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**5506-05**

**STATE PROCUREMENT OFFICE  
NOTICE & REQUEST FOR SOLE SOURCE**

1. TO: Chief Procurement Officer
2. FROM: Hilo Medical Center  
Department/Division/Agency

Pursuant to §103D-306, HRS, and Subchapter 9, Chapter 3-122, HAR, the Department requests sole source approval to purchase the following:

**3. Description of goods, services, or construction:**

Provide personnel, equipment, and parts, to perform preventive maintenance and repair services and support for physiological monitoring equipment and systems located throughout Hilo Medical Center. Systems are critical to facility operations and essential to provide proper level of patient care.

4. Vendor Name: Philips Medical System  
Address: 3000 Minuteman Road  
Andover, MA

5. Price:  
\$538,603.50

6. Term of Contract: From: Date of Receipt To: both parties

7. Prior Sole Source Ref No.

8. Feature: The good, service, or construction has the following unique features, characteristics, or capabilities: Service provider is Original Equipment Manufacturer (OEM). Provision of OEM service support features that all repair personnel are technically competent and possess the most current manufacturer's resources and technical expertise available to support these critical patient care monitoring systems. All repair components (hardware/software) that are utilized are genuine and are approved to meet the highest quality and standards of the manufacturer.

9. Essential features. How the unique features, characteristics, or capabilities are essential for the agency to accomplish its work: All technicians performing services are factory trained and authorized to work on equipment with latest technical support information, priority access to replacement parts and loaner equipment to minimize downtime associated with equipment failure. These equipments are located in high priority patient care areas such as critical care unit and emergency room.

11. Alternate source. The following other possible sources for the good, service, or construction were investigated but do not meet our needs because: Third party repair companies do not possess the appropriate resources necessary to properly support these critical patient care systems. Patient care may be jeopardized due to extended periods of system downtime as a result of insufficient or inadequate resources related to design and technical expertise, substandard quality of repairs & components utilized and inability for immediate access to back up loaner equipment & critical replacement parts that become necessary on an immediate basis.

12. Direct any inquiries to: Department: <u>Biomedical Engineering Department</u> Contact Name/Title: <u>Ross Nonaka/Biomedical Supervisor</u> <i>R.N.</i>	13. Phone Number: <u>808 974-4783</u> Fax Number: <u>808 933-0796</u>
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Expenditure may be processed with a purchase order:  Yes  No If no, a contract must be executed and funds certified.

Agency shall ensure adherence to applicable administrative and statutory requirements.

14. I certify that the information provided above is to the best of my knowledge, true, correct and that the goods, services, or construction are available through only one source.

*[Signature]*  
Department Head

2-9-06  
Date

15. Date Notice Posted: 2-9-06

Submit written objections to this intent to issue a sole source contract within seven calendar days or as otherwise allowed from the above posted date to:

Chief Procurement Officer  
State Procurement Office  
P.O. Box 119  
Honolulu, Hawaii 96810-0119

16. Chief Procurement Officer's comments:

17.  APPROVED  DISAPPROVED

*[Signature]* 02/07/06  
Chief Procurement Officer Date

18. S.S. No. \_\_\_\_\_