

KETERANGAN PEMBELIAN TEMPATAN - JKP KEMENTAH

RUJUKAN SEBUTHARGA : **MINDEF/DFA/FY2026/NAU/POC/LP/1001**

NAMA SYARIKAT : _____

TARIKH TUTUP SEBUTHARGA : **23 - 07 - 2026 (KHAMIS, 08:00 PAGI)**

CAP SYARIKAT DAN TANDATANGAN : _____

PETI PENERIMAAN SEBUTHARGA : **BOX (04)**

TEL PEMBEKAL : _____ FAX PEMBEKAL : _____

ALAMAT BARU : **BANGUNAN ARKIB, ARAS BAWAH, KEMENTERIAN PERTAHANAN,
BOLKIAH GARISON**

E-MAIL PEMBEKAL : _____

VENDOR ID PEMBEKAL : _____

BIL	KETERANGAN BARANG	KTI	HARGA SATU	HARGA SEMUA	TEMPOH SAH HARGA (MINIMUM 180 HARI)	TEMPOH PENGHANTARAN	BUATAN NEGERI	LAIN-LAIN HAL
1	<u>PEMBELIAN LASER THERAPY MACHINE</u> <i>Laser Therapy Machine</i> (Sila rujuk Spesifikasi yang di sertakan)	1 EA						
PERHATIAN: Perkara-perkara yang perlu (mandatori) di hadapkan sebelum tarikh tutup sebutharga : ☒ Katalog & Spesifikasi Teknikal mesti di sertakan untuk penilaian. ☐ Contoh Jika di dapati gagal, sebutharga tersebut tidak akan di pertimbangkan. PERINGATAN: Tidak dibenarkan menggunakan katalog Jabatanarah ini.								

986/7 JUMLAH SEMUA HARGA YANG DI TAWARKAN - ANGKA B\$ _____ DAN PERKATAAN: _____

SPESIFIKASI DAN CONTOH GAMBAR LASER THERAPY MACHINE



TECHNICAL SPECIFICATIONS AND REQUIREMENTS

1. Purpose of Use

The Laser Therapy Machine is intended to assist in the treatment of musculoskeletal injuries, soft tissue inflammation, and pain management. The system shall be suitable for use in sports medicine clinics, physiotherapy centres, and military rehabilitation facilities where high-intensity therapeutic laser treatment is required.

2. Minimum Technical Specifications

The proposed equipment must comply with the following minimum requirements

2.1 Laser Parameters

- Laser Class: Class IV High-Intensity Therapeutic Laser
- Wavelength: Combination of 808 nm / 980 nm / 1064 nm (or equivalent multi-wavelength configuration)
- Output Power: Minimum 10 Watts, adjustable
- Operating Modes: Continuous and pulsed modes
- Pulse Frequency: Adjustable
- Energy Density (Fluence): Adjustable according to treatment protocol
- Duty Cycle: Adjustable

2.2 Interface and Control System

- Full-colour touchscreen LCD (minimum 7-inch)
- Real-time display of treatment parameters
- Preloaded clinical treatment programs for common musculoskeletal conditions
- User-defined programmable memory slots

2.3 Handpiece / Applicator

- Ergonomic laser handpiece
- Built-in temperature monitoring system
- Replaceable protective lens
- Safety interlock mechanism
- Capability for contact and non-contact treatment

2.4 Safety Features

- Emergency stop button
- Key-switch activation system
- Overheating protection system
- Automatic power shut-off function
- Laser emission indicator
- Minimum two (2) laser safety protective goggles included

2.5 Design and Mobility

- Mounted on a medical-grade trolley with lockable caster wheels
- OR
- Stable tabletop configuration
- Durable medical-grade housing suitable for continuous clinical operation

2.6 Power Supply

- 100–240V AC
- 50/60Hz
- Suitable for continuous operation in a clinical environment

3. Warranty Requirements

A minimum comprehensive warranty of two (2) years shall be provided, covering:

- Main device
- Laser handpiece/applicator
- Electronic and mechanical components
- Display system
- Labour and servicing costs during the warranty period

4. Scheduled Maintenance

Preventive maintenance shall be carried out at least once every six (6) months throughout the two (2)-year contract period and must include:

- System safety inspection
- Calibration and functional performance testing
- Firmware/software updates (if applicable)



- *General system servicing*

5. Post-Warranty Service (Preferred)

Suppliers are encouraged to provide:

- *Clear quotation for annual or per-visit service packages*
- *Spare parts availability for a minimum of two (2) years after warranty expiry*
- *Technician response time within (3) to five (5) working days*

6. Supplier Submission Requirements

Suppliers must submit the following documents:

- *Official product brochure*
- *Complete technical datasheet*
- *Certification of compliance (e.g., CE, FDA approval, ISO 13485 or equivalent)*
- *Warranty terms and conditions*
- *Delivery timeline*
- *Local service support contact details (if available)*

7. Compliance Statement

All submitted products must meet or exceed the above minimum specifications. Any proposal that does not fulfil the stated minimum technical criteria may be excluded from technical evaluation.

