RANCHO SANTIAGO COMMUNITY COLLEGE DISTRICT

Bid #1428 – Purchase of Medical Equipment for the new Health Science Bldg. at Santa Ana College

Due: September 1, 2022 @ 2:00 PM

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This form must be submitted no later than 2:00 p.m., August 10, 2022.

* These items must be submitted with bid proposal. Additional documents may be required so bidders should carefully review all bid documents before submitting a bid.

+ Items that successful bidder must submit after the award of contract.

NOTICE CALLING FOR BIDS

RANCHO SANTIAGO COMMUNITY COLLEGE DISTRICT SANTA ANA, CALIFORNIA

The Board of Trustees of the Rancho Santiago Community College District ("District") is advertising for bids to be received up to September 1, 2022 @ 2:00 p.m., in the Rancho Santiago Community College District - Purchasing Services Office, 2323 North Broadway – Room 109, Santa Ana, CA 92706, for the furnishing of: **Bid #1428 – Purchase of Medical Equipment for the new Health Science Building at Santa Ana College.**

It is each bidder's sole responsibility to ensure its bid is timely delivered and received at the location designated as specified above. Any bid received at the designated location after the scheduled closing time for receipt of bids shall be returned to the bidder unopened.

Each bid must strictly conform with and be responsive to the bid documents, the District reserves the right to reject any or all bids or to waive any irregularities or informalities in any bids or in the bidding.

Any request for substitutions pursuant to Public Contracts Code Section 3400 must be made on the form set forth in the contract documents and submitted along with all other required information and documents not later than **August 10, 2022 at 2:00 p.m.**

No bidder may withdraw any bid for a period of ninety (90) calendar days after the date set for the opening of bids.

Bid documents are available at www.rsccd.edu/bidopportunities For further information, please contact myself at (714) 480-7370 or email melendez_linda@rsccd.edu

By:

Linda Melendez

Director of Purchasing Services

Advertised:
Orange County Register
July 25, 2022 and August 1, 2022

INFORMATION FOR BIDDERS

WARNING: READ THIS DOCUMENT CAREFULLY. DO NOT ASSUME THAT IT IS THE SAME AS OTHER SIMILAR DOCUMENTS YOU MAY HAVE SEEN, EVEN IF FROM THE SAME DISTRICT.

1. Description of Bid. Provide prices to furnish medical equipment as specified including all supplies, equipment, components, calibration, training and demonstrations to the reasonable satisfaction of the District ("Products"), as well as all required shipping, delivery, unpacking, set-up and all other requirements set forth in these bid documents. See Purchase Agreement Form, also referred to as contract.

2. Preparation of Bid Form. Bids shall be submitted on the prescribed Bid Form, completed in full by bidders (also referred to as "Vendor(s)"). All bid items and statements shall be properly and legibly filled out. The signatures of all persons shall be in longhand and in ink. Prices, wording and notations must be in ink or typewritten.

3. Form and Delivery of Bids. The bid must conform and be responsive to all bid documents and shall be made on the Bid Form provided, and the complete bid, together with any and all additional materials as required, shall be enclosed in a sealed envelope, addressed and hand delivered or mailed to: Rancho Santiago Community College District (DISTRICT), 2323 N. Broadway, Room 109, Santa Ana, CA 92706, and must be received on or before the bid deadline. **Bidders are to include one (1) printed original and an electronic copy (flash drive) of their completed bid and the envelope shall be plainly marked in the upper left hand corner with the bidder's name, the name of the bid and the date and time for the opening of bids.** It is the bidder's sole responsibility to ensure that its bid is received at the specified location prior to the bid deadline. The District shall not be responsible for any delays or issues with mail delivery. In accordance with Government Code Section 53068, any bid received after the scheduled closing time for receipt of bids shall be returned to the bidder unopened. At the time and place set forth for the opening of bids, the sealed bids will be opened and publicly read aloud.

4. Signature. Any signature required on bid documents must be signed in the name of the bidder and must bear the signature of the person or persons duly authorized to sign these documents. Where indicated, if bidder is a corporation, the legal name of the corporation shall first be set forth, together with two signatures: one from among the chairman of the board, president or vice president and one from among the secretary, chief financial officer, or treasurer. Alternatively, the signature of other authorized officers or agents may be affixed, if duly authorized by the corporation. Such documents shall include the title of such signatories below the signature and shall bear the corporate seal. Where indicated, in the event that the bidder is a joint venture or partnership, there shall be submitted with the bid certifications signed by authorized officers of each of the parties to the joint venture or partnership, naming the individual who shall sign all necessary documents for the joint venture or partnership and, should the joint venture or partnership be the successful bidder, who shall act in all matters relative to the bid for the joint venture or partnership. If bidder is an individual, his/her signature shall be placed on such documents.

5. Modifications. Changes in or additions to any of the bid documents, summary of the work bid upon, alternative proposals, or any other modifications which are not specifically called for by the DISTRICT may result in the DISTRICT's rejection of the bid as being nonresponsive. No oral, telephonic, facsimile or electronic modification of any of the bid documents will be considered.

6. Erasures, Inconsistent or Illegible Bids. The bid submitted must not contain any erasures, interlineations, or other corrections unless each such correction is authenticated by affixing the initials of the person(s) signing the bid in the margin immediately adjacent to the correction. In the event of inconsistency between words and numbers in the bid, words shall control numbers. In the event that DISTRICT determines that any bid is

unintelligible, illegible or ambiguous, the DISTRICT may reject such bid as being nonresponsive.

7. Withdrawal of Bids. Any bid may be withdrawn, either personally or by written request signed by the bidder, at any time prior to the scheduled closing time for receipt of bids. The bid security for a bid withdrawn prior to the scheduled closing time for receipt of bids, in accordance with this paragraph, shall be returned. No bidder may withdraw any bid for a period of ninety (90) calendar days after the date set for the opening of bids.

8. Interpretation of Bid Documents. If any bidder is in doubt as to the true meaning of any part of the bid documents, or finds discrepancies in, or omissions from the bid documents, a written request for an interpretation or correction thereof must be submitted to the DISTRICT by **August 10, 2022 at 2:00 pm**. No requests shall be considered after this time. The bidder submitting the written request shall be responsible for its prompt delivery. Any interpretation or correction of the bid documents will be made solely at DISTRICT's discretion and only by written addendum duly issued by the DISTRICT, and a copy of such addendum will be hand delivered or mailed or faxed or emailed to each bidder known to have received a set of the bid documents. No person is authorized to make any oral interpretation of any provision in the bid documents, nor shall any oral interpretation of bid documents be binding on the DISTRICT. If there are discrepancies of any kind in the bid documents, the interpretation of the DISTRICT shall prevail. SUBMITTAL OF A BID WITHOUT A REQUEST FOR CLARIFICATIONS SHALL BE INCONTROVERTIBLE EVIDENCE THAT THE BIDDER HAS DETERMINED THAT THE BID DOCUMENTS ARE ACCEPTABLE AND SUFFICIENT FOR BIDDING AND COMPLETING THE WORK; THAT BIDDER IS CAPABLE OF READING, FOLLOWING AND COMPLETING THE WORK IN ACCORDANCE WITH THE BID DOCUMENTS; AND THAT BIDDER AGREES THAT THE BID CAN AND WILL BE COMPLETED ACCORDING TO THE DISTRICT'S TIMELINES AND ACCORDING TO THE PROGRESS SCHEDULE TO BE SUBMITTED BY THE SUCCESSFUL BIDDER INCORPORATING THE DISTRICT's TIMELINES FOR COMPLETION OF THE WORK.

9. Bidders Interested in More Than One Bid. No person, firm or corporation shall be allowed to make, or file, or be interested in more than one bid for the same work unless alternate bids are specifically called for by the DISTRICT. A person, firm, or corporation that has submitted a subproposal to a bidder, or that has quoted prices of materials to a bidder, is not thereby disqualified from submitting a proposal or quoting prices to other bidders or submitting a bid.

10. Unbalanced or Altered Bids. Bids in which the prices are obviously unbalanced, and those which are incomplete or show any alteration of form, or contain any additions or conditional or alternate bids that are not called for or otherwise permitted, may be rejected. If, in the District's sole discretion, it determines any pricing, costs or other information submitted by a bidder may result in an unbalanced bid, the District may deem such bid non-responsive. A bid may be determined by the District to be unbalanced if the bid is based on prices significantly less than cost for some equipment and prices which are significantly overstated in relation to cost for other equipment, and if there is a reasonable doubt that the bid will result in the lowest overall cost to the District even though it may be the low evaluated bid, or if it is so unbalanced as to be tantamount to allowing an advanced payment.

11. Bid Protests.

Submittal of Bid Protest. Any bidder submitting a bid to the District may file a protest of the District's intent to award the contract provided that all of the following are complied with: (i) the bid protest is in writing; (ii) the bid protest is filed and received by the Director of Purchasing Services, c/o Linda Melendez, located at 2323 North Broadway, Suite 109, Santa Ana, CA 92706 before 5:00 P.M. not more than five (5) calendar days from the date of the bid opening; and (iii) the written bid protest sets forth, in detail, all grounds for the bid protest, including without limitation all facts, supporting documentation, legal authorities and argument in support of the grounds for the bid protest; any matters not set forth in the written bid protest shall be deemed waived. All factual contentions must be supported by competent,

admissible and creditable evidence. Any bid protest not conforming to the foregoing shall be rejected by the District as invalid.

District Review and Disposition of Bid Protest. Provided that a bid protest is filed in strict conformity with the foregoing, the District's Director of Purchasing Services, or such individual(s) as may be designated by him/her ("Designee") will review and evaluate the basis of the bid protest. The District's Director of Purchasing Services, or Designee shall provide the Bidder submitting the bid protest with a written statement concurring with or denying the bid protest ("Bid Protest Response"). The Bid Protest Response is deemed the final action of the District and not subject to appeal or reconsideration by any other employee or officer of the District or the Board of Trustees of the District. The issuance of the Bid Protest Response by the District's Director of Purchasing Services, or the Designee is an express condition precedent to the institution of any legal or equitable proceedings relative to the bidding process, the District's intent to award the Contract, the District's disposition of any bid protest or the District's decision to reject all bids. If any such legal or equitable proceedings are instituted and the District is named as a party thereto, the prevailing party(ies) shall recover from the other party(ies), as costs, all attorneys' fees and costs incurred in connection with any such proceeding, including any appeal arising therefrom. Each Bidder shall acknowledge in the bid proposal that the foregoing is a binding attorneys' fee agreement pursuant to Civil Code §1717 and shall be enforceable against the bidder and the District.

12. Award of Contract. The award of the contract, if made by the DISTRICT, will be by action of the Governing Board and to the lowest responsive and responsible bidder for each individual piece of equipment. If two identical low bids are received from responsive and responsible bidders, the DISTRICT will determine which bid will be accepted pursuant to Public Contract Code Section 20117. The District reserves the right to reject any or all bids, to accept or reject any one or more items of a bid, or to waive any irregularities or informalities in any bids or in the bidding process, whichever is in the best interest of the DISTRICT. In the event an award of the contract is made to a bidder, and such bidder fails or refuses to execute the contract and provide the required documents within five (5) working days after the notice of award of the contract to bidder, the DISTRICT may award the contract to the next lowest responsive and responsible bidder or reject all bids.

13. Competency of Bidders. In selecting the lowest, responsive and responsible bidder, consideration will be given not only to the financial standing but also to the general competency of the bidder for the performance of the work. By submitting a bid, each bidder agrees that the DISTRICT, in determining the successful bidder and its eligibility for the award, may consider the bidder's experience and facilities, conduct and performance under other contracts, financial condition, reputation in the industry, factory authorized, and other factors which could affect the bidder's performance of the work.

14. Insurance and Workers' Compensation. The successful bidder shall be required to furnish certificates and endorsements evidencing that the required insurance is in effect. DISTRICT may request that such certificates and endorsements are completed on DISTRICT provided forms. In accordance with the provisions of Section 3700 of the Labor Code, the successful bidder shall secure the payment of compensation to all employees. The successful bidder who has been awarded the contract shall sign and file with DISTRICT prior to performing the work, the Workers' Compensation Certificate included as a part of the bid documents. Labor Code Section 1861.

15. Anti-Discrimination. In connection with all work performed under this bid, there shall be no unlawful discrimination against any prospective or active employee engaged in the work because of race, color, ancestry, national origin, religious creed, sex, age, marital status, physical disability, mental disability, or medical condition. The successful bidder agrees to comply with applicable Federal and State laws including, but not limited to, the California Fair Employment and Housing Act, beginning with Government Code Section 12900 and Labor Code Section 1735. In addition, the successful bidder agrees to require like compliance by any subcontractors employed by such bidder.

16. Hold Harmless and Indemnification. The successful bidder awarded the contract agrees to defend,

indemnify, and hold harmless the Rancho Santiago Community College District (District), its officers, agents, employees, and volunteers from all loss, cost, and expense arising out of any liability of claim of liability for personal injury, bodily injury to persons, contractual liability and damage to property sustained or claimed to have been sustained arising of activities of the Company, its subcontractors, or those of any of its officers, agents, or employees, whether such act is authorized by this Agreement or not, and Company shall pay for any and all damage to the property of the District, or loss or theft of such property, done or caused by such persons. The District assumes no responsibility whatsoever for property placed on the premises. The Company further agrees to waive all rights of subrogation against the District. The provisions of the Article do not apply to any damage or losses caused solely by the negligence of the District or any of its agents or employees.

17. Drug-Free Workplace Certification. Pursuant to Government Code Sections 8350, et seq., the successful bidder will be required to execute a Drug-Free Workplace Certification upon execution of the Agreement. The bidder will be required to take positive measures outlined in the certification in order to ensure the presence of a drug-free workplace. Failure to abide with the conditions set forth in the Drug-Free Workplace Act could result in penalties including termination of the Agreement or suspension of payment thereunder.

18. Non-Collusion Declaration. In accordance with the provisions of Section 7106 of the Public Contract Code, each bid must be accompanied by a Non-Collusion Declaration. The form is included with the bid documents.

19. Debarment. Submission of a signed bid proposal in response to this solicitation is certification that your firm (or any subcontractor) is not currently debarred, suspended, proposed for debarment, declared ineligible or voluntarily excluded from participation in this transaction by any State or Federal department or agency. Submission is also agreement that the District will be notified of any change in this status.

20. Prohibited Communications. During the entire period and up to the award of a contract, Vendors and their agents or other representatives are strictly prohibited from contacting District representatives, employees or members of the Governing Board regarding this bid, other than the person listed below. Failure to comply with this requirement may result in the Vendors' bid being deemed non-responsive.

21. Form W-9 Request for Taxpayer Identification Number and Certification. The successful bidder awarded the contract shall be required to complete and submit to the District a Form W-9 within five business days following receipt of notification of award.

GENERAL CONDITIONS

INTRODUCTION

Santa Ana College's new Health Science Building will be housing the following programs: Nursing, Medical Assistant, Emergency Medical Technician, Pharmacy Technology and Occupational Therapy. They will prepare students onto pathways to a wide variety of careers. Within a short time, and, at a very affordable cost, students gain a strong foundation, preparing individuals to transfer to programs at four-year universities, enter the workforce or simply to enhance their own personal knowledge. In the case of Occupational Therapy Assistant Program, students will receive a Bachelor of Science in Occupational Studies.

With the opening of the new Health Science Building, the college seeks to enhance the programs by adding new medical equipment.

1. PURPOSE OF BID

   A. The District is seeking bids from qualified responsive and responsible bidders to provide and deliver medical equipment manufactured by various manufacturers as set forth in Attachment "A" to the Bid Form. The medical equipment and components listed in the Bid Form - Price Sheet and Attachment "A" to the Bid Form set forth the base models of the preferred items being procured by the District, but bidders are allowed to submit "or equal" substitution requests in accordance with the bid documents.

   B. Bids will be accepted from Original Equipment Manufacturers (OEMs) and their distributors, authorized to sell medical equipment, manufactured by the various manufacturers or equal as long as the OEM meets all requirements of the bid documents.

2. SUBSTITUTIONS

   A. Please also refer to the Substitution Request Form for any additional requirements.

   B. Whenever in these bid documents any equipment is indicated or specified by brand name, trade name, proprietary name or by name of manufacturer, such specification shall also be deemed to be used for the purpose of facilitating description of the material or equipment desired and shall also be deemed to be followed by the words, "or equal", and bidder may, unless otherwise stated, offer any material or equipment which shall be equal or better in every respect to that so indicated or specified subject to District approval. If the bidder fails to submit a substitution request to indicate it will be providing an "or equal" product, its bid shall be considered as offering the material or equipment referred to by the brand name or trade name specified. It is expressly understood and agreed to by the bidder that the District reserves the right to reject any such proposed substituted item. It is further expressly understood and agreed by bidder that in the event the District rejects a proposed substituted item, the bidder will then supply the material or equipment designated by the District as further indicated in the Request for Substitution Form.

   C. With respect to each proposed substituted item, it shall be the bidder's sole responsibility to submit the Request for Substitution Form to the District with a complete set of documents including, photos, all pertinent and appropriate data and literature substantiating its request for substitution no later than **August 10, 2022 at 2:00 p.m.** Failure to provide a complete set of all required and necessary documents for the District to fully evaluate any substitution request will result in the rejection of the substitution request. Additional copies of the Request for Substitution Form may be utilized for multiple requests for substitution. The District will not respond to any substitution requests submitted after that time. The District is not responsible for locating or securing any information which is not included in such substantiating data. The burden of proof

as to the quality or suitability of proposed substituted items shall be borne by the bidder. The District shall be the sole judge as to the quality and suitability of proposed substituted items, and decisions of the District shall be final and conclusive. Any notification of denied substitutions will be emailed directly to the requesting bidder. Any notification of acceptable substitutions will be addressed via an addendum. All addenda issued for this bid will be posted to the District's Purchasing website (www.rsccd.edu/bidopportunities then search the bid number). Bidders are solely responsible for regularly checking the website for addenda.

D. In the event the successful bidder furnishes Products other than what was specified by the District and which has been accepted by the District and which later is found to be defective, then the successful bidder, at its sole cost and expense, shall furnish the District specified Product or fully replace with new the defective Product at District's discretion.

E. All Products furnished as a result of this bid are to be new and of the latest and most improved model and/or version in current production of the specified item and shall be of first quality as to workmanship and materials used. A new product is defined as a product made up completely of unused, genuine and original parts. The product shall not have been operated for any purpose other than routine operational testing. A demonstrator product does not meet this definition and is not acceptable. Refurbished, re-conditioned or re-manufactured Products shall not be provided to the District as part of the proposed system.

F. The District's intent is to award a contract to one bidder who meets or exceeds the bid requirements, specifications, and all other terms and conditions, and is the lowest responsive responsible bidder.

3. INTERPRETATION, CLARIFICATION, MODIFICATION OR COMMUNICATION

A. No oral interpretation, clarification or modification to the bid documents is authorized on behalf of the District; and bidders shall not rely upon any such oral interpretation, clarification or modification of the bid. The District expressly reserves the right to modify or amend the requirements of any portion of the bid by an addendum duly issued to all bidders.

B. Questions regarding the bid, or the intent thereof, or any discrepancies, omissions or inconsistencies in the bid documents shall be submitted in writing via, email, US mail, or private courier service to:

Linda Melendez – Director, Purchasing Services
RANCHO SANTIAGO COMMUNITY COLLEGE DISTRICT
2323 North Broadway – Room 109 Santa Ana, CA 92706
Phone: (714) 480-7370
Email: melendez_linda@rsccd.edu

C. The District will respond in writing to inquiries submitted in the conformity with the foregoing. Inquiries must be received by **August 10, 2022 at 2:00 p.m**. The District will not respond to inquiries submitted after that time. Failure to provide such questions before this deadline relieves the District of any and all responsibility to take corrective action(s) and the matter in question will not be considered nor will the matter be allowable as grounds for a protest of the bid award.

D. Any agreement or contract resulting from this bid shall be governed by the laws of the State of California. In the event that any clause is held to be non-enforceable, the remaining provisions shall nonetheless remain in full force and effect.

4. BID SUBMITTAL

A. Refer to the Information for Bidders for details on bid submission requirements.

B. Place your bid amounts only on the Bid Form. **To do otherwise shall result in your bid being non-responsive and rejected.**

C. The Bid Form **must be signed by an authorized representative and returned in a sealed envelope**. *To do otherwise will result in your bid being non-responsive*.

D. Please see the Table of Contents for documents that must be submitted by bidder at the time of bid. Additional documents may be required so bidders should carefully review all bid documents before submitting a bid.

5. AWARD OF BID

A. Upon notice of award, the successful bidder must provide within five (5) working days to Purchasing Services the following documents; otherwise the bidder's bid will be deemed nonresponsive and the bidder's bid security shall be forfeited:

- Fully Executed Purchase Agreement Form
- Drug-Free Workplace Certification
- Insurance Certificates including all Endorsements
- Workers' Compensation Certificate
- IRS W-9 Form

6. DISTRICT RIGHTS

A. District staff will make their recommendation to the Board of Trustees who will make its award on this bid according to the best interest of the District, and its decision as to whether or not the items submitted are the equal of items specified and will be final.

B. The Board of Trustees reserves the right to reject any or all bids or to waive any irregularities or informalities in the bids or in the bidding, whichever is in the best interest of the District.

C. The District reserves the sole right to evaluate the bidder's compliance with bidding requirements and product specifications for the purpose of selecting the successful bidder.

7. DELIVERY TERMS

A. All deliveries shall be Free on Board/ Freight on Board (FOB) Destination. All items shall be subjected to inspection and/or rejection. All expenses incurred with the furnishing of all Products for inspection shall be borne by the bidder. Any item found to be faulty/damaged shall be replaced prior to acceptance by the District. No charge for packing, draying, postage, freight, express or any other purpose will be allowed over or above the bid price. Carting away of debris is the sole responsibility of the bidder. Delivery/shipping costs shall be included with each line item. Bidders who subcontract delivery/shipping are fully responsible for the subcontractor's services and costs. No third-party billing will be accepted.

B. The District will require equipment to be delivered and installed between April 1, 2023 and May 31, 2023. The specific delivery date for each piece of equipment will be specified in a Purchase Order to be issued pursuant to the Purchase Agreement Form, but bidders shall be prepared to

deliver any equipment at any time during the time period specified above. Failure to deliver the equipment within the specified time shall be deemed a material breach of the Purchase Agreement Form. All Purchase Orders issued by the District shall be subject to the terms and conditions of this bid and the Purchase Agreement Form.

C. Warranty to begin after the completion of scheduled delivery, set-up and calibration.

D. Please see Purchase Agreement Form for additional details and requirements.

8. WARRANTY/ GUARANTEE REQUIREMENTS

See Warranty Guarantee Form.

REQUEST FOR SUBSTITUTION FORM

(Due not later than **2:00 pm, August 10, 2022**)

Complete a form for each Item#/Location

Pursuant to Public Contract Code Section 3400, bidder submits the following request to substitute. Bidders must submit detailed photographs for each substitution request, model, parts, and provide all required written documentation and literature describing all the features that correspond with the Base Model noted in Attachment "A" to Bid Form. Please also refer to the General Conditions for substitution requirements. Additional copies of this form may be utilized for multiple requests for substitution. Bidder understands that if the request to substitute is not an "or equal" or is not accepted by the District and the bidder answers "no", bidder will not provide the specified item, then bidder will be held non-responsive and its bid will be rejected. With this understanding, bidder hereby requests substitution of the following equipment or components:

Item#	Item To Be Substituted	Requested Substituted Item	Vendor Agrees to Provide Specified Item if request to Substitute is Denied[1] (circle one)	District Decision (circle one)
1.			Yes No	Grant Deny
2.			Yes No	Grant Deny
3.			Yes No	Grant Deny
4.			Yes No	Grant Deny
5.			Yes No	Grant Deny
6.			Yes No	Grant Deny
7.			Yes No	Grant Deny
8.			Yes No	Grant Deny
9.			Yes No	Grant Deny
10.			Yes No	Grant Deny

This Request Form must be accompanied by evidence as to whether each proposed substitution: (1) is equal in quality, service, and ability to the specified item; (2) will entail no change in performance or requirements of other related components; (3) will be acceptable in consideration of the required design and performance; (4) will provide no cost disadvantage to the District; (5) will require no excessive or more expensive maintenance, including adequacy and availability of replacement parts; and (6) meets all performance and other criteria as further detailed in photographs of the proposed substitution to be provided.

[1] Bidder must state whether bidder will provide the specified item in the event the substitution request is evaluated and denied. If bidder states that bidder will not provide the specified item, the denial of a request to substitute shall result in the rejection of the bidder as non-responsive. However, if bidder states that bidder will provide the specified item in the event that bidder's request for substitution is denied, bidder shall execute the contract and provide the specified item(s). If bidder refuses to execute the contract due to the District's decision to require the specified item(s) at no additional cost, bidder's bid security shall be forfeited.

The undersigned states that the following paragraphs are correct:

1. Each proposed substitution will have no adverse effect on other equipment or components, the Contract Time, or specified warranty requirements.

2. Maintenance and service parts will be available locally for each proposed substitution.

3. In order for the District to properly review substitution requests, the bidder shall provide test criteria, manufacturer information, detailed photographs, and any other documents to allow the District to perform a detailed side by side review and comparison of each substitution request and each specified item not later than **August 10, 2022 at 2:00 p.m.** It is the bidder's sole responsibility to provide all such details, information, photos and documents for the District's review and evaluation of each substitution request, and failure to provide adequate submittals shall result in the rejection of the substitution request.

4. If a substitution request is accepted by the District, bidder is still required to provide any required submittals for the substituted item(s). The approval of the District of the substitution request does not mean that the bidder is relieved of its responsibilities to provide any other required documents or information required by the bid documents.

Bidder's Name	Authorized Representative Name
Signature Date	Title

NON-COLLUSION DECLARATION

(To Be Submitted with Bid)

The undersigned declares:

I am the _____ [title] of _____ [name of bidder], the party making the foregoing bid.

The bid is not made in the interest of, or on behalf of, any undisclosed person, partnership, company, association, organization, or corporation. The bid is genuine and not collusive or sham. The bidder has not directly or indirectly induced or solicited any other bidder to put in a false or sham bid. The bidder has not directly or indirectly colluded, conspired, connived, or agreed with any bidder or anyone else to put in a sham bid, or to refrain from bidding. The bidder has not in any manner, directly or indirectly, sought by agreement, communication, or conference with anyone to fix the bid price of the bidder or any other bidder, or to fix any overhead, profit, or cost element of the bid price, or of that of any other bidder. All statements contained in the bid are true. The bidder has not, directly or indirectly, submitted his or her bid price or any breakdown thereof, or the contents thereof, or divulged information or data relative thereto, to any corporation, partnership, company, association, organization, bid depository, or to any member or agent thereof, to effectuate a collusive or sham bid, and has not paid, and will not pay, any person or entity for such purpose.

Any person executing this declaration on behalf of a bidder that is a corporation, partnership, joint venture, limited liability company, limited liability partnership, or any other entity, hereby represents that he or she has full power to execute, and does execute, this declaration on behalf of the bidder.

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct and that this declaration is executed on _____ [date], at _____[city], _____ [state].

_____
Signature

_____
Print Name

COOPERATIVE PURCHASING/ OTHER AGENCY CLAUSE

(To Be Submitted with Bid)

For the term of the contract and any mutually agreed extension pursuant to this request for bids, and at the option of the successful bidder, the Rancho Santiago Community College District specifies that other public school districts, community college districts or other public agencies in the State of California may purchase, lease-purchase or rent the identical item(s) at the same or lower price and upon the same terms and conditions (hereinafter referred to as "Piggyback Bid") pursuant to Public Contract Code sections 20118 and 20652. Unless incidental to the lease or purchase, any public works labor is specifically excluded from the Piggyback Bid.

The Rancho Santiago Community College District waives its right to require such other public entities to draw their warrants in favor of the Rancho Santiago Community College District and authorizes each district/ agency to make payment to the successful bidder.

Please check one:

☐ Bidder AGREES to allow other public agencies as noted above to piggyback off this bid proposal.

☐ Bidder DOES NOT AGREE to allow other public agencies as noted above to piggyback off this bid proposal.

_____
Proper Name of Bidder

_____
Signature

By: _____

STATEMENT OF COMPLIANCE

(To Be Submitted with Bid)

THIS IS TO CERTIFY that I have read all bid documents including the Information for Bidders, District Insurance Requirements and General Conditions of **Bid #1428 - Purchase of Medical Equipment for the New Health Science Building at Santa Ana College**, and, will comply therewith.

_____
Name of Vendor

By: _____
Signature of Authorized Official

Date: _____

BID FORM

(To Be Submitted with Bid)

Name of Vendor: _____

To: Rancho Santiago Community College District, acting by and through its Governing Board, herein called the "District".

1. Pursuant to the Notice Calling for Bids and the other documents relating thereto, the undersigned Vendor, having become familiarized with the complete contract, the local conditions affecting the performance of the work/service and the cost of the work/service at the locations where the work/service is to be done, hereby proposes and agrees to be bound by all terms and conditions of the complete contract and agrees to perform, within the time stipulated, the contract, including all of its component parts, and everything required to be performed, and to provide and furnish and pay for any and all of the labor, materials, tools, equipment, and all applicable taxes, permit fees and transportation necessary to perform the work/service and complete in a good workmanlike manner all of the work/service required in conformance with applicable safety orders, in connection with the following:

Bid No: **1428**
Service: **Purchase of Medical Equipment for the new Health Science Building at Santa Ana College**

All in strict conformity with the complete Purchase Agreement Form including any and all issued addenda.

2. Vendor acknowledges the following addenda:

Number		Number		Number		Number		Number		Number		Number		Number

Acknowledge the inclusion of all addenda issued prior to bid in the blanks provided above. Your failure to do so may render your bid non-responsive.

3. See attached Bid Form- Price Sheet at the end of this Bid Form to be completed and submitted by the Vendor.

4. It is understood that the District reserves the right to reject this bid and that this bid shall remain open and not be withdrawn for the period specified in the Information for Bidders.

5. It is understood and agreed that if written notice of the acceptance of this bid is mailed, emailed, or delivered to the Vendor after the opening of the bid, and within the time this bid is required to remain open, or at any time thereafter before this bid is withdrawn, the Vendor will execute and deliver to the District the Purchase Agreement Form and all other required documents. The Vendor further agrees that the work/service under the Agreement shall be commenced by the Vendor, if awarded the contract, on the date shown on the Purchase Agreement Form and shall be completed by the Vendor in accordance with the Purchase Agreement Form.

6. In submitting this bid, the Vendor offers and agrees that if the bid is accepted, it will assign to District all rights, title and interest in and to all causes of action it may have under Section 4 of the Clayton Act (15 U.S.C. Section 15) or under the Cartwright Act (Business & Professions Code Section 16700 et seq.) arising from purchases of goods, materials, or services by the Vendor for sale to the District pursuant to the bid. Such assignment shall be made and become effective at the time the District tenders final payment under the Contract. (Public Contract Code Section 7103.5; Government Code Section 4552).

7. It is understood and agreed that should Vendor fail or refuse to return complete and submit other required documents to the District within the time specified, may result in delays in the work/service and possible rejection of the Vendor and forfeiture of its bid security.

8. The Vendor hereby certifies that it is, and at all times during the performance of work/service hereunder shall be, in full compliance with the provisions of the Immigration Reform and Control Act of 1986 ("IRCA") in the hiring of its employees, and the Vendor shall indemnify, hold harmless and defend the District against any and all actions, proceeding, penalties or claims arising out of the Vendor's failure to comply strictly with the IRCA.

9. The Vendor agrees to comply with the District's policies and administrative regulations governing gifts including, but not limited to, Board Policy 3821.

10. All required documents listed in the bid are attached. The Vendor declares that he/she has carefully examined the bid documents and all other documents and requirements that are attached to and/or contained in this bid, all other documents issued to bidders and read the accompanying instructions to bidders, and hereby proposes and agrees, if this proposal is accepted, to furnish all Products and do all work required to complete the said work in accordance with the bid documents, in the time and manner therein prescribed for the cost amounts set forth in this Bid Form.

11. Pricing Requirements.

a. The Vendor's Cost must be all inclusive and shall include, without limitation, all equipment, calibration, training and demonstrations to the reasonable satisfaction of the District, shipping, delivery, unpacking, set-up, and must contain all appropriate contingencies and markups such as the Vendor's overhead, profit, social security contribution, general insurances, workers' compensation insurance, state unemployment insurance, federal unemployment insurance, delivery costs, transportation, incidental tools and equipment, and any other contingencies in connection therewith since no allowance will be made later for additional costs or claims.

b. Vendors are cautioned to check and confirm all amounts and calculations set forth herein and that all required information is provided and all required blanks are filled in. If there are any conflicts, discrepancies, mathematical errors or ambiguities in any quantity, cost, total cost or extension of costs, the District, in its sole discretion, may reconcile any conflicts, discrepancies, mathematical errors or ambiguities by using the data provided that will result in the more restrictive and higher price, quantity and total, and the bidder agrees to be bound by the District's reconciliation. If the District cannot reconcile any conflicts, discrepancies, mathematical errors or ambiguities by using the data provided, the District may deem such bid non-responsive.

c. Proposals in which the prices are, in the District's evaluation and opinion, unbalanced, and those which are incomplete or show any alteration of form, or contain any additions or conditional or alternate bids that are not called for or otherwise permitted, may be rejected as non-responsive. If, in the District's sole discretion, it determines any pricing, costs or other information submitted by a bidder may result in an unbalanced bid, the District may deem such bid non-responsive.

d. Bidders have the option to provide quantity discounts for any line item as noted in the Bid Form-Price Sheet. This option is **not** mandatory. Any quantity discounts should be provided for each separate line item and bidders shall not provide quantity discounts by grouping separate line items together or condition a quantity discount for one line item with any other line item. Any proposed quantity discounts shall not amend or revise any requirements in the bid documents and must be clearly stated. It is the bidder's sole responsibility to fully explain any quantity discounts offered. If, in the District's sole discretion, the quantity discount offered amends or revises any

e. requirements in the bid documents, or is unclear, ambiguous or lacks details, the District reserves its right to not apply such discount(s) to determine the lowest bid.

BID FORM – PRICE SHEET (To Be Submitted with Bid)

Bid #1428 Purchase of Medical Equipment for the new Health Science Bldg. at Santa Ana College

Note: Bidders are required to refer to Attachment "A" to Bid Form for detailed requirements and descriptions

Item #	Description	Base Model Type (Or Equal)	Quantity	Cost	Quantity Discounts (Optional)
1	**Lab Prescription Balance** (with all features noted)	**Scientific Industries – Torbal Division DX-3 Prescription Mechanical Balance** Or Equal (with all features noted) Model Type: _____ (Insert approved substitution if other than Scientific Industries)	12		
2	**Electric Birthing Bed** (with all features noted)	**Hillrom – Bed & Stretcher Group Affinity 4 w/ Comfortline Surface (AF450)** Or Equal (with all features noted) Model Type: _____ (Insert approved substitution if other than Hillrom)	1		
3	**Patient Room Bedside Cabinet** (with all features noted)	**DiaMedical #FR013201** Or Equal (with all features noted) Model Type: _____ (Insert approved substitution if other than DiaMedical)	19		
4	**Mobile Clinical Commode/Shower Chair** (with all features noted)	**Drive DeVilbiss Healthcare NRS185007** Or Equal (with all features noted) Model Type: _____ (Insert approved substitution if other than Drive DeVilbiss Healthcare)	1		
5	**Clinical Evacuation Chair** (with all features noted)	**Stryker Stair-PRO 6252** Or Equal (with all features noted) Model Type: _____ (Insert approved substitution if other than Stryker)	1		
6	**Automatic Advisory Defibrillator** (with all features noted)	**Philips Healthcare – Cardiology – HeartStart MRx - M3536A/861304** Or Equal (with all features noted) Model Type: _____ (Insert approved substitution if other than Philips)	1		
7	**Host (Main) Medication Dispenser** (with all features noted)	**BD – Becton, Dickinson and Company Pyxis Medstation ES (6 drwr, 5 Cubie)** Or Equal (with all features noted) Model Type: _____ (Insert approved substitution if other than BD)	3		

BID FORM – PRICE SHEET (To Be Submitted with Bid)

Bid #1428 Purchase of Medical Equipment for the new Health Science Bldg. at Santa Ana College

Note: Bidders are required to refer to Attachment "A" to Bid Form for detailed requirements and descriptions

Item #	Description	Base Model Type (Or Equal)	Quantity	Cost	Quantity Discounts (Optional)
8	**Water Rescue Training Infant Manikin, Male** (with all features noted)	**Simulaids Rescue Billy (149-1352)** Or Equal (with all features noted) Model Type: _____ (Insert approved substitution if other than Simulaids)	2		
9	**Water Rescue Training Infant Manikin, Female** (with all features noted)	**Simulaids Rescue Cathy** Or Equal (with all features noted) Model Type: _____ (Insert approved substitution if other than Simulaids)	2		
10	**Point of Care Blood Glucose Monitor** (with all features noted)	**Nova Biomedical StatStrip Glucose Hospital Meter with Docking Station** Or Equal (with all features noted) Model Type: _____ (Insert approved substitution if other than Nova)	3		
11	**Bedside Physiologic Monitor** (with all features noted)	**GE Healthcare – Monitoring Systems – Carescape B450 w/PDM (PACU, ED) – 2068491-001/2042084-001** Or Equal (with all features noted) Model Type: _____ (Insert approved substitution if other than GE)	12		
12	**Physiologic Vital Signs Monitor w/ Stand** (with all features noted)	**Carescape V100 Vital Signs Monitor (2038172-001/Stand)** Or Equal (with all features noted) Model Type: _____ (Insert approved substitution if other than Carescape)	1		
13	**Chest Compression Pump** (with all features noted)	**Stryker LUCAS 3 Chest Compression System** Or Equal (with all features noted) Model Type: _____ (Insert approved substitution if other than Stryker)	1		
14	**Enteral Pump** (with all features noted)	**Cardinal Health Durable Medical Equipment Kangaroo ePump (382400)** Or Equal (with all features noted) Model Type: _____ (Insert approved substitution if other than Cardinal)	4		

BID FORM – PRICE SHEET (To Be Submitted with Bid)

Bid #1428 Purchase of Medical Equipment for the new Health Science Bldg. at Santa Ana College

Note: Bidders are required to refer to Attachment "A" to Bid Form for detailed requirements and descriptions

Item #	Description	Base Model Type (Or Equal)	Quantity	Cost	Quantity Discounts (Optional)
15	**Modular Infusion Pump Controller** (with all features noted)	**BD – Becton Dickinson and Company Alaris PC Unit (8015)** Or Equal (with all features noted) Model Type: _____ (Insert approved substitution if other than BD)	**7**		
16	**PCA Infusion Pump** (with all features noted)	**BD – Becton, Dickinson and Company – Alaris PCA Module (8120)** Or Equal (with all features noted) Model Type: _____ (Insert approved substitution if other than BD)	**4**		
17	**Single Infusion Pump** (with all features noted)	**BD – Becton Dickinson and Company – Alaris Pump Module (8100)** Or Equal (with all features noted) Model Type: _____ (Insert approved substitution if other than BD)	**15**		
18	**Single Infusion Pump** (with all features noted)	**Baxter Healthcare SIGMA Spectrum (w/ Standard Battery) - 35700BAX/35724** Or Equal (with all features noted) Model Type: _____ (Insert approved substitution if other than Baxter)	**5**		
19	**Syringe Infusion Pump** (with all features noted)	**BD – Becton Dickinson and Company – Alaris Syringe Module (8110)** Or Equal (with all features noted) Model Type: _____ (Insert approved substitution if other than BD)	**8**		
20	**3 Mode Continuous Suction Regulator** (with all features noted)	**Amico Corporation SRA-C3UD-DH Scout Analog (DISS Handtight) (SRA-C3UD-DH)** Or Equal (with all features noted) Model Type: _____ (Insert approved substitution if other than Amico)	**46**		
21	**Digital Display Benchtop Scale** (with all features noted)	**Tanita Corporation of America KD-200-110** Or Equal (with all features noted) Model Type: _____ (Insert approved substitution if other than Tanita)	**1**		

BID FORM – PRICE SHEET (To Be Submitted with Bid) **Bid #1428 Purchase of Medical Equipment for the new Health Science Bldg. at Santa Ana College** **Note: Bidders are required to refer to Attachment "A" to Bid Form for detailed requirements and descriptions**					
Item #	**Description**	**Base Model Type (Or Equal)**	**Quantity**	**Cost**	**Quantity Discounts (Optional)**
22	**Patient Physiologic Handheld Simulator** (with all features noted)	**Fluke Biomedical ProSim 4 Vital Signs** Or Equal (with all features noted) Model Type: _____ (Insert approved substitution if other than Fluke)	**2**		
23	**Chrome IV Stand** (with all features noted)	**Medline Industries Inc. – Deluxe IV (MDS80494)** Or Equal (with all features noted) Model Type: _____ (Insert approved substitution if other than Medline)	**1**		
24	**EMT Stretcher** (with all features noted)	**Stryker Medical MX-PRO R3 (6082-000-000)** Or Equal (with all features noted) Model Type: _____ (Insert approved substitution if other than Stryker)	**2**		
25	**EMT Stretcher** (with all features noted)	**Stryker Medical Power-PRO XT (6506-000-000)** Or Equal (with all features noted) Model Type: _____ (Insert approved substitution if other than Stryker)	**1**		
26	**Procedure/Recovery Stretcher** (with all features noted)	**Hillrom – Bed & Stretcher Group** Or Equal (with all features noted) Model Type: _____ (Insert approved substitution if other than Hillrom)	**2**		
27	**Transport Stretcher** (with all features noted)	**Hillrom Bed & Stretcher Group – Transport Stretcher P8005** Or Equal (with all features noted) Model Type: _____ (Insert approved substitution if other than Hillrom)	**1**		
28	**Adult/Pediatric Ventilator** (with all features noted)	**Vyaire Medical – AVEA Standard w/ Standard Cart** Or Equal (with all features noted) Model Type: _____ (Insert approved substitution if other than Vyaire)	**2**		

BID FORM – PRICE SHEET (To Be Submitted with Bid) **Bid #1428 Purchase of Medical Equipment for the new Health Science Bldg. at Santa Ana College** **Note: Bidders are required to refer to Attachment "A" to Bid Form for detailed requirements and descriptions**					
Item #	**Description**	**Base Model Type (Or Equal)**	**Quantity**	**Cost**	**Quantity Discounts (Optional)**
29	**Care System Infant Warmer** (with all features noted)	**Dia Medical SimLabSolutions 7013 Radiant Infant Warmer (OB025905)** Or Equal (with all features noted) Model Type: _____ (Insert approved substitution if other than Dia Medical)	**1**		

We (I) hereby agree to furnish the above equipment, calibration, training and demonstrations to the reasonable satisfaction of the District at the prices and terms stated in this bid. Pricing includes shipping, delivery, unpacking, set-up and all other costs in the "Pricing Requirements" section of the Bid Form above. The undersigned hereby declares that all of the representations of this bid are accurate and complete and made under penalty of perjury under the laws of the State of California.

Company Name: _____

Address/city/State/Zip: _____

Phone Number: _____

Email: _____

Authorized Signature: _____

Printed Name: _____

Title: _____

Date: _____

LOCAL HIRE AND LOCAL BUSINESS PARTICIPATION

(To Be Submitted with Bid)

The Rancho Santiago Community College District is interested in furthering opportunities for Local Hires and Local Businesses and the Board of Trustees has established a goal of 50% participation of "Local Hires" and 25% participation of "Local Businesses" for various capital construction projects. It is the intent of the District to not only meet these goals, but to exceed them. As used in this Exhibit, "Local Hire" and "Local Business" is defined as follows:

"Local Hire" means an individual who resides in the following zip codes: 92602, 92606, 92610, 92612, 92614, 92618, 92620, 92626, 92627, 92660, 92675, 92676, 92679, 92688, 92701, 92703, 92704, 92705, 92706, 92707, 92708, 92780, 92782, 92802, 92805, 92806, 92807, 92808, 92840, 92843, 92861, 92862, 92865, 92866, 92867, 92868, 92869, 92883, or 92887. Local Hire shall also mean a "veteran" as defined in Military and Veterans Code section 980, who possesses a current and valid DD Form 214 card. Local Hire shall also mean any current or former student that the District determines is or was enrolled as a student at one of the District's colleges.

"Local Business" means a business that has its principal headquarters or permanently staffed regional office and that has held a business license within the zip codes listed above for Local Hire for a minimum of three months prior to the date the Vendor submits a response to this Bid. Local Business shall also mean any state or nationally certified minority-owned, women-owned, disabled veteran business, or veteran owned business (DD Form 214 Card) that has performed work for the District or other public agency within the zip codes listed above for Local Hire during the past four years. Local Business shall also mean a business that participates in an internship program that is currently approved or recognized by the District. The Consultant may also apply to obtain District approval of its internship program. Local Business shall also mean any Consultant that uses apprentices from a District approved apprenticeship program.

Please check all that apply to your business. If any are items are checked, pleased be prepared to provide certification upon request.

- ☐ Business is Local by Zip Code
- ☐ Minority Business Enterprise (MBE)
- ☐ Women Business Enterprise (WBE)
- ☐ Disabled Veteran Business Enterprise (DVBE)
- ☐ Veteran Owned Business

_____
Name of Vendor

By: _____
Signature

_____
Print Name

_____
Title

_____
Date

PURCHASE AGREEMENT FORM

THIS AGREEMENT is hereby entered into this _____ day of _____, 20___ by and between the RANCHO SANTIAGO COMMUNITY COLLEGE DISTRICT, hereinafter referred to as the DISTRICT, and

Company Name Taxpayer ID # or SSN

Mailing Address, City, State, Zip Code

Hereinafter referred to as VENDOR.

WHEREAS, the DISTRICT is authorized to contract with a VENDOR for the Purchase of Medical Equipment for the new Health Science Building at Santa Ana College.

IT IS THEREFORE AGREED AS FOLLOWS:

1. SCOPE OF WORK: The VENDOR shall furnish all labor, materials, equipment, tools, and perform and complete all work required in connection with the Purchase of Medical Equipment for the Health Science Building at Santa Ana College in strict accordance with this AGREEMENT. The VENDOR shall be liable to the DISTRICT for any damages arising as a result of a failure to comply with that obligation.

2. PURCHASE ORDERS: The DISTRICT shall issue a separate Purchase Order for each piece of equipment. All Purchase Orders shall reference this AGREEMENT and shall be governed by this bid and this master AGREEMENT.

3. TIME OF COMPLETION: Once the VENDOR has received a signed AGREEMENT and a Purchase Order, the VENDOR shall deliver and perform all services and required installation of all Products as set forth in the Purchase Order for the DISTRICT'S acceptance and approval on or before the date set forth in the Purchase Order. This shall be called the Contract Time. The District will require equipment to be delivered and installed between April 1. 2023 and May 31, 2023. The specific delivery date for each piece of equipment will be specified in a Purchase Order to be issued pursuant to this Purchase Agreement Form. Failure to deliver the equipment within the Contract Time shall be deemed a material breach of this Purchase Agreement Form.

4. CONTRACT PRICE: The DISTRICT shall pay to the VENDOR as full consideration for the faithful performance of this AGREEMENT, the amount set forth in the Purchase Order issued pursuant to this AGREEMENT based on the applicable Cost in the VENDOR'S Bid Form- Price Sheet for each piece of equipment, and this will be the Contract Price. VENDOR agrees and acknowledges that the DISTRICT may undertake work of a similar nature and scope as set forth in this AGREEMENT under separate contracts, purchase orders, etc. with other vendors.

5. EXTRA AND/OR ADDITIONAL CHANGES: Should the DISTRICT at any time during the performance of this AGREEMENT, request any alterations, deviations, additions, or omissions from this AGREEMENT, it shall be at liberty to do so, and the same shall in no way affect or make void this AGREEMENT, but the cost will be added to or deducted from the amount of the Contract Price, as the case may be, by a fair and reasonable valuation.

6. LICENSURE: The VENDOR shall ensure that any and all work it performs, or that is performed on its behalf, in order to provide the required services shall be performed by persons appropriately licensed. The VENDOR'S required licensure must be maintained throughout the duration of this AGREEMENT.

7. TAXES: The DISTRICT shall pay the state sales tax and use tax if applicable. The federal excise tax is not applicable, as community college districts are exempt therefrom. The DISTRICT shall furnish the VENDOR such

tax certificates as may be required by the manufacturer or VENDOR. Any applicable tax which may be imposed by any governmental agency prior to delivery of merchandise shall be paid by the DISTRICT.

8. NOTICE OF OBJECTION: Notice is hereby given pursuant to Section 2207 of the Uniform Commercial Code of DISTRICT'S objection to all terms and conditions in addition to and different from these Terms and Conditions contained in any written acceptance or order confirmation which may be issued by VENDOR.

9. VARIATION BY AGREEMENT: Any of these terms and conditions which may conflict with the normal operation of any provision of the Uniform Commercial Code shall constitute a variation by agreement and have precedence.

10. DELIVERY: F.O.B. destination and shall mean the VENDOR pays all shipping costs, and title to merchandise and vested interest shall transfer to the DISTRICT only when receipted for and accepted by the DISTRICT'S representative. The foregoing is the DISTRICT'S policy. If an exception is made it will be limited to shipping costs. If such exception is made, VENDOR shall prepay and invoice the DISTRICT for actual shipping charges. Ownership and vested interest in the merchandise shall remain with the VENDOR while in transit and title shall transfer to the DISTRICT only at such times as merchandise is received and accepted at the DISTRICT'S receiving points. It shall be the responsibility of the VENDOR to trace any merchandise lost in transit and to seek damages from shipper for any merchandise damaged in transit it deems it in its best interest to do so. Delivery of all Products shall include all required installation services necessary so they made be used or be fit for their intended commercial purposes.

11. DISTRICT'S INSPECTION: All items shall be subject to the inspection of the DISTRICT. Inspection of the items shall not relieve the VENDOR from any obligation to fulfill this AGREEMENT. Defective items shall be made good by the VENDOR, and unsuitable items may be rejected, notwithstanding that such defective work and materials have been previously overlooked by the DISTRICT and accepted. If any item shall be found defective at any time before final acceptance of the complete delivery, the VENDOR shall forthwith remedy such defect in a manner satisfactory to the DISTRICT.

12. REMOVAL OF REJECTED ITEMS: All items rejected by the DISTRICT at any time prior to final inspection and acceptance shall at once be removed from the place of delivery by the VENDOR who shall assume and pay the cost thereof without expense to the DISTRICT, and shall be replaced by satisfactory items.

13. CASUALTY TO GOODS: Should loss or damage to the goods or any part thereof occur before DISTRICT takes delivery and possession at the destinations stated in this AGREEMENT, VENDOR shall, at its option, repair or replace the goods or such part thereof as DISTRICT demands at the destination at the same price stated in this AGREEMENT.

14. NON-CONFORMING GOODS: From date of receipt and for a period of 30 days thereafter, DISTRICT shall have the absolute right to reject any and all goods which fail in any respect to strictly conform to the functionality, requirements and intent of this AGREEMENT and/or approved seller submittals, catalogs and bulletins, which right may be exercised by DISTRICT at any time during this period regardless of any inspection, taking possession of, and payment for such goods by DISTRICT, none of which acts shall constitute acceptance of such goods by DISTRICT. Goods which fail to strictly conform to the functionality, requirements and intent (subject to the exceptions as agreed to) of this AGREEMENT and approved seller submittals, catalogs and bulletins, may be accepted by DISTRICT only by writing signed by DISTRICT expressly stating DISTRICT'S acceptance of such goods. VENDOR shall promptly remove all rejected goods at VENDOR'S sole cost and expense.

15. WARRANTY: In addition to any other applicable warranties or guarantees, VENDOR warranties all Products conform to the DISTRICT'S requirements and specifications herein, and the items and or material are fit for their intended commercial purposes. The DISTRICT and VENDOR agree that this purchase does not exclude, or in any way, limit other warranties provided for in this order or by law. VENDOR shall also warrant the item and or material to be free from defects in workmanship, materials, and design. VENDOR shall conform to the requirements of this AGREEMENT. VENDOR shall, at its sole expense and promptly after notification by the DISTRICT during

the warranty period, correct or replace such defective material F.O.B. destination. The warranty period for such corrected or replaced material shall be an equal duration as the original warranty period and shall start upon acceptance of such corrected or replaced material.

16. STANDARD COMMERCIAL USE: The VENDOR, whether manufacturer, supplier, distributor, or retailer, hereby certifies that the Products offered under this AGREEMENT have been placed in regular commercial use and that adequate spare parts exist in the marketplace for the items sold. All manufacturers' standard warranties apply.

17. RIGHT TO WITHHOLD AMOUNTS AND MAKE APPLICATION THEREOF: The DISTRICT may authorize to withhold a sufficient amount or amounts of any payment otherwise due to the VENDOR, as in its judgment may be necessary to cover any defective items not remedied, and the DISTRICT may apply such withheld amount or amounts to the payment of such claims, in its discretion.

18. TIME OF ESSENCE: Time is of the essence in this AGREEMENT. All dates and times stated herein by which VENDOR shall ship and deliver the goods to DISTRICT within the Contract Time. Should VENDOR fail to so adhere to any such date and time requirement or should DISTRICT have good and reasonable cause to be insecure as to VENDOR'S ability to so adhere, and such delay in reasonable progress is caused by VENDOR or by those for whom VENDOR is legally responsible, then to that extent, DISTRICT shall have the right to require VENDOR, at VENDOR'S sole cost and expense, to work or cause to be worked overtime or premium time hours and/or to ship the goods by the most expeditious means available as reasonably determined solely by DISTRICT.

19. TERMINATION: DISTRICT shall have the right to terminate this AGREEMENT in whole or in part at any time and without cause or for DISTRICT'S convenience by written notice to VENDOR, and VENDOR shall immediately cease work hereunder on receipt of such notice. If the goods identified in this AGREEMENT are specially manufactured goods, and provided that VENDOR is not in breach of any duty or requirement of this AGREEMENT, DISTRICT shall pay VENDOR all actual costs of manufacturing all conforming finished goods in VENDOR'S possession or in shipment and goods in process of manufacture, including reasonable overhead cost as of the date of VENDOR'S receipt of notice of termination. If the goods are stock goods, rather than specially manufactured goods, and provided VENDOR is not in breach of any duty or requirement hereunder, DISTRICT shall only pay to VENDOR its reasonable re-stocking cost(s). In no event shall DISTRICT pay VENDOR or be liable to VENDOR for loss of any anticipated profits or consequential or incidental damages.

DISTRICT may also terminate this AGREEMENT for cause in the event of a default by VENDOR. In such event, DISTRICT shall not be liable to VENDOR for any amounts, and VENDOR shall be liable for, and shall hold DISTRICT harmless from, any damages occasioned by the VENDOR'S breach or default. If it should be determined that the DISTRICT has improperly terminated this AGREEMENT for default, such termination shall be deemed to be for DISTRICT'S convenience.

In case of default by the VENDOR, the DISTRICT may procure the materials and supplies from other sources and may deduct the excess costs from any unpaid balance due the VENDOR. The prices so paid shall be considered the prevailing market price at the time such purchase is made. The VENDOR selling to the DISTRICT will not be held liable for failure or delay in fulfillment if hindered or prevented by fire, flood, strikes or acts of God as determined by the DISTRICT.

20. PATENT INDEMNITY: VENDOR warrants that it is fully vested with the right to sell and deliver the goods identified in this AGREEMENT, and that neither the sale of the goods nor their use by DISTRICT or persons in privity with DISTRICT, shall infringe any patent, license or copyright. VENDOR shall defend, save harmless and indemnify all entities listed as "DISTRICT" in this AGREEMENT and persons in privity with all entities listed as "DISTRICT" in this AGREEMENT from any and all claims, demands, judgments, liabilities, costs, fees and expenses, including attorneys' fees, arising out of and in connection with any breach of this warranty and any allegation that the sale and/or use of the goods identified in this AGREEMENT infringes any patent.

21. Hold Harmless and Indemnification. The successful bidder awarded the contract agrees to defend, indemnify, and hold harmless the Rancho Santiago Community College District (District), its officers, agents,

employees, and volunteers from all loss, cost, and expense arising out of any liability of claim of liability for personal injury, bodily injury to persons, contractual liability and damage to property sustained or claimed to have been sustained arising of activities of the Company, its subcontractors, or those of any of its officers, agents, or employees, whether such act is authorized by this Agreement or not, and Company shall pay for any and all damage to the property of the District, or loss or theft of such property, done or caused by such persons. The District assumes no responsibility whatsoever for property placed on the premises. The Company further agrees to waive all rights of subrogation against the District. The provisions of the Article do not apply to any damage or losses caused solely by the negligence of the District or any of its agents or employees.

22. DUTY TO COOPERATE: VENDOR shall fully cooperate with DISTRICT in prosecuting or defending against any claim(s) against or by any third party(ies) the subject matter of which has to do with the goods identified in this AGREEMENT.

23. COMPLIANCE: VENDOR shall fully comply with all laws, rules, ordinances and regulations applicable to and affecting the manufacture, sale, shipment and delivery of the goods identified in this AGREEMENT.

24. NO ASSIGNMENT: No assignment by the VENDOR of any contract to be entered into hereunder or any part thereof, or of funds to be received hereunder by the VENDOR, will be recognized the DISTRICT unless such assignment has had the prior approval of the DISTRICT and the surety (if applicable) has been given due notice of such assignment in writing and consented thereto in writing.

25. GOVERNING LAW: This AGREEMENT shall be governed by the laws of the State of California.

26. RIGHTS CUMULATIVE: These terms and conditions are not intended and shall not in any way be construed to limit or restrict, the parties' rights and remedies at law and in equity, except as otherwise provided herein. Any failure or forbearance by either party to enforce any of these terms and conditions or any of its rights and remedies at law or in equity shall not constitute and shall not be asserted as a waiver or relinquishment of any rights and remedies under this AGREEMENT, at law and in equity.

27. FORCE MAJEURE: In all events, contract dates for performance will be extended an equitable amount of time in the event of Force Majeure events which include for example: acts of God and the public enemy; labor related event including strikes; fires; accidents; or other events which are beyond VENDOR'S reasonable control as determined by the DISTRICT.

28. CONSEQUENTIAL DAMAGES: In no event will DISTRICT be liable to VENDOR for any incidental or consequential damages.

29. INDEPENDENT CONTRACTOR: The VENDOR, while engaged in carrying out the terms and conditions of this AGREEMENT, is an independent contractor and not an officer or agent of the DISTRICT or DISTRICT'S Board.

30. PROVISIONS REQUIRED BY LAW: Each and every provision of law and clause required to be inserted in this AGREEMENT shall be deemed to be inserted herein, and this AGREEMENT shall be read and enforced as though it were included herein, and if through mistake or otherwise any such provision is not inserted or is not inserted correctly, then upon application of either party this AGREEMENT shall forthwith be physically amended to make such insertion or correction.

31. ANTI-DISCRIMINATION: In connection with all work performed under this AGREEMENT, there shall be no unlawful discrimination against any prospective or active employee engaged in the work because of race, color, ancestry, national origin, religious creed, sex, age, marital status, physical disability, mental disability, or medical condition. VENDOR agrees to comply with applicable Federal and State laws including, but not limited to, the California Fair Employment and Housing Act, beginning with Government Code Section 12900 and Labor Code Section 1735. In addition, the VENDOR agrees to require like compliance by any subcontractors employed by such VENDOR.

32. DEBARMENT: Execution of this AGREEMENT by VENDOR is certification that VENDOR is not currently debarred, suspended, proposed for debarment, declared ineligible or voluntary excluded from participation in this transaction by any State or Federal department or agency. VENDOR shall notify the DISTRICT in writing of any change in this status.

33. SUBCONTRACTORS: Subcontractors, if any, engaged by the VENDOR for the service shall be subject to the written approval of the DISTRICT. VENDOR shall be held responsible for all operations of all subcontractors and shall require them to maintain adequate Workers' Compensation and Commercial General Liability Insurance. VENDOR shall provide and submit a list of Subcontractors upon execution of this AGREEMENT.

34. NO CONFLICT OF INTEREST: VENDOR represents that it has no existing financial interest and will not acquire any such interest, direct or indirect, which could conflict in any manner or degree with the performance of services required under this AGREEMENT and that no person having any such interest shall be subcontracted in connection with this AGREEMENT, or employed by VENDOR. VENDOR will take all necessary steps to avoid the appearance of a conflict of interest and shall have a duty to disclose to the DISTRICT prior to entering into this AGREEMENT any and all circumstances existing at such time, which pose a potential conflict of interest. Failure to comply with the above provisions shall constitute grounds for immediate termination of this AGREEMENT for cause, in addition to whatever other remedies the DISTRICT may have.

35. RECORD AUDIT: In accordance with Government Code section 8546.7, records of both the DISTRICT and the VENDOR shall be subject to examination and audit for a period of five (5) years after final payment.

36. NO MODIFICATIONS: This AGREEMENT may not be amended or modified except in writing signed by DISTRICT and VENDOR.

37. COMPONENT PART OF THE AGREEMENT: The contract entered into by this AGREEMENT consists of the following documents, all of which are component parts of this AGREEMENT as if herein set out in full or attached hereto:

Notice Calling for Bids
Information for Bidders
General Conditions
Request For Substitution Form
Non-Collusion Declaration
Cooperative Purchasing/ Other Agency Clause
Statement of Compliance
Bid Form
Bid Form- Price Sheet
Local Hire Local Business Participation
Purchase Agreement Form
Purchase Orders Issued by the District
Warranty/ Guarantee Form
Drug-Free Workplace Certification
Insurance Requirements/ Certificates of Insurance and Endorsements
Workers' Compensation Certificate
IRS W-9 Form
Attachment "A" to Bid Form: Specifications

All of the above-named documents are intended to be complementary. Requirements required by one of the above-named documents and not by others shall be done as if required by all.

IN WITNESS WHEREOF, this AGREEMENT has been duly executed by the above-named parties, on the day and year first above written.

FOR THE VENDOR: [NAME] _____ By: Signature _____ Printed Name _____ Title _____ Date	RANCHO SANTIAGO COMMUNITY COLLEGE DISTRICT _____ By: Iris I. Ingram Title: Vice Chancellor, Business Services _____ Date

WARRANTY/ GUARANTEE FORM

Regarding: Bid #1428 – Purchase of Medical Equipment for the new Health Science Building at Santa Ana College

The Vendor warrants to the District that all equipment and components required under the above-referenced bid ("Product(s)") furnished pursuant to this bid and the contract will be of the highest quality and new, that all Products will be free from defects not inherent in the quality required or permitted, and that the Products will conform with the warranties specified in the specification requirements and all applicable Product warranties. In the case of any conflicts, discrepancies or ambiguities between these warranty requirements, Product warranties and any warranties in the specifications, the longer, more stringent, higher quality, and quantity warranty provision shall apply. This warranty/ guarantee shall apply to each piece of equipment and its corresponding Purchase Order.

Products not conforming to these requirements, including substitutions not properly approved and authorized by the District, shall be considered defective. The Vendor's warranty to the District includes, but is not limited to, the following representations:

A. In addition to any other warranties provided elsewhere, the Vendor shall, and hereby does, warrant all Products, and shall repair or replace any or all such Products, together with any other Products, which may be displaced in so doing that may prove defective in workmanship or materials within a TWO (2) year period from the date after the full delivery, set-up and calibration of all Products per Purchase Order, without expense whatsoever to the District, ordinary wear and tear, unusual abuse or neglect excepted. The District will give notice of observed defects with reasonable promptness. The Vendor shall notify the District upon completion of repairs.

B. In the event of failure of the Vendor to commence with diligence said replacements or repairs within seven (7) calendar days after being notified in writing, the Vendor hereby acknowledges and agrees that the District is hereby authorized to proceed to have defects repaired and made good at expense of the Vendor who hereby agrees to pay costs and charges therefore immediately on demand.

C. If, in the opinion of the District, any defective Product creates a dangerous condition or requires immediate correction or attention to prevent further loss to the District or prevent interruption of operations of the District, the District will attempt to give the notice required above. If the Vendor cannot be contacted or neither complies with the District's request for correction within a reasonable time as determined by the District, the District may, notwithstanding the above provision, proceed to make all corrections and/or provide attentions the District believes are necessary. The costs of correction or attention shall be charged against the Vendor of the warranty provided in the bid documents and contract.

D. This form does not in any way limit the guarantee on any items for which a longer warranty is specified or on any items for which a manufacturer gives a guarantee for a longer period. The Vendor shall furnish the District all appropriate guarantee or warranty certificates upon delivery of the Products.

E. Nothing herein shall limit any other rights or remedies available to the District.

***** Signatures on are on the next page.*****

Supplier (Company Name)	Signature of Supplier	Date
Print- Vendor (Company Name)	Signature of Vendor	Date

Representative(s) to be contacted for service:

First and Last Name of Representative:	
Mailing Address:	
Email Address:	Contact Number:

DRUG-FREE WORKPLACE CERTIFICATION

This Drug-Free Workplace Certification is required pursuant to Government Code Sections 8350, et seq., the Drug-Free Workplace Act of 1990. The Drug-Free Workplace Act of 1990 requires that every person or organization awarded a contract for the procurement of any property or services from any State agency must certify that it will provide a drug-free workplace by doing certain specified acts. In addition, the Act provides that each contract awarded by a State agency may be subject to suspension of payments or termination of the contract, and the Vendor may be subject to debarment from future contracting, if the state agency determines that specified acts have occurred.

Pursuant to Government Code Section 8355, every person or organization awarded a contract from a State agency shall certify that it will provide a drug-free workplace by doing all of the following:

a) publishing a statement notifying employees that the unlawful manufacture, distribution, dispensation, possession or use of a controlled substance is prohibited in the person's or organization's workplace and specifying actions which will be taken against employees for violations of the prohibition;

b) establishing a drug-free awareness program to inform employees about all of the following:

1) the dangers of drug abuse in the workplace;
2) the person's or organization's policy of maintaining a drug-free workplace;
3) the availability of drug counseling, rehabilitation and employee-assistance programs;
4) the penalties that may be imposed upon employees for drug abuse violations;

c) requiring that each employee engaged in the performance of the contract be given a copy of the statement required by subdivision (a) and that, as a condition of employment on the contract, the employee agrees to abide by the terms of the statement.

I, the undersigned, agree to fulfill the terms and requirements of Government Code Section 8355 listed above and will publish a statement notifying employees concerning (a) the prohibition of controlled substance at the workplace, (b) establishing a drug-free awareness program, and (c) requiring that each employee engaged in the performance of the contract be given a copy of the statement required by Section 8355(a) and requiring that the employee agree to abide by the terms of that statement.

I also understand that if the DISTRICT determines that I have either (a) made a false certification herein, or (b) violated this certification by failing to carry out the requirements of Section 8355, that the contract awarded herein is subject to suspension of payments, termination, or both. I further understand that, should I violate the terms of the Drug-Free Workplace Act of 1990, I may be subject to debarment in accordance with the requirements of Section 8350, et seq.

I acknowledge that I am aware of the provisions of Government Code Section 8350, et seq. and hereby certify that I will adhere to the requirements of the Drug-Free Workplace Act of 1990.

Name: _____

Signature: _____

Printed Name: _____

Title: _____

Date: _____

INSURANCE REQUIREMENTS

Every Vendor working for the Rancho Santiago Community College District (DISTRICT) shall procure and maintain for the duration of the contract, insurance against claims for injuries and property damage that may arise from or in connection with the performance of this contract. Vendor shall, within ten (10) days of Notice of Award, furnish DISTRICT with the original Certificate of Insurance and endorsements properly executed effecting coverage as required below. Further, the Vendor shall not commence work under this contract until Vendor has provided all insurance required and such insurance has been approved by the DISTRICT. Vendor shall not allow any subcontractor to commence work on their subcontracts until all similar insurance required of the subcontractors has been provided to the Vendor. Certificates of Insurance which expire before the Vendor's work is accepted by the DISTRICT shall be renewed, and evidence of such renewal shall be submitted to the DISTRICT, through the Director of Purchasing, for its approval. The Certificate of Insurance shall be kept current with the DISTRICT. Insurance shall be placed with insurers with a Best's rating of no less than A-, Class VIII.

Minimum Scope and Limits of Insurance (coverage shall be at least as broad)

Commercial General Liability Insurance to include products and completed operations, contractual, independents, broad form property damage, fire legal, and personal injury with a combined single limit of $1,000,000 per occurrence for bodily injury, personal injury and property damage.

Comprehensive Automobile Liability Insurance to include all autos owned, non-owned, and hired with a combined single limit of $1,000,000 per occurrence for bodily injury, personal injury and property damage.

Workers' Compensation insurance as required by the Labor Code of the State of California and Employers' Liability insurance limits of $1,000,000 per accident.

Deductibles and Self-Insured Retention

Any deductibles or self-insured retention must be declared to, and approved by, the DISTRICT. At the option of the DISTRICT, either the insurer shall reduce or eliminate such deductibles or self-insured retention as respects to the DISTRICT, its officials, employees, agents, and volunteers, or the Vendor shall procure a bond guaranteeing payment of losses and related investigation, claim administration and defense expenses, unless other arrangements have been made and approved by the DISTRICT.

Other Insurance Provisions

The District, its officials, employees, agents and volunteers, shall be named as additional insured on the Commercial General Liability and Comprehensive Automobile Liability policies with respect to liability arising out of activities performed by or on behalf of the Vendor; products and completed operations of the Vendor; premises and automobiles owned, occupied or used by the Vendor; documented by a written endorsement. The policy must carry a 30-day cancellation clause.

Vendor's insurance coverage shall be primary insurance and non-contributory with respect to the District, its officials, employees, agents and volunteers.

Any failure to comply with reporting provisions of the policies shall not affect coverage provided to the District, its officials, employees, agents or volunteers.

The Vendor's insurance shall apply separately to each insured against whose claim is made or suit is brought, except with respects to the limits of the insurer's liability.

The insurers for the workers' compensation insurance shall agree to waive all rights of subrogation against the District, its officials, employees, agents and volunteers for losses arising from use, occupancy or work performed by the Vendor for the District, its officials, employees, agents or volunteers. Each insurance policy required by this agreement shall be endorsed to state that coverage shall not be suspended, voided, canceled, reduced in coverage or in limits except after thirty (30) days prior written notice by certified mail, return receipt requested, has been given to the District.

Name: _____

Signature: _____

Printed Name: _____

Title: _____

Date: _____

WORKERS' COMPENSATION CERTIFICATE

Labor Code Section 3700.

"Every employer except the state shall secure the payment of compensation in one or more of the following ways:

(a) By being insured against liability to pay compensation in one or more insurers duly authorized to write compensation insurance in this state.

(b) By securing from the Director of Industrial Relations a certificate of consent to self- insure either as an individual employer or as one employer in a group of employers, which may be given upon furnishing proof satisfactory to the Director of Industrial Relations of ability to self-insure and to pay any compensation that may become due to his or her employees.

(c) For any county, city, city and county, municipal corporation, public district, public agency or any political subdivision of the state, including each member of a pooling arrangement under a joint exercise of powers agreement (but not the state itself), by securing from the Director of Industrial Relations a certificate of consent to self-insure against workers' compensation claims, which certificate may be given upon furnishing proof satisfactory to the director of ability to administer workers' compensation claims properly, and to pay workers' compensation claims that may become due to its employees. On or before March 31, 1979, a political subdivision of the state which, on December 31, 1978, was uninsured for its liability to pay compensation, shall file a properly completed and executed application for a certificate of consent to self-insure against workers' compensation claims. The certificate shall be issued and be subject to the provisions of Section 3702."

I am aware of the provisions of Labor Code Section 3700 which require every employer to be insured against liability for workers' compensation or to undertake self-insurance in accordance with the provisions of that code, and I will comply with such provisions before commencing the performance of the work of this contract.

_____
Name of Vendor

By: _____
Signature

_____
Print Name

_____
Title

_____
Date

(In accordance with Article 5 [commencing at Section 1860], Chapter 1, Part 7, Division 2 of the Labor Code, the above certificate must be signed and filed with the awarding body prior to performing any work under the contract.)

Form **W-9**
(Rev. October 2018)
Department of the Treasury
Internal Revenue Service

Request for Taxpayer Identification Number and Certification

► Go to *www.irs.gov/FormW9* for instructions and the latest information.

Give Form to the requester. Do not send to the IRS.

Print or type. See Specific Instructions on page 3.

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.

2 Business name/disregarded entity name, if different from above

3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only **one** of the following seven boxes.

☐ Individual/sole proprietor or single-member LLC ☐ C Corporation ☐ S Corporation ☐ Partnership ☐ Trust/estate

☐ Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ► _____

Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is **not** disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.

☐ Other (see instructions) ►

4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):

Exempt payee code (if any) _____

Exemption from FATCA reporting code (if any) _____

(Applies to accounts maintained outside the U.S.)

5 Address (number, street, and apt. or suite no.) See instructions.

Requester's name and address (optional)

6 City, state, and ZIP code

7 List account number(s) here (optional)

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN,* later.

Note: If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number

☐☐☐ – ☐☐ – ☐☐☐☐

or

Employer identification number

☐☐ – ☐☐☐☐☐☐☐

Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
3. I am a U.S. citizen or other U.S. person (defined below); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

Sign Here **Signature of U.S. person** ► **Date** ►

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to *www.irs.gov/FormW9.*

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-INT (interest earned or paid)
- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, *later.*

	ATTACHMENT A			
	Minimum Specifications	Item Quantity	Approximate dimensions	Base Model Type (or Equal)
1.	**Lab Prescription Balance** Department: Pharmacy Technology Room: HS221 • Power Requirements: N/A • Maximum Capacity: 60 g (2oz.) • Sensitivity: 1/32 grain (2 mg.) • Sensitivity Requirement: 0.1 gain (6.5 mg) • Dial: Graduated with double graduations 0.2 grains to 15 grains and 0.1 gram to 1 gram • Pans: Stainless Steel 3/8 in. • Arrest: Positive Acting, No Corroding • Damping: Magnetic Damping for fast weighing • Case: Metal case with corrosion-resistant gray finish, Overlapping black glass plate hinged plexiglass lid 2 in. high • Net weight: 11 lbs. • Shipping Weight: 13 lbs. 	12	11”H x 6” L x 8” W	Scientific Industries – Torbal Division DX-3 Prescription Mechanical Balance
2.	**Electric Birthing Bed** Department: Nursing/MA Room: HS323-4 • Power Requirements: 120V, 60Hz, 480W, single-phase, Type B (NEMA 5-15)	1	92” L x 39” W x 40”H	Hillrom – Bed & Stretcher Group Affinity 4 w/ Comfortline Surface (AF450)

	• Maximum Patient Weight 470 lbs.
	• Maximum Lift Capacity: 500 lbs.
	• Bed Weight: 480 lbs.
	• Battery Fuse: 10A, 32V
	• Standard Features:
	  ○ V-Cut or Straight Cut mattress option
	  ○ Removable Foot Section
	  ○ Battery Backup
	  ○ Powered Foot Section Four Wheel Dual Locking Casters
	  ○ Siderail release
	  ○ Plastic Deck Panels
	  ○ Automatic Nightlight
	  ○ Lock-Out Controls
	  ○ Manual Trend-like Positioning
	  ○ Instant CPR
	  ○ Instant Labor Grip
	  ○ Automatic Seat Tilt (15 degrees)
	 			

3.	**Patient Room Bedside Cabinet** Department: Nursing/MA Rooms: HS202 (6) HS204 (6), HS210-1 (1), HS202-1 (1), HS202-2 (1), HS323-1(1), HS323-2 (1), HS323-3 (1), HS323-4(1) • Power Requirements: N/A • 1 drawer with swing door • Includes casters	19	30.25” H x 17.25” D x 21.5” W	DiaMedical # FR013201

				
4.	**Mobile Clinical Commode/Shower Chair** Department: Occupational Therapy Asst. Room: HS310 • Power Requirements: N/A • Max Weight: 35.25 lbs. • Height adjusts from 39 in 41 in. • Seat dimensions: 18" (W) x 17" (D) • Weight Capacity: 275 lbs. • 5" Casters 	1	22.25" W x 34.5" D x 41" H	Drive DeVilbiss Healthcare NRS185007
5.	**Clinical Evacuation Chair** Department: EMT Room: HS304 • Power Requirements: N/A • Folded Depth: 8 in. • Height adjusts from 39 in 41 in.	1	37.5" H x 20.5" W x 28" D	Stryker Stair-PRO 6252

	• Weight 31.5 lb
	• Maximum Load: 500 lbs
	• Stair-TREAD system
	• Extendable upper control handle
	• 4-inch front caster wheels
	• Standard Features
	  ○ High Visibility powder-coated frame
	  ○ Color-coded controls
	  ○ Extendable foot end lift handles
	  ○ Locking rear lift handles
	  ○ Molded hand grips
	  ○ Lightweight, rugged aluminum construction
	  ○ Oversized rear wheels with sealed bearings
	  ○ Dual wheel locks
	  ○ Compact Storage size
	  ○ Positive action locking mechanism
	  ○ Power washable
	  ○ Grease-free maintenance
	• 7-year service life
	• Warranty: One year parts, labor and travel or two years parts
	• Lifetime warranty on all welds
	 			

6.	**Automatic Advisory Defibrillator** Department: EMT Room: HS304 • Battery Type: 6.0 Ah, 14.8V, rechargeable lithium ion	1	8.3” D x 13.4” (W) x 13.6” (H) – with	Philips Healthcare – Cardiology – HeartStart MRx -

	○ Battery Dimensions: 6.5" H x 3.8" W x 1.6" D ○ Battery Weight: 1.6 lb. ○ Charge Time: approximately 3 hours to 100%, 2 hours to 80% ○ Capacity: Shocks: At least 50 200J charge/shocks or disarm cycles ○ Monitoring only: 9 hours of continuous ECG monitoring ○ Monitoring and Shocks: At least 5 hours of monitoring ECG, SpO2, CO2, temperature and 2 invasive pressures monitored continuously, NBP measured every 15 minutes, and 20 200J discharges. ○ Monitoring and Pacing: At least 3.5 hours while pacing at 180ppm at 160 mA and monitoring as described above. ○ Battery Indicators: Battery gauge on battery, capacity indicator on display; flashing RFU indicator, chirp, and "low battery" message appears on display for low battery condition, when 10 minutes of monitoring time and 6 maximum energy discharges remain (with a new battery at room temperature, 25 degrees C.) • Weight: 13.2 lbs. – base unit w/ 1 battery pads, and pads cable. ○ Carrying case adds 4.1 lbs. ○ Paddle tray and external standard paddles add less than 2.5 lbs • Environmental ○ Water Resistance: Meets IEC 60601-2-4 ○ Solids Resistance: Solids/Water Resistance – IP24 ○ Operating Temp: 32 – 113 degrees F (0 -45 degrees C) ○ Storage Temp: - 4 – 158 degrees F (-20-70 degrees C) ○ Humidity: Operating 0% to 95% relative ○ Safety: Meets EN 60601-1, UL 2601-1, CSA C22.2 No. 601-1-M90 CSA, EN 60601-2-4 • Display ○ Dimensions: 8.4" diagonal ○ Type: TFT color LCD ○ Resolution: 640 x 480 pixels (VGA) ○ Wave Viewing Time: 5 seconds (ECG) • Defibrillator ○ Waveform: Biphasic Truncated Exponential Waveform parameters adjusted as a function of patient impedance ○ Output Energy: Manual (Selected): 1-10, 15, 20, 30, 50, 70, 100, 120, 150, 170, 200 Joules maximum energy, limited to 50 Joules for internal defibrillation. AED Mode (single energy output): 150 Joules into a 50 ohm load. ○ Charge Time: Less than 5 seconds to 200 Joules with a new, fulling charged lithium ion battery at 25 degrees C. ○ Shock delivery: Via multifunction defib electrode pads or paddles ○ Quick Shock: Less than 10 seconds from cessation of CPR to shock delivery ○ Patient Impedance Range: Minimum: 15 ohm (internal defibrillation), 25 ohm (external defibrillation), Maximum: 180 ohm ○ AED Mode: Shock advisory sensitivity and specificity meet AAMI DF-39 guidelines		external paddles	M3536A/861304

	• Strip Chart Printer
	  ○ Printer: Standard 50 mm (paper width) thermal array printer; Optional: 75mm (paper width) thermal array printer
	  ○ Continuous ECG Strip: Prints primary ECG lead with event annotations and measurements in real-time or with 10-second delay.
	  ○ Auto Printing: Printer can be configured to print marked events, charge, shock and alarms.
	  ○ Reports: Event summary, 12-lead, Vital Signs Trending, Operational Check, Configuration, Status Log and Device Information.
	  ○ Paper size: 1.97" W x 100 ft. L
	• Data Storage
	  ○ Internal: 12 hours of continuous ECG waveforms and events, maximum capacity of 55 event summaries
	  ○ Data Card: 60 event summary reports or 240 megabytes of patient data
	• ECG and arrythmia monitoring
	  ○ Input: Up to 4 ECG waves displayed and up to 2 ECG waves print simultaneously. Lead I, II or III obtained through 3-lead ECG cable and separate monitoring electrodes. With 5-lead cable, obtain leads aVR, aVL, aVF, or V. Pads ECG obtained through 2 multifunction defibrillation electrode pads.
	  ○ Lead & Pads Fault: Automatically switches to a valid ECG source in wave sector 1 if existing signal becomes unavailable in Monitor or Manual Defibrillation Mode for software version R.02 or above.
	  ○ Heart Rate Display: Digital readout on display 15 to 300 bpm, accuracy ± 10%
	  ○ Heart Rate/Arrhythmia Alarms: HR, Asystole, VFIB/VTACH, VTACH, extreme tachycardia, extreme bradycardia, PVC rate, Pacer not capture. Pacer not pacing.
	  ○ ECG Size: 2.5, 5, 10, 20, 40 mm/mV, autogain
	 			

7.	**Host (Main) Medication Dispenser** Department: Pharmacy Technology; Nursing/MA Rooms: HS323; HS221-A	3	23" W x 26.75" D x 54.50" H	BD – Becton, Dickinson and Company Pyxis Medstation ES (6

	• Power requirements: 120V, 60Hz, 120W, single phase, Type B (Nema 5-15)
	• Load Circuit: 1 amp NOM, 3 amp MAX
	• Circuit Breakers: One for the system
	• Battery: Five year life span
	• Dedicated Circuit: Manufacturer recommended
	• Emergency Power: Manufacturer recommended
	• Heat Dissipation: 409 BTU/her
	• Dissipation Type: Actual
	• Weight: 414 lbs.
	• Seismic: Yes
	• Clearances –
	  o Front: 24”
	  o Top: 18”
	  o Back: 2.25”
	• Altitude – 9843 ft. maximum
	• 41-104 degrees F
	• Relative humidity: 80% max for temps up to 87.8 degrees F, then decreasing linearly to 50% at 104 degrees F.
	• Supply voltage fluctuation: Not to exceed + 10% of nominal voltage
	• Transient over voltage category: II
	• Pollution degree: 2 (per International Electrotechnical Commission (IEC) 60950 standard)
	• Console Server – Dell PowerEdge T310 tower server:
	  o Power Supply: Single cabled power supply (375 W)/ optional redundant power supply (400 W)
	  o UPS (uninterruptible power supply): 500W – 2700W, Extended Battery Module (EBM), Network Management Card
	 
				drwr, 5 Cubie)

8.	**Water Rescue Training Infant Manikin, Male**	2	26”L x	SImulaids

	Department: EMT Room: HS319 • Power Requirements: N/A • Weight: (Water Filled) 12 lbs. • Not offered with CPR option • Three year warranty 		8”W x 8”H	Rescue Billy (149-1352)
9.	**Water Rescue Training Infant Manikin, Female** Department: EMT Room: HS319 • Power Requirements: N/A • Weight: (Water Filled) 7 lbs. 	2	26”L x 8”W x 8”H	Simulaids Rescue Cathy

10.	**Point of Care Blood Glucose Monitor** Department: EMT Rooms: HS304 • Power Requirements: 3.7V Li Polymer battery (Rechargeable/Replaceable) • Weight: 0.49 lb. • Measurement Range: Glu 10-600 mg/dL or 0.6-33.3 mmol/L • Acceptable Sample: Whole Blood: Capillary, Venous, Arterial, and Neonate • Measuring Technology: Enzyme, Amperometric Glucose Enzyme (Aspergillus sp., >1.0 IU) • Analysis Time: 6 seconds • Sample Volume: 1.2 µL • Meter Memory: o 1000 patient tests o 200 QC tests o 4000 Operators • Docking/Charging Station: Desk Mount o Input: 100-240 V ~ 50-60 Hz, 0.6A o Output: +12 V ⎓ 0.85A o Data Output Port: RJ-45 Ethernet (100 Mbit) o Battery: Rechargeable Li-polymer 3.7V 1800 mAh o Electrical Compliance: Conforms to UL and CSA Standards: IEC61010-1:2001 and IEC61010-2-101:2002 	3	5.8” H x 3.1” W x 1.18” D	Nova Biomedical StatStrip Glucose Hospital Meter with Docking Station
11.	**Bedside Physiologic Monitor** Department(s): Nursing/MA, Occupational Therapy Asst. Rooms: HS202 (2), HS204 (2), HS210-1(1), HS202-1(1), HS202-2(1), HS323-1(1), HS323-2(1), HS323-3(1), HS323-4(1), HS304(1)	12	11.4”H x 11.9” W x 6.2” D	GE Healthcare – Monitoring Systems - Carescape B450 w/PDM

	• Power Requirements: 120 VAC, 60Hz, 1.40A, 168 W, single phase, Type B (NEMA 5-15) • Weight 11 lbs. • Power Specifications: o Universal input voltage range: 100 to 240 Vac +/-10%, 50/60 Hz o Power consumption: < 200 VA o Protection Class: Class I o Grounding: Hospital grade o Cooling: Natural convection – no fans • Battery (optional) o Type: Exchangeable Lithium-Ion o Number of batteries: 1 or 2 o Voltage: 10.8 V (nominal) o Capacity: 3.8 Ah per battery, 7.6 Ah with 2 batteries (min) o Charge time: 2 to 3 hours per battery, depending on configuration o Run time: 3.5 hours, depending on configuration o Battery life: 300 cycles to 60% capacity • Display o Size: 12 in. diagonal o Type: Active matrix color TFT LCD o Resolution: 1024 x 768 pixels (XGA) o Configuration: Automatic configuration according to parameter availability. Manual configuration with up to 8 user configurable profiles for care specific configurations, and up to 6 user-configurable display pages for each profile. • Controls: o Touch Screen: Standard o Power on: Front of Unit o Remote Control (USB): Optional 11 keys to facilitate non-touch use: Alarm Setup, Monitor Setup, Procedures, Trends, Data & Pages, Print Waveforms, Freeze/ Snapshot, NIBP Auto, NIBP Start/ Stop, Parameters and Zero ALL Pressures • Parameters and Modules:			(PACU,ED) - 2068491-001/2042084-001

Parameters	Patient Side Module (E-PSM, E-PSMP)	CARESCAPE Patient Data Module (PDM)
ECG	3, 5, 6 and 10 leadwires	3, 5, 6 and 10 leadwires
SpO_2	GE SpO_2	Masimo SET®, Nellcor OxiMax®
NIBP	GE	GE DINAMAP SuperSTAT algorithm
InvBP	0 or 2	0 or 4
Temp	2	2, Optional with C.O.
Cardiac output	-	Optional with temperature

Parameters	E-Modules[2]
Multi parameter modules	
InvBP & Temp	E-P[1], E-PP[1], E-PT
SvO_2 & C.O.	E-COP, E-COPSv
Single parameter modules	
SpO_2	E-NSATX, E-MASIMO
NMT	E-NMT
EEG	E-EEG
BIS	E-BIS
Entropy*	E-ENTROPY
Respiratory modules	
Sidestream CO_2	E-miniC
Sidestream CO_2 & O_2	E-sCO, E-sCOV
Sidestream CO_2, O_2, Agents & N_2O	E-sCAiO[3], E-sCAiOV[3]
Patient Spirometry	E-sCOV[3], E-sCAiOV[3]

Parameter modules are ordered separately.

- Software Options:
  - Main Software:
    - ESP v2
    - Care-Area specific software packages to optimize workflows: OR, PACU, ICU, NICU and ED
  - Other Software Options:
    - Extended software options specific to each main software
- Networking
  - Compatibility: CARESCAPE Network, S/5 Network, MUSE ECG database, Unity Network ID
  - Features: Centralized viewing and remote alarm management with bed-tobed viewing and AVOA functionality.
  - Network type: LAN, WLAN (optional)
  - WLAN communication protocol (optional): IEEE 802.11o/b/g
  - Operating frequency: 2.4 GHz and 5 GHz
  - Data Rate: 1 – 54 Mbps
- I/O Connectors
  - Ethernet: 3 RJ45 for IX, MC, Unity Network ID
  - Serial Port: Available via USB connector
  - Slave/independent screen: 1 DVI-D out
  - USB port: 2 USB 2.0
  - ePort 1 E-port
  - Analog output: Proprietary analog output connector on CARESCAPE Patient Data Module. Analog output connector (MiniDIN 7) on the monitor frame is for Patient Side Module (PSM) use only.
  - Remote-On: Remote power on control input for anesthesia machine integration.
- Paper Recorder (optional, in-built)
  - Method: Thermal dot array
  - Horizontal resolution: 24 dots/mm (600 dpi) @ 25 mm/sec
  - Vertical resolution: 8 dots/mm (200 dpil
  - Number of recorder waveforms: 4
  - Paper Width: 50 mm (2 in)
  - Paper Speed: 1, 5, 10, 12.5, 25, and 50mm/sec. (± 2%)
- Mounting
  - GCX Compatible
  - FM Quick-Mount compatible
  - Integrated carrying handle
- Alarms
  - Categories: Patient status and system status
  - Priority: High, Medium, Low, Escalating and Informational In accordance with IEC 60601-1-8
  - Notification: Audible and Visual
  - Audio Pause, active alarms: 2 min.

	○ Notification: Audible and visual ○ Audio Pause, active alarms: 2 min. ○ Audio Pause, all alarms: 2 or 5 min. ○ Trend: ▪ 1 min. resolution: 72h ▪ 10 s resolution: 30 min ▪ 2 s resolution: 24h ○ Snapshot ▪ 15s Waveform: 400 snapshots ▪ ST: 10 snapshots ○ Events: 999 events • Operating conditions ○ Temperature: 50 to 95 degrees F ○ Relative Humidity: 10 to 90% non-condensing • Storage conditions ○ Temperature: -4 to 140 degrees F ○ Relative humidity: 10 to 90% non-condensing • Warranty: 3 years for parts, 1 year for labor  			
12.	**Physiologic Vital Signs Monitor w/ Stand** Department: EMT Room: HS304 • Power Requirements: ○ Power converter universal: P/N: 2018859-001	1	7.7” H x 8.6” W x (without temperature)	Carescape V100 Vital Signs Monitor (2038172-001/Stand)

	▪ Protection against electrical shock: Class II ▪ AC input 100 to 250VAC, 12VA ▪ DC output voltage: 12VDC at 1A – The AC mains power adapter contains a nonresettable and nonreplaceable fuse. • Monitor: o Protection against electrical shock – Internally powered or Class II when powered from specified external power supply. o DC input voltage: 12 VDC supplied from a source conforming to IEC 60601-1 o Fuses: The monitor contains three fuses. The fuses are mounted within the monitor. The fuses protect the low voltage DC input, the battery, and the remote alarm output. The +5 V output on the host part connector is regulated by internal supply. • Battery: o Operating temperature 41 degrees F to 104 degrees F o Operating Atmospheric pressure: 700 hPa to 1060 hPa o Capacity: 6V; 3.3 Ahr sealed lead acid battery o Battery life; ▪ 8.1 hours (standard deviation 0.46 with a usage scenario of NIBP determinations every 15 minutes with SpO2 and temperature active. ▪ 11.5 hours (standard deviation of 0.53) non-SpO2 versions with a usage scenario of: NIBP determinations every 15 minutes with temperature active. o Charge time: Approx. 5 hours from full discharge when monitor is off; approx.. 8 hours when monitor is on. • Weight (including battery): 5.4 lb. • Mountings: Self-supporting on rubber feet or pole mounted • Portability: Carried by recessed handle 		10.0” W (with temperature) X 5.3” D	

13.	**Chest Compression Pump**
	Department: EMT
	Room: HS304
	• Power Source: Battery – Rechargeable Lithium-ion Polymer (LiPo) and (optional) external power supply or car cable
	• Battery run time (typical): 45 minutes (typical), prolonged operation time with (optional) external power supply or car power cable.
	• Car Power Cable: Voltage/Current 10-28VDC/0-10A
	• Battery Specifications
	  o Battery charge time: Charged in the device using external power supply: Less than two hours at room temperature (+ 72 degrees F); Charged in the external battery charger: Less than four hours at room temperature (+72 degrees F)
	  o Battery weight: 1.3 lbs
	  o Battery capacity: 3300 mAh (typical); 86 Wh
	  o Interval for replacement of battery: recommendations to replace battery every 3 to 4 years or after 200 uses (of more than 10 minutes each time)
	  o Battery charge/storage temperature: +32 to +104 degrees F
	  o Battery IP Classification: IP44
	• Data transmission post-event: Radio Module – Bluetooth v2.1 + EDR Class 1 – up to 3Mbps, Modulation method; 8DPSK, $\frac{\pi}{4}$ DQPSK, GFSKFSK, Operating channel; BT 2.4GHz; Ch. 0 to 78, Frequency range; 2.4000 to 2.4835 GHz, Radio frequency; Output Power (Bluetooth) Max + 10dBm
	• Device IP Classification: IP43
	• Operating temperature:
	  o 32 degrees F to 104 degrees F
	  o – 4 degrees F for 1 hour after storage at room temperature
	• Compressions:
	  o Compression Frequency: 102 ± 2 compressions per minute
	  o Compression depth (nominal patient): 2.1 ± 0.1 inches for patients with sternum height greater than 7.3 in., 1.5 to 2.1 inches for patients with sternum height less than 7.3 in.
	  o Compression/Decompression Duty Cycle: 50 ± 5%
	• Patients Eligible for Treatment:
	  o 6.7 to 11.9 inches sternum height (anterior – posterior)
	  o 17.7 inches chest width
	  o Not restricted by patient weight
	• External Power Requirements: 120V, 60Hz, 2.3A, 276W, single phase, Type B (NEMA 5-15)
	• Weight: 18 lbs.
		1	18”W x 10.25” D x 23” H	Stryker LUCAS 3 Chest Compression System

				
14.	**Enteral Pump** Department: Nursing/MA Room: HS202, HS202-1, HS202-2, HS204 • Power Requirements: 120V, 60 Hz, 1.5A, 180W, single phase, Type B (NEMA 5-15) • Weight: 3 lbs. • Type Infusion Device: Volumetric • Pumping Mechanism: Rotary Peristaltic • Pump Sets: Kangaroo Epump MISTIC Feed-Only Set or Feed & Flush Set • Feeding Formula Delivery Rate: 1-400 mL/hr in 1 mL increments • Feeding Formula VTBD: 1-3000mL in 1 mL increments • Bolus Volume: 1-3000 mL in 1 mL increments • Number of Boluses: 1-99 • Bolus Interval: 1-24 hours in 1-hour increments • Flushing Solution Dose Range: 10-500 mL in 1 mL increments • Flushing Solution Interval Range: 1-24 hr in 1 hr increments • Accuracy: ± 10% or 0.5 mL/hr, whichever is larger, with bag at 46 cm (18”) above pump, at room temperature 72 degrees F ± 3 degrees F) using water and a new pump set with less than the recommended 24 hours of maximum usage • Occlusion Pressure: 15 psi (103 kPa) Nominal	4	6.4” W x 4.6” D x 6.6” H	Cardinal Health Durable Medical Equipment Kangaroo ePump (382400)

				
15.	**Modular Infusion Pump Controller** Department: Nursing/MA Rooms: HS202(2), HS204(2), HS210-1(2), HS323-1(1) • Power Requirements: 100 – 240V ~, 50/60 Hz, 150 VA MAX • Shock Protection: Type CF, Defibrillator-Proof patient applied part • Weight: 7.2 lbs. • Equipment Orientation: To ensure proper orientation, Alaris System must remain in an upright position • Fluid Ingress Protection: IPX1, Drip Proof • Mode of Operation: Continuous • Battery Operation: o Battery run time is a function of the number of modules attached and module activity. With a new, fully charged battery, the system operates as follows before a "BATTERY DISCHARGED" message occurs: ▪ 6 hours with one Pump module infusing at 25 mL/h ▪ 6 hours with one Pump module infusing at 25 mL/h and one Auto-ID module ▪ 3 hours with four Pump modules infusing at 25 mL/h ▪ 3 hours with four Pump modules infusing at 25 mL/h and one Auto-ID module ▪ 4.5 hours with one active SpO2 module ▪ 6 hours with one Syringe module or PCA module infusing at 5 mL/h ▪ 3 hours with four Syringe modules, or one PCA module and three Syringe modules, infusing at 5 mL/h ▪ 4 hours with one active EtCO2 module • Communication Data Port o RS-232 with RJ45 connector • Electronic Classification: o Class 1, Internally Power Equipment • Electronic Memory: o The System configuration/data set is stored in compact flash memory along with operating software. The events and error logs are stored in the on-board flash memory in the Alaris PC unit and modules. This is nonvolatile memory and can be held indefinitely or until replaced with new	7	6.9”W x 8.8” H x 9”D (including pole clamp)	BD – Becton Dickinson and Company Alaris PC Unit (8015)

<table>
<tr>
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<td>data and not lost when power is turned off or the battery is in a weak/discharged state. Module-specific parameters are stored for 8 hours when system is turned off. After 8 hours of continuous off-time, or if a module is detached, module- specific trend data (if applicable) and module-specific operating parameters are automatically purged. If a PCA, SpO2 or EtCO2 module is detached and replaced with another PCA, SpO2, or EtCO2 module, its module-specific trend data is purged. Memory will not be lost due to a weak/discharged battery as data is stored on flash memory as noted.
o Compact Flash Memory:
▪ Stores application software, audio wave files, Data Set, and hex files data for operating system software, all needed to operate the Alaris System.
o On-Board Flash Memory:
▪ Contains software needed to initially turn on Alaris System. Stores boot software application, and events, errors and battery logs.

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<tr>
<td>16.</td>
<td>PCA Infusion Pump
Department: Nursing/MA
Rooms: HS202(1), HS204(1), HS210-1(1), HS323-1(1)
• Power Requirements: 100 – 240V ~, 50/60 Hz, 150 VA MAX
• Bolus Dose Range: Configured according to hospital best-practice guidelines.
• Bolus Volume, Maximum after Occlusion:
<table>
<tr><th>Occlusion Pressure Limit</th><th>Bolus Volume (mL)</th></tr>
<tr><td>Low</td><td>0.994</td></tr>
<tr><td>High</td><td>0.396</td></tr>
</table>
• Maximum Bolus Volume specifications are based on following standard operating conditions:
o Atmospheric Pressure: 645 - 795 mmHg
o Disposable Type: #30883
o Humidity: 20 - 90% Rate: 5 mL/h</td>
<td>4</td>
<td>4.5" W x 15.0" H x 7.5" D</td>
<td>BD- Becton, Dickinson and Company – Alaris PCA Module (8120)</td>
</tr>
</table>

- Syringe Type: BD 50/60 mL
- Temperature: 68 ±4°F
- Volume Collection Time: approximately 2 minutes
- Critical Volume: Maximum over-infusion which can occur in the event of a single-fault condition will not exceed 2% of nominal syringe fill volume during loading and 1% of maximum syringe travel after syringe loading. Delivery Units: mcg, mcg/h, mg, mg/h, mL, mL/h

- Flow Rate Programming: Flow rate range is from 0.1 to 999 mL/h and can be selected as follows:

Flow Rates (mL	Selectable Increments (mL/h)
0.10 - 9.99	0.01
10 - 99.9	0.1
100 - 999	1.0

- Rate Restriction by Syringe Size:

Syringe Size (mL)	Flow Rate Range (mL/h)
20	0.1 - 500
30/35	0.1 - 650
50/60	0.1 - 999

- Fluid Ingress Protection: IPX1,
- Drip Proof Loading Dose Range: Configured according to hospital best-practice guidelines.
- Maximum Dose Range: Configured according to hospital best-practice guidelines.
- Occlusion Alarm Thresholds: Three settings: Low Medium High
- Operating Principle: Positive displacement
- PCA Dose Range: Configured according to hospital best-practice guidelines.
- Rate Accuracy: ±2% of full scale plunger travel (not including syringe variation)

	• 			
17.	**Single Infusion Pump** Department: Nursing/MA Rooms: HS202, HS204, HS210-1, HS-202-1. HS202-2, HS323-1, HS323-2, HS323-3, HS323-4	15	3.3” W x 8.9” H x 5.5” D	BD – Becton Dickinson and Company – Alaris Pump Module (8100)

Accumulated Air Window:

Single Bolus Setting	Volume Window (mL)	% Air that Causes Alarm
50	2.8	10%
75	8.0	20%
250	8.0	30%
*500	12.0	30%

* In Anesthesia Mode only.

Bolus Volume, Maximum

Pressure Limit (mmHg)	Rate (mL/h)	Bolus Volume (mL)
50	25	≤0.3
525	25	≤0.6

Critical Volume: The maximum over-infusion which can occur in the event of a single fault condition is 0.6 mL.

Dimensions: 3.3" W x 8.9" H x 5.5" D

Environmental Conditions:

	Operating	Storage/Transport
Atmospheric Pressure:	525 - 4560 mmHg (700 - 6080 hPa)	375 - 760 mmHg (500 - 1013 hPa)
Relative Humidity: (Avoid prolonged exposure to relative humidity >85%)	20 - 90% Noncondensing	5 - 85% Noncondensing
Temperature Range:	41 - 104° F (5 - 40° C)	-4 - 140° F (-20 - 60° C)

	Equipment Orientation:	To ensure proper operation, Alaris® System must remain in an upright position.			
	Flow Rate Programming Increments:	Rate Range (mL/h)	Increments (mL/h)		
			User Input Rates	Device Calculated Rates	
		0.1 - 9.99	0.1	0.01	
		10 - 99.9	0.1	0.1	
		100 – 999	1	1	
	Fluid Ingress Protection:	IPX1, Drip Proof			
	Infusion of Air, Means to Protect Patient from:	Ultrasonic Air-in-Line Detection Maximum single bolus size = selectable 50, 75 or 250 microliters nominal (500 microliters in Anesthesia Mode)			
	Infusion Pressure, Maximum:	654 mmHg (Maximum Occlusion Alarm Threshold plus tolerance)			
	KVO (Keep Vein Open) Rate:	Factory Default Setting is 1 mL/h if set rate is 1 mL/h or above; or set rate, if rate is 0.9 mL/h or below.			

KVO Selection Range: KVO rate can be set in System Configuration from 0.1 - 20 mL/h in 0.1 mL/h increments.

Occlusion Alarm Thresholds:

Pump Mode: 525 mmHg at rates ≥30 mL/h
Varying level based on rate and patient back–pressure at rates <30 mL/h.

Selectable Mode: User selected, 50 - 525 mmHg in 25 mmHg increments.

Operating Principle: Positive displacement

Rate Accuracy: Rate accuracy of Alaris® System is ±5% at rates between 1 and 999 mL/h and ±5.5% at rates <1 mL/h, 95% of the time with 95% confidence, under conditions listed below.

Infusion Rate Range:	0.1 - 999 mL/h
Ambient Temperature:	68 ±4° F (20 ±2° C)
Source Container Height:	20 inches above top of Pump Module
Test Solution:	Distilled Water
Distal Back pressure:	0 mmHg (0 kPa)
Needle:	18 gauge
Administration Set Model:	2210

Shock Protection: Type CF, Defibrillator Proof

Time to Alarm, Maximum:

Pressure Limit (mmHg)	Rate (mL/h)	Time to Alarm
50	1	≤5 minutes
50	25	≤15 seconds
525	1	≤45 minutes
525	25	≤2 minutes

Volume to be Infused Programming Increments:

Range (mL)	Increments (mL)
0.1 - 9.99	0.01
10 - 999.9	0.1
1000 - 9999	1

Weight: 2.5 lbs

				
18.	**Single Infusion Pump** Department: Nursing/MA Rooms: HS202(2), HS204(2), HS210-1(1) • Power Requirements: AC Power Adaptor, low profile, covers only one outlet, Medical Grade (EN60601-1-2): o Input: 100 VAC - 240 VAC, 50-60 Hz / 200 mA o Output (P/N 35727): 9VDC/1200 mA, short circuit protected o Output (P/N 35714): 9VDC/800 mA, short circuit protected o Cord length 3.0 m (~ 9.75 feet) • Weight: o With Standard Battery ▪ Without IV pole clamp – 25.5 oz ±1.0 oz ▪ With IV pole clamp – 33.5 oz ±1.0 oz o With Wireless Battery Module ▪ Without IV pole clamp – 26.5 oz ±1.0 oz ▪ With IV pole clamp – 34.5 oz ±1.0 oz • Use only SIGMA part number 35727 or 35714. The SIGMA Spectrum Infusion Pump is classified according to Medical Electrical Equipment standards as: o Class II Equipment o Type BF Applied Part o Continuous Operation • AC Power Adaptor: Approximate Weight: 10 oz. • Alarm Volume: Variable (three levels: high, medium and low) • Alarms and Alerts: o Air-In-Line: dual beam ultrasonic detector alarms for large bubbles but allows smaller bubbles to pass. Detects air bubbles > 1" (» 125µL Hospira, » 140µL Baxter), will alarm if > 1 mL* of air in 15 min., □ < 50µL bubbles are omitted in the summation of the□ 1 mL.* (up to 1.5mL at 60°F)	5	With Standard Battery ■ Without IV pole clamp – 5.8″ H x 4.2″ W x 2.5″ D ■ With IV pole clamp – 5.8″ H x 6.4" W x 4.7" D With Wireless Battery Module ■ Without IV pole clamp – 6.3″ H x 4.2″ W x 2.5″ D ■ With IV pole	Baxter Healthcare SIGMA Spectrum (w/ Standard Battery) - 35700BAX/35724

	○ Downstream Occlusion: automatic restart occurs after the downstream occlusion is cleared. Actuation can be set to Low, 6 ± 4 PSI, Medium, 13 ± 6 PSI or High, 19 ±9 PSI ○ Very Low Battery - <15 minutes of battery power remain ○ Due for inspection: Preventative Maintenance and/or Network Certification • Anti-Free Flow System: Set based, utilizing IV set slide clamp. • Battery Power and Capacity: ○ Standard Battery: ▪ Lithium Ion, 1800 mA/h, 7.4 VDC nominal. SIGMA Part Number, 35724 ▪ Capacity 8 hrs (at 125 mL/hr at the highest backlight settings) ▪ 12 hr. recharge time ▪ Charging occurs if AC Power Adaptor is plugged in whether pump is ON or OFF ○ Wireless Battery Module (802.11b): ▪ Lithium Ion, 1800 mA/h, 7.4 VDC nominal. SIGMA Part Number, 35083 ▪ Capacity 4 hrs (at 125 mL/hr at the highest backlight settings) ▪ 16 hr. recharge time ▪ Charging occurs if AC Power Adaptor is plugged in, whether pump is ON or OFF ○ Wireless Battery Module (802.11 b/g): ▪ Lithium Ion, 1800 mA/h, 7.4 VDC nominal. SIGMA Part Number, 35162 ▪ Capacity 4 hrs (at 125 mL/hr at the highest backlight settings). ▪ 16 hr. recharge time ▪ Charging occurs if AC Power Adaptor is plugged in, whether pump is ON or OFF • Display: Color (16 out of a palette of 262,144 possible colors) HRTFT, 240 X 270, LED Front-Lit, 0.2235 mm X 0.2235 mm dot pitch • Dose Modes: ○ Continuous Infusions ○ mL/hr, mL/kg/min, mL/kg/hr, g/hr, mg/hr, mg/kg/hr, mg/min, mg/kg/min, mg/kg/day, mcg/hr, mg/kg/hr, mcg/min, mcg/kg/ min, mcg/kg/day, ng/min, ng/kg/min, Units/hr, Units/kg/hr, Units/min, Units/kg/min, mUnits/min, mUnits/kg/hr, mUnits / kg/min, mEq/hr, mEq/kg/hr, mmol/hr, mmol/kg/hr • External Interfaces: ○ IrDA (SIR Encoding Protocol. Supports IrOBEX). Additional Asynchronous Serial Port expansion bus available ar battery terminals. Software upgrades may be performed through external RS-232. • Flow Rate: 0.5 to 999 mL/hr with 0.1 mL/hr increments from 0.5 to 99.9 mL/hr and 1.0 mL/hr increments from 100 to 999 mL/hr • Infusion Modes: Primary and Secondary, Multi-Step, and Cyclic TPN • KVO: At the completion of a primary infusion, the pump will infuse at the KVO rate configured per drug in the Drug Library or the current infusion rate, whichever is lower. The default KVO rate is set at 1 mL/hr but may be configured to between 0.5 - 50 mL/hr. At the completion of a secondary infusion program, the pump will run at a fixed KVO rate of 1 mL/hr • Logging Memory: ○ AC Power Adaptor, low		clamp – 6.3″ H x 6.4″ W x 4.7″ D	

- While not in use, the pump's memory will retain the last programmed setup screen for 24 hours.
- NOTE: Multi-step and cyclic modes are maintained until modified.
- Separate pump history log and drug event log
- 10,000 ± event capacity. Once the maximum number of log entries is reached, the data for each new event replaces the data for the oldest event (the data for oldest event is lost)

- Maximum Pump Pressure: 28 PSI
- Occlusion Pressure: Adjustable: High (19 ±9 PSI), Medium (13 ±6 PSI), and Low (6 ±4 PSI)
- Operational Conditions:
  - With Standard Battery
    - Operating temperature: 60 to 90°F (15.6 to 32.2° C), 20 to 90% relative humidity non-condensing
  - With Wireless Battery Module
    - Operating temperature: 60 to 80°F (15.6 to 26.7° C), 20 to 90% relative humidity non-condensing
- Pumping Mechanism: Linear peristatic
- Storage Temperature:
  - With Standard Battery: -4 to 120°F (-20 to 49°C), 10 to 90% relative humidity non-condensing
  - With Non-Standard Battery: Storage temperature: -4 to 120°F (-20 to 49°C), 10 to 90% relative humidity non-condensing
- Timekeeping: Real Time Clock, battery backed, 10-year life NOTE: Clock is set to GMT.
- Total Volume: 0.1 to 999 mL with 0.1 mL increments from 0.1 to 99.9 mL and 1.0 mL increments from 100 to 999 m
- Volumetric Accuracy:
  - Accuracy is based on volume collected over one hour using compatible Baxter and Hospira Standard IV Sets.

	BAXTER	HOSPIRA
0.5 – 1.9 mL/hr	±0.1 mL/hr	±0.1 mL/hr
2.0 – 800 mL/hr	±5%	±5%
801 – 999 mL/hr	±5%	±10%

  - Specified accuracy is maintained on Baxter Standard IV Sets for up to 96 hours (maximum 12 liters). Hospira Standard IV Sets for up to 72 hours (maximum 9 liters) See "Compatible IV Sets" on page 72.
- Wireless Network Interface:
  - Wireless Battery Module (802.11b), SIGMA Part Number 35083
    - Standard: IEEE 802.11b
    - Transmit power: 16 dBm typical

	○ Wireless Battery Module (802.11b/g), SIGMA Part Number 35162 ▪ Standard: IEEE 802.11b/g ▪ Transmit Power: 12 dBm typical • Wireless Security ○ WEP (Wired Equivalent Privacy) ▪ Encryption: 64/128-bit (RC4) ○ WPA/WPA2/802.11i ▪ Encryption: TKIP, CCMP (AES) ▪ WPA-PSK ▪ 802.1X authentication ▪ LEAP (WEP only) ▪ PEAP/MSCHAPv2 ▪ EAP-TLS 			
19.	**Syringe Infusion Pump** Department: Nursing/MA Rooms: HS202(2), HS204(3), HS210-1(1), HS323(2) • Power Requirements: N/A (Powered via connection to Alaris PC Unit • Weight: 5 lbs. • Bolus Volume, Maximum after Occlusion: (Maximum Bolus Volume specifications are based on the following standard operating conditions): ○ Atmospheric Pressure: 645-795 mmHg ○ Disposable Type: ▪ No Pressure Disc: #30914 ▪ With Pressure Disc: #30920	8	15”H x 4.5” W x 7.5” D	BD – Becton Dickinson and Company – Alaris Syringe Module (8110)

- Humidity: 20-90%
- Rate: 5 mL/h
- Syringe Type: BD 50/60 mL
- Temperature: 68 ±4 degrees F
- Volume Collection Time: approximately 2 minutes

- Critical Volume: Maximum over-infusion which can occur in the event of a single-fault condition will not exceed 2% of nominal syringe fill volume during loading and 1% of maximum syringe travel after syringe loading.
- Flow Rate Programming: Flow rate range is from 0.01 to 999 mL/h and can be selected as follows:

Flow Rates (mL)	**Selectable Increments (ml/h)**
0.01 - 9.99	0.01
10 - 99.9	0.1
100 – 999	1

- Rate Restriction by Syringe Size:

Syringe Size (mL)	**Flow Rate Triage (mL/h)**
50/60	0.1 – 999
30	0.1 -650
20	0.1 -500
10	0.1 – 250
5	0.1-150
3	0.01-100
1	0.01-30

- Fluid Ingress Protection: IXP1; Drip Proof
- Infusion Pressure, Maximum: Without Pressure Sensing Disc: approximately 800 mmHg (actual occlusion pressure varies based on syringe size and manufacturer); With Pressure Sensing Disc: 1060 mmHg
- KVO (Keep Vein Open) Rate: Factory default setting is 1 mL/h if set rate is 1 mL/h or above; or set rate, if rate is 0.9 mL/h or below.
- KVO Selection Range: KVO rate can be set in System Configuration, in 0.01 mL/h increments, as follows: 0.01 - 2.5 mL/h (0.01 - 0.09 mL/h available for 1 mL and 3 mL syringes)
- Occulusion Alarm Threshold: Without Pressure Sensing Disc: Three settings—Low, Medium, High With Pressure Sensing Disc: User selected, 25 - 1000 mmHg in 1 mmHg increments.
- Operating Principle: Positive displacement
- Rate Accuracy: ±2% of full scale plunger trave (not including syringe variation)
- Shock Protection: Type CF, Defibrillator Proof
- Time to Alarm, Maximum:

	Pressure Limit	
Rate (mL/h)	No Disc High Setting	With Disc Highest (1000 mmHg) Setting
1	120 minutes	105 minutes
5	30 minutes	30 minutes

- Maximum Time to Alarm specifications are based on following standard operating conditions:
- Atmospheric Pressure: 645 - 795 mmHg
- Back Pressure: 0 mmHg before producing occlusion
- Disposable Type:
  - No Pressure Disc: #30914
  - With Pressure Disc: #30920
- Humidity: 20 - 90%
- Syringe Type: BD 50/60 mL
- Temperature: 68 ±4°F
- Volume to be Infused Programming Increments:

Range (mL)	Increments (mL)
0.01 - 9.99	0.01
10 - 60	0.1

20.	**3 Mode Continuous Suction Regulator** Department: Nursing/MA; Occupational Therapy Assistant Room: HS202(12), HS204(12), HS210-1(8), HS202-1(2), HS202-2(2), HS323-1(2), HS323-2(2), HS323-3(2), HS323-4(3), HS312(1) • Power Requirements: N/A • Vacuum – Med: Yes • Weight: Continuous – 10 oz.; Intermittent – 13 oz.	46	5.94”H x 2.93” W x 4.04” D	Amico Corporation SRA-C3UD-DH Scout Analog (DISS Handtight) (SRA-C3UD-DH)

	• Vacuum Range: Neonatal – 0-100 mmHg (13 kPa); Pediatric – 0-160 mmHg (20 kPa); Adult – 0-300 mmHg (40 kPa): Surgical – 0-750 mmHg (94 kPa) • Analog: Neonatal - ± 3% Full-Scale; Pediatric - ± 3% Full-Scale; Adult - ± 3% Full-Scale; Surgical - ± 3% Full-Scale • Digital: Neonatal - ± 1% Full-Scale; Pediatric - ± 1% Full-Scale; Adult - ± 1% Full-Scale; Surgical - ± 1% Full-Scale • Battery: Lithium – Two 2/3 AA batteries, 3.6 V, 1.6Ah, lithium 			
21.	**Digital Display Benchtop Scale** Department: Pharmacy Technology Room: HS221-3 • Power Requirements: 120V, 60Hz, 0.2A, 24W, single phase • Power Source: 4 x AA batteries (not included), AC adapter (included) • Weight: 2.2 lb • LCD Display: 4 digit LCD display, 0.7” x 2.0” 	1	5.80”W x 8.60”D x 3.70” H	Tanita Corporation of America KD-200-110
22.	**Patient Physiologic Handheld Simulator** Department: Nursing/MA Room: HS210-1 • Power Requirements: Lithium-ion rechargeable battery	2	7.1”L x 3.7”W x 2.2” H	Fluke Biomedical ProSim 4 Vital Signs

	• Battery charger: 110V to 220V, 50/60 Hz input, 6V/3.5A output. For best performance, the battery charger should be connected to a properly grounded ac receptacle. • Battery life: Four hours (minimum), 40 NIBP cycles typical • Weight: 1.93 lb. • Operating Temperature: 50 degrees F to 104 degrees F • Storage Temperature: - 4 degrees F to 140 degrees F • Humidity: 10% to 90% non-condensing • Altitude: 9,843 feet • Display: LCD touch-screen color display • Communication: USB Port (for calibration and firmware only) • Safety Standards: IEC 61010-1:2001 • Certifications: CE, CSA, C-TICK N10140, RoHs • Electromagnetic compatibility (EMC): IEC 61326-1:2006 • Normal-sinus-rhythm waveform o ECG reference: The ECG amplitudes specified are for Lead II (calibration), from the baseline to the peak of the R wave. All other leads are proportional o Normal Sinus Rhythm: 12-lead configuration with independent outputs referenced to right leg (RL). Output to 10 universal ECG Jacks, color-coded to AHA and IEC standards o Amplitude: 1.0 mV. Other leads are proportional to Lead II (reference lead) in percentage per: Lead I: 70, Lead II: 100, Lead III: 30, Lead V1: 24, Lead V2: 48, Lead V3: 100, Lead V4: 120, Lead V5: 112, Lead V6: 80 o Amplitude accuracy: ± 5 % of setting Lead II o ECG rate: 30 BPM, 60 BPM, 80 BPM, 90 BPM, 120 BPM, 150 BPM, 180 BPM, 210 BPM, 240 BPM, 270 BPM, 300 BPM, and 320 BPM. Preset and monitor testing sequence hypotensive condition is at 40 BPM o Rate accuracy: ± 1 % of setting o ECG waveform selection: Adult (80 ms) or neonatal (40 ms) QRS duration o Power-on default: 60 BPM, 1.0 mV, adult QRS • Arrythmia o Atrial fibrillation: Coarse or fine o Premature ventricular contraction: Left ventricular o Ventricular tachycardia: 160 BPM or 200 BPM o Ventricular fibrillation: Coarse or fine o Transvenous pacer pulse: 75 BPM, left arterial, 3 mV amplitude on lead II, accuracy ± 10 %, 1.0 ms width o 2nd degree AV block: Type 1 o 3rd degree AV block: 3rd degree AV block o Asystole: Asystole • ECG performance testing:			

	○ Amplitude: 1 mV. Other leads are proportional to Lead II (reference lead) in percentage per Lead I: 70, Lead 2: 100, Lead III: 30, Lead V1: 24, Lead V2: 48, Lead V3: 100, Lead V4: 120, Lead V5: 112, Lead V6: 80 ○ Square wave: 60 ms at 2 Hz • Respiration ○ Rate: 0 (OFF) , 10 BrPM to 100 BrPM in 10 BrPM steps ○ Impedance variations (Δ Ω): 1 Ω ○ Accuracy delta: ± (10% + 0.05 ohm) ○ Baseline: 500 Ω to circuit common, giving 1000 Ω between any two leads ○ Accuracy baseline: ± 5^ ○ Respiration Lead: LA or LL (default) • Invasive blood pressure ○ Channels: 1 electrically isolated from all other signals ○ BP output: Circular DIN 5-pin ○ Input/output: 300 Ω ± 10 % ○ Exciter Input range: 12 to 16V peak ○ Exciter-input frequency range: DC to 5000 Hz ○ Transducer sensitivity: 5 µV/V/mmHg ○ Pressure accuracy: ± (1% of setting + 1 mmHg) Accuracy guaranteed for dc excitation only ○ Static pressure: 0 mmHg, 80 mmHg, 160 mmHg, and 250 mmHg ○ Dynamic waveforms: Synchronization, To ECG heartrate (Chambers simulated and systolic/diastolic pressure: ▪ Type: IBP (arterial) Adult - 60/30, 120/80, 150/100, 200/150; Neonatal – 35/15, 70/40 ▪ Type: IBP (left ventricle) Adult – 60/0, 120/0, 150/0, 200/0; Neonatal – 35/0, 70/0 • Non-Invasive blood pressure: ○ Pressure units: mmHg ○ Manometer (pressure meter) ▪ Range: 10mmHg to 400mmHg ▪ Resolution: 0.1 mmHg (for display purposes) ▪ Accuracy: ± (1% reading + 1 mmHg) ○ Pressure source: Inflation bulb or device under test ○ NIBP Simulations ▪ Pulse: 2 mmHg max into 500 ml NIBP system ▪ Volume of air moved: 1 ml max ▪ Simulations: Adult: 60/30 (40), 120/80 (93); 150/100 (117); and 200/150 (167); Neonatal: 35/15 (22) and 70/40 (50) ▪ Repeatability: Within ± 2 mmHg (at maximal pulse size independent of device under test) ▪ Synchronization: To ECG heartrate (maximal rate 120 BPM) ○ Leak Test ▪ Target Pressure: 20 mmHg to 400 mmHg			

	▪ Elapsed time: 0:30 minutes to 5:00 minutes: seconds in 30 second steps ▪ Leakage rate: 0 to 200 mmHg/minute o Pressure relief test range: 100 mmHg to 400 mmHg • Presets and Autosequences o Presets ▪ Normal ▪ Hypertensive ▪ Hypotensive o Autosequences ▪ Cardiac Failure sequence ▪ Exercise sequence ▪ Respiration sequence ▪ Monitor testing sequence 			
23.	**Chrome IV Stand** Department: Nursing/MA Room: HS323-2 • Power Requirements: 120V, 60Hz, 0.2A, 24W, single phase • Power Source: 4 x AA batteries (not included), AC adapter (included) • Base Material: Cast Aluminum • Foldable: No • Latex Free: Yes • Material: Chrome • Max Height: 96” • Min. Height: 56.75” • Number of Hooks: 4 • Number of Legs: 5 • Reusable or Disposable: Reusable	1	24”W x 24”D x 96”H	Medline Industries Inc. – Deluxe IV (MDS80494)

	• Type of Hook: Rams Horn • UNSPSC: 422210 			

24.	**EMT Stretcher**
	Departments: EMT; Nursing/MA
	Rooms: HS304(1); HS206(1)
	• Power Requirements: N/A
	• Weight: 81 lbs
	• Maximum Weight Capacity: 650 lb.
	• Minimum Operators Required: Occupied cot – 1, Unoccupied Cot – 1
	• Recommended Fastener system
	  o Floor Mount – Model 6370, 6377 or 6378
	  o Wall Mount – Model 6371
	• Recommended Loading Height: Up to 32”
	• Wheels: Diameter – 6”, Width – 2”
	• Articulation: Backrest – 2 degrees – 73 degrees; Shock position: + 14 degrees
	• Transport at load height capability
	• Positive action height adjustment
	• Easy-to-use release handle design
	• Color-coded controls
	• Dampened action during hot drops
	• High visibility powder-coated frame
	• Lightweight, durable aluminum construction
	• Scientifically optimized lift bar design
	• Lower lifting bar
	• Seven height positions
	• Integrated bumper system
	• Lift-capable safety bar
		2	Height: Position 1 – 13.5” Position 2 – 21” Position 3 – 25.5” Position 4 – 29” Position 5 – 32” Position 6 – 35” Position 7 – 37.5”
			
			Length: Standard – 80.5” Minimum – 62”
			
			Width: 23”
				Stryker Medical MX-PRO R3 (6082-000-000)

	• Perforated litter surface
	• One-hand release breakaway head section with safety bar
	• Floor-mounted safety hook
	• One-hand release, fold down side rails
	• One-hand release, infinite positioning, pneumatically assisted backrest
	• Oversized wheels with sealed caster and wheel bearings
	• Reflective labeling
	• Sealed bolster mattress
	• Shock positioning
	• Two lap belts and one four-point shoulder restraint
	• Single wheel lock
	• Optional Features
	  ○ Heavy duty two- or three-stage IV poles (patient right or left)
	  ○ Base lift bar
	  ○ Hard or soft base storage
	  ○ High height kit for 33 inches
	  ○ Defibrillator platform
	  ○ Pocketed or non-pocketed head end storage
	  ○ Height limit kit*
	  ○ Permanent or removable O2 bottle holders (head or foot end)
	  ○ Pull handle
	  ○ Sealed flat mattress
	  ○ Premium mattress
	  ○ Dual wheel lock
	  ○ X-frame guards
	  ○ Head extension with pillow
	  ○ Pillow only
	  ○ Rigid head end storage tray
	  ○ Equipment hook
	  ○ Backrest storage pouch
	• Warranty
	  ○ One year parts and labor or two years parts •
	  ○ One year parts and labor or fifteen months parts and labor •
	  ○ Two year parts only •
	  ○ Lifetime on all welds* *
	  ○ Five year service life			

				
25.	**EMT Stretcher** Departments: EMT Rooms: HS304 • Power requirements: 115V, 60Hz, single phase, Type B (NEMA 5-15) • Weight: 125 lb. • Wheels: Diameter: 6”, width – 2” • Articulation: o Backrest: 0 degrees – 73 degrees o Shock Position: + 15 degrees o Optional Knee Gatch: 30 degrees • Maximum Weight Capacity: 700 lbs. • Minimum Operator Required: o Occupied Cot: 2 o Unoccupied Cot: 1 • Recommended Fastener System o Power-LOAD: Model 6390 o Floor Mount: Model 6370 or 6377 o Wall Mount: Model 6371 • Recommended Loading Height o Up to 36”	1	Height: (Infinite height positioning between lowest and highest position) – Highest position – 41.5”; Lowest position – 14” Length: Standard – 81”; Minimum – 63” Width: 23”	Stryker Medical Power-PRO XT (6506-000-000)

				

26.	**Procedure/Recovery Stretcher**
	Departments: Nursing/MA
	Rooms: HS116(1), HS323-3(1)
	• Power requirements: N/A
	• Safe working load: 699 lbs.
	• Weight: 265 lbs.
	• Height adjustment: 20.5” to 34.25”
	• Trendelenburg/Reverse Trendelenburg: - 18 to 18 degrees
	• Protection class: IPX4
	• Deck Width
	  o Standard: 26”
	  o Optional: 30”
	• Width:
	  o Siderails stored: 29.25” or 33.26”
	  o Siderails up: 32” to 36”
	• Deck Length: 75”
	• Length: 83”
	• Surface Height
	  o Standard: 2.99”
	  o Optional: 4.01” to 5”
	• Siderails
	  o Height: 14.5”
	  o Length: 47”
	• Clearance: 1.14” to 3.50”
	• Castors: 4 x 20.3cm single band
		2	See specifications for exact dimensions	Hillrom – Bed & Stretcher Group

				
27.	**Transport Stretcher** Departments: EMT Rooms: HS304 • Power Requirements: N/A • Max Weight: 350 lbs. • Maximum Weight Limit: 700 lbs. • Low Position (floor to top of sleep deck): 20.50” • High Position (floor to top of sleep deck): 34.25” • Overall Length: 83” • Overall width (siderails up): 32” to 36” • Overall width (siderails stored): 30.38” or 34.38” • Siderail Length: 47” • Siderail height above sleep deck: 14” • Comfortline mattress size: 26” x 75” or 30” x 75” • AccuMax VPC mattress size: 26” or 76” or 30” x 76” • Maximum head elevation: 90 degrees • Maximum Trend/Reverse Trend: 18 degrees • Floor to base clearance: 3.5” • Caster size: 8” • Warranty: o Frame & Welds for life of product o Three -year parts o Two-Year materials o One-Year labor	1	32” W x 83” D x 34.25” H	Hillrom Bed & Stretcher Group – Transport Stretcher P8005

				

28.	**Adult/Pediatric Ventilator**
	Department: Nursing/MA
	Rooms: HS202(1), HS204(1)
	• Power Requirements: 120V, 60 Hz, 2.9A, 348W, single phase, Type B (NEMA 5-15)
	• Gas Connections: Yes
	  o Gas 1: Mechanical
	  o Gas 2: Oxygen
	• Weight: 113 lbs.
	• Type Infusion Device: Volumetric
	• Leak Compensation: ON, OFF
	• Circuit compliance compensation: 0.0 to 7.5 mL/cmH20
	• Humidifier compensation: Active, passive
	• Endotracheal tube:
	  o Diameter: 2.0 to 10.0 mm
	  o Length 2.0 to 30.0 cm
	  o Automatic tube compensation: ON, OFF
	• Patient Setup:
	  o Patient weight: 0.1 to 300 kg
	  o Patient ID: Alphanumberic 24 characters
	• Mode type: A/C, SIMV, CPAP/PSV, NPPV, nasal CPAP/IMV
	• Breath type: APRV/BiPhasic, 1 Volume, Pressure, TCPL, 2 PRVC, 1 Volume Guarantee
	• Apnea backup: Volume, Pressure, TCPL2
	• Rate: 1 to 150 bpm (neonatal, pediatric), 1 to 120 bpm (adult)
	• Tidal volume: 2.0 mL to 2.5 L
	• Inspiratory pressure: 0 to 80 cmH2O (neonatal), 0 to 90 cmH2O (adult, pediatric)
	• Inspiratory time: 0.15 to 5.0 sec
	• Pressure Support ventilation (PSV): 0 to 80 cmH2O (neonatal), 0 to 90 cmH2O (adult, pediatric)
	• PEEP 0 to 50 cmH2O
	• Flow trigger: 0.1 to 20 L/min
		2	22” W x 22” D x 58.25” H	Vyaire Medical – AVEA Standard w/ Standard Cart

	• %O2: 21% to 100% • Pressure high (in APRV mode): 0 to 90 cmH2O • Time High (in APRV mode): 0.2 to 30 sec. • Time low (in APRV mode): 0.2 to 30 sec. • Pressure low: 0 to 35 cmH20 • Manual breath: One breath • Expiratory hold: Maximum 20 sec (adult, pediatric), 3 sec (neonatal) • Inspiratory hold: Maximum 3 sec. • Increase O2: Set percentage O2 + 0% to 79% O2 • Synchronized nebulizer: Available when peak flow > 15 L/min • Disconnect for suction: Active • Bias flow: 0.4 to 5.0 L/min • Volume limit: 2.0 mL to 2.5 L • Inspiratory Rise: 1 to 9 • Flow Cycle: off to 45% • PSV rise: 1 to 9 • PSV cycle: 5% to 45% • PSV TMAX: 0.15 to 5.0 sec • Waveform: Square, decelerating • Sigh: ON, OFF • Pressure trigger: 0.1 to 20 cmH2O • Demand flow: ON, OFF • Volumetric capnography: EtCO2 averaging 1 or 8 breaths, VCO2 averaging 3, 6, 9 or 12 minutes • Gas Composition FiO2: 21% to 100% • Air/helix: 20 to 80 psig (1.38 to 5.52 bar) • Compressor (internal): 0 to 9.5 psig (0.21 to 0.66 bar) • Oxygen: 20 to 80 psig (1.38 to 5.52 bar) • A/C: 100, 120, 230, 240 VAC; 47 to 65 Hz • D/C (internal/external battery): 20 to 29 VDC • Analog inputs (x2): 0 to 1, 5 VDC • Video output: SVGA • Nurse call: Normally open or normally closed • Advanced Patient Monitoring: o Proximal hot wire flow sensor o 24-hour trending of monitored respiratory parameters o Volumetric capnography3 • AutoPEEP airway: (Automated) 0 to 50 cmH2O • MIP/P100: (Automated) -60 to 120 cmH2O • Slow Flow (Pflex): Automated • Air/Oxygen blending: 21% to 100%			

	• Internal helix blending system: All concentrations from 80/20 helium/oxygen to 0/100 helium/oxygen
	• Battery Power:
	  ○ 1 hour of ventilator use on internal battery (standard) or 30 minutes ventilator and compressor
	  ○ 4 hours of ventilator use on external battery3 or 2 hours ventilator and compressor
	• Storage: -4 degrees to 140 degrees F
	• Operating: 41 degrees to 104 degrees F
	• Barometric pressure: 760 to 545 mmHg
	• Ventilator (includes user interface module): 83 lbs.
	• Ventilator and compressor (internal): 90 lbs.
	• Pneumatic module: 17" W x 10.5" H x 16" D
	• User Interface module: 16.25" W x 13.75" H x 2.5" D
	• Viewable size: 12.1" (diagonal)
	• Resolution: 800 x 600
	• Internal scroll pump 7 lbs.
	 			

29.	**Care System Infant Warmer**
	Department: Nursing/MA
	Rooms: HS323-4
	• Power Requirements:
	  ○ Power Supply: ~ 220V, 50/60 Hx
	  ○ Power Supply: 1000VA
		1		Dia Medical SimLabSolutions 7013 Radiant Infant Warmer (OB025905)

	• Normal working condition:
	  o Environmental temperature: 18 degrees C – 30 degrees C
	  o Relative Humidity: 30%~75%
	  o Atmospheric pressure: 700 – 1060hPa
	  o Air Velocity: <0.3 m/s
	• Temperature Control Range: 32 degrees C – 38 degrees C
	• Precision of temperature control: ≤0.5 degrees C
	• Functional Alarm:
	  o Over temp – 39 degrees C – The secondary over temp to shut off power – 40 degrees C (cut off the heating power, alarm with sound and light)
	  o Deviation Alarm - When the temp goes steady and the deviation reaches ±1℃(+1℃, the heating power will be shut off), alarm with sound and light.
	  o Sensor alarm: When the skin temp sensor is in short circuit or open circuit state, shut off the heating power, alarm with sound and light; the sensor overruns the radiation area and temp deviation reaches to –1℃ for about one minute, the machine will alarm with sound and light automatically and keep certain power to heat up.
	  o 6.6.4. Power failure alarm: When the power breaks off, alarm with sound and light
	• Bed Temp uniformity: ≤2 degrees C
	• Skin Temp sensor precision: ≤0.3 degrees C
	• Increasing temp time: 45 degrees
	• Transportation and Storage
	  o Environmental temp: -40 degrees C - +55 degrees C
	  o Relative humidity range: ≤ 95%
	  o Atmospheric Pressure Range: 500 – 1060hPa
	• Warranty: (1) Year limited warranty