

## 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 and completion by purchaser: <b>PPQ Master Reference:</b>			
A unique reference (preferably ten characters maximum) must be given by the supplier: <b>Supplier's Reference:</b> 0111261			
Generic Device Type:	Oxygen Monitor	Equipment Model:	MAX02+A
Country of Origin:	U.S.A.	Manufacturer:	Maxtec
Supplier:	Viamed Ltd	Telephone No:	01535634542
Fax No:	01535635582	e-mail:	info@viamed.co.uk

#### CE MARKING

1. a) Does the product carry the CE marking?	YES <input checked="" type="checkbox"/>	NO <input type="checkbox"/>
b) If YES, to which EC Directive(s):		
i) Active Implantable Medical Devices Directive (90/385/EEC)	YES <input type="checkbox"/>	
ii) Medical Devices Directive (93/42/EEC)	YES <input checked="" type="checkbox"/>	
If YES, state classification of device (93/42/EEC Annex IX)		
iii) In Vitro Diagnostic Medical Devices Directive (98/79/EC)	YES <input type="checkbox"/>	
If YES, is the device: For self-testing? YES <input type="checkbox"/>	Covered by Annex II: List A? YES <input type="checkbox"/>	List B? YES <input type="checkbox"/>
For ii) and iii) above, Identification No. of Notified Body, if applicable	0086	
iv) EMC Directive (89/336/EEC or superseding directive)	YES <input checked="" type="checkbox"/>	
v) Low Voltage Directive (73/23/EEC)	YES <input type="checkbox"/>	
vi) Other Directive(s) (please specify)		
2. a) Is the product a 'custom-made device' (93/42/EEC)?	YES <input type="checkbox"/>	NO <input checked="" type="checkbox"/>
b) Is the product intended for 'clinical investigation' (93/42/EEC) or 'performance evaluation' (98/79/EC)?	YES <input type="checkbox"/>	NO <input checked="" type="checkbox"/>
If YES to a) or b) above, does the device comply with the UK Medical Devices Regulations?	YES <input type="checkbox"/>	NO <input type="checkbox"/>

#### MANAGEMENT SYSTEM STANDARDS

3. a) Is the manufacturer currently registered to any management system standards (eg ISO 9001, ISO 14001, ISO 13485)? YES <input checked="" type="checkbox"/>	NO <input type="checkbox"/>	
If YES, please state the standard(s) and certification body: ISO 9001/2000, EN46001		
b) Is the supplier's service and repair organisation currently registered to any management system standards?	YES <input checked="" type="checkbox"/>	NO <input type="checkbox"/>
If YES, please state the standard(s) and certification body: ISO 9001/2008, ISO 13485/2012		

#### 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 <input checked="" type="checkbox"/>	NO <input type="checkbox"/>	If NOT f.o.c. please state current price £30.00	Indicate contents below:			
(Please state YES, NO or N/A)		Full circuit diagrams <input checked="" type="checkbox"/>	Fault finding procedure <input checked="" type="checkbox"/>	YES <input checked="" type="checkbox"/>	Preventative maintenance <input checked="" type="checkbox"/>	YES <input checked="" type="checkbox"/>
		Repair information <input checked="" type="checkbox"/>	Spare parts listing <input checked="" type="checkbox"/>	YES <input checked="" type="checkbox"/>	List of special tools/test equipment/etc <input checked="" type="checkbox"/>	N/A <input type="checkbox"/>

If YES, please state whether also available on: Disk  Website  If Web, please state address **On Request**

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 <input checked="" type="checkbox"/>	NO <input type="checkbox"/>	Calibration <input checked="" type="checkbox"/>	NO <input type="checkbox"/>
	Planned preventative maintenance <input checked="" type="checkbox"/>	NO <input type="checkbox"/>	Repair <input checked="" type="checkbox"/>	YES <input type="checkbox"/>

b) Is the supplier able to provide this training for the purchaser's or a third party's technical personnel?	YES <input checked="" type="checkbox"/>	NO <input type="checkbox"/>
If YES, will this be free of charge? <input type="checkbox"/>	Or chargeable? <input checked="" type="checkbox"/>	
If NO, please indicate if details of an organisation that is able to provide this training are available on request?	YES <input type="checkbox"/>	NO <input type="checkbox"/>

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 checked="" 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 checked="" type="checkbox"/>	NO <input 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="Viamed Limited"/>	Location: <input type="text" value="Keighley"/>	Typical turnaround time: <input type="text" value="3 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="2003"/>			
10. a) For how many years from the date of last manufacture is the supply of spare parts guaranteed?				
b) Is the product still in current production? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> If NO, indicate year of last manufacture:	<input type="text"/>			
11. Is installation necessary?				
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 type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>		
<b>IONISING RADIATION</b>				
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"/>		
<b>DECONTAMINATION / REPROCESSING</b>				
14. a) i) Will the item be reprocessed (cleaned, disinfected, sterilised)?	YES <input checked="" type="checkbox"/>	NO <input 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"/>	Sterilised <input type="checkbox"/>	Disinfected <input type="checkbox"/>	Other <input type="checkbox"/>
iii) Is there a recommended maximum number of uses? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	If YES, please state: <input type="text" value="Cleaned"/>			
iv) Are decontamination/reprocessing instructions supplied?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	YES <input type="checkbox"/>	NO <input checked="" type="checkbox"/>
v) Are instructions available for safe disposal?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	YES <input type="checkbox"/>	NO <input checked="" type="checkbox"/>
b) i) Is manual cleaning the only cleaning method specified before further reprocessing?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Temp: <input type="text"/>	
ii) What is the maximum temperature that can be used for thermal disinfection?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	<input type="text" value="Mild detergents only"/>	
iii) Are there any restrictions on detergent/disinfectant types? YES <input checked="" 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?	YES <input type="checkbox"/>	NO <input checked="" type="checkbox"/>	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
v) Is the item compatible with other sterilization methods? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> If YES, please state: <input type="text"/>	YES <input type="checkbox"/>	NO <input checked="" type="checkbox"/>	<input type="text"/>	
vi) Does reprocessing require the use of specified equipment?	YES <input type="checkbox"/>	NO <input checked="" 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 checked="" type="checkbox"/>	Supplied <input type="checkbox"/> Optional <input type="checkbox"/> Neither <input type="checkbox"/>	
ii) If YES, are they supplied with the device or available optionally?				
d) Is decontamination/reprocessing training available? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> If YES will this be: Free of charge? <input type="checkbox"/> Chargeable? <input type="checkbox"/>	<input type="text"/>			
e) Are reprocessing instructions available on the Web? YES <input type="checkbox"/> NO <input checked="" 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: Derek Lamb

Position: Managing Director

Company/Address: Viamed Ltd, 15 Station Road, Cross Hills, Keighley,  
West Yorkshire, BD20 7DT

Date:

30/Apr/2014



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](mailto:info@viamed.co.uk)

**Product : Oxygen analyser MAX02+A. External sensor**

**Part Number : 0111261**

## **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.