SUPPLY, DELIVERY, INSTALLATION, TESTING AND COMMISSIONING OF MEDICAL TREADMILL MACHINE FOR OCCUPATIONAL THERAPY UNIT, 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).	
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. During delivery, the vendor is required to provide proof of manufacture date confirming the equipment is new.	

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SCOPE OF WORK			
Please ☑ Tick where appropriate	Yes	No	Remarks
1. Supply of 1 unit of Medical Treadmill Machine for Occupational Therapy Unit, RIPAS HOSPITAL			

SECTION 1 – USER REQUIREMENTS				
Please ☑ Tick where appropriate		Yes	No	Remarks
1	Medical Treadmill Machine			
1.1	Medical-grade treadmill system suitable for: • Exercise stress testing and functional capacity assessment • Occupational therapy and rehabilitation applications • Cardiopulmonary endurance evaluation • Use in hospitals, rehabilitation centres, and occupational therapy clinics			
1.2	Physical Requirement			
1.2.1	Overall treadmill width shall be suitable to pass through an entrance door width limitation of 96 cm maximum			
1.2.2	Supplier shall confirm actual external dimensions including handrails and console			External dimensions: _____
1.2.3	Compact design suitable for installation in confined clinical spaces			
1.2.4	Heavy-duty medical mobility wheels/casters for relocation within clinical area			
1.3	Maximum Patient weight capacity: At least 250kg or better			
1.4	**Treadmill Performance**			
1.4.1	Motorized medical treadmill designed for continuous clinical operation			

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1.4.2	Speed range: • Minimum: 0.1 km/h or lower • Maximum: at least 18 km/h			
1.4.3	Elevation/incline range: • Minimum: 0% • Maximum: at least 22% incline			
1.4.4	Smooth acceleration and deceleration control			
1.4.5	High-torque AC or DC motor suitable for bariatric usage			
1.4.6	Quiet operation suitable for clinical environment			
1.5	Running Surface			
1.5.1	Wide anti-slip running belt			
1.5.2	Orthopaedic or shock-absorbing deck to reduce joint impact			
1.5.3	Long running surface suitable for adult patients			
1.5.4	Side step platforms for patient safety during mounting and dismounting			
1.6	**Exercise Test Protocols** The treadmill system shall include integrated standardized exercise test protocols including but not limited to:			
1.6.1	• Bruce Protocol			
1.6.2	• Modified Bruce Protocol			
1.6.3	• Naughton Protocol			
1.6.4	• Modified Naughton Protocol			
1.6.5	• Ramp Protocol			
1.6.6	• Balke Protocol			
1.6.7	• Other validated exercise stress test protocols configurable by user			
1.7	**Software and Control**			
1.7.1	Built-in programmable exercise protocol software			
1.7.2	User-configurable custom protocols			

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1.7.3	Real-time display of: • Speed • Incline • Time • Distance • METs • Heart rate			
1.7.4	Touchscreen or membrane keypad operation			
1.7.5	Data storage and export capability			
1.8	Safety Features			
1.8.1	Emergency stop button accessible to operator and patient			
1.8.2	Magnetic safety key/lanyard			
1.8.3	Side and front handrails for patient support			
1.8.4	Automatic overload protection			
1.8.5	Slip-resistant running belt			
1.8.6	Low step-up height for elderly and rehabilitation patients			
1.9	Connectivity • Compatible with exercise ECG/stress test systems • Interface capability via USB, LAN, Bluetooth, or serial communication • Ability to integrate with stress testing software and hospital systems where applicable			
1.10	Safety Standard Requirement Compliance with the following standard or equivalent: • IEC and/or EN Safety Standards • CE and/or FDA approval			
1.11	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. END USER AND TECHNICAL TRAINING				
Please ☑ Tick where appropriate		Yes	No	Remarks
2.1	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)			
2.1.1	Tenderer must prepare a training attendance or proof of training done to end user during commissioning and the refresher course (6) months after commissioning.			
2.2	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)			

3. WARRANTY				
Please ☑ Tick where appropriate		Yes	No	Remarks
3.1	Tenderer to include warranty period of at least TWO (2) years			
3.2	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$
	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