SUPPLY, DELIVERY, INSTALLATION, TESTING AND COMMISSIONING OF DRYING CABINET FOR CSSD, 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 shall 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).	

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SCOPE OF WORK			
Please ☑ Tick where appropriate	**Yes**	**No**	**Remarks**
1. Supply of 1 unit of Drying cabinet with tube drying rack in CSSD, RIPAS HOSPITAL			

SECTION 1 – USER REQUIREMENTS				
Please ☑ Tick where appropriate		**Yes**	**No**	**Remarks**
1	**STERILIZER MACHINE**			
1.1	The equipment shall be a medical-grade drying cabinet designed for use in the Central Sterile Services Department (CSSD)			
1.2	The unit shall be suitable for drying reusable medical instruments, anaesthesia accessories, hollow instruments, containers and other sterilisation-related items after washing and disinfection process			
1.3	**Configuration: Double door, Pass-through.** To support separation between clean and dirty areas within CSSD workflow			
1.4	**Interior capacity:** At least $1m^3$ or better			
1.5	**Cabinet configuration**			
1.5.1	Doors shall be interlocked to prevent simultaneous opening of both doors.			
1.5.2	Cabinet shall be floor standing type.			
1.5.3	Internal chamber shall be constructed from high-grade stainless steel.			
1.5.4	External panels shall be corrosion-resistant and suitable for hospital environments.			
1.6	**Drying system**			
1.6.1	Shall utilise forced hot air circulation system for efficient drying.			
1.6.2	Drying temperature shall be adjustable.			
1.6.3	System shall provide uniform air distribution throughout the chamber.			
1.6.4	Airflow shall be suitable for drying: • General surgical instruments • MIS instruments • Hollow instruments • Anaesthesia tubing and accessories • Stainless steel baskets and containers			
1.6.5	Drying cycle shall be programmable with adjustable time settings.			

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1.6.6	Shall include HEPA-filtered air intake system or equivalent.			
1.6.7	System shall include moisture removal and ventilation mechanism			
1.7	**Capacity and Loading**			
1.7.1	Cabinet shall support multiple loading levels/racks, preferable with the following configuration: - 2 x Half width shelfs - 2 x Full width shelfs - 2 x Small part trays			
1.7.2	Internal configuration shall allow flexible arrangement of trays and accessories.			
1.7.3	Comes with tube drying rack			
1.7.4	Shall be compatible with standard CSSD baskets, trays, and transport trolleys.			
1.7.5	Loading capacity shall be suitable for high-volume hospital CSSD operation.			
1.8	**Control System**			
1.8.1	Shall be equipped with microprocessor-based control system.			
1.8.2	Control panel shall include: • Drying temperature display • Remaining cycle time • Operational status indication • Alarm indication			
1.8.3	User-friendly touchscreen or digital display interface preferred.			
1.8.4	Shall provide programmable drying cycles.			
1.9	**Safety features:** - Over-temperature protection system - Audible and visual alarm for fault conditions.			
1.10	Shall include a medical-grade high-efficiency air filtration system with accessible and replaceable HEPA filter(s), and an air circulation system designed to minimise contamination risk during the drying process			
1.11	**Safety Standard Requirement** Compliance with the following standard or equivalent: • IEC and/or EN Safety Standards • CE and/or FDA approval			
1.12	**Accessories/consumables to be supplied with each unit:** Inclusive of all the accessories for the machine to be fully functional			

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2. INSTALLATION REQUIREMENT				
Please ☑ Tick where appropriate		Yes	No	Remarks
2.1	Drying cabinet shall be compatible with and fit within the existing installation space designated for the drying cabinet at CSSD, RIPAS Hospital, including any necessary **wall hacking works** required for installation			
2.2	Tenderer shall provide installation service **where necessary**, including but not limited to the following: • Site preparation and planning works, including new vinyl flooring and antibacterial wall painting • Ensure utilities meet system requirements, including electrical supply, water supply, and drainage connection where applicable. Any additional electrical works, utility upgrades, or connections required for installation and commissioning shall be included. • Provision of installation drawings and layout guidance • System delivery, assembly, installation, and configuration • Support for acceptance testing, commissioning, and rectification of defects.			
2.3	All associated renovation works, including materials, labour, and finishing, shall be included in the Tenderer's offer			
2.4	Tenderer shall be responsible to mobilize and demobilize the machineries used at the work site and to remove the debris from the site after completion works.			
2.5	Mandatory Site Visit A mandatory site visit shall be conducted as part of the tendering process. Tenderers are required to contact the BME personnel in charge via email at Nuramaliah.Jamaludin@moh.gov.bn. The Site Visit Form is attached as Annex A.			

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3. END USER AND TECHNICAL TRAINING				
Please ☑ 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: • 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: • Troubleshooting and basic corrective maintenance • Handling and basic inspection maintenance *(Two sessions/groups if required)			

4. WARRANTY				
Please ☑ 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: • Scope of Warranty • One-time Planned Preventive Maintenance Per Year during warranty • Comprehensive Corrective Maintenance of Main Unit			

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SECTION 2 – PRICE PROPOSAL		
PURCHASE PRICE	PER UNIT	BND$
	RENOVATION COST	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 ONE (1) YEAR 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**	**☑ 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:		**400V**		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)					**☑ Tick where appropriate** ☐ US FDA Standard, ☐ European Union CE MARK, ☐ Australian TGA Standard, ☐ Canadian CSA Standard or ☐ Japanese JIS Standard. Others (Please specify): _____			
NUMBER OF TECHNICAL SUPPORT (ENGINEER/TECHNICIAN) Please provide training or certification for locals who is trained/certified	**LOCAL**					☐ **Trained / Certified** ☐ **Not yet trained on the product**		
	OVERSEA (SPECIFY LOCATION)				NEAREST LOCATION:			
DIMENSIONS AND WEIGHT OF MAIN UNIT:			☐ **mm** ☐ **cm** ☐ **inch**			☐ **Kilogram (Kg)** ☐ **Gram(g)** ☐ **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)**							

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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 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.
- **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

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ANNEX A: SITE VISIT FORM

TENDER REFERENCE	:	_____
TENDER TITLE	:	**SUPPLY, DELIVERY, INSTALLATION, TESTING AND COMMISSIONING OF BEDSIDE MULTIPARAMETER MONITORS FOR MINISTRY OF HEALTH**

COMPANY NAME	:		
COMPANY FOCAL PERSON CONTACT:	:	**NAME:** **CONTACT NO:**	**COMPANY STAMP AND SIGNATURE**

I hereby on behalf of My Company has made a Site Visit to the following site/location on the date stated below and understand the work requirement(s) and all specification stated in this tender document.
I (My Company) also agree not to make any additional claim to MOH should any accident(s) or damage(s) occur during the implementation period.

FOR OFFICIAL USE ONLY:

SITE/LOCATION	:	**CSSD, RIPASH**	**VERIFIED BY (BME RIPASH OR CSSD PERSONNEL):**
DATE OF SITE VISIT	:	_____	**NAME:** **SIGNATURE:**

The Contractor shall visit the site prior to submitting any quotation for the works stated in this Tender and shall satisfy themselves as to the nature of the work and site conditions. The Contractor is required to complete this form and obtain verification signature from the Biomedical Engineer (BME) or End User as proof of the site visit. Failure to comply shall result in disqualification from this Tender