

TENDER REFERENCE NO.: KK/54/2026/PIHM(TC)

**MINISTRY OF HEALTH
NEGARA BRUNEI DARUSSALAM**

**THE CLEANING SERVICES FOR PENGIRAN ISTERI
HAJJAH MARIAM MARIAM, HOSPITAL TEMBURONG FOR
A PERIOD OF THREE (3) YEARS**

TENDER FEES : \$50.00

RECEIPT NO. :

CLOSING DATE : 28th April 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

SPECIFICATIONS

INVITATION TO TENDER THE CLEANING SERVICES FOR THE PENGIRAN ISTERI HAJJAH MARIAM HOSPITAL TEMBURONG FOR A PERIOD OF THREE (3) YEAR

1. GENERAL

- Tenderers are sought from suitably qualified cleaning contractors who wish to be considered for the provision of cleaning services (hereinafter 'the Services') at the Pengiran Isteri Hajjah Mariam Hospital Temburong (hereinafter "the Hospital") and premises under its purview.
- The tenderers shall be deemed to have visited and examined the Pengiran Isteri Hajjah Mariam Hospital before tendering and has satisfied himself as to the local conditions, the accessibility, the full extent and character of the operation, the supply and conditions affecting labour and materials, equipment, etc., and the execution of the contract generally, as no claims on the grounds of lack of knowledge in this respect shall be entertained.
- The duration of the provision of Services is for **three (3) year**.
- The successful contractor is required to submit proposed Standard Operation Procedures (SOPs) which must be applicable to the Hospital and conform with the requirements of the Ministry of Health, Brunei Darussalam as set out in **Schedule A, C and D**.
- The successful contractor will also required to observe the following guidelines issued by the Ministry of Health:
 - ✓ Guidelines on the Control of Hospital-Acquired Infection by the Medical Services Division, Ministry of Health;
 - ✓ Disinfection and sterilization policy and practice of the Ministry of Health;
 - ✓ Code of Practice for the prevention of infection and accidents in the hospital, laboratory and post-mortem rooms (Ministry of Health);
 - ✓ Universal Infection Control Precautions (Ministry of Health).

2. JOB SCOPE

- The Contractor shall provide the cleaning services to the Hospital for a period of **three (3) year**, for the following buildings including the surrounding area and compound as set out in **Schedule B**:
 - ✓ PIHM Hospital Building
 - ✓ Compound and Landscaped Area
 - ✓ Car Parks
 - ✓ Surau
 - ✓ Hospital Quarters (to be determined)
 - ✓ Mother and Child Clinic Bangar
- The cleaning services include typical cleaning services, and waste management and replacement / top-up of consumables as set out in **Schedule C**. General guidelines and requirements of the cleaning services are provided for in **Schedule C**.
- The Contractor is expected to meet but not limited to the quality standards required for each of the functioning areas set by the Hospital, as provided in **Schedule D**, and cleaning frequency requirement as described in **Schedule E** respectively. Joint inspection by the Hospital representative and the Contractor representative (Contract Manager) shall be conducted from time to time to ensure that these standards are met.

3. CHECKLIST

- The Contractor shall use a standard form in **Schedule H** as a checklist to record both the daily and periodic cleaning works to ensure that all works have been performed satisfactorily or otherwise and to assess the quality of works.
- The Supervisors shall ensure that these forms are duly completed and sign approved by the Officer In- Charge of the respective section after the completion of the services.
- The complete and signed forms shall be submitted to the Housekeeping Section Administration Office at the end of each week.
- The checklist forms shall be used as a basis of valuation of progress payments and variations. Should the workmanship and the quality of cleanliness does not comply with our requirement, the contract amount shall be deducted proportionally in accordance with the forms received.

4. WARRANTY

- The Contractor warrants that it has the requisite manpower/personnel, equipment, machinery, material, skill and expertise to the satisfactory provision of the cleaning services for the Hospital.

5. CONTRACT PRICE AND PAYMENT

- The Contractor shall submit a breakdown of the contract price in the format set out in **Schedule B – Summary of Tender of Section 3** in this Invitation To Tender.
- The Ministry of Health reserves the right to reduce (during renovation) or extend the contract price to the new area according to the rate set out in the Contract Price, following consultation with the Contractor.
- The Contractor shall submit the invoice of the previous month **on the first week of each month**. All claims shall be addressed to:

*Senior Hospital Administrator
Pengiran Isteri Hajjah Mariam Hospital
Temburong
Negara Brunei Darussalam*

- Written warnings will be sent to the cleaning contractor if the quality of work is proven to be unsatisfactory. The Hospital is entitled to make deductions, following advice from the Ministry of Health, with regards to the amount payable to the contractor. The deductions will be based on the following categories:

Average Monthly Performance	Payment Due	Payment Due After 3rd Warning
90 - 100 %	100 %	-
80 - 89 %	90 %	50 %
70 - 79 %	80 %	50 %
0 - 69 %	50 %	50 %

6. CONDITION OF PREMISES

- The Contractor is required to inspect the Hospital premises and fully acquaint itself with the premises in respect of the conditions, accessibility, working space, storage accommodation and other limitations imposed on access to the premises.

- All costs arising from or in connection with such conditions or limitations are deemed to be included in the contract price.

7. ACCESS TO PREMISES

- Reasonable access shall be provided by the Hospital to the Contractor’s personnel for the purpose of providing the cleaning services.
- Prior approval shall be sought from the relevant department to conduct the cleaning services to be carried out after office hours.
- For this purpose, the Contractor shall be responsible for collecting and returning any keys promptly to the security office.
- The Contractor shall inform any replacement of its personnel to the relevant department.

8. WORKING HOURS

- The Contractor shall provide the Services five (5) days in a week (excluding Fridays and Sunday) from 7.00 am to 4.30pm to all areas **except the wards**, where the Contractor shall provide the services on a 24-hour daily basis, including Sundays and public holidays.
- The Contractor shall provide his personnel a working shift for those who are responsible for cleaning services in the wards:

- ✓ Morning shift: 07.00 am – 03.00 pm
- ✓ Afternoon shift: 03.00 pm – 11.00 pm
- ✓ Night shift: 11.00 pm – 07.00 am

- The Contractor shall ensure all his personnel comply with the working days and hours set out by the Hospital.
- The Hospital reserves the right to amend the working hours without prior notice to the Contractor.
- The Contractor shall ensure that his personnel are present at their designated work areas during such working hours.
- Immediate steps shall be taken by the Contractor to provide temporary replacement/relief to make up the full strength of the personnel required to provide the Services to the satisfaction of the Hospital. Replacement must be made not later than two (2) hours before commencement of the shift with approval from the Hospital.
- In the event of shortage of personnel, the Contractor will take immediate steps to provide temporary workers. Such replacement/s must be informed to the Hospital not later than two (2) hours before the commencement of any shift. Failure to provide such replacements shall result in a penalty on the Contractor as follows:

Contract Manager	B\$50.00 per Contract Manager/shift
Supervisor	B\$25.00 per Supervisor/shift
General Worker	B\$15.00 per General Worker/shift

- Weekly duty rosters for deploying the number of workers shall be submitted by the Contractor to the Hospital’s Housekeeping Executive for approval. Any changes made to the roster must be immediately notified to the Hospital’s Housekeeping Executive.
- The Contractor is also required to make allowance for any additional expenses which may be incurred due to the work which his employees may be required by the Hospital outside the working hours.

- The Contractor may be required to perform floor polishing outside office hours to avoid causing any inconvenience to the public.

9. PERSONNEL

- To ensure the proper and efficient execution of the Services, the Contractor shall provide and employ an adequate number of qualified workers to perform the Services as set out in **Schedule F**.
- The Contractor shall ensure that training of his staff will commence immediately upon recruitment. Training must be completed before commencement of the Services.
- A list of workers shall be submitted on a monthly basis to the Hospital’s Housekeeping Manager for monitoring and security purposes.

A. *CONTRACT MANAGER AND SUPERVISORS*

- The Contractor shall appoint an experienced and competent language-speaking Contract Manager and Supervisors with the approval from the Hospital who shall work exclusively for the Contractor for the provision of the Services and stationed full time at the Hospital from 0730 hours to 1630 hours on Mondays to Thursdays and Saturdays.
- The Contract Manager and Supervisors shall be deemed to have the full authority of the Contractor, and any instructions given to the Contract Manager and Supervisors by the Hospital representatives shall be deemed to be instructions given to the Contractor. The Contract Manager/Supervisor must be able to make decisions on behalf of the Contractor.
- The Contract Manager and Supervisors shall call at the office of the Hospital Administrator, Housekeeping Section every morning of each working day and any other time for possible instruction for work, orders etc.
- Approval for replacement of the Contract Manager must be sought in the event s/he falls ill (on medical leave) or is due to go on leave.
- The Contractor shall provide such skilled or semi-skilled and adequate number of workers (including Supervisors) to ensure the proper efficient execution of the Services:

Contract Manager	1
General Workers	18
Supervisors	2
- Male	
- Female	

- The Contractor shall submit the CVs, basic duties and responsibilities of the Supervisor and Housekeepers together with the tender document.

B. *MEDICAL SCREENING*

- The Contractor shall ensure that all his personnel appointed for the provision of the Services have undergone medical screening and deemed medically fit to perform the Services.

C. REMOVAL OF PERSONNEL

- The Hospital reserves the right to remove or replace any of workers employed by the Contractor from the Hospital premises, who in the opinion of the Hospital has misbehaved or is incompetent or negligent in the performance of his/her duties.

D. WAGES AND WELFARE

- The Contractor is responsible for the wages, insurance, medical and welfare of his workers in accordance with the requirements of the Labour Department, Brunei Darussalam.
- The Contractor shall take out, at its own expense, with an insurance approved in writing by the Hospital a policy or policies each specifically endorsed to provide indemnity to the Contractor and to the Hospital against any liabilities arising out of claims by an personnel for payment of compensation under the Workmen's Compensation Act (Cap 74 of the Laws of Brunei).

E. EMPLOYMENT OF ILLEGAL WORKERS

- The Contractor undertakes to the Hospital that he will not employ, and will ensure that all of its sub-contractors will not employ, any illegal foreign workers.
- The Contractor will ensure that his workers possess the necessary employment passes if they are employed outside Brunei Darussalam.

F. UNIFORM

- The Contractor must ensure that **all** his personnel are neatly and properly attired in uniforms.
- Uniforms are to be provided by the Contractor at his own cost. Design, colour and materials of the uniform must also be approved by the Hospital.

G. LOCKERS FOR PERSONNEL

- A space within the hospital premises will be provided by the Hospital for lockers for personnel. However, the lockers shall be provided by the Contractor at its own cost.

10. TRAINING AND DEVELOPMENT

- The Contractor is to provide basic cleaning training for his personnel in accordance with the Hospital's requirements before assigning them to the provision of the Services.
- The Contractor shall provide on-the-job training and orientation, at its own expense, to all his personnel as follows:
 - ✓ All cleaners = minimum 2 weeks
 - ✓ Supervisors = 3 weeks
- The training shall be conducted by the Contractor at the Hospital premises.
- A list of such training programme shall be submitted by the Contractor to the Hospital for approval no less than 30 days prior to the commencement of provision of the Services.
- The Contractor shall employ a qualified trainer to train all personnel on basic hospital cleaning.
- The Contractor shall also provide and maintain at its own cost all training equipment and manuals necessary for this purpose.

- The Hospital reserves the right to send any of the Contractor's personnel for retraining if deemed incompetent by the Hospital.
- The Contractor shall bear the expenses incurred to retrain or replace his personnel during the retraining period.

11. SAFETY AND HYGIENE

- The Contractor shall observe and comply at all times with all current prevailing laws and regulations relating to safety and hygiene in carrying out the Services, and take all necessary and prudent precaution to ensure the safety on the Hospital premises of his own staff and personnel, the staff and property of the Hospital and the general public.
- Proper signboards and barriers shall be erected and maintained during the progress of the Services which may endanger the safety of the Hospital staff and the general public. The signboards and barriers must be sufficiently large to attract attention and shall include words such as "**DANGER**" or "**KEEP OUT**", "**CAUTION WET FLOOR**" or "**CLEANING IN PROGRESS**", as appropriate.
- The Contractor shall comply with all instructions, policies and regulations as may be issued by the Hospital from time to time in relation to safety and hygiene in the provision of the Services.
- The Contractor is required to submit a proposed List of Safety Measures for Work and Cleaning.

12. EQUIPMENT AND CHEMICALS TO BE USED

- The Contractor shall provide all necessary equipment, chemicals, machines, instruments, tools and materials for the efficient execution of the works including:-
 - ✓ floor burnishing machines
 - ✓ Carpet shampooing machines
 - ✓ Vacuum cleaners.
- The Contractor must be in possession of high scaffoldings or high lift and ladders to carry out cleaning of high level or elevated windows, fixed glass panels and the main entrance barrel vault skylight.
- A list of the proposed equipment to be used in the provision of the Services, together with the manufacturer's brochure/s, shall be submitted in the format set out in **Section 3 – Schedule H** of this Invitation To Tender.
- The Contractor shall provide and ensure continuous supply of consumables as set out in **Schedule G**, to be located in the wards, toilets and other specified areas in the Hospital.
- The Contractor is required to submit a list indicating the brand/quality and quantity of products/materials he intends to provide in the format set out in **Section 3 – Schedule I** of this Invitation To Tender.
- The chemicals to be used must meet the following standards:
 - ✓ Disinfectant for isolation wards. Operation Theatre and Laboratory – BS.EN1276:1997 requirements against HIV, Hepatitis B and other bacteria;
 - ✓ A neutral detergent is recommended for general cleaning of the Hospital;
 - ✓ Toilet cleaners – BS.EN13967:2001 requirements. pH level must be appropriate to the drainage pipe system of the Hospital;
 - ✓ Multi-purpose cleaners – BS.EN1276:1997 requirements pH level must be applicable to all hard floor surfaces and vinyl floor surfaces. The contractor will ensure that the appropriate chemical is used as any damages to the flooring surfaces will affect the warranty of the flooring surfaces;

- ✓ Specific strippers to be used for hard floor surfaces and vinyl floor surfaces to prevent staining or discolouration of the floor polishes;
 - ✓ Floor polishes must be emulsion polish suitable for hard floor surfaces and vinyl floor surfaces;
 - ✓ Stainless steel cleansers must be suitable for all metal or chrome fittings with an acceptable pH level to prevent corrosion to steel fitting.
- The standards required for the provision in toilet requisites are as follows:
 - ✓ Paper towels – pulp, 2 ply or hand towel
 - ✓ Toilet roll – pulp, 2-ply
 - ✓ Liquid soap – neutral (pH 7)
 - All equipment, tools and materials must be approved by the Hospital prior to use for the provision of the Services.
 - The Contractor undertakes and warrants that all equipment, tools and materials utilized for the Services shall be free from all defects, patent or latent, and fit and suitable for the purpose of providing the Services and shall be compliant with relevant industry standards.
 - The Contractor is responsible for the safe storage of the equipment, tools and materials at its own expenses.
 - The Contractor shall use only certified electrical appliances and circuit breakers.
 - For the purpose of infection control and bacteria control, the identification of tools and equipment utilized in the different areas of the Hospital is **essential**. In this respect, clear identification by colour coding of the various items of cleaning equipment is considered the most effective method of restricting equipment to individual areas of the Hospital.
 - All tools and equipment used in the following areas shall be colour-coded according to the Hospital's colour coding standards:

Infection/Isolation areas	Yellow
Toilets/Bathrooms/Dirty Utility Room	Red
General Cleaning	Blue
Operating Theaters	White
Food Service	Green

Tools and equipment include dry mops, wet mops, mop handlers, buckets, gloves and cleaning cloths. Any other equipment that may encourage the spread of infection and bacteria, shall also be colour coded.

13. WATER AND ELECTRICITY

- The Hospital shall provide all water and electricity required for the provision of the Services.
- The Contractor shall ensure the use of water and electricity for the provision of the Services is economic and not wasteful, and undertakes that all personnel will strictly adhere to this.

14. RUBBISH DISPOSAL

- All rubbish shall be collected and deposited in polythene bags or any other similar approved containers and brought at the end of each day to the bin center for collection.

15. MAINTENANCE AND REPAIR WORKS

- The Contractor shall call directly to the Fault Reporting Centre of the Hospital to report any fault detected during the housekeeping process.

- The Contractor shall report any damage (due to negligence of the workers) of any cleaning element of Hospital property immediately to the Fault Reporting Centre and also the Contract Manager.
- Cost of repair/replacement of any damage to the equipment or property belonging to the Hospital caused by the Contractor's personnel shall be borne by the Contractor.
- The Contractor shall submit rates/costs for clearing of toilet blockages and other associated maintenance works. The works shall also cover the clearing of blockages in bottle traps of hand basins, floor traps, urinals, bidets and water closet bowls and the drain lines i.e. the soil pipes and gully traps up to the manholes. **The rates/costs shall be quoted separately and shall not be included in the tender price.**

16. OFFICE AND STORE

- The Hospital shall provide a space within the hospital premises to be used as an office for the Contractor's administrative purpose.
- The Contractor shall maintain the office with a minimum of 2 telephone lines at its own expenses.
- The Hospital shall also provide space for storage of all equipment, machinery, tools and consumable items for the use of providing the services.

17. SECURITY ARRANGEMENT

- The Contractor's personnel shall immediately leave the Hospital premises if requested by the Hospital or any of its staff.
- The Contractor is required to establish a Security Plan to demonstrate the method of staff registration and tracking with valid permits. The Contractor must ensure that such records are maintained daily.
- The Contractor shall at its own expenses provide, for all his personnel, identification passes as specified by the Hospital. Any damaged pass shall be replaced by the Contractor at its own cost.
- The Contractor undertakes to inform the Hospital of any lost or stolen security pass. Any security pass to be reissued will require the approval of the Hospital.
- The Contractor shall ensure that his personnel do not, at any time, enter into areas which are not part of the Hospital premises except as directed by the Hospital.
- For security purposes, the Contractor will provide the Hospital's Housekeeping Department with the following particulars of his workers at least one (1) month before the commencement of the Services:
 - ✓ Name
 - ✓ Address
 - ✓ Identity Card Number / Passport Number
 - ✓ Gender
 - ✓ Citizenship
 - ✓ Expiry date of work pass (for foreign workers)

18. REGULATIONS, LICENCES AND PERMITS

- The Contractor is responsible to procure and maintain all necessary licences, permits and approvals, and shall at all times comply with all legal and regulatory requirements applicable to the provision of the Services.

- In the event of any change in legal or regulatory requirements during the contract period, the Contractor shall promptly and at its own expense take any necessary action for complying with the same.
- The Contractor is to comply with best practices as may be proposed or recommended by any relevant bodies in the relevant industry, and also ensure that the standard of Services provided shall, at the minimum, be of such quality and standard as is generally regarded as good in the relevant industry.

19. REPORTS AND INFORMATION

- The following documents shall be submitted by the Contractor to the Hospital in formats to be provided by the Hospital following commencement of the Services:
 - ✓ Monthly Assessment Report on the standard Services provided;
 - ✓ Analysis of customer feedback; and
 - ✓ Any other feedback from time to time.
- Exchange of information between the Contractor and the Hospital on the latest technology and processes relevant to the Services provided is recommended.

20. HOUSEKEEPING PROGRAM

- Joint inspections and meetings shall be held and attended by the Contract Manager and the Hospital's representative. Records of such meetings are to be provided to the Hospital.
- Rectification of defective works which are rated poorly shall be ready for re-inspection within 7 days.
- Daily and periodic cleaning reports submitted by the Contractor's supervisors shall be collated and submitted to the Hospital in a format acceptable to the Hospital. These checklist forms will be used as a basis for performance evaluation.
- Monthly reports shall be submitted by the Contract Manager by the first week of each month. Such reports shall list out among others, staff strength, KPS outcome, analysis and recovery services (if necessary), training utilization and QIs project update, safety and waste statistic.
- The Contractor shall ensure that all supervisors respond to any call by the Hospital within 5 minutes (24 x 7).

21. QUALITY IMPROVEMENT (QI) PROGRAM

- It is a requirement for the Contractor to develop and implement a quality program to ensure its ability to consistently provide services that meet the expectations of the Hospital and applicable regulatory requirements and to enhance process management, service quality, supervision and service delivery standards.
- The Contractor will document and monitor this QI program and its effectiveness.
- The Contractor shall send his personnel for courses relating to quality-related service and/or hygiene standards compliance organised by the Hospital.

22. AUTHORISED REPRESENTATIVE

- For the purpose of the provision of Services, the Hospital will be represented by the Housekeeping Manager, who will be the authorized Hospital representative.
- All communication and notices shall be directed to the attention of the Housekeeping Manager:

*Senior Hospital Administrator
Pengiran Isteri Hajjah Mariam Hospital, Temburong
Negara Brunei Darussalam
Contact No.: 5221525 / 5221526/7/8 Fax: 5221350*

23. RIGHT TO APPOINT OTHER VENDORS

- The Hospital reserves the right to engage other vendors to provide the Services if the Contractor fails to perform in full compliance with the contract.
- All expenses incurred shall be recoverable in full from the Contractor by the Hospital.

24. DOCUMENTS TO SUBMIT

- The following documents shall be submitted, and labeled accordingly, together with the documents listed out in **Section 3** of this Invitation To Tender:
 - ✓ Proposed Standard Operation Procedures
 - ✓ CV of Contract Manager
 - ✓ JDs (Job Descriptions) of Contractor's Staff
 - ✓ Proposed Training Programme for Contractor Staff
 - ✓ List of Safety Measures
 - ✓ Security Plan

SCHEDULES

SCHEDULE A: CHECKLIST OF SOPs

SCHEDULE B: AREAS FOR CLEANING

SCHEDULE C: SCOPE OF SERVICES AND GENERAL GUIDELINES

SCHEDULE D: QUALITY STANDARDS

SCHEDULE E: CLEANING FREQUENCY GUIDELINES

SCHEDULE F: PERSONNEL DEPLOYMENT

SCHEDULE G: CONSUMABLE SPECIFICATION

SCHEDULE H: CHECKLIST FORMS

SCHEDULE A
CHECKLIST OF SOPs

Target Completion	SOPs	Description	√
- 1 month	Workplan	Preparation and commencement of contract, includes manpower deployment	
3 months	Hospital Supplied Product Management	Management of Supplies provided by the hospital	
3 months	Management Joint Review Meeting	Review progress and discuss outstanding issues at management level	
3 months	Contract Manager Monthly Report	Report Format : Staff feedback, patient feedback, periodic cleaning, KPIs (Measurement System), Infection Control, Respond Time, Facility Fault Reporting Update, Manpower Status	
1 month	Security Pass Requisition and Return	Establish Security Reporting and Management System	
3 months	Staff Training	Training Programmes, lengths, schedules etc	
3 months	Customer Feedback	How customer feedback being handled	
3 months	Staff Feedback	How staff feedback being handled	
1 month	Maintenance of Equipment	To ensure that all cleaning equipment are cleaned, maintained and serviced at all time	
3 months	Inspection of Works	Ensure all works are carried out according to the standard set out by hospital's HK dept.	
3 months	Joint Inspection		
1 month	Waste Disposal	According to hospital waste management schedule	
1 month	Handling of Private and Confidential Documents		

Target Completion	SOPs	Description	√
	Cleaning Procedure		
1 month	Patient Room Cleaning		
1 month	Ancillary room cleaning		
1 month	Isolation Room Cleaning		
1 month	Handling of waste		
1 month	Special Cleaning		
1 month	Loss and Found Procedure		
1 month	Workplace Safety and Incident Reporting		
1 month	VIP Protocol	Protocol applies only to VIP visit	
1 month	Communication and Respond Time		
3 ~ 6 months	Workflow	Workflow for housekeepers	
- 1 month	Masterlist of Periodic Cleaning Schedule	Cleaning schedule of all cleaning activities for whole year	
1 month	Monthly Periodic Cleaning Schedule		

SCHEDULE B

AREAS FOR CLEANING

The areas to be cleaned are as follows:

LOCATIONS	
1	ADMINISTRATION AND FINANCE UNIT
2	LOBBY
3	OUTPATIENT CLINIC
4	LABORATORY UNIT
5	PHARMACY UNIT
6	TRIAGE ROOM
7	ACCIDENT AND EMERGENCY UNIT
8	RADIOLOGY UNIT
9	PSYCHIATRIC UNIT
10	RENAL DIALYSIS UNIT
11	LAUNDRY AND LINEN UNIT
12	PAEDIATRIC WARD
13	FEMALE AND MATERNITY WARD
14	MALE WARD
15	MATERNITY AND CHILDREN HEALTH CENTRE
16	SPECIALIST CLINIC BUILDING
17	DOMESTIC OFFICE ROOM
18	DENTAL CLINIC
19	PHYSIOTHERAPY UNIT
20	PHYSICIAN CLINIC
21	MEDICAL RECORD UNIT
22	SURAU
23	MAINTENANCE AND ESTATE OFFICE
24	BIOMEDICAL ENGINEERING ROOM
25	GENERAL STORE
26	MEDICAL STORE
27	CONFERENCE ROOM
28	MULTI PURPOSE ROOM
29	RELIGIOUS TEACHER'S ROOM
30	INFORMATION TECHNOLOGY ROOM
31	GENERATOR ROOM
32	MORTUARY
33	CORRIDOR
34	FLAT TRANSIT (HOSPITAL QUARTER)
35	TOILETS
36	CAR PARKS

SCHEDULE C

SCOPE OF SERVICES AND GENERAL GUIDELINES

SCOPE OF SERVICES

Typical Cleaning Services:
▪ All patient rooms and supporting areas, daily and routine cleaning
▪ All washrooms/toilets/showers/sinks and replenish supplies
▪ Prepare rooms after all patient/discharges and transfer (includes stripping beds/units) plus changing of draw sheets for couch.
▪ Bed making (including changing of bed linens, changing bed sheets on examination trolleys and collection of washable blankets, bed sheets and pillow cases for washing)
▪ All isolation rooms (daily & discharge)
▪ Remove blue-ware from rooms and place in soiled utility room
▪ Stretchers, beds, all areas, routine and cycle cleaning of frames and mattresses
▪ All patient medical related equipment, including oxygen units and traction
▪ All patient related equipment and furnishings, including wheelchairs, commodes and walkers.
▪ Suction units, crash/lakeside carts, IV poles and oscillating fans
▪ Isolation carts, linen/garbage hampers, air mattresses, autoclaves
▪ All supply carts stored in unit, shelves and frames
▪ All refrigerators and appliances
▪ Office, desk, furniture, phone, computer screens and all office desk and wall fixtures
▪ Shelves, ledges and vents
▪ Kitchen food freezers and chiller
▪ Vending machines, face and tops
▪ Elevators and lifts, including doors and tracks
▪ All areas in the Hospital, including Main Lobbies, corridors and stairs and entrance mats
▪ All exterior glass on ground level and windows, including screens
▪ All interior glass and windows, including screens
▪ Window covering, blinds and exchange cubicle, security grills, windows and shower curtains
▪ Provide carpet and upholstery cleaning program (extracting/bonnet/spot/vacuum)
▪ Provide comprehensive floor care program (scrub/polish/topcoat/strip/finish)
▪ Move furnishing and equipment from rooms when performing project cleaning
▪ Spills body fluids/water/general fluids, and may include chemical spill according to Hospital protocol

<ul style="list-style-type: none"> ▪ Clean entrance mats located at the main entrance
<ul style="list-style-type: none"> ▪ Clean and dispose of hazardous spills
<ul style="list-style-type: none"> ▪ Clean car park (both public and staff car parks), roads and drains within and surrounding Hospital area.
<p>Critical Care Area Services</p>
<ul style="list-style-type: none"> ▪ Specialty areas such as Isolation Ward, Operating Theatre, Isolation Rooms in the wards required case cleaning to ensure highest possible standard of cleaning in critical care areas
<ul style="list-style-type: none"> ▪ Other critical care such as, but not limited to, OBGYN and accident & Emergency required discharge cleaning as per regular in patient areas
<p>Waste Management Services</p>
<ul style="list-style-type: none"> ▪ Collect waste (non-clinical and clinical) from all rooms
<ul style="list-style-type: none"> ▪ Transportation of non-clinical waste to waste disposal station
<ul style="list-style-type: none"> ▪ Compliance with Infection Control Unit with regards to clinical waste, including disposal by incineration
<ul style="list-style-type: none"> ▪ Provide appropriate polythene bags for non-clinical waste and clinical waste (yellow plastic bags written "BIOHAZARD WASTE"), storage bins and trolleys/carts/containers for waste transportation
<ul style="list-style-type: none"> ▪ Provide gloves, masks, aprons and visors for handling of waste
<ul style="list-style-type: none"> ▪ Exchange/empty small bedside garbage bags
<ul style="list-style-type: none"> ▪ Replace all containers when full
<p>Facilities Management</p>
<ul style="list-style-type: none"> ▪ Move heavy furniture or equipment
<ul style="list-style-type: none"> ▪ Report all facility conditions that affect the cleaning operation, present as a safety hazard, or is detrimental to the image of a visually pleasing environment
<p>Landscaping and Grasscutting</p>
<ul style="list-style-type: none"> ▪ Weeding of planted areas
<ul style="list-style-type: none"> ▪ Pruning of plants
<ul style="list-style-type: none"> ▪ Application of NPK fertilizer to plants
<ul style="list-style-type: none"> ▪ Sweeping and removal of debris from flat roof and gutters of building
<ul style="list-style-type: none"> ▪ Clean drain with high pressure jet

GENERAL GUIDELINES TO CLEANING

The following guidelines shall be followed by the Contractor in the provision of Services. These guidelines are not exhaustive, and may be changed from time to time, notice of which will be given to the Contract Manager.

- a. Ceramic and flooring of common areas and offices and other occupied rooms shall be cleaned, sealed and polished.
- b. Carpeted areas shall be vacuumed or shampooed.
- c. The Contractor shall instruct his cleaning staff to exercise every care when dismantling and refixing all fittings, signs, portraits, or paintings, etc., as the cost of repairs or replacement of any such item damaged or broken as a result of careless handling or negligence on his part or that of his employees shall be charged to him.
- d. All items of cleaning products shall be diluted or mixed in accordance with the manufacturer's instructions.
- e. All scrubbing shall be done with an approved heavy duty scrubbing machine.
- f. Burnishing of floors shall be done with an approved high-speed burnishing machine.
- g. Waste matter from sanitary towels and waste paper receptacles shall be collected as soon as receptacles are full and at least once a day. The sanitary towel receptacles shall be cleaned and disinfected immediately after emptying.
- h. The Contractor shall empty all waste paper bins whenever they are full and at least once a day. The Contractor shall provide suitable refuse containers for the collection of refuse, and these containers shall be transported about the building on suitable trolleys mounted on rubber castors. Trolleys shall be provided by the Contractor. The container shall not be dragged along the floors.
- i. The Contractor shall transport all refuse collected from waste receptacles, etc., to the refuse centre for subsequent disposal.
- j. To assist the Hospital Staff (Nurses) to make the bedding proper condition and dispose off the waste products as a routine tasks.
- k. Monthly cleaning of the barrel vault skylight and gutters at the entrance.
- l. Monthly sweeping and removal of debris from flat roof and gutters of buildings.

SCHEDULE D
QUALITY STANDARDS

A. IDENTIFYING RISKS

I. VERY HIGH RISK FUNCTIONAL AREAS

Required standard

In the functional area designated as very high risk, the required cleaning standards are of critical importance. The outcomes must be achieved through the highest level of intensity and frequency of cleaning.

As patients are at very high risk of infection, a frequent and responsive cleaning service is essential. Defined protocols and processes in addition to the outcomes need strict adherence.

Functional areas

- Operating theatres: this may include procedure areas in other departments where significant invasive procedures are performed and patients are at a high risk of infection.
- Intensive Care Unit (ICU)
- Renal Dialysis Unit
- Special needs areas: areas with patients in protective isolation or who are immuno-suppressed, such as burn units, oncology units and infectious disease units.

Additional internal areas

It is essential that areas adjoining very high risk functional areas also receive the most intensive level of cleaning. These include bathrooms, corridors, storerooms, lecture/meeting rooms, offices, pan rooms and staff lounges.

II. HIGH RISK FUNCTIONAL AREAS

Required standard

The required standards are of high importance. The outcomes must be maintained by frequent scheduled cleaning and a capacity to spot clean.

Functional areas

- Accident and Emergency department
- Sterile supply areas
- Microbiology laboratories

Additional internal areas

It is essential that areas adjoining high risk functional areas also receive the same level of cleaning. These include balconies, bathrooms, corridors, meeting rooms, pantry/nourishment station, offices, pan rooms, staff lounges and storerooms.

III. MODERATE RISK FUNCTIONAL AREAS

Required standard

In the functional areas designated as moderate risk, the required standards are important for both hygiene and aesthetic reasons. The outcomes should be maintained through regular cleaning on a scheduled basis, with some capacity to spot clean in between.

Functional areas

- Day activity area
- Specialized clinics
- General wards and CCU
- Kitchens
- Laboratories
- Medical imaging
- Public thoroughfares

- Outpatient clinics
- Pathology
- Pharmacy
- Procedure rooms
- Allied health and rehabilitation areas
- Treatment rooms
- Waiting rooms
- Mortuary
- Canteen
- Residential accommodation
- Doctors' mess

Additional internal areas

It is essential that areas adjoining moderate risk functional areas also receive the same level of cleaning. These include balconies, bathrooms, corridors, elevators, meeting rooms, pantry/nourishment section, offices, stairwells, pan rooms, staff lounges and storerooms.

IV. LOW/MINIMAL RISK FUNCTIONAL AREAS

Required standard

The required standards are important for aesthetic and, to a lesser extent, hygiene reasons. The outcomes should be achieved through regular cleaning on a scheduled or project basis, with a capacity to spot clean in between.

Functional areas

- Administrative areas
- Non-sterile supply
- Record storage and archives
- Surau
- Engineering stations/workshops (BME)
- Plant rooms

Additional internal areas

It is essential that areas adjoining low/minimal risk functional areas also receive the same level of cleaning. These include balconies, bathrooms, corridors, elevators, meeting rooms, pantry/kitchenette, offices, staff lounges, storerooms and loading docks.

B. REQUIREMENTS AND STANDARDS FOR THE FUNCTIONAL AREAS

This part covers four main components which will encompass the cleaning services:

1. Building
2. Fixtures
3. Patient Equipment
4. General environment

I. BUILDING

1) External features, fire exits and stairwells

Includes: landings, ramps, stairwells, fire exits, steps, entrances/exits, porches, patios, balconies, eaves and external light fittings.

Required standard

- Landings, ramps, stairwells, fire exits, steps, entrances, porches, patios, balconies, eaves, external light fittings are free of dust, grit, dirt, leaves, cobwebs, rubbish, cigarette butts and bird excreta.
- Handrails are clean and free of stains.

Risk	Standards
<p>Very high risk</p> <ul style="list-style-type: none"> • Operating theatres • ICU • Areas with patients in protective isolation 	<p>Critically important</p> <p>Patients are at very high risk of infection, and a frequent and responsive cleaning service is ESSENTIAL. Defined protocols and processes in addition to the outcomes need strict adherence. The outcomes must be achieved through the highest level of intensity and frequency of cleaning.</p> <p>It is essential that areas adjoining very high risk functional areas also receive the most intensive level of cleaning.</p>
<p>High risk</p> <ul style="list-style-type: none"> • Emergency department • CSSD and sterile supply areas 	<p>Highly Important</p> <p>The outcomes must be maintained by frequent scheduled cleaning and a capacity to spot clean.</p> <p>It is essential that areas adjoining high risk functional areas also receive the same level of cleaning.</p>
<p>Moderate risk</p> <ul style="list-style-type: none"> • Day activity area • Specialized clinics • General wards and CCU • Kitchens • Laboratories • Medical imaging • Public thoroughfares • Outpatient clinics • Pathology • Pharmacy • Procedure rooms • Allied health and rehabilitation areas • Treatment rooms • Waiting rooms • Mortuary • Canteen • Residential accommodation • Doctors' mess 	<p>Very important</p> <p>The required standards are important for both hygiene and aesthetic reasons. The outcomes should be maintained through regular cleaning on a scheduled basis, with a capacity to spot clean in between.</p> <p>It is essential that areas adjoining moderate risk functional areas also receive the same level of cleaning.</p>

Risk	Standards
<p>Low/minimal risk</p> <ul style="list-style-type: none"> • Administrative areas • Non-sterile supply • Record storage and archives • Surau • Engineering stations/workshops (BME) • Plant rooms 	<p>Important</p> <p>The required standards are important for aesthetic and, to a lesser extent, hygiene reasons. The outcomes should be achieved through regular cleaning on a program or scheduled basis, with a capacity to spot clean in between.</p>

2) Walls, skirtings and ceilings

Includes: interior partitions, registers (interior and exterior) light switches, ceiling support beams and trusses.

Required standard

- Internal and external walls and ceilings are free of dust, grit, lint, soil, film and cobwebs.
- Walls and ceilings are free of marks caused by furniture, equipment or staff.
- Light switches are free of fingerprints, scuffs and any other marks.
- Light covers and diffusers are free of dust, grit, lint and cobwebs.
- Polished surfaces are of a uniform lustre.

Risk	Standards
<p>Very high risk</p> <ul style="list-style-type: none"> • Operating theatres • ICU • Areas with patients in protective isolation 	<p>Critically important</p> <p>Patients are at very high risk of infection, and a frequent and responsive cleaning service is ESSENTIAL. Defined protocols and processes in addition to the outcomes need strict adherence. The outcomes must be achieved through the highest level of intensity and frequency of cleaning.</p> <p>It is essential that areas adjoining very high risk functional areas also receive the most intensive level of cleaning.</p>
<p>High risk</p> <ul style="list-style-type: none"> • Emergency department • CSSD and sterile supply areas 	<p>Highly Important</p> <p>The outcomes must be maintained by frequent scheduled cleaning and a capacity to spot clean.</p> <p>It is essential that areas adjoining high risk functional areas also receive the same level of cleaning.</p>
<p>Moderate risk</p> <ul style="list-style-type: none"> • Day activity area • Specialized clinics • General wards and CCU • Kitchens • Laboratories • Medical imaging • Public thoroughfares • Outpatient clinics • Pathology • Pharmacy • Procedure rooms • Allied health and rehabilitation areas • Treatment rooms • Waiting rooms • Mortuary • Canteen 	<p>Very important</p> <p>The required standards are important for both hygiene and aesthetic reasons. The outcomes should be maintained through regular cleaning on a scheduled basis, with a capacity to spot clean in between.</p> <p>It is essential that areas adjoining moderate risk functional areas also receive the same level of cleaning.</p>

Risk	Standards
<ul style="list-style-type: none"> • Residential accommodation • Doctors' mess 	
<p>Low/minimal risk</p> <ul style="list-style-type: none"> • Administrative areas • Non-sterile supply • Record storage and archives • Surau • Engineering stations/workshops (BME) • Plant rooms 	<p>Important</p> <p>The required standards are important for aesthetic and, to a lesser extent, hygiene reasons. The outcomes should be achieved through regular cleaning on a program or scheduled basis, with a capacity to spot clean in between.</p>

3) Windows

Includes: internal and external surfaces of all windows, double paned windows with venetian blinds, window ledges, all internal and external glass, mirrors and flyscreens.

Required standard

- External and internal surfaces of glass are clear of all streaks, spots and marks, including fingerprints and smudges.
- Window frames, tracks and ledges are clear and free of dust, grit, marks and spots.

Risk	Standards
<p>Very high risk</p> <ul style="list-style-type: none"> • Operating theatres • ICU • Areas with patients in protective isolation 	<p>Critically important</p> <p>Patients are at very high risk of infection, and a frequent and responsive cleaning service is ESSENTIAL. Defined protocols and processes in addition to the outcomes need strict adherence. The outcomes must be achieved through the highest level of intensity and frequency of cleaning.</p> <p>It is essential that areas adjoining very high risk functional areas also receive the most intensive level of cleaning.</p>
<p>High risk</p> <ul style="list-style-type: none"> • Emergency department • CSSD and sterile supply areas 	<p>Highly Important</p> <p>The outcomes must be maintained by frequent scheduled cleaning and a capacity to spot clean.</p> <p>It is essential that areas adjoining high risk functional areas also receive the same level of cleaning.</p>
<p>Moderate risk</p> <ul style="list-style-type: none"> • Day activity area • Specialized clinics • General wards and CCU • Kitchens • Laboratories • Medical imaging • Public thoroughfares • Outpatient clinics • Pathology • Pharmacy • Procedure rooms • Allied health and rehabilitation areas • Treatment rooms • Waiting rooms • Mortuary 	<p>Very important</p> <p>The required standards are important for both hygiene and aesthetic reasons. The outcomes should be maintained through regular cleaning on a scheduled basis, with a capacity to spot clean in between.</p> <p>It is essential that areas adjoining moderate risk functional areas also receive the same level of cleaning.</p>

<ul style="list-style-type: none"> • Canteen • Residential accommodation • Doctors' mess 	
<p>Low/minimal risk</p> <ul style="list-style-type: none"> • Administrative areas • Non-sterile supply • Record storage and archives • Surau • Engineering stations/workshops (BME) • Plant rooms 	<p>Important</p> <p>The required standards are important for aesthetic and, to a lesser extent, hygiene reasons. The outcomes should be achieved through regular cleaning on a program or scheduled basis, with a capacity to spot clean in between.</p>

4) Doors

Includes: doorknobs, handles and door guides, relief grilles and door plates, door tracks and jambs.

Required standard

- Internal and external doors and doorframes are free of dust, grit, lint, soil, film, fingerprints and cobwebs.
- Doors and doorframes are free of marks caused by furniture, equipment or staff.
- Air vents, relief grilles and other ventilation outlets are kept unblocked and free of dust, grit, soil, film, cobwebs, scuffs and any other marks.
- Door tracks and door jambs are free of grit and other debris.
- Polished surfaces are of a uniform lustre.

Risk	Standards
<p>Very high risk</p> <ul style="list-style-type: none"> • Operating theatres • ICU • Areas with patients in protective isolation 	<p>Critically important</p> <p>Patients are at very high risk of infection, and a frequent and responsive cleaning service is ESSENTIAL. Defined protocols and processes in addition to the outcomes need strict adherence. The outcomes must be achieved through the highest level of intensity and frequency of cleaning.</p> <p>It is essential that areas adjoining very high risk functional areas also receive the most intensive level of cleaning.</p>
<p>High risk</p> <ul style="list-style-type: none"> • Emergency department • CSSD and sterile supply areas 	<p>Highly Important</p> <p>The outcomes must be maintained by frequent scheduled cleaning and a capacity to spot clean.</p> <p>It is essential that areas adjoining high risk functional areas also receive the same level of cleaning.</p>
<p>Moderate risk</p> <ul style="list-style-type: none"> • Day activity area • Specialized clinics • General wards and CCU • Kitchens • Laboratories • Medical imaging • Public thoroughfares • Outpatient clinics • Pathology • Pharmacy • Procedure rooms • Allied health and rehabilitation areas 	<p>Very important</p> <p>The required standards are important for both hygiene and aesthetic reasons. The outcomes should be maintained through regular cleaning on a scheduled basis, with a capacity to spot clean in between.</p> <p>It is essential that areas adjoining moderate risk functional areas also receive the same level of cleaning.</p>

Risk	Standards
<ul style="list-style-type: none"> • Treatment rooms • Waiting rooms • Mortuary • Canteen • Residential accommodation • Doctors' mess 	
<p>Low/minimal risk</p> <ul style="list-style-type: none"> • Administrative areas • Non-sterile supply • Record storage and archives • Surau • Engineering stations/workshops (BME) • Plant rooms 	<p>Important</p> <p>The required standards are important for aesthetic and, to a lesser extent, hygiene reasons. The outcomes should be achieved through regular cleaning on a program or scheduled basis, with a capacity to spot clean in between.</p>

5) Hard floors

Includes: vinyl, tiles, concrete, wood and lino.

Required standard

- The floor is free of dust, grit, litter, marks and spots, water or other liquids.
- The floor is free of polish or other build-up at the edges and corners or in traffic areas.
- The floor is free of spots, scuffs or scratches on traffic lanes, around furniture and at pivot points.
- Inaccessible areas (edges, corners and around furniture) are free of dust, grit, lint and spots.
- Polished or buffed floors are of a uniform luster.
- Appropriate signage and precautions are taken regarding pedestrian safety of newly cleaned or wet floors.

Risk	Standards
<p>Very high risk</p> <ul style="list-style-type: none"> • Operating theatres • ICU • Areas with patients in protective isolation 	<p>Critically important</p> <p>Patients are at very high risk of infection, and a frequent and responsive cleaning service is ESSENTIAL. Defined protocols and processes in addition to the outcomes need strict adherence. The outcomes must be achieved through the highest level of intensity and frequency of cleaning.</p> <p>It is essential that areas adjoining very high risk functional areas also receive the most intensive level of cleaning.</p>
<p>High risk</p> <ul style="list-style-type: none"> • Emergency department • CSSD and sterile supply areas 	<p>Highly Important</p> <p>The outcomes must be maintained by frequent scheduled cleaning and a capacity to spot clean.</p> <p>It is essential that areas adjoining high risk functional areas also receive the same level of cleaning.</p>
<p>Moderate risk</p> <ul style="list-style-type: none"> • Day activity area • Specialized clinics • General wards and CCU • Kitchens • Laboratories • Medical imaging • Public thoroughfares • Outpatient clinics • Pathology 	<p>Very important</p> <p>The required standards are important for both hygiene and aesthetic reasons. The outcomes should be maintained through regular cleaning on a scheduled basis, with a capacity to spot clean in between.</p> <p>It is essential that areas adjoining moderate risk functional areas also receive the same level of cleaning.</p>

Risk	Standards
<ul style="list-style-type: none"> • Pharmacy • Procedure rooms • Allied health and rehabilitation areas • Treatment rooms • Waiting rooms • Mortuary • Canteen • Residential accommodation • Doctors' mess 	
<p>Low/minimal risk</p> <ul style="list-style-type: none"> • Administrative areas • Non-sterile supply • Record storage and archives • Surau • Engineering stations/workshops (BME) • Plant rooms 	<p>Important</p> <p>The required standards are important for aesthetic and, to a lesser extent, hygiene reasons. The outcomes should be achieved through regular cleaning on a program or scheduled basis, with a capacity to spot clean in between.</p>

6) **Soft floors**

Includes: carpets and carpet tiles

Required standard

- The floor is free of dust, grit, litter, marks and spots, water or other liquids.
- The floor is free of stains, spots, scuffs or scratches on traffic lanes, around furniture and at pivot points.
- Inaccessible areas (edges, corners and around furniture) are free of dust, grit, lint and spots.

Risk	Standards
<p>Very high risk</p> <ul style="list-style-type: none"> • Operating theatres • ICU • Areas with patients in protective isolation 	<p>Critically important</p> <p>Patients are at very high risk of infection, and a frequent and responsive cleaning service is ESSENTIAL. Defined protocols and processes in addition to the outcomes need strict adherence. The outcomes must be achieved through the highest level of intensity and frequency of cleaning.</p> <p>It is essential that areas adjoining very high risk functional areas also receive the most intensive level of cleaning.</p>
<p>High risk</p> <ul style="list-style-type: none"> • Emergency department • CSSD and sterile supply areas 	<p>Highly Important</p> <p>The outcomes must be maintained by frequent scheduled cleaning and a capacity to spot clean.</p> <p>It is essential that areas adjoining high risk functional areas also receive the same level of cleaning.</p>
<p>Moderate risk</p> <ul style="list-style-type: none"> • Day activity area • Specialized clinics • General wards and CCU • Kitchens • Laboratories • Medical imaging • Public thoroughfares • Outpatient clinics 	<p>Very important</p> <p>The required standards are important for both hygiene and aesthetic reasons. The outcomes should be maintained through regular cleaning on a scheduled basis, with a capacity to spot clean in between.</p> <p>It is essential that areas adjoining moderate risk functional areas also receive the same level of cleaning.</p>

Risk	Standards
<ul style="list-style-type: none"> • Pathology • Pharmacy • Procedure rooms • Allied health and rehabilitation areas • Treatment rooms • Waiting rooms • Mortuary • Canteen • Residential accommodation • Doctors' mess 	
<p>Low/minimal risk</p> <ul style="list-style-type: none"> • Administrative areas • Non-sterile supply • Record storage and archives • Surau • Engineering stations/workshops (BME) • Plant rooms 	<p>Important</p> <p>The required standards are important for aesthetic and, to a lesser extent, hygiene reasons. The outcomes should be achieved through regular cleaning on a program or scheduled basis, with a capacity to spot clean in between.</p>

7) **Ducts, grills and vents**

Includes: exterior surface of duct outlets, air vents and grills, registers, air conditioners, relief grilles, exhaust fans, extraction fans and other ventilation outlets.

Required standard

- All ventilation outlets are kept unblocked and free of dust, grit, soil, film and cobwebs.
- All ventilation outlets are kept clear and uncluttered following cleaning.

[Note: Cleaning and maintenance of filters of air conditioners etc must be undertaken in accordance with the manufacturers' requirements or otherwise determined by the Hospital.]

Risk	Standards
<p>Very high risk</p> <ul style="list-style-type: none"> • Operating theatres • ICU • Areas with patients in protective isolation 	<p>Critically important</p> <p>Patients are at very high risk of infection, and a frequent and responsive cleaning service is ESSENTIAL. Defined protocols and processes in addition to the outcomes need strict adherence. The outcomes must be achieved through the highest level of intensity and frequency of cleaning.</p> <p>It is essential that areas adjoining very high risk functional areas also receive the most intensive level of cleaning.</p>
<p>High risk</p> <ul style="list-style-type: none"> • Emergency department • CSSD and sterile supply areas 	<p>Highly Important</p> <p>The outcomes must be maintained by frequent scheduled cleaning and a capacity to spot clean.</p> <p>It is essential that areas adjoining high risk functional areas also receive the same level of cleaning.</p>
<p>Moderate risk</p> <ul style="list-style-type: none"> • Day activity area • Specialized clinics • General wards and CCU • Kitchens • Laboratories • Medical imaging • Public thoroughfares 	<p>Very important</p> <p>The required standards are important for both hygiene and aesthetic reasons. The outcomes should be maintained through regular cleaning on a scheduled basis, with a capacity to spot clean in between.</p> <p>It is essential that areas adjoining moderate risk functional areas also receive the same level of cleaning.</p>

Risk	Standards
<ul style="list-style-type: none"> • Outpatient clinics • Pathology • Pharmacy • Procedure rooms • Allied health and rehabilitation areas • Treatment rooms • Waiting rooms • Mortuary • Canteen • Residential accommodation • Doctors' mess 	
<p>Low/minimal risk</p> <ul style="list-style-type: none"> • Administrative areas • Non-sterile supply • Record storage and archives • Surau • Engineering stations/workshops (BME) • Plant rooms 	<p>Important</p> <p>The required standards are important for aesthetic and, to a lesser extent, hygiene reasons. The outcomes should be achieved through regular cleaning on a program or scheduled basis, with a capacity to spot clean in between.</p>

II. FIXTURES

1) Electrical fixtures and fittings

Includes: computer equipment, refrigerators, microwaves, dryers, TVs and associated fittings, light fittings, telephones, drinking fountains, vending machines, exhaust fans, light switches and insect killing devices.

Required standard

- Electrical fixtures and appliances are free of grease, dirt, dust, encrustations, marks, stains and cobwebs.
- Electrical fixtures and appliances are kept free from signs of use or non-use.
- Hygiene standards are satisfied where the fixture or appliance is used in food preparation.
- Motor vents etc. are clean and free of dust and lint.
- Drinking fountains are clean and free of stains and mineral build-up.
- Insect killing devices are free of dead insects and are clean and functional.

Risk	Standards
<p>Very high risk</p> <ul style="list-style-type: none"> • Operating theatres • ICU • Areas with patients in protective isolation 	<p>Critically important</p> <p>Patients are at very high risk of infection, and a frequent and responsive cleaning service is ESSENTIAL. Defined protocols and processes in addition to the outcomes need strict adherence. The outcomes must be achieved through the highest level of intensity and frequency of cleaning.</p> <p>It is essential that areas adjoining very high risk functional areas also receive the most intensive level of cleaning.</p>
<p>High risk</p> <ul style="list-style-type: none"> • Emergency department • CSSD and sterile supply areas 	<p>Highly Important</p> <p>The outcomes must be maintained by frequent scheduled cleaning and a capacity to spot clean.</p> <p>It is essential that areas adjoining high risk functional areas also receive the same level of cleaning.</p>
<p>Moderate risk</p> <ul style="list-style-type: none"> • Day activity area • Specialized clinics • General wards and CCU • Kitchens • Laboratories • Medical imaging • Public thoroughfares • Outpatient clinics • Pathology • Pharmacy • Procedure rooms • Allied health and rehabilitation areas • Treatment rooms • Waiting rooms • Mortuary • Canteen • Residential accommodation • Doctors' mess 	<p>Very important</p> <p>The required standards are important for both hygiene and aesthetic reasons. The outcomes should be maintained through regular cleaning on a scheduled basis, with a capacity to spot clean in between.</p> <p>It is essential that areas adjoining moderate risk functional areas also receive the same level of cleaning.</p>
<p>Low/minimal risk</p> <ul style="list-style-type: none"> • Administrative areas • Non-sterile supply 	<p>Important</p> <p>The required standards are important for aesthetic and, to a lesser extent, hygiene reasons. The outcomes should be</p>

Risk	Standards
<ul style="list-style-type: none"> • Record storage and archives • Surau • Engineering stations/workshops (BME) • Plant rooms 	<p>achieved through regular cleaning on a program or scheduled basis, with a capacity to spot clean in between.</p>

2) **Furnishings and fixtures**

Includes: chairs, sofas, stools, beds, tables, cupboards, wardrobes, lockers, trolleys, benches, shelves and storage racks, waste/rubbish bins, plants, fire extinguishers, fire alarms, bed screens, curtains, blinds and drapes.

Required standard

- Hard surface furniture is free of spots, soil, film, dust, fingerprints and spillages.
- Soft furniture is free from stains, soil, film and dust.
- Furniture legs, wheels and castors are free from mop strings, soil, film, dust and cobwebs.
- Inaccessible areas (edges, corners, folds and crevices) are free of dust, grit, lint and spots.
- All high surfaces are free from dust and cobwebs.
- Curtains, blinds and drapes are free from stains, dust, cobwebs, lint and signs of use or non-use.
- Equipment is free of tapes/plastic, etc, which may compromise cleaning.
- Furniture has no odour that is distasteful or unpleasant.
- Shelves, benchtops, cupboards and wardrobes/lockers are clean inside and out and free of dust and litter or stains.
- Internal plants are free of dust and litter.
- Waste/rubbish bins or containers are clean inside and out, free of stains and mechanically intact.
- Fire extinguishers and fire alarms are free of dust, grit, dirt and cobwebs.

[Note: Furniture should not be repaired using tapes etc. that may compromise cleaning. Damaged furniture should be reported to hospital management.]

Risk	Standards
<p>Very high risk</p> <ul style="list-style-type: none"> • Operating theatres • ICU • Areas with patients in protective isolation 	<p>Critically important</p> <p>Patients are at very high risk of infection, and a frequent and responsive cleaning service is ESSENTIAL. Defined protocols and processes in addition to the outcomes need strict adherence. The outcomes must be achieved through the highest level of intensity and frequency of cleaning.</p> <p>It is essential that areas adjoining very high risk functional areas also receive the most intensive level of cleaning.</p>
<p>High risk</p> <ul style="list-style-type: none"> • Emergency department • CSSD and sterile supply areas 	<p>Highly Important</p>
<p>Moderate risk</p> <ul style="list-style-type: none"> • Day activity area • Specialized clinics • General wards and CCU • Kitchens • Laboratories • Medical imaging • Public thoroughfares • Outpatient clinics 	<p>Very important</p> <p>The required standards are important for both hygiene and aesthetic reasons. The outcomes should be maintained through regular cleaning on a scheduled basis, with a capacity to spot clean in between.</p> <p>It is essential that areas adjoining moderate risk functional areas also receive the same level of cleaning.</p>

<ul style="list-style-type: none"> • Pathology • Pharmacy • Procedure rooms • Allied health and rehabilitation areas • Treatment rooms • Waiting rooms • Mortuary • Canteen • Residential accommodation • Doctors' mess 	
<p>Low/minimal risk</p> <ul style="list-style-type: none"> • Administrative areas • Non-sterile supply • Record storage and archives • Surau • Engineering stations/workshops (BME) • Plant rooms 	<p>Important</p> <p>The required standards are important for aesthetic and, to a lesser extent, hygiene reasons. The outcomes should be achieved through regular cleaning on a program or scheduled basis, with a capacity to spot clean in between.</p>

3) Toilets and bathroom fixtures

Includes: toilets, urinals, sinks, showers, baths, wash basin areas, taps, tap handles, sluices, bath mats, shower curtains and shower/bath rails.

Required standard

- Porcelain and plastic surfaces are free from smudges, smears, body fats, soap build-up and mineral deposits.
- Metal surfaces, shower screens and mirrors are free from streaks, soil, smudges, soap build-up and oxide deposits.
- Wall tiles and wall fixtures (including soap dispensers and towel holders) are free of dust, grit, smudges/streaks, mould, soap build-up and mineral deposits.
- Shower curtains and bath mats are free from stains, smudges, smears, odours, mould and body fats.
- Plumbing fixtures are free of smudges, dust, soap build-up and mineral deposits.
- Bathroom fixtures are free from odours that are distasteful or unpleasant.
- Sanitary disposal units are clean and functional.
- Consumable items are in sufficient supply.

Risk	Standards
<p>Very high risk</p> <ul style="list-style-type: none"> • Operating theatres • ICU • Areas with patients in protective isolation 	<p>Critically important</p> <p>Patients are at very high risk of infection, and a frequent and responsive cleaning service is ESSENTIAL. Defined protocols and processes in addition to the outcomes need strict adherence. The outcomes must be achieved through the highest level of intensity and frequency of cleaning.</p> <p>It is essential that areas adjoining very high risk functional areas also receive the most intensive level of cleaning.</p>
<p>High risk</p> <ul style="list-style-type: none"> • Emergency department • CSSD and sterile supply areas 	<p>Highly Important</p> <p>The outcomes must be maintained by frequent scheduled cleaning and a capacity to spot clean.</p> <p>It is essential that areas adjoining high risk functional areas also receive the same level of cleaning.</p>
<p>Moderate risk</p> <ul style="list-style-type: none"> • Day activity area 	<p>Very important</p> <p>The required standards are important for both hygiene and</p>

Risk	Standards
<ul style="list-style-type: none"> • Specialized clinics • General wards and CCU • Kitchens • Laboratories • Medical imaging • Public thoroughfares • Outpatient clinics • Pathology • Pharmacy • Procedure rooms • Allied health and rehabilitation areas • Treatment rooms • Waiting rooms • Mortuary • Canteen • Residential accommodation • Doctors' mess 	<p>aesthetic reasons. The outcomes should be maintained through regular cleaning on a scheduled basis, with a capacity to spot clean in between.</p> <p>It is essential that areas adjoining moderate risk functional areas also receive the same level of cleaning.</p>
<p>Low/minimal risk</p> <ul style="list-style-type: none"> • Administrative areas • Non-sterile supply • Record storage and archives • Surau • Engineering stations/workshops (BME) • Plant rooms 	<p>Important</p> <p>The required standards are important for aesthetic and, to a lesser extent, hygiene reasons. The outcomes should be achieved through regular cleaning on a program or scheduled basis, with a capacity to spot clean in between.</p>

III. PATIENT EQUIPMENT

Includes: wash bowls, commodes, shower chairs, bed pans, bottles, lifting machines, patient slides, harnesses, call buttons, meal tables, medical gas containers, rehabilitation equipment.

Required standard:

- Equipment is free from soil, smudges, dust, fingerprints, grease and spillages.
- Equipment is free of tapes/plastic etc. that may compromise cleaning.
- Equipment legs, wheels and castors are free from mop strings, soil, film, dust and cobwebs.
- Equipment has no odour that is distasteful or unpleasant.
- Equipment is free from signs of non-use.

Risk	Standards
<p>Very high risk</p> <ul style="list-style-type: none"> • Operating theatres • ICU • Areas with patients in protective isolation 	<p>Critically important</p> <p>Patients are at very high risk of infection, and a frequent and responsive cleaning service is ESSENTIAL. Defined protocols and processes in addition to the outcomes need strict adherence. The outcomes must be achieved through the highest level of intensity and frequency of cleaning.</p> <p>It is essential that areas adjoining very high risk functional areas also receive the most intensive level of cleaning.</p>
<p>High risk</p> <ul style="list-style-type: none"> • Emergency department • CSSD and sterile supply areas 	<p>Highly Important</p> <p>The outcomes must be maintained by frequent scheduled cleaning and a capacity to spot clean.</p> <p>It is essential that areas adjoining high risk functional areas also receive the same level of cleaning.</p>
<p>Moderate risk</p> <ul style="list-style-type: none"> • Day activity area • Specialized clinics • General wards and CCU • Kitchens • Laboratories • Medical imaging • Public thoroughfares • Outpatient clinics • Pathology • Pharmacy • Procedure rooms • Allied health and rehabilitation areas • Treatment rooms • Waiting rooms • Mortuary • Canteen • Residential accommodation • Doctors' mess 	<p>Very important</p> <p>The required standards are important for both hygiene and aesthetic reasons. The outcomes should be maintained through regular cleaning on a scheduled basis, with a capacity to spot clean in between.</p> <p>It is essential that areas adjoining moderate risk functional areas also receive the same level of cleaning.</p>
<p>Low/minimal risk</p> <ul style="list-style-type: none"> • Administrative areas • Non-sterile supply • Record storage and archives • Surau • Engineering stations/workshops (BME) • Plant rooms 	<p>Important</p> <p>The required standards are important for aesthetic and, to a lesser extent, hygiene reasons. The outcomes should be achieved through regular cleaning on a program or scheduled basis, with a capacity to spot clean in between.</p>

IV. ENVIRONMENT

1) General tidiness

Required standard

- The area appears tidy and uncluttered.
- Floor space is clear, only occupied by furniture and fittings designed to sit on the floor.
- Furniture is maintained in a fashion which allows for cleaning.
- Fire access and exit doors are left clear and unhindered.

Risk	Standards
<p>Very high risk</p> <ul style="list-style-type: none"> • Operating theatres • ICU • Areas with patients in protective isolation 	<p>Critically important</p> <p>Patients are at very high risk of infection, and a frequent and responsive cleaning service is ESSENTIAL. Defined protocols and processes in addition to the outcomes need strict adherence. The outcomes must be achieved through the highest level of intensity and frequency of cleaning.</p> <p>It is essential that areas adjoining very high risk functional areas also receive the most intensive level of cleaning.</p>
<p>High risk</p> <ul style="list-style-type: none"> • Emergency department • CSSD and sterile supply areas 	<p>Highly Important</p> <p>The outcomes must be maintained by frequent scheduled cleaning and a capacity to spot clean.</p> <p>It is essential that areas adjoining high risk functional areas also receive the same level of cleaning.</p>
<p>Moderate risk</p> <ul style="list-style-type: none"> • Day activity area • Specialized clinics • General wards and CCU • Kitchens • Laboratories • Medical imaging • Public thoroughfares • Outpatient clinics • Pathology • Pharmacy • Procedure rooms • Allied health and rehabilitation areas • Treatment rooms • Waiting rooms • Mortuary • Canteen • Residential accommodation • Doctors' mess 	<p>Very important</p> <p>The required standards are important for both hygiene and aesthetic reasons. The outcomes should be maintained through regular cleaning on a scheduled basis, with a capacity to spot clean in between.</p> <p>It is essential that areas adjoining moderate risk functional areas also receive the same level of cleaning.</p>
<p>Low/minimal risk</p> <ul style="list-style-type: none"> • Administrative areas • Non-sterile supply • Record storage and archives • Surau • Engineering stations/workshops (BME) • Plant rooms 	<p>Important</p> <p>The required standards are important for aesthetic and, to a lesser extent, hygiene reasons. The outcomes should be achieved through regular cleaning on a program or scheduled basis, with a capacity to spot clean in between.</p>

2) **Odour control**

Required standard

- The area smells fresh.
- There is no odour which is distasteful or unpleasant.
- Room deodorizers are clean and functional.

Risk	Standards
<p>Very high risk</p> <ul style="list-style-type: none"> • Operating theatres • ICU • Areas with patients in protective isolation 	<p>Critically important</p> <p>Patients are at very high risk of infection, and a frequent and responsive cleaning service is ESSENTIAL. Defined protocols and processes in addition to the outcomes need strict adherence. The outcomes must be achieved through the highest level of intensity and frequency of cleaning.</p> <p>It is essential that areas adjoining very high risk functional areas also receive the most intensive level of cleaning.</p>
<p>High risk</p> <ul style="list-style-type: none"> • Emergency department • CSSD and sterile supply areas 	<p>Highly Important</p> <p>The outcomes must be maintained by frequent scheduled cleaning and a capacity to spot clean.</p> <p>It is essential that areas adjoining high risk functional areas also receive the same level of cleaning.</p>
<p>Moderate risk</p> <ul style="list-style-type: none"> • Day activity area • Specialized clinics • General wards and CCU • Kitchens • Laboratories • Medical imaging • Public thoroughfares • Outpatient clinics • Pathology • Pharmacy • Procedure rooms • Allied health and rehabilitation areas • Treatment rooms • Waiting rooms • Mortuary • Canteen • Residential accommodation • Doctors' mess 	<p>Very important</p> <p>The required standards are important for both hygiene and aesthetic reasons. The outcomes should be maintained through regular cleaning on a scheduled basis, with a capacity to spot clean in between.</p> <p>It is essential that areas adjoining moderate risk functional areas also receive the same level of cleaning.</p>
<p>Low/minimal risk</p> <ul style="list-style-type: none"> • Administrative areas • Non-sterile supply • Record storage and archives • Surau • Engineering stations/workshops (BME) • Plant rooms 	<p>Important</p> <p>The required standards are important for aesthetic and, to a lesser extent, hygiene reasons. The outcomes should be achieved through regular cleaning on a program or scheduled basis, with a capacity to spot clean in between.</p>

SCHEDULE E

CLEANING FREQUENCY GUIDELINES

FLOOR – TILED

- (a) The floor shall be swept daily with dry mop.
- (b) The floor shall be wet-mopped daily.
- (c) The floor of Main Entrance and front and rear Foyer/Lobby, Corridors, Reception and Waiting Areas shall be burnished daily.
- (d) General cleaning, scrubbing, sealing and polishing shall be carried out monthly.

FLOOR – CARPETED

- (a) The carpeted areas shall be vacuumed weekly.
- (b) The carpeted areas shall be spot-cleaned/shampooed to remove stain and dirt as and when required.
- (c) Carpet shall be steam-shampooed once in every three (3) months.

TOILETS

- (a) The toilets and Surau's ablutions shall be wet-mopped and disinfected daily.
- (b) Hand basins, counters, toilet bowls and urinals shall be cleaned/washed and scrubbed daily to remove stains.
- (c) All fixtures and mirrors shall be damp-wiped daily.
- (d) Spot cleaning shall be carried out hourly.
- (e) Waste receptacles shall be emptied daily.
- (f) General cleaning at every fortnight - Scrubbing of floor; Wash-down and scrub walls and clean windows; and Scrubbing of sanitary fixtures and fittings.
- (g) Urinals shall be supplied with scented tablets on a weekly basis.
- (h) Replenishing of toilet tissues/papers to water closets.
- (i) The sanitary towel disposal units shall be cleaned and disinfected daily.
- (j) Replenish depleted deodorant/refreshener canisters to aerosol dispensers, check and replace batteries.
- (k) Replenish depleted liquid soap to soap dispensers.

OCCUPIED WARDS, OFFICES AND OTHER ROOMS

- (a) Floor of all rooms (Suites, Offices, Conference Rooms, Operation Room, Surau, Multi-purpose Hall, Pantries, etc) shall be swept/vacuumed and wet-mopped daily. Carpeted areas shall be vacuumed only.
- (b) Vertical blinds and curtains shall be dusted/vacuumed daily.

- (c) All refuse receptacles shall be emptied daily. The receptacle shall be washed when necessary.
- (d) Worktop, countertops, cupboards and hand basin/sink including fittings shall be cleaned daily.

WINDOWS AND DOORS – INTERNAL AND EXTERNAL

- (a) Dusting of windows and ledges and window blinds/curtains shall be carried out daily.
- (b) Spot cleaning of glass panels of windows and doors and fixed glass panels including frames at every floor shall be carried out daily with window cleaning kit.
- (c) General cleaning of **ALL** internal glass panels including frames and security grilles shall be carried out monthly.
- (d) General cleaning of **ALL** external surfaces of glass panels shall be carried out once in every two (2) months.

WALLS AND CEILING, LIGHT FITTINGS AND AIR-CONDITIONERS

- (a) Spot cleaning/dusting and removal of cobwebs and insects debris in all areas with long handle duster and cleaning of air-conditioner grilles and return air grilles shall be carried out weekly.
- (b) General cleaning including cleaning of light covers/diffusers shall be carried out once in every three (3) months.

STAIRCASES

- (a) Sweeping and mopping shall be carried out daily.
- (b) Burnishing shall be carried out Monthly.
- (c) Handrails shall be damp-wiped daily.

MAIN AND REAR ENTRANCE FOYERS

- (a) Sweeping and mopping of the drive-in porch (porte cochere), main and rear entrance foyers/lobby and covered area shall be carried out daily.
- (b) General cleaning to be carried out monthly.
- (c) Monthly cleaning of the barrel vault skylight at the entrance and sweeping and removal of debris from gutter.

GENERAL

- (a) Daily damp dusting/cleaning/wiping and disinfecting of furniture and information/reception counters, fittings, tables, worktops including laboratory worktops, cupboards and public telephones; and damp-wiped televisions, fire extinguisher and fire hose reel cabinets.
- (b) All equipment shall be cleaned and damped wiped daily.
- (c) Daily spot cleaning of fire extinguishers and fire hose reel cabinets.

COMPOUND

- (a) Apron, driveway, and open drains shall be swept daily.

- (b) All planted areas are to be kept in a weed-free condition by hand weeding or hoeing to remove the weeds including their roots. Weeding once a month is required. All weeds and rubbish collected during this weeding operation shall be removed and disposed off at the Municipal Dumping Ground.
- (c) Turfed (Grassed) area shall be cut to minimum height once in every two (2) weeks. All cut grass shall be raked up and removed from site. Edges should be trimmed neatly. Particular attention should be drawn to cutting along flower beds/around plants. All cuttings shall be disposed off into the Municipal Dumping Ground.
- (d) Pruning shall be carried out at every two (2) months.
- (e) NPK fertilizer shall be applied to all plants once a month.
- (f) Daily watering of indoor plants.
- (g) Grass cutting shall be carried out with a knapsack grass cutter.

ROOF

- (a) Monthly sweeping and removal of debris from roof / flat roof and gutters of building.

CAR PARK

- (a) The car park shall be swept daily.

SCHEDULE F

PERSONNEL DEPLOYMENT

1. The Contractor shall employ the minimum number of skilled or semi-skilled workmen as enumerated below.

- | | | |
|----------------|---|----|
| (a) Supervisor | - | 2 |
| (b) Cleaners | - | 18 |

2. Hospital Compound

- | | | |
|--|---|----|
| (a) Pengiran Isteri Hajjah Mariam Hospital | - | 15 |
| (b) MCH Clinic | - | 3 |
| (d) Transit Flat | - | 2 |

SCHEDULE G

CONSUMABLE SPECIFICATION

No.	Description	Measure	Inpatient	Outpatient
1	MATERIALS			
1.1	Air Freshener Dispenser	Unit	all toilets	all toilets
1.2	Air Freshener Refill	Unit	all toilets	all toilets
1.3	Battery For Air Freshener Dispenser	Unit	all toilets	all toilets
1.4	M-Fold Towel Dispenser	Unit	first class & icu	first class & icu
1.5	M-Fold Towel	Carton	first class & icu	first class & icu
1.6	Hand Roll Towel Dispenser	Unit	all basins	all basins
1.7	Hand Roll Towel	Carton	all basins	all basins
1.8	Hand roll towel Dispenser (sensor)	Unit	prep room	public toilets
1.9	Jumbo Roll Toilet paper Dispenser	Unit	all toilets	all toilets
1.10	Jumbo Roll toilet paper	Carton	all toilets	all toilets
1.11	Bath/shampoo Soap Dispenser	Unit	all shower	all shower
1.12	Bath/shampoo Soap - refill packed	Unit	all shower	all shower
1.13	Hand Soap Dispenser	Unit	all toilets, patient room, prep room & dirty utility	all toilets
1.14	hand soap refill packed	Unit	all toilets, patient room, prep room & dirty utility	all toilets
1.15	Shower Curtain	Piece	first class	first class
1.16	Bath Mat	Piece	first class	first class
1.17	Floor Mats (replaceable) 2'X3'(weekly)	Piece	all toilets	all toilets
1.18	Floor Mats (replaceable) 2'X3'(fortnightly)	Piece	first class	nil
1.19	Floor Mats (replaceable) 3'X5'(weekly)	Piece	ward main entrance	clinic main entrance
1.20	Floor Mats (replaceable) 3'X5'(fortnightly)	Piece	ward	clinic
1.21	Floor Mats (replaceable) 4'X6'(weekly)	Piece	lobby	lobby
1.22	Garbage Chute Bag (Black) - (disposal room) 36X52X0.07	Piece	dirty utility	dirty utility
1.23	Garbage Chute Bag (Black) - 36 X 48	Piece	dirty utility	dirty utility
1.24	Garbage Chute Bag (Black) - 30 X 39	Piece	dirty utility	dirty utility
1.25	Garbage Chute Bag (Black) - 33 X 39	Piece	dirty utility	dirty utility

No.	Description	Measure	Inpatient	Outpatient
1.26	Garbage Chute Bag (Black) - 20 X 36	Piece	dirty utility	dirty utility
1.27	Garbage Chute Bag (Black) - 36X42X0.07	Piece	basement disposal area	basement disposal area
1.28	Garbage Chute Bag (White) - (in patient room) 35 litre bin	Piece	wards	consultation room
1.29	Garbage Chute Bag (White) - (in patient room) 20 litre bin	Piece	wards	consultation room
1.30	Yellow Bio-Hazard Bag 28 X 39	Piece	wards	clinic
1.31	Yellow Bio-Hazard Bag 20X 26	Piece	wards	clinic
1.32	Yellow Bio-Hazard Bag 12X18X0.05	Piece	wards	clinic
1.33	Yellow Bio-Hazard Bag 16X27	Piece	wards	clinic
1.34	Purple Cyotoxic Bag	36 X 48	medical wards	oncology clinic
1.35	Limpet Bag (White)		wards	nil
1.36	Transparent Plastic Bag - for recycle item	38 X 48	office	office
2	CHEMICAL			
2.1	MicroQuat - white	litre	ward	clinic
2.2	Quickfill 530c - green	litre	ward	clinic
2.3	Quickfill 520c - blue	litre	ward	clinic
2.4	STAT III TB	litre	ward	clinic
3	WIPING CLOTH (GREEN, BLUE, YELLOW, GREEN CHECKERED & PINK FORMENTO)			
3.1	Green Micro-fiber - General cleaning of room/wards item	Piece	ward	clinic
3.2	Yellow Micro-Fiber - Cleaning of toilet and disposal room	Piece	ward	clinic
3.3	Blue Micro-fiber - cleaning of glass and specific items	Piece	ward	clinic
3.4	Green checkered Micro-fibre - cleaning of toilet bowl	Piece	ward	clinic
3.5	Pink formento- MRSA/Terminal Cleaning (disposed after each use)	Piece	medical wards	nil

SCHEDULE H

CHECKLIST FORMS

HOSPITAL PENGIRAN ISTERI HAJJAH MARIAM TEMBURONG

BULAN:

BORANG 'A1'- HARIAN

BAHAGIAN / WAD _____

BIL.	HURIAN TUGAS	01	02	03	04	05	06	07	08	09	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	MARKAH	ULASAN		
1	Menyapu dan mengelap semua lantai dan tangga dan menggilap semua lantai, mengelap basah semua lantai-lantai di Wad-Wad dan bilik-bilik																																			
2	Vakum dan membersihkan permaidani																																			
3	Mencuci tingkap dan bingkai serta menyapu debu yang terdapat dilangsir, blincs, membersihkan jalur-jalur kaca pintu dan jendela, memasang jalur-jalur kaca dan rangka-rangka serta membersihkan selusur dan grill																																			
4	Menggilap / membersihkan / mengelap dan membasmi																																			

BIL.	HURIAN TUGAS	01	02	03	04	05	06	07	08	09	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	MARKAH	ULASAN			
	kuman-kuman yang terdapat pada perabot; benda-benda yang dipasang, kelengkapan TV, katil-katil, meja-meja dan loker-loker yang terdapat di wad-wad dan bilik persendirian																																				
5	Membersih dan membasmi kuman pada tandas-tandas dan tempat berwuduk di Surau serta menambah keperluan-keperluan bagi tandas (tisu, pil haruman, dll)																																				
6	Menyapu dan mengelap, pintu-pintu masuk utama, lobi dan tempat-tempat yang tertutup																																				
7	Mengutip dan membuang sampah																																				

Sila catit markah seperti berikut:

1 - TIDAK MEMUASKAN

2 - BAIK

3 - MEMUASKAN

0 - KERJA TIDAK MEMUASKAN

N - TIDAK BERKENAAN

//= KERJA-KERJA HANYA DILAKSANAKAN OLEH KAKITANGAN HOSPITAL IAITU PADA (PH)JUMAAT DAN AHAD

TANDATANGAN _____

TARIKH _____

NOTA. Markah (*) hendaklah diisikan oleh Jawatankuasa Kebersihan

HOSPITAL PENGIRAN ISTERI HAJJAH MARIAM TEMBURONG

BULAN:

BORANG 'B'- MINGGUAN

BAHAGIAN / WAD _____

BIL.	HURAIAN TUGAS	01	02	03	04	05	06	07	08	09	10	11	12	13	14	15	*MARKAH	ULASAN
1	Membersih / menyapu dan menghapuskan sarang labah-labah dan serangga yang terdapat di semua tempat																	
2	Membekalkan pil-pil haruman ditempat (bekas) untuk membuang air kecil																	
3	Menambah tempat-tempat sabun beserta cecairan sabun di tandas-tandas																	

BIL.	HURAIAN TUGAS	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	*MARKAH	ULASAN
1	Membersih / menyapu dan menghapuskan sarang labah-labah dan serangga yang terdapat di semua tempat																		
2	Membekalkan pil-pil haruman ditempat (bekas) untuk membuang air kecil																		
3	Menambah tempat-tempat sabun beserta cecairan sabun di tandas-tandas																		

Sila catit markah seperti berikut:

1 - TIDAK MEMUASKAN

2 - BAIK

3 - MEMUASKAN

0 - KERJA TIDAK MEMUASKAN

N - TIDAK BERKENAAN

//= KERJA-KERJA HANYA DILAKSANAKAN OLEH KAKITANGAN HOSPITAL IAITU PADA (PH)JUMAAT DAN AHAD

TANDATANGAN _____

TARIKH _____

NOTA. Markah (*) hendaklah diisikan oleh Jawatankuasa Kebersihan

HOSPITAL PENGIRAN ISTERI HAJJAH MARIAM TEMBURONG

BULAN:

BORANG 'C1'- 2 MINGGU SEKALI

BAHAGIAN / WAD _____

BIL.	HURAIAN TUGAS	01	02	03	04	05	06	07	08	09	10	11	12	13	14	15	*MARKAH	ULASAN
1	Membersihkan dan membasmi kuman yang terdapat ditandas-tandas dan juga tempat berwuduk di Surau, mengosok lantai, membersihkan dan menggosok benda-benda yang dipasang serta aksesori dan kelengkapan																	

BIL.	HURAIAN TUGAS	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	*MARKAH	ULASAN
1	Membersihkan dan membasmi kuman yang terdapat ditandas-tandas dan juga tempat berwuduk di Surau, mengosok lantai, membersihkan dan menggosok benda-benda yang dipasang serta aksesori dan kelengkapan																		

Sila catit markah seperti berikut:

1 - TIDAK MEMUASKAN

2 - BAIK

3 - MEMUASKAN

0 - KERJA TIDAK MEMUASKAN

N - TIDAK BERKENAAN

//= KERJA-KERJA HANYA DILAKSANAKAN OLEH KAKITANGAN HOSPITAL IAITU PADA (PH)JUMAAT DAN AHAD

TANDATANGAN _____

TARIKH _____

NOTA. Markah (*) hendaklah diisikan oleh Jawatankuasa Kebersihan

HOSPITAL PENGIRAN ISTERI HAJJAH MARIAM TEMBURONG

BULAN:

BORANG 'D1', BULANAN

BAHAGIAN / WAD _____

BIL.	HURAIAN TUGAS	01	02	03	04	05	06	07	08	09	10	11	12	13	14	15	*MARKAH	ULASAN
1	Membersih, mengosok / menanggalkan. Mengelap dan mengilap lantai, Jubin serta tangga-tangga. Membasuh semua lantai-lantai dengan menggunakan ubat pembasmi kuman yang diiktiraf oleh pihak Hospital																	
2	Membersihkan jalur-jalur kaca didalam rangka-rangka dan grill keselamatan																	

BIL.	HURAIAN TUGAS	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	*MARKAH	ULASAN
1	Membersih, mengosok / menanggalkan. Mengelap dan mengilap lantai, Jubin serta tangga-tangga. Membasuh semua lantai-lantai dengan menggunakan ubat pembasmi kuman yang diiktiraf oleh pihak Hospital																		
2	Membersihkan jalur-jalur kaca didalam rangka-rangka dan grill keselamatan																		

Sila catit markah seperti berikut:

1 - TIDAK MEMUASKAN

2 - BAIK

3 - MEMUASKAN

0 - KERJA TIDAK MEMUASKAN

N - TIDAK BERKENAAN

//= KERJA-KERJA HANYA DILAKSANAKAN OLEH KAKITANGAN HOSPITAL IAITU PADA (PH)JUMAAT DAN AHAD

TANDATANGAN _____

TARIKH _____

NOTA. Markah (*) hendaklah diisikan oleh Jawatankuasa Kebersihan

HOSPITAL PENGIRAN ISTERI HAJJAH MARIAM TEMBURONG

BULAN:

BORANG 'D2', BULANAN

BAHAGIAN / WAD _____

BIL.	HURAIAN TUGAS	01	02	03	04	05	06	07	08	09	10	11	12	13	14	15	*MARKAH	ULASAN
1	Mencabut rumput yang terdapat pada tumbuh-tumbuhan serta memindahkan dan membuang rumpai dan sampah-sampah yang dikutip																	
2	Penggunaan baja NPK bagi tumbuh-tumbuhan																	
3	Menyapu dan memindahkan sampah-sarap daripada atap dan pancuran atas yang terdapat pada bangunan																	

BIL.	HURAIAN TUGAS	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	*MARKAH	ULASAN
1	Mencabut rumput yang terdapat pada tumbuh-tumbuhan serta memindahkan dan membuang rumpai dan sampah-sampah yang dikutip																		
2	Penggunaan baja NPK bagi tumbuh-tumbuhan																		
3	Menyapu dan memindahkan sampah-sarap daripada atap dan pancuran atas yang terdapat pada bangunan																		

Sila catit markah seperti berikut:

1 - TIDAK MEMUASKAN

2 - BAIK

3 - MEMUASKAN

0 - KERJA TIDAK MEMUASKAN

N - TIDAK BERKENAAN

//= KERJA-KERJA HANYA DILAKSANAKAN OLEH KAKITANGAN HOSPITAL IAITU PADA (PH)JUMAAT DAN AHAD

TANDATANGAN _____

TARIKH _____

NOTA. Markah (*) hendaklah diisikan oleh Jawatankuasa Kebersihan

HOSPITAL PENGIRAN ISTERI HAJJAH MARIAM TEMBURONG

BULAN:

BORANG 'E1', 2 BULAN SEKALI

BAHAGIAN / WAD _____

BIL.	HURAIAN TUGAS	01	02	03	04	05	06	07	08	09	10	11	12	13	14	15	*MARKAH	ULASAN
1	Membersihkan jalur-jalur kaca diluar dan rangka-rangka																	
2	Membersih dinding-dinding, siling, saluran hawa dinding dan air grill, kipas angina, siling / dinding dan penutup lampu / diffusers																	

BIL.	HURAIAN TUGAS	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	*MARKAH	ULASAN
1	Membersihkan jalur-jalur kaca diluar dan rangka-rangka																		
2	Membersih dinding-dinding, siling, saluran hawa dinding dan air grill, kipas angina, siling / dinding dan penutup lampu / diffusers																		

Sila catit markah seperti berikut:

1 - TIDAK MEMUASKAN

2 - BAIK

3 - MEMUASKAN

0 - KERJA TIDAK MEMUASKAN

N - TIDAK BERKENAAN

//= KERJA-KERJA HANYA DILAKSANAKAN OLEH KAKITANGAN HOSPITAL IAITU PADA (PH)JUMAAT DAN AHAD

TANDATANGAN _____

TARIKH _____

NOTA. Markah (*) hendaklah diisikan oleh Jawatankuasa Kebersihan

HOSPITAL PENGIRAN ISTERI HAJJAH MARIAM TEMBURONG

BULAN:

BORANG 'E2, 2 BULAN SEKALI

BAHAGIAN / WAD _____

BIL.	HURAIAN TUGAS	01	02	03	04	05	06	07	08	09	10	11	12	13	14	15	*MARKAH	ULASAN
1	Memotong bahagian-bahagian yang tidak dikehendaki yang terdapat pada tumbuh-tumbuhan, menghimpun dan memindah ranting-ranting yang telah dipotong																	

BIL.	HURAIAN TUGAS	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	*MARKAH	ULASAN
1	Memotong bahagian-bahagian yang tidak dikehendaki yang terdapat pada tumbuh-tumbuhan, menghimpun dan memindah ranting-ranting yang telah dipotong																		

Sila catit markah seperti berikut:

1 - TIDAK MEMUASKAN

2 - BAIK

3 - MEMUASKAN

0 - KERJA TIDAK MEMUASKAN

N - TIDAK BERKENAAN

//= KERJA-KERJA HANYA DILAKSANAKAN OLEH KAKITANGAN HOSPITAL IAITU PADA (PH)JUMAAT DAN AHAD

TANDATANGAN _____

TARIKH _____

NOTA. Markah (*) hendaklah diisikan oleh Jawatankuasa Kebersihan

HOSPITAL PENGIRAN ISTERI HAJJAH MARIAM TEMBURONG

BULAN:

BORANG 'F1', SETIAP 3 BULAN

BAHAGIAN / WAD _____

BIL.	HURAIAN TUGAS	01	02	03	04	05	06	07	08	09	10	11	12	13	14	15	*MARKAH	ULASAN
1	Permaidani hendaklah distim dengan syampu																	

BIL.	HURAIAN TUGAS	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	*MARKAH	ULASAN
1	Permaidani hendaklah distim dengan syampu																		

Sila catit markah seperti berikut:

1 - TIDAK MEMUASKAN

2 - BAIK

3 - MEMUASKAN

0 - KERJA TIDAK MEMUASKAN

N - TIDAK BERKENAAN

//= KERJA-KERJA HANYA DILAKSANAKAN OLEH KAKITANGAN HOSPITAL IAITU PADA (PH)JUMAAT DAN AHAD

TANDATANGAN _____

TARIKH _____

NOTA. Markah (*) hendaklah diisikan oleh Jawatankuasa Kebersihan

HOSPITAL PENGIRAN ISTERI HAJJAH MARIAM TEMBURONG

BULAN:

BORANG 'F2', SETIAP 3 BULAN

BAHAGIAN / WAD _____

BIL.	HURAIAN TUGAS	01	02	03	04	05	06	07	08	09	10	11	12	13	14	15	*MARKAH	ULASAN
1	Longkang hendaklah dicuci menggunakan air yang berkuasa tinggi																	

BIL.	HURAIAN TUGAS	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	*MARKAH	ULASAN
1	Longkang hendaklah dicuci menggunakan air yang berkuasa tinggi																		

Sila catit markah seperti berikut:

1 - TIDAK MEMUASKAN

2 - BAIK

3 - MEMUASKAN

0 - KERJA TIDAK MEMUASKAN

N - TIDAK BERKENAAN

//= KERJA-KERJA HANYA DILAKSANAKAN OLEH KAKITANGAN HOSPITAL IAITU PADA (PH)JUMAAT DAN AHAD

TANDATANGAN _____

TARIKH _____

NOTA. Markah (*) hendaklah diisikan oleh Jawatankuasa Kebersihan

SECTION 3
FORM TO BE USED
CONTENTS

1. **SCHEDULE A – TENDER FORM**
2. **SCHEDULE B – SUMMARY OF TENDER**
3. **SCHEDULE C – INFORMATION SUMMARY**
4. **SCHEDULE D – SUB-CONTRACTS**
5. **SCHEDULE E – COMPANY BACKGROUND**
6. **SCHEDULE F – REFERENCES**
7. **SCHEDULE G - DECLARATION**
8. **SCHEDULE H – LIST OF PROPOSED EQUIPMENT**
9. **SCHEDULE I – CONSUMABLE USAGE**

SCHEDULE A
TENDER FORM

To:

TENDER REFERENCE NO.: KK/54/2026/PIHM(TC)

INVITATION TO TENDER
THE CLEANING SERVICES FOR THE PENGIRAN ISTERI HAJJAH MARIAM HOSPITAL
TEMBURONG FOR A PERIOD OF THREE (3) YEAR

TENDER OF (*name of tenderer*) _____

Company/Business Registration No.: _____

Tender Closing Date: _____

NO.	DESCRIPTION	PRICE
1	Monthly charges for cleaning services	
2	Total charges for cleaning services for Three (3) year	
3	Others:	

1. I/We having visited and examined the Hospital Buildings, hereby Tender and offer to carry out cleaning of the Pengiran Isteri Hajah Mariam Hospital Temburong in accordance with the requirements as detailed in "Section 2 - Specifications" attached to the Tender Form at the average **monthly** cost of Brunei Dollars

_____ (B\$ _____)

2. I/We have read and understood the "Section 1 – Instructions To Tenderers" and hereby undertake to comply with the following conditions in addition to the conditions of the Agreement:
 - (a) to adhere strictly to the Work Specifications as set out in " Section 2 - Specifications" attached to the Tender Form;
 - (b) to execute the formal Agreement within two weeks of receiving the Letter of Acceptance and to deposit with His Majesty's Government of Brunei Darussalam upon execution of the Agreement, a Workmen's Compensation Insurance Policy;
 - (c) to employ only healthy persons of good character, acceptable by His Majesty's Government of Brunei Darussalam; and
 - (d) to keep this tender valid for three (3) calendar years from the last date for submission of tenders.
3. I/We undertake to provide the minimum number of cleaning staff of **20 persons** as stated in "Section 2 – Schedule F" or alternatively _____ persons in accordance with my/our allocations, attached.
4. I/We agree that until a formal agreement is prepared and executed, this tender together with the Letter of Acceptance shall constitute a legal and binding contract.
5. I/We attach herewith Schedule C, D, E, F, G "Information Regarding Tenderer" and Schedule B "Summary of Tender", duly completed and I/We hereby agree that the breakdown prices quoted shall form a basis for the determination of payment for variation of work that may be ordered by the Ministry.
6. My/Our tender Fee Receipt Number _____ for \$50.00 dated _____ is attached.

7. The undersigned is deemed to be authorised personnel to sign on behalf of the Company.

Signature of Tenderer : _____

Full Name : _____

Position in Company : _____

Company : _____

(Stamp/Seal of Tenderer)

Address : _____

Telephone : _____

Fax : _____

Date : _____

SCHEDULE B
SUMMARY OF TENDER

ITEM NO.	DESCRIPTION	UNIT	QTY	RATE	AMOUNT	
					\$	¢
	<p><u>Preambles</u></p> <p>The Contractor shall in his tender price provide everything necessary for the proper execution of the works according to the true intent and meaning of the specifications. This shall include the provision of all labour and materials and the performance of all workmanship together with the provision and use of all tools, plants and equipment, chemicals and toiletries supplies necessary for the proper execution of the works as described.</p> <p><u>DAILY CLEANING</u></p>					
1	Sweeping and mopping of tiled floor and staircases and burnishing of floor.	Month	36			
2	Vacuuming and spot cleaning of carpet	Month	36			
3	Dusting of windows and frames and blinds/curtains; spot cleaning of glass panels of doors and windows, fixed glass panels and frames; and cleaning of handrails and grilles.	Month	36			
4	Damp dusting/cleaning/wiping and disinfecting of furniture, countertops, fittings, tables, equipment, worktops, and cupboards and public telephones; and damp-wiped televisions, fire extinguisher and fire hose reel cabinets.	Month	36			
5	Sweeping and mopping of drive-in porch, front and rear foyers/lobby and covered area.	Month	36			
6	Sweeping of building apron and drain; driveway and compound drain.	Month	36			
7	Sweeping of car park.	Month	36			
8	Cleaning of Toilets and Surau's Ablutions including supply of toilet papers.	Month	36			
9	Collection and removal of rubbish	Month	36			

ITEM NO.	DESCRIPTION	UNIT	QTY	RATE	AMOUNT	
					\$	¢
	<u>PERIODIC CLEANING</u>					
1	Cleaning, scrubbing, sealing and polishing of tiled floor and Staircases (Monthly).	Times	36			
2	Cleaning of all internal glass panels and frames; and security grilles (monthly).	Times	36			
3	Cleaning of all external glass panels and frames (Bi-monthly).	Times	18			
4	Steam-shampoo carpet (Three monthly)	Times	18			
5	Cleaning walls, ceiling, air-conditioner supply and return air grilles and light covers/diffusers (Bi-monthly).	Times	18			
6	Spot clean/dust walls, columns and ceiling; air-conditioner supply and return air grilles and light covers/ diffusers (Weekly).	Times	144			
7	General cleaning of toilets and Surau's ablutions (Fortnightly).	Times	72			
8	Supply of scented tablets to urinals (Weekly).	Times	144			
9	Supply and replace depleted deodorant/freshener canisters to aerosol dispensers in toilets including supply and replace batteries (Fortnightly)	Times	144			
10	Replenish soap dispensers in toilets with liquid soap (Weekly).	Times	144			
11	Weeding of planted areas. (Monthly)	Times	36			
12	Grass cutting and raking of cut grass. (Fortnightly)	Times	72			
13	Pruning of plants. (Bi-monthly)	Times	18			
14	Application of NPK fertilizer to plants. (Monthly)	Times	36			
15	Sweeping and removal of debris from flat roof and gutters of building (Monthly)	Times	36			
16	Clean drain with high pressure jet (Quartely)	Times	12			
MONTHLY CONTRACT AMOUNT CARRIED TO FORM OF TENDER						

SCHEDULE OF RATES

NO.	DESCRIPTION	UNIT	QUANTITY	RATE
1	Sweeping, mopping and burnishing of tiled floor or vinyl tile/sheet flooring.	m ²	100	
2	Cleaning, scrubbing/stripping, sealing and polishing of tiled floor or vinyl tile/sheet flooring.	m ²	100	
3	Vacuuming of Carpet	m ²	100	
4	Shampooing of Carpet	m ²	100	
5	Cleaning of drains with high pressure water jet	m	100	

SCHEDULE C

INFORMATION SUMMARY

- 3.1 Tenderers shall provide in this Schedule the following information:
- a. Management summary
 - b. Company profile (including Contractor and sub-contractor(s), if any)
 - c. Years of experience (as of the Tender Closing Date) of the Contractor and sub-contractor(s) in the:
 - **Provision of cleaning services for hospitals and/or health facilities**
 - d. Other information which is considered relevant

SCHEDULE D

SUB-CONTRACTS

- 4.1 Tenderers shall complete Table 4.1 with information about all the companies involved in the provision of the services and items specified in this tender. This shall include details about the Contractor and each sub-contractor involved, as well as their respective responsibilities.
- 4.2 Tenderers shall also indicate in Table 4.1 any alliance relationship established with each sub-contractor. An alliance is defined as a formal and binding business relationship between the allied parties.

Table 4.1 - Responsibility Table

Company Name	Responsibility Description	Alliance Relationship between Contractor and Sub-contractor(s)		
		Alliance Exists? (Y/N)	Date Established	Alliance Description
Contractor				
		Not Applicable	Not Applicable	Not Applicable
Sub-contractor(s)				

SCHEDULE E

COMPANY'S BACKGROUND

- 5.1 Each of the companies involved in this tender, including Contractor and sub-contractor(s) (if any), shall provide information on the company's background, scope of operations, financial standing and certified copy of its Certificate of Incorporation or Certificate of Registration (as the case may be).

SCHEDULE F

REFERENCES

- 6.1 Tenderers shall submit a list of customers in Table 6.1 to whom the Contractor has provided similar services and items as specified in this tender in the recent 5 years as of the Tender Closing Date.

Table 6.1 - References of previous customers

Customer Name and Address	Customer Type (Govt or Quasi Govt)*	Contact Person	Title	Contact Number, Fax Number and E-mail Address

***Note: Tenderers shall indicate whether the customer is a Government or Quasi Government organisation. A Quasi Government is defined as an organisation which (1) is managed and controlled by the Government; or (2) has at least 50% shares being held by the Government. Please leave the column blank if the customer is neither a Government or Quasi Government organisation.**

- 6.2 The Ministry of Health shall treat all the information submitted under this schedule in strict confidence.
- 6.3 The Ministry of Health reserves the right to contact the references for tender assessment purposes.

SCHEDULE G

PENGAKUAN INTEGRITI PENENDER
TENDERER'S INTEGRITY DECLARATION

CHEMICALS INTENDED FOR USE IN THE WORK

The Tenderers shall detail below the chemicals they proposes to use in the work:

No.	Description	Brand	Manufacturer	Country of Origin
1	Sealer			
2	Polisher			
3	Stripper			
4	Disinfectant			
5	Window cleaner			
6	Detergent			
7	Toilet chemicals			
8	Deodorant/Refreshener			
9	Liquid soap			
10	Other chemical			

Note:

Tenderers MUST submit brochures/catalogue and other details of the products intended to be used.

SCHEDULE I

CONSUMABLE USAGE

- 9.1 Tenderers are required to indicate the brand/quality and quantity of consumables which are intended to be used for the services. Note that this list is not exhaustive and Tenderers are allowed to add in any other consumables which are deemed necessary.