



REQUEST FOR SUPPLIER PREQUALIFICATION - ABATEMENT

**Introduction:** Listowel Wingham Hospitals Alliance is an Ontario Public Service, which must follow Broader Public Sector Procurement Guidelines (BPS). As part of this process, we are establishing Vendor of Records (VOR) with certain trade groups. This will ensure that we have supplier capabilities and qualifications, and documentation in place to identify qualified approved supplier list to ensure we follow the BPS.

**Scope:** The scope of this process is to assess the qualification and competency of the given suppliers and have a list of pre-qualified suppliers for various future jobs.

**Process:**

After the Pre – Qualified List is completed we will then only invite those of which have responded to and have been pre-qualified for future jobs.

**Outcome of Pre-Qualified Supplier List:**

- We will be Pre-Qualifying up to 2 Suppliers
- Urgent jobs that affect patient care will come on a first come first serve basis based on who is available first. All other procurements will follow below.

Procurement Value	Minimum # of Suppliers on VOR to be invited to Quote
\$1-\$5000	1
\$5001 - \$100,000	2
Ceiling Price	Open Competitive Procurement

- Request for quotes once pre-qualified will come from the Purchaser in the form of a phone call, email, formal RFQ or RFP depending on the project.
- The Vendor of Records (VOR) will be valid for a period of 48 months.

**Supplier Expectations:**

Response Time to Quotes – in most cases we will **give 5 business days** to quote

Response Time to Urgent Matters affecting patient care – we would expect that matters affecting patient care that a contractor would be **on site within 3 hours**

Completed Contractor Indoctrination form- **this is mandatory**

\$5 million liability insurance – **this is mandatory**

WSIB Coverage – **this is mandatory**

Follow all laws and standards in the industry, and in particular healthcare.

Hourly rates – regular time M-F (include any positions that could be used), after hours’ rates, weekend rates, etc.

Mark up on parts (please provide as a %)

Follow all hospital, in particular LWHA policies and procedures as requested

Payment Terms 2% Net 15 unless otherwise negotiated based on the job



**Evaluation Team:**

Our evaluation team will be,  
 Shelley Reinhardt, Manager Supply Chain & Projects  
 Krista Robinson Junior Purchaser  
 Steve Baxter, Manager of Facilities/EVS

**Evaluation Table:**

Evaluation Criteria	Quantitative	Supplier Response
Response Time to Quotes	Expectation is 5 business days, if this is confirmed receive <b>10 points</b>	
Response to Non-Urgent Matters	Expectation is 14 business days, if this is confirmed receive <b>10 points</b>	
Response to Urgent Matters	Expectation is 3 hours on site, if this is confirmed <b>20 points</b>	
\$ 5 Million Liability	<b>Mandatory</b> , if don't have then can't be qualified	
WISB Insurance	<b>Mandatory</b> , if don't have then can't be qualified	
Financial	Will evaluate hourly, after hours and weekend rates. Lowest hourly = <b>50 points</b> Highest hourly = 0 points  Lowest Afterhours = <b>20 points</b> Highest Afterhours = 0 points  ** in between will be prorated based on a percentage of lowest	
	Payment Terms 2% Net 15 if accepted <b>5 points</b>	
Technical	Do you have all required courses and training for work being provided? Please describe. <b>50 points.</b>	

\*\* Note: in the event of a tie, suppliers will be added to Pre-Qualified list

This RFSQ is being issued by Krista Robinson, on behalf of Shelley Reinhardt, Manager of Supply Chain on behalf of Listowel Wingham Hospitals Alliance.



All communication must come through myself:

Krista Robinson  
 Junior Purchaser  
 Listowel Wingham Hospitals Alliance  
[krista.robinson@lwha.ca](mailto:krista.robinson@lwha.ca)

Please respond by July 15, 2025.

Before responding to this RFSQ please ensure you have included the following

- Completed Contractor Indoctrination form (if not previously provided)
- Proof of Liability Insurance
- Proof of WSIB
- Hourly Rates as Requested
- Completed the Evaluation Table
- Confirm you understand the process

**Company Profile**

What is your company full name?	
What is your full address?	
Phone Number	
Email Address	
Quoting Contact: name, email address, phone #	
Accounting Contact: name, email address, phone #	
How long has your company been in business?	
What is your annual revenue?	
How many employees do you have?	
What trades do you focus on?	
Do you have a quality management system? Please provide detail, and/or quality policy. Do you have any quality certifications (example: ISO)	
Do you have an after hour's process? What is it?	
Have you worked at hospitals before? Can you provide up to 2 references? Please include company, contact name, phone # and email address.	
Do you have a confidentiality policy? Please share. If you do not, how do you ensure confidentiality working in healthcare setting?	



Do you perform all of your own work, or do you use subcontractors?	
Do your employees have required licenses?	
Are you familiar and trained on required CSA courses related to your trade in Healthcare facilities? If not, would you take courses as required?	