



PROCUREMENT JUSTIFICATION FORM (PJF)

This form must accompany all contract requests and sole source requisitions (RQS) over \$5,000 submitted to the Office of State 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 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 / Melanie Boucher		
(If applicable) Department Reference #:	CD0-25-54CAP17		
Amount: (Contract/Amendment/Grant)	\$ 22,558.00	Advantage CT / RQS #:	RQS 10A 20240807*0177
CONTRACT	Proposed Start Date:	10/1/2024	Proposed End Date: 6/30/2025
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:	Siemens Scarborough, Maine		
Brief Description of Goods/Services/Grant:	Two (2) PureAire O2 Monitoring Systems		

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 following was a SafetyWorks! finding during a safety audit conducted at the Health and Environmental Testing Laboratory on 25 September 2023.

“Inadequate supervision of the air monitoring system in the compressed gas room led to the need for a backup battery monitor to avoid risk of exposure to oxygen deficient environment when a gas cylinder leak occurred in the space.”

1910.165(d) Maintenance and testing.

1910.165(d)(4) The employer shall assure that employee alarm circuitry installed after January 1, 1981, which is capable of being supervised is supervised and that it will provide positive notification to assigned personnel whenever a deficiency exists in the system. The employer shall ensure that all supervised employee alarm systems are tested at least annually for reliability and adequacy.

The current air monitoring system in place does not allow for visual or audible alarms in the local area of the monitor. The current monitoring system is only monitored by the Building Management System and only certain individuals are notified.

The requested systems will address the SafetyWorks! finding by immediately issuing an audible alarm when oxygen levels drop, warning individuals in the vicinity of the gas cylinder storage areas of an issue. The visual display of the oxygen levels will allow emergency response personnel to determine if the area is safe to enter and whether a breathing apparatus is needed. One system will be placed in the gas cylinder storage area and one in the shipping and receiving loading dock area. Monitors will provide both visual read out level and audible alarms. All wiring and installation will be completed by Siemens and training will be performed on programming and monitoring the system.

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

Siemens is the installer of the current system and also owns the controller which manages this communication. Moving forward with a Siemens product ensures a seamless transition during installation and that the product will communicate, without issues, to the other controllers in the building.

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

The contract has been negotiated at a fair price to include parts and services for two PureAire Oxygen Monitoring Systems.

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

The Department will solicit competitive bids for this equipment in the event an additional unit is needed.

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

Does this request utilize ARPA/MJRP funds?

Yes, MJRP funds (023) – If Yes, please attach the approved Business Case(s).

Yes, ARPA funds (025) – If Yes, please be aware of the requirements from awarding federal agencies.

No – If No, proceed to Part V.



PART V: CONFLICTS OF INTEREST (COI); CONTRACT WITH THE STATE

Maine law contains Conflict of Interest statutes directed to State Departments, State Officers, and Employees Generally under MRS Title 5, §18 and §18-A, in harmony with MRS Title 17, §3104.

The requesting department signatory understands and acknowledges Maine's Conflict of Interest statutes.

PART VI: APPROVALS

The signatures below indicate approval of this procurement request.

Signature of requesting Department's Commissioner (or designee):			
Typed Name:	Ben Mann	Date:	11/13/24
Signature of DAFS Procurement Official:	<small>DocuSigned by:</small>  <small>EA813178102243C...</small>		
Typed Name:	Joseph Zrioka, IT Procurement Director	Date:	2/14/2025