



State of Oklahoma
ENTER AGENCY NAME HERE

Amendment of Solicitation

Date of Issuance: 06/03/2014
Requisition No. 3400016497

Solicitation No. 3400001288
Amendment No. 1

Hour and date specified for receipt of offers is changed: No Yes, to: _____ CST

Pursuant to OAC 580:16-7-30(d), this document shall serve as official notice of amendment to the Solicitation identified above. Such notice is being provided to all suppliers to which the original solicitation was sent.

Suppliers submitting bids or quotations shall acknowledge receipt of this solicitation amendment prior to the hour and date specified in the solicitation as follows:

- (1) Sign and return a copy of this amendment with the solicitation response being submitted; or,
- (2) If the supplier has already submitted a response, this acknowledgement must be signed and returned prior to the solicitation deadline. All amendment acknowledgements submitted separately shall have the solicitation number and bid opening date printed clearly on the front of the envelope.

ISSUED BY and RETURN TO:

U.S. Postal Delivery:

OSDH Procurement
Donna Dodson
1000 NE 10th St.
OKC, OK 73117 - 1299
or

Donna Dodson
Contracting Officer
(405) - 271 - 4043
Phone Number

Personal or Common Carrier Delivery:

OSDH Procurement
Donna Dodson
1000 NE 10th St.
OKC, OK 73117 - 1299

donnad@health.ok.gov
E-Mail Address

Description of Amendment:

a. This is to incorporate the following:

This amendment is to correct the omission of the actual solicitation info. See below for detail.

b. All other terms and conditions remain unchanged.

Supplier Company Name (**PRINT**) _____ Date _____

Authorized Representative Name (**PRINT**) _____ Title _____ Authorized Representative Signature _____



SOLICITATION REQUEST

 Request for Quote Request for Proposal Request for Bid**Dispatch via Print**

Request Quote ID.	Date	Buyer	Page
3400001288	02/10/2014	Donna Dodson	1
Payment Terms	DateTime Quote Open	Closing	
0 Days	06/02/2014 12:00 PM	06/24/2014 12:00 PM	

Requisition Number Reference: From Req ID - 3400016497

Department of Health
 OKLAHOMA STATE DEPT OF HEALTH
 SHIPPING & RECEIVING
 1000 NE 10TH ST
 OKLAHOMA CITY OK 731171299

Ship To: OKLAHOMA STATE DEPT OF HEALTH
 SHIPPING & RECEIVING
 1000 NE 10TH ST
 OKLAHOMA CITY OK 731171299

Vendor: NAME _____
 Address: _____
 Address: _____
 City: _____ ST: _____ ZIP: _____

Bill To: OKLAHOMA STATE DEPT OF HEALTH
 ACCOUNTS PAYABLE
 1000 NE 10TH ST
 OKLAHOMA CITY OK 731171299

Supplier Responses

Line	Cat CD / Item # - Descr	Qty.	UOM	Unit Cost	Ext. Cost
1	39131708 / 1000016765 SERVICE: Maint Biomedical/Medical Equipment	1	YR		

Preventive Maintenance and Certification for Laboratory Biological Safety Cabinets and Fume Hoods per the list contained in Special Provision B.4.

Supplier will certify equipment listed in special provisions every 6 months. Indicate itemized pricing (per piece of equipment) in B.4.

Year 1 _____ Year 2 _____ Year 3 _____

Freight Terms: FOB DEST **Ship Via:** COMMON

Lead Time: _____

Supplier Remarks:

2	39131708 / 1000016765 SERVICE: Maint Biomedical/Medical Equipment	1	YR		
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Parts required for Preventive Maintenance/Repair Biological Safety Cabinets and Fume Hoods. Amount provided is an estimate only. Cost will adjust for actual cost as needed.

Year 1 _____ Year 2 _____ Year 3 _____

Freight Terms: FOB DEST **Ship Via:** COMMON

Lead Time: _____

Supplier Remarks:

3	39131708 / 1000016765 SERVICE: Maint Biomedical/Medical Equipment	20	JA		
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Emergency Repair Services for Laboratory Biological Safety Cabinets and Fume Hoods

Year 1 _____ Year 2 _____ Year 3 _____

Freight Terms: FOB DEST **Ship Via:** COMMON

Lead Time: _____

Supplier Remarks:**This is NOT AN ORDER**

All returned quotes and related documents must be identified with our request for quote Number.

Authorized Signature



SOLICITATION REQUEST

 Request for Quote Request for Proposal Request for Bid**Dispatch via Print**

Department of Health
OKLAHOMA STATE DEPT OF HEALTH
SHIPPING & RECEIVING
1000 NE 10TH ST
OKLAHOMA CITY OK 731171299

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Ship To: OKLAHOMA STATE DEPT OF HEALTH
SHIPPING & RECEIVING
1000 NE 10TH ST
OKLAHOMA CITY OK 731171299

Bill To: OKLAHOMA STATE DEPT OF HEALTH
ACCOUNTS PAYABLE
1000 NE 10TH ST
OKLAHOMA CITY OK 731171299

Vendor: NAME
Address: _____
Address: _____
City: _____ ST: _____ ZIP: _____

Supplier Responses

Line	Cat CD / Item # - Descr	Qty.	UOM	Unit Cost	Ext. Cost
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VENDOR ACKNOWLEDGES, BY RECEIPT OF THIS INSTRUMENT, DOCUMENT OR COMMUNICATION, THAT ANY AGREEMENT ENTERED INTO OR EXECUTED BY THE PARTIES IS SUBJECT TO THE PROVISIONS OF THE OKLAHOMA CENTRAL PURCHASING ACT, 74 O.S., § 85.1, ET SEQ.

NO ORAL STATEMENT, ONLINE CLICK WRAP AMENDMENTS, FACSIMILE, MAIL OR OTHER NOTIFICATION ISSUED BY VENDOR SHALL MODIFY OR OTHERWISE EFFECT THE TERMS, CONDITIONS, OR SPECIFICATIONS STATED IN THIS PURCHASE ORDER UNLESS ACCEPTED IN WRITING BY THE OKLAHOMA STATE DEPARTMENT OF HEALTH, PROCUREMENT SERVICE.

THIS CONTRACT IS FOR AN INDEFINITE QUANTITY AND THE STATE MAY, OR MAY NOT, BUY THE QUANTITY MENTIONED IN THIS CONTRACT. VENDOR MUST CLEAR ALL SHIPMENTS WITH AGENCY PRIOR TO SHIPPING ANY PORTION OF THIS CONTRACT.

THIS CONTRACT SHALL BE CONSIDERED TO BE IN FORCE UNTIL THE EXPIRATION DATE OR UNTIL 30 DAYS AFTER NOTICE HAS BEEN GIVEN BY EITHER PARTY OF ITS DESIRE TO TERMINATE THE CONTRACT.

SPECIAL PROVISIONS:

B.1 AGREEMENT PERIOD: July 1, 2014 through June 30, 2017

First Year Contract Period: July 1, 2014 through June 30, 2015

Option to renew for two (2) additional 1 year periods.
2nd year contract period: July 1, 2015 through June 30, 2016
3rd year contract period: July 1, 2016 through June 30, 2017

B.2 INVOICES

TO BE BILLED IN ARREARS

PURCHASE ORDER NUMBER SHOULD APPEAR ON ALL DOCUMENTATION, INCLUDING BUT NOT LIMITED TO: PACKIING SLIPS, INVOICES, BILLS OF LADING, CORRESPONDENCE, SUBJECT LINE OF EMAILS, ENVELOPE ADDRESSES AND PACKAGES. THE PURCHASE ORDER NUMBER SHOULD BE VISIBLE WITHOUT THE NEED TO OPEN THE PACKAGE. SHIPMENTS, INVOICES AND OTHER DOCUMENTATION NOT PROPERLY IDENTIFIED BY PURCHASE ORDER NUMBER MAY RESULT IN REFUSAL OF DELIVERY, DELAYED PAYMENT OR OTHER DELAYS IN RESPONSE.

B.3 SPECIFICATIONS:

1. All testing and preventive maintenance will be performed every 6 months to NSF Standard #49. Federal Standard #209B and manufacturers specifications with the following tests and procedures performed.

- a. Maintenance/Physical condition inspection
- b. HEPA Filter Integrity (DOP challenged)
- c. Velocity Profile (Supply and Exhaust on BSC's)
- d. Work Access Opening Airflow (Face Velocity on BSCs)
- e. Airflow Pattern (Smoke Test)
- f. Supply and Exhaust Air Velocity Balancing (BSCs)

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Authorized Signature



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Request for Proposal

Request for Bid

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Vendor: NAME
Address: _____
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Supplier Responses

Line	Cat CD / Item # - Descr	Qty.	UOM	Unit Cost	Ext. Cost
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- g. Electrical Safety
- h. Noise Level Measurement
- i. Light Level Measurement
- j. Ultraviolet Light Intensity Measurement (if applicable)
- k. Magnetic gauges will be zeroed. (Calibrated if possible)

2. Certification Compliance Certificate attached directly to each unit passing certification testing.
3. All service personnel who will perform work under this contract MUST BE TRAINED AND CERTIFIED through the National Sanitation Foundation (NSF) Field Certifier Accreditation Program.
4. Documentation of NSF training for each individual who will perform work under this contract MUST BE ATTACHED TO THE BID RESPONSE and a copy sent to the Quality Control Officer in the Public Health Laboratory upon request.
5. Apparatus used to test or adjust functions of laboratory equipment must be calibrated against certified equipment having a known valid relationship to nationally recognized standards. If no such standards exist vendor must establish a calibration protocol to ensure apparatus performance necessary for accurate and reliable test results.
6. Documentation of all calibration, including frequency, individual and organization that provide calibration, must be sent to the Quality Control Officer upon request after contract award.
7. All charges for maintenance and repair to be billed at listed rate. Repairs including parts and labor over \$200.00 require prior approval by the Chief of the Public Health Laboaratory or his/her designated representative.
8. This contract shall NOT include ANY travel calls.
9. All service calls, preventive and otherwise, are to be scheduled through the Quality Control Officer in advance of the visit. Appointments should be made at least 2 days in advance of desired visit. Cancellation should be made at least 1 day in advance and the service should be rescheduled at that time to occur as soon as possible.
10. Emergency service for essential instruments must be available within 24 hours of receipt of request.
11. Upon arrival at OSDH, the repair personnel are required to CHECK IN and OUT with the Quality Control Officer by signing the log book in the Quality Control Office. Furthermore, repair personnel entering the laboratory agree, by signing the log book to follow the safety rules of the laboratory. These include but are not limited to, NO SMOKING, FOOD or DRINK beyond the double doors at the entrance to laboratory wings. Appropriate PPE, as necessary, will be issued by the PHL and must be worn by service personnel. For more detailed laboratory safety rules, a reference copy of our safety manual will be available upon request. If in doubt about the consequences of a particular action, the Quality Control Officer or the Division Director should be consulted.

B.4 EQUIPMENT TO BE COVERED:

Note: Itemized cost (cost to certify each piece of equipment) is listed on the supplier's bid response contained in the contract file.

1. Baker Sterilgard Biological Safety Cabinet, Model #5660, Serial #S131008, ODH #860969, Rm. B-51.2

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ACCOUNTS PAYABLE
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OKLAHOMA CITY OK 731171299

Vendor: NAME
Address: _____
Address: _____
City: _____ ST: _____ ZIP: _____

Supplier Responses

Line	Cat CD / Item # - Descr	Qty.	UOM	Unit Cost	Ext. Cost
	(Rabies)				
2.	Forma Scientific, Model #1286, Serial #23502-443, ODH #20000200, TB area				
3.	Exhaust Hood 4 foot, Rm. 251 (Parasitology)				
4.	Nuair Biological Safety Cabinet Class II, Model #407-600, ODH #820896, TB Area				
5.	Labguard-Nuair Biological Safety Cabinet II, Model #407-600, ODH #820897, Rm. 252 (Mycol.)				
6.	Nuair Biological Safety Cabinet Class II, Model #NU-425-600, Serial #15947-TN, Rm. 225.2 (Virology)				
7.	Nuair Biological Safety Cabinet Class II, Model #NU-425-600, Serial #15948-TN, ODH #870111, BT Area				
8.	Forma Scientific, Model #1286, Serial #24809-477, ODH #20000299, Rm. 252 (Mycobacteriology)				
9.	Forma Scientific, Model #1284, Serial #25350-800, ODH #20000201, Rm. 254 (Bacteriology)				
10.	Chemical Fume Hood, LABCONCO, Model #691000, serial # 05739768D, Rm. 247				
11.	Therma Forma Class II A2 BSC, Serial #100660-2884, ODH #20041506, HIV, Rm. 219				
12.	Therma Forma Class II A2 BSC, Serial #100526-1615, ODH #20030332, Rm. 251				
13.	Nuair Clean Hood, Serial #82038012903, ODH # 20030312, Rm. BT Area				
14.	Nuair Clean Hood, Serial #8204501303, ODH #20030312, Rm. BT Area				
15.	Nuair Fume Hood, Serial #93186091004, ODH #20041581, Rm. B-58				
16.	ESCO Model LA2-6A2, Serial #2005-10679, Rm. 231				
17.	ESCO Model LA2-6A2, Serial #2005-10681, Rm. 231				
18.	Forma Class II, Type A2 BSS, Model #1286, serial # 23502-443, Rm. TB Isolation				
19.	Nuair Clean Bench, Model #126-400, serial # 10544-7032906, Rm. 246				
20.	Roof Hepa # 1 filtration system				

Agency Contact: Procurement (405) 271-4043

THIS BID WILL BE EVALUATED AND AWARDED LOWEST AND BEST AS AN ALL OR NONE AWARD.

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