SPECIFICATIONS FOR

TENDER # 0171- 0829

SUPPLY OF KITCHEN EQUIPMENT FOR WESTERN HEALTH

CLOSING DATE: 25 February 2008
CLOSING TIME: 11:00 AM (Newfoundland Time)
Invitation to Tender for Kitchen Equipment

1.0 General Provisions

1.1 Intent

This invitation to Tender is intended to obtain Kitchen Equipment for the Western Regional Integrated Health Authority (Western Health) at the Western Memorial Regional Hospital.

This Tender is concerned with the acquisition of Kitchen Equipment for the Western Memorial Regional Hospital with consideration of the following:

- Ongoing service and maintenance support.
- All manuals, documents and initial supplies.
- The right to reproduce any printed materials supplied with the product for the purpose of using the product.
- Training and training manuals.
- Future enhancement availability.

1.1.1 Western Health reserves the right to order additional units at the same price for a period up to and including 31 December 2008.

1.2 Client Background

Western Health was established in 2005 and is responsible for the delivery of Health and Community Services in the Western Region.

1.3 Vendor Response

1.3.1 Vendor's tender must contain an Executive Summary which shall contain:
a. A brief description of the product being quoted.
b. The name, title and address of the Vendor’s representative responsible for the preparation of the Tender.

1.3.2 All prices quoted for goods and services must be specified in Canadian dollars, FOB Western Memorial Regional Hospital. All Tenders will be held to be valid for ninety (90) days following the Tender closing date.

1.3.3 Tenders must be received in full on or before the exact closing time and date indicated. **TENDERS RECEIVED AFTER THAT TIME WILL NOT BE CONSIDERED.**

1.3.4 All costs relating to the work and materials supplied by the Vendor in responding to this Invitation to Tender must be borne by the Vendor.

1.4 Release of Information

1.4.1 While Tender is Open:

The names of individuals or companies who have picked up the tender documents will **not** be released.

1.4.2 At Tender Opening:

Only the names of the bidders will be read out.

1.4.3 After Tender Opening:

1. No further information will be released until after the contract is awarded.
2. After award, only the name and bid price of the successful bidder will be made available.
3. Information will be made available for a 90 day period only.

1.4.4 FYI, Statements that are included as part of our Tender calls:

While bidders are welcome to attend the public opening, please be advised that it is not our policy to release bid information. Only the names of the bidders will be released.
1.5 Communication During Tendering

1.5.1 All communications with Western Health with respect to this invitation to Tender must be directed in writing to the attention of:

Mr. John Piercey  
Regional Director, Materiels Management  
Western Health  
P.O. Box 2005  
Corner Brook, Newfoundland  
A2H 6J7  
Tel: (709) 637-5511  
Fax: (709) 634-2649  
Email: johnpiercey@westernhealth.nl.ca

1.5.2 Western Health may, during the assessment period, request meetings with the Vendors to clarify points in the Tender. No changes by the Vendor will be permitted after the Tender closing date.

1.5.3 Faxed Tender responses will be accepted with the condition that the original Tender documents are received at Western Health’s Materiels Management Department no later than Five working days following the Tender closing date.

1.5.4 All bids must be sent in a sealed envelope clearly marked with Tender Name and Number to: Materiels Management Department, Western Health, Western Memorial Regional Hospital, Lower Level, P.O. Box 2005, Corner Brook, NL A2H 6J7.

1.5.5 Bids submitted by electronic transmission (e-mail) will not be accepted.

1.5.6 Companies submitting fax Tenders are doing so at their own risk and the fax Tender must be at the public opening as specified in the Tender information. This Authority will not be responsible for in-house courier services if companies submit quotations by fax machine. The time stated on the fax Tender will become null and void since it is the responsibility of the company placing the Tender to have their Tender at the public opening, therefore, this Authority will not be responsible for any damages or liabilities.

1.5.7 In order to contribute to waste reduction and promote environmental protection, the Western Health will endeavour to acquire goods and services that support these principles, therefore, product(s) quoted should include:
- maximum level of post-consumer waste and/or recyclable content
- minimal packaging
- minimal environmental hazards
- maximum energy efficiency
- potential for recycling
- disposal costs
- must not reduce the quality of the product required or affect the intended use of the product
- must not significantly impact the acquisition cost

1.5.8 Are the quoted price(s) on this tender (where applicable) available to our employees?

Yes ☐  No ☐  N/A ☐

Administratively the Western Integrated Health Authority will not be involved in ordering, servicing, warranty and payment; the employee(s) would deal directly with the company.

1.6 Tender Acceptance

1.6.1 Any acquisitions resultant from this invitation to Tender shall be subject to the Public Tendering Act.

1.6.2 The Tenders shall be opened in the Private Dining Room at The Western Memorial Regional Hospital on the scheduled date and time.

1.6.3 Any Tender may be accepted in whole or in part. The lowest Tender may not necessarily be accepted and Western Health reserves the right to cancel the Tender call. Western Health shall not be held responsible or liable for the payment of any costs that are incurred by the bidder in preparing a Tender in response to this invitation to Tender.

1.7 Warranty

The Vendor shall warrant that the product supplied to Western Health shall equal the published specifications.

The Vendor shall provide no less than a 1-year warranty on the system. The Vendor agrees to provide free of charge all parts and labour necessary to repair the system during the first year of operation.
2.0 Products

Equipment must be delivered by 31 March 2008.

2.1 (3) Heated Holding Cabinets – (2 Reach In / 1 Pass Thru)

1. Shall be an Alto Shaam Model 1200-UP/STD or equal.
2. Electrical shall be 208V AC – 60 Hz, 1 PH: 1500 Watts, 7.2 Amps.

2.2 (2) Air Curtain Refrigerators

1. Shall be a Dinex Air Curtain Refrigerator, Self Contained – Bottom Mounted System, Model Number IRAC15 or equal.
2. Shall have the following dimensions: Height 78-7/8” (198cm), Width 31-1/2” (80cm), Length 39-3/8” (98cm).
3. Shall have 4 swivel and 2 w/brakes casters with a diameter of 6” (15cm).
4. Electrical shall have the following: 120V AC – 60 Hz, 1 PH: 1800 Watts, AMP 15.1, and Volts 120 50/60HZ.
5. Shall have NEMA 5-20 P Plug.

2.3 Sandwich Unit

1. Shall be a Beverage-Air Food Preparation Standard Top Sandwich Unit, Model SP72-12 or equal.
3. Length shall be 72” / 1829 mm.
4. Depth (less handle) shall be 29 1/4:" / 743 mm.
5. Height shall be 41 5/8” / 1057 mm.
6. Depth with door open 90° shall be 50 3/8”.
7. Clear door opening shall be 19 ½ “x 21 ½”.
8. Shall have 6 shelves and 3 doors.
9. Shall have the following electrical: Full load amperes 115/60/1 - 6.5.
10. Refrigerant shall be R134a with ¼ horsepower.

2.4 (2) Roll-In Refrigerators

1. Shall be a True TA-Series Roll-In Refrigerator, Model TA2RRI-25 or equal.
2. Shall have 2 doors.
3. Shall have 75 (Cu. Ft.) capacity.
5. Shall be ½ HP.
7. Shall have no more than 11.8 running Amps.
8. Shall be 60 Hz, 1PH.
9. Shall have 5-15 NEMA Config.
10. Cord length shall be 9 feet.

2.5 **Reach-In Solid Door Refrigerator**

1. Shall be a True T Series Reach-In Solid Door Refrigerator, Model T-49 or equal.
2. Shall have 2 doors.
3. Shall have 49 (Cu. Ft.) capacity.
4. Shall have 6 shelves.
6. Shall have ½ HP.
7. Shall have 115/60/1 PH voltage.
8. Shall have no more than 9.1 running amps.
9. Shall have 5-15P NEMA Config.
10. Shall have 9 ft. cord length.

2.6 **(2) 5 Bay Electric Hot Food Tables**

1. Shall be a Delfield Electric Hot Food Table, Model 48376 or equal.
3. Shall have no more than 27.0 running amps.
4. Shall have 208/230 volts.
5. Shall be 60 Hz, 1 PH.

3.0 **Presentation / Training / Service**

3.1 **Presentation**

A presentation of the Tender and / or a demonstration of the product / system shall be provided, if requested, at the Vendor’s expense.

3.2 **Training**

The Vendor shall provide on-site training to staff in the use of the *Kitchen Equipment*. All costs associated with this training shall be included in the total Tender price. The length of such training shall be what is reasonably required to train the users of the equipment and shall be documented.

3.3 **Service**

3.3.1 The Vendor shall confirm in writing that Parts and Labour will be available for the quoted system for not less than nine (9) years after the warranty period.

3.3.2 The Vendor shall provide as an option, pricing for a one-year Service Contract including all parts and labour.
3.3.3 The Vendor shall provide all Service and Parts manuals required to service the equipment.

4.0 **Product History and Vendor Reputation**

4.1 The Vendor shall provide a list of three (3) organizations where a similar Unit has been installed. Include a contact person for each organization.

5.0 **Financial Considerations**

5.1 All applicable taxes shall be indicated in the Tender.

5.2 The cost for installation, initial set-up and programming shall be included in the Tender price.

5.3 All costs for training shall be included in the Tender. This includes any travel, meals and accommodation.

5.4 **Terms of Payment**

The Authority agrees to pay the full invoiced amount within 30 days following acceptance of the installed system by Western Health. Acceptance testing will be completed within 30 days following the complete installation of the system.

6.0 **Vendor Confirmation** (please sign)

I confirm that our Tender meets or exceeds the specifications detailed in this invitation to Tender. I also confirm that all specifications are included in the quoted price. Any items that are optional are noted accordingly.

Signed

Title

Company Name

Address

Phone

Tender Price $ _____________

Tax Extra Yes _____ No _____
TENDER CHECKLIST

TENDER #

DID YOU INCLUDE

HAS TENDER SUBMISSION BEEN SIGNED  Yes ☐ No ☐
COPY OF REQUIRED TENDER DOCUMENTS  Yes ☐ No ☐
COPY OF BROCHURES (IF REQUESTED)  Yes ☐ No ☐
COPY OF WCB LETTER OF GOOD STANDING (IF REQUIRED)  Yes ☐ No ☐
COPY OF PROOF OF INSURANCE (IF REQUIRED)  Yes ☐ No ☐
AMOUNT OF TAX NOTED ON REQUEST FOR QUOTATION FORM  Yes ☐ No ☐
OPTIONAL PRICING FOR TRAINING INCLUDED  Yes ☐ No ☐

NOTE: TENDER RESPONSES MAY BE REJECTED IF YOU ANSWER “NO” TO ANY OF THE ABOVE QUESTIONS.