

City of Rochester Hills, MI	ZOLL Medical Corp	Henry Schein Inc	SOS Technologies, Inc
Automatic Chest Compression Devices	269 Mill Rd.	P.O. Box 3227	4900 N. Elston Avenue
RFP-RH-16-026	Chelmsford, MA 01824	Irmo, SC 29063	Chicago, IL 60630
Type of organization:	Corporation	Corporation	Did not indicate on RFP
Firm established:	1980	1932	1972
Years company has been providing chest compression devices?	11	EMS Division-12 years	2
Provide a list of client references. Briefly describe scope of services performed.	<p><u>Wixom Fire Dept.</u>-1345 N. Wixom Rd., Wixom, MI Bryan Kalis 248-624-1055 Autopulse user since 2013</p> <p><u>Monroe City Fire Dept.</u>-75 Scott St., Monroe, MI Brent Newsom, 734-243-6850 Autopulse user since 2015</p> <p><u>Highland Twp Fire Dept.</u>-250 W. Livingston Rd., Highland, MI James Crunk, 248-887-9050 Autopulse user since 2014</p> <p><u>White Lake Fire Dept.</u>-7420 Highland Rd., White Lake, MI Steve Hannerman, 248-698-3335, Autopulse user since 2008</p> <p><u>Hartland Area Fire Dept.</u>-3205 Hartland Rd., Hartland, MI Jon Dehanke, 810-632-7676, Autopulse user 2015</p> <p><u>Springfield Twp Fire Dept.</u>-10280 Rattalee Lake Rd., Davisburg, MI Matt Strickland 248-625-6699 Autopulse user since 2014</p>	<p><u>Levy County EMS</u>-9010 NE 79th Ave., Bronson, FL 32621 Clayton Drew, 352-558-4487</p> <p><u>Onslow County</u>-612 College Street, Jacksonville, NC 28546 Eric Smith, 910-347-2154</p> <p><u>Broward County Fire Rescue/Logistics</u>-2308B SW 42nd St, Dania Beach, FL 33312 John Spiliotopoulos, 954-625-2971</p> <p><u>Miami Dade Fire Rescue Dept.</u>-6000 SW 87th Ave, Miami, FL Javier Wallis, 786-336-3174</p> <p><u>Bentonville Fire/Rescue</u>-800 SW A Street, Bentonville AR 72712 Larry Horton, Fire Chief 479-271-3151</p>	<p><u>Berkley Public Safety Department</u>-3338 Coolidge Hwy, Berkley MI Mike Crum, 248-658-3380</p> <p><u>Township Ambulance Authority</u>-302 W. State St., Mancelona, MI Wendy Dawson, 231-916-2121</p> <p><u>Farmington Hills Fire Dept.</u>- 31455 W. Eleven Mile Rd, Farmington Hills, MI Jim Etzin, 248-871-2807</p>
Specify length of time that the device will run, assuming one fully charged battery	Thirty minutes on a nominal patient	One hour with nominal patient	3 hours at 100 BPM with 2 in. compressions
Describe the process necessary to update the device if national CPR standards are updated. Is this manual or automated process?	The process to update the Autopulse if national standards change, would depend on what the changes are. In the past, upgrades have been software upgrades done by ZOLL representative. The recent 2015 changes did not require any upgrades to the Autopulse device.	The Lifeline ARM compression module incorporates a USB port, allowing for it to be updated in the field and adaptable to future resuscitation requirements. This also supports data recovery for post event review.	This is a manual process. If the national standards are changed, a representative of Resuscitation International will either come to the business location or organize shipment Resuscitation International's place of business to complete the update.
Specify the length of time that it takes to recharge a battery, assuming full discharge.	Less than 4 1/4 hours at 77 degrees Fahrenheit.	A battery will fully charge in less than 3 hours in the unit, or less than 2 hours in the optional cradle.	6 hours for the first use; 15 minutes per hour used (unless depleted 100%, in which case 6 hours is necessary).
Automatic Chest compression device Dimensions and Weight.	32.5 inches by 17.6 inches by 3.0 inches. Weight is 20.5 lbs	23.5 x 20.75 x 9 inches assembled 20 x 20 x 10 inches in carry case 15.9 lbs.	22" L x 12" H x 13" D. The total weight of the unit is 17.3 lbs.

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Explain the process used to ensure the City staff is fully trained and proficient in the operation and maintenance of the device. Be sure to include a discussion of how new employees are to be trained, and how often retraining is necessary. If subcontractors are involved in the training, identify subcontractor's name and experience in the training proposed.	The City Staff will be trained by a paramedic clinical deployment specialist, that is an employee of ZOLL Medical Corporation, and has used the device professionally. ZOLL will provide as many training sessions as the customer requires, as well as ride alongside if requested. Ongoing training will be done by a train the trainer technique, so that the department will be able to support their current staff, as well as any new staff.	Defibtech would be more than happy to provide in-service training as needed. In order to safely and effectively operate the RMU-1000 ACC, it is the responsibility of the operate to obtain the following training: 1) RMU-1000 ACC training in accordance with the user manual including handling of the actual device-Defibtech provided. 2) CPR Training in accordance with resuscitation guidelines as required by local, state, provincial, and/or national regulations, e.g. American Heart Association, European Council of Resuscitation. 3) Thorough knowledge and understanding of the material presented in the user manual . It is intended to be used by qualified medical personnel certified to administer CPR (e.g. first responders, ambulatory personnel, nurses, physicians or medical staff)	Training is provided directly by the manufacturer to all Michigan Reps on current devices and any new devices on-site training. Continuing education with device occurs once a quarter.
Describe the warranty terms, and procedures to be followed if a warranty claim is filed.	Will be free from defects in material and workmanship under normal use, and service for a period of one (1) year from shipment date. The autopulse battery is warranted for one (1) year, from date of shipment, if maintained according to the Autopulse battery management program. Accessories and disposables have 90 day warranty from shipment date.	The products shall have a warranty period of one (1) year beginning on the date of delivery. The warranty period for a single use product and products having an expiration date shall end upon the earlier of use, expiration (if applicable), or end of the warranty period. Any warranty service, including but not limited to repair or replacement shall not extend a product's warranty period. Attachment provided.	The warranty covers any mechanical or software defects that the unit may have. It does not cover customer damage (e.g. dropping, etc.) In the event that you have to make a warranty claim, a loaner device will be provided to the customer while the defective device is repaired or replaced. The manufacturer must be contacted to file a claim, though your SOS rep would be happy to assist in process.
Describe the terms or circumstances , if any, in which a discount may be offered the City.	ZOLL has provided a quote for five (5) Autopulse system promotional packages. This quote includes three (3) batteries per system at no charge, if all items within the quote are purchased in a single order. This promotional package can be extended to a sixth system purchase if so desired by the Rochester Hills Fire Dept.	Currently offering best price per this bid.	Discount already applied
If other than standard shipping time for any specified item, please indicate the estimated delivery date after the receipt of the City's order, clearly, identifying the item for which shipping will differ.	Capital Equipment ships within 60 business days. ZOLL accessories ship within 7-10 business days,	7-21 days -ARO-Pending MFT	Order will be received by the customer within 30 days of placing the order with SOS Technologies.
Cost Proposal Automatic Chest Compression Device, Spare Battery, Carrying Case and Training			
Proposed Manufacturer	ZOLL Medical Corporation	Defibtech	Resuscitation International
Proposed Manufacturer Model Number	AutoPulse® System with Pass Thru Model 8700-0730-01	LifeLine Arm RCF-A1000EN	A03-01-000
Quantity - 5	5	5	5
Unit Cost	\$14,564.00 per package	\$8,518.19	\$13,158.00
Extended Cost	\$72,820.00	\$42,590.95	\$65,790.00
City has a certain budget to work with. In the event the City is able to purchase six (6) is there any additional discount to the unit cost?	No	No	No
If so, what is the unit cost of the device?			\$9,560.00

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Can your company provide consumables for the device?	Yes	Yes	Yes
Indicate the type of discount used to compute cost for consumable products.	3% from list price	15% from list website-www.henryschein.com	20% below list price
Is the pricing schedule for the consumables firm for a period of one year from the date of contract award?	Yes	Yes	Yes
Additional information or points not addressed.	None listed	None listed	None listed
Specifications/literature for proposed devices included?	Yes	Yes	Yes
Delivery (FOB Destination) days to delivery from receipt of order	60 days	10-24 days	30 days
Initial to acknowledge that delivery is to be FOB-no additional delivery charges	Initialed	Initialed	Not Initialed
Have you included a completed W-9	Yes	Yes	Yes
Are you using a company vehicle to deliver if awarded?	No	No	No
If yes, can you meet the City's insurance requirements	N/A	N/A	N/A
Does your company accept MasterCard for payment?	Yes	Yes	No
If yes, state any fees applicable?	N/A	None	
Desired payment method?	Credit Card	Not specified on proposal	ACH
Dated: 7/22/16			

City of Rochester Hills, MI	Physio-Control, Inc.	Allied 100, LLC	QuadMed
Automatic Chest Compression Devices	11811 Willows Road NE	1800 US HWY 51 North	11210-1 Phillips Industrial Blvd.
RFP-RH-16-026	Redmond, WA 98052	Woodruff, WI 54568	Jacksonville, FL 32256
Type of organization:	Corporation	Corporation	Did not indicate on RFP
Firm established:	1955	2002	1992
Years company has been providing chest compression devices?	9+ years	Approximately 2 years	5 plus years
Provide a list of client references. Briefly describe scope of services performed.	<p><u>Bloomfield Township</u>-4200 Telegraph Rd., Bloomfield Hills, MI Chris Whitehead 248-433-7747</p> <p><u>Birmingham Fire Department</u>-572 S. Adams Rd., Birmingham, MI John Connaughton, Assistant Chief, 248-530-1900</p> <p><u>Oakland Township Fire Dept.</u>-4393 Collins Rd., Rochester, MI Greg Ball, 248-651-6930</p>	<p><u>UW Stevens Point</u>-101 George Stein Blvd., Stevens Point, WI Jeff Kracher, 715-346-3901. AEDs and Accessories.</p> <p><u>Cal-Fire</u>-324 Alerpoint Road, Garberville, CA 95542 David Brockman, 707-923-2645. AEDs and Accessories</p> <p><u>Nicolet College</u>-5364 College Drive, Rhinelander, WI 54501 Dana Baumgartner, 715-365-4453. AEDs, Accessories, Chest Compression Device, CPR training and CPR supplies.</p>	<p>Customers that have ordered the LifeLine Arm Devices:</p> <p><u>Jefferson County Fire Rescue</u>-57 Martin Rd., Monticello, FL 32344 Holly Megna, 850-342-0182</p> <p><u>Greene County Fire Rescue</u>-815 W. Summer St., Greenville, TN Dinae Swatzell, 423-798-1703</p> <p><u>Desoto Fire Rescue</u>-211 E. Pleasant Run, Desoto, TX 75115 Bryan Southard, 972-230-9680</p> <p><u>Turner County Fire</u>, 625 E. Washington Ave., Ashburn, GA Larry Lang, 229-567-3501</p>
Specify length of time that the device will run, assuming one fully charged battery	Run time: 45 minutes (typical)	One hour (normal patient)	One hour on normal patient
Describe the process necessary to update the device if national CPR standards are updated. Is this manual or automated process?	If national CPR standards are updated, the LUCAS 2 chest compression device is updated manually.	Unknown-The Defibtech is a new device that is up to date with the current standards.	A USB port on the compression module enhances the Lifeline ARM's serviceability in the field, and makes it adaptable to future resuscitation requirement maintenance functions, such as retrieval of event data, and software upgrades, can be performed through a connection to a personal computer loaded with Defibtech ACC support software. A service indicator light on the compression module flashes to indicate when it is time for periodic servicing. It would require someone to manually update, but automatically tells you when its needed.
Specify the length of time that it takes to recharge a battery, assuming full discharge.	Maximum battery charge time: Less than 4 hours at room temperature.	Two different ways. Charging station with 1 battery is 2 hours. Charging station with two batteries is 3 hours. AC adapter (during use or after use) less than three hours.	Less than 3 hours in ACC/Less than 2 hours in external battery pack charge station.
Automatic Chest compression device Dimensions and Weight.	25.6 x 13 x 9.8 inches stowed in backpack. 17.2 lbs including battery.	Weight is 15.9 pounds with battery pack. Dimensions assembled: 23.5 x 20.75 x 9 inches. In carry case: 20 x 20 x 10 inches	23.5 x 20.75 x 9 inches-Assembled/15.9 lbs. with battery pack

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Automatic Chest Compression Devices	11811 Willows Road NE	1800 US HWY 51 North	11210-1 Phillips Industrial Blvd.
RFP-RH-16-026	Redmond, WA 98052	Woodruff, WI 54568	Jacksonville, FL 32256
Explain the process used to ensure the City staff is fully trained and proficient in the operation and maintenance of the device. Be sure to include a discussion of how new employees are to be trained, and how often retraining is necessary. If subcontractors are involved in the training, identify subcontractor's name and experience in the training proposed.	There are multiple training formats. In-person, web-based, train-the-trainer. Vendor may propose their preferred method. Proposals should be based on 50 trainees. A minimum of three separate sessions should be planned, if on-site training is proposed. All training shall be conducted by qualified, professional trainers.	They can offer web based training with one of their employees who has experience with Chest compression devices. Training can take place via skype/webcam at any time.	Training is very simple. They train the trainer via video conferencing or by a one-time on-site face-to-face training. Once trained, no additional re-training is necessary. New employees can be trained by existing personnel in the use of the device. The only maintenance required is a Preventative Maintenance after approximately 18 months of use or 1.2 million cycles.
Describe the warranty terms, and procedures to be followed if a warranty claim is filed.	The new LUCAS Chest Compression System is covered with a one (1) year limited warranty. Terms are available in the Physio-Control Limited Warranty enclosed in Section 3 of this response.	Unit comes with one year warranty with the manufacturer. They would direct the City to contact them direct to work on warranty claims.	Included coverage is 1 year mfg warranty on device and reusable accessories. Simply ship in the LifeLine Arm module and Defibtech will service and if needed, repair it, and ship back promptly. Additional extended warranty available at additional cost. Attachment provided.
Describe the terms or circumstances, if any, in which a discount may be offered the City.	See Section 3 of the quote for complete pricing information.	Currently have a great discount added to quotation for the size of order the City is looking for.	N/A
If other than standard shipping time for any specified item, please indicate the estimated delivery date after the receipt of the City's order, clearly, identifying the item for which shipping will differ.	Estimated delivery is 30 days after receipt of valid purchase order, subject to product availability.	UPS Ground shipping is two business days. Free UPS ground shipping. Item comes with a 6 week lead time.	Two weeks after order is placed.
Cost Proposal Automatic Chest Compression Device, Spare Battery, Carrying Case and Training			
Proposed Manufacturer	Physio-Control	Defibtech	Defibtech
Proposed Manufacturer Model Number	11576-000039 11576-000055 99576-000024	Device: RCF-A1000EN Spare Battery: RBP-G1000GG	LifeLine Arm
Quantity - 5	5 of Each	5	5
Unit Cost	11576-000039 \$584.17 each 11576-000055 \$294.22 each 99576-000024 \$12,480.40 each Ground Shipping \$185.00	\$10,820.00	\$8,045.00
Extended Cost	\$66,978.92 for total of above	\$54,100.00	\$40,225.00
City has a certain budget to work with. In the event the City is able to purchase six (6) is there any additional discount to the unit cost?	Please contact Physio-Control Sales Representative for pricing information.	No. Have provided the lowest price they are able to provide.	No
If so, what is the unit cost of the device?			N/A

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Can your company provide consumables for the device?	Yes	Yes	Yes
Indicate the type of discount used to compute cost for consumable products.	Please contact Physio-Control Sales Representative for pricing and contract information.	They would like to put together a formal quotation for consumables to apply discounting. They do not have a standard percentage.	10%
Is the pricing schedule for the consumables firm for a period of one year from the date of contract award?			Yes
Additional information or points not addressed.	Please contact Physio-Control Sales Representative for pricing information.	It is recommended to replace the pad that touches the persons chest after every use to refrain from transferring germs. You can clean it, however replacing is recommended. A single pad is \$32.00 and three pads are \$92.00	N/A
Specifications/literature for proposed devices included?	Yes	Yes	Yes
Delivery (FOB Destination) days to delivery from receipt of order	30 days subject to product availability. \$185 Shipping and handling fee	Approximately 6 weeks	14 Days
Initial to acknowledge that delivery is to be FOB-no additional delivery charges	Not initialed	Initialed with an X	Initialed
Have you included a completed W-9	Yes	Yes	Yes
Are you using a company vehicle to deliver if awarded?	No	No	No
If yes, can you meet the City's insurance requirements	N/A	N/A	N/A
Does your company accept MasterCard for payment?	Yes	Yes	Yes
If yes, state any fees applicable?	None	No additional fees	
Desired payment method?	Credit Card	Accept all methods of payment	Credit Card
Dated: 7/22/16			