

SUPPLY, DELIVERY, INSTALLATION, TESTING AND COMMISSIONING OF TABLETOP STERILIZER, FOR OPERATING THEATRE, RIPAS HOSPITAL

	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 <u>shall</u> 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 OF TABLETOP STERILIZER, FOR OPERATING THEATRE, RIPAS HOSPITAL

SCOPE OF WORK AND SUMMARY OF PRICES				
This tender is for the Supply, Delivery, Installation, Testing, Commissioning, Warranty and Maintenance of:				
DESCRIPTION	QUANTITY	YES	NO	REMARKS
TABLETOP STERILIZER Distribution: <ul style="list-style-type: none">- 2 Units General OT- 1 unit Eye Department OT	3			

SUPPLY, DELIVERY, INSTALLATION, TESTING AND COMMISSIONING OF TABLETOP STERILIZER, FOR OPERATING THEATRE, RIPAS HOSPITAL

SECTION 1 – USER REQUIREMENTS				
Please <input checked="" type="checkbox"/> Tick where appropriate		Yes	No	Remarks
1	TABLETOP STERILIZER			
1.1	The unit shall be a fully automatic, tabletop steam sterilizer (autoclave) designed for the sterilization of wrapped and unwrapped instruments, packs, and porous load			
1.2	Type: B-Class sterilizer Air removal method: Vacuum			
1.3	Sterilization Chamber			
1.3.1	Chamber material: Stainless Steel			
1.3.2	Minimum internal Chamber diameter: Approximately 270mm or better			
1.3.3	Minimum internal Chamber Volume: At least 23 litres or better			
1.3.4	Chamber door: Automated or power-assisted closing with safety interlock			
1.3.5	Removable trays or cassette racks included (minimum 4 trays)			
1.4	Sterilization cycle, Pre-programmed and user-selectable cycles for:			
1.4.1	Unwrapped instruments			
1.4.2	Wrapped instruments (Pouches)			
1.4.3	Packs			
1.4.3	Handpieces			
1.5	Automatic drying cycle integrated			
1.6	Temperature range: 121°C to 134°C (or better)			
1.7	Comes with overheat shutoff			
1.8	Control system			
1.8.1	Touchscreen or digital control interface with visual indicators			
1.8.2	Pre-set cycles with user customization options			
1.8.3	On-screen alerts for errors, maintenance, and cycle completion			
1.8.4	Interface must be operable with gloved hands			
1.9	Safety features			
1.9.1	Over-temperature and over-pressure protection			
1.9.2	Door lock safety interlock (prevents door from opening during operation)			
1.9.3	Automatic shut-off on cycle completion			
1.9.4	Pressure and temperature sensors for monitoring			
1.9.5	Audible and visual alarms for fault conditions			
1.10	Data management: Cycle data logging and retrieval capability (internal memory or USB)			

SUPPLY, DELIVERY, INSTALLATION, TESTING AND COMMISSIONING OF TABLETOP STERILIZER, FOR OPERATING THEATRE, RIPAS HOSPITAL

2. CONSUMABLES AND ACCESSORIES				
REF	DESCRIPTION	✓		STATE OR SPECIFY OR REMARKS OR BROCHURE PAGE
		Y	N	
2.1	Inclusive of all the accessories for the machine to be fully functional			

3. END USER AND TECHNICAL TRAINING				
Please <input checked="" type="checkbox"/> Tick where appropriate		Yes	No	Remarks
3.1	Conduct user training to the all-end users by an application specialist or competent local engineer including but not limited to: <ul style="list-style-type: none"> • Basic user operation, user troubleshooting and user maintenance • Provide Operating manual (Hardcopy and/or Softcopy) 			
3.1.1	Tenderer must prepare a training attendance or proof of training done to end user during commissioning and the refresher course (6) months after commissioning.			
3.2	Introductory Technical Training to Biomedical Engineers and Technicians at BME Office by competent Tenderer’s Engineer/Technicians that includes but not limited to: <ul style="list-style-type: none"> • Troubleshooting and basic corrective maintenance • Handling and basic inspection maintenance *(Two sessions/groups if required)			

4. WARRANTY				
Please <input checked="" type="checkbox"/> 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: <ul style="list-style-type: none"> • Scope of Warranty • One-time Planned Preventive Maintenance Per Year during warranty • Comprehensive Corrective Maintenance of Main Unit 			

SUPPLY, DELIVERY, INSTALLATION, TESTING AND COMMISSIONING OF TABLETOP STERILIZER, FOR OPERATING THEATRE, RIPAS HOSPITAL

5. PRODUCT DEMONSTRATION (UPON REQUIREMENT)				
Please <input checked="" type="checkbox"/> Tick where appropriate		Yes	No	Remarks
5.1	<p>If requested by the Government, vendor shall provide a product demonstration as part of the evaluation process</p> <p>The tenderer shall provide either of the following demonstration modes:</p> <ul style="list-style-type: none"> • Physical Demonstration (In-Person): A complete working unit must be brought to the designated demonstration site as specified by the procuring entity. The demonstration shall be conducted by qualified personnel from the supplier. • Online Demonstration (Virtual): The demonstration may be conducted via a live video conferencing platform (e.g., Zoom, MS Teams). The session must include: <ul style="list-style-type: none"> ○ Live operation of the actual product. ○ Real-time interaction to address questions or perform requested functions. ○ High-definition video and clear audio for full visibility and understanding. 			

SECTION 2 – PRICE PROPOSAL		
PURCHASE PRICE	MAIN SYSTEM 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 <u>ONE (1) YEAR</u> PRICE VALIDITY]		DELIVERY TIME:	

SUPPLY, DELIVERY, INSTALLATION, TESTING AND COMMISSIONING OF TABLETOP STERILIZER, FOR OPERATING THEATRE, RIPAS HOSPITAL

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	<input checked="" type="checkbox"/> 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:			OTHERS:	
			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)			<input checked="" type="checkbox"/> Tick where appropriate <input type="checkbox"/> US FDA Standard, <input type="checkbox"/> European Union CE MARK, <input type="checkbox"/> Australian TGA Standard, <input type="checkbox"/> Canadian CSA Standard or <input type="checkbox"/> Japanese JIS Standard. Others (Please specify): _____	
NUMBER OF TECHNICAL SUPPORT (ENGINEER/TECHNICIAN) Please provide training or certification for locals who is trained/certified	LOCAL		<input type="checkbox"/> Trained / Certified <input type="checkbox"/> Not yet trained on the product	
	OVERSEA (SPECIFY LOCATION)		NEAREST LOCATION:	
DIMENSIONS AND WEIGHT OF MAIN UNIT:		<input type="checkbox"/> mm <input type="checkbox"/> cm <input type="checkbox"/> inch		<input type="checkbox"/> Kilogram (Kg) <input type="checkbox"/> Gram(g) <input type="checkbox"/> 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 OF TABLETOP STERILIZER, FOR
OPERATING THEATRE, RIPAS HOSPITAL**

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 extent 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