

Vendor Name: _____
 Payment Terms: _____
 F.O.B.: _____
 Delivery Date: _____
 Ship Via: _____
 Signature: _____

SHIP City of Oak Ridge - Materials Management
 TO 100 Woodbury Lane / P.O. Box 1
 Oak Ridge, TN 37830
 (865) 425-1819 FAX (865) 482-8475
 Lyn Majeski lmajeski@oakridgetn.gov

 Ordered - 02/04/14 Freight - Default - Handling Code
 Requested - 02/18/14 Taken By -
 Delivery - Deliveries are accepted 8 a.m. TO 3 p.m.

Description / Supplier Item	UM	Unit Cost	Extension	Req. Dt
ZOLL E Series Defibrillator per Attached Specifications	2.0000 EA		EA	02/18/14

 * Bidder is required to complete all bid forms including *
 * terms, delivery date, signature, and company name and *
 * Any additions, deletions, or variations from the *
 * attached specifications must be noted. *

Bids must be received by 2:00 P.M. February 18, 2014.
 Bids is required after this time will not be accepted.
 *

Bids may be emailed - lmajeski@oakridgetn.gov
 faxed - 865-482-8475
 mailed - City of Oak Ridge
 Attn: Lyn Majeski
 PO Box 1
 Oak Ridge, TN 37831
 UPS/FedEx - City of Oak Ridge
 Attn: Lyn Majeski
 100 Woodbury Lane
 Oak Ridge, TN 37830

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 All questions regarding this requisition must be emailed to
 lmajeski@oakridgetn.gov by 2:00 P.M. February 12, 2014.

 Total Order

City of Oak Ridge Fire Department

Zoll E-Series Specifications

RFQ # 137607

		Comply	Exception
1	<p>Defibrillator: 2 Recertified Zoll E-Series Biphasic ACLS Manual Defibrillator with See-Thru CPR, Real CPR Help, advisory capability, 12-lead, SPO2, ETCO2, NIBP, Pacing, AED with manual override. Units must utilize a high current, low energy rectilinear, constant current biphasic waveform. Units must have the following energy selections available to provider in manual mode operation: 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 15, 20, 30, 50, 70, 85, 100, 120, 150 and 200 joules. Units must meet current AHA specifications for biphasic defibrillation. Units must be able to charge to 200j in 7 seconds or less. Units must display energy selected and delivered on monitor display, strip chart recorder and code summary. Units must have synchronized cardioversion capability with "sync" message displayed on monitor. Units must contain a built in defibrillator tester that test energy output and continuity of the multifunction cable documented on strip chart and internal memory. Units must be indicated for use on adult, pediatric, and neonatal patients.</p>		
2	<p>ECG Monitoring: 3-Lead, and 12 Lead, multifunction electrode pads selectable by front panel switch. ECG size 0.5,1,1.5,2,3 cm/mv. Bandwidth 0.5-1hz/0.05-150hz diagnostic mode. Leads must be fully defibrillator protected. Units must display standard marker of pacer spike on ECG trace. Heart rate alarms must have on/off indicator displayed on monitor. In AED mode the units must be able to use any of the following monitoring parameters: ETCO2, SpO2, and NIBP.</p>		
3	<p>Electrodes: Units must be able to utilize Multi-function electrodes that allow pacing, defibrillation, cardioversion and ECG monitoring via one set of disposable pads.</p>		
4	<p>12-Lead ECG: The 12 lead parameter must allow direct transmission of 12 lead via Bluetooth, or Wi-Fi. Units must offer an optional 0.05-40hz diagnostic bandwidth. Units must allow the 12 lead to print analysis interpretation including measurements and patients name, age, and gender on 80mm paper. Units must have a 12-lead cable that consist of 4 limb leads and separate V-lead cable including V1-V6.</p>		
5	<p>Pacemaker: Units must have a continuously variable current level. Units must have continuously variable pacing rate from 30-180ppm. Pacer parameters must be maintained when switching back to defibrillation or monitor mode. Units must display pacing rate and milliamps on display. The pacer must continue to deliver therapy in the even an ECG lead falls off.</p>		
6	<p>Display: Units must have Tri-Mode Display. Units must be able to change from color, to black on white or white on black. Units must be able to display dynamic 12-Lead on screen. Units must have sweep speed of at least 25mm/sec. Units must have viewing time of at least 4 seconds.</p>		

		Comply	Exception
7	<p>Capnography: Units must be capable of providing continuous EtCO2 and respiratory rate readings as well as a capnogram for on screen display or print out. Units must be indicated for use on adult, pediatric and neonate for EtCO2.</p>		
8	<p>Non-Invasive Blood Pressure: Units must be capable of acquiring a blood pressure measurement on inflation within 15-30 seconds. Units must incorporate non-invasive oscillometric technology. Units must display systolic and diastolic pressure. Units must be able to take automatic, stat and manual measurements. Units must be indicated for adult, pediatric, and neonatal patients.</p>		
9	<p>Printer/Recorder: Units must utilize a thermal strip chart recorder. Strip chart recorder must use 80mm paper width thermal recording paper. Strip recorder must utilize a 6 second delay. Unit must have user configurable print out modes offering manual or automatic recording options initiated by alarm activation or defibrillator discharge. Strip chart recorder must be able to print 3 leads simultaneously.</p>		
10	<p>Cables: The units must include the following cables: 1-Step Patient cable for 12-lead ECG with limb leads and V-leads included (10 feet). SpO2 Rainbow DCI Adult Reusable Patient Cable/Sensor (8ft). CAPNO 5 mainstream CO2 Sensor and Cable. AC power Cord, 12" AC power extension cord. 3-lead ECG patient Cable.</p>		
11	<p>Case: Rugged softpack carry case and rapid cable deployment system.</p>		

CITY OF OAK RIDGE

STATEMENT OF "NO BID" RFQ # 137607

RETURN THIS PAGE ONLY IF YOUR COMPANY PROVIDES THE PRODUCTS/SERVICES BEING BID AND DECLINES TO DO SO.

WE, THE UNDERSIGNED, HAVE DECLINED TO BID ON YOUR RFQ # 137607 FOR THE FOLLOWING REASON(S):

_____ SPECIFICATIONS ARE TOO "TIGHT," I.E. GEARED TOWARD ONE BRAND OR MANUFACTURER ONLY (PLEASE EXPLAIN BELOW).

_____ INSUFFICIENT TIME TO RESPOND TO INVITATION FOR BID.

_____ OUR PRODUCT SCHEDULE WOULD NOT PERMIT US TO PERFORM.

_____ UNABLE TO MEET SPECIFICATIONS.

_____ UNABLE TO MEET INSURANCE REQUIREMENTS.

_____ SPECIFICATIONS UNCLEAR (PLEASE EXPLAIN BELOW).

_____ OTHER (PLEASE SPECIFY BELOW).

REMARKS: _____

COMPANY NAME: _____

ADDRESS: _____

SIGNATURE AND TITLE: _____

TELEPHONE NUMBER: _____

DATE: _____