- 1) Correct use of cleaning compounds
- 2) Correct use of cleaning accessories
- 3) Correct use of cleaning machinery
- 4) Waste management
- 5) Dust control
- 6) Carpet care and cleaning
- 7) Hard floor surface care and cleaning
- 8) Toilet / bathroom cleaning
- 9) Isolation area cleaning
- 10) Wall / ceiling.
- 11) Bed cleaning and patient tidy techniques
- 12) Hygiene

13) Infection control

3.2.3.3. Guidelines for cleaning of operation theaters:

A. A patient's surgical outcome is influenced by the creation and maintenance of the safe and clean environment, efficient housekeeping practice is conducive to the minimization of the microbial risks for patients and operating suite personnel. Thus, the following standards are set up by keeping this as an objective and that favors Medical Institution to produce excellent surgical outcomes.

B. The cleaning activity includes:

- 1) Cleaning the operation theatre after each patient's surgery
- 2) End of day cleaning
- 3) Routine environmental cleaning
- 4) Maintenance of equipment, floors, offices, ancillary rooms, vents.
- 5) Recommended cleaning agents, strengths and diluents
- 6) Cleaning material / equipment
- 7) Disposal of sharp and toxic and hazardous wastes

C. The cleaning standards are aimed at reducing microbiological risks and occupational injury.

The standards of cleaning practice include:

- 1) Confinement and decontamination of spillage of blood and body substances.
- 2) Disposal of contaminated fluids and cleaning receptacles
- 3) Decontamination of instruments and equipment
- 4) Cleaning of specialized equipment, for example diathermy, air powered tools, endoscopes
- 5) Cleaning of positioning equipment
- 6) Cleaning of patient's immediate environment
- 7) Wearing and using protective apparel and equipment

3.2.3.4. Environmental Cleaning:

- 1) Specific areas within the operating suite may contain specialized surfaces or equipment, which may require individualized cleaning agents and methods.
- 2) It is important that the cleaning staff is educated to recognize individual area differences and to appreciate areas where sterile conditions apply.
- 3) All blood and body substances are potentially infective and standard precautions are taken when handling any potentially infective material. Cleaning staff wear protective apparel, such as gloves, glasses, aprons, and masks, as necessary for the specific substance.
- 4) Spillage of blood or body substances should be confined and contained until decontamination can occur. Decontamination should be attended to as soon as practically possible.
- 5) Warm or cold water should be used with the appropriate product according to the manufacturer's instructions.
- 6) The use of hot or boiling water for cleaning may cause coagulation of body substances, and the coagulum may protect micro-organisms from destruction.
- 7) Cleaning solutions are freshly prepared and discarded as soon as the specific cleaning is completed. Disposable cloths for cleaning are recommended and should be discarded immediately following use.
- 8) Housekeeping measures should include the control of entry of potential contaminants.
- 9) Routine cleaning of air-conditioning vents, damp dusting of horizontal surfaces and regular maintenance of equipment should control airborne contaminants.
- 10) Occupational health and safety policies should be considered when determining cleaning methods and materials. Potentially toxic solutions should be reduced as much as practicably possible.
- 11) The electrical cleaning equipment complies with the relevant Indian Medical Standards; it is maintained regularly and undergoes routine safety checks.

12) The use of neutral detergent and water should be encouraged for all non-specific environmental cleaning provided that the following criteria are met:

- i. The detergent is approved by the Department of Microbiology / Pharmacy with regard to preparation, efficacy, storage and self life, and complies with relevant Indian Medical Standards.
- ii. The detergent is effective in the specific environment.
- iii. The detergent is compatible with other agents / materials / equipment which are used in the cleaning process in the specific environment.

13) ***The recommended cleaning schedule should include the following precautions:***

- i. Immediately prior to the commencement of an operative procedure the environment should be visually inspected for cleanliness and appropriate action should be taken if necessary.
- ii. Spot cleaning of blood and body substances should be undertaken as soon as practicable with an effective decontaminant, complying with relevant standards.
- iii. Cleaning after each patient should include spot cleaning of contaminated furniture, equipment, floors and walls.
- iv. Electro Medical Equipment is extremely sensitive and may require individualized cleaning methods; cleaning agents; supervision or training of cleaning staff. The use of chemicals or water may lead to damage and/or cause malfunction.
- v. Manufacturers and suppliers should be encouraged to provide written instructions relating to care, cleaning and maintenance of equipment supplied. Compliance with manufacturer's instructions is recommended.
- vi. At the conclusion of the day's operative schedule, operating rooms, anesthetic rooms, scrub / utility areas, recovery rooms and corridors, furnishings, fixtures, fittings, floors and face plates of vents should be cleaned. These areas should include the following.

3.2.4. CLEANING CHEMICALS AND EQUIPMENTS STANDARDS AND SPECIFICATIONS:

A. A wide range of soils, including microbial soils, requires the use of “chemicals” to facilitate removal. Chemicals commonly used for hospital cleaning shall be grouped into the following categories:

- 1) **Neutral Detergents:** Neutral detergents should be used for general cleaning of hard surfaces, such as floors, walls, furniture and glass. Neutral detergents are those with a PH of 6-8.
- 2) **Acid Cleaners:** Acid cleaners should be used for removing lime scale from sanitary ware, and water stains and scale from toilets. Acid cleaners are those with a PH of less than 6.
- 3) **Alkaline Cleaners:** Alkaline cleaners should be used for the removal of grease. Alkaline Cleaners are those with a PH between 9-11. Any Alkaline Cleaner with a PH higher than 11 should be used only under strict supervision, as they are dangerous substances.
- 4) **Solvent Cleaners:** Solvent cleaners should be used for dry cleaning and stain removal.
- 5) **Disinfectants:** Disinfectants are only to be used to disinfect and are not to be used as a general cleaning chemical, however, the cleaning of bodily fluids could require the use of a sodium hypochlorite solution.
- 6) **Deodorants:** Deodorants should be used as an odor suppressant only and they have no cleaning or disinfection capabilities.
- 7) **Floor Polish:** Polish should be applied to the floor surfaces for protection and prolonged floor life.

B. All chemicals should be appropriately labeled and stored in a manner that eliminates risk of contamination, inhalation, skin contact or personal injury. Preference should be given to dispensing systems in place of bulk containers to ensure integrity of dilution ratios and to eliminate the need for decanting.

C. *The following precautions should be taken:*

- 1) Risk of cleaning staff using hazardous chemicals are required to be minimized by employing a structured program of risk management.

- 2) Staff, patients and users of the facility should be protected against hazardous chemicals and unsafe work practices.
- 3) Hazard warnings shall include multilingual signs together with appropriate information regarding remedial action. Signage shall be clear and concise and written in an easily understood manner.
- 4) Material Safety Data Sheets (MSDS) are required for all cleaning chemicals in current use, and shall be easily available for reference in case of accidents.
- 5) Cleaning chemicals shall be appropriately labeled identifying, product, safety precautions and hazard information, correct dilution and method of application.
- 6) Applications of cleaning chemicals by aerosol packs or trigger sprays may cause eye injuries, induce or compound respiratory problems or illness and should be avoided wherever possible.
- 7) Powdered chemicals applied in a dry form by shaking containers should be avoided for the same reason as they to become airborne during the application process.
- 8) Personal Protective Equipment (PPE) should be provided for all cleaning personnel, and replaced when defective.

D.A regular inspection program by supervisory staff to monitor chemical safety should include the following criteria:

- 1) Correct labeling / signage
- 2) Correct handling / application
- 3) Wearing of PPE and replacement requirements
- 4) Update of MSDS
- 5) Security

3.2.5. PEST CONTROL STANDARDS AND SPECIFICATIONS:

A. The main objective is to provide a reactive and programmed pest control service in the F.A.A. Medical College Hospital.

- 1) Provide the Technically and fully operational Pest Control Service to the hospital. The service covers the areas in and around all the blocks including the basement floors.

2) Ensure that effective and economic pest control measures are implemented and that they are in accordance with the Hospital's patient care service.

B. The service provider shall provide, manage and operate a comprehensive system of pest control management in accordance with the current industrial standards and the provisions of this service level specification.

The type of pests historically experienced by the hospital in the past few years includes the following:

- | | |
|---------------------------|-----------------|
| 1. Flies | 8. Snakes |
| 2. Millipedes | 9. Bed bugs |
| 3. Stored product insects | 10. Mites |
| 4. Centipedes | 11. Crickets |
| 5. Mosquitoes | 12. Cockroaches |
| 6. Wasps | 13. Ants |
| 7. Fleas | 14. Bees |

Rodents:

1. Rattusnorvegicus (common brown rats)
2. Rattusrattus (common black rats)
3. Musdomesticus (common mouse)
4. Squirrels

Birds:

1. Pigeons
2. Crows
3. Sparrows

Stray animals:

1. Cats
2. Dogs
3. Pigs
4. Cows

C. The service provider should provide a comprehensive, preventive, reactive (requested) and on-call (out of hours) service arrangements, using personnel who are fully trained, qualified and are able to provide high quality professional and practical advice. It is the responsibility of the service provider to possess two planned preventive site assessments during the night time, one in winter and the other in summer season once a year with complete documentation of the same and a copy of which must be produced to the hospital authority. In addition the service provider should provide emergency pest control advice to the hospital authority whenever needed.

- D.** The service provider is liable to provide on-call emergency service in and outside normal working hours for dealing with non-routine, urgent and emergency requests. If required the service provider should be available at the site to take suitable actions (if needed). And the hospital authority holds no responsibility for the travel / accommodation / food expenses to any of the team members on their visits to the premises.
- E.** The pest control service should be undertaken in a safe and cost-effective manner which maximizes the availability of the hospital's resources and reduces the risks in terms of safety, food-hygiene, infection control, damage to the buildings, loss of clinical service activity etc. from pest infestation.
- F.** The service provider must ensure a safe and efficient method of catching, destroying and safely disposing the pests (adopting safe and human procedures).
- G.** The service provider must ensure that all insects and rodent control systems should be tamper resistant. The major problem in this hospital is the problems due to rodents especially the rats so the service provider is expected to formulate efficient way of getting rid of this problem at its source and is expected to take up rodent control measures thrice a quarter especially along the shafts (electrical, gas supply), ducts and sewage, drainage pipelines etc.
- H.** The Service providers are expected to provide rodent control at least twice in a year, mosquitoes / bees / wasps / bugs should be controlled on a routine basis and the animals like cat, dogs etc. shall be controlled on yearly basis.
- I.** The service provider is expected to use chemical treatments only with the hospital's consent and when other forms of prevention are ineffective in controlling the pests. The service provider must ensure that the use of chemicals and pesticides are strictly controlled and monitored and fully in comply with Indian Standards. Records of their use must be available for inspection by the hospital authority and other authorized signatories of the hospital. If the service provider wishes to use any other form of chemical product which has not been formally authorized by the hospital authority in writing, he / she must obtain a written authorization from the hospital authorities prior to use. In any case the service provider should ensure that no chemicals that may come into contact with patients / visitors directly or indirectly shall be used.

J. The service provider must produce in front of the hospital authority, on an agreed date of each month, a service report giving a complete overview on pest control activity within the hospital premises during the previous month and mentioning future course of action. The service provider has to submit the following information to the hospital authority:

- 1) A signed, dated report detailing the locations and areas inspected and treated with the product name and the chemical composition of the pesticide used with its commercial name.
- 2) Number, type and location of infestations reported.
- 3) Any evidence of any pest and any knowledge of infestation associated with the neighbouring premises which may affect the hospital.
- 4) Recommend preventive measures to minimize re-infestation.

K. The Chemicals/Pesticides used shall be of reputed manufacturer and approved by the Pest Control Association for its effectiveness and safety to human beings in closed and Air-conditioned environment.

3.2.6. MATERIALS / EQUIPMENT

Materials and equipment other than Material / Electrical items such as mops, buckets, cloths and other similar items are defined as consumables.

3.2.6.1. Color Coding:

A. For the purposes of infection and bacterial control the identification of cleaning equipment utilized in the different areas of a health facility is considered essential.

B. Clear identification, by color coding, of the various items of cleaning equipment is considered the most effective method of restricting equipment to individual areas of Hospitals.

C. *It is essential to implement the following color coding standards:*

- 1) Infectious / Isolation Areas –**YELLOW**
- 2) Toilets / Bathrooms/Dirty Utility Rooms –**RED**
- 3) Food Service / Preparation Areas –**GREEN**
- 4) General Cleaning –**BLUE**
- 5) Operating Theatres – **WHITE**

All items of equipment used in these mentioned areas are to be color coded as indicated.

3.2.6.2. List of Equipments, consumables and durables to be used:

A. Equipment

Wet /Dry Vacuum Cleaner	Floor scrubbing Machine
Back pack vaccum Machine	Glass Cleaning Kit
Telescopic Pole	Bucket Trolley
Safety Signage	High Pressure Cleaner
Heavy Duty Scrubbing / Buffing Machine	Ladder (24ft and 12ft)
Manual Sweeper	

B. Consumables

Floor Duster	Urinal Cubes	Floor cleaning liquid /Phenyl (make Bengal chemicals)
White dusters	Naphthalene balls	Brooms (Hard and Soft with long and short handles)
Yellow dusters	Colin / R2 from Taski	Brasso
Room Fresheners	Sponges	Liquid toilet cleaner /R6 from Taski/Harpic
Air Fresheners	Multipurpose cleaner	Plastic Scrubber
Cleanse	Disinfectant liquid (white colored)/ good quality phenyl/cinefresh	Red Pad
Floor/dish cleaner	Floor/dish cleaner	White pad
Floor Polish	Floor Polish	Drain openers (large and small)
Acid	Acid	Dettol/ lysol
Feather duster	Feather duster	Scrubbing Brush Hard
Scotch Brite	Nylon scrubber	Black Brush
		Blue Dry Mop

C. Durables

Toilet Brush	Dustpan	Spray bottles
Glass Wiper	Vacuum pump	Kentucky Mop
Floor wiper/Rubber Squeeze	Dust Control mop	Buckets (small and large)

- 1) Machinery is defined as Mechanical / Electrical items, such as vacuum cleaners, polishers, scrubbers, steam cleaners and carpet extractors.

- 2) The correct selection of machinery is the result of a comprehensive evaluation using the same criteria as for chemicals, materials / equipment. The cost and availability of spare parts should also be taken into account when selecting machinery.
- 3) Evaluation should cover the true cost and productivity achievable, where possible machinery should be given extensive trial periods to satisfy that it meets the needs of the task to be performed. The correct equipment will bring a reduction in the amount of physical effort on behalf of the operator.

PART IV

ANNEXURE

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4.1. MEMORANDUM

Brief Statement of Work

The Service Providers are required to provide a solution for the Cleaning Services at F.A.A. Medical College Hospital, Barpeta towards various services like Cleaning, Sanitation, Bio Medical Waste Management as indicated in the detailed work description of the Service Level Specifications and complying with the minimum Key Performance Indicators of the Service Level Agreement incorporated in this RFP document. The Service Providers shall be responsible for a Single Point Contact for the service towards all administrative and maintenance issues of the entire Hospital Premises.

Period of Contract

The Contract Period shall commence latest from the 15th day of issuance of the Letter of Intent by The Member Secretary, Hospital Management Society and the period of contract shall be for 3 years from the date of commencement renewable according to the performance of the previous years.

Acceptance Confirmation

Name of the person having Power of Attorney to sign the contract (Certified true copy of the power of attorney shall be attached)

Designation: _____

Yours faithfully,

Signature of the Service Providers with Company Seal

Witnesses:

1. Signature: _____

Occupation: _____

Address:

2. Signature: _____

Occupation: _____

Address:

Authorized Signatory: _____

4.2. CONTRACT FORM

This Agreement made the _____ day of _____ 20____ between The Superintendent, FAAMCH (here in after “The **Purchaser**”) of one part and _____ (Name of the Service Provider / Contractor) of _____ (City of the Service Provider) (here in after “**The Contractor**”) of the other part.

Where, as the Purchaser is desirous that certain services should be provided by the Service Provider / Contractor and his Consortium Members, viz., **Housekeeping / Cleaning services** and _____ has accepted a bid by the Service Provider / Contractor and his consortium members for the supply of those services in the sum of _____ (Contract Price in words & figures).

Now this Agreement Witnesseth as follows:

1. In this Agreement words and expressions shall have the same meanings as are respectively assigned to them in the General Conditions of Contract referred to.
2. The following documents shall be deemed to form and be read and constructed as part of this Agreement, viz.
 - The Bid / Tender Form and Price Schedule submitted by the Bidder
 - The Schedule of Requirements
 - The Technical Specifications of all Services
 - The General Conditions & Special Conditions of Contract
 - The Letter of Intent (LOI).
3. In consideration of the payments to be made by the *Authority of FAAMCH* to the Service Provider / Contractor as hereinafter mentioned, the Service Provider hereby covenants with the *Authority of FAAMCH* to provide the services and to remedy defects there in conformity in all respects with the provisions of contract.
4. The *Authority of FAAMCH* hereby covenants to pay the Service Provider in consideration of the provision of services, Performance and the remedying of defects there in , the Contract Price or such other sum as may become payable under the provisions of the contract at the times and in the manner prescribed by the contract.

Brief particulars of the Services, which shall be Supported & Provided by the Service Provider / Contractor for the specific services being supplied by them, are:

Sl No	Description of Services	Monthly Cost	Annual Cost	Taxes Payable
1	Housekeeping / Cleaning			
3	Management Fees			
	Total			

In witness whereof the parties here to have caused this Agreement to be executed in accordance with their respective laws the day and year first above written.

Signed, sealed and Delivered by the

Said _____ (For Purchaser) in the presence of _____

Signed, sealed and Delivered by the

Said _____ (For Service Provider / Contractor) in the presence of _____

4.3. Letter of Undertaking / Declaration

(On the Letterhead of the bidder)

We, M/s _____ hereinafter called as "Bidder" complete address_ _____

Hereby declare in favor of the Superintendent, F.A.A. Medical College Hospital, Barpeta hereinafter called as "Tendering Authority" and agree to abide by the following:

1. We are attaching the company constitution details.
2. Certificate of satisfactory Facility Management Service performed has been enclosed.

3. We have a Facility Management service set up in several of the following sites with the site organization chart annexed along with details of Educational Qualification of all personnel with their job description.

4. The annual turnover of our firm is as follows:

2014-15	2015-2016	2016-2017	Total (in crores): INR

5. We will ensure that the minimum service level for each service shall be achieved.

6. We agree to coordinate with the Annual Maintenance contracts.

7. We ensure 100% satisfactory service to all key customers.

8. We will remain as a single shop supply for all the services sought for.

9. We will try to reduce the burden of the hospital authority enabling them to focus more in their core business.

10. We will ensure high standards of hygiene, health & safety and infection control inside the premises of the hospital.

11. We will pay to the workers as per the terms and conditions of the contract.

Signature & Seal of the Bidder

4.4. CONFIDENTIALITY LETTER

To

**The Superintendent
Fakhruddin Ali Ahmed Medical College Hospital
Barpeta- 781301.**

Sir,

Project Title: Outsourcing of Sanitation & Cleaning Services of F.A.A. Medical Colleges Hospital, Barpeta.

* * *

In consideration of making available its confidential information relating to F.A.A. Medical College Hospital included in the package of this tender document, we acknowledge, agree, represent and warrant that:

1. All the confidential information is and shall remain the sole property of *Authority of FAAMCH*
2. Neither we, our employees nor our agents shall disclose any confidential information to any other person, firm or corporation, or use it for our own benefit or for the benefit or profit of any person, firm or corporation.

This is intended to be a legally binding document between the Service Provider and us.

Accepted and Agreed to:

By: _____

For and on behalf of: _____

Name: _____

Date: _____

4.5. PERFORMANCE SECURITY FORMAT

To: _____ (Name of the Authority –FAAMCH)

WHEREAS (Name of the Service Provider) herein called “the Service Provider” has undertaken, in pursuance of Contract No: dated, to provide a **complete Facility Management Solution / Facility Management Services** including the services like..... (Description of all Services to be rendered by the service provider) hereinafter called “the Contract”.

AND WHEREAS it has been stipulated by you in the said Contract that the Service Provider shall furnish you with a Bank Guarantee by a recognized bank for the sum specified therein as security for compliance with the Service Provider’s performance obligations in accordance with the Contract.

AND WHEREAS we have agreed to give the Service Provider a Guarantee

THEREFORE WE hereby affirm that we are Guarantors and responsible to you, on behalf of the Service Provider, up to a total of (Amount of the Guarantee in Words and Figures) and we undertake to pay you, upon your first written demand declaring the Supplier to be in default under the Contract and without cavil or argument, any sum or sums within the limit of (Amount of Guarantee) as aforesaid, without your needing to prove or to show grounds or reasons for your demand or the sum specified therein.

This guarantee is valid until the day of 20 .

Signature and Seal of Guarantors

.....

.....

Date 20

Address _____

4.6. BID SECURITY

In the Form of Demand draft/Bankers Cheque/NSC/Bank Guarantee only

4.7 Details of the F.A.A. Medical College Hospital:

Sl. No	Name of the Institution	Total Floor Area (Sq.ft)	Total Vacant Area (Acre)	Total Blocks	No of Beds	Toilets & Bathroom	Septic Tank	Water Tank
1	F.A.A. Medical College Hospital							

4.8 Details of Manpower Requirement:

Sl. No	Name of the Institution	HK Staff	Supervisor
For Hospital			
1	F.A.A. Medical College Hospital		

Format For Financial Bid

(To Be Submitted in Financial Bid)

The Rate should be inclusive of all manpower cost and material cost.

	Total Area in Sq. feet	Rate per Sq. Feet per day excluding taxes	Rate per Sq. Feet per month excluding taxes
F.A.A. Medical College Hospital		In numeric	In numeric
		In Words	In Words