**P R O F O R M A**

**Request for Market Information (“RFI”) for   
Supply and Delivery of Electric Hospital Bed and Accessories**

**for the Chinese Medicine Hospital (“CMH”)**

**(CMHPO Ref. : (1) in L/M to HHB/H/24/17/3/7/1/14)**

To : Project Director (CMHPO)

(Attn. Ms Wen CHAN, Clerk(CMHPO)3A)

[by fax: 2127 4795 or email: wspchan@healthbureau.gov.hk]

Your ref: (1) in L/M to HHB/H/24/17/3/7/1/14

In response to the RFI of the CMH, my/our company, with contact details provided in Part 1 below, would like to provide the information and relevant supporting documents in Parts 2 to 10 of this Proforma.

**Part 1 – Supplier’s Contact Details**

From:

(Name of the Supplier): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(please fill in)

Name and Post of Contact person: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(please fill in)

Email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Telephone no.:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(please fill in) (please fill in)

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*This document does not constitute any offer or invitation / solicitation of any offer in connection with the exercise described herein. Neither this document nor any activities in connection therewith shall create any legal obligations or liabilities in any way on the part of the Health Bureau (HHB) or the Government of Hong Kong Special Administrative Region. Neither this document nor anything contained herein shall form the basis of any contract or commitment whatsoever. In responding to the RFI, a respondent shall be deemed to have agreed to all the terms of this Request for Market Information.*

**Purpose and Background Information of the RFI**

1. Purpose

Chinese Medicine Hospital Project Office (“**CMHPO**”) of the Health Bureau (“**HHB**”) of the Government intends to invite a tender for the supply & delivery of electric hospital bed and accessories (hereinafter refers as the “**Goods**”) for the Chinese Medicine Hospital (“**CMH**”) located at Pak Shing Kok in Tseung Kwan O. The CMHPO therefore wishes to collect market information on electric hospital bed and accessories.

1. Background of the CMH Project

The Chief Executive announced in the 2014 Policy Address that the Government had decided to reserve a site in Tseung Kwan O for setting up a CMH. The 2017 Policy Address stated that the Government decided to finance the construction of the CMH and identify by way of tender a suitable non-profit-making organisation (“NPMO”) to operate the CMH. CMH will be owned by the Government and the selected NPMO will operate the CMH. The CMH would be positioned as a flagship Chinese Medicine (“CM”) institution leading the development of CM services and Chinese medicines in Hong Kong. It will be a change driver, promoting service development, education and training, innovation and research, and facilitating collaboration with both local and international parties.

The CMH with provision of 400 beds will provide a comprehensive range of CM services. Service types include pure CM services, services with CM playing the predominant role in collaboration with Western Medicine (“WM”) and Integrated Chinese-Western Medicine (“ICWM”) services. The scope of service to be provided in the CMH covers inpatient, day-patient, outpatient and community outreach services.

To take forward the planning and development of the project on CMH, a designated office i.e. CMHPO, was established under the Health Bureau (the former Food and Health Bureau) on 2 May 2018. Hong Kong Baptist University (HKBU) was selected as the Contractor for the CMH operation. HKBU, as the Contractor, has incorporated a company limited by guarantee, namely HKBU Chinese Medicine Hospital Company Limited as the Operator to manage, operate and maintain the CMH. The CMH project has proceeded to the commissioning stage in 2021. It is targeted to commence hospital services by phases from 2025.

More information on the services provision and design of the CMH can be found in the following link:

<https://www.healthbureau.gov.hk/en/press_and_publications/otherinfo/200900_cmhp/index.html>

**Note to Suppliers**

1. If your company have more than one model of the electric hospital bed and accessories that may meet the requirements of the Goods stated in this Proforma, **please complete and return, together with relevant supporting documents, one set of Proforma for each different model of the electric hospital bed and accessories**.

**Part 2 – General Information of the Goods**

|  |  |
| --- | --- |
| **Item 1 - Electric Hospital Bed** | |
| 1. Place of origin |  |
| 1. Name of manufacturer |  |
| 1. Address of the manufacturer’s factory or plant (“Manufacturing Plant”) |  |
| 1. Product name of the Goods |  |
| 1. Model number/ name/ version number of the Goods |  |
| 1. Authorised agent or distributor of the manufacturer in Hong Kong |  |
| 1. Packing (if applicable) |  |
| 1. Delivery method and route (where the place of origin is outside Hong Kong) |  |
| 1. Warranty period of the Goods   (*Please refer to section F in Part 3 for details of the warranty service requirements*) | \_\_\_\_\_\_\_\_\_\_\_\_ months from Acceptance of the Goods  (*Should not be less than 12 months*) |
| 1. Expected serviceable life (*Please specify any components of the Goods that cannot meet the serviceable life*) | The Goods shall have a serviceable life of \_\_\_\_\_\_\_ years from its date of acceptance except the following components:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  (*Please also provide the expected life of these excluded components*) |

|  |  |
| --- | --- |
| **Item 2 - General Mattress** | |
| 1. Place of origin |  |
| 1. Name of manufacturer |  |
| 1. Address of the manufacturer’s factory or plant (“Manufacturing Plant”) |  |
| 1. Product name of the Goods |  |
| 1. Model number/ name/ version number of the Goods |  |
| 1. Authorised agent or distributor of the manufacturer in Hong Kong |  |
| 1. Packing (if applicable) |  |
| 1. Delivery method and route (where the place of origin is outside Hong Kong) |  |
| 1. Warranty period of the Goods   (*Please refer to section F in Part 3 for details of the warranty service requirements*) | \_\_\_\_\_\_\_\_\_\_\_\_ months from Acceptance of the Goods  (*Should not be less than 12 months*) |
| 1. Expected serviceable life (*Please specify any components of the Goods that cannot meet the serviceable life*) | The Goods shall have a serviceable life of \_\_\_\_\_\_\_ years from its date of acceptance except the following components:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  (*Please also provide the expected life of these excluded components*) |

|  |  |
| --- | --- |
| **Item 3 - Lifting Pole** | |
| 1. Place of origin |  |
| 1. Name of manufacturer |  |
| 1. Address of the manufacturer’s factory or plant (“Manufacturing Plant”) |  |
| 1. Product name of the Goods |  |
| 1. Model number/ name/ version number of the Goods |  |
| 1. Authorised agent or distributor of the manufacturer in Hong Kong |  |
| 1. Packing (if applicable) |  |
| 1. Delivery method and route (where the place of origin is outside Hong Kong) |  |
| 1. Warranty period of the Goods   (*Please refer to section F in Part 3 for details of the warranty service requirements*) | \_\_\_\_\_\_\_\_\_\_\_\_ months from Acceptance of the Goods  (*Should not be less than 12 months*) |
| 1. Expected serviceable life (*Please specify any components of the Goods that cannot meet the serviceable life*) | The Goods shall have a serviceable life of \_\_\_\_\_\_\_ years from its date of acceptance except the following components:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  (*Please also provide the expected life of these excluded components*) |

|  |  |
| --- | --- |
| **Item 4 - Intravenous (“IV”) Drip Pole** | |
| 1. Place of origin |  |
| 1. Name of manufacturer |  |
| 1. Address of the manufacturer’s factory or plant (“Manufacturing Plant”) |  |
| 1. Product name of the Goods |  |
| 1. Model number/ name/ version number of the Goods |  |
| 1. Authorised agent or distributor of the manufacturer in Hong Kong |  |
| 1. Packing (if applicable) |  |
| 1. Delivery method and route (where the place of origin is outside Hong Kong) |  |
| 1. Warranty period of the Goods *(Please refer to section F in Part 3 for details of the warranty service requirements)* | \_\_\_\_\_\_\_\_\_\_\_\_ months from Acceptance of the Goods  (*Should not be less than 12 months*) |
| 1. Expected serviceable life (*Please specify any components of the Goods that cannot meet the serviceable life*) | The Goods shall have a serviceable life of \_\_\_\_\_\_\_ years from its date of acceptance except the following components:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  (*Please also provide the expected life of these excluded components*) |

|  |  |
| --- | --- |
| **Item 5 - Oxygen Carrier** | |
| 1. Place of origin |  |
| 1. Name of manufacturer |  |
| 1. Address of the manufacturer’s factory or plant (“Manufacturing Plant”) |  |
| 1. Product name of the Goods |  |
| 1. Model number/ name/ version number of the Goods |  |
| 1. Authorised agent or distributor of the manufacturer in Hong Kong |  |
| 1. Packing (if applicable) |  |
| 1. Delivery method and route (where the place of origin is outside Hong Kong) |  |
| 1. Warranty period of the Goods   (*Please refer to section F in Part 3 for details of the warranty service requirements*) | \_\_\_\_\_\_\_\_\_\_\_\_ months from Acceptance of the Goods  (*Should not be less than 12 months*) |
| 1. Expected serviceable life (*Please specify any components of the Goods that cannot meet the serviceable life*) | The Goods shall have a serviceable life of \_\_\_\_\_\_\_ years from its date of acceptance except the following components:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  (*Please also provide the expected life of these excluded components*) |

**Part 3 – Indicative Technical Requirements**

*Notes to Suppliers for Completion of Part 3*

1. *Unless specified otherwise, the “****Goods****” in this Part 3* ***refers to section A1.1 below****.*
2. *The indicative technical requirements are for the purpose of collecting market information only. They are subject to changes and do not represent the final technical requirements of the intended tender.*
3. *Please indicate, as a point by point compliance statement, whether your proposed Goods “****Comply****” or “****Not Comply****” with an indicative technical requirement stated in Column II by ticking (🗸) in the appropriate box under* ***Column III*** *and* ***Column IV*** *respectively.*
4. ***Where applicable****, please quote the value of your proposed Goods in either Column III (if “****Comply****”) or Column IV (if “****Not Comply****”) respectively against corresponding indicative technical requirement (use additional sheet(s) if space is insufficient)*
5. *Please provide supporting documents (such as catalogues, user manual and/or operation manual, DICOM conformance statement, etc.) to illustrate the features of your proposed Electric Hospital Bed and Accessories against the corresponding indicative technical requirements.*

| **Column**  **I** | **Column**  **II** | **Column**  **III** | **Column**  **IV** |
| --- | --- | --- | --- |
| **Section** | **Technical Specification** | **Tick (🗸) the Appropriate Box**  *(For aspects “Not Comply”, please also provide alternative proposal, if any)* | |
| **Comply** | **Not Comply** |
| **A** | **Technical Requirements** | | |
| **1** | **Overall Requirements** | | |
| 1.1 | The Electric Hospital Bed and Accessories (“Goods”) shall be capable to accommodate general patient for observation, diagnosis and treatment. |  |  |
| 1.2 | The Electric Hospital Bed shall be electrically operated with emergency backup battery. |  |  |
| 1.3 | The safe working load shall be at least 200 kg. |  |  |
| 1.4 | The Goods shall have the following components:   |  |  | | --- | --- | | Item 1: | One hundred and eighty (180) sets of Electric Hospital Bed, as detailed in section A2 below; | | Item 2: | One hundred and eighty (180) sets of General Mattress, as detailed in section A3 below; | | Item 3: | One hundred and eighty (180) sets of Lifting Pole, as detailed in section A4 below; | | Item 4: | One hundred and eighty (180) sets of IV Drip Pole, as detailed in section A5 below; and | | Item 5: | Ten (10) sets of oxygen carrier, as detailed in section A6 below. | |  |  |
| 1.5 | The quantities of each item of Goods specified are estimates only and the actual quantity to be ordered will vary depending on the actual requirements of the CMH, that may be up to 30% less or 30% more than such quantity. |  |  |
| **2** | **Item 1 - Electric Hospital Bed (“Bed”)** | | |
| **2.1** | **Dimensions** |  |  |
| 2.1.1 | The outermost length shall be less or equal to 2300mm. |  |  |
| 2.1.1.1 | In-bed length shall be within the range of 1900mm to 2250mm (including head and foot boards but excluding extension and revolving non-staining bumpers). |  |  |
| 2.1.1.2 | The extension shall have solid platform and at least 100mm with locking mechanism. |  |  |
| 2.1.2 | The overall width (including side-boards but excluding revolving non-staining bumpers) shall be within the range of 950mm to 1100mm. |  |  |
| 2.1.3 | Height movement (measured from the floor to the top of the mattress support platform) shall have the following measurement: |  |  |
| 2.1.3.1 | The highest position without mattress shall be within the range of 750mm to 900mm. |  |  |
| 2.1.3.2 | The lowest position without mattress shall be not higher than 450mm. |  |  |
| **2.2** | **Power Movements** |  |  |
| 2.2.1 | The backrest shall have minimum 60 degrees’ inclination. |  |  |
| 2.2.2 | Backrest movement shall be continuous and can be stopped at any angle position. |  |  |
| 2.2.3 | The Trendelenburg and reverse Trendelenburg movement shall not be less than 12 degrees. |  |  |
| **2.3** | **Construction** |  |  |
| 2.3.1 | The mattress support platform shall be flat (except minor  lateral curvature for mattress retaining) and solid with smooth-finishing. Web like or grated support platform will not be considered. |  |  |
| 2.3.2 | The frame of the Bed shall be made of durable and light weight metals with strong anti-rusting, anti-scratching  coating. |  |  |
| 2.3.3 | The mattress stoppers shall be available with no sharp edges to prevent hand injury during bed making. |  |  |
| 2.3.4 | There shall be 4 revolving non-staining bumpers at the 4 corners of the Bed. |  |  |
| 2.3.5 | There shall be at least four interchangeable IV pole receptacles near the four corners of the Bed, and two interchangeable lifting pole receptacles near the head end corners. Each receptacle shall consist of an anti-rotation slot. Same receptacle sharing both lifting pole and IV pole will also be acceptable. |  |  |
| 2.3.6 | The under-bed space clearance shall be not less than 120mm height measured from the floor to the outer surface of the Bed frame for parking of patient hoist. |  |  |
| 2.3.7 | There shall be accessory rail / bar for hanging drainage bag with at least 240mm in length at both sides of the Bed. |  |  |
| 2.3.8 | A manual cardiopulmonary resuscitation (CPR) lever shall be provided and preferably be positioned close to the lateral side of the Bed frame at the head end for fast access. CPR lever activation shall require no excessive force from the operator. |  |  |
| **2.4** | **Head and Foot Boards** |  |  |
| 2.4.1 | Head and foot boards shall be rectangular-like, rigid, light weight and easy-to-clean. |  |  |
| 2.4.2 | When foot board is mounted to the Bed frame, the longitudinal stability shall complied with IEC60601-2-52 or equivalent standard. |  |  |
| 2.4.3 | Head and foot boards shall be removable in one piece from the Bed frame without using tool. |  |  |
| 2.4.4 | The latching / locking mechanism between the head / foot boards and the Bed frame is not preferable, but if any, it shall be simple and easy to facilitate fast and smooth cardiopulmonary resuscitation. |  |  |
| 2.4.5 | The panel of head and foot boards shall not be detachable. |  |  |
| **2.5** | **Siderails, Segmented Type** |  |  |
| 2.5.1 | There shall be a pair of full-length covered two-piece segmented type siderails. |  |  |
| 2.5.2 | The siderails shall be made of Acrylonitrile Butadiene Styrene (“ABS”) plastic or functionally equivalent material. |  |  |
| 2.5.3 | There shall be bed exit at the Bed even if the siderails are raised. The gap between siderails and foot board shall be >318mm. |  |  |
| 2.5.4 | The siderails height above mattress platform shall be at least 370mm. |  |  |
| 2.5.5 | There shall be at least one integrated drainage hanger rail on each side of the siderail. |  |  |
| 2.5.6 | The siderails shall be soft-drop type to prevent entrapments. |  |  |
| 2.5.7 | The siderails shall be designed in accordance with IEC 60601-2-52 or equivalent standard, to prevent from trapping the head, body and limbs of the operator, patient or carer. |  |  |
| 2.5.8 | There shall be fall-prevention releasing mechanism on the siderails which prevents patient unlocking the siderails while leaning onto it. |  |  |
| 2.5.9 | When the siderails are in the raised or locked positions, height of the top edge of the siderail shall be at least 220mm above the mattress without compression. |  |  |
| 2.5.10 | When the siderail is lowered down, it shall not be detached and crashed onto the bumpers at foot board and head board. |  |  |
| 2.5.11 | Siderails raising and lowering movement shall not trap the operator’s hand. |  |  |
| 2.5.12 | The releasing mechanism shall not require the operator to exert excessive force in awkward movement such as exerting force in two different directions on pressing the releasing button by fingers. |  |  |
| **2.6** | **Castors and Brakes** |  |  |
| 2.6.1 | There shall be four swivelling twin-wheel castors with diameter not less than 125mm. At least one of the castors shall have steering capability. |  |  |
| 2.6.2 | All castors can be locked simultaneously by a central braking pedal or equivalent device. |  |  |
| 2.6.3 | The quality of castors shall be in compliance with N12531: 1999 or equivalent international, national and other recognised standards or certifications. |  |  |
| **2.7** | **Controls** |  |  |
| 2.7.1 | All the positioning and functioning of the Bed shall be controlled from an integrated control panel (“ICP”). There shall be at least one wired ICP at the foot end of the Bed and at least two ICPs on the outer side of the head rail, one on each. |  |  |
| 2.7.2 | The ICP shall consist of the following control elements or functionally equivalent control :   1. Trendenlenburg tilt button 2. Reverse Trenderlenburg tilt button 3. Bed height adjustment lock indicator 4. Bed height adjustment lock button (up/down) 5. Backrest adjustment lock indicator (ON- locked) 6. Backrest adjustment buttons (up/down) 7. Thigh section adjustment buttons (up/down) 8. Thigh section adjustment lock indicator (ON-locked) 9. Foot control lock indicator (ON-locked) 10. Backup battery charging status indicator 11. Mains power indicator 12. Lock button 13. Emergency CPR position button 14. Emergency Trendenlenburg position button |  |  |
| 2.7.3 | There shall be integrated patient controls on the inner part of the head siderails, one on each. There shall not be any bed-tilting function, including chair position, on the patient control to avoid injuries under both bed-ends. All tilting related function shall only be operated by the ICP.  The patient controls shall consist of the following control elements:   1. Bed height adjustment (up / down) 2. Thighrest adjustment buttons (up / down) 3. Backrest adjustment button (up / down) |  |  |
| 2.7.4 | There shall be a pair of foot control at each side of the Bed to control the bed height up / down. |  |  |
| 2.7.5 | The wired ICP shall be equipped with a deep U-shaped or deep ear-shaper arch or functionally equivalent design with no sharp edges to fit onto the contour of the footboard. |  |  |
| 2.7.6 | There shall be a locking mechanism for the control devices to prevent unauthorized or unintentional activation of bed movements. |  |  |
| 2.7.7 | The wired ICP shall be light weight and sturdy, and have free fall test as specified in IEC 60068-2-31, as per the requirement of IEC 60601-2-52 or equivalent. |  |  |
| 2.7.8 | The control system shall have automatic protection and switches off the actuators when either they reach the limits of travel, or are overloaded. Functionally equivalent design is acceptable. |  |  |
| **2.8** | **Power** |  |  |
| 2.8.1 | The Bed shall be powered by mains supply with emergency backup battery. Bed operation by mains supply shall be independent of the backup battery and vice versa. |  |  |
| 2.8.2 | The backup battery shall be rechargeable of solid type or sealed type. |  |  |
| 2.8.3 | The charger for the backup battery shall be equipped with an automatic cut off function to protect battery over-charging. |  |  |
| **3.** | **Item 2 - General Mattress** |  |  |
| **3.1** | **Weight and Dimension** |  |  |
| 3.1.1 | The weight shall not be more than 10kg. |  |  |
| 3.1.2 | It shall fit the size of the mattress support platform to avoid the patient entrapment hazard between the rail and the mattress; and the head / foot board and the mattress end. |  |  |
| 3.1.3 | The mattress shall have minimum thickness of 100mm. |  |  |
| **3.2** | **Construction** |  |  |
| 3.2.1 | It shall be foam-filled completed with a mattress cover. |  |  |
| 3.2.2 | The mattress core shall be made from single-layer flexible, combustion modified polyurethane (“PU”) foam or equivalent. |  |  |
| 3.2.3 | The mattress cover shall be woven / knitted nylon with polyurethane waterproof coating. |  |  |
| 3.2.4 | The coating of mattress cover shall not be affected by common cleaning materials such as hospital disinfectants, lubricants, alcohol, soap and water that may be in contact or used for cleaning. |  |  |
| 3.2.5 | The mattress core shall be engraved into three to four sections, which are consistent with the length of back / seat, upper leg and lower leg, and has two hinges. |  |  |
| 3.2.6 | The mattress cover shall be wrinkle free. |  |  |
| **3.3** | **Flammability Standard** |  |  |
| 3.3.1 | The mattress shall be fire retardant and meet the safety requirement of BS 7177:2008+Al: 2011 (Medium Hazard) when tested in accordance with BS EN 597-1:2015 (Ignition source 0), BS EN 597-2:2015 (Ignition source 1) and BS 6807:2006 Section 2 (Ignition source 5), or equivalent. |  |  |
| 3.3.2 | Documentary evidence shall be provided such as certificates / testing reports to prove the compliance of the standard. The same information shall be indicated on the mattress. |  |  |
| **4** | **Item 3 - Lifting Pole** |  |  |
| 4.1 | The lifting pole shall be made of powder coated steel or equivalent material with a plastic triangular hand grip and adjustable strap. |  |  |
| 4.2 | It shall be fitted with the lifting pole receptacle located at head end of the Bed without using tool and without movement. |  |  |
| 4.3 | A non-staining label shall be affixed onto the lifting pole indicating its weight and safe working load. |  |  |
| 4.4 | The design and size of the strap loop on the lifting pole handle shall be compatible with the lifting pole rod. The strap loop shall not be able to be removed from the rod through manual manipulation. |  |  |
| 4.5 | There shall be waterproof color-coded labels on both the lifting pole and the hand grip for identifying their compatibility. |  |  |
| 4.6 | A position marking shall be available at the foot end of the lifting pole to indicate that the pole is fully and securely inserted into the receptacle. |  |  |
| 4.7 | The lifting pole shall be secure in place with no loose movement when supporting patient to a sitting position. |  |  |
| 4.8 | The anchoring belt of the hand grip shall be able to firmly fastened at the desired length and fixed at various positions on the top portion of the lifting pole after adjustment. |  |  |
| **5** | **Item 4 - IV Drip Pole** |  |  |
| 5.1 | A one hand operated telescopic IV drip pole made of anti-corrosive materials with at least two open mouth U-shaped or C-shaped hooks. |  |  |
| 5.2 | The safe working load of the hook shall be at least 2 kg each. Total safe working load of the pole shall be at least 8 kg. |  |  |
| 5.3 | When the one hand operated lever is lifted up, the height of the IV drip pole shall be telescopically adjustable. When the one hand operated lever is released, the IV drip pole shall be fixed at the desired height. Functionally equivalent design allowing one hand operation is also acceptable. |  |  |
| 5.4 | The telescopic movement shall be adjustable without excessive force and trapping the operation’s fingers. The handheld component for telescopic adjustment shall be non-slippery for firm grasping. |  |  |
| 5.5 | The pole shall fit into the IV drip receptacles securely welded (or locked) at the head and foot corners of the bed without loose movement and without using any tools. |  |  |
| 5.6 | The pole shall be located without any obstacle to the lateral side of the Bed to ensure clear pathway for patient transfer. |  |  |
| 5.7 | The pole shall be located without tilting forward during powered movement of the bed head section. |  |  |
| **6.** | **Item 5 - Oxygen Carrier** |  |  |
| 6.1 | The oxygen carrier is made of anti-corrosive materials with vertical design that shall be fitted with the IV drip pole receptacles. |  |  |
| 6.2 | The oxygen carrier shall have at least 140mm in diameter to accommodate an oxygen cylinder vertically. |  |  |
| 6.3 | The oxygen carrier shall be secure in place with no loose movement when oxygen cylinder is placed. |  |  |
| **7.** | **General Requirements** |  |  |
| 7.1 | The Bed shall meet the basic safety and essential performance requirements of medical beds in accordance with IEC60601-2-52 or equivalent standard. |  |  |
| 7.2 | The Bed shall comply with the technical requirements of IEC60601-1 and IEC60601-1-2 or equivalent standard. |  |  |
| 7.3 | The Bed shall be CE marked. |  |  |
| 7.4 | The Bed shall be operated in 220V +/- 6%, 50Hz +/- 2%, 1-phase AC electricity supply with BS1363 13A plug  fitted. |  |  |
| 7.5 | The accessible parts and accessories of the Bed shall be free of burrs, sharp edges, protrusions and other defects which may cause hazard to patients and operators. |  |  |
| 7.6 | Equipotential bonding shall be provided to the equipment in compliance with the relevant requirements of the latest edition of "Code of Practice for the Electricity (Wiring) Regulations", enforced by Electrical and Mechanical Services Department (“EMSD”). |  |  |
| 7.7 | The electrical parts of the Bed shall be in compliance with the relevant safety requirements of the latest edition of "The Electrical Products (Safety) Regulation" under Electricity Ordinance, Cap. 406 and the latest edition of "Code of Practice for the Electricity (Wiring) Regulations", enforced by EMSD respectively. |  |  |
| 7.8 | The Bed shall be operated by extra low voltage. |  |  |
| 7.9 | The electrical parts of the Bed shall be protected against water ingress with rating of IPX4 or better. |  |  |
| 7.10 | The Bed shall be equipped with an over-current protective cutout device. |  |  |
| 7.11 | The Bed shall be effectively bonded to earth unless it is double insulated. |  |  |
| 7.12 | Supplier shall guarantee availability of all spare parts within the serviceable life of the Goods.. |  |  |
| 7.13 | The supplier shall supply the Government with medical equipment with international directive of Restriction of Hazardous Substances (“RoHS”), Waste Electrical and Electronic Equipment (“WEEE”), etc. in restriction and control of heavy metal contents, disposition and recyclable options wherever possible, for Government consideration. |  |  |
| **B** | **Training** |  |  |
| 1. | The supplier shall provide at least two on-site comprehensive equipment operation and maintenance training courses for the CMH Operator’s operational personnel and maintenance staff. |  |  |
| 2. | The training syllabus shall enable CMH Operator’s operational personnel and maintenance staff acquires knowledge on day-to-day operation, safety knowledge, routine maintenance and fault diagnosis; hence operate and maintain the Goods effectively. |  |  |
| 3. | All training and training materials provided shall be in Traditional Chinese or English. |  |  |
| 4. | VCD/DVD for demonstrating bed operation should be provided. |  |  |
| **C** | **Documentation** |  |  |
| 1. | The supplier shall submit at least two (2) sets of the manufacturer’s original operation and maintenance (“O&M”) manuals in English or in Chinese complete with full circuit diagrams levels within two weeks after completion of Acceptance Test. The supplier shall submit the documentation in form of softcopy on CD/DVD in lieu of hardcopy. |  |  |
| 2. | The content of the O&M manuals shall include, but not limited to the following information under separate sections where applicable:   1. Description of the Goods 2. Spare parts and special tools list 3. Manufacturers’ certificates 4. Safety precautions for operation and maintenance 5. Operation instructions 6. Maintenance instructions 7. Maintenance schedules 8. Drawing lists and drawings |  |  |
| **D** | **Acceptance Test** |  |  |
| 1. | Upon completion of delivery to the site, the Goods shall be tested for acceptance at site by the supplier, in the presence of the Government Representative to demonstrate the Goods is in compliance with all mandatory features. The test shall include checking on materials used, safety device and features, structure strength, functional test and performance. |  |  |
| 2. | The supplier shall provide all testing instruments to conduct site acceptance tests. All testing instruments to be used for the acceptance test shall be calibrated and copies of calibration certificates or other supporting documents shall be forwarded to the Government representative for records. |  |  |
| 3. | Full functional tests for demonstration of compliance of the Goods with operational and reliability requirements shall be provided by the supplier to the satisfaction of the Government representative. In the event that the Goods fails to conform to the above stated requirements, the supplier is required to carry out appropriate remedial measures and/or any rectification works, including replacement of the entire equipment, where deemed necessary. |  |  |
| **E** | **Desirable Features** |  |  |
| **1** | **Item 1 – Electric Hospital Bed** |  |  |
| 1.1 | The overall bed weight including head and foot boards and siderails shall not be heavier than 155Kg for easy transportation. |  |  |
| 1.2 | The size of head board shall not exceed 920mm x 600mm x 80mm (L x H x D). |  |  |
| 1.3 | The size of foot board shall not exceed 850mm x 330mm x 60mm (L x H x D). |  |  |
| 1.4 | The top of the head and foot boards shall preferably be straight and flat. |  |  |
| 1.5 | There shall be angle indicator(s) on each head-siderail, to indicate the backrest angle. There shall be at least two backrest angle indicators on the bed. Functional equivalent design is acceptable. |  |  |
| 1.6 | There shall be angle indicator(s) on each foot-siderail, to indicate the mattress platform angle. There shall be at least two mattress platform angle indicators on the bed. Functional equivalent design is acceptable. |  |  |
| 1.7 | Bed operation shall last for at least three (3) hours when powered by backup battery in standby mode. |  |  |
| **2** | **Item 2 – General Mattress** |  |  |
| 2.1 | The following requirements should be met for Polyurethane (PUR) foam: |  |  |
| 2.1.1 | Heavy metals : |  |  |
|  | 1. copper < 2ppm |  |  |
|  | 1. chromium and nickel < 1ppm |  |  |
|  | 1. arsenic, lead, antimony and cobalt < 0.5ppm |  |  |
|  | 1. cadmium < 0.1ppm |  |  |
|  | 1. mercury < 0.02ppm |  |  |
| 2.1.2 | Extractable formaldehyde : < 30ppm |  |  |
| 2.1.3 | VOC : < 0.5mg/m3 |  |  |
| 2.1.4 | Metal complex dyes based on copper, lead, chromium or nickel should not be used |  |  |
| 2.1.5 | CFCs, HCFCs, HFCs, methylene chloride should not be used as blowing agents |  |  |
| 2.1.6 | Tin in organic form (tin bonded to a carbon atom) should not be used |  |  |
| 2.2 | Glues used should not contain benzene and chlorobenzenes. |  |  |
| 2.3 | Cushioning material should not contain formaldehyde, aromatic hydrocarbons, phthalates, organic tins, cadmium, lead, hexavalent chromium, mercury and their compounds. |  |  |
| 2.4 | The innersprings used in the product should not be electroplated. |  |  |
| **3** | **Item 4 – IV Drip Pole** |  |  |
| 3.1 | A non-staining label shall be firmly affixed onto the IV drip pole, indicating the maximum loading capacity per hook in Kg. |  |  |
| **F** | **Indicative Warranty Service** |  |  |
| 1 | The supplier shall provide at least twelve (12) months of warranty services for the offered goods, starting from the date of acceptance of the goods. All warranty services which include replacement of faulty parts, scheduled and breakdown services shall be provided by qualified maintenance personnel. |  |  |
| 2 | The supplier shall maintain the equipment performance specifications published by the original equipment manufacturer(s) at the time of manufacture of the equipment. |  |  |
| 3. | The supplier shall provide, at no extra cost to the Government, all necessary transportation, labour, tools, equipment, cleaning material and spare parts including all replacement unit for performing proper operation and maintenance of the Goods during the warranty period. |  |  |
| 4. | Preventive Maintenance |  |  |
| 4.1 | The supplier shall submit a yearly maintenance schedule indicating the number of preventive maintenance services required for ensuring a satisfactory performance of the equipment. Document, form, operation / service manual and / or manufacturer’s confirmation shall be submitted. If such information is not available, at least two times of preventive maintenance services shall be provided in the warranty period. |  |  |
| 4.2 | The preventive maintenance service shall include all necessary repairs, replacement of parts, safety test and lubrication necessary to ensure that the performance of the equipment conforms to the performance specifications stipulated to the equipment’s service manual. The supplier is required to provide to the Government the scope of PM services for the equipment. |  |  |
| 4.3 | The preventive maintenance work shall be carried out as follows with no additional charge:  Normal office hours   1. 9:00 - 17:00 hours Monday to Friday, excluding public holidays |  |  |
| 5. | Corrective Maintenance |  |  |
| 5.1 | The supplier shall provide a hotline for fault reporting and the faults on-site response time shall be within twelve (12) normal office hours, excluding public holidays from the reporting of fault to the supplier. |  |  |
| 5.2 | Upon notification of a defect in the operation of the equipment, or part thereof, the supplier shall rectify faults and perform all necessary repairs and replacement of parts to restore the equipment to its normal operation conditions within 3 working days. |  |  |
| 5.3 | The following shall be defined as the normal office hours:   1. 9:00 – 17:00 hours Monday to Friday, excluding public   holidays |  |  |
| 5.4 | The following shall be provided free of overtime charges by the supplier:   1. All repair works carried out even beyond normal business hours as defined above shall also be free of overtime charges, if the supplier is notified of the equipment fault during the defined period of normal office hours. |  |  |
| 6. | Upon completion of each maintenance works, the maintenance staff of the supplier shall complete the site record “Maintenance Log Book” in either English or Chinese after each on-site visit. The entries shall give a full report of the works undertaken during the attendance, including description of fault, cause of fault, remedial actions taken or to be taken, parts repaired/replaced, any follow-up actions or recommendations. |  |  |
| 7. | The supplier shall, at its own cost, be responsible to keep sufficient stock of spare parts, and shall ensure that they are fully functional and in good working conditions. |  |  |
| 8. | The supplier shall notify the Government if the offered Goods have any product recall or safety notice issued within the warranty period due to product defect. Replacement parts / product upgrade / replacement of other mitigation plan shall be provided with corresponding rectification period acceptable to the Government at no extra cost to eliminate the associated risks. |  |  |

**Part 4 – Implementation Plan**

*(Note to Suppliers: Please provide the estimated time periods required for the completion of the following tasks, counting from the date of issue an order (“Order Date”). Both the start and end date of the Order Date is referenced as* ***Month 0****. The Goods should be* ***Ready for Use in the last month of the Implementation Plan.****)*

|  |  |  |  |
| --- | --- | --- | --- |
| **Tasks of the Implementation Plan** | | **Estimated Time Period for**  **Performing the Tasks**  (The Order Date is set as Month **0**) | |
| **Start** (Month) | **End** (Month) |
|  | Order Date *(i.e. the date of order placed by the Government, if any)* | **0** | **0** |
|  | Delivery of the Goods |  |  |
|  | Delivery of Documentation (*Please refer to* ***section C in Part 3*** *for details*) |  |  |
|  | Training (*Please refer to* ***section B in Part 3*** *for Details*) |  |  |
|  | Acceptance Tests |  |  |
|  | Any other tasks considered necessary by your company *(Please provide details, use separate sheet if space is insufficient)*: |  |  |
|  | Goods Ready for Use *(i.e. the date when the Goods has passed all acceptance tests and accepted by the Government)* |  |  |

**Part 5 – Information on Compliance with International, National and other Recognised Standards or Certifications (if applicable)**

(*Note to Suppliers: Please indicate in the box below whether the proposed electric hospital bed and accessories can meet with the standards stated in Column I* ***by inserting a tick in an appropriate box under Column III****. If your proposed electric hospital bed and accessories does not meet the standards stated in Column I, please indicate the equivalent standards met by your proposed electric hospital bed and accessories in Column IV. In any case,* ***please attach copies of relevant valid certificates to prove compliance with such standards****.*)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Column I** | **Column II** | **Column III** | | **Column IV** |
| International, National and other Recognised Standards or Certifications | Requirements | Comply with the Standard in Column I? | | Comply with the following equivalent standard  (*If “****No****” in Column III*) |
| Yes | No |
| IEC60601-2-52 |  |  |  |  |
| IEC60601-1 |  |  |  |  |
| IEC60601-1-2 |  |  |  |  |
| IEC 60068-2-31 |  |  |  |  |
| CE marked |  |  |  |  |
|  |  |  |  |  |
| Compliance with other international, national and recognised standard(s) or certification(s) in addition to the above (*please specify*) | | | | |
|  |  |  |  |  |

**Part 6 – Information on Licencing, Marketing Authorization and MDACS Listing (if applicable)**

(*Note to Suppliers: Please advise whether your company and the proposed Goods have the following licence, marketing authorization and Medical Device Administrative Control System (“MDACS”) listing. If affirmative, please provide copies of relevant licences, confirmation and certificates for our reference.)*

| Question | Licensing/Certification/Listing Information of the System | *(Please tick in the appropriate box)* | |
| --- | --- | --- | --- |
| #Yes | No |
| 1 | Does the proposed Goods have marketing authorization of the European Union (EU) for affixing of CE marking on the product? |  |  |
| 2 | If the proposed Goods has marketing authorization of EU, please state the type of supporting document (\*delete which is not applicable).   * + - * 1. \*Declaration of conformity by the manufacturer; or         2. \*Certificate of conformity issued by a notified body. |  |  |
| 3 | Does the proposed Goods have marketing authorization in country/region other than United States and EU? Please specify below if your answer is “Yes”.  Country / Region : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |
| 4 | Has your proposed Goods been listed in the MDACS of the Department of Health? |  |  |
| 5 | What class of medical device is your proposed Goods (if applicable)?   1. EU : Class \_\_\_\_\_\_ 2. United States : Class \_\_\_\_\_\_ 3. Other country/region (please specify below):  * Country/Region \_\_\_\_\_\_\_\_\_ * Class \_\_\_\_\_\_\_\_\_ |  |  |
| 6 | Does the proposed Goods has marketing authorization of the technical requirement IEC60601-1 and IEC60601-1-2 or equivalent standard? |  |  |
| 7 | Does the proposed Goods has marketing authorization of verifying the maximum loading capacity? |  |  |
| 8 | Does the proposed Goods has marketing authorization of the flammability standard (e.g. BS 7177:2008+Al: 2011 (Medium Hazard) when tested in accordance with BS EN 597-1:2015 (Ignition source 0), BS EN 597-2:2015 (Ignition source 1) and BS 5852: Part2 (Ignition source 5))? |  |  |

#Please provide a copy of the licence/confirmation/certificate for reference.

**Part 7 – Indicative Price Information**

(*Note* *to Suppliers: The price information provided in this Part 7 is for Government’s consideration only and shall not constitute any commitment on the part of the Government or your company. Nevertheless, please provide the information as accurate as possible.*)

**(a) Indicative Price Information for the Goods**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Item** | **Description** | **Estimated**  **Quantity** | **Unit Price** | **Estimated Goods Price** |
| **One-time Unit Price (HK$)** | **Estimated Goods Price for the Item specified opposite**  **(HK$)** |
|  |  | **(a)** | **(b)** | **(c) = (a) x (b)** |
| 1 | Supply and delivery of the following Goods (electric hospital bed, general mattress, lifting pole, IV drip pole and oxygen carrier) including the provision of a minimum 12-months warranty period. |  |  |  |
| 1.1 | Electric Hospital Bed | 180 |  |  |
| 1.2 | General Mattress | 180 |  |  |
| 1.3 | Lifting Pole | 180 |  |  |
| 1.4 | IV Drip Pole | 180 |  |  |
| 1.5 | Oxygen Carrier | 10 |  |  |
| 2 | Provision of training services as detailed in **section B in Part 3** | 2 courses |  |  |
| 3 | Documentation as detailed in **section C in Part 3** | 1 lot |  |  |
| 4 | Other (please specify) | (please specify) |  |  |
| **Total One-time Charge**  (i.e. Sum of Estimated Goods Prices of Item 1- 4) | | | |  |

Note: \* The Total One-time Charge shall include one-year of warranty period.

**(b) Indicative Price Information for Selected Desirable Features (if applicable)**

|  |  |  |
| --- | --- | --- |
| **Aspect** | **Description of Selected Desirable Features** | **Any Additional Charge to  Total One-time Charge as Specified in Part 7(a)** (Please tick whichever is applicable) |
| 1 |  | □ No additional charge  □ Require additional charge: HK$ \_\_\_\_\_\_\_\_\_ |
| 2 |  | □ No additional charge  □ Require additional charge: HK$ \_\_\_\_\_\_\_\_\_ |
| 3 |  | □ No additional charge  □ Require additional charge: HK$ \_\_\_\_\_\_\_\_\_ |

**Part 8 – Indicative Maintenance Charges and Spare Parts Price**

(Notes to Suppliers for completion of Part 8)

1. *Pursant to item 1 of Part 7(a) above, the proposed Goods shall have a warranty period of not less than 12 months. The indicative warranty service requirements are stipulated in* ***section F in Part 3****, which are subject to changes at the sole discretion of the Government.*
2. *It is expected that the maintenance services shall be comprehensive, all inclusive and shall cover all parts, components, labour and software support services. If your company considers that any components of the Goods may not be covered by the maintenance services (****saving that the labour shall always be covered by the maintenance services****) and may need to be charged separately, please indicate replacement costs of these components and their replacement frequency.*
3. *The annual maintenance charge within the serviceable life of the proposed Goods* ***is adjustable in accordance with the consumer price index (B) upon the expiry of each 12-months period of maintenance service****.*
4. **Indicative Maintenance Prices of the Goods**

| **Year** | **Annual Maintenance Charge**  **(HK$ per annum)** |
| --- | --- |
| First 12-months period of maintenance service after the end of warranty period |  |

1. **Indicative Replacement Prices of Equipment’s Components not covered by the Maintenance Services (if applicable) (***Leave the following table blank if not applicable***)**

(*Note to Suppliers:* ***The labor costs for replacement of these components shall always be covered by the maintenance charges for the provision of the maintenance services*** *regardless whether the prices for the supply of these components are covered by the maintenance services or not.)*

|  |  |  |  |
| --- | --- | --- | --- |
| Item | Name of Items | Indicative  Replacement Price (HK$/no.) | Indicative Replacement Frequency (*e.g. once every 3 years*) |
| 1 |  |  |  |
| 2 |  |  |  |
| 3 |  |  |  |

1. **Indicative overtime charges for provision of maintenance services after office hours (if applicable)**

(*Office hours mean 9 am to 5 pm from Monday to Friday excluding public holidays*)

|  |  |  |
| --- | --- | --- |
| (a) | Rates of overtime charges for maintenance service outside the office hours | HK$ per hour |
| (b) | Minimum service hour(s) per call | service hour(s) per call |

1. **Indicative Prices for Replacement of Other Spare Parts (if applicable)**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Item | Name of Items | Price (HK$/no.) | Indicative Replacement Frequency (*e.g. once every 3 years*) | Expected time for delivery  (weeks) |
| 1 |  |  |  |  |
| 2 |  |  |  |  |
| 3 |  |  |  |  |
| 4 |  |  |  |  |
| 5 |  |  |  |  |
| 6 |  |  |  |  |

**Part 9 – Supplementary Information**

1. **Sales Volume of the Offered Goods** *(leave blank if information is not available)*

|  |  |  |  |
| --- | --- | --- | --- |
| **Item** | **Description** | **Annual Sales for the past three years** | **Remarks** |
| 1 | Electric Hospital Bed | sets |  |
| 2 | General Mattress | sets |  |
| 3 | Lifting Pole | sets |  |
| 4 | IV Drip Pole | sets |  |
| 5 | Oxygen Carrier | sets |  |

1. **Other Useful Information Provided by the Supplier**

|  |  |
| --- | --- |
| **Information Provided** | **Details** |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |

**Part 10 – Questionnaires**

|  |  |
| --- | --- |
| **Information Required** | **Complete by Suppliers**  (use separate sheet, if needed) |
| 1. Any details on parts and services covered in Warranty Service in addition to Part F? |  |
| 1. Any information / scope of acceptance test can be provided? |  |
| 1. Any green feature(s) from environment aspects of the offered product can be provided (with documentary proof if applicable)? |  |
| 1. Would a 2-year contract period (starting from the date specified in letter of acceptance) acceptable to your company? Order will be placed by 2 to 3 batches within the contract period. |  |
| 1. Would a 3-year contract period (starting from the date specified in letter of acceptance) acceptable to your company? Order will be placed by 2 to 3 batches within the contract period. |  |
| 1. Does the maintenance services (after warranty period) required executing by original manufacturer / sole maintenance body? If yes, is your company a sole maintenance body for the offered product? |  |
| 1. What is the payment schedule? |  |

**END**