



CATHOLIC DIOCESE OF HOMA BAY

ST PAUL'S MISSION HOSPITAL

P. O. BOX 426 – 40300 HOMA BAY, TELEPHONE: +254111817447

TENDER NO: SPMH/TND/2026/012

TENDER NAME: SUPPLY OF MEDICAL OXYGEN & PREVENTIVE MAINTENANCE OF OXYGEN PLANT

1. INVITATION TO TENDER

St. Paul's Mission Hospital invites sealed tenders from eligible candidates for the supply and delivery of Medical Oxygen and the quarterly preventive maintenance of our onsite Oxygen PSA Plant for a period of two (2) years.

- **Tender Closing Date:** February 15, 2026, at 10:00 AM.
 - **Site Visit (Mandatory):** February 05, 2026, at 11:00 AM (Hospital Bio-Med Dept).
-

2. TECHNICAL SPECIFICATIONS (The "Must-Haves")

Bidders must meet the following clinical and technical requirements:

Part A: Medical Oxygen Supply

- **Purity Level:** Minimum 99.5% for liquid/cylinder oxygen (Medical Grade).
- **Cylinders:** Must be color-coded according to international standards (Black body, White shoulder).
- **Valves:** Must be compatible with standard hospital flowmeters (Pin-index or Bullnose).
- **Lead Time:** Emergency refills must be delivered within **4 hours** of notification.

Part B: Oxygen Plant Maintenance

- **Scope:** Quarterly service of the PSA (Pressure Swing Adsorption) unit, including filter replacements, compressor oil changes, and purity sensor calibration.
 - **Certification:** Maintenance must be performed by a technician certified by the Original Equipment Manufacturer (OEM).
 - **Uptime Guarantee:** The contractor must guarantee 98% plant uptime.
-

3. MANDATORY EVALUATION CRITERIA

Bidders will be disqualified if they fail to provide:

1. **Pharmacy and Poisons Board (PPB)** license for the manufacture/distribution of Medical Gases.
 2. **Calibration Certificates** for the equipment used to test gas purity.
 3. **Proof of 3 similar contracts** with hospitals of equal or larger size (attach recommendation letters).
 4. **Insurance:** Public Liability Insurance of at least KES 5,000,000.
-

4. PRICE SCHEDULE (Format to be filled by Bidder)

Item Description	Unit of Measure	Unit Price (KES)
Medical Oxygen (Size J Cylinder - 6.8m ³)	Per Cylinder	
Medical Oxygen (Size F Cylinder - 1.5m ³)	Per Cylinder	
Quarterly Preventive Maintenance (Labour)	Per Quarter	
Emergency Call-out Fee (After Hours)	Per Visit	

5. DECLARATION OF COMPLIANCE

We, the undersigned, declare that:

- We have visited the site and understand the technical requirements.
- We will maintain a safety buffer of at least 20 cylinders at the hospital at all times.
- We agree to the hospital's 30-day credit payment terms.

Authorized Signature: _____

Company Stamp: _____

Date: _____