

Tender no. 12399378- Appendix D - New equipment receipt questionnaire

Please fill out the attached appendix:

<u>Chapter 1: control system</u>	
Control system details:	
Manufacturer	
Model	
Type of control programming	
Corrective action description file	Attached/ Not attached
Controller operation instruction for the user	Attached/ Not attached
Human machine interface (HMI)	Exists/ Does not exist
Interface activation instructions HMI	Attached/ Not attached
If it possible to produce a structured report from the control system	Yes/No
Is there another computerized system on the controller and/or the HMI system	Yes/No Reasoning
Electrical and control panel drawing (printout + file)	Attached/ Not attached
<u>Chapter 2: electrical power</u>	
Power source of the equipment	
Power code	
Feed source	Essential/ Non -essential/ Non-stop system
Feed size (power consumption)	
The calibration for the main circuit breaker	
Inspection by a certified electrical tester	Yes (please attach) / No
Emergency lighting near the electrical panel	Yes / No
Connection to a control system	
Installing a meter on the feed line	
<u>Chapter 3: Construction</u>	
The plan for placing the equipment un the room (printout+PDP+file+DWG)	Attached/ Not attached
Loads	
The route of entering/removing the equipment from the room	
<u>Chapter 4: Air conditioning</u>	
Required operating temperature ranges	
Required humidity percentage ranges	
Is suction necessary?	Yes/No the amount of air:
<u>Chapter 5: Water and sewage</u>	
<u>The types of water required</u>	Including submitting a plan/scheme of the position of the equipment
Flows + pressures	
Inlet diameter and connection type required	
<u>The types of sewage required</u>	Sanitary/ Laboratories/ Fats, etc: Including submitting a plan/scheme of the position of the equipment
Flows	
Inlet diameter and connection type required	
<u>Drain connections are required</u>	Including submitting a plan/scheme of the position of the equipment
Flows	
Inlet diameter and connection type required	
<u>Chapter 6: Medical gases</u>	
<u>The types/composition of the gases required</u>	Including submitting a plan/scheme of the position of the equipment
Flows + pressures	
Inlet diameter and connection type required	
Purity level	If it is a connection point on the wall, the type must be specified
Medical / Industrial	

Bidder's name : _____

Date: _____

