#### Rujukan Kami: (108) MOH/HQ/P/IKLAN-SH/2025

#### LAMPIRAN 3

BIL	Quotation Reference	Description	Advertisement Date	Closing Date (Not Later Than 09.00AM)	Quotation Fee	Requesting Department
3	(13)PPN/QTN/2025 (IC)	SUPPLY AND DELIVERY OF FACE SHIELD KIT (ADULT) FOR DEPARTMENT OF DENTAL SERVICES, MINISTRY OF HEALTH	31/07/2025	16/08/2025	\$5.00	JABATAN PERKHIDMATAN PERGIGIAN, KEMENTERIAN KESIHATAN

NO	ITEM DESCRIPTION	QUANTITY	BRAND	MANUFACTURER AND ORIGIN	UNIT PRICE	TOTAL PRICE
1.	FACE SHIELD KIT (ADULT)	300 Kits				
	Specifications:					
	<ul> <li>Consist of foam bumper, main face shield and mini shiled around forehead</li> <li>Comes with replacement shield a part of a kit</li> <li>Made from high quality plastic farme that is sturdy</li> <li>One size fits all and fits over forehead</li> <li>Comes with adjustable cinch cord that can be tighten or loosen the fit</li> <li>Has a shielded air vent which provide protection from overhead splatter</li> <li>Can fit over masks, glasses and loupes</li> <li>Main frame can be of any colour</li> <li>Shield and replacement shield mad eof high-quality plastic that significantly reduce inhaled exposure to droplets, and permits communication with patient</li> </ul>					

NO	ITEM DESCRIPTION	QUANTITY	BRAND	MANUFACTURER AND ORIGIN	UNIT PRICE	TOTAL PRICE
	<ul> <li>Shield must be transparent to maintain excellent view and do not turn yellow when subjected to daylight</li> <li>Shield should be scratch-resistant</li> <li>Shiled can be easily cleaned with mild soap or disinfecteant wipes after use</li> <li>Shield must be of satndard size of 7 inches in length</li> <li>Sample must be provided for assessment</li> </ul>					

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DELIVERY OF PERIOD:  (Yes/No) (If No, please specify)  Confirmation						
no supplier may withdraw his/her quotation	ITHS from the final date for the submission of the quotation and n with that period. The Government reserves the right to extend nat such extension to the quotation validity period shall have the					

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TERMS AND CONDITIONS							
a.	Tenderer must be registered with the	Acknowledgement:	Company's Official Stamp				
	Ministry of Health	Company Ref No:					
b.	Please fill in the QUOTATION FORM	I hereby certify the above quote to be correct.					
	completely including the USER	Signature:					
	REQUIREMENT FORM (if available).	Jighature.					
	Submission of incomplete form may						
	cause DISQUALIFICATION OF QUOTATION	Name:					
C.	Each tenderer is allowed to quote <b>ONE</b>						
	BRAND WITH ONE PRICE ONLY for each						
	item, Submission of more than one brand	Designation:					
	and price will cause DISQUALIFICATION						
	OF QUOTATION.						
d.	Delivery Period:	Date:					
	NOT MORE THAN 60 DAYS	Dutc.					
e.	Please do not use TIPPEX for amendment.						

NO	ITEM DESCRIPTION	USER REQUIREMENT	YES	NO	PLEASE SPECIFY THE SPECIFICATION / SCOPE OFFERED FAILURE TO FILL THE OFFER DETAIL SHALL BE IDENTIFIED AS NON- COMPLIANCE TO THE OFFER
1.	FACE SHIELD KIT (ADULT)  Specifications:	Consist of foam bumper, main face shield and mini shiled around forehead			
		Comes with replacement shield a part of a kit			
		Made from high quality plastic farme that is sturdy			
		One size fits all and fits over forehead			
		Comes with adjustable cinch cord that can be tighten or loosen the fit			
		Has a shielded air vent which provide protection from overhead splatter		,	
		Can fit over masks, glasses and loupes			
		Main frame can be of any colour			
		Shield and replacement shield mad eof high-quality plastic that significantly reduce			
		inhaled exposure to droplets, and permits communication with			
		patient Shield must be transparent to maintain			
		excellent view and do not turn yellow when subjected to daylight			
	- ASD/Page 1/2	Shield should be scratch- resistant			

NO	ITEM DESCRIPTION	USER REQUIREMENT	YES	NO	PLEASE SPECIFY THE SPECIFICATION / SCOPE OFFERED FAILURE TO FILL THE OFFER DETAIL SHALL BE IDENTIFIED AS NON- COMPLIANCE TO THE OFFER
		Shiled can be easily cleaned with mild soap or disinfecteant wipes after use			
		Shield must be of satndard size of 7 inches in length			
		Sample must be provided for assessment	:		
		300 Kits			

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