



TO: John Torrenge
Purchasing Division
FROM: Jeff Turpin, Director
Solid Waste and Recycling Services
SUBJECT: Solicitation No.: OPN2120943B1
Household Hazardous Waste Collection and Disposal

Recommended Vendor: Clean Harbors Environmental Services, Inc.
Recommended Group(s)/Line Item(s): Group 1
Initial Award Amount: \$ 483,884 Potential Total Amount: \$ 1,451,652
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, which includes license requirements (if applicable). 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 Current County vendor

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 ContractsCentral 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 ContractsCentral.

AND

Reference Verification Forms are attached.

OR

Reference Verification Forms are not required: Commodity only purchase (less than \$250,000); Service less than \$100,000 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, including the reference to any bid requirement.

TYPED NAME OF SIGNER: Jeff Turpin TITLE: Director
(Individual authorized to administer the contract.)

SIGNATURE: JEFF TURPIN Digitally signed by JEFF TURPIN Date: 2020.10.08 12:23:10 -04'00' DATE: 10/8/20



Vendor Reference Verification Form

Broward County Solicitation No. and Title: OPN2120943B1 Household Hazardous Waste Collection and Disposal

Reference for: (Name of Firm) Clean Harbors Environmental Services, Inc.

Organization/Firm Name providing reference: Manatee County

Contact Name/Title: Jeanne Detweiler

Contact E-mail: jeanne.detweiler@mymanatee.org

Contact Phone: 941-748-5543

Name of Referenced Project: Manatee County HHW Program

Contract No. 17-2234BLS

Contract Amount: \$320,000.00

Date Services Provided: 3/2018-3/2023

(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:

Contractor shall provide the collection, removal, transportation and proper disposal of HHW generated from households, CESQG, SQG and LQG and other designated collection event site on an "as needed" basis.

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)

References Checked By

Name: Mickey Serra

Title: Program Manager

Division/Department: Public Works/Solid Waste and Recycling

Date of Verification: October 02, 2020



Vendor Reference Verification Form

Broward County Solicitation No. and Title: **OPN2120943B1 Household Hazardous Waste Collection and Disposal**

Reference for: (Name of Firm) **Clean Harbors Environmental Services, Inc.**
 Organization/Firm Name providing reference: **Solid Waste Authority of Palm Beach County**
 Contact Name/Title: **Bob Madden**
 Contact E-mail: **bmadden@swa.org**
 Contact Phone: **561.687.1100**
 Name of Referenced Project: **Palm Beach County HHW Program**
 Contract No.
 Contract Amount: **\$200,000.00**
 Date Services Provided: **8/2017-8/2019**

(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:
Manifesting, transportation, and disposal of hazardous waste.

Please rate your experience with the referenced Vendor:	Needs Improvement	Satisfactory	Excellent	Not Applicable
1. Vendor's Quality of Service				
a. Responsive	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Accuracy	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
c. Deliverables	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2. Vendor's Organization				
a. Staff expertise	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Professionalism	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
c. Turnover	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3. Timeliness of:				
a. Project	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Deliverables	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Additional Comments: (provide on additional sheet if needed)
SWA of PBC has utilized Clean Harbors since 2002. During the entire time they have always provided outstanding service and administrative responsiveness.

References Checked By
 Name: **Mickey Serra** Title: **Program Manager**
 Division/Department: **Public Works/Solid Waste and Recycling** Date of Verification: **10/2/2020**



Vendor Reference Verification Form

Broward County Solicitation No. and Title: **OPN2120943B1 - Household Hazardous Waste Collection and Disposal**

Reference for: (Name of Firm) **Clean Harbors Environmental Services, Inc.**

Organization/Firm Name providing reference: **City of Coconut Creek**

Contact Name/Title: **Malena Zarate**

Contact E-mail: **mzarate@coconutcreek.net**

Contact Phone: **954.956.1453**

Name of Referenced Project: **Coconut Creek Co-op HHW Program**

Contract No.

Contract Amount: **\$300,000**

Date Services Provided: **8/2018-10/2020**

(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 household hazardous waste collection and disposal services pursuant to RFP NO. 06-06-18-11.

Please rate your experience with the referenced Vendor:	Needs Improvement	Satisfactory	Excellent	Not Applicable
1. Vendor's Quality of Service				
a. Responsive	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Accuracy	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
c. Deliverables	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2. Vendor's Organization				
a. Staff expertise	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Professionalism	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
c. Turnover	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3. Timeliness of:				
a. Project	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Deliverables	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Additional Comments: (provide on additional sheet if needed)

References Checked By
 Name: **Mickey Serra** Title: **Program Manager**
 Division/Department: **Solid Waste and Recycling Services** Date of Verification: **October 08, 2020**