

TENDER REF. NO.: KK/195/2026/PPN(TC)

**MINISTRY OF HEALTH
NEGARA BRUNEI DARUSSALAM**

**THE PROVISION OF INTEGRATED PEST AND ANIMAL
CONTROL SERVICES AT THE NATIONAL DENTAL
CENTER, OLD AIRPORT FOR A PERIOD OF FIVE(5) YEARS**

TENDER FEE : \$10.00

RECEIPT NO. :

CLOSING DATE : ON TUESDAY, 06th October 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

TENDER REFERENCE NO.: KK/195/2026/PPN(TC)

**INVITATION TO TENDER
PROVISION OF INTEGRATED PEST AND ANIMAL CONTROL SERVICES AT THE NATIONAL
DENTAL CENTRE, OLD AIRPORT ROAD FOR A PERIOD OF FIVE (5) YEARS**

SCOPE OF WORK

1. **LOCATION OF SITE**

The site is situated at the buildings within the National Dental Centre compound.

2. **SCOPE OF WORK**

- a. The works require the Contractor to provide the following pest control services:
 - Rodent flushing services
 - Cockroaches' prevention services
 - Ants' prevention services
 - Bee hives
 - Anti-termite treatment
 - Control of fleas and ticks
- b. The works also require the Contractor to provide animal control services, including but not limited to:
 - Snakes
 - Monitor lizards
 - Stray dogs
 - Birds (pigeons, mynas, crows, sparrows, etc.)
 - Bats
 - Other nuisance animals that may be encountered during the contract period

3. **FREQUENCY OF ROUTINE CHECKS**

To do a minimum of once-a-month routine and maintenance check.

Integrated pest and animal control services need to be done **upon the Department's Instruction and based on work requests from end users complain**, including inspection, site visit routine checks and maintenance check if works are required to be done.

DESCRIPTION	SERVICES
<u>RODENT FLUSHING SERVICES</u>	
Rodent flushing	Clean & report condition & when required (Upon the Department's Instruction)
Site visitation	Clean & report condition & when required (Upon the Department's Instruction)
Deployment of glue traps and rodential baits in the ceiling and etc.	Clean & report condition & when required (Upon the Department's Instruction)
Disposal of any dead/ caught rodent	Clean & report condition & when required (Upon the Department's Instruction)

DESCRIPTION	SERVICES
<u>COCKROACHES PREVENTION SERVICES</u>	
Cockroaches	Clean & report condition & when required (Upon the Department's Instruction)
Site visitation	Clean & report condition & when required (Upon the Department's Instruction)
Apply chemicals: spray, fogging at affected area	Clean & report condition & when required (Upon the Department's Instruction)
Disposal of any dead/caught cockroaches	Clean & report condition & when required (Upon the Department's Instruction)
<u>ANTS PREVENTION SERVICES</u>	
Ant prevention	Clean & report condition & when required (Upon the Department's Instruction)
site visitation	Clean & report condition & when required (Upon the Department's Instruction)
Apply chemicals: spray, fogging at affected area	Clean & report condition & when required (Upon the Department's Instruction)
Disposal of any dead/caught ants	Clean & report condition & when required (Upon the Department's Instruction)
<u>BEE HIVES</u>	
Site visitation	Clean & report condition & when required (Upon the Department's Instruction)
Remove bee hive with chemical, and tools	Clean & report condition & when required (Upon the Department's Instruction)
<u>ANTI-TERMITES</u>	
Anti-termites	Clean & report condition & when required (Upon the Department's Instruction)
Site visitation	Clean & report condition & when required (Upon the Department's Instruction)
Apply chemicals: spray, injection to the ground floor at affected area or wherever necessary	Clean & report condition & when required (Upon the Department's Instruction)
<u>FLEAS AND TICKS</u>	
Site visitation	Clean & report condition & when required (Upon the Department's Instruction)
Cleaning/sanitizing of affected areas, removal of infested materials	Clean & report condition & when required (Upon the Department's Instruction)
Targeted chemical treatment where necessary	Clean & report condition & when required (Upon the Department's Instruction)

DESCRIPTION	SERVICES
<u>ANIMAL CONTROL</u>	
Site visitation	Clean & report condition & when required (Upon the Department's Instruction)
Deploy traps, deterrents, or chemicals where appropriate at identified hideouts or paths	Clean & report condition & when required (Upon the Department's Instruction)
Disposal and removal of any dead/caught animals	Clean & report condition & when required (Upon the Department's Instruction)

SCHEDULE OF PRICES
(SUMMARY OF QUOTATION PRICE)

SCOPE OF WORK

ITEM NO.	DESCRIPTION	VISITS PER YEAR	RATE (PER VISIT)	MAXIMUM NUMBER OF VISIT	TOTAL RATE
1	<u>SCHEDULED VISIT - ONCE A MONTH</u> Routine on-site integrated pest and animal control services inclusive: The scope of work includes supply of labour, tools and chemicals to do the affected area as mentioned, for the abovementioned work services including integrated pest and animal control services related works as mentioned in the scope of works within a period of five (5) years. <u>Location:</u> ▪ Block A ▪ Block B ▪ Block C ▪ Dental Laboratory ▪ Outdoor storage areas ▪ Surrounding compound	12		60	
2	<u>UPON REQUEST VISIT – UP TO ONCE A MONTH</u> An additional targeted visit only upon the Department's instruction, for complaints, sightings, urgent treatment, removal of other operational requirements <u>Location:</u> ▪ Block A ▪ Block B ▪ Block C ▪ Dental Laboratory ▪ Outdoor storage areas ▪ Surrounding compound <u>Note:</u> • May not be required every month. • No visit or claim unless instructed and completed. • Does not replace the scheduled monthly visit.	UP TO 12		UP TO 60	
TOTAL AMOUNT FOR FIVE (5) YEARS					

**THE NATIONAL DENTAL CENTRE, OLD AIRPORT ROAD
DEPARTMENT OF DENTAL SERVICES, MINISTRY OF HEALTH**

FORM A – MONTHLY PERFORMANCE EVALUATION OF THE VENDOR

Date of Evaluation: dd/mm/yyyy

NO.	DESCRIPTION OF SERVICES	REMARKS	SCORE %
1	Monthly visitation and services done for the integrated pest and animal control services. Traps and baits (or other methods) are in place in internal premises, and disposal as required.		/ 40
2	Monthly Integrated Pest and Animal Control Report shall be submitted once a month together with the claim. Details shall include specific tasks completed, date, location, relevant photos verified by Contractor and the Department's.		/ 20
3	24 hours response time for any new pest and animal control activity/manifestation that was reported, subject to the discretion of the complaint caller. Complaints were addressed accordingly. No pending complaints.		/ 10
4	No pest and animal sightings or activities reported at the National Dental Centre.		/ 10
5	Proper disposal or removal of pests and animals. Good housekeeping.		/ 10
6	Adequate personnel provided with proper uniform and PPE used as appropriate.		/ 10
TOTAL SCORE			/ 100 %

INDIVIDUALS INVOLVED	
Evaluation done by:	Name: Signature & Date:
Verified by: Representative from Department of Dental Services	Name: Signature & Date:

SITE VISIT FORM	
TENDER REFERENCE NO.: KK/195/2026/PPN(TC) PROVISION OF INTEGRATED PEST AND ANIMAL CONTROL SERVICES AT THE NATIONAL DENTAL CENTRE, OLD AIRPORT ROAD DEPARTMENT OF DENTAL SERVICES, MINISTRY OF HEALTH	
This is to confirm and verify that the company stated below has visited and understood the specification stated in the tender above.	
The site visit is MANDATORY for every participating tenderer.	
Without the site visit, the tenderer shall be considered as NON-COMPLIANCE.	

COMPANY DETAILS	
a. Name of company	
b. Name of officer/technician	
c. Designation	
d. Date of visit	
e. Company stamp	

VERIFICATION BY THE GOVERNMENT	
a. Name	
b. Designation	
c. Date	
d. Stamp	

SECTION 3
FORMS TO BE USED

CONTENTS

SCHEDULE 1 - TENDER FORM

SCHEDULE 2 - INFORMATION SUMMARY

SCHEDULE 3 - SUB-CONTRACTS

SCHEDULE 4 - COMPANY BACKGROUND

SCHEDULE 5 - REFERENCES

SCHEDULE 6 - LETTER OF DECLARATION

SCHEDULE 1 - TENDER FORM

To:

TENDER REFERENCE NO.: KK/195/2026/PPN(TC)

INVITATION TO TENDER
PROVISION OF INTEGRATED PEST AND ANIMAL CONTROL SERVICES AT THE NATIONAL DENTAL CENTRE, OLD AIRPORT ROAD FOR A PERIOD OF FIVE (5) YEARS

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USER REQUIREMENTS	DETAILS OF THE OFFER
Company Registration	
No. of Personnel, including Supervisor(s)	
Personnel Uniform, if applicable	
Equipment/Facilities provided	
Training & Management of Personnel	
Integrated Pest and Animal Control Services Experience	

1. We offer and undertake on your acceptance of our Tender to provide the above-mentioned services in accordance with your Invitation To Tender.
2. Our Tender is fully consistent with and does not contradict or derogate from anything in your Invitation To Tender. We have not qualified or changed any of the provisions of your Invitation To Tender.
3. We shall execute a formal agreement in the appropriate form set out in Section 4 – Contract of the Invitation to Tender together with such further terms and conditions, if any, agreed between the Government and us.
4. OUR OFFER IS VALID FOR **THIRTY (30)** CALENDAR MONTHS FROM THE TENDER CLOSING DATE.
5. When requested by you, we shall extend the validity of this offer.
6. We further undertake to give you any further information which you may require.

Dated this _____ day of _____, 20 _____

[Signature of authorised officer of Tenderer]

Name:

Designation:

Tenderer's official stamp:

SCHEDULE 2 - INFORMATION SUMMARY

2.1 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 Integrated Pest and Animal Control Services***
- d. Other information which is considered relevant

SCHEDULE 3 - SUB-CONTRACTS

- 3.1 Tenderers shall complete Table 3.1 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.
- 3.2 Tenderers shall also indicate in Table 3.1 any alliance relationship established with each sub-contractor. An alliance is defined as a formal and binding business relationship between the allied parties.

Table 3.1 - 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 4 - COMPANY'S BACKGROUND

- 4.1 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 5 - REFERENCES

- 5.1 Tenderers shall submit a list of customers in Table 5.1 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 5.1 - 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.

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

SCHEDULE 6 - LETTER OF DECLARATION