

**SUPPLY, DELIVERY, INSTALLATION, TESTING AND COMMISSIONING FOUR (4) UNITS OF
ENDO ACTIVATOR FOR DEPARTMENT OF DENTAL SERVICES**

| NO. | 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 . 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. | |
| 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 date (if applicable). | |
| 8 | DELIVERY PERIOD: (Please state) Not More Than 90 days upon confirmation | (Yes / No) (If No, please specify) |
| 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). | |

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| | |
|--------------------------|---|
| Distribution list | Endo Activator 1. Room 8B, National Dental Centre (1 unit) 2. Room 10, Berakas Health Centre (1 unit) 3. Room 7B, National Dental Centre (1 unit) 4. Outpatient (1 unit) |
|--------------------------|---|

| SECTION I - USER REQUIREMENT | | YES | NO | PLEASE SPECIFY THE SPECIFICATION/ SCOPE OFFERED <small>FAILURE TO FILL THE OFFER DETAIL SHALL BE IDENTIFIED AS NON-COMPLIANCE TO THE OFFER</small> |
|-------------------------------------|--|------------|-----------|--|
| 4 units Endo Activator | | | | |
| Standard features | Cordless lightweight ultrasonic device for activating irrigation solutions and removing gutta percha in endodontic procedures | | | |
| | Ultrasonic Frequency: Not less than 45 KHz | | | |
| | Ultrasonic Wave Amplitude: Not less than 25 micrometers | | | |
| | Power Modes: 2 power modes minimum with Variable Frequency control | | | |
| | Power Supply: Battery-operated with expected battery life no less than 4 hours of continuous operation | | | |
| Accessories | Autoclavable Working tips: - Silver Tip: 21 mm, 20/02: 3 nos - Silver Tip: 18 mm, 20/02: 3 nos - Blue Tip: 18 mm, 20/02, 3 nos - Blue Tip: 18mm, 25/02, 3 nos - Gold Tip: 18 mm, 25/00, 2 nos | | | |
| | Torque limiting wrench: 1 nos | | | |
| | Disposable barrier sleeves: 100 nos | | | |
| | Protective tip stand with sterilization tray: 1 nos | | | |

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|-------------------------------------|---|------------|-----------|---|
| | Power Adapter: used to charge the battery and MUST be compatible with 100-240 V AC, 50/60Hz power supply | | | |
| | Accessories to be included (The Equipment Should Come With All Necessary Accessories For It To Be Fully Operational) | | | |

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| SECTION II - PROCUREMENT REQUIREMENT | |
|---|-------------|
| Model and Brand of Equipment. | |
| Country of Origin. | |
| Unit (B\$) | |
| Total Price Offered (CIF) | |
| Year manufactured. | |
| Warranty period (at least 1 year) | _____ years |
| Delivery period | _____ weeks |
| Price validity (not less than 12 months) | _____ years |

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| TECHNICAL SPECIFICATIONS/REQUIREMENTS | |
|---|--|
| Mains Supply 240VAC 50 Hz. | |
| State equipment ambient operating temperature range. | |
| The equipment must comply to either one of the five international safety standards, namely; US FDA Standard, European Union CE MARK, Australian TGA Standard, Canadian CSA Standard or Japanese JIS Standard. | |
| State number of locally stationed engineers/technicians and the nearest overseas support. | |
| State overall dimensions of equipment. | |
| State net weight of the equipment (kg) | |
| Brochure Tenderers must submit with their offer, a detailed brochure which supports the information the tenderer has entered in the "form-to-be-used (FORM B)" for reference. | |
| User and Service Manuals Two hard copies and one soft copy [PDF FORMAT] to be submitted to BME office during commissioning. | |
| Spare-parts and consumables Comprehensive spare-parts and consumables listings in the form of softcopy must be provided. Listing must have the following details; Part Number and Part Description. | |