

RETURN BIDS TO:
RETOURNER LES SOUMISSIONS À:
Bid Receiving - PWGSC / Réception des soumissions
- 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
Vehicles & Industrial Products Division
11 Laurier St./11, rue Laurier
7A2, Place du Portage, Phase III
Gatineau, Québec K1A 0S5

Title - Sujet TYPE 1 4x4 AMBULANCES	
Solicitation No. - N° de l'invitation W8476-144753/B	Amendment No. - N° modif. 004
Client Reference No. - N° de référence du client W8476-144753	Date 2015-03-06
GETS Reference No. - N° de référence de SEAG PW-\$\$HP-912-66618	
File No. - N° de dossier hp912.W8476-144753	CCC No./N° CCC - FMS No./N° VME
Solicitation Closes - L'invitation prend fin at - à 02:00 PM on - le 2015-03-13	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: Pearson, Neil	Buyer Id - Id de l'acheteur hp912
Telephone No. - N° de téléphone (819) 956-3976 ()	FAX No. - N° de FAX (819) 953-2953
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 No. - N° de l'invitation

W8476-144753/B

Amd. No. - N° de la modif.

004

Buyer ID - Id de l'acheteur

hp912

Client Ref. No. - N° de réf. du client

W8476-144753

File No. - N° du dossier

hp912W8476-144753

CCC No./N° CCC - FMS No/ N° VME

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This solicitation amendment 004 is raised to address bidders questions.

Question 2

Regarding TIQ section 3.1 b. c. Industry Acceptability / Regulations, it states we must provide the provincial certification of a Type I OEM ambulance. We do not have an Ontario certificate for our type 1 model. Will the certificate for our type 3 ambulance be sufficient? Our type 1 and type 3 ambulances are similarly built.

Answer

A provincial certification for a Type I or Type III ambulance model issued in the last five (5) years, is acceptable to meet 3.1 b. c. in the TIQ.

Question 3

Can you clarify what options (NIBP, ETCO2, etc..) are required on the unit? The manufacturer of the Propaq defibrillator, Zoll has advised me that DND normally purchases this model with a full complement of options. I have attached the options list to choose from. Also, there is a misspelling. Zoll offers the Propaq MD, not MB as written in specification.

Answer

IAW Paragraph 3.16 j. yes there is a misspelling, DND requires one Zoll Propaq MD automatic external defibrillator, or equivalent. This includes NIBP and integrated EtCO2.

ALL OTHER TERMS AND CONDITIONS REMAIN THE SAME