

**TENDER REFERENCE NO.: KK/364/2025/PPN**

**MINISTRY OF HEALTH  
NEGARA BRUNEI DARUSSALAM**

**DOMESTIC WASTE COLLECTION AND DISPOSAL  
SERVICES FOR NATIONAL DENTAL CENTRE, OLD  
AIRPORT, BANDAR SERI BEGAWAN FOR A PERIOD OF  
ONE (1) YEAR**

**TENDER FEES : \$10.00**

**RECEIPT NO. :**

**CLOSING DATE : ON TUESDAY, 06 January 2026**

**TIME : 2.00 PM**

**FOA :**

**THE CHAIRMAN  
MINI TENDER BOARD, TENDER BOX  
GROUND FLOOR, MINISTRY OF HEALTH  
COMMONWEALTH DRIVE  
BANDAR SERI BEGAWAN BB3910  
NEGARA BRUNEI DARUSSALAM**

**(CLUSTERING)**

## SECTION 2

TENDER REFERENCE NO.: KK/364/2025/PPN

**INVITATION TO TENDER  
DOMESTIC WASTE COLLECTION AND DISPOSAL SERVICES FOR NATIONAL DENTAL  
CENTRE, OLD AIRPORT, BANDAR SERI BEGAWAN FOR A PERIOD OF ONE (1) YEAR**

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### SCOPE OF SERVICES

The Contractor shall:

#### Collection Point

1. Carry out Domestic Waste Collection and Disposable Services from the following premise:
  - (i) National Dental Centre, Old Airport, Berakas  
(Hereinafter collectively referred to as “the Collection Point”)

#### Collection Schedule

2. Collect the Waste from site according to the schedule as stated below:

| COLLECTION POINT                                 | NO. OF COLLECTIONS PER WEEK | TIME             |
|--|-----------------------------|------------------|
| (i) National Dental Centre, Old Airport, Berakas | 3 Times                     | 7.00 am – 4.30pm |

#### Dumping Ground

3. **Collect the waste from the refuse Collection point and transport it to the Municipal Dumping Ground located at Sungai Akar for disposal or any designated approved government dumping ground within the state of Negara Brunei Darussalam.**
4. Waste collected should be weighted at the collection point and recorded in a log book to be submitted monthly with invoice.

#### Vehicles

5. The Contractor shall collect and transport from the Collection point using vehicles designated for such purpose (refuse compactor). These vehicles must be thoroughly cleaned after each cycle of use.
6. The Contractor shall ensure that its drivers of all such vehicles and any assistants to such drivers possess proper driving qualification and to be able to manage any possible emergency situation.

#### Staff Handling Waste

7. The Contractor is required to provide such drivers and assistants with protective clothing and equipment appropriate for the tasks assigned to them such as heavy-duty rubber gloves, face-masks and disposable plastic aprons.
8. The Contractor shall ensure that the collection of waste shall not cause any inconvenience to the public and staff at National Dental Centre.

## **Penalties**

9. The Dental Services Department reserves the right impose a penalty/penalties amounting to 10% of the total sum at claiming in a month for each Collection point in the event the Contractor fails or is unable to carry out the services within the time specified.

## **Payment**

10. The Contractor shall submit claims for payment on a monthly basis together with work order (Appendix 1), not later than the first week of the following month. Work orders and invoices must be certified by the Office Supervisor in charge of the clinic before the payment process can be processed.

## **Cleaning of Waste Receptacles**

11. The Contractor shall ensure that all waste receptacles are left clean and tidy to the satisfaction of the officer-in-charge of the collection points.
12. The Contractor shall clean all waste spillage arising or occurring during collection or transportation immediately and provide suitable surface cleaners and disinfectants.

## **Notification**

13. The Contractor shall notify the officer-in-charge of the Clinics within 24 hours of any disruption in the schedule of collection. The Dental Services Department reserves the right to engage another contractor to execute the waste collection and disposal services if the Contractor fails to perform the services required. The costs of the services by any such contractor shall be deducted proportionately from any moneys due to the Contractor.

## **Quality of Services**

14. The Contractor shall ensure that the services provided are of high quality and conform to the specifications.
15. The Contractor shall institute strict procedure for the prevention of cross-infection.

## **Claims**

16. The Contractor shall prepare and submit invoices **on a monthly basis** together with Work Order (Appendix 1).
17. **Work Order** and **invoices** must be certified by the Office Supervisor in-charge of the clinic before the payment can be processed.
18. The claims shall be submitted not later than the first week of the following month and address to:

*The Permanent Secretary Ministry  
(Attention: Chief Executive Officer Department of Dental Services)  
Bandar Seri Begawan BB3510  
Negara Brunei Darussalam*

## WORK ORDER

## PERKHIDMATAN PENGANGKUTAN DAN PEMBUANGAN SAMPAH

- DOMESTIC
- CLINICAL/BIOHAZARD

|              |   |
|--------------|---|
| NAMA JABATAN | PUSAT PERGIGIAN NEGARA, AIRPORT LAMA, BERAKAS, JABATAN PERKHIDMATAN PERGIGIAN |
|--------------|---|

|                |  |
|----------------|--|
| NAMA PEMBORONG |  |
|----------------|--|

|                  |  |
|------------------|--|
| BILANGAN TAWARAN |  |
|------------------|--|

| PERKHIDMATAN BULAN | Jan | Feb | Mac | Apr | Mei | Jun | Jul | Ogos | Sept | Okt | Nov | Dis | Tahun |
|--------------------|-----|-----|-----|-----|-----|-----|-----|------|------|-----|-----|-----|-------|
|                    |     |     |     |     |     |     |     |      |      |     |     |     |       |

| PERKHIDMATAN MINGGU PERTAMA |      |          |       |        |            |             |          |
|-----------------------------|------|----------|-------|--------|------------|-------------|----------|
| BIL                         | HARI | TINDAKAN |       | TARIKH | CATATAN    |             |          |
|                             |      | YA       | TIDAK |        | NO. BOX/WT | NO. BAGS/WT | TOTAL/WT |
| 1                           |      |          |       |        |            |             |          |
| 2                           |      |          |       |        |            |             |          |
| 3                           |      |          |       |        |            |             |          |

| PERKHIDMATAN MINGGU PERTAMA |      |          |       |        |            |             |          |
|-----------------------------|------|----------|-------|--------|------------|-------------|----------|
| BIL                         | HARI | TINDAKAN |       | TARIKH | CATATAN    |             |          |
|                             |      | YA       | TIDAK |        | NO. BOX/WT | NO. BAGS/WT | TOTAL/WT |
| 1                           |      |          |       |        |            |             |          |
| 2                           |      |          |       |        |            |             |          |
| 3                           |      |          |       |        |            |             |          |

| PERKHIDMATAN MINGGU PERTAMA |      |          |       |        |            |             |          |
|-----------------------------|------|----------|-------|--------|------------|-------------|----------|
| BIL                         | HARI | TINDAKAN |       | TARIKH | CATATAN    |             |          |
|                             |      | YA       | TIDAK |        | NO. BOX/WT | NO. BAGS/WT | TOTAL/WT |
| 1                           |      |          |       |        |            |             |          |
| 2                           |      |          |       |        |            |             |          |
| 3                           |      |          |       |        |            |             |          |

| PERKHIDMATAN MINGGU PERTAMA |      |          |       |        |            |             |          |
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| 1                           |      |          |       |        |            |             |          |
| 2                           |      |          |       |        |            |             |          |
| 3                           |      |          |       |        |            |             |          |

| PERKHIDMATAN MINGGU PERTAMA |      |          |       |        |            |             |          |
|-----------------------------|------|----------|-------|--------|------------|-------------|----------|
| BIL                         | HARI | TINDAKAN |       | TARIKH | CATATAN    |             |          |
|                             |      | YA       | TIDAK |        | NO. BOX/WT | NO. BAGS/WT | TOTAL/WT |
| 1                           |      |          |       |        |            |             |          |
| 2                           |      |          |       |        |            |             |          |
| 3                           |      |          |       |        |            |             |          |

## UNTUK KEGUNAAN JABATAN PERKHIDMATAN PERGIGIAN

|         |                     |
|---------|---------------------|
| Ulasan: | Cop dan Tandatangan |
|---------|---------------------|

**SECTION 3**

**TENDER FORM**

To:

**TENDER REFERENCE NO.: KK/364/2025/PPN**

**INVITATION TO TENDER**

**DOMESTIC WASTE COLLECTION AND DISPOSAL SERVICES FOR NATIONAL DENTAL CENTRE, OLD AIRPORT, BANDAR SERI BEGAWAN FOR A PERIOD OF ONE (1) YEAR**

| <b>ITEM NO.</b>                                       | <b>DESCRIPTION</b>     | <b>QTY</b> | <b>UNIT</b>         | <b>RATE (\$)<br/>(Per collection)</b> | <b>AMOUNT</b> |
|---|------------------------|------------|---------------------|---------------------------------------|---------------|
| (i)   | National Dental Centre | 3          | Collection per week |                                       |               |
| Total Contract Amount Per Week                        |                        |            |                     |                                       |               |
| Total Contract Amount Per Month (x 4)                 |                        |            |                     |                                       |               |
| Total Annual Contract Amount (x 12)                   |                        |            |                     |                                       |               |
| <b>Total Overall Contract Amount for 1 Year (x 1)</b> |                        |            |                     |                                       |               |

1. We offer and undertake on your acceptance of our Tender to provide the above-mentioned services in accordance with your Invitation To Tender.
2. Our Tender is fully consistent with and does not contradict or derogate from anything in your Invitation To Tender. We have not qualified or changed any of the provisions of your Invitation To Tender.
3. OUR OFFER IS VALID FOR **TWELVE (12)** CALENDAR MONTHS FROM THE TENDER CLOSING DATE.
4. When requested by you, we shall extend the validity of this offer.
5. We further undertake to give you any further information which you may require.

Dated this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_

\_\_\_\_\_  
**Signature of authorised officer of Tenderer**

Name:

Designation:

Tenderer's official stamp