



THE METROPOLITAN DISTRICT

HARTFORD COUNTY, CONNECTICUT

REQUEST FOR QUALIFICATIONS AND PROPOSALS

FOR

MEDICAL CLEARANCE AND RESPIRATOR FIT TESTING SERVICES

RFQP NUMBER: 2016R-23

ISSUED: September 7, 2016

QUESTIONS DUE: September 28, 2016 at 4:00PM

RESPONSES DUE: October 7, 2016 at 4:00PM

Sealed responses will be received by the
District Clerk until the date and time specified above.

**Office of the District Clerk
555 Main Street
Hartford, Connecticut**

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PART I INTRODUCTION

1.1 INTENT

The Metropolitan District (MDC) is inviting the submission of proposals from qualified firms to provide Medical Clearance Services and Respirator Fit Testing Services for employees who use respiratory protective devices. The District anticipates entering into a three year contract for services that meet the requirements of the District and the Occupational Safety & Health Division of the Connecticut Department of Labor (CONN-OSHA) for medical surveillance and fit testing requirements for respirator users.

Professional firms interested in providing such services are requested to submit a response to this Request for Qualifications and Proposal (the "RFQP"). Respondents will be evaluated and a short list of qualified candidates will be prepared for interview and selection by the MDC Source Selection Committee.

1.2 ABOUT THE METROPOLITAN DISTRICT

The Metropolitan District is a specially-chartered municipal corporation established by special act of the Connecticut State Legislature in 1929, and includes the municipalities of Hartford, Bloomfield, East Hartford, Newington, Rocky Hill, West Hartford, Wethersfield and Windsor. The District provides water and sewer services to approximately 400,000 people.

The District is governed by a board of thirty-three (33) commissioners (the "Board") - with twenty-nine voting members from District member towns and four non-voting commissioners, each appointed by the "non-member" towns of the MDC, namely, Glastonbury, Farmington, South Windsor and East Granby. Of the voting members, seventeen (17) are appointed by the legislative bodies of the eight (8) member municipalities, eight (8) by the Governor of the State of Connecticut, and four (4) by the leadership of the Connecticut General Assembly (the "Board"). One (1) of the sub-committees of the Board is the Personnel, Pension and Insurance ("PPI") Committee.

The District is managed by a Chief Executive Officer supported by a senior executive leadership team and employs approximately five hundred (500) full-time personnel. The District recently completed a major comprehensive organizational re-engineering process. Under the present structure, there are two (2) functional divisions: Operations & Engineering and Business Services.

Sanitary sewer services are funded through an ad valorem tax on member municipalities and, for high flow users, a sewer user charge. The funding of water services and related operations is principally through a direct use charge to customers.

Major capital improvements in excess of \$5 million for a single project must be approved by the electorate of the member municipalities and are financed primarily through bonding. The 2014 combined water and sewer budgets for all District operations totaled approximately \$150 million.

The water distribution system consists of upland impoundments in the Farmington River watershed, two (2) filtration plants and approximately 1600 miles of distribution mains. Flows in the system are primarily by gravity, with the exception of some limited pumping of treated water to higher elevations. Average treated water use is about 50 million gallons per day and all services are metered.

The sewage collection system consists of almost 1200 miles of sanitary sewers serving the member municipalities. Four (4) water pollution control plants treat an average of 65 million gallons per day.

In 2006, the District entered into a Consent Decree with the Environmental Protection Agency (“EPA”) and the U. S. Department of Justice to implement a Sanitary Sewer Overflow (“SSO”) Abatement Program, pursuant to which the District is required to eliminate structural SSO’s over a seven (7) year period for the communities of Rocky Hill, Wethersfield and Windsor, and over a twelve (12) year period for West Hartford and Newington (the “Consent Decree”).

Also in 2006, the District entered into a Consent Order with the State of Connecticut Department of Environmental Protection to reduce Combined Sewer Overflows (CSO) to a one (1) year level of control, within fifteen (15) years (the “Consent Order”).

The District has also identified several nitrogen removal projects designed to protect Long Island Sound and required to comply with the District’s General Permit for the discharge of nitrogen based on the adopted total maximum daily load for Long Island Sound.

The District’s coordinated multi-year response to the Consent Order, Consent Decree and nitrogen reduction requirements is “**The Clean Water Project**” (the “CWP”). The work under the CWP includes three (3) major elements: (1) construction of new sanitary sewers, interceptors and tunnels to reduce CSOs within the District’s collection system; (2) rehabilitation of existing sanitary sewers and construction of new interceptors to eliminate structural and non-structural SSOs from the sanitary sewers of East Hartford, Bloomfield, Wethersfield, West Hartford, Windsor, Rocky Hill and Newington; and, (3) increase treatment flow capacity and reduce nitrogen levels from the discharges of some of the District’s water pollution control facilities.

Funding for Phase I of the CWP was approved by the MDC’s member towns through a referendum vote on November 7, 2006. A second referendum authorizing an additional \$800,000,000 for Phase II of the project was approved on November 6, 2012. An Additional authorization will be required over the remainder of the life of the CWP. At this time, the total program cost is estimated at \$2.1 billion.

In addition, the District has undertaken a comprehensive program of asset management which involves a systemic replacement of water and sewer infrastructure in a proactive process. Capital improvement programs also include improvements to and modernization of MDC water treatment and water pollution control facilities.

The District operates within a range of facilities and settings. In addition to the administrative and management staffs (legal, finance, engineering, procurement, human resources, etc.) based at the District's headquarters building in downtown Hartford, CT, the District also operates from several other facilities within a 30-mile driving distance from the headquarters building. They include (not all facilities listed):

- Water treatment and distribution facilities
- Wastewater treatment facilities
- Operations Command Center – emergency services/response; customer service center, training facility
- Fleet and equipment maintenance facility
- Hydro-electric generating facilities (2)
- Fresh water reservoir facilities, including associated public recreation areas and access

Through its reservoirs and contiguous woodland areas, the District has full control of its water sources. All fresh water the District supplies to its customers comes from the District's own reservoirs. There is no dependency on another agency or supplier within or outside the State for the District to meet its demand for fresh water.

There are occupational categories that may not be as common in other water districts or agencies. For example, the District has a small police force ("patrol") to protect property and equipment at its more remote facilities and also to protect the public using the designated recreation areas at the reservoirs. Another somewhat unique job category is "foresters" who maintain the watershed woodland areas that surround and feed into the reservoirs.

The District utilizes SAP-Oracle (an integrated ERP system) with other network and web based technology. Technological change drives improvement and has, as a result, changed the required knowledge, skills, and attributes of our workforce.

The District is also under contract with Riverfront Recapture, Inc. to provide maintenance services at the riverfront parks in member municipalities.

The District manages an award winning Geographic Information System ("GIS") that supports its many activities. The database contains detailed utility and land base information for each of the member municipalities as well as natural resource information for watershed land. The system is capable of producing utility and street index maps as well as special purpose maps. It is also linked to the District's business application software, allowing users to query data and locate specific utility equipment. GIS also provides mapping services to member towns.

For years, the District, as a municipality, submitted its affirmative action plan and goals to the federal government. This changed in 2009. Pursuant to Public Act 09-87, the District is considered a Connecticut state agency for the sole purpose of developing and implementing an affirmative action plan that commits the District to a program of affirmative action in all aspects of personnel and administration.

1.3 PROPOSAL SUBMITTAL INSTRUCTIONS AND DEADLINE

Respondents are required to submit one (1) unbound original, plus three (3) bound copies of the Statement of Qualifications, as specified in Part III. Respondents are also required to submit one (1) unbound original of the Price Proposal specifically addressing the criteria outlined within each Section of Part III. **The Price Proposal must be sealed in a separate envelope. The Statement of Qualifications may be submitted together in the same package but the Price Proposal must be submitted in a separate, sealed envelope.** The RFQP number 2016R-23, due date and time, the title of the RFQP, “Medical Clearance and Respirator Fit Testing Services”, and the respondent firm name and address must be clearly labeled on the outside of the envelope. **Failure to adhere to this requirement shall result in disqualification.**

An electronic copy of all contents of Respondent’s Proposal must also be submitted on a CD-ROM or USB Flash Drive. Files stored on the CD-ROM or USB Flash Drive must be uncompressed files. The CD-ROM or USB Flash Drive must be affixed with a label identifying Respondent’s name and the RFQP number. A directory listing/table of contents must accompany the CD-ROM or USB Flash Drive with a listing of file names and the content of each file. Size permitting, the electronic files for all volumes of Respondent’s response may be submitted on a single CD-ROM or USB Flash Drive.

The text of Respondent’s Proposal must be in Microsoft Word 2003 compatible format. The Proposal shall have 1” margins on all sides, be single-spaced, use Times New Roman font, color black, font size of 12; the paper shall be letter size 8 ½” x 11” and printed single-sided. Any portions of the Proposal requiring Microsoft Excel submissions must be in Microsoft Excel 2003 compatible format. Any illustrations (e.g., graphics figures, graphs, and tables) may be in landscape or portrait format with font colors other than black and font sizes 12 through 8 are considered acceptable.

All requested information must be included in the Statement of Qualifications and Price Proposal. Statements of Qualifications and Price Proposal must be clear, concise and specific. To facilitate effective evaluation by District staff, the Statement of Qualifications and non-discrimination documents, front and back covers and examples of work product will be counted toward the total. Statements of Qualifications and Proposal that exceed 50 pages in length will be considered non-responsive, will not be evaluated and will be rejected. Information submitted under separate cover will not be considered.

Proposals must be received by the District no later than 4:00 p.m. local time on October 7, 2016. Proposals received after the specified deadline shall be deemed non-responsive and ineligible for evaluation. Proposals received after the specified deadline shall be returned unopened to the respective Respondents. Faxed Proposals are not acceptable and will be rejected by the District. Proposals must be addressed as follows:

By U.S. Postal Service Mail:

District Clerk
The Metropolitan District
P.O. Box 800
Hartford, CT 06142-0800

By FedEx/UPS/Personal Delivery:

District Clerk
The Metropolitan District
555 Main St.
Hartford, CT 06103

Any Respondent personally delivering a Proposal to the District should obtain a stamped and signed confirmation at the MDC Main Lobby Security Desk.

The Proposal must be signed by Respondent's duly authorized principal. All volumes, supporting documents and electronic media (CD-ROM or USB Drive) shall be submitted in a sealed envelope with such envelope's exterior prominently, clearly and legibly displaying the RFQP number 2016R-23, the RFQP due date and time, and the RFQP title; "Medical Clearance and Respirator Fit Testing Services", as well as the Respondent's name and address.

The MDC will not be liable for Proposals not received by the specified due date, Proposals with incorrectly labeled envelopes, or incomplete Proposals. It is the Respondent's sole responsibility to ensure that its Proposal is delivered by the specified due date. A Proposal may be withdrawn upon written request (on a Respondent's letterhead and signed by a Respondent's duly authorized principal) prior to the specified due date. A Proposal may be modified in the same manner. Proposals or modification(s) thereof received after the specified due date will not be accepted or considered by the District.

Proposals shall become MDC property upon submittal to the District. This RFQP and the Proposal submitted by the successful Respondent shall become part of the contract and final agreement between the successful Respondent and the District ("Agreement").

1.4 JOINT VENTURE AND SUBCONSULTANTS

Any respondent proposing service through subconsultants and joint ventures will be considered provided that one single respondent is identified as the prime consultant. The terms “Firm” and “Consultant” as used herein should be construed to encompass such arrangements. Subconsultants must be identified by Respondent in the Proposal by name, proposed role(s) within the project, and professional experience level.

1.5 QUESTIONS AND ADDENDA

Questions regarding this solicitation must be submitted in writing, by email, with the subject line “RFQP 2016R-23” to cakerley@themdc.com **by 4:00 p.m. local time on September 28, 2016.**

Contact with any other person(s) employed by, or associated with, the District, other than the designated contact above regarding this solicitation is strictly prohibited. Failure to adhere to this requirement may disqualify a Respondent from consideration, and such decision shall be made by the MDC in its sole and absolute discretion.

Questions must be received no later than the specified date and time; questions received after that date and time will not be answered. Telephone calls will not be accepted. Questions left on voice mails will neither be accepted nor answered.

Material or Service clarifications and responses to all questions will be in the form of addenda which will be published on the MDC eBid Site at www.ebidexchange.com/mdc. It is each Respondent’s responsibility to check the MDC eBid Site for addenda. The MDC is not bound by any information, explanation, clarification or interpretation, whether oral or written, by person(s) made that is not incorporated by addenda.

1.6 MISCELLANEOUS

The MDC reserves the right to reject, in whole or in part, any or all proposals received or, in the alternative, withdraw this RFQP in its entirety at any time prior to award of the contract. All proposals shall remain open for acceptance until 120 working days after the due date specified in Section 1.3 of this RFQP. For purposes of this RFQP, the term “working days” shall mean weekdays Monday through and including Friday, but excluding any holiday and weather event day recognized and observed by the MDC whereby the MDC main offices at 555 Main Street in Hartford, Connecticut are closed for business.

PART II

SCOPE OF SERVICES

2.1 MEDICAL SERVICES

The District will provide a list of employee names that are included in the respiratory protection program and will indicate the type or types of respiratory protective equipment for which each employee is to be medically evaluated and fit tested to use. There are approximately 130 employees who use various types of respirators. This number can change significantly at any time as work processes change. Respirator types include: full-face with chemical cartridges, half-face with chemical cartridges, N95 filtering face-piece (dust mask), and N99 filtering face-piece (dust mask):

- 2.1.1 The successful Respondent agrees to assist the District in preparing the testing process. The successful Respondent shall supply all equipment needed to process the examinations including all testing facilities, medical history questionnaires, all fit testing and medical evaluation supplies, and instructional materials. All testing is to be done on-site at locations designated by the District. Any HIPAA paperwork required to be signed by employees must be approved by the District in advance. Changes to make it specific for this project may be necessary.
- 2.1.2 All medical screenings must be performed by technicians trained and certified in each procedure. The physical examination and on-site review of the respirator clearance medical questionnaire must be performed by a physician experienced in occupational medicine and OSHA regulations.
- 2.1.3 As an option to the District, Respondent may be requested to have the onsite physical examinations be performed by a Physician's Assistant (PA) and/or an Advanced Practice Registered Nurse (APRN) or other appropriately licensed health care professional. A final review of the questionnaire and the results of the physical examination and testing procedures will ultimately be reviewed by a physician experienced in occupational medicine and OSHA regulations.
- 2.1.4 The successful Respondent will provide documentation outlining their policy and procedures for quality control and quality assurance on all medical and fit testing equipment upon request.

2.2 CLINICAL TESTING

Minimum specification for clinical evaluation and testing for all dust mask, half-face, and full face respirators shall be as follows:

- 2.2.1 Respirator Questionnaire – A medical evaluation questionnaire in compliance with OSHA 1910.134 Appendix G shall be given to each

employee to complete. This information will be reviewed during the physical examination.

- 2.2.2 Blood Pressure and Pulse – Blood pressures shall be recorded for each employee by technicians trained in utilizing hospital grade sphygmomanometers and stethoscopes. The criteria for evaluation shall be those established by the American Heart Association and examinees will be immediately notified of any abnormality. Any blood pressure reading that is above 140/90 will be repeated again at the end of the physical, later in the day or during another day of service.
- 2.2.3 Pulmonary Function Test – Pulmonary function testing shall be performed by technicians having passed NIOSH-approved curriculum in occupational spirometry. The analytical equipment will measure at a minimum: FVC, FEV1, PEF, FEF 25-75%, and FEV1/FVC. These tests shall meet all OSHA imposed regulations for pulmonary function testing. Final interpretation and analysis of the results shall be performed by an occupational physician.
- 2.2.4 Physical Exam – Physical examinations will be conducted by licensed physicians. As an option the physical examination maybe conducted by a PA or APRN experienced in occupational medicine. The examination shall consist of the following protocol at a minimum: Record height and weight, examine ears, eyes, nose, throat, head and face, thyroid, skin lymphatics, heart and lungs, thorax, abdomen, extremities, spine, musculoskeletal system, and review of the medical history. The physician shall also review the pulmonary function test, blood pressure result, and any other tests for significant abnormalities. Examinees will be advised during the procedure of abnormalities identified by the examiner as requiring immediate follow-up.
- 2.2.5 Temporary Clearance – At the time of the physical, the physician performing the physical examinations will determine if the employee is cleared to be fit tested. This can be a temporary clearance specific for this purpose if need be. Final clearance or restrictions can be issued at a later date as specified in section 2.7. This allows the medical review staff time for trend analysis before issuing a final clearance. This temporary clearance allows the employee to be fit tested following the physical.

2.3 RESPIRATOR FIT TESTING

Following the medical evaluation, and successful receipt of a temporary clearance, each employee will be fit tested for the respirator(s) they use.

- 2.3.1 Respirators and dust mask users need to be qualitatively fit tested using current methods recognized by OSHA.

If Respondent cannot provide the fit testing services, the Respondent is allowed to subcontract this work. All arrangements and paperwork will be the

responsibility of the Respondent. Respondent will furnish the name, location, contact information, and qualifications of any subcontractors. See section 1.4.

2.4 MOBILE TEST FACILITY

2.4.1 All services are to be provided on-site in mobile facilities provided by the successful Respondent. This includes medical screening work, PFTs, physical evaluation by the doctor, and fit testing.

2.4.2 Mobile units shall be self-contained. Power must be supplied by an on-board or stand-alone portable generator provided by the Respondent.

2.4.3 The mobile unit will have a minimum of three individual areas to do this work.

- a. A private area with a door must be provided for the doctor to perform physical evaluations.
- b. A second area must be provided for screening work so that results can be kept private between the employee and the technician/physician.
- c. The third area can be used for reception, paperwork review, and fit testing.
- d. Additional areas for employees waiting to be evaluated is preferred but not required.

2.5 TIME AND WORK LOCATIONS

The successful Respondent will be able to provide services starting in November of 2016. Specific dates, times, and locations will be provided to the successful Respondent 30 days in advance of any testing. The intent is to complete the testing outlined in 2.5 a. – d. in one week each calendar year, to minimize travel costs.

The mobile unit will provide services to four (4) District locations. Two are located in Hartford, CT, the third is located in West Hartford, CT, and the fourth is located on the West Hartford and Bloomfield town line. The District may combine the fourth location with the third and test at only one location. In addition, the number of testing locations and physical locations within Connecticut could change throughout the duration of the contract. The majority of MDC locations are within a 16 mile driving distance of Hartford. The District also has locations in Barkhamsted, CT and Colebrook, CT.

- a. The first location in Hartford has approximately 60 employees who need to be evaluated for either dust mask or half-face respirators. These employees work on various shifts. Two days of on-site testing is normally required. Onsite work hours in the past were on a Wednesday and Thursday from 6 am – 6 pm.
- b. The second location in Hartford has approximately 40 employees who need to be evaluated for half-face respirator or dust mask clearance. These

employees all work on first shift. Onsite work hours in the past were either on a Monday or Friday from 7:30 am – 4 pm.

- c. The third location in West Hartford has approximately 20 employees who need to be evaluated for full face respirator use. These employees work on various shifts. Onsite work hours in the past were Tuesday from 7:30 am – 4 pm. The testing time at this location may change to 6 am – 6 pm.
- d. The fourth location on the West Hartford/Bloomfield town line has approximately ten employees. Employees work on first and second shift. This testing may be combined with the third location and be done on the same day.

The number of employees or the number of on-site days at any of the above locations can change significantly throughout the contract. Employees at one location may have to be tested at another location due to vacation, sick day, or other absences. If employees are not available to be tested during the scheduled testing week then MDC will make other arrangements for them to be medically evaluated and fit tested. Additional MDC locations may be added and any of the above locations may be removed from this work throughout the contract period.

2.6 RECORDS AND REPORTS

- 2.6.1 All records and reports must be treated as confidential.
- 2.6.2 All test results must be maintained in a manner to facilitate trend analysis and reporting by company name, employee name, employee I.D. number, date, work location, and clearance status for assigned protective equipment.
- 2.6.3 Copies of records must be available to other medical services providers authorized by the District within 48 hours after notification.
- 2.6.4 Records and reports must be updated to include information from other medical service providers as appropriate.
- 2.6.5 An overall clearance report shall be provided to the District within 15 working days of the examinations. This report at a minimum will list all of the employees tested and what type or types of respirators they are cleared to use. Updated reports will be provided when requested.
- 2.6.6 Employee ID numbers shall be used. Social Security numbers will not be provided.

2.7 RESULTS

- 2.7.1 Individual respirator clearance notification letters shall be completed for each employee tested. One copy is for the employee (see 2.7.2) and one copy will be for the District. These letters must include at a minimum:
 - The employee's name;
 - Employee I.D. number;

- The date of testing;
 - The type or types of respirators the employee is cleared to wear;
 - Any restrictions noted by the physician or other licensed health care professional; and
 - A statement that the employee has been informed of the physician's or other health care professional's written recommendations.
- 2.7.2 A copy of the results of the examination and tests along with a copy of the clearance notification letter will be prepared for each employee. These will be provided in sealed envelopes marked "Confidential" with the employees name listed on the outside of the envelope. These can be provided to the District for distribution to each employee.
- 2.7.3 Reports and results being sent to the District must be sent using a tracking number to: MDC, 555 Main Street, Hartford, Connecticut, 06103, Attention: Marc Nettleton. Confidential

2.8 COMPLIANCE GUARANTEE

- 2.8.1 The successful Respondent will certify that all clinical testing exams, as outlined above, will be deemed qualified and fully compliant in the eyes of CONN-OSHA. If there is a question by CONN-OSHA of how the testing was performed, interpreted, or reported, the burden will be upon the successful Respondent to explain its methodology to the satisfaction of CONN-OSHA.
- 2.8.2 Any fines or penalties requested by CONN-OSHA regarding medical surveillance testing provided by the successful Respondent will be paid by the successful Respondent.
- 2.8.3 Respondents shall carefully examine the District's scope of services, technical specifications, available information, site locations, etc., and utilize its experience to ensure that all proposed work can be successfully completed.

2.9 TERM OF AGREEMENT

The Agreement between the MDC and the successful respondent will cover an initial period of three (3) years (consisting of up to 36 months total), with an option to extend for two (2) additional one (1) year periods (consisting of 12-months total, each); such option periods to be exercised by the District in its sole and absolute discretion and subject to annual MDC budget approval.

2.10 INSURANCE AND INDEMNIFICATION

A. INSURANCE

During the term of the Agreement, the successful Respondent shall maintain a professional liability insurance policy in a form acceptable to the District in an amount that will allow it to insure against damages and costs resulting from negligent acts, errors and omissions in the work performed by it on and after the effective date of, and under the terms of the contract. The successful Respondent may, at its election, obtain a policy containing a deductible clause, but if so, it shall be liable, as stated above herein, to the extent of the deductible amount.

Simultaneously with delivery of an executed Agreement, the successful Respondent shall furnish to the District a Certificate of Insurance for the required insurance policy. Failure to do so shall entitle the District to terminate the Agreement. Such certificate must contain information regarding the policy in force, policy number, limits, and policy period. It also must provide that 30 days prior written notice of any material policy change, non-renewal, or cancellation shall be given to the District, by certified mail, except in the event of non-payment of premium, in which case notice will be 10 days. If the insurance policy is cancelled for non-payment of the premium, the District shall have the right to pay any such premium and deduct the amount thereof from amounts due to the successful Respondent under the Agreement.

Such insurance shall provide at a minimum but not be limited to the following types of coverage:

- a. Professional Liability Insurance, including coverage for acts as a fiduciary (not less than \$1,000,000 limit).
- b. Commercial General Liability including blanket contractual and products/completed operations coverages. Limits of liability provided shall be no less than \$1,000,000 each occurrence, \$1,000,000 aggregate. Per project aggregate must apply. The Metropolitan District, State of Connecticut and their respective officers, agents, servants and employees are to be named as additional insured on the Commercial General Liability Policy.
- c. Automobile Liability with limits of not less than \$1,000,000 combined single limit, including coverage for owned, non-owned, hired and/or borrowed vehicles.
- d. Workers' Compensation as required by Connecticut Law and Employer's Liability with a limit of not less than \$100,000 per occurrence, \$500,000 disease policy limit, and \$100,000 disease each employee.
- e. The District may require proof of financial responsibility and/or other securities if any insurance policy indicates self-insured retention below the minimum level of insurance required by the Agreement.
- f. Acceptance by the District of certificates indicating the limits of coverage under any policy or policies shall not limit the liability of the successful Respondent.

- g. Umbrella Liability in excess of Employer's Liability, Commercial General Liability and Automobile Liability with a limit of not less than \$5,000,000 each occurrence, \$5,000,000 aggregate. Coverage is to be written on a following form basis.

B. INDEMNIFICATION

The successful Respondent shall at all times indemnify, defend and save harmless the District, any municipality included therein, the State of Connecticut, and their respective officers, agents, servants and employees on account of any and all claims, damages, losses, litigation, expenses, counsel fees and compensation arising out of injury (including death) sustained by or alleged to have been sustained by the servants, employees, or agents of the District, or of any municipality included therein, or the State of Connecticut, or of the successful Respondent, or anyone directly or indirectly employed by them, from injuries (including death) sustained by or alleged to have been sustained by the public, or by any other person or property, real or personal (including property of the District) to the extent caused by the negligent, willful or wanton acts or omissions of the successful Respondent, or anyone directly or indirectly employed by them or any of them.

2.11 LICENSES AND CERTIFICATIONS

The successful Respondent shall maintain in good standing all the necessary licenses and certifications pertaining to the services specified herein, as required by the Connecticut General Statutes ("C.G.S.") and regulations governing professional medical firms, as amended from time to time, and the successful Respondent shall provide copies of such licenses and certifications to the MDC upon request.

2.12 NONDISCRIMINATION AND AFFIRMATIVE ACTION

2.12.1 The successful Respondent agrees to the following provisions:

- A. Respondent agrees and warrants that in the performance of this Agreement Respondent will not discriminate or permit discrimination against any person or group of persons on the grounds of race, color, religious creed, age, marital status, national origin, ancestry, sex, gender identity or expression, intellectual disability, mental disability or physical disability, including but not limited to blindness, unless it is shown by Respondent that such disability prevents performance of the work involved, in any manner prohibited by the laws of the United States or the State of Connecticut (the "State"); and Respondent further agrees to take affirmative action to insure that applicants with job-related qualifications are employed and that

employees are treated when employed without regard to their race, color, religious creed, age, marital status, national origin, ancestry, sex, gender identity or expression, intellectual disability, mental disability or physical disability, including but not limited to blindness, unless it is shown by Respondent that such disability prevents performance of the work involved.

- B. Respondent agrees, in all solicitations or advertisements for employees placed by or on behalf of Respondent, to state that it is an “affirmative action-equal opportunity employer” in accordance with regulations adopted by the Connecticut Commission on Human Rights and Opportunities (the “Commission”)
- C. Respondent agrees to provide each labor union or representative of workers with which Respondent has a collective bargaining agreement or other contract or understanding and each vendor with which Respondent has a contract or understanding, a notice to be provided by the Commission advising the labor union, workers' representative and vendor of Respondent's commitments under C.G.S. §§4a-60, and to post copies of the notice in conspicuous places available to employees and applicants for employment
- D. Respondent agrees to comply with each provision of C.G.S. §§4a-60, and with each regulation or relevant order issued by said Commission pursuant to C.G.S. §§46a-56; and the Respondent agrees to provide the Commission with such information requested by the Commission, and permit access to pertinent books, records and accounts, concerning the employment practices and procedures of the Respondent as relate to the provisions of C.G.S. §§4a-60 and 46a-56.

2.12.2 The successful Respondent agrees to the following provisions:

- A. Respondent agrees and warrants that in the performance of this Agreement Respondent will not discriminate or permit discrimination against any person or group of persons on the grounds of sexual orientation, in any manner prohibited by the laws of the United States or the State of Connecticut, and that employees are treated when employed without regard to their sexual orientation
- B. Respondent agrees to provide each labor union or representative of workers with which Respondent has a collective bargaining agreement or other contract or understanding and each vendor with which Respondent has a contract or understanding, a notice to be provided by the Commission advising the labor union, workers'

representative and vendor of Respondent's commitments under C.G.S. §4a-60a, and to post copies of the notice in conspicuous places available to employees and applicants for employment

- C. Respondent agrees to comply with each provision of C.G.S. §4a-60a, and with each regulation or relevant order issued by said Commission pursuant to C.G.S. §46a-56.
- D. The Respondent agrees to provide the Commission with such information requested by the Commission, and permit access to pertinent books, records and accounts, concerning the employment practices and procedures of the Respondent which relate to the provisions of C.G.S. §4a-60a and 46a-56.

2.12.3 The successful Respondent agrees and warrants that it will make good faith efforts to employ minority business enterprises as subcontractors and suppliers of materials to perform work or services hereunder; and Respondent shall develop and maintain adequate documentation, in a manner prescribed by the Commission, of its good faith efforts.

2.12.4 If successful Respondent has one or more contracts with the State or a political subdivision thereof (including the District) that is valued at less than fifty thousand dollars for each year of the contract, Respondent shall provide the District with a written or electronic representation that complies with nondiscrimination agreements and warranties in Sections 2.12.1(1) and 2.12.2(1) above, provided if there is any change in such representation, Respondent shall provide the updated representation to the District not later than thirty days after such change.

If the successful Respondent has one or more contracts with the State or a political subdivision thereof (including the District) that is valued at fifty thousand dollars or more for any year of the contract, Respondent shall provide the District with any of the following:

- A. Documentation in the form of a company or corporate policy adopted by resolution of the board of directors, shareholders, managers, members or other governing body of Respondent that complies with the nondiscrimination agreements and warranties in Sections 2.12.1(1) and 2.12.2(1);
- B. Documentation in the form of a company or corporate policy adopted by a prior resolution of the board of directors, shareholders, managers, members or other governing body of Respondent if (i)

the prior resolution is certified by a duly authorized corporate officer of Respondent to be in effect on the date the documentation is submitted, and (ii) the head of the agency of the State or such political subdivision, or a designee, certifies that the prior resolution complies with the nondiscrimination agreements and warranties in Sections 2.12.1(1) and 2.12.2(1).

- C. Documentation in the form of an affidavit signed under penalty of false statement by a chief executive officer, president, chairperson or other corporate officer duly authorized to adopt Respondent's company or corporate policy that certifies that the company or corporate policy of Respondent complies with the nondiscrimination agreements and warranties in Sections 2.12.1(1) and 2.12.2(1) and is in effect on the date that the affidavit is signed.

2.12.5 The District shall not award a contract to an Respondent who has not provided the representation or documentation required under Section 2.12.4, and the successful Respondent warrants that it has provided all such representations and documentation to the District as required under Section 2.12.4 hereof. Respondent shall not be required to resubmit such representation or documentation unless there is a change in the information contained in such representation or documentation. In the event of such a change, Respondent shall submit an updated representation or documentation, as applicable, either (A) not later than thirty days after the effective date of such change, or (B) upon the execution of a new contract with the State or a political subdivision thereof, whichever is earlier. Respondent shall also certify, in accordance with Section 2.12.4(B) or (C) and not later than fourteen days after the twelve-month anniversary of the most recently filed representation or documentation, that such representation or documentation on file with the State or the political subdivision thereof is current and accurate.

2.12.6 The successful Respondent shall include the provisions of Sections 2.12.1, 2.12.2 and 2.12.3 in every subcontract or purchase order entered into in order to fulfill any obligation of Respondent under this Agreement and such provisions shall be binding on a subcontractor, vendor or manufacturer unless exempted by regulations or orders of the Commission. The Respondent shall take such action with respect to any such subcontract or purchase order as the Commission may direct as a means of enforcing such provisions including sanctions for noncompliance in accordance with C.G.S. §46a-56; provided, if Respondent becomes involved in, or is threatened with, litigation with a subcontractor or vendor, as a result of such direction by the Commission, the Respondent may

request the State to enter into any such litigation or negotiation prior thereto to protect the interests of the State and the State may so enter.

2.12.7 For purposes of this Article 2.12, the terms “Agreement” shall include any extension or modification of the Agreement, and “Respondent” includes any successors or assigns of the successful Respondent; and the terms “minority business enterprise” and “good faith efforts” shall have the meanings assigned to such terms in C.G.S. §4a-60(e).

2.13 MBE/WBE SUBCONTRACTORS

The MDC strongly encourages all prime contractors to utilize qualified and certified Minority-owned Business Enterprises (MBE) and/or Women-owned Business Enterprises (WBE) subcontractors on all MDC contracts. The MDC promotes the acquisition of goods and services from qualified and certified MBE/WBEs when such MBE/WBEs are available and the price of goods and services is reasonable. For professional service contracts, the MDC seeks the utilization of qualified and certified MBEs/WBEs when such MBE/WBE firms are available. Responding firms shall also include a narrative statement in their RFQP submission indicating the firm’s experience in sub-contracting or working in partnership with MBEs and WBEs noting in particular experience in work similar to the deliverables of this RFP. Responding firms that are an MBE or WBE should self-identify as such.

2.14 OPTION TO EXTEND SERVICES

The MDC may require continued performance of any services within the limits and at the rates/prices specified in the Agreement, and accordingly, reserves the right to unilaterally extend the term of the Agreement. This option provision may be exercised more than once, but the total extension of such term hereunder shall not exceed an additional six (6) months. The MDC may unilaterally exercise this option by written notice to the successful Respondent within fifteen (15) calendar days prior to the expiration of such term or the extended term, as the case may be.

PART III

PROPOSAL SUBMITTAL REQUIREMENTS

The Proposal shall consist of two (2) separate parts: a Technical Proposal (Statement of Qualifications) and a Price Proposal, each a distinct document identified as volumes.

3.1 VOLUME 1 – TECHNICAL PROPOSAL

Respondents shall submit a detailed Technical Proposal in the form of a Statement of Qualifications (“SOQ”). The following format shall be used for the SOQ, and the order and content of the SOQ, as defined herein shall be followed. The MDC seeks brief, concise, and accurate responses. Omissions and/or ambiguous or superfluous statements will be rated unfavorably.

The following items represent the materials that must be submitted as part of the SOQ:

3.1.1 Cover Letter

The SOQ shall include a cover letter that **must identify the lead (or prime) firm responding to the RFQP and designate a primary contact** with the authority to ensure the assignment of resources to meet the needs of the District should the firm be ultimately selected for this responsibility.

The cover letter must include a top-level summary that identifies each section of the Proposal. **The cover letter shall also list any exceptions that Respondent has to this RFQP, including all its appendices and addenda. If Respondent has no exceptions, Respondent shall so state in the cover letter.** If no exceptions are identified, Respondent understands and therefore agrees that if the MDC accepts the Respondent’s Proposal, the Respondent must comply with and conform to all the requirements specified in this RFQP.

A principal of the company or other person fully authorized to act on behalf of the company must sign the cover letter.

3.1.2 Company Information

The SOQ shall include the following information for the responding firm and any proposed cooperating company, sub-consultants or sub-contractors:

- A. Name of firm and parent company, if any;

- B. Nature of firm’s principal business;

- C. Address of firm’s principal office and of the office from which the account will be serviced;

- D. Name, address and telephone numbers of person(s) to receive notifications and reply to District inquiries;
- E. Total number of full and part-time staff members employed by Respondent;
- F. History of the firm including the date firm was established, include former firm names, if any, and landmark dates in growth of the firm;
- G. Size of the firm and size of the “account” office (number of personnel);
- H. Office hours that the medical review staff is available to take medical related follow-up calls from employees;
- I. A copy of the company’s privacy policy and/or HIPAA compliance documents as it pertains to any and all information collected and medical evaluation results derived from services provided for the District;
- J. Description of the Respondent’s Mobile equipment size and capability to be used during performance of the required services
- K. Evidence of financial condition of the company (i.e. latest annual report, bank references, etc.). Any financial information, other than contents of the sealed price proposal, will be treated as confidential if marked as such;
- L. Name and address of any cooperating company (joint venture, sub-consultant, etc.). Provide information concerning any cooperating company with respect to expertise, experience, and type and amount of work to be performed by them;
- M. Detailed listing of any special in-house services which may be available.
- N. Description of the company’s quality control and calibration procedures for medical test equipment.

3.1.3 Company Experience

Respondent must provide a list of any State and/or municipal engagements or engagements within the construction, water, and waste water industries in which Respondent is currently or has been engaged within the last twelve (12) months

that demonstrate the required areas of expertise. Respondent must specify the following for each engagement:

- A. Organization Name (Insured).
- B. Location of account
- C. Name, title and contact information (telephone number and/or email address) of the primary contact for the engagement.
- D. Respondent must also include clear, detailed descriptions of at least three (3) engagements, but no more than five (5), that best illustrate the company's ability to provide services which are similar to those detailed in the Scope of Services, Part II of this RFQP. Descriptions should include scope of services for the engagement (General size, scope and methodology of project).

Respondent may also list additional experience that they deem applicable and relevant to the Scope of Services.

3.1.4 References and Past Performance – Similar Accounts

Respondents shall provide a list of names and contact information for other clients serviced within the past 12 months of similar size and type of work. No more than five references need to be provided. Reference checking will be at the discretion of the District.

3.1.5 Staff Qualifications

Responding firms must list all administrative and medical personnel which it intends to involve with this project, including an Account Manager who will be assigned to be the principal in charge of this project. Information shall be described in resume form and must include:

- A. Name, current job title, responsibilities and type of work performed for firm;
- B. Educational background, academic degrees, certifications and professional affiliations;

Similar information shall be submitted for any cooperating firm, sub-consultant or sub-contractor.

3.1.6 Project Management Approach

The proposal shall contain a narrative plan describing how the Respondent intends to address the tasks of the engagement and what resources in terms of its staff it intends to devote. See section 2.0 for details about the specific testing requirements, the locations, and the approximate number of employees to be tested at each location.

3.1.7 Firm Responsiveness

Firms must have adequate technical staff capable of performing the services to be provided under this project.

Responding firms shall state their capacity to apply and commit staff and material resources necessary to meet the District's needs for Medical Clearance Services and Respirator Fit Testing Services. Firms shall consider their current and projected workload when making this determination.

3.1.8 Financial Information

Responding firms shall provide evidence of financial conditions of the firm adequate to demonstrate financial stability. Firms must include a list of all bankruptcy filings within the last ten (10) years and a list of all pending litigation, if any. Firms shall also state if they are currently restricted from doing business with any government agencies. The District will evaluate any affirmative statements of restrictions with respect to this engagement.

Any affirmative statements of bankruptcy, litigation or restrictions shall include a description of circumstances and ultimate resolution of the matter, including current financial situation and evidence of financial ability to successfully complete the project, if selected.

Failure to successfully demonstrate financial stability may result in the firm being deemed non-responsive and ineligible to be invited to submit a proposal.

The District will treat any financial information submitted as confidential, to the extent allowed under Connecticut law, provided each page of any such financial information is clearly stamped "Confidential".

3.1.10 Required Forms and Documents

Respondent must submit the following as part of its Proposal. Failure to complete these forms may result in the Respondent being deemed non-responsive:

- A. Affidavit of Non-Collusion, attached as Appendix A and made a part hereof.
- B. Fair Employment Practices Qualification Form, attached as Appendix B and made a part hereof.
- C. Acknowledgment of Receipt of Addenda, attached as Appendix C and made a part hereof.

D. Certificate of Authority, attached as Appendix D and made a part hereof.

E. Price Schedule, attached as Appendix E and made a part hereof. (See Section 3.2 below)

3.2 VOLUME 2 – PRICE PROPOSAL

3.2.1 Respondent must submit a Price Proposal that addresses each of the three (3) years of the Agreement and two (2) optional years, by completing and submitting Appendix E. The Daily Fees must be submitted as one lump sum. The lump sum shall include all hourly rates, multipliers, travel, meals, lodging, printing, copying, reproduction charges, other miscellaneous fees, and related data processing costs. Price will be quoted on an annual basis.

3.2.1.1 Daily fees for on-site services with a Physician performing the work, and another for a PA or APRN performing the work, between the hours of:

- 7:30 a.m. to 4 p.m. (No testing necessary during lunch hour 12 – 1 pm.)
- 6 a.m. to 6 p.m. (No testing necessary during lunch hour 12 – 1 pm.)

3.2.1.2 Cost per employee:

- Dust mask, Half-face or Full-Face respirator user including one (1) fit test
- Additional cost for a fit test for employees who use more than one type of respirator

3.2.2 Prices contained in the Price Proposal shall be guaranteed by the Respondent for the initial three (3) year term of the Agreement.

NOTE: RESPONDENT MUST SUBMIT THE PRICE PROPOSAL IN A SEPARATE SEALED ENVELOPE FROM THE TECHNICAL PROPOSAL. FAILURE TO ADHERE TO THIS REQUIREMENT SHALL RESULT IN DISQUALIFICATION.

PART IV

EVALUATION AND SELECTION PROCESS

Enforceability of Proposal: The Proposal must set forth full, accurate and complete information as required by this RFQP. The MDC will rely on such information in the award of a contract. By submitting a Proposal, the Respondent agrees that all items proposed (if applicable, e.g., key personnel, sub consultants, approach, methodology, plans, etc.) will be utilized for the duration of the Agreement and any substitutions will require prior MDC approval. The Respondent will be held responsible for the validity of all information supplied in its Proposal, including information provided by proposed sub consultant(s). If subsequent investigation discloses that the facts and conditions were not as stated, the Proposal may be rejected.

4.1 EVALUATION OF PROPOSALS

Proposals that meet submission requirements will be evaluated by a Selection Panel on the following basis:

- 4.1.1 Respondent's capability and prior company experience in providing Medical Clearance Services and Respirator Fit Testing Services within the construction, water, and waste water industries; and
- 4.1.2 Respondent's current and past performance on projects of similar scope and magnitude for the District, State of Connecticut, municipalities, member towns of the District, and/or other public or private entities; and
- 4.1.3 Respondent's Staff Qualifications, Training and Certification levels for the staff that will provide the services; and
- 4.1.4 Respondent's Mobile equipment size and capability; and
- 4.1.5 Respondents Management Approach in carrying out the engagement; and
- 4.1.6 A review of the company's HIPPA compliance, Privacy Policies and Quality Assurance Procedures for equipment; and
- 4.1.7 Respondent's financial stability.

4.2 SELECTION PROCESS

- 4.2.1 Proposals will be evaluated by the MDC acting through a Selection Panel. The Selection Panel shall be comprised of no less than three (3) MDC employees appointed by the Chief Executive Officer of the MDC (the

“Selection Panel”). The Selection Panel, at its sole discretion, will be responsible for the evaluation. The Selection Panel may determine that a Proposal is non-responsive and may exclude such Proposal from further consideration.

4.2.2 The evaluation may consist of, but shall not be limited to, oral presentations and/or interviews, review of technical information, requests for clarification(s) and confirmation of other material provided in the Proposal.

4.2.3 After reviewing Proposals, the Selection Panel may request, at its sole discretion, oral presentations and/or interviews. If oral presentations and/or interviews are held, such presentations and/or interviews will be promptly scheduled at a time and location to be announced. Each Respondent should be prepared to discuss and substantiate any aspect of its Proposal and to present its project manager and key members of its support staff. Such presentations and/or interviews do not constitute formal discussions.

4.2.4 After the evaluation, the Selection Panel will prepare a List of Finalists, consisting of firms deemed to be the best qualified based on the evaluation criteria described in Section 4.1 of this RFQP. The Selection Panel will open the Price Proposals to determine the lowest price proposal of those Respondents qualified as finalists.

4.3 AWARD

4.3.1 The MDC intends to award a single contract to the most responsible, qualified Respondent who submits a Proposal conforming to the RFQP requirements, and whose Proposal will be most advantageous to the District, price and other factors considered.

4.3.2 Selection shall be made based upon the lowest Price Proposal; unless the Chief Executive Officer of the MDC determines that the Proposal of another finalist not having the lowest Price Proposal offers a specific benefit to the District. If the Chief Executive Officer makes such a determination, the contract may be awarded to such finalist, notwithstanding the fact that its Price Proposal is not lowest.

4.4 AGREEMENT

The MDC and the successful Respondent shall enter into an Agreement for Medical Clearance Services and Respirator Fit Testing Services embodying the substance of this RFQP.

PART V

GENERAL TERMS AND CONDITIONS

The following general terms and conditions shall apply:

5.1 DISTRICT'S RIGHT TO REJECT/BINDING NATURE OF PROPOSAL

The District reserves the right to reject any or all submissions, to waive informalities in the process and to accept or reject any item or combination of items. In addition, the District reserves the right to withdraw and/or cancel this RFQP at any time prior to contract award, such determination to be made by the District in its sole and absolute discretion; and, prior to the response deadline, to change any portions or requirements of this RFQP, provided notice of the same shall be given to all persons or entities receiving this RFQP. All submittals shall be complete in all material respects and failure to provide a complete submittal may result in rejection of the Proposal. Each Respondent assumes all charges, costs, claims or liability for the preparation and submission of its Proposal. The District is under no obligation to pay or reimburse any Respondent except pursuant to a written contract expressly providing for the same.

5.2 ACCURATE INFORMATION, ACCOUNTING SYSTEM, AND AUDIT

Each Respondent certifies that all information the Respondent will provide to the District is true and correct and can be relied upon by the District in awarding, modifying, making payments, or taking any other action with respect to this RFQP or the Agreement. Any false or misleading information is grounds for the District to terminate an award to the Respondent or any written agreement entered into with Respondent, and such termination shall relieve the District of any direct, consequential or other damages or costs incurred by Respondent. The Respondent certifies that its accounting system conforms to generally accepted accounting principles and is sufficient to comply with the Respondent's budgetary and financial obligations and to produce reliable financial information. The District may examine the Respondent's records to determine and verify compliance with this RFQP and/or the Agreement. The successful Respondent must grant the District access to these records at all reasonable times during the Agreement term plus three (3) years. If federal, state or District funds support the Agreement, the appropriate federal, state or District authorities may also examine these records and retention of such records by the successful Respondent shall be in accordance with applicable regulations.

5.3 ERRORS IN PROPOSALS

Respondents shall thoroughly examine and be familiar with the proposed Scope of Services for this engagement and the terms of this RFQP. The failure or omission of any Respondent to receive, examine, or understand all relevant documents shall in no way relieve any Respondent of any obligation(s) with respect to this RFQP or the Agreement. The submission of a Proposal shall be taken as prima facie evidence of compliance with this section.

5.4 ADDITIONAL SERVICES

The District reserves the right to evaluate additional or new consulting services which may be in the best interest of the District from time to time and may, within the District procurement processes, negotiate the price of these services with the successful Respondent or another consultant, whichever is determined to be the most advantageous to the District.

5.5 CONFIDENTIALITY

The District agrees, to the extent permitted by applicable laws and regulations, to hold all material information belonging to the Respondent, which it deems to be confidential, in strictest confidence. Respondent must specify in writing, delivered to the District, the precise information or material contained in its response to this RFQP which the Respondent deems to be either a trade secret or other confidential material and the basis therefor. The successful Respondent agrees to hold all material and information belonging to the District or the District's agents in strictest confidence and not to make use thereof other than for the performance of contractual obligations under the Agreement, and to release it on a need to know basis only to employees or agents of such Respondent requiring such information in order to perform any tasks or assignments pursuant to the Scope of Services set forth in Part II hereof.

5.6 DEBRIEFING

After award, Respondents may submit a written request for a debriefing to the District Clerk. Written requests for debriefing will be accepted at the location indicated for receipt of Proposals.

5.7 AWARD PROTEST

Any protest of an award made pursuant to this RFQP shall be in writing to the District Counsel. The provisions of the Connecticut General Statutes and State Procurement Regulations pertaining to State of Connecticut procurement requirements and processes do not apply to municipalities, and therefore, do not

apply to the District, except for those provisions regarding small and minority business enterprises and under which the District is deemed a state agency.

PART VI
APPENDICES

Appendix A

**AFFIDAVIT OF NON-COLLUSION AND
INDEPENDENT PRICE DETERMINATION**

STATE OF _____

ss. at _____

COUNTY OF _____

This Affidavit is made to the Metropolitan District Commission ("MDC") by the undersigned ("Bidder") in connection with The Bid ("Bid") submitted by Bidder in response to MDC's competitive bid solicitation process.

_____ hereby deposes and says:

1. THAT all representations made by Bidder and contained in the Bid are true, accurate and complete;
2. THAT neither Bidder nor any of its officers, partners, owners, agents, representatives, employees or parties in interest has (i) in any way colluded , conspired, connived, or agreed, directly or indirectly, with any other bidder, firm or person to submit, or to refrain from submitting, a competing bid in connection with this bid submission, or (ii) in any manner, directly or indirectly, sought by agreement or collusion of communication or conference with any other bidder, firm or person to fix the price or prices in the Bid or any bid of any other bidder or to fix any overhead, profit or cost element of said Bid or an other bid or bidder, or (iii) sought in any way to secure through collusion, conspiracy, connivance, or agreement any advantage against MDC or any person interested in the proposed Contract;
3. THAT the Bid has been determined independently by Bidder, its team members or representatives, without consultation, communication or agreement for the purpose of restricting competition, and is not tainted by any collusion or conspiracy by any parties in interest, including Bidder;
4. THAT the Bid has not been disclosed by Bidder to any other bidder, potential bidder and will not be disclosed by Bidder, prior to bid opening , directly or indirectly to any other Bidder or potential bidder;
5. THAT no person acting for or employed by the MDC is now or will hereafter be directly or indirectly interested therein or in any portion of the profits thereof in any manner which is contrary to law or is unethical. And that no person acting for or employed by the MDC is now or will hereafter benefit financially directly or indirectly from bidder's award of the proposed Contract or participation in the bidding process;

6. THAT bidder has submitted only the Bid and has not directly or indirectly used a related company, agent, employee, officer, partner, representative or nominee to submit any other bid;

The undersigned, who is responsible for determining the prices being offered in the Bid, has read the foregoing and the same is true and correct to the best of his or her knowledge, information and belief;

IN WITNESS WHEREOF, the undersigned has executed this Affidavit as of this _____ day of _____, 20____.

BIDDER:

Printed Name of Bidder

By: _____
Signature of Bidder

Print Name and Title of Authorized Signatory

Subscribed and sworn to before me,
The undersigned, this _____ day of _____, 20____.

Commissioner of the Superior Court
Notary Public
My Commission Expires: _____

Notice Concerning Legal Action

Any person who knowingly makes a false statement of otherwise executes a document he/she knows to be false, with the intent to mislead a municipality is in violation of Connecticut General Statute 53a-157b, Making a False Statement, and shall be subject to penalty.

Appendix B

THE METROPOLITAN DISTRICT FAIR EMPLOYMENT EQUAL OPPORTUNITY,
NON-DISCRIMINATION

The Fair Employment Practices Qualification Form inserted into this Project Manual is deemed to be a part hereof. Both pages are to be completely filled in. Failure to submit the completed form may cause your bid to be considered non-responsive and thereby rejected.

Equal opportunity requirements in the Instruction to Bidders or elsewhere in this Project Manual are deemed to be part of the Contract Agreement.

Non-Discrimination requirements in the Instruction to Bidders or elsewhere in this Project Manual are deemed to be part of the Contract Agreement.

**FAIR EMPLOYMENT PRACTICES QUALIFICATION FORM
FOR VENDORS AND BIDDERS
THE METROPOLITAN DISTRICT**

Every employer having 10 or more employees must fill out this complete Questionnaire. Firms having fewer than 10 employees are required to fill out Sections A and C only. FAILURE TO COMPLETE AND RETURN THIS FORM MAY BE SUFFICIENT CAUSE FOR REJECTION OF YOUR BIDS OR CANCELLATION OF PURCHASES.

This questionnaire will be evaluated by The Metropolitan District to determine whether or not your firm is to be retained on the District's Bidding and Vendor List.

SECTION A: All vendors must fill out this section and sign on page 2.

Name of Firm: _____ Number of Employees: _____

Address: _____ Telephone Number: _____

Spokesperson for Firm: _____ Title: _____

Nature of Business: _____

SECTION B: This section must be filled out by all employers having 10 or more employees.

The employer will indicate its willingness or unwillingness to participate in the following affirmative action employment practices by circling one of the key letters. The key letters are:

- A This is now the practice of the Company.
- B The Company will adopt this affirmative action.
- C The Company cannot or will not adopt this affirmative action.
(If 'C' is circled, reason must be stated.)

It is understood that the Company's willingness to participate in affirmative action employment practices will be evaluated by The Metropolitan District and this evaluation may directly influence vendor qualification.

1. The Company will adopt a policy of non-discrimination on the basis of race, color, creed, mental or physical disability, age, sex, national origin or ancestry.

A B C Reason:

2. The Company's non-discriminatory policies are in writing and will be communicated to the following:

All employees: _____ A B C Reason

All recruitment sources: _____ A B C Reason:

All relevant labor unions: _____ A B C Reason:

SECTION B: (Continued)

3. If the Company conducts any formal or informal training programs, the recruitment for these programs will be conducted so as not to discriminate against minority group persons.

A B C Reason:

4. The Company will take steps to integrate all positions, departments and plant locations.

A B C Reason:

5. The Company will review its qualifications for each job to determine whether such standards eliminate those unemployed persons who could, if hired, perform the duties of the job adequately. The following qualifications will be reviewed:

Education	A B C	Reason:
Experience	A B C	Reason:
Tests	A B C	Reason:
Arrest Record	A B C	Reason:

6. The Company will advise the Connecticut Commission on Human Rights and Opportunities as to employment opportunities as they become available.

A B C Reason:

SECTION C:

Firm, Name and Signature. This section must be filled out by all Vendors and Bidders.

Name of Firm: _____

Address: _____ Telephone Number: _____

Signature of Officer: _____

Title: _____ Date: _____

**PLEASE RETURN FORM TO: THE METROPOLITAN DISTRICT
PURCHASING AGENT
P. O. BOX 800
HARTFORD, CT 06142-0800**

APPENDIX C

ACKNOWLEDGMENT OF RECEIPT OF ADDENDA



ACKNOWLEDGMENT OF RECEIPT OF ADDENDA

All addenda to the solicitation that is issued by The Metropolitan District (MDC) shall be incorporated and made a part of any Agreement entered into by and between the MDC and the successful respondent.

Where addenda are issued prior to the solicitation due date, all such addenda shall be attached and submitted with the proposal as confirmation and acknowledgment of receipt.

Failure to submit addenda acknowledgment and confirmation along with the proposal may cause the proposal to be considered non-responsive and thereby rejected.

The MDC assumes no responsibility nor shall it or its representatives be held liable for failure of the respondent to submit addenda as required. The requirement to submit this Acknowledgment of Receipt with the proposal shall in no manner invalidate any and all rights which the MDC may have under the executed agreement and by operation of law.

Addendum Number _____ Date Received _____

ACKNOWLEDGED AND CERTIFIED:

Company Name

By: _____
Signature

Duly Authorized as Its

Title

This Acknowledgment of Receipt must be signed and submitted intact to the MDC with the proposal response. Failure to adhere to this requirement may disqualify a firm from consideration, with such decision to be made by the MDC at its sole and absolute discretion.

Appendix D

CERTIFICATE AS TO CORPORATE BIDDER

I, _____, certify that I am
(Name)

The _____ of the
(Title)

Corporation/Partnership/Limited Liability Company which executed the above Bid;

that _____ who
(Name)

signed said Bid Form on behalf of said Corporation/Partnership/Limited Liability
Company was then _____
(Title)

of the Corporation/Partnership/Limited Liability Company signing for and on behalf of
said Corporation/Partnership/Limited Liability Company by authority of its governing
body; and was acting within the scope of its corporate powers.

By: _____

(Corporate Seal)

Secretary

APPENDIX E - SCHEDULE OF PRICES FOR YEAR 2016

BIDDER MUST FILL IN THE UNIT PRICES AND COMPUTE THE TOTALS					
(In case of error or discrepancies "UNIT PRICES Written Words" govern)					
ITEM NO	DESCRIPTION OF SCHEDULED ITEM	UNIT PRICES	UNIT OF MEASURE	ESTIMATED QUANTITY:	TOTAL PRICE Dollar Figure (Unit Price X Est. Qty)
		Dollars Figure			
2016 WORK - DOCTOR PERFORMING PHYSICALS					
1	Daily Fee for a 7:30am to 4:00 pm appointment shift	\$	LUMP SUM PER DAY	2	\$
2	Daily Fee for a 6:00am to 6:00 pm appointment shift	\$	LUMP SUM PER DAY	2	\$
3	Questionnaire review, screening, physical, PFT & Qualitative fit test for 1 respirator	\$	PER EMPLOYEE	130	\$
4	Fee per additional fit test if employee uses more than one respirator type	\$	PER EMPLOYEE	20	\$
Total Estimate for 2016:					\$
2016 WORK - PHYSICIAN'S ASSISTANT or ADVANCED PRACTICE REGISTERD NURSE PERFORMING PHYSICALS					
1	Daily Fee for a 7:30am to 4:00 pm appointment shift	\$	LUMP SUM PER DAY	2	\$
2	Daily Fee for a 6:00am to 6:00 pm appointment shift	\$	LUMP SUM PER DAY	2	\$
3	Questionnaire review, screening, physical, PFT & Qualitative fit test for 1 respirator	\$	PER EMPLOYEE	130	\$
4	Fee per additional fit test if employee uses more than one respirator type	\$	PER EMPLOYEE	20	\$
Total Estimate for 2016:					\$

APPENDIX E - SCHEDULE OF PRICES FOR YEAR 2017

BIDDER MUST FILL IN THE UNIT PRICES AND COMPUTE THE TOTALS					
(In case of error or discrepancies "UNIT PRICES Written Words" govern)					
ITEM NO	DESCRIPTION OF SCHEDULED ITEM	UNIT PRICES	UNIT OF MEASURE	ESTIMATED QUANTITY:	TOTAL PRICE Dollar Figure (Unit Price X Est. Qty)
		Dollars Figure			
2017 WORK - DOCTOR PERFORMING PHYSICALS					
1	Daily Fee for a 7:30am to 4:00 pm appointment shift	\$	LUMP SUM PER DAY	2	\$
2	Daily Fee for a 6:00am to 6:00 pm appointment shift	\$	LUMP SUM PER DAY	2	\$
3	Questionnaire review, screening, physical, PFT & Qualitative fit test for 1 respirator	\$	PER EMPLOYEE	120	\$
4	Fee per additional fit test if employee uses more than one respirator type	\$	PER EMPLOYEE	20	\$
Total Estimate for 2017:					\$
2017 WORK - PHYSICIAN'S ASSISTANT or ADVANCED PRACTICE REGISTERD NURSE PERFORMING PHYSICALS					
1	Daily Fee for a 7:30am to 4:00 pm appointment shift	\$	LUMP SUM PER DAY	2	\$
2	Daily Fee for a 6:00am to 6:00 pm appointment shift	\$	LUMP SUM PER DAY	2	\$
3	Questionnaire review, screening, physical, PFT & Qualitative fit test for 1 respirator	\$	PER EMPLOYEE	130	\$
4	Fee per additional fit test if employee uses more than one respirator type	\$	PER EMPLOYEE	20	\$
Total Estimate for 2017:					\$

APPENDIX E - SCHEDULE OF PRICES FOR YEAR 2018

BIDDER MUST FILL IN THE UNIT PRICES AND COMPUTE THE TOTALS					
(In case of error or discrepancies "UNIT PRICES Written Words" govern)					
ITEM NO	DESCRIPTION OF SCHEDULED ITEM	UNIT PRICES	UNIT OF MEASURE	ESTIMATED QUANTITY:	TOTAL PRICE Dollar Figure (Unit Price X Est. Qty)
		Dollars Figure			
2018 WORK - DOCTOR PERFORMING PHYSICALS					
1	Daily Fee for a 7:30am to 4:00 pm appointment shift	\$	LUMP SUM PER DAY	2	\$
2	Daily Fee for a 6:00am to 6:00 pm appointment shift	\$	LUMP SUM PER DAY	2	\$
3	Questionnaire review, screening, physical, PFT & Qualitative fit test for 1 respirator	\$	PER EMPLOYEE	130	\$
4	Fee per additional fit test if employee uses more than one respirator type	\$	PER EMPLOYEE	20	\$
Total Estimate for 2018:					\$
2018 WORK - PHYSICIAN'S ASSISTANT or ADVANCED PRACTICE REGISTERD NURSE PERFORMING PHYSICALS					
1	Daily Fee for a 7:30am to 4:00 pm appointment shift	\$	LUMP SUM PER DAY	2	\$
2	Daily Fee for a 6:00am to 6:00 pm appointment shift	\$	LUMP SUM PER DAY	2	\$
3	Questionnaire review, screening, physical, PFT & Qualitative fit test for 1 respirator	\$	PER EMPLOYEE	130	\$
4	Fee per additional fit test if employee uses more than one respirator type	\$	PER EMPLOYEE	20	\$
Total Estimate for 2018:					\$

APPENDIX E - SCHEDULE OF PRICES FOR YEAR 2019 (OPTIONAL)

BIDDER MUST FILL IN THE UNIT PRICES AND COMPUTE THE TOTALS					
(In case of error or discrepancies "UNIT PRICES Written Words" govern)					
ITEM NO	DESCRIPTION OF SCHEDULED ITEM	UNIT PRICES	UNIT OF MEASURE	ESTIMATED QUANTITY:	TOTAL PRICE Dollar Figure (Unit Price X Est. Qty)
		Dollars Figure			
2019 WORK - DOCTOR PERFORMING PHYSICALS					
1	Daily Fee for a 7:30am to 4:00 pm appointment shift	\$	LUMP SUM PER DAY	2	\$
2	Daily Fee for a 6:00am to 6:00 pm appointment shift	\$	LUMP SUM PER DAY	2	\$
3	Questionnaire review, screening, physical, PFT & Qualitative fit test for 1 respirator	\$	PER EMPLOYEE	130	\$
4	Fee per additional fit test if employee uses more than one respirator type	\$	PER EMPLOYEE	20	\$
Total Estimate for 2019:					\$
2019 WORK - PHYSICIAN'S ASSISTANT or ADVANCED PRACTICE REGISTERD NURSE PERFORMING PHYSICALS					
1	Daily Fee for a 7:30am to 4:00 pm appointment shift	\$	LUMP SUM PER DAY	2	\$
2	Daily Fee for a 6:00am to 6:00 pm appointment shift	\$	LUMP SUM PER DAY	2	\$
3	Questionnaire review, screening, physical, PFT & Qualitative fit test for 1 respirator	\$	PER EMPLOYEE	130	\$
4	Fee per additional fit test if employee uses more than one respirator type	\$	PER EMPLOYEE	20	\$
Total Estimate for 2019:					\$

APPENDIX E - SCHEDULE OF PRICES FOR YEAR 2020 (OPTIONAL)

BIDDER MUST FILL IN THE UNIT PRICES AND COMPUTE THE TOTALS					
(In case of error or discrepancies "UNIT PRICES Written Words" govern)					
ITEM NO	DESCRIPTION OF SCHEDULED ITEM	UNIT PRICES	UNIT OF MEASURE	ESTIMATED QUANTITY:	TOTAL PRICE Dollar Figure (Unit Price X Est. Qty)
		Dollars Figure			
2020 WORK - DOCTOR PERFORMING PHYSICALS					
1	Daily Fee for a 7:30am to 4:00 pm appointment shift	\$	LUMP SUM PER DAY	2	\$
2	Daily Fee for a 6:00am to 6:00 pm appointment shift	\$	LUMP SUM PER DAY	2	\$
3	Questionnaire review, screening, physical, PFT & Qualitative fit test for 1 respirator	\$	PER EMPLOYEE	130	\$
4	Fee per additional fit test if employee uses more than one respirator type	\$	PER EMPLOYEE	20	\$
Total Estimate for 2020:					\$
2020 WORK - PHYSICIAN'S ASSISTANT or ADVANCED PRACTICE REGISTERD NURSE PERFORMING PHYSICALS					
1	Daily Fee for a 7:30am to 4:00 pm appointment shift	\$	LUMP SUM PER DAY	2	\$
2	Daily Fee for a 6:00am to 6:00 pm appointment shift	\$	LUMP SUM PER DAY	2	\$
3	Questionnaire review, screening, physical, PFT & Qualitative fit test for 1 respirator	\$	PER EMPLOYEE	130	\$
4	Fee per additional fit test if employee uses more than one respirator type	\$	PER EMPLOYEE	20	\$
Total Estimate for 2020:					\$

APPENDIX F

CERTIFICATE OF INSURANCE SAMPLE

CERTIFICATE OF INSURANCE -THE METROPOLITAN DISTRICT FORM

ISSUE DATE (MM/DD/YY)

INS390

INSURED	THIS IS TO CERTIFY THAT THE POLICIES LISTED BELOW HAVE BEEN ISSUED, SUBJECT TO APPLICABLE TERMS, CONDITIONS AND EXCLUSIONS. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES INDICATED BELOW.	
	COMPANIES AFFORDING COVERAGE	
PRODUCER COMPANY	COMPANY LETTER A	
	COMPANY LETTER B	
	COMPANY LETTER C	

MINIMUM INSURANCE REQUIREMENTS (NOTE: CERTAIN PROJECTS, CONTRACTS OR AGREEMENTS MAY REQUIRE HIGHER OR LOWER LIMITS AND/OR REQUIRE SPECIFIC ADDITIONAL INSURANCE COVERAGES. SEE PROJECT, CONTRACT OR AGREEMENT FOR ADDITIONAL INFORMATION.)
 BODILY INJURY AND PROPERTY DAMAGE
 \$1,000,000 EACH OCCURRENCE
 \$1,000,000 AGGREGATE

COVERAGES

CO LTR	TYPE OF INSURANCE	POLICY NUMBER	EFF. DATE (MM/DD/YY)	EXP. DATE (MM/DD/YY)	ALL LIMITS IN THOUSANDS	
	GENERAL LIABILITY _____ COMMERCIAL GENERAL LIABILITY _____ CLAIMS MADE _____ OCCUR. _____ PER PROJECT AGG. LIMIT END. _____ BLANKET CONTRACTUAL _____ THE METROPOLITAN DISTRICT AND THE STATE OF CONN. ADDED AS ADDITIONAL INSURED				EACH OCCURRENCE	\$
					GENERAL AGGREGATE	\$
					PRODUCTS COMP/OPS AGGREGATE	\$
					SELF-INSURED RETENTION	\$
	AUTOMOBILE LIABILITY _____ ANY AUTO _____ ALL OWNED AUTOS _____ SCHEDULED AUTOS _____ HIRED AUTOS _____ NON-OWNED AUTOS				COMBINED SINGLE LIMIT	\$
					BODILY INJURY (Per Person)	\$
					BODILY INJURY (Per Accident)	\$
					PROPERTY DAMAGE	\$
					SELF-INSURED RETENTION	\$
	EXCESS/UMBRELLA LIABILITY				EACH OCCURR. \$	AGGREGATE \$
	WORKERS' COMPENSATION AND EMPLOYERS' LIABILITY				STATUTORY	
					\$ (EACH ACCIDENT)	
					\$ (DISEASE-POLICY LIMIT)	
					\$ (DISEASE-EACH EMPLOYEE)	
	PROTECTIVE LIABILITY (IN THE NAME OF THE METROPOLITAN DISTRICT) POLICY MUST BE SUBMITTED.				BODILY INJURY & PROPERTY DAMAGE	
					EACH OCCURRENCE:	
					AGGREGATE:	
	OTHER					

DESCRIPTION OF OPERATIONS

CERTIFICATE HOLDER
 THE METROPOLITAN DISTRICT
 555 MAIN STREET-PO BOX 800
 HARTFORD, CT 06142-0800

IT IS AGREED THAT 30 DAYS' NOTICE OF CANCELLATION OR RESTRICTIVE AMENDMENT OF SAID POLICIES SHALL BE MAILED TO THE METROPOLITAN DISTRICT, AND IT IS FURTHER AGREED THAT ALL EARNED PREMIUM CHARGES FOR THE PROTECTIVE LIABILITY AND OTHER POLICIES WILL BE BILLED TO THE ABOVE NAMED PERSON OR FIRM.
 AUTHORIZED REPRESENTATIVE

APPENDIX G

OSHA RESPIRATOR MEDICAL EVALUATION QUESTIONNAIRE

Appendix G RFPO 2016R-23

Appendix C to Sec. 1910.134: OSHA Respirator Medical Evaluation Questionnaire (Mandatory)

To the employer: Answers to questions in Section 1, and to question 9 in Section 2 of Part A, do not require a medical examination.

To the employee:

Your employer must allow you to answer this questionnaire during normal working hours, or at a time and place that is convenient to you. To maintain your confidentiality, your employer or supervisor must not look at or review your answers, and your employer must tell you how to deliver or send this questionnaire to the health care professional who will review it.

Part A. Section 1. (Mandatory) The following information must be provided by every employee who has been selected to use any type of respirator (please print).

1. Today's date: _____

2. Your name: _____

3. Your age (to nearest year): _____

4. Sex (circle one): Male/Female

5. Your height: _____ ft. _____ in.

6. Your weight: _____ lbs.

7. Your job title: _____

8. A phone number where you can be reached by the health care professional who reviews this questionnaire (include the Area Code): _____

9. The best time to phone you at this number: _____

10. Has your employer told you how to contact the health care professional who will review this questionnaire (circle one): Yes/No

11. Check the type of respirator you will use (you can check more than one category):

a. _____ N, R, or P disposable respirator (filter-mask, non-cartridge type only).

b. _____ Other type (for example, half- or full-facepiece type, powered-air purifying, supplied-air, self-contained breathing apparatus).

12. Have you worn a respirator (circle one): Yes/No

If "yes," what type(s): _____

Part A. Section 2. (Mandatory) Questions 1 through 9 below must be answered by every employee who has been selected to use any type of respirator (please circle "yes" or "no").

1. Do you *currently* smoke tobacco, or have you smoked tobacco in the last month: Yes/No

2. Have you *ever had* any of the following conditions?

a. Seizures: Yes/No

b. Diabetes (sugar disease): Yes/No

c. Allergic reactions that interfere with your breathing: Yes/No

d. Claustrophobia (fear of closed-in places): Yes/No

e. Trouble smelling odors: Yes/No

3. Have you *ever had* any of the following pulmonary or lung problems?

a. Asbestosis: Yes/No

b. Asthma: Yes/No

c. Chronic bronchitis: Yes/No

d. Emphysema: Yes/No

e. Pneumonia: Yes/No

f. Tuberculosis: Yes/No

g. Silicosis: Yes/No

h. Pneumothorax (collapsed lung): Yes/No

i. Lung cancer: Yes/No

j. Broken ribs: Yes/No

k. Any chest injuries or surgeries: Yes/No

l. Any other lung problem that you've been told about: Yes/No

4. Do you *currently* have any of the following symptoms of pulmonary or lung illness?

a. Shortness of breath: Yes/No

- b. Shortness of breath when walking fast on level ground or walking up a slight hill or incline: Yes/No
 - c. Shortness of breath when walking with other people at an ordinary pace on level ground: Yes/No
 - d. Have to stop for breath when walking at your own pace on level ground: Yes/No
 - e. Shortness of breath when washing or dressing yourself: Yes/No
 - f. Shortness of breath that interferes with your job: Yes/No
 - g. Coughing that produces phlegm (thick sputum): Yes/No
 - h. Coughing that wakes you early in the morning: Yes/No
 - i. Coughing that occurs mostly when you are lying down: Yes/No
 - j. Coughing up blood in the last month: Yes/No
 - k. Wheezing: Yes/No
 - l. Wheezing that interferes with your job: Yes/No
 - m. Chest pain when you breathe deeply: Yes/No
 - n. Any other symptoms that you think may be related to lung problems: Yes/No
5. Have you *ever had* any of the following cardiovascular or heart problems?
- a. Heart attack: Yes/No
 - b. Stroke: Yes/No
 - c. Angina: Yes/No
 - d. Heart failure: Yes/No
 - e. Swelling in your legs or feet (not caused by walking): Yes/No
 - f. Heart arrhythmia (heart beating irregularly): Yes/No
 - g. High blood pressure: Yes/No
 - h. Any other heart problem that you've been told about: Yes/No

6. Have you *ever had* any of the following cardiovascular or heart symptoms?

a. Frequent pain or tightness in your chest: Yes/No

b. Pain or tightness in your chest during physical activity: Yes/No

c. Pain or tightness in your chest that interferes with your job: Yes/No

d. In the past two years, have you noticed your heart skipping or missing a beat: Yes/No

e. Heartburn or indigestion that is not related to eating: Yes/No

d. Any other symptoms that you think may be related to heart or circulation problems: Yes/No

7. Do you *currently* take medication for any of the following problems?

a. Breathing or lung problems: Yes/No

b. Heart trouble: Yes/No

c. Blood pressure: Yes/No

d. Seizures: Yes/No

8. If you've used a respirator, have you *ever had* any of the following problems? (If you've never used a respirator, check the following space and go to question 9:)

a. Eye irritation: Yes/No

b. Skin allergies or rashes: Yes/No

c. Anxiety: Yes/No

d. General weakness or fatigue: Yes/No

e. Any other problem that interferes with your use of a respirator: Yes/No

9. Would you like to talk to the health care professional who will review this questionnaire about your answers to this questionnaire: Yes/No

Questions 10 to 15 below must be answered by every employee who has been selected to use either a full-facepiece respirator or a self-contained breathing apparatus (SCBA). For employees who have been selected to use other types of respirators, answering these questions is voluntary.

10. Have you *ever lost* vision in either eye (temporarily or permanently): Yes/No

11. Do you *currently* have any of the following vision problems?

a. Wear contact lenses: Yes/No

b. Wear glasses: Yes/No

c. Color blind: Yes/No

d. Any other eye or vision problem: Yes/No

12. Have you *ever had* an injury to your ears, including a broken ear drum: Yes/No

13. Do you *currently* have any of the following hearing problems?

a. Difficulty hearing: Yes/No

b. Wear a hearing aid: Yes/No

c. Any other hearing or ear problem: Yes/No

14. Have you *ever had* a back injury: Yes/No

15. Do you *currently* have any of the following musculoskeletal problems?

a. Weakness in any of your arms, hands, legs, or feet: Yes/No

b. Back pain: Yes/No

c. Difficulty fully moving your arms and legs: Yes/No

d. Pain or stiffness when you lean forward or backward at the waist: Yes/No

e. Difficulty fully moving your head up or down: Yes/No

f. Difficulty fully moving your head side to side: Yes/No

g. Difficulty bending at your knees: Yes/No

h. Difficulty squatting to the ground: Yes/No

i. Climbing a flight of stairs or a ladder carrying more than 25 lbs: Yes/No

j. Any other muscle or skeletal problem that interferes with using a respirator: Yes/No

Part B Any of the following questions, and other questions not listed, may be added to the questionnaire at the discretion of the health care professional who will review the questionnaire.

1. In your present job, are you working at high altitudes (over 5,000 feet) or in a place that has lower than normal amounts of oxygen: Yes/No

If "yes," do you have feelings of dizziness, shortness of breath, pounding in your chest, or other symptoms when you're working under these conditions: Yes/No

2. At work or at home, have you ever been exposed to hazardous solvents, hazardous airborne chemicals (e.g., gases, fumes, or dust), or have you come into skin contact with hazardous chemicals: Yes/No

If "yes," name the chemicals if you know them: _____

3. Have you ever worked with any of the materials, or under any of the conditions, listed below:

a. Asbestos: Yes/No

b. Silica (e.g., in sandblasting): Yes/No

c. Tungsten/cobalt (e.g., grinding or welding this material): Yes/No

d. Beryllium: Yes/No

e. Aluminum: Yes/No

f. Coal (for example, mining): Yes/No

g. Iron: Yes/No

h. Tin: Yes/No

i. Dusty environments: Yes/No

j. Any other hazardous exposures: Yes/No

If "yes," describe these exposures: _____

4. List any second jobs or side businesses you have: _____

5. List your previous occupations: _____

6. List your current and previous hobbies: _____

7. Have you been in the military services? Yes/No

If "yes," were you exposed to biological or chemical agents (either in training or combat): Yes/No

8. Have you ever worked on a HAZMAT team? Yes/No

9. Other than medications for breathing and lung problems, heart trouble, blood pressure, and seizures mentioned earlier in this questionnaire, are you taking any other medications for any reason (including over-the-counter medications): Yes/No

If "yes," name the medications if you know them: _____

10. Will you be using any of the following items with your respirator(s)?

a. HEPA Filters: Yes/No

b. Canisters (for example, gas masks): Yes/No

c. Cartridges: Yes/No

11. How often are you expected to use the respirator(s) (circle "yes" or "no" for all answers that apply to you)?:

a. Escape only (no rescue): Yes/No

b. Emergency rescue only: Yes/No

c. Less than 5 hours *per week*: Yes/No

d. Less than 2 hours *per day*: Yes/No

e. 2 to 4 hours per day: Yes/No

f. Over 4 hours per day: Yes/No

12. During the period you are using the respirator(s), is your work effort:

a. *Light* (less than 200 kcal per hour): Yes/No

If "yes," how long does this period last during the average shift: _____ hrs. _____ mins.

Examples of a light work effort are *sitting* while writing, typing, drafting, or performing light assembly work; or *standing* while operating a drill press (1-3 lbs.) or controlling machines.

b. *Moderate* (200 to 350 kcal per hour): Yes/No

If "yes," how long does this period last during the average shift: _____ hrs. _____ mins.

Examples of moderate work effort are *sitting* while nailing or filing; *driving* a truck or bus in urban traffic; *standing* while drilling, nailing, performing assembly work, or transferring a moderate load (about 35 lbs.) at trunk level; *walking* on a level surface about 2 mph or down a 5-degree grade about 3 mph; or *pushing* a wheelbarrow with a heavy load (about 100 lbs.) on a level surface.

c. *Heavy* (above 350 kcal per hour): Yes/No

If "yes," how long does this period last during the average shift: _____ hrs. _____ mins.

Examples of heavy work are *lifting* a heavy load (about 50 lbs.) from the floor to your waist or shoulder; working on a loading dock; *shoveling*; *standing* while bricklaying or chipping castings; *walking* up an 8-degree grade about 2 mph; climbing stairs with a heavy load (about 50 lbs.).

13. Will you be wearing protective clothing and/or equipment (other than the respirator) when you're using your respirator: Yes/No

If "yes," describe this protective clothing and/or equipment: _____

14. Will you be working under hot conditions (temperature exceeding 77 deg. F): Yes/No

15. Will you be working under humid conditions: Yes/No

16. Describe the work you'll be doing while you're using your respirator(s):

17. Describe any special or hazardous conditions you might encounter when you're using your respirator(s) (for example, confined spaces, life-threatening gases):

18. Provide the following information, if you know it, for each toxic substance that you'll be exposed to when you're using your respirator(s):

Name of the first toxic substance: _____

Estimated maximum exposure level per shift: _____

Duration of exposure per shift: _____

Name of the second toxic substance: _____

Estimated maximum exposure level per shift: _____

Duration of exposure per shift: _____

Name of the third toxic substance: _____

Estimated maximum exposure level per shift: _____

Duration of exposure per shift: _____

The name of any other toxic substances that you'll be exposed to while using your respirator:

19. Describe any special responsibilities you'll have while using your respirator(s) that may affect the safety and well-being of others (for example, rescue, security):
