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TPSGC
11 Laurier St./ 11 rue, Laurier
Place du Portage, Phase III
Core 0A1 / Noyau 0A1
Gatineau, Québec K1A 0S5
Bid Fax: (819) 997-9776

SOLICITATION AMENDMENT
MODIFICATION DE L'INVITATION

The referenced document is hereby revised; unless otherwise indicated, all other terms and conditions of the Solicitation remain the same.

Ce document est par la présente révisé; sauf indication contraire, les modalités de l'invitation demeurent les mêmes.

Comments - Commentaires

Vendor/Firm Name and Address
Raison sociale et adresse du
fournisseur/de l'entrepreneur

Issuing Office - Bureau de distribution
Scientific, Medical and Photographic Division /
Division de l'équipement scientifique, des produits
photographiques et pharmaceutiques
11 Laurier St./ 11 rue, Laurier
6B1, Place du Portage
Gatineau, Québec K1A 0S5

Title - Sujet Legs Plyometric Rehabilitation Mach	
Solicitation No. - N° de l'invitation W3931-120082/B	Amendment No. - N° modif. 001
Client Reference No. - N° de référence du client W3931-120082	Date 2012-06-07
GETS Reference No. - N° de référence de SEAG PW-\$\$PV-939-60367	
File No. - N° de dossier pv939.W3931-120082	CCC No./N° CCC - FMS No./N° VME
Solicitation Closes - L'invitation prend fin at - à 02:00 PM on - le 2012-06-11	
Time Zone Fuseau horaire Eastern Daylight Saving Time EDT	
F.O.B. - F.A.B. Plant-Usine: <input type="checkbox"/> Destination: <input checked="" type="checkbox"/> Other-Autre: <input type="checkbox"/>	
Address Enquiries to: - Adresser toutes questions à: Quinn, Laurie	Buyer Id - Id de l'acheteur pv939
Telephone No. - N° de téléphone (819) 956-3824 ()	FAX No. - N° de FAX (819) 956-3814
Destination - of Goods, Services, and Construction: Destination - des biens, services et construction:	

Instructions: See Herein

Instructions: Voir aux présentes

Delivery Required - Livraison exigée	Delivery Offered - Livraison proposée
Vendor/Firm Name and Address Raison sociale et adresse du fournisseur/de l'entrepreneur	
Telephone No. - N° de téléphone Facsimile No. - N° de télécopieur	
Name and title of person authorized to sign on behalf of Vendor/Firm (type or print) Nom et titre de la personne autorisée à signer au nom du fournisseur/ de l'entrepreneur (taper ou écrire en caractères d'imprimerie)	
Signature	Date

Solicitation Amendment 001 is raised to incorporate the following answers to questions that was asked during the solicitation period, as they relate to the mandatory specifications.

Q1. 1.0 Bench size 80cm (w) x 270 (L) +/- 10cm tolerance.

Does this refer to the size of the entire machine?

A1. Yes, this refers to the entire machine.

Q2. 2.0 Must have selectable minimum range resistance 10kg to 100kg +/- 5kg tolerance.

As long as the minimum range is correct, is it crucial that the maximum has a limit of 100kg or would a greater maximum option be accepted?

A2. Since this machine is for rehabilitation, it is crucial to have control within lower weights.

Exceeding the higher load as 100 kg will not have impact. Then is acceptable if exceed the maximum load requested.

Q3. 3.0 Machine weight maximum must be 90kg

The Shuttle MVP PRO weights 200lbs, which is about 1.5lbs heavier than the posted spec. Is there an acceptable tolerance of say 5lbs regarding overall weight?

A3. Yes, it is acceptable if exceed the maximum weight in 10% of the value. The tolerance is $\pm 10\%$ of the weight requested. (200 lbs ± 20 lbs or ~ 90 kg ± 9 kg)