

PRE-PURCHASE QUESTIONNAIRE

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 completion by purchaser: PPQ Master Reference:			
A unique reference (preferably ten characters maximum) must be given by the supplier: Supplier's Reference: 7701; 7720; 7740; 7725			
Generic Device Type:	Diamond Range Suction Unit	Equipment Model:	7701 ; 7720 ; 7740; 7725
Country of Origin:	UK	Manufacturer:	Therapy Equipment Ltd
Supplier:	Therapy Equipment Ltd	Telephone No:	01707 652270
Fax No:	01707 652622	e-mail:	sales@therapyequipment.co.uk

CE MARKING

1. a) Does the product carry the CE marking? YES NO

b) If YES, to which EC Directive(s):

- i) Active Implantable Medical Devices Directive (90/385/EEC)
- ii) Medical Devices Directive (93/42/EEC)

If YES, state classification of device (93/42/EEC Annex IX)

- iii) In Vitro Diagnostic Medical Devices Directive (98/79/EC)

If YES, is the device: For self-testing? YES Covered by Annex II: List A? YES List B? YES NO

For ii) and iii) above, Identification No. of Notified Body, if applicable

- iv) EMC Directive (89/336/EEC or superseding directive))
- v) Low Voltage Directive (73/23/EEC)
- vi) Other Directive(s) (please specify)

Class IIA

0086

2. a) Is the product a 'custom-made device' (93/42/EEC)? YES NO

b) Is the product intended for 'clinical investigation' (93/42/EEC) or 'performance evaluation' (98/79/EC)? YES NO

If YES to a) or b) above, does the device comply with the UK Medical Devices Regulations? YES 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

If YES, please state the standard(s) and certification body: ISO9001 – British Standard Institute

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: ISO9001 – British Standard Institute

SAFETY STANDARDS

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

SERVICE / SPARES / INSTALLATION

5. Is service/repair information available? YES NO If NOT f.o.c. please state current price Indicate contents below:

(Please state YES, NO or N/A)	Full circuit diagrams	N/A	Fault finding procedure	N/A	Preventative maintenance	YES
	Repair information	N/A	Spare parts listing	YES	List of special tools/test equipment/etc	NO

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:

(Please state YES, NO or N/A)	First-line maintenance	N/A	Calibration	N/A
	Planned preventative maintenance	NO	Repair	N/A

b) Is the supplier able to provide this training for the purchaser's or a third party's technical personnel?

YES NO

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 NO

c) Is the provision of service/repair information conditional upon completion of training?	YES <input type="checkbox"/>	NO <input checked="" type="checkbox"/>		
d) In order to undertake maintenance/repair/calibration, is any special software/test equipment/tooling required?	YES <input type="checkbox"/>	NO <input type="checkbox"/>		
If YES, please indicate that details of special software/test equipment/tooling are provided on a separate sheet:				
7. a) Is the supplier able to provide an 'as required' repair/maintenance service in the UK?	YES <input checked="" type="checkbox"/>	NO <input type="checkbox"/>		
b) Is the supplier able to provide a contract repair/maintenance service?	YES <input type="checkbox"/>	NO <input checked="" type="checkbox"/>		
If YES, please confirm that details of repair/maintenance contracts are provided on a separate sheet.				
c) i) If repairs are normally performed by the supplier on the purchaser's site, please state typical response time:	<input type="text"/>			
ii) If repairs are performed off-site, where will these be carried out?				
Company: <input type="text" value="Therapy Equipment Ltd"/>	Location: <input type="text" value="Potters Bar, Herts"/>	Typical turnaround time: <input type="text" value="7-10 days"/>		
iii) Is free of charge loan equipment normally available?	YES <input type="checkbox"/>	NO <input checked="" type="checkbox"/>		
8. Please state if repair parts will be available to the purchaser's or a third party's suitably trained and equipped personnel:	YES <input checked="" type="checkbox"/>	NO <input type="checkbox"/>		
If YES, is the supply of repair parts conditional upon acquisition of repair information? YES <input type="checkbox"/>	Or training? YES <input type="checkbox"/>			
9. Please indicate when this model was first placed on the market:	<input type="text" value="2008"/>			
10. a) For how many years from the date of last manufacture is the supply of spare parts guaranteed?	<input type="text" value="10 Years"/>			
b) Is the product still in current production? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	If NO, indicate year of last manufacture:			
11. Is installation necessary?	YES <input type="checkbox"/>	NO <input checked="" type="checkbox"/>		
If YES, please confirm that details of all services required are provided on a separate sheet:				
12. Will software upgrades be notified?	N/A <input checked="" type="checkbox"/>	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
IONISING RADIATION				
13. Does the product contain a source of ionising radiation or is it capable of emitting ionising radiation?	YES <input type="checkbox"/>	NO <input checked="" type="checkbox"/>		
DECONTAMINATION / REPROCESSING				
14. a) i) Is the item intended to be processed/reprocessed?	YES <input type="checkbox"/>	NO <input checked="" type="checkbox"/>	If NO, go to Question 15.	
ii) If YES, is the item intended to be: Non-sterile for single use	<input type="checkbox"/>	Sterilized <input type="checkbox"/>	Disinfected <input type="checkbox"/>	Other <input type="text"/>
iii) Is there a recommended maximum number of uses? YES <input type="checkbox"/>	NO <input type="checkbox"/>	If YES, please state: <input type="text"/>		
iv) Are decontamination/reprocessing instructions supplied?	<input type="checkbox"/>			
v) Are instructions available for safe disposal?	<input type="checkbox"/>			
b) i) Is manual cleaning the only cleaning method specified before further reprocessing?	<input type="checkbox"/>			
ii) What is the maximum temperature that can be used for thermal disinfection?	<input type="checkbox"/>			
iii) Are there any restrictions on detergent/disinfectant types? YES <input type="checkbox"/> NO <input type="checkbox"/>	If YES, please state: <input type="text"/>			
iv) Can the item withstand autoclaving at 137 °C for 3 mins?	<input type="checkbox"/>			
v) Is the item compatible with other sterilization methods? YES <input type="checkbox"/> NO <input type="checkbox"/>	If YES, please state: <input type="text"/>			
vi) Does reprocessing require the use of specified equipment?	<input type="checkbox"/>			
If YES, please state equipment type (eg containers, processors, etc) and, where appropriate, parameters of operation (eg temp, pressure, etc): <input type="text"/>				
c) i) Are tools required to aid dismantling/reassembly, or are lubricants required?	YES <input type="checkbox"/>	NO <input type="checkbox"/>		
ii) If YES, are they supplied with the device or available optionally?	Supplied <input type="checkbox"/>	Optional <input type="checkbox"/>	Neither <input type="checkbox"/>	
d) Is decontamination/reprocessing training available? YES <input type="checkbox"/> NO <input type="checkbox"/>	If YES will this be: Free of charge? <input type="checkbox"/> Chargeable? <input type="checkbox"/>			
e) Are reprocessing instructions available on the Web? YES <input type="checkbox"/> NO <input type="checkbox"/>	If YES, please state address: <input type="text"/>			

WARRANTY

15. Please confirm that a copy of the warranty is provided on a separate sheet:

YES **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: <input type="text" value="Mr. Steve Munn"/>	Position: <input type="text" value="General Manager"/>
Company/Address: <input type="text" value="Therapy Equipment Ltd, Unit 1 Cranbourne Ave, Cranbourne Ind Estate, Potters Bar, Herts EN6 3JN"/>	Date: <input type="text" value="3rd July 2013"/>