DAVID Y. IGE GOVERNOR



SARAH ALLEN ADMINISTRATOR

STATE OF HAWAII STATE PROCUREMENT OFFICE

P.O. Box 119 Honolulu, Hawaii 96810-0119 Tel: (808) 586-0554 email: <u>state.procurement.office@hawaii.qov</u> <u>http://spo.hawaii.gov</u> Twitter: <u>@hawaiispo</u>

June 13, 2016

TO:

Executive Departments/Agencies Department of Education (Excludes Charter Schools) Hawaii Health Systems Corporation Office of Hawaiian Affairs University of Hawaii House of Representatives Senate Judiciary

City and County of Honolulu Honolulu City Council Honolulu Board of Water Supply Honolulu Authority for Rapid Transportation County of Hawaii Hawaii County Council County of Hawaii – Department of Water Supply County of Maui Maui County Council County of Maui – Department of Water Supply County of Kauai Kauai County Council County of Kauai – Department of Water

FROM: FROM Sarah Allen, Administrator

SUBJECT: Change No.7 SPO Vendor List Contract No. 13-12 NASPO VALUEPOINT AUTOMATIC EXTERNAL DEFIBRILLATOR-STATEWIDE NASPO Contract No. SW300 Expires: March 31, 2017

The following changes have been made to the vendor list contract:

- 1. Reinstate Physio-Control, Inc. to this vendor list contract.
- 2. Ernest Barreira is the new point of contact for the County of Kauai.

The current price list contract incorporating Change No. 7 is available on the SPO website: <u>http://spo.hawaii.gov</u>. Click on *Price & Vendor List Contracts* on the home page.

If you have any questions, please contact Stanton Mato at (808) 586-0566 or email stanton.d.mato@hawaii.gov.

STATE OF HAWAII STATE PROCUREMENT OFFICE

SPO Vendor List Contract No. 13-12 Includes Change No. 7 Effective 6/15/2016

NASPO VALUEPOINT AUTOMATED EXTERNAL DEFIBRILLATORS - STATEWIDE

(NASPO VALUEPOINT Contract No. SW300) February 15, 2013 to March 31, 2017

INFORMATION ON NASPO VALUEPOINT

The NASPO ValuePoint Cooperative Purchasing Organization is a multi-state contracting consortium of state governments, including local governments, of which the State of Hawaii is a member. NASPO ValuePoint Purchasing Organization seeks to achieve price discounts by combining the requirements of multi-state governmental agencies, and cost-effective and efficient acquisition of quality products and services.

The State of Oklahoma is the current lead agency and contract administrator for the NASPO ValuePoint Automated External Defibrillator contract. A request for competitive sealed proposals was issued on behalf of NASPO ValuePoint Cooperative Purchasing Organization and contracts were awarded to six (6) qualified Contractors. The State of Hawaii has signed a Participating Addendum with four (4) Contractors.

The Automated External Defibrillator contract includes AED materials, equipment, advanced life support devices, chest compression units, disposable products, and related services for placement in State and Local Government Agencies, rural communities, First Responders, health care facilities, and other public access locations.

For additional information on this contract, visit the NASPO ValuePoint website at www.naspovaluepoint.org.



PARTICIPATING JURISDICTIONS listed below have signed a cooperative agreement with the SPO and are authorized to utilize this vendor list contract.

| Executive Departments/Agencies | C&C of Honolulu |
|--------------------------------|---|
| DOE | Honolulu City Council |
| (Excludes Charter Schools) | Honolulu Board of Water Supply |
| HHSC | HART |
| OHA | County of Hawaii |
| UH | Hawaii County Council |
| House | County of Hawaii-Department of Water Supply |
| Senate | County of Maui |
| Judiciary | Maui County Council |
| | County of Maui-Department of Water Supply |
| | County of Kauai |
| | Kauai County Council |
| | County of Kauai-Department of Water |

The participating jurisdictions are not required but may purchase from this vendor list contract, and requests for exception from the contract are not required. Participating jurisdictions are allowed to purchase from other contractors; however, HRS chapter 103D, and the procurement rules apply to purchases by using the applicable method of procurement and its procedures, such as small purchases or competitive sealed bidding. The decision to use this contract or to solicit pricing from other sources is at the discretion of the participating jurisdiction.

POINT OF CONTACT. Questions regarding the products listed, ordering, pricing and status should be directed to the contractor(s).

Procurement questions or concerns may be directed as follows:

| Jurisdiction | Name | Telephone | Fax | E-mail |
|------------------|------------------|-----------|----------|---------------------------------|
| Executive | Stanton Mato | 586-0566 | 586-0570 | stanton.d.mato@hawaii.gov |
| DOE (Excludes | Procurement | 675-0130 | 675-0133 | doeprocure@notes.k12.hi.us |
| Charter Schools) | Staff | | | |
| HHSC | Joe Evanoff | 733-4168 | 733-4460 | jevanoff@hhsc.org |
| OHA | Phyllis Ono- | 594-1833 | 594-1865 | phylliso@oha.org |
| | Evangelista | | | |
| UH | Matthew Chow | 956-2765 | 956-2096 | chowmatt@hawaii.edu |
| | Karlee Hisashima | 956-8687 | 956-2093 | karlee@hawaii.edu |
| House | Brian Takeshita | 586-6423 | 586-6401 | takeshita@capitol.hawaii.gov |
| | | | | |
| Senate | Carol Taniguchi | 586-6720 | 586-6719 | c.taniguchi@capitol.hawaii.gov |
| | | | | |
| Judiciary | Tritia Cruz | 538-5805 | 538-5802 | tritia.l.cruz@courts.hawaii.gov |
| | | | | |
| C&C of Honolulu | Procurement | 768-5535 | 768-3299 | bfpurchasing@honolulu.gov |
| | Specialist | | | |
| Honolulu City | Clayton Wong | 768-5084 | 768-5011 | cwong@honolulu.gov |
| Council | | | | |

| Jurisdiction | Name | Telephone | Fax | E-mail |
|--|------------------------------------|----------------------|----------------------|---|
| Honolulu Board of Water Supply | Vicki Kitajima | 748-5151 | 550-9193 | vkitajima@hbws.org |
| HART | Nicole Chapman | 768-6135 | 768-5110 | nchapman@honolulu.gov |
| County of Hawaii | Jeffrey Dansdill | 961-8440 | 961-8248 | jdansdill@co.hawaii.hi.us |
| Hawaii County Council | Jeffrey Dansdill | 961-8440 | 961-8248 | jdansdill@co.hawaii.hi.us |
| County of Hawaii- Department of Water Supply | Ka'iulani L. Matsumoto | 961-8050 x224 | 961-8657 | kmatsumoto@hawaii.dws.org |
| County of Maui | Greg King | 249-2403 x30 | 249-0839 | greg.king@co.maui.hi.us |
| Maui County Council | Ross Izumigawa | 270-7661 | 270-7686 | ross.izumigawa@mauicounty.us |
| County of Maui- Department of Water | Kenneth L. Bissen Holly Perdido | 270-7684 | 270-7136 | ken.bissen@co.maui.hi.us |
| Supply | | 270-7684 | 270-7136 | holly.perdido@co.maui.hi.us |
| County of Kauai | Ernest Barreira | 241-4295 | 241-6297 | ebarreira@kauai.gov |
| Kauai County Council | Lisa Ishibashi Scott Sato | 241-4820 241-4810 | 241-6349 241-6349 | lishibashi@kauai.gov ssato@kauai.gov |
| County of Kauai- Department of Water | Fay Tateishi | 245-5426 | 241-5813 | ftateishi@kauaiwater.org |

USE OF PRICE & VENDOR LIST CONTRACTS BY NONPROFIT ORGANIZATIONS. Pursuant to HRS §103D-804, nonprofit organizations with current purchase of service contracts (HRS chapter 103F) have been invited to participate in the SPO price & vendor lists contracts.

A listing of these nonprofit organizations is available at the SPO website: <u>http://spo.hawaii.gov</u>. Click on For Vendors > Non-Profits > Cooperative Purchasing Program > View the list of qualifying nonprofits eligible to participate in cooperative purchasing.

If a nonprofit wishes to purchase from a SPO price or vendor list contract, the nonprofit must obtain approval from each Contractor, i.e., participation must be mutually agreed upon. A Contractor may choose to deny participation by a nonprofit. Provided, however, if a nonprofit and Contractor mutually agree to this arrangement, it is understood that the nonprofit will retain its right to purchase from other than a SPO price or vendor list Contractor(s).

CONTRACTORS. The authorized contractors are listed in this vendor list contract. They have signed a Master Agreement with the State of Oklahoma and a Participating Addendum with the Hawaii State Procurement Office.

<u>Company Name</u> Cardiac Science Corporation Philips-Healthcare

Physio-Control, Inc. Zoll Medical Corporation **VENDOR CODES** for annotation on purchase orders are obtainable from the *Alphabetical Vendor Edit Table* available at your department's fiscal office. Agencies are cautioned that the remittance address on an invoice may be different from the address of the vendor code annotated on the purchase order.

COMPLIANCE PURSUANT TO HRS §103D-310(c). Prior to awarding this contract, the SPO verified compliance of the Contractor(s) named in the SPO Vendor List Contract No. 13-12. *No further compliance verification is required prior to issuing a contract, purchase order, or pCard payment when utilizing this contract.*

PURCHASING CARD (pCard). The State of Hawaii Purchasing Card (pCard) is required to be used by the Executive departments/agencies, excluding DOE, HHSC, OHA and UH for orders totaling less than \$2,500. For purchases of \$2,500 or more, agencies may use the pCard, subject to its credit limit, or issue a purchase order.

PURCHASE ORDERS may be issued for purchases \$2,500 or more, and for Contractors who either do not accept the pCard, set minimum order requirements before accepting the pCard for payment, or charge its customers a transaction fee for the usage.

SPO VL CONTRACT NO. 13-12 & NASPO VALUEPOINT MASTER AGREEMENT NUMBER (SW300) shall be typed on purchase orders issued against this vendor list contract. For pCard purchases, the SPO PL Contract No. 13-12 and the NASPO ValuePoint Master Agreement Number shall be notated on the appropriate transaction document.

GENERAL EXCISE TAX. The Hawaii General Excise Tax (GET) shall not exceed 4.712% for the island of Oahu and 4.166 % for Maui, Kauai and Hawaii. The GET is not applied to shipping or delivery charges.

PAYMENTS are to be made to the Contractor(s) remittance address. HRS §103-10 provides that the State shall have thirty (30) calendar days after receipt of invoice or satisfactory completion of contract to make payment. Payments may also be made via pCard.

LEASE AGREEMENTS are not allowed under this contract.

DELIVERY. Unless otherwise indicated in the Master Agreement, the prices are the delivered price to any Purchasing Entity. All deliveries shall be F.O.B. destination, prepaid and allowed (with freight included in the price). If there is a special case where inside delivery fee must be charged, the Contractor will notify the Participating Entity. Additional delivery charges will not be allowed for back orders.

VENDOR AND PRODUCT EVALUATION form, SPO-012, for the purpose of addressing concerns on this vendor list contract, is available to agencies at the SPO website: <u>http://spo.hawaii.gov</u>. Click on *Forms* on the home page.

PRICE OR VENDOR LIST CONTRACT AVAILABLE ON THE INTERNET at the SPO website: <u>http://spo.hawaii.gov</u>. Click on *Price & Vendor List Contracts* on the home page.

HOW TO UTILIZE THIS VENDOR LIST CONTRACT:

- 1. Choose the option (equipment, advanced life support devices, disposable products, training and related services) that works best for your situation.
- 2. A minimum of one price quote is required.
- 3. Vendor information is listed on the following pages:
 - Cardiac Science on page 6
 - Philips Healthcare on page 7
 - Physio-Control, Inc. on page 8
 - Zoll Medical Corporation on page 9
- 4. Pricing Sheets for Cardiac Science, Philips Healthcare, Zoll Medical Corporation:
 - <u>http://www.naspovaluepoint.org/#/contract-details/16/contractor/68</u> and click on Cardiac Science-Notice of Award/Master Agreement
 - <u>http://www.naspovaluepoint.org/#/contract-details/16/contractor/72</u> and click on Physio-Control, Inc.-Notice of Award/Master Agreement
 - <u>http://www.naspovaluepoint.org/#/contract-details/16/contractor/71</u> and click on Philips-Notice of Award/Master Agreement
 - <u>http://www.naspovaluepoint.org/#/contract-details/16/contractor/73</u> and click on Zoll Medical Corporation-Notice of Award/Master Agreement
- 5. Retain documents justifying purchase in the procurement/contract file.

For Certified AED/CPR Training Contact:

William Justice, AHA BLS Regional Faculty Phone: (405) 642-3383 Email: <u>WilliamJustice@cox.net</u>

Dolly Rolland or Catherine Haynes AHA CPR/AED Instructors Phone: (580) 762-5815.



| Contractor: | Cardiac Scie | nce Corporation | | |
|--------------------------|---|---|---------------------------------|--|
| Contractor. | Cardiac Science Corporation | | | |
| | N7W22025 Johnson Drive | | | |
| | Waukesha, V | | T 1 1 1 0 | |
| Customer Service/Order | | Order Placement Contact | Technical Support Contact | |
| Placement: | Name: | Customer Service/Order Placement | Technical Support | |
| | Ivallie. | (8:00-4:30 PM, M-F) | (24 hours a day, 7 days a week) | |
| | Phone: | (800) 426-0337 ext. 2494 | (800) 426-0337 | |
| | Fax: | (800) 925-2825 | (262) 798-5236 | |
| | E-mail: | care@cardiacscience.com | techsupport@cardiacscience.com | |
| Contract Pricing: | Discount: Pr | Discount: Prices shown herein are Net (discount deducted) | | |
| | | | | |
| | Additional Qty. Discount: see price sheets (prices shown herein are Net: 30 days) | | | |
| Contractor's Website: | https://shop | .cardiacscience.com/publicstore/ | | |
| Payment/Order Placement | | Billing Will Be From | Payments Sent To | |
| Address: | Cardiac Science Corporation | | Cardiac Science Corporation | |
| | N7W22025 Johnson Drive | | P.O. Box 83261 | |
| | Waukesha, WI 53186 | | Chicago, IL 60691-0261 | |
| Minimum Orders: | None | | | |
| Delivery Time: | 14 Days After Receipt of Order (ARO) – Standard Orders | | | |
| | 30 Days After Receipt of Order (ARO) – Special Orders | | | |
| | | | | |
| | Expedited delivery can be accomplished for large orders in as little as three days, sometimes sooner. | | | |
| Shipping Destination: | Freight on Board (FOB) Destination | | | |
| Freight: | Prepaid and Included | | | |
| Additional Information: | All technical documentation necessary to operate Cardiac Science Corporation products will be | | | |
| | provided wit | provided with the delivery of each product. | | |

For Cardiac Science Corporation product information, go to the following link below:

http://www.aboutwsca.org/#/contract-details/16/contractor/68

<u>RETURN INSTRUCTIONS</u>: *Please obtain a Return Material Authorization (RMA) number prior to returning your equipment for repair. Note the RMA number on the outside of your box to be sure your device is properly routed and promptly repaired. **Please have serial and model numbers available when phoning. You can find these numbers on the underside of the AED unit.*

Upon receipt of your equipment, you can expect a 2-week turn-around-time (including shipping) for repair and return of your device. When the 7-year device warranty expires, a diagnostic charge of \$195 applies, plus the cost of the repair (after customer authorization). ***Warranty information is located at** <u>http://spo.hawaii.gov/wp-content/uploads/2013/12/CS-Warranty.pdf</u>



| Contractor: | Philips Hea | llthcare | |
|-----------------------------------|---|---|--|
| | 3000 Minuteman Road | | |
| | Andover, MA 01810 | | |
| Customer Service/Order | | Primary Contact | Alternate Contact |
| Placement: | | Philips Online Store/Customer | AED Institute of America |
| | | Service | 677 Ala Monana Blvd. Suite 605 |
| | | (9am-9pm EST, M-F 1-800-934- | Honolulu, HI 96813 |
| | | 7372) | Pam Foster |
| | Name: | , | |
| | | General Support | |
| | | (9-9pm EST, M-Sat; 9-6pm EST, | |
| | | Sun; 1-888-744-5477) | |
| | Phone: | 1-800-934-7372 | 808-388-5911 |
| | Fax: | 1-800-947-3299 | 000 500 5711 |
| | E-mail: | aed.market@philips.com | pfosterrn@me.com |
| Contract Pricing: | | Prices shown herein are Net (discount d | * |
| | Additional Qty. Discount: see price sheets (prices shown herein are Net: 30 days) | | |
| Contractor's Website: | | | re/b2b/z_createcookie.do?shopId=B2B_US |
| Payment/Order Placement | Pure | chases From Primary Contact | Purchases From Alternate Contact |
| Address: | | Billing Will Be From | Billing Will Be From |
| | Philips Hea | | AED Institute of America |
| | | teman Road | 677 Ala Monana Blvd. Suite 605 |
| | Andover, MA 01810 | | Honolulu, HI 96813 |
| | Payments S | Sent To Primary Contact at: | Payments Sent to Alternate Contact at: |
| | Philips Hea | lthcare | AED Institute of America |
| | P.O. Box 1 | 0035 | 677 Ala Monana Blvd. Suite 605 |
| | Atlanta, GA | A 30384-0355 | Honolulu, HI 96813 |
| | | | |
| Orders To Be Sent To: | AED Mark | et | |
| | Philips Hea | lthcare | |
| | | teman Road | |
| | Andover, MA 01810 | | |
| Minimum Orders: | No minimum ordering, although order < \$300 may be subject to shipping charges | | |
| Delivery Time: | Within 120 Days After Receipt of Order (ARO) in accordance with NASPO delivery terms | | |
| | Philips will make reasonable effort to meet Customer's delivery requirements. If Philips is unable | | |
| | to meet Customer's delivery requirements, alternative arrangements may be agreed. In absence of | | |
| Shinning Docting Hore | such agreement, Customer's sole remedy is to cancel the order. | | |
| Shipping Destination: Freight: | Freight on Board (FOB) DestinationPrepaid and Included. (Rush shipping is available for an additional fee) | | |
| Additional Information: | | | |
| Auuuviiai 111191 111auvii; | Instruction or operating manuals shall be furnished for all equipment supplied under this contract at no additional cost to the end user. | | |
| For Philips Healthcar | | formation, go to the following link be | elow: |
| | | normation, go to the following link b | |

PHILIPS RETURN PROCESS: A Returned Goods Authorization (RGA) number is required for all returns and must be obtained prior to returning product to Philips. To obtain a RGA number, call Customer Service at 1-800-225-0230. The RGA number must appear on the outside of the box. All returns after 60 days of shipment shall be subject to a restocking charge. *Customer shall pay all shipping charges for returns*.

Philips does not accept returns of Consumables Products that have been opened, are expired, or damaged. Please contact Philips Healthcare at 800-228-0230 for guidance on any returns. ***Warranty information is located at** http://spo.hawaii.gov/wp-content/uploads/2013/12/PH-Product-Warranty.pdf

Automated External Defibrillators

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| Contractor: | Physio-Control, Inc. | | | |
|-------------------------|---|--|------------------------------------|--|
| | 11811 Will | 11811 Willows Road NE | | |
| | Redmond, WA 98052-2003 | | | |
| Customer Service/Order | | Order Placement Contact | Technical Support Contact | |
| Placement: | Nama | Customer Support | Technical Support | |
| | Name: | (5:00 AM to 4:00 PM PST) | (5:00 AM to 4:00 PM PST) | |
| | Phone: | (800) 442-1142, option 2 | (800) 442-1142, option 5, option 1 | |
| | Fax: | (800) 426-8049 | (800) 426-8049 | |
| Contract Pricing: | Discount: I | Prices shown herein are Net (discount ded | ucted) | |
| _ | | | | |
| | Additional | Qty. Discount: see price sheets (prices sh | own herein are Net: 30 days) | |
| Restocking Fee: | 10% | | | |
| _ | | | | |
| | This fee will be charged to returned goods to vendor in the event of ordering error by the agency. | | | |
| Contractor's Website: | http://www | /.physio-control.com/ | | |
| Payment/Order Placement | | Billing Will Be From | Payments Sent To | |
| Address: | Physio-Control, Inc. | | Physio-Control, Inc. | |
| | 11811 Will | ows Road NE | 12100 Collections Center Drive | |
| | Redmond, WA 98052-2003 | | Chicago, IL 60693 | |
| Orders To Be Sent To: | Same as Contractor Address | | | |
| Minimum Orders: | There is no minimum order requirement. For orders with a line item total less than \$200, a \$10 | | | |
| | processing fee is added to the order. The processing fee applies to orders placed by phone or fax. | | | |
| | Orders placed through the Physio-Control web store will not incur this charge. | | | |
| Delivery Time: | Within 120 Days After Receipt of Order (ARO) in accordance with NASPO delivery terms | | | |
| | | | - | |
| Shipping Destination: | Freight on Board (FOB) Destination | | | |
| Freight: | Prepaid and Included | | | |
| Additional Information: | Instruction or operating manuals shall be furnished for all equipment supplied under this contract at | | | |
| | | no additional cost to the end user. Currently service parts are not available through the Web Store. | | |

For Physio Control's product information, go to the following link below:

http://www.aboutwsca.org/#/contract-details/16/contractor/72

<u>RETURNED PRODUCT POLICY</u>: If Customer desires to return a purchased product, Customer must call Customer Support at 800-442-1142 for information on credit or replacement of any purchased and non-expired product. A Returned Material Authorization (RMA) number will be provided and must be clearly identified on the carton of any returned product. ***Warranty information is located at <u>http://spo.hawaii.gov/wp-content/uploads/2013/12/PC-Warranty-Information.pdf</u>**

Customer must return the product to Physio-Control in its original packaging, unopened, and undamaged, except for product that was received in a damaged condition or as otherwise authorized by Physio-Control, which product may be returned in its existing condition. Physio-Control will not accept the return of a non-defective and conforming product if Customer breaks the security seal on the product.

Physio-Control will provide an RMA and accept the return of any product under any of the following circumstances:

- a) Physio-Control shipped the product in error;
- b) Customer received the product after the product's expiration date;
- c) Customer received the product in a damaged condition;
- d) The product is recalled and must be removed from the market; or
- e) Physio-Control specifically authorized the return of the product (a 10% restocking fee may apply). Product must be returned within 30 days from the date the Customer receives the product, or within 30 days from the date the Customer receives the product, or within 30 days from the date the Customer receives notice of recall, if applicable. *Customer is advised that product returned without an RMA number, or not otherwise authorized, will not be accepted and will be returned to Customer at Customer's expense.*

Automated External Defibrillators



| | ZOLLM | | | |
|-------------------------|--|---|------------------------------------|--|
| Contractor: | ZOLL Medical Corporation | | | |
| | | 269 Mill Road | | |
| | Chelmsford | l, MA 01824-4105 | | |
| Customer Service/Order | | Order Placement Contact | Technical Support Contact | |
| Placement: | Nama | Customer Service | Technical Support Help Desk | |
| | Name: | (8:30am-7:00pm EST, M-F) | (8:30am-6pm EST, M-F; Emergency #) | |
| | Phone: | (978) 421-9440 | 1-800-348-9011 or (978) 421-9655 | |
| | Fax: | (978) 421-0015 | | |
| | E-mail: | esales@zoll.com | | |
| | | | | |
| Contract Pricing: | Discount: H | Discount: Prices shown herein are Net (discount deducted) | | |
| | | | | |
| | Additional Qty. Discount: see price sheets (prices shown herein are Net: 30 days) | | | |
| Contractor's Website: | http://www.zoll.com/ | | | |
| Payment/Order Placement | Billing Will Be From Payments Sent To | | Payments Sent To | |
| Address: | ZOLL Med | lical Corporation | ZOLL Medical Corporation GPO | |
| | 269 Mill Road | | P.O. Box 27028 | |
| | | | New York, NY 10087-7028 | |
| Minimum Orders: | None | | | |
| Delivery Time: | Within 120 Days After Receipt of Order (ARO) in accordance with NASPO delivery terms | | | |
| ÷ | | - • • · · · | - | |
| Shipping Destination: | Freight on Board (FOB) Destination | | | |
| Freight: | Prepaid and Included | | | |
| Additional Information: | Price List can be supplied in electronic pdf format upon request. | | | |

For ZOLL Medical Corporation product information, go to the following link below:

http://www.aboutwsca.org/#/contract-details/16/contractor/73

SERVICE REQUEST PROCESS: You will be given a Returned Material Authorization (RMA) number to track the return of your product. The Technical Support Representative will require the following pertinent information:

- Unit Serial Number
- Description of the complaint
- Department where the equipment is being used
- Patient information if applicable
- ECG strips if available
- Purchase Order number if the device is out of warranty

A Service Loaner is available at no charge during the repair analysis process and is shipped to arrive before 10 AM the next business day. ZOLL pays for the shipping and insurance of the customer unit and the Service Loaner while the unit is under Factory or Extended Warranty. ***Warranty information is located at** <u>http://spo.hawaii.gov/wp-content/uploads/2013/12/ZOLL-Warranty-Information.pdf</u>

NON-WARRANTY RETURN FOR SERVICE: If a device is out of warranty and is returned to ZOLL for service, the Service Depot will evaluate the device to determine if a repair is needed. ZOLL will perform a comprehensive evaluation which could take several hours to complete. If ZOLL's evaluation does not warrant the device to be repaired, an evaluation charge shall apply. ZOLL's Service evaluation charge is a minimum of three (3) hours of Labor plus shipping of the device. If the evaluation warrants the device to be repaired, the total cost of the repair will include parts, labor, and shipping. If you choose to decline the repair, the evaluation charge will then apply. **Current Depot Repair Rate is \$150 per hour. ZOLL does not offer on-site service but will provide loaners within 24 hours.**

Automated External Defibrillators

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