



Capital Expenditure Request (CER) Worksheet

Date:	March 9, 2021
Department:	Surgical Services
Manager:	F. Heinz
Capital Description:	Autoclave

PROJECT EXPENSE:		
Total Project Budget : Includes equipment, interfaces, shipping, installation, facility modifications, etc.		\$100,000
Total Project Cost : Includes equipment, interfaces, shipping, installation, facility modifications, etc.	(1)	\$95,995.94
Total Project Variance :		\$4004.06
PROCEDURE RELATED EQUIPMENT:		
Charge for Procedure:		\$
Estimated Reimbursement for Procedure :	(2)	\$
Estimated # of Procedures Per Year:	(3)	\$
Expected Annual Return on Investment calculated (2) x (3) ÷ (1) :	ROI	\$

<p>NEED:</p> <p><i>Check all that apply:</i></p> <p><input checked="" type="checkbox"/> Necessary to meet regulatory requirements, patient care is jeopardized without</p> <p><input type="checkbox"/> Equipment upgrade, enhances productivity</p> <p><input type="checkbox"/> New service, business development</p> <p><i>Have you?</i></p> <p><input checked="" type="checkbox"/> Involved affected employees?</p> <p><input type="checkbox"/> Involved affected physicians?</p>
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<p>Equipment:</p> <p>Function: Large autoclave to sterilize instruments.</p>
<p>Benefit The small autoclave is 21 years old and obsolete. Our service rep is capable of getting it to work sporadically. Need larger autoclave to re-sterilize multiple instrument sets associated with total joint replacements.</p>
<p>Additional Operating Costs: <i>***(Please identify additional costs such as additional staff time and training, supplies, maintenance agreements, etc.)</i></p> <p>All existing supplies are compatible.</p>
<p>Life Expectancy: 20 years.</p>

PURCHASE:

Is the equipment available through the hospital's purchasing agreements?

Yes

No -- Justification:

Vendor Comparison:

	Vendor 1	Vendor 2	Vendor 3
Vendor Name	Steris		
Vendor Address			
Vendor Contact	Scott Arnock		
Vendor Phone	720-339-9566		
Price	95,995.94		
Additional Costs	none		
Vendor reputation	excellent		
Vendor previously used	yes		
Equipment reputation	excellent		
Price protection period	June 5, 2021		
Service availability – including bio-med arrangements	Existing service contract		
Ongoing service and repairs	Steris		
Warranty	One year		
Installation and down time	One day		
Demonstration date	N/A		

Vendor Selected: Steris

Criteria:

Compatible with existing system.

***** Please attach copy of research, price quotations and other supporting documentation.**

STERIS



STERIS Corporation
5960 Heisley Road
Mentor, OH 44060-1834 • USA
440-354-2600
GLN: 0724995000004

CER request

QUOTATION

DELTA COUNTY MEMORIAL HOSPITAL

Acct.41859

100 STAFFORD LN

DELTA, CO 81416, US

STERIS Quote No: SARMOCK811599

Revision No: 1

Date: 05-Mar-2021

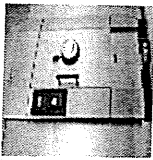
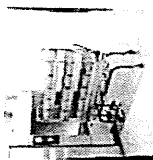
Submitted By:
Scott Armock, Account Manager

Please submit your quote and purchase order directly to your Account Manager or to
RegionalSalesSupport@steris.com

STERIS is pleased to make the following proposal for your consideration:

THIS QUOTE HAS BEEN DISCOUNTED TO REFLECT A LOYALTY INCENTIVE WITH A DELIVERY DATE BY MARCH 2022.

NOTICE: The sale of Products or Services covered by this Quotation is subject to Customer's acceptance of STERIS Corporation's Terms and Conditions of Sale which can be found at [http://www.steris.com/media/terms/TC_US_12_4_18.PDF] or by CLICKING HERE. Any additional or different terms or conditions proposed by Customer are rejected and will not be binding upon STERIS unless specifically agreed in writing by an authorized representative of STERIS.

Item	Equipment #	Description	Quantity	Extended Discount Price
1.0000	SR2222213011	 <p>Amsco 400 26X37.5X48 Prevacuum Single Hinge Recessed, 1-Wall Lh Steam 26X37.5X480V</p> <ul style="list-style-type: none"> • AMSCO® 400 Medium Steam Sterilizers • Prevacuum • LH • Recessed • External Supplied Steam (Facility Steam/Stand-Alone Generator) • Contract: GR PREMIER PP-MM-514 STEAM STERILIZERS TIER 2 	1	95,264.42
1.1000	AX0650230830000013 GTIN: 00724995150600	 <p>Atlas Transfer Carriage 26X37.5X48" (Amsco 400)</p> <ul style="list-style-type: none"> • Contract: GR PREMIER PP-MM-514 STEAM STERILIZERS TIER 2 	1	4,473.00
1.2000	AX068013081 GTIN: 00724995150594	<p>48" Atlas Loading Car</p> <ul style="list-style-type: none"> • Contract: GR PREMIER PP-MM-514 STEAM STERILIZERS TIER 2 	1	5,145.52
1.3000	SE601852	Install - Medium Sterilizer		
1.4000	SE6018521	Deinstallation - Medium Sterilizers	1	4,848.00
1.5000	TRADECOMPSTER	Trade-In Competitors Sterilizer	1	1,077.00
		Please provide STERIS with serial number of trade-in equipment (as applicable) on your Purchase Order.	1	-856.00
Currency: USD				
Quote Total Excluding Taxes				109,951.94
Package Level Discount				
Quote Total Excluding Taxes With Package Level Discount Applied				13,956.00
				95,995.94

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NOTE: ALL TAXES ARE EXCLUDED UNLESS OTHERWISE STATED. IF EXEMPT, PROOF OF TAX EXEMPTION MUST ACCOMPANY ALL PURCHASE ORDERS.

NOTE: Under present circumstances, this quotation may be considered firm for thirty (30) days from this date. Acceptance later is subject to confirmation. Our quotation is extended on the basis of shipment being made within twelve (12) months after receipt of purchase order or contract. For extended shipments, add 1/2% per month for any subsequent period beyond (12) months.

Term of Payment: Net 30 Days

Terms of Shipping: PPD/ADD

FOB: Origin

DELIVERY INSTRUCTIONS

Customer Purchase Order: _____
STERIS Sales Order Number: _____
Delivery Address: _____
Dock Days _____
Dock Hours _____
Precall Required _____

Yes No
Note: Carrier will call 24 hours in advance of shipment to notify of delivery the following day.
Appointment Required Yes No

Note: If appointment required, carrier will hold shipment till contact below is reached to set a delivery appointment.
Receiving Contact for Required Precall _____

Receiving Contact Phone _____
Receiving Contact Email _____

Dock with Leveler Yes No
Standard Size Dock (48-52" High) Yes No
Accommodate 75ft x 13.5ft H Tractor Trailer (Trailer plus sleeper unit) Yes No

If no, please specify max length/height of truck that can deliver _____
Proper equipment available at Customer site to unload the equipment Yes No

Note: <1,000lbs: a pallet jack probably would suffice; >1,000lbs a fork lift would probably be the preferred method
Liftgate Required* Yes No

Inside Delivery Beyond the Dock* Yes No
If yes, provide final delivery location (e.g. Room 204, Floor 4) _____

Equipment to be delivered to a construction site Yes No

If yes, PPE may be required by carrier. Please specify what PPE will be required for delivery. _____
Union Drivers Required on Site Yes No

Updated on ___/___/___

* = Additional Charges Apply

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By:
Scott Armock
Account Manager

STERIS Corporation
5960 Heisley Road
Mentor, OH 44060
Tel: 440-354-2600
Fax: 440-639-4450

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Accepted For:
DELTA COUNTY MEMORIAL HOSPITAL
Acct:41859

Signature: _____
Title: _____
Date: _____
E-mail: _____
Purchase Order: _____
Want Date: _____
Ship To Address: _____
Bill To Address: _____

View order history and place orders for accessories, consumables and parts on-
line. Visit us at <https://store.steris.com>