

**SUPPLY, DELIVERY, INSTALLATION, TESTING AND COMMISSIONING OF WRIST & HAND CONTINUOUS PASSIVE MOTION DEVICE
FOR OCCUPATIONAL HEALTH 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 <u>MAY</u> 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. During delivery , the vendor is required to provide proof of manufacture date confirming the equipment is new.	

**SUPPLY, DELIVERY, INSTALLATION, TESTING AND COMMISSIONING OF WRIST & HAND CONTINUOUS PASSIVE MOTION DEVICE
FOR OCCUPATIONAL HEALTH UNIT, RIPAS HOSPITAL**

SCOPE OF WORK			
Please ☒ Tick where appropriate	Yes	No	Remarks
1. Supply of <u>Two (2)</u> unit of Wrist & Hand Continuous Passive Motion (CPM) Device for Occupational Health Unit, RIPAS HOSPITAL			

SECTION 1 – USER REQUIREMENTS			
Please ☒ Tick where appropriate	Yes	No	Remarks
1	Wrist & Hand Continuous Passive Motion (CPM) Device		
1.1	Continuous Passive Motion (CPM) device specifically for wrist, hand, fingers and thumb rehabilitation		
1.2	System configuration: Table-top		
1.3	Motion capability The device shall provide multiple anatomical movement functions for wrist, hand, thumb, and finger rehabilitation including but not limited to: - Composite fist movement - Radial/Ulnar deviation - Wrist flexion/extension - Forearm Pronation/Supination - Finger flexion/extension - Thumb mobilization - Composite hand movement exercises - Selective finger joint mobilization		

**SUPPLY, DELIVERY, INSTALLATION, TESTING AND COMMISSIONING OF WRIST & HAND CONTINUOUS PASSIVE MOTION DEVICE
FOR OCCUPATIONAL HEALTH UNIT, RIPAS HOSPITAL**

1.4	Range of Motion			
1.4.1	Adjustable range of motion settings for each movement axis			
1.4.2	Independent adjustment of: - Flexion angle - Extension angle - Speed - Pause time			
1.4.3	Smooth and continuous movement without jerking motion			
1.5	Control System			
1.5.1	Microprocessor-controlled operation			
1.5.2	Digital display or touchscreen control panel			
1.5.3	User-friendly interface for clinical operation			
1.5.4	Pre-set rehabilitation programs and user programmable settings			
1.5.5	Real-time display of treatment parameters			
1.6	Therapy Parameters Adjustable therapy parameters including:			
1.6.1	Speed of movement			
1.6.2	Treatment duration			
1.6.3	Range of motion limits			
1.6.4	Hold/pause time at end range			
1.6.5	Direction and sequence of movement			
1.7	Patient Interface			
1.7.1	Adjustable hand, wrist, and forearm supports			
1.7.2	Anatomically designed splints or supports			
1.7.3	Suitable for left- and right-hand use			
1.7.4	Secure but comfortable fixation straps			
1.7.5	Easy patient setup and adjustment			

**SUPPLY, DELIVERY, INSTALLATION, TESTING AND COMMISSIONING OF WRIST & HAND CONTINUOUS PASSIVE MOTION DEVICE
FOR OCCUPATIONAL HEALTH UNIT, RIPAS HOSPITAL**

1.8	Safety Features			
1.8.1	Built-in patient safety stop function			
1.8.2	Reverse-on-resistance safety mechanism			
1.8.3	Emergency stop button			
1.8.4	Overload protection			
1.8.5	Adjustable motion limits to prevent overextension			
1.8.6	Soft padded supports for patient comfort			
1.9	Safety Standard Requirement Compliance with the following standard or equivalent: • IEC and/or EN Safety Standards • CE and/or FDA approval			
1.10	Accessories/consumables to be supplied with each unit: Inclusive The system shall be supplied complete with standard accessories to ensure full functionality of the system			

**SUPPLY, DELIVERY, INSTALLATION, TESTING AND COMMISSIONING OF WRIST & HAND CONTINUOUS PASSIVE MOTION DEVICE
FOR OCCUPATIONAL HEALTH UNIT, RIPAS HOSPITAL**

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.			
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			

**SUPPLY, DELIVERY, INSTALLATION, TESTING AND COMMISSIONING OF WRIST & HAND CONTINUOUS PASSIVE MOTION DEVICE
FOR OCCUPATIONAL HEALTH UNIT, RIPAS HOSPITAL**

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 <u>ONE (1) YEAR</u> PRICE VALIDTY]		DELIVERY TIME:	

**SUPPLY, DELIVERY, INSTALLATION, TESTING AND COMMISSIONING OF WRIST & HAND
CONTINUOUS PASSIVE MOTION DEVICE
FOR OCCUPATIONAL HEALTH UNIT, RIPAS HOSPITAL**

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)				

**SUPPLY, DELIVERY, INSTALLATION, TESTING AND COMMISSIONING OF WRIST & HAND
CONTINUOUS PASSIVE MOTION DEVICE
FOR OCCUPATIONAL HEALTH UNIT, RIPAS HOSPITAL**

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