

DAVID Y. IGE
GOVERNOR




SARAH ALLEN
ADMINISTRATOR
MARA SMITH
ASSISTANT ADMINISTRATOR

**STATE OF HAWAII
STATE PROCUREMENT OFFICE**

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

November 30, 2017

TO: Executive Departments/Agencies City and County of Honolulu
Department of Education Honolulu City Council
Hawaii Health Systems Corporation Honolulu Board of Water Supply
Office of Hawaiian Affairs Honolulu Authority for Rapid Transportation
University of Hawaii County of Hawaii
Public Charter School Commission Hawaii County Council
and Schools County of Hawaii-Department of Water Supply
House of Representatives County of Maui
Senate Maui County Council
Judiciary County of Maui-Department of Water Supply
County of Kauai
Kauai County Council
County of Kauai – Department of Water

FROM: Sarah Allen, Administrator 

SUBJECT: **New Price List Contract**
SPO Price List Contract No. 18-09
**NASPO VALUEPOINT AUTOMATIC EXTERNAL DEFIBRILLATORS AND
ACCESSORIES - STATEWIDE**
NASPO VALUEPOINT Solicitation No. SW17300
Expires: October 4, 2018

This new State Procurement Office (SPO) Price List Contract No. 18-09 for NASPO ValuePoint Automatic External Defibrillators and Accessories is effective December 1, 2017.

Zoll Medical Corporation, Cardiac Science Corporation and Physio-Control, Inc. are the authorized vendors listed in this price list contract.

This contract is available on the SPO website: <http://spo.hawaii.gov>. Click on *Price & Vendor Lists Contracts* at the home page.

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

WHERE TO FIND

Information on NASPO ValuePoint.....	2
Participating Jurisdictions / Points of Contact	3-4
Nonprofit Organizations / Authorized Contractors	4
Vendor Codes, HCE, pCard, PO, GET, Payment Terms, Leasing, SPO-12.....	5
AED Product Specifications.....	6-10
Vendor Name Awarded by Category, Agency Instructions – Price Quotes.....	10
Contractor Contact Information	11
Zoll Corporation	12
Cardiac Science Corporation	13
Physio-Control, Inc.	14

**STATE OF HAWAII
STATE PROCUREMENT OFFICE**

SPO Price List Contract No. 18-08
Replaces SPO Vendor List Contract No. 13-12
Effective December 1, 2017

**NASPO VALUEPOINT
AUTOMATIC EXTERNAL DEFIBRILLATORS AND ACCESSORIES -
STATEWIDE**

(NASPO VALUEPOINT RFP SW17300
December 1, 2017 to October 4, 2018)

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 Automatic External Defibrillators and Accessories contract. A request for competitive sealed proposals was issued on behalf of NASPO ValuePoint Cooperative Purchasing Organization and contracts were awarded to three (3) qualified Contractors. The State of Hawaii has signed a Participating Addendum with three (3) Contractors.

This contract offers devices that are classified in three categories. Category I is for Public Access and Infrequent User AED's. Category II is for First responder AED's. Category III is for Professional Defibrillators.

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 price list contract.

Executive Departments/Agencies	City and County of Honolulu
Department of Education	Honolulu City Council
Hawaii Health Systems Corporation	Honolulu Board of Water Supply
Office of Hawaiian Affairs	Honolulu Authority for Rapid Transportation
University of Hawaii	County of Hawaii
Public Charter School Commission and Schools	Hawaii County Council
House of Representatives	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 price 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	Procurement Staff	675-0130	675-0133	doeprocure@notes.k12.hi.us
HHSC	Jeff Dansdill	657-3721		jedansdill@hhsc.org
OHA	Phyllis Ono-Evangelista	594-1833	594-1865	phylliso@oha.org
UH	Matthew Chow Karlee Hisashima	956-2765 956-8687	956-2096 956-2093	chowmatt@hawaii.edu karlee@hawaii.edu
Public Charter School Commission and Schools	Jessica Tanaka	586-3783	586-3776	jessica.tanaka@spcsc.hawaii.gov
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 Specialist	768-5535	768-3299	bfpurchasing@honolulu.gov

Jurisdiction	Name	Telephone	Fax	E-mail
Honolulu City Council	Heather Murakami	768-5084	768-1363	hmurakami@honolulu.gov
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	Purchasing Division	961-8440	961-8248	purchasing@hawaiicounty.gov
Hawaii County Council	Purchasing Division	961-8440	961-8248	purchasing@hawaiicounty.gov
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	Sandy Baz	270-7660	270-7686	sandy.baz@mauicounty.us
County of Maui-Department of Water Supply	Kenneth L. Bissen Holly Perdido	270-7684 270-7684	270-7136 270-7136	ken.bissen@co.maui.hi.us 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: <http://spo.hawaii.gov>. 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 price 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>	<u>Master Agreement Number</u>
Zoll Medical Corporation	SW17300
Cardiac Science Corporation	SW17300
Physio-Control, Inc.	SW17300

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 Price List Contract No. 18-09. *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 PL CONTRACT NO. 18-09 & NASPO VALUEPOINT MASTER AGREEMENT NUMBER SW17300 shall be typed on purchase orders issued against this price list contract. For pCard purchases, the SPO PL Contract No. 18-09 and the NASPO ValuePoint Master Agreement Number 3407 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.

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

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

AED PRODUCT SPECIFICATIONS

CATEGORY I: PUBLIC ACCESS AND INFREQUENT USER AEDs

1. The AED must enhance user performance by displaying visual icons or audible prompts.
2. The AED must guide the rescuer in following the proper rescue sequence.
3. The AED must utilize a biphasic waveform with maximum energy setting of 200 Joules.
4. The AED must be user configurable to adapt to local and changing protocols.
5. The AED must be capable of automatic self-tests of the internal circuitry delivery system.
6. The AED self-test perform automatic daily self-tests or be user programmable for 1-7 day time intervals.
7. The AED must offer the capability of a user-activated manual self-test.
8. The AED must include an easily identifiable on/off switch on the front of the device.
9. The AED must have an easy to use see status indicator that advises users if the unit requires service.
10. The AED must offer an audible tone that sounds if the unit requires service.
11. The AED must record data to an internal memory.
12. The AED must include the ability to download data to a computer.
13. The AED must utilize pre-connected, disposable, single use, self-adhesive electrode(s).
14. The electrode must have a shelf life of at least two years.
15. The AED must have a capable length of at least 48 inches.
16. The AED must include a patient analysis system that automatically evaluates patient ECG or shockable/non-shockable rhythms.
17. The AED must be able to operate in a temperature range of 32 degrees Fahrenheit to 122 degrees Fahrenheit.
18. The AED must have a shock or abuse tolerance that passes the on meter, any edge, corner, or surface drop test in standby mode.

CATEGORY II: FIRST RESPONDER AEDs

1. The pediatric algorithm must alter the default energy levels the AED delivers to pediatric patients to levels of 50, 70 and 85 Joules.
2. The electrode must offer a CPR rate and depth sensor and an adaptive metronome that assists rescuers in performing proper CPR.
3. The AED must offer disposable, single use, self-adhesive electrode(s) for ease of application.
4. The AED must utilize a biphasic waveform.
5. The AED must be capable of operating in semi-automatic and/or manual mode.
6. The AED must have the capability of monitoring a patient with a 3 lead patient cable through ECG electrodes.
7. The energy settings must be user configurable with a pre-set maximum energy setting of 200 Joules or escalating variable energy range up to 360 Joules.
8. The electrode must have a shelf life of at least two years.
9. The AED must invoke a specific pediatric algorithm when pediatric pads are attached.
10. The AED must have an internal memory capable of recording up to 7 hours of continuous information.
11. The internal memory must be configurable to record information on up to four patients.
12. The AED must meet water and particulate ingress ratings of IP55.
13. The AED must have a shock or abuse tolerance that passes the one meter, any edge, corner, or surface drop test in standby mode.
14. The AED must have multiple user configurable prompts.

CATEGORY III: PROFESSIONAL DEFIBRILLATOR SPECIFICATIONS

A. General

1. Unit must be able to digitally record ECG on a standard a removable card (optional).
2. Unit must be able to transmit 12-lead ECG information through a fax/modem card.
3. External paddles must be available.
4. Unit shall have a battery that shall be easily and rapidly replaced.
5. Unit shall have an affixed protective roll cage for added device protection.
6. Unit shall have integral carry bags providing an independent location for each cable.
7. Unit shall be able to be tested through multi-function cable or paddles.
8. Unit must provide testing capability which tests: charging, energy delivery, paddles, multi-function cable testing.
9. Unit must have a test cap to allow multi-function cable testing.
10. Unit must have built-in AC or DC charging as a standard feature.
11. Unit must provide 3 hours typical continuous ECG monitoring time with a new battery.
12. Unit must provide 4 hours typical continuous ECG monitoring time with a new Lithium Ion battery.
13. Unit must provide an OPS Clock Sync feature as a standard option.
14. The device must be capable with the AHA Standards for Advanced Cardiac Life Support basis life support and Pediatric Life Support.
15. The device must be capable of monitoring the ECG with appropriate display and alarm (visual and audible).
16. The device shall provide normal operating capability for ALS users, including semi-automatic external defibrillation, manual defibrillation, synchronized cardio version and external pacing.
17. The unit shall have the capability to do Pulse Oximetry, 12 lead ECG, end-tidal CO2 monitoring, capnography, NIBP, etc.

B. Display:

1. Unit must have a high-resolution color liquid crystal display as a standard feature.
2. Unit must be able to change display from color to black on white or white on black through the push of a button.
3. Unit must have a screen with a sweep speed of 25 mm I sec.
4. Unit must have a screen that provides a minimum viewing time off 4 seconds.
5. Unit must have a display that provides the following information: Heart Rate, Lead/Pads, Alarm On/Off, SPO2, EtCO2, NIBD, AED functions and prompts, defibrillator test function, self-test function, error corrections and faults, Pace functions, Code markers, alarm selection and limits, delivered energy, joule settings, ECG size, Synchronized cardioversion, optional EtCO2 readings, SpO2 readings and NIBP readings.

C. Defibrillator:

1. Unit must utilize a low energy, constant current biphasic waveform.
2. Unit must have the following energy selections available to provider in manual mode operation: 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 15, 20, 30, 50, 70, 85, 100, 120, 150, 200 joules.
3. Unit must meet current AHA specifications for biphasic defibrillation.
4. Unit must allow provider the ability to adjust energy selection controls on device front panel or sternum paddle.
5. Unit must be able to charge to 200 joules in 6 seconds or less with a new fully charged battery.
6. Unit must display energy selected and delivered on monitor display, strip chart recorder and code summary.

7. Unit must have synchronized cardioversion capability with “sync” message displayed on monitor.
8. Unit must have optional paddles that are external anterior/anterior adult and pediatric paddles.
9. Unit must contain a built in defibrillator tester that tests energy output and continuity of the multifunction cable and paddles documented on strip chart recorder and optional PCMCIA card.
10. Unit must have a “Multi-function” cable that is field replaceable.

D. Recorder:

1. Unit must utilize a thermal strip chart recorder.
2. Strip chart recorder must use at least 90mm paper width thermal recoding paper.
3. Strip chart recorder must utilize a 6 second delay.
4. Strip chart recorder must be able to print the following annotations: Time, date, defib. energy, heart rate, pacer output (Pacer version only), QRS sync marker, ECG SIZE, lead, alarm, DEFIB TEST OK/FAIL, ANALYZE ECG, PADS OFFK ANNALYSIS HALTED, NOISY ECG, SHOCK ADVISED, NO SHOCK ADVISED, ECG TOO LARGE and diagnostic bandwidth.
5. Unit must have user configurable print out modes offering manual or automatic recording options initiated by alarm activation or defibrillator discharge.
6. Strip chart recorder must be able to print 3 leads simultaneously, diagnostic bandwidth and a 4x3 12-lead printout.

E. Pacemaker:

1. Unit must utilize a constant current 40 ms pace pulse width.
2. Unit must have a continuously variable current level.
3. Unit must have a continuously variable pacing rate from 30-180 ppm.
4. Pacer parameters must be maintained when switching back to defibrillation or monitor mode.
5. The heart rate alarms must function in the pacing mode.
6. Unit must have mechanism to allow viewing of intrinsic patient rhythm without losing pacing capture.
7. Unit must be configurable for initial setting of pacing rate.
8. Unit must display pacing rate and milliamps on display.
9. The pacer must continue to deliver life-saving therapy in the event an ECG lead falls off.
10. Unit must be able to pace through multi-function or pacing electrodes.

F. 12-lead ECG:

1. The 12-lead parameter must reside within a defibrillator weighing less than 15 lbs.
2. The 12-lead parameter must be able to provide a diagnostic 12-lead ECG 4x3 printout by holding the recorder button for two seconds.
3. The 12-lead parameter must be capable of providing a diagnostic 12-lead ECG printout with interpretation by pressing the acquire button in the 12-lead mode.
4. The 12-lead parameter must allow direct transmission of 12-lead ECG via land or cell phone to a standard fax machine.
5. The 12-lead parameter must provide a user configuration that allows the option of printing detailed measurements along with the interpretation.
6. The 12-lead ECG must be capable of being acquired without entering deep menus and without the use of a trim knob.
7. The unit must offer an optional 0.05 to 40 hz bandwidth.

8. The 12-lead parameter must allow users to easily insert patient name, age and gender using soft keys on the defibrillator.
9. The 12-lead parameter must allow users to print the 12 SL Analysis, including measurements and patient name, age and gender on 90 mm fan-fold paper.
10. The 12-lead parameter must be capable of storing up to 24 pre-programmed telephone numbers facilitating rapid and easy 12-lead ECG transmission.
11. The 12-lead parameter must allow configuration of user defined lead groups for rapid printout and review of pertinent ECG.
12. The 12-lead patient cable must consist of 4 limb leads and a separate V lead cable.
13. The 12-lead patient cable must be capable of providing limb lead signals directly to the defibrillator when only the limb leads are attached.
14. The 12-lead patient cable must accommodate either snap or clip connectors.
15. The 12-lead parameter must be capable of providing an automatic patient identifier using 7 alphanumeric characters.
16. The 12-lead parameter must be capable of providing a device identifier using 3 alphanumeric characters.
17. The unit must be upgradable to allow the use of an integrated Bluetooth option for the wireless transmission of 12-lead and vital sign data via a cell phone or other communication technology.
18. The unit must provide serial communication capability through an RS232 serial port.
19. The unit must be able to transmit 12-lead and vital data both automatically and manually on acquisition.
20. The unit must be able to transmit all data stored on a PC card to a remote hand held device or laptop.
21. The unit must be able to provide the option for both landline and cellular transmission when utilizing a Bluetooth wireless option.
22. The unit must offer the option of direct fax transmission via a Bluetooth option.

G. Pulse Oximetry:

1. The unit must have an integral pulse oximeter or be upgradeable to include an integral Pulse Oximeter.
2. The unit must utilize pulse oximetry that has FDA 51 Ok clearance for use during patient motion and low perfusion.
3. The unit must utilize sensors that work in bright sunlight.
4. The unit must utilize a pulse oximeter with alarms that are user adjustable in the field.

H. Capnography:

1. The unit, when purchased with SpO₂, must have an EtCO₂ port.
2. All units with an EtCO₂ port must be upgradeable to include CO₂ by plugging in a mainstream or sidestream CAPNO 5 sensor.
3. The unit must be able to offer the option to upgrade to either mainstream or sidestream capnography with sensor located outside of the unit allowing easy service and replacement if needed.
4. The defibrillator must be capable of providing continuous EtCO₂ and Respiratory Rate readings as well as a capnogram for on-screen display or print-out.
5. The CO₂ sensors used must not require a yearly calibration check.

I. Non-Invasive Blood Pressure:

1. Unit must be capable of acquiring a blood pressure within a typical measurement time of 30 seconds or less on average.
2. Unit must incorporate oscillometric technology.

3. Unit must display systolic, diastolic and mean pressures.
4. Unit must be capable of taking automatic, stat or manual measurements.
5. Automatic intervals should be user adjustable to 2.5, 5, 10, 15, 20, 30, 45, 60, 90, and 120 minutes.
6. Stat mode must allow up to 10 measurements within 5 minutes.
7. Unit must include an artifact indicator which is displayed when excessive artifact is detected.
8. Unit must display a cuff inflation status bar.
9. Unit be capable of displaying and/or printing up to 4 hours of patient BP history data.

VENDOR NAME AWARDED BY CATEGORY

VENDOR NAME	CATEGORY I	CATEGORY II	CATEGORY III
Zoll Corporation (ZOLL)	X		X
Cardiac Science Corporation (CARDIAC)		X	
Physio-Control, Inc. (PHYSIO)			X

HOW TO UTILIZE THIS PRICE LIST CONTRACT

1. Choose a category that works best for your department.
 - a. If Category I is selected, obtain one price quote from Zoll.
 - b. If Category II is selected, obtain one price quote from Cardiac.
 - c. If Category III is selected, obtain one price quote from Zoll or Physio.
2. Agency shall inform Zoll, Cardiac, or Physio that price quotes are in reference to the **NASPO ValuePoint Automatic External Defibrillators and Accessories Master Agreement No. OK-SW-300 and the State Procurement Office Price List Contract No. 18-09.**
3. Personnel conducting or participating in utilizing this Price/Vendor List Contract shall complete form SPO-010, *Record of Procurement* when an award value is for \$5,000 or greater. When an award value is under \$5,000, form SPO-010 is optional. **FORM SPO-010, Record of Procurement** is available on the SPO website: <http://spo.hawaii.gov>; click on *Forms* on the SPO homepage.
4. Retain documents justifying purchasing in the procurement/contract file.

CONTRACTOR

CONTACT

INFORMATION



CONTRACTOR INFORMATION

Contractor:	ZOLL Medical Corporation 269 Mill Road Chelmsford, MA 01824-4105	
Customer Service/Order Placement:	Order Placement Contact	
	Name:	Customer Service (8:30am-7:00pm EST, M-F)
	Phone:	(978) 421-9440 or (800) 348-9011
	Fax:	(978) 421-0015
	E-mail:	esales@zoll.com
Contract Pricing:	Go to: http://naspo.valuepoint.org/#/contract-details/94/contractor/592 Click on "Zoll_Pricing"	
Contractor's Website:	http://www.zoll.com/	
Payment/Order Placement Address:	Billing Will Be From	
	ZOLL Medical Corporation 269 Mill Road Chelmsford, MA 01824-4105	Payments Sent To
		ZOLL Medical Corporation P.O. Box 27028 New York, NY 10087-7028 Vendor Code: 337328-01
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:
<https://www.zoll.com/medical-products>

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 <http://spo.hawaii.gov/wp-content/uploads/2013/12/ZOLL-Warranty-Information.pdf>**

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.**



CONTRACTOR INFORMATION

Contractor:	Cardiac Science Corporation N7W22025 Johnson Drive Waukesha, WI 53186	
Customer Service/Order Placement:	Order Placement Contact	
	Name:	Customer Service/Order Placement (8:00-4:30 PM, M-F)
	Phone:	(800) 426-0337
	Fax:	(800) 925-2825
	E-mail:	ccpo@cardiacscience.com
Contract Pricing:	Go to: http://naspo.valuepoint.org/#/contract-details/94/contractor/594 Click on "Cardiac Science Pricing"	
Contractor's Website:	www.cardiacscience.com	
Payment/Order Placement Address:	Billing Will Be From	Payments Sent To
	Cardiac Science Corporation N7W22025 Johnson Drive Waukesha, WI 53186	Cardiac Science Corporation P.O. Box 776401 Chicago, IL 60677-6401 Vendor Code: 346619-00
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 with the delivery of each product.	

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

TBD

RETURN INSTRUCTIONS: *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 <http://spo.hawaii.gov/wp-content/uploads/2013/12/CS-Warranty.pdf>**



CONTRACTOR INFORMATION

Contractor:	Physio-Control, Inc. 11811 Willows Road NE Redmond, WA 98052-2003		
Customer Service/Order Placement:		Order Placement Contact	Technical Support Contact
	Name:	Customer Support (5:00 AM to 4:00 PM PST)	Technical Support (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:	Go to: http://naspo.valuepoint.org/#/contract-details/94/contractor/593 Click on "Physio-Control Pricing"		
Restocking Fee:	15% 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 Address:	Billing Will Be From		Payments Sent To
	Physio-Control, Inc. 11811 Willows Road NE Redmond, WA 98052-2003		Physio-Control, Inc. 12100 Collections Center Drive Chicago, IL 60693-0121 Vendor Code: TBD
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: TBD

Physio-Control, Inc. Returned Product Policy: If Customer desires to return a purchased product, Customer must its local Physio-Control representative or the Physio-Control regional sales office 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. 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 15% 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 notice of recall, if applicable. Upon receipt of a properly returned product, Physio-Control will apply full credit to Customer's account or provide replacement. 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.