PRE-PURCHASE QUESTIONNAIRE

PROPOSED EXTENDED FORM PPQ – June 2003

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	and com	pletion by purchaser: PPQ	Master Ref	erence:									
A unique reference (preferably ten characters maximum) must be given by the supplier: Supplier's Reference: IHC010306														
Gen	Generic Device Type: Air / Oxygen Blender						Equipmen	t Model:	: IHC 2003 & IHC 2004					
Country of Origin: USA						Manufactu	ırer:	Bio Med Devices Inc.						
Supplier: Inspiration Healthcare Ltd.					Telephone	e No:	+ 44 (0) 1455 840 555							
Fax No:			+ 44 (0) 1455 8	401 464	01 464 e-mail: info@inspiration-hea					Ithcar	e.co.uk			
CE MARKING														
1.	a)		he product carry the CE ma	rking?							YES	\checkmark	NO	
	b) If YES, to which EC Directive(s):													
	i) Active Implantable Medical Devices Directive (90/385/EEC)								YES					
	ii) Medical Devices Directive (93/42/EEC)								YES	✓				
	If YES, state classification of device (93/42/EEC Annex IX)										II b			
									YES					
			If YES, is the device: For	_			overed by Anr	nex II: List.	A? YES	List B?			NO	
			and iii) above, Identification		•		icable					0086		
			EMC Directive (89/336/EE Low Voltage Directive (73.	•	aing airec	tive))					YES YES	–		
			Other Directive(s) (please s	· ·							1123			
			_	_	7700									
2.							YES YES		NO	·/				
	b) Is the product intended for 'clinical investigation' (93/42/EEC) or 'performance evaluation' (98/79/EC)? If YES to a) or b) above, does the device comply with the UK Medical Devices Regulations?) (YES		NO NO	_		
		II I Lo	s to a) or b) above, does the	device comp	iy willi lii	e ok wi	edicai Device	s Regulation	5:		1123		NO	
MANAGEMENT SYSTEM STANDARDS 3. a) Is the manufacturer currently registered to any management system standards (eg ISO 9001, ISO 14001, ISO 13485)? YES ✓ NO														
3.	a)										YES	V	NO	
	b)	If YES, please state the standard(s) and certification body: ISO 9001-1984 ISO 13485-2003 : BSI Is the supplier's service and repair organisation currently registered to any management system standards? YES ✓ NO												
	b) Is the supplier's service and repair organisation currently registered to any management system standards? YES ✓ NO If YES, please state the standard(s) and certification body: ISO 13485: 2003 BSI													
CATI	7 773 7 6					· L								
		TANDA products) or iii) above	- with wh	ich safet	ty standard(s)	does the pro	duct comply	₇ 9				
4.	For products not CE marked to 1 b) I), ii) or iii) above, with which Standard Test How				-		Certificate Number			Date				
				1011100		V								
SERVICE / SPARES / INSTALLATION														
5. Is service/repair information available? YES If NOT f.o.c. please state current price Indicate contents below:														
(Plea	ase sta	ıte	Full circuit diagrams	NA NA	Fault 1	finding p	rocedure	YES	Prever	ntative maintena	ance		Y	′ES
	YES, NO or N/A)		Repair information	YES	Spare	parts list	ting	YES	List of	List of special tools/test equipment/e			2 Y	′ES
If YES, please state whether also available on: Disk ✓ Website If Web, please state address														
6. a) In addition to the service/repair information/manual, will training be required before competent technical personnel can provide:														
٥.	First-line maintenance YES Calibration								YE	s				
(Please state YES, NO or N/A) Planned preventative maintenance YES								Repair YES						
b) Is the supplier able to provide this training for the purchaser's or a third party's technical personnel?														
		If YES	S, will this be free of charge	?	Or charg	geable?	\checkmark							
	If NO, please indicate if details of an organisation that is able to provide this training are available on request?													

			Supplier's Reference:				
	-\	Lake and the form of a mineral control of the form of		YES NO ✓			
	c)	Is the provision of service/repair information conditional upon completion of training? In order to undertake maintenance/repair/calibration, is any special software/test equipm	ont/tooling required?	YES NO ✓ YES ✓ NO			
	d)	If YES, please indicate that details of special software/test equipment/tooling are provide	• •	YES V NO			
		if 123, please findicate that details of special software/test equipment/tooling are provide	ed on a separate sheet.	TLS V			
7.	a)	Is the supplier able to provide an 'as required' repair/maintenance service in the UK?		YES NO ✓			
	b)	Is the supplier able to provide a contract repair/maintenance service?		YES ✓ NO			
		If YES, please confirm that details of repair/maintenance contracts are provided on a sep	parate sheet.	YES			
	c)	i) If repairs are normally performed by the supplier on the purchaser's site, please sta	ate typical response time:	NA			
		ii) If repairs are performed off-site, where will these be carried out?					
		Company: Inspiration Healthcare Ltd. Location: Leice	ester Typical t	turnaround time: 1 –2 DAYS			
		iii) Is free of charge loan equipment normally available?		YES NO X			
8.	Pleas	se state if repair parts will be available to the purchaser's or a third party's suitably trained	and equipped personnel:	YES ✓ NO			
	If YI	ES, is the supply of repair parts conditional upon acquisition of repair information? YES	S Or training?	YES NO 🗸			
	701			1000			
9.	Pleas	se indicate when this model was first placed on the market:		1993			
10.	a) F	For how many years from the date of last manufacture is the supply of spare parts guarantee	ed?	10			
	b) I	s the product still in current production? YES X NO If NO, indicate y	year of last manufacture:				
11.	Is ins	stallation necessary?		YES NO X			
		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	ISING	RADIATION					
13.	Does	s the product contain a source of ionising radiation or is it capable of emitting ionising radi	iation?	YES NO ✓			
DEC	ONT	AMINATION / REPROCESSING					
14.	a)	i) Is the item intended to be processed/reprocessed? YES	✓ NO	If NO, go to Question 15.			
14.	a)	ii) If YES, is the item intended to be: Non-sterile for single use Sterilized		Other			
		iii) Is there a recommended maximum number of uses? YES NO	✓ If YES, please sta				
		iv) Are decontamination/reprocessing instructions supplied?	n 125, pieuse su	YES ✓ NO			
		v) Are instructions available for safe disposal?		YES ✓ NO			
	b)	i) Is manual cleaning the only cleaning method specified before further reprocessing	<u>r</u> ?	YES ✓ NO			
	,	ii) What is the maximum temperature that can be used for thermal disinfection?		Temp: NA			
		iii) Are there any restrictions on detergent/disinfectant types? YES NO x	If YES, please state:				
		iv) Can the item withstand autoclaving at 137 °C for 3 mins?	<u> </u>	YES NO ✓			
		v) Is the item compatible with other sterilization methods? YES NO 🗸	If YES, please state:				
		vi) Does reprocessing require the use of specified equipment?		YES NO ✓			
		If YES, please state equipment type (e.g. containers, processors, etc) and, where a	appropriate, parameters of o	peration (e.g. temp, pressure, etc):			
	c)	i) Are tools required to aid dismantling/reassembly, or are lubricants required?		YES ✓ NO			
		ii) If YES, are they supplied with the device or available optionally?	Supplied	Optional Neither			
	d)		will this be: Free of charge	ge? Chargeable?			
	e)	Are reprocessing instructions available on the Web? YES NO _✓ If YES,	, please state address:				
WA	RRAN	TTY					
15.	Plea	se confirm that a copy of the warranty is provided on a separate sheet:		YES (In Manual)			
DEC	TAD	ATION					
		ATION rence is made to this form and its attachments within the process of obtaining the item,	we agree that the nurchase	er will be entitled to rely upon the			
		d subsequent non-compliance with the statements contained herein will entitle the purchas		or children to fory upon the			
Na	me:		DIRECTOR				
Co	mpany	//Address: Gildor House, West Street, Earl Shilton, Leicester, LE9 7EJ	1 st \$	September 2014			
			Date:				

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