



**RFP Item# 23-195 Baseline Annual & Pre-Employment Medical Exam  
for Augusta, GA –Fire Department  
Evaluation Date: Monday, June 12, 2023 @ 3:00 p.m. via ZOOM**

Vendors			University Health Services, Inc. 2260 Wrightsboro Road Augusta, GA 30904	Center for Occupational Medicine, LLC 2215 Tobacco Rd., Suite F Augusta, GA 30906	University Health Services, Inc. 2260 Wrightsboro Road Augusta, GA 30904	Center for Occupational Medicine, LLC 2215 Tobacco Rd., Suite F Augusta, GA 30906
Phase 1			Ranking of 0-5 (Enter a number value between 0 and 5)		Weighted Scores	
Evaluation Criteria	Ranking	Points	Scale 0 (Low) to 5 (High)			
1. Completeness of Response • Package submitted by the deadline • Package is complete (includes requested information as required per this solicitation) • Attachment B is complete, signed and notarized	N/A	Pass/Fail	PASS	PASS	PASS	PASS
2. Qualifications & Experience	(0-5)	15	5.0	3.5	75.0	52.5
3. Organization & Approach	(0-5)	10	4.5	3.5	45.0	35.0
Scope of Services (40 points) Provide details on your approach to the Scope of Services (Section III) to include your organizations experience in the following item: a) Experienced Board Certified in occupational medicine, internal medicine specializing in fields relevant to the fire service such as occupational toxicology, industrial hygiene, epidemiology, infectious disease, pulmonary, cardiology, critical care, orthopedics, and/or emergency medicine. b) Has a thorough knowledge of job-related activities, physical demands of the occupation and stresses associated with firefighting including: • In-depth knowledge regarding fire service specific medical assessments in accordance with the IAFF/IAFC Joint Labor Management Wellness Fitness Initiative, the Firefighter Life Safety Initiative, and NFPA 1582 Standards. • Understands the various Fire Service Job Analyses, has remained current on medical literature pertaining to fire service-related issues, and conducts ongoing research related to firefighter's health, safety, and fitness. • Demonstrates knowledge of local, state, and federal laws as well as the roles of labor and management relating to occupational medicine, health, and safety. c) Access to other professionals/specialists to expedite referrals for additional, optional, or other services as needed. D) Identified the location of the Proposer's office that will serve this contract and the clinic site(s) where the exams will be performed. Stated ability to provide the facility and equipment for services listed in RFP E) Identified the location of the Proposer's office that will serve this contract and the clinic site(s) where the exams will be performed. Stated ability to provide the facility and equipment for services listed in RFP f) Acknowledged that contract is a time sensitive, annual program that will run for a period of three years. g) Confirmed, in writing, that at no time will any individual's information, data, written or verbal, be released or shared with any City Department, City Employee, and/or any other medical provider without written authorization by the patient. In addition, must request authorization to transfer or destroy any or all the medical records/information in writing to firefighter and the Fire Chief at least 30 days in advance.	(0-5)	35	4.5	3.5	157.5	122.5

5. Financial Stability	(0-5)	5	4.5	4.5		22.5	22.5
6. References	(0-5)	5	5.0	5.0		25.0	25.0
7. Proximity to Area (only choose 1 line according to location of the company - enter the ranking value for the one line only)							
Within Richmond County	5	10	5.0	5.0		50.0	50.0
Within CSRA	5	6				0.0	0.0
Within Georgia	5	4				0.0	0.0
Within SE United States (includes AL, TN, NC, SC, FL)	5	2				0.0	0.0
• All Others	5	1				0.0	0.0
<b>Phase 1 Total - (Total Maximum Ranking 30 - Maximum Weighted Total Possible 400)</b>			<b>28.5</b>	<b>25.0</b>		<b>375.0</b>	<b>307.5</b>
<b>Phase 2 (Option - Numbers 8-9) (Vendors May Not Receive Less Than a 3 Ranking in Any Category to be Considered for Award)</b>							
8. Presentation by Team	(0-5)	10				0.0	0.0
9. Q&A Response to Panel Questions	(0-5)	5				0.0	0.0
<b>10. Cost/Fee Proposal Consideration (only choose 1 line according to dollar value of the proposal in relation to all fee proposals - enter the point value for the one line only)</b>						<b>Cost/Fee Proposal Consideration</b>	
Lowest Fees	5	10	5.0			50.0	0.0
Second	5	6		5.0		0.0	30.0
Third	5	4				0.0	0.0
Forth	5	2				0.0	0.0
Fifth	5	1				0.0	0.0
<b>Total Phase 2 - (Total Maximum Ranking 15 - Maximum Weighted Total Possible 125)</b>			<b>5.0</b>	<b>5.0</b>		<b>50.0</b>	<b>30.0</b>
<b>Total (Total Possible Score 500) Total (May not Receive Less Than a 3 Ranking in Any Category to be Considered for Award)</b>							
<b>Total Cumulative Score (Maximum point is 525)</b>			<b>33.5</b>	<b>30.0</b>		<b>425.0</b>	<b>337.5</b>
Internal Use Only							
Evaluator:	Cumulative	Date:	6/12/23				
Procurement Department Representative: _____ Nancy Williams _____							
Procurement Department Completion Date: 6/12/23							