

DRAFT
NAVAL FACILITIES ENGINEERING COMMAND
GUIDE PERFORMANCE WORK STATEMENT (GPWS)
FOR
HOSPITAL HOUSEKEEPING SERVICES

SOUTHERN DIVISION
NAVAL FACILITIES ENGINEERING COMMAND
COMMERCIAL ACTIVITIES AND FACILITIES SUPPORT CONTRACT BRANCH
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I N D E X

GUI DE PERFORMANCE WORK STATEMENT (GPWS) PACKAGE
HOSPITAL HOUSEKEEPING SERVICES

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USER FEEDBACK/COMMENT SHEET
GUIDE PERFORMANCE WORK STATEMENT FOR
HOSPITAL HOUSEKEEPING SERVICES

This User Feedback/Comment Sheet has been provided to allow the User of the Guide Performance Work Statement (GPWS) for Hospital Housekeeping Services to provide comments and recommended changes to SOUTHNAVFACENGCOM.

This GPWS is a draft package, which must be site tested and evaluated, officially approved, revised if necessary, and designated as a NAVFACENGCOM Guide Specification. The success of SOUTHNAVFACENGCOM's continuing revision and improvement efforts will depend heavily upon the input provided by Users at the hospital level and at the NAVFACENGCOM Engineering Field Divisions. Such comments should be provided (as a minimum) approximately six months into the initial contract term, should be as specific and detailed as possible, and should include:

- Suggested changes in format.
- Comments on the effort required to tailor the GPWS.
- Alternate clauses and approaches to describing the services to be provided.
- Adequacy of the technical specification.
- Alternate procedures and formats for displaying historical data, Schedule of Deductions, Contract Line Items, etc.
- Adequacy of the User's Guide and Quality Assurance Guide.
- Effectiveness and practicality of the suggested quality assurance plans.

COMMENTS
(Attach additional sheets, if required)

USER:

(Activity Name)

(Activity Address)

POINT OF CONTACT:

(Name/Code)

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USER'S GUIDE FOR SPECIFICATION PREPARATION

HOSPITAL HOUSEKEEPING SERVICES

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USER'S GUIDE FOR SPECIFICATION PREPARATION
HOSPITAL HOUSEKEEPING SERVICES

I. INTRODUCTION.

A. Purpose. This NAVFAC Guide Performance Work Statement (GPWS) was written to provide assistance in preparing facilities support contracts (FSCs) to procure Hospital Housekeeping services. Contracts for hospital housekeeping services may be a continuing contracting effort or conversion of such services from in-house to contract performance under the Commercial Activities (CA) program. This NAVFAC GPWS may be used in either application. This GPWS Package consists of a User's Guide, guide contract sections in the Uniform Contract Format, and a Quality Assurance (QA) Guide. This GPWS is based on the Two Step sealed bidding procedures.

1. The NAVFAC manual MO-327, Service Contracts: Specifications and Surveillance, provides extensive information on the preparation of NAVFAC FSCs, from guidance on making the initial decision to contract a given function through the entire PWS and surveillance program development process. This User's Guide is designed to supplement and to be used in conjunction with the MO-327 in developing a PWS for Hospital Housekeeping services. It provides specific guidance on developing and tailoring the GPWS, special items which must be considered if the specification is being written in conjunction with a CA program study, information pertinent to the use of a two step sealed bidding solicitation, and general guidance on required pre-award actions. Additional guidance on implementing CA program requirements can be found in the Supplement to OMB Circular A-76 and in OPNAVINST 4860.7B.

2. Sections B, C, and J provide suggested formats for displaying contract line (bid) items, technical specifications which the user may tailor to site specific needs, and attachments which provide supplemental information, historical data, etc.

3. The QA guide is designed to provide the framework for development of a comprehensive contract surveillance program. The user should modify and expand upon the sample QA plans provided as the GPWS is tailored.

B. Function Definition. For purposes of this GPWS, the hospital housekeeping function is defined to include all labor,

transportation, equipment, materials, supplies, management, coordination, and supervision required to perform hospital housekeeping services. Included are: service calls, intensive care cleaning, nursery cleaning, emergency room cleaning, patient room cleaning, clinic cleaning, general office cleaning, entrance/platform area cleaning, stairwell/stairway cleaning, patient unit checkout cleaning, executive housekeeper administration, floor stripping, waxing, and sealing, carpet shampooing, wall cleaning, ceiling cleaning, light fixture cleaning, exterior window cleaning, interior A/C cover cleaning, drape and curtain cleaning, and blind cleaning.

C. Responsibilities.

1. Experience has shown that the best method of developing a FSC specification is to involve a number of hospital and supporting activity personnel, each having a portion of the knowledge and experience required to

put the entire package together. A team of experienced personnel should be formed and a team leader appointed. At least one member of the team must be intimately familiar with each of the following areas:

- a. Must be familiar with and understand the Hospital Housekeeping GPWS and QA Guide.
- b. Must have a working knowledge of basic contracting procedures.
- c. Must have first hand knowledge of the services and operations to be provided by contract.
- d. Must be able to identify local needs/requirements that are different from the GPWS and apply specifically to the activity.

2. The following personnel are suggested as members of the specification development team.

- a. Specification Writer. The hospital housekeeping services specification is most properly prepared by a Management Analyst, normally assigned to hospitals, who has had some experience writing FSCs. If such a Management Analyst is not available in the hospital, the Public Works Department (PWD) of the supporting activity should be contacted. The PWD may be able to provide the services of a qualified specification writer and/or other valuable input and assistance. The writer, regardless of who he/she is, should have attended the Civil Engineer Corps Officers School (CECOS) course on FSCs for functional managers. Assistance and guidance may be requested from the hospital's NAVFACENGCOR geographical Engineering Field Division (EFD), Code 10. The EFD may offer courses on PWS development, quality assurance, and other related subjects that may benefit the specification writer.

- b. Functional Manager/Customer. The functional manager is the technical representative of the team who is most familiar with the function to be contracted. Early in the tailoring process the hospital administrator, Executive Housekeeper, or other housekeeping functional expert must determine the total scope of the services required, and the specific needs of the hospital which may differ from this GPWS.

c. Contract Specialist. The Contract Specialist provides overall contractual guidance in the preparation of the specification. This person normally works for the Contracting Officer, and may be contacted through the PWD. The Contract Specialist will work with the writer in the preparation of sections B, C, and J, will prepare the majority of the clauses in sections E, F, G, H, I, K, L, and M, and may also provide valuable assistance in coordinating the work effort. Additionally, there are many pre-award and post-award contract actions to be initiated by the Contract Specialist.

d. CA Program Manager. If the specification is being prepared under the CA program, the hospital's CA Program Manager provides overall guidance on the CA program, and will ensure that the specification is

developed in conjunction with required Most Efficient Organization and Management Studies.

3. The tailored specification should be reviewed by members of the hospital infection control committee, functional manager representatives, the PWD's Facilities Support Contract Manager (FSCM), and hospital's Quality Assurance Evaluators (QAEs). Consult appropriate EFD instructions to determine if EFD review/approval is required prior to solicitation.

II. GPWS DEVELOPMENT AND USER CONSIDERATIONS. This section of the User's Guide discusses certain assumptions which were made and special items that were considered during the development of the Hospital Housekeeping GPWS, and provides general information and considerations that the user should be aware of during the tailoring process.

A. Development of the GPWS. In developing this GPWS, a tree diagram, as described in the NAVFAC MO-327, was used to identify each of the major subfunctions for hospital housekeeping services. Each of these subfunctions was carefully reviewed to determine which could realistically be contracted for. Once a final list was developed, each subfunction was further subdivided to develop basic work requirements and attributes. Once all of the basic work requirements were identified for each subfunction, a Performance Requirements Summary Table was developed and the requirements were put into narrative form. This GPWS for Hospital Housekeeping Services has been developed for those hospitals contracting their entire housekeeping services (with the exception of linen service), but retaining certain management functions in-house. The receipt and issuing of service calls and the issuing of work under the indefinite quantity portion of the contract will be retained in-house.

B. Two Step Solicitation Procedures. Use of a two step sealed bidding solicitation was assumed during the development of this GPWS. Use of normal sealed bidding procedures is discouraged, and would make this GPWS very difficult to tailor effectively.

1. Under the two step procedure (FAR 14.5), prospective bidders (proposers) submit detailed written technical proposals which describe proposed cleaning procedures; the past experience of the firm in similar contracts; how the firm will obtain a

qualified Executive Housekeeper (Project Manager); and proposed, staffing, equipment, materials, etc. that will be used to perform the requirements of the technical specification. Each technical proposal received is evaluated as either "acceptable" or "unacceptable" by a Technical Review Board composed of personnel with strong backgrounds in the major functions or services required by the PWS. Based on the board's evaluation, the Government will request bids only from those proposers who have submitted acceptable technical proposals.

2. The two step sealed bidding solicitation was chosen for hospital housekeeping services to help insure that the Contractor's proposed housekeeping procedures, staffing, and equipment meet the minimum acceptable standards for health care in a hospital environment, prior to bidding. Without the two step procedure, potential health risks to hospital patients could develop as a result of a contract being awarded to a firm without

sufficient health care experience and/or expertise.

3. To use a two step solicitation appropriate clauses must be added to the specification which explain the two step process and provide detailed technical proposal requirements; and a technical proposal evaluation guide must be developed. Assistance from the geographical EFD, supporting PWD, and Contract Specialist should be sought in preparing these items. Sample clauses to be added to the specification are included in paragraph IV of this User's Guide.

C. Other GPWS User Considerations. The clauses and provisions of this GPWS are arranged in the uniform contract format as required by the Federal Acquisition Regulation (FAR). The sections to which they are assigned shall not be changed.

1. This GPWS contains sections B, C and J only. These sections contain information and clauses peculiar to the technical services required, while Sections D, E, F, G, H, I, K, L, and M contain contract clauses and provisions more closely related to administrative and contractual requirements. Since the latter group will generally be the same in the majority of NAVFAC contracts, their inclusion in each GPWS would be unnecessary duplication. Therefore, this group, to be referred to as the standard FSC clauses, shall be packaged at each geographical EFD and contracting office, and made available to specification writers as required.

2. FAR clauses and provisions may be added or deleted as required by the FAR for specific functions, dollar limitations, bonding, small businesses, etc. They may not be altered unless specifically authorized by the FAR. The clauses in sections I and L, other than those requiring tailoring (i.e. blanks to be completed), may be included by reference. All other FAR clauses and provisions shall be included in full text. Procurement offices shall make available to bidders the full text of all clauses incorporated by reference upon request.

3. The SCHEDULE OF DEDUCTIONS and CONSEQUENCES OF CONTRACTOR'S FAILURE TO PERFORM REQUIRED SERVICES clauses are NAVFAC, not FAR clauses, and shall not be altered without NAVFAC approval. All other non-FAR clauses and provisions in the standard FSC contract clauses should be used substantially as shown or deleted if not applicable to the solicitation.

Extensive deliverable performance requirements should not be added to these clauses, but should be included in Section C.

4. Technical Specification.

a. Section C, which describes the services to be provided, should be a performance specification. That is, over defining the Contractor's responsibilities in terms of methods or procedures should be avoided in writing the technical specifications since we hope to purchase not only the Contractor's labor, but also his/her expertise in the services to be provided and management of those services. A performance oriented specification should minimize the use of words describing "how to" and emphasize the performance standards to which the Contractor must clean the hospital facilities. Outputs must be described specifically and as explicitly

as possible while leaving the Contractor latitude to manage his/her own work force and choose his/her own methods for accomplishing the work.

b. On the other hand, the specification must provide enough information to clearly and precisely define the magnitude (number of services we want to buy) and quality of each of the services to be provided, as well as the scope or limit of each. This is accomplished in the GPWS by specifying, in addition to the desired outputs, schedules of accomplishment and/or specific time limitations in which all services must be completed; listing mandatory operating procedures or steps that the Contractor must follow for some services; and providing historical data on the magnitude of services provided under previous contracts or by in-house forces. Such information will only slightly restrict the Contractor's latitude in managing his/her workforce, but will help ensure all bidders clearly visualize the magnitude of effort which will be required to provide the clearly defined scope of work. Typically this will result in more accurate/realistic Contractor bids, make payment deductions for unsatisfactorily performed or non-performed work easier to calculate, and reduce the number of contract administration problems.

5. As you use this GPWS you will find in many instances there will be a "NOTE TO THE SPECIFICATION WRITER". These notes provide the user with additional information, advise the user to select the appropriate clause, or delete the clause in its entirety. If the final document is to be printed from the DISKETTE, it is not necessary to delete the notes as the equipment will print a justified copy without the notes. There are also many areas within the text of the GPWS where notes indicate that additional information must be provided; i.e. start times, dates, quantities, etc. These notes will always be enclosed by the symbol "". All that is required is to replace the note with the required information.

6. The Maximum Allowable Defect Rates (MADRs) provided in the Performance Requirements Summary Table are sample rates only. Refer to NAVFAC MO-327 and the NAVFAC Random Sampling for Extrapolated Deductions (RSED V3.1) implementation guide, and select rates that are appropriate to your hospital.

III. TAILORING THE GPWS. The NAVFAC GPWS for Hospital

Housekeeping Services is not intended to fit the requirements of a specific hospital, but rather, is to serve as a model to be tailored by hospitals in preparing their specific PWS. The first step in tailoring a GPWS to a specific case is for the user to become intimately familiar with the GPWS and its User's Guide. The user must know what is, and is not, included in the GPWS and what was intended before he/she can assess modifications required. The PWS is the instrument that lays out the functional and technical requirements and ultimately becomes part of a contract. The User's Guide provides the user with information concerning the GPWS and provides instructions on tailoring it to his/her use. Users should not assume that the GPWS can be "plugged" into their application with little or no effort. A detailed analysis of the hospital's requirements will be required.

A. Getting Started.

1. The first step in tailoring this GPWS to a specific User activity must be to determine one of the following:

a. Requirements are currently contracted and this will be a continuation of the contracted services or consolidation of several contracts. If this is the case, the GPWS may be tailored to accomplish any desired scope of work and level of performance.

b. Requirements are subject to a CA cost comparison study under OMB Circular A-76. If this is the case, it is mandatory that the scope of work and level of performance specified be equivalent to the current in-house effort or to the level of effort that can be achieved by the Most Efficient Organization (MEO) if the function is retained in-house. Additional information on tailoring of the GPWS for a CA program study is included in paragraph V of this User's Guide.

2. The next step should be a thorough review of Chapters 2, 3, and 4 of NAVFAC MO-327. These three chapters outline in some detail how to perform a job analysis to determine the specific subfunctions to be contracted (including specific work requirements and attributes) and how to use the job analysis information and data collected to actually write the PWS. As the job analysis is being performed, the user should compare his/her unique hospital requirements with GPWS requirements to determine if any major changes are required, or if some of the questions being identified in the job analysis have already been answered in the GPWS. If major changes are required, the user will need to re-write the affected GPWS section. A thorough job analysis will make the actual tailoring of the GPWS and re-writing of paragraphs relatively easy since all required data will be readily available and the subfunctions to be contracted will be well defined.

B. Contract Line Item (Section B) Requirements. A combination fixed-price and indefinite quantity contract is used in this GPWS. The contract line items shown in Section B are intended to encompass all of the services to be provided in the technical specifications. Of course they must be tailored to account for work items added or deleted during the job analysis process and the projected start date of contract performance. The line items are made up of two types of work items: fixed-price items and fixed unit price (indefinite quantity) items. All new work items added by the user must fall into one of these two categories.

1. Fixed-Price Requirements. Fixed-price items are bid and payment is made for the total performance of a given work item over a given period of time (usually one month). These work items are either fixed in scope (time, location, frequency, quantity, etc. are known) or adequate historical data is available to make a biddable estimate. Because the scope of work is known, the Contractor agrees to perform a given function for a total price, and in essence there is one work order. The Contractor performs the work as scheduled and invoices are submitted for the services provided. Examples of fixed-price items in this GPWS include: service work, patient unit checkouts, space cleaning, and housekeeper administration. Fixed-price work items added by the user must either have clearly defined scopes, or additional historical data will have to be added to Attachment J-C3.

2. Indefinite Quantity Work Items. All items not included in the fixed-price portion of the contract are considered indefinite quantity work items. That is, the Contractor agrees to perform this work on an "as ordered"

basis, and a fixed unit price to perform one occurrence or a given quantity of each type of work is bid. Payment for this type of work is based on the unit price bid per unit times the number of units performed. Because each Government order for indefinite quantity work is paid for separately, each and every delivery order must be inspected and accepted as being satisfactorily complete before payment may be made. Bid prices for indefinite quantity tasks include all labor, materials, and equipment for performing a given quantity of work, such as cleaning 100 square feet of wall or shampooing 1000 square feet of carpet. The unit prices bid are multiplied by an estimated quantity of units to be ordered during the contract term, but only for purposes of bid evaluation, since work will only be paid for as ordered and completed.

3. Period of Performance. Because contracts for hospital housekeeping (custodial) services are considered to be for "maintenance of facilities" by the Comptroller of the Navy, they may be awarded to begin at any time during the fiscal year for a twelve month term, and funded with funds current in the fiscal year of award. Since almost all other FSCs must be funded on a fiscal year basis, hospitals should consider awarding contracts for housekeeping services during the fiscal year, which will help reduce the end of the fiscal year workload in the Contracts Office.

4. Specific clauses to be added to Section B differ from NAVFAC EFD to EFD. The user must contact the hospital's geographical EFD to identify the specific clauses, if any, which may be required.

C. Schedule of Deductions. The Schedule of Deductions is one of the most important items that the specification writer must consider in tailoring of this GPWS since it directly affects the degree of difficulty required to make payment deductions for unsatisfactory performance or non-performance of work. The schedule, which is used in conjunction with the Performance Requirements Summary Table, Attachment J-C6, and the CONSEQUENCES OF CONTRACTOR'S FAILURE TO PERFORM REQUIRED SERVICES clause, Section E, requires the successful bidder to break the fixed-price portion of the bid down for each of the fixed-price contract requirements in the PWS. The completed schedule must be provided by the Contractor within 15 calendar days after award of the contract.

1. For all fixed-price cleaning, except patient unit cleaning and service calls, the units are in space cleanings (SPACE CLEANINGS). Because daily cleaning is required, the quantity of space cleanings is calculated by multiplying the frequency (ex. 260 working days per year) times the number of spaces for the item of work (ex. 100 spaces) for a total number of space cleanings (260 X 100 = 26,000). Thus, the amount the Contractor enters in the UNIT COST column represents the unit cost to clean one space one time. Refer to the SPACE definitions in the GENERAL REQUIREMENTS and DEFINITIONS-TECHNICAL clauses, Section C, and charts in Attachments J-C4 and J-C5 in order to arrive at the number of spaces to use in the Schedule of Deductions.

2. The quantities of patient unit checkout cleanings and services calls should be based on historical data as shown in Attachment J-C3.

3. The user should contact the activity's geographical EFD

concerning placement of the SCHEDULE OF DEDUCTIONS clause in the contract, since requirements vary from EFD to EFD. The SCHEDULE OF DEDUCTIONS clause and suggested schedule format follow below:

"SCHEDULE OF DEDUCTIONS.

a. Within 15 calendar days after contract award, the successful Contractor shall provide an acceptable Schedule of Deductions for the Base period of the contract. No work may commence until such Schedule of Deductions is approved by the ACO. The total of the Schedule of Deductions must equal the amount entered for Contract Line Item 0001. Schedules of Deductions for the option years which include any labor adjustment granted shall be revised within 15 calendar days of notice to extend the contract. If this contract is modified, the Contractor shall revise the Schedule of Deductions within 15 calendar days of the agreement to modify the contract. Prices shown in the Schedule of Deductions will be utilized in conjunction with the "CONSEQUENCES OF CONTRACTOR'S FAILURE TO PERFORM REQUIRED SERVICES" clause, Section E, in making payment deductions for non-performance or unsatisfactory performance. Unbalancing in the Schedule of Deductions submitted shall be cause for withholding approval and requiring resubmittal of a balanced schedule, and may be grounds for TERMINATION FOR DEFAULT. The Government reserves the right to unilaterally establish a Schedule of Deductions in the event the successful Contractor presents a Schedule of Deductions which is unbalanced or materially deficient. The approved Schedule of Deductions shall be a part of the contract. DO NOT SUBMIT THE SCHEDULE OF DEDUCTIONS WITH BID.

b. The Government's estimate of the value of work will be based on the Schedule of Deductions and the Performance Requirements Summary Table, Attachment J-C6, for the fixed-price portion of the contract and the Schedule of Indefinite Quantity Work for the indefinite quantity portion of the contract in all instances except the following: for partially performed fixed-price work items, the Engineered Performance Standards (EPS) manuals or, if not applicable, other estimating sources will be utilized to estimate the workhour value of the unperformed portion of the work. For deductions of partially performed work, the Government may estimate the Contractor's cost based on wage rates extracted from attached wage determination, locally determined rate for Contractor's overhead and profit, and

employees fringe benefits times the estimated manhours, plus material costs if applicable."

SCHEDULE OF DEDUCTIONS FOR BASE YEAR

DO NOT SUBMIT SCHEDULE OF DEDUCTIONS WITH BID

ITEM TOTAL NO. COST	ITEMS OF WORK	QTY	UNIT		COST
			UNITS*		
1.	Special Care Areas				
1.1	Intensive Care Unit Cleaning		SP CL	\$	\$
1.2	Newborn Nursery Cleaning		SP CL	\$	\$

TOTAL COST	ITEM NO.	ITEMS OF WORK	QTY	UNIT	UNITS*	COST
	1.3	Emergency Room Cleaning	SP CL	\$		\$
	1.4	Labor/Delivery Room Cleaning	SP CL	\$		\$
	1.5	Special Care Restrooms	SP CL	\$		\$
2.		General Care Areas				
	2.1	Patient Room Cleaning	SP CL	\$		\$
	2.2	Outpatient Clinic Cleaning	SP CL	\$		\$
	2.3	General Care Restrooms	SP CL	\$		\$
3.		Non-Patient Care Areas				
	3.1	Administrative Space Cleaning	SP CL	\$		\$
	3.2	Entrance/Platform Cleaning	SP CL	\$		\$
	3.3	Stairwell/Stairway Cleaning	SP CL	\$		\$
	3.4	Non-Patient Care Restrooms	SP CL	\$		\$
4.		Patient Unit Checkout Service	EA	\$		\$
5.		Service Calls	EA	\$		\$

6.	Executive Housekeeper (Salary, Fringe Benefits, Expenses)	365	DA	\$	\$
	Total Fixed-Price (Total must equal the total price for Contract Line Item 0001 in Section B)				\$

NOTE

* For units SP CL = space cleanings; EA = each; and DA = day.

D. Performance Requirements Summary. As the GPWS is being tailored a performance requirements summary (PRS) Table should be prepared. This table (less the METHOD OF SURVEILLANCE column) will be included in Section J of the PWS and will be used primarily by the Administrative Contracting Officer (ACO), in conjunction with the CONSEQUENCES OF CONTRACTOR'S FAILURE TO PERFORM REQUIRED SERVICES and SCHEDULE OF DEDUCTIONS clauses, in making payment deductions for unsatisfactory performance or non-performance of fixed-price work requirements. Additionally, the table is also very useful in the preparation of QA plans (as discussed in the QA Guide to this GPWS) and the Schedule of Deductions, and to provide the FSCM, QAEs, and hospital administrators a convenient overview of services to be provided. A sample PRS table, which reflects the work requirements of this GPWS, is provided in Attachment J-C6 and the QA Guide. The user should modify this table to reflect the tailored PWS's requirements. The NAVFAC MO-327, the NAVFAC RSED (V3.1) implementation guide, and the QA Guide provide guidance on the development of PRS tables, and should be referred to by the user.

IV. TWO STEP PROVISIONS. As discussed in paragraph II.B of this User's Guide, the Hospital Housekeeping GPWS was developed assuming that a two step sealed bidding solicitation would be used. This paragraph provides sample provisions that the user must add to or modify in Sections E and L of the standard FSC clauses (available at NAVFAC Contract Offices and EFDs) in order to use the two step procedures. Other changes and additions to the standard FSC clauses are required, but these should be provided by the Contract Office or EFD (Code 02).

A. Provisions in Section E. Delete the standard "CONTRACTOR QUALITY CONTROL (QA)" clause and replace with the following:

"CONTRACTOR QUALITY CONTROL (QC) PROGRAM. In accordance with the "FAR 52.246-4, INSPECTION OF SERVICES - FIXED PRICE" clause, Section E, the Contractor shall establish and maintain a complete QC Program that is acceptable to the ACO to assure that the requirements of the contract are provided as specified. The Contractor's complete QC Program shall be included in the technical proposal submitted under Step One of this solicitation, as specified in the "EVALUATION FACTORS" clause, Section M. The program shall be documented in loose leaf manual format, and shall be provided for review throughout the term of the contract

when requested by the ACO or designated representative. The program shall include, but not be limited to the following components:

1. Written Instructions and Procedures. The Contractor's QC Program shall include written work instructions and procedures to complete the work specified in this contract. These work instructions and procedures shall comply with the standards established by the JCAH for housekeeping services. The ACO or designated representative shall be on the document distribution list for all formal changes to written Contractor instructions and procedures.

2. Inspection System. The Contractor's QC Program shall include an inspection system covering all services. The Contractor shall establish an assessment plan (e.g., survey instruments and audit protocols) that ensure compliance by Contractor employees with Contractor developed instructions and procedures. An assessment of findings, deficiencies identified, and

corrective action plans that result in revised procedures and instructions shall be retained throughout the life of this contract. These assessment files shall be furnished to the ACO or designated representative, for review, as requested or when required by inspecting officials, such as the JCAH or Inspector General, Navy, via the ACO or designated representative.

3. Method of Detection. The Contractor's QC Program shall include a method of early detection and correction of conditions adversely affecting the quality of service, to include procedures for detecting discrepancies (e.g., customer complaints) and causes of defects and action plans to correct recognized discrepancies. This method shall include providing timely written explanation of the correction of the defects and correction of cause in response to deficiencies identified by the Government.

4. Maintenance Procedures. The Contractor's QC Program shall include instructions for maintenance and use of inspection records and assessment documentation. Records are considered one of the principal forms of objective evidence of current and past QC surveillance. The Contractor's QC Program shall ensure that Contractor records are complete, accurate, and conform to the current requirements of the JCAH.

5. Management Action Plan. The Contractor's QC Program shall include a method for analysis of inspection findings, including Contractor and Government records, customer complaints, and assessment results, and for development of corrective management action plans."

B. Provisions in Section L. The following EVALUATION FACTORS provision, which describes the required content of technical proposals, must be added to Section L. It must be carefully reviewed and tailored by the user to ensure that technical proposal requirements match the technical specifications in Section C.

"EVALUATION FACTORS. The following factors will be considered in the evaluation of Technical Proposals. The proposal should be organized in a manner whereby FACTOR 1 and FACTOR 2 are discussed together for each housekeeping service (i.e. the proposed housekeeping procedures and the proposed resources for those procedures are described in a single entry in the proposal), and

FACTOR 3 is covered overall for the overall housekeeping function.

a. FACTOR 1 - Proposed Housekeeping Procedures. For each of the regularly scheduled services (housekeeping services (a) through (c)) below, the proposal must clearly illustrate the proposed method of housekeeping to include each specific cleaning task, the procedures for accomplishing each specific cleaning task, and the frequency at which each specific task will be accomplished. For each of the non-recurring services (housekeeping services (d) through (n)) below, the proposal must clearly illustrate the specific cleaning procedures which will be used to accomplish each task. In order for the proposed procedures to be acceptable, they must meet the following criteria:

(1) They must provide for all of the services and standards required by the specification.

(2) They must be reasonable viable procedures and methods to accomplish the work given all requirements of the specification.

(3) They must illustrate that the proposer has a clear understanding of the nature and magnitude of the effort required to maintain adequate cleanliness standards in a hospital environment.

HOUSEKEEPING SERVICES

- (a) Special patient care areas.
- (b) General patient care areas.
- (c) Non-patient care areas.
- (d) Patient unit checkout service.
- (e) Service Call Work.
- (f) Floor stripping, waxing, and sealing.
- (g) Carpet shampooing.
- (h) Wall cleaning.
- (i) Ceiling cleaning.
- (j) Light fixture cleaning.
- (k) Exterior window cleaning.
- (l) Interior A/C cover cleaning.
- (m) Curtain, drape, and blind cleaning.
- (n) Snow/ice removal.

b. FACTOR 2 - Resources for Proposed Procedures. For each of the housekeeping services ((a) through (n)) listed in paragraph a. above, the Proposer shall clearly illustrate what resources will be dedicated to accomplishing the proposed methods. In the case of project work requirements (services (f)

through (m)), proposers should assume that all work will be ordered during the contract term and assign resources accordingly. For the proposal to be acceptable, it must meet the following criteria:

(1) The proposed quality (i.e., wage levels) and quantity (i.e., numbers of personnel in each wage level) of staffing must be adequate to support the proposed methods.

(2) All proposed equipment must support the proposed methods of operation and the proposed staffing levels, and be acceptable given the requirements of the specification.

(3) If a Subcontractor will be the source of staffing and equipment, the Technical Proposal must clearly show that this approach will fully meet the requirements of this specification.

c. FACTOR 3 - Management Services.

(1) Proposed Organization and Management Plan. The Proposer shall state the proposed organization and management plan to be used by the Contractor to manage and administer the work requirements of this contract. For the proposal to be acceptable, the proposed organization and management plan must meet the following criteria:

(a) The proposed organization and management plan must be adequate to control all of the various methods of operation and procedures proposed for each of the tasks and quantities of work specified in this contract.

(b) The management structure must illustrate clear lines of authority and supervisory responsibility.

(c) The proposed organization and management plan must illustrate adequate controls and management of Government furnished items. (Refer to clause C.4 of Section C.)

(d) The proposed organization and management plan must include a copy of the Contractor's proposed Quality Control Program, which must meet the requirements of the "CONTRACTOR QUALITY CONTROL (QC)" clause, Section E.

(e) Complete phase-in and phase-out plans for the start-up and termination of this contract.

(2) Executive Housekeeper. For the proposal to be acceptable the proposer must demonstrate the following:

(a) Capability of the proposer to obtain a qualified Executive Housekeeper, as required by paragraph C.8.a, Section C. Merely stating that such an individual will be hired or repeating the provisions of paragraph C.8.a will not be considered sufficient demonstration of the capability of the proposer to employ such an individual.

(b) Successful performance by the company in health

care housekeeping where an Executive Housekeeper was required. Demonstration of successful performance may consist of letters from Government contracting offices and/or health care facility administrators.

(3) Training Plan. The Proposal shall include a detailed description of the training plan required by clause C. 9, Section C. This description must include a schedule of topics and a synopsis of the material to be presented on each of the topics listed in paragraph C. 9. a, and a proposed schedule of topics for the developmental training required in paragraph C. 9. b. Proposals will be evaluated on the quality of training

proposed in response to the requirements in clause C.9."

V. COMMERCIAL ACTIVITIES (CA) PROGRAM CONSIDERATIONS. The contractual requirements of hospital housekeeping services are essentially the same even when the PWS is prepared for a CA program study. However, the following special items must be considered when using this GPWS to prepare a CA program solicitation.

A. Scope of Work. The user must remember that the scope of work and standards of performance specified in the PWS must be equivalent to the projected capabilities of the MEO.

B. Pre-Priced Options to Extend. OMB Circular A-76 requires in-house and Contractor bids to be evaluated over at least three year period whenever funding can cross fiscal years, as in the case of hospital housekeeping services. This means that Section B must contain contract line items for a twelve month base period and at least two, one year, pre-priced option periods. For example, if the contract term is projected to begin on 1 April, Section B would include contract line items for the base year (12 months) of performance (items 0001 and 0002) and at least two, one year, pre-priced option periods (items 0003, 0004, 0005, and 0006).

C. Technical Proposal Evaluation Board. Special care must be taken in Two Step CA solicitations when appointing the Technical Proposal Evaluation Board, whose members will review and either accept or reject each technical proposal submitted. In most cases, the individuals most knowledgeable of the hospital housekeeping function, such as the Executive Housekeeper and shift leaders, would be directly affected by the conversion of the function to contract. It would be difficult for such affected employees to be objective in their evaluation of technical proposals, and their inclusion on the technical board could prompt official protests from potential commercial proposers. For this reason, affected employees should not be included on Technical Proposal Evaluation Boards unless there is absolutely no other qualified individual(s) available. Other potential sources of knowledgeable individuals, such as other hospitals, should be contacted. The geographical EFD may also be able to provide assistance in this area.

D. Continuity of Services. The GPWS should address certain

issues and requirements relative to the change-over from in-house to contracted performance of services. Therefore, add the following "CONTINUITY OF SERVICES" clause to Section C.

"CONTINUITY OF SERVICES. To insure continuity of essential services, the successful bidder shall be prepared to fully commence work on the start date of this contract. The phase-in of Contractor forces will occur in conjunction with a major reduction-in-force of in-house Government employees. The Contractor should not assume that Government employees will be available to guide, direct, or specifically orientate each Contractor employee."

E. Multi-Function CA Contracts. In many instances, CA program studies involve contracts containing more than one functional area or service. For example, the user may want to study grounds maintenance services in

conjunction with hospital housekeeping services, and issue a single solicitation. Since most NAVFAC GPWSs are written in the same format, the technical requirements of Sections C and J of this guide may be easily combined with those of other GPWSs to produce a tailored multi-function GPWS.

VI. PRE-AWARD CONSIDERATIONS. Prior to award it is essential that the hospital consider the following aspects of the operation and administration of a hospital housekeeping contract.

A. Quality Assurance Evaluator Training. It is vitally important to have an adequate number of qualified QAEs on board prior to the contract start date. In fact NAVFAC EFD Contract Offices will not allow contracts to be advertised until the hospital provides assurance that such resources will be provided. Ideally, QAE(s) should have attended the QAE training course provided by each of the EFDs. If this training has not been received, the activity should take steps to have the QAE(s) attend the next available course and in the meantime should develop a local training program. EFD Code IOs (Facilities Division) should be contacted for QAE training scheduling and assistance. The QAE should have a good working knowledge of maintenance and inspection procedures and requirements for hospital housekeeping services. Prior to bid opening it is essential that the QAE become familiar with the hospital housekeeping specification.

B. Site Visits. The QAE or other Government representative should be prepared to conduct site visits with potential bidders after inviting requests for proposals. The purpose of these visits is to familiarize the Contractor with the location of the contract requirements, not to provide additional information which should have been included in the PWS. QAE's must be briefed by the ACO or the Contract Specialist as to what can be said to potential bidders during site visits. Hospital employees must be briefed by the ACO, or his representative, on precautions to be taken so as not to reveal sensitive information to potential bidders during these visits.

C. Is Government Furnished Property, if any, ready for turnover?

D. Are adequate QA Plans prepared and ready for use?

GUIDE PERFORMANCE WORK STATEMENT
FOR
HOSPITAL HOUSEKEEPING SERVICES

PART I - THE SCHEDULE

SECTION B: SUPPLIES OR SERVICES AND PRICES/COSTS

 NOTE TO SPECIFICATION WRITER: Some NAVFAC Engineering Field Divisions (EFDs) require additional clauses to be added to Section B. The user must contact the appropriate geographical EFD to identify any additional clauses which may be required. The final contract line items shall be typed directly on Form SF-36. The example shown here includes column headings which are duplicated on the form. The numbering system for contract line items and subline items shall follow the method prescribed in Subpart 4.71 of the DOD FAR Supplement. In the following example contract line item 0001 is prepared as a single line item supported by a Schedule of Deductions. An alternate method would be to eliminate the Schedule of Deductions from the contract and prepare a detailed contract line item 0001 made up of several subline items, similar to those in the Schedule of Deductions.

SCHEDULE

Item Unit No. Price	Amount	Supplies/Services	Quantity	Unit
0001		FIXED PRICE WORK: Price for all work specified, except for work specifically identified as being included in the Indefinite Quantity portion of the contract.	12	MONTHS \$
\$				
		TOTAL PRICE FOR CONTRACT LINE		
\$		ITEM 0001		
0002		INDEFINITE QUANTITY WORK: Price to perform the Unit Priced		

Tasks listed in the Schedule of Indefinite Quantity Work below. The quantities listed below are realistic estimates provided solely for the purpose of bid evaluation and for establishing penal sums of bonds (if required). The price for this bid item is the total of the subline items listed in the Schedule of Indefinite Quantity Work.

SCHEDULE OF INDEFINITE QUANTITY WORK

SCHEDULE

Item Unit No. Price	Amount	Suppl i es/Servi ces	Quanti ty	Uni t		
0002AA		Floor Strippi ng,				
		Waxi ng, and Seal i ng (C. 26. d(1))	INSERT	SY	\$	\$
0002AB		Carpet Shampoo i ng (C. 26. d(2))	INSERT	SY	\$	\$
0002AC		Wall Cleani ng (C. 26. d(3))	INSERT	SY	\$	\$
0002AD		Cei l i ng Cleani ng (C. 26. d(4))	INSERT	SY	\$	\$
0002AE		Li ght Fi xture Cleani ng (C. 26. d(5))	INSERT	EA	\$	\$
0002AF		Exteri or Wi ndow Cleani ng (C. 26. d(6))	INSERT	SY	\$	\$
0002AG		Interi or A/C Cover Cleani ng (C. 26. d(7))	INSERT	EA	\$	\$
0002AH		Drape and Curtain Cleani ng (C. 26. d(8))	INSERT	EA	\$	\$

0002AI	Blind Cleaning (C. 26. d(8))	INSERT	EA	\$	\$
	TOTAL PRICE FOR CONTRACT LINE ITEM 0002			\$	

HOSPITAL HOUSEKEEPING SERVICES

PART I - THE SCHEDULE

SECTION C: DESCRIPTION/SPECIFICATIONS/WORK STATEMENT

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PART I - THE SCHEDULE

SECTION C: DESCRIPTION/SPECIFICATIONS/WORK STATEMENT

C.1 GENERAL INTENTION. It is the intention of this solicitation to obtain hospital housekeeping services at INSERT NAME OF HOSPITAL hereafter referred to as the Medical Treatment Facility (MTF) by means of a combination fixed-price and indefinite quantity type contract.

C.2 GENERAL REQUIREMENTS. The Contractor shall provide the managerial, supervisory, administrative, direct, and overhead personnel necessary to perform the work specified in this contract, including the provision of all labor, transportation, equipment, and materials, except as specified herein as Government furnished, to provide health care facility housekeeping services and certain housekeeping management functions. Performance shall be in accordance with the standards contained herein.

***** NOTE TO SPECIFICATION WRITER: The word "spaces" is used because not all the areas to be cleaned are rooms. One example of a space is a section of hallway, as referenced on the drawing, which approximates the amount of work associated with a patient room. Another example is a ward area which may be equivalent in area to several patient rooms. Each space must have a unique number. Drawing should be provided showing clearly all spaces and spaces uses. See definition of space, paragraph C.3.bb.

a. Drawings. Drawings are provided in Attachment J-C4 to identify spaces referenced in this contract.

***** NOTE TO SPECIFICATION WRITER: On occasion, space needs cause changes in hospital space use. These changes should be anticipated prior to contract solicitation, if possible. If changes in use occur during the contract term resulting in an increase or decrease in scheduled cleaning services, a contract modification may be required.

b. Changes to Requirements. All references in this contract to locations and functions of spaces are as they exist at the contract start date. These references may be modified by the Government, when necessary, to adjust to changes in workload or types of service required. If the cost of providing services is affected by these changes, a contract modification will be issued in accordance with the "CHANGES" clause, Section I.

C.3 DEFINITIONS - TECHNICAL.

a. Acceptance. Where "as directed", "as required", "as permitted", "approval," or words of similar import are used, direction, requirement, permission, approval, and/or acceptance by the ACO or designated representative is intended.

b. Administrative Contracting Officer (ACO). The individual designated

by the Contracting Officer to administer the contract. Throughout this contract, the term ACO will be used to refer to the individual designated to administer the contract or his/her designated representative. See the "DEFINITIONS" Clause, Section I.

c. Approval. See "acceptance".

d. As Directed. See "acceptance".

e. As Detailed. Where "as shown", "as required", "as detailed", or words of similar import are used, reference is made to the drawings provided in Attachment J-C4 in Section J, unless stated otherwise.

f. Ash Receptacle. A container designed for the receiving of ashes and expended smoking materials. The contents of these receptacles are to be disposed of by the Contractor and cleaned as part of the space in which it is located.

g. As Permitted. See "acceptance".

h. As Required. See "as detailed".

i. As Shown. See "as detailed".

j. Blinds. A window covering or panel made of metal or other materials used to achieve privacy or block/filter light. Unlike drapes and curtains, blinds may be adjusted to allow varying degrees of light through slits in the light screening material. Blind cleaning shall be ordered as an indefinite quantity item. (Refer to the definition "indefinite quantity item".)

k. Buffing. The process of achieving a degree of luster on floor finishes through the use of a low or medium speed buffing machine.

l. Burnishing. The process of achieving a "wet look" on floor finishes through the use of a high speed buffing machine. "Wet look" refers to a degree of luster that appears as if a thin layer of water were spread over the flooring material.

NOTE TO SPECIFICATION WRITER: Decide whether the "wet look" is desired. If not this standard, another standard needs to be described in detail. Remember that the QAE and the Contractor must be able to understand and consistently apply the standard. Avoid highly technical, difficult to apply standards.

m. Building. A relatively permanent structure with a roof that is used for a variety of purposes, such as offices, or patient care areas. Buildings are real property.

n. Carpet. A woven floor covering that is made from wool or synthetic fibers or combinations thereof. Carpet includes the terms "rug", "walk-off mat", and "runner". Carpets are to be cleaned during scheduled housekeeping service for the space in which they are located.

o. Classification of Spaces. A designation of the use of a space which implies the need for specific housekeeping procedures to achieve a required level of cleanliness that prevents infection and/or cross-contamination. (Refer to "special patient care spaces", "general patient care spaces", and "non-patient care spaces".)

p. Clean. Noun: the result of soil removal. Verb: the process of removing soil.

NOTE TO SPECIFICATION WRITER: The understanding of the definitions of "clean" and "soil" (in paragraphs C.3.p and C.3.ba) are essential to understanding this specification. Together these terms identify the level of service required for cleaning services. A higher standard would be difficult to monitor, a lower standard would present risks of a nosocomial infection.

q. Contractor. That entity or its representative responsible for the delivery of the services or materials specified in this contract, as designated by contract award. The term Contractor as used herein refers to both the prime Contractor and any subcontractors. The prime Contractor shall insure that subcontractors comply with the provision of this contract.

r. Contractor Representative. That individual specifically appointed by the Contractor, either orally or in writing, who has been assigned responsibility for executing the requirements of this contract.

s. Curtain. A window covering or panel made of cloth or other materials used to achieve privacy or block/filter light. Curtain cleaning will be ordered as an indefinite quantity item. (Refer to the definition "indefinite quantity item".)

t. Defective Service. A unit of service which contains one or more defects, non-conformance with specified requirements, or service that has not been performed prior to the Contractor's scheduled completion time. The Contractor shall reperform all documented defective services, or perform all services documented as not being finished if directed by the ACO.

u. Designated Representative. A Government employee designated, in writing, to act for the ACO.

v. Dock. An elevated area specifically designated for the receiving or shipping materials and/or personnel. Docks are to be cleaned during scheduled housekeeping service for the space in which they are located.

w. Drape. A window covering or panel made of cloth or other materials used to achieve privacy or block/filter light. Drape cleaning will be ordered as an indefinite quantity item and each separate unattached piece of material will be one unit for the purposes of reimbursement. (Refer to the definition "indefinite quantity item".)

x. Elevator. A movable platform or cubicle used to convey materials

and/or personnel from one level of a building to another level. Elevators are to be cleaned during scheduled housekeeping service for the adjacent space at the lowest level.

y. Emergency Response. A type of service call to clean a space or portion thereof that corrects an immediate safety hazard to patients, staff personnel, or visitors.

z. Equipment. A movable object, such as a typewriter, which is used to perform a procedure(s) that results in a work product.

aa. Exterior Air Conditioning Cover. The part of the air conditioning system that includes registers, diffusers, and grills which is accessible for cleaning without removal. Exterior air conditioning covers are to be cleaned during scheduled housekeeping service for the space in which they are located.

ab. Exterior Entrance Area. The entire area outside of an outer entry door up to that point where a vehicle can approach (if canopy covered, it is the area thereunder). Exterior entrance areas are to be cleaned during scheduled housekeeping service for the space in which they are located.

ac. Exterior Window. A window which is an integral part of the outer surface of a building. Exterior window cleaning will be ordered as an indefinite quantity item. (Refer to the definition "indefinite quantity item.")

ad. Fixture. An object, such as a machine, which by reason of being attached to real property (e.g., a building) is considered to be part of that real property. Fixtures include, but are not limited to, sinks; lavatories; commodes; urinals; soap, paper, towel, and other dispensers; etc.

ae. Furniture. A moveable object, such as a desk, which is used to equip a room or space to make that room or space usable for its intended purpose. The use of furniture may indirectly result in a work product.

af. General Patient Care Space. An area that patients occupy or visit during their stay in the MTF or where ancillary patient care is delivered, such as patient rooms, examination

rooms, nursing stations, doctors' offices, clinics, and restroom facilities. These areas directly affect patient well-being, and, therefore, it is essential that the Contractor's housekeeping procedures be appropriate to control infection and/or cross-contamination. (Refer to Attachment J-C4 for locations.)

ag. Glass. Any transparent or opaque surface, enclosure, divider, or mirror that is not specifically included in the definition "window." Glass is to be cleaned during scheduled housekeeping service for the space in which it is located.

ah. Hospital Infection Control Committee (ICC). A formal MTF committee, reporting to the MTF Commanding Officer, that is responsible for monitoring the MTF infection control program. Housekeeping is considered part of the total infection control program by the Joint Commission on

Accreditation of Hospitals (JCAH) and the Inspector General, Navy.

ai. Housekeeping. Housekeeping is comprised of three functions:

1. Cleaning. The removal of soil from all surfaces including but not limited to floors, carpets, stairs, walls, wall hangings, windows, furniture, fixtures, doors, appliances, equipment, and lamps. For ash trays, waste baskets, trash receptacles, and similar receptacles, cleaning includes removing the contents and delivering them to an authorized disposal system, as well as cleaning the containers, free of soil, for reuse. Cleaning is the primary responsibility of the Contractor.

2. Protection. Preventing damage to surfaces and equipment caused by normal use or improper cleaning procedures. Protection is a secondary responsibility of the Contractor.

3. Beautification. Beautification occurs as the result of cleaning and protection, at no additional cost to the Government, and it is beneficial psychologically because it boosts the morale of patients, staff, and visitors.

aj. Housekeeping Space. An area specifically designated for the storage of housekeeping supplies and equipment. (Refer to Attachment J-C4 for locations.)

ak. Indefinite Quantity Item. An item of work which is required on an unscheduled basis. This work is required with an irregular frequency and will be ordered on a form DD 1155, Order for Supplies or Services.

al. Interior Air Conditioning Cover. The part of the air conditioning system that includes registers, diffusers, and grills, that are accessible for cleaning when the cover is removed. Interior air conditioning cover cleaning will be ordered as an indefinite quantity item. (Refer to the definition "indefinite quantity item".)

am. Interior Entrance Area. An area located inside the outer entry door, up to the area where the main corridor or NAVHOSP Treatment Facility interior begins. The area is often separated from the NAVHOSP Treatment Facility by a set of

interior doors. Interior entrance areas are to be cleaned during scheduled housekeeping service for the space in which they are located.

an. Interior Window, Wall, and Floor. These surfaces are to be cleaned during scheduled housekeeping service for the space in which they are located.

ao. Joint Commission on Accreditation of Hospitals (JCAH). A national organization dedicated to improving the care, safety, and treatment of patients in health care facilities, and publishers of the JCAH Manual on Accreditation of Hospitals.

ap. Light Fixture. A fixture which includes ceiling lights, emergency exit lights, patio lights, outside entrance and loading dock lights, interior lighted signs, canopy lights, and all other lights, except desk, table, bed,

floor, and delivery and operating room lights. Light fixture cleaning will be ordered as an indefinite quantity item.

aq. Maintenance. The upkeep of buildings, fixtures, furniture, and/or equipment that is required to keep these items fully functional and/or to produce an acceptable level of performance or quality of operation.

ar. Non-Patient Care Space. An area primarily used by staff and support personnel, such as the medical library, medical records transcription, administrative offices, non-patient bedrooms, central appointments, and medical supply which are not routinely visited by patients. Non-patient care areas do not require maximum asepsis, but the Contractor shall use appropriate housekeeping procedures that control infection and/or cross-contamination. (Refer to Attachment J-C4 for Locations.)

as. Nosocomial Infection. An infection acquired by patients and others during hospitalization or treatment with diagnoses confirmed by clinical or laboratory evidence. Great danger arises with MTF infections because of the weakened condition of patients. The most effective method of defense is a clean, infection-free environment. To the extent that nosocomial infections may be a consequence of exposure to contaminated air, dust, furnishings, equipment, and other fomites, effective environmental sanitation is required to lessen such hazards. Frequent and thorough cleaning of MTF interiors is necessary to reduce the number of pathogens. Environmental sanitation is not believed to have, as its primary purpose, a direct antibacterial effect. Its main purpose is to physically remove micro-organisms from the various fomites that might transmit them to patients.

at. Patient Unit Checkout Service. Housekeeping within patient bed areas in multi-bed rooms or the entire room in single bed rooms using housekeeping procedures appropriate to control infection and/or cross contamination. Housekeeping shall include all processes required to return the area to a clean environment, stripping of beds, and remaking of beds with clean linen. In single-bed rooms, or when the checkout leaves a multi-bed room empty, the bathroom shall also be cleaned. Complete checkout service shall be performed when the patient is discharged, when the patient is transferred to another room or area, when the patient is no longer required to be kept in isolation, or a condition during occupancy which causes the room to be

inaccessible for scheduled cleaning.

au. Performance Requirements Summary (PRS). A list of the primary products (i.e., work requirements) of the contract that will be evaluated by the Government to assure contract performance standards are met by the Contractor.

av. Platform. An area specifically designated for the receiving or shipping of materials and/or personnel. Platforms are usually not elevated like docks. Platforms are to be cleaned at the frequency specified in paragraph C.27.c(2).

aw. Quality Assurance. The periodic examination and assessment of performance by the Government to assure compliance with contract requirements. The documentation of assessment results are included.

ax. Quality Control. The periodic examination and assessment of performance by the Contractor to assure compliance with written Contractor developed, Government approved work instructions and procedures; and other contract requirements, including the documentation of assessment results.

ay. Quality Assurance Evaluator (QAE). The Government employee responsible for assuring Contractor performance through audit, documentation, and liaison with the ACO. The QAE shall be appointed, in writing, by the ACO.

az. Service Call. A service request to clean a space or portion thereof at times other than those on an approved schedule. These calls may be emergency or routine (i.e., non-emergency) in nature, but cleaning cannot or should not wait until the next regularly scheduled housekeeping cycle. Calls may be required for any classification of space and require the employment of housekeeping procedures appropriate to the classification of the specific space.

NOTE TO SPECIFICATION WRITER: Unlike most maintenance service calls, there is no time or dollar limit on a call. A call is limited by area and the labor and materials that are normally required to clean a space. Normally the entire space does not need to be cleaned, as in the case of a spill. Should the scope of a service call need to be more involved than the cleaning of an entire space, then the services should be included as items of indefinite quantity work and bid as separate items for each service.

ba. Soil. Soil is, but is not necessarily limited to, dust, dirt, stains, grease, smudges, streaks, spots, lint, odors, pathogens, fomites, or any agent that is injurious to health. Soil can be visible, such as dust, or it can be invisible, such as pathogens and odors. Soil can be removed chemically, mechanically, or be a combination of chemical or mechanical methods. Mechanical soil removal is removing soil with a machine, such as a vacuum cleaner. Chemical soil removal is removing soil with a chemical agent that contains detergents, disinfectants, sanitizers, and sterilizers. The combination of chemical and mechanical methods, such as an automatic floor scrubbing machine, uses the chemical method to break down and

loosen the soil, while the mechanical method picks up and removes the soil. Which soil removal method is used, depends on the cleaning objectives and on the size, location, and type of surface to be cleaned. The selection of method(s) is the prerogative of the Contractor.

bb. Space. A space is an area to be cleaned which may or may not be considered a room by common definition. Examples of spaces are definable sections of hallways, stairwells, patient rooms and cubicles, patient clinics, housekeeping closets, and restrooms. All spaces described in this contract will be identified in Attachment J-C4 and should be of roughly equal size.

bc. Space Scheduling Charts. Charts are provided in Attachment J-C5 for the Contractor to use to provide a schedule of housekeeping services by classification of area, sub-area description, space number, cleaning frequency, and time period. Charts will be used to schedule both fixed-price and indefinite quantity work.

bd. Special Patient Care Space. An area requiring maximum aseptic housekeeping techniques to minimize pathogens and prevent cross-contamination. These areas may include the emergency room, labor rooms, delivery rooms, the nursery, recovery rooms, isolation units, patient observation units, intensive care units, and cardiac care units. (Refer to Attachment J-C4 for locations.)

be. Spot Cleaning. The removal of soil or performance of a specific housekeeping task on a specific surface(s) in a space or portion thereof using housekeeping procedures appropriate to the classification of the specific space. Spot cleaning may be required in response to a service call.

bf. Stairwell. A space containing a vertical shaft in which stairs are located. There may be one or more flight of stairs with connecting landings in the space. Stairwells are to be cleaned during scheduled housekeeping at the frequency specified in paragraph C.27.c(2).

bg. Storm Window. Any window not an integral part of the building, usually on the outside of the window surface, which can normally be removed and replaced. Storm window cleaning will be ordered as an indefinite quantity item.

bh. Trash Receptacle. A container, such as a wastepaper basket, designed for receiving dry trash. The contents of the receptacle are to be disposed of by the Contractor and cleaned as part of the space in which it is located.

bi. Walk-off Mats and Runners. Non-permanent floor or carpet coverings normally placed at MTF entrances and in high traffic areas. Walk-off mats and runners shall to be cleaned during scheduled housekeeping service for the space in which they are located.

bj. Window. The largest opening in a wall or a partition which is intended to admit light and/or air bounded by a window manufacturer's frame. A window may contain glass. Windows shall be cleaned during scheduled housekeeping service for the space in which they are located, except for exterior windows and storm windows.

bk. Work Notification Designee. Any MTF staff personnel

with the title of charge nurse, physician, dentist, or department head who is located in a space listed in Attachment J-C4 and has been given the authority, in writing, by the ACO to notify the Contractor that bonafide work specified in this contract is ready to be performed.

NOTE TO SPECIFICATION WRITER: Hospitals being a dynamic, 24 hours a day, 7 days a week operation present difficulties in the ordering of services. The ACO orders all work; however, there is not enough ACO, FSCM, and QAE time to direct all the activities related to contracted hospital housekeeping services. As envisioned here, the work notification designee provides a bridge between the ACO and the Contractor subject to very defined limits for work already authorized by contract provisions and/or ordered by the ACO.

Notifying the Contractor that a space needs to be cleaned under service call provisions demonstrates the need for streamlining of administration. If a charge nurse first had to notify the ACO, FSCM, or the QAE, who then had to notify the Contractor, who then had to instruct an employee to clean up the spill, the system would be inoperable from a practical standpoint. Instead, because service calls are designed for such occasions by the contract terms, the charge nurse notifies the Contractor directly when services are required by providing a "service ticket" form. A copy of this form would be forwarded concurrently to the QAE so that the completed work may be inspected. The charge nurse need not contact the QAE unless the work appears to be unsatisfactorily performed, at which time the QAE should verify (validate) the charge nurse's complaint. The success of this procedure is directly dependent on both the Contractor and the work notification designees understanding the contract terms and procedural limits to designee authority. Abuse of the system would result in the notification function being placed with the FSCM.

C. 4 GOVERNMENT FURNISHED PROPERTY AND SERVICES.

a. Administrative and Storage Areas. The Government will provide the spaces (i.e., facilities) and furnishings identified in Attachment J-CI for the Contractor's use as office, supply, and equipment storage spaces, including housekeeping closets. No alterations shall be made to these facilities without the written permission of the ACO or designated representative. Each request shall be submitted to the ACO or designated representative, in writing, for approval. Any such modifications or alterations shall be made at the expense of the Contractor. Upon completion or termination of the contract, the Contractor shall return all Government furnished facilities and furnishings in the same condition and quality as received, fair wear and tear excepted.

b. Utilities and Services. The Government will furnish the following utilities and services as may be required to perform work under the contract at no cost to the Contractor. Utilities will be provided at existing outlets. The Contractor shall provide and maintain, at his expense, the necessary service lines from existing utility outlets to the sites of work.

(1) Telephone service. Local telephone service shall

be provided by the Government. Use by the Contractor is limited to those calls required to perform the services identified herein. Commercial long distance service is not included.

(2) Utilities required to perform the work specified in this contract, including electrical power, gas, water, and sewers at existing outlets.

(3) All repairs to the facility not due to the Contractor's negligence.

(4) Removal of trash and waste from bulk storage containers (e.g. dumpsters).

(5) Insect and rodent control services.

(6) Security police and fire protection services, including all applicable telephone numbers.

(7) Internal MTF interdepartmental mail service. U.S. Postal Service services are available in Building SPECIFY, but all expenses of such services shall be paid by the Contractor.

c. Supplies, Materials and Equipment. The Government will provide the following materials and equipment to be used by the Contractor only in performing the services required by this contract.

- (1) All directives listed in Attachment J-HI.
- (2) Protective clothing and shoe covers.
- (3) Key box and keys for areas to receive housekeeping services.
- (4) Walk-off mats and runners.
- (5) Incinerator located in SPECIFY.
- (6) Shredder located in SPECIFY.
- (7) Trash Compactor located in SPECIFY.

C.5 CONTRACTOR FURNISHED ITEMS. The Contractor shall furnish and maintain all equipment and supplies, other than those specified as Government furnished in clause C.4 of this Section, necessary to perform all services required in this contract.

a. Specifications. Contractor supplies and equipment shall meet the specifications listed below, and shall comply with the occupational safety and health standards and fire regulations listed in Attachment J-HI.

(1) Approval of Supplies and Equipment. All Contractor proposed supplies and equipment must conform to applicable technical provisions and specifications contained herein. Materials shall comply with Government fire and safety regulations listed in Attachment J-HI. No materials bearing an Interstate Commerce Commission (ICC) red label shall be used. Proposed supplies and equipment for which specifications are not

provided herein must be of the highest commercial quality and must be of a suitable type or grade for the required housekeeping task. This list shall be a part of the Contractor's instructions and procedures manual. Any new item of material, supplies, or equipment shall be submitted to the ACO or designated representative for review prior to use in the MTF.

(2) Product Samples. The Contractor may be required to submit product samples to the Government for evaluation, at no additional cost to the Government. If required, samples shall be submitted within 15 calendar days after award of the contract in factory sealed containers. Each product sample shall contain at least one pint, if a liquid product, or one pound, if a dry product, to ensure sufficient quantities for laboratory testing.

(3) Abrasives. Steel wool, abrasive metal cleaners, or any other cleaning supplies or equipment, which could cause damage to Government property, shall not be used.

(4) Equipment Standards.

(a) Sanitation. All original and replacement equipment introduced into the MTF shall be in proper working order, as specified by the equipment manufacturer, and shall be cleaned with a disinfectant detergent free of soil prior to introduction into the MTF. All equipment removed from a designated use area shall be cleaned with a disinfectant detergent prior to its removal from and reintroduction into the area.

(b) Electrical Equipment. All electrically operated equipment shall be equipped with hospital quiet-type motors, be third-wire grounded, and be equipped with an appropriate length of Underwriters Laboratories (UL) approved three conductor cord. The cord shall be permanently attached to the machine. The Contractor's equipment shall be compatible with existing sources of Government furnished electrical power.

(c) Safety and Inspections. The Contractor's equipment shall be in good repair and shall comply with all Government safety standards and all JCAH standards for nonclinical electrical equipment. Any equipment which the ACO or designated representative considers in disrepair or unsafe shall be removed from the MTF and replaced with equivalent equipment that is in good repair and meets the specifications contained herein. All electrical equipment shall be inspected at least annually and after maintenance work is performed. An inspection sticker or other means of visible external identification that the inspection has been performed shall be affixed to each piece of electrical equipment used in the MTF.

(5) Bumper Guards. All wheeled and movable equipment shall be equipped with protective, non-marking wheels and rubber bumpers or guards around the entire perimeter, except for fiberglass trash receptacles. No part of the equipment, except handles, shall protrude beyond the rubber bumpers. Bumpers and guards shall be maintained in good repair at all times. Equipment with improper bumpers or guards shall be removed from service immediately and shall not be used until repaired. Any

repairs to Government property required as a result of improperly protected equipment shall be made at the Contractor's expense.

b. Disinfectant and Detergent. Disinfectant and detergents used shall be currently registered with the Environmental Protection Agency (EPA) as a pseudomonocidal, fungicidal, and viricidal at the manufacturer's recommended use dilution, even in hard water of 400 PPM (CaCO₃) and shall be UL approved. The detergent shall be a quarternary ammonia compound, an iodophor, or a phenolic-based disinfectant containing o-phenyl phenol, o-benzyl-p-chlorophenol, and p-tertiary amyl phenol. Use dilution shall be that recommended by the Association of Official Analytical Chemists (AOAC) use dilution confirmation tests. The Contractor shall not use any combination of wax and detergent, with or without water, unless such solution is used in accordance with the manufacturer's use instructions. The disinfectant used shall be compatible in use with the local area water. The disinfectant shall

be used in all water required for cleaning all areas specified in Attachment J-C4 . (Fed Spec 0-D-1563A, 26 Apr 76 is applicable.)

c. Liquid Floor Finish. Liquid floor finish shall be a synthetic co-polymer plastic (not a wax), water emulsion with solid content of at least 16 percent, removable by detergent scrubbing, and safe for use on all synthetic floors, such as rubber, asphalt, vinyl, and linoleum. It shall dry to a high gloss shine, be slip resistant, and resist scuffing and water penetration. The Government may accept alternate floor finishes if the Contractor demonstrates to the ACO or designated representative in a designated test area that the alternate floor finish is superior to the above specifications. (Fed Spec P-F-0043A, 20 Jun 72 is applicable.)

d. Stripping Compound. Stripping compound shall be purely synthetic, non-ionic, biodegradable, and contain no animal or vegetable soaps, abrasive, bleach, alcohol, ammonia, or other ingredients which could produce harsh, harmful, or noxious odors or fumes, either in use or in storage. It shall be capable of completely removing all soap build-up and floor finish film, with the exception of permacrylic epoxy poured type finishes. It shall not change the conductivity of conductive flooring when tested according to current requirements of National Fire Prevention Association (NFPA) Pamphlet No. 56. It shall contain approximately 12 percent or more active ingredients, exclusive of water, in its concentrated form. When mixed in a 10 percent use dilution, it shall have a pH of not less than 7 nor more than 11. It is permissible to use a special high-speed, low-foaming detergent stripper specially designed for use in automatic floor scrubber equipment, so long as it meets the above specifications except for pH and percentage of active ingredients standards. (Fed Spec P-R-1760, 6 Oct 72 is applicable.)

e. Shampoo Carpet, Wet. Shampoo shall incorporate a current EPA registered sanitizer and a soil retardant. The pH of the wet shampoo shall be between 9 and 10.5 for use on synthetic fibers and shall be no higher than 9 for use on natural fibers. Phenolic based disinfectants shall not be used as a carpet shampoo. The dilution rate used shall be that recommended by the manufacturer.

f. Mop Heads.

(1) Non-disposable mop heads shall be neutral-colored rayon or cotton yarn.

(2) Disposable mop heads shall be made of non-woven fabric, a lintless fabric consisting of textile fibers, or a combination of fibers and yarn, and shall be clear or neutral in color.

(3) Both disposable and non-disposable mop heads shall be changed when they become saturated with dirt or dust, or at the end of the work day, whichever comes first.

(4) Oil-based treatments are not allowed. Chemical treatments shall not have a "flash point" of less than 330 degrees Fahrenheit and shall be free of saponifiable matter. Chemical treatments shall not heat spontaneously under service conditions. Total treatment residue in mop heads

shall not exceed 28 percent by weight and shall contain no carbon residue.

(5) Fed Spec T-M-00570A, 8 Dec 67 is applicable.

g. Cloths, Impregnated Dusting and Sweeping. Dusting and sweeping cloths shall be tubular cotton with 18 percent to 22 percent by weight, and shall be non-oil impregnated. The impregnation compound shall meet UL specifications and requirements relative to safety from combustibility, shall have an affinity for dust, and shall be registered with the EPA. (Fed Spec DDD-D-411C, 21 Jul 72 is applicable.)

h. Bowl Cleaner Liquid-Type, Triple Action. The bowl cleaner shall clean, deodorize, disinfect, not be noxious or cause irritating fumes in use, have a minimum phenol coefficient of 6, as determined by the Food and Drug Administration, of *S Typhosa*, and be suitable for use in toilet bowls and urinals only. It shall be fully inhibited to protect pipes and metal against corrosion. Products requiring a "Poison" label, as defined in CFR, Title 49, shall not be permitted.

i. Vacuum Cleaners.

(1) All vacuum equipment shall have a hospital use, microstatic, impacton-type filtration system which filters out dust and bacteria particles larger than 0.3 microns. New microstatic impacton filters and disposable paper filter bags shall be installed in microstatic vacuums no less than every 30 calendar days and more frequently, as determined by use conditions or by the ACO or designated representative.

(2) The angle of exhaust system shall be at least 15 degrees above the horizontal.

(3) Dry vacuum cleaners shall be commercial type, 2/3 cubic foot capacity, or 1/2 bushel, with a microstatic, impacton-type exhaust air filter.

(4) Upright vacuums shall be heavy duty and have a motor-driven beater brush.

(5) Back pack vacuum units, used in stairwells, and wet-vacuums, used as components of combination scrubbers, are

exempt from the above requirements.

j. Floor Polishers. Floor polishers shall have a non-porous scrubbing surface to inhibit bacterial growth. Rotary floor polishing, buffing, and scrubbing machines shall be equipped with new brush or pad drive assemblies made of non-porous materials when introduced into the MTF.

k. Carpet Shampooer/Soil Extractor. Shampooers/extractors shall be a commercial type, upright design, with agitator brush and motor, storage tank, compressor, dispenser, and shall have positive action vacuum.

l. Combination Scrubber-Vacuum Machines. Combination scrubber-vacuum machines shall be battery powered, motorized units designed for use in large public areas.

m. Wall Washing Machines. Wall washing machines shall have a minimum capacity of four gallons with double tanks and a pump type pressure sprayer for use in wall washing with a disinfectant detergent solution.

n. Housekeeper's Carts. Housekeeping carts shall have a low platform for mop buckets, mop wringer, and other gear, with compartments for tools and cleaning supplies, and a trash collection device. Mops shall fit on the cart so that mopheads do not protrude above the top of the cart. Carts shall fit in assigned storage closets. Housekeeping carts used in the pediatrics area shall be lockable and shall be kept locked to prevent entry by pediatric patients.

o. Trash Collection Containers. Collection containers shall be rigid with a smooth interior finish and shall be equipped with a snug fitting cover and hard rubber, non-marking, silent-running casters. All trash containers shall meet Government fire regulations. Trash carts shall be of such size that they do not block passageways or prevent building evacuation.

p. Mop Buckets. Mop buckets may be either single or double compartmented and shall be constructed of a non-porous, acid resistant, seamless material.

q. Tool Handles. All mops, brooms, and sweeping tools which are equipped with handles of over 48 inches in length shall be capped with non-marking rubber, vinyl, or plastic tips to prevent the marking or scarring of walls or other surfaces in the MTF.

r. Signs. All signs shall contain easily understood directions and guidance.

C.6 HANDLING OF SUPPLIES AND EQUIPMENT. Specific routine infection control requirements are as follows:

a. Supplies and equipment designated for use in specific areas of the NAVHOSP Treatment Facility (e.g., to ensure maintenance of the required level of asepsis) shall be stored and used only in the designated area and shall not be used in other areas. All items assigned to a specific area shall be plainly marked with that area's designation. These markings shall be

permanent, such as paint or a metal tag. Designated use areas are identified in Attachment J-C4.

b. All equipment shall be cleaned and sanitized by the Contractor with a disinfectant/detergent, alcohol, or iodophor product, as appropriate, prior to introduction or re-entry into the MTF. In addition, project cleaning equipment, being moved within the facility, must be cleaned, as defined above, prior to entry into or removal from each classification of space and between designated use areas.

c. All containers of cleaning chemicals and similar products shall be conspicuously marked, preferably with a factory label, to identify contents, and all other labels shall be removed or defaced. Materials bearing Department of Transportation red labels shall not be used.

d. Contractor furnished supplies and equipment not in immediate use

shall be stored in designated storage areas provided by the Government. (Refer to clause C.4 and Attachment J-CI.) Rags, mops, brushes, waxes, and other supplies, which contain an oil residue and are subject to spontaneous combustion, shall be disposed of or stored outside of the MTF in tightly covered metal containers. Storage shall be in accordance with applicable Federal, state, and local regulations. Cleaning supplies, that are subject to combustion, may be temporarily stored and transported in tight fitting metal containers while in use inside of the MTF.

e. Supplies (e.g., toilet paper, paper towels, hand soaps, and detergents) shall be transported in carts designed for supply movement (e.g., housekeeping carts), not in trash barrels, nor mop buckets. All materials not immediately in use shall be properly stored in designated storage spaces provided by the Government.

C.7 PERSONNEL MANAGEMENT.

a. Roster. The Contractor shall establish a roster of Contractor employees within 30 calendar days after the start of this contract. The roster shall list the name and job title of each Contractor employee. The Contractor shall provide a copy of the personnel roster and changes thereto to the ACO or designated representative and inspecting agencies, such as the JCAH or Inspector General, Navy, for review.

b. Discipline. The Contractor shall take prompt, appropriate action in all instances of employee misbehavior that may reflect adversely upon the Government. The Contractor shall furnish to the ACO or designated representative, for review, a written report of disciplinary action taken in those instances where an infraction of a Government regulation has been reported and substantiated.

***** NOTE TO SPECIFICATION WRITER: This work schedule required from the Contractor identifies the working hours and assignments of Contractor employees.

c. Employee Schedules. The Contractor shall prepare and maintain employee schedules for all Contractor employees to

ensure that MTF internal security is maintained (i.e., determine if personnel are scheduled to work). A copy of each schedule shall be furnished to the ACO or designated representative for review one week prior to the beginning of the period covered by the schedule. Changes to employee schedules shall be provided to the ACO or designated representative as they occur.

NOTE TO SPECIFICATION WRITER: The following personnel qualification and experience requirements for the Executive Housekeeper and Shift Leaders have been reviewed and approved by NAVFAC. Any changes which increase the requirements of these clauses must be submitted to the geographical EFD for approval.

C. 8 PERSONNEL QUALIFICATIONS.

a. Executive Housekeeper. The Contractor shall assign a full time Executive Housekeeper to the MTF during regular day shift working hours, Monday through Friday.

(1) Authority. The Executive Housekeeper shall serve as the on site manager representing the Contractor and shall supervise and train employees to ensure compliance with all provisions of this contract.

(2) Education. Prior to assigning an individual to the position of Executive Housekeeper, the Contractor shall ensure that the individual has completed the training required in one or more of the paragraphs C. 8. a(2)(a), C. 8. a. (2)(b), C. 8. a. (2)(c), or C. 8. (2)(d) below. Notarized copies of college transcripts and training program/training course completion certificates, as applicable, shall be provided to the ACO prior to assignment of the Executive Housekeeper.

(a) A Bachelor of Science degree in Institutional Management or Business Administration from an accredited college or university.

(b) The National Executive Housekeepers Association, Inc. (NEHA) approved training program. Any person who is enrolled in the NEHA program, but who has not completed the course, shall have completed 260 hours of executive housekeeping training prior to assignment as the Executive Housekeeper. The NEHA training shall be continued at a rate necessary to ensure completion of the current NEHA 330 hour program within the first year following contract start. A notarized copy of the NEHA certification of completion shall be provided to the ACO upon course completion.

(c) A publicly offered housekeeper's course whose curriculum emphasizes hospital asepsis and is comparable to that required for certification by the NEHA.

(d) An in service management training program, emphasizing hospital asepsis, which has been established and sponsored by a health care facility housekeeping Contractor, and is comparable in content to the current NEHA course curriculum.

(3) Health Facility Experience. The Executive Housekeeper shall have at least three years of prior experience in health care facility housekeeping management within the last five years and have participated in, and successfully satisfied the requirements of, a Joint Commission on Accreditation of Hospitals (JCAH) survey during that three year period. During this three year period of employment the Executive Housekeeper shall have demonstrated the following abilities:

(a) The ability to adapt general standards and criteria for environmental sanitation to the needs and operating requirements of a health care facility.

(b) The ability to supervise a housekeeping labor force and intermediate supervisors in a health care facility housekeeping program.

(c) The planning and delivery of a health care facility housekeeping training program.

(d) Practical knowledge and understanding of the use of cleaning and sanitizing agents in preventing and/or controlling the spread of infection in a health care facility.

(e) Practical knowledge of the organization and functions of a health care facility and the relationship of environmental sanitation to these functions.

(4) Alternate Executive Housekeeper.

(a) If the Executive Housekeeper will be absent for one 8-hour shift during the normal work week, the ACO or designated representative shall be notified orally and advised of who the stand-in Executive Housekeeper shall be during this absence.

(b) When the Executive Housekeeper plans to be absent more than one, but not more than three consecutive working days, the ACO or designated representative shall be notified, in writing, and advised of who the stand-in Executive Housekeeper shall be during this absence.

(c) When the Executive Housekeeper is to be absent for more than three consecutive working days, the Contractor shall provide a qualified replacement Executive Housekeeper during this absence. The stand-in Executive Housekeeper shall be approved by the ACO or designated representative prior to starting work. (Refer to paragraphs C. 8. a(2) and C. 8. a. (3) above for qualifications.) The ACO or designated representative shall be notified five working days in advance, in writing, of this substitution.

(d) In the case that the Executive Housekeeper quits or is terminated, temporary replacement shall not exceed six weeks before a new, fully qualified Executive Housekeeper is employed and functioning on site. (Refer to paragraph C. 8. a. (4)(c) above for temporary replacement procedures.)

b. Shift Leaders. The Contractor shall appoint shift leaders for each work shift.

(1) Authority. The shift leader shall represent the Contractor as a first line supervisor, and shall be capable of understanding and implementing all requirements of this contract.

(2) Qualifications. The shift leader shall be well experienced in all aspects of health facility housekeeping and have demonstrated the ability to assign the work to be performed that is specified in this contract, instruct Contractor employees in Contractor approved work methods, evaluate and correct work in progress, ensure compliance with safety rules, and assure adherence to Contractor prescribed procedures.

(3) Roster and Work Schedule. The name and work schedule of each shift leader and their alternate shall be provided to the ACO or designated representative, in writing, prior to the start of this contract. This

requirement applies to replacement shift leaders and when changes are made to the original listing.

(4) Alternate Shift Leaders. All replacement shift leaders shall have the same authority to act for the Contractor as the original shift leaders and shall possess the qualifications specified in paragraph C.8.b(2) above.

c. Communication. All Contractor employees, who must communicate with the ACO, the ACO's designated representative, or a Government work notification designee must be able to read, write, speak, and understand the English language to ensure the effective administration of this contract and accurate ordering of work.

d. Standards of Conduct. While on duty and executing the specifications of this contract, Contractor employees are prohibited from using and/or possessing alcohol, non-prescription drugs, and firearms. Non-compliance with this requirement, confirmed by the ACO or designated representative, shall be grounds for immediate removal of the Contractor employee from the MTF and barring the individual from performing further work under this contract.

C.9 TRAINING. The Contractor shall develop an employee training plan and be responsible for the cost and provision of initial and developmental training programs for Contractor employees. The Contractor shall maintain and update the plan throughout the life of this contract and shall submit the plan to the ACO or designated representative for review when requested.

a. Initial Intensive Training. All employees shall receive no less than 18 classroom hours of initial, intensive training in health care facility housekeeping. Employees who have never received initial intensive training in health care facility housekeeping, including infection control, shall not be assigned to work until this training requirement is completed. All employees who have had previous health care facility housekeeping training, including infection control, are required to complete six hours of refresher training within two weeks after starting work. Training shall include, at a minimum, the following topics:

- (1) Familiarization with all written Contractor

technical and quality control procedures and instructions.

(2) Basic bacteriological concepts, including how disease is caused, transmitted, and prevented, reduced, or contained through proper housekeeping methods.

(3) Infection control, relating duty functions to all requirements of this contract.

(4) Proper use and handling of germicidal detergents, supplies, and equipment.

(5) Care and maintenance of Contractor and Government furnished property.

(6) Procedures for replenishing cleaning supplies and obtaining equipment repairs.

(7) Familiarization with the Government's fire prevention, safety, and security procedures.

(8) Familiarization with applicable MTF and local base regulations and policies, including fire prevention, safety, and current disaster plans.

(9) Role of housekeeping in the health care facility and its effect on the health and well-being of patients.

(10) Employee developmental topics (i.e., communications and individual and group behavior).

(11) Employee personal hygiene.

(12) Adherence to all Contractor work schedules and how completed scheduled work assignments shall be documented to support the Contractor's Quality Control Program.

b. Developmental Training. Each employee shall receive, at a minimum, two hours of developmental training per month throughout the contract period. Training shall include a review of selected topics in the initial training program, required in paragraph C.9.a above. Developmental training shall be structured to correct deficiencies in Contractor employees' performance found as a result of supervisory review, the Contractor's Quality Control Program, and/or the Government's Quality Assurance Program.

c. Government Training Support. If requested by the Contractor, in writing, two weeks prior to the requirement, the ACO or designated representative will arrange for training space, on the MTF premises. Upon mutual agreement between the ACO or designated representative and the Contractor, selected MTF staff members may occasionally participate in the Contractor's training program.

d. Training Records. Records of all employee training, including attendance rosters, shall be maintained by the Contractor and shall be furnished quarterly to the ACO or designated representative for review.

C.10 UNIFORMS.

a. Type of Uniform. All employees shall wear Contractor provided standard uniforms, including pants, shirts, skirts, blouses, and/or dresses, which are clearly distinguishable from other MTF uniforms currently in use. The uniforms shall be worn as designed by the uniform manufacturer. Sandals or other open-toed shoes shall not be worn.

b. Identification Badges. All personnel shall display identification badges on the right breast of their uniform, except for protective clothing, which shall include the employee's full name and Contractor's full name.

c. Protective Clothing. When required and supplied by the Government,

Contractor personnel shall wear special protective clothing and shoe covers while working in designated areas. These items shall remain the property of the Government and shall not be removed from the MTF. They shall be used as specified by the Government, and then turned in or destroyed, as directed by the ACO or designated representative.

C.11 PERSONAL HYGIENE. Contractor personnel shall be clean and wear a clean uniform at all times when in patient care and public areas. Fingernails shall be clean and free of dirt, and hair shall be neatly trimmed and combed.

C.12 HEALTH REQUIREMENTS.

a. Physical Examinations. The Contractor shall employ personnel who are medically fit. Personnel must receive medical clearance prior to starting work at the MTF. The Contractor shall be responsible for the cost and completion of an initial and subsequent annual physical examinations for Contractor employees. These examinations shall provide, as a minimum, a certified statement from a qualified health care provider that the employee is free of communicable diseases.

(1) The Government reserves the right to examine or re-examine any employee.

(2) When directed by the MTF ICC, all Contractor personnel must take immunizations, or they shall not be allowed to work until reporting to the ICC for release.

b. Reporting Requirements. The Contractor shall report to the ACO or designated representative all occupational health and preventive medicine information required by the Government and for complying with current JCAH health records documentation requirements.

c. Health Maintenance. The Contractor shall refer all employees alleging health problems to a qualified health care provider for diagnosis and treatment. If such an employee is absent for three working days or more due to illness, the Contractor shall require the employee to furnish written certification from a qualified health care provider that the employee is free from all communicable disease(s) and is fit to return to work in a health care facility. The Government

reserves the right to examine or re-examine any Contractor employee who meets this criteria.

C.13 EATING AND SMOKING. Eating or smoking by Contractor personnel is permitted only in designated MTF dining and smoking areas.

C.14 FEMALE EMPLOYEES. Only female employees shall be permitted to perform services required by this contract in obstetrics/gynecology patient rooms and labor rooms, except for scheduled project work which may be done by males.

C.15 EMERGENCY RESPONSE. Emergency response by the Executive Housekeeper, shift leaders, and/or Contractor employees may be required to ensure the safety of patients and/or the MTF physical plant, or to return the MTF to a clean state after any disaster situation.

C.16 MEETINGS.

a. The Executive Housekeeper shall be a consulting member of the MTF ICC and shall attend ICC meetings, as requested by the ICC, via the ACO or designated representative.

b. When scheduled through the ACO or designated representative, the Contractor shall attend other meetings related to the performance requirements of this contract.

C.17 PHYSICAL SECURITY.

a. Keys. The Contractor will be provided keys or allowed access to all buildings and rooms requiring housekeeping services. The Government may choose to accompany Contractor personnel when in certain secured areas. Keys provided to the Contractor shall not be duplicated or removed from the MTF premises. All keys not issued for the day shall be retained in the designated locked key box furnished by the Government to the Contractor. Only the Executive Housekeeper and shift leaders will be issued a master key, and it shall be in their possession while they are on duty. Any keys lost by Contractor personnel shall be replaced by the Government at the Contractor's expense. In the event a master key is lost or duplicated, all locks and keys on that lock system will be replaced by the Government, and the total replacement cost will be deducted from the monthly payment due to the Contractor. If a key to a single area is lost, the lock for that area will be replaced by the Government, and the total replacement cost shall be deducted from the monthly payment due to the Contractor. Written procedures covering key control will be included in the Contractor's instructions and procedures manual. The Contractor shall immediately report the occurrence of a lost key to the ACO or designated representative during regular working hours or the Administrative Officer of the Day (AOD) outside of normal working hours.

b. Securing Spaces. Contractor employees shall not allow anyone to use any key in their possession. They shall not open locked areas to permit entrance by persons other than Contractor employees performing assigned duties. All areas that are to be locked shall not be left unattended during the cleaning process and shall be relocked by Contractor personnel after completion of housekeeping duties. Contractor personnel shall turn off all lights in all unoccupied areas. When Contractor personnel open

windows, they shall close the windows before leaving the area.

c. Reporting Defective Security Systems. If any difficulty is encountered in keeping areas locked or windows closed and locked, the ACO or designated representative shall be notified during regular working hours or the AOD outside of regular working hours.

C.18 GENERAL SECURITY.

a. General. The Contractor shall comply with all Government security requirements listed in Attachment J-HI. Upon written request, by the ACO or designated representative, the Contractor shall submit a list of the names and addresses of all employees hired to perform the work specified in this

contract, and shall require these employees to complete questionnaires and other forms required by the Government for security purposes.

b. Passes and Badges. All Contractor personnel requiring access to the MTF shall obtain all employee security badges and vehicle passes required by the Government. Prior to the start of this contract the Contractor shall submit to the ACO or designated representative the names of all personnel employed in performing this contract and all information required to prepare security badges for all Contractor personnel. The Government will issue these badges without charge to the Contractor. However, a charge of \$5.00 will be required for each replacement badge issued as a result of abuse or loss. Contractor employees shall wear the Government furnished badge on the front of their outer clothing, except for protective clothing. The wearing of security badges by Contractor employees shall not negate the requirement for identification badges specified in paragraph C.10.b. When an employee leaves the Contractor's employment, the Contractor shall return all badges and passes of the employee issued by the Government to the ACO or designated representative within five working days after termination of their employment.

c. Security Checks. Contractor employees and vehicles, required to execute the specifications of this contract, and the personal vehicles of Contractor employees are subject to random spot security checks that may be conducted by official Government security personnel (e.g., base security police).

d. Consequences of Illegal Activities. Contractor employees who are found in violation of Government security regulations, stated in the directives listed in Attachment J-HI, will be immediately removed from the station and barred from performing further work under this contract.

e. Loitering. Contractor employees shall not loiter on the station grounds when in a non-duty status. After completing assigned work shifts, all Contractor personnel shall promptly depart the station.

f. Security Checkout Procedures. The Contractor shall ensure that all employees hired to perform the work specified in this contract, clear the station security office upon termination of their employment. Checkout shall include the return of

Government issued passes and identification badges. (Refer to paragraph C.18.b above.)

C.19 VEHICLES.

a. Vehicle Condition. All Contractor and Contractor employee vehicles that are used in performing the services specified under this contract shall be in good repair.

b. Identification. All Contractor furnished vehicles shall visibly display the Contractor's name, a valid state license plate, and, if applicable, a state and/or local safety inspection certificate.

c. Sanitation. Vehicles used in executing the requirements of this contract shall be clean, conform to commercial industry standards, and be

equipped to protect against contamination or cross-infection of supplies and equipment in accordance with current Government and JCAH standards listed in Attachment J-HI.

C.20 SAFETY.

a. Work Methods. All work performed in delivering the services specified in this contract shall comply with applicable Federal, State, and local safety regulations. The Contractor, the Executive Housekeeper, and all shift leaders shall have a working knowledge of the following codes, standards, recommended practices, and manuals:

(1) Accreditation Manual for Hospitals developed by the Joint Commission on Accreditation of Hospitals, current edition.

(2) Public Law 91-596, Occupational Safety and Health (OSHA) Act of 1970 and current amendments.

(3) National Fire Codes and Standards pertaining to the health care field developed by the National Fire Protection Association, current listings.

(4) National Safety Council Accident Prevention Manuals pertaining to the health care field, current edition.

(5) American National Standards Institute standards pertaining to the health care field.

(6) NAVFAC MO-125, Military Custodial Services Manual, chapter 5 (safety), current edition.

(7) MTF Disaster Control Plan.

b. In addition, Contractor employees shall

(1) Receive instruction in appropriate safety measures, as specified in NAVFAC MO-125. This instruction shall be provided by the Contractor at no additional cost to the Government.

(2) Not place mops, brooms, electrical cords, hoses, machines, and other equipment in traffic lanes or other locations in a manner that creates a safety hazard.

(3) Display warning signs in all areas where housekeeping operations may cause traffic obstruction or hazard to patients, staff personnel, or visitors.

(4) Interrupt their work at any time to allow the passage of patients, staff personnel, visitors, equipment, or carts.

(5) Use parallel wet mopping or cleaning procedures when the cleaning of public traffic areas (e.g., lobbies and corridors) may result in a temporarily wet or slippery floor surface. Contractor employees shall

accomplish floor cleaning such that at no time will it be necessary for patients, staff personnel, or visitors to cross a wet floor to gain access to other areas of the MTF. Contractor employees shall accomplish cleaning of high traffic areas before or after regular working hours, including first floor passageways and outpatient clinic waiting areas. Whenever this is not possible, Contractor employees shall display warning signs, as required in paragraph C. 20. b(3) above.

(6) Wear personal protective clothing and/or equipment when handling, pouring, or working with substances which may expose the employee to injury and/or occupational illness.

c. Failure to Comply. If the Contractor fails or refuses to promptly comply with applicable safety directives listed Attachment J-HI, the ACO or designated representative may issue an order stopping all work until satisfactory corrective action has been taken by the Contractor. None of the time lost as a result of such a work stop order shall be made the subject of a claim for extension of time or for excess costs or damages to the Contractor.

d. Accident Reporting. The Contractor shall report all occupational exposures and all accidents resulting in death, trauma, or occupational disease to the ACO or designated representative. All accidents shall be reported within 24 hours of their occurrence. The ACO or designated representative may require the Contractor to complete certain forms to document exposures and/or accidents. The Contractor shall complete these forms promptly, at no additional cost to the Government.

e. Emergency Treatment. The Government will furnish only emergency treatment to Contractor employees who may suffer on-the-job injuries. Care will be rendered at the rates established in NAVMEDCOMNOTE 6320 series, Cost Elements of Medical, Dental, Subsistence Rates, and Hospitalization Bills and is due upon tender of a bill by the MTF Collection Agent.

C. 21 HOURS OF OPERATIONS.

a. Regular Hours. The regular hours of operation of the NAVHOSP Treatment Facility are:

Monday - Friday SPECIFY A.M. - SPECIFY P.M.

Saturday	SPECIFY A.M. - SPECIFY P.M.
Sunday	SPECIFY A.M. - SPECIFY P.M.
Holidays	SPECIFY A.M. - SPECIFY P.M.

b. Recognized Holidays. Holidays which the Government recognizes are New Year's Day, Martin Luther King Jr's. Birthday, President's Day, Memorial Day, Independence Day, Labor Day, Columbus Day, Veteran's Day, Thanksgiving Day, and Christmas Day.

c. Emergency Services. On occasion the Government may require the services of the Contractor to support the activation of contingency plans or to conduct an exercise of contingency plans outside of the regular duty hours described in paragraph C.21.a above. The Contractor's responsibilities for emergency support are described in clause C.15 and in clause C.22 below.

C. 22 DISASTER SUPPORT/CONTINGENCY OPERATIONS.

a. The Contractor shall be familiar with the MTF Disaster Control Plan and shall participate in exercises, at no additional cost to the Government.

b. The Contractor shall establish an emergency recall system for Contractor employees who may be required to work in the event of a disaster or contingency operation. The Contractor's emergency recall system shall require that the Government notify only one Contractor representative of a disaster situation or contingency operation to initiate the Contractor's recall system.

c. The Contractor's instructions and procedures manual shall include written guidance on the services that are anticipated to be required of Contractor personnel during various disaster scenarios and contingency operations.

C. 23 CONSERVATION OF UTILITIES. The Contractor shall instruct Contractor employees in utilities conservation practices. The Contractor shall operate under conditions which preclude the waste of utilities, which shall include:

a. Lights shall be used only in areas when work is actually being performed. Otherwise, lights shall be turned off.

b. Mechanical equipment controls for heating, ventilation, and air conditioning systems shall not be adjusted by the Contractor's employees.

c. Water faucets or valves shall be turned off after their required use.

d. The Government will designate seasonal dates for Government controlled heat and air conditioning to be turned on or off.

e. Government telephones shall not be used for personal reasons. Unauthorized calls traced to the Contractor or a Contractor employee will be billed to the Contractor by the Government.

C. 24 REVIEW AND EVALUATION OF OPERATIONS.

a. Housekeeping Schedules.

(1) Fixed-Price Work. One week prior to the start date of the contract, the Contractor shall provide to the ACO or designated representative for approval, a planned schedule for performing routine housekeeping services in the spaces listed in Attachment J-C4. Once approved by the ACO, all routine housekeeping tasks shall be performed at the frequencies and within the time periods specified in the schedule. Schedules shall be strictly adhered to in order to facilitate the Government's inspection of the work. Schedules shall include all information formatted on the charts in Attachment J-C5.

(2) Project (Indefinite Quantity) Work. Schedules for project work shall be submitted to the ACO for approval upon receipt by the Contractor of a proposed delivery order, but in no case in less than 24 hours prior to the start of the work. Required delivery order completion dates will be

indicated by the Government on each order, as specified in the "ORDERING OF WORK" clause, Section G, and shall be reflected by the Contractor on proposed schedules.

(3) After contract start date the Contractor shall submit proposed changes to approved housekeeping schedules, in writing, to the ACO or designated representative at least 24 hours in advance of beginning the work.

b. Inspections. The Contractor shall, on a daily basis, tour all areas for which the Contractor is assigned responsibility under this contract and shall carefully inspect the quality of housekeeping operations and the status of Government furnished and Contractor furnished equipment. Findings, including discrepancies, shall be documented in a chronological log book. The Contractor shall initiate prompt action to correct identified discrepancies. The Contractor shall promptly report to the ACO or designated representative those deficiencies resulting from poor or non-performance of Government employees or the employees of other Contractors (e.g., a Linen/Laundry Contractor). When facilities defects are found, these defects shall be reported, in writing, to the ACO or designated representative during regular working hours or the AOD outside of regular working hours.

***** NOTE TO SPECIFICATION WRITER: Contractor inspections by quality control personnel and the Executive Housekeeper are essential for high quality housekeeping services. The Executive Housekeeper must be an active manager, not merely qualified.

c. Documentation. The Contractor shall document monthly an assessment of compliance with the Contractor's Quality Control Plan. Monthly documentation shall include, at a minimum, a statement of the degree of compliance with pre-established criteria, recommendations for changes in work methods, and plans of action and milestones to correct identified discrepancies. (Refer to the "CONTRACTOR QUALITY CONTROL" clause, Section E).

d. Review of Documents. The Contractor shall provide copies of documents required in paragraphs C. 24. b and C. 24. c above to the ACO or designated representative and inspecting

agencies, such as the JCAH or Inspector General, Navy, for review, when requested.

C.25 CORRESPONDENCE MANAGEMENT.

a. Maintenance of Publications. A complete set of the publications listed in Attachment J-HI shall be furnished to the Contractor or made available to the Contractor in the ACO's or designated representative's office at contract start. The ACO or designated representative will furnish the Contractor with all changes and revisions to those publications, and the Contractor shall ensure that the publications listed in Attachment J-HI, and those subsequently included, are kept current.

b. MTF Instructions and Notices. The Contractor shall review annually all MTF instructions and notices which pertain to the MTF housekeeping program and recommend changes to those instructions and notices, as required, to

reflect current methods of Contractor operation. The Contractor shall submit smooth originals of these instructions and notices to the ACO or designated representative for review and promulgation by the MTF Commanding Officer.

c. Originate Correspondence. The Contractor shall originate outgoing correspondence that responds to all incoming correspondence directed to the Government that is related to the housekeeping program under the management of the Contractor. All proposed outgoing correspondence shall be prepared in accordance with SECNAVINST 5216.5 series, Department of the Navy Correspondence Manual, and supplemental local MTF directives. Proposed outgoing correspondence shall be submitted to the ACO or designated representative for review and transmittal within five working days after delivery of incoming correspondence to the Contractor.

d. Maintain Files. The Contractor shall maintain files of documents and information pertinent to the housekeeping program using the file coding system prescribed in SECNAVINST 5210.11 series, Standard Subject Coding System. These files shall be made available to the ACO or designated representative for review, and in addition to correspondence prepared in response to paragraph C.8.c above shall contain, at a minimum, the following:

(1) Reports of inspections and/or audits conducted by external agencies other than the MTF.

(2) Reports of inspections and/or audits conducted by the MTF.

(3) Requests for repair and/or maintenance of Government furnished facilities and equipment.

(4) A complete set of current Contractor standard operating procedures for all areas of the housekeeping program for which the Contractor is responsible.

C.26 HOUSEKEEPING REQUIREMENTS.

a. Space Cleaning. The Contractor shall clean all spaces listed in Attachment J-C4 in accordance with the Contractor's written housekeeping instructions and procedures, accepted in Step One of this acquisition. The Contractor's Government

approved procedures and Quality Control Program specify the products, solutions, and housekeeping and quality control methods that the Contractor will use to perform all services and ensure performance of all services necessary to achieve a clean (i.e., free of soil) environment. The Contractor shall schedule the phasing of housekeeping for all areas and rooms in the spaces listed in Attachment J-C4 and ensure that housekeeping services meet the Government's free of soil standard and the full stockage of restroom supplies at the completion of scheduled housekeeping. These determinations shall be reflected in the housekeeping schedules required in paragraph C. 24. a.

b. Patient Unit Checkout Service.

(1) Patient unit checkout service is required:

(a) When the patient's inpatient stay has ended.

(b) When the patient is transferred to another room or area.

(c) Daily (7 days a week) in all MTF watch officer and duty crew bedrooms and any other non-patient bedrooms listed in Attachment J-C4. Includes space cleaning and bedmaking.

(2) The Contractor shall include a complete description of checkout service in the written instructions contained in the Contractor's Quality Control Program manual, to include but not limited to cleaning and bedmaking.

(3) During day and evening shifts the Contractor shall begin patient unit checkout service housekeeping within 30 minutes of the time that the Government Work Notification Designee notifies the Contractor that the room is ready for cleaning. Housekeeping shall continue without interruption until the task is completed. If the room is vacated during the night shift, housekeeping shall start within the first 30 minutes of the following day shift and shall continue until completed.

c. Service Calls. The Contractor shall respond to service call work when requested by authorized Government Work Notification Designees. The Contractor must arrive at the site of work within the response times specified in paragraph C.27.b. Once at the site, the work shall be pursued continuously until completion. Service calls include restockage of restroom supplies. Refer to Clause C.3 for the definition of "service calls".

d. Project Housekeeping. The following project housekeeping services shall be performed by the Contractor. These tasks will be ordered as indefinite quantity items by issue of a delivery order for specific spaces on form DD 1155, Order for Supplies or Services.

(1) Floor Stripping, Waxing, and Sealing. Rubber, asphalt, vinyl, linoleum, and other noncarpeted floors shall be stripped, waxed, and sealed, when ordered by the Government, to achieve a clean, buffed or burnished finish, as appropriate to the flooring material.

(2) Carpet Shampooing. Carpets shall be shampooed, when ordered by the Government, to achieve a clean, "free of soil" state.

(3) Wall Cleaning. Wall cleaning to remove routine spills, stains, splatters, marks, etc. shall be provided by the Contractor as a part of routine space cleaning under the fixed-price portion of the contract. However, when the entire wall surface of a space must be cleaned due to potential infectious or other health hazardous conditions, the work will be ordered under the indefinite quantity portion of the contract. Walls shall be thoroughly and completely cleaned and sanitized with an approved solution to eliminate the hazardous conditions.

(4) Ceiling Cleaning. Ceiling cleaning to remove routine stains, splatters, marks, cobwebs, etc. shall be provided by the Contractor as a part of routine space cleaning under the fixed-price portion of the contract.

However, when the entire ceiling surface of a space must be cleaned due to potential infectious or other health hazardous conditions, the work will be ordered under the indefinite quantity portion of the contract. Ceilings shall be thoroughly and completely cleaned and sanitized with an approved solution to eliminate the hazardous conditions.

(5) Light Fixture Cleaning. Light fixtures shall be cleaned, when ordered by the Government, to achieve a "free of soil" state. The light cover shall be removed, and the light fixtures shall be cleaned inside and out.

(6) Exterior Window Cleaning. Exterior windows shall be cleaned, when ordered by the Government, to achieve a "free of soil" state. This includes cleaning of the frame, the areas immediately adjacent to the frame, ledges, and removing, cleaning, and replacing window screens. Where storm windows exist, exterior window cleaning shall include both sides of the storm window and the outside of the exterior glass, and shall be counted as three separate surfaces for reimbursement purposes.

(7) Interior Air Conditioning Cover Cleaning. Interior air conditioning covers shall be removed and cleaned inside and out, when ordered by the Government, to achieve a "free of soil" state. The inside of the duct shall be vacuumed, as far as the vacuum hose will reach, and then washed and sprayed with phenolic disinfectant. The covers shall then be replaced. Further cleaning of interior ductways or conduit is not included and shall not be performed under this contract.

(8) Curtain, Drape, and Blind Cleaning. Window and wall drapes, curtains, and blinds shall be removed and cleaned inside and out, when ordered by the Government, to achieve a "free of soil" state.

(a) Removal and Cleaning. Window and wall drapes, curtains, and blinds shall be removed within two working days after Government notification. Drapes and curtains shall be delivered to the Operating Management Department linen manager for cleaning. Blinds shall be cleaned by the Contractor.

(b) Rehangng. Drapes and curtains shall be rehung on the same window or wall from which they were removed within two working days after they are returned to the Contractor by the

linen manager. Blinds shall be cleaned and rehung within two working days of their removal.

(c) Cubical Curtains. Cubical curtains are not included in project cleaning. They are to be maintained as part of patient unit checkout service housekeeping.

e. Miscellaneous Cleaning. The Contractor shall perform housekeeping services in the following areas at the frequencies stated below.

(1) Entrances. Entrances and entrance platforms shall receive housekeeping daily (seven days per week) prior to 0830. At a minimum, the following tasks shall be performed:

(a) Clean foot scrapers, exterior entrance mats, and ash and

trash receptacles.

(b) Remove lint, cobwebs, mud, dirt and litter from the outside walls of and in the immediate vicinity of entrances and from canopies and entrance lights.

(c) Wash down the area, except during freezing or inclement weather, and remove any standing water from the entrance and adjacent sidewalks.

(d) Pick up the trash in the immediate vicinity of bulk refuse containers and within five feet, in all directions, from entrance walkways.

(e) Clean entrance exterior windows, storm windows, and doors, as required, to maintain a clean appearance. This includes all glassed-in areas of solariums and administrative and clinic entrances.

(f) Clean all patios, except during freezing or inclement weather, by picking up all trash, washing down the area, and removing any standing water.

(2) Snow/Ice Removal. Snow and ice shall be removed from the areas identified in Attachment J-C2. This requirement is a part of the routine cleaning of entrances performed under paragraph C.26.d(1) above. Removal shall be completed, as required, not later than 30 minutes before the beginning of the day shift, and 30 minutes before the beginning of the evening shift, and as necessary during both the day and evening shifts to prevent an accumulation of more than two inches of snow. Snow deposited or thrown on sidewalks by street maintenance crews shall be removed by the Contractor, as necessary, to ensure safe pedestrian traffic. Ice control shall consist of removal of ice and/or application of an ice melt, as necessary, during both day and evening shifts to maintain safe conditions for pedestrian traffic.

(3) Elevators. The Contractor shall clean all interior surfaces of passenger and service elevators, as often as necessary, to maintain them in a clean state at all times, but no less frequently than once each 24 hour period on the evening or night shift. Only one car per elevator bank shall be out of service for housekeeping at one time. Elevator cars shall be

cleaned at the first floor level only. Cleaning shall include all light fixtures, ventilator slots, upper door guide tracks, and floor door guide tracks. All noncarpeted elevator floors shall be stripped, waxed, and sealed when ordered by the Government in accordance with paragraph C.26.c(1). Carpeted elevator floors shall be shampooed when ordered by the Government in accordance with paragraph C.26.d(2).

(4) Stairway/Stairwell and Platform Cleaning.
Stairways/Stairwells and platforms shall be cleaned at the frequencies specified in paragraph C.27.c(2).

C.27 RESPONSE, FREQUENCY, AND COMPLETION TIMES. The Contractor shall perform the work under this contract as follows. (See attachment J-C3 for Historical

Performance Data).

a. Patient Unit Checkout Cleaning.

SHIFT	RESPONSE*
(1) Day Shift	30 minutes
(2) Evening Shift	30 minutes
(3) Night Shift	30 minutes of
following	day shift

* Work shall continue until completion.

b. Service Calls.

	Response*
(1) Emergency Service Calls	
0800-1630 Monday through Friday	10 minutes from
notice	
1630-0100 Monday through Friday	20 minutes from
notice	
0700-1530 Weekends and Holidays	20 minutes from
notice	
All Other Than Times Above	1 hour from
notice	

	Response*
(2) Routine Service Calls	
0800-1630 Monday through Friday	30 minutes from
notice	
1630-0100 Monday through Friday	60 minutes from
notice	
0700-1530 Weekends and Holidays	60 minutes from
notice	
All Other Than Times Above	2 hours from
notice	

* Work shall continue until completion.

c. Space Cleaning and Miscellaneous Cleaning

AREA	MINIMUM CLEANING FREQUENCY
------	----------------------------

- week (1) Special Care Areas Once per day for 7 days per
- 7 (2) Entrances/Elevators/ Once per day prior to 0830 for
Stairways/Stairwells/ days per week
Platforms
- week (3) Patient Spaces, 5th Floor Once per day for 7 days per
- week (4) All Other General Patient Once per day for 5 days per
Care Areas Mon-Fri
- week (5) All Non-Patient Care Once per day for 5 days per
Areas Mon-Fri

d. Project (Indefinite Quantity) Housekeeping.

II 55 INDEFINITE QUANTITY ITEM MAXIMUM ALLOWED COMPLETION
TIME FROM ISSUE OF DD FORM

I. Floor Stripping, Waxing, and
Sealing
Under 100 SY 7 Calendar Days

INDEFINITE QUANTITY ITEM	MAXIMUM ALLOWED COMPLETION TIME FROM ISSUE OF DD FORM
1155	
100 SY and Over	14 Calendar Days
2. Carpet Shampooing	5 Calendar Days
3. Wall Cleaning	5 Calendar Days
4. Light Fixture Cleaning	
Under 100 fixtures	7 Calendar Days
100 Fixtures and Over	14 Calendar Days
5. Exterior Window Cleaning	
Under 100 SY	14 Calendar Days
100 SY and Over	30 Calendar Days
6. Interior A/C Cover Cleaning	10 Calendar Days
7. Drape and Curtain Cleaning	As specified in C. 26. d(8)
8. Blind Cleaning	As specified in C. 26. d(8)

C. 28 OTHER REQUIREMENTS.

a. Housekeeping equipment shall be transported in service elevators, but not at the same time as food service and clean linen carts. Food service and clean linen carts shall have precedence over housekeeping equipment being transported.

b. Occupied patient beds shall be moved to accomplish required housekeeping only when Contractor employees are being assisted by Government medical personnel.

c. The Contractor shall not clean mop heads in the MTF.

d. Movement and Cleaning of Government Furniture and Equipment.

(1) The following equipment shall not be cleaned or otherwise moved by Contractor personnel: medical or dental surgical instruments, anesthesia equipment, and patient physiological monitoring equipment.

(2) Any equipment used in the diagnosis and/or treatment of patients (i.e., respirators, air tanks, IV poles, and infusion pumps) shall not be cleaned when in use on a patient. This type of equipment shall be cleaned when not in use.

(3) Equipment that is plugged in for recharging shall not be unplugged.

(4) Dental chairs, wheel chairs, wheeled stretchers, gurneys, operating and examination tables, and all other specifically excluded items shall not be cleaned by the Contractor. All other furniture and equipment, including X-ray tables and equipment (except for console), shall be cleaned in

accordance with the Contractor's written procedures and instructions. The Contractor shall move and clean underneath and behind all Government furniture and equipment not exempted in paragraphs d(1), d. (2), and d(3) above.

C. 29 PATHOLOGICAL AND CONTAMINATED/ISOLATION WASTE.

a. All pathological and contaminated/isolation waste generated by the MTF shall be collected and delivered by the Contractor in accordance with MTF contaminated waste directives to the incinerator and/or designated contaminated trash storage area. The contaminated trash storage area shall be cleaned daily seven days per week to ensure floors, walls, and ceilings are clean.

b. The Contractor shall incinerate all pathological and contaminated/isolated waste generated by the MTF. Incinerator equipment is furnished by the Government. All waste shall be burned to coincide with MTF incinerator operating schedules. Waste shall not remain in the area overnight. The Government will furnish incinerator operating schedules and training on incinerator operation to the Contractor's designated operator(s) and Executive Housekeeper. Contractor personnel shall adhere to all operating instructions given during training and/or posted by the Government.

***** NOTE TO SPECIFICATION WRITER: This following wording recognizes both the roles of the ICC and the ACO. The ICC is responsible for setting health standards; the ACO is responsible for interface with the Contractor.

C. 30 INFECTION CONTROL COMMITTEE (ICC) REQUIREMENTS. Notwithstanding the cleaning requirements as required by the contract, the Contractor shall perform housekeeping when and as directed by the ICC, via the ACO or designated representative. Such additional work will normally result in adjustments to the contract price in accordance with the "CHANGES" clause, Section I.

C. 31 MEDICAL EXPENSE AND PERFORMANCE REPORTING SYSTEM (MEPRS) DATA

a. Data Collection. The Contractor shall record the hours of housekeeping services provided to each of the following MEPRS accounts and accumulate these data elements for the Government's monthly accounting period: INSERT A LISTING OF EACH MTF MEPRS ACCOUNT NUMBER AND TITLE FOR WHICH THE CONTRACTOR IS TO COLLECT DATA REQUIRED TO PREPARE FORM DD 2202, DOD MEDICAL EXPENSE AND PERFORMANCE REPORT

b. Submissions

(1) Form. The Contractor shall report the above data on INSERT LOCAL MTF FORM NUMBER ON WHICH THIS DATA IS TO BE SUBMITTED.

(2) Procedure. The Contractor shall submit required MEPRS data for the Government's monthly accounting period to the QAE by the tenth workday of the month following the month of service. This data shall be used by the Government to complete certain sections of Form DD 2202.

END OF SECTION C

PART III - LIST DOCUMENTS, EXHIBITS, AND OTHER ATTACHMENTS

SECTION J: LIST OF ATTACHMENTS

ATTACH. NO.	TITLE OF ATTACHMENTS
J-1	Wage Determination INSERT NUMBER
J-C1	Government Furnished Facilities and Equipment
J-C2	Areas Requiring Snow Removal
J-C3	Historical Performance Data
J-C4	Facilities Data
J-C5	Space Cleaning Scheduling Charts
J-C6	Performance Requirements Summary Table
J-H1	Directives and Publications
J-H2 *	Safety Requirements and Reports
J-H3 *	Energy Conservation
J-H4 *	Fire Protection

* TO BE INSERTED BY ACTIVITY, IF REQUIRED.

ATTACHMENT J-1

WAGE DETERMINATION ! INSERT NUMBER!

INSERT WAGE DETERMINATION HERE.

ATTACHMENT J-C1

GOVERNMENT FURNISHED FACILITIES AND EQUIPMENT

1. Facilities. The following facilities are provided for the Contractor's use:

BUILDING NUMBER	SPACE NUMBER	INTENDED USE	SIZE (SQ FT)
H-1	201	Office	200
H-1	202	Storage	150
H-1	302	Storage	150

ETC.

2. Furnishings and Equipment. The following furnishings and equipment are provided for the Contractor's use:

BUILDING NUMBER	SPACE NUMBER	EQUIPMENT DESCRIPTION
H-1	202	100 GE 2HP Buffers
H-1	201	1 Executive Metal Desk 4X7
H-1	201	1 Filing Cabinet
H-1	201	1 Executive Office Chair Beige, Foam Seat

ETC.

ATTACHMENT J-C2

AREAS REQUIRING SNOW REMOVAL

I. The following areas will be serviced in accordance with the "SNOW/ICE REMOVAL" paragraph (C.26.e(3)) in Section C.

Building H1	East Entrance and all walks to curb
Building H1	South Entrance, 4 foot wide walk to curb
Building H1	Loading Platform, West Side

ATTACHMENT J-C3

HISTORICAL PERFORMANCE DATA

The following information is presented as a guide to assist the Contractor in preparing a bid for patient unit checkout and service call services at the NAVHOSP Treatment Facility. These annual estimates are based upon the Government's experience OR PREVIOUS CONTRACT EXPERIENCE in performing the same work that is required under this contract.

Patient Unit Checkouts - Special Care Areas	25 per month average
Patient Unit Checkouts - General Care Areas	1250 per month average
Service Calls - Special Care Areas	
Emergency	3 per month average
Routine	7 per month average
Service Calls - General Care Areas	
Emergency	25 per month average
Routine	100 per month average
Service Calls - Non-Patient Care Areas	
Emergency	5 per month average
Routine	20 per month average

ATTACHMENT J-C4

FACILITIES DATA

 NOTE TO SPECIFICATION WRITER: This is a very important Attachment in that it describes in detail the hospital facilities to be cleaned. Extensive effort will be required on the part of the user, particularly if this in a new contract, to collect and display this information, and provide adequate drawings. The source of many previous problems in contracting for hospital housekeeping services has been in inaccurate or incomplete facilities data on which potential Contractors may base their bid. The importance of providing complete and accurate information cannot, therefore, be over emphasized.

1. Identification of Facilities. Facilities to receive housekeeping by the Contractor include:

BUILDING EST NUMBER SIZE (SQ FT)	AREA CLASSIFICATION	DESCRIPTION OF SUB-AREA	SPACE NUMBER
H-1	Special Care	Emergency Room	1000 325
			1001 150
			1002 430
			1003 480
			1004 200
			1005 100
			1006 125
H-1	Special Care	Labor & Delivery Suites	3300 150
			3301 150
			3302 150
			3303 150
			3304 250

ETC.

 NOTE TO SPECIFICATION WRITER: The drawings provided must be marked to clearly indicate the boundaries and space numbers assigned to each space. Where large rooms or areas, such as intensive care units, are subdivided into several spaces, they too must be clearly labeled with space numbers.

2. Drawings. Drawings for the facilities described in paragraph 1 are included in this Attachment, beginning on page J-C4- .

3. Bedmaking Services for Watch Officer, Duty Crew, and Nonpatient Bedrooms. The following watch officer, duty crew, and nonpatient bedrooms shall receive bedmaking service, as specified in paragraph C. 26. b(1)(c), Section C:

J-C4-1

BUILDING NUMBER SPACE	DESCRIPTION OF SPACE	SPACE NUMBER	BED TYPE	NUMBER OF BEDS PER
H-1	Officer of the Day	1101	SPECIFY	One
H-1	Non Patient Bedrooms	2301	SPECIFY	Two
		2302	SPECIFY	Two
		2303	SPECIFY	One

ETC.

4. Designated Use Equipment. The cleaning equipment and supplies used in the areas designated below shall not be used in any other areas.

BUILDING NUMBER	DESCRIPTION OF SUB-AREA	EQUIPMENT ITEMS
H-1	Labor & Delivery Suites	SPECIFY SPECIFY
H-1	Intensive Care	SPECIFY

ETC.

INSERT ALL DRAWINGS REFERENCED IN PARAGRAPH 2 OF THIS ATTACHMENT.

ATTACHMENT J-C5

SPACE CLEANING SCHEDULING CHARTS

NOTE TO SPECIFICATION WRITER: Example schedules in the desired format must be provided, as illustrated on pages J-C5-2 and J-C5-3.

Housekeeping schedule requirements are specified in paragraph C. 24. a, Section C.

1. Cleaning Scheduling Chart forms are attached for each of the three space classifications included in the contract (special patient care areas, general patient care areas, and non-patient care areas). The Contractor shall use these charts (or others in a similar format) to schedule routine fixed-price services, such as space cleaning and miscellaneous cleaning, and project (indefinite quantity) housekeeping requirements, as illustrated on the example charts on pages J-C5-2 and J-C5-3.

a. The "DESCRIPTION OF SUB-AREA" column corresponds to the groupings of spaces by sub-area in paragraph 1 of Attachment J-C4.

b. In the Project Housekeeping chart, the "SERVICE" column refers to the type of services being scheduled, such as project wall cleaning, project blind cleaning, etc.

c. The "SPACE NUMBERS" column refers to the space numbers assigned to each space in paragraph 1 of Attachment J-C4.

d. In the Project Housekeeping chart, the "CLEANING DATE" column refers to the date when such work will be completed by the Contractor and ready for inspection by the Government. The Contractor shall also indicate in this column the number of the delivery order document on which the work was ordered. Indefinite quantity work shall be scheduled and completed by the Contractor in accordance with the requirements of clause C. 27. d, Section C.

e. The "TIME PERIOD" column refers to the hours during which services will be performed by the Contractor. Once established, such time periods shall be strictly adhered to in

order to facilitate the Government's inspection of the work. Fixed-price work requirements shall be scheduled in groupings (as illustrated) with time periods of no longer than two hours in duration.

2. Cleaning Scheduling Charts for recurring fixed-price services must include each of the spaces identified in paragraph 1 of Attachment J-C4. Spaces in the same sub-area with similar cleaning frequencies and time periods, may be grouped together, as illustrated in the examples.

3. Cleaning Scheduling Charts for project work must be provided to show when each ordered work requirement will be performed and completed. Such charts shall be provided in accordance with clause C. 24. a(2).

SPECIAL PATIENT CARE CLEANING SCHEDULING CHART

REQUIRED FREQUENCY: 7 Days Per Week

(SAMPLE CHART)

DESCRIPTION	TIME	OF SUB-AREA	PERIOD	SPACE NUMBERS
0800- Emergency Room	1000			1000/1001/1002/1003/1004
0930- Emergency Room	1130			1005/1006
0900- Intensive Care	1100			2050/2051 /2052
Labor and Delivery	0800- Sui tes			3300/3301 /3302/3303/3304
1000- Newborn Nursery	1200			3500/3501 /3502/3503
				ETC.

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ATTACHMENT J-C6

PERFORMANCE REQUIREMENTS SUMMARY (PRS) TABLE

NOTE TO SPECIFICATION WRITER: A PRS table is included in this attachment to comply with the requirements of NAVFAC MO-327 and to facilitate the use of random sampling for extrapolated deductions (RSED), should the user choose this method of surveillance. See the NAVFAC RSED (V3.1) implementation guide for further guidance.

1. The purpose of this attachment is to:

a. List the contract requirements and work requirements considered most critical to satisfactory contract performance (See PRS Column 1).

b. Define the standard of performance for each specified work requirement (See PRS Column 2).

c. Specify the percentage of contract requirement attributable to each of the listed work requirements. (See PRS Column 3).

d. Provide maximum allowable defect rates (MADRs) for each work requirement (See PRS Column 4). The MADR is the percentage of the work that, if found unacceptable over a period of time, reflects the point where the Contractor's quality control program becomes unsatisfactory to the Government. Any observed defect in services which could adversely affect patient health would render the work unsatisfactory during the evaluation period, regardless of the established MADR.

2. Contract Surveillance.

a. The Government will execute a quality assurance program using surveillance techniques and levels of inspection deemed appropriate to assure contract compliance. From time to time, the Government may change surveillance methods or levels of inspection.

b. When random sampling is used for surveillance, payment will be adjusted by the observed nonconforming items prorated

across the total population of services for the invoice period, adjusted for specific work satisfactorily reformed. Observed defects external to the sample will not be used as a basis for extrapolation, but will be considered in payment for rework. The observed defect rate (the percentage of nonconforming items found in the random sample) will be adjusted in the Contractor's favor to establish a more statistically confident indication of the Contractor's true performance. The adjusted defect rate will be applied to the total population of services to determine deductions.

c. When other than random sampling is used for surveillance, payment will be adjusted by those nonconforming work items actually observed and which were not reformed.

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d. When surveillance efforts indicate that the Contractor's observed defect rate has exceeded the MADR, the Contractor will be notified and appropriate administrative actions will be taken in addition to the payment deductions discussed above.

 NOTE TO SPECIFICATION WRITER: The percent of work item value is used in conjunction with the Schedule of Deductions to calculate payment deductions for partially performed work. The percentages shown have been established based on "average" hospital requirements, and should not be changed by the user unless a detailed analysis shows that they are not applicable to the user's hospital.

The NAVFAC MO-327 and NAVFAC RSED implementation guide provide guidance on the establishment of MADRs for different services. The MADRs shown are suggested values only. The low values reflect the importance of hospital housekeeping services.

PERFORMANCE REQUIREMENTS SUMMARY TABLE

WORK REQUIREMENT MADR (Column 1)	STANDARD OF PERFORMANCE (Column 2)	% OF WORK ITEM VALUE (Column 3)	(Column 4)
1. Space Cleaning - Special Care Areas (Includes Schedule of Deductions Item Numbers 1.1, 1.2, 1.3, and 1.4)			
1A. Floors Free of Soil	As specified in para. C. 3. p, C. 3. ai , and C. 26. a	45%	2%
1B. Fixtures (incl trash removal) Free of Soil	As specified in para. C. 3. p, C. 3. ad, C. 3. ai , and C. 26. a	45%	2%

- 1C. Other As specified in para. C. 3. p, 10%
 2% (incl walls) C. 3. ai and C. 26. a
 Free of Soil
2. Space Cleaning - General Care Areas
 (Includes Schedule of Deductions Item Numbers
 2. 1 and 2. 2)
- 2A. Floors As specified in para. C. 3. p, 45%
 3% Free of Soil C. 3. ai , and C. 26. a
- 2B. Fixtures As specified in para. C. 3. p, 45%
 3% (incl. trash C. 3. ad, C. 3. ai , and
 C. 26. a removal)
 Free of Soil

WORK REQUIREMENT MADR (Column 1) (Column 4)	STANDARD OF PERFORMANCE (Column 2)	% OF WORK ITEM VALUE (Column 3)
2C. Other 3%	As specified in para. C. 3. p, (incl walls) Free of Soil	10% C. 3. ai , and C. 26. a
3. Space Cleaning - Non-Patient Care Areas (Includes Schedule of Deductions Item Number 3.1)		
3A. Floors 5%	As specified in para. C. 3. p, Free of Soil	45% C. 3. ai , and C. 26. a
3B. Fixtures 5%	As specified in para. C. 3. p, (incl. trash removal) Free of Soil	45% C. 3. ad, C. 3. ai , and C. 26. a
3C. Other 5%	As specified in para. C. 3. p, (incl walls) Free of Soil	10% C. 3. ai and C. 26. a
4. Entrance/Platform/Stairwell/Stairway Cleaning - (Includes Schedule of Item Numbers Deductions 3.2 and 3.3)		
Quality	As specified in para. C. 26. e(1) and C. 26. e(4)	100% 10%
5. Patient Unit Checkout Service (Includes Schedule of Deductions Item Number 4.0)		
5A. Timeliness	As specified in para.	10% 2%

C. 26. b(3) and C. 27. a

5B. Change Linens As specified in
para. 45% 2%
C. 3. at and C. 26. b

5C. Cleanliness As specified in
para. C. 3. at 45% 2%
and C. 26. b

6. Service Call Work - All Areas (Includes Schedule of
Deductions Item Number 5.0)

6A. Timely As specified in para. C. 3. az 50%
2%
Response C. 27. b, and C. 26. c

6B. Quality Work As specified in
para. C. 3. p, 50% 2%
C. 3. ai , C. 3. az, and C. 3. ba

WORK REQUIREMENT MADR (Column 1) (Column 4)	STANDARD OF PERFORMANCE (Column 2)	% OF WORK ITEM VALUE (Column 3)
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7. Restroom Service - All Areas - (Includes Schedule of Deductions Item

Numbers 1.5, 2.3, and 3.4)

7A Floors 2%	As specified in para. C. 3. p, Free of Soil	15% C. 3. ai , and C. 26. a
7B Fixtures Free para. C. 3. p, of Soil	25% C. 3. ai , and C. 26. a	As specified in 2%
7C Supplies Pro- para. C. 3. p, vided	50% C. 3. ai , and C. 26. a	As specified in 2%
7D Other (incl 2% walls) Free of Soil	As specified in para. C. 3. p, C. 3. ai , and C. 26. a	10%

8. Executive - (Includes Schedule of Deductions Item Number 6.0)
Housekeeper

Administration 0%	As specified in para. C. 8. a	100%
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ATTACHMENT J-H1

DIRECTIVES AND PUBLICATIONS

1. Requirements. Directives and publications applicable to this contract are listed in paragraph 2 below.

a. All applicable directives and publications will be furnished to the Contractor or made available to the Contractor in the ACO's or designated representative's office at contract start.

b. Supplements or amendments to these publications may be issued during the life of this contract. These changes shall be considered to be in full force and effective immediately upon receipt by the Contractor. The Contractor shall ensure that all publications are posted and up-to-date.

c. Upon termination of this contract the Contractor shall return all Government furnished directives and publications to the ACO or designated representative.

2. Listing of Directives and Publications. The following directives and publications are listed as either mandatory or advisory. The Contractor shall comply with mandatory directives and publications to the extent that they are applicable to the services required by this contract.

a. Mandatory. The following directives and publications are mandatory and applicable to this contract.

(1) Technical Proposal developed by the Contractor and accepted by the Government.

(2) Accreditation Manual for Hospitals developed by the Joint Commission on Accreditation of Hospitals, current edition.

(3) Public Law 91-596, Occupational Safety and Health Act of 1970 and current amendments.

(4) National Fire Codes and Standards developed by the National Fire Protection Association pertaining to the health care field, current listings.

(5) National Safety Council Accident Prevention Manuals

pertaining to the health care field, current editions.

(7) American National Standards Institute standards pertaining to the health care field, current issuances.

(8) Federal Specifications pertaining to health care housekeeping, current issuances.

(a) H-B-651 F, Brush, Floor Sweeping, interim amendment #1.

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(b) O-D-406(2), Disinfectant, Germicidal and Fungicidal Concentrate.

(c) O-S-642D, Sodium Phosphate, Tribasic, Technical, Anhydrous, Duodecahydrate, and Monohydrate, notice #1.

(d) P-C-447b, Cleaning Compound, Toilet Bowl, interim amendment #3.

(e) P-C-450, Porcelain Cleaner (Acid Type).

(f) P-D-00-220B, Detergent, General Purpose.

(g) P-G-406b, Glass Cleaner, Liquid, amendment #2.

(h) P-P-533a, Polish, Furniture, Liquid, amendment #1.

(i) P-P-556D, Polish, Metal, amendment #1.

(j) P-S-620C, Soap, Toilet, Cake (Floating and Non-Floating).

(k) P-S-624, Soap, Toilet, Liquid and Paste for Dispenser.

(l) Federal Standard 14, Soap, Toilet (Powdered, Dispenser).

(m) Federal Standard 15, Soap, Borax, Powdered for Dispensers.

(n) P-S-863, Sweeping Compound, interim amendment #2.

(o) P-S-00-863, Sweeping Compound for Resilient Floors, GSA-FSS.

(p) P-R-201B, Remover, Water Emulsion Type Floor Wax.

(q) P-S-00-311D, Scouring Powder, amendment #2.

(r) P-W-0115a, Wax, Floor, Water Emulsion, Slip Resistant, interim amendment #4.

(s) P-W-I58d, Wax, General Purpose, Solvent Type, amendment #1.

(9) Military Specification, MIL-P-I5422c, Polish, Metal, Liquid, amendment #1.

(10) SECNAVINST 5210.11 series, Standard Subject Identification Codes, current edition.

(11) SECNAVINST 5216.5 series, Department of the Navy Correspondence Manual, current edition.

(12) NAVMED P-5010, Manual of Naval Preventive Medicine, current edition.

(13) HOSPITAL Fire, Security, Disaster Control and Infection Control Directives

b. Advisory. The following directives and publications are advisory and applicable to this contract.

(1) Department of Health, Education, and Welfare Publication No. (HSM) 71-8043, Isolation Techniques for Use in Hospitals, current edition.

(2) Housekeeping Manual for Health Care Facilities developed by the American Hospital Association, current edition.

(3) Infection Control in the Hospital developed by the American Hospital Association, current edition.

(4) SECNAVINST 5212.5 series, Navy and Marine Corps Records Disposal Manual, current edition.

(5) NAVMEDCOMINST 5210.1 series, Forms, Reports, and Records Management Program, current edition.

(6) NAVFAC MO-125, Military Custodial Services Manual, chapter 5 (safety), current edition.

(7) NAVFAC MO-327, Service Contracts: Specifications and Surveillance, current edition.

QUALITY ASSURANCE GUIDE

FOR

HOSPITAL HOUSEKEEPING SERVICES

NOT A PART OF CONTRACT

QA-1

QA-i

QA-2

QUALITY ASSURANCE GUIDE
HOSPITAL HOUSEKEEPING SERVICES

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QUALITY ASSURANCE GUIDE
HOSPITAL HOUSEKEEPING SERVICES

I. INTRODUCTION.

A. Overview. The hospital housekeeping quality assurance (QA) guide is designed to help the Quality Assurance Evaluator (QAE), under the direction of the Facilities Support Contract Manager (FSCM), in setting up the hospital's QA program. The User is advised to refer to the NAVFAC manual MO-327, Service Contracts: Specifications and Surveillance for more detailed information on the development and implementation of a QA Program. This Guide suggests specific methods for monitoring hospital housekeeping services and provides sample QA Plans. These sample plans must be tailored concurrently with the tailoring of the Hospital Housekeeping Services GPWS to develop a unique QA program that fits the needs of the hospital. This QA Guide is divided into 5 parts:

1. The Introduction presents an overview and gives information on QAE training.
2. QA Plan Development discusses special considerations that affect the way in which hospital housekeeping services may be monitored and suggests specification evaluation methods for different services.
3. The sample QA plans include numerical examples and suggested evaluation worksheets. The sample plans provided must be tailored by the user to conform with the tailored PWS.
4. Contractor's Overall Performance discusses how to use the QAE's inspection results to make an overall evaluation of Contractor performance, how to go about correcting problem areas, and provides a sample monthly summary report format.
5. The last part, Contractor Submissions, identifies Contractor submissions and when they are due.

B. Training. Personnel tasked with monitoring Contractors' performance should be trained and be fully conversant with the specification and have attended a NAVFACENGCOCOM Engineering Field Division QAE Training Course.

II. QUALITY ASSURANCE PLAN DEVELOPMENT.

A. Functional Considerations. Hospital housekeeping monitoring poses several unique requirements for the QAE. The following considerations are offered for user information.

1. Variable Frequencies of Work. Housekeeping work is somewhat unique in that different spaces are cleaned and tasks are performed at different frequencies. While some work requires daily performance, other work may require cleaning on demand, as required by service calls and indefinite quantity work.

2. Space Inventory. An inventory of spaces to receive custodial

services is obtained from Attachment J-C4. What constitutes a space is important. In almost all cases, spaces will vary widely if one considers their natural boundaries. Therefore, floor plans marked to indicate the space boundaries that will be used.

3. Nosocomial Infection. Great danger arises with infections because of the weakened condition of hospital patients. Effective environment sanitation is required to lessen such hazards through frequent and thorough cleanings of the hospital interiors. The QAE must be aware of the importance of his monitoring to the health of the hospital patients.

4. Rework. The Contractor may be required to reperform work that has been identified as being poorly performed or not performed, if the Government so chooses the option of allowing rework:

a. Timeliness. The Contractor may be allowed the opportunity to correct a discrepancy provided the time needed to correct the discrepancy does not approach the time he was to perform that service again. As an example, rooms are cleaned after regular working hours and the next morning one or more rooms were unsatisfactory. The Contractor is notified by the QAE. The Contractor's crew does not arrive until 4:30 PM that afternoon. In this example, the Contractor has not actually corrected the discrepancy but rather, delayed it, until it was time to reperform the same service. This discrepancy should result in a deduction from the Contractor's invoice. Additionally, if the Contractor is to be allowed the opportunity to correct daily services, a specific time limit is imposed for responsiveness in accordance with the "CONSEQUENCES OF CONTRACTOR'S FAILURE TO PERFORM" clause of Section E.

b. Work Evaluation. Sufficient QAE time should be made available to verify complaints. Discrepancies received by the QAE from designated individuals are validated and passed directly to the Contractor for rework, and the complainer is advised to call back if the discrepancy was not corrected. A Customer Complaint Record, as shown in NAVFAC MO-327, page 5-6, or a similar form should be used by the QAE to record such complaints.

c. Reporting.

(1) Work Notification Designees (as defined in C.3bk) should be designated as points of contact in the hospital for receipt of complaints. These designees will in turn call in discrepancies to the QAE, who will validate the complaint and notify the Contractor by forwarding a copy of the standard complaint form. The work is assumed corrected unless the designee calls to say it has not been corrected. Funneling all complaints through designees will reduce the number of different personnel (some with no or limited knowledge of contract requirements) calling the QAE, reduce the number of duplicate complaints on the same problem, and allow the designee to order the space to be cleaned under the contract service call provisions if the Contractor is not at fault (the complaint is not valid).

(2) Discrepancies noted by the QAE are different. The

QAE will be performing contract surveillance during most of the day and cannot stop to call the Contractor every time he finds something wrong. In many cases the same work is supposed to be performed again the next day. Contractor notification of the discrepancies is not always feasible, and when feasible, may severely limit the QAE's available time. Certain discrepancies must be passed to the Contractor at any time if they include running out of restroom supplies, etc. It is recommended that the QAE inform the Contractor only of health, safety, or comfort items which require corrective action now and cannot wait for the next regularly scheduled performance and of improperly performed indefinite quantity work items. These items will be reinspected by the QAE or designee. All other routine items will be brought to the Contractor's attention at the end of the work day and will remain as discrepancies. The Government has the option of allowing the Contractor to correct poor or nonperformed work.

B. Selection of Methods of Surveillance.

1. Discussion. Selection of methods of surveillance depends on several factors including the frequency and characteristics of the service to be evaluated and the location of the service. For example, services in critical areas (such as special care areas) are inspected more frequently than in less critical areas because of the potential adverse health impacts. Consideration of such factors as they relate to hospital housekeeping work results in the use of the following recommended evaluation methods.

a. 100% Inspection. One hundred percent inspection is recommended for infrequent services (those with a low number of occurrences) within special care areas, and is required for indefinite quantity (project) work functions. 100% inspection is recommended for:

- (1) Space cleaning in special care areas
- (2) Patient unit checkout
- (3) Service call work
- (4) Floor stripping, waxing and sealing
- (5) Carpet shampooing
- (6) Wall cleaning
- (7) Ceiling cleaning
- (8) Light fixture cleaning
- (9) Exterior window, blind, drape and curtain

cleaning

(10) Interior A/C cover cleaning

b. Random Sampling. Surveillance based on random sampling evaluates a portion of the work, estimating Contractor performance with statistical theory. Random sampling should be used on large homogeneous populations where 100% inspection is not required or feasible. Random sampling requires that a formal evaluation schedule be prepared prior to evaluation of the services. Random sampling is recommended for inspecting:

(1) Space cleaning in general care areas

c. Planned Sampling. Similar to random sampling in that planned sampling looks at a portion of the total work requirement. Under

planned sampling, the samples are selected based on a subjective rationale and the sample size is arbitrarily determined. Planned sampling is useful when Contractor performance at certain locations is less critical such as in non-patient care areas. Planned sampling could be used to inspect Hospital Housekeeping Services for:

- (1) Space cleaning in non-patient care areas
- (2) Entrance/platform cleaning
- (3) Stairwell/stairway cleaning

d. **Unscheduled Inspections.** Unscheduled inspection is what the name implies. The QAE should use unscheduled inspections whenever there appears to be a reason to do so. This method should only be used to support other methods and never as a primary method of surveillance.

e. **Validated Customer Complaints.** All hospital personnel can provide additional "eyes" on Contractor performance and should be used, provided they are made well aware of the contract requirements and channel their observations and complaints through Work Notification Designees.

2. **QAE Staffing.** QAE staffing is influenced by the surveillance method chosen for each contract service. Surveillance requirements should not be based on availability of QAEs. There is no precise way of determining QAE staffing requirements without specific contract services defined and QA plans prepared accordingly. Facility location and condition, and other duties assigned to QAEs are important factors that are the basis for staffing, and these factors vary from hospital to hospital.

C. Performance Requirements.

1. A Performance Requirements Summary (PRS) Table is prepared by the Specification Writer as the GPWS is tailored. This table will be used as an outline by the FSCM/QAE in preparing required QA plans since all essential information, such as performance indicators, MADRs, percentage of work item value, and methods of surveillance, are concisely summarized. A sample PRS, which reflects the services required in this GPWS, is included on the following pages.

2. Maximum allowable defect rates (MADRs) set the point at which the Contractor's quality control, and for purposes of this GPWS the Contractor's performance, are unsatisfactory to the customer and stronger action on the part of the FSCM and/or Administrative Contracting Officer (ACO) is required. (Deductions are always required whenever an instance of non-compliance is observed and documented). Since proper hospital housekeeping services are required to maintain health standards, the MADRs used to evaluate the Contractor's performance of each work requirement should be small.

3. The "% OF WORK ITEM VALUE" column in the PRS table relates to the Schedule of Deductions and allows a dollar value to be assigned to each performance indicator of each contract requirement. These values are used in conjunction with Attachment J-C6 and the "CONSEQUENCES OF CONTRACTOR'S FAILURE TO PERFORM REQUIRED SERVICES" clause, Section E, to make payment deductions for unsatisfactorily performed and non-performed work. Note that the sum of

the performance indicator values must equal 100 percent for each contract requirement. For example, for contract requirement #1, Space Cleaning in Special Care Areas, the cleaning of floors is valued at 45%, fixtures at 45%, and all other requirements of cleaning a space at 10%. The percentages shown in the sample PRS are based on "average" hospital requirements, and should not be changed by the user unless a detailed analysis shows that they are not applicable to the user's hospital.

PERFORMANCE REQUIREMENTS SUMMARY TABLE

FIXED-PRICE WORK

WORK OF WORK REQUIREMENT ITEM VALUE	MADR	STANDARD OF PERFORMANCE	METHOD OF SURVEILLANCE	%
1. Space Cleaning - Special Care Areas (Includes Schedule of Deductions Item Numbers 1.1, 1.2, 1.3, and 1.4)				
I.A. Floors	45%	As specified in para. C. 3. p, 2%	C. 3. ai, and C. 26. a	100%
Free of Soil Inspection				
I.B. Fixtures	45%	As specified in para. C. 3. p, 2%	C. 3. ad, C. 3. ai, and C. 26. a	100%
(incl trash removal) Free of Soil Inspection				
I.C. Other	10%	As specified in para. C. 3. p, 2%	C. 3. ai, and C. 26. a	100%
(incl walls) Free of Soil Inspection				
2. Space Cleaning - General Care Areas (Includes Schedule of Deductions Item Numbers 2.1 and 2.2)				

2A. Floors As specified in para. C. 3. p, Random
45% 3%
Free of Soil C. 3. ai , and C. 26. a
Sampling

2B. Fixtures As specified in para. C. 3. p, Random
45% 3%
(incl. trash C. 3. ad, C. 3. ai , and
C. 26. a Sampling
removal)
Free of Soil

2C. Other As specified in para. C. 3. p, Random
10% 3%
(incl walls) C. 3. ai , and C. 26. a
Sampling
Free of Soil

3. Space Cleaning - Non-Patient Care Areas
(Includes Schedule of Deductions Item Number 3.1)

3A. Floors As specified in para. C. 3. p, Planned
45% 5%
Free of Soil C. 3. ai , and C. 26. a
Sampling

WORK OF WORK ITEM VALUE	REQUIREMENT MADR	STANDARD OF PERFORMANCE	METHOD OF SURVEILLANCE	%
3B. 45%	Fixtures (incl. trash removal) Free of Soil	As specified in para. C. 3. p, 5% Sampling	C. 3. ad, C. 3. ai, and	Planned
C. 26. a				
3C. 10%	Other (incl walls) Free of Soil	As specified in para. C. 3. p, 5% Sampling	C. 3. ai, and C. 26. a	Planned
4. Entrance/Platform/Stairwell/Stairway Cleaning - (Includes Schedule of Deductions and 3.3)				
10%	Quality	As specified in para. C. 26. e(1) and C. 27. e(4)	Planned	100% Sampling
5. Patient Unit Checkout Service - All Areas - (Includes Schedule of Deductions Item Number 4.0)				
5A. 2%	Timeliness	As specified in para. C. 26. b(3) and C. 27. a	100% Inspection	10%
5B. 100%	Change Linens	45% C. 3. at and C. 26. b	As specified in para. 2% Inspection	
5C. C. 3. at	Cleanliness	100% and C. 26. b	As specified in para. 45% Inspection	2%
6. Service Call Work - All Areas - (Includes Schedule of Deductions				

Item Number 5.0)

6A.	Timely	As specified in para. C. 3. az	100%
50%	Response	C. 27. b, and C. 26. c	Inspection
6B.	Quality Work	As specified in para.	
C. 3. p,	Validated	C. 3. ai , C. 3. az, and C. 3. ba	50% 2%
			Complaints
7. Restroom Service - All Areas - (Includes Schedule of Deductions Item			
Numbers 1.5, 2.3, and 3.4)			
7A	Floors Free of	As specified in para.	
C. 3. p,	Planned	C. 3. ai , and 3.26. a	15% 2%
	Soil		Sampling
7B	Fixtures Free	As specified in para.	
C. 3. p,	Planned	C. 3. ai , and 3.26. a	25% 2%
	of Soil		Sampling
7C	Supplies Pro-	As specified in para.	
C. 3. p	Planned	C. 3. ai , and 3.26. a	50% 2%
	vided		Sampling

WORK OF WORK ITEM VALUE	REQUIREMENT MADR	STANDARD OF PERFORMANCE	METHOD OF SURVEILLANCE	%
7D 2%	Other (incl walls) Free of Soil	As specified in para. C. 3. p	C. 3. ai , and C. 26. a	Planned 10%
8.	Executive - (Includes Housekeeper Administration)	(Includes Schedule of Deductions Item Number 6.0)	As specified in para. C. 8. a	Planned 100%
INDEFINITE QUANTITY WORK ITEMS				
9.	Floor Stripping, Waxing, and Sealing	As specified in para. C. 26. d(1)	100%	100%
10.	Carpet Shampooing	As specified in para. C. 26. d(2)	100%	100%
11.	Wall Cleaning	As specified in para. C. 26. d(3)	100%	100%
12.	Ceiling Cleaning	As specified in para. C. 26. d(4)	100%	100%
13.	Light Fixture Cleaning	As specified in para. C. 26. d(5)	100%	100%
14.	Exterior Window	As specified in para. C. 26. d(5)	100%	100%

	Cleaning	C. 26. d(6)	Inspection	
15.	Interior A/C	As specified in para.	100%	100%
10%	Cover Cleaning	C. 26. d(7)	Inspection	
16.	Curtain, Drape,		As specified in para.	
100%	and Blind Cleaning	C. 26. d(8)	10%	
			Inspection	

D. Concept of Substantially Complete. Substantial completeness is a key concept in surveillance of housekeeping services. Unfortunately this concept is difficult to explain in such a way as to achieve consistent application. The application of the concept rests on subjective judgement. The general determination of substantial completeness for hospital housekeeping work performance will be addressed here.

1. Definition. Substantially complete performance for any given work requirement exists when there has been no willful departure from the terms of the contract and no omission of essential work. The Contractor has honestly and faithfully performed the required work and the only variance consists of minor omissions or defects. In general, work is substantially complete when 90%-95%-99% of the total work requirement is satisfactorily completed. The percentage selected is dependent upon the type of work performed. But, keep in mind that this is a subjective judgement and that there are no clear guidelines established.

2. General Criteria. When assessing the Contractor's work performance for completeness, the QAE should be asking himself a series of questions. A negative answer, or in some cases multiple negative answers may result in rejection of the performed work. Questions that should be asked are:

(a) Are there major work omissions? A major omission would be a single work item that if omitted or performed unsatisfactorily would cause the entire work requirement to be graded as unsatisfactory. An example of a major omission is a restroom in which trash receptacles were emptied, but whose fixtures (commodes and urinals) are not clean. Fixture cleaning is a major portion of the work for the performance indicator "Fixtures", and would therefore cause this work requirement to be marked as unsatisfactory on the QA Worksheet.

(b) Are there minor work omissions? A minor work omission by itself does not have the same impact as a major omission. Using the restroom example above, let's assume that this time that all fixtures were cleaned, but one of three trash receptacles was not emptied. This condition would not have a major impact on the overall condition of the restroom (unless receptacle was overflowing) and would not, by itself, cause the "Fixtures" work requirement to be classified as unsatisfactory.

(c) Are there reoccurring omissions. A single work omission (minor or major) may be the result of an occasional oversight on the Contractor's employees part and is to be expected from time to time. A reoccurring omissions, on the other hand, is a sign of poor Contractor quality control and some action is required to correct the problem. Continuing the above trash receptical example, lets assume that the number of recepticals found (by both sampling and customer complaints) not emptied in restrooms is several per week. This would be a reoccurring problem. Once a problem of this type is identified, and documented, each subsequent cleaning with this omission would result in an unsatisfactory rating for the appropriate performance indicator.

(d) Can the space function as intended? An extreme case exists when a space cannot function as intended due to a single work item deficiency or a combination of deficiencies. For example a restroom does not serve its intended function and can not be used if restroom supplies (paper, soap, towels, etc.) are not restocked when depleted. In this case all work requirements for the observed restroom would be marked as unsatisfactorily performed and recorded on the QA Worksheet accordingly. Specific defective work items would be documented on the worksheet along with a brief explanation as to why the restroom could not function as intended.

3. Application. The use of the substantially complete concept is for determination of Contractor performance of each work requirement. Each work occurrence evaluated will be classified as satisfactory (S) or unsatisfactory (U) based on QAE determination of substantial completion of work. At the end of the month, evaluated performance of each work requirement will be analyzed and Observed Defect Rate (ODR) computed. Payment deductions are made for each performance indicator documented as being defective.

III. SAMPLE QUALITY ASSURANCE PLANS. There are eight QA Plans outlined for the Hospital Housekeeping Services GPWS. They are as follows:

- QA Plan #1 - Space Cleaning - Special Care Areas
- QA Plan #2 - Space Cleaning - General Care Areas
- QA Plan #3 - Space Cleaning - Non-Patient Care Areas
- QA Plan #4 - Entrance Way/Platform/Stairwell/Stairway Cleaning
- QA Plan #5 - Patient Unit Checkout Service - All Areas
- QA Plan #6 - Service Call Work - All Areas
- QA Plan #7 - Restroom Service - All Areas
- QA Plan #8 - Project Work Requirements

HOUSEKEEPING SERVICES
 QUALITY ASSURANCE PLAN #1
 SPACE CLEANING - SPECIAL CARE AREAS

1. Contract Requirement. Intensive Care Cleaning, Newborn Nursery Cleaning, Emergency Room Cleaning, and Labor/Delivery Room Cleaning.

Work Requirements Performance	Standards of Clauses
a. Floors Free of Soil C. 3. p, C. 3. ai, and	C. 26. a
b. Fixtures/Trash Free of Soil C. 3. p, C. 3. ad,	C. 3. ai, and
C. 26. a	
c. Other (incl walls) Free of Soil C. 3. p, C. 3. ai, and	C. 26. a

2. Primary Method of Surveillance. 100% Inspection

3. Maximum Allowable Defect Rate (MADR).

- a. 2%
- b. 2%
- c. 2%

4. Quantity of Work. The quantity of work will vary from month to month depending on the number of days in the month. For example, in a month with 30 days, the quantity of work would be:

- Intensive Care Cleaning - 210 cleanings per month
- Newborn Nursery Cleaning - 240 cleanings per month
- Emergency Room Cleaning - 270 cleanings per month
- Labor/Delivery Room Cleaning - 630 cleanings per month

Total Cleanings per Month - 1,350

5. Level of Surveillance. Not Applicable.

6. Sample Size. Not Applicable.

7. Sampling Procedures. Not Applicable.

8. Evaluation Procedure.

a. Before beginning any inspections, the QAE will prepare an Evaluation Worksheet (see attached sample), listing the date and space numbers of each space to be inspected. The QAE will complete the form on site, grading all work requirements as satisfactory (S) or unsatisfactory (U) based on substantial compliance with the service requirement(s). If any defects are noted, a brief explanation as to the nature of problem and possible cause of the unsatisfactory work will be recorded under the remarks column. If rework is ordered all pertinent data such as date the Contractor was informed of the problem, action taken, and date of acceptance will be recorded on the original

inspection report.

b. The following is a typical inspection procedure: The QAE will enter the space about two paces. The QAE first views the main floor area, then the nearby walls, next any nearby fixtures. Now the QAE moves to the center of the space, again inspecting the floor, side walls, fixtures, and windows. The QAE will next inspect any bathrooms, closets, and bathroom windows. Each work requirement must be evaluated by the QAE to determine if there has been substantial compliance with the specification requirements. It is only upon leaving the space that the QAE marks each of the three work requirements on the Evaluation Worksheet as "satisfactory" or "unsatisfactory". All appropriate blocks on the Evaluation Worksheet must be completed. Total inspection time per space will average three to four minutes, of which the fixture inspection should take approximately half.

9. Analysis of Results.

a. At the end of each month the QAE will summarize all the evaluations for each work requirement on the Evaluation Worksheet. An observed defect rate (ODR) is then calculated for each work requirement based on the following formula:

$$\text{ODR} = \frac{\text{Number of defects ("U" grades)}}{\text{Total number of evaluations ("S" + "U" grades)}} \times 100$$

Example:

"U" grades = 57 defects
"S" grades = 1293 satisfactory evaluations

$$\text{ODR} = \frac{57}{57 + 1293} \times 100$$

ODR = 4.2%

b. The ODR is calculated using only initial observations. That is, if rework is satisfactorily performed by the Contractor, the initial grade of "U" is not changed to "S". However, payment (less liquidated damages) is made for all rework satisfactorily performed.

10. Performance Criteria and Conclusions.

a. The overall grade is satisfactory for a given work requirement if the ODR for that requirement is less than or equal to the MADR. For example, if the ODR for floors is 1.7% (which is less than the MADR of 2%) the floor cleaning work requirement is satisfactory overall.

b. The Contractor's performance is excellent if the ODR is less than half the MADR, and the QAE should recommend to the FSCM to notify the Contractor to keep up the good work.

c. The Contractor's performance is unsatisfactory if the ODR is greater than the MADR and the QAE should recommend to the FSCM that a CDR be issued to the Contractor, or that stronger action be taken.

d. Payment deductions will be made for each documented observed instance of unsatisfactorily performed work, which was not satisfactorily reworked. Liquidated damages shall be calculated in accordance with the "CONSEQUENCES OF CONTRACTOR'S FAILURE TO PERFORM REQUIRED SERVICES" clause, Section E. A summary of performance ratings and recommended deductions for each work requirement should be provided by the QAE in the monthly summary report.

HOUSEKEEPING SERVICES
QUALITY ASSURANCE PLAN #2
SPACE CLEANING - GENERAL CARE AREAS

1. Contract Requirement. Patient Room Cleaning and Outpatient Clinic Cleaning.

Work Requirements
Standards of Performance

a. Floors Free of Soil
Clauses C. 3p, C. 3. ai , and C. 26. a

b. Fixtures/Trash Free of Soil
Clauses C. 3. p, C. 3. ai , C. 3. ad, and

C. 26. a

c. Other (incl walls) Free of Soil
Clauses C. 3. p, C. 3. ai , and C. 26. a

2. Primary Method of Surveillance.
Random Sampling supported by Unscheduled Inspections and Validated Customer Complaints.

3. Maximum Allowable Defect Rate (MADR).

- a. 3%
- b. 3%
- c. 3%

4. Quantity of Work. The quantity of work will vary from month to month depending on the number of days in the month. For example, in a month with 30 days, the quantity of work would be:

Patient Room Cleaning - 2667 cleanings per month.

Clinic Cleaning - 588 cleanings per month.

Total Cleanings per Month - 3,255

5. Level of Surveillance. The normal level of surveillance table will be used initially for the contract. Go to minimum surveillance if the observed defect rate (ODR) is less than one half the MADR for two consecutive months.

6. Sample Size. Find the population range which includes the monthly quantity of work in the sample size table for the current level of surveillance. For example, for a monthly quantity of work of 3,255 and normal surveillance level, the required sample size is 203 cleanings.

7. Sampling Procedures. Using a random number table or other method, generate random numbers (203 in the previous example) which fall between one and the population (3,255). Once these numbers are selected, each random number must be matched to a specific space cleaning on a specific day. This is accomplished by developing a service location chart which assigns a unique number to each space cleaning on each day of the evaluation period.

a. In the development of a space location chart all spaces are treated alike for numbering, regardless of the type of subarea (i.e. patient room or outpatient clinic). The numbering system equates building space numbers and

daily service to an unique number. For example, space #3003 on the building plan may be numbered "3" as shown below. The numbers (one through three in the example below) also represent the cleanings of the numbered spaces on the first day of each month. For the second day of the month cleanings, the cleanings are numbered beginning with the total number of spaces plus one (in our example three plus one equals four). Numbering proceeds for each cleaning scheduled during the month.

Cleaning Number	Bldg. Space #			1st day
	Space #	2nd day	3rd day etc.	
1	3001	4	7	1
2	3002	5	8	2
3	3003	6	9	3

b. The QAE will inspect the cleaning of those spaces corresponding to each random number selected. For example, if the random number "8" is drawn, the QAE will know to inspect room 3002 on the third cleaning day of the month. Once the QAE has correlated each random number drawn in the sample to a specific space and a specific day, a monthly schedule will be prepared showing the spaces to be inspected on each day of the entire month.

8. Evaluation Procedure. As soon as possible after each selected cleaning has been performed, the QAE will make an on-site visit and evaluate each of the work requirements as either satisfactory

(S) or unsatisfactory (U) on the attached Evaluation Worksheet.

a. The following is a typical inspection procedure: The QAE will enter the space about two paces. The QAE first views the main floor area, then the nearby walls, next any nearby fixtures. Now the QAE moves to the center of the space, again inspecting the floor, side walls, fixtures, and windows. The QAE will next inspect any bathrooms, closets, and bathroom windows. Each work requirement must be evaluated by the QAE to determine if there has been substantial compliance with the specification requirements. It is only upon leaving the space that the QAE marks each of the three work requirements on the Evaluation Worksheet as "satisfactory" or "unsatisfactory". All appropriate blocks on the Evaluation Worksheet must be completed. Total inspection time per space will average three to four minutes, of which the fixture inspection should take approximately half.

b. Customer Complaints. Customers will be notified as to the type of service to be provided and that the QAE will be the point of contact for any complaints. Complaints will be investigated as soon as possible after receipt to institute an evaluation of the service. A separate form will be utilized to validate all customer complaints and all pertinent information will be recorded on site (for typical form format see NAVFAC MO-327, page 5-6).

c. Unscheduled Inspections. Unscheduled inspections may be conducted

on the cleaning of any space, but should be limited to those where proper cleaning is of particular importance and in areas where performance problems have been noted in the past, etc. Unscheduled inspections should be documented on a separate Evaluation Worksheet from that used for random sampling.

d. Rework. Rework will normally be allowed when practical, and must be completed by the Contractor within six hours of notification. Therefore, each service marked for rework must be reinspected by the QAE to see if the work was satisfactorily completed.

9. Analysis of Results.

a. At the end of each month the QAE will summarize the results of the month's inspections. An ODR will be calculated for each work requirement shown in paragraph 1 based on the following formula:

$$\text{Number of defects ODR} = \frac{(\text{"U" grades})}{\text{Total number of evaluations ("S" + "U" grades)}} \times 100$$

Example:

"U" grades = 12 defects
"S" grades = 265 satisfactory evaluations

$$\text{ODR} = \frac{12}{12 + 265} \times 100$$

ODR = 4.3%

b. Only defects found within the randomly selected spaces may be used in calculating ODRs. Defects recorded during unscheduled inspections or resulting from customer complaints may not be included, although payment deductions should be made for all observed documented defects, regardless of the source.

10. PERFORMANCE CRITERIA AND CONCLUSIONS.

a. If the ODR for a given performance indicator is less than 1/2 of the MADR the Contractor's performance is excellent and the QAE should recommend to the FSCM to notify the Contractor to keep up the good work. Consider whether or not minimum surveillance should be used for the coming evaluation period (see paragraph 5 above).

b. If the ODR is between 1/2 the MADR and the MADR, the Contractor's rating is satisfactory and normal surveillance should be retained.

c. If the ODR is greater than the MADR, overall performance is unsatisfactory. The QAE should recommend to the FSCM that a CDR be issued to the Contractor or that stronger action be taken.

d. Payment deductions will be made for each documented observed instance of unsatisfactorily performed work, which was not satisfactorily reworked. Liquidated damages shall be calculated in accordance with the "CONSEQUENCES OF CONTRACTOR'S FAILURE TO PERFORM REQUIRED SERVICES" clause, Section E. A summary of performance ratings and recommended deductions for each work requirement should be provided by the QAE in the monthly summary report.

HOUSEKEEPING SERVICES
QUALITY ASSURANCE PLAN #3
SPACE CLEANING - NON-PATIENT CARE AREAS

I. Contract Requirement.
Administrative Space Cleaning

Work Requirements
Standards of Performance

- a. Floors Free of Soil
Clauses C. 3. p, C. 3. ai , and
C. 26. a
- b. Fixtures/Trash Free of Soil
Clauses C. 3. p, C. 3. ad,
C. 3. ai and C. 26. a
- c. Other (incl walls) Free of Soil
Clauses C. 3. p, C. 3. ai , and
C. 26. a

2. Primary Method of Surveillance.
Planned Sampling supported by Validated
Customer Complaints and Unscheduled
Inspections.

3. Maximum Allowable Defect Rate
(MADR).

- a. 5%
- b. 5%
- c. 5%

4. Quantity of Work. The quantity of
work will vary from month to month
depending on the number of days in the
month. For example, in a month with 30
days, the quantity of work would be 570
cleanings.

5. Level of Surveillance.

a. Normal Surveillance (Level II). The normal level of surveillance will be utilized at the start of the contract and will continue to be used until such time as the observed defect rate (ODR) indicates another level is appropriate.

b. Reduced Surveillance (Level I). The reduced level of surveillance will be used when the ODR has been less than half the MADR for two consecutive months. Surveillance will remain at this level as long as the ODR is less than half the MADR during the evaluation period.

c. Increased Surveillance (Level III). If at Level II the ODR is greater than the MADR, the level of surveillance will be increased to Level III. If at Level III the ODR is equal to or less than the MADR for one evaluation period return to Level II.

6. Sample Size.

- Level I - 5% of the scheduled services
- Level II - 10% of the scheduled services
- Level III - 20% of the scheduled services

7. Sampling Procedure. Each month the QAE will choose the appropriate number of samples based on the level of surveillance being utilized. The QAE will use the Contractor's approved schedule to determine when service locations are available for sampling. Any service location may be chosen but consideration will be given to areas with command interest or where unsatisfactory performance has been observed during the previous evaluation period.

8. Evaluation Procedure. Before beginning any inspections, the QAE will prepare an Evaluation Worksheet (see attached sample), listing the date and space numbers of each space to be inspected. The QAE will complete the form on site, grading all work requirements as satisfactory (S) or unsatisfactory (U) based on substantial compliance with the service requirement(s). If any defects are noted, a brief explanation as to the nature of problem and possible cause of the unsatisfactory work will be recorded under the remarks column. If rework is ordered all pertinent data such as date the Contractor was informed of the problem, action taken, and date of acceptance will be recorded on the original inspection report.

a. The following is a typical inspection procedure: The QAE will enter the space about two paces. The QAE first views the main floor area, then the nearby walls, next any nearby fixtures. Now the QAE moves to the center of the space, again inspecting the floor, side walls, fixtures, and windows. The QAE will next inspect any

patient bathrooms, closets, and bathroom windows. Each work requirement must be evaluated by the QAE to determine if there has been substantial compliance with the specification requirements. It is only upon leaving the space that the QAE marks each of the three work requirements on the Evaluation Worksheet as "satisfactory" or "unsatisfactory". All appropriate blocks on the Evaluation Worksheet must be completed. Total inspection time per space will average three to four minutes, of which the fixture inspection should take approximately half.

b. Customer Complaints. Customers will be notified as to the type of service to be provided and that the QAE will be the point of contact for any complaints. Complaints will be investigated as soon as possible after receipt to institute an evaluation of the service. A separate form will be utilized to validate all customer complaints and all pertinent information will be recorded on site (for typical form format see NAVFAC MO-327, page 5-6).

c. Unscheduled Inspections. Unscheduled inspections may be conducted on the cleaning of any space, but should be limited to those where proper cleaning is of particular importance and in areas where performance problems have been noted in the past, etc. Unscheduled inspections should be documented on a separate Evaluation Worksheet from that used for random sampling.

d. Rework. Rework will normally be allowed when practical, and must be

completed by the Contractor within six hours of notification. Therefore, each service marked for rework must be reinspected by the QAE to see if the work was satisfactorily completed.

9. Analysis of Results.

- a. At the end of each month the QAE will summarize all the evaluations

for each work requirement on the Evaluation Worksheet. An ODR is then calculated for each work requirement based on the following formula:

$$\text{Number of defects ODR} = \frac{(\text{"U" grades})}{\text{Total number of evaluations ("S" + "U" grades)}} \times 100$$

Example:

"U" grades = 5 defects
"S" grades = 52 satisfactory evaluations

$$\text{ODR} = \frac{5}{5 + 52} \times 100$$

ODR = 8.8%

b. The ODR is calculated using only initial observations. That is, if rework is satisfactorily performed by the Contractor, the initial grade of "U" is not changed to "S". However, payment (less liquidated damages) is made for all rework satisfactorily performed.

10. Performance Criteria and Conclusions.

a. If the ODR for a given work requirement is less than 1/2 of the MADR the Contractor's performance is excellent and the QAE should recommend to the FSCM to notify the Contractor to keep up the good work. Consider whether or not reduced surveillance should be used for the coming evaluation period (see paragraph 5 above).

b. If the ODR is between 1/2 the MADR and the MADR, the Contractor's

rating is satisfactory and normal surveillance should be retained. If there are a significant number of validated customer complaints and/or defects detected by unscheduled inspections, the QAE should consider recommending to the FSCM that a Contract Discrepancy Report (CDR) be issued to the Contractor, and increasing the level of surveillance for the coming evaluation period.

c. If the ODR is greater than the MADR overall performance is unsatisfactory. The QAE should recommend to the FSCM that a CDR be issued to the Contractor or that stronger action be taken. The surveillance level should be increased for the incoming evaluation period.

d. Payment deductions will be made for each documented observed instance of unsatisfactorily performed work, which was not satisfactorily reworked. Liquidated damages shall be calculated in accordance with the "CONSEQUENCES OF CONTRACTOR'S FAILURE TO PERFORM REQUIRED SERVICES" clause, Section E. A summary of performance ratings and recommended deductions for each work requirement should be provided by the QAE in the monthly summary report.

QUALITY ASSURANCE PLAN #3
 EVALUATION WORKSHEET
 SPACE CLEANING - NON-PATIENT CARE AREAS

QAE' S SIGNATURE DATE
 CONTRACTOR' S SIGNATURE DATE

:	:	:	:	:	:	:	:	:	:
:	:	:	Work Requirements	:	:	:	:	:	:
:	:	:	: Fixtures:	:	:	:	:	:	:
:	:	Space	:	:	:	Floors	:	:	:
Trash :	Other :	Rework :	Rework :	:	:	:	:	:	:
:	:	:	:	:	:	:	:	:	:
: Day/Time	: Number	: S/U	: S/U	: S/U	: S/U	: S/U	: S/U	: S/U	: S/U
: Ordered:	: Completed:	: S/U	: S/U	: S/U	: S/U	: S/U	: S/U	: S/U	: S/U
: Remarks	: Remarks	: Remarks	: Remarks	: Remarks	: Remarks	: Remarks	: Remarks	: Remarks	: Remarks
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HOUSEKEEPING SERVICES
QUALITY ASSURANCE PLAN #4
ENTRANCE PLATFORM/STAIRWELL/STAIRWAY

CLEANING

1. Contract Requirement.

Work Requirement
Standards of Performance

Quality of Work
Clause C. 26. e. (1) and

C. 26. e(4)

2. Primary Method of Surveillance. Planned Sampling supported by Validated Customer Complaints and Unscheduled Inspections.

3. Maximum Allowable Defect Rate (MADR). If more than 10% of the total service is defective, the overall performance is unsatisfactory.

4. Quantity of Work. The quantity of work will vary from month to month depending on the number of days in the month. For example, in a month with 30 days, the quantity of work would be 180 entrance and platform cleanings and 720 stairwell and stairway cleanings for a total of 900 cleanings.

5. Level of Surveillance.

a. Normal Surveillance (Level II). The normal level of surveillance will be utilized at the start of the contract and will continue to be used until such time as the observed defect rate (ODR) indicates another level is appropriate.

b. Reduced Surveillance (Level I).

The reduced level of surveillance will be used when the ODR has been less than half the MADR for two consecutive months. The surveillance will remain at this level as long as the ODR is less than half the MADR during the evaluation period.

c. Increased Surveillance (Level III). If at Level II the ODR is greater than the MADR, the level of surveillance will be increased to Level III. If at Level III the ODR is equal to or less than the MADR for one evaluation period return to Level II.

6. Sample Size.

- Level I - 5% of the scheduled services
- Level II - 10% of the scheduled services
- Level III - 20% of the scheduled services

7. Sampling Procedure. Each month the QAE will choose the appropriate number of samples based on the level of surveillance being utilized. The QAE will use the Contractor's approved schedule to determine when service locations are available for sampling. Any service location may be chosen but consideration will be given to areas with command interest or where unsatisfactory performance has been observed during the previous evaluation period.

8. Evaluation Procedure. Before beginning any inspections, the QAE will

prepare an Evaluation Worksheet (see attached sample), listing the date and space numbers of each entrance, platform, or stairwell to be inspected. The QAE will complete the form on site, grading the work requirements as satisfactory (S) or unsatisfactory (U) based on substantial compliance with the service requirement(s). If any defects are noted, a brief explanation as to the nature of problem and possible cause of the unsatisfactory work will be recorded under the remarks column. If rework is ordered all pertinent data such as date the Contractor was informed of the problem, action taken, and date of acceptance will be recorded on the original inspection report.

a. Customer Complaints. Customers will be notified as to the type of service to be provided and that the QAE will be the point of contact for any complaints. Complaints will be investigated as soon as possible after receipt to institute an evaluation of the service. A separate form will be utilized to validate all customer complaints and all pertinent information will be recorded on site (for typical form format see NAVFAC MO-327, page 5-6).

b. Unscheduled Inspections. Unscheduled inspections may be conducted on the cleaning of any entrance, platform, or stairwell, but should be limited to those where proper cleaning is of particular importance and in areas where performance problems have been noted in the past, etc. Unscheduled inspections should be documented on a separate Evaluation Worksheet from that used for planned sampling.

c. Rework. Rework will normally be allowed when practical, and must be completed by the Contractor within six hours of notification. Therefore, each service marked for rework must be reinspected by the QAE to see if the work was satisfactorily completed.

9. Analysis of Results.

a. At the end of each month the QAE will summarize all the evaluations on the Evaluation Worksheet. An ODR is then calculated based on the following formula:

$$\text{Number of defects ODR} = \frac{(\text{"U" grades})}{\text{Total number of evaluations ("S" + "U" grades)}} \times 100$$

Example:

"U" grades = 3 defects
"S" grades = 87 satisfactory evaluations

$$\text{ODR} = \frac{3}{3 + 87} \times 100$$

ODR = 3.3%

b. The ODR is calculated using only initial observations. That is, if rework is satisfactorily performed by the Contractor, the initial grade of "U" is not changed to "S". However, payment (less liquidated damages) is made for all rework satisfactorily performed.

10. Performance Criteria and Conclusions.

a. If the ODR is less than 1/2 of the MADR the Contractor's performance is excellent and the QAE should recommend to the FSCM to notify the Contractor to keep up the good work. Consider whether or not reduced surveillance should be used for the coming evaluation period (see paragraph 5 above).

b. If the ODR is between 1/2 the MADR and the MADR, the Contractor's rating is satisfactory and normal surveillance should be retained. If there are a significant number of validated customer complaints and/or defects detected by unscheduled inspections, the QAE should consider recommending to the FSCM that a Contract Discrepancy Report (CDR) be issued to the Contractor, and increasing the level of surveillance for the coming evaluation period.

c. If the ODR is greater than the MADR overall performance is unsatisfactory. The QAE should recommend to the FSCM that a CDR be issued to the Contractor or that stronger action be taken. The surveillance level should be increased for the incoming evaluation period.

d. Payment deductions will be made for each documented observed instance of unsatisfactorily performed work, which was not satisfactorily reworked. Liquidated damages shall be calculated in accordance with the "CONSEQUENCES OF CONTRACTOR'S FAILURE TO PERFORM REQUIRED SERVICES" clause, Section E. A summary of performance ratings and recommended

deductions should be provided by the QAE in the monthly summary report.

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QUALITY ASSURANCE PLAN #4
EVALUATION WORKSHEET
ENTRANCE /PLATFORM/STAIRWELL STAIRWAY CLEANING

HOUSEKEEPING SERVICES
QUALITY ASSURANCE PLAN #5
PATIENT UNIT CHECKOUT SERVICE - ALL
AREAS

1. Contract Requirement. Patient Unit Checkout - Special Care Areas.

Work Requirements
Standards of Performance
 - a. Timeliness
Clauses C. 26. b(3) and C. 27. a
 - b. Change Linens
Clauses C. 3. at and C. 26. b
 - c. Cleanliness
Clauses C. 3. at and C. 26. b
2. Primary Method of Surveillance. 100% Inspection.
3. Maximum Allowable Defect Rate (MADR).
 - a. 2%
 - b. 2%
 - c. 2%
4. Quantity of Work. The quantity of work varies from month to month. Historically, there has been an average of 25 checkouts per month.
5. Level of Surveillance. Not Applicable.
6. Sample Size. Not Applicable.
7. Sampling Procedure. Not Applicable.
8. Evaluation Procedure. As each patient unit checkout is completed by the Contractor, the QAE will be notified that the space is ready to be inspected.

The QAE will prepare an Evaluation Worksheet (see attached sample) listing the date and space number(s) of the space to be inspected. The form will be completed on site, grading all work requirements as satisfactory (S) or unsatisfactory (U) based on substantial compliance with the service requirement(s). If any defects are noted, a brief explanation as to the nature of problem and possible cause of the unsatisfactory work will be recorded under the remarks column. If rework is ordered all pertinent data such as date the Contractor was informed of the problem, action taken, and date of acceptance will be recorded on the original inspection report.

9. Analysis of Results

a. At the end of each month the QAE will summarize all the evaluations for each work requirement on the Evaluation Worksheet. An observed defect rate (ODR) is then calculated for each work requirement based on the following formula:

$$\text{Number of defects ODR} = \frac{(\text{"U" grades})}{\text{Total number of evaluations ("S" + "U" grades)}} \times 100$$

Example:

"U" grades = 1 defect

"S" grades = 24 satisfactory evaluations

$$\frac{1}{1 + 24} \text{ ODR} = X 100$$

ODR = 4.00%

b. The ODR is calculated using only initial observations. That is, if rework is satisfactorily performed by the Contractor, the initial grade of "U" is not changed to "S". However, payment (less liquidated damages) is made for all rework satisfactorily performed.

10. Performance Criteria and Conclusions.

a. The contract requirement is satisfactory for a given work requirement if the ODR for that requirement is less than or equal to the MADR.

b. The Contractor's performance is excellent if the ODR is less than half the MADR, and the QAE should recommend to the FSCM to notify the Contractor to keep up the good work.

c. The Contractor's performance is unsatisfactory if the ODR is greater than the MADR and the QAE should recommend to the FSCM that a CDR be issued to the Contractor, or that stronger action be taken.

d. Payment deductions will be made for each documented observed instance of unsatisfactorily performed work, which was not satisfactorily reworked. Liquidated damages shall be calculated in accordance with the "CONSEQUENCES OF

CONTRACTOR' S FAILURE TO PERFORM REQUIRED SERVICES" clause, Section E. A summary of performance ratings and recommended deductions for each work requirement should be provided by the QAE in the monthly summary report.

HOUSEKEEPING SERVICES
QUALITY ASSURANCE PLAN #6
SERVICE CALL WORK - ALL AREAS

1. Contract Requirement. Service Call Work - All Areas.

Work Requirements
Standards of Performance

a. Timely Response
Clauses C. 3. az, C. 27. b,

and C. 26. c

b. Quality Work
Clauses C. 3. p, C. 3. ai ,

C. 3. az, and C. 3. ba

2. Primary Method of Surveillance. 100% Inspection for timeliness and Validated Customer Complaints for quality work.

3. Maximum Allowable Defect Rate (MADR).

- a. 2%
- b. 2%

4. Quantity of Work. The number of service calls varies from month to month. Historically, an average of 10 service calls per month have occurred.

5. Level of Surveillance. Not Applicable.

6. Sample Size. Not Applicable.

7. Sampling Procedures. Not Applicable.

8. Evaluation Procedure. The QAE will

be notified by the Work Designee that a service call is unsatisfactory. The QAE will prepare an Evaluation Worksheet (see attached sample) listing the date and space number of the space to be inspected. The form will be completed on site, grading work quality as satisfactory (S) or unsatisfactory (U) based on substantial compliance with the service requirements(s). If any defects are noted, a brief explanation as to the nature of problem and possible cause of the unsatisfactory work will be recorded under the remarks column. If rework is ordered all pertinent data such as date the Contractor was informed of the problem, action taken, and date of acceptance will be recorded on the original inspection report. Timeliness will be evaluated at 100 percent based on the time of work completion recorded on the work authorization form completed by the Work Designee.

9. Analysis of Results.

a. At the end of each month the QAE will summarize all the evaluations for each work requirement on the Evaluation Worksheet. An observed defect rate (ODR) is then calculated for each performance indicator based on the following formula:

$$\text{Number of defects ODR} = \frac{(\text{"U" grades})}{\text{Total number of service calls}} \times 100$$

Example:

"U" grades = 0 defects
Validated Complaints = 1
Service Calls = 10
Service Calls = 10

ODR = $\frac{0}{10} \times 100$
ODR = $\frac{1}{10} \times 100$
10
10

ODR = 0.0%
ODR = 10.0%

b. The ODR is calculated using only initial observations for work quality. That is, if rework is satisfactorily performed by the Contractor, the initial grade of "U" is not changed to "S". However, payment (less liquidated damages) is made for all rework satisfactorily performed.

10. Performance Criteria and Conclusions.

a. The contract requirement is satisfactory for a given work requirement if the ODR for that requirement is less than or equal to the MADR.

b. The Contractor's performance is excellent if the ODR is less than half the MADR, and the QAE should recommend to the FSCM to notify the Contractor to keep up the good work.

c. The Contractor's performance is unsatisfactory if the ODR is greater than the MADR and the QAE should recommend to the FSCM that a CDR be issued to the Contractor, or that

stronger action be taken.

d. Payment deductions will be made for each documented observed instance of unsatisfactorily performed work, which was not satisfactorily reworked. Liquidated damages shall be calculated in accordance with the "CONSEQUENCES OF CONTRACTOR'S FAILURE TO PERFORM REQUIRED SERVICES" clause, Section E. A summary of performance ratings and recommended deductions for each work requirement should be provided by the QAE in the monthly summary report.

HOUSEKEEPING SERVICES
QUALITY ASSURANCE PLAN #7
RESTROOM SERVICE - ALL AREAS

1. Contract Requirement. Restroom Service - All Areas.

Work Requirements
Standards of Performance

- a. Floors Free of Soil
Clauses C. 3. p, C. 3. ai, and C. 26. a
- b. Fixtures Free of Soil
Clauses C. 3. p, C. 3. ai, and C. 26. a
- c. Supplies Provided
Clauses C. 3. p, C. 3. ai, and C. 26. a
- d. Other (incl walls) Free of Soil
Clauses C. 3. p, C. 3. ai, and C. 26. a

2. Primary Method of Surveillance. Planned Sampling supported by
Unscheduled Inspections and Validated Customer Complaints.

3. Maximum Allowable Defect Rate (MADR).

- a. 2%
- b. 2%
- c. 2%
- d. 2%

4. Quality of Work. 320 restroom services per month.

5. Level of Surveillance.

- a. Normal Surveillance (Level II). The normal level of surveillance will be utilized at the start of the contract and will continue to be used until such time as the observed defect rate (ODR) indicates another level is appropriate.

b. Reduced Surveillance (Level I). The reduced level of surveillance will be used when the ODR has been less than half the MADR for two consecutive months. The surveillance will remain at this level as long as the ODR is less than half the MADR during the evaluation period.

c. Increased Surveillance (Level III). If at Level II the ODR is greater than the MADR the level of surveillance will be increased to Level III. If at Level II the ODR is equal to or less than the MADR for one evaluation period return to Level II.

6. Sample Size.

- Level I - 5% of the scheduled services
- Level II - 10% of the scheduled services
- Level III - 20% of the scheduled services

7. Sampling Procedure. Each month the QAE will choose the appropriate number of samples based on the level of surveillance being utilized. The QAE will use the Contractor's approved schedule to determine when service locations are available for sampling. Any service location may be chosen but consideration will be given to where unsatisfactory performance has been observed during the

previous evaluation period.

8. Evaluation Procedure. Before beginning any inspections, the QAE will prepare an Evaluation Worksheet (see attached sample), listing the date and space numbers of each restroom to be inspected. The QAE will complete the form on site, grading all work requirements as satisfactory (S) or unsatisfactory (U) based on substantial compliance with the service requirement(s). If any defects are noted, a brief explanation as to the nature of the problem and possible cause of the unsatisfactory work will be recorded under the remarks column. If rework is ordered all pertinent data such as date the Contractor was informed of the problem, action taken, and date of acceptance will be recorded on the original inspection report.

a. Customer Complaints. Customers will be notified as to the type of service to be provided and that the QAE will be the point of contact for any complaints. Complaints will be investigated as soon as possible after receipt to institute an evaluation of the service. A separate form will be utilized to validate all customer complaints and all pertinent information will be recorded on site (for typical form format see NAVFAC MO-327, page 5-6).

b. Unscheduled Inspections. Unscheduled inspections may be conducted, but should be limited in areas where performance problems have been noted in the past. Unscheduled inspections should be documented on a separate Evaluation Worksheet from that

used for planned sampling.

c. Rework. Rework will normally be allowed when practical, and must be completed by the Contractor within six hours of notification. Therefore, each service marked for rework must be reinspected by the QAE to see if the work was satisfactorily completed.

9. Analysis of Results.

a. At the end of each month the QAE will summarize all the evaluations on the Evaluation Worksheet. An ODR is then calculated for each work requirement based on the following formula:

$$\text{ODR} = \frac{\text{Number of defects ("U" grades)}}{\text{Total number of evaluations ("S" + "U" grades)}} \times 100$$

Example:

"U" grades = 3 defects

"S" grades = 87 satisfactory evaluation

$$\text{ODR} = \frac{3}{3 + 87} \times 100$$

$$\text{ODR} = 3.3\%$$

b. The ODR is calculated using only initial observations. That is, if rework is satisfactorily performed by the Contractor, the initial grade of "U" is not changed to "S". However, payment (less liquidated damages) is made for all rework satisfactorily performed.

10. Performance Criteria and Conclusions.

a. If the ODR for a given work requirement is less than 1/2 of the MADR the Contractor's performance is excellent and the QAE should recommend to the FSCM to notify the Contractor to keep up the good work. Consider whether or not reduced surveillance should be used for the coming evaluation period (see paragraph 5 above).

b. If the ODR is between 1/2 the MADR and the MADR, the Contractor's rating is satisfactory and normal surveillance should be retained. If there are a significant number of validated customer complaints and/or defects detected by unscheduled inspections, the QAE should consider recommending to the FSCM that a Contract Discrepancy Report (CDR) be issued to the Contractor, and increasing the level of surveillance for the coming evaluation period.

c. If the ODR is greater than the MADR overall performance is unsatisfactory. The QAE should recommend to the FSCM that a CDR be issued to the Contractor or that stronger action be taken. The surveillance level should be increased for the incoming evaluation period.

d. Payment deductions will be made for each documented observed instance of unsatisfactorily performed work, which was not satisfactorily reworked. Liquidated damages shall be calculated in accordance with the "CONSEQUENCES OF CONTRACTOR'S FAILURE TO PERFORM REQUIRED SERVICES" clause, Section E. A summary

of performance ratings and recommended deductions for each work requirement should be provided by the QAE in the monthly summary report.

HOUSEKEEPING SERVICES
 QUALITY ASSURANCE PLAN #8
 PROJECT WORK REQUIREMENTS

1. Contract Requirements. Project (indefinite quantity) Work Requirements.

Work Requirements	Standard of Performance*	Reference
a. Floor stripping, waxing, and sealing	Wet Look and Free of Soil	Clause C. 26. d(1)
b. Carpet shampooing	Carpet soil free	Clause C. 26. d(2)
c. Wall cleaning	Walls soil free	Clause C. 26. d(3)
d. Exterior window cleaning	Windows soil free	Clause C. 26. d(6)
e. Ceiling cleaning	Ceilings soil free	Clause C. 26. d(4)
f. Curtain, drape & blind	Curtains/drapes/blinds soil free	Clause C. 26. d(5)
g. Light fixture cleaning	Light fixtures soil free	Clause C. 26. d(5)
h. Interior A/C cover	Interior A/C covers soil free	Clause C. 26. d(5)

* NOTE: For timeliness requirements see clause C. 27. d

2. Primary Method of Surveillance. 100% Inspection.

3. Maximum Allowable Defect Rate (MADR). For each project work item, if more than 10% of the quantity of work ordered during the evaluation period requires rework/reinspection, the overall performance of that project work item will be considered unsatisfactory.

4. Quantity of Work. The quantity of

work per project requirement will vary and is determined monthly from delivery orders issued.

5. Level of Surveillance. Not Applicable.

6. Sample Size. Not Applicable.

7. Sampling Procedure. Not Applicable.

8. Evaluation Procedure. The QAE will inspect completed project work either immediately after receiving notification from the Contractor that the work is completed, or when the work is scheduled on the delivery order for completion.

a. Before beginning any inspections, the QAE will prepare an Evaluation Worksheet (see attached sample), listing the date, general location of the work, delivery order/work authorization number, the project services to be inspected, the quantity of work of each type ordered, and scheduled completion date. The QAE will complete the form on site, recording the quantity of work satisfactorily completed, and the quantity unsatisfactorily completed. Any work which is not completed in a timely fashion will be considered UNSAT. For all defects noted a brief explanation as to the nature of the problem of the unsatisfactory work will be recorded on the back of the worksheet. Since rework is normally required for all unsatisfactory indefinite quantity work, all pertinent data such as date the Contractor was informed of the problem, action taken, date or dates of reinspection(s), and date of final acceptance will be

recorded on the original evaluation worksheet.

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9. Analysis of Results.

a. At the end of each month the QAE will summarize the results of the month's inspections by summing the quantity of work ordered and the quantity of work graded as unsatisfactory for each project work requirement ordered during the month, and calculating observed defect rates (ODRs) using the following formula:

$$\text{Quantity of Work Graded ODR} = \frac{\text{UNSAT}}{\text{Quantity of Work Ordered}} \times 100$$

Example:

Quantity of ceiling cleaning graded UNSAT = 10 SY
Quantity of ceiling cleaning ordered during the month = 110 SY

$$\frac{10}{110} \text{ ODR} = \times 100$$

ODR = 9.1%

b. The quantity of UNSAT work is based on initial inspection results only. For example, if 10 SY of ceiling cleaning is found to be unsatisfactory during the initial inspection of work, but the work is subsequently completed satisfactorily, the initial UNSAT grade is not changed.

c. Calculate an average ODR by summing the individual ratings and dividing by the number of ratings calculated.

10. Performance Criteria and

Conclusions.

a. If the ODR for a given project requirement is less than 1/2 of the MADR the Contractor's performance is excellent and the QAE should recommend to the FSCM to notify the Contractor to keep up the good work.

b. If the ODR is between 1/2 the MADR and the MADR, the Contractor's rating is satisfactory.

c. If the ODR is greater than the MADR, overall performance of that service is unsatisfactory. The QAE should recommend to the FSCM that a CDR be issued to the Contractor or that stronger action be taken.

e. Payment will be based on the value of satisfactorily completed delivery orders. Liquidated damages shall be calculated in accordance with the "CONSEQUENCES OF CONTRACTOR'S FAILURE TO PERFORM REQUIRED SERVICES" clause, Section E. A summary of performance ratings and recommended deductions for each project requirement should be provided by the QAE in the monthly summary report.

IV. CONTRACTOR'S OVERALL PERFORMANCE EVALUATION.

A. Analysis of Results. The end result of a QA Program is the overall evaluation of the Contractor's performance for each Hospital Housekeeping service monitored. Such an evaluation will allow contract and hospital administrators to review and evaluate the Contractor's overall performance, and consequently, the level of cleanliness of the hospital. Overall performance is also important to determine whether to increase, decrease, or maintain surveillance at the same level. If overall performance has been unsatisfactory for any work or contract requirement, a Contract Discrepancy Report (CDR) may be needed. At the end of each month, the QAE will complete the Monthly Evaluation Report and submit it to the FSCM. An example Monthly Evaluation Report for Hospital Housekeeping Services is included in this QA Guide. This report is based on:

1. QA Plan #1 - Space Cleaning - Special Care Areas
2. QA Plan #2 - Space Cleaning - General Care Areas
3. QA Plan #3 - Space Cleaning - Non-Patient Care Areas
4. QA Plan #4 - Entrance/Platform/Stairwell/Stairway Cleaning
5. QA Plan #5 - Patient Unit Checkout Service - All Areas
6. QA Plan #6 - Service Call Work - All Areas
7. QA Plan #7 - Restroom Service - All Areas
8. QA Plan #8 - Project Work Requirements

B. Contract Discrepancy Report (CDR).

1. When the Contractor's overall performance for any given work requirement becomes unsatisfactory, the QAE will recommend to the FSCM that a CDR be issued. A typical CDR format is included in this QA Guide.

2. CDRs are written to identify documented cases of unsatisfactory Contractor performance. The Contractor, upon receiving a CDR, must submit in writing a plan for prevention of future occurrence of the problem (the corrective action he/she intends to take). Based on the Contractor's response, the Government may or may not take further action.

3. If the Contractor's response is likely to correct the problem, the QAE will recommend to the FSCM that the only further Government action required is an increased level of surveillance. If the response is not likely to correct the problem, the QAE will identify why it is not adequate and will recommend further action by the Government.

MONTHLY EVALUATION REPORT
FOR HOUSEKEEPING SERVICES
Month of April 1986

CONTRACTOR'S OVERALL PERFORMANCE

Date Submitted: 9 May 1987
By: I. Peek

PROJECT

SERVICE	MADR	WORK
CDR * #NCC	DEDUCTIONS	ORDERED

QA Plan #1 (Space Cleaning - Special Care Areas)

N/A

Floors Free of Soil	2%		2.0%
No	-	\$ 36	
Fixtures Free of Soil	2%		1.8%
No	-	42	
Other (incl walls)	2%		1.6%
No	-	56	
Free of Soil			

QA Plan #2 (Space Cleaning - General Care Areas)

N/A

Floors Free of Soil	3%		2.0%
No	1	\$ 36	
Fixtures Free of Soil	3%		1.8%
No	1	34	
Other (incl walls)	3%		0.5%
No	2	15	
Free of Soil			

QA Plan #3 (Space Cleaning - Non-Patient Care Areas)

N/A

Floors Free of Soil	5%		2.0%
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No	1	\$ 36		
Fixtures Free of Soil		5%	1.8%	
No	3	42		
Other (incl walls)		5%	3.0%	
No	2	70		
Free of Soil				

QA Plan #4
(Entrance/Platform/Stairwell/Stairway Cleaning) N/A

Quality	10%	4.0%	No	1	\$ 75
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QA Plan #5 (Patient Unit Checkout Service - All Areas) N/A

Timeliness	2%	1.0%	No	-	\$ 15
Change Linens	2%	2.0%	No	-	25
Cleanliness	2%	2.0%	No	-	65

QA Plan #6 (Service Call Work - All Areas) N/A

Timely Response	2%	1.0%	No	1	\$ 10
Work Quality	2%	2.0%	No	4	40

SERVICE	* #NCC	MADR	WORK	ODR
CDR		DEDUCTIONS	ORDERED	

QA Plan #7 (Restroom Service)

Floors Free of Soil			2%	2.0
No		1	\$ 90	
Fixtures Free of Soil			2%	1.5
No		3	75	N/A
Supplies Provided		2%	3.0	Yes
I		120		
Other (incl walls)			2%	4.0
Yes		0	175	
Free of Soil				

QA Plan #8 (Project Work)

Wall Cleaning		10%	10.0%	No
2		\$ 110	100	SY
Ceiling Cleaning		10%	0.0%	No
0		-	185	SY
Light Fixture Cleaning			10%	1.0%
No		0	5	300
SY				

Average Project ODR Equals 3.7%
\$1172

* Number of validated customer complaints

C. Recommended Deductions.

1. All work documented as not in compliance with the contract requirements (non-performed or unsatisfactorily performed) is subject to payment deductions plus a 10% or 20% administrative cost in accordance with the provisions of the "CONSEQUENCES OF CONTRACTOR'S FAILURE TO PERFORM REQUIRED SERVICES" clause, Section E. Since Government forces are normally not available to reperform work in a hospital environment, the Government will usually either require the Contractor to reperform the work or let it go until the next scheduled occurrence. Therefore the 10% factor would be used.

2. In order to simplify the calculation of payment deductions, this GPWS has been written so that a unit price may be easily determined for each work requirement (performance indicator) of each fixed-price contract requirement.

a. Each work requirement in the PRS Table includes a percentage of work item value that, when multiplied by the contract requirement unit price shown in the Schedule of Deductions, provides a specific dollar amount for that work requirement. For example, if the Contractor provides a space cleaning (SP CL) unit price in the Schedule of Deductions of \$1.60, the value of floor cleaning of each space (amount to deduct) would be 72% (\$1.60 x 45%). Therefore, 72% would be deducted from the Contractor's invoice for each day that each floor was documented as defective during the evaluation period.

b. To deduct the full value of a work requirement (72> for floors in the previous example), the QAE must have determined that that work requirement was not substantially completed. If the work requirement is determined to be substantially completed, even though some minor defects may have been noted, the Contractor is entitled to the full value for that work requirement. In other words, deductions for partially performed work requirement will normally not be made, although the ACO still retains the option of calculating such deductions using Engineered Performance Standards or other estimating guides as specified in the Schedule of Deductions clause.

EXAMPLE DEDUCTION CALCULATION

Assume that during the invoice period the QAE had documented 200 instances where the floors in patient room areas were not substantially clean, and none of the work was reperformed by the Contractor. The Schedule of Deductions for the base year is consulted and the Contractor's unit price for space cleaning in patient care areas is found to be \$1.60. The Performance Requirements Summary Table (Item 2A) shows the percentage of work item value for floors to be 45%. The payment deduction for floor cleaning would be calculated as follows:

$$\begin{aligned} & (\text{Contractor's Unit Cost}) \times (\% \text{ of} \\ & \text{Work Item Value}) \times (\# \text{ Units UNSAT}) \times \\ & (\text{factor for administrative costs}) = \\ & \$1.60 \times .45 \times 200 \times 1.1 = \$158.40 \end{aligned}$$

A deduction of \$158.40 would be made from the Contractor's invoice.

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EXAMPLE
CONTRACT DISCREPANCY REPORT

1. CONTRACT NUMBER

2. TO: (Contractor & Manager's Name)
3. FROM: (Name of FSCM)

PREPARED ORAL NOTIFICATION
DATES:

RETURNED BY CONTRACTOR

ACTION COMPLETE

7. DISCREPANCY PROBLEM: (Describe in detail: Include reference to PWS paragraph: Attach continuation sheet if necessary).

8. SIGNATURE OF FSCM

9. TO: (Contracting Officer)
FROM: (Contractor)

10. CONTRACTOR RESPONSE AS TO CAUSE, CORRECTIVE ACTION AND ACTIONS TO PREVENT RECURRENCE: Attach continuation sheet if necessary. (Cite applicable QC program procedures or new QC procedures)

11. SIGNATURE OF CONTRACTOR REPRESENTATIVE

DATE:

12. GOVERNMENT EVALUATION:
(Acceptance, partial acceptance, rejection:
Attach
continuation sheet if necessary)

	CLOSE OUT		Name
- Title	Signature	Date	
Contractor Notified			

QAE

FSCM

V. CONTRACTOR SUBMISSIONS. The following checklist shows those Contractor submissions required after the Contractor's Technical Proposal has been found acceptable and the Contractor is the apparent low bidder. The Technical Proposal should demonstrate the ability of the firm to perform the work and will contain the Contractor's Quality Control plan and training plan outline.

EXAMPLE
CONTRACTOR SUBMISSIONS CHECKLIST

RECEIVED	WHEN	WHAT
	Prior to award	Pre-award survey data 15 calendar days after award
		Acceptable Schedule of Deductions 15 calendar days after award
		Certificate of Insurance 15 calendar days after award
		Product samples for products without prior approval or those identified for sampling by the ACO

Prior to assignment of Notorized college transcripts
Executive Housekeeper and training program and course
stand-in Executive completion, as applicable Housekeeper

Prior to start Roster/work schedule of shift leader and
alternate

Prior to start Certified statements that employees
free of communicable diseases

Prior to start Employee

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	/vehicle pass /badge applications 30 calendar days after start
Employee roster	1 week prior to beginning Employee schedule/Planned schedule of period 24 hours in advance of work Indefinite quantity work schedule/changes in work schedule
When requested	Updated employee training plan
When requested	Names/addresses of all employees and completed questionnaires

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and other forms for security purposes.

24 hours after completion
Copy of completed delivery order

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	Within 24 hours of occurrence Report of occupational exposures/accidents
After discovery	Facilities defects
After discovery	Poor/non-performance of related work of Government employees/other Contractors
After incident	Written report of disciplinary action
Monthly	Payment invoices

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10th workday of each month
MEPRS monthly account data

5 days after termination Contract or QC files

5 days after termination Reports and records

5 days after termination Return of individual passes/badges

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END OF QA GUIDE

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