



OFFICE OF THE PLANNING, PROCUREMENT & LOGISTICS OFFICER

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Supplier Questionnaire

DETAILS OF OFFERED EQUIPMENT

Name of equipment: _____ Model #: _____ Version (if same model revised); _____
Year of introduction of this model; _____ Expected End of Life(manufacturing) year; _____
State international safety standard conformance (i.e. FDA, IEC601, MDD/JIS etc.) _____

VENDOR's INFORMATION

Manufacturer 's name: _____
Address: _____
Telephone # (including country and city code): _____ Email: _____
Local Agent/distributor's Name: _____
Address: _____
Phone # (office): _____ Cell #: _____ Email: _____
Status of agency (exclusive/None exclusive): _____ Number of Years in this business: _____

GENERAL COMMITMENTS

1. Manuals to be Provided

Detailed service manual(s) (including circuit and block diagrams, troubleshooting and assembling/disassembling procedures):

Electrical drawings	<input checked="" type="radio"/> Yes	<input type="radio"/> No	Media type: -	Hardcopy	<input type="checkbox"/>
Spare parts list	<input checked="" type="radio"/> Yes	<input type="radio"/> No		DVD/USB	<input checked="" type="checkbox"/>
Operational/application manual	<input checked="" type="radio"/> Yes	<input type="radio"/> No		Both	<input type="checkbox"/>

Your comment (if any) regarding provision of manuals _____

2. Warranty Please Note: - Warranty includes comprehensive service with spares and workmanship

2.1 WARRANTY: 01 Year EXTENDED WARRANTY (IF APPLICABLE): Y/A OVERALL WARRANTY: Y/A
2.2 Uptime guaranteed during warrantee: %
2.3 Response to breakdown during warranty: hrs.
2.4 Nature of Warranty: Equipment replacement: Part/accessory replacement: Part repair:
2.5 Will you provide loaner unit during warranty if equipment is down? Yes No
2.6 Number of Preventive Maintenances(PMs)/year to be performed during warranty: _____

Your comment (if any) _____

3. Spare availability guarantee

3.1. For how many years, you take responsibility to provide complete range of spares from the date of purchase.
1.2 What is the source of spares availability (local or overseas)?
3.2.1 If overseas, then lead time during warranty < 2 Weeks and lead time during post warranty 4 to 5 Weeks

1.3 Will you provide spares on loaner basis during post warranty whenever required if locally available _____

1.4 State numbers of years, parts will be available after equipment's end of life _____

1.5 Provide list of recommended spares with prices on Annexure" A"

1.6 Do also provide the list of parts which are not covered during warranty period in Annexure "A"

1.7 State # of years guaranteed not to change prices of spares provided in annexure 'A' _____

Your comment (if any) regarding spares: _____

4. Calibration

4.1 Is periodic calibration required? _____, If yes what is recommended frequency: _____

4.2 Where such calibration can be performed? (user site/manufacturing site/other); _____

4.3 Will you perform calibration during warranty at your cost? Yes No

4.4 Details of required calibration tool(s);
 1: _____ 2: _____ 3: _____ 4: _____

4.5 Does calibration tool a standard accessory: _____ If not, what is the cost: _____

Comment (if any) regarding calibration: _____

5. Technical Service Training (TST)

5.1 Do you offer overseas service training for SMBBMU's engineer /technician? _____

5.1.1 Location of training (city and country)_____

5.1.2 Manufacturing site : Training center : Customer site (in the field): Others_____

5.2 Type/ level of service training;
 Advance (distributor level) : Comprehensive Manufacturer (Engineer Level) : Basic/ first hand :Other)_____

5.3 Length of training (# of Days)_____

5.4 Provide Plan (syllabus) of such training on Annexure" A"

5.5 What component of overseas training expense will be borne by manufacturer/local agent
 Training fee ;Airfare ; Boarding/lodging ;Daily allowance of US\$_____

All above :None of the above

Comment (if any) regarding service training: _____

6. Post warranty service support

If equipment is maintained in-house by SMBBMU's engineers, then stat the nature of support you will extend to SMBBMU's: -

6.1 Manufacturer's support

6.1.1 Direct approach/ Access to product specialist at manufacturing site Yes No

6.1.2 Access to software key/password (if any) Yes No

6.1.3 Access to support service website Yes No

6.2 Local agent will provide technical support whenever requested: Yes No

6.3 Estimated Service charges if local agent's engineer called in: _____

Your comment (if any) regarding post Warranty maintenance: _____

7. Post warranty maintenance

7.1 Will you (local agent/manufacturer) maintain the equipment through annual maintenance contract? _____

7.2 If yes, state annual maintenance cost of;
 Labor, spares and upgrades; _____ Labor with complete spares; _____ Spares only; _____ Labor only; _____

Comment (if any) regarding post Warranty maintenance: _____

PRE-INSTALLTION REQUIREMENTS

a) Power: _____ KW	(b)Voltage: _____ Volts
(c) Type of voltage (single/3 Phase)N/A	(d)Temperature: 0to 40 °C/°F
(e)Humidity:15 to 95% RH	(f) Gas: N/ACuFt/hour
(g)Water:N/A gallons/hour	(h) Air: N/APSI/bar
(i)Vacuum: N/AmmHg	(j) Drain:N/A
(k) UPS: (recommended/ compulsory /not required) _____	
Any other requirement such as exhaust, physical changes etc: _____	

SUPPLIER COMMENTS

DETAILS OF SIGNING AUTHORITY

<p>A. Manufacturer’s representative</p> <p>Name: _____ Designation in the company _____</p> <ul style="list-style-type: none">• <u>Will responsible to take care of warranty and post warranty support, parts and technical help, if your local representative failed to do so, as agreed in “Warranty”, “Spares availability guaranty” and “Post warranty commitment”.</u>• <u>Will inform us well before time, if you discontinue or change your local representative.</u>• <u>Will Inform us when this system has recalls, alerts or declared for “end of life”.</u> <p>Authorized Signature: _____ Official Seal: _____ Date _____</p> <p>Note: - Please attach authorization certificate of your local representative’s appointment.</p> <p>B. Local Agent’s representative</p> <p>Name: _____ Designation in the company: _____</p> <p>Authorized Signature _____ Official Seal: _____ Date _____</p>
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ANNEXURE "A"
Details of accessories

1) Standard accessories

List down all standard accessories to be provided with the equipment: -

(1) Blood Pressure Cuff

(2) _____

(3) _____

(4) _____

Use additional paper if required and attached with this form

2) Optional accessories

List down all those accessories which you feel, are necessary. Also state the importance of such accessories.

(1) _____

(2) _____

(3) _____

(4) _____

Use additional paper if required and attached with this form

List of recommended spares with prices

Use additional paper if required and attached with this form

(1) _____

(2) _____

(3) _____

(4) _____

List of parts which will not covered during warranty period

Use additional paper if required and attached with this form

(1) _____

(2) _____

(3) _____

(4) _____

Service training plan/Syllabus of offered training

Provide Date and day wise training schedule

(1) _____

(2) _____

(3) _____