

BIL	Quotation Reference	Description	Advertisement Date	Closing Date (Not Later Than 2.00PM)	Quotation Fee	Requesting Department	Focal Person
8	BME/A2K/(946)2022/HTD (A21)	<p>SUPPLY, DELIVERY, INSTALLATION, TESTING, AND COMMISSIONING OF THREE (3) UNITS OF PORTABLE FLEXIBLE VIDEO BRONCHOSCOPE FOR THE INTENSIVE CARE UNIT, HOSPITAL RIPAS, MINISTRY OF HEALTH</p> <p><u>PLACE OF SUBMISSION:</u> QUOTATION BOX (GROUND FLOOR) MINISTRY OF HEALTH COMMONWEALTH DRIVE BANDAR SERI BEGAWAN, BB 3910 NEGARA BRUNEI DARUSSALAM</p>	05/11/2022	19/11/2022	\$5.00	JABATAN TEKNOLOGI PENJAGAAN KESIHATAN, KEMENTERIAN KESIHATAN.	MUHD AMIRUL FAZLEEN BIN HAJI KHALIDIN JURUTERA PERUBATAN HAYAT TEL: 2242424 EXT 8693 (RIPASH)

SUPPLY, DELIVERY, INSTALLATION, TESTING, AND COMMISSIONING OF THREE (3) UNITS OF PORTABLE FLEXIBLE VIDEO BRONCHOSCOPE FOR THE INTENSIVE CARE UNIT, HOSPITAL RIPAS, MINISTRY OF HEALTH

ANNEX A

REQUIREMENTS

REF	DESCRIPTION	Tick (✓)		STATE OR SPECIFY	
		YES	NO	REMARKS	BROCHURE PAGE
1	USER REQUIREMENT - STANDARD FEATURES				
1.1	Portable flexible video bronchoscope to be use for observation and endotracheal/endobronchial diagnostics				
1.2	Capable of photographing, record and storage, real-time video output				
1.3	Inclusive of small display screen between 3" to 5" to show video images attached to scope				
1.4	Capable of bending up and down angulation				
1.5	Has biopsy and suction capability				
1.6	Waterproof				
1.7	Outer diameter of between 5.0 mm to 5.5mm				
1.8	Large Instrument Channel: 2.2 mm or better				
2	TECHNICAL DATA SPECIFICATION (Please specify where applicable)				
2.1	Working length in mm				
2.2	Outer diameter in mm				
2.3	Field of view in degree				
2.4	Depth of field in mm				
2.5	UP angulation in degree				
2.6	DOWN angulation in degree				
2.7	Display screen type				
2.8	Display screen size				
2.9	Display screen resolution				
3	USER TRAINING				
3.1	Conduct user training to the end user including but not limited to: <ul style="list-style-type: none"> • Basic operation • Basic maintenance 				
3.2	Include operating manual for end user				

In your quotation/tender document, please breakdown/itemized the price for each accessories/ consumables (where applicable)

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**ANNEX B
PROCUREMENT**

REF	DESCRIPTION	Tick (✓)		REMARKS
		YES	NO	
1	ORIGINAL BROCHURE OR CERTIFIED TRUE COPY OF BROCHURE ATTACHED:			Required to assist during evaluation of tender document
2	WARRANTY			Warranty period:
FILL IN THE DETAILS				
3	BRAND			
4	MODEL			
5	COUNTRY OF ORIGIN			
6	UNIT PRICE (BND)			
7	TOTAL PRICE (BND)			
8	PRICE VALIDITY			
9	DELIVERY TIME			
10	YEAR MANUFACTURED			
11	EQUIPMENT LIFE SPAN ESTIMATION:			
12	NUMBER OF TECHNICAL SUPPORT (LOCAL)			
13	NUMBER OF TECHNICAL SUPPORT (OVERSEA) State nearest location			

REF	DESCRIPTION	Tick (✓)		REMARKS
		YES	NO	
14	PREVENTIVE MAINTENANCE During warranty period, tenderer must perform preventive maintenance twice a year (Preventive maintenance conducted must be recorded and a copy of the document must be available for user and Bio medical engineering.)			Include but not limited to: 1) General cleaning 2) Physical check 3) Function and performance testing 4) Calibration
15	INTERNATIONAL SAFETY STANDARD			US FDA
				EU CE MARK
				AUSTRALIAN TGA
				CANADA CSA
				JAPAN JIS
				OTHERS:
			OTHERS:	

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ANNEX C

TECHNICAL SPECIFICATION

TICK (✓) ONE OR MORE AND STATE WHERE APPROPRIATE					
A. ELECTRICAL					
POWER SUPPLY		AC POWER	DC POWER	BOTH	N/A
AC POWER	AC POWER TYPE	SINGLE PHASE		THREE PHASE	
	AC POWER CORD	3 Pin Type G Power Plug - Grounded		OTHERS:	
	AC POWER RATING	220V	230V	240V	OTHERS:
DC POWER	DC POWER TYPE	INTERNAL/ BUILT-IN BATTERY	REMOVABLE BATTERY	DISPOSABLE BATTERY	RECHARGABLE
	BATTERY TYPE	LITHIUM ION	NICKEL CADMIUM	LEAD ACID	OTHERS: AAA / AA/ 9V
	BATTERY RATING	V		MAH	OTHERS:
	BATTERY CAPACITY/ RUNNING HOURS	HOURS (FULL LOAD OR CONTINUOS)			HOURS (OTHERS)
	BATTERY CHARGER	SUPPLIED	NOT INCLUDED	N/A	
	BATTERY CHARGER OUTPUT				
	BATTERY CHARGE TIME	HOURS (MAX)			HOURS (MIN)
POWER CONSUMPTION	N/A				
FUSE RATING	N/A				
CLASSIFICATION	CLASS I	CLASS II	CLASS III		
IP CODE (IEC standard 60529)	N/A				
UPS	BUILT-IN	INCLUDED	N/A		
OVERLOAD PROTECTION	YES	NO	UPS RATING:	VA	

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B. PHYSICAL				
DESCRIPTION	VALUE FILL IN THE VALUE	UNITS		
		TICK (✓) OR STATE WHERE APPROPRIATE		
WEIGHT		KG	LBS	OTHERS:
EXTERNAL HEIGHT		MM	CM	OTHERS: M / INCH / FT
EXTERNAL WIDTH		MM	CM	OTHERS: M / INCH / FT
EXTERNAL DEPTH		MM	CM	OTHERS: M / INCH / FT
OTHER WEIGHT:		KG	LBS	OTHERS:
OTHER DIMENSION:			MM	OTHERS: CM / M / INCH / FT

C. OTHERS			
WATER OUTLET	YES	NO	REQUIRED PRESSURE:
DRAIN OUTLET	YES	NO	PIPE DIAMETER:
AIR- CONDITIONED ROOM	YES	NO	
EXHAUST FAN	YES	NO	
NEGATIVE PRESSURE ROOM	YES	NO	
OTHERS:			

D. SCOPE OF WORK				
SUPPLY	YES	NO	N/A	All standard, accessories and additional requests in Annex A - Requirement
INSTALLATION	YES	NO	N/A	Properly install before user operates
COMMISSIONING	YES	NO	N/A	<ul style="list-style-type: none"> Register with Biomedical Engineering Asset Tagging
ELECTRICAL SAFETY TEST	YES	NO	N/A	To provide proof of electrical safety test done by manufacturer or supplier during commissioning
TECHNICAL TRAINING	YES	NO	N/A	To conduct technical training to Biomedical Engineering (BME) staffs including but not limited to: <ul style="list-style-type: none"> Basic troubleshooting Minor setting adjustments
	LOCAL	OVERSEA	N/A	Conduct during or after commissioning Else, proper technical training at manufacturer premises
Technical/service manual for BME	YES	NO		Either softcopy or hardcopy