

BOARD OF COUNTY COMMISSIONERS

ESCAMBIA COUNTY, FLORIDA

OFFICE OF PURCHASING

213 PALAFOX PLACE , 2nd Floor – Pensacola, FL 32502

P.O. BOX 1591

PENSACOLA, FL 32591-1591

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<http://www.myescambia.com/departments/purchasing>

CERTIFICATION OF CONTRACT

CLAUDIA SIMMONS
Purchasing Manager

TITLE: Medical Supplies and Equipment

CONTRACT NO.: PD 09-10.055

AWARD DATE: August 5, 2010

EFFECTIVE DATE: August 5, 2010

AWARD: A Pricing Agreement with multiple vendors for PD 09-10.055, Medical Supplies and Equipment for a period of 24 months with the option to exercise 1 additional 12-month period, up to a maximum of 36 months under the conditions of the solicitation.

STATUS: (Chronological notations of the key events related to dates of effectiveness, renewals and extensions, etc.)

CONTRACTOR(S): Alliance Medical, Inc., Bound Tree Medical, LLC, Henry Schein EMS, Gulf South Medical Supply, Inc., Interboro Packaging Corp., Kentron Health Care, Inc., Midwest Medical Supply Co. LLC, Moore Medical, LLC, QuadMed, Inc., School Health Corp., Sovereign Medical, LLC

ANY QUESTIONS, SUGGESTIONS, OR CONTRACT SUPPLIER PROBLEMS WHICH MAY ARISE SHALL

BE BROUGHT TO THE ATTENTION OF Joe F. Pillitary, Jr., CPPO, CPPB, Purchasing Coordinator, Phone: (850) 595-4878; Fax: (850) 595-4805; E-MAIL: joe_pillitary@co.escambia.fl.us

- A. **AUTHORITY** - Upon affirmative action taken by the Board of County Commissioners on **August 5, 2010**, a contract has been executed between the Board of County Commissioners, Escambia County Florida and the designated contractor(s).
- B. **EFFECT** - This contract was entered into to provide economies in the purchase of **Commodities** as described within the solicitation. Therefore, in compliance with **County Ordinance Chapter 46 Finance, Article II Division 3, Section 46-81**, all purchases of these commodities shall be made under the terms, prices, and conditions of this contract and with the suppliers specified.
- C. **ORDERING INSTRUCTIONS** - All purchase orders shall be issued in accordance with **Codified County Ordinance, Chapter 46 Finance, Article II Purchases and Contracts; and, as supplemented by Ordinance 2001-9 and Ordinance 2001-60**. Purchases shall be at the prices indicated, exclusive of all Federal, State and local taxes. All contract purchase orders shall show the contract number, product number, quantity, description of item, with unit prices extended and purchase order totaled. (This requirement may be waived when purchase is made by a blanket purchase order.)
- D. **CONTRACTOR PERFORMANCE** - Departments shall report any vendor failure to perform according to the requirements of this contract on Report of Unsatisfactory Materials, Form F0140 to this office.
- E. **VENDOR PERFORMANCE EVALUATION FORM** - Contract Appraisal, form F0190 should be used to provide your input and recommendations for improvements in the contract to the Office of Purchasing for receipt no later than 90 days prior to the expiration date of this contract.

ORDERING INSTRUCTIONS

Alliance Medical, Inc. dba AllMed

ALL ORDERS SHOULD BE DIRECTED TO:

FEDERAL EMPLOYMENT IDENTIFICATION NUMBER: 43-1465457

ESCAMBIA COUNTY VENDOR IDENTIFICATION NUMBER: 011497

VENDOR NAME: Alliance Medical, Inc. dba AllMed

STREET ADDRESS OR P.O. BOX: 4715 Scruggs Station Road

CITY, STATE, ZIP CODE: Jefferson City, MO 65109

CONTACT PERSON: Beth Hagenhoff

TOLL FREE#: 888-633-6908

FAX#: 800-425-5633

E-MAIL ADDRESS: hagenhoffb@allmed.net

HOME PAGE ADDRESS: www.allmed.net

EMERGENCY CONTACT PERSON: Larry Dahl, Jr.

PHONE#:813-390-2313

DISASTER SERVICE CONTACT PERSON: Same as Emergency Contact Person

TERMS OF PAYMENT: NET 30 DAYS

Will accept ESCAMBIA COUNTY VISA PURCHASING CARD: Yes

Will accept ESCAMBIA COUNTY DIRECT VOUCHER: No

ORDERING INSTRUCTIONS

Bound Tree Medical, LLC

ALL ORDERS SHOULD BE DIRECTED TO:

FEDERAL EMPLOYMENT IDENTIFICATION NUMBER: 31-1739487

ESCAMBIA COUNTY VENDOR IDENTIFICATION NUMBER: 025153

VENDOR NAME: Bound Tree Medical, LLC

STREET ADDRESS OR P.O. BOX: 5000 Tuttle Crossing Blvd

CITY, STATE, ZIP CODE: Dublin OH 43016

CONTACT PERSON: Heather Vincent

PHONE: 614-760-5235 TOLL FREE#: 800-533-0523X5235 FAX#: 800-257-5713

E-MAIL ADDRESS: hvincent@boundtree.com

HOME PAGE ADDRESS: www.boundtree.com

EMERGENCY CONTACT PERSON: Customer Service

PHONE#:800-533-0523

DISASTER SERVICE CONTACT PERSON: Same as Emergency Contact

TERMS OF PAYMENT: NET 30 DAYS

Will accept ESCAMBIA COUNTY VISA PURCHASING CARD: Yes

Will accept ESCAMBIA COUNTY DIRECT VOUCHER: Yes

ORDERING INSTRUCTIONS

Gulf South Medical Supply, Inc.

ALL ORDERS SHOULD BE DIRECTED TO:

FEDERAL EMPLOYMENT IDENTIFICATION NUMBER: 64-0831411

ESCAMBIA COUNTY VENDOR IDENTIFICATION NUMBER: 073446

VENDOR NAME: Gulf South Medical Supply, Inc.

STREET ADDRESS OR P.O. BOX: 4345 Southpoint Blvd

CITY, STATE, ZIP CODE: Jacksonville, FL 32215

CONTACT PERSON: Jamie O'Brien

TOLL FREE#: 877-583-9931

E-MAIL ADDRESS: jobrien@gsms.com

HOME PAGE ADDRESS: www.gsms.com

EMERGENCY CONTACT PERSON: Billy Ray Clemons

CELL#:205-790-7916

DISASTER SERVICE CONTACT PERSON: Same as Emergency Contact

TERMS OF PAYMENT: NET 30 DAYS

Will accept ESCAMBIA COUNTY VISA PURCHASING CARD: Yes

Will accept ESCAMBIA COUNTY DIRECT VOUCHER: Yes

ORDERING INSTRUCTIONS

Henry Schein EMS

ALL ORDERS SHOULD BE DIRECTED TO:

FEDERAL EMPLOYMENT IDENTIFICATION NUMBER: 11-3136595

ESCAMBIA COUNTY VENDOR IDENTIFICATION NUMBER: 131760

VENDOR NAME: Henry Schein EMS

STREET ADDRESS OR P.O. BOX: P.O. Box 3227

CITY, STATE, ZIP CODE: Irmo SC 29063

CONTACT PERSON: Jesse Garringer

TOLL FREE#: 800-845-3550

E-MAIL ADDRESS: Jesse.Garringer@HenrySchein.com

HOME PAGE ADDRESS: www.HenrySchein.com

EMERGENCY CONTACT PERSON: Alan Espinosa

CELL#:386-365-5424

DISASTER SERVICE CONTACT PERSON: Same as Emergency Contact

TERMS OF PAYMENT: NET 30 DAYS

Will accept ESCAMBIA COUNTY VISA PURCHASING CARD: Yes

Will accept ESCAMBIA COUNTY DIRECT VOUCHER: Yes

ORDERING INSTRUCTIONS

Interboro Packaging Corp

ALL ORDERS SHOULD BE DIRECTED TO:

FEDERAL EMPLOYMENT IDENTIFICATION NUMBER: 11-2633541

ESCAMBIA COUNTY VENDOR IDENTIFICATION NUMBER: 090882

VENDOR NAME: Interboro Packaging Corp.

STREET ADDRESS OR P.O. BOX: 114 Bracken Road

CITY, STATE, ZIP CODE: Montgomery NY 12549

CONTACT PERSON: Abraham Jeremias

PHONE: 845-457-2700

FAX: 845-457-1927

E-MAIL ADDRESS: interboro@frontiernet.net

HOME PAGE ADDRESS: N/A

EMERGENCY CONTACT PERSON: Abraham Jeremias

PHONE#: 845-782-6800

DISASTER SERVICE CONTACT PERSON: Same as Emergency Contact

TERMS OF PAYMENT: NET 30 DAYS

Will accept ESCAMBIA COUNTY VISA PURCHASING CARD: Yes

Will accept ESCAMBIA COUNTY DIRECT VOUCHER: No

ORDERING INSTRUCTIONS

Kentron Health Care, Inc.

ALL ORDERS SHOULD BE DIRECTED TO:

FEDERAL EMPLOYMENT IDENTIFICATION NUMBER: 23-2618125

ESCAMBIA COUNTY VENDOR IDENTIFICATION NUMBER: 007407

VENDOR NAME: Kentron Health Care, Inc.

STREET ADDRESS OR P.O. BOX: P.O. Box 120

CITY, STATE, ZIP CODE: Springfield TN 37172

CONTACT PERSON: Nari Sadarangani

TOLL FREE: 866-385-0573

FAX: 615-384-0574

E-MAIL ADDRESS: kentron@kentronmedical.com

HOME PAGE ADDRESS: www.kentronmedical.com

EMERGENCY CONTACT PERSON: Nari Sadarangani

PHONE#: 615-668-1147

DISASTER SERVICE CONTACT PERSON: Same as Emergency Contact

TERMS OF PAYMENT: NET 30 DAYS

Will accept ESCAMBIA COUNTY VISA PURCHASING CARD: Yes

Will accept ESCAMBIA COUNTY DIRECT VOUCHER: No

ORDERING INSTRUCTIONS

Midwest Medical Supply Co., LLC

ALL ORDERS SHOULD BE DIRECTED TO:

FEDERAL EMPLOYMENT IDENTIFICATION NUMBER: 43-1741196

ESCAMBIA COUNTY VENDOR IDENTIFICATION NUMBER: 133309

VENDOR NAME: Midwest Medical Supply Co., LLC

STREET ADDRESS OR P.O. BOX: 13400 Lakefront Drive

CITY, STATE, ZIP CODE: Earth City MO 63045

CONTACT PERSON: JoAnn Rudd

TOLL FREE: 888-540-3232

FAX: 800-545-0065

E-MAIL ADDRESS: JoAnn.Rudd@mmsmedical.com

HOME PAGE ADDRESS: www.mmsmedical.com

EMERGENCY CONTACT PERSON: Scott Mathis

PHONE#: 772-321-0850

DISASTER SERVICE CONTACT PERSON: Rich Hawkins

CELL: 618-792-8924

TERMS OF PAYMENT: NET 30 DAYS

Will accept ESCAMBIA COUNTY VISA PURCHASING CARD: Yes

Will accept ESCAMBIA COUNTY DIRECT VOUCHER: No

ORDERING INSTRUCTIONS

Moore Medical, LLC

ALL ORDERS SHOULD BE DIRECTED TO:

FEDERAL EMPLOYMENT IDENTIFICATION NUMBER: 20-2046702

ESCAMBIA COUNTY VENDOR IDENTIFICATION NUMBER: 134711

VENDOR NAME: Moore Meidcal, LLC

STREET ADDRESS OR P.O. BOX: 1690 New Britain Ave.

CITY, STATE, ZIP CODE: Farmington, CT 06032

CONTACT PERSON: Nancy Vitulano

TOLL FREE: 800-234-1464 x 5441

FAX: 877-354-5916

E-MAIL ADDRESS: nvitulano@mooremedical.com

HOME PAGE ADDRESS: N/A

EMERGENCY CONTACT PERSON: Nancy Vitulano

PHONE#: Same as above

DISASTER SERVICE CONTACT PERSON: Same as Emergency

PHONE: Same as Emergency

TERMS OF PAYMENT: NET 30 DAYS

Will accept ESCAMBIA COUNTY VISA PURCHASING CARD: Yes

Will accept ESCAMBIA COUNTY DIRECT VOUCHER: Yes

ORDERING INSTRUCTIONS

QuadMed, Inc.

ALL ORDERS SHOULD BE DIRECTED TO:

FEDERAL EMPLOYMENT IDENTIFICATION NUMBER: 59-3184908

ESCAMBIA COUNTY VENDOR IDENTIFICATION NUMBER: 180077

VENDOR NAME: QuadMed, Inc.

STREET ADDRESS OR P.O. BOX: 11210-1 Phillips Industrial Blvd

CITY, STATE, ZIP CODE: Jacksonville, FL 32256

CONTACT PERSON: Aaron L. Pratt

PHONE: 904-880-2323

E-MAIL ADDRESS: aaron@quadmed.com

HOME PAGE ADDRESS: www.quadmed.com

EMERGENCY CONTACT PERSON: Jason Powres

PHONE#: 904-514-8134

DISASTER SERVICE CONTACT PERSON: Same as Emergency Contact

TERMS OF PAYMENT: NET 30 DAYS

Will accept ESCAMBIA COUNTY VISA PURCHASING CARD: Yes

Will accept ESCAMBIA COUNTY DIRECT VOUCHER: Yes

ORDERING INSTRUCTIONS

School Health Corp

ALL ORDERS SHOULD BE DIRECTED TO:

FEDERAL EMPLOYMENT IDENTIFICATION NUMBER: 36-2425385

ESCAMBIA COUNTY VENDOR IDENTIFICATION NUMBER: 191576

VENDOR NAME: School Health Corp.

STREET ADDRESS OR P.O. BOX: 865 Muirfield Dr.

CITY, STATE, ZIP CODE: Hanover Park, IL 60133

CONTACT PERSON: Andrews Wlezen

TOLL FREE: 800-323-1305

FAX: 800-235-1305

E-MAIL ADDRESS: awlezen@schoolhealth.com

HOME PAGE ADDRESS: www.schoolhealth.com

EMERGENCY CONTACT PERSON: Damian Dollard

PHONE#: 813-270-8832

DISASTER SERVICE CONTACT PERSON: Same as Emergency

PHONE:

TERMS OF PAYMENT: NET 30 DAYS

Will accept ESCAMBIA COUNTY VISA PURCHASING CARD: Yes

Will accept ESCAMBIA COUNTY DIRECT VOUCHER: No

ORDERING INSTRUCTIONS

Sovereign Medical, LLC

ALL ORDERS SHOULD BE DIRECTED TO:

FEDERAL EMPLOYMENT IDENTIFICATION NUMBER: 20-0475002

ESCAMBIA COUNTY VENDOR IDENTIFICATION NUMBER: 194614

VENDOR NAME: Sovereign Medical LLC

STREET ADDRESS OR P.O. BOX: 620-H Valley Forge Rd.

CITY, STATE, ZIP CODE: Hillsborough, NC 27278

CONTACT PERSON: Wayne Grooters

PHONE: 919-644-1113

E-MAIL ADDRESS: wayne@sovmed.com

HOME PAGE ADDRESS: www.sovmed.com

EMERGENCY CONTACT PERSON: Wayne Grooters

PHONE#: 919-621-0379

DISASTER SERVICE CONTACT PERSON: Same as Emergency

PHONE: 919-644-1113

TERMS OF PAYMENT: NET 30 DAYS

Will accept ESCAMBIA COUNTY VISA PURCHASING CARD: No

Will accept ESCAMBIA COUNTY DIRECT VOUCHER: Yes

Medical Supply and Equipment Bid Form PD-09-10-055			ALLIANCE/ALMED				BOUNDREE				GULF SOUTH MEDICAL				HENRY SCHEIN				INTERBORO				KENTRON				MIDWEST MEDICAL				MOORE MEDICAL				QUAMED INC.				SCHOOL HEALTH				SOVERIGN AIRTRAQ BID ONLY			
Item #	EMS Number	Item Description	Estimated Yearly Quantity	Unit of Measure	Manufacturer Brand Name	Vendor Product Number	Unit Cost	Manufacturer Brand Name	Vendor Product Number	Unit Cost	Manufacturer Brand Name	Vendor Product Number	Unit Cost	Manufacturer Brand Name	Vendor Product Number	Unit Cost	Manufacturer Brand Name	Vendor Product Number	Unit Cost	Manufacturer Brand Name	Vendor Product Number	Unit Cost	Manufacturer Brand Name	Vendor Product Number	Unit Cost	Manufacturer Brand Name	Vendor Product Number	Unit Cost	Manufacturer Brand Name	Vendor Product Number	Unit Cost	Manufacturer Brand Name	Vendor Product Number	Unit Cost	Manufacturer Brand Name	Vendor Product Number	Unit Cost									
3	8302	Standard size white pillow case 130 Thread Count 42X36	600	Each	NO BID	NO BID	NO BID	NO BID	NO BID	NO BID	NO BID	NO BID	NO BID	NO BID	NO BID	NO BID	NO BID	NO BID	NO BID	NO BID	NO BID	NO BID	NO BID	NO BID	NO BID	NO BID	NO BID	NO BID	NO BID	NO BID	NO BID	NO BID	NO BID	NO BID	NO BID	NO BID	NO BID	NO BID								
4	8303	Check 20x25	600	Each	NO BID	NO BID	NO BID	NO BID	NO BID	NO BID	NO BID	NO BID	NO BID	NO BID	NO BID	NO BID	NO BID	NO BID	NO BID	NO BID	NO BID	NO BID	NO BID	NO BID	NO BID	NO BID	NO BID	NO BID	NO BID	NO BID	NO BID	NO BID	NO BID	NO BID	NO BID	NO BID	NO BID	NO BID								
5	8304	Stretcher Sheets White 180 Thread Count Stamped ECEMS (2-3" letters) in waterproof ink 60X104	1,200	Each	NO BID	NO BID	NO BID	NO BID	NO BID	NO BID	NO BID	NO BID	NO BID	NO BID	NO BID	NO BID	NO BID	NO BID	NO BID	NO BID	NO BID	NO BID	NO BID	NO BID	NO BID	NO BID	NO BID	NO BID	NO BID	NO BID	NO BID	NO BID	NO BID	NO BID	NO BID	NO BID	NO BID	NO BID								
6	8305	White standard Terry cloth bath towels 20"x40"	1,200	Each	NO BID	NO BID	NO BID	NO BID	NO BID	NO BID	NO BID	NO BID	NO BID	NO BID	NO BID	NO BID	NO BID	NO BID	NO BID	NO BID	NO BID	NO BID	NO BID	NO BID	NO BID	NO BID	NO BID	NO BID	NO BID	NO BID	NO BID	NO BID	NO BID	NO BID	NO BID	NO BID	NO BID	NO BID								
MONITOR SUPPLIES																																														
1	0821	Pacing Pads for Physio Control Life Pak 10	50	Each	Kendall	6486	\$19,140.00	PHYSIO-CONTROL, INC.	11996-00042	36.41	NO BID	NO BID	NO BID	NO BID	NO BID	NO BID	NO BID	NO BID	NO BID	NO BID	NO BID	NO BID	NO BID	NO BID	NO BID	NO BID	NO BID	NO BID	NO BID	NO BID	NO BID	NO BID	NO BID	NO BID	NO BID	NO BID	NO BID	NO BID	NO BID							
2	5003	Nonin 90 Degree Pulse Ox Patient Cable Model UNI-RA-0	10	Each	NO BID	NO BID	NO BID	NONIN MEDICAL, INC.	408-0001	11.77	NO BID	NO BID	NO BID	NO BID	NO BID	NO BID	NO BID	NO BID	NO BID	NO BID	NO BID	NO BID	NO BID	NO BID	NO BID	NO BID	NO BID	NO BID	NO BID	NO BID	NO BID	NO BID	NO BID	NO BID	NO BID	NO BID	NO BID	NO BID								
3	9300	Electrode ECG, disposable, Physio Control Brand 4 per package (No Substitute)	18,000	Pkgs.	NO BID	NO BID	NO BID	PHYSIO-CONTROL, INC.	1110-00002	1.64	NO BID	NO BID	NO BID	NO BID	NO BID	NO BID	NO BID	NO BID	NO BID	NO BID	NO BID	NO BID	NO BID	NO BID	NO BID	NO BID	NO BID	NO BID	NO BID	NO BID	NO BID	NO BID	NO BID	NO BID	NO BID	NO BID	NO BID	NO BID								
4	9301	Paper electrocardiogram recording for Life Pak 12 100mm	2,600	Each	Apocor	6738	\$3,080.00	KENDALL HEALTHCARE	31091427	4.01	NO BID	NO BID	NO BID	NO BID	NO BID	NO BID	NO BID	NO BID	NO BID	NO BID	NO BID	NO BID	NO BID	NO BID	NO BID	NO BID	NO BID	NO BID	NO BID	NO BID	NO BID	NO BID	NO BID	NO BID	NO BID	NO BID	NO BID	NO BID								
5	9303	Physio Control Life Pak 12 Twelve Lead Cable	1	Each	NO BID	NO BID	NO BID	PHYSIO-CONTROL, INC.	11110-00011	196.32	NO BID	NO BID	NO BID	NO BID	NO BID	NO BID	NO BID	NO BID	NO BID	NO BID	NO BID	NO BID	NO BID	NO BID	NO BID	NO BID	NO BID	NO BID	NO BID	NO BID	NO BID	NO BID	NO BID	NO BID	NO BID	NO BID	NO BID	NO BID								
6	9304	Physio Control Life Pak 12 Four Lead Cable	1	Each	NO BID	NO BID	NO BID	PHYSIO-CONTROL, INC.	11110-00012	66.67	NO BID	NO BID	NO BID	NO BID	NO BID	NO BID	NO BID	NO BID	NO BID	NO BID	NO BID	NO BID	NO BID	NO BID	NO BID	NO BID	NO BID	NO BID	NO BID	NO BID	NO BID	NO BID	NO BID	NO BID	NO BID	NO BID	NO BID	NO BID								
7	9305	Physio Control Quick Combo Red-pak with Long Leads adult size item #11996-00017 (No Substitute)	720	Each	Physio	7884	\$41,760.00	PHYSIO-CONTROL, INC.	11996-00017	31.79	NO BID	NO BID	NO BID	NO BID	NO BID	NO BID	NO BID	NO BID	NO BID	NO BID	NO BID	NO BID	NO BID	NO BID	NO BID	NO BID	NO BID	NO BID	NO BID	NO BID	NO BID	NO BID	NO BID	NO BID	NO BID	NO BID	NO BID	NO BID								
8	9306	Physio Control Life Pak 12 Main Monitor Cable	1	Each	NO BID	NO BID	NO BID	PHYSIO-CONTROL, INC.	11110-00066	204.10	NO BID	NO BID	NO BID	NO BID	NO BID	NO BID	NO BID	NO BID	NO BID	NO BID	NO BID	NO BID	NO BID	NO BID	NO BID	NO BID	NO BID	NO BID	NO BID	NO BID	NO BID	NO BID	NO BID	NO BID	NO BID	NO BID	NO BID	NO BID								
9	9307	Physio Control Quick Combo Pads pediatric size (No Substitute)	100	Each	Physio	7108	\$46,110.00	PHYSIO-CONTROL, INC.	11996-00093	28.72	NO BID	NO BID	NO BID	NO BID	NO BID	NO BID	NO BID	NO BID	NO BID	NO BID	NO BID	NO BID	NO BID	NO BID	NO BID	NO BID	NO BID	NO BID	NO BID	NO BID	NO BID	NO BID	NO BID	NO BID	NO BID	NO BID	NO BID	NO BID								
10	9308	Physio Control Life Pak 12 Therapy Cable	1	Each	NO BID	NO BID	NO BID	PHYSIO-CONTROL, INC.	11110-00040	312.82	NO BID	NO BID	NO BID	NO BID	NO BID	NO BID	NO BID	NO BID	NO BID	NO BID	NO BID	NO BID	NO BID	NO BID	NO BID	NO BID	NO BID	NO BID	NO BID	NO BID	NO BID	NO BID	NO BID	NO BID	NO BID	NO BID	NO BID	NO BID								
11	9309	Physio Control Life Pak 12 Pulse Ox Sensor Adult reusable Finger Probe	1	Each	NO BID	NO BID	NO BID	PHYSIO-CONTROL, INC.	11171-00017	288	NO BID	NO BID	NO BID	NO BID	NO BID	NO BID	NO BID	NO BID	NO BID	NO BID	NO BID	NO BID	NO BID	NO BID	NO BID	NO BID	NO BID	NO BID	NO BID	NO BID	NO BID	NO BID	NO BID	NO BID	NO BID	NO BID	NO BID	NO BID								
12	9310	Physio Control Life Pak 12 Pediatric Pulse Ox Disposable probe Reference #1171-00020	1	Each	NO BID	NO BID	NO BID	PHYSIO-CONTROL, INC.	11171-00018	288	NO BID	NO BID	NO BID	NO BID	NO BID	NO BID	NO BID	NO BID	NO BID	NO BID	NO BID	NO BID	NO BID	NO BID	NO BID	NO BID	NO BID	NO BID	NO BID	NO BID	NO BID	NO BID	NO BID	NO BID	NO BID	NO BID	NO BID	NO BID								
13	9311	Physio Control Life Pak 12 Pulse Ox Extension Cable	1	Each	NO BID	NO BID	NO BID	PHYSIO-CONTROL, INC.	11171-00027	156.80	NO BID	NO BID	NO BID	NO BID	NO BID	NO BID	NO BID	NO BID	NO BID	NO BID	NO BID	NO BID	NO BID	NO BID	NO BID	NO BID	NO BID	NO BID	NO BID	NO BID	NO BID	NO BID	NO BID	NO BID	NO BID	NO BID	NO BID	NO BID								
14	9312	Physio Control Life Pak 12 BIP Cable	25	Each	NO BID	NO BID	NO BID	PHYSIO-CONTROL, INC.	11996-00025	28.8	NO BID	NO BID	NO BID	NO BID	NO BID	NO BID	NO BID	NO BID	NO BID	NO BID	NO BID	NO BID	NO BID	NO BID	NO BID	NO BID	NO BID	NO BID	NO BID	NO BID	NO BID	NO BID	NO BID	NO BID	NO BID	NO BID	NO BID	NO BID								
15	9313	Q R quick recovery gel, high conductivity, non-staining, non-grippy, odorless, water soluble 20 ml PKT	90	Pkgs.	NO BID	NO BID	NO BID	PHARMACEUTICAL INNO	36-7002-20	54.55	NO BID	NO BID	NO BID	NO BID	NO BID	NO BID	NO BID	NO BID	NO BID	NO BID	NO BID	NO BID	NO BID	NO BID	NO BID	NO BID	NO BID	NO BID	NO BID	NO BID	NO BID	NO BID	NO BID	NO BID	NO BID	NO BID	NO BID	NO BID								
16	9314	Paper electrocardiogram recording for Life Pak 10	100	Each	Kendall	8585	\$1,580.00	KENDALL HEALTHCARE	30718970	1.72	NO BID	NO BID	NO BID	NO BID	NO BID	NO BID	NO BID	NO BID	NO BID	NO BID	NO BID	NO BID	NO BID	NO BID	NO BID	NO BID	NO BID	NO BID	NO BID	NO BID	NO BID	NO BID	NO BID	NO BID	NO BID	NO BID	NO BID	NO BID								
17	none	Physio Control Life Pak 12 CO2 disposable adapter	1	Each	Nonin	6280	\$12,760.00	ORCIDION CAPNOGRAPHY	XS04620	7.69	NO BID	NO BID	NO BID	NO BID	NO BID	NO BID	NO BID	NO BID	NO BID	NO BID	NO BID	NO BID	NO BID	NO BID	NO BID	NO BID	NO BID	NO BID	NO BID	NO BID	NO BID	NO BID	NO BID	NO BID	NO BID	NO BID	NO BID									
AIRWAY SUPPLIES																																														
1	0400	Nasal gastric tube (Salem Stump Style) with double lumen PVC tube, one for suction drainage, one for venting action, sterile graduated, size 8F	10	Each	NO BID	NO BID	NO BID	KENDALL HEALTHCARE	0	7.04	NO BID	NO BID	NO BID	NO BID	NO BID	NO BID	NO BID	NO BID	NO BID	NO BID	NO BID	NO BID	NO BID	NO BID	NO BID	NO BID	NO BID	NO BID	NO BID	NO BID	NO BID	NO BID	NO BID	NO BID	NO BID	NO BID	NO BID	NO BID								
2	0401	Nasal gastric tube (Salem Stump Style) with double lumen PVC tube, one for suction drainage, one for venting action, sterile graduated, size 10F	25	Each	Argyle	9107	\$1,770.00	KENDALL HEALTHCARE	0	5.44	NO BID	NO BID	NO BID	NO BID	NO BID	NO BID	NO BID	NO BID	NO BID	NO BID	NO BID	NO BID	NO BID	NO BID	NO BID	NO BID	NO BID	NO BID	NO BID	NO BID	NO BID	NO BID	NO BID	NO BID	NO BID	NO BID	NO BID	NO BID								
3	0402	Nasal gastric tube (Salem Stump Style) with double lumen PVC tube, one for suction drainage, one for venting action, sterile graduated, size 12F	40	Each	Argyle	4668	\$1,770.00	KENDALL HEALTHCARE	0	5.44	NO BID	NO BID	NO BID	NO BID	NO BID	NO BID	NO BID	NO BID	NO BID	NO BID	NO BID	NO BID	NO BID	NO BID	NO BID	NO BID	NO BID	NO BID	NO BID	NO BID	NO BID	NO BID	NO BID	NO BID	NO BID	NO BID	NO BID	NO BID	NO BID							
4	0403	Nasal gastric tube (Salem Stump Style) with double lumen PVC tube, one for suction drainage, one for venting action, sterile graduated, size 14F	30	Each	Argyle	4727	\$1,770.00	KENDALL HEALTHCARE	0	5.44	NO BID	NO BID	NO BID	NO BID	NO BID	NO BID	NO BID	NO BID	NO BID	NO BID	NO BID	NO BID	NO BID	NO BID	NO BID	NO BID	NO BID	NO BID	NO BID	NO BID	NO BID	NO BID	NO BID	NO BID	NO BID	NO BID	NO BID	NO BID	NO BID							
5	0404	Nasal gastric tube (Salem Stump Style) with double lumen PVC tube, one for suction drainage, one for venting action, sterile graduated, size 16F	45	Each	Argyle	4660	\$1,770.00	TR-ANIM HEALTH SERV	0	5.44	NO BID	NO BID	NO BID	NO BID	NO BID	NO BID	NO BID	NO BID	NO BID	NO BID	NO BID	NO BID	NO BID	NO BID	NO BID	NO BID	NO BID	NO BID	NO BID	NO BID	NO BID	NO BID	NO BID	NO BID	NO BID	NO BID	NO BID	NO BID	NO BID							
6	0405	Nasal gastric tube (Salem Stump Style) with double lumen PVC tube, one for suction drainage, one for venting action, sterile graduated, size 18F	40	Each	Argyle	4728	\$1,770.00	KENDALL HEALTHCARE	0	5.44	NO BID	NO BID	NO BID	NO BID	NO BID	NO BID	NO BID	NO BID	NO BID	NO BID	NO BID	NO BID	NO BID	NO BID	NO BID	NO BID	NO BID	NO BID	NO BID	NO BID	NO BID	NO BID	NO BID	NO BID	NO BID	NO BID	NO BID	NO BID	NO BID							
7	0500	Nasal airway (robertazzi style) latex sterile disposable size 12F	20	Each	Rusch	6789	\$2,090.00	SUN MED	1-5072-12	3.91	NO BID	NO BID	NO BID	NO BID	NO BID	NO BID	NO BID	NO BID	NO BID	NO BID	NO BID	NO BID	NO BID	NO BID	NO BID	NO BID	NO BID	NO BID	NO BID	NO BID	NO BID	NO BID	NO BID	NO BID	NO BID	NO BID	NO BID	NO BID	NO BID							
8	0501	Nasal airway (robertazzi style) latex sterile disposable size 14F	20	Each	Rusch	6790	\$2,090.00	SUN MED	1-5072-14	3.91	NO BID	NO BID	NO BID	NO BID	NO BID	NO BID	NO BID	NO BID	NO BID	NO BID	NO BID	NO BID	NO BID	NO BID	NO BID	NO BID	NO BID	NO BID	NO BID	NO BID	NO BID	NO BID	NO BID	NO BID	NO BID	NO BID	NO BID	NO BID	NO BID							
9	0502	Nasal airway (robertazzi style) latex sterile disposable size 16F	20	Each	Rusch	6791	\$2,090.00	SUN MED	1-5072-16	3.91	NO BID	NO BID	NO BID	NO BID	NO BID	NO BID	NO BID	NO BID	NO BID	NO BID	NO BID	NO BID	NO BID	NO BID	NO BID	NO BID	NO BID	NO BID	NO BID	NO BID	NO BID	NO BID	NO BID	NO BID	NO BID	NO BID	NO BID	NO BID	NO BID							
10	0503	Nasal airway (robertazzi style) latex sterile disposable size 18F	20	Each	Rusch	6792	\$2,090.00	SUN MED	1-5072-18	3.91	NO BID	NO BID	NO BID	NO BID	NO BID	NO BID	NO BID	NO BID	NO BID	NO BID	NO BID	NO BID	NO BID	NO BID	NO BID	NO BID	NO BID	NO BID	NO BID	NO BID	NO BID	NO BID	NO BID	NO BID	NO BID	NO BID	NO BID	NO BID	NO BID							
11	0504	Nasal airway (robertazzi style) latex sterile disposable size 22F	70	Each	Rusch	2768	\$2,000.00	SUN MED	1-5072-22	3.91	NO BID	NO BID	NO BID	NO BID	NO BID	NO BID	NO BID	NO BID	NO BID	NO BID	NO BID	NO BID	NO BID	NO BID	NO BID	NO BID	NO BID	NO BID	NO BID	NO BID	NO BID	NO BID	NO BID	NO BID	NO BID	NO BID	NO BID	NO BID								
12	0505	Nasal airway (robertazzi style) latex sterile disposable size 26F	76	Each	Rusch	2770	\$2,000.00	SUN MED	1-5072-26	3.91	NO BID	NO BID	NO BID	NO BID	NO BID	NO BID	NO BID	NO BID	NO BID	NO BID	NO BID	NO BID	NO BID	NO BID	NO BID	NO BID	NO BID	NO BID	NO BID	NO BID	NO BID	NO BID	NO BID	NO BID	NO BID	NO BID	NO BID	NO BID								
13	0506	Nasal airway (robertazzi style) latex sterile disposable size 28F	82	Each	Rusch	2771	\$2,000.00	SUN MED	1-5072-2																																					

**ESCAMBIA COUNTY FLORIDA
INVITATION TO BID
BIDDER'S CHECKLIST
MEDICAL SUPPLIES AND EQUIPMENT
SPECIFICATION PD 09-10.055**

- HOW TO SUBMIT YOUR BID

PLEASE REVIEW THIS DOCUMENT CAREFULLY. OFFERS THAT ARE ACCEPTED BY THE COUNTY ARE BINDING CONTRACTS. **INCOMPLETE BIDS ARE NOT ACCEPTABLE.** ALL DOCUMENTS AND SUBMITTALS SHALL BE RECEIVED BY THE OFFICE OF PURCHASING ON OR BEFORE DATE AND HOUR FOR SPECIFIED FOR RECEIPT. LATE BIDS WILL BE RETURNED UNOPENED.

** Documents submitted with Bids are to be on the forms provided in the Invitation to Bid and photocopies of other required documents*

THE FOLLOWING DOCUMENTS SHALL BE RETURNED WITH BID:

- SOLICITATION, OFFER AND AWARD FORM (IN DUPLICATE WITH ORIGINAL SIGNATURE)
- BID FORMS (IN DUPLICATE WITH ORIGINAL SIGNATURE)
- BID SURETY (BOND, CHECK, ETC.)

THE FOLLOWING DOCUMENTS SHOULD BE RETURNED WITH BID

- LETTER FROM INSURANCE CARRIER AS SPECIFIED IN THE "INSURANCE REQUIREMENTS"
- PROVIDE A LETTER FROM A SURETY COMPANY LICENSED TO ISSUE BONDS IN THE STATE OF FLORIDA OR THAT HAS AN AGENT LICENSED TO DO BUSINESS IN THE STATE OF FLORIDA INDICATING THE OFFEROR'S BONDING CAPACITY AND BONDING RATING
- ATTACH CURRENT DUN & BRADSTREET FINANCIAL REPORT INCLUSIVE OF DUN & BRADSTREET RATING OR OTHER EVIDENCE OF FINANCIAL STABILITY
- SWORN STATEMENT PURSUANT TO SECTION 287.133(3)(A), FLORIDA STATUTES, ON ENTITY CRIMES
- DRUG-FREE WORKPLACE FORM
- INFORMATION SHEET FOR TRANSACTIONS AND CONVEYANCES CORPORATE IDENTIFICATION
- CERTIFICATE OF AUTHORITY TO DO BUSINESS FROM THE STATE OF FLORIDA OCCUPATIONAL LICENSE
- FLORIDA DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION – LICENSE(S), CERTIFICATION(S) AND/OR REGISTRATION(S)
- CERTIFICATE OF COMPETENCY
- WRITTEN OPINION OF AN ATTORNEY FROM A FOREIGN STATE AS TO BID PREFERENCES

BEFORE YOU SUBMIT YOUR BID, HAVE YOU:

PLACED YOUR BID WITH ALL REQUIRED SUBMITTAL ITEMS IN A SEALED ENVELOPE CLEARLY MARKED FOR SPECIFICATION NUMBER, PROJECT NAME, NAME OF BIDDER, AND DUE DATE AND TIME OF BID RECEIPT?

- THE FOLLOWING SUBMITTALS ARE REQUIRED UPON NOTICE OF AWARD:

CERTIFICATE OF INSURANCE
PAYMENT AND PERFORMANCE BONDS

- HOW TO SUBMIT A NO BID

IF YOU DO NOT WISH TO BID AT THIS TIME, PLEASE REMOVE THE BIDDER SOLICITATION, OFFER AND AWARD FORM FROM THE BID SOLICITATION PACKAGE AND ENTER NO BID IN THE "**REASON FOR NO BID**" BLOCK, YOUR COMPANY'S NAME, ADDRESS, SIGNATURE, AND RETURN THE BIDDER SOLICITATION, OFFER AND AWARD FORM IN A SEALED ENVELOPE. THIS WILL ENSURE YOUR COMPANY'S ACTIVE STATUS IN OUR BIDDER'S LIST.

**THIS FORM IS FOR YOUR CONVENIENCE TO ASSIST IN FILLING OUT YOUR
BID ONLY.
DO NOT RETURN WITH YOUR BID**

**ESCAMBIA COUNTY
FLORIDA**

INVITATION TO BIDDERS

MEDICAL SUPPLIES AND EQUIPMENT

SPECIFICATION NUMBER PD 09-10.055

BIDS WILL BE RECEIVED UNTIL: 3:00p.m., CDT, Wednesday, June 23, 2010

**Office of Purchasing, Room 11.101
213 Palafox Place, Pensacola, FL 32502
Matt Langley Bell III Building
Post Office Box 1591
Pensacola, FL 32591-1591**

Board of County Commissioners

Grover Robinson, IV, Chairman
Kevin W. White, Vice Chairman
Gene Valentino
Marie Young
Wilson Robertson

**From:
Claudia Simmons
Purchasing Manager**

Procurement Assistance:

Joe Pillitary, CPPO, CPPB
Purchasing Coordinator
Office of Purchasing
2nd Floor, Matt Langley Bell, III Building
213 Palafox Place
Pensacola, FL 32502
Tel: (850) 595-4878
Fax: (850) 595-4805

SPECIAL ACCOMMODATIONS:

Any person requiring special accommodations to attend or participate, pursuant to the Americans with Disabilities Act, should call the Office of Purchasing, (850) 595-4980 at least five (5) working days prior to the solicitation opening. If you are hearing or speech impaired, please contact the Office of Purchasing at (850) 595-4684 (TTY).

NOTICE

It is the specific legislative intent of the Board of County Commissioners that NO CONTRACT under this solicitation shall be formed between Escambia County and the awardee vendor until such time as the contract is executed by the last party to the transaction.

MEDICAL SUPPLIES AND EQUIPMENT

PD 09-10.055

TABLE OF CONTENTS

Forms marked with an (* Asterisk) must be returned with Offer.

Forms marked with a (** Double Asterisk) should be returned with Offer.

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Solicitation, Offer and Award Form *	3
Bid Form *	4
Sworn Statement Pursuant to Section (287.133) (3)(a), <u>Florida Statutes</u> , on Entity Crimes **	5
Drug Free Workplace Form **	7
Information Sheet for Transactions and Conveyances Corporation Identification **	8
List of General Terms and Conditions (Incorporated by Reference)	10
Special Terms and Conditions	12
Medical Supply and Equipment Bid Forms	Exhibits A & B

SIGN AND RETURN THIS FORM WITH YOUR BIDS**

SOLICITATION, OFFER AND AWARD FORM ESCAMBIA COUNTY FLORIDA

SUBMIT OFFERS TO:

CLAUDIA SIMMONS

Joe Pillitary, Purchasing Coordinator

Office of Purchasing, 2nd Floor, Room 11.101

213 Palafox Place, Pensacola, FL 32502

Post Office Box 1591, Pensacola, FL 32591-1591

Phone No: (850)595-4878 Fax No: (850) 595-4807

Invitation to Bid

MEDICAL SUPPLIES AND EQUIPMENT

SOLICITATION NUMBER: PD 09-10.055

SOLICITATION

MAILING DATE: Monday, June 7, 2010

PRE-BID CONFERENCE: N/A

OFFERS WILL BE RECEIVED UNTIL: 3:00 p.m., CDT, Wednesday, June 23, 2010

POSTING OF SOLICITATION TABULATIONS

Solicitation tabulations with recommended awards will be posted for review by interested parties at the County Office of Purchasing and will remain posted for a period of two (2) business days. Failure to file a protest in writing within two (2) business days after posting of the solicitation tabulation shall constitute a waiver of any protest relating to this solicitation. All protests must be filed with the Office of Purchasing. They will be handled according to the Escambia County Purchasing Ordinance.

OFFER (SHALL BE COMPLETED BY OFFEROR)

FEDERAL EMPLOYER IDENTIFICATION NUMBER OR S.S. NUMBER: _____

TERMS OF PAYMENT: _____

DELIVERY DATE WILL BE _____ DAYS AFTER RECEIPT OF PURCHASE ORDER.

VENDOR NAME: _____

REASON FOR NO OFFER: _____

ADDRESS: _____

CITY, ST. & ZIP: _____

PHONE NO.: (____) _____

BID BOND ATTACHED \$ _____

TOLL FREE NO.: (____) _____

FAX NO.: (____) _____

I certify that this offer is made without prior understanding, agreement, or connection, with any Corporation, firm or person submitting an offer for the same materials, supplies, or equipment, and is in all respects fair and without collusion or fraud. I agree to abide by all conditions of this offer and certify that I am authorized to sign this offer for the offeror and that the offeror is in compliance with all requirements of the solicitation, including but not limited to certification requirements. In submitting an offer to Escambia County Florida, the offeror agrees that if the offer is accepted, the offeror will convey, sell, assign or transfer to Escambia County Florida all rights title and interest in and to all causes of action it may now or hereafter acquire under the Anti-trust laws of the United States and the State of Florida for price fixing relating to the particular commodities or services purchased or acquired by Escambia County Florida. At the County's discretion such assignment shall be made and become effective at the time the County tenders final payment to the offeror.

NAME AND TITLE OF PERSON AUTHORIZED TO SIGN OFFER

(TYPED OR PRINTED)

**

SIGNATURE OF PERSON AUTHORIZED TO SIGN OFFER
(MANUAL)

****Failure to execute this Form binding the bidder/proposer's offer shall result in this bid/proposal being rejected as non-responsive.**

AWARD

Upon certification of award the contract shall be signed by the President or Vice-President. Any other officer shall have permission to sign via a resolution approved by the Board of Directors on behalf of the company. Awarded contractor shall submit a copy of the resolution together with the executed contract to the Office of Purchasing. The terms and conditions of this solicitation and the bid response of the awarded contractor is incorporated by reference herein and made a part of this contract.

CONTRACTOR

ESCAMBIA COUNTY FLORIDA

Name and Title of Signer (Type or Print)

Name and Title of Signer (Type or Print)

Name of Contractor

By _____

County Administrator

Date

By _____

Signature of Person Authorized to Sign

Date

WITNESS _____

Date

ATTEST: _____

Corporate Secretary

Date

WITNESS _____

Date

[CORPORATE SEAL]

ATTEST: _____

Witness

Date

Awarded Date _____

ATTEST: _____

Witness

Date

Effective Date _____

3

BID FORM
Specification Number PD 09-10.055
Medical Supplies and Equipment

Board of County Commissioners
Escambia County, Florida
Pensacola, Florida 32502

Date: _____

Commissioners:

In accordance with your "Invitation for Bids" and "Instructions to Bidders" for **Medical Supplies and Equipment** as described and listed in this Invitation for Bids, and subject to all conditions thereof, I, undersigned, hereby propose to provide at the following price the items on the Medical Supply and Equipment Bid Form 09-10.055, Exhibits A and B attached in duplicate herein.

CONTRACTOR REQUIREMENTS

Acknowledgment is hereby made of receipt of the following addenda issued during the bidding period:

Addendum No. _____ Date _____ Addendum No. _____ Date _____

Addendum No. _____ Date _____ Addendum No. _____ Date _____

(PLEASE TYPE INFORMATION BELOW)

SEAL IF BID IS BY CORPORATION

State of Florida Department of State Certificate of Authority

Document Number _____

Bidder: _____

Occupational License No. _____

By: _____

Florida DBPR Contractor's License, Certification and/or
Registration No. _____

Signature: _____

Type of Contractor's License, Certification and/or
Registration _____

Title: _____

Address: _____

Expiration Date: _____

Person to contact concerning this bid:

Phone/Toll Free/Fax # _____

Terms of Payment

(Check one) Net 30 Days ___ 2% 10th Prox ___

E-Mail Address: _____

Home Page Address: _____

Will your company accept Escambia County Purchasing
Cards? Yes ___ No ____.

Person to contact for emergency service:

Phone/Cell/Pager #: _____

Will your company accept Escambia County Direct
Payment Vouchers? Yes ___ No ____.

County Permits/Fees required for this project:

Person to contact for disaster service:

Permit _____ Cost _____

Home Address: _____

Home Phone/Cell/Pager #: _____

Attached to bid you shall find a bid bond, cashier's check or certified check in the amount of \$2,000.00 of bid.

**SWORN STATEMENT PURSUANT TO SECTION 287.133(3)(a),
FLORIDA STATUTES, ON ENTITY CRIMES**

1. This sworn statement is submitted to _____
(print name of the public entity)
- by _____
(print individual's name and title)
- for _____
(print name of entity submitting sworn statement)

whose business address is

and (if applicable) its Federal Employer Identification Number (FEIN) is:

(If the entity has no FEIN, include the Social Security Number of the Individual signing this sworn statement: _____)

2. I understand that a "public entity crime" as defined in Paragraph 287.133(1)(g), **Florida Statutes**, means a violation of any state or federal law by a person with respect to and directly related to the transaction of business with any public entity or with an agency or political subdivision of any other state or of the United States, including, but not limited to, any bid or contract for goods or services to be provided to any public entity or an agency or political subdivision or any other state or of the United States and involving antitrust, fraud, theft, bribery, collusion, racketeering, conspiracy, or material misrepresentation.
3. I understand that "convicted" or "conviction" as defined in Paragraph 287.133(1)(b), **Florida Statutes**, means a finding of guilt or a conviction of a public entity crime, with or without an adjudication of guilt, in any federal or state trial court of record relating to charges brought by indictment or information after July 1, 1989, as a result of jury verdict, nonjury trial, or entry of a plea of guilty or nolo contendere.
4. I understand that an "affiliate" as defined in Paragraph 287.133(1)(a), **Florida Statutes**, means:
- a. A predecessor or successor of a person convicted of a public entity crime; or
 - b. An entity under the control any natural person who is active in the management of the entity and who has been convicted of a public entity crime. The term "affiliate" includes those officers, directors, executives, partners, shareholders, employees, members, and agents who are active in the management of an affiliate. The ownership by one person of shares constituting a controlling interest in another person or a pooling of equipment or income among persons when not for fair market value under an arm's length agreement, shall be a prima facie case that one person controls another person. A person who knowingly enters into a joint venture with a person who has been convicted of a public entity crime in Florida during the preceding 36 months shall be considered an affiliate.

- c. I understand that a "person" as defined in Paragraph 287.133(1)(e), **Florida Statutes**, means any natural person or entity organized under the laws of any state or of the United States with the legal power to enter into binding contract and which bids or applies to bid on contracts for the provision of goods or services let by a public entity, or which otherwise transacts or applies to transact business with a public entity. The term "person" includes those officers, directors, executives, partners, shareholders, employees, members, and agents who are active in management of an entity.
- d. Based on information and belief, the statement which I have marked below is true in relation to the entity submitting this sworn statement. **(indicate which statement applies.)**

_____ Neither the entity submitting this sworn statement, nor any of its officers, directors, executives, partners, shareholders, employees, members, or agents who are active in the management of the entity, nor any affiliate of the entity has been charged with and convicted of a public entity crime subsequent to July 1, 1989.

_____ The entity submitting this sworn statement, or one or more of its officers, directors, executives, partners, shareholders, employees, members, or agents who are active in the management of the entity, or an affiliate of the entity has been charged with and convicted of a public entity crime subsequent to July 1, 1989.

_____ The entity submitting this sworn statement, or one or more of its officers, directors, executives, partners, shareholders, employees, members, or agents who are active in the management of the entity, or an affiliate of the entity has been charged with and convicted of a public entity crime subsequent to July 1, 1989. However, there has been a subsequent proceeding before a Hearing Officer of the State of Florida, Division of Administrative Hearings and the Final Order entered by the Hearing Officer determined that it was not in the public interest to place the entity submitting this sworn statement on the convicted vendor list. **(attach a copy of the final order)**

I UNDERSTAND THAT THE SUBMISSION OF THIS FORM TO THE CONTRACTING OFFICER FOR THE PUBLIC ENTITY IDENTIFIED IN PARAGRAPH 1 (ONE) ABOVE IS FOR THAT PUBLIC ENTITY ONLY AND, THAT THIS FORM IS VALID THOROUGH DECEMBER 31 OF THE CALENDAR YEAR IN WHICH IT IS FILED. I ALSO UNDERSTAND THAT I AM REQUIRED TO INFORM THE PUBLIC ENTITY PRIOR TO ENTERING INTO A CONTRACT IN EXCESS OF THE THRESHOLD AMOUNT PROVIDED IN SECTION 287.017, FLORIDA STATUTES FOR CATEGORY TWO OF ANY CHANGE IN THE INFORMATION CONTAINED IN THIS FORM.

(signature)

Sworn to and subscribed before me this _____ day of _____, 20_____

Personally known _____

OR produced identification _____ Notary Public - State of _____

_____ My commission expires _____

(Type of identification)

(Printed typed or stamped commissioned name of notary public)

Drug-Free Workplace Form

The undersigned vendor, in accordance with Florida Statute 287.087 hereby certifies that _____ does:

Name of Business

1. Publish a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance is prohibited in the workplace and specifying the actions that will be taken against employees for violations of such prohibition.
2. Inform employees about the dangers of drug abuse in the workplace, the business's policy of maintaining a drug-free workplace, any available drug counseling, rehabilitation, employee assistance programs and the penalties that may be imposed upon employees for drug abuse violations.
3. Give each employee engaged in providing the commodities or contractual services that are under bid a copy of the statement specified in Paragraph 1.
4. In the statement specified in Paragraph 1, notify the employees that, as a condition of working on the commodities or contractual services that are under bid, the employee will abide by the terms of the statement and will notify the employer of any conviction of, or plea of guilty or nolo contendere to, any violation of Chapter 893 or of any controlled substance law of the United States or any state, for a violation occurring in the workplace no later than five (5) days after such conviction.
5. Impose a sanction on, or require the satisfactory participation in a drug assistance or rehabilitation program if such is available in the employee's community, by any employee who is so convicted.
6. Make a good faith effort to continue to maintain a drug-free workplace through implementation of Paragraphs 1 through 5.

Check one:

_____ As the person authorized to sign this statement, I certify that this firm complies fully with above requirements.

_____ As the person authorized to sign this statement, this firm **does not** comply fully with the above requirements.

Offeror's Signature

Date

**Information Sheet
for Transactions and Conveyances
Corporation Identification**

The following information will be provided to the Escambia County Legal Department for incorporation in legal documents. It is, therefore, vital all information is accurate and complete. Please be certain all spelling, capitalization, etc. is exactly as registered with the state or federal government.

Is this a Florida Corporation (Please Circle One)
Yes or No

If not a Florida Corporation,
In what state was it created: _____
Name as spelled in that State: _____

What kind of corporation is it: "For Profit" or "Not for Profit"

Is it in good standing: Yes or No

**Authorized to transact business
in Florida:** Yes or No

State of Florida Department of State Certificate of Authority Document No.: _____

Does it use a registered fictitious name: Yes or No

Names of Officers:
President: _____ Secretary: _____
Vice President: _____ Treasurer: _____
Director: _____ Director: _____
Other: _____ Other: _____

Name of Corporation (As used in Florida):

(Spelled exactly as it is registered with the state or federal government)

Corporate Address:
Post Office Box: _____
City, State Zip: _____
Street Address: _____
City, State, Zip: _____

(Please provide post office box and street address for mail and/or express delivery; also for recorded instruments involving land)

(Please continue and complete page 2)

Federal Identification Number: _____
(For all instruments to be recorded, taxpayer's identification is needed)

Contact person for company: _____ E-mail: _____
Telephone Number: _____ Facsimile Number: _____

Name of individual who will sign the instrument on behalf of the company:

(Upon Certification of Award, Contract shall be signed by the President or Vice-President. Any other officer shall have permission to sign via a resolution approved by the Board of Directors on behalf of the company. Awarded contractor shall submit a copy of the resolution together with the executed contract to the Office of Purchasing)

(Spelled exactly as it would appear on the instrument)

Title of the individual named above who will sign on behalf of the company:

END

(850) 488-9000 Verified by: _____ Date: _____

ESCAMBIA COUNTY , FLORIDA GENERAL TERMS and CONDITIONS

The following General Terms and Conditions are incorporated by reference and have the same legal effect as if printed in its entirety.

A full textual copy of these conditions may be obtained by visiting the Office of Purchasing Home Page (see Bid Information), by telephoning the Office of Purchasing at (850) 595-4980 or by Fax at (850)595-4805.

NOTE: Any and all Special Terms and Conditions and specifications referenced within the solicitation which vary from these General Terms and Conditions shall have precedence. Submission of the Bidder/Proposal Solicitation, Offer and Award Form and Bid/Proposal Form(s) in accordance with these General Terms and Conditions and Special Terms and Conditions constitutes an offer from the offeror. If any or all parts of the offer are accepted by Escambia County Florida, an authorized representative of the county shall affix his signature hereto, and this shall then constitute a written agreement between parties. The conditions incorporated herein become a part of the written agreement between the parties.

Bid Information See Home Page URL: <http://www.myescambia.com>
Click on **ON-LINE SOLICITATIONS**

1. **Sealed Solicitations**
2. **Execution of Solicitation**
3. **No Offer**
4. **Solicitation Opening**
5. **Prices, Terms and Payment**
 - 5.01 **Taxes**
 - 5.02 **Discounts**
 - 5.03 **Mistakes**
 - 5.04 **Condition and Packaging**
 - 5.05 **Safety Standards**
 - 5.06 **Invoicing and Payment**
 - 5.07 **Annual Appropriations**
6. **Additional Terms and Conditions**
7. **Manufacturers' Name and Approved Equivalents**
8. **Interpretations/Disputes**
9. **Conflict of Interest**
 - 9.01 **County Procedure on Acceptance of Gifts**
 - 9.02 **Contractors Required to Disclose any Gift Giving**
 - 9.03 **Gratuities**
10. **Awards**
11. **Nonconformance to Contract Conditions**
12. **Inspection, Acceptance and Title**
13. **Governmental Restrictions**
14. **Legal Requirements**
15. **Patents and Royalties**
16. **Price Adjustments**
17. **Cancellation**
18. **Abnormal Quantities**
19. **Advertising**
20. **Assignment**
21. **Liability**
22. **Facilities**
23. **Distribution of Certification of Contract**

ESCAMBIA COUNTY , FLORIDA GENERAL TERMS and CONDITIONS
The following General Terms and Conditions are incorporated by reference (continued).

24. **The Successful Bidder(s) must Provide**
25. **Addition/deletion of Items**
26. **Ordering Instructions**
27. **Public Records**
28. **Delivery**
29. **Samples**
30. **Additional Quantities**
31. **Service and Warranty**
32. **Default**
33. **Equal Employment Opportunity**
34. **Florida Preference**
35. **Contractor Personnel**
36. **Award**
37. **Uniform Commercial Code**
38. **Contractual Agreement**
39. **Payment Terms/Discounts**
40. **Improper Invoice; Resolution of Disputes**
41. **Public Entity Crimes**
42. **Suspended and Debarred Vendors**
43. **Drug-Free Workplace Form**
44. **Information Sheet for Transactions and Conveyances**
45. **Copies**
46. **License and Certifications** - For access to Certification/Registration Form for doing Business in Florida go to the Department of State, Division of Corporations, URL:<http://ccfcorp.dos.state.fl.us/corpweb/inquiry/search.html>
47. **Execution of Contract**
48. **Purchase Order**
49. **No Contingent Fees**
50. **Solicitation Expenses**
51. **On-Line Auction Services**

SPECIAL TERMS AND CONDITIONS

The Board of County Commissioners, Escambia County, Florida, invites your company to submit a sealed offer on the item(s) as listed in this solicitation request.

All terms and conditions below are a part of this request, and no offer will be accepted unless all these conditions have been complied with. The County reserves the right to waive informalities in any offer; to reject any or all offers, in whole or in part, and/or to accept the offer(s) that in its judgment is from the lowest and most responsible and responsive offeror(s).

Instructions to Offerors

1. General Information

All offers to be considered shall be in the possession of the Office of Purchasing prior to the time of the solicitation closing. Offers may be mailed to 213 Palafox Place, Room 11.101, Pensacola, Florida 32502 or delivered to the Office of Purchasing, 2nd floor, Room 11.101, Matt Langley Bell, III Bldg., 213 Palafox Place, Pensacola, Florida 32502, in a sealed envelope clearly marked:

Specification Number PD 09-10.055, Medical Supplies and Equipment, Name of Submitting Firm, Time and Date due.

Note: If you are using a courier service; Federal Express, Airborne, UPS, etc., you must mark airbill and envelope or box with Specification Number and Project Name.

Regardless of the method of delivery, each offeror shall be responsible for his offer(s) being delivered on time as the County assumes no responsibility for same. Offers offered or received after the time set for solicitation closing will be rejected and returned unopened to the offeror(s).

The following policy will apply to all methods of source selection:

Conduct of Participants

After the issuance of any solicitation, all bidders/proposers/protestors or individuals acting on their behalf are hereby prohibited from **lobbying** as defined herein or otherwise attempting to persuade or influence any elected County officials, their agents or employees or any member of the relevant selection committee at any time during the **blackout period** as defined herein; provided, however, nothing herein shall prohibit bidders/proposers/protestors or individuals acting on their behalf from communicating with the purchasing staff concerning a pending solicitation unless otherwise provided for in the solicitation or unless otherwise directed by the purchasing manager.

Definitions

Blackout period means the period between the time the bids/proposals for invitations for bid or the request for proposal, or qualifications, or information, or requests for letters of interest, or the invitation to negotiate, as applicable, are received at the Escambia County Office of Purchasing and the time the Board awards the contract and any resulting bid protest is resolved or the solicitation is otherwise canceled.

Lobbying means the attempt to influence the thinking of elected County officials, their agents or employees or any member of the relevant Selection Committee for or against a specific cause related to a pending solicitation for goods or services, in person, by mail, by facsimile, by telephone, by electronic mail, or by any other means of communication.

Sanctions

The Board may impose any one or more of the following sanctions on a nonemployee for violations of the policy set forth herein:

- (a) Rejection/disqualification of submittal
- (b) Termination of contracts; or
- (c) Suspension or debarment as provided in Sec. 46-102 of the Escambia County Code of Ordinances.

This policy is not intended to alter the procedure for Protested Solicitations and Awards as set forth in the Sec. 46-101 of the Escambia County Code of Ordinances.

The purpose of this Invitation for Bid is to establish a pricing agreement with multiple vendors to provide the Escambia County Public Safety Bureau a variety of medical supplies and equipment. The goods and services purchased must be of high quality, reasonably priced and, of course, received by the County in a timely manner.

2. **Bid Surety**

Attached to bid you shall find a bid bond, cashier's check or certified check in the amount of \$2,000.00 of bid.

Checks or bonds are to be made payable to Escambia County, Florida. The amount of the bond or check is the amount of liquidated damages agreed upon should the offeror fail or refuse to enter into a contract with the County.

A County warrant in the amount of the bid check(s) of the successful offeror(s) will be returned immediately after the offeror and the County are mutually bound by contract as evidenced by signatures thereto by an authorized representative of both the offeror and the County, and/or the offeror accepts the purchase order by signing the solicitation, offer and award form/acceptance copy of same and returning to the County Purchasing department. Any unsuccessful offeror(s) will have the amounts of his cashier's or certified check returned via county warrant promptly after award.

All offerors agree that any interest earned on any bid surety while in possession of the County, or its agents, shall be retained by the County.

3. **Procurement Questions**

Procurement questions may be directed to Joe Pillitary, CPPO, CPPB, Purchasing Coordinator, Phone: (850) 595-4878, Fax: (850) 595-4807, or email Joe Pillitary, CPPO, CPPB joe_pillitary@co.escambia.fl.us through June 17, 2010, 5:00 p.m., CDT.

4. **Bid Forms**

This Solicitation contains a Solicitation, Offer and Award Form and Bid Form which shall be submitted in a sealed envelope, in duplicate with Original signatures in indelible ink signed in the proper spaces. Responses on vendor forms will not be accepted.

The Offerors Checklist included in this solicitation provides instructions to the offeror on the documentation to be submitted during the procurement process.

5. **F.O.B. Point**

The F.O.B. shall be Destination. Offers showing other than F.O.B. destination will not be accepted. The prices shall include all costs of packaging, transporting, delivery and unloading **(this includes inside delivery if requested)** to designated point within Escambia County.

6. **Delivery**

Delivery is requested within seven (7) days ARO after receipt of calendar days after receipt of purchase order or release order. Offers submitted which fail to meet this requirement shall be cause for rejection.

7. **Compliance with Occupational Safety and Health**

Offeror certifies that all material, equipment, etc., contained in his offer meets all Occupational Safety and Health Administration (OSHA) requirements.

Offeror further certifies that, if he is the awarded vendor, and the material, equipment, etc., delivered is subsequently found to be deficient in any OSHA requirement in effect on date of delivery, all costs necessary to bring the material, equipment, etc., into compliance with the aforementioned requirements shall be borne by the vendor.

In compliance with Chapter 442, Florida Statutes, any item delivered under a contract resulting from this solicitation shall be accompanied by a Material Safety Data Sheet (MSDS) The MSDS shall include the following information.

- A. The chemical name and the common name of the toxic substance.
- B. The hazards or other risks in the use of the toxic substance, including:
 - 1. The potential for fire, explosion, corrosiveness and reactivity;
 - 2. The known acute and chronic health effects of risks from exposure, including the medical conditions which are generally recognized as being aggravated by the exposure to the toxic substance; and
 - 3. The primary route of entry and symptoms of over exposure.
- C. The proper precautions, handling practices, necessary personal protective equipment and other safety precautions in the use of or exposure to the toxic substances, including appropriate emergency treatment in case of over exposure.
- D. The emergency procedure for spills, fire, disposal and first aid.
- E. A description in lay terms of the known specified potential health risks posed by the toxic substance intended to alert any person reading this information.
- F. The year and month, if available, that the information was compiled and the name, address and emergency telephone number of the manufacturer responsible for preparing the information.

8. **Safety Regulations**

Equipment shall meet all state and federal safety regulations for grounding of electrical equipment.

9. **Payment**

Partial billing will be accepted only for items received within the specified delivery period. Payment for items delivered after this specified delivery period will be made after the entire order is completed and accepted by Escambia County. Payment for accepted equipment/supplies/services will be accomplished by submission of an **original** invoice, in duplicate, to:

Clerk of the Circuit Court
Attention: Accounts Payable
221 Palafox Place, Suite 140
Pensacola, FL 32502

10. **Information and Descriptive Literature**

Offerors shall furnish all information requested and in the space provided on the bid/proposal form, if any. Furthermore, each offeror offering an alternate other than the brand(s) specified shall submit with his offer, descriptive literature and/or complete specifications covering the products offered. Reference to literature submitted with a previous offer will not satisfy this provision. Offers which do not comply with these requirements shall be subject to rejection.

11. **Brand/Manufacturer Referenced**

Reference manufacturer indicated. Products similar in design and equal in function and performance may also be considered. Alternate offers shall include detailed specifications and/or descriptive literature. Failure to include such specifications or literature may be cause for disqualification of the offer.

12. **Samples/Demonstrations**

Samples of any product or demonstrations shall be furnished upon request for a quality test or comparison without cost to the County. **All samples shall be identified by vendor name and solicitation number.**

13. **Packaging/Shipping Labels**

Shipping labels shall be attached to each carton and shall contain the following information: purchase order number, quantity contained in each package and total number of items being delivered.

14. **Emergency Services**

The contractor resulting from this solicitation is for services that are required during **EMERGENCY** situations such as hurricanes, major fires, etc. Time is of the essence during these situations and the vendor awarded this contract should be able to be contacted at any time, day or night. The Bid Form provides for the emergency information to be supplied. Please be sure to include **all** this information when returning your bid.

Contract Information

NOTICE

It is the specific legislative intent of the Board of County Commissioners that NO CONTRACT under this solicitation shall be formed between Escambia County and the awardee vendor until such time as the contract is executed by the last party to the transaction.

15. **Contract Term/Renewal/Termination**

A. The contract resulting from this Solicitation shall commence effective upon execution by both parties and extend for a period of twenty-four (24) months. The contract may be renewed for additional twelve (12) months periods, up to a maximum thirty-six (36) months upon mutual agreement of both parties. If any such renewal results in changes in the terms or conditions, such changes shall be reduced to writing as an addendum to this contract and such addendum shall be executed by both parties and approved by the Board of County Commissioners.

Renewal of the contract shall be subject to appropriation of funds by the Board of County Commissioners.

B. The initiation County department(s) shall issue release (purchase) orders against the term contract on an "as needed" basis.

C. The contract may be canceled by the awarded vendor, for good cause, upon ninety (90) days prior written notice.

D. The County retains the right to terminate the contract, with or without good cause, upon thirty (30) days prior written notice.

E. In the event of termination by either party as provided herein, the awarded vendor shall be paid for services performed through the date of termination.

16. **Evaluation of Options**

The County shall evaluate offers for award purposes by adding the total price for all options to the total price of the basic period. However, the evaluation of options will not obligate the County to exercise the option(s).

17. **Option to Extend the Term of the Contract**

The County may unilaterally extend the term of this contract by written notice to the contractor at least sixty (60) days before the expiration of any contract term. The exercise of the option shall be for the period specified and for the prices listed on the bid/proposal form. All other terms and conditions of the contract shall apply to the option periods. The total duration of this contract, including the exercise of all options, shall not exceed 3.5 years.

18. **Interim Extension of Performance**

After all options have been exercised, and it is determined that interim performance is required to allow for the solicitation and award of a new contract, the County may unilaterally extend the contract for a maximum period of six months. Pricing, delivery and all other terms and conditions of the contract shall apply during this period.

19. **Pricing**

All items sold to the county as a result of this award are subject to post sale audit adjustment. In the event an audit indicates offeror has not honored quoted price lists and discounts, offeror will be liable for any and all overage charges.

20. **Price Adjustment**

The contract resulting from this Solicitation may include provisions for twelve (12) months, price adjustments. Written request for price adjustment may be made every twelve (12) months, no less than 30 days prior to the requested effective date. Any increase price adjustment(s) shall be accompanied by written justification attesting that the request is a bonafide cost increase to the vendor. All price adjustments shall be reviewed by the County's designated representative. If an adjustment in price is approved, it shall be accomplished by written amendment to this contract and approved by the Board of County Commissioners.

21. **Purchasing Agreements with other Government Agencies**

The submission of any offer in response to this Solicitation constitutes an offer made under the same terms and conditions, for the same contract price, to other governmental agencies within the offeror ' s area of responsibility, territory, zone, region, etc., unless otherwise stipulated by the offeror on the bid form.

Each governmental agency desiring to accept these offers, and make an award thereof, shall do so independently of any other governmental agency. Each agency shall be responsible for its own purchases and each shall be liable only for materials ordered and received by it, and no agency assumes any liability by virtue of this offer.

22. **Ordering**

The County will issue release (purchase) orders against the contract on an as needed basis for the supplies or services listed on the bid form.
The County has adopted the Visa Purchasing Card Program. The Visa Purchasing Card may be used for purchases on an as needed basis, for the supplies or sources listed on the bid form, for less than \$1000.00 per individual transaction.
The County can issue vouchers for less than \$1000.00 against the contract, on an as needed basis, for the supplies or services listed on the bid form.

23. **Qualification of Offerors**

This solicitation shall be awarded to a responsible, responsive offeror, qualified by experience to provide the work specified. The offeror shall submit the following information with his offer:

- 1.Experience record showing the offeror's training and experience in similar work.
- 2.List and brief description of similar work satisfactorily completed with location, dates of contract, names and addresses of owners.
- 3.List of equipment and facilities available to do the work.
- 4.List of personnel, by name and title, contemplated to perform this work

Failure to submit the above requested information may be cause for rejection of your offer.

24. **Licenses, Certifications, Registrations**

The offeror shall at any time of bid/proposal submission meet the license, certification, registration and any other requirements of the State, County, City and/or any other agency of

authority with jurisdiction in such matters as necessary to perform the contractual services requested in this solicitation.

Copies of such licenses, certifications, registrations and any other requirements should be provided with the bid/proposal submission; and, the offeror shall provide follow-up evidence that as the contractor they maintain such credentials throughout the period of agreement.

25. **Term of Offer**

An offer shall constitute an irrevocable offer for a period of ninety (90) days from the solicitation opening date or until the date of award, whichever is earlier, without forfeiting bid bond or check. In the event that an award is not made by the county within ninety (90) days from the solicitation opening date, the offeror may withdraw his offer or provide a written extension of his offer.

26. **Award**

Multiple awards will be made based upon responsibility and responsiveness to the needs of the County. It is the intent of the County to place Purchase Orders with the responsive and responsible bidders who can provide the services based upon the needs of the County at the time.

Escambia County reserves the right to increase or decrease estimated quantities as required. Estimated quantities are shown on the bid form. It is understood by all bidders that these are only estimated quantities and the County is not obligated to purchase any minimum or maximum amount during the life of this contract.

27. **Termination (Services)**

The Contract Administrator shall notify the Office of Purchasing of unsatisfactory performance and/or deficiencies in service that remain unresolved or recurring. The Office of Purchasing shall notify the contractor, in writing, of such unresolved or recurring deficiencies within five (5) working days of notification by the Contract Administrator.

Upon the third such written notification of unsatisfactory performance and/or deficiencies to the contractor by the Office of Purchasing within a four (4) month period; or the sixth such notification within any contract term, shall result in issuance of written notice of immediate contract termination to the contractor by the Office of Purchasing. Such termination may also result in suspension or debarment of the contractor.

28. **Termination (Public Records Request)**

If the contractor refuses to allow public access to all documents, papers, letters, or other material subject to the provisions of Chapter 119, Florida Statutes, and made or received by the contractor in conjunction with this agreement then the county may, without prejudice to any right or remedy and after giving the contractor and his surety, if any, seven (7) days written notice,

during which period contractor still fails to allow access, terminate the employment of the contractor and take possession of the site and of all materials, equipment, tools, construction equipment and machinery thereon, owned by the contractor, and may finish the project by whatever method it may deem expedient. In such case, the contractor shall not be entitled to receive any further payment until the project is finished. Reasonable terminal expenses incurred by the county may be deducted from any payments left owing the contractor (excluding monies owed the contractor for subcontract work.)

29. **Quantity**

Escambia County reserves the right to increase or decrease estimated quantities as required. Estimated quantities are shown on the bid form.

It is understood by all offeror's that these are only estimated quantities and the county is not obligated to purchase any minimum or maximum amount during the life of this contract.

Insurance Requirements

30. **Standard Insurance Requirements and Certificates**

This offer contains an extensive insurance requirement. Offerors are encouraged to review these requirements with their insurance agents before submitting offers.

It is not necessary to have this level of insurance in effect at the time of submitting the offer.

A letter from the offeror's insurance carrier will be required as evidence that the offeror will be able to obtain the levels of insurance as required by the contract and indicated on the Sample Certificate of Insurance should your firm be awarded the contract.

County Insurance Required

The contractor shall procure and maintain the following described insurance, except for coverages specifically waived by the County. Such policies shall be from insurers with a minimum financial size of VII according to the latest edition of the AM Best Rating Guide. An A or better Best Rating is "preferred"; however, other ratings if "Secure Best Ratings" may be considered. Such policies shall provide coverages for any or all claims which may arise out of, or result from, the services, work and operations carried out pursuant to and under the requirements of the contract documents, whether such services, work and operations be by the contractor, its employees, or by subcontractor(s), or anyone employed by or under the supervision of any of them, or for whose acts any of them may be legally liable.

The contractor shall require, and shall be responsible for assuring throughout the time the agreement is in effect, that any and all of its subcontractors obtain and maintain until the completion of that subcontractor's work, such of the insurance coverages described herein as are required by law to be provided on behalf of their employees and others.

The required insurance shall be obtained and written for not less than the limits of liability specified hereinafter, or as required by law, whichever is greater.

These insurance requirements shall not limit the liability of the contractor.

The County does not represent these types or amounts of insurance to be sufficient or adequate to protect the contractor's interests or liabilities, but are merely minimums.

Except for workers compensation and professional liability, the contractor's insurance policies shall be endorsed to name Escambia County as an additional insured to the extent of its interests arising from this agreement, contract or lease.

The contractor waives its right of recovery against the County, to the extent permitted by its insurance policies.

The contractor's deductibles/self-insured retentions shall be disclosed to the County and may be disapproved by the County. They shall be reduced or eliminated at the option of the County. The contractor is responsible for the amount of any deductible or self-insured retention.

Insurance required of the contractor or any other insurance of the contractor shall be considered primary, and insurance of the county, if any, shall be considered excess, as may be applicable to claims obligations which arise out of this agreement, contract or lease.

Workers Compensation Coverage

The contractor shall purchase and maintain workers compensation insurance for all workers compensation obligations imposed by state law and with employers liability limits of at least \$100,000 each accident and \$100,000 each employee/\$500,000 policy limit for disease, or a valid certificate of exemption issued by the state of Florida, or an affidavit in accordance with the provisions of Florida Workers Compensation law.

Contractor shall also purchase any other coverages required by law for the benefit of employees.

General, Automobile and Excess or Umbrella Liability Coverage

The contractor shall purchase and maintain coverage on forms no more restrictive than the latest editions of the commercial general liability and business auto policies of the insurance services office.

Minimum limits of \$1,000,000 per occurrence for all liability must be provided, with excess or umbrella insurance making up the difference, if any, between the policy limits of underlying policies (including employers liability required in the workers compensation coverage section) and the total amount of coverage required.

General Liability Coverage - Occurrence Form Required

Coverage A shall include bodily injury and property damage liability for premises, operations, products and completed operations, independent contractors, contractual liability covering this agreement, contract or lease, broad form property damage coverages, and property damage resulting from explosion, collapse or underground (x,c,u) exposures.

Coverage B shall include personal injury.

Coverage C, medical payments, is not required.

The contractor is required to continue to purchase products and completed operations coverage, at least to satisfy this agreement, contract or lease, for a minimum of three years beyond the County 's acceptance of renovation or construction projects.

Business Auto Liability Coverage

Business auto liability coverage is to include bodily injury and property damage arising out of ownership, maintenance or use of any auto, including owned, nonowned and hired automobiles and employee nonownership use.

Excess or Umbrella Liability Coverage

Umbrella liability insurance is preferred, but an excess liability equivalent may be allowed. Whichever type of coverage is provided, it shall not be more restrictive than the underlying insurance policy coverages. Umbrella coverage shall drop down to provide coverage where the underlying limits are exhausted.

Evidence/Certificates of Insurance

Required insurance shall be documented in certificates of insurance. If and when required by the County, certificates of insurance shall be accompanied by documentation that is acceptable to the County establishing that the insurance agent and/or agency issuing the certificate of insurance has been duly authorized, in writing, to do so by and

on behalf of each insurance company underwriting the insurance coverage(s) indicated on each certificate of insurance.

New certificates of insurance are to be provided to the County at least 30 days prior to coverage renewals. Failure of the contractor to provide the County with such renewal certificates may be considered justification for the County to terminate this agreement, contract or lease.

Certificates should contain the following additional information:

1. Indicate that Escambia County is an additional insured on the general liability policy.
2. Include a reference to the project and the Office of Purchasing number.
3. Disclose any self-insured retentions in excess of \$1,000.
4. Designate Escambia County as the certificate holder as follows:
Escambia County
Attention: Joe Pillitary, CPPO, CPPB, Purchasing Coordinator
Office of Purchasing, Room 11.101
P.O. Box 1591
Pensacola, FL 32591-1591
Fax (850) 595-4805
5. Indicate that the County shall be notified at least 30 days in advance of cancellation.

Receipt of certificates or other documentation of insurance or policies or copies of policies by the county, or by any of its representatives, which indicate less coverage than required does not constitute a waiver of the contractor's obligation to fulfill the insurance requirements herein.

If requested by the County, the contractor shall furnish complete copies of the contractor's insurance policies, forms and endorsements, and/or such additional information with respect to its insurance as may be requested.

For commercial general liability coverage the contractor shall, at the option of the County, provide an indication of the amount of claims payments or reserves chargeable to the aggregate amount of liability coverage.

31. **Indemnification**

Contractor agrees to save harmless, indemnify, and defend County and Architect/Engineer and their, agents, officers and employees from any and all claims, losses, penalties, interest, demands, judgments, and costs of suit, including attorneys' fees and paralegals' fees, for any expense, damage or liability incurred by any of them, whether for personal injury, death, property damage, direct or consequential damages, or economic loss, including environmental impairment, arising directly or indirectly on account of or in connection with the Work done by Contractor under this Agreement or by any person, firm or corporation to whom any portion of the Work is subcontracted by Contractor or resulting from the use by Contractor, or by any one for whom Contractor is legally liable, of any materials, tools, machinery or other property of County. County and Contractor agree the first \$100.00 of the Contract Amount paid by County to Contractor shall be given as separate consideration for this indemnification, and any other indemnification of County by Contractor provided for within the Contract Documents, the sufficiency of such separate consideration being acknowledged by Contractor by Contractor's

acceptance and execution of the Agreement. The Contractor's obligation shall not be limited by, or in any way to, any insurance coverage or by any provision in or exclusion or omission from any policy of insurance. The Contractor agrees to pay on behalf of Escambia County, as well as provide a legal defense for the County, both of which will be done only if and when requested by the County, for all claims made. Such payment on the behalf of the County shall be in addition to any and all other legal remedies available to the County and shall not be considered to be the County's exclusive remedy.

Item #	EMS Number	Item Description	Estimated Yearly Quantity	Unit of Measure	Manufacturer Brand Name	Vendor Product Number	Unit Cost	Total Cost
BANDAGE/DRESSING SUPPLIES								
1	1000	4" Kerlex roller bandage sterile	2,000	Each				
2	1001	Sterile elastic gauze 3" brand name Kendall	1,000	Each				
3	1002	Sterile elastic gauze 4" brand name Kendall	1,000	Each				
4	1003	Bandage Triangular	350	Each				
5	1004	Disposable sterile bum sheet 60"x96"	150	Each				
6	1005	Sponges, sterile, gauze 4"x4" 2 per package	27,000	Pkgs.				
7	1006	Sponges, sterile, gauze 4"x4" 12 ply (10 per pkg)	4,500	Pkgs.				
8	1007	Dressing, combine, surgipad 5"x9"	300	Each				
9	1008	Band Aid 1" x 3" (100 to box)	100	Boxes				
10	1009	Dressing, sterile 12" x 30" multi trauma	360	Each				
11	1010	Petroleum impregnated dressing sterile gauze, 3"x9"	100	Each				
12	1011	Plastic cold pack/instant	1,000	Each				
13	1012	Tape, cloth 1" x 10 yds Brand Dermicel (No Substitute)	620	Each				
14	1013	Tape, cloth, 2" x 10yds Brand Dermicel (No Substitute)	750	Each				
15	1014	Tape, paper 1" x 10 yds	50	Each				
16	1015	Tape, surgical porous, clear plastic, 1" x 10 yds Brand Transpore 3M (No Substitute)	2,280	Each				
17	1016	Dressing, transparent, 2-3/8" X 2-3/4", 100 per box Brand Tegaderm (No Substitute)	250	Boxes				
18	8803	Swabsticks, Povidone-Iodine, 1 per pkg, 50 per box, Brand Dynarex	5	Boxes				
BIOHAZARD SUPPLIES								
1	0702	Eyewash, a sterile solution to flush irritants from eyes	100	Each				
2	5000	Bio Hazard Red Bags Small Size 8x3x14 in	500	Each				
3	5001	Bio Hazard Bags Red Large Size 40x48 in	500	Each				
4	5002	Bio Hazard Bags Red Medium Size 30x37 in	500	Each				
5	5004	Protect Aide caps bouffant style, 21" elastic headband non-slip fit 100/pkg	5	Pkgs.				
6	5005	Protect Aide, shoe covers with non-skid elastic top, high top 16.5"	100	Each				
7	5006	Bacterial Viral Barrier Jumpsuit Polypro-PE elastic wrists and ankle, latex free, complies with Federal, State and local health codes Size Large	10	Boxes				
8	5007	Bacterial Viral Barrier Jumpsuit Polypro-PE elastic wrists and ankle, latex free, complies with Federal, State and local health codes Size X-Large	10	Boxes				
9	5008	Bacterial Viral Barrier Jumpsuit Polypro-PE elastic wrists and ankle, latex free, complies with Federal, State and local health codes Size XX-Large	10	Boxes				
10	5008	Bacterial Viral Barrier Jumpsuit Polypro-PE elastic wrists and ankle, latex free, complies with Federal, State and local health codes Size XXX-Large	10	Boxes				
11	5009	Bacterial Viral Barrier Jumpsuit Polypro-PE elastic wrists and ankle, latex free, complies with Federal, State and local health codes Size XXX-Large	10	Boxes				
12	5010	Plastic impervious apron full length P2 Gown	100	Each				
13	5011	Instant Hand Sanitizer in 4 FL Oz. Plastic bottles/containers	200	Each				
14	5013	Medical Action Industries Sharps Needle Destruction Device 1.7 Quart size (20/case) on product Brand Maxxim # 185 (No Substitute)	300	Each				
15	5014	Kendall Tyco/Healthcare Needle destructive device, #8508SA (No Substitute)	800	Each				
16	5015	C.P.R. micro-key, includes micro shield in a nylon case with 7/8" key ring, CPR shield in nylon pouch	50	Each				
17	5017	3M Health care Particulate, respirator, fluid resistant, disposable and provide a submicron particles NIOSH/MSHA APPROVED (TC-21C-564) as a particulate respirator for use against dusts and mists with pel not less than .05 milligrams per cubic meter size medium Product #N95 1860 (No Substitute)	100	Each				
18	5018	3M Health Care Particulate, respirator, fluid resistant, disposable and provide a submicron particles NIOSH/MSHA APPROVED (TC-21C-564) as a particulate respirator for use against dusts and mists with pel not less than .05 milligrams per cubic meter size small (No Substitute)	100	Each				
19	5019	Kimberly Clark Mask, Fluid shield Procedure with wraparound splash guard visor 2 extensions on each side (25/box)	12	Boxes				
BLOOD PRESSURE EQUIPMENT								

Item #	EMS Number	Item Description	Estimated Yearly Quantity	Unit of Measure	Manufacturer Brand Name	Vendor Product Number	Unit Cost	Total Cost
1	4000	Economical pocket aneroid sphygmomanometer. Navy blue cuff with range markings to facilitate selection of correct cuff size, artery label and gauge holder with carrying case Adult size	120	Each				
2	4001	Economical pocket aneroid sphygmomanometer. Navy blue cuff with range markings to facilitate selection of correct cuff size, artery label and gauge holder with carrying case Large Adult size	120	Each				
3	4002	Economical pocket aneroid sphygmomanometer. Navy blue cuff with range markings to facilitate selection of correct cuff size, artery label and gauge holder with carrying case Infant size	60	Each				
4	4003	Economical pocket aneroid sphygmomanometer. Navy blue cuff with range markings to facilitate selection of correct cuff size, artery label and gauge holder with carrying case Child size	120	Each				
5	4004	Easy Check Latex Free Disposable Adult Extra Large Blood Pressure cuff to fit a Physio Control Life Pak 12 (No Substitute)	200	Each				
6	4005	Easy Check Latex Free Disposable Adult Blood Pressure cuff to fit a Physio Control Life Pak 12 (No Substitute)	200	Each				
7	4006	Reusable Adult Blood Pressure cuff to fit a Physio Control Life Pak 12	50	Each				
8	4007	Reusable Child Blood Pressure cuff to fit a Physio Control Life Pak 12	50	Each				
9	4008	Reusable Adult Extra Large Blood Pressure cuff to fit a Physio Control Life Pak 12	50	Each				
10	4009	Sprague stethoscope, double tube configuration with adult and pediatric diaphragm	100	Each				
11	4010	Stethoscope Pediatric	30	Each				
BLOOD SUGAR TESTING SUPPLIES								
1	0200	Ascensia Contour XL Blood sugar monitoring Kit NDC #0193-9545-01 (No Substitute)	30	Each				
2	0201	Contour Test strips for blood sugar testing (Strips must work in Ascensia Elite XL) Box of 100 NDC #0193-7099-50 (No Substitute)	300	Boxes				
3	0203	Hemolance lancet box of 150 21 gage Product # 990300 (No Substitute)	100	Boxes				
BLOOD DRAW SUPPLIES								
1	8100	Oxygen plastic nipple	3	Boxes				
2	8101	EZ I-0 needle set Adult 15G 25mm Intraosseous Needle Set Part #9001 NSN #6515-01-537-9007 (No Substitute)	10	Boxes				
3	8102	EZ I-0 needle set Peds 15G 15mm Intraosseous Needle Set Part #9018 NSN #6505-01-537-9013 (No Substitute)	10	Boxes				
DISINFECTING SUPPLIES								
1	0929	Sani-Cloth HB Germicidal Disposable wipes	50	Each				
2	9009	Cavicide 2.5 gallon (No Substitute)	24	Each				
3	9011	Cidex Plus Gallon Size (No Substitute)	24	Each				
DRUGS								
1	0100	Adenosine 6mg/2ml vial NDC #55390-067-10	522	Each				
2	0101	Albuterol Sulfate 2.5mg premix with saline 3ml packaging NDC #49502-694-24	4,300	Each				
3	0102	Aspirin Chewable 81mg, 36 count or fewer	370	Each				
4	0103	Atropine Sulfate 1 mg / Bristo Jet Packaging with luer lock/no needles NDC #0548-3339-00	1,240	Each				
5	0104	Sterile Bacteriostatic Saline in 30cc vial NDC #0409-1966-07	11,000	Each				
6	0105	Benedryl/Diphenhydramine 50mg/ml injectable / Packaging Ampoule/Vial NDC #0641-0376-21	392	Each				
7	0107	Dextrose 50% 25Gm / Bristo Jet Packaging with luer lock/no needles	1,700	Each				
8	0108	Dopamine 200mg vial NDC #0409-5820-01	128	Each				
9	0109	Epinephrine 1:10,000 1 mg. / Bristo Jet Packaging with luer lock/no needles NDC #0409-4921-34	1,500	Each				
10	0110	Epinephrine 1:1000 1 mg. ampoule packaging NDC #0074-7241-01	1,700	Each				
11	0111	GlucaGen 1 mg vial with mixing solution NDC #55390-004-01	230	Each				
12	0112	Flurosemide/Lasix 40mg vial NDC #0409-6102-04	780	Each				

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Item #	EMS Number	Item Description	Estimated Yearly Quantity	Unit of Measure	Manufacturer Brand Name	Vendor Product Number	Unit Cost	Total Cost
13	0113	Lidocaine 100mg / Bristo Jet Packaging with luer lock/no needles NDC #0074-1323-05	638	Each				
14	0114	Lidocaine Drip Premix 2GM in D5W must be in Plastic 500cc bag	100	Each				
15	0115	Etomidate 40 mg vial NDC #55390-763-20	350	Each				
16	0117	Naloxone Hydrochloride .4mg/ml 10 ml vial NDC #0409-1219-01	350	Each				
17	0118	Nitroglycerin Sublingual Tablets 1/150gr 25/bottle	660	Each				
18	0119	Zofran/Ondansetron Hydrochloride Injection 2mg/ml NDC #0781-3057-14	600	Each				
19	0120	Succinylcholine 200 mg vial NCD #0409-6629-02	100	Each				
20	0121	Zemuron 10 mg vial NDC #0052-0450-10	75	Each				
21	none	Morphine Sulfate 10 mg ampoule/vial	600	Each				
22	none	Lorazepam Injection USP10-1ml vials 2mg/ml NDC#0409-6778-02	600	Each				
GLOVES								
1	2001	Gloves examination latex 3.2 ml thickness non-sterile no powder, seamless ambidextrous Microflex 300 size large (No Substitute)	175	Cases				
2	2002	Gloves examination latex 3.2 ml thickness non-sterile no powder, seamless ambidextrous Microflex 300 size medium (No Substitute)	120	Cases				
3	2003	Gloves examination latex 3.2 ml thickness non-sterile no powder, seamless ambidextrous Microflex 300 size small (No Substitute)	55	Cases				
4	2004	Gloves examination latex 3.2 ml thickness non-sterile no powder, seamless ambidextrous Microflex 300 size x-large (No Substitute)	130	Cases				
5	2005	Gloves examination Nitrile 3.2 ml thickness non-sterile no powder, seamless ambidextrous Freeform SE Microflex size large (No Substitute)	600	Boxes				
6	2006	Gloves examination Nitrile 3.2 ml thickness non-sterile no powder, seamless ambidextrous Freeform SE Microflex size medium (No Substitute)	600	Boxes				
7	2007	Gloves examination Nitrile 3.2 ml thickness non-sterile no powder, seamless ambidextrous Freeform SE Microflex size small (No Substitute)	600	Boxes				
8	2008	Gloves examination Nitrile 3.2 ml thickness non-sterile no powder, seamless ambidextrous size x-large	600	Boxes				
9	2009	Sterile Gloves Size 7.0	50	Each				
10	2010	Sterile Gloves Size 8.5	50	Each				
11	2011	Gloves Vinyl Large	10	Boxes				
IV/CATHETERS/ADAPTERS								
1	8000	Three way IV Stop Cock Kendall Argyle ez flow with injection site and 20" extension set (No Substitute)	100	Each				
2	8001	Terumo Surflo injection plugs SR * IP2 Lock Type 100/per box (No Substitute)	160	Boxes				
3	8002	Arm boards I. V. disposable Size 3" x 9"	250	Each				
4	8003	Intravenous Protective I.V. catheters 14 gauge 50/box J&J Only (No Substitute)	25	Boxes				
5	8004	Intravenous Protective I.V. catheters 16 gauge 50/box J&J Only (No Substitute)	48	Boxes				
6	8005	Intravenous Protective I.V. catheters 18 gauge 50/box J&J Only (No Substitute)	280	Boxes				
7	8006	Intravenous Protective I.V. catheters 20 gauge 50/box J&J Only (No Substitute)	360	Boxes				
8	8007	Intravenous Protective I.V. catheters 22 gauge 50/box J&J Only (No Substitute)	110	Boxes				
9	8008	Intravenous Protective I.V. catheters 24 gauge 50/box J&J Only (No Substitute)	12	Boxes				
10	8009	Jelco Intravenous IV Catheter 14 gauge 2.25" length 50/box	6	Boxes				
11	8011	Single Patient use ventilation/CPAP circuit it is designed to fit with an oxygen mask 22mm outside diameter or endotracheal tube 15mm inside diameter (No Substitute)	3	Boxes				
12	8012	Latex tourniquet 1"x18" disposable	10,600	Each				
INTUBATION SUPPLIES								
1	0703	Pertrach Emergency Chricothyrotomy, catheter set Brand ValueMed Critical Care Reference #301-D4550 (No Substitute)	60	Each				
2	0704	Rusch Endotracheal tubes, uncuffed, full radiopaque. length. murphy tip with connector size 2.5	40	Each				

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Item #	EMS Number	Item Description	Estimated Yearly Quantity	Unit of Measure	Manufacturer Brand Name	Vendor Product Number	Unit Cost	Total Cost
3	0705	Rusch Endotracheal tubes, uncuffed, full radiopaque. length. murphy tip with connector size 3.0	30	Each				
4	0706	Rusch Endotracheal tubes, uncuffed, full radiopaque. length. murphy tip with connector size 3.5	30	Each				
5	0707	Rusch Endotracheal tubes, uncuffed, full radiopaque. length. murphy tip with connector size 4.0	30	Each				
6	0708	Rusch Endotracheal tubes, uncuffed, full radiopaque. length. murphy tip with connector size 4.5	30	Each				
7	0709	Rusch Endotracheal tubes, uncuffed, full radiopaque. length. murphy tip with connector size 5.0	30	Each				
8	0710	Rusch Endotracheal tubes, disposable, sterile, uncuffed, internal connector, radiopaque line and murphy tip, oral/nasal size 5.5 mm	30	Each				
9	0711	Rusch Endotracheal tubes, disposable, sterile, tube has high/low cuff, internal connector, radiopaque line and murphy tip, oral/nasal size 6.0 mm	120	Each				
10	0712	Rusch Endotracheal tubes, disposable, sterile, tube has high/low cuff, internal connector, radiopaque line and murphy tip, oral/nasal size 6.5 mm	80	Each				
11	0713	Rusch Endotracheal tubes, disposable, sterile, tube has high/low cuff, internal connector, radiopaque line and murphy tip, oral/nasal size 7.0 mm	240	Each				
12	0714	Rusch Endotracheal tubes, disposable, sterile, tube has high/low cuff, internal connector, radiopaque line and murphy tip, oral/nasal size 7.5 mm	400	Each				
13	0715	Rusch Endotracheal tubes, disposable, sterile, tube has high/low cuff, internal connector, radiopaque line and murphy tip, oral/nasal size 8.0 mm	200	Each				
14	0716	Rusch Endotracheal tubes, disposable, sterile, tube has high/low cuff, internal connector, radiopaque line and murphy tip, oral/nasal size 8.5 mm	100	Each				
15	0717	Rusch Endotracheal tubes, disposable, sterile, tube has high/low cuff, internal connector, radiopaque line and murphy tip, oral/nasal size 9.0 mm	40	Each				
16	0718	Rusch Endotracheal tubes, disposable, sterile, tube has high/low cuff, internal connector, radiopaque line and murphy tip, oral/nasal size 9.5 mm	40	Each				
17	0719	King LTSD EMS Kit size 5 Reference #KLTSD415 (No Substitute)	100	Each				
18	0720	King LTSD EMS Kit size 4 Reference #KLTSD414 (No Substitute)	100	Each				
19	0721	One way valve for ventilator Nonrebreathing valve that directs the patient's exhaled gases away from the user, thus isolating the user from coming in direct contact with the patient	240	Each				
20	0722	Single Patient use ventilation circuit with Resus. Valve, swivel connection tubing Part #L599-130 (No Substitute)	3	Boxes				
21	0723	Valve, PEEP, disposable 15/22mm adaptor	20	Each				
22	0724	Rusch Endotracheal, stylette, Size Large Reference #1000R (No Substitute)	900	Each				
23	0725	Rusch Endotracheal, stylette, Size Small Reference #500 (No Substitute)	150	Each				
24	0726	Thomas Endotracheal Adult tube holders/tube tamers with bite block, tube holder padded face plate and non-elastic neck strap (No Substitute)	650	Each				
25	0727	Ultra Set Ported Double Swivel Elbow 15mm male / 15 mm female intersurgical B0028 Convenience pack	200	Each				
26	0806	Laryngoscope handle Adult (C size batteries)	25	Each				
27	0807	Laryngoscope handle Pediatric (AA battery size)	25	Each				
28	0808	Bulbs, laryngoscope, Macintosh and Miller size large	144	Each				
29	0809	Bulbs, laryngoscope, Macintosh and Miller size small/medium	144	Each				
30	0810	Hook-on laryngoscope blade, Macintosh style size 2	25	Each				
31	0811	Hook-on laryngoscope blade, Macintosh style size 3	25	Each				
32	0812	Hook-on laryngoscope blade, Macintosh style size 4	25	Each				
33	0813	Forceps Magill, Adult (10")	25	Each				
34	0814	Forceps Magill, Child (8")	25	Each				
35	0815	Hook-on laryngoscope blade, Miller style, size 0	25	Each				
36	0816	Hook-on laryngoscope blade, Miller style, size 1	25	Each				
37	0817	Hook-on laryngoscope blade, Miller style, size 2	25	Each				
38	0818	Hook-on laryngoscope blade, Miller style, size 3	25	Each				
39	0819	Hook-on laryngoscope blade, Miller style, size 4	25	Each				
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Item #	EMS Number	Item Description	Estimated Yearly Quantity	Unit of Measure	Manufacturer Brand Name	Vendor Product Number	Unit Cost	Total Cost
1	8300	White Thermal blanket 60"x60"	2,000	Each				
2	8301	Insulated emergency blankets, resists mildew and infestation, made of foam lamination over polyester, disposable, measures 60"x90" color yellow	600	Each				
3	8302	Standard size white pillow case 130 Thread Count 42X36	600	Each				
4	8303	Staph Check 20"x26" pillows	600	Each				
5	8304	Stretcher Sheets White 180 Thread Count Stamped ECEMS (2-3" letters) in waterproof ink 60X104	1,200	Each				
6	8305	White standard terry cloth bath towels 20"x40"	1,200	Each				
MONITOR SUPPLIES								
1	0821	Pacing Pads for Physio Control Life Pak 10	50	Each				
2	5003	Nonin 90 Degree Pulse Ox Patient Cable Model UNI-RA-0	10	Each				
3	9300	Electrode, ECG, disposable, Physio Control Brand 4 per package (No Substitute)	18,000	Pkgs.				
4	9301	Paper electrocardiogram recording for Life Pak 12 100mm	2,600	Each				
5	9303	Physio Control Life Pak 12 Twelve Lead Cable	1	Each				
6	9304	Physio Control Life Pak 12 Four Lead Cable	1	Each				
7	9305	Physio Control Quick Combo Redi-pak with Long Leads adult size item #11996-00017 (No Substitute)	720	Each				
8	9306	Physio Control Life Pak 12 Main Monitor Cable	1	Each				
9	9307	Physio Control Quick Combo Pads pediatric size (No Substitute)	100	Each				
10	9308	Physio Control Life Pak 12 Therapy Cable	1	Each				
11	9309	Physio Control Life Pak 12 Pulse Ox Sensor Adult reusable Finger Probe	1	Each				
12	9310	Physio Control Life Pak 12 Pediatric Pulse Ox disposable probe Reference #11171-000020	1	Each				
13	9311	Physio Control Life Pak 12 Pulse Ox Extension Cable	1	Each				
14	9312	Physio Control Life Pak 12 B/P cable	25	Each				
15	9313	Q. R. quick recovery gel, high conductivity, non-staining, non-gritty, odorless, water soluble 20 ml PKT	90	Pkgs.				
16	9314	Paper electrocardiogram recording for Life Pak 10	100	Each				
17	none	Physio Control Life Pak 12 CO2 disposable adapter	1	Each				
AIRWAY SUPPLIES								
1	0400	Nasal gastric tube, (Salem Stump Style) with double lumen PVC tube, one for suction drainage, one for venting action, sterile, graduated, size 8F	10	Each				
2	0401	Nasal gastric tube, (Salem Stump Style) with double lumen PVC tube, one for suction drainage, one for venting action, sterile, graduated, size 10F	25	Each				
3	0402	Nasal gastric tube, (Salem Stump Style) with double lumen PVC tube, one for suction drainage, one for venting action, sterile, graduated, size 12F	40	Each				
4	0403	Nasal gastric tube, (Salem Stump Style) with double lumen PVC tube, one for suction drainage, one for venting action, sterile, graduated, size 14F	30	Each				
5	0404	Nasal gastric tube, (Salem Stump Style) with double lumen PVC tube, one for suction drainage, one for venting action, sterile, graduated, size 16F	45	Each				
6	0405	Nasal gastric tube, (Salem Stump Style) with double lumen PVC tube, one for suction drainage, one for venting action, sterile, graduated, size 18F	40	Each				
7	0500	Nasal airway (robertazzi style) latex sterile disposable size 12F	20	Each				
8	0501	Nasal airway (robertazzi style) latex sterile disposable size 14F	20	Each				
9	0502	Nasal airway (robertazzi style) latex sterile disposable size 16F	20	Each				
10	0503	Nasal airway (robertazzi style) latex sterile disposable size 18F	20	Each				
11	0504	Nasal airway (robertazzi style) latex sterile disposable size 22F	70	Each				
12	0505	Nasal airway (robertazzi style) latex sterile disposable size 26F	76	Each				
13	0506	Nasal airway (robertazzi style) latex sterile disposable size 28F	82	Each				
14	0507	Nasal airway (robertazzi style) latex sterile disposable size 30F	64	Each				
15	0508	Nasal airway (robertazzi style) latex sterile disposable size 32F	64	Each				

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Item #	EMS Number	Item Description	Estimated Yearly Quantity	Unit of Measure	Manufacturer Brand Name	Vendor Product Number	Unit Cost	Total Cost
16	0509	Nasal airway (robertazzi style) latex sterile disposable size 34F	50	Each				
17	0510	Nasal airway (robertazzi style) latex sterile disposable size 20	20	Each				
18	0511	Nasal airway (robertazzi style) latex sterile disposable size 24F	70	Each				
19	0600	Oral airway (Berman Type) non-sterile, infant 40mm	100	Each				
20	0601	Oral airway (Berman type) non-sterile, child size 60mm	100	Each				
21	0602	Oral airway (Berman Type) non-sterile, Adult 80mm	10	Each				
22	0603	Oral airway (Berman Type) non-sterile, Adult large 90mm	150	Each				
23	0604	Oral airway (Berman Type) non-sterile, Adult large 100 mm	200	Each				
OXYGEN/SUPPLIES								
1	0800	Disposable Flow-Safe CPAP System with built-in monometer and pressure relief valve, head harness, 7' O2 tubing, small adult mask (No Substitute)	200	Each				
2	0801	Microstream FilterLine Set Adult/Pediatric	50	Boxes				
3	0802	Airtraq Optical Laryngoscope Size Regular	100	Boxes				
4	0900	Ambu Spur II Ambu-bag (adult BVM) disposable adult bag, custom mask, accumulator and standard O2 supply tubing, packaged in plastic bag with collapsible ambu bag. (No Substitute)	1,100	Each				
5	0901	Ambu Spur II Ambu-bag (Pediatric BVM) disposable pediatric bag, custom mask, accumulator and standard O2 supply tubing packaged in plastic bag (No Substitute)	100	Each				
6	0902	Regulator gasket deluxe gasket with metal rim and rubber insert (No Substitute)	1,000	Each				
7	0903	D" cylinder post valve stem seal (Plain) Brand Puritan Bennett #019466-00	6,600	Each				
8	0905	O2 regulator	15	Each				
9	0906	Wrench for oxygen D size cylinder	50	Each				
10	0907	Cushion Face Mask Infant	25	Each				
11	0908	Cushion Face Mask Neonate	25	Each				
12	0909	Cushion Face Mask Toddler	25	Each				
13	0910	Cannula, nasal, over the ear style, with 7' supply tubing Adult size	27,000	Each				
14	0911	Cannula, nasal, over the ear style, with 7' supply tubing Pediatric size	200	Each				
15	0912	Oxygen nebulizer, T-up-draft II Neb-U-mist includes Tee, mouthpiece, 6" reservoir tube, 7' supply tubing	3,000	Each				
16	0913	KIDDO'S O2 Bears	110	Each				
17	0914	Mask, oxygen with 7' oxygen supply tubing non-rebreathing Adult size	9,000	Each				
18	0915	Mask, oxygen with 7' oxygen supply tubing non-rebreathing Child Size	300	Each				
19	0918	Infant oxygen mask with 7' supply tubing	300	Each				
SOLUTIONS								
1	6000	Sodium chloride 0.9%, 1000 ML Sterile for irrigation solution in plastic bottles	576	Each				
2	6001	Water, sterile for irrigation, 1000 ML in plastic bottles	576	Each				
3	6002	Sodium chloride 0.9%, Injection, 1000 ML plastic bag	13,500	Each				
4	6003	Sodium chloride 0.9%, Injection, 250 ML plastic bag	500	Each				
5	7000	Extension set, dial a flow regulator I.V.	110	Each				
6	7001	Extension set with two Y medication sites and cut-offs 42" with luer lock adapters packaged in plastic	13,400	Each				
7	7002	IV administration microdrop 60 drops/ML set with roller clamp, 70" . packaged in Plastic	850	Each				
8	7003	IV Administration set, 10 drop/ML 89" with preattached extension set. One AMSafe and one split septum injection site, one Roberts clamp and one roller clamp, 2 Rotary Luer Lock Adapters (No Substitute)	13,000	Each				
IMMOBILIZATION SUPPLIES								
1	0820	Straps, Roll buckle 7' color red/1 piece strap	50	Each				
2	3001	Pedi-Mate Ferno Washington Pediatric restraint devise (No Substitute)	10	Each				
3	3002	Cervical Immobilization device Brand I-Tec / EMS Multi Grip (No Substitute)	8,000	Each				
4	3003	Extrication collars, stiff neck, one piece cervical collar, fold flat design, size baby.	200	Each				
5	3004	Extrication collars, stiff neck, one piece cervical collar, fold flat design, size PEDS.	420	Each				

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Item #	EMS Number	Item Description	Estimated Yearly Quantity	Unit of Measure	Manufacturer Brand Name	Vendor Product Number	Unit Cost	Total Cost
6	3005	Adult Extrication collars, stiff neck, one piece cervical collar, fold flat design, one size fits all (adjustable) AMBU BRAND ONLY (No Substitute)	8,000	Each				
7	3006	Disposable backboard straps 2" heavy duty polypropylene with reusable instant snap lock buckles, audible click- lock system 3/set	4,500	Sets				
8	3007	Straps to fit the Ambu Peds Board	50	Sets				
9	8400	KED immobilization Device	10	Each				
10	8401	Padded board splint disposable short 15"	325	Each				
11	8402	Padded board splint disposable medium 36"	100	Each				
12	8403	Padded board splint disposable long 54"	100	Each				
13	8404	Splint, SAGER SUPER Adult	10	Each				
14	8500	Straps, Harness style to fit Ferno Washington 93 pro flex stretcher	120	Each				
15	8501	Straps, 2 piece with metal buckle, 7' length, color black	300	Each				
SUCTION SUPPLIES								
1	0300	Bulb syringe, sterile, disposable 2 oz size	35	Each				
2	0301	Disposable canister 1200cc for Lateral LSU Suction Machine	800	Each				
3	0302	Meconium aspirator	25	Each				
4	0303	Suction catheter safe-t-vac, sterile with control valve size 10 french	50	Each				
5	0304	Suction catheter safe-t-vac, sterile with control valve size 12 french	50	Each				
6	0305	Suction catheter safe-t-vac, sterile with control valve size 14 french	50	Each				
7	0306	Suction catheter safe-t-vac, sterile with control valve size 18 french	50	Each				
8	0307	Suction catheter safe-t-vac sterile with control valve, size 8 french	50	Each				
9	0308	Suction catheter safe-t-vac sterile with control valve, size 6 french	50	Each				
10	0309	Suction connecting tubing, non-conductive, with sure guard female connectors 9/32" lumen 6' long sterile	900	Each				
11	0310	Yankauer suction, surgical with control vent sterile	900	Each				
SYRINGES AND NEEDLES								
1	8200	Syringes hypodermic disposable tuberculin size 1 5/8" unit labeled 100/box	36	Boxes				
2	8201	Luer Lock tip syringes with luer lock tip size 2, 3cc no needle 100/box	108	boxes				
3	8202	Luer Lock tip syringes with luer lock tip size 2, 5cc no needle 100/box	72	Boxes				
4	8203	Luer Lock tip syringes with luer lock tip size 4, 10cc no needle 50/box	72	boxes				
5	8204	Luer Lock tip syringes with luer lock tip size 5, 20cc no needle 30/box	25	boxes				
6	8205	Catheter tip syringe, size 7, 60cc	60	Each				
7	8206	Needles, stainless steel, hypodermic, disposable 18gauge x 1" (100/box) Tumero brand (No Substitute)	183	Boxes				
8	8207	Needles, stainless steel, hypodermic, disposable 20gauge x 1" (100/box) Tumero brand (No Substitute)	170	Boxes				
9	8208	Needles, stainless steel, hypodermic, disposable 22gauge x 1" (100/box) Tumero brand (No Substitute)	98	Boxes				
10	8209	Needles, stainless steel, hypodermic, disposable 25gauge x 1" (100/box) Tumero brand (No Substitute)	96	Boxes				
MISCELLANEOUS SUPPLIES								
1	0108	Vacutainer Brand Stretch Tourniquet, Latex Free (No Substitute)	500	Each				
2	0700	LSP 370 Rhino Regulator with 2 DSS ports (No Substitute)	25	Each				
3	0700	Mechanical Advantage MAT Tourniquet Medical Trauma Products One-hand fast application (No Substitute)	50	Each				
4	0701	CO2 Airway adapter tubes (Model 9840AAT) for NONIN 9845 Machine	600	Each				
5	0803	Zoll Auto Pulse Shoulder Strap Part #010640 (No Substitute)	6	Pkgs.				
6	0804	Zoll Autopulse Backboard cable ties	2	Pkgs.				
7	0805	Draw string bags for patient belonging	1,000	Each				
8	0904	D cylinder aluminum oxygen tank with toggle	100	Each				
9	0906	Wrench for oxygen D-size cylinder	50	Each				
10	0917	O2 Flow meter 0-25 Liter	24	Each				

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Item #	EMS Number	Item Description	Estimated Yearly Quantity	Unit of Measure	Manufacturer Brand Name	Vendor Product Number	Unit Cost	Total Cost
11	2000	Clave Needle-free Connector ICU Medical, Sterile (No Substitute)	160	Boxes				
12	3000	Iron Duck Ultra-lock backboard color yellow Labeled Escambia Co. EMS in backboard (No Substitute)	150	Each				
13	3008	Ambu Peds Back Board (No Substitute)	10	Each				
14	8010	Disposable infusion Pressure Bags	20	Each				
15	8800	Alcohol prep pads 2"x 2", (Large) 70% isopropyl alcohol individually wrapped pouches 100/box	250	boxes				
16	8801	Ammonia Inhalants 100/box	10	Boxes				
17	8802	Bedpan, single use, molded polypropylene construction, pontoon stacking, individually bagged, non-breakable plastic	50	Each				
18	8804	Body bags adult disposable	30	Each				
19	8805	Convenience bag, disposable for vomiting or urine with no mess, no spills, no clean up, no odors, won't leak, clear bag with graduation markings	864	Each				
20	8806	Disposable skin prep razors	200	Each				
21	8808	High Protection Baby Wrap Single use absorbent thermal wrap Ferno Medwrap (No substitute)	100	Each				
22	8809	OB kits, disposable in plastic bags Includes: 1 pair sterile exam gloves, 1 disposable apron, 1 plastic lined underpad, 1 receiving blanket, 3 disposable towels, 4 sterile gauze sponges, 2 O.B. towelettes, 1 sterile disposable scalpel, 1 disposable bulb syringe, 2 sterile umbilical cord clamps, 1 plastic bag to hold placenta, 2 twist ties, 1 sterile O.B. Pad. Product by GAM industries product #650-4001-0000 (No Substitute)	60	Each				
23	8810	Jelly, lubrication, sterile, water soluble, greaseless. will not harm rubber, plastic or surgical instruments packaging 144/box	15	Each				
24	8811	Nail Polish Remover Pads 100/box	24	Boxes				
25	8812	Restraints, limb with 36" connecting strap with Velcro tabs packaging each/pair Posey Brand Only (No Substitute)	576	Each/Pair				
26	8813	Sterile Scalpel	100	Each				
27	8814	Healthmark Twist-lok Red seals, pre-numbered Catalog #5224 Red (No Substitute)	12,000	Each				
28	8815	Health Care Logistics Pull-tite seals prenumbered Yellow seals 100 per package item #7813 (No Substitute)	12,000	Each				
29	8816	Oral Disposable Thermometer Sheaths for digital thermometer 100 sheaths per box TIDI Products Brand	400	Each				
30	8817	Bite sticks plastic disposable	100	Each				
31	8818	Urinal, male, single use, graduated quart capacity, permanently attached lid, open handle design to allow hanging on bed rail (50/case)	50	Each				
32	8819	Broselow Pediatric Emergency Tape (No Substitute)	24	Each				
33	8903	Finger ring cutter with chrome handle	20	Each				
34	8904	Scissors with blunt end, serrated edges 5 1/2 " length	300	Each				
35	8905	Morrison Dolphin Large person Tarps (No Substitute)	50	Each				
36	8906	Digital thermometer record body temp in about 60 seconds with easy read LCD display can be used orally, under the arm or rectally	20	Each				
37	8908	Finger probe to fit nonin 9845 Pulse Ox Machine	20	Each				
38	8909	CO2 Probe for NONIN 9845 Machine	20	Each				
39	9315	Zoll Auto pulse Life band chest compression assembly Product #010301 (No Substitute)	10	Boxes				
40	None	Professional Mini Intubation Kit by Ferno Washington (No Substitute)	20	Each				
41	None	Lateral LSU Suction Machine (No Substitute)	30	Each				
42	None	Lateral LSU Suction machine carrying case (No Substitute)	30	Each				
43	None	Lateral LSU Suction machine accessory side pouch (No Substitute)	30	Each				
44	None	Ohmeda Style Check Unit coupler ohmeda, 02, diss hexnut	25	Each				
		If additional items are required from the awarded offeror that are not listed on the bid form in the contract; then the County reserves the right to negotiate pricing on such items and add those negotiated items to the contract for the remaining term						

