



**RETURN BIDS TO:
RETOURNER LES SOUMISSIONS À:**

Bid Receiving
PWGSC
33 City Centre Drive
Suite 480C
Mississauga
Ontario
L5B 2N5
Bid Fax: (905) 615-2095

**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
Public Works and Government Services Canada
Ontario Region
33 City Centre Drive
Suite 480
Mississauga
Ontario
L5B 2N5

Title - Sujet Human Mannequin Simulators	
Solicitation No. - N° de l'invitation W6369-16A044/A	Amendment No. - N° modif. 001
Client Reference No. - N° de référence du client W6369-16A044	Date 2017-07-12
GETS Reference No. - N° de référence de SEAG PW-\$TOR-011-7318	
File No. - N° de dossier TOR-7-40016 (011)	CCC No./N° CCC - FMS No./N° VME
Solicitation Closes - L'invitation prend fin at - à 02:00 PM on - le 2017-08-09	
Time Zone Fuseau horaire Eastern Daylight Saving Time EDT	
F.O.B. - F.A.B. Plant-Usine: <input type="checkbox"/> Destination: <input type="checkbox"/> Other-Autre: <input type="checkbox"/>	
Address Enquiries to: - Adresser toutes questions à: Kane, Rachel	Buyer Id - Id de l'acheteur tor011
Telephone No. - N° de téléphone (905) 615-2467 ()	FAX No. - N° de FAX (905) 615-2060
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 No. 001

This solicitation amendment No. 001 is raised to:

- 1) publish questions and answers that have been received in relation to this solicitation;

- 1) The following Questions and Answers have been provided:

QUESTION 1:

"In the document it mentions that the simulators must have CSA or equivalent electrical certification. Since we distribute other medical products, we are well aware of this medical grade certification however we have never really been asked for this in human patient simulators. Can you confirm this requirement?"

ANSWER 1:

In accordance with Annex A - Statement of Requirement, paragraph 1 – Requirement, only the power adapter for the rechargeable batteries requires CSA, or equivalent, approval. The mannequin itself, as it is battery powered, does not require CSA approval.

QUESTION 2:

"Will the Department of National Defence accept a bid that proposes two different manikin options for consideration?"

ANSWER 2:

A bidder may propose different options however, each option must be submitted through separate bid submissions and each bid submission must be clearly identified as different bids. Example: Solicitation W6396-16A044/A Proposal A; Solicitation W6396-16A044/A Proposal B

QUESTION 3:

"M4.4 (Page 9) mentions Trismus as a requirement. Trismus is caused by muscle spasm. Is laryngospasm therefore sufficient to meet this requirement?"

ANSWER 3:

Yes, Laryngospasm will be accepted for M4.4.

QUESTION 4:

"M5.3 (Page 9) – what is meant by lobar chest sounds?"

ANSWER 4:

Breath sounds must be audible with auscultation in all lung fields.

QUESTION 5:

"M5.8 (Page 9) – CO2 exhalation. Do you require real CO2 exhalation?"

ANSWER 5:

CO2 exhalation is required in order to be compliant for M5.8.

QUESTION 6:

"M8.2 (Page 10) – Does this mean you need to collect blood pressure on both arms? Usually it is just one arm for us."

ANSWER 6:

Yes, M8.2 means that the collection of blood pressure readings must be able to be performed on both the left and right arm.

QUESTION 7:

"M10.4 (Page 10) – can you explain what exactly you would like to see?"

ANSWER 7:

M10.4 refers to abdominal viscera exposed outside of the abdominal cavity.

QUESTION 8:

"I noticed the all the mandatories are in the evaluation criteria, with the a few additional requirements. I did notice that the document states that the lowest price that meets all mandatory requirements will be recommended for award. That being said, what is the role of the evaluation criteria?"

ANSWER 8:

The role of the evaluation criteria is to make sure that the proposed unit meets the client's requirement.

QUESTION 9:

"With regards to training, the document states 4 days onsite hands-on operator course for Canadian Forces personnel. Is this in addition to the trainings that we would need to provide at each site? Or is this clause describing the length of each individual training that we must quote at each site?"

ANSWER 9:

This clause is advising the minimum length of each operator training session that is requirement.

QUESTION 10:

"I understand that the contract is firm for 8 simulators, with intent to purchase 24 more.

- a. *Would the selected vendor be awarded all 8 simulators at once? Or will the purchase orders be sent separately for each site. How long after announcement of the winner would these simulators be purchased?*
- b. *I understand that the contract is firm for 8 simulators, with intent to purchase 24 more."*

ANSWER 10:

- a. As per the solicitation, the Bidder will be required to send the firm requirement of 8 HMS units within 8-10 weeks after contract award. Once the contract has been awarded, the full Firm Requirement must be met.
- b. As per the solicitation, the additional requirement of 24 units can be purchased at any time within the 4 years of the contract.

ALL OTHER TERMS AND CONDITIONS REMAIN UNCHANGED

Solicitation No. - N° de l'invitation

W6369-16A044/A

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

W6369-16A044

Amd. No. - N° de la modif.

001

File No. - N° du dossier

TOR-7-40016

Buyer ID - Id de l'acheteur

tor011

CCC No./N° CCC - FMS No./N° VME