



APMS Ambulance
Service Ltd

Ambulance Cleaning Services Quotation



Please ensure to log on to our website for all available
services from

APMS Ambulance Services Ltd

www.apmsambulance.co.uk

Ambulance Cleaning Service Quotation

Instructions

- **Please complete the form below** as we need accurate information to generate an accurate quotation for the cleaning services you wish for us to provide, we may require to make a site visit to ensure that we can provide you with a more precise quotation, we will then advise you on the optimum cleaning solutions for your specific needs.
- **Expected attendance:** If you have any urgent requirements, please let us know, we will attempt to meet your needs and/or discuss the first available alternative
- **Type of vehicles/ office space:** You may tick more than one choice, please ensure you provide accurate/or near to accurate information where possible. The more information you provide the more accurate your initial quotation is likely to be.
- **Start / finish times:** Please advise us of any limitations to access times to your premises.
- **Equipment:** Please ensure you advise the level of equipment on any vehicles that you would like to include within our cleaning services.
- **Insurance:** APMS holds: medical indemnity, vehicle and public liability insurance. Evidence of insurance is available on request.
- **Help with this form:** If you are uncertain about any part of this form then please contact our Head Office in Peterborough by telephone on 01733 567222 or Email: bookings@apmsambulanceservice.co.uk

Confirmation of booking

- Please note that verbal bookings can be made, but they **must be confirmed in writing by completing the form below**. Ideally, we would like confirmation of bookings at least one month prior to the provision of service. However, we may have cancellations and/or availability, so please contact us as soon as you have dates and we will be able to advise you of our availability.
- You will receive confirmation of receipt of your request by email within 14 days. If you do not hear from us by then please re-contact us as soon as possible, in case your documents did not reach us. We aim to confirm or refuse a booking as soon as we can, depending on staff availabilities. If for any reason, you have to cancel your booking, please let us know as soon as possible so we may offer the date to other organizations. **NOTE YOU MAY BE SUBJECT TO APMS CANCELLATION FEES**

Payment

- We aim to keep our prices competitive and we therefore request not only is our quotation request form completed, however we may choose to complete our own site inspection. A member of our operations team will discuss with you a suitable date for inspection, APMS will require payment (in full) before or on the day of service completion, this is in order to maintain our service; invoices will be produced prior to the service provision. **Any cancellations in service will be subject to a £50 cancellation fee, any variations on our standard agreement will have been discussed with you in advance and in full.**

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Personal information

1: -Personal/Company Details			
Contact Name			
Company Name			
Contact Address			
	Post code		
Contact Landline Number			
Contact Mobile Number			
Contact Email			
Is this address the same as the billing address	YES	Continue to section 2.1	NO

2A: -Personal/Company Billing Details			
Contact Name			
Company Name			
Contact Address			
	Post code		
Contact Landline Number			
Contact Mobile Number			
Contact Email			

2B: -Billing/Payment Details			
Payee Name (if different from above)			
Preferred payment type	BACS		
	CASH		
	CHEQUE		
Bank Details	Bank sort code		
	Bank account number		
	Reference number (if required)		
	Address of bank		
Confirmed payment date			



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Banking and payment details do not need to be disclosed at this point, only payment preference

Floor space

3A.1: -About Your Required Service Provision (Office Space)

Approximate size of room M2	Flooring type	Carpet		Approximate Age			
		Linoleum etc		Approximate Age			
		Other (specify)		Approximate Age			
Total number of office spaces	Size	Size	Size	Size	Size	Size	Size
Office facilities	Number of desks		Computer facilities				
	Upholstered furniture		General furniture				
	Windows		Other (specify)				

3A.2: -About Your Required Service Provision (Additional rooms/yard)

Approximate size of room M2	Flooring type	Carpet		Approximate Age			
		Linoleum etc		Approximate Age			
		Other (specify)		Approximate Age			
Total number of additional spaces	Size	Size	Size	Size	Size	Size	Size
General facilities	Number of desks		Computer facilities				
	Upholstered furniture		General furniture				
	Windows		Other (specify)				

3A3: -About Your Required Service Provision (Training Rooms)

Approximate size of room M2	Flooring type	Carpet		Approximate Age			
		Linoleum etc		Approximate Age			
		Other (specify)		Approximate Age			
Total number of office spaces	Size	Size	Size	Size	Size	Size	Size
Office facilities	Number of desks		Computer facilities				
	Upholstered furniture		General furniture				
	Windows		Other (specify)				
	Training equipment req		Specify below				
Training equipment							

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Vehicles

3B.1 - About Your Required Service Provision (Vehicles)

Standard Ambulance with stretcher	Number of vehicles with?		Do you require all equipment to be cleaned?			Do you require a (stock check) of any/all equipment?		
	Full kit		YES		NO	YES		NO
	Part kit		YES		NO	YES		NO
	No kit		YES		NO	YES		NO

3B.2: - About Your Required Service Provision (Vehicles)

Ambulance MULTI seater	Number of vehicles with?		Do you require all equipment to be cleaned?			Do you require a (stock check) of any/all equipment?		
	Full kit		YES		NO	YES		NO
	Part kit		YES		NO	YES		NO
	No kit		YES		NO	YES		NO

3B.3: - About Your Required Service Provision (Vehicles)

Ambulance 4x4	Number of vehicles with?		Do you require all equipment to be cleaned?			Do you require a (stock check) of any/all equipment?		
	Full kit		YES		NO	YES		NO
	Part kit		YES		NO	YES		NO
	No kit		YES		NO	YES		NO

3B.4: - About Your Required Service Provision (Vehicles)

Ambulance converted saloon car	Number of vehicles with?		Do you require all equipment to be cleaned?			Do you require a (stock check) of any/all equipment?		
	Full kit		YES		NO	YES		NO
	Part kit		YES		NO	YES		NO
	No kit		YES		NO	YES		NO

3B.5: - About Your Required Service Provision (Vehicles)

Ambulance specialist medical unit	Number of vehicles with?		Do you require all equipment to be cleaned?			Do you require a (stock check) of any/all equipment?		
	Full kit		YES		NO	YES		NO
	Part kit		YES		NO	YES		NO
	No kit		YES		NO	YES		NO

3B.6: - About Your Required Service Provision (Vehicles)

Ambulance motorcycle	Number of vehicles with?		Do you require all equipment to be cleaned?			Do you require a (stock check) of any/all equipment?		
	Full kit		YES		NO	YES		NO
	Part kit		YES		NO	YES		NO
	No kit		YES		NO	YES		NO



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Hazards and additional information

4A: -Additional information

<p>When considering the provision in section 3A, is there any additional hazards and/or requirements you would like to notify us of?</p>	
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4.B: -Additional information

<p>When considering the provision in section 3B, is there any additional hazards and/or requirements you would like to notify us of?</p>	
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4.C: -Chemical usage & COSHH

Chemicals	YOUR company own	YES	NO	OUR special Brand	YES	NO
<p>Choosing your company own chemicals</p>	<p>Should you require our team to utilise your company own chemicals, we will require a COSHH sheet, detailing any dilution formulas, associated health risks, chemical classifications and highlighting all Personal Protective Equipment (PPE) to use each chemical, this information MUST be shared in advance to ensure that we are fully prepared for handling non-familiar chemicals, their use, limitations and the procurement of any additional PPE where identified. (please note we cannot use any chemicals without this information, similarly we cannot mix any chemicals together.</p>					
<p>Choosing OUR special Brand chemicals</p>	<p>Should you choose for us to continue utilising our acquired brand of chemicals, we will provide you with all necessary COSHH information on arrival in case of any untoward reactions from staff during or after our visit.</p>					

4.D: -Hardware Provision

<p>Who shall be providing the cleaning hardware i.e., PPE, Mops, Cloths, Paper towels</p>	<p>YOURSELF?</p>	<p>US?</p>
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Cost breakdown

5: -Costing and evidence			
Do you require SWAB results for your CQC compliance and/or other reason		YES	NO
<p>The cost of our individualised service can vary due to many factors. Detailed are some simple solutions that will help you understand our quotation</p>	<ul style="list-style-type: none"> The use of your own and/or our chemicals The use of your own and/or all required hardware The use of specialised PPE Procured to meet the needs of a (non-familiar) chemical The use of/and information produced from our bacterial SWAB machine. The number of vehicles The number of rooms If we are cleaning equipment and stocktaking Different flooring types Different furniture types (i.e. laminated-upholstered) Unsociable hours Short notice and/or deadline deployment 		
<p>The list above is in no means exhaustive, we aim to be clear and transparent from the beginning right through to our sparkling finish. Costings can be managed and documented in a way to suit you and your business, whether this be a lump sum invoice or based on individual items, we will work with you to ensure that you not only remain satisfied by our level of internal deep cleaning but by the support we can offer relating to financial distribution throughout our visit.</p> <p>Naturally regardless of the amount of information provided, there is scope for this to change due to external factors, any changes would be discussed in full before commencement and/or continuation of any affected work.</p> <p>Similarly, to ensure accuracy during our quotation process, where geographically possible we may request to meet for a site visit, or the sharing of photographs and/or videos to help us remain competitive within this specialist market.</p>			

Completed forms

5.: -Quotation information completed	
You can email your completed form to	bookings@apmsambulance.co.uk
You can send your completed form to	<p>APMS Ambulance Service Unit 8 Stapledon Road Orton Southgate Peterborough PE2 6TB</p>
You can FAX your completed form to	01733 567070
Or should you require any help and/or additional information in relation to this form or otherwise, please contact us on	01700 567222

Name	Sign	Date	
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