



State of West Virginia
 Department of Administration
 Purchasing Division
 2019 Washington Street East
 Post Office Box 50130
 Charleston, WV 25305-0130

Request for Quotation

RFQ NUMBER
WEH70230

PAGE
1

ADDRESS CORRESPONDENCE TO ATTENTION OF:
ROBERTA WAGNER
304-558-0067

VENDOR

*709065341 800-426-0353
OLYMPIC MEDICAL
5900 FIRST AVENUE SOUTH

SEATTLE WA 98108

SHIP TO

HEALTH AND HUMAN RESOURCES
WILLIAM R. SHARPE JR. HOSPITAL
CENTRAL RECEIVING
936 SHARPE HOSPITAL ROAD
WESTON, WV
26452 **304-269-1210**

DATE PRINTED	TERMS OF SALE	SHIP VIA	F.O.B.	FREIGHT TERMS
02/07/2007				
BID OPENING DATE: 03/07/2007		BID OPENING TIME 01:30PM		

LINE	QUANTITY	UOP	CAT NO	ITEM NUMBER	UNIT PRICE	AMOUNT
0001	1	EA		465-90		
<p>PASTEURIZER AND STERILE DRYER COMBO, PER ATTACHED</p> <p>TO PROVIDE A PASTEURIZER AND STERILE DRYER COMBO UNIT, TO WELCH COMMUNITY HOSPITAL, PER THE ATTACHED SPECIFICATIONS.</p> <p>EXHIBIT 3</p> <p>CANCELLATION: THE DIRECTOR OF PURCHASING RESERVES THE RIGHT TO CANCEL THIS CONTRACT IMMEDIATELY UPON WRITTEN NOTICE TO THE VENDOR IF THE COMMODITIES AND/OR SERVICES SUPPLIED ARE OF AN INFERIOR QUALITY OR DO NOT CONFORM TO THE SPECIFICATIONS OF THE BID AND CONTRACT HEREIN.</p> <p>BANKRUPTCY: IN THE EVENT THE VENDOR/CONTRACTOR FILES FOR BANKRUPTCY PROTECTION, THIS CONTRACT IS AUTOMATICALLY NULL AND VOID, AND IS TERMINATED WITHOUT FURTHER ORDER.</p> <p>INQUIRIES:</p> <p>WRITTEN QUESTIONS WILL BE ACCEPTED THROUGH CLOSE OF BUSINESS ON WEDNESDAY 2/21/2007. QUESTIONS MAY BE SENT VIA USPS, FAX, COURIER OR EMAIL. IN ORDER TO ASSURE NO VENDOR RECEIVES AN UNFAIR ADVANTAGE, NO SUBSTANTIVE QUESTIONS WILL BE ANSWERED VERBALLY. IF POSSIBLE EMAIL QUESTIONS ARE PREFERRED. ADDRESS INQUIRIES TO:</p> <p>ROBERTA WAGNER DEPARTMENT OF ADMINISTRATION</p>						

SEE REVERSE SIDE FOR TERMS AND CONDITIONS

SIGNATURE <i>Robert Wagner</i>	TELEPHONE 800 206 4260353 1511	DATE 7 MAR 07
TITLE Regional Sales Mgr	ADDRESS CHANGES TO BE NOTED ABOVE	

**GENERAL TERMS & CONDITIONS
REQUEST FOR QUOTATION (RFQ) AND REQUEST FOR PROPOSAL (RFP)**

1. Awards will be made in the best interest of the State of West Virginia.
2. The State may accept or reject in part, or in whole, any bid.
3. All quotations are governed by the *West Virginia Code* and the *Legislative Rules* of the Purchasing Division.
4. Prior to any award, the apparent successful vendor must be properly registered with the Purchasing Division and have paid the required \$125.00 registration fee.
5. All services performed or goods delivered under State Purchase Orders/Contracts are to be continued for the term of the Purchase Order/Contract, contingent upon funds being appropriated by the Legislature or otherwise being made available. In the event funds are not appropriated or otherwise available for these services or goods, this Purchase Order/Contract becomes void and of no effect after June 30.
6. Payment may only be made after the delivery and acceptance of goods or services.
7. Interest may be paid for late payment in accordance with the *West Virginia Code*.
8. Vendor preference will be granted upon written request in accordance with the *West Virginia Code*.
9. The State of West Virginia is exempt from federal and state taxes and will not pay or reimburse such taxes.
10. The Director of Purchasing may cancel any Purchase Order/Contract upon 30 days written notice to the seller.
11. The laws of the State of West Virginia and the *Legislative Rules* of the Purchasing Division shall govern all rights and duties under the Contract, including without limitation the validity of this Purchase Order/Contract.
12. Any reference to automatic renewal is hereby deleted. The Contract may be renewed only upon mutual written agreement of the parties.
13. **BANKRUPTCY:** In the event the vendor/contractor files for bankruptcy protection, this contract is automatically null and void, and is terminated without further order.
14. **HIPAA Business Associate Addendum** - The West Virginia State Government HIPAA Business Associate Addendum (BAA), approved by the Attorney General, and available online at the Purchasing Division's web site (<http://www.state.wv.us/admin/purchase/vrc/hipaa.htm>) is hereby made part of the agreement. Provided that, the Agency meets the definition of a Covered Entity (45 CFR §160.103) and will be disclosing Protected Health Information (45 CFR §160.103) to the vendor.

INSTRUCTIONS TO BIDDERS

1. Use the quotation forms provided by the Purchasing Division.
2. **SPECIFICATIONS:** Items offered must be in compliance with the specifications. Any deviation from the specifications must be clearly indicated by the bidder. Alternates offered by the bidder as **EQUAL** to the specifications must be clearly defined. A bidder offering an alternate should attach complete specifications and literature to the bid. The Purchasing Division may waive minor deviations to specifications.
3. Complete all sections of the quotation form.
4. Unit prices shall prevail in cases of discrepancy.
5. All quotations are considered F.O.B. destination unless alternate shipping terms are clearly identified in the quotation.
6. **BID SUBMISSION:** All quotations must be delivered by the bidder to the office listed below prior to the date and time of the bid opening. Failure of the bidder to deliver the quotations on time will result in bid disqualifications.

SIGNED BID TO:

Department of Administration
Purchasing Division
2019 Washington Street East
Post Office Box 50130
Charleston, WV 25305-0130



State of West Virginia
 Department of Administration
 Purchasing Division
 2019 Washington Street East
 Post Office Box 50130
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ADDRESS CORRESPONDENCE TO ATTENTION OF
ROBERTA WAGNER
304-558-0067

*709065341 800-426-0353

OLYMPIC MEDICAL
5900 FIRST AVENUE SOUTH

SEATTLE WA 98108

HEALTH AND HUMAN RESOURCES
WILLIAM R. SHARPE JR. HOSPITAL
CENTRAL RECEIVING
936 SHARPE HOSPITAL ROAD
WESTON, WV
26452 304-269-1210

DATE PRINTED	TERMS OF SALE	SHIP VIA	F.O.B.	FREIGHT TERMS
02/07/2007				

BID OPENING DATE: **03/07/2007** BID OPENING TIME **01:30PM**

LINE	QUANTITY	UOP	CAT. NO.	ITEM NUMBER	UNIT PRICE	AMOUNT
<p>PURCHASING DIVISION 2019 WASHINGTON STREET, EAST CHARLESTON, WV 25305 FAX: 304-558-4115 EMAIL: RWAGNER@WVADMIN.GOV</p> <p>VENDOR PREFERENCE CERTIFICATE</p> <p>CERTIFICATION AND APPLICATION* IS HEREBY MADE FOR PREFERENCE IN ACCORDANCE WITH WEST VIRGINIA CODE, 5A-3-37. (DOES NOT APPLY TO CONSTRUCTION CONTRACTS).</p> <p>A. APPLICATION IS MADE FOR 2.5% PREFERENCE FOR THE REASON CHECKED:</p> <p>() BIDDER IS AN INDIVIDUAL RESIDENT VENDOR AND HAS RESIDED CONTINUOUSLY IN WEST VIRGINIA FOR FOUR (4) YEARS IMMEDIATELY PRECEDING THE DATE OF THIS CERTIFICATION; OR</p> <p>() BIDDER IS A PARTNERSHIP, ASSOCIATION OR CORPORATION RESIDENT VENDOR AND HAS MAINTAINED ITS HEAD-QUARTERS OR PRINCIPAL PLACE OF BUSINESS CONTINUOUSLY IN WEST VIRGINIA FOR FOUR (4) YEARS IMMEDIATELY PRECEDING THE DATE OF THIS CERTIFICATION; OR 80% OF THE OWNERSHIP INTEREST OF BIDDER IS HELD BY ANOTHER INDIVIDUAL, PARTNERSHIP, ASSOCIATION OR CORPORATION RESIDENT VENDOR WHO HAS MAINTAINED ITS HEADQUARTERS OR PRINCIPAL PLACE OF BUSINESS CONTINUOUSLY IN WEST VIRGINIA FOR FOUR (4) YEARS IMMEDIATELY PRECEDING THE DATE OF THIS CERTIFICATION; OR</p> <p>() BIDDER IS A CORPORATION NONRESIDENT VENDOR WHICH HAS AN AFFILIATE OR SUBSIDIARY WHICH EMPLOYS A MINIMUM OF ONE HUNDRED STATE RESIDENTS AND WHICH HAS MAINTAINED ITS HEADQUARTERS OR PRINCIPAL PLACE OF</p>						

SEE REVERSE SIDE FOR TERMS AND CONDITIONS

SIGNATURE	TELEPHONE	DATE
TITLE	FEIN	ADDRESS CHANGES TO BE NOTED ABOVE

WHEN RESPONDING TO RFQ, INSERT NAME AND ADDRESS IN SPACE ABOVE LABELLED VENDOR!



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Request for Quotation

RFC NUMBER
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ADDRESS CORRESPONDENCE TO ATTENTION OF
ROBERTA WAGNER 304-558-0067

PROPERTY

*709065341 800-426-0353
 OLYMPIC MEDICAL
 5900 FIRST AVENUE SOUTH
 SEATTLE WA 98108

SHIP TO

HEALTH AND HUMAN RESOURCES
 WILLIAM R. SHARPE JR. HOSPITAL
 CENTRAL RECEIVING
 936 SHARPE HOSPITAL ROAD
 WESTON, WV 26452 304-269-1210

DATE PRINTED	TERMS OF SALE	SHIP VIA	F.O.B.	FREIGHT TERMS
02/07/2007				

BID OPENING DATE: 03/07/2007 BID OPENING TIME 01:30PM

LINE	QUANTITY	UOP	CAT NO	ITEM NUMBER	UNIT PRICE	AMOUNT
<p>BUSINESS WITHIN WEST VIRGINIA CONTINUOUSLY FOR THE FOUR (4) YEARS IMMEDIATELY PRECEDING THE DATE OF THIS CERTIFICATION.</p> <p>B. APPLICATION IS MADE FOR 2.5% PREFERENCE FOR THE REASON CHECKED:</p> <p>() BIDDER IS A RESIDENT VENDOR WHO CERTIFIES THAT, DURING THE LIFE OF THE CONTRACT, ON AVERAGE AT LEAST 75% OF THE EMPLOYEES WORKING ON THE PROJECT BEING BID ARE RESIDENTS OF WEST VIRGINIA WHO HAVE RESIDED IN THE STATE CONTINUOUSLY FOR THE TWO YEARS IMMEDIATELY PRECEDING SUBMISSION OF THIS BID;</p> <p>OR</p> <p>() BIDDER IS A NONRESIDENT VENDOR EMPLOYING A MINIMUM OF ONE HUNDRED STATE RESIDENTS OR IS A NONRESIDENT VENDOR WITH AN AFFILIATE OR SUBSIDIARY WHICH MAINTAINS ITS HEADQUARTERS OR PRINCIPAL PLACE OF BUSINESS WITHIN WEST VIRGINIA EMPLOYING A MINIMUM OF ONE HUNDRED STATE RESIDENTS WHO CERTIFIES THAT, DURING THE LIFE OF THE CONTRACT, ON AVERAGE AT LEAST 75% OF THE EMPLOYEES OR BIDDERS' AFFILIATE'S OR SUBSIDIARY'S EMPLOYEES ARE RESIDENTS OF WEST VIRGINIA WHO HAVE RESIDED IN THE STATE CONTINUOUSLY FOR THE TWO YEARS IMMEDIATELY PRECEDING SUBMISSION OF THIS BID.</p> <p>BIDDER UNDERSTANDS IF THE SECRETARY OF TAX & REVENUE DETERMINES THAT A BIDDER RECEIVING PREFERENCE HAS FAILED TO CONTINUE TO MEET THE REQUIREMENTS FOR SUCH PREFERENCE, THE SECRETARY MAY ORDER THE DIRECTOR OF PURCHASING TO: (A) RESCIND THE CONTRACT OR PURCHASE ORDER ISSUED; OR (B) ASSESS A PENALTY AGAINST SUCH BIDDER IN AN AMOUNT NOT TO EXCEED 5% OF THE BID AMOUNT AND THAT SUCH PENALTY WILL BE PAID TO THE CONTRACTING AGENCY OR DEDUCTED FROM ANY UNPAID BALANCE ON THE CONTRACT OR PURCHASE ORDER.</p>						

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WHEN RESPONDING TO RFC, INSERT NAME AND ADDRESS IN SPACE ABOVE LABELLED "VENDOR"



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PURCHASER

*709065341 800-426-0353
OLYMPIC MEDICAL
5900 FIRST AVENUE SOUTH
SEATTLE WA 98108

SHIP TO

HEALTH AND HUMAN RESOURCES
WILLIAM R. SHARPE JR. HOSPITAL
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WESTON, WV
26452 304-269-1210

DATE PRINTED	TERMS OF SALE	SHIP VIA	FOB	FREIGHT TERMS
02/07/2007				
BID OPENING DATE: 03/07/2007		BID OPENING TIME 01:30PM		

LINE	QUANTITY	UOP	CAT NO	ITEM NUMBER	UNIT PRICE	AMOUNT
<p>BY SUBMISSION OF THIS CERTIFICATE, BIDDER AGREES TO DISCLOSE ANY REASONABLY REQUESTED INFORMATION TO THE PURCHASING DIVISION AND AUTHORIZES THE DEPARTMENT OF TAX AND REVENUE TO DISCLOSE TO THE DIRECTOR OF PURCHASING APPROPRIATE INFORMATION VERIFYING THAT BIDDER HAS PAID THE REQUIRED BUSINESS TAXES, PROVIDED THAT SUCH INFORMATION DOES NOT CONTAIN THE AMOUNTS OF TAXES PAID NOR ANY OTHER INFORMATION DEEMED BY THE TAX COMMISSIONER TO BE CONFIDENTIAL.</p> <p>UNDER PENALTY OF LAW FOR FALSE SWEARING (WEST VIRGINIA CODE 61-5-3), BIDDER HEREBY CERTIFIES THAT THIS CERTIFICATE IS TRUE AND ACCURATE IN ALL RESPECTS; AND THAT IF A CONTRACT IS ISSUED TO BIDDER AND IF ANYTHING CONTAINED WITHIN THIS CERTIFICATE CHANGES DURING THE TERM OF THE CONTRACT, BIDDER WILL NOTIFY THE PURCHASING DIVISION IN WRITING IMMEDIATELY.</p> <p>BIDDER: -----</p> <p>DATE: -----</p> <p>SIGNED: -----</p> <p>TITLE: -----</p> <p>* CHECK ANY COMBINATION OF PREFERENCE CONSIDERATION(S) IN EITHER "A" OR "B", OR BOTH "A" AND "B" WHICH YOU ARE ENTITLED TO RECEIVE. YOU MAY REQUEST UP TO THE MAXIMUM 5% PREFERENCE FOR BOTH "A" AND "B". (REV. 12/00)</p>						

SEE REVERSE SIDE FOR TERMS AND CONDITIONS

SIGNATURE	TELEPHONE	DATE
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TITLE	FEIN	ADDRESS CHANGES TO BE NOTED ABOVE
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WHEN RESPONDING TO REQ. INSERT NAME AND ADDRESS IN SPACE ABOVE LABELED "VENDOR"



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<p>NOTICE</p> <p>A SIGNED BID MUST BE SUBMITTED TO:</p> <p>DEPARTMENT OF ADMINISTRATION PURCHASING DIVISION BUILDING 15 2019 WASHINGTON STREET, EAST CHARLESTON, WV 25305-0130</p> <p>THE BID SHOULD CONTAIN THIS INFORMATION ON THE FACE OF THE ENVELOPE OR THE BID MAY NOT BE CONSIDERED:</p> <p>SEALED BID</p> <p>BUYER:-----ROBERTA WAGNER 22-----</p> <p>RFQ. NO.:-----WEH70230-----</p> <p>BID OPENING DATE:---03/07/2007---</p> <p>BID OPENING TIME:---1:30 PM---</p> <p>PLEASE PROVIDE A FAX NUMBER IN CASE IT IS NECESSARY TO CONTACT YOU REGARDING YOUR BID: 206-762-4200</p> <p>CONTACT PERSON (PLEASE PRINT CLEARLY): William K. Gibson</p>						

SEE REVERSE SIDE FOR TERMS AND CONDITIONS

SIGNATURE <i>William K. Gibson</i>	TELEPHONE 8004260353 x5111	DATE 7 Mar 07
TITLE Regional Sales Manager	FEIN	ADDRESS CHANGES TO BE NOTED ABOVE



State of West Virginia
 Department of Administration
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**Request for
 Quotation**

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ADDRESS CORRESPONDENCE TO ATTENTION OF
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VENDOR

*709065341 800-426-0353
 OLYMPIC MEDICAL
 5900 FIRST AVENUE SOUTH
 SEATTLE WA 98108

SHIP TO

HEALTH AND HUMAN RESOURCES
 WILLIAM R. SHARPE JR. HOSPITAL
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02/07/2007				
BID OPENING DATE: 03/07/2007		BID OPENING TIME 01:30PM		

LINE	QUANTITY	UOP	CAT NO.	ITEM NUMBER	UNIT PRICE	AMOUNT
A CONVENIENCE COPY WOULD BE APPRECIATED.						
***** THIS IS THE END OF RFQ WEH70230 ***** TOTAL:						\$29,490.00

Note: Pasteurizer as quoted is complete with stainless steel wire baskets and digital temperature recorder. The hospital that this is intended for, Welch Community, has an existing machine to be replaced. The baskets and temperature recorder they have will operate with the new model. These items seldom require replacement. A deduction will be made for reuse of these items and we will replace the aluminum latches with new stainless steel ones for no charge.

Deduction for reuse of baskets and temperature recorder.....-\$3,500.00

New Total...\$25,990.00

Most of our customers take advantage of this deduction.

William K. Gibson

SEE REVERSE SIDE FOR TERMS AND CONDITIONS

SIGNATURE *William K. Gibson* TELEPHONE **6064260353 x5111** DATE **7 MAR 07**

TITLE *Regional Sales* FEIN ADDRESS CHANGES TO BE NOTED ABOVE

AFFIDAVIT

009

West Virginia Code §5A-3-10a states:

No contract or renewal of any contract may be awarded by the state or any of its political subdivisions to any vendor or prospective vendor when the vendor or prospective vendor or a related party to the vendor or prospective vendor is a debtor and the debt owned is an amount greater than one thousand dollars in the aggregate

DEFINITIONS:

"Debt" means any assessment, premium, penalty, fine, tax or other amount of money owed to the state or any of its political subdivisions because of a judgment, fine, permit violation, license assessment, defaulted workers' compensation premium, penalty or other assessment presently delinquent or due and required to be paid to the state or any of its political subdivisions, including any interest or additional penalties accrued thereon.

"Debtor" means any individual, corporation, partnership, association, limited liability company or any other form or business association owing a debt to the state or any of its political subdivisions. "Political subdivision" means any county commission; municipality; county board of education; any instrumentality established by a county or municipality; any separate corporation or instrumentality established by one or more counties or municipalities, as permitted by law; or any public body charged by law with the performance of a government function or whose jurisdiction is coextensive with one or more counties or municipalities. "Related party" means a party, whether an individual, corporation, partnership, association, limited liability company or any other form or business association or other entity whatsoever, related to any vendor by blood, marriage, ownership or contract through which the party has a relationship of ownership or other interest with the vendor so that the party will actually or by effect receive or control a portion of the benefit, profit or other consideration from performance of a vendor contract with the party receiving an amount that meets or exceed five percent of the total contract amount.

EXCEPTION:

The prohibition of this section does not apply where a vendor has contested any tax administered pursuant to chapter eleven of this code, workers' compensation premium, permit fee or environmental fee or assessment and the matter has not become final or where the vendor has entered into a payment plan or agreement and the vendor is not in default of any of the provisions of such plan or agreement.

LICENSING: — SEE NOTE BELOW

Vendors must be licensed and in good standing in accordance with any and all state and local laws and requirements by any state or local agency of West Virginia, including, but not limited to, the West Virginia Secretary of State's Office, the West Virginia Tax Department, West Virginia Insurance Commission, or any other state agencies or political subdivision. Furthermore, the vendor must provide all necessary releases to obtain information to enable the Director or spending unit to verify that the vendor is licensed and in good standing with the above entities.

CONFIDENTIALITY:

The vendor agrees that he or she will not disclose to anyone, directly or indirectly, any such personally identifiable information or other confidential information gained from the agency, unless the individual who is the subject of the information consents to the disclosure in writing or the disclosure is made pursuant to the agency's policies, procedures and rules. Vendors should visit www.state.wv.us/admin/purchase/privacy for the Notice of Agency Confidentiality Policies.

Under penalty of law for false swearing (West Virginia Code, §61-5-3), it is hereby certified that the vendor acknowledges the information in this said affidavit and are in compliance with the requirements as stated.

Vendor's Name: Olympic Medical

Authorized Signature: William K Gibson Date: 13 Feb 07

No Debt Affidavit (Revised 10/13/06) WILLIAM K GIBSON

NOTE TO LICENSING: I donot know if we are licensed in WV. Over the past 25 years we have sold capital equipment to: Welch Hospital, Charleston Area M.C., United Hosp + H, FARRMOUTH Gen, Putnam Gen, Logan Gen, ...

WEH70230

Specifications - Pasteurizer

- OK • The words "will", "must", and "shall" listed herein are used to identify mandatory requirements for this project.
- OK • The unit must be able to disinfect respiratory therapy equipment.
- OK • The pasteurizer must have a separate detached unit for drying.
- OK • The pasteurizer unit must be able to wash and pasteurize in a single unit.
- OK • The unit must be able to process at least 2.0 cubic feet of respiratory therapy equipment. 2.0 cubic feet of pasteurizing space.
- OK • Maximum Dimensions: 29.5"W x 32.0"D x 67.0"H with the lid raised.
- OK • Electrical: 208Y/120 Vac, 60Hz, 25 amps, 3 phase
- OK • The pasteurizer must have a cycle timer that will control the washing and pasteurizing cycles.
- OK • The unit must have a power hoist. The power hoist must be an internal component of the pasteurizer. The hoist must be manipulated by a switch in an easily accessible location. The hoist must be able to lift up to twenty five pounds of respiratory therapy department.
- OK • Equipment baskets must be removable. Baskets must be open wire screen made of stainless steel. All baskets must be no larger than 16.5 inches square to allow for vertical rotation. One sixteen inch deep basket and a four inch deep basket are required.
- OK • The unit must have vertical basket rotation.
- OK • The pasteurizer must heat and pasteurize at a minimum of 167 degrees Fahrenheit or 75 degrees Celsius.
- OK • The unit must possess a detergent dispenser to be used in the wash process.
- OK • The unit must be able to connect to a standard hot water inlet and drain. The vendor must supply the hose for hot water hook up as well as the hoses needed for any and all drains.
- OK • The unit combined with the dryer shall not be wider than seventy five inches. The depth of the pasteurizer and dryer shall not exceed forty inches.
- OK • The weight of the pasteurizer must not exceed 650 pounds (104 lb/sq ft) when full of water.
- OK • Water temperature during pasteurization must be thermostatically maintained by the unit.
- (2 years) OK • The unit must have at least a one year warranty. Warranty information must be submitted prior to awarding of contract.
- EXCEPTION • Delivery must be within 30 days ARO and between the hours of 8am to 4pm, Monday thru Friday.

→ 60-90 DAYS ARO

WEH70230

Specifications – Sterile Dryer

- OK • The sterile dryer must have the capacity of at least 10 square Feet of respiratory therapy equipment.
- OK • The dryer must have a filtering system for incoming air. The unit must contain a pre filter and a High Efficiency Particulate Air (HEPA) filter. The filters must be able to remove all particles larger than 0.3 micron.
- OK • The dryer must have a timer that will turn the unit off after a preset period.
- OK • The unit must have tubing holders. There must be at least ten tubing holders on the unit. The unit must be able to hold tubes up to 3 feet long and accommodate tubes varying in size from 1/8 inch to one inch.
- OK • Electrical for dryer: 120 Vac, 60 Hz, 900 Watts
- OK • Maximum Dimensions: 26"W x 20.5"D x 86.0"H
- has OK • The unit must have at least a one year warranty. Warranty information must be submitted prior to awarding of contract.
- exception • Delivery must be within 30 days ARO and between the hours of 8am to 4pm, Monday thru Friday.

→ 60-90 DAYS ARO

**OLYMPIC
STERILE/CLEAN-DRIERS
and STERILE-TABLES**

**2-Year Full Warranty On All
Parts and Labor**

The above products are fully warranted for two years from date of delivery for any adjustments or repairs resulting from (1) normal use, or (2) product defects.

1. All repair parts will be furnished without cost.
2. Repair labor will be furnished by Olympic directly, or if otherwise provided, Olympic will reimburse purchaser when authorization has been obtained in advance. (For authorization, please call 1-800-426-0353.)
3. This warranty will not be voided if the customer elects to perform the repair. However, Olympic recommends that customers contact our Service Department for technical assistance before performing any repairs.

The above constitutes the complete 2-year warranty. No other warranty is implied or intended.

For information or assistance
Call Toll-Free 1-800-426-0353
U.S. and Canada

OLYMPIC  MEDICAL
5900 1st Ave S • Seattle, WA 98108 • USA Call Toll-Free 1-800-426-0353 (US and Canada)

OLYMPIC PASTEURMATIC™

2-Year Full Warranty

Olympic Pasteurmatrics are fully warranted for parts and labor for two years from the date of delivery.

When repairs are required either from normal use or product defect:

1. All repair parts will be furnished without cost.
2. Repair labor will be furnished by Olympic directly, or if otherwise provided, Olympic will reimburse purchaser when authorization has been obtained in advance. (For authorization, please call 1-800-426-0353.)
3. This warranty will not be voided if the customer elects to perform the repair. However, Olympic recommends that customers contact our Service Department for technical assistance before performing any repairs.

The above constitutes the complete 2-year warranty. No other warranty is implied or intended.

**For information or assistance
Call Toll-Free 1-800-426-0353**
in USA or Canada

OLYMPIC  MEDICAL

5900 1st Ave S • Seattle, WA 98108 • USA 1-800-426-0353 • www.olymed.com



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ADDRESS CORRESPONDENCE TO ATTENTION OF
ROBERTA WAGNER 304-558-0067

RFQ COPY
 TYPE NAME/ADDRESS HERE

VENDOR

SHIP TO

Health & Human Resources
 Welch Community Hospital
 454 McDowell Street
 Welch, WV 24801

DATE PRINTED	TERMS OF SALE	SHIP VIA	FOB	FREIGHT TERMS
02/15/2007				
BID OPENING DATE: 03/07/2007		BID OPENING TIME 01.30PM		

LINE	QUANTITY	UOP	CAT NO	ITEM NUMBER	UNIT PRICE	AMOUNT
*****ADDENDUM #1*****						
1. TO CORRECT THE SHIP TO ADDRESS:						
CHANGE FROM:						
HEALTH AND HUMAN RESOURCES						
WILLIAM R. SHARPE JR. HOSPITAL						
CENTRAL RECEIVING						
936 SHARPE HOSPITAL ROAD						
WESTON, WV 26452						
CHANGE TO:						
WELCH COMMUNITY HOSPITAL						
454 MCDOWELL STREET						
WELCH, WV 24801						
2. "ADDENDUM ACKNOWLEDGEMENT IS ATTACHED. THIS DOCUMENT SHOULD BE SIGNED AND RETURNED WITH YOUR BID. FAILURE TO SIGN AND RETURN MAY RESULT IN DISQUALIFICATION OF YOUR BID."						
*****END OF ADDENDUM #1*****						

SEE REVERSE SIDE FOR TERMS AND CONDITIONS

SIGNATURE	TELEPHONE	DATE
TITLE	FBN	ADDRESS CHANGES TO BE NOTED ABOVE

WHEN RESPONDING TO RFQ, INSERT NAME AND ADDRESS IN SPACE ABOVE LABELED 'VENDOR'

WV-36a STATE OF WEST VIRGINIA PURCHASING CONTINUATION SHEET	Buyer: RW #22	Page 3	Req. or P. O. No.: WEH70230
Vendor: <i>Olympic Medical</i>		Spending Unit:	

Requisition No.: WEH70230

ADDENDUM ACKNOWLEDGEMENT

I hereby acknowledge receipt of the following checked addendum(s) and have made the necessary revisions to my proposal, plans and/or specifications, etc.

Addendum No.'s:

No. 1 ✓

No. 2 ✓

No. 3 _____

No. 4 _____

No. 5 _____

I understand that failure to confirm the receipt of the addendum(s) is cause for rejection of bids.

William K Gibson

William K Gibson

Signature

Olympic Medical

Company

7 MAR 07

Date

Exhibit 10
Rev. 11/96



State of West Virginia
Department of Administration
Purchasing Division
2019 Washington Street East
Post Office Box 50130
Charleston, WV 25305-0130

Request for Quotation

RFQ NUMBER: WEH70230

PAGE: 1

ADDRESS CORRESPONDENCE TO ATTENTION OF: ROBERTA WAGNER 304-558-0067

RFQ COPY
TYPE NAME/ADDRESS HERE

VENDOR

SHIP TO

Health & Human Resources
Welch Community Hospital
454 McDowell Street
Welch, WV 24801

Table with columns: DATE PRINTED (02/26/2007), TERMS OF SALE, SHIP VIA, FOB, FREIGHT TERMS

BID OPENING DATE: 03/14/2007 BID OPENING TIME 01:30PM

Main table with columns: LINE, QUANTITY, UOP, CAT NO, ITEM NUMBER, UNIT PRICE, AMOUNT. Contains addendum text.

*****ADDENDUM #2*****
1. TO RESPOND TO VENDOR'S QUESTIONS, PER THE ATTACHED.
2. TO CHANGE THE BID OPENING DATE TO 03/14/2007.
3. "ADDENDUM ACKNOWLEDGEMENT IS ATTACHED. THIS DOCUMENT SHOULD BE SIGNED AND RETURNED WITH YOUR BID. FAILURE TO SIGN AND RETURN MAY RESULT IN DISQUALIFICATION OF YOUR BID".
*****END OF ADDENDUM #1*****

SIGNATURE, TELEPHONE, DATE, TITLE, FEIN, ADDRESS CHANGES TO BE NOTED ABOVE

WHEN RESPONDING TO RFQ, INSERT NAME AND ADDRESS IN SPACE ABOVE LABELED 'VENDOR'

002

WV-366 STATE OF WEST VIRGINIA PURCHASING CONTINUATION SHEET	Buyer: RW-22	Page	Req. or P. O. No.: WEH70230
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Vendor:	Spending Unit:
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Requisition No.: WEH70230

ADDENDUM ACKNOWLEDGEMENT

I hereby acknowledge receipt of the following checked addendum(s) and have made the necessary revisions to my proposal, plans and/or specifications, etc.

Addendum No.'s:

- No. 1 ✓
- No. 2 ✓
- No. 3 _____
- No. 4 _____
- No. 5 _____

I understand that failure to confirm the receipt of the addendum(s) is cause for rejection of bids.

William K Gibson
William K Gibson
Signature
Olympic Medical
Company
7 MAR 07
Date

Exhibit 10
Rev. 11/96

Addendum: RFQ # WEH70230

1. Are the specifications listed based on a predisposition for a specific vendor's products? **The specs were based upon current space limitations and other product features that we require the product to have.**

2. How seriously will a response to this RFQ be taken when our offering does not contain a center hoist, operate via vertical rotation, or have removable wire baskets? **All bids will be given the appropriate consideration based upon the specs listed.**

Those attributes reflect the features of the product manufactured by one vendor, but those attributes do not reflect the only possible way to thoroughly clean, rinse and high-level disinfect respiratory care devices, or any device that falls into the semi-critical or non-critical classification.

3. Are you looking to purchase the exact features outlined in the specifications, or are you looking for a system that can high level disinfect the device types identified, which may entail a different cleaning methodology and have comparable, but different feature sets? **All bids will be given the appropriate consideration based upon the specs listed.**

The specifications for the dryer are likewise specific to the other vendor's product in terms of physical dimensions. (There are only two vendors in the US that manufacture these two products.) One of the requirements is that when placed side-to-side, the overall footprint of the pasteurizer and the dryer together must not exceed specified measurements. My question then, is this:

4. If together, Cenorin's washer/pasteurizer and drying cabinet fulfills the exact same purpose and functionality of the other vendor's, how seriously will our response to this RFQ be taken if the overall footprint of our offering is 12" deeper than specified? **The specs for footprint are based upon space limitations at the facility.**

OLYMPIC

5900 First Ave. So. • Seattle, WA 98108 • USA



MEDICAL

Phone: 206 767-3500 • Fax: 206 762-4200

8 March 2007

RFQ : WEH70230

State of West Virginia
Department of Administration
Purchasing Division
2019 Washington Street East
PO Box 50130
Charleston, WV 25305-0130

Attn: Roberta Wagner

Dear Ms Wagner,

This is our second bid package, I sent the first one out before we received the addendums.
This is therefore revised and please ignore the first one.

Thank you,

William K Gibson
800 426 0353 x5111
bgibson@msn.com