TENDER REF. NO.: KK/169/2026/UPP

MINISTRY OF HEALTH

NEGARA BRUNEI DARUSSALAM

THE SUPPLY, DELIVERY, INSTALLATION, TESTING AND COMMISSIONING OF STERILIZER MACHINE FOR CENTRAL SERILE SERVICE DEPARTMENT (CSSD), RAJA ISTERI PENGIRAN ANAK SALEHA (RIPAS) HOSPITAL

TENDER FEE : $30.00

RECEIPT NO. :

CLOSING DATE : ON TUESDAY, 18th August 2026

TIME : 2.00 PM

FOA :

THE CHAIRMAN
MINI TENDER BOARD, TENDER BOX
GROUND FLOOR, MINISTRY OF HEALTH
COMMONWEALTH DRIVE
BANDAR SERI BEGAWAN BB3910
NEGARA BRUNEI DARUSSALAM

[CLUSTERING]

SECTION 2

SPECIFICATIONS AND REQUIREMENTS

TENDER REFERENCE NO: KK/169/2026/UPP

INVITATION TO TENDER
SUPPLY, DELIVERY, INSTALLATION, TESTING AND COMMISSIONING OF STERILIZER MACHINE FOR CENTRAL STERILE SERVICE DEPRTMENT (CSSD), RIPAS HOSPITAL

SCOPE OF WORK
1. Supply of 1 unit of sterilizer machine in CSSD, RIPAS HOSPITAL

	SECTION 1 – USER REQUIREMENTS
1	**STERILIZER MACHINE**
1.1	The system shall be a **high-capacity, fully automatic steam steriliser (autoclave)** designed for use in hospital CSSD or equivalent sterile processing departments. The unit shall be suitable for sterilisation of surgical instruments, textiles, utensils, and heat-resistant medical devices
1.2	**Chamber and Construction**
1.2.1	Chamber Volume: at least 870 litres or better
1.2.2	Chamber material: High-grade stainless steel AISI 316L with polished interior or better
1.2.3	Door Type: Automatic sliding or hinged door, Double Door, Pass through type
1.2.4	External panels: corrosion-resistant stainless steel (AISI 304 or equivalent)
1.2.5	Double-wall chamber with thermal insulation
1.2.6	Door sealing: Pneumatic or motor-driven with safety interlock
1.2.7	**Pipes Design:** Steam-conducting lines and valves made from CrNi pipes as per DIN EN 285 requirements. Pipes are colour-coded and heat-insulated.
1.2.8	Front-side maintenance access
1.2.9	**The steriliser shall be compatible with and fit within the existing installation space designated for Steriliser No. 5 at CSSD, RIPAS Hospital, without requiring major structural modifications.**
1.3	**Sterilisation performance**
1.3.1	Operating temperature range: **121°C to 134°C** (or higher if required)
1.3.2	Programmable sterilisation cycles including:

	SECTION 1 – USER REQUIREMENTS
1.3.2.1	- **For simple instruments and hollow instruments**
1.3.2.2	- **For packaged laundry and instruments**
1.3.2.3	- **For wrapped instruments**
1.3.2.4	- **Packaged item with lower temperature resistance (e.g. synthetic material or rubber)**
1.3.2.5	- **Bowie-Dick Test**
1.3.2.6	- **Vacuum test**
1.4	Control system
1.4.1	Microprocessor-controlled system with **PLC-based control**
1.4.2	Touchscreen display panel (colour, user-friendly interface)
1.4.3	**Display panel**: Process curves shall be displayed graphically in real-time to present all relevant information. The display shall also provide access to the safety inspection system status and the service menu.
1.4.4	Real-time display of: - Temperature - Pressure - Time - Cycle status and process curves
1.4.5	User access levels: operator, technician, administrator
1.4.6	**Control panel**: integrated both on front panel and unloading Side
1.5	**Steam supply:** Combined steam switch to use from either integrated steam generator or the external steam supply
1.6	Equipped with water-saving vacuum pump
1.7	Monitoring and safety features
1.7.1	Independent temperature and pressure monitoring sensors
1.7.2	Safety valves for overpressure protection
1.7.3	Door interlock system preventing opening during operation
1.7.4	Safety feature of preventing the loading and unloading sides from being opened at the same time
1.7.5	Automatic fault detection and alarm system

	SECTION 1 – USER REQUIREMENTS
1.7.6	Emergency stop function
1.8	Documentation and Traceability
1.8.1	Built-in recording system
1.8.2	USB/Ethernet connectivity for data export
1.8.3	Capable in producing cycle reports including: - Time, temperature, pressure graphs - Operator ID - Cycle result (pass/fail)
1.9	The steriliser shall be equipped with an automatic blow-down facility for safe discharge and cooling of boiler effluent prior to drainage.
1.10	The steriliser shall be compatible with the existing sterilisation carts and loading trolleys currently in use at CSSD, RIPAS Hospital.
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, including but not limited to:
1.12.1	Two (2) units of Loading Cart for the chamber
1.12.2	Two (2) units of Transportation Cart for transfer of loading cart
2	**INSTALLATION REQUIREMENT**
2.1	Steriliser shall be compatible with and fit within the existing installation space designated for Steriliser No. 5 at CSSD, RIPAS Hospital, without requiring major structural modifications.
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	**Dismantling and Removal of Existing Steriliser**
2.5.1	The scope of work shall include the dismantling and decommissioning of the existing Steriliser No. 5 and the relocation of the unit to a designated storage location within the facility.

	SECTION 1 – USER REQUIREMENTS
2.5.2	This shall include safe shutdown and deinstallation of the system, including disconnection of electrical power, network connections, and all associated accessories, in accordance with manufacturer recommendations and applicable safety requirements.
2.6	**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.
3	**END USER AND TECHNICAL TRAINING**
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**
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

SECTION 2 – PRICE PROPOSAL	
PURCHASE PRICE	**PER UNIT**
	RENOVATION COST
	TOTAL

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:**

SECTION 3 - PROCUREMENT AND TECHNICAL SPECIFICATION
AUTHORIZED DISTRIBUTOR: **(AUTHORIZED DISTRIBUTOR LETTER ATTACHED)**
DETAILED BROCHURE INCLUDED
USER AND SERVICE MANUALS:
MAINS POWER SUPPLY:
BATTERY
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)
NUMBER OF TECHNICAL SUPPORT (ENGINEER/TECHNICIAN) Please provide training or certification for locals who is trained/certified
DIMENSIONS AND WEIGHT OF MAIN UNIT:
EQUIPMENT WHOLE LIFE TIME SUPPORT:

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.

NO.	TERMS AND CONDITIONS
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).

SECTION 3

TENDER FORM

To:

TENDER REFERENCE NO: KK/169/2026/UPP

INVITATION TO TENDER
SUPPLY, DELIVERY, INSTALLATION, TESTING AND COMMISSIONING OF STERILIZER MACHINE FOR CENTRAL STERILE SERVICE DEPRTMENT (CSSD), RIPAS HOSPITAL

TENDER OF *(name of tenderer)* *:* _____

Company/Business Registration No. : _____

Tender Closing Date : _____

SCOPE OF WORK			
Please ☑ Tick where appropriate	**Yes**	**No**	**Remarks**
1. Supply of 1 unit of sterilizer machine in CSSD, RIPAS HOSPITAL			

SECTION 1 – USER REQUIREMENTS				
Please ☑ Tick where appropriate		**Yes**	**No**	**Remarks**
1	**STERILIZER MACHINE**			
1.1	The system shall be a **high-capacity, fully automatic steam steriliser (autoclave)** designed for use in hospital CSSD or equivalent sterile processing departments. The unit shall be suitable for sterilisation of surgical instruments, textiles, utensils, and heat-resistant medical devices			
1.2	**Chamber and Construction**			
1.2.1	Chamber Volume: at least 870 litres or better			
1.2.2	Chamber material: High-grade stainless steel AISI 316L with polished interior or better			
1.2.3	Door Type: Automatic sliding or hinged door, Double Door, Pass through type			
1.2.4	External panels: corrosion-resistant stainless steel (AISI 304 or equivalent)			
1.2.5	Double-wall chamber with thermal insulation			

SECTION 1 – USER REQUIREMENTS				
Please ☑ Tick where appropriate		**Yes**	**No**	**Remarks**
1.2.6	Door sealing: Pneumatic or motor-driven with safety interlock			
1.2.7	**Pipes Design:** Steam-conducting lines and valves made from CrNi pipes as per DIN EN 285 requirements. Pipes are colour-coded and heat-insulated.			
1.2.8	Front-side maintenance access			
1.2.9	**The steriliser shall be compatible with and fit within the existing installation space designated for Steriliser No. 5 at CSSD, RIPAS Hospital, without requiring major structural modifications.**			
1.3	**Sterilisation performance**			
1.3.1	Operating temperature range: **121°C to 134°C** (or higher if required)			
1.3.2	Programmable sterilisation cycles including:			
1.3.2.1	- **For simple instruments and hollow instruments**			
1.3.2.2	- **For packaged laundry and instruments**			
1.3.2.3	- **For wrapped instruments**			
1.3.2.4	- **Packaged item with lower temperature resistance (e.g. synthetic material or rubber)**			
1.3.2.5	- **Bowie-Dick Test**			
1.3.2.6	- **Vacuum test**			
1.4	Control system			
1.4.1	Microprocessor-controlled system with **PLC-based control**			
1.4.2	Touchscreen display panel (colour, user-friendly interface)			
1.4.3	**Display panel**: Process curves shall be displayed graphically in real-time to present all relevant information. The display shall also provide access to the safety inspection system status and the service menu.			
1.4.4	Real-time display of: - Temperature - Pressure - Time - Cycle status and process curves			

SECTION 1 – USER REQUIREMENTS				
Please ☑ Tick where appropriate		**Yes**	**No**	**Remarks**
1.4.5	User access levels: operator, technician, administrator			
1.4.6	**Control panel**: integrated both on front panel and unloading Side			**Control panel size on:** ▪ **Unloading side: _____** ▪ **Front panel: _____**
1.5	**Steam supply:** Combined steam switch to use from either integrated steam generator or the external steam supply			
1.6	Equipped with water-saving vacuum pump			
1.7	Monitoring and safety features			
1.7.1	Independent temperature and pressure monitoring sensors			
1.7.2	Safety valves for overpressure protection			
1.7.3	Door interlock system preventing opening during operation			
1.7.4	Safety feature of preventing the loading and unloading sides from being opened at the same time			
1.7.5	Automatic fault detection and alarm system			-
1.7.6	Emergency stop function			-
1.8	Documentation and Traceability			
1.8.1	Built-in recording system			
1.8.2	USB/Ethernet connectivity for data export			
1.8.3	Capable in producing cycle reports including: - Time, temperature, pressure graphs - Operator ID - Cycle result (pass/fail)			
1.9	The steriliser shall be equipped with an automatic blow-down facility for safe discharge and cooling of boiler effluent prior to drainage.			
1.10	The steriliser shall be compatible with the existing sterilisation carts and loading trolleys currently in use at CSSD, RIPAS Hospital.			
1.11	**Safety Standard Requirement** Compliance with the following standard or equivalent: ▪ IEC and/or EN Safety Standards ▪ CE and/or FDA approval			

SECTION 1 – USER REQUIREMENTS				
Please ☑ Tick where appropriate		**Yes**	**No**	**Remarks**
1.12	**Accessories/consumables to be supplied with each unit:** Inclusive of all the accessories for the machine to be fully functional, including but not limited to:			
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1.12.2	Two (2) units of Transportation Cart for transfer of loading cart			
2	**INSTALLATION REQUIREMENT**			
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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	**Dismantling and Removal of Existing Steriliser**			
2.5.1	The scope of work shall include the dismantling and decommissioning of the existing Steriliser No. 5 and the relocation of the unit to a designated storage location within the facility.			
2.5.2	This shall include safe shutdown and deinstallation of the system, including disconnection of electrical power, network connections, and all associated accessories, in accordance with manufacturer recommendations and applicable safety requirements.			
2.6	**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			

SECTION 1 – USER REQUIREMENTS				
Please ☑ Tick where appropriate		**Yes**	**No**	**Remarks**
	Nuramaliah.Jamaludin@moh.gov.bn. The Site Visit Form is attached as Annex A.			
3	**END USER AND TECHNICAL TRAINING**			
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**			
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			

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:**	

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)**							

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

ANNEX A: SITE VISIT FORM

TENDER REFERENCE	**:**	**KK/169/2026/UPP**
TENDER TITLE	**:**	**SUPPLY, DELIVERY, INSTALLATION, TESTING AND COMMISSIONING OF STERILIZER MACHINE FOR CENTRAL STERILE SERVICE DEPRTMENT (CSSD), RIPAS HOSPITAL**

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

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 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).**	

1. We offer and undertake on your acceptance of our Tender to provide the above mentioned services in accordance with your Invitation To Tender.

2. Our Tender is fully consistent with and does no contradict or derogate from anything in your Invitation To Tender. We have not qualified or changed any of the provisions of your Invitation To Tender.

3. OUR OFFER IS VALID FOR **TWELVE (12)** CALENDAR MONTHS FROM THE TENDER CLOSING DATE.

4. When requested by you, we shall extend the validity of this offer.

5. We further undertake to give you any further information which you may require.

Dated this_____day of_____, _____

Tenderer's official stamp

_____

Signature of authorised officer of Tenderer
Name:
Designation: