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	r issue c	and complet	ion by purchaser: P	PQ Master F	Reference:								
A u	mique r	eference (pr	eferably ten character.	s maximum) n	nust be given by	the supplier:	Supplier's	s Reference:	PP8559				
Generic Device Type: Phototherapy Light Shield Equipment Model: Size 2													
Country of Origin: U.K.					Manufactu	rer: \	Viamed Ltd	I					
Supplier: Viamed Limited			ed		Telephone	No: (015356345	42					
Fax	No:		01535635582	2		e-mail:	i	nfo@viam	ed.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):												
		i) Active Implantable Medical Devices Directive (90/385/EEC)								YES			
		ii) Medical Devices Directive (93/42/EEC)								YES	Х		
	If YES, state classification of device (93/42/EEC Annex IX)												
	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									ı ı			
	iv) EMC Directive (89/336/EEC or superseding directive))								YES	-			
	v) Low Voltage Directive (73/23/EEC)								YES				
vi) Other Directive(s) (please specify)													
2.	a)	Is the product a 'custom-made device' (93/42/EEC)?								YES		NO	X
b) Is the product intended for 'clinical investigation' (93/42/EEC) or 'performance evaluation'									?	YES		NO	X
		If YES to a	a) or b) above, does the	device comp	ly with the UK N	Medical Devices	Regulatio	ons'?		YES		NO	1
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									<u> </u>		
	***		ease state the standard(<u> </u>	O 9001/200				*****	I I	N.10	1
	b) Is the supplier's service and repair organisation currently registered to any management system standards? YES X NO If YES, please state the standard(s) and certification body: ISO 9001/2008 ISO 13485/2003						NO						
		11 1ES, pie	ase state the standard()	s) and certific	ation body. [IS	O 9001/200)8, ISO	13485/200	3				
		TANDARD											
4.	For products not CE marked to 1 b) i), ii) or iii) above, with which s					ety standard(s)	does the pr	* **.		Т		D .	
	Standard			Test House			Certificate Number			Date			
	15												
				4									
CED	NICE	/cn. pre	DISTRICT LITTON										
SER 5.			INSTALLATION information available?	YES	NO X	If NOT f.o.c	. please sta	ate current pric	e	Inc	licate con	tents be	elow:
(Please sta YES, NO a		te Fu	ıll circuit diagrams	N/A	Fault finding	procedure	N/A	Prevent	ative maintena	ince		N/	/A
		- M// 41	epair information	N/A	Spare parts li	sting	N/A	List of	special tools/te	st equip	ment/etc		
If YE	ES, plea	ise state whe	ther also available on:		Website	If Web, ple	•	ddress				"	
6.	a)	In addition	tion to the service/repair information/manual, will training be required before competent technical personnel can provide:										
											Calibration N/A		
		ir iease sta								Repair N/A			
	b)	Is the supp	Is the supplier able to provide this training for the purchaser's or a third party's technical personnel?								NO	X	
If YES, will this be free of charge? Or chargeable? If NO, please indicate if details of an organisation that is able to provide this training are available on request? YES										ggpal:			
		If NO, plea	se indicate if details of	an organisati	on that is able to	provide this tra	aining are a	available on re	quest?	YES		NO	X

			Supplier's Reference:	PP8559					
			,						
	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	CHOCKE SECTION CO.	YES NO X					
		If YES, please indicate that details of special software/test equipment/tooling are provide	d on a separate sheet:	YES					
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 X NO					
		If YES, please confirm that details of repair/maintenance contracts are provided on a separate of the second secon	arate sheet.	YES X					
	c)	i) If repairs are normally performed by the supplier on the purchaser's site, please sta	te typical response time:						
		ii) If repairs are performed off-site, where will these be carried out?	ate April 97	5 20					
		Company: Viamed Ltd Location: Keighley	Typical t	turnround time: 10-14 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 a	and equipped personnel:	YES X NO					
	If Y	ES, is the supply of repair parts conditional upon acquisition of repair information? YES	Or training?	YES NO X					
9.	Dlan	se indicate when this model was first placed on the market:		1986					
J .	i ica	se mulcate when this model was first placed on the market.		1900					
10.		For how many years from the date of last manufacture is the supply of spare parts guarantee	d?	7 Years					
	b) 1	s the product still in current production? YES X NO If NO, indicate y	rear of last manufacture:						
11.	Is in:	stallation necessary?		YES NO X					
		ES, please confirm that details of all services required are provided on a separate sheet:		YES					
5120			WALL T						
12.	Will	software upgrades be notified?	N/A	YES NO					
ION	ISINO	GRADIATION							
13.	Doe	s the product contain a source of ionising radiation or is it capable of emitting ionising radia	ation?	YES NO X					
DEC	ONT	AMINATION / REPROCESSING							
14.	a)	i) Will the item be reprocessed (cleaned, disinfected, sterilised)?	NO NO	If NO, go to Question 15.					
	esto.	ii) If YES, is the item intended to be: Non-sterile for single use Sterilised		Other Cleaned					
		iii) Is there a recommended maximum number of uses? YES NO	If YES, please sta						
		iv) Are decontamination/reprocessing instructions supplied?	1.50	YES X NO					
		v) Are instructions available for safe disposal?		YES NO X					
	b)	i) Is manual cleaning the only cleaning method specified before further reprocessing	?	YES X NO					
		ii) What is the maximum temperature that can be used for thermal disinfection?	2	Temp:					
		iii) Are there any restrictions on detergent/disinfectant types? YES X NO	If YES, please state: Mile	d detergents only					
		iv) Can the item withstand autoclaving at 137 °C for 3 mins?	Constant of the Constant of th	YES NO X					
			If YES, please state:	1900-1900 No. (1907)					
		vi) Does reprocessing require the use of specified equipment?	11 W 50 AW	YES NO X					
		If YES, please state equipment type (eg containers, processors, etc) and, where app	propriate, parameters of op	eration (eg temp, pressure, etc):					
	c)	Are tools required to aid dismantling/reassembly, or are lubricants required?		YES NO X					
	c)	ii) If YES, are they supplied with the device or available optionally?	Supplied	Optional Neither X					
	d)		will this be: Free of char						
	e)		please state address:						
•••		<u></u>							
	RRAN			WEG V					
15.	Plea	se confirm that a copy of the warranty is provided on a separate sheet:		YES X					
DEC	LAR	ATION							
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									
Name: Derek Lamb Position: Managing Director									
Company/Address:Viamed Ltd. 15 Station Road, Cross Hills, Keighley.									
West Yorkshire, BD20 7DT Date: 13/Dec/2011									
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Product: Phototherapy Light Shield - Size 2.

Part Number: PP8559

Warranty

Viamed warrants that the goods are free from defects of material and of construction for a period of twelve 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.