

**SUPPLY, DELIVERY, INSTALLATION, TESTING AND COMMISSIONING ONE (1) UNIT OF SPIROMETER MACHINE FOR OCCUPATIONAL HEALTH DIVISION,  
DEPARTMENT OF ENVIRONMENTAL HEALTH SERVICES, MINISTRY OF HEALTH**

	<b>TERMS AND CONDITIONS</b>	<b>VENDOR'S OFFER (PLEASE STATE)</b>
1	Tenderer must be registered with the Ministry of Health.	
2	<b>TENDER FORM should be filled</b> completely including the <b>USER REQUIREMENT FORM</b> (if available). Submission of incomplete form <b>MAY</b> cause <b>DISQUALIFICATION OF TENDER</b> .	
3	Each tenderer is allowed to quote <b>ONE BRAND/MODEL WITH ONE PRICE ONLY</b> for each item. Submission of more than one brand/model and price will cause <b>DISQUALIFICATION OF TENDER</b> .	
4	All consumables supplied throughout this tender <u>shall</u> have a minimum expiry date of <b>twelve (12) months / on delivery</b> (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	<b>Brochures / catalogues should be submitted / attached</b> with tender document.	
6	Any <b>room renovation</b> which may be required, <b>it is mandatory to conduct site visit</b> (if applicable)	
7	<b>Samples should be submitted together with tender or within fourteen (14 days)</b> of the tender closing dates (if applicable).	
8	<b>DELIVERY PERIOD:</b> (Please state) Not More Than <b>60 days</b> upon confirmation	
9	<b>PRICE VALIDITY:</b> The quotation shall remain valid for <b>12 MONTHS</b> 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).	
10	The equipment supplied must be <b>newly manufactured, unused, and in its original</b> , sealed packaging. The equipment must not be previously owned, refurbished, or reconditioned in any form. During delivery, the vendor is required to provide proof of manufacture date confirming the equipment is new.	

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<b>SECTION 1 – USER REQUIREMENTS</b>				
Please <input checked="" type="checkbox"/> Tick where appropriate		Yes	No	Remarks
<b>Device Type</b>	Desktop spirometer with integrated touchscreen			
<b>Measurement Technology</b>	Please state (Preferably latest technology)			
<b>Clinical Applications</b>	For use in Occupational Health and Primary Care			
<b>Essential Tests Supported</b>	Forced Vital Capacity (FVC), Forced Expiratory Volume 1 (FEV1), PEF, FEF75, FEF25-75, FEV1/FVC, Vital Capacity (VC), Maximum Voluntary Ventilation (MVV), Bronchodilation, Bronchoconstriction			
<b>Display</b>	Colour touchscreen (Preferably using stylus type)			
	Dimension not less than 6-inch (length) X 3 inch (width)			
<b>Data Export</b>	Capability to export results in both XML and PDF formats			
	EMR connectivity (integration with compatible latest generation software for spirometry) – compatible and able to integrate with BruHIMS.			
<b>Printing Capability</b>	Built-in thermal and graphical printer			
<b>Measurement Ranges (BTPS)</b>	Flow: $\pm 16$ L/s			
	Volume: 10 L			
<b>Measurement Accuracy</b>	Volume: $\pm 3\%$ or 50 ml			
	Flow: $\pm 5\%$ or 200 ml/s			
	PEF: $\pm 10\%$ or 170 ml/s			
<b>Dynamic Resistance</b>	<0.5 cm H <sub>2</sub> O L/s			

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<b>Battery</b>	Rechargeable and long lasting			
	With minimum 2 hours of autonomous operations			
<b>Power supply</b>	Spirometer can be used with AC/DC adapter and battery			
<b>Sampling Rate</b>	Minimum of 100 Hz			
<b>Volume Resolution</b>	<10 ml			
<b>Temporal Accuracy</b>	±0.5% or better			
<b>Accessories (Included)</b>	100pcs Disposable plastic nose clips and mouth pieces 10 rolls Thermal paper rolls			
<b>Calibration</b>	To include annual calibration during warranty period			

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<b>2 END-USER TRAINING</b>				
<b>Please <input checked="" type="checkbox"/> Tick where appropriate</b>		<b>Yes</b>	<b>No</b>	<b>Remarks</b>
2.1	Conduct <b>user training</b> to the all-end users by an application specialist or competent local engineer including but not limited to: <ul style="list-style-type: none"> <li>• Basic user operation, user troubleshooting and user maintenance</li> <li>• Provide Operating manual (Hardcopy and/or Softcopy)</li> </ul>			
2.2	Tenderer must <b>prepare a training attendance or proof of training done to end user during commissioning and the refresher course (6) months after commissioning.</b>			
2.3	Tenderer shall be OSHA-approved or NIOSH-approved to conduct training to end users (provide evidence of OSHA or NIOSH training certificate).			

<b>3 TECHNICAL TRAINING</b>				
<b>Please <input checked="" type="checkbox"/> Tick where appropriate</b>		<b>Yes</b>	<b>No</b>	<b>Remarks</b>
3.1	<b>Introductory Technical Training</b> 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"> <li>• Troubleshooting and basic corrective maintenance</li> <li>• Handling and basic inspection maintenance</li> </ul> *(Two sessions/groups if required)			

<b>4 WARRANTY</b>				
<b>Please <input checked="" type="checkbox"/> Tick where appropriate</b>		<b>Yes</b>	<b>No</b>	<b>Remarks</b>
4.1	Tenderer to include warranty period of <b>at least two (2) years</b>			
4.2	Tenderers to <b>ACKNOWLEDGE</b> 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"> <li>• Scope of Warranty</li> <li>• Planned Preventive Maintenance during warranty (one of which includes battery replacement at the end of warranty period).</li> </ul>			

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

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

SECTION 3 - PROCUMENT 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 VALIDTY]		DELIVERY TIME:	

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SECTION 3 - PROCUMENT AND TECHNICAL SPECIFICATION				
<b>AUTHORIZED DISTRIBUTOR: (AUTHORIZED DISTRIBUTOR LETTER ATTACHED)</b>	APPOINTED BRUNEI DISTRIBUTOR			
	PROCURE FROM OVERSEA AUTHORIZED DISTRIBUTOR		COMPANY NAME:	
		COMPANY ORIGIN:		
<b>DETAILED BROCHURE INCLUDED</b>	<b>YES</b>	<b>NO</b>	<input checked="" type="checkbox"/> or specify where appropriate	
<b>USER AND SERVICE MANUALS:</b>	<b>YES</b>	<b>NO</b>	Tenderers to acknowledge that they must provide at least <b>TWO</b> sets of <b>USER AND SERVICE</b> manuals when applying commissioning form. One Set for End User, One Set for BME. (Please provide hardcopy or softcopy)	
<b>MAINS POWER SUPPLY:</b>	220V-240V		OTHERS:	
	50-60HZ		OTHERS:	
<b>BATTERY</b>	<b>RECHARGEABLE</b>		<b>SINGLE-USE</b>	<b>REPLACEABLE</b>
	OTHERS:			
	TYPE OF BATTERY:			
	RATING:			
<b>POWER ADAPTER/CHARGER OUTPUT RATING:</b>				
<b>EQUIPMENT AMBIENT OPERATING TEMPERATURE RANGE:</b>				
<b>INTERNATIONAL SAFETY STANDARD</b> 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): _____	
<b>NUMBER OF TECHNICAL SUPPORT (ENGINEER/TECHNICIAN)</b>  Please provide training or certification for locals who is trained/certified	<b>LOCAL</b>		<input type="checkbox"/> Trained / Certified <input type="checkbox"/> Not yet trained on the product	
	<b>OVERSEA (SPECIFY LOCATION)</b>		NEAREST LOCATION:	
<b>DIMENSIONS AND WEIGHT OF MAIN UNIT:</b>	<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)	
<b>EQUIPMENT WHOLE LIFE TIME SUPPORT:</b>	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)			

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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 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.
- **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 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**