



**RFQ #7598694**

**Title: Biomedical/Mechanical Equipment Safety Inspection and Repair - BHDDH**  
**Submission Deadline: April 25, 2019 @ 11:00 a.m. Eastern Time (ET)**

**NOTE TO VENDORS:** Applicants must register online at the Rhode Island Division of Purchases website at [www.purchasing.ri.gov](http://www.purchasing.ri.gov). Proposals received without the completed RIVIP Bidder Certification Cover Form attached, may result in disqualification.

**LOCATIONS:**

1. Eleanor Slater Hospital (ESH)  
Cranston Unit  
Three Regan Court  
Cranston, RI 02920
2. Eleanor Slater Hospital (ESH)  
Zambarano Unit  
2090 Wallum Lake Road  
Pascoag, RI 02859

**BID SCOPE OF WORK AND REQUIREMENTS:**

**Qualifications**

- Bachelor's Degree in biomedical engineering or bioengineering;
- Membership in the Biomedical Engineering Society (BMES);
- Technological and computer proficiency;
- Excellent oral and written communication skills;
- Organized, focused and detail oriented;
- Excellent independent worker and collaborator;
- Experience diagnosing and independently repairing medical equipment.

**Services Include:**

- A. Attend hospital meetings i.e.; Safety Committee, Emergency Management Committee, Medical Equipment, Medical Equipment Selection and Acquisition Committee, assist and

attend meetings in preparation of Joint Commission on Accreditation Survey, review of Medical Equipment Management Plan.

Report monthly to the Environment of Care (EOC) - Performance Measurement Cranston/Zambarano

- Number of devices unable to locate due inspection for month-reported at time of report;
- Number of devices found from previous months;
- Number of devices found in need of repair due to Abuse/Physical Damage;
- Number of devices requiring repairs found during PMs;
- Number of unscheduled repairs;
- Number of devices initial inspections;
- Number of devices Retired/Out of Service removed from inventory;
- % of compliance -PM Life Support equipment;
- Total active inventory biomedical and mechanical equipment device count annually;
- Other monitoring upon request.

Annually perform equipment sweeps in patient care areas for patient owned non-clinical equipment. Visually inspect for safety deficiencies, label equipment and report all findings to the hospital administration. All other areas will be completed when notified by hospital administration.

Inventory, electrical Safety inspection, preventative maintenance, evaluation, and repair of all specified equipment in accordance with hospital protocol and risk ranking criteria within the following categories:

**Biomedical Equipment:** Oxygen Concentrators, Defibrillators, Suction Pumps, Centrifuges, Vital Signs Monitors, Pulse Oximeters, Thermometers, Adaptive Equipment/Powered Wheelchairs, AED, Electric Beds, and EKG Machines, etc.

**Mechanical Equipment:** Stretchers, Wheelchairs, Recliners, IV Poles, Mechanical Beds, Patient Lifts, Overbed tables, and Medication/Treatment Carts, etc.

- B. To include a bar/numerically coded asset number along with inspection label indicating test type(s), test results, next scheduled inspection, and the technician that performed the test. Results will then be entered into a computerized medical equipment safety analyzer which complies with National Fire Protection Agency (NFPA) 99 standards and Joint Commission (JC) requirements and sent to the hospital administrator once the testing and computer updating is complete. Should a piece of equipment fail inspection, it will be red-tagged, documented, and removed from service until corrective action is taken.

- C. To include all parts necessary for the completion of preventative maintenance and repairs. Hospital administration to authorize the purchase of all parts exceeding \$100.00. The warranty of any part is at the sole discretion of the individual manufacturer.  
**Note:** The hospital has the option to order parts directly through the manufacturer or to order through supplier. (See part pricing table outlined below).
- D. Hospital administration to be notified of all equipment repairs exceeding 50% of the equipment replacement value prior to repairs being performed.
- E. All biomedical and mechanical equipment inspection, maintenance, and repair work will be performed in accordance with equipment management software specifications and hospital protocol- Per Manufacturers Recommendation. (See Biomedical and Mechanical Equipment Labor and Inspection pricing table outlined below).
- F. Hospital provided/owned Medimizer<sup>®</sup> equipment management software will be used for equipment inventory and tracking purposes, maintenance history, and equipment recall research.
- G. All labor hours spent to perform inspection, maintenance, repairs, documentation and attending meetings will be documented monthly and billed in accordance with the rate charts listed below per specified date ranges.
- H. Supplier services will be warranted for ninety (90) days under normal operating procedures. Equipment that is damaged by misuse or abuse will not be covered under this warranty.
- I. Any services required outside normal working hours (Monday thru Friday, 7:00am to 5:00pm) or during holidays will be billed separately, portal to portal.
- J. Supplier will carry a minimum of \$1,000,000.00 of General Commercial Liability Insurance.

### **Warranty, Disclaimer and Limitation of Remedies**

Supplier warrants that its services will be performed in accordance with the standards expressly stated in the sections of this agreement entitled (A-I). Supplier liability hereunder is limited to the repair or replacement of any item of equipment that supplier damages during the performance of services under this agreement This remedy is exclusive of any other remedy which Eleanor Slater Hospital might otherwise have at law or in equity, and whether based upon a theory of contract, tort, strict liability or otherwise.

### **Terms**

This agreement will remain in effect from 5/1/2019 and end on 4/30/2024 can be terminated by either party with a thirty (30) day written notice by certified mail. Both parties agree to review

the provisions of this contract annually for the purpose of ascertaining whether this contract (or revision) is necessary or advisable to provide adequate professional services.

### **Pricing**

The following pricing template structure will apply to all work performed in either hospital, ESH – Cranston / Zambarano Unit per year. ***Administrative hour (meetings) to be billed separately.***

### **Non-Clinical/Non-Inventoried Equipment:**

Non-Inventory and visual inspection only of all specified equipment in accordance with hospital protocol within the following category:

Annual visual inspection only of all patient related Radios, TVs, and Computer systems, etc.  
Initial visual inspection of any non-clinical/non-inventoried equipment in the hospital  
Each will receive an inspection sticker with the inspector's initials and date (Month/Year) only.

Hospital will purchase annual support agreement directly through Medimizer®. The supplier is responsible for the installation of software and maintenance of Medimizer® equipment management software.

**Note 1:** Hospital will provide a complete computer system (specifications provided by supplier to Hospital IT support department) if required.



# Request for Quote

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

BUYER: Vittorio, Dawn R  
 PHONE #: 401-574-8134

**CREATION DATE :** 19-MAR-19  
**BID NUMBER:** 7598694  
**TITLE:** BIOMEDICAL/MECHANICAL EQUIPMENT SAFETY INSPECTION AND REPAIR - BHDDH  
**BLANKET START :** 01-MAY-19  
**BLANKET END :** 30-APR-24  
**BID CLOSING DATE AND TIME:** 25-APR-2019 11:00:00

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**BHDDH-ESH CENTRAL RECEIVING**  
**REGAN BLDG, FIRST FLOOR**  
**ATTN: SEE BELOW**  
**CRANSTON, RI 02920**  
**US**

**Requisition Number: 1600948**

Note to Bidders: QUESTIONS concerning this solicitation must be received by the Division of Purchases at DOA.PURQUESTIONS10@purchasing.ri.gov no later than Monday, April 8, 2019 @ 10:00 AM Eastern Time (ET). Questions should be submitted in a Microsoft Word attachment. Please reference the RFQ #7598694 on all correspondence. Questions received, if any, will be posted on the Division of Purchases' website as an addendum to this solicitation. It is the responsibility of all interested parties to download this information.

Line	Description	Quantity	Unit	Unit Price	Total
1	BIOMEDICAL EQUIPMENT LABOR RATE PER HOUR FOR PREVENTIVE MAINTENANCE AND EQUIPMENT CERTIFICATION RATE STARTS ON THE JOB (5/1/19 - 4/30/20) BLANKET REQUIREMENTS 5/1/19 - 4/30/24	1,200.00	Hour		
2	BIOMEDICAL EQUIPMENT LABOR RATE PER HOUR FOR PREVENTIVE MAINTENANCE AND EQUIPMENT CERTIFICATION RATE STARTS ON THE JOB (5/1/20 - 4/30/21) BLANKET REQUIREMENTS 5/1/19 - 4/30/24	1,200.00	Hour		
3	BIOMEDICAL EQUIPMENT LABOR RATE PER HOUR FOR PREVENTIVE MAINTENANCE AND EQUIPMENT CERTIFICATION RATE STARTS ON THE JOB (5/1/21 - 4/30/22) BLANKET REQUIREMENTS 5/1/19 - 4/30/24	1,200.00	Hour		
4	BIOMEDICAL EQUIPMENT LABOR RATE PER HOUR FOR PREVENTIVE MAINTENANCE AND EQUIPMENT CERTIFICATION RATE STARTS ON THE JOB (5/1/22 - 4/30/23) BLANKET REQUIREMENTS 5/1/19 - 4/30/24	1,200.00	Hour		
5	BIOMEDICAL EQUIPMENT LABOR RATE PER HOUR FOR PREVENTIVE MAINTENANCE AND EQUIPMENT CERTIFICATION RATE STARTS ON THE JOB (5/1/23 - 4/30/24) BLANKET REQUIREMENTS 5/1/19 - 4/30/24	1,200.00	Hour		

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# Request for Quote

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 PHONE #: 401-574-8134

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6	MECHANICAL EQUIPMENT LABOR RATE PER HOUR FOR PREVENTIVE MAINTENANCE AND EQUIPMENT CERTIFICATION RATE STARTS ON THE JOB (5/1/19 - 4/30/20) BLANKET REQUIREMENTS 5/1/19 - 4/30/24	600.00	Hour		
7	MECHANICAL EQUIPMENT LABOR RATE PER HOUR FOR PREVENTIVE MAINTENANCE AND EQUIPMENT CERTIFICATION RATE STARTS ON THE JOB (5/1/20 - 4/30/21) BLANKET REQUIREMENTS 5/1/19 - 4/30/24	600.00	Hour		
8	MECHANICAL EQUIPMENT LABOR RATE PER HOUR FOR PREVENTIVE MAINTENANCE AND EQUIPMENT CERTIFICATION RATE STARTS ON THE JOB (5/1/21 - 4/30/22) BLANKET REQUIREMENTS 5/1/19 - 4/30/24	600.00	Hour		
9	MECHANICAL EQUIPMENT LABOR RATE PER HOUR FOR PREVENTIVE MAINTENANCE AND EQUIPMENT CERTIFICATION RATE STARTS ON THE JOB (5/1/22 - 4/30/23) BLANKET REQUIREMENTS 5/1/19 - 4/30/24	600.00	Hour		
10	MECHANICAL EQUIPMENT LABOR RATE PER HOUR FOR PREVENTIVE MAINTENANCE AND EQUIPMENT CERTIFICATION RATE STARTS ON THE JOB (5/1/23 - 4/30/24)	600.00	Hour		

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Line	Description	Quantity	Unit	Unit Price	Total
	BLANKET REQUIREMENTS 5/1/19 - 4/30/24				
11	NON CLINICAL/NON-INVENTORIED EQUIPMENT INSPECTION FLAT RATE (5/1/19 - 4/30/20) BLANKET REQUIREMENTS 5/1/19 - 4/30/24	700.00	Each		
12	NON CLINICAL/NON-INVENTORIED EQUIPMENT INSPECTION FLAT RATE (5/1/20 - 4/30/21) BLANKET REQUIREMENTS 5/1/19 - 4/30/24	700.00	Each		
13	NON CLINICAL/NON-INVENTORIED EQUIPMENT INSPECTION FLAT RATE (5/1/21 - 4/30/22) BLANKET REQUIREMENTS 5/1/19 - 4/30/24	700.00	Each		
14	NON CLINICAL/NON-INVENTORIED EQUIPMENT INSPECTION FLAT RATE (5/1/22 - 4/30/23) BLANKET REQUIREMENTS 5/1/19 - 4/30/24	700.00	Each		
15	NON CLINICAL/NON-INVENTORIED EQUIPMENT INSPECTION FLAT RATE (5/1/23 - 4/30/24) BLANKET REQUIREMENTS 5/1/19 - 4/30/24	700.00	Each		
16	BIOMEDICAL EQUIPMENT INSPECTION FLAT RATE (5/1/19 - 4/30/20) BLANKET REQUIREMENTS 5/1/19 - 4/30/24	4,000.00	Each		

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Line	Description	Quantity	Unit	Unit Price	Total
17	BIOMEDICAL EQUIPMENT INSPECTION FLAT RATE (5/1/20 - 4/30/21) BLANKET REQUIREMENTS 5/1/19 - 4/30/24	4,000.00	Each		
18	BIOMEDICAL EQUIPMENT INSPECTION FLAT RATE (5/1/21 - 4/30/22) BLANKET REQUIREMENTS 5/1/19 - 4/30/24	4,000.00	Each		
19	BIOMEDICAL EQUIPMENT INSPECTION FLAT RATE (5/1/22 - 4/30/23) BLANKET REQUIREMENTS 5/1/19 - 4/30/24	4,000.00	Each		
20	BIOMEDICAL EQUIPMENT INSPECTION FLAT RATE (5/1/23 - 4/30/24) BLANKET REQUIREMENTS 5/1/19 - 4/30/24	4,000.00	Each		
21	ADMINISTRATIVE HOURS (MEETINGS) (5/1/19 - 4/30/20) BLANKET REQUIREMENTS 5/1/19 - 4/30/24	10.00	Hour		
22	ADMINISTRATIVE HOURS (MEETINGS) (5/1/20 - 4/30/21) BLANKET REQUIREMENTS 5/1/19 - 4/30/24	10.00	Hour		
23	ADMINISTRATIVE HOURS (MEETINGS) (5/1/21 - 4/30/22) BLANKET REQUIREMENTS 5/1/19 - 4/30/24	10.00	Hour		

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24	ADMINISTRATIVE HOURS (MEETINGS) (5/1/22 - 4/30/23) BLANKET REQUIREMENTS 5/1/19 - 4/30/24	10.00	Hour		
25	ADMINISTRATIVE HOURS (MEETINGS) (5/1/23 - 4/30/24) BLANKET REQUIREMENTS 5/1/19 - 4/30/24	10.00	Hour		
26	EMERGENCY HOURLY LABOR RATE FOR ALL SERVICES (5/1/19 - 4/30/20) BLANKET REQUIREMENTS 5/1/19 - 4/30/24	10.00	Hour		
27	EMERGENCY HOURLY LABOR RATE FOR ALL SERVICES (5/1/20 - 4/30/21) BLANKET REQUIREMENTS 5/1/19 - 4/30/24	10.00	Hour		
28	EMERGENCY HOURLY LABOR RATE FOR ALL SERVICES (5/1/21 - 4/30/22) BLANKET REQUIREMENTS 5/1/19 - 4/30/24	10.00	Hour		
29	EMERGENCY HOURLY LABOR RATE FOR ALL SERVICES (5/1/22 - 4/30/23) BLANKET REQUIREMENTS 5/1/19 - 4/30/24	10.00	Hour		
30	EMERGENCY HOURLY LABOR RATE FOR ALL SERVICES (5/1/23 - 4/30/24) BLANKET REQUIREMENTS 5/1/19 - 4/30/24	10.00	Hour		

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31	PARTS (PERCENTAGE DISCOUNT OFF MANUFACTURING PRICING) (5/1/19 - 4/30/20) BLANKET REQUIREMENTS 5/1/19 - 4/30/24	0.00	Each		
32	PARTS (PERCENTAGE DISCOUNT OFF MANUFACTURING PRICING) (5/1/20 - 4/30/21) BLANKET REQUIREMENTS 5/1/19 - 4/30/24	0.00	Each		
33	PARTS (PERCENTAGE DISCOUNT OFF MANUFACTURING PRICING) (5/1/21 - 4/30/22) BLANKET REQUIREMENTS 5/1/19 - 4/30/24	0.00	Each		
34	PARTS (PERCENTAGE DISCOUNT OFF MANUFACTURING PRICING) (5/1/22 - 4/30/23) BLANKET REQUIREMENTS 5/1/19 - 4/30/24	0.00	Each		
35	PARTS (PERCENTAGE DISCOUNT OFF MANUFACTURING PRICING) (5/1/23 - 4/30/24) BLANKET REQUIREMENTS 5/1/19 - 4/30/24	0.00	Each		

Delivery: \_\_\_\_\_

Terms of Payment: \_\_\_\_\_

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**Contract Terms and Conditions**

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## **Terms and Conditions**

### **BID STANDARD TERMS AND CONDITIONS**

### **TERMS AND CONDITIONS FOR THIS BID**

#### **INSURANCE REQUIREMENTS (ADDITIONAL)**

ANNUAL RENEWAL INSURANCE CERTIFICATES FOR WORKERS' COMPENSATION, PUBLIC LIABILITY, PROPERTY DAMAGE INSURANCE, AUTO INSURANCE, PROFESSIONAL LIABILITY INSURANCE (AKA ERRORS & OMISSIONS), BUILDER'S RISK INSURANCE, SCHOOL BUSING AUTO LIABILITY, ENVIRONMENTAL IMPAIRMENT (AKA POLLUTION CONTROL), VESSEL OPERATION (MARINE OR AIRCRAFT) PROTECTION & INDEMNITY, ETC., MUST BE SUBMITTED TO THE SPECIFIC AGENCY IDENTIFIED IN THE "SHIP TO" SECTION OF THE PURCHASE ORDER. CERTIFICATES ARE ANNUALLY DUE PRIOR TO THE BEGINNING OF ANY CONTRACT PERIOD BEYOND THE INITIAL TWELVE-MONTH PERIOD OF A CONTRACT. FAILURE TO PROVIDE ANNUAL INSURANCE CERTIFICATION MAY BE GROUNDS FOR CANCELLATION.

#### **LICENSE REQUIREMENTS**

VENDOR (OWNER OF COMPANY) IS RESPONSIBLE TO COMPLY WITH ALL LICENSING OR STATE PERMITS REQUIRED FOR THIS TYPE OF SERVICE. A COPY OF LICENSE/PERMIT SHOULD BE SUBMITTED WITH THIS BID. IN ADDITION TO THESE LICENSE REQUIREMENTS, BIDDER, BY SUBMISSION OF THIS BID, CERTIFIES THAT ANY/ALL WORK RELATED TO THIS BID, AND ANY SUBSEQUENT AWARD WHICH REQUIRES A RHODE ISLAND LICENSE(S), SHALL BE PERFORMED BY AN INDIVIDUAL(S) HOLDING A VALID RHODE ISLAND LICENSE.

#### **MULTI YEAR AWARD**

THIS IS A MULTI-YEAR BID/CONTRACT. PER RHODE ISLAND STATE LAW 37-2-33, CONTRACT OBLIGATIONS BEYOND THE CURRENT FISCAL YEAR ARE SUBJECT TO AVAILABILITY OF FUNDS. CONTINUATION OF THE CONTRACT BEYOND THE INITIAL FISCAL YEAR WILL BE AT THE DISCRETION OF THE STATE. TERMINATION MAY BE EFFECTED BY THE STATE BASED UPON DETERMINING FACTORS SUCH AS UNSATISFACTORY PERFORMANCE OR THE DETERMINATION BY THE STATE TO DISCONTINUE THE GOODS/SERVICES, OR TO REVISE THE SCOPE AND NEED FOR THE TYPE OF GOODS/SERVICES; ALSO MANAGEMENT OWNER DETERMINATIONS THAT MAY PRECLUDE THE NEED FOR GOODS/SERVICES.

#### **READING VENDOR NAMES ONLY**

DUE TO LENGTH OF BID AND TIME CONSTRAINTS, THE STATE WILL ONLY ACKNOWLEDGE RECEIPT AND READ THE NAMES OF VENDORS SUBMITTING PROPOSALS. NO EXAMINATION OF DOCUMENTS OR PRESENTATION OF INFORMATION CONTAINED IN PROPOSALS WILL BE MADE AVAILABLE AT THE BID OPENING; HOWEVER, INSTRUCTIONS TO OBTAIN THE TABULATION OR SUMMARY OF BID RESPONSES WILL BE MADE AVAILABLE AT THE RI DIVISION OF PURCHASES WEBSITE AT [WWW.PURCHASING.RI.GOV](http://WWW.PURCHASING.RI.GOV)

#### **PURCHASE AGREEMENT BID**

BIDDING (a) A single price shall be quoted for each item against which a proposal is submitted. This price will be the maximum in effect during the agreement period. Any price decline at the manufacturer's level

shall be reflected in a reduction of the agreement price to the State. (b) Quantities, if any, are estimated only. The agreement shall cover the actual quantities ordered during the period. Deliveries will be billed at the single, firm, awarded unit price quoted regardless of the quantities ordered. (c) Bid price is net F.O.B. destination and shall include inside delivery at no extra cost. (d) Bids for single items and/or a small percentage of total items listed, may, at the State's sole option, be rejected as being non-responsive to the intent of this request. ORDERING (a) The User Agency(s) will submit individual orders for the various items and various quantities as may be required during the agreement period. (b) Exception - Regardless of any agreement resulting from this bid, the State reserves the right to solicit prices separately for any extra large requirements for delivery to specific destinations.

Mailing Address for Bid Proposals issued by the State of Rhode Island, Division of Purchases:

All Bid Proposals must be submitted to the following address:

State of Rhode Island  
Department of Administration  
Division of Purchases, 2nd Floor  
One Capitol Hill  
Providence, RI 02908

### **RIVIP INFO - BID SUBMISSION REQUIREMENTS**

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 should be attached to the front of the offer. Each bid proposal must be submitted in a separate sealed envelope with the bidder's name and address and the specific "Solicitation Number," "Solicitation Title," and the "Bid Proposal Submission Deadline" marked in the upper left-hand corner of the envelope.

The bid proposal must be delivered (via mail, messenger service, or personal delivery) to the Division of Purchases and date-stamped/receipted by the date and time specified for the bid proposal submission deadline. Bidders should mail bid proposals sufficiently in advance of the bid proposal submission deadline to ensure timely delivery to the Division of Purchases or, when delivering a bid proposal in person or by messenger, should allow additional time for parking and clearance through security checkpoints. Bid proposals must be addressed to:

Rhode Island Department of Administration  
Division of Purchases, 2nd Floor  
One Capitol Hill, Providence, RI 02908-5855

Bid proposals that are not received by the Division of Purchases by the bid proposal submission deadline for whatever reason will be deemed late and will not be considered. The submission time will be determined by the time clock in the Division of Purchases. Postmarks will not be considered proof of timely submission.

Bid proposals in electronic format are not accepted at this time.

At the bid proposal submission deadline, bid proposals will be opened and read aloud in public.

### **DIVESTITURE OF INVESTMENTS IN IRAN REQUIREMENT:**

**No vendor engaged in investment activities in Iran as described in R.I. Gen. Laws §37-2.5-2(b) may submit a bid proposal to, or renew a contract with, the Division of Purchases. Each vendor submitting a bid proposal or entering into a renewal of a contract is required to certify that the vendor does not appear on the list maintained by the General Treasurer pursuant to R.I. Gen. Laws §37-2.5-3.**