**Section II: Schedule of Requirements**

**eSourcing reference:** ITB/2023/48618

1. **Technical specifications for Goods and Comparative Data Table**

***Note: Bidders can quote prices for some or all items of the requirement requested. Evaluation will be done per item.***

| **Item No** | **UNOPS minimum technical requirements** | **Quantity** | **Is bid compliant?** Bidder to complete | **Details of goods offered.** Bidder to complete | **Brochure Page No.** |
| --- | --- | --- | --- | --- | --- |
|  | **Gas Flow Analyzer** | **1** |  |  |  |
|  | Name of Manufacturer |  |  | Insert details | Insert |
|  | Model/ catalogue number |  |  | Insert details | Insert |
|  | Country of Origin for the offered model |  |  | Insert details | Insert |
|  | Country where the manufacturer is based |  |  | Insert details | Insert |
|  | Delivery time |  |  | Insert details | Insert |
|  | Full warranty period |  |  | Insert details | Insert |
|  | FDA clearance OR CE Mark where applicable or equivalent (should be submitted) |  |  | Insert details | Insert |
|  | ISO 13485 or 9001(should be submitted) |  |  | Insert details | Insert |
|  | From a reputable well-known company |  | ☐ Yes ☐ No | Insert details of goods offered, including specifications and brand/model offered if applicable | Insert |
|  | Robust, Portable and User friendly. |  | ☐ Yes ☐ No | Insert details of goods offered, including specifications and brand/model offered if applicable | Insert |
|  | Should be compatible with all types of adult, paediatric and high frequency ventilators from different manufacturers. |  | ☐ Yes ☐ No | Insert details of goods offered, including specifications and brand/model offered if applicable | Insert |
|  | All-in -one analyser, no extra modules for different tests. |  | ☐ Yes ☐ No | Insert details of goods offered, including specifications and brand/model offered if applicable | Insert |
|  | Should be able to measure for the following parameters.   1. High and low pressure 2. High flow 3. Oxygen measurement 4. Tidal volume 5. Temperature 6. humidity |  | ☐ Yes ☐ No | Insert details of goods offered, including specifications and brand/model offered if applicable | Insert |
|  | LCD Display or screen. |  | ☐ Yes ☐ No | Insert details of goods offered, including specifications and brand/model offered if applicable | Insert |
|  | All accessories needed to run the analyser should be included |  | ☐ Yes ☐ No | Insert details of goods offered, including specifications and brand/model offered if applicable | Insert |
|  | Multi-Channel Infusion Pump Analyzer |  | ☐ Yes ☐ No | Insert details of goods offered, including specifications and brand/model offered if applicable | Insert |
| **2.** | **Multi-Channel Infusion Pump Analyzer** | *2* |  |  |  |
|  | Name of Manufacturer |  |  | Insert details | Insert |
|  | Model/ catalogue number |  |  | Insert details | Insert |
|  | Country of Origin for the offered model |  |  | Insert details | Insert |
|  | Country where the manufacturer is based |  |  | Insert details | Insert |
|  | Delivery time |  |  | Insert details | Insert |
|  | Full warranty period |  |  | Insert details | Insert |
|  | FDA clearance OR CE Mark where applicable or equivalent (should be submitted) |  |  | Insert details | Insert |
|  | ISO 13485 or 9001(should be submitted) |  |  | Insert details | Insert |
|  | From a reputable well-known company. |  | ☐ Yes ☐ No | Insert details of goods offered, including specifications and brand/model offered if applicable | Insert |
|  | Robust, Portable and User friendly. |  | ☐ Yes ☐ No | Insert details of goods offered, including specifications and brand/model offered if applicable | Insert |
|  | Should be suitable to both volumetric infusion and syringe pumps from different manufacturers. |  | ☐ Yes ☐ No | Insert details of goods offered, including specifications and brand/model offered if applicable | Insert |
|  | A multi-channel infusion device analyzer that can test at least 4 infusion pumps at once or better |  | ☐ Yes ☐ No | Insert details of goods offered, including specifications and brand/model offered if applicable | Insert |
|  | flow rate 0.5 to 1000ml / hr. |  | ☐ Yes ☐ No | Insert details of goods offered, including specifications and brand/model offered if applicable | Insert |
|  | Volume measurement 0.0 to 999 ml. |  | ☐ Yes ☐ No | Insert details of goods offered, including specifications and brand/model offered if applicable | Insert |
|  | Compact, fast, and accurate. |  | ☐ Yes ☐ No | Insert details of goods offered, including specifications and brand/model offered if applicable | Insert |
|  | Measures the flow rate and volume delivered and the pressure generated in the fluid line. |  | ☐ Yes ☐ No | Insert details of goods offered, including specifications and brand/model offered if applicable | Insert |
|  | LCD Display or screen. |  | ☐ Yes ☐ No | Insert details of goods offered, including specifications and brand/model offered if applicable | Insert |
|  | Memory to store test results. |  | ☐ Yes ☐ No | Insert details of goods offered, including specifications and brand/model offered if applicable | Insert |
|  | Rechargeable battery with up to 8 hours of continuous operation. |  | ☐ Yes ☐ No | Insert details of goods offered, including specifications and brand/model offered if applicable | Insert |
|  | Original carrying case. |  | ☐ Yes ☐ No | Insert details of goods offered, including specifications and brand/model offered if applicable | Insert |
|  | Compatible with virtually any type of infusion device |  | ☐ Yes ☐ No | Insert details of goods offered, including specifications and brand/model offered if applicable | Insert |
|  | Compatible with different of off-the-shelf printers |  | ☐ Yes ☐ No | Insert details of goods offered, including specifications and brand/model offered if applicable | Insert |
|  | Built-in memory to save test results for printing or downloading to computer |  | ☐ Yes ☐ No | Insert details of goods offered, including specifications and brand/model offered if applicable | Insert |
|  | Recommended calibration (if needed) must be priced (please specify):   1. The period of calibration ( please specify ) 2. The calibration cost must be fixed for 5 years after warranty 3. The calibration cost must include all transportation and other fees. |  | ☐ Yes ☐ No | Insert details of goods offered, including specifications and brand/model offered if applicable | Insert |
| 3. | **Infant Incubator Analyzer** | *1* |  |  |  |
|  | Name of Manufacturer |  |  | Insert details | Insert |
|  | Model/ catalogue number |  |  | Insert details | Insert |
|  | Country of Origin for the offered model |  |  | Insert details | Insert |
|  | Country where the manufacturer is based |  |  | Insert details | Insert |
|  | Delivery time |  |  | Insert details | Insert |
|  | Full warranty period |  |  | Insert details | Insert |
|  | FDA clearance OR CE Mark where applicable or equivalent (should be submitted) |  |  | Insert details | Insert |
|  | ISO 13485 or 9001(should be submitted) |  |  | Insert details | Insert |
|  | From a reputable well-known company. |  | ☐ Yes ☐ No | Insert details of goods offered, including specifications and brand/model offered if applicable | Insert |
|  | Robust, Portable and User friendly. |  | ☐ Yes ☐ No | Insert details of goods offered, including specifications and brand/model offered if applicable | Insert |
|  | Should be compatible with Infant Incubators from different manufactures. |  | ☐ Yes ☐ No | Insert details of goods offered, including specifications and brand/model offered if applicable | Insert |
|  | All-in -one analyzer, no extra modules for different tests. |  | ☐ Yes ☐ No | Insert details of goods offered, including specifications and brand/model offered if applicable | Insert |
|  | LCD Display or screen. |  | ☐ Yes ☐ No | Insert details of goods offered, including specifications and brand/model offered if applicable | Insert |
|  | Real-time monitoring for the following parameters:   1. Temperature (in not less than 6 different locations). 2. Airflow 3. Sound level 4. Humidity |  | ☐ Yes ☐ No | Insert details of goods offered, including specifications and brand/model offered if applicable | Insert |
|  | Rechargeable battery up to 12H of running time. |  | ☐ Yes ☐ No | Insert details of goods offered, including specifications and brand/model offered if applicable | Insert |
|  | color-coded temperature probes |  | ☐ Yes ☐ No | Insert details of goods offered, including specifications and brand/model offered if applicable | Insert |
|  | Complies with global standards IEC, ISO and OEM. |  | ☐ Yes ☐ No | Insert details of goods offered, including specifications and brand/model offered if applicable | Insert |
|  | All accessories needed to run the analyzer should be included |  | ☐ Yes ☐ No | Insert details of goods offered, including specifications and brand/model offered if applicable | Insert |
|  | Original carrying case. |  | ☐ Yes ☐ No | Insert details of goods offered, including specifications and brand/model offered if applicable | Insert |
|  | Recommended calibration (if needed) must be priced  ( please specify )   1. The period of calibration ( please specify ) 2. The calibration cost must be fixed for 5 years after warranty 3. The calibration cost must include all transportation and other fees. |  | ☐ Yes ☐ No | Insert details of goods offered, including specifications and brand/model offered if applicable | Insert |
| 4. | **ECG Simulator** | *2* |  |  |  |
|  | Name of Manufacturer |  |  | Insert details | Insert |
|  | Model/ catalogue number |  |  | Insert details | Insert |
|  | Country of Origin for the offered model |  |  | Insert details | Insert |
|  | Country where the manufacturer is based |  |  | Insert details | Insert |
|  | Delivery time |  |  | Insert details | Insert |
|  | Full warranty period |  |  | Insert details | Insert |
|  | FDA clearance OR CE Mark where applicable or equivalent (should be submitted) |  |  | Insert details | Insert |
|  | ISO 13485 or 9001(should be submitted) |  |  | Insert details | Insert |
|  | The equipment is a multifunction patient simulator and should be a combination of at least the following or better  ECG simulator, fetal simulator, arrhythmia simulator, IBP simulator, cardiac output simulator, cardiac catheterization simulator and NIBP simulator |  | ☐ Yes ☐ No | Insert details of goods offered, including specifications and brand/model offered if applicable | Insert |
|  | From a reputable well-known company |  | ☐ Yes ☐ No | Insert details of goods offered, including specifications and brand/model offered if applicable | Insert |
|  | Robust, Portable and User friendly. |  | ☐ Yes ☐ No | Insert details of goods offered, including specifications and brand/model offered if applicable | Insert |
|  | Should be compatible with all monitors, vital signs monitors and pulse oximeters from different manufactures. |  | ☐ Yes ☐ No | Insert details of goods offered, including specifications and brand/model offered if applicable | Insert |
|  | Fast and accurate testing-multiparameters tests. |  | ☐ Yes ☐ No | Insert details of goods offered, including specifications and brand/model offered if applicable | Insert |
|  | All - in-one testing device. |  | ☐ Yes ☐ No | Insert details of goods offered, including specifications and brand/model offered if applicable | Insert |
|  | Physiologically synchronized pulses through all parameters |  | ☐ Yes ☐ No | Insert details of goods offered, including specifications and brand/model offered if applicable | Insert |
|  | Rechargeable battery runs 6 hours continuously or more. |  | ☐ Yes ☐ No | Insert details of goods offered, including specifications and brand/model offered if applicable | Insert |
|  | LCD Display or screen. |  | ☐ Yes ☐ No | Insert details of goods offered, including specifications and brand/model offered if applicable | Insert |
|  | All accessories needed to run the analyzer should be included |  | ☐ Yes ☐ No | Insert details of goods offered, including specifications and brand/model offered if applicable | Insert |
|  | Original carrying case. |  | ☐ Yes ☐ No | Insert details of goods offered, including specifications and brand/model offered if applicable | Insert |
|  | Recommended calibration (if needed) must be priced (please specify)   1. The period of calibration ( please specify ) 2. The calibration cost must be fixed for 5 years after warranty 3. The calibration cost must include all transportation and other fees. |  | ☐ Yes ☐ No | Insert details of goods offered, including specifications and brand/model offered if applicable | Insert |
| 5. | **Vital Signs Simulator** | *1* |  |  |  |
|  | Name of Manufacturer |  |  | Insert details | Insert |
|  | Model/ catalogue number |  |  | Insert details | Insert |
|  | Country of Origin for the offered model |  |  | Insert details | Insert |
|  | Country where the manufacturer is based |  |  | Insert details | Insert |
|  | Delivery time |  |  | Insert details | Insert |
|  | Full warranty period |  |  | Insert details | Insert |
|  | FDA clearance OR CE Mark where applicable or equivalent (should be submitted) |  |  | Insert details | Insert |
|  | ISO 13485 or 9001(should be submitted) |  |  | Insert details | Insert |
|  | From a reputable well-known company |  | ☐ Yes ☐ No | Insert details of goods offered, including specifications and brand/model offered if applicable | Insert |
|  | Robust, Portable and User friendly. |  | ☐ Yes ☐ No | Insert details of goods offered, including specifications and brand/model offered if applicable | Insert |
|  | Should be compatible with all monitors, vital signs monitors and pulse oximeters from different manufactures. |  | ☐ Yes ☐ No | Insert details of goods offered, including specifications and brand/model offered if applicable | Insert |
|  | Fast and accurate testing multi-parameters tests. |  | ☐ Yes ☐ No | Insert details of goods offered, including specifications and brand/model offered if applicable | Insert |
|  | All –in-one testing device. |  | ☐ Yes ☐ No | Insert details of goods offered, including specifications and brand/model offered if applicable | Insert |
|  | Multifunction simulator tests:   1. ECG 2. Respiration Rate 3. Temperature 4. IBP and NIBP 5. SPO2 |  | ☐ Yes ☐ No | Insert details of goods offered, including specifications and brand/model offered if applicable | Insert |
|  | Rechargeable battery runs 6 hours continuously or more. |  | ☐ Yes ☐ No | Insert details of goods offered, including specifications and brand/model offered if applicable | Insert |
|  | LCD Display or screen. |  | ☐ Yes ☐ No | Insert details of goods offered, including specifications and brand/model offered if applicable | Insert |
|  | All accessories needed to run the analyzer should be included |  | ☐ Yes ☐ No | Insert details of goods offered, including specifications and brand/model offered if applicable | Insert |
|  | Original carrying case. |  | ☐ Yes ☐ No | Insert details of goods offered, including specifications and brand/model offered if applicable | Insert |
|  | Recommended calibration (if needed) must be priced  (please specify)   1. The period of calibration (please specify) 2. The calibration cost must be fixed for 5 years after warranty 3. The calibration cost must include all transportation and other fees. |  | ☐ Yes ☐ No | Insert details of goods offered, including specifications and brand/model offered if applicable | Insert |
| 6. | **Defibrillator Analyzer** | *1* |  |  |  |
|  | Name of Manufacturer |  |  | Insert details | Insert |
|  | Model/ catalogue number |  |  | Insert details | Insert |
|  | Country of Origin for the offered model |  |  | Insert details | Insert |
|  | Country where the manufacturer is based |  |  | Insert details | Insert |
|  | Delivery time |  |  | Insert details | Insert |
|  | Full warranty period |  |  | Insert details | Insert |
|  | FDA clearance OR CE Mark where applicable or equivalent (should be submitted) |  |  | Insert details | Insert |
|  | ISO 13485 or 9001(should be submitted) |  |  | Insert details | Insert |
|  | From a reputable well-known company |  | ☐ Yes ☐ No | Insert details of goods offered, including specifications and brand/model offered if applicable | Insert |
|  | Robust, Portable and User friendly. |  | ☐ Yes ☐ No | Insert details of goods offered, including specifications and brand/model offered if applicable | Insert |
|  | The equipment should have a selectable load box which provides the capability to test defibrillators under a variety of patient impedance conditions to ensure patient safety |  | ☐ Yes ☐ No | Insert details of goods offered, including specifications and brand/model offered if applicable | Insert |
|  | The equipment should replicates all patient trans-thoracic impedance loads from infants to overweight adults |  | ☐ Yes ☐ No | Insert details of goods offered, including specifications and brand/model offered if applicable | Insert |
|  | The equipment should meet all defibrillator quality testing standards |  | ☐ Yes ☐ No | Insert details of goods offered, including specifications and brand/model offered if applicable | Insert |
|  | The equipment should be able to test transcutaneous external pacemakers |  | ☐ Yes ☐ No | Insert details of goods offered, including specifications and brand/model offered if applicable | Insert |
|  | The equipment should have selectable measurement algorithms and test loads for external pacemakers |  | ☐ Yes ☐ No | Insert details of goods offered, including specifications and brand/model offered if applicable | Insert |
|  | Default patient test load with 50 ohms or better |  | ☐ Yes ☐ No | Insert details of goods offered, including specifications and brand/model offered if applicable | Insert |
|  | The equipment should be with at least the following settings or better:   * Mono * Bi * Pulsed bi-phasic energy measurement |  | ☐ Yes ☐ No | Insert details of goods offered, including specifications and brand/model offered if applicable | Insert |
|  | Test variable patient loads with a load box (please specify) |  | ☐ Yes ☐ No | Insert details of goods offered, including specifications and brand/model offered if applicable | Insert |
|  | The equipment should be able to test trans-venous external pacemakers |  | ☐ Yes ☐ No | Insert details of goods offered, including specifications and brand/model offered if applicable | Insert |
|  | The equipment should be capable of testing ECG with different leads (please specify) |  | ☐ Yes ☐ No | Insert details of goods offered, including specifications and brand/model offered if applicable | Insert |

| **#** | **General Requirements** | **Is bid compliant?** Bidder to complete | **Details** |
| --- | --- | --- | --- |
|  | Adhesive stickers size 15\*2 cm should be added to each equipment listed above. Sticker design will be shared with the winning bidder/s upon awarding. | ☐ Yes ☐ No | Insert |
|  | Offers not complying with any of the special terms or the technical specifications shall be considered non-conforming with tender requirements. | ☐ Yes ☐ No | Insert |
|  | Goods are to be brand new; manufacturing date of the delivered products should not exceed 18 months from the date of the final award. | ☐ Yes ☐ No | Insert |
|  | Accessories and consumables may be manufactured in other countries and/or by different manufacturers. | ☐ Yes ☐ No | Insert |
|  | All offered items must be approved for sale in the same country of origin. An original and officially endorsed free-sale certificate from an authorised body must be included in the offer. **Please submit if applicable** | ☐ Yes ☐ No | Insert |
|  | Vendors must specify the origin of all offered items and accessories in the technical offer. | ☐ Yes ☐ No | Insert |
|  | Warranty: |  | Insert |
|  | 1. *Offers must include a full warranty for a period of a minimum of 24 months from the date of installation or 30 months from the date of receiving the items at the agreed location mentioned in the final order (whichever comes first).*   *Warranty must include corrective & preventive maintenance activities as per manufacturer recommendations including:*   * *Required spare parts (free of charge)* * *Labour* * *Hardware* * *Software* * *Rechargeable batteries*   *At the end of the warranty period, The supplier commits to implement final inspection of the submitted goods and submit the reports signed by the site chief engineer stating that the equipment are working properly as well as all preventive maintenance reports during the warranty period.* | ☐ Yes ☐ No | Insert |
|  | In the case where a delay in installation has occurred as a result of the supplier's dereliction and has exceeded a period of one month from the date of receiving the items, the approved warranty period will automatically be considered as 24 months from the date of installation. | ☐ Yes ☐ No | Insert |
|  | If at any time during the warranty period the item becomes inoperative due to a technical fault the item must then be repaired by the supplier /local agent within a period of 5 working days from written notification, warranty will be extended according to downtime period. |  |  |
|  | If the delay exceeds 30 days the supplier must replace the item with a new identical functioning one (within the same delivery period mentioned in the final offer). In case the item was replaced by a new one, the warranty period mentioned in 6.a) above will start from the installation and commissioning date of the new item. |  |  |
|  | One set of operation manual(s) and one set of service manual(s) including schematics and a spare-part list must be delivered with each unit, CD/DVD is acceptable. For large tenders, a certain agreed percentage of manuals per item may be agreed upon. | ☐ Yes ☐ No | Insert |
|  | Power requirements: where applicable either single phase 220V, 50Hz or 3-phase 380V. Systems with external transformers are considered conforming only if clearly stated in the technical specifications. | ☐ Yes ☐ No | Insert |
|  | Technical offers must include copy of clear original technical brochures/catalogues for all offered items. | ☐ Yes ☐ No | Insert |
|  | Compliance sheets must be as per the tabular format of the technical specifications in the tender documents, listing the required specifications on one column and a Yes or NO response to each point in the adjacent column, with reference to page and line numbers in the relevant technical brochure. | ☐ Yes ☐ No | Insert |
|  | Qualifications and after sales service: The technical bid should contain all the necessary documents (training certificates) to prove the capability of the bidders for supplying and installing a trouble free equipment meeting the quality standards and technical specifications of the manufacturer and the ability of the bidders for providing efficient after sales service conducted by authorized certified biomedical service engineers with minimum 2 years experience in the same field. |  |  |
|  | Accessories and consumables: |  | Insert |
|  | Any accessories and consumable items necessary to operate the offered system must be clearly identified and priced separately. | ☐ Yes ☐ No | Insert |
|  | Technical offers must include a priced list for accessories and consumables with prices fixed for a period of five years from the date of installation and commissioning with a maximum annual increase of 2%, any essential item not listed will be considered free of charge. | ☐ Yes ☐ No | Insert |
|  | Accessories and consumables must be priced according to their delivery destination either to Queen Alia International Airport or to RMS Main Medical Stores. | ☐ Yes ☐ No | Insert |
|  | Where applicable, a start-up kit of accessories and consumable items must be provided with each system on a free-of-charge basis. | ☐ Yes ☐ No | Insert |
|  | Spare Parts: | ☐ Yes ☐ No | Insert |
|  | Technical offers must include a comprehensive and priced spare parts list valid for a minimum period of five years with a maximum annual increase of 2%, commencing at the end date of the warranty period, any essential item not listed will be considered free of charge. | ☐ Yes ☐ No | Insert |
|  | Spare parts must be priced according to their delivery destination either to Queen Alia International Airport or to RMS Main Medical Stores. | ☐ Yes ☐ No | Insert |
|  | Prices of spare parts should be reasonable and will be taken into consideration during the purchasing process; the purchasing committee has the right to eliminate any offered item with unreasonable high prices of spare parts. |  |  |
|  | Delivery period of required spare parts should not exceed 2 months from the date of the final order |  |  |
|  | Spare parts, consumables and accessories availability must be guaranteed for a minimum period of ten years starting from the date of installation and commissioning. | ☐ Yes ☐ No | Insert |
|  | Pricing must include services of sale, shipment, transportation, delivery from port to site or to Main Medical Stores, installation, training, commissioning, warranty and bringing the equipment into service. | ☐ Yes ☐ No | Insert |
|  | Custom clearance of goods shall be the responsibility of the Jordanian Armed Forces (JAF), however, suppliers shall bear all costs incurred by handling charges and any demurrage charges or extra expenses incurred by the port’s corporation (including expenses caused by delay in presenting the necessary shipment documents for either clearing or transporting the goods to the required location mentioned in the final order, delivery note issuing charges, unloading charges, local shipping charges etc.). The supplier is also responsible for providing of all relevant shipping documents, together with the delivery order(s | ☐ Yes ☐ No | Insert |
|  | The supplier must furnish DRMS with a guarantee stamped and legalized by the Notary Public equals to (115%) of the total value of the awarded equipment valid for twelve months from the date of final acceptance of the equipment by DRMS. | ☐ Yes ☐ No | Insert |
|  | Training: Where applicable, offers must include an on-site user and service training | ☐ Yes ☐ No | Insert |

1. **Delivery requirements and Comparative Data Table**

| **UNOPS Requirements** | | **Is bid compliant?** Bidder to complete | **Details**  Bidder to complete |
| --- | --- | --- | --- |
| **Delivery time** | Bidder shall deliver the goods [10 weeks] after Contract signature. | ☐ Yes ☐ No | Insert details |
| **Delivery place and Incoterms rules** | * DAP to the Directorate of Royal Medical Services in Jordan | ☐ Yes ☐ No | Insert details |
| **Consignee details** | Directorate of Royal Medical Service (DRMS). In addition, UNOPS (United Nations Office for Project Services) should be added as a notified party on the shipping documents. | ☐ Yes ☐ No | Insert 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 ITB. | ☐ Yes ☐ No | Insert details |