

Rujukan Kami: **(115) MOH/HQ/P/IKLAN-SH/2025**

LAMPIRAN 2

BIL	Quotation Reference	Description	Advertisement Date	Closing Date (Not Later Than 09.00AM)	Quotation Fee	Requesting Department
2	(113) PSD/QTN/2025 – (SSBH)	PROVISION OF CRITICAL CARE BEDS FOR INTENSIVE CARE UNIT, SURI SERI BEGAWAN (SSB) HOSPITAL, MINISTRY OF HEALTH	14/08/2025	30/08/2025	\$5.00	HOSPITAL SURI SERI BEGAWAN, KUALA BELAIT, KEMENTERIAN KESIHATAN

**PROVISION OF CRITICAL CARE BEDS FOR INTENSIVE CARE UNIT, SURI SERI BEGAWAN (SSB)
HOSPITAL, MINISTRY OF HEALTH (CLUSTERING)**

SECTION 1 – USER REQUIREMENTS**SECTION 2 – PRICE PROPOSAL****SECTION 3 – PROCUREMENT AND TECHNICAL SPECIFICATION****SECTION 4 – WARRANTY UNDERTAKING FORM**

SECTION 1 – USER REQUIREMENTS				
REF	DESCRIPTION	Tick (✓)		STATE OR SPECIFY OR REMARKS OR BROCHURE PAGE
		YES	NO	
1	TWO (2) UNITS OF CRITICAL CARE BEDS			
2	TECHNICAL INFORMATION			
3	TRAINING AND WARRANTY			

1	TWO (2) UNITS OF CRITICAL CARE BEDS			
1.1	Critical care bed that can function to adjust height, backrest, foot-rest, Trendelenburg and reverse Trendelenburg			
1.2	Capable of full upright chair egress Position			
1.3	Made up of premium antimicrobial ABS material: make it easy to clean surfaces to maintain hygiene and prevent infection			
1.4	Can handle patient weigh of up to 200kg or better			Maximum patient weight:
1.5	Collapsible side railing with lock on head and intermediate section			
1.6	Standard removable headboard and footboard			
1.7	Quick release mechanism for CPR function			
1.8	X-ray compatibility with radio translucent panels			
1.9	Built-in weighing scale to monitor patient weight			
1.10	Built-in holders and mount for IV pole, oxygen cylinder, drainage bag and essential medical equipment			
1.11	Minimum wheels size: 140mm or better			Castor/Wheels size:
1.12	Dual lock system which locks rotating and forward motion			
1.13	Angle indicators for head elevation and Trendelenburg			
1.14	Control panels on both side of siderails			
1.15	Head Section inclination up to 60° or better.			
1.16	Trendelenburg positions up to 13° or better.			
1.17	Reverse Trendelenburg position up to -18° or better.			
1.18	Inclusive of ICU grade mattress with thickness of at least 180mm OR better OR any mattress which has a better equivalent and comfort			Mattress thickness:
1.19	The Length of bed frame retracted: not more than 225 cm to ensure it fits within the SSBH's elevator dimensions.			
1.20	The Width of the bed frame: must not exceed 125 cm to ensure it fits within the SSBH's elevator dimensions.			

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2	TECHNICAL INFORMATION	TENDERER MUST FILL IN: STATE AND SPECIFY THE DETAILS BELOW		
2.1	MAXIMUM WIDTH OF BED WITH SIDE RAILS UP (mm)			
2.2	MAXIMUM WIDTH OF BED WITH SIDE RAILS DOWN (mm)			
2.3	TOTAL MAXIMUM LENGTH OF BED RETRACTED (mm)			
2.4	TOTAL MAXIMUM LENGTH OF BED EXTENDED (mm)			
2.5	SIDE RAIL HEIGHT (mm)			
2.6	HIGHEST HEIGHT POSITION FROM FLOOR (cm)			
2.7	LOWEST HEIGHT POSITION FROM FLOOR (cm)			
2.8	MAXIMUM TRENDLENBURG POSITION:			
2.9	MAXIMUM REVERSE TRENDLENBURG POSITION:			
2.10	MAXIMUM PATIENT WEIGHT			
3	TRAINING AND WARRANTY			
3.1	<p>Tenderers to conduct training to end users by either an application specialist or competent local engineer. Tenderer must prepare a training attendance or proof of training done to end user during commissioning and the refresher course (6) months after commissioning. Training must include but not limited to:</p> <ul style="list-style-type: none"> • Basic User Operation, User Troubleshooting and User Maintenance • CPACS and/or RPACS guide through (if necessary) • Operating manual (Hardcopy and/or Softcopy) 			
3.2	<p>Introductory Technical Training to Biomedical Engineers and Technicians at BME RIPASH Office by competent Tenderer's Engineer/Technicians that includes but not limited to:</p> <ul style="list-style-type: none"> • Troubleshooting and basic corrective maintenance • Handling and basic inspection maintenance <p>*(Two sessions/groups if required)</p>			
3.3	<p>Tenderer to include warranty period of at least two (2) years</p> <p>Tenderers to acknowledge Section 4 - Warranty Undertaking Form stating the terms of warranty provided for the equipment in the tender. This includes but not limited to:</p> <ul style="list-style-type: none"> • Duration and warranty coverage • 2x Warranty Planned Preventive Maintenance. 			

** In your quotation/tender document, please breakdown/itemized the price for each accessories/ consumables*

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:					
WHERE MARKETING:					
YEAR INTRODUCED TO MARKET:					
DELIVERY TIME:					
PRICE VALIDITY:	[AT LEAST ONE (1) YEAR PRICE VALIDITY]				
DETAILED BROCHURE INCLUDED?		YES		NO	<input checked="" type="checkbox"/> 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:					
POWER RATINGS:					
EQUIPMENT AMBIENT OPERATING TEMPERATURE RANGE:					
BATTERY BACKUP:					
INTERNATIONAL SAFETY STANDARD:					
TECHNICAL SUPPORT:	NO OF LOCAL ENGINEER/TECHNICIAN: NEAREST OVERSEA SUPPORT:				
DIMENSIONS OF MAIN UNIT:					MM / CM / INCH
WEIGHT OF MAIN UNIT:					KG / G / LBS
EQUIPMENT WHOLE LIFE TIME SUPPORT:	Number of years, spare parts are available after the installation of the equipment for at least 8 years or better: _____ years				

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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.
- **One 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

