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03/29/2007 16:25 IFAX jevanoff@hhsc.org

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EX 07-14

HAWAII HEALTH SYSTEMS CORPORATION NOTICE OF AND REQUEST FOR EXEMPTION FROM CHAPTER 103D, HRS

1. TO:

Chief Procurement Officer

2. FROM: Maui Memorial Medical Center

Department/Division/Agency

Pursuant to \$103D-102(b)(4), HRS, and Chapter 3-120, HAR, the Department requests a procurement exemption to purchase the following:

3. Description of goods, services or construction:

Vendor to provide services to maintain, inspect, calibrate, and repair clinical equipment located at Maui Memorial Medical Center (MMMC). Vendor technician is manufacturer certified in MMMC ventilator, defibrillator, physiological monitors, electrosurgical unit, infant warmers, and blood gas machines. Services, which can be provided without direct supervision of MMMC personnel, include a minimum of monthly on-site hours, emergency services call response and follow-up services as authorized by MMMC

5 Price: 4. Name of Vendor: Bio-Med Supply \$200,000 Address: 98-202 Kaulike Drive Pearl City, HI 96782 7 Prior Exemption Ref. Upon date of executed 6. Term of Agreement To: 2 years Contract: N/A From:

8. Explanation describing how procurement by competitive means is either not practicable or advantageous to the State:

In order to protect the equipment manufacturer's warranties, MMMC must utilize a vendor that is certified to provide technical support and maintenance services for the specific brand of the above clinical equipment. There is currently no existing MMMC staff capacity to provide the service. Vendor has a history of excellent technical support provision for MMMC and is fully compliant in JACHO policies and procedures.

9. Details of the process or procedures to be followed in selecting the vendor to ensure maximum fair and open competition as practicable:

The term of the exemption will be for a two (2) year period. During this period, the hospital will reevaluate the equipment and determine if other vendors could provide such equipment maintenance services for the hospital. At that time, based on available information and research, the best procurement practice will be completed.

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	agency's internal controls and app	roval requireme	ents for the exempted
10. A description of the	agency simerian conduct	•	
procurement:			1 Italian and or
Chapter 103D shal	all be from HRS, Section 103-302. I be upheld. HHSC policies and prefaction will be completed.	All other guide rocedures will b	elines, rules and policies under the followed and periodic
			I manager and
11 A list of agency per	sonnel, by position, who will be in	volved in the ap	pprovat process and
administration of the c	ontract:		Involvement in Process
Name	Position		
Wesley Lo	Regional Chief Executive	Officer	A Approve.
Patrick Saka	Regional Chief Financial	Officer	1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -
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			Typiota, Car
			Approval Administration
			Approval Administration
	Department: Contacts Manager		
12. Direct inquiries to:	Contact Name: Andrew Alvarez		
	Phone Number: 808 442-5212		
	Fax Number: 808 442-5462		
13. I certify that the in	formation provided above is, to th	\$/27	
Department Head (Print:	PARTICE GOLD	Date	
Department next (11mt.	BOOKEN PARKETER ALBERTA	والمناف والمأل والمراجعين	
		14 .Date No	otice Posted 4-2.07
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