

Rujukan Kami: **(88) MOH/HQ/P/IKLAN-SH/2025**

LAMPIRAN 1

BIL	Quotation Reference	Description	Advertisement Date	Closing Date (Not Later Than 09.00AM)	Quotation Fee	Requesting Department
1	(74) PSD/QTN/2025 – (SSBH)	SUPPLY, DELIVERY, INSTALLATION, TESTING AND COMMISSIONING PATIENT WARMING BLANKET FOR SURI SERI BEGAWAN (SSB) HOSPITAL, MINISTRY OF HEALTH (CLUSTERING).	16/06/2025	05/07/2025	\$5.00	SURI SERI BEGAWAN HOSPITAL KUALA BELAIT, KEMENTERIAN KESIHATAN.

SUPPLY, DELIVERY, INSTALLATION, TESTING AND COMMISSIONING PATIENT WARMING BLANKET FOR SURI SERI BEGAWAN (SSB) HOSPITAL, MINISTRY OF HEALTH (CLUSTERING).

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SECTION 1 – USER REQUIREMENTS				
REF	DESCRIPTION	Tick (✓)		STATE OR SPECIFY OR REMARKS OR BROCHURE PAGE
		YES	NO	
1	SIX (6) UNITS OF PATIENT WARMING BLANKET			
2	STANDARD FEATURES			
3	WARRANTY			
4	END USER TRAINING			
5	TECHNICAL TRAINING			
6	DEMO UNIT			

SUPPLY, DELIVERY, INSTALLATION, TESTING AND COMMISSIONING PATIENT WARMING BLANKET FOR SURI SERI BEGAWAN (SSB) HOSPITAL, MINISTRY OF HEALTH (CLUSTERING).

1. SIX (6) UNITS OF PATIENT WARMING BLANKET

REF	DESCRIPTION	Tick (✓)		STATE OR SPECIFY OR REMARKS OR BROCHURE PAGE
		Y	N	
1	Six (6) units of warming unit that generates warm air to flow through warming unit hose and into a disposable or reusable blanket for the following location:			
1.1	One (1) for Ward 10 Medical Ward			
1.2	One (1) for Ward 11 Medical Ward			
1.3	One (1) for Ward 3 Surgical Ward			
1.4	One (1) for Ward 4 Surgical Ward			
1.5	One (1) for Ward 5 Postnatal & Gynae Ward			
1.6	One (1) for Maternity Operating Theatre			

2. STANDARD FEATURES

REF	DESCRIPTION	Tick (✓)		STATE OR SPECIFY OR REMARKS OR BROCHURE PAGE
		Y	N	
1	Has a control panel with display to show temperature setting			
2	Multiple temperature setting			
2.1	Can reach minimum temperature: 32°C or better			
2.2	Can reach maximum temperature: 43°C or better			
2.3	Buttons for quick temperature settings Low (32-35°C), Medium (37-40°C) or High (43°C)			
3	Comes with alarm for overheating or any errors			
4	Over temperature protection – alarms and auto shut off when temperature is over 45°C			
5	Inclusive of G4 filter or HEPA filter			
6	Thick and durable hose for better insulation and easy storage			
7	Inclusive of a cord wrap			
8	Comes with appropriate roller stand and unit can be mount onto bedrail or IV pole			
9	Each unit comes with the following disposable consumables:			
9.1	Twenty (20) units of full body blanket			
9.2	Ten (10) units of upper body blanket			
9.3	Two (2) units of lower body blanket			
9.4	Two (2) units of torso body blanket			
9.5	Two (2) units of paediatric blanket			
10	Tenderer to provide a separate quote consisting of one unit of each consumable above for any additional purchase in the near future with price validity of one (1) year after this tender closing date. Tenderer may also include pricing of other accessories or consumables not listed above.			Quotation Reference:

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3. WARRANTY

1	Tenderer to include warranty period of at least two (2) years			
2	Tenderers to ACKNOWLEDGE the Warranty Undertaking Form in Section 4 stating the terms of warranty provided for the equipment in the tender for the period of two years. This includes but not limited to:			
2.1	Scope of Warranty			
2.2	One time Planned Preventive Maintenance per year during warranty in accordance to Manufacturer's Standard			
2.3	Comprehensive Breakdown and Corrective maintenance repair			

4. END USER TRAINING

1	Conduct user training to the all-end users by an application specialist or competent local engineer including but not limited to:			
1.1	Basic user operation, user troubleshooting and user maintenance			
1.1	Provide Operating manual (Hardcopy and/or Softcopy)			
1.2	Tenderer must prepare a training attendance or proof of training done to end user during commissioning and the refresher course (6) months after commissioning.			

5. TECHNICAL TRAINING

1	Introductory Technical Training to Biomedical Engineers and Technicians at BME Office by competent Tenderer's Engineer/Technicians that includes but not limited to: <ul style="list-style-type: none"> • Troubleshooting and basic corrective maintenance • Handling and basic inspection maintenance *(Two sessions/groups if required)			
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6. DEMO UNIT

1	Tenderer is able to provide a demo unit if and when required by the hospital for evaluation purposes. Please specify the duration or time for a demo unit to be arranged.			Estimated time for a demo unit to be available when requested:
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SECTION 2 – PRICE PROPOSAL

UNIT PRICE: BND\$	TOTAL PRICE: BND\$
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SECTION 3 - PROCUMENT AND TECHNICAL SPECIFICATION										
BRAND:				MODEL:						
COUNTRY OF ORIGIN:				UNIT PRICE (B\$):						
WARRANTY PERIOD:				TOTAL PRICE (B\$):						
YEAR INTRODUCED TO MARKET:				LAST COUNTRY SOLD TO:						
PRICE VALIDITY: [AT LEAST ONE (1) YEAR PRICE VALIDTY]				DELIVERY TIME:						
AUTHORIZED DISTRIBUTOR: (AUTHORIZED DISTRIBUTOR LETTER ATTACHED)	APPOINTED BRUNEI DISTRIBUTOR									
	PROCURE FROM OVERSEA AUTHORIZED DISTRIBUTOR			COMPANY NAME:						
				COMPANY ORIGIN:						
DETAILED BROCHURE INCLUDED		YES		NO	<input checked="" type="checkbox"/> or specify where appropriate					
USER AND SERVICE MANUALS:		YES		NO	Tenderers to acknowledge that they must provide at least TWO sets of USER AND SERVICE manuals when applying commissioning form. One Set for End User, One Set for BME. (Please provide hardcopy or softcopy)					
MAINS POWER SUPPLY:		220V-240V		OTHERS:						
		50-60HZ		OTHERS:						
BATTERY		RECHARGEABLE				SINGLE-USE			REPLACEABLE	
		OTHERS:								
		TYPE OF BATTERY:								
		RATING:								
POWER ADAPTER/CHARGER OUTPUT RATING:										
EQUIPMENT AMBIENT OPERATING TEMPERATURE RANGE:										
NUMBER OF TECHNICAL SUPPORT (ENGINEER/TECHNICIAN)	LOCAL				<input type="checkbox"/> Trained / Certified					
	OVERSEA (SPECIFY LOCATION)				<input type="checkbox"/> Not yet trained on the product					
Please provide training or certification for locals who is trained/certified				NEAREST LOCATION:						
DIMENSIONS AND WEIGHT OF MAIN UNIT:				<input type="checkbox"/> mm				<input type="checkbox"/> Kilogram (Kg)		
				<input type="checkbox"/> cm				<input type="checkbox"/> Gram(g)		
				<input type="checkbox"/> inch				<input type="checkbox"/> Pound (lbs)		
EQUIPMENT WHOLE LIFE TIME SUPPORT:	The supplier shall ensure that spare parts for the equipment are available for a minimum of 8 years after installation, with the support period extending beyond the expected lifecycle of the equipment. No of years: _____ (Please specify)									

SUPPLY, DELIVERY, INSTALLATION, TESTING AND COMMISSIONING PATIENT WARMING BLANKET FOR SURI SERI BEGAWAN (SSB) HOSPITAL, MINISTRY OF HEALTH (CLUSTERING).**SECTION 4 – WARRANTY UNDERTAKING FORM**

Tenderer, on behalf of the manufacturer, acknowledged and agrees that when equipment is under the warranty period, must cover the scope of normal warranty below at no additional cost:

NORMAL WARRANTY

- Warrants the supplied medical equipment and its accessories to be in good condition, in working order and free from defects to the extend such equipment do not comply with specifications, under normal use for the warranty period. The scope of warranty covers to its maximum extent permitted by applicable law.
- During warranty, tenderer must rectify issues arise from any mechanical, technical or software faulty as soon as it is reported.
- **Exchange warranty;** Providing replacement units or OEM parts:
 - A. Warranty against defects – Manufacturing defects or Equipment malfunction resulted from mechanical, electrical or software failure during Commissioning or within the first _____ months of use
 - B. Faulty workmanship or unsatisfactory condition during delivery or commissioning
 - C. If a unit or accessory is deemed used item or refurbished item (not a new unit) by the user and BME Unit.
- _____ **time Planned Preventive Maintenance (PPM) PER YEAR** according to Manufacturer's Preventive Maintenance Guideline including PM kits and any other relevant parts to prolong equipment lifespan.

EXCLUSION FROM WARRANTY

MOH understand that the following circumstances are not covered in the warranty and Tenderer may quote for repair and subject to MOH approval:

- Unauthorized modifications - an alteration or repair by anyone other than the Manufacturer or Authorized agent during warranty period.
- Accidental damage or problems caused by negligence or mishandling, subject to appropriate justification by both parties.
- Vandalism and Natural disasters
- Normal wear and tear

ANY OTHER EXCLUSION

Tenderer may propose below to include items or terms which is not listed in the exclusion list above for MOH consideration.

TENDERER ACKNOWLEDGMENT**COMPANY CHOP AND SIGNATURE**