OTM-05 - Operating table

**Description**

*General surgery purpose mobile operating table, mechanical manual functioning.*

**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** |  |  |
|  | **General description** |  |  |
| 1 | At least 4 articulated sections: back, pelvis and 2 separate legs sections. |  |  |
| 2 | ~~Material: stainless steel 316/316L or other stainless steel with greater corrosion resistance.~~ Body material: stainless steel 304 or other stainless steel with greater corrosion resistance. |  |  |
| 3 | Mechanical, manual functioning. |  |  |
| 4 | Sliding radiographic chassis. |  |  |
| 5 | The equipment will be mounted on antistatic castor wheels with a braking or fixing system. |  |  |
| 6 | Maximum patient weight resistance not less than 200 Kg in all operating positions. |  |  |
| 7 | The base will have the following controlled movements: |  |  |
| 8 | Vertical displacement regulation range of at least: from 750 to 900 mm. |  |  |
| 9 | Trendelenburg and reverse trendelenburg range from at least +25º to -10º. |  |  |
| 10 | The articulated sections shall be all radio-translucent and dismountable. |  |  |
| 11 | The articulated sections movements: |  |  |
| 12 | Sections adjustments ranges: |  |  |
| 13 | The equipment allows a complete radiographic patient examination without changing patient position on the plane. |  |  |
| 14 | The equipment allows placing the radiographic chassis throughout the all table plane. |  |  |
| 15 | Lateral bars all along the table to hook for surgical accessories. |  |  |
| 16 | Patients complete fasten accessories. |  |  |
| 17 | Radio-translucent hinged mattress. |  |  |
| 18 | Removable mattress covering antistatic, impermeable, washable, material. |  |  |
| 19 | High density polyurethane foam interior: at least 28 kg/m3. |  |  |
| 20 | Mattress covered in fire extinguish material, resistant to corrosion, water, detergent soap, 70% ethyl alcohol solution with or without nitrite and to the hypochlorite of sodium. |  |  |
|  | **Accessories** |  |  |
| 1 | 2 stainless steel foot support; |  |  |
| 2 | 2 stainless steel hands support; |  |  |
| 3 | 2 stainless steel feet supports separable with cushion; |  |  |
| 4 | 1 stainless steel head support; |  |  |
| 5 | 1 stainless steel shoulder support; |  |  |
| 6 | 2 stainless steel wrist support or support for extended arm; |  |  |
| 7 | 2 feet belts; |  |  |
| 8 | 1 stainless steel support for hand operation; |  |  |
| 9 | 1 cushion for back support; |  |  |
| 10 | 1 Telescopic stainless steel dismountable intravenous support system. |  |  |
| **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 III post sales requirements for Medical Devices”. |  |  |
| **D** | **ANY DEVIATIONS OR SUPERIOR CHARACTERISTICS MUST BE INDICATED BELOW // TOUTE DÉVIATION OU CARACTÉRISTIQUE SUPÉRIEURE DOIT ÊTRE INDIQUÉE CI-DESSOUS\* :** | | |
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