



PROCUREMENT JUSTIFICATION FORM (PJF)

This form must accompany all contract requests and sole source requisitions (RQS) over \$5,000 submitted to the Division of Procurement Services.

INSTRUCTIONS: Please provide the requested information in the white spaces below. All responses (except signatures) must be typed; no hand-written forms will be accepted. See the guidance document posted with this form on the Division of Procurement Services intranet site (Forms page) for additional instructions.

PART I: OVERVIEW			
Department Office/Division/Program:		DHHS/ Maine CDC	
Department Contract Administrator or Grant Coordinator:		Chris Moiles / Stacy Martin	
(If applicable) Department Reference #:		CD0-24-54MA08	
Amount: (Contract/Amendment/Grant)	\$ 65,000.00	Advantage CT / RQS #:	RQS 10A 20230918*0456
CONTRACT	Proposed Start Date:	1/1/2024	Proposed End Date: 12/31/2024
AMENDMENT	Original Start Date:		Effective Date:
	Previous End Date:		New End Date:
GRANT	Project Start Date:		Grant Start Date:
	Project End Date:		Grant End Date:
Vendor/Provider/Grantee Name, City, State:		Maine LabPack Inc Scarborough, ME	
Brief Description of Goods/Services/Grant:		Services for disposal of: Chemical Waste, Dual Waste, Controlled Substances Waste, Ebola Waste, Biomedical Waste, Rabies Ash Waste, Sharps	

PART II: JUSTIFICATION FOR VENDOR SELECTION			
Check the box below for the justification(s) that applies to this request. (Check all that apply.)			
<input type="checkbox"/>	A. Competitive Process	<input type="checkbox"/>	G. Grant
<input type="checkbox"/>	B. Amendment	<input type="checkbox"/>	H. State Statute/Agency Directed
<input checked="" type="checkbox"/>	C. Single Source/Unique Vendor	<input type="checkbox"/>	I. Federal Agency Directed
<input type="checkbox"/>	D. Proprietary/Copyright/Patents	<input type="checkbox"/>	J. Willing and Qualified
<input type="checkbox"/>	E. Emergency	<input type="checkbox"/>	K. Client Choice
<input type="checkbox"/>	F. University Cooperative Project	<input type="checkbox"/>	L. Other Authorization

Please respond to ALL of the questions in the following sections.

PART III: SUPPLEMENTAL INFORMATION

1. Provide a more detailed description and explain the need for the goods, services or grant to supplement the response in Part I.

The Health and Environmental Testing Laboratory (HETL) is a generator of biomedical waste (viral culture, bacterial agar plates, tuberculosis specimens, human blood, urine, feces, cerebrospinal fluid) chemical waste, dual waste (a combination of chemical and biomedical that cannot be reasonably separated), controlled substances waste, and rabies ash waste from the incineration of animal carcasses, which all must be routinely removed from the facility.

It is also required that the laboratory maintain the capability for responding to an Ebola outbreak, and therefore, must be able to dispose of this waste in a safe manner according to state and federal guidelines.

Waste generated in the care of Persons Under Investigation (PUIs) or patients with confirmed Ebola Virus Disease (EVD) are subject to procedures set forth by local, state, and federal regulations. Basic principles for spills of blood and other potentially infectious materials are outlined in the U.S. Occupational Safety and Health Administration (OSHA) Bloodborne Pathogens Standard (29 CFR 1910.1030), and the State of Maine Biomedical Waste Management Rules, 06-096 CMR 900.

Additionally, the removal of: waste generated in the processing of samples, expired or unusable chemicals, or controlled substances that must be rendered non-retrievable from HETL disposal means are required to comply with 29 CFR § 1910.120, and 1317.95, and the Resource Conservation and Recovery Act (RCRA) regulations that are contained in title 40 of the Code of Federal Regulations (CFR) parts 239 through 282.

Aside from the federal, state, and municipal requirements, safety and practicality must be considered. Disposal of this waste is an integral part of a safe working environment for analysts and laboratory support staff as the accumulation of certain outdated or unusable chemicals stored for periods of time may become volatile and explosive with age. The HETL does not have the ability to process this waste, and there is very limited storage capacity on site. Proper timely disposal is also necessary to protect the environment and the public.

2. Provide a brief justification for the selected vendor to supplement the response in Part II. Reference the RFP number, if applicable.

No other Maine vendor is licensed and willing to accept the entirety of the laboratory waste as described in part III, section 1. Clean Harbors is not willing to accept Ebola Waste and has not provided HETL with reasonable guidance to dispose of controlled substances or rabies ash waste. Stericycle is not willing or able to dispose of chemical, dual, rabies ash or controlled substance waste. Maine Labpack is local, responsive, and less expensive than the current vendors contracted for disposal.

3. Explain how the negotiated costs or rates are fair and reasonable; or how the funding was allocated to grantee.

The quote obtained is less expensive than the previous vendors for three distinct reasons:

- 1) Maine LabPack is a Maine company which eliminates out-of-state travel costs.
- 2) The consolidation of all waste to one disposal company is far more efficient and cost effective than using a combination of disposal vendors.

PART III: SUPPLEMENTAL INFORMATION

Communication with Maine LabPack staff is phenomenal. It has reduced analyst and supervisor time that was otherwise spent in waste research and endless email loops lacking results.

4. Describe the plan for future competition for the goods or services.

The department does not intend to competitively procure this service at this time as Maine LabPack is the only local vendor licensed to perform HETL's disposal needs.

PART IV: AMERICAN RESCUE PLAN ACT (ARPA) / MAINE JOBS & RECOVERY PLAN (MJRP)

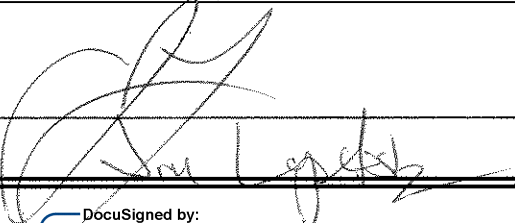

Does this request utilize ARPA/MJRP funds?

Yes – If Yes, please attach the approved Business Case(s).

No – If No, proceed to Part V.

PART V: APPROVALS

The signatures below indicate approval of this procurement request.

Signature of requesting Department's Commissioner (or designee):			
Typed Name:		Date:	22 Dec 23
Signature of DAFS Procurement Official:	DocuSigned by:  891CE7A1493D45B...		
Typed Name:	Martha Verhille	Date:	1/22/2024