Bio-Electronics
Medical Equipment Service
A subsidiary of the Nebraska Hospital Association
3255 Salt Creek Circle, Suite 200
Lincoln, NE 68504
Phone: 402-742-8160
Fax: 402-742-8192
www.bio-electronics.com

Response to Request for Proposal

Date of Proposal: August 23, 2023
For: State of Nebraska Veterans Homes (NDVH):
Western Nebraska Veterans' Home
Norfolk Veterans' Home
Central Nebraska Veterans' Home
Eastern Nebraska Veterans' Home

RFP 6798 Z1, Bio-Electronics

Submitted to: Matthew Hansen / Dianna Gilliand
State Purchasing Bureau

Presented by: Christine Widman, MHA
Senior Director of Operations
Bio-Electronics

Bio-Electronics' Mission

To serve as a quality, cost-effective resource of choice for medical equipment technology and service.

About Bio-Electronics

Bio-Electronics was established in 1976 and is a wholly-owned subsidiary of the Nebraska Hospital Association, governed by a Board of Directors comprised of Nebraska hospital administrators and other key hospital personnel elected by the membership of the Nebraska Hospital Association.

Bio-Electronics is dedicated to providing medical equipment management to include preventive maintenance and corrective maintenance to health care

facilities in Nebraska and the surrounding states. As a subsidiary of the Nebraska Hospital Association and the endorsed biomed partner of the Wyoming Hospital Association, Bio-Electronics prioritizes providing cost-effective solutions to maximize equipment uptime coupled with expert customer service. Bio-Electronics serves nearly 300-contracted customers, including hospitals, clinics, laboratories, medical teaching institutions, as well as non-medical facilities. Bio-Electronics' programs ensure compliance with all regulatory accreditation bodies to meet the highest biomed standards.

Proposal Objective

To continue to provide expert medical equipment management to include preventive maintenance and corrective maintenance to the Nebraska Veterans' Homes facilities to promote patient safety and maximize equipment uptime.

4.1 Price

Proposed Start Date: September 25, 2023.

4.1.1 – Price (year 1):

Western NE Vets Home.....$5,750.00
Central NE Vets Home.....$16,750.00
Norfolk Vets Home.....$22,600.00
Eastern NE Vets Home.....$7,000.00

4.1.1 – Equipment List: The proposed pricing is based on the service delivery of equipment as listed on the accompanying document labeled "Equipment List". Pricing is contingent upon the Equipment list as provided by DHHS. If equipment is requested to be added during the agreement period, this will be handled via Addendum for any increased service time required to provide the added service. **(Cost Proposal, Tables 1-4, Equipment Item Descriptions and quantities; Attachment A – Current Bio-Electronics' Equipment File Listing as the current vendor)**

4.1.2 – Affiliation: Bio-Electronics is a wholly-owned subsidiary of the Nebraska Hospital Association.

4.2 Terms and Conditions

4.2.1 – Term: 2 years beginning September 25, 2023 and extending through September 25, 2025, with the potential to extend for 3, one-year increments. **(Cost Proposal, Tables 1-4)**

4.2.2 – Annual Fixed Pricing: The price above is a fixed annual price for each of the first two years, as well as the potential additional years to renew under Bio-Electronics' proposal. **(Cost Proposal, Tables 1-4)**

4.2.3 – Insurance Coverage: Bio-Electronics will maintain commercial liability insurance with minimum limits of liability of $1 million per occurrence, and a $3 million annual aggregate and also agree to carry a blanket additional insured endorsement for any entity that requires that endorsement by written contract. Included in proposed contract.

Such products/completed operations insurance will name NDVH as an additional insured. In addition to the liability coverage, Bio-Electronics will maintain other types of policies including, but not limited to, Workers Compensation, comprehensive general liability insurance, and any other employee liability insurance required by law for any employer to carry for employees.

4.2.5 – Governing Laws: This Agreement shall be construed and enforced pursuant to and in accordance with the laws of the State of Nebraska.

4.2.6 – Agreement Not Assignable: The Agreement may not be assigned by either party hereto, in whole or in part, without the prior written consent of the other party.

4.2.7 and 4.2.8 – Termination Clause: A thirty (30) day termination clause for cause or breach of contract terms that NDVH can exercise at any time and a thirty (30) day termination clause for convenience.

4.2.9 – Equipment Changes: Equipment may be added to the Agreement upon expiration of the equipment's warranty and by the mutual consent of Bio-Electronics and NDVH via Addendum for any increased service time required by Bio-Electronics.

4.2.10 – Agreement Price Adjustments: The Agreement may be adjusted based on changes in the covered equipment inventory, and upon mutual agreement by both Bio-Electronics and NDVH. Any proposed price adjustments must be broken down by equipment line item and submitted to NDVH prior to the effective date of the proposed adjustment.

4.2.11 – Sample Contract: Bio-Electronics understands the NDVH will issue the Service Agreement. **(See Exhibit 2)**

4.2.12 – Certificates of Insurance: Bio-Electronics currently has active Certificates of Insurance as we are the current vendor for the NDVH's **(See Exhibit 6)**

4.3 Service Delivery Schedule

1. **Equipment Maintenance Policies and Procedures:** Bio-Electronics must have a complete set of equipment maintenance policies and

procedures that meet or exceed regulatory requirements. This is Bio-Electronics' Annotated Guide. **(See Exhibit 3)**

2. **Schedule, Perform and Document Service:** Bio-Electronics will properly schedule, perform, and document corrective maintenance, electrical safety testing, environmental testing and routine preventive maintenance on medical equipment covered by agreement.

3. **Supply, Calibrate and Maintain Test Equipment:** Test equipment owned by Bio-Electronics will be calibrated and maintained by Bio-Electronics.

4. **Replacement Parts:** Bio-Electronics will assist NDVH as requested to purchase good quality parts either from the OEM or a second-source vendor. This is offered at a 10% discounted price for any contracted customers.

5. **Uptime of Biomedical Equipment of 98%:** Bio-Electronics will strive to have an uptime for biomedical equipment of 98%.

4.3.2 Staff

1. **40 years+ Experience Managing Asset Management / Clinical Engineering Services:** Bio-Electronics has been in business for 47 years servicing medical equipment throughout the Midwest.

2. **Number of On-Site Technicians:** Bio-Electronics will provide the necessary number of qualified technicians required to meet the performance objectives for each NDVH facility. One Primary Account Representative (PAR) Technician will be assigned to provide service at each site. This ensures consistent knowledge of each site as well as a direct point of contact between Bio-Electronics' technical staff and each NDVH facility.

   Bill Answine, BMET III, Regional Service Manager, Ventilator Specialist (Eastern NE Vets Home)

   Bill is our Senior Regional Service Manager and has served as the biomed for this account since 2007. Bill has been with Bio-Electronics since 2006

   Ryan Baumgard, BMET II (Norfolk Vets Home)

   Ryan has served as the biomed for this account since 2015. Ryan has been with Bio-Electronics since 2015.

   Jeff Shuey, BMET I, Ventilator Specialist (Western NE Vets Home)

   Jeff has served as the biomed for this account since 2019. Jeff has been with Bio-Electronics since 2019.

   Scott Ryan, BMET II (Central NE Vets Home)

Scott has served as the biomed for this account since 2015. Scott has been with Bio-Electronics since 2015.

3. **Location of Staff:** Bio-Electronics' Main Office is based out of Lincoln, NE. One Primary Account Technician located closest to each NDVH site will be provided. For the Western NE Veterans' Home, the Technician is based out of Scottsbluff, NE. For the Central NE Veterans' Home, the Technician is based in Kearney, NE. For the Norfolk NE Veterans' Home, the Technician is based in Norfolk, NE. For the Eastern NE Veterans' Home, the Technician is based out of Omaha, NE. Bio-Electronics' employees will be on call and available for emergency coverage 24/7.

4. **Working Hours:** Bio-Electronics will provide qualified and trained staffing from 8:00 A.M. to 5:00 P.M., Monday through Friday. On-site staffing hours subject to change. Detailed costs to maintain staff after hours, on weekends, and holidays are listed in the Cost Proposal, tab 3, table 6.

5. **Ongoing technician training:** Bio-Electronics will be responsible for ongoing technician training and will maintain appropriate technician credentials.

6. **Supervision of Employees:** Bio-Electronics shall provide appropriate and necessary management and supervision for all its employees and shall be solely responsible for instituting and invoking disciplinary action of employees not in compliance with Bio-Electronics' policies and procedures, as well as any others established by NDVH. Bio-Electronics' reporting structure provided. **(See Exhibit 7)**

4.3.3 Training and Assistance

1. **Implementation Plan/Timeline:** Bio-Electronics will be responsible for the implementation plan and timeline management mutually agreed upon by NDVH and Bio-Electronics. As Bio-Electronics' is the current vendor, our Attachment A outlines the equipment test cycle, frequent and scheduled test dates for each NDVH facility. Bio-Electronics has had success implementing all size programs. **(See Exhibit 4: Attachment A)**

2. **Centralized Service Dispatch/Customer Support Department:** Bio-Electronics has a system capable of scheduling, dispatching, procuring/shipping parts, and tracking calls for preventive and corrective medical equipment service 24/7. Bio-Electronics does not maintain a parts inventory or order in bulk. We order on an as-needed basis for each customer upon request. Consequently, Bio-Electronics cannot offer a discount percentage off retail pricing for parts, as noted on the Cost Proposal.

3. **Reporting Tools:** Bio-Electronics will provide NDVH with reporting tools and customer satisfaction surveys to measure the success of the program. **(See Exhibit 5)**

4. **Evaluation of Covered Equipment:** Bio-Electronics will neutrally evaluate the covered equipment annually and assess for suitability and performance of the equipment as well as recommendations for equipment to be considered for replacement.

4.3.4 Documentation and Reporting

1. **Web-Based Computerized Maintenance Management System:** Bio-Electronics utilizes a computerized maintenance management system to track vendor, OEM and/or third-party service provider work that can be accessed by NDVH.

2. **Documentation:** To the extent applicable, Bio-Electronics will provide documentation that meets or exceeds the requirements and standards set by The Joint Commission and other applicable regulatory agencies. **(See Exhibit 3)**

3. **On-Site Assistance:** Bio-Electronics will provide assistance during regulatory inspections of NDVH by any surveyor as it relates to the services provided.

4. **Documentation, Maintenance Records and Data:** All documentation, maintenance records, and data are the property of NDVH. Upon completion of the service agreement, Bio-Electronics will provide NDVH with all service history and equipment-related data stored in its computerized maintenance management system**.**

5. **Service Records:** Bio-Electronics will maintain proper service records electronically, and provide NDVH with routine schedules and reports, in a format acceptable to NDVH administration. Routine reports will include the following (at a minimum). **(See Exhibit 5)**

    - Inventory to include: equipment identification number, NDVH's asset number, department, model, manufacturer, serial number, equipment description, risk class, coverage, PM interval, last and next PM date, and service provider.
    - Annual preventive maintenance
    - Preventive and corrective maintenance completion reports by equipment number and department
    - Quarterly safety reports to include: preventive maintenance completion percentages, corrective maintenance exceptions trending, devices requiring excessive corrective maintenance, safety alert and recall maintenance records as applicable.

6. **Hazard/Recall Information:** Documentation of hazard and recall information to assist NDVH in meeting the requirements of the Safe Medical Device Act (SMDA).

4.3.5 Additional Services

1. **Asset Management Tracking:** Bio-Electronics will provide an up-to-date inventory of equipment assets when requested. Also, an up-to-date inventory is sent to the facility point-of-contact(s) monthly along with other important documentation. In addition, this information is also available on Bio-Electronics' customer portal website.

2. **Resource for Surplus Equipment:** Bio-Electronics will provide NDVH with an expert resource in acquiring and/or selling old equipment through our preferred business partner, Mazree, upon request.

3. **Radiology Sales Partner:** Bio-Electronics will provide free quotes for new radiology equipment and extended service at discounted customer pricing as requested, through our preferred business partner, Konica Minolta Healthcare, upon request.

4.4 User Reference List

Bio-Electronics has served as the biomed service contractor for the following NE health care agencies:

1. Mark Callahan
   Chief Operating Officer
   MCallahan@marylanning.org
   Mary Lanning Healthcare ..... Joint Commission Facility
   (Current Bio-Electronics' Customer since 2009)
   715 N. Saint Joseph Avenue
   Hastings, NE 68901
   (402) 461-5107

2. Marty Fattig, FACHE
   Chief Executive Officer
   mfattig@nchnet.org
   Nemaha County Hospital ..... DNV Facility
   (Current Bio-Electronics' Customer since 1978)
   2022 – 13th Street
   Auburn, NE 68305
   402-274-4366
   *Assisted facility with ISO 9001 Certification

3. Matt Crooker
   Director of Ancillary Services
   mdcrooker@phelpsmemorial.com
   Phelps Memorial Health Center ..... DNV Facility
   (Current Bio-Electronics' Customer since 1977)
   1215 Tibbals Street
   Holdrege, NE 68849-1255
   (308) 995-2857

4. LuAnne Jones
   Director of Materials Management
   luanne.jones@yorkgeneral.org
   York General Health Care Services .....Critical Access Hospital
   (Current Bio-Electronics' Customer since 1993)
   2222 N. Lincoln Avenue
   York, NE 68467
   402-362-8005

5. Lon Knievel
   Chief Executive Officer
   lknievel@oghne.com
   Osmond General Hospital .....Critical Access Hospital
   (Current Bio-Electronics' Customer since 1985)
   P O Box 429
   402 N. Maple Street
   Osmond, NE 68765
   402-748-6112

5 Standards, Regulations, and Guidelines

1. **Requirements of Regulatory Agencies:** To the extent applicable, Bio-Electronics maintenance program will conform to all relevant requirements of national and local regulatory agencies, including the State, CLIA, Joint Commission, DNV, HIPAA and CMS. **(See Exhibit 3)**

Bio-Electronics' Commitment to NDVH

Since Bio-Electronics' inception over 40 years ago, its original mission has remained unchanged…to provide **quality, cost-effective and timely medical equipment service** to health care facilities throughout the Midwest.

Bio-Electronics has provided biomedical service to the Nebraska Veterans' Homes since our first agreement with the Western NE Veterans' Home in 1994. We also proudly serve as the contracted biomedical engineering vendor for the Beatrice State Development Center, Lincoln Regional Center, as well as the Norfolk Regional Center.

We appreciate the opportunity to provide you with this proposal and will look forward to hearing from you in how you wish to proceed. If you have any questions, please call me at 402-742-8161.

Christine Widman, MHA
Senior Director of Operations, Bio-Electronics

Exhibits

1. Response to Request For Proposal 6798 Z1, Bio-Electronics
2. Sample Contract (Bio-Electronics understands that the NDVH Procurement team will issue their own contract)
3. Annotated Guide to Bio-Electronics' Policies
4. Attachment A: Current NDVH Equipment File Lists with all equipment test cycles, frequencies, last test date, next scheduled test dates to demonstrate implementation plan for project
5. Sample Reports

5.1 – Equipment File List: this is the master list of all equipment that the hospital has indicated to be included. It can be biomedical, mechanical, or any other equipment whether on a PM program or not. This list is updated as changes occur.

5.2 – Scheduled Work Order: this lists the equipment scheduled for inspection/preventative maintenance (IPM) during a specific month. It is determined

by the "Test Cycle" assigned in the Equipment File List.

5.3 – Client Summary Activity Report: this is a quarterly report, identifying and locating historical data on all equipment.

5.4 – Quality Assurance Repair Report: this is for use in identifying repeat/recurring discrepancies which may require follow-up, if there were three or more repairs on that item in the previous six months.

5.5 – Lost and In-Service Report: a listing of Lost, In-Service, or Out for Repair the previous month which prohibits Bio-Electronics from completing the scheduled preventative maintenance.

6. Current NDVH Certificates of Insurance through Bio-Electronics
7. Bio-Electronics Organizational Chart

Exhibit 2

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Medical Equipment Services
A subsidiary of the Nebraska Hospital Association

SERVICE AGREEMENT
INSPECTION AND PREVENTIVE MAINTENANCE

This Master Services Agreement ("Agreement") is made and entered into this **1st** day of **September 2023** by and between Bio-Electronics, a Nebraska corporation (hereinafter referred to as "Bio-Electronics"), and **Nebraska Department of Veterans Homes** (hereinafter referred to as "Facility"), individually referred to herein as "a party" and collectively, as "the parties."

WHEREAS, Bio-Electronics provides certain services, including inspection, preventive maintenance and repair services for biomedical equipment, to health care facilities; and

WHEREAS, Facility desires to retain Bio-Electronics to provide certain Equipment Services;

WHEREAS, Bio-Electronics desires to provide Equipment Services to Facility subject to the terms of which are hereinafter set forth in this Agreement.

NOW, THEREFORE, in consideration of the mutual covenants contained herein and other good and valuable consideration, the receipt and sufficiency of which, if performed, is hereby acknowledged, the parties agree as follows:

1. **Term, Extension and Termination.** The initial term of this Agreement shall be for two (2) years commencing on **September 25, 2023** ("Effective Date"), and ending on **September 24, 2025**. Thereafter, this Agreement may be renewed for two additional terms of one (1) year each unless terminated sooner in a manner hereinafter provided. This Agreement may be terminated as follows:

   a. By either party for any reason or no reason upon thirty (30) days prior written notice;

   b. By Bio-Electronics upon thirty (30) days prior written notice to Facility in the event Facility shall fail to pay all amounts due and owing to Bio-Electronics within thirty (30) days following receipt of such notice;

   c. By either party upon written notice in the event the other party is in material breach of this Agreement (other than nonpayment) and such breach is not cured within thirty (30) days following the receipt of such notice, or in the case of a breach which requires more than thirty (30) days to cure and which does not threaten to cause irreparable harm, such longer period as may be reasonable under the circumstances;

   d. By either party if the other party becomes insolvent; there occurs an appointment of a receiver or the assignment for the benefit of creditors of any part of the other party's assets or any proceedings are commenced by or against the other party under any bankruptcy or insolvency laws; or

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e. Immediately upon the occurrence of the exclusion of either party from participation in federally-funded health care program, or the conviction of either party of a criminal offense related to health care.

2. **Equipment List.** The Equipment Services as hereinafter provided shall apply to the equipment identified in the Equipment List, a copy of which is attached hereto as Exhibit "A." The Equipment List shall identify each unit of equipment and designate the applicable service level. Facility shall provide Bio-Electronics with an updated and complete Equipment List within thirty (30) days following the effective date of this Agreement. The updated list and any subsequently updated Equipment Lists shall be appended hereto as an addition to Exhibit "A."

3. **Identification and Availability of Equipment.** Facility shall affix appropriate identification tags to each unit of equipment identified on the Equipment List. The Facility shall make all equipment identified on the Equipment List available to Bio-Electronics in a timely manner and during normal business hours. In the event equipment is not properly identified and available as set forth herein, Bio-Electronics shall not be responsible for locating equipment to be serviced nor shall Bio-Electronics be responsible for overdue inspections.

4. **Compensation.** Facility shall pay Bio-Electronics the sum of $____ (plus any applicable sales tax) per year for the Equipment Services. If the yearly fee is less than $2,500.00, then Facility shall pay the total fee in advance. If the yearly fee is greater than or equal to $2,500.00, Facility shall pay the fee in monthly installments within 30 days after the work is completed. Bio-Electronics may make periodic fee changes in the event equipment is added to, or deleted from, the Equipment List.

5. **Requested Repair Services.** At Facility's request, Bio-Electronics may, but is not obligated to, provide repair services for equipment not designated for repair on the Equipment List in accordance with the prevailing hourly rates set forth in Cost Proposal Tables 6-9.

   a. **Associated Repairs.** For the purposes of this section, Associated Repairs shall mean all repairs performed by Bio-Electronics during regular business hours, Monday through Friday, 8:00 AM - 5:00 PM, that are in conjunction with an already scheduled trip and that do not require a make-up trip after regular business hours and/or that do not require repair time in excess of two hours.

   b. **Demand Repairs.** For the purposes of this section, Demand Repairs shall mean all repairs that are not performed in conjunction with an already scheduled service trip.

   c. **Repair Requests.** Requests for repairs may be made at any time by contacting Bio-Electronics' Lincoln Office at 402-742-8160 or 888-449-4980 (toll free). Bio-Electronics shall contact Facility within one (1) hour of receipt of message.

6. **Equipment Requiring Parts.** Unless the equipment includes parts as designated on the Equipment List, Bio-Electronics shall notify Facility when equipment requires parts to restore the equipment to proper and safe operating condition. In the event Facility does not authorize such repair, Bio-Electronics shall, when appropriate, tag the equipment to warn Facility that the equipment should not be used. Parts furnished by Bio-Electronics shall be billed at a ten percent (10%) discount from non-contracted customer rates.

7. **Inspection and Preventive Maintenance for Equipment Designated for Inspection and Preventive Maintenance on Equipment List.** Bio-Electronics shall provide inspection and preventive maintenance for the equipment designated for inspection and preventive maintenance on the Equipment List in accordance with the following guidelines:

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a. **Inspection and Service Dates.** Bio-Electronics shall determine the dates on which inspection and preventive maintenance services shall be performed. Bio-Electronics shall notify Facility of such dates.

b. **Preventive Maintenance; Fees.** The Equipment Service fee includes inspection and preventive maintenance fees. No additional preventive maintenance fee will be billed.

c. **Preventive Maintenance Inspection Form.** Bio-Electronics shall provide Facility with a digital preventive maintenance inspection form for all equipment designated for inspection and preventive maintenance on the Equipment List. The preventive maintenance inspection form shall include all pertinent information for the Equipment Services performed by Bio-Electronics hereunder. Facility shall be responsible for retaining the preventive maintenance inspection form as needed for accreditation and/or third-party payer review.

d. **Exclusions.** The following items are not included in the inspection and preventive maintenance program and will be invoiced separately as appropriate:

   i. Repair and calibration costs for Facility-owned test equipment;
   ii. Service manuals;
   iii. Facility requested training for Bio-Electronics personnel;
   iv. Repairs; and
   v. Parts

8. **Test Equipment.** Where applicable, Facility shall provide and maintain test equipment utilized solely for Facility equipment.

9. **Training.** Where applicable, Facility requested training shall be at Facility's expense unless otherwise agreed upon by the parties.

10. **Limitations.** Bio-Electronics shall not be responsible for services performed on for the equipment listed on the Equipment List by any person or entity other than Bio-Electronics. Unless otherwise authorized in writing by Bio-Electronics, Facility will be responsible for the payment of any expense incurred by Facility for service provided by any person or entity other than Bio-Electronics.

11. **Payment for Services.** During the term of this Agreement, Facility agrees to pay Bio-Electronics for the Equipment Services provided to Facility pursuant to this Agreement as set forth herein. Bio-Electronics shall invoice Facility for such Equipment Services, and all amounts so billed shall be due and payable "Net 30-days." At Bio-Electronics sole discretion, any compensation not paid when due may bear interest at a rate of 1.5% per month or, if less, the maximum legal rate permitted by applicable law from the date due, until paid in full.

12. **Additional Services.** Unless otherwise authorized in writing by the parties, Bio-Electronics shall charge Facility according to Bio-Electronics' prevailing rates for Facility-authorized Equipment Services performed on Equipment that is not included on the Equipment List.

13. **Recall Response.** Where applicable, Bio-Electronics shall provide recall response during non-business hours. Such response may be by telephone. Bio-Electronics shall respond within two hours of receipt of notification of problem requiring recall response. Requests for emergency service shall be reported to the proper service center as designated by Bio-Electronics. Requests for emergency service shall include the following information:

   a. Unit Number on Equipment List;
   b. Nomenclature;

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c. Specific Problem(s).

14. **Demand Overtime Authorization.** It is the intent of Bio-Electronics to charge for any demand overtime authorized by the Facility.

15. **Consultation and Evaluation Services**. Upon request, Bio-Electronics shall provide Facility a total of four (4) hours of consultation and evaluation services for each proposed purchase of new equipment by Facility. In the event Bio-Electronics provides more than four (4) hours of consultation and evaluation services for a proposed purchase, the parties shall negotiate an appropriate fee for such services.

16. **Electrical Safety Seminars.** Upon request, Bio-Electronics shall provide two (2) in-service seminars on electrical safety.

17. **Electrical Safety Checks.** Upon request, Bio-Electronics shall perform electrical safety checks and equipment operation tests on new units purchased by Facility.

18. **Preventive Maintenance Training.** Upon request, Bio-Electronics shall provide training of Facility in-house staff to perform preventive maintenance on as much equipment as interest, time, ability, and availability of test equipment will allow.

19. **Relationship Between Parties.** In the performance of this Agreement, the relationship between Bio-Electronics and Facility shall at all times be that of independent contractors and all employees of each party shall remain solely as employees of such party. Each party is and shall be responsible for paying its own respective employee's benefits, withholding taxes, social security, and other employee taxes. Each party shall be responsible for obtaining and maintaining worker's compensation insurance and/or self-insurance on its own respective employees.

20. **Bio-Electronics Technicians.** Unless otherwise authorized in writing by Bio-Electronics and Facility, Facility shall not employ any Bio-Electronics technician during the term of this Agreement and for one (1) year following the termination of this Agreement.

21. **Records.** A copy of this Agreement, together will all accompanying referenced material will be retained by each party for the life of this Agreement plus four (4) years. Bio-Electronics records, documents, and books necessary to certify the nature and extent of the costs and services provided by Bio-Electronics under this Agreement, including, but not limited to, information regarding equipment services, inspection and repairs, must be retained until the patient reaches the age of majority plus two (2) years.

22. **Confidentiality.** Neither party shall during the term of this Agreement and at all times following the expiration or termination thereof, disclose to any third party, other than its employees, or use for any purpose other than compliance with this Agreement, any information provided to it by the other party which is marked "Confidential", or "Proprietary" or a similar legend, or which is orally identified as such at the time of disclosure, unless authorized in writing by both parties. This includes all medical records and other confidential medical information.

    For purposes of this Agreement, Proprietary Information shall mean any non-public information regarding the business of Bio-Electronics including, but not limited to, customers, client lists, business plans, and business practices of either party.

    Failure to follow the terms of Bio-Electronics' Confidentiality Agreement as stated above could result in financial penalties per infraction.

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23. **Insurance.** Bio-Electronics and Facility each hereby agree to purchase and maintain commercial liability insurance with minimum limits of liability of $1 million per occurrence, and a $3 million annual aggregate and also agree to carry a blanket additional insured endorsement for any entity that requires that endorsement by written contract. Upon request, Bio-Electronics and Facility shall each furnish certificates to one another evidencing such insurance is in force.

24. **Indemnity.** Each party shall indemnify and hold the other, its officers, employees and agents harmless from any and all liability and damages, costs and expenses, including reasonable attorney's fees and costs, that the other or its officers, employees or agents become obligated to pay due to the negligent, reckless or intentional acts or omissions of the party or any of its personnel arising out of its duties and obligations under this Agreement.

25. **Safe Working Environment.** Facility agrees to provide and maintain at all times a safe working environment for all of Bio-Electronics' personnel and to comply at all times with all safety, health and work environment laws, regulations, ordinances, directives, and rules imposed by all applicable federal, state, and local governmental bodies. Facility shall immediately report to Bio-Electronics all accidents and injuries involving Bio-Electronics' personnel providing services under this Agreement.

26. **Notices.** All notices and other communications which are required or may be given under this Agreement shall be in writing and shall be deemed received on delivery if delivered by hand, or three days after being placed in the mail, postage prepaid, certified, and addressed to the other party at the following respective addresses, unless notice is received of an address change:

To Bio-Electronics:	Bio-Electronics 3255 Salt Creek Circle, Suite 200 Lincoln, Nebraska 68504 Attention: Senior Director of Operations
To Facility:	Nebraska Veterans Homes

27. **Amendment.** This Agreement may only be altered or amended by a written agreement signed by both Bio-Electronics and Facility.

28. **Counterparts.** This Agreement may be signed in two or more counterparts, each of which shall be deemed an original, but all of which shall be considered together one and the same instrument.

29. **Exhibits.** All exhibits which are attached hereto, as the same now exist or may hereafter be amended pursuant to this Agreement, are incorporated herein and made a part hereof with the same force and effect as if the same were fully set forth herein in their entirety.

30. **Entire Agreement: Nonassignment.** Except as otherwise provided herein, this Agreement and all Exhibits, both now existing and as hereafter amended, constitutes the entire understanding and agreement between the parties covering the Equipment Services provided herein and any rights, duties and/or obligations hereunder may not be assigned by either party hereto, in whole or in part, without the prior written consent of the other party.

31. **Governing Law.** This Agreement shall be construed and enforced pursuant to and in accordance with the laws of the State of Nebraska.

32. **Waiver of Breach.** The waiver by either party of a breach or violation of any provision of this Agreement shall not operate as, or be construed to be, a waiver of any subsequent breach of the same or other provision hereof.

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33. **Force Majeure.** No party shall be liable nor deemed to be in default for any delay or failure in performance under this Agreement or other interruption of service resulting, directly or indirectly, from acts of God, civil or military authority, acts of public enemy war, accident, fire, explosions, earthquakes, floods, failure of transportation, strikes or other work interruptions by either party's employees, or any other cause beyond the reasonable control of the party.

34. **Severability.** Except to the extent the same would operate to deprive either party of the economic benefit of its bargain, in the event any provision of this Agreement is held to be unenforceable for any reason, the unenforceability thereof shall not affect the remainder of this Agreement, which shall remain in full force and effect and be enforceable in accordance with its terms.

35. **Binding Effect.** This Agreement shall be binding upon and inure to the benefit of the parties and their successors and permitted assigned.

IN WITNESS WHEREOF, the parties hereto have executed and delivered this Agreement to be effective as of the Effective Date.

By: _____
(Authorized Signature) Date

_____
(Please Print Name)

Title: _____

BIO-ELECTRONICS

By: _____
Senior Director of Operations Date

SAMPLE

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Exhibit 3

Annotated Guide To Bio-Electronics' Policies

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GUIDE TO BIO-ELECTRONICS' POLICIES

A primary purpose of Bio-Electronics' operating policies and procedures is to provide guidelines for maintaining a quality equipment management program for its contracted customers. To that end, it is necessary that established policies promote compliance with standards set forth by various Federal, State, and local regulating agencies, as well as those of a voluntary nature. The following criteria and guidelines provide an overview of Bio-Electronics' medical equipment management program and identify quick references to that program. It is not required to sign the Adoption Letter and return it to Bio-Electronics, as a facility may choose to incorporate this program into its own policies. The Adoption Letter can serve as internal documentation for the facility's purposes as needed. The circumstances and practices of each local hospital will vary. Therefore, you are encouraged to work out details and questions with your Primary Account Representative and Regional Service Manager to best support the facility's compliance program.

The items that follow are organized according to The Joint Commission Accreditation Manual, the DNV-GL Interpretive Guidelines, and the Center for Improvement in Healthcare Quality accreditation standards and are referenced to specific paragraphs or sections in the Bio-Electronics Operations Manual. Items which are typically under the purview of Bio-Electronics are in bold face type and specific references are in italics. A facility may adopt Bio-Electronics' program along with their own policies in such a way as to provide an integrated response to these criteria (Appendix P).

Standard EC.01.01.01	AHC	ALC	BHC	CAH	HAP	LAB	NCC	OBS	OME
Applies to	X	X	X	X	X	X	X		
The [organization] plans activities [to/that] minimize risks in the environment of care. Note 1: One or more persons can be assigned to manage risks associated with the management plans described in this standard. [AHC, BHC, CAH, HAP, LAB, NCC]									
Elements of Performance for EC.01.01.01	AHC	ALC	BHC	CAH	HAP	LAB	NCC	OBS	OME
EP 3	X			X	X				
The [organization] has a library of information regarding inspection, testing, and maintenance of its equipment and systems. NOTE: This library includes manuals, procedures provided by manufacturers, technical bulletins, and other information.									
Section 2.208									
Elements of Performance for EC.01.01.01	AHC	ALC	BHC	CAH	HAP	LAB	NCC	OBS	OME
EP 8	Ⓓ			Ⓓ	Ⓓ	Ⓓ			
The [organization] has a written plan for managing the following: Medical equipment. [AHC, CAH, HAP] **The laboratory has a written plan for managing the following: Laboratory equipment.** [LAB]									
Section 2.208, Appendices K, M and P									

Standard EC.02.01.01	AHC	ALC	BHC	CAH	HAP	LAB	NCC	OBS	OME
Applies to	X	X	X	X	X	X	X	X	X
The [organization] manages safety and security risks.									
Elements of Performance for EC.02.01.01	AHC		BHC	CAH	HAP	LAB	NCC	OBS	OME
EP 11	X		X	X	X	X	X	X	
The [organization] responds to product notices and recalls. (See also MM.05.01.17, EPs 1, 3, 4) [AHC, CAH, HAP, OBS] **The organization acts in accordance with product notices and recalls.** (See also MM.05.01.17, EPs 1, 3, 4) [BHC, NCC] **The laboratory acts in accordance with product notices and recalls.** [LAB]									
Section 2.201.6									

Standard EC.02.04.01	AHC	ALC	BHC	CAH	HAP	LAB	NCC	OBS	OME
Applies to	X	X		X	X	X	X		

The [organization] manages medical equipment risks. [AHC, ALC, CAH, HAP, NCC, OBS]

The laboratory manages laboratory equipment risks. [LAB]

Elements of Performance for EC.02.04.01	AHC	ALC	BHC	CAH	HAP	LAB	NCC	OBS	OME
EP 2	Ⓓ R			Ⓓ	Ⓓ	Ⓓ			

The organization maintains either a written inventory of all medical equipment or a written inventory of selected equipment categorized by physical risk associated with use (including all life-support equipment) and equipment incident history. The [organization] evaluates new types of equipment before initial use to determine whether they should be included in the inventory. [AHC, HAP]

The organization maintains either a written inventory of all medical equipment. [AHC deemed ASCs and outpatient surgery, CAH, HAP deemed]

The laboratory maintains a written inventory of laboratory equipment and equipment incident history. The laboratory evaluates new types of equipment before initial use to determine whether they should be included in the inventory. [LAB]

Sections 201, 208.3.1, 208.3.3-4, 208.6.2 and Appendices I, K and M

Elements of Performance for EC.02.04.01	AHC	ALC	BHC	CAH	HAP	LAB	NCC	OBS	OME
EP 3	Ⓓ	Ⓓ		Ⓓ	Ⓓ	Ⓓ	Ⓓ		

The organization identifies the activities and frequencies for maintaining, inspecting, and testing for all medical equipment on the inventory. Various maintenance strategies may be used to ensure reliable performance (for example: predictive maintenance, reliability-centered maintenance, interval-based inspections, corrective maintenance, or metered maintenance). Defined intervals may be based on criteria such as manufacturers' recommendations, risk levels, and current organization experience. [AHC]

The organization identifies the activities and frequencies for maintaining, inspecting, and testing for all medical equipment on the inventory. These activities and frequencies must follow manufacturers' recommendation or other federal or state requirements. [AHC deemed ASCs and outpatient surgery]

The [organization] identifies high-risk medical equipment on the inventory for which there is a risk of serious injury or death to a patient or staff member should the equipment fail. [CAH, HAP]

The laboratory identifies, in writing, the activities and frequencies for inspecting, testing (including function checks), and maintaining laboratory equipment based on the following:

- **Manufacturers' recommendations when available**
- **Identified risks**
- **Clinical Laboratory Improvement Amendments of 1988 (CLIA '88) guidelines**
- **History and experience with the laboratory equipment**
  (See also QSA.02.02.01, EP 5) [LAB]

The organization identifies, in writing, the activities for maintaining, inspecting, and testing for all medical equipment on the inventory. [ALC, NCC]

NOTE: *High-risk medical equipment includes life-support equipment.* [CAH, HAP]

NOTE: *This requirement also applies whenever the laboratory modifies commercially available equipment or for equipment that is used in a test system developed by the laboratory.* [LAB]

NOTE: *Organizations may use different strategies for different items as appropriate. For example, strategies such as predictive maintenance, reliability-centered maintenance, interval-based maintenance, corrective maintenance or metered maintenance may be selected to provide for reliable performance.* [ALC, NCC]

Sections 201, 206, 208.1, 208.3.1, Appendices I, J and M

Elements of Performance for EC.02.04.01	AHC	ALC	BHC	CAH	HAP	LAB	NCC	OBS	OME
EP 4		Ⓓ		Ⓓ R	Ⓓ R		Ⓓ R	Ⓓ R	

The [organization] identifies the activities and associated frequencies, in writing, for maintaining, inspecting, and testing all medical equipment on the inventory. These activities and associated frequencies are in accordance with manufacturers' recommendations or with strategies of an alternative equipment maintenance (AEM) program. [CAH, HAP]

The organization identifies, in writing, frequencies for inspecting, testing, and maintaining medical equipment on the inventory based on criteria such as manufacturers' recommendations, risk levels, or current organization experience. [ALC, NCC]

The practice identifies frequencies for inspecting, testing, and maintaining medical equipment based on criteria such as manufacturers' recommendations, risk levels, or current practice experience. [OBS]

Note 1: *The strategies of an AEM program must not reduce the safety of equipment and must be based on accepted standards of practice, such as the American National Standards Institute/Association for the Advancement of Medical Instrumentation handbook ANSI/AAMI EQ56: 2013, Recommended Practice for a Medical Equipment Management Program.* [CAH, HAP]

Note 1/2: *Medical equipment with activities and associated frequencies in accordance with manufacturers' recommendations must have 100% completion rate.* [CAH, HAP, NCC]

Note 2/3: *Scheduled maintenance activities for both high-risk and non-high-risk medical equipment in an alternative equipment maintenance (AEM) program inventory must have a 100% completion rate. AEM frequency is determined by the organization's AEM program.* [CAH, HAP, NCC]

Sections 201, 206, 208.3.1, 208.6.4, Appendices I, J, K and M

Elements of Performance for EC.02.04.01	AHC	ALC	BHC	CAH	HAP	LAB	NCC	OBS	OME
EP 5				Ⓓ	Ⓓ Deemed				

The organization's activities and frequencies for inspecting, testing, and maintaining the following items must be in accordance with manufacturers' recommendations:

- **Equipment subject to federal or state law or Medicare Conditions of Participation in which inspecting, testing, and maintaining must be in accordance with the manufacturers' recommendations, or otherwise establishes more stringent maintenance requirements**
- **Medical laser devices**
- **Imaging and radiologic equipment (whether used for diagnostic or therapeutic purposes)**
- **New medical equipment with insufficient maintenance history to support the use of alternative maintenance strategies.**

Note: *Maintenance history includes any of the following documented evidence:*

- *Records provided by the [organization's] contractors*
- *Information made public by nationally recognized sources*
- *Records of the [organization's] experience over time*

Sections 201, 208.3 and Appendices J

Elements of Performance for EC.02.04.01	AHC	ALC	BHC	CAH	HAP	LAB	NCC	OBS	OME
EP 6	Ⓓ			Ⓓ	Ⓓ Deemed		Ⓓ R	R	

The [organization] has written procedures to follow when medical equipment fails, including using emergency clinical interventions and backup equipment. [AHC, NCC]

A qualified individual(s) uses written criteria to support the determination whether it is safe to permit medical equipment to be maintained in an alternate manner that includes the following:

- **How the equipment is used, including the seriousness and prevalence of harm during normal use**
- **Likely consequences of equipment failure or malfunction, including seriousness of and prevalence of harm**
- **Availability of alternative or backup equipment in the event the equipment fails or malfunctions**
- **Incident history of identical or similar equipment**
- **Maintenance requirements of the equipment**

(For more information on defining staff qualifications, refer to Standard HR.01.01.01) [CAH, HAP deemed]

The practice has written procedures to follow when medical equipment fails, including using emergency clinical interventions and backup equipment. [OBS]

Sections 201, 202.2, 208.3.1, 208.3.3, Appendices I and L

Elements of Performance for EC.02.04.01	AHC	ALC	BHC	CAH	HAP	LAB	NCC	OBS	OME
EP 7				Ⓓ	Ⓓ Deemed				

The [organization] identifies medical equipment on its inventory that is included in an alternative equipment maintenance program.

Sections 201.4 and 208.3.1, Appendices I, J and M

Elements of Performance for EC.02.04.01	AHC	ALC	BHC	CAH	HAP	LAB	NCC	OBS	OME
EP 9				Ⓓ R	Ⓓ R				

The [organization] has written procedures to follow when medical equipment fails, including using emergency clinical interventions and backup equipment.

Sections 201, 202.2, 208.3.1, 208.3.3, Appendix I and L

Standard EC.02.04.03	AHC	ALC	BHC	CAH	HAP	LAB	NCC	OBS	OME
Applies to	X	X	X	X	X	X	X	X	

The [organization] inspects, tests, and maintains medical equipment. [AHC, ALC BHC, CAH, HAP, NCC, OBS]

The laboratory inspects, tests, and maintains laboratory equipment. [LAB]

Elements of Performance for EC.02.04.03	AHC	ALC	BHC	CAH	HAP	LAB	NCC	OBS	OME
EP 1	X	X		R	R		R	X	

Before initial use of medical equipment on the medical equipment inventory, the [organization] performs safety, operational, and functional checks. [AHC, HAP]

Before adding medical equipment to the inventory, the organization performs safety, operational, and functional checks. [ALC]

Before initial use and after major repairs or upgrades of medical equipment on the medical equipment inventory, the [organization] performs safety, operational, and functional checks. [CAH, HAP deemed]

Before initial use of medical equipment, the [organization] performs safety, operational, and functional checks. [NCC, OBS]

Sections 103.1 and 201.5, Appendices I, J and K

Elements of Performance for EC.02.04.03	AHC	ALC	BHC	CAH	HAP	LAB	NCC	OBS	OME
EP 2	Ⓓ R			Ⓓ R	Ⓓ R		Ⓓ R	Ⓓ R	

The [organization] inspects, tests, and maintains all high-risk equipment. These activities are documented. [AHC, NCC]

The critical access hospital inspects, tests, and maintains all high-risk equipment. These activities are documented. (See also PC.02.01.09, EP 8; PC.02.01.11, EP 2) [CAH]

The hospital inspects, tests, and maintains all high-risk equipment. These activities are documented. (See also PC.02.01.11, EP 2) [HAP]

The practice inspects, tests, and maintains all life-support equipment. These activities are documented. [OBS]

NOTE: *High-risk equipment includes life-support equipment*. [AHC]

NOTE 1: *High-risk equipment includes medical equipment for which there is a risk of serious injury or even death to a patient or staff member should it fail, which includes life-support equipment.* [CAH, HAP, NCC]

NOTE 2: *Required activities and associated frequencies for maintaining, inspecting, and testing of medical equipment completed in accordance with manufacturers' recommendations must have a 100% completion rate.* [CAH, HAP, NCC]

NOTE 3: *Scheduled maintenance activities for high-risk medical equipment in an alternative equipment maintenance (AEM) program inventory must have a 100% completion rate. AEM frequency is determined by the critical access hospital's AEM program.* [CAH, HAP, NCC]

Sections 103.1, 103.3, 201.4-5, 208.3, 208.3.1, 208.3.3, 208.6.4 and Appendices I, J and K

Elements of Performance for EC.02.04.03	AHC	ALC	BHC	CAH	HAP	LAB	NCC	OBS	OME
EP 3	Ⓓ	Ⓓ	Ⓓ	Ⓓ	Ⓓ		Ⓓ R	Ⓓ R	

The [organization] inspects, tests, and maintains non–high-risk equipment identified on the medical equipment inventory. These activities are documented. [AHC, CAH, HAP]

The organization has a process for inspecting, testing, and maintaining medical equipment. These activities are documented. [ALC]

The organization has a process for inspecting, testing as needed, and maintaining all medical equipment that it owns and operates, which is based on manufacturers' recommendations, risk levels, or current organization experience. These activities are documented. [BHC]

The organization inspects, tests, and maintains non–life-support equipment. These activities are documented. [NCC]

The practice inspects, tests, and maintains non- life-support equipment. [OBS]

NOTE: *This process does not encompass medical equipment owned by individuals served or other organizations.* [BCC]

NOTE: *Scheduled maintenance activities for non-high-risk medical equipment in an alternative equipment maintenance (AEM) program inventory must have a 100% completion rate. AEM frequency is determined by the [organization's] AEM program.* [CAH, HAP]

Sections 103.1, 103.3, 201.4-5, 208.3, 208.3.1, 208.3.3, 208.6.4 and Appendices I, J and K

Elements of Performance for EC.02.04.03	AHC	ALC	BHC	CAH	HAP	LAB	NCC	OBS	OME
EP 4	Ⓓ R			Ⓓ	Ⓓ	Ⓓ R		Ⓓ R	

The [organization] conducts performance testing of and maintains all sterilizers. These activities are documented. (See also IC.02.02.01, EP 2) [AHC, CAH, HAP, OBS]

The laboratory conducts performance testing of and maintains all sterilizers (autoclaves). These activities are documented. (See also IC.02.02.01, EP 2) [LAB]

Sections 103.1, 103.3, 201.4-5, 208.3, 208.3.1, 208.3.3, 208.6.4 and Appendices I, J and K

Elements of Performance for EC.02.04.03	AHC	ALC	BHC	CAH	HAP	LAB	NCC	OBS	OME
EP 5	Ⓓ R			Ⓓ R	Ⓓ R		Ⓓ R		

The [organization] performs equipment maintenance and chemical and biological testing of water used in hemodialysis. These activities are documented.

Sections 103.1, 103.3, 201.4-5, 208.3, 208.3.1, 208.3.3, 208.6.4 and Appendices I, and J

Elements of Performance for EC.02.04.03	AHC	ALC	BHC	CAH	HAP	LAB	NCC	OBS	OME
EP 6						Ⓓ			

The laboratory documents major repairs and parts replacement for each instrument or piece of equipment, for the life of the instrument or equipment.

Sections 202.2, 208.3.3 and 208.5

Elements of Performance for EC.02.04.03	AHC	ALC	BHC	CAH	HAP	LAB	NCC	OBS	OME
EP 7						Ⓓ			
The laboratory performs preventive maintenance, periodic inspection, and performance testing of each instrument or piece of equipment. These activities are documented. *(See also QSA.13.08.01, EP 1)*									
Sections 103.1, 103.3, 201.4-5, 208.3, 208.3.1, 208.3.3, 208.6.4 and Appendices I, J and K									

Elements of Performance for EC.02.04.03	AHC	ALC	BHC	CAH	HAP	LAB	NCC	OBS	OME
EP 9						Ⓓ			
The laboratory evaluates analytic measuring equipment and instruments for all critical operating characteristics. This evaluation is documented.									
Sections 103.1, 103.3, 201.4-5, 208.3, 208.3.1, 208.3.3, 208.6.4 and Appendices I, J and K									

Elements of Performance for EC.02.04.03	AHC	ALC	BHC	CAH	HAP	LAB	NCC	OBS	OME
EP 11						Ⓓ			
The laboratory evaluates automated volumetric equipment. This evaluation is documented.									
Sections 103.1, 103.3, 201.4-5, 208.3, 208.3.1, 208.3.3, 208.6.4 and Appendices I, J and K									

Elements of Performance for EC.02.04.03	AHC	ALC	BHC	CAH	HAP	LAB	NCC	OBS	OME
EP 12						Ⓓ			
The laboratory monitors temperature-controlled spaces **and equipmen**t at frequencies established by the laboratory, using manufacturers' guidelines. The temperature is documented.									
Sections 103.1, 103.3, 201.4-5, 208.3, 208.3.1, 208.3.3, 208.6.4 and Appendices I, J and K									

Elements of Performance for EC.02.04.03	AHC	ALC	BHC	CAH	HAP	LAB	NCC	OBS	OME
EP 13						Ⓓ			
For each instrument or piece of **equipment, the laboratory retains any daily, weekly, monthly, quarterly, or semiannual performance testing and function checks for at least two years.**									
Sections 103.3, 201.4-5, 208.3 and 208.3.3									

Elements of Performance for EC.02.04.03	AHC	ALC	BHC	CAH	HAP	LAB	NCC	OBS	OME
EP 14						X			
All blood warmers must have a warning system to detect malfunctions and prevent damage to the cellular components**. This system should be checked per manufacturers' specifications.**									
Sections 103.1, 201.2, 201.4 and Appendices I and J									

Elements of Performance for EC.02.04.03	AHC	ALC	BHC	CAH	HAP	LAB	NCC	OBS	OME
EP 17						Ⓓ			
The laboratory evaluates the accuracy of analytical balances using ANSI/ASTM Class standard weights. This evaluation is documented.									
Section 204									

Elements of Performance for EC.02.04.03	AHC	ALC	BHC	CAH	HAP	LAB	NCC	OBS	OME
EP 19	X Deemed ASCs								
Emergency equipment is maintained by qualified staff.									
Section 103.1, 201.2, 201.4 and Appendices I, K and Q									

Elements of Performance for EC.02.04.03	AHC	ALC	BHC	CAH	HAP	LAB	NCC	OBS	OME
EP 27	X			X	X	X	X	X	
The [organization] meets NFPA 99-2012: Health Care Facilities Code requirements related to electrical equipment in the patient care vicinity. (For full text, refer to NFPA 99-2012: Chapter 10) [AHC, CAH, HAP] **The [organization] meets all other Health Care Facilities Code requirements for electrical equipment in the patient care vicinity as related to NFPA 99-2012: Chapter 10.** [LAB, NCC, OBS] **NOTE:** The *[organization] meets the applicable provisions of the Health Care Facilities Code Tentative Interim Amendment (TIA) 12-5.* [AHC deemed ASCs, CAH, HAP deemed]									
Sections 103.1, 201.5, 206 and Appendices I and J									

Standard EC.03.01.01	AHC	ALC	BHC	CAH	HAP	LAB	NCC	OBS	OME
Applies to	X	X	X	X	X	X		X	
Staff and licensed independent practitioners] are familiar with their roles and responsibilities relative to the environment of care. [AHC, CAH, HAP, LAB, OBS] Staff are familiar with their roles and responsibilities relative to the environment of care. [ALC, BHC]									

Elements of Performance for EC.03.01.01	AHC	ALC	BHC	CAH	HAP	LAB	NCC	OBS	OME
EP 1	X			X	X				
Staff responsible for the maintenance, inspection, testing, and use of medical equipment, utility systems and equipment, fire safety systems and equipment, and safe handling of hazardous materials and waste are competent and receive continuing education and training.									
Section 205									

Elements of Performance for EC.03.01.01	AHC	ALC	BHC	CAH	HAP	LAB	NCC	OBS	OME
EP 2	X	X	X	R	R	X		X	

Staff and licensed independent practitioners **can describe or demonstrate actions to take in the event of an environment of care incident.** [AHC, CAH, HAP, LAB, OBS]

Staff **can describe or demonstrate actions to take in the event of an environment of care incident.** [ALC, BHC]

Sections 208.3.4, 208.5, 209, 301.3 and Appendix L

Standard EC.04.01.01	AHC	ALC	BHC	CAH	HAP	LAB	NCC	OBS	OME
Applies to	X	X	X	X	X	X	X	X	X

The [organization] collects information to monitor conditions in the environment.

Elements of Performance for EC.04.01.01	AHC	ALC	BHC	CAH	HAP	LAB	NCC	OBS	OME
EP 1	X	X	X	R	R	X		X	Ⓓ

The organization establishes a process(es) for continually monitoring, internally reporting, and investigating the following:

- Problems and incidents related to risks addressed in the environment of care management plans
- Injuries to patients or others within the organization's facilities
- Occupational illnesses and staff injuries
- Incidents of damage to its property or the property of others [AHC]

The organization establishes a process(es) for continually monitoring, internally reporting, and investigating the following:

- Environmental deficiencies, hazards, and unsafe practices
- Injuries to individuals served or others within the organization's facilities
- Occupational illnesses and staff injuries
- Incidents of damage to its property or the property of others in locations it controls
- Security incidents involving individuals served, staff, or others in locations it controls
- Hazardous materials and waste spills and exposure
- Fire safety management problems, deficiencies, and failures
- Medical equipment management problems, failures, or use errors
- Utility systems management problems, failures, or use errors [ALC]

The [organization] establishes a process(es) for continually monitoring, internally reporting and investigating the following:

- Injuries to patients or others within the organization's facilities/facilities and grounds
- Occupational illnesses and staff injuries
- Incidents of damage to its property or the property of others
- Security incidents involving patients, staff, or others within its facilities
- Fire safety management problems, deficiencies, and failures [BHC]

The laboratory establishes a process(es) for continually monitoring, internally reporting and investigating the following:

- Injuries to patients or others within the laboratory
- Occupational illnesses and staff injuries
- Incidents of damage to its property or the property of others in locations it controls
- Security incidents involving patients, staff, or others in locations it controls
- Hazardous materials and waste spills and exposures
- Fire safety management problems, deficiencies, and failures

- Laboratory equipment management problems, failures, and use errors
- Utility systems management problems, failures, or use errors [LAB]

The practice establishes a process(es) for internally reporting and investigating occupational illnesses and staff injuries. [OBS]

The organization establishes and implements a process(es) for internally reporting, investigating, and documenting the following:

- Incidents to patients, staff, or others within the organizations' facilities
- Security incidents involving individuals served, staff, or others in locations it controls
- Hazardous materials and waste spills and exposure
- Fire safety management problems, deficiencies, and failures
- Medical equipment management problems, failures, or use errors
- Utility systems management problems, failures, or use errors [OME]

NOTE 1: *All the incidents and issues listed above may be reported to staff in quality assessment, improvement, or other functions. A summary of such incidents may also be shared with the person designated to coordinate safety management activities.* [AHC, ALC, BHC, CAH, HAP, LAB]

NOTE 2: *Review of incident reports often requires that legal processes be followed to preserve confidentiality. Opportunities to improve care, treatment, or services, or to prevent similar incidents, are not lost as a result of following the legal process.* [AHC, ALC, BHC, CAH, HAP]

NOTE 2: *Review of incident reports often requires that legal processes be followed to preserve confidentiality. Opportunities to improve laboratory services, or to prevent similar incidents, are not lost as a result of following the legal process.* [LAB]

Sections 201.6, 202.2, 208.3.3-5, 209, 301.3 and Appendices L and R

Elements of Performance for EC.04.01.01	AHC	ALC	BHC	CAH	HAP	LAB	NCC	OBS	OME
EP 10				X	X	X	R		

Based on its process(es), the [organization] reports and investigates the following: Medical/laboratory equipment management problems, failures, and use errors. [CAH, HAP]

The laboratory reports and investigates the following: Laboratory equipment management problems, failures, and use errors. [LAB]

The organization internally reports and investigates the following: Medical equipment management problems, failures, and use errors. [NCC]

Sections 201.6, 202.2, 208.3.3-5, 209, 301.3 and Appendices L and R

Elements of Performance for EC.04.01.01	AHC	ALC	BHC	CAH	HAP	LAB	NCC	OBS	OME
EP 15	Ⓓ R		Ⓓ	Ⓓ R Rehab & Psych DPUs	Ⓓ R	Ⓓ			

Every 12 months, the [organization] evaluates each environment of care management plan, including a review of the plan's objectives, scope, performance, and effectiveness.

Note: *By evaluating the management plans, the organization can make sure that they remain relevant and useful guides for managing the environment of care. A review of the plans' scope includes a determination of whether any new services, programs, or sites added in the past year need to be addressed by the plans or if new hazards have been introduced into the environment that now need to be covered. A review of the plans' effectiveness could be accomplished through a review of incident reports as well as evaluation of other known problems that are not found on the incident reports (such as problems identified in the critique of a fire drill). A*

	review of the plans' objectives would include a determination of whether the previous year's objectives were met and if any new objectives should be established to address problems identified in the review of the plan's effectiveness. [BHC]
	Section 208.6 and 209 and Appendix M

NIAHO – MI.3 (Medical Imaging) Equipment	
Standard	**Requirement**
SR.1	**Periodic inspection of equipment shall be performed, at least minimally according to manufacturer's recommendations. Hazards shall be identified and promptly corrected (See PE.1).**
SR.2	**Documentation of preventative maintenance and repairs of radiology equipment shall be maintained (See PE.7).** *The hospital [CAH] must have policies and procedures in place to ensure that periodic inspections of radiology equipment are conducted. When these periodic inspections have identified that equipment is not operating or malfunctioning, this equipment is removed from service and repaired and verified prior to being put into operation for patient care. The hospital [CAH] must maintain repair documentation and records for periodic maintenance.* *Either the hospital [CAH] staff or a qualified contract entity must ensure that equipment is inspected in accordance with manufacturer's instructions, Federal and State laws, regulations, and guidelines, and hospital [CAH] policy.*
Sections 103.1-3, 201.2, 202.2 and Section 208	

NIAHO – PE.7 Medical Equipment Management System	
Standard	**Requirement**
SR.1 [Hospital]	**The organization shall establish a Medical Equipment Management System that provides processes for the acquisition, safe use, and the appropriate selection of equipment.**
SR.1 [CAH]	**The organization shall establish processes for the acquisition, safe use, and the appropriate selection of equipment.**
Sections 103.4 and 201.5	
SR.2 [Hospital]	**The Medical Equipment Management System shall address issues related to the organization's initial service inspection, the orientation, and the demonstration of use** for rental or physician-owned equipment.
SR.2 [CAH]	**The CAH shall address issues related to the CAH's initial service inspection, the orientation, and the demonstration of use** for rental or physician-owned equipment.
Sections 103 and 201	
SR.3 [Hospital]	**The Medical Equipment Management System shall address criteria for the selection of equipment.**
SR.3 [CAH]	**The CAH shall address criteria for the selection of equipment.**

	Sections 103, 201.4 and Appendix I
SR.4 [Hospital]	**The Medical Equipment Management System shall address incidents related to serious injury or illness or death (See SMDA 1990).**
SR.4 [CAH]	**The CAH shall address incidents related to serious injury or illness or death (See SMDA 1990).**
	Sections 201, 208.3 and Appendix L
SR.5 [Hospital]	**The Medical Equipment Management System shall have a process for reporting and investigating equipment management problems, failures, and user errors.**
SR.5 [CAH]	**The CAH shall have a process for reporting and investigating equipment management problems, failures, and user errors.**
	Sections 202.2, 301 and Appendix L
SR.6 [Hospital]	**The Medical Equipment Management System shall address a process for determining timing and complexity of medical equipment maintenance.**
SR.6 [CAH]	**The CAH shall have a process for determining timing and complexity of medical equipment maintenance.**
	Sections 201, 206, 208.3.1 and Appendices I and J
SR.7 [Hospital]	**The Medical Equipment Management System shall address the process of receiving and responding to recalls and alerts.**
SR.7 [CAH]	**The CAH shall have a process in place for receiving and responding to recalls and alerts.**
	Section 201.6

Interpretive Guidelines:

Medical Equipment must be maintained to ensure an acceptable level of safety and quality.
Sections 103.1 and 201

In order to ensure an acceptable level of safety and quality, the hospital [CAH] must identify the equipment required to meet its patients' needs for both day-to-day operations and in a likely emergency/disaster situation, such as mass casualty events resulting from natural disasters, mass trauma, disease outbreaks, internal disasters, etc. In addition, the hospital [CAH] must make adequate provisions to ensure the availability and reliability of equipment needed for its operations and services. Equipment includes both facility equipment, which supports the physical environment of the hospital [CAH] (e.g., elevators, generators, air handlers, medical gas systems, air compressors and vacuum systems, etc.) and medical equipment, which are devices intended to be used for diagnostic, therapeutic or monitoring care provided to a patient by the hospital [CAH] (e.g., IV infusion equipment, ventilators, laboratory equipment, surgical devices, etc.).
Section 201

All equipment must be inspected and tested for performance and safety before initial use and after major repairs or upgrades. ***Sections 103.1, 201.5 and 202.2***

All equipment must be inspected, tested, and maintained to ensure their safety, availability and reliability. Equipment maintenance activities may be conducted using hospital [CAH] personnel, contracted services, or through a combination of hospital [CAH] personnel and contracted services.

Individual(s) responsible for overseeing the development, implementation, and management of equipment maintenance programs and activities must be qualified. The hospital [CAH] maintains records of hospital [CAH] personnel qualifications and is able to demonstrate how it assures all personnel, including contracted personnel, are qualified. ***Sections 103.1, 201, 202.2 and Appendices B, K and P***

All equipment maintenance policies, procedures and programs, as well as specific equipment maintenance inventories, activities and schedules fall under the purview of the hospital's [CAH's] clinical maintenance personnel, safety department personnel or other personnel who have been assigned responsibility for equipment maintenance by hospital [CAH] leadership. ***Section 201.1 and Appendices M and P***

Hospitals [CAHs] comply with this regulation when they follow the manufacturer-recommended maintenance activities and schedule. Hospitals [CAHs] may choose to perform maintenance more frequently than the manufacturer recommends but must use the manufacturer-recommended maintenance activities in such cases. When equipment is maintained in accordance with the manufacturer's recommendations, the hospital [CAH] must maintain documentation of those recommendations and the hospital's [CAH's] associated maintenance activity for the affected equipment. ***Sections 103.1-3, 201.2-4, 208.3.1.10 and Appendix J***

Alternate Equipment Management (AEM) Program

A hospital [CAH] may, under certain conditions, use equipment maintenance activities and frequencies that differ from those recommended by the manufacturer. Hospitals [CAHs] that choose to employ alternate maintenance activities and/or schedules must develop, implement, and maintain a documented AEM program to minimize risks to patients and others in the hospital [CAH] associated with the use of facility or medical equipment. The AEM program must be based on generally accepted standards of practice for facility or medical equipment maintenance. ***Sections 201.2, 201.4 and Appendix M***

Decision to Place Equipment in an AEM Program

The determination of whether it is safe to perform facility or medical equipment maintenance without following the equipment manufacturer recommendations must be made by qualified personnel, regardless of whether they are hospital [CAH] employees or contractors. ***Sections 201.2, 201.4 and Appendices B and K***

In the case of medical equipment, a clinical or biomedical technician or engineer would be considered qualified. Highly specialized or complex equipment may require specialized knowledge or training in order for personnel to be considered qualified to make a decision to place such equipment in an AEM program. ***Appendices B and K***

In the case of facility equipment, a Healthcare Facility Management professional (facility manager, director of facilities, vice president of facilities) would be considered qualified.

The hospital [CAH] must maintain records of the qualifications of hospital [CAH] personnel who make decisions on placing equipment in an AEM program and must be able to demonstrate how they assure contracted personnel making such decisions are qualified. ***Appendices B and Q***

In determining whether or not to include equipment in an AEM program, and which maintenance strategies to use in developing maintenance activities and frequencies for particular equipment, the hospital [CAH] must take into account the typical health and safety risks associated with the equipment's use. Note that the risk may vary for the same type of equipment, depending on the patient care setting within the hospital [CAH] where it is used.
Section 201.4

A hospital [CAH] is expected to identify any equipment in its AEM program which is "critical equipment," i.e., biomedical or physical plant equipment for which there is a risk of serious injury or death to a patient or staff person should the equipment fail. Surveyors must focus their review of a hospital's [CAH's] AEM program on critical equipment in that program and the hospital's [CAH's] documentation of the factors

and evidence it considered in developing an AEM strategy for that equipment. ***Section 208.3.1.17 and Repair History/Analysis***

Factors for a hospital [CAH] to consider when evaluating the risks associated with a particular type of equipment include, but are not limited to:

- *How the equipment is used and the likely consequences of equipment failure or malfunction - would failure or malfunction of the equipment hospital-wide [CAH-wide] or in a particular setting be likely to cause harm to a patient or a staff person?* ***Section 208.3.1 and Appendices I and J***

- *How serious is the harm likely to be? For example, a slightly miscalibrated scale in an adult internal medicine outpatient clinic might not present significant risk of harm. However, a miscalibrated scale in a neonatal intensive care unit could have very serious consequences for patient care.* ***Appendix I***

- *How widespread is the harm likely to be? For example, are many patients exposed to the equipment, resulting in harm due to failure impacting more patients or staff? If harm would be widespread, even if the harm to each affected individual is not serious, this would be a cause for concern.* ***Appendix I***

- *Information, if available, on the manufacturer's equipment maintenance recommendations, including the rationale for the manufacturer's recommendations;* ***Section 206***

Maintenance Requirements of the Equipment: ***Sections 201.4, 206, Repair History/Analysis and Appendix J***

- *Are they simple or complex?*

- *Are the manufacturer's instructions and procedures available in the hospital [CAH], and if so, can the hospital [CAH] explain how and why it is modifying the manufacturer's instructions?*

- *If the manufacturer's instructions are not available in the hospital [CAH], how does the hospital [CAH] assess whether the AEM uses appropriate maintenance strategies?*

- *How readily can the hospital [CAH] validate the effectiveness of AEM methods for particular equipment? For example, can the hospital [CAH] explain how it ensures there is no reduction in the quality of the performance of biomedical equipment subjected to alternate maintenance methods?*

- *The timely availability of alternate devices or backup systems in the event of equipment failure or malfunction; and*

- *Incident history of identical or very similar equipment – is there documented evidence, based on the experience of the hospital [CAH] (or its third-party contractor), or on evidence publicly reported by credible sources outside the hospital [CAH], which**:***

    - *Provides the number, frequency and nature of previous failures and service requests?*

    - *Indicates use of an AEM strategy does not result in degraded performance of the equipment**?***

Generally multiple factors must be considered, since different types of equipment present different combinations of severity of potential harm and likelihood of failure. The hospital [CAH] is expected to be able to demonstrate to a surveyor the factors it considered in its risk assessment for equipment placed in its AEM program.

Equipment Not Eligible for Placement in the AEM Program: ***Section 201.2***

Some equipment may not be eligible for placement in the AEM program, for one or more of the following reasons:

- *Other Federal law (for example, regulations promulgated by another Federal agency) or State law may require that facility or medical equipment maintenance, inspection and testing be performed strictly in accordance with the manufacturer's recommendations, or may establish other, more stringent maintenance requirements.*

- *In these instances, the hospital [CAH] must comply with these other Federal or State requirements, but State Surveyors conducting Federal surveys assess compliance only with the hospital [CAH] Conditions of Participation (CoPs).*

- *Other CoPs require adherence to manufacturer's recommendations and/or set specific standards which preclude their inclusion in an AEM program. For example:*

- *The National Fire Protection Association Life Safety Code (LSC) requirements incorporated by reference at 42 CFR 482.41(b) has some provisions that are pertinent to equipment maintenance, and compliance with these requirements are assessed on Federal surveys.*

- *Imaging/radiologic equipment, whether used for diagnostic or therapeutic purposes, is governed by 42 CFR Section 482.26(b)(2) and must be maintained per manufacturer's recommendations.*

- *The equipment is a medical laser device. It should be noted that for medical lasers the U.S. Food and Drug Administration requires manufacturers to provide a schedule of maintenance and adequate instructions for service adjustments and service procedures to purchasers and, at cost, to any other parties requesting them.*

- *New equipment for which sufficient maintenance history, either based on the hospital's [CAH's] own or its contractor's records, or available publicly from nationally recognized sources, is not available to support a risk-based determination must not be immediately included in the AEM program. New equipment must be maintained in accordance with manufacturer recommendations until a sufficient amount of maintenance history has been acquired to determine whether the alteration of maintenance activities or frequencies would be safe. If a hospital [CAH] later transitions the equipment to a risk-based maintenance regimen different than the manufacturers' recommendations, the hospital [CAH] must maintain evidence that it has first evaluated the maintenance track record, risks, and tested the alternate regimen.*

Alternative Maintenance Frequencies or Activities Sections 201.4, 206 and Appendices I and J

Maintenance strategies are various methodologies used for determining the most efficient and effective maintenance activities and frequencies. Manufacturers' recommendations may be based on one or more such strategies. A hospital [CAH] may also use one or more maintenance strategies for its AEM program in order to determine the appropriate maintenance, inspection, and testing activities and frequencies, based upon the nature of the equipment and the level of risk it presents to patient or staff health and safety. The risk to patient health and safety that is considered in developing alternative maintenance strategies must be explained and documented in the AEM program.

In developing AEM maintenance strategies hospitals [CAHs] may rely upon information from a variety of sources, including, but not limited to: manufacturer recommendations and other materials, nationally recognized expert associations, and/or the hospital's [CAH's] (or its third-party contractor's) own experience. Maintenance strategies may be applied to groups or to individual pieces of equipment.

The hospital [CAH] is expected to adhere strictly to the AEM activities or strategies it has developed.

Background Information on Types of Maintenance Strategies Sections 201.3, 208.4 and Appendix J (NOTE: Bio-Electronics utilizes this strategy.)

- *Preventive Maintenance (Time-based Maintenance) – a maintenance strategy where maintenance activities are performed at scheduled time intervals to minimize equipment degradation and reduce instances where there is a loss of performance. Most preventive maintenance is "interval-based maintenance" performed at fixed time intervals (e.g., annual or semi-annual), but may also be*

"metered maintenance" performed according to metered usage of the equipment (e.g., hours of operation). In either case, the primary focus of preventive maintenance is reliability, not optimization of cost-effectiveness. Maintenance is performed systematically, regardless of whether or not it is needed at the time. Example: Replacing a battery every year, after a set number of uses or after running for a set number of hours, regardless.

***Maintenance Tools* Section 204**

Tools (e.g., hand tools, test equipment, software, etc.) necessary for performing equipment maintenance must be available and maintained to ensure that measurements are reliable. Tools used for maintenance are not required to be those specifically recommended by the manufacturer, but tools utilized must be capable of providing results equivalent to those required by the equipment manufacturer.

***AEM Program Documentation* Sections 103.1, 201.2, 201.4, Repair History/Analysis and Appendices I and J**

For each type of equipment subject to the AEM program, there must be documentation indicating:

- *The pertinent types and level of risks to patient or staff health and safety;* ***Appendices I and J***
- *Alternate maintenance activities, and the maintenance strategy and any other rationale used to determine those activities; the differences from the manufacturer's recommended maintenance activities are made explicit, unless the hospital [CAH] is unable to obtain the manufacturer's maintenance recommendations, due to the age of the equipment or the manufacturer's restricting the availability of its recommendations;* ***Section 201.4 and Repair History/Analysis***
- *Alternate maintenance frequencies to be used, if any, and the maintenance strategy and any other rationale used to determine those frequencies. For equipment identified as presenting a very low risk to patient or staff safety, it could be acceptable to not set a particular frequency but instead indicate a less specific approach, for example, an interval range, such as "every 12 – 24 months." It could also be acceptable to employ periodic "departmental sweeps" for such very low risk equipment, where equipment functioning is sampled and operators are polled about its functionality.* ***Section 201.4, Repair History/Analysis and Appendix J***
- *The date when AEM program maintenance activities were performed and, if applicable, further actions required/taken; and* ***Section 208.6.4***
- *Documentation of any equipment failures (not including failures due to operator error), including whether there was resulting harm to an individual. (Note: equipment failure that is due to operator error and which results in an adverse event or near miss must be documented in accordance with the QAPI CoP, as part of the hospital's [CAH's] required tracking of patient safety-related incidents. However, there is no requirement to include operator failures in equipment maintenance documentation.)* ***Sections 103.2-3, 202.2, 208.3 and 208.3.3-5***

When the hospital [CAH] has multiple identical equipment items, the documentation may be generic to that type of equipment, except that documentation of maintenance activities performed must be specific to each item of equipment. ***Sections 103.1 and 201.2***

Evaluating Safety and Effectiveness of the AEM Program

The hospital [CAH] must have policies and procedures which address the effectiveness of its AEM program. In evaluating the effectiveness of the AEM program the hospital [CAH] is expected to address factors including, but not limited to: ***Section 208.6***

- *How equipment is evaluated to ensure there is no degradation of performance, particularly for equipment where such degradation may not be readily apparent to staff using the equipment, e.g., miscalibration.* ***Sections 208.3.2 and 208.5***

- *How incidents of equipment malfunction are investigated, including:* ***Section 202.2 and Appendix L***
    - *whether or not the malfunction could have been prevented, and what steps will be taken to prevent future malfunctions; and* ***Sections 103.5, 202.2, 208.6.1 and 208.6.4***
    - *how a determination is made whether or not the malfunction resulted from the use of an AEM strategy;* ***Sections 201.2, 201.4, 202.2, 208.6.4 and Repair History/Analysis***
- *The process for the removal from service of equipment determined to be unsafe or no longer suitable for its intended application; and* ***Sections 103.4, 201.2, 201.6, 202.2, 203, 205.9.4-6 and 208.5***
- *The use of performance data to determine if modifications in the AEM program procedures are required.* ***Sections 201.4, 208.6 and Repair History/Analysis***

Equipment Inventory

All hospital [CAH] facility and medical equipment, regardless of whether it is leased or owned, and regardless of whether it is maintained according to manufacturer recommendations or is in an AEM program, is expected to be listed in an inventory which includes a record of maintenance activities. ***Sections 103.3 208.3.1 and 208.6.2***

If the hospital [CAH] is using an AEM program, the equipment managed through that program must be readily separately identifiable as subject to AEM. Critical equipment, whether in an AEM program or not, must also be readily identified as such. ***Section 208.3.1***

To facilitate effective management, a well-designed equipment inventory contains the following information for all equipment included. However, hospitals [CAHs] have the flexibility to demonstrate how alternative means they use are effective in enabling them to manage their equipment. ***Section 208.3.1***

- *A unique identification number;*
- *The equipment manufacturer;*
- *The equipment model number;*
- *The equipment serial number;*
- *A description of the equipment;*
- *The location of the equipment (for equipment generally kept in a fixed location);*
- *The identity of the department considered to "own" the equipment;*
- *Identification of the service provider;*
- *The acceptance date; and*
- *Any additional information the hospital [CAH] believes may be useful for proper management of the equipment.*

The hospital [CAH] will develop and implement a Medical Equipment Plan that addresses the following: ***Appendix M***

- *Issues related to use of demonstration or rental equipment and how appropriate training is provided to ensure safe operation;*
- *Defined criteria for the selection of equipment;*

- *The process of reporting and investigating incidents related to serious injury or illness or death (See SMDA 1990);*
- *A process for reporting and investigating equipment management problems, failures, and user errors;*
- *A process for determining timing and complexity of medical equipment maintenance; and,*
- *A process of receiving and responding to recalls and alerts.*

This shall apply to all locations of the hospital [CAH], all campuses, and all off-site facilities.

42 CFR	CIHQ Standards & Requirements
482.41	**CE-8: Management of Medical Equipment** The organization must assure that medical equipment used in patient care is safe. A. The organization assures that individual(s) responsible for overseeing the development, implementation, and management of equipment maintenance programs and activities are qualified by education, training, and/or experience to do so. • The organization's leadership assures that all equipment maintenance policies, procedures, programs, specific maintenance inventories, activities, and schedules are under the purview of qualified personnel. B. Medical equipment must be inspected, calibrated, tested, and maintained by qualified personnel.
	Section 201 and Appendices B, K and Q
	C. Medical equipment must be tested for performance and safety before initial use and after major repairs or upgrades.
	Sections 201.5, 202
	D. The following types of medical equipment must be maintained in accordance with manufacturer instructions: • Equipment subject to Federal or State law requiring maintenance, inspection and testing be performed strictly in accordance with the manufacturer's recommendations, or otherwise establishes, more stringent maintenance requirements. • When Medicare Conditions of Participation require adherence to manufacturer recommendations and/or set specific standards • All imaging/radiologic equipment, whether used for diagnostic or therapeutic purposes • The equipment is a medical laser device. • New equipment for which sufficient maintenance history is not available to support its inclusion in an alternative equipment management (AEM) program.
	Sections 201, 206, 208.3.1 and Appendices I and J
	E. For other medical equipment, the organization may develop, implement, and maintain a documented alternative equipment management (AEM) program. The AEM program must be based on generally accepted standards of practice. • In determining whether or not to include equipment in an AEM program, the organization shall explain and document the patient health and safety risks associated with the equipment's use. Factors for the organization to consider when evaluating the risks associated with a particular type of equipment include, but are not limited to: ○ How the equipment is used and the likely consequences of equipment failure or malfunction – including seriousness and prevalence of harm ○ Information, if available, on the manufacturer's equipment maintenance recommendations, including the rationale for the manufacturer's recommendations ○ Maintenance requirements of the equipment ○ The timely availability of alternate devices or backup systems in the event of equipment failure or malfunction ○ Incident history of identical or very similar equipment – is there documented evidence, based on the experience of the hospital (or its third-party contractor), or on evidence publicly reported by credible sources outside the hospital, which

	provides the number, frequency and nature of previous failures and service requests, and indicates use of an AEM strategy does not result in degraded performance of the equipment. Note that the risk may vary for the same type of equipment, depending on the patient care setting. • The determination as to whether it is safe to perform medical equipment maintenance in an alternate manner must be made by a qualified person, regardless of whether they are hospital employees or contractors. In the case of medical equipment, a biomedical technician or engineer would be considered qualified. • The organization shall identify any equipment in its AEM program which is "critical equipment," i.e., medical equipment for which there is a risk of serious injury or death to a patient or staff person should the equipment fail. • The organization shall use one or more strategies for the determination of appropriate maintenance, inspection, and testing activities and frequencies. See the glossary for the definition of acceptable maintenance strategies. The organization shall adhere strictly to the AEM activities and strategies it develops. The AEM program must not reduce the safety of equipment.
	Sections 201, 206, 208.3.1 and Appendices I and J
	F. For each type of medical equipment subject to an alternative equipment management (AEM) program, there shall be documentation indicating: • The pertinent types and level of risks to patient or staff health and safety; • Alternate maintenance activities, and the maintenance strategy and any other rationale used to determine those activities; the differences from the manufacturer's recommended maintenance activities are made explicit, unless the organization is unable to obtain the manufacturer's maintenance recommendations, due to the age of the equipment or the manufacturer's restricting the availability of its recommendations. • Alternate maintenance frequencies to be used, if any, and the maintenance strategy and any other rationale used to determine those frequencies. • For equipment identified as presenting a very low risk to patient or staff safety, it is acceptable to not set a particular frequency but instead indicate a less specific approach, for example, an interval range, such as "every 12 – 24 months." It is also be acceptable to employ periodic "departmental sweeps" for such very low risk equipment, where equipment functioning is sampled and operators are polled about its functionality. • The date when AEM program maintenance activities were performed and, if applicable, further actions required/taken; and • Documentation of any equipment failures (not including failures due to operator error), including whether there was resulting harm to an individual.
	Sections 201, 206, 208.3.1 and Appendices I and J
	G. The organization shall have policies and procedures which address the effectiveness of the AEM program. In evaluating the effectiveness of the AEM program the organization shall address factors including, but not limited to: • How equipment is evaluated to ensure there is no degradation of performance, particularly for equipment where such degradation may not be readily apparent to staff using the equipment • How incidents of equipment malfunction are identified and investigated, including whether or not the malfunction could have been prevented, and what steps will be taken to prevent future malfunctions; and how a determination is made whether or not the malfunction resulted from the use of an AEM strategy; • The process for the removal from service of equipment determined to be unsafe or no longer suitable for its intended application; and • The use of performance data to determine if modifications in the AEM program procedures are required.

	Sections 208.3-5, Appendices I and J and Repair History/Analysis
	H. If an organization elects to perform maintenance in accordance with manufacturer recommendations, it shall maintain documentation of such recommendations as well as the organization's maintenance activities.
	Section 201
	J. Staff must be trained on the safe operation of medical equipment before they use it.
	Section 103.5
	K. Medical equipment brought into the organization (e.g. rentals, vendor-owned, physician-owned, and patient-owned) for use on a patient must be inspected to assure it is operating properly before use.
	Section 201.5
	L. Medical equipment must be kept clean and in good working order.
	Section 201
	M. A process must be developed and implemented to identify and remove broken, malfunctioning or inoperable equipment from patient care areas.
	Sections 201.6, 202.2, 203, 208.3.1, 208.4, and 208.5
	N. The organization must report any incident in which medical equipment is involved in the death or injury of a person, as required by the Safe Medical Devices Act of 1990.
	Sections 201, 208.3 and Appendix L
	O. Information on the maintenance and safety of medical equipment, including equipment failure due to operator error, is incorporated into the organization's quality assessment and performance improvement program.
	Sections 103.5 and 208.3.4

	P. All medical equipment, regardless of whether it is leased or owned, and regardless of whether it is maintained according to manufacturer recommendations or is subject to alternative equipment maintenance (AEM) program, shall be listed in an inventory which includes a record of maintenance activities.
	• Equipment managed through an AEM program must be readily separately identifiable as subject to AEM.
	• Critical equipment, whether in an AEM program or not, must also be readily identified as such
	• The inventory contains the following information for all equipment included.
	  • A unique identification number;
	  • The equipment manufacturer;
	  • The equipment model number;
	  • The equipment serial number;
	  • A description of the equipment;
	  • The location of the equipment (for equipment generally kept in a fixed location);
	  • The identity of the department considered to "own" the equipment;
	  • Identification of the service provider;
	  • The acceptance date; and

	• Any additional information that may be useful for proper management of the equipment.
	Section 208.3.1

1. GENERAL

101 MISSION AND VISION STATEMENTS

Bio-Electronics is the registered trade name for the Nebraska Hospital Association Charitable, Scientific, and Educational Foundation Corporation.

Its mission is to serve as a quality, cost-effective resource for medical equipment, technology, and service. Its vision is to establish partnerships with its clients to provide a tailored equipment management program that will place Bio-Electronics as the provider of choice.

The primary activities of Bio-Electronics are maintenance and support of clinical devices and systems; that is, equipment intended for diagnosis, therapy, or monitoring of physiological parameters.

102 OPERATIONS MANUAL

102.1. Purpose – This manual contains corporate procedures, work rules, and general personnel information. It was formulated to guide the company in its daily operations. The manual expresses a high standard of performance and service under ideal conditions.

The material in this manual is intended for study and consultation so that employees can provide optimum service in a variety of circumstances. It is not designed to be all inclusive, though, and, considering the various situations that can arise on the job, an employee's exercise of mature judgment and discretion is encouraged and expected.

What this manual contains, therefore, is a set of recommended guidelines. It is not a legal document and should not be strictly interpreted as requiring that specific duty and/or procedure should be followed in any particular circumstance.

102.2. Revision – This manual may be altered by Bio-Electronics, without notice, at any time, at its sole and absolute discretion. Bio-Electronics reserves the right to amend, supplement, or rescind any of its parts, or to change the way in which it is interpreted, as it deems appropriate.

Needed or suggested revisions to this manual should be brought to the attention of the Senior Director of Operations or an appropriate designee. When drafting procedures, responsibilities should be specified as much as possible by the title or position rather than by name. Specific information that is subject to change (e.g. names, costs, etc.) should be avoided in the main body of procedures. Limiting such information to appendices and tables will simplify the updating of this manual.

Final changes or corrections to this manual must be submitted for approval to the Senior Director of Operations. Approved items shall be included in this manual and distributed to employees. Previous versions of procedures are to be retained on file in the Lincoln Office.

102.3. Return – This manual is Bio-Electronics' property. It is distributed to employees for informational purposes. It shall be returned to Bio-Electronics whenever an employee ceases to work for the company.

103 SERVICES OFFERED

Bio-Electronics performs many services for its customers, including:

103.1. Preventive Maintenance – Preventive maintenance and inspection services are provided on new and existing clinical equipment. Procedures used are based manufacturers' service literature and guidelines, as well as recommendations from recognized technical organizations. Scheduled inspections are performed periodically. Intervals are determined according to applicable regulations, standards, experience, and the needs of the client. Initial inspections of newly-acquired equipment are performed upon request or before inclusion in the IPM program.

103.2. Repair and Calibration – Effective, responsive repair and calibration services are provided for most types of clinical equipment. The exact range of expertise and response time varies from region to region.

103.3. Documentation – Members receive digital documentation of maintenance and repair activities, schedules, and other useful equipment management information. Documentation is designed to meet requirements of regulatory and accrediting agencies. Member records are monitored, and notification provided, on medical instrumentation recalls and other alerts.

103.4. Consultation – Technical consultation is available on a variety of issues. Purchase evaluation, equipment maintenance and management, applications, and facility layout are common areas of consultation.

103.5. Training and Support – Bio-Electronics considers itself an extension of its client's staff. It can offer training to the client's in-house personnel, along with backup service. Strengthening the capacity of in-house personnel to handle emergencies and routine maintenance is an important objective of the Company.

SECTION 2 – PREFACE

Section 2 of this Operations Manual is designed to promote a safe environment for the patients and staff of Bio-Electronics' contracted healthcare facilities. This is accomplished through a comprehensive medical equipment maintenance and management program. Extensive preventive maintenance, tracking of repair activity, quality assurance reviews, and an ongoing evaluation of the effectiveness of the program ensure that equipment covered under the Bio-Electronics program promotes a safe environment.

Satisfactory performance of the medical equipment management plan is monitored through periodic review of the preventive maintenance completion rate, quality assurance repair reports, customer surveys, and individual performance reviews of the technical staff. Annual review of educational and training needs as identified by the Job Proficiency Guide for each technician, and evaluation of activity reports to determine the effectiveness of the preventive maintenance protocol, contribute to the success of Bio-Electronics' service program.

Each contracted facility has ultimate control over the equipment to be included in the program, and as new equipment is identified to Bio-Electronics, the equipment is assessed for inclusion under the "Risk-Based Criteria" as set forth in Appendix I of this Operations Manual. Once entered into the program, each piece of equipment is assigned unique Inspection and Preventive Maintenance test criteria and begins a life cycle within the Bio-Electronics maintenance equipment management plan. Please note that Appendix J: IPM Listing of unique active IPMs is available upon request to ensure the most current, up-to-date listing the Bio-Electronics' database is provided as this can be updated with new pieces of equipment at any time throughout the year.

2. SERVICE PROCEDURES

201 INSPECTION AND PREVENTIVE MAINTENANCE (IPM)

201.1. Coverage – IPM procedures and/or electrical safety tests will be performed on a regular basis, by the responsible party, on all pieces of equipment indicated on the File List.

201.2. Procedures – IPM Procedures are based on (1) manufacturers' procedures and (2) Bio-Electronics' alternate equipment management program (AEM).

Bio-Electronics will test the following equipment in accordance with manufacturers' recommendations (if procedures are available):

- Medical laser devices
- Imaging and radiologic equipment (whether used for diagnostic or therapeutic purposes)
- New medical equipment with insufficient maintenance history to support the use of alternative maintenance strategies

IPM procedures used in the AEM program are based on ECRI guidelines, other authoritative sources, and accepted practice. Manufacturers' instructions and recommendations are the preferred source for additional details. Other source documents are listed in Subsection 206. IPM procedures and related guidelines are maintained under separate cover and are provided to all technical personnel. Procedures are provided for specific types of equipment. General procedures are available for use when sufficient or before specific procedures are developed.

201.3. Scheduling – The interval and type of procedure are assigned according to current IPM procedures. Scheduled Work Orders (BE13) are generated each month for each account having tasks due that month. Separate Work Orders are printed for responsibilities other than Bio-Electronics.

It must be stressed that proper scheduling of inspection and preventive maintenance is essential in order to maintain an even distribution of an individual's workload. Any new staff member is required to obtain scheduling assistance from a Bio-Electronics designee until the proper technique is learned.

201.4. Inclusion – Equipment is included on the File List at the direction and with the concurrence of the client. It is recommended that the File List include equipment as determined by Appendix I, **Inspection and Preventive Maintenance System, Inclusion and Frequency Criteria** (a risk-based system). The account has the final decision for inclusion of equipment on the File List.

It is the responsibility of the account to assure: that the File List is current within six months; and that completeness with respect to criteria can be verified by random sample.

Equipment included in the AEM program are identified accordingly on the customer's Equipment File List. (See also Appendix J-available upon request for most current listing.) Bio-Electronics uses criteria to support the determination whether it is safe to permit medical equipment to be maintained in an alternate manner that includes the following. (See also Appendix I.)

- How the equipment is used and the seriousness and prevalence of harm during normal use
- Likely consequences of equipment failure or malfunction, including seriousness of and prevalence of harm
- History of identical or similar equipment
  - Three-years of Bio-Electronics' history
  - Information made public by nationally recognized sources
  - Records of the customer's experience over time
- Maintenance requirements of the equipment

201.5. Incoming Equipment – An initial inspection of equipment that is new to an account will be done upon request in accordance with the following guidelines:

A. All new equipment will undergo an Initial Inspection. This may or may not involve performing preventive maintenance, or it may involve simply tagging the unit. The appropriate Bio-Electronics account representative should evaluate the equipment for inclusion on the File List using the **Risk-Based Criteria for Inclusion** or the IPM table, Appendix J.
B. If performing preventive maintenance, the appropriate IPM procedure will be used as a guideline for the inspection
C. The unit will then be keyed into the database system as a new piece of equipment
D. At this time one or more future tests may be scheduled using the desired test cycle.
E. The Initial Inspection will be reported to the Lincoln Office on a Service Report with the "Initial Inspection" box checked.
F. If the new equipment is replacing a previous unit, an Add and a Delete will need to be performed, and a Service Report will be completed on the new unit as described above. NOTE: The database system will track all Adds and Deletes received the Lincoln Office for possible addenda to the Service Agreement.
G. If applicable, as part of the incoming inspection and along with the Facility's IT department, Bio-Electronics will evaluate the risk(s) associated with the utilization of medical-networked devices.

201.6. Hazard Notices and Recalls – Bio-Electronics subscribes to the following for hazard and recall information:

FDA Enforcement Report

Attention is restricted to items related to the normal scope of activities, (meaning equipment and accessories for diagnosis, therapy, or treatment of patients (not reagents, pharmaceuticals, or other consumables). For purposes of documentation, attention is restricted to the "Medical Devices" and "Radiation-Emitting Products" sections of the FDA Recall Notices. Other sections may be provided to technicians as general background information.

Procedures for FDA Recall Actions are as follows:

1. Region 4 Management reviews FDA reports and compares them against the current File List.
2. Matching items on the File List are annotated with the account and equipment numbers found in the File List, and this information is forwarded to the appropriate Lincoln Office Staff.
3. The Lincoln Office starts the log and emails the Recall to the Primary Account Representative (PAR) with any applicable links, the affected equipment list and the Recall Reply Form.
4. The PAR will review the necessary information and is responsible for informing his/her accounts' facility staff of relevant items identified by management. Notification of hazards are to be provided to an individual designated by each account for authorization and receipt of these notifications. Further handling is the responsibility of the account. If necessary, the PAR will inspect the equipment for applicability as soon as possible.
5. The Lincoln Office will email the Recall notice to applicable accounts with affected piece(s) of equipment
6. The PAR will complete a Recommended Action Memo (RAM) and have the account personnel sign the RAM.
7. The PAR will email the Recall Reply Form and the completed RAM to the Lincoln Office. (An email should be sent as each account is completed.)

8. The Lincoln Office will log the replies and follow up with each PAR two (2) weeks from the initial email.

Actions taken by Bio-Electronics at the request or approval of the account are to be treated as a request for service. This includes notifications initiated by the manufacturer and brought to the attention of Bio-Electronics.

202 REPAIR AND CALIBRATION

202.1. Coverage – Repair and calibration services are offered on most items that are accepted for IPM. Repair services on some equipment items are limited to availability of expertise or feasibility of developing that expertise.

202.2. Repair Service Reports – Repair and calibration services are to be documented on one or more Service Reports. When performing an IPM, any work that is outside the scope of the IPM procedure and consumes more than one-quarter hour is to be considered a repair.

Repairs must receive prior approval by an authorized representative of the account. Authorizing names are provided to Bio-Electronics by its membership. In the case of minor repairs associated with IPM, it may be convenient to seek blanket approval up to some reasonable limit.

Service Reports are to be initiated at the time of the work. They are to be signed by an account representative at the delivery of the completed job or at the end of the on-site work-day, whichever is earlier. A copy of the Service Report shall be provided to the concerned department or designated personnel. All incomplete Service Reports must be referenced on the completing Service Report.

Parts research time is to be added to total repair time.

All Service Reports must contain the following:

1. Account name and number
2. Full equipment nomenclature and Bio-Electronics' ID number
3. Technician's name
4. Client authorizing name

If there is no Bio-Electronics ID number assigned to an item being repaired, 0008000 is to be used.

Other necessary information on the Service Report includes total time (labor, travel), mileage, materials, expenses, and job description. Any unusual circumstances or findings should also be included. If service is for a non-contracted customer, a complete customer name, address, and telephone number must be included in addition to equipment description, manufacturer, model number, serial number, and location.

If the technician feels a service report should be no-charged (N/C), a note is required on the Service Report explaining the reason.

All Service Reports are to be closed within five (5) working days.

203 TAGS

Equipment Identification Tag (EID) – Each item represented on the File List is identified by a permanent tag bearing the equipment identification number.

Inspection Stickers – Bio-Electronics does not use inspection stickers on medical equipment because they are not required by any known regulating agency. An additional fee will be charged per equipment item if inspection stickers are required by the customer.

Do Not Use Tag – A prominent red tag reading "DEFECTIVE - DO NOT USE" is to be attached to appropriate equipment when warranted by extreme conditions. In such cases, a Recommended Action Memo (RAM) is to be completed and presented to the account. Copies of the RAM are to be filed with the Lincoln office and with the PAR and/or the RSM. When action has been taken by an account on the RAM, a Service Report identifying the action taken is to be initiated and filed.

204 TEST EQUIPMENT

Calibration, Verification, or both of Bio-Electronics' Measurement and Test Equipment ("test equipment") is completed routinely to ensure the equipment being measured is traceable to the National Institute of Standards and Technology (N.I.S.T.).

204.1 Bio-Electronics test equipment is calibrated / verified by an independent calibration laboratory or manufacturer.

- Test equipment undergoes installation qualification prior to field use.
- Test equipment is assigned a unique number for identification and assigned to a specific technician or region.
- Calibration / verification reports are issued by the calibrating organization within 10 business days for each piece of test equipment upon completion.
- The calibration / verification report will indicate whether the test equipment was found In or Out of Tolerance.
- Test equipment that is found to be within tolerance but is adjusted to better center the readings will be considered as "in tolerance". No further action is required.
- The name of the calibration organization and the person responsible for the calibration / verification is noted on the report provided to Bio-Electronics.
- The date of calibration / verification is identified on the Test Equipment File List.
- Historical equipment records and calibration certificates are maintained for each piece of test equipment at the Lincoln Office.
- If requested by the customer, specific test equipment used to perform customer preventive maintenance will be documented accordingly and reported on the Client Summary Activity Report (BE-18).

204.2 Test Equipment calibration / verification reports are reviewed by Bio-Electronics upon receipt to determine if any items were found to be "out of tolerance".

- The calibration program is overseen by a designee of the Senior Director of Operations with assistance from the Regional Service Managers.
- When calibrations are performed on site (at any of Bio-Electronics' regional offices) and equipment is found to be "out of tolerance", the calibrating organization's representative will inform Bio-Electronics immediately of those findings.
- The Regional Service Managers review the calibration / verification reports from the calibrating organization vendor to determine if any items were found to be "out of tolerance".
- The calibration / verification reports that are deemed to be "out of tolerance" are shared with the Bio-Electronics Technicians responsible for the specific test equipment.

204.3 Test Equipment "Out of Tolerance"

- Test equipment that is determined to be "out of tolerance" will be cross-referenced to the customer's medical equipment (CME). The customer's medical equipment (CME) tested by the "out of tolerance" test equipment will be identified to determine a time frame of "out of tolerance" results.
- A sample (the lesser of twenty-five percent [25%] or 5 items) of the customers' medical equipment (CME) from the previous month will be rechecked for accuracy. Notification of affected customers and retesting of "Life Support/High Risk" equipment will begin within 10 business days of "out of tolerance" determination. A sample of all other equipment types will be retested within 30 calendar days. If any items are found to be "out of tolerance", then the same procedures described above will be used on the prior month's equipment. This procedure will continue until such time that the complete sample is found to be "in tolerance".
- The results of the retesting will be recorded on a No Charge Service Report for the EID # tested, as well as an internal Service Report for the test equipment in question, in order to document the findings. A copy of the No Charge Service Report will be provided to the customer for a quality review.
- The customer's medical equipment (CME) requiring further repair after re-testing will be identified and the customer will be notified of this status. Repair options will then be discussed with the customer.

205 SAFETY AND INFECTION CONTROL

205.1. Training – All technical staff will be required to view safety and infection control videos and receive handouts provided by Bio-Electronics. Training completion certificates will be kept on file for each employee on the company server.

205.2. Personal Protection – Frequent and thorough hand washing is the single greatest preventive measure in infection control. Hands should be washed when entering and leaving surgery, isolation units, neonatal ICUs, and nurseries. Hands should also be washed before and after smoking or eating, and before leaving an account.

Protective clothing and gloves should be worn according to the following guidelines:

- Gloves should always be worn when repairing unclean equipment. Open wounds and skin breaks on the hands mandate the use of gloves when servicing or inspecting any equipment. When removing gloves, the hands should again be washed.

- Appropriate protective attire should be worn as circumstances dictate. When entering any surgical suite, if appropriate policy is not known, the minimum requirement will be scrubs, shoe covers, head cover, mask, and gloves. If the account requires less, its policy may be followed, remembering that the technician needs protection as well as the patients. Neonatal ICUs and nurseries normally require only a gown, but the charge nurse should be consulted to ensure compliance with account policy.

- If personal attire becomes contaminated, it should be placed in a plastic bag until it can be cleaned with hot water and detergent. It is recommended that this contaminated attire not leave the facility until it is cleaned/sterilized. All personnel should be aware that plastic bags are now color coded to identify hazardous material, and the facility should not allow certain of these colored bags to leave the premises. Contaminated clothing or shoes should not be worn from one area to another.

For isolation areas, the following checklist should be adhered to:

1. Gown
2. Mask
3. Gloves
4. Jewelry should be removed and hands washed when entering and leaving
5. Tools/equipment should be disinfected upon entering and leaving the area

205.3. Contaminated Equipment – Equipment requiring service should be clean before it is turned over to the biomedical technician or removed from the medical facility. If it is contaminated with body fluids or mucus, it should be returned to the proper department within the facility for cleaning. Central Service is normally the department to contact about disinfecting or decontamination. They have the knowledge and materials to properly clean equipment. If the contamination is internal, the technician should work in conjunction with Central Service to clean the equipment. Biomedical technicians should not be involved in disinfection. If equipment is presented to biomedical technicians requiring disinfection, service will be held until hospital/facility personnel can properly clean and disinfect the equipment to be serviced.

When contaminated equipment is discovered, a report containing the following information should be sent to the Infection Control Committee of the medical facility involved:

1. Date
2. Time
3. Equipment type
4. Contaminant description
5. Biomedical technician's name

205.4. Tools – A tool should be disinfected anytime it comes in contact with a body fluid. This includes both wet and dried contaminants. Many infectious organisms can live for hours, days, weeks, or even years in a dry environment. Nothing should be taken for granted.

Tools should be routinely cleaned with a disinfectant, as should work carts and any other work surface. Tools not in use should be kept within the confines of the tool kit.

Tools should not be laid on sterile surfaces (e.g. surgical tables, equipment trays/tables) in surgical suites or isolation areas. If a work cart is used, the wheels should be wiped down with disinfectant when entering and leaving both areas.

Any contaminated cleaning materials such as rags, paper towels, or brushes should be appropriately bagged before leaving the area.

205.5. Disinfectants – The preferred disinfectant is a quaternary ammonium compound such as Virex128 or END BAC II, manufactured by Johnson Wax, or SLEEK, which is manufactured by Hysan Corporation. If these compounds are not available, a 70% solution of isopropyl alcohol may be used.

Central Service should be consulted if there is any question about the effectiveness of a disinfectant in a given situation.

Gloves should always be worn when disinfecting; certain disinfectants (chlorine, for example) are absorbed through the skin.

A small bottle of disinfectant should be available for small jobs such as spills, equipment parts or tools.

A chlorine-based disinfectant should never be used on any item that may be introduced into the patient.

205.6. HEPATITIS B & HIV

Hepatitis B Vaccinations – The Occupational Safety and Health Administration has determined that all individuals who work with equipment in the health care environment are in Risk Category 1 for contracting Hepatitis B. It is their recommendation that if an individual's Hepatitis antibodies are not adequately high, as determined through blood screening, that individual should receive the series of Hepatitis B vaccinations. Bio-Electronics is required by law to pay for the vaccination; therefore, all bills should be submitted to the Lincoln office for payment. Bio-Electronics will not pay for antibody screening or physician consultation regarding the vaccination.

If an employee does not desire the vaccination, there must be a declination statement on file in the Lincoln office.

HIV – All Bio-Electronics technical staff are required to view the training video on AIDS and read the pamphlet provided on this subject.

205.7. RADIATION PROTECTION

205.7.1. Film Badges – A radiation film badge shall be provided to all employees who may be entering/working in an area in which ionizing radiation may be emitted or present.

205.7.2. Dosimetry Reports – A semiannual radiation dosimetry report shall be issued to all employees assigned a badge. This report will be monitored by Bio-Electronics' management prior to issuance. Reports identifying high levels of radiation exposure shall be investigated, and corrective action instituted if indicated.

205.7.3. Film Badge Maintenance – The radiation film badge is provided for the employee's protection, and it shall be the employee's responsibility to properly maintain the badge. These responsibilities include, but are not limited to:

- The badge should not be exposed to high temperatures such as those found in a vehicle parked in direct sunlight or on a dashboard when driving.
- The badge should not be immersed in liquids.
- The badge should not be placed where it may be exposed to the direct radiation beam.

When protective aprons are used, badges shall be worn on the shirt collar outside the apron.

Should an abnormal incident occur to an employee's badge, a note describing the incident should be included when sending in the badge.

Intentionally exposing a badge is a violation of the State Bureau of Radiological Health Regulations.

Timely badge exchange is important. Slow return of badges delays the report for all. Vacations, schools, etc., may require early submission of the badge.

205.7.4. X-ray Production – When an X-ray tube is energized, an employee must make every effort to position him-/herself behind a protective barrier. If unable to do so, a protective apron of 0.5 mm lead equivalent shall be worn. The employee shall also maintain a distance of seven feet from the tube, out of the direct beam. When hands must be in or near the direct beam, protective gloves of 0.5 mm lead equivalent shall be worn.

205.7.5. Incident/Accident Reports – Report any radiation incidents or accidents to the Senior Director of Operations as soon as possible.

205.8. LIQUID MERCURY SPILL POLICY

205.8.1. Definition: A liquid mercury spill is defined as an incident in which any type of liquid mercury is released uncontrolled to the environment. The procedures listed below should be followed to ensure the safety of account personnel and patients in the event of a liquid mercury spill.

Spill Control and Cleanup Procedures:

- The Safety Officer or individual responsible for spill response should be notified. Employees in the area should be advised and limit access to the spill area. The area should be secured.

205.8.2. Personnel Safety

Anyone subject to skin contact with liquid mercury should wash contaminated body areas with soap or mild detergent.

If liquid mercury gets into the eyes, eyes should be washed immediately with large amounts of water for approximately 15 to 20 minutes. Medical attention should be sought.

Persons not wearing protective equipment and clothing should be restricted from the area of the spill until cleanup has been completed.

205.8.3. Treatment and Disposal

Collected mercury should be placed in a sealed container.

Mercury waste should be returned to vendor or reclaimer.

205.9. LOCKOUT/TAGOUT PROGRAM

205.9.1. Purpose – The intent of this policy is to assure that all personnel are protected from unintended release of potentially hazardous energy while performing general maintenance or other repairs on medical equipment. This policy applies to all Bio-Electronics employees. Client policies must be followed if available.

205.9.2. Training – All employees shall be instructed in the purpose and use of the Lockout/Tagout procedure. Training shall consist of recognition of hazardous energy sources, the type and magnitude of the energy available in the workplace, and the correct use of locks and tags and the lockout/tagout procedure. Annual retraining of the above will be accomplished and documented.

205.9.3. General – When a Bio-Electronics employee is in a facility for the purpose of performing maintenance on equipment, and unintended motion or release of energy would cause personal injury, the energy source of that equipment shall be identified and a mechanical device that physically prevents the transmission or release of that energy shall be employed.

When the use of tags is the only means of energy isolation, the employees shall be instructed in its limited ability to provide the protection that a lock provides. When tags are used, the same restrictions apply as with locks.

Employees shall request assistance from facility staff to determine appropriate lockout/tagout locations for individual equipment items.

205.9.4. Locks – Safety locks are for the personal protection of the employees and are only to be used for locking out equipment.

Safety locks, adapters, and tags shall be provided by Client.

205.9.5. Locking Out/Tagging Out Equipment – Before an employee performs a shutdown procedure and locks/tags equipment, the employee shall notify facility personnel in the affected area of the circumstances for the lockout/tagout.

Main disconnect switches/valves shall be turned off and locked in the off position only after the equipment is shut off at the point of operator control. Failure to follow this procedure can result in arcing and/or personal injury.

After locking out/tagging out the energy source, the employee shall try to energize the equipment to ensure no unintended operation will occur.

205.9.6. Removal of Locks/Tags – Energy sources may be turned on when necessary to perform tests or adjustments. All of the rules pertaining to removing locks/tags and restoring power shall be followed. The equipment shall again be locked/tagged if it is necessary to continue work after completing the test or adjustments.

Upon completion of the work, the lock/tag shall be removed by the employee who applied it.

The work area shall be inspected to ensure that nonessential items have been removed and to ensure that the equipment components are operationally intact.

The equipment shall be tested for proper operation and appropriate facility personnel shall be notified of the equipment status.

205.9.7. Energized Equipment Maintenance – Equipment which requires maintenance in an energized condition may be worked on only by qualified personnel.

206 SOURCE DOCUMENTS

Source documents used for the formation of procedures may include, but are not limited to, the following:

TJC	The Joint Commission • Perspectives • Environment of Care • Environment of Care Essentials for Health Care
ASHE	American Society of Hospital Engineers • Medical Equipment Management in Hospitals
AAMI	Association for the Advancement of Medical Instrumentation • AAMI Standards and Recommended Practices • ANSI/AAMI EQ56:2013, Recommended Practice for a Medical Equipment Program
ECRI	Health Devices and other publications of ECRI
NFPA	National Fire Protection Association • Health Care Facilities, ANSI/NFPA 99
NEC	National Electrical Code (NFPA)

CSA	Canadian Standards Association, information only
ANSI	American National Standards Institute
HHS	Department Health and Human Services Public Health Service, Food and Drug Administration
	Manufacturer-specific procedures as required

The references above apply to the most current editions unless an earlier version is imposed by an authority having jurisdiction.

207 DEFINITIONS

Alternate Equipment Management (AEM) Program – Equipment maintenance activities and frequencies that differ from those recommended by the manufacturer. The AEM program must be based on generally accepted standards of practice for facility or medical equipment maintenance.

Associated Repair – (1) Any repairs or other billable task performed in conjunction with a preventive maintenance trip that will not require a make-up IPM trip and total repair times will not exceed 2.0 hours; OR, (2) any repair or billable task performed while in an account for demand repair. (No dedicated travel required.)

Demand Repair – A repair or other billable task for which dedicated travel was required.

Contracted Customer – Any account that has currently contracted for equipment IPM or other regular, scheduled services.

Critical Equipment (High-Risk) – Refers to equipment involving risk of serious injury to patient or staff person. Critical medical equipment includes life-support equipment.

Life Support Equipment (LSE) – Refers to equipment involving a risk of death to a patient or staff member.

RRC – Regional Repair Center – The geographical base and accounting center from which services are rendered, and to which revenues and expenses are assigned. An RRC may include more than one technician.

PAR – Primary Account Representative – The staff member assigned primary responsibility for IPM, repair, and liaison in a particular account.

RSM – Regional Service Manager – The staff member assigned primary responsibility for managing the assigned Primary Account Representatives' unique work situations.

208 DOCUMENTATION

208.1. Responsibility – Bio-Electronics will provide documentation of its activities that is consistent with industry norms. Documentation is designed to meet the requirements of regulatory and accrediting agencies.

The assigned primary technician for each account is responsible for the timely completion of documentation. When a staff member provides direct support to another region, all paperwork (including receipts) must be completed for the work they completed. If a technician is assisting the PAR with their account work, they must keep the PAR apprised of work order completions. This policy is to ensure the PAR is aware of all work done in his/her accounts.

Various accreditation or regulatory agencies may review selected portions of the documentation. It is Bio-Electronics' responsibility to assist the member in maintaining Bio-Electronics' documentation, if requested by the member.

The hospital/facility personnel who desire to utilize the Directline database Mobile App to enter SL00 hospital responsibility completed tests will be responsible to enter any tests and close out their assigned work orders which are not Bio-Electronics' responsibility items.

208.2. Filing – The account is responsible for filing and retaining documentation provided. It is recommended that all repair Service Reports, completed IPM forms, and related documents be filed by ID number rather than in bulk by year, department, or other scheme.

Monthly computer-generated reports and Repair Service Reports are maintained at the Lincoln office.

208.3. Reports – Five major reports guide and summarize the documentation of service activities. They are:

1. File List (BE-15);
2. Equipment Maintenance Work Order (BE-13);
3. Summary Activity Report (BE-18);
4. Quality Assurance Repair Report (BE-35); and
5. Lost/In-Service Equipment (BE-36).

208.3.1. File List (BE-15) – The File List is the key reference to current information and practice. For each account this is the master list of all equipment that the account has indicated to be included. It can include biomedical, mechanical, or any other equipment whether on an IPM program or not. This list is updated as changes occur, and is given to the account each month. Thus, each account may choose to use the system to schedule other equipment not maintained by Bio-Electronics.

[EXCEPTION – This expanded use of the system is generally made available only to accounts of fewer than 100 beds.]

Data fields on the File List are as follows:

1. Acct Num (AID) – The unique number assigned to each account served.

2. Equip Number –The primary Identification number assigned to each piece of equipment. Numbers may be assigned in blocks for convenient grouping (e.g., by department) or to coincide with some pre-existing system. Assignment must be unique. That is, a number should not be reused within an account at any time; it will invalidate historical records. A piece of equipment may have as many tests as there are tests types available.

3. Description – A functional, general description of the equipment.

4. Manufacturer – Manufacturer name, if known.

5. Model – Model number, if known.

6. Serial Num – Serial number of the device, if known.

7. Location – Where the device is normally located within the facility, or the responsible department for highly mobile items.

8. Cost Ctr – The cost center assigned by the facility (if used).

9. S/L – The type of Service Level for that item. (A legend is provided at the bottom of the File List explaining the various service levels.)

10. IPM – The 9-digit number (includes ".") of the test procedure to be used. (i.e. 1111.2222= 1111 is general equipment *description*, 2222 is *model.*) NOTE: The IPM number is the key to identifying "life support/critical" and "non-AEM" equipment.

    If the last four digits of the IPM number does not equal ".0000", it indicates the form is a manufacturer/model specific IPM form (i.e. 1111.0001), and if so, the actual manufacturer-recommended procedures are available through the database system.

    If a procedure has not yet been developed or assigned, the code is 0000. If no Bio-Electronics procedure will be assigned, the code is 9999.

11. Test Cycle – How often and when testing is to be accomplished. The numeric prefix indicates the initial month of the cycle. The alphabetic suffix indicates the frequency (B = biennial; A = annual; S = semiannual; Q = quarterly; M = monthly, C = Triennial). In the case of "M", the numeric is the number of times per month. A code of 000 indicates that the equipment appears on the File List but is not scheduled to be tested, and will not appear on a monthly Work Order.

12. Test Type – The class of procedure to be performed at the designated time.

    0 – Operational
    1 – IPM
    2 – Safety Test
    3 – Conductivity
    4 – Receptacle
    5 – Voltage Differential
    6 – Isolated Power
    7 – Calibration
    8 – Other
    9 – Visual Inspection
    10 – A Batt Chg – Annual Battery Change
    11 – B Batt Chg – Biennial Battery Change
    12 – Cal Report
    13 – Warranty
    95 – Mediserve
    99 – Tickler

13. Who Tests – Responsibility (R-code) indicates who is to conduct the scheduled maintenance. This code does not make a specific implication about responsibility for repairs or other unscheduled maintenance.

0 – Account Personnel
1 – Bio-Electronics
2 – Lessor
3 – Manufacturer
4 – Other
5 – Not Assigned
6 – Mediserve

14. Test Due – The date the next scheduled test is due, indicated in a year/month format.

15. Last Test – The date of the last test (or attempted last test). In the case of a newly entered device, this may be the date entered into the system. It is for reference only.

16. Cond – The technician's subjective estimation of the equipment's condition or status at the time of the most recent procedure.

G – GOOD	Equipment is in good working condition and may require moderate repairs in the near future.
F – FAIR	Equipment will probably require major expenditures and overhaul in the near future in order to remain safe and/or fully functional.
P – POOR	Equipment is operational but does not meet safety and/or functional specifications
S – STOR	Equipment was in storage or otherwise not in use.
D – DELETE	Within work orders only; triggers the inactivation of equipment and cancels any open associated tests

17. Inspection Code – When the technician is not able to access a piece of equipment and the test is attempted.

L – LOST	Repeated attempts have failed to locate this item.
I – INSR	In service. Equipment was in use and unavailable for testing.
O – OUT	When last due, equipment was out of service.
X – M INSR	Monthly recurring test which could not be completed secondary to equipment being unavailable; test automatically recurs the following month.
C - COV-19	In service and unable to be accessed secondary to COVID-19

18. Warranty – Equipment currently under warranty. Select the checkbox on the EID Entry screen "Under Warranty" and place the warranty expiration date in drop down so that the Lincoln Office Staff will be able to pull this report listing 60 days in advance. Office staff with then notify the customer of equipment to be placed on a recommended service level. (A warranty expiration date must be submitted if the warranty box is checked).

19. Cust ID – If a customer wants to retain their own numbering system (asset #), their equipment ID would be shown here.

NOTE: Equipment on the Equipment File List (if applicable) is identified as follows:

1. Life Support/Critical Equipment (dark shaded Equipment Number)
2. Non-AEM Unit – equipment does not qualify for AEM program and manufacturer-specific test procedures must be used (dark shaded IPM number)

The following legends appear at the bottom of the Equipment File List:

1. Service Levels – Provides an explanation of the various available service levels and helps to explain “S/L”.
2. Test Types – Provides an explanation of the various test types and helps to explain “Test Type”.

The following legend appears at the top of the Equipment File List:

1. Dark Shaded Last Test indicates Attempted Test with L/I/O/X/C Condition; Dark Shaded equipment number indicates high risk/critical unit; Dark Shaded Description indicates life support unit needing 100% completion; Dark Shaded IPM indicates non-AEM unit.

208.3.2. Equipment Maintenance Work Order (BE-13) – This form lists the equipment scheduled for IPM during a specific month. It is determined by the "Test Cycle" assigned in the File List. IPMs not completed during the assigned month will reappear on succeeding Work Orders until the IPM is complete. An * (late flag) will appear next to those items that have been carried over from previous Work Orders.

When an IPM is performed prior to its assigned time, system validations will consider the test to be completed for that scheduled cycle, based on TJC guidance that tests can be completed +/- one calendar month from the originally scheduled month of due date for test frequencies over 90 days, unless Bio-Electronics become aware of a more stringent standard.

Example: Equipment ID No. 0000001, assigned test cycle of 03Q, IPM completed in February. This unit will not appear on the March Work Order, but will appear on the June Work Order.

An early test should be done if it is known that a scheduled preventive maintenance check is coming up and the testing is completed up to 1 month prior to its due date (see example above). To accomplish the sign-off, a PM Work Order must be scheduled and completed against the equipment’s listed test(s).

Data fields on the form are as follows:

1. Test Cycl – As assigned on the File List. If it is a monthly designation, the item will appear on each month's Work Order. An individual piece of equipment scheduled for monthly IPM will be listed on the Work Order as many times as it is scheduled for IPM that month. This is done so there is space to sign off each IPM.

   Example: 01M – Item will be listed once
   04M – Item will be listed four times on each Work Order.

2. Last Test – When the item was last tested.

3. Test Type – From the "T" Code on the File List.

   0 – PM/Operational
   1 – IPM/Safety Test
   2 – Safety Test
   3 – Conduct
   4 – Receptacle
   5 – Voltage Differential
   6 – Isolated Power

7 – IPM/Calibration
8 – Other
9 – IPM/Visual
10 – Annual Battery Change
11 – Biennial Battery Change
12 – Calibration Report
13 – Warranty
95 – Mediserve
99 – Tickler

4. Who – From the "R" code on the File List.

5. Equipment ID No. – From the File List.

THE FOLLOWING ITEMS MUST BE ENTERED BY THE PERSON WHO PERFORMS THE TESTING.

6. Date Compl – The numerical Month-Day-Year the IPM was completed should be entered.

7. Test Type – (Only if the entry is a write-in.)

8. By – The numerical code (Tech ID) assigned to the individual or organization who performed the IPM should be entered.

Code	Assigned To
001	Account Personnel, other service personnel or organizations
02 thru 149	Bio-Electronics Personnel

9. Hrs – The hours of "total IPM time, including set-up and clean-up", to the nearest 1/10 hour.

10. The equipment “C” (condition) code should be entered.

G – Good. Equipment is in good working order and may require moderate repairs in the near future.

F – Fair. Equipment will probably require major expenditure and overhaul in the near future.

P – Poor. Equipment is operational, but does not meet safety and/or operational specifications.

S – (STOR). Unit is in storage or otherwise out of service.

11. Inspection Code – When the technician is not able to access a piece of equipment and the test is attempted.

L – LOST Repeated attempts have failed to locate this item.

I – INSR In service. Equipment was in use and unavailable for testing.

O – OUT When last due, equipment was out of service.

X – M INSR Monthly recurring test which could not be completed secondary to equipment being unavailable; test automatically recurs the following month.

C - COV-19 In service and unable to be accessed secondary to COVID-19

The purpose of the "In Service" code is to document repeated attempts to PM the unit before writing it off as unavailable for full IPM. This allows the item to show as overdue until the month before it would come due again, and THEN whatever portion of the IPM is possible should be performed and signed-off as "I".

Similarly, the "Lost" code should be used only after repeated efforts to locate the equipment.

NOTE: If attempts have been made to find a piece of equipment in an effort to perform the scheduled PM and it cannot be found, the equipment can be given an “L” code (lost). This PM test will continue to appear on the next months’ Scheduled Work Orders as late until the test has either been completed or the equipment has been deleted. This is also true for any equipment given an “I” code (in service) as well as “C” code (COVID-19).

Account personnel performing their responsibilities may enter their test completions into the database Mobile App assigned to their account. Test entries must be completed and closed out prior to the monthly cutoff date and time. Data entered late will be processed, however will be late in appearing on month-end reports.

208.3.3. Summary Activity Report (BE-18) – The Summary is the key to identifying and locating historical data on any given equipment. However, the IPM forms and Repair Service Reports are the primary documents for historical information.

This report is produced quarterly. It is a cumulative summary of all activity performed during a calendar year. Therefore, the fourth report is also the annual summary.

The reports are sent to contracted customers as follows:

Issue Date	Period Covered
March 31	January through March
June 30	January through June
September 30	January through September
December 31	January through December

Data fields on the form are as follows:

1. Completed – The date the equipment was tested or repaired.

2. Equipment Number, Description, and Manufacturer

3. Tech – The code assigned to the individual or organization that performed the work.

4. S/L – The service level assigned to the equipment. A description of Bio-Electronics’ various service levels is listed at the bottom of each page.

5. Repair Hours, Total Repair Cost, Repair Parts Cost – These columns show equipment maintenance costs. Expenditures with Bio-Electronics are listed with no input from the account. Costs expended with organizations other than Bio-Electronics must be supplied to us for entry into the computer.

a. Repair Hours – The time spent repairing the equipment. IPM times are not listed, only repair time.

b. Total Repair (Cost) – The total cost of repair; includes labor, travel and parts.

c. Repair Parts (Cost) – The cost of the parts only.

6. Init. Insp. – An * will indicate it was an initial inspection.

7. Cond – The current technician evaluation of the equipment condition. An * indicates that the current condition has changed from the previous evaluation.

8. Work Order – The Service Report Number.

9. Service Des – Standard IPM tests and repairs are described by activity. The repair service description is a brief description of the work performed.

10. Cust ID – The Customer's equipment identification number (if used).

208.3.4. Quality Assurance Repair Report (BE-35) – The Quality Assurance Repair Report is printed monthly for use in identifying repeat/recurring discrepancies, operator errors or "cannot duplicate" problems which may require follow-up. The PAR and RSM have the responsibility for reviewing this report, although the PAR is responsible for following up with the customer. The report identifies all repair actions on a specific equipment item if there were three or more repairs on that item in the preceding six months.

Bio-Electronics will review the report and recommend one or more of the following actions:

a. None are required due to:
(1.) no repeat/recurring discrepancies
(2.) no correlation between repairs
(3.) continuation Service Report

b. Bio-Electronics is to review the original Service Reports, document the analysis of the repair activity and recommend corrective action.

c. The Account and Bio-Electronics will discuss operator error/"cannot duplicate" problems and determine the need for in-service training.

Bio-Electronics shall recommend to the Account that the Quality Assurance Repair Report be forwarded to the Safety and/or Quality Assurance Committees.

208.3.5 Lost and In-Service Equipment (BE-36) – This report lists all equipment that is currently assigned a condition code of "L" (Lost), "I" (In Use), "O" (Out for Repair), or "C" (COVID-19). This report is useful to the customer in assisting the PAR in locating equipment in order that timely preventive maintenance can be completed.

208.4. Equipment Additions, Changes, Reactivations and Deletions– Changes to the File List are made by utilizing the "Add/Edit Equipment/Tests" tab in the Remote System. Once in the "Equipment/Scheduled Maintenance tab, equipment can be added or edited.

Select either "Add New Equipment" or "Edit Equip/Mtc" and then enter:

1. Account – The contracted account can be selected by either the AID, Name or City.

2. Equipment ID Number – Identification number assigned to each piece of equipment by an authorized technician or facility employee. If the equipment ID is already in active use, a different EID will need to be selected. If the entered EID is assigned to an inactive unit (deleted from account), a prompt will appear asking if the equipment is to be reactivated. The EID assignment must be unique to the account. That is, a number cannot be reused within an account at any time; as it will invalidate historical records. A piece of equipment may have as many tests as there are tests types available.

3. Description (if adding or reactivating) – The description of the equipment can be selected by either the general IPM number or the general equipment description. If a procedure has not yet been developed or assigned, the code is 0000. If no Bio-Electronics procedure will be assigned, the code is 9999.

   The "IPM Exception" descriptions (such as IPM 1801, General Devices, annual), will prompt the user for a new Equipment Description to aid in identifying the unit.

   After completing all necessary information, select Proceed to define the new unit and any tests.

On the "Equipment" tab, enter:

4. S/L – Enter appropriate Service Level

5. Manufacturer; Manufacturer Code

6. Model Number

7. Secondary Model

8. Serial Number

9. Location

10. Condition – Condition of Equipment (although optional, is useful information for customer)

    G – Good. Equipment is in good working order and may require moderate repairs in the near future.

    F – Fair. Equipment will probably require major expenditure and overhaul in the near future.

    P – Poor. Equipment is operational but does not meet safety and/or operational specifications.

    S – Storage. Unit is in storage or otherwise out of service.

11. Client EQ ID – Customer equipment (asset) number

12. Assign Non-PAR Tech – Enter the appropriate technician ID (TID) if reassigning responsibility (i.e. diagnostic imaging, ventilators, lab, etc.)

On the "Scheduled Tests" tab, enter:

13. IPM – Enter the test procedure based upon the 9-digit IPM number (description, model).

14. Test Cycle – How often and when testing should be accomplished.

Code		Testing Scheduled For
1M	Monthly	Once per month
2M		Twice per month
(etc.)		
1Q	Quarterly	Jan, Apr, Jul, Oct
2Q		Feb, May, Aug, Nov
3Q		Mar, Jun, Sep, Dec
1S	Semiannually	Jan, Jul
2S		Feb, Aug
3S		Mar, Sep
4S		Apr, Oct
5S		May, Nov
6S		Jun, Dec
1A	Annually	Jan
2A		Feb
3A		Mar
4A		Apr
5A		May
6A		Jun
7A		Jul
8A		Aug
9A		Sep
10A		Oct
11A		Nov
12A		Dec
1H	Odd Months	Every other odd month (Jan, Mar, May, etc.)
2H	Even Months	Every other even month (Feb, Apr, Jun, etc.)
1B	Biennially	Every other January (every 2 years)
2B		Every other February
3B		Every other March
4B		Every other April
5B		Every other May
6B		Every other June
7B		Every other July
8B		Every other August
9B		Every other September
10B		Every other October
11B		Every other November
12B		Every other December
01C		Every 3rd January (every 3 years)
01D		Every 4th January (every 4 years)
01E		Every 5th January (every 5 years)

When adding a new equipment item or when changing a Test Cycle, the item will appear on the Work Order during the first month in the cycle following the month the information was entered on the computer. The "last test date" is not considered when the program establishes the first month to be tested, with the exception of biennial tests. Biennial tests will be scheduled using the current year unless a date of last test is provided, then the first test due will be calculated using the last test date.

For equipment with biennial tests:

a. If the last test date (i.e. 09/21) and test cycle (i.e. 10B) don't agree, the system will ignore the last test date month, and the next test date will be 10/22.

b. If the last test date (i.e. 09/21) and the test cycle (i.e. 09B) agree, the next test date will be two years out (09/23).

c. If no last test date is provided, the next test date will go two years from the current year.

15. T – Test Type

16. R – Testing Responsibility
    0 – Account Personnel
    1 – Bio-Electronics
    2 – Lessor
    3 – Manufacturer
    4 – Other
    5 – Not Assigned
    6 – Mediserve

17. Last Test Date – When initially uploading a unit or reactivating a unit after deleting it, a known date may be inserted. The date is to be recorded month-day-year. This is provided for notation purposes only.

When testing additional pieces of equipment that are not printed on the Scheduled Work Orders, in the boxes at the end of the Work Order those equipment ID numbers should be added and the test sign-off data completed as for other testing. The program will then recognize an early test (if applicable) and schedule subsequent tests accordingly.

When uploading a new account, care should be taken to completely describe all items quoted. Any new staff member is required to obtain assistance from a Bio-Electronics designee until the proper technique is learned.

When an item is deleted, a Work Order or other documentation should be entered before deletion to identify the date and reason for deletion. It is particularly important to identify devices removed from service. For legal and record keeping purposes, *the ID number from deleted items is not to be reused in the same account.*

208.5. Recommended Action Memo (RAM) – A RAM should be filled out (either paper copy or from website): (1) for any equipment item identified as, or suspected of being, unsafe either through design, malfunction, or improper operation; or,(2) when written documentation is needed to direct attention to a given situation (i.e. no one is servicing a "Highly Recommended" device or the client is not taking proper action to correct a deficiency). The RAM should be distributed as follows:

a. To the Lincoln office for permanent record
b. Retained by the originating technician
c. To the affected organization: Facility/Maintenance lead contact

208.6. Annual Review of Service Procedures – Bio-Electronics Service Procedures will be reviewed annually for objectives, effectiveness, scope, and performance.

208.6.1 Objectives

Promote a safe environment through a quality medical equipment maintenance program. The PAR will meet with the Client safety officer/committee at least annually and review incident reports, customer surveys, and FDA Medical Device Reports.

Timely completion of scheduled work (preventive maintenance). The RSM, PAR, and Bio-Electronics management will review the Completion Rate Report monthly.

Effective quality control of repeat/recurring discrepancies, operator error and identification of training requirements. If requested by the PAR, the PAR and RSM will review the Quality Assurance Repair Report quarterly.

208.6.2 Scope

Facility equipment survey. The Client facility is surveyed annually by the PAR to determine completeness of inventory and evaluate non-contracted equipment for inclusion in the maintenance management plan through application of Risk Based Criteria as set forth in Appendix I. Written recommendations will be made to the client and a copy forwarded to the Lincoln office. This can be accomplished by the use of a Recommended Action Memo (RAM) or other measures as deemed appropriate.

208.6.3 Performance

Performance Standards as identified in Appendix K of this Operations Manual. Management will evaluate the maintenance management plan annually for compliance with Performance Standards.

Performance reviews of technical staff.

- Technical staff will have a description of competency requirements in the form of a job description.
- Management will accomplish annual reviews to determine the technical staff's continued competency and the need for specialized training.
- The technical staff will validate their competency requirements annually by completing a Job Proficiency Guide which will be reviewed by their respective Regional Service Manager.
- Upon completion of training, a certificate of completion will be submitted to the Lincoln Office and retained in the staff's personnel records.

Customer Surveys. Management will review customer surveys on an annual basis to determine responsiveness, customer satisfaction, and communication. Clients will be surveyed to determine the need for training on their responsibilities with regard to the maintenance management plan.

208.6.4 Effectiveness

Scheduled preventive maintenance completion rate on Life Support/Critical Equipment meets 100% on a monthly basis. Life Support/Critical equipment is the first priority for testing each month. If for some reason the equipment is in use and unable to be tested, it is the first priority in the following month to be tested. Completion Rate Reports are reviewed monthly by Management, the Regional Service Manager and Primary Account Representative.

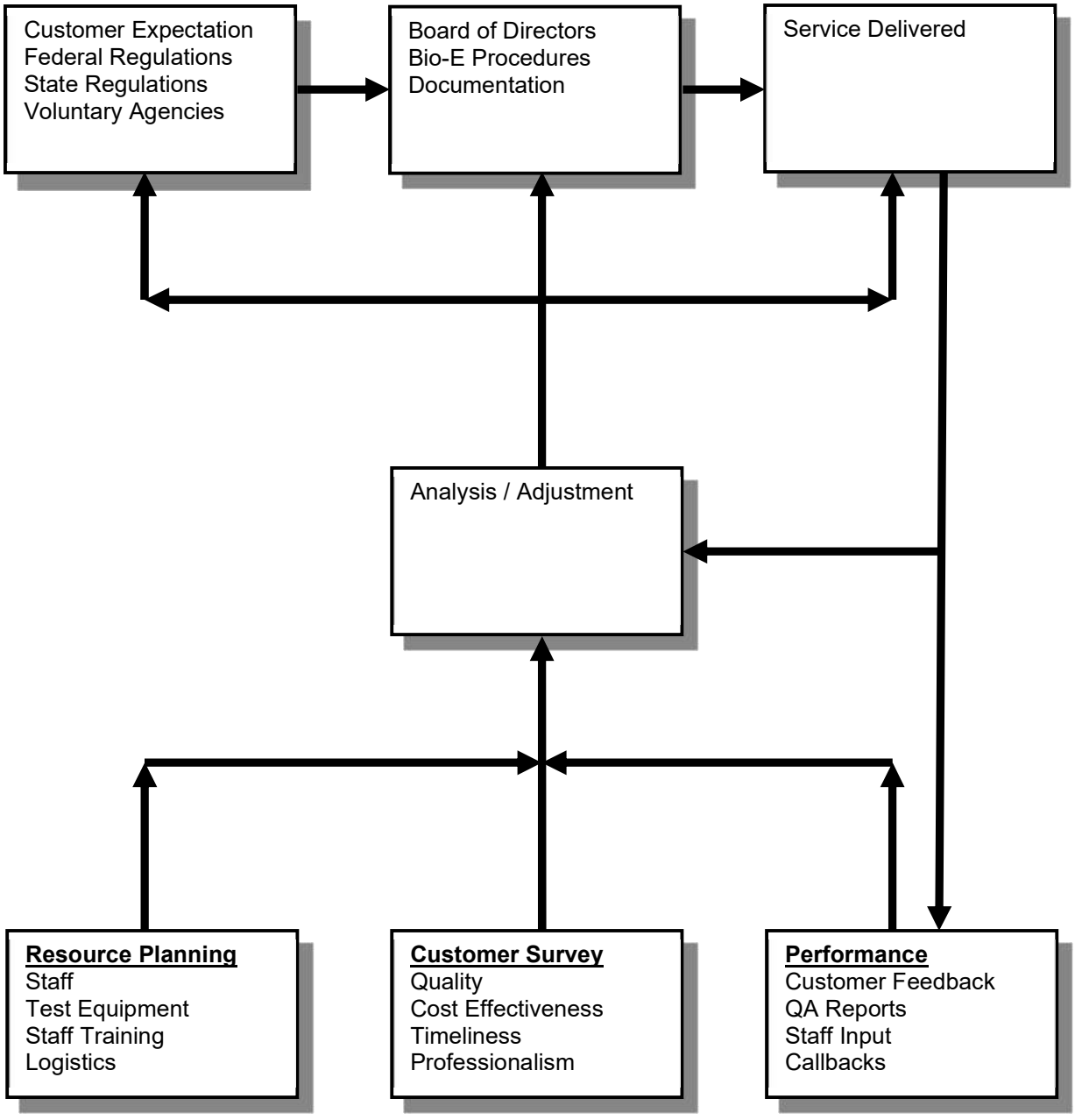
Completion Rate Reports are reviewed monthly by the Regional Service Manager and Primary Account Representative.

- For hospitals that use Joint Commission or DNV accreditation for deemed status purpose: Scheduled maintenance activities for both high-risk and non-high-risk medical equipment in an alternative equipment maintenance (AEM) program inventory must have a 100% completion rate.
- For hospitals that do not use Joint Commission or DNV accreditation for deemed status purpose: Scheduled preventive maintenance completion rate meets or exceeds 95% on an annual basis. (95% of all scheduled inspections, both new and carryover combined, must be completed in accordance with policy and procedure guidelines.)

Preventive Maintenance procedures are evaluated by the technical staff annually to determine continued applicability and completeness. Bio-Electronics' repair activity database is reviewed annually by management to determine effectiveness of IPM procedures.

Operator errors and in-service training requirements are identified. The Quality Assurance Repair Report is reviewed monthly by the PAR, RSM and Client.

209. Quality Assessment and Improvement Process (Flowchart)



Inspection and Preventive Maintenance System Inclusion and Frequency Criteria

It is recommended that the Maintenance File List (MFL) include equipment according to Risk-Based Criteria outlined below.

RECOMMENDATION OF INCLUSION

Recommendations are determined by evaluation of risks. Evaluation criteria considers each type of device with respect to its function, clinical application, maintenance requirements, and incident history.

Devices of types listed in the Inspection and Preventive Maintenance (IPM) Procedures are recommended for inclusion and have an assigned frequency. Exceptions are to be approved by the Lincoln Office. If a device is not listed, obtain a recommendation from the Lincoln Office. A preliminary recommendation can be formed by working through the criteria described below.

RISK-BASED CRITERIA

The methodology for evaluation of risks associated with a device type is based on:

Risk Assessment Score, and;
Incidents, experience, and unique manufacturer recommendations.

The Risk Assessment Score provides a method to describe risks in a relatively objective and quantitative context. This is valuable as the primary approach because it allows evaluation of devices for which there are no other primary resources. Note that the Maintenance Requirements component of the algorithm allow for specific consideration of manufacturer recommendations and field experience.

Incidents, field experience, and manufacturer recommendations may be used to bias the quantitative score, and to verify the conclusion.

RISK ASSESSMENT SCORE

A score (1 - 20) is assigned to the relative risks associated with a type of device according to the weight of three factors:

FUNCTION served in the clinical environment (1 - 10);

Therapeutic
10 Life Support / Critical Care / High Risk
9 Surgical and Intensive Care
8 Therapy and Treatment (Physical, Respiratory, etc.)

Diagnostic
7 Monitoring for Surgical and Intensive Care
X-ray Generators
6 Other Physiological Monitoring and Diagnostic

Analytical
5 Analytical Laboratory
4 Laboratory Accessories
3 Computer and Related
2 Patient Related and Other

RISK of physical harm in the clinical application (1 - 5);

A device malfunction could result in:
5 Serious Injury/Death to Patient or Operator
4 Possible Injury to Patient or Operator
3 Inappropriate Therapy or Misdiagnosis
2/1 No Significant Risk

MAINTENANCE REQUIREMENTS (1 - 5).

5 Extensive (Quarterly or more)
4 Moderate (Semiannual)
3 Average (Annual)
2/1 Minimal (Visual and/or Electrical Safety Test)

The total score (sum of three factors) gives an impression of the importance of including the type of device on the File List for scheduled inspection and maintenance. The Maintenance score describes the minimum frequency recommendation.

FREQUENCY OF INSPECTION AND PREVENTIVE MAINTENANCE

Frequency of inspection and maintenance is to be set within guidelines approved by the Quality Improvement Committee of Bio-Electronics.

Inspections are to be scheduled no less often than the minimums determined for the equipment type.

Minimum frequency (maximum interval) will be determined using the method described above.

EXCEPTIONS

Exceptions for shorter or longer intervals must be approved by the Lincoln Office. Hospitals may request frequency changes based on specific justification.

RESPONSIBILITY

Once a Risk Assessment Score (RA#) is assigned, a tentative judgment can be made. Ranges of RA#'s are identified below as a guideline for assignment of responsibility.

RA# :	0 - 5
RA# Responsibility:	Hosp
Recommended Responsibility:	Hospital personnel (if included).

RA# :	6 - 9
RA# Responsibility:	B/H
Recommended Responsibility:	Bio-Electronics/Hospital
RA# :	10 - 14
RA# Responsibility:	B/H
Recommended Responsibility:	Bio-Electronics / Hospital, if qualified
RA# :	15 - 20
RA# Responsibility:	BioE
Recommended Responsibility:	Bio-Electronics

Responsibilities identified as Bio-Electronics' may be assigned to manufacturers or other qualified entities at the hospital/facility's discretion.

As the Lincoln Office assigns frequencies and recommendations, it is understood that the Risk Assessments are guidelines. They are not a substitute for technical experience and professional judgment.

If a device does not clearly fit the above methodology, consider its line power status.

> If the device is line-powered by a 3-wire cord, it should receive a minimum of annual visual inspection, but is not necessarily included on the file list. (Scheduling by zone or department and documentation by exception are appropriate.)
>
> If the device is double-insulated, refer back to other relative risk factors.

Vulnerability Risk Assessment

Operating System

0 No operating system
1 Current
3 Nearing End of Life
5 Unsupported

Patches

1 Available / Current
3 Manufacturer Dependent
5 Not Available

Network Connection

1 Secured
4 Not Secured

PHI (Personal Health Information)

0 N/A
1 Encrypted
4 Not Encrypted

(User) Passwords

1 Active Directory
2 Changeable
5 Default
10 None

Internet Access

1 No
4 Yes

Physical Location

1 Secured
4 Not Secured

Removable Media

0 N/A (Does not have)
1 Encrypted
4 Not Encrypted

Vulnerability Risk Assessment

High	26-37
Medium	10-25
Low	1-9

Performance Standards

1. Inspection and Preventive Maintenance (IPM) completion rate.
   - Percentage determined through comparison of completed scheduled inspections, year to date, versus total scheduled inspections, year to date.
   - 100% of all scheduled inspections on equipment designated as “life support” and “critical” must be completed on a monthly basis in accordance with policy and procedure guidelines
   - For hospitals that do not use Joint Commission or DNV accreditation for deemed status purpose: Scheduled preventive maintenance completion rate meets or exceeds 95% on an annual basis**.** (95% of all scheduled inspections, both new and carryover combined, must be completed in accordance with policy and procedure guidelines.)
   - For hospitals that use Joint Commission accreditation or DNV for deemed status purpose: Scheduled maintenance activities for both high-risk and non-high-risk medical equipment in an alternative equipment maintenance (AEM) program inventory must have a 100% completion rate.
   - Scheduled workorder completion rates will be reviewed by Bio-Electronics management for compliance with standards and reports generated monthly.

2. Maintain a current, accurate, and separate inventory of all equipment in the program
   - Non-hospital owned equipment that satisfies inclusion criteria is included in the inventory (at the hospital’s option).
   - Inventory is 95% accurate within 6 months.

3. Test Equipment Calibration
   - Test equipment will be calibrated annually, or biennially, as appropriate.
   - Regional File Lists will be reviewed monthly by a designated technician to determine calibration needs and compliance with above criteria.

4. Continuing Education
   - Bio-Electronics management and/or RSMs will review training needs at least annually.

5. Job Proficiency Guides will be updated at least annually through self evaluation by the field service technician and reviewed by Bio-Electronics' management.

6. BMET Performance Evaluation Requirements
   - Bio-Electronics management will perform BMET performance evaluations periodically.
   - Evaluation criteria will include Customer Response Surveys, quality of work, time utilization, resource management, human relations, and training.
   - All field service technicians are required to meet compliance with varying types of Reptrax credentials, such as HIPAA training, hospital protocols b zone, immunizations, criminal background tests, drug tests, and others.
   - Upon satisfactory completion of review process, individual will be categorized as "An Employee in Good Standing".

bio·electronics
Medical Equipment Services
A subsidiary of the Nebraska Hospital Association

Medical Equipment Management Services

Your facility has contracted with Bio-Electronics to support various items of patient care equipment. Covered equipment is identified by a blue and white (or blue and silver) “Bio-Electronics” tag with a unique identification number.

The individual to notify in your facility for problems with Bio-Electronics covered equipment is:

_____

The Bio-Electronics Primary Account Representative (PAR) for your facility is:

_____

Please follow your facility’s policies as they pertain to Bio-Electronics when requesting service.

Medical Equipment Support & Management

Routine Service

1. Tag the equipment to notify potential users of the equipment that there is a problem.
2. Inform the unit supervisor and affected staff on all shifts of the status of the equipment.
3. Request the individual/department designated by the facility to contact Bio-Electronics and ask for service on the equipment. This information is on the preceding page.

Emergency Service

Your facility has authorized certain individuals to request after hours emergency service and Bio-Electronics is limited to responding only to requests from those persons. If you have an emergency request for service, please notify the appropriate person and have them contact Bio-Electronics.

Bio-Electronics' telephone is answered 24 hours every day of the year. You may expect telephone response to your request within one hour.

The telephone number for after-hours service is **888-449-4980 (toll free).**

To Report Equipment Problems

Documentation

Bio-Electronics provides your facility with an updated Equipment maintenance File List each month which contains equipment preventive maintenance and other general information.

Summary Activity Reports are provided quarterly and briefly lists inspection and repair activity on specific equipment.

Service Reports and Inspection and Preventive Maintenance forms for each piece of equipment are also available in your facility for more detailed information.

The above documentation is maintained in your facility and is available for your review by contacting:

_____

Operator & Service Manuals

Operator manuals are generally available in your department. Check with your supervisor for their location.

Service manuals are maintained in your facility. Check with your designated facility representative or your Bio-Electronics PAR if you need access to service manuals.

Equipment Status, History & Manuals

The hospital is required to be aware of all equipment in use, regardless of ownership. Please assist in this requirement by following approved policies for inspection of non-hospital owned equipment. This includes leased, borrowed, or rental equipment for long- or short-term use.

All equipment should be inspected prior to use. To request an inspection, contact your maintenance department or the facility's contact for Bio-Electronics. Plan to allow time for equipment to be checked in and inspected.

Most equipment will be approved for use if there are no inspection or operational failures. Certain types of equipment may not be approved due to risks or possible interference.

Equipment Not Owned By The Hospital

In the event of an incident involving patient care equipment:

- Notify appropriate patient care and medical staff FIRST.
- Use facility reporting forms and contact appropriate persons (usually Risk Management or Safety Officer).
- Remove equipment and accessories from service and store in a secure location pending an investigation. Do not change control setting or hookups. Save all wrappers and package inserts that may contain pertinent operating or safety information.
- Bio-Electronics may be utilized as a resource for equipment investigations and should be contacted in any event.

The Safe Medical Devices Act of 1990 requires medical facilities to notify the manufacturer and/or the Food and Drug Administration of certain incidents involving serious injury or death to patients. These reports should be filed by authorized persons after timely investigation. Specific procedures and time frames are required, and your facility should have printed guidelines for filing a report.

Equipment Incident Reporting

Bio-Electronics may issue Recommended Action Memos (RAMs) to bring attention to specific equipment-related issues. Examples include operating practices, equipment condition, or published hazard alerts.

Bio-Electronics monitors a national source for Hazard Alerts, and these are compared against the Equipment Maintenance File List for your facility. Identified items will be the subject of RAMs, and these will be forwarded to appropriate individuals within your facility.

Bio-Electronics will cooperate in responding to hazards brought to the facility's attention through RAMs or by other sources.

Recommended Action Memos / Hazard Alerts

3255 Salt Creek Circle, Suite 200 ● Lincoln, NE 68504
Ph: 402-742-8160 ● Toll Free: 888-449-4980 ● Fax: 402-742-8192 ● www.bio-electronics.com

I. PURPOSE

The Medical Equipment Management Plan describes how <<Facility Name>> manages risks associated with the use of medical equipment and what strategies are used to ensure that the medical equipment used in the life support, diagnosis, treatment or monitoring of patients is maintained appropriately by qualified individuals. This plan will assist hospital staff in achieving the safe and effective use of medical equipment and meet the Environment of Care EC.02.04 recommendations.

II. SCOPE

<<Facility Name>> maintains a corporate, risk-based Medical Equipment Management Plan which covers medical equipment used by all its entities and clinical departments.

III. DEFINITION

For the purpose of the Medical Equipment Management Program, medical equipment is defined as devices that are used to provide patient care by analyzing, diagnosing, monitoring or administering therapy. All clinical equipment in <<Facility Name>> is evaluated for inclusion into the Medical Equipment Management Program.

IV. OBJECTIVES

Performance indicators are monitored and reported to the <<Facility Name>> Safety Committee through the year in order to provide feedback to the effectiveness of the Medical Equipment Management Plan.

The following performance indicators will be reported to the Safety Committee:

A. Critical Life Support PM Completion Rate
Goal – 100%
Rationale – Requirement

B. Overall PM Completion Rate
Goal – 100%
Rationale – Requirement

C. Lost/In-Service Equipment Report
Goal – Information Only
Rationale – Lost/In-service Equipment will be reported to the Safety Committee for information purposes to explain why Completion Rate Report goal may have not been met.

D. Service Requests concerning Could Not Duplicate
Goal – 10% or less of all unscheduled service requests
Rationale – Specific number of occurrences may be irrelevant without considering the overall volume of service requests received. While user errors with specific equipment will still be evaluated to see if trends exist, the overall ratio tracked over time may provide useful information for minimizing risk.

E. Hazardous Investigations
Goal – Information Only
Rationale – All reportable events, recalls and equipment incident investigations will be reported to the Safety Committee for informational purposes.

V. RESPONSIBILITIES

<<Facility Name>> has contracted with Bio-Electronics to maintain, repair and/or assist in the maintenance and repair of powered patient care equipment. <<Facility Name>> has adopted and uses the documentation and scheduling system provided by Bio-Electronics and described in the ***"Annotated Guide to Bio-Electronics' Policies."***

In accordance with scheduled maintenance, Bio-Electronics, a contracted service provider, will carry out the following functions:

A. Carry out a preventive maintenance program for the individual inspection, maintenance and repair of equipment deemed essential for life support or that is inherently more hazardous or complex as noted in EC.02.04.01.

B. Regularly test alarm systems and safety mechanisms of medical equipment to be certain they are functioning properly.

C. Respond immediately to restore service when systems fail.

D. Conduct all performance monitoring and quality assurance activities as required by the Joint Commission and <<Facility Name>>.

E. The Medical Equipment Management Team also develops reports of Medical Equipment Management performance for presentation to the Safety Committee on a monthly basis. The reports summarize organizational experience, performance management and improvement activities and other Medical Equipment Management issues. The reports are reviewed and approved by the multi-disciplinary Committee which includes representation by Administration.

VI. AUTHORITY

The Medical Equipment Management Contractor (Bio-Electronics) and <<Clinical Engineering Director>> are responsible for the Medical Equipment Management Plan.

The Medical Equipment Management Team will:

A. Establish criteria to identify, evaluate, select, acquire and inventory medical equipment to be included in the Medical Equipment Management Program. The criteria address:
1. Equipment function (diagnosis, care, treatment, monitoring).
2. Physical risk associated with equipment use.
3. Equipment maintenance requirements.
4. Equipment incident history.
5. Manufacturer Recommendations.

B. Assessing and minimizing the clinical and physical risks associated with medical equipment.

C. Monitoring and acting on, as appropriate, medical equipment hazards and recalls.

D. Monitoring and reporting incidents in which a medical device may have caused or contributed to the death, serious injury, or serious illness of a patient or other individual as required by the "Safe Medical Device Act" of 1990 (SMDA).

E. Reporting and investigating equipment management problems and failures and user errors.

VII. EDUCATION

<<Facility Name>> is responsible for providing training for all personnel who operate, use or repair medical equipment both during new employee orientation and annual review. Each department director has the ultimate responsibility to ensure that any training warranted is completed and documented.

VIII. PERFORMANCE ACTIVITIES

Extensive preventive maintenance, tracking of repair activity, quality assurance reviews, and an ongoing evaluation of the effectiveness of the Medical Equipment Program ensure that equipment covered under the Bio-Electronics program promotes a safe environment.

Ongoing monitoring of performance related to Medical Equipment Management will occur in one or more of the following areas:

- Staff knowledge and skills
- Level of staff participation
- Monitoring and inspection activities
- Emergency and incident reporting
- Inspection, preventive maintenance and testing of equipment.

IX. ANNUAL REVIEW AND EVALUATION

The Medical Equipment Management Plan's objectives, scope, performance and effectiveness will be reviewed annually. The plan will be modified during program evaluation or as new procedures are identified.

X. PROCESSES FOR MANAGING MEDICAL EQUIPMENT RISKS EC.02.04.01

<<Facility Name>> has adopted and uses the documentation and scheduling system provided by Bio-Electronics and described in the ***"Annotated Guide to Bio-Electronics' Policies."***

The items that follow are organized according to the Joint Commission's Accreditation Manual and are referenced to specific paragraphs or section in Annotated Guide to Bio-Electronics Policies.

Written Inventory of All Medical Equipment – EC.02.04.01 EP2

Bio-Electronics maintains a written inventory of all medical equipment.

See Sections 201, 208.3.1, 208.3.3, 208.3.4, Appendices I and K of the ***"Annotated Guide to Bio-Electronics' Policies."***

High-Risk Equipment – EC.02.04.01 EP3

Bio-Electronics identifies high-risk medical equipment on the inventory for which there is a risk of serious injury or death to a patient or staff member should the equipment fail.

See Sections 201, 206, 208.1, 208.3.1, Appendices I and J of the ***"Annotated Guide to Bio-Electronics' Policies."***

Maintaining, Inspecting, and Testing Activities – EC.02.04.01 EP4

Bio-Electronics identifies in writing the activities and frequencies used for maintaining, inspecting, and testing all of the medical equipment in the inventory used for the diagnosis, care, treatment, and monitoring of patients thus assuring safety and maximum useful life.

See Sections 201, 206, 208.3.1, 208.6.4, Appendices I, J and K of the ***"Annotated Guide to Bio-Electronics' Policies."***

Equipment Required Manufacturer Recommendations – EC.02.04.01 EP5

Bio-Electronics' activities and frequencies for inspecting, testing, and maintaining the following items must be in accordance with manufacturers' recommendations:

- Equipment subject to federal or state law or Medicare Conditions of Participation in which inspecting, testing, and maintaining be in accordance with the manufacturers' recommendations, or otherwise establishes more stringent maintenance requirements.
- Medical laser devices
- Imaging and radiologic equipment (whether used for diagnostic or therapeutic purposes)
- New medical equipment with insufficient maintenance history to support the use of alternative maintenance strategies.

See Sections 201, 208.3, Appendix I and J of the ***"Annotated Guide to Bio-Electronics' Policies."***

Criteria for Alternate Maintenance of Medical Equipment – EC.02.04.01 EP7

Bio-Electronics is a qualified organization that uses written criteria to support the determination whether it is safe to permit medical equipment to be maintained in an alternate manner.

See Sections 201, 202.2, 208.3.1, 208.3.3, Appendix I and J of the ***"Annotated Guide to Bio-Electronics' Policies."***

Alternative Equipment Maintenance Program – EC.02.04.01 EP7

Bio-Electronics identifies medical equipment on its inventory that is included in an alternative maintenance program (AEM).

See Sections 201.4, 208.3.1, Appendices I and J of the ***"Annotated Guide to Bio-Electronics' Policies."***

Emergency Procedures – EC.02.04.01 EP9

Bio-Electronics assists in the development of written procedures that are followed when medical equipment fails.

See Sections 201, 202.2, 208.3.1, 208.3.3 and Appendix L of the ***"Annotated Guide to Bio-Electronics' Policies."***

Testing Medical Equipment Prior to Initial Use – EC.02.04.03 EP1

Bio-Electronics will test all medical equipment on the inventory before initial usage or after installation and after major repairs or upgrades of medical equipment.

See Sections 103.1 and 201.5, Appendices I, J and K of the ***"Annotated Guide to Bio-Electronics' Policies."***

Testing of High-Risk Equipment – EC.02.04.03 EP2

Bio-Electronics assures that scheduled testing of all high-risk-equipment is performed in a timely manner.

See Sections 103.1, 103.3, 201.4-5, 208.3, 208.3.1, 208.3.3, 208.6.4, Appendices I, J and K of the ***"Annotated Guide to Bio-Electronics' Policies."***

Testing of Non-High-Risk Medical Equipment – EC.02.04.03 EP3

Bio-Electronics assures that scheduled testing of all non-high-risk equipment is performed in a timely manner.

See Sections 103.1, 103.3, 201.4-5, 208.3, 208.3.1, 208.3.3, 208.6.4, Appendices I, J and K of the ***"Annotated Guide to Bio-Electronics' Policies."***

Testing of Sterilizers – EC.02.04.03 EP4

The <<Identify Department>> is responsible for testing and maintaining of all types of sterilizers used in at <<Facility Name>>.

See Sections 103.1, 103.3, 201.4-5, 208.3, 208.3.1, 208.3.3, 208.6.4, Appendices I and J of the ***"Annotated Guide to Bio-Electronics' Policies."***

Testing of Dialysis Equipment – EC.02.04.03 EP5

The <<Identify Department>> is responsible for performing equipment maintenance of the hemodialysis equipment used at <<Facility Name>>.

See Sections 201.4, 201.5, 208.3, 208.3.1, 208.3.3, Appendices I and J of the ***"Annotated Guide to Bio-Electronics' Policies."***

Electrical Equipment – EC.02.04.03 EP27

Bio-Electronics assists the hospital in meeting all other HealthCare Facilities Code requirements; facilities code for electrical equipment in the patient care vicinity, as related to NFPA 99-2012: Chapter 10.

See Sections 103.1, 201.5, 206, Appendix I of the ***"Annotated Guide to Bio-Electronics' Policies."***

Evaluating the Management Plan- EC.04.01.01 EP15

The Medical Equipment Management Plan's objectives, scope, performance, and effectiveness will be reviewed annually. The plan will be modified during program evaluation or as new procedures are identified.

See Sections 208.6 and 209 of the ***"Annotated Guide to Bio-Electronics' Policies."***

Model Medical Equipment Management Plan and Hospital Policies

The following model plan and policies are provided as a suggested way to merge Bio-Electronics and Hospital policies. Please contact your Primary Account Representative, Regional Service Manager, or the Lincoln Office with any questions.

- Medical Equipment Management Plan
- Patient Care Equipment
- Incoming Patient Care Equipment
- Orientation and Training of Maintenance Personnel
- Identification of Problems and Hazards

If policies are written that differ in functional intent from the Bio-Electronics Service Procedures, it is recommended that such changes be based upon specific justification (e.g. quality assurance reports, historical data, etc.).

M1. PATIENT CARE EQUIPMENT MAINTENANCE

PURPOSE: Provision of effective management, control, and maintenance of powered patient care equipment

POLICY: The Hospital has contracted with Bio-Electronics (a subsidiary of the Nebraska Hospital Association) to maintain, repair, and/or assist in the maintenance and repair of powered patient care equipment. The hospital has adopted and uses the documentation and scheduling system provided by Bio-Electronics and described in the attached Procedures.

PROCEDURE:

I. Equipment maintenance is scheduled in accordance with Bio-Electronics' policy on Inspection and Preventive Maintenance System Inclusion and Frequency Criteria, Appendix I, and documented on the Equipment Maintenance File List.

II. Inspection procedures are provided for each type of equipment. These procedures and associated frequencies are in accordance with manufacturers' recommendations or with strategies of an alternative equipment maintenance (AEM) program. General procedures are available for use when sufficient or before specific procedures are developed for new equipment.

III. Inspection and repair activities are documented by Work Orders, IPM Forms (procedure forms), and Summary Activity Reports.

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Director of Maintenance

M.2 INCOMING PATIENT CARE EQUIPMENT

PURPOSE: Assurance of inclusion of equipment in the Patient Care Equipment Maintenance Program.

POLICY: All incoming equipment, regardless of ownership, shall be evaluated for inclusion in the Equipment Maintenance Program, and be inspected prior to use.

PROCEDURE:

I. Prior to acquisition, the Purchasing Department, shall assure inclusion of the following terms in the purchase request:

   A. At least two operator's manuals and one service manual, complete with theory of operation, schematic diagrams, troubleshooting guide, and parts lists, all in English. (Upon acceptance, one operator's manual shall be kept with the device or in the responsible department; one operator's manual and the service manual shall be kept in the Maintenance Department.)

   B. Adequate in-service training for operators and maintenance personnel.

   C. Equipment shall be inspected by appropriate Hospital personnel. All documentation, including manuals, shall be received and in-service training completed before final payment is made.

II. The department receiving the equipment shall notify the Purchasing Department of the arrival. The equipment shall not be used until inspections and operator training are completed.

III. The Maintenance Department shall evaluate the device for inclusion in the Equipment Maintenance Program. The device shall be inspected according to an appropriate procedure and evaluated for inclusion on the File List. This inspection will be documented on a Service Report.

IV. If the device is not to be included in the File List, this shall be noted on the Service Report. If the device is acquired on a temporary basis, it shall be inspected and the Service Report filed with miscellaneous equipment.

Director of Maintenance

Director of Materials Management

M.3 ORIENTATION AND TRAINING OF MAINTENANCE PERSONNEL

PURPOSE: Provision of orientation and continuing education for personnel maintaining plant and patient care equipment.

POLICY: The Director of Maintenance shall evaluate, assure, and document the orientation and continuing education of personnel employed or supervised by the department.

I. New employees shall receive orientation and training in general Hospital and departmental policies and procedures. In addition, orientation shall include skills and procedures appropriate to the individual responsibilities.

II. The needs for continuing education within the department shall be assessed and documented at least annually.

III. The Director of Maintenance shall seek to obtain the necessary training identified by the assessment. This includes:

   A. Assisting the Director of Purchasing to identify and negotiate for training with major equipment purchases. (This includes training, as necessary, for contract biomedical equipment technicians.)

   B. Encourage formal and informal use of in-service training, printed and online resources.

IV. The Directors of Maintenance and In-Service Education shall cooperate in obtaining and documenting equipment-related training needed for various Hospital departments.

V. All orientation and continuing education shall be documented.

Director of Maintenance

Director of Materials Management

M4. IDENTIFICATION OF PROBLEMS AND HAZARDS

PURPOSE: Identification of recurrent or potential problems and hazards through use of equipment management documentation.

POLICY: The Maintenance Department shall provide information to and assist the Safety Committee in the identification of recurrent or potential problems and hazards.

I. Quality Assurance Repair Reports shall be reviewed for multiple work orders on the same device.

II. Individual work orders shall be reviewed for unusual circumstances or consequences.

III. Hazard and recall notifications shall be reviewed as received directly or through service organizations.

IV. Results of reviews, as applicable, actions taken or pending, and follow-up needed shall be reported to the Safety Committee at least quarterly.

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Director of Maintenance

Exhibit 4

BIO-ELECTRONICS
Lincoln, NE (888) 449-4980

BE50 Attachment A

167 Western Nebraska Veterans Home
Scottsbluff, NE

AID	EID	Description	Manufacturer	Model	Serial Num.	Location	Cost Center	IPM	Test Due	Test Cycle	Test Type	Who Tests	Condition	Cust ID	S/L #
167	0000225	Suction Unit	Aeros	752000	PAY0158	NursingICFI Supp		0108-0000	5-31-2024	05A	IPM	Bio	Good		05
167	0000226	Hyfrecator (7-797, Hyfrecator Plus)	Conmed	7-797	97MGH110	Exam Rm 1		0505-0002	5-31-2024	05A	IPM	Bio	Good		05
167	0000229	Vital signs monitor	Welch Allyn		12107210610480			1231-0000	5-31-2024	05A	IPM	Bio	Good		05
167	0000233	Hot Pack/Cold Pack Unit	Chattanooga Grp	SS-2	11587	PT		1102-0000	5-31-2024	05A	IPM	Bio	Good		05
167	0000264	Monitor, NIBP/Multi-Parameter	Welch Allyn	53NTP	JA009443	Exam Rm 2		1231-0000	5-31-2024	05A	IPM	Bio	Good		05
167	0000270	Treadmill	Vision Fitness	T97005	N/A	PT		0410-0000	11-30-2023	05S	Oper	Bio	Good		05
167	0000283	Therapy, Ultrasonic (Multi-Head)	Chattanooga Grp	Intelect Transport	21187	PT		1116-0000	5-31-2024	05A	IPM	Bio	Good		05
167	0000287	Table, Examination	Midmark	222	N/A	Exam Rm 1		0507-0000	5-31-2024	05A	IPM	Bio	Good		05
167	0000288	Table, Examination	Midmark	222	V337339	Exam Rm 2		0507-0000	5-31-2024	05A	IPM	Bio	Good		05
167	0000294	ECG Unit	Welch Allyn	CP 200	20022309	Exam Rm 1		0403-0000	5-31-2024	05A	IPM	Bio	Good		05
167	0000299	Suction Unit	Devilbiss Health Care Inc (Sur	7314P-D	PD500922	Nursing		0108-0000	5-31-2024	05A	IPM	Bio	Good		05
167	0000300	Bladder Scanner (Prime Plus)	Verathon	Prime Plus	C1501532	Nursing		1236-0002	5-31-2024	05A	Visual	Bio	Good		05
167	0000304	Monitor, NIBP/Multi-Parameter	Welch Allyn	Spot Vital Signs	201405465	Nursing Bravery		1231-0000	5-31-2024	05A	IPM	Bio	Good		05
167	0000309	Concentrator, Oxygen	Respironics Inc	EVERFLO	12611790	Nursing		0711-0000	10-31-2023	10A	IPM	Bio	Good		05
167	0000310	Concentrator, Oxygen	Respironics Inc	EVERFLO	1042092	Nursing		0711-0000	10-31-2023	10A	IPM	Bio	Good		05
167	0000311	Concentrator, Oxygen	Respironics Inc	EVERFLO	1042083	Nursing		0711-0000	10-31-2023	10A	IPM	Bio	Good		05
167	0000312	Concentrator, Oxygen	Respironics Inc	EVERFLO	1261748	Nursing		0711-0000	10-31-2023	10A	IPM	Bio	Good		05
167	0000313	Concentrator, Oxygen	Devilbiss Health Care Inc (Sur	525DS	B233170523DS	Nursing		0711-0000	10-31-2023	10A	IPM	Bio	Good		05
167	0000314	Concentrator, Oxygen	Devilbiss Health Care Inc (Sur	525DS	B223170338DS	Nursing		0711-0000	10-31-2023	10A	IPM	Bio	Good		05
167	0000315	Concentrator, Oxygen	Respironics Inc	EVERFLO	1261788	Nursing		0711-0000	10-31-2023	10A	IPM	Bio	Good		05
167	0000316	Concentrator, Oxygen	Respironics Inc	EVERFLO	618569	Nursing		0711-0000	10-31-2023	10A	IPM	Bio	Good		05
167	0000317	Concentrator, Oxygen	Respironics Inc	EVERFLO	1284678	Nursing		0711-0000	10-31-2023	10A	IPM	Bio	Good		05
167	0000318	Concentrator, Oxygen	Respironics Inc	EVERFLO	1042027	Nursing		0711-0000	10-31-2023	10A	IPM	Bio	Good		05
167	0000319	Concentrator, Oxygen	Respironics Inc	EVERFLO	1042117	Nursing		0711-0000	10-31-2023	10A	IPM	Bio	Good		05
167	0000320	Concentrator, Oxygen	Respironics Inc	EVERFLO	690900	Nursing		0711-0000	10-31-2023	10A	IPM	Bio	Good		05
167	0000321	Concentrator, Oxygen	Respironics Inc	EVERFLO	1284681	Nursing		0711-0000	10-31-2023	10A	IPM	Bio	Good		05
167	0000322	Concentrator, Oxygen	Respironics Inc	EVERFLO	700101	Nursing		0711-0000	10-31-2023	10A	IPM	Bio	Good		05
167	0000323	Concentrator, Oxygen	Respironics Inc	EVERFLO	700112	Nursing		0711-0000	10-31-2023	10A	IPM	Bio	Good		05
167	0000324	Concentrator, Oxygen	Invacare Corp	PERFECTO2	N/A	Nursing		0711-0000	10-31-2023	10A	IPM	Bio	Good		05
167	0000325	Monitor, NIBP	MDPRO	MDpro	261436-M26615520009	Nursing		1234-0000	10-31-2023	10A	IPM	Bio	Good		05
167	0000326	Monitor, NIBP	MDPRO	MDpro	261436-M22615520007	Nursing		1234-0000	10-31-2023	10A	IPM	Bio	Good		05
167	0000327	Hot Pack/Cold Pack Unit	Chattanooga Grp	2402	T24019C	PT		1102-0000	5-31-2024	05A	IPM	Bio	Good		05

Service Levels (S/L)	
00 – No Contract	05 – PM Only
03 – PM, Repair Labor	09 – Electrical Safety Only
04 – In-House PM, Repair Labor	88 – Manufacturer Responsibility

BIO-ELECTRONICS

Lincoln, NE (888) 449-4980

BE50 Attachment A

290 Norfolk Veterans' Home
Norfolk, NE

AID	EID	Description	Manufacturer	Model	Serial Num.	Location	Cost Center	IPM	Test Due	Test Cycle	Test Type	Who Tests	Condition	Cust ID	S/L #
290	0000003	Suction Unit	Stryker Corp	130	608809	BC106		0108-0000	1-31-2024	01A	IPM	Bio	Good		05
290	0000014	Suction Unit	Schuco	5711-130	985149	FG106		0108-0000	1-31-2024	01A	IPM	Bio	Good		05
290	0000028	Scale, Wheelchair - 660 lbs	SCALE-TRONIX-INC	6006	1199975	E112		1815-0000	3-31-2024	03A	IPM	Bio	Poor		05
290	0000061	Hot Pack/Cold Pack Unit	Chattanooga Grp	M-2	53595	Rehab		1102-0000	9-30-2023	09A	IPM	Bio	Good		05
290	0000064	Bath, Paraffin	Dynatronics	Para-Care	13939	Rehab		1105-0000	9-30-2023	09A	IPM	Bio	Good		05
290	0000069	Suction Unit	Schuco	132	1191139	FG106		0108-0000	1-31-2024	01A	IPM	Bio	Good		05
290	0000073	Suction Unit	Schuco Inc (Allied Health Care	130	16240	G125B		0108-0000	1-31-2024	01A	IPM	Bio	Good		05
290	0000094	Patient Lift/Hoist	EZ Way Inc	898	44087	PT		1106-0000	4-30-2024	04A	IPM	Bio	Good		05
290	0000097	Scale, Patient - 600 lbs	DETECTO-SCALE-CO-(CARI	758C	E03107-0247	F112		1815-0000	3-31-2024	03A	IPM	Bio	Good		05
290	0000101	Pump, Feeding (Kangaroo ePump)	Tycos	ePump	C0719037	F104		0916-0001	7-31-2024	07A	IPM	Bio	Good		05
290	0000102	Pump, Feeding (Kangaroo ePump)	Tycos	ePump	C0719061	F104		0916-0001	7-31-2024	07A	IPM	Bio	Good		05
290	0000116	Patient Lift/Hoist	EZ Way Inc	S400PN	200338	Pod G Bath		1106-0000	4-30-2024	04A	IPM	Bio	Good		05
290	0000147	Hot Pack/Cold Pack Unit	Woods	C07REC	40216945JQ	Rehab		1102-0000	9-30-2023	09A	IPM	Bio	Good		05
290	0000149	Whirlpool	Penner	360010-1W	8123016201	D112A		1111-0000	9-30-2023	03S	IPM	Bio	Good		05
290	0000150	Patient Lift w/Scale	Penner	383510-X	8121816501	D112		1117-0000	3-31-2024	03A	IPM	Bio	Good		05
290	0000151	Patient Lift/Hoist (Sara 3000)	Arjo	Sara 3000	P0151393	Pod E		1106-0001	4-30-2024	04A	IPM	Bio	Good		05
290	0000153	Patient Lift/Hoist (Sara 3000)	Arjo	Sara 3000	P0151395	Pod F		1106-0001	4-30-2024	04A	IPM	Bio	Good		05
290	0000154	Scale, Patient - 600 lbs	DETECTO-SCALE-CO-(CARI	758C	E10109-0028	D112		1815-0000	3-31-2024	03A	IPM	Bio	Good		05
290	0000155	Scale, Patient	HealthOMeter	Unknown	368	B112		1815-0000	3-31-2024	03A	IPM	Bio	Good		05
290	0000156	Monitor, NIBP/Multi-Parameter	Welch Allyn	42MTB	201305346	Pod F		1231-0000	5-31-2024	05A	IPM	Bio	Good		05
290	0000157	Monitor, NIBP/Multi-Parameter	Welch Allyn	42MTB	201305709	Pod C		1231-0000	5-31-2024	05A	IPM	Bio	Fair		05
290	0000158	Monitor, NIBP/Multi-Parameter	Welch Allyn	42MTB	201305767	Pod E		1231-0000	5-31-2024	05A	IPM	Bio	Good		05
290	0000159	Monitor, NIBP/Multi-Parameter	Welch Allyn	42MTB	201305347	Pod B		1231-0000	5-31-2024	05A	IPM	Bio	Good		05
290	0000161	Monitor, NIBP/Multi-Parameter	Welch Allyn	42MTB	201305509	Pod G		1231-0000	5-31-2024	05A	IPM	Bio	Good		05
290	0000162	Monitor, NIBP/Multi-Parameter	Stryker Corp	42MTB	201304564	Pod C		1231-0000	5-31-2024	05A	IPM	Bio	Fair		05
290	0000163	Monitor, NIBP/Multi-Parameter	Welch Allyn	42MTB	201305606	Pod D		1231-0000	5-31-2024	05A	IPM	Bio	Good		05
290	0000164	Therapy/Muscle Stimulator, Ultrasonic	Chattanooga Grp	Intelect Transport	T4291	Rehab		1114-0000	9-30-2023	09A	IPM	Bio	Good		05
290	0000165	Whirlpool	Penner	360010-1W	9133409801	E112		1111-0000	9-30-2023	03S	IPM	Bio	Fair		05
290	0000166	Patient Lift w/Scale	Penner	383510-X	9132020401	E112		1117-0000	3-31-2024	03A	IPM	Bio	Good		05
290	0000169	Patient Lift/Hoist (Sara 3000)	Arjo	Sara 3000	P0208901	Pod D		1106-0001	4-30-2024	04A	IPM	Bio	Good		05
290	0000170	Patient Lift (Maxi Move)	Arjo	Maxi Move	300026492	Pod G		1117-0001	4-30-2024	04A	IPM	Bio	Good		05
290	0000171	Exam Chair, Ophthalmic/Dental	Chairmen	CM	N/A	Clinic		0508-0000	7-31-2024	07A	IPM	Bio	Good		05
290	0000172	Dental Operating Unit	Biotec	N7120	261700	Clinic		1901-0000	1-31-2024	01S	IPM	Bio	Good		05
290	0000174	Patient Lift w/Scale	Penner	383510-X	8142208101	F112		1117-0000	3-31-2024	03A	IPM	Bio	Good		05
290	0000175	Whirlpool	Penner	360010-1W	8143785801	F112		1111-0000	9-30-2023	03S	IPM	Bio	Good		05
290	0000176	Patient Lift (Maxi Move)	Arjo Inc	Maxi Move	300056594	Pod E		1117-0002	4-30-2024	04A	IPM	Bio	Good		05
290	0000177	Patient Lift/Hoist (Sara 3000)	Arjo Inc	Sara 3000	P0299858	Pod D		1106-0001	4-30-2024	04A	IPM	Bio	Good		05
290	0000178	Patient Lift/Hoist (Sara 3000)	Arjo	Sara 3000	P0283152	Pod F		1106-0001	4-30-2024	04A	IPM	Bio	Good		05
290	0000179	Patient Lift/Hoist (Sara 3000)	Arjo Inc	Sara 3000	P0312368	Pod F		1106-0001	4-30-2024	04A	IPM	Bio	Good		05
290	0000180	Patient Lift/Hoist (Sara 3000)	Arjo	Sara 3000	P0317895	Pod F		1106-0001	4-30-2024	04A	IPM	Bio	Good		05
290	0000181	Patient Lift/Hoist (Sara 3000)	Arjo	Sara 3000	P0283154	Pod E		1106-0001	4-30-2024	04A	IPM	Bio	Good		05
290	0000182	Whirlpool	Penner	360010-1W	6154058501	G117		1111-0000	9-30-2023	03S	IPM	Bio	Good		05
290	0000183	Patient Lift w/Scale	Penner	383510-X	61523622201	G117		1117-0000	3-31-2024	03A	IPM	Bio	Good		05
290	0000184	Patient Lift (Maxi Move)	Arjo Inc	Maxi Move	300107301	Pod F		1117-0001	4-30-2024	04A	IPM	Bio	Good		05
290	0000185	Patient Lift/Hoist (Sara Plus)	Arjo Inc	Sara Plus	P0375168	C105		1106-0002	4-30-2024	04A	IPM	Bio	Good		05
290	0000186	Whirlpool	Penner	360010-1W	8164498301	C112		1111-0000	9-30-2023	03S	IPM	Bio	Good	03458	05
290	0000187	Patient Lift w/Scale	Penner	PSC20	5849	C112		1117-0000	3-31-2024	03A	IPM	Bio	Good		05
290	0000189	Patient Lift (Maxi Move)	Arjo	Maxi Move	300220099	Pod D		1117-0001	4-30-2024	04A	IPM	Bio	Good	25G034	05
290	0000190	Whirlpool	Penner	360010-1W	1184935701	B112		1111-0000	9-30-2023	03S	IPM	Bio	Good		05
290	0000191	Patient Lift w/Scale	Penner	383510-X	1182798401	B112		1117-0000	3-31-2024	03A	IPM	Bio	Good		05
290	0000192	Monitor, NIBP/Multi-Parameter	Welch Allyn	Connex Spot Monitor	100022750418	Pod B		1231-0000	5-31-2024	05A	IPM	Bio	Good		05
290	0000193	Monitor, NIBP/Multi-Parameter	Welch Allyn	Connex Spot Monitor	100022640418	Pod C		1231-0000	5-31-2024	05A	IPM	Bio	Good		05
290	0000194	Monitor, NIBP/Multi-Parameter	Welch Allyn	Connex Spot Monitor	100022770418	DONs Old office		1231-0000	5-31-2024	05A	IPM	Bio	Good	03486	05

Service Levels (S/L)	
00 – No Contract	05 – PM Only
03 – PM, Repair Labor	09 – Electrical Safety Only
04 – In-House PM, Repair Labor	88 – Manufacturer Responsibility

BIO-ELECTRONICS

Lincoln, NE (888) 449-4980

BE50 Attachment A

290 Norfolk Veterans' Home
Norfolk, NE

AID	EID	Description	Manufacturer	Model	Serial Num.	Location	Cost Center	IPM	Test Due	Test Cycle	Test Type	Who Tests	Condition	Cust ID	S/L #
290	0000195	Monitor, NIBP/Multi-Parameter	Welch Allyn	Connex Spot Monitor	100022670418	Pod E		1231-0000	5-31-2024	05A	IPM	Bio	Good		05
290	0000196	Monitor, NIBP/Multi-Parameter	Welch Allyn	Connex Spot Monitor	100022650418	Pod F		1231-0000	5-31-2024	05A	IPM	Bio	Good	03480	05
290	0000197	Monitor, NIBP/Multi-Parameter	Welch Allyn	Connex Spot Monitor	100022710418	Pod F		1231-0000	5-31-2024	05A	IPM	Bio	Good	03485	05
290	0000198	Dental X-ray Unit (Nomad Pro 2)	Aribex	Nomad Pro 2	25212	Clinic		1618-0000	1-31-2024	01A	Cal	*Bio			05
290	0000198	Dental X-ray Unit (Nomad Pro 2)	Aribex	Nomad Pro 2	25212	Clinic		1903-0005	1-31-2024	01A	IPM	*Bio	Good		05
290	0000199	Patient Lift/Hoist	EZ Way Inc	S500PN	220662	Pod C		1106-0000	4-30-2024	04A	IPM	Bio	Good		05
290	0000200	Patient Lift/Hoist	EZ Way Inc	L500PN	130594	Pod C		1106-0000	4-30-2024	04A	IPM	Bio	Good		05
290	0000202	Defibrillator, AED	Physio Control	Lifepak CR Plus	48449267	Activity Room		1021-0000	1-31-2024	01S	Visual	Bio			05
290	0000202	Defibrillator, AED	Physio Control	Lifepak CR Plus	48449267	Activity Room		1818-0000	1-31-2026	01C	A Batt Chg	Bio			05
290	0000204	Patient Lift w/Scale	Medcare Products	400013	A20190417275517	Pod D		1117-0000	3-31-2024	03A	IPM	Bio	Good		05
290	0000205	Patient Lift/Hoist (Sara 3000)	Arjo Inc	SARA-FLEX	300477347	Pod D		1106-0001	4-30-2024	04A	IPM	Bio	Good		05
290	0000206	Patient Lift/Hoist (Sara 3000)	Arjo Inc	SARA-FLEX	300477355	Pod E		1106-0001	4-30-2024	04A	IPM	Bio	Good		05
290	0000207	Patient Lift w/Scale (Maxi Move)	Arjo Inc	Maxi Move	300484947	Pod D		1117-0002	4-30-2024	04A	IPM	Bio	Good		05
290	0000208	Patient Lift w/Scale (Maxi Move)	Arjo Inc	Maxi Move		Pod D		1117-0002	4-30-2024	04A	IPM	Bio	Good		05
290	0000209	Defibrillator, AED	Philips Medical Systems	HeartStart FRx	B22A-01921	BC106		1021-0000	2-29-2024	02A	IPM	Bio	Good		05
290	0000210	Defibrillator, AED	Philips Medical Systems	HeartStart FRx	B22A-01922	DE106		1021-0000	2-29-2024	02A	IPM	Bio			05
290	0000372	Infusion Device	Avante Health Solutions	NXT5	M6211119041	F Pod		0907-0000	7-31-2024	07A	IPM	Bio			05
290	0000373	Infusion Device	Avante Health Solutions	NXT5	M6211119082	D Pod		0907-0000	7-31-2024	07A	IPM	Bio			05
290	0000378	Suction Unit	Schuco Inc (Allied Health Care	S130A	26072011614	DE106		0108-0000	1-31-2024	01A	IPM	Bio			05
290	0000379	Patient Lift/Hoist (Sara 3000)	ArjoHuntleigh	Sara Flex	300534587	Pod F		1106-0001	4-30-2024	04A	IPM	Bio	Good		05
290	0000380	Defibrillator, AED	Philips Medical Systems	HEARTSTART-FRX	B22K-05400	FG106		1021-0000	2-29-2024	02A	IPM	Bio	Good		05
290	0000380	Defibrillator, AED	Philips Medical Systems	HEARTSTART-FRX	B22K-05400	FG106		1818-0000	2-29-2028	02E	IPM	Bio			05
290	0000381	Monitor, NIBP/Multi-Parameter	Welch Allyn	CONNEX-SPOT-MON	100033151422			1231-0000	5-31-2024	05A	IPM	Bio			05
290	0000382	Monitor, NIBP/Multi-Parameter	Welch Allyn	CONNEX-SPOT-MON	100033251422			1231-0000	5-31-2024	05A	IPM	Bio			05
290	0000383	Monitor, NIBP/Multi-Parameter	Welch Allyn	CONNEX-SPOT-MON	100033331422			1231-0000	5-31-2024	05A	IPM	Bio			05
290	0000384	Monitor, NIBP/Multi-Parameter	Welch Allyn	CONNEX-SPOT-MON	100033361422			1231-0000	5-31-2024	05A	IPM	Bio			05
290	0000385	Monitor, NIBP/Multi-Parameter	Welch Allyn	CONNEX-SPOT-MON	100033381422			1231-0000	5-31-2024	05A	IPM	Bio			05
290	0000386	Monitor, NIBP/Multi-Parameter	Welch Allyn	CONNEX-SPOT-MON	100033381422			1231-0000	5-31-2024	05A	IPM	Bio			05

Service Levels (S/L)	
00 – No Contract	05 – PM Only
03 – PM, Repair Labor	09 – Electrical Safety Only
04 – In-House PM, Repair Labor	88 – Manufacturer Responsibility

BIO-ELECTRONICS

Lincoln, NE (888) 449-4980

BE50 Attachment A

291 Central Nebraska Veterans' Home
Kearney, NE

AID	EID	Description	Manufacturer	Model	Serial Num.	Location	Cost Center	IPM	Test Due	Test Cycle	Test Type	Who Tests	Condition	Cust ID	S/L #
291	0000006	Sterilizer/Autoclave, Tabletop	Scican Inc	Statim 1102	221142	Dental		0501-0000	8-31-2023	02S	IPM	Bio	Fair	C20265	05
291	0000444	Therapy/Muscle Stimulator, Ultrasonic	Chattanooga Grp	Intelect Legend XT	T7349	Hotel Gym		1114-0000	8-31-2023	08A	IPM	Bio	Fair	25C2152	05
291	0000573	Sterilizer/Autoclave, Tabletop	Scican Inc	Statim 5000	131013A00070	Dental		0501-0000	8-31-2023	02S	IPM	Bio	Good	25C2153	05
291	0000574	Pump, Feeding (Kangaroo ePump)	Covidien	ePump	C13038769	Supply		0916-0001	6-30-2024	06A	IPM	Bio	Fair		05
291	0000575	Pump, Feeding (Kangaroo ePump)	Covidien	ePump	C13040534	Supply		0916-0001	6-30-2024	06A	IPM	Bio	Fair		05
291	0000576	Pump, Feeding (Kangaroo ePump)	Covidien	ePump	C13040552	Supply		0916-0001	6-30-2024	06A	IPM	Bio	Fair		05
291	0000577	Pump, Feeding (Kangaroo ePump)	Covidien	ePump	C13040524	Supply		0916-0001	6-30-2024	06A	IPM	Bio	Fair		05
291	0000578	Pump, Feeding (Kangaroo ePump)	Covidien	ePump	C13040032	Supply		0916-0001	6-30-2024	06A	IPM	Bio	Fair		05
291	0000579	Pump, Feeding (Kangaroo Joey)	Covidien	Kangaroo Joey	F1015435	Supply		0916-0002	6-30-2025	06B	IPM	Bio	Fair		05
291	0000580	Pump, Feeding (Kangaroo Joey)	Covidien	Kangaroo Joey	F1015433	Supply		0916-0002	6-30-2025	06B	IPM	Bio	Fair		05
291	0000600	Suction Unit (Bi-Monthly)	DeVilbiss	7305P-D	PD453770	Echo		0123-0000	9-30-2023	01H	IPM	Bio	Good		05
291	0000601	Suction Unit (Bi-Monthly)	DeVilbiss	7305P-D	PD453760	Foxtrot		0123-0000	9-30-2023	01H	IPM	Bio	Good		05
291	0000602	Suction Unit (Bi-Monthly)	DeVilbiss	7305P-D	PD453759	G Sensory RM		0123-0000	9-30-2023	01H	IPM	Bio	Good		05
291	0000611	Pulse Oximeter	BCI International	Spectro 2	4060666	DON's Office		1419-0000	10-31-2023	10A	IPM	Bio	Good		05
291	0000613	Diathermy	Chattanooga Grp	Intelect SWD 100	T2279	Golf Gym		1803-0000	8-31-2023	08A	Safety	Bio	Good	25C2157	05
291	0000614	Therapy/Muscle Stimulator, Ultrasonic	Chattanooga Grp	Genisys	T2686	Golf Gym		1114-0000	8-31-2023	08A	IPM	Bio	Good	25C2158	05
291	0000616	Pulse Oximeter	BCI International	Spectro 2	4060668	DON's Office		1419-0000	10-31-2023	10A	IPM	Bio	Good		05
291	0000617	Treadmill	Alter G	M320	M300-0396	Hotel Gym		0410-0000	8-31-2023	02S	IPM	Bio	Good	25C2151	05
291	0000620	Recumbent Cross Trainer	NuStep	T5	T5104536	Golf Gym		1828-0000	8-31-2023	08A	Visual	Bio	Good	25C2148	05
291	0000628	Pulse Oximeter	BCI	Spectro 2	4071183	Bravo		1419-0000	10-31-2023	10A	IPM	Bio	Good		05
291	0002000	Monitor, NIBP/Multi-Parameter	Welch Allyn	Connex Spot Monitor	100019321818	Echo		1231-0000	10-31-2023	10A	IPM	Bio	Good	28C0107	05
291	0002001	Monitor, NIBP/Multi-Parameter	Welch Allyn	Connex Spot Monitor	100019361818	Echo		1231-0000	10-31-2023	10A	IPM	Bio	Good	28C0107	05
291	0002002	Monitor, NIBP/Multi-Parameter	Welch Allyn	Connex Spot Monitor	100019311818	Hotel Gym		1231-0000	10-31-2023	10A	IPM	Bio	Good	28C0107	05
291	0002004	Monitor, NIBP/Multi-Parameter	Welch Allyn	Connex Spot Monitor	100019371818	Delta		1231-0000	10-31-2023	10A	IPM	Bio	Good	28C0107	05
291	0002005	Monitor, NIBP/Multi-Parameter	Welch Allyn	Connex Spot Monitor	100019251818	Delta		1231-0000	10-31-2023	10A	IPM	Bio	Good	28C0107	05
291	0002006	Monitor, NIBP/Multi-Parameter	Welch Allyn	Connex Spot Monitor	100019281818	Delta		1231-0000	10-31-2023	10A	IPM	Bio	Good	28C0107	05
291	0002007	Monitor, NIBP/Multi-Parameter	Welch Allyn	Connex Spot Monitor	100019421818	Golf Gym		1231-0000	10-31-2023	10A	IPM	Bio	Good	28C0106	05
291	0002008	Monitor, NIBP/Multi-Parameter	Welch Allyn	Connex Spot Monitor	100019241818	Foxtrot		1231-0000	10-31-2023	10A	IPM	Bio	Good	28C0107	05
291	0002009	Monitor, NIBP/Multi-Parameter	Welch Allyn	Connex Spot Monitor	100019291818	Clinic		1231-0000	10-31-2023	10A	IPM	Bio	Good	28C0107	05
291	0002010	Monitor, NIBP/Multi-Parameter	Welch Allyn	Connex Spot Monitor	100019261818	Clinic		1231-0000	10-31-2023	10A	IPM	Bio	Good	28C0108	05
291	0002011	Monitor, NIBP/Multi-Parameter	Welch Allyn	Connex Spot Monitor	100019401818	Echo		1231-0000	10-31-2023	10A	IPM	Bio	Good	28C0107	05
291	0002012	Monitor, NIBP/Multi-Parameter	Welch Allyn	Connex Spot Monitor	100019301818	Delta		1231-0000	10-31-2023	10A	IPM	Bio	Good	28CO107	05
291	0002013	Monitor, NIBP/Multi-Parameter	Welch Allyn	Connex Spot Monitor	100019391818	Alpha		1231-0000	10-31-2023	10A	IPM	Bio	Good	28C0106	05
291	0002014	Monitor, NIBP/Multi-Parameter	Welch Allyn	Connex Spot Monitor	100019441818	Bravo		1231-0000	10-31-2023	10A	IPM	Bio	Good	28C0106	05
291	0002015	Monitor, NIBP/Multi-Parameter	Welch Allyn	Connex Spot Monitor	100019351818	Bravo		1231-0000	10-31-2023	10A	IPM	Bio	Good	28C0106	05
291	0002016	Monitor, NIBP/Multi-Parameter	Welch Allyn	Connex Spot Monitor	100019451818	Alpha		1231-0000	10-31-2023	10A	IPM	Bio	Good	28C0106	05
291	0002017	Monitor, NIBP/Multi-Parameter	Welch Allyn	Connex Spot Monitor	100019411818	Alpha		1231-0000	10-31-2023	10A	IPM	Bio	Good	28C0106	05
291	0002018	Monitor, NIBP/Multi-Parameter	Welch Allyn	Connex Spot Monitor	100019331818	Alpha		1231-0000	10-31-2023	10A	IPM	Bio	Good	28C0106	05
291	0002019	Monitor, NIBP/Multi-Parameter	Welch Allyn	Connex Spot Monitor	100019431818	Bravo		1231-0000	10-31-2023	10A	IPM	Bio	Good	28C0106	05
291	0002020	Monitor, NIBP/Multi-Parameter	Welch Allyn	Connex Spot Monitor	100082191218	Foxtrot		1231-0000	10-31-2023	10A	IPM	Bio	Good	25C2160	05
291	0002021	Monitor, NIBP/Multi-Parameter	Welch Allyn	Connex Spot Monitor	100082171218	Bravo		1231-0000	10-31-2023	10A	IPM	Bio	Good	25C2160	05
291	0002022	Monitor, NIBP/Multi-Parameter	Welch Allyn	Connex Spot Monitor	100082231218	Bravo		1231-0000	10-31-2023	10A	IPM	Bio	Good	25C2161	05
291	0002023	Monitor, NIBP/Multi-Parameter	Welch Allyn	Connex Spot Monitor	100082201218	Foxtrot		1231-0000	10-31-2023	10A	IPM	Bio	Good	25C2160	05
291	0002024	Monitor, NIBP/Multi-Parameter	Welch Allyn	Connex Spot Monitor	100001951418	Charlie		1231-0000	10-31-2023	10A	IPM	Bio	Good	25C2163	05
291	0002025	Suction Unit (Bi-Monthly)	DeVilbiss	7305P-D	PD533729	Clinic		0123-0000	9-30-2023	01H	IPM	Bio	Good		05
291	0002026	Suction Unit (Bi-Monthly)	DeVilbiss	7305P-D	PD527946	Foxtrot		0123-0000	9-30-2023	01H	IPM	Bio	Good		05
291	0002027	Suction Unit (Bi-Monthly)	DeVilbiss	7305P-D	PD527934	Alpha		0123-0000	9-30-2023	01H	IPM	Bio	Good		05
291	0002028	Suction Unit (Bi-Monthly)	DeVilbiss	7305P-D	PD527912	Alpha		0123-0000	9-30-2023	01H	IPM	Bio	Good		05
291	0002029	Suction Unit (Bi-Monthly)	DeVilbiss	7305P-D	PD527936	Alpha		0123-0000	9-30-2023	01H	IPM	Bio	Good		05
291	0002030	Suction Unit (Bi-Monthly)	Devilbiss Health Care Inc (Sur	7305P-D	PD527943	Alpha		0123-0000	9-30-2023	01H	IPM	Bio	Good		05
291	0002031	Suction Unit (Bi-Monthly)	DeVilbiss	7305P-D	PD527942	Bravo 1		0123-0000	9-30-2023	01H	IPM	Bio	Good		05
291	0002032	Suction Unit (Bi-Monthly)	DeVilbiss	7305P-D	PD527937	Bravo		0123-0000	9-30-2023	01H	IPM	Bio	Good		05
291	0002033	Suction Unit (Bi-Monthly)	DeVilbiss	7305P-D	PD527948	Bravo 2		0123-0000	9-30-2023	01H	IPM	Bio	Good		05

Service Levels (S/L)	
00 – No Contract	05 – PM Only
03 – PM, Repair Labor	09 – Electrical Safety Only
04 – In-House PM, Repair Labor	88 – Manufacturer Responsibility

BIO-ELECTRONICS

Lincoln, NE (888) 449-4980

BE50 Attachment A

291 Central Nebraska Veterans' Home
Kearney, NE

AID	EID	Description	Manufacturer	Model	Serial Num.	Location	Cost Center	IPM	Test Due	Test Cycle	Test Type	Who Tests	Condition	Cust ID	S/L #
291	0002034	Suction Unit (Bi-Monthly)	DeVilbiss	7305P-D	PD527932	H Sensory RM		0123-0000	9-30-2023	01H	IPM	Bio	Good		05
291	0002035	Suction Unit (Bi-Monthly)	DeVilbiss	7305P-D	PD527940	Delta 2		0123-0000	9-30-2023	01H	IPM	Bio	Good		05
291	0002036	Suction Unit (Bi-Monthly)	DeVilbiss	7305P-D	PD527933	Delta 1		0123-0000	9-30-2023	01H	IPM	Bio	Good		05
291	0002037	Suction Unit (Bi-Monthly)	Devilbiss Health Care Inc (Sur	7305P-D	PD527941	Alpha		0123-0000	9-30-2023	01H	IPM	Bio	Good		05
291	0002039	Suction Unit (Bi-Monthly)	Devilbiss Health Care Inc (Sur	7305P-D	PD514322	Bravo 3		0123-0000	9-30-2023	01H	IPM	Bio	Good		05
291	0002040	Suction Unit (Bi-Monthly)	DeVilbiss	7305P-D	PD527213	Echo 3		0123-0000	9-30-2023	01H	IPM	Bio	Good		05
291	0002041	Suction Unit (Bi-Monthly)	DeVilbiss	7305P-D	PD527947	Charlie 3		0123-0000	9-30-2023	01H	IPM	Bio	Good		05
291	0002042	Suction Unit (Bi-Monthly)	Devilbiss Health Care Inc (Sur	7305P-D	PD535766	Bravo		0123-0000	9-30-2023	01H	IPM	Bio	Good		05
291	0002043	Suction Unit (Bi-Monthly)	DeVilbiss	7305P-D	PD496585	Echo		0123-0000	9-30-2023	01H	IPM	Bio	Good		05
291	0002044	Suction Unit (Bi-Monthly)	DeVilbiss	7305P-D	PD535502	Echo 1		0123-0000	9-30-2023	01H	IPM	Bio	Good		05
291	0002045	Suction Unit (Bi-Monthly)	Devilbiss Health Care Inc (Sur	7305P-D	PD527202	Delta		0123-0000	9-30-2023	01H	IPM	Bio	Good		05
291	0002046	Suction Unit (Bi-Monthly)	Devilbiss Health Care Inc (Sur	7305P-D	PD527219	Bravo		0123-0000	9-30-2023	01H	IPM	Bio	Good		05
291	0002047	Suction Unit (Bi-Monthly)	DeVilbiss	7305P-D	PD535518	Alpha		0123-0000	9-30-2023	01H	IPM	Bio	Good		05
291	0002048	Suction Unit (Bi-Monthly)	DeVilbiss	7305P-D	PD535523	Delta		0123-0000	9-30-2023	01H	IPM	Bio	Good		05
291	0002049	Suction Unit (Bi-Monthly)	DeVilbiss	7305P-D	PD535782	Charlie 1		0123-0000	9-30-2023	01H	IPM	Bio	Good		05
291	0002050	Suction Unit (Bi-Monthly)	DeVilbiss	7305P-D	PD535768	Charlie 2		0123-0000	9-30-2023	01H	IPM	Bio	Good		05
291	0002051	Suction Unit (Bi-Monthly)	Devilbiss Health Care Inc (Sur	7305P-D	PD535779	Alpha		0123-0000	9-30-2023	01H	IPM	Bio	Good		05
291	0002052	Suction Unit (Bi-Monthly)	Devilbiss Health Care Inc (Sur	7305P-D	PD535755	Alpha 206		0123-0000	9-30-2023	01H	IPM	Bio	Good		05
291	0002053	Suction Unit (Bi-Monthly)	DeVilbiss	7305P-D	PD535516	Charlie		0123-0000	9-30-2023	01H	IPM	Bio	Good		05
291	0002054	Suction Unit (Bi-Monthly)	DeVilbiss	7305P-D	PD535776	Echo 2		0123-0000	9-30-2023	01H	IPM	Bio	Good		05
291	0002055	Pulse Oximeter	BCI	3301	4074	Alpha		1419-0000	10-31-2023	10A	Oper	Bio	Good		05
291	0002056	Centrifuge (Express 3)	Beckman Coulter	StatSpin Express 3	1810M50207780	Lab		0220-0002	8-31-2023	02S	IPM	Bio	Good	28C0104	05
291	0002057	Centrifuge, Semiannual	McKesson	PowerSpin HXV	HV1807026	Lab		0220-0000	8-31-2023	02S	IPM	Bio	Good		05
291	0002058	Pulse Oximeter	BCI	Spectro 2	4060667	Clinic		1419-0000	10-31-2023	10A	Oper	Bio	Good		05
291	0002059	Pulse Oximeter	BCI-INTERNATIONAL	3301	4078	Clinic		1419-0000	10-31-2023	10A	Oper	Bio	Good		05
291	0002062	Treadmill	Spirit	CT 800	8008451808005750	Golf Gym		0410-0000	8-31-2023	02S	IPM	Bio	Good	28C0105	05
291	0002063	Pump, Feeding (Kangaroo ePump)	Covidien	ePump	C18210881	Supply		0916-0001	6-30-2024	06A	Oper	Bio	Good		05
291	0002064	Pump, Feeding (Kangaroo ePump)	Covidien	ePump	C18219719	Supply		0916-0001	6-30-2024	06A	Oper	Bio	Good		05
291	0002065	Pump, Feeding (Kangaroo ePump)	Covidien	ePump	C18219508	Supply		0916-0001	6-30-2024	06A	Oper	Bio	Good		05
291	0002066	Pump, Feeding (Kangaroo ePump)	Covidien	ePump	C18219503	Supply		0916-0001	6-30-2024	06A	Oper	Bio	Good		05
291	0002067	Pump, Feeding (Kangaroo ePump)	Covidien	ePump	C18219563	Supply		0916-0001	6-30-2024	06A	Oper	Bio	Good		05
291	0002068	Pump, Feeding (Kangaroo Joey)	Covidien	Kangaroo Joey	F18162978	Supply		0916-0002	6-30-2025	06B	Oper	Bio	Good		05
291	0002069	Pump, Feeding (Kangaroo Joey)	Covidien	Kangaroo Joey	F18155106	Supply		0916-0002	6-30-2025	06B	Oper	Bio	Good		05
291	0002070	Pump, Feeding (Kangaroo Joey)	Covidien	Kangaroo Joey	F18162989	Supply		0916-0002	6-30-2025	06B	Oper	Bio	Good		05
291	0002071	Treadmill	Alter G	M320	M300-1492	Golf Gym		0410-0000	8-31-2023	02S	IPM	Bio	Good	28C0105	05
291	0002076	Pulse Oximeter	BCI International	3301	4077	DON's Office		1419-0000	10-31-2023	10A	Oper	Bio	Good		05
291	0002077	Pulse Oximeter	BCI International	3301	4084	DON's Office		1419-0000	10-31-2023	10A	Oper	Bio	Good		05
291	0002078	Pulse Oximeter	BCI International	3301	4080	Bravo		1419-0000	10-31-2023	10A	Oper	Bio	Good		05
291	0002079	Pulse Oximeter	BCI	3301	4083	Delta		1419-0000	10-31-2023	10A	Oper	Bio	Good		05
291	0002080	Pulse Oximeter	BCI	3301	4079	Foxtrot		1419-0000	10-31-2023	10A	Oper	Bio	Good		05
291	0002081	Pulse Oximeter	BCI	3301	4085	Golf Gym		1419-0000	10-31-2023	10A	Oper	Bio	Good		05
291	0002082	Pulse Oximeter	BCI	3301	4086	Hotel Gym		1419-0000	10-31-2023	10A	Oper	Bio	Good		05
291	0002083	Upper Body Ergometer	HealthCare International	Physio Trainer Pro	PYTPROOGQ511	Hotel Gym		1828-0000	8-31-2023	08A	Visual	Bio	Good	28C0104	05
291	0002084	Upper Body Ergometer	HealthCare International	Physio Trainer Pro	PYTPROOGQ504	Hotel Gym		1828-0000	8-31-2023	08A	Visual	Bio	Good	28C0104	05
291	0002085	Recumbent Cross Trainer	NUSTEP-INC	T5XR	T5117335	Hotel Gym		1828-0000	8-31-2023	08A	Visual	Bio	Good		05
291	0002086	Standing Frame	Hanning	SL95	877004	Hotel Gym		1803-0000	8-31-2023	08A	Safety	Bio	Good	28C0105	05
291	0002087	Lower Body Ergometer	HealthCare International	Physio Trainer Pro	PYTPROGQ544	Hotel Gym		1828-0000	8-31-2023	08A	Visual	Bio	Good		05
291	0002088	Lower Body Ergometer	HealthCare International	Physio Trainer Pro	PYTPROGQ537	Hotel Gym		1828-0000	8-31-2023	08A	Visual	Bio	Good		05
291	0002089	Hot Pack/Cold Pack Unit	Chattanooga Grp	M-4	T8095C	Hotel Gym		1102-0000	8-31-2023	08A	IPM	Bio	Good	28C0111	05
291	0002090	Lower Body Ergometer	HealthCare International	Physio Trainer Pro	PYTPROGQ543	Golf Gym		1828-0000	8-31-2023	08A	Visual	Bio	Good		05
291	0002091	Lower Body Ergometer	HealthCare International	Physio Trainer Pro	PYTPROGQ542	Golf Gym		1828-0000	8-31-2023	08A	Visual	Bio	Good		05
291	0002092	Upper Body Ergometer	HealthCare International	Physio Trainer Pro	PYTPROOGQ509	Golf Gym		1828-0000	8-31-2023	08A	Visual	Bio	Good	28C0104	05
291	0002093	Upper Body Ergometer	HealthCare International	Physio Trainer Pro	PYTPROOGQ510	Golf Gym		1828-0000	8-31-2023	08A	Visual	Bio	Good	28C0111	05

Service Levels (S/L)	
00 – No Contract	05 – PM Only
03 – PM, Repair Labor	09 – Electrical Safety Only
04 – In-House PM, Repair Labor	88 – Manufacturer Responsibility

BIO-ELECTRONICS

Lincoln, NE (888) 449-4980

BE50 Attachment A

291 Central Nebraska Veterans' Home

Kearney, NE

AID	EID	Description	Manufacturer	Model	Serial Num.	Location	Cost Center	IPM	Test Due	Test Cycle	Test Type	Who Tests	Condition	Cust ID	S/L #
291	0002094	Recumbent Cross Trainer	NUSTEP-INC	T5XR	T5117040	Golf Gym		1828-0000	8-31-2023	08A	Visual	Bio	Good	28C010	05
291	0002095	Standing Frame	Hanning	SL95	877027	Golf Gym		1803-0000	8-31-2023	08A	Safety	Bio	Good	28C010	05
291	0002096	Hot Pack/Cold Pack Unit	Chattanooga Grp	M-4	T7828C	Golf Gym		1102-0000	8-31-2023	08A	IPM	Bio	Good		05
291	0002097	Parallel Bars	METRON-MEDICAL	5514112E	BD2018070066	Golf Gym		1803-0000	8-31-2023	08A	Safety	Bio	Good		05
291	0002098	Parallel Bars	METRON-MEDICAL	5514112E	BD2018080012	Hotel Gym		1803-0000	8-31-2023	08A	Safety	Bio	Good		05
291	0002099	Pulse Oximeter	BCI International	3301	4081	Delta		1419-0000	10-31-2023	10A	Oper	Bio	Good		05
291	0002100	Pulse Oximeter	BCI International	3301	4082	Delta		1419-0000	10-31-2023	10A	Oper	Bio	Good		05
291	0002101	Recumbent Cross Trainer	NUSTEP-INC	T5	T5120831	Golf Gym		1828-0000	8-31-2023	08A	Visual	Bio	Good		05
291	0002102	Recumbent Cross Trainer	NUSTEP-INC	T5XR	T5120830	Hotel Gym		1828-0000	8-31-2023	08A	Visual	Bio	Good		05
291	0002103	PC Unit (Smart)	CareFusion	8015	13392269	Alpha		0922-0001	2-29-2024	02A	IPM	Bio	Good		05
291	0002104	PC Unit (Smart)	CareFusion	8015	13762150	Alpha		0922-0001	2-29-2024	02A	IPM	Bio	Good		05
291	0002105	Infusion Device (Smart)	CareFusion	8100	12860502	Alpha		0907-0001	2-29-2024	02A	Oper	Bio	Good		05
291	0002106	Infusion Device (Smart)	CareFusion	8100	12875380	Alpha		0907-0001	2-29-2024	02A	Oper	Bio	Good		05
291	0002107	Infusion Device (Smart)	CareFusion	8100	12875658	Alpha		0907-0001	2-29-2024	02A	Oper	Bio	Good		05
291	0002108	Infusion Device (Smart)	CareFusion	8100	12618862	Alpha		0907-0001	2-29-2024	02A	Oper	Bio	Good		05
291	0002109	Bladder Scanner (Prime Plus)	Verathon Medical	Prime Plus	C1518629	Echo		1236-0002	2-29-2024	02A	IPM	Bio		28C020	05
291	0002110	Bladder Scanner (Prime Plus)	Verathon Medical	Prime Plus	C1518684	Bravo		1236-0002	2-29-2024	02A	IPM	Bio		28C020	05
291	0002111	Bladder Scanner (Prime Plus)	Verathon Medical	Prime Plus	C1504555	Clinic		1236-0002	2-29-2024	02A	IPM	Bio		28C010	05
291	0002112	Pulse Oximeter	BCI International	3301	10100535	DON's Office		1419-0000	10-31-2023	10A	IPM	Bio			05
291	0008001	Annual Inventory	None					9998-0000	5-31-2024	05A	Other	Bio			05

Service Levels (S/L)	
00 – No Contract	05 – PM Only
03 – PM, Repair Labor	09 – Electrical Safety Only
04 – In-House PM, Repair Labor	88 – Manufacturer Responsibility

BIO-ELECTRONICS

Lincoln, NE (888) 449-4980

BE50 Attachment A

364 Eastern Nebraska Veterans Home
Bellevue, NE

AID	EID	Description	Manufacturer	Model	Serial Num.	Location	Cost Center	IPM	Test Due	Test Cycle	Test Type	Who Tests	Condition	Cust ID	S/L #
364	0000013	Chair, Dental	Den-Tal-EZ	PL200	40710	Med Dept		1803-0000	4-30-2024	04A	Safety	Bio	Fair		05
364	0000014	Dental Operating Unit	KNIGHT-MEDICAL	Asepsis 21	UK00701777	Med Dept		1803-0000	4-30-2024	04A	Safety	Bio	Fair		05
364	0000016	Lamp, Examination	Ritter	152	V449640	Med Dept		0506-0000	4-30-2024	04A	IPM	Bio	Fair		05
364	0000017	Lamp, Examination	Ritter	152	V449639	Med Dept		0506-0000	4-30-2024	04A	IPM	Bio	Fair		05
364	0000018	Table, Examination	RITTER-MIDWEST-(SYBRON	223	V448964	Med Dept		0507-0000	4-30-2024	04A	IPM	Bio			05
364	0000018	Table, Examination	RITTER-MIDWEST-(SYBRON	223	V448964	Med Dept		1803-0000	4-30-2024	04A	Safety	Bio	Fair		05
364	0000019	Table, Examination	RITTER-MIDWEST-(SYBRON	223	V448904	Med Dept		0507-0000	4-30-2024	04A	IPM	Bio			05
364	0000019	Table, Examination	RITTER-MIDWEST-(SYBRON	223	V448904	Med Dept		1803-0000	4-30-2024	04A	Safety	Bio	Fair		05
364	0000026	Freezer	Absocold	AFD502MW11R	70300177	Rehab		0280-0000	6-30-2024	06A	IPM	Bio	Good		05
364	0000027	Hot Pack/Cold Pack Unit	Chattanooga Grp	M-2	67221	Rehab		1102-0000	6-30-2024	06A	IPM	Bio	Good		05
364	0000029	Treadmill	CutEye	EC-T220	TM35P0506100054	Rehab		0410-0000	9-30-2023	09A	IPM	Bio	Good		05
364	0000030	Warmer, Blanket	Enthermics	EX770	402561-000	Ded Rm 113		1442-0000	1-31-2024	01A	IPM	Bio	Fair		05
364	0000039	Pump, Temperature	Gaymar	TP500	G00D72	Storage		0107-0000	1-31-2024	01A	IPM	Bio	Good		05
364	0000039	Pump, Temperature	Gaymar	TP500	G00D72	Storage		0107-0001	1-31-2024	01A					05
364	0000045	Pump, Temperature	Gaymar	TP500	TP500G00E48	Storage		0107-0000	1-31-2024	01A	IPM	Bio	Fair		05
364	0000050	Monitor, NIBP/Multi-Parameter	Welch Allyn	Spot	201012831	Allegiance		1231-0000	1-31-2024	01A	IPM	Bio	Fair		05
364	0000052	Monitor, NIBP/Multi-Parameter	Stryker Corp	Spot	201012848	Allegiance		1231-0000	1-31-2024	01A	IPM	Bio	Good		05
364	0000057	Pump, Temperature (TP600/700)	Gaymar	TP650	L111741	Storage		0107-0001	1-31-2024	01A	IPM	Bio	Fair		05
364	0000066	Monitor, NIBP/Multi-Parameter	Welch Allyn	Spot LXi	20130402305	Dedication		1231-0000	1-31-2024	01A	IPM	Bio	Delete		05
364	0000081	Warmer, Blanket	Enthermics	DC350	1433860-000	Rehab		1442-0000	6-30-2024	06A	IPM	Bio	Good	2512765	05
364	0000087	Total Body Exerciser	Sungdo	SP1000	52A3249	Rehab		1803-0000	6-30-2024	06A	Safety	Bio	Good	2512767	05
364	0000089	Recumbent Cross Trainer	NuStep Inc	T5	T5102981	Rehab		1803-0000	6-30-2024	06A	Safety	Bio	Good	2512690	05
364	0000093	Monitor, NIBP/Multi-Parameter	Welch Allyn	Spot LXi	20130402302	2nd DinRm		1231-0000	1-31-2024	01A	IPM	Bio	Fair		05
364	0000094	Pump, Temperature (TP600/700)	Stryker	TP700	TP700J31114	Storage		0107-0001	1-31-2024	01A	IPM	Bio	Fair		05
364	0000095	Pump, Temperature (TP600/700)	Stryker	TP700	TP700J31128	Storage		0107-0001	1-31-2024	01A	IPM	Bio	Good		05
364	0000102	Therapy/Muscle Stimulator, Ultrasonic	Chattanooga Grp	Genisys	T5513	Rehab		1114-0000	6-30-2024	06A	IPM	Bio	Good		05
364	0000104	Diathermy	Mettler Instrument Corp	Auto-Therm 390	715SW1254	Rehab		1803-0000	6-30-2024	06A	Safety	Bio	Good		05
364	0000105	Defibrillator, AED	Cardiac Science	Powerheart G3 Pro	4497137	Finance Window		1021-0000	4-30-2024	04A	IPM	Bio			05
364	0000105	Defibrillator, AED	Cardiac Science	Powerheart G3 Pro	4497137	Finance Window		1818-0000	3-31-2026	03D	B Batt Chg	Bio	Good		05
364	0000106	Defibrillator, AED	Cardiac Science	Powerheart G3 Pro	4415843	Dedication		1021-0000	4-30-2024	04A	IPM	Bio		25I2717	05
364	0000106	Defibrillator, AED	Cardiac Science	Powerheart G3 Pro	4415843	Dedication		1818-0000	3-31-2025	03D	B Batt Chg	Bio	Good	25I2717	05
364	0000107	Defibrillator, AED	Cardiac Science	Powerheart G3 Pro	4497136	Service		1021-0000	4-30-2024	04A	IPM	Bio		25I2817	05
364	0000107	Defibrillator, AED	Cardiac Science	Powerheart G3 Pro	4497136	Service		1818-0000	3-31-2026	03D	B Batt Chg	Bio	Good	25I2817	05
364	0000108	Bath, Paraffin	Parabath	24050	2012-00158	Rehab		1105-0000	6-30-2024	06A	IPM	Bio	Good		05
364	0000113	Monitor, NIBP/Multi-Parameter	Welch Allyn	Connex Spot Monitor	100091061318	Allegiance		1231-0000	1-31-2024	01A	IPM	Bio	Fair		05
364	0000114	Monitor, NIBP/Multi-Parameter	Welch Allyn	Connex Spot Monitor	100091091318	Med Dept		1231-0000	1-31-2024	01A	IPM	Bio	Fair		05
364	0000115	Monitor, NIBP/Multi-Parameter	Welch Allyn	Connex Spot Monitor	100091041318	Motivation		1231-0000	1-31-2024	01A	IPM	Bio	Fair		05
364	0000116	Monitor, NIBP/Multi-Parameter	Welch Allyn	Connex Spot Monitor	100091021318	Motivation		1231-0000	1-31-2024	01A	IPM	Bio	Fair		05
364	0000117	Monitor, NIBP/Multi-Parameter	Welch Allyn	Connex Spot Monitor	100091081318	Dedication		1231-0000	1-31-2024	01A	IPM	Bio	Fair		05
364	0000118	Monitor, NIBP/Multi-Parameter	Welch Allyn	Connex Spot Monitor	100091051318	Service		1231-0000	1-31-2024	01A	IPM	Bio	Good	2810009	05
364	0000119	Monitor, NIBP/Multi-Parameter	Welch Allyn	Connex Spot Monitor	100091011318	Allegiance		1231-0000	1-31-2024	01A	IPM	Bio	Good		05
364	0000120	Monitor, NIBP/Multi-Parameter	Welch Allyn	Connex Spot Monitor	100091031318	Med Dept		1231-0000	1-31-2024	01A	IPM	Bio	Good		05
364	0000121	Pump, Feeding (Kangaroo ePump)	Covidien	ePump	1166	Service		0916-0001	1-31-2024	01A	IPM	Bio	Good		05
364	0000122	Pump, Feeding (Kangaroo Joey)	Covidien	Kangaroo Joey	F18144749	Storage		0916-0002	7-31-2024	07A	IPM	Bio	Good		05
364	0000123	Pump, Feeding (Kangaroo ePump)	Covidien	ePump	C13046073	Service		0916-0001	7-31-2024	07A	IPM	Bio	Good		05
364	0000126	Pump, Feeding (Kangaroo ePump)	Covidien	ePump	C18201777	Storage		0916-0001	1-31-2024	01A	IPM	Bio	Good		05
364	0000128	Recumbent Cross Trainer	NuStep Inc	T5	T5118467	Rehab		1803-0000	6-30-2024	06A	Safety	Bio	Good		05
364	0000129	Recumbent Cross Trainer	NuStep Inc	T5	T5118466	Rehab		1803-0000	6-30-2024	06A	Safety	Bio	Good		05
364	0000130	Pump, Temperature (TP600/700)	Gaymar	TP700	2018009108189	Storage		0107-0001	1-31-2024	01A	IPM	Bio	Fair		05
364	0000132	Pump, Feeding (Kangaroo Joey)	Covidien	Kangaroo Joey	F12006757	Service		0916-0002	7-31-2024	07A	IPM	Bio	Good		05
364	0000133	Warmer, Blanket	Blickman	7921TG	K110504311	Allegiance		1442-0000	1-31-2024	01A	IPM	Bio	Fair		05
364	0000134	Pump, Feeding (Kangaroo ePump)	Covidien	ePump	C18201506	Service		0916-0001	7-31-2024	07A	IPM	Bio	Fair		05
364	0000135	Warmer, Blanket	Blickman	7921TG	L111004941	Serv Rm 117		1442-0000	1-31-2024	01A	IPM	Bio	Fair		05

Service Levels (S/L)	
00 – No Contract	05 – PM Only
03 – PM, Repair Labor	09 – Electrical Safety Only
04 – In-House PM, Repair Labor	88 – Manufacturer Responsibility

BIO-ELECTRONICS

Lincoln, NE (888) 449-4980

BE50 Attachment A

364 Eastern Nebraska Veterans Home

Bellevue, NE

AID	EID	Description	Manufacturer	Model	Serial Num.	Location	Cost Center	IPM	Test Due	Test Cycle	Test Type	Who Tests	Condition	Cust ID	S/L #
364	0000136	Bladder Scanner	Direct Supply	ABS-1	ABS1E0828	Service		1236-0000	4-30-2024	04A	IPM	Bio	Fair		05
364	0000137	Warmer, Blanket	Blickman	7921TG	L111004940	Mot Rm 120		1442-0000	1-31-2024	01A	IPM	Bio	Fair		05
364	0000138	Bladder Scanner	Direct Supply	ABS-1	ABS1F0672	Allegiance		1236-0000	4-30-2024	04A	IPM	Bio	Fair		05
364	0000139	Bladder Scanner	Direct Supply	ABS-1	ABS1F0673	Service		1236-0000	4-30-2024	04A	Oper	Bio	Fair		05
364	0008001	Annual Inventory	None					9998-0000	10-31-2023	10A	Other	Bio			05

Service Levels (S/L)	
00 – No Contract	05 – PM Only
03 – PM, Repair Labor	09 – Electrical Safety Only
04 – In-House PM, Repair Labor	88 – Manufacturer Responsibility

Sample

Exhibit 5.1

AID # - Healthcare Facility

City, State

Region: xxx

BIO-ELECTRONICS

Lincoln, NE (888) 449-4980

BE 15 Equipment File List

Printed Date: 04-25-2022

Dark Shaded Equipment Number Indicates High Risk/Critical Unit
Dark Shaded Description Indicates Life Support Unit Needing 100% Completion
Dark Shaded IPM Indicates Non-AEM Unit

Equipment Number	Description	Manufacturer	Model	Serial Number	Location	Cost Ctr.	S/L	IPM	Test Cycle	Test Type	Who Tests	Test Due	Last Test	Cond.	Inspection Code	Cust ID	Inventory Only
003-0000014	Monitor, Fetal (Simple)	HP	M1353A	3327G01134	Birth Suite	OB	05	1001-0004-0000	04S	01	Bio	4/30/2022	11/24/2021	Good			No
003-0000039	Centrifuge, General	Clay Adams	Sero-Fuge	L-6895	Lab	Lab	05	0220-0033-0000	03S	01	Bio	9/30/2022	3/11/2022	Fair			No
003-0000043	Hot Pack/Cold Pack Unit	Chattanooga Grp	SS-2	S-4754	PT		00	1102-0016-0000	04A	01	Hosp	4/30/2022	9/3/2020				No
003-0000229	Thermotic Drain	Gomco	6000	1913201	Nurse Storage	Nursing	05	0113-0015-0000	02A	01	Bio	2/28/2023	2/14/2022	Good			No
003-0000257	Monitor, Video	Panasonic	CT-2083Y	MB22880231	MRI Storage	Surgery	00	1428-0159-0000	01A			1/31/2023	1/2/2020	Stor			No
003-0000284	Hyfrecator	Birtcher	732		Clinic	Clinic	05	0505-0068-0000	06A	01	Bio	6/30/2022	6/3/2021	Poor			No
003-0000290	Light Source	Wolf	2088-00	144	MRI Storage	Surgery	00	1410-0140-0000	01A			1/31/2023	1/2/2020	Stor			No
003-0000291	Warmer, Infant (Resuscitaire)	Air-Shields	Resuscitaire	PV00573	Birth Suite	OB	05	0924-0038-0001	04S	01	Bio	4/30/2022	11/16/2021	Good		490	No
003-0000296	Thermotic Drain												2/14/2022	Good			No
003-0000297	Thermotic Drain												2/14/2022	Good			No
003-0000301	Suction Unit												2/14/2022	Good			No
003-0000305	Bed, Electric												9/3/2020				No
003-0000334	Bed, Electric												10/20/2020				No
003-0000335	Bed, Electric												9/11/2020				No
003-0000339	Autotourniquet												1/12/2022	Good			No
003-0000340	Pump, Syringe (Infus OR)												8/19/2021	Fair			No
003-0000341	Warmer, Patient (Bair Hugger 505)												1/12/2022	Good			No
003-0000342	Light Source												1/13/2022	Good			No
003-0000343	Light Source												7/16/2021	Fair			No
003-0000350	Treadmill												11/8/2021	Fair			No
003-0000352	Suction Unit												2/24/2022	Good			No
003-0000356	Camera, Video												1/2/2020	Stor			No
003-0000360	Electrosurgical Unit												1/12/2022	Good			No
003-0000362	Pump, Temperature												9/4/2020	Good			No
003-0000367	Bed, Electric												9/3/2020				No
003-0000368	Bed, Electric												3/15/2022				No
003-0000369	Bed, Electric												12/17/2020				No
003-0000370	Bed, Electric	Hill-Rom	8350	C 306AL2906	Nursing		00	1800-0003-0000	04A	01	Hosp	4/30/2022	12/7/2020				No
003-0000372	Bed, Electric	Hill-Rom	8350	C 306AL2905	Nursing		00	1800-0003-0000	04A	01	Hosp	4/30/2022	12/7/2020				No
003-0000374	Bed, Electric	Hill-Rom	840	C 306AL2849	Nursing		00	1800-0003-0000	04A	01	Hosp	4/30/2022	12/17/2020				No
003-0000381	Light Source	Welch Allyn	SolarTec 100	100000400	Surgery	Surgery	05	1410-0001-0000	07A	01	Bio	7/31/2022	7/16/2021	Good			No
003-0000384	Light Source	Olympus	CLK-3	7953895	Proc 351	Surgery	05	1410-0012-0000	07A	01	Bio	7/31/2022	7/16/2021	Good			No
003-0000386	Table, Examination	Akron	8622	930069229	PT	PT	00	0507-0288-0000	03A	01	Hosp	3/31/2023	3/10/2022				No
003-0000387	Table, Examination	Akron	6432	910129029	PT	PT	00	0507-0288-0000	03A	01	Hosp	3/31/2023	3/10/2022	Good			No
003-0000388	Traction Unit	Tru-Trac	TT92B12	33824 B	PT	PT	05	1108-0198-0000	03A	01	Bio	3/31/2023	3/10/2022	Poor			No
003-0000389	Hot Pack/Cold Pack Unit	Chattanooga Grp	M-2	26411	PT	PT	00	1102-0016-0000	02A	01	Hosp	2/28/2023	3/11/2022	Good			No
003-0000390	Bed, Electric	Hill-Rom	8350	08S0131999	Nursing	NS	00	1800-0003-0000	04A	01	Hosp	4/30/2022	12/17/2020				No
003-0000391	Patient Lift/Hoist	Medcare	400002	0902SW0832	Nursing	NS	00	1801-0000-0000	04A	01	Hosp	4/30/2022	4/18/2019				No

Equipment File List: This is the master listing of all equipment that the facility has indicated to be included. This list is updated as changes occur. Each account may choose to utilize this listing to capture all medical equipment inventory, including equipment not maintained by Bio-Electronics.

Service Levels (S/L)	
00 – No Contract	05 – PM Only
03 – PM, Repair Labor	09 – Electrical Safety Only
04 – In-House PM, Repair Labor	88 – Manufacturer Responsibility

Test Types			
00 - Oper	04 - Receptacle	08 - Other	12 - Cal. Rept.
01 - IPM	05 - Volt Diff.	09 - IPM/Visual	13 - Warranty
02 - Safety	06 - Isoled. Pwr.	10 - A Batt. Chg.	90 - Other Resp.
03 -Conduct	07 - Cal	11 - B Batt. Chg.	99 - Tickler

Sample

Exhibit 5.2

BIO-ELECTRONICS

Lincoln, NE (888) 449-4980

BE 13 Scheduled Work Orders

Printed Date: 04-25-2022

* An Asterisk In The Left Most Column Indicates The Number Of Past Due Tests That Are Pending.

* An Asterisk In The Who Tests Column Indicates Unit Has Been Assigned To Tech Other Than Primary Account Rep.

Dark Shaded Equipment Number Indicates High Risk/Critical Unit

Dark Shaded Description Indicates Life Support Unit Needing 100% Completion

Dark Shaded IPM Indicates Non-AEM Unit

AID # - Healthcare Facility

City, State

Region: xxx

Equip Number	Description	Manufacturer	Model	Serial Number	Location	Cost Ctr,	IPM	Test Cycle	Last Test	Test Due	Test Type	Who Test	Date Completed	By	Cond.	Insp. Code
*003-0000569	Suction Unit	Schuco	S130A	SU12C00489	Clearwatr	Clinic	0108-0047-0000		6/8/2020	6/30/2021		Bio			G	
003-0001045	Treadmill	Landice Inc	L-8	L8-31605	CardRehab	CARD REHAB	0410-0166-0000	04S	11/8/2021	4/30/2022		Bio			G	
*003-0000360	Electrosurgical Unit	Valleylab	Force EZ	F1K5596B	Proc 351	Surgery	1409-0032-0000	06S	1/12/2022	12/31/2021	01	Bio			G	
*003-0001053	Ventilator	Phillips Respironcis	Trilogy EV300	H29657359D3D3	RT		0719-0044-0000	03A		3/31/2022	01	*Bio			G	
*003-0001054	Nebulizer/Humidifier	Fisher & Paykel Healthcare	F&P850	210330566420	RT		0709-0000-0000	03S	2/24/2022	3/31/2022	01	Bio			G	
003-0000014	Monitor, Fetal (Simple)	HP	M1353A	3327G01134	Birth Suite	OB	1001-0004-0000	04S	11/24/2021	4/30/2022	01	Bio			G	
003-0000043	Hot Pack/Cold Pack Unit	Chattanooga Grp														
003-0000291	Warmer, Infant (Resuscitaire)	Air-Shields													G	
003-0000305	Bed, Electric	Hill-Rom														
003-0000334	Bed, Electric	Hill-Rom														
003-0000335	Bed, Electric	Hill-Rom														
003-0000350	Treadmill	Quinton											25/2022		F	
003-0000367	Bed, Electric	Hill-Rom														
003-0000368	Bed, Electric	Hill-Rom														
003-0000369	Bed, Electric	Hill-Rom														
003-0000370	Bed, Electric	Hill-Rom														
003-0000372	Bed, Electric	Hill-Rom														
003-0000374	Bed, Electric	Hill-Rom														
003-0000390	Bed, Electric	Hill-Rom														
003-0000391	Patient Lift/Hoist	Medcare														
003-0000395	Bed, Electric	Hill-Rom														
003-0000397	Bed, Electric	Hill-Rom														
003-0000398	Patient Lift/Hoist	EZ Way Inc														
003-0000470	Monitor, Fetal (Complex)	Philips													G	
003-0000499	Incubator, Infant	Ohmeda	Care Plus	HCDP00173	Birth Suite	OB	0905-0010-0000	04S	11/24/2021	4/30/2022	01	Bio			F	
003-0000543	Treadmill	Landice	L7	L7-100390	PT	CardReha	0410-0166-0000	04S	12/7/2021	4/30/2022	01	Bio			G	
003-0000545	Treadmill	Landice	L7	L7-100372	CardRehab	PT	0410-0166-0000	04S	11/8/2021	4/30/2022	01	Bio			F	
003-0000561	Treadmill	Landice	L8	L8-24034	PT	PT	0410-0166-0000	04S	12/7/2021	4/30/2022	01	Bio			G	
003-0000580	Monitor, NIBP/Multi-Parameter	Mindray	Accutorr 7	HB-4A001438	CardRehab	CardReha	1231-0024-0000	04A	4/16/2021	4/30/2022	01	Bio			G	
003-0000581	Telemetry, Receiver/Transmitter	ScottCare	Innovo	301647	CardRehab	CardReha	1206-0076-0000	04A	4/2/2021	4/30/2022	01	Bio			G	
003-0000583	Telemetry, Receiver/Transmitter	ScottCare	Innovo	317578	CardRehab	CardReha	1206-0076-0000	04A	4/2/2021	4/30/2022	01	Bio			G	
003-0000584	Telemetry, Receiver/Transmitter	ScottCare	Innovo	301650	CardRehab	CardReha	1206-0076-0000	04A	4/2/2021	4/30/2022	01	Bio			G	
003-0000585	Central Station	ScottCare	VersaCare	45686	CardRehab	CardReha	1213-0076-0000	04A	4/2/2021	4/30/2022	01	Bio			G	
003-0000586	Monitor, Bedside (Display)	Mindray	DPM 6	DT-4B007479	CardRehab	CardReha	1231-0024-0000	04A	4/9/2021	4/30/2022	01	Bio			F	
003-0000593	Treadmill	Landice	L7	L7-100371	CardRehab	CardReha	0410-0166-0000	04S	4/25/2022	4/30/2022	01	Bio	4/25/2022		G	

Scheduled Work Order: This lists the equipment scheduled for inspection/preventative maintenance (IPM) during a specific month. It is determined by the "Test Cycle" assigned in the Equipment File List.

Condition Codes: G - Good, F - Fair, P – Poor, S – Storage
Inspection Codes: L - Lost, I - In Service O - Out for Repair, C - Covid 19

BIO-ELECTRONICS
Lincoln, NE (888) 449-4980

Sample

AID # - Healthcare Facility
City, State
Region: xxx

BE 18 Client Summary Activity Report

All Equipment Repairs and Periodic Maintenance 01-01-2022 through 04-25-2022
Printed Date: 04-25-2022
Region: 04B

Repairs (Dark Shaded Rows)

Completed	Equip. Number	Description	Manufacturer	Tech	S/L	Repair Hours	Total Repair	Repair Parts	Init. Insp	Condition	Work Order	Service Description (Test Eq. Used)	Cust ID
3/24/2022	318-0007818	Monitor, Bedside (Display)	Mindray	000	05					Good	10022127	IPM	
3/24/2022	318-0007819	Monitor, NIBP/Multi-Parameter	Mindray	000	05					Good	10022128	IPM	
3/24/2022	318-0007820	Module, CO2	Mindray	000	05					Good	10022129	IPM	
3/24/2022	318-0007821	Monitor, Bedside (Display)	Mindray	000	05					Good	10022130	IPM	
3/24/2022	318-0007822	Monitor, NIBP/Multi-Parameter	Mindray	000	05					Good	10022131	IPM	
3/24/2022	318-0007823	Module, CO2									132	IPM	
3/24/2022	318-0007825	Monitor, Beds									134	IPM	
3/24/2022	318-0007826	Monitor, NIBP,									135	IPM	
3/24/2022	318-0007827	Module, CO2									136	IPM	
3/24/2022	318-0007828	Monitor, Beds									137	IPM	
3/24/2022	318-0007829	Monitor, NIBP,									138	IPM	
3/24/2022	318-0007830	Monitor, Beds									139	IPM	
3/24/2022	318-0007831	Monitor, NIBP,									140	IPM	
12/29/2021	318-0008000	Miscellaneous									457	Replace display on scale. Received, replaced, and calibrated scale.	
3/24/2022	318-0008001	Annual Invento									062	Other	
Total:		134											

Client Summary Report: This cumulative summary is key to identifying and locating historical data on any equipment. This captures all activity performed during a calendar year and is produced quarterly. Equipment activity includes items placed into service, inactivated, have preventative maintenance and/or repairs completed, as well as parts ordered to repair those item(s).

Bio-E Tests Scheduled for Completion (Life Support)	**105(7)**	**Repair Count:**	**01**		**Equipment Added:**	**86.00**		
Tests Completed (Life Support)	**103(7)**	**Repair - Could Not Duplicate:**	**00**		**Equipment Deleted:**	**30.00**		
Completion Rates(Life Support)	**100.0%(100.00%)**	**Repair - Found on IPM:**	**00**		**Net Change:**	**56.00**		

Service Levels (S/L)	
00 – No Contract	05 – PM Only
03 – PM, Repair Labor	09 – Electrical Safety Only
04 – In-House PM, Repair Labor	88 – Manufacturer Responsibility

BIO-ELECTRONICS
Lincoln, NE (888) 449-4980

BE35 Quality Assurance Repair Report

Exhibit 5.4

AID # - Healthcare Facility
City, State
Region: xxx

Sample

4/25/2022
Region: 01E

Equip. Number	Description	Manufacturer	S/N	Service Date	Condition	Tech	Work Order	S/L	Service Description
549-0000609	ECG Unit	Philips	US61621156	12/4/2021		117 HABA, SHAWN	10008351	04	Unit only showing one wave form. Replaced LL lead and verified proper operation with simulator. Returned unit to service.
549-0000609	ECG Unit	Philips	US61621156	1/24/2022	Good	110 ROWBAL, PAUL	10012098	04	Most the leads are not showing up on EKG. Replaced lead LL, verified functions and returned to service.
549-0000609	ECG Unit							04	On 11-18-21 was called into after hours for repair on two ECG units. With drive time and repair was four hours. 9pm-1am. Replaced leads 4,5,6 on ECG #0000609. ECG #0000860 needed either a new module that leads plug into or a new patient data cable that goes from the module to the ECG unit. None were in stock; but Paul has some ordered. PIM not working. Pins in the patient data cable were bent a little, not allowing cable to plug into PIM. Straightened the pins out and plugged into PIM. Verified functions and returned to service.
549-0001374	ECG Unit	Philips	US81411839	11/19/2021		110 ROWBAL, PAUL	10006450	04	Not taking readings. Cable was disconnected from PIM. Plugged it back in and verified functions. Returned to service and talked to nurses to not unplug cable.
549-0001374	ECG Unit	Philips	US81411839	2/7/2022	Good	110 ROWBAL, PAUL	10015089	04	

Quality Assurance Repair Report: This report identifies recurring repair actions for a specific equipment item if there are three or more repairs on that item in the preceding six month timeframe. The Primary Account Representative has the responsibility of reviewing this report and accordingly communicates directly with the account facility lead in monitoring those identified pieces of equipment which require frequent repair.

Service Levels (S/L)	
00 – No Contract	05 – PM Only
03 – PM, Repair Labor	09 – Electrical Safety Only
04 – In-House PM, Repair Labor	88 – Manufacturer Responsibility

Exhibit 5.5

BIO-ELECTRONICS

Lincoln, NE (888) 449-4980

BE36 Lost and In-Service Equipment

Printed Date: 4-25-2022

Sample

AID # - Healthcare Facility

City, State

Region: xxx

Equip Number	Description	IPM	Test Cycle	Test Type	Latest Test	Test Expected	Date Attempted	Technician	Status
195-0001050	Pump, Feeding (Kangaroo Joey)	0916-0069-0002	02B	1	2/28/2022	2/29/2024	2/28/2022	126 ROWBAL, ANNA	Lost
195-0001085	Portable LO2 Tank	1828-0000-0000	02A	9	2/28/2022	2/28/2023	2/28/2022	126 ROWBAL, ANNA	Lost
195-0001095	Ventilator	0719-1177-0000	02A	0	2/28/2022	2/28/2023	2/28/2022	126 ROWBAL, ANNA	In Use
195-0001096	Ventilator	0719-1177-0000	02A	1	2/28/2022	2/28/2023	2/28/2022	126 ROWBAL, ANNA	In Use
195-0001108	Respiratory Therapy Unit (Precision Flow)							6 ROWBAL, ANNA	In Use
195-0001113	Pulse Oximeter							6 ROWBAL, ANNA	Lost
195-0001114	Radical Docking							6 ROWBAL, ANNA	Lost
195-0001144	Radical Docking							6 ROWBAL, ANNA	Lost
195-0001183	Ventilator							6 ROWBAL, ANNA	In Use
195-0001191	Pump, Tempera							6 ROWBAL, ANNA	Out
195-0001242	Monitor, NIBP/							6 ROWBAL, ANNA	Lost
195-0001268	Monitor, NIBP/							6 ROWBAL, ANNA	Lost
195-0001319	Portable LO2 Ta							6 ROWBAL, ANNA	Lost
195-0001356	Patient Lift w/S							6 ROWBAL, ANNA	Lost
195-0001407	Humidifier							6 ROWBAL, ANNA	Lost
195-0001418	Respiratory The (Precision Flow)	0733-3061-0001	02S	1	2/28/2022	8/31/2022	2/28/2022	126 ROWBAL, ANNA	In Use
195-0001449	Suction Unit	0108-0047-0000	01A	1	2/28/2022	1/31/2023	2/28/2022	126 ROWBAL, ANNA	Lost
195-0001516	Suction Unit	0108-0074-0000	02A	1	2/3/2022	2/28/2023	2/3/2022	126 ROWBAL, ANNA	Lost
195-0001599	Portable LO2 Tank	1801-0000-0000	10A	1	2/25/2022	10/31/2022	2/25/2022	126 ROWBAL, ANNA	Lost
195-0002636	Portable LO2 Tank	1801-0000-0000	02A	1	2/28/2022	2/28/2023	2/28/2022	126 ROWBAL, ANNA	Lost
195-0002756	Sequential Compression Device	0119-0026-0000	12A	1	2/28/2022	12/31/2022	2/28/2022	126 ROWBAL, ANNA	Lost
195-0002759	Suction Unit	0108-0042-0000	01A	0	2/28/2022	1/31/2023	2/28/2022	126 ROWBAL, ANNA	Lost

Lost and In-Service Report: This lists any equipment for which the preventative maintenance testing could not be completed as scheduled due to being identified by the inspection codes as Lost, In-Service or Out for Repair. These items are automatically rescheduled on the following month's scheduled work orders.

Exhibit 6

NEBRHOS-01 SUSANTOPPER

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 1/9/2023

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER NFP Property & Casualty Services, Inc. 6992 East Broadway Boulevard Tucson, AZ 85710	CONTACT NAME: Susan Topper PHONE (A/C, No, Ext): (520) 258-0290 FAX (A/C, No): E-MAIL ADDRESS: susan.topper@protek-insurance.com
INSURED Nebraska Hospital Assoc. Charitable Scientific and Educational Foundation, DBA: Bio-Electronics 3255 Salt Creek Circle, Suite 200 Lincoln, NE 68504	INSURER(S) AFFORDING COVERAGE — NAIC # INSURER A : Vantapro Specialty Insurance Company — 44768 INSURER B : Allied World National Assurance Company — 10690 INSURER C : INSURER D : INSURER E : INSURER F :

COVERAGES **CERTIFICATE NUMBER:** **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	X COMMERCIAL GENERAL LIABILITY			5025-0250-00	12/31/2022	12/31/2023	EACH OCCURRENCE	$ 1,000,000
	CLAIMS-MADE X OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	$ 1,000,000
							MED EXP (Any one person)	$ 10,000
							PERSONAL & ADV INJURY	$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	$ 3,000,000
	X POLICY PRO-JECT LOC						PRODUCTS - COMP/OP AGG	$ 3,000,000
	OTHER:						PROFESSIONAL LI	$ Included
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	$
	ANY AUTO						BODILY INJURY (Per person)	$
	OWNED AUTOS ONLY / SCHEDULED AUTOS						BODILY INJURY (Per accident)	$
	HIRED AUTOS ONLY / NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	$
								$
B	UMBRELLA LIAB X OCCUR			5026-0063-00	12/31/2022	12/31/2023	EACH OCCURRENCE	$ 1,000,000
	X EXCESS LIAB CLAIMS-MADE						AGGREGATE	$
	DED RETENTION $						Aggregate	$ 1,000,000
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						PER STATUTE OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? Y / N (Mandatory in NH)	N / A					E.L. EACH ACCIDENT	$
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE	$
							E.L. DISEASE - POLICY LIMIT	$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

CERTIFICATE HOLDER

Central Nebraska Veterans Home
Attn: CNVH Business Office
4510 E 56th Street
Kearney, NE 68847

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

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NEBRHOS-01 SUSANTOPPER

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 1/9/2023

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PRODUCER	CONTACT NAME: Susan Topper
NFP Property & Casualty Services, Inc. 6992 East Broadway Boulevard Tucson, AZ 85710	PHONE (A/C, No, Ext): (520) 258-0290 FAX (A/C, No): E-MAIL ADDRESS: susan.topper@protek-insurance.com

INSURED	INSURER(S) AFFORDING COVERAGE	NAIC #
Nebraska Hospital Assoc. Charitable Scientific and Educational Foundation, DBA: Bio-Electronics 3255 Salt Creek Circle, Suite 200 Lincoln, NE 68504	INSURER A : Vantapro Specialty Insurance Company	44768
	INSURER B : Allied World National Assurance Company	10690
	INSURER C :	
	INSURER D :	
	INSURER E :	
	INSURER F :	

COVERAGES **CERTIFICATE NUMBER:** **REVISION NUMBER:**

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INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	X COMMERCIAL GENERAL LIABILITY			5025-0250-00	12/31/2022	12/31/2023	EACH OCCURRENCE	$ 1,000,000
	[ ] CLAIMS-MADE [X] OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	$ 1,000,000
							MED EXP (Any one person)	$ 10,000
							PERSONAL & ADV INJURY	$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	$ 3,000,000
	X POLICY [ ] PRO-JECT [ ] LOC						PRODUCTS - COMP/OP AGG	$ 3,000,000
	[ ] OTHER:						PROFESSIONAL LI	$ Included
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	$
	[ ] ANY AUTO						BODILY INJURY (Per person)	$
	[ ] OWNED AUTOS ONLY [ ] SCHEDULED AUTOS						BODILY INJURY (Per accident)	$
	[ ] HIRED AUTOS ONLY [ ] NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	$
								$
B	[ ] UMBRELLA LIAB [X] OCCUR			5026-0063-00	12/31/2022	12/31/2023	EACH OCCURRENCE	$ 1,000,000
	X EXCESS LIAB [ ] CLAIMS-MADE						AGGREGATE	$
	[ ] DED [ ] RETENTION $						Aggregate	$ 1,000,000
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y / N	N / A					[ ] PER STATUTE [ ] OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? [ ] (Mandatory in NH)						E.L. EACH ACCIDENT	$
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE	$
							E.L. DISEASE - POLICY LIMIT	$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

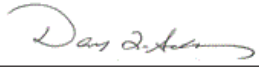
CERTIFICATE HOLDER

Eastern Nebraska Veterans Home
Attn: Vicki Fricke
12505 S 40th Street
Bellevue, NE 68123

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE



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NEBRHOS-01 SUSANTOPPER

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PRODUCER
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6992 East Broadway Boulevard
Tucson, AZ 85710

CONTACT NAME: Susan Topper
PHONE (A/C, No, Ext): (520) 258-0290 FAX (A/C, No):
E-MAIL ADDRESS: susan.topper@protek-insurance.com

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INSURER B : Allied World National Assurance Company	10690
INSURER C :	
INSURER D :	
INSURER E :	
INSURER F :	

INSURED
Nebraska Hospital Assoc. Charitable Scientific and Educational Foundation, DBA: Bio-Electronics
3255 Salt Creek Circle, Suite 200
Lincoln, NE 68504

COVERAGES **CERTIFICATE NUMBER:** **REVISION NUMBER:**

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	CLAIMS-MADE X OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	$ 1,000,000
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	X POLICY PRO-JECT LOC						PRODUCTS - COMP/OP AGG	$ 3,000,000
	OTHER:						PROFESSIONAL LI	$ Included
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	$
	ANY AUTO						BODILY INJURY (Per person)	$
	OWNED AUTOS ONLY / SCHEDULED AUTOS						BODILY INJURY (Per accident)	$
	HIRED AUTOS ONLY / NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	$
								$
B	UMBRELLA LIAB X OCCUR			5026-0063-00	12/31/2022	12/31/2023	EACH OCCURRENCE	$ 1,000,000
	X EXCESS LIAB CLAIMS-MADE						AGGREGATE	$
	DED RETENTION $						Aggregate	$ 1,000,000
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y / N	N / A					PER STATUTE OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)						E.L. EACH ACCIDENT	$
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE	$
							E.L. DISEASE - POLICY LIMIT	$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

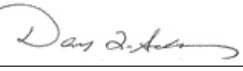
CERTIFICATE HOLDER

Norfolk Veteran's Home
Attn: Tammy Mefford
600 E. Benjamin Avenue
Norfolk, NE 68701

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE



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NEBRHOS-01 SUSANTOPPER

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DATE (MM/DD/YYYY) 1/9/2023

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER	CONTACT NAME: Susan Topper
NFP Property & Casualty Services, Inc. 6992 East Broadway Boulevard Tucson, AZ 85710	PHONE (A/C, No, Ext): (520) 258-0290 FAX (A/C, No): E-MAIL ADDRESS: susan.topper@protek-insurance.com

INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER A : Vantapro Specialty Insurance Company	44768
INSURER B : Allied World National Assurance Company	10690
INSURER C :	
INSURER D :	
INSURER E :	
INSURER F :	

INSURED

Nebraska Hospital Assoc. Charitable Scientific and Educational Foundation, DBA: Bio-Electronics
3255 Salt Creek Circle, Suite 200
Lincoln, NE 68504

COVERAGES **CERTIFICATE NUMBER:** **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	[X] COMMERCIAL GENERAL LIABILITY			5025-0250-00	12/31/2022	12/31/2023	EACH OCCURRENCE	$ 1,000,000
	[ ] CLAIMS-MADE [X] OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	$ 1,000,000
							MED EXP (Any one person)	$ 10,000
							PERSONAL & ADV INJURY	$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	$ 3,000,000
	[X] POLICY [ ] PRO-JECT [ ] LOC						PRODUCTS - COMP/OP AGG	$ 3,000,000
	[ ] OTHER:						PROFESSIONAL LI	$ Included
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	$
	[ ] ANY AUTO						BODILY INJURY (Per person)	$
	[ ] OWNED AUTOS ONLY [ ] SCHEDULED AUTOS						BODILY INJURY (Per accident)	$
	[ ] HIRED AUTOS ONLY [ ] NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	$
								$
B	[ ] UMBRELLA LIAB [X] OCCUR			5026-0063-00	12/31/2022	12/31/2023	EACH OCCURRENCE	$ 1,000,000
	[X] EXCESS LIAB [ ] CLAIMS-MADE						AGGREGATE	$
	[ ] DED [ ] RETENTION $						Aggregate	$ 1,000,000
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y / N						[ ] PER STATUTE [ ] OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? [ ] (Mandatory in NH)	N / A					E.L. EACH ACCIDENT	$
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE	$
							E.L. DISEASE - POLICY LIMIT	$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

CERTIFICATE HOLDER

Western Nebraska Vets Home
Attn: Lonnie Starke
1102 West 42nd Street
Scottsbluff, NE 69361

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

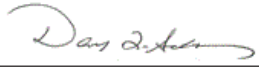

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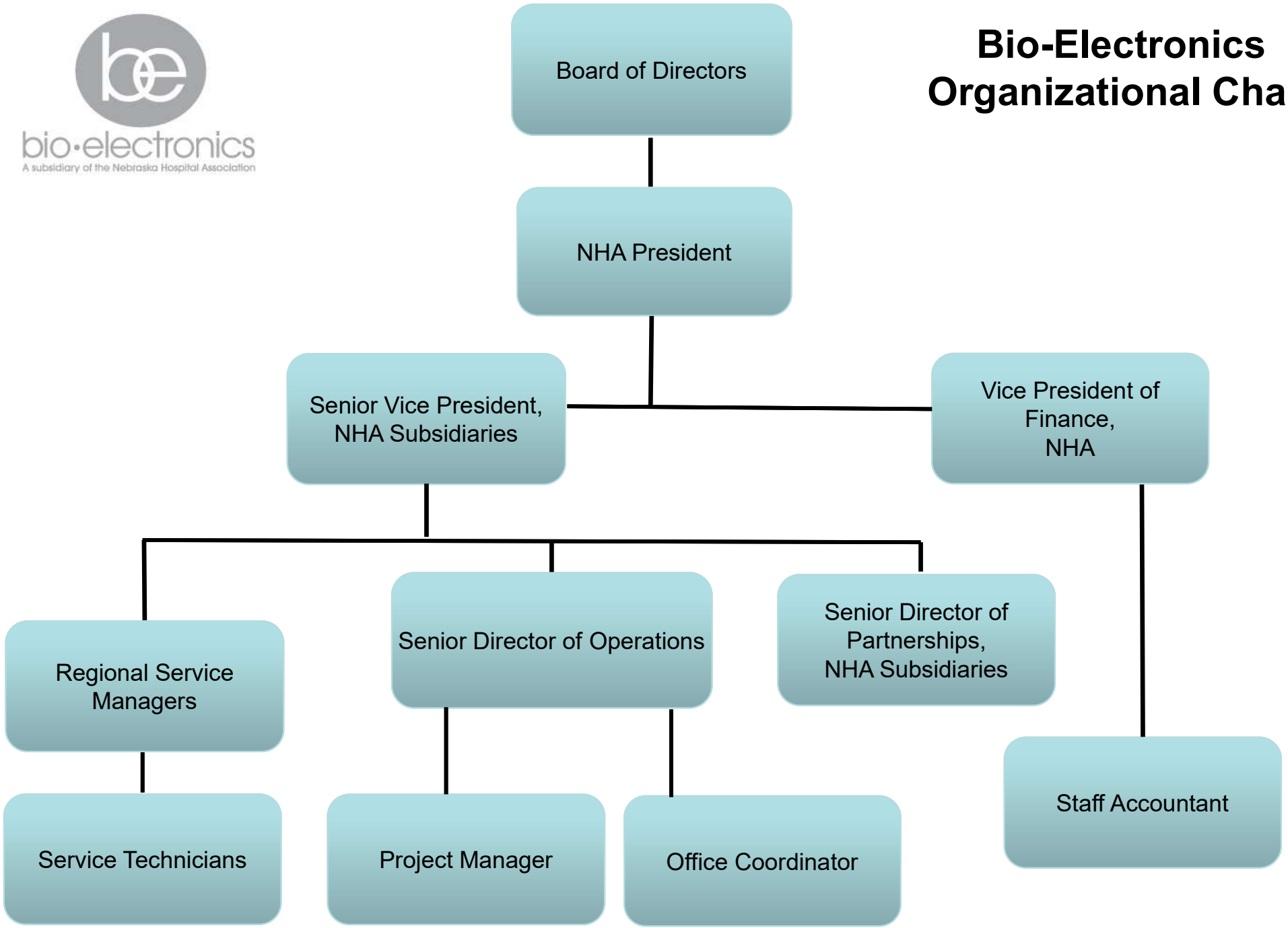
Exhibit 7

Bio-Electronics Organizational Chart



Effective October 2022

II. TERMS AND CONDITIONS

Bidders should complete Sections II thru VI as part of their proposal. Bidder is expected to read the Terms and Conditions and should initial either accept, reject, or reject and provide alternative language for each clause. The bidder should also provide an explanation of why the bidder rejected the clause or rejected the clause and provided alternate language. By signing the Request for Proposal, bidder is agreeing to be legally bound by all the accepted terms and conditions, and any proposed alternative terms and conditions submitted with the proposal. The State reserves the right to negotiate rejected or proposed alternative language. If the State and bidder fail to agree on the final Terms and Conditions, the State reserves the right to reject the proposal. The State of Nebraska is soliciting proposals in response to this Request for Proposal. The State of Nebraska reserves the right to reject proposals that attempt to substitute the bidder's commercial contracts and/or documents for this Request for Proposal.

The bidders should submit with their proposal any license, user agreement, service level agreement, or similar documents that the bidder wants incorporated in the Contract. The State will not consider incorporation of any document not submitted with the bidder's proposal as the document will not have been included in the evaluation process. These documents shall be subject to negotiation and will be incorporated as addendums if agreed to by the Parties.

If a conflict or ambiguity arises after the Addendum to Contract Award have been negotiated and agreed to, the Addendum to Contract Award shall be interpreted as follows:

1. If only one Party has a particular clause then that clause shall control,
2. If both Parties have a similar clause, but the clauses do not conflict, the clauses shall be read together,
3. If both Parties have a similar clause, but the clauses conflict, the State's clause shall control.

A. GENERAL

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within RFP Response (Initial)	NOTES/COMMENTS:
CW			

1. The contract resulting from this Request for Proposal shall incorporate the following documents:

   a. Request for Proposal, including any attachments and addenda;
   b. Amendments to the Request for Proposal;
   c. Questions and Answers;
   d. Bidder's properly submitted proposal, including any terms and conditions or agreements submitted by the bidder; and
   e. Amendments and Addendums to the Contract.

These documents constitute the entirety of the contract.

Unless otherwise specifically stated in a future contract amendment, in case of any conflict between the incorporated documents, the documents shall govern in the following order of preference with number one (1) receiving preference over all other documents and with each lower numbered document having preference over any higher numbered document: 1) Amendment or Addendum to the executed Contract with the most recent dated amendment or addendum having the highest priority, 2) Amendments to the Request for Proposal, 3) Questions and Answers, 4) the original Request for Proposal document and any Addenda or attachments, and 4) the Contractor's submitted Proposal, including any terms and conditions or agreements submitted by the that are accepted by the State.

For the avoidance of doubt, unless otherwise explicitly and specifically agreed to in writing by the State, the State's standard terms and conditions, as executed by the State and, shall always control over any terms and conditions or agreements submitted or included by the Contractor.

Any ambiguity or conflict in the contract discovered after its execution, not otherwise addressed herein, shall be resolved in accordance with the rules of contract interpretation as established in the State of Nebraska.

B. NOTIFICATION

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within RFP Response (Initial)	NOTES/COMMENTS:
CW			

Bidder and State shall identify the contract manager who shall serve as the point of contact for the executed contract.

Communications regarding the executed contract shall be in writing and shall be deemed to have been given if delivered personally; electronically, return receipt requested; or mailed, return receipt requested. All notices, requests, or communications shall be deemed effective upon receipt.

Either party may change its address for notification purposes by giving notice of the change and setting forth the new address and an effective date.

C. BUYER'S REPRESENTATIVE

The State reserves the right to appoint a Buyer's Representative to manage or assist the Buyer in managing the contract on behalf of the State. The Buyer's Representative will be appointed in writing, and the appointment document will specify the extent of the Buyer's Representative authority and responsibilities. If a Buyer's Representative is appointed, the Bidder will be provided a copy of the appointment document and is expected to cooperate accordingly with the Buyer's Representative. The Buyer's Representative has no authority to bind the State to a contract, amendment, addendum, or other change or addition to the contract.

D. GOVERNING LAW (Nonnegotiable)

Notwithstanding any other provision of this contract, or any amendment or addendum(s) entered into contemporaneously or at a later time, the parties understand and agree that, (1) the State of Nebraska is a sovereign state and its authority to contract is therefore subject to limitation by the State's Constitution, statutes, common law, and regulation; (2) this contract will be interpreted and enforced under the laws of the State of Nebraska; (3) any action to enforce the provisions of this agreement must be brought in the State of Nebraska per state law; (4) the person signing this contract on behalf of the State of Nebraska does not have the authority to waive the State's sovereign immunity, statutes, common law, or regulations; (5) the indemnity, limitation of liability, remedy, and other similar provisions of the final contract, if any, are entered into subject to the State's Constitution, statutes, common law, regulations, and sovereign immunity; and, (6) all terms and conditions of the final contract, including but not limited to the clauses concerning third party use, licenses, warranties, limitations of liability, governing law and venue, usage verification, indemnity, liability, remedy or other similar provisions of the final contract are entered into specifically subject to the State's Constitution, statutes, common law, regulations, and sovereign immunity.

The Parties must comply with all applicable local, state, and federal laws, ordinances, rules, orders, and regulations.

E. DISCOUNTS

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within RFP Response (Initial)	NOTES/COMMENTS:
CW			

Prices quoted shall be inclusive of ALL trade discounts. Cash discount terms of less than thirty (30) days will not be considered as part of the proposal. Cash discount periods will be computed from the date of receipt of a properly executed claim voucher or the date of completion of delivery of all items in a satisfactory condition, whichever is later.

F. PRICES

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within RFP Response (Initial)	NOTES/COMMENTS:
CW			

Prices quoted shall be net, including transportation and delivery charges fully prepaid by the bidder, F.O.B. destination named in the Request for Proposal. No additional charges will be allowed for packing, packages, or partial delivery costs. When an arithmetic error has been made in the extended total, the unit price will govern.

Prices submitted on the cost proposal form, once accepted by the State, shall remain fixed for the first two (2) years of the contract. Any request for a price increase subsequent to the first two (2) years of the contract shall not exceed five percent (5 %) of the price proposed for the period. Increases shall not be cumulative and will only apply to that period of the contract. The request for a price increase must be submitted in writing to the State Purchasing Bureau a minimum of 120 days prior to the end of the current contract period. Documentation may be required by the State to support the price increase.

The State reserves the right to deny any requested price increase. No price increases are to be billed to any State Agencies prior to written amendment of the contract by the parties.

The State will be given full proportionate benefit of any decreases for the term of the contract.

G. BEGINNING OF WORK & SUSPENSION OF SERVICES

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within RFP Response (Initial)	NOTES/COMMENTS:
CW			

The bidder shall not commence any billable work until a valid contract has been fully executed by the State and the successful Contractor. The Contractor will be notified in writing when work may begin.

The State may, at any time and without advance notice, require the Contractor to suspend any or all performance or deliverables provided under this Contract. In the event of such suspension, the Business Office Manager, Contract Manager or POC, or their designee, will issue a written order to stop work. The written order will specify which activities are to be immediately suspended and the reason(s) for the suspension. Upon receipt of such order, the Contractor shall immediately comply with its terms and take all necessary steps to mitigate and eliminate the incurrence of costs allocable to the work affected by the order during the period of suspension. The suspended performance or deliverables may only resume when the State provides the Contractor with written notice that such performance or deliverables may resume, in whole or in part.

H. AMENDMENT

This Contract may be amended in writing, within scope, upon the agreement of both parties.

I. CHANGE ORDERS OR SUBSTITUTIONS

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within RFP Response (Initial)	NOTES/COMMENTS:
CW			

The State and the Contractor, upon written agreement, may make changes to the contract within the general scope of the Request for Proposal. Changes may involve specifications, the quantity of work, or such other items as the State may find necessary or desirable. Corrections of any deliverable, service, or work required pursuant to the contract shall not be deemed a change. The Contractor may not claim forfeiture of the contract by reasons of such changes.

The Contractor shall prepare a written description of the work required due to the change and an itemized cost sheet for the change. Changes in work and the amount of compensation to be paid to the Contractor shall be determined in accordance with applicable unit prices if any, a pro-rated value, or through negotiations. The State shall not incur a price increase for changes that should have been included in the Contractor's proposal, were foreseeable, or result from difficulties with or failure of the Contractor's proposal or performance.

No change shall be implemented by the Contractor until approved by the State, and the Contract is amended to reflect the change and associated costs, if any. If there is a dispute regarding the cost, but both parties agree that immediate implementation is necessary, the change may be implemented, and cost negotiations may continue with both Parties retaining all remedies under the contract and law.

In the event any product fails, is discontinued or replaced upon mutual consent during the contract period or prior to delivery, the State reserves the right to amend the contract or purchase order to include the alternate product at the same price.

*****Contractor will not substitute any item that has been awarded without prior written approval of SPB*****

J. RECORD OF VENDOR PERFORMANCE

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within RFP Response (Initial)	NOTES/COMMENTS:
CW			

The State may document the vendor's performance, which may include, but is not limited to, the customer service provided by the vendor, the ability of the vendor, the skill of the vendor, and any instance(s) of products or services delivered or performed which fail to meet the terms of the purchase order, contract, and/or Request for Proposal specifications. In addition to other remedies and options available to the State, the State may issue one or more notices to the vendor outlining any issues the State has regarding the vendor's performance for a specific contract ("Vendor Performance Notice"). The State may also document the Vendor's performance in a report, which may or may not be provided to the vendor ("Vendor Improvement Request"). The Vendor shall respond to any Vendor Performance Notice or Vendor Improvement Request in accordance with such notice or request. At the sole discretion of the State, such Vendor Performance Notices and Vendor Improvement Requests may be placed in the State's records regarding the vendor and may be considered by the State and held against the vendor in any future contract or award opportunity.

K. CORRECTIVE ACTION PLAN

If Contractor is failing to meet the Scope of Work, in whole or in part, the State may require the Contractor to complete a corrective action plan ("CAP"). The State will identify issues with the Contractor's performance and will set a deadline for the CAP to be provided. The Contractor must provide a written response to each identified issue and what steps the Contractor will take to resolve each issue, including the timeline(s) for resolution. If the Contractor fails to adequately provide the CAP in accordance with this section, fails to adequately resolve the issues described in the CAP, or fails to resolve the issues described in the CAP by the relevant deadline, the State may withhold payments and exercise any legal remedy available.

L. NOTICE OF POTENTIAL CONTRACTOR BREACH

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within RFP Response (Initial)	NOTES/COMMENTS:
CW			

If Contractor breaches the contract or anticipates breaching the contract, the Contractor shall immediately give written notice to the State. The notice shall explain the breach or potential breach, a proposed cure, and may include a request for a waiver of the breach if so desired. The State may, in its discretion, temporarily or permanently waive the breach. By granting a waiver, the State does not forfeit any rights or remedies to which the State is entitled by law or equity, or pursuant to the provisions of the contract. Failure to give immediate notice, however, may be grounds for denial of any request for a waiver of a breach.

M. BREACH

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within RFP Response (Initial)	NOTES/COMMENTS:
CW			

Either Party may terminate the contract, in whole or in part, if the other Party breaches its duty to perform its obligations under the contract in a timely and proper manner. Termination under this section requires written notice of default and a thirty (30) calendar day (or longer at the non-breaching Party's discretion considering the gravity and nature of the default) cure period. Said notice shall be delivered by email to the contractor's point of contact with acknowledgement from the contractor, Certified Mail - Return Receipt Requested, or in person with proof of delivery. Allowing time to cure a failure or breach of contract does not waive the right to immediately terminate the contract for the same or different contract breach which may occur at a different time. In case of default of the Contractor, the State may contract the service from other sources and hold the Contractor responsible for any excess cost occasioned thereby.

The State's failure to make payment shall not be a breach, and the Contractor shall retain all available statutory remedies and protections.

N. NON-WAIVER OF BREACH

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within RFP Response (Initial)	NOTES/COMMENTS:
CW			

The acceptance of late performance with or without objection or reservation by a Party shall not waive any rights of the Party nor constitute a waiver of the requirement of timely performance of any obligations remaining to be performed.

O. SEVERABILITY

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within RFP Response (Initial)	NOTES/COMMENTS:
CW			

If any term or condition of the contract is declared by a court of competent jurisdiction to be illegal or in conflict with any law, the validity of the remaining terms and conditions shall not be affected, and the rights and obligations of the parties shall be construed and enforced as if the contract did not contain the provision held to be invalid or illegal.

P. INDEMNIFICATION

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within RFP Response (Initial)	NOTES/COMMENTS:
CW			

1. GENERAL

The Contractor agrees to defend, indemnify, and hold harmless the State and its employees, volunteers, agents, and its elected and appointed officials ("the indemnified parties") from and against any and all third party claims, liens, demands, damages, liability, actions, causes of action, losses, judgments, costs, and expenses of every nature, including investigation costs and expenses, settlement costs, and attorney fees and expenses ("the claims"), sustained or asserted against the State for personal injury, death, or property loss or damage, arising out of, resulting from, or attributable to the willful misconduct, negligence, error, or omission of the Contractor, its employees, Subcontractors, consultants, representatives, and agents, resulting from this contract, except to the extent such Contractor liability is attenuated by any action of the State which directly and proximately contributed to the claims.

2. PERSONNEL

The Contractor shall, at its expense, indemnify and hold harmless the indemnified parties from and against any claim with respect to withholding taxes, worker's compensation, employee benefits, or any other claim, demand, liability, damage, or loss of any nature relating to any of the personnel, including subcontractor's and their employees, provided by the Contractor.

3. SELF-INSURANCE

The State of Nebraska is self-insured for any loss and purchases excess insurance coverage pursuant to Neb. Rev. Stat. § 81-8,239.01. If there is a presumed loss under the provisions of this agreement, Contractor may file a claim with the Office of Risk Management pursuant to Neb. Rev. Stat. §§ 81-8,239.01 to 81-8,306 for review by the State Claims Board. The State retains all rights and immunities under the State Miscellaneous (Neb. Rev. Stat. § 81-8,294), Tort (Neb. Rev. Stat. § 81-8,209), and Contract Claim Acts (Neb. Rev. Stat. § 81-8,302), as outlined in state law and accepts liability under this agreement only to the extent provided by law.

4. The Parties acknowledge that Attorney General for the State of Nebraska is required by statute to represent the legal interests of the State, and that any provision of this indemnity clause is subject to the statutory authority of the Attorney General.

Q. ATTORNEY'S FEES

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within RFP Response (Initial)	NOTES/COMMENTS:
CW			

In the event of any litigation, appeal, or other legal action to enforce any provision of the contract, the Parties agree to pay all expenses of such action, as permitted by law and if ordered by the court, including attorney's fees and costs, if the other Party prevails.

R. ASSIGNMENT, SALE, OR MERGER

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within RFP Response (Initial)	NOTES/COMMENTS:
CW			

Either Party may assign the contract upon mutual written agreement of the other Party. Such agreement shall not be unreasonably withheld.

The Contractor retains the right to enter into a sale, merger, acquisition, internal reorganization, or similar transaction involving Contractor's business. Contractor agrees to cooperate with the State in executing amendments to the contract to allow for the transaction. If a third party or entity is involved in the transaction, the Contractor will remain responsible for performance of the contract until such time as the person or entity involved in the transaction agrees in writing to be contractually bound by this contract and perform all obligations of the contract.

S. CONTRACTING WITH OTHER NEBRASKA POLITICAL SUBDIVISIONS OF THE STATE OR ANOTHER STATE

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within RFP Response (Initial)	NOTES/COMMENTS:
CW			

The Contractor may, but shall not be required to, allow agencies, as defined in Neb. Rev. Stat. § 81-145(3), to use this contract. The terms and conditions, including price, of the contract may not be amended. The State shall not be contractually obligated or liable for any contract entered into pursuant to this clause. A listing of Nebraska political subdivisions may be found at the website of the Nebraska Auditor of Public Accounts.

The Contractor may, but shall not be required to, allow other states, agencies or divisions of other states, or political subdivisions of other states to use this contract. The terms and conditions, including price, of this contract shall apply to any such contract, but may be amended upon mutual consent of the Parties. The State of Nebraska shall not be contractually or otherwise obligated or liable under any contract entered into pursuant to this clause. The State shall be notified if a contract is executed based upon this contract.

T. FORCE MAJEURE

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within RFP Response (Initial)	NOTES/COMMENTS:
CW			

Neither Party shall be liable for any costs or damages, or for default resulting from its inability to perform any of its obligations under the contract due to a natural or manmade event outside the control and not the fault of the affected Party ("Force Majeure Event") that was not foreseeable at the time the Contract was executed. The Party so affected shall immediately make a written request for relief to the other Party and shall have the burden of proof to justify the request. The other Party may grant the relief requested; relief may not be unreasonably withheld. Labor disputes with the impacted Party's own employees will not be considered a Force Majeure Event.

U. CONFIDENTIALITY

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within RFP Response (Initial)	NOTES/COMMENTS:
CW			

All materials and information provided by the Parties or acquired by a Party on behalf of the other Party shall be regarded as confidential information. All materials and information provided or acquired shall be handled in accordance with federal and state law, and ethical standards. Any and all information gathered in the performance of this contract by Contractor, either independently or by NDVA, shall be held in the strictest confidence and shall be released to no one other than NDVA without the prior written authorization of NDVA, provided, that contrary contract provisions set forth herein shall be deemed to be authorized exceptions to this general confidentiality provision. This provision shall survive termination of this Contract. Should said confidentiality be breached by a Party, the Party shall notify the other Party immediately of said breach and take immediate corrective action.

It is incumbent upon the Parties to inform their officers and employees of the penalties for improper disclosure imposed by the Privacy Act of 1974, 5 U.S.C. 552a. Specifically, 5 U.S.C. 552a (i)(1), which is made applicable by 5 U.S.C. 552a (m)(1), provides that any officer or employee, who by virtue of his/her employment or official position has possession of or access to agency records which contain individually identifiable information, the disclosure of which is prohibited by the Privacy Act or regulations established thereunder, and who knowing that disclosure of the specific material is prohibited, willfully discloses the material in any manner to any person or agency not entitled to receive it, shall be guilty of a misdemeanor and fined not more than $5,000.

V. EARLY TERMINATION

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within RFP Response (Initial)	NOTES/COMMENTS:
CW			

The contract may be terminated as follows:

1. The State and the Contractor, by mutual written agreement, may terminate the contract, in whole or in part, at any time.

2. The State, in its sole discretion, may terminate the contract, in whole or in part, for any reason upon thirty (30) calendar day's written notice to the Contractor. Such termination shall not relieve the Contractor of warranty or other service obligations incurred under the terms of the contract. In the event of termination,

the Contractor shall be entitled to payment, determined on a pro rata basis, for products or services satisfactorily performed or provided.

3. The State may terminate the contract, in whole or in part, immediately for the following reasons:

- **a.** NDVA determines that Contractor has violated a material term of this contract, triggering Section II.M. of this contract,
- **b.** if directed to do so by statute,
- **c.** Contractor has made an assignment for the benefit of creditors, has admitted in writing its inability to pay debts as they mature, or has ceased operating in the normal course of business,
- **d.** a trustee or receiver of the Contractor or of any substantial part of the Contractor's assets has been appointed by a court,
- **e.** fraud, misappropriation, embezzlement, malfeasance, misfeasance, or illegal conduct pertaining to performance under the contract by its Contractor, its employees, officers, directors, or shareholders,
- **f.** an involuntary proceeding has been commenced by any Party against the Contractor under any one of the chapters of Title 11 of the United States Code and (i) the proceeding has been pending for at least sixty (60) calendar days; or (ii) the Contractor has consented, either expressly or by operation of law, to the entry of an order for relief; or (iii) the Contractor has been decreed or adjudged a debtor,
- **g.** a voluntary petition has been filed by the Contractor under any of the chapters of Title 11 of the United States Code,
- **h.** Contractor intentionally discloses confidential information,
- **i.** Contractor has or announces it will discontinue support of the deliverable; and,
- **j.** In the event funding is no longer available.

W. CONTRACT CLOSEOUT

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within RFP Response (Initial)	NOTES/COMMENTS:
CW			

Upon contract closeout for any reason the Contractor shall within 30 days, unless stated otherwise herein:

1. Transfer all completed or partially completed deliverables to the State,
2. Transfer ownership and title to all completed or partially completed deliverables to the State,
3. Return to the State all information and data, unless the Contractor is permitted to keep the information or data by contract or rule of law. Contractor may retain one copy of any information or data as required to comply with applicable work product documentation standards or as are automatically retained in the course of Contractor's routine back up procedures,
4. Cooperate with any successor Contactor, person or entity in the assumption of any or all of the obligations of this contract,
5. Cooperate with any successor Contactor, person or entity with the transfer of information or data related to this contract,
6. Return or vacate any state owned real or personal property; and,
7. Return all data in a mutually acceptable format and manner.

Nothing in this Section should be construed to require the Contractor to surrender intellectual property, real or personal property, or information or data owned by the Contractor for which the State has no legal claim.

III. CONTRACTOR DUTIES

A. INDEPENDENT CONTRACTOR / OBLIGATIONS

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within RFP Response (Initial)	NOTES/COMMENTS:
CW			

It is agreed that the Contractor is an independent contractor and that nothing contained herein is intended or should be construed as creating or establishing a relationship of employment, agency, or a partnership.

The Contractor is solely responsible for fulfilling the contract. The Contractor or the Contractor's representative shall be the sole point of contact regarding all contractual matters.

The Contractor shall secure, at its own expense, all personnel required to perform the services under the contract. The personnel the Contractor uses to fulfill the contract shall have no contractual or other legal relationship with the State; they shall not be considered employees of the State and shall not be entitled to any compensation, rights or benefits from the State, including but not limited to, tenure rights, medical and hospital care, sick and vacation leave, severance pay, or retirement benefits.

By-name personnel commitments made in the bidder's proposal shall not be changed without the prior written approval of the State. Replacement of these personnel, if approved by the State, shall be with personnel of equal or greater ability and qualifications.

All personnel assigned by the Contractor to the contract shall be employees of the Contractor or a subcontractor and shall be fully qualified to perform the work required herein. Personnel employed by the Contractor or a subcontractor to fulfill the terms of the contract shall remain under the sole direction and control of the Contractor or the subcontractor respectively.

With respect to its employees, the Contractor agrees to be solely responsible for the following:

1. Any and all pay, benefits, and employment taxes and/or other payroll withholding,
2. Any and all vehicles used by the Contractor's employees, including all insurance required by state law,
3. Damages incurred by Contractor's employees within the scope of their duties under the contract,
4. Maintaining Workers' Compensation and health insurance that complies with state and federal law and submitting any reports on such insurance to the extent required by governing law,
5. Determining the hours to be worked and the duties to be performed by the Contractor's employees; and,
6. All claims on behalf of any person arising out of employment or alleged employment (including without limit claims of discrimination alleged against the Contractor, its officers, agents, or subcontractors or subcontractor's employees).

If the Contractor intends to utilize any subcontractor, the subcontractor's level of effort, tasks, and time allocation should be clearly defined in the bidder's proposal. The Contractor shall agree that it will not utilize any subcontractors not specifically included in its proposal in the performance of the contract without the prior written authorization of the State.

The State reserves the right to require the Contractor to reassign or remove from the project any Contractor or subcontractor employee.

Contractor shall insure that the terms and conditions contained in any contract with a subcontractor does not conflict with the terms and conditions of this contract.

The Contractor shall include a similar provision, for the protection of the State, in the contract with any Subcontractor engaged to perform work on this contract.

B. EMPLOYEE WORK ELIGIBILITY STATUS

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within RFP Response (Initial)	NOTES/COMMENTS:
CW			

The Contractor is required and hereby agrees to use a federal immigration verification system to determine the work eligibility status of employees physically performing services within the State of Nebraska. A federal immigration verification system means the electronic verification of the work authorization program authorized by the Illegal Immigration Reform and Immigrant Responsibility Act of 1996, 8 U.S.C. 1324a, known as the E-Verify Program, or an equivalent federal program designated by the United States Department of Homeland Security or other federal agency authorized to verify the work eligibility status of an employee.

If the Contractor is an individual or sole proprietorship, the following applies:

1. The Contractor must complete the United States Citizenship Attestation Form, available on the Department of Administrative Services website at https://das.nebraska.gov/materiel/docs/pdf/Individual%20or%20Sole%20Proprietor%20United%20States%20Attestation%20Form%20English%20and%20Spanish.pdf

2. The completed United States Attestation Form should be submitted with the Request for Proposal response.

3. If the Contractor indicates on such attestation form that he or she is a qualified alien, the Contractor agrees to provide the US Citizenship and Immigration Services documentation required to verify the Contractor's lawful presence in the United States using the Systematic Alien Verification for Entitlements (SAVE) Program.

4. The Contractor understands and agrees that lawful presence in the United States is required, and the Contractor may be disqualified or the contract terminated if such lawful presence cannot be verified as required by Neb. Rev. Stat. § 4-108.

C. COMPLIANCE WITH CIVIL RIGHTS LAWS AND EQUAL OPPORTUNITY EMPLOYMENT / NONDISCRIMINATION (Nonnegotiable)

The Contractor shall comply with all applicable local, state, and federal statutes and regulations regarding civil rights laws and equal opportunity employment. The Nebraska Fair Employment Practice Act prohibits Contractors of the State of Nebraska, and their Subcontractors, from discriminating against any employee or applicant for employment, with respect to hire, tenure, terms, conditions, compensation, or privileges of employment because of race, color, religion, sex, disability, marital status, or national origin (Neb. Rev. Stat. §§ 48-1101 to 48-1125). The Contractor guarantees compliance with the Nebraska Fair Employment Practice Act, and breach of this provision shall be regarded as a material breach of contract. The Contractor shall insert a similar provision in all Subcontracts for goods and services to be covered by any contract resulting from this Request for Proposal.

D. COOPERATION WITH OTHER CONTRACTORS

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within RFP Response (Initial)	NOTES/COMMENTS:
CW			

Contractor may be required to work with or in close proximity to other contractors or individuals that may be working on same or different projects. The Contractor shall agree to cooperate with such other contractors or individuals and shall not commit or permit any act which may interfere with the performance of work by any other contractor or individual. Contractor is not required to compromise Contractor's intellectual property or proprietary information unless expressly required to do so by this contract.

E. PERMITS, REGULATIONS, LAWS

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within RFP Response (Initial)	NOTES/COMMENTS:
CW			

The contract price shall include the cost of all royalties, licenses, permits, and approvals, whether arising from patents, trademarks, copyrights or otherwise, that are in any way involved in the contract. The Contractor shall obtain and pay for all royalties, licenses, and permits, and approvals necessary for the execution of the contract. The Contractor must guarantee that it has the full legal right to the materials, supplies, equipment, software, and other items used to execute this contract.

F. OWNERSHIP OF INFORMATION AND DATA / DELIVERABLES

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within RFP Response (Initial)	NOTES/COMMENTS:
CW			

The State shall have the unlimited right to publish, duplicate, use, and disclose all information and data developed or obtained by the Contractor on behalf of the State pursuant to this contract.

The State shall own and hold exclusive title to any data collected or deliverable developed as a result of this contract. Contractor shall have no ownership interest or title, and shall not patent, license, or copyright, duplicate, transfer, sell, or exchange, the design, specifications, concept, or deliverable.

G. INSURANCE REQUIREMENTS

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within RFP Response (Initial)	NOTES/COMMENTS:
CW			**We currently have active COI's for each NE Vets Home facility and provide each with this proposal.**

The Contractor shall throughout the term of the contract maintain insurance as specified herein and provide the State a current Certificate of Insurance/Acord Form (COI) verifying the coverage. The Contractor shall not commence work on the contract until the insurance is in place. If Contractor subcontracts any portion of the Contract the Contractor must, throughout the term of the contract, either:

1. Provide equivalent insurance for each subcontractor and provide a COI verifying the coverage for the subcontractor,
2. Require each subcontractor to have equivalent insurance and provide written notice to the State that the Contractor has verified that each subcontractor has the required coverage; or,
3. Provide the State with copies of each subcontractor's Certificate of Insurance evidencing the required coverage.

The Contractor shall not allow any Subcontractor to commence work until the Subcontractor has equivalent insurance. The failure of the State to require a COI, or the failure of the Contractor to provide a COI or require subcontractor insurance shall not limit, relieve, or decrease the liability of the Contractor hereunder.

In the event that any policy written on a claims-made basis terminates or is canceled during the term of the contract or within one (1) year of termination or expiration of the contract, the contractor shall obtain an extended discovery or

reporting period, or a new insurance policy, providing coverage required by this contract for the term of the contract and one (1) year following termination or expiration of the contract.

If by the terms of any insurance a mandatory deductible is required, or if the Contractor elects to increase the mandatory deductible amount, the Contractor shall be responsible for payment of the amount of the deductible in the event of a paid claim.

Notwithstanding any other clause in this Contract, the State may recover up to the liability limits of the insurance policies required herein.

1. WORKERS' COMPENSATION INSURANCE

The Contractor shall take out and maintain during the life of this contract the statutory Workers' Compensation and Employer's Liability Insurance for all of the contactors' employees to be engaged in work on the project under this contract and, in case any such work is sublet, the Contractor shall require the Subcontractor similarly to provide Worker's Compensation and Employer's Liability Insurance for all of the Subcontractor's employees to be engaged in such work. This policy shall be written to meet the statutory requirements for the state in which the work is to be performed, including Occupational Disease. **The policy shall include a waiver of subrogation in favor of the State. The COI shall contain the mandatory COI subrogation waiver language found hereinafter**. The amounts of such insurance shall not be less than the limits stated hereinafter. For employees working in the State of Nebraska, the policy must be written by an entity authorized by the State of Nebraska Department of Insurance to write Workers' Compensation and Employer's Liability Insurance for Nebraska employees.

2. COMMERCIAL GENERAL LIABILITY INSURANCE AND COMMERCIAL AUTOMOBILE LIABILITY INSURANCE

The Contractor shall take out and maintain during the life of this contract such Commercial General Liability Insurance and Commercial Automobile Liability Insurance as shall protect Contractor and any Subcontractor performing work covered by this contract from claims for damages for bodily injury, including death, as well as from claims for property damage, which may arise from operations under this contract, whether such operation be by the Contractor or by any Subcontractor or by anyone directly or indirectly employed by either of them, and the amounts of such insurance shall not be less than limits stated hereinafter.

The Commercial General Liability Insurance shall be written on an **occurrence basis**, and provide Premises/Operations, Products/Completed Operations, Independent Contractors, Personal Injury, and Contractual Liability coverage. **The policy shall include the State, and others as required by the contract documents, as Additional Insured(s). This policy shall be primary, and any insurance or self-insurance carried by the State shall be considered secondary and non-contributory**. **The COI shall contain the mandatory COI liability waiver language found hereinafter.** The Commercial Automobile Liability Insurance shall be written to cover all Owned, Non-owned, and Hired vehicles.

REQUIRED INSURANCE COVERAGE	
COMMERCIAL GENERAL LIABILITY	
General Aggregate	$2,000,000
Products/Completed Operations Aggregate	$2,000,000
Personal/Advertising Injury	$1,000,000 per occurrence
Bodily Injury/Property Damage	$1,000,000 per occurrence
Medical Payments	$10,000 any one person
Damage to Rented Premises (Fire)	$300,000 each occurrence
Contractual	Included
Independent Contractors	Included
Abuse & Molestation	Included
If higher limits are required, the Umbrella/Excess Liability limits are allowed to satisfy the higher limit.	
WORKER'S COMPENSATION	
Employers Liability Limits	$500K/$500K/$500K
Statutory Limits- All States	Statutory - State of Nebraska
Voluntary Compensation	Statutory
COMMERCIAL AUTOMOBILE LIABILITY	
Bodily Injury/Property Damage	$1,000,000 combined single limit
Include All Owned, Hired & Non-Owned Automobile liability	Included
Motor Carrier Act Endorsement	Where Applicable
UMBRELLA/EXCESS LIABILITY	
Over Primary Insurance	$5,000,000 per occurrence
PROFESSIONAL LIABILITY	
All Other Professional Liability (Errors & Omissions)	$1,000,000 Per Claim / Aggregate
COMMERCIAL CRIME	
Crime/Employee Dishonesty Including 3rd Party Fidelity	$1,000,000
CYBER LIABILITY	
Breach of Privacy, Security Breach, Denial of Service, Remediation, Fines and Penalties	$5,000,000
MANDATORY COI SUBROGATION WAIVER LANGUAGE	
"Workers' Compensation policy shall include a waiver of subrogation in favor of the State of Nebraska."	
MANDATORY COI LIABILITY WAIVER LANGUAGE	
"Commercial General Liability & Commercial Automobile Liability policies shall name the State of Nebraska as an Additional Insured and the policies shall be primary and any insurance or self-insurance carried by the State shall be considered secondary and non-contributory as additionally insured."	

3. EVIDENCE OF COVERAGE

The Contractor shall furnish the Contract Manager, via email, with a certificate of insurance coverage complying with the above requirements prior to beginning work at:

State of Nebraska
State Purchasing Bureau
Attn: Matthew Hansen
RFP # 6798 Z1
Email: matthew.hansen@nebraska.gov

1526 K Street, Suite 130
Lincoln, NE 68508

These certificates or the cover sheet shall reference the RFP number, and the certificates shall include the name of the company, policy numbers, effective dates, dates of expiration, and amounts and types of coverage afforded. If the State is damaged by the failure of the Contractor to maintain such insurance, then the Contractor shall be responsible for all reasonable costs properly attributable thereto.

Reasonable notice of cancellation of any required insurance policy must be submitted to the contract manager as listed above when issued and a new coverage binder shall be submitted immediately to ensure no break in coverage.

4. DEVIATIONS

The insurance requirements are subject to limited negotiation. Negotiation typically includes, but is not necessarily limited to, the correct type of coverage, necessity for Workers' Compensation, and the type of automobile coverage carried by the Contractor.

H. ANTITRUST

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within RFP Response (Initial)	NOTES/COMMENTS:
CW			

The Contractor hereby assigns to the State any and all claims for overcharges as to goods and/or services provided in connection with this contract resulting from antitrust violations which arise under antitrust laws of the United States and the antitrust laws of the State.

I. CONFLICT OF INTEREST

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within RFP Response (Initial)	NOTES/COMMENTS:
CW			

By submitting a proposal, bidder certifies that no relationship exists between the bidder and any person or entity which either is, or gives the appearance of, a conflict of interest related to this Request for Proposal or project.

Bidder further certifies that bidder will not employ any individual known by bidder to have a conflict of interest nor shall bidder take any action or acquire any interest, either directly or indirectly, which will conflict in any manner or degree with the performance of its contractual obligations hereunder or which creates an actual or appearance of conflict of interest.

If there is an actual or perceived conflict of interest, bidder shall provide with its proposal a full disclosure of the facts describing such actual or perceived conflict of interest and a proposed mitigation plan for consideration. The State will then consider such disclosure and proposed mitigation plan and either approve or reject as part of the overall bid evaluation.

J. STATE PROPERTY

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within RFP Response (Initial)	NOTES/COMMENTS:
CW			

The Contractor shall be responsible for the proper care and custody of any State-owned property which is furnished for the Contractor's use during the performance of the contract. The Contractor shall reimburse the State for any loss or damage of such property; normal wear and tear is expected.

K. SITE RULES AND REGULATIONS

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within RFP Response (Initial)	NOTES/COMMENTS:
CW			

The Contractor shall use its best efforts to ensure that its employees, agents, and Subcontractors comply with site rules and regulations while on State premises. If the Contractor must perform on-site work outside of the daily operational hours set forth by the State, it must make arrangements with the State to ensure access to the facility and the equipment has been arranged. No additional payment will be made by the State on the basis of lack of access, unless the State fails to provide access as agreed to in writing between the State and the Contractor.

Contractor's personnel will abide by using agency and facility location requirements, including personnel carrying proper identification upon their person. All personnel shall comply with NDVA policy related to security.

Contraband shall not be introduced into any state facility; such items include, but are not limited to firearms, ammunition, drugs, tobacco, alcohol, etc. All personnel may be subject to search upon entering and exiting facility grounds.

L. ADVERTISING

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within RFP Response (Initial)	NOTES/COMMENTS:
CW			

The Contractor agrees not to refer to the contract award in advertising in such a manner as to state or imply that the company or its goods or services are endorsed or preferred by the State. Any publicity releases pertaining to the project shall not be issued without prior written approval from the State.

M. DISASTER RECOVERY/BACK UP PLAN

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within RFP Response (Initial)	NOTES/COMMENTS:
CW			

The Contractor shall have a disaster recovery and back-up plan, of which a copy should be provided upon request to the State, which includes, but is not limited to equipment, personnel, facilities, and transportation, in order to continue delivery of goods and services as specified under the specifications in the contract in the event of a disaster.

N. DRUG POLICY

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within RFP Response (Initial)	NOTES/COMMENTS:
CW			

Contractor certifies it maintains a drug free workplace environment to ensure worker safety and workplace integrity. Contractor agrees to provide a copy of its drug free workplace policy at any time upon request by the State.

O. WARRANTY

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within RFP Response (Initial)	NOTES/COMMENTS:
CW			

Despite any clause to the contrary, the Contractor represents and warrants that its services hereunder shall be performed by competent personnel and shall be of professional quality consistent with generally accepted industry standards for the performance of such services and shall comply in all respects with the requirements of this Agreement. For any breach of this warranty, the Contractor shall, for a period of ninety (90) days from performance of the service, perform the services again, at no cost to the State, or if Contractor is unable to perform the services as warranted, Contractor shall reimburse the State all fees paid to Contractor for the unsatisfactory services. The rights and remedies of the parties under this warranty are in addition to any other rights and remedies of the parties provided by law or equity, including, without limitation actual damages, and, as applicable and awarded under the law, to a prevailing party, reasonable attorneys' fees and costs.

P. TIME IS OF THE ESSENCE

Time is of the essence with respect to Contractor's performance and deliverables pursuant to this Contract.

IV. PAYMENT

A. PROHIBITION AGAINST ADVANCE PAYMENT (Nonnegotiable)

Pursuant to Neb. Rev. Stat. § 81-2403, "[n]o goods or services shall be deemed to be received by an agency until all such goods or services are completely delivered and finally accepted by the agency."

B. TAXES (Nonnegotiable)

The State is not required to pay taxes and assumes no such liability as a result of this Request for Proposal. The Contractor may request a copy of the Nebraska Department of Revenue, Nebraska Resale or Exempt Sale Certificate for Sales Tax Exemption, Form 13 for their records. Any property tax payable on the Contractor's equipment which may be installed in a state-owned facility is the responsibility of the Contractor.

C. INVOICES

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within RFP Response (Initial)	NOTES/COMMENTS:
CW			

Invoices for payments must be submitted no later than thirty (30) days after completion of service by the Contractor to the agency requesting the services with sufficient detail to support payment unless otherwise approved by the designated Business Office Manager. Invoices shall include, at a minimum, name of facility, name and Contractor's number for piece of equipment, price of maintenance for each piece of equipment, description of service, date of service, length of service call (if applicable), and total price.

Invoices shall be sent to the email addresses listed below for the corresponding location:

Central Nebraska Veterans' Home	ndva.cnvhpayables@nebraska.gov
Eastern Nebraska Veterans' Home	ndva.envhaccountspayable@nebraska.gov
Norfolk Veterans' Home	ndva.nvhaccounting@nebraska.gov
Western Nebraska Veterans' Home	ndva.wnvhaccountspayable@nebraska.gov

The terms and conditions included in the Contractor's invoice shall be deemed to be solely for the convenience of the parties. No terms or conditions of any such invoice shall be binding upon the State, and no action by the State, including without limitation the payment of any such invoice in whole or in part, shall be construed as binding or estopping the State with respect to any such term or condition, unless the invoice term or condition has been previously agreed to by the State as an amendment to the contract. **The State shall have forty-five (45) calendar days to pay after a valid and accurate invoice is received by the State.**

D. INSPECTION AND APPROVAL

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within RFP Response (Initial)	NOTES/COMMENTS:
CW			

Final inspection and approval of all work required under the contract shall be performed by the designated State officials.

The State and/or its authorized representatives shall have the right to enter any premises where the Contractor or Subcontractor duties under the contract are being performed, and to inspect, monitor or otherwise evaluate the work being performed. All inspections and evaluations shall be at reasonable times and in a manner that will not unreasonably delay work.

E. PAYMENT (Nonnegotiable)

Payment will be made by the responsible agency in compliance with the State of Nebraska Prompt Payment Act (See Neb. Rev. Stat. § 81-2403). The State may require the Contractor to accept payment by electronic means such as ACH deposit. In no event shall the State be responsible or liable to pay for any goods and services provided by the Contractor prior to the Effective Date of the contract, and the Contractor hereby waives any claim or cause of action for any such services.

F. LATE PAYMENT (Nonnegotiable)

The Contractor may charge the responsible agency interest for late payment in compliance with the State of Nebraska Prompt Payment Act (See Neb. Rev. Stat. §§ 81-2401 through 81-2408).

G. SUBJECT TO FUNDING / FUNDING OUT CLAUSE FOR LOSS OF APPROPRIATIONS (Nonnegotiable)

The State's obligation to pay amounts due on the Contract for fiscal years following the current fiscal year is contingent upon legislative appropriation of funds. Should said funds not be appropriated, the State may terminate the contract with respect to those payments for the fiscal year(s) for which such funds are not appropriated. The State will give the Contractor written notice thirty (30) calendar days prior to the effective date of termination. All obligations of the State to make payments after the termination date will cease. The Contractor shall be entitled to receive just and equitable compensation for any authorized work which has been satisfactorily completed as of the termination date. In no event shall the Contractor be paid for a loss of anticipated profit.

H. RIGHT TO AUDIT (First Paragraph is Nonnegotiable)

The State shall have the right to audit the Contractor's performance of this contract upon a thirty (30) days' written notice. Contractor shall utilize generally accepted accounting principles, and shall maintain the accounting records, and other records and information relevant to the contract (Information) to enable the State to audit the contract. (Neb. Rev. Stat. § 84-304 et seq.) The State may audit, and the Contractor shall maintain, the Information during the term of the contract and for a period of five (5) years after the completion of this contract or until all issues or litigation are resolved, whichever is later. The Contractor shall make the Information available to the State at Contractor's place of business or a location acceptable to both Parties during normal business hours. If this is not practical or the Contractor so elects, the Contractor may provide electronic or paper copies of the Information. The State reserves the right to examine, make copies of, and take notes on any Information relevant to this contract, regardless of the form or the Information, how it is stored, or who possesses the Information. Under no circumstance will the Contractor be required to create or maintain documents not kept in the ordinary course of contractor's business operations, nor will contractor be required to disclose any information, including but not limited to product cost data, which is confidential or proprietary to contractor.

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within RFP Response (Initial)	NOTES/COMMENTS:
CW			

The Parties shall pay their own costs of the audit unless the audit finds a previously undisclosed overpayment by the State. If a previously undisclosed overpayment exceeds one-half of one percent (.5%) of the total contract billings, or if fraud, material misrepresentations, or non-performance is discovered on the part of the Contractor, the Contractor shall reimburse the State for the total costs of the audit. Overpayments and audit costs owed to the State shall be paid within ninety (90) days of written notice of the claim. The Contractor agrees to correct any material weaknesses or condition found as a result of the audit.

V. PROJECT DESCRIPTION AND SCOPE OF WORK

A. PROJECT DESCRIPTION

1. PROJECT OVERVIEW

The Nebraska Department of Veterans' Affairs (NDVA) is seeking a Contractor to provide Medical Equipment Inspections and Preventative Maintenance services at the Central Nebraska Veterans' Home ("CNVH"), Eastern Nebraska Veterans' Home ("ENVH"), Norfolk Veterans' Home ("NVH"), and Western Nebraska Veterans' Home ("WNVH"). Medical equipment maintenance is to be a full-service plan that shall include inspection, preventative maintenance, safety testing maintenance, and repair of the equipment. A list of current medical equipment as of July 14, 2023 is located in Attachment A.

2. NDVA FACILITIES

a. Central Nebraska Veterans' Home (CNVH)

The Central Nebraska Veterans' Home (CNVH) is located in Kearney, Nebraska and opened on January 16, 2019. A 225-bed skilled nursing facility, CNVH is comprised of six neighborhoods, each with three homes, serving 12-15 members each. Each home has its own kitchen, dining area, living room, den with rotating library selection, private dining room, spa room and patio with gazebo. CNVH's campus amenities include private member rooms with their own bathrooms, Chapel, Clinic, Crafts and Woodshop area, Fox Hole Canteen, Salon, Library with computers and Wi-Fi access, outdoor paths and lake with handicapped accessible fishing piers for our members' enjoyment. This is supported by a robust activity program, dedicated staff, and a commitment to provide the best care for our veterans and their families.

b. Eastern Nebraska Veterans' Home (ENVH)

Eastern Nebraska Veterans' Home (ENVH) is located in Bellevue, Nebraska. ENVH has 120 licensed beds grouped in four wings: two 30-bed skilled nursing care wings, 30 domiciliary (assisted living) beds, and 30 beds for skilled dementia care. Specialized services such as physical therapy, plus a wide range of recreational and religious services are offered to the residents. ENVH is home to 15 acres of gardens, including rain gardens, a Purple Heart garden, and member gardens. There are also several walking paths and a gazebo for members and visitors to enjoy.

c. Norfolk Veterans' Home (NVH)

Norfolk Veterans' Home (NVH) was opened in our current location on November 27, 2001. The facility provides Skilled Nursing Care and Domiciliary Care and is licensed for 159 beds. This home features six separate living units, each designed to meet the specific needs of the members who reside there. In addition to a chapel, canteen, bank, beauty/barber shop, library, clinic, restorative room and large recreational area, there are several conference rooms which can also be used for private dining.

d. Western Nebraska Veterans' Home (WNVH)

Western Nebraska Veterans' Home (WNVH) is located on 32 acres at the northern edge of Scottsbluff, Nebraska. Licensed staff provide medical care and therapeutic services to both nursing and assisted living members 24 hours a day. Currently, there are over 93,000 square feet of private and communal space for up to 109 members. Originally opening March 19, 1975, the facility is continuously advancing in services and patient care. Members at WNVH enjoy a welcoming and educational non-denominational chapel located on the facility grounds. A well-stocked fishing pond is surrounded by a lighted concrete walkway for easy accessibility. Those members wanting to stretch for success may compete in the horseshoe pit or enjoy the classy putting green. Indoors, the options for socializing include a state-of-the art exercise room, a canteen loaded with snacks and beverages, a public computer station, and a lounging room with cable television. No matter what your game is: one-pocket, eight-ball, nine-ball, or snooker, the atmosphere is exciting around the wonderful claw foot pool table. Those who enjoy sewing, painting, working on puzzles and more have a spacious craft room to practice their talents.

B. SCOPE OF WORK

1. PROJECT REQUIREMENTS

The proposal response should describe in detail how the bidder will meet the following requirements.

a.	Contractor shall provide inspection, preventative maintenance, and safety testing for the equipment located at each facility, as identified in the Cost Proposal, to the manufacturer's specifications and maintenance recommendations at the maintenance frequency provided in the Cost Proposal. The list of equipment and the Cost Proposal may be updated to address changes made in the equipment being inspected at a facility.
	Bidder Response: Please see Bio-Electronics' written proposal which addresses all work scope.
b.	Contractor shall affix a tag with an assigned unique identifying number (hereinafter "Equipment ID") to each piece of equipment. Contractor shall provide a list of Equipment IDs and corresponding equipment to NDVA no later than ten (10) State business days after start of contract.
	Bidder Response:
c.	The Contractor must update the list of Equipment IDs any time NDVA makes a change to the equipment that is being inspected at a facility.
	Bidder Response:
d.	The Equipment ID must be referenced in all documentation, including but not limited to, inspection forms, invoices, repair quotes, and service tickets.
	Bidder Response:
e.	The State and the Contractor will agree on the dates for preventative maintenance and safety testing service on the equipment. Contractor's service technician(s) will check in with designated Business Office Manager upon arrival at the facility, prior to initiating any work, and will check out prior to leaving the premises. The facility will make all equipment available for service by Contractor. A preventative maintenance inspection form including a description of all service work will be provided by Contractor to the Business Office Managers for all equipment on the list for the facility, which shall be retained as needed by the facility for accreditation.
	Bidder Response:

f.	When Contractor observes a repair or replacement needed, the Contractor shall: **i.** Submit a quote with the following: **a)** Facility name; **b)** Equipment ID; **c)** Equipment manufacturer name and model; **d)** Equipment description; **e)** Details of the repair/replacement needed; **f)** Quoted price for parts and labor to complete the repair/replacement; and **ii.** Send the quote to NDVA Procurement (ndva.procurement@nebraska.gov) to be forwarded to proper approval route. **iii.** Receive an approved quote or Purchase Order before any work commences.
	Bidder Response:
g.	The Contractor should provide the response times below for repair services at no additional charge to NDVA. "Working hours" are Monday through Friday 8:00 AM – 5:00 PM in the applicable time zone of the facility excluding holidays. Holidays are New Year's Day, Memorial Day, Juneteenth, Independence Day, Labor Day, Veteran's Day, Thanksgiving Day, the day after Thanksgiving, and Christmas Day. "Emergency" is defined as a repair that is urgently needed due to patient health or safety and will be solely determined by NDVA. **i.** For non-emergency calls during working hours, Contractor should respond telephonically within four (4) working hours. Contractor and the facility shall coordinate a mutually agreed upon onsite response if it is deemed necessary by NDVA. **ii.** For non-emergency calls made by the facility to Contractor during non-working hours, Contractor should respond telephonically to the facility within four (4) working hours the following workday morning. Contractor and the facility shall coordinate a mutually agreed upon onsite response if it is deemed necessary by NDVA. **iii.** For emergency calls during working hours, Contractor should respond telephonically within one (1) working hour. Contractor should provide onsite response within twelve (12) working hours from the time the call is placed by the facility to the Contractor if it is deemed necessary by NDVA. **iv.** For emergency calls made by the facility to Contractor during non-working hours, Contractor should respond telephonically to the facility no later than the following workday morning at 9:00 AM in the applicable time zone of the facility. Contractor should provide onsite response within twelve (12) working hours from the time the facility made the emergency call to Contractor if it is deemed necessary by NDVA.
	Bidder Response:
h.	NDVA shall not pay travel or meal costs for Contractor providing services pursuant to this Contract
	Bidder Response:
i.	Invoices for payments must be submitted no later than thirty (30) days after completion of service by the Contractor to the agency requesting services with sufficient detail to support payment unless otherwise approved by the designated Business Office Manager. Invoices shall include, at a minimum, name of facility, name and Contractor's number for piece of equipment, price of maintenance for each piece of equipment, description of service, date of service, length of service call (if applicable), and total price.
	Bidder Response:

2. TECHNICAL REQUIREMENTS

The proposal response should describe in detail how the bidder will meet the following requirements.

a.	The bidder shall provide a plan detailing the implementation timeline including any responsibilities assigned to the contractor and those assigned to the State.
	Bidder Response: Please see Bio-Electronics' written proposal which address this criteria.

3. AGENCY RESPONSIBILITIES

- **a.** NDVA reserves the right to add or delete items on the equipment list and will provide notice to Contractor if there are changes to the equipment list.
- **b.** NDVA will provide contact information for each facility to the Contractor.
- **c.** NDVA reserves the right to add additional facilities or remove existing facilities should the need arise.
- **d.** NDVA will provide access to the medical equipment for services as set forth in the contract.

4. DELIVERABLES

See Cost Proposal.

VI. PROPOSAL INSTRUCTIONS

This section documents the requirements that should be met by bidders in preparing the Technical and Cost Proposal. Bidders should identify the subdivisions of "Project Description and Scope of Work" clearly in their proposals; failure to do so may result in disqualification. Failure to respond to a specific requirement may be the basis for elimination from consideration during the State's comparative evaluation.

Proposals are due by the date and time shown in the Schedule of Events. Content requirements for the Technical and Cost Proposal are presented separately in the following subdivisions; format and order:

A. PROPOSAL SUBMISSION

1. CORPORATE OVERVIEW

The Corporate Overview section of the Technical Proposal should consist of the following subdivisions:

a. BIDDER IDENTIFICATION AND INFORMATION

The bidder should provide the full company or corporate name, address of the company's headquarters, entity organization (corporation, partnership, proprietorship), state in which the bidder is incorporated or otherwise organized to do business, year in which the bidder first organized to do business and whether the name and form of organization has changed since first organized.

b. FINANCIAL STATEMENTS

The bidder should provide financial statements applicable to the firm. If publicly held, the bidder should provide a copy of the corporation's most recent audited financial reports and statements, and the name, address, and telephone number of the fiscally responsible representative of the bidder's financial or banking organization.

If the bidder is not a publicly held corporation, either the reports and statements required of a publicly held corporation, or a description of the organization, including size, longevity, client base, areas of specialization and expertise, and any other pertinent information, should be submitted in such a manner that proposal evaluators may reasonably formulate a determination about the stability and financial strength of the organization. Additionally, a non-publicly held firm should provide a banking reference.

The bidder must disclose any and all judgments, pending or expected litigation, or other real or potential financial reversals, which might materially affect the viability or stability of the organization, or state that no such condition is known to exist.

The State may elect to use a third party to conduct credit checks as part of the corporate overview evaluation.

c. CHANGE OF OWNERSHIP

If any change in ownership or control of the company is anticipated during the twelve (12) months following the proposal due date, the bidder should describe the circumstances of such change and indicate when the change will likely occur. Any change of ownership to an awarded bidder(s) will require notification to the State.

d. OFFICE LOCATION

The bidder's office location responsible for performance pursuant to an award of a contract with the State of Nebraska should be identified.

e. RELATIONSHIPS WITH THE STATE

The bidder should describe any dealings with the State over the previous five (5) years. If the organization, its predecessor, or any Party named in the bidder's proposal response has contracted with the State, the bidder should identify the contract number(s) and/or any other information available to identify such contract(s). If no such contracts exist, so declare.

f. BIDDER'S EMPLOYEE RELATIONS TO STATE

If any Party named in the bidder's proposal response is or was an employee of the State within the past twelve (12) months, identify the individual(s) by name, State agency with whom employed, job

title or position held with the State, and separation date. If no such relationship exists or has existed, so declare.

If any employee of any agency of the State of Nebraska is employed by the bidder or is a subcontractor to the bidder, as of the due date for proposal submission, identify all such persons by name, position held with the bidder, and position held with the State (including job title and agency). Describe the responsibilities of such persons within the proposing organization. If, after review of this information by the State, it is determined that a conflict of interest exists or may exist, the bidder may be disqualified from further consideration in this proposal. If no such relationship exists, so declare.

g. CONTRACT PERFORMANCE

If the bidder or any proposed subcontractor has had a contract terminated for default during the past five (5) years, all such instances must be described as required below. Termination for default is defined as a notice to stop performance delivery due to the bidder's non-performance or poor performance, and the issue was either not litigated due to inaction on the part of the bidder or litigated and such litigation determined the bidder to be in default.

It is mandatory that the bidder submit full details of all termination for default experienced during the past five (5) years, including the other Party's name, address, and telephone number. The response to this section must present the bidder's position on the matter. The State will evaluate the facts and will score the bidder's proposal accordingly. If no such termination for default has been experienced by the bidder in the past two (2) years, so declare.

If at any time during the past two (2) years, the bidder has had a contract terminated for convenience, non-performance, non-allocation of funds, or any other reason, describe fully all circumstances surrounding such termination, including the name and address of the other contracting Party.

h. SUMMARY OF BIDDER'S CORPORATE EXPERIENCE

The bidder should provide a summary matrix listing the bidder's previous projects similar to this Request for Proposal in size, scope, and complexity. The State will use no more than three (3) narrative project descriptions submitted by the bidder during its evaluation of the proposal.

The bidder should address the following:

i. Provide narrative descriptions to highlight the similarities between the bidder's experience and this Request for Proposal. These descriptions should include:

- **a)** The time period of the project;
- **b)** The scheduled and actual completion dates;
- **c)** The Bidder's responsibilities;
- **d)** For reference purposes, a customer name (including the name of a contact person, a current telephone number, a facsimile number, and e-mail address); and
- **e)** Each project description should identify whether the work was performed as the prime Contractor or as a subcontractor. If a bidder performed as the prime Contractor, the description should provide the originally scheduled completion date and budget, as well as the actual (or currently planned) completion date and actual (or currently planned) budget.

ii. Bidder and Subcontractor(s) experience should be listed separately. Narrative descriptions submitted for Subcontractors should be specifically identified as subcontractor projects.

iii. If the work was performed as a subcontractor, the narrative description should identify the same information as requested for the bidders above. In addition, subcontractors should identify what share of contract costs, project responsibilities, and time period were performed as a subcontractor.

i. SUMMARY OF BIDDER'S PROPOSED PERSONNEL/MANAGEMENT APPROACH

The bidder should present a detailed description of its proposed approach to the management of the project.

The bidder should identify the specific professionals who will work on the State's project if their company is awarded the contract resulting from this Request for Proposal. The names and titles of the team proposed for assignment to the State project should be identified in full, with a description of the team leadership, interface and support functions, and reporting relationships. The primary work assigned to each person should also be identified.

The bidder should provide resumes for all personnel proposed by the bidder to work on the project. The State will consider the resumes as a key indicator of the bidder's understanding of the skill mixes required to carry out the requirements of the Request for Proposal in addition to assessing the experience of specific individuals.

Resumes should not be longer than three (3) pages. Resumes should include, at a minimum, academic background and degrees, professional certifications, understanding of the process, and at least three (3) references (name, address, and telephone number) who can attest to the competence and skill level of the individual. Any changes in proposed personnel shall only be implemented after written approval from the State.

j. SUBCONTRACTORS

If the bidder intends to subcontract any part of its performance hereunder, the bidder should provide:

i. name, address, and telephone number of the subcontractor(s);
ii. specific tasks for each subcontractor(s);
iii. percentage of performance hours intended for each subcontract; and
iv. total percentage of subcontractor(s) performance hours.

2. TECHNICAL APPROACH

The technical approach section of the Technical Proposal should consist of the following subsections (Refer to Section V.B):

a. Understanding of the project requirements;
b. Technical Requirements;
c. Detailed project work plan; and
d. Deliverables and due dates.

Form A
Bidder Proposal Point of Contact
Request for Proposal Number 6798 Z1

Form A should be completed and submitted with each response to this Request for Proposal. This is intended to provide the State with information on the bidder's name and address, and the specific person(s) who are responsible for preparation of the bidder's response.

Preparation of Response Contact Information	
Bidder Name:	Bio-Electronics
Bidder Address:	3255 Salt Creek Circle, Suite 200 Lincoln, NE 68504
Contact Person & Title:	Christine Widman, MHA Senior Director of Operations
E-mail Address:	cwidman@bio-electronics.com
Telephone Number (Office):	402-742-8161
Telephone Number (Cellular):	402-580-0204
Fax Number:	N/A

Each bidder should also designate a specific contact person who will be responsible for responding to the State if any clarifications of the bidder's response should become necessary. This will also be the person who the State contacts to set up a presentation/demonstration, if required.

Communication with the State Contact Information	
Bidder Name:	Bio-Electronics
Bidder Address:	3255 Salt Creek Circle, Suite 200 Lincoln, NE 68504
Contact Person & Title:	Christine Widman, MHA Senior Director of Operations
E-mail Address:	cwidman@bio-electronics.com
Telephone Number (Office):	402-742-8161
Telephone Number (Cellular):	402-580-0204
Fax Number:	N/A

REQUEST FOR PROPOSAL FOR CONTRACTUAL SERVICES FORM

BIDDER MUST COMPLETE THE FOLLOWING

By signing this Request for Proposal for Contractual Services form, the bidder guarantees compliance with the procedures stated in this Request for Proposal and agrees to the terms and conditions unless otherwise indicated in writing, certifies that contractor maintains a drug free workplace, and certifies that bidder is not owned by the Chinese Communist Party.

Per Nebraska's Transparency in Government Procurement Act, Neb. Rev Stat § 73-603 DAS is required to collect statistical information regarding the number of contracts awarded to Nebraska Contractors. This information is for statistical purposes only and will not be considered for contract award purposes.

CW NEBRASKA CONTRACTOR AFFIDAVIT: Bidder hereby attests that bidder is a Nebraska Contractor. "Nebraska Contractor" shall mean any bidder who has maintained a bona fide place of business and at least one employee within this state for at least the six (6) months immediately preceding the posting date of this Solicitation.

_____ I hereby certify that I am a Resident disabled veteran or business located in a designated enterprise zone in accordance with Neb. Rev. Stat. § 73-107 and wish to have preference, if applicable, considered in the award of this contract.

_____ I hereby certify that I am a blind person licensed by the Commission for the Blind & Visually Impaired in accordance with Neb. Rev. Stat. § 71-8611 and wish to have preference considered in the award of this contract.

FORM MUST BE SIGNED MANUALLY IN INK OR BY DOCUSIGN

BIDDER:	Bio-Electronics
COMPLETE ADDRESS:	3255 Salt Creek Circle, Suite 200 Lincoln, NE 68504
TELEPHONE NUMBER:	402 · 742 · 8160
FAX NUMBER:	N/A
DATE:	8/20/2023
SIGNATURE:	Christine Widman
TYPED NAME & TITLE OF SIGNER:	Christine Widman, MHA Senior Director of Operations

COST PROPOSAL

6798 Z1 Medical Equipment Inspections and Preventative Maintenance

Bidder's Name: Bio-Electronics

INSTRUCTIONS FOR TABLES 1-9:

In Tables 1-4, information regarding each piece of equipment is provided. These tables are grouped by facility. Bidder should provide a cost per scheduled maintenance for each piece of equipment, except for equipment listed in Table 5. The cost shall be inclusive of all costs to provide the service, including personnel, travel time, and vehicle expense.

In Table 5, Bidder should list the equipment they are unable to service and/or provide maintenance for from Tables 1-4. Bidder may add rows to the table as necessary.

In Tables 6-9, Bidder should provide hourly rate for optional repairs at each facility. The rate should be inclusive of all costs to provide the service, including personnel, travel time, and vehicle expense. No separate travel expenses will be allowed on the monthly billing invoices for repairs. Holidays are defined in Section V. B.1.g Project Requirements. Weekends, and hours outside 8:00 AM and 5:00 PM shall be paid at time and a half. Bidders should also provide a discount percentage for parts.

Equipment Type	Agency Quantity	Manufacturer	Model	Maintenance Frequency	INITIAL TERM YEAR ONE	INITIAL TERM YEAR TWO	OPTIONAL RENEWAL ONE YEAR ONE	OPTIONAL RENEWAL TWO YEAR ONE	OPTIONAL RENEWAL THREE YEAR ONE
Table 1. Central Nebraska Veterans' Home									
Bladder Scanner	3	Verathon Medical	Prime Plus	A	$ 414.50	$ 414.50	$ 422.79	$ 431.08	$ 435.22
Centrifuge	1	Beckman Coulter	StatSpin Express 3	SA	$ 197.38	$ 197.38	$ 201.33	$ 205.28	$ 207.25
Centrifuge	1	McKesson	PowerSpin HXV	SA	$ 197.38	$ 197.38	$ 201.33	$ 205.28	$ 207.25
Diathermy	1	Chattanooga Grp	Intelect SWD 100	A	$ 59.21	$ 59.21	$ 60.40	$ 61.58	$ 62.17
Hot Pack/Cold Pack Unit	2	Chattanooga Grp	M-4	A	$ 197.38	$ 197.38	$ 201.33	$ 205.28	$ 207.25
Infusion Device (Smart)	4	CareFusion	8100	A	$ 394.76	$ 394.76	$ 402.66	$ 410.55	$ 414.50
Lower Body Ergometer	4	HealthCare International	Physio Trainer Pro	A	$ 236.86	$ 236.86	$ 241.59	$ 246.33	$ 248.70
Monitor, NIBP/Multi-Parameter	23	Welch Allyn	Connex Spot Monitor	A	$ 3,177.82	$ 3,177.82	$ 3,241.37	$ 3,304.93	$ 3,336.71
Parallel Bars	2	Metron-Medical	5514112E	A	$ 118.43	$ 118.43	$ 120.80	$ 123.17	$ 124.35
PC Unit (Smart)	2	CareFusion	8015	A	$ 118.43	$ 118.43	$ 120.80	$ 123.17	$ 124.35
Pulse Oximeter	4	BCI International	Spectro 2	A	$ 236.86	$ 236.86	$ 241.59	$ 246.33	$ 248.70
Pulse Oximeter	11	BCI International	3301	A	$ 651.35	$ 651.35	$ 664.38	$ 677.41	$ 683.92
Pump, Feeding (Kangaroo)	10	Covidien	ePump	A	$ 1,973.80	$ 1,973.80	$ 2,013.28	$ 2,052.75	$ 2,072.49
Pump, Feeding	5	Covidien	Kangaroo Joey	B	$ 493.45	$ 493.45	$ 503.32	$ 513.19	$ 518.12
Recumbent Cross Trainer	2	NuStep Inc	T5	A	$ 118.43	$ 118.43	$ 120.80	$ 123.17	$ 124.35
Recumbent Cross Trainer	3	NuStep Inc	T5XR	A	$ 177.64	$ 177.64	$ 181.19	$ 184.75	$ 186.52
Standing Frame	2	Hanning	SL95	A	$ 118.43	$ 118.43	$ 120.80	$ 123.17	$ 124.35
Sterilizer/Autoclave, Tabletop	1	Scican Inc	Statim 1102	SA	$ 296.07	$ 296.07	$ 301.99	$ 307.91	$ 310.87
Sterilizer/Autoclave, Tabletop	1	Scican Inc	Statim 5000	SA	$ 296.07	$ 296.07	$ 301.99	$ 307.91	$ 310.87
Suction Unit	33	DeVilbiss	7305P-D	H	$ 11,724.37	$ 11,724.37	$ 11,958.85	$ 12,193.34	$ 12,310.59
Therapy/Muscle Stimulator, Ultrasonic	1	Chattanooga Grp	Intelect Legend XT	A	$ 197.38	$ 197.38	$ 201.33	$ 205.28	$ 207.25
Therapy/Muscle Stimulator, Ultrasonic	1	Chattanooga Grp	Genisys	A	$ 197.38	$ 197.38	$ 201.33	$ 205.28	$ 207.25
Treadmill	2	Alter G	M320	SA	$ 710.57	$ 710.57	$ 724.78	$ 738.99	$ 746.10
Treadmill	1	Spirit	CT 800	SA	$ 59.21	$ 59.21	$ 60.40	$ 61.58	$ 62.17
Upper Body Ergometer	4	HCI International	Physio Trainer Pro	A	$ 236.86	$ 236.86	$ 241.59	$ 246.33	$ 248.70
Table 2. Eastern Nebraska Veterans' Home									
Bath, Paraffin	1	Parabath	24050	A	$ 103.24	$ 103.24	$ 105.31	$ 107.37	$ 108.41
Bladder Scanner	3	Direct Supply	ABS-1	A	$ 433.63	$ 433.63	$ 442.30	$ 450.97	$ 455.31
Chair, Dental	1	Den-Tal-EZ	PL200	A	$ 61.95	$ 61.95	$ 63.19	$ 64.42	$ 65.04
Defibrillator, AED	6	Cardiac Science	Powerheart G3 Pro	A	$ 371.68	$ 371.68	$ 379.12	$ 386.55	$ 390.27
Defibrillator, AED	6	Cardiac Science	Powerheart G3 Pro	D	$ 371.68	$ 371.68	$ 379.12	$ 386.55	$ 390.27
Dental Operating Unit	1	Knight Medical	Asepsis 21	A	$ 61.95	$ 61.95	$ 63.19	$ 64.42	$ 65.04
Diathermy	1	Mettler-Instrument-Co	Auto-Therm 390	A	$ 61.95	$ 61.95	$ 63.19	$ 64.42	$ 65.04
Freezer	1	Absocold	AFD502MW11R	A	$ 61.95	$ 61.95	$ 63.19	$ 64.42	$ 65.04
Hot Pack/Cold Pack Unit	1	Chattanooga Grp	M-2	A	$ 103.24	$ 103.24	$ 105.31	$ 107.37	$ 108.41
Lamp, Examination	2	Ritter	152	A	$ 123.89	$ 123.89	$ 126.37	$ 128.85	$ 130.09
Monitor, NIBP/Multi-Parameter	2	Welch Allyn	Spot	A	$ 289.09	$ 289.09	$ 294.87	$ 300.65	$ 303.54
Monitor, NIBP/Multi-Parameter	2	Welch Allyn	Spot LXi	A	$ 289.09	$ 289.09	$ 294.87	$ 300.65	$ 303.54
Monitor, NIBP/Multi-Parameter	8	Welch Allyn	Connex Spot Monitor	A	$ 1,156.34	$ 1,156.34	$ 1,179.47	$ 1,202.60	$ 1,214.16
Pump, Feeding (Kangaroo)	4	Covidien	ePump	A	$ 825.96	$ 825.96	$ 842.48	$ 859.00	$ 867.26
Pump, Feeding	2	Covidien	Kangaroo Joey	A	$ 412.98	$ 412.98	$ 421.24	$ 429.50	$ 433.63
Pump, Temperature	2	Gaymar	TP500	A	$ 206.49	$ 206.49	$ 210.62	$ 214.75	$ 216.81
Pump, Temperature	1	Gaymar	TP650	A	$ 103.24	$ 103.24	$ 105.31	$ 107.37	$ 108.41
Pump, Temperature	2	Stryker	TP700	A	$ 206.49	$ 206.49	$ 210.62	$ 214.75	$ 216.81
Pump, Temperature	1	Gaymar	TP700	A	$ 103.24	$ 103.24	$ 105.31	$ 107.37	$ 108.41
Recumbent Cross Trainer	3	NuStep Inc	T5	A	$ 185.84	$ 185.84	$ 189.56	$ 193.27	$ 195.13
Table, Examination	4	Ritter-Midwest Sybron	223	A	$ 495.58	$ 495.58	$ 505.49	$ 515.40	$ 520.35
Therapy/Muscle Stimulator, Ultrasonic	1	Chattanooga Grp	Genisys	A	$ 206.49	$ 206.49	$ 210.62	$ 214.75	$ 216.81
Total Body Exerciser	1	Sungdo	SP1000	A	$ 61.95	$ 61.95	$ 63.19	$ 64.42	$ 65.04
Treadmill	1	CutEye	EC-T220	A	$ 185.84	$ 185.84	$ 189.56	$ 193.27	$ 195.13
Warmer, Blanket	1	Enthermics	DC350	A	$ 103.24	$ 103.24	$ 105.31	$ 107.37	$ 108.41
Warmer, Blanket	1	Enthermics	EX770	A	$ 103.24	$ 103.24	$ 105.31	$ 107.37	$ 108.41
Warmer, Blanket	3	Blickman	7921TG	A	$ 309.73	$ 309.73	$ 315.93	$ 322.12	$ 325.22
Table 3. Norfolk Veterans' Home									
Defibrillator, AED	2	Physio Control	Lifepak CR Plus	SA	$ 125.47	$ 125.47	$ 127.98	$ 130.49	$ 131.74
Defibrillator, AED	2	Physio Control	Lifepak CR Plus	C	$ 125.47	$ 125.47	$ 127.98	$ 130.49	$ 131.74
Defibrillator, AED	2	Philips Medical Systems	HeartStart FRx	A	$ 125.47	$ 125.47	$ 127.98	$ 130.49	$ 131.74
Defibrillator, AED	2	Philips Medical Systems	HeartStart FRx	E	$ 125.47	$ 125.47	$ 127.98	$ 130.49	$ 131.74
Defibrillator, AED	4	Agilent	FR2	A	$ 250.94	$ 250.94	$ 255.96	$ 260.97	$ 263.48
Defibrillator, AED	4	Agilent	FR2	E	$ 250.94	$ 250.94	$ 255.96	$ 260.97	$ 263.48
Dental X-ray Unit	2	Aribex	Nomad Pro 2	A	$ 1,045.57	$ 1,045.57	$ 1,066.48	$ 1,087.39	$ 1,097.85
Exam Chair, Ophthalmic/Dental	1	Chairmen	CM	A	$ 104.56	$ 104.56	$ 106.65	$ 108.74	$ 109.78
Infusion Device	5	Abbott	Plum XL	A	$ 627.34	$ 627.34	$ 639.89	$ 652.43	$ 658.71
Patient Lift w/Scale	5	Penner	383510-X	A	$ 836.45	$ 836.45	$ 853.18	$ 869.91	$ 878.28
Patient Lift w/Scale	2	Medcare	400013	A	$ 334.58	$ 334.58	$ 341.27	$ 347.97	$ 351.31
Patient Lift w/Scale	8	Arjo	Maxi Move	A	$ 2,509.36	$ 2,509.36	$ 2,559.55	$ 2,609.74	$ 2,634.83
Scale, Patient	1	HealthOMeter	Unknown	A	$ 104.56	$ 104.56	$ 106.65	$ 108.74	$ 109.78
Scale, Patient - 600 lbs	2	Detecto	758C	A	$ 209.11	$ 209.11	$ 213.30	$ 217.48	$ 219.57
Suction Unit	1	Stryker Corp	130	A	$ 104.56	$ 104.56	$ 106.65	$ 108.74	$ 109.78
Suction Unit	1	Schuco Inc.	5711-130	A	$ 104.56	$ 104.56	$ 106.65	$ 108.74	$ 109.78
Suction Unit	1	Schuco Inc.	132	A	$ 104.56	$ 104.56	$ 106.65	$ 108.74	$ 109.78

Suction Unit	1	Schuco Inc.	130	A	$ 104.56	$ 104.56	$ 106.65	$ 108.74	$ 109.78
Suction Unit	1	Gomco	792	A	$ 104.56	$ 104.56	$ 106.65	$ 108.74	$ 109.78
Therapy/Muscle Stimulator, Ultrasonic	1	Chattanooga Grp	Intelect Transport	A	$ 209.11	$ 209.11	$ 213.30	$ 217.48	$ 219.57
Bath, Paraffin	1	Dynatronics	Para-Care	A	$ 104.56	$ 104.56	$ 106.65	$ 108.74	$ 109.78
Dental Operating Unit	1	Biotec	N7120	SA	$ 271.85	$ 271.85	$ 277.28	$ 282.72	$ 285.44
Hot Pack/Cold Pack Unit	1	Chattanooga Grp	M-2	A	$ 104.56	$ 104.56	$ 106.65	$ 108.74	$ 109.78
Hot Pack/Cold Pack Unit	1	Woods	C07REC	A	$ 104.56	$ 104.56	$ 106.65	$ 108.74	$ 109.78
Monitor, NIBP/Multi-Parameter	8	Welch Allyn	42MTB	A	$ 1,171.04	$ 1,171.04	$ 1,194.46	$ 1,217.88	$ 1,229.59
Monitor, NIBP/Multi-Parameter	6	Welch Allyn	Connex Spot Monitor	A	$ 878.28	$ 878.28	$ 895.84	$ 913.41	$ 922.19
Patient Lift/Hoist	2	EZ Way Inc	898	A	$ 209.11	$ 209.11	$ 213.30	$ 217.48	$ 219.57
Patient Lift/Hoist	2	EZ Way Inc	S400PN	A	$ 209.11	$ 209.11	$ 213.30	$ 217.48	$ 219.57
Patient Lift/Hoist	1	EZ Way Inc	S500PN	A	$ 104.56	$ 104.56	$ 106.65	$ 108.74	$ 109.78
Patient Lift/Hoist	1	EZ Way Inc	L500PN	A	$ 104.56	$ 104.56	$ 106.65	$ 108.74	$ 109.78
Patient Lift/Hoist	9	Arjo	Sara 3000	A	$ 2,823.03	$ 2,823.03	$ 2,879.49	$ 2,935.96	$ 2,964.19
Patient Lift/Hoist	2	Arjo	SARA-FLEX	A	$ 627.34	$ 627.34	$ 639.89	$ 652.43	$ 658.71
Patient Lift/Hoist	1	Arjo	Sara Plus	A	$ 209.11	$ 209.11	$ 213.30	$ 217.48	$ 219.57
Patient Lift w/Scale	1	Penner	PSC20	A	$ 167.29	$ 167.29	$ 170.64	$ 173.98	$ 175.66
Pump, Feeding (Kangaroo)	2	Tycos	ePump	A	$ 418.23	$ 418.23	$ 426.59	$ 434.96	$ 439.14
Scale, Wheelchair - 660 lbs	1	Scale-Tronix	6006	A	$ 104.56	$ 104.56	$ 106.65	$ 108.74	$ 109.78
Treadmill	1	Biodex	945-285	A	$ 376.40	$ 376.40	$ 383.93	$ 391.46	$ 395.22
Whirlpool	6	Penner	360010-1W	SA	$ 1,254.68	$ 1,254.68	$ 1,279.78	$ 1,304.87	$ 1,317.42
Table 4. Western Nebraska Veterans' Home									
Bladder Scanner	1	Verathon	Prime Plus	A	$ 157.84	$ 157.84	$ 161.00	$ 164.16	$ 165.74
ECG Unit	1	Welch Allyn	CP 200	A	$ 112.75	$ 112.75	$ 115.00	$ 117.25	$ 118.38
Exam Chair, Ophthalmic/Dental	1	Royal	Signet	A	$ 112.75	$ 112.75	$ 115.00	$ 117.25	$ 118.38
Hot Pack/Cold Pack Unit	1	Chattanooga Grp	SS-2	A	$ 112.75	$ 112.75	$ 115.00	$ 117.25	$ 118.38
Hyfrecator (7-797, Hyfrecator Plus)	1	Conmed	7-797	A	$ 112.75	$ 112.75	$ 115.00	$ 117.25	$ 118.38
Monitor, NIBP/Multi-Parameter	1	Welch Allyn	53NTP	A	$ 157.84	$ 157.84	$ 161.00	$ 164.16	$ 165.74
Monitor, NIBP	2	MDPRO	Mdpro	A	$ 180.39	$ 180.39	$ 184.00	$ 187.61	$ 189.41
Monitor, NIBP/Multi-Parameter	1	Welch Allyn	Spot Vital Signs	A	$ 157.84	$ 157.84	$ 161.00	$ 164.16	$ 165.74
Oxygen Concentrator	2	Devilbiss Health Care	525DS	A	$ 450.98	$ 450.98	$ 460.00	$ 469.02	$ 473.53
Oxygen Concentrator	1	Invacare Corp	PERFECTO2	A	$ 225.49	$ 225.49	$ 230.00	$ 234.51	$ 236.76
Oxygen Concentrator	13	Respironics Inc.	EVERFLO	A	$ 2,931.37	$ 2,931.37	$ 2,990.00	$ 3,048.63	$ 3,077.94
Suction Unit	1	Aeros	752000	A	$ 112.75	$ 112.75	$ 115.00	$ 117.25	$ 118.38
Table, Examination	2	Midmark	222	A	$ 135.29	$ 135.29	$ 138.00	$ 140.71	$ 142.06
Therapy, Ultrasonic (Multi-Head)	1	Chattanooga Grp	Intelect Transport	A	$ 225.49	$ 225.49	$ 230.00	$ 234.51	$ 236.76
Treadmill	1	Vision Fitness	T97005	SA	$ 405.88	$ 405.88	$ 414.00	$ 422.12	$ 426.18
Vital Sign Monitor	1	Welch Allyn	Suretemp	A	$ 157.84	$ 157.84	$ 161.00	$ 164.16	$ 165.74

COST PROPOSAL

6798 Z1 Medical Equipment Inspections and Preventative Maintenance

Bidder's Name: Bio-Electronics: can service ALL equipment at all 4 NDVH sites

INSTRUCTIONS:

In Tables 1-4, information regarding each piece of equipment is provided. These tables are grouped by facility. Bidder should provide a cost per scheduled maintenance for each piece of equipment, except for equipment listed in Table 5. The cost shall be inclusive of all costs to provide the service, including personnel, travel time, and vehicle expense.

In Table 5, Bidder should list the equipment they are unable to service and/or provide maintenance for from Tables 1-4. Bidder may add rows to the table as necessary.

In Tables 6-9, Bidder should provide hourly rate for optional repairs at each facility. The rate should be inclusive of all costs to provide the service, including personnel, travel time, and vehicle expense. No separate travel expenses will be allowed on the monthly billing invoices for repairs. Holidays are defined in Section V. B.1.g Project Requirements. Weekends, and hours outside 8:00 AM and 5:00 PM shall be paid at time and a half. Bidders should also provide a discount percentage for parts.

If Bidder cannot provide service for all pieces of equipment in Tables 1-4, bidder must list, following the format below, any piece of equipment for which it cannot provide preventative maintenance or repair services. Bidder may add rows to the tables as necessary.

Table 5.

Equipment Type	Manufacturer	Model
Central Nebraska Veterans' Home		
Eastern Nebraska Veterans' Home		
Norfolk Veterans' Home		
Western Nebraska Veterans' Home		

COST PROPOSAL

6798 Z1 Medical Equipment Inspections and Preventative Maintenance

Bidder's Name: Bio-Electronics

INSTRUCTIONS:

In Tables 1-4, information regarding each piece of equipment is provided. These tables are grouped by facility. Bidder should provide a cost per scheduled maintenance for each piece of equipment, except for equipment listed in Table 5. The cost shall be inclusive of all costs to provide the service, including personnel, travel time, and vehicle expense.

In Table 5, Bidder should list the equipment they are unable to service and/or provide maintenance for from Tables 1-4. Bidder may add rows to the table as necessary.

In Tables 6-9, Bidder should provide hourly rate for optional repairs at each facility. The rate should be inclusive of all costs to provide the service, including personnel, travel time, and vehicle expense. No separate travel expenses will be allowed on the monthly billing invoices for repairs. Holidays are defined in Section V. B.1.g Project Requirements. Weekends, and hours outside 8:00 AM and 5:00 PM shall be paid at time and a half. Bidders should also provide a discount percentage for parts.

REPAIR SERVICES – **Hourly rate cost for repairs that may be needed on medical equipment. These rates shall remain fixed for the first two (2) years of the contract. Any request for a price increase subsequent to the first two (2) years of the contract shall not exceed five percent (5%) of the price proposed for the period. Contractor should obtain a P.O. or signed quote from the facility that they are inspecting before any work can proceed unless other arrangements are made by written approval.**

Table 6.

Central Nebraska Veterans' Home	INTIAL TERM YEAR ONE	INITIAL TERM YEAR TWO	OPTIONAL RENEWAL ONE YEAR ONE	OPTIONAL RENEWAL TWO YEAR ONE	OPTIONAL RENEWAL THREE YEAR ONE
Straight Time (Weekdays 8 a.m. to 5 p.m.)	$ 178 /hour	$ 178 /hour	$ 186 /hour	$ 186 /hour	$ 186 /hour
Overtime	$ 267 /hour	$ 267 /hour	$ 279 /hour	$ 279 /hour	$ 279 /hour
Weekends	$ 267 /hour	$ 267 /hour	$ 279 /hour	$ 279 /hour	$ 279 /hour
Holidays (New Year's Day, Memorial Day, Juneteenth, Independence Day, Labor Day, Veterans Day, Thanksgiving Day and the day after Thanksgiving, and Christmas Day)	$ 267 /hour	$ 267 /hour	$ 279 /hour	$ 279 /hour	$ 279 /hour
Parts discount off of retail pricing.	10%	10%	10%	10%	10%

Table 7.

Eastern Nebraska Veterans' Home	INTIAL TERM YEAR ONE	INITIAL TERM YEAR TWO	OPTIONAL RENEWAL ONE YEAR ONE	OPTIONAL RENEWAL TWO YEAR ONE	OPTIONAL RENEWAL THREE YEAR ONE
Straight Time (Weekdays 8 a.m. to 5 p.m.)	$ 178 /hour	$ 178 /hour	$ 186 /hour	$ 186 /hour	$ 186 /hour
Overtime	$ 267 /hour	$ 267 /hour	$ 279 /hour	$ 279 /hour	$ 279 /hour
Weekends	$ 267 /hour	$ 267 /hour	$ 279 /hour	$ 279 /hour	$ 279 /hour
Holidays (New Year's Day, Memorial Day, Juneteenth, Independence Day, Labor Day, Veterans Day, Thanksgiving Day and the day after Thanksgiving, and Christmas Day)	$ 267 /hour	$ 267 /hour	$ 279 /hour	$ 279 /hour	$ 279 /hour
Parts discount off of retail pricing.	10%	10%	10%	10%	10%

Table 8.

Norfolk Veterans' Home	INTIAL TERM YEAR ONE	INITIAL TERM YEAR TWO	OPTIONAL RENEWAL ONE YEAR ONE	OPTIONAL RENEWAL TWO YEAR ONE	OPTIONAL RENEWAL THREE YEAR ONE

Straight Time (Weekdays 8 a.m. to 5 p.m.)	$ 178	/hour	$ 178	/hour	$ 186	/hour	$ 186	/hour	$ 186	/hour
Overtime	$ 267	/hour	$ 267	/hour	$ 279	/hour	$ 279	/hour	$ 279	/hour
Weekends	$ 267	/hour	$ 267	/hour	$ 279	/hour	$ 279	/hour	$ 279	/hour
Holidays (New Year's Day, Memorial Day, Juneteenth, Independence Day, Labor Day, Veterans Day, Thanksgiving Day and the day after Thanksgiving, and Christmas Day)	$ 267	/hour	$ 267	/hour	$ 279	/hour	$ 279	/hour	$ 279	/hour
Parts discount off of retail pricing.		10%		10%		10%		10%		10%

Table 9.

Western Nebraska Veterans' Home	**INTIAL TERM YEAR ONE**		**INITIAL TERM YEAR TWO**		**OPTIONAL RENEWAL ONE YEAR ONE**		**OPTIONAL RENEWAL TWO YEAR ONE**		**OPTIONAL RENEWAL THREE YEAR ONE**	
Straight Time (Weekdays 8 a.m. to 5 p.m.)	$ 178	/hour	$ 178	/hour	$ 186	/hour	$ 186	/hour	$ 186	/hour
Overtime	$ 267	/hour	$ 267	/hour	$ 279	/hour	$ 279	/hour	$ 279	/hour
Weekends	$ 267	/hour	$ 267	/hour	$ 279	/hour	$ 279	/hour	$ 279	/hour
Holidays (New Year's Day, Memorial Day, Juneteenth, Independence Day, Labor Day, Veterans Day, Thanksgiving Day and the day after Thanksgiving, and Christmas Day)	$ 267	/hour	$ 267	/hour	$ 279	/hour	$ 279	/hour	$ 279	/hour
Parts discount off of retail pricing.		10%		10%		10%		10%		10%

COST PROPOSAL

6798 Z1 Medical Equipment Inspections and Preventative Maintenance

Bidder's Name: _____ Bio-Electronics

Key for Maintainence Frequency:

Letter	Meaning
A	Annual
SA	Semiannual
H	Bimonthly
B	Biennial
C	Triennial
D	Quadrennial
E	Quinquennial

INSTRUCTIONS FOR TABLES 1-9:

In Tables 1-4, information regarding each piece of equipment is provided. These tables are grouped by facility. Bidder should provide a cost per scheduled maintenance for each piece of equipment, except for equipment listed in Table 5. The cost shall be inclusive of all costs to provide the service, including personnel, travel time, and vehicle expense.

In Table 5, Bidder should list the equipment they are unable to service and/or provide maintenance for from Tables 1-4. Bidder may add rows to the table as necessary.

In Tables 6-9, Bidder should provide hourly rate for optional repairs at each facility. The rate should be inclusive of all costs to provide the service, including personnel, travel time, and vehicle expense. No separate travel expenses will be allowed on the monthly billing invoices for repairs. Holidays are defined in Section V. B.1.g Project Requirements. Weekends, and hours outside 8:00 AM and 5:00 PM shall be paid at time and a half. Bidders should also provide a discount percentage for parts.

Individual or Sole Proprietor
United States Citizenship Attestation Form

For the purpose of complying with Neb. Rev. Stat. §4-108 through 4-114, I attest as follows:

☑ I am a citizen of the United States.

-OR-

☐ I am a qualified alien under the federal Immigration and Nationality Act. My immigration status and alien number are as follows:

_____.

I agree to provide a copy of my USCIS documentation upon request.

I hereby attest that my response and the information provided on this form and any related application for public benefits are true, complete, and accurate, and I understand that this information may be used to verify my lawful presence in the United States.

PRINT NAME Christine N. Widman
(first, middle, last)

SIGNATURE Christine Widman

DATE 8/23/2023

Revised 08/18/2014