

PERFORMANCE WORK STATEMENT NUTRITION CARE FOOD SERVICES

- 1.1. **GENERAL.** This is a non-personal services contract to provide meals to meet the special nutritional needs of patients, service members and other customers within the hospitals of the Military Health System (MHS). Contractor's employees are not subject, either by the contract terms or by the manner of its administration, to the supervision and control usually prevailing in relationships between the government and its employees. Such employees shall be accountable solely to the contractor who in turn is responsible to the government.
- 1.2. **BACKGROUND.** The Defense Health Agency (DHA) currently provides health care services worldwide to qualified military, family members, and retirees through a network of military treatment facilities (MTFs). Section 702 of the FY17 National Defense Authorization Act (NDAA) established the Defense Health Agency (DHA) as responsible for administration of the military medical treatment facilities (MTFs) starting on 1 October 2018. DHA policies and procedures do and will control operations at these MTFs as they are issued. A vital part of health care services is the delivery of nutrition care food services in these facilities primarily focused on meeting therapeutic nutritional requirements of patients. Therapeutic diets are medically prescribed by physicians as a mode of treatment for acute and chronic diseases and medical conditions.
- 1.3. **SCOPE OF WORK.** The contractor shall provide qualified labor and management necessary to perform nutrition care food management, supervisory, technical, administrative, and clerical services at locations identified at contract paragraph 1.5. This support will focus primarily on the following areas: dining facility management functions, therapeutic food preparation, patient tray assembly and delivery service, Registered Dietitian therapeutic nutrition training, facility sanitation, janitorial duties as it relates to the services being provided, and the associated logistics analysis and management functions in support of the Nutrition Care Divisions at each location.
 - 1.3.1. The contractor shall provide patient food services and non-patient food services. This includes but not limited to assisting with requisitioning (eg, identifying needed items), receiving, storing, preparing, and serving of food within dining room, patient rooms, and Grab and Gos. In addition, non-food services support, which includes: training (Section 5.7.7), cash collection, sanitation, supply, inspections, reports, and attending meetings.
 - 1.3.2. The contractor shall comply with all applicable laws, rules, and regulations, including but not limited to those listed in paragraph 5.9 of the contract.
- 1.4. **CONCEPT OF OPERATIONS.** The contractor shall prepare and provide meals to meet the special nutritional needs of sick and injured patients, service members and other customers working, visiting, and/or residing within the MTFs. Menus shall be provided by the Government. See Exhibit H, Contract Site Annual Historical Workload, for magnitude of work. Updating this with current data for Exhibit H.
 - 1.4.1. Patient Room Service. The Army MTFs use a Patient Tray Service concept called Patient Room Service.
 - 1.4.1.1. As defined in section 2.2.12, Patient Room Service differs from traditional Patient Tray Service. Meals are prepared on demand based on menu design, locally established par levels, and equipment capabilities.
 - 1.4.1.2. Orders may be placed at any time between the hours of 0600-0900 and 1030-1730. The Government will collect patient orders, prepare meal tickets in accordance with (IAW) the patients' prescribed diet orders, and submit meal tickets to the contractor for tray preparation. The contractor is not required to directly interface with, update, or pull reports from the Government's clinical diet office software (e.g., CBORD, Computrition).
 - 1.4.1.3. Each meal is made, checked for accuracy and compliance with prescribed diet and patient

safety guidance, and delivered at the time of order, as defined in section 2.2.12.

1.4.1.4. Patient Room Service involves multiple trips to the wards during meal periods.

1.4.2. Making It Fresh Concept. The MTFs use the Making It Fresh concept in all new or newly renovated kitchens, to include future renovations. Unlike traditional foodservice designs, this concept requires much of the food to be prepared on-demand in front of the customers rather than bulk cooking back in the kitchen. Typically, there are fewer self-service stations and more manned feeding stations than in traditional dining rooms. This concept is used at Fort Irwin, Fort Riley, Fort Stewart and Fort Leonard Wood.

1.4.2.1. The Making It Fresh venue themes may rotate to provide variety of offerings, but the number of stations is intended to remain constant.

1.4.3. Grab and Go. The Grab and Go concept is used throughout the MTFs. As defined in section 2.2.8. Grab and Go may be served in the dining room and/or from a mobile cart or a small structure or room within the MTF that is easily accessible to the hospital patrons.

1.4.3.1. Grab and Go items are assembled in bulk, replenished IAW locally established par levels and readily available for purchase.

1.5. PLACE OF PERFORMANCE.

<u>LOCATION</u>	<u>FACILITY</u>
West Point, NY	Keller Army Community Hospital (KACH)
Fort Stewart, GA	Winn Army Community Hospital (WACH)
Fort Leonard Wood, MO	General Leonard Wood Community Hospital (GLWCH)
Fort Riley, KS	Irwin Army Community Hospital (IACH)
Fort Irwin, CA	Weed Army Community Hospital (WACH)

1.6. **HOURS OF OPERATION AND LEVEL OF FOOD SERVICE PER LOCATION.** The hours of operation and level of food service for each MTF is listed in Technical Exhibit B, Hours of Operation and Level of Food Service Description.

1.6.1. FEDERAL HOLIDAYS. Federal Holidays are listed below for information purposes.

HOLIDAY	DATE
New Year's Day	January 1
M.L. King's Birthday	Third Monday in January
President's Day	Third Monday in February
Memorial Day	Last Monday in May
Juneteenth	June 19
Independence Day	July 4
Labor Day	First Monday in September
Columbus Day	Second Monday in October
Veterans Day	November 11
Thanksgiving Day	Fourth Thursday in November
Christmas Day	December 25

- 1.6.2. Training holidays may be declared or revoked for military personnel at the discretion of each MTF Commander. Training **holidays are not** considered holidays for Department of Defense civilians or contractors, but often liberal leave approval is encouraged. Due to the reduced feeding mission on training holidays the local Chief, Nutritional Medicine (C, NM), or the Non-Commissioned Officer In Charge (NCOIC) may choose to limit offerings, but hours of operation will be in effect as outlined in Technical Exhibit B.

1.7. **SECURITY REQUIREMENTS.** The contractor shall be responsible for the security of all military and patient information.

- 1.7.1. Neither the contractor nor any of its employees shall disclose or cause to disseminate any information concerning operations of military activities. Such action(s) could result in violation of the contract and possible legal actions.
- 1.7.2. All issues, complaints and resolutions, shall be reported to the Contracting Officer's Representative (COR) and the Contracting Officer (CO), within 48 hours.
- 1.7.3. The contractor shall only conduct business with designated government personnel listed as points of contact (POCs). Names of authorized personnel will be provided to the contractor by the government, in writing, within three days after contract award, and will be updated as necessary throughout the contract period. See Exhibit D – Key Employees
- 1.7.4. U.S. Government records, copies of original results and reports, verified original data, corrected data, and corrected supporting final reports are maintained by the contractor, but remain the property of the U.S. Government. These files/results must be surrendered to the COR at the end of the contract.

1.8. **PHYSICAL SECURITY.** The contractor shall safeguard all government equipment, information, and property provided for contractor use.

1.9. **KEY CONTROL.** The contractor shall ensure keys and key cards issued to its employees are not lost or misplaced and are not used by unauthorized persons. The contractor shall develop written procedures covering key control no later than seven (7) calendar days after contract start date. Such procedures shall include turn-in of any issued keys by personnel who no longer require access to work areas. The contractor shall immediately report, no later than one (1) hour after discovery, to the NCOIC, or Government designee, COR and CO any occurrences of lost keys. The contractor shall not duplicate government-issued keys.

- 1.9.1. If the contractor loses keys, other than master keys, the government may replace or re-key the affected locks and deduct the cost of such remediation from the monthly payment due the contractor. If the contractor loses a master key, the government may replace all locks and keys for that master key system and deduct the replacement costs from the monthly payment due the contractor.
- 1.9.2. The contractor shall prohibit the use of government issued keys/key cards by any persons other than the contractor's employees. The contractor shall prohibit the opening of locked areas by contractor employees to permit entrance of persons other than contractor employees engaged in the performance of assigned work in those areas, or personnel authorized entrance by the Nutritional Medicine NCOIC or on duty Government supervisor.
- 1.9.3. Lock Combinations. The contractor shall ensure that lock combinations are not revealed to unauthorized persons. The contractor shall ensure that lock combinations are changed when personnel having access to the combinations no longer have a need to know such combinations.

1.10. **ACCESS AND GENERAL PROTECTION/SECURITY POLICY AND PROCEDURES**
INSTALLATION ACCESS

- 1.10.1. The contractor shall comply with agency personal identity verification procedures that implement Homeland Security Presidential Directive-12 (HSPD-12), Office of Management and Budget (OMB) guidance M-05-24, and Federal Information Processing Standards Publication (FIPS PUB) Number 201.
- 1.10.2. The Contractor shall conduct their own initial personnel background investigations and annual revalidation background checks IAW their company's internal human resource management procedures to ensure candidates for positions under this contract are and remain suitable to perform on Federal installations and are free of derogatory histories that will result in disqualifying findings. The Contractor shall provide the COR and Government Designee of each performance location a letter for each individual that will be performing Nutrition Care services under this contract attesting to the completion of the background check and a copy of the results before the Government will proceed with granting/renewing base access or conducting additional Government investigations for on-site management personnel.
- 1.10.3. Contractor and all associated subcontractor employees shall provide all information required for background checks to meet installation access requirements to be accomplished by the installation Provost Marshal Office, Director of Emergency Services, or Security Office, NLT 14 calendar days prior to commencement of services. Each installation has its own processes and procedures as related to allowing interim/short-term access while undergoing full background check. Contractor workforce must comply with all personal identity verification requirements (CFR clause 52.204-9, Personal Identity Verification of Contract Personnel) as directed by DoD, HQDA and/or local policy. In addition to the changes otherwise authorized by the changes clause of this contract, should the Force Protection Condition (FPCON) at any individual facility or installation change, the Government may require changes in contractor security matters or processes.
- 1.10.4. For contractors requiring CAC. Before CAC issuance, the contractor employee requires, at a minimum, a favorably adjudicated National Agency Check with Inquiries (NACI) or an equivalent or higher investigation in accordance with Army Directive 2014-05. The contractor employee will be issued a CAC only if duties involve one of the following: (1) both physical access to a DoD facility and access, via logon, to DoD networks on-site or remotely; (2) remote access, via logon, to a DoD network using DoD-approved remote access procedures; or (3) physical access to multiple DoD facilities or multiple non-DoD federally controlled facilities on behalf of the DoD on a recurring basis for a period of 6 months or more. At the discretion of the sponsoring activity, an initial CAC may be issued based on a favorable review of the FBI fingerprint check and a successfully scheduled NACI at the Office of Personnel Management.
- 1.10.5. For contractors that do not require CAC, but require access to a DoD facility or installation. Contractor and all associated subcontractor employees shall comply with adjudication standards and procedures using the National Crime Information Center Interstate Identification Index (NCIC-III) and Terrorist Screening Database (Army Directive 2014-05/AR 190-13); applicable installation, facility and area commander installation and facility access and local security policies and procedures (provided by Government representative); or, at OCONUS locations, in accordance with status-of-forces agreements and other theater regulations.
- 1.10.6. The contractor shall comply with agency personal identity verification procedures in all subcontracts when the subcontractor is required to have physical access to a federally controlled facility or access to a Federal information system.
- 1.10.7. The contractor shall ensure compliance with the provisions set forth below and the government will designate a Trusted Agent (TA) for this contract.
- 1.10.8. The contractor is responsible for absences of its employees due to expired identification and access documents. Such absences shall not relieve the contractor of its obligation to perform

the services required under this contract.

- 1.10.9. Contract Personnel (CP) shall not begin physical performance at the location until the required forms have been completed, accepted by the Government and processed by the Office of Primary Responsibility (OPR) primary responsibility or full adjudication of the security investigation is complete. The Government will not begin the investigation process until all forms are received and accepted.
- 1.10.10. The Contractor shall advise their CP that a favorable investigation result is required as a condition of employment under this contract. If a background investigation results in an unfavorable finding, the Government will not grant access to the performance location, and/or Government computer systems. Thus, the contractor personnel will not be able to perform services.
- 1.10.11. While the MTF commander may allow CP temporary or interim access to the base, performance location and Government computer systems, pending the outcome of the investigation, immediate contractor personnel removal will occur if the fingerprint check is returned with unfavorable findings and/or investigation results are unfavorable. In addition, the Government will immediately suspend computer access if the investigation is returned with an adjudication of "unfavorable." The MTF/organizational commander will determine whether to allow the CP to continue in the position or deny base and computer access which will mandate removal from the position.
- 1.10.12. The Contractor is responsible for absences of CP due to expired identification and access documents. Such absences shall not relieve the Contractor of its obligation to perform the services required under this contract.
- 1.10.13. Contractor on-site management personnel such as the Site Supervisors, Shift Leaders and Material Handler Supervisor will require a CAC and Government computer system access to unclassified information; therefore, the Government will conduct a Tier 1 background investigation and fingerprint check. A favorable suitability determination is required for ongoing access to the CAC and Government IT systems.
- 1.10.14. The Contractor shall provide the letter and company background investigation results as stated above in Paragraph 1.10.2. and ensure contractor's on-site management personnel complete an accurate Standard Form (SF) 85, Questionnaire for Non-Sensitive Positions or other requested documentation to the performance location security office for processing.
- 1.10.15. The Government will schedule the contract personnel for fingerprinting according to performance location procedures. Fingerprints may be obtained by use of Secure Web Fingerprint Transmission (SWFT) machines or physically captured using SF87 or FD258 cards and remain valid for 120 calendar days.
- 1.10.16. Upon approval of the application, the contractor's on-site management personnel will receive an e-mail stating the Common Access Card (CAC) application was approved. The applicant must then go to a Real-Time Automated Personnel Identification System (RAPIDS) Issuing Facility to have the Government credential issued. The contractor's on-site management personnel must present two acceptable forms of ID which may include: Driver's License, Military ID, Contractor Company ID with picture and expiration date, charge card with picture imprinted, or passport.
- 1.10.17. The Government will sponsor the contractor's on-site management personnel for a Defense Enterprise Email Online (DEE) account once the security investigation is initiated, a CAC is issued, and the COR and performance location systems office received the DD Form 2875 System Authorization Access Request (SAAR). The DEE will be discontinued by the Government when the worker no longer requires access.

- 1.10.18. *In-processing Requirements.* The contractor's employees are prohibited from performing services under this contract absent compliance with the in-processing requirements set forth below.
- 1.10.19. The COR or designee will sponsor the contract employees for a Joint Knowledge Online (JKO) account. All contractor employees e-mail addresses will identify them as a contractor and use the format firstname.lastname.ctr@health.mil. The JKO will be discontinued by the government when the contractor or its employees no longer require access.
- 1.10.20. The government TA will send a notice through the Trusted Associated Sponsorship (TASS) to the JKO e-mail address provided IAW the above requirement. The contractor's user ID and password will be provided in the e-mail and will require a change at first log-in. In the event the e-mail message is not received, the contractor may request the username and password from the TA and proceed to the website <https://tass.dmdc.osd.mil/tass> to complete the process.
- 1.10.21. The contractor shall log into the TASS and complete the verification process by submitting the application back to the TA for approval.
- 1.10.22. The application will be accepted, returned, or rejected by the TA. Notice as to whether the application has been accepted, returned, or rejected will be provided to the Contractor's e-mail address within 48 hours after submission. If the application is returned or rejected, the contractor shall contact the TA and comply with the TA's guidance to attempt to correct and resolve the issue(s).
- 1.10.23. Upon approval of the application, the contractor will receive an e-mail stating the Common Access Card (CAC) application was approved. The applicant must then go to a RAPIDS Issuing Facility to have the government credential issued. The contractor must present two acceptable forms of ID which may include: Driver's License, Military ID, Contractor Company ID with picture and expiration date, charge card with picture imprinted, or passport.
- 1.10.24. Revalidation Requirements. The TA is required to revalidate all contractors, in the TASS, every 6 months. In the event revalidation is denied, the CAC credentials shall be revoked, and the CAC will not be useable to log in.
- 1.10.25. Out-processing Requirements. When a contractor's performance under this contract ceases, the contractor shall personally bring the CAC to the TA and complete the DD Form 2962. The TA will revoke the CAC from the TASS.
- 1.11. **QUALITY CONTROL PLAN (QC).** Within 60 calendar days after contract award, the contractor shall submit and implement a QC Plan that is reviewed and approved by the COR on an annual, or as changes are made, basis. The contractor's quality control program shall reflect statistically valid industry methodologies used to establish quality control and/or process improvement (PI) methods. The methods used will provide quality data captured, analyzed, and used to identify trends; action(s) taken in response to these trends and other reports appropriate for this industry and as required by the COR.
- 1.11.1. The plan shall include, as a minimum: (1) an inspection system, (2) training plan, (3) cleaning schedule using alternative procedures listed in TB MED 530/NAVMED P-5010-1/AFMAN 48-147 IP Tri-Service Food Code (TB MED 530-TSFC), See Exhibit L, (4) methods for identifying and preventing deficiencies, (5) processes for implementing corrective actions, (6) proposed complaint feedback system, and (7) identification of inspection records used for report.
- 1.11.2. Contractor QC reports, including updates, shall be provided to the Nutritional Medicine NCOIC, or Government designee, and the COR on an as requested basis.

- 1.11.3. The contractor shall submit a quarterly consolidated report summarizing QC results to the COR and CO on a quarterly basis.
- 1.11.4. The contractor shall coordinate a meeting with the DHA Nutrition Program Manager no less than once each year to provide an update on QC results and patient and customer satisfaction levels. This meeting may be conducted face-to-face, via teleconference and, or video conferencing.
- 1.12. **QUALITY ASSURANCE (QA).** The Nutritional Medicine NCOIC or Government designee will have access to, and routinely perform QA to verify performance IAW the contract Performance Requirements Summary (PRS), Exhibit A.
 - 1.12.1. The Nutritional Medicine NCOIC or Government designee will record observations and maintain a file of all inspection results. All QA inspections will be performed IAW the methods identified with the Quality Assurance Surveillance Plan (QASP) and IAW the QC plan provided by Contractor Personnel (CP).
 - 1.12.2. The government may routinely request random sampling of documents, files, or other information to ensure quality as outlined in the QASP. The government also reserves the right to conduct field observations and inspections at any time.
- 1.13. **GOVERNMENT POINT OF CONTACT (POC).** The Contracting Officer (CO) or his/her designated representative will be the point the contact concerning administration and performance of the contract. Designation of government personnel Contracting Officer Representatives (COR) and Alternate COR and their limitations will be delineated in writing by the contracting activity. The COR will be designated on official letterhead appointment signed by the appropriate Contracting Officer. The COR monitors all aspects of the contract and assists in contract administration. A letter of designation issued to the COR, a copy of which is sent to the contractor, states the responsibilities and limitations of the COR, especially with regard to changes in cost or price, estimates or changes in delivery dates.
 - 1.13.1. Nutrition Program Manager: is the Government leader who sets policies and standards and provides overall leadership for nutrition services throughout the DHA.
 - 1.13.2. Chief, Nutritional Medicine (C, NM): is used to identify the person who provides overall leadership and guidance to the Nutritional Medicine (NM) at each location. Each MTF may have slightly differing organizational structure and Key Personnel, however all have a government leader designated as being in charge of the NM.
 - 1.13.3. MTF's have a government leader responsible for supervising and managing activities in the NM. The term NCOIC will be used to identify this position.
 - 1.13.4. Additionally, MTFs may have other government personnel responsible for performing QA, menu development and other foodservice administrative duties. The term designee will be used to identify these position(s).
- 1.14. **IDENTIFICATION OF PRIVACY ACT.** This contract requires the development of a system of records in accordance with the Privacy Act of 1974.
- 1.15. **EMPLOYEE CONDUCT, BEHAVIOR, AND ETHICS.** The contractor employees shall comply with all applicable Government regulations, policies and procedures. The contractor shall ensure all personnel employed under this contract conform to conduct regulations contained in Contractor Code of Business Ethics and Conduct, FAR 52.203-13. The government may direct the contractor remove any contractor employee from the government premises in accordance with the authority of the Installation Commander. Removal does not relieve the contractor of the responsibility to continue providing the services required under the contract.

- 1.15.1. The contractor is responsible for the conduct of its employees and shall take prompt, reasonable, and appropriate disciplinary action against employees for misconduct. The removal from, or barring of, a contractor employee from a location shall not relieve the contractor of its obligation to perform all work contained within this PWS. Contractor personnel will be denied access to, removed from, and/or barred from locations when their presence is determined by the Government to be detrimental to the security, health, welfare, or well-being of persons. The Government reserves the right to require removal of contractor personnel whose activity, on or off location, endangers persons or property, or contractor personnel whose presence at the location(s) presents an unacceptable risk to health and security.

1.16. **PHASE-IN/PHASE-OUT PERIOD.** There will be a sixty (60) day phase-in period if necessary.

- 1.16.1. The contractor shall provide a written phase-in plan. The Plan shall identify, as a minimum: (1) a schedule for implementation of services; (2) describe specific approaches to a seamless phase-in of current operations and workloads; (3) identify recruiting plan to ensure sufficient staffing to provide uninterrupted services during the transition of services; (4) identify training to be conducted during phase-in to meet full performance requirements and to organize, plan, recruit personnel, train, mobilize, develop policies and procedures, and accomplish all administrative actions necessary to commence services on the performance start date.

- 1.16.2. During the phase-in period the contractor will be provided access to the facilities to familiarize the contractor Project Manager (PM), supervisors, key personnel and other staff with the operation of the Nutritional Medicine mission, equipment, and reporting processes, work scheduling and MTF/Clinic procedures; and to perform joint property inventory. To preclude any interference with current operations, the contractor shall coordinate the date and time for access to each facility with the C, NM and/or NCOIC at each location no later than 5 working days prior to visit and/or establishing occupancy.

- 1.16.3. Phase-Out. Phase out shall be applicable only if the incumbent is not awarded the follow-on contract. Any necessary phase-out effort shall occur during the performance period of this contract and is included in the cost of this contract.

- 1.16.3.1. The contractor recognizes that the services provided under this contract are vital to the government's overall effort, that continuity thereof must be maintained at a consistently high level without interruption, that upon expiration of this contract, a successor – either the government or another contractor – may continue these services, that the successor, be it the government or another contractor, will need phase-in training, and that the contractor must give his best efforts and cooperation in order to effect an orderly and efficient transition to a successor.

1.17. **PERFORMANCE EVALUATION MEETINGS.** The contractor's PM, contractor MTF Site Supervisor, COR, MTF Chief NM and/or NCOIC at each location will meet weekly during the transition period and for the first three months of contract performance to discuss any issues or concerns that may be encountered during transition or performance. Based upon the Government's assessment during this period, the frequency of subsequent performance evaluation meetings may be adjusted by the COR to a monthly basis.

- 1.17.1. Monthly meetings will be coordinated with the contractor's PM and the COR, and will be scheduled by the government. These performance evaluation meetings may be conducted face-to-face, via teleconference and/or video conferencing.

1.18. **PERSONAL APPEARANCE.** The contractor shall follow the requirements for health, personal hygiene, and uniforms IAW the regulatory guidance in TB MED 530-TSFC (Exhibit L) and state local policies for contractor employees. The Contractor (to include subcontractors) shall wear and display an Identification

(ID) Badge. Each Contractor (to include subcontractors) employee shall wear the ID Badge in a conspicuous place on the front of exterior clothing and above the waist except when safety or health reasons prohibit. Contractor employees that have not been issued an identification badge shall coordinate with the COR or designee to obtain appropriate security clearance. The Contractor shall ensure employees wear a uniform approved by the Government. The Contractor shall submit uniforms to the COR 10 days after the award to determine acceptability.

1.19. HEALTH REQUIREMENT AND SAFETY.

1.19.1. SAFETY REQUIREMENTS AND HEALTH REQUIREMENTS-

The Contractor shall comply with all health requirements in the contract. At least 10 calendar days prior to start of work at the performance location, but no more than 60 calendar days, the Contractor shall provide documentation certifying health requirements such as immunizations, annual vaccinations, medical testing (i.e., tuberculosis) and physical examination, issued by a source approved by the State, at the time of initial placement and annually thereafter for all CP as required in the contract. The expense for all health requirements, to include monitoring and tracking annual requirements, shall be borne by the Contractor at no additional cost to the Government. The contractor shall maintain safety and health standards compliant with requirements of the Occupational Safety and Health Administration (OSHA).

1.19.2. The contractor is responsible for providing all occupational health examinations and immunizations for CP and shall comply with all required personal health standards consistent with the work environment, the local MTF Occupational Health Department, and TB MED 530-TSFC for physical examinations and immunization requirements. For the Government, the contracting officer/COR is responsible for ensuring all CP occupational health physical examinations and immunizations are completed, up-to-date, and documented prior to starting work.

1.19.3. Immunizations. The Contractor shall ensure CP are immunized annually with the seasonal influenza vaccine and any other vaccine recommended by the Advisory committee on Immunization Practice (ACIP) of the CDC or service/MTF specific guidance as outlined in DoDI 6205.02, DoD Immunization Program (Change 2, 6/28/2025), OSD001649-23, and AR 40-562/Bureau of Medicine and Surgery Instruction 6230.15B/Air Force Instruction (AFI) 48-110_IP/Coast Guard Commandant Instruction M6230.4G, Immunizations and Chemoprophylaxis for the Prevention of Infectious Diseases (7 October 2013). The annual influenza vaccine may be provided by the Government, if available, as determined by the MTF and included in the contract PWS. If CP chose to be immunized by the Government, the CP shall sign a waiver releasing the Government from the legal liability IAW local procedures and policies. Alternately, the CP may obtain the vaccine at another facility, at no cost to the Government, and provide proof of vaccination to the Government. If the CP declines vaccination, a signed declination form will be provided to the COR IAW CDC recommendations and MTF policy. The CP is required to have complete and up-to-date immunization against the following diseases:

1.19.3.1. Influenza (annual requirement).

1.19.3.2. Measles, Mumps, Rubella, (MMR).

1.19.3.3. Hepatitis A.

1.19.3.4. Hepatitis B.

1.19.3.5. Varicella.

1.19.3.6. Diphtheria-Tetanus. The contractor is required to have a Diphtheria-Tetanus immunization within the past 10 years and a one-time vaccination of the Tetanus-Diphtheria-Pertussis (TDAP).

1.19.4. Tuberculosis. In those areas where there is a higher risk of transmission of tuberculosis, MTF policy may direct CP be tested more frequently at no cost to the Government. The Contractor shall ensure CP receive targeted screening and testing IAW CDC Guidelines for

Health Care Settings and U.S. Army MEDCOM Regulation 40-64, Tuberculosis (TB) Surveillance and Control Program at Contractor expense and submitting timely records of subsequent screening or testing to the COR.

- 1.19.5. Immunization Tracking. The Contractor shall maintain their own process and system of tracking the currency of health immunizations and shall not rely on the Government for ensuring their employees are in compliance.
- 1.19.6. Contractor shall validate all the Contractor employee's annual vaccines with the COR on an annual basis. Certificates shall be turned in to the contractor Site Supervisor within five (5) days of each employee receiving certificates. Certificates shall be maintained by the contractor Site Supervisor.
- 1.19.7. The contractor shall forward current immunization records for all contractors within 5 calendar days of any Government (i.e., COR) request.
- 1.19.8. If any of the annual immunizations and tests set forth have not been completed, the contractor shall issue a certificate to the contractor Site Supervisor who would then provide it to the COR within (5) days of the contractor employee receiving the certificates. Evidence of immunizations and tests that have been completed or started and a schedule for the completion of unfinished immunizations and lab tests will be included. After the schedule is completed, the contractor must provide an updated and complete certificate to the contractor Site Supervisor who would then provide it to the COR.
- 1.19.9. Medical Tests. The MTF will not perform any medical tests or procedures required by the contract for non-beneficiaries except in the rare case of post-exposure IAW DoD regulations and CDC guidelines or recommendations.
- 1.19.10. Health Notifications. The Contractor shall notify the Government of health issues or hazards identified in their Safety Program. The Government may also notify the Contractor management staff of known work hazards. If work hazards exist, it will be the Government's decision whether the CP continue work in the environment and/or if temporary accommodations will be made.
- 1.19.11. The Contractor, in coordination with the COR, the Nutritional Medicine NCOIC and/or on-duty Government Site Supervisor, and the MTF Occupational Health Department, shall immediately remove Contractor personnel identified or suspected as infectious to patients or staff following a Government assessment and IAW CDC, federal, state or local health department guidelines. The Contractor shall present a medical release or certification to return to work to the contractor Site Supervisor, the Nutritional Medicine NCOIC and/or on-duty Government Site Supervisor, and the COR prior to placing the CP on the schedule.
- 1.19.12. The MTF will provide emergency treatment to prevent the loss of life, limb, or undue suffering to the contractor injured in the performance of duties while working at the facility. The contractor shall pay for medical services provided IAW current policies regarding civilian emergencies for government/contractor personnel. Required medical examinations and treatment for all job-related injuries or illness shall be the responsibility of the contractor.
- 1.19.13. The contractor shall report all accidents to the Nutritional Medicine NCOIC and/or on-duty Government Site Supervisor within one hour of occurrence. The NCOIC/Government Site Supervisor will provide specific guidance as to any form(s) that need to be completed, and actions required. The contractor shall ensure its employees comply with the MTF Occupational Health and local infection control regulations.
- 1.19.14. SAFETY EQUIPMENT. The contractor shall ensure that their employees are provided task specific Personal Protective Equipment (PPE). The PPE includes, but is not limited to safety

shoes, hearing protection, heat resistant gloves, and eye protection. The contractor shall utilize PPE as appropriate.

- 1.20. **AUDITS AND INSPECTIONS.** The contractor shall cooperate fully with US Government and other inspection teams and auditors reviewing NM activities. The contractor shall not be relieved of responsibility for performing under the contract because of inspections or audits.

1.21. **CONTINGENCY PLAN.**

- 1.21.1. The contractor shall address, in detail, its procedures, personnel, and the means to accomplish mission requirements without delay in the event of sudden or unusual events that could impact the contractor's performance and contract requirements such as, but not limited to mobilization, terrorism, natural disaster, utility outages, or labor disputes. The Government will not supplement the contractor's work force, but will be responsible for securing food during any unusual event. The contractor shall ensure personnel required to accomplish tasks designated as 'mission essential personnel' report to assigned work locations (or Government Continuity of Operations Plan (COOP) designated facilities) and perform required tasks, regardless of weather or security conditions. Government will identify tasks qualifying performers as essential personnel as applicable with the contractor providing a list of essential personnel required to perform those tasks to the NCOIC, or Government designee. The NCOIC, or Government designee will be responsible for providing Government security personnel with a list of contractors 'mission essential personnel' to enable access to Government facilities when 'non-essential' personnel are barred. Contractor will operate in accordance with DoDI 1100.22, 'Continuation of Essential DoD Contractor Services during Crisis'. The contractor shall include a strike contingency plan as part of its Plan in accordance with FAR Clause 52.222.1, Notice of Labor Disputes. The contractor shall provide the COR and NM NCOIC, or Government designee for each location a documented contingency plan.

- 1.21.2. The contractor's PM and Site Supervisors' management roles are considered critical to the successful performance of this contract. Therefore, prior to replacing any of the contractor's key personnel the contractor shall provide written notice to the contracting officer and the COR. The advance notice shall detail the proposed changes and demonstrate that the qualifications of the proposed substitute personnel are generally equivalent to or better than the qualifications of the personnel being replaced.

- 1.22. **PERSONNEL.** The contractor shall provide experienced and qualified managerial, supervisory, administrative, and technical employees in sufficient numbers to accomplish all contract requirements. Contractor employees shall have the necessary training and experience to understand the unique technical terminology associated with the execution of all required services, to include the planning, preparation of and service of therapeutic diets to hospitalized patients and ambulatory patients in the dining room. In accordance with TB MED 530-TSFC, the contractor shall have a person in charge (PIC) present at the food establishment during all hours of operation.

- 1.22.1. **KEY PERSONNEL.** The Key Personnel for performance of this contract are identified by the Government in Technical Exhibit D, Key Personnel. The contractor shall provide written notification to the CO and COR, stating the name(s) and contact information for the key personnel and proposed substitutes within ten (10) days of contract award.

- 1.22.2. **ELIGIBILITY FOR EMPLOYMENT.** All CP employees performing work under this contract shall be citizens or legal residents of the United States. Thirty calendar (30) days prior to performance the contractor shall provide to the NCOIC, or Government designee at each site, a list of its employees that will perform contract services at that site. The list shall contain the contract number, the full name of each employee, their work assignment, and work site. The contractor's PM shall notify the NCOIC, or Government designee, in writing, five (5) business days prior to any additions, deletions, or changes.

1.22.3. BACKGROUND CHECK. The contractor shall complete a thorough background check on any of its service providers, subcontractors, or suppliers employed to provide services under this contract who will have access to US Government premises, access to any information deemed “restricted” by government agent, or will have access to US Government information technology systems prior to any services being performed by such contractor, contractor employees, subcontractor, or supplier. See para 1.10.2.

1.22.3.1. Background checks will at a minimum include an investigation for, and review of any (i) state and federal felony convictions (ii) misdemeanor convictions involving (a) intentional injury or loss, to person or property or (b) endangerment of others while under the influence of alcohol or other substances and any deferred adjudications with respect to any of the above, as allowed by law (collectively “Convictions”). The background checks must take place in the county or comparable political subdivision of the applicable jurisdiction in which such contract service provider; subcontractor, or supplier has resided and currently resides and/or has been or is currently employed (collectively “Counties”). Said background check must be performed no more than one year prior to services being provided to the government and at a minimum cover the period of seven years prior to say check.

1.22.3.2. Background Check Certification. Ten (10) calendar days prior to commencement of services, or prior to a replacement employee, subcontractor or supplier, performing services under this contract, and or upon COR request anytime thereafter, the contractor shall provide written confirmation to the NCOIC, or Government designee, that the above described background checks have been completed and that there are no convictions of record for any employee, that each employee is bondable, and that all employees’ names and social security numbers match. Said certifications shall be executed by an officer of contractor and shall have all information required therein completed.

1.22.4. The contractor’s Project Manager and/or Site Supervisors shall not manage or supervise any government personnel or the personnel of another contractor. Project Manager and Site Supervisor certification and education requirement are located in Exhibit D – Key Employees. This prohibition does not apply to supervising/managing the personnel of subcontractors performing services under this contract.

2. ACRONYMS AND DEFINITIONS.

2.1. ACRONYMS:

AQL	Acceptable Quality Level
AR	Army Regulation
CAC	Common Access Card
C, NM	Chief, Nutritional Medicine
COR	Contracting Officer’s Representative
DMHRSi	Defense Medical Human Resources System internet
DHA	Defense Health Agency
DoD	Department of Defense
DoDI	Department of Defense Instruction
FAR	Federal Acquisition Regulations
FIPS PUB	Federal Information Processing Standards Publication
HAACP	Hazard Analysis and Critical Control Point
HSPD	Homeland Security Presidential Directive
IAW	In Accordance With
ID	Identification

TJC	Joint Commission
CO	Contracting Officer
MEDCOM	Medical Command
MTF	Military Treatment Facility
NM	Nutritional Medicine
NCO	Non-Commissioned Officer
NCOIC	Non-Commissioned Officer in Charge
OCI	Organizational Conflict of Interest
OMB	Office of Management and Budget
OSD	Operational Security Division
OSHA	Occupational Safety and Health Act
PI	Performance Improvement or Process Improvement
PIC	Person in Charge
PM	Project Manager or Program Manager
POC	Point of Contact
PPD	Purified Protein Derivative
PPE	Personal Protective Equipment
PPS	Production Planning Schedule
PRS	Performance Requirements Summary
PWS	Performance Work Statement
QA	Quality Assurance
QAE	Quality Assurance Evaluator
QASP	Quality Assurance Surveillance Plan
QC	Quality Control
RAPIDS	Real Time Automated Personnel Identification System
SHARP	Sexual Harassment/Assault Response and Prevention Program
SOP	Standard Operating Procedure
TA	Trusted Agent
TASS	Trusted Associated Sponsorship
TB-MED	Technical Bulletin - Medical
TC	Training Circular
TSFC	Tri-Service Food Code

2.2. DEFINITIONS.

- 2.2.1. **Acceptable Quality Level (AQL).** The maximum percent defective or maximum number of defects that can be considered satisfactory on the average. The allowable variance from a standard before the government rejects defective service and requests a performance improvement plan.
- 2.2.2. **Accountability.** An obligation, imposed by law or regulation upon an individual to keep an accurate record of property, documents, or funds. The accountable individual may or may not have actual possession of the property, documents, or funds.
- 2.2.3. **Bulk Nourishment.** Snacks, as specified by the facility dietitian for between-meal feeding, and supplemental fluids delivered to the wards at locally established times. Nursing personnel are responsible for nourishment receipt and distribution.
- 2.2.4. **Cash Control Supervisor (CCS).** An individual (either contractor or government) accountable for daily transfer of change funds and monies collected by the cashiers during their service hours.

- 2.2.5. **Chief, Nutritional Medicine (C, NM).** The government individual located at each site who reports to MTF Commander on all Nutritional Medicine activities.
- 2.2.6. **Contracting Officer (CO).** CO means a person with the authority to enter into, administer, and/or terminate contracts and make related determinations and findings
- 2.2.7. **Contracting Officer's Representative (COR).** An individual designated and authorized in writing by the contracting officer to perform specific technical or administrative functions.
- 2.2.8. **Grab and Go.** Grab and Go service is available in the dining room and/or at a location outside the dining room such as a mobile cart or a small structure or room within the MTF at the times indicated. Examples of Grab and Go items include, but are not limited to: hot and cold prepackaged sandwiches, prepackaged salads, soup, desserts, beverages, chips, bars, yogurts, milk, etc.
- 2.2.9. **Non-Commissioned Officer in Charge (NCOIC).** An individual in the enlisted ranks of the military unit who has limited command authority over others in the unit. For this contract, the NCOIC for Nutrition Care is responsible for supervising other government personnel, and managing nutrition activities within the Nutrition Care Division.
- 2.2.10. **Nutritional Medicine (NM).** The division within the MTF responsible for providing hospital nutrition services; meal preparation and distribution to patients and staff; dietetic planning; and supervision and control of overall operations of food service at the facility.
- 2.2.11. **Nutritional Medicine Clinical Support Service Chief.** The government individual who sets policies, standards, and provides overall leadership for nutrition services for the DHA.
- 2.2.12. **Patient Room Service.** Patient Room Service is the concept used for admitted patient feeding. Patients may select from menus that offer a variety of healthy selections of foods that are made-to-order and are compliant with the patient's dietary prescription. Meals are prepared individually rather than in bulk and there are generally no pre-established tray assembly or delivery times. Patients can order their food anytime during the specified hours of operation; menu items are prepared on-demand, and delivered to the patient within 40 minutes of the CP receiving the order.
- 2.2.13. **Performance Requirements Summary (PRS).** Identifies selected service outputs of the contract that will be evaluated by the government to assure contract performance standards are met by the contractor.
- 2.2.14. **Person-in-Charge.** The individual present at the food establishment who is responsible for leading the operation.
- 2.2.15. **Production Planning Schedule (PPS).** The PPS is used to determine the type and amount of food to prepare for each meal service period for both regular and therapeutic diets. It is used to control food production and document food disposition.
- 2.2.16. **Quality Assurance (QA).** QA means the various functions, including inspection, performed by the Government to determine whether a contractor has fulfilled the contract obligations pertaining to quality and quantity.
- 2.2.17. **Quality Assurance Evaluator (QAE).** A functionally qualified person who performs QA functions for a contracted service.
- 2.2.18. **Quality Control (QC).** All necessary measures taken by the contractor to assure that the quality of an end product or service shall meet contract requirements.

- 2.2.19. **Quality Control Plan (QCP).** Contractor written quality control plan to assure procedures for controlling the quality of the goods provided and/or services to be performed.
- 2.2.20. **ServSafe Manager Certification.** The ServSafe Food Protection Manager Certification is a reliable indication that the holder of the certificate has received training to the highest standard in food hygiene and safety. The American National Standards Institute (ANSI) Conference for Food Protection (CFP) acknowledges ServSafe certifications. The certification is accredited by the ANSI and is nationally accepted as the standard of food safety certifications and is recognized by more federal, state and local jurisdictions than any other safety certification.
- 2.2.21. **ServSafe Food Handler Certification.** The ServSafe Food Handler Certification is a reliable indication that the holder of the certificate has received training on basic food safety practices for preparing and serving food. The American National Standards Institute (ANSI) Conference for Food Protection (CFP) acknowledges ServSafe certifications. The certification is accredited by the ANSI and is nationally accepted as the standard of food safety certifications and is recognized by more federal, state and local jurisdictions than any other safety certification.
- 2.2.22. **Small-wares.** Small-wares (non-disposable) are considered re-usable, expendable items that are used until they are no longer able to perform their intended function by either damage or normal wear and tear. These items are not accounted for on the medical facility hand receipt or the durable equipment list. Examples of small wares include, but are not limited to: baskets, food and utensil containers both plastic and metal, cutlery, cutting boards, insulated and cold beverage dispensers, salad dressing dispensers, food pans, glassware, ingredient bins, measurers, mixing bowls, storage containers and lids, on-site food service items such as coffee decanters or decorative food trays, openers, pots and pans, scales, silverware (metal), small kitchen appliances, tableware, thermometers, utensils, pot holders and oven mitts.
- 2.2.23. **The Joint Commission (TJC).** An independent, not-for-profit organization that accredits and certifies health care organizations and programs in the United States. The Joint Commission accreditation and certification is recognized nationwide as a symbol of quality that reflects an organization's commitment to meeting certain performance standards. The JC's mission is to continuously improve health care for the public, in collaboration with other stakeholders, by evaluating health care organizations and inspiring them to excel in providing safe and effective care of the highest quality and value.
- 2.2.24. **Therapeutic diets.** Therapeutic diets are medically prescribed by physicians as a mode of treatment for acute and chronic diseases and medical conditions.
- 2.2.25. **Training Holiday.** Incentive holidays for military personnel declared and/or revoked at the discretion of each hospital commander. Not a holiday for DOD civilian or contract employees but often commanders encourage liberal leave approval for DOD civilian employees in conjunction with training holidays.

3. **GOVERNMENT FURNISHED ITEMS AND SERVICES.**

- 3.1. **GENERAL.** The government will provide facilities, equipment, supplies, materials, utilities and services to the contractor as government furnished property for performance of the contract. The contractor shall not use government furnished property for any purpose other than execution of work under this contract. Use of government furnished property is at no charge to the contractor.
- 3.2. The contractor shall comply with applicable government regulations addressing management and responsibility for Government Property, specifically, AR 735-5, Policies and Procedures for Property Accountability.

- 3.3. *FACILITIES*. The government will furnish or make available to the contractor areas within facilities; equipment, tools, furniture, materials and supplies for performance of the contract. The government reserves the right to reallocate and relocate assigned facilities during the term of the contract. A listing by facility of all government furnished property, including small wares, is provided at Exhibit E, Property Book Inventory by Location to the contract.
- 3.4. *EQUIPMENT*. The government will provide all required equipment to include computers, local workstations, software, copiers, scanners, fax machines, and printers to be used in the performance of the duties described in this contract.
- 3.4.1. The contractor shall not modify or load software to computer equipment without prior written approval by the contract COR.
- 3.4.2. The government will provide all existing equipment, to include initial purchase of small wares, installed food service equipment, small appliances, storage equipment both cold and dry, existing personal protective equipment (PPE), dining area furniture and existing office furniture and equipment. All existing furniture and PPE will be provided "as-is."
- 3.4.3. The government will provide preventive and corrective maintenance for all government provided facilities and equipment, with the exception of small wares, at each of the sites listed in Exhibit E, Property Book Inventory.
- 3.4.4. *Equipment Inventory*. The contractor and the government will conduct no later than 30 days after start of the contract (during phase-in) and 30 days prior to completion (during phase-out) of the contract a full inventory of all government provided equipment, items or property.
- 3.4.5. The contractor shall assume responsibility for all government issued equipment, information and property provided for contractor use and shall prudently maintain and guard equipment in accordance with the facility's food service and Property Book procedures. See Technical Exhibit E, Property Book Inventory.
- 3.4.6. The government shall maintain and replace all real property, fixtures and equipment, with the exception of small wares. The initial purchase of new small ware items will be made by the government, added to the Master List of Government Furnished Property and signed over to the contractor, the contractor will be responsible for maintaining the initial stock level. Examples of small wares include, but are not limited to: baskets, food and utensil containers both plastic and metal, cutlery, cutting boards, insulated and cold beverage dispensers, salad dressing dispensers, food pans, glassware, ingredient bins, measurers, mixing bowls, storage containers and lids, on-site food service items such as coffee decanters or decorative food trays, openers, pots and pans, scales, silverware (metal), small kitchen appliances, tableware, thermometers, utensils, pot holders and oven mitts, and small food preparation equipment not included on the division hand receipt or the durable equipment list.
- 3.4.7. The contractor shall monitor the operability of equipment, identify equipment malfunctions and report same to the Nutritional Medicine NCOIC, or Government designee, within one hour. The government will repair or replace the malfunctioning equipment. If the government determines the equipment is beyond economical repair, the government will replace and install any beyond-repair equipment.
- 3.5. *UTILITIES*. The government will provide all utilities. The contractor shall instruct employees in utilities conservation practices. The contractor shall be responsible for operating under conditions that preclude the waste of utilities, which includes turning off water faucets or valves after using the required amount to accomplish cleaning.
- 3.5.1. The contractor shall not modify, connect, or disconnect any utility service, or component without

written Government approval.

- 3.5.1.1. *Telephone Services*. The government will provide telephones, telephone lines, facsimiles and access to government communications systems. The contractor shall ensure local and long-distance calls are conducted for official government business only. Non-work-related long-distance calls will be charged to the contractor and deducted from the monthly invoice.
 - 3.5.1.2. The government requires written justification before telephones, telephone lines, communication systems or networks are moved, removed, altered, or reconfigured. The written justifications shall be provided to the COR for approval before any of the described actions are taken. The contractor shall notify the NCOIC, or Government designee, when maintenance or repair is required. The contractor will be liable for destruction of and damage to government communications systems, networks, lines, and telephone equipment due to contractor negligence or misuse.
- 3.6. *INFORMATION MANAGEMENT SYSTEMS (IMS)*. The government will provide computer workstations and limited access to information management system network, internet, and email. Workstations will be provided on an as-needed basis as identified by the Nutritional Medicine NCOIC, or Government designee.
 - 3.6.1. The government will provide Network Support services for information management systems, internet and email. Network support is provided between the hours of 8:00 AM and 4:30 PM local time, Monday through Friday excluding Federal holidays.
 - 3.6.2. The contractor shall comply with the facilities' internet policy, guidelines and regulations on Internet usage and for use of official business only.
 - 3.6.3. The Government will upgrade hardware to support software programs such as Microsoft Office type software.
- 3.7. *MATERIALS*. The government will provide all the necessary materials, to include food, menus, nutritional supplements, kitchen supplies, food service disposables, and office supplies.
 - 3.7.1. The Government will provide Production Planning Schedule (PPS). PPS will include prep and pull sheets and quantities required. A separate PPS will be prepared for each meal served, to include, but not limited to breakfast, lunch, dinner, box lunch, and Grab and Go, operations. The PPS provides routine documentation of subsistence items used for a specific meal period for both dining room and patient meals and includes therapeutic item preparation methods. Where appropriate SOPs may be used in lieu of PPS for service stations such as a salad bar, deli etc., SOPs will clearly identify menu items and production quantity requirements.
 - 3.7.2. The Government will provide labels and food identification signs to the contractor. The Government will determine the information content of labels and identify the nutrition content through the PPS provided to the contractor for each meal. The Government will provide the identification cards to the contractor for correct marking of nutritional information of products.
- 3.8. *HOUSEKEEPING*. The government will provide cleaning services to the public dining areas, administrative areas, restrooms and locker rooms. The provided cleaning includes the fixed physical areas of the facilities such as ceilings, floors, walls, entryways, windows and window treatments, foliage, lighting, decorations, and tables and chairs in food consumption areas. In facilities that have terrazzo flooring in the servery area, the government will provide regular cleaning and maintenance of only the floors of food serving areas in order for the terrazzo to be maintained properly and to have a consistent appearance from the servery thru the dining area. Food serving and servery areas are the areas customers use while being served or selecting products for purchase. The provided cleaning includes steadfast policing of table and chairs, and outside tabled seating areas as required during the dining area operating hours.

- 3.8.1. Notifications. The Government will provide regularly scheduled cleaning and maintenance of exhaust hood ducting. The Government will notify the contractor no less than one workday prior to routine maintenance actions, to include, but not limited to: Pest Control Inspections and Treatment, Hood Cleaning, Equipment Modification and scheduled repairs, and Fire suppression inspection and repairs.

3.9. *PEST CONTROL*. The government will provide routine pest control inspections and treatments.

- 3.9.1. All government furnished items shall remain the property of the government and shall not leave the facility without prior written approval of the COR and issuance of a hand receipt.
- 3.9.2. The Government is responsible for providing facilities, equipment and maintenance and the contractor is responsible for monitoring operability of Government Furnished Equipment and reporting malfunctions to the Government. Non-compliance on items relating to the physical facility, installation, maintenance and operability of equipment will not be considered the fault of the contractor unless problems were not reported to the Government, were caused by contractor misuse or failure to properly clean or maintain.

3.10. *SPECIAL REQUIREMENTS*. This section describes the special requirements for this effort. The following sub-sections provide details of various considerations on this effort.

- 3.10.1. The Government will provide MTF in-processing, and initial and annual mandatory training up to 16 hours during normal duty hours at the performance location. The Contractor shall ensure contractor personnel complete the training and maintain in their records completion dates and certificates for COR inspection. The training details may include, at a minimum: Anti-Terrorism Level 1, Combating Trafficking In Persons (CTIP), iWATCH, DoD Cyber Awareness, Privacy Act and Health Insurance Portability and Accountability Act (HIPAA), Operations Security (OPSEC), Sexual Harassment/Assault Response and Prevention (SHARP), Patient Safety, Infection Control, and Fire Safety. Other Government training may be added at the discretion of the MTF commander.

- 3.10.1.1. AT Level I Training. All contractor employees, including subcontractor employees, requiring access to Army installations, facilities, and controlled access areas shall complete AT Level I awareness training within 30 calendar days after contract start date or effective date of incorporation of this requirement into the contract, whichever is applicable. The contractor representative shall submit certificates of completion for each contractor / subcontractor to the COR and Government designee after completion of training. AT Level I awareness training is available at the following website: <http://jko.jten.mil>.

- 3.10.2. iWATCH Training. The contractor and all associated subcontractors shall brief all employees on the local iWATCH program (training standards provided by the requiring activity ATO). This locally developed training will be used to inform employees of the types of behavior to watch for and instruct employees to report suspicious activity to the COR. This training shall be completed NLT 30 calendar days after the start of work.

3.11. *FIRE, ENVIRONMENTAL AND EMERGENCY DRILLS*. The contractor shall participate in all Government conducted fire, environmental and other emergency drills. The contractor shall comply with instructions from Government fire, security, and emergency management officials, to include taking corrective action to remedy deficiencies in its performance of emergency response procedures.

4. **CONTRACTOR FURNISHED ITEMS.**

- 4.1. **GENERAL**. The contractor shall provide all non-personal services required to perform the Nutrition Care food services required under this contract that are not listed elsewhere in this contract and includes

replacement of small wares and PPE (contract paragraphs 2.2.22 and 3.4.2.).

4.1.1. **UNIFORMS.** The contractor shall provide uniforms and cloth aprons for contractor employees. The contractor shall present a neat, and clean professional appearance IAW TB Med 530-TSFC and paragraph 1.18.

4.1.2. **REPLACEMENT OF SMALLWARES.** IAW section 3.4.6, the contractor shall be responsible for maintaining and replacing the initial stock level of all small wares to include cost of materials purchased. Semiannual inventories will occur between the contractor and NCOIC to replace initial stock levels of small wares. If certain smallware items such as silverware etc. require replacement sooner than semiannual, the NCOIC will ask the contractor to do so. Examples of small wares include, but are not limited to: baskets, food and utensil containers both plastic and metal, cutlery, cutting boards, insulated and cold beverage dispensers, salad dressing dispensers, food pans, glassware, ingredient bins, measurers, mixing bowls, storage containers and lids, on-site food service items such as coffee decanters or decorative food trays, openers, pots and pans, scales, silverware (metal), small kitchen appliances, tableware, thermometers, utensils, pot holders and oven mitts and small food preparation equipment not included on the division hand receipt or the durable equipment list. Contractor shall provide a semiannual receipt of small ware purchases to the COR and CO, to include all covered MTFs.

5. **SPECIFIC TASKS.** The contractor shall provide the appropriate amounts of qualified labor and management necessary to perform in a cost effective, safe and environmentally sound manner. This support will focus primarily on the following areas: Therapeutic Diet Education, Patient Room Service; Bulk Nourishments; Dining Room Services, and Grab and Go Services; Cash Collection; Cleanliness and Sanitation; Supply; Inspections, Reports and Meetings. The contractor shall operate IAW TB-MED 530-TSFC, and the Standing Operating Procedures (SOPs) for each location.

5.1. THERAPEUTIC NUTRITION EDUCATION BY REGISTERED DIETITIAN

5.1.1. The contractor is responsible for patient safety as it relates to food preparation, tray assembly and delivery. The Registered Dietitian certification and education are located in Exhibit D – Key Employees. The contractor's Registered Dietitian shall develop and implement a therapeutic nutrition training and competency assessment program that aligns with accredited agencies evidenced based practice such as the Academy of Nutrition and Dietetics. The contractor shall maintain a file of training materials used to train and assess contractor employee's competency IAW The Joint Commission standards and MTF policy. The contractor shall ensure training is provided at orientation and on a recurring schedule for all contractors, and their work leaders, involved in the preparation, assembly and delivery of patient trays on a regular or occasional bases. The contractor shall make therapeutic nutrition training documents/materials and competency assessment documentation available to the Chief, Nutritional Medicine and/or NCOIC upon request. Training topics should include as a minimum, but are not limited to, the following:

5.1.2. The therapeutic nutrition principles and preparation of commonly ordered therapeutic diets and nourishments such as, but not limited to the top 10 allergens, Carbohydrate Controlled (Carbohydrate Counting), Fat Controlled, Calorie Controlled, Sodium Controlled, Dysphasia 1-7 Levels, other liquid and consistency modified diets, Drug Nutrient Interaction, and Fluid Restriction. Training must include patient tray assembly procedures, and method for ensuring tray accuracy, and appropriate patient interaction for all contractors who perform these duties. This must include using proper patient identifiers and delivery procedures for behavioral health units, isolation rooms, or other precautionary rooms.

5.1.3. Errors in the preparation, tray assembly and/or delivery of patient meals may be reported in the MTFs anonymous, centralized Patient Safety Reporting system (PSR) by whomever discovers the error. Contract employees are encouraged to submit PSRs also if they see or know of an event that could cause patient harm. Patient Safety Reports are investigated at the MTF's

Headquarters level to find the cause and a Performance Improvement plan must be submitted by the party at fault. PSR is not intended to be punitive but rather an avenue for performance improvement. In order to prevent errors or near misses in patient feeding that reach the patient and may or may not cause harm the contractor is responsible for ensuring all employees involved in the patient feeding process are properly trained and that competency assessment is documented in their file. The contractor is also responsible for ensuring procedures are in place to prevent patient feeding errors. All incidences of PSRs or near misses involving patient feeding shall be investigated by the contractor and a Performance Improvement plan shall be submitted to the NCOIC or Chief, NM and tracked to ensure the plans effectiveness.

- 5.2. **MENUS.** The government will provide menus, in at least a week in advance of meal service to allow for adequate time to requisition food items, prepare and serve meal. This includes Patient Room Service menus, dining room menus and menus for all applicable Grab and Go locations and Unit support events. Sample menus are provided in Technical Exhibit C.

5.2.1. Menu changes for training holidays will be provided to the contractor two weeks in advance.

5.2.2. Special Meals. The contractor shall prepare and serve special menu meal items (in lieu of standard menus) as required by the C, NM; three times per year: Thanksgiving, Christmas and Army Birthday.

5.2.2.1. The special menus are more extensive than standard menus and will include the dates the special menu items will be served.

5.2.2.2. Menus for special meals will be provided to the contractor two weeks in advance.

5.2.3. Theme Meals. The C, NM will provide the menus and dates for theme meals. The contractor shall prepare, and serve the specific menu items for these meals in lieu of standard menu item.

5.2.4. Unit Support. On occasion NM may be asked to support Soldier training IAW AR 40-3 and AR 30-22. The contractor shall not incur any additional manpower or expense when providing unit support.

5.2.5. Therapeutic Meals. The DHA Nutritional Medicine food services plays a critical role in supporting the health, wellness and healing of patient. The development of therapeutic meals are based on dietary guidelines of a physician and will be provided on as need basis for each patient.

- 5.3. **PATIENT ROOM SERVICES.** Patient Room Service as defined in section 1.4.1 and 2.12.2, is a concept used for feeding patients who have been admitted to the hospital and provided with room, board, and continuous nursing services.

5.3.1. The contractor shall provide a staff and management team/director and ensure compliance with the guidance set forth in the policies and procedures to operate patient room services.

5.3.1.1. The contractor shall prepare meals, assemble tray, confirm tray accuracy IAW the patient meal ticket and MTF guidelines/standard operating procedures.

5.3.1.2. The contractor shall have the skills and knowledge to confirm that the prepared meals meet the therapeutic diet order. This includes having the skills and knowledge to determine the accuracy of modified consistency products, the inclusion or exclusion of specific items and patient safety precautions based on prescribed diets and ward feeding protocols.

5.3.1.3. The contractor shall maintain proper food preparation temperatures and use Hazard Analysis Critical Control Point (HACCP) Plan to support Food Safety standards IAW TB MED 530-TSFC and The Joint Commission standards.

- 5.3.1.4. The contractor shall prepare and assemble regular and therapeutic diet trays accurately. This includes the efficient selection of appropriate ingredients and their portions for the prescribed therapeutic diet order.
- 5.3.1.5. The contractor shall be skilled in preparing nourishments and enteral feedings and other therapeutic foods and beverages by making precise measurements, following recipes and using their knowledge of ingredients and their inclusion, exclusion or modification for specific therapeutic diets.
- 5.3.1.6. The contractor must employ a method to confirm the accuracy of every tray prior to its delivery.
- 5.3.2. The contractor shall ensure that trays are delivered to the correct patient using the proper patient identification practices within 40 minutes of receipt of meal order.
 - 5.3.2.1. The contractor shall prevent cross contamination, by ensuring the contractor involved in cooking and sanitation duties shall not deliver trays to the patients.
 - 5.3.2.2. Deliver trays to the ward nurse rather than to the patient's room as directed by local MTF policy at each location. Examples of such instances may include patients in isolation rooms or other precautionary rooms.
 - 5.3.2.3. The contractor shall ensure that trays are retrieved from wards. Trays shall be removed from wards by 9:00AM, 2:00PM and 6:00PM daily. No trays shall be on wards longer than 3.5 hours after delivery. All inpatient areas are in the same building as the food/tray preparation areas; push carts are provided for the delivery and pickup of trays.
- 5.3.3. Patient meals shall be served IAW Technical Exhibit B, patients may place meal orders as late as 5:30 PM. The contractor shall ensure that staff is available to prepare, serve, allow patient time to eat, and collect dirty trays.
- 5.4. **BULK NOURISHMENTS.** As defined in section 2.2.3., bulk nourishments are therapeutic, between-meal feedings and supplemental fluids that are stocked on the wards as specified by the facility dietitian.
 - 5.4.1. The contractor shall ensure bulk nourishment is provided to all wards via delivery of cans/containers (eg, Ensure, Boost) for the ward to store as appropriate. The government is responsible for procurement of bulk nourishment items.
 - 5.4.2. The contractor shall prepare individual and bulk nourishment for patients IAW government directed bulk nourishment types and quantities, but is not responsible for administration of enteral feeding.
 - 5.4.3. The contractor shall assemble measure, weigh, and mix ingredients for basic formulas and supplemental feedings, and replenish bulk nourishments on the wards.
 - 5.4.4. The contractor shall maintain and report bulk nourishment usage to the Nutritional Medicine NCOIC, or Government designee.
 - 5.4.5. The contractor shall utilize first-in/first-out when replenishing bulk nourishments and discard any expired items on day of expiration.
 - 5.4.6. The discarded food shall be disposed of properly IAW the processes in section 5.6.1.4 of the PWS.
- 5.5. **MTF DINING ROOM SERVICES.** This service describes food preparation and service tasks that support MTF Dining Room Services (service which includes food preparation, cooking and serving). The

contractor is responsible for the preparation and service of meals that include: Breakfast, Lunch and Dinner IAW the hours addressed at each MTF in Technical Exhibit B.

5.5.1. Within those meals, the menus shall include a variety of services which include the following: Breakfast, Lunch and Dinner menus, consisting of a variety of venues' such as the main line, short order, deli station salad bars, dessert bars, soup station, condiments and beverages, as described in section 5.1.

5.5.1.1. The contractor shall prepare food to support nutrition awareness IAW Production Planning Schedule or SOP.

5.5.1.2. The contractor shall prepare government special theme and holiday meals.

5.5.1.3. The contractor shall maintain proper food temperatures IAW TB MED 530-TSFC.

5.5.2. The contractor shall safeguard and serve food during serving periods at each MTF operation.

5.5.2.1. Garnish and setup the serving lines no later than 5 minutes prior and not earlier than 30 minutes prior to serving periods.

5.5.2.2. Use proper serving utensils and portion controls.

5.5.2.3. Ensure food is served at appropriate temperatures and prevent cross contamination. Properly handle leftovers IAW TB MED 530-TSFC.

5.5.2.4. Leftover Disposition: Use proper procedures for leftover foods and ensure safe storage of foods within specified time limits.

5.5.2.5. Appropriate condiments are available without delay. Condiment containers and napkin holders are visibly clean and contain product. All food service areas are clean prior to the scheduled start of the meal period and prior to closing for the day.

5.5.2.6. Ensure and replenish service ware such as trays, disposable and non-disposable plates, cups, bowls and utensils are available during meal serving periods from all serving and self-service areas, without delay to diners.

5.5.2.7. Display, remove, and store provided holiday decorations.

5.6. **GRAB AND GO SERVICES.** As described at 1.4.3 and defined in section 2.2.8, services shall offer items IAW Production Planning Schedule or SOP. Examples of menu items may include hot and cold prepackaged sandwiches, prepackaged salads, soup, desserts, beverages, chips, bars, yogurts, milk, etc.

5.6.1. The contractor shall ensure each Grab and Go sections are properly staffed.

5.6.2. The contractor shall prepare and assemble all food items to be sold at the Grab and Go, in a timely manner.

5.6.3. The contractor shall ensure that each product is marked and labeled IAW TB MED 530-TSFC.

5.6.4. All inventory should be retrieved at the end of the day, stored, or disposed of IAW TB MED 530-TSFC.

5.6.5. The contractor shall ensure that the refrigerated display cases and area surrounding the Grab and Go is clean, maintained, and secured.

5.7. **MTF ADMINISTRATION AND FOOD PREPARATION OPERATIONS.**

5.7.1. The contractor shall maintain and prepare MTF service operations by:

5.7.1.1. Setting up and stocking serving areas, self service areas and Grab and Gos, to include labeling and displaying food identification signs IAW TB MED 530—TSFC and nutrient identification program or policy.

5.7.1.2. Displaying correct food identification card for all food items for each meal as coded by the government Registered Dietitian, diet technician or NCOIC.

5.7.1.3. Ensuring menu item labels and reusable signage cards are kept neat, clean and professional. The contractor shall request replacement cards from the Nutritional Medicine NCOIC, or Government designee, as needed and discard dirty, discolored or illegible cards.

5.7.1.4. Documenting food disposition on the PPS where applicable, during and after each meal service and provide complete documentation to the NCOIC, or Government designee, daily, or upon locally established times.

5.7.1.5. Storing leftovers IAW TB MED 530-TSFC and return unused, unopened items to Subsistence and Supply.

5.7.1.6. The contractor shall ensure that all its employees involved in food preparation work have the applicable ServSafe certification required for where food preparation work will occur by the effective date of performance. The contractor shall ensure this certification is maintained by their employees performing food services for the duration of the contract. During performance, the contractor shall ensure new employees are appropriately ServSafe certified (Manager or Food Handler) or receive this certification within 30 days of employment. Documentation of appropriate certification shall be provided to the NCOIC, or Government designee, 5 days after completion. All CPs involved in food preparation for any food service areas shall be ServSafe Food Handler Certified. All contractor employees involved in leading food preparation work shall be ServSafe Manager Certified.

5.7.1.7. The contractor shall monitor facilities and equipment and notify the Nutritional Medicine NCOIC, or Government designee, of facilities or equipment faults or failures within one hour of awareness. The contractor shall provide routine operator maintenance and monitoring of government property. The contractor shall comply with manufacturer operation requirements to maintain equipment warranties. The contractor shall inform the NCOIC, or Government designee, immediately when equipment and facility repairs reduce the level of service to the customers (i.e. Dishwasher, Electrical, and Plumbing).

5.7.1.8. Support monthly Integrated Pest Management schedule. The NCOIC, or Government designee, will coordinate in accordance with installation public works policy and procedures. The contractor shall maintain pest control log.

5.7.2. RECYCLING. The contractor shall comply with the local policy and instructions regarding recyclable material collection and disposal at each location.

5.7.3. REFUSE COLLECTION. The contractor shall remove refuse from the facilities and deposit in Government provided container(s).

5.7.4. **CASH COLLECTION.**

5.7.4.1. The contractor shall provide experienced personnel to operate cashier stations at all MTFs.

5.7.4.2. The contractor shall designate personnel experienced in cash control as a Cash Control Supervisor and alternate(s) (this designation may be assigned as an additional duty) at each

MTF IAW MEDCOM Reg. 40-46 Nutrition Care Cash Collection and Control Procedures, Exhibit G.

- 5.7.4.3. The Cash Control Supervisor shall receive and sign for the initial change fund.
- 5.7.4.4. The contractor shall operate cashier stations IAW MEDCOM Reg. 40-46, Nutrition Care Cash Collection and Control Procedures.
- 5.7.4.5. The contractor shall provide cash collection, and ensure cash is safeguarded and maintain accurate accountability of funds collected IAW MEDCOM Reg. 40-46, Nutrition Care Cash Collection and Control Procedures.
- 5.7.4.6. The contractor shall open additional registers where available during peak meal hours to minimize customer wait time.
- 5.7.4.7. The contractor shall reconcile cash register tapes and actual cash collected with the Cash Control Supervisor at the MTF.
- 5.7.4.8. The Cash Control Supervisor shall secure cash collections and receipts at the end of each shift IAW MEDCOM Reg. 40-46, Nutrition Care Cash Collection and Control Procedures.
- 5.7.4.9. The Cash Control Supervisor shall submit cash collection and receipts to the Nutritional Medicine NCOIC or Government approved Supervisor in accordance with MEDCOM Reg 40-46, Nutrition Care Cash Collection and Control Procedures (Exhibit G).
- 5.7.5. **CLEANLINESS AND SANITATION.** The Contractor shall clean and sanitize food service equipment and surfaces to support dining facility operations:
 - 5.7.5.1. The contractor shall clean and sanitize food contact surfaces and equipment in food preparation, serving and self-service and storage locations (e.g. kitchen, patient tray assembly area, patient meal carts, serving lines, self-service stations, and condiment areas, drink dispensers, display refrigerators and warmers, storage rooms, refrigerators and freezers IAW TB MED 530-TSFC. The contractor is NOT responsible for any areas outside of kitchen/food preparation and dishwashing areas. That is, any area where a patient/visitor may be (eg, in a serving line, dining tables, restroom) is not the responsibility of the contractor.
 - 5.7.5.2. Equipment too large to fit in three compartment sinks (e.g. prep tables, warming cabinets, ice making machines, reach in refrigerators and refrigerated display cases) shall be cleaned and sanitized after each use or the approved cleaning schedule (identified in the contractor's QC Plan) using procedures listed in TB MED 530-TSFC. Protect, clean and sanitize equipment and utensils from contamination between uses and clean and sanitize storage compartments of ice making machines, using procedures listed in TB MED 530-TSFC.
 - 5.7.5.3. The contractor shall clean the exterior of exhaust hoods and filters if the filters are easily (without the use of tools) removable for cleaning. These are cleaned to prevent grease, oily sludge buildup at frequent intervals with the approved QC plan schedule. The government is responsible for specialized deep-cleaning services, to include interior exhaust hoods, fire suppression systems, and grease trap pumping, if/where applicable.
 - 5.7.5.4. The contractor shall wash, rinse, and sanitize pots and pans, serving pans, food containers, etc. IAW TB MED 530-TSFC.
 - 5.7.5.5. The contractor shall clean, sanitize and air-dry utensils, pot and pans, using appropriate methods.

- 5.7.5.6. All food preparation equipment and serving utensils shall be protected, cleaned and sanitized from contamination between uses.
- 5.7.5.7. The contractor shall maintain wash, rinse, and sanitizing water at proper temperatures and document temperatures IAW TB MED 530-TSFC.
- 5.7.5.8. The contractor shall be responsible for cleaning ceilings, floors (sweeping/mopping), walls, condiment stations, cashier stations, and other areas associated and used in food service preparation with the exception of terrazzo flooring. The contractor shall be responsible for the cleanliness and proper sanitation of the kitchen areas, serving line areas, customer food service area, and food storage and preparation areas. Contractor shall be responsible for keeping loading docks neat and cleaning up food service related waste and spills.
- 5.7.5.9. The Contractor shall setup, maintain and resupply the mechanical dishwashing machine using appropriate methods listed in the manufacturer's user manual and TB MED 530-TSFC. All supporting mechanical equipment shall be protected, cleaned and sanitized from contamination between uses.
- 5.7.5.10. The contractor shall provide a "clean as you go" operation to minimize health risks.
- 5.7.5.11. The contractor shall post a monthly sanitation schedule and provide documentation of completion to the Nutritional Medicine NCOIC, or Government designee, upon request. Documented completion shall include who performed the sanitation task and when.
- 5.7.5.12. The contractor shall perform a weekly documented self-evaluation of the food establishment IAW TB MED 530-TSFC and submit results to the Nutritional Medicine NCOIC, or Government designee. Any unsatisfactory sanitation inspections will require a re-inspection. Unsatisfactory sanitation upon re-inspection will be reported to the COR and CO with a deficiency report within two (2) business days.

5.7.6. SUPPLY.

- 5.7.6.1. The contractor shall identify, and requisition supplies and materials needed to support food service to the Nutritional Medicine NCOIC, or Government designee, on a daily basis or IAW locally established schedule.
- 5.7.6.2. The contractor shall receive, store, and issue supplies and materials to CPs IAW TB Med 530-TSFC, The Joint Commission and HAACP principles for menu meal preparation and service.
- 5.7.6.3. Receive deliveries from suppliers, check items against purchase documents and document receipts, record overages or shortages and report discrepancies to the NCOIC, or Government designee.
- 5.7.6.4. Properly store, stack, label and rotate supplies materials.
- 5.7.6.5. Issue supplies and materials to work areas, complete proper documentation and maintain accountability of all supplies and materials.
- 5.7.6.6. The contractor shall maintain inventory control of supplies and materials IAW established stock levels; perform perpetual inventory; coordinate with the NCOIC to conduct joint monthly inventory and furnish inventory results to the NCOIC.
- 5.7.7. **OTHER TRAINING.** The contractor shall develop, provide and maintain a file of training materials used to train and assess contractor employee's competency IAW the Joint Commission Standards and MTF policy. The contractor shall make training documents and competency assessment documentation available to the Nutritional Medicine Chief and/or NCOIC upon

request. Training topics should include as a minimum, but are not limited to, the following:

- 5.7.7.1. The use and safeguarding of government property/equipment, supplies, food and reasonable precautions to prevent fraud, waste, and abuse.
- 5.7.7.2. Receiving, issuing, storing, handling, and safeguarding subsistence and supplies, and inventory management.
- 5.7.7.3. Local Production Planning Schedule methods, following and adjusting recipes, quantity cooking techniques, progressive cooking, food disposition documentation and customer relations for all contractors performing food preparation duties.
- 5.7.7.4. The contractor shall ensure all food service contractors receive a minimum of 4 hours annual food sanitation refresher training IAW TB MED 530-TSFC.
- 5.7.7.5. The contractor is responsible for providing all new employee orientation training and shall schedule refresher training and competency assessments for each of its employees.
- 5.7.7.6. The contractor shall document and file job specific competencies for all of their employees and must complete for all areas where contractor's may regularly or occasionally work.
- 5.7.7.7. All training should be provided during work hours and shall not result in overtime hours charged to the Government. The contractor shall provide and submit to the COR a written comprehensive training program for its contractor, to include the therapeutic nutrition training and competency assessment program listed at 5.1.1 within 30 days after contract award for approval.

5.7.8. INSPECTION, REPORTS, AND MEETINGS.

- 5.7.8.1. The contractor shall provide access and required information to government inspection teams before, during or after all inspections, audits and surveys. This includes, but not limited to the:
 - Change fund audits.
 - Preventive Medicine inspections which are conducted at least once a month.
 - Internal fire and safety inspections which are conducted quarterly or more frequently.
 - The Joint Commission (JC) inspection, or surveys.
 - Contractor Training Files
- 5.7.8.2. The contractor shall correct discrepancies identified by inspectors, auditors, and surveyors on the spot during the inspection, audit or survey, when possible, or within the number of workdays required by the Nutritional Medicine NCOIC or Chief NM.
- 5.7.8.3. The government will provide the contractor with detailed requirements for each inspection, with the exception of unannounced inspections.
- 5.7.8.4. The Contractor shall provide a monthly personnel hours report (Part 8, Section 8.2) so that CSP hours worked each month can be entered into the Defense Medical Human Resources System – internet (DMHRSi) system by the Government.
- 5.7.8.5. The contractor shall conduct inpatient and Dining Room Customer Satisfaction Survey, using the survey forms in DHA Memorandum for Nutrition Care Patient and Guest Satisfaction Surveys, Exhibit F.
- 5.7.8.6. Site specific survey results and comments shall be submitted to each of the Nutritional Medicine NCOICs, or Government designee. A consolidated report with results and comments

shall be submitted quarterly to the COR and CO.

- 5.7.8.7. The contractor shall provide Daily Food Disposition documentation on the Production Planning Schedule to the Nutritional Medicine NCOIC, or Government designee, at each location.
- 5.7.8.8. Contractor shall submit all requested QC reports, to include weekly internal sanitation inspection reports to the Nutritional Medicine NCOIC, or Government designee.
- 5.7.8.9. The contractor shall submit a quarterly consolidated report summarizing QC results to the COR and CO on a quarterly basis.
- 5.7.8.10. The site supervisor shall participate in meetings that include, but not limited to, NM staff meetings (weekly); Menu meetings; meetings with key contractor and NM leaders; Performance Improvement (PI) meetings (site requirement may be monthly or quarterly).
- 5.7.8.11. The PM shall be the primary point of contact (POC) to the COR for performance of all work. The PM shall meet with the COR IAW contract paragraph 1.17., to report contract progress and status with contract execution. The COR may elect to have this meeting by telephone, video teleconference or in person and will select the time and location.
- 5.7.8.12. The PM shall conduct at a minimum quarterly MTF site visit. Additional site visits may be required at the discretion of the COR or MTF designee.
- 5.7.8.13. The PM shall meet with the Nutrition Program Manager and others in-person to provide insight into commercial practices regarding nutritional medicine. These meetings will be conducted at the Government's discretion on an as-needed basis
- 5.7.8.14. The PM will respond to telephone calls from the COR within thirty (30) minutes on twenty-four (24) hours a day, seven days a week basis.
- 5.7.8.15. The PM shall be available to discuss any problems the government may be experiencing during the performance of this contract. Problems experienced by the Government with the contractor's performance will be discussed and resolved between the contractor and the COR. Unresolved problems will be referred to the CO for resolution.
- 5.7.8.16. The contractor shall designate at least one primary and one alternate custodian whose responsibility it is to receive, account for, and safeguard all government furnished property from each of the locations on this contract.
- 5.7.8.17. The contractor shall ensure that all CPs attend required government provided training. The contractor shall document training attendance and provide to the Nutritional Medicine NCOIC or Government designee upon request IAW Joint Commission and MTF requirements. The Contractor shall submit certificates of completion for each affected Contractor employee and subcontractor employee to the NCOIC, or Government designee within five (5) calendar days after completion of training or within five (5) days from the date that its new employees start work on the Federal installation (whichever comes first).

5.8. CONTRACTOR MANPOWER REPORTING.

- 5.8.1. The contractor shall report ALL contractor labor hours (including subcontractor labor hours) required for performance of services provided under this contract for the Nutrition Care Food Services via <http://www.sam.gov>.

5.8.2. The contractor shall notify the Contracting Officer's Representative (COR), CO, and CS by the 5th working day of November whether or not they have completed this report.

5.9. **DIRECTIVES, PUBLICATIONS, AND FORMS.** The Government will have the unlimited rights to use, duplicate or disclose the contractor's operating logs and forms, in whole or part, in any manner, for purposes associated with execution of this contract only. The purpose of this statement is to minimize disruptions in service and preserve historical data in the event the contractor is changed. This does not pertain to publications that the contractor considers proprietary, and are marked as proprietary.

Title	Number	Internet Link/Location	Mandatory, Advisory, Informative
Medical, Dental, and Veterinary Care	AR 40-3	https://armypubs.army.mil/epubs/DR_pubs/DR_a/pdf/web/r40_3.pdf	Mandatory
Nutrition and Menu Standards for Human Performance Optimization	AR 40-25	https://armypubs.army.mil/epubs/DR_pubs/DR_a/pdf/web/AR40-25_WEB_Final.pdf	Mandatory
Army Public Health Program (Regulation)	AR 40-5	https://armypubs.army.mil/epubs/DR_pubs/DR_a/pdf/web/ARN16450_R40_5_FINAL.pdf	Mandatory
Tri-Service Food Code (TSFC)	TB MED 530/ NAVMEDP- 5010-1/ AFMAN 48-147 IP	Exhibit L	Mandatory
Army Public Health Program (Pamphlet)	DA Pam 40-11	https://armypubs.army.mil/epubs/DR_pubs/DR_a/pdf/web/ARN22182_P40_11_FINAL.pdf	Mandatory
Comprehensive Accreditation Manual for Hospitals	Joint Commission Manual	http://www.jointcommission.org/	Advisory
Nutrition Care Operations	TC 8-502	https://armypubs.us.army.mil/doctrine/DR_pubs/DR_c/ARN2415-TC_8-502-000-WEB-1.pdf	Advisory
Nutrition Care Cash Collection and Control Procedures	MEDCOM Reg 40-46	Exhibit G	Mandatory
The Army Food Program	AR 30-22	https://armypubs.army.mil/epubs/DR_pubs/DR_a/ARN41937-AR_30-22-001-WEB-3.pdf	Mandatory
Nutrition Care Patient and Guest Satisfaction Survey	DHA Memorandum for Nutrition Care Foodservice Contract	Exhibit F	Mandatory

Immunizations Requirements	DoDD 6205.02e	https://www.esd.whs.mil/Portals/54/Documents/DD/issuances/dodi/620502p.pdf?ver=2019-07-23-085404-617	Advisory
Mission Essential	Memorandum for Commanders, MEDCOM	Exhibit K	Advisory

ATTACHMENTS AND EXHIBITS

EXHIBIT	A	Performance Requirement Summary
EXHIBIT	B	Hours Of Operation & Level Of Food Service Description
EXHIBIT	C	Menu Samples
EXHIBIT	D	Key Employees
EXHIBIT	E	Property Book Inventory
EXHIBIT	F	Nutrition Care Patient and Guest Satisfaction Survey
EXHIBIT	G	Nutrition Care Cash Collection and Control Procedures – MR40-46
EXHIBIT	H	Contract Sites Annual Historical Work Data
EXHIBIT	J	Wage Determination (WD) and Collective Bargaining Agreements (CBA)
	J1	CBA Fort Stewart
	J2	CBA Fort Leonard Wood
	J3	CBA Fort Riley
	J4	CBA West Point
	J5	WD California
EXHIBIT	K	Mission Essential
EXHIBIT	L	Tri-Service Food Code TB MED 530 (TFSC)
EXHIBIT	M	Deliverables