SUPPLY, DELIVERY, INSTALLATION, TESTING AND COMMISSIONING BINOCULAR INDIRECT OPTHALMOSCOPE FOR EYE CLINIC, SURI SERI BEGAWAN (SSB) HOSPITAL, MINISTRY OF HEALTH (CLUSTERING).

SECTION 1 – USER REQUIREMENTS

REF	DESCRIPTION	Tick (✓)		STATE OR SPECIFY
		YES	NO	REMARKS/ BROCHURE PAGE
1	**THREE (3) UNITS OF BINOCULAR INDIRECT OPHATLMOSCOPE**			
2	**ACCESSORIES AND CONSUMABLES**			
3	**TRAINING AND WARRANTY**			
1	**THREE (3) UNITS OF BINOCULAR INDIRECT OPHATLMOSCOPE**			
1.1	Main use: to provide a clear and wide-field stereoscopic view of the retina			
1.2	Lightweight and comfortable to wear			
1.3	High resolution optical imaging performance			
1.4	Inclusive of adjustable pupillary distance (PD) settings			
1.5	Optical system must be able to support 20D, 28D and 30D lenses			
1.6	LED illumination system or equivalent			
1.7	Adjustable illumination level to accommodate different examination conditions			
1.8	System must include built-in filter options to enhanced diagnostic capabilities. **[Tenderer to specify]**			
1.9	System is able to be use both wired and wireless (rechargeable battery included)			
2	**ACCESSORIES AND CONSUMABLES** Inclusive of the following accessories but not limited to:			
2.1	Two (2) units of Compatible condensing lens: +20D and +28D			
2.2	One (1) unit of teaching mirror with case			
2.3	Three (3) pieces of breath shield			
2.4	One (1) unit of wall charger set			
2.5	One (1) unit of Adult Scleral indenters			
2.6	One (1) unit of Paediatric Scleral indenters			
3	**TRAINING AND WARRANTY**			
3.1	Tenderers to conduct training to end users by either an application specialist or competent local engineer. Tenderer must **prepare a training attendance or proof of training done to end user during commissioning and the refresher course (6) months after commissioning.** Training must include but not limited to: • Basic User Operation, User Troubleshooting and User Maintenance • CPACS and/or RPACS guide through (if necessary) • Operating manual (Hardcopy and/or Softcopy)			

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3.2	**Introductory Technical Training** to Biomedical Engineers and Technicians at BME RIPASH 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)			
3.3	Tenderer to include warranty period of at least one (1) year			
3.4	Tenderers to **INCLUDE** a Warranty Undertaking Letter stating the terms of warranty provided for the equipment in the tender. This includes but not limited to: • Warranty coverage and what is excluded from Warranty • Warranty Planned Preventive Maintenance (See below) • Scope of Planned Preventive Maintenance • Tenderer to **include a four-time (twice a year) planned preventive maintenance during the equipment warranty (two of which includes, if necessary, a PM Kit), on the twelveth month after the date of commissioning and end of warranty period**			

In your quotation/tender document, please breakdown/itemized the price for each accessories/ consumables

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SECTION 2 – PROCUMENT AND TECHNICAL SPECIFICATION

BRAND:					**MODEL:**			
COUNTRY OF ORIGIN:					**UNIT PRICE (B$):**			
WARRANTY PERIOD:					**TOTAL PRICE (B$):**			
YEAR INTRODUCED TO MARKET:					**PRICE VALIDITY:** [AT LEAST ONE (1) YEAR PRICE VALIDTY]			
LAST COUNTRY SOLD TO:					**DELIVERY TIME:**			
WARRANTY UNDERTAKING LETTER?		**YES**		**NO**	☑ **Where appropriate**			
DETAILED BROCHURE INCLUDED?		**YES**		**NO**	☑ **Where appropriate**			
USER AND SERVICE MANUALS:		**YES**		**NO**	Tenderers to acknowledge that they must provide at least **TWO** sets of **USER AND SERVICE** manuals when applying commissioning form. One Set for End User, One Set for BME. (Please provide hardcopy or softcopy)			
MAINS POWER SUPPLY:		**220V-240V**			OTHERS:			
		50-60HZ			OTHERS:			
BATTERY		**RECHARGEABLE**		**SINGLE-USE**		**REPLACEABLE**		
		OTHERS:						
	TYPE OF BATTERY:							
POWER RATINGS:	**POWER ADAPTER/CHARGER:**							
	BATTERY:							
EQUIPMENT AMBIENT OPERATING TEMPERATURE RANGE:								
INTERNATIONAL SAFETY STANDARD List of Safety Standards and certification (Please attached the copy of stated standards and certifications)								
NO OF TECHNICAL SUPPORT (ENGINEER/TECHNICIAN)	**LOCAL**							
	OVERSEA (SPECIFY LOCATION)				LOCATION:			
DIMENSIONS AND WEIGHT OF MAIN UNIT:					**MM / CM / INCH**			
					KG / G / LBS			
EQUIPMENT WHOLE LIFE TIME SUPPORT:	Number of years, spare parts are available after the installation of the equipment: _____ years							