

TENDER REF. NO.: KK/249/2026/TUT(TC)

**MINISTRY OF HEALTH
NEGARA BRUNEI DARUSSALAM**

**THE PROVISION OF CATERING SERVICES FOR THE
PENGIRAN MUDA MAHKOTA PENGIRAN MUDA HAJI AL-
MUHTADEE BILLAH (PMMPMHAMB) HOSPITAL TUTONG,
NATIONAL ISOLATION CENTRE, NATIONAL ISOLATION
CENTRE EXTENSION (NICE) AND TUTONG DIALYSIS
CENTRE FOR A PERIOD OF FIVE (5) YEARS**

TENDER FEE : \$1,000.00

RECEIPT NO. :

CLOSING DATE : ON TUESDAY, 10th November 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

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SCHEDULE 1

THE PROVISION OF CATERING SERVICES FOR THE PENGIRAN MUDA MAHKOTA PENGIRAN MUDA HAJI AL-MUHTADEE BILLAH (PMMPMHAMB) HOSPITAL TUTONG, NATIONAL ISOLATION CENTRE, NATIONAL ISOLATION CENTRE EXTENSION (NICE) AND TUTONG DIALYSIS CENTRE FOR A PERIOD OF FIVE (5) YEARS

SCOPE OF SERVICES

1. GENERAL

The Ministry of Health in its continuous effort to improve and enhance the quality of services provided to the patients, intends to privatise the catering service at the facility as stated below:

1.1	Management by PMMPMHAMB Hospital, Tutong Contact No.: 4221010 ext. 501/200	No. of Beds	Max. No. Of Patients Per Day
1.1.1	The Pengiran Muda Mahkota Pengiran Muda Haji Al-Muhtadee Billah Hospital.	127	127
1.1.2	National Isolation Centre (NIC), Pengiran Mahkota Pengiran Muda Haji Al-Muhtadee Billah Hospital.	27	27
1.1.3	National Isolation Centre Extension (NICE), Pengiran Mahkota Pengiran Muda Haji Al-Muhtadee Billah Hospital.	166	166
TOTAL		320	320

1.2	Management by Department of Renal Services Contact No.: 2451010 (Direct Line)	No. of Beds/Chairs	Avg. No. Of Patients Per Day
1.2.1	Tutong Dialysis Center	20	20
TOTAL		20	20

2. SCOPE OF WORK

2.1 Carrying out all aspects of food service ranging **from taking of meal orders from patients, food preparation in the Caterer's own kitchen to serving of foods in wards/patients' areas:**

2.1.1 Preparing, cooking, portioning and plating of meals in the kitchen;

2.1.2 Placing of meals trays into transport trolleys and into the hot and cold dietary carts;

2.1.3 moving tray transport trolleys and the hot and cold dietary carts from the kitchen to the trolleys holding area and then to wards/patients' area;

2.1.4 distributing and serving of meals trays to patients at the commencement of meal periods;

2.1.5 collecting meal trays after completion of meals and the washing of dirty crockery and cutlery;

2.1.6 preparing and distributing beverages from the respective ward pantries during meal periods;

2.1.7 administering and taking of meal orders

2.1.8 the number of meals to be provided shall be made and agreed by both parties accordingly; The Caterer's personnel and Hospital Personnel

2.1.9 planning of menus based on:

2.1.9.1 Schedule 2

2.1.9.2 Dietary Guidelines are set by the Ministry of Health from time to time.

2.2 The Caterer shall provide necessary kitchen/food utensils including crockeries and cutleries to the facilities based on the requirement as schedule 3

2.2.1 The Caterer shall keep extra quantities of crockeries, cutleries and kitchen/food utensils and put them in a proper storage.

3. SERVICE QUALITY

3.1 Ensures that the Services provided under the Agreement are of high quality and conform to the Specifications outlined.

3.2 Ensures that all the staff that handle food directly must undergo food handlers training, food handler's medical fitness examination and certified fit before allowed to handle food. Food handling practices as well as food (including drinks and ice) supplied are as per Public Health (Food) Act and requirement laid out by the Ministry of Health.

4. PREMISE/PRE-DISTRIBUTION AREA

- 4.1 The Caterer will be allocated a premise/pre-distribution area within the facility for convenience of necessary preparation prior to distribution of food to the wards.
- 4.2 The Caterer shall contribute and enhance the image of the facilities. Therefore, in the effort to enhance the look of the concerned food preparation area:
 - 4.2.1 The Caterer needs to provide the allocated premise/pre-distribution area with the needful necessities such as cold storage, fixed cabinet or loose furniture.
 - 4.2.2 The Caterer shall finance towards the cost of supplying, installing, commissioning and maintenance of any related equipment and furniture including directional signage.
 - 4.2.3 The Caterer, at all time, shall be responsible for maintenance of the infrastructure, replacements of electrical fittings and equipment.
 - 4.2.4 The proposed building modifications must be submitted to the CEO of the respective hospitals/facilities for permission before its implementation.
- 4.3 The allocated premise/pre-distribution area shall be maintained to the highest standard of cleanliness. Officer(s) from respective hospitals/facilities shall be allowed to inspect the premise at all time.
 - 4.3.1 The Caterer shall provide cleaners to maintain the cleanliness, neatness, hygienic at all times.
 - 4.3.2 The Caterer shall provide plastic curtain and install electrical insect killer in the premise
 - 4.3.3 The Caterer shall provide utensils' washing dispenser, rubbish trollies, rubbish/garbage bins, garbage plastic bags, pails and mops, detergents for floor, walls, mirrors and etc.

5. WASTE MANAGEMENT

5.1 The Caterer shall be responsible for the management of waste related to the catering services that has been provided to the facilities e.g. used cooking oil, food waste and used disposable items.

5.1.1 The waste should not be thrown into any of the bins available in the Facilities.

5.1.2 The Caterer shall have rubbish trollies, rubbish/garbage bins and Garbage plastic bags for effective management of the waste.

5.1.3 The Caterer shall have mean of transportation of their waste to the appropriate rubbish dumping area.

6. TYPES OF MEAL

6.1 The Caterer shall comply with dietary requirements (including special diets) provided as specified according to **different categories of patients**

6.2 The Caterer shall provide **Halal** meal.

6.3 The Caterer shall provide the following meals to patients in the facilities:

6.4 Under Management of PMMPMHAMB Tutong Hospital, National Isolation Centre, National Isolation Centre Extension and Tutong Dialysis centre.

6.4.1 The Caterer shall ensure that the meals shall be ready for consumption by the patients at the following ward and times every day:

MALE WARD & 1ST CLAS, FEMALE WARD & 1ST CLASS, OBSTETRIC & GYNAECOLOGY & 1ST CLASS, PAEDIATRIC WARD, A&E OBSERVATION BAY, NIC, NICE.

SERVING TIME	TIME
BREAKFAST	7.00 AM - 7.30 AM
LUNCH	11.30 AM – 12.30 PM
AFTERNOON TEA	3.00 PM – 3.30 PM
DINNER	6.00 PM – 7.00 PM

DAY WARD

MONDAY, TUESDAY, WEDNESDAY, THURSDAY AND SATURDAY (5 DAYS IN ONE WEEK)

SERVING TIME	TIME
BREAKFAST	7.00 AM - 7.30 AM
LUNCH	11.30 AM – 12.30 PM

PSYCHIATRIC CLINIC

MONDAY, TUESDAY, WEDNESDAY, THURSDAY AND SATURDAY (5 DAYS IN ONE WEEK)

SERVING TIME	TIME
MORNING MEAL	7.00 AM - 7.30 AM
LUNCH	11.30 AM – 12.30 PM

- 6.4.2 The Caterer shall provide the meals for the different classes of accommodation.
- 6.4.3 There shall be separate menu for pediatric patients.
- 6.4.4 Menus for therapeutic diets should be agreed by PMMPMHAMB Hospital's dietitian.
- 6.4.5 All menus provided should be on **2 weeks rotation** and need to be **revised three times per year** or less depending on the request of the management
- 6.4.6 The caterer shall supply Therapeutic Diets for the patients in the facilities under the management of PMMPMHAMB Hospital:
- 6.4.6.1 Renal diet
 - 6.4.6.2 Diabetic diet
 - 6.4.6.3 High protein diet
 - 6.4.6.4 Low Cholesterol Diet
 - 6.4.6.5 Low fat/ salt diet
- 6.4.7 Replacement of meal trays shall be arranged immediately whenever wrong trays (i.e. different from what was requested) are prepared.
- 6.4.8 As when required, the caterer shall supply:
- a. Psychiatric Clinic – General Diet
 - b. Dialysis Centre – Renal Diet
 - c. National Isolation Centre – Using disposable utensil and container
 - d. National Isolation Centre Extension – Using disposable utensil and container

6.5 TUTONG DIALYSIS CENTRE

SERVING TIME	TIME
MORNING MEAL	8.00 AM - 8.30 AM
LUNCH	11.30 AM – 12.30 PM
DINNER	6.00 PM – 7.00 PM

6.5.1 Menu provided for each meal will be the **same for two (2) consecutive days**.
Example:

- Monday and Tuesday
- Wednesday and Thursday
- Friday and Saturday

6.5.2 **Four (4) week rotational menu** which is to be revised **three (3) times yearly** which menu are to be checked and agreed by the Department of Renal Services.

6.5.3 The Caterer shall provide specific types of meal and diet for patients in the Renal Dialysis Centre:

6.5.3.1 Renal Diet

6.5.3.2 Renal Diabetic Diet

6.6.3.3 Soft texture alternatives for the above diets

6.5.4 Menus for the therapeutic diets should be agreed by the respective Hospital/Department of Renal Services dietitians.

7 ESTIMATED MEALS REQUIREMENT

7.1 HOSPITAL PMMPMHAMB HOSPITAL, TUTONG

FACILITY	BREAKFAST		LUNCH		AFTERNOON TEA		DINNER		TOTAL MEALS PER DAY	TOTAL MEALS PER MONTH	TOTAL MEALS PER YEAR
	GEN DIET	THE/ DIET	GEN DIET	THE/ DIET	GEN DIET	THE/ DIET	GEN DIET	THE/ DIET			
MALE WARD	9	13	9	13	9	13	9	13	88	2,640	31,680
FEMALE WARD	9	13	9	13	9	13	9	13	88	2,640	31,680
PAEDIATRIC WARD	4	18	4	18	4	18	4	18	88	2,640	31,680
DIALYSIS		20		20				20	60	1,800	21,600
A&E OBSERVATION BAY	2	10	2	10	2	10	2	10	48	1,440	17,280
DAY WARD	8	12	8	12					40	1,200	14,400
1 ST CLASS MALE	1	1	1	1	1	1	1	1	8	240	2,880
1 ST CLASS FEMALE	1	1	1	1	1	1	1	1	8	240	2,880
OBSTETRIC & GYNAECOLOGY	6	7	6	7	6	7	6	7	52	1,560	18,720
1 ST CLASS OBSTETRIC & GYNAECOLOGY	1	1	1	1	1	1	1	1	8	240	2,880
Psychiatric Clinic	2	8	2	8					20	600	7,200
TOTAL	43	104	43	104	33	64	33	84	508	15,240	182,880

FACILITY NATIONAL ISOLATION CENTRE (NIC)	BREAKFAST		LUNCH		AFTERNOON TEA		DINNER		TOTAL MEALS PER DAY	TOTAL MEALS PER MONTH	TOTAL MEALS PER YEAR
	GEN DIET	THE/ DIET	GEN DIET	THE/ DIET	GEN DIET	THE/ DIET	GEN DIET	THE/ DIET			
TB WARD		27		27		27		27	108	3,240	38,880
TOTAL		27		27		27		27	108	3,240	38,800

FACILITY NATIONAL ISOLATION CENTRE EXTENTION (NICE)	BREAKFAST		LUNCH		AFTERNOON TEA		DINNER		TOTAL MEALS PER DAY	TOTAL MEALS PER MONTH	TOTAL MEALS PER YEAR
	GEN DIET	THE/ DIET	GEN DIET	THE/ DIET	GEN DIET	THE/ DIET	GEN DIET	THE/ DIET			
MALE	28	28	28	28	28	28	28	28	224	6,720	80,640
FEMALE	28	28	28	28	28	28	28	28	224	6,720	80,640
PEADIATRIC	27	27	27	27	27	27	27	27	216	6,480	77,640
TOTAL	83	83	83	83	83	83	83	83	664	19,920	239,040

7.2 The above number of meals is only estimated requirement for Caterer's guidance.

7.3 The Caterer is required to provide extra number of meals for the facilities based on the order taken.

- General Diet (Adult) – 5 pax
- Therapeutic Diet (Adult)- 3 pax
- Soft Diet (Adult) – 3 pax
- General Diet (Pediatric)– 3 pax
- Soft Diet (Pediatric) - 2 pax

7.4 TUTONG DIALYSIS CENTRE

FACILITY DIALYSIS CENTRE	BREAKFAST		LUNCH		AFTERNOON TEA		DINNER		TOTAL MEALS PER DAY	TOTAL MEALS PER MONTH	TOTAL MEALS PER YEAR
	GEN DIET	THE/ DIET	GEN DIET	THE/ DIET	GEN DIET	THE/ DIET	GEN DIET	THE/ DIET			
DIALYSIS		20		20				20	60	1,800	21,600
TOTAL		20		20				20	60	1,800	21,600

NOTE:

- Tutong Dialysis Centre shall be under Management of the Department of Renal Services since the menu & serving time is different from the Hospital setting. The food should be sent directly to Tutong Dialysis Centre.

7.5 The above number of meals is only estimated requirement for Caterer's guidance. The Caterer may require to provide extra number of meals for the facilities based on the order taken.

7.6 The Total Average Daily Requirement is 1340 MEALS per day (For Hospital PMMPMHAMB, National Isolation Centre, National Isolation Centre Extension and Tutong Dialysis Centre

8 CATERER'S CONTACT PERSON

- 8.1 The Caterer shall appoint senior member of its staff as the principal contact person ("Principal Contact") between the Caterer and the MOH, facility; PMMPMHAMB Hospital, Tutong.
- 8.2 The names and contact numbers of the Principal Contacts must be provided to the MOH on or before the Effective Date.

9 PASSES AND UNIFORM

- 9.1 For admission into the Facilities, the Caterer, its employees, agents and sub-contractors will be issued with security passes issued by MOH. For that purpose, the Caterer shall submit to the MOH two (2) copies of passport size photograph of each of the employee, agent or sub-contractor who has been tasked by the Caterer to perform the Services
- 9.2 No employee, agent or sub-contractor of the Caterer shall be admitted into the Facilities nor shall such employee, agent or sub-contractor be permitted to perform the Service unless he has been issued with a security pass
- 9.3 All employees, agents and sub-contractors of the Caterer tasked by the Caterer to perform the Services must wear clean uniforms which shall be provided by the Caterer. Such uniform shall have the name of the Caterer clearly marked on it

10 USE OF FACILITIES

- 10.1 The Caterer, its employees, agents and sub-contractors shall not enter the Facilities for any purpose other than that specified in this Agreement.
- 10.2 Whilst at the Facilities and in the performance of the Services, the Caterer, its employees, agents and sub-contractors shall confined themselves to the immediate vicinity of the Facilities and shall cause minimum disturbance to patients.

11 CLAIMS

- 11.1 The Caterer shall ONLY claim payment for NUMBER OF MEALS PROVIDED to the patients.
- 11.2 The claim for the facility shall be submitted to the Office of the Chief Executive Officer through the Assistant Catering Manager in that facility for payment process.
- 11.3 The Caterer shall prepare and submit the **invoices** on a **weekly basis** and address to:

The Permanent Secretary Ministry of Health

(Attention: Chief Executive Officer Pengiran Muda Mahkota Pengiran Muda Haji Al-Muhtadee Billah, Hospital, Tutong)

Ministry of Health

Negara Brunei Darussalam

SCHEDULE 2

SPECIFIC CONDITIONS

The following is a general guideline on the minimum quantities of prepared/cooked food to be served per person per meal for persons on a General and Therapeutic Diet:

1. GENERAL AND THERAPEUTIC DIET SPECIFICATIONS

1.1 General Adult Diet

Component	Requirement
Energy Requirement	1800–2000 kcal/day
Protein Requirement	60g/day
Carbohydrate Requirement	225–275 g/day
Fibre Requirement	25-35 g/day
Meal Pattern	Breakfast, Lunch, Afternoon Snack, Dinner

	<i>Energy (kcal)</i>	<i>Protein (g)</i>	<i>Carbohydrate (g)</i>
Breakfast	550–600 kcal	15 g	65–75 g
Lunch	550–600 kcal	20 g	65–75 g
Afternoon Snack	150–200 kcal	5 g	30–50 g
Dinner	550–600 kcal	20 g	65–75 g
Total / day	1800-2000 kcal	60 g	225-275 g

Menu Requirements:

- Daily fruit and vegetables
- Reduced fried foods
- Low sugar beverages
- Lean protein sources
- Reduced processed foods

1.2 Diabetic Diet

a) General Adult wards

Component	Requirement
Energy Requirement	1800–2000 kcal/day
Protein Requirement	60 g/day
Carbohydrate Requirement	200–225 g/day (45-50%)
Fibre Requirement	25-35 g/day
Meal Pattern	Breakfast, Lunch, Afternoon Snack, Dinner

	<i>Energy (kcal)</i>	<i>Protein (g)</i>	<i>Carbohydrate (g)</i>
Breakfast	550–600 kcal	15 g	60–65 g
Lunch	550–600 kcal	20 g	60–65 g
Afternoon Snack	150–200 kcal	5 g	20–30 g
Dinner	550–600 kcal	20 g	60–65 g
Total / day	1800-2000 kcal	60 g	200-225 g

b) Obstetrics and Gynaecology ward

Component	Requirement
Energy Requirement	1600 kcal/day
Protein Requirement	55 g/day
Carbohydrate Requirement	200 g/day (50%)
Fibre Requirement	25-35 g/day
Meal Pattern	Breakfast, Lunch, Afternoon Snack, Dinner

	<i>Energy (kcal)</i>	<i>Protein (g)</i>	<i>Carbohydrate (g)</i>
Breakfast	450 kcal	10 g	60 g
Lunch	500 kcal	20 g	60 g
Afternoon Snack	150 kcal	5 g	20 g
Dinner	500 kcal	20 g	60 g
Total / day	1600 kcal	55 g	200 g

Menu Requirements:

- Controlled carbohydrate portions
- Prioritize Low Glycaemic Index foods
- Wholegrain option at least once daily
- High fibre foods to manage blood glucose and promote satiety
- Lean protein sources
- Limit fried foods
- Fresh fruit encouraged and portion controlled
- No sugar-sweetened beverages, snacks and dessert
- Artificial sweetener option
- Restrict processed foods

1.3 Weight Reducing Diet

Component	Requirement
Energy Requirement	1600 kcal/day
Protein Requirement	60 g/day

Carbohydrate Requirement	200 g/day
Fibre Requirement	25-35 g/day
Meal Pattern	Breakfast, Lunch, Afternoon Snack, Dinner

	<i>Energy (kcal)</i>	<i>Protein (g)</i>	<i>Carbohydrate (g)</i>
Breakfast	450 kcal	15 g	60 g
Lunch	500 kcal	20 g	60 g
Afternoon Snack	150 kcal	5 g	20 g
Dinner	500 kcal	20 g	60 g
Total / day	1600 kcal	60 g	200 g

Menu requirements:

- Controlled portion sizes
- High fibre foods to promote satiety
- Wholegrain carbohydrate options
- Lean protein sources
- Reduced energy density meals
- Fresh fruits and vegetables daily
- Low fat cooking methods such as steaming, grilling, baking, or boiling
- Healthy snack options where prescribed
- Restrict processed foods
- Adequate hydration options including plain water
- Minimal added sugar
- Artificial sweetener option
- Recommended salt intake

1.4 Low Salt/ NAS diet

Component	Requirement
Energy Requirement	1800–2000 kcal/day
Protein Requirement	60g/day
Carbohydrate Requirement	225–275 g/day
Fibre Requirement	25-35 g/day
Meal Pattern	Breakfast, Lunch, Afternoon Snack, Dinner

	<i>Energy (kcal)</i>	<i>Protein (g)</i>	<i>Carbohydrate (g)</i>
Breakfast	550–600 kcal	15 g	65–75 g
Lunch	550–600 kcal	20 g	65–75 g

Afternoon Snack	150–200 kcal	5 g	30–50 g
Dinner	550–600 kcal	20 g	65–75 g
Total / day	1800-2000 kcal	60 g	225-275 g

Menu Requirements:

- No added salt during food preparation or serving.
- Avoid the use of processed foods and high-sodium food products.
- Utilize healthier cooking methods such as grilling, steaming, or baking.
- Prioritize the use of natural herbs, spices, and fresh ingredients instead of salt for flavouring.
- Lean protein sources
- Include daily servings of fruits and vegetables.
- Wholegrains option
- Restrict fluid intake where prescribed.

1.5 Low Fat/ Low Cholesterol Diet

Component	Requirement
Energy Requirement	1600-1800 g/day
Protein Requirement	60 g/day
Carbohydrate Requirement	200-225 g/day
Fibre Requirement	25-35 g/day
Meal Pattern	Breakfast, Lunch, Afternoon Snack, Dinner

	<i>Energy (kcal)</i>	<i>Protein (g)</i>	<i>Carbohydrate (g)</i>
Breakfast	500–550 kcal	15 g	60–65 g
Lunch	500–550 kcal	20 g	60–65 g
Afternoon Snack	100–150 kcal	5 g	20–30 g
Dinner	500–550 kcal	20 g	60–65 g
Total / day	1600-1800 kcal	60 g	200-225 g

Menu Requirements:

- No deep frying
- Lean protein sources only
- Low fat dairy
- Low fat and healthy snacks/ dessert
- Healthier cooking methods such as steaming, grilling, baking, poaching, or stir-frying with minimal oil
- Daily fruits and vegetables
- Wholegrains option
- Restrict the use of excessive sugar and high-fat processed foods

1.6 Renal Diet

Component	Requirement
Energy Requirement	1800–2000 kcal/day
Protein Requirement	40–70 g/day depending on dialysis status
Carbohydrate Requirement	225–275 g/day
Meal Pattern	Breakfast, Lunch, Afternoon Snack, Dinner

1.6.1 Quantity of basic items provided each meal:

<i>Item</i>	<i>Recommendation</i>
Meat/chicken/fish (excluding bones) – providing approximately 20-25 g protein per meal	80-120gm cooked, drained weight
Rice/noodles/potatoes – providing approximately 45 g carbohydrate per meal	150g cooked rice
	250g cooked thick-rice porridge
	200g cooked wheat/egg noodle
	3 standard thinly sliced bread (approx. 90g)
	250g boiled potatoes (*counted towards total potassium of the meal)
Vegetables	100gm cooked (drained weight)
Water	150mls
Tea	} No instant drinks
Local brewed coffee	} No instant drinks
Sugar or Sweetener	1 sachet
Creamer	1 sachet

1.6.2 Vegetables

- Vegetables shall be thoroughly washed and prepared in accordance with food safety and hygiene standards approved by the Food Service Dietitian.
- Appropriate measures shall be taken to reduce the potassium content of vegetables prior to cooking (e.g., soaking for a minimum of two (2) hours in warm unsalted water using ten times the amount of water to the amount of vegetable).

1.6.3 Suitable vegetables and fruits

- Vegetables and fruits with low potassium content (<200 mg per serving) shall be selected whenever possible.
- Vegetables containing <200 mg potassium per serving include, but are not limited to Arugula/Rocket, Asparagus (small portions), Bean sprouts, Broccoli (½ cup cooked), Cabbage (green or purple), Capsicum/bell peppers, Carrot (½ cup cooked), Cauliflower, Celery, Choy sum, Corn (½ cup), Cucumber, Endive, Eggplant, French beans, Lettuce (all types), Onion, Pak choy, Radish, Snow peas, Spring onion (small portions), Zucchini/Courgette.
- Fruits containing <200 mg potassium per serve include, but are not limited to Apple, Blackberries, Blueberries, Dragon fruit (small portion), Grapes, Guava (small portion), Lychee (small portion), Mandarin/Tangerine (small), Nectarine (small), Peach (small), Pear, Pineapple, Plum (small), Raspberries, Strawberries and Watermelon.

1.6.4 High potassium vegetables and fruits

- Vegetables and fruit with high potassium content (i.e., >200mg potassium per serve) must be portion-controlled in accordance with renal dietary guidelines
- Vegetables and fruit with high potassium content shall not be routinely served and may only be used in controlled portions in accordance with renal dietary guidelines.
- Vegetables containing >200 mg potassium per serving include, but are not limited to potato, sweet potato, yam, taro, cassava, beetroot, spinach, kangkung, pumpkin, winter squash, tomato products, avocado, mushrooms, bamboo shoots, lotus root and Brussels sprouts.
- Fruits containing >200 mg potassium per serving include, but are not limited to, banana, avocado, papaya, mango, honeydew melon, cantaloupe, durian, jackfruit, kiwi, pomegranate, orange, custard apple, chiku and dried fruits such as raisins, dates, prunes and dried apricots.
- Cured and preserved vegetables and fruits shall not be used in any dishes served

1.6.5 Fish, chicken, meat and meat alternatives

- All fish, chicken and/or meat portions provided at breakfast, lunch and dinner must provide between 20–25 g of protein per serving, (e.g., ~80 g cooked lean meat or nutritionally comparable portions of the three).
- In the event that the prescribed portion of fish, poultry or meat does not provide the required protein content, eggs and/or dairy products (e.g., fresh milk) may be incorporated to ensure the total protein content of the meal achieves 20–25 g per serving.
- All fish, chicken and/or meat must be cooked in accordance to the dietary guidelines set under Clause 4.6.7 below.
- Plant-based protein sources (e.g. legumes or soy products) may be included in controlled portions, in accordance with renal dietary guidelines, and shall be accounted for within the total potassium and phosphorus content of the meal.
- Processed and cured fish, chicken and/or meat (e.g. sausages, nuggets, corned beef) must not be used in any dishes served

1.6.6 Suitable for Hi-Tea menu:

- Hi-tea menus must be renal-appropriate, consisting of low-sodium, low-potassium and low-phosphate foods, with controlled portions.
- Low-potassium fruits and simple baked snacks may be used, and shall exclude processed, pickled, high-potassium and high-phosphate items.
- Examples of suitable snacks include, but are not limited to, egg/chicken/tuna sandwich or bun, butter/plain/vanilla sponge cake, plain chiffon cake/muffins

1.6.7 Dietary guidelines for caterer:

- Sodium shall be used sparingly in all menu planning, food preparation and cooking processes, in accordance with renal nutrition and Ministry of Health of Brunei Darussalam National Dietary Guidelines.
- Recipes shall prioritise low-sodium preparation methods and avoid the routine use of salt, high-sodium condiments, and processed foods
- Where sodium is required for food safety or palatability, the minimum practicable amount shall be used.
- Alternative flavouring methods, including herbs, spices, aromatics, citrus and vinegar, shall be used to maintain palatability while minimising sodium use.
- Examples of high-sodium ingredients to limit or avoid include, but are not limited to

- Canned foods preserved in brine or salted liquids
 - Cheese and processed cheese products
 - Instant noodles and seasoning sachets
 - Pickled foods and preserved vegetables
 - Processed and cured meats (e.g., sausages, nuggets, deli meats)
 - Ready-made sauces, gravies, and marinades
 - Salted butter, margarine and spreads
 - Snack foods (e.g., chips, crackers, salted nuts)
 - Soy sauce, oyster sauce, fish sauce, teriyaki sauce
 - Stock cubes, bouillon powders, flavouring sachets (e.g., *cukup rasa*) and commercial soup bases
 - Table salt and seasoned salts
- Powdered spices such as curry powder shall be used sparingly and with caution, provided the caterer can ensure and demonstrate that the total potassium content per meal (breakfast, lunch or dinner) does not exceed 600 mg.
 - The use of salted products (e.g., salted meat), dried prawns, belacan, offal, and dried fish (e.g., pusu, tamban, tahai) shall be strictly avoided.
 - Each meal (i.e., breakfast, lunch or dinner) shall be formulated such that the total provision does not exceed 600 mg sodium and 600 mg potassium per serving.
 - Final dietary restrictions, prohibited food items, and permitted food items shall be subject to periodic review, modification, and approval by the MOH Clinical Dietitian and the Ministry of Health based on current clinical practices, patient requirements, and nutritional guidelines.

1.7 High Protein High Energy Diet

Component	Requirement
Energy Requirement	2000 kcal/day
Protein Requirement	74 g/day
Carbohydrate Requirement	250 g/day
Meal Pattern	Breakfast, Lunch, Afternoon Snack, Dinner

	<i>Energy (kcal)</i>	<i>Protein (g)</i>	<i>Carbohydrate (g)</i>
Breakfast	500 kcal	22 g	40 g
Lunch	550 kcal	22 g	60 g
Afternoon Snack	400 kcal	8 g	40 g
Dinner	550 kcal	22 g	60 g
Total / day	2000 kcal	74 g	250 g

Menu Requirements:

- Fortified meals and beverages to increase energy and protein content.

- Double protein portions where prescribed.
- Milk-based beverages and nourishing drinks.
- High-protein and high-energy snacks.
- Energy- and protein-dense food options such as eggs, dairy products, fish, poultry, legumes, and plant-based protein where appropriate.
- Food fortification methods such as the addition of milk powder, cheese, cream, butter or margarine where suitable and prescribed.
- Soft, easy-to-consume, and nutrient-dense meal options for patients with poor appetite or reduced intake.
- Accommodate the patient's prescribed therapeutic dietary requirements and medical conditions where applicable.

1.8 Elderly Diet (≥65 years old)

Component	Requirement
Energy Requirement	1800–2000 kcal/day
Protein Requirement	60 g/day
Carbohydrate Requirement	225–275 g/day
Meal Pattern	Breakfast, Lunch, Afternoon Snack, Dinner

	<i>Energy (kcal)</i>	<i>Protein (g)</i>	<i>Carbohydrate (g)</i>
Breakfast	550–600 kcal	15 g	65–75 g
Lunch	550–600 kcal	20 g	65–75 g
Afternoon Snack	150–200 kcal	10 g	30–50 g
Dinner	550–600 kcal	15 g	65–75 g
Total / day	1800-2000 kcal	60 g	225-275 g

Menu Requirements:

- Variety cuisine to accommodate older people taste
- Soft textured options
- Finger food options
- High protein snacks
- Calcium-rich foods
- Easy-to-chew protein foods
- Energy-dense meals for poor appetite

1.9 PEG Puree Diet

Component	Requirement
Energy Requirement	800 kcal/day
Protein Requirement	35 g/day
Carbohydrate Requirement	48 g/day
Meal Pattern	Breakfast, Lunch, Dinner

Ingredients :

160g cooked rice

160g cooked vegetables

100g boiled chicken

40 ml cooking oil

Boiled water

Instructions :

Place all the above ingredients into a blender and add distilled water until it reaches 750ml, then blend all ingredients until smooth. Divide the pureed food into three (3) separate containers, with 250ml in each container.

Preparation Requirements:

- Adhere to food safety practices during food preparation, including proper hand hygiene and sanitisation of utensils.
- Ensure the blender is thoroughly cleaned before use.
- Use new, clean containers for storage.
- Prepare 750 mL of distilled water.

1.10 Texture Modified Diets

The caterer shall comply with International Dysphagia Diet Standardisation Initiative (IDDSI) standards.

Diet types shall include:

- Pureed
- Minced & Moist
- Soft & Bite-Sized
- Thickened Fluids

Menu Requirements:

- Texture consistency maintained in accordance with the prescribed IDDSI standards
- Present texture-modified meals attractively, including the use of food moulds where appropriate, to improve appearance and patient acceptance
- Ensure texture-modified meals meet the patients' prescribed nutritional and therapeutic dietary requirements, with consistent use of standardized food mould sizes to maintain uniform portion weights.
- Appropriate thickened fluids according to prescribed consistency levels where required.
- Avoid mixing inconsistent textures within the same meal unless clinically prescribed.
- Maintain appropriate food temperature and texture during holding, transport, and serving.

1.11 Liquid / Fluid Diets

a) Full Liquid / Fluid diet

Menu Characteristics:

- Diet shall consist of liquids only
- Foods and beverages provided shall require no chewing
- Soups with <1.5 fibre to <2.5g per serve and without visible food pieces
- Strained rolled oats, rice cereal with milk, sugar or honey
- Drinking yoghurt without fruit pieces
- Plain jelly, smooth ice cream, soft custard and smooth milk desserts (e.g. mousse, crème caramel)
- Plain and flavoured milk or dairy alternatives
- Fruit juice, water, milk, tea and coffee
- Strained vegetable juices

b) Clear Fluid diet

Menu Characteristics:

- Diet shall consist only of clear fluids or foods that liquefy at room temperature and are transparent in appearance.
- All liquids containing fat shall be excluded.
- Fat-free, clear soup and broths
- Plain jelly, sorbet
- Water, apple juice, other pulp-free fruit juice
- Black tea and coffee

DIET FOR PAEDIATRIC PATIENTS

Paediatric diets shall be categorised according to age to ensure that meals provided are developmentally appropriate and meet the nutritional requirements of each age group.

The four paediatric diet categories are as follows:

<i>Category</i>	<i>Age Group</i>
Infant Diet	6 – 12 months old
Toddler Diet	1 – 3 years old
Preschool Diet	4 – 6 years old
School-Age Diet	≥ 7 years old

Each diet category shall provide age-appropriate food textures, portion sizes, nutritional content, and meal compositions in accordance with current paediatric nutrition guidelines and clinical requirements. Modifications may be made as prescribed by the clinical dietitian or medical team to accommodate specific medical, nutritional or developmental needs.

1. Infant Diet (6 – 12 months old)

1.1. Age-appropriate textures (developmental progression):

The catering kitchen shall provide meals that meet appropriate texture, nutritional, and food safety requirements for infants aged **6 – 12 months**. As infants undergo rapid developmental changes during this period and gradually transition from a predominantly milk-based diet to complementary solid foods, menu textures shall be modified according to the infant's developmental stage and feeding abilities.

1.1.1. Puree/Finely Mashed Texture

Foods shall be prepared as completely smooth, lump-free purees with a uniform consistency that can be easily swallowed without chewing. Examples include:

- Smooth infant rice cereal
- Pureed meats, poultry, or fish
- Smooth fruit purées
- Smooth vegetable purees

1.1.2. Mashed/Minced/Soft Lumps Texture

Foods shall be prepared as thicker purees or fork-mashed textures with a soft, moist consistency. The texture should remain uniform and easily manageable in the mouth while encouraging the development of oral motor skills. Examples include:

- Thickened fruit and vegetable purees
- Fork-mashed vegetables
- Mashed fruits
- Mashed legumes and soft protein foods

1.1.3.Lumps/Chopped/Finger Foods

Foods shall be prepared as finely minced, soft lumpy, or soft bite-sized textures that can be easily mashed with the gums and safely swallowed. Finger foods should be tender, appropriately sized, and dissolve or break apart easily during chewing. Examples include:

- Finely minced meat, poultry, or fish
- Thick congee with soft lumps
- Soft cooked vegetables cut into small pieces
- Soft ripe fruit pieces
- Soft tofu and scrambled egg pieces

Note:

All meals shall be prepared in accordance with hospital food safety standards and infant feeding guidelines.

1.2. Dietary Requirements and Clinical Considerations

Meals provided for infants aged **6 – 12 months** shall comply with the following nutritional, developmental, food safety, and clinical requirements:

1.2.1.General Dietary Requirements

- All meals shall be non-spicy and appropriate for infant consumption
- Menus shall provide a well-balanced diet incorporating the five core food groups as outlined in the National Dietary Guidelines
- Daily menus shall include an appropriate variety of:
 - Vegetables
 - Fruits
 - Wholegrains and cereals
 - Lean protein sources (e.g., meat, poultry, fish, eggs, legumes)
 - Dairy products or suitable dairy alternatives where clinically indicated
- Meals shall provide sufficient quantities of high-quality food to meet age-appropriate nutritional requirements, including adequate sources of:
 - Iron (e.g., meat, poultry, fish, iron-fortified cereals, legumes)
 - Vitamin C (e.g., fruits and vegetables) to enhance iron absorption.

1.2.2.Restrictions and Infant Feeding Safety Requirements

- No added salt, seasoning powders, stock cubes, soy sauce, or other high-sodium condiments shall be used in meal preparation
- No added sugar, syrups, sweetened sauces, or artificial sweeteners shall be used.
- Honey shall not be provided due to the risk of infant botulism.
- Low-fat or reduced-fat dairy products shall not be routinely used, as infants require adequate dietary fat to support growth and neurological development.
- Commercial fruit juices, cordials, sweetened beverages, carbonated drinks, tea, coffee, and other caffeinated beverages shall not be provided.

1.2.3.Choking Hazard Prevention

The following foods shall not be served due to the increased risk of choking:

- Whole nuts and nut pieces
- Seeds
- Popcorn
- Whole grapes
- Hard raw vegetables (e.g., raw carrot sticks)
- Hard fruits
- Large chunks of meat
- Sticky or chewy foods
- Stringy foods that are difficult to chew and swallow

All foods shall be prepared in age-appropriate textures and sizes consistent with the infant's developmental stage.

1.2.4.Food Safety Requirements

- All meats, poultry, seafood, and eggs shall be cooked thoroughly to safe internal temperatures.
- Raw or undercooked eggs shall not be used in any meal preparation
- Raw or undercooked animal products shall not be served.
- Food preparation and storage practices shall comply with hospital food safety and infection prevention standards to minimise the risk of foodborne illnesses, including those caused by Salmonella, Escherichia coli (E. coli), and Listeria species.

1.2.5.Allergen Management

- Common food allergens, including peanuts, tree nuts, eggs, soy, wheat, dairy, fish, and shellfish, shall be identifiable and manageable as individual food components where possible.
- Where allergen introduction is clinically indicated, meals should facilitate the introduction of one allergen at a time to support monitoring for potential allergic reactions.
- The catering service shall maintain strict allergen control measures, including:
 - Clear identification and labelling of allergen-containing foods.
 - Provision of allergen-free meals as prescribed.
 - Segregated storage, preparation and serving procedures to minimise cross-contamination.
 - Compliance with hospital allergen management policies and documented patient dietary restrictions.

1.2.6.Therapeutic Diet Modifications

Where prescribed by the dietitian or medical team, meals shall be modified to accommodate specific medical, nutritional, cultural, religious, or allergy-related requirements while maintaining nutritional adequacy and age-appropriate texture standards.

1.3. Average Macronutrient Distribution for Infant Diet (6 – 12 Months Old)

Based on an average energy provision of approximately 640 kcal/day from complementary foods and milk feeds

<i>Macronutrient</i>	<i>Amount (g/day)</i>	<i>% Total Energy</i>
Carbohydrates	72 – 88	45 – 55
Protein	11 – 17	7 – 11
Fat	25 – 28	35 – 40

Note:

Nutritional requirements may vary according to age, growth status, feeding method (breastfeeding or formula feeding), clinical condition, and individual medical requirements. The values above are intended as a guide for menu planning and meal provision.

1.4. Sample Daily Meal Distribution for Infant Diet (6 – 12 Months Old)

Based on a total daily energy provision of approximately 580-670 kcal/day

Meal	Calories (kcal)	Carbohydrates (g)	Protein (g)	Fat (g)
Breakfast	140 – 160	18 – 22	3 - 4	6 – 7
Lunch	210 – 240	27 – 33	4 – 6	8 – 10
Afternoon Tea	70 – 80	9 – 11	1 – 2	3 – 4
Dinner	160 – 190	21 – 26	4 – 5	7 – 8
Total	580 – 670	75 - 92	12 – 17	24 – 29

2. Toddler Diet (1 – 3 years old)

2.1. Dietary Requirements and Clinical Considerations

Meals provided for toddlers aged **1 – 3 years** shall comply with the following nutritional, developmental, food safety and clinical requirements:

- **Mildly flavoured and non-spicy meals:** Foods shall be mildly seasoned and free from excessive chilli, hot spices, or pepper. Natural herbs, mild spices and aromatics may be used to enhance flavour and encourage food acceptance.
- **Well-balanced diet:** Meals shall incorporate foods from all five core food groups, in accordance with the National Dietary Guidelines, to support optimal growth and development.
- **Variety of nutrient-rich foods:** Menus shall provide a balanced selection of vegetables, fruits, wholegrains, lean protein sources (meat, poultry, fish, eggs, and legumes) and dairy products daily to meet nutritional requirements.
- **Iron-rich and nutrient-dense foods:** Toddlers are at increased risk of iron deficiency anaemia. Meals shall include daily sources of iron-rich foods, particularly bioavailable haem iron sources such as lean meat, poultry and fish. Vitamin C-rich foods should be included to enhance iron absorption.
- **Controlled sodium and added sugars:** Added salt and sugars shall be minimised. Processed meats, commercial sauces, confectionery, sugar-sweetened beverages and ultra-processed foods shall be limited to support healthy eating habits and protect developing kidneys.
- **Full-fat dairy products:** Full-fat milk, yoghurt and cheese shall be prioritised, particularly for children under two years of age, to support growth, brain development and neurological function.

- **Appropriate beverages:** Water and milk shall be the primary beverages offered. Commercial fruit juices, cordials, carbonated beverages, energy drinks, tea, coffee and other caffeinated drinks shall not be provided.
- **Choking hazard prevention:** Foods presenting a choking risk shall not be served. These include whole nuts, large seeds, popcorn, whole grapes, whole cherry tomatoes, hard confectionery and tough pieces of meat. Grapes and cherry tomatoes shall be cut into quarters lengthways prior to serving.
- **Developmentally appropriate food presentation:** Foods shall be prepared and served in age-appropriate sizes and textures that promote safe self-feeding, including small cubes, strips or other easy-to-grasp shapes suitable for toddler utensils and finger feeding.
- **Food safety requirements:** All meat, poultry, seafood, and egg products shall be cooked thoroughly to safe internal temperatures to minimise the risk of foodborne illness caused by pathogens such as *Escherichia coli*, *Salmonella* spp., and *Listeria monocytogenes*.
- **Allergen management:** The catering service shall maintain strict allergen control procedures, including clear identification and labelling of meals free from common allergens (e.g., milk, egg, soy, wheat/gluten, fish, shellfish, peanuts and tree nuts). Appropriate measures shall be implemented to prevent cross-contamination during food preparation, storage, and service.
- **Texture modification:** Texture-modified meals shall be provided when clinically indicated, including soft, minced, mashed, or pureed diets for children with developmental delays, feeding difficulties, or swallowing disorders, as prescribed by the multidisciplinary team.

2.2. Average Macronutrient Distribution for Toddler Diet (1 – 3 Years Old)

Based on an average energy provision of approximately 1000 kcal/day

<i>Macronutrient</i>	<i>Amount (g/day)</i>	<i>% Total Energy</i>
Carbohydrates	125 – 140	50 – 56
Protein	30 – 45	12 – 18
Fat	30 - 40	27 – 35

Note:

Amounts represent typical daily intake ranges suitable for healthy toddlers and may vary according to age, growth, activity level and clinical needs. The values above are intended as a guide for menu planning and meal provision.

2.3. Sample Daily Meal Distribution for Toddler Diet (1 – 3 Years Old)

Based on a total daily energy provision of approximately 900 - 1040 kcal/day

Meal	Calories (kcal)	Carbohydrates (g)	Protein (g)	Fat (g)
Breakfast	220 – 250	30 – 35	8 – 10	7 – 9
Lunch	280 – 320	40 – 45	10 – 15	10 – 12
Afternoon Tea	120 – 150	15 – 20	4 – 5	4 – 5
Dinner	280 – 320	40 – 45	10 – 15	10 – 12
Total	900 - 1040	125 - 145	32 – 45	31 - 38

3. Preschool Diet (4 – 6 Years Old)

3.1. Dietary Requirements and Clinical Conditions

Meals provided for children aged **4 – 6 years** shall comply with the following nutritional, developmental, food safety and clinical requirements:

- **Mildly flavoured and non-spicy meals:** Foods shall be mildly seasoned and free from excessive chilli, hot spices or overly pungent seasonings. Herbs, mild spices and natural aromatics may be used to enhance flavour and encourage food acceptance.
- **Well-balanced diet:** Meals shall incorporate foods from all five core food groups, in accordance with the National Dietary Guidelines, to support healthy growth, development, and physical activity.
- **Variety of nutrient-rich foods:** Menus shall provide a balanced selection of vegetables, fruits, wholegrains, lean protein sources (meat, poultry, fish, eggs, and legumes) and dairy products daily to meet nutritional requirements.
- **Iron-rich and nutrient-dense foods:** Iron-rich foods shall be included daily, particularly bioavailable haem iron sources such as lean meat, poultry and fish. Vitamin C-rich foods should be offered alongside iron-containing foods to enhance iron absorption.
- **Controlled sodium and added sugars:** Added salt and sugars shall be minimised. Processed meats, commercial sauces, confectionery, sugar-sweetened beverages and ultra-processed foods shall be limited to support healthy dietary habits and reduce the risk of future chronic disease.
- **Dairy products:** Full-fat or reduced-fat dairy products may be provided, taking into consideration the child's age, nutritional status and clinical requirements. Milk, yoghurt and cheese should be offered regularly as sources of calcium and protein.
- **Appropriate beverages:** Water shall be the primary beverage offered throughout the day. Milk and no-sugar-added milo may also be provided as appropriate. Commercial fruit juices, cordials, carbonated beverages, energy drinks, tea, coffee and other caffeinated beverages shall not be served.
- **Choking hazard prevention:** Foods presenting a choking risk shall not be served. These include whole nuts, large seeds, popcorn, whole grapes, whole cherry tomatoes, hard confectionery and large tough pieces of meat. Grapes and cherry tomatoes shall be cut lengthways or quartered prior to serving.
- **Developmentally appropriate food presentation:** Meals shall be prepared in sizes and textures that are easily managed using standard child-sized utensils and are appropriate for the child's developmental stage.
- **Food safety requirements:** All meat, poultry, seafood, and egg products shall be cooked thoroughly to safe internal temperatures to minimise the risk of foodborne illness caused by pathogens such as *Escherichia coli*, *Salmonella* spp., and *Listeria monocytogenes*.

- **Allergen management:** The catering service shall maintain strict allergen control procedures, including clear identification and labelling of meals free from common allergens (e.g., milk, egg, soy, wheat/gluten, fish, shellfish, peanuts and tree nuts). Appropriate measures shall be implemented to prevent cross-contamination during food preparation, storage and service.
- **Texture modification:** Texture-modified meals shall be available when clinically indicated, including soft, minced, or pureed diets for children with feeding difficulties, developmental delays, or swallowing disorders, as prescribed by the multidisciplinary team.

3.2. Average Macronutrient Distribution for Preschool Diet (4 – 6 Years Old)

Based on an average energy provision of approximately 1400 kcal/day

<i>Macronutrient</i>	<i>Amount (g/day)</i>	<i>% Total Energy</i>
Carbohydrates	175 – 195	50 – 55
Protein	50 – 70	15 – 20
Fat	45 – 55	28 – 35

Note:

Actual requirements may vary according to age, growth rate, physical activity level, medical condition and clinical requirements. The values above are intended as a guide for menu planning and meal provision.

3.3. Sample Daily Meal Distribution for Preschool Diet (4 – 6 Years Old)

(Based on a total daily energy provision of approximately 1220 - 1440 kcal/day)

Meal	Calories (kcal)	Carbohydrates (g)	Protein (g)	Fat (g)
Breakfast	280 – 320	35 – 45	12 – 15	8 – 10
Lunch	380 – 450	50 – 60	18 – 22	12 – 15
Afternoon Tea	180 – 220	20 – 30	5 – 8	4 – 6
Dinner	380 – 450	50 – 60	18 – 22	12 – 15
Total	1220 – 1440	155 – 195	53 – 67	36 – 46

4. School-Age Diet (≥7 Years Old)

4.1. Dietary Requirements and Clinical Conditions

Meals provided for children aged **≥7 years** shall comply with the following nutritional, developmental, food safety, and clinical requirements:

- **Balanced and varied diet:** Meals shall incorporate foods from all five core food groups, in accordance with the National Dietary Guidelines, to support growth, development, cognitive function, and physical activity.
- **Variety of nutrient-rich foods:** Menus shall provide a balanced selection of vegetables, fruits, wholegrains, lean protein sources (meat, poultry, fish, eggs, legumes, and nuts where clinically appropriate), and dairy products daily to meet nutritional requirements.
- **Diverse flavours and food acceptance:** A variety of flavours may be incorporated through the use of herbs, spices, and natural aromatics. Excessively spicy, heavily seasoned, or highly processed foods should be avoided, particularly for unwell children with reduced appetite.
- **Iron-rich and nutrient-dense foods:** Iron-rich foods shall be included daily, particularly bioavailable haem iron sources such as lean meat, poultry, and fish. Vitamin C-rich foods should be offered alongside iron-containing foods to enhance iron absorption.
- **Controlled sodium and added sugars:** Added salt and sugars shall be minimised. Processed meats, commercial sauces, confectionery, sugar-sweetened beverages, and ultra-processed foods shall be limited to promote long-term cardiovascular and metabolic health.
- **Dairy products:** Reduced-fat milk, yoghurt, and cheese may be provided as the standard option for children aged two years and older, unless clinically contraindicated. Full-fat dairy products may be required for children with increased energy requirements, poor growth, or malnutrition.
- **Appropriate beverages:** Water shall be the primary beverage offered throughout the day. Milk and no-sugar-added milo may also be provided as appropriate. Commercial fruit juices, cordials, soft drinks, energy drinks, tea, coffee, and other caffeinated beverages shall not be served.
- **Food presentation and acceptability:** Meals shall be visually appealing, age-appropriate, culturally acceptable, and presented in a manner that promotes dignity, independence, and adequate food intake during hospitalisation.
- **Food safety requirements:** All meat, poultry, seafood, and egg products shall be cooked thoroughly to safe internal temperatures to minimise the risk of foodborne illness caused by pathogens such as *Escherichia coli*, *Salmonella* spp., and *Listeria monocytogenes*.
- **Allergen management:** The catering service shall maintain strict allergen control procedures, including clear identification and labelling of meals free from common allergens (e.g., milk, egg, soy, wheat/gluten, fish, shellfish, peanuts, and tree nuts). Appropriate measures shall be implemented to prevent cross-contamination during food preparation, storage, and service.
- **Texture modification:** Texture-modified meals shall be available when clinically indicated, including soft, minced, or pureed diets for children with feeding difficulties, neurological conditions, or swallowing disorders, as prescribed by the multidisciplinary team.
- **Special therapeutic diets:** Therapeutic diets, including allergy diets, diabetic diets, renal diets, ketogenic diets, and other medically prescribed dietary modifications, shall be available according to individual clinical requirements.

4.2. Average Macronutrient Distribution for School-Age Diet (≥ 7 Years Old)

Based on an average energy provision of approximately 1800 kcal/day

Macronutrient	Amount (g/day)	% Total Energy
Carbohydrates	225 – 250	50 – 55
Protein	60 – 80	13 – 18
Fat	60 – 70	28 – 35

Note:

Actual requirements may vary according to age, growth rate, physical activity level, medical condition and clinical requirements. The values above are intended as a guide for menu planning and meal provision.

4.3. Sample Daily Meal Distribution for School-Age Diet (≥ 7 Years Old)

Based on a total daily energy provision of approximately 1600 – 1800 kcal/day

Meal	Calories (kcal)	Carbohydrates (g)	Protein (g)	Fat (g)
Breakfast	400 – 450	50 – 60	15 – 20	12 – 15
Lunch	500 – 550	65 – 75	20 – 25	15 – 20
Afternoon Tea	200 - 250	25 – 35	8 – 10	8 – 10
Dinner	500 – 550	65 – 75	20 – 25	15 – 20
Total	1600 – 1800	205 – 245	63 – 80	50 – 65

5. Therapeutic Diet Modifications

The hospital catering service shall provide therapeutic diet modifications in accordance with clinical indications, multidisciplinary team prescriptions, and patient-specific requirements. All therapeutic diets shall be nutritionally adequate, safe, and age-appropriate.

- **High Energy High Protein (HEHP) Diet:** Provided for children with increased energy and protein requirements (e.g., undernutrition, chronic illness, post-surgical recovery). Meals shall be energy-dense with additional protein sources and fortified foods.
- **Diabetic Diet:** Carbohydrate intake shall be distributed evenly across meals and snacks to support glycaemic control. Added sugars shall be minimised, and low glycaemic index foods shall be encouraged where appropriate.
- **Renal Diet:** Provided for children with kidney disease requiring controlled intake of protein, sodium, potassium, and/or phosphorus, depending on clinical status and biochemical results.
- **Low Fat Diet:** Fat intake shall be moderated where clinically indicated (e.g., fat malabsorption disorders or specific gastrointestinal conditions), while ensuring adequate energy provision from alternative sources.
- **Texture-Modified Diets (as per clinical need):** Includes soft, minced, and pureed diets for children with dysphagia, neurological impairment, or chewing/swallowing difficulties, in line with swallowing safety recommendations (IDDSI).
- **Allergen-Free Diets:** Meals shall be prepared free from identified allergens such as milk, egg, soy, wheat/gluten, fish, shellfish, peanuts, and tree nuts, based on documented clinical allergy status. Strict cross-contamination control procedures shall be implemented.
- **Gluten-Free Diet:** Provided for children with coeliac disease or gluten intolerance. All foods shall exclude wheat, barley, rye, and contaminated oats.
- **Lactose-Free Diet:** Provided for children with lactose intolerance, using lactose-free dairy alternatives or suitable non-dairy substitutes while maintaining calcium intake.
- **Ketogenic Diet:** A high-fat, very low-carbohydrate diet used in specific medical conditions such as refractory epilepsy. Requires strict dietetic supervision and precise meal preparation.
- **Neutropenic Diet:** Focuses on strict food safety practices, including avoidance of high-risk raw foods and ensuring all foods are thoroughly cooked and hygienically prepared.

Note:

All therapeutic diets and menu specifications shall be regularly reviewed by the Food Service Dietitian to ensure compliance with hospital nutrition standards, menu adequacy, food safety requirements, and operational feasibility.

SPECIFIC CONDITIONS

1. The Caterer must provide the meals for the different classes of accommodation. This includes providing healthy choices of meals.
2. There shall be separate menu for paediatric patients.
3. The Caterer must supply Therapeutic Diets and when needed. The dietitian employed by the Caterer must prepare standard menus for all the therapeutic diets and this should be agreed by the Hospital Dietitian some examples:
 - a. Renal diet
 - b. Diabetic diet
 - c. High Energy High Protein diet
 - d. Low cholesterol diet
 - e. Low Salt diet/NAS diet
 - f. Weight Reducing diet
 - g. Elderly Diet
4. **All menus provided should be on 2 weeks rotation menus for therapeutic diets should again be agreed by Hospital Dietitian.**
5. MOH reserves the right to visit and inspect the place of food preparation to the Caterer if and when required.
6. Replacement of meal trays shall be arranged immediately whenever wrong trays (i.e. different from what was requested) are prepared.
7. As when required, the Caterer shall supply:
 - a. Psychiatric Clinic– Full Diet meal
 - b. Renal Dialysis Centre – Renal Diet
 - c. National Isolation Centre – Using disposable utensil and container
 - d. National Isolation Centre Extension– Using disposable utensil and container
11. In the event of any incident where the location, number, severity, or type of live casualties requires extraordinary resources (major medical emergencies) the Caterer shall prepare additional number of meals.
12. In the event meals served do not comply with the satisfactory requirements of MOH, the Caterer shall make replacement of meals immediately.
13. Any delay and spoilt food, the Caterer would be fined according to the action stated in **Appendix 3**.
14. The Caterer shall ensure that the meals shall be ready for consumption by the patients at the following times:

Breakfast	:	7.00 am - 7.30 am
Lunch	:	11.30 am - 12.30 noon
Afternoon Tea	:	3.00 pm - 3.30 pm
Dinner	:	6.00 pm - 7.00 pm

FINES FOR SERVING DELAY AND SPOILT FOOD

NO.	DESCRIPTION	FINES
1	Delay for more than 15 minutes	BND\$20.00
2	Delay for more than 30 minutes	BND\$40.00
3	Delay for more than 45 minutes	BND\$60.00
4	Delay for more than 60 minutes	BND\$100.00
5	In case of delay for more than 90 minutes or spoilt food, the Ministry of Health on Negara Brunei Darussalam or its representative shall acquire food from other caterer.	The Cost shall be borne by the tenderer/contractor

SCHEDULE 3

LIST OF EQUIPMENTS TO BE PROVIDED BY THE CATERER (REQUIREMENT)

Part A

Equipment

ITEM NO.	DESCRIPTION	QUANTITY
1	HEATED FOOD TROLLEY	5 UNITS

Part B

Crockery and Cutlery

For **Patient(s) with Infectious Disease (Isolation Rooms, NIC and NICE)**, disposal containers, cups and utensils are to be used

ITEM NO.	DESCRIPTION	QUANTITY
1	Melamine Ware a) Side Plate Size 6 ½ in b) Tumbler 6 oz c) Cup 6 oz d) Saucer Size 6 ½ in	100 pcs 100 pcs 100 pcs 100 pcs
2	Porcelain a) Three-food compartment plate White colour 1 cm depth b) Three-food compartment plate White colour diameter 2.55	100 pcs 30 pcs
3	Crockery a) Tea cup 7 oz b) Tea Saucer 5 in c) Milk jug 10 oz d) Sugar bowl 7 ½ oz e) Dessert plate 8 in f) Salad bowl 6 in	100 pcs 100 pcs 100 pcs

ITEM NO.	DESCRIPTION	QUANTITY
	g) Tea pot 15 oz h) Coffee pot 15 oz i) Coffee pot 15 oz j) Soup cup w/saucer	100 pcs 100 pcs 100 pcs 100 pcs 100 pcs 100 pcs 100 pcs
4	Cutlery Stainless Steel a) Table knife 8 in b) Table spoon 8 in c) Table fork 8 in d) Soup Spoon 7 in e) Dessert Spoon 7 in f) Tea spoon	100 pcs 100 pcs 100 pcs 100 pcs 100 pcs 100 pcs
5	Hot Beverage Container	10 pcs
6	Three Compartment Food c/w Lid	200 pcs
7	Service Trolley	5 units
8	Crockery and Cutlery All crockery and cutlery in use for the First Class Rooms and General Wards	

Note:

1. **Disposable** containers, cups and utensils are to be used **for patients with infectious disease** at no additional costs.
2. The above-mentioned crockery and cutlery quantities are **for guidance only**. Any additional quantities and necessary items if and when required by the facilities are to be provided by the Caterer at no additional cost.
3. Each meal **must be served with complete crockery and cutlery**

LIST OF EQUIPMENTS TO BE PROVIDED BY THE CATERER (FORM TO BE FILLED BY THE TENDERER)

PART A – EQUIPMENT

ITEM NO.	DESCRIPTION	QUANTITY		
		Opening (As per Contract)	Actual Received	Current As to date
1	Heated Food Trolley			

PART B – CROCKERY & CUTLERY

ITEM NO.	DESCRIPTION	QUANTITY		
		Opening As Per	Actual Received	Current As to date
1	Cutlery Stainless Steel	99 pcs		
	a) Table spoon 8 in	99 pcs		
	b) Table fork 8 in	99 pcs		
	c) Teaspoon			
	Non – Melamine ware			
	a) Saucer	99 pcs		
	b) Cup	99 pcs		
	c) Tray	99 pcs		
		(per shift)		
2	Napkin (disposable)	99 pcs		
3	Hot beverage container	4 units		
4	Three compartment food tray c/w Lid	99 pcs (per shift)		
5	Service Trolley	4 units		

ITEMS NO.	DESCRIPTION	PER STOCK (REQUIRED/DAY)	CURRENT AS TO DATE
1	Food Tong	15 pcs	

2	Saucer (non – melamine)	275 pcs	
3	Cup (non-melamine)	275 pcs	
4	Tablespoon 8 in	275 pcs	
5	Table fork 8 in	275 pcs	
6	Teaspoon	275 pcs	
7	3 in 1 food compartment	275 pcs	
8	Tray	275 pcs	

Note:

1. **Disposable** containers, cups and utensils are to be used **for patients with infectious disease** at no additional costs.
2. The above-mentioned crockery and cutlery quantities are **for guidance only**. Any additional quantities and necessary items if and when required by the facilities are to be provided by the Caterer at no additional cost.
3. Each meal **must be served with complete crockery and cutlery**.

SCHEDULE 4

PERFORMANCE BOND

To:

WHEREAS *[insert name of Caterer]* ofhas entered into an agreement with the Government of His Majesty the Sultan and Yang Di-Pertuan of Brunei Darussalam, represented by Ministry of Health (“the Government”) dated for..... (Agreement Ref. No.) (“the Agreement”) and in this connection a performance bond is required in the sum of [\$.....] as security for the fulfillment by *[insert name of Caterer]* of its obligations under the Agreement.

NOW we *[insert name of the bank]* of *[insert registered address of the bank]*, hereby guarantee payment to the Government on demand of up to [\$.....] in the event of *[insert name of Caterer]* failing to fulfil the Agreement, provided that the Government's claim hereunder is received in writing at this office accompanied by a signed statement that *[insert name of Caterer]* has failed to fulfil the Agreement, without the Government needing to prove or show any ground(s) or reason(s) for its demand.

Such statement shall be accepted by us as conclusive evidence that the amount claimed is due to the Government under this Guarantee.

This Guarantee shall become operative on (“the Effective Date of the Agreement” as defined in the Agreement) and shall expire six (6) months after the expiry of the Agreement.

This Guarantee shall be governed by and construed in accordance with the laws of Brunei Darussalam.

[name and signature of authorized signatory]
For and behalf of *[insert name of the bank]*.

SCHEDULE 5

CHARGES FOR MEALS

A. FIRST CLASS FOOD (ADULT)

GENERAL DIET (ASIAN)				THERAPEUTIC DIET (ASIAN)			
BREAKFAST	LUNCH	AFTERNOON TEA	DINNER	BREAKFAST	LUNCH	AFTERNOON TEA	DINNER
\$	\$	\$	\$	\$	\$	\$	\$

GENERAL DIET (WESTERN)				THERAPEUTIC DIET (WESTERN)			
BREAKFAST	LUNCH	AFTERNOON TEA	DINNER	BREAKFAST	LUNCH	AFTERNOON TEA	DINNER
\$	\$	\$	\$	\$	\$	\$	\$

B. GENERAL CLASS FOOD

GENERAL DIET				THERAPEUTIC DIET			
BREAKFAST	LUNCH	AFTERNOON TEA	DINNER	BREAKFAST	LUNCH	AFTERNOON TEA	DINNER
\$	\$	\$	\$	\$	\$	\$	\$

C. CHILDREN FOOD

GENERAL DIET				THERAPEUTIC DIET			
BREAKFAST	LUNCH	AFTERNOON TEA	DINNER	BREAKFAST	LUNCH	AFTERNOON TEA	DINNER
\$	\$	\$	\$	\$	\$	\$	\$

D. OTHERS

SOFT DIET				LIQUID DIET (Full, clear fluid)			
BREAKFAST	LUNCH	AFTERNOON TEA	DINNER	BREAKFAST	LUNCH	AFTERNOON TEA	DINNER
\$	\$	\$	\$	\$	\$	\$	\$

PUREE DIET				TEXTURE - MODIFIED DIET			
BREAKFAST	LUNCH	AFTERNOON TEA	DINNER	BREAKFAST	LUNCH	AFTERNOON TEA	DINNER
\$	\$	\$	\$	\$	\$	\$	\$

- The Caterer shall ONLY claim payment for NUMBER OF MEALS PROVIDED to the patients.
- The number of patients shall be determined by the nurse on duty prior to breakfast.

SPECIFICATION:

GENERAL REQUIREMENTS	
<u>Business registration:</u>	
Submit a copy of valid business license	
Submit a copy of valid Tax compliance	
Submit a copy of Annual Practicing Certificate from Allied Health Professional Council of Brunei Darussalam	
<u>Experience:</u>	
Proven experience in providing catering services, preferably in healthcare.	
List of past contracts or projects and current contracts with references (especially in healthcare)	
<u>Hygiene and Food Safety:</u>	
Submit a complete list of all staff involved in food handling and preparation (including chefs and food handlers)	
- Submission must include valid proof of Food Handle Vaccination for each staff member - Copies of the vaccination book for all food-handling staff must be provided.	
<u>Food Tasting Session</u>	
Participate in Food Tasting Session organised by Hospital PMMPMHAMB, Tutong to award finalisation	
<u>List of menu to be submitted</u>	
The vendor shall prepare list of menu for	
a) First Class Food (Adult) 1) General Diet (Asian) 2) Therapeutic Diet (Asian) 3) General Diet (Western) 4) Therapeutic Diet (Western) b) General Class Food 1) General Diet 2) Therapeutic Diet	

c) Children Food

- 1) General Diet**
- 2) Therapeutic Diet**

d) Others

- 1) Soft Diet**
- 2) Liquid Diet (Full,Clear Fluid)**
- 3) Puree Diet**
- 4) Texture – Modified Diet**

Meals to Be Prepared during Food Tasting

- **Sample meals for General Diet and Therapeutic Diet including Asian & Western**
- **General Diet & Therapeutic Diet for General Class Food & Children Food**
- **Soft Diet and Liquid Diet (Full and Clear Fluid)**
- **Puree Diet and Texture -Modified Diet**
- **Beverages**
- **Any additional items specified by the evaluation committee**

SECTION 3
FORMS TO BE USED
CONTENTS

1. SCHEDULE A - Tender Form
2. SCHEDULE B - Information Summary
3. SCHEDULE C - Sub-Contracts
4. SCHEDULE D - To Provide Catering Sop (Serving, Plating, Transportation & Temperature Control)
5. SCHEDULE E - Company Background
6. SCHEDULE F - References
7. SCHEDULE G - Letter of Declaration

SCHEDULE A – TENDER FORM

TENDER FORM

To:

TENDER REFERENCE NO: KK/249/2026/TUT(TC)

THE PROVISION OF MEAL CATERING SERVICES AND SUPPLIES TO THE PENGIRAN MUDA MAHKOTA PENGIRAN MUDA HAJI AL-MUHTADEE BILLAH HOSPITAL TUTONG, NATIONAL ISOLATION CENTRE (NIC), NATIONAL ISOLATION CENTRE EXTENSION (NICE) AND TUTONG DIALYSIS CENTRE FOR A PERIOD OF FIVE (5) YEARS

TENDER OF (Name of Tenderer)

Company/Business Registration No _____

Tender Closing Date: _____

GENERAL REQUIREMENTS	YES	NO	(IF 'YES') Please provide relevant documents
<u>Business registration:</u> Submit a copy of valid business license			
Submit a copy of valid Tax compliance			
Submit a copy of Annual Practicing Certificate from Allied Health Professional Council of Brunei Darussalam			
<u>Experience:</u> Proven experience in providing catering services, preferably in healthcare.			
List of past contracts or projects and current contracts with references (especially in healthcare)			
<u>Hygiene and Food Safety:</u> Submit a complete list of all staff involved in food handling and preparation (including chefs and food handlers) - Submission must include valid proof of Food Handle Vaccination for each staff member - Copies of the vaccination book for all food-handling staff must be provided.			

<u>Food Tasting Session</u> Participate in Food Tasting Session organised by Hospital PMMPMHAMB, Tutong to award finalisation			
<u>List of menu to be submitted</u> The vendor shall prepare list of menu for a) First Class Food (Adult) 1) General Diet (Asian) 2) Therapeutic Diet (Asian) 3) General Diet (Western) 4) Therapeutic Diet (Western) b) General Class Food 1) General Diet 2) Therapeutic Diet c) Children Food 1) General Diet 2) Therapeutic Diet d) Others 1) Soft Diet 2) Liquid Diet (Full,Clear Fluid) 3) Puree Diet 4) Texture – Modified Diet <u>Meals to Be Prepared during Food Tasting</u> • Sample meals for General Diet and Therapeutic Diet including Asian & Western • General Diet & Therapeutic Diet for General Class Food & Children Food • Soft Diet and Liquid Diet (Full and Clear Fluid) • Puree Diet and Texture -Modified Diet • Beverages • Any additional items specified by the evaluation committee			

1. **Business Proposal** complete with the proposed catering services to be offered (carrying out all aspects of catering services ranging **from taking of meal orders, food preparation in the Caterer's own kitchen to transportation, delivery and serving of meals to patients**) as well as including the description of different types of cooking with pictures, the types and brands of equipment and cutlery/crockery sets to be used, and the number of staff to be involved in the operation.
2. Please provide pricing for each diet on **Schedule A.1 – Summary of Price** and use the template as a guide on **Schedule A.2 – Propose Diet Meals** to provide and propose the diet meals comprising of starter, main course, dessert and beverage for all diets as following:

SCHEDULE A.1 – SUMMARY OF PRICE

A. Summary of Price for 1st Class, General, Children and Elderly

No.	Meal	Pricing \$			
		Breakfast	Lunch	Afternoon Tea	Dinner
1.	General Diet Adult				
2.	General Vegetarian Adult				
3.	1 st Class Adult - ASIAN				
4.	1 st Class Adult - WESTERN				
5.	Infant Diet (6-12 month)				
6.	Toddler Diet (1 -3 years old)				
7.	Preschool Diet (4-6 years old)				
8.	School-Age Diet (≥ 7 years old)				
9.	Elderly Diet (≥65)				

B. Summary of Price for all Therapeutic Diet

No.	Meal	Pricing \$			
		Breakfast	Lunch	Afternoon Tea	Dinner
1.	Diabetic Diet				
2.	Weight Reducing Diet				
3.	Low Salt / NAS Diet				
4.	Low Fat / Low Cholesterol Diet				
5.	Renal Diet				
6.	High Protein High Energy Diet				
7.	PEG Puree Diet				
8.	Full Liquid / Fluid Diet				
9.	Clear Fluid Diet				

C. The caterer shall supply **sterile bottled water for the exclusive use of patient receiving Enteral Tube Feeding (ICU and any wards) and for any emergency purposes with maximum two (2) bottles per meal per patient:**

No.	Item	Portion size	Pricing \$ (Should not exceed BND \$0.50)
1	RO Water Bottle	500ml	

D. The caterer shall supply **boiled egg** to the patient (s) required high protein diet as per prescribed by Doctor / Hospital Dietitian

No.	Item	Portion size	Pricing \$ (Should not exceed BND \$0.70)
1	Boiled Egg	1 pc	

E. The caterer shall Offer **Ala Carte Menu** as Prescribed by The Doctor/Dietitian for those patient(s) refused to take the complete meal

No.	Item	Portion size	Pricing \$ (Should not exceed BND \$0.70)
1	Coffee	180ml	
2	Tea	180ml	
3	Milo	180ml	
4	Juice	180ml	
5	Plain Porridge	300gm	
6	Sandwich-Egg	1 Set	
7	Sliced Fruits	1 Set	

F. Summary of Charges of Meal Catering Services based on estimated number of the total Average Daily Requirement of meals for Hospital PMMPMHAMB Tutong, NIC, NICE

No	Description	Price
1	1 Year total charges for Provision of Meal Catering Services and Supplies to the PMMPMHAMB Hospital Tutong, National Isolation Centre (NIC) and National Isolation Centre Extension (NICE)	
2	5 Year total charges for Provision of Meal Catering Services and Supplies for PMMPMHAMB Hospital Tutong, National Isolation Centre (NIC) and National Isolation Centre Extension (NICE)	

G. Summary of Charges of Meal Catering Services based on the estimated number of the total Average Daily Requirement of meals for Tutong Dialysis Centre

No	Description	Price
1	1 Year total charges for Provision of Meal Catering Services and Supplies to the Tutong Dialysis Centre	
2	5 Year total charges for Provision of Meal Catering Services and Supplies to the Tutong Dialysis Centre	

SCHEDULE A.2 – PROPOSED DIET MEALS

The Caterer is expected to propose the different types of diets which will have to be endorsed by the Hospital's Dietitian.

Refer to **A.2 (a)** for the sample propose diet template for:

1. General Adult Diet
2. General Vegetarian Adult
3. 1st Class Adult – Asian and Western
4. Toddler Diet (1 -3 years old)
5. Preschool Diet (4-6 years old)
6. School-Age Diet (≥ 7 years old)
7. Elderly Diet (≥ 65)
8. Diabetic Diet
9. Weight Reducing Diet
10. Low Salt / NAS Diet
11. Low Fat / Low Cholesterol Diet
12. Renal Diet
13. High Protein High Energy Diet

Refer to **A.2 (b)** for the sample propose diet template for:

1. Infant Diet (6-12 month)
2. Full Liquid / Fluid Diet
3. Clear Fluid Diet

Refer to **A.2 (c)** for the sample propose diet template for:

1. PEG Puree Diet

A.2 (a) SAMPLE TEMPLATE

BREAKFAST		
a	<u>Starter</u>	Portion Size
	1 _____	
	2 _____	
	3 _____	
b	<u>Main</u>	
	1 Carbohydrate	
	1.1 _____	
	1.2 _____	
	1.3 _____	
	2 Protein	
	2.1 _____	
	2.2 _____	
	2.3 _____	
	2.4 _____	
	2.5 _____	
c	<u>Beverage</u>	
	1 RO Bottle Water	
	2 Other Beverages:	
	2.1 _____	
	2.2 _____	
	2.3 _____	
	2.4 _____	
	2.5 _____	

AFTERNOON TEA		
a	<u>Starter</u>	Portion Size
	1 _____	
	2 _____	
	3 _____	
b	<u>Desserts</u>	
	1 _____	
	2 _____	
	3 _____	
c	<u>Beverage</u>	
	1 RO Bottle Water	
	2 Other Beverages:	
	2.1 _____	
	2.2 _____	
	2.3 _____	
	2.4 _____	
	2.5 _____	

LUNCH / DINNER		
a	<u>Starter</u>	Portion Size
	1 _____	
	2 _____	
	3 _____	
b	<u>Main</u>	
	1 Carbohydrate	
	1.1 _____	
	1.2 _____	
	2 Protein	
	2.1 _____	
	2.2 _____	
	2.3 _____	
	2.4 _____	
	2.5 _____	
	2.6 _____	
	2.7 _____	
	3 Vegetables	
	3.1 _____	
	3.2 _____	
c	<u>Beverage</u>	
	1 RO Bottle Water	
	2 Other Beverages:	
	2.1 _____	
	2.2 _____	
	2.3 _____	
	2.4 _____	
2.5 _____		

A.2 (b) SAMPLE TEMPLATE

		Portion Size
a <u>Breakfast</u>	1 _____	
	2 _____	
	3 _____	
b <u>Lunch / Dinner</u>	1 _____	
	2 _____	
	3 _____	
c <u>Afternoon Tea</u>	1 _____	
	2 _____	
	3 _____	
d <u>Beverages</u>	1 _____	
	2 _____	
	3 _____	

A.2 (c) SAMPLE TEMPLATE

		Portion Size
a <u>Breakfast</u>	1 _____	
	2 _____	
	3 _____	
b <u>Lunch / Dinner</u>	1 _____	
	2 _____	
	3 _____	
c <u>Beverages</u>	1 _____	
	2 _____	
	3 _____	

Note. If any, proposed new diet by the Caterer shall be put below:

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 not 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. We shall execute a formal agreement in the appropriate form set out in **Section 4 – Contract of the Invitation To Tender** together with such further terms and conditions, if any, agreed between the Government and us.
4. OUR OFFER IS VALID FOR **TWELVE (12) CALENDAR MONTHS** FROM THE TENDER CLOSING DATE.
5. When requested by you, we shall extend the validity of this offer.
6. We further undertake to give you any further information which you may require.

Dated this day of 20 .

Signature of authorised officer of Tenderer
Name:
Designation:

Tenderer's official stamp:

SCHEDULE B - INFORMATION SUMMARY

2.1 Tenderers shall provide in this Schedule the following information:

- (a) Management summary
- (b) Company profile (including Contractor and sub-contractor(s), if any)
- (c) Years of experience (as of the Tender Closing Date) of the Contractor and sub-contractor(s) in:
 - *Providing specialized catering services*
- (d) Other information which is considered relevant

SCHEDULE C – SUB-CONTRACTS

- 3.1 Tenderers shall complete Table 3.1 with information about all the companies involved in the provision of the services and items specified in this tender. This shall include details about the Contractor and each sub-contractor involved, as well as their respective responsibilities.
- 3.2 Tenderers shall also indicate in Table 3.1 any alliance relationship established with each sub-contractor. An alliance is defined as a formal and binding business relationship between the allied parties.

Table 3.1 Responsibility Table

Company Name	Responsibility Description	Alliance Relationship between Contractor and Sub-contractor(s)		
		Alliance Exists? (Y/N)	Date Established	Alliance Description
Contractor				
		Not Applicable	Not Applicable	Not Applicable
Sub-contractor(s)				

SCHEDULE D – COMPANY’S BACKGROUND

- 4.1 Each of the companies involved in this tender, including Contractor and sub-contractor(s) (if any), shall provide information on the company’s background, scope of operations, financial standing and certified copy of its Certificate of Incorporation or Certificate of Registration (as the case may be).

SCHEDULE E – REFERENCES

- 5.1 Tenderers shall submit a list of customers in Table 5.1 to whom the Contractor has provided similar services and items as specified in this tender in the recent 5 years as of the Tender Closing Date.

Table 5.1 References of previous customers

Customer Name and Address	Customer Type (Govt or Quasi Govt)*	Contact Person	Title	Contact Number, Fax Number and E-mail Address

***Note:** Tenderers shall indicate whether the customer is a Government or Quasi Government organisation. A Quasi Government is defined as an organisation which (1) is managed and controlled by the Government; or (2) has at least 50% shares being held by the Government. Please leave the column blank if the customer is neither a Government or Quasi Government organisation.

5.2 The Ministry of Health shall treat all the information submitted under this schedule in strict confidence.

5.3 The Ministry of Health reserves the right to contact the references for tender assessment purposes.

SCHEDULE F - DECLARATION

Tenderers shall complete and submit the Declaration form below.

PENGAKUAN INTEGRITI PENENDER **TENDERER'S INTEGRITY DECLARATION**