

COLUMBUS CONSOLIDATED GOVERNMENT
Georgia's First Consolidated Government



FINANCE DEPARTMENT
PURCHASING DIVISION

100 TENTH STREET, P. O. BOX 1340
COLUMBUS, GEORGIA 31902-1340
706-653-4105, Fax 706-653-4109
www.columbusga.org

Date: February 4, 2010

REQUEST FOR PROPOSALS: RFP NO. 10-0005	Qualified vendors are invited to submit sealed proposals, subject to conditions and instructions as specified, for the furnishing of: EMPLOYEE PHYSICALS (ANNUAL CONTRACT)
GENERAL SCOPE	Provide a cost effective service plan for providing pre-employment physicals, periodic employee physicals, drug/alcohol testing and related employee health services on an "as needed basis".
DUE DATE	MARCH 5, 2010 - 5:00 PM (EST) Proposals must be received and date/time stamped on or before the due date by the Purchasing Division of Columbus Consolidated Government, located in the Finance Department, 5 th Floor, Government Center, 100 Tenth Street, Columbus, GA.
HOW TO OBTAIN ADDENDA	<u>IMPORTANT INFORMATION</u> Any addenda for this project will be posted on the web page of the Finance Department/Purchasing Division www.columbusga.org/finance/proposals.htm It is the vendors' responsibility to periodically visit the web page for addenda before the due date and prior to submitting a proposal.
NO PROPOSAL SUBMISSION	If you are not interested in this invitation please email bhughey@columbusga.org or complete the form on the back of this sheet and fax to 706-653-4109.

Andrea J. McCorvey

Andrea J. McCorvey, CPPB
Purchasing Division Manager

STATEMENT OF "NO PROPOSAL SUBMISSION"

Notify the Purchasing Division if you do not intend to submit a Proposal:

Return this form, via fax or mail, to:

bhughey@columbusga.org

Fax number (706) 653-4109

Attn: Betty Hughey, CPPB

Columbus Consolidated Government

Purchasing Division

P. O. Box 1340

Columbus, Georgia 31902-1340

We, the undersigned decline to submit a proposal for **RFP NO. 10-0005** for **Employee Physicals** for the following reason(s):

- ☐ Specifications are too "tight", i.e. geared towards one brand or manufacturer (explain below)
- ☐ There is insufficient time to respond.
- ☐ We do not offer this product and/or service.
- ☐ We are unable to meet specifications.
- ☐ We are unable to meet bond requirements.
- ☐ Specifications are unclear (explain below).
- ☐ We are unable to meet insurance requirements.
- ☐ Remove us from your vendor list for this commodity or service.
- ☐ Other (specify below)

Comments _____

We understand that if this statement is not completed and returned, our company may be deleted from the Columbus Consolidated Government's bidder list for this commodity or service.

COMPANY NAME: _____

AGENT: _____

ADDRESS: _____

DATE: _____

TELEPHONE NUMBER: _____

PROPOSALS WILL BE EVALUATED IN ACCORDANCE WITH THE PROCEDURES AS OUTLINED BELOW IN SECTION 3-110 OF THE PROCUREMENT ORDINANCE. ALL PROPOSALS WILL BE KEPT CONFIDENTIAL.

3-110 Competitive Sealed Proposals (Competitive Sealed Negotiations) For Equipment, Supplies or Professional Services - \$10,000 and Above

(1) Conditions for Use

When the Purchasing Division Manager determines that the use of competitive sealed bidding for any procurement is either not practicable or not advantageous to the City, a contract may be entered into using the competitive sealed proposals (negotiation) method. In addition, the competitive sealed proposal process shall be used for the procurement of professional services.

The competitive sealed proposal process may be used for procurements with an estimated total cost less than \$10,000, if deemed to be in the best interest of the City. If the total cost can be determined, the authority to approve such solicitations will be as prescribed by Article 3-104, Purchasing Limits. If, due to the required services, a total cost cannot be determined then the award recommendation will be approved by Council.

A. Request for Proposals

Proposals shall be solicited through Request for Proposals. The Purchasing Division shall establish the specifications with the using agency and set the date and time to receive proposals. The request for proposal shall include a clear and accurate description of the technical requirements for the service or item to be procured.

B. Public Notice

Adequate public notice of the Request for Proposals shall be given in the same manner as provided under the section titled "Competitive Sealed Bids." □

C. Receipt of Proposals

Proposals must be received by the deadline date established. No public opening will be held. No proposals shall be handled so as to permit disclosure of the identity of any offeror or the contents of any proposal to competing offerors during the process of discussion. A register of proposals shall be prepared as part of the contract file, and shall contain the name of each offeror, the number of modifications received (if any), and a description sufficient to identify the item offered. The register of proposals shall be open for public inspection only after contract award.

D. Evaluation Factors.

The Request for Proposals shall identify all significant evaluation factors (including price or cost) and their relative importance. Mechanisms shall be established for technical evaluation of the proposals received, determinations of responsible offerors for the purpose of written or oral discussions, and selection for contract award.

E. Discussion with Responsible Offerors and Revisions to Proposals

As provided in the Request for Proposals, discussions (negotiations) may be conducted with responsible offerors who submit proposals determined to be reasonably susceptible of being selected for award, to assure full understanding of and conformance to the solicitation requirements. All qualified, responsible offerors shall be given fair and equal treatment with respect to any opportunity for discussion and revision of proposals, and such revisions may be permitted after submissions and prior to award for the purpose of obtaining best and final offers. In conducting discussions, there shall be no disclosure of the identity of competing offerors or any information derived from proposals submitted by competing offerors. If only one proposal response is received, then the award recommendation shall be to the single offeror, if the offeror meets all requirements.

F. Award.

After negotiations, the award recommendation must be presented to Columbus City Council for final approval. Award will be made to the responsible offeror whose proposal is determined to be the most advantageous to the City, taking into consideration total cost (if determined) and all other evaluation factors set forth in the Request for Proposals.

After Council approval, a contract based on the negotiations (if negotiations were necessary) will be drawn and signed by all necessary parties. If Council does not approve the award, further negotiations may take place with the recommended offeror or negotiations will begin with the next most qualified offerer. The contract file shall contain the basis on which the award is made.

After contract award, the contract file will be made public. Offerors will be afforded the opportunity to make an appointment to review the contract file.

DO YOU HAVE QUESTIONS, CONCERNS OR NEED CLARIFICATION ABOUT THIS SOLICITATION?

COMMUNICATION CONCERNING ANY SOLICITATION CURRENTLY ADVERTISED MUST TAKE PLACE IN WRITTEN FORM AND ADDRESSED TO THE PURCHASING DIVISION.

ALL QUESTIONS OR CLARIFICATIONS CONCERNING THIS SOLICITATION SHALL BE SUBMITTED IN WRITING. THE CITY WILL NOT ORALLY OR TELEPHONICALLY ADDRESS ANY QUESTION OR CLARIFICATION REGARDING BID/PROPOSAL SPECIFICATIONS. IF A VENDOR VISITS OR CALLS THE PURCHASING DIVISION WITH SUCH QUESTIONS, HE OR SHE WILL BE INSTRUCTED TO SUBMIT THE QUESTIONS IN WRITING.

ALL CONTACT CONCERNING THIS SOLICITATION SHALL BE MADE THROUGH THE PURCHASING DIVISION. BIDDERS SHALL NOT CONTACT DEPARTMENT HEADS OR USING AGENCIES WITH QUESTIONS ABOUT SOLICITATION. YOU MUST SUBMIT THE WRITTEN QUESTION TO THE PURCHASING DIVISION. IF IT IS NECESSARY THAT A TECHNICAL QUESTION NEEDS ADDRESSING, THE PURCHASING DIVISION WILL FORWARD SUCH TO THE USING AGENCY, WHO WILL SUBMIT A WRITTEN RESPONSE.

THE PURCHASING DIVISION WILL FORWARD WRITTEN RESPONSES TO THE RESPECTIVE BIDDER OR IF IT BECOMES NECESSARY TO REVISE ANY PART OF THIS SOLICITATION, A WRITTEN ADDENDUM WILL BE ISSUED TO ALL BIDDERS.

THE CITY IS NOT BOUND BY ANY ORAL REPRESENTATIONS, CLARIFICATIONS, OR CHANGES MADE TO THE WRITTEN SPECIFICATIONS BY CITY'S EMPLOYEES, UNLESS SUCH CLARIFICATION OR CHANGE IS PROVIDED TO THE BIDDERS IN WRITTEN ADDENDUM FORM FROM THE PURCHASING MANAGER.

ANY REQUEST BY BIDDERS AFTER A SOLICITATION HAS BEEN OPENED AND PENDING AWARD MUST ALSO BE SUBMITTED IN WRITING TO THE PURCHASING DIVISION. **BIDDERS ARE INSTRUCTED TO USE THE ENCLOSED □QUESTION/CLARIFICATION FAX FORM□ TO FAX YOUR QUESTION.**

QUESTION/CLARIFICATION FAX FORM

DATE: _____

TO: Betty Hughey, CPPB
Email bhughey@columbusga.org or Fax (706) 653-4109

RE: RFP NO. 10-0005; Employee Physicals (Annual Contract)

.....
I HAVE THE FOLLOWING CONCERNS/QUESTIONS ABOUT THE SPECIFICATIONS:

From:

Company Name

Representative

Email Address

Company Website

Complete Address

City

State

Zip Code

Telephone Number

Fax Number

COLUMBUS CONSOLIDATED GOVERNMENT GENERAL PROVISIONS FOR REQUEST FOR PROPOSALS

EMPLOYEE PHYSICALS (ANNUAL CONTRACT)

The Consolidated Government of Columbus, Georgia (the City) invites proposal submissions from qualified vendors to provide a cost effective service plan for providing pre-employment physicals, periodic employee physicals, drug/alcohol testing and related employee health services on an “as needed basis”.

A. PROPOSAL SUBMITTAL DATE:

Sealed proposals are due: **MARCH 5, 2010, NO LATER THAN 5:00 P.M. (EDT).** ***Submit one original and nine identical copies of the proposal.*** For proper identification the proponent's complete name and address should appear on the exterior of the proposal package.

The proposal should be hand delivered or mailed to the following:

Columbus Consolidated Government
Purchasing Division
**RE: RFP No. 10-0005
Employee Physicals
(Annual Contract)**

Mail: P.O. Box 1340
Columbus, Georgia 31902-1340

Deliver: 100 10th Street
Columbus, Georgia 31901

If the proposal does not reach the Purchasing Division on or before the due date, the proposal will be returned to the Proposer unopened. It is the Proponent's responsibility to insure the proposal is mailed or delivered by the due date. The City will not be held responsible for proposals delayed by the US Mail or any other courier.

The City shall not be held liable for any expenses incurred by the respondent in preparing and submitting the proposal and/or attendance at any interviews, final contract negotiations or applicable site visits.

The City reserves the right to award this project or to reject any and all proposals; whichever is in the best interest of the City.

B. RECEIPT OF PROPOSALS:

Unless otherwise stated in the technical specifications of the RFP, the City will accept one, and only one, proposal per Offeror.

In the event a team of firms is entering into a joint venture to respond to the RFP, one firm shall be named the prime contractor and the proposal shall be submitted in the name of the prime contractor. All correspondence concerning the RFP will be between the City and prime contractor.

C. SUBCONTRACTING:

Should the proposer intend to subcontract all or any part of the work specified, name(s) and address (es) of subcontractor(s) must be provided in proposal response. The City reserves the right to review and approve any subcontractors. The proposer shall be responsible for subcontractor(s) full compliance with the requirements of the RFP specifications. **IF AWARDED THE CONTRACT, PAYMENTS WILL ONLY BE MADE TO THE PROPOSERS SUBMITTING THE PROPOSAL. THE COLUMBUS CONSOLIDATED GOVERNMENT WILL NOT BE RESPONSIBLE FOR PAYMENTS TO SUBCONTRACTORS.**

D. QUESTIONS ABOUT THE RFP:

COMMUNICATION CONCERNING ANY BID/PROPOSAL CURRENTLY ADVERTISED MUST TAKE PLACE IN WRITING AND ADDRESSED TO THE PURCHASING DIVISION. SEE PAGE TITLED “DO YOU HAVE QUESTIONS ...” WITHIN THIS PROPOSAL PACKAGE. QUESTIONS AND REQUESTS FOR CLARIFICATION WILL BE RECEIVED UNTIL FIVE BUSINESS DAYS PRIOR TO THE PROPOSAL DUE DATE.

E. PUBLIC INFORMATION:

All information and materials submitted will become the property of the Columbus Consolidated Government, Columbus, Georgia; and shall be subject to the provisions of the Georgia public records law. If awarded the contract, the proposal submission, in its entirety, will be included as part of the contract documents and filed, as public record, with the Clerk of Council.

F. ADDENDA:

The proposer shall include acknowledgment of receipt of addenda (if any) in their sealed proposal. The proposer should include an initialed copy of each addendum in the proposal package. It is the proposer's responsibility to contact the City for copies of addenda if they receive the proposal document from any other source other than the City. **It is also the proposer's responsibility to check the City's website (www.columbusga.org/finance/proposals.htm) for copies of addenda if bid document is downloaded from the City's Website.**

G. CONTRACT:

Each proposal is received with the understanding that an acceptance in writing by the City of the offer to furnish any or all of the services and materials described shall constitute a contract between the proposer and the City. This contract shall bind the proposers to furnish and deliver the services and materials quoted, at the prices stated and in accordance with the condition of said accepted proposal. It is agreed that the successful respondent will not assign, transfer, convey or otherwise dispose of the contract or its right, title or interest in or to the same, or any part thereof, without previous consent of the City and any sureties.

H. NON-COLLUSION:

Proposer declares that the proposal is not made in connection with any other proposer submitting a proposal for the same commodity or commodities, and that the proposal is bona fide and is in all respects fair and without collusion or fraud.

I. INDEMNITY:

The successful respondent agrees, by entering into this contract, to defend, indemnify and hold City harmless from any and all causes of action or claims of damages arising out or under this contract.

J. DISADVANTAGED BUSINESS ENTERPRISE CLAUSE:

Disadvantaged Business Enterprises (minority or woman owned businesses) will be afforded full opportunity to submit proposals in response to this invitation and will not be discriminated against on the grounds of race, color, creed, sex or national origin in consideration for an award. It is the policy of the City that disadvantaged business enterprises and minority business enterprises have an opportunity to participate at all levels of contracting in the performance of City contracts to the extent practical and consistent with the efficient performance of the contract.

K. SPECIFICATION DESCRIPTIONS:

The specifications detailed herein represent the quality of equipment, goods or services required by the City. Whenever in this invitation any particular process, service or equipment is indicated or specified by patent, proprietary or brand name of manufacturer/developer/inventor, such wording will be deemed to be used for the purpose of facilitating descriptions of the process, service or equipment desired by the City. It is not meant to eliminate proposers or restrict competition in any RFP process. Proposals that are equivalent or surpass stated specifications will be considered. Determination of equivalency shall rest solely with the City.

L. TAXES:

The City is exempt from State Retail Tax and Federal Excise Tax. Tax Exemption No. GA Code Sec. 48-8-3. Federal ID No. 58-1097948.

M. DRUG-FREE WORKPLACE:

Per Ordinance No. 93-55, in compliance with Federal and State Drug Free Workplace Acts, the Council of Columbus, Georgia adopted a drug free Workplace Policy. Consequently, any vendor providing goods or services to Columbus Consolidated Government must comply with all applicable Federal and State Drug Free Workplace Acts.

N. FEDERAL, STATE, LOCAL LAWS:

All respondents will comply with all Federal, State and Local laws, ordinances, rules and regulations relative to conducting business in Columbus, Georgia and performing the prescribed service. Ignorance on the part of the respondent shall not, in any way, relieve the respondent from responsibility for compliance with said laws and regulations or any of the provisions of these documents.

O. PROVISIONS OF THE PROCUREMENT ORDINANCE:

The provisions of the Procurement Ordinance for the Consolidated Government of Columbus, Georgia as adopted and amended by Council shall apply to all invitations to respond to Requests for Proposals and is specifically incorporated herein by this reference. A copy of the ordinance is on file in the Purchasing Division.

P. INSURANCE:

All respondents shall maintain and if requested show proof of insurance applicable for services described in these specifications.

Q. HOLD HARMLESS AGREEMENT:

The successful respondent hereby agrees to indemnify, hold free and harmless Columbus Consolidated Government (The City), its agents, servants, employees, officers, Managers and elected officials or any other person(s) against any loss or expense including attorney fees, by reason of any liability imposed by law upon the City, except in cases of the City's sole negligence, sustained by any person(s) on account of bodily injury or property damage arising out of or in the consequence of this agreement.

R. TERMINATION OF CONTRACT:

1. **Default:** If the contractor refuses or fails to perform any of the provisions of this contract with such diligence as will ensure its completion within the time specified in this contract, or any extension thereof, otherwise fails to timely satisfy the contract provisions, or commits any other substantial breach of this contract, the Purchasing Division Manager may notify the contractor in writing of the delay or nonperformance and if not cured within **ten (10) days** or any longer time specified in writing by the Purchasing Division Manager, such Manager may terminate the contractor's right to proceed with the contract or such part of the contract as to which there has been delay or a failure to properly perform.

In the event of termination in whole or in part the Purchasing Division Manager may procure similar supplies or services, from other sources, in a manner and upon terms deemed appropriate by the Purchasing Division Manager. The contractor will continue performance of the contract to the extent it is not terminated and will be liable for excess costs incurred in procuring similar goods or services.

2. **Compensation:** Payment for completed supplies or services delivered and accepted by the City will be at the contract price. The City may withhold from amounts due the contractor such sums as the Purchasing Manager deems to be necessary to protect the City against loss because of outstanding liens or claims of former lien holders and to reimburse the City for the excess costs incurred in procuring similar goods and services.
3. **Excuse for Nonperformance or Delayed Performance.** Except with respect to defaults of subcontractors, the contractor shall not be in default by reason of any failure in performance of this contract in accordance with its terms (including any failure by the contractor to make progress in the prosecution of the work hereunder which endangers such performance) if the contractor has notified the Purchasing Division Manager within 15 days after the cause of the delay and the failure arises out of causes such as: acts of God; acts of public enemy; acts of the City and any other governmental entity in its sovereign or contractual capacity; fires; floods; epidemics; quarantine restrictions; strikes or other labor disputes; freight embargoes; or unusually severe weather, If the failure to perform is caused by the failure of a subcontractor to perform or to make progress, and if such failure arises out of causes similar to those set forth above, the contractor shall not be deemed to be in default, unless the supplies or services to be furnished by the subcontractor was reasonably obtainable from other sources in sufficient time to permit the contractor to meet the contract requirements.

Upon request of the contractor, the Purchasing Division Manager shall ascertain the facts and extent of such failure, and, if such Manager determines that any failure to perform was occasioned by anyone or more of the excusable causes, and that, but for the excusable cause, the contractor's progress and performance would have met the terms of the contract, the delivery schedule shall be revised accordingly.

S. TIME FOR CONSIDERATION:

Due to the evaluation process, proposals must remain in effect for at least **120 days** after date of receipt.

T. CONTRACT AWARD:

Award of this contract will be made in the best interest of the City.

U. REQUEST FOR EVALUATION RESULTS:

Per the City's Procurement Ordinance, evaluation results cannot be divulged until after the award of the contract. After contract award, proponents desiring to review documents relevant to the RFP evaluation results will be afforded an opportunity by appointment only.

V. GOVERNING LAW:

The parties agree that this Agreement shall be governed by the laws of Georgia, both as to interpretations and performance.

NOTICE TO VENDORS

Columbus Council, by Ordinance 92-60 has prohibited any business, which is owned by any member of Columbus Council or the Mayor, or any business in which any member of Columbus Council or the Mayor has a substantial pecuniary interest from submitting a bid for goods or services to the Consolidated Government of Columbus, Georgia.

Likewise, by Ordinance 92-61, no business which is owned by any member of any board, authority or commission, subordinate or independent entity, or any business in which any member of any board, authority or commission, subordinate or independent entity has substantial pecuniary interest may submit a bid to the Consolidated Government if such bid pertains to the board, authority or commission.

SPECIFICATIONS FOR EMPLOYEE PHYSICALS (ANNUAL CONTRACT)

I. INTRODUCTION

It is the intent of the Columbus Consolidated Government (the city) to enter into an annual contract with a qualified vendor to provide a cost effective service plan for providing pre-employment physicals, periodic employee physicals, drug/alcohol testing and related employee health services. The Service Plan must provide both quality and timely services that will insure applicants and employees are physically qualified to perform the required tasks of the position assigned. No minimum number of personnel can be guaranteed; services will be required on an “as needed basis”.

II. CONTRACT TERM

The initial term of the current contract will be for two years with the option to renew for three additional twelve-month periods. Contract renewal will be contingent upon the mutual agreement of the City and the Contractor.

Notice of intent to renew will be given to the contractor in writing by the City Purchasing Manager, normally sixty days before the expiration date of the current contract. This notice shall not be deemed to commit the City to a contract renewal.

It shall be noted that multi-year contracts may be renewed each year only after funding appropriations and program approvals have been granted by the Council of the Consolidated Government of Columbus, Georgia. In the event that the necessary funding is not approved, then the affected multi-year contract becomes null and void, effective July 1st of the fiscal year for which such approval has been denied.

For the protection of both parties, either party giving 30 days prior notice in writing to the other party may cancel this contract.

III. PRICE ADJUSTMENT CLAUSE

The contract unit price shall remain firm for the first two years of the contract term. After the initial two-year period of the contract, considerations for price adjustments will be based on the U. S. Department of Labor Consumer Price Index and All Urban Consumers (CPI-U).

It is the responsibility of the Contractor to submit the price adjustment request in writing to the Purchasing Division Manager sixty (60) days in advance of expiration date for each contract year. If agreeable to both the contractor and the City, the contract unit price changes, as a result of this formula, shall automatically become effective on upcoming anniversary of the contract and shall be binding on the contractor for the subsequent contract year.

If for any reason the contractor has a price increase that exceeds the Consumer Price Index (CPI), the Purchasing Manager will evaluate the increase on a case-by-case basis. The City and the Contractor will have the option to decline any adjustments. If either party decline approval of the adjustments, the contract will be considered cancelled on the scheduled expiration date of the contract.

IV. VENDOR INFORMATION

COMMUNICATION CONCERNING ANY BID/PROPOSAL CURRENTLY ADVERTISED MUST TAKE PLACE IN WRITTEN FORM AND ADDRESSED TO THE PURCHASING DIVISION (SEE "QUESTIONS ABOUT THIS BID/PROPOSAL")

All questions must be submitted in writing by fax (706 653-4109) using the fax sheet enclosed in the bid package, or e-mail questions to bhughey@columbusga.org

V. ADDENDA AND EXPLANATIONS

The vendor shall include acknowledgment of receipt of addenda (if applicable) in their sealed bid. The vendor may provide an initialed copy of each addendum or initial the appropriate area on bid form (pricing page). **It is the vendor's responsibility to contact the City for copies of addenda if bid document is received from any source other than the City. It is also the vendor's responsibility to check the City's website (www.columbusga.org/finance/proposals.htm) for copies of addenda if bid document is downloaded from the City's Website.**

Explanations desired by a prospective Bidder shall be requested of the City in writing, and if explanations are necessary a reply shall be made in the form of an Addendum, a copy of which will be forwarded to each vendor. Every request for such explanation shall be in writing and addressed to the **Purchasing Manager**. Any verbal statements regarding same by any person, shall be unofficial and not binding on any party.

VI. SPECIFICATION OUTLINE

Individual specifications for the various departments listed below are included in this document (See Attachment A):

- A. General Government Pre-Employment (**Attachment A, Section A**)
- B. Fire/EMS Hazmat Team; High Angle Rope Rescue Team; Special Operations and Dive Rescue Team (**Attachment A, Section B**)
- C. Police Officer Candidates (**Attachment A, Section C**)
- D. Sheriff Department (**Attachment A, Section D**)

Other departments within the Columbus Consolidated Government, not specified in these bid specifications, will be able to utilize this service at the same terms and conditions as stated in the appropriate sections of these specifications.

Each section of the specifications provides an area for Vendor Compliance Response. Vendors must provide a response concurrent to each section of the specifications. Vendors who fail to provide a "Yes" or "No" response will be deemed non-responsive. A "Yes" response indicates the vendor fully understands and concurs with the specification. A "No" response indicates an exception to the specifications. Exceptions to the specifications must be fully explained by the vendor on a separate sheet of paper. Failure to provide explanation of exceptions will render the bid non-responsive for the specific section of the specifications.

VII. INDEMNITY CLAUSE

The Contractor covenants to save, defend, hold harmless, and indemnify the City, and all of its officers, departments, agencies, agents, and employees (collectively the "City") from and against any and all claims, losses, damages, injuries, fines, penalties, costs (including court costs and attorney's fees), charges, liability, or exposure, however caused, resulting from, arising out of, or in any way connected with the Contractor's intentional, negligent, or grossly negligent acts or omissions in performance or nonperformance of its work called for by the Contract Documents.

VIII. INSURANCE

The vendors shall be required, at their own expense, to furnish to the City of Columbus Purchasing Division, evidence showing the insurance coverage to be in force throughout the term of the contract. Insurance requirements are listed on the attached **Insurance Checklist (Attachment E)**. **The limits shown are minimum limits. Vendor shall indicate the actual limit they will provide for each insurance requirement. The bidder shall complete the Insurance Checklist and include with bid response. Certificate of Insurance is acceptable.** The Insurance Checklist will indicate to the City, the bidder's ability and agreement to provide the required insurance, in the event of contract award.

The successful candidate shall provide the required Certificates of Insurance within **10 business days** after award notification. The Certificates of Insurance will be included

IX. GEORGIA SECURITY AND IMMIGRATION COMPLIANCE ACT

In accordance with the Georgia Security and Immigration Compliance Act of 2006, every public employer, every contractor of a public employer, and every subcontractor of a public employer's contractor must register and participate in a federal work authorization program. **Attachment F** must be completed and returned with proposal.

X. AWARD

This contract will be awarded in the best interest of the City. Columbus Consolidated Government will be the sole judge of the factors and will award the contract accordingly.

XI. PROPOSAL SUBMISSION REQUIREMENTS:

The complete proposal shall contain the following information and shall be submitted in the order shown below:

A proposer who submits a proposal that does not address each of the sections specified below will be deemed non-responsive, and the proposal submission deemed incomplete.

Section 1: Transmittal Letter

The transmittal letter shall introduce the firm, describe the ownership, include complete address, phone and fax numbers, and include the name of contact person(s) during this RFP process. **An authorized agent of the firm must sign the transmittal letter.**

Section 2: Addenda Acknowledgement

Provide acknowledgement of receipt of all addenda for this RFP (if any). **It is the vendor's responsibility to check for copies of addenda on the City's website.**

www.columbusga.org/finance/proposals.htm

Section 3: Experience/Qualifications

This section shall address the offeror's ability to fulfill the requirements of the RFP. Provide responses to the following:

- A. Describe in detail the firm's ability and experience in providing specified services.
- B. Provide the names and biographical data for the physicians, physician assistant and nurse practitioners that will provide service to Columbus Consolidated Government. Provide biographical and experience profiles on each, including Board Certifications, professional credentials and a detailed description of their experience providing employment health services to Public Safety and other physically demanding jobs.

Section 4: Service Plan

- A. Describe in detail proposed Service Plan to satisfy the requirements of this Request for Proposal. Include operating days/hours and the turn around time for pre-employment physicals; negative and positive drug/alcohol tests. Describe in detail your firm's provisions for after hours drug/alcohol testing.
- B. Vendor must provide a list of all known equipment available to be used on this contract.
- C. Provide response to Physical Examination Specifications (Attachment A).

Section 5: Client Work History

Provide at least five (5) clients for whom similar service has been performed within the last three (3) years. Include entity name, contact name, address, e-mail address, phone number, fax number and date of work completion.

Section 6: Business Requirements

- A. Provide proof of insurance (**Attachment D**)
- B. Complete GSICA Form (Attachment F)**
- C. Provide Copy of Business License
- D. Complete W-9 Form (**Attachment E**)

Section 7: Facilities/Location

- A. Provide in detail a description of the facilities where the proposed services will be performed. Include a self-evaluation of the condition of the facilities, handicapped accessibility and provisions for patient confidentiality and privacy. Facility photos are requested and finalists will be subject to an on-site inspection and tour.
- B. Include the proximity of facility to City employees located in the following areas: Government Center (100 10th Street); Annex (420 10th Street); Public Safety Building (510 10th Street); Public Services, Cusseta Road complex (1152 Cusseta Rd); METRA Transit System (814 Linwood Blvd) and the Schatulga Road complex. Include ease of ingress/egress, traffic congestion, parking facilities and access to public transportation.

Section 8: Cost Proposal

Complete **Attachment B**. *If additional cost is relative to providing this service, please delineate cost in detail separately.*

Section 9: Contract Signature Page & Tax Identification Number

Complete **Attachment C**. City officials will sign the awarded vendor's copy after City Council has approved the contract award.

XII. RFP EVALUATION

Each submittal will be evaluated to determine the ability of each offeror to provide the required services. The following weighted criteria will be used to evaluate proposals.

Criteria	Weight
A. Experience/Qualifications	25%
B. Service Plan	35%
C. Client Work History	15%
D. Facilities/location	25%
E. Cost Proposal	5%

Each of the above criteria (A -E) will be given a rating, of 1 through 100, by each member of the Evaluation Committee. The ratings are as follows:

RATING	
1-10	Very Poor
11-20	Poor
21-30	Fair
31-40	Below Average
41-50	Average
51-60	Above Average
61-70	Good
71-80	Very Good
81-90	Excellent
91-100	Superior

After the review and rating of proposal(s) by the evaluation committee, individual scores will be averaged and ranked. Proponents will be ranked in descending order of numerical predominance.

ATTACHMENT A

SECTION A

PHYSICAL EXAMINATION SPECIFICATIONS FOR GENERAL GOVERNMENT PRE-EMPLOYMENT

I. SCOPE

These specifications describe the requirements for pre-employment physicals for General Government employees of the Columbus Consolidated Government. Physical examinations are necessary to insure employees are physically qualified to perform the required tasks of the assigned position. The Human Resources Department coordinates General Government pre-employment physicals.

II. VENDOR REQUIREMENTS

A. A board certified physician or physician's assistant shall conduct the physical examination.

COMPLY: YES _____ NO _____

B. The examination shall consist of a general physical examination and appropriate laboratory test administered to determine the prospective employee's ability to meet the physical demands of the job for which he/she has been selected.

COMPLY: YES _____ NO _____

C. It shall be the responsibility of the contractor ("Examining Physician") to determine and report any conditions, which in his/her professional opinion will preclude the individual examined from satisfactorily performing the essential duties of the job for which he/she was selected. **If the applicant is recommended for employment, the physician will be required to sign a "Certificate of Medical Examination" form.**

COMPLY: YES _____ NO _____

D. PHYSICAL EXAMINATION SHALL INCLUDE THE FOLLOWING:

1. Height
2. Weight
3. Blood Pressure
4. Eyes to include: Distant vision without glasses – both eyes
Distant vision with glasses – both eyes
Evidence of disease or injury – both eyes
Color vision
5. Ears to include: Ordinary conversation – both ears
Evidence of disease or injury – both ears
6. Nose, sinus disease, etc
7. Mouth and throat
8. Gastro-intestinal
9. Thyroid and other glands
10. Heart and blood vessels
11. Lungs
12. Hernia, varicose veins, varicocele
13. Genito-urinary disease
14. Nervous system

15. Flat feet, scars, deformities
16. Drug/Alcohol test
17. Optional:
Chest x-rays, if requested – Retakes on ex-rays will be processed at the expense of the contractor.

COMPLY: YES _____ NO _____

III. REQUIRED FORMS

A. The awarded vendor will be required to complete and return, to the Human Resources Department, the following forms:

1. Certification of Medical Examination forms. **(See Attachment I)**
2. Copy of a 9-panel drug screening test form from a certified laboratory. **Vendor will be required to provide this form.**
3. Physical Examination and Drug/Alcohol Release form. **(See Attachment II)**

COMPLY: YES _____ NO _____

IV. APPOINTMENTS

Appointments will be scheduled by the Human Resources Department with the service provider.

COMPLY: YES _____ NO _____

V. EXAMINATION AND DRUG RESULTS

Results of the examination and drug/alcohol test must be provided to the Human Resources Department within 24-48 hours after the examination and drug/alcohol test have been completed.

COMPLY: YES _____ NO _____

Facility must provide drug test, physicals and reports as required by Department of Transportation (DOT) 49 CFR Part 40. A summary of the procedures can be found at www.dot.gov/ost/dapc/

COMPLY: YES _____ NO _____

Must provide direct observation for the collection of a second specimen in the event of a Negative Dilute Specimen.

COMPLY: YES _____ NO _____

VI. CONSULTATION

Consultative services and services typically associated with a company physician are occasionally required. This may involve calling an employee's private physician with questions regarding FMLA certifications or performing fitness for duty physical examinations. Fitness for duty physicals will normally involve an in-depth look at a particular injury or physical condition to determine employee's ability to return to duty. Please describe your level of familiarity with the Family and Medical Leave Act (FMLA), and the Americans with Disabilities Act (ADA), and indicate your willingness to question other physician's assessments and certifications.

COMPLY: YES _____ NO _____

SECTION B – PART I

PHYSICAL EXAMINATION SPECIFICATIONS FOR THE FIRE/EMS HAZMAT AND HIGH ANGLE ROPE RESCUE TEAMS

I. SCOPE

These specifications describe the requirements for complete medical examinations for the Hazmat Team and the High Angle Rope Rescue Team of the Fire/EMS Department. Physical examinations are necessary to insure employees are physically qualified to perform the required tasks of the assigned position.

II. VENDOR REQUIREMENTS

A. A board certified physician or physician's assistant shall conduct the physical examination.

COMPLY: YES _____ NO _____

B. Contractor shall have a physician on-call on a twenty-four (24) hour basis to attend, onsite, to firefighters injured at hazardous materials incidents or exposed to hazardous materials/chemicals. Physician shall have the experience and training to be able to respond to any of the affected firefighters.

COMPLY: YES _____ NO _____

C. Contractor shall maintain medical records for **thirty (30) years** and establish a medical surveillance program for all Hazmat and High Angle Rope Rescue Team members.

NOTE: The evaluation and treatment of injuries and exposures fall under Worker's Compensation guidelines and charges associated with Worker's Compensation are not associated with this contract.

COMPLY: YES _____ NO _____

D. The Hazmat Team and High Angle Rope Rescue Team personnel shall be given a medical examination annually. Contractor shall ensure each employee receives relatively the same examination by basically the same one or two physicians.

COMPLY: YES _____ NO _____

E. The Hazmat Team and High Angle Rope Rescue Team personnel shall have evaluation done in two phases on two separate visits to the medical facility. The first phase is to perform all testing except for the physical examination; the second phase includes physical examinations and discussion of test results performed. Results of the exam must be provided to the Fire/EMS Department within seven (7) days after the physical examination is completed.

COMPLY: YES _____ NO _____

F. Contractor shall provide pre-instructions to the Hazmat Team and the High Angle Rope Rescue Team personnel, outlining procedures to be followed prior to taking physical. All applications, instructions, etc., shall be provided at no cost.

COMPLY: YES _____ NO _____

G. Contractor shall provide physical examination and all testing for these team members in the same office location. Exceptions: Blood, urine, and etc., can be sent to a laboratory for specific analysis. X-rays can be sent to and interpreted by a board certified or board eligible radiologist, but must be taken by a trained technician. Retakes on x-rays will be processed at the expense of the contractor.

COMPLY: YES _____ NO _____

H. **NOTE:** ALL COST FOR ADDITIONAL LAB WORK OR ANY REQUIREMENTS OR ADDITIONAL TEST NECESSARY TO CLEAR ANY EMPLOYEE FOR HAZMAT AND HIGH ANGLE ROPE RESCUE WORK, DUE TO MISTAKES OF CONTRACTOR ACCIDENTAL DESTROYING SAMPLES OR RESULTS, WILL BE INCLUDED IN THE BID PRICE PER PERSON (EXCLUDING A TREADMILL STRESS TEST).

COMPLY: YES _____ NO _____

I. Parking accessibility must be made available for a minimum of eight car spaces each day of scheduling to facilitate engine and ladder trucks. Accessibility from parking area to street must be clear and unobstructed while vehicles are present at facility. Vehicles must be able to enter and leave easily in case of emergencies because Fire/EMS Department personnel will be on call and must respond immediately.

COMPLY: YES _____ NO _____

J. Provider must be able to accommodate a minimum of 5 to 6 firefighters in a single visit at one location. **The Fire/EMS Department will schedule appointments with the service provider.**

COMPLY: YES _____ NO _____

K. If employee has a private medical problem that would halt or prevent his/her clearance for Hazmat and High Angle responsibilities, the employee's personal physician will need to assist in clearing said employee and the expense associated with this clearance is the responsibility of the employee (these expenses are not included in the bid price).

COMPLY: YES _____ NO _____

L. The successful contractor shall obtain all medical records, for approximately 150 Hazmat and High Angle Rope Rescue Team personnel from the current contractor, Concentra Medical Centers, 1051 Talbotton Rd, Columbus, Georgia. This is necessary to insure proper medical surveillance monitoring.

COMPLY: YES _____ NO _____

The requirements listed in this section of the specifications were taken from section five of the O.S.H.A. manual, Title 29 of the Code of Federal Regulations Part 1910.120. However, certain parts were changed to meet the specific roles and responsibilities of the Fire/EMS Department's Hazmat and High Angle Rope Rescue Team Personnel

III. OCCUPATIONAL AND MEDICAL HISTORY

A. Successful contractor must perform a complete medical history emphasizing the following systems: Nervous, skin, lung, blood forming, cardiovascular, genitourinary, reproductive, ear, nose and throat.

COMPLY: YES _____ NO _____

IV. PHYSICAL EXAMINATION

The following shall be included:

A. **Vital Signs:** Blood pressure, pulse, temperature, respiratory rate, height, weight.

COMPLY: YES _____ NO _____

B. **Head:** Nose and Throat.

COMPLY: YES _____ NO _____

C. **Eyes:** Include vision tests that measure visual acuity and color vision. A qualified technician or physician should administer these tests. Vision quality is essential to safety; the accurate reading of instruments and labels, the avoidance of physical hazards, and for appropriate response to color coded signals.

COMPLY: YES _____ NO _____

D. **Ears:** A hearing conservation program will be developed by the successful contractor to provide the Hazmat Team personnel with a program to maintain their hearing at the current level. The successful contractor will teach this program to all personnel taking the physical. The Audiograms performed by Concentra Medical Centers during 1993 – Present shall be used as a baseline.

COMPLY: YES _____ NO _____

The successful contractor shall perform all counseling for personnel who show a standard threshold shift. The successful contractor shall advise and provide disposable hearing protection for all personnel and provide instructions on the proper utilization of the hearing protection provided. Currently, disposable hearing protection (ear plugs) are provided at no charge. In the case of a standard threshold shift, contractor shall refer personnel to an audiologist or ENT Physician.

COMPLY: YES _____ NO _____

Audiometric tests are needed because of the ear device used inside the specially designed suits worn by Hazmat Team personnel. The audiometric test must be, performed at 500, 1000, 2000, 3000, 4000 and 6000 Hertz (H/Z) pure tone in an approved booth (see requirements listed in 29 CFR 1910.95). Tests shall be administered by certified technician, and results read by a hearing specialist (i.e., Otolaryngologist and/or licensed and certified audiologist). The integrity of the eardrum shall be established since perforated eardrums can provide a route of entry for chemicals into the body. The physician evaluating employees with perforated eardrums should consider the environmental conditions of the job and discuss possible specific safety controls with the Site Safety Officer, Industrial Hygienist, and/or other health professionals before deciding whether such individuals can safely work on-site.

COMPLY: YES _____ NO _____

If yes, we will provide disposable hearing protection (ear plugs) at no charge.

E **Chest:** Heart and Lungs

COMPLY: YES _____ NO _____

F. **Peripheral Vascular System**

COMPLY: YES _____ NO _____

G. **Abdomen and Rectum:** Include hernia and prostate examination (on male patients) as indicated.

COMPLY: YES _____ NO _____

H. **Spine:** And other components of the musculoskeletal system

COMPLY: YES _____ NO _____

I. **Genitourinary System**

COMPLY: YES _____ NO _____

J. **Skin**

COMPLY: YES _____ NO _____

K. **Nervous System**

COMPLY: YES _____ NO _____

V. TEST REQUIRED

A. **Blood:** Chemistry 23 Profile, CBC (Complete Blood Count), GGPT (Liver Test) if not included on the Chemistry 23 Profile. The Chem-23 Blood Test includes the following

Glucose	Phosphorus, Inorganic	AST (SGOT)
Urea Nitrogen (Bun)	Protein, Total	ALT (SGPT)
Creatinine	Albumin	Uric Acid
Bun/Creatinine Ratio	Globulin	Triglycerides
Sodium	Albumin/Globulin Ratio	Cholesterol, Total
Potassium	Bilirubin, Total	HDL – Cholesterol
Chloride	Alkaline Phosphatase	LDL – Cholesterol
Magnesium	LDH, Total	CHOL/HDLC Ratio
Calcium	GGT	

CBC (Includes DIFF/PLT)

White Blood Cell Count	MCV
Red Blood Cell Count	MCH
Hemoglobin	MCHC
Hematocrit	

RDW

Platelet Count	Absolute Monocytes
Absolute Neutrophils	Monocytes
Neutrophils	Absolute Eosinophils
Absolute Lymphocytes	Eosinophils
Lymphocytes	Absolute Basophils
Lymphocytes	Basophils

COMPLY: YES _____ NO _____

B. Posterior/Anterior and Lateral View Chest X-Rays: 14" x 17" Posterior/Anterior and Lateral View Chest X-Rays must be taken by a trained technician and interpreted by a Board Certified or Board Eligible Radiologist. **Retakes on x-rays will be processed at the expense of the contractor.**

COMPLY: YES _____ NO _____

C. Chest X-Rays: Should not be repeated more than once a year, unless otherwise determined necessary by an examining physician.

COMPLY: YES _____ NO _____

D. Pulmonary Function Testing: Measurement should include forced expiratory volume in 1 second (FEV1), forced vital capacity (FVC) and FEV1 to FVC ratio, with interpretation and comparison to normal predicted values graded for age, height, race, and sex. The test should be conducted by a certified technician and the results interpreted by a physician.

COMPLY: YES _____ NO _____

E. EKG: To be interpreted by a physician.

COMPLY: YES _____ NO _____

F. Mantoux: Tuberculous testing for Fire/EMS Department and inoculation of all firefighters.

COMPLY: YES _____ NO _____

VI. Contractor will provide Hepatitis B shots with the proper record keeping, to be included in the annual physical exam file. A personal file will be maintained for any Fire/EMS personnel receiving Tuberculosis (TB), Hepatitis B shots, worker's compensation exposure and any other services.

COMPLY: YES _____ NO _____

VII. Contractor will contact the Infection Control Officer designated by the Fire/EMS Dept, if the results of a post injury Hepatitis B and Tuberculosis (TB) test are positive.

COMPLY: YES _____ NO _____

VIII. Personnel receiving a positive Tuberculosis (TB) reading will immediately be required to follow-up with a chest x-ray and counseling.

COMPLY: YES _____ NO _____

IX. Tuberculosis (TB) testing will be scheduled annually. Contractor will be transported to each Fire/EMS Station, by the Fire/EMS Department to administer the Tuberculosis (TB) shots and subsequent readings.

COMPLY: YES _____ NO _____

SECTION B – PART II

PHYSICAL EXAMINATION SPECIFICATIONS FOR THE FIRE/EMS SPECIAL OPERATIONS AND DIVE RESCUE TEAMS

I. SCOPE

These specifications describe the requirements for complete medical examinations for the Special Operations Team and Dive Rescue Team of the Fire/EMS Department. Physical examinations are necessary to insure employees are physically qualified to perform the required tasks of the assigned position.

II. OBJECTIVES:

- A. To establish a baseline and annual fitness level for members of the department's Special Operations Team and Dive Rescue Team.
- B. To reduce the potential of injuries to employees that perform technical or hazardous duties.
- C. To reduce the liability incurred by the City.

III. VENDOR REQUIREMENTS

- A. A board certified physician or physician's assistant shall conduct the physical examination.

COMPLY: YES _____ NO _____

B. Contractor shall have a physician who is extremely familiar with SCUBA diving and diving related injuries. This physician should be on-call on a twenty-four (24) hour basis to advise and attend to personnel receiving SCUBA related injuries. Physician shall be able to respond to any of the local emergency rooms for the treatment of an injured SCUBA diver.

COMPLY: YES _____ NO _____

Provide name and contact number of physician (s) specializing in SCUBA injuries:

Include the resume of the physician (s) listed above in the bid submission.

- C. The vendor shall maintain medical records for all employees who are evaluated for a period of five (5) years.

COMPLY: YES _____ NO _____

D. Contractor shall provide physical examination and all testing for Special Operations and Dive Rescue Team members in the same office location. Exceptions: Blood, urine, and etc., can be sent to a laboratory for specific analysis. Also, the Exercise Tolerance (stress electrocardiogram) test can be performed outside the office location but must be interpreted by a board certified cardiologist. X-rays can be sent to and interpreted by a board certified or board eligible radiologist but must be taken by a trained technicians. Retakes on x-rays will be processed at the expense of the contractor.

COMPLY: YES _____ NO _____

IV. TESTS REQUIRED

A. Chest x-ray (14 x 17) - Retakes on x-rays will be processed at the expense of the contractor.

COMPLY: YES _____ NO _____

B. Visual acuity to include

1. Visual Acuity: Near/Far
2. Color Perception
3. Tonometry
4. Depth perception

COMPLY: YES _____ NO _____

C. Audiogram

COMPLY: YES _____ NO _____

D. Exercise Tolerance (Stress Electrocardiogram) Test

COMPLY: YES _____ NO _____

E. Glucose	Phosphorum, Inorganic	AST (SGOT)
Urea Nitrogen (Bun)	Protein, Total	ALT (SGPT)
Creatinine	Albumin	Uric Acid
Bun/Creatinine Ratio	Globulin	Triglycerides
Sodium	Albumin/Globulin Ratio	Cholesterol, Total
Potassium	Bilirubin, Total	HDL – Cholesterol
Chloride	Alkaline Phosphatase	LDL – Cholesterol
Magnesium	LDH, Total	CHOL/HDLC Ratio
Calcium	GGT	

CBC (Includes DIFF/PLT)

White Blood Cell Count	MCV
Red Blood Cell Count	MCH
Hemoglobin	MCHC
Hematocrit	

RDW

Platelet Count	Absolute Monocyte
Absolute Neutrophil	Monocyte
Neutrophil	Absolute Eosinophil
Absolute Lymphocytes	Eosinophil
Lymphocytes	Absolute Basophil
Lymphocytes	Basophil

COMPLY: YES _____ NO _____

F. Complete Urinalysis

COMPLY: YES _____ NO _____

G. Spirometry and Pulmonary Function to include:

1. FEV-1
2. Percentage FEV-1/predicted
3. FVC
4. Percentage FVC/predicted
5. FEV-1/FVC

6. Percentage FEV-1/FVC/predicted

COMPLY: YES _____ NO _____

H. Hemocult Test

COMPLY: YES _____ NO _____

I. **NOTE:** ALL TEST/EXAMINATIONS ABOVE WILL BE PERFORMED ON AN ANNUAL BASIS. IN ADDITION, DIVERS SHALL BE EVALUATED BY A PHYSICIAN KNOWLEDGEABLE IN DIVING/UNDERWATER MEDICINE, IF ANY ONE OF THE FOLLOWING CONDITIONS EXISTS:

1. After any injury, illness, or surgery requiring hospital admission or debilitation.
2. After any episode of unconsciousness.
3. After a diving accident resulting in an over-expansion injury or any injury requiring decompression.
4. Any time deemed necessary by the Dive Team Supervisor Incident Commander

COMPLY: YES _____ NO _____

J. The successful contractor shall obtain all medical records, for approximately 25 Special Operations and Dive Rescue Team personnel, from Occupational Medicine of Columbus, 7301 Northlake Dr, Columbus, Georgia. This is necessary to insure proper medical surveillance monitoring.

COMPLY: YES _____ NO _____

V. APPOINTMENTS

The Fire/EMS Department will schedule appointments with the service provider.

COMPLY: YES _____ NO _____

VI. EXAMINATION RESULTS

Results of the examination must be provided to the Fire/EMS Department within two (2) days after the physical examination is completed.

COMPLY: YES _____ NO _____

REFERENCES:

- A. "Medical Examination of Scuba Divers, 2nd ed. "1986 by Dr. Jefferson C. Davis and adopted by the National Association for Search and Rescue.
- B. "Guidelines for Protecting the Safety and Health of Health Care Workers" U.S. Department of Health and Human Services. National Institute for Occupational Safety and Health. September 1988.
- C. Department of Transportation, Physical Qualifications and Examinations of Drivers. 1984
- D. United States Armed Forces Medical Standards for SCUBA Divers. 1989
- E. Recommendations from Occupational and Family Medicine of Columbus
- F. Recommendations from Hughston Sports Medicine Center

SECTION C

PHYSICAL EXAMINATION SPECIFICATIONS FOR POLICE OFFICER CANDIDATES

I. SCOPE

These specifications describe the requirements for complete medical examinations for Police Officers. Physical examinations are necessary to insure employees are physically qualified to perform the required tasks of the assigned position.

II. VENDOR REQUIREMENTS

A. A board certified physician or physician's assistant shall conduct the physical examination.

COMPLY: YES _____ NO _____

B. The examination shall consist of a general physical examination and appropriate laboratory test administered to determine the prospective employee's ability to meet the physical demands of the job for which he/she has been selected.

COMPLY: YES _____ NO _____

C. It shall be the responsibility of the contractor ("Examining Physician") to determine and report any conditions, which, in his/her professional opinion, will preclude the individual examined from satisfactorily performing the essential duties of the job for which he/she was selected. **If the applicant is recommended for employment, the physician will be required to sign a certificate of medical examination form provided by the Georgia Peace Officer Standards and Training Council (POST).**

III. PRE-PHYSICAL QUALIFICATIONS HEALTH SCREENING

Prior to the offer of employment with the Columbus Police Department, applicants must pass a Physical Qualification Exam. The Physical Qualification Exam, administered by the Police Department, tests the following areas of physical ability:

- A. Cardio-vascular – Endurance
- B. Anaerobic Endurance
- C. Agility
- D. Flexibility
- E. Upper Body Strength

Upon passing the Physical Qualification Exam, employment may be conditionally offered contingent on the results of a full physical examination at a later time. **Blood pressure and pulse rate must be within normal ranges to allow participation in the described physical activity.** Approximately 50-70 applicants may require this service. Currently, this service is provided at no charge. The contractor shall perform the Pre-Physical Qualification Vita Sign assessment which consist of the following:

- A. Blood Pressure
- B. Pulse Rate
- C. The Contractor must approve or disapprove the applicant's blood pressure and pulse rate are within normal ranges for described activity.

We will provide the vital sign assessment for Pre-Physical Qualification Exam of applicants at no charge.

COMPLY: YES _____ **NO** _____

If no, the charge will be \$ _____ per health screen applicant.

IV. PRESENT STATE OF MEDICAL HISTORY:

A. The Contractor shall document the following areas to establish a present medical history:

1. Lung Infections
2. Tuberculosis
3. Chronic Cough
4. Shortness of Breath
5. Cardio-vascular
6. Stomach Ulcer
7. Diabetes
8. Cancer
9. Kidney Trouble
10. Rheumatic Fever
11. Hernia
12. Convulsions/Seizures
13. Emotional Illnesses
14. Asthma
15. Chest Pain

COMPLY: YES _____ **NO** _____

B. Injuries and broken bones:

1. Head
2. Neck
3. Back
4. Arms
5. Legs
6. Other

COMPLY: YES _____ **NO** _____

C. Occupational History (Exposure-duration and time)

1. Dusts
2. Fumes
3. Radiation
4. Other
5. Allergies

COMPLY: YES _____ **NO** _____

V. The Physical Examination shall include the following:

- A. Height (in stockings)
- B. Weight (indoor clothing)
- C. Temperature
- D. Blood Pressure

- E. Pulse
- F. Respiration
- G. Ears – Both ears should be tested for hearing acuity and loss with notations of such when recommending employment suitability.
- H. Eye – Include vision tests that measure visual acuity and color vision. A qualified technician or physician should administer these tests. Vision quality is essential to safety; the accurate reading of instruments and labels, the avoidance of physical hazards, and for appropriate response to color coded signals.

Distant

Right – Corrected Right

Near

Right – Corrected Right

Color (Enforcement Officer and Professional Drivers)

- I. Skin
- J. Head
- K. Neck
- L. Nose
- M. Mouth
- N. Teeth
- O. Throat
- P. Thyroid
- Q. Thorax:
 - Heart – Lungs - *Chest X-Ray results (required within last 6 months)
 - (Re-Examined heart after exercise in those over 35)
- R. Vascular System
- S. Abdomen
- T. Hernia
- U. Musculo-Skeletal:
 - Arms – Legs – Digits
 - Back – Joints
- V. Emotional Stability
- W. Genitalia
- X. Rectal
- Y. Pelvic or Rectal
- Z. Breasts
- AA. Neurological
- BB. Audiometric

***Retakes on x-rays will be processed at the expense of the Contractor.**

COMPLY: YES _____ NO _____

VI. LABORATORY REQUIREMENTS:

Serology (required within last 30 days – show results)

- A. Hemoglobin – WBC
- B. Urinalysis: Spec. Gr – Albumin – Sugar
- Microscopic

COMPLY: YES _____ NO _____

VII. REQUIRED FORMS:

A health screen form for Pre-Physical Qualifications of Applicants that may or may not be offered employment and may or may not require the full physical at a later time will be provided,

by the Police Department, to the Contractor. The applicants will hand carry the form to the Contractor. (See Attachment III).

COMPLY: YES _____ NO _____

A medical examination form required by the Georgia Peace Officer Standards and Training Council (POST) will be provided, by the Police Department, to the Contractor. The New candidates will hand carry the form to the Contractor. (See Attachment IV)

COMPLY: YES _____ NO _____

VIII. APPOINTMENTS:

Appointments will be scheduled by the Police Department with the service provider. Examinations must take place within the one (1) to two (2) days of notification.

COMPLY: YES _____ NO _____

IX. EXAMINATION RESULTS:

Results of the examination must be provided to the Police Department within two (2) days after the physical examination is completed.

COMPLY: YES _____ NO _____

X. SHOT RECORDS:

Contractor will provide Hepatitis B shots with the proper record keeping for each employee receiving the shot (s).

COMPLY: YES _____ NO _____

SECTION D

PHYSICAL EXAMINATION SPECIFICATIONS FOR SHERIFF DEPUTIES

I. SCOPE

These specifications describe the requirements for complete medical examinations for Sheriff Deputies. Physical examinations are necessary to insure employees are physically qualified to perform the required tasks of the assigned position.

II. VENDOR REQUIREMENTS

A. A board certified physician or physician's assistant shall conduct the physical examination.

COMPLY: YES _____ NO _____

B. The examination shall consist of a general physical examination and appropriate laboratory test administered to determine the prospective employee's ability to meet the physical demands of the job for which he/she has been selected.

COMPLY: YES _____ NO _____

C. It shall be the responsibility of the contractor ("Examining Physician") to determine and report any conditions, which, in his/her professional opinion, will preclude the individual examined from satisfactorily performing the essential duties of the job for which he/she was selected. **If the applicant is recommended for employment, the physician will be required to sign a certification of medical examination form provided by the Georgia Peace Officer Standards and Training Council (POST).**

III. PRE-PHYSICAL QUALIFICATIONS HEALTH SCREENING

Prior to the offer of employment with the Sheriff Department, applicants must pass a Physical Qualification Exam. The Physical Qualification Exam, administered by the Sheriff Department, tests the following areas of physical ability:

- A. Cardio-vascular – Endurance
- B. Anaerobic Endurance
- C. Agility
- D. Flexibility
- E. Upper Body Strength

Upon passing the Physical Qualification Exam, employment may be conditionally offered contingent on the results of a full physical examination at a later time. **Blood pressure and pulse rate must be within normal ranges to allow participation in the described physical activity.** Approximately 50-70 applicants may require this service. Currently, this service is provided at no charge. The contractor shall perform the Pre-Physical Qualification Vita Sign assessment which consist of the following:

- A. Blood Pressure
- B. Pulse Rate
- C. The Contractor must approve or disapprove the applicant's blood pressure and pulse rate are within normal ranges for described activity.

We will provide the vital sign assessment for Pre-Physical Qualification Exam of applicants at no charge.

COMPLY: YES _____ NO _____

If no, the charge will be \$ _____ per health screen applicant.

IV. PRESENT STATE OF MEDICAL HISTORY:

A. The Contractor shall document the following areas to establish a present medical history:

1. Lung Infections
2. Tuberculosis
3. Chronic Cough
4. Shortness of Breath
5. Cardio-vascular
6. Stomach Ulcer
7. Diabetes
8. Cancer
9. Kidney Trouble
10. Rheumatic Fever
11. Hernia
12. Convulsions/Seizures
13. Emotional Illnesses
14. Asthma
15. Chest Pain

COMPLY: YES _____ **NO** _____

B. Injuries and broken bones:

1. Head
2. Neck
3. Back
4. Arms
5. Legs
6. Other

COMPLY: YES _____ **NO** _____

C. Occupational History (Exposure-duration and time)

1. Dusts
2. Fumes
3. Radiation
4. Other
5. Allergies

COMPLY: YES _____ **NO** _____

IV. The Physical Examination shall include the following:

- A. Height (in stockings)
- B. Weight (indoor clothing)
- C. Temperature
- D. Blood Pressure
- E. Pulse
- F. Respiration
- G. Ears
- H. Eye – Vision (State the Methods to be used)
- I. Distant

Right – Corrected Right

Near

Right – Corrected Right

Color (Enforcement Officer and Professional Drivers)

- J. Skin
- K. Head
- L. Neck
- M. Nose
- N. Mouth
- O. Teeth
- P. Throat
- Q. Thyroid
- R. Thorax:
 - Heart – Lungs - *Chest X-Ray results (required within last 6 months)
 - (Re-Examined heart after exercise in those over 35)
- S. Vascular System
- T. Abdomen
- U. Hernia
- V. Musculo-Skeletal:
 - Arms – Legs – Digits
 - Back – Joints
- W. Emotional Stability
- X. Genitalia
- Y. Rectal
- Z. Pelvic or Rectal
- AA. Breasts
- BB. Neurological
- CC. Audiometric

***Retakes on x-rays will be processed at the expense of the Contractor.**

COMPLY: YES _____ NO _____

VI. LABORATORY REQUIREMENTS:

Serology (required within last 30 days – show results)

- A. Hemoglobin – WBC
- B. Urinalysis: Spec. Gr – Albumin – Sugar
- Microscopic

COMPLY: YES _____ NO _____

VII. REQUIRED FORMS:

A health screen form for Pre-Physical Qualifications of Applicants that may or may not be offered employment and may or may not require the full physical at a later time will be provided, by the Sheriff Department, to the Contractor. The applicants will hand carry the form to the Contractor. (See Attachment III).

COMPLY: YES _____ NO _____

A medical examination form required by the Georgia Peace Officer Standards and Training Council (POST) will be provided, by the Sheriff Department, to the Contractor. The New candidates will hand carry the form to the Contractor. (See Attachment IV)

COMPLY: YES _____ NO _____

VIII. APPOINTMENTS:

Appointments will be scheduled by the Sheriff Department with the service provider.
Examinations must take place within the one (1) to two (2) days of notification.

COMPLY: YES _____ **NO** _____

IX. EXAMINATION RESULTS:

Results of the examination must be provided to the Sheriff Department within two (2) days after the physical examination is completed.

COMPLY: YES _____ **NO** _____

ATTACHMENT B

**COST PROPOSAL
EMPLOYEE PHYSICALS
RFP NO. 10-0005**

SECTION A**GENERAL GOVERNMENT EMPLOYEES**

Est. Qty Per Year	Description	Unit Cost	Extended Cost
100	Pre-Employment Physical Examinations	\$	\$
75	DOT/CDL Pre-employment Physicals and Drug test for Drivers	\$	\$
600	Lab Drug Screen (10 Panel)	\$	\$
50	Quick Screen (for Post Accident)	\$	\$
25	Breath Alcohol Test	\$	\$
50	Random Driver (CDL) Drug Test	\$	\$
50	Random Driver (CDL); Alcohol Salvia Test	\$	\$
10	Alcohol Blood Test	\$	\$
5	Fitness for Duty Physical	\$	\$
8	Physician Consultation (per quarter hour)	\$	\$
50	Non-DOT Drug Screen (9 Panel)	\$	\$
SECTION A Total Estimated Extended Value			\$

SECTION B; PART 1**HAZMAT AND HIGH ANGLE ROPE RESCUE TEAMS**

Est. Qty Per Year	Description	Unit Cost	Extended Cost
150	Physical Examinations for Hazmat and High Angle Rope Rescue Teams	\$	\$
200	MANTOUX – Tuberculous Test	\$	\$
30	Hepatitis B – 1st Injection	\$	\$
30	Hepatitis B – 2nd Injection	\$	\$
30	Hepatitis B – 3rd Injection	\$	\$
30	Hepatitis B – Antibody – Labs	\$	\$
SECTION B – PART I			
Total Estimated Extended Value			\$

SECTION B; PART II**FIRE/EMS SPECIAL OPERATIONS AND DIVE RESCUE TEAMS**

Est. Qty Per Year	Description	Unit Cost	Extended Cost
20	Chest X-Ray (Posterior, Anterior and Lateral)	\$	\$
20	Eye Exams to include: Visual acuity: near/far; color perception; tonometry; depth perception	\$	\$
20	Audiogram	\$	\$
20	Stress Electrocardiogram Test	\$	\$
20	Chem-23 Blood Test including GGTP (Liver Test)	\$	\$
20	Complete Urinalysis	\$	\$
20	Spirometry and Pulmonary	\$	\$
20	Hemocult Test	\$	\$

20	Complete Medical History and Examination to include: A. Height, weight, temperature, pulse, respiration and blood pressure B. Skin, head, nose and throat C. Nervous System D. Spine Musuloskeleta System (to include back screening) Kraus-Weber or equivalent test E. Abdomen and Rectum (including Hernia exam)	\$	\$
20	Varicella Zoster Test	\$	\$
20	MMR Titer Test	\$	\$
20	EKG	\$	\$
20	Blood RPR	\$	\$
20	Respirator Physical	\$	\$
SECTION B – PART II Total Estimated Extended Value			\$

SECTION C
POLICE

Est. Qty Per Year	Description	Unit Cost	Extended Cost
100	Police Officer Candidates Physical Examinations	\$	\$
50	Drug Test	\$	\$
20	Police, Pre-Placement Physicals	\$	\$
10	Hepatitis B – 1st Injection	\$	\$
10	Hepatitis B – 2nd Injection	\$	\$
10	Hepatitis B – 3rd Injection	\$	\$
10	Hepatitis B – Antibody – Labs	\$	\$
SECTION C Total Estimated Extended Value			\$

SECTION D
SHERIFF

Est. Qty Per Year	Description	Unit Cost	Extended Cost
75	Sheriff Physical, Pre-Placement	\$	\$
25	CBC w/Diff	\$	\$
25	Chest X-Ray 2-View	\$	\$
25	Syphilis Test	\$	\$
25	Non Regulated UDS –Pre-Placement	\$	\$
SECTION D Total Estimated Extended Value			\$

Description	Total Estimated Contract Amount
SECTION A GENERAL GOVERNMENT PRE-EMPLOYMENT	\$
SECTION B – PART 1 FIRE/EMS HAZMAT AND HIGH ANGLE ROPE RESCUE TEAMS	\$
SECTION B – PART II FIRE/EMS SPECIAL OPERATIONS AND DIVE RESCUE TEAMS	\$
SECTION C POLICE OFFICER CANDIDATES	\$
SECTION D SHERIFF	\$
Grand Total Estimated Contract Value	\$

ADDITIONAL CHARGES

Medical Review Officer (MRO) Services: \$_____ (if applicable)
Cost Per Hour

After Hours Fee: _____ (if applicable)

If additional cost will be associated with this contract, please delineate cost in detail separately.

Company Name: _____

Authorized Signature: _____

**ATTACHMENT C
CONTRACT SIGNATURE PAGE**

ATTEST:
(SEAL)

By: _____

(Type or Print name and Title of Signatory)

Witness as to the Contractor

Company: _____

Address: _____

Witness as to the Contractor

Tax Identification Number: _____

Telephone: _____

Fax Number: _____

E-mail Address: _____

COLUMBUS CONSOLIDATED GOVERNMENT OF
COLUMBUS, GEORGIA

Accepted this _____ day of _____, 2010

Isaiah Hugley, City Manager

Tiny Washington, Clerk of Council

APPROVED AS TO LEGAL FORM:

Clifton Fay, City Attorney

****COMPLETE THIS PAGE AND RETURN WITH BID****

ATTACHMENT D**SOLICITATION ID: RFP NO. 10-0005****INSURANCE CHECKLIST****CERTIFICATE OF INSURANCE MUST SHOW ALL COVERAGE AND ENDORSEMENTS
INDICATED BY "X"**

CSL = Combined Single Limit; BI = Bodily Injury; PD=Property Damage

Required Coverage(s)		Limits (Figures denote minimums)	Bidders Limits/Response
X	1. Worker's Compensation and Employer's Liability	\$1 Million/accident, \$1 Million/disease, \$1 Million/disease policy limit	
	Comprehensive General Liability		
X	2. General Liability Premises/Operations	\$1 Million CSL BI/PD each occurrence, \$1 Million annual aggregate	
X	3. Independent Contractors and Sub – Contractors	\$1 Million CSL BI/PD each occurrence, \$1 Million annual aggregate	
	4. Products Liability	\$1 Million CSL BI/PD each occurrence, \$1 Million annual aggregate	
	5. Completed Operations	\$1 Million CSL BI/PD each occurrence, \$1 Million annual aggregate	
X	6. Contractual Liability (Must be shown on Certificate)	\$ 1 Million CSL BI/PD each occurrence, \$1 Million annual aggregate	
	Automobile Liability		
X	7. Owned/Hired/Non-Owned Vehicles/ Employer non ownership	\$1 Million BI/PD each Accident, Uninsured Motorist	
	Others		
	8. Miscellaneous Errors and Omissions	\$1 Million per occurrence/claim	
	9. Umbrella/Excess Liability	\$1 Million Bodily Injury, Property Damage and Personal Injury	
	10. Personal and Advertising Injury Liability	\$1 Million each offense, \$1 Million annual aggregate	
X	11. Professional Liability	\$1 Million per occurrence/claim	
	12. Architects and Engineers	\$1 Million per occurrence/claim	
	13. Asbestos Removal Liability	\$2 Million per occurrence/claim	
X	14. Medical Malpractice	\$1 Million per occurrence/claim	
X	15. Medical Professional Liability	\$1 Million per occurrence/claim	
	16. Dishonesty Bond		
	17. Builder's Risk	Provide Coverage in the full amount of contract	
	18. XCU (Explosive, Collapse, Underground) Coverage		
	19. USL&H (Long Shore Harbor Worker's Compensation Act)		
	20. Contractor Pollution Liability	\$2 Million per occurrence/claim	
	21. Environmental Impairment Liability	\$2 Million per occurrence/claim	

Required Coverage(s)		Limits (Figures denote minimums)	Bidders Limits/Response
X	22. Carrier Rating shall be Best's Rating of A-VII or its equivalents		
X	23. Notice of Cancellation, non-renewal or material change in coverage shall be provided to City at least 30 days prior to action.		
X	24. The City shall be named Additional Insured on all policies		
X	25. Certificate of Insurance shall show Bid Number and Bid Title		
	26. Pollution:	\$2 Million per occurrence/claim	

*If offeror's employees will be using their privately owned vehicles while working on this contract and are privately insured, please state that fact in the **Bidders Limits/Response** column of the insurance checklist.

INSURANCE AGENT'S STATEMENT:

I have reviewed the above requirements with the bidder named below and have advised the bidder of required coverages provided or not provided through this agency. The bidder can comply with the insurance requirements stated above.

AGENCY NAME: _____

AGENTS NAME: _____

AUTH. SIGNATURE: _____

BIDDER'S STATEMENT:

If awarded the contract, I will comply with contract insurance requirements.

BIDDER NAME: _____

AUTH. SIGNATURE: _____

ATTACHMENT E

Form W-9 (Rev. October 2007) Department of the Treasury Internal Revenue Service	Request for Taxpayer Identification Number and Certification	Give form to the requester. Do not send to the IRS.
--	---	---

Print or type
See specific instructions on page 2

Name (as shown on your income tax return)	
Business name, if different from above	
Check appropriate box: ☐ Individual/sole proprietor ☐ Corporation ☐ Partnership ☐ Limited liability company. Enter the tax classification (D=disregarded entity, C=corporation, P=partnership) ▶ ☐ Exempt payee ☐ Other (see instructions) ▶	
Address (number, street, and apt. or suite no.)	Requester's name and address (optional)
City, state, and ZIP code	
List account number(s) here (optional)	

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on Line 1 to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Note. If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

Social security number	OR
	Employer identification number

Part II Certification

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
- I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
- I am a U.S. citizen or other U.S. person (defined below).

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the Certification, but you must provide your correct TIN. See the instructions on page 4.

Sign Here	Signature of U.S. person ▶	Date ▶
------------------	----------------------------	--------

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Purpose of Form

A person who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

- Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
- Certify that you are not subject to backup withholding, or
- Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income.

Note. If a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

Definition of a U.S. person. For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States,
- An estate (other than a foreign estate), or
- A domestic trust (as defined in Regulations section 301.7701-7).

Special rules for partnerships. Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax on any foreign partners' share of income from such businesses. Further, in certain cases where a Form W-9 has not been received, a partnership is required to presume that a partner is a foreign person, and pay the withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid withholding on your share of partnership income.

The person who gives Form W-9 to the partnership for purposes of establishing its U.S. status and avoiding withholding on its allocable share of net income from the partnership conducting a trade or business in the United States is in the following cases:

- The U.S. owner of a disregarded entity and not the entity,

ATTACHMENT F

VENDOR INFORMATION REGARDING "GEORGIA SECURITY AND IMMIGRATION COMPLIANCE ACT" OF 2006

In accordance with the Georgia Security and Immigration Compliance Act of 2006, every public employer, every contractor of a public employer, and every subcontractor of a public employer's contractor must register and participate in a federal work authorization program. Accordingly, the following attachments relate to documentation you must provide the City regarding the number of employees you have.

The requirements of the new law shall apply to public employers, their contractors and subcontractors, as follows:

- (a) On or after July 1, 2007, to public employers, contractors, or subcontractors of **500 or more employees**;
- (b) On or after July 1, 2008, to public employers, contractors, or subcontractors of **100 or more employees; and**
- (c) On or after July 1, 2009, to **all other** public employers, their contractors, or subcontractors.

On the next page you will be required to verify the number of employees in your company. **As of July 1, 2009, all contractors must also complete the attached "CONTRACTOR AFFIDAVIT AND AGREEMENT"**. Additionally, if you utilize subcontractors, they must complete the SUBCONTRACTOR AFFIDAVIT.

Vendors may view complete verbiage for the new law on the Purchasing Web Page:
www.columbusga.org/Finance/Purchasing_docs/Georgia_Security_and_Immigration_Compliance_Act_of_2006.pdf

"GEORGIA SECURITY AND IMMIGRATION COMPLIANCE ACT" OF 2006

Effective for contracts commencing after July 1, 2007
REQUIRED CONTRACT CLAUSES

Compliance with the requirements of O.C.G.A. §13-10-91 and corresponding rules of the Georgia Department of Labor such as Rule 300-10-1-.02 are conditions of this Contract.

Contractor affirms by checking the box below, the employee-number category applicable to the Contractor as required by O.C.G.A. §13-10-91:

☐ "500 or more employees"

☐ "100 or more employees"

☐ "fewer than 100 employees,"

In the event the Contractor employs or contracts with any Subcontracted(s) in connection with the covered contract, the Contractor will secure from the Subcontractor(s) such Subcontractor(s) indication of the employee-number category applicable to the Subcontractor.

The term "Subcontractor" includes a subcontractor, contract employee, staffing agency, or any contractor regardless of its tier.

In accordance with the provisions of O.C.G.A. §13-10-91, the Contractor agrees that, in the event the Contractor employs or contracts with any Subcontractor(s) in connection with the covered contract, the Contractor shall secure from such subcontractor(s) attestation of the Subcontractor's compliance with O.C.G.A. §13-10-91 and Rule 300-10-1-.02 of the Georgia Department of Labor by the Subcontractor's execution of the Subcontractor Affidavit in the form provided by Columbus, Georgia. The Contractor shall maintain records of such attestation for inspection by Columbus, Georgia at any time. Such Subcontractor affidavit shall become a part of the contractor/subcontractor agreement.

The Contractor's compliance with the requirements of §O.C.G.A. 13-10-91 and Rule 300-10-1-.02 of the Georgia Department of Labor shall be attested by the execution of the Contractor Affidavit as provided by Columbus, Georgia and such affidavit must be attached to, and become a part of, the covered Contract.

The Contractor agrees that all portions of contracts pertaining to compliance with O.C.G.A. §13-10-91 and corresponding rules of the Georgia Department of Labor such as Rule 300-10-1-.02, and any affidavits related thereto, shall be open for public inspection in Georgia at reasonable times during normal business hours.

Business Name: _____

Signature of Authorized Agent: _____

Print Name of Authorized Agent and Title: _____

"GEORGIA SECURITY AND IMMIGRATION COMPLIANCE ACT" OF 2006

CONTRACTOR AFFIDAVIT AND AGREEMENT

By executing this affidavit, the undersigned contractor verifies its compliance with O.C.G.A. 13-10-91, stating affirmatively that the individual, firm, or corporation which is contracting with **Columbus Consolidated Government, Columbus, Georgia**, has registered with and is participating in a federal work authorization program* [any of the electronic verification of work authorization programs operated by the United States Department of Homeland Security or any equivalent federal work authorization program operated by the United States Department of Homeland Security to verify information of newly hired employees, pursuant to the Immigration Reform and Control Act of 1986 (IRCA), P.L. 99-603], in accordance with the applicability provisions and deadlines established in O.C.G.A. 13-10-91.

The undersigned further agrees that, should it employ or contract with any subcontractor(s) in connection with the physical performance of services pursuant to this contract with **Columbus Consolidated Government, Columbus, Georgia**, contractor will secure from such subcontractor(s) similar verification of compliance with O.C.G.A. 13-10-91 on the Subcontractor Affidavit provided in Rule 300-10-01-.08 or a substantially similar form. Contractor further agrees to maintain records of such compliance and provide a copy of each such verification to the **Columbus Consolidated Government, Columbus, Georgia**, at the time the subcontractor(s) is retained to perform such service.

EEV / Basic Pilot Program* User Identification Number

BY: Authorized Officer or Agent
(Contractor Name)

Date

Title of Authorized Officer or Agent of Contractor

Printed Name of Authorized Officer or Agent

SUBSCRIBED AND SWORN BEFORE ME ON THIS THE

____ DAY OF _____, 2010

Notary Public

My Commission Expires: _____

* As of the effective date of O.C.G.A. 13-10-91, the applicable federal work authorization program is the "EEV / Basic Pilot Program" operated by the U. S. Citizenship and Immigration Services Bureau of the U.S. Department of Homeland Security, in conjunction with the Social Security Administration (SSA).

(End of Form)

Authority O.C.G.A. 13-10-91.

"GEORGIA SECURITY AND IMMIGRATION

COMPLIANCE ACT" OF 2006

SUBCONTRACTOR AFFIDAVIT

By executing this affidavit, the undersigned subcontractor verifies its compliance with O.C.G.A. 13-10-91, stating affirmatively that the individual, firm or corporation which is engaged in the physical performance of services under a contract with:

(Name of Contractor)

on behalf of **Columbus Consolidated Government, Columbus, Georgia**, has registered with and is participating in a federal work authorization program* [any of the electronic verification of work authorization programs operated by the United States Department of Homeland Security or any equivalent federal work authorization program operated by the United States Department of Homeland Security to verify information of newly hired employees, pursuant to the Immigration Reform and Control Act of 1986 (IRCA), P.L. 99-603], in accordance with the applicability provisions and deadlines established in O.C.G.A. 13-10-91.

EEV / Basic Pilot Program* User Identification Number

BY: Authorized Officer or Agent
(Subcontractor Name)

Date

Title of Authorized Officer or Agent of Subcontractor

Printed Name of Authorized Officer or Agent

SUBSCRIBED AND SWORN BEFORE ME ON THIS THE

___ DAY OF _____, 2010

Notary Public

My Commission Expires: _____

* As of the effective date of O.C.G.A. 13-10-91, the applicable federal work authorization program is the "EEV / Basic Pilot Program" operated by the U. S. Citizenship and Immigration Services Bureau of the U.S. Department of Homeland Security, in conjunction with the Social Security Administration (SSA).

(End of Form)

Authority O.C.G.A. 13-10-91.

ATTACHMENT I

COLUMBUS CONSOLIDATED GOVERNMENT
CERTIFICATE OF MEDICAL EXAMINATION

NAME: _____ SS # _____

DEPARTMENT: _____ JOB TITLE: _____

FOR OFFICE USE:

1. Height _____ Weight _____

2. Blood Pressure _____

3. Eyes: Distance vision without glasses Right _____ Left _____
Distance vision with glasses Right _____ Left _____
Evidence of disease or injury Right _____ Left _____

Color vision _____

4. Ears Ordinary conversation Right _____ Left _____
Evidence of disease or injury Right _____ Left _____

5. Nose, Sinus Disease, etc. _____

6. Mouth and Throat _____

7. Gastro-intestinal _____

8. Thyroid and other glands _____

9. Heart and blood vessels _____

10. Lungs, chest x-ray _____

11. Hernia _____ varicose veins _____ varicocele _____

12. Genito-urinary disease _____

13. Nervous System _____

14. Flat feet _____ scars _____ deformities _____

15. Do you recommend applicant for employment? _____

Comments: _____

Physician's Signature

Date

**PHYSICAL EXAMINATION AND DRUG/ALCOHOL
RELEASE**

This is to verify that _____
took a physical examination and a drug/alcohol test on _____
_____ and is recommended for employment.

Examining Physician

Contact Personnel for an appointment to complete processing.

Personnel Form 1

ATTACHMENT III

**COLUMBUS POLICE DEPARTMENT
PERSONNEL UNIT**

APPLICANT SHOULD HAVE THIS CARD COMPLETED WITHIN 5 DAYS
OF PQ TEST. CARD MUST BE COMPLETED BEFORE TEST IS TAKEN,
ANY OTHER PHYSICIAN USED WILL BE AT APPLICANT'S EXPENSE.
HOURS: M-F, 7:15 a.m. - 4:30 p.m.

PHONE: (706) 322-2511

NAME OF APPLICANT _____

DATE OF PHYSICAL QUALIFICATIONS TEST _____

APPROVING AUTHORITY _____

BLOOD PRESSURE _____ / _____ RESTING HEART RATE _____

APPROVED _____

SIGNATURE OF PHYSICIAN

DISAPPROVED _____

DATE

ATTACHMENT IV

POST FORM 4
PAGE 1

GEORGIA PEACE OFFICER STANDARDS AND TRAINING COUNCIL
MEDICAL EXAMINATION REPORT
AND
PHYSICIAN'S AFFIDAVIT

MEMORANDUM

TO: THE EXAMINING PHYSICIAN

FROM:

Employing Law Enforcement Unit

Applicant's Name

SUBJECT: PRE-EMPLOYMENT/PRE-APPLICATION MEDICAL EXAMINATION

We earnestly solicit your assistance in completing the pre-employment/pre-application physical examination on the above named Law Enforcement Applicant.

Pre-employment/pre-application examinations are required by law for persons commencing employment as peace officers with law enforcement units after July 1, 1975, and persons employed on or before that date who voluntarily apply for certification in accordance with the Georgia Peace Officer Standards and training Act (Ga. L. 1970, p. 208, as amended; Ga. L. 1975, p. 1165).

After the medical examination has been completed, the Medical Examination Report and Physician's Affidavit should be mailed to:

(Address of Employing Law Enforcement Unit)

The Applicant is being considered for employment or certification as a Peace Officer. The primary function of a Peace Officer is the enforcement of the criminal law through the power of arrest. Your attention is directed to the affidavit which appears on page 4 of this Medical Examination Report. This affidavit must be completed and subscribed by the Examining Physician.

The results of this examination will be reviewed by the Applicant's employing law enforcement unit and the Georgia Peace Officer Standards and Training Council.

THE GEORGIA PEACE OFFICER STANDARDS AND TRAINING COUNCIL IS NOT RESPONSIBLE FOR ANY FEE OR EXPENSE INCURRED WITH RESPECT TO THIS EXAMINATION.

GEORGIA PEACE OFFICER STANDARDS AND TRAINING COUNCIL
MEDICAL EXAMINATION REPORT

TO BE FILLED IN BY EMPLOYING LAW ENFORCEMENT UNIT

Applicant's Full Name: _____

Employing Law Enforcement Unit: _____

Date of Birth _____ / _____ / _____ Race: _____ Sex: _____

Description of Duties: _____

x _____
Authorizing Signature

TO BE FILLED IN BY EXAMINING PHYSICIAN (Please comment in each space; enter 0 for negative.)

MEDICAL HISTORY:

Present state of health – Statement of applicant: _____

Illnesses:

_____ Lung Infections	_____ Stomach Ulcer	_____ Hernia
_____ Tuberculosis	_____ Diabetes	_____ Convulsions/Seizures
_____ Chronic Cough	_____ Cancer	_____ Emotional Illnesses
_____ Shortness of breath	_____ Kidney Trouble	_____ Asthma
_____ Cardio-vascular	_____ Rheumatic Fever	_____ Chest Pain

Injuries and broken bones:

_____ Head _____ neck _____ back _____ arms _____ legs _____ other

Operations: _____

Familial Diseases: _____ Heart _____ Cancer _____ Stroke _____ Mental Illnesses

_____ Tuberculosis _____ Diabetes _____ Other

OCCUPATIONAL HISTORY: (Exposure-duration an time)

Dusts _____ Fumes _____ Radiation _____

Other _____

ALLERGIES: _____

The above information, to the best of my knowledge, is accurately recorded with no pertinent medical data omitted.

Signature of Applicant

PHYSICIAN'S COMMENTS: _____

POST FORM 4

PAGE 3

PHYSICAL EXAMINATION

Height (in stockings)_____ Weight (Indoor Clothing)_____ Temperature_____

Blood Pressure_____ Pulse_____ Respiration_____ Eyes_____ Ears_____

Vision (State Methods Used):

Distant

Near

Right_____ Corrected Right_____ Right_____ Corrected Right_____

Left_____ Corrected Left_____ Left_____ Corrected Left_____

Color (Enforcement Officers and Professional Drivers):_____

Skin_____ Head_____ Neck_____

Nose_____ Mouth_____ Teeth_____

Throat_____ Thyroid_____

Thorax:

Heart_____ Lungs_____ Chest X-Ray Results_____

(required within last 6 months)

(Re-examined heart after exercise in those over 35):_____

Vascular System_____

Abdomen_____

Hernia_____

Musculo-Skeletal: Arms_____ Legs_____ Digits_____

Back_____ Joints_____

Emotional Stability:_____

Genitalia_____ Rectal_____

Pelvic or Rectal_____ Breasts_____

Neurological_____

Audiometric_____

(to be given to applicants only if specified by employing agency)

Laboratory: Serology (required within last 30 days – show results):

Hemoglobin_____ WBC_____

Urinalysis: Spec. Gr._____ Albumin_____ Sugar_____ Microscopic_____

PHYSICIAN'S COMMENTS: _____

PHYSICIAN'S AFFIDAVIT

To the best of your knowledge, is the above named examinee free from any physical, emotional or mental condition, which might adversely affect his exercising the powers or performing the duties of a peace officer? Yes _____ No _____

Physician's Name (Please Print)

Physician's Address (Please Print)

Attest X

Signature of Examining Physician

Date
