



No:AAI/SR/M/DC/MANPOWER-BA TEST/

Date: 03.03.2021

To

**Sub: Notice Inviting Quotation (NIQ) for engagement of Medical Personnel for carrying out Breath Analyzer Examination to employees of Airports Authority of India (AAI), RHQ/SR, Chennai-reg.**

Sir/Madam,

1. Airports Authority of India (AAI), Regional Head Quarters is in the process of engaging the services of Medical Personnel for carrying out Breath Analyzer Examination for the employees working at Airports Authority of India, Air Traffic Services Complex, Chennai-27.
2. **Breath-analyser Examination** shall be conducted on AAI Employees to measure alcohol in his/her exhaled air so as to determine the concentration of alcohol in the blood. Civil Aviation Requirement lays down the procedure to be followed for the breath-analyzer examination for consumption of alcohol, of the personnel engaged in safety sensitive functions pertaining to airside operations.
3. In this connection, it is requested to confirm your willingness to provide Medical Personnel for carrying out the above said services in the premises of AAI as per schedule given below.

**Hospital / Nursing Home / Agency should quote rate for BAT services provided by them.** The Medical Personnel deployed by the Hospital / Nursing Home / Agency for the same shall be in any of the category below. Diploma (Nursing) **or** B.Sc. (Nursing) **or** Emergency Medical Technician (EMT) **or** Trained Paramedic **or** Doctor holding MBBS degree.

**4. Breath Analyzer Examination shall be carried out on all days through out the year as per schedule given below:**

- Sch-I (0700 to 0730) – Half an hour  
Sch-II (0930 to 1030) – One hour  
Sch-III (1300 to 1330) – Half an hour  
Sch-IV (1900 to 1930) – Half an hour

Note: Per Schedule 12 to 15 employees approximately.

Contd...

5. Total number of employees expected to undergo Breath Analyzer Examination per day will be approximately 48-60 employees. Timings indicated above may vary due to operational requirements and number of AAI employees may increase and the hospital / nursing home / agency shall be in a position to extend the services accordingly to meet the requirements.

The terms & conditions for providing the services of Medical Personnel is given in **Annexure-I**. In case, you are willing to provide the above said service, it is requested to submit the

- (i) Duly signed(with seal of Hospital) Terms & Conditions(Annexure-I) in all the pages;
- (ii) **Quotation in the prescribed proforma (Annexure-II)**

and send (Sr. No. (i) & (ii)) in **sealed cover superscribing "QUOTATION FOR CARRYING OUT BREATH ANALYZER EXAMINATION BY MEDICAL PERSONNEL"** to the following address on or before **19.03.2021 up to 15.00 hrs.(Friday)**.

**The General Manager(HR),  
O/o. the Regional Executive Director,  
Airports Authority of India,  
Regional Head Quarters,  
Southern Region, Meenambakkam,  
Chennai-600 027.**

6. Quotations shall be opened on the same day i.e. on **19.03.2021 (Friday) at 15.30 hrs.**

7. Quotations shall be sent **either by speed post / Registered post** to above address on or before 19.03.2021 (15.00 hrs). The quotations received through any other mode and beyond the stipulated date & time shall not be entertained.

Yours faithfully,



(S. RAVI)

Actng. General Manager(HR)  
For Regional Executive Director(SR)

Encl.:

1. Annexure-I (Terms & Conditions)
2. Annexure-II (Quotation)

**TERMS AND CONDITIONS**

**1. Breath-analyser Examination** shall be conducted on AAI Employees to measure alcohol in his/her exhaled air so as to determine the concentration of alcohol in the blood.

**2. Venue & Timings:**

Breathing Analysing Test to be carried out for AAI Employees posted at ATS Complex, Airports Authority of India, Regional Head Quarter, Southern Region, Meenambakkam, Chennai as per the following timings by the Medical Personnel and they need to be present 30 minutes before commencement of each schedule.

Sch-I (0700 to 0730) – Half an hour

Sch-II (0930 to 1030) – One hour

Sch-III (1300 to 1330) – Half an hour

Sch-IV (1900 to 1930) – Half an hour

Note: Per Schedule 12 to 15 employees approximately.

**Total number of employees expected to undergo Breath Analyzer Examination per day will be approximately 48-60 employees. Timings indicated above may vary due to operational requirements and number of AAI employees may increase and the hospital/nursing home/agency shall be in a position to extend the services accordingly to meet the requirements.**

**3. Period of engagement:**

Initially for a period of 06 months and extendable for another 03 months.

**4. Procedure for test to be carried out by Medical Personnel:**

**The hospital shall ensure and send only qualified medical personnel at all times, to carry out the breath-analyzer test.**

Medical Personnel administering BAT should be invariably provided with PPE Kit by hospital.

**“Hospital Authority / Agency need to provide UV Sterilizers for sanitising Breath Analyzer Equipments (provided by AAI), in view of present situation arising out of COVID-19”.**

Contd...

**Date:**

**Signature & Seal of Hospital/Nursing Home/Agency**

Before each test, the Medical Personnel shall run an 'air blank' on the instrument and obtain a reading of 0.000. The Medical Personnel shall also carry out a control test on daily basis and keep a record of printout to ensure serviceability of both the breath-analyzer equipment and the printer. Any BA reading during examination of a personnel above 0.000 shall be considered as positive result. Accurate digital value up to three decimal to be recorded as reading.

Breath-analyzer examination record shall be maintained as per the format given in Appendix I and Appendix II (Copy enclosed). After carrying out the test, the Medical Personnel shall hand over the same to O/o. the General Manger(ATM)-Chennai, ATS Complex or the Officer authorized on his behalf.

If the breath-analyzer examination result is positive, a repeat test shall be carried out after an interval of maximum 15-20 minutes. During this time, the subject personnel may be permitted to wash his face and rinse his mouth, if desired. Before the second test is carried out, a control test must be taken with the same equipment to verify the serviceability and correctness of the breath-analyzer. Both the readings so obtained shall be recorded and print out taken. The second test shall be carried out in the presence of a witness as designated by the organisation, who shall countersign the test report.

The make, serial number and calibration status of the breath-analyzer shall be recorded in the event a personnel is detected positive for alcohol consumption. Under no circumstances, third test shall be conducted. If the second test is satisfactory, the concerned personnel may be cleared for duty. All the breath-analyzer examination positive /refusal /cleared cases shall be promptly reported to the O/o. The General Manager(ATM)-Chennai located in same ATS Complex immediately.

#### **5. Notice of Termination:**

The services being provided is a mandatory requirement to be complied by AAI in order to provide safe Air Traffic Services. Therefore, in the event of hospital is not able to provide the services for reasons whatsoever, a minimum three months notice shall be given by the hospital to AAI management to make alternate arrangements.

**6.** (a)The services being provided are very sensitive in nature. In case the services provided by the hospital are not satisfactory or if any deficiency in service noticed on the part of hospital, AAI will bring it to the notice of the hospital for taking corrective action immediately. However, if such non-performance or deficiency in service persists, then AAI shall have the liberty to terminate the services by giving one month notice in addition to other action as deemed fit.

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**Date:**

**Signature & Seal of Hospital/Nursing Home/Agency**

(b) A Penalty of Rs.1000/- per shift shall be imposed on the Hospital/Nursing Home/Agency for non-reporting of personnel.

**7.** Since the services to be provided is inside the operational area (restricted area) of Airport premises, the security norms prescribed by the Bureau of Civil Aviation Security (BCAS) shall be complied by the hospital in respect of medical personnel engaged for the said purpose.

**8.** In view of the fact that the services to be provided by the Hospital to AAI is for longer duration, the Hospital shall ensure that the Medical Personnel sent by them are not changed frequently since this involves Police verification of the respective Medical Personnel to be done by the Hospital, issue of Aerodrome Entry Pass (AEP) by Bureau of Civil Aviation Security(BCAS) after recommendation from AAI. The responsibility for obtaining e-sahaj registration for issue of Pass lies with hospital only. The responsibility of obtaining Airport Entry Pass (AEP) for the medical personnel lies with hospital/agency only.

**9.** The medical personnel being engaged by the hospital shall maintain confidentiality in respect of services provided in AAI premises.

**10.** The Hospital/Nursing Home/Agency should nominate an Official from their side to ensure proper coordination with AAI to deal all the matters connected to the said services.

### **11. Payment Terms**

The Hospital shall keep a record of total of number AAI Personnel undergone Breath Analyzer Examination and consolidated bill for the month shall be raised in the name of Airports Authority of India and send the same to the General Manager(ATM)-Chennai on or before 05<sup>th</sup> of every month i.e. for the month March 2021, the same shall be sent on or before 05.04.2021.

100% payment shall be made by AAI within 15<sup>th</sup> of every month for the preceding month.

**Date:**                      **Signature & Seal of Hospital/Nursing Home/Agency**

## QUOTATION

S. No.	Description	Breath Analyzer Examination to AAI Employees by the Hospital / Nursing Home / Agency through Medical Personnel. <b>Rate (Rs.)</b>
1.	<p>To carry out Breath Analyzer Examination employees working at Airports Authority of India, Air Traffic Services Complex (ATS), Chennai-27 as per schedule of timings given below:</p> <p>Sch-I (0700 to 0730) – Half an hour            Sch-II (0930 to 1030) – One hour            Sch-III (1300 to 1330) – Half an hour            Sch-IV (1900 to 1930) – Half an hour</p> <p>Note: Per Schedule 12 to 15 employees approximately.</p>	<p>_____</p> <p>(a)</p>
2	GST @ %	<p>_____</p> <p>(b)</p>

**Note:**

1. Rate shall be quoted by the Hospital per **Month**. Base price which is **excluding** of GST will be take into account in order to finalised the lowest quote. GST shall be mentioned separately by the applicant.
2. Hospital / Nursing Home / Agency should quote rate for services provided by them **irrespective of level of medical personnel to be deployed**.
3. The Medical Personnel deployed by the Hospital / Nursing Home / Agency for the same shall be in any of the category i.e. Diploma (Nursing) **or** B.Sc. (Nursing) **or** Emergency Medical Technician (EMT) **or** Trained Paramedic or Doctor holding MBBS degree.
4. Room with Breath Analyzer Equipment, Computer and IT infrastructure will be provided by AAI.
5. Transportation of Medical Personnel for all the shifts shall be arranged by Hospital Authorities only. Medical Personnel administering BAT should be invariably provided with PPE Kit by hospital.
6. Hospital Authority /Nursing Home / Agency need to provide UV Sterilizers for sanitising Breath Analyzer Equipments (provided by AAI), in view of present situation arising out of COVID-19
7. Please see detailed Terms & Conditions (Annexure-I) to be signed (with seal) in all pages.

Date:

Signature &amp; Seal of the Hospital/Nursing Home/Agency

**AIRPORTS AUTHORITY OF INDIA,**  
**ATS COMPLX, RHQ/SR, CHENNAI**  
**MEDICAL EXAMINATION FOR ALCOHOL**

Sl. No. ....

**To be filled by Person undergoing the BA test (in Capital Letters)**

I hereby report for the duty

Name .....Job Function/designation. ....

License No./Approval No. if Applicable .....

Emp. No. .... Place ..... Date .....

Time of Reporting .....

Signature .....

**To be filled up by the Medical Personnel**

1. Breath-analyzer Result      Negative/Positive

(Reading to be indicated in writing)

1. If found positive the result of first test:

.....

.....%BAC at.....hrs

1. Result of second test at.... hrs      .....%BAC

1. Sr No. of BA Equipment used .....

Remarks:      He/she is not under/under the influence of alcohol at present.

Signature of Witness Name and Designation	Signature/Name of Medical Personnel
Date/Time .....	Date/Time .....

