

BIL	Quotation Reference	Description	Advertisement Date	Closing Date (Not Later Than 2.00PM)	Quotation Fee	Requesting Department	Focal Person
3	BME/A2K/(938)2022/HTD (A19)	<p align="center"><b>SUPPLY, DELIVERY, INSTALLATION, TESTING AND COMMISSIONING ONE (1) UNIT OF VIDEO LARYNGOSCOPE FOR EMERGENCY DEPARTMENT, HOSPITAL RIPAS, MINISTRY OF HEALTH.</b></p> <p align="center"><u>PLACE OF SUBMISSION:</u> QUOTATION BOX (GROUND FLOOR) MINISTRY OF HEALTH COMMONWEALTH DRIVE BANDAR SERI BEGAWAN, BB 3910 NEGARA BRUNEI DARUSSALAM</p>	31/10/2022	19/11/2022	\$5.00	JABATAN TEKNOLOGI PENJAGAAN KESIHATAN, KEMENTERIAN KESIHATAN.	<p align="center">MUHD AMIRUL FAZLEEN BIN HAJI KHALIDIN</p> <p align="center">JURUTERA PERUBATAN HAYAT</p> <p align="center">TEL: 2242424 ext 8693 (RIPASH)</p>

SUPPLY, DELIVERY, INSTALLATION, TESTING AND COMMISSIONING ONE (1) UNIT OF VIDEO LARYNGOSCOPE FOR EMERGENCY DEPARTMENT, HOSPITAL RIPAS, MINISTRY OF HEALTH

## ANNEX A – SPECIFICATION

REF	DESCRIPTION	Tick (✓)		STATE OR SPECIFY	
		YES	NO	REMARKS	BROCHURE PAGE
<b>1</b>	<b>USER REQUIREMENT - STANDARD FEATURES</b>				
1.1	Display screen of at least 6 inch or better (Please state size and type of screen)				
1.2	Able to record and playback video clips and images into SD card				
1.3	Able to playback recorded video clips and images				
1.4	Can operate on both battery and power supply				
1.5	Must be splash proof				
<b>2</b>	<b>ACCESSORIES / CONSUMABLES</b>				
2.1	One unit of Power supply				
2.2	One unit of Rechargeable battery				
2.3	One unit of compatible Macintosh laryngoscope blade - size 2				
2.4	One unit of compatible Macintosh laryngoscope blade - size 3				
2.5	One unit of compatible Macintosh laryngoscope blade - size 4				
2.6	One unit of SD card of 16GB storage capacity or equivalent				
2.7	One unit of Protection cover				
2.8	One unit of IV stand with all required holder for main unit/monitor and laryngoscope blades				
2.9	One unit of MAGILL forceps, 25cm				
2.10	One unit of MAGILL forceps, 20cm				
2.11	One unit of Protection bag				
<b>3</b>	<b>USER TRAINING</b>				
3.1	Conduct user training to the end user including but not limited to: <ul style="list-style-type: none"> <li>● Basic operation</li> <li>● Basic maintenance</li> </ul>				
3.2	Include operating manual for end user				

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### ANNEX C – TECHNICAL SPECIFICATION

A. ELECTRICAL & SAFETY				
DESCRIPTION	FILL AND CIRCLE WHERE NECESSARY			
POWER SUPPLY	AC POWER	DC POWER	BOTH	N/A
AC POWER TYPE	SINGLE PHASE		THREE PHASE	
AC POWER CORD	3 PIN TYPE G POWER PLUG - GROUNDED		OTHERS:	
AC POWER RATING	220V	230V	240V	OTHERS:
DC POWER TYPE	INTERNAL/ BUILT-IN BATTERY	REMOVABLE BATTERY	DISPOSABLE BATTERY	RECHARGABLE
BATTERY TYPE	Li-Ion	Lead Acid	NiCd	NIMH
BATTERY RATING	V	MAH	OTHERS:	
BATTERY CAPACITY (RUNNING HOURS)	HOURS (FULL LOAD OR CONTINUOUS )			HOURS (OTHERS)
BATTERY CHARGER	SUPPLIED	NOT INCLUDED	N/A	
BATTERY CHARGER OUTPUT	V	A	W	
BATTERY CHARGE TIME	HOURS (MAX)			HOURS (MIN)
POWER CONSUMPTION				N/A
FUSE RATING				N/A
CLASSIFICATION	CLASS I	CLASS II	CLASS II	N/A
WATERPROOF RATING (IP)				N/A
UPS	BUILT-IN	INCLUDED	N/A	
OVERLOAD PROTECTION	YES	NO	UPS RATING:	VA
INTERNATIONAL SAFETY STANDARD (TICK ONE OR MORE)			US FDA	
			EU CE MARK	
			AUSTRALIAN TGA	
			CANADA CSA	
			JAPAN JIS	
			OTHERS:	
				OTHERS:

A. PHYSICAL				
DESCRIPTION	FILL IN THE VALUE	CIRCLE THE UNIT, ELSE STATE		
WEIGHT		KG	LBS	OTHERS:
EXTERNAL HEIGHT		MM	CM	OTHERS: M / INCH / FT
EXTERNAL WIDTH		MM	CM	OTHERS: M / INCH / FT
EXTERNAL DEPTH		MM	CM	OTHERS: M / INCH / FT
OTHER WEIGHT:		KG	LBS	OTHERS:
OTHER DIMENSION:			MM	OTHERS: CM / M / INCH / FT

TENDER REFERENCE:

Version 0.1

Page 3 of 5

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LARYNGOSCOPE FOR EMERGENCY DEPARTMENT, HOSPITAL RIPAS, MINISTRY OF HEALTH

AIR- CONDITIONED ROOM	YES	NO	REMARKS:
EXHAUST FAN	YES	NO	REMARKS:
-VE PRESSURE ROOM	YES	NO	REMARKS:
OTHERS:			