

REFERENCE OF TENDER	DESCRIPTION OF TENDER	TIME PERIOD OF TENDER	DEPARTMENT/DIVISION/UNIT REQUESTING TENDER	FEES	CLOSING DATE NOT LATER THAN 2.00PM	FOCAL PERSON
KK/77/2025/ESTETRIPASH	<p>RENOVATION AND CONVERSION OF TOILET FACILITIES INTO PULMONARY FUNCTION TEST (PFT) ROOMS AT SPECIALIST BUILDING 1 IN RAJA ISTERI PENGIRAN ANAK SALEHA (RIPAS) HOSPITAL (RE-TENDER)</p> <p>Eligibility for Tenderers: Registered with Ministry of Health AND/OR Ministry of Development</p> <p>Class: II Category: KA01, B01, M01 & E01</p>	-	RIPAS HOSPITAL	\$30.00	22 ND APRIL 2025	<p>Head of Section Estate Management Section Raja Isteri Pengiran Anak Saleha (RIPAS) Hospital Ministry of Health Negara Brunei Darussalam Contact No: 2242424 ext. 2222/8637/8638</p>

TENDER REFERENCE NO.: KK/77/2025/ESTETRIPASH

**MINISTRY OF HEALTH
NEGARA BRUNEI DARUSSALAM**

**RENOVATION AND CONVERSION OF TOILET FACILITIES
INTO PULMONARY FUNCTION TEST (PFT) ROOMS AT
SPECIALIST BUILDING 1 IN RAJA ISTERI PENGIRAN
ANAK SALEHA (RIPAS) HOSPITAL (RE-TENDER)**

TENDER FEES : \$30.00

RECEIPT NO. :

CLOSING DATE : ON TUESDAY, 22ND APRIL 2025

TIME : 2.00 PM

FOA :

**THE CHAIRMAN
MINI TENDER BOARD, TENDER BOX
GROUND FLOOR, MINISTRY OF HEALTH
COMMONWEALTH DRIVE
BANDAR SERI BEGAWAN BB3910
NEGARA BRUNEI DARUSSALAM**

(CLUSTERING)



Ministry of Health
Brunei Darussalam

**CONSTRUCTION AND/OR RENOVATION,
MAINTENANCE, REPAIR AND DEMOLITION
IN THE HEALTH CARE SETTING:
PROCEDURE FOR INFECTION CONTROL
RISK ASSESSMENT (ICRA),
IMPLEMENTATION AND MONITORING**

DOCUMENT CODE:
ICRA / MOH-HAP-INF-006 / V01 / 112019

EFFECTIVE DATE:
NOV 2019

DOCUMENT TITLE: CONSTRUCTION AND/OR RENOVATION, MAINTENANCE, REPAIR AND DEMOLITION IN THE HEALTH CARE SETTING – PROCEDURE FOR INFECTION CONTROL RISK ASSESSMENT (ICRA), IMPLEMENTATION AND MONITORING			
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1. BACKGROUND

- 1.1. The environment serves as a reservoir for a variety of microorganisms.

- 1.2. The implication of the environment in disease transmission is rare. However, in the immunocompromised patients, inadvertent exposures to environmental opportunistic pathogens (such as filamentous fungi, including *Aspergillus spp*, *Candida spp*, *Fusarium* and bacteria such as *Legionella* and *Nocardia*) from environmental disturbances caused by construction and/or renovation, maintenance, repair and demolition activities in and near healthcare facilities may result in infections with significant morbidity and/or mortality.

- 1.3. Lack of existence and/or adherence to established standards and procedures can result in adverse patient outcomes in these health-care facilities undergoing construction and/or renovation, maintenance, repair or demolition activities.

2. OBJECTIVES

- 2.1. This document aims to provide the standard procedure for the implementation of Infection Prevention and Control (IPC) measures related to construction and/or renovation, maintenance, repair and demolition activities in the health care facilities.

- 2.2. The IPC measures designed aim to decrease the risk of transmission of infections to patients that may arise from exposure to released microorganisms in dust and aerosolization of water into the environment during these activities thus ensuring the health and safety of patients, healthcare personnel and visitors.

3. SCOPE

- 3.1. This document applies to the administrators of the healthcare facilities where the project is located, contractors and all those who are involved in the said project in the healthcare setting, including involved staff of the healthcare organization of the project.

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4. POLICY

- 4.1. The administrators of the healthcare facilities where the project is located, contractors and all those who are involved in the said project in the healthcare setting must adhere to the procedures set out in this document.

5. REFERENCES

- 5.1. CDC (2003). Guidelines for Environmental Infection Control in Healthcare Facilities. Recommendations from Centers for Disease Control and Prevention (CDC) and the Healthcare Infection Control Practices Advisory Committee (HICPAC). <https://www.cdc.gov/infectioncontrol/pdf/guidelines/environmental-guidelines.pdf>
- 5.2. Ling et al. (2015). APSIC Guidelines for Environmental Cleaning and Decontamination. Antimicrobial Resistance and Infection Control, 4:58. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4696151/pdf/13756_2015_Article_99.pdf
- 5.3. Ontario Agency for Health Protection and Promotion (Public Health Ontario), Provincial Infectious Diseases Advisory Committee. (2018). Best practices for environmental cleaning for prevention and control of Infections in all health care settings. 3rd ed. Toronto, ON: Queen’s Printer for Ontario. https://www.publichealthontario.ca/en/eRepository/Best_Practices_Environmental_Cleaning.pdf
- 5.4. Joint Commission International Accreditation Standards for Hospitals. 6th Edition. 1 July 2017.

6. DEFINITION OF TERMS

6.1. Health care facility:

- 6.1.1. Health care facility is a set of physical infrastructure elements supporting the delivery of health-related services.

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6.2. Health care setting:

6.2.1. A health care setting is any location of provision of health care, e.g. hospitals, mental health facilities, outpatient clinics, community health centres and clinics, in both the public and private sectors.

6.3. Contractor:

6.3.1. A person or firm that undertakes a contract to provide materials or labour to perform a service or do a job.

6.4. Disinfectant:

6.4.1. A disinfectant is a product used on environmental surfaces or medical equipment resulting in disinfection of the environmental surfaces or equipment.

6.5. Disinfection:

6.5.1. Disinfection refers to the process that eliminates all pathogenic microorganisms, except bacterial spores.

6.5.2. Prior cleaning is required for effective disinfection.

6.6. Cleaning:

6.6.1. 'Cleaning' refers to the physical removal of visible soil (organic or inorganic material) from objects and surfaces, which can be done manually or mechanically using water and detergents.

6.7. Construction:

6.7.1. Construction is a process that consists of the building or assembling of infrastructure.

6.8. Demolition:

6.8.1. Demolition is a process that consists of the tearing down of buildings and other structures.

6.9. Renovation:

6.9.1. Renovation is a process that consists of the restoration or refurbishment of buildings.

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6.10. Maintenance:

6.10.1. Maintenance is a process that consists of the preservation of the condition or function of buildings.

6.11. Repair:

6.11.1. Repair is a process that consists of the restoration of damaged, faulty or worn condition and/or function of buildings.

6.12. Project:

6.12.1. A project refers to any construction and/or renovation, maintenance, repair or demolition activities.

6.13. Infection Control Risk Assessment (ICRA):

6.13.1. ICRA refers to a multidisciplinary, organizational, documented process aimed to reduce the risk of transmission of opportunistic environmental pathogens to susceptible patients.

6.13.2. The process involves the consideration of the health care facility's patient population and type of planned project to produce a Class of Precautions (see 6.15 below for definition).

6.13.3. The conduct of the ICRA is by a multidisciplinary Project Team (see 6.14 below)

6.13.4. For construction and/or renovation, the conduct of the ICRA is during the design stage of the project, after finalizing the design layout and before submission of the project tender document.

6.13.5. For maintenance and/or repair or demolition activities, the conduct of the ICRA is during the discussion of the required activity, prior to the approval of the start of the activity.

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6.14. Project Team:

6.14.1. The Project Team is a multidisciplinary team comprising of (but not limited to) the Officer-In-Charge of the project, the healthcare facility’s administrators, Health Safety and Environment Officer, Patient Safety Officer, facility management services, the facility’s nursing administrators, the facility’s infection control team and end-users (relevant officers, clinicians and/or nursing staffs).

6.15. Class of Precautions:

6.15.1. Class of Precautions are sets of Infection Prevention and Control (IPC) specifications designed to reduce the risk of transmission of opportunistic environmental pathogens to susceptible patients, which are determined by the ICRA process.

6.15.2. The Class of Precautions is determined according to the Construction Project Type and categories of Patient Risk Groups.

6.15.3. The implementation of the recommended set of IPC specifications within the Class of Precautions by the contractor is prior to the commencement of the projects and monitored throughout the project and upon completion of the project.

6.15.4. These specifications may be modified as deemed necessary and the contractor be made aware of the changes and are required to adhere to them after approval of variation order, if applicable.

6.16. Project Rounds:

6.16.1. Project Rounds is the conduct of project site inspection prior to allowing project works to begin, during and upon completion of the project.

6.16.2. The Project Round conducted is to ensure the satisfactory implementation of all IPC specifications by the contractor before allowing project works to begin, implementation maintained during the project work and implemented upon completion of the project.

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6.16.3. The Project Round conducted is also to ensure the identification of other IPC issues and addressed as is deemed necessary

6.16.4. The leader and coordinator of the Project Round is the Officer-In-Charge of the Project, and conducted together with the facility's Infection Control Team.

6.17. Environmental Cleaning

6.17.1. Environmental cleaning is the cleaning of the environmental surfaces.

6.17.2. There are three types of environmental cleaning, categorized according to the measures of cleanliness.

6.17.3. The three types of environmental cleaning are 'Hotel Clean' (see 6.18 below), 'Hospital Clean' (see 6.19 below) and 'Construction Clean' (see 6.20 below).

6.18. 'Hotel Clean':

6.18.1. 'Hotel Clean' is the measure of environmental cleanliness, based on visual appearance that includes dust and dirt removal, waste disposal and cleaning of windows and surfaces.

6.18.2. 'Hotel Clean' is the basic level of cleanliness maintained at **all areas** of a health care setting.

6.18.3. Maintenance of 'Hotel Clean' is the responsibility of the **healthcare facility's administrators** by ensuring that this basic cleaning of all areas is conducted by **the facility's cleaning services**.

6.18.4. The **components of 'Hotel Clean'** include the following:

- Floors and baseboards are free of stains, visible dust, spills and streaks
- Walls, ceilings and doors are free of visible dust, gross soil, streaks, spider webs and handprints

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- All horizontal surfaces are free of visible dust or streaks (includes furniture, window ledges, overhead lights, phones, picture frames, carpets etc.)
- Bathroom fixtures including toilet seats and bowls, sinks, faucets, drainage stopper and gaskets, tubs and showers are free of streaks, soil, stains and soap scum
- Mirrors and windows are free of dust and streaks
- Dispensers are free of dust, soiling and residue and replaced/replenished when empty
- Appliances are free of dust, soiling and stains
- Waste disposed appropriately
- Items that are broken, torn, cracked or malfunctioning are identified and replaced

6.19. 'Hospital Clean':

6.19.1. 'Hospital Clean' is the measure of cleanliness routinely maintained in **clinical care areas** of the health care setting.

6.19.2. 'Hospital Clean' is 'Hotel Clean' with the addition of disinfection, increased frequency of cleaning, auditing and other infection control measures applied to patient care areas of the health care setting.

6.19.3. Maintenance of 'Hospital Clean' is the responsibility of the **healthcare facility's administrators** by ensuring that the cleaning to maintain this level of cleanliness is conducted at all clinical areas by the **facility's cleaning services**.

6.19.4. The **components of 'Hospital Clean'** are as the following:

HOTEL CLEAN
+
Cleaning and disinfection of high-touch surfaces in patient care areas with hospital-grade disinfectants
+
Cleaning and disinfection of non-critical medical equipment between patients
+
Periodic monitoring, auditing with feedback and education of cleaning practices

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6.20. 'Construction Clean':

6.20.1. 'Construction Clean' is the level of cleanliness routinely maintained at the project site by the **contractors.**

6.20.2. This level of cleanliness aimed to prevent the accumulation or the dispersion of dusts to other areas of the facility.

6.20.3. The main contractor is responsible to ensure their construction workers keep a 'Construction Clean' level of cleanliness, including to must not leave a trail or foot prints of dusts when they come out of the construction zone or hoardings at all times.

6.20.4. Components of Construction Clean:

- Floors are swept to remove debris
- Walk-off mats to trap dusts, preferably adhesive floor strips, placed at strategic areas between the construction areas and outside, such as outside the door to the construction area, are replaced regularly and as required
- Construction debris (e.g. large pieces of drywall, wiring) are removed
- Work surfaces wiped clean

6.21. Defects Liability Period (DLP):

6.21.1. A defects liability period is the period specified in the contract during which a contractor is legally required to return to a project site to rectify any defects, which have appeared since the completion of the project.

7. ROLES AND RESPONSIBILITIES

7.1. Officer-In-Charge of Project:

7.1.1. The Officer-In-Charge of the Project is to ensure the conduct of the ICRA to determine the set of IPC specifications is at the appropriate time.

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7.1.2. The Officer-In-Charge of the Project is to ensure the relevant multidisciplinary project team (see 6.14) is present during the conduct of the ICRA.

7.1.3. The Officer-In-Charge of the Project is to ensure the set of IPC specifications as determined by the ICRA process is included in the specifications required in the tender document for contractors.

7.1.4. The Officer-In-Charge of the Project is to coordinate and lead the Project Rounds (see 6.16), which is conducted together with the facility's Infection Control Team, to ensure the satisfactory implementation of the IPC specifications by the contractors prior to allowing the contractors to start work on the project, during and upon completion of the project.

7.1.5. If a breach to the adherence of the set IPC specifications is identified during the Project Rounds, the Officer-In-Charge of the project is to communicate with the contractor to stop the project works until the satisfactory implementation of the required IPC specifications by the contractor. Extension of time will not be granted if it is due to non-adherence to the set IPC specifications.

7.1.6. If there are other IPC issues or modifications to the current set IPC specifications are identified at any time during the Project Rounds, the Officer-In-Charge of the project is also to communicate with the contractor and the contractor is to ensure the satisfactory implementation after approval of variation order, if applicable.

7.2. The Project Team:

7.2.1. In relation to Infection Prevention and Control aspect, the Project Team has the responsibility to:

- Conduct the Infection Control Risk Assessment (ICRA) pre-commencement of any project works to determine the Class of Precautions required.
- Identify target populations for relocation, if necessary and if feasible.

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- To discuss and determine the appropriate routes for patients', visitors' and healthcare personnel's traffic flow and for construction workers' use.

7.3. Main Contractors:

7.3.1. The main contractor is to ensure the satisfactory implementation of the IPC specifications included in the tender document prior to starting work on the project, during and upon completion of the project.

7.3.2. In addition, the main contractor is also to ensure the satisfactory implementation of any additional IPC specifications or required modifications to the current IPC specifications identified at any time during the Project Rounds conducted by the Officer-In-Charge of the project and the facility's Infection Control Team after approval of variation order, if applicable.

7.3.3. The main contractor is responsible to ensure their construction workers keep a 'Construction Clean' level of cleanliness, including to must not leave a trail or foot prints of dusts when they come out of the construction zone or hoardings at all times.

7.3.4. To ensure the accumulation or the escaping of dusts is prevented, the main contractor is responsible to ensure their construction workers perform the following:

- Floors swept to remove debris
- Regular replacement of walk-off mats to trap dusts (preferably adhesive mats).
- Covering of loose construction materials and debris during transportation in and out of the project sites.

7.3.5. Upon completion of the project, the main contractor is responsible for ensuring their construction workers to conduct the initial clearing and cleaning of the site, including the cleaning of the barrier walls, prior to the initial full inspection by the Project Team.

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7.3.6. The main contractor is to ensure that the removal of barrier walls is not until thorough clearing and cleaning of the project site by construction workers, full inspection of the project site by the Project Team and rectification works and re-inspection are conducted.

7.3.7. The main contractor is to ensure that the removal of barrier walls is in a manner that there is no spreading of dirt and debris.

7.4. Healthcare Facility’s Administrators:

7.4.1. The administrators of the healthcare facility, at which the project is located, are responsible for giving full support of any other additional IPC needs.

7.4.2. They are to ensure the Infection Control Team is conducting the Project Rounds with the Officer-In-Charge of the project.

7.4.3. They are also responsible for ensuring the facility’s Cleaning Services is conducting the cleaning to maintain the required level of cleanliness during, upon completion of project and prior to the occupancy or operationalization of the completed project site.

7.5. The Facility’s Infection Control Team:

7.5.1. The facility’s Infection Control Team is to be present at all stages of the project in the facility and to give relevant inputs related to IPC measures.

7.5.2. The facility’s Infection Control Team is to conduct the Project Rounds together with the Officer-In-Charge of the project to ensure the satisfactory implementation of the IPC specifications by the contractors prior to allowing the contractors to start work on the project, during and upon completion of the project.

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7.5.3. The facility's Infection Control Team is responsible for monitoring the satisfactory conduct of **final cleaning** of the project site by the facility's Cleaning Services and for conducting the final inspection of cleanliness with the facility's Domestic Services prior to the occupancy or operationalization of the project site.

7.6. The Facility's Cleaning Services:

7.6.1. The facility's Cleaning Services is to ensure the maintenance of the required level of cleanliness of all areas in the healthcare facility, including the required cleaning prior to the occupancy and operationalization of the project site after the satisfactory completion of the project works.

8. PROCEDURE

8.1. PRIOR TO APPROVAL OF THE PROJECT

8.1.1. In the case of new construction and/or renovation, after finalization of the design layout, the Officer-In-Charge of the project is to organize a meeting with relevant Project Team member.

8.1.2. During the meeting, the Project Team is to discuss the following:

- Conduct the Infection Control Risk Assessment (ICRA) to determine the set of Infection Prevention and Control (IPC) specifications required.
- Identify target populations for relocation, if necessary and if feasible.
- Discuss and determine the appropriate routes for patients', visitors' and healthcare personnel's traffic flow and for construction workers' use.

8.1.3. In the case of maintenance and/or repair or demolition works, the conduct of the ICRA is during the discussion of the required activity, prior to the approval of the start of the activity by the healthcare facility's administrators.

8.1.4. Once the set of IPC specifications are determined, the Officer-In-Charge of the project is to include the determined IPC specifications in the project tender/contract document.

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8.1.5. THE INFECTION CONTROL RISK ASSESSMENT (ICRA) PROCESS

8.1.5.1. ICRA is to be conducted by the Project Team according to the process as follows:

8.1.5.1.1. Step 1: Identify the Construction Project Type

8.1.5.1.1.1. Definition of the Construction Project Type is by the amount of dust generated, the duration of the project and any impact on the Heating/Ventilation/Air Conditioning (HVAC) system.

8.1.5.1.1.2. Identify the type according to the following table:

Construction Activity/Project Type	Description of the Activities
TYPE A	<p>Inspection and Non-Invasive Activities</p> <p>Includes but not limited to:</p> <ul style="list-style-type: none"> • Activities that do not generate dust or require cutting of walls or access to ceilings other than for visual inspection e.g. removal of ceiling tiles for visual inspection, painting but not sanding, wall covering, electrical work and minor plumbing that disrupt water supply to localized patient care area (e.g. in one room)
TYPE B	<p>Small scale short duration activities which create minimal dust</p> <p>Includes but not limited to:</p> <ul style="list-style-type: none"> • Activities that require access to duct spaces, cutting of walls, ceilings, sanding of walls for painting (where dust migration can be controlled), plumbing that requires disruption of water supply of more than one patient care area (> 2 rooms) for less than 30 minutes, installation of telephone or computer cabling
TYPE C	<p>Work that generates a moderate to high level of dust or requires demolition or removal of any fixed building components or assemblies</p> <p>Includes but not limited to:</p> <ul style="list-style-type: none"> • Sanding of walls for painting or wall covering • Removal of floor-coverings, ceiling tiles and casework • New wall construction • Minor duct work or electrical work above ceilings • Major cabling activities • Any activity that cannot be completed within a single work shift
TYPE D	<p>Major demolition, construction & renovation projects</p> <p>Includes but not limited to:</p> <ul style="list-style-type: none"> • Activities that require consecutive work shifts • Require heavy demolition or removal of a complete cabling system • New construction

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8.1.5.1.2. Step 2: Identification of Patient at Risk Group

8.1.5.1.2.1. Determine the Patient at Risk Group for the area and adjacent areas (same floor, below and above) to the project sites using the table below.

8.1.5.1.2.2. If more than one Risk Groups affected, select the Highest Risk Group.

LOW RISK	MEDIUM RISK	HIGH RISK	HIGHER RISK
<ul style="list-style-type: none"> • All office area • Non-clinical area 	<ul style="list-style-type: none"> • Outpatient areas • Food prep areas • Radiology • Nuclear Medicine • MRI • Endoscopy Unit • Outpatient Physical Therapy (Rehab) • Psychiatric Services (Outpatient) • Cardiology Services (Outpatient) • Dental Services (Outpatient) 	<ul style="list-style-type: none"> • Emergency Department • Labour and Delivery Ward • Obstetrics and Gynaecology ward • Paediatrics Ward • Pharmacy • Newborn Nursery • Clinical Pathology • Day Care Surgery • Central Stores • Laboratories • Medical Units • Surgical Units 	<ul style="list-style-type: none"> • Any area/Ward/unit caring for immunocompromised patients • Transplant Unit • Burns Unit • Dialysis/Renal Unit • CSSD • Cardiac Cath Lab • Intensive Care Units • Oncology • Operating Theatres • Negative pressure isolation rooms

8.1.5.1.3. Step 3: Class of Precautions Determination

8.1.5.1.3.1. Match the Construction Project Type identified in Step 1 to the Patient Risk Group identified in Step 2, using the matrix below, to determine the Class of Precautions required.

PATIENT RISK GROUP	CONSTRUCTION ACTIVITY/PROJECT TYPE			
	TYPE A	TYPE B	TYPE C	TYPE D
LOW RISK	Class I	Class II	Class II	Class III/IV
MEDIUM RISK	Class I	Class II	Class III	Class IV
HIGH RISK	Class I	Class II	Class III / IV	Class IV
HIGHEST RISK	Class II	Class III / IV	Class III / IV	Class IV

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8.1.5.2. DESCRIPTION OF THE REQUIRED INFECTION PREVENTION AND CONTROL (IPC) SPECIFICATIONS BY THE CLASS OF PRECAUTIONS.

CLASS OF PRECAUTION	DESCRIPTION OF THE INFECTION PREVENTION AND CONTROL SPECIFICATIONS	
	DURING PROJECT	UPON COMPLETION OF PROJECT
CLASS I	<ol style="list-style-type: none"> 1. Execute work by methods to minimize raising dust from construction operations 2. Immediately replace a ceiling tile displaced for visual inspection 	Clean work area upon completion of task
CLASS II	<ol style="list-style-type: none"> 1. Provide active means to prevent airborne dust from dispersing into the atmosphere. (e.g. plastic barriers that extends from floor to ceiling with seams sealed with tape) 2. Water mist work surfaces to control dust while cutting 3. Seal unused doors with duct tape. 4. Block off and seal air vents 5. Place dust mat (preferably 'sticky' mats) at entrance and exit of work area 6. Remove or isolate HVAC system in areas where work is being performed. 	<ol style="list-style-type: none"> 1. Wipe work surfaces with cleaner & disinfectant. 2. Contain construction waste in tightly covered containers before transport. 3. Cover transport receptacles or carts. Tape covering unless solid lid. 4. Wet mop and/or vacuum work area with HEPA-filtered vacuum or equivalent before leaving work area. 5. Upon completion, restore HVAC system where work was performed.
CLASS III	<ol style="list-style-type: none"> 1. Isolate HVAC system in area where work is being done to prevent contamination of duct system. 2. Complete all critical barriers (e.g. plywood, plastic) to seal area from non-work area before construction begins. 3. Place dust mat (preferably 'sticky' mats) at entrance and exit of work area. 4. Maintain negative air pressure within work site utilizing HEPA-equipped air filtration units, where applicable. 5. Contain loose construction material and debris before transport in and out of area in tightly covered containers. 6. Cover transport receptacles or carts. Tape covering unless solid lid. 	<ol style="list-style-type: none"> 1. Do not remove barriers from work area until site thoroughly cleaned by the construction workers and full inspection of completed project done by the project team. 2. Contain construction waste in tightly covered containers before transport. 3. Cover transport receptacles or carts. Tape covering unless solid lid. 4. Vacuum work area with HEPA-filtered vacuums or equivalent. 5. Wet mop area with cleaner & disinfectant. 6. Remove barrier materials carefully to minimize spreading of dirt and debris associated with construction. 7. Upon completion, restore HVAC system where work was performed. 8.

CLASS IV	<ol style="list-style-type: none"> 1. Isolate HVAC system in area where work is being done to prevent contamination of duct system. 2. Complete all critical barriers (e.g. plywood, plastic) to seal area from non-work area before construction begins. 3. Place dust mat (preferably 'sticky' mats) at entrance and exit of work area. 4. Maintain negative air pressure within work site utilizing HEPA-equipped air filtration units, where applicable. 5. Seal holes, pipes, conduits, and punctures appropriately. 6. Construct anteroom, where appropriate, for Class IV and all personnel to pass through this room so that dust can be removed from their clothes before leaving the work site. 	<ol style="list-style-type: none"> 1. Do not remove barriers from work area until site thoroughly cleaned by the construction workers and full inspection of completed project done by the project team. 2. Contain construction waste in tightly covered containers before transport. 3. Cover transport receptacles or carts. Tape covering unless solid lid. 4. Vacuum work area with HEPA-filtered vacuums or equivalent. 5. Wet mop area with cleaner & disinfectant. 6. Remove barrier materials carefully to minimize spreading of dirt and debris associated with construction. 7. Upon completion, restore HVAC system where work was performed.
<p><i>HVAC, heating, ventilation and air-conditioning</i> <i>HEPA, high-efficiency particulate air</i></p>		

8.2. PRIOR TO THE COMMENCEMENT OF THE PROJECT

- 8.2.1. Prior to the commencement of the project works by the contractor, the contractor is to implement the IPC specifications required at the project site.
- 8.2.2. The Officer-In-Charge of the project is then to arrange for the inspection of the project site together with the facility's Infection Control Team.
- 8.2.3. The Officer-In-Charge and the facility's Infection Control Team are to conduct the inspection to ensure satisfactory implementation of the required IPC specifications before allowing the project works to start.
- 8.2.4. Unsatisfactory implementation of the IPC specifications requires the contractor to do the necessary rectification before re-inspection by the Officer-In-Charge of the project and the facility's Infection Control Team.
- 8.2.5. Commencement of the project works is only after satisfactory implementation of the IPC specifications

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8.3. DURING THE PROJECT WORKS

- 8.3.1.** The contractor is to ensure the adherence of the required IPC specifications by their construction workers at all times.

- 8.3.2.** The Officer-In-Charge of the project is to coordinate and schedule the conduct of regular Project Rounds together with the facility’s infection Control Team.

- 8.3.3.** The conduct of the Project Rounds is to ensure the adherence of the required IPC specifications by the contractors and to identify any other IPC issues that may arise.

- 8.3.4.** If a breach to the adherence of the IPC specifications is identified during the Project Rounds, the Officer-In-Charge of the project is to communicate with the contractor to stop the project works until the satisfactory implementation of the required IPC specifications by the contractor. Extension of time will not be granted if it is due to non-adherence to the set IPC specifications.

- 8.3.5.** If there are other IPC issues or modifications to the current IPC specifications are identified at any time during the Project Rounds, the Officer-In-Charge of the project is also to communicate with the contractor and the contractor is to ensure the satisfactory implementation after approval of variation order, if applicable.

8.4. UPON COMPLETION OF THE PROJECT

- 8.4.1.** Adherence to the IPC specifications by the contractors is also required upon the completion of the project works.

- 8.4.2.** Upon completion of the project, the conduct of the initial clearing and the cleaning of the project site is by the contractor, prior to the initial full inspection by the Project Team.

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8.4.3. Removal of the barriers and removal of the HVAC system is only after completion of the conduct of full inspection by the Project Team, any rectification works by the contractors and re-inspection by the Project Team.

8.4.4. The removal of the barriers by the contractors is in a manner that there is no spreading of dirt and debris.

8.5. PRIOR TO OCCUPANCY / OPERATIONALIZATION OF THE PROJECT SITE

8.5.1. Prior to the occupancy or operationalization of the project site, the healthcare facility's administrator is responsible for ensuring the **final cleaning** of the site is carried out by the facility's Cleaning Services.

8.5.2. The final cleaning of the site involves the wet mopping of the floor with water, detergent and disinfectant and the cleaning of environmental surfaces and furniture with water, detergent and disinfectants.

8.5.3. After the completion of the final cleaning of the site, switch on the air-conditioning of the area full blast for 2 days before the conduct of the final inspection of the site's cleanliness.

8.5.3.1. Any access doors to the site are to be locked at this time, to prevent any persons from entering before the conduct of the final inspection.

8.5.4. The conduct of the final inspection of the cleanliness is by the facility's Infection Control Team and the facility's Domestic Services.

8.5.4.1. Check for any dust on environmental services and furniture during this final inspection.

8.5.4.2. Re-clean with water, detergent and disinfectant any dusty surfaces and furniture found.

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8.6. WITHIN THE DEFECTS LIABILITY PERIOD (DLP)

8.6.1. The DLP is as stated in the project contract.

8.6.2. For any identified defect, the conduct of ICRA process as in section 8.1.5. and the implementation of the IPC specifications is prior to the commencement of the rectification works.



PROJECT ROUND CHECKLIST

PROJECT NAME:	
CLASS OF BARRIER PRECAUTION:	I / II / III / IV (CIRCLE ONE)
PROJECT CONTRACTOR:	
PROJECT SITE ROUND LEAD BY (Officer-In-Charge of the Project):	

	DATE:	DATE:	DATE:	DATE:	DATE:
1. CONSTRUCTION BARRICADE					
HVAC system removed or isolated (for Class II / III / IV Projects)	YES NO N/A	YES NO N/A	YES NO N/A	YES NO N/A	YES NO N/A
Negative air pressure maintained within project site (For Class IV Projects)	YES NO N/A	YES NO N/A	YES NO N/A	YES NO N/A	YES NO N/A
Dust tight hoardings sealed, no penetration (for Class II / III / IV Projects)	YES NO N/A	YES NO N/A	YES NO N/A	YES NO N/A	YES NO N/A
Anteroom available (for Class IV Projects)	YES NO N/A	YES NO N/A	YES NO N/A	YES NO N/A	YES NO N/A
Walk off mats at entrance and/or exit and changed as needed (for Class II / III / IV Projects)	YES NO N/A	YES NO N/A	YES NO N/A	YES NO N/A	YES NO N/A
Unused doors kept closed and sealed properly (for Class II / III / IV Projects)	YES NO N/A	YES NO N/A	YES NO N/A	YES NO N/A	YES NO N/A
Windows kept closed and sealed properly (for Class II / III / IV Projects)	YES NO N/A	YES NO N/A	YES NO N/A	YES NO N/A	YES NO N/A
All access doors closed to public (for Class II / III / IV Projects)	YES NO N/A	YES NO N/A	YES NO N/A	YES NO N/A	YES NO N/A
Adequate signage in place	YES NO N/A	YES NO N/A	YES NO N/A	YES NO N/A	YES NO N/A

Construction waste transported in tightly covered containers or in carts with covers that are taped	YES NO N/A	YES NO N/A	YES NO N/A	YES NO N/A	YES NO N/A
Construction workers coming out of project site with clothes and shoes free of dust	YES NO N/A	YES NO N/A	YES NO N/A	YES NO N/A	YES NO N/A
2. AREA OUTSIDE OF HOARDING					
Floor areas clean with no dust tracks or footprints	YES NO N/A	YES NO N/A	YES NO N/A	YES NO N/A	YES NO N/A
Horizontal surfaces free of dust	YES NO N/A	YES NO N/A	YES NO N/A	YES NO N/A	YES NO N/A
Walls free of dust	YES NO N/A	YES NO N/A	YES NO N/A	YES NO N/A	YES NO N/A
Windows free of dust	YES NO N/A	YES NO N/A	YES NO N/A	YES NO N/A	YES NO N/A
Vents dust free	YES NO N/A	YES NO N/A	YES NO N/A	YES NO N/A	YES NO N/A
Ventilation duct from project site sealed	YES NO N/A	YES NO N/A	YES NO N/A	YES NO N/A	YES NO N/A
3. TRAFFIC FLOW					
Construction workers accessing project site and construction wastes transported through approved routes (non-patient care areas)	YES NO N/A	YES NO N/A	YES NO N/A	YES NO N/A	YES NO N/A
Patients'/ HCWs'/ Visitors' route away from the project site	YES NO N/A	YES NO N/A	YES NO N/A	YES NO N/A	YES NO N/A
Free and unobstructed access for emergency response	YES NO N/A	YES NO N/A	YES NO N/A	YES NO N/A	YES NO N/A

---END OF FORM---



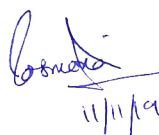
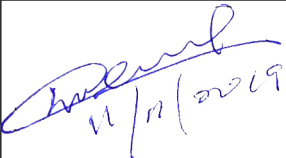
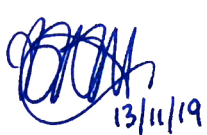
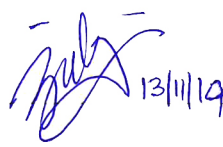
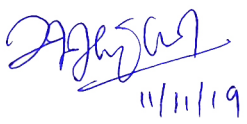
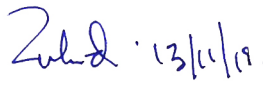
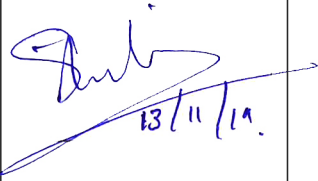
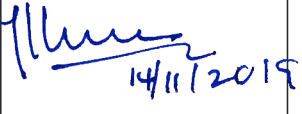
UPON COMPLETION OF PROJECT CHECKLIST

PROJECT NAME:	
CLASS OF BARRIER PRECAUTION:	I / II / III / IV (CIRCLE ONE)
PROJECT CONTRACTOR:	
PROJECT SITE ROUND LEAD BY (Officer-In-Charge of Project):	

NO.	INFECTION CONTROL PRECAUTION	DATE DONE:
1.	Barrier not removed until project site thoroughly cleared and cleaned by the construction workers and fully inspected by Project Team	
2.	Project site thoroughly cleared and cleaned by the construction workers	
3.	Project site inspected by Project Team	
4.	Remove barrier materials carefully to minimize spreading of dirt and debris associated with construction	
5.	Construction waste transported in tightly covered containers or in carts with covers that are taped	
6.	Cleaning by the facility's Environmental/Cleaning Services:	
	Area vacuumed (using HEPA-filtered vacuum or equivalent)	
	Area wet mopped with water, detergent and disinfectant	
	Surfaces wet wiped with water, detergent and disinfectant	
7.	Remove isolation of HVAC system in areas where work was performed	
8.	Air conditioning put on full blast for 2 days	
9.	Access doors were locked to prevent intruders	
10.	Final walk through inspection:	
	Observe if any dust on furniture (surfaces to be wet wipe with water, detergent and disinfectant)	
	Review effectiveness of any problems noted before	

--END OF FORM--

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DOCUMENT REVIEWED BY:	DR HJ ZULAIIDI HJ ABD LATIF Deputy Permanent Secretary (Professional), Ministry of Health	 13/11/19.
	MD SHAHRIN BIN HAJI SHARBINI Acting Deputy Director of Project Development, Project Office, Ministry of Health	 13/11/19.
DOCUMENT ENDORSED BY:	HAJI ABDUL MANAP OTHMAN Permanent Secretary, Ministry of Health	 14/11/2019



RENOVATION AND CONVERSION OF TOILET FACILITIES INTO PULMONARY FUNCTION TEST (PFT) ROOMS AT SPECIALIST BUILDING 1 IN RAJA ISTERI PENGIRAN ANAK SALEHA (RIPAS) HOSPITAL (RETENDER).

SUMMARY OF BILL OF QUANTITIES

BILL NO 2 : BUILDING WORKS

Item No.	Description	Unit	Qty	Rate	Amount	
					\$	cts
1	<u>Dismantling & Demolishing Works</u> <u>(Refer to Drawing No. ESTET/HRIPAS/DORMPFT/2024/01)</u>					
1.1	Dismantle and remove the existing water closets (WCs), urinals, washbasins, toilet partitions, floor tiles, wall tiles, doors, and ceilings. Include the removal of existing casement windows (approx. 2000mm x 1800mm), along with the aluminum frames. Hacking of brick walls as necessary to accommodate modifications, and making good all affected areas, ensuring proper sealing and finishing. Rate to include proper disposal of all debris in accordance with local regulations, and sealing of waste pipes to prevent leakage or contamination.	LS	LS			
2	<u>Building Works</u> <u>(Refer to Drawing No. ESTET/HRIPAS/DORMPFT/2024/02)</u>					
2.1	Construct a new brick wall (approx. 12,500mm height) to close the existing window opening. Erect scaffolding as required for safe and proper access. Wall construction to include the installation of netting and tie bars for reinforcement, using a cement-sand mortar mix for laying the bricks. Plastering to be applied on both sides of the wall for a smooth finish.	m ²	15			
2.2	Construct an additional brick wall (approx. 1500mm high) on all four sides of the existing walls, extending above the ceiling. Wall construction to include the use of cement-sand mortar for proper bonding. The newly constructed wall shall be plastered for a smooth finish and painted with antibacterial paint to meet hygiene requirements. All work should ensure seamless integration with the existing structure.	m ²	45			
2.3	Plastering to Close and Seal Gaps in Brick Wall: Prepare the surface of the brick wall by cleaning and roughening the existing surface. Supply and apply a two-coat cement and sand plaster (1:4 ratio), with the first coat to fill any gaps or irregularities and the second coat for a smooth finish. Ensure all joints, cracks, and gaps are properly sealed to provide an airtight finish. Includes all necessary materials, scaffolding, and site cleanup.	m ²	50			
2.4	Supply and install a 600x600mm suspended ceiling, complete with a T-bar aluminum module suspension system, including all necessary hangers, supports, and accessories. Ensure proper leveling, alignment, and secure installation for a smooth, durable finish. The ceiling system should be suitable for integrating light fixtures, HVAC diffusers, and other necessary fittings as per the project specifications.	m ²	50			
2.5	Raise the floor level by applying a 50mm thick sand-cement screed. The work includes subfloor preparation, ensuring the surface is clean and free of debris, followed by the application of a suitable bonding agent for proper adhesion. If required, lay insulation or a vapor barrier. Screed to be laid evenly across the floor, leveled using appropriate tools, and allowed to cure for sufficient strength and durability. All work must ensure a smooth, level finish, ready for final floor installation.	m ²	50			
TOTAL AMOUNT :-						

RENOVATION AND CONVERSION OF TOILET FACILITIES INTO PULMONARY FUNCTION TEST (PFT) ROOMS AT SPECIALIST BUILDING 1 IN RAJA ISTERI PENGIRAN ANAK SALEHA (RIPAS) HOSPITAL (RETENDER).

SUMMARY OF BILL OF QUANTITIES

BILL NO 2 : BUILDING WORKS

Item No.	Description	Unit	Qty	Rate	Amount	
					\$	cts
2.6	Supply and apply a high-quality waterproofing membrane to the ceilings, floors, and walls of the PFT room to prevent condensation and moisture buildup. Ensure proper surface preparation before application, including cleaning and priming where necessary. The membrane should be installed according to manufacturer's specifications to ensure a seamless, durable barrier that protects against moisture ingress. All edges, corners, and junctions must be carefully sealed for complete coverage.	m ²	180			
2.7	Supply and apply a 3mm thick self-leveling compound to the affected floor areas to provide a smooth, even surface for the installation of vinyl flooring sheet. Ensure the compound is applied in accordance with the manufacturer's instructions. Where necessary, construct a new screed to fill and level any hollow or uneven areas of the floor to achieve a consistent, level surface suitable for vinyl installation.	m ²	50			
2.8	Supply and install 3mm thick vinyl flooring, including a 100mm upturn at the skirting using coving, with all edges closed off using rubber strips. The vinyl sheets should be factory-cut to design specifications and trimmed for a precise fit. The installation includes wax polishing on the vinyl surface to achieve a smooth, durable finish. All work to be completed in accordance with the manufacturer's instructions to ensure proper adhesion, durability, and a seamless finish.	m ²	50			
2.9	Supply and install a new hand wash sink in PFT Room 1 (formerly the female toilet), complete with a mirror above the sink. The work includes providing all necessary water supply and drainage connections, ensuring proper integration with existing plumbing systems. All fixtures, including the sink, taps, and associated fittings, must be installed as per manufacturer's specifications to ensure functionality and durability. Make good all finishes around the installation area.	No.	1			
2.10	Divert the existing water pipe service to the external wall, including the supply and installation of all necessary new piping and fittings. Ensure proper rerouting of the water supply, maintaining adequate water pressure and flow. All piping connections must be securely sealed, and the work should comply with local plumbing codes and standards. Make good any affected areas and ensure the system is fully operational after the diversion.	Lot	1			
2.11	Relocate and Reinstall Existing Door: Carefully remove the existing door in PFT Room 1, including the door frame, and relocate it to the new wall. Install a new door frame at the new location, ensuring proper alignment. Supply and fit a new lockset and all necessary ironmongery and accessories, including hinges, stoppers, and seals. Make good all finishes around the new door frame and ensure the door functions properly with smooth operation.	No.	1			
2.12	Supply and Install New Lockset for Existing Cleaner's Room: Provide and install a new high-quality lockset for the existing cleaner's room door. The lockset should include a matching handle, latch, and all necessary ironmongery such as hinges and screws. Ensure proper alignment and secure installation for smooth operation. Test the functionality of the lock to ensure proper locking and unlocking, and make good all surrounding finishes where necessary.	No.	1			
TOTAL AMOUNT :-						

RENOVATION AND CONVERSION OF TOILET FACILITIES INTO PULMONARY FUNCTION TEST (PFT) ROOMS AT SPECIALIST BUILDING 1 IN RAJA ISTERI PENGIRAN ANAK SALEHA (RIPAS) HOSPITAL (RETENDER).

SUMMARY OF BILL OF QUANTITIES

BILL NO 2 : BUILDING WORKS

Item No.	Description	Unit	Qty	Rate	Amount	
					\$	cts
2.13	Supply and install a single-leaf timber sliding door with dimensions 1050mm x 2100mm, finished with Formica laminate on both sides. The installation includes a pelmet track cover to conceal the sliding mechanism, a high-quality lockset, and all necessary accessories, such as handles, stoppers, and soft-closing mechanisms (if required). Ensure smooth operation and secure fixing, with all work done to manufacturer's specifications and proper alignment for durability and functionality.	No.	1			
2.14	Apply 1 coat of primer followed by 2 coats of "Anti Bacteria" interior paint on all designated surfaces. The price includes preparing the surface by repairing any wall cracks and making good the surface to ensure a smooth, even finish. All painting work must be done in accordance with the manufacturer's instructions, ensuring full coverage and durability in a clinical environment. Ensure proper cleaning and protection of adjacent surfaces during the work.	m ²	100			
2.15	Apply 1 coat of primer and 2 coats of weather-resistant paint to the external brick wall (approx. 12,500mm height). Ensure the surface is clean and properly prepared before applying the primer. All painting work should be done in accordance with the manufacturer's instructions to ensure long-lasting protection against weather conditions. The paint must provide a durable, water-resistant, and UV-resistant finish. Proper scaffolding should be used to access the full height of the wall safely.	m ²	12			
3	<u>Electrical Works</u>					
3.1	Supply and install a new PVC 2x13A power outlet, either wall-mounted or recessed as specified, complete with 2.5 mm ² wiring connected to the existing power supply or MCB. The installation includes all necessary fittings, secure mounting, and proper connections to ensure safe and reliable operation. All wiring work must comply with local electrical codes and standards, and testing must be conducted to ensure the outlet functions correctly.	No.	20			
3.2	Supply and install a 1200mm x 600mm recessed light fitting with an aluminium louver reflector designed to accommodate 4 T8 LED tubes. The installation includes 1.5 mm ² wiring, connecting the fixture to a new switch and the existing power supply or MCB. Ensure proper alignment and secure mounting of the fitting. All work should comply with local electrical regulations, and the fitting must be tested to ensure safe and efficient operation.	No.	4			
3.3	Supply and install recessed LED downlights, including all necessary mounting hardware and fittings. Each downlight should be installed with 1.5 mm ² wiring and connected to the existing electrical system or MCB via a new or existing switch. Ensure proper placement and secure installation within the ceiling, with all wiring concealed. The downlight should provide energy-efficient, uniform lighting and comply with local electrical standards. Test all units to ensure proper functionality and safety after installation.	No.	3			
TOTAL AMOUNT :-						

RENOVATION AND CONVERSION OF TOILET FACILITIES INTO PULMONARY FUNCTION TEST (PFT) ROOMS AT SPECIALIST BUILDING 1 IN RAJA ISTERI PENGIRAN ANAK SALEHA (RIPAS) HOSPITAL (RETENDER).

SUMMARY OF BILL OF QUANTITIES

BILL NO 2 : BUILDING WORKS

Item No.	Description	Unit	Qty	Rate	Amount	
					\$	cts
3.4	Supply and install emergency lights in PFT Room 1 and PFT Room 2, including all necessary mounting hardware and electrical fittings. The emergency lights should be connected to the existing power supply with an integrated battery backup system to ensure proper function during power outages. All wiring, including 1.5 mm ² connections, should be securely installed and concealed. Test the lights to ensure proper operation in both normal and emergency modes, in compliance with safety regulations and standards.	No.	2			
3.5	Supply, install, test, and commission a Smoke Detector (SD), including all necessary accessories, wiring, and fittings. The smoke detector must be connected to the existing fire alarm panel, ensuring full integration with the fire alarm system. All work, including installation, wiring, materials, and equipment, must comply with local authority standards and the original equipment manufacturer's specifications. The rate shall include testing and commissioning to verify the proper operation of the smoke detector in normal and alarm conditions, ensuring full compliance with fire safety regulations.	No.	3			
3.6	To supply and install a new approved type MCCB in wall mounted metal enclosure for medical equipment in each PFT Room 1 and PFT Room 2 including installing new power wiring and control wiring from the breaker to the motor and sensors, and ensuring proper grounding and circuit protection to DES-approved equivalent.	No.	2			
4	<u>Air-Conditioning Works</u>					
4.1	Supply and Installation of Chilled Water Fan Coil Unit System: This includes supplying and installing the chilled water fan coil unit (14 kW) capable of maintaining room temperature at 22°C with 6 air exchanges per hour, main switchboard, all necessary electrical services (power and control cables), control system, isolation valves, flexible connections, vibration isolators, and pressure/temperature gauges. It also covers the piping works using pre-insulated black steel pipes (BS 1387 Class C) with fittings and connections to the main header.	Lot	1			
4.2	Ductwork, Insulation, and Air Distribution System: This covers the supply and installation of ducts (galvanized iron, as per DW/144 standards), thermal insulation (19 mm thick, 30 kg/m ³ , Class 1 fire-resistant), acoustic lining, grills/diffusers (up to 600 x 600 mm), and all necessary brackets and supports for the air distribution system. Builder works for running chilled water piping and ducts, including making good to original finishes, are also included. The system will ensure 6 air exchanges per hour for optimal air circulation and temperature control.	Lot	1			
4.3	Testing, Commissioning, and Final Performance Verification: This includes testing and commissioning the entire FCU system, ensuring that the room temperature is maintained at 22°C with the required 6 air exchanges per hour. This includes performing air and chilled water balancing, pressure tests, and control system verification to ensure functionality and compliance. A 12-month comprehensive warranty (parts and labor) is included, along with rectification of any issues during testing.	Lot	1			
TOTAL AMOUNT :-						

RENOVATION AND CONVERSION OF TOILET FACILITIES INTO PULMONARY FUNCTION TEST (PFT) ROOMS AT SPECIALIST BUILDING 1 IN RAJA ISTERI PENGIRAN ANAK SALEHA (RIPAS) HOSPITAL (RETENDER).

SUMMARY OF BILL OF QUANTITIES

BILL NO 2 : BUILDING WORKS

Item No.	Description	Unit	Qty	Rate	Amount	
					\$	cts
5	<u>Network Infrastructure & Service</u> (Refer to Network Points Layout)					
5.1	To supply and install Network Point (NP) using CAT6A UTP cable run in exposed PVC casing/conduit/trunking c/w modular jack, faceplate, KO box, termination, testing, provision of test reports, labelling of cables at both ends (at patch panels and data points), maximum 80M/ run. Note: The cables will be terminated at the existing network switch located inside the network rack in the Nurse Filing Room, DORM. A layout or floor plan with proper labeling must be provided.	No.	4			
5.2	Supply and install Cable Management c/w patch panel tray, 1U patch cord manager & accessories.	No.	1			
5.3	Supply and install CAT6A 24-port UTP 1U Patch Panel.	No.	1			
5.4	Supply, install, terminate, and test new telephone cables for extension lines, including all necessary materials, accessories, and connection to existing network.	LS	1			
6	<u>Provisional Sum</u>					
6.1	Provide a provisional sum for structural strengthening, as the equipment load may exceed 2 kN/m ² . This includes potential reinforcement of existing beams, floors, or ceilings using appropriate materials such as concrete, steel framing, or other structural elements as required. The scope of work shall include: 1. Structural analysis, design, and testing by a Qualified Person (QP) structural engineer. 2. Certification to ensure compliance with safety and design standards. 3. Implementation of reinforcement works using materials and methods that meet local building regulations and industry standards. All works must be carried out in accordance with applicable codes, standards, and regulations. Certification must be provided upon completion. The tenderer shall submit an undertaking letter as part of the tender submission, confirming compliance with the above requirements and agreeing to execute the works in accordance with the specified standards and regulations.	PS			20,000	
6.2	Provide a Provisional Sum of Brunei Dollars Five Thousand (\$5,000.00) for the supply and installation of built-in furniture, to be expended at the direction of the Superintending Officer. This sum includes all materials, labor, and associated works necessary for the provision of built-in furniture as required by the project. The furniture design, location, and specifications shall be approved by the Superintending Officer prior to installation.	PS			5,000	
TOTAL AMOUNT :-						

RENOVATION AND CONVERSION OF TOILET FACILITIES INTO PULMONARY FUNCTION TEST (PFT) ROOMS AT SPECIALIST BUILDING 1 IN RAJA ISTERI PENGIRAN ANAK SALEHA (RIPAS) HOSPITAL (RETENDER).

SUMMARY OF BILL OF QUANTITIES

BILL NO 2 : BUILDING WORKS

Item No.	Description	Unit	Qty	Rate	Amount	
					\$	cts
6.3	<p>Provide a Provisional Sum of Brunei Dollars Two Thousand (\$2,000.00) for the supply and installation of signages, to be expended at the direction of the Superintending Officer. This sum includes all materials, labor, and associated works required for the design, fabrication, and installation of signages as specified in the project. The type, design, and placement of the signages shall be subject to the approval and direction of the Superintending Officer.</p> <p>Notes :</p> <p>i) All construction works shall comply with specifications for Materials and Workmanship.</p> <p>ii) To comply with all the requirements as specified in the Infection Control Risk Assessment (ICRA) guidelines.</p> <p>iii) Rate to include labour charges, materials, tools and equipment, machineries other existing structures as a result of the construction works, and everything else as required.</p> <p>iv) The monthly progress payment shall be based on the percentage progress of each section of works.</p> <p>v) Contractor need to liase with the supplier for the installation of speaker.</p>	PS			2,000	
TOTAL AMOUNT :-						

APPENDIX A:

**OTHER INFORMATION TO
BE SUPPLIED BY TENDERER**

APPENDIX A1

PROGRAMME

The tenderers must provide a summary of procedure they would adopt to complete the works including a brief programme showing proposed order and time table for execution of the different parts of the works.

Signature of Tenderer

Signature of Witness

Date

Date

APPENDIX A4

Proposed list of jobs to be sub-contracted

Ref.	Work Description	Sub-contractor	Remarks

Signature of Tenderer

Signature of Witness

Date

Date

APPENDIX A5

LETTERS OF INTENT

Tenderers must provide the letters of intent from:

- i) Supporting Bank
- ii) Locally registered Structural Consultant
- iii) Sub-contractor
- iv) Materials suppliers
- v) Other relevant parties

Signature of Tenderer

Signature of Witness

Date

Date

APPENDIX A6

ORGANISATION CHART

Tenderer's proposed Organization Chart

Signature of Tenderer

Signature of Witness

Date

Date

APPENDIX A7

CURRICULUM VITAE OF KEY PERSONNEL

Tenderer to submit curriculum vitae of key personnel

Signature of Tenderer

Signature of Witness

Date

Date

APPENDIX A8

OTHER INFORMATION

Tenderer to submit all information required.

Signature of Tenderer

Signature of Witness

Date

Date

SCHEDULE B

TENDER FORM

TENDER REFERENCE NO: KK/77/2025/ESTETRIPASH

RENOVATION AND CONVERSION OF TOILET FACILITIES INTO PULMONARY FUNCTION TEST (PFT) ROOMS AT SPECIALIST BUILDING 1 IN RAJA ISTERI PENGIRAN ANAK SALEHA (RIPAS) HOSPITAL (RETENDER)

1. I/we, the undersigned having examined and fully understood the tender Documents, inspected and checked the site, offer to carry out and execute the above works in accordance with all relevant Standards Specification and Codes of Practice for the sum of Brunei Dollars.

Brunei Dollars _____

_____ (B\$) only.

2. If my/our tender is accepted, I/we undertake to complete the whole works within **9 Months** from the date of possession/commencement allowing for all possible cause of delay which can reasonably be foreseen and not merely representing the number of working days required.
3. I/we confirm that my/our tender has been calculated on a firm price basis and that I/we have taken into account all aspects, site conditions and other matter that may affect the works. I/we understand that I/we not be allowed any claims for payment may arise out of my/our misunderstanding, and/or misinterpretation and/or miscalculation of the works and/or site conditions.
4. I/We agree to the provision and conditions in **Appendix**.
5. I/we understand and agree that the Government has the option to accept part of my/our tender and I/we agree and confirm that in such case, there shall be no adjustment of my/our tender prices and/or rates.
6. Unless and until a formal agreement is prepared and executed, this tender offer together with your Letter of Acceptance thereof shall constitute a legal and binding contract between us.
7. Our Tender is fully consistent with and does not contradict or derogate from anything in your Invitation To Tender. We have not qualified or changed any of the provisions of your Invitation To Tender.
8. Our offer is valid for **six (6)** calendar months from the tender closing date.
9. When requested by you, we shall extend the validity of this offer.

Signature & Date _____

Name _____

In the capacity of _____
(Position in the Company)

(Tenderer Official Stamp)

On behalf of _____
(Name of Company).

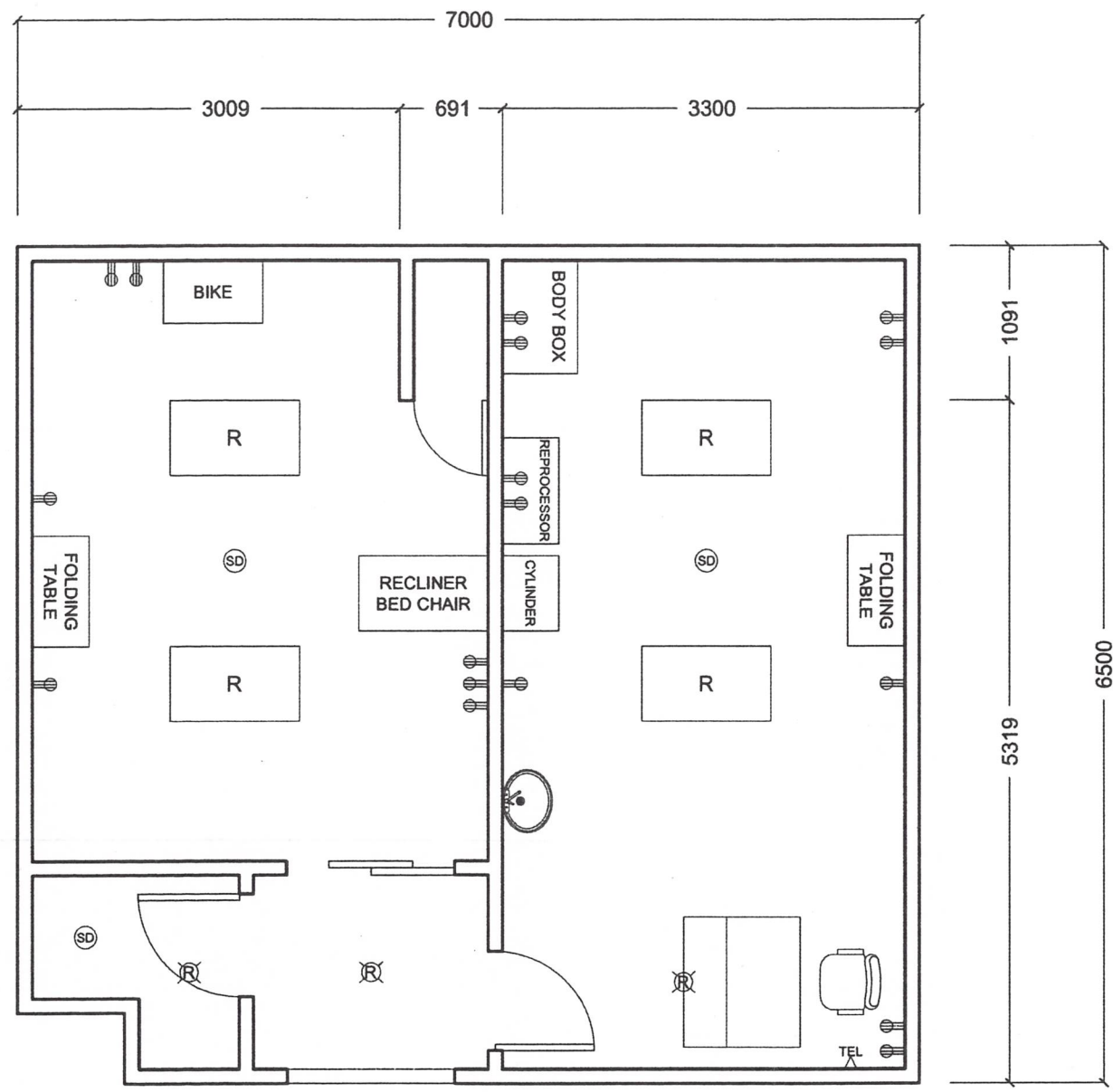
Address _____

Telephone & Fax _____

MOH Registration No _____
(Copy of MOH Registration Certificate to be attached)

MOD Registration No _____
(Copy of MOD Registration Certificate to be attached)

Tender Deposit No. _____



ACCEPTED BY:

SIGNATURE _____

NAME:

POSITION:

DATE:

DRAWING TITLE:
 PROPOSED LAYOUT FOR
 PULMONARY FUNCTION TEST
 (PFT) LAB,
 SECOND FLOOR, SPECIALIST
 CLINIC BUILDING, RAJA ISTERI
 PENGIRAN ANAK SALEHA (RIPAS)
 HOSPITAL

DRAWING NO:
 ESTET/HRIPAS/DORMPFT/2024/02

SCALE:
 NTS

SHEET NO:
 02

NOTE:
Dr. Azzah Abdul Majid

