

BID SOLICITATION



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
 CAPITOL HILL
 PROVIDENCE RI 02908

BID NUMBER: B05655
TITLE: MODELS, MANIKINS, INST. AIDS
BID OPENING DATE AND TIME:
10/21/2005 11:00 AM

BUYER: ALMA MILLER
 PHONE #: (401) 222 - 2142 ext. 124

**B
I
L
L
T
O**
 COMMUNITY COLLEGE OF RHODE ISLAND
 CCRI CONTROLLER'S OFFICE
 ACCOUNTS PAYABLE
 400 EAST AVENUE
 WARWICK RI 02886

**S
H
I
P
T
O**
 COMMUNITY COLLEGE OF RHODE ISLAND
 CCRI SPECIAL INSTRUCTIONS
 SEE BELOW RI N/A

Requisition Number(s): R88A064809

Item	Class-Item	Quantity	Unit	Unit Price	Total
1.0	CCRI - RICHARD SWEARINGEN/R0005466 ONE JOHN H. CHAFEE BLVD. NEWPORT, RI 02840 260-54 #718-9006 S.A.M. SR. STUDENT ASCULTATION MANIKIN S.A.M. INCLUDES: 4 HEART SOUND SITES 8 LUNG SITES 2 BOWEL SOUNDS 1 CAROTID PULSE SITE W/ AC TRANSFORMER 1 BRUIT SOUNDS SITE 1 HEART, BREATH, OR BOWEL SOUND MODULE HEART, LUNG, & BOWEL SOUND SELECTOR CONTROL SAM SOUNDS TRAINER CONNECTION CABLE CARRY CASE FOR SAM SOUNDS TRAINER, NAS SOUND MODULE OPERATOR'S MANUAL INSTRUCTIONAL VIDEO TAPE BRAND _____ PRODUCT CODE# _____	1.00	EA	_____	_____
2.0	260-54 #236-8000 STORAGE CASE W/ WHEELS & PULL-OUT HANDLE BRAND _____ PRODUCT CODE# _____	1.00	EA	_____	_____

It is the Vendor's responsibility to check and download any and all addenda from the RIVIP. This offer may not be considered unless a signed RIVIP generated Bidder Certification Cover Form is attached and the Unit Price column is completed. The signed Certification Cover Form must be attached to the front of the offer. When delivering offers in person to One Capitol Hill, vendors are advised to allow at least one hour additional time for clearance through security checkpoints.

DELIVERY: _____

RIVIP VENDOR ID#: _____

TERMS OF PAYMENT: _____

**DO NOT SIGN BID ON THIS PAGE!
 USE CERTIFICATION COVER FORM.**

BID SOLICITATION



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
 CAPITOL HILL
 PROVIDENCE RI 02908

BID NUMBER: B05655
TITLE: MODELS, MANIKINS, INST. AIDS
BID OPENING DATE AND TIME:
10/21/2005 11:00 AM

BUYER: ALMA MILLER
 PHONE #: (401) 222 - 2142 ext. 124

**B
I
L
L
T
O** COMMUNITY COLLEGE OF RHODE ISLAND
 CCRI CONTROLLER'S OFFICE
 ACCOUNTS PAYABLE
 400 EAST AVENUE
 WARWICK RI 02886

**S
H
I
P
T
O** COMMUNITY COLLEGE OF RHODE ISLAND
 CCRI SPECIAL INSTRUCTIONS
 SEE BELOW RI N/A

Requisition Number(s): R88A064809

Item	Class-Item	Quantity	Unit	Unit Price	Total
3.0	260-54 #718-9011 LOW FREQUENCY SPEAKER SYSTEM INCLUDES: 1 PAIR OF LOW FREQUENCY AMPLIFIED SPEAKERS SAM SPEAKER SWITCH BOX CONNECTION CABLES BRAND _____ PRODUCT CODE# _____	1.00	EA	_____	_____
4.0	260-54 #360-9001 MENU I (HEART SOUNDS MODULE) - FREE. THIS ITEM IS FREE AND INCLUDED PER ITEM SPECS. BRAND _____ PRODUCT CODE# _____	1.00	EA	_____	_____
5.0	260-54 #360-9002 MENU II (HEART SOUNDS MODULE) INCLUDES: AORTIC STENOSIS AORTIC STENOSIS AND AORTIC REGURGITATION ACUTE AORTIC REGURGITATION MITRAL REGURGITATION BRAND _____ PRODUCT CODE# _____	1.00	EA	_____	_____

It is the Vendor's responsibility to check and download any and all addenda from the RIVIP. This offer may not be considered unless a signed RIVIP generated Bidder Certification Cover Form is attached and the Unit Price column is completed. The signed Certification Cover Form must be attached to the front of the offer. When delivering offers in person to One Capitol Hill, vendors are advised to allow at least one hour additional time for clearance through security checkpoints.

DELIVERY: _____

RIVIP VENDOR ID#: _____

TERMS OF PAYMENT: _____

**DO NOT SIGN BID ON THIS PAGE!
 USE CERTIFICATION COVER FORM.**

BID SOLICITATION



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
 CAPITOL HILL
 PROVIDENCE RI 02908

BID NUMBER: B05655
TITLE: MODELS, MANIKINS, INST. AIDS
BID OPENING DATE AND TIME:
10/21/2005 11:00 AM

BUYER: ALMA MILLER
 PHONE #: (401) 222 - 2142 ext. 124

**B
I
L
L
T
O** COMMUNITY COLLEGE OF RHODE ISLAND
 CCRI CONTROLLER'S OFFICE
 ACCOUNTS PAYABLE
 400 EAST AVENUE
 WARWICK RI 02886

**S
H
I
P
T
O** COMMUNITY COLLEGE OF RHODE ISLAND
 CCRI SPECIAL INSTRUCTIONS
 SEE BELOW RI N/A

Requisition Number(s): R88A064809

Item	Class-Item	Quantity	Unit	Unit Price	Total
6.0	260-54 #360-9007 MENU VII (HEART SOUNDS) INCLUDES: BRUIT I SOFT BRUIT I MEDIUM BRUIT II SOFT BRUIT II MEDIUM BRAND _____ PRODUCT CODE# _____	1.00	EA	_____	_____
7.0	260-54 #360-9010 MENU X (BREATH SOUNDS) INCLUDES: NORMAL BREATH SOUNDS - ADULT NORMAL BREATH SOUNDS - INFANT BRONCHIAL BREATH SOUNDS VERY COARSE CRACKLES BRAND _____ PRODUCT CODE# _____	1.00	EA	_____	_____
8.0	260-54 #360-9011 MENU XI (BREATH SOUNDS) INCLUDES: END-EXPIRATORY WHEEZE LOW PITCHED WHEEZE - RHONCHUS PLEURAL RUB STRIDOR BRAND _____ PRODUCT CODE# _____	1.00	EA	_____	_____

It is the Vendor's responsibility to check and download any and all addenda from the RIVIP. This offer may not be considered unless a signed RIVIP generated Bidder Certification Cover Form is attached and the Unit Price column is completed. The signed Certification Cover Form must be attached to the front of the offer. When delivering offers in person to One Capitol Hill, vendors are advised to allow at least one hour additional time for clearance through security checkpoints.

DELIVERY: _____

RIVIP VENDOR ID#: _____

TERMS OF PAYMENT: _____

**DO NOT SIGN BID ON THIS PAGE!
 USE CERTIFICATION COVER FORM.**

BID SOLICITATION



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
 CAPITOL HILL
 PROVIDENCE RI 02908

BID NUMBER: B05655
TITLE: MODELS, MANIKINS, INST. AIDS
BID OPENING DATE AND TIME:
10/21/2005 11:00 AM

BUYER: ALMA MILLER
 PHONE #: (401) 222 - 2142 ext. 124

**B
I
L
L
T
O** COMMUNITY COLLEGE OF RHODE ISLAND
 CCRI CONTROLLER'S OFFICE
 ACCOUNTS PAYABLE
 400 EAST AVENUE
 WARWICK RI 02886

**S
H
I
P
T
O** COMMUNITY COLLEGE OF RHODE ISLAND
 CCRI SPECIAL INSTRUCTIONS
 SEE BELOW RI N/A

Requisition Number(s): R88A064809

Item	Class-Item	Quantity	Unit	Unit Price	Total
9.0	260-54 #360-9012 MENU XII (BREATH SOUNDS) INCLUDES: MEDIUM CRACKLES EMPHYSEMA CHRONIC BRONCHITIS SEVERE ASTHMA BRAND _____ PRODUCT CODE# _____	1.00	EA	_____	_____
10.0	260-54 #360-9022 MENU XXII (BOWEL SOUNDS) INCLUDES: NORMAL, 60 YO CROHN'S DISEASE IBS DIARRHEA BRAND _____ PRODUCT CODE# _____	1.00	EA	_____	_____
				TOTAL:	_____

It is the Vendor's responsibility to check and download any and all addenda from the RIVIP. This offer may not be considered unless a signed RIVIP generated Bidder Certification Cover Form is attached and the Unit Price column is completed. The signed Certification Cover Form must be attached to the front of the offer. When delivering offers in person to One Capitol Hill, vendors are advised to allow at least one hour additional time for clearance through security checkpoints.

DELIVERY: _____

RIVIP VENDOR ID#: _____

TERMS OF PAYMENT: _____

**DO NOT SIGN BID ON THIS PAGE!
 USE CERTIFICATION COVER FORM.**