

Request for Quote

THIS IS NOT A PURCHASE ORDER

Examination Tables

Wingham & District Hospital 270 Carling Terrace Wingham, ON NOG 2W0 Listowel Memorial Hospital 255 Elizabeth Ave Listowel, ON N4W 2P5

Please visit us at our new website www.lwha.ca

Request for Quote

Submission Details

Submission Deadlines

All submissions for responding to this request must be submitted electronically to the below contacts no later than:

January 17, 2024

It is important to provide a response for each section in this RFQ.

Submission Questions and Clarifications

You may contact the following persons if you have any questions or require clarification on any topics covered in this Request for Quote:

Shelley Reinhardt Manager Supply Chain and Projects Listowel Wingham Hospitals Alliance Phone: 519-357-3711 x 6396

Cell: 519-292-6277 Shelley.reinhardt@lwha.ca

Electronic responses via email will be accepted.

Introduction and Executive Summary

LWHA is seeking quotes for examination tables for our Fisher Family Care Center at 185 Inkerman St in Listowel.

We will need up to 14 examination tables, but this exact number will be confirmed.

Please specify last order date to meet our installation deadline of July 15, 2025.

Business Overview & Background

Please visit us at www.lwha.ca

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Request for Quote

Selection Criteria

Our final selection will be based on your response to each section in this RFQ.

Instructions:

- 1. Quotations will not be considered unless this document is returned completed and signed.
- 2. If unable to quote, please return form advising to that effect.
- 3. LWHA reserves the right to accept or reject all or any part of this quotation.
- 4. If you have any questions please contact Shelley Reinhardt.
- 5. Complete a quotation for the goods or services listed in Section 1 Scope of Work
- 6. Respond to the terms and conditions Section 3 Terms and Conditions

Section 1 - Scope of Work

Here is a picture of the current exam table that we have.



Please specify what lengths your table comes in, we find this table short sometimes.

The height adjustable table up/down feature is a nice to have, please provide a quote with and without this.

Please quote the light attachment as an option.

Please quote the foot pedal as an option.

Please quote table with a pull out attached stool (if this is an option)

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What is the weight capacity of your table? Is there bariatric options? If so please provide pricing on this as well.

Section 2 - Quote Breakdown

Quote should be broken out as much as possible:

Exam Table	Included or \$x
Exam Table Mattress/Pad	Included or \$x
Foot Stool	Included or \$x
Light	Included or \$x
Height adjustable	Included or \$x
Anything else we should know?	

Section 3 - Terms and Conditions

Incoterms 2010- EXW Wingham, ON

Contractors are required to have \$5 million liability insurance and provide proof of this. WSIB is also a requirement and proof must be provided.

LWHA reserves the right in its sole discretion to request clarification and/or further information from one or more prospective suppliers after closing without becoming obligated to offer the same opportunity to all prospective suppliers.

LWHA reserves the right in its sole discretion to negotiate modifications to any quotation received without becoming obligated to offer to negotiate with any other prospective supplier.

LWHA intends that a signed contract and purchase order for this project will be executed with the chosen supplier prior to any portion of the service being provided. We are not likely to purchase everything that is quoted at this time.

Section 4 - Acceptance Criteria and Payment

100% invoiced after installation, Net 30

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Acceptance is defined as being signed off by project manager that all items purchased installed and operating.

Complete Questionnaire below:

- 1. Quotation in Canadian Dollars?
- 2. Is the electrical equipment CSA or equivalent approved? Is there any special electrical requirements?
- 3. Is training provided if required?
- 4. Please provide cut sheet for each quoted option (size, weight capacity, power requirements, etc.)
- 5. Please specify last order date to meet our installation deadline of July 15, 2025.
- 6. Are controlled goods involved (e.g. radioactive, alchohol, hazardous)?
 - a. If yes to item 3 above have you included MSDS?
- 7. Are permits or other certifications required?
- 8. Are your warranties clearly described?
- 9. What cleaning products can be safely used on this exam table, please list cleaning instructions.
- 10. Where is your product manufactured?
- 11. Where is your product serviced from?
- 12. How long is your quote firm for? We are not likely to buy this all at once, but may need to purchase over the next 3-5 years. How long can you hold your pricing for?
- 13. As stated, we will not need this furniture until about July 2025, please confirm you can store until we require. Date to be confirmed for move in.
- 14. Does delivery include unload, unpack and put in place, and confirm working? You will be expected to deliver, set up and install all and remove all waste from site.
- 15. Please accept payment terms as defined above.

Acknowledgement:	
Company Name	Date
I/We	_ the undersigned hereby declare and acknowledge

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That I/we have examined, and agree to, the terms and conditions contained in this RFQ.

That full disclosure has been made of any conflict of interest or potential conflict of interest.

That I/we have marked as "confidential" all information so deemed by us.

Contact Information:

Address:

Phone:

Fax:

Email:

Signature:

Section 5 - Reference Documents

Date:

Here is a picture of what the exam room will look like once built.

