SUPPLY, DELIVERY, INSTALLATION, TESTING AND COMMISSIONING EXAMINATION COUCH FOR SURI SERI BEGAWAN HOSPITAL, KUALA BELAIT.

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SECTION 1 – USER REQUIREMENTS

REF	DESCRIPTION	Tick (✓)		STATE OR SPECIFY OR REMARKS OR BROCHURE PAGE
		YES	NO	
1	THREE (3) UNITS OF EXAMINATION COUCH			
2	WARRANTY			
3	END USER TRAINING			
4	TECHNICAL TRAINING			

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1. THREE (3) UNITS OF EXAMINATION COUCH

Distribution: Ward 3, Ward 4 and Endoscopy unit.

REF	DESCRIPTION	Tick (✓)		STATE OR SPECIFY OR REMARKS OR BROCHURE PAGE
		Y	N	
1.1	All electric examination couch with 2-axis movement for height adjustment and adjustable backrest.			
1.2	Suitable for procedure or treatment room.			
1.3	Low height position can reach as low as 48cm or better			
1.4	Space saving and compact design with base footprint not more than 100cm by 60cm ±5cm			
1.5	Manual sliding pull-out leg rest or power-articulating 90° leg rest.			
1.6	Integrated hideaway or retractable leg stirrups with lateral adjustment locking mechanism			
1.7	Accommodates patient weight up to 200Kg or better			
1.8	Seamless built-in head support or contour headrest.			
1.9	Must feature fold-down or drop-away patient assistance armrests/rails to facilitate safe side transfers from wheelchairs or stretchers.			
1.10	Armrest's design must also able to support clinician put patient arms into blood draw positioning (adjustable height or swivelling angles).			
1.11	Comes with adjustable roll holder			
1.12	Comes with castors for easy cleaning under the exam couch.			
1.13	Equipped with safety system to automatically halt table movement upon detecting any disrupting impact for safety of patient and physician.			

2. WARRANTY

2.1	Tenderer to include comprehensive warranty for a period of **at least one (1) year**			
2.2	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:			
2.2.1	Scope of Warranty			
2.2.2	One time Planned Preventive Maintenance per year during warranty in accordance to Manufacturer's Standard			
2.2.3	Comprehensive Breakdown and Corrective maintenance repair during warranty			

3. END USER TRAINNING

3.1	Conduct user training to the all-end users by an application specialist or competent local engineer including but not limited to:			
3.1.1	Basic user operation, user troubleshooting and user maintenance			
3.1.2	Provide Operating manual (Hardcopy and/or Softcopy)			
3.1.3	Tenderer must prepare a training attendance or proof of training done to end user during commissioning and the refresher course (6) months after commissioning.			

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4. TECHNICAL TRAINNING				
4.1	**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)			

SECTION 2 - PRICE PROPOSAL	
UNIT PRICE: **BND$**	**TOTAL PRICE:** **BND$**

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SECTION 3 - PROCUMENT AND TECHNICAL SPECIFICATION

BRAND:		MODEL:	
COUNTRY OF ORIGIN:		UNIT PRICE (B$):	
WARRANTY PERIOD:		TOTAL PRICE (B$):	
YEAR INTRODUCED TO MARKET:		LAST COUNTRY SOLD TO:	
PRICE VALIDITY: [AT LEAST ONE (1) YEAR PRICE VALIDTY]		DELIVERY TIME:	

AUTHORIZED DISTRIBUTOR: (AUTHORIZED DISTRIBUTOR LETTER ATTACHED)	☐	APPOINTED BRUNEI DISTRIBUTOR			
	☐	PROCURE FROM OVERSEA AUTHORIZED DISTRIBUTOR		COMPANY NAME:	
				COMPANY ORIGIN:	
DETAILED BROCHURE INCLUDED	☐	YES	☐ NO	☑ or specify where appropriate	
USER AND SERVICE MANUALS:	☐	YES	☐ NO	Tenderers to acknowledge that they must provide at least TWO sets of USER AND SERVICE manuals when applying commissioning form. One Set for End User, One Set for BME. (Please provide hardcopy or softcopy)	
MAINS POWER SUPPLY:	☐	220V-240V	OTHERS:		
	☐	50-60HZ	OTHERS:		
BATTERY	☐	RECHARGEABLE	☐ SINGLE-USE	☐ REPLACEABLE	
	☐	OTHERS:			
	TYPE OF BATTERY:				
	RATING:				
POWER ADAPTER/CHARGER OUTPUT RATING:					
EQUIPMENT AMBIENT OPERATING TEMPERATURE RANGE:					
NUMBER OF TECHNICAL SUPPORT (ENGINEER/TECHNICIAN) 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)				

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SECTION 4 – WARRANTY UNDERTAKING FORM

Tenderer, on behalf of the manufacturer, acknowledged and agrees that when equipment is under the warranty period, must cover the scope of normal warranty below at no additional cost:

NORMAL WARRANTY

- Warrants the supplied medical equipment and its accessories to be in good condition, in working order and free from defects to the extend such equipment do not comply with specifications, under normal use for the warranty period. The scope of warranty covers to its maximum extent permitted by applicable law.
- During warranty, tenderer must rectify issues arise from any mechanical, technical or software faulty as soon as it is reported.
- **Exchange warranty**; Providing replacement units or OEM parts:
    A. Warranty against defects – Manufacturing defects or Equipment malfunction resulted from mechanical, electrical or software failure during Commissioning or within the first _____ months of use
    B. Faulty workmanship or unsatisfactory condition during delivery or commissioning
    C. If a unit or accessory is deemed used item or refurbished item (not a new unit) by the user and BME Unit.
- **One time Planned Preventive Maintenance (PPM) PER YEAR** according to Manufacturer's Preventive Maintenance Guideline including PM kits and any other relevant parts to prolong equipment lifespan.

EXCLUSION FROM WARRANTY

MOH understand that the following circumstances are not covered in the warranty and Tenderer may quote for repair and subject to MOH approval:

- Unauthorized modifications - an alteration or repair by anyone other than the Manufacturer or Authorized agent during warranty period.
- Accidental damage or problems caused by negligence or mishandling, subject to appropriate justification by both parties.
- Vandalism and Natural disasters
- Normal wear and tear

ANY OTHER EXCLUSION

Tenderer may propose below to include items or terms which is not listed in the exclusion list above for MOH consideration.

TENDERER ACKNOWLEDGMENT

COMPANY CHOP AND SIGNATURE