



QUOTATION NO: KEBS/QUOTE/085/2018/2019
PROVISION OF ANNUAL MEDICAL
EXAMINATION FOR KEBS EMPLOYEES

Kenya Bureau of Standards
Head office
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NAIROBI

MAY 2018.

1. You are invited to submit a quotation on the item listed.
2. This quotation should be deposited in the quotation box provided in the main reception on or before **10.00AM. On 7th September, 2018.**
3. Your quotation should include all government taxes

1. QUOTATION PRICE

Kenya shillings (in words).....

In figures

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2. VALIDITY PERIOD

- The bid shall remain valid for a period of 120 (One Hundred and twenty) days from the date of submission.

3. TECHNICAL REQUIREMENTS

TECHNICAL SPECIFICATIONS FOR ANNUAL MEDICAL EXAMINATION FOR KEBS EMPLOYEES

NO.	SPECIFICATIONS	SCORES
1	Must be approved by the Directorate of Occupational Safety and Health Services (DOSHS)	25
2	Must have the capacity and equipment to set up a medical examination center within KEBS premises to carry out the specified types of medical examinations including the regions: KEBS HQ Nairobi KEBS Coast Region KEBS Lake Region KEBS North rift Region KEBS North eastern Region KEBS Mt. Kenya Region and KEBS South rift Region.	25
3	Must have capacity to travel to the KEBS regions to examine the staff based in the regions	25
4	Must comply with the requirements to LEGAL Notice No. 24 (Medical Examination Rules 2005) with regards to examination, debriefing of examined staff to findings and submission of results	15
5	Evidence of Previous similar/relevant work done. Provide Proof: Attach four Sign Off certificates/recommendation letters)	10
	TOTAL MARKS	100

Minimum of 80 points is required for the bidders to proceed to Financial Evaluation.

NO.	SPECIFIC HAZARD	TYPE OF MEDICAL EXAMINATION	NO. OF STAFF	COST/PERSON	SUB-TOTAL
1)	Laboratory work	1. Clinical examination	178		
2)	Work with arsenic and its compounds	1. Clinical examination 2. Estimation of urinary arsenic content 3. Full size chest x-ray 4. Sputum cytology	33		
3)	Work where asbestos is handled	1. Clinical examination 2. Lung function tests 3. Sputum cytology	12		
4)	Work involving exposure to benzene	1. Clinical examination 2. Full haemogram	44		
5)	Work involving exposure to cadmium	1. Clinical examination 2. Blood cadmium estimation 3. Urine beta 2 macroglobulin	42		
6)	Work in adverse atmospheric pressure and compressed air environment	1. Clinical examination height weight and body fat estimation 2. Audiometry 3. Test in lock 4. Full size chest x-ray 5. Radiographic examination for shoulder, hip & knee joints 6. Stress electrocardiogram	30		
7)	Handling fossil oil	1. Clinical examination	5		
8)	Work where ionizing and non-ionizing radiations are emitted	1. Clinical examination	44		
9)	Work involving exposure to iron	1. Clinical examination	22		
10)	Work involving exposure to lead and its compounds	1. Clinical examination 2. Blood lead levels 3. Urine lead level 4. Haemoglobin level	54		
11)	Work involving exposure to manganese and its compound	1. Clinical examination 2. Urine manganese	29		
12)	Work involving exposure to mercury and its compounds	1. Clinical examination 2. Urine manganese 3. Blood mercury	13		
13)	Work involving exposure to nickel, chromium, beryllium	1. Clinical examination 2. Lung function tests	21		
14)	Work involving exposure to noise (workshop, switchboard)	1. Audiometric examination	60		
15)	Work involving exposure to	1. Clinical examination	25		

	organophosphate pesticides/carbamates/other pesticides	2. Red blood cell acetyl cholinesterase estimation			
16)	Work involve exposure to silica	1. Clinical examination 2. Full size chest x-ray 3. Lung function	40		
17)	Work involving exposure to sisal cotton bagasse's & mouldy hay	1. Clinical examination 2. Lung function	29		
18)	Work involving exposure to tar pitch bitumen and creosote	1. Clinical examination	6		
19)	Work at adverse temperature	1. Clinical examination	21		
20)	Work involving exposure to vinyl chloride monomer	1. Clinical examination 2. Liver function tests	7		
21)	Quality Assurance Officers	1. Clinical examination	107		
22)	Registry	1. Clinical examination	47		
23)	Drivers	1. Eye test, blood sugar & blood pressure	79		
24)	Tea Makers	1. Clinical examination	20		
25)	Exposure to culture media and reagents, virulent bacterial cultures and fungal spores	1. Lung function test 2. Clinical Examination	6		
26)	Work involving exposure to carcinogenic material (Sodium biselenite, M-Endo agar, KOVACs Reagents etc)		7		
	TOTAL				

4. MANDATORY REQUIREMENTS

All bidders are required to attach copies of the following mandatory documents:

1. Certificate of Registration and/or incorporation Valid Business Registration Certificate
2. Valid KRA Tax Compliance Certificate
3. Completed Confidential Business Questionnaire Form
4. Declaration stating that you have NOT been debarred by public procurement regulatory authority.

5.0 CONFIDENTIAL BUSINESS QUESTIONNAIRE

You are requested to give the particulars indicated in Part 1 and either Part 2 (a), 2(b) or 2(c) whichever applies to your type of business.

You are advised that it is a serious offence to give false information on this form.

Part 1 General

Business Name
 Location of Business Premises
 Plot No, Street/Road
 Postal address Tel No. Fax Email
 Nature of Business
 Registration Certificate No.
 Maximum value of business which you can handle at any one time –
 Kshs.....
 Name of your bankers
 Branch

	<p style="text-align: center;">Part 2 (a) – Sole Proprietor</p> <p>Your name in full.....Age..... Nationality.....Country of Origin..... Citizenship details.....</p> <p>Date.....Signature of Tenderer.....</p>
	<p style="text-align: center;">Part 2 (b) – Partnership</p> <p>Given details of partners as follows Name Nationality Citizenship details Shares</p> <p>1. 2. 3. 4.</p> <p>Date.....Signature of Tenderer.....</p>
	<p style="text-align: center;">Part 2 (c) – Registered Company</p> <p>Private or Public State the nominal and issued capital of company Nominal Kshs. Issued Kshs. Given details of all directors as follows Name Nationality Citizenship details Shares</p> <p>1. 2. 3. 4.</p> <p>Date..... Signature of Tenderer.....</p>

Signature and Stamp of Bidder

Name of Bidder (in CAPITALS)

Address.....

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Date