

Bid Proposal for Daily Biohazard Cleanup in Downtown and Old Town Kern Neighborhoods of Bakersfield Ca

## ATTACHMENT RFQ-1 PROPOSAL FORM

CITY OF BAKERSFIELD

TO:

TO BE COMPLETED BY OFFEROR AND INCLUDED IN PROPOSAL

## ATTACHMENT RFQ-2 General Information Sheet

### Biohazard Cleanup Service Provider - Bakersfield, CA

NAME OF FIRM: VALLEY PRESSURE PROS INC.

FIRM NAME FOR AGREEMENT (If different from above):

BUSINESS ADDRESS: 12038 Rosedale Hwy

CITY, STATE, ZIP CODE: Bakersfield, Ca, 93312

**TELEPHONE NUMBER: (661)589-5088 FACSIMILE NUMBER: (661)218-9742** 

E-MAIL ADDRESS: Pressurepro@live.com

CONTACT PERSON (for this bid request): Dustin Gairrison

**TELEPHONE NUMBER:** (661)706-3512

**EMERGENCY CONTACT NUMBERS** 

Cell Phone: (661)333-3053

Toll Free Number: N/A (Will establish a dedicated line if bid is accepted)

**CUSTOMER SERVICE** Will establish a dedicated line if bid is accepted)

Toll-Free Telephone Number: (661)589-5088 Fax Number: (6

Mich Site /On Line: Drossyrance his

Fax Number: (661)218-9742

Web-Site/On-Line: Pressurepros.biz

**AREA REPRESENTATIVE** 

Name: Dustin Gairrison

Phone: (661)589-5088 Cell Phone: (661)706-3512

E-Mail: Pressurepro@live.com Fax Number: (661)218-9742

CITY BUSINESS TAX CERTIFICATE #: 23 00144336

STATE BOARD OF EQUALIZATION SALES TAX PERMIT #: 226628864-00001

FEDERAL EMPLOYER ID #: 81-2013093

M CORPORATION - PARTNERSHIP - JOINT VENTURE - SOLE PROPRIETOR - OTHER

FOR CORPORATIONS, THE STATE IN WHICH FIRM IS INCORPORATED: California

REFERENCE NAMES OF CLIENT RECEIVING SIMILAR SERVICES:

\* Please refer to next page for references.

NAMES AND TITLES OF COMPANY PRINCIPALS:

President- Dustin Gairrison Vice President- Dustin Gairrison Secretary- Dustin Gairrison

INSURANCE INFORMATION - Provide the name of your insurance carrier for each type of insurance listed.

General Liability Insurance: National Specialty Insurance Company

Automobile Liability Insurance: AMGUARD Insurance Company

Worker's Compensation: Cerity Insurance Company

Fidelity Bond or Crime Insurance: CNA Surety

Offeror acknowledges receipt of Addenda Number(s) X, X, X and X



We have been in business for over 35 years, originally, we operated under Randy's Pressure Washing before switching to Valley Pressure Pros about 5 years ago. We specialize in property cleanup, along with bio hazard cleanup and sanitation services. Bio Hazard cleanup and sanitation are part of the services that we provide for the following list of references.

## References

Jeremy Helper – Bakersfield Building Maintenance – (661)342-1399 – Commercial property cleanup and sanitation – Client for more than 12 years

Max Steinert – Steinert Investments – (661)872-5545 – Investment property cleanup and sanitation – Client for more than 15 years.

Jeff Bruhn – TVT Transport – (661)302-5465 - Sanitization of hauler trailers for Bolthouse Farms – Client for 10 years.

Michelle Higgins – M.D. Adkinson – (661)334-4800 – Commercial Property cleanup and sanitation. - Client for more than 15 years.

More references can be provided upon request.



## **Operational Procedures**

- 1. All employees receive training in cleanup, sanitization, disposal, and proper use of PPE (Personal Protective Equipment) to get the job done in a safe and compliant way.
  - B. Employees are trained in the dangers of Hepatitis A and other risks associated with feces.
- 2. Upon arrival at cleanup site, techs will don proper PPE (Rubber Boots, Gloves, face mask, eye protection)
- 3. Area to be coned off with orange traffic cones to prevent pedestrians from entering area during cleanup. Techs will not leave the contaminated area unattended until cleanup and sanitization is complete.
- 4. Using proper PPE (gloves, paper towels) Remove any solids and place in bag for disposal. Properly tie bag to assure that contents will not leak.
- 5. Using a sanitizing solution of Sodium Hypochlorite and Water. (200 PPM strength) spray area and let dwell for 5 minutes. Using paper towels or disposable scrubbing pads scrub area and blot up excess solution. Place used cleaning materials in proper disposal bag. Spray area again with sanitizing solution and blot area dry. Place all cleaning material along with disposable PPE in proper disposal bag and tie bag to properly ensure material does not leak out.
- 6. If cleaning up urine spray with "Liquid Alive Odor Digester" to remove the smell of urine.
- 7. Place all bags in proper biohazard trash can in truck.
- 8. Disinfect hands with sanitizer
- 9. Dispose of bags at proper disposal facility (contract with bio hazard disposal site listed on certification page)

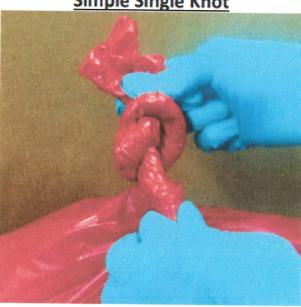


All Employees must be trained in the proper way to handle and tie biohazard bags for transport and disposal.

Gooseneck- Zip Tie or Tape.



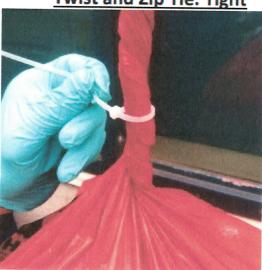
**Simple Single Knot** 



Twist and Tape. Tight



Twist and Zip Tie. Tight



Do not overfill biohazard bag. Tie biohazard bags before transferring bag or moving biohazardous waste container. It shall be tied with one of the methods above so that it is leak proof. Tie and then transfer biohazard bag to biohazardous waste container. Secure the lid of (cover with the lid) the biohazardous waste container. The biohazardous waste container shall be labeled on the cover and all sides.



# **Proposed Schedule**

We are happy with the proposed schedule of two trained employees, 32.5 hours weekly (five 6.5 hour shifts) of service per week. 6.5 hour per day, 6:00am to 1:00pm (with 30-minute lunch break) Monday through Friday as outlined in the provided RFP package.



## Certifications

Attached are the certifications applicable to the scope of work.

- 1. Medical Waste Management Program Certification
- 2. Department of Toxic Substances Control
- 3. ATI Biohazard disposal site contract

California Department of Public Health Medical Waste Management Program MS 7405, IMS K-2 P.O. Box 997377

Sacramento, CA 95899-7377

www.cdph.ca.gov/MedicalWaste

DUSTIN GAIRRISON VALLEY PRESSURE PROS INC 12038 ROSEDALE HWY BAKERSFIELD, CA 93312 Date: 3/28/2023

Registrant Identifier: TSW 799



#### Dear Sir/Madam:

Your Trauma Scene Waste Management Practitioner certificate is shown below. Please retain this certificate for your records.

If you have questions regarding this certificate, please call (916) 449-5671.



STATE OF CALIFORNIA

Department of Public Health

Medical Waste Management Program



### **VALLEY PRESSURE PROS INC**

12038 ROSEDALE HWY BAKERSFIELD, CA 93312

Registration No.

in the county of Kern Treatment No.

799

is registered as a

TRAUMA SCENE WASTE MANAGEMENT PRACTITIONER

Annual Expiration Date 4/15/2024

The facility named herein is registered pursuant to the provisions of the Medical Waste Management Act, Division 104, Part 14, Chapter 5 of the California Health and Safety Code, and shall be subject to all applicable provisions of the law. This permit is not transferable.

Date Issued: 3/28/2023

Thomas Horner, Chief Medical Waste Management Program



Yana Garcia
Secretary for
Environmental Protection

### Department of Toxic Substances Control

Meredith Williams, Ph.D., Director 1001 "I" Street P.O. Box 806 Sacramento, California 95812-0806



### **EPA ID PROFILE**

<u>Map</u>

ID Number: Name:

County:

NAICS:

CAL000476801

VALLEY PRESSURE PROS INC

KERN 562910 Status:

Inactive Date:

Record Entered:

Last Updated:

ACTIVE

3/14/2023 2:13:22 PM 3/14/2023 2:13:22 PM

	Name	Address	City	State	Zip Code	Phone
Location	VALLEY PRESSURE PROS INC	12038 ROSEDALE HWY	BAKERSFIELD	CA	93312	
Mailing		12038 ROSEDALE HWY	BAKERSFIELD	CA	93312	
Owner	VALLEY PRESSURE PROS INC	12038 ROSEDALE HWY	BAKERSFIELD	CA	93312	6615895088
Operator/Contact	DUSTIN GAIRRISON	12038 ROSEDALE HWY	BAKERSFIELD	CA	93312	6615895088

Based Only Upon ID Number:

CAL000476801

Calif. Manifests?	Non Calif. Manifests?	Transporter Registration?		
N/A	N/A	N/A		

California and Non California Manifest Tonnage Total and Waste Code by Year Matrix by Entity Type (if available) are on the next page

Calif. Manifest Counts and Total Tonnage

No Records

TEL: 877.633.9278 FAX: 818.787.0107 atimedwaste.com



TEL: 818.933.2344 FAX: 818.787.0107 oshacomplete.com

### ON CALL SERVICE

ATI will provide services to:

VALLEY PRESSURE PROS, INC.

12038 ROSEDALE HWY

**BAKERSFIELD CA 93312** 

KERN COUNTY

Tel: 661.589.5088

Fax: N/A

**CONTACT: DUSTIN GAIRRISON** EMAIL: PRESSUREPRO@LIVE.COM

SET UP FEE	FREQUENCY	BILLED	TOTAL
\$300,00	ON-CALL	COD	\$125.00

CONTAINER SIZE	UNIT	DESCRIPTION	PRICE
44GL	1	BIOHAZARD / SHARPS WASTE UP TO 50 LBS.	INCLUDED
44GL		ADDITIONAL WASTE PER 50 LBS.	\$54.00

DESCRIPTION	PRICE
IF ANY PHARM, PATH OR CHEMO WASTE (\$20.00 MIN.)	\$1.92 LB

Accepted by:

DG

Signature

**Dustin Gairrison** 

Name (Print)

President

2/27/23

Date

Accepted by: ATI

Signature of ATI representative

Title

Page 1 of 3



#### CONTRACTORS STATE LICENSE BOARD ACTIVE LICENSE



License Number 1036657

Entity CORP

Business Name VALLEY PRESSURE PROS INC

Ciassification(s) C61/D38

Expiration Date 03/31/2024

www.cslb.ca.gov





DATE (MM/DD/YYYY) 04/13/2023

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

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DATE (MM/DD/YYYY) 03/30/2023

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER	NAME: Underwriting Service Team						
Cerity Services, Inc.	PHONE (A/C, No, Ext): (844) 423-7489 (A/C, No):						
10375 Professional Circle	ADDRESS: Service@cerity.com						
Reno, NV 89521	IN:	SURER(S) AFFOR	RDING COVERAGE	NAIC#			
	INSURER A: Cerity Insurance Company 10006						
INSURED	INSURER B:						
Valley Pressure Pros, Inc.	INSURER C:						
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Bakersfield,CA 93301	AUTHORIZED REPRESENTATIVE						
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sleon@bakersfieldcity.us							



DATE (MM/DD/YYYY) 04/20/2023

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

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Bal	ersfield			CA 93304	INSURER(S) AFFORDING COVERAGE INSURER A: AMGUARD INSURANCE CO.						NAIC#
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	Bakersfield			Ca 93301	Chrong & Ma						



DATE (MM/DD/YYYY) 04/19/2023

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s)

tł	is certificate does not confer rights to	the c	ertif	icate holder in lieu of sucl	endor	sement(s).	, may roquire			···
PRO	DUCER				CONTACT Joseph Walters Agency					
Jos	eph D Walters Insurance				PHONE (800) 878-3808 FAX (A/C, No, Ext): (724) 929-3738					
455	2 Route 51 South				E-MAIL ADDRESS: joan@jwagency.com					**************************************
										NAIC#
Ros	traver Township			PA 15012	INSURER A: CNA Surety					00000
INSU	RED				INSURE	RB:				
	Valley Pressure Pros Inc				INSURE	·····				
	2101 Jewetta Ave				INSÚŘE					
					INSURE	<del></del>		,		
	Bakersfield			CA 93312	INSURE					
CO	/ERAGES CER	TIFIC	ATE	NUMBER: 2/23-24 Maste				REVISION NUMBER:	<del></del>	
TI	IS IS TO CERTIFY THAT THE POLICIES OF	INSUF	ANCE	LISTED BELOW HAVE BEEN	ISSUED	TO THE INSUI	RED NAMED A	BOVE FOR THE POLICY PER	RIOD	
IN	DICATED. NOTWITHSTANDING ANY REQUI	REME	NT, TI	ERM OR CONDITION OF ANY	CONTRA	ACT OR OTHER	R DOCUMENT \	WITH RESPECT TO WHICH T	HIS	
E)	ERTIFICATE MAY BE ISSUED OR MAY PERTA CCLUSIONS AND CONDITIONS OF SUCH PO	AIN, II	S. LIM	SUKANCE AFFORDED BY THE SITS SHOWN MAY HAVE BEEN	E POLICI I REDUC	IES DESCRIBEI ED BY PAID CI	D HEREIN IS S AIMS	UBJECT TO ALL THE TERMS	3,	
INSR LTR	TYPE OF INSURANCE	ADDL	SUBR	POLICY NUMBER				LIMI'	re	
	COMMERCIAL GENERAL LIABILITY	INSU	VVVD	POLIOT NUMBER		(WINS/DD/TTTT)	(WIW/DD/TTTY)		T	
	CLAIMS-MADE OCCUR							DAMAGE TO RENTED	\$	
	SE UNIO WILDE COOK							PREMISES (Ea occurrence)	\$	
								MED EXP (Any one person)	\$	
	GEN'LAGGREGATE LIMIT APPLIES PER:							PERSONAL & ADV INJURY	\$	
	POLICY PRO- LOC							GENERAL AGGREGATE	\$	
	OTHER:							PRODUCTS - COMP/OP AGG	\$	
	AUTOMOBILE LIABILITY	<del> </del>						COMBINED SINGLE LIMIT	s	
	ANY AUTO							(Ea accident) BODILY INJURY (Per person)	\$	***************************************
	OWNED SCHEDULED							BODILY INJURY (Per accident)	\$	
	AUTOS ONLY AUTOS NON-OWNED								\$	
	AUTOS ONLY AUTOS ONLY							PROPERTY DAMAGE (Per accident)	\$	
	UMBRELLA LIAB OCCUR	-								
	EVOEDELIAD							EACH OCCURRENCE	\$	
	CLAINS-MADE	1						AGGREGATE	\$	
	WORKERS COMPENSATION							PER OTH- STATUTE ER	\$	
	AND EMPLOYERS' LIABILITY  ANY PROPRIETOR/PARTNER/EXECUTIVE									
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A						E.L. EACH ACCIDENT	\$	
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - EA EMPLOYEE	\$	
								E.L. DISEASE - POLICY LIMIT Limit of Insurance	\$25,0	000
Α	License/Permit Bond			71998729		02/07/2023	02/07/2024		420,0	
									,	l
DESC	RIPTION OF OPERATIONS / LOCATIONS / VEHICLE	S (AC	ORD 1	01. Additional Remarks Schedule.	may be at	tached if more so	ace is required)			
City	of Bakerfieldm it's Mayor, council, officers, a							licv with respect to ongoing		I
oper	ations of the named insured.	-	•					.,		
										I
										1
CER	TIFICATE HOLDER		***********		CANC	ELLATION	***************************************			
		******	-		OANO	ELLAHON				
					SHO	ULD ANY OF TI	HE ABOVE DE	SCRIBED POLICIES BE CAN	CELLED	BEFORE
	Other of Dark Control			1	THE	EXPIRATION D ORDANCE WIT	ATE THEREOF	, NOTICE WILL BE DELIVER	ED IN	
	City of Bakerfield				MUUI	CRUMNUE WII	n ine Policy	PROVISIONS.		1
	Risk Management Divison			Ì	AUTHORIZED REPRESENTATIVE					
	1600 Truxtun Avenue			00 00004			=	<b>-</b> 1		
	Bakersfield L			CA 93301			ς,	Toan M. Deu		