

NOTICE INVITING TENDER

FOR HOUSEKEEPING SERVICES

INTRODUCTION

The Govt. of Chhattisgarh has decided to invite tender for Housekeeping Services at six Government Medical Colleges & associated hospitals, Govt. Dental College, eight Govt. Nursing Colleges, Govt. Physiotherapy College and Pt.Deendayal Upadhyay Memorial Health Sciences & Ayush University, Raipur, in State of Chhattisgarh through tender process. The detail of same is as under:-

S. No.	Name of the Institute	No. of Safai Karmi	No. of Supervisor
1	Pt. JNM Medical College & associated Dr. BRAM Hospital Raipur CG	140	04
2	Government Medical College (CIMS) & associated Hospital Bilaspur	140	04
3	Government Medical College & associated Hospital, Jagdalpur	100	03
4	Government Medical College & associated Hospital, Raigarh	175	05
5	Government Medical College & associated Hospital Rajnandgaon	100	03
6	Government Medical College & associated Hospital, Ambikapur	100	03
7	Government Dental College Raipur CG.	75	02
8	Pt.Deendayal Upadhyay Memorial Health Sciences & Ayush University, Raipur, C.G.	50	03
9	Nursing College, Raipur, Bilaspur, Raigarh, Kabirdham, Jagdalpur, Rajnandgaon, Durg, Ambikapur	10 Each college	01 each college
10	Government Physiotherapy College, Raipur	10	01

SCHEDULE OF THE TENDER (Bid has to be submitted Online only):

S.No.	Description	Date & Time	Particulars
1.	Duration of Rate Contract		Three years from the date of Contract Agreement
2.	Date from which the Tender Form can be downloaded		Online at www.eproc.cgstate.gov.in
3.	Last date of submitting Pre-bid Suggestions		cgdme@rediffmail.com
4.	Last due date and time for Submission of Completely		
5.	Date of time of opening Technical bid (Online)		Venue: Directorate of Medical Education, Old Nurses Hostel, DKS Bhawan Parisar, Raipur
6.	Date and Time of opening of Financial Bid (Online)		Venue: Directorate of Medical Education, Old Nurses Hostel, DKS Bhawan Parisar, Raipur

Note: In case the * marked dates will be declared as holiday for any reason, the activity is carried out to next working day.

1. All the Pre-bid/Bid documents should be duly signed by the bidder.
2. Kindly bring the authority letter by the concerned company to attend the pre-bid meeting otherwise will not be allowed.
3. The selection of Bidders shall be carried out through e-tendering process. Proposal/Bids are to be submitted online in electronic format on website www.eproc.cgstate.gov.in as per RFP document.
4. RFP document may be downloaded from the website:-www.eproc.cgstate.gov.in
5. EMD shall be paid by way of bank draft/bankers Cheque in the name of Director Medical Education, Chhattisgarh.
6. The bidders shall be solely responsible for checking these websites for any addendum/amendment issued subsequently to the bid document and take into consideration the same while preparing and submitting the bids.

**Directorate Medical Education,
Raipur
Chhattisgarh**

2.LETTER OF PROPOSAL

(On Applicant's letter head)

The Director
Directorate Medical Education,
Raipur Chhattisgarh

**Sub: Bid for Housekeeping Services of Govt. Medical/Dental/Nursing/
Phyiothrepy Colleges & Ayush University in Chhattisgarh.**

Dear Sir,

- 1 With reference to your RFP document dated _____, I/we, having examined the Bidding Documents and understood their contents, hereby submit my/our proposal for the aforesaid Project. The proposal is unconditional and unqualified.
- 2 All information provided in the **proposal** and in the Appendices is true and correct.
- 3 This statement is made for the purpose of qualifying as a bidder for undertaking the Project.
- 4 I/We shall make available to the Authority any additional information it may find necessary or require to supplement or authenticate the Bid.
- 5 I/ We acknowledge the right of the Authority to reject our proposal without assigning any reason or otherwise and hereby waive our right to challenge the same on any account whatsoever.
- 6 We certify that in the last three years, we have neither failed to perform on any contract, as evidenced by imposition of a penalty or a judicial pronouncement or arbitration award, nor been expelled from any project or contract nor have had any contract terminated for breach on our part.
- 7 We certify that we have not been barred by the Client, Government of Chhattisgarh (GoC), or any other state government in India (SG) or Government of India (GoI), or any of the agencies of GoC/SG/GoI from participating in its projects.
- 8 I/ We declare that:
 - (a) I/ We have examined and have no reservations to the Bidding Documents, including any Addendum issued by the Authority.

- (b) I/ We do not have any conflict of interest in accordance with the RFP document;
 - (c) I/We have not directly or indirectly or through an agent engaged or indulged in any corrupt practice, fraudulent practice, coercive practice, undesirable practice or restrictive practice, as defined in the RFP document, in respect of any tender or request for proposal issued by or any agreement entered into with the Authority or any other public sector enterprise or any government, Central or State; and
 - (d) I/We hereby certify that we have taken steps to ensure that in conformity with the provisions of the RFP, no person acting for us or on our behalf has engaged or will engage in any corrupt practice, fraudulent practice, coercive practice, undesirable practice or restrictive practice.
- 9 I/ We understand that you may cancel the Bidding Process at any time and that you are neither bound to accept any proposal that you may receive nor to invite the bidders to Bid for the Project, without incurring any liability to the bidders, in accordance with the RFP document.
- 10 I/ We declare that we are not a Member of any other firm submitting a proposal for the Project.
- 11 I/ We certify that we have not been convicted by a Court of Law or indicted or adverse orders passed by a regulatory authority which could cast a doubt on our ability to undertake the Project or which relates to a grave offence that outrages the moral sense of the community.
- 12 I/ We further certify that in regard to matters relating to security and integrity of the country, we have not been charge-sheeted by any agency of the Government or convicted by a Court of Law for any offence committed by us or by any of our Associates.
- 13 I/ We further certify that no investigation by any regulatory authority/Police FIR/Judicial enquiry is pending either against us or against our Associates or against our CEO or any of our Directors/Proprietor/Managers.
- 14 I/ We undertake that in case due to any change in facts or circumstances during the Bidding Process, we are attracted by the provisions of disqualification in terms of the guidelines referred to above, we shall intimate the Authority of the same immediately.
- 15 I/We hereby irrevocably waive any right which we may have at any stage at law or howsoever otherwise arising to challenge or question any decision taken by the Authority in connection with the selection of the bidder, or in connection with the Bidding Process itself, in respect of the above mentioned Project and the terms and implementation thereof.
- 16 In the event of my/ our being declared as the successful bidder, I/We

agree to enter into a Service Agreement in accordance with the draft that has been provided to me/us prior to the proposal Due Date. We agree not to seek any changes in the aforesaid draft and agree to abide by the same.

- 17 I/We have studied all the Bidding Documents carefully and also surveyed the project site. We understand that except to the extent as expressly set forth in the Service Agreement, we shall have no claim, right or title arising out of any documents or information provided to us by the Authority or in respect of any matter arising out of or concerning or relating to the Bidding Process including the award of assignment.
- 18 The Service Charges has been quoted by me/us after taking into consideration all the terms and conditions stated in the RFP, draft Service Agreement.
- 19 **I/We offer and attach as specified EMD in form of DD/ Banker's cheque as per annexure -A in the Favour of Director Medical Education, Chhattisgarh.**
- 20 I/We agree to keep this offer valid for 270 (two hundred sixty five) days from the proposal Due Date specified in the RFP.
- 21 I/We agree and undertake to abide by all the terms and conditions of the RFP document. In witness thereof, I/we submit this proposal under and in accordance with the terms of the RFP document.

Date :.....

Yours Faithfully
(Signature of the Authorized Signatory)

Place :.....

.....
(Name & Designation of the Authorized Signatory)

.....
Name & Seal of the Bidder

3.FORM TECH-1

DESCRIPTION OF EXPERIENCE OF BIDDER TO ILLUSTRATE QUALIFICATIONS (NOT TO EXCEED THREE PAGE FOR EACH PROJECT)

(Please provide information only for a project for which your firm was legally contracted by the client)

(1)	Project Name:	
(2)	Project Location:	
(3)	Carpet Area under the scope of services for the Project (Sq.M):	
(4)	Name of Client:	
(5)	Start Date (Month/Year):	
(6)	Whether ongoing (Yes / No):	
(7)	If completed, date of completion:	
(8)	Detailed Narrative Description of Project Building:	
(9)	Detailed Description of Actual Services	
(10)	Professional Staff Provided by the Firm: Number of and categories of Staff:	
(11)	Value of Services (INR) per year:	

Note: Supporting documents should necessarily be submitted by the bidders without which the submission shall not be considered for evaluation

A. In case the Fee per year / value of services per year from assignment is not set out in the certificate from the client, the bidders can submit a certificate from Statutory Auditor indicating the same.

Date :.....

Yours Faithfully
(Signature of the Authorized Signatory)

Place :.....

.....
(Name & Designation of the Authorized Signatory)

.....
Name & Seal of the Bidder

4 .FORM TECH-2

**AVERAGE ANNUAL TURN OVER IN LAST THREE FINANCIAL YEARS FROM
FACILITY MANAGEMENT (Housekeeping) SERVICES**

Financial Year	Turn Over from Facility Management
2015-16	
2016-17	
2017-18	
Total	
Average Annual Turn Over	

Note:

- 1. The Audited Financial Statement of above years should be submitted by the bidder.**

- 2. The Turn Over should be certified by the Statutory Auditor/Chartered Accountant. Turn Over not certified by Statutory Auditor/Chartered Accountant shall not be considered for evaluation.**

Date :.....

Yours Faithfully
(Signature of the Authorized Signatory)

Place :.....

.....
(Name & Designation of the Authorized Signatory)

.....
Name & Seal of the Bidder

4.1 FORM TECH-3
UNDERTAKINGS

Submission of Undertaking by the Bidder on the following:

- a) No existing litigation is there against the agency/Applicant
- b) Director / Promoters / Proprietor of the agency is/are never convicted.
- c) Never blacklisted, terminated by any client in India
- d) The bidder never filed any law suits or requested arbitration with regard to any contract within the last five years.
- e) No judgment, claim, arbitration proceeding or suit pending or outstanding against the bidder or its officers
- f) Bankruptcy was never filed by the bidder, its subsidiaries or its parent companies
- g) The bidder was never cited by any regulatory agency for a safety violation in the last five years

Undertakings shall be prepared by the bidder in its letter head and shall be notarized
Submission of above undertakings is mandatory.

Date :.....

Yours Faithfully
(Signature of the Authorized Signatory)

Place :.....

.....
(Name & Designation of the Authorized Signatory)

.....
Name & Seal of the Bidder

4.2 FORM TECH-4

GENERAL APPROACH AND METHODOLOGY, WORK AND STAFFING

- a) Brief outline of implementing Property Management services at site. Do you have a special start up team for transition? Describe its role and composition.
- b) Management structure and delivery mechanism you will put in place to deliver the required services to Client.
- c) **How you will implement this contract.**
- d) Implementation team and what functions each team will be responsible for.
- e) Detailed implementation programme and what functions and interfaces you will require with Client.
- f) Any services that would not be available on the start date, stating the reasons why.
- g) Time line for recruitment and providing training to the human resources. **Provide copy of selection procedure of the personnel for all designation.**
- h) Methodology for maintaining hygiene in the service area and among the manpower deployed.
- i) Methodology for maintaining the environment.
- j) Methodology for maintaining energy management.
- k) Methodology for maintaining implementing safe working procedure and training of deployed manpower on safe working practices.

Date :.....

Yours Faithfully
(Signature of the Authorized Signatory)

Place :.....

.....
(Name & Designation of the Authorized Signatory)

.....
Name & Seal of the Bidder

5. Eligibility Criteria for the bidder

The bidder must possess the minimum qualifications, required technical and financial capabilities in providing the services necessary to meet the requirements as described in the RFP. The bidder must also possess the technical know-how and financial capabilities that would be required to successfully provide the requisite manpower, for HOUSE KEEPING SERVICES as sought under this RFP for entire period of contract .The bid must be complete in all respects and should cover the entire scope of work as stipulated in the RFP. Invitation to this RFP is open to all bidders who satisfy the eligibility criteria as given below:-

5.1 **LEGAL ENTITY**: - The Bidder should be a firm (Proprietorship or Partnership) /Company (Pvt. Limited or Public Limited), Societies/Trust registered in Chhattisgarh having existence for the last 5 years in Chhattisgarh State (Provide copy of registered office in Chhattisgarh)

5.2 **BIDDER TURN OVER** :- The Bidder must have achieved minimum average annual turnover as per Annexure 'A' during last three financial years (2015-16, 2016-17 and 2017-18) in House Keeping Services. Submit letter of Chartered Accountant in reference of the same.

5.3 **NATURE AND EXPERIENCE OF WORK :-**

5.3.1) The Bidder should have experience in doing similar nature of work in a health facility and should have successfully completed the same for at least 2 complete years period. In support of this, Bidder should submit the copy of such work orders/LOI /Agreement along with satisfactory completion certificates issued from at least two of its clients. One of them should be experience of 02 years in any Govt/Semi Govt. medical facility with minimum 150 beds.

5.3.2) The minimum manpower should be 150 presently working in the health facility for Category "A" & "B" and 50 for category "C".

5.3.3) If the tenderer is working/worked in the college/university, for which tender is invited, the experience certificate is mandatory for the same.

Self-attested copies of work Orders/LOI/Agreement and Client's Satisfactory Certificates in support of qualification criteria given above.

5.4 **MANPOWER STRENGTH**:-The bidder should have Minimum 150 employee working per month in the area of Facility management related business in last 2 years in Chhattisgarh for Category "A" & "B" and 50 for category "C".

LOCAL OFFICE :- The bidder should be registered in Chhattisgarh State for the last 03 years for Category "A" "B" & "C"

5.5 **BLACKLISTING / BANKRUPTCY**: - The Bidder should Declare for not having been blacklisted by any Tender Inviting Authority or by any State Government or by Government of India or under declaration of ineligibility for corrupt or Fraudulent practices. No Police Case should be there against the bidder as on date. The bidder should not be bankrupt or filed for bankruptcy.

5.7 **ESSENTIAL REGISTRATIONS:** - The bidder shall have the following registrations and details of the same be provided in the technical bid :-

5.7.1 Registration under ISO 9001:2008/ OHSAS18001:2007/ ENISO14001:2004 certification.

5.7.2 E.P.F. and ESIC Registration

5.7.3 Service Tax Registration

5.7.4 PAN Number

5.7.5 Valid license from authorized institution to supply manpower.

5.7.6 GST as applicable.

5.8 POSSESSION OF HOUSEKEEPING EQUIPMENTS: - The Bidder should possess at least wet & dry vacume cleaner, high pressure water jet etc.

5.9 Documents required in support of eligibility and Qualification Technical BID

(Cover A):

The Bidder should upload the following documents as a part of Technical bid in Cover A:

- 1) The copy of Firm/Company's Registration/Incorporation Certificate with relevant authority in India.
- 2) Statement of average annual turnover of last three years (2015-16, 2016-17 and 2017-18), in support of eligibility criteria mentioned above, certified by a his Statutory Auditor.
- 3) Audited Balance Sheet along with Profit & Loss Statement of last three years (2015-16, 2016-17 and 2017-18)
- 4) Self-attested copy of PAN card.
- 5) GST Registration
- 6) Self-attested copies of work Orders and Client's Satisfactory Certificates in support of qualification criteria given in Para above. If the service provider is presently providing/provided such services in the colleges/university specified in Annexure "A" must submit the experience certificate for the same.
- 7) Self Declaration for not having been blacklisted by any Tender Inviting Authority or by any State Government or by Government of India.
- 8) Detailed Methodology and Work Plan to carry out the assignment.
- 9) EMD in form of DD/Bankers Cheque.
- 10) Current Bank Solvency certificate issued within one year from the date of tender amount rupees 1.5 crores for Category "A" & 'B" and 40 lakh for category "C" Institution.
- 11) Acceptanec of all terms & conditions.
- 12) Details of Staff available with the Agency.

5.10 Selection Process

The committee constituted by the Tender Inviting Authority shall evaluate the entire Bidding process with reference to technical requirement and various other Commercial criteria given in the Tender Document.

5.11 Technical Bid:

The Bidder should upload the document as part of Pre-qualification/Technical bid in **Cover A**. The Technically qualified bids shall be further considered for opening and evaluation of financial bids.

5.12 Financial Bid:

5.12.1 The Bidder should upload the financial Bid as **Cover B** as per **given format**.

Particular	Monthly Wages (not less than minimum wages)	EPF (As applicable)	ESIC (As applicable)	GST (As applicable)	Other Charges	Total
Supervisor (Skilled)						
Safai Karmi (Un-Skilled)						

Monthly charges of Consumables for cleaning (Mentioned in 11.2.A)	
Monthly charges of equipments/tools for cleaning services (Mentioned in 11.2.B & 11.2.C)	

Note: *The requirement of the equipment (11.2 B&C) and consumables (11.2.A) is optional (not mandatory) as per need of the individual college/university but the tenderer must quote the price for the same in financial bid.*

5.12.2 This will contain the per month expenditure.

5.12.3 The financial bid will be opened of all the bidders who qualify in technical bid and the tender will be allotted to the bidder who quotes lowest price per month in financial bid.

5.12.4 Selection of the entity shall be made on LI basis (i.e lower bid price quoted)

5.12.5 All cost needs to be mentioned in Indian Rupees only.

5.12.6 The tender price shall be evaluated based on the combined value of Manpower Wages (which shall include all statutory contributions of both employer and

employee deduction. (As per the law like Minimum wages Act, Payment of Wages Act, Provident Fund Act, ESIC Act etc.) and consumables cost & equipment charges (monthly).

5.12.7 In case of successful bidder (L-1) fail to execute the agreement in the allotted time frame the second successful bidder (L-2) will be offered the housekeeping services at the same rate quoted by the first successful bidder i.e. (L-1) If the second successful bidder does not agree to work at the lowest quoted rate the bid will be cancelled for that particular unit..

5.13 Number of Proposals

A Tenderer may submit the single proposal for one, more than one or all mentioned colleges/University

5.14 Award of Contract

Directorate Medical Education, Raipur Chhattisgarh shall inform those successful Bidder for respective units whose proposals are selected. Via issuance of Letter of Intent (LOI) in the duplicate copy. Bidder shall acknowledge the LOI and return the duplicate copy duly sealed and signed. Within seven days from the issue of LOI by the Directorate Medical Education, Raipur Chhattisgarh.

After acceptance of LOI Performance Security of 5 % of the total yearly contract value shall be deposited, for signing an Agreement with the Contracting Authority in form of FDR/Bnak Guarantee. (EMD money will be refunded after submission of security money).

An agreement will be done between successful bidder and the Contracting Authority which will clearly lay down the terms & conditions, durational of agreement, payment schedule, penalties and clauses for termination of agreement etc. The complete RFP document will be part of agreement.

6) General Terms and Conditions

- 1) The contract will be for a period of 03 years which may be extended for 1 year for maximum of 2 terms.
- 2) The bid will be valid for 270 days after due date of submission of bid.
- 3) An agreement will be signed between the successful bidder and the contracting authority within 15 days after issue of letter of intent.
- 4) Sub-contracting or subletting will not be permitted under any condition.
- 5) Conditional bids shall not be considered and will be out rightly rejected at the very first instance.
- 6) The successful bidder will be bond legally by the details furnished by him/her, while submitting the RFP or at subsequent stage in case any of such documents furnished is found to be false at any stage it would be deemed to be a breach of contract making the successful bidder liable for legal actions and termination.
- 7) The different educational institution are divided in to following categories as per the Annexure "A". Reputed and interested Company/Society/Trust/LLP may download the RFP and send in their response to the online in electronic form in Website www.eproc.cgstate.gov.in.

- 8)** The EMD shall be forfeited in the following cases:-
- 8.1) If the bidder withdraws the proposal during the intervening period of the proposal due date and expiration of the proposal validity period .
 - 8.2) If the successful bidder fails to provide the performance security within the stipulated time or any extension there of provided by the contracting authority.
 - 8.3) If any information or document furnished by the bidder turns out to be misleading or untrue in any material respect.
 - 8.4) If the successful bidder fails to sign the contract or agreement in stipulated time.
- 9)** Directorate Medical Education shall have all rights to reject the RFP or any other participating party without assigning any reason.
- 10)** The successful bidder shall be required to furnish performance security of any nationalized bank in the form of Bank Guarantee/FDR
- 10.1) This Bank Guarantee/FDR shall be equal to 5% of the annual transaction value as approved in the bid for the first year at the time of signing of contract .This Bank Guarantee shall be valid till the end of the first year of contract.
 - 10.2) For the subsequent year (2nd and 3rd) the BG/FDR shall be renewed and the performance security shall be 5%of the annual transaction value, which shall be valid till one month after the end of contract period.
- 11)** After the expiry of 03 years of contract period, the contract may further be extended for 01 years for maximum of two terms .
- 12)** The persons deployed by the contractor should be properly trained, have requisite experience and having the skills for carrying out a wide variety of specified work using appropriate materials and tools/ equipment.
- 13)** The contractor will be responsible for supply / installation / refilling / maintenance of all such items / equipment /consumables used in wash rooms and other areas of the hospital for housekeeping purposes .
- 14)** The contractor should ensure the Health and Safety measures of the employees, deputed for the works at his end. The contracting authority may also conduct health checkup of the staff deployed at regular intervals at the contractor's cost if required.
- 15)** The Contractor must employ adult labour only and they should be physically fit to work described under the contract. Employment of child labour will lead to automatic termination of the contract. The contractor shall engage only such workers, whose antecedents have been thoroughly verified, including character and police verification and other formalities. The contractor shall be fully responsible for the conduct of his staff and all liabilities (civil or criminal) arising out of mis-conduct of staff in any manner whatsoever.
- 16)** The Contractor at all times should follow all the Statutory Regulations on e. wages, Human resource management etc.
- 17)** Contracting authority however, reserves the right to terminate the contract by serving three months' notice, in writing if the hospital administration is not satisfied about the services of

the contractor. The contractor may also ask for foreclosure of contract by giving three months' notice to the Contracting Authority giving reasons thereof.

- 18)** The contractor has to provide standard liveries on his part to its housekeeping staff. The staff shall be in proper uniform of color navy blue provided by the contractor but approved by Collegeadministration with their identity properly displayed, samples of liveries will have to be submitted by the Contractor for the approval of the competent authority.
- 19)** Hospital administration will provide the space for setting up a **control room** for the contractor in the premises of the hospital from where the contractor and his own supervisory or office staff can control the housekeeping labour force working in the hospital. The contractor will arrange for all items needed for his staff viz., time keeping machine, preferably computerized inventory of stores, preferably computerized daily duty roster chart, etc. The housekeeping staff will first report to the control room and subsequently deployed for duty after having been checked for liveries, upkeep, issue of materials and equipment, etc.
- 20)** The hospital administration will provide space for a **store room** to the contractor in the Premises of the hospital. The store keeper deployed by the contractor will store all their liveries, materials, equipment in the store room at his/her own risk & cost and maintain a preferably computerized record of the stores which shall be opened to inspection by hospital administration staff during working hours.
- 21)** Once the housekeeping staff is allotted an area of work he or she will be under supervision of the sister I/C/Supervisor/Officer of that area i.e. wards/ OPD/Stores/ Offices etc. and in addition to the instructions issued by the contractor, they have to follow all instructions and orders given by the sister I/C/Supervisor/ Officer. All instruction given by sister I/C/Supervisor/Officer should be considered in the scope of work if it is for the benefit of the patients.
- 22)** The Contractor shall :
 - 22.1 Provide all, equipment, machineries etc. and consumables to their housekeeping staff if in his scope or collect it for use from sister I/C/Supervisor/Officer if procured by the Hospital.
 - 22.2 Ensure that their managers/supervisors are equipped with mobile phones.
 - 22.3 Arrange for a garbage disposal vehicle/trolley, and other equipment required for segregation and disposal of waste in a professional manner to designated place as ear marked by district administration.
 - 22.4 Provide Hospital Waste management services when applicable including all equipment, containers, trolleys etc.
 - 22.5 Plan; manage collection, mechanized screening / segregation of dry and wet garbage in the earmarked area and efficient transport and disposal of the garbage in the disposal area. The work should be carried out in an ecofriendly manner. The contractor will arrange for required resources, including manpower, machinery, disposables, consumables etc. which is used by the housekeeping staff. The

contractor will also ensure that the garbage collection / disposal work does not adversely affect the surroundings or personnel deputed for the work. Protective gear including boots, gloves etc. shall be provided by the contractor to the house keeping staff.

22.6 It will be responsibility of housekeeping department to provide and check about the items in pay wards whether they are proper or not and would inform the superintendent in view of any theft / loss.

23. The quoted rates shall not be less than the minimum wages of Govt. of Chhattisgarh and shall include all statutory obligations. The rate quoted should be consolidated and inclusive of Income Tax, Employer EPF contribution, ESI contribution etc,

24. All the changes of made in minimum wages by govt. of Chhattisgarh will be implemented from time to time with mutual consent.

25. **Liquidated Damages:**

The Service Provider shall pay liquidated damages for non-performance to the Employer at twice the daily remuneration rate payable for each day that the services have not been provided on the site. The total amount of the liquidated damages shall not exceed 10 % of the monthly remuneration for that service. The Employer may deduct liquidated damages from payments due, of the Service Provider. Payment of liquidated damages shall not affect the Service Provider's other liabilities.

26. **Penalties:**

In addition to the liquidated damages not amounting to penalty, warning may be issued to the Service Provider for minor deficiencies on its part. In the case of significant deficiencies in Services causing adverse effect on the Project or on the reputation of the Authority, other penal action including debarring for a specified period may also be initiated.

In the event of total default / failure by the Service Provider in providing the Services, Client reserves the right to get the Services executed by any other Service Provider at the cost and risk of the Service Provider

No.	Description of Irregularities	Penalty
1	If the required workers are less than the minimum required (Not less than 70% out of total attendance per shift)	@ Rs. 500/- per incidence
2	In case of workers/supervisor found absent during duty hours	@ Rs. 500/- per worker
3	If it is found that no action is being taken within one hour after the complaint of cleanliness and improper Housekeeping by In-charge/Supervisor/ Nodal Officer of Contracting Authority	@ Rs. 500/- per complaint
4	If any Floor, walls, roof top, stair case of the Hospital found dirty or Cobweb, Bird nest etc found inside and outside the	@ 500/- per incidence

	hospital premises	
5	If any open area, Hospital Campus, Main Entrance, OPD & Casualty Entrance, VIP Entrance, parking area, road, garden, area between the two buildings, Water tank & ATM etc not found cleaned	@ 500/- per incidence
6	If the House keeping worker / Supervisor were found indulging in smoking/drinking/sleeping during duty hours.	@ 500/- per incidence
7	If the House Keeping Worker were not found in prescribed uniform and displaying their photo identity card.	@ Rs 500 per incidence
8	For any theft / pilferage/ loss and damage of the Hospital property/ Equipments/movable or immovable assets etc.	Equal amount would be deducted / amount spend in repair would be deducted from the contractor monthly bill.
9	If any gutkha/tobacco spiting were found inside the hospital OPD, Wards, ICU's, corridors, walls, floor, stairs or inside and outside the hospital premises.	@ Rs 500 per incidence
10	If it is found that Bio Medical Waste or Municipal Waste has not been lifted from Wards, OPDs, ICU's, OT's and from other areas of the Hospital as per schedule	@ Rs 1000 per incidence
11	If it is found that Bio Medical Waste Storage Room or Municipal / Garbage Collection area is not cleaned frequently	@ Rs 500 per incidence
12	If it is found that general Toilets on all floors of the Hospital and toilets of Wards, OPD, ICU's, OT's etc are found un-cleaned/ dirty	@ Rs 500 per incidence

27. SUSPENSION

Client may by written notice of suspension to the Service Provider, suspend all payments to the Service Provider hereunder if the later fails to perform any of its obligations under this Contract, including the carrying out of the services provided that such notice of suspension (i) shall specify the nature of the failure and (ii) request the Service Provider to remedy such failure within the period not exceeding fifteen (15) days after the Service Provider of such notice of suspension.

28. TERMINATION

28.1 By Client

Client may, by not less than thirty (30) days' written notice of termination to the Service Providers [except in the event listed in paragraph (e) & (f) below, for which there shall be a written notice of not less than Forty Five (45) days], such notice to be given after the occurrence of any of the events specified in paragraphs (a) through (h) of this Clause terminate this Contract:

28.2 By the Service Provider

The Service Providers may, by not less than thirty (30) days' written notice to the Client,

such notice to be given after the occurrence of any of the events specified in paragraphs (i) through (iv) of this Clause, terminate this Contract:

(i) if the Client fails to pay any money due to the Service Providers pursuant to this Contract and not subject to dispute within forty-five (45) days after receiving written notice from the Service Providers that such payment is overdue;

(ii) if the Client is in material breach of its obligations pursuant to this Contract and has not remedied the same within forty-five (45) days (or such longer period as the Service Providers may have subsequently approved in writing) following the receipt by the Client of the Service Providers' notice specifying such breach;

(iii) if, as the result of Force Majeure, the Service Providers are unable to perform a material portion of the Services for a period of not less than Forty Five (45) days; or

(iv) if, the Client fails to comply with any final decision reached as a result of arbitration pursuant to this agreement.

29. CESSATION OF RIGHTS AND OBLIGATION

Upon termination of this Contract pursuant to Clause 4 or Clause 5 hereof, or upon expiration of this Contract all rights and obligations of the Parties hereunder shall cease, except:

- (i) such rights and obligations as may have accrued on the date of termination or expiration;
- (ii) the obligation of confidentiality set forth in this agreement
- (iii) any right, which a Party may have under the Applicable Law.

30. CESSATION OF SERVICES

Upon termination of this Contract by notice of either Party to the other pursuant to Clause 4 or Clause 5 hereof, the Service Providers shall, immediately upon dispatch or receipt of such notice, take all necessary steps to bring the Services to a close in a prompt and orderly manner and shall make every reasonable effort to keep expenditures for this purpose to a minimum.

31. PAYMENT UPON TERMINATION

Upon termination of this Contract pursuant to Clause 27 or Clause 28 hereof, the Client shall make the payments for Services satisfactorily performed prior to the effective date of termination; to the Service Providers after offsetting against these payments any amount that may be due from the Service Provider:

32. DISPUTES ABOUT EVENTS OF TERMINATION

If either Party disputes whether an event specified in paragraphs (a) through (h) of Clause 4 or in Clause 5 hereof has occurred, such Party may, within thirty (30) days after receipt of notice of termination from the other Party, refer the matter to arbitration pursuant to this

agreement and this Contract shall not be terminated on account of such event except in accordance with the terms of any resulting arbitral award.

33. RESPONSIBILITIES AND OBLIGATIONS OF THE SERVICE PROVIDER

The Service Provider shall:

- a) provide the Services in accordance with ToR as set out in Schedule I;
- b) exercise the degree of skill, care efficiency and diligence normally exercised by members of the profession performing services of a similar nature;
- c) The Service Provider shall act at all times so as to protect the interest of Client and shall take all reasonable steps to keep all expenditure to a minimum with sound professional practices.
- d) be bound to comply with any written direction of Client to vary the scope sequence or timing of the Services; and
- e) The Service Provider shall furnish to the Client such information related to the Assignment as Client may, from time to time request.

33. CONFIDENTIALITY AND PUBLICITY

The Service Provider and the personnel shall treat the details of the output of the assignment and the Services as confidential and for the Service Provider's own information only and shall not publish or disclose the details of the output, deliverables / milestones submitted to Client or the Services in any professional or technical journal or paper or elsewhere in any manner whatsoever without the previous consent in writing of Client.

34. FORCE MAJEURE

- 34.1 If either party is temporarily unable by reason of force majeure to meet any of its obligations under the Contract, and if such party gives written notice of the event within fifteen (15) days after its occurrence, such obligations of the party as it is unable to perform by reason of the event shall be suspended for as long as the inability continues. Neither party shall be liable to the other party for any loss, actually incurred, or damage sustained by such other party arising from any event or delays arising from such event.
- 34.2 The term “force majeure” shall mean events beyond the control of either party, which prevent the affected party from performing and fulfilling its obligations under the Contract, and could not have been reasonably anticipated or foreseen, or although foreseen were inevitable, such as acts of war, whether or not war be declared, public disorders, insurrection, riots, sabotage, explosions, violent demonstrations, blockades, and other civil disturbances, epidemics, nuclear contamination, landslides, earthquakes, typhoons, volcanic eruption, floods, washouts and other natural calamities and acts of God, strikes,

lock-outs or other industrial action or equivalent disruption or disturbances, boycotts and embargo or the effects thereof, and any other similar events.

- 34.3 In the case of disagreement between the parties as to the existence, or extent of, force majeure, the matter shall be submitted to arbitration in accordance with provision of this agreement.

17. COMPLIANCE WITH LAWS

The Service Provider shall take due care that all its documents comply with all relevant laws and statutory regulations and ordinances, guidelines in force which includes all laws in force and effect as of the date hereof and which may be promulgated or brought into force and effect hereinafter in India including judgements, decrees, injunctions, writs of or orders of any court of record, as may be in force and effect during the subsistence of this Agreement applicable to the Service Provider.

35. GOVERNING LAW AND JURISDICTION

This Agreement shall be governed by the laws of India. The Courts at Raipur/Chhattisgarh shall have jurisdiction over all matters arising out of or relation to this Agreement.

36. DISPUTE RESOLUTION

36.1 Amicable Resolution

Any dispute, difference or controversy of whatever nature between the Parties, howsoever arising under, out of or in relation to this Agreement (the "Dispute") shall in the first instance be attempted to be resolved amicably through discussions between the Parties.

36.2 Arbitration

a Procedure

Any Dispute which is not resolved amicably within 30 days, the same shall be referred to the Chairman Client. There upon, the Chairman Client, after hearing both the parties shall give his written decision within thirty days. This period can be extended by mutual consent of the parties.

b Arbitration

Upon receipts of written instructions or decisions, of Chairman, Client the parties shall promptly proceed without delay to comply such decisions .If the Chairman fails to give his instruction or decision in writing within a period of 30 days or mutually

agreed time or, if the parties is/ are aggrieved against the decision of the Chairman, the aggrieved party may file the petition for resolving the dispute through arbitration in the arbitration tribunal at Raipur within 30 days from the date of issue of the decision of the Chairman, Client.

c Place of Arbitration

The place of arbitration shall ordinarily be Raipur but by agreement of the Parties, the arbitration hearings, if required, may be held elsewhere.

d Hindi/English Language

The request for arbitration, the answer to the request, the terms of reference, any written submissions, any orders and awards shall be in Hindi/English and, if oral hearings take place, Hindi/English shall be the language to be used in the hearings.

e Enforcement of Award

The Parties agree that the decision or award resulting from arbitration shall be final and binding upon the Parties and shall be enforceable in accordance with the provision of the Arbitration Act subject to the rights of the aggrieved parties to secure relief from any higher forum.

f Performance during Dispute Resolution

Pending the submission of and/or decision on a dispute and until the arbitral award is published, the Parties shall continue to perform their respective obligations under this Agreement, without prejudice to a final adjustment in accordance with such award

37. SEVERABILITY

In the event that any provision of the term & conditions is held to be invalid or unenforceable, the remaining provisions of term & conditions will remain in full force and effect.

38. MODIFICATION

Modification of the terms and conditions, including any modification of the scope of the Services, may only be made by written agreement between the Parties.

39. VARIATIONS

Client may, by written notice to the Service Provider, direct the Service Provider to vary the scope, sequence or timing of the Services and the Service Provider shall be bound to comply with that direction. All such variation shall be in writing.

40. Safety Guidelines

- a. The Service Provider must know and follow their duties related to safety for all personnel. These guidelines are applicable to contractors as well as sub-contractors deployed by them at the site.
- b. All Service Provider workmen should be provided with a uniform and shall work within the Client premises in their prescribed uniform.
- c. The Service Provider shall ensure that no access (passages / access to emergency apparatus / exits) is blocked.
- d. The Service Provider shall ensure that proper fencing, lighting and warning signs are placed on and around the work site for safety at all times.
- e. The Service Provider shall report all notifiable accidents, dangerous occurrence and potential hazard situations to Client representative on site.
- f. The Service Provider shall provide prior information to the Client representative about any hazardous material being brought on the site and shall ensure security storage of such material.
- g. The Service Provider must not remove or displace any guard, fencing or other safety equipment, which is designed to protect personnel or machinery or any place where safety equipment has been provided without the written permission of Client representative. On completion of any work, any such guards / fencing that had to be removed must be replaced immediately and whilst work is being carried out, machinery must not be operated.
- h. The housekeeping standards employed by Service Provider and his sub-contractors must be good in all respects.
- i. The Service Provider must leave work areas in a clean, tidy and safe condition at the end of each working period.
- j. The Service Provider must obtain prior permission from Client representative, if the processes being employed to carry out that work significantly increase the ambient noise level in that area being worked.
- k. No work may be carried out above the heads of people or over gangway or roads or near power cables unless all precautions have been taken to ensure the safety of the person below, and until permission is given by the Client representative.
- l. All temporary structure, erected by contractors or sub-contractors for the purpose of allowing their staff to work at heights of more than 4m above floor level, must be constructed in accordance with the safety regulations .
- m. The Service Provider must provide consumables, tools and equipment based on applicable regulations / codes /guidelines.
- n. The Service Provider must take prior permission from Client manager before working on plant services such as water lines or electricity.
- o. The Service Provider should ensure that proper qualified / trained / licensed personnel carry out the jobs and that proper supervision is done for all jobs.
- p. The Service Provider should take prior permission from Client representative before connecting any power tool to the electric supply and must never connect these to UPS.

- q. All electrical equipment's/appliances must be connected by 3 core cables and 3 pin plugs / sockets. For 3-phase supply, 05 core cable (03 phase, neutral & earthing) and to be connected through appropriate industrial plug/MCBs.
- r. Any power / compression / percussion tools must be used by trained personnel with proper safety precautions during operation / storage.
- s. The Service Provider must take prior permission from Client representative before hoisting / lifting any equipment. The Service Provider should ensure that adequate anchorage is deployed.
- t. The Service Provider must take prior permission from the Estate Manager before bringing any lift-trucks, cranes, lift pulley systems in the premises.
- u. The Service Provider should ensure that their personnel do not consume alcohol / do not smoke / do not take drugs on site.
- v. All workmen of the Service Provider or their sub-contractors must have valid identifications cards issued by the Client shall display at all times during duty hours.
- w. During electrical work, the Service Provider shall ensure that rubber gloves / boots of correct grade are used; temporary supply is tapped from source panel which is properly fabricated / fixed and earthed; each tapping shall be through ELCB; have double earthing for 3-phase connection.
- x. During welding work, the welding set shall be properly earthed to the nearest earth pit.

41. Environmental and Ethical Issues of the Maintenance Services

- a. The Service Provider shall inform the Client of all substances and compounds used in the performance under this Tender, which are or may be categorized as hazardous to health, safety, security or environment.
- b. Both parties shall comply with all legislation, regulations, order and laws relating to health, safety, security or the environment, including but not limited to, Indian Government environmental rules for environmental management and Client Environmental Policy, which policy is available from Client upon request. Both parties may, where appropriate, request improvements in the other party's practices to ensure compliance with the said principles. Service Provider shall strive to implement an environment management system (EMS) based on the basic principles of ISO 14001 standard or other equivalent standard. Service Provider agrees to act in the spirit of internationally recognized social and ethical standards and Client's respective policies.

42. Additional Work

In the event of any Additional Work, beyond Scope of Work mentioned herein, amount of fees shall be determined on mutually agreement. After receipt of instruction for any work which is not in the Scope of Work mentioned herein, the Service Provider shall submit analysis of cost of such Additional Work for approval of the Client, before execution of such Additional Works.

Note: These terms and conditions are part of the Contract/Agreement as indicated in the Agreement between 'Client' (First Part) and the 'Agency' (Second Part) and any noncompliance shall be deemed as breach of the Contract/Agreement.

7 Scope of Work and Services - Housekeeping Services

7.1 Housekeeping – an Introduction

It may be simply be defined as “Provision of clean, comfortable, safe & aesthetically pleasing environment”. “Housekeeping is a support service department in a hospital, which is responsible for cleanliness, maintenance & aesthetic upkeep of patient care areas, public areas and staff areas”. It is also known as sanitation department/ sanitation section/ sanitation services etc.

Housekeeping services in a hospital is entrusted with maintaining a hygienic and clean hospital environment conducive to patient care. The hospital housekeeping services comprises of the activities related to cleanliness, maintenance of hospital environment and good sanitation services for keeping premises free from pollution. Housekeeper literally means "keeper of the house". Hospital housekeeping management may be defined as that branch of general management which deals with cleanliness of the hospital, general environmental hygiene, sanitation and disposal of waste using appropriate methods, equipment and manpower. The housekeeping services can be summarized as "All the activities directed towards a clean, safe and comfortable environment'.

7.2 Objectives of Housekeeping Department

- To attain and maintain high standards of cleanliness and general upkeep.
- To train, control and supervise staff under its establishment.
- To attain good relations with other departments.
- To ensure safety and security of all staff under its department and to keep superior authorities informed about day to day activities.
- Control and issue of cleaning materials and equipment.
- To maintain official records on staffing, cleaning materials and equipment

7.3 Principles of Cleaning in a Health Care Environment

Health care organizations are complex environments that contain a large diversity of microbial flora, many of which may constitute a risk to the patients, staff and visitors in the environment. Transmission of microorganisms within a health care organization is complicated and very different from transmission outside health care settings; and hence the consequences of transmission may be more severe. High-touch environmental surfaces of the health care organization hold a greater risk due to the nature of activity performed in the health care organization and the transient behavior of employees, patients and visitors within the health care organization, which increases the likelihood of direct and indirect contact with contaminated surfaces.

Transmission involves:

- Presence of an infectious agent (e.g. bacterium, virus, fungus) on equipment, objects and surfaces in the health care environment.
- A means for the infectious agent to transfer from patient-to-patient, patient-to-staff, staff-to-patient or staff-to-staff.
- Presence of susceptible patients, staff and visitors.

In the health care organization, the role of environmental cleaning is important because it reduces the number and amount of infectious agents that may be present and may also eliminate routes of transfer of microorganisms from one person/object to another, thereby reducing the risk of infection.

Health care organizations may be broadly categorized into two components for the purposes of environmental cleaning:

- a) Hotel component is the area of the facility that is not involved in direct patient care; this includes public areas such as lobbies and waiting rooms; offices; corridors; elevators and stairwells; and service areas. Areas designated in the hotel component are cleaned with a “Hotel Clean” regimen.
- b) Hospital component is the area of the facility that is involved in direct patient care; this includes patient bed space/room (including nursing stations); procedure rooms; bathrooms; clinic rooms; and diagnostic and treatment areas. Areas designated in the hospital component are cleaned with a “Hospital Clean” regimen.

7.4 Evidence for Cleaning

The environment of the health care organisation has been shown to be a reservoir for infectious agents such as bacteria (e.g., methicillin-resistant *Staphylococcus aureus* (MRSA), vancomycin-resistant enterococci (VRE), *Clostridium difficile*, *Pseudomonas* spp etc.), viruses (e.g., influenza, respiratory syncytial virus - RSV, rotavirus etc.) and fungi (e.g., *Aspergillus* spp.). However, the presence of microorganisms alone on objects and items in the health care environment is not sufficient to demonstrate that they contribute to infection.

Various studies worldwide have shown that microorganisms can survive after inoculation onto items/ surfaces; and/ or can be cultured from the environment in health care organizations; and/ or can proliferate in or on items/surfaces in the environment. There is a direct means for microorganisms from contaminated items/surfaces in the environment to be transferred to hands

of healthcare providers. Exposure to contaminated items/surfaces in the environment is associated with acquisition of colonization or infection; and this proves that decontamination of items/surfaces results in reduction of infection transmission, i.e., lower rates of colonization or infection.

Therefore environmental cleanliness is intrinsically linked to infection prevention and control. A clean, well ordered environment provides the foundation for excellent infection control practice to flourish. The primary objectives of hospital cleanliness are two folds:-

- To disinfect so that the threat of nosocomial infection is reduced
- To create a clean and safe, attractive environment for patient, staff and visitors.

7.5 The Hospital Environment and Sanitation

Patients shed microorganisms into the health care environment, particularly if they are coughing, sneezing or having diarrhea.

Bacteria and viruses may survive for weeks or months on dry surfaces in the environment of the patient (the space around a patient that may be touched by the patient and may also be touched by the health care provider). The designation of a patient's environment varies depending upon the nature of the health care organization and the ambulation of the patient. For example:

- In acute care, the patient environment is the area inside the curtain, including all items and equipment used in his/her care, as well as the bathroom that the patient uses.
- In intensive care units (ICUs), the patient environment is the room or bed space and items and equipment inside the room or bed space.
- In the nursery/neonatal setting, the patient environment is the incubator or bassinet and equipment outside the incubator/bassinet that is used for the infant.
- In ambulatory care, the patient environment is the immediate vicinity of the examination or treatment table or chair, and waiting areas.
- In some care environments, e.g., mental health, long-term care, paediatrics, the patient environment may be shared space, such as group rooms, dining areas, playrooms, central showers and washrooms etc.

Cleaning disrupts transmission of these microorganisms from the contaminated environment to patients and health care providers. Improving cleaning practices in hospitals and other health care organizations will contribute towards controlling health care-associated infection and associated costs.

Items found to harbor microorganisms in the healthcare environment

Bed	Bed frames	Bed linen	Bedside table
Bedside locker	Bed rail	Call bell	Curtains
Blood pressure machine	Dustbin	Key board	Faucet handle
Couch	Door handle	Thermometer	Patients bathroom
Floor around bed	Light switch	Over bed table	Patient lift
Pen	Pillow	Mattress	Sink
Stethoscope	Tables	Telephones	Television
Toilet commode	TV remotes	Stationery items	Window frames

Health care organizations should have policies that include the criteria to be used when choosing furnishings and equipment for patient care areas. Prior to purchase, compatibility of materials and finishes with hospital-grade cleaners, detergents and disinfectants should be assured. When there is doubt about product compatibility, the manufacturer of the item should be consulted. A process must be in place regarding cleaning of the health care environment that include:

- Choosing finishes, furnishings and equipment that are cleanable.
- Ensuring compatibility of the health care organization's cleaning and disinfecting agents with the items and surfaces to be cleaned.
- Identifying when items can no longer be cleaned due to damage.

The ease of cleaning is an important consideration in the choice of materials for health care organizations. This applies to medical equipment and all finishes and surfaces including materials for floors, ceilings, walls, and furnishings.

Although new products are being developed that are coated with materials that retard bacterial growth, there is no evidence that antimicrobial impregnation of items in the environment is associated with a reduced risk of infection or cross-transmission of microorganisms in health care. Product 'antibacterial' claims should be carefully evaluated before replacing items.

All finishes (e.g., wall treatments, floor finishes) in clinical areas should be chosen with cleaning in mind, especially where contamination with blood or body fluid is a possibility. The preferred surface characteristics, including but not limited to :

- Ease of maintenance/repair and clean ability

- Inability to support microbial growth
- Smoothness (non-porous)
- Good sound absorption/acoustics inflammability (Class I fire rating)
- Durability
- Sustainability
- Presence of low levels of volatile organic compounds (voc) to reduce off-gassing
- Low smoke toxicity
- Initial and life cycle cost-effectiveness slip-resistance
- Ease of installation, demolition and replacement
- Seamlessness
- Resilience and impact resistance.
- Non-toxic and non-allergenic.

Hospital surfaces require regular cleaning and removal of dust.

Dry conditions favour the persistence of gram positive cocci in dust and on surfaces, whereas moist soiled environment favour the growth and persistence of gram negative bacilli.

Fungi are also present in dust and proliferate in moist, fibrous material.

Cloth furnishings have been shown to harbor higher concentrations of fungi than non-porous furnishings.

In general, pathogenic bacteria cannot be effectively removed from the surfaces of upholstered furniture.

Contaminated stuffing and foam cannot be decontaminated if breaks in fabric or leaks of body fluids or spills have occurred. Wherever feasible, an alternative to cloth surfaces should be used.

Safe practices for plastic coverings, including mattress covers and pillow covers, include:

- Clean plastic coverings on a regular basis.
- Inspect for damage.
- Replace mattress and pillow covers when torn, cracked or when there is evidence of liquid penetration. The mattress or pillow should be replaced if it is visibly stained.

There must be a process to enable reporting, removal and replacement of torn, cracked or otherwise damaged coverings. Clean plastic coverings (e.g., mattress covers, keyboard covers) with hospital-grade disinfectants that are compatible with the covering.

Electronic equipment poses a challenge to environmental cleaning and disinfection. When purchasing new equipment, only keypads, mouse and monitoring screens that may be easily

cleaned and disinfected should be considered and should be compatible with the health care organizations cleaning and disinfecting products. Plastic skins may be effective to cover computer keyboards, allowing ease of cleaning.

7.6 Risk categorization of hospital areas

All healthcare environments should pose minimal risk to patients, staff and visitors. However, different functional areas represent different degrees of risk and, therefore, require different cleaning frequencies, and levels of monitoring and evaluation. A functional area refers to any area in a healthcare facility that requires cleaning. Consequently, all functional areas should be assigned in one of the following three categories:

High risk areas

Moderate risk areas

Low risk areas.

Regular monitoring should take place in areas where standards are considered poor or where routine monitoring IS required.

High Risk Areas

Consistently high cleaning standards must be maintained in these areas. Required outcomes will only be achieved through intensive and frequent cleaning. Both informal monitoring and formal evaluation of cleanliness should take place continuously. Patient care areas and other facilities designated as high- risk category should be evaluated at least once a week until the Officer I/C Sanitation and Infection Control Team are satisfied that consistently high standards are being maintained, after which the frequency of evaluation may be reduced to once monthly. This will be in addition to the routine monitoring done by the Hospital Administrator and Sanitation Department i.e., Sanitation Officer, Sanitary Inspector, nursing staff etc.

High risk functional areas typically include operating theatres (OTs), ICUs, HDUs, Emergency department, post operative units, surgical ward, labour room, haemodialysis unit, Central sterile supply department (CSSD)/Theatre sterile supply unit (TSSU) and other facilities where invasive procedures are performed or where immuno-compromised patients are receiving care. Bathrooms, toilets, staff lounges, offices and other areas adjoining high-risk functional areas should be treated as having the same risk category, and receive the same intensive levels of cleaning.

Moderate risk areas

Outcomes in these areas should be maintained by regular and frequent cleaning with 'spot cleaning' in-between. Both informal monitoring and formal evaluation should take place continuously. Patient care areas in this category should be evaluated at least once a month until the Officer in charge, Sanitation and Infection Control Team are satisfied that consistently high standards are being maintained, after which the evaluation frequency may be reduced to once in two months. This will be in addition to the daily monitoring done by the Hospital administrator and Sanitation Department i.e., Sanitation Officer, Sanitary Inspector, nursing staff etc.

Moderate -risk areas may include Medical wards, Laboratory areas, Blood bank, Pharmacies, Dietary services, Laundry services, Mortuary, Nurses/ Doctors rest rooms, Rehabilitation Areas and Psychiatric wards. Bathrooms, toilets, staff lounges, offices and other areas adjoining high-risk functional areas should be treated as having the same risk category and receive the same regular levels of cleaning.

Low-risk areas

In these areas, high standards are required for aesthetic and to a lesser extent, hygiene reasons. Outcomes should be maintained by regular and frequent cleaning with 'spot cleaning' in-between. Both informal monitoring and formal evaluation of standards should take place continuously. Patient care and other areas within a low-risk area should be evaluated at every three months. This will be in addition to the daily monitoring done by the sanitation department i.e. Hospital administrator, Sanitation Officer, Sanitary Inspector, nursing staff etc.

Low-risk functional areas may include administrative areas, faculty and doctors offices, seminar rooms, stores, staff rooms, non- sterile supply areas, record storage and archives etc. Additional internal areas bathrooms, staff lounges, offices and other areas adjoining low-risk functional areas should be treated as having the same risk category and receive the same level of cleaning.

The following given table describes the various hospital areas stratified according to risk categories:

Classification of Hospital areas into risk categories

High Risk Areas	Moderate Risk Areas	Low Risk Areas
Operation theatre units including recovery area- Major and Minor	Medical and allied wards	Departmental areas/office areas
Intensive care units/cardiac care units/Neonatal ICU etc.	Laboratory areas	Outpatient Department
High Dependency Units	Blood Bank	Non-sterile supply areas
Emergency	Pharmacies	Libraries department/casualty
Labour Room	Dietary services	Meeting Rooms
Post operative units	Laundry services	Medical records section
Surgical ward	Mortuary	Stores section
Central sterile supply services/room department/Theatre sterile supply unit	Nurses/Doctors rest rooms	Manifold
Radiation Treatment Areas	Rehabilitation Areas	Telephone rooms, electrical, mechanical, external surroundings
Chemotherapy ward/room	Psychiatric wards	Staff areas
Renal Dialysis facility		
Burn Units		
Isolation wards/room and attached internal areas like bathroom/toilets		

Taking cue and extending the logic of Spaulding's classification to environmental cleaning, the following level of disinfection is recommended for different risk categories:

Functional Area Risk Category	Frequency of cleaning	Level of cleaning/ disinfection	Method of cleaning/Disinfection (29)	Evaluation/auditing frequency
	(Formaldehyde, glutaraldehyde) hydrogen peroxide and phenolic (not feasible in the nurseries)			Officer I/C Sanitation and Infection Control Team
Moderate risk areas	Once in four hours and spot	Cleaning and low level	Cleaning with soap & detergent	Once in a month or once in
	cleaning as required	disinfection	plus disinfection with aldehyde	two months if cleanliness of

			compounds (Formaldehyde, glutaraldehyde) hydrogen peroxide	high standards is maintained as certified by Officer I/C
			phenolics	Sanitation and Infection Control Team
Low risk areas	For areas working round the	Only cleaning	Physical removal of soil, dust or	Once in three months
	clock at least once in a shift		foreign material followed by	
	or in areas having general		cleaning with water and detergent	
	shift at least twice in the shift			
	& Spot cleaning as required			

6.7 Training – Housekeeping Services

Staff training and development is a core activity in any department involved in the sanitation service and a structured approach to training should be developed and controlled by Sr. Sanitation Officer, with direct inputs from Hospital Administrator, Infection Control Nurses and other relevant healthcare professionals, as required. Organizations should ensure that training is readily accessible to all staff involved in the provision of the service, and that training levels and technical competency are standardized throughout shift patterns. As a minimum, training must be given in the performance of cleaning tasks, the use of cleaning equipment, control of infection, manual handling, fire, health and safety and site orientation. Where there is a change in cleaning products, materials or equipment, retraining of staff will need to be brought forward and completed before the new products are deployed for the first time.

All aspects of environmental cleaning must be supervised and performed by knowledgeable, trained staff. Regular education and support must be provided by health care organizations and contract agencies to help staff consistently implement appropriate practices. Education should be provided at the initiation of employment as part of the orientation process and as ongoing continuing education.

Sanitation department must provide a training program that includes:

- A written curriculum.
- A mechanism for assessing proficiency.
- Documentation of training and proficiency verification.
- Orientation and continuing education.

Education provided should include:

- Handling of mops, cloths, cleaning equipment cleaning and disinfection of blood and body fluids.
- Handling and application of cleaning agents and disinfectants
- Handling of biomedical waste
- Techniques for cleaning and disinfection of surfaces and items in the health care environment.

The following table gives the frequency of training to be provided as per the risk categorization of functional areas:

Duration and Frequency of Training of Sanitary Attendants as per risk categorization of patient care areas.

Functional Risk Training/Category	Induction Training	Refresher on the job training frequency
High risk area	24 hours of intensive training on general cleaning and infection control followed by 7 days of supervised duties	Training of four hours every month
Moderate risk area	16 hours of training on general cleaning and infection control followed by 5 days of supervised duties	Once in months of 2 hours
Low risk area	8 hours of training on cleaning practices for followed by three days of supervised duties	Every six months 2 hours

Induction Training Topics for Housekeeper/Attendant

1. Orientation.
2. Organization.
3. Job Description—duties & responsibility
4. Grooming

5. Uniform and protective gear
6. Leave Procedures
7. Cleaning chemical—Use & dilution rate
8. Handling equipment – with demonstration
9. Step by step cleaning procedures for different areas and surfaces (for example)
 - Cleaning of furniture
 - Light fixtures
 - Maintaining upholstery
 - Floor care
 - Glass cleaning
 - Metal polishing
 - Tiles cleaning
 - Elevator cleaning
 - Stair case cleaning
 - Dado & skirting cleaning
 - Corridor cleaning
 - Dusting
 - Mopping
 - Stain removal
 - Any other areas or surface
10. Reporting repair and maintenance
11. Safety & security
12. Garbage removal
13. Fire safety
14. Penalties for misconduct/ not working.

Induction Training Topics for Sanitation Supervisor

1. Orientation.
2. Organization.
3. Job Description—duties & responsibility
4. Grooming
5. Uniform and protective gear
6. Leave Procedures
7. Cleaning Chemicals
8. Equipment handling

9. Inspection and filling up checklist
10. Reporting repair and maintenance
11. Step by step cleaning procedures (as mentioned for attendants)
12. Safety and security
13. Fire training
14. Documentation of records (work done, attendance, leave etc.) and knowledge of computers
15. Garbage removal
16. Penalties for misconduct/ not working

Training programmes should be systematically applied and may well include a variety of training techniques including ‘classroom’ and ‘on the job’ training sessions. Training programmes should be evaluated regularly to ensure that they meet the needs of the service and that staff are able to readily assimilate the information provided to them. On-going training should take cognizance of the outcomes of monitoring reports, skills audits or competency reviews by appropriate responsible persons or managers.

7.8 Work Planning

All duties relating to sanitation services must be clearly defined and should be clearly and accurately reflected in job descriptions and in contract document. Work schedules should be as detailed and complete as possible. They should describe each cleaning task to be performed by cleaning staff in a particular area and indicate approximately when it will be done and how long it will take. Work schedules should be agreed between key stakeholders and should be prominently displayed within the work area they are related too.

The optimal resourcing of sanitation services is a priority for all healthcare providers. However, sanitation staff, and sanitation managers and supervisors, must be allowed adequate time to perform their duties. Resource planning should take account of what is realistically achievable.

It should be clearly recognised, as part of the work planning process, that events may alter the resource requirement of the cleaning service. For example, the management of infection outbreaks will require additional resource. Such events cannot be forecasted with complete accuracy, but an informed budgetary estimate should always be made and in-year variance assessed during each financial period.

7.9 Standard Operating procedures for cleaning

7.9.1 General Cleaning Practices for All Health Care Settings

Before cleaning:

- Check for additional precautions signs.
- Follow precautions as indicated.
- Remove clutter before cleaning.
- Follow the manufacturer's instructions for proper dilution and contact time for cleaning and disinfecting solutions.
- Gather materials required for cleaning before entering the room.
- Clean hands before entering the room.

During cleaning:

- Progress from the least soiled areas (low-touch) to the most soiled areas (high-touch) and from high surfaces to low surfaces.
- Remove gross soil (visible to naked eye) prior to cleaning and disinfection.
- Minimize turbulence to prevent the dispersion of dust that may contain microorganisms.
- Never shake mops.
- Use dust control mop prior to wet/ damp mop.
- Wash the mop under the running water before doing wet mopping.
- Do not 'double-dip' cloths (dip the mop only once in the cleaning solution, as dipping it multiple times may recontaminate it).
- An area of 120 square feet to be mopped before re-dipping the mop in the solution.(30)
- Cleaning solution to be changed after cleaning an area of 240square feet.(30)
- Where facility of laundering mops is not available, mops should be changed at following defined intervals:
 - o High risk areas - In each shift
 - o Moderate risk areas - Each day
 - o Low risk areas - Every week
- Change cleaning solutions as per manufacturer's instructions. Change more frequently in heavily contaminated areas, when visibly soiled and immediately

after cleaning blood and body fluid spills.

- Be alert for needles and other sharp objects. Safely handle and dispose sharps into puncture proof container. Report incident to supervisor.
- Collect waste, handle plastic bags from the top (do not compress bags with hands).
- Clean hands on leaving the room.

After cleaning:

- Do not overstock rooms.
- Tools used for cleaning and disinfecting must be cleaned and dried between uses.
- Launder mop heads daily.
- All washed mop heads must be dried thoroughly before re-use.
- Clean sanitation cart and carts used to transport biomedical waste daily.
- All attachments of machines should be removed, emptied, cleaned and dried before storing.

7.9.2 Cleaning of Patient Care Area/Room

Daily Routine Patient Bed Space / Room Cleaning

Hospital Cleaning of patient care areas/rooms should follow a methodical, planned format that includes the following elements: (1)

1. Assessment:

- a. Check for additional precautions signs and follow the precautions indicated.
- b. Walk through room to determine what needs to be replaced (e.g., toilet paper, paper towels, soap, alcohol-based hand rub (ABHR), gloves, sharps container) and whether any special materials are required; this may be done before or during the cleaning process.

2. Gather supplies:

- a. Ensure an adequate supply of clean cloths is available.
- b. Prepare fresh disinfectant solution according to manufacturer's instructions.

3. Wash hands and put on gloves.

4. Clean room, working from clean to dirty and high to low areas of the room:

- Use fresh cloth(s) for cleaning each patient bed space:
 - o If bucket is used, do not 'double-dip' cloth(s)
 - o Do not shake out cloth(s)
 - o Change the cleaning cloth when it is no longer saturated with disinfectant and after cleaning heavily soiled areas such as toilet and bedpan cleaner.
- Start by cleaning doors, door handles, push plate and touched areas of frame.

- Check walls for visible soiling and clean if required.
- Clean light switches and thermostats.
- Clean wall mounted items such as alcohol-based hand rub dispenser.
- Check and remove fingerprints and soil from low level interior glass partitions, glass door panels, mirrors and windows with glass cleaner.
- Check privacy curtains for visible soiling and replace, if required.
- Clean all furnishings and horizontal surfaces in the room including chairs, window sill, television, telephone, computer keypads, over bed table etc. Lift items to clean the table. Pay particular attention to high-touch surfaces.
- Wipe equipment on walls such as top of suction bottle, intercom and blood pressure manometer as well as IV pole.
- Clean bedrails, bed controls and call bell.
- Clean bathroom/shower (applicable for single room) (see bathroom cleaning procedure).
- Clean floors (see floor cleaning procedure).

5. Disposal

- Place soiled cloths in designated container for laundering.
- Check sharps container and change when 2/3rd full (do not dust the top of a sharps container).
- Remove soiled linen if bag is full.
- Place waste in colour coded bins as prescribed under BMW rules 2016.
- Remove waste.

6. Remove gloves and clean hands with alcohol based hand rub; if hands are visibly soiled, wash with soap and water. Do not leave room wearing soiled gloves.

7. Replenish supplies as required (e.g., gloves, ABHR, soap, tissue roll/paper towel etc.)

Hospital Clean includes a monitoring/ evaluation component, and this should be done by a sanitation supervisor after the cleaning procedure has been completed.

In addition to routine daily cleaning of patient care areas/rooms, the following additional cleaning should be scheduled: (1)

- High dusting using damp mop (weekly)
- Clean corners (weekly)
- Removal and laundering privacy curtains/screen.
- Clean window curtains/ coverings when soiled or atleast monthly.
- Dust window blinds at least monthly.

High dusting includes all surfaces and fixtures above shoulder height, including vents. Ideally, the patient/resident should be out of the room during high dusting to reduce the risk of inhaling spores from dust particles.(1)

7.9.3 Procedure for Routine, Discharge/Transfer Cleaning of a Patient Bed Space/ Room

1. Assessment:

- a. Check for Additional Precautions signs and follow the precautions indicated.
- b. Walk through room to determine what needs to be replaced (e.g., toilet paper, paper towels, soap, alcohol-based hand rub (ABHR), gloves, sharps container) and whether any special materials are required; this may be done before or during the cleaning process.

2. Gather supplies:

- a. Ensure an adequate supply of clean cloths is available.
- b. Prepare fresh disinfectant solution according to manufacturer's instructions.

3. Wash hands and put on gloves.

4. Remove dirty linen:

- a. Strip the bed, discarding linen into soiled linen bag; roll sheets carefully to prevent aerosol formation.
- b. Inspect bedside curtains and window treatments; if visibly soiled, clean or change.
- c. Remove gloves and clean hands.

5. Clean room, working from clean to dirty and high to low areas of the room:

- Use fresh cloth(s) for cleaning each patient/ resident bed space:
 - o If a bucket is used, do not 'double-dip' cloth(s).
 - o Do not shake out cloth(s).
 - o Change the cleaning cloth when it is no longer saturated with disinfectant and after cleaning heavily soiled areas such as toilet.
- Start by cleaning doors, door handles, push plate and touched areas of frame.
- Check walls for visible soiling and clean if required.
- Clean light switches and thermostats.
- Clean wall mounted items such as alcohol-based hand rub dispenser.
- Check and remove fingerprints and soil from low level interior glass partitions, glass door panels, mirrors and windows with glass cleaner.
- Check privacy curtains for visible soiling and replace, if required.
- Clean all furnishings and surfaces in the room including chairs, window sill,

television, telephone, computer keypads, over bed table etc. Lift items to clean the tables.

Pay particular attention to high-touch surfaces

Wipe equipment on walls such as top of suction bottle, intercom and blood pressure manometer as well as IV pole.

Clean inside and outside of patient/ resident cupboard or locker.

6. Clean the bed

a. Clean top and sides of mattress, turn over and clean underside.

b. Clean exposed bed springs and frame.

c. Check for cracks or holes in mattress and have mattress replaced as required

d. Inspect for pest control.

e. Clean headboard, foot board, bed rails, call bell and bed controls; pay particular attention to areas that are visibly soiled and surfaces frequently touched by staff.

f. Clean all lower parts of bed frame, including castors.

g. Allow mattress to dry.

7. Clean bathroom/ shower (see bathroom cleaning procedure)

8. Clean floors (see floor cleaning procedure)

9. Disposal

a. Place soiled cloths in designated container for laundering.

b. Check sharps container and change when 2/3rd full (do not dust the top of a sharps container).

* c. Remove soiled linen bag and replace with fresh bag.

d. Place waste in colour coded bins as prescribed under BMW rules 1998.

e. Close waste bags and remove and add a clean bag.

10. Remove gloves and clean hands with ABHR; if hands are visibly soiled, wash with soap and water. Do not leave room wearing soiled gloves.

11. Remake bed and replenish supplies as required (e.g., gloves, ABHR, soap, paper towel, toilet brush).

12. Return cleaned equipment (e.g., IV poles and pumps, walkers, commodes) to clean storage area.

7.9.4 Routine Bathroom Cleaning

NOTE: Bathrooms require Hospital Clean

Working from clean areas to dirty areas:

Remove soiled linen from floor; wipe up any spills; remove waste.

Clean door handle and frame, light switch.

- Clean chrome wall attachments.
- Clean inside and outside of sink, sink faucets and mirror; wipe plumbing under the sink; apply disinfectant to interior of sink; ensure sufficient contact time with disinfectant; rinse sink and dry fixtures.
- Clean all dispensers and frames.
- Clean call bell and cord.
- Clean support railings, ledges/ shelves.
- Clean shower, faucets, walls and railing, scrubbing as required to remove soap scum; apply disinfectant to interior surfaces of shower, including soap dish, faucets and shower head; ensure sufficient contact time for disinfectant; rinse and wipe dry; inspect and replace shower curtains monthly or as required.
- Clean bedpan support, entire toilet including handle and underside of flush rim; ensure sufficient contact time with disinfectant.
- Remove gloves and wash hands.
- Replenish paper towel, toilet paper, waste bag, soap and ABHR as required.
- Report mould and cracked, leaking or damaged areas for repair. Additionally for discharge/transfer cleaning:
- Change all colour coded waste bags, clean colour coded bin, if dirty.
- Scrub shower walls.

7.9.6 Mopping Floors using Dust Control Mop (microfiber)

Working from clean areas to dirty areas:

- Remove debris from floor and dry any wet spots with paper towel.
- Remove gum or other sticky residue from floor.
- Starting in the farthest corner of the room, drag the mop toward you, then push it away, working in straight, slightly overlapping lines and keeping the mop head in full contact with the floor.
- Do not lift dust mop off the floor once you have started, use swivel motion of frame and wrist to change direction.
- Move furniture and replace after dust mopping, including under and behind bed.
- Carefully dispose off debris, being careful not to stir up dust.
- Replace mop head/pad when soiled and after mopping a room.

7.9.7 Mopping Floors using Wet Loop Mop and Bucket

Working from clean areas to dirty areas:

- Prepare fresh cleaning solution according to the manufacturer's instructions

using appropriate PPE according to Material Safety Data Sheet (MSDS).

- Place 'wet floor' caution sign outside of room or area being mopped.
- Divide the area into sections (eg. Corridors may be divided into two halves, lengthwise, so that one side is available for movement of traffic while the other is being cleaned.)
- Immerse mop in cleaning solution and wring out.
- Push mop around skirting's first, paying particular attention to removing soil from corners; avoid splashing walls or furniture.
- In open areas use a figure eight stroke in open and wide spaces, overlapping each stroke; turn mop head over every five or six strokes. While in small spaces, starting in the farthest corner of the room, drag the mop toward you, then push it away, working in straight, slightly overlapping lines and keeping the mop head in full contact with the floor.
- Repeat until entire floor is done.
- Change the mop head when heavily soiled or at the end of the day.

7.9.8 Mopping Floors using a Microfiber Mop

Working from clean areas to dirty areas:

- Fill plastic basin with cleaning solution.
- Place microfiber pad(s) to soak in basin.
- Take a clean pad from the basin, wring out and attach to mop head using Velcro strips.
- Remove pad when soiled and set aside for laundering.
- Use a fresh microfiber pad for each room.
- Send soiled, reusable microfiber pads for laundering at the end of the day.

7.9.9 Cleaning Operating Rooms

Environmental cleaning in surgical settings minimizes patients' and health care providers' exposure to potentially infectious microorganisms. The Operating Room Nurses Association of Canada (ORNAC) has published standards for environmental cleaning in surgical settings that include:

- The ultimate responsibility for ensuring a clean surgical environment rests with the peri-operative registered nurse.
- Environmental cleaning must be performed by trained staff according to the protocol of the health care setting.
- A regular cleaning schedule must be established, posted and documented.

Responsibility for cleaning an aesthetic machines and carts should be clearly defined.

7.9.10 Cleaning Operating Rooms in between Cases*

- Place a cautionary 'Wet Floor' sign at the entrance of the room.
- Prepare fresh disinfectant solution according to manufacturer's instructions.
- Clean hands and put on gloves.
- Collect and remove waste.
- Collect and remove all soiled linen.
- Remove gloves and clean hands.
- Use a cloth dampened in hospital-grade disinfectant solution to clean and disinfect surfaces that have come in contact with a patient or body fluids, including tops of surgical lights, blood pressure cuffs, tourniquets and leads.
- Clean suction canisters, reflective portion of surgical lights.
- Clean and disinfect OT table.
- Clean electronic equipment (i.e., monitors) according to manufacturer's instructions.
- Damp mop floor in a 1 to 1.3 metre (3 to 4 feet) perimeter around the OT table (larger area if contamination present).
- Insert colour coded bags in waste bins.
- Damp-dust equipment from other areas such as X-ray machines, C-arm etc. before being brought into the operating room and prior to leaving.
- When cleaning is complete, remove gloves and clean hands.

7.9.11 Procedure for Terminal Cleaning of Operating Rooms

- Place a cautionary 'Wet Floor' sign at the entrance of the room.
- Prepare fresh hospital-grade disinfectant solution according to manufacturer's instructions.
- Clean hands and put on gloves.
- Collect and remove waste.
- Collect and remove all soiled linen.
- Clean hands and change gloves.
- Clean and disinfect lights and ceiling-mounted tracks.
- Clean and disinfect all door handles, push plates, light switches and controls.
- Clean and disinfect telephones and computer keyboards.
- Spot-check walls for cleanliness.
- Clean and disinfect all exterior surfaces of machines and equipment

(e.g., anaesthesia carts), allowing adequate drying time for the disinfectant before storage.

- Clean and disinfect all furniture including wheels/ casters.
- Clean and disinfect exterior of cabinets and doors, especially around handles.
- Clean and disinfect all surfaces.
- Clean scrub sinks and surrounding walls.
- Mop floor, making sure the OT Table is moved and the floor is washed underneath; move all furniture to the centre of the room and continue cleaning the floor; apply a sufficient amount of disinfectant/ detergent to ensure that the floor remains wet for 5 minutes; use a fresh mop/ mop head and fresh solution for each room.
- Replace all furniture and equipment to its proper location.
- Wash the colour coded bins, dry them and put colour coded bags once it is dried..
- Report any needed repairs.
- Clean and store cleaning equipment.
- Remove gloves and clean hands.

Scheduled Cleaning in Operating Room Suites

Item to be cleaned	Frequency
Ceilings, including air conditioning and ventilation grills/vents and light fixtures	Twice yearly
Walls, including all doors and windows	Monthly
Floors, including skirtingss, corners and edges	Monthly
store rooms and storage areas	Monthly
Exterior surfaces of machines and equipment	Monthly
Refrigerators	Monthly
Furniture, including wheels/casters	Monthly
Sterilizers, cabinets and doors (interior and exterior)	Daily
All horizontal surfaces (all shelving, computers, keyboards etc.)	
Offices, lounges and locker rooms	

7.9.12 Cleaning of Sterile Areas

Sterile Processing Areas in CSSD/TSSU *

- Clean all counters and floors daily.
- Clean shelves daily in sterilization areas, preparation and packing areas and decontamination areas.
- Clean shelves daily in sterile storage areas.
- Clean case carts after every use.
- Clean walls once every month.
- Clean light fixtures, sprinkler heads and other fixtures once every month. User

Units/Clinics, Endoscopy Suites and Other Sterile Storage Areas

- Clean counters and floors daily.
- Clean shelves daily.
- Clean walls once every month.
- Clean light fixtures, sprinkler heads and other fixtures once every month.

7.9.13 Cleaning an Ambulance

Routine clean following each transport:

- Place biomedical waste (e.g., dressings, bandages, contaminated sheets that are saturated with blood) in a colour coded bins as per Biomedical Waste (Management and Handling) Rules 1998.
- Remove used linens/ blankets for laundering.
- Clean and disinfect/ sterilize equipment used during the call.
- Clean and disinfect patient compartment as required.
- Inaccessible areas should be vacuum cleaned.
- If the vehicle is heavily contaminated it will be taken out of service and intensively cleaned.
- Restock vehicle as required.

Intense Cleaning as Required and When Scheduled:

- Driver's Compartment.
 - o Remove all equipment from the front of the vehicle.
 - o Clean and disinfect all interior surfaces, including walls, doors, radio equipment, dash and windows.
- Patient Compartment

- o Remove stretchers, clean and disinfect including mattress and belts; check for wear or damage.
- o Remove wall suction, clean and disinfect.
- o Remove contents of cupboards and shelves; clean and disinfect all surfaces.
- o Clean, disinfect and dry all hard surface items before returning to cupboard or shelf; inspect for damage and expiration dates; repair/ replace as needed.
- o Sweep, vacuum, clean and disinfect floor.
- o Clean and disinfect chairs, bench seats, seat belts.
- o Clean and disinfect all interior surfaces, including ceiling and walls.
- o Check interior lighting.
- o Empty, clean and disinfect waste containers.
- o Clean interior windows.
- Equipment Storage Compartment
 - o Remove all equipment and sweep out compartment.
 - o Clean and disinfect compartment and restock.

7.9.14 Cleaning Spills of Blood and Body Substances

Spills of blood and other body substances, such as urine, faeces and emesis, must be contained, cleaned and the area disinfected immediately. The health care organisation shall have written policies and procedures for dealing with biological spills that include:

- Clearly defined assignment of responsibility for cleaning the spill in each area of the health care setting during all hours when a biological spill might occur.
- Provision for timely response.
- A method for the containment and isolation of the spill.
- Training of staff who will clean the spill.
- Access to PPE, equipment, supplies, waste and linen disposal for staff who will clean the spill.
- Proper disposal of waste.
- Procedure to be followed if there is a staff exposure to biological material.
- Documentation of the spill incident.

7.9.15 Cleaning a Biological Spill*

- Assemble materials required for dealing with the spill prior to putting on PPE.
- Inspect the area around the spill thoroughly for splatters or splashes.
- Restrict the activity around the spill until the area has been cleaned and disinfected and is completely dry.

- Put on gloves; if there is a possibility of splashing, wear a gown and facial protection (mask and eye protection or face shield).
- Confine and contain the spill; wipe up any blood or body fluid spills immediately using either disposable towels or a product designed for this purpose.
- Dispose off materials by placing them into regular waste receptacle, unless the soiled materials are so wet that blood can be squeezed out of them, in which case they must be segregated into the biomedical waste container (i.e., yellow bag).
- Disinfect the entire spill area with a hospital-grade disinfectant and allow it to stand for the amount of contact time recommended by the manufacturer.
- Wipe up the area again using disposable towels and discard into regular waste.
- Care must be taken to avoid splashing or generating aerosols during the clean up.
- Remove gloves and perform hand hygiene.

7.9.16 Stain Removal

Principles of stain removal:

1. All stains should as far as possible, be removed while still fresh.
2. Before using any reagent, it should be tested on a hidden or small portion of the surface.
3. If the nature of the stain unknown, it should be treated first by the least harmful method, passing on from one process to next more active until an effective reagent is reached.
4. The nature and texture of the surface should be borne in mind while selecting the reagent for stain removal.
5. The reagent bottle should be tightly capped after each use.
6. The room should have good ventilation.
7. After stain removal, the reagent should be neutralized. An acidic solution is neutralized with an alkaline one and vice-versa. A thorough rinsing with clean water is essential after each treatment.

Stain removal from floors

Type of stain	Methodology
Rust	Apply a poultice of sodium citrate, glycerin, precipitate of calcium carbonate and water. Let it dry and scrape off.
Ink	From marble and terrazzo – apply a poultice of sodium perborate and turpentine oil. Let it dry and scrape off.

Chewing Gum	Harden with ice, scrape off. If stain is left, rub with steel wool dipped in cleanser, rinse dry and polish.
Acid	Clean with dilute general purpose cleaner. Neutralize with ammonia. If stain persists, use steel wool dipped with cleanser. Rinse dry & polish.
Blood	Rub with concentrated cleanser and in case of stubborn stains use zero degree steel wool dipped in cleanser. Rinse dry and polish

Stain removal from polished wood

Type of stain	Methodology
Ink	Mop it as quickly as possible. Rub with fine steel wool or use hot solution of a weak acid and then rinse. In both cases, the stain, colour and polish will be removed. So rub with linseed oil or shoe polish to darken it and later apply polish
Spills, slight heat or burn marks	a) Rub with a rag moistened with a drop or two of liquid metal polish or methylated spirit and then re polish. b) Rub with a very fine abrasive like cigarette ash, steel wool and re polish.
Scratch Marks	If newly scratched cover with iodine or potassium permanganate solution or shoe polish, which will be used according to the colour of the surface i.e. if necessary remove the polish first and then re polish.
Alcohol	a)Wipe up and rub with finger dipped in silver polish, linseed oil or cigarette ash and re polish. b) Wipe up. Put a few drops of ammonia on a damp cloth and rub. Repolish immediately.

Stain Removal from Carpet and Upholstery

Type of stain	Methodology
Mud	Vacuum when dry. Use carpet spotting kit or shampoo method. Use dry cleaning method (methylated spirit) if required.
Candle Wax	Remove deposit. Cover with the blotting paper and press with warm iron. Repeat until absorbed. Change paper often. Remove

	traces with methylated spirit or any grease solvent.
Ink Writing	Flush with soda siphon. Blot. Sponge with a solution of 50% Vinegar and 50% water. Blot. If necessary consult professional.
Ink Ball Pen	Use dry cleaning method. Dab with methylated spirit plus a little white vinegar or use vinegar and milk in sponging and soaking method.
Tar	Remove deposit. Rub with glycerin solution. Rinse, blot. Shampoo and brush the pile.
Urine	Flush with soda siphon. Blot. Sponge with vinegar solution. Sponge with antiseptic solution.
Vomit	Remove deposit. Flush with soda siphon. Blot or sponge with borax solution. Sponge with antiseptic solution.
Curry	Remove excess. Use carpet shampoo method (ice cream, chocolate use dry cleaning method).
Dyes	Use dry cleaning method with methylated spirit plus a few drops of ammonia. Test first.
Burns	From carpet trim burnt fibers first with scissors. Then use carpet shampoo plus 1 tbs white vinegar. Call for professional advice if required.
Battery Acid	From carpet act fast. Blot. Sponge with solution of borax.
Grease, Oil, Cream, Hair Oil	Remove deposit. Use dry cleaning method or use iron and blotting paper. Use carpet shampoo method later.

7.10 PROVISIONAL CLEANING SCHEDULE

S. No.	ACTIVITY	FREQUENCY	AGENTS USED
MODERATE RISK AREA WARDS			
1	Garbage Removal	Thrice a day and more when bags are 3/4th full	As per the BMW guidelines
2	Dry Mop	Thrice a Shift	Mop
3	Dusting	Thrice a day	Duster
4	Mopping	Thrice a Shift	Any Hospital approved disinfectant
5	Washroom & wash Basins Cleaning	On two hourly bases in the morning 06.00 am to 08.00 pm and every four hourly from 08.00 pm to 06.00 am or as and when required.	Any Hospital approved disinfectant
PUBLIC AREA WASH ROOM			
6	Cleaning	7Every 2nd hourly	Any Hospital approved disinfectant
7	Washroom & Wash Basins Cleaning	Every 2nd hourly and as & when Required	Any Hospital approved disinfectant
LOBBY			
8	Garbage Removal	Thrice a day/ when bags are 3/4 th Full	As per the BMW
9	Dry mop	Thrice a day	Mop
10	Dusting	Thrice a day	Duster
11	Mopping	Thrice a day	Any hospital approved disinfectant
OPD AREA			
12	Garbage Removal	Thrice a day/ when bags are 3/4th Full	As per the BMW guidelines
13	Dry mop	Thrice a day	Mop
14	Dusting	Thrice a day	Duster
15	Mopping	Thrice a day	Any Hospital Approved disinfectant
16	Washroom & wash basins Cleaning	Every two hourly or as and when required	Germicide
STORES (MEDICAL SURGICAL, NON - MEDICAL)			
17	Garbage Removal	Thrice a day/ when bags are 3/4th Full	As per the BMW guidelines
18	Dry Mop	Thrice a day	Mop
19	Dusting	Thrice a day	Duster
20	Mopping	Thrice a day	Any Hospital approved disinfectant
MORTUARY			

21	Garbage Removal	Thrice a day/ when bags are 3/4th Full	As per the BMW guidelines
22	Autopsy Table	After every autopsy	Thorough washing with soap and antiseptic solutions
23	Dusting	Twice a day	Duster
24	Mopping	Thrice a day	Any approved disinfectant
ADMINISTRATION RECORD / OFFICE			
25	Garbage Removal	Once a day/ when bags are 3/4th Full	As per the BMW guidelines
26	Dry mop	Once a day/ as & when required	Mop
27	Dusting	Once a day/ as & when required	Duster
28	Mopping	Once a day/ as & when required	Any Hospital approved disinfectant
29	Washroom & wash basins Cleaning	Thrice a day and as & when required	Any Hospital approved disinfectant
CSSD / LAUNDRY			
30	Garbage Removal	Once a day/ when bags are 3/4th Full	As per the BMW guidelines
31	Dry mop	Twice a day/ as & when required	Mop
32	Dusting	Twice a day/ as & when required	Duster
33	Mopping	Twice a day/ as & when required	Any Hospital approved disinfectant
34	Washing of sterile area (CSSD)	Once a day	Virux Solution or any other solution approved by Hospital
35	Washing of sterile area (CSSD)	Once a day (Saturday afternoon)	Virux Solution, or any other solution approved by Hospital
36	Assist in Fumigation (CSSD)	As & When required	Virux Solution, or any other solution approved by Hospital
37			Virux to be provided by Hospital
RADIOLOGY			
38	Garbage Removal	Twice a day/ when bags are 3/4th Full	As per the BMW guidelines
39	Dry Mop	Twice a day/ as & when required	Mop
40	Dusting	Twice a day/as & when required	Duster
41	Mopping	Twice a day/ as & when required	Any Hospital approved disinfectant

42	Washroom & wash basins Cleaning	Thrice a day and as & when required	Any Hospital approved disinfectant
LABORATORY			
43	Garbage Removal	Once a day/ when bags are 3/4th Full	As per the BMW guidelines
44	Dry mop	Thrice a day	Mop
45	Dusting	Twice a day	Duster
46	Mopping	Thrice a day	Any Hospital approved disinfectant
47	Cleaning of work benches	Twice a day/ as & when required	0.25% Hypochlorite/ or any standard disinfectant prescribed by Hospital.
48	Washroom & wash basins cleaning	Thrice a day and as & when Required	Any Hospital approved disinfectant
49	Assist in Fumigation	Once a month	Bacillocid or other Material Solution approved by Hospital
50	Washing of Slippers	Once in a week	Detergent
51			Hypochlorite and Bacillocid to be provided by Hospital

1. Following minimum No. of equipment tools, tackles, their accessories, consumables etc. to be provided and maintained in the Hospital by the vendor to the housekeeping staff. Number can be increased/decreased as per requirement.

The number of items given above is to be maintained at site according to specified frequency/time. Qty. and frequency of use may be increased depends on work load, hence to be provided as and when required. The necessary stand-by arrangement of equipment/materials shall be the vendor's responsibility. Vendor has to manage above machines and their consumables/spare parts within the Management Fee/Service Charges. No extra payment shall be made to the vendor for providing machines and its maintenance. Any shortage in the above if observed at the site, the necessary penalty shall be imposed.

Uniforms of housekeeping staff, I- Cards, Covered trolleys, dustpans, mops, buckets, wipers, gloves, dusters, scrubbers, sponge, brooms, brushes, safety gear etc. to be provided by the vendor as per requirement.

2. Consumables which are required to perform the housekeeping task are as follows for the hospital (which may increase or decrease as per the facility requirement). The minimum consumables to be provided at hospital shall be proportionally increased or decreased as per these norms.

Note: The agency shall use any one of the above mentioned brands or any other brand of standard quality, listed against items. For items wherein brand names are not listed, agency shall take prior approval from designated nodal officer for their use.

7.11 SERVICE LEVEL AGREEMENT (SLA) -- HOUSEKEEPING

S. No.	Service Level Description	Standards	Measurement	Parameters
A	Routine cleaning and housekeeping			
1	Executive Staff	Provide tea/coffee service as requested for customer/VIP meetings	Zero complaints to facilities hotline	1 or more documented complaints=0% conformance
2	Daily Cleaning	Daily	Not More than 5 reasonable complaints per month through facilities hotline	6 or more documented complaints=0% conformance
3	Emptying of waste bins	All areas to be kept clean and tidy at all times	Not more than 5 reasonable complaints per month through facilities hotline	6 or more documented complaints=0% conformance
4	Vacuuuming of carpet areas			
5	Cleaning of all tables, chairs, cabinet tops and conference room furniture			
6	Cleaning of glass doors, partitions and workstation partio			
7	Cleaning of toilets	Hourly inspection. Areas to be kept clean and stocked up with adequate consumable	Not More than 5 reasonable complaints per month through facilities hotline	6 or more documented complaints=0% conformance
8	Road Cleaning	Daily	Not More than 5 reasonable complaints per month through facilities hotline	6 or more documented complaints=0% conformance
9	External Area including culverts and installations	Daily	Not More than 5 reasonable complaints per month through facilities	6 or more documented complaints=0% conformance

			hotline	
B	Periodic Cleaning			
1	Corners scrubbing	Weekly	90% achievement of schedule	1 or more non-compliance to schedule = 0% conformance
2	Change of consumables	Weekly		
3	Floor scrubbing	Weekly		
4	Descaling	Weekly		
5	Fixed workstation cleaning	Weekly		
6	Meeting room deep cleaning	Fortnightly		
7	Carpet shampooing	Half yearly		
8	Internal windows, sills, blinds	Half yearly		
9	Base of white boards	Half yearly		

S. No.	Service Level Description	Standards	Measurement	Parameters
10	Air-conditioning grill cleaning	Fortnightly		
11	Floor polishing	Half yearly		
12	Spring cleaning of toilets	Weekly		
13	Maintenance of wooden furniture	Weekly		
14	Health and safety	Zero housekeeping related health and safety incidents		

8. Personal Hygiene & Etiquette and Manners

Personal Hygiene

1. Staff must have bath daily.
2. Staffs to have regular haircuts and keep it clean. It should not appear greasy, oily or unclean.
3. Men must shave daily. Those sporting moustaches must keep them clean & trimmed. Moustaches must not be below upper lip.
4. Teeth must be brushed immediately before coming on duty. Do not eat onion or garlic or smoke before the beginning of the shifts. Please use a mouth wash.
5. Nails should be kept short & clean.
6. Hands must be free of stains and skins break. Cut & burns must be covered with the correct dressings and do not be left exposed. Wash hands with soaps after using toilet or after eating or handling refuse.
7. Uniforms should be clean, laundered & ironed. Change uniforms regularly. Change personal cloths every day. Uniforms should not be worn outside the working premises and when not on duty.
8. Shoes must be kept clean and free of stains. Shoes must be aired daily. Use socks that absorb moisture and change them every day. Talcum powder must be used in between toes to keep it from the smelling.
9. Adequate sleep and rest, maintaining healthy diet, with regular exercises will contribute in enhancing our Alertness, our attentiveness and our overall personalities.

(a) Etiquette and Manners Talking to patients / Attendants

1. While talking to patient / attendant always smile.
2. Maintain interest & helpful expressions.
3. Always look into the eyes of the person, maintaining eye contacts.
4. Keep a distance of 2' while addressing them.
5. Speak softly & clearly in your natural tone without using unnecessary hand movements& facial expressions.
6. Maintain a very professional relationship with them & avoid getting personal.
7. Never speak poorly of any colleague or of the organization with them.
8. Do not bite nails or run hands through the hairs.
9. Do not touch the nose or eyes or ears or the face. Chewing gums or other eatables tobacco/pan must not be in the mouth.
10. Cover your mouth with a handkerchief while coughing or sneezing.

(b) While standing in public areas

1. Stand erect, balancing the weight on both the feet and keeping the shoulders straight with the stomach in.
2. Hands should be kept on the side or behind. Hands must not be in the pockets or on the hips or folded across the chest.

3. Do not lean against a counter or against a wall or any other thing.
 4. Maintain poise at all times.
 5. Never move around in groups cause you are view in the Patient / attendant
- (c) While Walking**

1. Walk at even pace without making any sound of the footsteps or running.
2. Give patient / attendant way if approaching or if you are near door, then open the door for the patient / attendant.
3. Always walk on the left hand side.
4. Walk erect, maintaining poise at all the time.

(d) While talking to colleague

1. Speak softly & politely in patient floor / critical areas.
2. Do not use slangs or abusive language.
3. Be aware of telecoms while in floor / public areas.
4. Do not shout in to the phone.
5. Never keep the patient / attendant waiting to use a telephone.
6. Avoid personal calls at work.

8. Priority Levels

- a. **Safety Related** - An unsafe condition related to the facility or equipment which places an individual in danger or has the potential of creating a dangerous situation. Indoor air quality issues are included.
- b. **Mission Critical** - A condition based on a need to meet critical schedules, to complete other critical functions, to procure critical information or to address code/regulatory requirements.
- c. **Asset Threatening** - A condition which, if un-addressed, could lead to further damage to the facility, equipment, contents, or site. Includes equipment and systems classified as critical with redundancy, and classified as non critical, as well as Security issues.
- d. **Abnormal Symptom** - A condition based on a reported anomaly that may have the potential to be Asset Threatening, Mission Critical or Safety Related.
- e. **Corrective Maintenance** - Unplanned maintenance to correct an abnormal condition which will restore the item to an acceptable operating condition.
- f. **Preventive Maintenance** - Planned maintenance which has a pre-planned schedule, pre-planned tasks and fixed duration.
Perform per mutually agreed schedule.
- g. **Special Projects** - Improvements, alterations, adds, moves or changes which can be scheduled as a floating project not defined within the above priorities. Complete per mutually agreed schedule.

h. Shutdowns

Service Provider will be responsible for acquiring advance approval per site requirements and coordinating Building / Site shutdowns with the Client. The coordination activity involves but not limited to selecting shutdown dates and conducting update meetings with all affected business unit representatives, and communicating the shutdown plan to all customers. Service Provider will support Client's shutdown requirement under terms of this contract.

i. Equipment Failure

- a. Major and minor repairs or replacements due to Service Provider's failure to perform maintenance and preventive maintenance as prescribed herein will be the responsibility of the Service Provider. All equipment failures will be reviewed to ensure the appropriate maintenance has been done as required
- b. Cases of design inadequacy will be the responsibility of Client. Service Provider shall develop a list of equipment and system devices that are non functional per design intent and incomplete work tasks or work in process, before execution of this contract or any scope of work

addendum. This list will serve as bases of backlog activities and marginal equipment that the Client will pursue funding for to have repaired or finished. Intent is to indemnify the Service Provider against equipment and system devices that are not up to normal operating standards and provide Client a comprehensive baseline of system capability at the beginning of this contract. There will be no compensation provided to Service Provider for the development of this list.

j Non-interruption of Client Business

- a. All Service Provider work shall be pre planned and job plans shall be available for review by Client. Service Provider shall schedule and attend work coordination meetings as necessary. Work that affects Client operations or the work of other contractors shall be submitted to Client per site requirements.
- b. Service Provider work shall be scheduled nights and weekends when necessary in order to affect a minimum number of building occupants, as determined by Client.
- c. Service Provider shall provide troubleshooting and correction to routine operations.

k. Utility/ Energy Monitoring

- a. Service Provider's will track utility usage, including INR amounts, total litres, kilowatt-hours, tonnage and any other pertinent unit of Client surement for benchmarking and process improvement tracking.
- b. Reports and analysis will be required per Client's needs.
- c. In addition to the M&E activities, The Service Provider will be required to monitor the use of energy, producing reports and recommendations on how to improve efficiency and reduce costs. This contractual service will be considered part of the contract and as such there will be no additional payment. For avoidance of doubt - should Client request a separate 'Energy Survey' compiling an innovative solution for energy savings – this will be considered as not part of the contract and thereby subject to a negotiated payment.

l. Maintenance of Site Documentation

Service Provider will be responsible for documenting and reporting every aspect related to the delivery of Service Provider services. Site-specific documentation remains the property of Client at all times. This includes all reports, contracts, leases and the like.

m. Reporting requirements

i. Management Reporting

All reports shall be provided in the prescribed formats attached in this document, which shall be modified/added time to time. Within Seven days after the completion of the month, Service Provider is required to provide a Monthly Management Report to Client outlining activities for that month. The format, which shall contain performance measurable, is to be agreed

between Client and Service Provider.

ii . Weekly Reports

Weekly Reports must be submitted by not later than next Tuesday for the last week.

iii . Incident Reporting

Service Provider will be required to report all Accidents (both EH&S and M&E) to Client immediately. A preliminary report is required within six (6) hours for incidents/accidents involving any interruption to services / injury to employees. The report must outline the following:

- a. Root cause analysis
- b. Impact
- c. Business loss

- d. Corrective Action (even if only temporary)

- e. First level of investigation

- f. The final report for critical load (M&E) is to be submitted within 48 hours, outlining in detail the following:
 - g. Nature of the Incident/accident / Accident
 - h. Time, Location
 - i. Injuries

 - j. Description of how the incident occurred
 - k. Witness descriptions
 - l. Rectification requirements/ investigation undertaken

 - m. Recommendations to ensure Incident does not re-occur
 - n. Risk mitigation strategy

iv. Information Systems

Service Provider will be responsible for the development and maintenance of an information system platform to support the delivery of services to Client. As a minimum, the following Information Systems must be utilised:

- a. A knowledge centre for all documents, procedures and management reports
- b. Help Desk System
- c. Documentation of documented PM related expenses
- d. Expenses and Tracking
- e. Performance Management System

10 .General Requirements

1) Statutory Compliance

The Service Provider would need to ensure that the all the statutory requirements operating building are in force and adhered to. These may include (but not limited to)

- a. Contract labour
- b. Any other aspect of occupying buildings and managing outsourced/vendor employees.

2) Signage/ Internal Walls and Coverings

Service Provider will be responsible for the management of all Client signage and coverings, including but not limited to :

- a. All building signage
- b. All external signage (office directory name plates) as required
- c. All statutory signage (e.g.; Exit signage/ Registered office signage)
- d. Traffic signage

3) Budget Forecast

Service Provider will give requirement of annual budget forecast each month wise with detailed justification of each head and item required to Ministry, for approval. The expenditure shall be tracked through MMR for continuous budget flow in whole year. Service Provider will not incur any financial liability for Govt. unless funds are available for such expenditure.

4) System & Process Documentation

Service Provider will prepare SOPs, Job Descriptions, SLA/KPIs, Checklist, Reporting (Daily / Weekly / Monthly) templates for operation and maintenance of various services based on schedule of items and specifications given in the tender. The copies of the same shall be submitted to accepting office for approval within one month of acceptance of tender (i.e. transition period). The lists of salient documents required at site are as under, which Service Provider may further add on for additional value services as per site requirement and company standard.

5) SOPs for operation of each equipment & machinery installed.

- a. Preventive Maintenance checklists, time schedule basis (i.e. monthly, quarterly, annually), hours run based and seasonal action plans (pre monsoon, pre summer and pre winter) as applicable.
- b. 52 weeks Action Plan for PPM schedule.
- c. Inventory Management
- d. Garbage disposal plan
- e. Emergency contact plans
- f. Job descriptions and job cards for each trade and executive
- g .Training Programme for various trades
- h. Machinery History Sheets

11. RESOURCES REQUIREMENT (HOUSEKEEPING SERVICES)

11.1 MANPOWER

Deployment of Housekeeping manpower on daily basis has to be done as per the schedule given by Housekeeping incharge of the concered colleges/university.

11.2.A MATERIAL (MONTHLY REQUIREMENT):- HOUSEKEEPING SERVICES

<u>Sl. No.</u>	<u>CONSUMEABLES</u>	<u>Make</u>	<u>Unit</u>	<u>Requirement</u>
1	Acid		Ltr	Tenderer should visit the site and assess the requirement of the consumable by cunsaltation with concerned college/university authority and bid the financial tender accordingly.
2	Air Freshener Odonil-50gm	Odonil	Nos/Pcs	
3	Air Freshener-Premium '125 ml.	Premium	Nos/Pcs	
4	Airwick Machine	Airwick	Nos/Pcs	
5	Airwick Refill 250ml/180gm.	Airwick	Nos/Pcs	
6	All Out Machine		Nos/Pcs	
7	All Out Refill		Nos/Pcs	
8	Baygon all insect killer	Baygon	Nos/Pcs	
9	Bleaching Powder		Kg	
10	Soap -100 G	Hindustan Lever	Nos/Pcs	
11	Broom Compound with 5' Rod		Nos/Pcs	
12	Broom Soft -400 Gm.		Nos/Pcs	
13	Brush Toilet SingleSided		Nos/Pcs	
14	Brush Toilet Double Sided		Nos/Pcs	
15	Bucket 20 Ltr		Nos/Pcs	
16	Dettol Liquid Hand wash		Nos/Pcs	
17	Drain Pump Medium		Nos/Pcs	
18	Dust Pan Plastic		Nos/Pcs	
19	Dustbin 80ltr.		Nos/Pcs	
20	Duster Check-20x20 (Green)		Nos/Pcs	
21	Duster Floor-30x30		Nos/Pcs	
22	Duster Yellow-18x25		Nos/Pcs	
23	Feather Brush		Nos/Pcs	
24	Garbage Bag - Big - Black		Kg	
25	Garbage Bag - Small - Black		Kg	
26	Garbage Bag - Big - Blue		Kg	
27	Garbage Bag - Big - Yellow		Kg	
28	Garbage Bag - Small - Yellow		Kg	
29	Garbage Bag - Big - Red		Kg	
30	Garbage Bag - Small – Red		Kg	
31	Detergent		Kg	
32	Gumboot		Nos/Pcs	
33	Gum Pad		Nos/Pcs	

34	Hand Gloves Rubber		Pair
35	Harpic 500 MI (RCI)		Nos/Pcs
36	Hit Spray (Red+Black)200ml/12kg		Nos/Pcs
37	Iron Patti		Nos/Pcs
38	Mop Dry 24" Blue Set with Rod		Nos/Pcs
39	Mop Dry Refill		Nos/Pcs
40	Mop Wet Refill		Nos/Pcs
41	Mop Wet Set with Rod		Nos/Pcs
42	Mug Plastic		Nos/Pcs
43	Naphthalene Ball		Nos/Pcs
44	Disinfectant		Ltr
45	Scotch Brite		Nos/Pcs
46	Spray Bottle		Nos/Pcs
47	Taski A5-2 suma Sout OR Equivalent		Ltr
48	Taski D 7.1 Suma Inox OR Equivalent		Ltr
49	Taski Spiral F 11 y OR Equivalent		Ltr
50	Taski Spiral HD OR Equivalent		Ltr
51	Taski R-1 Bathroom Cleaner OR Equivalent		Ltr
52	Taski R-2 Hardsurface Cleaner OR Equivalent		Ltr
53	Taski R-3 Glass Cleaner OR Equivalent		Ltr
54	Taski R-5 Air Fresher OR Equivalent		Ltr
55	Taski R-6 Toilet Bowl Cleaner OR Equivalent		Ltr
56	Taski R-7 Floor Cleaner OR Equivalent		Ltr
57	Taski R-9 Floor Cleaner OR Equivalent		Ltr
58	Taski R-20 OR Equivalent		Ltr
59	Urinal Cube		Packets
60	Wiper H/D-18"		Nos/Pcs
61	Wiper Sticks		Nos/Pcs
62	Paper Napkin / Tissue		Nos/Pcs
63	Chemical for FUMIGATION/CARBOLISATION	Bacilliocid	Ltr
64	Toilet Roll Paper (Only at Attached toilets)		Nos/Pcs
1	Dust Bins at Patient Beds as per BMW rule to be provided by Hospital		

***The Bidder has to bid the tender with the charges for the material.**

***No extra payment will be made by hospital authority if any other material is been required.**

***Please assess the requirement by personally visiting to concerned college/university.**

11.2.B EQUIPMENT - HOUSEKEEPING SERVICES

RIDE ON SCRUBBER DRYER - 01 Unit

Specifications	
Working Width	835 mm
Brushes	2nos, 430 mm
Brushes pressure	51 kg
Squeezee width	1045 mm
Solution tank	150
Recovery tank	170
Productivity	5000 sq mtr / hr
Brush Motor	2 nos X 48 V / 450 W
Suction Motor	48V/ 300 w
Traction Motor	48 V / 500 w
Forward speed	0 to 6 km /hr
Operating weight without batteries	170 kg
Dimension Lx H xW	1350x 1360x650 mm

Walk Behind Scrubber Dryer - 04 Units

Specification	
Voltage	230 V/ 50Hz
Auto scrubbing width	457 mm
Brush pressure	30 kg
Productivity	1200 sq mtr
Solution tank	35 ltr
Recovery tank	40 ltr
Brush speed	180 rpm
Weight	63 kg
Dimensions (LxWxH)	1160 x 1020x 520 mm

Scrubber -- 03 Units

Specification	
Working width	430 mm
Net weight	40 Kg
Brush speed	160 rpm
Transmission	Gear box
Voltage	230 V
Motor	1100 W
Cable length	15 mtr
Dimensions in mm LxWxH	567x450x1200

Wet and Dry Vacuum Cleaner - 03 units

Specification	
Voltage	230 V/ 50Hz
Motor	Amtek
Power	1350 W
No of motor	1
Airflow	54 Ltr/ sec
Suction power	22 kPa
Tank capacity	35 Ltr
Weight	9 kg
Body	SS

Hi Pressure Water Jet - 01 Unit

Phase	1
Voltage	230 V
Pressure	160 bar
RPM	1400
Water flow	660 ltr / hr
Absorbed power	3.3 kW
Detergent tank	3.5 ltr
Weight	37 kg
Dimension LxWxH cm	52x43x93

11.2.C TOOLS AND TACKLES - HOUSEKEEPING SERVICES

***	Tools and Tackles to be provided by Vendor	<u>Unit</u>
***	Telescopic Rod	2
***	Glass Cleaning Kit	2
***	Safety Ladder	6 feet 2
***	Safety Ladder	12 feet 2
***	Safety Ladder	20 feet 1
***	Winger Trolley	18
***	Wet floor Signage	16
***	Bed Making Trolley	06
***	Covered Trolley for collection and transport	09
***	Exterior Garbage Colleciton Trolley	02
***	Fumigator	5

**** The Supplier for equipment should have a service centre in Raipur Chhattisgarh of its own for the last 05 years.**

****The Bidder has to bid the tender with the charges for the Equipment to be used on monthly basis.**

****All the consumable like brushes, squeezes, hose pipe required for the equipment has to be provided by the vendor, no extra payment will be made by the Client.**

****+ - 05% Variation in machine specification is accepted.**

**** The requirement mentioned above is for each Medical college/Dental college/University.**

Note: The requirement of the equipment (11.2 B &C) and consumables (11.2.A) is optional (not mandatory) as per need of the individual college/university but the tenderer must quote the price for the same in financial bid.

12 .Draft Agreement (Format)

This AGREEMENT made at Raipur on dated - -2018 between -----
----- (Dean/Principi/Registrar) having it's registered office at -----
----- (address) (C.G.) hereinafter referred to as and M/s ----- (name
of the bidder) hereinafter referred to as "CONTRACTOR"

WHEREAS the Directorate of Medical Education, Chhatisgarh is desirous of having House Keeping services for its units (hereinafter to as the "PREMISES") entrusted with the House Keeping contractor and the contractor has agreed to provide services in accordance with the requirements of the on the terms & conditions hereinafter appearing.

1. The House Keeping contractor will render such services as may be required by the College/University for the routine day to day maintenance and upkeep of the specified location.
2. All liabilities, damages compensations etc. will be borne and paid only by the House Keeping Contractor hereby agrees and undertake to indemnify and keep indemnify the College/University against such claims including those preferred by the third parties in respect of the services and all claims arising as a result of any act of negligence on the part of House Keeping Contractor.
3. Adequate supervision will be provided by the House Keeping contractor to ensure due performance of upkeep and technical services in accordance with the instructions as may be given by the College/University.
4. The House Keeping Services shall ensure that Safai Karmi, deployed by them in the premises are physically fit and not suffering from the disease, contagious or otherwise. If any of the staff is found medically unfit by the medical officer of the institute, then he/she shall be removed by the house keeping services contractor immediately upon receipt of notice from institute.
5. The House Keeping Services contractor shall ensure that while in the premises of the College/University and while carrying out their obligations under this agreement, observe the standards of safai and discipline as laid down by the institute.
6. The House Keeping Services contractor shall ensure that their staff report for work in time and observe such timings as may be prescribed by the College/University from time to time and that they are available at any point of time at specified locations.
7. All statutory obligations/requirements under law at any time shall comply with by the house keeping services contractor. The contractor will be solely responsible for any breach of or non-compliance with any statutory provisions.

8. The House Keeping contractor will take insurance policy for sufficient amounts to cover their staff against this party risk. Workman's Compensations etc. and will keep the College/University indemnified against all such risk and claims and liabilities for which no extra payments will be made by College/University.
9. The House Keeping contractor will withdraw immediately any of its employees, who in the opinion of the College/University is undesirable and the decision of the College/University in this regards shall be final and binding on the contractor.
10. This agreement shall remain in force for the period of 36 months with effect from the date mentioned in work order and may be extended for the desired period of College/University
11. The House Keeping Services contractor will be solely responsible and control of the staff employed by them for rendering the services specified in the schedule hereto.
12. The House Keeping Services contractor will be entirely and fully responsible for making such arrangements as may be necessary for rendering the House Keeping services inclusive of engagements of personnel at its own cost.
13. As agreed by both parties the College/University shall pay the Safai Karmi /Supervisor as per the details given below:

13.1 **SAFAI KARMI** - Per month per person. This rate includes all services like reliever charges, P.F. contribution, W.C. contribution/ESIC, Agency charges & Service Tax & any taxes levied by the State Govt. or Central Govt. time to time during tenure.

13.2 **SAFAI SUPERVISOR** Rs. Per month per person. This rate includes all services like reliever charges, P.F. contribution, W.C. contribution/ESIC, Agency charges & Service Tax & any taxes levied by the State Govt. or Central Govt. time to time during tenure.

STRENGTH

1. **SAFAI KARMI** :

2. **SAFAI SUPERVISOR** :

The above manpower may be increased as per the directive of the concerned authority of the institute.

13.3 Machine/Consumable Cost Rs..... month (optional)

14. The House Keeping Services contractor will submit the bills for its service on the first of the following months and the payment by the College/University shall made within fifteen days of submission of the bills. For the purpose of the calculation of duties of the staff working, the contractor shall maintain attendance register/Muster Roll clearly indicating days/time of the staff reporting for work and departure on completion/termination of employment on day-to-day basic.

15. The contractor will solely be responsible for the selections employment and training & demonstration of its employees and the College/University will in no way be responsible for the same.
16. The College/University will not be responsible for the placement of workers employed by contractor, at any case.
17. All terms and conditions laid down in tender except than the above points will also be the part of agreement.

HOUSE KEEPING SERVICES

1. To post required number of Safai Karmi to keep constant cleanliness on all around of the premises
2. To instruct the Safai Karmi about their responsibility for cleanliness.
3. Maintenance of duty roster of the Safai Karmi. Any change in the duty roster of the Safai Karmi should be informed to the Duty Safai Supervisor.
4. Deployment of the safai staff for the units shall be in consultation with Duty Safai Officer.
5. To keep the authorities of the happening in their absence.
6. The agreement will be effective from date of commencement.

Firm Name,

Address,

Dean/Principal/Registrar

Address,

Witness

1-

2-

Witness

1-

2-

ANNEXURE "A"

Category	No.	Name of The College/Institution	EMD (INR)	Turn Over (INR)		Manpower Required (Guard+supervisor)
				Ann. Avg. TO	TO in Last 3 Years	
"A"	1	Pt. JNMC & Dr. BRAM Hospital, Raipur	6.25 Lakh	2 Crore	6 Crore	140+4
	2	CIMS, Bilaspur	6.25 Lakh	2 Crore	6 Crore	140+4
	3	GMC, Jagdalpur	4.50 Lakh	1.5 Crore	4.5 Crore	100+3
	4	GMC, Raigarh	7.75 Lakh	2.5 Crore	7.5 Crore	175+5
	5	GMC, Rajnandgaon	4.50 Lakh	1.5 Crore	4.5 Crore	100+3
	6	GMC, Ambikapur	4.50 Lakh	1.5 Crore	4.5 Crore	100+3
"B"	7	Pt. DDUMHS & Ayush University Raipur	2.25Lakh	75 Lakh	2.25 Crore	50+3
	8	GDC, Raipur	3.30 Lakh	1 Crore	3 Crore	75+2
"C"	9	Govt. Nursing College, Raipur	50 Thousand	15 Lakh	45 Lakh	10+1
	10	Govt. Nursing College, Bilaspur	50 Thousand	15 Lakh	45 Lakh	10+1
	11	Govt. Nursing College, Jagdalpur	50 Thousand	15 Lakh	45 Lakh	10+1
	12	Govt. Nursing College, Durg	50 Thousand	15 Lakh	45 Lakh	10+1
	13	Govt. Nursing College, Rajnandgaon	50 Thousand	15 Lakh	45 Lakh	10+1
	14	Govt. Nursing College, Raigarh	50 Thousand	15 Lakh	45 Lakh	10+1
	15	Govt. Nursing College, Ambikapur	50 Thousand	15 Lakh	45 Lakh	10+1
	16	Govt. Nursing College, Kabirdham	50 Thousand	15 Lakh	45 Lakh	10+1
	17	Govt. Physiotherapy College, Raipur	50 Thousand	15 Lakh	45 Lakh	10+1

* Tenderer may bid for one, more than one or all colleges/university. The EMD should be submitted separately for each college in the form of DD/Bankers Cheque.

** The minimum annual average turn over of tenderer must be 02 Crores i.e. minimum total turn over in last 3 years (2017-18, 2016-17 & 2015-16) should be 6 crores; even the tender is submitted for single college/university of any category. If tenderer is submitting bid for one or more than one college/university whose single/cumulative turnover is more than 02 crore as per table mentioned above, in such case the minimum annual average turnover of the bidder must be equal or more than cumulative annual average turnover of the colleges/university for which the tender is submitted.

