

DATE: 4/07/2021

INVITATION TO BID
THIS IS NOT AN ORDER

Page: 5

BID NO.: 50-00134120

JEFFERSON PARISH

PURCHASING DEPARTMENT
P.O. BOX 9
GRETN, LA. 70054-0009
504-364-2678

VENDOR: Interboro Packaging Corp.

BUYER: MBUTTERY

As per LSA-RS 47:301 et seq., all governmental bodies are excluded from payment of sales taxes to any Louisiana taxing body. Quotations shall be based on F.O.B. Agency warehouse or jobsite, anywhere within the Parish as designated by the Purchasing Department.

JEFFERSON PARISH reserves the right to cancel all or any part of an order if not shipped promptly. No charges will be allowed for parking or cartage unless specified in quotation. The order must not be filled at a higher price than quoted. JEFFERSON PARISH reserves the right to cancel at any time and for any reason by issuing a THIRTY (30) day written notice to the contractor.

JEFFERSON PARISH is expecting all products to be new and all work to be done in workman-like manner, according to standard practices. Any deviations or alteration from the specifications must be indicated on the bid form for each item and upon request, product data for same must be submitted by the time specified by the Purchasing Department.

DELIVERY: FOB JEFFERSON PARISH

INDICATE DELIVERY DATE ON EQUIPMENT AND SUPPLIES

5 Days ARO

INDICATE STARTING TIME (IN DAYS) FOR CONSTRUCTION WORK

N/A

INDICATE COMPLETION TIME (IN DAYS) FOR CONSTRUCTION WORK

N/A

In the event that addenda are issued with this bid, bidders MUST acknowledge all addenda on the bid form. Bidder must acknowledge receipt of an addendum on the bid form by placing the addendum number as indicated. Failure to acknowledge any addendum on the bid form will result in bid rejection.

Acknowledge Receipt of Addenda: NUMBER: None 4/9/2021

NUMBER: _____

NUMBER: _____

NUMBER: _____

LOUISIANA CONTRACTOR'S LICENSE NO.: (if applicable) N/A

***** ALL BIDDERS MUST COMPLETE SECTION BELOW *****

FIRM NAME:
Interboro Packaging Corp.

SIGNATURE:
(Must be signed here)

TITLE:
Secretary

PRINT OR TYPE NAME:

Blimie Itzkowitz

ADDRESS:

114 Bracken Rd.

CITY, STATE:

Montgomery, NY

ZIP:

12549

TELEPHONE:

(845) 782-6800

FAX:

(845) 781-2450

EMAIL ADDRESS:

abraham@interboropackaging.com

TOTAL PRICE OF ALL BID ITEMS: \$ \$24,750.00

INVITATION TO BID FROM JEFFERSON PARISH - continued

BID NO.: 50-00134120

SEALED BID

ITEM NUMBER	QUANTITY	U/M	DESCRIPTION OF ARTICLES	UNIT PRICE QUOTED	TOTALS
1	1,000.00	BX	ONE TIME PURCHASE OF NITRILE EXAM GLOVES FOR THE PUBLIC WORKS WEST BANK WAREHOUSE 0010 - GLOVES, BLUE NITRILE, DISPOSABLE, AMBIDEXTROUS, TEXTURED, LARGE, 6 MIL, 9-1/2 IN LENGTH, POWDER FREE, 100 GLOVES PER DISPENSER BOX, MAGID #T9338L OR EQUAL SK# 00-058038M Aurelia/Procure-Lrg-NPFG-E	\$24.75/100	\$24,750.00



INTER-7

OP ID: PH

CERTIFICATE OF LIABILITY INSURANCEDATE (MM/DD/YYYY)
04/08/2021

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an **ADDITIONAL INSURED**, the policy(ies) must have **ADDITIONAL INSURED** provisions or be endorsed. If **SUBROGATION IS WAIVED**, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Global Underwriters Agency PO Box 4987 Clifton Park, NY 12065 William P Kloc	518-877-8623	CONTACT NAME: William P Kloc	
		PHONE (A/C, No, Ext): 518-877-8623	FAX (A/C, No): 518-877-8820
		E-MAIL ADDRESS:	
		INSURER(S) AFFORDING COVERAGE	NAIC #
		INSURER A: Regent Insurance Company	24449
		INSURER B: General Casualty Co of WI	24414
		INSURER C:	
		INSURER D:	
		INSURER E:	
		INSURER F:	

INSURED
Interboro Packaging Corp
Northvale Property Assoc LLC
114 Bracken Road
Montgomery, NY 12549-2600

COVERAGES**CERTIFICATE NUMBER:****REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	X		BPK0009354-00	02/04/2021	02/04/2022	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMPI/OP AGG \$ 2,000,000
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY			BPK0009354-00	02/04/2021	02/04/2022	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
B	<input checked="" type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB DED <input checked="" type="checkbox"/> RETENTION \$ 10000	X		BUM0008943-00	02/04/2021	02/04/2022	EACH OCCURRENCE \$ 2,000,000 AGGREGATE \$ 2,000,000
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A				PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> E L EACH ACCIDENT \$ E L DISEASE - EA EMPLOYEE \$ E L DISEASE - POLICY LIMIT \$
A	Property			BPK0009354-00	02/04/2021	02/04/2022	Bldg 7,150,000 BPP 4,500,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

CERTIFICATE HOLDER**CANCELLATION**

JEFFEG3

Jefferson Parish
200 Derbigny St
Gretna, LA 70053

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE



New York State Insurance Fund

WESTCHESTER ONE, 44 SOUTH BROADWAY, 10TH FLOOR, WHITE PLAINS, NY 10601-4411

| nysif.com

CERTIFICATE OF WORKERS' COMPENSATION INSURANCE



SCAN TO VALIDATE
AND SUBSCRIBE

^^^^^^ 112633541
INTERBORO PACKAGING INC
114 BRACKEN ROAD
MONTGOMERY NY 12549

POLICYHOLDER INTERBORO PACKAGING INC 114 BRACKEN ROAD MONTGOMERY NY 12549		CERTIFICATE HOLDER 50-134120 JEFFERSON PARISH 200 DERBIGNY STREET SUITE 4400 GRETN LA 70053	
POLICY NUMBER W 996 648-2	CERTIFICATE NUMBER 427661	POLICY PERIOD 01/03/2021 TO 01/03/2022	DATE 4/9/2021

THIS IS TO CERTIFY THAT THE POLICYHOLDER NAMED ABOVE IS INSURED WITH THE NEW YORK STATE INSURANCE FUND UNDER POLICY NO. 996 648-2, COVERING THE ENTIRE OBLIGATION OF THIS POLICYHOLDER FOR WORKERS' COMPENSATION UNDER THE NEW YORK WORKERS' COMPENSATION LAW WITH RESPECT TO ALL OPERATIONS IN THE STATE OF NEW YORK, EXCEPT AS INDICATED BELOW, AND, WITH RESPECT TO OPERATIONS OUTSIDE OF NEW YORK, TO THE POLICYHOLDER'S REGULAR NEW YORK STATE EMPLOYEES ONLY.

IF YOU WISH TO RECEIVE NOTIFICATIONS REGARDING SAID POLICY, INCLUDING ANY NOTIFICATION OF CANCELLATIONS, OR TO VALIDATE THIS CERTIFICATE, VISIT OUR WEBSITE AT [HTTPS://WWW.NYSIF.COM/CERT/CERTVAL.ASP](https://www.nysif.com/cert/certval.asp). THE NEW YORK STATE INSURANCE FUND IS NOT LIABLE IN THE EVENT OF FAILURE TO GIVE SUCH NOTIFICATIONS.

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS NOR INSURANCE COVERAGE UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICY.

NEW YORK STATE INSURANCE FUND

DIRECTOR, INSURANCE FUND UNDERWRITING

VALIDATION NUMBER: 946660122

***MINUTES OF THE
BOARD OF DIRECTORS MEETING
OF
Interboro Packaging Corporation***

A regular meeting of the Board of Directors of the above corporation was held on October 1, 2020 at 12:00 Noon at the corporation's place of business.

The purpose of the meeting: To authorize to sign bids and execute contracts to all Public Bidding of the said corporation all documents necessary, including signing bids and contracts on behalf of the said corporation. Also to set forth executive authority.

- I. QOURUM.** A quorum was declared present based on the presence of the following directors: Abraham Jeremias and Edith Jeremias and the following Shareholders who were present or Represented by proxy as follows:

-Shareholder: Edith Jeremias
Number of Shares: 120
The Shareholder was represented in person.

-Shareholder: Abraham Jeremias
Number of Shares: 80
The Shareholder was represented in person.

The following corporate actions were taken by appropriate motions duly made, seconded, and adopted by the unanimous vote of the Directors and Shareholders entitled to vote (unless a higher voting approval is stated.)

- II. APPROVAL OF ACTIONS SECTION.** The actions and undertakings of the Directors, Officers, Employees, and Agents of the corporation were approved with respect to:

- All actions subsequent to the last meeting of the Board of Directors and Shareholders.
- Compensation paid to the Officers during the past year.

- III. AUTHORIZATIN OF CORPORATE ACTION.** Effective immediately, the President or Chief Executive Officer, whoever holds this position, within the authority granted to her under, and in accordance with the provisions of, this Resolution, shall have the full and exclusive right to manage and control the business and affairs of the Corporation and to make all decisions regarding the business of the Corporation and shall have all of the rights, powers and obligations unilaterally, without any other corporate member's consent, in accordance to the laws of the State of New York. Any person that acts in the capacity as the President or Chief Executive Officer, whoever holds this position, shall sign, on behalf of the Corporation, any bank checks or withdrawal orders, stock and bond powers, tax returns, elections, notices, waivers, consents, contracts, Resolutions, deeds, mortgages or any other documents of instruments.

- IV. In order to expedite the handling of the Corporation's business and affairs, it is understood that any document executed by the President or CEO while acting in the name and on behalf of the Corporation shall be deemed to be the action of the Corporation as to any third parties.
- V. **Authority of the President or CEO** In addition to any other rights and powers which the President or CEO may possess under this Resolution and pursuant to the Corporation Act, the President or CEO shall, except to the extent otherwise provided herein, have all specific rights and powers required or appropriate to the management of the Corporation business which, by way of illustration but not by way of limitation, may include the following rights and powers:
- (i) to execute, in furtherance of any and all of the purposes of the Corporation, any and all Resolutions, contracts, documents, certifications, and other instruments deemed by the President or CEO to be necessary or appropriate in connection with the business of the Corporation;
 - (ii) to protect and preserve the title and interest of the Corporation with respect to the assets of the Corporation, to collect all amounts due to the Corporation and otherwise to enforce all rights of the Corporation, and in that connection to retain counsel and institute suits or proceedings in the name and on behalf of the Corporation;
 - (iii) to the extent that funds of the Corporation are available, to pay all debts and obligations of the Corporation and to make all distributions periodically to the Partners in accordance with the provisions of this Resolution;
 - (iv) to open separate bank accounts for the Corporation with such bank or banks as the President or CEO may from time to time select, and to designate and change signatories on such accounts;
 - (v) to employ on behalf of the Corporation such persons as the President or CEO shall deem advisable in the operation and management of Corporation business, including, without limitation, accountants, attorneys, appraisers, brokers and other experts, on such terms and for such reasonable compensation as the President or CEO shall consider advisable;
 - (vi) to advance funds to the Corporation;
 - (vii) to invest and reinvest in stocks, bonds, puts, calls, options, notes or other evidences of indebtedness or ownership (including but not limited to shares in investment trusts), whether unsecured or secured by mortgages on real or personal property wherever situated or other securities or investments and in any property, real or personal, foreign or domestic;
 - (viii) to acquire, hold, sell, transfer, assign, mortgage, lease or otherwise deal with any real, personal or mixed property, interest therein or appurtenance thereto;
 - (ix) to sell, convert, redeem, exchange, mortgage or otherwise dispose of, any real or personal property, at public or private sale, for cash or upon credit, with or without security;
 - (x) to borrow money and, if security is required therefor, to mortgage or subject to any other security device any portion of the assets of the Corporation, to obtain replacements of any mortgage or other security device, and to prepay, in whole or in part, refinance, increase, modify, consolidate or extend any mortgage or other security device; and

(xi) to purchase, at Corporation expense, liability and other insurance to protect the Corporation business and property.

VI. AUTHORIZATION OF CORPORATE ACTION. The Officers and Directors have authorized the following secretaries to take the necessary actions and to sign all public bids and contracts reasonably needed to Execution of bid and contracts.

1. Abraham Jeremias, Vice President, is hereby authorized to execute of behalf of the said corporation all documents necessary, sign bids and contract with governmental agencies, as state, counties, cities, school districts, towns and colleges, and that the documents signed by Abraham Jeremias shall be binding upon the said corporation as its own acts and deeds.
2. Rachel Loeb, Board Secretary, is hereby authorized to execute of behalf of the said corporation all documents necessary, sign bids and contract with governmental agencies, as state, counties, cities, school districts, towns and colleges, and that the documents signed by Rachel Loeb shall be binding upon the said corporation as its own acts and deeds.
3. Idy Grunhut, Bid Clerk, is hereby authorized to execute of behalf of the said corporation all documents necessary, sign bids and contract with governmental agencies, as state, counties, cities, school districts, towns and colleges, and that the documents signed by Idy Grunhut shall be binding upon the said corporation as its own acts and deeds.
4. Chaim Bittman, Treasurer, is hereby authorized to execute of behalf of the said corporation all documents necessary, sign bids and contract with governmental agencies, as state, counties, cities, school districts, towns and colleges, and that the documents signed by Chaim Bittman shall be binding upon the said corporation as its own acts and deeds.
5. Miriam Berger Secretary, is hereby authorized to execute of behalf of the said corporation all documents necessary, sign bids and contract with governmental agencies, as state, counties, cities, school districts, towns and colleges, and that the documents signed by Miriam Berger shall be binding upon the said corporation as its own acts and deeds.
6. Frady Fried, Secretary, is hereby authorized to execute of behalf of the said corporation all documents necessary, sign bids and contract with governmental agencies, as state, counties, cities, school districts, towns and colleges, and that the documents signed by Frady Fried shall be binding upon the said corporation as its own acts and deeds.
7. Mayer Jeremias, Secretary, is hereby authorized to execute of behalf of the said corporation all documents necessary, sign bids and contract with governmental agencies, as state, counties, cities, school districts, towns and colleges, and that the documents signed by Mayer Jeremias shall be binding upon the said corporation as its own acts and deeds.
8. Toby Meisels, is hereby authorized to execute of behalf of the said corporation all documents necessary, sign bids and contract with governmental agencies, as state, counties, cities, school districts, towns and colleges, and that the documents signed by Toby Meisels shall be binding upon the said corporation as its own acts and deeds.
9. Blimie Itzkowitz, is hereby authorized to execute of behalf of the said corporation all documents necessary, sign bids and contract with governmental agencies, as state, counties, cities, school districts, towns and colleges, and that the documents signed by Blimie Itzkowitz shall be binding upon the said corporation as its own acts and deeds.

There being no further business, the meeting was duly adjourned.



Edith Jeremias
Chairperson of the Board

Empire State Development

May 7, 2014

File ID: 46266

Mrs. Edith Jeremias
Interboro Packaging Corporation
114 Bracken Road
Montgomery, NY 12549

Dear Mrs. Edith Jeremias:

The New York State Department of Economic Development, Division of Minority and Women's Business Development (DMWBD) has determined that your firm, Interboro Packaging Corporation, continues to meet eligibility requirements for re-certification, pursuant to Executive Law, Article 15-A and 5NYCRR Section 140 through 145 of the Regulations.

Therefore, we are pleased to inform you that your firm, has once again, been granted status as a **Women Business Enterprise (WBE)**. Your business will continue to be listed in the State's Directory of Certified Businesses with codes listed on the following page.

This Certification remains in effect for a period of generally three (3) years from the date of this letter or until such time as you are selected again, by this office for re-certification. Any changes in your company that affect ownership, managerial and/or operational control, must be reported to this Office within thirty (30) days of such changes; including changes to company name, business address, telephone numbers, principal products/services and bonding capacity.

The Certification status is not intended to imply that New York State guarantees your company's capability to perform on contracts, nor does it imply that your company is guaranteed any State business.

Thank you for your cooperation. On behalf of the State of New York, I wish you luck in your business endeavors, particularly those involving State agencies.

Yours sincerely,



Scott Munson
Director of Certification

**Department of Purchasing & Contract Compliance**

Mario Avery, MBA, MCA
Contract Compliance Administrator

Suite 1168
130 Peachtree Street, S.W.
Atlanta, GA 30303
www.fultoncountyga.gov

Main: (404) 612-6300

September 17, 2020

Mrs. Edith Jeremias
Interboro Packaging Corp.
114 Bracken Road
Montgomery, NY 12549-2600

Dear Mrs. Jeremias:

The Fulton County Office of Contract Compliance has reviewed your application for Minority/Female Business Enterprise ("MFBE") recertification. Based on our evaluation of the information submitted, your firm has met the requirements for certification renewal.

Your firm's certification will last for a period of two (2) years beginning with the effective date of this letter. You may apply for recertification as a MFBE three months prior to the certification expiration date. Failure to recertify your company within six (6) months after certification has expired will require your company to repeat the certification process in its entirety. If at any time during your certification period there is a change in management, ownership or control of your firm, you are required to update your firm's profile. If your firm relocates during the certification period please update your profile as well. Failure to maintain accurate information on your firm may result in removal of your firm from the Minority/Female Business Enterprise (MFBE) Directory.

If you have any questions or require further assistance, please feel free to contact our office at (404) 612-6300. We wish you continued success in your business endeavors.

Sincerely,

Mario Avery
Contract Compliance Administrator



South Central Texas Regional Certification Agency

“Increasing economic prosperity by creating opportunities and eliminating barriers”

www.sctrca.org

March 18, 2019

Edith Jeremias
Interboro Packaging Corp.
114 Bracken Road
Montgomery, NY 12549-2600

Dear Edith Jeremias:

We are pleased to inform you that your application for certification in our Small, Minority, Woman and Veteran Business Enterprise (S/M/W/V) Program has been approved. Your firm met the requirements of the SCTRCA Policy and Procedure Manual and is currently certified as a:

*ESBE SBE WBE

Certification Number: 219039500
Certification Expiration: March 31, 2021

Providing the following products or services:

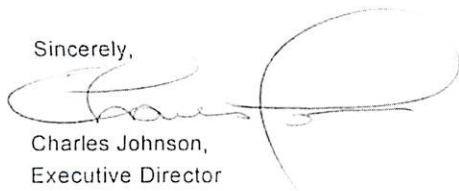
NAICS 423450: MEDICAL, DENTAL, AND HOSPITAL EQUIPMENT AND SUPPLIES MERCHANT WHOLESALERS

NAICS 423850: SERVICE ESTABLISHMENT EQUIPMENT AND SUPPLIES MERCHANT WHOLESALERS

On the two year anniversary date of your certification, you are required to provide a renewal application affirming that no changes have occurred affecting your certification status. The SCTRCA will send you a Certification Renewal reminder sixty (60) days prior to your expiration date. The SCTRCA will no longer include a certificate upon certification renewals. Your expiration date is March 31, 2021.

Please notify this office within thirty (30) days of any changes affecting the size, ownership, control requirements, or any material change in the information provided in the submission of the certification application. Thank you in advance.

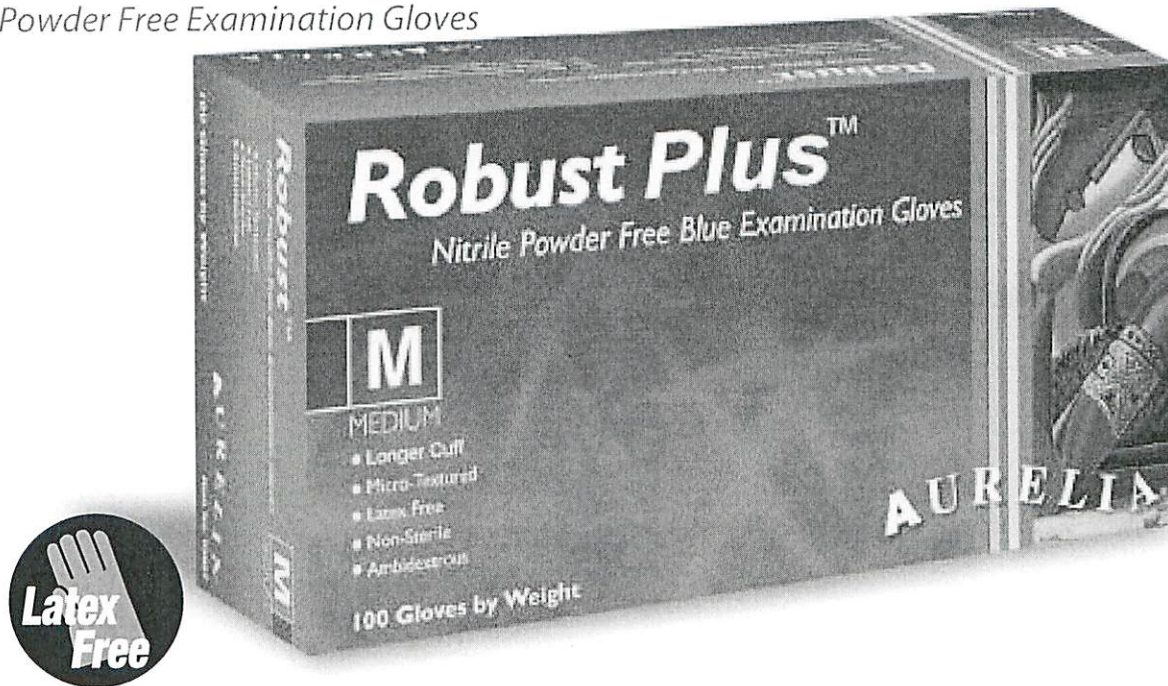
Sincerely,



Charles Johnson,
Executive Director

Robust Plus

Aurelia® Robust Plus™
Extended Cuff Blue Nitrile
Powder Free Examination Gloves



Textured for Grip
Maximum Protection



- 100% latex free, blue color
- 5 mil thickness for improved puncture resistance
- Micro-textured finish for improved gripping action
- 12" Extended Cuff



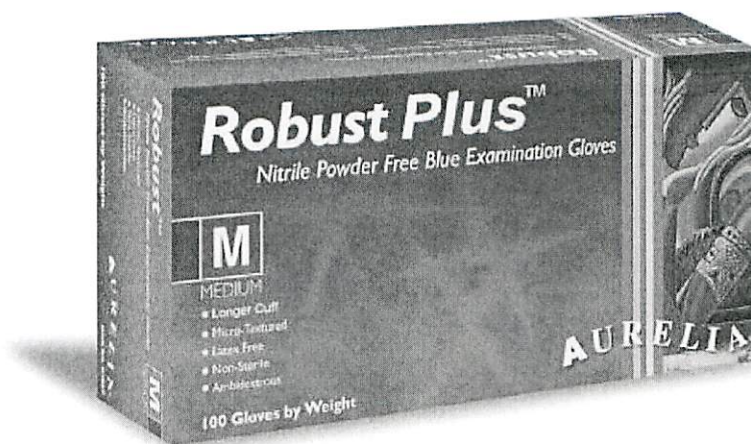
AURELIA
Sign of Comfort™

www.aureliagloves.com | 1-877-AURELIA (1-877-287-3542)

Robust Plus

Product Description

Aurelia® Robust Plus™ Extended Cuff Blue Nitrile (Non Latex) Powder Free Examination Gloves are made from 100% Nitrile (Non Latex), ambidextrous, blue color, Finger Textured and non-sterile. Aurelia gloves conform and are tested to the highest international standards. For more information visit www.aureliagloves.com



Aurelia® Robust Plus™ Specifications

TENSILE TEST RESULTS (unaged)

	Tensile Strength (MPa)	Elongation at break (%)
Small	26.1	550
Medium	26.5	550
Large	26.1	595
Extra Large	26.2	580
ASTM D6319-00	14 MPa minimum	500% minimum

AGED TENSILE TEST RESULTS (7 Days at 70° C)

	Tensile Strength (MPa)	Elongation at break (%)
Small	24.0	550
Medium	24.0	555
Large	24.0	585
Extra Large	23.7	570
ASTM D6319-00	14 MPa minimum	500% minimum

DIMENSIONS

	Length (inches/mm)	Thickness (Single-wall) Palm (mils/mm)	Finger (mils/mm)
Small Aurelia Robust Plus ASTM D6319-00	12 / 305 8.7 / 220 minimum	5.0 / 0.12 3.2 / 0.08 minimum	6.0 / 0.15 3.2 / 0.08 minimum
Medium Aurelia Robust Plus ASTM D6319-00	12 / 305 9.1 / 230 minimum	5.0 / 0.12 3.2 / 0.08 minimum	6.0 / 0.15 3.2 / 0.08 minimum
Large Aurelia Robust Plus ASTM D6319-00	12 / 305 9.1 / 230 minimum	5.0 / 0.12 3.2 / 0.08 minimum	6.0 / 0.15 3.2 / 0.08 minimum
Extra Large Aurelia Robust Plus ASTM D6319-00	12 / 305 9.1 / 230 minimum	5.0 / 0.12 3.2 / 0.08 minimum	6.0 / 0.15 3.2 / 0.08 minimum

Ordering Information

To order from your preferred distributor, specify size and item number. Packing: 100 pieces per dispenser box, 10 dispenser boxes per shipping carton.

ITEM NUMBER

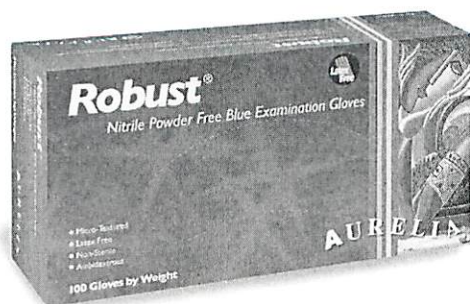
Small	Medium	Large	Extra Large	XX-Large
63886	63887	63888	63889	63880

Authorized Aurelia Distributor:



AURELIA Div. Supermax Inc.



1899 Sequoia Drive, Aurora, IL 60506 | Toll Free: 1-877-AURELIA | Tel: 1-630-898-8886 | Fax: 1-630-898-8855
Web: www.aureliagloves.com | Email: info@aureliagloves.com



AURELIA® Robust®

Examination Gloves



			
93895	[XS]	ø 100	10 x 100
93896	[S]	ø 100	10 x 100
93897	[M]	ø 100	10 x 100
93898	[L]	ø 100	10 x 100
93899	[XL]	ø 100	10 x 100



Nitrile



Powder Free



Regular Blue



Micro-Textured



5.0 +/- 0.2 g



5 Years

Premium Quality Blue Nitrile examination gloves that offer greater tensile strength and protection than both Latex and Vinyl.




Nitrile examination gloves offer extra comfort and flexibility.

- 4.5mil Powder-Free Nitrile
- Non-Sterile
- Beaded cuff
- Ambidextrous
- Latex Free
- AQL 1.5

Sizes & Dimensions

Single wall thickness

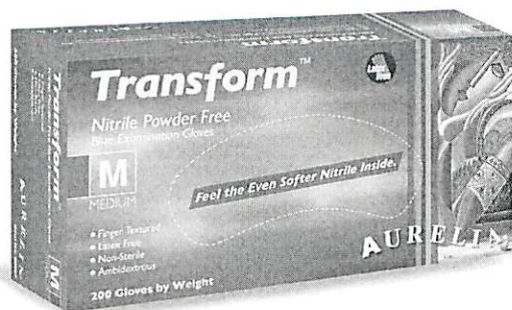
Physical properties

			
XS	70 ± 10 mm	min. 240 mm	① min. 0.12 mm
S	80 ± 10 mm	min. 240 mm	② min. 0.09 mm
M	95 ± 10 mm	min. 240 mm	③ min. 0.05 mm
L	110 ± 10 mm	min. 240 mm	
XL	≥ 110 mm	min. 240 mm	

	Unaged	Aged
Tensile Strength	min. 14.0 MPa	min. 14.0 MPa
Elongation	min. 500 %	min. 400 %
Strength at Break	min. 6N	min. 6N

Aurelia Gloves conforms and complies with:



- The general safety and performance requirements of FDA Medical Device Regulation for Class 1 medical devices (21 CFR 880.6250) and complies with all general controls (section 513(a)(1)(A) of the Federal Food, Drug, and Cosmetic Act (Act); 21 U.S.C. 360c(a)(1)(A))
- The standard specification requirements for ASTM D6319- Freedom From Holes, Physical Dimensions Test, Physical Requirement Test and Packaging
- The standard specification requirements for ASTM D6978-05 - Standard Practice for Assessment of Resistance of Medical Gloves to Permeation by Chemotherapy Drugs
- EEC regulations concerning the conformity of materials and products that are allowed to come into contact with food. In accordance with Regulation EEC 1935/2004, Regulation EC 10/2011 & Regulation (EC) No 2023/2006.
- The gloves are certified manufactured according to ISO 9001:2015 and ISO 13485:2016 Quality Management Systems



AURELIA® Transform®

Examination Gloves



			
98895	[XS]	ø 200	10 x 200
98896	[S]	ø 200	10 x 200
98897	[M]	ø 200	10 x 200
98898	[L]	ø 200	10 x 200
98899	[XL]	ø 200	10 x 200



Nitrile



Powder Free



Ice Blue



3.6 +/- 0.2 g



Finger-Textured



5 Years

Quality Ice Blue Nitrile examination gloves that offer increased tensile strength and protection over Latex and Vinyl.




Thin Nitrile examination gloves specifically designed to offer increased comfort, flexibility & sensitivity.

- 3.2mil Powder-Free
- Nitrile - Non-Sterile
- Beaded cuff
- Ambidextrous
- Latex Free
- AQL 1.5

Sizes & Dimensions

Single wall thickness

Physical properties

			
XS	70 ± 10 mm	min. 240 mm	
S	80 ± 10 mm	min. 240 mm	
M	95 ± 10 mm	min. 240 mm	
L	110 ± 10 mm	min. 240 mm	① min. 0.10 mm
XL	≥ 110 mm	min. 240 mm	② min. 0.06 mm
			③ min. 0.05 mm

	Unaged	Aged
Tensile Strength	min. 14.0 MPa	min. 14.0 MPa
Elongation	min. 500 %	min. 400 %
Strength at Break	min. 6N	min. 6N

Aurelia Gloves conforms and complies with:

- The general safety and performance requirements of FDA Medical Device Regulation for Class 1 medical devices (21 CFR 880.6250) and complies with all general controls (section 513(a)(1)(A) of the Federal Food, Drug, and Cosmetic Act (Act); 21 U.S.C. 360c(a)(1)(A))
- The standard specification requirements for ASTM D6319- Freedom From Holes, Physical Dimensions Test, Physical Requirement Test and Packaging
- The standard specification requirements for ASTM D6978-05 - Standard Practice for Assessment of Resistance of Medical Gloves to Permeation by Chemotherapy Drugs
- EEC regulations concerning the conformity of materials and products that are allowed to come into contact with food. In accordance with Regulation EEC 1935/2004, Regulation EC 10/2011 & Regulation (EC) No 2023/2006.
- The gloves are certified manufactured according to ISO 9001:2015 and ISO 13485:2016 Quality Management Systems

PROCURE PRODUCTS

PRODUCT SPECIFICATION Nitrile Powder Free Examination Gloves (Finger Textured)

SECTION I: PRODUCT DESCRIPTION

1.1	Type	Nitrile Examination Glove, Powder Free, Online Single Chlorinated, Non-sterile
1.2	Material	100% Synthetic Nitrile Latex
1.3	Color	Dark Blue-Purple
1.4	Design and Feature	Ambidextrous, finger textured, beaded cuff
1.5	Powder	No powder lubricant added
1.6	Storage Condition	The gloves shall maintain their properties when stored in a dry condition. Avoid direct sunlight.
1.7	Shelf-Life	The gloves shall have shelf life of 3 years from the date of manufacture with the above storage condition.
1.8	Packing Style	100 pcs gloves × 10 dispensers × 1 carton
1.9	Size Marking	The size of gloves shall be marked in the check box on every carton with black ink.

SECTION II: PERFORMANCE REQUIREMENTS (Sampling Plan – ISO 2859 Single Normal)

#	Characteristics	Inspection Level	Acceptable Quality Level	Reference Standard
2.1	Dimensions	S2	4.0	ASTM D6319-19
2.2	Physical Properties	S2	4.0	ASTM D6319-19
2.3	Freedom from Holes (Water Tight Test)	GI	1.5	ASTM D6319-19 ASTM D5151-19
2.4 (i) (ii)	Visual Defects: Major Visual Minor Visual	GI	2.5 4.0	In-house practice
2.5 (i) (ii) (iii)	Packaging Defects: Regulatory Visual Critical (incl. Gloves Counting)	GI GI S2	** 4.0 4.0	In-house practice
2.6	Powder Free Residue	N=5	-	ASTM D6319-19 ASTM D6124-06 (2017)
2.7	Mix Size / Mix Glove / Mix Hand	Not Allowed		

**Unacceptable at any level

PROCURE PRODUCTS

SECTION III: PERFORMANCE SPECIFICATION

3.1 Dimensions

Description	Size	Standard
Length (mm)	All Sizes	Min 230
Palm Width (mm)	XS	70 +/- 10
	S	80 +/- 10
	M	95 +/- 10
	L	110 +/-10
	XL	120 +/-10
Thickness (mm) *single wall	All Sizes	Palm: ≥ 0.06 Finger: ≥ 0.07

3.2 Physical Properties

Description	Standard	
	Before Aging	After Aging
Elongation at Break (%)	Min 500	Min 400
Tensile Strength (MPa)	Min 14	Min 14

3.3 Freedom from Holes

The sample size and allowable number of non-conforming gloves in the samples shall be determined in accordance to Sampling Plan ISO 2859-1 Single Normal using inspection and acceptable quality level as stated in Section II: Performance Requirements.

3.4 Visual Defects

The sample size and allowable number of non-conforming gloves in the samples for both major and minor defects shall be determined in accordance to Sampling Plan ISO 2859-1 Single Normal using inspection and acceptable quality level as stated in Section II: Performance Requirements.

3.5 Packaging Defects

The sample size and allowable number of non-conforming in the samples for regulatory, visual and critical packaging defects shall be determined in accordance to Sampling Plan ISO 2859-1 Single Normal using inspection and acceptable quality level as stated in Section II: Performance Requirements (Gloves Counting=100 pcs by weight per Dispenser).

3.6 Powder Free Residue: Maximum 2 mg per glove

PROCURE PRODUCTS

3.7 Gloves have been tested for use with chemotherapy drugs using ASTM D6978-05(2013) and the following chemicals have been tested with gloves:

Chemotherapy Drug	Minimum Breakthrough Detection Time (Minutes)
Carmustine(BCNU) (3.3 mg/ml)	11.0
Cisplatin (1mg/ml)	>240
Cyclophosphamide (20mg/ml)	>240
Dacarbazine (DTIC) (10mg/ml)	>240
Doxorubicin Hydrochloride (2mg/ml)	>240
Etoposide (Toposar) (20mg/ml)	>240
Fluorouracil (50mg/ml)	>240
Methotrexate (25mg/ml)	>240
Paclitaxel (Taxol) (6mg/ml)	>240
Thiotepa (THT) (10mg/ml)	28.8
Bleomycin (15.0mg/ml)	>240
Busulfan (6.0mg/ml)	>240
Carboplatin, (10.0mg/ml)	>240
Chloroquine, (50.0mg/ml)	>240
Cyclosporin, (100.0mg/ml)	>240
Cytarabine, (100.0mg/ml)	>240
Daunorubicin, (5.0mg/ml)	>240
Docetaxel, (10.0mg/ml)	>240
Epirubicin (Ellence), (2.0mg/ml)	>240
Fludarabine, (25.0mg/ml)	>240
Gemcitabine (Gemzar) (38.0mg/ml)	>240
Idarubicin, (1.0mg/ml)	>240
Ifosfamide, (50.0mg/ml)	>240
Irinotecan, (20.0mg/ml)	>240
Mechlorethamine HCl, (1.0mg/ml)	>240
Melphalan, (5.0mg/ml)	>240

PROCURE PRODUCTS

Mitomycin C, (0.5mg/ml)	>240
Mitoxantrone, (2.0mg/ml)	>240
Oxaliplatin, (2.0mg/ml)	>240
Paraplatin, (10.0mg/ml)	>240
Retrovir, (10.0mg/ml)	>240
Rituximab, (10.0mg/ml)	>240
Topotecan HCL, (1.0mg/ml)	>240
Trisonex, (1.0mg/ml)	>240
Velcade (Bortezomib), (1.0mg/ml)	>240
Vincristine, (1.0mg/ml)	>240

* Please note that the following drugs have extremely low permeation times: Carmustine: 11.0 minutes and Thiotepea: 28.8 minutes

Effective Date: October 26, 2020

510(k) Premarket Notification

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Device Classification Name	Polymer Patient Examination Glove
510(K) Number	K020493
Device Name	SYNTEX POWDER-FREE NITRILE EXAMINATION GLOVE
Applicant	SYNTEX HEALTHCARE PRODUCTS CO. LTD. NO. 1 FANJIAZHUNG INDUSTRIAL ZONE Xinji City, Hebei Province, CN 052360
Applicant Contact	Tan Swu Choon
Correspondent	SYNTEX HEALTHCARE PRODUCTS CO. LTD. NO. 1 FANJIAZHUNG INDUSTRIAL ZONE Xinji City, Hebei Province, CN 052360
Correspondent Contact	Tan Swu Choon
Regulation Number	880.6250
Classification Product Code	LZA
Date Received	02/13/2002
Decision Date	02/26/2002
Decision	Substantially Equivalent (SESE)
Regulation Medical Specialty	General Hospital
510k Review Panel	General Hospital
Statement	Statement
Type	Traditional
Reviewed By Third Party	No
Combination Product	No

Page Last Updated: 11/30/2020

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U.S. Food and Drug Administration

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U.S. Department of Health & Human Services

POWDER FREE | COOL BLUE
NITRILE EXAM GLOVES

200 GLOVES
by weight
SMALL

ProCure
ProCure Products

REORDER
PC610CB

Single Use Only

ProCureTM

ProCure Products

Sizes Available	Order No.
X-SMALL	PC600CB
SMALL	PC610CB
MEDIUM	PC620CB
LARGE	PC630CB
X-LARGE	PC640CB

POWDER FREE | COOL BLUE NITRILE EXAM GLOVES



ProCure Cool Blue Nitrile Examination Gloves are not made with natural rubber latex, eliminating the possibility of allergic reactions commonly associated with latex proteins. The Cool Blue nitrile gloves feature a textured grip, have a comfortable fit and feel, and fit on both right or left hands.

Storage: Store in a dry ventilated environment. Do not store above 100° F (37° C). Avoid direct sunlight, fluorescent lighting, heat and moisture.



Not Made with
Natural Rubber Latex



Lot Number: 202008-PO041284  : 202008  : 202308

Visit us online at www.procureproducts.com

Distributed by ProCure Products | 11333 Greenstone Ave | Santa Fe Springs, CA 90670

Made in China



ProCure™

POWDER FREE
COOL BLUE

NITRILE EXAM GLOVES

- Ambidextrous
- Textured Grip
- Non-Sterile
- Single Use Only

200
Gloves
by weight

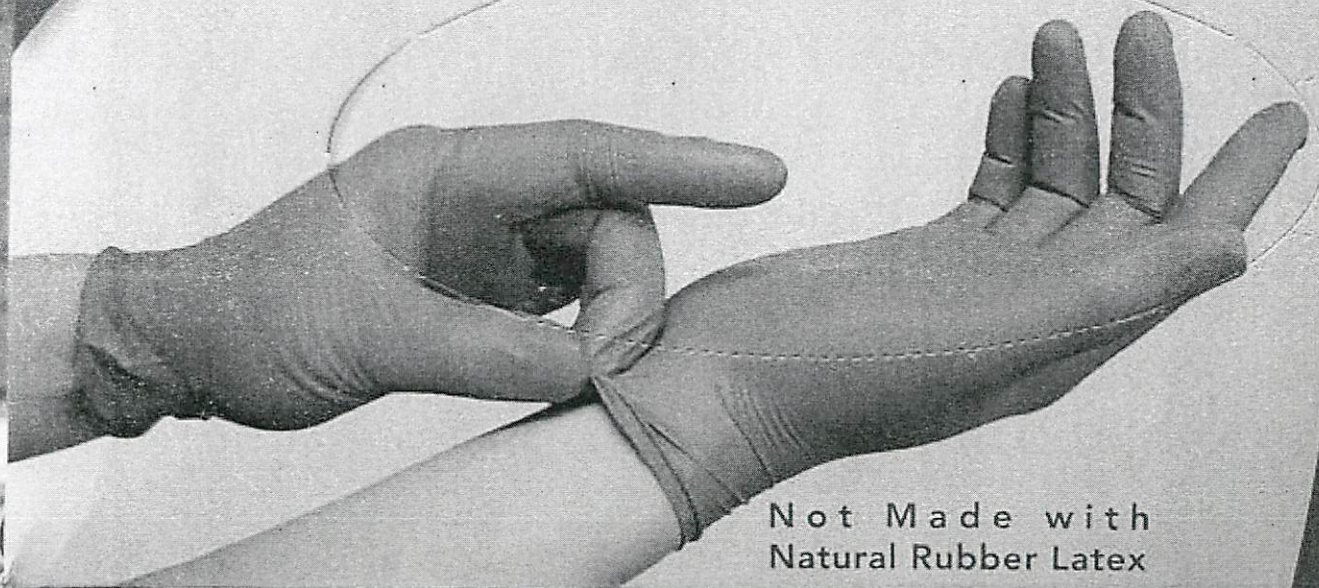
Reorder No.
PC610CB

S
SMALL

ProCure™

POWDER FREE
COOL BLUE

NITRILE EXAM GLOVES



Not Made with
Natural Rubber Latex

Reorder No.
PC610CB

S
SMALL

200
Gloves
by weight



1899 Sequoia Drive, Aurora, IL 60506
Tel: 630-898-8886 Fax: 630-898-8855
Toll Free: 877-AURELIA (287-3542)

www.aureliagloves.com

May 19, 2015

Attn : To whom it may concern

RE: Aurelia Protégé Nitrile Examination Glove

We hereby confirms that Aurelia Protégé Nitrile Examination Glove is an FDA Approved glove bearing FDA 510K # 9680710. Since they are FDA Approved therefore it will be safe for Food Preparation use as well.

Aurelia Protégé is also a Nitrile glove which is latex free.

Thanks

Best Regards,

Sabrina Chan
Regulatory



April 9, 2021

Jefferson Parish
P.O. Box 9
Gretna, LA 700054

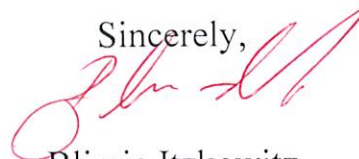
Bid # 50-134120 Nitrile Exam Gloves

To Whom It May Concern:

It is hereby understood that we are quoting the prices per the unit you have specified in the bid. However, as the table below indicates, we stock some items in a different pack. Therefore, unless you insist on your specified count, we may prefer to ship according to our standard pack. This will only expedite the delivery of your orders. Be advised, however, that we will not deviate without your definite approval.

Item Number	Standard Pack	Adjusted Price
1	100/Box, 10 Boxes/Case = 1,000/Case	\$247.50

Sincerely,



Blimie Itzkowitz
Secretary