

CALLOWAY COUNTY FISCAL COURT

REQUEST FOR PROPOSALS (RFP) Emergency Eye Wash Station Purchase & Inspection

1. INTRODUCTION

The Calloway County Fiscal Court is seeking qualified vendors to provide **comprehensive emergency eye wash stations** for four county-owned buildings to ensure compliance with **ANSI Z358.1, OSHA regulations (29 CFR 1910.151)**, and all applicable state and local safety standards.

2. LEGAL NOTICE & AUTHORITY

The Calloway County Fiscal Court, Kentucky, hereby solicits sealed proposals pursuant to **KRS 424.260** and in accordance with applicable provisions of the **Kentucky Model Procurement Code (KRS Chapter 45A, where applicable)** for emergency eye wash station purchase.

The Fiscal Court reserves the right to accept or reject any and all proposals pursuant to **KRS 67.080** and to waive irregularities in the procurement process where deemed in the best interest of the County.

3. SCOPE OF SERVICES

The awarded contractor shall provide the following:

A. Equipment Supply

- Furnish new eye wash stations as required, including:
 - Plumbed eye wash stations
 - Self-contained (portable) eye wash stations
 - Combination eye/face wash units
- All equipment must meet **ANSI Z358.1 standards**

B. Inspection of Installation

- Oversee installation of new units and associated plumbing or mounting hardware
- Ensure proper placement in accordance with OSHA and ANSI requirements (e.g., within 10 seconds travel distance)

4. COUNTY FACILITY SERVICE LOCATIONS

The following facilities are included in this RFP.

Facility	Location	Estimated Units
Calloway County Jail	Murray, KY	1
Calloway County Sheriff's Office	Murray, KY	1
Murray/Calloway Co. Animal Shelter	Murray, KY	1
Calloway County Road Department	Murray, KY	1
Estimated Total Units: 4		

5. CONTRACT TERM

The contract shall be for **one (1) year**, with the option to renew annually for up to **three (3) additional one-year periods**, subject to Fiscal Court approval and funding availability.

6. PROPOSAL REQUIREMENTS

A. Vendor Information

- Company name, address, and contact person
- Years in business
- Licenses and certifications

B. Qualifications

- Experience with safety equipment and compliance standards
- Experience with government or commercial clients
- Minimum of three (3) references

C. Compliance

- Statement of compliance with:
 - ANSI Z358.1
 - OSHA regulations (29 CFR 1910.151)
 - Applicable Kentucky statutes

D. Insurance

- General Liability Insurance (\$1,000,000 minimum)
- Workers' Compensation coverage

E. Service Plan

- Inspection schedule (weekly/annual)
- Response times
- Reporting procedures

F. Pricing (See Bid Sheet)

7. EVALUATION CRITERIA

- Cost (40%)
- Experience and qualifications (25%)
- Service capability and response time (20%)
- References (15%)

8. SUBMISSION INSTRUCTIONS

Sealed proposals must be received by: **Friday, April 17 at 12:00 PM**

No late submissions will be considered. No fax, or email submissions will be accepted

Submit to: **Calloway County Judge/Executive's Office**
201 South 4th Street
Murray, KY 42071

Mark envelope: **"RFP – Eye Wash Stations"**

Bids will be opened on Monday, April 20 at 8:00 AM in the Court House Annex

9. TERMS & CONDITIONS

- The County is tax-exempt pursuant to Kentucky law
- Contractor must comply with **KRS 337 (prevailing wage, if applicable)**
- The County reserves the right to negotiate terms
- Contract may be terminated with **30 days written notice**
- Vendor must comply with all federal, state, and local regulations

10. CONTACT INFORMATION

- For questions: Calloway County Judge/Executive's Office
Phone: 270-753-2920
Email: kimes@callowaycountyky.gov
- Website: www.callowaycountyky.gov

BID SHEET (REQUIRED FORM)

Vendor Name: _____

Contact Person: _____

Address: _____

Phone: _____

Email: _____

A. EQUIPMENT PRICING

Item	Unit Cost
Plumbed Eye Wash Station	\$ _____
Self-Contained Eye Wash Station	\$ _____
Combination Eye/Face Wash Unit	\$ _____
Replacement Cartridges / Solution	\$ _____
Mounting Hardware / Installation Materials	\$ _____

B. SERVICE PRICING

Service	Unit Cost
Weekly Inspection (per unit)	\$ _____
Annual Inspection (per unit)	\$ _____
Cleaning / Refilling (self-contained units)	\$ _____
Flow Testing	\$ _____
Service Call Fee	\$ _____
Emergency Call Fee	\$ _____

C. LABOR RATES (IF APPLICABLE)

Description	Hourly Rate
Technician Labor	\$ _____
After-Hours Labor	\$ _____

D. ADDITIONAL FEES / NOTES

E. SIGNATURE

I certify that this proposal is made without prior understanding, agreement, or connection with any corporation, firm, or person submitting a proposal for the same services and is in all respects fair and without collusion or fraud.

Authorized Signature: _____

Printed Name: _____

Date: _____
