

| BIL | Quotation Reference                           | Description  | Advertisement Date | Closing Date (Not Later Than 2.00PM) | Quotation Fee | Requesting Department   | Focal Person   |
|-----|---|--|--------------------|--------------------------------------|---------------|---|--|
| 5   | (71) IKLAN-<br>QTN/UPP.HRIPAS/2022/PAEDIATRIC | <p><b>SUPPLY AND DELIVERY TWO (2) UNITS OF HIFLOW AIR/ OXYGEN BLENDER FOR PAEDIATRIC SERVICES AT RAJA ISTERI PENGIRAN ANAK SALEHA HOSPITAL</b></p> <p>PLACE OF SUBMISSION:<br/>           QUOTATION BOX (GROUND FLOOR)<br/>           MINISTRY OF HEALTH<br/>           COMMONWEALTH DRIVE<br/>           BANDAR SERI BEGAWAN, BB 3910<br/>           NEGARA BRUNEI DARUSSALAM</p> | 27/12/2022         | 14/01/2023                           | \$5.00        | PAEDIATRIC DEPARTMENT,<br>HOSPITAL RAJA ISTERI<br>PENGIRAN ANAK SALEHA. | DR HJH ROHAYATI<br>BINTI HJ MD TAIB<br><br>PAEDIATRIC DEPARTMENT<br><br>TEL: 2242424 ext. 7329 |

**ITEM(S) SPECIFICATIONS FOR ADVERTISEMENT (ABOVE \$2000)**

|                                |   |
|--------------------------------|---|
| QUOTATION/TENDER REFERENCE NO: | (71)IKLAN-QTN/UPP.HRIPAS/2022/PAEDIATRIC  |
| QUOTATION/TENDER NAME          | SUPPLY AND DELIVERY TWO (2) UNITS OF HIFLOW AIR / OXYGEN BLENDER FOR PAEDIATRIC SERVICES AT RAJA ISTERI PENGIRAN ANAK SALEHA HOSPITAL |

| USER'S REQUIREMENTS                      |   |              |                      | VENDOR'S OFFER                       |                                  |              |                        |                                     |                   |
|--|---|--------------|----------------------|--------------------------------------|----------------------------------|--------------|------------------------|-------------------------------------|-------------------|
| NO                                       | ITEM DESCRIPTIONS AND SPECIFICATIONS                                      | PACKING SIZE | TOTAL QUANTITY USAGE | ITEM DESCRIPTIONS AND SPECIFICATIONS | PART/ CATALOGUE NUMBER AND BRAND | PACKING SIZE | TOTAL QUANTITY OFFERED | COST PER PACK (COST PER UNIT) (B\$) | TOTAL COSTS (B\$) |
| 1  | HIFLOW AIR / OXYGEN BLENDER:<br>SPECIFICATION:<br>REFER TO ANNEX A, B & C | PER UNIT     | 2 UNITS              |                                      |                                  |              |                        |                                     |                   |
| TOTAL PRICE (B\$) FOR ONE (1) YEAR USAGE |   |              |                      |                                      |                                  |              |                        |                                     |                   |

| NO | <u>TERMS AND CONDITIONS</u>   | VENDOR'S OFFER<br>(PLEASE STATE)                    |
|----|---|---|
| 1  | Tenderer must be registered with the Ministry of Health.  |   |
| 2  | <b>QUOTATION/TENDER FORM should be filled</b> completely including the <b>USER REQUIREMENT FORM</b> (if available). Submission of incomplete form <b>MAY</b> cause <b>DISQUALIFICATION OF QUOTATION/TENDER</b> .  |   |
| 3  | Each tenderer is allowed to quote <b>ONE BRAND WITH ONE PRICE ONLY</b> for each item. Submission of more than one brand and price will cause <b>DISQUALIFICATION OF QUOTATION/TENDER</b> .  |   |
| 4  | All consumables supplied throughout this tender <u>shall</u> have a minimum expiry date of <b>twelve (12) months / on delivery</b> . Should the consumables be urgently needed, provision of consumables with expiry date of less than twelve (12) months should be first agreed by the User before delivery is made.   |   |
| 5  | <b>Brochures / catalogues should be submitted / attached</b> with quotation/tender document.  |   |
| 6  | <b>Samples should be submitted together with quotation/ tender or within fourteen (14 days)</b> of the quotation/tender closing date (if applicable).   |   |
| 7  | <b>DELIVERY PERIOD:</b><br>(Please state)<br>Not later than 4 weeks   | <b>(Yes / No)</b><br><b>(If No, please specify)</b> |
| 8  | <b>PRICE VALIDITY:</b><br>The quotation shall remain valid for <b>12 MONTHS</b> 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). |   |

|                   |          |                       |  |
|-------------------|----------|-----------------------|--|
| Section/Unit      |          | Section/Unit Ref No.: |  |
| Person to Contact | Name :   | Tel.No. :             |  |
|                   | E-mail : | Fax No.:              |  |

FOR QUOTATION ONLY

| TERMS AND CONDITIONS     |  |   |
|--------------------------|--|---|
| a.                       | Tenderer must be registered with the Ministry of Health  | <i>Acknowledgement:</i>   |
| b.                       | Please fill in the <b>QUOTATION FORM</b> completely including the <b>USER REQUIREMENT FORM</b> (if available). Submission of incomplete form <b>MAY</b> cause <b>DISQUALIFICATION OF QUOTATION</b> | <i>Company Ref. No.:</i> .....<br>I hereby certify the above quote to be correct.<br>Signature: |
| c.                       | Each tenderer is allowed to quote <b>ONE BRAND WITH ONE PRICE ONLY</b> for each item. Submission of more than one brand and price will cause <b>DISQUALIFICATION OF QUOTATION</b>                  | .....<br>Name:  |
| d.                       | Please do not use <b>TIPPEX</b> for amendment  | Designation:<br>.....<br>Date:  |
| Company's Official Stamp |  |   |

TO PURCHASE TWO (2) UNITS OF HIFLOW AIR/OXYGEN BLENDER FOR PEDIATRIC SERVICES,  
HOSPITAL RAJA ISTERI PENGRIAN ANAK SALEHA

**ANNEX A**  
**REQUIREMENTS**

| REF | DESCRIPTION   | Tick (✓) |    | STATE OR SPECIFY |               |
|-----|---|----------|----|------------------|---------------|
|     |   | YES      | NO | REMARKS          | BROCHURE PAGE |
| 1   | <b>USER REQUIREMENT - STANDARD FEATURES</b>   |          |    |                  |               |
| 1.1 | Compact air/ oxygen gas mixing device which provides for precise mixing of medical grade air and oxygen   |          |    |                  |               |
| 1.2 | Accuracy $\pm 3\%$  |          |    |                  |               |
| 1.3 | Portable/ mobile  |          |    |                  |               |
| 1.4 | Japanese standard fittings  |          |    |                  |               |
| 1.5 | Comes with 0-70 LPM flowmeter   |          |    |                  |               |
| 2   | <b>USER TRAINING</b>  |          |    |                  |               |
| 2.1 | Conduct <b>user training</b> to the end user including but not limited to: <ul style="list-style-type: none"> <li>• Basic operation</li> <li>• Basic maintenance</li> </ul> |          |    |                  |               |
| 2.2 | Include operating manual for end user   |          |    |                  |               |

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

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**ANNEX B**  
**PROCUREMENT**

| REF                 | DESCRIPTION  | Tick (✓) |    | REMARKS   |
|---------------------|--|----------|----|---|
|                     |  | YES      | NO |   |
| 1                   | ORIGINAL BROCHURE OR CERTIFIED TRUE COPY OF BROCHURE ATTACHED: |          |    | Required to assist during evaluation of tender document |
| 2                   | WARRANTY   |          |    | Warranty period:  |
| FILL IN THE DETAILS |  |          |    |   |
| 3                   | BRAND  |          |    |   |
| 4                   | MODEL  |          |    |   |
| 5                   | COUNTRY OF ORIGIN  |          |    |   |
| 6                   | UNIT PRICE (BND)   |          |    |   |
| 7                   | TOTAL PRICE (BND)  |          |    |   |
| 8                   | PRICE VALIDITY   |          |    |   |
| 9                   | DELIVERY TIME  |          |    |   |
| 10                  | YEAR MANUFACTURED  |          |    |   |
| 11                  | EQUIPMENT LIFE SPAN ESTIMATION:                                |          |    |   |
| 12                  | NUMBER OF TECHNICAL SUPPORT (LOCAL)                            |          |    |   |
| 13                  | NUMBER OF TECHNICAL SUPPORT (OVERSEA) State nearest location   |          |    |   |

| REF | DESCRIPTION   | Tick (✓) |    | REMARKS  |
|-----|---|----------|----|--|
|     |   | YES      | NO |  |
| 14  | <b>PREVENTIVE MAINTENANCE</b><br>During warranty period, tenderer must perform preventive maintenance <b>twice a year</b> (Preventive maintenance conducted must be recorded and a copy of the document must be available for user and Biomedical engineering.) |          |    | Include but not limited to:<br>1) General cleaning<br>2) Physical check<br>3) Function and performance testing<br>4) Calibration |
| 15  | Please attach a list of:<br>1) Scope of work for preventive maintenance<br>2) List of PM kits or parts to be replace during PM if applicable  |          |    | Please attach list on a separate sheet   |
| 16  | <b>INTERNATIONAL SAFETY STANDARD</b>  |          |    | US FDA   |
|     |   |          |    | EU CE MARK   |
|     |   |          |    | AUSTRALIAN TGA   |
|     |   |          |    | CANADA CSA   |
|     |   |          |    | JAPAN JIS  |
|     |   |          |    | OTHERS:  |
|     |   |          |    | OTHERS:  |

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**ANNEX C**  
**TECHNICAL SPECIFICATION**

| TICK (✓) OR CIRCLE (○) ONE OR MORE AND STATE WHERE APPROPRIATE |                                    |                      |                       |                         |
|--|------------------------------------|----------------------|-----------------------|-------------------------|
| A. ELECTRICAL  |                                    |                      |                       |                         |
| 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/<br>BUILT-IN<br>BATTERY   | REMOVABLE<br>BATTERY | DISPOSABLE<br>BATTERY | RECHARGABLE             |
| BATTERY TYPE   | LITHIUM<br>ION                     | NICKEL<br>CADMIUM    | LEAD ACID             | OTHERS:<br>AAA / AA/ 9V |
| BATTERY RATING   | V                                  |                      | MAH                   | OTHERS:                 |
| BATTERY CAPACITY/<br>RUNNING HOURS                             | HOURS<br>(FULL LOAD OR CONTINUOUS) |                      | HOURS<br>(OTHERS)     |                         |
| BATTERY CHARGER  | SUPPLIED                           | NOT INCLUDED         | N/A                   |                         |
| BATTERY CHARGER<br>OUTPUT                                      |                                    |                      |                       |                         |
| BATTERY CHARGE<br>TIME   | HOURS<br>(MAX)                     |                      | HOURS<br>(MIN)        |                         |
| POWER<br>CONSUMPTION   |                                    |                      | N/A                   |                         |
| FUSE RATING  |                                    |                      | N/A                   |                         |
| CLASSIFICATION   | CLASS I                            | CLASS II             | CLASS II              |                         |
| IP CODE<br>(IEC standard 60529)                                |                                    |                      | N/A                   |                         |
| UPS  | BUILT-IN                           | INCLUDED             | N/A                   |                         |
| OVERLOAD<br>PROTECTION   | YES                                | NO                   | UPS RATING:           | VA                      |

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HOSPITAL RAJA ISTERI PENGRIAN ANAK SALEHA**

| B. PHYSICAL      |                            |   |     |                               |
|------------------|----------------------------|---|-----|-------------------------------|
| DESCRIPTION      | VALUE<br>FILL IN THE VALUE | UNITS   |     |                               |
|                  |                            | TICK (✓), CIRCLE (○) OR STATE WHERE APPROPRIATE |     |                               |
| WEIGHT           |                            | KG  | LBS | OTHERS:                       |
| EXTERNAL HEIGHT  |                            | MM  | CM  | OTHERS:<br>M / INCH / FT      |
| EXTERNAL WIDTH   |                            | MM  | CM  | OTHERS:<br>M / INCH / FT      |
| EXTERNAL DEPTH   |                            | MM  | CM  | OTHERS:<br>M / INCH / FT      |
| OTHER WEIGHT:    |                            | KG  | LBS | OTHERS:                       |
| OTHER DIMENSION: |                            |   | MM  | OTHERS:<br>CM / M / INCH / FT |

| C. OTHERS              |     |    |                    |
|------------------------|-----|----|--------------------|
| WATER OUTLET           | YES | NO | REQUIRED PRESSURE: |
| DRAIN OUTLET           | YES | NO | PIPE DIAMETER:     |
| AIR- CONDITIONED ROOM  | YES | NO |                    |
| EXHAUST FAN            | YES | NO |                    |
| NEGATIVE PRESSURE ROOM | YES | NO |                    |
| OTHERS:                |     |    |                    |

| D. SCOPE OF WORK                 |       |         |     |  |
|----------------------------------|-------|---------|-----|--|
| SUPPLY                           | YES   | NO      | N/A | All standard, accessories and additional requests in Annex A - Requirement   |
| INSTALLATION                     | YES   | NO      | N/A | Properly install before user operates  |
| COMMISSIONING                    | YES   | NO      | N/A | <ul style="list-style-type: none"> <li>Register with Biomedical Engineering</li> <li>Asset Tagging</li> </ul>  |
| ELECTRICAL SAFETY TEST           | YES   | NO      | N/A | To provide proof of electrical safety test done by manufacturer or supplier during commissioning   |
| TECHNICAL TRAINING               | YES   | NO      | N/A | To conduct <b>technical training</b> to Biomedical Engineering (BME) staffs including but not limited to: <ul style="list-style-type: none"> <li>Basic troubleshooting</li> <li>Minor setting adjustments</li> </ul> |
|                                  | LOCAL | OVERSEA | N/A | Conduct during or after commissioning Else, proper technical training at manufacturer premises   |
| Technical/service manual for BME | YES   | NO      |     | Either softcopy or hardcopy  |