



## RETURN BIDS TO:

## RETOURNER LES SOUMISSIONS À:

Bid Receiving Public Works and Government  
Services Canada/Réception des soumissions/Travaux  
publics et Services gouvernementaux Canada  
See herein for bid submission  
instructions/

Voir la présente pour les  
instructions sur la présentation  
d'une soumission

NA

Manitoba

## 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 -  
Western Region  
Victory Building/Édifice Victory  
Room 310/pièce 310  
269 Main Street/269 rue Main  
Winnipeg  
Manitoba  
R3C 1B3

<b>Title - Sujet</b> Infant Radiant Warmer	
<b>Solicitation No. - N° de l'invitation</b> 5A240-204161/A	<b>Amendment No. - N° modif.</b> 002
<b>Client Reference No. - N° de référence du client</b> 5A240-204161	<b>Date</b> 2021-02-17
<b>GETS Reference No. - N° de référence de SEAG</b> PW-\$WPG-120-11160	
<b>File No. - N° de dossier</b> WPG-0-43171 (120)	<b>CCC No./N° CCC - FMS No./N° VME</b>
<b>Solicitation Closes - L'invitation prend fin</b> <b>at - à 02:00 PM</b> Central Standard Time CST <b>on - le 2021-02-25</b> Heure Normale du Centre HNC	
<b>F.O.B. - F.A.B.</b> <b>Plant-Usine:</b> <input type="checkbox"/> <b>Destination:</b> <input type="checkbox"/> <b>Other-Autre:</b> <input type="checkbox"/>	
<b>Address Enquiries to: - Adresser toutes questions à:</b> Aquino, Jill	<b>Buyer Id - Id de l'acheteur</b> wpg120
<b>Telephone No. - N° de téléphone</b> (431) 373-1718 ( )	<b>FAX No. - N° de FAX</b> (418) 566-6167
<b>Destination - of Goods, Services, and Construction:</b> <b>Destination - des biens, services et construction:</b> Fox Lake Nursing Station C/O Manitoulin Transport 100094 – 94 Street High Level, AB T0H 1Z0	

Instructions: See Herein

Instructions: Voir aux présentes

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

Amendment No. 001 to Solicitation 5A240-204161/A is raised to address the following:

1. Reference Request for Proposal, page 1 of 1, Solicitation Closes at:

**DELETE:** Solicitation Closes at 02:00 PM CST on 2021-02-23

**INSERT:** Solicitation Closes at 02:00 PM **CST** on **2021-02-25**.

2. Reference Annex A, Requirement, Mandatory Performance Specifications and add the following:

- The instrument must include an approved Canadian Medical Device Registration or be approved by Health Canada.

3. Reference Annex C, COMPLIANCE MATRIX - MINIMUM MANDATORY PERFORMANCE SPECIFICATIONS and amend as follows:

**DELETE:**

Item #	Performance Specification	Status (M) Mandatory	Performance Specification Offered: Bidder <u>should</u> indicate how they meet the performance specification by recording this information in this column	Cross Reference: In this column, Bidders <u>should</u> cross-reference where this performance specification is indicated in their supporting documents
1	Must be a portable/stand-alone unit on casters.	M		
2	Oxygen and air capacity must be portable (not wall mounted).	M		
3	Must include applicable oxygen and air hoses, 4' to 6' long	M		
4	Must include applicable oxygen and air connectors	M		
5	Must have an elevating base	M		
6	Must include an aimable procedure light	M		

Solicitation No. - N° de l'invitation  
5A240-204161/A  
Client Ref. No. - N° de réf. du client  
5A240-204161

Amd. No. - N° de la modif.  
002  
File No. - N° du dossier  
WPG-0-43171

Buyer ID - Id de l'acheteur  
WPG120  
CCC No./N° CCC - FMS No./N° VME

<b>7</b>	Must include an in-bed scale	<b>M</b>		
<b>8</b>	Must include a storage drawer	<b>M</b>		
<b>9</b>	Must include probe panel and necessary power cords and cables	<b>M</b>		
<b>10</b>	Must be fully functional within 5 minutes or less from being connected to power source	<b>M</b>		
<b>11</b>	Must have an Intravenous (IV) dual hook 12	<b>M</b>		
<b>12</b>	Power cords, air and oxygen inlets and any other items for the basic system to be functional	<b>M</b>		
<b>13</b>	Must be a T-piece resuscitation system with blended high pressure	<b>M</b>		
<b>14</b>	Must have suction capabilities	<b>M</b>		
<b>15</b>	Must have the ability to monitor neo temperature	<b>M</b>		
<b>16</b>	Starter Supplies that must be included with the equipment:			
<b>16.1</b>	Disposable patient probes	<b>M</b>		
<b>16.2</b>	Disposable circuits (with or without masks)	<b>M</b>		

**INSERT:**

Item #	Performance Specification	Status (M) Mandatory	Performance Specification Offered: Bidder <u>should</u> indicate how they meet the performance specification by recording this information in this column	Cross Reference: In this column, Bidders <u>should</u> cross-reference where this performance specification is indicated in their supporting documents
1	Must be a portable/stand-alone unit on casters.	M		
2	Oxygen and air capacity must be portable (not wall mounted).	M		
3	Must include applicable oxygen and air hoses, 4' to 6' long	M		
4	Must include applicable oxygen and air connectors	M		
5	Must have an elevating base	M		
6	Must include an aimable procedure light	M		
7	Must include an in-bed scale	M		
8	Must include a storage drawer	M		
9	Must include probe panel and necessary power cords and cables	M		
10	Must be fully functional within 5 minutes or less from being connected to power source	M		
11	Must have an Intravenous (IV) dual hook 12	M		
12	Power cords, air and oxygen inlets and any other items for the basic system to be functional	M		

13	Must be a T-piece resuscitation system with blended high pressure	M		
14	Must have suction capabilities	M		
15	Must have the ability to monitor neo temperature	M		
16	The instrument must include an approved Canadian Medical Device Registration or be approved by Health Canada	M		
17	Starter Supplies that must be included with the equipment:			
17.1	Disposable patient probes	M		
17.2	Disposable circuits (with or without masks)	M		

**4. Questions & Answers**

**Q1:** Does the instrument have to include an approved Canadian Medical Device Registration or be approved by Health Canada?

**A1:** Yes, the instrument must include an approved Canadian Medical Device Registration or be approved by Health Canada.

**ALL OTHER TERMS AND CONDITIONS REMAIN THE SAME**