Rujukan Kami: (96) 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	(94) PSD/QTN/2025 – (PHARM)	REQUEST TO PURCHASE 25 UNITS OF THERMOHYGROMETERS FOR PHARMACIES UNDER DEPARTMENT OF PHARMACEUTICAL SERVICES.	08/07/2025	26/07/2025	\$5.00	JABATAN PERKHIDMATAN FARMASI, KEMENTERIAN KESIHATAN.

SUPPLY AND DELIVERY OF 25 UNITS OF THERMOHYGROMETERS FOR DEPARTMENT OF PHARMACEUTICAL SERVICES

NO	DESCRIPTION OF ITEM	PACK SIZE	QUANTITY	MANUFACTURER AND ORIGIN	UNIT PRICE TOTAL PRICE
1.	Thermohygometer		25 units	-	

SPECIFICATIONS:

- 1. Simultaneously monitors both indoor <u>room temperature</u> and indoor <u>room humidity</u> on a large digital screen with dual display of temperature and humidity readings which can be easily read from across a room.
- 2. Approximate product size: Preferably 7-10cm (width) x 9-12cm (height).
- 3. Range of readings: Temperature readings to range from approximately 0-50 degrees Celsius (°C), and humidity readings to range from approximately 20-99%.
- 4. Resolution of readings: Temperature readings in 0.1 degrees Celsius (°C) increments, and humidity readings in 1% increments.
- 5. Minimum/maximum memory feature able to recall and display minimum/maximum indoor room temperature and minimum/maximum indoor room humidity readings over any time period. Reset function should be available.
- 6. Able to stand upright on its own for tabletop use or be mounted to wall.
- 7. Battery operated (preferably operated with 1 x AAA battery). Delivery of stock must include supply of compatible batteries.
- 8. At least one-year limited warranty from manufacturer/supplier.
- 9. Each thermometer must be calibrated against European or American standard **AND** provided with individually serial-numbered calibration certificate. The inclusion of a calibration certificate must be stated in the brochure/ pamphlet.
- 10. Supplier is to submit product brochure/pamphlet information together with quotation.

DELIVERY PERIOD:		
Not more than 60 days upon confirmation	(Yes/ No)	
	(If No, please specify)	
PRICE VALIDITY:		
supplier may withdraw his/her quotation within that	om the final date for the submission of the quotation and no teriod. The Government reserves the right to extend this sion to the quotation validity period shall have the written	

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

Tenderers shall submit sample of the product being offered and/or brochure contains product details for evaluation. Failure to submit the requirement and submission of 'copy and paste' picture may cause the offer cannot be considered. The quantity stated in this quotation may be requested via ONE or MORE PURCHASE ORDERs for ONE TIME /STAGGERED DELIVERY Delivery location Pharmacy, Berakas Health Centre		
requested via ONE or MORE PURCHASE ORDERS for ONE TIME /STAGGERED DELIVERY Delivery location	g.	being offered and/or brochure contains product details for evaluation. Failure to submit the requirement and submission of 'copy and paste' picture may cause the offer cannot be
Delivery location	h.	The quantity stated in this quotation may be requested via ONE or MORE PURCHASE ORDERS
Pharmacy, Berakas Health Centre	g.	· ·
		Pharmacy, Berakas Health Centre