FRESNO COUNTY SUPERINTENDENT OF SCHOOLS

REQUEST FOR QUALIFICATIONS

DESIGN AND BUILD OF
MOBILE HEALTH UNIT

November 9, 2020

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PART 1
DESCRIPTION OF PROJECT AND RFQ PROCESS

SECTION 1: INTRODUCTION AND OVERVIEW.

The Fresno County Superintendent of Schools ("FCSS") serves 32 school districts and more than 200,000 students and operates as a safety net for students with special needs by offering services for migrant, special education, and court and community school students. FCSS operates, through its Health Services Department, general health and dental services to students in grade levels kindergarten through 12.

The objective of this Request for Qualifications ("RFQ") is to identify and select the best value design-build contractor ("Contractor") for the design and building of a Class C mobile health unit ("Unit"). FCSS is looking for and will award the contract, if FCSS chooses to do so, to the Contractor who demonstrates the skills, experience, qualifications, proven performance, and maintenance support to perform the required services and who submits the response that contains the best combination of price, design proposed for the Unit, services to be provided, warranty, and overall thoroughness of proposal, and responsiveness to this RFQ. In making its selection, FCSS reserves the right to take these factors and other factors and information as FCSS sees fit into account.

Funding for the Unit is through a grant ("Grant") obtained by FCSS from Kaiser Permanente ("KP"). Funding deadlines and requirements of the Grant have been incorporated into this RFQ and the Contract as appropriate. FCSS expects that the selected Contractor will work with FCSS to meet the requirements of the Grant and to complete any reports and other paperwork required by the Grant and/or KP.

SECTION 2: PROJECT REQUIREMENTS AND ASSUMPTIONS.

2.1 GENERAL REQUIREMENTS. The Unit should be of the highest quality and durability to handle frequent, heavy use and extreme weather conditions. The spaces should function without distraction from environmental factors such as noise and temperature.

- Unit must be a Class C vehicle
- Unit must run on diesel fuel
- Unit must have two doors to accommodate flow of parents and patients
- Unit must be compliant with the Americans with Disabilities Act to the maximum extent practicable. All areas and equipment must be able to accommodate regular use by individuals up to 350 pounds
- All areas must be able to accommodate use by individuals up to 6’6” in height
- Unit must have a heavy duty wheelchair lift

2.2 ADDITIONAL EQUIPMENT THAT WILL BE IN THE UNIT (Not in Design-Build Contract). The Unit must be able to accommodate use and storage of the following equipment that will be provided by FCSS. Specification sheets are attached as Appendix A.

- Welch Allyn SPOT Vision Screener
- Welch Allyn OAE Hearing Screener Package (39500)
- Maico Air/Bone Audiometer (MA 41)
- Cardiac Science G5 Automatic AED
• Technology equipment [wall mounted computer monitors, hard drives, keyboards, mice, shared printer, and associated technology for high speed internet]

2.3 FUNCTIONAL SPECIFICATIONS. The Unit will be used to provide health services to students in Fresno County, California by traveling to school sites in order to reach students who otherwise would not have access to health services. A sample of the services that would be provided using the Unit includes: physical exams, hearing and vision screenings, immunizations, and lab tests. Proposals must, at a minimum, address each specific area of functional use and general parameters. Statistics on anticipated Unit usage are listed below:

- Anticipated annual mileage: 5,000 miles
- Average trip length: 25 to 60 miles round trip
- Annual number of trips: 100-140 per year
- Students served per trip: 12-15 on typical clinic, 30-35 on special event clinics
- Age range of students served: 3 to 21
- Unit staff, including driver: 3

Functional Specifications

<table>
<thead>
<tr>
<th>TWO EXAM SPACES</th>
<th>LAB AND IMMUNIZATIONS SPACE</th>
<th>CLERICAL AND WAITING AREA</th>
<th>RESTROOMS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Functionality and Use</td>
<td></td>
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<tr>
<td>• Provide physical and sick exams</td>
<td>• Measure height/weights</td>
<td>• Greet parents and students</td>
<td>• General restroom functionality for staff</td>
</tr>
<tr>
<td>• Provide patient counseling and health education</td>
<td>• Take vital signs</td>
<td>• Waiting area for parents and patients</td>
<td>• Collection of urine specimens</td>
</tr>
<tr>
<td>• Administer vaccines and medications</td>
<td>• Provide immunizations</td>
<td>• Complete registration paperwork</td>
<td>• Hand-washing for staff and visitors</td>
</tr>
<tr>
<td>• Provide hearing and vision screenings</td>
<td>• Process immunization and medical records</td>
<td>• Advise and counsel parents regarding medical insurance and provide appointment reminders</td>
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</tr>
<tr>
<td>• Draw up to 15 diagnostic labs (such as urinalysis and blood draws)</td>
<td>• Provide patient counseling and health education</td>
<td>• Process Medi-Cal applications</td>
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<tr>
<td>• Take vital signs</td>
<td>• Analyze samples including: Cholesterol, HgbA1c, random glucose, blood lead, hemoglobin, urinalysis (dipstick)</td>
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<tr>
<td>• Telemedicine station</td>
<td>• Administer medications</td>
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<tr>
<td>Defining Characteristics</td>
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<tr>
<td>• Accommodate 2-3 people in each room at one time</td>
<td>• Double locked spaces for medication, syringe and supply storage</td>
<td>• Desk/reception are to accommodate 1 clerical and 1-2 parents at a time</td>
<td>• Space to accommodate an adult and child</td>
</tr>
<tr>
<td>• Accommodate persons up to 350-400 pounds</td>
<td>• Pharmacy-grade refrigerator and freezer space for medications and vaccines (refrigerator temp: 36°-47°, freezer temp: 0° and below and both need medical grade adjustable thermometers)</td>
<td>• Laptop computer work station with multi-function printer and paper storage</td>
<td>• Toilet /with double function flusher</td>
</tr>
<tr>
<td>• Sink with hot/cold water for hand washing</td>
<td>• Microwave (small)</td>
<td>• Seating for 3-4 people</td>
<td>• No seating in front of bathroom</td>
</tr>
<tr>
<td>• Adjustable height exam table</td>
<td>• Laptop computer work station with printer and paper storage</td>
<td>• Physical separation from front driving area (via curtain or accordion door)</td>
<td>• Hot and cold running water</td>
</tr>
</tbody>
</table>
2.4 **PROJECT ASSUMPTIONS.** RESPONDENTS ARE ASKED TO MAKE THE FOLLOWING GENERAL PROJECT ASSUMPTIONS:

- All work will be done at the Contractor's plant.
- All work of Contractor will be done during normal business hours.
- Required completion date of October 1, 2021

2.5 **PROJECT PHASES.** FCSS anticipates that the Contractor will perform the work on the Unit in two phases.

2.5.1 *Phase One.* In the first phase, the Contractor will work, coordinate, and communicate with FCSS to prepare the design of the Unit, obtain FCSS’s final approval of the design, and obtain approvals of the design from all governmental agencies with authority to approve the design of the Unit. With regard to the proposed design for the Unit that the selected Contractor submitted in response to this RFQ, after selection of the Contractor and execution of the Contract, FCSS will collaborate with the selected Contractor to revise, if necessary, and finalize the design of the Unit to meet FCSS needs as a part of the design-build process. The final design of the Unit must be approved by FCSS and, if applicable, by other governmental agencies that have authority to approve such design.

2.5.2 *Phase Two.* FCSS and the selected Contractor shall negotiate in good faith to agree upon a price for building of the Unit. If FCSS and the selected Contractor are not able to agree upon a price for building of the Unit, FCSS may contract with any third party to construct the Unit.

2.6 **INSURANCE AND PERFORMANCE BOND.** All Contractors must maintain and provide proof of each of the following in the specific amounts set forth in Section 4: Submittal Requirements: Performance Bond, Commercial General Liability Insurance, Commercial Automobile Liability Insurance, Professional Liability Insurance, Workers Compensation Insurance, Employer's Liability Insurance.

2.7 **COMPLIANCE WITH APPLICABLE LAWS.**

2.7.1 *Design and Building of Unit.* The selected Contractor must be knowledgeable and experienced in all laws and requirements applicable to the Unit and must design and construct the Unit such that FCSS will be able, in accordance with all applicable laws, to operate and use the Unit as a Class C vehicle under California law to provide health services to students in grades kindergarten through 12. The Contractor will be solely responsible for coordinating and communicating with governmental agencies that have jurisdiction to issue permits or approvals, or to inspect the Unit for compliance with applicable laws and requirements, and for obtaining such permits, approvals, or inspection from such governmental agencies, and, if applicable, the California Department of Motor Vehicles and Fresno County Department of Health. Contractor is expected to be inclusive in any proposal with regard to obtaining all necessary permits, including but not limited to permits required by the State of California; Contractor shall pay all taxes and regulatory fees.

All products, components, construction, and installations must comply with applicable codes, standards, and rating methodologies, including but not necessarily limited to the following:
• If any equipment containing hazardous materials are to be provided by the respondent, then the environmental impact of the hazardous material usage must be discussed, including any special maintenance requirements and proper disposal/recycling of the equipment at the end of its useful life. Equipment containing hazardous materials must comply with the EPA Landfill Disposal Requirements. Any additional costs and/or County Office responsibilities related to equipment containing hazardous materials must be clearly identified.

• Occupational Health and Safety Administration (OSHA) directives.

• All system components and design and building work must comply with the requirements of the California Department of Motor Vehicles and the US Department of Transportation. The selected vendor is responsible for securing approval for all elements of the proposed Unit from approving agencies.

2.7.2 Non-Discrimination. Sections 11135 and 12940 of the California Government Code, which prohibit employment discrimination on the basis of race, religious creed, color, national origin, ancestry, physical disability, mental disability, medical condition, marital status, or sex. Workers’ safety laws, including but not limited to regulations promulgated by Cal-OSHA.

2.8 WARRANTY AND SERVICE CONTRACT REQUIREMENTS.

2.8.1 All respondents must offer comprehensive onsite training on Unit operations, safety and maintenance consistent with the warranty and service contract provisions.

2.8.2 The respondent’s standard warranty coverage should be at least two (2) years and should include repair and/or replacement of defective parts (equipment and labor).

2.8.3 All work performed by Contractor must not render void, violate, or otherwise jeopardize any manufacturer’s warranty of equipment or components incorporated into the Unit.

SECTION 3. RFQ AND PROJECT SCHEDULE.

3.1 RFQ AND PROJECT SCHEDULE.

<table>
<thead>
<tr>
<th>Milestone</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>RFQ released to vendors</td>
<td>November 9, 2020</td>
</tr>
<tr>
<td>Pre-submittal conference: 9:00 a.m., by virtual means (such as Zoom or Microsoft Teams)</td>
<td>November 17, 2020</td>
</tr>
<tr>
<td>Written questions due (“Question Deadline”):</td>
<td>November 20, 2020</td>
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<tr>
<td>Answers provided by:</td>
<td>November 30, 2020</td>
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<tr>
<td>“Submission Deadline”: All responses to this RFQ be received by FCSS, attention to Alma McKenry, at the address stated on the front page of this RFQ:</td>
<td>Before 5:00 p.m. on December 7, 2020</td>
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<tr>
<td>FCSS review of proposals expected to be completed:</td>
<td>December 14, 2020</td>
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<td>Interview as determined appropriate by FCSS:</td>
<td>TBD</td>
</tr>
<tr>
<td>Award of Contract:</td>
<td>January 4, 2021</td>
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</table>
SECTION 4. RFQ PROCESS AND RESPONSE REQUIREMENTS.

4.1 FORMAT AND CONTENT OF RESPONSES. Each response must comply with the following:

4.1.1 Transmittal letter: Include a transmittal letter signed by one or more persons authorized to sign contracts on behalf of the respondent and state that the respondent has carefully read all the provisions in the RFQ.

4.1.2 Contractor Discussion: In three page or less, contractor will describe how items in this RFQ will be addressed.

4.1.3 Questionnaire: Include a Questionnaire, the form of which respondent must obtain from FCSS. An electronic version of the Questionnaire is included as a part of this RFQ as Attachment 1.

4.1.4 Hard Copies: Five copies of each response must be submitted to FCSS before the Submission Deadline at the location stated in the RFQ and Project Schedule in Section 3.1 above.

4.1.5 Electronic Version: An electronic version of the entire response, including all attachments, should be submitted on a USB flash drive and included with the hard copies.

4.3 RESPONSES DEEMED PUBLIC RECORDS. Except for materials deemed Trade Secrets (as defined in California Civil Code §3426.1) and materials specifically marked “Confidential” or “Proprietary,” all materials submitted in response to this RFQ are deemed property of FCSS and public records upon submission to FCSS. A respondent’s marking of materials as Trade Secrets, Proprietary, or Confidential shall not be deemed to make such materials trade secrets, proprietary, or confidential. The foregoing notwithstanding, FCSS may reject as non-responsive the RFQ response of a respondent who indiscriminately notes that its RFQ response or portions thereof are “Trade Secret” “Confidential” or “Proprietary” and exempt from disclosure as public record. Upon receipt of a request for disclosure, FCSS will notify the appropriate respondent and if the respondent is unable to obtain a protective order or other court order to prevent the disclosure of the requested materials, FCSS may disclose the requested materials, including any materials that may be marked as Trade Secrets, Confidential, or Proprietary by respondent, without any liability to respondent. If FCSS is required to defend or respond to any action or proceeding wherein a request is made for the disclosure of all or any portion of a response, the respondent who submitted the response shall defend, indemnify and hold harmless FCSS and FCSS’ officers, employees, and agents in any action or proceeding from and against any liability, including without limitation attorneys’ fees arising therefrom. The respondent submitting materials sought by any third party shall be solely responsible for the cost and defense in any action or proceeding seeking to compel such disclosure of such materials; FCSS’ sole involvement in any such action shall be that of a stakeholder, retaining the requested materials until otherwise ordered by a court of competent jurisdiction.

4.4 SUBMISSION DEADLINE. Proposals must be received before the Submission Deadline stated in the RFQ and Project Schedule in Section 3.1 above. Responses received on or after the Submission Deadline will not be accepted, and responses that are incomplete or do not conform to the requirements of this RFQ will not be considered.

4.5 FCSS RIGHTS. FCSS shall have the following rights:
4.5.1 At FCSS’ sole discretion, to accept a response that does not satisfy all requirements of this RFQ but which, in FCSS’ judgment, sufficiently demonstrates the respondent’s ability to design, construct, and deliver the Unit and to satisfy the major requirements set forth in this RFQ.

4.5.2 Change the RFQ and Project Schedule in Section 3.1 above.

4.5.3 Request and receive clarifications, and additional information and documents from each respondent as is deemed appropriate by FCSS.

4.5.4 Modify any portion of this RFQ before the Bid Submission Deadline. Modifications, if any, made by FCSS will be in writing and issued as addenda to this RFQ. No oral modifications shall be binding upon FCSS.

4.5.5 Determine that a response is non-responsive and to give it no further consideration.

4.5.6 Interview any or all respondents.

4.6 CONTRACT. The Contractor that FCSS selects through this RFQ must enter into a Contract for Design and Building of Mobile Health Unit (“FCSS Draft Contract”), an electronic version of which will be provided to each party who is interested in responding to this RFQ. Each respondent who responds to this RFQ must make all changes that it determines necessary or proper to the FCSS Draft Contract and submit the FCSS Draft Contract with such changes (“Revised Draft Contract”) as part of its response to this RFQ. The final contract between FCSS and the selected Contractor (“Contract”) will be based on the FCSS Draft Contract with those changes thereto as agreed upon by FCSS and the selected Contractor, provided, however, that if the selected Contractor has not made a change in the Revised Draft Contract, the selected Contractor shall not have any right to request that the change be made to and reflected in the final Contract.

SECTION 5. INSURANCE AND PERFORMANCE BOND.

The selected Contractor shall maintain in effect and provide written proof of insurance that meet, at a minimum, the requirements set forth in the Contract. The selected Contractor shall also procure a performance bond in an amount equivalent to 100% of the Contract Amount and meeting the requirements set forth in the Contract.

SECTION 6. QUESTIONS AND CLARIFICATIONS.

If a respondent encounters errors or discrepancies in this RFQ, has questions, or requires clarifications of any portion of the RFQ, the respondent shall submit its request or questions in writing to the FCSS contact person listed on the front page of this RFQ by no later than the Question Deadline stated in Section 3.1 above. FCSS will respond in writing to all potential respondents have obtained this RFQ from FCSS. Oral responses are not binding upon FCSS.
QUESTIONNAIRE

IMPORTANT: This Questionnaire is part of the RFP and must be completed and submitted with the RFP. Please read and follow all instructions and complete carefully this questionnaire. All respondents must answer all questions, fill in all blanks, and provide all required documentation. Any errors, omissions, or misrepresentation of information may be grounds to reject the response or to cancel any award of the Contract. An electronic version of this Questionnaire may be obtained by contacting the FCSS staff listed on the Cover of the RFP.

RESPONDENT INFORMATION AND CONTACT

A. Full legal name of Respondent:  
B. Respondent's federal tax identification number:  
C. Any name(s) under which Respondent does business (DBAs):  
D. Primary Business Address:  
   Primary Business Phone No.:  
   Primary Business FAX No:  
F. Local office, if any, located within Fresno County:  
G. Respondent's primary contact person on this response.  
   Name:  
   Title:  
   Phone No.:  
   FAX No.:  
   Email Address:  
H. Name and title of person completing this Questionnaire:  

SECTION A: ORGANIZATION AND MANAGEMENT

1. Is Respondent a corporation?  [ ] Yes  [ ] No  
   If yes, state the following:  
   List state of incorporation:  [ ]     Date incorporated:  [ ]  
   Is Respondent (mark one):  [ ] Privately held  [ ] Publicly held  

2. Is Respondent a partnership?  [ ] Yes  [ ] No  
   If yes, list:  Date of formation  [ ]     State of formation  [ ]  

3. Is Respondent a sole proprietorship?  [ ] Yes  [ ] No  

4. List all officers, partners, proprietors, owners, and key management personnel within Respondent.  

<table>
<thead>
<tr>
<th>Name</th>
<th>Position/Title</th>
<th>City/State of Residence</th>
<th>Years Employed with Respondent</th>
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5. Is Respondent or any of its owners, partners, or officers connected with other entities as a subsidiary, parent, holding company or affiliate?  [ ] Yes  [ ] No  
   If yes, provide the following information:  

<table>
<thead>
<tr>
<th>Name and Address of Entity</th>
<th>State of Formation/Incorporation</th>
<th>Relation to Respondent (e.g., parent, subsidiary)</th>
<th>Line(s) of Business</th>
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6. Has there been any change within the past 5 years, or are there any changes pending or anticipated, in the control of Respondent, e.g., change in owners or management personnel or acquisition or merger with another entity?  [ ] Yes  [ ] No  
   If yes, please explain:  [ ]
SECTION B: LICENSE AND PERMIT

7. List each license, permit, and certificate currently in effect and held by Respondent or any of its full-time employees authorizing Respondent to design, construct, and deliver mobile health units

<table>
<thead>
<tr>
<th>Description of License, Permit, or Certificate</th>
<th>Name of Entity/Person Issued To</th>
<th>Date Issued</th>
<th>Date Expires</th>
</tr>
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8. Has any license, permit, or certificate listed in 7 above been suspended or revoked in the past 5 years? [ ] Yes [ ] No

If yes, identify the license(s), permit(s), or certificate(s) and the dates in which the suspension/revocation occurred:

SECTION C: EXPERIENCE, PERFORMANCE, AND REFERENCE

9. Identify each entity that or person who is involved in the design, equipment supply by component and building of mobile health units sold by Respondent:

<table>
<thead>
<tr>
<th>Name of Entity/Person</th>
<th>City and State of Business</th>
<th>Describe Role or Involvement</th>
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10. State the number of mobile health units that Respondent specially designed and manufactured in the past five years: [ ]

11. State number of mobile health units that Respondent specially designed and manufactured for use with students in grades kindergarten through 12 in the past five years: [ ]

12. List five clients/customers for which Respondent designed, constructed, and delivered mobile health units and whom FCSS may contact for references:

<table>
<thead>
<tr>
<th>Client/Customer Name</th>
<th>Client/Customer Address</th>
<th>Contact Person Name, Title, and Phone Number</th>
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13. Provide the following information regarding five mobile health units manufactured by Respondent within the past year that are similar to the one being required by FCSS:

13.1 Mobile Health Unit No. 1.

13.1.1 Description of unit: [ ]

13.1.2 Customer/client name and address and contact person’s name, email, and phone number: [ ]
13.1.3 Location where unit delivered to:  

13.1.4 Date unit delivered:  

13.1.5 Current operating status of unit, if known:  

13.1.6 Services Respondent performed for the unit (e.g., material supplier, lead contractor, electrical subcontractor, design, consulting, etc.):  

13.1.7 Whether customer/client is a California public school or community college:  

13.1.8 Whether the contract was for multiple units:  

13.2 Mobile Health Unit No. 2.  

13.2.1 Description of unit:  

13.2.2 Customer/client name and address and contact person’s name, email, and phone number:  

13.2.3 Location where unit delivered to:  

13.2.4 Date unit delivered:  

13.2.5 Current operating status of unit, if known:  

13.2.6 Services Respondent performed for the unit (e.g., material supplier, lead contractor, electrical subcontractor, design, consulting, etc.):  

13.2.7 Whether customer/client is a California public school or community college:  

13.2.8 Whether the contract was for multiple units:  

13.3 Mobile Health Unit No. 3.  

13.3.1 Description of unit:  

13.3.2 Customer/client name and address and contact person’s name, email, and phone number:  

13.3.3 Location where unit delivered to:  

13.3.4 Date unit delivered:  

13.3.5 Current operating status of unit, if known:  

13.3.6 Services Respondent performed for the unit (e.g., material supplier, lead contractor, electrical subcontractor, design, consulting, etc.):  

13.3.7 Whether customer/client is a California public school or community college:  

13.3.8 Whether the contract was for multiple units:  

13.4 Mobile Health Unit No. 4.  

13.4.1 Description of unit:  

13.4.2 Customer/client name and address and contact person’s name, email, and phone number:  

13.4.3 Location where unit delivered to:  

13.4.4 Date unit delivered:  

13.4.5 Current operating status of unit, if known: 

13.4.6 Services Respondent performed for the unit (e.g., material supplier, lead contractor, electrical subcontractor, design, consulting, etc.): 

13.4.7 Whether customer/client is a California public school or community college: 

13.4.8 Whether the contract was for multiple units: 

13.5 Mobile Health Unit No. 5.

13.5.1 Description of unit: 

13.5.2 Customer/client name and address and contact person’s name, email, and phone number: 

13.5.3 Location where unit delivered to: 

13.5.4 Date unit delivered: 

13.5.5 Current operating status of unit, if known: 

13.5.6 Services Respondent performed for the unit (e.g., material supplier, lead contractor, electrical subcontractor, design, consulting, etc.): 

13.5.7 Whether customer/client is a California public school or community college: 

13.5.8 Whether the contract was for multiple units: 

14. Describe any additional experience or services that Respondent believes FCSS should take into account when evaluating Respondent’s response: 

SECTION D: UNIT PROPOSED TO BE DESIGNED AND BUILD FOR FCSS.

For the Unit that Respondent proposes to design and construct for FCSS, provide the following information:

15. Technology Overview.

15.1 Provide a detailed description of the Unit proposed: 

15.2 Indicate the specific dimensions and specifications of the proposed Unit (floor plan): 

15.3 Describe the key design and building features of the Unit to optimize performance and functionality as described in the RFP: 

15.4 Describe any incorporated sustainable features: 

15.5 State whether any of the products or manufacturing processes are unique or proprietary to the Respondent: 

15.6 Describe any identified issues or challenges and how Respondent would address and/or resolve them: 

16. Unit Components.

16.1 Chassis: Class C.

16.2 Fuel type: Diesel

16.3 Manufacturer: 

16.4 Design specifications and relevant features: 
16.5 Generator and electrical systems: ||
16.6 HVAC systems: ||
16.7 Plumbing systems: ||
16.8 Leveling systems: ||
16.9 Provide an explanation for Respondent's choices: ||

17. Interior.
17.1 Cabinets: ||
17.2 Layout: ||
17.3 Finish materials: ||
17.4 Noise levels: ||
17.5 Built in equipment: ||
17.6 Provide an explanation for your choices: ||

18. Exterior.
18.1 Awnings: ||
18.2 Windows: ||
18.3 Identifying graphics: ||
18.4 Provide an explanation for your choices: ||

19. Project Schedule: Submit a detailed implementation schedule for the proposed Unit indicating the expected milestones and timing.

20. Warranty and Services.
20.1 State the warranty period for the proposed Unit: ||
20.2 Include a copy of any proposed manufacturer's warranties.
20.3 Provide any required maintenance schedules: ||
20.4 Provide the historical number of warranty issues per unit per year that respondent receives: ||
20.5 State the location of respondent's nearest service office: ||
20.6 Describe how Respondent will provide warranty services if Respondent does not have a local facility, including identifying any subcontractors and their relevant experience and qualifications: ||

21. Pricing Information. The maximum project budget is $320,000. FCSS reserves the right to use value-engineering to obtain the best possible value during the design phase. Provide pricing for the Unit you propose to design and build:
21.1 Brief Unit description: ||
21.2 Total gross, all-inclusive Unit price including all design, permitting, assembly, warranties, guarantees, delivery and training: ||
21.3 Include all taxes, licensing, and delivery charges in the price: [ ]

21.4 List the cost/premium for the performance bond: [ ]

21.5 State any additional assumptions made in the course of developing responses to 21.1 through 21.4: [ ]

22. Has any contract pursuant to which Respondent agreed to design and construct one or more mobile units been terminated due to Respondent’s material breach of or failure to perform the contract? [ ] Yes [ ] No

If yes, explain: [ ]

23. In the past five years, has any claim been filed in court or arbitration against Respondent concerning Respondent’s services on any contract in which Respondent was required to design and construct one or more mobile health units? [ ] Yes [ ] No

If yes, provide the information below:

<table>
<thead>
<tr>
<th>Year Filed</th>
<th>Name of Other Party on Contract</th>
<th>Name of Claimant</th>
<th>Nature of Claim</th>
<th>How Did Claim Resolved</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tr>
</tbody>
</table>

24. In the past 10 years, has Respondent or any of its owners, officers, or partners been found liable in a civil suit or found guilty in a criminal action for making any false claim or material misrepresentation to any public agency? [ ] Yes [ ] No

If yes, explain: [ ]

25. Explain Respondent’s anticipated involvement of FCSS in the design of the Unit: [ ]

26. Explain Respondent’s methodology for maintaining on-time and within budget performance of the services required by the Contract and delivery of the Unit: [ ]

27. Explain Respondent’s process for managing and resolving complaints for all parties involved: [ ]

28. Describe Respondent’s policies and procedures regarding management and supervision of the design, building, and delivery of mobile health units: [ ]

**SECTION E: PERSONNEL**

29. State the name, title, and experience of the person who will be primarily responsible for Respondent’s performance of the services required by the Contract and attach the person’s resume to your response: [ ]

30. State the current number of all of Respondent’s full-time employees: [ ]
31. State the current number of Respondent’s full-time employees who are in California:  

32. Describe the qualifications and experience requirements Respondent have for its personnel who design mobile health units:  

33. Describe the qualifications and experience requirements Respondent have for its personnel who construct mobile health units:  

SECTION F: MANUFACTURING PLANT OR FACILITY  

34. State the address of and describe briefly the plant or facility at which Respondent will design and/or construct the Unit if Respondent is the selected Contractor:  

35. State the number of year(s) in which the plant or facility identified in 26 has been in operation and use to design and/or construct mobile health units:  

36. Does Respondent provide maintenance services for mobile health units comparable to the Unit?  
   - Yes  
   - No  

   If yes, describe the maintenance services that are available and associated costs:  

SECTION G: FINANCIAL INFORMATION  

37. State Respondent’s total revenues for all mobile health units that Respondent sold in the last two years:  

38. Has Respondent, an affiliated company, or any owner or principal of Respondent ever filed for bankruptcy or been in receivership?  
   - Yes  
   - No  

   If yes, please give details, including the date that bankruptcy or receivership was filed and the disposition thereof:  

39. If Respondent is the selected Contractor and is requested by FCSS, will Respondent supply the following data?  
   39.1 Name and addresses of the banks with which Respondent regularly does business?  
      - Yes  
      - No  
   39.2 The names and addresses of any bank, finance companies, dealers, suppliers, or others where Respondent has notes or contracts payable?  
      - Yes  
      - No  
   39.3 Website link to Respondent’s audited annual reports (if public) or audited financial statements for the past two years?  
      - Yes  
      - No  
   39.4 Give credit references, including at least three trade or industry suppliers with whom Respondent regularly deal.  
      - Yes  
      - No
SECTION H: INSURANCE AND BOND INFORMATION

40. Provide the following information on Respondent’s present insurance company(ies) and insurance policies:

<table>
<thead>
<tr>
<th>Type of Insurance</th>
<th>Insurer Name</th>
<th>Current Policy Period</th>
<th>Per Occurrence/Aggregate Policy Limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>Commercial general liability</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Commercial automobile liability</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Workers’ compensation</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Professional liability</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

41. Has Respondent had any insurance terminated or non-renewed by an insurance company within the last five years? [ ] Yes [ ] No

If yes, please explain: ________________________________

42. List the following information for Respondent’s present surety company that issues Respondent’s performance bond:

Name of Surety: ________________________________

Number of Years with Surety: ________________________________

If Respondent has been with the above surety for less than 5 years, state the name of Respondent’s surety(ies) in the last five years: ________________________________

43. In the last 10 years, has Respondent defaulted on a contract for design and building of mobile health units resulting in a surety making any payments on behalf of Respondent to satisfy any claims against a performance bond issued on Respondent’s behalf? [ ] Yes [ ] No

If yes, explain below: ________________________________

SECTION I: VERIFICATION

I, the undersigned, hereby certify and declare that I have read all of the answers to this Questionnaire and know their contents. The matters stated in such answers are true of my own knowledge. I certify and declare under penalty of perjury under the laws of the State of California that the foregoing answers contained in this Questionnaire are true and correct.

Signature: ________________________________  Dated: ________________________________

Print Name: ________________________________

Title: ________________________________
Appendix A

To Mobile Health Unit: Request for Qualifications

[Specification sheets of equipment that FCSS will provide and for which the selected Contractor must accommodate for use and storage in the design and building of the Unit, see 2.2 of the RFQ]
The Power to Save Lives is in Your Hands

Powerheart® AEDs in Schools

www.cardiacscience.com/schools
Empower Your School to Save Lives
Discover why schools rely on Powerheart® AEDs

Parents count on school administrators to keep their children safe— in class, in the halls, and on the athletic fields. By becoming your school's advocate for automated external defibrillators (AEDs), you are taking an important step toward protecting them from needless sudden cardiac arrest (SCA) deaths.

Doing the math
Every year, approximately 369,000 people in the United States fall victim to SCA, including 7,000 children. Data estimate that one in 50 high schools has an SCA incident—either student or faculty—on school grounds each year. And in the United States alone, one young athlete dies every three days from an unrecognized cardiovascular disorder.

Many SCA victims are without symptoms or prior cardiac conditions. The only effective treatment for SCA is a shock from a defibrillator, administered as quickly as possible. The sooner a victim is treated with a defibrillator, the better the victim's chance of survival.

According to American Heart Association, defibrillation within three minutes of SCA raises the chance of survival to more than 70 percent.

In an emergency, Powerheart AEDs are easy to use. When SCA strikes, every second is critical. We designed our Powerheart G5 and G3 AEDs to help minimize rescue times. When the rescuer applies the pads, the device analyzes the heart rhythm and delivers the shock when needed. These AEDs are easy to use for almost anyone and require minimal training. For SCA victims, a Powerheart AED—and you—may save a life.

Funding school AED programs
We've seen hundreds of elementary schools, high schools, colleges, and universities put life-saving AED programs in place—even during times of tight budgets. You can do it, too. Ask your Cardiac Science Certified AED Specialist about grants, fundraising, and other financing options.

The law is on your side
Recognition and awareness that AEDs can save the lives of students, staff, and visitors in schools is growing. As a result, states like New York, Illinois, and Pennsylvania require schools to implement AED programs. There are federal and state Good Samaritan laws that protect citizens from liability when AEDs are used in good faith to save a life. Cardiac Science also includes an indemnification agreement, among the strongest in the industry, with each Powerheart AED.

The critical factor is Having an AED within reach. Fast.

TIME IS THE CRITICAL FACTOR

![Graph showing the time is critical factor for SCA survival](image)

<table>
<thead>
<tr>
<th></th>
<th>Powerheart® G3 Plus</th>
<th>Powerheart® GS</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Ease of Use</strong></td>
<td>Clear voice prompts and helpful text prompts on a backlit display guide the user through the entire rescue operation.</td>
<td>Clear voice prompts and backlit text screen guide the user through the entire rescue. With a single touch, the GS instantly switches to an alternate language without delaying the rescue. Optional Intellisense™ CPR Feedback monitors chest compression rate and depth.</td>
</tr>
<tr>
<td><strong>Ruggedness</strong></td>
<td>Backed by a 7-year warranty, this AED features an Intellisense® non-rechargeable battery that includes a 4-year performance guarantee.</td>
<td>Backed by an 8-year warranty, this AED features a high water and dust ingress protection rating (IP55), and an Intellisense® non-rechargeable battery that includes a 4-year performance guarantee.</td>
</tr>
<tr>
<td><strong>Readiness</strong></td>
<td>Each day, patented Rescue Ready® technology automatically self-checks main AED components (battery, hardware, software, pad presence, and defibrillation pad functionality). The AED also completes a partial charge of the high-voltage electronics weekly, and a monthly full charge to ensure readiness.</td>
<td></td>
</tr>
<tr>
<td><strong>Advanced Technology</strong></td>
<td>Patented RHYTHM™ technology distinguishes between shockable and non-shockable heart rhythms. Sophisticated STAR® biphasic technology calculates electrical impedance and tailors the shock to the patient. Energy is escalated to deliver therapy at an appropriate higher level should a patient require a second shock.</td>
<td></td>
</tr>
</tbody>
</table>

SCA Survivor: Kylee Shea

In 2011, the world met Kylee Shea, a 7th-grader who collapsed from an undiagnosed heart condition before gym class. In fact, during NBC’s “Today” show, viewers were shown dramatic surveillance footage of Shea collapsing, and teachers responding to the unconscious girl seconds later. Working together, the teachers saved Kylee’s life with a Powerheart AED.

For many, this segment was a revelation: Average people with little or no training could save lives with AEDs. For others, this story was a reminder of how a loved one or a friend suffered a sudden cardiac arrest and needed an AED to survive.

“If it wasn’t for this (AED) and for what they did, our daughter still may be here today but not the Kylee we know today,” said Kylee’s dad, Mike Shea.
5 Reasons to Choose a Powerheart® AED

1. PATENTED RESCUE READY® TECHNOLOGY
Powerheart AEDs perform automatic daily, weekly, and monthly self-tests to monitor critical components including the internal circuitry, software, and medical-grade battery for readiness; the pre-connected defibrillation pads are also tested for both presence and functionality. If anything is amiss, the Rescue Ready indicator immediately changes from green to red and emits an audible distress tone to cue users that attention is required.

2. EASY WITHOUT COMPROMISE
Extensive rescue and CPR prompts guide first-time rescuers through the stressful situation. Our innovative RescueCoach™ technology, backed by research, guides first-time responders through the entire rescue process. And it delivers the confidence to perform a rescue. The fully automatic shock delivery feature eliminates user hesitation. The Intellisense™ CPR feedback monitors the quality of both chest compression depth and rate. If either compression rate or depth is outside the 2015 American Heart Association acceptable parameters, the rescuer will receive a short corrective prompt to ensure effectiveness.

3. ADVANCED PATIENT CARE
Each Powerheart AED includes patented RHYTHMx® technology to assess the patient’s heart rhythm. Sophisticated STAR® biphasic technology delivers a customized shock at an appropriate energy level.

4. FLEXIBILITY AND DURABILITY
Powerheart AEDs are designed to be tough and have been deployed in the most challenging settings. The high-impact AED meets rugged military standards and a high ingress protection rating (IP55) against water and dust. The Powerheart GS lets you choose from an array of prompt settings, shock protocols, and CPR settings to meet specific requirements.

5. THE PEACE OF MIND IN WORKING WITH CARDIAC SCIENCE
For more than 20 years, Cardiac Science has developed patented technologies such as fully automatic AED operation, pre-connected pads, and many other innovations that shape how first responders use AEDs to save lives. Each Powerheart is supported by an experienced global staff of AED Certified Specialists and a team of select partners to provide expert deployment consultations and training. Finally, Powerheart AEDs are built to last with a multi-year device warranty program, the industry’s strongest indemnification policy, and a 4-year full operational guarantee on genuine Intellisense® non-rechargeable medical-grade batteries.

---


6. Note: Fully automatic models are not available in every country.

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At the Heart of Saving Lives

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+1.262.953.3900 • US toll-free +1.800.406.0337 • Fax: +1.262.953.3999
Orders and Customer Care • +1.262.953.3959 • US toll-free +1.800.426.0327 • Fax: +1.262.798.8292 • care@cardiacscience.com
Technical Support • (US) Fax: +1.352.798.5236 • technicalsupport@cardiacscience.com • (International) internationalsupport@cardiacscience.com

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MA 41 & MA 42
Air • Bone • Speech
Audiometer Series
Portable and Stand-alone

Introducing the next generation of standalone audiometers. New ergonomic design, lightweight portability, and a full color screen display, make the MA 41 or the MA 42 the ideal choice for an office or on the go hearing health care professionals.

Customizable
- User settings can be customized to meet individual or facility preferences.
- Variety of special tests (MA 42).

Ergonomic Design
- Minimal hand and wrist movement with streamlined buttons and MAICO side dials for efficient navigation.
- Friendly button placement for quick transitions while testing.

Full Color Display
- Full color display allows easy differentiation between right and left ears.

Lightweight and Portable
The small size and minimal weight make the change to MA 41 and MA 42 ideal for testing on the go. Use the carrying case as your mobile office, where transducers remain plugged in for quick setup during transportation.
Testing and Reporting

Integrated Patient Database
The integrated patient database allows you to store numerous patients and sessions.

PC-Interface via USB
The MAICO audiometry module for MAICO database or NOAH enables the automatic data transfer of the test results.

Reports and Printouts
Multiple reporting opportunities: Storing reports as a PDF on a USB-Stick adds to the instrument’s portability. You can also use the direct printout via USB printer or transfer results to a PC to print.

Secure
- Save to USB flash drive, SD card, or internal database.
- HIPAA compliant encrypted data with storage to USB flash drive or SD card.
- HIPAA compliant PIN to access patient database.

Tone Audiometry
Both the MA 41 and MA 42, provide all necessary air, bone and masking features
- Air conduction (HL, UCL, Aided)
- PTA calculation with selectable frequencies
- Fast switch to monitoring
- Bone conduction
- Stenger
- Lock-Track

Speech Audiometry
Speech audiometry test features
- WAV files, Live Voice, or CD/MP3
- Word Recognition
- Binaural Speech
- Master Hearing Aid
- SRT
- UCL
- QuickSin

Additional Tests with the MA 42
- SISI
- Decay
- ABLB
- MLB
- MCL

Additional Tests with the MA 42
- Speech in Noise
- Flexible Mixing
- MCL

Test results of a dual audiogram
Test results of a single audiogram
Speech tests results as a graph
Speech test results as a table
MA 41 and MA 42 - Specifications

Accessories

Standard:
DD45 Headphones, B71 Bone Conductor, Patient Response Switch, Mic/Monitor Headset, SD Memory Card w/ WAV Files (2 GB), CD (Audiometry Module for NOAH or MAICO Database), USB Flash Drive, Carrying Case

Optional:
High Frequency Headphones and High Tone License, Insert Phones, TDH39 Headphones, Monitor Phone, Sound Room Kit, SP90 Free Field Speaker Kit, SP90 Speaker Kit w/ AP70 Amplifier, Gooseneck Microphone (standard on the MA 42)

TECHNICAL DATA

Air Conduction
Level Range: -10 to 120 dB HL, dependent upon transducer and selected frequency
Transducer: DD45
Test Frequencies: 125 Hz to 8000 Hz
Optional: High Frequency 16000 Hz

Bone Conduction
Level Range: -10 to 80 dB HL, dependent upon selected frequency BC
Transducer: B71 with headband
Test Frequencies: 250 to 8000 Hz

Tests

<table>
<thead>
<tr>
<th>Tests</th>
<th>MA 41</th>
<th>MA 42</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tone Test</td>
<td>HL, UCL, Aided</td>
<td>HL, UCL, MCL, Aided</td>
</tr>
<tr>
<td>High Frequency</td>
<td>option</td>
<td>option</td>
</tr>
<tr>
<td>Bone Conduction</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Free Field</td>
<td>option</td>
<td>option</td>
</tr>
<tr>
<td>Stenger</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>SISI</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Decay</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>ABLB</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>MLB</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>Speech Test</td>
<td>SRT, WRS, UCL</td>
<td>SRT, WRS, MCL, UCL</td>
</tr>
<tr>
<td>QuickSis</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Mast Hearing Aid</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Channels</td>
<td>1/2</td>
<td>2</td>
</tr>
</tbody>
</table>

Test Signal: Pure Tone, Pulsed, Warble
Speech: WAV files, CD or live voice microphone
Masking Signals: Narrow-Band Noise, Speech Noise and White Noise (MA 42 only)
Tests: HL, UCL, Aided, Speech Reception Threshold, Word Recognition Score, Master Hearing Aid, and QuickSis

Additional Tests (MA 42): MCL, SISI, Decay, ABLB, MLB
Level Steps: 5dB, 2dB, 1dB
PC-Interface: USB, NOAH Mod., MAICO Database
Display: High resolution color display, 640x480 pixels, 5.7 in
Power Supply: 100-240V – 50/60Hz ±10%
Size: 13.4 in x 7.9 in x 3.2 in
Weight: 2.7 lbs

MAICO Diagnostics
10393 West 70th Street  Tel: (888) 941-4201  info@maico-diagnostics.com
Eden Prairie, MN 55344, USA  Fax: (952) 903-4100  www.maico-diagnostics.com/us
JOIN THE FIGHT TO SAVE SIGHT IN OUR CHILDREN

WIRELESS CONNECTIVITY
Built-in wireless printing enables you to wirelessly print screening summary reports using the improved wireless ratio for even better results.

SIMPLE, CLEAR RESULTS
Bright high-resolution digital screen results, indicating whether a complete eye exam is recommended or if all measurements are in range. Instant results are easy to interpret and share with parents and eye care specialists.

AUTO CAPTURE
Automatically captures images from a non-contact 3-foot distance using the fixation target to keep the retinas fixed.

MANAGE DATA EFFICIENTLY
Prepare for busy screening days by easily importing screening subjects via USB drive to your queue. Once screenings are complete, easily export summary reports to be uploaded to patient electronic medical records.

EASY TO USE
Browse through vision screening with an easy-to-use handheld camera featuring point-and-shoot auto-capture of both eyes in seconds. The portable technology goes where care is needed, to schools, offices, clinics and community vision screening sites.

DESIGNED TO SAFEGUARD CHILDREN'S VISION
Backed by peer-reviewed clinical evidence, “Smart” technology ensures accurate and objective detection of vision and ocular health problems in children as young as six months.

MEASURABLE IMPROVEMENT COMPARED TO CHART-BASED SCREENING
We're experts in helping any size organization improve their vision screening program. The introduction of Smart Vision Devices to The Pediatric Ophthalmology and Strabismus Office Children's Hospital (KCH) resulted in increased vision screening completion rates from less than 15% compared to only 5% using chart-based screening.

A SMART INVESTMENT
When you implement Smart Vision Technology, you generate additional revenue through OHT report sales, reduce unnecessary referrals and increase patient-based vision screening experience that helps build your reputation while tracking results and decreasing unnecessary referrals to our eye care specialists.

* OHT sales data from the Children's Hospital of Philadelphia.
## WELCH ALLYN® SPOT® VISION SCREENER SELECT PRODUCT SPECIFICATIONS

<table>
<thead>
<tr>
<th>Specification</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>Spherical Equivalent Range</td>
<td>-7.5D to +7.5D in 0.25D increments (D = diopters)</td>
</tr>
<tr>
<td>Cylindrical Range</td>
<td>-3.00D to +3.00D in 0.25D increments</td>
</tr>
<tr>
<td>Pupil Size</td>
<td>3.0 mm to 9.0 mm (3.0 mm available for 20-100 age range)</td>
</tr>
<tr>
<td>Gaze Measurement</td>
<td>0 to 20 degrees</td>
</tr>
<tr>
<td>Dimensions</td>
<td>Length: 8 1/2 in (20.3 cm), Width: 6 3/4 in (15.2 cm), Height: 4 3/4 in (10.2 cm)</td>
</tr>
<tr>
<td>Weight</td>
<td>~2.55 lbs (1157 g)</td>
</tr>
<tr>
<td>Battery</td>
<td>Lithium Ion. Expected life ~2.5 years (under normal usage)</td>
</tr>
<tr>
<td>Time Per Measurement</td>
<td>Second(s)</td>
</tr>
<tr>
<td>Measuring Distance</td>
<td>3.3 ft</td>
</tr>
<tr>
<td>Fixation Target</td>
<td>Random LED visual pattern and audible sound</td>
</tr>
</tbody>
</table>

For a complete list of product specifications, visit hillrom.com/spotvisionscreener.

## ORDERING INFORMATION

<table>
<thead>
<tr>
<th>Model</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>VS100S-B</td>
<td>Spot Vision Screener, power supply and cord, wrist strap, DFU and carrying case</td>
</tr>
<tr>
<td>SI-VS100</td>
<td>Spot Vision Screener, Partners in Care™ Comprehensive Partnership Program, 1-Year</td>
</tr>
<tr>
<td>SI-VS100-2</td>
<td>Spot Vision Screener, Partners in Care Comprehensive Partnership Program, 2-Year</td>
</tr>
<tr>
<td>SI-VS100-5</td>
<td>Spot Vision Screener, Partners in Care Comprehensive Partnership Program, 5-Year</td>
</tr>
</tbody>
</table>

For more information, please visit hillrom.com/spotvisionscreener.

hillrom.com

4541 State Street Road, Skaneateles Falls, NY 13153

Hill-Rom reserves the right to make changes without notice in design, specifications and models. The only warranty Hill-Rom makes is the express written warranty extended on the sale or rental of its products.

The information contained in this document is provided for convenience only and represents no statement, promise or guarantee by Welch Allyn concerning coverage or levels of reimbursement. Payment will vary by geographic locality. It is always the provider's responsibility to determine accurate coding, coverage and claim information for the services that are provided.

3. Implementation of Instrument-Based Vision Screening for Pre-school-Age Children in Primary Care (Published July 2017 – PEDIATRICS)Hillrom.com

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Welch Allyn
OAE Hearing Screener

The next generation in objective hearing screening technology.
There’s a small window of opportunity to realize improved clinical outcomes when detecting and treating hearing loss in young children.

Research has shown that undetected hearing loss leads to delays in speech, language, cognitive and social-emotional development, negatively affecting academic performance and potential.¹

The Welch Allyn OAE Hearing Screener

Objective hearing screening technology tests at key speech frequencies (2, 3, 4, 5 kHz), which is ideal when testing newborns, infants, toddlers, preschool and school-age children.

Low-Cost Disposable Ear Tips: Fit all sizes of ears, from infant to geriatric. Sizes range from 3 mm to 15 mm.

Durable Probe: Designed with HDMI connector to help eliminate connector pin breakage.

Wireless Printer: Thermal printer provides graphic and tabular reports in seconds with a single button press.

² Assumes DPOAE screening with 2-4 second averaging.
Objective screening methods support patient comfort and staff efficiencies

- Minimal cooperation required; rapidly screen children who are too young to respond or have difficulty sitting still
- Approved for testing children with pressure equalizer tubes
- Fast—three button pushes turn on the device and complete tests on both ears in 8 – 16 seconds per ear
- Intuitive display prompts staff through the test

Conducting a test is easier for your staff, even when the environment is not ideal

- Patented noise-management technology helps to reduce poor test results due to ambient sound
- AutoStart check and in-the-ear calibration helps to improve test accuracy and outcomes, ensuring that the probe is secured and testing is started in acceptable conditions

Easy access to patient data to share results, consult and support long-term hearing screening protocols

- Store up to 250 tests on device, even when battery life is depleted
- Transfer test data from OAE Hearing Screener to Welch Allyn Data Manager Software in seconds, via hard-wired or wireless connectivity from device to PC

Welch Allyn Data Manager Software
An intuitive and powerful application to manage, view, archive and export test results

- Results can be sorted by ear, testers, dates and outcomes
- Export full-color, 8.5” x 11” reports in multiple formats with graphic and tabular data, results notes and test information—perfect for consulting with parents and colleagues and for record keeping
- Easily attach test results to patient records within most EMR systems
Ordering Information
39500  OAE Hearing Screener Complete System (includes printer, disposable ear tip starter kit and charging cradle)
39500-NP  OAE Hearing Screener Complete System (printer not included)
39402  OAE Hearing Screener Probe Assembly
39410  Printer, complete (includes power supply)
39420  OAE Disposable Ear Tip Starter Kit
39411  OAE Hearing Screener Data Manager Software
39415  OAE Hearing Screener Carrying Case
For a full list of products available for sale, visit www.welchallyn.com

Protect your investment
Welch Allyn OAE Hearing Screener standard warranty covers device parts and labor, and accessory protection on defective probe only; one-year term. No calibration plans available.

Go beyond the standard product warranty with Welch Allyn Partners in Care® Services Comprehensive Program Coverage (one- and two-year) includes:

SI-39400 Comprehensive Partnership Program (one-year)
SI-39400-2 Comprehensive Partnership Program (two-year)

- Remote Technical Support
- Clinical Training Discounts
- Device Parts and Labor
- Loaner Coverage

Priority Service—faster turn-around time
Priority/Free Shipping
Accessory Protection: Probe—defective or broken probe (one per device, per year)

Reimbursement Information
Procedures performed with the OAE device may be eligible for reimbursement using CPT® codes:

92558: Evoked otoacoustic emissions, screening (qualitative measurement of distortion product or transient evoked otoacoustic emissions), automated analysis

92587: Distortion product evoked otoacoustic emissions, limited evaluation (to confirm presence or absence of hearing disorder, 3-6 frequencies) or transient evoked otoacoustic emissions, with interpretation and report

Reimbursement information is provided for convenience only and represents no statement, promise, or guarantee by Welch Allyn concerning coverage or level of reimbursement. It is always the provider’s responsibility to determine coding, coverage and claim information for the services provided. Reimbursement practices and policies vary by payer and geographic location and change regularly. Confirm the requirements and specific coding, coverage, medical necessity, and reimbursement guidelines of the applicable payer before submitting claims by reviewing your managed care contracts, consulting the Physician’s Current Procedural Terminology, The Federal Register, or contacting provider services.

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For more information on the Welch Allyn OAE Hearing Screener, please contact your local distributor or Welch Allyn at 1.800.535.6663.

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