

ملخص عن الصفقة

مستشفى رفيق الحريري الحكومي الجامعي	إسم الجهة الشارية
بيروت- بئر حسن	عنوان الجهة الشارية
	رقم وتاريخ التسجيل
مناقصة عمومية لتقديم خدمة الطعام لصالح مستشفى الحريري الحكومي الجامعي	عنوان الصفقة
مناقصة عمومية لتقديم خدمة الطعام	موضوع الصفقة
مناقصة عمومية	طريقة التلزيم
خدمات	نوع التلزيم
20,000,000 ل.ل. (عشرون مليون ليرة لبنانية)	ضمان العرض
10% من قيمة العقد كحد أقصى	ضمان حسن التنفيذ
60 يوم من تاريخ انتهاء تقديم العروض	مدة صلاحية ضمن العرض
السعر الأدنى	الإرساء
مستشفى رفيق الحريري الحكومي الجامعي- دائرة ادارة المواد	مكان استلام دفتر الشروط
مستشفى رفيق الحريري الحكومي الجامعي- دائرة ادارة المواد	مكان تقديم العروض
مستشفى رفيق الحريري الحكومي الجامعي	مكان تقييم العروض
سنتين	مدة التنفيذ
الدولار الاميركي	عملة العقد

القسم الأول

أحكام خاصة بتقديم العروض وارسال التلزيم

المادة 1: موضوع الصفة

- 1- تُجري مستشفى رفيق الحريري الحكومي الجامعي وفقاً لأحكام قانون الشراء العام وبطريقة الطرف المختار مناقصة عمومية لتلزيم خدمة تقديم الطعام وفق دفتر الشروط هذا ومرافقاته التي تُعتبر كلها جزأً لا يتجزأ منه.
- 2- تتم الدعوة الى هذا التلزيم عبر الإعلان على المنصة الالكترونية المركزية لدى هيئة الشراء العام ولدى منصة مستشفى رفيق الحريري الجامعي.
- 3- مرافقات دفتر الشروط :
 - الملحق رقم 1: المواصفات الفنية والكميات
 - الملحق رقم 2: جدول مستند التصريح/التعهد
 - الملحق رقم 3: مستند تصريح النزاهة
 - الملحق رقم 4: نموذج كتاب الضمان المؤقت
 - الملحق رقم 5: جدول الأسعار
 - الملحق رقم 6: نموذج التصريح عن صاحب الحق الاقتصادي

- 4- يمكن الإطلاع على دفتر الشروط هذا والحصول على نسخة منه من دائرة ادارة المواد في مستشفى رفيق الحريري الحكومي الجامعي مقابل **2,000,000** ل.ل. فقط مليونا ليرة لبنانية يضاف اليهم قيمة الضريبة المضافة تسدد لدى صندوق المستشفى.
- 5- يُطبق على دفتر الشروط هذا أحكام قانون الشراء العام والأنظمة الأخرى المرعية الإجراء.

المادة 2: العارضون المسموح لهم الإشتراك بهذه الصفة

- أ. أن تكون الشركة مسجلة في لبنان.
- ب. أن يعود تاريخ تأسيس الشركة لسنة 2020 أو ما قبل.
- ج. أن يكون وضع الشركة المالي جيداً وأن يبرهن عن ذلك عند الطلب.
- د. أن يكون النشاط الرئيسي للشركة أو من انشطتها الأساسية هو تقديم خدمة الطعام.
- هـ. ألا يكون قد ثبتت مخالفتهم للأخلاق المهنية المنصوص عليها في النصوص ذات الصلة، إن وجدت.
- و. الالفاء بالالتزامات الضريبية واشتراكات الضمان الاجتماعي.
- زـ. ألا يكون قد صدرت بحق الشركة أو بحق مدريريها أو مستخدميها المعينين بعملية الشراء أحكام نهائية ولو غير مبرمة ثُبّتُنهم بارتكاب أيّ جرم يتعلّق بسلوكهم المهني، أو بتقديم بيانات كاذبة أو ملقة بشأن أهليتهم لإبرام عقد الشراء أو بإفساد مشروع شراء عام أو عملية تلزيم، وألا تكون أهليتهم قد أُسقطت على نحو آخر بمقتضى إجراءات إيقاف أو حرمان إدارية، وألا يكونوا في وضع الإقصاء عن الإشتراك في الشراء العام.
- حـ. ألا يكونوا قيد التصفية أو صدرت بحقهم أحكام إفلاس.

ط. ألا يكونوا قد حُكِم بجرائم اعتياد الربي وتبنيض الأموال بموجب حُكْمٍ نهائِيٍّ وإن غير مُبرم .
ي. ألا يكون مدير الشركة أو أحد موظفيها مشاركاً في السلطة التقريرية لسلطة التعاقد وألا يكون لديهم مع أيّ من أعضاء السلطة التقريرية مصالح مادية أو تضارب مصالح

المادة 3: طريقة التلزيم والإرساء

1. يجري التلزيم بطريقة المناقصة العمومية على أساس تقديم أسعار ويفوز صاحب السعر الأدنى من بين العروض المستوفية للشروط الفنية والإدارية.
2. يسند التلزيم مؤقتاً إلى العارض المقبول شكلاً من الناحية الإدارية والفنية والذي قدم السعر (الأدنى) الإجمالي للصفقة.
3. إذا تساوت الأسعار بين العارضين أعيدت الصفة بطريقة الطرف المختار بين أصحابها دون سواهم في الجلسة نفسها، فإذا رضوا تقديم عروض جديدة أو إذا ظلت عروضهم متساوية عين الملزوم المؤقت بطريقة القرعة بين أصحاب العروض المتساوية .

المادة 4: شروط مشاركة العارضين

- 1- يقدم العرض بصورة واضحة وجلية جداً من دون أي شطب أو حك أو تسطير.
- 2- يصرح العارض في عرضه أنه اطلع على دفتر الشروط الخاص هذا والمستندات المتممة له وأخذ نسخة عنه؛ وأنه يقبل الشروط المبينة فيه ويتبع التقييد بها وتنفيذها جميعها من دون أي نوع من أنواع التحفظ أو الاستدراك وأنه يقدم عرضه على هذا الأساس ويلتصق على التصريح طوابع مالية بقيمة خمسين ألف ليرة لبنانية تعطي المستندات كافة (صورة التصريح مرفقة بهذا الدفتر).
- 3- يرفض كل عرض يشتمل على أي تحفظ أو استدراك.
- 4- يحدد العارض في عرضه عنواناً واضحاً له ومكاناً لإقامته لكي يتم إبلاغه ما يجب إبلاغه إليه بالسرعة الممكنة.

أولاً: الغلاف رقم (1) الوثائق والمستندات الإدارية أ- الشروط العامة الموحدة:

- 1- كتاب التعهد (التصريح) وفق النموذج المرفق موقعاً وممهوراً من العارض مع طوابع بقيمة 50,000 ل.ل. ويتضمن التعهد، تأكيد العارض لللتزامه بالسعر وبصلاحية العرض.
- 2- إذاعة تجارية محدّد فيها صاحب الحق المفوض بالتوقيع عن العارض، ثُبّين توقيع المفوض قانوناً بالتوقيع على العرض.
- 3- التقويض القانوني إذا وقع العرض شخص غير الشخص الذي يملك حق التوقيع عن العارض بحسب الإذاعة التجارية، مصدق لدى الكاتب بالعدل.
- 4- سجل عدلي للمفوض بالتوقيع أو من يمثله قانوناً لا يتعدى تاريخه ثلاثة أشهر من تاريخ جلسة التلزيم حال من أي حكم شائن.
- 5- عقد الشراكة مصدق لدى الكاتب بالعدل في حال توجيهه، والمُحدّد في المادة (6) من هذا الدفتر.
- 6- شهادة تسجيل العارض في مديرية الضريبة على القيمة المضافة إذا كان خاضعاً لها، أو شهادة عدم التسجيل إذا لم يكن خاضعاً، وفي هذه الحالة يلتزم العارض بسعره وان أصبح مسجلاً في فترة التنفيذ.
- 7- شهادة تسجيل العارض لدى وزارة المالية - مديرية الواردات.



- 8- براءة ذمة من الصندوق الوطني للضمان الاجتماعي "شاملة أو صالحة للإشتراك في الصفقات العمومية" صالحة بتاريخ جلسة التلزيم تفيد بأن العارض قد سدد جميع اشتراكاته. يجب أن يكون العارض مسجلاً في الصندوق وترفض كل إفادة يذكر عليها عبارة "مؤسسة غير مسجلة".
- 9- إفادة شاملة صادرة عن السجل التجاري تبيّن: المؤسسين، الأعضاء، المساهمين، المفوضين بالتوقيع، المدير، رأس المال، نشاط العارض، الوقouات الجارية.
- 10- إفادة صادرة عن المحكمة المختصة (السجل التجاري) تثبت أن العارض ليس في حالة إفلاس وتصفية.
- 11- ضمان العرض المحدد في هذا الدفتر.
- 12- نسخة عن الإيصال المسلم له من قبل المركز عند حصوله على دفتر الشروط الخاص بالصفقة.
- 13- نسخة عن السجل العدلي للمفوض بالتوقيع عن العارض أو "من يمثله قانوناً" لا يتعدي تاريخه الثلاثة أشهر من تاريخ جلسة التلزيم، خالٍ من أي حكم شائن.
- 14- إفادة من الدائرة المعنية في وزارة الاقتصاد تؤكد مقاطعة المورد أو فروعه الخارجية للعدو الإسرائيلي.
- 15- تصريح من العارض يبيّن صاحب الحق الاقتصادي حتى آخر درجة ملكية (كل شخص طبيعي يملك أو يسيطر فعلياً في المحصلة النهائية على النشاط الذي يمارسه العارض ، بصورة مباشرة أو غير مباشرة ، سواء كان هذا العارض شخص طبيعي أو معنوي). يمكن الاستعانة بالنموذج م 18 الصادر عن وزارة المالية .

(يجب أن تكون كافة المستندات المطلوبة أعلاه (أصلية أو صور مصدقة عنها من المراجع المختصة) وذلك ضمن مهلة ستة أشهر التي تسبيّق موعد جلسة التلزيم، باستثناء تلك المحددة مهلتها بشكل خاص كالسجل العدلي مثلًا)

ب- الشروط الخاصة بموضوع الصفقة

1- المؤهلات المالية

- 1- تقارير المدققين الماليين المجازين للسنوات (الثلاث) الماضية للشركة أو كشف حساب حديث للأفراد العارضين.
- 2- إفادة مصدقة من أي جهة رسمية أو مصرافية أو مدقق حسابات تبيّن حجم مبيعات الشركة السنوي ...

2- المؤهلات الفنية/التقنية/المهنية

- 1- إفادة من غرفة التجارة والصناعة والزراعة تثبت أن العارض يتعاطى تجارة أو صناعة المواد موضوع الصفقة، صالحة بتاريخ جلسة التلزيم وصالحة للإشتراك في المناقصات في العمومية.
- 2- شهادة الأيزو.
- 3- شهادة حسن تفويذ وإنجاز لمشاريع مماثلة من حيث الحجم والنوع، خلال السنوات الأخيرة.
- 4- العرض الفني وفقاً للمواصفات المطلوبة في الملحق (1)
- 5- تصريحاً بمعاينة واقع العمل موقعاً من قبل العارض نافياً للجهالة وفقاً للنموذج المرفق.
- 6- شهادة من مرجع رسمي تؤكد التزام المورد بمعايير سلامة الغذاء .

ج- في حال تقديم عرض من شركة أجنبية يتوجب على هذه الشركة أن تراعي أحد الشروط التالية:

- 1- أن تكون من ضمن إنتلاف يضم شركة لبنانية على الأقل تتوفر فيها الشروط المطلوبة بموجب دفتر الشروط هذا.
- 2- الحضور الشخصي للممثل القانوني عن الشركة لإجراءات الشراء،
- 3- أن يكون لها وكيل أو ممثل في لبنان مكلف توقيع العقد عنها.

إضافة إلى الشروط أعلاه، يتوجب على العارض الأجنبي أن يقدم بشهادة تسجيل شركته أو مؤسسته لدى المراجع المعنية في بلده، بالإضافة إلى باقي المستندات المطلوبة بموجب الفقرة (أولاً) من هذه المادة بحسب البلد الذي توجد فيه الشركة، تصدق كافة المستندات المطلوبة من السفارة اللبنانية في بلد العارض ومن وزارة الخارجية في لبنان، كما عليه أن يقدم بإفادة من وزارة الاقتصاد والتجارة اللبنانية ثبت انتظام أحكام قانون مقاطعة العدو الإسرائيلي على العارض لا يعود تاريخ تصديقها لأكثر من ثلاثة أشهر من تاريخ جلسة التلزيم.

ثانياً: الغلاف رقم (2) بيان الأسعار

يُقدم العارض بياناً بالأسعار (بالدولار الأميركي) مدوناً بالأرقام والأحرف دون حك أو شطب أو تطريز أو زيادة كلمات غير موقع تجاهها.

يشمل السعر الضرائب والرسوم ورواتب مستخدميه والمصاريف مهما كان نوعها، وفي حال خضوع الملتزم للضريبة المضافة عليه أن يقدم سعره مفصلاً مع السعر الإجمالي (الصفقة) بما فيه الضريبة على القيمة المضافة. في حال اختلاف بين الأرقام والأحرف يؤخذ بالسعر الإفرادي المدون بالأحرف، ويرفض السعر غير المدون بالأحرف الكاملة والأرقام معاً.

و على العارض ان يحدد سعر الوجبة الذي يجب ان يتضمن جزئين :

أ- الجزء الاول ثابت ويشمل على سبيل المثال لا الحصر رواتب عماله واجورهم وتوابعها من اشتراكاتهم في الصندوق الوطني للضمان الاجتماعي وبدلات الانتقال اليومية التي يتلقاونها وقيمة بوالص تأمينهم ضد الحوادث والاخطر التي قد يتعرضون لها ، و جميع الرسوم والضرائب والمصاريف المتعلقة برخص العمل والاقامات والسفر للعمال الاجانب المرخص لهم بالعمل ، وكذلك كلفة استهلاك المعدات التي يستخدمها من اجل اعداد الوجبات وكلفة صيانتها وثمن ملابس العمال الموحدة وملابس الوقاية بالإضافة الى اي مصاريف مباشرة او غير مباشرة يتطلبها اعداد الوجبة ، اضافة الى كلفة اعمال تنظيف الاقسام التي يستعملها ، و على العارض ان يوضح وبشكل مفصل الاسس والمعايير التي تم على اساسها احتساب جميع هذه المصاريف .

ب- اما الجزء الثاني من سعر الوجبة فمتغير وتحسب استناداً الى كلفة المواد المباشرة المستخدمة في عملية تحضير الطعام ، والذي يجب ان يحتسب على اساس متوسط 150 مريض .

و على العارض ان يؤمن على حسابه الخاص الغاز الذي يستخدمه كما عليه ان تحمل بدل كلفة استهلاك الطاقة الكهربائية التي يسجلها العداد الخاص بالاقسام التي شغلها من المبني على ان يتم حسمها من فاتورته الشهرية، على أن يقوم وبالتنسيق مع قسم الهندسة الكهربائية في المستشفى بتركيب عداد خاص لهذه الغاية ويتحمل المورد تكاليف ذلك.

و على العارض ان يأخذ بالاعتبار عند تقديم عرضه جميع ما سبق بيانه اعلاه وان يعتبر ان احتساب سعر الوجبة النهائي يجب ان يتم على اساس مئة وخمسون مريض كعدد وسطي .

المادة 5: طلبات الاستيصالح

أولاً: دفتر الشروط

1. يحق للعارض تقديم طلب استيصالح خطياً حول دفتر الشروط خلال مهلة تنتهي قبل عشرة أيام من تاريخ تقديم العروض. على المستشفى الإجابة خلال مهلة تنتهي قبل ستة أيام من الموعد النهائي لتقديم العروض. ويرسل الإيضاح خطياً، في الوقت عينه، من دون تحديد هوية مصدر الطلب، إلى جميع العارضين الذين زورتهم الجهة الشارية بملفات التلزيم.

2. على المستشفى تحديد موعد معين للعارضين المحتملين لمعاينة الموقع.

3. يمكن للمستشفى، في أي وقت قبل الموعد النهائي لتقديم العروض ، ولأي سبب كان، سواء بمبادرة منها أو نتيجةً لطلب استيضاح مقدم من أحد العارضين، أن تعديل دفتر الشروط بإصدار إضافة إليها. ويُرسل التعديل فوراً إلى جميع العارضين الذين زوّدتهم الجهة الشارية بـدفتر الشروط، ويكون ذلك التعديل ملزماً لـهؤلاء العارضين وينشر على المنصة الإلكترونية المركزية لدى هيئة الشراء العام وعلى موقع الجهة الشارية إن وجد.

4. إذا أصبحت المعلومات المنشورة في دفتر الشروط مختلفة جوهرياً، نتيجةً لإيضاح أو تعديل صدر وفقاً لهذه المادة، فعلى الجهة الشارية أن تؤمن نشر المعلومات المعدلة بالطريقة نفسها التي نشرت بها المعلومات الأصلية وفي المكان نفسه، وأن تُمدد الموعد النهائي لتقديم العروض على النحو المنصوص عليه في الفقرة 4 من المادة 20 من قانون الشراء العام.

5. إذا عقدت المستشفى اجتماعاً للعارضين، فعليها أن تضع محضراً لذلك الاجتماع يتضمن ما يُقدم فيه من طلبات استيضاح حول ملفات التلزيم، وما تُقدمه هي من ردود على تلك الطلبات، من دون تحديد هوية مصادر الطلبات. يُبلغ المحضر لجميع العارضين الذين زوّدتهم المستشفى بـدفتر الشروط، وذلك لتمكينهم من إعداد عروضهم على ضوء المعلومات المقدمة.

ثانياً: المعلومات المتعلقة بالمؤهلات والعروض

1. يمكن للمستشفى ، في أي مرحلة من مراحل إجراءات التلزيم، أن تطلب خطياً من العارض إيضاحات بشأن المعلومات المتعلقة بـمؤهلاته أو بشأن عروضه، لمساعدتها في التأكيد من المؤهلات أو فحص العروض المقدمة وتقديرها.

2. تُصحح المستشفى أي أخطاء حسابية محضر تكتشفها أثناء فحصها العروض المقدمة وفقاً لأحكام دفتر الشروط، وتبلغ التصحيحات إلى العارض المعنى بشكل فوري.

3. لا يمكن طلب إجراء أو السماح بإجراء أي تغيير جوهري في المعلومات المتعلقة بالمؤهلات أو بالعرض المقدم، بما في ذلك التغييرات الرامية إلى جعل من ليس مؤهلاً من العارضين مؤهلاً أو جعل عرض غير مستوفٍ للمتطلبات مستوفياً لها.

4. لا يمكن إجراء أي مفاوضات بين المستشفى والعارض بخصوص المعلومات المتعلقة بالمؤهلات أو بخصوص العرض المقدم، ولا يجوز إجراء أي تغيير في السعر إنما طلب استيضاح من أي عارض بموجب هذه المادة.

5. تُدرج جميع المراسلات التي تجري بموجب هذه المادة في سجل إجراءات الشراء بحسب المادة 9 من قانون الشراء العام.

المادة 6: مدة صلاحية العرض

1. يتهدّد العارضون بأن صلاحية عرضهم هي ستين يوماً من تاريخ انتهاء تقديم العروض.
2. يمكن للمستشفى أن تطلب من العارضين، قبل انقضاء فترة صلاحية عروضهم، أن يمددوا تلك الفترة لمدة إضافية محددة. ويمكن للعارض رفض ذلك الطلب من دون مصادر ضمان عرضه.

3. على العارضين الذين يوافقون على تمديد فترة صلاحية عروضهم أن يمددوا فترة صلاحية ضمانات العروض، أو أن يقّموا ضمانات عروض جديدة تُغطّي فترة تمديد صلاحية العروض. ويُعتبر العارض الذي لم يمدد ضمان عرضه، أو الذي لم يقدم ضمان عرض جديد، أنه قد رفض طلب تمديد فترة صلاحية عرضه.

4. يمكن للعارض أن يعدل عرضه أو أن يسحبه قبل الموعد النهائي لتقديم العرض دون مصادره ضمان عرضه. ويكون التعديل أو طلب سحب العرض ساري المفعول عندما تسلمه المستشفى قبل الموعد النهائي لتقديم العرض.

5. تمدد صلاحية العرض حكماً في حال تجميد الإجراءات لفترة محددة من قبل هيئة الاعتراضات وفق أحكام الفصل السابع من قانون الشراء العام، وذلك لفترة زمنية تعادل فترة تجميد الإجراءات. وعلى العارض تمديد فترة ضمان عرضه تبعاً لذلك.

المادة 7: ضمان العرض

1. يُحدد ضمان العرض لهذه الصفة بمبلغ **20,000,000** ل.ل. فقط عشرون مليون ليرة بكفالة صادرة عن أحد المصارف في لبنان أو تسديدها مقابل إيصال رسمي في صندوق المستشفى.
2. تُحدّد صلاحية ضمان العرض بإضافة //28// ثمانية وعشرين يوماً على صلاحية العرض.
3. يُعاد ضمان العرض إلى الملزّم عند تقديم ضمان حسن التنفيذ، وإلى العارضين الذين لم يرسّ عليهم التلزيم في مهلة أقصاها بدء نفاذ العقد.

المادة 8: ضمان حسن التنفيذ

يجب على الملزّم تقديم ضمان حسن التنفيذ بقيمة تعادل ما نسبته 10% من قيمة الصفة الإجمالية خلال //15// خمسة عشر يوماً من تاريخ نفاذ العقد، وفي حال التّخّلف عن تقديم ضمان حسن التنفيذ، يُصارّ ضمان العرض.

المادة 9: طريقة دفع الضمانات

يكون ضمان العرض كما ضمان حسن التنفيذ إما نقدياً يُدفع إلى صندوق المستشفى، وإما بموجب كتاب ضمان مصري غير قابل للرجوع عنه، صادر عن مصرف مقبول من مصرف لبنان يُبيّن أنه قابل للدفع غب الطلب طوال فترة التعاقد ويقدم باسم المشروع لصالح المستشفى.

المادة 10: تقديم العرض

1. يوضع العرض ضمن غلافين مختومين يتضمن الأول الوثائق والمستندات المطلوبة في البند (أولاً) من المادة الرابعة (4) أعلاه، ويتضمن الثاني الغلاف رقم (2) بيان الأسعار كما هو مطلوب في البند (ثانياً) من المادة الرابعة (4) أعلاه، وينظر على ظاهر كل غلاف:
 - الغلاف رقم ()
 - اسم العارض وختمه.
 - محتوياته
 - موضوع الصفة
 - تاريخ جلسة التلزيم.
2. يوضع الغلافان المنصوص عنهما في الفقرة (1) من هذه المادة ضمن غلاف ثالث مختوم ومعنون باسم المستشفى وعنوانها، ولا يذكر على ظاهره سوى موضوع الصفة والتاريخ المحدد لإجرائها ليكون بالأرقام على الشكل التالي: اليوم / الشهر / السنة / الساعة، وذلك دون أية عبارة فارقة أو إشارة مميزة.

كإسم العارض أو صفته أو عنوانه، وذلك تحت طائلة رفض العرض، وتكون الكتابة على الغلافات الثلاثة بواسطة الحاسوب على ستيركرز بيضاء اللون تلصق عليه عند تقديمها إلى المستشفى.

3. ترسل العروض بواسطة البريد العام أو الخاص المغلف أو باليد مباشرة إلى المستشفى.

4. ترفض العروض في اليوم نفسه مباشرة بعد انتهاء موعد استلام العروض المشار إليه، بحضور ممثل الشركاء القانونيين الذين يرغبون بالحضور وذلك في مكتب :

مدير عام المستشفى
مستشفى رفيق الحريري الحكومي الجامعي
بئر حسن - بيروت

5. تُزود المستشفى العارض بإيصال يبيّن فيه رقم تسلسلي بالإضافة إلى تاريخ تسلّم العرض بالساعة واليوم والشهر والسنة.

6. تحافظ المستشفى على أمن العرض وسلامته وسرّيته، وتケف عدم الاطلاع على محتواه إلا بعد فتحه وفقاً للأصول.

7. لا يفتح أي عرض تتسلمه الجهة الشاربة بعد الموعود النهائي لتقديم العروض، بل يعاد مختوماً إلى العارض الذي قدمه.

8. لا يحق للعارض أن يقدم أكثر من عرض واحد تحت طائلة رفض كل عروضه.

المادة 11: لجان التزيم

1. تتولى لجان التزيم حصراً دراسة وفتح وتقدير العروض، وبالتالي تحديد العرض الأنسب.
2. على رئيس اللجنة وعلى كل من أعضائها أن يتتحّى عن مهامه في اللجنة المذكورة في حال وقع بأيّ وضع من أوضاع تضارب المصالح أو توقيع الوقع فيه، وذلك فور معرفته بهذا التضارب.
3. في حال التباين في الآراء بين أعضاء اللجنة، تؤخذ القرارات بأغلبية أعضائها ويدون أي عضو مخالف أسباب مخالفته.

المادة 12: فتح وتقدير العروض

1. تفتح العروض لجنة التزيم المنصوص عليها في المادة 100 من قانون الشراء العام، وذلك في جلسة علنية بحضور الأشخاص المأذون لهم في ملف التزيم، في الوقت والمكان ووفقاً للطريقة المحددة في هذا الملف، على أن تُعقد هذه الجلسة فور انتهاء مهلة تقديم العروض.

2. يحق لجميع العارضين المشاركون في عملية الشراء أو لممثليهم المفوضين وفقاً للأصول، كما يحق للمراقب المنصب من قبل هيئة الشراء العام حضور جلسة فتح العروض.

3. يتم فض الغلاف رقم (1) (الوثائق والمستندات الإدارية المنصوص عنها في المادة الخامسة اعلاه) وفرز المستندات المطلوبة والتدقيق فيها تمهيداً لتحديد وإعلان أسماء العارضين المقبولين شكلاً والمؤهلين للاشتراك في بيان مقارنة الأسعار.

4. يجري فض الغلاف رقم (2) (بيان الأسعار) للعارضين المقبولين شكلاً كل على حدة واجراء العمليات الحسابية الالزامية، وتوين السعر الإجمالي لكل عارض بما فيه الضريبة على القيمة المضافة في حال كان العارض خاضعاً لها، تمهيداً لإجراء مقارنة واعلان اسم الملزم المؤقت.

5. تُسجّل وقائع فتح العروض خطياً في محضر يوقع عليه رئيس وأعضاء لجنة التلزيم، كما توضع لائحة بالحضور يوقع عليها المشاركون من ممثلي الجهة الشارية وهيئة الشراء العام، والعارضين وممثليهم على أن يشكل ذلك إثباتاً على حضورهم. تُدرج كل المعلومات والوثائق المتعلقة بوقائع الجلسة في سجل إجراءات الشراء المنصوص عليه في المادة 9 من قانون الشراء العام.

المادة 13: فتح وتقدير العروض

6. تفتح العروض لجنة التلزيم المنصوص عنها في المادة 100 من قانون الشراء العام حيث تتولى حضراً دراسة ملف التلزيم وفتح وتقدير العروض وبالتالي تحديد العرض الأنسب، وذلك في جلسة علنية تعقد فور انتهاء مهلة تقديم العروض.

7. على رئيس اللجنة وعلى كلٍ من أعضائها أن يتّخّي عن مهامه في اللجنة المذكورة في حال وقع بأيٍّ وضع من أوضاع تضارب المصالح أو توقّع الوقوع فيه، وذلك فور معرفته بهذا التضارب.

8. يمكن للجنة التلزيم الاستعانة بخبراء من خارج أو داخل الإدارة للمساعدة على التقييم الفني والمالي عند الإقتضاء، وذلك بقرار من المرجع الصالح لدى المستشفى. يخضع اختيار الخبراء من خارج الإدارة إلى أحكام قانون الشراء العام.

9. يلتزم الخبراء السرية والحياد في عملهم ولا يحق لهم أن يقرّروا بإسم اللجنة أو أن يشاركوا في مداولاتها أو أن يفصحوا عنها علانية، ويمكن دعوتهم للاستماع والشرح من قبل الجهات المعنية. كما يتوجّب على الخبراء تقديم تقرير خطى للجنة يضمّ إلزامياً إلى محضر التلزيم.

10. في حال التباين في الآراء بين أعضاء اللجنة، تؤخذ القرارات بأغلبية أعضائها ويدوّن أيّ عضو مخالف أسباب مخالفته.

11. يحقّ لجميع العارضين المشاركون في عملية التلزيم أو لممثليهم المفوّضين وفقاً للأصول، كما يحقّ للمراقب المندوب من قبل هيئة الشراء العام حضور جلسة فتح العروض. كما يمكن للمستشفى دعوة وسائل الإعلام لحضور هذه الجلسة على أن تلحظ ذلك في ملف التلزيم.

12. فتح العروض بحسب الآلية التالية:

- 1- يتم فض الغلاف الخارجي الموحد لكل عرض على حدة واعلان اسمه ضمن المشاركون في الصفقة، وذلك وفق ترتيب الأرقام التسلسلية المسجلة على الغلافات الخارجية والمسلمة للعارضين.
- 2- يتم فض الغلاف رقم (1) وفرز المستندات المطلوبة والتدقيق فيها تمهيداً لتحديد وإعلان أسماء العارضين المقبولين شكلاً والمؤهلين للاشتراك في بيان مقارنة الأسعار.
- 3- يجري فض الغلاف رقم (2) (بيان الأسعار) للعارضين المقبولين شكلاً كلٌ على حدة واجراء العمليات الحسابية اللازمة، وتدوين السعر الإجمالي لكل عرض بما فيه الضريبة على القيمة المضافة في حال كان العرض خاصّاً لها، تمهيداً لإجراء مقارنة واعلان اسم الملزم المؤقت.
- 4- تُصحّح لجنة التلزيم أيّ أخطاء حسابية محضّة تكتشفها أثناء فحصها العروض المقدّمة وفقاً لأحكام دفتر الشروط، وتبليغ التصحيحات إلى العارض المعني بشكل فوري.
13. يمكن للجنة التلزيم، في أيّ مرحلة من مراحل إجراءات التلزيم، أن تطلب خطياً من العارض إيضاحات بشأن المعلومات المتعلقة بمؤهلاته أو بشأن عروضه، لمساعدتها في التأكّد من المؤهلات أو فحص العروض المقدّمة وتقديرها.

14. **تُسجّل وقائع فتح العروض خطياً في محضر يوقع عليه رئيس وأعضاء لجنة التلزيم، كما توضع لائحة بالحضور يوقع عليها المشاركون من ممثلي المستشفى وهيئة الشراء العام، والعارضين وممثليهم على أن يشكّل ذلك إثباتاً على حضورهم. تُدرج كل المعلومات والوثائق المتعلقة بوقائع الجلسة في سجل إجراءات الشراء المنصوص عليه في المادة 9 من قانون الشراء العام.**

15. لا يمكن طلب إجراء أو السماح بإجراء أيّ تغيير جوهري في المعلومات المتعلقة بالمؤهلات أو بالعرض المقدّم، بما في ذلك التغييرات الرامية إلى جعل من ليس مؤهلاً من العارضين مؤهلاً أو جعل عرض غير مستوفٍ للمتطلبات مستوفياً لها.

16. لا يمكن إجراء أيّ مفاوضات بين المستشفى أو لجنة التلزيم والعارض بخصوص المعلومات المتعلقة بالمؤهلات أو بخصوص العرض المقدّم، ولا يجوز إجراء أيّ تغيير في السعر إثر طلب استيضاح من أيّ عارض.

17. تُدرج جميع المراسلات التي تجري بموجب هذه المادة في سجل إجراءات الشراء بحسب المادة 9 من قانون الشراء العام.

18. في حال كانت المعلومات أو المستندات المقدّمة في العرض ناقصة أو خاطئة أو في حال غياب وثيقة معينة، يجوز للجنة التلزيم الطلب خطياً من العارض المعني توضيحات حول عرضه، أو طلب تقديم أو استكمال المعلومات أو الوثائق ذات الصلة خلال فترة زمنية محددة، شرط أن تكون كافة المراسلات خطية واحترام مبادئ الشفافية والمساواة في المعاملة بين العارضين في طلبات التوضيح أو الاستكمال الخطية، ومع مراعاة أحكام الفقرة 3 من البند الثاني من المادة 21 من قانون الشراء العام.

المادة 14: استبعاد العارض

تستبّع المستشفى العارض من إجراءات التلزيم بسبب عرضه منافع أو من جرّاء ميزة تنافسية غير منصفة أو بسبب تضارب المصالح وذلك في إحدى الحالتين المنصوص عندهما في المادة الثامنة من قانون الشراء العام.

المادة 15: حظر المفاوضات مع العارضين

تحظر المفاوضات بين المستشفى أو لجنة التلزيم وأيّ من العارضين بشأن العرض الذي قدمه ذلك العارض.

المادة 16: رفع السرية المصرفية:

يُعتبر العارض فور تقديم العرض ملزماً برفع السرية المصرفية عن الحساب المصرفي الذي يودع فيه أو ينتقل إليه أي مبلغ من المال العام المتعلق بهذا التلزيم، سندًا للقرار رقم 17 تاريخ 12/5/2020 الصادر عن مجلس الوزراء.

المادة 17: إلغاء الشراء و/أو أيّ من إجراءاته:

يمكن للمستشفى أن تُلغى الشراء و/أو أيّ من إجراءاته في أيّ وقت قبل إبلاغ الملزوم المؤقت إبرام العقد، في الحالات التي نصّت عليها المادة 25 من قانون الشراء العام.

القسم الثاني
أحكام خاصة بموضوع الصفقة وتنفيذ العقد

المادة 18- التطبيق.

تطبق هذه الشروط كاملاً إذا كانت لا تتنافى مع شروط خاصة وردت في أجزاء أخرى من دفتر الشروط هذا.

المادة 19- القدرة والمعايير الفنية.

يعتبر العارض بأن يلتزم تطبيق معايير تصنيف المستشفيات المفروضة في لبنان من قبل وزارة الصحة العامة فيما يتعلق بصناعة الطعام وحفظه وتوزيعه وتقديمه وتنظيف المطبخ وغسيل محتوياته كافة، ورش المبيدات لإبادة الحشرات والقوارض، ونقل النفايات ضمن مستوعبات خاصة وتوضيبها حسب الأصول وتجميعها في المكان المحدد من قبل المستشفى ليتم نقلها خارجه ، كما وانه يلتزم متابعة تحديث أساليبه وتقنياته وفقاً للتعاميم والقوانين والتعليمات التي تصدر عن إدارة المستشفى . وعلى العارض أن يكون دائم الجاهزية للتدقيق المفاجئ من جهات داخل أو خارج المستشفى .

كما يتعهد الالتزام والعمل وفقاً للشروط الفنية والتفاصيل المحددة في دفتر الشروط هذا .

المادة 20- الموصفات

يعتبر الملزم التقيد بالمواصفات الفنية المحددة في الملحق رقم (1) من دفتر الشروط .

المادة 21- توقيع العقد.

على صاحب العرض الفائز والمرجع الصالح في الجهة الشارية توقيع العقد خلال مهلة خمسة عشر يوماً كحد أقصى من انتهاء مهلة التجميد حيث يعتبر العقد نافذاً من تاريخ توقيع الطرفين .

المادة 22- كتاب الضمان النهائي.

بعد توقيع العقد على المورد تقديم كتاب الضمان النهائي بمبلغ يعادل ما نسبته 10% من قيمة الصفقة المتوقع، صالحًا لفترة سنتين ، تسري من تاريخ توقيع العقد، وعند تقديم كتاب الضمان النهائي يُفرج عن كتاب الضمان المؤقت ويعاد إلى العارض.

المادة 23- التعديل في الكميات.

يحق لمستشفى رفيق الحريري الحكومي الجامعي أن يزيد أو ينقص الكميات ، وفقاً لاحتياجاته.

المادة 24- غرامة تأخير.

في حال تأخر المورد عن تقديم الخدمة في المعد المتفق عليه دوريًا، يحق لمستشفى رفيق الحريري الحكومي الجامعي، بدون أي إنذار مسبق، اتخاذ الإجراءات وحسم نسبة 1% من كلفة الخدمة الغير منفذة لكل يوم



تأخير وحتى تاريخ تنفيذها مع حد أقصاه 10% من القيمة ، عندها يمكن لمستشفى رفيق الحريري الحكومي الجامعي شراء الخدمة وتنفيذها من مورد آخر وعلى نفقة المورد الأساسي ، أو الإبقاء بفسخ العقد على مسؤولية المورد واعتباره ناكلاً وتطبيق أحكام النظام المالي الخاص بالمستشفى معطوفاً على أحكام المادة 33 وما يليها من قانون الشراء العام رقم 244 بحقه.

المادة 25- شروط الدفع.

يتم الدفع خلال 30 يوم عمل من تاريخ تقديم الفاتورة، تحضر الفاتورة من قبل الملزم عن الاعمال المنفذة فعلياً مرفقة ب்ரقة بتقرير عن الاعمال المنجزة صادر عن دائرة التغذية في مستشفى رفيق الحريري الحكومي الجامعي.

المادة 26- مدة العقد

إن مدة هذا العقد هي سنتين تبدأ من تاريخ توقيع العقد .

المادة 27- إدارة المشروع.

يكلف الملتم شخص متخصص لادارة المشروع ويمتلك الخبرة الكافية ل القيام بالاشراف على تنفيذ أعماله داخل حرم المستشفى .

المادة 28- ممتلكات المستشفى والمعدات والمواد المستعملة.

يتعهد الملزم بالمحافظة على معدات وممتلكات المستشفى محافظة الأب الصالح، ويتحمل كلفة إصلاح كل عطل أو ضرر يحصل في ممتلكاته نتيجة إهماله أو تخريب أو سرقة قد تحصل في المستشفى وثبت مسؤوليته

كما ويعهد الملزم بعدم استعمال اي من المعدات قبل موافقة المستشفى عليها ،
كذلك يتعهد الالتزام بالتنسيق مع دائرة التغذية لناحية شراء المواد الغذائية والاستهلاكية والتقييد بإقتراحاتها
حيث يتم اختيار الأصناف بناء لمعايير صحية وبحسب وضع المرضى، ويقييد المورد بتوجيهات الدائرة بدءاً
من شراء المواد الى التصنيع فالتوزيع في الطوابق وتوفيقه

المادة 29- حل الخلافات.

يبذل كل من مستشفى رفيق الحريري الحكومي الجامعي والملزم كل مجهود ممكن لحل أي خلاف أو نزاع قد يطرأ خلال تنفيذ هذا العقد حبأً، وبواسطة مفاوضات مباشرة. إذا لم يتمكن مستشفى رفيق الحريري الحكومي الجامعي والملزم من التوصل إلى حل رضائي، تعرض الخلافات أو النزاعات على المحاكم اللبنانية المختصة من قبل الطرف المتضرر.

المادة 30- الضرائب والمتوجبات المالية.

يشمل سعر العارض كل المصارييف الناتجة عن الضرائب، الطوابع المالية، المتوجبات، الضريبة على القيمة المضافة (إذا توجب ذلك)، مصاريف الترخيص وأي مصاريف أخرى ضرورية لتقديم الخدمة لصالح مستشفى رفيق الحريري الحكومي الجامعي.

المادة 31 : قواعد قبول العرض الفائز (أو التلزيم المؤقت) وبدء تنفيذ العقد

١. تقبل المستشفى العَرَض المقدَّم الفائز ما لم:

- 1- **تُسقط أهلية العارض الذي قدم العَرَض الفائز وذلك بمقتضى المادة 7 من قانون الشراء العام .**
- 2- **يُلغى الشراء بمقتضى الفقرة 1 من المادة 25 من قانون الشراء العام .**

3- يُرفض العرض الفائز عند اعتباره منخفضاً غير عادي بمقتضى المادة 27 من قانون الشراء العام.

4- يُستبعد العارض الذي قدم العرض الفائز من إجراءات التلزيم للأسباب المبينة في المادة 8 من قانون الشراء العام.

2. بعد التأكيد من العرض الفائز تبلغ المستشفى العارض الذي قدم ذلك العرض، كما تنشر بالتزامن قرارها بشأن قبول العرض الفائز (التلزيم المؤقت) والذي يدخل حيز التنفيذ عند انتهاء فترة التجميد البالغة عشرة أيام عمل تبدأ من تاريخ النشر، الذي يجب أن يتضمن على الأقل، المعلومات التالية:

1- إسم وعنوان العارض الذي قدم العرض الفائز (الملتزم المؤقت)؛

2- قيمة العرض.

3- مدة فترة التجميد بحسب هذه الفقرة.

3. فور انقضاء فترة التجميد، تقوم المستشفى بإبلاغ الملتزم المؤقت بوجوب توقيع العقد خلال مهلة لا تتعدي 15// خمسة عشر يوماً.

1- يوقع المرجع الصالح لدى المستشفى العقد خلال مهلة 15// خمسة عشر يوماً من تاريخ توقيع العقد من قبل الملتزم المؤقت. يمكن أن تمدّد هذه المهلة إلى 30// ثلاثةين يوماً في حالات معينة تحدّد من قبل المرجع الصالح.

2- يبدأ نفاذ العقد عندما يوقع الملتزم المؤقت والمرجع الصالح لدى سلطة التعاقد عليه.

3- لا تَنْخُذ سلطة التعاقد ولا الملتزم المؤقت أي إجراء يتعارض مع بدء نفاذ العقد أو مع تنفيذ الشراء خلال الفترة الزمنية الواقعة ما بين تبليغ العارض المعنى بالتلزيم المؤقت وتاريخ بدء نفاذ العقد.

4- في حال تمنع الملتزم المؤقت عن توقيع العقد، تنصّب المستشفى ضمان عرضه. في هذه الحالة يمكن للمستشفى أن تُلْغِي الشراء أو أن تختار العرض الأفضل من بين العروض الأخرى الفائزة وفقاً للمعايير والإجراءات المحدّدة في قانون الشراء العام وفي دفتر الشروط، والتي لا تزال صلاحيتها سارية المفعول. تُطبّق أحكام هذه المادة على هذا العرض بعد إجراء التعديلات الازمة.

المادة 32 : إلغاء الشراء و/أو أي من إجراءاته

1. يمكن للمستشفى أن تُلْغِي الشراء و/أو أي من إجراءاته في أي وقت قبل إبلاغ الملتزم المؤقت إبرام العقد، في الحالات التالية:

1- عندما تجد المستشفى ضرورة إحداث تغييرات جوهريّة غير متوقّعة على دفتر الشروط بعد الإعلان عن الشراء.

2- عندما تطرأ تغييرات غير متوقّعة على موازنة المستشفى.

3- عندما تتنبّي الحاجة لموضوع الشراء نتيجة ظروفٍ غير متوقّعة وموضوعية وعندها لا يُعاد التلزيم خلال الموازنة أو السنة المالية نفسها.

2. كما يمكنها إلغاء الشراء و/أو أي من إجراءاته إذا لم يقدم أي عرض و/أو قدمت عروض غير مقبولة.

3. كما يمكن للمستشفى أن تُلْغِي الشراء و/أو أي من إجراءاته بعد قبول العرض المقدم الفائز في الحالة المشار إليها في الفقرة 8 من المادة 24 من قانون الشراء العام.

4. تُلْغِي المستشفى الشراء (شراء الخدمة) و/أو أي من إجراءاته في حالة العرض الوحيد المقبول، غير أنه يحق لها اتخاذ قرار معلل بالتعاقد مع مقدم العرض الوحيد المقبول إذا توافرت الشروط التالية مجتمعة:

1- أن تكون مبادئ وأحكام قانون الشراء العام مُطابقة وأن لا يكون العرض الوحيد ناتجاً عن شروط حصرية تضمنها دفتر الشروط الخاص بمشروع الشراء.

2- أن تكون الحاجة أساسية ومُلْحَّة والسعر مُنسَجِماً مع دراسة القيمة التقديرية.

3- أن يتضمن نشر قرار المستشفى بقبول العرض الفائز (التلزيم المؤقت) نصاً صريحاً بـتقدُّم العارض الوحيد المقبول ونِيَّة التعاقد معه.

5. يُدرِجُ قرارُ المستشفى بـإلغاء الشراء و/أو أيِّ من إجراءاته وأسبابِ ذلك القرار في سجلِ إجراءات الشراء، ويتم إبلاغه إلى كلِّ العارضين المشارِكين ضمن مهلة لا تتجاوزُ الخمسة أيام من تاريخ قرار الإلغاء. إضافةً إلى ذلك، تنشر المستشفى إشعاراً بـإلغاء الشراء بنفس الطريقة التي نُشرت بها المعلومات الأصلية المتعلقة بـإجراءات التلزيم وفي المكان نفسه، وتعيد العروض والاقتراحات التي لم تُفتح لحين اتخاذ قرار الإلغاء إلى العارضين الذين قدمواها كما تعمد إلى تحرير الضمانات المقدمة.

6. لا تتحمَّل المستشفى، عند تطبيق الفقرة 1 و2 من هذه المادة أيَّ تَبَعَّة تجاه العارضين.

7. لا تفتح المستشفى أية عروض أو اقتراحات بعد اتخاذ قرارٍ بـإلغاء الشراء.

المادة 33 : قواعد بشأن العروض المنخفضة الأسعار انخفاضاً غير عاديًّا

يجوز للمستشفى أن ترفض أيَّ عرض إذا قرَرَت أنَّ السعر، مُقترنًا بـسائر العناصر المكونة لـذلك العرض المقدَّم، مُنخفض انخفاضاً غير عاديًّا قياساً إلى موضوع الشراء وقيمة التقديرية، وأنه يثير الشك لديها بشأن قدرة العارض على تنفيذ العقد، وذلك شرط أن تكون المستشفى قد طلبت من العارض المعنى خطياً تفاصيل العرض المقدَّم بشكل يسمح لها بتحليل المعلومات التفصيلية واستنتاج ما إذا كان العارض سيكون قادرًا على تنفيذ عقد الشراء بالسعر المقدَّم.

المادة 34 : قيمة العقد وشروط تعديله

1. تكون البدلات المتفق عليها في العقد ثابتة و لا تقبل التعديل والمراجعة إلا عند إجازة ذلك أثناء تنفيذه ضمن ضوابط محددة وفقاً لشروط التعديل والمراجعة في الحالات الاستثنائية التالية، على أن يكون منصوص عليها صراحة في دفتر الشروط:

1- تطبيقاً لمعادلات تستند إلى مؤشرات أسعار رسمية محلية و عند الإقتضاء دولية عندما لا تكون هذه المعادلات مُغطاة ضمن قيمة العقد.

2- تطبيقاً لتعديلات ضريبية تؤدي إلى زيادة تكالفة تنفيذ العقد.

3- في حالة المنصوص عليها في الفقرة 3 من المادة 46 من قانون الشراء العام؛

4- عندما تصدر قوانين أو مرسومات من شأنها التأثير على قيمة العقد، وعلى أن يُعلَّم ذلك بموجب تقرير من الجهة الشارية.

2. تراعي شروط الإعلان المنصوص عليها في المادة 26 من قانون الشراء العام عند تعديل قيمة العقد.

المادة 35 : التعاقد الثاني

1. يجب على الملزِم الأساسي أن يتولَّ بنفسه تنفيذ العقد ويبقى مسؤولاً تجاه سلطة التعاقد عن تنفيذ جميع بنوده وشروطه، ويعُنِّي عليه تلزيم أيِّ من موجباته التعاقدية لغيره.

المادة 36 : اليد العاملة.

يؤكد العارض أنه إطلع على الانظمة التي ترعى شؤون المستشفى ، وبالتالي يتعهد بالتقيد بها واحترامها ، وبالعمل على تطبيقها من قبل كافة العاملين لحسابه وتحت إشرافه ، من جميع

الفئات دون إستثناء ، كما يتعهد المقاول بإبلاغ العاملين لديه أن علاقتهم التعاقدية هي محصورة به وليس للمستشفى أية علاقة أو صفة في عملية إستخدامهم ، كما ويتعهد بأن يزود المستشفى بالسيرة الذاتية لكل من المشرفين المسؤولين لديه لتنفيذ هذا العقد ، مرفق معها صور عن الشهادات العلمية والخبرات ، وبلائحة العاملين لديه مع بطاقات تعريف بهم تحمل كل منها شعار المقاول وصورة شمسية واضحة للعنصر تسمح له بالدخول إلى حرم المستشفى ، وتصدر تلك البطاقات عن إدارة المستشفى ترافق مع تلك اللوائح شهادة صحية لكل عنصر مع نتائج الفحوصات المخبرية و الشعاعية.

و يلزم العاملين لديه من كل الفئات الذين يتعاطون بصناعة وتوزيع الأكل بارتداء اللباس المهني المناسب للعمل الذي يؤدونه في المستشفى ، خاصة الطهاة منهم ومساعديهم او المضيفين والمضيفات ، وبإعتماد اللباس الموافق عليه بالشكل واللون من قبل المستشفى . كما يتعهد بأن يوفر لكل العاملين لديه اللباس البديل في الحالات الطارئة ، ويشرف المقاول او من يمثله على نظافة العاملين لديه وعلى لباسهم طوال فترة قيامهم بواجبهم في حرم المستشفى ، وينعى المتخلفون من الدخول إلى المطبخ وملحقاته لحين تصحيح وضعهم.

يتعهد المقاول بالاستحصال على شهادة صحية من العاملين لديه وفقاً للقوانين المرعية تؤكد إمكانيته القيام بالعمل و إعداد الطعام ، وكذلك يلزم العاملين لديه بالقيام بالفحوصات الطبية اللازمة قبل أن يتحققوا بمكان عملهم في المستشفى للتأكد من أنهم يتمتعون بصحة جيدة وأنهم غير مصابين بأمراض معدية تضر بالصحة العامة .

ويتعهد بأن يسهر بشكل دائم على صحتهم ، ويلتزم بأن يجري لهم دورياً وعلى نفقة الخاصة الفحوصات المخبرية والشعاعية والموصى بها عادة من قبل وزارة الصحة للعاملين في مجال الطعام ، ومن قبل مكتب مكافحة العدوى ، وأن يزود المقاول إدارة المستشفى بنسخة عن نتائج الفحوصات المخبرية والشعاعية .

كما و يتعهد العارض بتطبيق نظام النظافة البدنية على العاملين لديه ، و بتامين اللباس المهني لهم وتجديده كل فترة ، وبالسهر على المظهر الخارجي للعاملين لديه ، وأن يؤكد عليهم بضرورة حلاقة ذقنهما يومياً وعلى نظافة بدنهم وعلى تقليم أظافرهم ، وأن يقوموا بالاستحمام يومياً وكلما دعت الحاجة قبل الدخول إلى أماكن تحضير الطعام ، وأن يسهر على سلوكهم وعلى طريقة التعامل مع المرضى وذويهم داخل وخارج أقسام المستشفى ، والزيائن والاجهزة العاملة في

المستشفى من أطباء أو ممرضين أو اداريين أو فنيين ، ومع العاملين لدى الفرقاء الاخرين من مقاولين متعاقدين مع المستشفى لأداء خدمة مختلفة او مع مندوبين شركات أو مستوردي الادوية وغيرهم من الزائرين .

يؤكد المقاول على ضرورة تذكير العاملين لديه بأنه لا يحق لأي عنصر يعمل لديه دخول مكان عمله في المستشفى خارج الدوام الملحوظ له في اليوم والساعة المحددين له في الجدول الشهري المقدم لادارة المستشفى والموفق عليه مسبقاً من قبلها .

المادة 37: أسباب انتهاء العقد ونتائجها أولاً: النكول

1. يُعتبر الملزם ناكلاً إذا خالف شروط تنفيذ العقد أو أحكام دفتر الشروط، وبعد إنذاره رسميًّا بوجوب التقيد بكافة موجباته من قبل سلطة التعاقد، وذلك ضمن مهلة تتراوح بين خمسة أيام كحد أدنى وخمسة عشر يوماً كحد أقصى، وانقضاء المهلة هذه دون أن يقوم الملزם بما طلب إليه.
2. لا يجوز اعتبار الملزם ناكلاً إلا بموجب قرار معلل يصدر عن سلطة التعاقد بناءً على موافقة هيئة الشراء العام.
3. إذا اعتبر الملزם ناكلاً، يُفسخ العقد حكماً دون الحاجة إلى أي إنذار، وتطبق الإجراءات المنصوص عليها في الفقرة الأولى من البند الرابع من هذه المادة.

ثانياً: الانهاء

1. ينتهي العقد حكماً دون الحاجة إلى أي إنذار في الحالتين التاليتين:
 - 1- عند وفاة الملزם إذا كان شخصاً طبيعياً، إلا إذا وافقت سلطة التعاقد على طلب مواصلة التنفيذ من قبل الورثة.
 - 2- إذا أصبح الملزם مفلساً أو معرضاً أو حُلت الشركة، وتطبق عندئذ الإجراءات المنصوص عليها في الفقرة الثانية من البند الرابع من هذه المادة.
2. يجوز لسلطة التعاقد إنهاء العقد إذا تذرّ على الملزם القيام بأيٍ من إلزاماته التعاقدية بنتيجة القوة القاهرة.

ثالثاً: الفسخ

1. يُفسخ العقد حكماً دون الحاجة إلى أي إنذار في أيٍ من الحالات التالية:
 - 1- إذا صدر بحق الملزם حكم نهائي بارتكاب أي جرم من جرائم الفساد أو التواطؤ أو الإحتيال أو الغش أو تبييض الأموال أو تمويل الإرهاب أو تضارب المصالح أو التزوير أو الإفلاس الإحتيالي، وفقاً للقوانين المرعية للإجراءات.
 - 2- إذا تحقّقت أيٍ حالة من الحالات المذكورة في المادة 8 من قانون الشراء العام.
 - 3- في حال فقدان أهلية الملزם.
2. إذا فُسخ العقد لأحد الأسباب المذكورة في الفقرة الأولى من هذا البند تطبق الإجراءات المنصوص عليها في الفقرة الأولى من البند الرابع من هذه المادة.

رابعاً: نتائج انتهاء العقد

- في حال تطبيق إحدى حالات النكول أو الفسخ المحددة في هذه المادة، تعمد سلطة التعاقد إلى إعادة التأزيم وفقاً للأصول المنصوص عليها في قانون الشراء العام أو تُنفّذها بنفسها إذا كان لديها المؤهلات والقدرات الكافية لذلك دون اللجوء إلى أيّ نوع من أنواع التعاقد. فإذا أُسْفِرَ التأزيم الجديد أو التنفيذ عن وفر في الأكلاف، عاد الوفر إلى الخزينة، وإذا أُسْفِرَ عن زيادة في الأكلاف، رجعت سلطة التعاقد على الملزّم الناكل بالزيادة. في جميع الأحوال يصادّر ضمان حسن التنفيذ مؤقتاً إلى حين تصفية التأزيم.
- في حال تحقّقت حالة إفلاس الملزّم أو إعساره، تُثبّت فوراً، خلافاً لأيّ نص آخر، الإجراءات التالية:
 - يُصادّر ضمان حسن التنفيذ مؤقتاً لحساب الخزينة.
 - تحصي سلطة التعاقد الأشغال أو اللوازم أو الخدمات المنفَّذة أو المواد المدّخرة قبل تاريخ إعلان الإفلاس وتنظم بها كشفاً تصرّف قيمته مؤقتاً أمانة باسم الخزينة.
 - تعمد سلطة التعاقد إلى إعادة التأزيم وفقاً للأصول المنصوص عليها في قانون الشراء العام أو تُنفّذها بنفسها إذا كان لديها المؤهلات والقدرات الكافية لذلك دون اللجوء إلى أيّ نوع من أنواع التعاقد، فإذا أُسْفِرَ التأزيم الجديد أو التنفيذ عن وفر في الأكلاف، يعود الوفر إلى الخزينة، ويدفع ضمان حسن التنفيذ وقيمة الكشف المبيّن في الفقرة السابقة إلى وكيل التقليسة، وإذا أُسْفِرَت عن زيادة في الأكلاف، تُقطّع الزيادة من الضمان وقيمة الكشف المذكور ويدفع الباقي إلى وكيل التقليسة. وإذا لم يكُفِ ذلك لتعطّية الزيادة بكمالها، يُكتفى بقيمة الضمان والكشف.
- في حال وفاة الملزّم وعدم متابعة التنفيذ من قبل الورثة، تُسّتم الأعمال أو الخدمات المنفَّذة أو السلع المقدّمة، وتُصرّف قيمة مستحقاته باسم الورثة.
- لا يترتب أيّ تعويض عن الخدمات المقدّمة أو الأشغال المنفَّذة من قبل من يثبت قيامه بأيّ من الجرائم المنصوص عليها في الفقرة الفرعية "أ" من الفقرة الأولى من "ثالثاً" من هذه المادة.
- ينشر قرار انتهاء العقد وأسبابه على المنصة الإلكترونيّة المركزيّة لدى هيئة الشراء العام.

المادة 38: الغرامات

يتوجّب على الملزّم التقيّد بالمهل المحدّدة في العقد تحت طائلة دفع الغرامات المحدّدة فيه. تفرض الغرامات بشكلٍ حكمي على الملزّم بمجرد مخالفته أحكام العقد دون حاجة لإثبات الضرر.

المادة 39: الاقتطاع من الضمان

إذا ترتب على الملزّم في سياق التنفيذ مبلغ ما، تطبيقاً لأحكام وشروط العقد، حقّ لسلطة التعاقد اقتطاع هذا المبلغ من ضمان حسن التنفيذ ودعوة الملزّم إلى إكمال المبلغ ضمن مدة معينة، فإذا لم يفعل اعتّبر ناكلاً وفقاً لأحكام البند "أولاً" من المادة 33 من قانون الشراء العام.

المادة 40: الإقصاء

- إنّ الملزّم الذي يُعتبر ناكلاً وفقاً للبند "أولاً" من المادة 33، يُقصى عن المشاركة في الشراء العام وذلك: لـ 1- لـ مدة سنة كاملة عند تطبيق هذه الإجراءات عليه للمرة الأولى تبدأ من تاريخ نشر قرار الإقصاء الأول. 2- لـ مدة سنتين عند تطبيقها عليه لمرة ثانية تبدأ من تاريخ نشر القرار الثاني القاضي بالإقصاء. 3- لـ مدة خمس سنوات عند تطبيقها عليه للمرة الثالثة أو أكثر.
- يُقصى حكماً عن الاشتراك في الشراء العام الملزّم الذي يصدر بحقه حكم قضائي نهائي يتعلّق بإحدى حالات الفسخ المحدّدة في المادة 33 من قانون الشراء العام.

3. تبلغ سلطة التعاقد قرار الإقصاء إلى الملتم المقصى. كما ينشر قرار الإقصاء على المنصة الإلكترونية المركزية لدى هيئة الشراء العام.

4. إن زوال المانع أو إعادة الاعتبار يُعيدان للعارضين حق المشاركة.

5. على هيئة الشراء العام تحديث سجل الإقصاء على المنصة الإلكترونية المركزية لديها وشطب أسماء الملتمين المستعادة شروط اشتراكهم في عقود الشراء العام عفواً أو بناءً على طلبهم.

6. يمكن الطعن بقرارات الإقصاء أمام مجلس شورى الدولة.

المادة 41: حظر المفاوضات مع العارضين
تحظر المفاوضات بين الجهة الشارية وأي من العارضين بشأن العرض الذي قدّمه ذلك العارض.

المادة 42: القوة القاهرة

هي الأحداث التي لا علاقة للجهة الشارية والعارض أو الملتم في حدوثها والتي لم تكن متوقعة عند إعداد دفتر الشروط هذا، ومنها:

- 1- الحرب والأعمال العدوانية (سواء كانت حرب معلنة أم لا) والاجتياح وأعمال العدوان الأجنبية.
- 2- الحرب الأهلية والعصيان المدني والثورة وأعمال الشغب والإخلال بالانتظام العام.
- 3- الإشعاعات الأيونية أو التلوث من النفط أو النفايات النووية أو الأثار المشعة أو السامة أو المتفجرة الناتجة عن أي أجهزة نووية متقدمة.
- 4- الهزات الأرضية أو الحوادث الأخرى الناجمة عن القوى الطبيعية والتي من غير المعقول أن يتوقعها الفرقاء.
- 5- أية ظروف أخرى خارجة بالكامل عن إرادة الفرقاء.

ملحق رقم (1)**جدول المواصفات الفنية والكميات****DIETARY MISSION**

RHUH Dietary Division is dedicated to excellence and leadership in the provision of high quality and safe evidence-based dietetic services to its customers, conducting research based on community and national needs as well as providing teaching and training through its partnerships with selected universities.

OBJECTIVES

1. Provide quality food products and services to RHUH inpatients, outpatients, foreign patients and groups, visitors and staff as well as guests in special events in accordance with nutritional and health recommendations established by regulations such as, but not limited to:

- 1.1 Lebanese Ministry of Public Health
- 1.2 Lebanese Ministry of Agriculture
- 1.3 Lebanese Ministry of Economy and Trade
- 1.4 Food Safety and Inspection Services (USDA)
- 1.5 Center for Nutrition Policy and Promotion (USDA), Dietary Guidelines for Americans (2020-2025)
- 1.6 Dietary Reference Intakes (DRI)
- 1.7 Food Code (U.S. Public Health Service-FDA)
- 1.8 WHO-FAO Food Standards Programme Codex Alimentarius Commission

2. Abide by the Accreditation standards established by Lebanese Ministry of Public Health and as amended during the whole period of the contract; and

refer to standards established by the Joint Commission on Accreditation of Health Care Organizations (JCAHO).

3. Maintain standards established by all other applicable laws, rules and regulations, including all amendments thereto during the term of the Agreement and any extensions.
4. Provide all food, kitchen equipment and utensils, labor, supervision, supplies, transportation, etc. needed to ensure meals are prepared, delivered and served in accordance with the requirements set forth in this RFP.
5. Provide services that comply with RHUH and its Dietary Division's mission, vision and goals statements; as well as their strategic plans.
6. Promote and support with all means training programs provided by RHUH.
7. Maintain an open, collaborative relationship with the administration and staff of the Rafik Hariri University Hospital

To achieve these objectives RHUH management has adopted distinct operating objectives, which include:

- 1 Minimizing operating cost through suitable allocation of money and resources while achieving the highest levels of quality in health care and patient treatment and the elimination of waste in time.
- 2 Maintaining asset values and the availability of physical resources in an effort to maximize investment –revenue returns.

- 3 Developing a reputation for the delivery of effective healthcare that compares favorably with the private sector.
- 4 Introducing a service culture within the hospital that creates a customer focused environment.
- 5 Establishing support services organization that develops to meet the challenges presented as the hospital expands and develops to meet the demands of the market forces.

II– Scope of Services

The main purpose of the assignment is to provide a value for money and imaginative catering service, to the highest possible standards of safety and quality for all patients, staff, foreign groups, special events and visitors.

Services shall be provided at RHUH. (*RHUH maintains a smoke-free environment throughout its buildings.*)

The main requirements of the catering services are:

1. To ensure compliance with current and future legislation
2. To provide a service responsive to people's views and needs which meets all cultural, ethnic and religious needs.
3. To provide meals to the benefit of patients' health which meet all dietary requirements and which are suitable for all eating abilities and appetites.
4. To offer a varied and interesting menu selection, with the emphasis on nutrition and the promotion of healthy menu.

5. To ensure that patients, staff, foreign patients and other clients are regularly consulted on the service provided, both by frequent ward visits and recorded satisfaction surveys and questionnaires. All surveys and questionnaires shall be under the supervision of RHUH dietary division and RHUH quality division; and shall only be performed upon approval of RHUH.
6. To investigate customer comments procedure and to ensure that all patients and staff receive feedback on such comments from the catering manager through the Hospital Dietary Division.
7. To provide a well-trained team of people working within the catering.
8. To provide catering services to inpatients and outpatients.
9. The food service plan and operation shall fully comply with the food service accreditation standards included in Appendix B
10. The food quality control and safety inspection plan shall be compliant with the HACCP system.
11. A formal plan, that documents the contractor/bidder's method to ensure quality control and that the work is completed in accordance with the requirements of this contract, shall be presented in the technical proposal. The contractor/bidder's quality assurance plan shall generally meet the requirements of the International Organization for Standardization 22000 (ISO) or equivalent. All such plans shall be subject to the approval of the hospital's Dietary division, infection control committee and Quality division.
12. The contractor/bidder shall prepare a formal contingency or back-up plan that will describe how the contractor/bidder will provide catering services, if the normal facility is not able to function for some reason (for example, in times of war or if the electricity, water, heating, or ventilation systems become inoperable).
13. The catering services shall include but are not limited to:
 - 13.1 Provision of meals to patients (special and ordinary menu and therapeutic diets).
 - 13.2 Provision of meals to doctors and staff on duty if the hospital administration requests.
 - 13.3 Provision of meals, as requested by hospital administration, to foreign patients/visitors, their caregivers and other members of accompanying groups residing in the hospital hotel.
 - 13.4 Conduction of regular food testing and inspection by a food scientist or a hygiene specialist in the national laboratory or an equivalent laboratory as approved by the dietary division.
 - 13.5 Supply of all catering consumables, as well as purchase and replacement of supplies including glassware, crockery, cutlery, etc.
 - 13.6 Cleaning, disinfection and maintenance of kitchen equipment.

- 13.7 All menu choices offered to patients shall be of the required standard. The menu shall be designed as to include sections providing for all the different patient needs. Accordingly, in addition to those for whom a traditional diet is suitable, the menu shall accommodate the needs of children, vegetarians, those requiring/preferring a soft or mashed diet, those with special dietary needs/ restrictions, and most importantly those requiring a medically modified diet.
- 13.8 The contractor/bidder shall ensure that the range of meals available in each section has been specifically designed to reflect the needs of all patients. The proposed menus shall be a 2 weeks cycle menu for each diet type, and it shall be included in the technical proposal of the bid. RHUH shall approve the proposed menus, or suggest amendments, in compliance with the tender requirements.

III– General Requirements

1. The contractor/bidder shall purchase fresh supplies from the local market. Priority shall be given to products produced/manufactured locally as long as these products meet the required specification.
2. The contractor/bidder shall rectify any deviations required by the hospital in his proposal at no additional cost.
3. The contractor/bidder shall not subcontract any services or supplies to another contractor/ bidder without the previous approval from the hospital.
4. The contractor/bidder must not vary the standards of the services or supplies without prior approval of the hospital, and failure to do so will end in the termination of the contract and application of the termination conditions in that regard.
5. The contractor/bidder shall include in the technical proposal a brief description of the accounting; billing and stock control/ordering systems he intends to use.

6. The contractor/bidder will at all times endeavor to improve the efficiency of the services by the use of modern methods, equipment and materials with the prior approval of RHUH.
7. The contractor/bidder must report all accidents resulting in injury to personnel, or damage to property and equipment. These shall be submitted in writing to the dietary division within 24 hours of the incident/accident; the contractor/bidder shall consider any accident/incident under his responsibility and shall take proper action accordingly.
8. The contractor/bidder shall be responsible for the protection of the hospital assets placed at his custody and must ensure that proper use is made and care is taken of all equipment and facilities. Any losses and damage to such items shall be the sole responsibility of the contractor/bidder; repairs and replacements shall also be made by the contractor/bidder based on standards similar or better or as approved by RHUH.
9. The contractor/bidder shall carry out any requirement placed by RHUH even in cases when work requested is different from such specified by the contract. In such case, the requirement shall be fulfilled by the same conditions applied in the contract at rates to be agreed upon in writing between RHUH and the contractor/bidder.
10. In the event of any pollution, natural disaster or epidemic arising, the contractor/bidder shall be committed to supplying, within the scope of his services, all the materials and the catering services necessary to face the situation. RHUH shall define the quantity and the quality of the required service.

11. The participant in such a proposal shall be holding a practice license and paying all tax obligations.
12. The contractor/bidder shall be committed to providing all materials, cookware, utensils, crockery, tools and equipment needed for the execution of the catering services which are not available in the kitchen along with all staff members, at his own expenses.
13. Only publicity posters and pamphlets, memo etc... approved by RHUH can be displayed in the kitchen and their premises.
14. The contractor/bidder shall stick to the quality of catering materials, provided that it complies with the specifications in Appendix C, as well as with the international and local quality specifications and standards. If the contractor/bidder fails to provide the required catering materials at his own expense, then the Hospital will buy the required materials, and these materials shall be deducted from the sums due to RHUH.
15. RHUH commits itself to controlling the visiting times and schedules in all hospital wards in order to enable the catering company to fully perform its duty.

A. OPERATIONAL REQUIREMENTS

1. RHUH facility will provide kitchen equipment, which may be used to receive, store and serve the meals provided by the contractor/bidder.

It is anticipated that the awarded contractor will begin serving meals immediately when the contract signed with the present contractor ceases. However, due to unknown variables, this date is subject to change.

2. All bidders agree to maintain standards established by RHUH, Lebanese Ministry of Public Health, Dietary guidelines for Americans 2015–2020 and all other applicable laws, rules and regulations, including all amendments thereto during the term of the Agreement and any extensions, and refer to the Joint Commission on Accreditation of Health Care Organizations (JCAHO).
3. All food service areas, delivery areas, equipment and vehicles will be operated and maintained in a clean and sanitary condition and in complete compliance with all Local and international standards, as enforced by the Lebanese Ministry of Public Health.
4. RHUH reserves the right to make on-site inspections, and without prior notification, of the receiving, storage, preparations and serving sites, vehicles and food carrying equipment, for compliance purposes, during the life of the contract.
5. The contractor/bidder is to assign a Food Service Manager to work with RHUH for the duration of the contract. The Food Service Manager will be experienced and knowledgeable of food services in a patient facility. A resume of the Food Service Manager is to be submitted with the contractor/bidder's proposal packet.
6. The contractor/bidder is to serve high quality food that is fresh, clean, appetizing and nutritious as solely determined by RHUH.
7. The contractor/bidder is to select, purchase, prepare and serve food and meals following the menus solely approved by RHUH Dietary Division.

8. Request for changes in approved menu will only be reviewed if accompanied with adequate related justification documents and submitted to RHUH.
9. All menus shall be appropriate for the needs, cultural, religious and ethnic tastes of RHUH. No pork items or foods seasoned with pork are to be served or stored at RHUH premises. No alcoholic beverages or foods containing alcohol as an ingredient shall be served or stored at RHUH premises.
10. All types of meat and meat stock offered at RHUH shall be *Halal* slaughtered and appropriate certificates authenticated by Lebanese official references shall be delivered to RHUH Dietary Division with every batch of received meat, and renewed as needed.
11. The contractor/bidder is to ensure that food handling (cooking, storage, thawing, heating, holding, transportation and distribution) methods shall maintain quality and safety of food until delivery to patients and guests.
12. The contractor/bidder must meet the Lebanese Ministry of Public Health, USDA regulations for food service sanitation. All places where food is to be prepared, stored and/or carried shall be inspected, and at any time, by the Lebanese Ministry of Public Health, RHUH Dietary Division and Infection Control Division and/or other inspection and regulatory members and/or agencies. RHUH representatives reserve the right to conduct announced and/or unannounced inspections and by means and tools determined solely by RHUH as deemed fit.
13. The contractor/bidder must initiate an investigation by local health authorities of complaints involving two or more persons with symptoms of

food-borne illness within a similar time frame after consuming food from the contractor/bidder and/or their personnel. The contractor/bidder agrees to take all the necessary steps to respond immediately and cure the problem at the contractor/bidder's sole cost and expense. A written report of the investigation and corrective action will be submitted to RHUH Dietary Division immediately and at latest within 24 hours of the reported illness.

14. The contractor/bidder is to immediately notify RHUH of any employee(s) assigned to this contract that have come in contact with and/or pose a Health Risk.
15. The contractor/bidder must keep full and accurate sales and procurement records related to purchases covered by the contract. All such records shall be kept on file during the whole period of the contract, and minimum one year following the termination of the contract. The contractor/bidder shall agree that authorized auditors and RHUH representatives, upon request, shall have access to all such records for audit and review, and conduct on-site reviews of the food service, transportation, and handling operations.
16. The contractor/bidder must agree not to subcontract any portion of the contract or service without prior written approval of RHUH.
17. The contractor/bidder shall maintain responsibility for all fees and licenses required to operate under this contract for the full duration of the contract.

B. STAFF REQUIREMENTS

B1. General Requirements:

1. The contractor/bidder shall be committed to selecting a good and well trained catering team. The team shall be well trained to perform catering tasks in coordination with RHUH's administration requirements. Moreover, the contractor/bidder shall be committed not to replace the workers in a way that affects catering performance in all work areas.
2. The contractor/bidder shall be able to mobilize his staff to attend to any emergency catering service that may be required at any time and place in the hospital.
3. The contractor/bidder shall make his own arrangements and meet all expenses for the transport of all persons and employees. RHUH will not be responsible for any of the above and their expenses no matter what the situation the contractor/bidder is going through.
4. Catering services shall be continuous throughout the contract period in the hospital and are not to be interrupted on Sundays, Fridays, national holidays, other religious days or national/military crisis. Catering services shall maintain the same standards of practice across all days.
5. The contractor/bidder shall be committed to signing a declaration dismissing RHUH of any responsibility towards its workers or employees for any rights or actions; the declaration shall also clearly state that all of the contractor/bidder employees are not part of RHUH and they do not belong to its administration. This declaration shall be submitted with the contractor/bidder's proposal documents.
6. The contractor/bidder shall be committed to providing, at his own expenses, a minimum number of workers necessary to perform the catering service in the hospital. The minimum number of employees shall abide by the standards placed by this tender document and agreed upon in the financial proposal.
7. All employees shall be selected among those who have a good reputation and good behavior and are not condemned for crimes as well as not carrying any infectious disease.
8. The contractor/bidder shall submit to the Dietary Division on weekly basis, and before the beginning of the week, a list of names and titles of all workers performing the catering tasks in the hospital along with their scheduled working hours.
9. RHUH administration has the right to raise an objection to the number of workers in case of insufficiency or to the workers' performance in case it fails to reach the required level, the latter shall be applicable to any employees including administrators. The contractor/bidder shall commit itself to implementing the hospital's recommendations.
10. The contractor/bidder shall provide a sufficient number of workers as agreed upon in the financial proposal and train them on the specific catering services in order to improve their performance and qualification level.

11. The contractor/bidder shall be committed to providing a unified uniform, which must receive RHUH approval, for all workers/employees present at RHUH premises. All costumes shall be decent, clearly bearing the company's logo and always kept neat and clean.
12. Staff uniforms shall be changed daily. Used uniforms shall be sent to an approved laundry service and received after being cleaned in sealed plastic bags. Cleaning of uniforms shall be the sole responsibility of the contractor.
13. Neither the contractor/bidder nor his employees have the right to use hospital and ward telephones, rooms, warehouses, stores and corridors for their personal use.
14. The contractor/bidder's workers and employees cash their salaries, wages and payable sums solely from the contractor/bidder. RHUH is not responsible for any lack or delays in payment from the contractor/bidder side. Moreover, the workers and employees have no right to claim salary payment from RHUH against any work performed or any time period during which they have carried out any job in the hospital.
15. Workers hired by the contractor/bidder are not RHUH employees and they shall not have the right to claim anything from RHUH.
16. The contractor/bidder workers commit themselves, while performing their tasks in the field of catering services, to keeping quiet, behaving in an ethical manner, keeping uniforms clean, looking in good shape and not smoking in the hospital or kitchen and their premises.
17. Neither the contractor/bidder nor his employees/workers have the right to interfere in the daily work course, operate mediation or influence any of the employees from all categories at RHUH to get a benefit or an illicit medical, nursing, diagnostic and drug service.
18. RHUH has the right to object to any worker hired by contractor/bidder in the field of hospital catering service specifying the reason behind it. In such cases, the contractor/bidder shall immediately replace the concerned worker with a qualified substitute and exclude him/her from working in the hospital.
19. RHUH reserves the right to refuse and/or retain any employee of the contractor/bidder if it is determined the employee poses a security risk to RHUH, as determined by RHUH.
20. The contractor/bidder is held solely responsible for any occupational injury caused to any worker hired for the hospital catering services; RHUH shall not be held responsible for implications in such cases.
21. The contractor/bidder bears all civil and penal responsibility whenever his employees and/or workers cause a material or moral damage/prejudice to RHUH reputation, belongings, employees or patients.
22. The hospital's administration is responsible for controlling the contractor/bidder's work, workers and employees who perform the catering contract using the means deemed appropriate by RHUH and through the persons appointed for his purpose.
23. The contractor/bidder, as well as, his workers and employees shall abide by RHUH's recommendations and instructions without any hesitation wherever and whenever the concerned administration deems it appropriate to reach the sought objectives of the contract.

24. The Contractor/Bidder shall provide RHUH with detailed schedules of all employees as well as a detailed schedule of employees attending each patient/staff tray line at least one week before the first day in the schedule (Duty Roster and Line Roster)
25. The Contractor/Bidder shall report to RHUH within 24 hours any broken, injured or ill-treated RHUH belongings.
26. The Contractor/Bidder shall submit a performance appraisal for all its employees according to a schedule approved by RHUH and in line with the Accreditation standards set by the Lebanese Ministry of Public Health and other applicable laws. Performance appraisals shall be in line with the employee's job description. Performance appraisal policies and procedures shall be submitted to RHUH administration.
27. The contractor shall provide RHUH administration all master copies of job descriptions for all positions as well as signed job descriptions for every staff member. The contractor shall update job descriptions yearly or at most every two years.
28. The contractor/bidder staff's attendance shall be registered and monitored through the consistent use of the palm recognition system that will be independent of that of RHUH with the possibility to link it to RHUH server.

B.2 Nationality of the personnel:

1. All personnel executing the present contract for the account of the contractor shall be exclusively of Lebanese nationality. Exceptions shall be convened for jobs authorized by the Lebanese Laws and Regulations after notifying and getting approval from RHUH administration
2. The contractor is allowed to hire cleaners of non-Lebanese nationality in line with the Lebanese labor law as long as they have a valid health certificate, work permit and legal residency in Lebanon. Copies of the latter shall be submitted to RHUH dietary division.

B.3 Description of the personnel

The titles, agreed job descriptions, minimum qualifications and estimated periods of engagement in the carrying out of the services of the contractor's key personnel are described in the bidding documents.

B.4 Removal and/or replacement of Personnel:

Except as RHUH may otherwise agree, no changes shall be made in the key personnel. If, for any reason beyond the reasonable control of the contractor, it becomes necessary to replace any of the key personnel, the contractor shall provide as a replacement a person of equivalent or better qualifications, provided RHUH approves such replacement.

B.5 Personnel misconduct:

If RHUH finds that any of the personnel has:

1. Committed serious misconduct or
2. Been charged with having committed a criminal action or
3. Violated the code of ethics or
4. Has proven to be a threat to RHUH property or personnel or
5. Caused dissatisfaction in performance or
6. Was proven to have forged any of his certificates (health certificates, credentials..)

Then the contractor shall, at RHUH's written request, specifying the grounds therefore, provide as replacement a person with qualifications and experience acceptable to RHUH. The duties of the former employee will be assigned to a competent staff member before being delegated to the latter.

The contractor shall have no claim for additional costs arising out of or incidental to any removal and/or replacement of personnel.

1. The contractor/bidder shall provide a sufficient number of experienced and qualified staff at his expense to ensure a full and high quality service as well as compliance with current and future legislation. The minimum qualifications, experience, skills and number of staff needed shall match those listed in table B-1 as a minimum. Shall the workflow require additional employees or qualifications; the contractor/bidder shall be solely responsible to make the required adjustments.

2. Staff deployment schedules, team composition, staff requirement in number, skill and duration, job description, team organization chart, as well as the work plan shall be included in the contractor/Bidder's technical proposal.
3. Staff shall be provided for a minimum of two shifts.
4. The number of staff proposed by the contractor/bidder for the assignment shall be adequate to meet the catering needs of the hospital at an average of 85% inpatient occupancy rate of the total number of beds whose distribution is present in Appendix A.
5. In cases of requests for additional services during occasions of high inpatient occupancy rate or special occasions and events such as conferences, workshops and health tourism; the team shall be structured and managed in a manner that will ensure that these unpredictable events are fully accommodated within the proposed operational plans.
6. The contractor/bidder shall develop an appropriately qualified, trained and structured team under the direction and management of an experienced contract manager. The contract manager will be responsible for the day-to-day operation and management of task delivery throughout the duration of the contract.
7. In the event the Food Service Manager is absent due to illness, vacation or any other reason, an acceptable alternate Manager shall be included as a replacement. A resume of the replacement must also be furnished with the Bidder's proposal.
8. The contract manager shall have full authority to manage the contract and shall receive support from specialists within the company, when required, to meet with the demands of the contract and to satisfy changing customer needs.
9. The contract manager shall be supported by an administrative team responsible for ensuring that all administrative functions related to the contract are effectively implemented.
10. In support of these administrative functions the contractor/bidder shall deploy a team of professionals who shall undertake the delivery of a number of catering services at the hospital.
11. The contractor/bidder shall provide RHUH administration with a training plan for all its staff members. All trainings shall be followed by competency testing and actions shall be taken and documented as a follow up of weaknesses identified upon the completion of the competency testing.
12. The contractor/bidder shall provide, immediately upon hiring all his staff, with uniforms, badges and protection clothing and personal protective equipment as is deemed necessary for the safe and efficient execution of the work. Uniforms are subject to the approval of RHUH and shall be renewed upon need.

13. All staff of the contractor/bidder shall be provided with suitable uniforms and slip-resistant footwear that shall be kept clean and neat at all times. Such uniforms and footwear are subject to the approval of RHUH.
14. The contractor/bidder shall have a licensed dietitian available to plan, when applicable, meals of special diet orders that are not present in the agreed upon menus.
15. All dietitians employed by the contractor shall be licensed to practice in Lebanon based on the laws set by the Ministry of Public Health. A copy of the dietitian's credentials shall be included with the proposal packet.
16. All contractor/bidder staff shall have a valid Lebanese work permit "إذن مزاولة المهنة" when applicable and as per the Lebanese Law.
17. All contractor/bidder staff shall hold the suitable certificates/work permits for the respective positions/titles. This includes, but is not limited to, food handler or hygiene certificates issued by concerned health authorities in Lebanon. All costs associated with obtaining or renewing such certificates shall be endorsed by the contractor/bidder.
18. All copies of certifications/licensures held by the contractor/bidder's employees must be delivered to RHUH Dietary Division immediately upon their completion and upon employment in the case of new employees.
19. All food preparation staff must be trained of the approved menus and concerned staff shall be adequately trained on the preparation and assembly of the regular and modified menus.
20. All contractor/bidder employees, equipment, food, supplies etc. accessing RHUH premises may be subjected to immediate search to ensure that the integrity and security of RHUH environment is maintained.
21. Staff designated to serve the private floor and special events shall be carefully selected to fulfill RHUH satisfaction and the best service standards. The Contractor/Bidder shall not use the cleaners for such type of service.
22. The contractor/bidder shall abide by the number of working hours allowed as per Lebanese Labor Law.
23. The contractor/bidder as well as his workers shall conform to the internal regulations and laws in force at RHUH.
24. The contractor/bidder shall be committed to hiring workers between the ages of 18 and 45 years old.
25. The contractor/bidder shall abide by the Lebanese labor law for the execution of the contract.
26. The contractor/bidder shall present a clear organizational chart with clearly defined lines of hierarchy which includes all employees present on site as well as any employee of concern to RHUH site.

27. The contractor/bidder shall provide RHUH administration with an orientation manual of its RHUH site. All contractor/bidder employees shall be oriented to the orientation manual upon employment and a respective orientation checklist shall be filled in and submitted for every employee.
28. The contractor/bidder shall at all times have a designated employee capable of decision making and of representing its company, and be present at RHUH premises (the former may be represented by the Contract Manager).
29. Shall the assigned management be absent, a replacement must be assigned and the Contractor/Bidder is responsible to formally inform RHUH.
30. Replacement of all staff by an equally qualified staff during holidays and annual leaves is mandatory and must be planned at least two weeks ahead.
31. Replacement of all staff shall also be promptly available in cases of unplanned absenteeism as not to impair the service and maintain homogenous standards.
32. The contractor/bidder should have an employees' file present at all times on site at RHUH. The file shall contain, and not limited to, all employee credentials, criminal records, CVs, education certificates, work permit where applicable, updated health certificate, competencies and training records.

Table: B-1 – Manpower requirements:

Position	Number of required staff	Degrees	Experience/ Years of experience
Unit Manager	1	Minimum B.Sc in Nutrition and Dietetics or food science/Food service management (or a B.A. in Business administration coupled with relevant experience in food service management)	Similar assignment / 5 years of which a minimum of 3 in a 150 bed hospital
Quality Control Supervisor	1	Minimum B.Sc. in Nutrition and Dietetics or food science or related field	Similar assignment / 2 years of which a minimum of 1 in a 150 bed hospital/ HACCP/ISO 22000 training certified
Executive Chief Cook	1	Technical Degree in Hôtelerie school or related field	Similar assignment / 5 years of which a minimum of 2 in a 150 bed hospital
Production dietitian	4– 5(depending on the qualifications of the Quality	Minimum B.Sc in Nutrition and Dietetics	Similar assignment / 2 years of which a minimum of 1 in a 150 bed hospital

	control supervisor)		
Store Keeper	1	Technical Degree in Food Science, Commerce, business or finance or related field	Similar assignment / 1 year in a 150 bed hospital/hotel
Cook	2-3	Technical Degree(BT or TS) in Hôtelerie school or related field	Similar assignment / 2 years
Assistant Cook	5-6	Technical Degree in Hôtelerie (BT) school or related field	Similar assignment / 1 year
Butcher	1	Technical Degree in Hôtelerie school or related field	Similar assignment / 1 year
Floor Runners	Minimum of 8	Complementary/secondary School Education (reads and writes)	Similar assignment/ 1 year
Cleaning Supervisor	1	High School Education	Similar assignment/ 2-3 years
Cleaners	Minimum of 8	Complementary School Education (reads and writes)	Similar assignment/ 1 year
Total Labor Required	33- 36		

B.6 Employee Health and Hygiene/Health and Fitness Certificate:

1. The contractor/bidder shall ensure that all his staff has a valid Health certificate issued by Ministry of Public Health and renewed as required. Such certificates shall be submitted to RHUH at the time of issuing. No staff can start any work at the kitchen premises before having the health card certification.
2. Staff testing and examinations shall be performed on regular basis at the hospital clinics, these shall include among others:
 - 2.1 Testing for communicable diseases (Hepatitis A, Hepatitis B, Hepatitis C, HIV, VDRL and other tests as requested by RHUH)
 - 2.2 Stools culture and analysis,
 - 2.3 PPD, if positive then Chest X-ray is required
 - 2.4 Physical Examination
 - 2.5 For staff members in direct patient contact, the contractor shall supply RHUH with proof of vaccination for :
 - Varicella
 - MMR (Measles, Mumps, Rubella)
 - Hepatitis B

The contractor/bidder shall bear the sole responsibility of all payments associated with medical test and the service shall be charged at MOH rates.

3. If the contractor/bidder wishes to perform the laboratory examinations outside RHUH, it shall request this formally, by means of an official letter, from RHUH. Shall a laboratory be approved by RHUH; any results shall be directly submitted to RHUH from the laboratory itself and not from the contractor.
4. Any medical examinations/laboratory test reports received from approved external institutions shall be submitted as an original copy to RHUH Dietary divisions with copies submitted to the occupational health and safety officer and the infection control division.

5. Additional tests and immunizations maybe required as per the request if the dietary division, the infection control committee and the occupational health and safety committee.
6. All health cards, certificates vaccination reports should be available in the employees file at RHUH premises at all time. Employee files will be subject to random audits.
7. If any of the contractor/bidder employees were found to have jaundice, diarrhea, vomiting, fever, sore throat with fever, visibly infected skin lesions, discharges from eye, ear or nose; RHUH dietary division shall be informed immediately regarding the case/situation. In such case, the employee has to leave the premises immediately and will not be allowed to enter again unless a physical examination is done by an RHUH approved physician stating that he's cured and fit for work.
8. The contractor/Bidder's kitchen workers and food handlers shall take daily showers before wearing their clean uniforms and starting their daily work.
9. Male staff workers shall shave daily.

B.7 Outpatient Consultations

Medical examination by RHUH physician

1. The Contractor/Bidder's employees shall be required to take vaccinations at the hospital outpatient clinic as required by the infection control committee. The contractor/bidder shall pay for the service.
2. All the employees of the Contractor/Bidder are not allowed to start work or enter the premises of the hospital after coming back from any vacation outside the country, unless they inform the hospital providing their medical test results.

C. FURNITURE & EQUIPMENT/ HOTEL SERVICES

C.1 Furniture, Equipment and maintenance

1. The Hospital will provide the contractor/bidder available heavy duty cooking equipment, kitchen equipment and facilities, furniture and fixtures,

existing kitchenware, tools and food serving utensils, for providing the services.

2. The contractor/bidder is considered having full knowledge of the status and quantities of the provided equipment and materials.
3. The contractor/bidder must inspect the kitchen equipment available prior to commencing the contract and the status of equipment shall be recorded. It is the responsibility of the contractor/bidder to take proper care of the equipment and ensure day-to-day user maintenance as specified in the appropriate manuals.
4. Trolleys, serving plates, cutleries and all other equipment required for meal service shall be provided by the contractor/bidder, at his own expense, based on specifications approved by RHUH.
5. The contractor/bidder may buy at his own expense new trolleys based on specifications approved by RHUH to improve the meal services. A proposal shall be submitted to the dietary division which shall be subject to approval.
6. Technical Specifications of any items to be purchased by the contractor/bidder for use at RHUH shall be approved by RHUH
7. The contractor/bidder shall provide patients' meal trays as necessary for the services. Trays must comply with National Sanitation Foundation standards NSF and must be approved by RHUH. The contractor/ bidder shall maintain their stocks and replace them as necessary and as recommended by the Hospital Dietary Division.

8. The contractor/bidder shall supply any additional equipment, furniture, kitchenware, material and any other needed items necessary to conduct the required assignment, and to ensure food/meals are prepared, delivered and served in accordance with the requirements set forth by this RFP at no extra cost to the Hospital. They shall be listed on a separate sheet.
9. The Hospital will provide the existing stock of cooking utensils, crockery, cutlery, and glassware in the kitchen and its premises. The contractor/bidder shall maintain these stocks, complete them when needed, and replace them as necessary and as required for the good execution of the contract. Shall any additional stocks be needed; it is the sole responsibility of the contractor/bidder to make them available for the good execution of the contract.
10. The contractor/ bidder shall supply the plastic containers used to store food and non-food items.
11. The Contractor/bidder shall ensure preventive, routine and corrective maintenance works for all equipment delivered to him.
12. RHUH reserves the right to make an on-site inspection of all the equipment at any time during the life of the contract.
13. The Contractor/Bidder must sign a maintenance contract immediately at the initiation of the contract to ensure that all preventive, routine and corrective maintenance works are appropriately done.
14. The company with which the maintenance contract is signed must have the prior approval of RHUH.

15. The contractor/bidder shall be committed to paying the maintenance fees for any equipment or property belonging to RHUH. Whenever it is not possible to repair any equipment/property/tool after being damaged the contractor/bidder's staff, then the contractor/bidder shall pay the full value of its replacement price.
16. All preventive, routine and corrective maintenance works shall be done in coordination and with the supervision of Maintenance and Engineering Division.
17. At all times, the contractor/bidder shall provide RHUH with a detailed report of every maintenance work that has been performed at the kitchen and their premises.
18. Any new equipment purchases or changes in equipment shall be in line with the requirements of the Lebanese Ministry of Public Health, the National Sanitation Foundation NSF, this tender Document and HACCP.
19. Before use of any approved equipment the contractor/bidder shall make the necessary arrangements with RHUH to ensure its appropriate use.
20. The contractor/bidder shall maintain all equipment in use adequately operating at all times; shall any equipment be out of order, the contractor/bidder shall have a clearly written and approved contingency plan and shall repair the former as soon as possible.
21. The contractor/bidder shall ensure that its employees take proper care of the Hospital furniture and equipment.

22. The contractor/bidder must report, in writing, to the Dietary Division any damage to equipment, furniture or physical facility within 24 hours after the damage has occurred.
23. The Hospital will make the equipment manuals freely available. The contractor/bidder shall make sure a copy of these manuals is freely available for its staff at the work sites.
24. Only staff that has had training in a commercial kitchen environment will be allowed to operate equipment. Any damage to equipment, services or fabric, however, caused by the negligence of contractor/bidder's staff shall be the contractor/bidder's responsibility to rectify.
25. The contractor/bidder shall provide each meal site with all necessary types of serving utensils and thermometers for each preparation and service site at the onset of each contract year. Replacement items will be kept in stock by the contractor/bidder to ensure timely replacement of broken or inoperable items. Replacement of lost serving utensils will be responsibility of the contractor/bidder.
26. Disposable service supplies will be maintained at each serving site. The disposable items shall be supplied and delivered by the contractor/bidder as needed by serving site personnel.
27. The contractor/bidder shall be responsible for providing the following disposable service supplies:
 - 30.1 Straws
 - 30.2 Napkins
 - 30.3 Tray mats
 - 30.4 Protective Plastic Gloves – Sterile, plastic, and disposable.

- 30.5 Shoe covers
- 30.6 Disposable aprons
- 30.7 Disposable sleeves
- 30.8 Hair Restraints
- 30.9 Spoons, forks and knives and other cutleries
- 30.10 Condiments
- 30.11 Carton Cups
- 30.12 Plastic bags
- 30.13 Disposable Bowls (Plastic #5)
- 30.14 Disposable plates of different sizes and shapes (Plastic #5)

28. Official physical inventories of all equipment, small equipment, cutlery and all materials delivered to the contractor at the initiation of contract shall be submitted to RHUH every three months. Such inventories shall be made in coordination and in the presence of RHUH delegate/delegates.

C.2 Utilities and installation of meters

- 1. The contractor/bidder shall fix a meter for each utility (steam, electricity, and water) such that the contractor/bidder pays for its consumption accordingly.
- 2. The contractor/bidder shall make sure meters are calibrated on a quarterly basis.
- 3. The contractor/bidder, at no extra cost to the Hospital, will supply cooking gas. In case the Hospital supplies gas through central gas system, meter will be fixed in the kitchen and the contractor/bidder will have to meet the cost of gas according to meter reading.
- 4. Steam, electricity, and water to the contractor/ bidder may be provided by the Hospital, against payment for entire consumption in all areas handled to the contractor/bidder. Billing will be made by RHUH, based on incurred cost, including direct, and indirect cost, cost of material, amortization etc.

C.3 Uses of Kitchen areas

- 1. The Hospital shall provide storage facilities for dry, refrigerated and frozen foods. The contractor shall provide additional storage facilities upon need.

2. The contractor shall ensure storage areas are properly ventilated and maintained.
3. Food preparation shall be made on RHUH premises, at its designated kitchen, for patients' meals.
4. No modifications shall be made by the contractor/bidder to the existing physical facilities after initiation of the contract. The contractor/bidder must solicit officially RHUH to suggest any changes or modifications in the physical, electrical or mechanical facility of the Hospital.
5. The contractor/bidder shall outsource the services to perform physical, electrical, telecommunication, civil or mechanical work; the former shall only be from a reliable source approved by RHUH administration.
6. The kitchen facility shall be divided into functional divisions and areas as follows: receiving area, dry storage area, cold storage areas, vegetables and fruits preparation area, meat preparation area, snack area, pastry preparation area, bakery area, high care area, cooking/production area, patient tray line area, dishwashing area, pot and pan washing area, trolley cleaning area, chemical storage area, lockers, waste disposal area.
7. The contractor/bidder cannot close/isolate any area or initiate changes in the Main kitchen, without the prior approval of RHUH.
8. In case any area of the RHUH kitchen is not used, it shall be closed adequately and maintained in a clean hygienic condition at all times.

D. SPECIFIC REQUIREMENTS

D1. Patient related services:

1. Meals, snacks and therapeutic diets must be prepared in the hospital kitchen in accordance with the menu specifications and requirements set by the Dietary Division.
2. The catering service shall be linked to the hospital information system (HIMS) order entry and dietary management module.
3. The contractor/bidder's catering supervisor must be able to access the modules to inspect the list of patients' admissions/discharge/transfer and to inspect the specific instructions for each patient's diet, whether it is special or regular, and the patient's meal preferences as recommended by the hospital Dietary Division. The displayed list shall be the basis for the patients' meals preparation and shall be used for billing purposes.
4. The information system accessible by the catering contractor shall support the printing of labels identifying the types of meals to be served to the patients. Printed patient identification cards and special cards when applicable shall be attached to the relevant trays. It is clearly understood that the contractor/bidder shall bear the costs of all labels and other related printed materials.
5. RHUH shall provide the contractor with users who shall have access to the dietary and order entry modules.

6. All necessary information system equipment, point of sales equipment, accessories, connections and consumables that are needed to conduct the assignment shall be provided by the contractor on the condition that they do not interfere with the hospital information system (HIMS) and shall be subject to RHUH's approval. The contractor/bidder shall be responsible for the maintenance and upgrade of hardware and software he provides. In case RHUH implements the prepaid cards system, for the use of his staff as a means of payment, he shall provide all necessary equipment and software to support the operation of such a system.

7. Special diet cards to be filled individually for patients shall be provided by the contractor to the dietary division and replenished upon need.

D.2 Patients' menus specific requirements and policy:

1. A well designed 2 week cycle sample menu shall be submitted with the tender technical offer based on a 14-day non-repetitive basis. It shall be of compatible and better nature to the sample reference menu and compliant with the menu pattern and specifications included in the Appendix G and shall include the portion size by specifying the weight of ingredients and caloric value of each meal.

2. The specimen menus shall include at least the following diets/ patient profile:
 - Weaning
 - Lactating
 - Pediatric Oncology
 - Adult Oncology
 - One Day Oncology (in coordination with the patients' shifts)

- Dialysis (in coordination with the patients' shifts)
- Tube feeding
- Neutropenic
- Clear Fluids
- Full Fluids
- Mashed
- Mechanically soft
- Soft
- Diabetic
- Low salt
- Low fat
- Low fat, low salt
- Anti-diarrhea
- Uremic
- Uremic Diabetic
- Vegetarian
- Gluten free
- Special diets

3. While designing the menu, the following shall be taken into consideration:

- Patients' preferences and cultural background
- Macro and Micro Nutrient adequacy
- Variety
- Taste
- Color
- Portion size

4. Only **approved** menus shall be served at all times.

5. Daily menus shall not be repeated more than one time every 14 days period.
6. A typical ordinary daily menu for adults shall provide on the average 2200–2500 Calories.
7. The regular menu shall provide around 45–65% of the total Calories from carbohydrates, 20–25% of the total Calories from protein and 30–35% of the total Calories from fat.
8. A minimum of 15% of the total calories shall be provided from monounsaturated fatty acids sources i.e. olive oil and less than 10% of the calories shall be provided from saturated fatty acids.
9. The contractor/bidder shall make sure accurate nutritional analyses for all menus are submitted to RHUH.
10. Nutritional analyses for all menus submitted to RHUH must be approved by a licensed dietitian and through approved software.
11. The proposed menu shall be approved by a contractor/bidder licensed dietitian prior to submission for approval by RHUH.
12. Documentation of nutritional adequacy shall accompany each menu. It shall reflect, at a minimum, adequate provision of macronutrients and of the following four nutrients: protein, calcium, iron, zinc, sodium, vitamins A and vitamin C. Documentation will also show that each meal provides at least 600 and not more than 1,000 calories (the recommended level being between 750 and 900 calories).

13. Menus should have a minimum of the following number of servings of the major food groups based on the dietary guidelines for Americans (2020–2025) for 2200–2500 calorie diet:

- **3 cups-equivalent dairy per day**
- **6.5–7 oz-equivalent meat, fish, poultry per day**
- **7–8 oz- equivalent of grains per day**
- **2–2 cups-equivalent fruits per day**
- **3–3.5 cups- equivalent vegetable per day**
- **29–34 grs oil**
- **2300mg/d of Sodium at maximum**

14. Menus shall provide adequate selections as to meet patients' preferences.

15. Menus shall be served in an attractive manner.

16. Menus of outpatient services (Dialysis, One day chemotherapy...) shall be served in formats (sandwiches, club sandwich, etc.) that will facilitate the consumption of the meals.

17. The successful bidder must make any required changes to menus, meal content or nutritional standards to ensure compliance with changes in any applicable laws or program standards, or to cope with any disease outbreak.

18. The food items (e.g. meat, vegetable, fruit and grain groups and desserts) must be different and varied throughout the 2 weeks cycle menu providing a variety of food and nutrients.

19. Meals offered by the contractor/bidder shall reflect religious, cultural, ethnic, and regional dietary requirements or preferences of patients.
20. The contractor/bidder might be required to serve special menus on holidays (Appendix D) specified by RHUH after approval by the Dietary Division. Holiday meals may deviate from the standard menu pattern as required from RHUH.
21. Tested quality recipes, adjusted to yield the number of servings needed, must be used to achieve consistent and desirable quality and quantity. All food shall be prepared from standardized recipes.
22. The contractor/bidder shall provide a recipe file for inspection by RHUH. Standard recipes for the agreed upon menus should be available two weeks after agreement on that specific menu at most. Standardized recipes should be available in the kitchen of RHUH at all times.
23. Any changes or substitutions which need to be made to the approved menus shall be requested in advance to RHUH and shall be subject for approval. RHUH may deny payment to the contractor/bidder for menu substitutions not previously approved.
24. All raw foods used in the preparation of meals shall be of high quality.
25. The contractor/bidder shall insure that meal ingredients and preparation method comply with the national and international standards as well as specifications under Appendix C. The contractor/bidder is responsible to conduct any necessary research to insure that meals comply with the aforementioned standards and specifications.

26. Fish shall be included in the menu at least twice per week (400–450 grs/week).
27. Regular and modified menus shall be posted in the kitchen and shall be available to all the bidder/contractor staff members.
28. The preparation of regular and special menu meals shall be based mainly on grilling, baking, steaming and stewing rather than frying.
29. Any oil used for frying shall be changed every other time at maximum, while keeping a written record of the changes
30. All kinds of bread shall be served fresh and obtained from a commercial bakery approved by RHUH.
31. Any bread leftover shall be disposed of. Bread shall only be served fresh on a daily basis.
32. Anis may be offered at least once daily to OBGYN.
33. All special items offered to patients shall be labeled with the corresponding type of menu deviation (i.e. low fat, low sugar...)
34. All items offered to patients and clients shall be labeled with production and expiry dates. Shelf life of produced items should comply with FDA and USDA standards. A list of all items offered should be compiled with respective assigned shelf life and subjected to approval from dietary division at RHUH.

35. RHUH has the right to change the menu selection and the portion size while maintaining the same caloric value per meal without any change in the contractor/bidder's price unit rates.

36. The contractor/bidder shall provide the Dietary Division with detailed written menus that may come along and require deviation from the usual menus. Only approved Menus shall be implemented.

37. The contractor/bidder will provide disposable service supplies with each meal delivery. The disposable services supplies will include as a minimum:

- Condiments – individual packets of iodized salt (2grs) and pepper (1 gr)
- Individual sugar packets (10 grs), powdered milk (30g full fat and 30g low fat milk)
- Individual packets of salad dressing (30 grs)
- Disposable fork/spoon/knife, food grade plates with covers and covered carton cups (for isolation set ups)
- Disposable paper goods (napkin, tray mat....)

D.3 Patients' meal service:

1. RHUH shall provide accurate meal service for patients in response to medical nutrition therapy needs and patient request as recommended by the hospital's dietary division.
2. Modifications of the menu, meal hour and/or substitutions shall be executed to meet medical nutrition therapy needs and/or patients' preferences based on RHUH dietary division request.

3. The contractor/bidder shall provide a uniform service at all times.
4. Charging of patients' meals/snacks shall be exclusively by means of the HIMS system/Diet Module. In case of system failure charging shall be done according to an approved, documented procedure set by RHUH.
5. Three main meals shall be offered daily: Breakfast, Lunch and Dinner.
6. Four types of snacks are offered daily: AM, PM, Late evening and 3PM snack
7. Meals are assembled within the kitchen according to standard procedures approved by RHUH and in line with other sections of this tender document.
8. Each menu item, and for each type of menu, shall be presented to the Hospital Dietary Division at most half an hour before meal service time to be tasted, modified when needed and approved.
9. RHUH may deny payment for menus offered without prior approval.
10. The contractor/bidder's licensed dietitian must check each patient's tray for accuracy and appearance before leaving the food service area and supervise all patients' meal service and all meals/snacks delivered to patients outside meal/snack hours.
11. The catering company shall prepare a patient's tray line roster indicating the number as well as the positions of the staff members who will serve at each line (Breakfast, lunch, dinner and snacks). The line roaster shall be

reviewed by the Hospital Dietary Division, modified when needed and approved before implementation.

12. Food items prepared by the contractor/bidder shall not be limited to approved menus but they shall include additional items for patients with particular needs/preferences as per the request of RHUH Dietitians
13. RHUH Dietary Division shall provide the contractor/bidder with written requests of special meals on special diet cards (Appendix H).
14. The contractor/bidder shall supply empty forms of the special diet cards at all times.
15. The contractor/bidder shall insure, at all times, that all items requested on special cards are ready to be served before meal time.
16. All food/beverage/meal of a specific patient must have attached a notification stating:
 - Date
 - Patient's Name
 - Medical Record Number
 - Room number/Bed number/Floor
 - Diet order/ Type of meal
 - Special diet preferences when applicable
 - Isolation request when applicable
17. Patients whose trays were held due to diagnostic or related medical care dynamics shall not be preassembled.

18. The contractor/bidder shall make all the effort needed to supply patients on an **immediate** basis with food in the following situations:

- If the patient has a medical need (impending insulin reaction etc...)
- If an urgent patient appointment conflict is evident.
- If a mistake had been made on the previously assembled tray.

D.4 Meal Delivery:

1. Clean Service elevators shall be used exclusively to transport assembled patients' meals.
2. The contractor/bidder and all his staff shall not use the visitors' elevators.
3. The contractor/bidder and all his staff shall not use the service elevators to transport clean trolleys
4. All items transported shall be covered and put in enclosed carts.
5. The contractor/bidder shall provide adequate transportation to ensure that the meals are delivered in adequate time and at the appropriate temperatures to meet RHUH's delivery and serving schedule.
6. The food shall be packaged as to prevent spillage.
7. All foods shall remain in the carrier in which they are delivered until serving time.
8. All equipment and vehicles used in the delivery of the foods must meet standards set by the Ministry of Public Health and approved by the National Sanitation Foundation.

9. Staff delivering meals/floor runners shall wear appropriate uniforms, protection and PPE.
10. Staff delivering meals/floor runners shall display courtesy and professionalism at all times. All distribution of patients' meals shall only occur in the presence of a nursing staff as assigned by the ward's head nurse.
11. Meals are delivered to the patient's bedside by the contractor/bidder delivery staff under the supervision of the ward nurse in charge for ordinary menus and her inspection of tray label and contents for therapeutic menus according to the following schedule:
 - **Breakfast: 7:15 am – 8:15 am**
 - **Lunch: 12:00 pm - 1:00 pm**
 - **Dinner: 5:00 pm – 6:00 pm**
12. All meals/food must be packaged to insure that the meals remain at a safe temperature during feeding times.
13. The contractor/bidder shall serve all food at temperatures that comply both with standards set by this Tender Document/HACCP and customer satisfaction.
14. Meal timings are not subject to change except with written instructions by RHUH.
15. Patients whose medical nutrition therapy requires timed feedings are served accordingly.
16. The contractor/bidder shall provide late meal trays for patients with late admissions and for patients for whom meals are requested outside regular meal hours.

17. Late trays are offered after breakfast, lunch and dinner within the following hours:

- **Breakfast:** 10:30 a.m.
- **Lunch:** 2:30 p.m.
- **Dinner:** 7:00 p.m.

18. The contractor/bidder must accurately supply between meal feedings, outside late meal hours outlined above, that are offered in response to medical nutrition therapy need and patient request or snacks within identified guidelines as approved by RHUH according to the following schedule:

- **AM. Snack:** 10:00 am – 10:30 am.
- **P.M. Snack:** 3:00 pm – 3:30 pm
- **Late Evening Snack:** 7:00 pm – 7:30 pm

19. Any late tray shall be delivered within 15 minutes of its request.

20. In case the contractor fails to supply any patient with the requested meal within regular procedures, another meal alternative shall be offered by the contractor/bidder after Dietary approval. RHUH has the right to deny the payment of the meal if it doesn't meet the nutrition requirements.

21. The contractor/bidder's delivery staff must abide by the appropriate dress code upon delivering meals i.e.: hairnet covering hair fully, closed shoes, appropriate uniform and name tag etc...

22. The contractor/bidder shall insure that distinguished, well trained and experienced delivery staff is assigned to the private floor.

23. The registered nurse in charge will inspect meals upon delivery, count meals, and check for appropriate meal components and supplies. The contractor/bidder delivery staff must remain on site until inspection and delivery clears.
24. Upon successful inspection of delivery, the registered nurse in charge will sign a delivery receipt on the corresponding diet list. ***The signed diet list will be the basis for the meal counting and billing process.***
25. Patients' preferences, if not required as to specific meal times, and aim to meet medical nutritional therapy needs, shall be preferably honored.
26. The contractor/bidder distribution staff shall collect loaded food trolleys from the main kitchen and deliver the trays to the appropriate ward within duration of 10 minutes at most.

D.5 Diet changes:

1. Diet changes shall be honored at all times.
2. Changes after meal delivery to patient shall be executed if:
 - Meal is not appropriate for the patient's diet
 - Meal quality is not within acceptable international and local standards
 - The temperature of the meal is inappropriate and within the danger zone

D.6 Soiled tray collection:

1. Soiled trays shall be collected by the distribution staff of the contractor/bidder from the patient's bedside 45-90 minutes after delivery and returned to the kitchen.
2. In case patients with special medical condition didn't start/finish their meals during trays collection, staff shall supply the items with disposable containers and cutlery.
3. In case patients retain desserts or fruits in their rooms to be consumed at a later time, the contractor/bidder distribution staff shall supply the items with disposable containers and cutlery.
4. No soiled trays shall remain between meal hours on any medical floor.

D.8 Patients on Isolation:

1. All patients having medical conditions requiring isolation, as indicated by infection control policies set by RHUH, shall be offered Isolation meals.
2. The contractor/bidder must make available Isolation trays or suitable substitute (to be disposed at the patient's bed side) on all the meals and snacks as required by isolation requests on the HMIS Diet Module.
3. All food and beverages of isolation meals shall be served in food grade disposable dishes. Plastic ware, disposable cups, cutlery and dishes and trays shall be used.
4. All food and beverages sent to patients on **Isolation**, with a Neutropenic diet order, shall be served **only in sanitized** disposable dishes, disposable cups, cutlery, dishes and trays.
5. Isolation meals shall be assembled within the kitchen in disposable ware on the tray according to standard procedure identified and required by RHUH.
6. The patient identification card shall have the **isolation** request clear on the card.
7. Isolated disposable trays shall be transported in the carts and delivered to the registered nurse in charge.
8. The tray shall be delivered to the patient by the nurse in charge according to standard nursing procedures. The contractor/bidder distribution staff is not allowed **to enter** the room of the patient's on isolation.
9. Isolation cutlery, dishes and cups are not collected from the rooms of patients on isolation by the contractor/bidder; they are discarded immediately after the end of the meal as infectious waste by the nursing staff according to the waste management policy.

E. SANITATION OF ALL FOOD SERVICE PREMISES

1. The contractor/bidder shall maintain the kitchen areas in a clean hygienic condition at all times.
2. Standards and procedures of cleaning and sanitation shall be set by means of written and documented policies and procedures and implemented upon approval by RHUH.
3. All policies and procedures for cleaning and sanitation shall be set by means of a written and documented policies and procedure submitted to RHUH on a standard format set by the Hospital.
4. The contractor/bidder shall have clearly established, documented and implemented regular and scheduled cleaning, sanitation, and pest control activities in all the kitchen and their premises
5. Cleaning and disinfection steps of all flatware, equipment, machinery, crockery, utensils, and table tops found in the main kitchen and premises shall include at all times at least washing, cleaning, rinsing and disinfection
6. The contractor/bidder shall provide adequate and suitable cleaning equipment and products with no extra cost to RHUH. The former shall at least include wet mops, mop buckets, disinfectants, bleaches, detergents, cleansers approved for various surfaces, different types of brushes, etc...
7. All disinfectants shall be kept in a locked cabinet in an isolated storage area away from food storage and food preparation areas.

8. All products used for cleaning, disinfection and pest control shall be have clearly established Material Safety Data Sheets (MSDS) submitted to RHUH and subject for approval by the dietary division, the infection control committee/division and the occupational health and safety committee/officer.
9. Mop heads shall be cleaned/disinfected immediately after each use and shall be stored dry at all times. Mop Heads shall be changed daily and/or as needed.
10. Personal Protective Equipment (disposable gloves, masks, goggles, disposable aprons and uniforms) shall be provided by the Contractor/Bidder at no extra cost to RHUH
11. Personal Protective Equipment shall be worn for all cleaning activities
12. Employees shall perform adequate hand washing techniques as per HACCP recommendations after any cleaning/disinfection procedure.
13. The contractor/bidder shall designate a responsible staff to supervise all cleaning and sanitation procedures during all operational hours.
14. Employees designated to supervise cleaning and sanitation procedures shall be qualified and trained to mix chemicals. All trainings shall be followed by competency testing and submitted to RHUH dietary division.
15. The contractor/bidder shall present clear specifications for the type and kind of cleaning and disinfecting chemicals intended for use in all cleaning and disinfecting activities as well as their Material Safety Data Sheets (MSDS). All approved chemicals should be clearly labeled at all times.

16. The contractor/bidder shall submit all MSDS sheets to the dietary division, the infection control division and the occupational health and safety officer at RHUH.
17. All cleaning, disinfection and sanitizing products shall be approved by RHUH Infection Control Committee.
18. The contractor/bidder shall specify areas for storage of approved cleaning equipment, supplies and pesticides to be approved by RHUH. These shall be stored in their original containers and away from food supplies and food production areas.
19. The contractor/bidder shall provide the following approved cleaning, disinfection and sanitizing products:
 - 18.1 Anti-microbial hand sanitizer
 - 18.2 Acid bathroom cleaner
 - 18.3 Stainless steel cleaner and polish
 - 18.4 Liquid sanitizer
 - 18.5 Lime solvent
 - 18.6 Germicide and detergent for surfaces
 - 18.7 Manual dish wash detergent
 - 18.8 Food grade spray sanitizer
 - 18.9 Chlorine based disinfectant for fruits and vegetables
 - 18.10 Rub formula for hand sanitizing
 - 18.11 Machine dish wash detergent and rinse
 - 18.12 Hand Sanitizing gel

E.1 Kitchen Areas

1. The contractor/bidder shall implement a cleaning schedule for all Areas including Cafeteria, Staff Dining areas, Toilets, Lockers and all Food Service Premises (receiving area, storage area (Dry and Cold stores), garbage area, meat area, vegetable area, snack area, pastry area, production area, line area, chemical storage area, pot wash area, and dishwashing area).
2. The cleaning schedule shall be approved by the Dietary Division before its implementation.

Cleaning of equipment:

1. The contractor/bidder shall set a Cleaning schedule for all equipment present in all food service areas.
2. The contractor/bidder shall post, next to all equipment, written instructions for cleaning procedures and cleaning/disinfection chemicals that shall be used.
3. Cleaning/disinfection instructions shall be printed in Arabic and presented in colorful drawings.
4. Employees shall be appropriately trained on the proper cleaning/disinfection of equipment.

E.2 High Care Areas

1. The contractor/bidder shall designate a high care area in the Main Kitchen.
2. High care areas shall be designated for the preparation of neutropenic diets, tube feedings, mashed diets, and other diets that need special hygienic precautions.
3. The contractor/bidder shall maintain this area in a highly clean and hygienic condition at all times.
4. All equipment and utensils (strainer, funnel, spoons and cups...) shall be adequately cleaned and disinfected immediately after each use.
5. All equipment and utensils (stainless steel forks and knives, plates, glassware, strainer, funnel, spoons and cups...) shall be adequately disinfected with a spray food grade sanitizer immediately before each use.
6. Cleaning and sanitizing shall be performed on equipment parts separately.
7. Tube feedings shall be placed in sterilized disposable bottles, appropriately labeled and immediately refrigerated (1–4 °C)
8. All utensils (stainless steel forks and knives, plates and glassware) used in high care area and those designated for use by patients with immune suppression shall be adequately disinfected with a spray food grade sanitizer immediately before each use.

F. PEST CONTROL

1. The contractor/bidder shall be committed to fighting flies, roaches, ants, and rodents in all food service premises.
2. Outside doors, windows, as well as indoor/outdoor vents, and exhausts shall be mesh screened (fly-screened) and shall be kept closed at all times.
3. Ventilation and heating exhaust on roofs shall be routinely inspected for any signs of infestation.
4. Wall cracks, door frames and switch boxes shall be routinely inspected and repaired as needed.
5. The contractor/bidder shall have the possibility to outsource a contract with a reputable exterminating company in order to achieve effective pest control activities.
6. All pest control activities shall be done on a scheduled basis and upon need or evidence of pests.
7. Pest control schedules shall be submitted to RHUH for approval by Infection Control Committee and the Support Services and shall at least include:
 - 7.1 Full product names of the pesticides used and corresponding Material Safety Data Sheets
 - 7.2 Purpose of the use, clearly stating what pest or pests are to be treated
 - 7.3 Proposed date/s or date range of the pesticide to be used
 - 7.4 Places where the pesticide is to be applied
 - 7.5 Warnings of products

Special concerns and/ or recommendations

8. Regular extermination shall be performed once monthly, or as necessary.
9. All pest control **activities and materials** used shall be approved by the hospital's Infection Control Committee prior to any exterminating procedures.
10. The contractor/bidder shall provide RHUH with a detailed report of all extermination visits performed. The report shall be submitted as part of the monthly report and shall at least include the components mentioned in a previous section.
11. Scheduled spraying procedures shall be performed in areas such as baseboards, backs of large equipment, cabinets, and lower level storage areas with an approved insecticide; traps shall be put out for rodents.
12. All exterminating activities shall be done outside food preparation and/ or service times.
13. All Pesticides shall be clearly labeled and stored in locked cabinets away from food preparation, storage and service areas.
14. During any exterminating activity the Contractor/Bidder shall insure no contamination of food or food contact utensils, equipment, surfaces, etc...occurs.
15. Upon evidence of pests the exterminator shall be immediately notified for an urgent extermination.

16. Any evidence of pests found shall be immediately reported to RHUH Dietary Division.

G. WASTE DISPOSAL/GARBAGE COLLECTION

1. The contractor/bidder shall ensure that waste shall not become a source of contamination to food, equipment and utensils, or draw insects and other pests.
2. The contractor/bidder shall have clearly established and documented waste disposal procedures and the former shall be strictly followed.
3. The Contractor/Bidder shall submit waste disposal procedures to RHUH on a format set by the hospital.
4. All waste disposal procedures shall be approved by RHUH Infection Control Committee.
5. Employees shall be adequately trained on waste disposal procedures. All trainings shall be followed by a competency testing which shall be submitted to RHUH in a timely manner.
6. Garbage shall be removed from food-preparation areas as quickly as possible after each meal and as necessary to prevent odors, pests, and possible contamination.
7. Garbage shall never be carried above or across food-preparation areas.
8. Garbage shall be properly collected in disposal bags strong enough to hold contents.

9. Garbage bags shall be soft, plastic, stretchy, air and water proof and have tight fitting lids.
10. Garbage containers must be pedal operated, leak proof, waterproof and pest proof, and have tight-fitting lids. Typically, they shall be made of galvanized metal or an approved plastic, and they shall be easy to clean. Garbage containers shall always have garbage bags in them, waste is not to be thrown in the containers without bags.
11. Garbage containers shall be cleaned with detergent and hot water and deodorized on daily basis, both inside and outside away from food production and food storage areas.
12. Garbage containers shall be tightly covered in all areas (indoor and outdoor) and at all times.
13. Garbage containers shall be present for different types of wastes in every area of the food service.
14. All garbage containers shall be regularly washed and sanitized according to the cleaning schedule mentioned earlier
15. Broken, chipped, starred or badly scratched glassware shall be discarded in containers specifically designated for broken glass and the former shall consist of rigid and puncture proof (plastic bucket or metal) with a sealing lid.
16. Differential waste disposal containers shall be clearly labeled.

H.FOOD SAFETY AND HYGIENE

H.1 Prerequisites for HACCP

1. The contractor/bidder is expected to implement a prerequisite program that covers general practices i.e. Good Manufacturing Practices (GMP)/Good Hygienic Practices (GHP) and to educate and train food handlers on the principles of food safety, sanitation and cleanliness in line with GMP/GHP and HACCP. These shall include but are not limited to:
 - 1.1 General Hygienic and safety practices in food processing including microbiological quality of raw materials and products
 - 2.2 Cleaning and disinfection procedures (including pest control) according to detailed section of this tender
 - 3.3 Water and air control
 - 4.4 Waste management
 - 5.5 Equipment maintenance

Purchasing

1. Food products shall be purchased from sources approved by RHUH. A list of approved suppliers must be compiled and submitted to the dietary division at RHUH.
2. Suppliers that apply HACCP, whenever available, are the preferred sources.
3. Only food items abiding by specifications set in another section of this Tender Document shall be purchased.

4. All items purchased must have packaging that does not contain physical hazard and is leak proof and durable.
5. Small prepackaged items such as jams, yogurts, desserts, juices, etc., must be purchased to serve patients with compromised immunity.
6. RHUH shall reserve the right to visit any of the supplier premises as part of the approval procedure or as part of HACCP implementation
7. RHUH shall reserve the right to reject a supplier if the supplier doesn't not meet the standards set by the dietary division at RHUH.

Receiving

1. Delivery shall be efficient and allow rapid uploading of vehicles with a minimum of temperature change and damage to packs, packaging and direct removal to store.
2. The temperature of the various potentially hazardous foods shall be recorded upon receiving.
3. All potentially hazardous foods shall be received cold and at a temperature of 5°C or below and shall be free of evidence of previous temperature abuse.
4. All frozen potentially hazardous foods shall be received at a temperature of -18°C or below and shall be free of evidence of previous temperature abuse.

5. All unpacked products (such as vegetables, fruits, eggs) must be transferred into the contractor's own clean and sanitized containers before storage.
6. Delivery areas must be kept clean at all times.
7. Any possible addition of equipment for use in receiving areas or during receiving need the approval and clearance from RHUH and must be in line with HACCP.
8. All food items must be dated and labeled upon receiving.
9. RHUH dietary division shall perform random unannounced audits for receiving of supplies.

Storage

1. All food items shall be stored immediately following receiving so that contamination and premature spoilage are prevented.
2. Layout shall allow easy access to all stored items and effective stock rotation.
3. Racking layout shall be adequately away from walls, floors, ceilings and drains.
4. Storage of foods must abide by food safety and HACCP norms.

5. Raw foods and cooked, ready-to-eat foods shall be stored in different refrigerators.
6. Any storage containers used must have tight fitting lids and be in line with HACCP.
7. Any possible addition of equipment and racking to storage areas need the approval and clearance of RHUH and must be in line with HACCP.
8. All items in stock shall be rotated according to the FEFO system (First Expiry First out). The former shall have a clearly defined policy and procedure approved by RHUH.
9. Storage areas must be kept clean, ventilated and pest-free at all times.
10. Cleaning supplies, disinfectants and similar dangerous supplies must not be stored with food supplies and they must be kept in closed cabinets away from food and food preparation areas.
11. A cleaning schedule for the various food storage areas, including dry and cold storage, should be set and approved by RHUH.
12. Storage time shall comply to standards set in Appendix F

H2. General kitchen areas

1. All preparation areas (i.e. vegetable room, meat room, pastry room, etc...) must never contain contaminated and clean food items at the same time.

2. All cooking areas must only contain clean food items at all times to prevent cross-contamination.
3. Items ready for cooking must follow the adequate flow inside the kitchen
4. Where physical separation may not be achieved, cooked products must not be handled by personnel or equipment that have been in contact with uncooked materials unless approved procedures have been followed by and/ or applied to the latter.
5. All handling of raw food items such as washing, disinfecting, and cutting, as well as, chopping, mixing and cooking must follow the procedures approved by RHUH.
6. Color coded cutting boards must be used for food.
7. Separate cutting boards must be used for raw and cooked foods.
8. Separate cutting boards must be used for meat, poultry and fish.
9. Raw and cooked food cutting boards shall be designated to specific kitchen areas and food items and they must be color coded.
10. Fruits and vegetables must be thoroughly washed with clean gloved hands under cool running potable water; all fruits and vegetables must be sanitized before cutting, cooking or combining with other ingredients using clean gloved hands and following HACCP approved procedure for glove change.

11. All equipment used to handle raw and ready to eat foods shall be sanitized immediately before use after dishwashing.
12. All potentially hazardous food must be prepared in a manner to spend less than a total of two hours in the danger zone (5°C–60°C).
13. All food items must be labeled with at least the following:
 - 13.1 For received items to be stored, label shall include clear receiving, production and expiry dates and date of opening packing where applicable.
 - 13.2 For items produced in the kitchen, label shall include clear production and expiry dates.
14. Thawing must be done according to approved procedures
 - 14.1 Under refrigeration as to maintain the food temperature at 5°C or less whenever possible this shall be the preferred method
 - 14.2 Under running water for a time period that does not allow thawed portions of raw food to reach above 5°C for more than 4 hours (water must be potable with a temperature of 21°C or below, with high enough velocity to agitate and float off loose food particles; preparation sink must be clean and sanitized, sink used must be away from other food surfaces while in use)
 - 14.3 In microwave and immediately transferred to convenient cooking equipment with no interruption in cooking process and internal cooking temperatures must be reached
15. Raw egg menu items are absolutely forbidden.

16. Cooked, potentially hazardous foods, if cooled, must be done according to the following:
 - 16.1 from 57°C to 21°C within a maximum of two hours and
 - 16.2 from 21°C to 5°C within an additional four hours
17. Food that is removed from the refrigerator for preparation must be processed immediately upon removal and it must never be kept at room temperature except during preparation.
18. Only small batches of any food items shall be prepared at once and upon termination they shall be immediately refrigerated till service.
19. Food shall be prepared with a minimum of handling.
20. Whipped topping for preparation of desserts must be prepared in small amounts for immediate use.
21. Storage Refrigerators shall never be used for quick chilling of large quantities due to the likelihood of raising ambient temperature
22. Quick chilling must be done to small batches of food, transferred to containers that facilitate heat transfer, placed in approved ice baths and stirred.
23. Hands shall never touch areas of silverware and glassware where food or mouth will be placed.
24. All dishes, silverware, and glassware shall be maintained free from chips, cracks, or stains.

25. The contractor/bidder is responsible to taste all food served at most within half an hour before service.
26. The contractor/bidder shall send a sample of all food served as a taste panel to the Dietary Division at most within half an hour before service.
27. Proper food tasting procedures must be followed at all times, i.e. the two spoon method.
28. The contractor/bidder is responsible to maintain all kitchen areas clean and apply a cleaning schedule as per specifications set in other sections of this Tender document.
29. The contractor/bidder shall have a liquid sanitizer at all Kitchen entrances.
30. The Contractor/Bidder shall have clearly displayed hair nets, face masks and shoe covers at all entrances of the Kitchen.

H.3 High care areas

1. The Contractor/Bidder shall designate an area of the kitchen for handling of high care menu items.
2. High care area shall be used for handling of food items to be served to patients at risk, such as in preparation of neutropenic diets, mashed food, tube feeding and other diets that need special hygienic precautions.

3. High care area must only contain clean and sanitized food product packages or cooked food batches at all times.
4. Refrigerators/Freezers in high care area must have temperature records every four hours during operating hours.
5. Cross-contamination must be prevented aggressively by following HACCP approved hygienic practices.
6. All equipment and work surfaces must be cleaned and sanitized before, between and after each use.
7. All food items must be chilled ahead of preparation (ex: ingredients to be used in tube feeding preparations, canned tuna, etc.).
8. Only small batches of food must be handled at once and within a maximum of 30 minutes, food must be returned to refrigerator between steps.
9. Food must be prepared as close to service time as possible.
10. Size of cooked food shall be reduced to ensure that even temperatures are reached.
11. Ready to eat food shall be immediately portioned following preparation, covered and stored at adequate temperature till service (Hot food kept hot and cold food kept cold and outside the danger zone).
12. Raw eggs must never enter the High-care area.

13. Only pre-packed pasteurized juices, yogurts, jams, etc... shall be served to this population.
14. Seasonings, salad dressings, ketchup, mustard, and similar items must be provided as individually packed items.
15. All packaged, sealed food shall be used only upon opening and may not be reused or reserved.
16. Packages of sealed containers must be sanitized before service with a food grade sanitizer approved by RHUH.
17. Hands shall never touch areas of silverware and glassware where food or mouth will be placed.
18. Silverware, glasses and similar products shall be preferably single use and made of materials strong enough to handle food. They shall also be placed in sealed, sanitized packages and served to patients as such.
19. Packages of cutlery shall be sanitized after sealing with a food grade sanitizer.
20. All dishes, silverware, and glassware shall be maintained free from chips, cracks, or stains.
21. All plates shall be garnished to enhance the appearance of the food.
22. Equipment used to handle raw or potentially hazardous foods shall never enter the high care area.

23. Only employees approved by RHUH shall be designated to work in the High care area.
24. Only designated employees shall have access to the High care area.
25. A cleaning schedule shall be set separately for the high care area and it must be approved by RHUH.
26. The Contractor/Bidder shall have a liquid sanitizer at the High Care area entrance.

H.4 Leftovers

1. Leftover cooked food, expired food/drink, stale food, improperly cooked food, substandard food must not be supplied and if found the Contractor/Bidder shall be warned.
2. Open packages of foods must be transferred into the Contractor/Bidder's own storage containers and shall be covered, dated and labeled with receiving, opening and expiry dates.
3. Leftovers must be placed in shallow containers, dated, labeled, and chilled rapidly.
4. Leftovers may be adequately refrigerated and used within the time limits set in this Tender Document.
5. Any food item not used within recommended times or handled incorrectly shall be immediately discarded.

6. New food products shall never be combined with old food products.
7. Hot-holding equipment must not be used as reheating tools.
8. Reheating must be done **only once**, then food items must be discarded
9. Only food items that have been properly cooled/stored may be reheated
10. Hazardous foods such as custards, puddings and creamed sauces may never be reheated and should be used within a maximum of 48 hours following production and proper refrigeration.

H.5 Patient Food Service

1. Cooks and/or cook assistants shall abide by the proper dress code during patients' plates assembling (nylon aprons, hairnets, appropriate sleeves and gloves).
2. Hands shall never touch areas of silverware and glassware where food or mouth will be placed.
3. All dishes, silverware, and glassware shall be maintained free from chips, cracks, or stains. Only well maintained dishes, silverware, and glassware shall be used.
4. All plates shall be garnished to enhance the appearance of the food.
5. All food items, including salads and main hot dishes, must be properly served and attractively placed on plates with no food on the rim.

6. Soupy, juicy foods, such as vegetables stew, must be drained properly before serving or placed in a separate dish and covered.
7. All items on the tray must be placed in adequate serving containers and may never be placed directly on the tray.
8. Hot foods must be served hot (at least 60°C at the patient's bedside) and cold foods must be served cold (at maximum 5°C at the patient's bedside).
9. Food must be seasoned correctly.
10. Patient Cards must be clearly visible and they must be placed away from the food.
11. All patients' desserts should be accompanied with small stainless steel spoons.

H.6 Water Supply

1. Only potable water shall be used in food handling.
2. Ice shall be made from potable water and shall be manufactured, handled and stored so as to protect it from contamination.
3. Steam used in direct contact with food and food contact surfaces shall contain no substances which may be hazardous to health or may contaminate the food.

4. The contractor/bidder is responsible to clearly identify, using color, the lines carrying non-potable water; this shall be done in collaboration with the hospital's Engineering and Maintenance Division.
5. Non-potable water shall only be used for refrigeration, fire control and other similar purposes not connected to food and with no chance of cross-contamination to food.
6. The contractor/bidder shall perform regular measurements of all water, steam and ice sources, for *Legionella sp.* on as scheduled basis.
7. The contractor/bidder shall perform a scheduled analysis of all water, steam and ice sources, for fecal indicator microorganisms.
8. *E. coli* free and thermo tolerant coliform must not be detectable in any 100 ml sample.
9. All water sampling, sampling schedules, procedures and analysis shall be approved by RHUH.
10. All water sampling collection shall be performed under the supervision of RHUH.
11. RHUH shall reserve the right to sample water at any time and from any source without prior notice.

H.7 HACCP

1. The contractor Bidder must show evidence of implementing all the HACCP principles/steps.

2. A HACCP team must be assembled and all positions and names on the team must be submitted to RHUH's Dietary Division.
3. RHUH shall have its own members on the HACCP team. The HACCP team shall meet on a scheduled basis.
4. All meetings shall have documented minutes and they shall be submitted to RHUH.
5. All recipes shall be presented in two formats within two weeks upon the initiation of the Contractor/Bidder at RHUH premises (see Appendix E for sample formats):
 - 5.1 Standardized recipe
 - 5.2 HACCP Flow Chart (All CCP shall be marked on the flow chart)

Step 1: Hazard Identification

1. The contractor Bidder shall provide for every recipe a list of all hazards classified into either one of the following categories:
 - 1.1 Biological (bacteria, viruses, parasites, fungi, molds, and yeasts)
 - 1.2 Chemical (Natural chemicals such as toxins and added chemicals such as pesticides, insecticides, food additives, cleaning compounds)
 - 1.3 Physical (foreign objects such as glass, toothpick, wood, stones, metal, hair, etc...)
2. All hazards shall have their likelihood and severity marked. All **severe hazards that are likely to occur** shall have documented preventive measures and control limits documented and implemented (Appendix E).

3. A final list of severe and likely to occur hazards shall be annexed to each recipe with preventive measures (use decision tree to prepare the final hazards list for microbial hazards).
4. Microbiological hazards listed shall include but are not limited to, the microorganisms below in the foods mentioned:

6.1 **Bacteria**

- 6.1.1 *Salmonella* for meat, seafood, poultry, eggs, raw vegetables, and dairy products
- 6.1.2 *Campylobacter jejuni* for poultry and milk
- 6.1.3 *Escherichia coli* for meat and all raw foods contaminated via fecal-oral route
- 6.1.4 *Listeria monocytogenes* for raw meat, poultry, milk, and dairy products especially soft cheeses
- 6.1.5 *Yersinia enterolitica* for meats
- 6.1.6 *Vibrio* for seafood and shellfish
- 6.1.7 *Shigella* for raw vegetables and other food contaminated by fecal-oral route
- 6.1.8 *Staphylococcus aureus* ready to eat potentially hazardous food touched by bare hands after cooking and further time/temperature abused
- 6.1.9 *Clostridium perfringens* for cooked meat and poultry
- 6.1.10 *Clostridium botulinum* for vacuum packed foods, reduced oxygen packaged foods, under processed canned food, garlic-in oil mixtures, time/temperature abused baked potatoes and sautéed onions
- 6.1.11 *Bacillus aureus* for meat products, soups, sauces and vegetables
- 6.1.12 *Bacillus cereus* for starchy vegetables, meat, poultry, puddings and cooked vegetables

6.2 **Viral**

- 6.2.1 Hepatitis A and E for all raw foods contaminated by fecal-oral route and shellfish
- 6.2.2 Norwalk like viruses for raw, ready to eat foods and shellfish
- 6.2.3 Rotaviruses for all raw foods contaminated by fecal-oral route

6.3 **Molds** for all high moisture foods

6.4 **Parasites**

- 6.4.1 Roundworms, Nematodes for meats and raw foods
- 6.4.2 Protozoa for all ready to eat foods
- 6.4.3 Tapeworms for beef, fish, shellfish and any ready to eat foods

7. Chemical hazards listed shall include, but are not limited to the chemicals/toxins below:

- 7.1 Bacterial Toxins
- 7.2 Natural toxins
- 7.3 Agricultural and chemical contaminations
- 7.4 Industrial chemical contaminations
- 7.5 Cleaning supplies and pesticides/insecticides used in the kitchen premises.

8. Physical hazards listed shall include, but are not limited to sharp pieces of metal, glass, wood, plastic, stones, false fingernails, toothpicks, watches, jewelry, staples from food boxes and other hazardous packaging equipment.

9. Preventive measures to control hazards shall be established and documented as policies and procedures presented in a format set by RHUH.

10. Corrective actions, if critical limits are not met upon monitoring, shall be set and documented as Policies and procedures presented in a format set by RHUH.

11. All policies and procedures set must be approved by RHUH before implementation.

Steps 2 and 3: Identification of Critical Control Points (CCP) and Establishment of Critical Limits

1. At every step of the flow chart the Contractor/bidder shall mark Critical Control Points (CCP).

2. At every CCP the contractor/bidder shall document and implement one or more control measures to assure that the identified hazards are prevented, eliminated or reduced to acceptable levels.

3. Procedures and schedules to monitor CCPs shall be documented and presented in a format set by RHUH.

- 4.

5. All policies and procedures set must be approved by RHUH before implementation and they shall be in line with HACCP and this Tender Document.

6. All employees shall have access and be trained to implement the approved procedures.

7. All trainings shall be scheduled, documented and supported by Competency tests
8. Shall any schedule or procedure need to be changed, it may happen only after the approval of RHUH and the changes must be in line with HACCP.
9. At every CCP the contractor/Bidder shall establish Critical Limits and the former shall at least include, but are not limited to, Time and Temperature.
10. Time and temperature goals shall at least include, but are not limited to the following:

Step	Type of Food	Temperature/Time goals
Receiving	Frozen foods	-18°C or below
	Refrigerated foods	5°C or below
	Dry Foods	10°C–21°C
Storage	Frozen foods	-18°C or below
	Refrigerated foods	5°C or below
	Dry Store	10°C–21°C
Thawing under running water		<ul style="list-style-type: none"> – Surface temperature at all times must be maximum 10°C–12°C – Temperature of water 21°C at maximum
Thawing in Refrigerator	All foods (Small batch)	<ul style="list-style-type: none"> 5°C or below (within 24hours) – Surface temperature at all times must be at maximum 10°C–12°C

		<ul style="list-style-type: none"> – Food internal temperature must be at maximum 4°C–7°C
Cooking	Whole and ground chicken, Poultry, stuffing made with potentially hazardous ingredients: stuffed meat, poultry	74°C for 15 seconds
	Ground meat, eggs that will be hot held	71°C for 15 seconds
	Beef, lamb, veal, fish	63°C for 15 seconds
Cooling	Cooked potentially hazardous foods	From 57°C to 21°C within 2 hours and from 21°C to 5°C within an additional 4 hours
	Potentially hazardous foods served at ambient temperatures	To 5°C or below within 4 hours
Hot holding	All potentially hazardous foods intended to be served hot	60°C and above
Service	All foods intended to be served hot	60°C and above
	All food served cold	5°C or below

Reheating (within two hours at most)	All foods intended to be served hot	74°C for 15 seconds
---	-------------------------------------	---------------------

Step 4: Developing Procedures to Monitor CCPs

1. The Contractor/Bidder is expected to measure critical limits and to establish an accurate uninterrupted record to ensure product safety
2. Schedules of monitoring shall be approved by RHUH and shall be in line with HACCP and this Tender Document
3. Monitoring shall at least include:
 - 1.1 Visual observation and documentation of compliance to adequate approved procedures and GMP/GHP by means of audits and inspection forms.
 - 1.2 Time and Temperature measurement
4. Time and Temperatures must be regularly checked and recorded, at least, for the following parameters according to the schedule in the table below:
 - 4.1 Receiving of any food item, whether refrigerated, frozen or at room temperature
 - 4.2 Refrigerators/ Freezers
 - 4.3 Dry Store
 - 4.4 Thawing
 - 4.5 Cooking
 - 4.6 Holding
 - 4.7 Cooling
 - 4.8 Reheating
 - 4.9 Serving Temperatures of all food items served to patients

5. Temperatures/Time parameters shall not exceed the critical limits set and if they do, immediate corrective action shall be taken according to procedures approved by RHUH.
6. The Contractor/Bidder shall present possible critical limits and corrective actions in its technical proposal.

Monitoring Schedules – Temperatures

Procedure	Frequency
Receiving	Upon each Receiving
Refrigerators/ Freezers	Every four hours during operating hours
Dry Store	At least 2 times/d
Thawing	Surface temperature: during and at the end of the thawing procedure Internal temperature: at the end of the thawing procedure
Cooking	Upon cooking of potentially hazardous foods
Holding	During preparation (every 30 minutes) During Patient Service Line (at the beginning, middle and end of the line or when batches are changed)
Cooling	Half an hour, two hours and six hours after the initiation of the cooling process
Reheating	Upon reheating
Serving	Dummy tray for Patient Service Line

7. The contractor/bidder shall clearly establish and document what is to be monitored, by which means and who is responsible to monitor it

8. Shall any schedule or procedure need to be changed, it may happen only after the approval of RHUH and the changes must be in line with HACCP
9. Thermometers shall be frequently calibrated and as needed according to approved procedures and an approved schedule
10. Employees responsible for monitoring shall be adequately trained on monitoring techniques, they must completely understand the importance of monitoring and they must ensure accuracy and honesty in written records
11. All records shall be maintained and submitted to RHUH as part of the monthly report. Monitoring forms/records shall include at least the following:
 - 11.1 Time and temperature sheets
 - 11.2 Checklists
 - 11.3 audit forms
12. Monitoring and Calibration procedures and schedules shall be documented as Policies and Procedures presented in a format set by RHUH
13. All policies and procedures set must be approved by RHUH before implementation
14. All employees shall have access and be trained to implement the approved procedures
15. All trainings shall be documented and supported by Competency tests

Step 5: Establishment of Corrective Actions

1. If, upon any monitoring procedure, at any step of the food service, and particularly at a CCP, a critical limit has not been met immediate corrective action shall be taken
2. Any corrective action taken shall be documented in the HACCP plan
3. Corrective actions shall be taken by a qualified employee to whom such responsibility has been assigned.
4. Procedures shall be set for every time a critical limit is not met with clearly established and approved corrective actions, the former shall be presented in a format set by RHUH
5. All policies and procedures set must be approved by RHUH before implementation
6. All employees shall have access and be trained to implement the approved procedures
7. All trainings shall be documented and supported by Competency tests

Step 6: Development of a verification Plan

1. A verification procedure must include methods, procedures, and tests used to determine if the HACCP system in use is in compliance with the HACCP Plan
2. Verification shall at least include:

- 2.1 Scientific verification that critical limits are met at CCPs
- 2.2 Scheduled and random food sample collection
- 2.3 Scheduled and random swabs for table tops, flatware, small equipment, plates, cutlery, ovens, and other instruments/equipment used
3. Random Collection and analysis of food samples, surface and equipment swabs shall be done according to a procedure and a schedule approved by RHUH's Infection Control Division.
4. A food sample of all dishes served to patients, staff and visitors (at least hot dishes, salads, sauces, side dishes, puddings and desserts) shall be retained, labeled and preserved in closed plastic containers at refrigerator temperatures for 72 hours. Plastic containers must have a seal and shall be stored in a clean area and used once and discarded. All preserved food samples must consist of leftovers taken from the main service at the end of the foodservice line and at the end of the Cafeteria/Main Restaurant service
5. Food samples retained may be destroyed on the fourth day upon clearance from hospital Infection Control Division.
6. Collection and eventual analysis of all samples shall be done according to procedures and in Laboratories approved by the hospital's Infection Control Division.
7. Verification plans, procedures and schedules shall be presented to RHUH in a format set by the hospital and the former shall all be approved before implementation.
8. RHUH may wish at any time to take hand, nail and throat swab for culture. If for any reason the hospital found any of the staff infected, the former shall

refrain from work until physically fit as declared by the RHUH approved physician.

Step 7: Establishment of Record Keeping – Documentation

1. A written HACCP plan must be present and shall include at least the following sections :
 - 1.1 List of HACCP team members
 - 1.2 List of Recipes as per format reported in the section above of this Tender
 - 1.3 Document (Standardized Recipes and Flow charts)
 - 1.4 Hazards associated with each CCP and preventive measures pertinent to it
 - 1.5 Critical Limits for each CCP
 - 1.6 CCP monitoring records and record keeping procedures
 - 1.7 Corrective actions
 - 1.8 Procedures for verification of HACCP system
2. The written HACCP plan must be submitted and approved by RHUH and resubmitted for approval upon changes made
3. Record keeping shall be integrated in employees normal work day to assure it is completed
4. All documentation formats shall be either set or approved by RHUH

I. EMERGENCY PREPAREDNESS

1. The contractor/bidder shall have in place an approved detailed Emergency Backup Plan that details how the contractor/bidder shall ensure provision of food services to RHUH in the event of a major disruption to the normal food service process outlined in this solicitation (power loss, weather or natural disasters, war, etc.).
2. The contractor/bidder shall assign a qualified staff member approved by RHUH as team leader in crisis/emergency management.
3. The team leader shall be present at RHUH during operational hours i.e. from 5:00 am till 9:00 pm and on-call outside these hours.
4. The contractor/bidder shall have a contingency/emergency plan for times of pandemics, war and conflicts. During these times, the contractor/bidder shall abide by all recommendations given by RHUH.
5. The contractor/bidder shall submit, in the proposal, a contingency plan concerning all food service operations. If awarded the contract, the contractor/bidder commits to apply the proposed contingency plan, as approved or amended by RHUH.
6. The contractor/bidder shall make sure all official and operational documents/electronic files are saved appropriately during the crisis.
7. The contractor/bidder is expected to implement the contingency plan as soon as any emergency situation arises, such situation being evaluated and considered as such by RHUH.

8. The Emergency Plan shall take into consideration at least the following functions:

- 8.1.1 Employees numbers, duties, shifts and schedules
- 8.1.2 Food storage
- 8.1.3 Food supply
- 8.1.4 Nonfood items storage
- 8.1.5 Nonfood items supply i.e.: cleaning chemicals, sanitizers, disposable material, gas, water and energy supply etc...
- 8.1.6 Preparation
- 8.1.7 Production
- 8.1.8 Distribution
- 8.1.9 Service

9. The contractor/bidder shall formally inform RHUH regularly and upon request of all the operational issues stated above.

10. The contractor/bidder shall continuously evaluate the emergency plan and apply appropriate modifications when needed and as recommended by RHUH.

11. In addition, the contractor/bidder shall have in place a detailed plan of action for meal shortages, changes in menu, meal content or nutritional standards and guidelines.

12. The contractor/bidder shall provide uniform services under any economic, social, political or military circumstances or crisis the country may go through.

J. QUALITY CONTROL

1. The contractor/bidder shall submit to RHUH, within 2 months from initiation of the contract, a policy and procedure (PP) manual on a format set by the hospital and according to the Lebanese accreditation standards
2. The contractor/bidder's shall submit an orientation manual to RHUH at the initiation of the contract.
3. All the contractor/bidder's staff members shall receive appropriate orientation and training (for each PP) before starting work.
4. All employees shall undertake a competency testing for any training performed (especially for trainings on PP). All competency tests shall be submitted to RHUH Dietary Division in a timely manner.
5. Job descriptions shall be present for all employees and a signed job description shall be present in each employee's file.
6. The contractor/bidder shall conduct a performance appraisal for all his employees according to (competency tests related to PP) a schedule approved by RHUH and in coordination with RHUH Dietary Division.
7. The contractor/bidder shall have a copy of all employees' files present at RHUH Dietary Division.
8. The contractor/bidder must report all damage to property and equipment as well as accidents/ incidents/ complaints/ compliments/ hazard/ alert resulting in injury/dissatisfaction/satisfaction to personnel and patients. These shall be submitted in writing to the hospital within 24 hours after the

incident on a format set by RHUH; otherwise the hospital shall consider any delay as escaping from the responsibility and shall take the proper action accordingly.

9. The contractor/bidder shall select measurable Key Performance Indicators (KPIs) to be approved by RHUH Dietary Division and the Quality Department.
10. The contractor/bidder shall conduct data collection based on selected KPIs; design audit tools, conduct audits, analyze and plan interventions accordingly in coordination with RHUH Dietary and Quality Divisions.
11. The contractor/bidder shall put in place a quality improvement plan in coordination with RHUH Dietary and Quality Divisions.
12. The contractor/bidder shall submit in his proposal, the methodology he proposes to follow to assess patients and clients' satisfaction.
13. RHUH shall provide the contractor/bidder with the results of surveys/questionnaires on patient/client satisfaction questionnaires and other performed auditing measures of its choice.
14. The contractor/bidder shall, upon receiving results of Patient/Customer Satisfaction surveys as well as other audits, submit to RHUH an improvement plan in order to meet all unmet criteria. The improvement plan must be monitored and feedback provided to RHUH.

15. The contractor/bidder shall analyze data collected from comments received in the suggestion box and put corrective actions in line with RHUH recommendations.
16. The contractor/bidder shall take immediate corrective actions to improve patient/customer satisfaction.
17. The contractor/bidder shall at all times comply with the recommendations given by RHUH Quality Division
18. All the activities carried out by the contractor/bidder shall be in line with HACCP.
19. The contractor/bidder shall present a monthly report of all the Quality Actions taken during each month. The report shall include all records/ checklists/ temperature logs/ trainings/competency testing and other quality related documents.
20. The RHUH Quality Division can conduct at any time audit or evaluation of any of the quality related documents and/or the improvement plan set.

K– HOSPITAL ACCREDITATION STANDARDS

1. The contractor/bidder shall have the responsibility to insure all hospital accreditation standards set by the Lebanese Ministry of Public Health (Appendix B) are met.
2. The contractor/bidder shall research information and provide qualified staff to help comply with these standards including all amendments thereto during the term of the contract and any extensions.
3. The contractor/bidder shall also refer to standards established by JCAHO

L. INTERNSHIPS/TRAININGS HELD BY RHUH

1. The contractor/bidder shall at all-time support the Dietary Division's teaching mission.
2. The contractor/bidder shall allow access to all kitchen and its premises and cafeteria to all dietetic interns/trainees enrolled in the Internship/Training Programs at RHUH.
3. The contractor/bidder shall provide the needed support to allow the completion of the competencies set by the Dietetic Internship Program, the Coordinated Program in Dietetics and other applied training programs.
4. The contractor/bidder shall allow access to all needed documents and procedures and support interns/students and trainees in any activity required by the following rotations:

- a. Diet Aid
- b. Food Production
- c. Purchasing, Receiving and Storage
- d. Patient Food Service
- e. Administration

5. The contractor/bidder shall at all times exclusively refer to RHUH Dietary Division and report to it all matters concerning dietetic interns/students and trainees.

6. The contractor/bidder shall never communicate directly with interns/students and other trainees; shall any comments or concerns arise; the contractor/bidder shall convey such matters to the head of the dietary division.

M. INTERNSHIPS/TRAININGS HELD BY THE CONTRACTOR/BIDDER

1. The contractor/bidder may hold an internship program/training at RHUH premises, provided that RHUH approval is obtained. Such request will be submitted officially to RHUH.
2. The request form shall include the training/internship program the contractor/bidder proposes to apply, as well as the duties assigned to the intern/trainee.
3. The internship program/training shall not cause a conflict of interest between the contractor/bidder and RHUH.

4. Upon approval of the program, the contractor/bidder shall officially provide RHUH with a resume of accepted interns/trainees and the dates of their enrollment. Their schedule shall be included with the contractor/bidder's duty roster.
5. All interns/trainees present at RHUH premises shall abide by the regulations set by this Tender Document and the rules and regulations of the hospital.
6. Interns/trainees training at the contractor/bidder's worksite shall not have the right to replace any employee or provide services without direct supervision from a qualified contractor/bidder's staff member.
7. All interns/trainees accepted by the contractor/bidder shall undergo the same medical examinations requested from all the other food service employees.

N. FOOD SERVICE TRAININGS

1. The contractor/bidder shall prepare and present training programs for the food service workers specific to their roles and responsibilities.
2. Training sessions shall be conducted on a monthly basis and as needed. A training schedule must be submitted in the contractor/bidder proposal. This will be used for technical evaluation purposes. Each training session shall relate to food handling and sanitation practices, cleaning / HACCP / maintenance of equipment / types of hospital Diets / General Safety issues / Food Safety / Fire safety / Occupational Health and Safety / Quality / Customer service / Customer Satisfaction /Policies and Procedures / Code of ethics etc.

3. Training sessions, minutes and attendance record for each training session shall be documented.
4. The contractor/bidder shall test staff competencies specific to staff members' roles and responsibilities following any training session.
5. The contractor/bidder shall be able to provide evidence of testing of staff competencies through appropriate documentation.
6. The contractor/bidder shall implement corrective actions to ameliorate deficiencies identified following competency testing.
7. A written report on training sessions and presentations shall be submitted by the contractor/bidder in the monthly report submitted to RHUH Dietary Division.

O- OCCUPATIONAL/EMPLOYEE SAFETY

1. The contractor/bidder shall implement a program that abides by the occupational Health and Safety policies, procedures, guidelines and standards that must be approved by RHUH.
2. The contractor/bidder shall be requested to abide by recommendations issued by the occupational health and safety committee.
3. Furthermore, the Contractor/Bidder is expected to assure, through systematic training program that all the staff are fully aware of the potential occupational hazards that can be encountered in the kitchen. These should include but are not limited to:

- 3.1 General Safety and Operational Rules
- 3.2 General Safety Equipment
- 3.3 Personal Protective Equipment

O.1 General Safety and Operational Rules:

All foodservice personnel should receive training on General Safety in the Kitchen, to be able to perform the following:

General Safety

- 1. All injuries shall be reported by employees, as a first action, to catering manager for first aid, regardless of severity.
- 2. All unsafe conditions, broken chairs or tables, defective equipment, uneven floors, loose rails, unsafe tools or knives, broken china and glass, etc. shall be reported to food service supervisor
- 3. All assigned tasks shall be performed in the safest way.
- 4. Before using equipment, all the staff must be trained, be safely protected and use machine guarding provided.
- 5. The staff must abide by the manufacturer's instructions
- 6. The staff must be familiar with the hazards associated with the use of kitchen equipment, such as slicing machines, dicers, choppers, mincing machines, microwaves, mixers, pressure cookers etc.

7. The staff must be able to read labels and Material Safety Data Sheets (MSDS) before moving, handling or opening chemicals. All the staff must never use a product from an unlabeled container, and must report missing labels to their supervisor.
8. The staff must know the location and operation of safety and emergency equipment such as fire extinguishers, eye wash and shower, first aid, fire alarm pull stations, telephone and emergency exits.
9. The staff must be familiar with and trained on the evacuation plan set by RHUH.
10. The staff must identify the emergency response procedures for the materials and equipment to be handled as well as the emergency reporting procedures and telephone numbers designated and alternate escape routes.
11. Lifting of heavy items must be performed in the proper fashion, using the legs to lift, and not the back.
12. Aisles, passageways, stairways must be kept clean and free from obstructions and spills.
13. Grease and wet spots on floors shall be cleaned immediately to avoid creating a falling hazard.
14. The staff must walk and not run in halls, down ramps, stairs, or around work areas.
15. The staff must wear safe, sensible clothes for work.

16. The staff must abstain from horseplay or practical jokes on the job.
17. The staff must dispose immediately all chipped or broken glass and china.

Personal Hygiene

The contractor/bidder shall insure all the staff abides by the following:

1. No sandals, open toed shoes or clogs shall be worn by kitchen the staff.
2. Clean, washable clothing shall be worn: clean uniforms in addition to clean aprons.
3. Effective hair restraints must be worn to cover head and facial hair.
4. Jewelry is not allowed because bacteria can lodge in settings and contaminate food.
5. Foodservice the staff should wash their hands using the proper hand washing technique.
6. Always keep their fingernails trimmed and clean.
7. Male the staff shall always be shaved at the work sites.
8. Disposable gloves should be encouraged for direct food contact. Gloves should be changed frequently to prevent cross-contamination.

9. Smoking is not allowed in the kitchen because RHUH is a smoke-free hospital.
10. Only authorized personnel should be allowed in production areas, and they should abide by wearing the proper PPE (hairnet, shoe cover..)
11. Consumption of food or beverage is not allowed in the kitchen
12. Cuts and abrasions should be covered with a water-proof bandage and a watertight disposable glove.
13. Kitchen employees shall never exit kitchen premises with their uniforms, unless within the scope of their duties.

Housekeeping

1. The kitchen should be kept clean at all times.
2. Each kitchen employee shall be responsible for maintaining the cleanliness of his/her area.
3. Stored items or equipment shall not block access to the fire extinguisher(s), safety equipment, or other emergency items.
4. Stairways, hallways, passageways/aisles and access to emergency equipment and/or exits must be kept dry and not be obstructed in any fashion, including storage, equipment, phone or other wiring.

5. No combustible material such as paper, wooden boxes, pallets, etc., shall be stored near heat sources. Hallways shall be kept free of boxes and materials so that exits or normal paths of travel will not be blocked.
6. All working surfaces and floors should be cleaned regularly and according to a fixed cleaning schedule set elsewhere in this tender.

Electrical

The kitchen requires a considerable quantity of electrical power. This increases the likelihood of electrically-related problems and hazards. Two major problems shall be addressed:

- The electrical shock hazard to the facility occupants
- The fire hazard potential.

The following recommendations are basic to a sound electrical safety program in the kitchen, restaurant and cafeteria and their premises. The following points shall be abided by at all times:

1. All new electrical equipment shall be properly grounded.
2. All new electrical equipment shall be approved by RHUH Engineering and Maintenance Division.
3. Equipment, appliance and extension cords shall be in good condition.
4. Extension cords shall not be used as a substitute for permanent wiring.

5. Electrical cords or other lines shall not be suspended unsupported across rooms or passageways. Cords shall not be routed over metal objects such as emergency showers, overhead pipes or frames, metal racks, etc. Cords shall not be run through holes in walls or ceilings or through doorways or windows. Cords shall not be placed on pathways or other areas where repeated abuse can cause deterioration of insulation.
6. Multi-outlet plugs shall not be used unless they have a built-in circuit breaker. This causes overloading on electrical wiring, which will cause damage and possible overheating.
7. All electrical repairs, splices, and wiring shall be performed by qualified contractor/bidder electrical engineer under the supervision of RHUH the Engineering and maintenance Division.

O. 2 General Safety Equipment:

Fire Extinguishers

1. The contractor/bidder's staff shall be adequately trained regarding pertinent fire hazards associated with their work.
2. Fire extinguishers should never be concealed from general view or blocked from access.
3. If an employee notices a fire extinguisher discharged or not fully charged, an extinguisher with the safety pin pulled out, an extinguisher obstructed from view, or one not hanging in its proper location, he must notify immediately the contact manager.

Note: RHUH Engineering and Maintenance Division will install all charged fire extinguishers. Once a fire extinguisher has been installed, the contractor/bidder shall maintain the device.

First Aid Kits

1. First aid kits, which should be located in conspicuous places (with location clearly marked) in the kitchen are to be used for the immediate response to minor injuries, such as cuts or minor burns.
2. Minor injuries requiring first aid shall always be reported to the contract manager. A minor injury may indicate a hazardous situation which the contractor/bidder shall identify and correct to prevent a more serious injury.
3. All injuries that have occurred in the work area should be documented on the “Incident/Accident form” in order to obtain medical treatment or consultation at RHUH Emergency room.
4. The location and phone number of emergency services should be clearly posted in kitchen offices.
5. The first aid kit(s) shall be monitored and maintained by a contractor/bidder's designated party. A log shall be attached to the kit indicating the last inspection date and by whom the kit was inspected.

Material Safety Data Sheets (MSDS)

Material Safety Data Sheets must be present for each chemical and must be present in the kitchen in order to identify the chemical and provide a hazard warning.

1. Each employee must be trained on each MSDS for chemicals in their work place.
2. The workers shall then print their names in the space provided on the MSDS Training Log Sheet for that MSDS, sign in the space provided, and date their signature.

MSDS TRAINING LOG SHEET

Chemical Name:

Supplier of MSDS:

Date MSDS training received:

I the undersigned have read this MSDS. I understand the hazards associated with this material and will comply with the protective measures recommended for use and handling of this material.

Name**Signature Date**

Machine Guarding

1. The contractor/bidder shall inform the staff about kitchen equipment that are equipped with machine guarding and communicate its use to its staff.

O. 3 Personal Protective Equipment (PPE):

1. Personal Protective Equipment is needed as a basic safety tool.
2. PPE selection must be made on the basis of hazard assessment and current and future requirements and standards set by Occupational Safety & Health Administration (OSHA).
3. Workers shall be properly trained on the importance of PPE.
4. Defective or damaged PPE must not be used.
5. A variety of kitchen personal protective equipment is commercially available and commonly used in kitchens. However, for the equipment to perform the desired function, it must be used and managed properly. The contractor/bidder shall determine the need for such equipment, monitor its effectiveness, train the staff, and monitor and enforce the proper use of such equipment.
6. Contractor/Bidder should follow the following recommendations of clothing for all the staff to protect personnel from equipment:
 - 6.1 Loose or torn clothing shall be avoided unless wearing a lab coat.
 - 6.2 Dangling jewelry and excessively long hair shall also be avoided.

- 6.3 Finger rings or other tight jewelry which is not easily removed shall be avoided.
- 6.4 Oven disposable mitts and pot holders shall be available to prevent injury while holding hot pans.
- 6.5 White lab coats shall be provided for protection and convenience. They should be worn at all times in the work areas.
- 6.6 Shoes shall be worn at all times in all work areas. Sandals, open-toed shoes, and shoes with woven uppers, shall not be worn because of the danger of spillage of corrosive or irritating chemicals. Shoes should be non-slip or the staff should be provided with non-slip overshoe covers
- 6.7 Non-slip matting shall be for potentially slippery surfaces
- 6.8 The contractor/bidder shall train staff on MSDS for chemicals to find out the recommended clothing or PPE for it. (Examples are latex, nitrile, or PVC gloves, or aprons.)
- 6.9 Goggles, gloves and plastic or rubber aprons shall be supplied by the contractor/bidder to protect clothing especially when handling corrosive liquids/ hazardous chemicals and other materials that might pose a risk.
- 6.10 The contractor/bidder shall make sure all the staff always wear long-sleeved and long-legged clothing and do not wear short-sleeved shirts, short trousers, or short skirts.
- 6.11 The contractor/bidder must insure his staff follow the following recommendations when using gloves:
 - 6.11.1 Correct use of gloves when handling chemicals to protect the worker from accidental spills or contamination.
 - 6.11.2 Immediate removal of gloves if they become contaminated
 - 6.11.3 Wash Hands with soap and sanitizer after removal of gloves

List of Appendices

- **Appendix A: List of wards**
- **Appendix B: MOPH Accreditation Standards**
- **Appendix C: Specification of Food Products**
- **Appendix D: Official Holidays**
- **Appendix E: HACCP**

I- Sample Hazard Analysis (Biological, Chemical and Physical) /Control

Measures

II- Sample Standardized recipe format and HACCP flow charts

- **Appendix F: Storage shelf lives**
- **Appendix G: Sample menus**
- **Appendix H: Special card sample**
- **Appendix I: A) Categories of pricing**
B) Average Number of Meals/ Month

Appendix A

Appendix A: List of wards (Subject to change as seen fit by RHUH)

<i>Floor</i>	<i>Nurse station</i>	<i>Remarks</i>
B 1	ER	Adults and pediatrics
	ER Corona	Adults and pediatrics
GF	Dialysis (Adult/ Pediatrics)	
	Isolation Unit	
First	Army (1G)	
	Surgery 2 (1A-1B)	
	Medicine 1 (1E-1F)	
	Medicine 2 (1C-1D)	
	ICU	
	MHU (1J)	Mental health unit
	One day surgery	
Second	Obstetric (2G-2H)	
	CCU (2C-2D)	Critical Cardiac Care
	Nursery	
	One day chemotherapy	
	Onco adults (2E)	
	Onco pediatrics (2B)	
	Pediatrics (2F)	
	Labor & Delivery	
	NICU	
	PICU	
Third Floor	Corona	Currently closed

Appendix B

Department: Dietetic/Nutrition and Food Services

Guidelines

Number of Standards: 19

Number of Pages: 9

The provision of healthy appropriate food to patients during their hospital stay is an important responsibility for management. It is imperative therefore that food storage, preparation, handling and serving is conducted in line with sanitary requirements

Special diets and menus must be designed by a qualified dietitian and reviewed regularly. If a dietitian is not on staff full time then records of consultations and contact details must be available and evidence that urgent assistance can be sought from a

Policies and procedures should be available in the department and all staff should have access to them. Work practices must be commensurate to the policies and procedures which should be reviewed annually. The policies and procedures are to include workpl

All staff who have any dealings with the food service should have attended education sessions on, at basic, food hygiene principles and records kept of attendance. Staff should be exposed to the Hazard & Critical Control Points Principle (HACCP) and the h

The hospital has an obligation to ensure that all supplies meet a predetermined standard and that policy and procedures outline activities to meet these standards. The hospital wide quality system should be evident in the kitchen and evidence must be available.

Integration of the quality system should demonstrate the quality loop; surveys; data collection; statistical analysis and planned intervention to identified deficits. The quality activities in the kitchen should also extend to the hospital wide system of

The above information is not intended to be all inclusive. Thus individual hospitals and each department have a responsibility to research and source information that allows them to comply with the standards below.

Standards**DN 1**

The person responsible for this department is a qualified dietitian or has direction and supervision from a consultant dietitian

Standards

DN 2

2.1 In a decentralized management system where the dietician/kitchen manager holds personnel files for each individual staff member the file must contain a signed job description

OR

2.2 In a centralized management system the head of each department must retain master copies of all job descriptions relevant to the staff in their departments

2.3 In both cases personnel files must contain evidence of educational qualifications

2.4 Evidence must be provided that formal performance appraisals have been conducted

2.5 Job descriptions are reviewed regularly

2.6 A documented performance appraisal is conducted in line with the job descriptions

Standards**DN 3**

3.1 A staffing schedule is available in the department

3.2 A list of staff with contact details and designation is available in the department

Standards

DN 4

Department holds an orientation manual which includes:

- 4.1** Section for general hospital issues
- 4.2** Subsection for this department
- 4.3** A checklist to verify that all sections of the orientation program has been completed (this must be signed and retained in the individual's personnel file)

Standards

DN 5

- 5.1** Evidence that the dietitian / manager or representative of the department is a regularly attending member of an infection control committee
- 5.2** Minutes of meetings are available in the department

Standards

DN 6

A policy and procedure manual exists in the department, specific to this hospital and the management issues relevant to the dietetic/nutrition service

- 6.1 Policies are clearly identified
- 6.2 Procedures are clearly identified
- 6.3 Policies and procedures are presented in a hospital wide uniform manner
- 6.4 The index for the policy and procedure manual is accurate

Policies and procedures include but are not limited to the following:

- 6.5 Receiving or purchase of food
- 6.6 Preparation and handling of raw/processed food
- 6.7 Storage of prepared food and leftovers
- 6.8 Distribution of food
- 6.9 Patient snacks and late trays
- 6.10 Preparation of enteral feedings
- 6.11 Employee safety
- 6.12 Employee health and hygiene
- 6.13 Infection Control
- 6.14 Preparation of isolation trays
- 6.15 Cleaning of the department (if not provided by a centralized housekeeping department)
- 6.16 Sanitation of chopping boards.

Standards**DN 7**

- 7.1 Dedicated food storage/refrigeration areas exist to ensure food preservation
- 7.2 Food storage areas / refrigerators are maintained appropriately
- 7.3 All food products are stored off the floor
- 7.4 Cleaning supplies stored in a separate location way from food

Standards**DN 8**

Separate dedicated food preparation areas exist

Standards**DN 9**

- 9.1 Twice daily temperature records of refrigerators and freezers
- 9.2 Fully functioning self-releasing mechanisms for walk in refrigerators and freezers

Standards**DN****10**

- All windows are fly-screened

Standards**DN****11**

- 11.1** Food distribution to patients occurs in temperature appropriate food service trolleys (hot food kept hot and cold food kept cold)
- 11.2** Evidence of random food temperature control records are retained
- 11.3** Records that random temperature controls are taken from point of service to point of delivery to patients
- 11.4** There is evidence of the introduction of hazard and critical control principles (HACCP)

Standards

DN**12**

- 12.1** The dietitian can demonstrate ongoing education programs to all kitchen staff
- 12.2** Documented evidence is available of testing of staff competencies specific to roles and responsibilities in the kitchen
- 12.3** Evidence of all staff in the kitchen having completed competency testing
- 12.4** Regular testing of staff competencies
- 12.5** Evidence of corrective action to ameliorate deficiencies identified following competency testing
- 12.6** The dietitian can demonstrate ongoing education to general hospital staff

Standards

DN**13**

- 13.1** Evidence that the dietitian responds to requests to assess patients
- 13.2** Review is documented on a standardized form in patients' medical records
- 13.2** Evidence and policies and procedures that snacks are available and provided to the obstetric department , children's department and for all late admissions.

Standards**DN****14**

- Collection of garbage and kitchen waste is in covered containers and is removed daily from the food services area

Standards**DN****15**

- 15.1** Data has been collected and computerized for the kitchen services
- 15.2** Rationale for data collection has been documented
- 15.3** Audit tools established for this specific area
- 15.4** Audits have been conducted
- 15.5** Analysis and planned intervention resulting from audits is documented

Standards

DN**16**

Dedicated staff toilets with hand wash basin are provided

Standards

DN**17**

A separate sink dedicated for hand washing is available in the kitchen

Standards

DN**18**

Dining room exists for use by all staff

Standards

DN**19**

- 19.1** A quality improvement plan that is consistent with the hospital wide QI plan is developed for the department
- 19.2** It must contain key performance/l indicators that are measurable and realistic and have timelines
- 19.3** Evidence of continual monitoring of this plan must be available
- 19.4** Audit tools have been constructed specifically for this area

Appendix C

Appendix C: Specification of Food Products

1. All products, local or imported, should have the production/expiry date clearly mentioned. The remaining validity period of the products upon receiving shall not be less than half the total validity period.
2. All products, local or imported, should have a clear label stating the brand name, the ingredients, the weight, the origin of production and any other labeling as required by the Lebanese Consumer Protection Legislations.
3. All imported or local products should come from a reliable source approved by the client and with all the necessary certifications.
4. All suppliers certified with HACCP or with any hygiene and food related international standards shall be the preferred source.
5. Priority is given to the Lebanese products and suppliers as long as they satisfy the specifications required.
6. The contractor/bidder shall bear the full cost of delivery/transportation expenses.
7. The contractor/bidder shall have a system that allows him to provide urgently needed items with no delays.
8. Delivery of goods within RHUH premises will take place, in the presence of RHUH representative.
9. Delivery hours shall be from 6:00 am till 4:00 pm.
10. Adequate inspection and documentation shall be performed by a qualified contractor/bidder's staff member.
11. Documentation shall consist of and not be limited to:
 - Receiving checklist
 - Non conformities form
12. Products with close expiry dates shall be immediately rejected and the supplier immediately notified through a supplier feedback form.

13. The contractor/bidder shall not change any approved supplier or specifications without the hospital's prior approval.
14. Good stock rotation principles i.e. FIFO (First In First out)/ FEFO (First Expiry First Out) principle shall be applied at all times and evidence of its application shall be monitored by the contractor/bidder.
15. Only Fresh stock shall be used.
16. Storage duration shall not exceed limits set in the HACCP section of this tender and in Appendix G.
17. Mini-Max levels to be approved by RHUH shall be established by the contractor bidder 2 months after initiation of the contract at most.
18. RHUH reserves the right to revise or modify specifications upon need in line with patients, staff and visitors' preferences and recent recommendations of nutritional and other regulatory agencies. The contractor/bidder shall at all times comply with RHUH recommendations in this regard.

A. Dairy Products

1. Cheese

A variety of low fat, low sodium cheeses, and regular cheeses from sources approved by RHUH, shall be available.

1. Raw material: pasteurized milk

1.1 Fat content (as % of fat in dry matter–FDM):

- 1.1.1 Full fat : FDM \geq 45% and less than 60%
- 1.1.2 Medium fat: FDM \geq 25% and less than 45%
- 1.1.3 Partially skimmed: FDM \geq 10% and less than 25%
- 1.1.4 Skimmed: FDM less than 10%

1.2 Sodium:

1.2.1Highly salted cheeses are preferably to be avoided

2. Labneh

Fat Free, and regular labneh from local sources approved by RHUH, shall be available.

3. Yogurt (Laban):

Fat free, and full fat yogurt (laban) from local sources approved by RHUH, shall be available.

4. Milk

A variety of local and imported milk shall be available; all from sources approved by RHUH. Dry UHT treated, fat free, low fat and full fat milk shall be made available. Full fat milk is not to be used as a substitute to low fat/skimmed milk. Packaged as instant powder milk 30gr/sachets as whole milk, and low fat/fat-free milk.

5. Cream

Local and imported, from sources approved by the client

1. Low fat (3–5% fat) and full fat creams from animal sources shall be used.
2. Creams from vegetable sources shall not be used
3. All creams shall be sterilized at ultra-heat temperature
4. Packages of 1 Liter can be used

B. Meat Products

1. Red Meat:

Beef and veal of different cuts shall be made available in the chilled or frozen natural from a Brazilian, Australian or American sources as approved by the client and shall comply with the following specifications:

1. Evidence that the age of the animal upon slaughtering does not exceed 24 months
2. Only meat of young beef shall be used (\leq 24 months of age).
3. Beef shall be slaughtered according to Islamic practices in order to be designated as "Halal".
4. A documented "Halal" certification shall be available from official Lebanese references to the consumers at each batch delivery.
5. Meat shall be purchased in wholesale beef cuts as chilled or frozen.
6. Meat cuts shall be of top quality , defatted, color of the meat shall be optimal for the type, surface shall be smooth, fat shall be firm and evenly distributed with a white or creamy-white color
7. Wholesale cuts shall be tender and restricted to the following cuts and uses:

Beef cut	Intended use examples
Tenderloin (filet)	Grilled meat/steak
Striploin (faux filet)	Stewed meat/ Shawarma/ Stroganoff
Eye round	Roast beef

Topside	Minced meat/Hamburger
---------	-----------------------

2. Poultry

Fresh or frozen, eviscerated or ready-to cook, whole state, free of blood, feather, head, neck, feet, and entrails chicken shall be purchased from a local reliable supplier or from a European or American sources as approved by the client and comply by the following specifications:

1. Chicken carcass appearance: fully fleshed and meaty, uniform fat covering, well formed, clean, good, and free from any blemishes, skin discoloration, broken bones, and skin cuts and tears.
2. Chicken shall be slaughtered according to Islamic practices in order to be designated as "Halal".
3. A documented "Halal" certification shall be available to the consumers at each batch delivery.
4. Frozen Whole (without neck and giblets): 1.5–2.5 Kgs
5. Frozen Deboned: 1.1 Kg–1.3 Kg
6. Legs: 4–5 legs/Kg
7. Skinless breasts: 4 whole breasts/Kg
8. Breaded escalope (filet): 120 grs/ portion
9. Breaded escalope (minced breast): 120 grs/ portion
10. Chicken burger: un-breaded: 100 grs/ portion
11. Chicken Hamburger: 100 grs/ portion

3. Fish:

Frozen fish fillets from sources as approved by RHUH shall be available

1. Fat content:

1.1 Lean fish i.e.: <2.5gr total fat/3oz cooked portion or between 2.5–5gr total fat/3oz cooked portion.

2. Appearance:

- 2.1 Whole
- 2.2 Firm and free from gaping
- 2.3 Shiny and smooth surface with no signs of curling at edges
- 2.4 Clean cut without signs of blood , skin fragments, or loose bone
- 2.5 Fresh odor

3. Weight: 300–350 grs/ fish fillet

5. Tuna:

The Contractor/Bidder shall provide when applicable light Albacore and Tongol meat tuna, canned in water and canned in oil (presented as chunks).

Weight: 200g–1000g/can

6. Turkey:

The Contractor/Bidder shall provide when applicable processed Turkey (2–6Kg/pack) and Turkey breast that is Halal slaughtered and that shall be approved by the client.

C. Eggs

The contractor/bidder shall provide eggs from an approved local supplier with the following specifications:

1. *Kind:* Chicken eggs

2. Appearance:

- 2.1 Clean shells and not covered with dirt or stain
- 2.2 Un-cracked shells
- 2.3 Absence of shell irregularities such as pimples
- 2.4 Color : white , brown

3. All eggs shall be subject to candling before packaging.
4. All eggs shall be fresh.
5. *No eggs are stored without disinfection*
6. *Size: Large*

D. Breads and Bread Products

The contractor/bidder shall provide breads of different kinds:

1. White Arabic bread :

- 1.1 Made from all-purpose white flour, water, small amounts of salt or without salt, sugar or without sugar, and yeast. It should be sliced according to specific quantities as required by the client, packaged in separate bags and date labeled.
- 1.2 Local reliable supplier (bakery)
- 1.3 30 grs/slice and 60 grs/slice

2. Whole-wheat Arabic bread:

- 2.1 Made from all-purpose whole wheat and white flour, water, small amounts of salt, sugar, or without salt and sugar, and yeast. It should be sliced according to specific quantities and packaged in separate bags.
- 2.2 Local reliable supplier (bakery)

2.3 30 grs/slice and 45grs/slice

3. White Toast :

- 3.1 Made from all-purpose white flour, water, butter, milk, small amounts of salt, sugar, and yeast.
- 3.2 Soft and medium-sized slices
- 3.3 Local reliable supplier (bakery)
- 3.4 30–40 grs/slice

4. Whole-wheat Toast:

- 4.1 Made from all-purpose whole wheat and white flour, water, oil, small amounts of salt, sugar, or without salt and sugar and yeast.
- 4.2 Soft and medium-sized slices
- 4.3 Local reliable supplier (bakery)
- 4.4 30–40 grs/slice

5. Pain au lait :

- 5.1 Made from all-purpose white flour, water, milk, butter, small amounts of salt, sugar, and yeast.
- 5.2 Small size (30gr/piece)
- 5.3 Local reliable supplier (bakery)

6. White French Baguette:

- 6.1 Made from all-purpose white flour, water, small amounts of salt, sugar, and yeast.
- 6.2 Size: 100gr/pc
- 6.3 Frozen and to be baked fresh
- 6.4 Local reliable supplier (bakery)

7. Whole wheat French Baguette:

- 7.1 Made from all-purpose whole wheat flour, water, small amounts of salt, sugar, and yeast.
- 7.2 Size: large (100gr/pc)
- 7.3 Frozen and to be baked fresh
- 7.4 Local reliable supplier (bakery)

8. Hamburger bun:

- 8.1 Made from all-purpose white flour, water, butter, milk, small amounts of salt, sugar, and yeast.
- 8.2 Size: 85–90 gr/pc
- 8.3 Two types: with sesame and without sesame
- 8.4 Local reliable supplier (bakery)

9. Other Bakery/Pastry items i.e. Small Manakish (30 grs/dough) shall be prepared at RHUH kitchen by the chef.

E. Fats and Oils

1. Butter :

- 1.1 *Type:* Whole/regular, unsalted made from pasteurized milk.
- 1.2 Minimum milk fat content is 80%
- 1.3 Frozen and wrapped in waxed paper
- 1.4 *Color:* yellow
- 1.5 *Texture:* smooth and without granules
- 1.6 *Size:* 1 kg/package for cooking use
- 1.7 The supplier should be certified, according to hygiene & food related international standards organization.

2. Vegetable Oils:

- 2.1 Un-hydrogenated

- 2.2 *Kind:* canola, sunflower
- 2.3 Sunflower preferred for frying and canola for cooking
- 2.4 *Color:* characteristic of the designated product
- 2.5 *Odor and taste:* characteristic of the designated product and free from foreign and rancid odor and taste

3. Olive oil:

- 3.1 *Color:* Light yellow to green
- 3.2 *Odor and taste :* very good

4. Tahini: from a reliable local source to be approved by the client. All tahini shall hold a salmonella free certificate to be submitted to RHUH with every batch delivered

5. Olives:

5.1 Form:

5.1.1 Sliced into parallel segments fairly uniform thickness

5.2 Treated in alkaline for bitterness , packed in brine and preserved by heat sterilization received a processing treatment sufficient both in time and temperature to destroy spores of Clostridium botulinum

5.3 Sound and clean

5.4 Free from abnormal taste or odor

5.5 Suitably ripe

5.6 Free from defects liable to affect edibility or correct preservation

5.7 Free from foreign matter

5.8 Show no sign either of any deterioration under way or of any abnormal fermentation

5.9 Free from blemishes

5.10 Of one variety in one and same pack

5.11 Of uniform color

5.12 Packing brine should be obtained by dissolving appropriate quantities of food grade salt in potable water, clean, free from abnormal odors or tastes and unauthorized foreign matter

5.13 The packing containers may be made of wood, metal, tin, glass, or plastics

F. Spices

1. Spices and dried aromatic plants are made from natural dried components and mixtures used for flavorings, seasoning, and imparting aroma.
2. Spices should be in ground form or broken, well-sealed, sterilized and packaged.
3. Should be free from any pathogenic microorganisms in levels that may represent a health hazard.
4. Should not contain any substances originating from microorganisms, particularly aflatoxins.
5. Should not contain levels of rodent, insect, or bird contamination.
6. Shall be free from Salmonella.
7. 200grs/pack

G. Gluten Free Products

1. The contractor/bidder shall supply, when needed, food not containing gluten which is normally found in wheat, rye, oats, barley, and triticale.
2. Gluten-free foods substituting important basic foods like flour and bread must supply approximately the same amount of vitamins and minerals as the original foods they replace.
3. Labeling:
 - 3.1 Nature and source of the starch shall be declared on the label

3.2 A complete list of ingredients shall be declared on the label

4. The product shall be packed in containers which will safeguard the hygienic and other qualities of food.
5. Products that shall be offered shall be but are not limited to toasts, bread , pasta, gluten free corn flakes

H. Cereals and Grains

1. Rice:

1.1 Types:

- 1.1.1 Milled (white rice)
- 1.1.2 American, Italian, Egyptian, Basmati

- 1.2 Shall be safe and suitable for human consumption
- 1.3 Shall be free from abnormal flavors, odors, living insects and mites.
- 1.4 Shall be free from any stones, dust, sand, foreign seeds, husk, bran, fragments of straw
- 1.5 Should be packaged in containers which will safeguard the hygienic, nutritional, technological, and organoleptic qualities of the rice.

2. Flour

2.1 Types: White, Whole wheat, All-purpose, Pastry flour, Cake flour, corn flour, rice flour, starch.

- 2.2 Shall be safe and suitable for human consumption
- 2.3 Shall be free from abnormal flavors, odors, living insects and mites.

2.4 Should be packaged in containers which will safeguard the hygienic, nutritional, technological, and organoleptic qualities of the flour.

2.5 Supplier : local or imported

3. Pasta:

3.1 Types: vermicelli, spaghetti, fusilli, fettuccine, tagliatelle, shells, penne, spirals, lasagne, noodles and other shapes.

3.2 Packaged in airtight containers and which will safeguard the hygienic, nutritional, technological, and organoleptic qualities of the flour.

3.3 Supplier : local or imported

4. Couscous:

4.1 Made from semolina

4.2 Shall be free from abnormal flavors, odors, living insects and mites.

4.3 Shall be free from any stones, dust, sand, foreign seeds, husk, bran, fragments of straw

4.4 Should be packaged in containers which will safeguard the hygienic, nutritional, technological, and organoleptic qualities of the flour.

4.5 Supplier : local or imported

5. Breakfast cereals:

5.1 Type:

5.1.1 Ready-to-eat made from wheat, corn.

5.1.2 Whole wheat, chocolate, and regular flakes.

5.2 Should be fortified with iron, B-vitamins and minerals

5.3 Packaged in airtight containers and which will safeguard the hygienic, nutritional, technological, and organoleptic qualities of the flour.

5.4 Supplier : local or imported

6. Dried legumes:

- 6.1 Shall be free from any stones or dust.
- 6.2 Should be packaged in containers which will safeguard the hygienic, nutritional, technological, and organoleptic qualities of the legumes.
- 6.3 Supplier : local or imported

I. Vegetables

1. Types:

- 1.1 Fresh: should appear fresh, have good color, and free from bruises and decay.
- 1.2 Canned and frozen: tender, succulent, well-colored for type, flavorful, and uniform.

2. Supplier : local and/or imported

3. Fresh vegetables:

- 3.1 Cabbage: leaves firmly attached to the stem, smooth surface, evenly colored, free from any signs of dehydration and bruises, domestic, and red cabbage.
- 3.2 Carrots: dark orange color, surface should be smooth, firm, and free from cracks, tops should be free from any sprouting green shoots that indicate an older carrot.
- 3.3 Cucumbers: small to medium sized, skin should be free from any soft spots or shriveling, and evenly colored with no yellow evident , mild flavor and no bitterness.

- 3.4 Eggplant: skin should be smooth, firm, and glossy with a deep purple black color and free from softness or dark bruise-like discolorations .
- 3.5 Garlic: whole heads, firm well-filled cloves with skin not overly dry.
- 3.6 Tomatoes: unripe, skin should be smooth and free from any soft spots or bruises. Types: mature green, vine-ripe, and cherry tomatoes.
- 3.7 Lettuce: leaves should be crispy, fresh, with no signs of withering or dehydration. Types: iceberg, romaine.
- 3.8 Mushrooms: caps should be smooth, firm, and free of slime, mold, wilting, or bruises.
- 3.9 Onions: Types: yellow, green, white, and red. Yellow (all-purpose onion) should be firm, skin dry and free of any sunburn marks, mold, or blackish decay spots.
- 3.10 Okra: the pods should be green, young, and tender.
- 3.11 Pepper, Sweet: Colors: green, yellow, red, and orange. Bright, smooth, glossy color and thick filled-out walls with a good solid weight.
- 3.12 Potatoes: firm to touch, few eyes and black spots, good color, skin not shriveled, a round or oblong shape, no green coloration.
- 3.13 Radishes: bright red color, smooth firm skin, healthy roots, and crisp white flesh. No open cracks, withered, spongy, dry or rough looking. Leaves should be fresh with no signs of decay.
- 3.14 Spinach and other green leafy vegetables: fresh dark green leaves with good turgor, no wilt or decay.
- 3.15 Squash: Type: summer. Small size with a shiny skin and no bruises or scars.

J. Fruits

1. Types:

- 1.1 Fresh: should appear fresh, tender, have good color, and relatively free from bruises and decay. Serving sizes of fruits shall be medium to large.
- 1.2 Canned and frozen: tender, succulent, well-colored for type, flavorful, and uniform.
- 1.3 Serving sizes of fruits such as apples, pears, peaches, oranges and the like shall range from 150–250 grs.
- 1.4 Supplier: local or imported.

2. Apples: skin should be clean, smooth, unbruised, good coloration, and not over mature. Types: red delicious, golden delicious.
3. Apricots: soft and ripe with golden orange color.
4. Bananas: medium-sized (60–100 g without the peel), firm, greenish yellow to clear yellow in color.
5. Strawberries: not over mature, medium to large-sized, and dark red color.
6. Cherries: dark red or deep purple color, plump, firm, and smooth skinned.
7. Grapes: red or green to yellow color, firm, plump, and well-colored. No soft, wrinkled, moldy, or bleached areas around the stem.
8. Lemons: yellow color, firm, and unbruised.
9. Mandarins: firm, full-colored, and covered with a thin, almost oily-feeling skin.
10. Watermelons: ripe (stem ends becomes slightly indented and yields to pressure condition), hollow sound when thumped, and a distinctive melon odor.
11. Oranges: firm, heavy for size, and unbruised.
12. Peaches: ripe, should yield to gentle pressure, unbruised, no green background.
13. Pear: soft-skinned, avoid surface blemishes.

K. Miscellaneous

To be approved by the client based on quality:

1. Dried fruits: packaged
2. Tea and Anis: Packaged in portion size.
3. Sugar white or brown: Packaged – 10 grs portion
4. Salt: Packaged – 2 grs portion
5. Pepper: Packaged – 1 gr portion
6. Ketchup: Packaged – 20 grs portion
7. Jam: Packaged – 30 grs portion size
8. Honey: Packaged – 20 grs portion
9. Chocolate spread: 20 grs portion
10. Halawa(salmonella free): 30 grs portion
11. Artificial sweetener: Only FDA (Food and Drug Administration) approved artificial nonnutritive sweeteners shall be offered at RHUH– packaged
12. Wet napkins/sanitizing gel
13. Confectionary items
14. Disposable items/disposable trays
15. Tray Mats
16. Disposable dishes, cups and cutlery
17. Cleaning / Disinfection products

Appendix D

Appendix D: List of official Holidays:

Below is a list of official holidays observed by the Lebanese government. Alteration by the government shall be honored..

- 1- New Year
- 2- Armenian Christmas
- 3- Saint Maroun's day
- 4- Prophet Mohammad's birthday
- 5- Annunciation Day
- 6- Good Friday (Eastern and Western Church)
- 7- Easter (Eastern and Western Church)
- 8- Labor day
- 9- South Liberation Day
- 10- Assumption of Virgin Mary
- 11- Eid Al-Fitr
- 12- Eid Al Adha
- 13- Independence Day
- 14- Hijra New Year
- 15- Ashoura
- 16- Christmas Day

Appendix E

Appendix E: HACCP

I- Sample Hazard Analysis (Biological, Chemical and Physical) /Control Measures

Measures

Chicken

Biological Hazards (Bacteria)	Control measures
Bacillus cereus (intoxication caused by heat stable, performed emetic toxin and infection by heat labile, diarrheal toxin)	Cooking, cooling, cold holding, hot holding
Campylobacter jejuni	Cooking, hand washing, prevention of cross contamination
Clostridium perfringens –cooked poultry and cooked poultry products including casseroles, gravies	Cooling, cold holding, reheating, hot holding
Listeria monocytogenes –raw poultry	Cooking, date marking, cold holding, hand washing, prevention of cross contamination
Salmonella spp.	Cooking, employee health policy, no bare hand contact with RTE foods, hand washing
Shigella spp. –if contaminated by infected workers via fecal–oral route	Cooking, employee health policy, no bare hand contact with RTE foods, hand washing
E.coli (Foods contaminated by infected food workers via fecal–oral route)	Cooking, hand washing, prevention of cross contamination, food health policy, no bare hand contact with RTE foods

Staphylococcus aureus –RTE PHF foods touched by bare hands after cooking and further time/temperature abused	Cooling, cold holding, hot holding, no bare hand contact with RTE foods, hand washing
Biological Hazards (Viruses)	Control measures
Hepatitis A and E-if contaminated by infected workers via fecal-oral route	Approved source, no bare hand contact with RTE foods, minimizing bare hand contact with foods not RTE, employee health policy, hand washing
Other viruses (Rotavirus, Norovirus, Reovirus)	No bare hand contact with RTE foods, minimizing bare hand contact with foods not RTE, employee health policy, hand washing

Chemical Hazards	Control measures
Environmental contaminants: Pesticides, fungicides, fertilizers, insecticides, antibiotics, growth hormones	Follow label instructions for use of environmental chemicals
Chemicals (cleaners, cleaning compounds and sanitizers)	Address through SOPs for proper labeling, storage, handling, and use of chemicals– Retain material safety data sheets for all chemicals
Nitrites/ Nitrates Niacin	Do not use more than the prescribed amount of curing compound according to labeling instructions. Sodium nicotinate (niacin) is not currently approved for use in poultry with or without nitrates.

Physical Hazards
Glass
Wood
Stones, metal fragments
Insulation
Bone, feather
Plastic

II- Sample Recipe Formats with corresponding HACCP Flow chart

1. Standardized Recipe- Steamed Rice

Servings Number	12	24	48	72	96
Ingredients					
UNCOOKED RICE	1 pack	2 packs	4 packs	6 packs	8 packs
Canola oil	2 Tbsp	1/4 cup	1/2 cup	3/4 cup	1 cup
Water	950ml	1.9 L	3.8 L	5.7 L	7.6 L
Salt	1 tsp	2 tsp	1 Tbsp + 1tsp	2 Tbsp	2Tbsp + 2 tsp

Serving size: 1/2 cup

SPECIAL DIET MODIFICATIONS

Low Sodium: cut salt in half

Low fat/Low cholesterol: eliminate oil

Diabetic: use Low fat/Low cholesterol recipe, reduce portion to 1/3 cup

Procedure

- Place rice, water, salt and oil in stock pot, Stir
- Bring to a boil, stir again
- Cover tightly and simmer on low heat for 15–20 minutes (till water is absorbed). Do not lift lid
- Fluff with fork before serving
- Final Cooking temperature reached must be 63°C for 15 seconds
- Record temperature
- Maintain temperature of Rice at 57°C until serving (use Hot Cabinets), do not hold for more than 4 hours, record temperature every 30minutes

Portion size: 2 servings

Nutrition facts

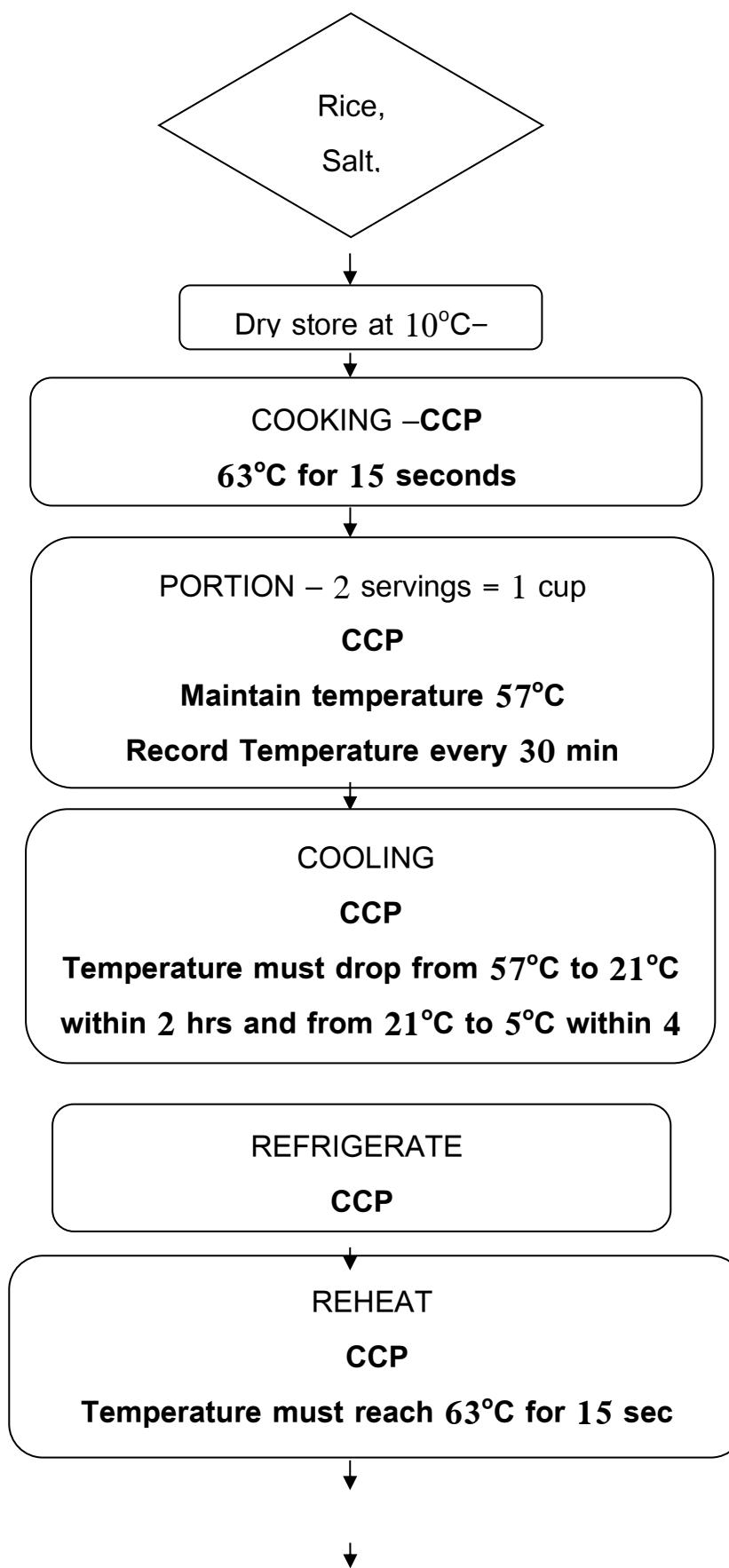
Nutrition information per serving (General recipe)					
Calories	155	Cholesterol, mg	0	Calcium, mg	13
Proteins, g	3	Sodium, mg	220	Vitamin A, RE	19
Carbohydrates, g	30	Potassium, mg	42	Vitamin C, mg	0
Fat, g	2	Iron, mg	1.6	Dietary Fiber, g	0
Saturated fat, g	0	Phosphorus, mg	42		

Low Sodium: 123 mg Sodium

Low Cholesterol/Low fat: 138 Cal, 0 g fat

Diabetic: 92 Cal, 20 g Carbohydrates, 2 g proteins, 0 g fat

2. HACCP Flow Chart –Steamed Rice



HOLD and SERVE

CCP

Temperature must remain above 60°C

Take and record temperature every 30 min

Appendix F

Appendix F: Food Shelf Lives

Food	Shelf Life
Frozen fish	1-3 months of Freezing (in original containers)
Fresh meat	3-5 days of Refrigeration
Fresh Poultry	1-2 days of Refrigeration
Fresh ground, stew and hamburger meats	1-2 days of Refrigeration
Frozen meat (Beef, Lamb and Veal)	3-4 months of Freezing (in original containers)
Frozen Poultry	3-4 months of Freezing (in original containers)
Frozen Chicken nuggets	1-3 months of Freezing
Fresh egg in shell	3 weeks of Refrigeration
Chicken luncheon meat after opening	3-5 days of Refrigeration
Unopened packaged Cured meats	2 weeks of Refrigeration
Raw Fresh Fruits and vegetables	Up to 3 days of Refrigeration
Cleaned and Sanitized Raw Fresh Fruits and vegetables	1 day of Refrigeration
Opened canned fruits/Juices	3 days of Refrigeration
Cooked fruits and vegetables	1 days of Refrigeration
Salad vegetables prepared in the kitchen (sliced cucumbers, shredded tomatoes, chopped lettuce...)	1 day of Refrigeration
Composite salads prepared in the kitchen (potato salad, coleslaw...)	1 day of Refrigeration

Salad dressings	2 days of Refrigeration 1 day of Refrigeration on the counter
Sandwich fillings prepared in the kitchen	24 hours of Refrigeration
Desserts containing fresh cream	24 hours of Refrigeration
Grated hard cheese	2 weeks of Refrigeration
Cheese spreads	2 weeks of Refrigeration
Left over hot foods for Staff	24 hours of Refrigeration (in covered labeled containers)
Left over cold foods for Staff	24 hours of Refrigeration (in covered labeled containers)
Opened canned products	3 days of Refrigeration (not stored in cans)
Unopened Canned/Bottled Juices	6 months of Dry Storage
Canned/Bottled Carbonated Beverages	<i>Cans, Glass bottles</i> – 6 months of Dry Storage <i>Plastic bottles</i> – 2 months of Dry Storage
Dry Goods	12 months of Dry Storage (21°C)
Spices	3 months of Dry Storage
Puddings prepared in the kitchen	2 days of Refrigeration
Opened Condiments (Mustard, mayonnaise...)	1 month of Refrigeration

Appendix G

Appendix G: Sample Menus

1. Sample 1: Regular Menu

Day 1		Wt grs / Qty
Breakfast	Labneh with olive oil	75 g/ 2 tsp oil
	Akkawi Cheese	60g
	Tomato, Cucumber, Mint	50-70g
	Jam/ fruit	30g/1 fruit
	Milk and Tea	30 g/ 1 sachet
	Sugar/	2 sachets (10 g)
	Arabic Bread	60 g/ 1
Lunch	Moghrabiyyeh	200 g
	Chicken	120g
	Oriental Salad+ Sauce Dressing	150 g w/o dressing
	Fresh Fruit	1
	Arabic Bread	60 g/1
	Salt and pepper	1 sachet from each
Dinner	Onion Soup	150 cc
	Potato Souffle	Meat:90g- 120 g Potato: 250g
	Garden Salad+ Salad Dressing	150 w/o dressing
	English cake	100g/1
	Salt and pepper	1 sachet from each

2. Sample 2: Dialysis Menu

Day 1		Wt grs / Qty
Breakfast	Baguette sandwich	90-100g /1
	Low salt Double Crème Cheese	90g
	Peeled cucumber, mint	50g
	Uremic fruit	1
	Tea	1/2 cup
	Sugar/ Sweetener	3 sachets/ 1sachet
Lunch	Baguette sandwich	90g- 100 g/1
	Chicken Fajita	100g- 110g
	Grilled Veg (pepper, corn) Mozzarella cheese (1 tsp)	
	Lettuce+ Peeled Cucumber+ Salad Dressing	100 w/o dressing
	Uremic fruit	1
Dinner	Baguette sandwich	90-100g /1
	Low Salt Akawi Cheese	90g
	Peeled cucumber, mint	50g
	Uremic fruit	1
	Tea	1/2 cup

Appendix H

Appendix H: Sample Special Card for Breakfast according to Patient Food Preference

الأسم : ----- رقم الغرفة/القسم: -----

نوع الحمية: ----- التاريخ: -----

الأسبوع 1

ترويقه (الأثنين)

شاي

محلي إصطناعي

حليب كامل الدسم

سكر

حليب دون دسم

ملح

نسكافه

بهار

قهوة

يانسون

بيض

فاكهة

عصير

جبنة بيضاء

مربي

جبنة المثلثات

عسل

جبنة المثلثات من دون دسم

حلاوة

لبن عادي

لبن من دون دسم

زيتون

زيت زيتون

بندورة

كاسترد

خيار

جلو

خس

نعنع

منقوشة

كورن فليكس

توست ابيض

كيك

توست اسمر

كروسان

كعك

توست خالي من الغلوتين

خبز أبيض

خبز اسمر

Appendix I

Appendix I:

A) Categories of pricing

Global average price per unit for all menu types (Regular, special, therapeutic....etc)

All Menu types: Cost per unit – Amount in US Dollars, without VAT

Unit Price in US dollars, Without VAT	Regular (including Soft, Diabetic, Uremic, Lactating, Pediatrics/ Mashed/ Foreign patients/ Patients pre- admission and post discharge/ Inhalation)	Regular (including Dialysis Adults & Pediatrics , One Day Chemo Therapy)	Regular Private *	Clear	F	Full Fluid	Pediatric Weaning	Neutropenic/ Pediatric Oncology
Breakfast								
Lunch								
Dinner								
Snacks								
Total per day Without VAT								
Total per day With VAT								

N.B

1. The Payments For All Patients' Menus Types Shall Be Based On The Global Average Price Per Unit Indicated Above Regardless Of The Type Of Menu Or Diet. The Price of Low Caloric Value Meals and Light Meals shall be based on the breakfast unit rate if they are between 400-600 kcal and on the snack unit rate if they are less than 350 kcal.
2. Regular private category of pricing is only applicable when a regular private menu is offered to patients in this category. The menu must have prior approval of the Dietary Division and should be in line with a special private menu.

f**B) Average Number of Meals/ Month**

Meal Category	Meal Type	Average Number of Meals/ Month
Regular	Breakfast (B)	2,350
Regular	Lunch (L)	2,400
Regular	Dinner (D)	2,200
Clear Fluid	B/L/D	450
Full Fluid	B/L/D	550
Neutropenic	Breakfast	180
Neutropenic	Lunch	180
Neutropenic	Dinner	170
Dialysis/Reg	Breakfast	800
Dialysis/Reg	Lunch	650
Dialysis/Reg	Dinner	550
Regular	Snacks	230

N.B: The above numbers represent the current opened wards.

الملحق رقم (2) تصريح / تعهد

لإشتراك في مناقصة "تقديم خدمة الطعام "

..... أنا الموقع ادناه
..... الممثل بالتوقيع عن مؤسسة/شركة
..... المتخذ لي محل اقامة
..... حي شارع ملك
..... رقم الهاتف ، مكتب فاكس ،
..... منطقه
..... ،.....

اعترف بانني اطاعت على دفتر الشروط المتضمن التعهد، الشروط الادارية والفنية الخاصة للاشتراك في هذا التلزيم التي تسلمت نسخة عنها.

وأصرح أنني وبعد الاطلاع على هذه المستندات التي لا يمكن بأي حال الادعاء بتجاهلها وعلى تفاصيل الاعمال المطلوبة، اتعهد بقبول كافة الشروط المبينة فيها وباللتقييد بها وتنفيذها كاملة دون أي نوع من انواع التحفظ او الاستدرار.

وأنني تقدمت لهذا الإلتزام للاشتراك بالمناقصة العمومية :

كما اصرح باني وضعت الاسعار وقبلت الاحكام المدرجة في دفتر الشروط هذا آخذأً بعين الاعتبار كل شروط التأمين ومتاعب تنفيذه في حال وجوده.

كما أتعهد برفع السرية المصرفية عن الحساب المصرفي الذي يودع فيه أو ينتقل إليه أي مبلغ من المال العام، وذلك لمصلحة الادارة في كل عقد من أي نوع كان، يتناول مالاً عاماً.

التاريخ

ختام وتوقيع العارض

طوابع بقيمة
خمسون ألف ليرة

المُلْحِق رقم (3)
تصريح النزاهة

عنوان الصفقة : **مناقصة عمومية** "تقديم خدمة الطعام "

الجهة المتعاقدة : مستشفى رفيق الحريري الحكومي الجامعي

اسم العارض / المفهوض / بالتوقيع عن الشركة:

إسم

نحن الموقعون أدناه نؤكّد ما يلي:

1. ليس لنا، أو لموظفيها، أو شركائنا، أو وكلائنا، أو المساهمين، أو المستشارين، أو أقاربهم، أي علاقات قد تؤدي إلى تضارب في المصالح بموضوع هذه الصفقة.
2. سنقوم بإبلاغ هيئة الشراء العام والجهة المتعاقدة في حال حصول أو اكتشاف تضارب في المصالح.
3. لم ولن نقوم، ولا أيّ من موظفيها، أو شركائنا، أو وكلائنا، أو المساهمين، أو المستشارين، أو أقاربهم، بممارسات احتيالية أو فاسدة، أو قسرية أو معرقلة في ما يخص عرضنا أو اقتراحتنا.
4. لم نقدم، ولا أيّ من شركائنا، أو وكلائنا، أو المساهمين، أو المستشارين، أو أقاربهم، على دفع أي مبالغ للعاملين، أو الشركاء، أو للموظفين المشاركون بعملية الشراء بالنيابة عن الجهة المتعاقدة، أو لأي كان.
5. في حال مخالفتنا لهذا التصريح والتعهد، لن تكون مؤهلين للمشاركة في أي صفقة عمومية أيّاً كان موضوعها ونقبل سلفاً بأي تدبير إقصاء يُؤخذ بحقنا ونتعهد بملء إرادتنا بعدم المنازعية بشأنه.

إن أي معلومات كاذبة تُعرضنا لللاحقة القضائية من قبل المراجع المختصة.

التاريخ:

الختام والتّوقيع

ملحق رقم (4)
كتاب الضمان المؤقت

مصرف: مصرف:

لجانب: مستشفى رفيق الحريري الحكومي الجامعي
الموضوع: كتاب ضمان لصالحكم بناءً لأمر السيد/شركة
وذلك كتأمين للاشتراك في مناقصة عمومية رقم 2023/ "تقديم خدمة الطعام" لمستشفى رفيق الحريري
الحكومي الجامعي.

أن مصرف مركزه الممثل
بالسيد الموقع عنه أدناه بصفته وبناءً لأمر السادة
..... (الشركة)، يتعهد بصورة شخصية غير قابلة للنقض أو الرجوع بأن يدفع نقداً وفوراً
دون أي قيد أو شرط أي مبلغ تطلبوه به حتى حدود (القيمة) وذلك عند أول طلب
منكم بموجب كتاب صادر وموقع من قبلكم دون أي موجب لبيان أسباب هذه المطالبة.

وعليه يقر مصرفنا صراحة بأن كتاب الضمان هذا قائم بذاته ومستقل كلياً عن أي إرتباط أو عقد بينكم وبين
الآمر السادة / (الشركة). وبأنه لا يحق لمصرفنا في أي حال من
الاحوال ولا في أي وقت كان أن يتذرع بأي سبب مهما كان نوعه أو شأنه أو أن يدللي بأية دفوع من أجل
الإمتاع أو تأجيل تأدية أي مبلغ قد تطلبوهنا به بالإستناد إلى كتاب الضمان هذا كما يتنازل مصرفنا مسبقاً
عن أي حق في المناقشة أو الإعتراض على طلب الدفع الذي يصدر عنكم أو عن أي مسؤول لديكم، أو
حتى أن يقبل أي إعتراض قد يصدر عن السادة / (الشركة) بشأن دفع المبلغ إليكم
بناءً لطلبكم.

يبقى كتاب الضمان هذا معمولاً به لغاية 180 يوماً من تاريخه وبنهاية المهلة يجدد مفعوله تلقائياً إلى أن
تعيدهو إلينا أو إلى أن تبلغونا خطياً إعفاءنا منه.

يخضع كتاب الضمان هذا للقوانين اللبنانية ولصلاحيات المحاكم المختصة في لبنان.

المكان والتاريخ: المكان والتاريخ:

الصفة: الصفة:

الإسم: الإسم:

التوقيع: التوقيع:

(خاتم المصرف)

المُلْحِق رقم (5)
جدول الأسعار

للإشتراك في مناقصة عمومية رقم 2023 / تقديم خدمة الطعام " لمستشفى رفيق الحريري الحكومي

الجامعي

المُلْحَق رقم (6)

نموذج التصريح عن صاحب الحق الاقتصادي

للاشتراك في مناقصة عمومية رقم 2023/14 "تقديم خدمة الطعام" لمستشفى رفيق الحريري

الحكومي الجامعي