

**Rider 113
Warranty/Service/Shipping Questionnaire**

Equipment: _____

Model: _____

Manufacturer: _____

Item Spec Number: _____

Individual Preparing Form: Name: _____

Bid Number: _____

Telephone: _____ Ext. _____

Date Prepared: _____

NOTE: All requested information must be provided or an explanation offered.

1. Shipping

a. To provide all listed accessories as specified in Section 2, estimate the shipping container size(s) and weights. If multiple boxes will be required, estimate number of containers (Per item spec not extended quantities)

b. Will items be boxed in cardboard? ____ Yes ____ No Shipped on Palette? ____ Yes ____ No

c. Will items be sidemarked with the PO number, item spec number and room number (**Required**) ____ Yes

d. Will items be protected with any structural crating ____ Yes ____ No

If yes, what recommendations do you have for removing the structural crating? Can it be removed and items blanket wrapped for safe transport via elevators and corridors from ground floor dock to upper floor locations?

e. Are there any special dock requirements for receiving delivery? ____ Yes ____ No

f. Are there any minimum clearances to bring the item to its final room destination, i.e. width, height, or turning radius? ____ Yes ____ No If yes describe or provide planning guidelines

g. Proposed method of shipment ____ Air ____ Ground

h. Does vendor use its own carrier ____ Yes ____ No

If No, name carrier typically used _____

i. Shipper's name if other than vendor (Direct from Manufacturer) _____

j. Describe any special handling required by MD Anderson or it's identified receiving warehouse, or mover with regard to packaging to remain in place until vendor representative is present _____

k. Shipping containers may remain in storage for extended periods if move in is delayed. Identify any recommendations for shipping on demand, or capability for vendor/manufacturer to store until ready. _____

l. Any technology or performance degradation issues related to extended storage? _____

m. Identify temperature extremes (hot and cold), dust protection, or other climate control issues related to storing items in unconditioned warehouse space located in Houston, TX. Please attach justification relating to performance or compliance with Safe Medical Device Act or similar legislation.

2. The unit is listed by ____ U.L. ____ Los Angeles Laboratories ____ C.S.A.

If yes, indicate listing # _____

If no, has it been submitted for testing? Yes ____ No

If the hospital requires testing will you bear the cost of testing and modification? Yes ____ No

3. a. Is unit supplied with two (2) operator's manuals and one (1) service manual? Yes ____ No

b. Does service manual contain the following information:

General description:	Yes ___	No ___
Principles of operations:	Yes ___	No ___
Block diagrams:	Yes ___	No ___
Schematic circuit diagrams:	Yes ___	No ___
Preventive maintenance procedures:	Yes ___	No ___
Performance specifications:	Yes ___	No ___
Parts list:	Yes ___	No ___

NOTE: If answer is "No" to any portion of #2 above, give details concerning availability of documentation.

4. a. Warranty/guarantee will start upon
 ___ Acceptance - This is the **MD Anderson Standard and the only option for this project**
 - b. Length of warranty: _____ - *MD Anderson Minimum Standard is 1 year after acceptance.*
 - 1) Parts _____
 - 2) Labor _____
 - c. Does warranty include parts and on-site labor? Yes ___ No ___
 - d. List parts not covered by warranty.
 _____ Attach sheet as necessary.
 - e. Service Representative:
 - (1) Name:
 - (2) Telephone No.:
 - (3) Hours this number will be in service:
 - (4) Qualifications of Service Representative
 - (5) Address of Service Representative
 - (6) Number of factory authorized service representatives in the greater Houston, Texas area.
 - f. Standard Response Time by Telephone _____ Hours
 - g. Standard Response Time - On-Site _____ Hours
 - h. Excluded Days
 - i. Excluded Hours
 - j. Location of parts which may be required for warranty service (include name of supplier, even if self).

 - k. Number of Preventative Maintenance calls (scheduled) and frequency
5. Is a 30-day evaluation period included? Yes ___ No ___
 6. If the equipment does not perform to the satisfaction of the hospital staff, will the equipment be removed from the hospital at the Vendor's expense and at no charge whatsoever to MD Anderson?
 Yes ___ No ___
 7. Is the power line plug 3 conductor and hospital grade? Yes ___ No ___
 8. What is ampacity of power switch? _____ amps
 Type of overcurrent protection _____
 9. What are voltage requirements? _____ volts
 What are current requirements? _____ amps
 How will safety and/or operation be affected if the voltage exceeds the range specified above?
 10. Line Transits

- a. Is unit sensitive to line transients? Yes ___ No
- b. Will unit generate line transients? Yes ___ No
- c. Is unit sensitive to RF interference? Yes ___ No
- d. Will unit generate RF interference? Yes ___ No
- e. Are any exposed metal surfaces ungrounded? Yes ___ No

NOTE: If answer is "Yes" to any of the questions for point 9, Provide details, include additional sheets if necessary.

11. Is loaner equipment available and, if so, under what conditions? _____

12. Installation

- a. Will Vendor install equipment? Yes ___ No
- b. Describe briefly what installation/assembly/setup/calibration of equipment is included? _____

- c. What is the installation time? _____ Manhours/item _____ Manhours/extended qty (lot) of items
- d. Are there extra installation charges? Yes ___ No
- e. If yes, explain and itemize on attached sheet

f. Describe briefly what installation/assembly/setup/calibration of equipment is not included or that can be included at additional cost? Be specific if MDACC has partial responsibilities. _____

g. Are interruptions required to utility services? Yes ___ No

h. Installer (Or Recipient of Instructions to Install):

Name: _____

Telephone No.: _____ Voice Mail Extension

Fax No: _____

Address: _____

- i. Number of factory authorized installers in the greater Houston, Texas area. _____
- j. Anticipated number of installers to be assigned at one time to expedite work: _____
- k. Minimum notice for Installation Response _____
- l. Excluded Days _____
- m. Excluded Hours _____

13. Training

- a. Is Vendor/Manufacturer-furnished on-site operator training offered? Yes ___ No
- b. What is the duration? _____ Manhours.

c. Note that some equipment may be ordered for multiple departments, requiring training for each end user group. Identify any exceptions, within the context of the quantities ordered.

- d. Is Vendor/Manufacturer-furnished on-site maintenance/service training offered? Yes ___ No
- e. What is the duration? _____ Manhours

f. Is this training included in the cost? Yes ___ No
If no, explain and itemize on attached sheet.

14. Is After Warranty/Extended Warranty Service offered? Yes ___ No
If yes, attach a copy of the standard company agreement and pricing information.