



TO: Darnell Kimbrew, Agent
Purchasing Division
FROM: Thomas Gibson, Manager
Risk Management Division
SUBJECT: Solicitation No.: GEN2116890B1
Industrial Hygiene Laboratory Services

Recommended Vendor: EMSL Analytical, Inc.

Recommended Group(s)/Line Item(s): 1

Initial Award Amount: \$110245

Potential Total Amount: \$330,735

Initial Contract Term: One Year

Contract Term, including Renewals: Three Years

CONCURRENCE:

The agency has reviewed Vendor's response(s) for specification compliance and Vendor responsibility. I have reviewed all documents including the Vendor Questionnaire and after careful evaluation, I concur with recommendation for award to the Vendor.

FINANCIAL BACKGROUND/D & B REPORT: (check one)

- I am satisfied with the Vendor's financial background and/or rating and payment performance.
- Not applicable Provide explanation if choosing this option

LITIGATION HISTORY: (check one)

- I have reviewed the Litigation History Form and there is no issue of concern.
- Refer to additional information from the Office of the County Attorney to address an issue/concern.

PAST PERFORMANCE: (check all that apply)

I have reviewed the Vendor's past Performance Evaluations in Contracts Central and:

- Vendor received an overall rating ≥ 2.59 on all evaluations.
- No evaluations within the past three years contained any items rated a score of 2 or less.
- Vendor received a rating ≤ 2.59 on an evaluation(s). Refer to additional information.
- Vendor received a score of ≤ 2 on an individual item(s). Refer to additional information.
- Past evaluations are not relevant to the scope of this contract.
- No past Performance Evaluations exist in Contracts Central.

AND

- Reference Verification Forms are attached.

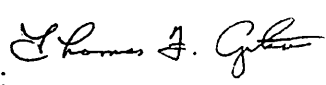
OR

- Reference Verification Forms are not required: Commodity only purchase (less than \$250,000); Service less than \$50,000 and the Vendor has a Performance Evaluation within the past three years.

NON-CONCURRENCE:

- I do not concur. Detailed reason for non-concurrence is attached.

TYPED NAME OF SIGNER: _____ TITLE: _____
(Individual authorized to administer the contract.)

SIGNATURE:  _____ DATE: _____
THOMAS F. GIBSON
dc=clty, dc=broward, dc=bc, ou=Organization,
ou=BCC, ou=RM, ou=Users, cn=THOMAS F.
GIBSON
2018.11.15 12:21:44 -05'00'



Vendor Reference Verification Form

Broward County Solicitation No. and Title: GEN2116890B1, Industrial Hygiene Laboratory Services

Reference for: (Name of Firm) EMSL Analytical, Inc.

Organization/Firm Name providing reference: Argus Environmental Consultants, LLC

Contact Name/Title: Sarah E. Akeroyd/President

Contact E-mail: sarah@argusenvironmental.com

Contact Phone: 210.493.2560

Name of Referenced Project: Multiple projects since 2006

Contract No. *N/A*

Contract Amount: *N/A*

Date Services Provided: February 2006 - Current

(list date range or date services began until "current")

Vendor's role in Project: Prime Vendor Sub-consultant/Sub-contractor

Would you use this vendor again? Yes No If No, please specify in Additional Comments (below).

Description of services provided by Vendor:

Industrial hygiene, asbestos and lead paint laboratory services

Please rate your experience with the referenced Vendor:

Needs Improvement Satisfactory Excellent Not Applicable

1. Vendor's Quality of Service

- a. Responsive Needs Improvement Satisfactory Excellent Not Applicable
- b. Accuracy Needs Improvement Satisfactory Excellent Not Applicable
- c. Deliverables Needs Improvement Satisfactory Excellent Not Applicable

2. Vendor's Organization

- a. Staff expertise Needs Improvement Satisfactory Excellent Not Applicable
- b. Professionalism Needs Improvement Satisfactory Excellent Not Applicable
- c. Turnover Needs Improvement Satisfactory Excellent Not Applicable

3. Timeliness of:

- a. Project Needs Improvement Satisfactory Excellent Not Applicable
- b. Deliverables Needs Improvement Satisfactory Excellent Not Applicable

Additional Comments: (provide on additional sheet if needed)

We have been using EMSL Analytical for over 12 years. We have always been pleased with their responsiveness and their expertise. High quality, professional group to work with.

References Checked By:

Name:

Division/Department:

[Signature]
Risk Management

Title: *Mgr. S.O.P.*

Date of Verification: *10/26/2012*



Vendor Reference Verification Form

Broward County Solicitation No. and Title: GEN2116890B1, Industrial Hygiene Laboratory Services

Reference for: (Name of Firm) EMSL Analytical, Inc.

Organization/Firm Name providing reference: Aerostar SES LLC

Contact Name/Title: John Hubbard, Industrial Hygiene Department Manager

Contact E-mail: jhubbard@aerostar.net

Contact Phone: (904) 565-2820

Name of Referenced Project: Industrial Hygiene Laboratory Services

Contract No. AERO54

Contract Amount: Approximately \$90,000 Annually

Date Services Provided: 2003 - Current

(list date range or date services began until "current")

Vendor's role in Project: Prime Vendor Sub-consultant/Sub-contractor

Would you use this vendor again? Yes No If No, please specify in Additional Comments (below).

Description of services provided by Vendor:

EMSL provides laboratory analytical services to include asbestos, lead, mold, metals, industrial hygiene samples, and summa canisters across a wide variety of projects. EMSL has been our prime vendor for these services for over 15 years.

Please rate your experience with the referenced Vendor:

Needs Improvement Satisfactory Excellent Not Applicable

1. Vendor's Quality of Service

- a. Responsive Needs Improvement Satisfactory Excellent Not Applicable
- b. Accuracy Needs Improvement Satisfactory Excellent Not Applicable
- c. Deliverables Needs Improvement Satisfactory Excellent Not Applicable

2. Vendor's Organization

- a. Staff expertise Needs Improvement Satisfactory Excellent Not Applicable
- b. Professionalism Needs Improvement Satisfactory Excellent Not Applicable
- c. Turnover Needs Improvement Satisfactory Excellent Not Applicable

3. Timeliness of:

- a. Project Needs Improvement Satisfactory Excellent Not Applicable
- b. Deliverables Needs Improvement Satisfactory Excellent Not Applicable

Additional Comments: (provide on additional sheet if needed)

EMSL's staff has been very helpful and responsive in our laboratory needs.

References Checked By

Name: *[Signature]*

Division/Department: *Risk Management*

Title: *Mgr S.O.A*

Date of Verification: *10/23/2018*



Vendor Reference Verification Form

Broward County Solicitation No. and Title: GEN2116890B1, Industrial Hygiene Laboratory Services

Reference for: (Name of Firm) EMSL Analytical, Inc.

Organization/Firm Name providing reference: N.J. Department of Health

Contact Name/Title: Gary Centifonti - Director

Contact E-mail: gary.centifonti@doh.nj.gov

Contact Phone: 609-826-4920

Name of Referenced Project: Analytical Services

Contract No. Direct Purchase Service

Contract Amount: \$17,400

Date Services Provided: July 1, 2018 - June 30, 2019

(list date range or date services began until "current")

Vendor's role in Project: Prime Vendor Sub-consultant/Sub-contractor

Would you use this vendor again? Yes No If No, please specify in Additional Comments (below).

Description of services provided by Vendor:

Provide full range of laboratory analytical services for occupational and environmental samples.

Please rate your experience with the referenced Vendor:

Needs Improvement Satisfactory Excellent Not Applicable

1. Vendor's Quality of Service

- a. Responsive Needs Improvement Satisfactory Excellent Not Applicable
- b. Accuracy Needs Improvement Satisfactory Excellent Not Applicable
- c. Deliverables Needs Improvement Satisfactory Excellent Not Applicable

2. Vendor's Organization

- a. Staff expertise Needs Improvement Satisfactory Excellent Not Applicable
- b. Professionalism Needs Improvement Satisfactory Excellent Not Applicable
- c. Turnover Needs Improvement Satisfactory Excellent Not Applicable

3. Timeliness of:

- a. Project Needs Improvement Satisfactory Excellent Not Applicable
- b. Deliverables Needs Improvement Satisfactory Excellent Not Applicable

Additional Comments: (provide on additional sheet if needed)

EMSL has been providing analytical services to the N.J. Department of Health for over 10 years.

References Checked By

Name: *Shawn J. [Signature]*

Division/Department: *Risk Management*

Title: *Mgr SIOA*

Date of Verification: *10/26/2019*