



# Town of Windham

## Fire – Rescue Department

375 Gray Rd  
Windham, ME 04062  
Business 207-892-1911  
Fax 207-892-0544

---

### Request for Proposal

#### Quantitative Fit Test Kit

The Town of Windham Fire-Rescue Department is seeking a formal bid to purchase one (1) Quantitative Fit Test Kit for the purposes of fit testing personnel to full- facepiece, half-Facepiece, and N95 to ensure compliance with 29 CFR 1910.134 (e).

The proposal will include all components (except for masks) and software needed to successfully complete initial quantitative fit testing for 80 people in compliance with OSHA 29 CFR 1910.134 (e), most specifically for full-facepiece firefighting SCBA mask and N95 masks.

Sealed bids will be received at the Windham Town Hall addressed to: Windham Fire-Rescue, Attn: Quantitative Fit Test Kit, 8 School Road, Windham, Maine 04062 until 9:00am on Thursday March 24, 2022, at which time all received bids will be publicly opened and read.

Please forward your bid, using the form provided, along with documentation for the equipment to be provided, in a sealed envelope showing the name and address of the bidder and marked, **“Quantitative Fit Test Machine”**.

Bidders shall conform as much as possible to these specifications. Exceptions or omissions must be set out in writing on a separate sheet entitled “Exceptions” which must accompany the bid. Failure to do so will result in automatic rejection of the bid.

The Town of Windham reserves the right to accept or reject any and all bids and to make the award in the town’s best interest.

Sincerely,

Brent J. Libby  
Fire-Rescue Chief

[bjlibby@windhammaine.us](mailto:bjlibby@windhammaine.us)

**BID PROPOSAL**

**TO:** TOWN OF WINDHAM, MAINE

Quantitative Fit Test Kit  
8 School Road  
Windham, Me. 04062

The undersigned proposes to furnish one (1) Quantitative Fit Test Kit with all necessary equipment and accessories in accordance with the Instruction to Bidders and Specifications, both of which are incorporated herein.

(1) Quantitative Fit Test Kit \$ \_\_\_\_\_

- As specified
- With Exception (exceptions attached)

Name of Company: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Telephone number: \_\_\_\_\_ Fax number: \_\_\_\_\_

Signed by: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_