OTS-21 - Mobile examination lamp

**Description**

*Mobile examination lamp, led or halogen light source on wheels for general examination.*

**Reference Picture:**

*Note: The images below are intended solely as a guiding support and should be considered as purely indicative and not restrictive of the expected item characteristics*



| Brand / Marque | |  | |
| --- | --- | --- | --- |
| Model / Modèle | |  | |
| Model code as per manufacturer classification / Numéro de référence du produit fournisseur | |  | |
| Manufacturer name / Nom du Fabricant | |  | |
| Manufacturing site / Site du Fabricant | |  | |
| Country of manufacturing / Pays de fabrication | |  | |
| Country of origin / Pays d'origine | |  | |

|  | **UNOPS Minimum technical requirements // Exigences techniques minimales de l'UNOPS** | **Complies (Yes/No) // Conforme (Oui/Non)** | **Comments/ Technical data //**  **Commentaires/Données techniques** |
| --- | --- | --- | --- |
| **A** | **Functionality and Performance / Fonctionnalité et performances** |  |  |
| 1 | Designed for use in demanding environments and for resistance to disinfection with hospital-grade products. |  |  |
| 2 | Electrical requirements: power source 220V+/- 10%, 50/60 Hz, single phase, connection type F plug. |  |  |
| 3 | Integrated ON/OFF switch button. |  |  |
| 4 | Built-in protections against over-voltage and over-current line conditions. |  |  |
| 5 | Indicative expected light intensity 30k Lux at 50 cm distance |  |  |
| 6 | Color temperature: between 3000 and 5000 Kelvin |  |  |
| 7 | LED light source. |  |  |
| 8 | Lifetime light is provided not less than 20.000 hours. |  |  |
| 9 | A star base with at least four anti-static castors wheels. |  |  |
| 10 | Height adjustable stand or articulated (or flexible) arm with step-less vertical displacement. |  |  |
| 11 | At least radial and angular movements of the lamp. |  |  |
| **B** | **Certifications and post sales included in the offered price** |  |  |
| 1 | The Supplier, included in the offered price, will provide the post sales services described in the document “OT-PS Type II post sales requirements for Medical Devices” |  |  |
| C | **Supplied with** |  |  |
| 1 | Instructions for assembly, use, reset to zero and cleaning in pictograms. |  |  |
| 2 | Tools necessary for assembly. |  |  |
| **D** | **ANY DEVIATIONS OR SUPERIOR CHARACTERISTICS MUST BE INDICATED BELOW // TOUTE DÉVIATION OU CARACTÉRISTIQUE SUPÉRIEURE DOIT ÊTRE INDIQUÉE CI-DESSOUS\* :** | | |
|  | | |