

**SUPPLY, DELIVER, INSTALLATION, TESTING AND COMMISSIONING TEN (10) UNITS OF MANUAL BLOOD PRESSURE
FOR DEPARTMENT OF OPD, HOSPITAL PIHM.**

	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).	
10	The equipment supplied must be newly manufactured , unused, and in its original, sealed packaging. The equipment must not be previously owned, refurbished, or reconditioned in any form.	
11	The vendor is required to provide proof of manufacture date confirming the equipment is new .	
12	To provide justification for the price increase of a product previously supplied to the Ministry of Health by the same supplier/distributor	

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REQUIREMENTS		Yes	No	Remarks
1. Equipment Type:	Portable Desk type Aneroid			
2. Purpose:	Designed to measure a patient's blood pressure using a cuff, inflation bulb and mechanical gauge.			
Measurement Range	0-300 mmHg			
Scale size and type	Size: 140mm – 150mm Type: Round			
Visual display	Easy to read High contrast			
Accuracy	+/- 3mmHg or +/- 2mmHg			
Materials	Latex free Chrome-plated screwed tube connection to allow quick changing of cuffs			
Valve	German engineered air release valve Microfilter to prevent contamination between patient and equipment.			
Certificate	Approved by BIHS Validation			
Accessories (per unit)	Each have the following: 1 BP Cuff Large Adult 1 BP Cuff Adult 1 BP Cuff Child 1 Inflation bulb			

2	OTHER REQUIREMENTS		
<ul style="list-style-type: none"> Vendor shall perform a performance verification upon commissioning and ensure the performance of the installed equipment is within the acceptable limit of performance or as per manufacturer's recommendations or as per User's acceptance criteria. Vendor shall submit a copy of user verified Performance Qualification Report. 			
LITERATURE			
<ul style="list-style-type: none"> To supply one (1) USB or one (1) set of hard copy of the Operating Manual and Service Manual including circuit diagrams of the equipment shall be provided upon commissioning. To supply hardcopy of maintenance log with list of details of daily, weekly or scheduled maintenance 			
TRAINING			
<ul style="list-style-type: none"> Training shall be provided, at no additional cost, as follows: On-site training for ALL staff members expected to handle the machine. Please ensure that adequate time is allocated such that training will take place in small groups to minimize staff shortage in the laboratory. 			

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<ul style="list-style-type: none"> • Certificate of attendance and competence shall be issued to all trainees after completion of training. 			
<ul style="list-style-type: none"> • If necessary and required by the User, the successful vendor shall ensure the key users are updated on the current or relevant information related to the system used. Vendor shall provide ONE off-site training for two (2) key users. All expenses for attending the training shall be borne by the vendor; full registration, return air ticket, daily allowance, accommodation, transport to and from the airport and place of training. 			

3 TECHNICAL TRAINING					
Please <input checked="" type="checkbox"/> 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: <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 one (1) year				
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 				

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

SECTION 3 - PROCUMENT AND TECHNICAL SPECIFICATION			
BRAND:		MODEL:	

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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 - 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:	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)			<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)			

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.
- **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.
- In the event of any **breakdown call** during the warranty period, tenderer shall ensure a **response time not exceeding 60 minutes** from the receipt of the notification.

Response time refers to time taken from initial request by the user to the time trained technical personnel is physically present to assess the request.

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