SUPPLY, DELIVERY, INSTALLATION, TESTING AND COMMISSIONING ELECTROSURGICAL UNIT FOR CIRCUMCISION CLINIC, KIARONG

	TERMS AND CONDITIONS	VENDOR'S OFFER (PLEASE STATE)
1	Tenderer must be registered with the Ministry of Health.	
2	**TENDER FORM should be filled** completely including the **USER REQUIREMENT FORM** (if available). Submission of incomplete form **MAY** cause **DISQUALIFICATION OF TENDER.**	
3	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 TENDER.**	
4	All consumables supplied throughout this tender shall have a minimum expiry date of **twelve (12) months / on delivery** (if applicable). Should the consumables be urgently needed, provision of consumables with expiry date of less than twelve (12) months should be first agreed by the User before delivery is made (if applicable).	
5	**Brochures / catalogues should be submitted / attached** with tender document.	
6	Any **room renovation** which may be required, **it is mandatory to conduct site visit** (if applicable)	
7	**Samples should be submitted together with tender or within fourteen (14 days)** of the tender closing dates (if applicable).	
8	**DELIVERY PERIOD:** (Please state) Not More Than **90 days** upon confirmation	
9	**PRICE VALIDITY:** The quotation shall remain valid for **12 MONTHS** from the final date for the submission of the quotation and no supplier may withdraw his/her quotation within that period. The Government reserves the right to extend this period if deemed necessary provided that such extension to the quotation validity period shall have written consent of the supplier(s).	

SUPPLY, DELIVERY, INSTALLATION, TESTING AND COMMISSIONING ELECTROSURGICAL UNIT FOR CIRCUMCISION CLINIC, KIARONG

	SECTION 1 – EQUIPMENT SPECIFICATION			
1	**ONE (1) UNIT OF ELECTROSURGICAL UNIT**			
Please ☑ Tick where appropriate		**Yes**	**No**	**Remarks**
1.1	Suitable for use in Circumcision clinic to achieve precise coagulation and minimize bleeding			
1.2	To perform electrosurgical procedures with precision, safety and minimal thermal spread.			
1.3	Suitable for paediatric and Adult			
1.4	Capable of performing precise **monopolar** and optionally **bipolar** electrosurgery.			
1.5	The system should allow for adjustable energy output with clearly visible display and user-friendly controls.			
1.6	**Output modes:**			
1.6.1	Cut Mode: Pure Cut and Blend Modes, Coagulation (Spray, Fulgurate, Pinpoint)			
1.6.2	Coagulation mode: Fulguration, spray, and bipolar coagulation.			
1.7	**Maximum Power output**			
1.7.1	Monopolar Cut: At least 200 watts			
1.7.2	Monopolar Coagulation: At least 100 watts			
1.7.3	Bipolar Coagulation: At least 70 watts			
1.8	**Controls and interface**			
1.8.1	Digital or LCD display for power settings and mode indication.			
1.8.2	Independent power setting controls for monopolar and bipolar outputs.			
1.8.3	Audio tones for activation with adjustable volume.			
1.8.4	Automatic return electrode monitoring (REM) or equivalent patient safety system			
1.9	**Safety features**			
1.9.1	Continuous patients return electrode monitoring with fault alarm.			

SUPPLY, DELIVERY, INSTALLATION, TESTING AND COMMISSIONING ELECTROSURGICAL UNIT FOR CIRCUMCISION CLINIC, KIARONG

1.9.2	Automatic power shutdown in case of malfunction or error.			
1.9.3	Compliance with IEC 60601-1, IEC 60601-2-2 safety standards for high-frequency surgical equipment.			
1.9.4	Overheat and overcurrent protection			
1.10	**Accessories to be Supplied with the System**			
1.10.1	**Bipolar Forceps** (reusable, autoclavable) – 1 pair, with cable compatible with unit, Suitable for circumcision purpose			UNIT PRICE:
1.10.2	**Monopolar Handpiece** – 1 set, autoclavable or with disposable tips.			UNIT PRICE:
1.10.3	**Patient Return Electrode** – 5 reusable plates or 50 disposable pads (specify type depending on unit).			UNIT PRICE:
1.10.4	**Footswitch** for bipolar mode activation.			

SUPPLY, DELIVERY, INSTALLATION, TESTING AND COMMISSIONING ELECTROSURGICAL UNIT FOR CIRCUMCISION CLINIC, KIARONG

2	**END-USER TRAINING**			
Please ☑ Tick where appropriate		**Yes**	**No**	**Remarks**
2.1	Conduct **user training** to the all-end users by an application specialist or competent local engineer including but not limited to: • Basic user operation, user troubleshooting and user maintenance • Provide Operating manual (Hardcopy and/or Softcopy)			
2.2	Tenderer must **prepare a training attendance or proof of training done to end user during commissioning and the refresher course (6) months after commissioning.**			

3	**TECHNICAL TRAINING**			
Please ☑ Tick where appropriate		**Yes**	**No**	**Remarks**
3.1	**Introductory Technical Training** to Biomedical Engineers and Technicians at BME Office by competent Tenderer's Engineer/Technicians that includes but not limited to: • Troubleshooting and basic corrective maintenance • Handling and basic inspection maintenance *(Two sessions/groups if required)			

4	**WARRANTY**			
Please ☑ Tick where appropriate		**Yes**	**No**	**Remarks**
4.1	Tenderer to include warranty period of **at least two (2) years**			
4.2	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: • Scope of Warranty • Planned Preventive Maintenance during warranty (one of which includes battery replacement at the end of warranty period).			

SUPPLY, DELIVERY, INSTALLATION, TESTING AND COMMISSIONING ELECTROSURGICAL UNIT FOR CIRCUMCISION CLINIC, KIARONG

SECTION 2 – PRICE PROPOSAL		
PURCHASE PRICE	PER UNIT	BND$
	TOTAL	BND$

SECTION 3 - PROCUREMENT AND TECHNICAL SPECIFICATION			
BRAND:		MODEL:	
COUNTRY OF ORIGIN:		YEAR INTRODUCED TO MARKET:	
WARRANTY PERIOD:		LAST COUNTRY SOLD TO:	
PRICE VALIDITY: [AT LEAST ONE (1) YEAR PRICE VALIDTY]		DELIVERY TIME:	

SUPPLY, DELIVERY, INSTALLATION, TESTING AND COMMISSIONING ELECTROSURGICAL UNIT FOR CIRCUMCISION CLINIC, KIARONG

SECTION 3 - PROCUREMENT AND TECHNICAL SPECIFICATION								
AUTHORIZED DISTRIBUTOR: (AUTHORIZED DISTRIBUTOR LETTER ATTACHED)		APPOINTED BRUNEI DISTRIBUTOR						
		PROCURE FROM OVERSEA AUTHORIZED DISTRIBUTOR			COMPANY NAME:			
					COMPANY ORIGIN:			
DETAILED BROCHURE INCLUDED		**YES**		**NO**	**☑ 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:								
INTERNATIONAL SAFETY STANDARD Must comply to at least 1 safety Standards and certification (Please attached the copy of stated standards and certifications)					**☑ Tick where appropriate** ☐ US FDA Standard, ☐ European Union CE MARK, ☐ Australian TGA Standard, ☐ Canadian CSA Standard or ☐ Japanese JIS Standard. Others (Please specify): _____			
NUMBER OF TECHNICAL SUPPORT (ENGINEER/TECHNICIAN) Please provide training or certification for locals who is trained/certified	**LOCAL**					☐ **Trained / Certified** ☐ **Not yet trained on the product**		
	OVERSEA (SPECIFY LOCATION)				NEAREST LOCATION:			
DIMENSIONS AND WEIGHT OF MAIN UNIT:			☐ **mm** ☐ **cm** ☐ **inch**			☐ **Kilogram (Kg)** ☐ **Gram(g)** ☐ **Pound (lbs)**		
EQUIPMENT WHOLE LIFE TIME SUPPORT:	**The supplier shall ensure that spare parts for the equipment are available for a minimum of 10 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 ELECTROSURGICAL UNIT FOR CIRCUMCISION CLINIC, KIARONG

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:
    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.
- **Two time Planned Preventive Maintenance (PPM) PER YEAR** according to Manufacturer's Preventive Maintenance Guideline and to include one-time replacements of battery at the end of 2 years warranty period or 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

SUPPLY, DELIVERY, INSTALLATION, TESTING AND COMMISSIONING ELECTROSURGICAL UNIT FOR CIRCUMCISION CLINIC, KIARONG

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