



METRO MANILA CENTER FOR HEALTH DEVELOPMENT

### SUPPLEMENTAL/ BID BULLETIN NO. 1

### IB NO. 2023-063E PROCUREMENT OF 2 UNITS AUTOCLAVE MACHINE (HEAVY DUTY)

This Supplemental/Bid Bulletin No. 1 is being issued to revise provisions/specifications in the Bidding Documents for a fore cited project:

Revision and clarification to provisions/specifications in the Bidding Documents:		
ORIGINALTECHNICAL SPECIFICATIONS	AMENDED	
>Temperature Ranges: 121°C ~ 132°C	>• Temperature Ranges: <del>121°C ~</del>	
	<del>132°C-</del> up to 134°C	
> Pressure Ranges: 1.2 Kg/cm <sup>2</sup> ~ 2.0 Kg/cm <sup>2</sup>	>• Pressure Ranges: <del>1.2 Kg/cm<sup>2</sup> ~ 2.0</del>	
	<del>Kg/cm<sup>2</sup></del> up to 2.25 Kg/cm <sup>2</sup>	
> Chamber Volume: At least 280 L	>• Chamber Volume: At least 280 L or	
	better	
Add:		
>With Biological incubator auto reader		
- 4 in 1 (can read Plasma, Steam, LTFS, and		
Ethylene Oxide)		
- Monitor: at least 7" TFT Touch Screen		
- Built-in code scanner for the biological		
indicator		
- With integrated indication light		
- Plasma reading time: $\leq 20$ mins		
- Steam reading time: $\leq 20$ mins		
- LTFS reading time: $\leq 1$ hr		
- Ethylene Oxide reading time: $\leq 4$ hrs		
- Incubation Slots: at least 8 or better		

Bidders are advised to use the following attached forms and submit together with all required documents for the submission of bids on June 15, 2023, 10:00 AM

This Supplemental/Bid Bulletin No. 1 shall form part of the Bidding Documents. Any provisions in the Bidding Documents inconsistent herewith is hereby amended, modified and superseded accordingly.

For guidance and information of all concerned.

Issued this 9<sup>th</sup> day of June, 2023 in MMCHD.

Approved by:

#### **PRETCHELL P. TOLENTINO, MD, MCHM** Director III / BAC Chairperson

# Section VII. Technical Specifications

Republic of the Philippines				
Department of Health				
	Metro Manila Center for Hea	lth Developm	nent	
	TECHNICAL SPECIFICAT	IONS		
Item No. 1	AUTOCLAVE MACHINE (HEAVY DUTY)	Qty./Unit	2 Units	
Name of Manufac	cturer:		Country of Origin	
Brand:			Model: (if applicable)	
ABC <b>2,600,000.0</b>	00			
	PURCHASER'S SPECIFICATION		STATEMENT OF COMPLIANCE	
Technical Specifi	cations:			
Horizontal Chai	mber of large capacity suited for:			
- Sterilizing g	auze			
- Dressing gau	uze			
- Garments				
- Surgical Inst	truments			
• Chamber and d long lasting servi	oor are made of thick stainless steel for most ce	durable and		
• High pressure resistant stainless steel radial locking bars combine door handles				
• Easily replaceable silicon rubber door gasket				
Jacket Insulation: Manufacturer's standard				
• Illuminated lamps indicate each stage of operating cycle				
• With built-in :				
- Steam generator electrically heated				
- Separate pressure gauge of chamber and jacket				
- Manually adjustable automatic pressure controller / regulator				
- Safety valve	- Safety valve and lower water level shut off device			
• The package includes a stainless steel shelf				

Chamber Depth: at least 1000 mm	
• Power Supply: 220V, 50/60	
• Temperature Ranges: up to 134°C	
• Pressure Ranges: up to 2.25 Kg/cm <sup>2</sup>	
Drying Time Adjustment: 10-60 mins	
• Sterilizing Time (adjustment): 40-60 mins	
Chamber Volume: At least 280 L or better	
Dimensions: Manufacturer's Standard	
Net Weight: Manufacturer's Standard	
<ul> <li>With Biological incubator auto reader <ul> <li>4 in 1 (can read Plasma, Steam, LTFS, and Ethylene Oxide)</li> <li>Monitor: at least 7" TFT Touch Screen</li> <li>Built-in code scanner for the biological indicator</li> <li>With integrated indication light</li> <li>Plasma reading time: ≤ 20 mins</li> <li>Steam reading time: ≤ 20 mins</li> <li>LTFS reading time: ≤ 1 hr</li> <li>Ethylene Oxide reading time: ≤ 4 hrs</li> </ul> </li> </ul>	
Incubation Slots: at least 8 or better	
Requirements if awarded the Contract	
1. <b>Completion Period:</b> The delivery, installation, testing and commissioning of the equipment and its accessories, including the training of end-users and maintenance staff must be completed with <b>60</b> calendar days upon receipt of Notice to Proceed.	
2. <b>Testing:</b> Prior to acceptance, the end user shall conduct a physical inspection and functionality test. The equipment must be functioning and must have no physical damage and defect.	
3. <b>Training:</b> The supplier shall provide a training on the proper use and maintenance of the equipment to the end-users and to the hospital maintenance staff within 3 days upon the delivery of the equipment.	
4. <b>Warranty:</b> Warranty certificate for two (2) years on parts and service. The supplier shall either repair or replace any item or part in the equipment that is found to be defective in material or in workmanship under normal use. The warranty period shall commence from the date of acceptance by the end-user after testing and commissioning.	
<ul> <li>5. Notarized undertaking that the supplier shall conduct the necessary corrective maintenance within five (5) calendar days upon notification of the equipment breakdown from the end-user. The undertaking shall include a statement that the number of days where the equipment is unusable due to defective material or workmanship, shall be added to the warranty period.</li> <li>6. Manuals: The supplier must provide the end-user one (1) hard and one (1) soft copy of the following:</li> </ul>	

a) Service manual in English language	
b) Operation manual in English language	
7. With "DOH-MMCHD HFEP" (Government Property not for sale) sticker in each unit	
x-x-x-x-x-x-x-x-x-x-x-x-x-x-x-x-x-x-x-	
Source of Fund: SAA 2023-02-000687 (HFEP 2023)	
Recipient:	
Caloocan City Medical Center – 2 units	

Name of Company:	
Address:	
Signature Over Printed Name :	
Telephone/Fax Number :	
Email:	

# Section VI. Schedule of Requirements

The delivery schedule expressed as weeks/months stipulates hereafter a delivery date which is the date of delivery to the project site.

Description	Quantity	Delivery Site	Delivery Period
AUTOCLAVE MACHINE(HEAVY DUTY)	2 Units	Caloocan City Medical Center	60 calendar days upon receipt of the Notice to Proceed.

Name of Company:
Address:
Signature Over Printed Name :
Telephone/Fax Number :
Email: