

## **TENDER PAPER**

### **(BIO-MEDICAL WASTE MANAGEMENT OF PURI DISTRICT)**

#### **NOTICE INVITING PROPOSAL:**

The “Request for Proposal” is invited by Puri District from eligible Bidders. Interested Service Provider are advised to submit two separate sealed envelopes super scribing Technical Bid and financial bid for **outsourcing of “Bio-Medical Waste Management Service”** to **DHH, IDH, KDMM, Chandanhajuri Paediatric Hospital (Urban PHCs), all CHC ( Gop, Bangurigaon, Kanas, Chilika Nuapada, Panidol, Chandanpur, Sakhigopal, Nimapara, Krushnaprasad, Pipili, Rebana Nuagaon, Astarnga, Charichhak, Algum, Delang , Managalpur ”**

<b>Sl. No</b>	<b>Information with Documents</b>	<b>Particulars</b>
1	The tender document should be accompanied with Bank Draft of Rs 2100/- (Cost of Tender Document+ VAT charges) from any Nationalized Bank in Favor of <b>Bio-Medical Waste Management, DHH, Puri.</b>	
2	Valid labour license issued by concerned Dist. Labour Officers.	
3	Valid Registration number with date, of Voluntary Organization / Society / Firm if any	
4	Valid State Pollution control board license / approval with date	
5	Valid EPF registration number & date (ECR copy of last 3 Financial year i.e. 2015-16, 2016-17, 2017-18).	
6	Valid ESI Registration number & date(ESI Copy of last 3 Financial year .)	
7	PAN of the organization	
8	Proof regarding their financial stability (Audited financial statement of last 3 Financial Year i.e. 2015-16, 2016-17, 2017-18).	
9	Self Attested Copy of the IT Return for last three Financial Years i.e. 2015-16, 2016-17, 2017-18.	
10	Bye-law of the organization Firm if any	
11	GSTIN registration number & proof of last return filed.	
12	Experience certificate on providing service in Bio-Medical Waste Management for last 3 consecutive years i.e. 2015-16, 2016-17, 2017-18.	
13	EMD (refundable) Rs. 30,000/- (Rupees Thirty Thousand) only shall be enclosed with the tender paper in shape of	

	Demand Draft in favor of <b>Bio-Medical Waste Management, DHH, Puri.</b>	
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**Terms and Condition of Outsourcing & HR of Bio-Medical Waste Management in Puri District**

1. All the workers & supervisor engaged by the outsourcing agency shall have uniform and photo identity cards during the period of work, which shall be duly signed by the In-Charge of the Hospital and representative of the Organization,
2. The outsourcing agency shall furnish the List of workers & supervisor (above 18 years of age only) with Proof of Identity and address to the Authority of Medicals after finalization of the outsourcing services.
3. All the personnel to be engaged by the Organization /Agency should be covered under the statutory Govt. regulations framed from time to time.
4. The concerned Authority of the Hospital may request the Agency to withdraw any of their workers from the Hospital without assigning any reasons, with 24 hours prior intimation.
5. The Agency will abide by all the rules and regulation relating to labour laws, accident, workmen compensation act, Workmen Insurance, ESI and EPF etc. This will be the sole responsibility of the Agency. The Authority will not be a party at any stage if any kind of dispute arises relating to the above.
6. Any damage/pilferage to the Hospital property due to mishandling, carelessness of the contractor/agency by his workmen will be recoverable form the Agency's bill and all materials issued to Contractor shall be his sole responsibility during the entire period of the contract.
7. The service provider should depute qualified and dedicated staff (trained in the field of Bio-Medical Waste Management) to manage the Bio-Medical Waste Management activity in the Hospital and will coordinate in executing the same with the Bio-Medical Waste Management committee of the Hospital and be responsible for supervision of the work.
8. All the employees will have to be covered under insurance against any personal accidents/health hazards and the Hospital authority will not be liable for payment of any compensation on that account.
9. During execution of work, the contractor should follow all standard norms of safety measures/precautions to avoid accidents/damages to men, machine and building etc. On nonperformance to this clause suitable fine/penalty as decided by the Authority will be imposed.
10. Generator of the Bio-Medical Waste is responsible for providing segregated waste to the Contractor/Agency. The Doctors/Pharmacists/Staff Nurses as well as

Sweepers/Attendants at designated places will be directly held responsible for segregation of Bio-Medical waste at DHH only. The wastes shall be segregated as per the provisions of the Bio-Medical Waste Management Rules 2016. The Contractor/Agency shall report about the non-segregated waste to the prescribed Authority. The points of segregation will be handled by the agency. The designated colour bags will be put in respective colour coded bins and lifted from time to time after they become two third full. Bags are to be closed by tying a string and taken to the plant site for disposal. Each bag shall be as per BIS Standards or Bar code system for effective management of Bio-Medical Waste under the provision of Bio-Medical Waste Management Rule,2016 as amended. The coloured containers shall be strong enough to withstand any possible damage that may occur during loading, transportation or unloading of such containers. All the bags/ containers/ bins used for collection and storage of bio-medical waste, must be labeled with the Symbol of Bio Hazard or Cytotoxic Hazard as the case may be as per the type of waste in accordance with the BMWM Rules, 2016. Sharps shall be collected from all points in the hospital. The person responsible for collection of Bio-Medical Waste shall also carry a register with him to maintain the record such as name of generation point, type and quantity of waste received, signature of the authorized person (I/C sister of the ward), day and time of collection, etc.

11. The agency is also responsible for liquid waste management as per the Bio-Medical Waste Management Rules, 2016.
12. The agency also provide one HR (Sweeper cum attendant) who are hired on daily wages as per minimum daily wages Act under Govt. of Odisha labour & ESI Department. They shall be utilized for management the Bio-Medical waste(segregation), handling of equipments related to biomedical waste, liquid waste management, disinfection, treatment and disposal of bio-medical waste.
13. The collection and transportation of Bio-Medical Waste shall be carried out in a manner so as to avoid any possible hazard to human health and environment. The timing of collection of the waste will be preferably within 6AM- 8 AM and 3 PM- 4PM daily.
  - The Bio-Medical Waste collected in Polybags shall be transported to the Common Bio-Medical Waste Treatment Facility (CBWTF) in a fully covered vehicle. Such vehicle shall be dedicated for transportation of Bio-Medical Waste. The colored coded polybags of appropriate size and colors with bio-hazards markings will be provided by the agency.
14. The Contractor/Outsourcing Agent shall maintain all the records related Bio-Medical Waste Management of all the units. Daily records shall be maintained for the 'waste accepted and treated waste removed from the site. The record shall include the following minimum details.
  - Waste Accepted: waste collection date, name of the health care unit, waste category as per the rules, quantity of the waste, vehicle number and receiving date (at site).

- Treated Waste removed: Date, treated Waste type, quantity, vehicle number and location of disposal.
  - Log Book : A log book shall be maintained for each treatment equipment installed at the site and shall include the following:
    - The weight of each batch.
    - The categories Waste as per the rules.
    - The time, date and duration of each treatment cycle and total hours of operation.
    - The complete details of all operational parameters during each cycle.
  - Site Records: Site records shall include the following:
    - Details of construction or engineering works.
    - Maintenance schedule, breakdowns/trouble shootings and remedial action, Emergencies
    - Incidents of unacceptable waste received and the action taken thereof.
    - Details of site inspections by the officials of the regulatory agency and necessary action on the observations,
    - Daily, monthly and annual summery records of all the above shall be maintained and made available at the site for inspection whenever required by an authorized officer of regulatory agency.
15. After the allotment of the work, the said contractor shall have it sign an MOU with the concerned authority regarding the detail scope of services to be executed. (Annexure-A)
  16. The said contractor will work for a period of one year from the, date of agreement which may, be extended for yearly basis up to maximum three years, subject to certification by the competent authority & BMWM committee of the institution. During this period if at any stage of time, the Hospital Authority finds non-compliance of assigned work, the said contractor will be served with a notice for a period of one month and if still non compliance is there, the said contract will be cancelled and new party will be assigned with the said service.
  17. After allotment of the order, the outsourcing agency shall execute the service within 15 days of the issue of letter.
  18. The outsourcing agency has to sign a Memorandum of Understanding (MOU) with the concerned MO I/C of all CHC within 15 days of issue of valid orders.
  19. Beside, the Outsourcing agent has to submit Monthly Progress Report/Status report duly signed by the I/C Medical Officer of the concerned institutions with remarks to the CDMO, PURI as the case may be without fail. Three consecutive Adverse Remarks may be treated as automotive cancellation of the Contract, and the same work may be allotted to another agency.
  20. The outsourcing agency shall be under the Administrative Control of the I/C Medical Officers and the work will be supervised by the DPM, Project Officer (BMWM), Hospital Manager/BPM/any authorized person.
  21. The number of workers to be engaged by the outsourcing agency will be specified institution wise. The number of worker is subjected to be modified with the revision/further increase with bed strength.

## **PENALTY**

22. In case of deficiencies in providing quality service, the authority will have the right to impose penalty as per decision of the Committee which shall be deducted from the monthly bill.

## **FINANCIAL**

23. The Technical Bid should be accompanied with an Earnest Money deposit (EMD), refundable without interest, of Rs. 30,000/- (Rupees Thirty Thousand) only in the form of DD drawn **in favor of Bio-Medical Waste Management, DHH, Puri** failing which the tender shall be rejected out rightly.

24. The Earnest Money Deposit in respect of the agencies which do not qualify the Technical Bid (First Stage) / Financial Bid (Second Competitive Stage) shall be returned to them without any interest. In case of successful tenderer if the agency fails to deploy the required manpower against the initial requirement within 15 days from the date of placing the order, the EMD shall stand forfeited without giving any further notice.

25. The successful tenderer will have to deposit a Security amount of Rs. 1, 00,000/- (Rupees One Lakh) only in the form of Fixed Deposit Receipt (FDR) / Bank Guarantee made in the name of the agency but hypothecated to the RKS, DHH, PURI, covering the period of contract. In case, the contract is further extended beyond the initial period, the FDR / BG will have to be accordingly renewed by the successful tenderer.

**N.B.:** - All documents submitted shall be consecutively numbered having signature with official seal of the authorized signatory on each page and total number of pages shall be mentioned on the top sheet duly authenticated by the authorized signatory. In case the tender document is signed by the authorized signatory, a copy of the Power of Attorney/ Authorization may be enclosed along with the tender for consideration.

**Consumables to be supplied by the agency**

<b>SL NO.</b>	<b>CONSUMABLES FOR TREATMENT SITE</b>
1	Bleaching Powder
2	Lime
3	Salt
4	Polybags
5	Room freshner
6	Liquid Hand Wash
7	Phenyl
8	Utility Gloves
9	Mask
10	Apron
11	Gun Boot
12	Glass
13	Cap

# **TECHNICAL PROPOSAL**

### **Check List (Technical Proposal)**

Please check whether following have been enclosed in the respective cover, namely, Technical Proposal: *(please arrange the documents serially in the following order)*

- |  |        |       |
|--|--------|-------|
| 1. EMD (DD of Rs. 30,000)  | Yes/No | _____ |
| 2. Form T1   | Yes/No | _____ |
| 3. Form T2   | Yes/No | _____ |
| 4. Copy of the company/Agency Registration certificate   | Yes/No | _____ |
| 5. Copy of the Service Tax,EPF,ESI registration certificate  | Yes/No | _____ |
| 6. Copy of PAN   | Yes/No | _____ |
| 7. Form T3   | Yes/No | _____ |
| 8. Photocopies of the audited P/L account of <b>each year</b><br><b>Highlighting the turnover</b> in support of that)                                    | Yes/No | _____ |
| 9. Copies of Work Order/Contract certificates from the clients in support of similar works<br>executed in support of the information provided in Form T4 | Yes/No | _____ |
| 10. Form T5  | Yes/No | _____ |
| 11. Form T6  | Yes/No | _____ |
| 12. Copy of existing valid labour license  | Yes/No | _____ |
| 13. Copy of GSTIN certificate  | Yes/No | _____ |

**FORM - T1**  
***(To be furnished in the technical proposal)***  
**TECHNICAL TENDER SUBMISSION FORM**  
**(On the letterhead of the agency)**

To  
The Chief District Medical Officer,  
\_\_\_\_\_  
*(Mention the District name)*

Re.: RFP Reference no. \_\_\_\_\_ dated \_\_\_\_\_

Dear Sir,

We, the undersigned, offer to provide the services for the work: Out Sourcing of Bio-Medical Waste Management at DHH, Puri. We are hereby submitting our Proposal, which includes this Technical Proposal and a Commercial Proposal sealed under a separate envelope.

We hereby declare our Confirmation of acceptance of the Conditions of Contract mentioned in the RFP document under reference cited above.

We hereby declare that all the information and statements made in this Proposal are true and accept that any of our misrepresentations contained in it may lead to our disqualification.

Our proposal shall be binding upon us for a period of 1 year from the date of bid opening, subject to the modifications resulting from Contract negotiations you may subsequently carry out with us to accept our bid. If we are assigned the work during the period of validity of the Proposal, we undertake to carry out the same as per the terms and conditions of this tender document.

**I hereby declare that my company has not been debarred / black listed by any Government/ Semi Government organizations. I further certify that I am the competent authority in my company authorized to make this declaration.**

We understand you are not bound to accept any Proposal you receive.

Yours sincerely,

Authorized Signatory [*In full and initials*]: \_\_\_\_\_

Name and Title of Signatory: \_\_\_\_\_

Name of Agency: \_\_\_\_\_

Address: \_\_\_\_\_

**(Company Seal)**

## FORM - T2

*(To be furnished in the technical proposal)*

### PROFILE OF THE AGENCY

1. Name of the Agency	
2. Address with Phone Number	
3. Financial position and Operational results for last 3 financial year (2015-16,2016-17 & 2017-18)	Audited Statements of Accounts to be attached (Self attested photo copies)
4. Number of field level staff engaged at the client locations to render Bio-Medical Waste Management	<ul style="list-style-type: none"><li>• Supervisory staff(field)</li><li>• Service &amp; Support Staff</li></ul>
5. Year of Working experience in the related field along with the list of clients to whom similar service has been provided in last 3 yrs.  Separate list to be furnished for Govt. /Semi Govt. /Public Sector and Private Sector Clients.	<ul style="list-style-type: none"><li>• Name of client</li><li>• Date of Contract</li><li>• Duration of Engagement</li><li>• Contract Value</li><li>• Contact Status</li><li>• (Completed/Ongoing)</li></ul>
6. Registration/empanelment details with different authorities	<ul style="list-style-type: none"><li>• Authority(S)</li><li>• Date of Registration</li></ul>
7. Plan for execution	<ul style="list-style-type: none"><li>• Man Power Planning</li><li>• Monitoring</li><li>• Quality Assurance</li></ul>
8. Any other details the applicants would like to furnish (i.e. Awards and Accreditations)	

#### Note

- Information to be furnished in separate sheet wherever necessary
- In case of documents they shall be self attested photocopies

Authorized Signatory/Signature [*In full and initials*]: \_\_\_\_\_

Name and Title of Signatory: \_\_\_\_\_

**(Company Seal)**

**FORM T3**

*(To be furnished in the technical proposal)*

**ANNUAL AVERAGE TURN OVER STATEMENT**

*(To be furnished in the **letter head** of the Chartered Accountant)*

The Annual Turnover of M/s \_\_\_\_\_  
for the last 3 financial years are given below and certified that the statement is true and correct.

Sl.	Financial Year	Turnover in Lakhs (Rs.)
1	2015-16	
2	2016-17	
3	2017-18	
Average Annual Turnover in Lakhs (Rs.)		

**Date:**

**Signature of Chartered Accountant**

**Place:**

**(Name in Capital)**

**Seal**

**Membership No.-**

**Note:**

- 1) To be issued in the **letter head** of the Chartered Accountant with membership No.
- 2) Also attach photocopies of the audited P/L account of **each year highlighting** the **turnover** in support of that

**FORM T4**  
*(To be furnished in the technical proposal)*

**PAST EXPERIENCE IN OPERATING SIMILAR FIELD DURING THE LAST 3 YRS**

**(Attach separate sheets if the space provided is not sufficient)**

Name of Assignment *	Name/address of the Organization	Date of award Of Assignment	Date of completion of assignment	Value of the Assignment	Role of your Agency

\* Note: Please furnish the **Work order /Contract copies** of the works executed in support of the information mentioned above.

Authorized Signatory/Signature [*In full and initials*]:\_\_\_\_\_

Name and Title of Signatory:\_\_\_\_\_

**(Company Seal)**

**FORM T5**  
***(To be furnished in the technical proposal)***

**Format for Power of Attorney for Signing of Proposal**  
***(On a Stamp Paper of relevant value)***

**Power of Attorney**

Know all persons by these presents, we..... (name and address of the registered office) do hereby constitute, appoint and authorize Mr/Ms.....(name and residential address) who is presently employed with us and holding the position of.....as our attorney, to do in our name and on our behalf, all such acts, deeds and things necessary in connection with or incidental to our bid for Out Sourcing of Bio-Medical Waste Management at DHH, Puri including signing and submission of all documents and providing information / responses to the District Authority, representing us in all matters before District authority and generally dealing with District authority in all matters in connection with our bid for the said Project. We hereby agree to ratify all acts, deeds and things lawfully done by our said attorney pursuant to this Power of Attorney and that all acts, deeds and things done by our aforesaid attorney shall and shall always be deemed to have been done by us.

Dated this the \_\_\_\_ day of \_\_\_\_ 2018

For \_\_\_\_\_

(Name, Designation and Address)  
Accepted  
\_\_\_\_\_  
(Signature)  
(Name, Title and Address of the Attorney)  
Date: \_\_\_\_\_

**Note:**

- i. To be executed by the Chief of the Agency.
- ii. The mode of execution of the Power of Attorney should be in accordance with the procedure, if any, lay down by the applicable law and the charter documents of the executants(s) and when it is so required the same should be under common seal affixed in accordance with the required procedure.
- iii. In case an authorized Director of the agency signs the proposal, a certified copy of the appropriate resolution/ document conveying such authority may be enclosed in lieu of the Power of Attorney.

**FORM T6**

*(To be furnished in the technical proposal)*

**Anti Collusion Certificate**

We hereby certify and confirm that in the preparation and submission of our Proposal for Out-Sourcing Agency for Bio-Medical Waste Management at district health institutions, Puri under this RFP Reference No. \_\_\_\_\_, We have not acted in concert or in collusion with any other Bidder or Other person(s) and also not done any act, deed or thing, which is or could be regarded as anticompetitive. We further confirm that we have not offered nor will offer any illegal gratification in cash or kind to any person or organization in connection with the instant proposal.

Dated this \_\_\_\_\_ Day of \_\_\_\_\_, 2018

Authorized Signatory/Signature [*In full and initials*]: \_\_\_\_\_

Name and Title of Signatory: \_\_\_\_\_

**(Company Seal)**

# **FINANCIAL PROPOSAL**

**FORMAT FOR FINANCIAL BID FOR OUTSOURCING OF BIO-MEDICAL WASTE SERVICES**

<b>Name and address of the Organization / Agency:</b>		
<b>Sl no</b>	<b>Criteria</b>	<b>Particulars in Indian Rupees</b>
1	Charges per bed per day including Poly bags.	
2	Transportation Charges (Rupees/KM/Trip)	
	<b>Total</b>	

**Note:- H.R. will be as per latest rate notified by Labor Department.**

**(Taxes Applicable as per Govt. Norms)**

**Date:** \_\_\_\_\_

**Place:** \_\_\_\_\_

**Authorized Signatory**

<b>Sl.No.</b>	<b>Name of the Health Institutions to be covered</b>	<b>Sanction strength</b>	<b>Bed</b>
1	DHH,Puri	270	
2	IDH , Puri	108	
3	KDMM, Home	16	
4	Chandanhajuri Hospital	10	
5	Area Hospital Sakhigopal	46	
6	Govt. Hospital Pipili	30	
7	CHC Nimapara	40	
8	CHC Charichhak	30	
9	CHC Bangurigaon	06	
10	CHC , Delang	16	
11	CHC , Gop	16	
12	CHC, Kanas	16	
13	CHC , ChillikaNuapada	06	
14	CHC, Krushnaprasad	10	
15	CHC Mangalpur	30	
16	CHC Panidol	06	
17	CHC Chandanpur	16	
18	CHC Astarang	06	
19	CHC Rebena Nuagaon	16	
20	CHC Algum	06	

## **ANNEXURE-1**

### **MEMORANDUM OF UNDERSTANDING BETWEEN OUTSOURCING AGENT FOR BMW CDMO, PURI**

This MOU is signed on \_\_\_\_\_ between CDMO, PURI, Odisha here in after called \_\_\_\_\_ as Purchaser / \_\_\_\_\_ 1st party and M/S \_\_\_\_\_ is herein after called outsourced service provider / 2nd party.

#### **NOW THE MOU WITNESS AS FOLLOWS: -**

##### **A. MOU PERIOD (One year starting from the date of execution of MOU)**

During this period if at any stage of time, the 1<sup>st</sup> party finds non compliance of the assigned work, the 2nd party will be served with a notice period of one month if still non compliance is mere, the said contract will be cancelled and new party will be assigned with the task.

##### **B. TERMS OF PAYMENT**

The 1st party shall pay Rs. \_\_\_\_\_ per bed/day including cost of polybags to the 2nd party.

##### **C. GENERAL TERMS AND CONDITIONS:**

- i. All the workers & supervisor engaged by the outsourcing agency shall have uniform of the agency.
- ii. All workers & supervisor of the 2nd party shall bear photo identity card during the period of work, which shall be duly signed by the 1st party & 2nd party.
- iii. The out sourcing agency (2nd party) shall furnish the list of staff (above 18 years of age only) with proof identity and address to the 1st party after allotment of service.
- iv. All the personnel to be engaged by the 2nd party shall be covered under the statutory government regulation framed from time to time.
- v. 1st party may request the 2nd party to withdraw any of his workers from the hospital without assigning any reasons, with 24 hour of prior intimation.
- vi. The contractor (2nd party) will abide By all the rules and regulation relating to labour laws, accident workmen compensation act, workmen insurance, ESI, EPF, etc. this will be the sole responsibility of the 2nd party. 1st party will not be a party at any stage if any kind of dispute relating to the above. In case any liability arises due to non performance by the 2nd party, under no circumstances, the 1st party shall be liable for the same.
- vii. Any damage / pilferage to the hospital property due to mishandling, carelessness of the 2nd party by his workmen will be recoverable form the contractor's (2nd party) bill and all materials issued to the Third party shall be his sole responsibility during the period of contract.
- viii. The contract (2nd party) should depute a qualified and dedicated staff (trained in the field of BMW) to manage the waste management activity in the

- hospital and will co-ordinate in executing the same with the waste management committee of the hospital and be responsible for supervision of the work.
- ix. The 2<sup>nd</sup> party also depute one HR at all CHCs level. (as per term , condition and responsibility described in the RFP).
  - x. All the employees of 2<sup>nd</sup> party shall be covered under insurance against any personal accidents and the 1<sup>st</sup> party will not be liable for payment of any compensation on that account.
  - xi. During execution of work, the 2<sup>nd</sup> party shall follow all standard norms of safety measures. Precautions to avoid accidents/damages to person, machines and building etc. On non performance to this clause suitable fines as decided by the 1<sup>st</sup> party will be imposed.

**D. SEGREGATION, COLLECTION, TRANSPORTATION & TREATMENT OF WASTE :-**

- i. Generator of the Bio-Medical Waste is responsible for providing segregated waste to the Contractor/Agency. The Doctors/Pharmacists/Staff Nurses as well as Sweepers/ Attendants at designated places will be directly held responsible for segregation of Bio-Medical Waste only at DHH. The wastes shall be segregated as per the provisions of the Bio-Medical Waste Management Rules 2016. The Contractor/Agency shall report about the non-segregated waste to the prescribed authority. The designated color polythenes will be put in respective color coded bins and lifted from time to time after they become two third full. Bags are to be closed by tying a string and taken to the plant site for disposal. Each bag shall be as per BIS Standards or Bar code system for effective management of Bio-Medical Waste under the provision of Bio-Medical Waste Management Rule, 2016 as amended. The colored containers shall be strong enough to withstand any possible damage that may occur during loading, transportation or unloading of such containers. All the bags/ containers/ bins used for collection and storage of bio-medical waste, must be labeled with the Symbol of Bio Hazard or Cyto-toxic Hazard as the case may be as per the type of waste in accordance with the BMW Rules, 2016. Sharps shall be collected item at the points in the hospital. The person responsible for collection of Bio-Medical Waste shall also carry a register with him to maintain the record such as name of generation point, type and quantity of Waste received, signature of the Authorized person (I/C sister of the ward), day and time of collection, etc.
- ii. The collection and transportation of Bio-Medical Waste shall be carried out In manner so as to avoid any possible hazard to human health and environment. The timing of collection of waste will be preferably within 6AM- 8 AM and 3 PM-4PM daily.
- iii. The Bio Medical Waste collected in poly bags shall be transported to the Common Bio-Medical Waste Treatment Facility (CBWTF) in a fully covered vehicle. Such vehicle shall be dedicated for transportation of Bio-Medical Waste. The colored coded polybags of appropriate size and colours with bio-hazards markings will be provided by the agency.

## **E. RECORD MANAGEMENT AND MAINTENANCE OF LOG BOOK**

- i. The 2nd party shall maintain all the records related to bio-medical waste management of all the units. Daily records shall be maintained for the waste accepted and treated waste removed from the site. This record shall include the following minimum details.
- ii. **Waste Accepted:** - Waste collection date, name of the health care unit, waste category as per rules, quantity of the waste category as per rules, quantity of waste, vehicle number and receiving date (at site).  
**Treated Waste Removed:** - Date, treated waste type, quantity, vehicle No. and location of disposal.
- iii. **Log Book:** - A log book shall be maintained for each treatment equipment installed at the site and shall include the following:
  - The weight of each batch
  - The categories of waste as per rules.
  - The time date and duration of each treatment cycle and total hours of operation.
  - The complete details of all operational parameters during each cycle.
- iv. **Site record: Site** records shall include the following: -
  - Details of construction of engineering work.
  - Maintenance schedule, breakdowns / trouble shooting and remedial actions.
  - Emergencies.
  - Incidents of unacceptable waste received and the action taken.
  - Details of site inspection by the officials of the regulatory agency and necessary action on the observations.
  - Daily, Monthly and annual summary records of all the above shall be maintained and made available at the site for the inspection whenever required by authorized officer of regulatory agency.

## **F. ELECTRICITY AND WATER SUPPLY:**

1st party shall provide water and electricity free of cost for operation of plant during treatment of waste. However 2nd party will use these judiciously and will ensure that there is no wastage.

## **G. EXECUTION OF WORK: -**

After allotment of the order, the outsourcing agent shall execute the service within 15 days of issue of letter.