



DEPARTMENT OF ADMINISTRATIVE AND FINANCIAL SERVICES
OFFICE OF STATE PROCUREMENT SERVICES
STATE OF MAINE

PROCUREMENT JUSTIFICATION FORM (PJF)

This form must accompany all contract requests and sole source requisitions (RQS) over \$10,000 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/HETL	
Department Contract Administrator or Grant Coordinator:		Brianne Carrero / Lyndsay Frank	
(If applicable) Department Reference #:		CD0-27-54MA08	
Agency Department Code:	10A	Advantage CT / RQS #:	MA 18P 24090400000000000027
Amount: (Contract/Amendment/Grant)	Estimated Annual Spend of \$104,700.00		
CONTRACT	Proposed/Original Start Date:	9/19/2026	Proposed/Most Recent End Date: 9/18/2027
AMENDMENT	New Effective Date:		New End Date (if Applicable):
GRANT	Project Start Date:		Grant Start Date:
	Project End Date:		Grant End Date:
Vendor/Provider/Grantee Name, City, State:		Maine Lab Pack Scarborough, Maine	
Brief Description of Goods/Services/Grant:		Services for disposal of: Chemical Waste, Dual Waste, Controlled Substances Waste, Ebola Waste, Biomedical Waste, Rabies Autoclaved Carcass 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.)

☐	A. Competitive Process	☐	G. Grant
☐	B. Amendment	☐	H. State Statute/Agency Directed
☒	C. Single Source/Unique Vendor	☐	I. Federal Agency Directed
☐	D. Proprietary/Copyright/Patents	☐	J. Willing and Qualified
☐	E. Emergency	☐	K. Client Choice
☐	F. Higher Education Cooperative Project	☐	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 carcasses which must be routinely removed from the facility.

It is also required that the laboratory maintain the capability to respond 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 has very limited storage capacity on site. Proper and timely disposal is necessary to remain compliant with local, state, and federal guidelines as well as protect the environment and the public.

2. Provide a brief justification for the selected vendor to supplement the response in Part II. Reference the solicitation (RFP/RFA/RFQ) 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 did not provide HETL with reasonable guidance to dispose of controlled substances or rabies carcasses. Stericycle is not willing or able to dispose of chemical, dual, rabies ash or controlled substance waste. Maine Labpack is local, responsive, and substantially less expensive than the alternate vendors previously 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 Lab Pack 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.
3. Communication with Maine Lab Pack staff is exceptional. This quality reduces analyst and supervisor time spent on ineffective emails and research.

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

PART III: SUPPLEMENTAL INFORMATION

The department does not intend to competitively procure this service. At this time Maine Lab Pack is the only local vendor licensed to perform the lab's comprehensive disposal needs.

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) or (026) – 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.

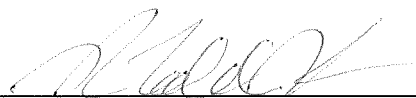
☒ The requesting department's signatory affirms, understands, and acknowledges Maine's Conflict of Interest statutes and, in accordance with those statutes and to the best of their knowledge, has determined that no conflict of interest exists at the time of this contract, renewal, or amendment.

PART VI: APPROVALS

Governor/Department Commissioner or Designee

1. The signature below indicates approval of this procurement request.

Signature of requesting
Department's Commissioner
(or designee):



Typed Name:

Rick Haber

Date:

9/9/2026

2. Additional signature required **ONLY** if box E (Emergency) is selected in PART II. The signature below indicates approval by the Department's Commissioner, or the designee specifically authorized to approve emergency procurement requests.

Signature of requesting
Department's Commissioner
(or designee):

Typed Name:

Date:

****OSPS Section Only****

Signature of DAFS
Procurement Official:

DocuSigned by:



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Typed Name:

Michael McNeil

Date:

9/29/2026