



RETURN BIDS TO:

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Bid Receiving - PWGSC / Réception des soumissions -
TPSGC

11 Laurier St./ 11 rue, Laurier

Place du Portage, Phase III

Core 0B2 / Noyau 0B2

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
L'Esplanade Laurier
140 O'Connor Street,
East Tower, 7th Floor
Ottawa
Ontario
K1A 0S5

Title - Sujet Steam Autoclave Unit	
Solicitation No. - N° de l'invitation 01E86-210137/A	Amendment No. - N° modif. 002
Client Reference No. - N° de référence du client 01E86-210137	Date 2020-08-25
GETS Reference No. - N° de référence de SEAG PW-\$\$\$PV-899-78983	
File No. - N° de dossier pv899.01E86-210137	CCC No./N° CCC - FMS No./N° VME
Solicitation Closes - L'invitation prend fin at - à 02:00 PM on - le 2020-09-04	
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: Van Den Hanenberg, Stephen	Buyer Id - Id de l'acheteur pv899
Telephone No. - N° de téléphone (343) 540-8371 ()	FAX No. - N° de FAX () -
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

Amendment 002 has been raised to answer questions from the industry.

- Q1. Final connections to utilities (water, drain, electricity) to be prepared & completed by licensed trades, and approved by Government and provincial authorities; XXXX is not a trade, and these connections are typically done by others.

Please confirmed this is acceptable to your client.

- A1. Yes, it's acceptable as long as it covered under warranty as well as inspected and approved by our bldg. management team member.

- Q2. Our standard unit includes a chamber drain removable strainer, to prevent debris from entering the drainage piping.

Please confirmed this is acceptable to your client.

- A2. Yes, acceptable as long as it prevent clogging of our drainage system.

- Q3. Our system needs 208V power supply for the vacuum pump and 120V for the controller. Could you please confirm these power supplies are available at the facility?

- A3. Yes, the 208v 3 phase power and 120 volts are already in place in the facility.

- Q4. With reference to "ANNEX A Part 1 – REQUIREMENT, Mandatory Technical Requirements, the thermal printer must indicate the valid functioning of the sterilizer during a cycle and must monitor the performance of the equipment.

The thermal printer must record the cycle event over time and state that the cycle was successful at the cycle end.”:

Our system will print out a report after each cycle. On the printout there are the recorded values of temperature and pressure inside the chamber. Below is a sample of this print out.

This information can be printed after each cycle and not during the cycle. Could you please let us know if this printed information meets the above mentioned requirements for the thermal printer?

- A4. For validity of required temperature and pressure, the printed info after the end of each cycle will sufficiently serve the purpose of validation of functionality of autoclave.

- Q5. The autoclave will require a drain, cold/hot water, compressed air and electricity (2 circuits – 115V and 208-3-60) . There are single point connections on the equipment for each of these services. Can you tell us who will be making the final connections of these services to the autoclave? If it is to be us, are these services within 5 feet of where the autoclave will be installed.

- A5. Yes, the contractor has to do these connections and all required services are within the 5 feet range.

Solicitation No. - N° de l'invitation
01E86-210137/A
Client Ref. No. - N° de réf. du client
01E86-210137

Amd. No. - N° de la modif.
002
File No. - N° du dossier
pv899.01E86-210137

Buyer ID - Id de l'acheteur
pv899
CCC No./N° CCC - FMS No./N° VME

Q6. Is this autoclave replacing an existing unit?

A6. Yes.

**ALL OTHER TERMS AND CONDITIONS OF THE REQUEST FOR PROPOSAL
REMAIN UNCHANGED**