	10 010 0																	
Tabulation Sheet Bid No. 2014-034-6416		Storiovala li	no	Vendor #1			Vontroy Env	ironmontal C	Vendor #2		ı	WM Hooltho	oro Colutions	*Vendor #3				
Annual Contract for Infectious		Stericycle, li Ms. Patricia					Ventrex Environmental Services, LLC						WM Healthcare Solutions, Inc.					
Bio-Hazard Waste Removal, Pick-Up			,	/Acet Check	ct. Specialist			Mr. John David Rodriguez					Mr. Dan Lubers					
and Disposal	3.3.	4010 Comm		Acci. Specia	IIISt		Field Operations Manager P.O. Box 6202				Account Representative 1001 Fannin Street							
and Disposal		Northbrook,					Fort Worth,					Houston, T						
Opening Date: April 14, 2014	40 (4)	847-943-601					817-875-355					817-371-176						
Opening Bate. April 14, 2014		866-781-148					817-478-284					713-265-127						
	3 3 3		ostericycle.c	om			ventrex@a					dlubers@v						
			er Service															
Emergency Contact			744 or 866-					8-4814 or					Farar					
			7422				817-87	75-3557				281-80	02-8833					
Cooperative Purchasing	9999	NO					YES					NO						
NCTRCA Certified Vendor (M/WBE)?	9 9 9	NO					YES					NO						
Dallas County Taxpayer?		NO					NO					YES						
How were you notified?		DC WEBSIT	E / ONVIA				DC WEBSITI	E				DC WEBSIT	E					
Addendum Returned?	3.3.	N/A					N/A					N/A						
	4 4	SECOND	LOWEST BID	DER RECON	MENDED FO	R AWARD	Fe Fe	40 40	FO FO	40 40	40 40	40 - 40	4646	0.000	0.000	0.00		
	Estimated					Number of					Number of					Number of		
	Annual	Unit Cost	Cost	Extra Fees	Fee	Days	Unit Cost	Cost	Extra Fees	Fee	Days	Unit Cost	Cost	Extra Fees	Fee	Days		
ITEM/DESCRIPTION	Quantities	Per LB.	Extension		Extension	Notice	Per LB.	Extension		Extension	Notice	Per LB.	Extension		Extension	Notice		
10310310310310310	1 1	: :		1 1		3. 3.	3. 3.	3. 3.	3. 3.	3. 3.				: : :				
SECTION 1	3 33	: ::		3 3		33 33	: ::	3 3	33 33	3 3		33			: :: :	: ::		
						3 3		3 3	3 3	3 3		40.40						
								20.00	21.12.12.1									
Waste Steam Type: Routine Infectious							I	1		1				1				
and Bio-Hazardous Material Waste	4F 000						I	1		1				1				
Disposal Services, Packing/Shipping	45,000	\$0.22	\$9,900.00				\$0.93	\$41,850.00				\$0.55	\$24,750.00					
Material and all Supplies, per the terms and conditions set forth in bid	pounds																	
specification requirements.																		
Specifiy the Type of Disposal Method			AUTOCLAV	E AND/OR IN	CINERATION	I			AUTOCLAVE					CHEMICAL				
Being Bid:				ear oo		ı					ı		ı					
Removal / Pick-up and Transportation Charge(if any):	163			\$25.00 STOP FEE	\$4,075.00				NC					\$50.00	\$8,150.00			
Charge(ii ariy):	103			SIUPTEE														
Specify days of advance notice required																		
for removal/pick-up and disposal																THREE		
services, so that "no extra charge/fee"						N/A					ONE DAY					DAYS		
is applied if outside the pre-determined																Ditto		
removal/pcik-up and disposal schedule:																		
Specify additional charge(if any) for	•			NO					NO					¢50.00	£100.00			
Emergency and Non-Scheduled Removal/Pick-up and Disposal Services	2			NC					NC					\$50.00	\$100.00			
ikemovani rick-up and Disposal Services																		
Note: Emergency and Non-																		
Scheduled is defined as the																		
removal/pick-up of infectious and																		
bio-hazardous medical waste on the																		
same business day from the initial call request.																		
can request.				**************************************														
				ê7F 00														
Specify the minimum number of pounds of infectious and bio-hazardous medical				\$75.00 MINIMUM					NO									
waste required for each removal/pick-	107			PICK-UP	\$8,025.00				MINIMUM					N/A				
up or the minimum service charge				FEE														
amount per service location (if any).																		
		1																
Note: Dallas County will only pay																		
the minimum service charge amount																		
or the "actual poundage disposed																		
per service removal/pick-up"																		
whichever is greater(one or the other																		
- not both).		,																
Specify other applicable disposal							I											
options that are available from your																		
company, and all cost associated with				NONE LISTEI)		I	NO	OT APPLICAB	LE			N	OT APPLICAB	LE			
that disposal method for the Waste Stream Type: Infectious and Bio-							I											
Hazarddous Medical Waste.							I											
Hazardadus Medical Waste.	100.00	10000	1000	(21) (21)	12.5	(21) (21)	1000	(4) (4)	(21) (21)	10.00	120.00	40.00	4242	2.42.4	40.000	2. 12.		
SECTION 2		20.480	40.40					4 4		40.00	40.00	40.49	444	80.4804	80.400	80.48		
SECTION 2		0.000	9949							40.00		200			100			
	1000	0.000		46164818	45 (45)	4510480	600	450,450	4510450	45 (45)	450-450	450 450	4545 64	20042004		6134613		
Waste Stream Type: Formalin(10%-							I	1		1				1				
20%) Fixed Tissue Chunks/Pices	0.000						I	1		1				1				
Disposal Services, Packing/Shipping	9,000 pounds	\$2.79	\$25,110.00				\$1.84	\$16,560.00		1		\$1.00	\$9,000.00	1				
Material and all Supplies, per the terms and conditions set forth in bid	pourtus						I			1								
specification requirements.																		
Specify the Type of Disposal Method		1	1			1		1			1	1	1			<u> </u>		
Being Bid:		INCINERATION					1	II	NCINERATIO	N		ľ	INCINERATION					
Removal/Pick-up and Transportation	04			¢200.00	¢4 200 00		l		NO					_				
Charge(if any).	21	<u></u>		\$200.00	\$4,200.00				NC					0				

		1					1										
Tabulation Sheet		Ctorious !- !	•	Vendor #1			Vontro: F	ironmant-10	Vendor #2			\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	oro Coludia	*Vendor #3			
Bid No. 2014-034-6416 Annual Contract for Infectious		Stericycle, Inc.						ironmental S				WM Healthcare Solutions, Inc. Mr. Dan Lubers					
Bio-Hazard Waste Removal, Pick-Up			Ms. Patricia Bystrek Sr. Government Contract/Acct. Specialist				Mr. John David Rodriguez Field Operations Manager					Mr. Dan Lubers Account Representative					
and Disposal		4010 Commercial Ave.					P.O. Box 6202					1001 Fannin					
·		Northbrook, IL 60062			Fort Worth, TX 76105					Houston, TX 77002							
Opening Date: April 14, 2014						817-875-355	817-875-3557					2					
			6-781-1480 Fax				817-478-2840 Fax					713-265-127					
	9 9		stericycle.c	<u>om</u>			ventrex@a	tt.net				dlubers@v	<u>wm.com</u>				
F	3 3 1		r Service				682-223	-4814 or				Dan	Farar				
Emergency Contact			744 or 866- 7422				817-87	5-3557				281-80	2-8833				
Cooperative Purchasing		NO	7422				YES					NO					
NCTRCA Certified Vendor (M/WBE)?		NO					YES					NO					
Dallas County Taxpayer?		NO					NO					YES					
How were you notified?	DC WEBSITE / ONVIA			DC WEBSITE					DC WEBSITE								
Addendum Returned?	2 2	N/A					N/A					N/A					
		SECOND	LOWEST BID	DER RECON	MENDED FO	R AWARD		900.900	40.40	40.00	40.00	40000	9000	0.000	0.000	4 14 1	
	Estimated	Unit Cost	Cost		Fee	Number of	Unit Cost	Cost		Fee	Number of	Unit Cost	Cost		Fee	Number of	
ITEM/DESCRIPTION	Annual Quantities	Per LB.	Extension	Extra Fees	Extension	Days Notice	Per LB.	Extension	Extra Fees	Extension	Days Notice	Per LB.	Extension	Extra Fees	Extension	Days Notice	
TEW/DESCRIPTION	iv iv	Y	38 J. S. S. S.	(x / (x /	18 18 18 18	Notice	0x1+0x1+	0 x 1 1 0 x 1 4	1× × 1× ×	1×1×1×1	Notice	0x140x1	10000000	* [* [*] *]	* [*] *] *]	Notice	
ACHORDHORDHORDHORDHORDH	decided so	and dates	recentaries	in the	dededede	ded e de la	Delta de la	det-dete	del-del-	ded dec	detelete.	det sides	i deded ed L	ed eded ed	edededed 	and a dealer	
Specify the number of days advance																	
notice required for removal/pick-up and																	
disposal services so that "no extra						7 DAYS					ONE DAY					3 DAYS	
charge/fee" is applied if outside of the																	
pre-determined removal/pick-up and disposal schedule:																	
·	1																
Specify additional charge(if any) for				#200 CC	6400.00									60.07			
Emergency and Non-Scheduled Removal/Pick-up and Disposal Services	2			\$200.00	\$400.00				NC					\$0.00			
removam tex-up and bisposal services	1			0000000000000	000000000000000000000000000000000000000												
Note: Emergency and Non-																	
Scheduled is defined as the																	
removal/pick-up of infectious and bio-hazardous medical waste on the																	
same business day from the initial																	
call request.																	
Specify the minimum number of pounds																	
of infectious and bio-hazardous medical				N/A					NO					N/A			
waste required for each removal/pick- up or the minimum service charge									MINIMUM								
amount per service location (if any).																	
, , , , , , , , , , , , , , , , , , , ,																	
Note: Dallas County will only pay																	
the minimum service charge amount																	
or the "actual poundage disposed																	
per service removal/pick-up"																	
whichever is greater(one or the other - not both).																	
DOT and Texas Commission on							T			···		r	00000000000000000000000000000000000000				
Environmental Quality approved	100 ac-L	\$15.56	e1 FF/ 00				¢4.00 E40::	¢400.00				¢10.00	£1 000 05				
Packing and Shipping container. Size: 5	100 each	EACH	\$1,556.00				\$4.00 EACH	\$400.00				\$10.00	\$1,000.00				
gallon pail / drum.				***************************************					_				***************************************				
]																	
Note: The cost to replace pails																	
picked up by the vendor must be included in the bid price for disposal																	
(2.1); this line item allows Dallas																	
County to purchase extra containers																	
if needed.																	
]																	
Specify other applicable disposal																	
options that are available from your company and all cost associated with		NONE LISTED						NI	OT APPLICAB	RI F		NOT APPLICABLE					
that disposal method for the Waste							NOT APPLICABLE					NOTAL EIGNBEE					
Stream Type: Formalin (10%-20%)																	
Fixed Tissue Chunks / Pieces																	
Haradadadada			1000		46.46				Q = Q	$Q_{i} \in Q_{i}$	$Q \cap Q$	45.45					
Specify any additional														-	-	-	
comments/costs/etc. included with				NONE LISTE	D			N	OT APPLICAB	BLE			N	OT APPLICAE	LE		
your bid proposal, if applicable" for Section 1 and 2:																	
Socion rand Z.	1																
TOTAL	1		\$36,566.00		\$16,700.00			\$58,810.00		\$0.00			\$34,750.00		\$8,150.00		
GRAND TOTAL W/FEES			,	\$53,266.00	,				\$58,810.00	1				\$42,900.00			
*VENDOR DEVIATED FROM BID																	
NON-CONFORMING RESPONSE.																	
				_			_								_	_	