STATE OF NORTH CAROLINA

Department of Health and Human Services – Division of State Operated Healthcare Facilities

Invitation for Bid #: 30-26060

Onsite Biomedical Equipment Maintenance

Date of Issue: July 21, 2026

Bid Opening Date: September 09, 2026

At 2:00PM ET

Direct all inquiries concerning this IFB to:

Brooke Wells

DSOHF Procurement Specialist

Email: Brooke.Wells@dhhs.nc.gov

STATE OF NORTH CAROLINA

Invitation for Bid

30-26060

For internal State agency processing, including tabulation of bids, provide your company's eVP (Electronic Vendor Portal) Number. Pursuant to G.S. 132-1.10(b) this identification number shall not be released to the public. **This page will be removed and shredded, or otherwise kept confidential**, before the procurement file is made available for public inspection.

This page shall be filled out and returned with your bid.
Failure to do so may subject your bid to rejection.

_____

Vendor Name

_____

Vendor eVP#

Note: For a contract to be awarded to you, your company (you) must be a North Carolina registered Vendor in good standing. You must enter the Vendor number assigned through eVP (Electronic Vendor Portal). If you do not have a Vendor number, register at https://evp.nc.gov/SignIn

STATE OF NORTH CAROLINA
DHHS - Division of State Operated Healthcare Facilities

Refer *ALL* Inquiries regarding this IFB to the procurement lead through the Message Board in the Sourcing Tool. See section 2.6 for details: Brooke Wells	**Invitation for Bid No.: 30-26060**
	Bids will be publicly opened: 09/09/2026 2:00pm EST
Using Agency: DHHS-DSOHF	**Commodity No. and Description: 851615 – Medical or Surgical equipment repair**
Requisition No.: TBD	

EXECUTION

In compliance with this Invitation for Bid (IFB), and subject to all the conditions herein, the undersigned Vendor offers and agrees to furnish and deliver any or all items upon which prices are bid, at the prices set opposite each item within the time specified herein.

By executing this bid, the undersigned Vendor understands that false certification is a Class I felony and certifies that:

- this bid is submitted competitively and without collusion (G.S. 143-54),
- none of its officers, directors, or owners of an unincorporated business entity has been convicted of any violations of Chapter 78A of the General Statutes, the Securities Act of 1933, or the Securities Exchange Act of 1934 (G.S. 143-59.2), and
- it is not an ineligible Vendor as set forth in G.S. 143-59.1.

Furthermore, by executing this bid, the undersigned certifies to the best of Vendor's knowledge and belief, that:

- it and its principals are not presently debarred, suspended, proposed for debarment, declared ineligible or voluntarily excluded from covered transactions by any Federal or State department or agency.

As required by G.S. 143-48.5, the undersigned Vendor certifies that it, and each of its Sub-Contractors for any Contract awarded as a result of this IFB, complies with the requirements of Article 2 of Chapter 64 of the NC General Statutes, including the requirement for each employer with more than 25 employees in North Carolina to verify the work authorization of its employees through the federal E-Verify system.

As required by Executive Order 24 (2017), the undersigned Vendor certifies will comply with all Federal and State requirements concerning fair employment and that it does not and will not discriminate, harass, or retaliate against any employee in connection with performance of any Contract arising from this solicitation.

G.S. 133-32 and Executive Order 24 (2009) prohibit the offer to, or acceptance by, any State Employee associated with the preparing plans, specifications, estimates for public contracts; or awarding or administering public contracts; or inspecting or supervising delivery of the public contract of any gift from anyone with a contract with the State, or from any person seeking to do business with the State. By execution of this response to the IFB, the undersigned certifies, for Vendor's entire organization and its employees or agents, that Vendor is not aware that any such gift has been offered, accepted, or promised by any employees of your organization.

By executing this bid, Vendor certifies that it has read and agreed to the **INSTRUCTION TO VENDORS** and the **NORTH CAROLINA GENERAL TERMS AND CONDITIONS** incorporated herein**.** These documents can be accessed from the Ariba Sourcing Tool.

Failure to execute/sign bid prior to submittal may render bid invalid and it MAY BE REJECTED. Late bids shall not be accepted.

COMPLETE/FORMAL NAME OF VENDOR:		
STREET ADDRESS:	P.O. BOX:	ZIP:
CITY & STATE & ZIP:	TELEPHONE NUMBER:	TOLL FREE TEL. NO:
PRINCIPAL PLACE OF BUSINESS ADDRESS IF DIFFERENT FROM ABOVE (SEE INSTRUCTIONS TO VENDORS ITEM #21):		
PRINT NAME & TITLE OF PERSON SIGNING ON BEHALF OF VENDOR:		
VENDOR'S AUTHORIZED SIGNATURE*:	**DATE:**	EMAIL:

VALIDITY PERIOD

Offer shall be valid for at least one hundred and twenty (120) days from date of bid opening, unless otherwise stated here: ___ days, or if extended by mutual agreement of the parties in writing. Any withdrawal of this offer shall be made in writing, effective upon receipt by the agency issuing this IFB.

ACCEPTANCE OF BIDS

If your bid is accepted, all provisions of this IFB, along with the written results of any negotiations, shall constitute the written agreement between the parties ("Contract"). The NORTH CAROLINA GENERAL TERMS AND CONDITIONS are incorporated herein and shall apply. Depending upon the Goods or Services being offered, other terms and conditions may apply, as mutually agreed.

FOR STATE USE ONLY: Offer accepted and Contract awarded this_____ day of _____, 20____, as indicated on

The attached certification, by _____.

(Authorized Representative of DHHS-DSOHF)

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1.0 PURPOSE AND BACKGROUND

This Invitation for Bids (IFB) is to solicit competitive bids from qualified Vendors to provide an onsite biomedical equipment maintenance program for the Division of State Operated Healthcare Facilities. Services will include preventative maintenance, evaluation, consultation and repairs.

The following DSOHF locations are a part of this Contract:

Psychiatric Hospitals
Broughton Hospital, Morganton, NC
Central Regional Hospital, Butner, NC
Cherry Hospital- Goldsboro, NC

Neuro-Medical Treatment Centers
Black Mountain Center, Black Mountain, NC
Longleaf Center, Wilson, NC
O'Berry Center, Goldsboro, NC

Developmental Centers:
J. Iverson Riddle Center, Morganton, NC
Caswell Center, Kinston, NC
Murdoch Center, Butner, NC

Alcohol and Drug Abuse Treatment Centers (ADATCs)
Julian F. Keith ADATC, Black Mountain, NC
Walter B. Jones ADATC, Greenville, NC

Residential Schools

Whitaker School, Butner, NC

The intent of this solicitation is to award an Agency Specific Contract.

1.1 CONTRACT TERM

The Contract shall have an initial term of three (3) years, beginning on the date of final Contract execution (the "Effective Date") or **October 01, 2026,** whichever is later.

Bids shall be submitted in accordance with the terms and conditions of this IFB and any addenda issued hereto.

2.0 GENERAL INFORMATION

2.1 INVITATION FOR BID DOCUMENT

This IFB is comprised of the base IFB document, any attachments, and any addenda released before Contract award, which are incorporated herein by reference.

2.2 E-PROCUREMENT FEE

ATTENTION: This is an NC eProcurement solicitation facilitated by the Ariba Network. The E-Procurement fee may apply to this solicitation. See the paragraph entitled ELECTRONIC PROCUREMENT of the North Carolina General Terms and Conditions.

General information on the E-Procurement Services can be found at: http://eprocurement.nc.gov/.

What is the Ariba Network?

The Ariba Network is a web-based platform that serves as a connection point for buyers and Vendors. Vendors can log in to the Ariba Network to view purchase orders, respond to electronic requests for quotes, participate in Sourcing Events, and collaborate with buyers on contract documents.

For training on how to use the Sourcing Tool to view solicitations, submit questions, develop responses, upload documents, and submit offers to the State, Vendors should go to the following site:

http://eprocurement.nc.gov/training/Vendor-training.

2.3 NOTICE TO VENDORS REGARDING IFB TERMS AND CONDITIONS

It shall be the Vendor's responsibility to read the Instructions to Vendors, the North Carolina General Terms and Conditions, all relevant exhibits and attachments, and any other components made a part of this IFB and comply with all requirements and specifications herein. Vendors are also responsible for obtaining and complying with all Addenda and other changes that may be issued in connection with this IFB.

If Vendors have questions or issues regarding any component of this IFB, those must be submitted as questions in accordance with the instructions in the BID QUESTIONS Section. If the State determines that any changes will be made as a result of the questions asked, then such decisions will be communicated in the form of an IFB addendum. The State may also elect to leave open the possibility for later negotiation of specific provisions of the Contract that have been addressed during the question-and-answer period, prior to contract award.

Other than through the process of negotiation under 01 NCAC 05B.0503, the State rejects and will not be required to evaluate or consider any additional or modified terms and conditions submitted with Vendor's bid or otherwise. This applies to any language appearing in or attached to the document as part of the Vendor's bid that purports to vary any terms and conditions or Vendors' instructions herein or to render the bid non-binding or subject to further negotiation. Vendor's bid shall constitute a firm offer that shall be held open for the period required herein ("Validity Period" above).

The State may exercise its discretion to consider Vendor proposed modifications. By execution and delivery of this IFB Response, the Vendor agrees that any additional or modified terms and conditions, whether submitted purposely or inadvertently, shall have no force or effect, and will be disregarded unless expressly agreed upon during negotiations and incorporated by way of a Best and Final Offer (BAFO). Noncompliance with, or any attempt to alter or delete, this paragraph shall constitute sufficient grounds to reject Vendor's bid as nonresponsive.

2.4 IFB SCHEDULE

The table below shows the *intended* schedule for this IFB. The State will make every effort to adhere to this schedule.

Event	Responsibility	Date and Time
Issue IFB	State	07/21/2026
Submit Written Questions	Vendor	08/06/2026 11:00am EST
Provide Response to Questions	State	08/13/2026 5:00pm EST
Submit Bids	Vendor	09/09/2026 2:00pm EST **Microsoft Teams meeting** **Join:** https://teams.microsoft.com/meet/24644270399394?p=NYmAJWUkV1b1JrKHYA Meeting ID: 246 442 703 993 94 Passcode: YG7Hg2Uj Need help? | System reference

		Dial in by phone +1 984-204-1487,,81588829# United States, Raleigh Find a local number Phone conference ID: 815 888 29# **Join on a video conferencing device** Tenant key: ncgov@m.webex.com Video ID: 119 820 090 4 More info For organizers: Meeting options | Reset dial-in PIN
Contract Award	State	TBD

2.5 BID QUESTIONS

Upon review of the IFB documents, Vendors may have questions to clarify or interpret the IFB in order to submit the best bid possible. To accommodate the Bid Questions process, Vendors shall submit any such questions by the "Submit Written Questions" date and time provided in the IFB SCHEDULE Section above, unless modified by Addendum.

Questions related to the content of the solicitation, or the procurement process should be directed to the person on the title page of this document via the Sourcing Tool's message board by the date and time specified in the IFB SCHEDULE Section of this IFB. Vendors will enter "**IFB # 30-26060 – Questions**" as the subject of the message. Question submittals should include a reference to the applicable IFB section. This is the only manner in which questions will be received.

Questions or issues related to using the Sourcing Tool itself can be directed to the North Carolina eProcurement Help Desk at 888-211-7440, Option 2. Help Desk representatives are available Monday through Friday from 7:30 AM ET to 5:00 PM ET.

Questions received prior to the submission deadline date, the State's response, and any additional terms deemed necessary by the State will be posted in the Sourcing Tool in the form of an addendum and shall become an Addendum to this IFB. No information, instruction or advice provided orally or informally by any State personnel, whether made in response to a question or otherwise in connection with this IFB, shall be considered authoritative or binding. Vendors shall rely *only* on written material contained in the IFB and an addendum to this IFB.

2.6 BID SUBMITTAL

IMPORTANT NOTE: This is an absolute requirement. Late bids, regardless of cause, will not be opened or considered, and will be automatically disqualified from further consideration. Vendor shall bear the sole risk of late submission due to unintended or unanticipated delay. It is the Vendor's sole responsibility to ensure its bid has been received as described in this IFB by the specified time and date of opening. Failure to submit a bid in strict accordance with instructions provided shall constitute sufficient cause to reject a Vendor's bids(s). Solicitation responses are subject to Sealed Bidding requirements.

Vendor's bids for this procurement must be submitted through the Sourcing Tool. For training on how to use the Sourcing Tool to view solicitations, submit questions, develop responses, upload documents, and submit offers to the State, Vendors should go to the following site: https://eprocurement.nc.gov/training/vendor-training

Questions or issues related to using the Sourcing Tool itself can be directed to the North Carolina eProcurement Help Desk at 888-211-7440, Option 2. Help Desk representatives are available Monday through Friday from 7:30 AM EST to 5:00 PM EST.

Tips for Using the Sourcing Tool

1. Vendors should review available training and confirm that they are able to access the Sourcing Event, enter responses, and upload files well in advance of the date and time response are due to allow sufficient time to seek assistance from the North Carolina eProcurement Help Desk.
2. Vendors may submit their responses early to make sure there are no issues, and then submit a revised response any time prior to the response due date and time. The State will only review the most recent response.

3. Vendors should respond to all relevant sections of the Sourcing Event. Certain questions or items are required in order to submit a response and are denoted with an asterisk. The Sourcing Tool will not allow a response to be submitted unless all required items are completed. The Sourcing Tool will provide error messages to help identify any required information that is missing when response is submitted.
4. Simply saving your response in the Sourcing Tool is not the same as submitting your response to the State. Vendors should make sure they complete the submission process and receive a message that their response was successfully submitted.
5. **Only Bids submitted through the Content Section of the Ariba Sourcing Event will be considered. Bids submitted through the Message Board will not be accepted or considered for award.**

If confidential and proprietary information is included in the bid, also submit one (1) signed, REDACTED copy of the bid. Such information may include trade secrets defined by N.C. Gen. Stat. § 66-152 and other information exempted from the Public Records Act pursuant to N.C. Gen. Stat. §132- 1.2. Vendor may designate information, Products, Services, or appropriate portions of its response as confidential, consistent with and to the extent permitted under the statutes and rules set forth above. By so redacting any page, or portion of a page, the Vendor warrants that it has formed a good faith opinion, having received such necessary or proper review by counsel and other knowledgeable advisors, that the portions determined to be confidential and proprietary and redacted as such, meet the requirements of the Rules and Statutes set forth above. However, under no circumstances shall price information be designated as confidential.

If the Vendor does not provide a redacted version of the bid with its bid submission, the Department may release an unredacted version if a record request is received.

2.7 BID CONTENTS

Vendors shall provide responses to all questions and complete all attachments for this IFB that require the Vendor to provide information and upload them to the Sourcing Event in the Sourcing Tool. Vendor may not be able to submit its response in the Sourcing Tool unless all required items are addressed. Vendors shall provide authorized signatures where requested. Failure to provide all required items, or Vendor's submission of incomplete items, may result in the State rejecting Vendor's bid, in the State's sole discretion.

Vendors shall upload the following items and attachments in the Sourcing Tool:

a) Completed and signed version of all EXECUTION PAGES, along with the body of the IFB.
b) Signed receipt pages of any addenda released in conjunction with this IFB, if required to be returned.
c) Completed versions of ATTACHMENT A1-13: PRICING
d) Completed version of ATTACHMENT D: CUSTOMER REFERENCE FORM
e) Completed version of ATTACHMENT E: LOCATION OF WORKERS UTILIZED BY VENDOR
f) Completed and signed version of ATTACHMENT F: CERTIFICATION OF FINANCIAL CONDITION
g) Completed and signed version of ATTACHMENT G: STATE CERTIFICATIONS
h) Completed and signed version of ATTACHMENT H: STATE OF NORTH CAROLINA SUBSTITUTE W-9 FORM
i) Completed and signed version of ATTACHMENT I: DSOHF POLICY IC 182 AL ATTESTATION STATEMENT
j) Completed and signed version of ATTACHMENT J: DHHS ENVIRONMENTAL HEALTH & SAFETY HANDFOR FOR CONTRACTORS AKNOWLEDGEMENT FORM

2.8 ALTERNATE BIDS

Unless provided otherwise in this IFB, Vendor may submit alternate bids for comparable Goods, various methods or levels of Service(s), or that propose different options. Alternate bid must specifically identify the IFB requirements and advantage(s) addressed by the alternate bid. Each bid must be for a specific set of Goods and Services and must include specific pricing. If a Vendor chooses to respond with various offerings, Vendor shall follow the specific instructions for uploading Alternate Bids in the Sourcing Tool.

2.9 DEFINITIONS, ACRONYMS, AND ABBREVIATIONS

Relevant definitions for this IFB are provided in 01 NCAC 05A .0112 and in the Instructions to Vendors found in the Sourcing Tool, which are incorporated herein by this reference.

The following definitions, acronyms, and abbreviations are also relevant to this IFB:

a) **CMS**: Centers for Medicare and Medicaid Services

b) **DHHS**: Department of Health and Human Services

c) **DSOHF**: Division of State Operated Healthcare Facilities

d) **EOC**: Environment of Care

e) **MEMP**: Medical Equipment Management Program

f) **PM**: Preventative Maintenance

3.0 METHOD OF AWARD AND BID EVALUATION PROCESS

3.1 METHOD OF AWARD

North Carolina G.S. 143-52 provides a general list of criteria the State shall use to award contracts, as supplemented by the additional criteria herein. The Goods or Services being procured shall dictate the application and order of criteria; however, all award decisions shall be in the State's best interest.

All responsive bids will be reviewed, and an award or awards will be based on the responsive bid(s) offering the lowest price that meets the specifications provided herein, to include any required verifications set out here in such as but not limited to past performance, references, and financial documents.

While the intent of this IFB is to award a Contract to a single Vendor, the State reserves the right to make separate awards to different Vendors for one or more line items, to not award one or more line items, or to cancel this IFB in its entirety without awarding a Contract, if it is considered to be most advantageous to the State to do so.

The State reserves the right to waive any minor informality or technicality in bids received.

3.2 CONFIDENTIALITY AND PROHIBITED COMMUNICATIONS DURING EVALUATION

While this IFB is under evaluation, the responding Vendor, including any subcontractors and suppliers, is prohibited from engaging in conversations intended to influence the outcome of the evaluation. See Paragraph 29. of the Instructions to Vendors entitled COMMUNICATOINS BY VENDORS

Each Vendor submitting a bid to this IFB, including its employees, agents, subcontractors, suppliers, subsidiaries and affiliates, is prohibited from having any communications with any person inside or outside the using agency; issuing agency; other government agency office or body (including the procurement lead named above, any department secretary, agency head, members of the General Assembly and Governor's office); or private entity, if the communication refers to the content of Vendor's bid or qualifications, the content of another Vendor's proposal, another Vendor's qualifications or ability to perform a resulting contract, and/or the transmittal of any other communication of information that could be reasonably considered to have the effect of directly or indirectly influencing the evaluation of proposals, the award of a contract, or both.

Any Vendor not in compliance with this provision shall be disqualified from evaluation and award. A Vendor's proposal may be disqualified if its subcontractor and/or supplier engage in any of the foregoing communications during the time that the procurement is active (*i.e.*, the issuance date of the procurement until the date of contract award or cancellation of the procurement). Only those discussions, communications or transmittals of information authorized or initiated by the issuing agency for this IFB, or inquiries directed to the procurement lead named in this IFB regarding requirements of the IFB (prior to proposal submission) or the status of the award (after submission) are excepted from this provision.

3.3 BID EVALUATION PROCESS

Only responsive submissions will be evaluated.

The State will conduct an evaluation of responsive Bids, as follows:

Bids will be received according to the method stated in the Bid Submittal section above.

All bids must be received by the issuing agency not later than the date and time specified in the IFB SCHEDULE Section above, unless modified by Addendum. Vendors are cautioned that this is a request for offers, not an offer or request to contract, and the State reserves the unqualified right to reject any and all offers at any time if such rejection is deemed to be in the best interest of the State.

At the date and time provided in the IFB SCHEDULE Section above, unless modified by Addendum, the bids from each responding Vendor will be opened publicly and all offers (except those that have been previously withdrawn, or voided bids) will be tabulated. The tabulation shall be made public at the time it is created. When negotiations after receipt of bids is authorized pursuant to G.S. 143-49 and 01 NCAC 05B.0503, only the names of offerors and the Goods and Services offered shall be tabulated at the time of opening. Cost and price shall become available for public inspection at the time of the award. Interested parties are cautioned that these costs and their components are subject to further evaluation for completeness and correctness and therefore may not be an exact indicator of a Vendor's pricing position.

At their option, the evaluators may request oral presentations or discussions with any or all Vendors for clarification or to amplify the materials presented in any part of the bid. Vendors are cautioned, however, that the evaluators are not required to request presentations or other clarification—and often do not. Therefore, all bids should be complete and reflect the most favorable terms available from the Vendor. Prices bid cannot be altered or modified as part of a clarification.

Bids will generally be evaluated, based on completeness, content, cost and responsibility of the Vendor to supply the requested Goods and Services. Specific evaluation criteria are listed in Section 3.1 METHOD OF AWARD.

Upon completion of the evaluation process, the State will make Award(s) based on the evaluation and post the award(s) to *the electronic Vendor Portal (eVP), https://evp.nc.gov,* under the IFB number for this solicitation. Award of a Contract to one Vendor does not mean that the other bids lacked merit, but that, all factors considered, the selected bid was deemed most advantageous and represented the best value to the State.

The State reserves the right to negotiate with one or more Vendors, or to reject all original offers and negotiate with one or more sources of supply that may be capable of satisfying the requirement, and in either case to require Vendor to submit a Best and Final Offer (BAFO) based on discussions and negotiations with the State.

3.4 PERFORMANCE OUTSIDE THE UNITED STATES

Vendor shall complete ATTACHMENT E: LOCATION OF WORKERS UTILIZED BY VENDOR. In addition to any other evaluation criteria identified in this IFB, the State may also consider, for purposes of evaluating proposed or actual contract performance outside of the United States, how that performance may affect the following factors to ensure that any award will be in the best interest of the State:

a) Total cost to the State
b) Level of quality provided by the Vendor
c) Process and performance capability across multiple jurisdictions
d) Protection of the State's information and intellectual property
e) Availability of pertinent skills
f) Ability to understand the State's business requirements and internal operational culture
g) Particular risk factors such as the security of the State's information technology

h) Relations with citizens and employees
i) Contract enforcement jurisdictional issues

3.5 INTERPRETATION OF TERMS AND PHRASES

This IFB serves two functions: (1) to advise potential Vendors of the parameters of the solution being sought by the State; and (2) to provide (together with other specified documents) the terms of the Contract resulting from this procurement. The use of phrases such as "shall," "must," and "requirements" are intended to create enforceable contract conditions. In determining whether bids should be evaluated or rejected, the State will take into consideration the degree to which Vendors have proposed or failed to propose solutions that will satisfy the State's needs as described in the IFB. Except as specifically stated in the IFB, no one requirement shall automatically disqualify a Vendor from consideration. However, failure to comply with any single requirement may result in the State exercising its discretion to reject a bid in its entirety.

4.0 REQUIREMENTS

This Section lists the requirements related to this IFB. By submitting a bid, the Vendor agrees to meet all stated requirements in this Section as well as any other specifications, requirements, and terms and conditions stated in this IFB. If a Vendor is unclear about a requirement or specification, or believes a change to a requirement would allow for the State to receive a better bid, the Vendor is urged to submit these items in the form of a question during the question-and-answer period in accordance with the Bid Questions Section above.

4.1 PRICING

Bid price shall constitute the total cost to the State for complete performance in accordance with the requirements and specifications herein, including all applicable charges for handling, transportation, administrative and other similar fees. Complete ATTACHMENT A: PRICING FORM and upload to the Sourcing Tool included in your IFB response. The pricing provided in ATTACHMENT A, or resulting from any negotiations, is incorporated herein and shall become part of any resulting Contract.

INVOICES MAY NOT BE PAID UNTIL AN INSPECTION HAS OCCURRED AND THE GOODS OR SERVICES ACCEPTED.

4.2 FINANCIAL STABILITY

As a condition of contract award, the Vendor must certify that it has the financial capacity to perform and to continue to perform its obligations under the Contract; that Vendor has no constructive or actual knowledge of an actual or potential legal proceeding being brought against Vendor that could materially adversely affect performance of this Contract; and that entering into this Contract is not prohibited by any contract, or order by any court of competent jurisdiction.

Each Vendor shall certify it is financially stable by completing ATTACHMENT F: CERTIFICATION OF FINANCIAL CONDITION. The State is requiring this certification to minimize potential issues from contracting with a Vendor that is financially unstable. From the date of the Certification to the expiration of the Contract, the Vendor shall notify the State within thirty (30) days of any occurrence or condition that materially alters the truth of any statement made in this Certification. The Contract Manager may require annual recertification of the Vendor's financial stability.

4.3 REFERENCES

Vendor shall provide at least three (3) references, using ATTACHMENT D: CUSTOMER REFERENCE FORM, for which it has provided services of similar size and scope to those proposed herein. References shall not be from the same company or from the soliciting State entity. In addition, Vendor shall provide references for and identify other government contracts it has received, for which your company has provided services of similar size and scope to those proposed herein. The State may contact these users to determine whether the services provided are substantially similar in scope to those proposed herein and whether Vendor's performance has been satisfactory. The information obtained may be considered in the evaluation of the Bid.

4.4 BACKGROUND CHECKS

Any personnel or agent of Vendor performing Services under any Contract arising from this IFB may be required to undergo a background check at the expense of the Vendor, if so requested by the State.

4.5 PERSONNEL

Vendor warrants that qualified personnel shall provide Services under this Contract in a professional manner. "Professional manner" means that the personnel performing the Services will possess the skill and competence consistent with the prevailing business standards in the industry. Vendor will serve as the prime contractor under this Contract and shall be responsible for the performance and payment of all subcontractor(s) that may be approved by the State. Names of any third-party Vendors or subcontractors of Vendor may appear for purposes of convenience in Contract documents; and shall not limit Vendor's obligations hereunder. Vendor will retain executive representation for functional and technical expertise as needed in order to incorporate any work by third party subcontractor(s).

Should the Vendor's bid result in an award, the Vendor shall be required to agree that it will not substitute key personnel assigned to the performance of the Contract without prior written approval by the Contract Lead. Vendor shall further agree that it will notify the Contract Lead of any desired substitution, including the name(s) and references of Vendor's recommended substitute personnel. The State will approve or disapprove the requested substitution in a timely manner. The State may, in its sole discretion, terminate the Services of any person providing Services under this Contract. Upon such termination, the State may request acceptable substitute personnel or terminate the contract Services provided by such personnel.

4.6 VENDOR'S REPRESENTATIONS

If Vendor's bid results in an award, Vendor agrees that it will not enter any agreement with a third party that may abridge any rights of the State under the Contract. If any Services, deliverables, functions, or responsibilities not specifically described in this solicitation are required for Vendor's proper performance, provision and delivery of the Service and deliverables under a resulting Contract, or are an inherent part of or necessary sub-task included within such Service, they will be deemed to be implied by and included within the scope of the Contract to the same extent and in the same manner as if specifically described in the Contract. Unless otherwise expressly provided herein, Vendor will furnish all of its own necessary management, supervision, labor, facilities, furniture, computer and telecommunications equipment, software, supplies and materials necessary for the Vendor to provide and deliver the Services and/or other Deliverables.

4.7 AGENCY INSURANCE REQUIREMENTS MODIFICATION

A. Default Insurance Coverage from the General Terms and Conditions applicable to this Solicitation:

☐ Contract value in excess of the Small Purchase threshold, but up to $1,000,000.00

4.8 SUBCONTRACTORS

No portion of the work shall be subcontracted without prior written consent of the State. In the event that the Vendor desires to subcontract some part of the work specified herein, the Vendor shall furnish with their bid the names, qualifications, and experience of their proposed subcontractors. The Vendor shall, however, remain solely and fully liable and responsible for the work done by its subcontractor(s) and shall assure compliance with all the requirements and specifications of the contract.

4.9 SECRETARY OF STATE REGISTRATION

Prior to entering into a contract with the State, the awarded Vendor(s) must complete registration with the NC Secretary of State. Upon notification of award, the selected Vendor(s) must furnish evidence of filing within 10 business days. Failure to provide this documentation may result in the disqualification of the Vendor(s) bid from further consideration for the award. No purchase orders shall be issued prior to confirmation of completed registration with the Secretary of State.

A contract award under the above-referenced solicitation, and the resulting purchase orders, will produce repeated orders and transactions in North Carolina and will constitute "transacting business" in the State, which requires a certificate of authority from the North Carolina Secretary of State as provided in G.S. §55-15-01 (corporations) or §57D-7-01 (LLCs). Please go to: https://www.sosnc.gov/ to register.

Vendor has registered with the North Carolina Secretary of State: Yes☐ No ☐

5.0 SPECIFICATIONS AND SCOPE OF WORK

The awarded Vendor, along with the facilities Medical Equipment Management Program (MEMP) Managers will be responsible for developing a preventative maintenance schedule that meets the equipment manufacturer's requirements. The Vendor will be able to produce and supply the following: entering, tracking, scheduling and performing preventative maintenance on each individual facility's medical equipment.

5.1 SPECIFICATIONS

The specific items and any specifications that the Purchasing Agency is seeking are listed below. Items offered by the Vendor must meet or exceed the listed Specifications to be considered for award.

A. VENDOR DUTIES

Vendor shall adhere to the following:

1. Enter, track, schedule and perform preventative maintenance on each DSOHF facility location's medical equipment (ATTACHMENT G: FACILITY EQUIPMENT LISTS).
2. Perform onsite preventative maintenance, repairs and calibration services to medical equipment.
3. Maintain a permanent file on each piece of equipment for each facility location.
4. Provide a monthly preventative maintenance compliance report, submitted electronically to each facility MEMP Manager. Microsoft Word or Excel is an acceptable form. However, Microsoft Excel format is the preferred format for this report. This shall be performed in accordance with The Joint Commission and Centers for Medicare and Medicaid Services (CMS) standards.
5. Respond to emergencies within twenty-four (24) hours.
6. Evaluate the patient information retrieval, storage and transmitting capabilities, as well as alarm capabilities for each model of medical equipment. Lists shall be maintained and submitted annually and upon request to the Facility MEMP Manager.
7. Provide representation on the MEMP committee meetings scheduled at least annually to review/revise the MEMP Plan and Risk Assessment, and as needed evaluate new medical equipment.
8. Provide representation on the monthly Environment of Care (EOC) committee meetings.
9. Participate in surveys by accreditation agencies which include The Joint Commission and Centers for Medicare and Medicaid Services.

5.2 ADDITIONAL REQUIREMENTS

A. HOURS OF SERVICE

1. Vendor shall provide maintenance services between the hours of 8:00 AM and 5:00 PM Eastern Standard Time one day per week with specific hours as mutually agreed upon by the Vendor and each facility location. The Facilities shall have the option of increasing and/or decreasing as needed if determined to be in the best interest of the facility. If agreed upon day falls on a state holiday, vendor shall perform services on a different day of the week mutually agreed upon by the Vendor and the facility.

2. During the Vendor's normal business hours, Vendor shall be on call for emergency repair or services of critical biomedical equipment. Vendor shall recognize the critical importance of providing a timely response as well as completion of services.

B. WORKSPACE

Each facility shall provide a small workspace for Vendor to perform services listed under this contract.

C. RESPONSE TIME FOR NON-EMERGENCIES

Vendor shall respond to any service request by any DSOHF facility within twenty-four (24) hours and provide an evaluation of repair and/or service within eight (8) hours. Services shall be provided during normal business hours and as often as required without incurring additional charges.

D. RESPONSE TIME FOR EMERGENCIES

ALL requests for emergency repairs shall result in the Vendor being onsite within four (4) hours of the facility making the request. Emergency service requests may be made both during and outside of normal business hours for life safety equipment. Vendor shall confirm their intent to meet this requirement below.

****If awarded this contract, Vendor agrees to meet the requirements as noted above for any emergency requests.**

☐ YES ☐ NO If NO, please indicate response time: _____

E. WORK RESULTS

Vendor shall:

1. Document all tests and services performed.
2. Note any abnormalities that are found.
3. Report to the MEMP Manager any corrective actions that need to be taken.
4. Provide a service report and equipment inventory list in a format that can be shared with the facilities.

F. REPORTS

Vendor shall provide monthly reports in compliance with The Joint Commission Environment of Care standards for Medical Equipment:

- **PE.04.01.01 Building Safety and Facility Management**
- **PE 05.01.01 Management of Imaging Safety Risks**

Reports shall be submitted in PDF, Word or Excel format. Reports shall include:

1. Preventative Maintenance (PM) performed and date of occurrence.
2. Percentage of PMs completed within thirty (30) days of due date.
3. Percentage of PMs completed on life support equipment.
4. Number of PM fails and operator errors.
5. List of equipment that could not be located for PM.
6. List of equipment that has been retired.
7. List of equipment previously reported as not located that has been found and inspected.
8. Monthly updated inventory list to include the following:
    i. Equipment name/description
    ii. Serial number
    iii. Control or biomedical unique number
    iv. Asset number
    v. Location
    vi. PM schedule
    vii. High risk indicator (if applicable)
    viii. Indicate whether equipment is on an alternate maintenance program.
9. Monthly report listing equipment due for inspection.
10. Recommendations to replace worn parts as necessary

G. VENDOR STAFF

Vendor's staff shall be required to attend orientation and sign ATTACHMENT K: DHHS Environmental Health & Safety Handbook for Contractors prior to beginning work.

5.3 CERTIFICATION AND SAFETY LABELS

Any manufactured items and/or fabricated assemblies provided hereunder that are subject to operation under pressure, operation by connection to an electric source, or operation involving a connection to a manufactured, natural, or LP gas source shall be constructed and approved in a manner acceptable to the appropriate inspector which customarily requires the label or re-examination listing or identification marking of the appropriate safety standard organization *acceptable to govern inspection where the item is to be located*, such as the American Society of Mechanical Engineers for pressure vessels; the Underwriters Laboratories and /or National Electrical Manufacturers' Association for electrically operated assemblies; or the American Gas Association for gas operated assemblies, where such approvals of listings have been established for the type of device offered and furnished. Further, all items furnished shall meet all requirements of the Occupational Safety and Health Act (OSHA), and state and federal requirements relating to clean air and water pollution.

5.4 DEVIATIONS

The nature of all deviations from the Specifications listed herein shall be clearly described by the Vendor. Otherwise, it will be considered that items offered by the Vendor are in strict compliance with the Specifications provided herein, and the successful Vendor shall be required to supply conforming goods and/or services. Deviations shall be explained in detail on an attached sheet. However, no implication is made or intended by the State that any deviation will be acceptable. Do not list objections to the North Carolina General Terms and Conditions in this section.

_____

_____

_____

6.0 CONTRACT ADMINISTRATION

All Contract Administration requirements are conditioned on an award resulting from this solicitation. This information is provided for the Vendor's planning purposes.

6.1 CONTRACT MANAGER AND CUSTOMER SERVICE

The Vendor shall be required to designate and make available to the State a contract manager. The contract manager shall be the State's point of contact for Contract related issues and issues concerning performance, progress review, scheduling, and service.

Contract Manager Point of Contact	
Name:	
Office Phone #:	
Mobile Phone #:	
Email:	

The Vendor shall be required to designate and make available to the State for customer service. The customer service point of contact shall be the State's point of contact for customer service-related issues (define roles and responsibilities).

Customer Service Point of Contact	
Name:	
Office Phone #:	
Mobile Phone #:	
Email:	

6.2 INVOICES

Vendor shall invoice the Procurement Entity (each DSOHF facility location). The standard format for invoicing shall be Single Invoices meaning that the Vendor shall provide the Procurement Entity with an invoice for each order. Invoices shall include detailed information to allow Procurement Entity to verify pricing at point of receipt matches the correct price from the original date of order. The following fields shall be included on all invoices, as relevant:

Vendor's Billing Address, Customer Account Number, NC Contract Number, Order Date, Buyer's Order Number, Manufacturer Part Numbers, Vendor Part Numbers, Item Descriptions, Price, Quantity, and Unit of Measure.

6.3 POST AWARD BUSINESS REVIEW MEETINGS

The Vendor, at the request of the State, shall be required to meet annually, with the State for Business Review meetings. The purpose of these meetings will be to review project progress reports, discuss Vendor and State performance, address outstanding issues, review problem resolution, provide direction, evaluate continuous improvement and cost saving ideas, and discuss any other pertinent topics.

6.4 CONTINUOUS IMPROVEMENT

The State encourages the Vendor to identify opportunities to reduce the total cost the State. A continuous improvement effort consists of various ways to enhance business efficiencies as performance progresses.

6.5 PERIODIC MONTHLY REPORTS

The Vendor shall be required to provide reports in compliance with The Joint Commission Environment of Care standards for Medical Equipment to the designated Contract Lead on a monthly basis. This report shall include, at a minimum, information as listed in **Section 5.2 ADDITIONAL REQUIREMENTS F. REPORTS**. These reports shall be well organized and easy to read. The Vendor shall submit these reports electronically using the format required by the Purchasing Agency. The Vendor shall submit the reports in a timely manner and on a regular schedule as agreed by the parties.

Within fifteen (15) business days of the award of the Contract the Vendor shall submit a final work plan and a sample report, both to the designated Contract Lead for approval.

6.6 ACCEPTANCE OF WORK

Performance of the work and/or delivery of Goods shall be conducted and completed at least in accordance with the Contract requirements and recognized and customarily accepted industry practices. Performance shall be considered complete when the Services or Goods are approved as acceptable by the Contract Manager.

Acceptance of Vendor's work product shall be based on the following criteria:

1. Adherence to the PM schedule as indicated in Section 5.0.
2. Adherence to Response Time and Response Time for Emergency Requests as indicated in Section 5.2 ADDITIONAL REQUIREMENTS C and D.

The State shall have the obligation to notify Vendor, in writing ten (10) calendar days following completion of such work or delivery of a deliverable described in the Contract that it is not acceptable. The notice shall specify in reasonable detail the

reason(s) it is unacceptable. Acceptance by the State shall not be unreasonably withheld; but may be conditioned or delayed as required for reasonable review, evaluation, installation, or testing, as applicable to the work or deliverable. Final acceptance is expressly conditioned upon completion of all applicable assessment procedures. Should the work or deliverables fail to meet any specifications, acceptance criteria or otherwise fail to conform to the Contract, the State may exercise any and all rights hereunder, including, for Goods deliverables, such rights provided by the Uniform Commercial Code, as adopted in North Carolina.

6.7 TRANSITION ASSISTANCE

If a Contract results from this solicitation, and the Contract is not renewed at the end of the last active term, or is canceled prior to its expiration, for any reason, Vendor shall provide transition assistance to the State, at the option of the State, for up to three (3) months to allow for the expired or canceled portion of the Services to continue without interruption or adverse effect, and to facilitate the orderly transfer of such Services to the State or its designees. If the State exercises this option, the Parties agree that such transition assistance shall be governed by the terms and conditions of the Contract (notwithstanding this expiration or cancellation), except for those Contract terms or conditions that do not reasonably apply to such transition assistance. The State shall agree to pay Vendor for any resources utilized in performing such transition assistance at the most current rates provided by the Contract for performance of the Services or other resources utilized.

6.8 DISPUTE RESOLUTION

During the performance of the Contract, the parties agree that it is in their mutual interest to resolve disputes informally. Any claims by the Vendor shall be submitted in writing to the State's Contract Manager for resolution. Any claims by the State shall be submitted in writing to the Vendor's Project Manager for resolution. The Parties shall agree to negotiate in good faith and use all reasonable efforts to resolve such dispute(s).

During the time the Parties are attempting to resolve any dispute, each shall proceed diligently to perform their respective duties and responsibilities under this Contract. The Parties will agree on a reasonable amount of time to resolve a dispute. If a dispute cannot be resolved between the Parties within the agreed upon period, either Party may elect to exercise any other remedies available under the Contract, or at law. This provision, when agreed in the Contract, shall not constitute an agreement by either party to mediate or arbitrate any dispute.

6.9 CONTRACT CHANGES

Contract changes, if any, over the life of the Contract shall be implemented by contract amendments agreed to in writing by the State and Vendor. Amendments to the contract can only be done through the Contract Administrator.

6.10 ATTACHMENTS

All attachments to this RFP are the copies found within the Ariba Sourcing Tool, and are incorporated herein, and shall be submitted by responding in the Sourcing Tool.

The remainder of this page is intentionally left blank.

ATTACHMENT A-1: PRICING

Provide onsite biomedical equipment maintenance and repair services in compliance with The Joint Commission, The National Hospital Standards and Intermediate Care Facility Standards for the items listed under this location on ATTACHMENT G: FACILITY EQUIPMENT LISTS.

NOTE: Hours listed in the Pricing Form are estimated only. No minimum or maximum number of hours is guaranteed. The State shall only pay for actual hours worked.

BLACK MOUNTAIN CENTER

Item #	QTY.	UOM	DESCRIPITION	UNIT PRICE PER HOUR	EXTENDED ANNUAL PRICE
1	208	HOURS	**Year 1:** Approximately eight (8) hours every other week, fifty-two (52) weeks per year.	$_____	$_____
2	40	HOURS	**Year 1:** Emergency, after hours, weekends and observed State holidays. (NOTE: After hours is defined as between 5:00 PM through 8:00 AM, Monday through Friday)	$_____	$_____
3	208	HOURS	**Year 2:** Approximately eight (8) hours every other week, fifty-two (52) weeks per year.	$_____	$_____
4	40	HOURS	**Year 2:** Emergency, after hours, weekends and observed State holidays. (NOTE: After hours is defined as between 5:00 PM through 8:00 AM, Monday through Friday)	$_____	$_____
5	208	HOURS	**Year 3:** Approximately eight (8) hours every other week, fifty-two (52) weeks per year.	$_____	$_____
6	40	HOURS	**Year 3:** Emergency, after hours, weekends and observed State holidays. (NOTE: After hours is defined as between 5:00 PM through 8:00 AM, Monday through Friday)	$_____	$_____

CONTRACT VALUE YEARS 1: $_____

CONTRACT VALUE YEARS 2: $_____

CONTRACT VALUE YEARS 3: $_____

TOTAL CONTRACT VALUE YEARS 1, 2 AND 3: $_____

ATTACHMENT A-2: PRICING

Provide onsite biomedical equipment maintenance and repair services in compliance with The Joint Commission, The National Hospital Standards and Intermediate Care Facility Standards for the items listed under this location on ATTACHMENT G: FACILITY EQUIPMENT LISTS.

NOTE: Hours listed in the Pricing Form are estimated only. No minimum or maximum number of hours is guaranteed. The State shall only pay for actual hours worked.

BROUGHTON HOSPITAL

Item #	QTY.	UOM	DESCRIPITION	UNIT PRICE PER HOUR	EXTENDED ANNUAL PRICE
1	416	HOURS	**Year 1:** Approximately eight (8) hours per week, fifty-two (52) weeks per year.	$_____	$_____
2	20	HOURS	**Year 1:** Emergency, after hours, weekends and observed State holidays. (NOTE: After hours is defined as between 5:00 PM through 8:00 AM, Monday through Friday)	$_____	$_____
3	416	HOURS	**Year 2:** Approximately eight (8) hours per week, fifty-two (52) weeks per year.	$_____	$_____
4	20	HOURS	**Year 2:** Emergency, after hours, weekends and observed State holidays. (NOTE: After hours is defined as between 5:00 PM through 8:00 AM, Monday through Friday)	$_____	$_____
5	416	HOURS	**Year 3:** Approximately eight (8) hours per week, fifty-two (52) weeks per year.	$_____	$_____
6	20	HOURS	**Year 3:** Emergency, after hours, weekends and observed State holidays. (NOTE: After hours is defined as between 5:00 PM through 8:00 AM, Monday through Friday)	$_____	$_____

CONTRACT VALUE YEARS 1: $_____

CONTRACT VALUE YEARS 2: $_____

CONTRACT VALUE YEARS 3: $_____

TOTAL CONTRACT VALUE YEARS 1, 2 AND 3: $_____

ATTACHMENT A-3: PRICING

Provide onsite biomedical equipment maintenance and repair services in compliance with The Joint Commission, The National Hospital Standards and Intermediate Care Facility Standards for the items listed under this location on ATTACHMENT G: FACILITY EQUIPMENT LISTS.

NOTE: Hours listed in the Pricing Form are estimated only. No minimum or maximum number of hours is guaranteed. The State shall only pay for actual hours worked.

CASWELL CENTER

Item #	QTY.	UOM	DESCRIPITION	UNIT PRICE PER HOUR	EXTENDED ANNUAL PRICE
1	40	HOURS	**Year 1:** Approximately forty (40) hours during the contract year.	$_____	$_____
2	10	HOURS	**Year 1:** Emergency, after hours, weekends and observed State holidays. (NOTE: After hours is defined as between 5:00 PM through 8:00 AM, Monday through Friday)	$_____	$_____
3	40	HOURS	**Year 2:** Approximately forty (40) hours during the contract year.	$_____	$_____
4	10	HOURS	**Year 2:** Emergency, after hours, weekends and observed State holidays. (NOTE: After hours is defined as between 5:00 PM through 8:00 AM, Monday through Friday)	$_____	$_____
5	40	HOURS	**Year 3:** Approximately forty (40) hours during the contract year.	$_____	$_____
6	10	HOURS	**Year 3:** Emergency, after hours, weekends and observed State holidays. (NOTE: After hours is defined as between 5:00 PM through 8:00 AM, Monday through Friday)	$_____	$_____

CONTRACT VALUE YEARS 1: $_____

CONTRACT VALUE YEARS 2: $_____

CONTRACT VALUE YEARS 3: $_____

TOTAL CONTRACT VALUE YEARS 1, 2 AND 3: $_____

ATTACHMENT A-4: PRICING

Provide onsite biomedical equipment maintenance and repair services in compliance with The Joint Commission, The National Hospital Standards and Intermediate Care Facility Standards for the items listed under this location on ATTACHMENT G: FACILITY EQUIPMENT LISTS.

NOTE: Hours listed in the Pricing Form are estimated only. No minimum or maximum number of hours is guaranteed. The State shall only pay for actual hours worked.

CENTRAL REGIONAL HOSPITAL

Item #	QTY.	UOM	DESCRIPITION	UNIT PRICE PER HOUR	EXTENDED ANNUAL PRICE
1	416	HOURS	**Year 1:** Approximately eight (8) hours per week, fifty-two (52) weeks per year.	$_____	$_____
2	40	HOURS	**Year 1:** Emergency, after hours, weekends and observed State holidays. (NOTE: After hours is defined as between 5:00 PM through 8:00 AM, Monday through Friday)	$_____	$_____
3	416	HOURS	**Year 2:** Approximately eight (8) hours per week, fifty-two (52) weeks per year.	$_____	$_____
4	40	HOURS	**Year 2:** Emergency, after hours, weekends and observed State holidays. (NOTE: After hours is defined as between 5:00 PM through 8:00 AM, Monday through Friday)	$_____	$_____
5	416	HOURS	**Year 3:** Approximately eight (8) hours per week, fifty-two (52) weeks per year.	$_____	$_____
6	40	HOURS	**Year 3:** Emergency, after hours, weekends and observed State holidays. (NOTE: After hours is defined as between 5:00 PM through 8:00 AM, Monday through Friday)	$_____	$_____

CONTRACT VALUE YEARS 1: $_____

CONTRACT VALUE YEARS 2: $_____

CONTRACT VALUE YEARS 3: $_____

TOTAL CONTRACT VALUE YEARS 1, 2 AND 3: $_____

ATTACHMENT A-5: PRICING

Provide onsite biomedical equipment maintenance and repair services in compliance with The Joint Commission, The National Hospital Standards and Intermediate Care Facility Standards for the items listed under this location on ATTACHMENT G: FACILITY EQUIPMENT LISTS.

NOTE: Hours listed in the Pricing Form are estimated only. No minimum or maximum number of hours is guaranteed. The State shall only pay for actual hours worked.

CHERRY HOSPITAL

Item #	QTY.	UOM	DESCRIPITION	UNIT PRICE PER HOUR	EXTENDED ANNUAL PRICE
1	416	HOURS	**Year 1:** Approximately eight (8) hours per week, fifty-two (52) weeks per year.	$_____	$_____
2	40	HOURS	**Year 1:** Emergency, after hours, weekends and observed State holidays. (NOTE: After hours is defined as between 5:00 PM through 8:00 AM, Monday through Friday)	$_____	$_____
3	416	HOURS	**Year 2:** Approximately eight (8) hours per week, fifty-two (52) weeks per year.	$_____	$_____
4	40	HOURS	**Year 2:** Emergency, after hours, weekends and observed State holidays. (NOTE: After hours is defined as between 5:00 PM through 8:00 AM, Monday through Friday)	$_____	$_____
5	416	HOURS	**Year 3:** Approximately eight (8) hours per week, fifty-two (52) weeks per year.	$_____	$_____
6	40	HOURS	**Year 3:** Emergency, after hours, weekends and observed State holidays. (NOTE: After hours is defined as between 5:00 PM through 8:00 AM, Monday through Friday)	$_____	$_____

CONTRACT VALUE YEARS 1: $_____

CONTRACT VALUE YEARS 2: $_____

CONTRACT VALUE YEARS 3: $_____

TOTAL CONTRACT VALUE YEARS 1, 2 AND 3: $_____

ATTACHMENT A-6: PRICING

Provide onsite biomedical equipment maintenance and repair services in compliance with The Joint Commission, The National Hospital Standards and Intermediate Care Facility Standards for the items listed under this location on ATTACHMENT G: FACILITY EQUIPMENT LISTS.

NOTE: Hours listed in the Pricing Form are estimated only. No minimum or maximum number of hours is guaranteed. The State shall only pay for actual hours worked.

J. IVERSON RIDDLE CENTER

Item #	QTY.	UOM	DESCRIPITION	UNIT PRICE PER HOUR	EXTENDED ANNUAL PRICE
1	416	HOURS	**Year 1:** Approximately eight (8) hours per week, fifty-two (52) weeks per year.	$_____	$_____
2	20	HOURS	**Year 1:** Emergency, after hours, weekends and observed State holidays. (NOTE: After hours is defined as between 5:00 PM through 8:00 AM, Monday through Friday)	$_____	$_____
3	416	HOURS	**Year 2:** Approximately eight (8) hours per week, fifty-two (52) weeks per year.	$_____	$_____
4	20	HOURS	**Year 2:** Emergency, after hours, weekends and observed State holidays. (NOTE: After hours is defined as between 5:00 PM through 8:00 AM, Monday through Friday)	$_____	$_____
5	416	HOURS	**Year 3:** Approximately eight (8) hours per week, fifty-two (52) weeks per year.	$_____	$_____
6	20	HOURS	**Year 3:** Emergency, after hours, weekends and observed State holidays. (NOTE: After hours is defined as between 5:00 PM through 8:00 AM, Monday through Friday)	$_____	$_____

CONTRACT VALUE YEARS 1: $_____

CONTRACT VALUE YEARS 2: $_____

CONTRACT VALUE YEARS 3: $_____

TOTAL CONTRACT VALUE YEARS 1, 2 AND 3: $_____

ATTACHMENT A-7: PRICING

Provide onsite biomedical equipment maintenance and repair services in compliance with The Joint Commission, The National Hospital Standards and Intermediate Care Facility Standards for the items listed under this location on ATTACHMENT G: FACILITY EQUIPMENT LISTS.

NOTE: Hours listed in the Pricing Form are estimated only. No minimum or maximum number of hours is guaranteed. The State shall only pay for actual hours worked.

JULIAN F. KEITH ADATC

Item #	QTY.	UOM	DESCRIPITION	UNIT PRICE PER HOUR	EXTENDED ANNUAL PRICE
1	96	HOURS	**Year 1:** Approximately eight (8) hours per month, twelve (12) months per year.	$_____	$_____
2	7	HOURS	**Year 1:** Emergency, after hours, weekends and observed State holidays. (NOTE: After hours is defined as between 5:00 PM through 8:00 AM, Monday through Friday)	$_____	$_____
3	96	HOURS	**Year 2:** Approximately eight (8) hours per month, twelve (12) months per year.	$_____	$_____
4	7	HOURS	**Year 2:** Emergency, after hours, weekends and observed State holidays. (NOTE: After hours is defined as between 5:00 PM through 8:00 AM, Monday through Friday)	$_____	$_____
5	96	HOURS	**Year 3:** Approximately eight (8) hours per month, twelve (12) months per year.	$_____	$_____
6	7	HOURS	**Year 3:** Emergency, after hours, weekends and observed State holidays. (NOTE: After hours is defined as between 5:00 PM through 8:00 AM, Monday through Friday)	$_____	$_____

CONTRACT VALUE YEARS 1: $_____

CONTRACT VALUE YEARS 2: $_____

CONTRACT VALUE YEARS 3: $_____

TOTAL CONTRACT VALUE YEARS 1, 2 AND 3: $_____

ATTACHMENT A-8: PRICING

Provide onsite biomedical equipment maintenance and repair services in compliance with The Joint Commission, The National Hospital Standards and Intermediate Care Facility Standards for the items listed under this location on ATTACHMENT G: FACILITY EQUIPMENT LISTS.

NOTE: Hours listed in the Pricing Form are estimated only. No minimum or maximum number of hours is guaranteed. The State shall only pay for actual hours worked.

LONGLEAF CENTER

Item #	QTY.	UOM	DESCRIPITION	UNIT PRICE PER HOUR	EXTENDED ANNUAL PRICE
1	416	HOURS	**Year 1:** Approximately eight (8) hours per week, fifty-two (52) weeks per year.	$_____	$_____
2	20	HOURS	**Year 1:** Emergency, after hours, weekends and observed State holidays. (NOTE: After hours is defined as between 5:00 PM through 8:00 AM, Monday through Friday)	$_____	$_____
3	416	HOURS	**Year 2:** Approximately eight (8) hours per week, fifty-two (52) weeks per year.	$_____	$_____
4	20	HOURS	**Year 2:** Emergency, after hours, weekends and observed State holidays. (NOTE: After hours is defined as between 5:00 PM through 8:00 AM, Monday through Friday)	$_____	$_____
5	416	HOURS	**Year 3:** Approximately eight (8) hours per week, fifty-two (52) weeks per year.	$_____	$_____
6	20	HOURS	**Year 3:** Emergency, after hours, weekends and observed State holidays. (NOTE: After hours is defined as between 5:00 PM through 8:00 AM, Monday through Friday)	$_____	$_____

CONTRACT VALUE YEARS 1: $_____

CONTRACT VALUE YEARS 2: $_____

CONTRACT VALUE YEARS 3: $_____

TOTAL CONTRACT VALUE YEARS 1, 2 AND 3: $_____

ATTACHMENT A-9: PRICING

Provide onsite biomedical equipment maintenance and repair services in compliance with The Joint Commission, The National Hospital Standards and Intermediate Care Facility Standards for the items listed under this location on ATTACHMENT G: FACILITY EQUIPMENT LISTS.

NOTE: Hours listed in the Pricing Form are estimated only. No minimum or maximum number of hours is guaranteed. The State shall only pay for actual hours worked.

MURDOCH CENTER

Item #	QTY.	UOM	DESCRIPITION	UNIT PRICE PER HOUR	EXTENDED ANNUAL PRICE
1	416	HOURS	**Year 1:** Approximately eight (8) hours per week, fifty-two (52) weeks per year.	$_____	$_____
2	40	HOURS	**Year 1:** Emergency, after hours, weekends and observed State holidays. (NOTE: After hours is defined as between 5:00 PM through 8:00 AM, Monday through Friday)	$_____	$_____
3	416	HOURS	**Year 2:** Approximately eight (8) hours per week, fifty-two (52) weeks per year.	$_____	$_____
4	40	HOURS	**Year 2:** Emergency, after hours, weekends and observed State holidays. (NOTE: After hours is defined as between 5:00 PM through 8:00 AM, Monday through Friday)	$_____	$_____
5	416	HOURS	**Year 3:** Approximately eight (8) hours per week, fifty-two (52) weeks per year.	$_____	$_____
6	40	HOURS	**Year 3:** Emergency, after hours, weekends and observed State holidays. (NOTE: After hours is defined as between 5:00 PM through 8:00 AM, Monday through Friday)	$_____	$_____

CONTRACT VALUE YEARS 1: $_____

CONTRACT VALUE YEARS 2: $_____

CONTRACT VALUE YEARS 3: $_____

TOTAL CONTRACT VALUE YEARS 1, 2 AND 3: $_____

ATTACHMENT A-10: PRICING

Provide onsite biomedical equipment maintenance and repair services in compliance with The Joint Commission, The National Hospital Standards and Intermediate Care Facility Standards for the items listed under this location on ATTACHMENT G: FACILITY EQUIPMENT LISTS.

NOTE: Hours listed in the Pricing Form are estimated only. No minimum or maximum number of hours is guaranteed. The State shall only pay for actual hours worked.

O'BERRY CENTER

Item #	QTY.	UOM	DESCRIPITION	UNIT PRICE PER HOUR	EXTENDED ANNUAL PRICE
1	104	HOURS	**Year 1:** Approximately eight (8) hours per day, thirteen (13) days per year.	$_____	$_____
2	20	HOURS	**Year 1:** Emergency, after hours, weekends and observed State holidays. (NOTE: After hours is defined as between 5:00 PM through 8:00 AM, Monday through Friday)	$_____	$_____
3	104	HOURS	**Year 2:** Approximately eight (8) hours per day, thirteen (13) days per year.	$_____	$_____
4	20	HOURS	**Year 2:** Emergency, after hours, weekends and observed State holidays. (NOTE: After hours is defined as between 5:00 PM through 8:00 AM, Monday through Friday)	$_____	$_____
5	104	HOURS	**Year 3:** Approximately eight (8) hours per day, thirteen (13) days per year.	$_____	$_____
6	20	HOURS	**Year 3:** Emergency, after hours, weekends and observed State holidays. (NOTE: After hours is defined as between 5:00 PM through 8:00 AM, Monday through Friday)	$_____	$_____

CONTRACT VALUE YEARS 1: $_____

CONTRACT VALUE YEARS 2: $_____

CONTRACT VALUE YEARS 3: $_____

TOTAL CONTRACT VALUE YEARS 1, 2 AND 3: $_____

ATTACHMENT A-11: PRICING

Provide onsite biomedical equipment maintenance and repair services in compliance with The Joint Commission, The National Hospital Standards and Intermediate Care Facility Standards for the items listed under this location on ATTACHMENT G: FACILITY EQUIPMENT LISTS.

NOTE: Hours listed in the Pricing Form are estimated only. No minimum or maximum number of hours is guaranteed. The State shall only pay for actual hours worked.

WALTER B. JONES ADATC

Item #	QTY.	UOM	DESCRIPITION	UNIT PRICE PER HOUR	EXTENDED ANNUAL PRICE
1	96	HOURS	**Year 1:** Approximately ninety-six (96) hours during the contract year.	$_____	$_____
2	7	HOURS	**Year 1:** Emergency, after hours, weekends and observed State holidays. (NOTE: After hours is defined as between 5:00 PM through 8:00 AM, Monday through Friday)	$_____	$_____
3	96	HOURS	**Year 2:** Approximately ninety-six (96) hours during the contract year.	$_____	$_____
4	7	HOURS	**Year 2:** Emergency, after hours, weekends and observed State holidays. (NOTE: After hours is defined as between 5:00 PM through 8:00 AM, Monday through Friday)	$_____	$_____
5	96	HOURS	**Year 3:** Approximately ninety-six (96) hours during the contract year.	$_____	$_____
6	7	HOURS	**Year 3:** Emergency, after hours, weekends and observed State holidays. (NOTE: After hours is defined as between 5:00 PM through 8:00 AM, Monday through Friday)	$_____	$_____

CONTRACT VALUE YEARS 1: $_____

CONTRACT VALUE YEARS 2: $_____

CONTRACT VALUE YEARS 3: $_____

TOTAL CONTRACT VALUE YEARS 1, 2 AND 3: $_____

ATTACHMENT A-12: PRICING

Provide onsite biomedical equipment maintenance and repair services in compliance with The Joint Commission, The National Hospital Standards and Intermediate Care Facility Standards for the items listed under this location on ATTACHMENT G: FACILITY EQUIPMENT LISTS.

NOTE: Hours listed in the Pricing Form are estimated only. No minimum or maximum number of hours is guaranteed. The State shall only pay for actual hours worked.

WHITAKER SCHOOL

Item #	QTY.	UOM	DESCRIPITION	UNIT PRICE PER HOUR	EXTENDED ANNUAL PRICE
1	25	HOURS	**Year 1:** Approximately twenty-five (25) hours during the contract year.	$_____	$_____
2	3	HOURS	**Year 1:** Emergency, after hours, weekends and observed State holidays. (NOTE: After hours is defined as between 5:00 PM through 8:00 AM, Monday through Friday)	$_____	$_____
3	25	HOURS	**Year 2:** Approximately twenty-five (25) hours during the contract year.	$_____	$_____
4	3	HOURS	**Year 2:** Emergency, after hours, weekends and observed State holidays. (NOTE: After hours is defined as between 5:00 PM through 8:00 AM, Monday through Friday)	$_____	$_____
5	25	HOURS	**Year 3:** Approximately twenty-five (25) hours during the contract year.	$_____	$_____
6	3	HOURS	**Year 3:** Emergency, after hours, weekends and observed State holidays. (NOTE: After hours is defined as between 5:00 PM through 8:00 AM, Monday through Friday)	$_____	$_____

CONTRACT VALUE YEARS 1: $_____

CONTRACT VALUE YEARS 2: $_____

CONTRACT VALUE YEARS 3: $_____

TOTAL CONTRACT VALUE YEARS 1, 2 AND 3: $_____

ATTACHMENT A-13: COMBINED PRICING

Facility	Year 1	Year 2	Year 3
Black Mountain Center	$	$	$
Broughton Hospital	$	$	$
Caswell Center	$	$	$
Central Regional Hospital	$	$	$
Cherry Hospital	$	$	$
J. Iverson Riddle Center	$	$	$
Julian F. Keith ADATC	$	$	$
Longleaf Center	$	$	$
Murdoch Center	$	$	$
O'Berry Center	$	$	$
Walter B. Jones ADATC	$	$	$
Whitaker School	$	$	$
Yearly Totals:	**Year 1 $**	**Year 2 $**	**Year 3 $**
GRAND TOTAL	For all facilities For Years 1-3:		**$**

ATTACHMENT B: INSTRUCTIONS TO VENDORS

The Instructions to Vendors, which are incorporated herein by this reference, may be found here:

https://www.doa.nc.gov/pandc/north-carolina-instructions-vendors-1-2025/open

ATTACHMENT C: NORTH CAROLINA GENERAL TERMS & CONDITIONS

The North Carolina General Terms and Conditions, which are incorporated herein by this reference, may be found here:

https://www.doa.nc.gov/north-carolina-general-terms-and-conditions-5-2025/open

ATTACHMENT D: CUSTOMER REFERENCE FORM

***Instructions**: Vendor shall use this template to submit three (3) customer references with its offer.*

Name of Customer Organization:	
Customer Reference Name:	
Customer Reference Address:	
Customer Reference Email:	
Start Date:	
End Date:	
Explanation of contract, service agreement, or type of products and quantity provided to the organization:	

Name of Customer Organization:	
Customer Reference Name:	
Customer Reference Address:	
Customer Reference Email:	
Start Date:	
End Date:	
Explanation of contract, service agreement, or type of products and quantity provided to the organization:	

Name of Customer Organization:	
Customer Reference Name:	
Customer Reference Address:	
Customer Reference Email:	
Start Date:	
End Date:	
Explanation of contract, service agreement, or type of products and quantity provided to the organization:	

ATTACHMENT E: LOCATION OF WORKERS UTILIZED BY VENDOR

In accordance with NC General Statute G.S. 143-59.4, Vendor shall detail the location(s) at which performance will occur, as well as the manner in which it intends to utilize resources or workers outside of the United States in the performance of The Contract.

Vendor shall complete items 1 and 2 below.

1. Will any work under this Contract be performed outside of the United States? ☐ YES ☐ NO

If "YES":

a) List the location(s) outside of the United States where work under the Contract will be performed by the Vendor, any subcontractors, employees, or any other persons performing work under the Contract.

b) Specify the manner in which the resources or workers will be utilized:

2. Where within the United States will work be performed?

NOTES:

1. The State will evaluate the additional risks, costs, and other factors associated with the utilization of workers outside of the United States prior to making an award.

2. Vendor shall provide notice in writing to the State of the relocation of the Vendor, employees of the Vendor, subcontractors of the Vendor, or other persons performing services under the Contract to a location outside of the United States.

3. All Vendor or subcontractor personnel providing call or contact center services to the State of North Carolina under the Contract **shall disclose** to inbound callers the location from which the call or contact center services are being provided.

ATTACHMENT F: CERTIFICATION OF FINANCIAL CONDITION

The undersigned hereby certifies that: *[check all applicable boxes]*

☐ The Vendor is in sound financial condition and, if applicable, has received an unqualified audit opinion for the latest audit of its financial statements.

Date of latest audit:_____(If no audit within past 18 months, explain reason below.)

☐ The Vendor has no outstanding liabilities, including tax and judgment liens, to the Internal Revenue Service or any other government entity.

☐ The Vendor is current in all amounts due for payments of federal and state taxes and required employment-related contributions and withholdings.

☐ The Vendor is not the subject of any current litigation or findings of noncompliance under federal or state law.

☐ The Vendor has not been the subject of any past or current litigation, findings in any past litigation, or findings of noncompliance under federal or state law that may impact in any way its ability to fulfill the requirements of this Contract.

☐ He or she is authorized to make the foregoing statements on behalf of the Vendor.

Note: This shall constitute a continuing certification and Vendor shall notify the Contract Lead within 30 days of any material change to any of the representations made herein.

If any one or more of the foregoing boxes is NOT checked, Vendor shall explain the reason(s) in the space below. Failure to include an explanation may result in Vendor being deemed non- responsive and its submission rejected in its entirety.

_____ _____

Signature *Date*

_____ _____

Printed Name *Title*

[This Certification must be signed by an individual authorized to speak for the Vendor]

ATTACHMENT G: FACILITY EQUIPMENT LISTS

Facility	A/P Contact	Inventory Contact	Inventory List (double click icons below to open)
Black Mountain Center	Natalie.Clevenger@dhhs.nc.gov	Britt.Morgan@dhhs.nc.gov	Black Mountain Center Equipment List
Broughton Hospital	Reba.Yancey@dhhs.nc.gov	Andrew.Bryant@dhhs.nc.gov	Broughton Hospital Equipment List.xls
Caswell Center	Michelle.Kearney@dhhs.nc.gov	Erica.Hill@dhhs.nc.gov	Caswell Center Equipment List.xlsx
Central Regional Hospital	Connie.Bray@dhhs.nc.gov	Don.Woodard@dhhs.nc.gov	Central Regional Hospital Equipment Li
Cherry Hospital	Donna.Denning@dhhs.nc.gov	John.Hill@dhhs.nc.gov	Cherry Hospital Equipment List.xlsx
J. Iverson Riddle Center	Shannon.Clark@dhhs.nc.gov	Wendy.Reynolds@dhhs.nc.gov	J Iverson Riddle Center Equipment List
Julian F. Keith ADATC	Donna.Poplin@dhhs.nc.gov	Berto.Diaz@dhhs.nc.gov	Julian F Keith ADATC Equipment List.xlsx
Longleaf Center	Julie.Hall@dhhs.nc.gov	Jennifer.Harris@dhhs.nc.gov	Longleaf Treatment Center Equipment List
Murdoch Center	Deborah.Andrick@dhhs.nc.gov	Veronica.Allen@dhhs.nc.gov	Murdoch Developmental Cente
O'Berry Center	Edward.E.Downing@dhhs.nc.gov	Kristy.Avery@dhhs.nc.gov	O'Berry Treatment Center Equipment List
Walter B. Jones ADATC	Meka.Andrews@dhhs.nc.gov	Sam.Phillips@dhhs.nc.gov	Walter B Jones ADATC Equipment Lis
Whitaker School	Connie.Bray@dhhs.nc.gov	Don.Woodard@dhhs.nc.gov	Whitaker School Equipment List.xlsx

ATTACHMENT H: STATE CERTIFICATIONS

State Certifications

Contractor Certifications Required by North Carolina Law

Instructions: The person who signs this document should read the text of the statutes and Executive Order listed below and consult with counsel and other knowledgeable persons before signing. The text of each North Carolina General Statutes and of the Executive Order can be found online at:

- Article 2 of Chapter 64: http://www.ncga.state.nc.us/EnactedLegislation/Statutes/PDF/ByArticle/Chapter_64/Article_2.pdf
- G.S. 133-32: http://www.ncga.state.nc.us/gascripts/statutes/statutelookup.pl?statute=133-32
- Executive Order No. 24 (Perdue, Gov., Oct. 1, 2009): http://www.ethicscommission.nc.gov/library/pdfs/Laws/EO24.pdf
- G.S. 105-164.8(b): http://www.ncga.state.nc.us/EnactedLegislation/Statutes/PDF/BySection/Chapter_105/GS_105-164.8.pdf
- G.S. 143-48.5: http://www.ncga.state.nc.us/EnactedLegislation/Statutes/HTML/BySection/Chapter_143/GS_143-48.5.html
- G.S. 143-59.1: http://www.ncga.state.nc.us/EnactedLegislation/Statutes/PDF/BySection/Chapter_143/GS_143-59.1.pdf
- G.S. 143-59.2: http://www.ncga.state.nc.us/EnactedLegislation/Statutes/PDF/BySection/Chapter_143/GS_143-59.2.pdf
- G.S. 143-133.3: http://www.ncga.state.nc.us/EnactedLegislation/Statutes/HTML/BySection/Chapter_143/GS_143-133.3.html
- G.S. 143B-139.6C: http://www.ncga.state.nc.us/EnactedLegislation/Statutes/PDF/BySection/Chapter_143B/GS_143B-139.6C.pdf

Certifications

(1) **Pursuant to G.S. 133-32 and Executive Order No. 24 (Perdue, Gov., Oct. 1, 2009)**, the undersigned hereby certifies that the Contractor named below is in compliance with, and has not violated, the provisions of either said statute or Executive Order.

(2) **Pursuant to G.S. 143-48.5 and G.S. 143-133.3**, the undersigned hereby certifies that the Contractor named below, and the Contractor's subcontractors, complies with the requirements of Article 2 of Chapter 64 of the NC General Statutes, including the requirement for each employer with more than 25 employees in North Carolina to verify the work authorization of its employees through the federal E-Verify system." E-Verify System Link: www.uscis.gov

(3) **Pursuant to G.S. 143-59.1(b)**, the undersigned hereby certifies that the Contractor named below is not an "ineligible Contractor" as set forth in G.S. 143-59.1(a) because:

(a) Neither the Contractor nor any of its affiliates has refused to collect the use tax levied under Article 5 of Chapter 105 of the General Statutes on its sales delivered to North Carolina when the sales met one or more of the conditions of G.S. 105-164.8(b); **and**

(b) [check **one** of the following boxes]

☐ Neither the Contractor nor any of its affiliates has incorporated or reincorporated in a "tax haven country" as set forth in G.S. 143-59.1(c)(2) after December 31, 2001; **or**

☐ The Contractor or one of its affiliates **has** incorporated or reincorporated in a "tax haven country" as set forth in G.S. 143-59.1(c)(2) after December 31, 2001 **but** the United States is not the principal market for the public trading of the stock of the corporation incorporated in the tax haven country.

(4) **Pursuant to G.S. 143-59.2(b)**, the undersigned hereby certifies that none of the Contractor's officers, directors, or owners (if the Contractor is an unincorporated business entity) has been convicted of any violation of Chapter 78A of the General Statutes or the Securities Act of 1933 or the Securities Exchange Act of 1934 within 10 years immediately prior to the date of the bid solicitation.

(5) **Pursuant to G.S. 143B-139.6C**, the undersigned hereby certifies that the Contractor will not use a former employee, as defined by G.S. 143B-139.6C(d)(2), of the North Carolina Department of Health and Human Services in the administration of a contract with the Department in violation of G.S. 143B-139.6C and that a violation of that statute shall void the Agreement.

(6) The undersigned hereby certifies further that:

(a) He or she is a duly authorized representative of the Contractor named below;

(b) He or she is authorized to make, and does hereby make, the foregoing certifications on behalf of the Contractor; and

(c) He or she understands that any person who knowingly submits a false certification in response to the requirements of G.S. 143-59.1and -59.2 shall be guilty of a Class I felony.

Contractor's Name: _____

Contractor's Authorized Agent: Signature _____ Date _____

Printed Name _____ Title _____

ATTACHMENT I: STATE OF NORTH CAROLINA SUBSTITUTE W-9 FORM

State_of_North_Carolina_Sub_W-9.pdf

REV 10/2023

NC Office of the State Controller **(IRS Form W-9 will not be accepted in lieu of this form)** ***Denotes a Required Field**	**STATE OF NORTH CAROLINA SUBSTITUTE W-9 FORM Request for Taxpayer Identification Number**	

Section 1 – Taxpayer Identification

***1.** ☐ Social Security Number (SSN), OR ☐ Employer Identification Number (EIN), OR ☐ Individual Taxpayer Identification Number (ITIN) ***2.** **(PRESS THE TAB KEY TO ENTER EACH NUMBER)**	Please select the appropriate Taxpayer Identification Number (EIN, SSN, or ITIN) type and enter your 9-digit ID number. The U.S. Taxpayer Identification Number is being requested per U.S. Tax Law. Failure to provide this information in a timely manner could prevent or delay payment to you or require The State of NC to withhold 24% for backup withholding tax.
***4. Legal Name** (as registered with the IRS - see instructions)**:**	**3. Unique Entity Identifier or Dunn & Bradstreet Universal Numbering System (DUNS) (see instructions):**
5. Business Name/DBA/Disregarded Entity Name, if different from Legal Name:	**(PRESS THE TAB KEY TO ENTER EACH NUMBER)**

Contact Information

***6. Legal Address** **(DO NOT TYPE OR WRITE IN THIS FIELD)**	**7. Remittance Address** (Location specifically used for payment that is different from Legal Address, if applicable)
***Address Line 1:**	**Address Line 1:**
Address Line 2:	**Address Line 2:**
***City** ***State** ***Zip (9 digit)**	**City** **State** **Zip (9 digit)**
***County**	**County**

***8. Contact Name:**	
***9. Phone Number:**	
10. Fax Number:	
***11. Email Address:**	

***12. Entity Type**	***13. Entity Classification**	**14. Exemptions (see instructions)**
☐ Individual/Sole Proprietor/Single-member LLC ☐ C-Corporation ☐ S-Corporation ☐ Partnership ☐ Trust/Estate ☐ Other_____ ☐ Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) _____ **Note:** Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.	☐ Medical Services ☐ Legal/Attorney Services ☐ NC Local Govt ☐ Federal Govt ☐ NC State Agency ☐ Other Govt ☐ Other (specify)	Exempt payee code (if any): Exemption from FATCA reporting code (if any):

Section 2 -Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding because of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
3. I am a U.S. citizen or other U.S. person (defined later in general instructions), and
4. The FATCA code(s) entered on this form (if any) indicting that I am exempt from FATCA reporting is correct.

Certification instructions: Please refer to the IRS Form W-9 located on the IRS Website **(https://www.irs.gov/)**:

***Printed Name:**		***Printed Title:**	
***Authorized U.S. Signature:**		***Date:**	

Please complete the Modification to Existing Supplier Records form if there have been any changes to the following: Tax Identification Number (TIN), Legal Name, Business Name, Remittance Address.

If you would like to receive your payments electronically, please complete the Supplier Electronic Payment form.

Return all completed forms to the State Agency from which you are requesting payment.

NC Office of the State Controller Substitute W-9 Instructions

General Instructions

For General Instructions, please refer to the IRS Form W-9 located on the IRS Website (https://www.irs.gov/).

Specific Instructions

Section 1 -Taxpayer Identification

1. Taxpayer Identification Type. Check the type of identification number provided in box 2.

2. Taxpayer Identification Number (TIN). Enter taxpayer's nine-digit Employer Identification Number (EIN), Social Security Number (SSN), or Individual Taxpayer Identification Number (ITIN) without dashes.

Note: If an LLC has one owner, the LLC's default tax status is "disregarded entity". If an LLC has two owners, the LLC's default tax status is "partnership". If an LLC has elected to be taxed as a corporation, it must file IRS Form 2553 (S Corporation) or IRS Form 8832 (C Corporation).

3. Unique Entity Identifier or DUNS Number. Suppliers are requested to enter their Unique Entity ID number or DUNS Number created in SAM.gov, if applicable.

4. Legal Name. Enter the legal name as registered with the IRS or Social Security Administration. For individuals, enter the name of the person who will do business with the State of NC as it appears on the Social Security Card or other required Federal tax documents. An organization should enter the name shown on its charter or other legal documents that created the organization. Do not abbreviate names. Do not enter a DBA or Disregarded Entity Name on this line.

5. Business Name. Business, Disregarded Entity, trade, or DBA ("doing business as") name.

Contact Information

6. Enter your **Legal Address.**

7. Enter your **Remittance Address, if applicable.** A **Remittance Address** is the location in which you or your entity receives business payments.

8. Enter the **Contact Name.**

9. Enter your **Business Phone Number.**

10. Enter your **Fax Number**, if applicable.

11. Enter your **Email Address**.

For clarification on IRS Guidelines, see www.irs.gov.

12. Entity Type. Select the appropriate entity type.

13. Entity Classification. Select the appropriate classification type.

Exemptions

If you are exempt from backup withholding and/or FATCA reporting, enter in the Exemptions box, any code(s) that may apply to you. See Exempt payee code and Exemption from FATCA reporting code below.

14. Exempt payee code. Generally, individuals (including sole proprietors) are not exempt from backup withholding. Corporations are exempt from backup withholding for certain payments, such as interest and dividends. Corporations are not exempt from backup withholding for payments made in settlement of payment card or third party network transactions.

Note. If you are exempt from backup withholding, you should still complete this form to avoid possible erroneous backup withholding.

The following codes identify payees that are exempt from backup withholding:
1 - An organization exempt from tax under section 501(a), any IRA, or a custodial account under section 403(b)(7) if the account satisfies the requirements of section 401(f)(2)
2 - The United States or any of its agencies or instrumentalities
3 - A state, the District of Columbia, a possession of the United States, or any of their political subdivisions, or instrumentalities
4 - A foreign government or any of its political subdivisions, agencies, or instrumentalities
5 - A corporation
6 - A dealer in securities or commodities required to register in the United States, the District of Columbia, or a possession of the United States
7 - A futures commission merchant registered with the Commodity Futures Trading Commission
8 - A real estate investment trust
9 - An entity registered at all times during the tax year under the Investment Company Act of 1940
10- A common trust fund operated by a bank under section 584(a)
11 - A financial institution
12 - A middleman known in the investment community as a nominee or custodian
13 - A trust exempt from tax under section 664 or described in section 4947.

NC Office of the State Controller Substitute W-9 Instructions **Page 2**

The following chart shows types of payments that may be exempt from backup withholding. The chart applies to the exempt payees listed above, 1 through 13.

If the payment is for…	THEN the payment is exempt for…
Interest and dividend payments	All exempt payees except for 7
Broker transactions	Exempt payees 1 through 4 and 6 through 11 and all C corporations. S corporations must not enter an exempt payee code because they are exempt only for sales of noncovered securities acquired prior to 2012.
Barter exchange transactions and patronage dividends	Exempt payees 1 through 4
Payments over $600 required to be reported and direct sales over $5,000[1]	Generally, exempt payees 1 through 5[2]
Payments made in settlement of payment card or third party network transactions	Exempt payees 1 through 4

[1] See Form 1099-MISC, Miscellaneous Income, and its instructions.

[2] However, the following payments made to a corporation and reportable on Form 1099-MISC are not exempt from backup withholding: medical and health care payments, attorneys' fees, gross proceeds paid to an attorney, and payments for services paid by a federal executive agency.

Exemption from FATCA reporting code. The following codes identify payees that are exempt from reporting under FATCA. These codes apply to persons submitting this form for accounts maintained outside of the United States by certain foreign financial institutions. Therefore, if you are only submitting this form for an account you hold in the United States, you may leave this field blank. Consult with the person requesting this form if you are uncertain if the financial institution is subject to these requirements.

A - An organization exempt from tax under section 501(a) or any individual retirement plan as defined in section 7701(a)(37)
B - The United States or any of its agencies or instrumentalities
C - A state, the District of Columbia, a possession of the United States, or any of their political subdivisions or instrumentalities
D - A corporation the stock of which is regularly traded on one or more established securities markets, as described in Reg. section 1.1472- 1(c)(1)(i)
E - A corporation that is a member of the same expanded affiliated group as a corporation described in Reg. section 1.1472-1(c)(1)(i)
F - A dealer in securities, commodities, or derivative financial instruments (including notional principal contracts, futures, forwards, and options) that is registered as such under the laws of the United States or any state
G - A real estate investment trust
H - A regulated investment company as defined in section 851 or an entity registered at all times during the tax year under the Investment Company Act of 1940
I - A common trust fund as defined in section 584(a)
J - A bank as defined in section 581
K - A broker
L - A trust exempt from tax under section 664 or described in section 4947(a)(1)
M - A tax exempt trust under a section 403(b) plan or section 457(g) plan

Section 2 - Certification

To establish to the paying agency that your TIN is correct, you are not subject to backup withholding, or you are a U.S. person, or resident alien, sign the certification on NC Substitute Form W-9. You are being requested to sign by the State of North Carolina.

For additional information please refer to the IRS Form W-9 located on the IRS Website (https://www.irs.gov/).

ATTACHMENT J: DSOHF POLICY IC 182 INFECTION PREVENTION AND CONTROL ATTESTATION FORM

DIVISION OF STATE OPERATED HEALTHCARE FACILITIES
ADATCs/Developmental Centers/NMTCs/Psychiatric Hospitals/Schools
POLICIES AND PROCEDURES

Title: **Required Vaccination for Division of State Operated Healthcare Facilities (DSOHF) Employees and Others Who Work in DSOHF Facilities**

Policy No: **182** **Effective Date: Sept 3, 2025**

Replaces Policy No: N/A **Review Schedule: Triennial**

Policy Category: **Infection Prevention and Control (IC)**

Approved By: DocuSigned by: FCCD9CC9F02C4B2... **Approval Date:** *09110125* | 9:26 AM EDT

I. Purpose

This policy is designed to protect DSOHF facility patients, residents, employees, and others who work in or who are located in DSOHF facilities from vaccine preventable, healthcare associated transmissible infections. "Facility" means the entire campus of each DSOHF operated facility.

II. Scope: Policy Applies to All Employees and Individuals in Clinical Areas (Broad Coverage)

A. Covered Individuals: This policy of required vaccination applies to all DSOHF employees, volunteers, students, and trainees, working for or within a DSOHF facility and all other DHHS employees whose assigned primary worksite is in or on the grounds of a DSOHF facility. In addition, this policy of required vaccination applies to all contracted and temporary workers who have direct contact with patients/residents or their environment and all contracted and temporary workers with an employee-employer relationship working for or within a DSOHF facility. Examples of covered contracted entities include clinical staff, temporary support staff, biomedical repair staff, and administrative staff. Examples of non-covered contracted entities include vending machine contractors and construction contractors. This policy does not apply to outside health providers rendering services to Division patients/residents *on their own behalf* and *at their own location,* except to the extent required by applicable state or federal laws or regulations.

B. When indicated, based on the presence of a communicable disease in the facility, or in the community, DSOHF Facility Directors may order control measures, including screening/testing to detect the communicable disease or immunity thereto, reassignment, furlough, or physical isolation from patients/residents of any covered individual who 1) has regular contact with patients/residents; *or* 2) who provides services to patients/residents; *or* 3) who works in any facility area.

III. Policy Statement

The Centers for Disease Control and Prevention (CDC) and the Advisory Committee on Immunization Practices of the CDC (ACIP) are federal agencies which make recommendations regarding the use of vaccinations in all settings, including in healthcare settings. This policy follows the recommendations of those agencies.

IV. Enforcement

Failure to Provide Proof of Immunity Disciplinary Action:

Covered Employees who have neither provided documented proof of the vaccination(s) as specified in **Attachment D,** nor have obtained an approved exemption shall be subject to disciplinary action, up to and including dismissal, for unacceptable personal conduct. Non-complying contractors, volunteers, and other covered individuals may be excluded from facility premises.

Newly hired covered individuals who do not, within 4 months of the date of hire for all immunization requirements (unless an earlier requirement is set by State or federal law), either: a) meet all immunization requirements and provide proof of immunity as specified in **Attachment D,** or b) apply for and obtain exemption for the required vaccination(s) shall be subject to disciplinary action, up to and including dismissal, for unacceptable personal conduct. Non-complying contractors, volunteers, and other covered individuals may be excluded from facility premises.

V. Definitions:

Volunteer:

For purposes of this policy, a volunteer is defined as an individual from the community who is accepted by the facility for the purpose of performing duties or services for the facility and its residents and/or patients without remuneration, and who is not an employee, contracted or temporary worker, student, or trainee.

VI. Policy

A. Vaccinations:

All covered personnel must be immune (unless there is an approved medical exemption based on a medical contraindication, as described by CDC/ACIP, or approved religious exemption) to measles, mumps, rubella, varicella, and pertussis as described in **Attachment D.** In addition, all covered personnel in all facilities must receive an influenza vaccine annually, unless there is an approved medical or religious exemption. Employee influenza vaccination policies, procedures, and requirements are located within **DSOHF Policy IC 148 Required Influenza Vaccination for DSOHF Employees AL.** All newly covered personnel are required to complete an immunization screen administered by the facility. All newly hired covered personnel, including rehired personnel, are

required to complete an immunization screen prior to start date. Failure to complete the immunization screening prior to start date will prevent the employee from working until this requirement is met. In addition, within 4 months of the date of hire for all immunization requirements, newly hired employees must either a) meet all immunization requirements and provide proof of immunity as specified in **Attachment D** or b) apply for and obtain exemption for the required vaccination(s).

The vaccination requirements set forth in this policy, including applicable deadlines, are subject to any conflicting or coextensive requirements set by state or federal law, including but not limited to applicable requirements adopted by the Centers of Medicare and Medicaid Services (CMS). All covered personnel should reasonably maintain awareness of current recommendations and legally enforceable vaccination requirements applicable to their profession. Information is available through the CDC and from the North Carolina Department of Health and Human Services (NCDHHS).

A. Newly Hired Covered Individuals Must:

1. Review and sign the attestation **prior to start date.**
2. Complete a facility administered immunization screen prior to start date.
3. Within 4 months of the date of hire for all immunization requirements (unless an earlier requirement is set by State or federal law), either: a) meet all immunization requirements and provide proof of immunity as specified in **Attachment D,** or b) apply for and obtain exemption for the required vaccination(s).

B. Proof of Immunity for Required Vaccinations:

All covered individuals shall provide proof of immunity as specified in **Attachment D.**

C. Record-Keeping:

Each facility shall maintain records as to the proof of immunity and approved Certificates of Exemption. Each facility must designate Employee Health, Personnel, or another suitable department to maintain these records.

D. Vaccination Shortage:

In the event of a shortage of vaccine, DSOHF shall determine priority of vaccine administration, based on extent of patient contact, CDC and ACIP recommendations,consultation with the DSOHF Chief Medical Officer, NC Department of Public Health (NC **DPH),** and the directives of the Secretary of the Department of Health and Human Services.

V. Distribution and Education

Employees and Other Covered Individuals Must Read the Policy:

Newly hired individuals who will be covered by this policy must sign a statement indicating that they have read and agree to this policy **prior to start date.**

IV. Exemptions

A. Exemption from Vaccination

1. For DSOHF employees who are covered by this policy, and all other covered individuals, all exemptions must be pre-approved in writing:
    a. By the Facility Director in the case of a religious exemption, upon consultation with a representative of NCDHHS Human Resources and with the NCDHHS Office of General Counsel (if necessary), and
    b. In the case of a medical exemption, by the applicable Facility Medical or Clinical Director or a designee thereof.
2. Each application will be evaluated on an individual basis. For medical exemptions, the current recommendations of the CDC and ACIP shall be applied in the evaluation.
3. To ensure adequate time for review prior to any applicable vaccination deadline, at least **15 days** are required for review of any exemption request. The facility shall provide a written decision within **15 days** of a timely and complete application.
4. All exempt employees and other exempt covered individuals may, based on the presence of a communicable disease, be reassigned, furloughed, physically isolated from patients/residents, or required to implement other control measures to protect the health of the involved employee, patients, residents, and other employees.
5. Any exempt employee who fails to comply with control measures may be subject to disciplinary action, up to and including dismissal, for unacceptable personal conduct. Non-complying contractors, volunteers, and other covered individuals may be excluded from facility premises.

B. Only Two Types of Vaccination Exemptions:

Exemption shall be granted only for these two documented reasons:

1. A medical condition and/or contraindication certified to by a licensed physician, physician's assistant, or nurse practitioner; or
2. A bona fide religious objection such that requiring the vaccination would conflict with their religious beliefs.

C. Application for Vaccination Exemption

1. **New Exemption requests submitted fewer than 15 days prior to an applicable vaccination deadline will not be reviewed prior to that deadline.**

1. Exemption requests must be submitted, either by the covered individual directly or by a representative of NCDHHS Human Resources. Only the listed individuals below may have access to read and respond to correspondence relating to exemption requests.
   a. Religious Exemption Requests
      i. Representatives of NCDHHS Human Resources
      ii. Representatives of the Office of State Human Resources
      iii. Representatives of the NCDHHS Office of General Counsel
      iv. The DSOHF Medical Director
   b. Medical Exemption Requests
      i. Representatives of NCDHHS Human Resources
      ii. Representatives of the Office of State Human Resources
      iii. Representatives of the NCDHHS Office of General Counsel
      iv. The DSOHF Medical Director
      v. A DSOHF Facility Medical or Clinical Director or Designee thereof
2. Exemptions that are granted **for <u>recurring</u> vaccination requirements (e.g., <u>annual</u> influenza vaccine)** may be applicable **through March 31 of each year.** An exempt employee must reapply for an exemption **prior to any subsequent vaccination requirement deadline occurring after March 31 of each year,** or earlier if clinically indicated. All applications for exemption must be submitted on the official *Application for Exemption to Vaccination Form* **(Attachment A).**
3. All newly hired covered personnel, including rehired personnel, are required to complete an immunization screen prior to start date. Within 4 months of the date of hire for all immunization requirements (unless an earlier requirement is set by state or federal law), newly hired covered personnel must either a) meet all immunization requirements and provide proof of immunity as specified in **Attachment D** or b) apply for and obtain exemption for the required vaccination(s).

V. Appeals

Any disciplinary action taken as result of non-compliance with this policy is appealable to the extent provided by the State of North Carolina Employee Grievance Policy and applicable NCDHHS policy.

VI. References

A. **Attachment A:** Application for Exemption to Vaccination

B. **Attachment B**: NC DHHS MMR, Tdap, and Varicella Vaccination Exemption Form for Health Care Provider

A. **Attachment C:** NC DHHS Vaccination Exemption Form for Religious Reasons

B. **Attachment D:** Proof of Immunity Requirement

C. **Attachment E:** DSOHF Policy IC 182 AL Attestation Form for New Hires

V. Any exceptions to the above policy must be approved by the Director, Division of State Operated Healthcare Facilities, or designee.

Table of Amendments

Date	Description	Owner Name
9/3/25	• Removed requirement for COVID-19 vaccination, following updated FDA approvals for 2025-2026 COVID-19 vaccine formulations.	**Lee Miller, Susan Saik, Brandon Warren**
1/1/25	• Aligned COVID-19 vaccination requirements with other required vaccinations (i.e., within 4 months of the date of hire). • Addition of "Vaccination Shortage" section. • Changed exemption approvals for recurring vaccinations to be valid through 3/31, or earlier, if clinically indicated. • Revised COVID-19 vaccine requirements in Attachment E to align with updated FDA/CDC recommendations (e.g., historic and current vaccine formulas). • Revised varicella vaccine requirements in Attachment E to include two-dose Shingrix series; single-dose Zostavax product removed from market. • Changed review schedule from annual to triennial. • Formatting and stylistic changes throughout the document.	**Lee Miller, Susan Saik, Brandon Warren**
09/22/22	• Clarified that exemptions are granted for a) up to 1 year for recurring vaccination requirements and b) for employees with exemptions for non-recurring vaccinations, applications are due prior to any subsequent vaccination requirement deadline occurring more than one year after the previous request was approved. • Removed references to brand names of COVID-19 vaccines and now reference FDA approved or authorized vaccines or WHO listed vaccines for emergency use. • Removed reference to past CMS implementation date. • Added allowance to hire/onboard staff with the first dose of a multiple dose COVID-19 primacy series under certain conditions.	**Aaron Rogoff, Susan Saik, Brandon Warren**

	• Removed previous question# 4 from COVID-19 exemption Healthcare Provider form and removed references to J&J from other questions. • Made certain formatting and stylistic changes throughout document.	
04/04/22	• Changes the timeline for vaccination for new hires which adheres to CMS requirements (primary series must be completed prior to hire). • Provides for regulatory requirements and COVID-19 vaccination schedules that may change in the future to be incorporated into requirements. • Incorporates the HR representative into the processing of religious exemptions. • Sets out a process and defines access for submission and review of exemptions. • Forms for applications for exemption are revised to clarify requirements. • Sets one-year time limit for approved exemptions. • Clarifies the timeline for submission of exemption applications. • Changes time of deadline to 11:59 pm (instead of 5 pm) on the final date that vaccination is due. • Policy attestation form added (Attachment **F)**.	**Aaron Rogoff, Susan Saik, Brandon Warren**
08/02/21	n/a	**n/a**
06/12/20	n/a	**n/a**
10/16/17	n/a	**n/a**
10/04/17	n/a	**n/a**

DSOHF Policy IC 182 AL

Attachment A:

DIVISION OF STATE OPERATED HEALTHCARE FACILITIES

Application for Exemption to Vaccination

Name of employee (or other covered individual):

_____

Work location, e-mail address, and phone number:

_____

Phone, signature, and printed name of Immediate Supervisor: _____ Phone Number

_____ Signature _____ Printed Name

Type of Exemption Applied For

Please indicate which type of exemption you are seeking by placing an X in the box below.

☐ **1) FOR MEDICAL CONDITION** (The vaccination is contraindicated due to a medical condition)

*The documentation which **must** accompany your application is as follows:*

1. **FORM:** "DSOHF **MMR, Tdap, and Varicella** Vaccination Exemption Documentation Form for the Health Care Provider"; and/or "DSOHF **Influenza** Vaccination Exemption Documentation Form for the Health Care Provider";

2. Form must include the following documentation:

A signed medical assessment for that employee with responses to questions documented on the relevant DSOHF Vaccination Exemption Documentation Form from the Health Care Provider, signed by a licensed physician, physician's assistant, or nurse practitioner. If the condition is temporary, the covered individual must present proof of vaccination as soon as feasible and when deemed medically advisable by his or her health practitioner. This form must contain the provider's license number and the other information specified on the official form.

☐ **2) FOR RELIGIOUS REASONS** (A bona fide religious objection)

*The documentation which **must** accompany your application is as follows:*

1. **FORM:** "DSOHF Vaccination Exemption Form for Religious Reasons"

*Additional documentation which **may** accompany your Form is as follows:*

This Form may be signed below by a clergy member ordained by the authorities of the particular religious body, with a copy of supporting documentation attached to this Form.

For all applicants: I understand that, if my "Application for Exemption" is approved, I may be required to wear a face mask or follow other procedures for control measures, be reassigned, furloughed, or isolated physically from patients to protect my health and/or the health of others during influenza season. I give permission to contact my physician/healthcare provider or clergy member for additional information if needed to render a decision regarding my application for exemption.

_____ Signature of Applicant (required on all applications) _____ Date

(Attach all required documentation to this form.)

Review and Response to Request for Exemption by Authorized Human Resources or Employee Health Representative

☐ ***Approved*** ☐ ***Not Approved*** ***Duration:*** _____

Signature: _____ ***Date:*** _____

DSOHF Policy IC 182 AL

Attachment B:

DIVISION OF STATE OPERATED HEALTHCARE FACILITIES

MMR, Tdap, and Varicella Vaccination Exemption Documentation Form for the Health Care Provider

TO THE HEALTH CARE PROVIDER:

The North Carolina Department of Health and Human Services has adopted DSOHF Policy IC 182 Required Vaccination for Employees and Others Who Work in DSOHF Facilities AL. The purpose of this policy is to protect DHHS patients, employees, and others who work in DSOHF facilities from vaccine preventable healthcare associated transmissible infections. Employees working in DSOHF facilities must be immune to measles, mumps, rubella, pertussis, and varicella, unless a valid medical or religious exemption has been approved. **NC DHHS follows the CDC and the ACIP recommendations for immunization practices.** Additional information is available at: http://www.ncdhhs.gov/.

The following employee or other covered individual, _____ *(name to be provided by Applicant),* has filed an "Application for Exemption to Vaccination" for medical reasons for the following vaccination(s):

_____

To support that application, the covered individual must request and submit the following documentation completed and signed by you, their Healthcare Provider:

1. When did you last examine the applicant? _____
2. Does this patient have a history of anaphylaxis to Neomycin? ☐ Yes ☐ No
3. Does this patient have a known (diagnosed) allergy or a history of **severe or immediate allergic reaction** to any component of the vaccine or after a previous dose of the vaccine? ☐ Yes ☐ No
   If yes, which vaccine(s)? _____
   NOTE: "Severe allergic reaction" includes cardiovascular changes (e.g., hypotension), respiratory distress (e.g., wheezing), gastrointestinal changes (e.g., nausea/vomiting), that required treatment with epinephrine, or any other reaction that required emergency medical attention.
4. Does this patient have known severe immunodeficiency?☐ Yes ☐ No
5. Has this patient had recent administration of blood products?☐ Yes ☐ No
6. Is this patient pregnant?☐ Yes ☐ No
7. Does this patient have a history of Guillain-Barre within 6 weeks or encephalopathy within 7 days of receipt of Tdap, Td, DTP, or DTaP vaccine? ☐Yes ☐ No
8. Does this patient have a progressive neurologic disorder? ☐ Yes ☐No
   If yes, specify: _____
9. Other vaccination contraindication or precaution:
   _____
10. Is the condition temporary or permanent? *(Circle applicable term.)*

Physician/PA/NP Printed Name: _____

Physician/PA/NP Signature: _____

License Number: _____

Date Signed: _____ Telephone number: _____

Address:

_____

Note: May attach additional documentation.

DSOHF Policy IC 182 AL

Attachment C:

DIVISION OF STATE OPERATED HEALTHCARE FACILITIES

Vaccination Exemption Form for Religious Reasons

TO THE APPLICANT AND, if consulted, CLERGY:

The North Carolina Department of Health and Human Services has adopted DSOHF Policy IC 148 Required Influenza Vaccination for DSOHF Employees and Others Who Work in DSOHF Facilities AL **and** DSOHF Policy IC 182 Required Vaccination for DSOHF Employees and Others Who Work in DSOHF Facilities AL. The purpose of these policies is to protect DHHS patients, employees, and others who work in DSOHF facilities from vaccine preventable healthcare associated transmissible infections. Exemption requests for recurring vaccination requirements must be approved at least annually, and approval for an exemption one year does not automatically mean the employee's exemption will be approved permanently.

When completing this form, you are obligated to answer the questions sincerely and truthfully. By signing below, you are affirming that you have a bona fide religious objection to the _____ vaccination requirement(s), and that you have read and understand the information contained in this form, DSOHF Policy IC 148 AL, and DSOHF Policy IC 182 AL. A representative of the Department may contact you to request additional information in support of your application.

The following employee or other covered individual, _____ *(name to be provided by Applicant),* has filed an "Application for Exemption Form for Religious Reasons."

Religious beliefs include beliefs arising from traditional, organized religions, although a person can have religious beliefs that are consistent or inconsistent with a religious group to which they belong. Beliefs may also be independent of any religious group, although in that case, the beliefs are considered religious only if they are comprehensive in nature, as opposed to an isolated teaching, and they occupy a place in a person's life that is parallel to that filled by an organized religion or God, meaning they typically concern ultimate ideas about life, purpose, and death. Social, political, or economic philosophies, or personal preferences are not considered religious beliefs. Religious beliefs must also be sincerely held. While a person's beliefs may change over time, inconsistent conduct can raise questions regarding the sincerity of a person's stated religious belief.

To support this application, the individual ***must*** provide the following information:

1. Is this a new exemption request or a request for renewal of a previous exemption?

☐ New

☐ Renewal; Year of Initial Request: _____

2. Have you previously requested exemption from any other vaccination requirement? ☐ No ☐ Yes

   Year(s) of Request(s): _____ Vaccination Type(s): _____

3. Please give a general statement explaining how requiring you to meet this vaccination requirement conflicts with your religious belief(s):

_____

_____

_____

(Form continues on next page.)

DSOHF Policy IC 182 AL

1. Is your objection to receiving any and all vaccination(s), or do you have a specific objection to the vaccination from which you are requesting exemption?

☐ All Vaccinations ☐ Specific to this Vaccination

If there is one or more particular component(s) found in the relevant vaccine(s) to which you object, please identify it below (a list of components found in the relevant vaccine(s) is attached or available upon request):

_____

2. Have you received any vaccination in the past five years? ☐ No ☐ Yes

Year(s) of Vaccination(s):_____

Vaccination Type(s)_____

If yes, please explain any change in circumstances or your beliefs that led you to request this exemption:

_____

_____

_____

_____

This Form may be signed below by a clergy member ordained by the authorities of the particular religious body, with a copy of supporting documentation attached to this Form. *(Continue on additional pages if needed.)*

_____ _____
Signature of Applicant (required on all applications) Date

Signature and other information below may also be provided for religious exemption:

_____ _____
Signature of Clergy Member Date

Physical Address: _____

Name of Denomination or Other Recognized Religious Body: _____

_____

(May attach additional documentation.)

DSOHF Policy IC 182 AL

Attachment D:

Vaccines	**Proof of Immunity Requirement**
Influenza	**Annual influenza vaccine unless medical or religious exemption**
MMR	**Birth before 1957 (unless in outbreak situation) OR 2 doses of MMR given at least 4 weeks apart OR 2 doses of MMR (initial plus booster at any time afterward) OR Laboratory confirmation of disease OR serologic immunity**
Tetanus, diphtheria, pertussis (Tdap)	**One dose of Tdap**
Varicella	**2 doses of varicella vaccine given at least 28 days apart OR Completed herpes zoster vaccine regimen (1 dose of Zostavax or 2 doses of Shingrix) OR Treating physician diagnosis of varicella or herpes zoster OR Laboratory confirmation of disease OR serologic immunity**

Documentation requirements:

1. To meet immunity requirements by vaccination:
Proof of immunization must include a printout from the NC Immunization Registry (NCIR) or a note or receipt with:
    1) the covered individual's name
    2) the name of the healthcare provider administering the vaccine
    3) date of vaccination
    4) place of vaccination
    5) vaccine product name

The note or receipt must be signed by a licensed nurse, physician, pharmacist, physician's assistant or other representative of the place where the vaccine was administered. A print-out of the covered individual's vaccination record from the NCIR showing proof of vaccination may also be provided in place of a note or receipt.

2. To meet immunity requirements by treating physician diagnosis: Documentation of the disease by the licensed physician, Physician Assistant or Nurse Practitioner who diagnosed the disease must be provided.

3. To meet immunity requirements by laboratory confirmation: A laboratory report with results indicating laboratory confirmation of disease or serologic immunity must be provided.

NC DEPARTMENT OF HEALTH AND HUMAN SERVICES

JOSH STEIN • Governor
DEVDUTTA SANGVAI • Secretary
NIKI ASHMONT • DSOHF Director

Division of State Operated Healthcare Facilities

Required Vaccination Policy Attestation Statement

By signing this document, I attest that I, _____,
(Print Name)
have read DSOHF Policy IC 182 Required Vaccination for DSOHF Employees and Others Who Work in DSOHF Facilities AL and understand that:

1. I must comply with DSOHF Policy IC 182 AL as a condition of continued employment and the failure to do so, may result in separation from employment or disciplinary action, up to and including dismissal.
2. I must complete an Employee Immunization Screening prior to start date. The Immunization Screening and Form may be completed by a designated facility or my private physician. If completed by my private physician, I must provide the results to the DSOHF Facility's Employee Health Service.
3. By 4 months from the date of hire for all immunization requirements (unless an earlier requirement is set by State or federal law), either: a) meet all immunization requirements and provide proof of immunity as specified in **Attachment E**, or b) apply for and obtain exemption for the required vaccination(s).
4. At least **15 days** are required for review of any exemption request. If I wish to apply for a medical or religious exemption to the vaccination requirement, I must apply at least 15 days prior to any applicable deadline.

_____
Signature Date

ATTACHMENT K: DHHS ENVIRONMENTAL HEALTH & SAFETY HANDBOOK FOR CONTRACTORS

DHHS
Environmental, Health, and Safety Handbook for Contractors

1. PURPOSE AND SCOPE

The purpose of this handbook is to:

a. Provide DHHS contractors and subcontractors with an overview of environmental, health, and safety procedures. In the event of questions regarding these policies or procedures, contact the facility Maintenance Director or Safety Officer.

b. Provide a safe and healthy environment for staff, patients, residents, clients and visitors to work, live, and visit.

c. Ensure DHHS contractors comply with current OSHA standards, National Fire Protection Association (NFPA) codes, National Fire Codes (NFC), emphasizing NFPA 101, Life Safety Codes, and environmental regulations.

d. The information contained in this handbook is not all-inclusive nor does it supersede any federal, state, or local regulations governing contractor work. When the information contained in this handbook is less stringent than applicable regulations, contractors are required to adhere to those regulations.

2. PROGRAM OBJECTIVES

Expected results of this program are:

a. Hazardous materials will be controlled.

b. Unsafe or unhealthy conditions reported by staff, patients, residents, clients, or visitors will be examined and corrected when appropriate.

c. Fire losses will be reduced through prevention and control strategies, evacuation planning, and maintenance of fire suppression equipment.

d. Work-related accidents and injuries will be prevented.

e. Personal protective equipment will be worn when necessary.

f. Safety, fire safety, environmental compliance, and sanitation inspections will be conducted regularly.

3. STANDARDS REFERENCED

Occupational Safety and Health Administration (OSHA)
National Fire Protection Association (NFPA)
Environmental Protection Agency (EPA)
Department of Environmental Quality (DEQ)
Joint Commission/CMS
American National Standards Institute (ANSI)
American Congress of Governmental Industrial Hygienists (ACGIH)

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Chapter 1. ADMINISTRATION

A. PURPOSE

The Department of Health and Human Services, through its safety policies, aims to create a safe, healthful environment for patients, residents, clients, staff, visitors, and others in DHHS facilities. Each facility/division/office must comply with the most recent codes, standards, and regulations; the following are referenced in this policy:

Occupational Safety and Health Administration (OSHA)
National Fire Protection Association (NFPA)
Environmental Protection Agency (EPA)
The Joint Commission/CMS
American Society for Testing and Materials (ASTM)
American National Standards Institute (ANSI)
American Congress of Governmental Industrial Hygienists (ACGIH)
Division of Health Service Regulation
Department of Environmental Quality
North Carolina Building Codes

B. RESPONSIBILITIES

1. **Safety Programs Manager**
   Reports to the Director, DHHS HR, on issues related to occupational safety, fire safety, and environmental health issues.

2. **Safety Officer**
   Oversees occupational safety, environmental compliance, and fire protection programs.

3. **Executive Leadership/Management**
   Provide a workplace free from recognized hazards.
   Establish and maintain health and safety programs.
   Ensure that sufficient resources are available to support the programs.
   Ensure compliance with this policy, health and safety programs, and all applicable legal requirements.

4. **Contractors/Subcontractors**
   Adhere to standards in 29 CFR 1910, OSHA General Industry Regulations, and where applicable 29 CFR 1926, OSHA Construction Industry Regulations.
   Ensure safety procedures in this handbook are followed and implement corrective actions as needed**.**
   Train staff in safe practices.
   Familiarize themselves with hazards associated with particular sites, jobs, or the physical surroundings of employees.
   Promptly and accurately report and record work-related accidents, injuries, illnesses, and their causes.

5. **Non-Supervisory Workers**
   Perform their duties in the safest possible manner.
   Comply with regulatory agencies and division/facility/office policies.
   Immediately report hazards or unsafe acts to supervisors.
   Report accidents, injuries, and illnesses to supervisors.

C. CESATION OF WORK

If the contractor's work is hazardous to employees or patients, or if any parts of these guidelines are not followed, DHHS reserves the right to immediately cease work under contract and/or terminate the contractor's work.

D. MINIMUM AGE REQUIREMENT

In accordance with North Carolina labor law, no person under the age of 18 is permitted to perform work at a DHHS facility.

E. REPORTING HAZARDS

Any employee who believes that an unsafe or unhealthful condition exists in a workplace where he/she is employed, has the right to report the unsafe or unhealthful working condition to the Safety Officers or directly to OSHA, NC Department of Labor.

Chapter 2. HEALTH AND SAFETY

A. GENERAL REQUIREMENTS

It shall be a condition of each contract which is entered into for construction, alteration and/or repair, including painting and decorating, that no contractor or subcontractor for any part of the contract work, require any employee (laborer, tradesman, mechanic, etc.) employed in the performance of the contract, to work in surroundings or in working conditions, which are unsanitary, hazardous, or dangerous to his health or safety.

Management will not permit employees or contractors to take an unnecessary risk in order to complete any job. Contractors are required to actively participate, through frequent inspections of the job site, in the identification and correction of unsafe acts or hazardous conditions. Hazards must be reported to the site contact or Safety Officer immediately so corrective actions can be taken.

B. REPORTING OF OCCUPATIONAL INJURIES

Any contractor performing work on site is responsible for reporting all occupational injuries that occur while onsite, no matter how minor the injury. All injuries will require the contractor to complete an accident investigation report which will also be sent to the contracted worker's employer.

Injuries are to be reported to the site contact and the Safety Officer before the end of business on the date of injury. If your employee is severely injured, immediately notify the Safety Officer.

C. EMERGENCY PROCEDURES

1. Fire/Evacuation

In the event of an emergency which requires the total evacuation of all the buildings, the fire alarm system will sound. Upon hearing this, immediately stop all work which is being performed and proceed to the nearest emergency exit. Once outside, proceed to the facility's rally point and await further instructions from your site contact or a member of the management team. Staff, management, contractors or patients are not allowed back into the facility until the all clear is given by the Incident Commander.

If you identify an emergency which requires the total evacuation of the building, proceed to the nearest office and notify anyone you can find of the situation, then proceed outside, go to the nearest rally point and await further instructions from your site contact or management.

2. Severe Weather

In the event of severe weather which requires the sheltering of employees, patients and contractors, a broadcast announcement will be made. Shut down all work processes and proceed to the designated shelter area. Remain there until the "all clear" is announced. If you are unsure of the location of the shelter area, ask your site contact when you come onto the property.

3. Medical

If an injury occurs while onsite, immediately notify the Safety Officer or a member of the management team.

In the event of a medical emergency, notify a staff member who will then activate the internal response team. The response team is trained in First Aid, CPR, and the use of an AED (automatic electronic defibrillator).

After initial first aid is administered by the response team, medical treatment for all other injuries will be handled by professional medical responders. Medical treatment for non-life threatening injures will be determined by the Contractor's company policies and procedures.

DHHS employees, including management, are not permitted to transport any injured employee, patients, or contractors to a medical treatment facility under any circumstance. Transportation of injured persons must follow the Contractor's company protocols or will be done by professional medical responders.

4. Chemical Spills

If a chemical spill occurs while onsite and the spill is directly caused by the work being contracted, immediately report the spill to the maintenance staff and/or the Safety Officer. The internal response team will provide specific instructions which may include evacuation of the area or the building. Contractors are responsible for following these instructions without delay.

If a chemical spill is identified while working onsite, immediately notify the maintenance staff, Safety Officer, or any other employee. That individual will activate the internal response team who will determine the appropriate response.

D. DRUG-FREE WORKPLACE

DHHS has established a drug free workplace for its employees and patients. Following any workplace injury, you will not be permitted to work on site until confirmation of a negative drug/alcohol screen (no drugs/alcohol detected during the test) has been confirmed by your employer.

It is strictly forbidden to be in possession or to consume alcohol or drugs while on DHHS property. This may result in referral to appropriate law enforcement agencies and removal from the property.

E. SMOKING AND E-CIGARETTES IN THE WORKPLACE

For DHHS healthcare facilities within the Division of State Operated Healthcare Facilities (DSOHF), the use of tobacco products and e-cigarettes is strictly prohibited on the property and within the buildings.

For DHHS non-healthcare facilities, smoking and the use of e-cigarettes is strictly prohibited within DHHS owned or leased buildings statewide. Smoking and the use of e-cigarettes is not permitted outdoors within a distance of 50 feet from entrances, operable windows, and ventilation systems of DHHS buildings. Smoking is prohibited on the roof and while working on generators or in electrical substations.

F. WEAPONS AND FIREARMS

With the exception of police, possession or carrying of weapons of any kind is prohibited on DHHS property. This includes any form of weapon or explosive, all firearms, knives with blades exceeding four inches.

This weapons prohibition will extend to contractors who are in possession of a valid concealed weapon permit as authorized by federal or state law. Failure to comply with this policy will result in termination of service agreement and possible permanent removal from the facility approved vendors list.

G. FOOD AND DRINK

All food consumption must occur in a designated area such as a cafeteria, break room or outside of the building. Drinks are permitted indoors if they have a screw top lid attached. All associated trash must be properly disposed.

H. PERSONAL PROTECTIVE EQUIPMENT AND CLOTHING

1. **Eye Protection**
   Protective eye and face equipment is used in compliance with 29 CFR 1910.133. **Safety glasses must be stamped with the ANSI Z87 or Z87+ designation.**
   Safety goggles must be worn while performing work which could result in an eye injury without proper eye protection PPE.
2. **Hearing Protection**
   Hearing protection with a noise reduction rating of at least 25 dBA must be worn for any work where the noise level exceeds 90 dBA while the work is being done.
3. **Respiratory Protection**
   When airborne exposures exceed or are anticipated to exceed OSHA levels (action level or permissible exposure limit), or while engineering controls are being instituted, respirators are used per 29 CFR 1910.134, **requiring a written program governing the selection and use of respirators, and areas/conditions where use is mandatory. The contractor must ensure that a respiratory protection program is in place and that any contracted employees required to wear a respirator have been trained and fit tested for the type respirator that they will be required to wear for the job. Evidence of training and fit testing is provided to the Plant Operations Director** or the Safety Officer.
4. **Foot Protection**
   Safety shoes meeting requirements of the American Society for Testing and Materials (ASTM) are required in foot hazard areas per 29 CFR 1910.136.
   Safety shoes or boots meeting the ANSI Z41 requirements (or equivalent) must be worn when working with any rolling equipment or working with heavy loads.
5. **Head Protection**
   Head protection must be worn when there is a potential for injury from falling objects and must be stamped with any of the following consensus standards: ANSI Z89.1-2003, ANSI Z89.1-1997 or ANSI Z89.1-1986.
6. **Fall Protection**
   If needed, fall protection is provided and used in compliance with 29 CFR 1926.501. It is the duty of the contractor to ensure fall protection is available for all employees working at an elevation of 6 or more feet. This includes all work in aerial lifts, whether the basket has been elevated or not. Fall protection systems shall meet the criteria and practices set forth in 29 CFR 1926.502.

   A copy of the written site-specific fall protection plan must be provided to the Safety Officer for review.

Each contractor must follow the training requirements in 29 CFR 1926.503 and provide training for each employee who might be exposed to fall hazards.

7. **Clothing**
   Jewelry is not permitted and must be removed while working.
   Hooded or loose clothing is not permitted.
8. **Additional requirements may be added based on hazard assessments and the type of work being performed.**

I. USE OF FACILITY EQUIPMENT

Contractors are required to furnish their own tools and equipment while onsite. Use of facility property will be permitted only with specific authorization from the maintenance director or Management. This includes powered tools, lifts, hoists, computer equipment, etc.

J. CONFINED SPACE ENTRY

Entry into any permit required confined space (PRCS) on site at the facility requires the issuance of a confined space permit. Confined space entry is conducted in accordance with 29 CFR 1910.146 Subpart J.

Unless specifically contracted to perform work in a PRCS, contractors may not enter these areas for any reason. Those who are contracted to perform work in a PRCS must provide all necessary confined space equipment, including air monitors, rescue equipment, and forced air equipment.

Contractors entering a PRCS will be required to supply a copy of their written confined space program and follow their company's confined space entry procedures. Procedures must meet all of the requirements in 29 CFR 1910.146 Subpart J. Procedures may be presented to the site contact, the Maintenance Director, or the Safety Officer and will be subject to review prior to entry into a PRCS.

K. LOCKOUT/TAGOUT

Lockout/tagout (LOTO) procedures are required for work on equipment where unexpected energization may occur. Work on any energized or potentially-energized equipment without performing proper LOTO will result in immediate cessation of work. LOTO procedures must comply with 29 CFR 1910.147 Subpart J.

Activities requiring LOTO must be communicated to the site contact prior to locking out any device or equipment. At that time, contractors will be required to supply a copy of their written LOTO procedures and will be given a copy of the facility's LOTO program. The contractor is required to follow the requirements of the more stringent LOTO program and must supply all locks, tags, and devices which will be used to perform LOTO during the service and maintenance of equipment.

L. BARRICADES AND CHUTES

When it is necessary to barricade an area for an excavation, open manholes, overhead work, or to protect personnel from hazardous operations or moving equipment, the contractor is required to use barricades. Barricades must be erected before the work requiring the barricade begins. All excavations, open manholes, etc. must be closed or protected to prevent entry when work stops or at the end of each work day. Even with barricades in place, nothing is to be thrown from an elevated area, such as out of windows or off the top of a building. Chutes must be installed for this type of work. All barricades and chutes must be removed from the job site once work has been completed.

M. SCAFFOLDS

Scaffolds must be built of sound material and properly supported on firm footing. All scaffolds must meet the requirements of 29 CFR 1926.451 and ANSI/ASSE A10.8-2011. The scaffolding platform must be equipped with standard 42-inch-high handrail with mid-rail and four-inch toe board. Scaffold boards and runways must be kept clear of debris and secured as necessary to prevent movement.

All scaffolding must be inspected and tagged by a competent person prior to use. This inspection must be documented and a copy given to the facility Safety Officer.

Employees who perform work while on a scaffold must be trained by a qualified person to recognize the hazards associated with the type of scaffold being used and the procedures to use to control/minimize those hazards. The training shall meet the requirements set forth in 29 CFR 1926.454 and documentation of training is provided to the Safety Officer.

N. AERIAL LIFTS

Aerial lifts must be inspected and operated in accordance with 29 CFR 1910 Subpart N, including extendible boom platforms, aerial ladders, articulating boom platforms, vertical towers and a combination of any such devices.

O. LADDERS

Ladders are to be inspected before use and the inspection must be documented. The documented inspection is subject to review by the Safety Officer.

P. ELECTRICAL SAFETY

Contractors shall provide adequately insulated tools and equipment for the safe performance of electrical work. Metal, non-conductive parts must be grounded. Ground fault circuit interrupters (GFCIs) must be used with all portable hand tools and extension cords. Extension cords must be inspected for damage before use; any damaged insulation beyond minor nicks shall be taken out of service. Tools with damaged electrical cords may not be used. If electrical cords are passed through windows or doorways, the cords must be protected from damage.

All electrical work will be performed by trained and qualified electrical workers only, and all electricians must follow the guidelines found in NFPA 70E and 29 CFR 1910.331 through 1910.335.

Contractors must never leave electrical panels, boxes, cabinets, or other energized parts open when they are not directly attended. All energized parts must be insulated when their covers are removed. The use of wood or cardboard to cover live circuits is strictly prohibited.

Q. HAZARD COMMUNICATION

Contractors are required to provide safety data sheets (SDS) for every chemical, as defined in 29 CFR 1910.1200, which will be brought onsite, including materials which are contained inside the equipment being used or installed.

All containers of hazardous materials, including flammable, caustic, and toxic chemicals, brought on site must be clearly labeled and stored properly while the chemical is on the property and must be removed by the contractor in accordance with DOT regulations when the job is complete. A list of all of chemicals that a contractor is bringing on site and the safety data sheets (SDS) for each chemical must be made available to the Safety Officer for review before the chemical is used on site.

R. EXCAVATIONS/TRENCHING

These activities must be approved by the Plant Operations Supervisor and Safety Officer and are conducted per 29 CFR 1926 Subpart P.

S. HOT WORK PERMITS

All hot work, including welding, requires the issuance of a hot work permit. The contractor must notify the site contact to obtain this permit prior to the start of any hot work. All combustible and flammable materials must be removed from the area or adequately protected to prevent accidental ignition.

Any contractor brought onsite to perform welding, cutting, grinding or brazing work is required to follow all of the requirements found at 29 CFR 1910.252.

Fire extinguishers have been placed throughout the DHHS facilities and are available for use during any hot work activity on site as long as the extinguisher is replaced once the work is completed. Only those persons who have been properly trained on how and when to use a fire extinguisher may use them.

All hot work requires that the contractor perform an inspection of the area where the hot work was performed no less than 30 minutes after the job is complete. The inspection is signed by the contractor and again after one hour by Plant Operations staff or the Safety Officer. The completed inspection and a copy of the hot work permit will be kept on file.

T. LEAD

Projects involving lead must comply with Federal, state, and local laws and regulations. Guidelines from 29 CFR 1926 Subpart D, Lead Exposure in Construction, are the minimum standards for operational and maintenance procedures. Only those who have received training and follow proper health and safety rules and requirements may work on projects where lead-contaminated materials are found.

U. ASBESTOS

1. General

If a substance to be worked is suspected of containing asbestos, it is handled as such until proven otherwise by laboratory analysis. At no time is known or suspected asbestos-containing material removed or disturbed without the approval of the Safety Officer and the Plant Operations Supervisor.

2. Respirators and Protective Clothing

Work involving known or suspected asbestos-containing materials requires (at a minimum) half-face respirators with filters and disposable coveralls.

3. Removal/Demolition

Removal/demolition projects involving asbestos-containing materials adhere to OSHA 29 CFR 1926.1101 and EPA 40 CFR 61 Subpart M (National Emission Standard for Hazardous Air Pollutants), and state and local requirements.

As required by 40 CFR 61 Subpart M, the Regional EPA Asbestos Coordinator or governing state environmental agency is notified in writing at least 20 days before the start of an asbestos removal or demolition project. A copy of the notification is kept by Plant Operations.

V. COMPRESSED GAS CYLINDERS

Contractors shall determine that compressed gas cylinders under their control are in a safe condition to the extent that this can be seen by visual inspection. All compressed gas cylinders that are under the control of the contractor while being handled, stored or utilized shall do so in compliance with 29 CFR 1910.101.

W. TRENCHING AND EXCAVATIONS

All excavations, including trenches, must be made in accordance with 29 CFR 1926, Subpart P, including Appendix A, B, C.

X. HOUSEKEEPING

Contractors are expected to maintain a clean and organized work area at all times. All debris, scrap materials, tools, and equipment must be cleared from the worksite at least daily.

Walkways, aisle ways, exit doors, stairs, electrical panels, fire extinguishers, and eyewashes are to be kept unobstructed at all times. Should the task being performed require obstruction of any of these items, authorization must be obtained from the Plant Operations Director or Safety Officer before creating the obstruction. All clean up material and debris removal is the responsibility of the contractor unless other arrangements were agreed upon prior to the start of the project.

Y. EYE WASH STATIONS AND SHOWERS

An eye wash station and shower is provided at battery charging stations, in areas where caustic chemicals are dispensed, or in other areas covered under 29 CFR 1910.1030.

Chapter 3. ENVIRONMENTAL COMPLIANCE

A. POLICIES AND PROCEDURES

DHHS promotes energy conservation, reducing solid waste, recycling waste materials, using environmentally friendly products, and educating employees regarding the need to protect the environment.

DHHS facilities commit the resources needed to maintain compliance with all applicable laws, regulations, permits, and agreements. Operating practices and emergency preparedness programs are implemented and maintained to minimize the risk of impact to our employees, patients and contractors.

Contractors working at DHHS facilities are expected to perform all work in an environmentally-responsible manner. Contractors are responsible for communicating any issues that may arise as a result of the work you are performing.

B. WATER

Contractors are not permitted to pour any chemical or waste material down a sanitary or exterior storm drain. This action will result in immediate removal from the property and may result in referral to appropriate enforcement agencies for prosecution.

If at any time the work being performed results in a release of a hazardous substance into a sanitary or exterior storm drain, the site contact or Safety Officer must be informed immediately. Attempts must be made to stop and contain any release and prevent entry into a drain.

If at any time it becomes necessary to "tap" into the potable water source, back flow prevention devices must be installed in a manner that prevents contamination of the water source.

C. AIR

If at any time the work being performed results in a release of a hazardous substance into the air, the contractor must immediately notify the Plant Operations Director or Safety Officer.

1. OZONE-DEPLETING SUBSTANCES (ODS)

The contractor ensures that any person performing work which involves the transfer of ozone-depleting substances (ODS), including servicing of refrigeration and air condition units, has a certification card indicating he/she has completed EPA-required training. Use of ODS and equipment used to recycle or recover ODS must comply with 40 CFR 82.162. All attempts must be made to stop and contain any releases of an ozone-depleting substance into air.

D. SOLID WASTE DISPOSAL

Contractors are responsible for removal of refuse resulting from their work. Refuse includes garbage, rubbish, and other putrescible and non-putrescible solid waste, except the solid and liquid waste discharged into the facilities' sanitary sewer system. Garbage and refuse are collected and removed as often as necessary to maintain sanitary conditions and to be consistent with Infection Control procedures.

Since methods for handling and disposing of refuse affect the local environment, compliance with local and State requirements is essential (NCDEQ Solid Waste Management Law).

Open dumping of solid waste, such as construction debris and discarded furniture and appliances, is prohibited.

E. UNIVERSAL WASTE GENERATION, STORAGE, AND DISPOSAL

The following are disposed of as universal waste:

- Lamps: fluorescent (including green-tip fluorescent), high intensity discharge, neon, mercury vapor, high pressure sodium, metal halide
- Batteries designed to receive, store, and deliver electricity.
  Exception: lead acid batteries handled and reclaimed under 40 CFR 266.80
- Mercury-containing equipment; i.e., thermostats, thermometers
- Pesticides (including unused commercial products and waste)

Universal waste is stored and disposed in compliance with the North Carolina Standards for Universal Waste Management. Crushing fluorescent tubes is prohibited in North Carolina.

F. USED OIL GENERATION, HANDLING, STORAGE, AND RECYCLING

Used oil is handled and stored per EPA 40 CFR 279 and state regulations. (NCDEQ Standards for the Management of Used Oil). A contractor that generates used oil is responsible for handling, storage, and recycling.

Chapter 4. SECURITY

A. FACILITY ACCESS

Upon arrival at the facility, contractors and their workers will be required to sign in at the front desk or admissions office; identification badges may be provided. If an identification badge is provided, it must be displayed at all times while onsite. If a parking permit is required, it will be provided at this time.

Contractors and their employees who leave the facility for any reason must return their identification badges and sign out, then sign in again upon returning to the facility.

B. SECURITY SYSTEM

Security surveillance devices have been installed at some DHHS facilities for the purposes of employee and patient protection; protocols exist to protect employees and patients from certain incidents that may occur. Contractors must comply with all requests in regards to security.

C. VEHICLE PARKING

Contractors must park construction vehicles in accordance with facility policies and instructions. Parking areas may be changed as needed based on the facility needs and the needs of the construction project.

D. SPEED LIMIT

Contractors are expected to adhere to the posted speed limit.

E. PROPERTY SEARCH

Management reserves the right to search all contractor's toolboxes, lunch boxes, and vehicles at any time.

F. PROPPING DOORS

Many DHHS facilities keep doors around the exterior of the building locked at all times for security reasons. These doors are not to be propped open unless required in order to perform your specific work assignment, and only when given specific authorization from the Plant Operations Director or Safety Officer.

DHHS CONTRACTOR'S HANDBOOK Acknowledgement

This handbook describes important information for contractors working at DHHS facilities. I understand that I am responsible for reading the handbook, familiarizing all persons who are employed with my company to perform work at this site, and adhering to all of the facility's policies and procedures whether set forth in this handbook or elsewhere. I further understand that we may consult with the Plant Operations Director, Safety Officer, or facility Management regarding any questions pertaining to these policies or procedures.

I acknowledge that this handbook is neither a contract nor a legal document. I have received the handbook, and I understand that all persons representing my company must comply with the policies contained in this handbook and any revisions made to it. I acknowledge that failing to comply with the policies set forth may result in my company's removal from the site and may lead to the termination of all work being performed.

An authorized representative from the contracted company must complete the information below. This form must be completed, signed, and returned to the facility Management prior to the commencement of work.

Printed Name:	
Title:	
Company:	
Signature:	
Date:	