



SPECIFICATIONS FOR
TENDER # 0971-1538
SUPPLY OF
HEIGHT ADJUSTABLE BATHING SYSTEMS
FOR WESTERN HEALTH

CLOSING DATE: 30th of November

CLOSING TIME: 2:00 PM (Newfoundland Time)



Invitation to Tender for Height Adjustable Bathing Systems

1.0 General Provisions

1.1 Intent

This invitation to Tender is intended to obtain Height Adjustable Bathing Tub System suitable for use in long term care medical facilities for the Western Regional Health Authority (Western Health) at Bay St George Long Term Care in Stephenville Crossing.

This Tender is concerned with the acquisition of Height Adjustable Bathing Tub 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 June 30th , 2016

1.2 Client Background

Western Health was established by the Government of Newfoundland 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 building site, Corner Brook. 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.
- 4. Successful Awards will be posted on Web Site.

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. Paul Wight
Regional Director, Materiel's Management
Western Health
1 Brook Field Ave.
Corner Brook, Newfoundland
A2H 6J7
Tel: (709) 637-5511
Fax: (709) 634-2649
Email: paulwight@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 Materiel's Management Department no later than **Five** working days following the Tender closing date. Bidders that fax a bid should call to confirm it is received prior to closing time. Western Health will not be responsible for any fax tenders not received on at our office before the closing time.
- 1.5.4 All bids must be sent in a sealed envelope clearly marked with Tender Name and Number to: Materiel's 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**

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 from the time of the building being open for patient occupancy. The Vendor agrees to provide free of charge all parts and labor necessary to repair the system during the first year of operation.

2.0 Product Specifications for Height Adjustable Bathing Systems

2.1 The Bathing System shall be suitable for use in Long Term Care medical facilities. The bathing system will be subject to evaluation and approval by Western Health Nursing, Physical and Occupational Therapy Professionals prior to a bid being accepted. It must be compatibility with current bathing equipment - Currently using Arjo Alenti tub chair and Beka Hospitec tub stretcher.

2.2 The system must be fully compatible with the building infrastructure, including electrical and plumbing systems. Bidders can visit the site to details if needed. The system must meet all applicable safety regulations for Canada for use in a health care facility.

2.3 Bathing System Shall be minimum 75 Inches in length without control panel and should be an_Extended length (to accommodate tub stretcher). Tub should be mounted 6" from the wall and can be a maximum of 104" long.

2.4 It must Height adjustability between 30" and 45"

2.5 Must have a minimum patient weight capacity of 350 lbs plus water.

2.6 The tub must be a maximum of 39.5" in width and be keyhole shaped to enable caregiver's adequate space to assist bathing.

2.7 The Bathing Tub shall be Maximum 39.5 Inches in Width and be internally keyhole shaped to enable caregiver's adequate space to assist bathing.

2.8 The system shall have automatic filling, hand held shower spray, no drip faucet and automatic disinfection system.

2.9 The system shall have digital temperature display and shampoo & bath oil dispenser.

2.10 The bathing tub shall have capacity to hold minimum 85 Gallons of water 2.25 inches down from overflow.

2.11 The bathing tub must be able to be lowered to a position for rim edge of Minimum 30 Inches to floor and raised to a position of 45 inches for rim edge.

2.12 The system must accept $\frac{3}{4}$ inch water connections and include all hoses required to connect to water supply.

2.13 Tub filling time must be maximum 12 Minutes at a water pressure 35PSI. The drain connection must be 2" male nominal and have minimum drain capacity of 35GPM.

2.14 The Electrical Connection must be 120VAC, Maximum 15 Amp.

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 **Bathing Systems when construction is complete and the building is ready for occupation**. 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 Labor 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 all Service and Parts manuals required to service the equipment.

3.3.3 Please advise if training is available for in-house maintenance Technologist, employed by Western Health, for the purpose of maintaining the system. Please indicate the details of training available and indicate additional costs of such training.

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

5.3 **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.

Authorized Bidder Name: _____

Signature _____

Title _____

Company Name _____

Address _____

Phone _____

Tender Price \$ _____ Per Bathing Unit

Tax Extra Yes _____ No _____

TENDER CHECKLIST

TENDER #0971-1538

DID YOU INCLUDE

HAS TENDER SUBMISSION BEEN SIGNED	Yes <input type="checkbox"/>	No <input type="checkbox"/>
COPY OF REQUIRED TENDER DOCUMENTS	Yes <input type="checkbox"/>	No <input type="checkbox"/>
COPY OF BROCHURES (IF REQUESTED)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
COPY OF WCB LETTER OF GOOD STANDING (IF REQUIRED)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
COPY OF PROOF OF INSURANCE (IF REQUIRED)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
AMOUNT OF TAX NOTED ON REQUEST FOR QUOTATION FORM	Yes <input type="checkbox"/>	No <input type="checkbox"/>
OPTIONAL PRICING FOR TRAINING INCLUDED	Yes <input type="checkbox"/>	No <input type="checkbox"/>

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