TENDER REF. NO.: KK/212/2026/HTD

MINISTRY OF HEALTH

NEGARA BRUNEI DARUSSALAM

SUPPLY, DELIVERY, INSTALLATION, TESTING AND COMMISSIONING OF NEBULIZER FOR MINISTRY OF HEALTH

TENDER FEE : $30.00

RECEIPT NO. :

CLOSING DATE : ON TUESDAY, 13th 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 2

SPECIFICATIONS AND REQUIREMENTS

TENDER REFERENCE NO: KK/212/2026/HTD

INVITATION TO TENDER
SUPPLY, DELIVERY, INSTALLATION, TESTING AND COMMISSIONING OF NEBULIZERS FOR MINISTRY OF HEALTH

SCOPE OF WORK AND SUMMARY OF PRICES		
This tender is for the outright purchase of two types of nebulizers as below		
DESCRIPTION		**TOTAL QTY**
ITEM 1: JET/COMPRESSOR NEBULIZER		
Distribution	**Quantity**	
RAJA ISTERI PENGIRAN ANAK SALEHA (RIPAS) HOSPITAL, BRUNEI MUARA	**69**	**80**
WOMAN CHILDREN CENTRE, RAJA ISTERI PENGIRAN ANAK SALEHA (WCC, RIPAS) HOSPITAL, BRUNEI MUARA		
SURI SERI BEGAWAN (SSB) HOSPITAL, KUALA BELAIT	**11**	

DESCRIPTION		**TOTAL QTY**
ITEM 2: ULTRASONIC NEBULIZER		
Distribution	**Quantity**	
SURI SERI BEGAWAN (SSB) HOSPITAL, KUALA BELAIT	16	**50**
PENGIRAN MUDA MAHKOTA PENGIRAN MUDA HAJI AL-MUHTADEE BILLAH (PMMPMHAB) HOSPITAL, TUTONG	20	
PENGIRAN ISTERI HAJAH MARIAM (PIHM) HOSPITAL, TEMBURONG	14	

SCOPE OF WORK AND SUMMARY OF PRICES		
This tender is a tender for outright purchase of two types of nebulizers for:		
DESCRIPTION		**QTY**
ITEM 1: JET/COMPRESSOR NEBULIZER		**80**
RAJA ISTERI PENGIRAN ANAK SALEHA (RIPAS) HOSPITAL, BRUNEI MUARA		69
WOMAN CHILDREN CENTRE, RAJA ISTERI PENGIRAN ANAK SALEHA (WCC, RIPAS) HOSPITAL, BRUNEI MUARA		
SURI SERI BEGAWAN (SSB) HOSPITAL, KUALA BELAIT		11
ITEM 2: ULTRASONIC NEBULIZER		**50**
SURI SERI BEGAWAN (SSB) HOSPITAL, KUALA BELAIT		16
PENGIRAN MUDA MAHKOTA PENGIRAN MUDA HAJI AL-MUHTADEE BILLAH (PMMPMHAB) HOSPITAL, TUTONG		20
PENGIRAN ISTERI HAJAH MARIAM (PIHM) HOSPITAL, TEMBURONG		14
See Annex A for the distribution of each item for each location.		
TOTAL	**UNIT 1: JET/COMPRESSOR**	**80**
	UNIT 2: ULTRASONIC	**60**

SECTION 1 – USER REQUIREMENTS	
1	JET/COMPRESSOR NEBULIZER
1	Compact jet/compressor nebulizer
2	Electric AC-powered and/or compatible with hospital wall air supply
3	Noise level not more than 65 dB during operation
4	Minimum nebulization rate is 0.3L/min
5	Particle size (MMAD) is between 2 to 5 µm
6	Minimum operating compressor pressure of 8 PSI
7	Minimum air flow rate of 6 L/min
8	Minimum medication capacity of 7 mL
9	Compatible with standard hospital oxygen tubing (typically 5/16” or 6 mm inner diameter)
2	ULTRASONIC NEBULIZER
1	Hospital-grade ultrasonic nebulizer
2	Nebulization rate: 1 to 3 mL/h or better
3	Minimum medication cup capacity: 100 mL or better
4	Standard ultrasonic frequency of 1.6MHz to 1.7MHz or equivalent

5	Transparent medication cover
6	Display: has large LCD display
7	Display: has backlight illumination
8	Display: can show nebulization rate
9	Mist volume switch function
10	Built-in timer
11	Continuous flow function
12	Audible alert for errors or completed cycle

3	ACCESSORIES PER UNIT
3.1	JET/COMPRESSOR NEBULIZER
3.1.1	Twenty (20) units of reusable and/or disposable adult mask
3.1.2	Twenty (20) units of reusable and/or disposable paediatric mask
3.1.3	Twenty (20) units of reusable and/or disposable mouthpiece
3.1.4	Twenty (20) units of air filter
3.1.5	Twenty (20) units of reusable and/or disposable medication cup or equivalent
3.1.6	Tenderer to provide a separate quote consisting of one unit of each accessories/consumable above for any additional purchase in the near future with price validity of one (1) year after this tender closing date.
3.2	ULTRASONIC NEBULIZER
3.1.1	Inhalation mask set – suitable for infant (12 units)
3.1.2	Inhalation mask set – suitable for adult (12 units)
3.1.3	Twenty-four (24) sets inhalation hose
3.1.4	Medication cup – two (2) boxes
3.1.5	Tenderer to provide a separate quote consisting of one unit of each accessories/consumable above for any additional purchase in the near future with price validity of one (1) year after this tender closing date.

4	END-USER 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)
3.2	Tenderer must **prepare a training attendance or proof of training done to end user during commissioning and the refresher course (6) months after commissioning.**

5	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)

6	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	
OUTRIGHT PURCHASE	**ITEM 1: JET/COMPRESSOR NEBULIZER**
	ITEM 2: ULTRASONIC NEBULIZER

SECTION 3 - PROCUMENT AND TECHNICAL SPECIFICATION
BRAND/MODEL:
COUNTRY OF ORIGIN:
WARRANTY PERIOD:
PRICE VALIDITY: [AT LEAST ONE (1) YEAR PRICE VALIDTY]
AUTHORIZED DISTRIBUTOR: (AUTHORIZED DISTRIBUTOR LETTER ATTACHED)
DETAILED BROCHURE INCLUDED
USER AND SERVICE MANUALS:
MAINS POWER SUPPLY:
POWER ADAPTER/CHARGER OUTPUT RATING:
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 of two (2) years, 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 during 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.
    D. Corrective Maintenance inclusive of replacement of OEM parts during warranty period.
- **One time Planned Preventive Maintenance (PPM) PER YEAR** according to Manufacturer's Preventive Maintenance Guideline and to include one-time replacements of any 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

ANNEX A: DISTRIBUTION LIST

ITEM 1: JET/COMPRESSOR NEBULIZER		WARD/UNIT	QTY	WARD/UNIT	QTY	WARD/UNIT	QTY	WARD/UNIT	QTY
RAJA ISTERI PENGIRAN ANAK SALEHA (RIPAS) HOSPITAL, BRUNEI MUARA **AND** **WOMAN CHILDREN CENTRE, RAJA ISTERI PENGIRAN ANAK SALEHA (WCC, RIPAS) HOSPITAL, BRUNEI MUARA**	69	WARD 1	3	WARD 20	3	WARD 14	3	WARD 35	2
		WARD 3	3	WARD 21	3	WARD 23	2	Admission	2
		WARD 4	3	WARD 22	2	BURN UNIT	2	First Stage	2
		WARD 15	2	WARD 6	3	WARD 30	2	Labour Room	2
		WARD 16	2	WARD 7	3	WARD 31	2	HDU	2
		WARD 17	2	WARD 10	2	WARD 32	2		
		WARD 18	2	WARD 11	3	WARD 33	2		
		WARD 19	3	WARD 12	3	WARD 34	2		
SURI SERI BEGAWAN (SSB) HOSPITAL, KUALA BELAIT	11	WARD 8			2	WARD 11			2
		WARD 9			2	Emergency department			3
		WARD 10			2				

ITEM 2: ULTRASONIC NEBULIZER					
SURI SERI BEGAWAN (SSB) HOSPITAL, KUALA BELAIT	16	WARD 3	2	WARD 10	3
		WARD 4	2	WARD 11	3
		WARD 8	2	Emergency department	2
		WARD 9	2		
PENGIRAN MUDA MAHKOTA PENGIRAN MUDA HAJI AL-MUHTADEE BILLAH (PMMPMHAB) HOSPITAL, TUTONG	20	Emergency department			5
		Medical Ward			8
		TB Ward			2
		O&G			1
		NICE/Medical Cover			4
PENGIRAN ISTERI HAJAH MARIAM (PIHM) HOSPITAL, TEMBURONG	14	Male Ward			3
		Female Ward			3
		Emergency Unit			4
		Outpatient Department			2
		Specialist Clinic			2

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/ MODEL WITH ONE PRICE ONLY** for each item. Submission of more than one brand/model and price will cause **DISQUALIFICATION OF TENDER.**
4	Brochures / catalogues should be submitted / attached with tender document.
5	Samples should be submitted together with tender or within fourteen (14 days) of the tender closing dates (if required).
6	DELIVERY PERIOD: (Please state)
7	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).
8	**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.

SECTION 3

FORM TO BE USED

TENDER REFERENCE NO: KK/212/2026/HTD

INVITATION TO TENDER
SUPPLY, DELIVERY, INSTALLATION, TESTING AND COMMISSIONING OF NEBULIZERS FOR MINISTRY OF HEALTH (CLUSTTERING)

SCOPE OF WORK AND SUMMARY OF PRICES

This tender is for the outright purchase of two types of nebulizers as below

DESCRIPTION		TOTAL QTY	Y	N	UNIT PRICE (BND$)	TOTAL PRICE (BND$)
ITEM 1: JET/COMPRESSOR NEBULIZER						
Distribution	Quantity					
RAJA ISTERI PENGIRAN ANAK SALEHA (RIPAS) HOSPITAL, BRUNEI MUARA	69	80				
WOMAN CHILDREN CENTRE, RAJA ISTERI PENGIRAN ANAK SALEHA (WCC, RIPAS) HOSPITAL, BRUNEI MUARA						
SURI SERI BEGAWAN (SSB) HOSPITAL, KUALA BELAIT	11					

DESCRIPTION		TOTAL QTY	Y	N	UNIT PRICE (BND$)	TOTAL PRICE (BND$)
ITEM 2: ULTRASONIC NEBULIZER						
Distribution	Quantity					
SURI SERI BEGAWAN (SSB) HOSPITAL, KUALA BELAIT	16	50				
PENGIRAN MUDA MAHKOTA PENGIRAN MUDA HAJI AL-MUHTADEE BILLAH (PMMPMHAB) HOSPITAL, TUTONG	20					
PENGIRAN ISTERI HAJAH MARIAM (PIHM) HOSPITAL, TEMBURONG	14					

SCOPE OF WORK AND SUMMARY OF PRICES

This tender is a tender for outright purchase of two types of nebulizers for:

DESCRIPTION	QTY	Y	N	OUTRIGHT PURCHASE
ITEM 1: JET/COMPRESSOR NEBULIZER	**80**			
RAJA ISTERI PENGIRAN ANAK SALEHA (RIPAS) HOSPITAL, BRUNEI MUARA	69			
WOMAN CHILDREN CENTRE, RAJA ISTERI PENGIRAN ANAK SALEHA (WCC, RIPAS) HOSPITAL, BRUNEI MUARA				
SURI SERI BEGAWAN (SSB) HOSPITAL, KUALA BELAIT	11			
ITEM 2: ULTRASONIC NEBULIZER	**50**			
SURI SERI BEGAWAN (SSB) HOSPITAL, KUALA BELAIT	16			
PENGIRAN MUDA MAHKOTA PENGIRAN MUDA HAJI AL-MUHTADEE BILLAH (PMMPMHAB) HOSPITAL, TUTONG	20			
PENGIRAN ISTERI HAJAH MARIAM (PIHM) HOSPITAL, TEMBURONG	14			

See Annex A for the distribution of each item for each location.

TOTAL	**UNIT 1: JET/COMPRESSOR**	**80**	**UNIT PRICE** BND$	**TOTAL PRICE** BND$
	UNIT 2: ULTRASONIC	**60**	**UNIT PRICE** BND$	**TOTAL PRICE** BND$

SECTION 1 – USER REQUIREMENTS				
Please ☑ Tick where appropriate		**Yes**	**No**	**Remarks**
1	JET/COMPRESSOR NEBULIZER			
1	Compact jet/compressor nebulizer			
2	Electric AC-powered and/or compatible with hospital wall air supply			
3	Noise level not more than 65 dB during operation			
4	Minimum nebulization rate is 0.3L/min			
5	Particle size (MMAD) is between 2 to 5 µm			
6	Minimum operating compressor pressure of 8 PSI			
7	Minimum air flow rate of 6 L/min			
8	Minimum medication capacity of 7 Ml			

9	Compatible with standard hospital oxygen tubing (typically 5/16” or 6 mm inner diameter)			
2	ULTRASONIC NEBULIZER			
1	Hospital-grade ultrasonic nebulizer			
2	Nebulization rate: 1 to 3 mL/h or better			
3	Minimum medication cup capacity: 100 mL or better			
4	Standard ultrasonic frequency of 1.6MHz to 1.7MHz or equivalent			
5	Transparent medication cover			
6	Display: has large LCD display			
7	Display: has backlight illumination			
8	Display: can show nebulization rate			
9	Mist volume switch function			
10	Built-in timer			
11	Continuous flow function			
12	Audible alert for errors or completed cycle			

3	ACCESSORIES PER UNIT			
3.1	JET/COMPRESSOR NEBULIZER			
3.1.1	Twenty (20) units of reusable and/or disposable adult mask			**Reusable/disposable**
3.1.2	Twenty (20) units of reusable and/or disposable paediatric mask			**Reusable/disposable**
3.1.3	Twenty (20) units of reusable and/or disposable mouthpiece			**Reusable/disposable**
3.1.4	Twenty (20) units of air filter			
3.1.5	Twenty (20) units of reusable and/or disposable medication cup or equivalent			**Reusable/disposable**
3.1.6	Tenderer to provide a separate quote consisting of one unit of each accessories/consumable above for any additional purchase in the near future with price validity of one (1) year after this tender closing date.			**Quotation reference:**
3.2	ULTRASONIC NEBULIZER			
3.1.1	Inhalation mask set – suitable for infant (12 units)			
3.1.2	Inhalation mask set – suitable for adult (12 units)			
3.1.3	Twenty-four (24) sets inhalation hose			
3.1.4	Medication cup – two (2) boxes			
3.1.5	Tenderer to provide a separate quote consisting of one unit of each accessories/consumable above for any additional purchase in the near future with price validity of one (1) year after this tender closing date.			**Quotation reference:**

4	END-USER 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)			
3.2	Tenderer must **prepare a training attendance or proof of training done to end user during commissioning and the refresher course (6) months after commissioning.**			

5	TECHNICAL TRAINING			
Please ☑ Tick where appropriate		**Yes**	**No**	**Remarks**
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)			

6	WARRANTY			
Please ☑ Tick where appropriate		**Yes**	**No**	**Remarks**
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			
OUTRIGHT PURCHASE	**ITEM 1: JET/COMPRESSOR NEBULIZER**	**PER UNIT**	**BND$**
		TOTAL	**BND$**
	ITEM 2: ULTRASONIC NEBULIZER	**PER UNIT**	**BND$**
		TOTAL	**BND$**

SECTION 3 - PROCUREMENT AND TECHNICAL SPECIFICATION			
BRAND:	**ITEM 1:** **ITEM 2:**	**MODEL:**	**ITEM 1:** **ITEM 2:**
COUNTRY OF ORIGIN:	**ITEM 1:** **ITEM 2:**	**YEAR INTRODUCED TO MARKET:**	**ITEM 1:** **ITEM 2:**
WARRANTY PERIOD:	**ITEM 1:** **ITEM 2:**	**LAST COUNTRY SOLD TO:**	**ITEM 1:** **ITEM 2:**
PRICE VALIDITY: **[AT LEAST <u>ONE (1) YEAR</u> PRICE VALIDTY]**	**ITEM 1:** **ITEM 2:**	**DELIVERY TIME:**	**ITEM 1:** **ITEM 2:**

SECTION 3 - PROCUMENT AND TECHNICAL SPECIFICATION							
BRAND/MODEL:	**ITEM 1:** **ITEM 2:**						
COUNTRY OF ORIGIN:	**ITEM 1:** **ITEM 2:**		DELIVERY TIME:		**ITEM 1:** **ITEM 2:**		
WARRANTY PERIOD:	**ITEM 1:** **ITEM 2:**		PRICE VALIDITY: [AT LEAST ONE (1) YEAR PRICE VALIDTY]		**ITEM 1:** **ITEM 2:**		
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	BATTERY [ ] YES [ ]NO				
		50-60HZ	Type of Battery:		Rating:		
		OTHERS:		RECHARGEABLE		NON-RECHARGEABLE	
POWER ADAPTER/CHARGER OUTPUT RATING:			EQUIPMENT AMBIENT OPERATING TEMPERATURE RANGE:				
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 8 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 of two (2) years, 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 during 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.
    D. Corrective Maintenance inclusive of replacement of OEM parts during warranty period.
- **One time Planned Preventive Maintenance (PPM) PER YEAR** according to Manufacturer's Preventive Maintenance Guideline and to include one-time replacements of any 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: DISTRIBUTION LIST

ITEM 1: JET/COMPRESSOR NEBULIZER		WARD/UNIT	QTY	WARD/UNIT	QTY	WARD/UNIT	QTY	WARD/UNIT	QTY
RAJA ISTERI PENGIRAN ANAK SALEHA (RIPAS) HOSPITAL, BRUNEI MUARA **AND** **WOMAN CHILDREN CENTRE, RAJA ISTERI PENGIRAN ANAK SALEHA (WCC, RIPAS) HOSPITAL, BRUNEI MUARA**	69	WARD 1	3	WARD 20	3	WARD 14	3	WARD 35	2
		WARD 3	3	WARD 21	3	WARD 23	2	Admission	2
		WARD 4	3	WARD 22	2	BURN UNIT	2	First Stage	2
		WARD 15	2	WARD 6	3	WARD 30	2	Labour Room	2
		WARD 16	2	WARD 7	3	WARD 31	2	HDU	2
		WARD 17	2	WARD 10	2	WARD 32	2		
		WARD 18	2	WARD 11	3	WARD 33	2		
		WARD 19	3	WARD 12	3	WARD 34	2		
SURI SERI BEGAWAN (SSB) HOSPITAL, KUALA BELAIT	11	WARD 8		2		WARD 11		2	
		WARD 9		2		Emergency department		3	
		WARD 10		2					

ITEM 2: ULTRASONIC NEBULIZER					
SURI SERI BEGAWAN (SSB) HOSPITAL, KUALA BELAIT	16	WARD 3	2	WARD 10	3
		WARD 4	2	WARD 11	3
		WARD 8	2	Emergency department	2
		WARD 9	2		
PENGIRAN MUDA MAHKOTA PENGIRAN MUDA HAJI AL-MUHTADEE BILLAH (PMMPMHAB) HOSPITAL, TUTONG	20	Emergency department			5
		Medical Ward			8
		TB Ward			2
		O&G			1
		NICE/Medical Cover			4
		Male Ward			3

PENGIRAN ISTERI HAJAH MARIAM (PIHM) HOSPITAL, TEMBURONG	14	Female Ward	3
		Emergency Unit	4
		Outpatient Department	2
		Specialist Clinic	2

TERMS AND CONDITIONS		
	TERMS AND CONDITIONS	**VENDOR'S OFFER**
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/ MODEL WITH ONE PRICE ONLY** for each item. Submission of more than one brand/model and price will cause **DISQUALIFICATION OF TENDER.**	
4	Brochures / catalogues should be submitted / attached with tender document.	
5	Samples should be submitted together with tender or within fourteen (14 days) of the tender closing dates (if required).	
6	DELIVERY PERIOD: (Please state)	
7	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).	
8	**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.	