

Technical Specifications

Republic of the Philippines
 Department of Health
 Regional Office 02
 Region II Trauma and Medical Center

Item No. 1	MOBILE OR LIGHT	Quantity ABC	1 Unit P699,000.00 / Unit
Name of Manufacturer:		Country of Origin:	
Brand:		Model:	
PURCHASER'S SPECIFICATION		SUPPLIER'S SPECIFICATION	
<p><u>Description:</u></p> <ul style="list-style-type: none"> • Mobile LED surgical light with built-in battery back-up <p><u>Physical Features:</u></p> <ul style="list-style-type: none"> • Number of LED bulbs: at least 50 • Light head dimension: at least 600mm • With at least 4 castors all with locking system • With built-in battery supply • LED Technology <p><u>Functionality:</u></p> <ul style="list-style-type: none"> • Central illuminance: at least 150,000 lux at 1m distance • Light field diameter: at least 180-250mm at 1m distance • Color temperature standard: 4,250 - 4,350K • Variable correlated color temperature: at least 3,000 – 5,000K • Color rendering index (Ra/R9): 96 or better 			

- Adjustable Brightness: at least 8 steps w/ ambient mode and MIS lighting mode
- Bulb life of at least 60,000 hrs.
- Mobile stand made of powder coated steel or better with at least 4 rubber castors for stability and mobility
- With back-up battery capacity of at least 2hrs
- Maximum power consumption at full illumination not more than 100 watts

Power Requirements:

1. Voltage requirement: 220-240 VAC, 60 Hz
2. AVR (Automatic Voltage Regulator) SERVO Type with Capacity of 50% Higher than the Actual Power Consumption of the Equipment
3. Power Cord should be three (3) prong with ground

Standard Requirements:

1. Manuals in English Language:
 - a. Operational Manual – 2pcs (original and photocopy)
 - b. Service Manual – 2pcs (original and photocopy)
2. Training Program:
 - a. For End-Users on equipment operation
 - b. Maintenance staff on trouble-shooting
3. Warranty:
 - a. Replace equipment for unit malfunction within 1 year if 2 attempts of repair failed
 - b. Two (2) years warranty on parts and Three (3)

years warranty on service d. Twice a year preventive maintenance and annual calibration during warranty period.	
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Submitted by:

Name of Representative: _____

Signature of Representative: _____

Date: _____