**Section III: Returnable Bidding Forms**

**eSourcing reference**: [Insert UNOPS tender reference number]

Note to Bidders: The following returnable forms are part of this RFQ and must be completed and returned by bidders as part of their quotation. Instructions to complete each Form are highlighted in blue in each Form. Please complete the Returnable Biding Forms as instructed and return them as part of your quotation by uploading them against their specific Document Checklist in the UNOPS eSourcing system.

This Section comprises the following Returnable Bidding Forms:

* Form A: Quotation Submission Form
* Form B: Price Schedule Form
* Form C: Technical Quotation Form
* Form D: Previous Experience Form
* Form E: Joint Venture Partner Information Form
* Form G: Bid Securing Declaration
* Form H: INDEPENDENT BID DECLARATION
* FORM I: UNITED NATIONS SUPPLIER CODE OF CONDUCT DECLARATION OF ELIGIBILITY

**Form A: Quotation submission form**

Bidders are requested to complete this form, sign it and return it as part of their bid submission. The bidder shall fill in this form in accordance with the instructions indicated. No alterations to its format shall be permitted and no substitutions shall be accepted.

Date: [Insert submission date]

**Subject: Quotation for the supply of** [***Insert a brief description of goods/services*]****in**[***Name of country/city*],** RFQ Case No. [Insert RFQ ref number], dated **[insert date]**

We, the undersigned, declare that:

* 1. We offer to supply in conformity with the bidding documents, including the UNOPS General Conditions of Contract;
  2. Our quotation shall be valid for the period of time of [insert number of days which shall not be less than the specified in the Tender Particulars section, Period of Validity of Quotations] from the date fixed for the submission deadline as set out in the RFQ, and it shall remain binding upon us and may be accepted at any time before the expiration of that period;
  3. We have no conflict of interest in any activity that would put it, if selected for this assignment, in a conflict of interest with UNOPS[If you have any actual or potential conflict of interest as defined in Article 3 of Section II: Instructions to Bidders, please disclose it here];;
  4. Our firm confirms that the offeror and sub-contractors have not been associated, or had been involved in any way, directly or indirectly, with the preparation of the design, terms of references and/or other documents used as a part of this solicitation;
  5. Our firm, its affiliates or subsidiaries—including any subcontractors or suppliers for any part of the Contract—has not been declared ineligible by UNOPS, nor is included in the suspended/ineligibility list of the UN/PD, other UN Agencies, the UN Security Council, and the World Bank, in accordance with Instructions to Bidders Article 3, Eligibility;
  6. We embrace the UN Supplier Code of Conduct and adhere to the principles of the UN Global Compact;
  7. We have not declared bankruptcy, are not involved in bankruptcy or receivership proceedings, and there is no judgment or pending legal action against them that could impair their operations in the foreseeable future;
  8. We have not offered and will not offer fees, gifts and/or favours of kind in exchange for this RFQ and will not engage in any such activity during the performance of any Contract awarded.

I, the undersigned, certify that I am duly authorized by [***insert full name of bidder***] to sign this quotation and bind [***insert full name of bidder***] should UNOPS accept this quotation:

Name: [complete]

Title: [complete]

Date: [complete]

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

Provide the name and contact information for the primary contact from your company for this quotation:

Name: [complete]

Title: [complete]

Email address: [complete]

Telephone: [complete]

# Form B: Price Schedule Form

Bidders shall fill in this Price Schedule Form in accordance with the instructions indicated.

\*\*Please fill in all your prices in the attached excel sheet and send it as (excel book) along with the below table\*\*

RFQ reference no: [Insert UNOPS tender reference number]

**Bills of quantity Lot# 4: Supply ,delivery of Medical Equipment for Several Hospitals – Multi Cities in Yemen as shown below.**

| Item | Ibn Khaldoun Hospital - Lahj | Al Salam Rural Hospital - Lahj | Al Ra'zi General Hospital- Abyan | Sayoun Hospital - Sayoun | Shibam Hospital - Mahweet |
| --- | --- | --- | --- | --- | --- |
| Anaesthesia Machine, General ,w/access | 1 | 0 | 1 | 2 | 0 |
| Electrosurgical Unit, Bipolar-Monopolar ,w/access | 1 | 0 | 1 | 2 | 1 |
| Laryngoscope , Adult And Paediatric | 2 | 0 | 7 | 2 | 0 |
| Suction Pump , Electric ,Mobile | 2 | 2 | 2 | 2 | 6 |
| Table, Surgical, Major, General ,w/access. | 1 | 0 | 1 | 1 | 1 |
| Table, Surgical, Major, Orthopedic , w/access. | 0 | 0 | 0 | 1 | 0 |
| Steam Autoclave ,Bench top, Class B | 0 | 3 | 0 | 0 | 0 |

| **Currency** | USD |
| --- | --- |

| **No.** | **Item** | **Unit** | **Qty** | **Unit Price DAP** | **Total Price DAP** |
| --- | --- | --- | --- | --- | --- |
| **4.1** | Anaesthesia Machine, General ,w/access | Each | 4 | insert | insert |
| **4.2** | Electrosurgical Unit, Bipolar-Monopolar ,w/access | Each | 5 | insert | insert |
| **4.3** | Laryngoscope , Adult And Paediatric | Each | 11 | insert | insert |
| **4.4** | Suction Pump , Electric ,Mobile | Each | 14 | insert | insert |
| **4.5** | Table, Surgical, Major, General ,w/access. | Each | 4 | insert | insert |
| **4.6** | Table, Surgical, Major, Orthopedic , w/access. | Each | 1 | insert | insert |
| **4.7** | Steam Autoclave ,Bench top, Class B | Each | 3 | insert | insert |
|  | **Total** | | | | insert |

Payment terms 30 days accepted: ☐ Yes

**Bidder’s discount for accelerated payment:** \_\_\_\_% of total firm price for each calendar day less than thirty (30) days

**List of subcontractors or suppliers**

Bidder must identify the names of all subcontractors/suppliers who will be providing good/services under this Contract and the type of work being subcontracted, if applicable.

1. \_[Full legal name and address of subcontractors]\_\_\_\_\_\_\_\_\_\_\_
2. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I, the undersigned, certify that I am duly authorized by [***insert full name of Bidder***] to sign this quotation and bind [***insert full name of Bidder***] should UNOPS accept this quotation:

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

Title : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

**Form C: Technical Quotation Form**

RFQ reference no: [Insert UNOPS tender reference number]

Name of Bidder: [insert name of Bidder]

| **Item No** | **UNOPS minimum technical requirements** | **Qty.** | **Is quotation compliant?** Bidder to complete | **Details of goods offered.** Bidder to complete |
| --- | --- | --- | --- | --- |
| **4.1** | **Anaesthesia Machine, General ,w/access.** | | | |
|  | **Name of Manufacturer** | **4** | ☐ Yes ☐ No | Insert details of goods offered, including specifications and brand/model offered if applicable.  **It is mandatory to send the brochures / data sheet of the product and identify the page number in that brochures to conform to the required specs.**  **Fill all required details as mentioned above for all the cells below** |
|  | **Model/ catalogue number** |  | ☐ Yes ☐ No |  |
|  | **Country of Origin for the offered model** |  | ☐ Yes ☐ No |  |
|  | **Equipment offered must be covered by at least a 2 years full warranty starting the date of installation and Final Acceptance** |  | ☐ Yes ☐ No |  |
|  | **CE Or/& FDA Certificate** |  | ☐ Yes ☐ No |  |
|  | Microprocessor controlled system. |  | ☐ Yes ☐ No |  |
|  | **Trolley** | ☐ Yes ☐ No |  |
| Stainless steel or ABS construction material. | ☐ Yes ☐ No |  |
| Easy to clean, resistant to corrosion, water, detergent soap, ethylic alcohol solution and to the hypochlorite of sodium. | ☐ Yes ☐ No |  |
| Mounted on 4 castor antistatic wheels, at least two of them with brakes | ☐ Yes ☐ No |  |
| Drawers for accessories lodging | ☐ Yes ☐ No |  |
| Back cylinders support | ☐ Yes ☐ No |  |
| Lateral rail for clamp connection | ☐ Yes ☐ No |  |
|  | **Anesthesia Module** | ☐ Yes ☐ No |  |
| Closed circuit system with possibility to work in open circuit. | ☐ Yes ☐ No |  |
| Gas-specific connectors for hoses gas supply and cylinders connections | ☐ Yes ☐ No |  |
| Analogue pressure gauges for input pressure indication for each gas | ☐ Yes ☐ No |  |
| two independent system integrated compatible vaporizers Detachable patient module with CO2 absorbent canister | ☐ Yes ☐ No |  |
| Bellow module | ☐ Yes ☐ No |  |
| Oxygen 100% flush control Analogue rotameters, preferably two for each gas | ☐ Yes ☐ No |  |
|  | **At least the following safety systems:** | ☐ Yes ☐ No |  |
| oxygen-N2O gases minimum interlocked mixture guaranteed | ☐ Yes ☐ No |  |
| oxygen leakage or low pressure alarm with simultaneous stop of N2O gas delivery | ☐ Yes ☐ No |  |
| adjustable Pressure Limiting (APL) valve compressed Air leakage or low pressure alarm with automatic passage of the units using air to the oxygen alimentation | ☐ Yes ☐ No |  |
|  | **Ventilation Module** | ☐ Yes ☐ No |  |
| Digital display for ventilation parameters of approximately 8 inches |  | ☐ Yes ☐ No |  |
| Flow generator with pneumatic actuator | ☐ Yes ☐ No |  |
| The equipment will be able to work with compressed air and oxygen pressures of about 3.5 – 5 bar | ☐ Yes ☐ No |  |
| Expected standard ventilation modes: | ☐ Yes ☐ No |  |
| * manual / spontaneous | ☐ Yes ☐ No |  |
| * positive End Expiratory Pressure | ☐ Yes ☐ No |  |
| * pressure Controlled Ventilation | ☐ Yes ☐ No |  |
| * volume Controlled Ventilation | ☐ Yes ☐ No |  |
| * synchronized Mandatory Ventilation | ☐ Yes ☐ No |  |
|  | **At least the following programmable parameters:** |  |  |  |
| * Type of patient (adult, pediatric) |  | ☐ Yes ☐ No |  |
| * Pressure values and limits | ☐ Yes ☐ No |  |
| * tidal volume | ☐ Yes ☐ No |  |
| * minute volume | ☐ Yes ☐ No |  |
| * respiratory rate | ☐ Yes ☐ No |  |
| * oxygen concentration; fiO2 | ☐ Yes ☐ No |  |
| * peep | ☐ Yes ☐ No |  |
| * I: E ratio | ☐ Yes ☐ No |  |
| * Pause | ☐ Yes ☐ No |  |
|  | **Ventilation parameters monitoring:** |  | ☐ Yes ☐ No |  |
|  | * Values and alarms of pressure data and settings |  | ☐ Yes ☐ No |  |
|  | * oxygen values, alarms and settings |  | ☐ Yes ☐ No |  |
|  | * values and alarms of volume and flow data |  | ☐ Yes ☐ No |  |
|  | * trends and numerical data charts and curves |  | ☐ Yes ☐ No |  |
|  | **Accessories and Consumables** |  | ☐ Yes ☐ No |  |
|  | * 3 m long gas hose (color coding green for oxygen, yellow for air, blue for nitrous protoxide) |  | ☐ Yes ☐ No |  |
|  | * 2x sterilizable complete adult breathing circuits (with sampling luer-lock Y piece connector) |  | ☐ Yes ☐ No |  |
|  | * 1x sterilizable pediatric breathing circuit (with sampling luer-lock Y piece connector) |  | ☐ Yes ☐ No |  |
|  | * Set of 3 manual ventilation balloon |  | ☐ Yes ☐ No |  |
|  | * 1x Halothane and 1x Isoflurane vaporizers units. |  | ☐ Yes ☐ No |  |
|  | * 2x Jars of approximately 4 kg of CO2 absorbent |  | ☐ Yes ☐ No |  |
|  | * 10x disposable bacterial filters |  | ☐ Yes ☐ No |  |
|  | * Basic set of masks, different sizes |  | ☐ Yes ☐ No |  |
|  | * 2 x Oxygen cell (FiO2) |  | ☐ Yes ☐ No |  |
|  | * 1x Test lung, 1 Liter |  | ☐ Yes ☐ No |  |
|  | **Electrical characteristics** |  |  |  |
| A 220-240V, 50Hz single-phase electrical source.  Compliant with IEC 60601 or equivalent. | ☐ Yes ☐ No |  |
| Built-in protections against over-voltage and over-current line conditions. | ☐ Yes ☐ No |  |
|  | **Safety and standards** |  |  |
| CE marked Or/& FDA approved for medical use. | ☐ Yes ☐ No |  |
| ISO 9001, ISO 13485 or equivalent | ☐ Yes ☐ No |  |
| **Copy of the above mentioned certificates shall be included in the offer** | ☐ Yes ☐ No |  |
|  | The product to be supplied shall be new, unused and conform to the standards as specified in technical specifications. | ☐ Yes ☐ No |  |
|  | Transport, handle and store all products and materials in accordance with the manufacturer’s recommendations and in a manner that prevents damage or deterioration or excessive distortion. | ☐ Yes ☐ No |  |
|  | The equipment proposed shall be of highest quality and produced by well known manufacturers. The equipment shall carry the name and quality label of the manufacturer and fulfill the standards in force |  | ☐ Yes ☐ No |  |
|  | Technical offers must include brochures, data sheets and technical complete technical specifications. |  | ☐ Yes ☐ No |  |
|  | Upon delivery of the system, the supplier should show official documents showing the country of origin and the date of manufacturing the system as stated by the manufacturer, associated with the serial number. |  | ☐ Yes ☐ No |  |
|  | All equipment to be brand new, and latest in design and technology. |  | ☐ Yes ☐ No |  |
|  | Supplier must include full installation, acceptance testing, safety checks and commissioning of the system for clinical use as per the manufacturer’s recommended procedures. All the equipment and tools to be used in these steps shall be the responsibility of the supplier to provide. The installation engineer/technician as well as the enduser should be trained and authorized by manufacturer to do the installation. |  | ☐ Yes ☐ No |  |
|  | Supplier should deliver with the machines all operator manuals, service manuals, engineering schematics, and all documents and software media relevant to the machines |  | ☐ Yes ☐ No |  |
|  | To submitt a spare part pricelist valid for 7 years starting date after the warranty completition |  | ☐ Yes ☐ No |  |
| **4.2** | **Electrosurgical Unit, Bipolar-Monopolar ,w/access** | | | |
|  | **Name of Manufacturer** | **5** | ☐ Yes ☐ No | Insert details of goods offered, including specifications and brand/model offered if applicable.  **It is mandatory to send the brochures / data sheet of the product and identify the page number in that brochures to conform to the required specs.**  **Fill all required details as mentioned above for all the cells below** |
|  | **Model/ catalogue number** |  | ☐ Yes ☐ No |  |
|  | **Country of Origin for the offered model** |  | ☐ Yes ☐ No |  |
|  | **Equipment offered must be covered by at least a 2 years full warranty starting the date of installation and Final Acceptance** |  | ☐ Yes ☐ No |  |
|  | **CE Or/& FDA Certificate** |  | ☐ Yes ☐ No |  |
|  | **CE Or/& FDA Certificate** |  | ☐ Yes ☐ No |  |
|  | Electrosurgical Unit with cart |  | ☐ Yes ☐ No |  |
|  | Microprocessor controlled, with self-test and automatic monitoring of currents |  | ☐ Yes ☐ No |  |
|  | Monopolar and bipolar functionalities |  | ☐ Yes ☐ No |  |
|  | Hand and pedal activation |  | ☐ Yes ☐ No |  |
|  | Indicative expected power output at least 300 W |  | ☐ Yes ☐ No |  |
|  | Intuitive power control of different levels and modes selection from main panel |  | ☐ Yes ☐ No |  |
|  | Pre-existing range of cut and coagulation programs |  | ☐ Yes ☐ No |  |
|  | Audio-visual indicators of operation, alarms and errors |  | ☐ Yes ☐ No |  |
|  | **The equipment shall provide the following standard modes:** |  | ☐ Yes ☐ No |  |
| * Pure cut |  | ☐ Yes ☐ No |  |
| * Pure coagulation |  | ☐ Yes ☐ No |  |
| * Blended cut |  | ☐ Yes ☐ No |  |
| * Blended Coagulation |  | ☐ Yes ☐ No |  |
| * Spray |  | ☐ Yes ☐ No |  |
| * Bipolar cut |  | ☐ Yes ☐ No |  |
| * Bipolar coagulation |  | ☐ Yes ☐ No |  |
| * Bipolar blended |  | ☐ Yes ☐ No |  |
|  | Mounted on a 4 wheels cart, antistatic, with brakes and space for accessories lodging (shelf / drawer). |  | ☐ Yes ☐ No |  |
|  | **Supplied with accessories** |  | ☐ Yes ☐ No |  |
| Cut-coag pedal |  | ☐ Yes ☐ No |  |
| Bipolar pedal |  | ☐ Yes ☐ No |  |
| 2x reusable neutral plate adult, complete with cable and standard connector pin |  | ☐ Yes ☐ No |  |
| 1x reusable neutral plate pediatric, complete with cable and standard connector pin |  | ☐ Yes ☐ No |  |
| 5x sterilizable handles, with finger buttons cut-coag, with standard 3 pins connector |  | ☐ Yes ☐ No |  |
| 1x sterilizable handle, without finger buttons, for pedal activation |  | ☐ Yes ☐ No |  |
| 1x set of 5 standard serializable blade electrodes of different standard sizes |  | ☐ Yes ☐ No |  |
| 1x set of standard special electrodes (ball, sphere, loop…) |  | ☐ Yes ☐ No |  |
| 2x bipolar pliers, of different standard sizes |  | ☐ Yes ☐ No |  |
|  | **Electrical characteristics** |  |  |  |
| A 220-240V, 50Hz single-phase electrical source.  Compliant with IEC 60601 or equivalent. | ☐ Yes ☐ No |  |
| Built-in protections against over-voltage and over-current line conditions. | ☐ Yes ☐ No |  |
|  | **Safety and standards** |  |  |
| CE marked Or/& FDA approved for medical use. | ☐ Yes ☐ No |  |
| ISO 9001, ISO 13485 or equivalent | ☐ Yes ☐ No |  |
| **Copy of the above mentioned certificates shall be included in the offer** | ☐ Yes ☐ No |  |
|  | The product to be supplied shall be new, unused and conform to the standards as specified in technical specifications. | ☐ Yes ☐ No |  |
|  | Transport, handle and store all products and materials in accordance with the manufacturer’s recommendations and in a manner that prevents damage or deterioration or excessive distortion. | ☐ Yes ☐ No |  |
|  | The equipment proposed shall be of highest quality and produced by well known manufacturers. The equipment shall carry the name and quality label of the manufacturer and fulfill the standards in force |  | ☐ Yes ☐ No |  |
|  | Technical offers must include brochures, data sheets and technical complete technical specifications. |  | ☐ Yes ☐ No |  |
|  | Upon delivery of the system, the supplier should show official documents showing the country of origin and the date of manufacturing the system as stated by the manufacturer, associated with the serial number. |  | ☐ Yes ☐ No |  |
|  | All equipment to be brand new, and latest in design and technology. |  | ☐ Yes ☐ No |  |
|  | Supplier must include full installation, acceptance testing, safety checks and commissioning of the system for clinical use as per the manufacturer’s recommended procedures. All the equipment and tools to be used in these steps shall be the responsibility of the supplier to provide. The installation engineer/technician as well as the enduser should be trained and authorized by manufacturer to do the installation. |  | ☐ Yes ☐ No |  |
|  | Supplier should deliver with the machines all operator manuals, service manuals, engineering schematics, and all documents and software media relevant to the machines |  | ☐ Yes ☐ No |  |
|  | To submitt a spare part pricelist valid for 7 years starting date after the warranty completition |  | ☐ Yes ☐ No |  |
| **4.3** | **Laryngoscope , Adult And Paediatric** | | | |
|  | **Name of Manufacturer** | **11** | ☐ Yes ☐ No | Insert details of goods offered, including specifications and brand/model offered if applicable.  **It is mandatory to send the brochures / data sheet of the product and identify the page number in that brochures to conform to the required specs.**  **Fill all required details as mentioned above for all the cells below** |
|  | **Model/ catalogue number** |  | ☐ Yes ☐ No |  |
|  | **Country of Origin for the offered model** |  | ☐ Yes ☐ No |  |
|  | **Equipment offered must be covered by at least a 2 years full warranty starting the date of installation and Final Acceptance** |  | ☐ Yes ☐ No |  |
|  | **CE Or/& FDA Certificate** |  | ☐ Yes ☐ No |  |
|  | Laryngoscope set for adults and children |  | ☐ Yes ☐ No |  |
|  | Large hollow, cylindrical, slightly ribbed handle | ☐ Yes ☐ No |  |
|  | Handle made of either chromium-plated or stainless steel | ☐ Yes ☐ No |  |
|  | Stud contact, fitting various sizes and types of depressors | ☐ Yes ☐ No |  |
|  | With a set of four stainless steel depressors, with halogen bulb | ☐ Yes ☐ No |  |
|  | **Maclntosh type:** |  |  |
| Curved Nr 2, length approx. 110 mm | ☐ Yes ☐ No |  |
| Curved Nr 3, length approx. 135 mm |  | ☐ Yes ☐ No |  |
| Curved Nr 4, length approx. 155 mm |  | ☐ Yes ☐ No |  |
|  | **Miller type:** |  |  |
| Straight Nr 1, length approx. 100 mm | ☐ Yes ☐ No |  |
|  | **Supplied with** |  |  |
| 1 x Durable protective plastic box or padded vinyl case | ☐ Yes ☐ No |  |
| 4 x spare halogen bulb (one for each depressor) | ☐ Yes ☐ No |  |
|  | **Electrical characteristics** |  |  |
| Usable with standard disposable commercial C-type batteries | ☐ Yes ☐ No |  |
|  | **Safety and standards** |  |  |
| CE marked Or/& FDA approved for medical use. | ☐ Yes ☐ No |  |
| ISO 9001, ISO 13485 or equivalent | ☐ Yes ☐ No |  |
| **Copy of the above mentioned certificates shall be included in the offer** |  | ☐ Yes ☐ No |  |
|  | The product to be supplied shall be new, unused and conform to the standards as specified in technical specifications. |  | ☐ Yes ☐ No |  |
|  | Transport, handle and store all products and materials in accordance with the manufacturer’s recommendations and in a manner that prevents damage or deterioration or excessive distortion. |  | ☐ Yes ☐ No |  |
|  | The equipment proposed shall be of highest quality and produced by well known manufacturers. The equipment shall carry the name and quality label of the manufacturer and fulfill the standards in force. |  | ☐ Yes ☐ No |  |
|  | Technical offers must include brochures, data sheets and technical complete technical specifications. |  | ☐ Yes ☐ No |  |
|  | Upon delivery of the system, the supplier should show official documents showing the country of origin and the date of manufacturing the system as stated by the manufacturer, associated with the serial number. |  | ☐ Yes ☐ No |  |
|  | All equipment to be brand new, and latest in design and technology. |  | ☐ Yes ☐ No |  |
|  | Supplier must include full installation, acceptance testing, safety checks and commissioning of the system for clinical use as per the manufacturer’s recommended procedures. All the equipment and tools to be used in these steps shall be the responsibility of the supplier to provide. The installation engineer/technician as well as the enduser should be trained and authorized by manufacturer to do the installation. |  | ☐ Yes ☐ No |  |
|  | Supplier should deliver with the machines all operator manuals, service manuals, engineering schematics, and all documents and software media relevant to the machines |  | ☐ Yes ☐ No |  |
|  | To submitt a spare part pricelist valid for 7 years starting date after the warranty completition |  | ☐ Yes ☐ No |  |
| **4.4** | **Suction Pump, electric , mobile** | | | |
|  | **Name of Manufacturer** | **14** | ☐ Yes ☐ No | Insert details of goods offered, including specifications and brand/model offered if applicable.  **It is mandatory to send the brochures / data sheet of the product and identify the page number in that brochures to conform to the required specs.**  **Fill all required details as mentioned above for all the cells below** |
|  | **Model/ catalogue number** |  | ☐ Yes ☐ No |  |
|  | **Country of Origin for the offered model** |  | ☐ Yes ☐ No |  |
|  | **Equipment offered must be covered by at least a 2 years full warranty starting the date of installation and Final Acceptance** |  | ☐ Yes ☐ No |  |
|  | **CE Or/& FDA Certificate** |  | ☐ Yes ☐ No |  |
|  | Suction unit, (high vacuum/high flow), 2 bottles, with cart, AC powered |  | ☐ Yes ☐ No |  |
|  | The pump shall be oil free vacuum pump where the pumped liquid shall be sealed off from the pump | ☐ Yes ☐ No |  |
|  | Vacuum rate shall be from 0 to not less than 640 mmHg | ☐ Yes ☐ No |  |
|  | Come with suction controller and vacuum gauge / indicator | ☐ Yes ☐ No |  |
|  | Come with overflow control valves |  | ☐ Yes ☐ No |  |
|  | Air flow rate shall be at least 25 l/min |  | ☐ Yes ☐ No |  |
|  | The pump shall come fitted with twin unbreakable, transparent , autoclaveable polycarbonate suction bottles minimum 2 litre each | ☐ Yes ☐ No |  |
|  | The bottles shall be incorporated with an automatic suction cut-off mechanism when they become full | ☐ Yes ☐ No |  |
|  | Air discharge from pump shall be filtered by approx. 0.3 micron bacterial hydrophobic filter | ☐ Yes ☐ No |  |
|  | **Supplied with** |  |  |
| Complete connection tubing set: 1 set | ☐ Yes ☐ No |  |
| foot switch with cables for operating | ☐ Yes ☐ No |  |
| Bacterial filter: 0.3 micron,10 pcs |  | ☐ Yes ☐ No |  |
| Spare autoclaveable polycarbonate suction bottle 2L: 1pc | ☐ Yes ☐ No |  |
|  | **Electrical characteristics** |  |  |
| A 220-240V, 50Hz single-phase  compliant with IEC 60601 or equivalent | ☐ Yes ☐ No |  |
| Built-in protections against over-voltage, over-current line conditions | ☐ Yes ☐ No |  |
|  | **Safety and standards** |  |  |
| CE marked Or/& FDA approved for medical use. | ☐ Yes ☐ No |  |
| ISO 9001, ISO 13485 or equivalent | ☐ Yes ☐ No |  |
| **Copy of the above mentioned certificates shall be included in the offer** | ☐ Yes ☐ No |  |
|  | The product to be supplied shall be new, unused and conform to the standards as specified in technical specifications. |  | ☐ Yes ☐ No |  |
|  | Transport, handle and store all products and materials in accordance with the manufacturer’s recommendations and in a manner that prevents damage or deterioration or excessive distortion. |  | ☐ Yes ☐ No |  |
|  | The equipment proposed shall be of highest quality and produced by well known manufacturers. The equipment shall carry the name and quality label of the manufacturer and fulfill the standards in force. |  | ☐ Yes ☐ No |  |
|  | Technical offers must include brochures, data sheets and technical complete technical specifications. |  | ☐ Yes ☐ No |  |
|  | Upon delivery of the system, the supplier should show official documents showing the country of origin and the date of manufacturing the system as stated by the manufacturer, associated with the serial number. |  | ☐ Yes ☐ No |  |
|  | All equipment to be brand new, and latest in design and technology. |  | ☐ Yes ☐ No |  |
|  | Supplier must include full installation, acceptance testing, safety checks and commissioning of the system for clinical use as per the manufacturer’s recommended procedures. All the equipment and tools to be used in these steps shall be the responsibility of the supplier to provide. The installation engineer/technician as well as the enduser should be trained and authorized by manufacturer to do the installation. |  | ☐ Yes ☐ No |  |
|  | Supplier should deliver with the machines all operator manuals, service manuals, engineering schematics, and all documents and software media relevant to the machines |  | ☐ Yes ☐ No |  |
|  | To submitt a spare part pricelist valid for 7 years starting date after the warranty completition |  | ☐ Yes ☐ No |  |
| **4.5** | **Table, Surgical, Major, General ,w/access.** | | | |
|  | **Name of Manufacturer** | **4** | ☐ Yes ☐ No | Insert details of goods offered, including specifications and brand/model offered if applicable.  **It is mandatory to send the brochures / data sheet of the product and identify the page number in that brochures to conform to the required specs.**  **Fill all required details as mentioned above for all the cells below** |
|  | **Model/ catalogue number** |  | ☐ Yes ☐ No |  |
|  | **Country of Origin for the offered model** |  | ☐ Yes ☐ No |  |
|  | **Equipment offered must be covered by at least a 2 years full warranty starting the date of installation and Final Acceptance** |  | ☐ Yes ☐ No |  |
|  | **CE Or/& FDA Certificate** |  | ☐ Yes ☐ No |  |
|  | Strong, durable, stainless steel frame structure operating table |  | ☐ Yes ☐ No |  |
|  | Frame material: stainless steel 316/316L or other stainless steel with greater corrosion resistance. | ☐ Yes ☐ No |  |
|  | 4 articulated sections: head, back, pelvis and separate legs sections. | ☐ Yes ☐ No |  |
|  | Wheels, with stable stopping system for the basement | ☐ Yes ☐ No |  |
|  | Approximate Dimensions: 2000 x 500 mm | ☐ Yes ☐ No |  |
|  | Workload support of approximately 250 Kg in all operating positions. | ☐ Yes ☐ No |  |
|  | Expected basic movements Electric / hydraulic: | ☐ Yes ☐ No |  |
| Height adjustment, indicative range 750-950 mm | ☐ Yes ☐ No |  |
| Trendelemburg, antitrendelemburg indicative ≥ 30 deg | ☐ Yes ☐ No |  |
| Lateral tilt indicative ≥ 20 deg | ☐ Yes ☐ No |  |
| Back section adjustment, indicative +80/-30 deg | ☐ Yes ☐ No |  |
| Head section adjustment and detachable | ☐ Yes ☐ No |  |
| Leg section adjustment in height and spread and detachable | ☐ Yes ☐ No |  |
| Table longitudinal sliding preferable (not restrictive) | ☐ Yes ☐ No |  |
|  | Stainless steel lateral rails for accessories connection by clamp | ☐ Yes ☐ No |  |
|  | Removable mattress covering and antistatic, impermeable, washable, material. | ☐ Yes ☐ No |  |
|  | Mattress resistant to corrosion, water, detergent soap, ethylic alcohol solution with or without nitrite and to the hypochlorite of sodium, active chloric solution | ☐ Yes ☐ No |  |
|  | **Supplied with** | ☐ Yes ☐ No |  |
|  | 2x adjustable narcosis arm lateral support, with antistatic cushion, complete with stainless steel clamp | ☐ Yes ☐ No |  |
|  | 2x adjustable foot support, with antistatic cushion, complete with stainless steel clamp | ☐ Yes ☐ No |  |
|  | Stainless steel removable basin | ☐ Yes ☐ No |  |
|  | Fixation belts | ☐ Yes ☐ No |  |
|  | 2x lateral support, stainless steel, with antistatic cushion | ☐ Yes ☐ No |  |
|  | 2x shoulder support, stainless steel, with antistatic cushion | ☐ Yes ☐ No |  |
|  | ~~Traction Parts~~ |  | ☐ Yes ☐ No |  |
| 4.5.35 | Anaesthesia screen with attachment clamp |  | ☐ Yes ☐ No |  |
| 4.5.36 | Attachment clamp is needed to all requested accessories requested in the tender |  | ☐ Yes ☐ No |  |
|  | **Electrical characteristics** |  |  |  |
| A 220-240V, 50Hz single-phase  compliant with IEC 60601 or equivalent | ☐ Yes ☐ No |  |
| Built-in protections against over-voltage, over-current line conditions | ☐ Yes ☐ No |  |
|  | **Safety and standards** |  |  |
| CE marked Or/& FDA approved for medical use. | ☐ Yes ☐ No |  |
| ISO 9001, ISO 13485 or equivalent | ☐ Yes ☐ No |  |
| **Copy of the above mentioned certificates shall be included in the offer** | ☐ Yes ☐ No |  |
|  | The product to be supplied shall be new, unused and conform to the standards as specified in technical specifications. |  | ☐ Yes ☐ No |  |
|  | Transport, handle and store all products and materials in accordance with the manufacturer’s recommendations and in a manner that prevents damage or deterioration or excessive distortion. |  | ☐ Yes ☐ No |  |
|  | The equipment proposed shall be of highest quality and produced by well known manufacturers. The equipment shall carry the name and quality label of the manufacturer and fulfill the standards in force. |  | ☐ Yes ☐ No |  |
|  | Technical offers must include brochures, data sheets and technical complete technical specifications. |  | ☐ Yes ☐ No |  |
|  | Upon delivery of the system, the supplier should show official documents showing the country of origin and the date of manufacturing the system as stated by the manufacturer, associated with the serial number. |  | ☐ Yes ☐ No |  |
|  | All equipment to be brand new, and latest in design and technology. |  | ☐ Yes ☐ No |  |
|  | Supplier must include full installation, acceptance testing, safety checks and commissioning of the system for clinical use as per the manufacturer’s recommended procedures. All the equipment and tools to be used in these steps shall be the responsibility of the supplier to provide. The installation engineer/technician as well as the enduser should be trained and authorized by manufacturer to do the installation. |  | ☐ Yes ☐ No |  |
|  | Supplier should deliver with the machines all operator manuals, service manuals, engineering schematics, and all documents and software media relevant to the machines |  | ☐ Yes ☐ No |  |
|  | To submitt a spare part pricelist valid for 7 years starting date after the warranty completition |  | ☐ Yes ☐ No |  |
| 4.5.35 | Anaesthesia screen with attachment clamp |  | ☐ Yes ☐ No |  |
| 4.5.36 | Attachment clamp is needed to all requested accessories requested in the tender |  | ☐ Yes ☐ No |  |
| **4.6** | **Table, Surgical, Major, Orthopedic ,w/access** | | | |
|  | **Name of Manufacturer** | **1** | ☐ Yes ☐ No | Insert details of goods offered, including specifications and brand/model offered if applicable.  **It is mandatory to send the brochures / data sheet of the product and identify the page number in that brochures to conform to the required specs.**  **Fill all required details as mentioned above for all the cells below** |
|  | **Model/ catalogue number** |  | ☐ Yes ☐ No |  |
|  | **Country of Origin for the offered model** |  | ☐ Yes ☐ No |  |
|  | **Equipment offered must be covered by at least a 2 years full warranty starting the date of installation and Final Acceptance** |  | ☐ Yes ☐ No |  |
|  | **CE Or/& FDA Certificate** |  | ☐ Yes ☐ No |  |
|  | Strong, durable, stainless steel frame structure operating table |  | ☐ Yes ☐ No |  |
|  | Frame material: stainless steel 316/316L or other stainless steel with greater corrosion resistance. | ☐ Yes ☐ No |  |
|  | 4 articulated sections: head, back, pelvis and separate legs sections. | ☐ Yes ☐ No |  |
|  | Wheels, with stable stopping system for the basement | ☐ Yes ☐ No |  |
|  | Approximate Dimensions: 2000 x 500 mm | ☐ Yes ☐ No |  |
|  | Workload support of approximately 250 Kg in all operating positions. | ☐ Yes ☐ No |  |
|  | Expected basic movements Electric / hydraulic: | ☐ Yes ☐ No |  |
| Height adjustment, indicative range 750-950 mm | ☐ Yes ☐ No |  |
| Trendelemburg, antitrendelemburg indicative ≥ 25 deg | ☐ Yes ☐ No |  |
| Lateral tilt indicative ≥ 18 deg | ☐ Yes ☐ No |  |
| Back section adjustment, indicative +80/-30 deg | ☐ Yes ☐ No |  |
| Head section adjustment and detachable | ☐ Yes ☐ No |  |
| Leg section adjustment in height and spread and detachable | ☐ Yes ☐ No |  |
| Table longitudinal sliding preferable (not restrictive) | ☐ Yes ☐ No |  |
|  | Stainless steel lateral rails for accessories connection by clamp | ☐ Yes ☐ No |  |
|  | Removable mattress covering and antistatic, impermeable, washable, material. | ☐ Yes ☐ No |  |
|  | Mattress resistant to corrosion, water, detergent soap, ethylic alcohol solution with or without nitrite and to the hypochlorite of sodium, active chloric solution | ☐ Yes ☐ No |  |
|  | **Supplied with** | ☐ Yes ☐ No |  |
|  | 2x adjustable narcosis arm lateral support, with antistatic cushion, complete with stainless steel clamp | ☐ Yes ☐ No |  |
|  | 2x adjustable foot support, with antistatic cushion, complete with stainless steel clamp | ☐ Yes ☐ No |  |
|  | ~~Stainless steel removable basin~~ | ☐ Yes ☐ No |  |
|  | Fixation belts | ☐ Yes ☐ No |  |
|  | 2x lateral support, stainless steel, with antistatic cushion | ☐ Yes ☐ No |  |
|  | 2x shoulder support, stainless steel, with antistatic cushion | ☐ Yes ☐ No |  |
| 4.6.23 | Anaesthesia screen with attachment clamp |  | ☐ Yes ☐ No |  |
| 4.6.24 | Attachment clamp is needed to all requested accessories requested in the tender |  | ☐ Yes ☐ No |  |
| 4.6.25 | Orthopaedic Traction System for lower limbs. Lateral positional support. Paediatric & Adult foot traction boots, Pelvis support for adult & child. Knee support. |  | ☐ Yes ☐ No |  |
|  | **Electrical characteristics** |  |  |  |
| A 220-240V, 50Hz single-phase  compliant with IEC 60601 or equivalent | ☐ Yes ☐ No |  |
| Built-in protections against over-voltage, over-current line conditions | ☐ Yes ☐ No |  |
|  | **Safety and standards** |  |  |
| CE marked Or/& FDA approved for medical use. | ☐ Yes ☐ No |  |
| ISO 9001, ISO 13485 or equivalent | ☐ Yes ☐ No |  |
| **Copy of the above mentioned certificates shall be included in the offer** | ☐ Yes ☐ No |  |
|  | The product to be supplied shall be new, unused and conform to the standards as specified in technical specifications. |  | ☐ Yes ☐ No |  |
|  | Transport, handle and store all products and materials in accordance with the manufacturer’s recommendations and in a manner that prevents damage or deterioration or excessive distortion. |  | ☐ Yes ☐ No |  |
|  | The equipment proposed shall be of highest quality and produced by well known manufacturers. The equipment shall carry the name and quality label of the manufacturer and fulfill the standards in force. |  | ☐ Yes ☐ No |  |
|  | Technical offers must include brochures, data sheets and technical complete technical specifications. |  | ☐ Yes ☐ No |  |
|  | Upon delivery of the system, the supplier should show official documents showing the country of origin and the date of manufacturing the system as stated by the manufacturer, associated with the serial number. |  | ☐ Yes ☐ No |  |
|  | All equipment to be brand new, and latest in design and technology. |  | ☐ Yes ☐ No |  |
|  | Supplier must include full installation, acceptance testing, safety checks and commissioning of the system for clinical use as per the manufacturer’s recommended procedures. All the equipment and tools to be used in these steps shall be the responsibility of the supplier to provide. The installation engineer/technician as well as the enduser should be trained and authorized by manufacturer to do the installation. |  | ☐ Yes ☐ No |  |
|  | Supplier should deliver with the machines all operator manuals, service manuals, engineering schematics, and all documents and software media relevant to the machines |  | ☐ Yes ☐ No |  |
|  | To submitt a spare part pricelist valid for 7 years starting date after the warranty completition |  | ☐ Yes ☐ No |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
| **4.7** | **Steam Autoclave ,Bench top ,Class B** | | | |
|  | **Name of Manufacturer** | **3** | ☐ Yes ☐ No | Insert details of goods offered, including specifications and brand/model offered if applicable.  **It is mandatory to send the brochures / data sheet of the product and identify the page number in that brochures to conform to the required specs.**  **Fill all required details as mentioned above for all the cells below** |
|  | **Model/ catalogue number** |  | ☐ Yes ☐ No |  |
|  | **Country of Origin for the offered model** |  | ☐ Yes ☐ No |  |
|  | **Equipment offered must be covered by at least a 2 years full warranty starting the date of installation and Final Acceptance** |  | ☐ Yes ☐ No |  |
|  | **CE Or/& FDA Certificate** |  | ☐ Yes ☐ No |  |
|  | Steam Autoclave Bench top , Class B, (18 -24) liters |  | ☐ Yes ☐ No |  |
|  | Microprocessor controlled. | ☐ Yes ☐ No |  |
|  | Self-evaluations on the process of sterilization, automatic failure detection report. | ☐ Yes ☐ No |  |
|  | Inner Chamber capacity: (18 - 24) litre, stainless steel. | ☐ Yes ☐ No |  |
|  | Integrated printer (optional). | ☐ Yes ☐ No |  |
|  | Safety locking system | ☐ Yes ☐ No |  |
|  | LCD display | ☐ Yes ☐ No |  |
|  | Water supply system: reservoir (≥3.5 L distilled water and ≥ 5L waste reservoir). | ☐ Yes ☐ No |  |
|  | Possibility of serial connection to a PC, with cycle data recording | ☐ Yes ☐ No |  |
|  | Tray holder contains ≥2 tray |  |  |
|  | Vacuum pump performing two stage (pre & post vacuum). |  |  |
|  | Thermal drying system to ensure sterilizing instruments without spots |  |  |
|  | Full water alarm system. |  |  |
|  | tray extraction handle |  |  |
|  | **Electrical characteristics** |  |  |  |
| A 220-240V, 50Hz single-phase  compliant with IEC 60601 or equivalent | ☐ Yes ☐ No |  |
| Built-in protections against over-voltage, over-current line conditions | ☐ Yes ☐ No |  |
|  | **Safety and standards** |  |  |
| CE marked Or/& FDA approved for medical use. | ☐ Yes ☐ No |  |
| ISO 9001, ISO 13485 or equivalent | ☐ Yes ☐ No |  |
| **Copy of the above mentioned certificates shall be included in the offer** | ☐ Yes ☐ No |  |
|  | The product to be supplied shall be new, unused and conform to the standards as specified in technical specifications. |  | ☐ Yes ☐ No |  |
|  | Transport, handle and store all products and materials in accordance with the manufacturer’s recommendations and in a manner that prevents damage or deterioration or excessive distortion. |  | ☐ Yes ☐ No |  |
|  | The equipment proposed shall be of highest quality and produced by well known manufacturers. The equipment shall carry the name and quality label of the manufacturer and fulfill the standards in force. |  | ☐ Yes ☐ No |  |
|  | Technical offers must include brochures, data sheets and technical complete technical specifications. |  | ☐ Yes ☐ No |  |
|  | Upon delivery of the system, the supplier should show official documents showing the country of origin and the date of manufacturing the system as stated by the manufacturer, associated with the serial number. |  | ☐ Yes ☐ No |  |
|  | All equipment to be brand new, and latest in design and technology. |  | ☐ Yes ☐ No |  |
|  | Supplier must include full installation, acceptance testing, safety checks and commissioning of the system for clinical use as per the manufacturer’s recommended procedures. All the equipment and tools to be used in these steps shall be the responsibility of the supplier to provide. The installation engineer/technician as well as the enduser should be trained and authorized by manufacturer to do the installation. |  | ☐ Yes ☐ No |  |
|  | Supplier should deliver with the machines all operator manuals, service manuals, engineering schematics, and all documents and software media relevant to the machines |  | ☐ Yes ☐ No |  |
|  | To submitt a spare part pricelist valid for 7 years starting date after the warranty completition |  | ☐ Yes ☐ No |  |

| **General Requirement** | | | |
| --- | --- | --- | --- |
|  | The authorization of manufacturer included in your offer | ☐ Yes ☐ No | Insert details |
|  | For devices manufactured in China, the supplier shall provide an FDA certificate/approval | ☐ Yes ☐ No | Insert details |
|  | Must be the manufacturer still produces equipment of offer when the offer submitted | ☐ Yes ☐ No | Insert details |
|  | The equipment shall include a non-removable label that state the country of manufacture (i.e. **Made in**…). | ☐ Yes ☐ No | Insert details |
|  | If the manufacturer plans to stop production of the awarded equipment referenced herein and/or to produce improved models before the delivery date, the Supplier shall notify UNOPS of this fact and provide the option of upgrading its purchase. It will be UNOPS decision to upgrade the equipment or to keep the originally ordered one. | ☐ Yes ☐ No | Insert details |
|  | **Quality Assurance and Standards conformity** |  |  |
| 6 | All medical equipment must be CE, FDA, and/or TUV certified (or equivalent). | ☐ Yes ☐ No | Insert details |
| 7 | Quality assurance tests shall be performed at the manufacturer site, prior to shipment. It shall insure high quality, proper and reliable functionality, and applicable standards conformity.. | ☐ Yes ☐ No | Insert details |
| 8 | Quality assurance test certificates shall indicate the serial number of the medical equipment tested, date of the test, types of tests, and acceptance criteria. | ☐ Yes ☐ No | Insert details |
| 9 | All equipment shall pass the Quality assurance tests successfully, and the test certificates shall be duly stamped by the manufacturer. Quality assurance test certificates shall be submitted to UNOPS, whenever requested. | ☐ Yes ☐ No | Insert details |
|  | **Full functionality** |  |  |
| 10 | The offered medical equipment shall include a full set of compatible parts, components, accessories, software, hardware, hardware/software interfaces, start-up consumables and howsoever required to put the medical equipment into fully operational condition. | ☐ Yes ☐ No | Insert details |
| 11 | Any parts, components, adapters, software, hardware etc, that are not mentioned in the detailed technical offer or purchase order, but required to put the product into fully operational condition shall be deemed part of the awarded medical equipment and must be provided by the Supplier at no additional cost. | ☐ Yes ☐ No | Insert details |
| 12 | All medical equipment shall contain the latest software version at the time of shipment, wherever applicable. | ☐ Yes ☐ No | Insert details |
| 13 | All medical equipment, or its component, that will be permanently built-in or mounted on floor, wall or ceiling shall include all needed fixtures, supports, arms, mounting parts/interfaces, finishing seals, and howsoever required to mount the unit and complete the installation, as per the manufacturer recommendation, and to the satisfaction of UNOPS. | ☐ Yes ☐ No | Insert details |
| 14 | The Supplier shall be responsible to coordinate and liaise with UNOPS, the Consultant, Contractor, sub-contractors and suppliers of other medical equipment, to provide complete, integrated and fully functional and coordinated solutions wherever applicable. | ☐ Yes ☐ No | Insert details |
| 15 | The Supplier shall provide fully functional batteries for all equipment with internal batteries to the end-user at the time of taking over. | ☐ Yes ☐ No | Insert details |
| 16 | For equipment that requires water for its operation, the Supplier must stipulate the minimum and recommended acceptable water quality requirements. Hoses, adapters, filters etc shall be provided (wherever applicable). | ☐ Yes ☐ No | Insert details |
| 17 | All electrically operated equipment must be designed to run on the Yemeni standard AC power (voltages and frequencies) | ☐ Yes ☐ No | Insert details |
| 18 | Equipment operated at 110V (with and without transformers) shall NOT be acceptable. | ☐ Yes ☐ No | Insert details |
| 19 | All Electrically operated equipment should comply with IEC 60601 or equivalent | ☐ Yes ☐ No | Insert details |
|  | **Packaging, Shipping, Storage and Delivery** |  |  |
| 20 | The equipment package shall be well labeled, with instructions for handling, lifting, etc. | ☐ Yes ☐ No | Insert details |
| 21 | The equipment package shall be labeled with the Supplier name, Manufacturer, model number, and date of manufacture. | ☐ Yes ☐ No | Insert details |
| 22 | The equipment shall be packaged in a way to withstand handling, loading, unloading, temperature, humidity and other extremes likely to be encountered during shipping and transport. | ☐ Yes ☐ No | Insert details |
| 23 | The Supplier shall be responsible for shipping and delivery and installing of the equipment to the specified location as in the tender invitation and within the time frame stipulated in the tender invitation. | ☐ Yes ☐ No | Insert details |
| 24 | The Supplier shall be responsible to provide appropriate store for the medical equipment until the site is ready for immediate assembling and start up. The equipment shall be stored in supplier’s stores and delivered on demand to UNOPS projects’ sites. | ☐ Yes ☐ No | Insert details |
| 25 | All equipment shall be preserved and packaged in accordance with the manufacturer's standard practices, and to avoid damage to the system while in transport and shipment to its final destination. | ☐ Yes ☐ No | Insert details |
| 26 | The Supplier is responsible for loading, unloading, rigging and inside delivery of the medical equipment to its final destination room inside the building. | ☐ Yes ☐ No | Insert details |
| 27 | The Supplier shall be responsible for taking all appropriate actions to ensure that equipment can be brought safely into the facility and to the allocated locations. It shall be the responsibility of the Supplier to deliver all equipment in good condition. Any equipment damaged in shipping, transportation, or rigging shall be promptly replaced regardless of the status of any claims filed against the carrier. | ☐ Yes ☐ No | Insert details |
| 28 | During the warranty period, and if deemed necessary, the Supplier shall relocate the equipment to other locations at no additional cost. | ☐ Yes ☐ No | Insert details |
|  | **Assembling** |  |  |
| 29 | The Supplier shall assemble, mount, configure, calibrate, test and commission the medical equipment as per the published manufacturer’s instructions, applicable international & local standards, and to the satisfaction of UNOPS. | ☐ Yes ☐ No | Insert details |
| 30 | Only experienced and qualified engineers shall assemble the medical systems and equipment. Competency and Training certificates for the installer, issued and letter headed by the manufacturer, shall be submitted whenever requested by UNOPS. | ☐ Yes ☐ No | Insert details |
| 31 | The Supplier’s work-in-progress activities (delivery, storage, rigging, assemble, inspection, etc) shall be subjected to verification, at any time by UNOPS. UNOPS will notify the Supplier of any observed deficiencies or non-conformity, which could cause suspension of acceptance of the proposed system until corrective action has been demonstrated | ☐ Yes ☐ No | Insert details |
|  | **Assembling, Testing & Commissioning inspection (ATCI)** |  |  |
| 32 | After assembling and prior to conducting the ‘Assembling, Testing & Commissioning Inspection (ATCI)’, the Supplier shall undertake its own pre-checks to verify that the equipment, its assembling and its performance conform to the published manufacturer’s specifications. All required parts, accessories and start-up consumables shall be included. | ☐ Yes ☐ No | Insert details |
| 33 | Only experienced and qualified engineers shall conduct the Assembling, Testing & Commissioning. Competency certificate, issued by the manufacturer, shall be submitted during the inspection, whenever requested. | ☐ Yes ☐ No | Insert details |
| 34 | Assembling, Testing & Commissioning Inspection shall demonstrate proper and safe Assembling and operation of the medical equipment as per the published manufacturer’s specifications and protocols, applicable standards, and to the satisfaction of UNOPS. | ☐ Yes ☐ No | Insert details |
| 35 | Whenever deemed necessary by UNOPS, the Supplier shall provide testing equipment, analyzers etc to verify proper function/performance of the equipment as per the published manufacturer’s specifications. All testing equipment, tools, analyzers, etc used for testing of medical equipment and systems shall be calibrated as per its manufacturer recommendation. Certificate of valid calibration shall be provided upon request. | ☐ Yes ☐ No | Insert details |
| 36 | The Supplier shall submit a printed list of Serial Numbers of all equipment assembled, and its location (room number). | ☐ Yes ☐ No | Insert details |
| 37 | Assembling, Testing & Commissioning Inspection forms/checklists shall be filled by the Supplier, and submitted to UNOPS. | ☐ Yes ☐ No | Insert details |
|  | **Training** |  |  |
| 38 | Following a successful Assembling, Testing & Commissioning inspection, the Supplier shall conduct training sessions for the clinical staff onsite. This training shall be scheduled at the convenience of the clinical staff. Training shall be for an appropriate period for the medical system. Training shall include, but not be limited to, training for( One BioMedical Engineer and Two users ) Following the completion of training, the Supplier shall, if requested, certify that trained personnel have completed the training program. | ☐ Yes ☐ No | Insert details |
| 39 | The Supplier shall submit a detailed description of the scheduled training for the clinical personnel and the technical training for biomedical engineers for all supplied equipment ( One BioMedical Engineer and Two users ) . This should include, but not limited to, detailed description of the training, location, scheduled time, duration, content, qualifications of instructor, and a list of who should attend the training. | ☐ Yes ☐ No | Insert details |
| 40 | The Supplier shall provide local service training for 2 biomedical engineers, unless otherwise instructed by UNOPS. | ☐ Yes ☐ No | Insert details |
|  | **Manuals** |  |  |
| 41 | The Supplier shall provide 1 original user manuals and 1 original technical service manuals. | ☐ Yes ☐ No | Insert details |
| 42 | Soft copy of user and service manuals (on CD) shall be also provided. | ☐ Yes ☐ No | Insert details |
| 43 | Technical service manuals shall include spare parts lists, electronic circuits schematic diagrams, and detailed troubleshooting guides (where applicable). | ☐ Yes ☐ No | Insert details |
|  | **Infection control** |  |  |
| 44 | Cleaning, disinfecting and/or sterilization of all medical equipment must comply with the Disease Control (CDC) guidelines or equivalent international standards. | ☐ Yes ☐ No | Insert details |
| 45 | The Supplier must provide the published manufacturer’s method statement for cleaning for all medical equipment. | ☐ Yes ☐ No | Insert details |
| 46 | The Supplier shall specify appropriate cleaning methods, procedures, and agents. | ☐ Yes ☐ No | Insert details |
|  | **Warranty and Maintenance:** |  |  |
| 47 | The Supplier shall provide full warranty for 2 year, as stipulated in the Invitation to Bid. The warranty shall cover free maintenance/labor and free spare parts throughout the warranty period. The warranty period shall include manufacturer defects. | ☐ Yes ☐ No | Insert details |
| 48 | The Supplier shall provide stickers/labels on each equipment, stating the name of local agent, email, phone and fax numbers, as well as the dates for scheduled preventive maintenance during the free warranty period, as well as the expiration date of the warranty period. | ☐ Yes ☐ No | Insert details |
| 49 | The Supplier shall conduct scheduled Preventive Maintenance (PM) according to the manufacturer recommendations, applicable standards, and accrediting agencies. | ☐ Yes ☐ No | Insert details |
| 50 | Documented PM reports shall be submitted, and signed by the biomedical engineers/technicians onsite. | ☐ Yes ☐ No | Insert details |
| 51 | Response to service calls by factory-trained service engineers shall be within 1 day. If the Supplier fails to adhere to this requirement, then the free warranty period for the affected equipment shall be extended 1 week per each incident. | ☐ Yes ☐ No | Insert details |
| 52 | The Supplier shall fix malfunctioning equipment within a maximum of 1 week from the date of notification. | ☐ Yes ☐ No | Insert details |
| 53 | The Supplier shall replace or repair all defective equipment and software, and shall correct any defects -without charges for parts or labor- both during and after regular working hours, during the warranty period. | ☐ Yes ☐ No | Insert details |
| 54 | The following effectiveness level provisions shall apply to the medical equipment during the warranty and subsequent support periods. Uptime is defined as the state when the system is working and/or available for use, to UNOPS/MOH satisfaction. Downtime is defined as the state when the system is NOT operable due to breakdown, performance of repairs, or failure to perform according to specifications. The period of downtime shall be from notification of the manufacturer's service representative until the equipment is returned/presented to the designated UNOPS/MOH representative properly functioning and ready for use. | ☐ Yes ☐ No | Insert details |
| 55 | Scheduled routine preventive maintenance, scheduled upgrades of equipment or software, and external failures (i.e., due to power loss etc) shall not be considered downtime. | ☐ Yes ☐ No | Insert details |
| 56 | Preventive maintenance work, software upgrades and other non-urgent services shall be performed at predetermined times convenient to UNOPS/MOH. These times may include off-hours. | ☐ Yes ☐ No | Insert details |
| 57 | Scheduled routine preventive maintenance, scheduled upgrades of equipment or software, and external failures (i.e., due to power loss etc) shall not be considered downtime. | ☐ Yes ☐ No | Insert details |
| 58 | Preventive maintenance work, software upgrades and other non-urgent services shall be performed at predetermined times convenient to UNOPS/MOH. These times may include off-hours. | ☐ Yes ☐ No | Insert details |
| 59 | Supplier shall provide a replacement of any defective equipment or components that cannot be repaired or corrected to the satisfaction of UNOPS/MOH during the warranty or service contract period. The replacement/substituted equipment shall be technically equivalent and with similar quality of the defective equipment. Replacement shall be limited to 3 months, as the original defective equipment must be fixed within this period. | ☐ Yes ☐ No | Insert details |
| 60 | All warranties and rights shall be transferable from UNOPS to the Ministry Of Health (MOH) upon transfer of ownership, the date of which shall be agreed between UNOPS and the MOH. | ☐ Yes ☐ No | Insert details |
| 61 | The Supplier should submit a confirmation letter that spare parts are available at least 7 years after the expiration of the warranty period. | ☐ Yes ☐ No | Insert details |
| 62 | The Supplier shall submit a complete priced spare parts list, and priced consumables/reagents list where applicable, (prices in USD and include customs fees, sales tax and any other fees, taxes or governmental or non-governmental charges). In case any spare part is needed during this period and is not included in the list submitted in the tender, it will be supplied to MOH free of charge.. | ☐ Yes ☐ No | Insert details |

**Delivery requirements and Comparative Data Table:**

| **UNOPS Requirements** | | **Is quotation compliant?** Bidder to complete | **Details**  Bidder to complete |
| --- | --- | --- | --- |
| **Delivery time** | Bidder shall deliver the goods **3 months** after Contract signature. | ☐ Yes ☐ No | Insert details |
| **Delivery place and Incoterms rules** | Delivery at Place **DAP** to **Several Hospitals – Multi Cities in Yemen**.  **Unloaded, customs cleared**  Incoterms rules as per Incoterms 2020. | ☐ Yes ☐ No | Insert details |
| **Consignee details** |  |  |  |
| **UNOPS Right to vary requirements** | At the time the Contract is awarded, UNOPS reserves the right to vary the quantity of the goods and associated services specified above, provided this does not exceed +/- [20%] , without any change in the unit prices or other terms and conditions of the RFQ. | ☐ Yes ☐ No | Insert details |

**00ax: +45 45 33 75 01**

The offered goods and related services (if applicable) are in accordance with the required specifications and requirements specified in **Section II: Schedule of Requirements**.

☐ Yes ☐ No

ANY DEVIATION MUST BE LISTED BELOW:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Title : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

# Form D: Previous Experience Form

RFQ reference no: [Insert UNOPS tender reference number]

Name of Bidder: [insert name of Bidder]

**In the table below bidder should fill their previous experience showing that the bidder is in continuous business of supplying same goods for the last (2) Years, please make sure to fill all requested cells**

| **Description of services/goods** | **Country** | **Total amount of Contract** | **Contract Identification and Title and**  **Contact details of Client**  **(Name, Address, telephone, email, fax)** | **Year project was undertaken** |
| --- | --- | --- | --- | --- |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

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

Title : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

**Form E: Joint Venture Partner Information Form**

The Bidder shall fill in this Form in accordance with the instructions indicated below.

RFQ reference no: [Insert UNOPS tender reference number]

Name of Bidder: [insert name of bidder]

Date: [insert submission date]

To be completed and returned with your Bid if the Bid is submitted as a Joint Venture/Consortium/Association.

| **JV / Consortium/ Association Information** | |
| --- | --- |
| **Name** | [complete] |
| **Names of each partner and contact information**  (address, telephone numbers, fax numbers, e-mail address) | [complete] |
| **Name of leading** partner (with authority to bind the JV, Consortium, Association during the Bidding process and, in the event a Contract is awarded, during contract execution) |  |
| **Proposed proportion of responsibilities between partners (in %) with indication of the type of the goods/services to be delivered by each** | [complete] |

**Signatures of all partners of the JV:**

We hereby confirm that if the contract is awarded, all parties of the Joint Venture/Consortium/Association shall be jointly and severally liable to UNOPS for the fulfillment of the provisions of the Contract.

Name of partner: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Name of partner: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of partner: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Name of partner: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Form F: Manufacturer’s Authorization Form**

A letter issued by the manufacturer authorizing the applicant to participate in this particular RFQ must be submitted with the bid in the format provided in this Form.

To be eligible for delivery of goods, the bidder must be either the manufacturer of the offered goods or a sole representative of the manufacturer to the United Nations. Should offers for a particular make and model be received from more than one appointed representative, UNOPS reserves the right to select only one.

RFQ reference no: [Insert UNOPS tender reference number]

Name of Bidder: [insert name of bidder]

Date: [insert submission date]

To: **[bidder to insert]**

**WHEREAS**

We ***[insert complete name of manufacturer***], who are official manufacturers of [***insert type of goods manufactured],*** having factories at ***[insert full address of manufacturer’s factories***], do hereby authorize ***[insert complete name of bidder]*** to submit a bid the purpose of which is to provide the following goods, manufactured by us ***[insert name and or brief description of the goods]***, and to subsequently negotiate and sign the contract.

We hereby extend our full guarantee and warranty in accordance with Clause 13 of the General Conditions for Goods, with respect to the goods offered by the above firm.

Signed: [***insert signature(s) of authorized representative(s) of the manufacturer]***

Name***: [insert complete name(s) of authorized representative(s) of the manufacturer]***

Title: ***[insert title]***

Dated on \_\_\_\_\_\_\_\_\_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, \_\_\_\_\_\_\_ ***[insert date of signing]***

**Form G: Bid Securing Declaration**

Date: [Insert date]

Tender reference number: [Insert UNOPS tender reference number]

We, the undersigned, declare that:

1. We understand that, according to your conditions, offers must be supported by a bid securing declaration.
2. We accept that we could be declared ineligible to participate in future UNOPS tenders in accordance with the regulations stipulated in the Procurement Manual section 3.3 Vendor Ineligibility if we violate our obligation (s) under the conditions of the offer if:
3. we withdraw our offer during the period of the offer validity specified by us in the offer submission form; or
4. we do not accept the correction of errors in accordance with the Instructions to Bidders in the bidding documents; or
5. after having been notified of the acceptance of our offer during the period of bid validity thereof, (i) we do not execute or refuse to execute the Contract form, if required; or (ii) we do not supply or refuse to provide the performance security.
6. We understand that this bid securing declaration will expire if we are not the successful bidders, and when one of the following events occurs first: (i) we receive a copy of your notification with the name of the successful bidder; or (ii) twenty-eight days have elapsed after the expiration of our offer.

I, the undersigned, certify that I am duly authorized by [insert full name of bidder] to sign this bid and bind [insert full name of bidder] should UNOPS accept this bid:

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

Title : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

**FORM H: INDEPENDENT BID DECLARATION**

**This document does not require notarization.**

Bid for the supply of *[*[……….]*]* in *[*……….]*]*, invitation to bid no.: [……….], dated [……….]

The undersigned, on submission of a bid for the competitive procurement process or invitation to bid (hereinafter referred to as “the bid”) for the *[insert brief description of the goods and/or services]* in *[name of country/city] –* invitation to bid no.: [insert invitation to bid ref. no.], in response to the call for bids made by the United Nations Office for Project Services (UNOPS), I hereby make the following statements, which I declare to be true and complete in all respects.

On behalf of [name of bidder or joint venture], hereinafter “the Bidder”, **I declare** that:

1. I understand that the bid submitted shall be disqualified if this statement is found not to be true and complete in all respects.
2. I am authorized by the Bidder to sign this declaration and to submit the attached bid on behalf of the Bidder.
3. Each person whose signature appears on the submitted bid has been authorized by the Bidder to establish its terms and to sign it on behalf of the Bidder.
4. For the purposes of this statement and the bid submitted, I understand that the word “competitor” shall include any natural or legal person, other than the Bidder, whether affiliated with the Bidder or not, who:
5. has been asked to submit a bid in response to this invitation to bid
6. might potentially submit a bid in response to this invitation to bid, based on their qualifications, skills or experience.
7. The Bidder discloses that (select the appropriate option from the following subsections, 5 (a) or 5 (b)):
8. The Bidder has submitted the bid independently and without consultation, communication, agreement or arrangement with any competitor: YES ☐ NO ☐
9. The Bidder has entered into consultation, communication, agreement or arrangement with one or more competitors with respect to this invitation to bid, full details of which the Bidder discloses in the accompanying documents, including the names of the competitors and the nature of and reasons for such consultation, communication, agreement or arrangement: YES ☐ NO ☐
10. In particular, and without limiting the generality of paragraphs 5 (a) or 5 (b) above, there has been no consultation, communication, agreement or arrangement with any competitor with respect to:
11. prices
12. methods, factors or formulas used to calculate prices
13. the intention or decision to submit a bid or not, or
14. the submission of a bid that does not meet the specifications of the invitation to bid, except as specifically disclosed under paragraph 5 (b) above.
15. In addition, there has been no consultation, communication, agreement or arrangement with any competitor as to the quality, quantity, specifications or delivery details for the products or services to which this invitation to bid relates as specifically disclosed under paragraph 5 (b) above.
16. The terms of the bid submitted have not been and shall not be knowingly disclosed by the Bidder, whether directly or indirectly, to any competitor prior to the date and time of the official bid-opening ceremony, or contract-awarding ceremony, whichever comes first.
17. I declare that the company I represent has commercial links with the following
18. corporations: [indicate the corporations that may or may not submit a bid for the purpose of this invitation to bid, detailing their commercial names and the type of links that exist with them.[[1]](#footnote-0) If there are no commercial links with any corporations, please enter “None”].

The above statements are also true and complete for the members of the joint venture: YES ☐ NO ☐ [If the answer is NO, details must be included of the members for whom any of the above statements are not met. This paragraph may be deleted if the Bidder is not a joint venture].

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

Position : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

**FORM I: UNITED NATIONS SUPPLIER CODE OF CONDUCT DECLARATION OF ELIGIBILITY**

**UNOPS expects all bidders to act in accordance with the highest ethical standards throughout the competitive procurement process, as well as during the validity of any contract that may be awarded to them through the process. Therefore, all bidders must declare and ensure the following.**

**If the bidder’s status in relation to this declaration changes, it must inform UNOPS immediately. Failure to comply with this requirement shall automatically render the bidder ineligible. This document does not require notarization.**

Bid for the supply of *[…………]* in *[……………….]*, invitation to bid no.: [……….], dated [……….].

The undersigned, on submission of a bid for the competitive procurement process or invitation to bid (hereinafter referred to as “the bid”) for the *[insert brief description of the goods and/or services]* in *[name of country/city] –* invitation to bid no.: Invitation to bid no.: [insert invitation to bid ref. no.], in response to the call for bids made by the United Nations Office for Project Services (UNOPS), I hereby make the following statements:

1. We have not and shall not engage in proscribed practices in connection with the UNOPS competitive procurement processes. For the purposes of this provision, a “proscribed practice” means any of those listed on the UNOPS website under “Vendor Sanctions”, including those listed below:

* Corrupt practice: the offering, giving, receiving, or soliciting, directly or indirectly, of anything of value to influence improperly the actions of another party.
* Fraudulent practice: any act or omission, including a misrepresentation, that knowingly or recklessly misleads, or attempts to mislead, a party to obtain a financial or other benefit or to avoid an obligation.
* Coercive practice: any act or omission that impairs or harms, or threatens to impair or harm, directly or indirectly, any party or the property of the party to improperly influence the actions of a party.
* Collusive practice: an arrangement between two or more parties designed to achieve an improper purpose, including influencing improperly the actions of another party.
* Unethical practice: conduct or behaviour that is contrary to the conflict of interest, gifts and hospitality, post-employment provisions or other published requirements of doing business with UNOPS.
* Obstruction: acts or omissions by a vendor that prevent or hinder UNOPS from investigating instances of possible proscribed practices.

1. We understand that in the event of any breach of these declarations or guarantees, UNOPS shall have the right to reject any bid submitted by us and may terminate any contract awarded to us as a result of any competitive procurement process, giving immediate notice thereof, and that UNOPS shall not be liable for termination charges or any other charges. In addition, UNOPS may exclude us from future work with the organization or other entities within the United Nations system.
2. We commit to adhering to the highest ethical standards during the execution of any contract, in accordance with point *40. Ethics and corrupt practices* of *Section II: instructions to bidders* of the bidding document.
3. We understand that UNOPS may cancel or terminate the contract, without penalty and without notice, if we are found to have engaged in collusion, corrupt practices or unethical behaviour, and may also declare us – both our organization and its board of directors and/or individual staff – ineligible indefinitely or for a limited period of time. We understand that UNOPS may also cancel or rescind contracts for the same reason.
4. We shall not employ, nor do we plan to employ, any person who has been a United Nations official in the past year. If an employee has been a United Nations official, they shall have had no professional relationship with us in the last three (3) years of their service with the United Nations.

The above statements are also true and complete for the members of the joint venture: YES ☐ NO ☐ [If the answer is NO, details must be included of the members for whom any of the above statements are not met. This paragraph may be deleted if the Bidder is not a joint venture].

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

Position : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

1. Bidders with commercial links are **required** to clearly state such links. Failure to do so may be interpreted as a proscribed practice as set out in Section 1.5.3.2 of the UNOPS Procurement Manual. [↑](#footnote-ref-0)