SPECIFICATIONS FOR
TENDER #0171-0962
SUPPLY OF ECT MACHINE
FOR WESTERN HEALTH

CLOSING DATE: November 27, 2009
CLOSING TIME: 11:00 AM (Newfoundland Time)
Invitation to Tender for

1.0 General Provisions

1.1 Intent

This invitation to Tender is intended to obtain one ECT unit complete with installation for the Western Regional Health Authority (Western Health) at Western Memorial Regional Hospital.

This Tender is concerned with the acquisition of one ECT unit for 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 2010. Other health boards within Newfoundland and Labrador may avail of this tender as needed.

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 **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, Materials 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 Materials 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: Materials 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

1.6 **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**

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

1.7.2 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 labor necessary to repair the system during the first year of operation.

1.7.3 Vendor shall indicate the warranty start date ________________.

1.7.4 Vendor shall indicate who will be providing the service and the nearest service location.

________________________________________

1.7.5 Is a board replacement program available and at what cost?
Yes [ ] No [ ]
Cost: _______________
2.0 **Product Specifications**

2.1 The unit shall have a built in 4 channel hard copy printer.
   Yes _____ No _____ Comment ________________________________

2.2 The unit shall have an anesthesia depth monitor.
   Yes _____ No _____ Comment ________________________________

2.3 The unit shall have a continuous digital heart rate monitor.
   Yes _____ No _____ Comment ________________________________

2.4 The unit shall be capable of delivering a 0.25 ms pulse width.
   Yes _____ No _____ Comment ________________________________

2.5 The unit shall be capable of delivering up to 8 seconds of stimulation.
   Yes _____ No _____ Comment ________________________________

2.6 The unit shall be capable of performing an instant impedance test.
   Yes _____ No _____ Comment ________________________________

2.7 The unit shall have a patient safety monitoring system.
   Yes _____ No _____ Comment ________________________________

2.8 The system shall have the capability to interface with a portable computer through software to download and store treatment data.
   Yes _____ No _____ Comment ________________________________

2.9 Tender must include a device to test the output of the ECT unit and include a patient simulator.
   Yes _____ No _____ Comment ________________________________

2.10 The device must include a remote treatment handle.
    Yes _____ No _____ Comment ________________________________
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**

3.2.1 The Vendor shall provide on-site training to staff in the use of the ECT unit. 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.

3.2.2 The Vendor shall agree to provide pricing for factory training for **One** in-house Biomedical Technologist, employed by Western Health, for the purpose of maintaining the ECT unit. Such training shall be equal to the training provided to the Vendors own service staff. All costs associated with this training, including travel, accommodations, meals and tuition shall be included in the Tender price.

All special tools required to properly service the system must be included in the bid.

All diagnostic software licenses and associated costs must be included in the bid for the life of the equipment while it is supported by the manufacturer.

3.3 **Service**

3.3.1 The Vendor shall confirm in writing that Parts and Labor will be available for the quoted system for not less than nine (7) years after the warranty period.

The Vendor shall provide as an option, pricing for a four-year Warranty including all parts and labor after the warranty expiration date.

3.3.2 The Vendor shall provide a minimum of 2 copies of the Operating, Parts and Service Manuals which must accompany the equipment when shipped.
4.0 Installation

A. Are there utility requirements:

1. Electrical Voltage: _______________ Amperage: ______
2. Drains: Yes ☐ _______________
3. Water: Yes ☐ _______________
4. Other: Yes ☐ _______________

Specifics: ___________________________________________

B. If the device contains a battery, state the battery type and typical life cycle (hours of operation and charging time). State additional systems or work required to maintain the battery.

_____________________________________________________________________

_____________________________________________________________________

_____________________________________________________________________

_____________________________________________________________________

C. The equipment (except if solely battery operated) must comply with C.S.A. standard No. C22.2-125 (Biomedical), or 114 (Radiology), or 151 (Laboratory), or C22.2 No. 601.1 plus applicable particular standard(s) and be certified by an organization accredited by the Standards Council of Canada.

Yes ☐ No ☐

D. The equipment must be labeled with C.S.A. 125 Risk Class or C.S.A. 601.1 Equipment Type. Yes ☐ No ☐

E. Equipment that requires on site certification to meet CSA Standards must be completed by an approved accredited testing organization. The cost of this must be covered by the supplier.

Yes ☐ No ☐

F. Will any site preparation be necessary? Yes ☐ No ☐

If yes, explain ________________________________
G. All supplies required for the initial start up and/or commissioning of the equipment shall be included.
Yes ☐  No ☐

H. Will this equipment require any unloading equipment to make safe receipt at time of delivery? Yes ☐  No ☐

I. If installation is involved, the Vendor shall coordinate the delivery and installation of the equipment.
Yes ☐  No ☐

4.1 **Evaluation**

**No contract shall be awarded unless:**

a. The system or any of its accessories has been previously used and deemed to be satisfactory, or
b. The system or any of its accessories has been pretested and found to be satisfactory prior to submission of quotes, or
c. The system or any of its accessories which is the low or preferred bid is evaluated before award of any contract to purchase.

5.0 **Product History and Vendor Reputation**

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

6.0 **Financial Considerations**

6.1 All applicable taxes shall be indicated in the Tender.

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

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

6.4 **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.
7.0 **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 # 0171-0962

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.