



**PROJECT SPONSOR:  
M-PESA FOUNDATION**

**M-PESA FOUNDATION HEALTH SECTOR SPONSORSHIP**

**SUPPLY OF MEDICAL EQUIPMENTS AT MSAMBWENI COUNTY  
REFERRAL HOSPITAL, KWALE COUNTY.**  
**TENDER REF: RFO/MF/CP-EQ/03/24**



**SEPTEMBER, 2024.**

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**SECTION 1: TENDER QUESTIONNAIRE**

(Please fill in block letters.)

1. Full names of Tenderer:

.....

2. Full address of Tenderer to which tender correspondence is to be sent,  
(unless an agent has been appointed below):

.....

3. Telephone number (s) of Tenderer:

.....

4. E-mail Address of Tenderer:

.....

5. Name of Tenderer’s representative to be contacted on matters of the tender during the tender period:

.....

6. Details of Tenderer’s nominated agent (if any) to receive tender notices. This is essential if the Tenderer does not have his registered address in Kenya (name, address, telephone, telex):

.....

.....

.....

\_\_\_\_\_  
Signature of Tenderer

## SECTION 2: INVITATION TO TENDER

### M-PESA FOUNDATION HEALTH SECTOR SPONSORSHIP

### PROCURING ENTITY: COUNTY GOVERNMENT OF KWALE

**CONTRACT NAME AND DESCRIPTION:** REQUEST FOR TENDERS (RFQ) FOR THE SUPPLY OF MEDICAL EQUIPMENTS TO MSAMBWENI COUNTY REFERRAL HOSPITAL, KWALE COUNTY.

**REFERENCE NUMBER:** **RFQ/MF/CP-EO/03/24**

- 1. The Director, Msambweni County Referral Hospital** invites eligible candidates to submit Tenders for **The Supply of Medical Equipments at Msambweni County Referral Hospital** indicated in detail in “Table A. Schedule of Requirements and Specifications and attached BQs”. The Tender shall follow the instructions and documents in this RFQ document and shall be in English Language.

Bidders may obtain further information during office hours **0900 to 1600 hours** at the address given below.

Address to Obtain Tender Documents; Tender Documents will be obtained by requesting from the following emailaddress: [\\_ \(www.kwalecounty.gov.com\)](mailto:info@kwalecounty.gov.ke) or Public Procurement Information Portal ([www.tenders.go.ke](http://www.tenders.go.ke))

- 2. Mailing Address: Kwale County Website [www.kwalecounty.gov.com](http://www.kwalecounty.gov.com)  
Or Public procurement information portal ([www.tenders.go.ke](http://www.tenders.go.ke))**

- 3. Clarifications once the tender has been received may be addressed to \_**

Plateau Consultants Ltd

Tel: +254 020 253 1381

E-mail: [info@plateauconsultants.com](mailto:info@plateauconsultants.com)

*(This should be received by the Project Manager 7 Days Before Closure of RFQ):*

- 4. Address for tender Submission:**

Tender Box,  
Procurement Office,  
Kwale County Offices  
next to County Treasury.  
P.O Box 4,  
Kwale.

The Completed Tenders Must be submitted to Procurement Office, Kwale County Offices next to County Treasury, Kwale at the address indicated above on or before **9<sup>th</sup> September, 2024 at 11.00am** with subsequent **tender opening at 11:30am**. Filled RFQs can be sent or delivered by registered mail, courier or hand delivery.

Late Tenders shall be rejected.

- 5. Any resulting contract shall be subject to the terms and conditions detailed in Part 3: Contract.**

## PART 1: INSTRUCTIONS TO BIDDERS

1. **Bidders are advised to read carefully** these instructions and the Conditions of Contract in **Part 3: Contract**, before preparing the Tender. The standard forms in this RFQ may be photocopied for completion but the Bidder is responsible for their accurate reproduction. The term Bidder shall mean the firm or person invited to submit a Tender. The term Tender herein shall mean the Tender submitted as usually understood in public procurement.
2. A complete set of Tender documents may be obtained by interested Bidders at **Kwale County Website**([www.kwalecounty.gov.com](http://www.kwalecounty.gov.com))  
**Or Public procurement information portal** ([www.tenders.go.ke](http://www.tenders.go.ke))  
Email: [directormcrh@gmail.com](mailto:directormcrh@gmail.com).
3. **Validity of Tenders:** The Tender will be held valid for **60 days** from the date of submission.
4. **The Tender shall consist of** completed Tables A, B and C and the Form of Tender all indicated in Part 2 of this Request for Tenders, and documents to evidence Eligibility and Conformity to Technical Specifications.
5. **Sealing and Marking of Tenders:** Tenders in one “one original” should be sealed in a single envelope, clearly marked with the **Tender Reference Number** in the RFQ, and the name of the Procuring Entity. Envelopes should be sealed in such a manner that opening and resealing cannot be achieved undetected.
6. **Submission of Tenders:** Tenders, and any alternatives if allowed as per Item 11 below, should be submitted to the address below, on or before the date and time indicated in sub-item 4 below. Late Tenders will be rejected.

### **Address for Submission of Tender;**

Tender Box,  
Procurement Office  
Kwale County Offices  
next to County Treasury.  
P.O Box 4,  
Kwale.

Date of Submission (deadline): **9<sup>th</sup> September, 2024.**

Time of Submission (deadline): **11.00am**

Time of Opening : **11.30am**

### **Electronic Bids ARE permitted.**

7. **Opening of Tenders:** Tenders will be opened publicly immediately after the closing date and time specified in item (6) above, by at least three appointed officials of the Beneficiary Entity in the presence of the Bidders' designated representatives.
8. **Bidder Eligibility:** Bidder must submit Documentary evidence to show his/her eligibility to be awarded a contract to cover each of the following:  
The Bidder shall also complete attached forms to confirm eligibility and non-existence of a conflict of interest in relation to this procurement requirement by signing the attached Forms.
9. **Invitation not transferable:** This invitation is not transferable to other firms or individuals not so invited.

10. **Goods Eligibility:** Bidder must submit as evidence documents to show the country of origin of any goods to be supplied or incorporated in the work or services
11. **Technical Specifications:** Documentary evidence to show that the goods meet the technical specifications.
12. **Alternative Tenders:** Bidders **are not permitted** to submit alternative Tenders for alternative technical solutions for specified parts of the Works. Only the alternatives, if any, of the Bidder with the winning Tender conforming to the basic technical requirements shall be considered by the Procuring Entity.
13. **Currency:** Tenders shall be priced in Kenya Shillings. Tenders in other currencies will be rejected.
14. **Evaluation of Tenders:**
  - (a) The Tenders submitted will be evaluated in three stages; Preliminary, Technical and Financial. Tenderers will proceed to the Technical Stage only if they qualify in compliance with Preliminary Evaluation.
  - (b) The criteria to be followed at the Technical Evaluation stage is contained in Evaluation Process, and Bidders are urged to follow the format outlined therein which is critical in determining the responsiveness of the bids.
  - (c) To be eligible for the Financial Evaluation, bidders must pass Technical Evaluation stage.
  - (d) The Financial Evaluation Committee will determine whether the financial proposals are complete (i.e., whether the tenderer has costed all the items of the corresponding Technical Proposal and correct any computational errors). The cost of any unpriced items shall be assumed to be included in other costs in the proposal. In all cases, the total price of the Financial Proposal as submitted shall prevail.
15. **Award of contract:** The Procuring Entity will award the contract to the lowest compliant bidder per schedule whose tender has been determined to be substantially responsive. Award shall therefore be on one schedule or multiple schedules. Unsuccessful bidders will be notified.
16. **Right to Reject:** The Procuring Entity reserves the right to accept or reject any Tender or to cancel the Tender process and reject all Tenders at any time prior to contract award.
17. **Cost of Tendering:** The Tenderer shall bear all costs associated with the preparation and submission of its Tender. The Procuring Entity will in no case be responsible or liable for those costs, regardless of the conduct or outcome of the tendering process.
  - (ii) The Tenderer is expected to examine all instructions, forms, provisions, terms and specifications in the Tender Document. Failure to furnish all information required by the Tender Document or to submit a tender not substantially responsive to the Tender Document in every respect will be at the Tenderer's risk and may result in the rejection of its Tender.
  - (iii) All recipients of the documents for the proposed Contract for the purpose of submitting a tender (whether they submit a tender or not) shall treat the details of the documents as "Private and Confidential"

## EVALUATION AND QUALIFICATION CRITERIA

### Local Contractors Minimum Requirements.

#### Preamble.

The M-Pesa Foundation Focuses on health, education, economic empowerment. Funded by M-Pesa which has Footprint in all the 47 Counties. - Health, Education, Empowerment, Emergency Response.

The Foundation's purpose to transform lives is supported by its vision to transform lives through partnering for impactful community investments.

M-Pesa Foundation will finance **Supply of Medical Equipment At Msambweni County Referral Hospital, Kwale County.**

### 1. MANDATORY REQUIREMENTS

ITEM	MANDATORY REQUIREMENT (MR) – MAIN CONTRACTOR
MR1	Certificate of Incorporation / Registration from the Registrar of Companies / Businesses;
MR2	A copy of company's list of directors, beneficial owners, name if proprietor or names of partners (copy of CR 12) for the bidder not more than one year old
MR3	Manufacturer's authorization (where applicable)
MR4	Valid Company brochures specifying the technical specifications of the components
MR5	Valid Tax Compliance Certificates;
MR6	Dully filled tender forms.
MR7	Valid Trading license; Business Physical location (City, Town, village and like)
MR 8	Form of Tender Fully Filled & Signed
MR 9	The Tender MUST be submitted be in the required format and serialized on each page of the bid submitted
MR10	Audited Financial Statements of the last 3years The audited financial statements by a registered audit firm for the last 3 years shall be submitted and must demonstrate the current soundness of the Bidder's financial position and its prospective long-term profitability.
MR11	Power of Attorney.
MR12	A certificate of warranty for all the goods offered must be submitted. The warrant shall be signed against defective design, defective quality material supplied, manufacturing defects, poor workmanship etc.
MR13	Indication of after-sales services to be provided and duration. (where application)

**NB: bidders who do not satisfy any of the above requirements including the mandatory requirements for the proposed specialist subcontractors shall be considered non-Responsive and their tenders will not be evaluated further.**

## 1. TECHNICAL REQUIREMENTS

No	Requirements		Tenderer's response (PASS/FAIL)
TR 1	Evidence of Personnel Academic & Professional Qualifications.		
TR 2	Compliance to Technical Specifications and requirements, delivered items MUST be Branded with the <b>MPESA FOUNDATION LOGO</b>		
TR 3	As a minimum, the equipment must meet stipulated Ministry of health Standards.		
TR 4	As a minimum, the equipment must meet descriptive Technical Specifications and must have the relevant Quality certificates/ Test Certificates and Warranty (Two (2) Years)		
TR 5	Proof that equipment supplier, is well established, has supplied similar equipment in the recent past and is committed to offer technical support when required technology should not be obsolete at the time of commissioning.		
TR 6	Bidders must attach a catalogue indicating the equipment they intend to supply and highlight the relevant pictures and tabulate a clause-by-clause description of the items against the specified requirements. Bidders are advised to strictly adhere to the outlined format in the Technical Schedule when making an offer; deviations will be deemed to be non-responsive. (include photos)		
TR 7	Indicate the relevant technical characteristics of your offer in an itemized manner as tabulated in the Technical Schedule.		
TR 8	The winning bidder must supply the brand that is highlighted in the submitted catalogue, failure to which will lead to rejection during inspection at delivery.		
TR 9	The equipment will be subjected to pre-delivery acceptance tests and approval by Project Manager		
TR 10	All items will be subjected to functional and performance test on delivery prior to acceptance and hand over to User.		
TR 11	Bidder should show financial capacity to supply products as per the M-Pesa Foundation terms indicated in part 4 below.		
TR 12	Bidders must quote for all items indicated in each of the Technical and Financial Schedules to be considered responsive; Any partial quote will be considered to be non-responsive and will lead to disqualification.		
TR 13	The bidder must provide training and training certificates issued to the beneficiary personnel prior to completion certificate		



## **THE BIDDER MUST MEET THE FOLLOWING TECHNICAL SPECIFICATIONS:**

- All the goods supplied shall be new and genuine unused, of the latest design and supplied as specified.
- The delivery completion period shall be within two (2) weeks after the date of signing the Contract. Delivery must be for a complete schedule. Partial delivery shall not be accepted.
- All equipment shall be of the following characteristics:
  - Tested to current Ministry of health Standards
  - Supplied with test certificate/ Quality certificates where applicable
  - Two-year warranty
- Tenderers shall provide catalogues and photos for each of the item quoted for.

## **2. FINANCIAL REQUIREMENTS**

- Financial evaluation shall involve checking completeness and arithmetic errors of financial bid.
- Presence of a duly filled signed and stamped Price Schedule.
- Financial evaluation shall be based on quoted price and subject to negotiations.
- All prices quoted must be included delivery to User/ Beneficiary Community Bidders must quote for all items in each Schedule to be considered responsive. Partial quote in each Schedule shall be considered to be non-responsive and shall lead to disqualification.
- The lowest evaluated price per schedule shall be recommended for award. Award can be based on One Schedule or more.

## **3. PAYMENT TERMS**

- There will be No Early Payments or Advance Payments for this Delivery Works
- The bidder must provide training and training certificates issued to the beneficiary personnel
- All Payments will be made after Delivery, Commissioning and Certification by M-Pesa Foundation as per the Terms of Engagement.
- Payment Period will be as per the terms of Engagement with M-Pesa Foundation.

## **NOTES:**

- Only the suppliers who provide the requested details will be considered for further discussions,
  - Contracting Authority reserves, at its sole discretion, the right to select or reject, either in totality or partially, any or all proposals made in the context of this RFQ. Any such decisions made will be final and no correspondence will be engaged in, other than for the purpose of informing the bidders of the outcome of the process.
-

## TENDER FORMS

*Instructions to Bidder. Bidder must complete and submit as part of the Form of Tender.*

- (i) FORM OF TENDER
- (ii) SCHEDULE OF REQUIREMENTS TABLE (**See Specifications Attached**)
- (iii) CERTIFICATE OF INDEPENDENT TENDER DETERMINATION
- (iv) SELF-DECLARATION FORM

### **FORM OF TENDER** [To be completed by Bidder]

Quotation Addressed to ( <i>Procuring Entity</i> )	
Date of Quotation	
Quotation Reference Number:	
Subject of Quotation	

1. We have examined and have no reservations to the Request for Tender document, and understand its full content and intent.
2. In compliance with your request for Tenders dated \_\_\_\_\_, referenced above, we offer to \_\_\_\_\_ (**Supply the Goods**) to cover and conform to our pricing listed in the attached in Table B. Tender Submission TABLE at a total price of Kenya Shillings \_\_\_\_\_ (in words) \_\_\_\_\_
3. We confirm that we are eligible to participate in public procurement and meet the eligibility criteria specified in Part 1: INSTRUCTIONS TO BIDDERS.
4. We also confirm that the \_\_\_\_\_ (**works to be constructed**) conform to the **Specifications** and in conformity with technical specifications listed in PART 2: SCHEDULE OF REQUIREMENTS of this RFQ Document.
5. We undertake to adhere by the Code of Ethical Conduct for Suppliers, Contractors and Service Providers, copy available from \_\_\_\_\_ (*specify website*) during the procurement process and the execution of any resulting contract.
6. We confirm that the prices quoted are **fixed and firm** for the duration of the validity period and performance of the contract and will not be subject to revision or variation.
7. The validity period of our Tender is: \_\_\_\_\_ days from the time and date of the submission deadline (*number to be same as in the instructions to Bidders*).
8. We confirm we are not submitting any other Tender as an individual or firm, and we are not participating in any other Tender as a Joint Venture member or as a subcontractor.

9. We, along with any of our subcontractors, suppliers, Engineer, manufacturers, or service providers for any part of the contract, are not subject to, and not controlled by any entity or individual that is subject to a temporary suspension or a debarment imposed by the Public Procurement Regulatory Authority or any other entity of the Government of Kenya, or any international organization.
10. We hereby certify that we have taken steps to ensure that no person acting for us or on our behalf engages in any type of Fraud and Corruption.
11. We hereby certify and confirm that the Tender is genuine, non-collusive and made with the intention of accepting the contract if awarded. To this effect we have signed the “Certificate of Independent Tender Determination” attached below.
12. We, the Bidder, have completed fully and signed the **FORM FOR DISCLOSURE OF INTEREST**- interest of the firm in the Procuring Entity, attached below.

The Delivery/Completion period offered is: \_\_\_\_\_ days from date of acceptance of Tender. The warranty period offered is \_\_\_\_ weeks.

Tender Authorized by:

Name and designation: \_\_\_\_\_

Signature: \_\_\_\_\_

Stamp: \_\_\_\_\_

i) **SCHEDULE OF REQUIREMENTS TABLE (see also BQs ATTACHED)**

(Procuring Entity will complete the list of items to be same as those on Part 2 Table A. Schedule of Requirements and Technical Specifications and Bidders should complete columns D and E).

A Item	B Description of Goods/works/services (Procuring Entity to select one)	C Quantity	D Unit price	E Total Price in Ksh
1	<b>Supply Of Medical Equipment – Schedule 1</b>	1		
2	<b>Supply Of Medical Equipment – Schedule 2</b>			
3	<b>Supply Of Electronic Goods- Schedule 3</b>			
4	<b>Supply Of Furniture - Schedule 4</b>			
5				
6				
7				
8				
9				
10				
11				
12				
ETC.				
<b>TOTAL PRICE IN KSH.</b>				

Signature: \_\_\_\_\_

And seal/Stamp

Name: \_\_\_\_\_

Position:

Authorized for and on behalf of (specify name of tenderer) \_\_\_\_\_

Date \_\_\_\_\_

**ii) CERTIFICATE OF INDEPENDENT TENDER DETERMINATION**

I, the undersigned, in submitting the accompanying Letter of Tender to the\_\_\_\_

\_\_\_\_\_ *[Name of Procuring Entity]* for:

\_\_\_\_\_ *[Name and number of +-+Tenders]* in response to the request for Bids made by: \_\_\_\_\_ *[Name of Bidder]* do hereby make the following statements that I certify to be true and complete in every respect:

I certify, on behalf of \_\_\_\_\_ *[Name of Bidder]* that:

1. I have read and I understand the contents of this Certificate;
2. I understand that the Bidder will be disqualified if this Certificate is found not to be true and complete in every respect;
3. I am the authorized representative of the Bidder with authority to sign this Certificate, and to submit the Tender on behalf of the Bidder;
4. For the purposes of this Certificate and the Tender, I understand that the word “competitor” shall include any individual or organization, other than the Bidder, whether or not affiliated with the Bidder, who:
  - a) has been requested to submit a Tender in response to this request for Tenders;
  - b) could potentially submit a Tender in response to this request for Tenders based on their qualifications, abilities orexperience;
5. The Bidder discloses that [check one of the following, as applicable]:
  - a) The Bidder has arrived at the Tender independently from, and without consultation, communication, agreement or arrangement with, any competitor;
  - b) the Bidder has entered into consultations, communications, agreements or arrangements with one or more competitors regarding this request for Tenders, and the Bidder discloses, in the attached document(s), complete details thereof, including the names of the competitors and the nature of, and reasons for, such consultations, communications, agreements or arrangements;
6. In particular, without limiting the generality of paragraphs (5)(a) or (5)(b) above, there has been no consultation, communication, agreement or arrangement with any competitor regarding:
  - a) prices;
  - b) methods, factors or formulas used to calculate prices;
  - c) the intention or decision to submit, or not to submit, a Tender; or
  - d) the submission of a Tender which does not meet the specifications of the request for Tenders; except as specifically disclosed pursuant to paragraph (5) (b) above;
7. In addition, there has been no consultation, communication, agreement or arrangement with any competitor regarding thequality, quantity, specifications or delivery particulars of theworks or services to which this request for Bids relates, except as specifically authorized by the procuring authority or as specifically disclosed pursuant to paragraph (5)(b) above;
8. the terms of the Tender have not been, and will not be, knowingly disclosed by the Bidder, directly or indirectly, to any competitor, prior to the date and time of the official Tender opening, or of the awarding of the Contract, whichever comes first, unless otherwise required by law or as specifically disclosed pursuant to paragraph (5)(b) above.

Name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

\_\_\_\_\_  
*[Name, title and signature of authorized agent of Bidderand Date]*

**iii) SELF-DECLARATION FORM**

We, the Bidder \_\_\_\_\_ (*insert name*) submitting our Tender in respect of Tender No \_\_\_\_\_ for \_\_\_\_\_ (*insert Tender Title Description*) for \_\_\_\_\_ (*insert Name of Procuring Entity*)

**DECLARE AS FOLLOWS:**

That, We the Bidder including any entity or individual that directly or indirectly controls, is controlled by or is under common control with us, and any subcontractors, suppliers, project managers, consultants, manufacturers, service providers, agents, individuals, or any other party involved or to be involved for any part of the processes of procurement and contract execution related to the above Tender:

- a) have not engaged/will not engage in any corrupt or fraudulent practices in the processes of procurement and contract execution related to the above Tender as defined and/or described in the following:
  - i) the RFQ for the above Tender;
  - ii) Kenya's Public Procurement and Asset Disposal Act, 2015) and its attendant Regulations;
  - iii) Kenya's Anti-Corruption and Economic Crimes Act, 2013; and
  - iv) any such other Acts or Regulations of Government of Kenya;
- b) have not offered/will not offer any inducement to any member of the board, management, staff and/or employees and/or agents of ..... (*Name of the procuring entity*);
- c) have not engaged/will not engage in any collusive or corrosive practice with other BIDDERS participating in the subject Tender;
- d) have not been sanctioned or debarred by any entity from participation in public procurement proceedings of Kenya.

That, what is deponed to herein above is true to the best of our knowledge, information and belief.

**Name of the Bidder** ..... [*insert complete name of Bidder signing the Tender*]

**Name of the person duly authorized to sign the Tender on behalf of the Bidder:**

..... [*insert complete name of person duly authorized to sign the Tender*]

**Title of the person signing the Tender** ..... [*insert complete title of the person signing the Tender*]

**Signature of the person named above** ..... [*insert signature of person whose name and capacity are shown above*]

## CONFIDENTIAL BUSINESS QUESTIONNAIRE

You are requested to give the particulars indicated in Part 1 and either Part 2 (a), 2 (b) or 2(c) and (2d) whichever applies to your type of business.

**You are advised that it is a serious offence to give false information on this Form.**

### *Part 1 – General*

Business Name .....

Location of business premises:      Country/Town.....

Plot No..... Street/Road .....

Postal Address..... Tel No.....

Nature of Business.....

Maximum value of business which you can handle at any time:

Kenya Shillings.....

Name of your bankers.....

Branch.....

### *Part 2 (a) – Sole Proprietor*

Your name in full..... Age.....

Nationality..... Country of Origin.....

Citizenship details .....

**Part 2 (b) – Partnership**

Give details of partners as follows:

	<i>Name in full</i>	<i>Nationality</i>	<i>Citizenship Details</i>	<i>Shares</i>
1.	.....	.....	.....	.....
2.	.....	.....	.....	.....
3.	.....	.....	.....	.....
4.	.....	.....	.....	.....

**Part 2(c) – Registered Company**

Private or Public .....

State the nominal and issued capital of the company:

Nominal Kshs. ....

Issued Kshs. ....

Give details of all directors as follows:

	<i>Name in full</i>	<i>Nationality</i>	<i>Citizenship Details*</i>	<i>Shares</i>
1.	.....	.....	.....	.....
2.	.....	.....	.....	.....
3.	.....	.....	.....	.....
4.	.....	.....	.....	.....

\* Citizenship either by birth, nationalization or



***Part 2(d) Interest in the Firm:***

Are there any person/persons in the employment of M-Pesa Foundation WHO has interest in this firm?  
Yes/No ..... (Delete as necessary)

I certify that the above information is correct.

.....

Title

.....

Signature

.....

Date

*\* Attach proof of citizenship*

## **BOQS – SCHEDULES OF EQUIPEMNT AND FURNITURE**

SCHEDULE 1: Supply Of Medical Equipment of The Expanded Newborn and The Standardized New born unit Care at Msambweni County Referral Hospital.

SCHEDULE 2: Supply Of Medical Equipment of The Expanded Newborn and The Standardized New born unit Care at Msambweni County Referral Hospital.

SCHEDULE 3: Supply Of Electronic Goods of The Expanded Newborn and The Standardized New born unit Care at Msambweni County Referral Hospital.

SCHEDULE 4: Supply Of Furniture of The Expanded Newborn and The Standardized New born unit Care at Msambweni County Referral Hospital.

EQUIPPING OF THE EXPANDED NEWBORN AND THE STANDARDISED NBU CARE AT MSAMBWENI COUNTY REFERRAL HOSPITAL					
SCHEDULE 1		SUPPLY OF MEDICAL EQUIPMENT OF THE EXPANDED NEWBORN AND THE STANDARDISED NBU CARE AT MSAMBWENI COUNTY REFERRAL HOSPITAL			
		QUANTITY	UNIT PRICE ESTIMATE	TOTAL	MODEL
<b>A TRIAGE AREA</b>					
1	Oxygen flowmeter infant	1		-	2LPM
2	Baby weighing scale	1		-	Baby
3	Measuring mat(Infantometer)	1		-	100CM (Foldable)
4	Laryngoscope	1		-	Full Set (LED bulb)
5	Digital thermometers(contact)	2		-	FLEX
6	Handheld pulse oximeter	1		-	With infant and neonatal probe
7	Ambubag(infant)	2		-	With term and pre-term masks
8	Suction machine	1		-	7A-23D (Double jar,Electrical)
9	PEDASTAL BINS	3		-	30L(PLASTIC) Yellow, Black and Red
<b>NICU</b>					
10	Suction machine	1		-	7A-23D
11	Laryngoscope	1		-	Full Set (LED bulb)
12	Handheld pulse oximeter	5		-	With infant and neonatal probe
13	Nebulizer	1		-	Electric compressor
14	Radiograph viewer	1		-	LED Large in size
15	Digital thermometers(contact)	2		-	Flex (Contact) Digital
16	PEDASTAL BINS	3		-	30L(PLASTIC) Yellow, Black and Red
17	Oxygen flowmeter infant	1		-	2LPM
18	Dripstands	4		-	With Castors and adjusting knob
19	Ambubag(infant)	2		-	With term and pre-term masks
20	Procedure trolley	1		-	Mechanical (Stainless aasteel) 2 shelves
<b>HDU</b>					
21	Suction machine	1		-	7A-23D
22	Laryngoscope	1		-	Full Set (LED bulb)
23	Dripstands	3		-	With Castors and adjusting knob
24	Handheld pulse oximeter	6		-	Edan(includes probes)
25	Oxygen flowmeter infant	1		-	2LPM
26	Ambubag(infant)	2		-	With term and pre-term masks
27	PEDASTAL BINS	3		-	30L(PLASTIC) Yellow, Black and Red
28	Procedure trolley	1		-	Stainless steel
<b>NURSERY 01</b>					
29	BABY COTS	6		-	Stainless steel(BC654)
30	ROOM HEATER	1		-	Von (1600W)
28	Procedure trolley	1		-	Stainless steel
29	Oxygen flowmeter infant	1		-	2LPM

EQUIPPING OF THE EXPANDED NEWBORN AND THE STANDARDISED NBU CARE AT MSAMBWENI COUNTY REFERRAL HOSPITAL					
SCHEDULE 1		SUPPLY OF MEDICAL EQUIPMENT OF THE EXPANDED NEWBORN AND THE STANDARDISED NBU CARE AT MSAMBWENI COUNTY REFERRAL HOSPITAL			
		QUANTITY	UNIT PRICE ESTIMATE	TOTAL	MODEL
30	PEDESTAL BINS	3	-	-	30L(PLASTIC) Yellow, Black and Red
				-	
	<b>NURSERY 02</b>			-	
31	Oxygen flowmeter Infant	1	-	-	10LPM
32	Procedure trolley	1	-	-	Stainless steel
33	BABY COTS	6	-	-	Stainless steel(BC654)
34	ROOM HEATER	1	-	-	Von (1600W)
35	PEDESTAL BINS	3	-	-	30L(PLASTIC) Yellow, Black and Red
				-	
	<b>LAUNDRY</b>			-	
36	Linen trolley	1	-	-	Mechanica (stainless steel) with castors
				-	
	<b>KANGAROO MOTHERS</b>			-	
37	SINGLE CRANK BEDS	8	-	-	Mechanical(stainless steel)
38	DECONTAMINATION BUCKETS	4	-	-	20L transparent or translucent
39	PEDESTAL BINS	3	-	-	30L(PLASTIC) Yellow, Black and Red
40	FRIDGE FOR EBM	1	-	-	Labcold
				-	
	<b>POSTNATAL</b>			-	
41	PEDESTAL BINS	3	-	-	30L(PLASTIC) Yellow, Black and Red
42	Crocks shoes	50	-	-	Plastic
				-	
	<b>SLUICE ROOM</b>			-	
43	DECONTAMINATION BUCKETS	4	-	-	20L transparent or translucent
				-	
	<b>PHARMACY</b>			-	
44	DRUG FRIDGE	1	-	-	Labcold
				-	
		TOTAL		-	

## EQUIPPING OF THE EXPANDED NEWBORN AND THE STANDARDISED NBU CARE AT MSAMBWENI COUNTY REFERRAL HOSPITAL

EQUIPPING OF THE EXPANDED NEWBORN AND THE STANDARDISED NBU CARE AT MSAMBWENI COUNTY REFERRAL HOSPITAL				
SCHEDULE 1				
SUPPLY OF MEDICAL EQUIPMENT OF THE EXPANDED NEWBORN AND THE STANDARDISED NBU CARE AT MSAMBWENI COUNTY REFERRAL HOSPITAL				
	QUANTITY	UNIT PRICE ESTIMATE	TOTAL	MODEL
<b>A TRIAGE AREA</b>				
1	Baby warmer	1	-	With examination light, heaters and baby mat.
2	Crash cart	1	-	With lockable shelves and on casters.
<b>NICU</b>				
10	Baby warmer	1	-	With examination light, heaters and baby mat.
11	CPAP	1	-	Full Set (LED bulb)
12	Infant incubator	3	-	With humidifier, Temp regulator F degC, heaters, drawers and a canopy
13	Blood gas analyzer	1	-	10 parameters (Lactate, calcium, pH, PO2, Pco2, Hct, Cl, Na, K, Glu, Anion Gap+J11:K11
14	Oxygen blender	2	-	Flow 0-30 LPM, O2 Concentration 21% and 100%, with double output port and alarm system
15	Phototherapy lights	2	-	Adjustable frame (LED)
16	Patient monitor	1	-	With NIBP(neonatal cuff), SpO2, Temp, ECG Probes on stand with castors
17	Syringe pump	2	-	Automatic syringe recognition and automatic infusion rate calculation
18	Infusion pump	2	-	High accuracy and with 6 infusion modes
<b>HDU</b>				
19	Baby warmer	1	-	With examination light, heaters and baby mat.
20	Syringe pump	2	-	Automatic syringe recognition and automatic infusion rate calculation
21	Infusion pump	2	-	High accuracy and with 6 infusion modes
22	Oxygen blender	2	-	Flow 0-30 LPM, O2 Concentration 21% and 100%, with double output port and alarm system
23	Phototherapy lights	2	-	Adjustable frame (LED)
24	Infant incubator	3	-	With humidifier, Temp regulator F degC, heaters, drawers and a canopy
<b>NURSERY 01</b>				
25	Baby warmer	1	-	With examination light, heaters and baby mat.
26	Oxygen blender	2	-	Flow 0-30 LPM, O2 Concentration 21% and 100%, with double output port and alarm system
<b>NURSERY 02</b>				
27	Baby warmer	1	-	With examination light, heaters and baby mat.
28	Oxygen blender	2	-	Flow 0-30 LPM, O2 Concentration 21% and 100%, with double output port and alarm system
<b>TOTAL</b>			-	

EQUIPPING OF THE EXPANDED NEWBORN AND THE STANDARDISED NBU CARE AT MSAMBWENI COUNTY REFERRAL HOSPITAL				
SCHEDULE 1				
SUPPLY OF MEDICAL EQUIPMENT OF THE EXPANDED NEWBORN AND THE STANDARDISED NBU CARE AT MSAMBWENI COUNTY REFERRAL HOSPITAL				
	QUANTITY	UNIT PRICE ESTIMATE	TOTAL	MODEL
<b>A LAUNDRY</b>				
1 Washing machine	1		-	12KG
2 Drier	1		-	Dryer airvented(DV80TA020AX)
3 Laundry baskets	3		-	Meshed(plastic)
4 Tapped can (Water urn)	1		-	10 Liters Electric
			-	
<b>POSTNATAL</b>				
4 Wall clocks	3		-	QUARTZ with AA Batteries
			-	
<b>STAFF LOUNGE</b>				
5 Microwave	1		-	25L With grill
6 Plastic bowls	50		-	Heavy duty
7 Plastic cups	50		-	Heavy duty (Graduated)
			-	
	<b>TOTAL</b>		-	

## EQUIPPING OF THE EXPANDED NEWBORN AND THE STANDARDISED NBU CARE AT MSAMBWENI COUNTY REFERRAL HOSPITAL

EQUIPPING OF THE EXPANDED NEWBORN AND THE STANDARDISED NBU CARE AT MSAMBWENI COUNTY REFERRAL HOSPITAL					
SCHEDULE 2		SUPPLY OF FURNITURE OF THE EXPANDED NEWBORN AND THE STANDARDISED NBU CARE AT MSAMBWENI COUNTY REFERRAL HOSPITAL			
		QUANTITY	UNIT PRICE ESTIMATE	TOTAL	MODEL
<b>TRIAGE AREA</b>					
1	NURSE DRAWER TABLE	1		-	with drawers
2	NURSE CHAIRS	4		-	3 position tilt lock (Easy to clean durable office chair)
				-	
<b>NICU</b>					
3	NURSE DESK	1		-	with drawers
4	NURSE CHAIR	2		-	3 position tilt lock (Easy to clean durable office chair)
5	Patient chair	6		-	Heavy duty thermoplastic
				-	
<b>HDU</b>					
6	NURSE DESK	1		-	With drawers
7	NURSE CHAIR	2		-	3 position tilt lock (Easy to clean durable office chair)
8	Patient chair	6		-	Heavy duty thermoplastic
				-	
<b>NURSERY 01</b>					
9	NURSE CHAIR	2		-	3 position tilt lock (Easy to clean durable office chair)
10	NURSE DESK	1		-	With drawers
11	Patient chair	6		-	Heavy duty thermoplastic
				-	
<b>NURSERY 02</b>					
12	NURSE CHAIR	2		-	3 position tilt lock (Easy to clean durable office chair)
13	NURSE DESK	1		-	With drawers
14	Patient chair	6		-	Heavy duty thermoplastic
				-	
				-	
<b>KANGAROO MOTHERS</b>					
15	NURSE CHAIR	2		-	3 position tilt lock (Easy to clean durable office chair)
16	NURSE DRAWER TABLE	1		-	With drawers
17	Patient chair	6		-	Heavy duty thermoplastic
				-	

SCOPE & TERMS OF REFERENCE  
MEDICAL EQUIPEMETS - MSAMBWENI

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#### SCOPE

- Supply, installation as per specifications given above
- Supplier shall bring with him all tools required for installation testing and commissioning of the medical equipment's above

#### TESTING

Testing to be done after installation at Msambweni County Referral Hospital

#### STANDARDS

Should have local service facility provider, the service provider should have necessary equipment recommended by manufacturer to carryout installation and preventive maintenance

#### GUARANTEE

Equipment supplied shall be guaranteed against any manufacturing defect or trouble-free performance for a period of 2 years for complete unit after commissioning.

During this guarantee period of 2 years servicing shall be carried out at free of cost as per manufacturer standard

#### ACCEPTANCE

Acceptance shall be based on the testing and performance.

#### DOCUMENTATION

- User/operation manual
- Maintenance manual
- Warranty document
- Delivery note

#### DELIVERY POINT

Msambweni Referral Hospital  
County Government of Kwale

Supplier is responsible for any transit damages and same shall be rectified/replaced free of charge.

## MEDICAL EQUIPMENT SPECIFICATIONS

### 1. Specifications of room heaters

- Electric quartz heater
- 400-1600 watts
- Adjustable thermostat
- High- quality Quartz tube
- Overheat protection
- 220-240V

### 2. Specifications of procedure trolley

- Material should be made of high-quality stainless steel
- Anti –corrosion and easy to clean
- Durable, noiseless and stable casters of 4\*75mm universal casters (2 with brakes)
- Should have bright and smooth surface
- Platform of 2 layers or 3 layers surrounded with stainless guiderails for each layer and handrails
- Should be easy to assemble
- Safe loading capacity 180 kgs

### 3. Specifications of patient bed

Manual crank 1 pc.

5" covered castors. TPR tire no worn out after running 10 km. Anti-winding hard shell cover, united forming without bolts 4pcs

L-shaped foldable side rail (patent), bended tube, solid installing, 0 shaking, anti-pinch, ensure patients safety

PP bed ends with safe lock with 65mm horizontal corner bumper wheels at the outermost periphery of the bed, 1 set

PP bed platform with integrated mattress retainer at the both sides of the back and leg section, with a boarder of 33mm height, 1 set

IV pole, bearing 15kg, 4 hooks 1 set

IV pole prevision 4 pcs

Mobile plastic drainage hooks, 2 pcs

External size (L x W x H) 2130x1020x420-730mm

Safe working load 200kg

Back-rest adjustment 0-70°

Knee -rest adjustment 0-38°

### 4. Specifications of infant incubator

#### General Description

The unit should have a Microprocessor based servo-controlled temperature system with two control modes: Air mode and baby skin mode.

Humidity should be adjustable continuously. Should be fitted with audible and visual alarms for failure functions.

#### Technical specifications

- Cabinet; Should be fitted with a cabinet for 4 drawers and a RS232 connector, Oxygen inlet Should be made of Single wall hood with at least 4 operating windows and 2 iris ports
- Hood; the inclination of infant bed is adjustable, Triple protection for over temperature with separate cut off device, more safety
- Safety; 700~1060 hPa <0.3m/s
- Ambient velocity; Set Temperature, air temperature, baby skin temperature, timer and heating power
- Control panel; should be well displayed by LED or its equivalent.
- The control panel should be under lock to prevent inadvertent changes of the setting
- Security; The control panel should be under lock to prevent inadvertent changes of the setting. Over temperature should be amendable in the front panel directly.
- Temperature control; Skin 32oC to 38oC, accuracy  $\leq 0.5oC$ , Mattress temperature uniformity: <2oC, skin. Temperature sensor accuracy  $\pm 0.3oC$ , warm up time:  $\leq 45min$
- Temperature control 670mm x 540mm
- Mattress dimensions Approximately 800 mm
- Distance from heater to mattress AC 220V-240V 50Hz  $\pm 2\%$

### 5. Specifications of Phototherapy unit

- Electrical requirement; 120VA  
 $\geq 425\text{ nm} - 475\text{nm}$   
 $\geq 500\mu\text{w}/\text{cm}^2$
- Power supply; 180 mm – 240mm
- Wavelength; 0o-90o
- Light output; 2h  $\pm 1\text{ min}$
- Tilt able light unit
- LED type with adjustable frame.

### 6. Specifications of suction machine

#### General Description

It should be Manufactured in grey white ABS high-resistance material (RAL 9002), -provided with 4 Ø80mm wheels (1 of them antistatic, 2 of them with brakes).

It should have Long-life piston type, oil free, non-maintenance required Suction Pump.

With 2 polycarbonate collection jars (4 litres – scale up to 3500ml) each, with safety valve to prevent overfilling. The Collection jar should be supported according to EN 12218:1998.

Hydrophobic PTFE bacteria filter, guaranteeing over 99,95% particle retention and 99,99% bacterial challenge efficiency.

It should have an On/Off Switch.

Precise, continuous suction pressure-regulating Knob.  
 High Vacuum Gauge (0-100kPa / 0-760 mmHg) using a high-visibility display (Ø67mm).  
 3m PVC suction tube (Ø8mm inside – Ø13 mm outside).  
 3m electric cable housing  
 To be supplied with 100 pcs bacterial filters

*Technical specifications*

- Maximum pump flow 40L/Min
- Maximum Vacuum 86Kpa- 866m bar – 650mmHg
- Noise Level<45 1.5dB (AS)/ 1 m
- Power 250W
- Voltage 200 – 240V Ac (50-60 Hz)
- Intensity 1.7A
- Product life 10,000 h
- Storage temperature -40°C – 70°C
- Operating temperature 7°C – 40°C
- Dimensions 960 x 430 x 340 mm
- Weight 23.4 Kg

### 7. Specifications of nebulizer machine

Item Code No.	Item Description	Nebulizer Machine
<i>1. General Description</i>		
Piston compressor for aerosol therapy, designed for hospital use, with a comfortable handle and a large compartment to facilitate handling together with its accessories and medicines		
<i>Technical Specifications</i>		
2.1	Main Structure	
2.1.1	Compressor	dry pump no lubrication and / or maintenance
2.1.2	Standard power Absorbed	230 V-50 Hz
2.1.3	power	170 VA
2.1.3.1	Max pressure	2.5 bar 36 psi 250 Kpa
2.1.3.2	Operating pressure	1.1 bar
2.2	Free flow	14 L / min
2.3	Operational flow	5 L / min
2.4	Neb-rate with 4 ml of 0.9% 0.40 ml / minNaCl Solution	
2.5	Average mass aerodynamic µm (MMAD)diameter	2.44
2.6	Respirable fraction (<5 µm)	> 80%
2.7	Operation	Continuous
2.8	Noise level (EN 13544-1	55 dBstandard)
2.9	Weight	1.65 Kg
2.10	dimensions	140x120x220 mm

### 8. Specifications of a washing machine

- Output: 2000W.
- Voltage: AC 220-240V/50Hz.
- Wash Capacity: 12Kgs.
- Spin Speed: 1400 RPM

- Temperature Selection up to 90°C
- A+++
- Brushless Inverter Motor with 10-Year Warranty on Motor
- Spa Care – Washes clothes with steam which kills allergens, and viruses up to 99.99%
- Drum Clean
- Pre Wash – for very dirty clothing
- Add Garment – Allows clothes to be added mid cycle
- Speed Wash – Reduces Washing time
- Delay Start – Up to 24Hrs
- Power Out Auto Restart
- 15 Min Quick Wash
- 14 Programs
- Child Lock
- Self Diagnose
- IP Rating: IPX4
- Product Size (MM): 595x595x850
- Gross Weight / Net Weight: 78kgs / 73kgs
- 2 YEARS WARRANTY
- 10 YEARS WARRANTY ON COMPRESSOR

### 9. Specifications of Baby cot

Item Code No.	Item Description	Baby Cart/Crib
3. General Description		
To be used after delivery. Must be mobile and easy to move around. The Castors should beantistatic with brakes on either sides.		
2	Specifications	
2.1	Structure	Made of epoxy coated frame, with mattress
2.2	Crib	Preferably made of transparent plastic to hold the baby
2.3	Approximate dimensions	Length 875 Width 525 with a good ground clearance
3	Warranty	
3.1	Equipment	Minimum of one year after commissioning on all parts.
3.2	Equipment System	Nil

### 10. Specifications of a CPAP machine

Item Code No.	Item Description	CPAP MACHINE WITH AUTO MODE

1. General Description		
Features : Gas mixing Humidifier Patient circuit Pulse oximeterAir compressor		
2	Technical Specification	Performance PEEP/CPAP type : bubble Pressure range 0- 10 cm H2O Gas mixing type : electronic Oxygen percentage /FiO2; 21 – 100% FLOW RATE 4 -9 Ltrs per minute Air compressor type: blower Power supply :Integrated Gas supply oxygen input range :25 -60 PSI Humidity 90% RH Warm up time :20 minutes at room temperature Gas temperature :37 – 40 degrees Pulse oximeter 1 -100% SPO2 BPM measurement : 25 – 240 bpm Electrical specification :240 VAC/50HzMax power:240W Over voltage /over current protection
3	Warranty	
3.1	Equipment	Minimum of one year after commissioning on all parts.
3.2	Equipment System	Nil

## 11. Other items/ medical furniture/ appliances

Item No.	Description	Technical Specifications
1	Laryngoscope	<ul style="list-style-type: none"> <li>• With 3 blades</li> <li>• The three blades to be of different sizes(100mm,130mm,155mm)</li> <li>• Made of Autoclavable material(all stainless steel)</li> <li>• Spare bulb 2No</li> <li>• Dry cell battery, to be provided</li> </ul>
2	Tables	<ul style="list-style-type: none"> <li>• 4 ft x 3 ft in size</li> <li>• Wooden with a waterproof Formica</li> <li>• With metallic legs</li> <li>• With a chest of 3 drawers, the Top drawer been lockable</li> </ul>

3	Nurse Chairs	<ul style="list-style-type: none"> <li>• The frame is made of steel</li> <li>• The platform made of artificial leather</li> <li>• With arm rest and headrest</li> <li>• Durable.</li> </ul>
4	Patient chair	<ul style="list-style-type: none"> <li>• Heavy duty thermoplastic</li> <li>• With steel base</li> <li>• Blue colour or green.</li> </ul>

## 12. Specifications of Drip stand

### General Description

It should be made of stainless steel with at least 2 hooks. Should be on lockable castors for ease of movement and an adjustable height.

### Technical specifications

- Structure; preferably made of stainless steel or its equivalent
- Movement; It should be mobile with four castors with brakes
- Height; adjustable with a locking knob

## 13. Specifications of a baby weighing scale

Item Code No.		Item Description	Infant weighing scale
1.	General Description	Electronic weigh scale.	
2	Technical specification	Electronic Infant weighing scale . Display LED Should have zero calibration Max Capacity 20kgs Minimum measuring capacity 25gms Readability 5gms Construction should not allow baby to slip from tray Power 230v /50Hz	
3	Warranty		
3.1	Equipment	Minimum of one year after commissioning on all parts.	
3.2	Equipment System	Nil	

## 14. Specifications of Patient monitor.

Item Code No.		Item Description	Patient Monitor
1.	General Description	The Patient monitor is to be used in the nursing stations, wards and the ICU. It should be electric with a backup battery. It should perform the following parameters: ECG; RESP; NIBP; SPO2; CO2, TEMPERATURE, IBP.	

2	Technical Specifications	
2.1	Performance	
2.1.1	ECG	3 lead ECG input; 5 lead ECG input; 12 leads ECG input
2.1.2	Lead selection	I,II,III.; I,II,III, aVR, aVL, aVF, V.; I,II,III, aVR, aVL, aVF, V1-V6
2.1.3	Gain	2.5mm/mV(0.25), 5 mm/mV(x0.5), 10 mm/mV(x1), 20 mm/mV(x2), 40mm/mV(x4), auto
2.1.4	CMRR	Monitor mode ≥ 105dB; Surgery Mode ≥ 105dB; Diagnostic Mode ≥ 90dB Monitor Mode 0.5-40Hz; Surgery mode 1-25Hz; Diagnostic Mode 0.05-
2.1.5	Frequency response	150Hz
2.1.6	Input impedance	≥ 5.0 Mohm
2.1.7	ECG signal range	± 10.0 mV
2.1.8	ECG signal range	± 500mV
2.1.9	Electrode offset potential	< 10 μA
2.1.10	Patient leakage current	1 mV ± 5%
2.1.11	Standardization Signal	< 5s after defibrillation. (Mon or Surg Mode)\
2.1.12	Baseline recovery	Every electrode (exclusive of RL)
2.1.12	Indication of electrode	



	Separation	
2.1.3.2		
2.2	RESP	Method: Thoracic impedance; Lead selection from: I(RA-LA) or II(Ra-LL); Default:I X0.25, x1, x2 x4
2.2.1	Gain	0.25 Hz to 2.0Hz (-3dB)
2.2.2	Bandwidth	6.25mm/s, 12.5mm/s, 25mm/s
2.2.3	Sweep speed	0-150 rpm
2.2.4	Measurement Range	1 rpm
2.2.5	Resolution	± 2rpm or ± 2%, whichever is greater
2.2.6	Accuracy	10s, 15s, 20s, 25s, 30s, 35s, 40s, 45s, 50s, 55s, 60s
2.2.7	Delay of Apnea Alarm	
2.3	NIBP	Automatic oscillometry
2.3.1	Mode of measurement	Adult: SYS 30-270 mmHg; DIA 10-220mmHg; MAP 20-235mmHg
2.3.2	Range of measurement	Child: SYS 30-235 mmHg; DIA 10-220mmHg; MAP 20-225mmHg Neonate: SYS 30-135mmHg; DIA 10-000mmHg; MAP 20-125mmHg
		0-300mmHg
		1 mmHg
2.3.3	Cuff pressure range	Static: ± 2% or 3mmHg, whichever is greater; Clinical ± 5mmHg average
2.3.4	Resolution	error; standard deviation:≤8 mmHg
2.3.5	Pressure accuracy	mmHg, kPa
		Manual, Auto, STAT
2.3.6	Unit	1,2,3,4,5,10,15,30,60,90 minutes; 2,4,8, 12 hrs
2.3.7	Measurement mode	
2.3.8	Intervals for Measurements	Auto Keep 5 minutes at 5 seconds interval Hardware and software double protections
2.3.9	STAT mode cycle time	40-120 bpm
2.3.10	Overpressure protection	
2.3.11	Pulse rate range	
		0-100%
	SPO <sub>2</sub> (Digital technic)	1%
2.4	Measurement Range	At 70-100%, ±2% (Adult); at 0-69%, ±2%, Unspecified
2.4.1	Resolution	
2.4.2	Accuracy	
2.4.3		20-300 bpm
	PR	1 bpm
2.5	Measurement range	± 1% or ± 1 bpm, whichever is greater
2.5.1	Resolution	
2.5.2	Accuracy	
2.5.3		8
	TEMP (Celcius)	Thermal resistance mode
2.6	Max channel	0.0°C - 50°C
2.6.1	Measurement mode	±0.1°C (exclusive of probe)
2.6.2	Measurement range	±0.1°C
2.6.3	Accuracy	
2.6.4	Resolution	
2.6.5		8
	IBP (mmHg,kPa cmH2O)	Directly invasive pressure measurement
2.7	Max channel	5μV/V/mmHG, ± 2%
2.7.1	Measurement mode	300 to 3000Ω
2.7.2	Sensitivity of transducer	-50 to +350 mmHg
2.7.3	Impedance of transducer	1mmHg
2.7.4	Measurement range	Static: ±1mmHg or 2% whichever is greater (exclusive of transducer);
2.7.5	Resolution	Dynamic ±4mmHg or 4% whichever is greater



2.7.6	Accuracy	Arterial pressure (ART), Pulmonary Artery Pressure (PA), Left Atrium Pressure (LAP), Right Atrium Pressure (RAP), Central Venous Pressure(CVP), Intracranial Pressure (ICP), P1/P2
2.7.7	Transducer site	
2.7.8	Selection of measurement range	ART: 0-+350mmHg, PA: -10 - 120mmHg,CVP/RAP/LAP/ICP:-10 - +40mmHg; P1/P2: -50 +350mmHg
2.7.9		
2.8	EtCO2 (Sidestream)	Infrared spectrum
2.8.1	Measure Method	0.0 - 13.1% (0-99.6 mmHg)
2.8.2	Measurement Range	1mmHg
2.8.3	Resolution	%, mmHg, kPa
2.8.4	Unit	0% - 4.9% ± 0.3%(±2mmHg); 5% - 13.1% < ± 10% of reading
2.8.5	Accuracy	3-150 rpm
2.8.6	Measurement range of awRR Calibration	Offset calibration: Auto, Manual, Gain calibration
2.8.7		
<hr/>		
3	Warranty and Quality	
3.	Warranty	
3.11	Equipment	Minimum of two years after commissioning on all parts.
3.12	Equipment System	
3.2	Quality	
3.21	RequirementsISO Certificati	

## 15. Specifications of Neonatal Oxygen flowmeter

- Gas Type: Oxygen (O<sub>2</sub>)
- Fitting Types: 1/8" NPTF, 1/4" NPTF, 1/4" MNPT, Chemetron Quick Connect, DISS Female Hand Tight, DISS Female Hex Nut, DISS Male, Puritan-Bennett Quick Connect
- Increments: Starts in increments of .5 from 0.5 to 5 LPM, then goes to increments of 1 from 5 to 15 LPM
- Calibration: 50 PSI
- Style: Thorpe Chrome-plated Brass Body
- Outlet: DISS 1240

## 16. Specifications of Baby measuring mat (Infantometer)

- DUAL SCALE with readings in cm and inches
- EASY TO READ scale
- FOLDABLE for easy storage and transport
- PVC MATERIAL Easy readable, washable, lightweight non-stretch, non-shrink, plastic.

## 17. Specifications of digital Flex thermometer (Contact)

- Fast 10 seconds measurement (Rectal: approx. 10 secs, Oral: approx. 20 secs, Armpit: approx. 25 secs.)
- Battery life should be approximately 2 years
- Flexible tip for maximum comfort during measurement
- Water resistant
- Memory function recalls last reading
- Temperature can be displayed in Celsius and Fahrenheit
- Measurement method is actual and non predictive
- Beeper guided operation
- Weight approximately 12g (including battery)
- External dimensions 19.4(w) x 132.5(l) x 10.0(d) mm
- Easy to use placement of the ON/OFF button
- Easy to read display
- Protective case included
- 15 language instruction manual

## 18. Specifications of Handheld Pulse Oximeter

- FDA Approved
- LCD display
- RTC (Real Time Clock) display
- Backlight control and automatic power-off function for power saving
- SpO<sub>2</sub> and Pulse rate measurement
- Display numeric and waveform of SpO<sub>2</sub> simultaneously
- Long battery life - up to 48 hours on 4 "AA" or 36 hours on Ni-MH rechargeable batteries
- Powerful data storage capacity
- Data can be transferred to PC for storage, review and printing
- The latest 10 minutes trend graph and table of SpO<sub>2</sub> and Pulse Rate can be reviewed in the screen
- Audible and visible alarm capability
- Pitch Tone

## 19. Specifications of Ambubag (Infant)

- Neonate with neonate pressure limiting valve
- Made of silicone rubber, 100% latex free

- Autoclavable device
- With infant and neonatal masks

## 20. Specifications of a Baby warmer

### Physical Characteristics specifications

1. The unit should be made of mild steel tubular structure pretreated and powder coated.
2. Heater Rotation  $\pm 90^\circ$  to the side to facilitate X-ray procedures.
3. The heater should automatically shut off when in this position.
4. Bed Tilt should be  $\pm 15^\circ$  Trendelenburg and Reverse Trendelenburg, continuous tilt
5. Mattress density should be approx. 21-25 kg/m<sup>3</sup> and removable, washable, water proof cover
6. Should have plastic moulded storage drawers under baby's bed 2-3 in number.

### System Control specifications

1. Should have microprocessor based heater control and manual modes of operation
2. Should have user friendly touch sensitive control panel with large easy to read LED displays for actual (patient and air temperature) and set temperatures.
3. LED indicator for selected mode.
4. Should have Quartz Infrared Heater with parabolic reflector for uniform heat Radiation.
5. The heater unit should be protected by a suitable grill.
6. The heater unit should be swiveling type and should be swiveled effortlessly.
7. The probes should be detachable type.
8. Should have memory back up to retrieve set data against power failure.
9. Should have calibration free temperature sensors.
10. Should have alarms with visual indicators for the following
  - i. Temp high
  - ii. Temp low
  - iii. Probe failure
  - iv. Power failure
  - v. Heater failure
11. The heater should automatically cut off at 38 degree Celsius irrespective of the set parameters.
12. Should have an examination light with ON/OFF switch.
13. Should work with input 200 to 240Vac 50 Hz supply.
14. Should have 0-650 W heater output.
15. Heater output should be adjustable from 0 - 100% in 5% increments
16. servo Control should be between 30 - 38°C in increments of 0.1°C
17. Manual Mode should Indicate manual mode heat selection range from: 0-100% in 5% increments
18. Temperature Measurement Accuracy specification:  $\pm 0.3^\circ\text{C}$  @ 30°C to 40°C
19. Temperature Display Resolution specification:  $\pm 0.1^\circ\text{C}$
20. Temperature Probe Accuracy specification:  $\pm 0.1^\circ\text{C}$  @ 30°C to 42°C
21. Operating Temperature Range: +18 to +30°C
22. Humidity range: 30 to 95% RH

### Regulatory Compliance specification

1. Should have safety certificate from a competent authority CE / FDA (US) /STQC CB certificate / STQC S certificate or valid detailed electrical and functional safety test report from ERTL./test report from ETDC.
2. Copy of the certificate / test report shall be produced along with the technical bid.

### Warranty specification

Should have One year on parts and services

## 21. Specifications of crash cart

- Made of high-strength ABS material
- One-piece ABS plastic top board with raised-edge design, covered transparent soft plastic glass.
- With five drawers: two small size, two middle size and one big size, each inner with partitions which can be organized freely
- One central lock or disposable seal for all drawers
- With transfusion hooks on top and medical equipment holding board
- ABS Medical Crash Cart with CPR Board for Patient with acute stroke
- Pull-out sliding typed writing shelf makes efficiency of space application
- Four luxurious noiseless casters, two with brakes

## 22. Specifications of a Radiograph Viewer

Light frequency 50 KHz

Thickness            Approx. 4.5cm

Input voltage        AC100-250V

Brightness            4000 lux

LED light source 50.000 hours

Wall mounted

## 24. Specifications of blood gas analyzer

1. It should measure Blood Gas (full parameters) in its addition to measure Electrolytes like Na<sup>+</sup>, K<sup>+</sup>, Cl<sup>-</sup>, pH, pO<sub>2</sub>, pCO<sub>2</sub>. and Haematocrit .
2. Calculated parameters: TCO<sub>2</sub>, HCO<sub>3</sub>, Base Excess A-aDO<sub>2</sub>, Buffer Base etc.
3. Should display all results in print out.
4. Should have input parameters of patient Temperature, Hemoglobin FIO<sub>2</sub>, patient ID Etc.
- 5 Should have a sample temperature control of 37 degree centigrade.
6. It should have inbuilt printer.
7. Analysis time should not be more than 90 seconds.
  
8. System should be based on liquid / gas calibration technology.
9. System should not be a cartridge based system i.e. electrodes should not be in the cartridge system.
10. Should work on whole blood and should have syringe and capillary sampling.
11. Should be with numeric keypad, graphic / LCD display, and inbuilt printer and RS 232 port.
12. Analyzer with memory of storing patient data/result minimum 250 or more.
13. System should be supplied complete with all standard accessories, electrodes & start up kits.
14. Onboard life of reagents should not be less than one month.
15. Power input: 220 VAC + 10%, 50 Hz and a suitable one hr. back up UPS should be supplied along with analyzer. There should be storage facility of data in case of power failure.
16. Maintenance free electrode and the unit should be upgradeability for auto quality control.
17. System should be ISI /CE marked or US FDA approved.
18. Should submit certificate of relevant of IEC safety standards.
  
19. Any other parts except reagents to be replaced free of cost during warranty period.

## 25. Specifications of Oxygen Blender

- Safe, accurate and stable, especially for newborns and premature infants, providing safe and reliable oxygen
- Flow: 0 LPM-1.0 LPM, 0 LPM-10 LPM, 0 LPM-18 LPM
- Oxygen concentration adjustment: 21% to 100%; Accuracy:  $<\pm 5\%$
- Pressure difference: when it is over 0.1MPa, alarm goes off
- Input gas pressure: 0.3MPa~0.4MPa

## 26. Specifications of Pedestal Bins

- |                          |  |
|--------------------------|--|
| • <b>Capacity (L)</b>    | 30   |
| • <b>Colour</b>          | Yellow,Red,Black                                 |
| • <b>Dimensions (mm)</b> | 428 (L) x 402 (W) x 436(H)                       |
| •                        | With foot pedal to enable non-contact operation. |

## 27. Specifications of Syringe pump

- Easy Observation: Large Alarm light, visible at 5 meters away
- Easy Carry: Compact design with handle in light weight.
- Easy Operation: friendly keypad, convenient to load syringe with only one hand.
- Long Battery Performance: suitable for using in emergency and patient transferring.
- High Protection Level: IP24, support cleanness with water.
- High Accuracy: achieved within  $\pm 2\%$ .
- Multi Function: DPS, Fast start, Standby.
- Multi-Interface: RS232; WiFi connection; Ambulance supporting, etc.
- Multi language supporting.
- Advanced Docking Station: available for integrated power

## 28. Specifications of Infusion pump

Automatic calculation of third parameter when user enters other two parameters (volume, time, and flow rate).  
Minimum guaranteed flow rate range of 1-1500 mL/hr in either 0.1 or 1 mL/hr increments.

Keep Vein Open (KVO) rate of 1-5 mL/hr.

The accuracy of the flow rate should be 5% or better.

Robust design allow use in demanding environments, resistant against hospital-grade cleaning solutions, fluid proof.

Capable of being mounted on mobile pole/(roll) stand, bed rail and wall-mounted rail.

Open system, compatible with wide range brands of giving sets. Unit is to be calibrated to the characteristics of a specific brand infusion set through DIP switches prior to using the unit.

Designed for frequent and easy dismount and disinfection with hospital-grade products

Built in battery depending on the model either a lithium ion or a lithium metal hydride.

Battery life lasts at least 4 hours at 25mL/hr flow rate.

Automatic switch from mains to battery during power failure.

Auto-off when not in use.

Power requirements: 240 Volts – 50 Hz (110 Volts – 60 Hz available on request, indicate when ordering).

### *DISPLAY FEATURES.*

An integrated display indicating following parameters/information:

- Alarms.
- Pumping status.
- Volume infused.
- Volume limit/Volume To Be Infused (VTBI).

### *ALARMS AND SAFETY FEATURES*

Alarms are audible and visual.

Ability to silence audio alarms for maximum of 2 minutes.

The following alarms are included:

- Air-in-line alarm.
- Down-stream occlusion alarm.
- Open door alarm.
- Infusion complete notification.
- Low/depleted battery alarm.
- Incorrectly loaded set alarm.
- The unit should be protected against uncontrolled gravity flow, a so-called free-flow protection.
- The unit is equipped with a "control lock-out" feature, preventing tampering by patients or visitors with the controls of the unit. (depending on the supplied model).

### *WARRANTY*

Two years.

### ENVIRONMENTAL CONDITIONS

- Operating conditions: 10°C - 30°C / 30% - 75% RH.
- Storage conditions: -20°C - 55°C / 20% - 90% RH.
- Atmospheric pressure: 700 ~ 1060 hPa.
- Ingress protection rating: IPX3.

## 29. Specifications of Drier

- Brushless Inverter Motor
- Heat Pump Technology – Most gentle on clothes
- Drum remains at high temperature after cycle for sterilization
- Cheapest to run – save up to 50% of energy
- Easy installation – Plug & Play
- No vent pipe – install anywhere
- Eco Friendly, no humidity is let out
- 16 Programs
- Rated power 2000W
- Self Diagnosis
- Water Tank Indicator
- Drum interior light
- End of Cycle Buzzer
- Delay Function
- Child Lock

## 30. Specifications of Linen Trolley

- Trolley made of stainless steel.
- Size: 950 × 500 × 900 mm.
- 3 S.S. shelves with guard rails.
- Supplied with 1 bag for dirty linen.



- 4 swivel castors.

### 31. Specification for Laundry Baskets

- Ample Capacity: With a spacious design, this laundry basket provides room for all your laundry needs.
- Durable Construction: Made from high-quality plastic, it's built to withstand the rigors of everyday use.
- Easy-to-Carry Handles: The integrated handles make it convenient to transport laundry from room to room.
- Color Variety: Choose from a range of vibrant colors, including Blue, Pink, Purple, Green, White, and Silver, to match your style.
- Open Design: The open-top design allows for efficient ventilation, helping to keep your laundry fresh.

### 32. Specifications for Tapped Electric Can

- Electric type
- 10L
- With faucet/tap

### 33. Specifications for Fridge for EBM

- 24/7 automatic temperature data logging
- Controller and alarm battery back up and door open alarm
- Power failure alarm
- High temperature alarm
- Low temperature alarm
- Minimum/maximum temperature recording and display
- Off cycle auto defrost
- Fan assisted cooling
- Second temperature probe
- Environmentally friendly refrigerant
- Ammonia free
- Door lock
- Real time temperature display
- Internal light
- Optional micro SD card for transferring temperature data to your computer
- FREE 1 year parts and labour warranty
- Capacity 150L

### 34. Specifications of Crock shoes

- **Upper** Water resistant micro fiber
- **Lining** Soft sandwich mesh
- **Insock** Anti-static breathable EVA insock
- **Outsole** PU injection
- **Tested** By UK Intertek lab (Approved body:0362)
- **Toe** Steel toe cap 200 joules
- **Penetration** Non steel plate

### 35. Specifications of Wall clocks

- Modern wall clock with extra narrow frame
- Large, easy-to-read dial
- Flat design

### 36. Specifications of Micro-wave

- Output: 800W
- Capacity: 25 Litres
- Voltage: AC 230-240V/50Hz
- **Flat Bed:**
  - Wider cooking area for different shapes and sizes of trays
  - Easy to clean
  - No worry of glass turn table breaking
- Touch Control
- 8 Auto Cooking Menus
- 5 Power Levels
- Multi Stage Cooking – Can set 2 different functions to run continuously
- Speed & Weight Defrost Function
- Express Cooking
- Digital clock, Time & Display
- Child Lock
- Durable Glass Door
- Outside Handle Door Opening
- With grill
- With digital clock

### 37. Specifications for Plastic Bowls

- Heavy duty plastic
- Different bright colours

### 38. Specifications for Plastic Cups

- Heavy duty plastic
- Different bright colours
- Graduated

### 39. Specifications for Decontamination bucket

- Should have a lid
- 17L to 20L
- Should be transparent or translucent for easier inspection of liquid level

### 40. Specifications for Drug fridge

- Stainless steel construction
- Digital temperature display
- High temperature alarm
- Low temperature alarm
- Door open alarm
- Door lock
- Fan assisted cooling

- Internal LED light
- Access port
- Remote alarm contacts
- Free manufacturers' calibration certificate
- 2 year UK parts and labour warranty
- Configuration Under Counter
- Capacity (Litres) 150
- Height x Width x Depth 835mm x 600mm x 600mm
- Shelves 2
- Temperature Range +2°C to +8°C
- Door Type Solid
- Lock Type Key lock with 2 keys provided
- Temperature Display
- High/Low Temperature Alarm
- Door Open Alarm
- Auto Defrost
- Access Port
- Remote Alarm Contacts