PRE-PURCHASE QUESTIONNAIRE

EXTENDED FORM PPQ - Jan 2004

Produced by NHS Purchasing and Supply Agency, Scottish Healthcare Supplies, Northern Ireland CSA Regional Supplies Service and Welsh Health Supplies in conjunction with the Association of British Healthcare Industries

This form is intended to supply prospective purchasers with information about equipment being considered for purchase. It is intended principally for pre-purchase information on electrical medical, dental, ophthalmic and laboratory equipment. The form may also be used for other products, including non-electrical items, and to give information prior to equipment being supplied on loan, in which case not all the questions will be relevant. Please ensure all relevant questions are answered.

For	issue d	and complet	tion by purchaser: P	PQ Master I	Reference:	0110017						
A unique reference (preferably ten characters maximum) must be given by the supplier: Supplier's Reference: 011Sensors												
Generic Device Type: Oxygen Sensor Equipment Model: Sensors												
Country of Origin: U.S.A.				Manufacture	r: Tele	edyne						
Supplier: Viamed Ltd.					Telephone N	lo: 015	35 634542					
Fax	No:		01535 63558	2		e-mail:	info	@viamed.co.uk				
CE N	MARK	ING										
1.	a) Does the product carry the CE marking?							YES	X	NO		
	b) If YES, to which EC Directive(s):								Ĭ <u>V</u>			
		i) Active Implantable Medical Devices Directive (90/385/EEC)										
		ii) Medical Devices Directive (93/42/EEC)								X		
	If YES, state classification of device (93/42/EEC Annex IX)									lla		
	iii) In Vitro Diagnostic Medical Devices Directive (98/79/EC) YES										===	
	If YES, is the device: For self-testing? YES											
	For ii) and iii) above, Identification No. of Notified Body, if applicable											
	iv) EMC Directive (89/336/EEC or superseding directive))							YES	X			
			v Voltage Directive (73	-					YES			*
vi) Other Directive(s) (please specify)												
2.	a)	Is the product a 'custom-made device' (93/42/EEC)?							YES		NO	Х
b) Is the product intended for 'clinical investigation' (93/42/EEC) or 'performance evaluation'								98/79/EC)?	YES		NO	Х
		If YES to a	a) or b) above, does the	device comp	ly with the UK M	1edical Devices I	Regulations?		YES		NO	ļ
MANAGEMENT SYSTEM STANDARDS												
3.	a)	a) Is the manufacturer currently registered to any management system standards (eg ISO 9001, ISO 14001, ISO 13485)? YES X										
			ease state the standard(<u> </u>	O 9001/2008		to the state of the state of			****	1
	b)											
		If YES, pk	ease state the standard(s) and certific	ation body: [IS	O 9001/2008	8 and ISO	13485/2010				
SAF	ETY S	TANDARD	os									
4.	For products not CE marked to 1 b) i), ii) or iii) above, with which safety standard(s) does the product comply?											
	Standard			Test House			Certificate Number			Date		
						,						
			INSTALLATION	[] [V	1	9 2 9 0.00	5 86	٦.	:		
5.	Is se	1	information available?	YES	NO X	If NOT f.o.c.	,	* -		dicate con	1	-
(Please state YES, NO or N/A		37/41	ull circuit diagrams	N/A	Fault finding		N/A	Preventative maintenance		Note that are some some	N/	
		/ _ K	epair information	N/A	Spare parts lis					pment/etc	N/	/A
If YE	ES, plea	ase state who	ether also available on:	Disk	Website	If Web, pleas	se state addre	SS				
6.	a)	In addition	addition to the service/repair information/manual, will training be required before competent technical personnel can provide:									4
		(Please sto	ate YES, NO or N/A)		First-line ma	. 4			Ca		N/A	
		Planned preventative maintenance N/A							Repair N/A			
	b)		olier able to provide this			r a third party's t	echnical pers	onnel?	YES		NO	X
If YES, will this be free of charge? Or chargeable? X If NO, please indicate if details of an organisation that is able to provide this training are available on request? YES										NO	$\overline{}$	
		ir ivo, pica	and mandate if details of	an organisati	ion that is able to	provide uns uan	ining are avail	acre on request:	11.0		110	X

			Supplier's Reference:	011Sensors					
	c)	Is the provision of service/repair information conditional upon completion of training?	YES NO X						
	d)	In order to undertake maintenance/repair/calibration, is any special software/test equipme	YES NO X						
		If YES, please indicate that details of special software/test equipment/tooling are provide	d on a separate sheet:	YES X					
7.	a)	Is the supplier able to provide an 'as required' repair/maintenance service in the UK?		YES X NO					
	b)	Is the supplier able to provide a contract repair/maintenance service?		YES NO X					
		If YES, please confirm that details of repair/maintenance contracts are provided on a separate of the second secon	arate sheet.	YES					
	c)	i) If repairs are normally performed by the supplier on the purchaser's site, please sta	te typical response time:	7 Days					
		ii) If repairs are performed off-site, where will these be carried out?							
		Company: Viamed Location: West Yorks	shire Typical t	turnround time: 3 days					
		iii) Is free of charge loan equipment normally available?		YES NO X					
8.	Plea	se state if repair parts will be available to the purchaser's or a third party's suitably trained	and equipped personnel:	YES NO X					
		ES, is the supply of repair parts conditional upon acquisition of repair information? YES	The state of the s						
9.	Plea	se indicate when this model was first placed on the market:		1976					
10.	a) l	For how many years from the date of last manufacture is the supply of spare parts guarantee	d?	N/A					
	b)]	s the product still in current production? YES X NO If NO, indicate y	ear of last manufacture:						
	*****			1177					
11.		stallation necessary?		YES NO X					
	If YI	S, please confirm that details of all services required are provided on a separate sheet:		YES					
12.	Will	software upgrades be notified?	N/A	YES NO					
ION	ICINI	GRADIATION	<u>₹</u>						
10N 13.		s the product contain a source of ionising radiation or is it capable of emitting ionising radia	ation?	YES NO X					
13.	Doc	s the product contain a source of ionising fautation of is it capable of enfitting formsing fauta	auon	YES NO X					
DEC	CONT	AMINATION / REPROCESSING							
14.	a)	i) Will the item be reprocessed (cleaned, disinfected, sterilised)?	NO X	If NO, go to Question 15.					
		ii) If YES, is the item intended to be: Non-sterile for single use Sterilised		Other					
		iii) Is there a recommended maximum number of uses? YES NO	If YES, please sta	ite:					
		iv) Are decontamination/reprocessing instructions supplied?		YES NO X					
		v) Are instructions available for safe disposal?		YES NO X					
	b)	i) Is manual cleaning the only cleaning method specified before further reprocessing	?	YES NO X					
		ii) What is the maximum temperature that can be used for thermal disinfection?	rearres at a second	Temp:					
			If YES, please state:	VEC NO V					
		iv) Can the item withstand autoclaving at 137 °C for 3 mins? v) Is the item compatible with other sterilization methods? YES NO	If YES, please state:	YES NO X					
		v) Is the item compatible with other sterilization methods? YES NOX	II TES, piease state.	YES NO X					
		If YES, please state equipment type (eg containers, processors, etc) and, where app	propriate parameters of on						
		11 12.5, piease state equipment type (eg containers, processors, etc) and, where app	propriate, parameters or op	cration (eg temp, pressure, etc).					
	c)	Are tools required to aid dismantling/reassembly, or are lubricants required?		YES NO					
	S981	ii) If YES, are they supplied with the device or available optionally?	Supplied	Optional Neither					
	d)		will this be: Free of char						
	e)	172 3752 3751	please state address:						
WARRANTY									
15.	Plea	se confirm that a copy of the warranty is provided on a separate sheet:		YES X					
DECLARATION									
When reference is made to this form and its attachments within the process of obtaining the item, we agree that the purchaser will be entitled to rely upon the									
contents and subsequent non-compliance with the statements contained herein will entitle the purchaser to seek redress. Name: Derek Lamb Position: Managing Director									
1000/88		/Address:Viamed Ltd, 15 Station Road, Cross Hills, Keighley,		VIELMO					
	- 12	- 1	Date: C)5/Feb/2013					
		West Yorkshire, BD20 7DT		1					



Viamed Limited 15 Station Road, Crosshills Keighley, West Yorkshire, BD20 7DT Telephone +44 (0) 1535 634542 Fax +44 (0) 1535 635582 Email info@viamed.co.uk

Product: Oxygen sensor R-17MED

Part Number : 0110017

Warranty

Viamed warrants that the goods are free from defects of material and of construction for a period of 15 months from the date of shipment from Viamed's premises. The liability, if any, shall be limited solely to the replacement and repair of the goods and shall not include shipping costs or other incidental damages.

This warranty is null and void if any goods are subjected to misuse, negligence, accident, or repairs other than those performed by Viamed or an authorized service centre.