

TENDER REFERENCE NO.: KK/25/2026/HTD

**MINISTRY OF HEALTH
NEGARA BRUNEI DARUSSALAM**

**THE PROVISION OF MAINTENANCE SERVICES FOR
FRESENIUS CRRT MACHINES IN MINISTRY OF HEALTH
FOR A PERIOD OF ONE (1) YEAR**

TENDER FEES : \$30.00

RECEIPT NO. :

CLOSING DATE : ON TUESDAY, 10/03/2026

TIME : 12.00 PM

FOA :

**THE CHAIRMAN
MINI TENDER BOARD, TENDER BOX
GROUND FLOOR, MINISTRY OF HEALTH
COMMONWEALTH DRIVE
BANDAR SERI BEGAWAN BB3910
NEGARA BRUNEI DARUSSALAM**

(CLUSTERING)

SECTION 2

SPECIFICATIONS AND REQUIREMENTS

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INVITATION TO TENDER THE PROVISION OF MAINTENANCE SERVICES FOR FRESENIUS CRRT MACHINES IN MINISTRY OF HEALTH FOR A PERIOD OF ONE (1) YEAR

| NO. | SCOPE OF WORK |
|-----|--|
| 1. | 2 x PPM in a year |
| 2. | Unlimited breakdown calls |
| 3. | Inclusive of all spare parts & batteries. Exclude consumables & accessories |
| | Apply preventive maintenance sticker/tag after successful service. |
| | Work on the CRRT machine to be carried out by engineer(s) authorised in providing maintenance to Fresenius Multi-filtrate acute therapy systems. |
| | All PM and tests done must be recorded and documented (A copy for user and BME must be provided upon invoicing) |
| | |
| 4. | Visual Inspections |
| a. | Inspect the fuse accessible from the outside corresponds to the indicated value or seal is undamaged. |
| b. | Inspect mechanical condition permits further safe to use. |
| c. | Check no signs of damages on full body or contamination affecting correct function. |
| d. | Check the rotor(s) conditions and clean it when necessary. |
| e. | Check the line roller pump(s) show no signs of damage and are fully functional. |
| f. | Check power cable conditions and if damage recommend to replace. |
| g. | Check the wheel movements and brake condition. |
| h. | Check all accessories IV pole and scale conditions. |
| | |
| 5. | Preventive measures |
| a. | Perform arterial pressure calibration. |
| b. | Perform venous pressure calibration. |
| c. | Perform scales calibration. |
| d. | Check the functionality of optical Sensor & air bubble detector. |
| e. | Check the functionality of blood pump. |

| NO. | SCOPE OF WORK |
|-----|--|
| f. | Check the Functionality of CICA pump. |
| g. | Check the functionality of Heparin pump. |
| h. | Check and verify the system parameters. |
| i. | Perform the complete functional verification test. |
| j. | Perform the electrical safety test. |

Fresenius CRRT machines:

- a) Model: Multi-filtrate therapy
 - 1) BME0009867, S/N: 3MUG7972
 - 2) BME0009868, S/N: 3MUG7973
 - 3) BME0017273, S/N: 4MUG9162
- b) Model: Multi-filtrate Ci-Ca acute therapy system
 - 1) BME24904, S/N: 4MUG8626
 - 2) BME24903, S/N: 4MUG8633
 - 3) BME24902, S/N: 4MUG8629
 - 4) BME24899, S/N: 9MUGH311
 - 5) BME24900, S/N: 9MUGH312
 - 6) BME24901, S/N: 9MUGH313
 - 7) BME27171, S/N: 9MUGH314
 - 8) BME27172, S/N: 9MUGH315
 - 9) BME27173, S/N: 9MUGH316
 - 10) BME27174, S/N: 9MUGH317
 - 11) BME27175, S/N: 9MUGH318
- c) Model: Multi-filtrate Pro acute therapy system
 - 1) BME27176, S/N: 0FTG3882
 - 2) BME27177, S/N: 0FTG3883
 - 3) BME27178, S/N: 0FTG3884
 - 4) BME27179, S/N: 0FTG3885
 - 5) BME27180, S/N: 0FTG3886

SECTION 3

TENDER FORM

To:

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**INVITATION TO TENDER
THE PROVISION OF MAINTENANCE SERVICES FOR FRESENIUS CRRT MACHINES IN
MINISTRY OF HEALTH FOR A PERIOD OF ONE (1) YEAR**

| NO. | SCOPE OF WORK | YES | NO |
|------------|--|------------|-----------|
| 1. | 2 x PPM in a year | | |
| 2. | Unlimited breakdown calls | | |
| 3. | Inclusive of all spare parts & batteries. Exclude consumables & accessories | | |
| | Apply preventive maintenance sticker/tag after successful service. | | |
| | Work on the CRRT machine to be carried out by engineer(s) authorised in providing maintenance to Fresenius Multi-filtrate acute therapy systems. | | |
| | All PM and tests done must be recorded and documented (A copy for user and BME must be provided upon invoicing) | | |
| | | | |
| 4. | Visual Inspections | | |
| a. | Inspect the fuse accessible from the outside corresponds to the indicated value or seal is undamaged. | | |
| b. | Inspect mechanical condition permits further safe to use. | | |
| c. | Check no signs of damages on full body or contamination affecting correct function. | | |
| d. | Check the rotor(s) conditions and clean it when necessary. | | |
| e. | Check the line roller pump(s) show no signs of damage and are fully functional. | | |
| f. | Check power cable conditions and if damage recommend to replace. | | |
| g. | Check the wheel movements and brake condition. | | |
| h. | Check all accessories IV pole and scale conditions. | | |
| | | | |
| 5. | Preventive measures | | |
| a. | Perform arterial pressure calibration. | | |
| b. | Perform venous pressure calibration. | | |
| c. | Perform scales calibration. | | |
| d. | Check the functionality of optical Sensor & air bubble detector. | | |
| e. | Check the functionality of blood pump. | | |

| NO. | SCOPE OF WORK | YES | NO |
|-----|--|-----|----|
| f. | Check the Functionality of CICA pump. | | |
| g. | Check the functionality of Heparin pump. | | |
| h. | Check and verify the system parameters. | | |
| i. | Perform the complete functional verification test. | | |
| j. | Perform the electrical safety test. | | |

| FRESENIUS CRRT MACHINES: | | TOTAL PRICE (B\$) |
|--------------------------|--|-------------------|
| a) | Model: Multi-filtrate therapy | |
| 1) | BME0009867, S/N: 3MUG7972 | |
| 2) | BME0009868, S/N: 3MUG7973 | |
| 3) | BME0017273, S/N: 4MUG9162 | |
| b) | Model: Multi-filtrate Ci-Ca acute therapy system | |
| 1) | BME24904, S/N: 4MUG8626 | |
| 2) | BME24903, S/N: 4MUG8633 | |
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| 11) | BME27175, S/N: 9MUGH318 | |
| c) | Model: Multi-filtrate Pro acute therapy system | |
| 1) | BME27176, S/N: 0FTG3882 | |
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