



Procurement Review Comprehensive Checklist  
 Procurement Services Division  
 This form must accompany all Purchase Order Requisitions

<b>SECTION 1: DESCRIPTION</b>			
<i>General Tracking</i>		<i>Contract Terms</i>	
FILE ID#: 26-1662	RFP, BID, QUOTE OR RENEWAL #: 24-060-SHF	INITIAL TERM WITH RENEWALS: 1 YR + 3 X 1 YR TERM PERIODS	INITIAL TERM TOTAL COST: \$14,139.23
COMMITTEE: JUDICIAL AND PUBLIC SAFETY	TARGET COMMITTEE DATE: 06/16/2026	PROMPT FOR RENEWAL:	CONTRACT TOTAL COST WITH ALL RENEWALS: \$56,556.92
	CURRENT TERM TOTAL COST: \$18,242.95	MAX LENGTH WITH ALL RENEWALS: FOUR YEARS	CURRENT TERM PERIOD: SECOND RENEWAL
<i>Vendor Information</i>		<i>Department Information</i>	
VENDOR: Stericycle, INC	VENDOR #: 10750	DEPT: Sheriff	DEPT CONTACT NAME: Commander John Putnam
VENDOR CONTACT: Joe Salaga	VENDOR CONTACT PHONE: 847-943-6604	DEPT CONTACT PHONE #: 630-407-2050	DEPT CONTACT EMAIL: john.putnam@dupagesheriff.org
VENDOR CONTACT EMAIL: jsagala@stericycle.com	VENDOR WEBSITE:	DEPT REQ #:	
<i>Overview</i>			
DESCRIPTION Identify scope of work, item(s) being purchased, total cost and type of procurement (i.e., lowest bid, RFP, renewal, sole source, etc.). This contract is for providing supplies; along with pick up and disposal of potentially infectious medical waste from the DuPage County Sheriff's Office. This is the second of three renewals.			
JUSTIFICATION Summarize why this procurement is necessary and what objectives will be accomplished Potentially infectious waste requires special considerations for disposal			

<b>SECTION 2: DECISION MEMO REQUIREMENTS</b>	
DECISION MEMO NOT REQUIRED	Select an item from the following dropdown menu to identify why a Decision Memo (Section 3) is not required. RENEWAL
DECISION MEMO REQUIRED	Select an item from the following dropdown menu to identify why a Decision Memo (Section 3) is required.

<b>SECTION 3: DECISION MEMO</b>	
SOURCE SELECTION	Describe method used to select source.
RECOMMENDATION AND TWO ALTERNATIVES	Describe staff recommendation and provide justification. Identify at least 2 other options to accomplish this request, including status quo, (i.e., take no action).

## SECTION 4: SOLE SOURCE MEMO/JUSTIFICATION

<b>JUSTIFICATION</b>	Select an item from the following dropdown menu to justify why this is a sole source procurement.
<b>NECESSITY AND UNIQUE FEATURES</b>	Describe the product or services that are not available from other vendors. Explain necessary and unique features or services. Attach letters from manufacturer, letters from distributor, warranties, licenses, or patents as needed. Be specific.
<b>MARKET TESTING</b>	List and describe the last time the market has been tested on the applicability of the sole source. If it has not been tested over the last 12 months, explain why not.
<b>AVAILABILITY</b>	Describe steps taken to verify that these features are not available elsewhere. Included a detailed list of all products or services by brand/manufacturer examined and include names, phone numbers, and emails of people contacted.

## SECTION 5: Purchase Requisition Information

<i>Send Purchase Order To:</i>		<i>Send Invoices To:</i>	
Vendor: Stericycle. INC	Vendor#: 10750	Dept: Sheriff	Division: Budget Support
Attn: Joe Salaga	Email: jsagala@stericycle.com	Attn: Colleen Zbilski	Email: colleen.zbilski@dupagsheriff.org
Address: 2355 Waukegan RD	City: Bannockburn	Address: 501 N County Farm RD	City: Wheaton
State: IL	Zip: 60015	State: IL	Zip: 60187
Phone: 866-978-3744	Fax: 800-507-8052	Phone: 630.407.2212	Fax:
<i>Send Payments To:</i>		<i>Ship to:</i>	
Vendor: Stericycle, INC	Vendor#: 10750	Dept: Sheriff	Division: Corrections
Attn: Cash Apps Dept	Email: cashapps@stericycle.com	Attn: Commander John Putnam	Email: john.putnam@dupagsheriff.org
Address: PO Box 6575	City: Carol Stream	Address: 501 N County Farm Rd	City: Wheaton
State: IL	Zip: 60197	State: IL	Zip: 60187
Phone: 866-783-7422	Fax: 866-505-8121	Phone: 630.407.2050	Fax:
<b>Shipping</b>		<b>Contract Dates</b>	
Payment Terms: PER 50 ILCS 505/1	FOB: Destination	Contract Start Date (PO25): Jul 1, 2026	Contract End Date (PO25): Jun 30, 2027

**Purchase Requisition Line Details**

LN	Qty	UOM	Item Detail (Product #)	Description	FY	Company	AU	Acct Code	Sub-Accts/Activity Code	Unit Price	Extension
1	1	EA		Medical Waste Disposal	FY26	1000	4410	53240		7,601.22	7,601.22
2	1	EA		Medical Waste Disposal	FY27	1000	4410	53240		10,641.73	10,641.73
<b><i>FY is required, ensure the correct FY is selected.</i></b>										Requisition Total	\$ 18,242.95

<i>Comments</i>	
HEADER COMMENTS	Provide comments for P020 and P025.
SPECIAL INSTRUCTIONS	Provide comments for Buyer or Approver (not for P020 and P025). Comments will not appear on PO.
INTERNAL NOTES	Provide comments for department internal use (not for P020 and P025). Comments will not appear on PO.
APPROVALS	Department Head signature approval for procurements under \$15,000. Procurement Officer Approval for ETSB.