प्रदेश सरकार
प्रदेश नं.२
सामाजिक बिकास मन्त्रालय
स्वास्थ्य निर्देशनालय

# जलेश्वर अस्पताल, महोत्तरी ।

## ICU **सामग्री सम्बन्धी शिलबन्दी बोलपत्र आह्वानको सूचना**

**सूचना नं.: १/०७६/०७७**

प्रथम पटक प्रकाशित मिति २०७७/१/२

जिल्ला अस्पताल जलेश्वरमा ICU जडान कार्यको लागि प्रकाशित भएको मितिले ३ दिन भित्र निम्नानुसारको शर्तहरुको अधिनमा रहि ईच्छुक सम्वन्धित व्यापारीक फर्म कम्पनीहरुलाई सामग्री आपुर्ति गर्न यो सूचना प्रकाशित गरिएको छ ।

**शर्तहरु :–**

१. शिलबन्दी बोलपत्र फाराम प्रथम पटक सूचना प्रकाशित भएको मितिले ३ औं दिन भित्र कार्यालय समयमा प्रति शिलबन्दी बोलपत्र फारमको रु. ५,०००।– अक्षरेपी रु. पाच हजार मात्र जलेश्वर अस्पतालको कोर्ड नं. ३५००२०१२ खाता नं. १०००२०००१०००० राजश्व शिर्षक नं.१४२२९ (पछि फिर्ता नहुने गरी) बुझाई शिलबन्दी बोलपत्र दाता वा निजको अधिकृत प्रतिनिधीले । ईजाजत पत्र, मू.अ.कर दर्ता प्रमाण पत्र, यस चालु आ.व.को नविकरण कागजात, आ.व. २०७५/०७६ सम्मको कर चुक्ता भएको प्रमाण पत्र, कम्पनी वा फर्म दर्ता प्रमाण पत्रको प्रतिलिपी नोटरी पब्लिकबाट प्रमाणित गराई निवेदन साथ यस कार्यालयबाट दरभाउपत्र फारम खरिद गर्न सकिनेछ ।

२. बिक्री भएका बोलपत्र फारम ४ औं दिनको १२:०० बजेभित्र बोलपत्र वा निजको आधिकारीक प्रतिनिधीले रित पूर्वक सहीछाप तथा शिलबन्दी गरी बोलपत्र आफैले वा आफ्नो प्रतिनिधी मार्फत वा कोरोना रोगको बिषेश कारण e-mail मार्फत यस कार्यालयमा दर्ता गराई सक्नु पर्नेछ । यसरी दर्ता भएका बोलपत्र हरु सोही दिनको २:०० बजे कार्यालयको प्रतिनिधि तथा दरभाउपत्रदाताहरुको प्रतिनिधिको रोहबरमा जदेश्वर अस्पताल, महोत्तरीमा खोलिने छ । बोलपत्र दाता वा निजको आधिकारिक प्रतिनिधी उपस्थित नभएमा पनि दरभाउ खोल्न कुनै बाधा पर्ने छैन ।

३. बोलपत्र पेश गर्दा साथमा धरौटि जमानत वापतको रकम को.ले.नि.का. महोत्तरीको नाउँमा रहेको रा.बा.बैंक, जलेश्वर स्थित एकल धरौटी खाता नं. १२७०५०२०००००० मा नगद जम्मा गरेको सक्कलै बैंक भाउचर वा सो रकम बराबरको ने.रा. बैंकको ईजाजत प्राप्त “क” वर्गको बाणिज्य बैंकहरुबाट यस कार्यालयको नाममा जारी गरिएको कम्तीमा ४५ दिन म्याद अवधि भएको बैंक जमानत पत्र (Bid Bond) पेश गर्नु पर्नेछ ।

४. सिलबन्दी बोलपत्र दताको बोलपत्र स्वीकृत भएपछि सार्वजनिक खरिद ऐन, २०६३ (पहिलो संसोधन) को दफा २७(४) बमोजिम लागत अनुमान भन्दा १५ % सम्म कम अंक कबोल गरेमा कबोल अंकको ५ % र लागत अनुमानको १५ % भन्दा बढी घटेर कबुल गरेको अवस्थामा १५ % भन्दा जति रकमले घटि कबुल गरेको छ सो को पचास प्रतिशतले हुन आउने रकम कबोल अंकको ५ % मा थप गरि कार्य सम्पादन जमानत वापत दाखिला वा सो बराबरको परफरमेन्स बण्ड पेश गरि सम्झौता गर्नुपर्नेछ ।

५ जिल्ला अस्पताल जलेश्वरमा ICU सामग्री आपुर्ति भए पछि बिल भुक्तानी हुँदा नियमानुसार अग्रिम आयकर र ५ (पाँच) प्रतिशत धरौटी कट्टी गरेर भुक्तानी गरिनेछ ।

६ शिलबन्दी बोलपत्र हरु स्वीकृत गर्ने वा नगर्ने सम्पुर्ण अधिकार यस कार्यालयमा सुरक्षित रहने छ ।

७ बोलपत्र सम्वन्धी अन्य थप केही कुरा बुझ्नु परेमा कार्यालय समयभित्र यस कार्यालयको प्रशाशन शाखामा बुझ्न सकिनेछ ।

८ यस सूचनामा उल्लेख हुन छुट भएका अन्य कुराहरुको हकमा सार्वजनिक खरिद ऐन, २०६३ र सार्वजनिक खरिद नियमावली, २०६४ को पछिल्लो संशोधनमा उल्लेख भए अनुसार कार्यान्वयन हुनेछ ।

९ सम्झौताको सूचना प्रकाशित भएको २ दिन भित्र सम्झौता गरिसक्नुपर्ने छ ।

१०. सम्झौता पश्चात ७ सात दिन भित्र सामग्री आपूर्ति गर्नुपर्ने छ ।

११. टेन्डर फारम यस अस्पतालको website www.jaleshwarhospital.com **वा** सामाजिक बिकास मन्त्रालय प्रदेश नं. २ जनकपुरको **website** www.mosd.p2.gov.np बाठ **download** गर्न सकिने छ।

१२. यस सूचनामा उल्लेख नभएकाहकमा सार्वजनिक खरिद ऐन २०६३ र सार्वजनिक खरिद नियमावली २०६४ को पछिल्लो संसोधन अनुसार हुनेछ ।

१३. सामान स्टोकको सुनिश्चितता पेश गर्नुपर्ने छ ।

| क्र.सं. | सूचना नम्बर | कार्य विवरण | लागत अनुमान | धरौटी रकम |
|---|---|---|---|---|
| १ | १/०७६/०७७ | ICU **का सामग्रीहरु** | रु.२५३६००००।०१ | लागत अनुमानको **२.५** प्रतिशतले हुन आउने रकम । |

प्रदेश सरकार

सामाजिक बिकास मन्त्रालय

प्रदेश नं.२

स्वास्थ्य निर्देशनालय

# जलेश्वर अस्पताल

महोत्तरी, जलेश्वर

आ.ब. २०७६/०७७

## ICU सामग्री खरिद सम्बन्धि सिलबन्दी बोलपत्र फारम

महोत्तरी, जलेश्वर

फोन नम्बर ९८४९४७६७९३ वा ९८४४०३१०१६

प्रदेश सरकार
प्रदेश नं.२
सामाजिक विकास मन्त्रालय
स्वास्थ्य निर्देशनालय

# जलेश्वर अस्पताल, महोत्तरी ।

## ICU सामग्री सम्बन्धी शिलबन्दी बोलपत्र आह्वानको सूचना

**सूचना नं.: १/०७६/०७७**

प्रथम पटक प्रकाशित मिति २०७७/१/२

जिल्ला अस्पताल जलेश्वरमा ICU जडान कार्यको लागि ऐकाधिक भएको मितिले ३ दिन भित्र निम्नानुसारको शर्तहरुको अधिनमा रहि ईच्छुक सम्बन्धित व्यापारीक फर्म कम्पनीहरुलाई सामग्री आपुर्ति गर्न यो सूचना प्रकाशित गरिएको छ ।

**शर्तहरु :–**

१. शिलबन्दी बोलपत्र फाराम प्रथम पटक सूचना प्रकाशित भएको मितिले ३ औं दिन भित्र कार्यालय समयमा प्रति शिलबन्दी बोलपत्र फारमको रु. ५,०००।– अक्षरेपी रु. पाच हजार मात्र जलेश्वर अस्पतालको कोर्ड नं. ३५००२०१२ खाता नं. १०००२०००१०००० राजश्व शिर्षक नं.१४२२९ (पछि फिर्ता नहुने गरी) बुझाई शिलबन्दी बोलपत्र दाता वा निजको अधिकृत प्रतिनिधीले । ईजाजत पत्र, मू.अ.कर दर्ता प्रमाण पत्र, यस चालु आ.ब.को नविकरण कागजात, आ.ब. २०७५/०७६ सम्मको कर चुक्ता भएको प्रमाण पत्र, कम्पनी वा फर्म दर्ता प्रमाण पत्रको प्रतिलिपी नोटरी पब्लिकबाट प्रमाणित गराई निवेदन साथ यस कार्यालयाबाट दरभाउपत्र फारम खरिद गर्न सकिनेछ ।

२. बिक्री भएका बोलपत्र फारम ४ औं दिनको १२:०० बजेभित्र बोलपत्र वा निजको आधिकारीक प्रतिनिधीले रित पूर्वक सहीछाप तथा शिलबन्दी गरी बोलपत्र आफैले वा आफ्नो प्रतिनिधी मार्फत वा कोरोना रोगको विषेश कारण e-mail मार्फत यस कार्यालयमा दर्ता गराई सक्नु पर्नेछ । यसरी दर्ता भएका बोलपत्र हरु सोही दिनको २:०० बजे कार्यालयको प्रतिनिधि तथा दरभाउपत्रदाताहरुको प्रतिनिधिको रोहबरमा जदेश्वर अस्पताल, महोत्तरीमा खोलिने छ । बोलपत्र दाता वा निजको आधिकारिक प्रतिनिधी उपस्थित नभएमा पनि दरभाउ खोल्न कुनै बाधा पर्ने छैन ।

३. बोलपत्र पेश गर्दा साथमा धरौटि जमानत वापतको रकम को.ले.नि.का. महोत्तरीको नाउँमा रहेको रा.बा.बैंक, जलेश्वर स्थित एकल धरौटी खाता नं. १२७०५०२०००००० मा नगद जम्मा गरेको सक्कलै बैंक भाउचर वा सो रकम बराबरको ने.रा. बैंकको ईजाजत प्राप्त "क" वर्गको वाणिज्य बैंकहरुबाट यस कार्यालयको नाममा जारी गरिएको कम्तीमा ४५ दिन म्याद अवधि भएको बैंक जमानत पत्र (Bid Bond) पेश गर्नु पर्नेछ ।

४. सिलबन्दी बोलपत्र दताको बोलपत्र स्वीकृत भएपछि सार्वजनिक खरिद ऐन, २०६३ (पहिलो संसोधन) को दफा २७(४) बमोजिम लागत अनुमान भन्दा १५ % सम्म कम अंक कबोल गरेमा कबोल अंकको ५ % र लागत अनुमानको १५ % भन्दा बढी घटेर कबुल गरेको अवस्थामा १५ % भन्दा जति रकमले घटि कबुल गरेको छ सो को पचास प्रतिशतले हुन आउने रकम कबोल अंकको ५ % मा थप गरि कार्य सम्पादन जमानत वापत दाखिला वा सो बराबरको परफरमेन्स बण्ड पेश गरि सम्झौता गर्नुपर्नेछ ।

५ जिल्ला अस्पताल जलेश्वरमा ICU सामग्री आपुर्ति भए पछि बिल भुक्तानी हुँदा नियमानुसार अग्रिम आयकर र ५ (पाँच) प्रतिशत धरौटी कट्टी गरेर भुक्तानी गरिनेछ ।

६ शिलबन्दी बोलपत्र हरु स्वीकृत गर्ने वा नगर्ने सम्पुर्ण अधिकार यस कार्यालयमा सुरक्षित रहने छ ।

७ बोलपत्र सम्बन्धी अन्य थप केही कुरा बुझ्नु परेमा कार्यालय समयभित्र यस कार्यालयको प्रशाशन शाखामा बुझ्न सकिनेछ ।

८ यस सूचनामा उल्लेख हुन छुट भएका अन्य कुराहरुको हकमा सार्वजनिक खरिद ऐन, २०६३ र सार्वजनिक खरिद नियमावली, २०६४ को पछिल्लो संशोधनमा उल्लेख भए अनुसार कार्यान्वयन हुनेछ ।

९ सम्झौताको सूचना प्रकाशित भएको २ दिन भित्र सम्झौता गरिसक्नुपर्ने छ ।

१०. सम्झौता पश्चात ७ सात दिन भित्र सामग्री आपूर्ति गर्नुपर्ने छ ।

११. टेन्डर फारम यस अस्पतालको website www.jaleshwarhospital.com वा सामाजिक बिकास मन्त्रालय प्रदेश नं. २ जनकपुरको website www.mosd.p2.gov.np बाट download गर्न सकिने छ।

१२ यस सूचनामा उल्लेख नभएकाहकमा सार्वजनिक खरिद ऐन २०६३ र सार्वजनिक खरिद नियमावली २०६४ को पछिल्लो संसोधन अनुसार हुनेछ।

१३. सामानको स्टेकको सुनिश्चितता पेश गर्नुपर्ने छ ।

| क्र.सं. | सूचना नम्बर | कार्य विवरण | लागत अनुमान | धरौटी रकम |
|---|---|---|---|---|
| १ | १/०७६/०७७ | ICU का सामग्रीहरु | रु.२५३६०००००।०१ | लागत अनुमानको २.५ प्रतिशतले हुन आउने रकम । |



Medical Superintendent

प्रदेश सरकार
सामाजिक विकास मन्त्रालय
प्रदेश नं.२

# जलेश्वर अस्पताल महोत्तरी

covid 19 को लागि icu संचालनको आवश्यक सामग्रीको BOQ

| क्र.सं. | उपकरणको नाम | एकाई | परिमाण | मूल्य प्रति एकाई | जम्मा मूल्य | |
|---|---|---|---|---|---|---|
| १ | Ventilator (adult and ped) | no. | 5 | | | |
| २ | Icu bed | no. | 5 | | | |
| ३ | patient monitor (7 para meter | no. | 5 | | | |
| ४ | ABG machine | no. | 1 | | | |
| ५ | Defibrillator | no. | 2 | | | |
| ६ | USG machine | no. | 1 | | | |
| | | | | जम्मा | | |
| | | | | vat | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |

Medical Superintendent
म.सु.

~~Ventilator~~ monitor ~~3 parameters~~

Monitor

| SN | Technical Specification | Bidders offer | Page number in catalogue |
|---|---|---|---|
| | **Manufacturer:** | | |
| | **Brand:** | | |
| | **Type/Model:** | | |
| | **Country of Origin:** | | |
| 1 | **Description Of Function** | | |
| | The machine should be intended for the continuous or intermittent monitoring of human physiological parameters. | | |
| 2 | **Technical Requirement** | | |
| 2.1 | The machine shall provide display, storage and analysis of patient information and physiological data and give warnings when certain parameter is out of preset range in forms of audio and visual alarm. | | |
| 2.2 | The machine shall have the capability to be connected to a central monitoring system for central dispay, storage and analysis of data. | | |
| 2.3 | The machine should have both wall mount and upgradable to trolley solutions | | |
| 2.4 | The machine should have minimum Battery backup of 4 hours. | | |
| 2.5 | The maichine weight should be less than 2.4 kgs | | |
| 2.6 | The machine Should have dual alarm lights | | |
| 2.7 | The machine Should be able to calculate MEWS(Modified Early Warning Score)for the measurement of each vital signs | | |
| 2.9 | The machine Should be able to measure SPO2 and NIBP of the same limb simultaneously | | |
| 2.10 | The machine should have different level of alarms and different type of tone. | | |
| 2.11 | The machine should follow Class I anti-electroshock type. | | |
| 2.12 | The machine should have minimum 48 hours Trend data at 1min resolution. | | |
| 3 | **Display** | | |
| 2.1 | Should have at least 12.1" TFT LCD display with touchScreen | | |
| 2.2 | Should Have at least Resolution of 800*600 | | |
| 2.3 | Sholuld have minimum 11 waveform | | |
| 2.4 | Should have short trend view | | |
| 2.5 | Should have OxyCRG View | | |
| 2.6 | Should have large Font View | | |
| 4 | **Parameters** | | |
| 3.1 | Should have 12 lead ECG | | |

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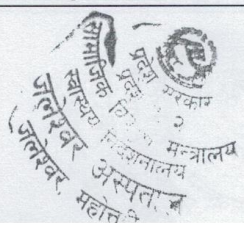
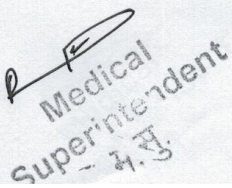
|---|---|---|---|
| 3.2 | The machine should be capable of measuring Respiration | | |
| 3.3 | The machine should be capable of measuring NIBP. | | |
| 3.4 | The machine should be capable of measuring SpO2. | | |
| 3.5 | The machine should be capable of measuring Temperature. | | |
| 3.6 | upgradable to 2 IBP | | |
| 3.7 | Should be Upgradable to Cardiac Output if needed. | | |
| 3.8 | Upgradable to EtCO2(Respironics Mainstream or Sidestream) | | |
| **5** | **ECG** | | |
| 4.1 | Heart Rate Rage: Adult:15 bpm ~ 300bpm Ped/Neo:15 bpm ~ 350bpm | | |
| 4.2 | CMRR(Diagnosis >100 dB Monitor >110 dB Surgery >110dB | | |
| 4.3 | Should be able to run the monitor in Surgery , Diagnosos and Enhanced mode | | |
| 4.4 | Should able to perform ST Analysis | | |
| 4.5 | It should have Arrhythmia Analysis(33 types) | | |
| 4.6 | It should have Pacemaker Detection for ECG. | | |
| 4.7 | Should be Defibrillation Protection | | |
| 4.8 | The ECG should be ESU Protection | | |
| **6** | **NIBP** | | |
| 5.1 | The NIBP Should have the following Mode:Manual/auto/continuous | | |
| 5.2 | Adult range (mmHg): SYS: 40 ~ 270 DIA: 10 ~ 215 MAP: 20 ~ 235 | | |
| 5.3 | Pediatric range (mmHg): SYS: 40 ~ 200 DIA: 10 ~ 150 MAP: 20 ~ 165 | | |
| 5.4 | Neonatal range (mmHg): SYS: 40 ~ 135 DIA: 10 ~ 100 MAP: 20 ~ 110 | | |
| 5.5 | Should have dual dust filter design for no blockage and accuracy . | | |
| 5.6 | Should have over pressure protection | | |
| 5.7 | Should have cleaning mode . | | |
| 5.8 | Should have Maximum mean error: ±5mmHg | | |
| 5.9 | Should have Maximum standard deviation: 8mmHg | | |
| 5.10 | The NIBP PR range from 40 bpm ~240bpm | | |
| 5.11 | PR accuracy: ±3bpm or 3%(Whichever is greater) in NIBP | | |
| 5.12 | AASI/AAMI SP10 √(Adult/Ped) | | |
| **7** | **SpO2** | | |
| 6.1 | The SpO2 Range from 0 ~ 100 %. | | |
| 6.2 | Accuracy: Adult/Pediatric:±2 digits (70%~100% SpO2) Neo:±3 digits (70%~100% SpO2) | | |
| 6.3 | The machine should have Zero Mode: Automatic/ Manual in SpO2 mode. | | |
| 6.4 | The machine should have Pitch Tone in SpO2 mode. | | |





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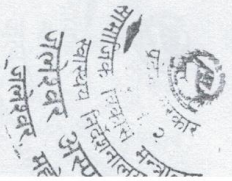
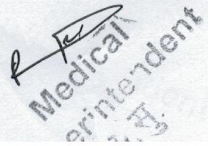
| 6.5 | The SpO2 should have the PR range: 25bpm ~ 300bpm | | |
| 6.6 | The SpOo2 should have the PR Accuracy i.e ±3bpm | | |
| **8** | **Temperature** | | |
| 7.1 | Should be able to monitor dual temperature values | | |
| 7.2 | Should also display the difference between these values | | |
| **9** | **Respiration** | | |
| 8.1 | Should follow the R-F(RA-LL) Impedance method for measurement of Respiration | | |
| 8.2 | Should be three leads and nasal canal available when in impedance mode | | |
| 8.3 | Should display numeric values and respiration wave form as well | | |
| 8.4 | Should have apnea detection facility | | |
| **10** | **IBP** | | |
| 9.1 | Should have two channels | | |
| 9.2 | Should be able to measure from -60 to 300 mmHg | | |
| 9.3 | Presurelabes: ART, CVP, RVP, LAP, RAP, PAP, ICP and LVP | | |
| 9.4 | Measurement precision should be ±0.133 kPa (1 mmHg) or ±2 %, whichever is greater | | |
| **11** | **EtCO2** | | |
| 10.1 | Should be intended for Adult, pediatric, neonatal | | |
| 10.2 | Should have audio and visual alarms | | |
| 10.3 | Should have alarm settings for all parameters | | |
| 10.4 | Should display EtCO2, FiCO2, AwRR | | |
| **12** | **Storage** | | |
| 11.1 | The machine should be capable of storing Trends review of all parameters upto 240hrs | | |
| 11.2 | The machine should be capable of storing NIBP measurement storage upto 1200 sets | | |
| 11.3 | The machine should be capable of storing Full-disclosure waveforms storage upto 48 hrs. | | |
| 11.4 | The machine should be capable of alarm storage: 200 sets | | |
| **13** | **Interface** | | |
| 12.1 | The machine should have VGA output in it for the interface. | | |
| 12.2 | The machine should provide analog output. | | |
| 12.3 | The machine should provide Arrhythmia Events 200 sets | | |
| 12.4 | The machine should provide 12 lead analysis results 200 sets | | |
| 12.5 | The machine should provide defibrillator synchronization output | | |
| 12.6 | The machine should have RJ45 Connection for the LAN connection. | | |
| 12.7 | The machine should have USB Port for the data transfer. | | |
| 12.8 | The machine should have nurse call function in emergency | | |





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| | condition. | | |
| 12.9 | The machine should have built-in wifi function for the connection of WLAN. | | |
| **15** | **Power Supply** | | |
| 13.1 | The machine should have the power supply range of 100-240V, 50/60Hz | | |
| 13.2 | The machine should have Li-ion rechargeable Battery for the power backup in emergency. | | |
| 13.3 | The battery backup should be equal to or more than 240 minutes battery backup. | | |
| **16** | **Working Environment** | | |
| | The system offered shall be designed to be stored and to operate normally under the conditions of the purchaser's country. The conditions include Power Supply, Climate, Temperature, Humidity, etc. | | |
| **17** | **Certificate** | | |
| 15.1 | Must Submit ISO approved Certificates | | |
| 15.2 | Must submit CE And FDA approved product Certificates. | | |
| 18 | **User Training** | | |
| | Must provide user training (including how to use and maintain the equipment). | | |
| 19 | **Warranty** | | |
| | Comprehensive warranty for 1 year after acceptance. | | |
| 20 | **Maintenance Service During Warranty Period** | | |
| | During the warranty period supplier must ensure planned preventive maintenance (PPM) along with corrective/breakdown maintenance whenever required. | | |
| 21 | **Installation and Commissioning** | | |
| | The bidder must arrange for the equipment to be installed and commissioned by certified or qualified personnel; any prerequisites for installation to be communicated to the purchaser in advance, in detail. | | |
| 22 | **Documentation** | | |
| | User (Operating) manual in English | | |

Note :

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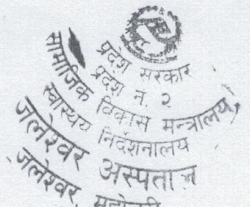
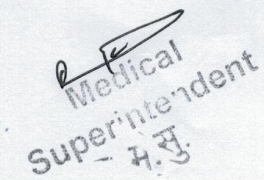
**Technical specification of ICU Bed Electric**

| Sn.no. | Purchaser's Specifications | Bidder's offer | Pg.no in catalogue |
|---|---|---|---|
| | **ICU Bed Electric** | | |
| | **Manufacturer** | | |
| | **Brand** | | |
| | **Type /Model** | | |
| | **Country Of Origin** | | |
| | **Description of Function** | | |
| | ICU Beds are required in the Intensive Care for comfort & safety of the patient. | | |
| **1** | **Technical Specification** | | |
| 1.1 | Base and mainframe work should be of precise mild steel tubes. | | |
| 1.2 | Base should be mounted on 125mm dia. Swivel castors, with two brakes. | | |
| 1.3 | Top of CRCA sheet should be perforated uniformly | | |
| 1.4 | Overall Size: 2120 L x 950 W x 550 to 750 H mm | | |
| 1.5 | Should be suitable for mattress size: 1980 L x 900 W mm | | |
| 1.6 | Backrest, Knee rest, Trendelenburg/ Rev. Trendelenburg & Hi-Low should be Electrically Operated with Remote | | |
| 1.7 | ABS Moulded Head and Foot Boards with locking | | |
| 1.8 | Four Pieces individual side rails ABS Moulded | | |
| 1.9 | Should have provision for SS telescopic IV Rod at four locations | | |
| 1.10 | Should have provision for holder for Urine Bag | | |
| 1.11 | Should be finished in epoxy powder coating. | | |
| **2** | **Operating Environment** | | |
| 2.1 | The system offered shall be designed to be stored and to operate normally under the conditions of the purchaser's country. The conditions include Power Supply, Climate, Temperature, Humidity, etc. | | |
| 2.2 | Power supply should be AC 100 V -240 V, 50/60Hz | | |
| **3** | **Standards & Safety Requirements** | | |
| 3.1 | Must submit ISO13485:2003/AC:2007 **AND** | | |
| 3.2 | Must submit CE or USFDA approved product certificate | | |
| **4** | **User Training** | | |
| 4.1 | Not Applicable | | |
| **5** | **Warranty** | | |
| 5.1 | Comprehensive warranty for 1 years after | | |



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| | acceptance. | | |
| **10** | **Documentation** | | |
| 10.1 | User (Operating) manual in English. | | |

Note :

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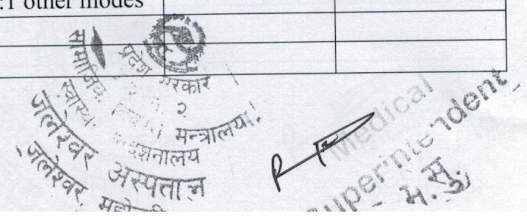
स्वास्थ्य [illegible] शनालय
जलेश्वर अस्पताल
जलेश्वर, महोत्तरी

Medical
Superintendent
म.सु.

**Technical specifications ICU Ventilator.**

| S. N. | Purchaser's Specifications | | Bidder's Offer | Pg.no in catalogue |
|---|---|---|---|---|
| | **ICU Ventilator** | | | |
| | **Manufacturer** | | | |
| | **Brand** | | | |
| | **Type/Model** | | | |
| | **Country of Origin** | | | |
| 1 | **Description of Functions** | | | |
| 1.1 | A dedicated adult, pediatric & neonate ventilator for use in ICU with Adaptive Ventilation Mode. | | | |
| 2 | **Operational Requirements** | | | |
| 2.1 | It shall operate from the mains supply with central oxygen supply and oxygen cylinder (0-7bar). | | | |
| 3 | **System Configurations** | | | |
| 3.1 | Ventilator unit, 1 unit. | | | |
| 3.2 | Trolley, 1unit. | | | |
| 3.3 | Servo Controlled Humidifier, 1unit | | | |
| 3.4 | Accessories, 1set. | | | |
| 4 | **Technical Specifications** | | | |
| 4.1 | It shall be an electronically controlled turbine based pneumatic ventilator. | | | |
| 4.2 | The ventilator should have adaptive ventilation mode for faster weaning and adaption to the patient. AVM adapts to the patient's needs from each breath to the next, regardless of whether the patient is being ventilated or is breathing spontaneously by himself. | | | |
| 4.3 | The weight of the system should be máximum 15kg without trolley. | | | |
| 4.4 | **Ventilation mode:**<br>• Adaptive ventilation Mode (AVM)<br>• Volume Control Ventilation<br>• Pressure Control ventilation<br>• A/C, SIMV, CPAP, PSV, SPONT, PLV, NIPPV, nCPAP<br>• NIV and Tube mode shall be available.<br>• Backup Ventilation Mode: PSV, brustbackup<br>• Apnea Ventilation mode<br>• Target Ventilation : PSV, P-A/C, PC-SIMV<br>• APRV, belevel<br>• Automatic tube and leakage compensation<br>• Dualvent, Day Night, HFOT | | | |
| 4.5 | At least 13" Full Color Touch screen TFT display with full HD resolution 1920* 1080. | | | |
| 4.6 | Battery back-up time: at least 4 hours | | | |
| 4.7 | Tidal volume: 2-2500ml | | | |
| 4.8 | I:E Ratio :1 :299 ; 299 :1 (biphasic) ; 1 :59 ; 5 :1 other modes | | | |
| 4.9 | Frequency :0-150bpm | | | |
| 4.10 | Peak Inspiratory flow : 0-260l/min | | | |



| S. N. | Purchaser's Specifications | Bidder's Offer | Pg.no in catalogue |
|---|---|---|---|
| 4.11 | Triggering mechanism: flow triggering &pressure triggering. | | |
| 4.12 | Inspiration time: 0.1-10s | | |
| 4.13 | Inspiratorypressure, IPAP:0 - 100mBar | | |
| 4.14 | Oxygen concentration (FiO2): 21-100 volume % | | |
| 4.15 | $P_{support}$: 0-80mbar | | |
| 4.16 | PEEP/ intermittent PEEP: 0-50mBar | | |
| 4.17 | InspiratoryTriggering sensitivity:<br>Flow triggering: 0.1-20/min<br>Pressure triggering:0.1-15mbar | | |
| 4.18 | ExpiratoryTrigger: auto synchronization, 5-90 % manual | | |
| 4.19 | Leakage Compensation: automatic inspiratory/expiratory leak compensation upto 180l/min | | |
| 4.20 | Rise Time: automatic, 0-2000ms manual | | |
| 4.21 | Curves: Pressure, Flow, Volume, ATC | | |
| 4.22 | Nebuliser: Integrated nebuliser, pneumatic | | |
| 4.23 | **Monitoring and Alarms:**<br>• Pressure- Peak, Plateau, Mean, CPAP/PEEP<br>• Tidal Volume - Set (Inspired) , Monitored (expired)<br>• Minute Volume - expired, spontaneous, leakage<br>• Frequency/ Rate - Set (Inspiratory), Spontaneous, Total , I:E Ratio<br>• Lung Mechanics - Resistance, Compliance, Negative Inspiration Force<br>• Occlusion pressure and Intrinsic (Auto) PEEP<br>• Apnea alarm time approximately 15 - 60 sec<br>• Must provide data of56 Online parameters and at least 14 day real time trending | | |
| 4.24 | Loops: Pressure Volume, Pressure Flow, Flow Volume, | | |
| 4.25 | Maneuvers: Lung Recruitment tool, Manual Breath, configurable sigh, Inspiratory Hold, Expiratory Hold, Negative Inspiratory Force (NIF), AutoPEEP | | |
| 4.26 | Interfaces: 2*RS232, Ethernet, VGA, 2*USB, Nurse call,Co2, SpO2, BUS, Display Port | | |
| 4.27 | Connection protocols: Vue link, HL7, Intellibridge | | |
| 4.28 | **Upgradable Options:**<br>• Volumetric Mainstream Capnography<br>• SpO2 Plethysmography<br>• Esophageal Pressure Measurement (Q4/2017) | | |
| 5 | **Accessories, SpareParts and Consumables** | | |
| 5.1 | All standard accessories/consumables/parts required for the proper operation of the above ítem shall be included in the offer. Bidders shall specify, in a separate Excel worksheet, the quantity and details of any ítems included in this offer which have not been specified in this Technical Specifications Forms. | | |
| 5.2 | Silicone Autoclavable breathing circuit for adult, pediatric & neonate- 1 sets each | | |

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| S. N. | Purchaser's Specifications | Bidder's Offer | Pg.no in catalogue |
|---|---|---|---|
| 5.3 | Silicone test lung adult & neonate -1 set | | |
| 5.4 | Must have humidifier and its accessories | | |
| 5.5 | Disposable NIV Mask- 1 kit ( 3 different sizes) | | |
| 5.6 | Flow sensor- 10 pcs extra | | |
| 5.7 | O2 sensor – 1 extra | | |
| 5.8 | Expiratory valve-1 extra | | |
| 6 | **OperatingEnvironment** | | |
| 6.1 | Power supply: 220 – 240 VAC, 50Hz fitted with appropriate plug. The power cable must be at least 3 metres in length. Low voltage input 24VDC/3.5A | | |
| 7 | **Standards & Safety Requirements** | | |
| 7.1 | Must submit ISO 13485 for Medical Devices AND CE (93/42 EEC Directives) AND USFDA approved product certificate. | | |
| 7.2 | Certified to be compliant with ANS/IEC60601.2.12-01 Medical Electrical Equipment—Part 2-12; Particular Requirements for the Safety of Lung Ventilators—Critical Care Ventilators. | | |
| 8 | **User Training** | | |
| 8.1 | The Supplier shall conduct user training for this equipment to enable operators to use the equipment properly. | | |
| 9 | **Warranty** | | |
| 9.1 | The warranty period for this ítem shall be 2years after acceptance of the Goods. 5 year warranty should be provided for turbine blower. | | |
| 10 | **Maintenance Service DuringWarrantyPeriod** | | |
| 10.1 | During the warranty period supplier must ensure planned preventive maintenance (PPM) along with corrective /breakdown maintenance whenever required. | | |
| 11 | **Installation and Commissioning** | | |
| 11.1 | The bidder must arrange for the equipment to be installed and commissioned by certified or qualified personnel; any prerequisites for installation to be communicated to the purchaser in advance, in detail. | | |
| 12 | **Documentation** | | |
| 12.1 | User (Operating) manual in English | | |
| 12.3 | Certificate of calibration and inspection from factory. | | |

Note :

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जलेश्वर, महोत्तरी

Medical Superintendent
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| 10.1 | During the warranty period supplier must ensure planned preventive maintenance (PPM) along with corrective/breakdown maintenance whenever required. | | |
| **11.** | **Installation and Commissioning** | | |
| 11.1 | The bidder must arrange for the equipment to be installed and commissioned by certified or qualified personnel; any prerequisites for installation to be communicated to the purchaser in advance, in detail. | | |
| **12.** | **Documentation** | | |
| 12.1 | User (Operating) manual in English. | | |
| 12.2 | Service (Technical / Maintenance) manual in English. | | |

Note :

**Bidder must completely fill the Technical Specification Form (TSF). Only Yes/no/allcomplies shouldnot be written. Page number in the catalogue of all the required parameters must be clearly mentioned and highlighted. Failure in doing so may lead to rejection of bid from technical committee.**

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**Technical Specification of Blood Gas Analyser (ABG)**

| S.N. | Purchaser's Specifications | Bidder's Offer | Pg.no in catalogue |
|---|---|---|---|
| | **Blood Gas Analyser (ABG)** | | |
| | **Manufacturer** | | |
| | **Brand** | | |
| | **Type / Model** | | |
| | **Country of Origin** | | |
| **1** | **Description of Function** | | |
| | Blood gas analysers are used to measure blood gases, electrolytes, pH values and biochemical parameters of the blood. | | |
| **2** | **Operational Requirements** | | |
| 2.1 | Fully automatic, upgradeable, fast electrolyte analyser | | |
| **3** | **System Configuration** | | |
| 3.1 | Must have microchip multifunctional membrane technology and built in printer | | |
| **4** | **Technical Specifications** | | |
| 4.1 | Essential Measured parameters: PCO2,PO2,PH,Na+,K+,Ca+,Cl+,Hct,Glu,Lac which should come in single cartridge or combo cartridge. | | |
| 4.2 | Calculated parameters must include BE, BE ecf, HCO3, Anion Gap, SaO2. | | |
| 4.3 | **Sample volume**:- less than 200ul. | | |
| 4.4 | Fast analysis time – less than 60 sec | | |
| 4.5 | Should be Advanced single use test cartridge or combo cartridge which avoid contamination. | | |
| 4.6 | Must have automatic calibration in each test for accuracy. | | |
| 4.7 | Must have Zero Maintenance of the instrument without any chance of blood clot inside instrument | | |
| 4.8 | Data display :LCD colour touch screen 7" size display or more | | |
| 4.9 | Data print out on built in graphic printer. | | |
| 4.10 | Built in auto Quality control facility | | |
| 4.11 | Automatic result processing, test ordering and transmission to the LIS/HIS system(laboratory Information System/Hospital Information System) | | |
| 4.12 | Reagent cartridge self life: 6 month or more on room temperature. | | |
| 4.13 | Interface: RS-232, LAN or wifi and also come with at least 2 USB ports | | |
| 4.14 | Entered parameter: Patient ID, Patient temp, | | |

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| | Sample type, Height, Weight, Sex, Age | | |
| 4.15 | Standby mode: Standby mode without consumption of Reagents. | | |
| 4.16 | Data Storage: at least data capacity of 1000 for patient results. | | |
| 4.17 | Back up: Having Backup system of rechargeable lithium ion battery for minimum 30 samples continuous testing or suitable online UPS for minimum of 30 min. backup. | | |
| **5** | **Accessories, spares and consumables** | | |
| 5.1 | **Accessories:** | | |
| | • Quality control tools/reagents for free of cost for 200test. | • | • |
| | • Cost of reagents must be quoted for comparative. evaluation | • | • |
| 5.2 | All standard accessories, consumables and parts required to operate the equipment, including all standard tools and cleaning and lubrication materials, to be included in the offer. Bidders must specify the quantity of every item included in their offer (including items not specified above). | | |
| **6** | **Operating Environment** | | |
| 6.1 | The system offered shall be designed to be stored and to operate normally under the conditions of the purchaser's country. The conditions include Power Supply, Climate, Temperature, Humidity, etc. | | |
| 6.2 | Power supply: 220 – 240 VAC, 50Hz fitted with appropriate plug. The power cable must be at least 3 metre in length. | | |
| **7** | **Standards and Safety Requirements** | | |
| 7.1 | Must submit ISO13485 for Medical Devices **AND** | | |
| 7.2 | CE (93/42 EEC Directives) And USFDA approved product certificate. | | |
| 7.3 | Shall meet IEC 61010-2-081: Safety requirements for electrical equipment for measurement, control, and laboratory use - Part 2-081: Particular requirements for automatic and semi-automatic laboratory equipment for analysis and other purposes | | |
| **8** | **User Training** | | |
| 8.1 | Must provide user training (including how to use and maintain the equipment). | | |
| **9.** | **Warranty** | | |
| 9.1 | Comprehensive warranty for 1 year after acceptance. | | |
| **10.** | **Maintenance Service During Warranty Period** | | |

Medical Superintendent

**Technical Specification of Defibrillator Machine**

| S.N | Purchaser's Specifications | Bidder's Offer | pg.no in catalogue. |
|---|---|---|---|
| | **Defibrillator Machine** | | |
| | **Manufacturer** | | |
| | **Brand** | | |
| | **Type/Model** | | |
| | **Country of Origin** | | |
| 1 | **Description of Function** | | |
| 1.1 | Defibrillator Machine are lifesaving devices that apply an electric shock to establish a more normal cardiac rhythm in patients who are experiencing ventricular fibrillation (VF) or another shockable rhythm. | | |
| 2 | **Operational Requirements** | | |
| 2.1 | The defibrillator must be user friendly, safe to use with battery backup | | |
| 3 | **System Configuration** | | |
| 3.1 | Defibrillator Machine should deliver an electric shock to patients who are experiencing ventricular fibrillation (VF) or another shockable rhythm. | | |
| 4 | **Technical Specifications** | | |
| 4.1 | Should use Biphasic waveform for shock delivery to ensure that the current is optimal and damage to heart tissues is minimal | | |
| 4.2 | Should have LCD display of at least 5 inch | | |
| 4.3 | Should have energy selection from 2 – 300 Joule | | |
| 4.4 | Inbuilt battery should be available with capacity to delivered 100 charges/discharges of 300 J with full charged condition | | |
| 4.5 | Should have sealed lead acid battery | | |
| 4.6 | The charging time to 300 Joule should be as low as 10 second or better | | |
| 4.7 | Should be able to synchronize to R wave | | |
| 4.8 | Should have at least 24 event recording | | |
| 4.9 | Should have both audio visual alarm | | |
| 4.10 | Should have a facility to monitor ECG via both Paddle and ECG cable | | |
| 4.11 | Should have Marker indication on ECG wave | | |
| 4.12 | Should be supplied with adult and swipe to expose paediatric paddles | | |
| 4.13 | Should have inbuilt thermal printer | | |
| 4.14 | Should be capable to print both real time and configurable delayed ECG waveform | | |
| 4.15 | Should have facility of print annotation TIME, DATE. Heart rate, HR Limits, Event marker, ECG parameter, Defibrillation mode, Selected and Delivered energy, Patient Impedance and Hospital Info | | |
| 4.16 | Should have input protection against High voltage | | |
| 4.17 | Should have Electro Surgical unit filter | | |
| 5 | **Accessories:** | | |
| 5.1 | Defibrillator machine with complete accessories<br>• 3 Lead Patient Cable – 1 No<br>• Power Cable – 1 No<br>• ECG Gel – 1No<br>Recording Paper – 1 Roll | | |

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| | • Disposable ECG electrode – 1 Packet | | |
| 6 | **Operating Environment** | | |
| 6.1 | The system offered shall be designed to be stored and to operate normally under the conditions the purchaser's country. The condition include Power Supply, Climate, Temperature Humidity, etc | | |
| 6.2 | Power supply: 220 – 240 VAC 50Hz fitted with appropriateplug. | | |
| | The power cable must be at least 3 metre length | | |
| 7 | **Standard & Safety Requirements.** | | |
| | ISO 13485 Approved Certificate | | |
| | CE or USFDA approved product certificate | | |
| 8 | **Warranty** | | |
| | Warranty for 1 year after acceptance | | |
| 9 | **Maintenance Service During Warranty Period** | | |
| 9.1 | During the warranty period supplier must ensure planned preventive maintenance (PPM) along with corrective/breakdown maintenance whenever required. | | |
| 10 | **Installation and Commissioning** | | |
| 10.1 | The bidder must arrange for the equipment to be installed andby certified or qualified personnel; any prerequisites for installation to be communicated to the purchaser in advance, in detail | | |
| 11 | **Documentation** | | |
| | User (Operating) manual in English. | | |

Note :

**Bidder must completely fill the Technical Specification Form (TSF). Only Yes/no/allcomplies shouldnot be written. Page number in the catalogue of all the required parameters must be clearly mentioned and highlighted. Failure in doing so may lead to rejection of bid from technical committee.**

सामाजिक स्वास्थ्य अस्पताल
जलेश्वर, महोत्तरी

Medical Superintendent
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# Technical Specification

**USG Machine Portable Colour Doppler**

| S.N. | Purchaser's Specifications | Bidder's Offer | Pg.no in catalogue |
|---|---|---|---|
| | **USG Machine Portable Colour Doppler** | | |
| | **Manufacturer** | | |
| | **Brand** | | |
| | **Type/Model** | | |
| | **Country of Origin** | | |
| 1 | **Description Of Function** | | |
| 1.1 | A general purpose Laptop Type colour Doppler ultrasound imaging system. | | |
| 2 | **Operational Requirements** | | |
| 2.1 | It shall operate on AC power supply as well as built in rechargeable battery. The machine is intended to be carried to the field ortho patient Ward with the inbuilt battery system to examine patients who could not come to USG room. | | |
| 3 | **System Configuration** | | |
| 3.1 | Portable colour Doppler ultrasound imaging system, 1unit. | | |
| 3.2 | 1 unit of broad bandwidth of 1 - 6MHz, convex array probe for OB/GYN and abdominal application. | | |
| 3.3 | 1 unit of broad bandwidth of 3 - 12MHz, linear array probe for Breast, EM, MSK, Vascular, Small Parts | | |
| 3.4 | 1 unit of broad bandwidth of 1 - 5MHz, Phased array probe for Cardiac Application | | |
| 3.5 | 1 unit of Black & White thermal printer. | | |
| 4 | **Technical Specifications** | | |
| 4.1 | The machine is intended to be carried to the field or the patient Ward with the inbuilt battery system to examine patients who could not come to USG room. It shall comply with the following requirements for this purpose: | | |
| 4.2 | The unit should be compact, lightweight and portable. Weight should not be more than 7.5 Kgs including battery (excluding cart and accessories). | | |
| 4.3 | Shall have long lasting built-in rechargeable battery which shall support up to 1 hour of routine ultrasound examinations. | | |
| 4.4 | This machine shall come with main unit, 1 unit of probe, built-in rechargeable Lithium ion battery packs and 1unit of black and White thermal printer. | | |
| 4.5 | It shall come with a custom made trolley on castors to hold the main unit on top with provision of a probe holder and drawers for storage of 3 probes, printer and ultrasound gel. | | |
| 4.6 | Main applications: OB/GYN, abdominal, small parts, Vascular,. | | |
| | The machines should support broad band probes spanning with frequency range from 1-20 MHz | | |
| 4.7 | **Main unit:** | | |
| 4.8 | The System must have integrated high – resolution LED monitor of 15.5 Inches or more. | | |

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| 4.9 | The system should have full alphanumeric soft keys keyboard with easy access scans controls and trackball. Should have Provision for sliding keyboard cover. | | |
| 4.10 | Probe connector: at least 3 probe connector. | | |
| 4.11 | Shall come with convex array probe for OB/GYN and abdominal application | | |
| 4.12 | The system shall accept most of the common probe types of: convex array, linear array, phased array. | | |
| 4.13 | Scan modes: M-mode, B-mode and 2-D. | | |
| 4.14 | System shall be incorporated with English operation menu and reporting. | | |
| 4.15 | With digital broad band width multi-frequency imaging capability. | | |
| 4.16 | With Doppler angle and angle correction. | | |
| 4.17 | Frame rate: 500fps or more on 2D , 48 fps or more on Color Mode | | |
| 4.18 | Display depth: minimum 30cm. | | |
| 4.20 | Gray scale levels: 256. | | |
| 4.21 | **The machine shall include the following functions:** | | |
| 4.22 | Programmable pre-set examination protocols store common setting related to image display/adjustment, annotation. | | |
| 4.23 | Obstetric analysis: BPD (biparietal diameter), CRL (crown-rump length), AC (abdominal circumference), HC (heart circumference), FL (foetal length), GS (gestation sac), GA (estimation of gestation age), foetal weight, heart rate and etc. | | |
| 4.24 | Advance features like panoramic, virtual convex, live dual, crystal signature, needle enhancement, anatomical M, Auto IMT, integrated SSD should be upgradable for future use | | |
| 4.25 | Should have OB/GYN reporting. | | |
| 4.26 | Should have Small part analysis. | | |
| 4.27 | Should have Velocity Colour to detect colour flow with PW. | | |
| 4.28 | Should have Body markers. | | |
| 4.30 | Should have Time & slope for M-Mode. | | |
| 4.31 | Should have Contrast with 8 - 10 steps adjustment. | | |
| 4.32 | Image pan, zoom, freeze, text annotation. | | |
| 4.33 | Focus: 8-point adjustment. | | |
| 4.34 | Should have Automatic gain control. | | |
| 4.35 | CW Module | | |
| 4.36 | Should have Near and far Gain adjustment. | | |
| 4.37 | Should have Pulse Inversion Tissue Harmonic Imaging | | |
| 4.38 | Should have Auto Trace PW | | |
| 4.39 | Should have pre- and post- processing. | | |
| 4.40 | Should have tissue harmonic imaging. | | |
| 4.41 | With tissue optimization function. | | |
| 4.42 | With function to reduce patch noise and other image artefacts without compromising quality of images. | | |
| 4.43 | With multi-beam imaging. | | |
| 4.44 | With clear visual of biopsy needle position. | | |

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| 4.45 | With dual and dúplex imaging. | | |
| 4.46 | Dynamic range, selectable up to approximately 192dB. | | |
| 4.47 | Cine memory of 2000 or more frames. | | |
| 4.48 | **UPGRADABILITY** | | |
| | It should have facility of Hockey Stick probe up to 17 MHz for imaging of superficial, nerve block and vascular procedure | | |
| | Could be upgraded to 4D Imaging for future use | | |
| 5 | **Accessories, Spare Parts and consumables** | | |
| 5.1 | All standard accessories/ consumables/ parts (including 2 bottles of ultrasound gel, 2 rolls of paper) required for the proper operation of the above items shall be included in the offer. Bidders shall specify, in a separate Excel worksheet, the quantity and details of any items included in this offer which have not been specified in this Technical Specifications Form. | | |
| 5.2 | All standard Maintenance tools and cleaning /lubrication materials where applicable shall be included. Bidders shall specify, in a separate Excel worksheet, the quantity and details of any items included in this offer which have not been specified in this Technical Specifications Form. | | |
| 6 | **Operating Environment** | | |
| 6.1 | Power supply: 220 – 240 VAC, 50Hz fitted with appropriate plug. The power cable must be at least 3 metres in length. | | |
| 7 | **Standards and Safety Requirements** | | |
| 7.1 | Must submit ISO13485:2003/AC:2007 for Medical Devices **AND** | | |
| 7.2 | CE (93/42 EEC Directives) & USFDA approved product certificate | | |
| 7.3 | Electrical safety conforms to standards for Electrical Safety IEC 60601-2-37 Medical electrical equipment – Part 2-37: Particular requirements for the basic safety and essential performance of ultrasonic medical diagnostic and monitoring equipment. | | |
| 8 | **User Training** | | |
| 8.1 | The Supplier shall conduct user training for this equipment to enable operators to use the equipment properly. The training shall include the use of all operational functions of the equipment, as well as routine checks and maintenance expected by users. | | |
| 9 | **Warranty** | | |
| 9.1 | Comprehensive warranty for 1 year after acceptance | | |
| 10 | **Maintenance Service During Warranty Period** | | |
| 10.1 | During the warranty period supplier must ensure preventive maintenance and corrective/breakdown maintenance whenever required. | | |
| 11 | **Installation and Commissioning** | | |
| 11.1 | Supplier must accomplish proper installation & commissioning of equipment on site. | | |
| 12 | **Documentation** | | |

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| 12.1 | User (Operating) manual in English | | |
| 12.2 | Service (Technical / Maintenance) manual in English. | | |
| 12.3 | List of important spare parts and accessories with their part number and costing. | | |
| 12.4 | Certificate of calibration and inspection from factory. | | |

Note :

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