

Quote Request

Safety Consultant Services

Quotes due August 7, 2015 @ 2:00 p.m.

Fax to Corinne Lisefski at (412) 456-5007

SCOPE OF WORK

This Scope of Services shall include but is not limited to the following for Safety Consultation Services for the Housing Authority of the City of Pittsburgh:

1. Attend and participate in at least ten (10) of the twelve (12) scheduled meetings of the Safety Committee to provide guidance and monitor progress in addressing the responsibilities outlined in the current by-laws of the Committee. Safety Committee meetings are generally held on the 2nd Thursday of each month.
2. Develop or promote safety training and educational materials, which will elevate the level of Safety awareness among the Safety Committee members and employees of the Housing Authority in general.
3. Assist with the development of new safe operating procedures for use and inclusion in the Employee Safety Manual, or to meet job-specific operations as the need arises.
4. Provide periodic training sessions for the Safety Committee Members. Training would cover timely and appropriate employee safety and health topics.
5. Establish procedures for reviewing summary reports for corrective actions to be recommended by the Committee members.
6. Provide advice and counsel on safety and health issues that arise during the course of the year. This may involve research of a specific problem or a visit to a Housing Authority facility.

Please contact Corinne Lisefski at 412.456.5000 Ext. 8546 or
Corinne.Lisefski@HACP.org with any questions about the above scope.

Quote Request

Safety Consultant Services

Quotes due 8/7/15 @ 2:00 p.m.

Contract award will be based on lowest total bid amount

Initial Term (three years)

Position	Hourly Rate	Est. # of hours per month	# of Months	Total (Rate x hours x months)
Certified Safety Professional & Industrial Hygienist		3	36	

1st Extension Option (one year)

Position	Hourly Rate	Est. # of hours per month	# of Months	Total (Rate x hours x months)
Certified Safety Professional & Industrial Hygienist	\$	3	12	\$

2nd Extension Option

Position	Hourly Rate	Est. # of hours per month	# of Months	Total (Rate x hours x months)
Certified Safety Professional & Industrial Hygienist	\$	3	12	\$

Additional Pricing _ (not included in determination of award)

Position	Hourly Rate Initial Term	Hourly Rate 1 st . Ext Opt.	Hourly Rate 2 nd . Ext Opt.
Senior Health & Safety Specialist	\$	\$	\$
Health & Safety Specialist	\$	\$	\$

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Quotes due 8/7/15 @ 2:00 p.m.

(Please print clearly)

Company Name: _____

Address: _____
(of company)

Signature: _____

Print Name: _____
(of person signing)

Phone Number: _____ Fax: _____

Email: _____