

**STATE OF DELAWARE**



**DELAWARE HEALTH  
AND SOCIAL SERVICES**

**DIVISION OF MANAGEMENT SERVICES**

**"DMS -serving those who serve Delaware"**

**SPECIFICATIONS AND CONTRACT DOCUMENTS NO. #7256**

**FOR**

**BED AND WHEELCHAIR PADS**

**Required for Use By**

**VARIOUS DELAWARE STATE AGENCIES**

<b>Deposit</b>	<b>Waived</b>
<b>Performance Bond</b>	<b>Waived</b>
<b>Date Due</b>	<b>FEBRUARY 19, 2009</b>
<b>Time</b>	<b>11:00 AM Local Time</b>

**DELAWARE HEALTH AND SOCIAL SERVICES  
MAIN ADMINISTRATION BUILDING-SULLIVAN STREET  
DIVISION OF MANAGEMENT SERVICES  
PROCUREMENT BRANCH- ROOM 260  
HERMAN M. HOLLOWAY SR. HEALTH & SOCIAL SERVICES CAMPUS  
1901 N. DUPONT HIGHWAY  
NEW CASTLE, DELAWARE 19720**

## INVITATION TO BID # 7256

Sealed bids for **BED & WHEELCHAIR PADS** for Various Delaware State Agencies must be received by the Delaware Health & Social Services, Procurement Branch, Main Administration Building, Second Floor, Room #260, 1901 North DuPont Highway, (Sullivan Street), Herman M. Holloway Sr., Health & Social Service Campus, New Castle, Delaware 19720, until **FEBRUARY 19, 2009** at **11:00 AM**, at which time they will be opened, read and recorded.

Specifications may be obtained at the above office. Phone: (302) 255-9295.

**PLEASE NOTE:** The following paragraphs hereby become part of the General Terms and Conditions of this bid.

**1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 16, 18, 19, 27**

**Contact Person: Annette Opalczynski (302) 255- 9295**

**Please review the General Rules and Conditions and the General Requirements, which appear on the DHSS website. The following forms must be included with your bid: 1) the Bidder Signature Form, 2) the Vender Certification Form and 3) the Office of Minority and Women Business Enterprise Forms. All of these documents can be accessed on the DHSS website:**

**<http://www.dhss.delaware.gov/dhss/rfp/dhssrfp.htm>**

**NOTE TO VENDORS:** Your bid **must be signed** and all information on the signature page completed.

If you do not intend to submit a bid and you wish to be kept on our mailing list you are required to return the face sheet with "**NO BID**" stated on the front with your **company's name, address and signature.**

**IMPORTANT:** ALL BIDS MUST HAVE ON THE OUTSIDE ENVELOPE OUR (4) FOUR DIGIT CONTRACT NUMBER. IF THIS NUMBER IS OMITTED YOUR BID WILL IMMEDIATELY BE REJECTED.

**ALL BIDS MUST BE DELIVERED TO THE ADDRESS ON THE BID ENVELOPE. UNDER NO CIRCUMSTANCES WILL A BID BE ACCEPTED THAT IS :**

- LATE
- DELIVERED TO THE WRONG BUILDING
- SIGNED FOR BY A PERSON OTHER THAN A MEMBER OF THE PROCUREMENT STAFF.

**DELIVERY INSTRUCTIONS:**

**TO INSURE THAT YOUR BID IS IN THE PROCUREMENT OFFICE ON THE DATE AND THE TIME SPECIFIED, THERE ARE THREE (3) RECOMMENDED METHODS OF DELIVERING BID PROPOSALS LISTED BELOW:**

1. HAND DELIVER
2. FEDERAL EXPRESS
3. UPS

FOR FURTHER BIDDING INFORMATION PLEASE CONTACT:

BUYER: ANNETTE OPALCZYNSKI  
DELAWARE HEALTH & SOCIAL SERVICES  
PROCUREMENT BRANCH  
SECOND FLOOR- MAIN BLDG., ROOM 260  
1901 NORTH DUPONT HIGHWAY  
HERMAN M. HOLLOWAY SR.,  
HEALTH & SOCIAL SERVICES CAMPUS  
NEW CASTLE, DELAWARE 19720

PHONE: (302) 255-9295

## SPECIAL TERMS & CONDITIONS

- 1) **Prices are to be valid from APRIL 1, 2009 THROUGH MARCH 31, 2010. Price increases will not be accepted.**

Basis for awarding purchase orders against this quotation include but are not limited to low bid, vendor performance record, lead time, trade and cash discounts and shipping costs. Determining factors to be those in the best interest of the Department of Health & Social Services, State of Delaware.

In case of any doubt or difference of opinion as to the items to be furnished hereunder, the decision of the Chief of Procurement of the Department of Health & Social Services shall be final and binding upon both parties.

- 2) Agencies reserve the option, upon award of bid, to execute purchase orders for the volumes projected and call in order releases on a monthly basis against the initial purchase order.
- 3) Any state facility or agency in the State of Delaware may utilize this contract. This may increase the quantities beyond the projected amount.
- 4) Vendor shall state minimum delivery for either case quantity or dollar value. Minimum shipment to cover single item or assorted items on contract to meet minimum shipping requirements, freight, pre-paid.
- 5) Option to extend contract for an additional (1) one year period if agreed upon by all parties.
- 6) Deliveries shall be F.O.B. destination to all state agencies that are under the jurisdiction of Delaware Health & Social Services.
- 7) **The State of Delaware will only honor minimum order requirements of \$50.00.**
- 8) Upon delivery, product shall be inspected by an authorized representative of Delaware Health & Social Services, and if found defective or if it fails in any way to meet specifications as indicated in the bid quotation section, it may be rejected. The decision(s) of the Chief of Procurement of the Department of Health & Social Services shall be final. All rejected material will be replaced by the supplier within seven (7) days.

- 9) **Only one price per item will be accepted. Multi bracket pricing will be disallowed.**
- 10) Packaging must be adhered to. All items must be stated as "each, "box" or other specified quantity. Any vendor who fails to identify quantity, package size, catalogue # or unit size will be disqualified.
- 11) **If the awarded vendor fails to supply an item, he must get approval from The Delaware Health & Social Services Procurement Office to submit a substitute at the same contract price. This must be done prior to delivery.**

**Failure of a vendor to deliver within the time specified or within reasonable time as interpreted by the agency, shall permit the agency to purchase in the open market, products of comparable grade to take the place of those products that were not delivered. Delaware Health & Social Services, Procurement Office, in consultation with the ordering agency will be the sole judge of material equivalencies and such decision will be final. On all such purchases, the vendors shall reimburse the agency for an expense incurred in excess of contract prices**

- 12) **When an error is made in extending total prices, the unit bid price will govern. Carelessness in quoting prices or otherwise, in preparation of the bid, will not relieve the bidder of their obligation to fulfill the requirements of the submitted bid. Erasures in bids must be explained. All prices must be rounded off to two decimal places. Three decimal places will not be accepted. Example: \$10.624 should be rounded off to \$10.62. Failure to do so will mean disqualification of said item.**
- 13) The successful vendor is required to "Bill as Shipped" to the respective ordering agency (s). Ordering agencies shall provide at a minimum the contract number, ship to and bill to address, contract name and phone number.
- 14). The agencies will authorize and process payment of each invoice within thirty (30) days after the date of receipt. **The vendor must accept full payment by procurement credit card and/or conventional check and/or other electronic means at the State's option, without imposing any additional fees, costs, or conditions.**

- 15) All items delivered during the life of the contract shall be of the same type and manufacture as specified in the bid, unless specific approval is given by DHSS-Procurement to do otherwise. Substitutions may require the submission of written specifications and product evaluation prior to any approvals being granted.
- 16) Vendors are required to have either a local telephone number or a toll free number to accept calls. Each agency is responsible for placing their orders and this may be accomplished by purchase order, telephone, fax or computer online systems.
- 17) Force Majeure: Neither the vendor nor the ordering agency shall be held liable for non-performance under the terms and conditions of this contract due, but not limited to government restriction, strike, flood, fire or unforeseen catastrophe beyond either party's control. Each party shall notify the other in writing of any situation that may prevent performance under the terms and conditions of this contract.
- 18) Hold Harmless: The vendor agrees that it shall indemnify and hold the State of Delaware and all its agencies harmless from and against all claims for injury, loss of life, or damage to or loss of use of property cause or alleged to be caused by acts of omissions of the vendor, its employees and invitees on or about the premises and which arise out of the contractor's performance or failure to perform as specified in the agreement.
- 19) Vendor Emergency Response Point of Contact: The vendor shall provide the names and telephone numbers of those individuals who can be contacted twenty-four hours a day, seven (7) days a week if there is a critical need for commodities or when/if the Governor of the State of Delaware declares a State of Emergency. Failure to provide this information could render the bid non-responsive.

Item #	Description	Quantity	Unit	Unit Price	Total Price
1.	<p><b>BED AND WHEELCHAIR PADS</b></p> <p><b>PADS, BED</b>, convoluted medical grade virgin foam. 2" peak to base with a solid 1/2" base I.L.D. to be 32 or above. 34" x 73" non-toxic, combustion modified weight to be no less than 2 lb. 4oz. ID #, Batch #, care and use instruction label on each pad. Bio Clinic Eggcrate #11760 - <b>NO SUBSTITUTES</b></p> <p><b>MFG. NAME</b> _____</p> <p><b>NUMBER</b> _____</p> <p><b>VENDOR</b> _____</p> <p><b>PRODUCT #</b> _____</p> <p><b>BOX/CASE</b> _____</p>	145	each		
2.	<p><b>SLEEVES FOR BED PADS, 39" X 45"</b>, non-toxic combustion. Bio-Clinic #3945 or Carpenter P-45 or approved equal.</p> <p><b>MFG. NAME</b> _____</p> <p><b>NUMBER</b> _____</p> <p><b>VENDOR</b> _____</p> <p><b>PRODUCT #</b> _____</p> <p><b>BOX/CASE</b> _____</p>	-0-	each	-----	

Item #	Description	Quantity	Unit	Unit Price	Total Price
3.	<p><b>PADS, wheelchair</b>, convoluted medical grade virgin foam, 4" peak to base to solid 1/2" base. I.L.D. to be 32 or above. 16" x 18" non-toxic combustion modified. ID#, Batch #, care and use instruction label on each pad. Bio Clinic Eggcrate #4217 or E3401 Carpenter. <b>NO SUBSTITUTES</b></p> <p><b>MFG. NAME</b> _____</p> <p><b>NUMBER</b> _____</p> <p><b>VENDOR</b> _____</p> <p><b>PRODUCT #</b> _____</p> <p><b>BOX/CASE</b> _____</p>	144	each		

3A	<p><b>PADS, WHEELCHAIR, T-GEL CHECKERBOARD CUSHION</b> ALIMED, M#1529, 18" x 16"</p> <p><b>NO SUBSTITUTES</b></p> <p><b>MFG. NAME</b> _____</p> <p><b>NUMBER</b> _____</p> <p><b>VENDOR</b> _____</p> <p><b>PRODUCT #</b> _____</p> <p><b>BOX/CASE</b> _____</p>	6	each		
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Item #	Description	Quantity	Unit	Unit Price	Total Price
4.	<p><b>FLOTATION UNIT</b>, critical care Puffed Pak compressed roll, medical grade virgin foam, Pat. No. 4620337</p> <p>Bio Gard 77-9030-CC sold by each MCK# 9030-43-00</p> <p>Bio Gard with sleeve or 67-9040-CC sold by case- NO SUBSTITUTES</p> <p><b>MFG. NAME</b> _____  <b>NUMBER</b> _____  <b>VENDOR</b> _____  <b>PRODUCT #</b> _____  <b>BOX/CASE</b> _____</p>	-0-	each	-----	
5.	<p><b>POSITION PILLOW</b>, 16" x 18", double sided egg crate with pillow foam insert. Medical grade virgin foam. Bio Clinic #8030 or approved equal. 10/case</p> <p><b>MFG. NAME</b> _____  <b>NUMBER</b> _____  <b>VENDOR</b> _____  <b>PRODUCT #</b> _____  <b>BOX/CASE</b> _____</p>	-0-	each	-----	
6.	<p><b>OVAL CONVALESANT RING</b>, 4 1/2" height with center tear-out. Medical grade virgin foam Bio Clinic #4115 12/case. NO SUBSTITUTES</p> <p><b>MFG. NAME</b> _____  <b>NUMBER</b> _____  <b>VENDOR</b> _____  <b>PRODUCT #</b> _____  <b>BOX/CASE</b> _____</p>	1	case		

Item #	Description	Quantity	Unit	Unit Price	Total Price
7.	<p><b>FOOT PROP SPLINT, 4" Thick medical grade virgin sole support, positioned by velcro straps, adjustable, Bio Clinic #8032 or Carpenter #3010. NO SUBSTITUTES</b></p> <p><b>MFG. NAME</b> _____</p> <p><b>NUMBER</b> _____</p> <p><b>VENDOR</b> _____</p> <p><b>PRODUCT #</b> _____</p> <p><b>BOX/CASE</b> _____</p>	-0-	each	-----	
8.	<p><b>WHEELCHAIR CUSHION, 2 inch, DFD controlled flotation, Akros or Graham Field. NO SUBSTITUTES</b></p> <p><b>MFG. NAME</b> _____</p> <p><b>NUMBER</b> _____</p> <p><b>VENDOR</b> _____</p> <p><b>PRODUCT #</b> _____</p> <p><b>BOX/CASE</b> _____</p>	-0-	each	-----	
8A	<p><b>Posey Wheelchair Cushion Incontinence Pad # 6303. 20" W x 18" D NO SUBSTITUTES</b></p> <p>Must Fit Cushions 20" W x 18" D x 2"T or smaller. Sold by Each</p> <p><b>MFG. NAME</b> _____</p> <p><b>NUMBER</b> _____</p> <p><b>VENDOR</b> _____</p> <p><b>PRODUCT #</b> _____</p> <p><b>BOX/CASE</b> _____</p>	24	each		

Item #	Description	Quantity	Unit	Unit Price	Total Price
8B	<p><b>Posey Wheelchair Cushion Incontinence Pad# 6303-12, 20" W x 18"D x 2" T</b>  <b>NO SUBSTITUTES</b></p> <p>Must Fit Cushions 20" W x 18" D x 2"T or smaller. Sold by Each</p> <p><b>MFG. NAME</b> _____  <b>NUMBER</b> _____  <b>VENDOR</b> _____  <b>PRODUCT #</b> _____  <b>BOX/CASE</b> _____</p>	24	each		

9.	<p><b>AQUA-SEAT GEL PAD, #ASG17 or approved equal.</b></p> <p><b>MFG. NAME</b> _____  <b>NUMBER</b> _____  <b>VENDOR</b> _____  <b>PRODUCT #</b> _____  <b>BOX/CASE</b> _____</p>	-0-	each	-----	
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10.	<p><b>BUMPER PADS FOR BEDS</b>  Skilcare #401040, NO SUBSTITUTES</p> <p><b>MFG. NAME</b> _____  <b>NUMBER</b> _____  <b>VENDOR</b> _____  <b>PRODUCT #</b> _____  <b>BOX/CASE</b> _____</p>	1	each		
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Item #	Description	Quantity	Unit	Unit Price	Total Price
10A.	<p><b>BUMPER PADS FOR BEDS, 1/4 "</b>  <b>For Split Rails, Skilcare #401080</b>  <b>NO SUBSTITUTES</b></p> <p><b>MFG. NAME</b> _____  <b>NUMBER</b> _____  <b>VENDOR</b> _____  <b>PRODUCT #</b> _____  <b>BOX/CASE</b> _____</p>	6	pairs		
11.	<p><b>MATTRESS COVER,</b> Plastic to fit  eggcrate and water mattress. Ardor #AF-3  Or approved equal.</p> <p><b>MFG. NAME</b> _____  <b>NUMBER</b> _____  <b>VENDOR</b> _____  <b>PRODUCT #</b> _____  <b>BOX/CASE</b> _____</p>	-0-	dozen	-----	
12.	<p><b>COVER, WHEELCHAIRS PADS,</b>  vinyl, machine washable and wipe clean  properties, hypoallergenic, fire retardant,  bacteriostatic, sized to fit Item# 3,  Wheelchair Pad. Bio Clinic #64002.  <b>NO SUBSTITUTES</b></p> <p><b>MFG. NAME</b> _____  <b>NUMBER</b> _____  <b>VENDOR</b> _____  <b>PRODUCT #</b> _____  <b>BOX/CASE</b> _____</p>	-0-	each	-----	

Item #	Description	Quantity	Unit	Unit Price	Total Price
12A.	<b>ABDUCTION PILLOW</b> , reusable with straps, concave sides, Bio Clinic <b>NO SUBSTITUTES</b>				
	1) Small 8022	17	each	_____	
	2) Medium 8015	17	each	_____	
	3) Large 8023	17	each		
	<b>MFG. NAME</b> _____ <b>NUMBER</b> _____ <b>VENDOR</b> _____ <b>PRODUCT #</b> _____ <b>BOX/CASE</b> _____				

12B.	<b>ABDUCTION REUSABLE PILLOW</b> , flat sides with straps, Bio Clinic <b>NO SUBSTITUTES</b>				
	Small	9	each	_____	
	Medium	9	each	_____	
	Large	9	each		
	<b>MFG. NAME</b> _____ <b>NUMBER</b> _____ <b>VENDOR</b> _____ <b>PRODUCT #</b> _____ <b>BOX/CASE</b> _____				

Item #	Description	Quantity	Unit	Unit Price	Total Price
12C	<p><b>ABDUCTION PILLOW, disposable</b>  Bio-Clinic, Small #8022, Medium #8015  Large #8023- No Substitutes</p> <p style="text-align: right;">Small      8022  Medium    8015  Large      8023</p> <p><b>MFG. NAME</b> _____  <b>NUMBER</b> _____  <b>VENDOR</b> _____  <b>PRODUCT #</b> _____  <b>BOX/CASE</b> _____</p>	<p style="text-align: center;">1 2 -0-</p>	<p style="text-align: center;">each each each</p>	<p style="text-align: center;">_____ _____ _____</p>	
12D.	<p><b>ALIMED SIDE-LYING LEG AND KNEE ABDUCTOR PAD #555060</b>  One Size Fits All  <b>NO SUBSTITUTES</b></p> <p><b>MFG. NAME</b> _____  <b>NUMBER</b> _____  <b>VENDOR</b> _____  <b>PRODUCT #</b> _____  <b>BOX/CASE</b> _____</p>	<p style="text-align: center;">23</p>	<p style="text-align: center;">each</p>		
13.	<p><b>POSITION WEDGE FOAM</b>  7 1/2" X 7 1/2" X 19" Medline  MSCO19850 - No Substitutes</p> <p><b>MFG. NAME</b> _____  <b>NUMBER</b> _____  <b>VENDOR</b> _____  <b>PRODUCT #</b> _____  <b>BOX/CASE</b> _____</p>	<p style="text-align: center;">73</p>	<p style="text-align: center;">each</p>		

Item #	Description	Quantity	Unit	Unit Price	Total Price
13A	<p><b>LATERAL WEDGE,</b>  <b>Northcoast Medical Cat.# 80002</b>  <b>NO SUBSTITUTES</b>            Filled with polystyrene beads. Maintains shape and position for uniform elevation. Wedge will not retain heat or compress like pillow.            Machine Washable.</p> <p><b>Medium</b> 16 in x 6 in x 7 in            (41 x 15 x 17 cm)</p> <p><b>MFG. NAME</b> _____  <b>NUMBER</b> _____  <b>VENDOR</b> _____  <b>PRODUCT #</b> _____  <b>BOX/CASE</b> _____</p>	10	each		
13B.	<p><b>LATERAL WEDGE,</b>  <b>Northcoast Medical Cat.# 80003</b>  <b>NO SUBSTITUTES</b>            Filled with polystyrene beads. Maintains shape and position for uniform elevation. Wedge will not retain heat or compress like pillow.            Machine Washable.</p> <p><b>Large,</b> 17 in x 8 in x 8 inch            ( 43 x 20 x 20 cm)</p> <p><b>MFG. NAME</b> _____  <b>NUMBER</b> _____  <b>VENDOR</b> _____  <b>PRODUCT #</b> _____  <b>BOX/CASE</b> _____</p>	5	each		

Item #	Description	Quantity	Unit	Unit Price	Total Price
13C.	<p><b>LATERAL WEDGE,</b>  <b>Northcoast Medical Cat.# 80004</b>  <b>NO SUBSTITUTES</b>            Filled with polystyrene beads. Maintains shape and position for uniform elevation. Wedge will not retain heat or compress like pillow.            Machine Washable.</p> <p><b>X-Large, 25 in x 8 in x 8 inch</b></p> <p><b>MFG. NAME</b> _____  <b>NUMBER</b> _____  <b>VENDOR</b> _____  <b>PRODUCT #</b> _____  <b>BOX/CASE</b> _____</p>	5	each		

14.	<p><b>LARGE BODY ALIGNER</b>            4/CS. #8017, Bio Clinic-Ecoflex Reusable  <b>NO SUBSTITUTES</b></p> <p><b>MFG. NAME</b> _____  <b>NUMBER</b> _____  <b>VENDOR</b> _____  <b>PRODUCT #</b> _____  <b>BOX/CASE</b> _____</p>	4	each		
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Item #	Description	Quantity	Unit	Unit Price	Total Price
14A.	<p><b>THE POSEY BEDFELLOW</b>  <b>Cat. #6306, NO SUBSTITUTES</b>  Provides three-section full body support in lateral or dorsal positioning.  Brushed outer cover is machine washable  inner vinyl cover wipes clean with liquid disinfectant.</p> <p>Cat.# 6306-Bedfellow, Brushed Polyester Cover, 64" L x 14" W (No Substitutes)</p> <p>Cat.# 6306SC- Bedfellow Vinyl Cover, 64" L x 14" W (No Substitutes)</p> <p>Cat.# 6308- Replacement Cover, Brushed Polyester, 64" L x 14" W (No Substitutes)</p> <p>Cat. #6308SC- Replacement Cover, Vinyl, 64" L x 14 "W (No Substitutes)</p> <p><b>MFG. NAME</b> _____  <b>NUMBER</b> _____  <b>VENDOR</b> _____  <b>PRODUCT #</b> _____  <b>BOX/CASE</b> _____</p>	10	each	_____	
		10	each	_____	
		10	each	_____	
		10	each	_____	

15.	<p><b>SMALL BODY ALIGNER</b>  8/cs. #8218, Bio Clinic Ecoflex-Reusable  <b>NO SUBSTITUTES</b></p> <p><b>MFG. NAME</b> _____  <b>NUMBER</b> _____  <b>VENDOR</b> _____  <b>PRODUCT #</b> _____  <b>BOX/CASE</b> _____</p>	4	each		
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Item #	Description	Quantity	Unit	Unit Price	Total Price
16.	<b>FOOT CRADLE, Body Wrap</b> Bio Clinic #8028 <b>NO SUBSTITUTES</b>	11	each		
	<b>MFG. NAME</b> _____				
	<b>NUMBER</b> _____				
	<b>VENDOR</b> _____				
	<b>PRODUCT #</b> _____				
	<b>BOX/CASE</b> _____				

17.	<b>THRU-VIEW VINYL BEDRAIL PADS</b> <b>Skilcare # 751011- NO SUBSTITUTES</b> Must be 1" foam padding, 15" Wide. Must fit below the rail and mattress for added protection and hold securely with Velcro closures. Vinyl cover must be durable and bacteriostatic and non-allergenic and wipe clean for easy care. Thru-view clear plastic windows for resident viewing .				
	<b>Thru- View Pads, 72" (Pair)</b>	-0-	each	-----	
	<b>Thru-View Pads, 60" (Pair)</b>	-0-	each		
	<b>MFG. NAME</b> _____				
	<b>NUMBER</b> _____				
	<b>VENDOR</b> _____				
	<b>PRODUCT #</b> _____				
	<b>BOX/CASE</b> _____				

Item #	Description	Quantity	Unit	Unit Price	Total Price
18.	<p><b>SKILCARE GEL FOAM CUSHION</b> #751011, No Substitutes</p> <p>18" w x 16" deep x 2 1/2 height with two chambers. Bottom chamber must be resilient foam and top layer must have heat dissipating gel. Must include a durable pad with incontinent proof vinyl inner sleeve and washable cloth cover that attaches to wheelchair to prevent slipping .</p> <p><b>MFG. NAME</b> _____  <b>NUMBER</b> _____  <b>VENDOR</b> _____  <b>PRODUCT #</b> _____  <b>BOX/CASE</b> _____</p>	14	each		

19.	<p><b>POSEY FOAM PELVIC HOLDER</b> #4430 <b>FOAM PADDED. NO SUBSTITUTES</b> Machine washable. One per package, 24/case. #4430S- Small, 17 1/2" L x 17" W</p> <p>#4430M-Medium 21" L x 17" W</p> <p>#4430L- Large 24" L x 17" W</p> <p><b>MFG. NAME</b> _____  <b>NUMBER</b> _____  <b>VENDOR</b> _____  <b>PRODUCT #</b> _____  <b>BOX/CASE</b> _____</p>	8	case	_____	
		2	case	_____	
		11	case	_____	

Item #	Description	Quantity	Unit	Unit Price	Total Price
20.	<p><b>RESTON OPEN CELL FOAM PADS</b>  <b>#7178</b>, 10 sheets/box  <b>NO SUBSTITUTES</b>  8" x 12" sheets of adhesive backed open-cell urethane foam. 7/16" Thick, Latex-Free</p> <p><b>MFG. NAME</b> _____  <b>NUMBER</b> _____  <b>VENDOR</b> _____  <b>PRODUCT #</b> _____  <b>BOX/CASE</b> _____</p>	32	packs		

21.	<p><b>FOAM ECONOMY CUSHIONS, #1934</b>  Quality Polyfoam, (ILD45), Washable Cloth Cover, 17" x 16" x 2", 12/case  <b>NO SUBSTITUTES</b></p> <p><b>MFG. NAME</b> _____  <b>NUMBER</b> _____  <b>VENDOR</b> _____  <b>PRODUCT #</b> _____  <b>BOX/CASE</b> _____</p>	10	case		
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Item #	Description	Quantity	Unit	Unit Price	Total Price
22.	<p><b>PANACEA BARIATRIC CUSHION,</b>  Bariatric Flat, Dual High Density Foam  or Foam Gel, Stretch Urethane  Weight Capacity: 650 lbs.  <b>NO SUBSTITUTES</b></p> <p>#73107, 22" W x 18"D</p> <p>#73118, 22"W x 18"D w/Gel</p> <p>#73119 24" W x 18" D w/Gel</p> <p>#73120 24" W x 18" D w/Gel</p> <p>#73121 24" W x 20" D w/Gel</p> <p>#73122 26" W x 18" D w/Gel</p> <p>#73123 26" W x 20" D w/Gel</p> <p>#73124 28" W x 18 " D w/Gel</p> <p>#73125 28" W x 20" D w/Gel</p> <p>#73128 30"W x 22" D w/Gel</p> <p><b>MFG. NAME</b> _____</p> <p><b>NUMBER</b> _____</p> <p><b>VENDOR</b> _____</p> <p><b>PRODUCT #</b> _____</p> <p><b>BOX/CASE</b> _____</p>	<p>20</p> <p>12</p> <p>10</p> <p>10</p> <p>6</p> <p>3</p> <p>4</p> <p>4</p> <p>4</p> <p>2</p>	<p>each</p> <p>each</p> <p>each</p> <p>each</p> <p>each</p> <p>each</p> <p>each</p> <p>each</p> <p>each</p>	<p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>	

Item #	Description	Quantity	Unit	Unit Price	Total Price
23.	<p><b>PANACEA VISCO CUSHIONS</b>            Style: Flat, Visco Memory Foam Top Layer with HR Foam Base and Vinyl Bottom. Cover: Polyurethane w/Kwik Straps, Weight Capacity: 250 lbs.  <b>NO SUBSTITUTES</b></p> <p>#75885 2" H</p> <p><b>MFG. NAME</b> _____  <b>NUMBER</b> _____  <b>VENDOR</b> _____  <b>PRODUCT #</b> _____  <b>BOX/CASE</b> _____</p>	20	each		
24.	<p><b>PANACEA POSITION FLOW CUSHION-</b></p> <p>Contoured Zero- Elevation Round Bottom, Visco elastic foam combines with gel pack. Cover: High, stretch urethane cover, fluid proof, antibacterial and easy to clean. Weight capacity 275 lbs.  <b>NO SUBSTITUTES</b></p> <p>#58157 Wheelchair Cushion, 16" or 18" W x 17 1/2" D</p> <p>#58158 Wheelchair Cushion 20"W x 17 1/2" D</p> <p>#58159 Wheelchair Cushion w/Chamber Gel, 16" or 18" W x 17 1/2" D</p> <p><b>MFG. NAME</b> _____  <b>NUMBER</b> _____  <b>VENDOR</b> _____  <b>PRODUCT #</b> _____  <b>BOX/CASE</b> _____</p>	<p>15</p> <p>15</p> <p>15</p>	<p>each</p> <p>each</p> <p>each</p>	<p>_____</p> <p>_____</p>	

Item #	Description	Quantity	Unit	Unit Price	Total Price
25.	<p><b>PANACEA PRO CUSHION WITH POMMEL</b></p> <p>Style: Zero Elevation or wedge bottom  Construction: Two density, high resiliency foam combined with the gel pack. 4-way stretch urethane cover protects residents with poor skin &amp; muscle support.  Weight capacity: 250 lbs.  <b>NO SUBSTITUTES</b></p> <p>#90977, Zero Elevation, 16"W x 16"D</p> <p>#90978, Zero Elevation, 18"W x 16" D</p> <p>#90979, Zero Elevation, 20"W x 18" D</p> <p><b>MFG. NAME</b> _____  <b>NUMBER</b> _____  <b>VENDOR</b> _____  <b>PRODUCT #</b> _____  <b>BOX/CASE</b> _____</p>	6	each	_____	
		6	each	_____	
		6	each	_____	

Item #	Description	Quantity	Unit	Unit Price	Total Price
26.	<p><b>PANACEA PERFORMANCE</b>            Style: Zero Elevation            Construction: Three Density: High: resiliency foam for structure, Medium density foam for adduction and anti-thrust, three dimensional, two chambered duo- gel pack is positioned in the ischial and coccyx area- specially designed "pucker areas" in top cover prevent fabric bridging over gel pack area. Cover" Multi stretch urethane is antibacterial, fluid proof. Weight Capacity: 350 lb.  <b>NO SUBSTITUTES</b></p> <p>#58154, 16"W x 16" or 18"D</p> <p>#58155, 18"W x 16" or 18" D</p> <p>#58156 20"W x 16" or 18" or 20" D</p> <p><b>MFG. NAME</b> _____  <b>NUMBER</b> _____  <b>VENDOR</b> _____  <b>PRODUCT #</b> _____  <b>BOX/CASE</b> _____</p>	6  6  6	each  each  each	_____  _____  _____	
27.	<p><b>POSEY FULL LEG ABDUCTION WEDGE, #6302L, No Substitutes,</b> 22" L x 5" H tapers from 15" at the feet to 7" at the thighs. Outer vinyl mesh with a breathable fabric &amp; polystyrene bed fill. Zippered closure, machine washable, 1 per package.</p> <p><b>MFG. NAME</b> _____  <b>NUMBER</b> _____  <b>VENDOR</b> _____  <b>PRODUCT #</b> _____  <b>BOX/CASE</b> _____</p>	2	each	_____	

Item #	Description	Quantity	Unit	Unit Price	Total Price
28.	<p><b>BEDRAIL WEDGE PADS, #13025, 35" L , No Substitutes, Extra Thick, Resilient Foam, Wedge design fills dangerous gap between mattress and side rail. Covered with durable wipe-clean bacteriostatic vinyl. Set of 2</b></p> <p><b>MFG. NAME</b> _____</p> <p><b>NUMBER</b> _____</p> <p><b>VENDOR</b> _____</p> <p><b>PRODUCT #</b> _____</p> <p><b>BOX/CASE</b> _____</p>	-0-	each	-----	

29.	<p><b>POSEY GAP FILLERS, #5715, 35" L x 6" H x 2" D, No Substitutes, Must fit around the complete perimeter of the mattress to eliminate the gap between the mattress and headboard and footboard side rails to prevent entrapment. Zippers allow multiple gap fillers to be connected together. Must be made of soft durable foam. Light blue vinyl cover wipes clean with liquid disinfectant. Meets CA #117 flame retardant standards. One pair per package</b></p> <p><b>MFG. NAME</b> _____</p> <p><b>NUMBER</b> _____</p> <p><b>VENDOR</b> _____</p> <p><b>PRODUCT #</b> _____</p> <p><b>BOX/CASE</b> _____</p>	-0-	each	-----	
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Item #	Description	Quantity	Unit	Unit Price	Total Price
30.	<p><b>POSEY SIDE RAIL WEDGES, #5708, 35" L x 17" H x 2 D", No Substitutes,</b> Must cover and/or close the gap between half side rails. Wedges may be zipped together to provide full length protection of double half rails, three quarter or full side rails. Provides protection on all sides, including the head and footboards. Can be used in conjunction with posey horseshoe wedge. Wedge rises 11" above the mattress surface. Made of soft foam and covered in wipe clean vinyl. Meets CA#117 flame retardant standards. One pair per package.</p> <p><b>MFG. NAME</b> _____  <b>NUMBER</b> _____  <b>VENDOR</b> _____  <b>PRODUCT #</b> _____  <b>BOX/CASE</b> _____</p>	-0-	pair	-----	

31.	<p><b>POSEY ROLL GUARD, Cat #5700, No Substitutes,</b> Machine washable polyester. Attaches with quick release buckles. Meets CA#117, Section E Flame Retardancy Standards</p> <p><b>MFG. NAME</b> _____  <b>NUMBER</b> _____  <b>VENDOR</b> _____  <b>PRODUCT #</b> _____  <b>BOX/CASE</b> _____</p>	6	each		
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Item #	Description	Quantity	Unit	Unit Price	Total Price
32.	<p><b>POSEY ROLL GUARD REPLACEMENT COVERS, Cat# 5701, No Substitutes, Washable brushed polyester. Meets CA# 117, Section E Flame Retardancy Standards</b></p> <p><b>MFG. NAME</b> _____</p> <p><b>NUMBER</b> _____</p> <p><b>VENDOR</b> _____</p> <p><b>PRODUCT #</b> _____</p> <p><b>BOX/CASE</b> _____</p>	6	each		
33.	<p><b>POSEY SOFT RAILS, Cat# 5716, No Substitutes, Machine washable polyester, Foundation: 33 " L x 33" W Bolster: 33" L x 8" W x 8" H Meets CA# 117 Section E Flame Retardancy Standards</b></p> <p><b>MFG. NAME</b> _____</p> <p><b>NUMBER</b> _____</p> <p><b>VENDOR</b> _____</p> <p><b>PRODUCT #</b> _____</p> <p><b>BOX/CASE</b> _____</p>	6	each		
34.	<p><b>POSEY SOFT RAILS, Cat# 5718, No Substitutes, Machine washable polyester, Foundation: 33 " L x 33" W Bolster: 33" L x 8" W x 8" H Meets CA# 117 Section E Flame Retardancy Standards</b></p> <p><b>MFG. NAME</b> _____</p> <p><b>NUMBER</b> _____</p> <p><b>VENDOR</b> _____</p> <p><b>PRODUCT #</b> _____</p> <p><b>BOX/CASE</b> _____</p>	6	each		

Item #	Description	Quantity	Unit	Unit Price	Total Price
35.	<p><b>MID RAIL PAD</b> for Volker Bed #3080  <b>No Substitutes</b></p> <p><b>MFG. NAME</b> _____  <b>NUMBER</b> _____  <b>VENDOR</b> _____  <b>PRODUCT #</b> _____  <b>BOX/CASE</b> _____</p>	20	pair		
36.	<p><b>AIR WAFFLE OVERLAY FOR MATTRESS, MFG# 1006EP</b>  <b>No Substitutes</b>, Overlap goes on top of existing mattress. Cradles body, reduces pressure. Air venting holes dissipate heat and moisture</p> <p><b>MFG. NAME</b> _____  <b>NUMBER</b> _____  <b>VENDOR</b> _____  <b>PRODUCT #</b> _____  <b>BOX/CASE</b> _____</p>	18	each		
37.	<p><b>D-Core Pillow, Sammons Preston #559812, No Substitutes</b>, Provides cervical support for head and neck while in bed.</p> <p><b>MFG. NAME</b> _____  <b>NUMBER</b> _____  <b>VENDOR</b> _____  <b>PRODUCT #</b> _____  <b>BOX/CASE</b> _____</p>	10	each		

Item #	Description	Quantity	Unit	Unit Price	Total Price
38.	<p><b>Encore Natural Comfort Pillow, Sammons Preston #559853, No Substitutes, Provides neck support while in bed.</b></p> <p>MFG. NAME _____</p> <p>NUMBER _____</p> <p>VENDOR _____</p> <p>PRODUCT # _____</p> <p>BOX/CASE _____</p>	10	each		

39..	<p><b>AIR SOFT RESTING HAND SPLINT, Sammons Preston #10260, No Substitutes</b> Supports the fingers, thumb and wrist. Easily adjustable with no tools, latex free.</p> <p>MFG. NAME _____</p> <p>NUMBER _____</p> <p>VENDOR _____</p> <p>PRODUCT # _____</p> <p>BOX/CASE _____</p>	6	each		
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40.	<p><b>SKILCARE ABDUCTOR/CONTRACTURE CUSHION, Sammons Preston #550084, No Substitutes.</b> Secures behind the knees to allow resident to sleep in comfortable position, while maintaining a good flex position.</p> <p>MFG. NAME _____</p> <p>NUMBER _____</p> <p>VENDOR _____</p> <p>PRODUCT # _____</p> <p>BOX/CASE _____</p>	10	each		
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	<p><b>** FOAM</b></p> <p><b>ALL PRODUCTS MUST MEET THE FOLLOWING STANDARDS:</b></p> <ul style="list-style-type: none"><li><b>-- CALIFORNIA TECHNICAL BULLETIN #117</b></li><li><b>-- N.F.P.A. #701 SMALL SCALE</b></li><li><b>-- N.B.S. FF4 - 72</b></li><li><b>-- FORT WAYNE FIRE TEST -FORT WAYNE FIRE ACADEMY</b></li><li><b>--COMBUSTION MODIFIED PROTECTIVE SLEEVES (N.F.P.A. 56-A)</b></li></ul> <p><b>TOXICITY REPORT IVY RESEARCH PROTOCOL #4856/02 (1982)</b></p>				
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