**REQUIREMENT SPECIFICATIONS CHECKLIST**

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| **S/No.** | **Description** | **Check √** | | **Remark** |
| **Yes** | **No** |
| **1** | **COMPULSORY REQUIREMENTS** |  |  |  |
| **a)** | **Armrest** |  |  |  |
|  | * Two (2) side tables c/w smooth table-top and with foldable or swivel features |  |  |  |
|  | * Adjustable/drop-down armrest feature to facilitate the transfer of patients |  |  |  |
| **b)** | **Backrest**   * Product shall support multiple reclined positions and must include Trendelenburg |  |  |  |
| **c)** | **Safety requirements**   * Chair should be able to provide easy mobility without sacrificing stability when operating in various positions |  |  |  |
|  | * All joints and accessible parts of the chair shall be hazard free for users (e.g. no sharp edges) |  |  |  |
|  | * Recliner cannot be easily displaced when the wheels are locked |  |  |  |
|  | * The structure and material of the chair must allow easy cleaning |  |  |  |
| **2**  **a)** | **GENERAL**  **Dimensions and Weight for Standard and Heavyweight Hemodialysis Chair**   * Seat Height : Range between 510 mm and 580 mm |  |  |  |
|  | * Seat Width : Range between 520 mm and 580 mm |  |  |  |
|  | * Seat Depth : Range between 450 mm and 540 mm |  |  |  |
|  | * Overall Height : Range between 1000 mm and 1400 mm |  |  |  |
|  | * Overall Width : Range between 770 mm and 860 mm |  |  |  |
|  | * Back Height : Range between 730 mm and 800 mm |  |  |  |
|  | * Weight Bearing At least **160kg** for **standard** chair |  |  |  |
|  | * Capacity : At least **200kg** for **heavyweigh**t chair |  |  |  |

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| **S/No.** | **Description** | **Check √** | | **Remark** |
|  |  | **Yes** | **No** |  |
| **b)** | **Dimensions and weight for Electric Haemodialysis Chair**   * Seat Height : Range between 540 mm and 820 mm |  |  |  |
|  | * Seat Width : Range between 560 mm and 620 mm |  |  |  |
|  | * Seat Depth : Range between 480 mm and 560 mm |  |  |  |
|  | * Overall Width : Range between 880 mm and 950 mm |  |  |  |
|  | * Back Height : Range between 780 mm and 820 mm |  |  |  |
|  | * Weight Bearing   Capacity : At least **200Kg** |  |  |  |
| **c)** | **Leg Rest**   * Chair shall be incorporated with an integrated and reclinable leg rest |  |  |  |
| **d)** | **Handle**   * Handle to facilitate maneuvering of the chair |  |  |  |
| **e)** | **Material – Coating on metal parts**   * Non-toxic, non-irritant, and able to withstand corrosion |  |  |  |
| **f)** | **Material – Vinyl**   * Medical grade treated vinyl upholstery |  |  |  |
|  | * Seamless surface for head, back & arm rest with no contours |  |  |  |
| **g)** | **Caster**   * Casters with front brackets, rear steering, and locking ability |  |  |  |
| **h)** | **Safety Mechanisms**   * Fuse protection * Automatic cut-off, to prevent power surges and equipment damage. |  |  |  |
| **3**  **a)** | **Maintenance**   * Preventive maintenance within the warranty period * Preventive maintenance within the warranty period   Contractor to indicate details on  frequency and extent of  maintenance) |  |  |  |

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| **S/No.** | **Description** | **Check √** | | **Remark** |
|  |  | **Yes** | **No** |  |
| **b)**  **c)**  **d)** | * One set of maintenance manuals, and service manuals complete with spare parts list shall be delivered together with the chair |  |  |  |
| * Spare parts shall be obtained over the counter in Singapore for the expected life of the chair |  |  |  |
| * Yearly renewal and Schedule of Rates (SOR) |  |  |  |
| **4**  **a)** | **Warranty**   * Supplier shall provide at least a one-year warranty including parts and labour after the date of acceptance of the chair. The supplier shall specify the warranty period in the offer |  |  |  |
| **b)** | * Supplier shall, at his own expense, make good, to the satisfaction of the Dialysis Centre, any defects on the chair due to improper workmanship, faulty design, or component failure which may arise within the warranty period from the acceptance of the chair |  |  |  |
| **5**  **a)** | **SAMPLE**   * If the product is new to NKF, the Contractor, shall at their own expense, provide a sample for evaluation within two weeks of notification. The time, date and venue for delivery of the sample shall be determined by NKF. The evaluation period will last up to two weeks from date of demonstration of usage by Contractor. |  |  |  |
| **b)** | * The Contractor shall provide test certificates from an internationally recognized testing body attesting to compliance with recognized standards |  |  |  |

**Verified and Confirmed By:**

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| Authorized Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Signatory Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Signatory Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Telephone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Contractor’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Contractor’s Stamp: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |