



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/MeCDC HETL		
Department Contract Administrator or Grant Coordinator:		Chris Moiles / Brianne Carrero		
(If applicable) Department Reference #:		CD0-23-54SA61		
Amount: (Contract/Amendment/Grant)	\$ 7,507.50	Advantage CT / RQS #:	RQS 10A 20220912000000000342	
CONTRACT	Proposed Start Date:	10/1/2022	Proposed End Date:	12/30/2023
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 Scarborough, ME		
Brief Description of Goods/Services/Grant:		Bulk removal of expired and unused chemicals and controlled substances from HETL		

PART II: JUSTIFICATION FOR VENDOR SELECTION			
Mark an "X" before 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 removal of expired or unusable chemicals and controlled substances from Maine Health and Environmental Testing Laboratory is necessary to comply with 29 CFR § 1910.120, and to ensure a safe working environment for analysts and laboratory support staff. It is imperative that the laboratory prevent any accumulation of outdated or unusable chemicals as many may become volatile and explosive with age. In preparation for the move, the laboratory has identified many unusable chemicals and controlled substances requiring the safe and legal disposal by a licensed facility with staff trained in EPA, OSHA, and DOT regulations. Additionally, dual waste has been generated and requires removal by a company as it is not currently allowed in the approved waste streams at HETL.

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

This vendor will remove and properly dispose of all identified chemicals, including controlled substances.

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

Maine LabPack is licensed and trained to perform the removal and disposal needs of the laboratory and will do so at a fraction of the cost quoted by other vendors. Their quote was 50% less than Clean Harbors and the third vendor was unable to provide services due to the controlled substances portion of disposal.

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

A LabPack is the removal of unwanted and outdated chemicals that cannot be disposed of within our normal waste removal services due to the potential hazards involved. LabPack services are routinely necessary given the high volume and wide variety of analyses being performed. HETL will continue to request quotes from available vendors to determine which company offers the most competitive price.

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

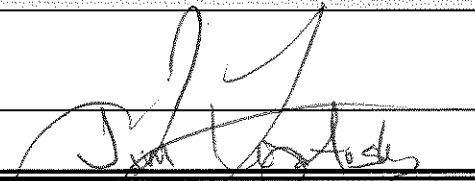
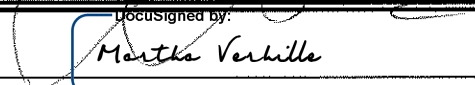
Does this request utilize ARPA/MJRP funds?

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:	20-08-22
Signature of DAFS Procurement Official:			
Typed Name:	891CE7A1493D45B... Martha Verhille	Date:	11/1/2022