Staff Summary Report

Tempe

Council Meeting Date: July 10, 2003 **Agenda Item Number:** 42

SUBJECT: Request to award a one-year contract with six one year renewal options for Occupational Health Care to Banner Occupational Health Services, Concentra Medical Centers and MBI Industrial Medicine Inc. Total cost for this contract shall not exceed $120,000.00 during the initial contract period.

DOCUMENT NAME: 20030710fsts05 PURCHASES (1004-01)

SUPPORTING DOCS: Yes

COMMENTS: 03-078

PREPARED BY: Ted Stallings, CPPB, Procurement Officer, 480-350-8617

REVIEWED BY: Donna Littrell, CPPB, Central Services Administrator, 480-350-8516

LEGAL REVIEW BY: N/A

FISCAL NOTE: Sufficient funds have been appropriated in cost center(s) 1911,2621, 2251-6690.

RECOMMENDATION: Award the contract.

ADDITIONAL INFO: The proposal specifications were developed by Risk Management, the Human Resources Department, the Police Department and the City Procurement Office to assure that all respective mandated regulations were met. The solicitation notice was publicly advertised, posted to the Procurement Office web page and sent to 17 firms. Five- (5) responses were received.

The City of Tempe provides examinations and testing for federally mandated medical care in a manner that meets standards set up by the Occupational Safety and Health Act (OSHA), the Department of Health Services, World Health Organization, and the Arizona Peace Officer Standards and Training (POST). Human Resources utilizes pre-employment physicals (Basic/General, Labor and Trades, and Police Recruit), and return-to-work, fitness-for-duty examinations. Risk Management utilizes medical services for re-certifications, respiratory clearance, hazardous materials exposures, significant exposure to bodily fluids testing, asbestos monitoring examinations, annual audiograms, TB screening, cholinesterase testing, hepatitis A & B vaccination and Commercial Drivers Licensing (CDL). The Police Department monitors police re-evaluation physicals. To achieve the highest level of quality and assure all mandated standards are met at a fair cost, a comprehensive Request for Proposal was issued.

Risk Management, the Human Resources Department, the Police Department and the City Procurement Office reviewed the proposals based on the scope of services offered, reputability, cost factors, presentation and overall response to the Request for Proposal. Quest Diagnostics was found non-responsive. They did not respond to most items on the Price Sheet. Through the evaluation process it was determined that Banner Occupational Health Services, Concentra Medical Centers and MBI Industrial Medicine Inc. can best meet the City's needs. The determining factors are: hours of operations, facilities located within City of Tempe limits or near by, pricing, and private waiting area for Police Officers. Additional services offered by Banner Occupational Health Services include a mobile unit for on-site services. Concentra Medical Centers offers expedited service for City of Tempe Police Officers.

APPROVED BY:

Ted Stallings, CPPB
Procurement Officer

Laura Guerrero
Risk Manager

Valerie Hernandez
Human Resources Manager

Brenda Buren
Fiscal/Research Administrator

Sylvia Lopez
HR Tech II

BID TABULATION

RFP 03-078 – Occupational Health Care

		CONCENTRA		MBI EAST		BANNER HEALTH SYSTEM		QUEST DIAGNOSTICS		SCOTTSDALE HEALTHCARE	
ITEM NO.	DESCRIPTION OF REQUIRED MATERIAL, SERVICE OR CONSTRUCTION	UNIT PRICE	UNIT PRICE NP/PA	UNIT PRICE	UNIT PRICE NP/PA	UNIT PRICE	UNIT PRICE NP/PA	UNIT PRICE	UNIT PRICE NP/PA	UNIT PRICE	UNIT PRICE NP/PA
	A - Pre-Placement Physical Examinations										
1.	Labor & Trades Physical (No Lifting Evaluation)	93.00	93.00	60.00	60.00	75.00	75.00			175.00	144.00
2.	Labor & Trades Physical with Lifting Evaluation	118.00	118.00	90.00	90.00	110.00	110.00			200.00	160.00
3.	Labor & Trades (No Lifting Evaluation) and CDL Certification	108.00	108.00	70.00	70.00	90.00	90.00			180.00	149.00
4.	Labor & Trades with Lifting Evaluation and CDL Certification	133.00	133.00	105.00	105.00	125.00	125.00			205.00	174.00
	B - Police Department Physicals										
1.	Sworn Police Personnel and Detention Officers Pre-Placement Physical	454.00	454.00	305.00	305.00	500.00	NA – Requires Post Physician			770.00	608.00
2.	Sworn Police Personnel - Re-Evaluation (After Age 40)	414.00	414.00	280.00	280.00	475.00	NA – Requires Post Physician			810.00	648.00
	C. – Optional Services										
1.	DRUG SCREENS:										
	Non-NIDA drug screen	25.00	25.00	25.00	25.00	28.00	28.00	28.00 + 2.00	28.00 + 2.00	35.00	30.00
	NIDA drug screen	45.00	45.00	45.00	45.00	45.00 – incl. MRO	45.00 – incl. MRO	30.00	30.00	35.00	30.00

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ITEM NO.	DESCRIPTION OF REQUIRED MATERIAL, SERVICE OR CONSTRUCTION	CONCENTRA UNIT PRICE	CONCENTRA UNIT PRICE NP/PA	MBI EAST UNIT PRICE	MBI EAST UNIT PRICE NP/PA	BANNER HEALTH SYSTEM UNIT PRICE	BANNER HEALTH SYSTEM UNIT PRICE NP/PA	QUEST DIAGNOSTICS UNIT PRICE	QUEST DIAGNOSTICS UNIT PRICE NP/PA	SCOTTSDALE HEALTHCARE UNIT PRICE	SCOTTSDALE HEALTHCARE UNIT PRICE NP/PA
	Medical Review Officer (Non-NIDA)	40.00	40.00	25.00	25.00	$50.00 per positive screen	$50.00 per positive screen	N/A	N/A	50.00	40.00
	Medical Review Officer (NIDA)	Included	Included	Included	Included	Included in price of NIDA drug screen	Included in price of NIDA drug screen	N/A	N/A	50.00	50.00
2.	CDL Re-Certifications	38.00	38.00	30.00	30.00	45.00	45.00			60.00	60.00
3.	RESPIRATORY CLEARANCE EXAM										
A.	Baseline										
	Medical & Respiratory History	Included in Respirator Clearance Price	Included in Respirator Clearance Price	35.00	35.00	Included	Included			40.00	35.00
	Pulmonary Function Test (PFT)	30.00	30.00	25.00	25.00	35.00	35.00			50.00	50.00
	Respiratory Clearance (Includes OSHA Questionnaire for SCBA)	50.00	50.00	Included	Included	Included	Included			40.00	35.00
	One (1) View Chest x-ray and interpretation	40.00	40.00	35.00	35.00	45.00	45.00			50.00	35.00
	Examination Results Form/Physician's Cover Letter	Included in Respirator Clearance Price	Included in Respirator Clearance Price	Included	Included	40.00	40.00			5.00	0.00
	Total of Respiratory Clearance Examination A	**$120.00**	**120.00**	**95.00**	**95.00**	**120.00**	**120.00**				**155.00**
B.	**Periodic (Every Two Years)**										
	Medical & Respiratory History	Included in Respirator Clearance Price	Included in Respirator Clearance Price	Included	Included	Included	Included			40.00	35.00
	Height/Weight/Blood Pressure	Included in Respirator Clearance Price	Included in Respirator Clearance Price	Included	Included	Included	Included			5.00	5.00

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	Vision Screening (depth and color)	Included in Respirator Clearance Price	Included in Respirator Clearance Price	Included	Included	10.00	10.00			20.00	15.00
	Audiogram in OSHA acceptable sound booth	15.00	15.00	Included	Included	10.00	10.00			40.00	40.00
	Pulmonary Function Test (PFT)	30.00	30.00	25.00	25.00	35.00	35.00			50.00	50.00
	Respiratory Clearance (Includes OSHA Questionnaire for SCBA)	50.00	50.00	Included	Included	Included	Included			40.00	35.00
	Hands on physical performed by physician licensed in the State of Arizona.	Included in Respirator Clearance Price	Included in Respirator Clearance Price	35.00	35.00	35.00	35.00			55.00	40.00
	Examination Results Form/Physician's Cover Letter	Included in Respirator Clearance Price	Included in Respirator Clearance Price	Included	Included	Included	Included			5.00	0.00
	Total of Respiratory Clearance Examination B	**95.00**	**95.00**	**60.00**	**60.00**	**90.00**	**90.00**				**220.00**
4.	**HAZARDOUS CLEARANCE EXAM**										
A.	**Baseline**										
	Pulmonary Function Test (PFT)	30.00	30.00	25.00	25.00	35.00	35.00			50.00	50.00
	Respiratory Clearance (Includes OSHA Questionnaire for SCBA)	50.00	50.00	Included	Included	Included	Included			40.00	35.00
	One (1) view chest X-ray and interpretation	40.00	40.00	35.00	35.00	45.00	45.00			50.00	35.00
	Blood Chemistry: Chem 23 (SMAC)	25.00	25.00	25.00	25.00	40.00 panel includes CBC, Cononary, Risk and UA	40.00 panel includes CBC, Cononary, Risk and UA			50.00	40.00
	CBC	Included in above price	Included in above price	Included	Included	Included	Included			20.00	15.00
	Coronary Risk	10.00	10.00	Included	Included	Included	Included			65.00	40.00

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	Micro UA	10.00	10.00	Included	Included	Included	Included			20.00	15.00
	Exercise Stress Test (EST) (Includes Electrocardiogram)	180.00	180.00	135.00	135.00	175.00	175.00			350.00	350.00
						75.00 Hands on Physical per scope of work	75.00 Hands on Physical per scope of work				
	Total Hazardous Clearance Exam A	**345.00**	**345.00**	**220.00**	**220.00**	**370.00**	**370.00**				**580.00**
	Optional: Hepatitis A vaccinations for employees assigned to Wastewater.	60.00	60.00	90.00	90.00	55.00	55.00			32.00	32.00
	Optional: Hepatitis A vaccinations for employees assigned to Wastewater.	60.00	60.00	90.00	90.00	65.00	65.00			58.00	58.00
	Optional: Tiwnrex vaccinations for employees assigned to Wastewater.	113.00	113.00	150.00	150.00	85.00	85.00				
B.	**Periodic (Annual)**										
	Medical & Occupational History	Included in Respirator Clearance Price	Included in Respirator Clearance Price	Included	Included	Included	Included			40.00	35.00
	Height/Weight/Blood Pressure	Included in Respirator Clearance Price	Included in Respirator Clearance Price	Included	Included	Included	Included			5.00	5.00
	Pulse-resting and immediately after exercise (Use step test)	Included in Respirator Clearance Price	Included in Respirator Clearance Price	Included	Included	Included	Included			5.00	5.00
	Pulmonary Function Test (PFT)	30.00	30.00	25.00	25.00	35.00	35.00			50.00	50.00
	Respiratory Clearance (Includes OSHA Questionnaire for SCBA)	50.00	50.00	Included	Included	Included	Included			40.00	35.00
	Blood Chemistry: Chem 23	25.00	25.00	25.00	25.00	40.00 panel includes CBC,	40.00 panel includes CBC,			50.00	50.00

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	(SMAC)					Cononary, Risk and UA	Cononary, Risk and UA				
	CBC	Included in above price	Included in above price	Included	Included	Included	Included			20.00	15.00
	Coronary Risk	10.00	10.00	Included	Included	Included	Included			65.00	40.00
	Micro UA	10.00	10.00	Included	Included	Included	Included			20.00	15.00
	Hands on physical performed by physician licensed in the State of Arizona.	Included in Respirator Clearance Price	Included in Respirator Clearance Price	35.00	35.00	75.00	75.00			55.00	40.00
	Total Hazardous Clearance Exam B	**125.00**	**125.00**	**85.00**	**85.00**	**150.00**	**150.00**				**290.00**
	Optional: Hepatitis A vaccinations for employees assigned to Wastewater.	65.00	65.00	90.00	90.00	55.00	55.00			32.00	32.00
	Optional: Hepatitis A vaccinations for employees assigned to Wastewater.	65.00	65.00	90.00	90.00	65.00	65.00			58.00	58.00
	Optional: Tiwnrex vaccinations for employees assigned to Wastewater.	113.00	113.00	150.00	150.00	85.00	85.00				
	Optional Examination - Exercise Stress Test (EST):	180.00	180.00	135.00	135.00	175.00	175.00			350.00	350.00
C.	**Significant Exposure**										
	Medical & Occupational History	Included in Physical Price	Included in Physical Price	Included	Included	Included	Included			40.00	35.00
	Height/Weight/Blood Pressure	Included in Physical Price	Included in Physical Price	Included	Included	Included	Included			5.00	5.00
	Pulse-resting and immediately after exercise (Use step test)	Included in Physical	Included in Physical	Included	Included	Included	Included			5.00	5.00

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		Price	Price								
	Coronary Risk	10.00	10.00	10.00	10.00	40.00	40.00			65.00	40.00
	Hands on physical performed by physician licensed in the State of Arizona.	50.00	50.00	35.00	35.00	75.00	75.00			55.00	40.00
	Examination Results Form/Physician's Cover Letter	Included in Physical Price	Included in Physical Price	Included	Included	Included	Included			5.00	0.00
	Total Hazardous Clearance Exam C	**60.00**	**60.00**	**45.00**	**45.00**	**115.00**	**115.00**				**125.00**
	Optional - Pulmonary Function Test (PFT)	30.00	30.00	25.00	25.00	35.00	35.00			50.00	50.00
	Optional - Respiratory Clearance	50.00	50.00	Included	Included	Included w/ PFT	Included w/ PFT			40.00	35.00
	Optional - Blood chemistry	25.00	25.00	25.00	25.00	Included in Panel	Included in Panel			50.00	40.00
	Optional - Urinalysis	10.00	10.00	Included	Included	Included in Panel	Included in Panel			10.00	10.00
D.	**Exit (Upon Separation of Employment)**										
	Medical & Occupational History	Included in Physical Price	Included in Physical Price	Included	Included	Included	Included			40.00	35.00
	Height/Weight/Blood Pressure	Included in Physical Price	Included in Physical Price	Included	Included	Included	Included			5.00	5.00
	Pulse-resting and immediately after exercise (Use step test)	Included in Physical Price	Included in Physical Price	Included	Included	Included	Included			5.00	5.00
	Blood Chemistry: Chem 23	25.00	25.00	25.00	25.00	40.00 panel	40.00 panel			50.00	40.00

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	(SMAC)					includes CBC, Cononary, Risk and UA	includes CBC, Cononary, Risk and UA				
	CBC	Included in above price	Included in above price	Included	Included	Included	Included			20.00	15.00
	Coronary Risk	10.00	10.00	Included	Included	Included	Included			65.00	40.00
	Micro UA	10.00	10.00	Included	Included	Included	Included			20.00	15.00
	Hands on physical performed by physician licensed in the State of Arizona.	50.00	50.00	35.00	35.00	75.00	75.00			55.00	40.00
	Examination Results Form/Physician's Cover Letter	Included in Physical Price	Included in Physical Price	Included	Included	Included	Included			5.00	0.00
	Total Hazardous Clearance Exam D	**95.00**	**95.00**	**60.00**	**60.00**	**115.00**	**115.00**				**195.00**
	Optional Examination - Two (2) view chest X-ray and interpretation, if symptomatic	55.00	55.00	55.00	55.00	65.00	65.00			90.00	70.00
5.	**ASBESTOS MONITORING EXAM**										
A.	**Baseline**										
	Asbestos Medical & Occupational History	Included in Respirator Clearance Price	Included in Respirator Clearance Price	50.00	50.00	75.00	75.00			40.00	35.00
	History Pulmonary Function Test (PFT)	30.00	30.00	25.00	25.00	35.00	35.00			50.00	50.00
	Respiratory Clearance (Includes OSHA Questionnaire for SCBA)	50.00	50.00	Included	Included	Included	Included			40.00	35.00
	Micro UA	10.00	10.00	10.00	10.00	20.00	20.00			20.00	15.00
	Two (2) view chest X-ray with interpretation	55.00	55.00	55.00	55.00	65.00	65.00			90.00	70.00
	Total Of Asbestos Monitoring	**145.00**	**145.00**	**140.00**	**140.00**	**195.00**	**195.00**				**205.00**

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	A										
B.	**Periodic (Annual)**										
	Medical & Occupational History	Included in Respirator Clearance Price	Included in Respirator Clearance Price	Included	Included	Included	Included			40.00	35.00
	Asbestos Medical & Occupational History	Included in Respirator Clearance Price	Included in Respirator Clearance Price	Included	Included	Included	Included			40.00	35.00
	Height/Weight/Blood Pressure	Included in Respirator Clearance Price	Included in Respirator Clearance Price	Included	Included	Included	Included			5.00	5.00
	Pulse-resting and immediately after exercise (Use step test)	Included in Respirator Clearance Price	Included in Respirator Clearance Price	Included	Included	Included	Included			5.00	5.00
	Micro UA	10.00	10.00	10.00	10.00	20.00	20.00			20.00	15.00
	Pulmonary Function Test (PFT)	30.00	30.00	25.00	25.00	35.00	35.00			50.00	50.00
	Respiratory Clearance (Includes OSHA Questionnaire for SCBA)	50.00	50.00	Included	Included	Included	Included			40.00	35.00
	Hands on physical performed by physician licensed in the State of Arizona.	Included in Respirator Clearance Price	Included in Respirator Clearance Price	50.00	50.00	75.00	75.00			55.00	40.00
	Examination Results Form/Physician's Cover Letter	Included in Respirator Clearance Price	Included in Respirator Clearance Price	Included	Included	Included	Included			5.00	0.00
	Total Of Asbestos Monitoring	**90.00**	**90.00**	**85.00**	**85.00**	**130.00**	**130.00**				**220.00**
	B										
	Optional Examination - Two (2) view chest X-ray every 5 years if first asbestos exposure was 10 years ago or less.	55.00	55.00	55.00	55.00	65.00	65.00			90.00	70.00
	If first exposure was 10 or more years ago, then an x-ray will be required every 5 years for employees 35 years old and	N/A	N/A	55.00	55.00	65.00	65.00			90.00	70.00

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	younger										
	Every 2 years if 36 to 45 years old and annually if employee is over 45.	N/A	N/A	55.00	55.00	65.00	65.00			90.00	70.00
6.	**ADDITIONAL SERVICES**										
	Audiogram (on-site)	N/A	N/A	15.00	15.00	150.00 per hr	150.00 per hr			40.00	40.00
	Presentations	150.00/Hr	150.00/Hr	0-100.00/Hr	0-100.00/Hr	150.00	150.00			100.00	100.00
	Consultation on NIOSH/ OSHA regulations	0-150.00/Hr	0-150.00/Hr	0-100.00/Hr	0-100.00/Hr	160.00 per Hr billed in ¼ hr increments	160.00 per Hr billed in ¼ hr increments				
	On-call consultation on chemical exposures / environmental hazards	0-150.00/HR	0-150.00/HR	0-100.00/Hr	0-100.00/Hr	160.00 per Hr billed in ¼ hr increments	160.00 per Hr billed in ¼ hr increments				
	Consultation Services from a Cardiologist and/or Radiologist	Special rate provided to specialist network	Special rate provided to specialist network	0-100.00/Hr	0-100.00/Hr	Varies	Varies				
	EBT	25.00	25.00	25.00	25.00	25.00	25.00			50.00	50.00
	Hepatitis Titer	40.00	40.00	35.00	35.00	45.00	45.00			45.00	35.00
	HIV Post Exposure Program			40.00	40.00	85.00	85.00			125.00	100.00
	Hepatitis A shots - individual and series	65.00	65.00	90/180	90/180	65 x 2	65 x 2			32.00	32.00
	Hepatitis A shots - individual and series (on-site)	65.00 plus 75.00 per on-site fee	65.00 plus 75.00 per on-site fee	90/180 – plus 35.00 per hr w/5 person min.	90/180 – plus 35.00 per hr w/5 person min.	65.00 plus $25.00per hr on-site nursing charge	65.00 plus $25.00 per hr on-site nursing charge			45.00	45.00
	Hepatitis B shots - individual and series	60.00	60.00	60/180	60/180	55 x 3	55 x 3			58.00	58.00
	Hepatitis B shots - individual and series (on-site)	60.00 plus 75.00 per on-site fee	60.00 plus 75.00 per on-site fee	60/180 – plus 35.00	60/180 – plus 35.00	55.00 plus $25.00 per	55.00 plus $25.00 per			82.00	82.00

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				per hr w/5 person min.	per hr w/5 person min.	hr on-site nursing charge	hr on-site nursing charge				
	Hepatitis A & B Combo (Twinrix)			150.00	150.00	85.00	85.00				
	On-site Hepatitis A & B Combo (Twinrix)	113.00	113.00	150 – plus 35.00 per hr w/5 person min.	150 – plus 35.00 per hr w/5 person min.	85.00 plus $25.00 per hr on-site nursing charge	85.00 plus $25.00 per hr on-site nursing charge				
	TB Skin test	13.00	13.00	15.00	15.00	15.00	15.00			15.00	15.00
	TB Skin test (on-site)	75.00/HR plus cost of PPD	75.00/HR plus cost of PPD	15 – plus 35.00 per hr w/5 person min.	15– plus 35.00 per hr w/5 person min.					22.00	22.00
	Two (2) - view chest x-ray with interpretation	55.00	55.00	55.00	55.00	65.00	65.00			90.00	70.00
	One (1) - view chest x-ray with interpretation	40.00	40.00	40.00	40.00	45.00	45.00			50.00	35.00
	Vision examination (color and depth)	15.00	15.00	15.00	15.00	15.00	15.00			20.00	15.00
	Lead Blood Test	36.00	36.00	40.00	40.00	45.00	45.00			58.00	50.00
	Cholinesterase test	45.00	45.00	45.00	45.00	85.00	85.00			50.00	45.00
	Coronary Risk Profile	10.00	10.00	20.00	20.00	20.00	20.00			65.00	40.00
	CBC	15.00	15.00	12.00	12.00	15.00	15.00			20.00	15.00
	Blood Chemistry: Chem 23 CBC	25.00	25.00	25.00	25.00	20.00	20.00			50.00	40.00
	Hemocult	15.00	15.00	20.00	20.00	20.00	20.00			10.00	5.00
	Prostate Cancer (PSA) blood test	40.00	40.00	40.00	40.00	50.00	50.00			85.00	75.00
	Pelvic Examination including PAP Smear	105.00	105.00	15.00	15.00	55.00	55.00			100.00	100.00
	Pulmonary Function Test (PFT)	30.00	30.00	25.00	25.00	35.00	35.00			50.00	50.00
	Respiratory Clearance (Including OSHA Questionnaire for SCBA)	50.00	50.00	Included	Included	40.00	40.00			40.00	35.00

BID TABULATION

RFP 03-078 – Occupational Health Care

ITEM NO.	DESCRIPTION OF REQUIRED MATERIAL, SERVICE OR CONSTRUCTION	CONCENTRA		MBI EAST		BANNER HEALTH SYSTEM		QUEST DIAGNOSTICS		SCOTTSDALE HEALTHCARE	
		UNIT PRICE	UNIT PRICE NP/PA	UNIT PRICE	UNIT PRICE NP/PA	UNIT PRICE	UNIT PRICE NP/PA	UNIT PRICE	UNIT PRICE NP/PA	UNIT PRICE	UNIT PRICE NP/PA
	On-Site Respiratory Clearance (Including OSHA Questionnaire for SCBA)	80.00	80.00	25.00 plus 35.00 per Hr	25.00 plus 35.00 per Hr	40.00 plus 100.00 hr for mobile clinic	40.00 plus 100.00 hr for mobile clinic			50.00	45.00
	Micro UA	10.00	10.00	10.00	10.00	10.00	10.00			20.00	15.00
	Exercise Stress Test (EST) (Includes Electrocardiogram)	180.00	180.00	135.00	135.00	175.00	175.00			350.00	350.00
	Resting Electrocardiogram	42.00	42.00	35.00	35.00	45.00	45.00			70.00	65.00
	Confined Space Assessment	150.00/HR	150.00/HR	35.00	35.00	75.00/135	75.00/135				