



State of New Hampshire
Department of Health and Human Services

REQUEST FOR PROPOSALS

FOR

Inspection, Testing, Maintenance and Repairs of Clinical
Equipment

RFP-2023-NHH-03-INSPE

RELEASE DATE: February 13, 2023

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New Hampshire Department of Health and Human Services
 Inspection, Testing, Maintenance and Repairs of Clinical Equipment

1. PURPOSE AND OVERVIEW

1.1. Introduction

The New Hampshire Department of Health and Human Services, New Hampshire Hospital (“Department”), is seeking responses to this Request for Proposals (solicitation) from qualified Vendors to provide inspections, testing, maintenance and repairs to the clinical equipment located at New Hampshire Hospital. The selected Vendor must provide services to maintain the efficient operating condition and safety compliance of approximately 416 to 464 pieces of clinical equipment, in accordance with Joint Commission standards.

The Department anticipates awarding one (1) contract for the services in this solicitation.

1.2. Key Information

The information in the table below is as anticipated by the Department. All information is subject to change, the availability of funds, and/or approval by the Governor and Executive Council.

Contract Effective Date	July 1, 2023	
Contract End Date	June 30, 2025	
Renewal Options	The Department may extend contracted services for up to four (4) additional years.	
Funding Source	The Department anticipates using General and Other funds for resulting contract.	
	Assistance Listing #	N/A
	Award Name	N/A
Point of Contact	Dean B. Fancy, Contract Specialist Dean.B.Fancy@dhhs.nh.gov 603-271-9610	
From the date of release of this solicitation until an award is made and announced regarding the selection of a Vendor, all communication with personnel employed by or under contract with the Department regarding this solicitation is prohibited unless first approved by the Point of Contact listed above. Department employees have been directed not to hold conferences and/or discussions concerning this solicitation with any potential contractor during the selection process, unless otherwise authorized by the Point of Contact. Vendors may be disqualified for violating this restriction on communications.		

1.3. Procurement Timetable

All times are according to Eastern Time. The Department reserves the right to modify these dates and times at its sole discretion.		
Item	Action	Date
1.	Solicitation Released	2/13/2023
2.	Letter of Intent Submission Deadline (optional)	2/20/2023

3.	Vendors Conference Date (optional)	2/27/2023 10:00 AM to Noon
4.	Questions Submission Deadline	2/27/2023 11:59 PM
5.	Department Response to Questions Published	3/10/2023
6.	Vendor Solicitation Response Due Date	3/16/2023 11:59 PM

1.4. Background

1.4.1. New Hampshire Department of Health and Human Services, New Hampshire Hospital

New Hampshire Hospital (NHH) is a fully accredited, state operated, psychiatric facility located in Concord, NH. The Hospital has licensed beds serving children, adolescents, adults and the elderly with severe mental illness. New Hampshire Hospital employs a staff of approximately 600 full time and 200 part-time employees who provide direct care, clinical support, and administrative support services.

1.4.2. Objective

New Hampshire Hospital operates approximately 416 to 464 pieces of clinical equipment that must be maintained in accordance with Appendix F, Clinical Equipment Management Plan, and The Joint Commission standard EC.02.04.03.

2. STATEMENT OF WORK

2.1. Scope of Services

2.1.1. The selected Vendor must conduct inspections every six months on the clinical equipment, located at NHH, identified in Appendix B, New Hampshire Hospital Equipment List.

2.1.1.1. Incoming Inspections:

2.1.1.1.1. Incoming inspections must be performed on new clinical equipment prior to placing the equipment into service, which includes but is not limited to:

2.1.1.1.1.1. Electrical safety inspection and performance tests to verify the equipment is operating within specifications as advertised; and

2.1.1.1.1.2. Equipment is in compliance with applicable codes and standards established by the manufacturer.

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- 2.1.1.2. Electrical Safety Inspections:
 - 2.1.1.2.1. Electrical safety inspections must be performed on electrically powered clinical equipment to ensure equipment is within the standards as set by Underwriters Laboratories (UL LLC).
- 2.1.1.3. Universal Equipment Inspection Form:
 - 2.1.1.3.1. A preventative maintenance and inspection form must be completed for devices that fail to meet the routine, scheduled inspection against safety, performance or quality assurance criteria. Devices that pass the scheduled inspection criteria are rendered acceptable and written test forms are not required. All incoming inspections, other additions to inventory and devices that have undergone corrective maintenance must have a documented preventative maintenance inspection form.
 - 2.1.1.3.2. Copies of all equipment inspection forms must be provided to the NHH Director of Support Services or his or her designee upon completion of each visit.
- 2.1.1.4. Inspection Stickers:
 - 2.1.1.4.1. Inspection stickers must be placed on each piece of clinical equipment when tested specifying the date of the next service.
 - 2.1.1.4.2. Equipment that fails inspection must be tagged accordingly and removed from service.
- 2.1.2. The selected Vendor must conduct performance testing and preventative maintenance on all the equipment identified in Appendix B, New Hampshire Hospital Equipment List, every six months unless otherwise agreed upon by the Department.
 - 2.1.2.1. Performance tests:
 - 2.1.2.1.1. Performance tests must be performed on clinical equipment by biomedical equipment technicians in accordance with accepted engineering practices and the current code requirements of the National Fire Protection Association (Code 99 for Healthcare Facilities) and The Joint Commission *Accreditation and Certification* manuals.
 - 2.1.2.2. Preventative maintenance:

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- 2.1.2.2.1. Preventative maintenance must be performed at the time of the performance test and must include, but is not limited to:
 - 2.1.2.2.1.1. Routine battery replacement;
 - 2.1.2.2.1.2. Any needed updates; and
 - 2.1.2.2.1.3. Minor repairs and adjustments when parts are available.
- 2.1.2.3. Repair Services:
 - 2.1.2.3.1. The Contractor must complete minor and major repairs. Performance testing and incoming inspections must be performed on all repaired equipment prior to the equipment being placed back into service. Repair services are defined as follows:
 - 2.1.2.3.1.1. Minor Repair Services: Requires less than half an hour of labor and must be performed as part of the scheduled six-month service visits.
 - 2.1.2.3.1.2. Major Repair Services: Requires half an hour or more of labor, and must not be initiated until authorization is obtained from Department staff.
 - 2.1.2.3.2. Parts must be as approved in advance by the Department on a case by case basis.
- 2.1.3. The selected Vendor must ensure biomedical equipment technicians are available to arrive on site no later than two (2) hours after an emergency call is placed.
- 2.1.4. The selected Vendor must provide loaner equipment to the Department when clinical equipment requiring repair or service takes longer than 24 hours. Contractor loaner equipment includes, but is not limited to:
 - 2.1.4.1. Tabletop sterilizers;
 - 2.1.4.2. Electrocardiographs; and
 - 2.1.4.3. Therapeutic ultrasounds.
- 2.1.5. The selected Vendor must provide an alternative loaner equipment plan to the Department within 30 days of the Contract Effective Date that includes alternative options for loaning required equipment to the Department for reasons including, but not limited to:
 - 2.1.5.1. Contractor loaner equipment not currently available; and

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- 2.1.5.2. Contractor does not carry the required equipment.
- 2.1.6. The selected Vendor must develop and maintain an inventory control and reporting system to monitor the inspections, testing, maintenance and repair of clinical equipment identified in Appendix B, New Hampshire Hospital Equipment List. Aggregate data inventoried must include, but is not limited to:
 - 2.1.6.1. Equipment type;
 - 2.1.6.2. Manufacturer;
 - 2.1.6.3. Model;
 - 2.1.6.4. Risk;
 - 2.1.6.5. Purchase date;
 - 2.1.6.6. Purchase cost; and
 - 2.1.6.7. Service contract if applicable.
- 2.1.7. The selected Vendor must generate Preventative Maintenance (PM) schedules every six (6) months in the month prior to when maintenance is scheduled to facilitate efficient use of personnel hours.
- 2.1.8. The selected Vendor must meet the following performance indicators to measure the effectiveness of service delivery:
 - 2.1.8.1. Performance inspection testing to ensure equipment operates to manufactures' standards.
 - 2.1.8.2. Preventative maintenance testing to ensure clinical equipment operates to manufacturers' standards.
- 2.1.9. The selected Vendor must provide clinical equipment inventory updates to Department staff when changes occur and on a quarterly basis at a minimum.
- 2.1.10. The selected Vendor must provide copies of equipment inspection forms to the NHH Director of Support Services or his or her designee upon completion of each visit.
- 2.1.11. The selected Vendor must submit PM schedules to the Department every six (6) months in the month prior to when maintenance is scheduled.
- 2.1.12. The selected Vendor must provide personnel to perform the required work, including but not limited to, a minimum of two (2) Certified Biomedical Equipment Technicians.
 - 2.1.12.1. The selected Vendor must ensure each employee is available to complete a thirty (30) minute New Hampshire Hospital orientation that covers patient confidentiality and boundaries

2.1.12.2. The selected Vendor must submit a completed Appendix E, NHH Non-Employee Immunization Attestation form for each employee working onsite at New Hampshire Hospital.

2.1.13. The selected Vendor must ensure each employee assigned to work on the premises at New Hampshire Hospital completes Appendix D, Statement of Confidentiality prior to arriving at NHH.

2.2. Reporting

2.2.1. The selected Vendor must develop and submit prevention maintenance, inspection testing and consultation reports to the NHH Director of Support Services or his/her designee. Reports must include, but are not limited to:

2.2.1.1. Status Reports upon the completion of each on-site visit;

2.2.1.2. Repairs Report as requested;

2.2.1.3. Incoming Inspections Report at the close of each quarter;

2.2.1.4. Preventative Maintenance Reports on a semi-annual basis in July and December;

2.2.1.5. Work performed by the Department;

2.2.1.6. Equipment history;

2.2.1.7. Report of consultations monthly; and

2.2.1.8. Annual Program Review and Assessment Report thirty (30) days after the close of each State Fiscal Year of the contract period.

2.3. Mandatory Questions

2.3.1. In response to this solicitation, Vendor(s) must respond to the Mandatory Questions below in Appendix G, Technical Responses to Questions.

Q1 *Describe your experience performing inspections and performance tests on clinical equipment.*

Q2 *Describe your experience performing preventative maintenance and repairs on clinical equipment.*

Q3 *What is your capacity to provide all services under this RFP? Include your loaner equipment plan when a piece of NHH equipment is being repaired or serviced. Provide a list of all equipment that is available to loan if needed.*

Q4 *How will you develop and maintain an inventory control system for clinical equipment inspections, testing, maintenance and repairs?*

Q5 *Provide your staffing plan for the services in this RFP. Include staff titles as well as relevant qualifications and certifications.*

Q6 *How you will generate the required reporting? Provide sample reports.*

Remainder of this page intentionally left blank.

3. SOLICITATION RESPONSE EVALUATION

3.1. The Department will evaluate responses from Vendors based upon the criteria and standards contained in this solicitation and by applying the points set forth below.

TECHNICAL RESPONSE	POSSIBLE SCORE
Testing and Inspecting Experience	30 Points
Maintenance Experience	30 Points
Capacity to Perform Required Services	80 Points
Inventory Control	30 Points
Staffing	50 Points
Reporting	30 Points
Technical Response – Total Possible Score	250 Points

COST PROPOSAL	POSSIBLE SCORE
Cost Proposal (Appendix C)	100 Points
Cost Proposal – Total Possible Score	100 Points

MAXIMUM POSSIBLE SCORE	350 Points
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3.2. Cost Proposal Evaluation Criteria

The Cost proposal will be scored based on the Total Proposed Cost on Line 9 of Appendix C, Transmittal Letter, Vendor Information, and Cost Proposal, Section 5, Cost Proposal, using the following method:

Total Cost Proposal Points Available.....100 Points

Cost Proposal – The following formula will be used to assign points for cost:

Vendor’s Cost Proposal Points = ***(Lowest Proposed Cost / Vendor’s Proposed Cost) times 100***. Fractions of points will be rounded up to the nearest whole number of points.

For the purpose of this formula, the lowest proposed cost is defined as the lowest price proposed by a Vendor who meets the requirements specified in Section 2, Statement of Work, and in Section 6, Solicitation Response Requirements

4. SOLICITATION RESPONSE PROCESS

4.1. Letter of Intent

4.1.1. A Letter of Intent to submit a Response to this solicitation is optional.

- 4.1.2. Receipt of the Letter of Intent by Department will be required to receive electronic notification of any solicitation amendments, in the event such are produced; any further materials on this project, including electronic files containing tables required for response to this solicitation; any addenda, corrections, or schedule modifications; notifications regarding any informational meetings for Vendors; or responses to comments or questions.
- 4.1.3. The Letter of Intent must be transmitted by email to the Contract Specialist identified in Subsection 1.2 and include the name, telephone number, mailing address and email address of the Vendor's designated contact. **Notwithstanding the Letter of Intent, Vendors remain responsible for reviewing the most updated information related to this solicitation before submitting a response.**

4.2. Vendors Conference

- 4.2.1. A Vendors Conference will be held virtually on the date specified in Subsection 1.3, Procurement Timetable. The Vendors Conference will serve as an opportunity for Vendors to ask specific questions of State staff concerning the technical requirements of the Solicitation.
- 4.2.2. Attendance at the Vendors Conference is not mandatory but is highly recommended. Good faith potential vendors and their representatives interested in attending the Vendors Conference must preregister no later than 2:00 PM on February 24, 2023 at:

<https://nh-dhhs.zoom.us/meeting/register/tZckdeirrZ0oGNbunmGDo1Qbl3OsslGw7N2>

4.3. Questions and Answers

4.3.1. Vendors' Questions

- 4.3.1.1. All questions about this Solicitation including, but not limited to, requests for clarification, additional information or any changes to the Solicitation must be made in writing, by email only, citing the Solicitation page number and part or subpart, and submitted to the Contract Specialist identified in Subsection 1.2.
- 4.3.1.2. The Department may consolidate or paraphrase questions for efficiency and clarity. Questions that are not understood will not be answered. Statements that are not questions will not receive a response.
- 4.3.1.3. The questions must be submitted by email; however, the Department assumes no liability for ensuring accurate and complete email transmissions.
- 4.3.1.4. Questions must be received by the Department by the deadline given in Subsection 1.3, Procurement Timetable.

4.3.2. Department Responses

4.3.2.1. The Department intends to issue responses to properly submitted questions by the deadline specified in Subsection 1.3, Procurement Timetable. All oral answers given are non-binding. Written answers to questions received will be posted on the Department's website at (<https://www.dhhs.nh.gov/doing-business-dhhs/contracts-procurement-opportunities>). This date may be subject to change at the Department's discretion.

4.3.3. Exceptions

4.3.3.1. The Department will require the successful Vendor to execute a contract using the Form P-37, General Provisions and Standard Exhibits, which are attached as Appendix A. To the extent that a Vendor believes that exceptions to Appendix A will be necessary for the Vendor to enter into a Contract, the Vendor must note those issues during the Question Period in Subsection 1.3. Vendors may not request exceptions to the Scope of Services or any other sections of this Solicitation.

4.3.3.2. The Department will review requested exceptions and accept, reject or note that it is open to negotiation of the proposed exception at its sole discretion in its response to Vendor questions.

4.3.3.3. Any exceptions to the standard form contract and exhibits that are not raised by a Vendor during the Question Period may not be considered. In no event is a Vendor to submit its own standard contract terms and conditions as a replacement for the Department's terms in response to this Solicitation.

4.4. Solicitation Amendment

4.4.1. The Department reserves the right to amend this Solicitation by publishing any addenda, as it deems appropriate, prior to the Submission Deadline on its own initiative or in response to issues raised through Vendor questions. In the event that an addendum is published, the Department, at its sole discretion, may extend the Submission Deadline.

5. SOLICITATION RESPONSE SUBMISSION INSTRUCTIONS

5.1. Responses to this Solicitation must be submitted electronically via email to rfx@dhhs.nh.gov AND to the Contract Specialist at the email address specified in Subsection 1.2.

5.1.1. The subject line must include the following information:

RFP-2023-NHH-03-INSPE (email xx of xx).

5.2. The maximum size of file attachments per email is 10 MB. Submissions with file attachments exceeding 10 MB must be sent via multiple emails.

- 5.3. The Department must receive submissions by the time and date specified in the Procurement Timetable in Section 1.3 and in the manner specified or it may be rejected as non-compliant, unless waived by the Department as a non-material deviation.
- 5.4. The Department will conduct an initial screening step to verify Vendor compliance with the requirements of this Solicitation. The Department may waive or offer a limited opportunity for a Vendor to cure immaterial deviations from the Solicitation requirements if it is deemed to be in the best interest of the Department.
- 5.5. Late submissions that are not accepted will remain unopened. Disqualified submissions will be discarded. Submission of solicitation responses shall be at the Vendor's expense.

6. SOLICITATION RESPONSE REQUIREMENTS

- 6.1. Acceptable solicitation responses must offer all services identified in Section 2 - Statement of Work
- 6.2. Vendors must submit a separate electronic document for the Technical Response and a separate electronic document for the Cost Proposal.

6.3. Technical Response Contents

Each Technical Response must contain the following, in the order described in this section:

- 6.3.1. **Appendix G – Vendor Technical Response to Mandatory Questions**
- 6.3.2. **Resumes** – Vendors must provide resumes for those key personnel who would be primarily responsible for meeting the terms and conditions of any agreement resulting from this Solicitation. Vendors must redact all personal information from resumes.

6.4. Cost Proposal Contents

- 6.4.1. **Appendix C – Transmittal Letter, Vendor Information, and Cost Proposal, including:**
 - 6.4.1.1. **Vendor Code Number** - Prior to executing any resulting contract(s), the selected Vendor will be required to provide a vendor code number issued by the State of New Hampshire Department of Administrative Services upon registering as an authorized vendor with the State. Vendors are strongly encourage to provide a vendor code number in the Appendix C if available. More information can be found at: <https://das.nh.gov/purchasing/vendorresources.aspx>

7. ADDITIONAL TERMS AND REQUIREMENTS

7.1. Non-Collusion

The Vendor's required signature on the Appendix C – Transmittal Letter and Vendor Information submitted in response to this Solicitation guarantees that the prices, terms and conditions, and services quoted have been established without collusion with other Vendors and without effort to preclude the Department from obtaining the best possible competitive solicitation response.

7.2. Collaborative Solicitation Responses

Solicitation responses must be submitted by one organization. Any collaborating organization must be designated as a subcontractor subject to the terms of Appendix A, P-37 General Provisions and Standard Exhibits.

7.3. Validity of Solicitation Responses

Solicitation responses must be valid for one hundred and eighty (180) days following the deadline for submission in the Procurement Timetable above in Subsection 1.3, or until the Effective Date of any resulting contract, whichever is later.

7.4. Debarment

Vendors who are ineligible to bid on proposals, bids or quotes issued by the Department of Administrative Services, Division of Procurement and Support Services pursuant to the provisions of RSA 21-I:11-c shall not be considered eligible for an award under this solicitation.

7.5. Property of Department

Any material property submitted and received in response to this solicitation will become the property of the Department and will not be returned to the Vendor. The Department reserves the right to use any information presented in any solicitation response provided that its use does not violate any copyrights or other provisions of law.

7.6. Solicitation Response Withdrawal

Prior to the Response Submission Deadline specified in Subsection 1.3, Procurement Timetable, a submitted Letter of Intent or solicitation responses may be withdrawn by submitting a written request for its withdrawal to the Contract Specialist specified in Subsection 1.2.

7.7. Confidentiality

- 7.7.1. Pursuant to RSA 21-G:37, the content of responses to this solicitation must remain confidential until the Governor and Executive Council have awarded a contract. The Vendor's disclosure or distribution of the contents of its solicitation response, other than to the Department, will be grounds for disqualification at the Department's sole discretion.

7.8. Public Disclosure

- 7.8.1. The information submitted in response to this solicitation (including all materials submitted in connection with it, such as attachments, exhibits, addenda, and presentations), any resulting contract, and information provided during the contractual relationship may be subject to public disclosure under Right-to-Know laws, including RSA 91-A. In addition, in accordance with RSA 9-F:1, any contract entered into as a result of this solicitation will be made accessible to the public online via the New Hampshire Secretary of State website (<https://sos.nh.gov/>).
- 7.8.2. Confidential, commercial or financial information may be exempt from public disclosure under RSA 91-A:5, IV. If a Vendor believes any information submitted in response to this solicitation should be kept confidential, the Vendor must specifically identify that information where it appears in the submission in a manner that draws attention to the designation and must mark/stamp each page of the materials that the Vendor claims must be exempt from disclosure as

“CONFIDENTIAL.” Vendors must also provide a letter to the person listed as the point of contact for this solicitation, identifying the specific page number and section of the information considered to be confidential, commercial or financial and providing the rationale for each designation. Marking or designating an entire submission, attachment or section as confidential shall neither be accepted nor honored by the Department. Vendors must also provide a separate copy of the full and complete document, fully redacting those portions and shall note on the applicable page or pages that the redacted portion or portions are “confidential.”

- 7.8.3. Submissions which do not conform to these instructions by failing to include a redacted copy (if necessary), by failing to include a letter specifying the rationale for each redaction, by failing to designate the redactions in the manner required by these instructions, or by including redactions which are contrary to these instructions or operative law may be rejected by the Department as not conforming to the requirements of the solicitation.
- 7.8.4. Pricing, which includes but is not limited to, the administrative costs and other performance guarantees in responses or any subsequently awarded contract shall be subject to public disclosure regardless of whether it is marked as confidential.
- 7.8.5. Notwithstanding a Vendor’s designations, the Department is obligated under the Right-to-Know law to conduct an independent analysis of the confidentiality of the information submitted in response to the solicitation. If a request is made to the Department to view or receive copies of any portion of the response that is marked confidential, the Department shall first assess what information it is obligated to release. The Department will then notify the Vendor that a request has been made, indicate what, if any, information the Department has assessed is confidential and will not be released, and specify the planned release date of the remaining portions of the response. To halt the release of information by the Department, a Vendor must initiate and provide to the Department, prior to the date specified in the notice, a court action in the Superior Court of the State of New Hampshire, at its sole expense, seeking to enjoin the release of the requested information.
- 7.8.6. By submitting a response to this solicitation, Vendors acknowledge and agree that:
- 7.8.7. The Department may disclose any and all portions of the response or related materials which are not marked as confidential and/or which have not been specifically explained in the letter to the person identified as the point of contact for this solicitation;
- 7.8.8. The Department is not obligated to comply with a Vendor’s designations regarding confidentiality and must conduct an independent analysis to assess the confidentiality of the information submitted; and
- 7.8.9. The Department may, unless otherwise prohibited by court order, release the information on the date specified in the notice described above without any liability to a Vendor.

7.9. Electronic Posting of RFP Results and Resulting Contract

- 7.9.1. At the time of receipt of responses, the Department will post the number of responses received with no further information. No later than five (5) business days prior to submission of a contract to the Department of Administrative Services pursuant to this solicitation, the Department will post the name, rank or score of each responding Vendor. In the event that the resulting contract does not require Governor & Executive Council approval, the Agency will disclose the rank or score at least five (5) business days before final approval of the contract.
- 7.9.2. Pursuant to RSA 91-A and RSA 9-F:1, the Secretary of State will post to the public any document submitted to G&C for approval, including contracts resulting from this solicitation, and posts those documents on its website (<https://sos.nh.gov/administration/miscellaneous/governor-executive-council/>). By submitting a response to this solicitation, vendors acknowledge and agree that, in accordance with the above mentioned statutes and policies, (and regardless of whether any specific request is made to view any document relating to this solicitation), any contract resulting from this solicitation that is submitted to G&C for approval will be made accessible to the public online.

7.10. Non-Commitment

Notwithstanding any other provision of this solicitation, this solicitation does not commit the Department to award a contract. The Department reserves the right to reject any and all responses to this solicitation or any portions thereof, at any time and to cancel this solicitation and to solicit new solicitation responses under a new procurement process.

7.11. Liability

By submitting a response to this solicitation, the Vendor agrees that in no event shall the Department be either responsible for or held liable for any costs incurred by a Vendor in the preparation or submittal of or otherwise in connection with a solicitation response, or for work performed prior to the Effective Date of a resulting contract.

7.12. Request for Additional Information or Materials

The Department may request any Vendor to provide additional information or materials needed to clarify information presented in the solicitation response. Such a request will be issued in writing and will not provide a Vendor with an opportunity to change, extend, or otherwise amend its solicitation response in intent or substance.

7.13. Oral Presentations and Discussions

The Department reserves the right to require some or all Vendors to make oral presentations of their solicitation response. The purpose of the oral presentation is to clarify and expound upon information provided in the written solicitation response. Vendors are prohibited from altering the original substance of their solicitation response during the oral presentations. The Department will use the information gained from oral presentations to refine the technical review scores. Any and all costs associated with an oral presentation shall be borne entirely by the Vendor.

7.14. Successful Vendor Notice and Contract Negotiations

If a Vendor is selected, the Department will send written notification of their selection and the Department's desire to enter into contract negotiations. Until the Department successfully completes negotiations with the selected Vendor, all submitted solicitation responses remain eligible for selection by the Department. In the event contract negotiations are unsuccessful with the selected Vendor, the evaluation team may recommend another Vendor. The Department will not contact Vendor(s) that are not initially selected to enter into contract negotiations.

7.15. Scope of Award and Contract Award Notice

7.15.1. The Department reserves the right to award a service, part of a service, group of services, or total solicitation response and to reject any and all solicitation responses in whole or in part. A contract award is contingent on approval by the Governor and Executive Council.

7.15.2. If a contract is awarded, the selected Vendor must obtain written consent from the State before any public announcement or news release is issued pertaining to any contract award.

7.16. Site Visits

The Department may, at its sole discretion, at any time prior to contract award, conduct a site visit at the Vendor's location or at any other location deemed appropriate by the Department, to determine the Vendor's capacity to satisfy the terms of this solicitation. The Department may also require the Vendor to produce additional documents, records, or materials relevant to determining the Vendor's capacity to satisfy the terms of this solicitation. Any and all costs associated with any site visit or requests for documents shall be borne entirely by the Vendor.

7.17. Protest of Intended Award

Any challenge of an award made or otherwise related to this solicitation shall be governed by RSA 21-G:37, and the procedures and terms of this solicitation. The procedure set forth in RSA 21-G:37, IV, shall be the sole remedy available to challenge any award resulting from this solicitation. In the event that any legal action is brought challenging this solicitation and selection process, outside of the review process identified in RSA 21-G:37, IV, and in the event that the State of New Hampshire prevails, the challenger agrees to pay all expenses of such action, including attorney's fees and costs at all stages of litigation.

7.18. Contingency

Aspects of the award may be contingent upon changes to state or federal laws and regulations.

7.19. Ethical Requirements

From the time this solicitation is published until a contract is awarded, no Vendor shall offer or give, directly or indirectly, any gift, expense reimbursement, or honorarium, as defined by RSA 15-B, to any elected official, public official, public employee, constitutional official, or family member of any such official or employee who will or has selected, evaluated, or awarded a solicitation, or similar submission. Any Vendor that violates RSA 21-G:38 shall be subject to prosecution for an offense under RSA 640:2. Any Vendor who has been convicted of an offense based on conduct in violation of this section, which has not been annulled, or who is subject to a pending criminal charge for such an offense, shall be disqualified from submitting a response to this solicitation, or similar request for submission and every such

Vendor shall be disqualified from submitting any solicitation response or similar request for submission issued by any state agency. A Vendor that was disqualified under this section because of a pending criminal charge which is subsequently dismissed, results in an acquittal, or is annulled, may notify the Department of Administrative Services, which shall note that information on the list maintained on the state's internal intranet system, except in the case of annulment, the information, shall be deleted from the list.

7.20. Liquidated Damages

The selected Vendor agrees that liquidated damages may be determined by the Department as part of the contract specifications, as failure to achieve required performance levels will more than likely substantially delay and disrupt the Department's operations.

8. COMPLIANCE

8.1. The selected Vendor must be in compliance with applicable federal and state laws, rules and regulations, and applicable policies and procedures adopted by the Department currently in effect, and as they may be adopted or amended during the contract period.

8.2. The selected Vendor may be required to participate in monitoring activities for the resulting contract(s), at the sole discretion of the Department, including, but not limited to:

8.2.1. Site visits.

8.2.2. File reviews.

8.2.3. Staff training.

8.3. Records

8.3.1. The selected Vendor must maintain the following records during the resulting contract term where appropriate and as prescribed by the Department:

8.3.1.1. Books, records, documents and other electronic or physical data evidencing and reflecting all costs and other expenses incurred by the selected Vendor) in the performance of the resulting contract(s), and all income received or collected by the selected Vendor.

8.3.1.2. All records must be maintained in accordance with accounting procedures and practices, which sufficiently and properly reflect all such costs and expenses, and which are acceptable to the Department, and to include, without limitation, all ledgers, books, records, and original evidence of costs such as purchase requisitions and orders, vouchers, requisitions for materials, inventories, valuations of in-kind contributions, labor time cards, payrolls, and other records requested or required by the Department.

8.3.2. During the term of the resulting contract and the period for retention hereunder, the Department, the United States Department of Health and Human Services, and any of their designated representatives shall have access to all reports and records maintained pursuant to the resulting contract for purposes of audit, examination, excerpts and transcripts. If, upon review of the Final Expenditure Report the

Department shall disallow any expenses claimed by the selected Vendor(s) as costs hereunder the Department shall retain the right, at its discretion, to deduct the amount of such expenses as are disallowed or to recover such sums from the selected Vendor.

8.4. Background Checks

- 8.4.1. Prior to permitting any individual to provide services under this Agreement, the selected Vendor must ensure that said individual has undergone:
 - 8.4.1.1. A criminal background check, at the selected Vendor's expense, and has no convictions for crimes that represent evidence of behavior that could endanger individuals served under this Agreement;
 - 8.4.1.2. A name search of the Department's Bureau of Elderly and Adult Services (BEAS) State Registry, pursuant to RSA 161-F:49, with results indicating no evidence of behavior that could endanger individuals served under this Agreement; and
 - 8.4.1.3. A name search of the Department's Division for Children, Youth and Families (DCYF) Central Registry pursuant to RSA 169-C:35, with results indicating no evidence of behavior that could endanger individuals served under this Agreement.
- 8.4.2. The selected Vendor must ensure each employee performing work in patient care areas has documentation of a criminal background check which demonstrates no criminal offenses.

8.5. Audit Requirements

- 8.5.1. The selected Vendor must email an annual audit to dhhs.act@dhhs.nh.gov if any of the following conditions exist:
 - 8.5.1.1. Condition A - The selected Vendor expended \$750,000 or more in federal funds received as a subrecipient pursuant to 2 CFR Part 200, during the most recently completed fiscal year.
 - 8.5.1.2. Condition B - The selected Vendor is subject to audit pursuant to the requirements of NH RSA 7:28, III-b, pertaining to charitable organizations receiving support of \$1,000,000 or more.
 - 8.5.1.3. Condition C - The selected Vendor is a public company and required by Security and Exchange Commission (SEC) regulations to submit an annual financial audit.
- 8.5.2. If Condition A exists, the selected Vendor shall submit an annual single audit performed by an independent Certified Public Accountant (CPA) to the Department within 120 days after the close of the Vendor's fiscal year, conducted in accordance with the requirements of 2 CFR Part 200, Subpart F of the Uniform

Administrative Requirements, Cost Principles, and Audit Requirements for Federal awards.

- 8.5.3. If Condition B or Condition C exists, the selected Vendor shall submit an annual financial audit performed by an independent CPA within 120 days after the close of the selected Vendor's fiscal year.
- 8.5.4. Any selected Vendor that receives an amount equal to or greater than \$250,000 from the Department during a single fiscal year, regardless of the funding source, may be required, at a minimum, to submit annual financial audits performed by an independent CPA if the Department's risk assessment determination indicates the Vendor is high-risk.
- 8.5.5. In addition to, and not in any way in limitation of obligations of the resulting Contract), it is understood and agreed by the selected Vendor that the selected Vendor shall be held liable for any state or federal audit exceptions and shall return to the Department all payments made under the resulting Contract which exception has been taken, or which have been disallowed because of such an exception.

9. APPENDICES TO THIS SOLICITATION

- 9.1.** Appendix A – Form P-37 General Provisions and Standard Exhibits
- 9.2.** Appendix B – New Hampshire Hospital Clinical Equipment List
- 9.3.** Appendix C – Transmittal Letter, Vendor Information, and Cost Proposal
- 9.4.** Appendix D – Statement of Confidentiality
- 9.5.** Appendix E – NHH Non-Employee Immunization Attestation
- 9.6.** Appendix F – Clinical Equipment Management Plan
- 9.7.** Appendix G - Technical Responses to Questions

Do Not Return**Subject:** _____

Notice: This agreement and all of its attachments shall become public upon submission to Governor and Executive Council for approval. Any information that is private, confidential or proprietary must be clearly identified to the agency and agreed to in writing prior to signing the contract.

AGREEMENT

The State of New Hampshire and the Contractor hereby mutually agree as follows:

GENERAL PROVISIONS**1. IDENTIFICATION.**

1.1 State Agency Name New Hampshire Department of Health and Human Services		1.2 State Agency Address 129 Pleasant Street Concord, NH 03301-3857	
1.3 Contractor Name		1.4 Contractor Address	
1.5 Contractor Phone Number () -	1.6 Account Number	1.7 Completion Date Select a Date	1.8 Price Limitation
1.9 Contracting Officer for State Agency Nathan D. White, Director		1.10 State Agency Telephone Number (603) 271-9631	
1.11 Contractor Signature Date:		1.12 Name and Title of Contractor Signatory	
1.13 State Agency Signature Date:		1.14 Name and Title of State Agency Signatory	
1.15 Approval by the N.H. Department of Administration, Division of Personnel (<i>if applicable</i>) By: _____ Director, On: _____			
1.16 Approval by the Attorney General (Form, Substance and Execution) (<i>if applicable</i>) By: _____ On: _____			
1.17 Approval by the Governor and Executive Council (<i>if applicable</i>) G&C Item number: _____ G&C Meeting Date: _____			

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Contractor Initials _____
Date _____

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2. SERVICES TO BE PERFORMED. The State of New Hampshire, acting through the agency identified in block 1.1 (“State”), engages contractor identified in block 1.3 (“Contractor”) to perform, and the Contractor shall perform, the work or sale of goods, or both, identified and more particularly described in the attached EXHIBIT B which is incorporated herein by reference (“Services”).

3. EFFECTIVE DATE/COMPLETION OF SERVICES.

3.1 Notwithstanding any provision of this Agreement to the contrary, and subject to the approval of the Governor and Executive Council of the State of New Hampshire, if applicable, this Agreement, and all obligations of the parties hereunder, shall become effective on the date the Governor and Executive Council approve this Agreement as indicated in block 1.17, unless no such approval is required, in which case the Agreement shall become effective on the date the Agreement is signed by the State Agency as shown in block 1.13 (“Effective Date”).

3.2 If the Contractor commences the Services prior to the Effective Date, all Services performed by the Contractor prior to the Effective Date shall be performed at the sole risk of the Contractor, and in the event that this Agreement does not become effective, the State shall have no liability to the Contractor, including without limitation, any obligation to pay the Contractor for any costs incurred or Services performed. Contractor must complete all Services by the Completion Date specified in block 1.7.

4. CONDITIONAL NATURE OF AGREEMENT.

Notwithstanding any provision of this Agreement to the contrary, all obligations of the State hereunder, including, without limitation, the continuance of payments hereunder, are contingent upon the availability and continued appropriation of funds affected by any state or federal legislative or executive action that reduces, eliminates or otherwise modifies the appropriation or availability of funding for this Agreement and the Scope for Services provided in EXHIBIT B, in whole or in part. In no event shall the State be liable for any payments hereunder in excess of such available appropriated funds. In the event of a reduction or termination of appropriated funds, the State shall have the right to withhold payment until such funds become available, if ever, and shall have the right to reduce or terminate the Services under this Agreement immediately upon giving the Contractor notice of such reduction or termination. The State shall not be required to transfer funds from any other account or source to the Account identified in block 1.6 in the event funds in that Account are reduced or unavailable.

5. CONTRACT PRICE/PRICE LIMITATION/PAYMENT.

5.1 The contract price, method of payment, and terms of payment are identified and more particularly described in EXHIBIT C which is incorporated herein by reference.

5.2 The payment by the State of the contract price shall be the only and the complete reimbursement to the Contractor for all expenses, of whatever nature incurred by the Contractor in the performance hereof, and shall be the only and the complete

compensation to the Contractor for the Services. The State shall have no liability to the Contractor other than the contract price.

5.3 The State reserves the right to offset from any amounts otherwise payable to the Contractor under this Agreement those liquidated amounts required or permitted by N.H. RSA 80:7 through RSA 80:7-c or any other provision of law.

5.4 Notwithstanding any provision in this Agreement to the contrary, and notwithstanding unexpected circumstances, in no event shall the total of all payments authorized, or actually made hereunder, exceed the Price Limitation set forth in block 1.8.

6. COMPLIANCE BY CONTRACTOR WITH LAWS AND REGULATIONS/ EQUAL EMPLOYMENT OPPORTUNITY.

6.1 In connection with the performance of the Services, the Contractor shall comply with all applicable statutes, laws, regulations, and orders of federal, state, county or municipal authorities which impose any obligation or duty upon the Contractor, including, but not limited to, civil rights and equal employment opportunity laws. In addition, if this Agreement is funded in any part by monies of the United States, the Contractor shall comply with all federal executive orders, rules, regulations and statutes, and with any rules, regulations and guidelines as the State or the United States issue to implement these regulations. The Contractor shall also comply with all applicable intellectual property laws.

6.2 During the term of this Agreement, the Contractor shall not discriminate against employees or applicants for employment because of race, color, religion, creed, age, sex, handicap, sexual orientation, or national origin and will take affirmative action to prevent such discrimination.

6.3 The Contractor agrees to permit the State or United States access to any of the Contractor’s books, records and accounts for the purpose of ascertaining compliance with all rules, regulations and orders, and the covenants, terms and conditions of this Agreement.

7. PERSONNEL.

7.1 The Contractor shall at its own expense provide all personnel necessary to perform the Services. The Contractor warrants that all personnel engaged in the Services shall be qualified to perform the Services, and shall be properly licensed and otherwise authorized to do so under all applicable laws.

7.2 Unless otherwise authorized in writing, during the term of this Agreement, and for a period of six (6) months after the Completion Date in block 1.7, the Contractor shall not hire, and shall not permit any subcontractor or other person, firm or corporation with whom it is engaged in a combined effort to perform the Services to hire, any person who is a State employee or official, who is materially involved in the procurement, administration or performance of this Agreement. This provision shall survive termination of this Agreement.

7.3 The Contracting Officer specified in block 1.9, or his or her successor, shall be the State’s representative. In the event of any dispute concerning the interpretation of this Agreement, the Contracting Officer’s decision shall be final for the State.

Do Not Return

Contractor Initials _____
Date _____

Do Not Return

8. EVENT OF DEFAULT/REMEDIES.

8.1 Any one or more of the following acts or omissions of the Contractor shall constitute an event of default hereunder (“Event of Default”):

8.1.1 failure to perform the Services satisfactorily or on schedule;

8.1.2 failure to submit any report required hereunder; and/or

8.1.3 failure to perform any other covenant, term or condition of this Agreement.

8.2 Upon the occurrence of any Event of Default, the State may take any one, or more, or all, of the following actions:

8.2.1 give the Contractor a written notice specifying the Event of Default and requiring it to be remedied within, in the absence of a greater or lesser specification of time, thirty (30) days from the date of the notice; and if the Event of Default is not timely cured, terminate this Agreement, effective two (2) days after giving the Contractor notice of termination;

8.2.2 give the Contractor a written notice specifying the Event of Default and suspending all payments to be made under this Agreement and ordering that the portion of the contract price which would otherwise accrue to the Contractor during the period from the date of such notice until such time as the State determines that the Contractor has cured the Event of Default shall never be paid to the Contractor;

8.2.3 give the Contractor a written notice specifying the Event of Default and set off against any other obligations the State may owe to the Contractor any damages the State suffers by reason of any Event of Default; and/or

8.2.4 give the Contractor a written notice specifying the Event of Default, treat the Agreement as breached, terminate the Agreement and pursue any of its remedies at law or in equity, or both.

8.3. No failure by the State to enforce any provisions hereof after any Event of Default shall be deemed a waiver of its rights with regard to that Event of Default, or any subsequent Event of Default. No express failure to enforce any Event of Default shall be deemed a waiver of the right of the State to enforce each and all of the provisions hereof upon any further or other Event of Default on the part of the Contractor.

9. TERMINATION.

9.1 Notwithstanding paragraph 8, the State may, at its sole discretion, terminate the Agreement for any reason, in whole or in part, by thirty (30) days written notice to the Contractor that the State is exercising its option to terminate the Agreement.

9.2 In the event of an early termination of this Agreement for any reason other than the completion of the Services, the Contractor shall, at the State’s discretion, deliver to the Contracting Officer, not later than fifteen (15) days after the date of termination, a report (“Termination Report”) describing in detail all Services performed, and the contract price earned, to and including the date of termination. The form, subject matter, content, and number of copies of the Termination Report shall be identical to those of any Final Report described in the attached EXHIBIT B. In addition, at the State’s discretion, the Contractor shall, within 15 days of notice of early termination, develop and

Do Not Return

submit to the State a Transition Plan for services under the Agreement.

10. DATA/ACCESS/CONFIDENTIALITY/PRESERVATION.

10.1 As used in this Agreement, the word “data” shall mean all information and things developed or obtained during the performance of, or acquired or developed by reason of, this Agreement, including, but not limited to, all studies, reports, files, formulae, surveys, maps, charts, sound recordings, video recordings, pictorial reproductions, drawings, analyses, graphic representations, computer programs, computer printouts, notes, letters, memoranda, papers, and documents, all whether finished or unfinished.

10.2 All data and any property which has been received from the State or purchased with funds provided for that purpose under this Agreement, shall be the property of the State, and shall be returned to the State upon demand or upon termination of this Agreement for any reason.

10.3 Confidentiality of data shall be governed by N.H. RSA chapter 91-A or other existing law. Disclosure of data requires prior written approval of the State.

11. CONTRACTOR’S RELATION TO THE STATE. In the performance of this Agreement the Contractor is in all respects an independent contractor, and is neither an agent nor an employee of the State. Neither the Contractor nor any of its officers, employees, agents or members shall have authority to bind the State or receive any benefits, workers’ compensation or other emoluments provided by the State to its employees.

12. ASSIGNMENT/DELEGATION/SUBCONTRACTS.

12.1 The Contractor shall not assign, or otherwise transfer any interest in this Agreement without the prior written notice, which shall be provided to the State at least fifteen (15) days prior to the assignment, and a written consent of the State. For purposes of this paragraph, a Change of Control shall constitute assignment. “Change of Control” means (a) merger, consolidation, or a transaction or series of related transactions in which a third party, together with its affiliates, becomes the direct or indirect owner of fifty percent (50%) or more of the voting shares or similar equity interests, or combined voting power of the Contractor, or (b) the sale of all or substantially all of the assets of the Contractor.

12.2 None of the Services shall be subcontracted by the Contractor without prior written notice and consent of the State. The State is entitled to copies of all subcontracts and assignment agreements and shall not be bound by any provisions contained in a subcontract or an assignment agreement to which it is not a party.

13. INDEMNIFICATION. Unless otherwise exempted by law, the Contractor shall indemnify and hold harmless the State, its officers and employees, from and against any and all claims, liabilities and costs for any personal injury or property damages, patent or copyright infringement, or other claims asserted against the State, its officers or employees, which arise out of (or which may be claimed to arise out of) the acts or omission of the

Contractor Initials _____

Date _____

Do Not Return

Contractor, or subcontractors, including but not limited to the negligence, reckless or intentional conduct. The State shall not be liable for any costs incurred by the Contractor arising under this paragraph 13. Notwithstanding the foregoing, nothing herein contained shall be deemed to constitute a waiver of the sovereign immunity of the State, which immunity is hereby reserved to the State. This covenant in paragraph 13 shall survive the termination of this Agreement.

14. INSURANCE.

14.1 The Contractor shall, at its sole expense, obtain and continuously maintain in force, and shall require any subcontractor or assignee to obtain and maintain in force, the following insurance:

14.1.1 commercial general liability insurance against all claims of bodily injury, death or property damage, in amounts of not less than \$1,000,000 per occurrence and \$2,000,000 aggregate or excess; and

14.1.2 special cause of loss coverage form covering all property subject to subparagraph 10.2 herein, in an amount not less than 80% of the whole replacement value of the property.

14.2 The policies described in subparagraph 14.1 herein shall be on policy forms and endorsements approved for use in the State of New Hampshire by the N.H. Department of Insurance, and issued by insurers licensed in the State of New Hampshire.

14.3 The Contractor shall furnish to the Contracting Officer identified in block 1.9, or his or her successor, a certificate(s) of insurance for all insurance required under this Agreement. Contractor shall also furnish to the Contracting Officer identified in block 1.9, or his or her successor, certificate(s) of insurance for all renewal(s) of insurance required under this Agreement no later than ten (10) days prior to the expiration date of each insurance policy. The certificate(s) of insurance and any renewals thereof shall be attached and are incorporated herein by reference.

15. WORKERS' COMPENSATION.

15.1 By signing this agreement, the Contractor agrees, certifies and warrants that the Contractor is in compliance with or exempt from, the requirements of N.H. RSA chapter 281-A ("*Workers' Compensation*").

15.2 To the extent the Contractor is subject to the requirements of N.H. RSA chapter 281-A, Contractor shall maintain, and require any subcontractor or assignee to secure and maintain, payment of Workers' Compensation in connection with activities which the person proposes to undertake pursuant to this Agreement. The Contractor shall furnish the Contracting Officer identified in block 1.9, or his or her successor, proof of Workers' Compensation in the manner described in N.H. RSA chapter 281-A and any applicable renewal(s) thereof, which shall be attached and are incorporated herein by reference. The State shall not be responsible for payment of any Workers' Compensation premiums or for any other claim or benefit for Contractor, or any subcontractor or employee of Contractor, which might arise under applicable State of New Hampshire Workers' Compensation laws in connection with the performance of the Services under this Agreement.

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16. NOTICE. Any notice by a party hereto to the other party shall be deemed to have been duly delivered or given at the time of mailing by certified mail, postage prepaid, in a United States Post Office addressed to the parties at the addresses given in blocks 1.2 and 1.4, herein.

17. AMENDMENT. This Agreement may be amended, waived or discharged only by an instrument in writing signed by the parties hereto and only after approval of such amendment, waiver or discharge by the Governor and Executive Council of the State of New Hampshire unless no such approval is required under the circumstances pursuant to State law, rule or policy.

18. CHOICE OF LAW AND FORUM. This Agreement shall be governed, interpreted and construed in accordance with the laws of the State of New Hampshire, and is binding upon and inures to the benefit of the parties and their respective successors and assigns. The wording used in this Agreement is the wording chosen by the parties to express their mutual intent, and no rule of construction shall be applied against or in favor of any party. Any actions arising out of this Agreement shall be brought and maintained in New Hampshire Superior Court which shall have exclusive jurisdiction thereof.

19. CONFLICTING TERMS. In the event of a conflict between the terms of this P-37 form (as modified in EXHIBIT A) and/or attachments and amendment thereof, the terms of the P-37 (as modified in EXHIBIT A) shall control.

20. THIRD PARTIES. The parties hereto do not intend to benefit any third parties and this Agreement shall not be construed to confer any such benefit.

21. HEADINGS. The headings throughout the Agreement are for reference purposes only, and the words contained therein shall in no way be held to explain, modify, amplify or aid in the interpretation, construction or meaning of the provisions of this Agreement.

22. SPECIAL PROVISIONS. Additional or modifying provisions set forth in the attached EXHIBIT A are incorporated herein by reference.

23. SEVERABILITY. In the event any of the provisions of this Agreement are held by a court of competent jurisdiction to be contrary to any state or federal law, the remaining provisions of this Agreement will remain in full force and effect.

24. ENTIRE AGREEMENT. This Agreement, which may be executed in a number of counterparts, each of which shall be deemed an original, constitutes the entire agreement and understanding between the parties, and supersedes all prior agreements and understandings with respect to the subject matter hereof.

Contractor Initials _____
Date _____

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New Hampshire Department of Health and Human Services



Exhibit A

REVISIONS TO STANDARD CONTRACT PROVISIONS

1 – Revisions to Form P-37, General Provisions

1.1 Paragraph 12, Assignment/Delegation/Subcontracts, is amended by adding subparagraph 12.3 as follows:

12.3 Subcontractors are subject to the same contractual conditions as the Contractor and the Contractor is responsible to ensure subcontractor compliance with those conditions. The Contractor shall have written agreements with all subcontractors, specifying the work to be performed and how corrective action shall be managed if the subcontractor's performance is inadequate. The Contractor shall manage the subcontractor's performance on an ongoing basis and take corrective action as necessary. The Contractor shall annually provide the State with a list of all subcontractors provided for under this Agreement and notify the State of any inadequate subcontractor performance.

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Exhibit A - Revisions to Standard Contract Provisions

Contractor Initials _____

Date _____

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New Hampshire Department of Health and Human Services



EXHIBIT B

Scope of Services

To be drafted in accordance with the selected Vendor's proposal, as negotiated with the Department through the procurement process.

Do Not Return

Vendor Name

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Date _____

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New Hampshire Department of Health and Human Services



EXHIBIT C

Payment Terms

To be drafted in accordance with the selected Vendor's proposal, as negotiated with the Department through the procurement process.

VENDOR NAME

Exhibit C

Contractor Initials _____

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Page 1 of 1

Date _____

Rev. 01/08/19



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New Hampshire Department of Health and Human Services
Exhibit D

CERTIFICATION REGARDING DRUG-FREE WORKPLACE REQUIREMENTS

The Vendor identified in Section 1.3 of the General Provisions agrees to comply with the provisions of Sections 5151-5160 of the Drug-Free Workplace Act of 1988 (Pub. L. 100-690, Title V, Subtitle D; 41 U.S.C. 701 et seq.), and further agrees to have the Contractor's representative, as identified in Sections 1.11 and 1.12 of the General Provisions execute the following Certification:

ALTERNATIVE I - FOR GRANTEES OTHER THAN INDIVIDUALS

US DEPARTMENT OF HEALTH AND HUMAN SERVICES - CONTRACTORS
US DEPARTMENT OF EDUCATION - CONTRACTORS
US DEPARTMENT OF AGRICULTURE - CONTRACTORS

This certification is required by the regulations implementing Sections 5151-5160 of the Drug-Free Workplace Act of 1988 (Pub. L. 100-690, Title V, Subtitle D; 41 U.S.C. 701 et seq.). The January 31, 1989 regulations were amended and published as Part II of the May 25, 1990 Federal Register (pages 21681-21691), and require certification by grantees (and by inference, sub-grantees and sub-contractors), prior to award, that they will maintain a drug-free workplace. Section 3017.630(c) of the regulation provides that a grantee (and by inference, sub-grantees and sub-contractors) that is a State may elect to make one certification to the Department in each federal fiscal year in lieu of certificates for each grant during the federal fiscal year covered by the certification. The certificate set out below is a material representation of fact upon which reliance is placed when the agency awards the grant. False certification or violation of the certification shall be grounds for suspension of payments, suspension or termination of grants, or government wide suspension or debarment. Contractors using this form should send it to:

Commissioner
 NH Department of Health and Human Services
 129 Pleasant Street,
 Concord, NH 03301-6505

1. The grantee certifies that it will or will continue to provide a drug-free workplace by:
 - 1.1. Publishing a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession or use of a controlled substance is prohibited in the grantee's workplace and specifying the actions that will be taken against employees for violation of such prohibition;
 - 1.2. Establishing an ongoing drug-free awareness program to inform employees about
 - 1.2.1. The dangers of drug abuse in the workplace;
 - 1.2.2. The grantee's policy of maintaining a drug-free workplace;
 - 1.2.3. Any available drug counseling, rehabilitation, and employee assistance programs; and
 - 1.2.4. The penalties that may be imposed upon employees for drug abuse violations occurring in the workplace;
 - 1.3. Making it a requirement that each employee to be engaged in the performance of the grant be given a copy of the statement required by paragraph (a);
 - 1.4. Notifying the employee in the statement required by paragraph (a) that, as a condition of employment under the grant, the employee will
 - 1.4.1. Abide by the terms of the statement; and
 - 1.4.2. Notify the employer in writing of his or her conviction for a violation of a criminal drug statute occurring in the workplace no later than five calendar days after such conviction;
 - 1.5. Notifying the agency in writing, within ten calendar days after receiving notice under subparagraph 1.4.2 from an employee or otherwise receiving actual notice of such conviction. Employers of convicted employees must provide notice, including position title, to every grant officer on whose grant activity the convicted employee was working, unless the Federal agency

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Exhibit D – Certification regarding Drug Free
 Workplace Requirements
 Page 1 of 2

Vendor Initials _____

Date _____



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New Hampshire Department of Health and Human Services
Exhibit D

- has designated a central point for the receipt of such notices. Notice shall include the identification number(s) of each affected grant;
- 1.6. Taking one of the following actions, within 30 calendar days of receiving notice under subparagraph 1.4.2, with respect to any employee who is so convicted
 - 1.6.1. Taking appropriate personnel action against such an employee, up to and including termination, consistent with the requirements of the Rehabilitation Act of 1973, as amended; or
 - 1.6.2. Requiring such employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by a Federal, State, or local health, law enforcement, or other appropriate agency;
 - 1.7. Making a good faith effort to continue to maintain a drug-free workplace through implementation of paragraphs 1.1, 1.2, 1.3, 1.4, 1.5, and 1.6.
2. The grantee may insert in the space provided below the site(s) for the performance of work done in connection with the specific grant.

Place of Performance (street address, city, county, state, zip code) (list each location)

Check if there are workplaces on file that are not identified here.

Vendor Name:

Date

Name:
Title:

Do Not Return



CERTIFICATION REGARDING LOBBYING

The Vendor identified in Section 1.3 of the General Provisions agrees to comply with the provisions of Section 319 of Public Law 101-121, Government wide Guidance for New Restrictions on Lobbying, and 31 U.S.C. 1352, and further agrees to have the Contractor's representative, as identified in Sections 1.11 and 1.12 of the General Provisions execute the following Certification:

US DEPARTMENT OF HEALTH AND HUMAN SERVICES - CONTRACTORS
US DEPARTMENT OF EDUCATION - CONTRACTORS
US DEPARTMENT OF AGRICULTURE - CONTRACTORS

Programs (indicate applicable program covered):

- *Temporary Assistance to Needy Families under Title IV-A
- *Child Support Enforcement Program under Title IV-D
- *Social Services Block Grant Program under Title XX
- *Medicaid Program under Title XIX
- *Community Services Block Grant under Title VI
- *Child Care Development Block Grant under Title IV

The undersigned certifies, to the best of his or her knowledge and belief, that:

1. No Federal appropriated funds have been paid or will be paid by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement (and by specific mention sub-grantee or sub-contractor).
2. If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement (and by specific mention sub-grantee or sub-contractor), the undersigned shall complete and submit Standard Form LLL, (Disclosure Form to Report Lobbying, in accordance with its instructions, attached and identified as Standard Exhibit E-I.)
3. The undersigned shall require that the language of this certification be included in the award document for sub-awards at all tiers (including subcontracts, sub-grants, and contracts under grants, loans, and cooperative agreements) and that all sub-recipients shall certify and disclose accordingly.

This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by Section 1352, Title 31, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

Vendor Name:

Date

Name:
Title:



Do Not Return
New Hampshire Department of Health and Human Services
Exhibit F

CERTIFICATION REGARDING DEBARMENT, SUSPENSION
AND OTHER RESPONSIBILITY MATTERS

The Vendor identified in Section 1.3 of the General Provisions agrees to comply with the provisions of Executive Office of the President, Executive Order 12549 and 45 CFR Part 76 regarding Debarment, Suspension, and Other Responsibility Matters, and further agrees to have the Contractor's representative, as identified in Sections 1.11 and 1.12 of the General Provisions execute the following Certification:

INSTRUCTIONS FOR CERTIFICATION

1. By signing and submitting this proposal (contract), the prospective primary participant is providing the certification set out below.
2. The inability of a person to provide the certification required below will not necessarily result in denial of participation in this covered transaction. If necessary, the prospective participant shall submit an explanation of why it cannot provide the certification. The certification or explanation will be considered in connection with the NH Department of Health and Human Services' (DHHS) determination whether to enter into this transaction. However, failure of the prospective primary participant to furnish a certification or an explanation shall disqualify such person from participation in this transaction.
3. The certification in this clause is a material representation of fact upon which reliance was placed when DHHS determined to enter into this transaction. If it is later determined that the prospective primary participant knowingly rendered an erroneous certification, in addition to other remedies available to the Federal Government, DHHS may terminate this transaction for cause or default.
4. The prospective primary participant shall provide immediate written notice to the DHHS agency to whom this proposal (contract) is submitted if at any time the prospective primary participant learns that its certification was erroneous when submitted or has become erroneous by reason of changed circumstances.
5. The terms "covered transaction," "debarred," "suspended," "ineligible," "lower tier covered transaction," "participant," "person," "primary covered transaction," "principal," "proposal," and "voluntarily excluded," as used in this clause, have the meanings set out in the Definitions and Coverage sections of the rules implementing Executive Order 12549: 45 CFR Part 76. See the attached definitions.
6. The prospective primary participant agrees by submitting this proposal (contract) that, should the proposed covered transaction be entered into, it shall not knowingly enter into any lower tier covered transaction with a person who is debarred, suspended, declared ineligible, or voluntarily excluded from participation in this covered transaction, unless authorized by DHHS.
7. The prospective primary participant further agrees by submitting this proposal that it will include the clause titled "Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion - Lower Tier Covered Transactions," provided by DHHS, without modification, in all lower tier covered transactions and in all solicitations for lower tier covered transactions.
8. A participant in a covered transaction may rely upon a certification of a prospective participant in a lower tier covered transaction that it is not debarred, suspended, ineligible, or involuntarily excluded from the covered transaction, unless it knows that the certification is erroneous. A participant may decide the method and frequency by which it determines the eligibility of its principals. Each participant may, but is not required to, check the Nonprocurement List (of excluded parties).
9. Nothing contained in the foregoing shall be construed to require establishment of a system of records in order to render in good faith the certification required by this clause. The knowledge and

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New Hampshire Department of Health and Human Services
Exhibit F

information of a participant is not required to exceed that which is normally possessed by a prudent person in the ordinary course of business dealings.

- 10. Except for transactions authorized under paragraph 6 of these instructions, if a participant in a covered transaction knowingly enters into a lower tier covered transaction with a person who is suspended, debarred, ineligible, or voluntarily excluded from participation in this transaction, in addition to other remedies available to the Federal government, DHHS may terminate this transaction for cause or default.

PRIMARY COVERED TRANSACTIONS

- 11. The prospective primary participant certifies to the best of its knowledge and belief, that it and its principals:
 - 11.1. are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from covered transactions by any Federal department or agency;
 - 11.2. have not within a three-year period preceding this proposal (contract) been convicted of or had a civil judgment rendered against them for commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a public (Federal, State or local) transaction or a contract under a public transaction; violation of Federal or State antitrust statutes or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property;
 - 11.3. are not presently indicted for otherwise criminally or civilly charged by a governmental entity (Federal, State or local) with commission of any of the offenses enumerated in paragraph (I)(b) of this certification; and
 - 11.4. have not within a three-year period preceding this application/proposal had one or more public transactions (Federal, State or local) terminated for cause or default.
- 12. Where the prospective primary participant is unable to certify to any of the statements in this certification, such prospective participant shall attach an explanation to this proposal (contract).

LOWER TIER COVERED TRANSACTIONS

- 13. By signing and submitting this lower tier proposal (contract), the prospective lower tier participant, as defined in 45 CFR Part 76, certifies to the best of its knowledge and belief that it and its principals:
 - 13.1. are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any federal department or agency.
 - 13.2. where the prospective lower tier participant is unable to certify to any of the above, such prospective participant shall attach an explanation to this proposal (contract).
- 14. The prospective lower tier participant further agrees by submitting this proposal (contract) that it will include this clause entitled "Certification Regarding Debarment, Suspension, Ineligibility, and Voluntary Exclusion - Lower Tier Covered Transactions," without modification in all lower tier covered transactions and in all solicitations for lower tier covered transactions.

Vendor Name: _____

Date

Name:
Title:

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Vendor Initials _____

Date _____



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New Hampshire Department of Health and Human Services
Exhibit G

**CERTIFICATION OF COMPLIANCE WITH REQUIREMENTS PERTAINING TO
 FEDERAL NONDISCRIMINATION, EQUAL TREATMENT OF FAITH-BASED ORGANIZATIONS AND
 WHISTLEBLOWER PROTECTIONS**

The Vendor identified in Section 1.3 of the General Provisions agrees by signature of the Contractor's representative as identified in Sections 1.11 and 1.12 of the General Provisions, to execute the following certification:

Vendor will comply, and will require any subgrantees or subcontractors to comply, with any applicable federal nondiscrimination requirements, which may include:

- the Omnibus Crime Control and Safe Streets Act of 1968 (42 U.S.C. Section 3789d) which prohibits recipients of federal funding under this statute from discriminating, either in employment practices or in the delivery of services or benefits, on the basis of race, color, religion, national origin, and sex. The Act requires certain recipients to produce an Equal Employment Opportunity Plan;
- the Juvenile Justice Delinquency Prevention Act of 2002 (42 U.S.C. Section 5672(b)) which adopts by reference, the civil rights obligations of the Safe Streets Act. Recipients of federal funding under this statute are prohibited from discriminating, either in employment practices or in the delivery of services or benefits, on the basis of race, color, religion, national origin, and sex. The Act includes Equal Employment Opportunity Plan requirements;
- the Civil Rights Act of 1964 (42 U.S.C. Section 2000d, which prohibits recipients of federal financial assistance from discriminating on the basis of race, color, or national origin in any program or activity);
- the Rehabilitation Act of 1973 (29 U.S.C. Section 794), which prohibits recipients of Federal financial assistance from discriminating on the basis of disability, in regard to employment and the delivery of services or benefits, in any program or activity;
- the Americans with Disabilities Act of 1990 (42 U.S.C. Sections 12131-34), which prohibits discrimination and ensures equal opportunity for persons with disabilities in employment, State and local government services, public accommodations, commercial facilities, and transportation;
- the Education Amendments of 1972 (20 U.S.C. Sections 1681, 1683, 1685-86), which prohibits discrimination on the basis of sex in federally assisted education programs;
- the Age Discrimination Act of 1975 (42 U.S.C. Sections 6106-07), which prohibits discrimination on the basis of age in programs or activities receiving Federal financial assistance. It does not include employment discrimination;
- 28 C.F.R. pt. 31 (U.S. Department of Justice Regulations – OJJDP Grant Programs); 28 C.F.R. pt. 42 (U.S. Department of Justice Regulations – Nondiscrimination; Equal Employment Opportunity; Policies and Procedures); Executive Order No. 13279 (equal protection of the laws for faith-based and community organizations); Executive Order No. 13559, which provide fundamental principles and policy-making criteria for partnerships with faith-based and neighborhood organizations;
- 28 C.F.R. pt. 38 (U.S. Department of Justice Regulations – Equal Treatment for Faith-Based Organizations); and Whistleblower protections 41 U.S.C. §4712 and The National Defense Authorization Act (NDAA) for Fiscal Year 2013 (Pub. L. 112-239, enacted January 2, 2013) the Pilot Program for Enhancement of Contract Employee Whistleblower Protections, which protects employees against reprisal for certain whistle blowing activities in connection with federal grants and contracts.

The certificate set out below is a material representation of fact upon which reliance is placed when the agency awards the grant. False certification or violation of the certification shall be grounds for suspension of payments, suspension or termination of grants, or government wide suspension or debarment.

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Exhibit G

Vendor Initials _____

Certification of Compliance with requirements pertaining to Federal Nondiscrimination, Equal Treatment of Faith-Based Organizations
and Whistleblower protections

6/27/14
Rev. 10/21/14

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Date _____



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New Hampshire Department of Health and Human Services
Exhibit G

In the event a Federal or State court or Federal or State administrative agency makes a finding of discrimination after a due process hearing on the grounds of race, color, religion, national origin, or sex against a recipient of funds, the recipient will forward a copy of the finding to the Office for Civil Rights, to the applicable contracting agency or division within the Department of Health and Human Services, and to the Department of Health and Human Services Office of the Ombudsman.

The Vendor identified in Section 1.3 of the General Provisions agrees by signature of the Contractor's representative as identified in Sections 1.11 and 1.12 of the General Provisions, to execute the following certification:

1. By signing and submitting this proposal (contract) the Vendor agrees to comply with the provisions indicated above.

Vendor Name:

Date

Name:
Title:

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Exhibit G

Vendor Initials _____

Certification of Compliance with requirements pertaining to Federal Nondiscrimination, Equal Treatment of Faith-Based Organizations and Whistleblower protections

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New Hampshire Department of Health and Human Services
Exhibit H



CERTIFICATION REGARDING ENVIRONMENTAL TOBACCO SMOKE

Public Law 103-227, Part C - Environmental Tobacco Smoke, also known as the Pro-Children Act of 1994 (Act), requires that smoking not be permitted in any portion of any indoor facility owned or leased or contracted for by an entity and used routinely or regularly for the provision of health, day care, education, or library services to children under the age of 18, if the services are funded by Federal programs either directly or through State or local governments, by Federal grant, contract, loan, or loan guarantee. The law does not apply to children's services provided in private residences, facilities funded solely by Medicare or Medicaid funds, and portions of facilities used for inpatient drug or alcohol treatment. Failure to comply with the provisions of the law may result in the imposition of a civil monetary penalty of up to \$1000 per day and/or the imposition of an administrative compliance order on the responsible entity.

The Vendor identified in Section 1.3 of the General Provisions agrees, by signature of the Contractor's representative as identified in Section 1.11 and 1.12 of the General Provisions, to execute the following certification:

- 1. By signing and submitting this contract, the Vendor agrees to make reasonable efforts to comply with all applicable provisions of Public Law 103-227, Part C, known as the Pro-Children Act of 1994.

Vendor Name:

Date

Name:
Title:

Do Not Return

Vendor Initials _____

Date _____



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New Hampshire Department of Health and Human Services
Exhibit J

CERTIFICATION REGARDING THE FEDERAL FUNDING ACCOUNTABILITY AND TRANSPARENCY ACT (FFATA) COMPLIANCE

The Federal Funding Accountability and Transparency Act (FFATA) requires prime awardees of individual Federal grants equal to or greater than \$25,000 and awarded on or after October 1, 2010, to report on data related to executive compensation and associated first-tier sub-grants of \$25,000 or more. If the initial award is below \$25,000 but subsequent grant modifications result in a total award equal to or over \$25,000, the award is subject to the FFATA reporting requirements, as of the date of the award.

In accordance with 2 CFR Part 170 (Reporting Subaward and Executive Compensation Information), the Department of Health and Human Services (DHHS) must report the following information for any subaward or contract award subject to the FFATA reporting requirements:

1. Name of entity
2. Amount of award
3. Funding agency
4. NAICS code for contracts / CFDA program number for grants
5. Program source
6. Award title descriptive of the purpose of the funding action
7. Location of the entity
8. Principle place of performance
9. Unique identifier of the entity (DUNS #)
10. Total compensation and names of the top five executives if:
 - 10.1. More than 80% of annual gross revenues are from the Federal government, and those revenues are greater than \$25M annually and
 - 10.2. Compensation information is not already available through reporting to the SEC.

Prime grant recipients must submit FFATA required data by the end of the month, plus 30 days, in which the award or award amendment is made.

The Contractor identified in Section 1.3 of the General Provisions agrees to comply with the provisions of The Federal Funding Accountability and Transparency Act, Public Law 109-282 and Public Law 110-252, and 2 CFR Part 170 (Reporting Subaward and Executive Compensation Information), and further agrees to have the Contractor's representative, as identified in Sections 1.11 and 1.12 of the General Provisions execute the following Certification:

The below named Contractor agrees to provide needed information as outlined above to the NH Department of Health and Human Services and to comply with all applicable provisions of the Federal Financial Accountability and Transparency Act.

Contractor Name:

_____ Date

_____ Name:
_____ Title:

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New Hampshire Department of Health and Human Services
Exhibit J

FORM A

As the Contractor identified in Section 1.3 of the General Provisions, I certify that the responses to the below listed questions are true and accurate.

1. The DUNS number for your entity is: _____
2. In your business or organization's preceding completed fiscal year, did your business or organization receive (1) 80 percent or more of your annual gross revenue in U.S. federal contracts, subcontracts, loans, grants, sub-grants, and/or cooperative agreements; and (2) \$25,000,000 or more in annual gross revenues from U.S. federal contracts, subcontracts, loans, grants, subgrants, and/or cooperative agreements?

_____ NO _____ YES

If the answer to #2 above is NO, stop here

If the answer to #2 above is YES, please answer the following:

3. Does the public have access to information about the compensation of the executives in your business or organization through periodic reports filed under section 13(a) or 15(d) of the Securities Exchange Act of 1934 (15 U.S.C.78m(a), 78o(d)) or section 6104 of the Internal Revenue Code of 1986?

_____ NO _____ YES

If the answer to #3 above is YES, stop here

If the answer to #3 above is NO, please answer the following:

4. The names and compensation of the five most highly compensated officers in your business or organization are as follows:

Name: _____	Amount: _____
Name: _____	Amount: _____
Name: _____	Amount: _____
Name: _____	Amount: _____
Name: _____	Amount: _____

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APPENDIX B

New Hampshire Hospital Clinical Equipment List

LEGEND: **RED** Text identifies High Risk assets as defined by The Joint Commission Standards EC.02.04.01 and EC02.04.03

	A	B	C	D	E	F
1	Control #	Equipment Type	Manufacturer	Model #	Serial #	Department
2	02417529	MONITOR,SPO2	MCKELOR TECHNOLOGIES (THE FURNISS CORP)	16-93651	02417529	NHH
3	02417532	MONITOR,SPO2	MCKELOR TECHNOLOGIES (THE FURNISS CORP)	16-93651	02417532	NHH
4	02417548	MONITOR,SPO2	MCKELOR TECHNOLOGIES (THE FURNISS CORP)	16-93651	02417548	NHH
5	02417549	MONITOR,SPO2	MCKELOR TECHNOLOGIES (THE FURNISS CORP)	16-93651	02417549	NHH
6	02424924	MONITOR,SPO2	MCKELOR TECHNOLOGIES (THE FURNISS CORP)	16-93651	02424924	NHH
7	02424937	MONITOR,SPO2	MCKELOR TECHNOLOGIES (THE FURNISS CORP)	16-93651	02424937	NHH
8	02424938	MONITOR,SPO2	MCKELOR TECHNOLOGIES (THE FURNISS CORP)	16-93651	02424938	NHH
9	02424939	MONITOR,SPO2	MCKELOR TECHNOLOGIES (THE FURNISS CORP)	16-93651	02424939	NHH
10	02424940	MONITOR,SPO2	MCKELOR TECHNOLOGIES (THE FURNISS CORP)	16-93651	02424940	NHH
11	02424941	MONITOR,SPO2	MCKELOR TECHNOLOGIES (THE FURNISS CORP)	16-93651	02424941	NHH
12	02434936	MONITOR,SPO2	MCKELOR TECHNOLOGIES (THE FURNISS CORP)	16-93651	02434936	NHH
13	1000311	MONITOR,SPO2	MEDQUIP (DRIVE DEVILBISS)	MQ3200	1000311	NHH
14	1000312	MONITOR,SPO2	MEDQUIP (DRIVE DEVILBISS)	MQ3200	1000312	NHH
15	1000313	MONITOR,SPO2	MEDQUIP (DRIVE DEVILBISS)	MQ3200	1000313	NHH
16	1000314	MONITOR,SPO2	MEDQUIP (DRIVE DEVILBISS)	MQ3200	1000314	NHH
17	1000315	MONITOR,SPO2	MEDQUIP (DRIVE DEVILBISS)	MQ3200	1000315	NHH
18	1000316	MONITOR,SPO2	MEDQUIP (DRIVE DEVILBISS)	MQ3200	1000316	NHH
19	1000317	MONITOR,SPO2	MEDQUIP (DRIVE DEVILBISS)	MQ3200	1000317	NHH
20	1000318	MONITOR,SPO2	MEDQUIP (DRIVE DEVILBISS)	MQ3200	1000318	NHH
21	1000319	MONITOR,SPO2	MEDQUIP (DRIVE DEVILBISS)	MQ3200	1000319	NHH
22	1000320	MONITOR,SPO2	MEDQUIP (DRIVE DEVILBISS)	MQ3200	1000320	NHH
23	104815	OTO/OPHTHALMOSCOPE	WELCH ALLYN	74710		NHH

APPENDIX B

New Hampshire Hospital Clinical Equipment List

LEGEND: **RED** Text identifies High Risk assets as defined by The Joint Commission Standards EC.02.04.01 and EC02.04.03

24	104817	OTO/OPHTHALMOSCOPE	WELCH ALLYN	74710		NHH
25	104818	OTO/OPHTHALMOSCOPE	WELCH ALLYN	74710		NHH
26	104819	OTO/OPHTHALMOSCOPE	WELCH ALLYN	74710		NHH
27	104821	OTO/OPHTHALMOSCOPE	WELCH ALLYN	74710		NHH
28	105173	INFUSION PUMP	HOSPIRA (PFIZER)	PLUM XL	12210478	NHH
29	105174	INFUSION PUMP	HOSPIRA (PFIZER)	PLUM XL	12210460	NHH
30	105801	THERMOMETER,INFRARED	WELCH ALLYN	105801	2115505000861	NHH
31	105938	OTO/OPHTHALMOSCOPE	WELCH ALLYN	74710		NHH
32	12450	NEBULIZER	ALLIED HEALTHCARE PRODUCTS	S3000*	110500043207	NHH
33	2003054B02120	THERMOMETER,INFRARED,NON CONTACT	HETAIDA	HTD8813C	2003054B02120	NHH
34	2003054B12018	THERMOMETER,INFRARED,NON CONTACT	HETAIDA	HTD8813C	2003054B12018	NHH
35	2003054B12603	THERMOMETER,INFRARED,NON CONTACT	HETAIDA	HTD8813C	2003054B12603	NHH
36	2003054B22990	THERMOMETER,INFRARED,NON CONTACT	HETAIDA	HTD8813C	2003054B22990	NHH
37	201180	ASPIRATOR	LAERDAL MEDICAL(CARDIAC RESUSCITATOR CORP)	COMPACT SUCTION UNIT	PL159671	NHH
38	201283	ASPIRATOR	LAERDAL MEDICAL(CARDIAC RESUSCITATOR CORP)	COMPACT SUCTION UNIT	PL159415	NHH
39	201284	ASPIRATOR	LAERDAL MEDICAL(CARDIAC RESUSCITATOR CORP)	COMPACT SUCTION UNIT	PL159412	NHH
40	201285	ASPIRATOR	LAERDAL MEDICAL(CARDIAC RESUSCITATOR CORP)	COMPACT SUCTION UNIT	PL159417	NHH
41	201286	ASPIRATOR	LAERDAL MEDICAL(CARDIAC RESUSCITATOR CORP)	COMPACT SUCTION UNIT	PL159419	NHH
42	201287	ASPIRATOR	LAERDAL MEDICAL(CARDIAC RESUSCITATOR CORP)	COMPACT SUCTION UNIT	PL159414	NHH
43	201288	ASPIRATOR	LAERDAL MEDICAL(CARDIAC RESUSCITATOR CORP)	COMPACT SUCTION UNIT	PL159418	NHH
44	201289	ASPIRATOR	LAERDAL MEDICAL(CARDIAC RESUSCITATOR CORP)	COMPACT SUCTION UNIT	PL159416	NHH
45	201290	MONITOR,SPO2	NONIN MEDICAL INC	2500		NHH
46	201291	MONITOR,SPO2	NONIN MEDICAL INC	2500	123803989	NHH
47	201292	MONITOR,SPO2	NONIN MEDICAL INC	2500	123804013	NHH

APPENDIX B

New Hampshire Hospital Clinical Equipment List

LEGEND: **RED** Text identifies High Risk assets as defined by The Joint Commission Standards EC.02.04.01 and EC02.04.03

48	201293	MONITOR,SPO2	NONIN MEDICAL INC	2500	123804021	NHH
49	201294	MONITOR,SPO2	NONIN MEDICAL INC	2500	123803978	NHH
50	201581	CONCENTRATOR,OXYGEN	INVACARE CORP	INVACARE 5	04G720603	NHH
51	201721	THERMOMETER,INFRARED	WELCH ALLYN	PRO 3000	10106412726	NHH
52	201725	THERMOMETER,ELECTRONIC	WELCH ALLYN	692	04339039	NHH
53	201726	THERMOMETER,ELECTRONIC	WELCH ALLYN	692	04339043	NHH
54	201727	THERMOMETER,ELECTRONIC	WELCH ALLYN	692	04339046	NHH
55	201728	THERMOMETER,ELECTRONIC	WELCH ALLYN	692	04339051	NHH
56	201731	THERMOMETER,ELECTRONIC	WELCH ALLYN	692		NHH
57	201732	THERMOMETER,ELECTRONIC	WELCH ALLYN	692	04339065	NHH
58	201733	THERMOMETER,ELECTRONIC	WELCH ALLYN	692	04339069	NHH
59	201734	THERMOMETER,ELECTRONIC	WELCH ALLYN	692	04339070	NHH
60	201735	THERMOMETER,ELECTRONIC	WELCH ALLYN	692	04339071	NHH
61	20180529	THERMOMETER,ELECTRONIC	WELCH ALLYN	SURETEMP PLUS	20180529	NHH
62	201811	DEFIBRILLATOR,AUTOMATED	ZOLL MEDICAL CORP(ZMI CORP, INFUSION DYNAMICS)	AED PLUS [B]	X04I043473	NHH
63	201812	DEFIBRILLATOR,AUTOMATED	ZOLL MEDICAL CORP(ZMI CORP, INFUSION DYNAMICS)	AED PLUS [B]	x04I050170	NHH

	A	B	C	D	E	F
64	201813	DEFIBRILLATOR,AUTOMATED	ZOLL MEDICAL CORP(ZMI CORP, INFUSION DYNAMICS)	AED PLUS [B]	X04C030778	NHH
65	201814	DEFIBRILLATOR,AUTOMATED	ZOLL MEDICAL CORP(ZMI CORP, INFUSION DYNAMICS)	AED PLUS [B]	x04I050167	NHH
66	201815	DEFIBRILLATOR,AUTOMATED	ZOLL MEDICAL CORP(ZMI CORP, INFUSION DYNAMICS)	AED PLUS [B]	x04I050160	NHH
67	201816	DEFIBRILLATOR,AUTOMATED	ZOLL MEDICAL CORP(ZMI CORP, INFUSION DYNAMICS)	AED PLUS [B]	X04L050151	NHH
68	201817	DEFIBRILLATOR,AUTOMATED	ZOLL MEDICAL CORP(ZMI CORP, INFUSION DYNAMICS)	AED PLUS [B]	x04i043478	NHH
69	201818	DEFIBRILLATOR,AUTOMATED	ZOLL MEDICAL CORP(ZMI CORP, INFUSION DYNAMICS)	AED PLUS [B]	X04L050159	NHH
70	201819	DEFIBRILLATOR,AUTOMATED	ZOLL MEDICAL CORP(ZMI CORP, INFUSION DYNAMICS)	AED PLUS [B]	X04I043467	NHH
71	20188834	THERMOMETER,ELECTRONIC	WELCH ALLYN	SURETEMP PLUS	20188834	NHH

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LEGEND: **RED** Text identifies High Risk assets as defined by The Joint Commission Standards EC.02.04.01 and EC02.04.03

72	20190305	SHAVER,ELECTRIC	ARIZANT HEALTHCARE (3M HEALTH CARE)	9681	20190305 NHH
73	20190409	SHAVER,ELECTRIC	ARIZANT HEALTHCARE (3M HEALTH CARE)	9681	20190409 NHH
74	20192413	THERMOMETER,ELECTRONIC	WELCH ALLYN	SURETEMP PLUS	20192413 NHH
75	202065	DEFIBRILLATOR,AUTOMATED	ZOLL MEDICAL CORP(ZMI CORP, INFUSION DYNAMICS)	AED PLUS [B]	X05I068791 NHH
76	202157	MONITOR,SPO2	NONIN MEDICAL INC	2500	NHH
77	202158	MONITOR,SPO2	NONIN MEDICAL INC	2500	129105325 NHH
78	202159	MONITOR,SPO2	NONIN MEDICAL INC	2500	55202823200715580 NHH
79	202160	MONITOR,SPO2	NONIN MEDICAL INC	2500	129105584 NHH
80	202161	SCALE,ADULT	DETECTO SCALE (CARDINAL HEALTH)	758C	E07606-0053 NHH
81	20223311	THERMOMETER,ELECTRONIC	WELCH ALLYN	SURETEMP PLUS	20223311 NHH
82	20223316	THERMOMETER,ELECTRONIC	WELCH ALLYN	SURETEMP PLUS	20223316 NHH
83	20224162	THERMOMETER,ELECTRONIC	WELCH ALLYN	SURETEMP	20224162 NHH
84	202243	CONCENTRATOR,OXYGEN	INVACARE CORP	INVACARE 5	06CSZ366397 NHH
85	202244	CONCENTRATOR,OXYGEN	INVACARE CORP	INVACARE 5	06DF026771 NHH
86	20224518	THERMOMETER,ELECTRONIC	WELCH ALLYN	SURETEMP PLUS	20224518 NHH
87	20224529	THERMOMETER,ELECTRONIC	WELCH ALLYN	SURETEMP PLUS	20224529 NHH
88	202248	MONITOR,NIBP,SPO2,TEMP	WELCH ALLYN	SPOT VITAL SIGNS	200722141 NHH
89	202250	SCALE,ADULT	DETECTO SCALE (CARDINAL HEALTH)	758C	E11806-0556 NHH
90	202260	THERMOMETER,INFRARED	WELCH ALLYN	PRO 4000	11105675829 NHH

APPENDIX B

New Hampshire Hospital Clinical Equipment List

LEGEND: **RED** Text identifies High Risk assets as defined by The Joint Commission Standards EC.02.04.01 and EC02.04.03

91	202261	THERMOMETER,INFRARED	WELCH ALLYN	PRO 4000	11105680183 NHH
92	202262	THERMOMETER,INFRARED	WELCH ALLYN	PRO 4000	11105650726 NHH
93	202263	THERMOMETER,INFRARED	WELCH ALLYN	PRO 4000	11105672592 NHH
94	20226951	THERMOMETER,ELECTRONIC	WELCH ALLYN	SURETEMP	20226951 NHH
95	202291	SCALE,ADULT	DETECTO SCALE (CARDINAL HEALTH)	758C	E12606-0065 NHH
96	202301	THERMOMETER,ELECTRONIC	WELCH ALLYN	692	06177930 NHH
97	202318	CONCENTRATOR,OXYGEN	INVACARE CORP	INVACARE 5	06FF008475 NHH
98	202319	SCALE,ADULT	DETECTO SCALE (CARDINAL HEALTH)	758C	E15706-0045 NHH
99	202320	SCALE,ADULT	DETECTO SCALE (CARDINAL HEALTH)	758C	E15706-0053 NHH
100	202321	SCALE,ADULT	DETECTO SCALE (CARDINAL HEALTH)	758C	E15206-0150 NHH
101	202402	ASPIRATOR	LAERDAL MEDICAL(CARDIAC RESUSCITATOR CORP)	COMPACT SUCTION UNIT	LP1005013 NHH
102	202403	ASPIRATOR	LAERDAL MEDICAL(CARDIAC RESUSCITATOR CORP)	COMPACT SUCTION UNIT	LP1005015 NHH
103	202404	ASPIRATOR	LAERDAL MEDICAL(CARDIAC RESUSCITATOR CORP)	COMPACT SUCTION UNIT	LP1005010 NHH
104	20246410	THERMOMETER,ELECTRONIC	WELCH ALLYN	SURETEMP	20246410 NHH
105	20246422	THERMOMETER,ELECTRONIC	WELCH ALLYN	SURETEMP	20246422 NHH
106	20278865	THERMOMETER,ELECTRONIC	WELCH ALLYN	SURETEMP	20278865 NHH
107	20278866	THERMOMETER,ELECTRONIC	WELCH ALLYN	SURETEMP	20278866 NHH
108	20278870	THERMOMETER,ELECTRONIC	WELCH ALLYN	SURETEMP	20278870 NHH
109	20278872	THERMOMETER,ELECTRONIC	WELCH ALLYN	SURETEMP	20278872 NHH

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110	202823	MONITOR,NIBP,SPO2,TEMP	WELCH ALLYN	SPOT VITAL SIGNS	200715580 NHH	
111	202827	SCALE,ADULT	DETECTO SCALE (CARDINAL HEALTH)	NO MODEL-DETECTO SCALE 01	E21307-0249 NHH	
112	202884	SCALE,ADULT	DETECTO SCALE (CARDINAL HEALTH)	750	E31807-0151 NHH	
113	202885	SCALE,ADULT	DETECTO SCALE (CARDINAL HEALTH)	750	E30307-0044 NHH	
114	202890	MONITOR,NIBP,SPO2,TEMP	WELCH ALLYN	SPOT VITAL SIGNS	200722131 NHH	
115	202978	FILTER SYSTEM	MAXAIR-SYSTEMS	2065-03	005160	NHH
116	203066	BED,ELECTRIC,SCALE	STRYKER MEDICAL	SPIRIT SELECT 5700	0202314 NHH	
117	203157	FILTER SYSTEM	MAXAIR-SYSTEMS	2065-03	005145	NHH
118	203161	FILTER SYSTEM	MAXAIR-SYSTEMS	2065-03	005142	NHH
119	203172	THERMOMETER,INFRARED	EXERGEN	TAT-5000	A195080 NHH	
120	203225	THERMOMETER,INFRARED	EXERGEN	TAT-5000	A215306 NHH	
121	203227	THERMOMETER,INFRARED	EXERGEN	TAT-5000	A199507 NHH	
122	203229	THERMOMETER,INFRARED	EXERGEN	TAT-5000	217313	NHH
123	203230	THERMOMETER,INFRARED	EXERGEN	TAT-5000		NHH
124	203231	THERMOMETER,INFRARED	EXERGEN	TAT-5000		NHH
125	203275	STRETCHER,HYDRAULIC	FERNO-WASHINGTON	PowerFlexx+	A199507 NHH	
126	203280	BED,ELECTRIC,SCALE	STRYKER MEDICAL	SPIRIT SELECT 5700	202314	NHH

	A	B	C	D	E	F
127	203283	BED,ELECTRIC,SCALE	STRYKER MEDICAL	SPIRIT SELECT 5700	023094	NHH
128	203284	BED,ELECTRIC,SCALE	STRYKER MEDICAL	SPIRIT SELECT 5700	023098	NHH
129	203304	PUMP,ENTERAL FEEDING	COVIDIEN (MEDTRONIC)	KANGAROO PET	C13040581	NHH
130	203305	PUMP,ENTERAL FEEDING	COVIDIEN (MEDTRONIC)	KANGAROO PET	C1363692	NHH
131	203306	PUMP,ENTERAL FEEDING	COVIDIEN (MEDTRONIC)	KANGAROO PET	C13051586	NHH
132	203307	PUMP,ENTERAL FEEDING	COVIDIEN (MEDTRONIC)	KANGAROO PET	C13050278	NHH

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133	203315	THERMOMETER,INFRARED	EXERGEN	TAT-5000	A345724	NHH
134	203316	THERMOMETER,INFRARED	EXERGEN	TAT-5000	A345720	NHH
135	2115402000463	THERMOMETER,INFRARED	WELCH ALLYN	105801	2115402000463	NHH
136	2115505000754	THERMOMETER,INFRARED	WELCH ALLYN	105801	2115505000754	NHH
137	2115505000784	THERMOMETER,INFRARED	WELCH ALLYN	105801	2115505000784	NHH
138	2115505000789	THERMOMETER,INFRARED	WELCH ALLYN	105801	2115505000789	NHH
139	2115505000791	THERMOMETER,INFRARED	WELCH ALLYN	105801	2115505000791	NHH
140	2115505000794	THERMOMETER,INFRARED	WELCH ALLYN	105801	2115505000794	NHH
141	2115505000797	THERMOMETER,INFRARED	WELCH ALLYN	105801	2115505000797	NHH
142	2115505000798	THERMOMETER,INFRARED	WELCH ALLYN	105801	2115505000798	NHH
143	2115505000801	THERMOMETER,INFRARED	WELCH ALLYN	105801	2115505000801	NHH
144	2115505000802	THERMOMETER,INFRARED	WELCH ALLYN	105801	2115505000802	NHH
145	2115505000803	THERMOMETER,INFRARED	WELCH ALLYN	105801	2115505000803	NHH
146	2115505000804	THERMOMETER,INFRARED	WELCH ALLYN	105801	2115505000804	NHH
147	2115505000806	THERMOMETER,INFRARED	WELCH ALLYN	105801	2115505000806	NHH
148	2115505000889	THERMOMETER,INFRARED	WELCH ALLYN	105801	2115505000889	NHH
149	2115505000899	THERMOMETER,INFRARED	WELCH ALLYN	105801	2115505000899	NHH
150	2115505000908	THERMOMETER,INFRARED	WELCH ALLYN	105801	2115505000908	NHH
151	2115505000913	THERMOMETER,INFRARED	WELCH ALLYN	105801	2115505000913	NHH
152	2115505000915	THERMOMETER,INFRARED	WELCH ALLYN	105801	2115505000915	NHH
153	2115505000917	THERMOMETER,INFRARED	WELCH ALLYN	105801	2115505000917	NHH
154	2115505000921	THERMOMETER,INFRARED	WELCH ALLYN	105801	2115505000921	NHH
155	2115505000923	THERMOMETER,INFRARED	WELCH ALLYN	105801	2115505000923	NHH
156	2115505000924	THERMOMETER,INFRARED	WELCH ALLYN	105801	2115505000924	NHH
157	2115505000944	THERMOMETER,INFRARED	WELCH ALLYN	105801	2115505000944	NHH
158	2115505000950	THERMOMETER,INFRARED	WELCH ALLYN	105801	2115505000950	NHH
159	2115505001056	THERMOMETER,INFRARED	WELCH ALLYN	105801	2115505001056	NHH
160	301336	STRETCHER,HYDRAULIC	FERNO-WASHINGTON	PowerFlexx+	301336	NHH
161	301343	STRETCHER,HYDRAULIC	FERNO-WASHINGTON	PowerFlexx+	301343	NHH
162	301588	STRETCHER,HYDRAULIC	FERNO-WASHINGTON	PowerFlexx+	301588	NHH
163	301600	LIFT,PATIENT	PRISM MEDICAL	FGA-700	PG700018	NHH
164	303221	BED,ELECTRIC,SCALE	STRYKER MEDICAL	SPIRIT SELECT 5700	040079	NHH
165	304710	BED,ELECTRIC,SCALE	STRYKER MEDICAL	SPIRIT SELECT 5700	051041	NHH
166	304736	BED,ELECTRIC,SCALE	STRYKER MEDICAL	SPIRIT SELECT 5700	051050	NHH
167	305219	BED,ELECTRIC	JOERNS	BARI10A5AL	1000007683	NHH

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168	305220	BED,ELECTRIC,SCALE	STRYKER MEDICAL	SPIRIT SELECT 5700	040078	NHH
169	305222	BED,ELECTRIC,SCALE	STRYKER MEDICAL	SPIRIT SELECT 5700	040077	NHH
170	305248	STIMULATOR,THERAPEUTIC	GRAHAM-FIELD	GF3	WLS314MS0629	NHH
171	305281	THERMOMETER,INFRARED	EXERGEN	TAT-5000	A633735	NHH
172	305312	THERMOMETER,INFRARED	EXERGEN	TAT-5000	A634089	NHH
173	305313	THERMOMETER,INFRARED	EXERGEN	TAT-5000	A632183	NHH
174	305314	THERMOMETER,INFRARED	EXERGEN	TAT-5000	A634122	NHH
175	305315	THERMOMETER,INFRARED	EXERGEN	TAT-5000	A633306	NHH
176	305317	BED,ELECTRIC	JOERNS	BARI10A5AL	10000043043	NHH
177	305330	SHAVER,ELECTRIC	ARIZANT HEALTHCARE (3M HEALTH CARE)	9681		NHH
178	305331	SHAVER,ELECTRIC	ARIZANT HEALTHCARE (3M HEALTH CARE)	9681		NHH
179	305332	SHAVER,ELECTRIC	ARIZANT HEALTHCARE (3M HEALTH CARE)	9681		NHH
180	305333	SHAVER,ELECTRIC	ARIZANT HEALTHCARE (3M HEALTH CARE)	9681		NHH
181	305334	SHAVER,ELECTRIC	ARIZANT HEALTHCARE (3M HEALTH CARE)	9681		NHH
182	305335	SHAVER,ELECTRIC	ARIZANT HEALTHCARE (3M HEALTH CARE)	9681		NHH
183	305336	SHAVER,ELECTRIC	ARIZANT HEALTHCARE (3M HEALTH CARE)	9681		NHH
184	305337	SHAVER,ELECTRIC	ARIZANT HEALTHCARE (3M HEALTH CARE)	9681		NHH
185	305338	SHAVER,ELECTRIC	ARIZANT HEALTHCARE (3M HEALTH CARE)	9681		NHH
186	305339	SHAVER,ELECTRIC	ARIZANT HEALTHCARE (3M HEALTH CARE)	9681		NHH
187	305340	SHAVER,ELECTRIC	ARIZANT HEALTHCARE (3M HEALTH CARE)	9681		NHH
188	305341	SHAVER,ELECTRIC	ARIZANT HEALTHCARE (3M HEALTH CARE)	9681		NHH
189	305342	SHAVER,ELECTRIC	ARIZANT HEALTHCARE (3M HEALTH CARE)	9681		NHH

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190	305343	SHAVER,ELECTRIC	ARIZANT HEALTHCARE (3M HEALTH CARE)	9681	NHH
191	305344	SHAVER,ELECTRIC	ARIZANT HEALTHCARE (3M HEALTH CARE)	9681	NHH
192	305345	SHAVER,ELECTRIC	ARIZANT HEALTHCARE (3M HEALTH CARE)	9681	NHH
193	305346	SHAVER,ELECTRIC	ARIZANT HEALTHCARE (3M HEALTH CARE)	9681	NHH
194	305347	SHAVER,ELECTRIC	ARIZANT HEALTHCARE (3M HEALTH CARE)	9681	NHH
195	305348	SHAVER,ELECTRIC	ARIZANT HEALTHCARE (3M HEALTH CARE)	9681	NHH
196	305349	SHAVER,ELECTRIC	ARIZANT HEALTHCARE (3M HEALTH CARE)	9681	NHH
197	305350	SHAVER,ELECTRIC	ARIZANT HEALTHCARE (3M HEALTH CARE)	9681	NHH
198	305351	SHAVER,ELECTRIC	ARIZANT HEALTHCARE (3M HEALTH CARE)	9681	NHH
199	305352	BATTERY CHARGER	ARIZANT HEALTHCARE (3M HEALTH CARE)	9682	NHH
200	305354	BATTERY CHARGER	ARIZANT HEALTHCARE (3M HEALTH CARE)	9682	NHH
201	305355	BATTERY CHARGER	ARIZANT HEALTHCARE (3M HEALTH CARE)	9682	NHH
202	305356	BATTERY CHARGER	ARIZANT HEALTHCARE (3M HEALTH CARE)	9682	NHH
203	305357	BATTERY CHARGER	ARIZANT HEALTHCARE (3M HEALTH CARE)	9682	NHH
204	305358	BATTERY CHARGER	ARIZANT HEALTHCARE (3M HEALTH CARE)	9682	NHH
205	305359	BATTERY CHARGER	ARIZANT HEALTHCARE (3M HEALTH CARE)	9682	NHH
206	305360	BATTERY CHARGER	ARIZANT HEALTHCARE (3M HEALTH CARE)	9682	NHH
207	305361	BATTERY CHARGER	ARIZANT HEALTHCARE (3M HEALTH CARE)	9682	NHH

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208	305362	BATTERY CHARGER	ARIZANT HEALTHCARE (3M HEALTH CARE)	9682		NHH
209	305363	BATTERY CHARGER	ARIZANT HEALTHCARE (3M HEALTH CARE)	9682		NHH
210	305364	BATTERY CHARGER	ARIZANT HEALTHCARE (3M HEALTH CARE)	9682		NHH
211	305365	BATTERY CHARGER	ARIZANT HEALTHCARE (3M HEALTH CARE)	9682		NHH
212	305366	BATTERY CHARGER	ARIZANT HEALTHCARE (3M HEALTH CARE)	9682		NHH
213	305367	BATTERY CHARGER	ARIZANT HEALTHCARE (3M HEALTH CARE)	9682		NHH
214	305368	BATTERY CHARGER	ARIZANT HEALTHCARE (3M HEALTH CARE)	9682		NHH
215	305369	BATTERY CHARGER	ARIZANT HEALTHCARE (3M HEALTH CARE)	9682		NHH
216	305370	BATTERY CHARGER	ARIZANT HEALTHCARE (3M HEALTH CARE)	9682		NHH
217	305371	BATTERY CHARGER	ARIZANT HEALTHCARE (3M HEALTH CARE)	9682		NHH
218	305372	BATTERY CHARGER	ARIZANT HEALTHCARE (3M HEALTH CARE)	9682		NHH
219	305373	BATTERY CHARGER	ARIZANT HEALTHCARE (3M HEALTH CARE)	9682		NHH
220	305377	BED,ELECTRIC,SCALE	STRYKER MEDICAL	SPIRIT SELECT 5700	045734	NHH
221	305378	COMPRESSION UNIT	MEDLINE INDUSTRIES	HEMO FORCE	C860035844	NHH
222	305379	COMPRESSION UNIT	MEDLINE INDUSTRIES	HEMO FORCE	C860035749	NHH
223	305384	SCANNER,ULTRASOUND,BLADDER	VERATHON (SATURN BIOMED,DIAGNOSTIC ULTRASOUND)	BVI 9400	B4500134	NHH
224	305394	CONCENTRATOR,OXYGEN	PHILIPS HEALTHCARE	Simply Go	0098392	NHH
225	305395	CONCENTRATOR,OXYGEN	PHILIPS HEALTHCARE	Simply Go	0098242	NHH
226	305401	BED,ELECTRIC,SCALE	STRYKER MEDICAL	SPIRIT SELECT 5700	046510	NHH
227	305402	BED,ELECTRIC,SCALE	STRYKER MEDICAL	SPIRIT SELECT 5700	046508	NHH
228	305403	BED,ELECTRIC,SCALE	STRYKER MEDICAL	SPIRIT SELECT 5700	046511	NHH
229	305404	BED,ELECTRIC,SCALE	STRYKER MEDICAL	SPIRIT SELECT 5700	046509	NHH
230	305405	WARMER,BLANKET,INFUSION	PEDIGO PRODUCTS	P-2055	2132755-000	NHH

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231	305706	BED,ELECTRIC,SCALE	STRYKER MEDICAL	SPIRIT SELECT 5700	051037	NHH
232	305708	BED,ELECTRIC,SCALE	STRYKER MEDICAL	SPIRIT SELECT 5700	051040	NHH
233	305712	BED,ELECTRIC,SCALE	STRYKER MEDICAL	SPIRIT SELECT 5700	051048	NHH
234	305714	BED,ELECTRIC,SCALE	STRYKER MEDICAL	SPIRIT SELECT 5700	051052	NHH
235	305716	BED,ELECTRIC,SCALE	STRYKER MEDICAL	SPIRIT SELECT 5700	051027	NHH
236	305718	BED,ELECTRIC,SCALE	STRYKER MEDICAL	SPIRIT SELECT 5700	051049	NHH
237	305720	BED,ELECTRIC,SCALE	STRYKER MEDICAL	SPIRIT SELECT 5700	051046	NHH
238	305722	BED,ELECTRIC,SCALE	STRYKER MEDICAL	SPIRIT SELECT 5700	051045	NHH
239	305724	BED,ELECTRIC,SCALE	STRYKER MEDICAL	SPIRIT SELECT 5700	051407	NHH
240	305726	BED,ELECTRIC,SCALE	STRYKER MEDICAL	SPIRIT SELECT 5700	051043	NHH
241	305728	BED,ELECTRIC,SCALE	STRYKER MEDICAL	SPIRIT SELECT 5700	051042	NHH
242	305730	BED,ELECTRIC,SCALE	STRYKER MEDICAL	SPIRIT SELECT 5700	051038	NHH
243	305732	BED,ELECTRIC,SCALE	STRYKER MEDICAL	SPIRIT SELECT 5700	051051	NHH
244	305734	BED,ELECTRIC,SCALE	STRYKER MEDICAL	SPIRIT SELECT 5700	051054	NHH
245	305738	BED,ELECTRIC,SCALE	STRYKER MEDICAL	SPIRIT SELECT 5700	051055	NHH
246	305740	BED,ELECTRIC,SCALE	STRYKER MEDICAL	SPIRIT SELECT 5700	051044	NHH
247	305742	BED,ELECTRIC,SCALE	STRYKER MEDICAL	SPIRIT SELECT 5700	051034	NHH
248	305744	BED,ELECTRIC,SCALE	STRYKER MEDICAL	SPIRIT SELECT 5700	051035	NHH
249	305746	BED,ELECTRIC,SCALE	STRYKER MEDICAL	SPIRIT SELECT 5700	051036	NHH
250	305748	BED,ELECTRIC,SCALE	STRYKER MEDICAL	SPIRIT SELECT 5700	051033	NHH
251	305750	BED,ELECTRIC,SCALE	STRYKER MEDICAL	SPIRIT SELECT 5700	051029	NHH
252	305752	BED,ELECTRIC,SCALE	STRYKER MEDICAL	SPIRIT SELECT 5700	051053	NHH

	A	B	C	D	E	F
253	305754	BED,ELECTRIC,SCALE	STRYKER MEDICAL	SPIRIT SELECT 5700	051032	NHH
254	305756	BED,ELECTRIC,SCALE	STRYKER MEDICAL	SPIRIT SELECT 5700	051031	NHH
255	305758	BED,ELECTRIC,SCALE	STRYKER MEDICAL	SPIRIT SELECT 5700	051028	NHH
256	305760	BED,ELECTRIC,SCALE	STRYKER MEDICAL	SPIRIT SELECT 5700	051039	NHH
257	305762	BED,ELECTRIC,SCALE	STRYKER MEDICAL	SPIRIT SELECT 5700	051030	NHH

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258	305967	SCANNER,ULTRASOUND,BLADDER	VERATHON (SATURN BIOMED,DIAGNOSTIC ULTRASOUND)	BVI 9400	B4501145	NHH
259	306177	THERMOMETER,INFRARED	EXERGEN	TAT-5000	A1073928	NHH
260	306353	BATTERY CHARGER	ARIZANT HEALTHCARE (3M HEALTH CARE)	9682		NHH
261	306706	THERMOMETER,INFRARED	BERRCOM MEDICAL DEVICE CO	JXB-183	00200403365	NHH
262	306708	THERMOMETER,INFRARED	BERRCOM MEDICAL DEVICE CO	JXB-183	00200403364	NHH
263	306770	THERMOMETER,INFRARED,NON CONTACT	HETAIDA	HTD8813C	2003054K009823	NHH
264	306771	THERMOMETER,INFRARED,NON CONTACT	HETAIDA	HTD8813C	2003054K04043	NHH
265	306772	THERMOMETER,INFRARED,NON CONTACT	HETAIDA	HTD8813C	2003054K05859	NHH
266	306773	THERMOMETER,INFRARED,NON CONTACT	HETAIDA	HTD8813C	2003054K001939	NHH
267	306774	THERMOMETER,INFRARED,NON CONTACT	HETAIDA	HTD8813C	2003054K006889	NHH
268	306775	THERMOMETER,INFRARED,NON CONTACT	HETAIDA	HTD8813C	2003054K03998	NHH
269	306776	THERMOMETER,INFRARED,NON CONTACT	HETAIDA	HTD8813C	2003054K01981	NHH
270	306777	THERMOMETER,INFRARED,NON CONTACT	HETAIDA	HTD8813C	2003054K003895	NHH
271	306778	THERMOMETER,INFRARED,NON CONTACT	HETAIDA	HTD8813C	2003054K03490	NHH
272	306779	THERMOMETER,INFRARED,NON CONTACT	HETAIDA	HTD8813C	2003054K03706	NHH
273	306780	THERMOMETER,INFRARED,NON CONTACT	HETAIDA	HTD8813C	2003054K04086	NHH
274	306781	THERMOMETER,INFRARED,NON CONTACT	HETAIDA	HTD8813C	2003054K005932	NHH
275	306782	THERMOMETER,INFRARED,NON CONTACT	HETAIDA	HTD8813C	2003054K05863	NHH
276	306783	THERMOMETER,INFRARED,NON CONTACT	HETAIDA	HTD8813C	2003054K003531	NHH
277	306788	THERMOMETER,INFRARED	BERRCOM MEDICAL DEVICE CO	JXB-183	02200506322	NHH

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278	306789	THERMOMETER,INFRARED	BERRCOM MEDICAL DEVICE CO	JXB-183	02200506337	NHH
279	306790	THERMOMETER,INFRARED	BERRCOM MEDICAL DEVICE CO	JXB-183	02200506332	NHH
280	306791	THERMOMETER,INFRARED	BERRCOM MEDICAL DEVICE CO	JXB-183	02200506333	NHH
281	306792	THERMOMETER,INFRARED	BERRCOM MEDICAL DEVICE CO	JXB-183	02200506335	NHH
282	306793	THERMOMETER,INFRARED	BERRCOM MEDICAL DEVICE CO	JXB-183	02200506331	NHH
283	306794	THERMOMETER,INFRARED	BERRCOM MEDICAL DEVICE CO	JXB-183	02200506340	NHH
284	306795	THERMOMETER,INFRARED	BERRCOM MEDICAL DEVICE CO	JXB-183	02200506338	NHH
285	306796	THERMOMETER,INFRARED	BERRCOM MEDICAL DEVICE CO	JXB-183	02200506334	NHH
286	306797	THERMOMETER,INFRARED	BERRCOM MEDICAL DEVICE CO	JXB-183	02200506336	NHH
287	344542	CONCENTRATOR,OXYGEN	INVACARE CORP	PLATINUM XL10	344542	NHH
288	51607723	MONITOR,SPO2	MCKELOR TECHNOLOGIES (THE FURNISS CORP)	16-93651	51607723	NHH
289	51607724	MONITOR,SPO2	MCKELOR TECHNOLOGIES (THE FURNISS CORP)	16-93651	51607724	NHH
290	51614804	MONITOR,SPO2	NONIN MEDICAL INC	ONYX II	51614804	NHH
291	51614805	MONITOR,SPO2	NONIN MEDICAL INC	ONYX II	51614805	NHH
292	51615631	MONITOR,SPO2	MCKESSON	16-93651	51615631	NHH
293	51615632	MONITOR,SPO2	MCKESSON	16-93651	51615632	NHH
294	51615633	MONITOR,SPO2	MCKESSON	16-93651	51615633	NHH
295	51615634	MONITOR,SPO2	MCKESSON	16-93651	51615634	NHH
296	51615635	MONITOR,SPO2	MCKESSON	16-93651	51615635	NHH
297	51615636	MONITOR,SPO2	MCKESSON	16-93651	51615636	NHH
298	51615751	MONITOR,SPO2	MCKESSON	16-93651	51615751	NHH
299	51615752	MONITOR,SPO2	MCKESSON	16-93651	51615752	NHH
300	51615753	MONITOR,SPO2	MCKESSON	16-93651	51615753	NHH
301	51615754	MONITOR,SPO2	MCKESSON	16-93651	51615754	NHH
302	51615755	MONITOR,SPO2	MCKESSON	16-93651	51615755	NHH
303	51615756	MONITOR,SPO2	MCKESSON	16-93651	51615756	NHH
304	51625519	MONITOR,SPO2	MCKESSON	16-93651	51625519	NHH
305	51625520	MONITOR,SPO2	MCKESSON	16-93651	51625520	NHH
306	51625521	MONITOR,SPO2	MCKESSON	16-93651	51625521	NHH
307	51625522	MONITOR,SPO2	MCKESSON	16-93651	51625522	NHH
308	51625523	MONITOR,SPO2	MCKESSON	16-93651	51625523	NHH
309	51625524	MONITOR,SPO2	MCKESSON	16-93651	51625524	NHH
310	51625591	MONITOR,SPO2	MCKESSON	16-93651	51625591	NHH
311	51625592	MONITOR,SPO2	MCKESSON	16-93651	51625592	NHH

APPENDIX B

New Hampshire Hospital Clinical Equipment List

LEGEND: **RED** Text identifies High Risk assets as defined by The Joint Commission Standards EC.02.04.01 and EC02.04.03

312	51625593 MONITOR,SPO2	MCKESSON	16-93651	51625593	NHH
313	51625594 MONITOR,SPO2	MCKESSON	16-93651	51625594	NHH
314	51625595 MONITOR,SPO2	MCKESSON	16-93651	51625595	NHH
315	51625596 MONITOR,SPO2	MCKESSON	16-93651	51625596	NHH

	A	B	C	D	E	F
316	51631201 MONITOR,SPO2		MCKESSON	16-93651	51631201	NHH
317	51631202 MONITOR,SPO2		MCKESSON	16-93651	51631202	NHH
318	51631203 MONITOR,SPO2		MCKESSON	16-93651	51631203	NHH
319	51631204 MONITOR,SPO2		MCKESSON	16-93651	51631204	NHH
320	51631205 MONITOR,SPO2		MCKESSON	16-93651	51631205	NHH
321	51631206 MONITOR,SPO2		MCKESSON	16-93651	51631206	NHH
322	51631213 MONITOR,SPO2		MCKESSON	16-93651	51631213	NHH
323	51631214 MONITOR,SPO2		MCKESSON	16-93651	51631214	NHH
324	51631215 MONITOR,SPO2		MCKESSON	16-93651	51631215	NHH
325	51631216 MONITOR,SPO2		MCKESSON	16-93651	51631216	NHH
326	51631217 MONITOR,SPO2		MCKESSON	16-93651	51631217	NHH
327	51631218 MONITOR,SPO2		MCKESSON	16-93651	51631218	NHH
328	51631225 MONITOR,SPO2		MCKESSON	16-93651	51631225	NHH
329	51631226 MONITOR,SPO2		MCKESSON	16-93651	51631226	NHH
330	51631227 MONITOR,SPO2		MCKESSON	16-93651	51631227	NHH
331	51631228 MONITOR,SPO2		MCKESSON	16-93651	51631228	NHH
332	51631229 MONITOR,SPO2		MCKESSON	16-93651	51631229	NHH
333	51631230 MONITOR,SPO2		MCKESSON	16-93651	51631230	NHH
334	66786 LIFT,PATIENT		PRISM MEDICAL	FGA-700	PG700214	NHH
335	70927 MONITOR,NIBP,SPO2,TEMP		WELCH ALLYN	SPOT VITAL SIGNS	200715465	NHH
336	70933 MONITOR,NIBP,SPO2,TEMP		WELCH ALLYN	SPOT VITAL SIGNS	200722709	NHH
337	70934 MONITOR,NIBP,SPO2,TEMP		WELCH ALLYN	SPOT VITAL SIGNS	200715619	NHH
338	70935 MONITOR,NIBP,SPO2,TEMP		WELCH ALLYN	SPOT VITAL SIGNS	200722124	NHH
339	70936 MONITOR,NIBP,SPO2,TEMP		WELCH ALLYN	SPOT VITAL SIGNS	200722138	NHH
340	70937 SCANNER,ULTRASOUND,BLADDER		VERATHON (SATURN BIOMED,DIAGNOSTIC ULTRASOUND)	BVI 9400		NHH
341	70939 NEBULIZER		ALLIED HEALTHCARE PRODUCTS	S3000*	120200035032	NHH

APPENDIX B

New Hampshire Hospital Clinical Equipment List

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342	70942	MONITOR,NIBP,SPO2,TEMP	WELCH ALLYN	SPOT VITAL SIGNS	201312832	NHH
343	70943	NEBULIZER	ALLIED HEALTHCARE PRODUCTS	S3000*	060500042679	NHH
344	70944	MONITOR,NIBP,SPO2,TEMP	WELCH ALLYN	SPOT VITAL SIGNS	201312835	NHH
345	70945	MONITOR,NIBP,SPO2,TEMP	WELCH ALLYN	SPOT VITAL SIGNS	201312837	NHH
346	70946	MONITOR,NIBP,SPO2,TEMP	WELCH ALLYN	SPOT VITAL SIGNS	200722145	NHH
347	70947	NEBULIZER	ALLIED HEALTHCARE PRODUCTS	S3000*	060500042676	NHH
348	70948	THERMOMETER,ELECTRONIC	WELCH ALLYN	692	06177678	NHH
349	70949	THERMOMETER,ELECTRONIC	WELCH ALLYN	692	04339058	NHH
350	71006	BP GAUGE	WELCH ALLYN	CE0297	104828035165	NHH
351	71007	OTO/OPHTHALMOSCOPE	WELCH ALLYN	GS777		NHH
352	71008	TABLE,EXAM	MIDMARK CORP	204-001	V1649795	NHH
353	71009	LIGHT,EXAM	MIDMARK CORP	250-001		NHH
354	71010	SCALE,ADULT	SECA	NO MODEL-SECA 02	88133557140246	NHH
355	71013	OTO/OPHTHALMOSCOPE	WELCH ALLYN	GS777		NHH
356	71014	BP GAUGE	WELCH ALLYN	CE0297	140828033245	NHH
357	71015	LIGHT,EXAM	MIDMARK CORP	250-001		NHH
358	71016	TABLE,EXAM	MIDMARK CORP	204-001	V1649794	NHH
359	71017	WARMER,BLANKET,INFUSION	PEDIGO PRODUCTS	P-2055	1574067-000	NHH
360	75431	ELECTROCARDIOGRAPH	WELCH ALLYN	CP150	100061181516	NHH
361	8016511	MONITOR,SPO2	MEDQUIP (DRIVE DEVILBISS)	MQ3200	8016511	NHH
362	8016512	MONITOR,SPO2	MEDQUIP (DRIVE DEVILBISS)	MQ3200	8016512	NHH
363	8016513	MONITOR,SPO2	MEDQUIP (DRIVE DEVILBISS)	MQ3200	8016513	NHH
364	8016514	MONITOR,SPO2	MEDQUIP (DRIVE DEVILBISS)	MQ3200	8016514	NHH
365	8016515	MONITOR,SPO2	MEDQUIP (DRIVE DEVILBISS)	MQ3200	8016515	NHH
366	8016516	MONITOR,SPO2	MEDQUIP (DRIVE DEVILBISS)	MQ3200	8016516	NHH
367	8016517	MONITOR,SPO2	MEDQUIP (DRIVE DEVILBISS)	MQ3200	8016517	NHH
368	8016518	MONITOR,SPO2	MEDQUIP (DRIVE DEVILBISS)	MQ3200	8016518	NHH
369	8016519	MONITOR,SPO2	MEDQUIP (DRIVE DEVILBISS)	MQ3200	8016519	NHH
370	8016520	MONITOR,SPO2	MEDQUIP (DRIVE DEVILBISS)	MQ3200	8016520	NHH
371	80301	MONITOR,NIBP,SPO2,TEMP	WELCH ALLYN	SPOT VITAL SIGNS	200722141error	NHH
372	80302	MONITOR,NIBP,SPO2,TEMP	WELCH ALLYN	SPOT VITAL SIGNS	200722140	NHH
373	80303	CONCENTRATOR,OXYGEN	INVACARE CORP	PLATINUM XL10	13GF044502	NHH
374	80304	NEBULIZER	ALLIED HEALTHCARE PRODUCTS	S3000*	120600045462	NHH

APPENDIX B

New Hampshire Hospital Clinical Equipment List

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375	80305	THERMOMETER,INFRARED	WELCH ALLYN	PRO 4000	201720	NHH
376	80343	MONITOR,NIBP,SPO2,TEMP	WELCH ALLYN	42NTB	201635508	NHH
377	80344	MONITOR,NIBP,SPO2,TEMP	WELCH ALLYN	42NTB	201635518	NHH
378	80346	SCALE,ADULT	DETECTO SCALE (CARDINAL HEALTH)	6855	E12506-0477	NHH

	A	B	C	D	E	F
379	86534	NEBULIZER	DEVILBISS HEALTHCARE	PULMONEB LT	LTC8194813	NHH
380	86535	NEBULIZER	DEVILBISS HEALTHCARE	PULMONEB LT	LTC8194816	NHH
381	86536	NEBULIZER	DEVILBISS HEALTHCARE	PULMONEB LT	LTC8206082	NHH
382	86537	NEBULIZER	DEVILBISS HEALTHCARE	PULMONEB LT	LTC8194814	NHH
383	86538	NEBULIZER	DEVILBISS HEALTHCARE	PULMONEB LT	LTC8206079	NHH
384	86539	NEBULIZER	DEVILBISS HEALTHCARE	PULMONEB LT	LTC8206080	NHH
385	86540	NEBULIZER	DEVILBISS HEALTHCARE	PULMONEB LT	LTC8194811	NHH
386	86541	NEBULIZER	DEVILBISS HEALTHCARE	PULMONEB LT	LTC8194815	NHH
387	86542	NEBULIZER	DEVILBISS HEALTHCARE	PULMONEB LT	LTC8194812	NHH
388	86543	NEBULIZER	DEVILBISS HEALTHCARE	PULMONEB LT	LTC8206083	NHH
389	96014	THERMOMETER,ELECTRONIC	WELCH ALLYN	SURETEMP PLUS	20160222	NHH
390	96019	THERMOMETER,ELECTRONIC	WELCH ALLYN	SURETEMP PLUS	20160207	NHH
391	A1073929	THERMOMETER,INFRARED	EXERGEN	TAT-5000	A1073929	NHH
392	A620551	THERMOMETER,INFRARED	EXERGEN	TAT-5000	A620551	NHH
393	A625458	THERMOMETER,INFRARED	EXERGEN	TAT-5000	A625458	NHH
394	A626828	THERMOMETER,INFRARED	EXERGEN	TAT-5000	A626828	NHH
395	A626839	THERMOMETER,INFRARED	EXERGEN	TAT-5000	A626839	NHH
396	A677333	THERMOMETER,INFRARED	EXERGEN	TAT-5000	A677333	NHH
397	A677956	THERMOMETER,INFRARED	EXERGEN	TAT-5000	A677956	NHH
398	A677970	THERMOMETER,INFRARED	EXERGEN	TAT-5000	A677970	NHH
399	A800843	THERMOMETER,INFRARED	EXERGEN	TAT-5000	A800843	NHH
400	A800847	THERMOMETER,INFRARED	EXERGEN	TAT-5000	A800847	NHH
401	A800854	THERMOMETER,INFRARED	EXERGEN	TAT-5000	A800854	NHH
402	A800886	THERMOMETER,INFRARED	EXERGEN	TAT-5000	A800886	NHH
403	A864733	THERMOMETER,INFRARED	EXERGEN	TAT-5000	A864733	NHH
404	A905415	THERMOMETER,INFRARED	EXERGEN	TAT-5000	A905415	NHH
405	A905784	THERMOMETER,INFRARED	EXERGEN	TAT-5000	A905784	NHH
406	A936132	THERMOMETER,INFRARED	EXERGEN	TAT-5000	A936132	NHH
407	A936701	THERMOMETER,INFRARED	EXERGEN	TAT-5000	A936701	NHH

APPENDIX B

New Hampshire Hospital Clinical Equipment List

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408	A966423	THERMOMETER,INFRARED	EXERGEN	TAT-5000	A966423	NHH
409	A966429	THERMOMETER,INFRARED	EXERGEN	TAT-5000	A966429	NHH
410	A966449	THERMOMETER,INFRARED	EXERGEN	TAT-5000	A966449	NHH
411	A966650	THERMOMETER,INFRARED	EXERGEN	TAT-5000	A966650	NHH
412	A966652	THERMOMETER,INFRARED	EXERGEN	TAT-5000	A966652	NHH
413	A966653	THERMOMETER,INFRARED	EXERGEN	TAT-5000	A966653	NHH
414	A966654	THERMOMETER,INFRARED	EXERGEN	TAT-5000	A966654	NHH
415	A966712	THERMOMETER,INFRARED	EXERGEN	TAT-5000	A966712	NHH
416	A966715	THERMOMETER,INFRARED	EXERGEN	TAT-5000	A966715	NHH

**New Hampshire Department of Health and Human Services
Inspection, Testing, Maintenance and Repairs of Clinical Equipment**

**Appendix C
Transmittal Letter, Vendor Information, and Cost Proposal**

TRANSMITTAL LETTER	
Solicitation ID Number	Inspection, Testing, Maintenance and Repairs of Clinical Equipment
Vendor Name	
Vendor Address	
State of NH Vendor Code Number (required)	
Date of Submission	

To Whom It May Concern:

We hereby submit this response to the Solicitation referenced above, in complete accordance with all conditions and specifications set forth in the Solicitation.

We attest to the fact that:

1. The Vendor has read and fully understands this Solicitation and agrees to be bound by its terms, conditions, and requirements.
2. The Vendor has read and fully understands Appendix A - Form P-37 General Provisions and Standard Exhibits.
3. The Vendor's Solicitation Response is effective for a period of 180 days from the Solicitation Response Due Date or until the Effective Date of any resulting Contract, whichever is later.
4. The prices, terms and conditions, and services in the Vendor's Solicitation Response have been established without collusion with other vendors.
5. This document is signed by a person who is authorized to legally obligate the responding Vendor.

Further, in accordance with RSA 21-I:11-c, the undersigned Vendor certifies that neither the Vendor nor any of its subsidiaries, affiliates or principal officers is currently debarred from performing work on any project of the federal government or the government of any state.

Authorized Signature

Authorized Signature (printed)

Title

Telephone

Email

New Hampshire Department of Health and Human Services
 Inspection, Testing, Maintenance and Repairs of Clinical Equipment

Appendix C
 Transmittal Letter, Vendor Information, and Cost Proposal

1. Vendor's Contact Information		
Primary Point of Contact <i>Individual who will serve as the Vendor's primary contact for all other matters relating to the Solicitation.</i>	Name	
	Title	
	Email	
	Telephone	
Fiscal Contact <i>Individual who will serve as the Vendor's primary contact for fiscal matters.</i>	Name	
	Title	
	Email	
	Telephone	

2. Vendor References	
Provide the information requested below for two (2) individuals or organizations who have knowledge of your organization's capability to deliver services applicable to this Solicitation. The Department may contact references at its discretion. A current Department employee will not be considered a valid reference.	
Vendor Reference 1	
Individual/Organization Name	
Email	
Telephone	
Description of Work Complete	
Dates of Performance	
Vendor Reference 2	
Individual/Organization Name	
Email	
Telephone	
Description of Work Complete	
Dates of Performance	

New Hampshire Department of Health and Human Services
Inspection, Testing, Maintenance and Repairs of Clinical Equipment

Appendix C
Transmittal Letter, Vendor Information, and Cost Proposal

3. Affiliations – Conflict of Interest	
Does your organization have any affiliations that might result in a conflict of interest in relation to this Solicitation?	Choose an item.
a. If YES , explain the relationship(s) and how the affiliation(s) would not represent a conflict of interest.	

4. Executive Summary
<p>a. Provide a general company overview:</p> <ul style="list-style-type: none">i. Describe the company’s management, organizational structure, and history; ownership and subsidiaries; company background and primary lines of business; headquarters and satellite locations; mission statement; and number of employees.ii. Summarize the organization’s current project commitments, as well as major government and private sector clients.iii. Describe any strengths considered to be assets to the organization and notable company accomplishments. <p>b. Provide an overview of the services the Vendor intends to provide.</p> <ul style="list-style-type: none">i. Describe the organization’s understanding of the services requested in this solicitation and any problems anticipated in accomplishing the work.ii. Summarize the overall design of the project in response to achieving the deliverables as defined in this solicitation.iii. Describe the organization’s familiarity with the project elements, its solutions to the problems presented and knowledge of the requested services.iv. Summarize how the organization is capable of effectively completing the services outlined in the solicitation.

**New Hampshire Department of Health and Human Services
 Inspection, Testing, Maintenance and Repairs of Clinical Equipment**

**Appendix C
 Transmittal Letter, Vendor Information, and Cost Proposal**

5. Cost Proposal		
Line	Description of Service	Line Cost
1	Cost for six-month inspection, performance testing, preventative maintenance and minor repairs to equipment listed in Appendix C, New Hampshire Hospital Clinical Equipment List as described in Section 2, Statement of Work, Subsection 2.1, Scope of Services : \$ _____	Semi-Annual Flat Rate \$ _____
2	Hourly rate for required scheduled technical services during regular business hours, including, but not limited to repairs and installation : Labor cost: \$ _____ per hour with a minimum of _____ hours per instance of use.	Hourly rate X minimum hours X 20 \$ _____
3	Emergency Service Calls (during normal business hours*): Labor Cost: \$ _____ per hour with a _____ hour minimum	Emergency Service Calls (during normal business hours*) hourly rate X Minimum hours X 10 \$ _____
4	Emergency Service Calls (outside of normal business hours): Labor Cost: \$ _____ per hour with a _____ hour minimum.	Emergency Services Calls (outside of normal business hours*) hourly rate X Minimum hours X 10 \$ _____
5	Engineering Code and Regulatory Consultation labor cost per hour: \$ _____	Engineering Code and Regulatory Consultation labor cost hourly rate X 10 \$ _____
6	Spectrum Analyzer Rental Fee \$ _____ per day	Spectrum Analyzer Rental Fee \$ _____ per day X 2 Days \$ _____
7	Power Monitor Rental Fee \$ _____ per day	Power Monitor Rental Fee per day X 2 Days \$ _____
8	Other Costs (Attach separate page with description and explanation for Other Costs, if any.) Enter total Other Costs on Line 8, Total Other Costs for Contract Term.	Total Other Costs for Contract Term \$ _____
9	Total Proposal Cost: <i>*Normal Business hours are Monday-Friday 8:00 to 4:00 PM, excluding State and Federal holidays.</i>	\$ _____



Appendix D

NEW HAMPSHIRE HOSPITAL
STATEMENT OF CONFIDENTIALITY



Your work at New Hampshire Hospital may cause you to unintentionally see or overhear confidential health information about a patient. Each patient at New Hampshire Hospital has a right to confidentiality, and to the privacy of their clinical information. That right extends to the fact of their hospitalization. Any information (spoken or in writing) that identifies, potentially identifies, or is about a specific patient may be shared among individuals that have a need to know and only insofar as it is necessary for the patient's treatment or in the course of professional education. In addition, this information must be kept secure at all times, may not be placed in or recorded by personal electronic hardware or software, and shall be protected from any potential breach. Under no other circumstances may information be shared unless an authorization is given by law, by the patient/legal representative, or when a clear medical emergency exists.

All those having a relationship with New Hampshire Hospital (students, consultants, contractors and volunteers) are under equal obligation to treat as confidential and to use safeguards to keep secure, any information they may have access to or acquire, by any means, about a patient or former patient. Any breach of confidentiality is a serious offense, violates the federal Health Insurance Portability and Accountability Act of 1996 (Public Law 104-191) and may be grounds for legal action or termination of a business relationship.

I, _____, have read, understand and
(Print name)
agree to abide by the provisions of this statement.

Signature

Date Signed

Non-Employee Immunization Attestation

Health Care Workers (HCW) must meet the requirements for immunization in the healthcare setting per CDC guidelines and Advisory Committee Immunization Practices (ACIP) recommendations.

Because of their contact with patients or infectious material from patients with infections, many health-care workers (including physicians, nurses, dental professionals, medical and nursing students, laboratory technicians, administrative staff, volunteers, etc.) are at risk for exposure to and possible transmission of vaccine-preventable diseases. Maintenance of immunity is therefore an essential part of prevention and infection control programs for health-care workers.

Based on national recommendations going into effect January 4th, 2022, COVID vaccination may be required. The following immunization requirements for contractors, students, independent licensed practitioners, and volunteers must be complete and immediately available in the event of an outbreak involving a vaccine preventable disease.

<input type="checkbox"/>	COVID Vaccine: Upon request, individuals must present a copy of Vaccination Card to enter the facility.
	Type of Vaccine #1 _____ Date of Vaccine #1 _____
	Type of Vaccine #2 (if applicable) _____ Date of Vaccine #2 (if applicable) _____
	Booster type (if applicable, not required) _____ Date of booster (if applicable) _____
OR	
<input type="checkbox"/>	COVID Vaccine Exemption, <u>indicate which type</u> : <input type="checkbox"/> Religious Exemption <u>OR</u> <input type="checkbox"/> Medical Exemption
	Individuals must present exemption letter from their employer upon request to enter facility, designating type of exemption.

- Hepatitis B vaccination
- Influenza Vaccination within past 12 months
- Measles, Mumps, Rubella Vaccine
- Tetanus, diphtheria, pertussis (Tdap)
- Tuberculosis screening within past 12 months of original date of service.
- Varicella (chickenpox)

NAME OF CONTRACTED VENDOR: _____ Contact # _____

NAME OF NON-NHH EMPLOYEE _____ Contact # _____

ROLE AT NHH: _____ PROGRAM AREA: _____

DIRECT PATIENT CARE

By signing below, I attest that a medical professional has completed the above checked items

Signature _____ Date: _____

Printed Name & Title _____

RETURN THIS FORM TO THE NH HOSPITAL FINANCIAL SERVICES OFFICE AT THE FOLLOWING ADDRESS:
NH HOSPITAL FINANCIAL SERVICES, 121 SOUTH FRUIT ST, CONCORD NH 03301

NEW HAMPSHIRE HOSPITAL NON-EMPLOYEE IMMUNIZATION ATTESTATION

The CDC defines healthcare workers as physicians, nurses, emergency medical personnel, dental professionals and students, medical and nursing students, laboratory technicians, pharmacists, hospital volunteers, and administrative staff.

Vaccines

Recommendations in brief

COVID-19

Recommend a completed series (2 of either Pfizer or Moderna). Individuals claiming religious or medical exemptions must indicate by checking the appropriate box.

Hepatitis B

If you don't have documented evidence of a complete hepB vaccine series, or if you don't have an up-to-date blood test that shows you are immune to hepatitis B (i.e., no serologic evidence of immunity or prior vaccination) then you should

- Get a 3-dose series of Recombivax HB or Engerix-B (dose #1 now, #2 in 1 month, #3 approximately 5 months after #2) or a 2-dose series of Heplisav-B, with the doses separated by at least 4 weeks.
- Get an anti-HBs serologic test 1-2 months after the final dose.

Flu (Influenza)

Get 1 dose of influenza vaccine annually.

MMR (Measles, Mumps, & Rubella)

If you were born in 1957 or later and have not had the MMR vaccine, or if you don't have an up-to-date blood test that shows you are immune to measles or mumps (i.e., no serologic evidence of immunity or prior vaccination), get 2 doses of MMR (1 dose now and the 2nd dose at least 28 days later).

If you were born in 1957 or later and have not had the MMR vaccine, or if you don't have an up-to-date blood test that shows you are immune to rubella, only 1 dose of MMR is recommended. However, you may end up receiving 2 doses, because the rubella component is in the combination vaccine with measles and mumps. For HCWs born before 1957, see the [MMR ACIP vaccine recommendations](#).

Varicella (Chickenpox)

If you have not had chickenpox (varicella), if you haven't had varicella vaccine, or if you don't have an up-to-date blood test that shows you are immune to varicella (i.e., no serologic evidence of immunity or prior vaccination) get 2 doses of varicella vaccine, 4 weeks apart.

Tdap (Tetanus, Diphtheria, Pertussis)

Get a one-time dose of Tdap as soon as possible if you have not received Tdap previously (regardless of when previous dose of Td was received).

Get Td boosters every 10 years thereafter.

Pregnant HCWs need to get a dose of Tdap during each pregnancy.

NHH INTERNAL ROUTING INSTRUCTIONS: The above immunizations are required of individuals who may have direct or indirect contact with patients.

1 – Financial Services confirms receipt with program area and forwards completed form to NHH Administration support staff supervisor.

2 – Administration records immunization in ANSOS.

3 – Administration forwards form to NHH HR.

4 – NHH HR forwards form to DHHS Payroll Bureau.

Appendix F
Clinical Equipment Management Plan

I. POLICY STATEMENT:

Clinical equipment shall include all equipment and services contracted by New Hampshire Hospital (NHH) and equipment owned/leased by patients.

New Hampshire Hospital shall contract for the services of a clinical engineering firm, overseen by the Director of Support Services, to provide a scheduled Clinical Equipment Maintenance Program (CEMP) relating to specific patient care equipment. The Director of Supply Chain shall be responsible for maintaining a copy of current contracts in the Director of Supply Chain Office.

A Clinician's order is required for all clinical equipment.

New Hampshire Hospital shall make arrangements to procure any necessary piece of clinical equipment, when indicated. In cases when the Hospital cannot procure necessary equipment, Materiel Management shall make arrangements to lease clinical equipment for the Hospital.

All requests for new/alternative types of clinical equipment shall be reviewed in accordance with the Hospital policy and the Product Evaluation and Standardization Program.

All clinical equipment, including patient owned/ and-leased equipment, shall be inspected and inventoried prior to use. Only contracted clinical equipment technicians shall perform services.

Non-clinical electrical equipment shall be managed in accordance with the Hospital policy, [Non-Clinical Electrical Equipment](#).

II. DEFINITIONS:

A. Clinician – an individual qualified in the clinical practice of medicine and/or psychiatry. This includes physicians, advanced practice registered nurses (APRN), physician assistants (PA) and those individuals in the psychiatrist of the day (POD) and physician in charge (PIC) roles.

III. PROCEDURES:

A. HOSPITAL OWNED/LEASED EQUIPMENT:

1. SCOPE OF SERVICES:

The contractual services shall include, but not be limited to, the following:

- | | | |
|--|-------------------------------|----------------------|
| a) Pre-purchase Evaluations
Equipment | f) Performance Testing | k) Classification of |
| b) Incoming Inspections
User | g) Preventive Maintenance | by Type, Risk and |
| c) Physical Inspection | h) Repairs/Modifications | |
| d) Electrical Safety Inspection | i) Initial Operator Education | |
| e) Computerized Specific Inventory | j) Performance Standards | |

2. PROGRAM RESPONSIBILITY:

a. The Director of Supply Chain shall establish a documentation system to meet the regulatory requirements for clinical equipment.

Appendix F
Clinical Equipment Management Plan

- b. Clinical equipment shall be subject to electrical safety inspections, performance testing, and preventive maintenance by the Contracted Clinical Engineering firm as required. Appropriate inspection forms shall be maintained on file by the Director of Supply Chain.
- c. Vendors, approved by Purchasing and Property, shall be utilized for equipment leasing.
- d. Equipment/Product Acquisition:
 - i. Identification of need for equipment/product.
(Justification of need)
 - ii. Product Evaluation and Standardization Program review.
(New or standardized [currently owned] equipment.)
 - iii. Computerized Equipment Inventory maintained by the Director of Support Services
(Clinical Equipment Contractor shall provide a specific isolated inventory).
 - iv. Incoming inspections shall be performed by the contracted clinical engineering service before issuance of equipment.
 - v. Operator education shall be performed by the Materiel Management Department and/or the Professional Development department before issuance of equipment. Equipment shall be issued only after inspection, registration and educational requirements are met.
- e. Equipment/Product Incoming Inspection:
 - i. The contracted clinical engineering service is responsible for proper classification and identification of each piece of equipment.
 - ii. Materiel Management shall secure the equipment prior to it being issued. This includes assuring that inventory tags, inspection stickers, and manuals are in place *before* equipment is issued.
 - iii. Equipment tracking procedure: All repairs and operator-associated problems are documented in the individual piece of equipment's Repair History File (per contract).
- f. Equipment Repair and Maintenance Program:
 - i. Repairs: When clinical equipment, either owned or leased, is suspected of malfunctioning, the following process shall be used:
 - a. All clinical equipment repairs shall be processed through Materiel Management. All clinical equipment needing repairs shall be removed from service, labeled with the identified problem, name of person identifying the problem, and the date and time the problem was identified, and delivered to Materiel Management for repair or processing by the Contracted Clinical Engineering firm.
 - b. The identified piece of equipment shall be immediately removed from service, secured and properly labeled with the identified problem, the name of the person finding the problem, and the date and time the problem was identified.
 - c. The staff member who identified the damage/equipment malfunction shall complete an orange "Repair Required" tag, attach it to the piece of equipment, and assure delivery of the clinical

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equipment to Materiel Management within one day. The orange “Repair Required” tags are available in Materiel Management.

- d. Materiel Management shall assist with initial equipment operation problems as requested.
- e. Call Materiel Management (ext. 5438) if a piece of equipment appears damaged, malfunctions or requires repair or calibration.
- f. An occurrence report shall be completed in accordance with the Hospital policy, [Incident Reporting and Review](#).
- g. Materiel Management shall transport clinical equipment between the Contracted Clinical Engineering firm and New Hampshire Hospital.
- h. Materiel Management shall be responsible for returning equipment back into service and maintaining documentation or assuring documentation by contractor is completed.
- i. Calibrations, tests, modifications, or other efforts related to repairs must be documented in the “Repair History” file as having been performed (per the contract).
- j. In the event of evening or nighttime emergency needs the Nursing Supervisor shall be notified. They shall in turn notify the Materiel Management On-call person if they cannot resolve the situation.
- k. Hazard Alerts and Recalls: Monitoring and actions taken on hazard and recall notices shall occur in accordance with the Hospital policy, [Hazard Alerts, Recalls and Medical Device Reporting System](#).
- l. Preventive Maintenance Schedule: Materiel Management/Contractor shall schedule maintenance and testing frequency according to classification and repair history.
- m. Documentation: Each time a piece of equipment is previewed, reviewed, evaluated, investigated, modified, tested, preventively maintained, calibrated, etc., Materiel Management shall maintain documentation to complete the process of tracking its history.

B. PATIENT OWNED AND LEASED CLINICAL EQUIPMENT:

- 1. In cases where a patient has a specialized piece of equipment, that could not otherwise be provided by the Hospital, the patient may use personally owned or leased equipment under the following conditions:
- 2. The Registered Nurse shall be responsible for:
 - a. Collaborating with Clinicians to confirm that the use of the equipment remains clinically indicated.
 - b. Notifying Materiel Management of all clinical equipment brought into the Hospital by a patient by leaving a message at extension 5438 (confidential voice mail) 24 hours/day, 7 days/week.
 - c. Nursing shall document the presence of the equipment on the [Patient Clothing/Valuables](#) form.
 - d. Documenting any safety concerns associated with the equipment use and maintenance in accordance with the Nursing Standard, [Use of Clinical Equipment](#). This shall include, but not be limited to:

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Clinical Equipment Management Plan

- i. Checking electrical cords, housing and switches for obvious fraying, or signs of wear and reporting safety concerns to Materiel Management. An Occurrence Report shall be completed in accordance with the Hospital policy, [Occurrence Reporting & Review](#).
 - ii. Establishing the patient's competence to use the equipment in accordance with the Hospital policy, [Education of Patients and Families](#).
 - iii. Removing damaged or malfunctioning patient owned/leased equipment from service, securing it, labeling the equipment with the specific problem, the name of the person finding the problem, the date and time the problem was identified, and notifying Materiel Management of the event.
3. The Materiel Management Department shall be responsible for:
- a. Contacting the Contracted Clinical Engineering firm to obtain information and pertinent documentation pertaining to periodic testing, preventative maintenance and repair history.
 - b. Reporting requirements described in the Hospital policy, [Hazard Alerts, Recalls and Medical Device Reporting System](#).
 - c. Maintaining a log of all patient and Hospital owned/leased clinical equipment.

C. CLINICAL EQUIPMENT MALFUNCTION:

1. If a medical/clinical device is suspected of or malfunctions while in use by a patient, staff, or visitor, and is suspected of causing injury or illness, the device should immediately be removed from service and the physician notified. The Charge Nurse shall immediately notify the Nursing Supervisor and Materiel Management (if after hours notify the Materiel Management On-call person).
2. The Nursing Supervisor shall notify the Chief Executive Officer (CEO)/designee.
3. An Occurrence Report shall be completed and processed in accordance with the Hospital policy, [Occurrence Reporting and Review](#).
4. Materiel Management shall make arrangements for the equipment to be transported to the contracted clinical engineering service as quickly and efficiently as possible, minimizing the contact individuals have with the piece of equipment.
5. The contracted clinical engineering service will inspect the equipment and determine whether or not the equipment can be put back into service.

IV. EDUCATION OBJECTIVES:

- A. Equipment Related Education: All new employees receive orientation and specific training in equipment/products that they will operate on the job.
1. Operator Education: Education prior to use on new or changed products shall consist of the following and result in an authorization to operate.
 - a. Equipment operation, necessary related equipment operation and troubleshooting skills.
 - b. Equipment maintenance including operator care in handling, cleaning and storage.

B. Educational Responsibilities:

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1. Each discipline/department is responsible for clinical equipment operator education and training programs. The immediate supervisor shall be responsible for the orientation and evaluation/education of clinical equipment operation to their staff. This shall be tracked through the annual performance and annual competency evaluations in accordance with the Hospital policy, [Competency](#).
2. Each discipline shall be responsible for an effective record-keeping system. It shall provide statistics for validation of continuing education programs, identification of educational needs, data for research and evaluation, and an individual operator's record of participation.

V. REPORTING:

- A. An Occurrence Report shall be completed on all medical/clinical device malfunctions in accordance with the Hospital policy, [Occurrence Reporting and Review](#).
- B. The Director of Supply Chain is responsible for reporting requirements subject to the Safe Medical Device Act.

VI. PERFORMANCE STANDARD:

Each piece of clinical equipment shall be inspected in accordance with its individual testing frequency that is formulated by its type, risk value, and repair history. Clinical equipment on the current inventory listing shall be inspected annually or more frequently as needed.

VII. PROGRAM EVALUATION:

- A. The Director of Supply Chain and the contracted clinical engineering service shall evaluate the effectiveness of the program based on an annual review of tests and repairs related to the total inventory and schedule.
- B. The Director of Supply Chain shall obtain quarterly and annual reports from the contractor, which shall be reviewed quarterly and annually.



Instructions: Provide detailed responses in the text boxes to the questions below. If additional attachments are required as specified below, submit the attachments in the order they are requested below. There is no page limit for this Appendix G – Technical Response to Questions or any associated attachments.

Vendor Name	
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Q1 Testing and Inspecting Experience (30 Points)

Describe your experience performing inspections and performance Tests on clinical equipment.
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Q2 Maintenance Experience (30 Points)

Describe your experience performing preventative maintenance and repairs on clinical equipment.



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Q3 Capacity to Perform Required Services (180 Points)

What is your capacity to provide all services under this RFP? Include your loaner equipment plan when a piece of NHH equipment is being repaired or serviced. Provide a list of all equipment that is available to loan if needed.

Q4 Inventory Control (30 Points)

How will you develop and maintain an inventory control system for clinical equipment inspections, testing, maintenance and repairs?



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Q5 Staffing (50 Points)

Provide your staffing plan for the services in this RFP. Include staff titles as well as relevant qualifications and certifications.

Q6 Reporting (30 Points)

How will you generate the required reporting? Provide sample reports.