



**Republic of the Philippines**  
**Department of Health**  
**MARGOSATUBIG REGIONAL HOSPITAL**  
 Margosatubig, Zamboanga del Sur  
 Telefax No.: (062) 211-5634 / Website: [www.doh.gov.ph/mrh](http://www.doh.gov.ph/mrh)

No. 1	MINIMUM SPECIFICATIONS
<b>Name of Equipment</b>	<b>Ampule Cutter</b>
<b>Type</b>	Wall mounted
	Preferably Stainless Steel Housing
	Receptacle for used ampoules
	Replaceable diamond file
<b>Additional Requirements</b>	Spare Blades – 2pcs
<b>Standard Requirements</b>	1.Manuals in English Language
	a. Operation Manual
	2. <i>One (1) year</i> warranty on parts and service after commissioning and acceptance
	3. Certification on the availability of spare parts for the next 5 years

No. 2	MINIMUM SPECIFICATIONS
<b>Name of Equipment</b>	<b>Airborne Disinfectant Machine</b>
<b>Max Volume to be Treated</b>	200 m3
<b>Average Focus</b>	980ml/hr
<b>Power Supply</b>	220 V – 50 Hz
<b>Type</b>	Automatic Switch on and off at the end of the programs
	2 hours contact time
	Sealed Piston Compressor
<b>Standard Requirements</b>	1.Manuals in English Language
	a. Operation Manual with soft copy- 2 pcs.
	b. Service Manual with soft copy - 2 pcs.
	2. Training Program
	a. For end-user on equipment's operation
	b. Hospital maintenance engineer/staff
	3. Two (2) years warranty on parts and service after commissioning and acceptance
	4. Declaration of Conformity with ISO/IEC/PNS as issued by the manufacturer.
	5. Certification on the availability of spare parts for the next 5 years
	6. With Calibration Certificate.



Republic of the Philippines  
 Department of Health  
**MARGOSATUBIG REGIONAL HOSPITAL**  
 Margosatubig, Zamboanga del Sur  
 Telefax No.: (062) 211-5634 / Website: [www.doh.gov.ph/mrh](http://www.doh.gov.ph/mrh)

No. 3	MINIMUM SPECIFICATIONS
<b>Name of Equipment</b>	<b>Bedside Ventilator</b>
	<b>(Pedia &amp; Neonate), 2 in 1</b>
<b>Type</b>	Mobile / Pressure / Volume
<b>Modes</b>	IMV, SIMV, PEEP, CPAP, PIP, FiO <sub>2</sub>
<b>Display Parameters</b>	Digital/Analog
	Tidal Volume Range
	Inspiratory Pressure
	Expiratory Pressure
	Inspiratory/Expiratory Rate
	Respiratory Rate
	(Breathing Frequency)
<b>Safety Features:</b>	Alarms for
	Oxygen Supply
	Hi & Low Pressure & Volume
	Disconnection/ Malfunction
	Power Failure
	Hi & Low PEEP
	Hi & Low Temperature
	Low Battery Indicator
<b>Standard Accessories</b>	Autoclavable Corrugated Tubing's
	Hi-Pressure Tubing's & Oxygen Gauge
	Bacteria Filter
	Humidifier Unit (Autoclavable)
	Oxygen Regulator
	Heated Humidifier Ventilator Circuit
	Air and Oxygen Hose
	Automatic Voltage Regulator, 2000 watts
	Adapter with Manometer (to connect the resuscitator bag)
	Built-in Compressor
	Cart with Cabinets
<b>Additional Accessories</b>	5 sets of disposable patient circuit/tubing's
<b>Standard Requirements</b>	1. Manuals in English Language:
	a. Operation Manual with soft copy- 2 pcs.
	b. Service Manual with soft copy - 2 pcs.
	2. Training Program:
	a. For end-user on equipment's operation
	b. Hospital maintenance engineer/staff
	3. Two (2) years warranty on parts and service after commissioning and acceptance
	4. Declaration of Conformity with ISO/IEC/PNS as issued by the manufacturer.
	5. Certification on the availability of spare parts for the next 5 years
	6. With Calibration Certificate.



**Republic of the Philippines**  
**Department of Health**  
**MARGOSATUBIG REGIONAL HOSPITAL**  
 Margosatubig, Zamboanga del Sur  
 Telefax No.: (062) 211-5634 / Website: [www.doh.gov.ph/mrh](http://www.doh.gov.ph/mrh)

No. 4	MINIMUM SPECIFICATIONS
<b>Name of Equipment</b>	<b>Infant Radiant Warmer</b>
<b>Power Supply</b>	220 VAC, 60 Hz
<b>Mode of Operation</b>	Manual
<b>Heating System</b>	500 watts
<b>Light Illumination</b>	100 feet candle
<b>Bassinet with Mattress</b>	Tilt table
<b>Side Railings</b>	Collapsible
<b>Temperature Display (°C)</b>	Digital: Skin and Warmer
<b>Provision for:</b>	Suction Circuit
	Oxygen Supply
	Timer
<b>Standard Accessories</b>	Monitor Shelf
	Instrument Tray
	Skin Temperature Probe
	X-ray Tray
	Floating Supports
	Resuscitation, Drawer Tray
	Weighing Scale
<b>Standard Requirements</b>	1. Manuals in English Language
	a. Operation Manual with soft copy- 2 pcs.
	b. Service Manual with soft copy - 2 pcs.
	2. Training Program
	a. For end-user on equipment's operation
	b. Hospital maintenance engineer/staff
	3. Two (2) years warranty on parts and service after commissioning and acceptance
	4. Declaration of Conformity with ISO/IEC/PNS as issued by the manufacturer.
	5. Certification on the availability of spare parts for the next 5 years
	6. With Calibration Certificate.

No. 5	MINIMUM SPECIFICATIONS
<b>Name of Equipment</b>	<b>Laryngoscope</b>
<b>Power Supply</b>	Li-ion Battery
<b>Blade</b>	
<b>Curved (Macintosh) Sizes</b>	0,1, 2, 3
<b>Handle</b>	Stubby (Macintosh)
<b>Illumination</b>	Halogen
<b>Standard Accessory:</b>	Case
	Fiber optic Light
<b>Standard Requirements</b>	1. 1 year warranty on parts and service after Commissioning and acceptance.
	2. Operating Manual with soft copy
	3. Declaration of Conformity with ISO/IEC/PNS as issued by the Manufacturer.
	4. With Calibration Certificate.



**Republic of the Philippines**  
**Department of Health**  
**MARGOSATUBIG REGIONAL HOSPITAL**  
 Margosatubig, Zamboanga del Sur  
 Telefax No.: (062) 211-5634 / Website: [www.doh.gov.ph/mrh](http://www.doh.gov.ph/mrh)

No. 6	MINIMUM SPECIFICATIONS
<b>Name of Equipment</b>	<b>Mobile Operating Room Light</b>
<b>Power Supply</b>	220 VAC, 60 Hz
<b>Type</b>	Mobile/ Ceiling Mounted
<b>Light Intensity</b>	90,000 lux luminance at 1 meter
<b>Number of Bulbs</b>	4 bulbs
<b>Bulb Type</b>	LED
<b>Provisions of:</b>	Light Intensity Regulator
	Autoclavable Handle
	Spare Bulbs – 2pcs
<b>Standard Requirements</b>	1. Manuals in English Language
	a. Operation Manual with soft copy - 2 pcs
	b. Service Manual with soft copy - 2 pcs
	3. <i>Two (2) years</i> warranty on parts and service after commissioning and acceptance
	4. Declaration of Conformity with ISO/IEC/PNS as issued by the manufacturer
	5. Certification on the availability of spare parts for the next 5 years
	5. With Calibration Certificate.

No. 7	MINIMUM SPECIFICATIONS
<b>Name of Equipment</b>	<b>Needle Destroyer</b>
<b>Power Supply</b>	220 VAC, 60Hz
<b>Type</b>	Single unit performing needle destruction & syringe cutting function
	With smoke filter and exhaust fan
	Dust proof & metallic powder coated steel body
	Stainless Steel
	Table top
<b>Standard Requirements</b>	1. Manuals in English Language
	a. Operation Manual with soft copy - 2 pcs
	b. Service Manual with soft copy - 2 pcs
	3. <i>Two (2) years</i> warranty on parts and service after commissioning and acceptance
	4. Declaration of Conformity with ISO/IEC/PNS as issued by the manufacturer
	5. Certification on the availability of spare parts for the next 5 years



Republic of the Philippines  
 Department of Health  
**MARGOSATUBIG REGIONAL HOSPITAL**  
 Margosatubig, Zamboanga del Sur  
 Telefax No.: (062) 211-5634 / Website: [www.doh.gov.ph/mrh](http://www.doh.gov.ph/mrh)

No. 8	MINIMUM SPECIFICATIONS
<b>Name of Equipment</b>	<b>Oxygen Tank Carrier</b>
<b>Type</b>	Single stainless steel body
	Made of tubular steel hand
	Mounted on 9" wheels provided with locking chain to support cylinder
<b>Standard Requirements</b>	1. <i>One (1) year</i> warranty on parts and service after commissioning and acceptance

No. 9	MINIMUM SPECIFICATIONS
<b>Name of Equipment</b>	<b>Oxygen Therapy Set (Oxygen Regulator)</b>
<b>Type</b>	Wrench
<b>Gauge Wrench</b>	0 to 3000 PSI
<b>Flow meter</b>	0 to 15 li/min
<b>Humidifier bottle</b>	Hard Plastic; Autoclavable – 2pcs
<b>Bottle capacity</b>	150 ml
	Adaptor for Humidifier Bottle
<b>Standard Requirements</b>	1. Manuals in English Language
	a. Operation Manual
	3. <i>Two (2) years</i> warranty on parts and service after commissioning and acceptance
	4. Declaration of Conformity with ISO/IEC/PNS as issued by the manufacturer
	5. Certification on the availability of spare parts for the next 5 years
	6. With Calibration Certificate.



**Republic of the Philippines**  
**Department of Health**  
**MARGOSATUBIG REGIONAL HOSPITAL**  
 Margosatubig, Zamboanga del Sur  
 Telefax No.: (062) 211-5634 / Website: [www.doh.gov.ph/mrh](http://www.doh.gov.ph/mrh)

No. 10	MINIMUM SPECIFICATIONS
<b>Name of Equipment</b>	<b>Patient Monitor</b>
<b>Power Supply</b>	220 VAC , 60 Hz
<b>Display Parameters</b>	Waveforms/ Alphanumeric, SPO2 Waveform
	ECG
	Respiratory Rate (RR)
	ECG Dual
	BP
	Capnograph / ETCO2
	Temperature
<b>Sweep Speed</b>	12.5 mm/sec
<b>Sensitivity</b>	0.5, 1, & 2
<b>Screen Size</b>	14 inches
<b>Provision for:</b>	Safety Features
	Hi & Low Indicators for RR & Heart Rate and SPO2
	Arrhythmia Detection
<b>Standard Accessories</b>	Patient Cable
	ground Cable
	Power cable US standard
	Chest Electrodes
	Dust Cover
	Automatic Voltage Regulator 1500 watts
	Built-in Battery pack
	SPO2 sensor cable (clip on sensor)
	BP cable connector
	Recorder and data storage cart with brake
<b>Standard Requirements</b>	1.Manuals in English Language
	a. Operation Manual with soft copy- 2 pcs
	b. Service Manual with soft copy- 2 pcs
	2. Training Program
	a. For end-user on equipment's operation
	b. Hospital maintenance engineer/staff
	3. <i>Two (2) years</i> warranty on parts and service with quarterly PMS and periodic calibration during the warranty period upon clinical acceptance.
	4. Declaration of Conformity with ISO/IEC/PNS as issued by the manufacturer
	5. Certification on the availability of spare parts for the next 5 years
	6. With Calibration Certificate.



Republic of the Philippines  
 Department of Health  
**MARGOSATUBIG REGIONAL HOSPITAL**  
 Margosatubig, Zamboanga del Sur  
 Telefax No.: (062) 211-5634 / Website: [www.doh.gov.ph/mrh](http://www.doh.gov.ph/mrh)

No. 11	MINIMUM SPECIFICATIONS
<b>Name of Equipment</b>	<b>INFRARED (VAGINAL) HEAT LAMP</b>
Power:	150 W
Voltage	220V
Frequency:	50 Hz
<b>Standard Requirement</b>	1 year warranty upon acceptance.
	Operating Manual

No. 12	MINIMUM SPECIFICATIONS
<b>Name of Equipment</b>	<b>PACU Stretcher</b>
<b>Material</b>	Stainless Steel, Hydraulic
<b>Position Control</b>	Footpedals
<b>Trendelenburg (Patient Table Characteristics)</b>	More than 18 degrees
	Fowler
	Leg lift
<b>Dimensions, cm (in):</b>	
L x W (Stretcher)	208 x 80 (82 x 31.5)
Height (Stretcher)	56-90 (22-35.5)
L x W (Stretcher)	196 x 66 (77 x 26)
<b>Thickness (Dimensions, cm (in))</b>	10.2 (4)
<b>Components:</b>	Siderails Glide away
	Radiolucent top
	Film Cassette Tray (Radiographic)
	Oxygen Tank Rack (Radiographic)
	2 pcs. Restraining Straps
	Utility Shelf (Radiographic)
	Bumpers (Radiographic)
	IV Pole
	Sockets
<b>Casters:</b>	Fiber resin
	Diameter, cm(in) (Wheels) 20.3 (8)
	Conductive (Wheels)
<b>Brakes:</b>	Central (4)
<b>Standard Features:</b>	Enhanced mattress, film folder, fluid collection basin, IV caddy, leg supports, instrument tray
<b>Standard Requirements</b>	1.Manuals in English Language
	a. Operation Manual with soft copy- 2 pcs.
	b. Service Manual with soft copy - 2 pcs.
	2. Training Program
	a. For end-user on equipment's operation
	b. Hospital maintenance engineer/staff
	3. Two (2) years warranty on parts and service after commissioning and acceptance
	4. Declaration of Conformity with ISO / IEC / PNS as issued by the manufacturer.
	5. Certification on the availability of spare parts for the next 5 years
	6. With Calibration Certificate.



**Republic of the Philippines**  
**Department of Health**  
**MARGOSATUBIG REGIONAL HOSPITAL**  
 Margosatubig, Zamboanga del Sur  
 Telefax No.: (062) 211-5634 / Website: [www.doh.gov.ph/mrh](http://www.doh.gov.ph/mrh)

No. 13	MINIMUM SPECIFICATIONS
<b>Name of Equipment</b>	<b>Phototherapy Lamp</b>
<b>Power Supply</b>	220 VAC, 60 hz
<b>Type</b>	Overhead
<b>Irradiation Intensity</b>	4500 lux at 40 cm distance
<b>Irradiation Metering</b>	0 to 1000 hours
<b>Adjustable Angle</b>	Diagonal, Vertical, Horizontal
<b>No. of Lamps</b>	6 pieces at 20 watts (blue light)
<b>Provision for:</b>	Adjustable Height (110 cm to 150 cm from ground)
	Safety Screen
	Stainless Steel with Casters with Brake
<b>Standard Requirements</b>	1. Manuals in English Language
	a. Operation Manual with soft copy- 2 pcs.
	b. Service Manual with soft copy - 2 pcs.
	2. Training Program
	a. For end-user on equipment's operation
	b. Hospital maintenance engineer/staff
	3. Two (2) years warranty on parts and service after commissioning and acceptance
	4. Declaration of Conformity with ISO/IEC/PNS as issued by the manufacturer.
	5. Certification on the availability of spare parts for the next 5 years
	6. With Calibration Certificate.



**Republic of the Philippines**  
**Department of Health**  
**MARGOSATUBIG REGIONAL HOSPITAL**  
 Margosatubig, Zamboanga del Sur  
 Telefax No.: (062) 211-5634 / Website: [www.doh.gov.ph/mrh](http://www.doh.gov.ph/mrh)

No. 14	MINIMUM SPECIFICATIONS
<b>Name of Equipment</b>	<b>Pulse Oximeter (Bedside)</b>
<b>Power Supply</b>	220 VAC, 60 Hz
<b>SpO2 Range (Accuracy)</b>	0 to 99 % (+/-2 to +/- 3)
<b>Average Time</b>	Flexible to at least 3 Digits
<b>Pulse Rate (Accuracy)</b>	30 bpm (+/-2)
<b>Provisions for:</b>	Safety Features:
	Hi & Low SpO2
	Hi & Low Pulse Rate
	Pulse Strength Bar (Plethysmograph)
	Autocalibration
<b>Standard Accessories</b>	Sensor Probes (Reusable) for:
	Adult - 3pcs
	Pedia – 3pcs
	Neonate – 3pcs
	Printer/Recorder
<b>Standard Requirements</b>	1.Manuals in English Language
	a. Operation Manual with soft copy - 2 pcs
	b. Service Manual with soft copy - 2 pcs
	2. Training Program
	a. For end-user on equipment's operation
	b. Hospital maintenance engineer/staff
	3. <i>Two (2) years</i> warranty on parts and service with quarterly PMS and periodic calibration during the warranty period upon clinical acceptance.
	4. Declaration of Conformity with ISO/IEC/PNS as issued by the manufacturer
	5. Certification on the availability of spare parts for the next 5 years
	6. With Calibration Certificate.

No. 15	MINIMUM SPECIFICATIONS
<b>Name of Equipment</b>	<b>Sphygmomanometer</b>
<b>Model:</b>	Table Top
<b>Type:</b>	Aneroid
<b>Standard Feature:</b>	Mercury free
<b>Standard Accessories:</b>	Bandage cuff (Adult), Inflation bag (Adult), Rubber valve with airflow control
	Bandage cuff (Obese/Pedia/Neonate), Inflation bag (Obese/Pedia/Neonate)
<b>Standard Requirements:</b>	1. Operation manual with soft copy in English Language.
	2. TWO (2) - year warranty on parts and service after commissioning and acceptance.
	3. Declaration of Conformity with ISO/IEC/PNS as issued by the manufacturer.
	4. With Calibration Certificate.



**Republic of the Philippines**  
**Department of Health**  
**MARGOSATUBIG REGIONAL HOSPITAL**  
 Margosatubig, Zamboanga del Sur  
 Telefax No.: (062) 211-5634 / Website: [www.doh.gov.ph/mrh](http://www.doh.gov.ph/mrh)

No. 16	MINIMUM SPECIFICATIONS
<b>Name of Equipment</b>	<b>Sphygmomanometer - Ambulatory</b>
<b>Model:</b>	Stand Type with Casters
<b>Type:</b>	Aneroid
<b>Standard Feature:</b>	Mercury free, with swivel casters
<b>Standard Accessories:</b>	Bandage cuff (Obese/ Pedia / Neonate), Inflation bag (Obese/ Pedia / Neonate), Rubber valve with airflow control
<b>Standard Requirements:</b>	1. Operation manual with soft copy in English Language – 2pcs
	2. TWO (2) - year warranty on parts and service after commissioning and acceptance.
	3. Declaration of Conformity with ISO/IEC/PNS as issued by the manufacturer.
	6. With Calibration Certificate.

No. 17	MINIMUM SPECIFICATIONS
<b>Name of Equipment</b>	<b>Sphygmomanometer (with femoral BP cuff - Adult and Pedia)-Ambulatory</b>
<b>Model:</b>	Stand Type with Casters
<b>Type:</b>	Aneroid
<b>Standard Feature:</b>	Mercury free, with swivel casters
<b>Standard Accessories:</b>	Bandage cuff (Adult), Inflation bag (Adult), Rubber valve with airflow control
	Femoral cuff both Adult and Pedia
<b>Standard Requirements:</b>	1. Operation manual with soft copy in English Language – 2pcs
	2. TWO (2) - year warranty on parts and service after commissioning and acceptance.
	3. Declaration of Conformity with ISO/IEC/PNS as issued by the manufacturer.
	6. With Calibration Certificate.



**Republic of the Philippines**  
**Department of Health**  
**MARGOSATUBIG REGIONAL HOSPITAL**  
 Margosatubig, Zamboanga del Sur  
 Telefax No.: (062) 211-5634 / Website: [www.doh.gov.ph/mrh](http://www.doh.gov.ph/mrh)

No. 18	MINIMUM SPECIFICATIONS
<b>Name of Equipment</b>	<b>STETHOSCOPE, ADULT</b>
<b>Standard Features</b>	Two-sided bell diaphragm chest piece, adult
	Stainless steel
	Soft-sealing Eartips
	Traditional combination chestpiece with non-chill rim
<b>Additional Accessories</b>	Spare Eartips – one (1) pair
	Spare diaphragm – one (1) piece, adult
<b>Optional</b>	Carrying case
<b>Standard Requirements:</b>	1. One (1) year warranty on parts and service after commissioning and acceptance
	2. Declaration of Conformity with ISO/IEC/PNS as issued by the manufacturer

No. 19	MINIMUM SPECIFICATIONS
<b>Name of Equipment</b>	<b>STETHOSCOPE, NEONATE</b>
<b>Standard Features</b>	Two-sided bell diaphragm chest piece, neonate
	Stainless steel
	Soft-sealing Eartips
	Traditional combination chestpiece with non-chill rim
<b>Additional Accessories</b>	Spare Eartips – one (1) pair
	Spare diaphragm – one (1) piece, neonate
<b>Optional</b>	Carrying case
<b>Standard Requirements:</b>	1. One (1) year warranty on parts and service after commissioning and acceptance
	2. Declaration of Conformity with ISO/IEC/PNS as issued by the manufacturer

No. 20	MINIMUM SPECIFICATIONS
<b>Name of Equipment</b>	<b>STETHOSCOPE, PEDIA</b>
<b>Standard Features</b>	Two-sided bell diaphragm chest piece, pedia
	Stainless steel
	Soft-sealing Eartips
	Traditional combination chestpiece with non-chill rim
<b>Additional Accessories</b>	Spare Eartips – one (1) pair
	Spare diaphragm – one (1) piece, pedia
<b>Optional</b>	Carrying case
<b>Standard Requirements:</b>	1. One (1) year warranty on parts and service after commissioning and acceptance
	2. Declaration of Conformity with ISO/IEC/PNS as issued by the manufacturer



**Republic of the Philippines**  
**Department of Health**  
**MARGOSATUBIG REGIONAL HOSPITAL**  
 Margosatubig, Zamboanga del Sur  
 Telefax No.: (062) 211-5634 / Website: [www.doh.gov.ph/mrh](http://www.doh.gov.ph/mrh)

No. 21	MINIMUM SPECIFICATIONS
<b>Name of Equipment</b>	<b>Ultrasonic Instrument Washer</b>
<b>Power Supply</b>	220 volt
<b>Size</b>	80-liter capacity baths
<b>Display Parameters</b>	Digital
<b>Features</b>	Programmable cleaning process
	Wide range of sizes of 50-liter capacity
	Sealed unit to IP66/67
	Selectable power levels
	Temperature control
<b>Standard Accessories</b>	Wire Baskets Acrylic basket, tray, beaker holders Glass Beakers Small parts basket holder Detergent
<b>Standard Requirements</b>	1. Manuals in English Language
	a. Operation Manual with soft copy- 2 pcs
	b. Service Manual with soft copy- 2 pcs
	2. Training Program
	a. For end-user on equipment's operation
	b. Hospital maintenance engineer/staff
	3. <i>Two (2) years</i> warranty on parts and service with quarterly PMS and periodic calibration during the warranty period upon clinical acceptance.
	4. Declaration of Conformity with ISO/IEC/PNS as issued by the manufacturer
	5. Certification on the availability of spare parts for the next 5 years
	6. With Calibration Certificate.

No. 22	MINIMUM SPECIFICATIONS
<b>Name of Equipment</b>	<b>Weighing Scale (For Blood Bags)</b>
<b>Type</b>	Table Top, Analog
<b>Power Supply</b>	220 VAC, 60Hz
<b>Capacity</b>	500 cc
<b>Standard Requirements</b>	1. Manuals in English Language
	a. Operation Manual
	2. <i>Two (2) years</i> warranty on parts and service after commissioning and acceptance
	3. Declaration of Conformity with ISO/IEC/PNS as issued by the manufacturer
	4. Certification on the availability of spare parts for the next 5 years
	5. With Calibration Certificate.



**Republic of the Philippines**  
**Department of Health**  
**MARGOSATUBIG REGIONAL HOSPITAL**  
 Margosatubig, Zamboanga del Sur  
 Telefax No.: (062) 211-5634 / Website: [www.doh.gov.ph/mrh](http://www.doh.gov.ph/mrh)

No. 23	MINIMUM SPECIFICATIONS
<b>Name of Equipment</b>	<b>Weighing Scale (Adult)</b>
<b>Type</b>	Mechanical Scale
<b>Measuring System</b>	Metric
<b>Capacity</b>	100 kg
<b>Features:</b>	With height measuring rod, graduated (2meters max)
	Solid base made of steel tempered spindles
	Equilibrating Bars
	Steel platform with non-slip cover
<b>Standard Requirements</b>	1.Manuals in English Language
	a. Operation Manual with soft copy - 2 pcs
	2. <i>Two (2) years</i> warranty on parts and service after commissioning and acceptance
	3. Declaration of Conformity with ISO/IEC/PNS as issued by the manufacturer
	4. Certification on the availability of spare parts for the next 5 years
	5. With Calibration Certificate.

No. 24	MINIMUM SPECIFICATIONS
<b>Name of Equipment</b>	<b>Weighing Scale (Infant Use)</b>
<b>Type</b>	Manual
<b>Measuring System</b>	Metric
<b>Scale Range (Weight)</b>	0 to 15 kg
<b>Graduation</b>	10 g
<b>Material</b>	Hard Plastic, Detachable Crib
<b>Standard Requirements</b>	1.Manuals in English Language
	a. Operation Manual with soft copy – 2 pcs
	2. <i>Two (2) years</i> warranty on parts and service after commissioning and acceptance
	3. Declaration of Conformity with ISO/IEC/PNS as issued by the manufacturer
	4. Certification on the availability of spare parts for the next 5 years
	5. With Calibration Certificate.