TENDER REF. NO.: KK/205/2026/SSBH

MINISTRY OF HEALTH
NEGARA BRUNEI DARUSSALAM

SUPPLY, DELIVERY, INSTALLATION, TESTING AND COMMISSIONING TWO (2) UNITS OF TRANSPORT VENTILATOR FOR EMERGENCY DEPARTMENT, SURI SERI BEGAWAN HOSPITAL, MINISTRY OF HEALTH

TENDER FEE : $10.00

RECEIPT NO. :

CLOSING DATE : ON TUESDAY, 06th October 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 1 – USER REQUIREMENTS

SECTION 2 – PRICING PROPOSAL

SECTION 3 – PROCUMENT AND TECHNICAL SPECIFICATION

SECTION 4 – WARRANTY UNDERTAKING FORM

SECTION 2

SPECIFICATIONS AND REQUIREMENTS

TENDER REFERENCE NO.: KK/205/2026/SSBH

INVITATION TO TENDER
SUPPLY, DELIVERY, INSTALLATION, TESTING AND COMISSIONING TWO (2) UNITS OF TRANSPORT VENTILATOR FOR EMERGENECY DEPARTMENT, SSB HOSPITAL

SECTION 1 – USER REQUIREMENTS	
REF. NO.	**DESCRIPTION**
A	EQUIPMENT SPECIFICATION
B	ACCESSORIES/CONSUMABLES TO BE SUPPLIED WITH EACH UNIT
C	END-USER TRAINNING
D	TECHNICAL TRAINNING
E	WARRANTY

A	**EQUIPMENT SPECIFICATION**
1	Suitable for use in emergency, intra-hospital, inter-hospital, land and air transport of **adult** and **paediatric** patients
2	Durable, shock resistant, compact and lightweight design for ease of transport
3	Designed for both invasive and non-invasive ventilation with integrated High Flow Oxygen Therapy (HFNC) up to 60L/min or better
4	Built- in turbine capable of delivering room air ventilation without continuous high-pressure gas source.
5	Inclusive of mounting system compatible with standard hospital trolley bed and ambulance stretcher mount, with carry handle and transport bag.
6	**CPR Mode** - Rapid transition to CPR mode with a single press of a button
7	**CPR Mode -** All pre-sets automatically comply with the international ventilation standards according to ERC and AHA
8	**Display Screen –** At least 7” Touchscreen display
9	**Display Screen -** Real time display of measured parameters and waveforms
10	Available **Ventilation Modes** such as:
10.1	Volume Controlled Ventilation mode (VCV)
10.2	Pressure Controlled Ventilation mode (PCV)
10.3	Synchronized Intermittent Mandatory Ventilation (SIMV)
10.4	Continuous Positive Airway Pressure (CPAP)
10.5	Spontaneous ventilation with pressure support (PSV)
10.6	Non-invasive ventilation (NIV) with leakage compensation in ventilation modes

A	EQUIPMENT SPECIFICATION
11	**Adjustable Ventilator Settings** such as:
11.1	Tidal Volume - Adjustable
11.2	Tidal Volume - Minimum volume: 50 mL or better
11.3	Tidal Volume - Maximum volume: 2000 mL or better
11.4	Respiratory Rate - Minimum respiratory rate: 2 breathes per min or better
11.5	Respiratory Rate - Maximum respiratory rate: 50 breathes per min or better
11.6	Inspiratory Pressure / Peak pressure limit: Not less than 55 cmH_2O
11.7	Fraction of Inspired Oxygen (FiO_2) - Adjustable oxygen concentration
11.8	Fraction of Inspired Oxygen (FiO_2) - Range (FiO_2): 40% to 100% or better
11.9	Positive End-Expiratory Pressure (PEEP): 0 to 20mbar or better. Adjustable
11.10	Apnoea-backup ventilation
11.11	Displayed Measured Values - Peak Inspiratory Pressure (PIP)
11.12	Displayed Measured Values - Oxygen consumption at various ventilation settings, with estimated operating duration preferable.
11.13	Displayed Measured Values - Tidal Volume Expired (VTe)
11.14	Displayed Measured Values - Minute Volume expired (MVe)
11.15	Displayed Measured Values - Respiratory Rate (RR)
11.16	Displayed Measured Values - Capnography
12	**Replaceable battery**
12.1	Battery supports and includes charging/charger for AC mains and DC vehicle.
12.2	Capable of running on rechargeable battery for at least 4 hours or better
13	**Safety features** – Compliance with international safety standards – FDA/ISO or equivalent.
14	**Safety features** – Equipped with **audible and visual indicators for alarms with adjustable thresholds** for:
14.1	High/low airway pressure
14.2	Apnea
14.3	High/low respiratory rate
14.4	Power failure/battery low
14.5	Disconnection or circuit occlusion

B	**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	One (1) unit Oxygen Regulator compatible with Pin Index BS Cylinder
2	Two (2) sets of Reusable Adult Patient Circuit (Hose set)
3	Two (2) sets of Reusable Paediatric Patient Circuit (Hose set)
4	One (1) set of Test Lung
5	One (1) set of Standard Adult Reusable NIV Mask for each size S, M and L
6	One (1) set of Standard Neonate to Paediatric Reusable NIV Mask in various sizes
7	One (1) set of Capnography measurement set
C	**END-USER TRAINING**
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	Tenderer must **prepare a training attendance or proof of training done to end user during commissioning and the refresher course (6) months after commissioning.**
D	**TECHNICAL TRAINING**
1	**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
E	**WARRANTY**
1	Tenderer to include warranty period of **at least two (2) years**
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 ▪ Planned Preventive Maintenance during warranty (one of which includes battery replacement at the end of warranty period).

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

SECTION 3 - PROCUREMENT AND TECHNICAL SPECIFICATION	
BRAND AND MODEL:	**DELIVERY TIME:**
COUNTRY OF ORIGIN:	**WARRANTY PERIOD:**
PRICE VALIDITY: **[AT LEAST ONE (1) YEAR PRICE VALIDTY]**	**YEAR INTRODUCED TO MARKET:**
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	**LOCAL** **OVERSEA** **(SPECIFY LOCATION)**
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.
- **One-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.

SECTION 1 – USER REQUIREMENTS

SECTION 2 – PRICING PROPOSAL

SECTION 3 – PROCUMENT AND TECHNICAL SPECIFICATION

SECTION 4 – WARRANTY UNDERTAKING FORM

SECTION 3

TENDER FORM

To:

TENDER REFERENCE NO.: KK/205/2026/SSBH

INVITATION TO TENDER
SUPPLY, DELIVERY, INSTALLATION, TESTING AND COMISSIONING TWO (2) UNITS OF TRANSPORT VENTILATOR FOR EMERGENECY DEPARTMENT, SSB HOSPITAL

SECTION 1 – USER REQUIREMENTS				
REF. NO.	**DESCRIPTION**	**Tick (✓)**		**STATE OR SPECIFY OR REMARKS OR BROCHURE PAGE**
		YES	**NO**	
A	**EQUIPMENT SPECIFICATION**			
B	**ACCESSORIES/CONSUMABLES TO BE SUPPLIED WITH EACH UNIT**			
C	**END-USER TRAINNING**			
D	**TECHNICAL TRAINNING**			
E	**WARRANTY**			

REF. NO.	**DESCRIPTION**	**Tick (✓)**		**STATE OR SPECIFY OR REMARKS OR BROCHURE PAGE**
		YES	**NO**	
A	**EQUIPMENT SPECIFICATION**			

REF. NO.	DESCRIPTION	Tick (✓)		STATE OR SPECIFY OR REMARKS OR BROCHURE PAGE
		YES	NO	
1	Suitable for use in emergency, intra-hospital, inter-hospital, land and air transport of **adult** and **paediatric** patients			
2	Durable, shock resistant, compact and lightweight design for ease of transport			
3	Designed for both invasive and non-invasive ventilation with integrated High Flow Oxygen Therapy (HFNC) up to 60L/min or better			
4	Built- in turbine capable of delivering room air ventilation without continuous high-pressure gas source.			
5	Inclusive of mounting system compatible with standard hospital trolley bed and ambulance stretcher mount, with carry handle and transport bag.			
6	**CPR Mode** - Rapid transition to CPR mode with a single press of a button			
7	**CPR Mode -** All pre-sets automatically comply with the international ventilation standards according to ERC and AHA			
8	**Display Screen –** At least 7" Touchscreen display			**Tenderer to specify display Screen Size:**
9	**Display Screen -** Real time display of measured parameters and waveforms			
10	Available **Ventilation Modes** such as:			
10.1	Volume Controlled Ventilation mode (VCV)			
10.2	Pressure Controlled Ventilation mode (PCV)			
10.3	Synchronized Intermittent Mandatory Ventilation (SIMV)			
10.4	Continuous Positive Airway Pressure (CPAP)			

REF. NO.	DESCRIPTION	Tick (✓)		STATE OR SPECIFY OR REMARKS OR BROCHURE PAGE
		YES	NO	
10.5	Spontaneous ventilation with pressure support (PSV)			
10.6	Non-invasive ventilation (NIV) with leakage compensation in ventilation modes			
11	**Adjustable Ventilator Settings** such as:			
11.1	Tidal Volume - Adjustable			
11.2	Tidal Volume - Minimum volume: 50 mL or better			
11.3	Tidal Volume - Maximum volume: 2000 mL or better			
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11.8	Fraction of Inspired Oxygen (FiO_2) - Range (FiO_2): 40% to 100% or better			
11.9	Positive End-Expiratory Pressure (PEEP): 0 to 20mbar or better. Adjustable			
11.10	Apnoea-backup ventilation			
11.11	Displayed Measured Values - Peak Inspiratory Pressure (PIP)			

REF. NO.	DESCRIPTION	Tick (✓)		STATE OR SPECIFY OR REMARKS OR BROCHURE PAGE
		YES	NO	
11.12	Displayed Measured Values - Oxygen consumption at various ventilation settings, with estimated operating duration preferable.			**Please provide layout of this display measured value.**
11.13	Displayed Measured Values - Tidal Volume Expired (VTe)			
11.14	Displayed Measured Values - Minute Volume expired (MVe)			
11.15	Displayed Measured Values - Respiratory Rate (RR)			
11.16	Displayed Measured Values - Capnography			
12	**Replaceable battery**			
12.1	Battery supports and includes charging/charger for AC mains and DC vehicle.			
12.2	Capable of running on rechargeable battery for at least 4 hours or better			**Tenderer to specify operating hours on battery:**
13	**Safety features** – Compliance with international safety standards – FDA/ISO or equivalent.			**Tenderer to specify all international safety Standard it complies:**
14	**Safety features** – Equipped with **audible and visual indicators for alarms with adjustable thresholds** for:			
14.1	High/low airway pressure			
14.2	Apnea			
14.3	High/low respiratory rate			

REF. NO.	DESCRIPTION	Tick (✓)		STATE OR SPECIFY OR REMARKS OR BROCHURE PAGE
		YES	NO	
14.4	Power failure/battery low			
14.5	Disconnection or circuit occlusion			
B	**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	One (1) unit Oxygen Regulator compatible with Pin Index BS Cylinder			
2	Two (2) sets of Reusable Adult Patient Circuit (Hose set)			**Price per set/unit:**
3	Two (2) sets of Reusable Paediatric Patient Circuit (Hose set)			**Price per set/unit:**
4	One (1) set of Test Lung			**Price per unit:**
5	One (1) set of Standard Adult Reusable NIV Mask for each size S, M and L			**Price per set/unit:**
6	One (1) set of Standard Neonate to Paediatric Reusable NIV Mask in various sizes			**Price per set:**
7	One (1) set of Capnography measurement set			**Price per set:**

Please ☑ Tick where appropriate		Yes	No	Remarks
C	**END-USER TRAINING**			
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	Tenderer must **prepare a training attendance or proof of training done to end user during commissioning and the refresher course (6) months after commissioning.**			
D	**TECHNICAL TRAINING**			
1	**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)
E	**WARRANTY**			
1	Tenderer to include warranty period of **at least two (2) years**			
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 ▪ Planned Preventive Maintenance during warranty (one of which includes battery replacement at the end of warranty period).			

SECTION 2 – PRICE PROPOSAL				
PURCHASE PRICE	**PER UNIT**	**BND$**	**TOTAL**	**BND$**

SECTION 3 - PROCUREMENT AND TECHNICAL SPECIFICATION								
BRAND AND MODEL:					**DELIVERY TIME:**			
COUNTRY OF ORIGIN:					**WARRANTY PERIOD:**			
PRICE VALIDITY: [AT LEAST ONE (1) YEAR PRICE VALIDTY]					**YEAR INTRODUCED TO MARKET:**			
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:								
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

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NORMAL WARRANTY

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- 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

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: