

BID DOCUMENTS
FOR
PORTABLE PRE-HOSPITAL MONITOR/DEFIBRILLATOR



CITY OF OWOSSO
301 W. MAIN STREET
OWOSSO, MICHIGAN 48867

SEPTEMBER 14, 2016

NOTICE TO BIDDERS

PORTABLE PRE-HOSPITAL MONITOR/DEFIBRILLATOR FOR THE CITY OF OWOSSO, MICHIGAN

Sealed proposals will be received by the city of Owosso for the PORTABLE PRE-HOSPITAL MONITOR/DEFIBRILLATOR bid and should be addressed to:

Bid Coordinator
City of Owosso
301 W. Main Street
Owosso, Michigan 4886

Bids will be accepted until **3:00 p.m. Tuesday, October 4, 2016** for a PORTABLE PRE-HOSPITAL MONITOR/DEFIBRILLATOR at which time bids will be publicly opened and read aloud.

All bids must be in writing and must contain an original signature by an authorized officer of the firm. Electronic bids (i.e., telephonic, fax, email, etc.) are **NOT** acceptable.

All bids shall clearly contain on the outside of the **sealed** envelope in which they are submitted:

PORTABLE PRE-HOSPITAL MONITOR/DEFIBRILLATOR BID

Hard copies of the proposal and specifications are on file and may be obtained for a fee in accordance with the city's FOIA Policy at the office of the Bid Coordinator, City Hall, 301 West Main Street, Owosso, Michigan 48867. Bid documents are available at no charge on our website at www.ci.owosso.mi.us or on the MITN website at www.mitn.info.

The city reserves the right to accept any proposal; or to reject any proposal; to waive irregularities in a proposal; or to negotiate if it appears to be in the best interest of the city of Owosso.

INQUIRIES/ADDENDUMS

Addendums will be available on the city's website at www.ci.owosso.mi.us and on the MITN website at www.mitn.info.

All inquiries regarding this bid request must be received at least five (5) calendar days prior to the submission and shall be received in, and responded to, in writing, or via FAX at 989-725-0529 or by e-mail to kevin.lenkart@ci.owosso.mi.us,

INSTRUCTIONS TO BIDDERS

1. Each proposal must be signed by the bidder with his usual signature. Bids by partnerships should be signed with the partnership name by one of the members of the partnership or by an authorized representative, followed by the signature and title of the person signing. Proposals by corporations must be signed with the name of the corporation, followed by the signature and designation of the president, vice-president or person authorized to bind it in the matter. **Any paperwork not filled out properly or signed will cause the bid to be considered non-responsive and shall be rejected by the city.**
2. Proposals, to receive consideration, must be received prior to the specified time of opening and reading as designated in the invitation.
3. Bidders are requested to use the proposal form furnished by the city when submitting their proposals. Envelopes must be **sealed** when submitted and clearly marked on the outside indicating the name of the bid.
4. Proposals having erasures or corrections thereon may be rejected unless explained or noted over the signature of the bidder.
5. References in the specifications or description of materials, supplies, equipment, or services to a particular trade name, manufacturer's catalog, or model number are made for descriptive purposes to guide the bidder in interpreting the type of materials or supplies, equipment, or nature of the work desired. They should not be construed as excluding proposals on equivalent types of materials, supplies, and equipment or for performing the work in a manner other than specified. However, the bidders' attention is called to General Condition seven (7).
6. Proposals should be mailed or delivered to: Bid Coordinator's Office, City Hall, 301 W. Main Street, Owosso, MI 48867.
7. Special conditions included in this inquiry shall take precedence over any conditions listed under General Conditions or Instructions to Bidders.
8. Insurance coverage – The winning bidder, prior to execution of the contract, shall file with the city copies of completed certificates of insurance naming the city of Owosso as an additional insured party, as evidence that the contractor carries adequate insurance satisfactory to the city.
9. The city of Owosso has a local preference policy for the purchase of goods and services. The policy in part states: *A business located within the city limits and paying real or personal property taxes to the city of Owosso will be granted a six percent (6%) bid advantage or \$2,500, whichever is less, over a business located outside Shiawassee County. A business located outside the city limits but within Shiawassee County and paying property taxes to the county will be granted a three percent (3%) bid advantage or \$2,500, whichever is less, over a business located outside Shiawassee County. The preference also applies to subcontractors performing twenty-five percent (25%) or more of the work of a general contract.*
10. **The following items must be included with the bid response:**
 - a. **Vendor Proposal**
 - b. **Local Preference Affidavit**
 - c. **W-9 Request for Taxpayer ID No. and Certification**
 - d. **Signature Page & Legal Status/ Acknowledgement of Addendum(s)**

Bid Proposal

PORTABLE PRE-HOSPITAL MONITOR/DEFIBRILLATOR

TO: THE CITY OF OWOSSO (HEREINAFTER CALLED THE "CITY")

Bidder must provide pricing for each item listed. If additional pricing elements are being offered by the bidder, they are to be listed under "other items offered."

The undersigned, having examined the bid proposal forms and specifications, does hereby offer to supply the items as detailed in the **PORTABLE PRE-HOSPITAL MONITOR/DEFIBRILLATOR** bid listed below at the following prices to wit:

Item	Description	Quantity	Unit	Unit Price
1	Portable Pre-Hospital Monitor/Defibrillator, Manufacturer and Model #	1	EA	
2	Cost addition (or subtraction) for carbon monoxide detection	1	EA	
3	TOTAL			
4	Optional five year warranty and extended service plan	1	EA	
5	TOTAL WITH WARRANTY AND SERVICE PLAN			

Bidder's initials _____

VARIANCE FROM SPECIFICATIONS: If the bidder is unable to comply with the specifications as outlined, the bidder shall clearly note these variations from the specifications. The bidder may also propose additions to these specifications for the city to consider, but the costs associated with these additions shall be stated separately.

On behalf of _____, I hereby submit this proposal for a PORTABLE PRE-HOSPITAL MONITOR/DEFIBRILLATOR for your consideration. The undersigned acknowledges that this proposal is subject to the General Conditions and the General Specifications included in the contract documents. In submitting this proposal, it is understood that the right is reserved by the CITY to reject any and all proposals, and waive any irregularities in the bidding process. The CITY may award this contract based on any combination of the total bid and/or alternates.

Dated and signed at _____ State of _____

This _____ day of _____, 20_____.

Bidder

Witness:

By/s/

Business Address

Signature

Printed Name

Title

Telephone Number

GENERAL CONDITIONS

1. LOCAL PREFERENCE POLICY

The city of Owosso has a local preference policy for the purchase of goods and services. The policy in part states: *A business located within the city limits and paying real or personal property taxes to the city of Owosso will be granted a 6% bid advantage or \$2,500, whichever is less, over a business located outside Shiawassee County. A business located outside the city limits but within Shiawassee County and paying property taxes to the county will be granted a 3% bid advantage or \$2,500, whichever is less, over a business located outside Shiawassee County. The preference also applies to subcontractors performing 25% or more of the work of a general contract.*

2. BID ACCEPTANCE

The city reserves the right to reject any or all proposals. Unless otherwise specified, the city reserves the right to accept any item in the proposal. In case of error in extending the total amount of the bid, the unit prices shall govern.

3. PAYMENT

Unless otherwise stated by the bidder, time, concerning discount offered, will be computed from date of delivery and acceptance at destination or from date correct bill or claim voucher properly certified by the contractor is received. When so stated herein, partial payments, based on a certified approved estimate by the city of materials, supplies or equipment delivered or work done, may be made upon presentation of a properly-executed claim voucher. The final payment will be made by the city when materials, supplies, equipment or the work done have been fully delivered or completed to the full satisfaction of the city.

4. BID DEFAULT

In case of default by the bidder or contractor, the city of Owosso may procure the articles or services from other sources and hold the bidder or contractor responsible for any excess cost occasioned thereby.

5. UNIT PRICES

Prices should be stated in units of quantity specified.

6. QUOTED PRICES

Unless otherwise stated by the bidder, prices quoted will be considered as being based on delivery to a designated destination and to include all charges for packing, crating, containers, shipping, etc., and being in strict accordance with specifications and standards as shown.

7. SUBSTITUTIONS

Wherever a reference is made in the specifications or description of the materials, supplies, equipment, or services required, to a particular trade name, manufacturer's catalog, or model number, the bidder, if awarded a contract or order, will be required to furnish the particular item referred to in strict accordance with the specifications or description unless a departure or substitution is clearly noted and described in the proposal.

8. HOLD CITY HARMLESS

The bidder, if awarded an order or contract, agrees to protect, defend, and save the city harmless against any demand for payment for the use of any patented material, process, article, or device that may enter into the manufacture, construction, or form a part of the work covered by either order or contract. Bidder further agrees to indemnify and save the city harmless from suits or action of every nature and description brought against it, for or on account of any injuries or damages received or sustained by any party or parties, by or from any of the acts of the contractor, his employees, subcontractors, or agents.

9. COMPETITIVE BIDDING STATUTES

The laws of the state of Michigan, the charter and ordinances of the city of Owosso, as far as they apply to the laws of competitive bidding, contracts and purchases, are made a part hereof.

10. SAMPLES

Samples, when requested, must be furnished free of expense to the city and, if not destroyed, will upon request be returned at the bidder's expense.

11. EQUAL EMPLOYMENT OPPORTUNITY AND OTHER CLAUSES

The contractor shall agree not to discriminate against any employee or applicant for employment because of age, race, religion, color, handicap, sex, physical condition, developmental disability as defined by Michigan Compiled Statutes, or national origin. This provision shall include but not be limited to the following: employment, upgrading, demotion or transfer, recruitment or recruitment advertising, layoff or termination, rate of pay or other forms of compensation, and selection for training including apprenticeship. The contractor further agrees to take affirmative action to ensure equal employment opportunities for persons with disabilities. The contractor agrees to post in conspicuous places, available to employees and applicants for employment, notices setting forth the provision of the non-discrimination clause.

LOCAL PREFERENCE POLICY

The following affidavit should be completed if a bidder is located within Shiawassee County or intends to sub-contract more than twenty-five percent (25%) to a Shiawassee County based business: The city of Owosso has a local preference policy for the purchase of goods and services as recorded in the city ordinance in section 2-348. "Lowest qualified bidder" defined.

1. The term "lowest qualified bidder," as used in this division, shall mean the lowest bidder having qualifications to perform the work which are satisfactory to the council. The lowest bidder shall be determined based on an adjusted bid tabulation which shall be prepared in the following manner: To the bid of any bidder which is neither a city-based business nor a county-based business shall be added an amount equal to six (6) percent of the bid or two thousand five hundred dollars (\$2,500.00), whichever is less.
2. To the bid of any bidder which is a county-based business shall be added an amount equal to three (3) percent of the bid or two thousand five hundred dollars (\$2,500.00), whichever is less; provided, however, that if no bid is received from a city-based business, no additional amount shall be added to the bid of a county-based business.
3. "Owosso-based business" shall be interpreted to mean a business registered with the county clerk or a corporation registered with the state having a business address within the city limits which pays real and/or personal property taxes levied by the city.
The term "county-based business" shall be interpreted to mean a business other than a city-based business registered with the county clerk or a corporation registered with the state having a business address within the county which pays real and/or personal property taxes levied by the county.
4. If twenty-five (25) percent or more of a contract for construction or other services is to be subcontracted by a city-based business bidder to a non-city-based business or businesses, or by a county-based business bidder to a non-county-based business or businesses, the adjusted bid shall be calculated by applying the provisions of this section separately to each portion of the contract based on the status of the contractor or subcontractor performing that portion of the contract as a city-based or county-based business.

AFFIDAVIT

In accordance with Section 2-348 of the Owosso city code, the bid from a business located in Shiawassee County shall be adjusted to reflect a preference. In order for the city to calculate the adjustment, the bidder hereby deposes and states that their business address is registered, and is currently paying real and/or personal property taxes in Shiawassee County at the following address:

Registered business address

The affiant further deposes and states that a sub-contract with a business registered, and paying real and/or personal property taxes in Shiawassee County will be executed for a percentage equal to or greater than twenty-five percent (25%) as stated below:

Business name and address of sub-contractor

Percentage of contract

Authorized signature

Title

Company name

Date

SIGNATURE PAGE AND LEGAL STATUS

The undersigned certifies that he is an official legally authorized to bind his firm and to enter into a contract should the city accept this proposal.

Bid proposal by _____
(Name of Firm)

Legal status of bidder. Please check the appropriate box and **USE CORRECT LEGAL NAME.**

A. Corporation ____ ; State of Incorporation _____

B. Partnership ____ ; List of names _____

C. DBA ____ ; State full name _____ DBA

D. Other ____ ; Explain _____

Signature of Bidder _____ Title _____
(Authorized Signature)

Printed name _____

Signature of Bidder _____ Title _____
(Authorized Signature)

Printed name _____

Address _____ City _____ Zip _____

Telephone () _____

Signed this _____ day of _____ 20____.

Bidder acknowledges receipt of the following Addenda:

ADDENDUM NO.	BIDDER'S INITIALS
_____	_____
_____	_____
_____	_____

W-9 LEGAL STATUS & TAX ID FORM INSTRUCTIONS

Sole proprietor. Enter your individual name as shown on your income tax return on the “Name” line. You may enter your business, trade, or “doing business as (DBA)” name on the “Business name/disregarded entity name” line.

Partnership, C Corporation, or S Corporation. Enter the entity's name on the “Name” line and any business, trade, or “doing business as (DBA) name” on the “Business name/disregarded entity name” line.

Disregarded entity. Enter the owner's name on the “Name” line. The name of the entity entered on the “Name” line should never be a disregarded entity. The name on the “Name” line must be the name shown on the income tax return on which the income will be reported. For example, if a foreign LLC that is treated as a disregarded entity for U.S. federal tax purposes has a domestic owner, the domestic owner's name is required to be provided on the “Name” line. If the direct owner of the entity is also a disregarded entity, enter the first owner that is not disregarded for federal tax purposes. Enter the disregarded entity's name on the “Business name/disregarded entity name” line. If the owner of the disregarded entity is a foreign person, you must complete an appropriate Form W-8.

Note. Check the appropriate box for the federal tax classification of the person whose name is entered on the “Name” line (Individual/sole proprietor, Partnership, C Corporation, S Corporation, Trust/estate).

Limited Liability Company (LLC). If the person identified on the “Name” line is an LLC, check the “Limited liability company” box only and enter the appropriate code for the tax classification in the space provided. If you are an LLC that is treated as a partnership for federal tax purposes, enter “P” for partnership. If you are an LLC that has filed a Form 8832 or a Form 2553 to be taxed as a corporation, enter “C” for C corporation or “S” for S corporation. If you are an LLC that is disregarded as an entity separate from its owner under Regulation section 301.7701-3 (except for employment and excise tax), do not check the LLC box unless the owner of the LLC (required to be identified on the “Name” line) is another LLC that is not disregarded for federal tax purposes. If the LLC is disregarded as an entity separate from its owner, enter the appropriate tax classification of the owner identified on the “Name” line.

Other entities. Enter your business name as shown on required federal tax documents on the “Name” line. This name should match the name shown on the charter or other legal document creating the entity. You may enter any business, trade, or DBA name on the “Business name/disregarded entity name” line.

Please see attached W-9 Request for Taxpayer Identification Number and Certification form for more information on filling out the W-9 form.

Request for Taxpayer Identification Number and Certification

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

Print or type See Specific Instructions on page 2.	Name (as shown on your income tax return)	
	Business name/disregarded entity name, if different from above	
	Check appropriate box for federal tax classification: <input type="checkbox"/> Individual/sole proprietor <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ _____ <input type="checkbox"/> Other (see instructions) ▶ _____	
	<input type="checkbox"/> Exempt payee	
	Address (number, street, and apt. or suite no.)	Requester's name and address (optional)
City, state, and ZIP code		
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 the "Name" line to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Note. If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

Social security number									

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).

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 on page 4.

Sign Here	Signature of U.S. person ▶	Date ▶
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General Instructions

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

Purpose of Form

A person who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify that you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income.

Note. If a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

Definition of a U.S. person. For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States,
- An estate (other than a foreign estate), or
- A domestic trust (as defined in Regulations section 301.7701-7).

Special rules for partnerships. Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax on any foreign partners' share of income from such business. Further, in certain cases where a Form W-9 has not been received, a partnership is required to presume that a partner is a foreign person, and pay the withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid withholding on your share of partnership income.

PROPOSAL

The proposals are to include the following:

Product Specifications for Monitor/Defibrillator

1. The following specifications are for a portable monitor/defibrillator that the department will utilize on a daily basis. Any and all exceptions to the Specifications outlined herein must be noted on this bid specification and thoroughly explained in the bid proposal. The term "we are equal to your specifications" will not be permitted. It will be the responsibility of the City to determine if a substitution to the specification is considered "equal to". The bidder must provide with bid listing any exceptions and detailed specifications with each numbered item, so that the City can make the necessary comparison to reach a proper decision. Failure to do so may result in rejection of your bid for noncompliance. **Exceptions must be noted on specifications sheet.**
2. Paramedics work in many unique settings and environments. Paramedics will use the Cardiac Monitor/Biphasic Defibrillator on patients in a variety of venues including, but not limited to, residences, work locations, recreational areas, motor vehicle crash sites, and fire scenes. Due to the variety of atmospheres or environments the device will be deployed, the Cardiac Monitor/Biphasic Defibrillator should be heat, cold, moisture, and shock resistant. Instrument shall be a Cardiac Monitor/ Biphasic Defibrillator, with twelve lead ECG analysis, recording, and transmission capability suitable for pre-hospital use by paramedics. Instrument should have A.E.D. mode for use by non-paramedics; which includes automated ECG analysis, prompted treatment protocols for patients in cardiac arrest; Manual Mode for use by Paramedics performing manual defibrillation, synchronized cardioversion; transcutaneous pacing; ECG and vital sign monitoring and an "archive" function for storing patient information.
3. Cardiac monitor/defibrillator with multiple lead monitoring including 12-lead capabilities. All cables shall be supplied. Cables shall be a minimum of 5 ft. in length.
4. The cardiac monitor/defibrillator shall be capable of acquiring leads I, II, III, AVR, AVL, and AVF simultaneously.
5. The cardiac monitor/defibrillator must be capable of displaying 4 waves simultaneously.
6. The cardiac monitor/defibrillator shall be capable of acquiring and interpreting 12-lead E.C.G. The manufacturer shall supply all necessary cables.
7. The cardiac monitor/defibrillator 12-lead ECG view must be able to show all 12-Leads on the display at once in real time.
8. Monitor/Defibrillator shall include a protective carrying case with convenient and organized storage pockets suitable for rough EMS service environment. Delivered unit shall also include:
 - a. One (1) pair quick combo pads/cables (cables must be compatible with Phillips Quick Combo pad) and also include adapters to be compatible with Physio Quick Combo pad, and Zoll Quick Combo pad.
 - b. Two (2) pair of limb lead cables.
 - c. Two (2) pair of 12-lead cables.
 - d. Twelve (12) rolls of paper.
 - e. One (1) case of ETCO2 intubate adapters.

- f. One (1) case of ETCO₂ non-intubate nasal cannula adapters.
9. The cardiac monitor/defibrillator shall have a display that may be adjusted to improve visibility in bright sunlight or darkness.
10. The cardiac monitor/defibrillator settings shall be password protected.
11. The cardiac monitor/defibrillator shall display a numerical heart rate.
12. The cardiac monitor/defibrillator shall provide an audible alarm for low and high heart rate. Alarm shall be capable of being adjusted and silenced by user.
13. User shall be able to select which leads are displayed.
14. The cardiac monitor/defibrillator shall have the ability to transmit E.C.G. and vital signs to all enabled hospitals.
15. The cardiac monitor/defibrillator shall have Bluetooth and Wi-Fi connectivity.
16. Software capable of importing code summary data into electronic patient care report.
17. Defibrillator shall deliver biphasic energy via multifunction electrodes. Manufacturer shall supply all necessary cables.
18. Manual defibrillator shall be capable of delivering escalating energy. Energy level selection shall be easily accomplished.
19. Monitor/Defibrillator shall provide synchronized and unsynchronized cardioversion in a variety of joule settings for both adult and pediatric patients.
20. Synchronized function default can be set by user to turn off or stay on after each cardioversion.
21. Manufacturer shall supply defibrillating and cardioversion energy dosing protocol based on current A.H.A. guidelines.
22. The cardiac/defibrillator monitor shall have SpO₂ monitoring. Manufacturer shall supply all necessary cables, sensors, and probes. Screen shall display wave form monitoring and numeric display.

23. The cardiac/defibrillator monitor shall have EtCO₂ monitoring. Manufacturer shall supply all necessary cables, sensors, and probes. Screen shall display wave form monitoring and numeric value.
 - a. ETCO₂ must not have the sensor outside of the device.
 - b. ETCO₂ must be capable of monitoring intubated patients and non-intubated patients
24. The cardiac/defibrillator monitor shall be able to display a respiratory rate between zero (0) and ninety nine (99) breaths per minute.
25. The cardiac/defibrillator monitor shall be capable of obtaining NIBP. Manufacturer shall supply all necessary cables and cuffs for adult, child, infant and bariatric patients.
26. Auto vital sign measurements.
27. Device shall be capable of transcutaneous cardiac pacing.
28. Pacer shall be capable of demand and fixed modes.
29. Pacer rate shall be adjustable.
30. Pacer output shall be adjustable from 0-200mA.
31. The cardiac/defibrillator monitor shall be capable of running on rechargeable batteries or AC power. Manufacturer shall supply all necessary power cords, chargers and batteries.
32. The cardiac/defibrillator monitor shall have a printer.
33. The cardiac/defibrillator monitor shall be capable of archiving patient data.
34. The cardiac monitor/defibrillator shall have a battery indicator showing battery capacity and state of charge.
35. The cardiac monitor/defibrillator shall include 2 power bays, which can be used for the following: two (2) batteries, or one (1) battery and AC power.
36. The cardiac monitor/defibrillator shall have battery(s) that are easily replaced in the field.
37. The cardiac monitor/defibrillator shall be able to support hot swapping batteries while in use.
38. Manufacturer shall supply two (2) rechargeable batteries with charger.

39. Manufacturer shall offer not less than a 5 year warranty and maintenance program listed as a separate and optional part of the bid proposal which the city will have the option to purchase within not less than 24 months from the date of purchase of the Monitor/Defibrillator.
40. Manufacturer shall offer a minimum 12 month all-inclusive warranty that includes all components of the Monitor/Defibrillator, and provide a replacement when said maintenance is needed to be performed.
41. The cardiac/defibrillator monitor should have capabilities for a daily operational check.
42. The cardiac/defibrillator monitor must ship with a test load at no additional charge
43. Vendor to provide complete up to date price list for all parts and or accessories.
44. Bid should include all items needed for the cardiac monitor/defibrillator to function at the same level of patient care that our current monitor delivers with all accessories needed to perform the tasks specified in this document.
45. CPR monitoring / evaluation is not required as a component capability.
46. If carbon monoxide detection capability is included in the unit bid, please indicate the reduction in cost of the unit if carbon monoxide detection capability is deleted.
47. If carbon monoxide detection capability is not included in the unit bid, please indicate the cost to add the capability to the unit both at the time the unit is purchased and after the unit is delivered.
48. If the cardiac/defibrillator monitor bid is not capable of having carbon monoxide detection added, please indicate that as such.
49. The cardiac/defibrillator monitor must be delivered within forty-five (45) calendar days from the date the order is initiated by the city.
50. Training: Initial training pertaining to features of the monitor shall be offered for 3 shifts on different days.