

SUPPLY, DELIVERY, INSTALLATION, TESTING AND PHYSIOTHERAPY EQUIPMENTS FOR PHYSIOTHERAPY UNIT, SURI SERI BEGAWAN (SSB) HOSPITAL, MINISTRY OF HEALTH (NON CLUSTERING)

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SECTION 1 – USER REQUIREMENTS

REF	DESCRIPTION	Tick (✓)		STATE OR SPECIFY OR REMARKS OR BROCHURE PAGE
		YES	NO	
1	ONE (1) UNIT OF DIGITAL FORCE PLATES			
2	TWO (2) UNITS OF PORTABLE HANDHELD DYNAMOMETER			

1. ONE (1) UNIT OF DIGITAL FORCE PLATES		Y	N	
1	FEATURES			
1.1	Portable dual force plate system suitable for clinical rehabilitation, functional assessment and human movement analysis.			
1.2	Two force plates configuration capable of simultaneous bilateral measurement – capable of independently measure left and right limb/side ground reaction force and load distribution.			
1.3	Calculates and/or reports bilateral force or load asymmetry			
1.4	Measure ground reaction forces during static and dynamic activities.			
1.5	Minimum sampling frequency of 1,000Hz			
1.6	Capable of balance assessment: Static and dynamic balance, weight distribution, load asymmetry and centre of pressure parameters.			
1.7	Capable of functional assessment: functional activities including, but not limited to, squat, sit-to-stand and single-leg stance.			
1.8	Capable of dynamic assessment: assessing dynamic force production, including jumping and/or landing activities.			
1.9	Records and displays force-time curves			
1.10	Force Parameters: Capable of measuring and/or calculating relevant parameters including peak force, impulse, rate of force development and time-related force measures, where applicable.			
1.11	Power/Performance Parameters: Capable of calculating relevant parameters such as jump height and power, where applicable.			
1.12	Data Recording and Monitoring: Capable of recording individual assessment results and monitoring changes over repeated assessments.			
1.13	Data Export: Assessment data shall be exportable in CSV or another commonly accessible/open data format for further analysis.			
1.14	Reporting: Capable of generating electronic or PDF assessment reports.			
1.15	Data Interface and Software:			

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1.15.1	The system must provide data acquisition, analysis, real-time visualization, and reporting capabilities.			
1.15.2	This must be achieved either via a compatible, bundled software/application package, or directly through integrated standalone hardware displays and controls built into the device.			
1.15.3	If an external software application is required to view or extract data, it must be provided with no additional fee and no subscription.			
1.16	Connectivity: Wireless connectivity between the force plates and compatible software/device where required.			
1.17	Portability: Lightweight/portable design suitable for use across different clinical areas.			
1.18	Power Supply: Rechargeable battery-powered operation.			
1.19	Load Capacity: Suitable for adult clinical assessment and capable of accommodating the intended clinical population. [Tenderer to specify maximum load capacity]			
1.20	Measurement Accuracy: Reliable accuracy with no more than 2% difference [Tenderer to specify accuracy of the proposed system]			
1.21	Calibration: System shall be factory calibrated and supplied with appropriate calibration documentation/certificate.			
1.22	Accessories: Complete with all necessary charging equipment, cables, accessories and software/application required for immediate clinical operation.			
2	WARRANTY At least 1 year manufacturer's warranty covering the force plates and associated hardware.			
3	USER TRAINING Supplier shall provide initial user training for designated physiotherapy staff and basic technical support.			

2. TWO (2) UNITS OF PORTABLE HANDHELD DYNAMOMETER		Y	N	
1	FEATURES			
1.1	Type: Wireless-capable, palm-sized handheld digital muscle tester			
1.2	Operation: Can be used as a fully independent, stand-alone device without requiring any software			
1.3	Measurement Range: 0 – 300 lbs force (Approximately 0 – 136 kgf/ 0–1320 N)			
1.4	Accuracy: Within 1% of the measured reading			
1.5	Units of Measurement: Pounds (lbs), kilogram-force (kgf), or Newtons (N)			
1.6	Display: LCD display showing peak force and elapsed time simultaneously			
1.7	Sensor Technology: Internal strain gauges responding independently to multi-directional force			
1.8	Threshold Settings:			
1.8.1	Low: 0.8–300 lbs, in 0.1-lb increments			
1.8.2	High: 3.0–300 lbs, in 0.1-lb increments			
1.9	Data Storage: Stores up to 30 most recent test results			
1.10	Wireless Capability: Wireless data transmission			
1.11	Power: Rechargeable lithium-ion battery with automatic sleep mode after 3 minutes of inactivity			
1.12	Three interchangeable transducer pads:			
1.12.1	Flat pad			
1.12.2	Curved pad			

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1.12.3	Digital/Small pad			
1.13	Included Accessories:			
1.13.1	USB charging cable			
1.13.2	Calibration certificate			
1.13.3	User manual			
1.13.3	Padded carrying case			
1.14	Weight: Less than 1.0 lb (0.45 kg) for easy single-handed clinical use			
2	WARRANTY At least 1 year manufacturer's warranty covering the force plates and associated hardware.			
3	USER TRAINNING Supplier shall provide initial user training for designated physiotherapy staff and basic technical support.			

SECTION 2 – PRICE PROPOSAL	
UNIT PRICE	TOTAL PRICE
DIGITAL FORCE PLATES: BND\$	DIGITAL FORCE PLATES: BND\$
PORTABLE HANDHELD DYNAMOMETER: BND\$	PORTABLE HANDHELD DYNAMOMETER: BND\$

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SECTION 3 - PROCUREMENT AND TECHNICAL SPECIFICATION									
BRAND:	1.		MODEL:		1.				
	2.				2.				
COUNTRY OF ORIGIN:	1.								
	2.								
YEAR INTRODUCED TO MARKET:				LAST COUNTRY SOLD TO:					
PRICE VALIDITY: [AT LEAST ONE (1) YEAR PRICE VALIDITY]				DELIVERY TIME:					
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:		220V-240V		OTHERS:					
		50-60HZ		OTHERS:					
BATTERY		RECHARGEABLE				SINGLE-USE			REPLACEABLE
		OTHERS:							
	TYPE OF BATTERY:								
	RATING:								
POWER ADAPTER/CHARGER OUTPUT RATING:									
EQUIPMENT AMBIENT OPERATING TEMPERATURE RANGE:									
NUMBER OF TECHNICAL SUPPORT (ENGINEER/TECHNICIAN)	LOCAL					☐ Trained / Certified ☐ Not yet trained on the product			
Please provide training or certification for locals who is trained/certified	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 8 years after installation, with the support period extending beyond the expected lifecycle of the equipment. No of years: _____ (Please specify)								

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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 or OEM parts:
 - 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.
- **One time Planned Preventive Maintenance (PPM) Per Year** according to Manufacturer's Preventive Maintenance Guideline

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**