



# Request for Quote

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS  
 ONE CAPITOL HILL  
 PROVIDENCE RI 02908

CREATION DATE : 04-AUG-16  
 BID NUMBER: 7550699,4  
 TITLE: DIGITAL SECURITY SCREENING SYSTEM/FULL BODY SECURITY SCANNER  
 BLANKET START : 01-AUG-16  
 BLANKET END : 30-JUN-21  
 BID CLOSING DATE AND TIME:17-AUG-2016 01:30:00

BUYER: Cadoret, David  
 PHONE #: 401-574-8131

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**I**  
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**O**  
 DOA CONTROLLER  
 ONE CAPITOL HILL, 4TH FLOOR  
 SMITH ST  
 PROVIDENCE, RI 02908  
 US

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 DOC CDC WAREHOUSE  
 ATTN: (SEE 'ATTN' line in PO)  
 25 POWER ROAD  
 CRANSTON, RI 02920  
 US

Requisition Number: 1463965

Note to Bidders: Questions concerning this solicitation may be e-mailed to the Division of Purchases at [doa.purbidinfo@purchasing.ri.gov](mailto:doa.purbidinfo@purchasing.ri.gov) no later than June 16, 2016 at 5pm (EST). Please reference the RFQ number on all correspondence. Questions should be submitted in a Microsoft word attachment. Answers to questions received, if any, will be posted on the internet as an addendum to this solicitation ([www.purchasing.ri.gov](http://www.purchasing.ri.gov)). It is the responsibility of all interested parties to download this information.

Amendment Description: THIS ADDENDUM POSTS INSTRUCTIONS HOW TO REGISTER WITH THE RI DEPT OF HEALTH.  
 THIS ADDENDUM CORRECTS DIMENSIONS OF AREA WHERE UNIT IS TO BE PLACED.

Line	Description	Quantity	Unit	Unit Price	Total
1	DIGITAL SECURITY SCREENING SYSTEM/FULL BODY SECURITY SCANNER TO INCLUDE DELIVERY, INTALLATION AND TRAINING, AS PER ATTACHED SPECIFICATIONS	1.00	Each		
2	FY 17 SERVICE/MAINTENANCE PLAN ON THE DIGITAL SECURITY SCREENING SYSTEM/FULL BODY SECURITY SCANNER AS PER ATTACHED SPECIFICATIONS. INCLUDES UPDATES TO SOFTWARE PROGRAM.	1.00	Year		
3	FY 18 SERVICE/MAINTENANCE PLAN ON THE DIGITAL SECURITY SCREENING SYSTEM/FULL BODY SECURITY SCANNER AS PER ATTACHED SPECIFICATIONS. INCLUDES UPDATES TO SOFTWARE PROGRAM	1.00	Year		
4	FY 19 SERVICE/MAINTENANCE PLAN ON THE DIGITAL SECURITY SCREENING SYSTEM/FULL BODY SECURITY SCANNER AS PER ATTACHED SPECIFICATIONS. INCLUDES UPDATES TO SOFTWARE PROGRAM	1.00	Year		
5	FY 20 SERVICE/MAINTENANCE PLAN ON THE DIGITAL SECURITY SCREENING SYSTEM/FULL BODY SECURITY SCANNER AS PER ATTACHED SPECIFICATIONS. INCLUDES UPDATES TO SOFTWARE PROGRAM	1.00	Year		
6	FY 21 SERVICE/MAINTENANCE PLAN ON THE DIGITAL SECURITY SCREENING SYSTEM/FULL BODY SECURITY SCANNER AS PER ATTACHED SPECIFICATIONS. INCLUDES UPDATES TO SOFTWARE PROGRAM	1.00	Year		

Delivery: \_\_\_\_\_

Terms of Payment: \_\_\_\_\_

It is the Vendor's responsibility to check and download any and all addenda from the RIVIP. This offer may not be considered unless a signed RIVIP generated Bidder Certification Cover Form is attached and the Unit Price column is completed. The signed Certification Cover Form must be attached to the front of the offer



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

Department of Administration  
DIVISION OF PURCHASES  
One Capitol Hill  
Providence, RI 02908-5855

Tel: (401) 574-8100  
Fax: (401) 574-8387  
Website: [www.purchasing.ri.gov](http://www.purchasing.ri.gov)

**August 4, 2016**  
**ADDENDUM NUMBER FOUR**  
**RFQ #7550699**

**TITLE: Digital Security Screening System/Full Body Security Scanner**

Closing Date and Time: 8/17/16 at 1:30 PM

Per the issuance of this ADDENDUM #4 (6 pages) the following is noted:

This addendum posts instructions how to register with the RI Dept of Health. Vendor will need to be registered prior to purchase order being issued (not at time of bid).

This addendum corrects dimensions of area where unit is to be installed. Area measures approximately 100" in width. Ceiling height is approximately 120.5". Unit is in hallway and can accommodate any length.

**END OF QUESTIONS**

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# Application for Registration and Instructions for

## Provider of X-Ray Services

RI General Law Chapter 23-1.3-RAD

Registrant Name: \_\_\_\_\_

Registration Number: PXS \_\_\_\_\_

Reason for application (Please check all that apply):

1.  Initial Registration
2.  Change of address: What is your current registration number: \_\_\_\_\_
3.  Change of ownership: What is your current registration number: \_\_\_\_\_
4.  Registrant Name Change

For Agency Use Only	Category: <u>PXS</u> Registration No.: _____      Conditions: _____
	Reviewed By: _____      Date: _____      Amount Paid: _____



**State of Rhode Island and Providence Plantations**  
Department of Health

**INSTRUCTIONS**

- Please answer all questions. Do not leave blanks. Incomplete forms will be returned to you and your registration will not be issued. Please use a ball point pen.
- The fee for this registration application is \$120 made payable to: RI General Treasurer
- Sign the completed application and return to:

Radiological Health Program  
Center for Health Facilities and Regulations  
Rhode Island Department of Health  
3 Capitol Hill, Room 305  
Providence, RI 02908-5097

- If you have any questions concerning this application, call the Radiological Health Program at (401) 222-4728.
- Registration application materials are public records as mandated by Rhode Island law and may be made available to the public, unless otherwise prohibited by State or Federal law.

**Processing:** For expedited processing of your registration, a valid email address must be provided wherever requested.

**Attachments:** Radiation Physics Services registration applications require attached education and work experience documents. Please label and staple each separate attachment and securely affix any and all attachments to this application.

**Postage:** The amount of postage required for mail delivery will vary depending upon the total weight of your attachment(s) and application. Please be careful to include the appropriate postage necessary to mail your completed application.

**Please complete the following:**

<b>Facility Supervisor Information:</b> Please provide the name of the Facility Supervisor for this facility.	Name: _____ Email Address: _____ Phone Number: _____	
<b>Individual Responsible for Radiation Protection:</b>	Name: _____ Title: _____	Phone Number: _____ Email Address: _____

<b>Facility Name:</b> Please provide the name of the facility (as known to the public).	Name: _____	
<b>Facility Contact Person:</b> Please provide the name and telephone number of a person we can contact concerning this facility.	Name: _____ Email Address: _____ Phone Number: _____	



**State of Rhode Island and Providence Plantations**  
Department of Health

<p><b>Facility Mailing Information:</b></p> <p>Please provide the mailing information for all communication regarding this registration.</p> <p><b>(Not published on HEALTH website).</b></p>	<p>Address Line 1 _____</p> <p>Address Line 2 _____</p> <p>Address Line 3 _____</p> <p>Address City, State, Zip Code _____</p> <p>Address Country _____</p> <p>Phone: _____</p> <p>Fax: _____</p> <p>Email Address: _____</p>									
<p><b>Facility Location Information:</b></p> <p>Please provide the location information for this facility.</p> <p><b>(Published on HEALTH website)</b></p>	<p>Address Line 1 _____</p> <p>Address Line 2 _____</p> <p>Address Line 3 _____</p> <p>Address City, State, Zip Code _____</p> <p>Address Country _____</p> <p>Phone: _____</p> <p>Fax: _____</p> <p>Email Address: _____</p>									
<p><b>Ownership Type:</b></p> <p>Please check ONE</p>	<table style="width:100%; border: none;"> <tr> <td style="width: 33%;"><input type="checkbox"/> Corporation</td> <td style="width: 33%;"><input type="checkbox"/> Limited Liability Company</td> <td style="width: 33%;"><input type="checkbox"/> Partner</td> </tr> <tr> <td><input type="checkbox"/> Governmental Entity</td> <td><input type="checkbox"/> Sole Proprietorship</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Partnership</td> <td><input type="checkbox"/> Limited Partnership</td> <td></td> </tr> </table>	<input type="checkbox"/> Corporation	<input type="checkbox"/> Limited Liability Company	<input type="checkbox"/> Partner	<input type="checkbox"/> Governmental Entity	<input type="checkbox"/> Sole Proprietorship		<input type="checkbox"/> Partnership	<input type="checkbox"/> Limited Partnership	
<input type="checkbox"/> Corporation	<input type="checkbox"/> Limited Liability Company	<input type="checkbox"/> Partner								
<input type="checkbox"/> Governmental Entity	<input type="checkbox"/> Sole Proprietorship									
<input type="checkbox"/> Partnership	<input type="checkbox"/> Limited Partnership									
<p><b>Ownership Information: (Registrant)</b></p> <p>Please provide ownership information for the Sole Proprietorship, Partnership, Limited Partnership, Corporation, Limited Liability Company or Governmental Entity.</p>	<p>Name: _____ (Registration Holder)</p> <p>DBA: _____</p>									
<p><b>Ownership Address Information:</b></p> <p>Please provide the address and telephone number(s) of the Sole Proprietorship, Partnership, Limited Partnership, Corporation, Limited Liability Company or Governmental Entity.</p>	<p>Address Line 1 _____</p> <p>Address Line 2 _____</p> <p>Address Line 3 _____</p> <p>Address City, State, Zip Code _____</p> <p>Phone: _____</p> <p>Fax: _____</p> <p>Email Address: _____</p>									



**State of Rhode Island and Providence Plantations**  
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<b>X-Ray Equipment Services Requested:</b> Please check all applicable items.	<input type="checkbox"/> 1. Calibration of radiation measurement equipment <input type="checkbox"/> 2. Installation and/or servicing of x-ray equipment <input type="checkbox"/> 3. Personnel dosimetry services <input type="checkbox"/> 4. Other specialized radiation physics services and/or surveys (specify): _____
<b>Service Dates</b>	Date Services Established (MM/DD/YYYY): _____ Date Services Established in Rhode Island (MM/DD/YYYY): _____
<p><b>For the following sections, please submit the requested documents. The type and scope of information to be provided is described in Appendix B to Part B of the <i>Rules and Regulations for the Control of Radiation [R23-1.3-RAD]</i>.</b></p>	
<b>Professional Certifications Held:</b>	Please identify and provide current copies of all relevant professional certifications/licenses currently held by the applicant.
<b>Formal Training of Applicant:</b>	Provide documentation of all formal academic training, short courses and continuing education which qualify the applicant to perform the services being requested.
<b>Experience of Applicant:</b>	Provide documentation of on-the-job experience which qualify the applicant to perform the services being requested.



State of Rhode Island and Providence Plantations
Department of Health

Acknowledgements

I am aware of Chapter 23-1.3-RAD of the General Laws of Rhode Island, 1978, as amended, and the standards, rules and regulations prescribed thereunder, which regulate the operation of this facility.

I acknowledge that authorized representative of the Agency shall, in conformity with the authority continued under Chapter 23-1.3-RAD of the General Laws of Rhode Island, as amended, have the right to enter without prior notice to inspect the entire premises and services, including all records of any facility/residence.

FEIN Number:
(Federal Employer Identification Number)
Note: If you are a sole proprietor this number may be your Social Security Number.

Pursuant to Chapter 76 of Title 5 of the Rhode Island General Laws, as amended, any person applying for or renewing any registration, permit, or other authority to conduct a business or occupation within Rhode Island must have filed all required state tax returns and paid all taxes due the state or must have entered into a written installment agreement to pay delinquent state taxes that is satisfactory to the Tax Administrator.

Please provide below SSN/FEIN for this registration:

SSN/F.E.I.N. Number: \_\_\_\_\_

Affidavit of Applicant
Read, sign, and date this affidavit.

AFFIDAVIT AND SIGNATURE

This Application Must be Signed

I have read carefully the questions in the foregoing application and have answered them completely, without reservations of any kind, and I declare under penalty of perjury that my answers and all statements made by me herein are true and correct. Should I furnish any false information in this application, I hereby agree that such act shall constitute cause for denial, suspension or revocation of this Registration in the State of Rhode Island.

I understand that this is a continuing application and that I have an affirmative duty to inform the Rhode Island Department of Health of any change in the answers to these questions after this application and this Affidavit is signed.

I hereby declare, under penalty of perjury, that I have filed all required state tax returns and have either paid all taxes due the state or have entered into a written installment agreement with the Rhode Island Division of Taxation.

Signature of Authorized Person

Date of Signature (MM/DD/YY)

Printed Name of Authorized Person

Title of Authorized Person

Furnishing the SSN and/or FEIN is mandatory. The SSN and/or FEIN will be transmitted to the Rhode Island Division of Taxation pursuant to Chapter 76 of Title 5 of the Rhode Island General Laws, as amended.

**Contract Terms and Conditions**

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**Terms and Conditions**

**BID STANDARD TERMS AND CONDITIONS**

**TERMS AND CONDITIONS FOR THIS BID**

**INSURANCE REQUIREMENTS**

AN INSURANCE CERTIFICATE IN COMPLIANCE WITH PROVISIONS OF ITEM 31 (INSURANCE) OF THE GENERAL CONDITIONS OF PURCHASE IS REQUIRED FOR COMPREHENSIVE GENERAL LIABILITY, AUTOMOBILE LIABILITY, AND WORKERS' COMPENSATION AND MUST BE SUBMITTED BY THE SUCCESSFUL BIDDER(S) TO THE DIVISION OF PURCHASES PRIOR TO AWARD. THE INSURANCE CERTIFICATE MUST NAME THE STATE OF RHODE ISLAND AS CERTIFICATE HOLDER AND AS AN ADDITIONAL INSURED. FAILURE TO COMPLY WITH THESE PROVISIONS MAY RESULT IN REJECTION OF THE OFFEROR'S BID. ANNUAL RENEWAL CERTIFICATES MUST BE SUBMITTED TO THE AGENCY IDENTIFIED ON THE PURCHASE ORDER. FAILURE TO DO SO MAY BE GROUNDS FOR CANCELLATION OF CONTRACT.

NOTE: IF THIS BID COVERS CONSTRUCTION, SCHOOL BUSING, HAZARDOUS WASTE, OR VESSEL OPERATION, APPLICABLE COVERAGES FROM THE FOLLOWING LIST MUST ALSO BE SUBMITTED TO THE DIVISION OF PURCHASES PRIOR TO AWARD: \* PROFESSIONAL LIABILITY INSURANCE (AKA ERRORS & OMISSIONS) - \$1 MILLION OR 5% OF ESTIMATED PROJECT COST, WHICHEVER IS GREATER. \* BUILDER'S RISK INSURANCE - COVERAGE EQUAL TO FACE AMOUNT OF CONTRACT FOR CONSTRUCTION. \* SCHOOL BUSING - AUTO LIABILITY COVERAGE IN THE AMOUNT OF \$5 MILLION. \* ENVIRONMENTAL IMPAIRMENT (AKA POLLUTION CONTROL) - \$1 MILLION OR 5% OF FACE AMOUNT OF CONTRACT, WHICHEVER IS GREATER. \* VESSEL OPERATION - (MARINE OR AIRCRAFT) - PROTECTION & INDEMNITY COVERAGE REQUIRED IN THE AMOUNT OF \$1 MILLION.

**RIVIP INFO - BID SUBMISSION REQUIREMENTS**

It is the Vendor's responsibility to check and download any and all addenda from the RIVIP. This offer may not be considered unless a signed RIVIP generated Bidder Certification Cover Form is attached and the Unit Price column is completed. The signed Certification Cover Form must be attached to the front of the offer. When delivering offers in person to One Capitol Hill, vendors are advised to allow at least one hour additional time for clearance through security checkpoints.

MAILING ADDRESS FOR BID PROPOSALS ISSUED BY THE STATE OF RHODE ISLAND, DIVISION OF PURCHASES

All Bid Proposals must be submitted by mail or hand delivered to:

- State of Rhode Island
- Department of Administration
- Division of Purchases, Second floor
- One Capitol Hill
- Providence, RI 02908-5855

**DIVESTITURE OF INVESTMENTS IN IRAN REQUIREMENT:**

No vendor engaged in investment activities in Iran as described in R.I. Gen. Laws §37-2.5-2(b) may submit a bid proposal to, or renew a contract with, the Division of Purchases. Each vendor submitting a bid proposal or entering into a renewal of a contract is required to certify that the vendor does not appear on the list maintained by the General Treasurer pursuant to R.I. Gen. Laws §37-2.5-3.

**AWARD**

THE STATE, AT ITS SOLE DISCRETION, SHALL RESERVE THE RIGHT TO MAKE ONE OR MULTIPLE AWARDS FOR THIS REQUIREMENT AND/OR TO REJECT ANY OR ALL BIDS.

**DELIVERY PER AGENCY**

DELIVERY OF GOODS OR SERVICES AS REQUESTED BY AGENCY.