

**PRE-PURCHASE QUESTIONNAIRE**

**FORM PPQ – January 2002**

Produced by

**NHS Purchasing and Supply Agency, Scottish Healthcare Supplies, Northern Ireland CSA Regional Supplies Service and Welsh Health Supplies in conjunction with the Association of British Healthcare Industries**

This form is intended to supply prospective purchasers with information about equipment being considered for purchase. It is intended principally for pre-purchase information on electrical medical, dental, ophthalmic and laboratory equipment. The form may also be used for other products, including non-electrical items, and to give information prior to equipment being supplied on loan, in which case not all the questions will be relevant. Please ensure all relevant questions are answered.

<i>For issue and completion by purchaser:</i>			
<b>PPQ Master Reference:</b>			
<i>A unique reference (preferably ten characters maximum) must be given by the supplier:</i>			
<b>Supplier's Reference:</b>	Itouch Sure		
Equipment Description / Model:	Single Channel EMS Unit		
Country of Origin:	China	Manufacturer:	Tenscare Ltd
Supplier:	Tenscare Ltd		
Telephone No:	01372 723434	Fax No:	01372 745434

**CE MARKING**

1. a) Does the product carry the CE marking? YES  NO

b) If YES, to which EC Directive(s):

i) Active Implantable Medical Devices Directive (90/385/EEC) YES

ii) Medical Devices Directive (93/42/EEC) YES

If YES, state classification of device (93/42/EEC Annex IX) IIA

iii) *In Vitro* Diagnostic Medical Devices Directive (98/79/EC) YES

If YES, is the device:

(a) For self-testing? YES

(b) Covered by Annex II List A? YES

(c) Covered by Annex II List B? YES

(d) None of the above? YES

For ii) and iii) above, Identification No. of Notified Body, if applicable 0473

iv) EMC Directive (89/336/EEC) YES

v) Low Voltage Directive (73/23/EEC) YES

vi) Other Directive(s) (please specify)

2. a) Is the product a 'custom-made device' (93/42/EEC)? YES  NO

b) Is the product intended for 'clinical investigation' (93/42/EEC) or 'performance evaluation' (98/79/EC)? YES  NO

If YES to a) or b) above, does the device comply with the UK Medical Devices Regulations? YES  NO

**MANAGEMENT SYSTEM STANDARDS**

3. a) Is the manufacturer currently registered to any management system standards (eg ISO 9001, ISO 14001, EN 46001)? YES  NO

If YES, please state the standard(s): ISO 9001 EN46001

b) Is the supplier's service and repair organisation currently registered to any management system standards? YES  NO

If YES, please state the standard(s):

**SAFETY STANDARDS**

4. For devices not CE marked to 1 b) i), ii) or iii) above, with which safety standard(s) does the product comply?

Standard	Test House	Certificate Number	Date

For Supplier's Reference:  
**Itouch Sure**

**SERVICE / SPARES / INSTALLATION**

5. Is service/repair information available? YES  NO  If NOT f.o.c. please state current price  and indicate contents below:

<i>(please answer YES, NO or N/A)</i>	Full circuit diagrams	YES	Fault finding procedure	N/A	Preventative maintenance	N/A
	Repair information	N/A	Spare parts listing	YES	List of special tools/test equipment/etc	N/A

If YES, please state whether also available on: Disk  Website  If Web, please state address

6. a) In addition to the service/repair information/manual, will training be required before competent technical personnel can provide:

<i>(please answer YES, NO or N/A)</i>	First-line maintenance	NO	Calibration	NO
	Planned preventative maintenance	NO	Repair	NO

b) Is the supplier able to provide this training for the purchaser's or a third party's technical personnel? YES  NO   
 If YES, will this be free of charge?  Or chargeable?   
 If NO, please indicate if details of an organisation which is able to provide this training are available on request? YES  NO

7. a) Is the supplier able to provide an 'as required' repair/maintenance service in the UK? YES  NO

b) Is the supplier able to provide a contract repair/maintenance service? YES  NO   
 If YES, please confirm that details of repair/maintenance contracts are provided on a separate sheet. YES

c) i) If repairs are normally performed by the supplier on the purchaser's site, please state typical response time:

ii) If repairs are performed off-site, where will these be carried out? REPAIR BY REPLACEMENT ONLY  
 Company:  Location:  Typical turnround time:

iii) Is free of charge loan equipment normally available? YES  NO

8. Please state if repair parts will be available to the purchaser's or a third party's suitably trained and equipped personnel: YES  NO

9. Please indicate when this model was first placed on the market:

10. For how many years from the date of last manufacture is the supply of spare parts guaranteed?

11. Is installation necessary? YES  NO

If YES, please confirm that details of all services required are provided on a separate sheet: YES

12. Will software upgrades be notified? NOT APPLICABLE YES  NO

**RADIOACTIVE EMISSIONS**

13. Does the product contain a source of ionising radiation or is it capable of emitting ionising radiation? YES  NO

**DECONTAMINATION**

14. Does decontamination/sterilization require the use of specific equipment? YES  NO

If YES, please state equipment type and parameters of operation (eg temperature, pressure, etc):

**WARRANTY**

15. Please confirm that a copy of the warranty is provided on a separate sheet: YES

**DECLARATION**

When reference is made to this form and its attachments within the process of obtaining the item, we agree that the purchaser will be entitled to rely upon the contents and subsequent non-compliance with the statements contained herein will entitle the purchaser to seek redress.

Name:	Andrew Brown	
Position:	Sales Manager	[Date] 17 <sup>th</sup> January 2010
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