Lee County Board Of County Commissioners
Agenda Item Summary

Blue Sheet No. 20050317

1. Action Requested/Purpose: Approve Project # PB050293, the utilization (piggyback) of Hendry County E.M.S. bid # 2005-7, for the purchase of cardiac monitoring treatment devices from Zoll Medical Corporation, for the Public Safety/E.M.S. Division. The grand total for the 3 defibrillators, ancillary equipment and warranty is $58,674.00. The additional devices are needed to restock EMS back-up equipment since opening four stations in the past six months.

2. What Action Accomplishes: Allows Public Safety/E.M.S. Division to acquire cardiac monitoring/treatment devices at a reasonable cost off an existing quote with Hendry County E.M.S.

3. Departmental Category: C7A		**4. Meeting Date:** 03-22-2005
5. Agenda:	**6. Requirement/Purpose** *(specify)*	**7. Request Initiated:**
X **Consent**	___ **Statute**	**Commissioner**
___ **Administrative**	___ **Ordinance**	**Department** Public Safety
___ **Appeals**	X **Admin. Code**	**Division** E.M.S.
___ **Public**	___ **Other**	**By:** John Wilson
___ **Walk-On**		

8. Background: On February 23, 2005, Purchasing received a request from the Public Safety-EMS Division to create a blue sheet for the procurement of cardiac monitoring and treatment devices. Public Safety will piggyback Hendry County-E.M.S. bid # 2005-7 for the purchase of this equipment.

Account string: KF5260100100.506410

See attachments:

(1) Department blue sheet request
(2) Authorization to piggyback from Zoll Medical
(3) Authorization to piggyback from Hendry County E.M.S.
(4) Hendry County-E.M.S. Specification
(5) Tab Sheet
(6) Zoll Medical Quotation

9. Review for Scheduling

Department Director	Purchasing or Contracts	Human Resources	Other	County Attorney	Budget Services (approved 3/10)				County Manager / P.W. Director
					Analyst	Risk	Grants	Mgr.	
3/7/05	Janet Sheehan 3-4-05 C Boyt 3-4-05				3/9/05	3/9/05		3/10/05	

10. Commission Action

RECEIVED BY COUNTY ADMIN: 3-8-05 3:15
COUNTY ADMIN FORWARDED TO:

Rec. by CoAtty Date: 3/6/05 Time: 1115 Forwarded To: Admin 3/8

___Approved ___Deferred ___Denied ___Other

Division of

Public Safety/EMS

MEMO

To: Bob Franceschini, Purchasing Agent
From: Chief Chris Hansen, Deputy Director of Public Safety
Subject **Blue Sheet for Zoll Medical**
Date: February 23, 2005

The purpose of this memorandum is to respectfully request your assistance in preparation of a blue sheet to purchase 3 Zoll Medical M-Series Defibrillator/Monitors and ancillary equipment for use on Lee County Emergency Medical Services ambulances. The additional devices are needed to restock our back-up equipment since opening four stations in past six months.

The current Blue Sheet is for Zoll supplies and this additional equipment would put us over the approved amount. The 3 devices and equipment will cost $58,674.00 per Zoll quotation.

The funding source for this project is KF5260100100.506410. Thank you for your assistance with this important project.

Respectfully Submitted,

Chief Chris Hansen, Deputy Director of Public Safety

cc: Janet Sheehan, Purchasing Director
Patti Hojnacki, Public Safety Sr. Fiscal Officer
John Wilson, Public Safety Director
Michael Bridges, Public Safety Deputy Director
Assistant Chief Richard M. Cranford, EMS Operations

ZOLL

ZOLL Medical Corporation
Worldwide Headquarters
269 Mill Road
Chelmsford, Massachusetts 01824-4105
U.S.A.

800 348-9011 Main
978 421-9655 Fax

March 1, 2005

Chris Jeffcoat, Purchasing Agent
Lee County Division of Purchasing
P.O. Box 398
Fort Myers, FL 33902

Dear Mr. Jeffcoat:

This letter is to confirm that the pricing provided by ZOLL Medical Corporation to Lee County EMS for the purchase of defibrillator/monitors is based upon the competitive bid pricing given Hendry County EMS, under Bid number 2005-7, dated February 10, 2005.

If you should have any further questions or comments, please do not hesitate to contact me.

Sincerely,

Kevin Jung
EMS Territory Manager

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HENDRY COUNTY EMERGENCY SERVICES

RANDAL A. BENGSTON
DIRECTOR

POST OFFICE BOX 1760
LABELLE, FLORIDA 33975-1760

DR. D. BILLINGTON, D.O.
MEDICAL DIRECTOR

TO: CHRIS JEFFCOAT
LEE COUNTY PURCHASING
FT. MYERS, FLORIDA 33902

FROM: RANDAL A. BENGSTON, DIRECTOR
HENDRY COUNTY EMERGENCY SVCS.

DATE: MARCH 1, 2005

RE: 'PIGGY BACKING' ON BID # 2005-07

Dear Jeff,

Attached you will find the specifications for the recent bid for 12 lead ECG/Monitor/Defibrillator with Pulse Oximetry & Capnography.

We have *no objection* to Lee County 'piggy backing' onto our bid with the Zoll Medical Corporation.

(863) 612-0721 • Fax (863) 612-0723 • rbenston@hendryfla.net

ATTACHMENT 4

Defibrillator Bid Specifications

General:

1. Unit shall not exceed 11.5 lbs. including defibrillator, multi-function cable and battery, without blood pressure.
2. **Unit must not exceed 6.8 in high x 10.2 in wide x 8.1 in deep, without blood pressure.**
3. Unit shall not exceed 13.5 lbs including defibrillator, multi-function cable and battery with blood pressure.
4. Unit must not exceed 8.2 in high x 10.2 in wide x 8.1 in deep, with blood pressure.
5. Unit must have a standard type II PCMCIA external card slot.
6. Unit must use standard removable type II standard PCMCIA cards (optional).
7. Unit must be able to digitally record ECG and voice on a standard type II PCMCIA card (optional).
8. **Unit must be able to transmit 12- lead ECG information through a standard type II PCMCIA fax/modem card.**
9. External paddles must be able to be attached to the sides of the unit in a secure fashion so that the unit can be carried by the paddles.
10. **Unit must have a battery that is easily replaceable in the field. Field replacement of battery shall require that no parts of the carry case be opened or removed to enable replacement.**
11. **Unit shall have a battery that is located on the top of defibrillator.**
12. **Unit shall have a battery that is visually exposed to provider at all times, so as to facilitate easy replacement and visual battery capacity checks.**
13. Unit shall be color coordinated to separate the monitoring, defibrillation and pacing functions.
14. Unit shall be upgradeable to include future non-invasive monitoring parameters.
15. **Unit must have a defibrillator discharge button that illuminates when device is charged and ready to deliver shock.**
16. Unit shall have an affixed protective carry case that allows for multiple shoulder strap configurations, pockets for electrodes and other supplies.
17. Unit carry case shall be affixed to defibrillator by screws.
18. Unit must perform a self-test when unit is powered up
19. Unit must alert the user that self-test has been completed and unit has passed.
20. Unit shall be able to be tested through Multi function cable or paddles.
21. Unit shall be able to be tested through paddles while paddles are connected to multi-function cable and attached to defibrillator.
22. Unit must provide testing capability which tests: charging, energy delivery, paddles, multi-function cable.
23. Unit must have a test cap to allow Multi-function cable testing.
24. **Unit must have built-in AC power as a standard feature**
25. **Unit should include a durable external case and provide a lifetime warranty of the outer shell of the device.**

Defibrillator Bid Specifications

Monitoring:

1. Unit must be capable of patient monitoring through 3, 5 and 10 lead ECG cables, Multi-function electrodes and paddles.
2. **Unit must use a 4 lead cable that when 12 lead is required the V leads are easily added to the exciting 4 lead cable.**
3. Unit must have a lead selector switch located on front panel that allows user to change leads by pushing lead switch.
4. Unit must display lead selected at all times on display.
5. Leads displayed must be fully defibrillator protected.
6. Unit must have dedicated circuitry that detects most implanted pacer spikes.
7. Unit must display standard marker of pacer spike on ECG trace.
8. Unit must have the following bandwidths: 0.5 – 40 Hz (-3dB 0 STANDARD AND 0.05 – 150 Hz diagnostic.
9. Unit must have the following ECG sizes: 0.5, 1.0, 1.5, 2.0, 3.0 cm/mV displayed on monitor.
10. Unit must contain a digital Heart Rate display of 0 – 300 bpm +/- 5 %
11. Unit must display heart rate on monitor.
12. Unit must contain heart rate alarms that are user selectable.
13. Unit must have heart rate alarms as follows: tachycardia 60 – 280 bpm and bradycardia 20 – 100 bpm.
14. Heart rate alarms must have an on/off symbol displayed on monitor.
15. Heart rate alarms must provide the user with a generated strip chart recording and audible tone when activated.
16. Heart rate alarms must be smart alarms with beeper/voice prompts indicating shockable rhythm in AED mode.
17. Unit must contain a 1-volt ECG out. 1.0 volt/cm of deflection on strip chart recorder. <25 ms delay from patient ECG input.
18. Unit must be able to be put into diagnostic bandwidth by provider through soft keys on front panel.

Electrodes:

1. The Unit must utilize Multi-Function Electrodes that allow pacing, defibrillation, cardioversion and ECG monitoring via one set of disposable pads. Must be available in two sizes for adults and pediatrics.
2. The Multi-Function Electrodes must allow the user to pre connect the electrodes without compromising shelf life.

Display:

1. Unit must have a high resolution EL display as a standard feature.
2. Unit must have a screen that is a minimum of 5 inches diagonally.
3. Unit must have a screen with a sweep speed of 25 mm / sec.
4. Unit must have a screen that provides a minimum viewing time of 4 seconds.

5. Unit must provide the capability of viewing 2 channels simultaneously.
6. Unit must have a display that provides the following information: Heart Rate, Alarm On / Off, SpO_2, $EtCO_2$, NIBP, AED functions and prompts, defibrillator test function, self test function, error corrections and faults, Pacer functions, Code markers, alarm selection and limits, delivered energy, joule settings, ECG size, Synchronized cardioversion, optional $EtCO_2$ readings, SpO_2 readings and NIBP readings.

Defibrillator:

1. **Unit must utilize a low energy rectilinear biphasic waveform.**
2. Unit must have the following energy selections available to provider in manual mode operation: 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 15, 20, 30, 50, 75, 100, 200 joules.
3. Unit must have clinical evidence of 95% or better conversion rate at 120j.
4. Unit must have clinical evidence of >95% success on high impedance patients.
5. **Unit must meet current AHA specifications for biphasic defibrillation (≤200j low energy, scientific data to support efficacy claims).**
6. Unit must allow provider the ability to adjust energy selection controls on device front panel or sternum paddle.
7. Unit must be able to charge to 200 joules in 6 seconds or less with a new fully charged battery.
8. Unit must display energy selected and delivered on monitor display, strip chart recorder and code summary.
9. Unit must have synchronized cardioversion capability with " sync" message displayed on monitor.
10. Unit must have charge controls on both the front panel of unit, as well as, on apex paddle.
11. Unit must have optional paddles that are external anterior/anterior adult and pediatric paddles.
12. Adult paddles must slide off paddle housing to expose pediatric paddles.
13. Unit must be capable of using " Multi-function Electrodes " that are capable of ECG monitoring, pacing, defibrillation, synchronized cardioversion and AED operation.
14. Unit must contain a built in defibrillator tester that tests energy output and continuity of the multi-function cable and paddles documented on strip chart recorder and optional PCMCIA card.
15. Unit must have a " Multi-function" cable that is field replaceable
16. Unit must have a " Multi-function Cable " that operates both multi-function electrodes and external paddles.

Recorder:

1. Unit must utilize a thermal strip chart recorder.
2. Strip chart recorder must use 80mm recording paper.
3. Strip chart recorder must utilize a 6 second delay.
4. Strip chart recorder must be able to print the following annotations: Time, date, defib. Energy, heart rate, pacer output, QRS sync marker, ECG size, lead, alarm, defib test

OK/fail, analyze ECG, pads off, analysis halted, noisy ecg, shock advised, ECG too large, codemarked events and diagnostic bandwidth.

5. Unit must have user configurable print out modes offering manual or automatic recording options initiated by alarm activation or defibrillator discharge.
6. Strip chart recorder must be able to print 3 leads simultaneously, diagnostic bandwidth and a 4x3 12-lead printout.

Pacemaker:

1. **Unit must utilize a Rectilinear, constant current, 40 ms pace pulse width.**
2. Unit must have a continuously variable current level.
3. Unit must have a continuously variable pacing rate from 30-180 ppm.
4. Pacer parameters must be maintained when switching back to defibrillation or monitor mode.
5. The heart rate alarms must function in the pacing mode.
6. **Unit must have 4.1 button that allows viewing of intrinsic patient rhythm without losing pacing capture.**
7. Unit must be configurable for initial setting of pacing rate.
8. Unit must display pacing rate and milliamps on EL display.
9. The pacer must continue to deliver life-saving therapy in the event an ECG lead falls off.
10. Unit must be able to pace through multi-function or pacing electrodes.

12- lead ECG:

1. The 12-lead must reside within a defibrillator weighing less than 15 pounds (this includes NIBP and paddles)
2. The 12-lead system must be an integral part of the defibrillator
3. The 12-lead system must be able to provide a diagnostic 12-lead ECG 4x3 printout by holding the recorder button for two seconds
4. The 12-lead system must be capable of providing a diagnostic 12-lead ECG printout with interpretation by pressing the acquire button in the 12-lead mode.
5. **The 12-lead system must include the GE Marquette 12SL ECG Analysis Program**
6. **The Unit must allow direct transmission of 12-lead ECG via land or cell phone to a standard fax machine**
7. The 12-lead system must provide a user configuration that allows the option of printing detailed measurements along with the interpretation.
8. The 12-lead ECG must be capable of being acquired without entering deep menus and without the use of a trim knob.
9. The unit must offer an optional 0.05 to 40hz bandwidth

10. The 12-lead system must allow users to easily insert patient name, age and gender using soft keys on the defibrillator
11. The 12-lead system must allow users to print the 12 SL Analysis, including measurements and patient name, age and gender on 80 mm fan-fold paper.
12. **The 12-lead system must be capable of storing up to 24 pre-programmed telephone numbers facilitating rapid and easy 12-lead ECG transmission**
13. The 12-lead system must allow configuration of user defined lead groups for rapid printout and review of pertinent ECG.
14. The strip chart recorder must be an integral part of the defibrillator without adding size or weight.
15. **The 12-lead cable must consist of 4 limb leads and a separate V lead cable.**
16. The 12-lead patient cable must be capable of providing limb lead signals directly to the defibrillator when only the limb leads are attached.
17. The 12-lead cable must accommodate either snaps or clips.
18. The 12-lead system must be capable of providing an automatic patient identifier using 7 alphanumeric characters.
19. The 12-lead system must be capable of providing a device identifier using 3 alphanumeric characters.
20. The unit must offer 12-lead sampling rate of 500 samples per second
21. The unit must offer a 12-lead A/D resolution of 18-bits
22. The unit must be able to provide direct connectivity, without the use of an additional gateway interface, to the GE Medical Systems MUSE system for the transmission of 12-lead ECG
23. The unit must provide direct transmission of the 12-lead ECG to the GE Medical Systems MAC 5000 cardiograph
24. The unit must be upgradeable to allow direct downloading of 12-lead ECG's via land or cell phone to both GE Medical Systems MUSE system as well as the MAC 5000 cardiographs.

Pulse Oximetry:

1. Unit must have an integral pulse oximeter or be upgradeable to include an integral Pulse Oximeter.
2. Unit must utilize pulse oximetry that has FDA 510k clearance for use during patient motion and low perfusion.
3. **Unit must include Masimo SET technology**
4. Unit must have included in pulse oximeter all cables and reusable sensors.
5. **Unit must utilize sensors that work in bright sunlight.**

6. Unit must utilize pulse oximeter that has alarms that are user adjustable in the field.

Capnography:

Monitor/Defibrillator must be capable of utilizing both Mainstream and/or Sidestream technologies.

The CAPNOSTAT III Mainstream CO2 sensor monitors all patients, whether intubated or not. The CAPNOSTAT III requires no calibration and is known industry-wide as the most reliable and accurate CO2 sensor available. Patient monitoring occurs within 15 seconds of startup and is not subject to failure by moisture or patient secretions that are found in side stream CO2 systems.

1. Unit must offer mainstream technology which eliminates pumps, water traps and sample tubing.
2. Unit must offer a solid-state Capnostat sensor located outside of the defibrillator allowing easy replacement if necessary.
3. Unit must be capable of providing constant digital information as well as an optional capnographic waveform on screen or print-out
4. Unit shall not use small diameter tubing which is prone to occlusion
5. Unit must have the ability to verify accuracy in the field by placing the sensor on a reference cell which is attached to the cable of the sensor

Purpose

1) Verification of endotracheal intubation.
2) Verification of continuous ventilation.
3) Verify mask/bag resuscitation effectiveness.
4) Identify airway obstruction or bronchospasm.
5) Identify a kink or occlusion in the endotracheal tube.
6) Identify and correct for patient/ventilator asynchrony.
7) Monitor effectiveness of chest compressions during CPR.

Features

1) No calibration required.
2) Two (2) year Unconditional Warranty.
3) Mainstream CO2 analysis by infrared spectroscopy.
4) No removal of the patient sample from the circuit.
5) Analysis of the sample in less than 60 milliseconds.
6) Single patient use and reusable airway adapters.
7) Measurement of adult, pediatric and neonatal patients.
8) No water traps, filters or dehumidification tubing required.

9) Neonatal airway adapter with a dead space or less than 1 ml.
10) Respiration rate measurement up to 150 breaths per minute.
11) Rugged mainstream sensor, tested to rigorous UPS drop test specifications.
12) Fast warm up, capnogram in less than 15 seconds, full specifications in 60 seconds.
13) Accuracy
    a. 0 – 40 mmHg - +/-2 mmHg
    b. 1 – 70 mmHg - +/- 5% of reading
    c. 41 71-100 mmHg - +/-8% of reading.

CPT Codes

Code	Description
94250	Expired gas collection, quantitative, single procedure (separate procedure).
94400	Breathing response to CO2 (CO2 response curve).
94680	Oxygen uptake, expired gas analysis; rest and exercise, direct, simple.
94681	Including CO2, output, percentage O2 extracted.

Battery/Charging systems:

1. **Unit must use rechargeable sealed lead acid batteries.**
2. Batteries must provide the following capacities: 3 hours of continuous ECG monitoring, 2.5 hours of continuous ECG monitoring/pacing at 60 mA, 80 beats per minute and 35 defibrillator discharges at a maximum energy of 200 joules. (without additional monitoring parameters)
3. **Unit must utilize optional "Smart" batteries that calculate capacity as well as charge allowing providers to view the amount of monitoring time in a battery.**
4. **Smart batteries must utilize an LED gauge showing in ½ hour increments available battery life.**
5. Smart batteries must have 2 separate components: smart chip and cells.
6. Either or both the smart chip or cells must be field replaceable.
7. Battery must be easy to change.

4x4 Battery Support System

1. The AC Charger must not weigh more than 3 lbs.
2. The AC Charger must alert the user when the Unit has not been plugged in.
3. The AC Charger must be attachable to the Unit for each transport.
4. The AC Charge must have a built-in cord wrap for easy transport.
5. The AC Charger must allow for "permanent" attachment to the Unit.
6. Unit must have an integral AC or DC charging system without adding size or weight to the device.
7. AC charger must use a standard grounded cable to operate charging system in AC mode.

8. DC charger must utilize the following DC connectors: cigarette lighter adapter or standard DC connector.
9. AC or DC charger must be able to recharge a depleted sealed lead acid battery, operate the unit without a battery or batteries in unit and simultaneously recharge battery and operate unit.
10. AC or DC charger shall be able to operate at total functionality while drawing power off of vehicle inverters.
11. Battery support system must be capable of the simultaneous charging of 4 sealed acid batteries at one time.
12. Battery support system must be capable of the simultaneous testing of up to 4 sealed lead acid batteries at one time.
13. Battery support system must have an auto test feature that automatically tests charges and recalibrates sealed acid batteries whenever a battery is installed in system.

ATTACHMENT 5

HENDRY COUNTY EMERGENCY SERVICES

RANDAL A. BENGSTON
DIRECTOR

POST OFFICE BOX 1760
LABELLE, FLORIDA 33975-1760

DR. D. BILLINGTON, D.O.
MEDICAL DIRECTOR

TO: CHRIS JEFFCOAT
LEE COUNTY PURCHASING
FT. MYERS, FLORIDA 33902

FROM: RANDAL A. BENGSTON, DIRECTOR
HENDRY COUNTY EMERGENCY SVCS.

DATE: MARCH 1, 2005

RE: 'TAB SHEET' SUBMITTED

Dear Jeff,

Attached you will find the 'Tab Sheet' that I submitted to our county Administrator concerning Bid # 2005-07 and the list of vendors we submitted said bid..

(863) 612-0721 • Fax (863) 612-0723 • rbenston@hendryfla.net

HENDRY COUNTY EMERGENCY SERVICES

RANDAL A. BENGSTON
DIRECTOR

POST OFFICE BOX 1760
LABELLE, FLORIDA 33975-1760

DR. D. BILLINGTON, D.O.
MEDICAL DIRECTOR

TO: LESTER B. BAIRD, ADMINISTRATOR
HENDRY COUNTY

FROM: RANDAL A. BENGSTON, DIRECTOR
HENDRY COUNTY EMERGENCY SVCS.

DATE: FEBRUARY 11, 2005

RE: BID # 2005-07
12-Lead ECG/Monitor/Defibrillator with Pulse Oximetry & Capnography

Mr. Baird,
I have reviewed the three (3) bid proposal submitted for the afore mentioned bid and after careful review, it is my opinion to go with the following company:

Zoll Medical Corporation

This company **meets** all of the specifications required, with ***NO EXCEPTIONS***.

The bids are as follows: ***Seven (7) units*** *(as stated above)*

- **Zoll Medical Corp.** **$150,778.00**
- Medtronic Emergency Response $179,153.10
- Philips Medical Systems $114,409.96 ***
  (*** 26-exceptions)

FYI - We currently own a Zoll monitor (from Big Cypress) and we want ALL of our monitors to be alike. Causes less confusion for our paramedics.

(863) 612-0721 • Fax (863) 612-0723 • rbenston@hendryfla.net

VENDORS

BID # 2005-07

Alliance Medical
ATTN: Larry Dahl, Jr.
Post Office Box 147
Russellville, MO. 65074

Medtronic Physical Control
ATTN: Gary Michel
11811 Willows Road NE
Post Office Box 97023
Redmond, WA. 98073-9723

Phillips Medical Systems
ATTN: Craig Ludwin
3000 Minuteman Road
Andover, MA. 01810

Zoll Medical Corp.
ATTN: Kevin Jung
32 Second Avenue
Burlington, MA. 01803-4420

ATTACHMENT 6

ZOLL

ZOLL Medical Corporation
Worldwide Headquarters
269 Mill Road
Chelmsford, Massachusetts 01824-4105
(978) 421-9655 Main
(800) 348-9011
(978) 421-0015 Telefax

QUOTATION

TO: Lee County Division of Public Safety EMS
P.O. Box 398
1825 Hendry Street, 3rd Floor
Fort Myers, FL 33901

Attn: **Captain David Wheaton**

DATE: December 17, 2004

TERMS: Net 30 Days

FOB: Shipping Point

ITEM	MODEL NUMBER	DESCRIPTION	QTY.	UNIT PRICE	DISC PRICE	TOTAL PRICE
1	4 1 6 2 1 5 3 1 1 0 0 1 2 3 0 1 0 **M SERIES MED-PRO PLUS BIPHASIC**	**Manual/Advisory Defibrillator with Rectilinear Biphasic Waveform, AC Power, Multiple Application Printer with Summary Report, Code Markers, SPO2 with reusable sensor and 4' cable, Noninvasive Pacing, NIBP with Adult-Plus cuff and hose and 12-Lead with 1-Step Cable** Includes: High contrast display, 3-lead patient cable with integral lead wires, universal cable, 1 XL Battery, carry case ac mains power cord, 1 package of recorder paper, integral diagnostic frequency response, 2 PCMCIA card slots, RS232 data transfer capabilities and 1 Operator's manual. **Standard One Year EMS Warranty**	3	$24,185.00	$19,348.00	$58,044.00 *
2	8000-0745	**Xtreme Pack II Carry Case, XL with rear and side pockets or use with hands-free defibrillation** (price at time of initial purchase)	3	$495.00	$170.00	$510.00 *
3	8204-0103-01	**Smart Battery Replacement for Standard Battery (at time of initial purchase when ordering new equipment)**	3	$50.00	$40.00	$120.00 *
			Total List Price		**$74,190.00**	
		***REFLECTS DISCOUNT PRICING**				
		All discounts off List Price are contingent upon payment within agreed upon terms.				

WE PROPOSE TO FURNISH THE ITEMS LISTED ABOVE, SUBJECT TO CONDITIONS SET FORTH ON THE REVERSE SIDE HEREOF, AND THE WRITTEN ACCEPTANCE OF THIS QUOTATION.

TOTAL **$58,674.00**

1. DELIVERY WILL BE MADE 60-90 DAYS AFTER RECEIPT OF ACCEPTED PURCHASE ORDER.
2. PRICES WILL BE F.O.B. SHIPPING POINT.
3. WARRANTY PERIOD (See above and reverse side).
4. PRICES QUOTED ARE FIRM THROUGH DECEMBER 30, 2004.
5. APPLICABLE TAX & FREIGHT CHARGES ADDITIONAL.
6. ALL PURCHASE ORDERS ARE SUBJECT TO CREDIT APPROVAL BEFORE ACCEPTANCE BY ZOLL.
7. PURCHASE ORDERS TO BE FAXED TO ZOLL CUSTOMER SERVICE AT 978-421-0015.

Kevin Jung/el
Territory Manager
800-242-9150, x9576