**Opis przedmiotu zamówienia**

**na dostawę wyposażenia medycznego na potrzeby DDOM w Łodzi ul. Odrzańska 29 w ramach projektu pn. ,,Pogodna Jesień Życia'' finansowanego z Europejskiego Funduszu Społecznego+ Program Fundusze Europejskie dla Łódzkiego 2021-2027.**

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| **1. Opis Wieszak na piłki 2szt** | | | | | | | | | | | | | | | | |
| **Miejsce dostawy: ul. Odrzańska 29** | | | | | | | | | | | | | | | | |
| **Lp.** | **Parametry techniczno-eksploatacyjne** | | | | | | **Wartość wymagana** | | | | **Dodatkowe parametry techniczne**  **/Punktacja** | | | | **Parametr oferowany**  **(wypełnia Wykonawca)\*** | |
| **1.** | **2.** | | | | | | **3.** | | | | **4.** | | | | **5.** | |
| 1. | Wieszak montowany do ściany, przeznaczony do przechowywania piłek w rozmiarach 55-75 cm. | | | | | | Do wyboru ( ) | | | | Tak - 0,25 pkt  Nie -0 pkt | | | |  | |
| 2. | Przeznaczony do przechowywania 3 szt piłek | | | | | | Tak | | | |  | | | |  | |
| 3. | Szerokość: 200 cm, głębokość: 55 cm. | | | | | | Tak | | | |  | | | |  | |
| 4. |  | | | | | | Tak | | | |  | | | |  | |
| 5. |  | | | | | | Tak | | | |  | | | |  | |
| **Typ model** | | |  | | | | | | | | | | | | | |  |  |
| **Producent** | | |  | | | | | | | | | | | | | |  |  |
| **Kraj pochodzenia** | | |  | | | | | | | | | | | | | |  |  |
| **Rok produkcji** | | |  | | | | | | | | | | | | | |  |  |
| **2. Opis Wieszak na maty 2 szt.** | | | | | | | | | | | | | | | | |
| **Miejsce dostawy: ul.Odrzańska 29.** | | | | | | | | | | | | | | | | |
| **Lp.** | | **Parametry techniczno-eksploatacyjne** | | | | | | **Wartość wymagana** | | | | **Dodatkowe parametry techniczne**  **/Punktacja** | | | | **Parametr oferowany**  **(wypełnia Wykonawca)\*** |
| **1.** | | **2.** | | | | | | **3.** | | | | **4.** | | | | **5.** |
| 1. | | możliwość regulacji szerokości haków | | | | | | Do wyboru (podać) | | | | Tak - 0,25 pkt  Nie -0 pkt | | | |  |
| 2. | | Wieszak wykonany z metalu | | | | | | Tak | | | |  | | | |  |
| 3. | | Do zawieszenia 20 mat | | | | | | Tak | | | |  | | | |  |
| 4. | | Minimalna nośność: 30 kg | | | | | | Tak | | | |  | | | |  |
| 5. | | Wymiary**:** 67 x 28 cm | | | | | | Tak | | | |  | | | |  |
| 6. | | Mocowany do ściany za pomocą 2 śrub (śruby i kołki w zestawie) | | | | | | Tak | | | |  | | | |  |
| **Typ model** | | |  | | | | | | | | | | | | | |  |  |
| **Producent** | | |  | | | | | | | | | | | | | |  |  |
| **Kraj pochodzenia** | | |  | | | | | | | | | | | | | |  |  |
| **Rok produkcji** | | |  | | | | | | | | | | | | | |  |  |
| **3. Opis prześcieradła jednorazowe - 1000 szt.** | | | | | | | | | | | | | | | | |
| **Miejsce dostawy: ul. Odrzańska 29** | | | | | | | | | | | | | | | | |
| **Parametry techniczno-eksploatacyjne** | | | | | **Wartość wymagana** | | | | **Dodatkowe parametry techniczne**  **/Punktacja** | | | | **Parametr oferowany**  **(wypełnia Wykonawca)\*** | | | |
| **2.** | | | | | **3.** | | | | **4.** | | | | **5.** | | | |
| Prześcieradło medyczne włókninowe podkład 160x210cm | | | | | Tak | | | |  | | | |  | | | |
| Gramatura: min. 25 g/m² | | | | | Tak | | | |  | | | |  | | | |
| **Typ model** | | | |  | | | | | | | | | | | | |
| **Producent** | | | |  | | | | | | | | | | | | |
| **Kraj pochodzenia** | | | |  | | | | | | | | | | | | |
| **Rok produkcji** | | | |  | | | | | | | | | | | | |
| **4. Opis koc jednorazowy - 1000 szt** | | | | | | | | | | | | | | | | |  |  |
| **Miejsce dostawy: ul. Odrzańska 29** | | | | | | | | | | | | | | | | |  |  |
| **Lp.** | **Parametry techniczno-eksploatacyjne** | | | | | **Wartość wymagana** | | | | **Dodatkowe parametry techniczne**  **/Punktacja** | | | | **Parametr oferowany**  **(wypełnia Wykonawca)\*** | | |  |
| **1.** | **2.** | | | | | **3.** | | | | **4.** | | | | **5.** | | |  |
| 1. | Koc jednorazowy do okrycia pacjenta | | | | | Tak | | | |  | | | |  | | |  |
| 2. | Rozmiar: 110 × 220 cm | | | | | Tak | | | |  | | | |  | | |  |
| 3. | Wykonany z wysokiej jakości włókniny | | | | | Tak | | | |  | | | |  | | |  |
| **Typ model** | | |  | | | | | | | | | | | | | |  |  |
| **Producent** | | |  | | | | | | | | | | | | | |  |  |
| **Kraj pochodzenia** | | |  | | | | | | | | | | | | | |  |  |
| **Rok produkcji** | | |  | | | | | | | | | | | | | |  |  |

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| **5. Opis poduszka jednorazowa - 1000 szt** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Miejsce dostawy: ul. Odrzańska 29** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Lp.** | **Parametry techniczno-eksploatacyjne** | | | | | | | | | | | | | **Wartość wymagana** | | | | | | | | | | | | | | | **Dodatkowe parametry techniczne**  **/Punktacja** | | | | | | | | | | | | | | | **Parametr oferowany**  **(wypełnia Wykonawca)\*** | | | | | | | | | |
| **1.** | **2.** | | | | | | | | | | | | | **3.** | | | | | | | | | | | | | | | **4.** | | | | | | | | | | | | | | | **5.** | | | | | | | | | |
| 1. | Materiał: pokrycie flizelinowe, wypełnienie kulka poliestrowa | | | | | | | | | | | | | Tak | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | |  | | | | | | | | | |
| 2. | Rozmiar: 40 x 50 cm | | | | | | | | | | | | | Tak | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | |  | | | | | | | | | |
| **Typ model** | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Producent** | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Kraj pochodzenia** | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Rok produkcji** | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **6. Opis podkład (rolka) - 48 szt** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Miejsce dostawy: ul. Odrzańska 29** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Lp.** | **Parametry techniczno-eksploatacyjne** | | | | | | | | | | | | **Wartość wymagana** | | | | | | | | | | | | | | **Dodatkowe parametry techniczne**  **/Punktacja** | | | | | | | | | | | | | | **Parametr oferowany**  **(wypełnia Wykonawca)\*** | | | | | | | | |
| **1.** | **2.** | | | | | | | | | | | | **3.** | | | | | | | | | | | | | | **4.** | | | | | | | | | | | | | | **5.** | | | | | | | | |
| 1. | Celulozowy podkład medyczny na rolce | | | | | | | | | | | | Tak | | | | | | | | | | | | | |  | | | | | | | | | | | | | |  | | | | | | | | |
| 2. | Podkład z widoczną perforacją odcinków | | | | | | | | | | | | Tak | | | | | | | | | | | | | |  | | | | | | | | | | | | | |  | | | | | | | | |
| 3. | Min. długość rolki: 46 m | | | | | | | | | | | | Tak | | | | | | | | | | | | | |  | | | | | | | | | | | | | |  | | | | | | | | |
| **Typ model** | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Producent** | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Kraj pochodzenia** | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Rok produkcji** | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **7. Opis Leżanka medyczna 3 szt.** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
| **Miejsce dostawy: ul. Odrzańska 29** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
| **Lp.** | **Parametry techniczno-eksploatacyjne** | | | | | | | | | | | | **Wartość wymagana** | | | | | | | | | | | | | | **Dodatkowe parametry techniczne**  **/Punktacja** | | | | | | | | | | | | | | **Parametr oferowany**  **(wypełnia Wykonawca)\*** | | | | | | | | |  | |
| **1.** | **2.** | | | | | | | | | | | | **3.** | | | | | | | | | | | | | | **4.** | | | | | | | | | | | | | | **5.** | | | | | | | | |  | |
| 1 | Rama leżanki wykonana z kształtowników stalowych, pokrytych farbą proszkową | | | | | | | | | | | | Tak | | | | | | | | | | | | | |  | | | | | | | | | | | | | |  | | | | | | | | |  | |
| 2 | Leże i wezgłowie wykonane z płyty wiórowej obitej pianką poliuretanową i obszyte materiałem skóropodobnym zmywalnym | | | | | | | | | | | | Tak | | | | | | | | | | | | | |  | | | | | | | | | | | | | |  | | | | | | | | |  | |
| 3 | Regulacja kąta pochylenia wezgłowia | | | | | | | | | | | | Do wyboru (podać) | | | | | | | | | | | | | | Tak - 0,25 pkt  Nie -0 pkt | | | | | | | | | | | | | |  | | | | | | | | |  | |
| 4 | Uchwyt na rolkę prześcieradła | | | | | | | | | | | | Do wyboru (podać) | | | | | | | | | | | | | | Tak - 0,25 pkt  Nie -0 pkt | | | | | | | | | | | | | |  | | | | | | | | |  | |
| 5 | Całkowita szerokość, 550 mm | | | | | | | | | | | | Tak | | | | | | | | | | | | | |  | | | | | | | | | | | | | |  | | | | | | | | |  | |
| 6 | Całkowita długość, 1880 mm | | | | | | | | | | | | Tak | | | | | | | | | | | | | |  | | | | | | | | | | | | | |  | | | | | | | | |  | |
| 7 | Całkowita wysokość, 510 mm | | | | | | | | | | | | Tak | | | | | | | | | | | | | |  | | | | | | | | | | | | | |  | | | | | | | | |  | |
| 8 | Kąt nachylenia wezgłowia, +/- 40° | | | | | | | | | | | | Tak | | | | | | | | | | | | | |  | | | | | | | | | | | | | |  | | | | | | | | |  | |
| 9 | Minimalne obciążenie 180 kg | | | | | | | | | | | | Tak | | | | | | | | | | | | | |  | | | | | | | | | | | | | |  | | | | | | | | |  | |
| **Typ model** | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |  |
| **Producent** | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |  |
| **Kraj pochodzenia** | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |  |
| **Rok produkcji** | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |  |
| **8. Opis Stołek 2 szt.** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Miejsce dostawy: ul. Odrzańska 29** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Lp.** | **Parametry techniczno-eksploatacyjne** | | | | | | | | | | | | **Wartość wymagana** | | | | | | | | | | | | | | **Dodatkowe parametry techniczne**  **/Punktacja** | | | | | | | | | | | | | | **Parametr oferowany**  **(wypełnia Wykonawca)\*** | | | | | | | | |
| **1.** | **2.** | | | | | | | | | | | | **3.** | | | | | | | | | | | | | | **4.** | | | | | | | | | | | | | | **5.** | | | | | | | | |
| 1 | Stołek o stabilnej konstrukcji | | | | | | | | | | | | Tak | | | | | | | | | | | | | |  | | | | | | | | | | | | | |  | | | | | | | | |
| 2 | Podstawa na kółkach | | | | | | | | | | | | Tak | | | | | | | | | | | | | |  | | | | | | | | | | | | | |  | | | | | | | | |
| 3 | Siedzisko obite materiałem skóropodobnym | | | | | | | | | | | | Do wyboru (podać) | | | | | | | | | | | | | | Tak - 0,25 pkt  Nie -0 pkt | | | | | | | | | | | | | |  | | | | | | | | |
| 4 | Regulacja wysokości | | | | | | | | | | | | Tak | | | | | | | | | | | | | |  | | | | | | | | | | | | | |  | | | | | | | | |
| 5 | Wysokość: od 46 cm do 60 cm | | | | | | | | | | | | Tak | | | | | | | | | | | | | |  | | | | | | | | | | | | | |  | | | | | | | | |
| 6 | Minimalne obciążenie: 120 kg | | | | | | | | | | | | Do wyboru (podać) | | | | | | | | | | | | | | Tak - 0,25 pkt  Nie -0 pkt | | | | | | | | | | | | | |  | | | | | | | | |
| **Typ model** | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Producent** | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Kraj pochodzenia** | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Rok produkcji** | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **9. Opis pojemnik na odpady medyczne - 2 szt.** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Miejsce dostawy: ul. Odrzańska 29** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Parametry techniczno-eksploatacyjne** | | | | **Wartość wymagana** | | | | | | | | | | | | | | **Dodatkowe parametry techniczne**  **/Punktacja** | | | | | | | | | | | | | | **Parametr oferowany**  **(wypełnia Wykonawca)\*** | | | | | | | | | | | | | | | | | |
| **2.** | | | | **3.** | | | | | | | | | | | | | | **4.** | | | | | | | | | | | | | | **5.** | | | | | | | | | | | | | | | | | |
| Kosz na odpady wykonany z tworzywa sztucznego w kolorze białym lub jasny szary | | | | Do wyboru (podać) | | | | | | | | | | | | | | Tak - 0,5 pkt  Nie -0 pkt | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | |
| Pojemność 50l lub 60l dostosowany do jednorazowych worków foliowych | | | | Tak | | | | | | | | | | | | | |  | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | |
| Pokrywa kosza zamykana | | | | Tak | | | | | | | | | | | | | |  | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | |
| Sposób otwierania: pedał nożny | | | | Tak | | | | | | | | | | | | | |  | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | |
| **Typ model** | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Producent** | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Kraj pochodzenia** | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Rok produkcji** | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **10. Opis Aparat Ekg (z oprogramowaniem) 1 szt.** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Miejsce dostawy: ul. Odrzańska 29** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Lp.** | **Parametry techniczno-eksploatacyjne** | | | | | | | | | | | | **Wartość wymagana** | | | | | | | | | | | | | | **Dodatkowe parametry techniczne**  **/Punktacja** | | | | | | | | | | | | | | **Parametr oferowany**  **(wypełnia Wykonawca)\*** | | | | | | | | |
| **1.** | **2.** | | | | | | | | | | | | **3.** | | | | | | | | | | | | | | **4.** | | | | | | | | | | | | | | **5.** | | | | | | | | |
| 1. | Zapis w czasie rzeczywistym w trybie 3, 4, 6 i 12 odprowadzeń EKG | | | | | | | | | | | | Tak | | | | | | | | | | | | | |  | | | | | | | | | | | | | |  | | | | | | | | |
| 2. | Równoczesna rejestracja 12 odprowadzeń | | | | | | | | | | | | Tak | | | | | | | | | | | | | |  | | | | | | | | | | | | | |  | | | | | | | | |
| 3. | Analiza sygnału EKG zgodna z EN 60601-2-51 | | | | | | | | | | | | Tak | | | | | | | | | | | | | |  | | | | | | | | | | | | | |  | | | | | | | | |
| 4. | Interpretacja badania zależna od wieku pacjenta podawanego w dniach, miesiącach i latach | | | | | | | | | | | | Tak | | | | | | | | | | | | | |  | | | | | | | | | | | | | |  | | | | | | | | |
| 5. | Klawiatura alfanumeryczna | | | | | | | | | | | | Tak | | | | | | | | | | | | | |  | | | | | | | | | | | | | |  | | | | | | | | |
| 6. | Klawiatura funkcyjna do bezpośredniego sterowania podstawowymi funkcjami aparatu | | | | | | | | | | | | Tak | | | | | | | | | | | | | |  | | | | | | | | | | | | | |  | | | | | | | | |
| 7. | Detekcja stymulatora serca | | | | | | | | | | | | Tak | | | | | | | | | | | | | |  | | | | | | | | | | | | | |  | | | | | | | | |
| 8. | Wbudowany ekran graficzny kolorowy 5,7”, (+/- 5%), umożliwiający jednoczesny, czytelny podgląd 12 kanałów EKG ( rozdzielczość 320 x 240 ) | | | | | | | | | | | | Tak | | | | | | | | | | | | | |  | | | | | | | | | | | | | |  | | | | | | | | |
| 9. | Pamięć wewnętrzna ponad 500 badań | | | | | | | | | | | | Tak | | | | | | | | | | | | | |  | | | | | | | | | | | | | |  | | | | | | | | |
| 10. | Zapis na papierze termicznym o szerokości papieru 110 – 112 mm ( papier w kratkę lub gładki ) | | | | | | | | | | | | Tak | | | | | | | | | | | | | |  | | | | | | | | | | | | | |  | | | | | | | | |
| 11. | Zapis w trybie ręcznym ( manual ) | | | | | | | | | | | | Tak | | | | | | | | | | | | | |  | | | | | | | | | | | | | |  | | | | | | | | |
| 12. | Zapis w trybie automatycznym ( jednoczasowo lub czas rzeczywisty ) 3, 4 , 6, 12, 3×4+ 1, 3×4+2, 3×4+3, 4×3+1,6×2+1,6×2+2, 12×1 odprowadzeń EKG | | | | | | | | | | | | Tak | | | | | | | | | | | | | |  | | | | | | | | | | | | | |  | | | | | | | | |
| 13. | Zapis wstecznego przebiegu EKG ( do 10 s ) | | | | | | | | | | | | Tak | | | | | | | | | | | | | |  | | | | | | | | | | | | | |  | | | | | | | | |
| 14. | Długi zapis ( do 10 minut w pamięci aparatu ) do oceny arytmii | | | | | | | | | | | | Tak | | | | | | | | | | | | | |  | | | | | | | | | | | | | |  | | | | | | | | |
| 15 | Zasilanie sieciowe i akumulatorowe, akumulator bezobsługowy wraz z ładowarką wbudowany wewnątrz aparatu | | | | | | | | | | | | Tak | | | | | | | | | | | | | |  | | | | | | | | | | | | | |  | | | | | | | | |
| 16 | Prędkość przesuwu papieru 5 / 10 / 25 / 50mm/s | | | | | | | | | | | | Tak | | | | | | | | | | | | | |  | | | | | | | | | | | | | |  | | | | | | | | |
| 17 | Czułość 2,5 / 5 / 10 / 20 mm/mV | | | | | | | | | | | | Tak | | | | | | | | | | | | | |  | | | | | | | | | | | | | |  | | | | | | | | |
| 18 | Filtr zakłóceń sieciowych 50/60 Hz | | | | | | | | | | | | Tak | | | | | | | | | | | | | |  | | | | | | | | | | | | | |  | | | | | | | | |
| 19 | Filtr zakłóceń mięśniowych 25/35 Hz | | | | | | | | | | | | Tak | | | | | | | | | | | | | |  | | | | | | | | | | | | | |  | | | | | | | | |
| 20 | Filtr adaptacyjny ( automatyczny ) | | | | | | | | | | | | Tak | | | | | | | | | | | | | |  | | | | | | | | | | | | | |  | | | | | | | | |
| 21 | Filtr linii izoelektrycznej (od 0,05 do 1,5 Hz) | | | | | | | | | | | | Tak | | | | | | | | | | | | | |  | | | | | | | | | | | | | |  | | | | | | | | |
| 22 | Interfejs komunikacyjny 2 x USB | | | | | | | | | | | | Tak | | | | | | | | | | | | | |  | | | | | | | | | | | | | |  | | | | | | | | |
| 23 | Częstotliwość próbkowania 1000 Hz/kanał | | | | | | | | | | | | Tak | | | | | | | | | | | | | |  | | | | | | | | | | | | | |  | | | | | | | | |
| 24 | Przetwornik A/C 24 bit | | | | | | | | | | | | Tak | | | | | | | | | | | | | |  | | | | | | | | | | | | | |  | | | | | | | | |
| 25 | Podgląd badania z pamięci aparatu z analizą bez konieczności wydruku | | | | | | | | | | | | Tak | | | | | | | | | | | | | |  | | | | | | | | | | | | | |  | | | | | | | | |
| 26 | Wydruk badania bezpośrednio na drukarce laserowej (papier biurowy A4) | | | | | | | | | | | | Tak | | | | | | | | | | | | | |  | | | | | | | | | | | | | |  | | | | | | | | |
| 27 | Zapis i odczyt badań z PenDriva w standardzie zgodnym z EN 1064 | | | | | | | | | | | | Tak | | | | | | | | | | | | | |  | | | | | | | | | | | | | |  | | | | | | | | |
| 28 | Automatyczny test aparatu | | | | | | | | | | | | Tak | | | | | | | | | | | | | |  | | | | | | | | | | | | | |  | | | | | | | | |
| 29 | Waga max 1,3 kg ( bez wyposażenia ); max.1,8 kg | | | | | | | | | | | | Tak | | | | | | | | | | | | | |  | | | | | | | | | | | | | |  | | | | | | | | |
| 30 | ( z wyposażeniem ) | | | | | | | | | | | | Tak | | | | | | | | | | | | | |  | | | | | | | | | | | | | |  | | | | | | | | |
| **Typ model** | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Producent** | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Kraj pochodzenia** | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Rok produkcji** | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **11. Opis Zestaw do udzielania pierwszej pomocy 1 zestaw.** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Miejsce dostawy: ul. Odrzańska 29** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Lp.** | **Parametry techniczno-eksploatacyjne** | | | | | | | | | | | | **Wartość wymagana** | | | | | | | | | | | | | | **Dodatkowe parametry techniczne**  **/Punktacja** | | | | | | | | | | | | | | **Parametr oferowany**  **(wypełnia Wykonawca)\*** | | | | | | | | |
| **1.** | **2.** | | | | | | | | | | | | **3.** | | | | | | | | | | | | | | **4.** | | | | | | | | | | | | | | **5.** | | | | | | | | |
| 1 | Defibrylator przeznaczony do czynności reanimacyjnych | | | | | | | | | | | | Tak | | | | | | | | | | | | | |  | | | | | | | | | | | | | |  | | | | | | | | |
| 2 | Tryb pracy: półautomatyczny | | | | | | | | | | | | Tak | | | | | | | | | | | | | |  | | | | | | | | | | | | | |  | | | | | | | | |
| 3 | Zasilany bateryjnie | | | | | | | | | | | | Tak | | | | | | | | | | | | | |  | | | | | | | | | | | | | |  | | | | | | | | |
| 4 | Lekki, łatwy do przenoszenia | | | | | | | | | | | | Tak | | | | | | | | | | | | | |  | | | | | | | | | | | | | |  | | | | | | | | |
| 5 | Rodzaj impulsu: BTE (impuls dwufazowy wykładniczy); impedancja skompensowana | | | | | | | | | | | | Tak | | | | | | | | | | | | | |  | | | | | | | | | | | | | |  | | | | | | | | |
| 6 | Energia: 200J stała wg nowych standardów AHA 2010  Dorośli: nominalnie 200J przy impedancji 50Ω  Niemowlęta/dzieci: mniej niż 50J z wykorzystaniem opcjonalnych elektrod pediatrycznych | | | | | | | | | | | | Do wyboru (podać) | | | | | | | | | | | | | | Tak - 0,5 pkt  Nie -0 pkt | | | | | | | | | | | | | |  | | | | | | | | |
| 7 | Czas cyklu defibrylacja-defibrylacja: mniej niż 20s | | | | | | | | | | | | Tak | | | | | | | | | | | | | |  | | | | | | | | | | | | | |  | | | | | | | | |
| 8 | Kardiostymulator: detekcja i usunięcie | | | | | | | | | | | | Tak | | | | | | | | | | | | | |  | | | | | | | | | | | | | |  | | | | | | | | |
| 9 | Kontrola ładowania: automatyczna przez oprogramowanie (system wykrywania arytmii i kontroli ładowania) | | | | | | | | | | | | Tak | | | | | | | | | | | | | |  | | | | | | | | | | | | | |  | | | | | | | | |
| 10 | Czas ładowania od „Defibrylacja zalecana”: <8s dla nowej baterii | | | | | | | | | | | | Tak | | | | | | | | | | | | | |  | | | | | | | | | | | | | |  | | | | | | | | |
| 11 | Instrukcje głosowe: szczegółowe komunikaty głosowe prowadzą operatora w obsłudze defibrylatora | | | | | | | | | | | | Tak | | | | | | | | | | | | | |  | | | | | | | | | | | | | |  | | | | | | | | |
| 12 | Kontrolki: przycisk defibrylacji SHOCK, przycisk informacyjny, przycisk On/Off | | | | | | | | | | | | Tak | | | | | | | | | | | | | |  | | | | | | | | | | | | | |  | | | | | | | | |
| 13 | Wskaźniki: diody LED (różne kolory), przycisk informacyjny | | | | | | | | | | | | Tak | | | | | | | | | | | | | |  | | | | | | | | | | | | | |  | | | | | | | | |
| 14 | Izolacja pacjenta: typ BF | | | | | | | | | | | | Tak | | | | | | | | | | | | | |  | | | | | | | | | | | | | |  | | | | | | | | |
| **Typ model** | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Producent** | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Kraj pochodzenia** | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Rok produkcji** | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **12. Opis Aparat do pomiaru ciśnienia tętniczego krwi 1 szt.** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Miejsce dostawy: ul. Odrzańska 29** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Parametry techniczno-eksploatacyjne** | | | | **Wartość wymagana** | | | | | | | | | | | | | | **Dodatkowe parametry techniczne**  **/Punktacja** | | | | | | | | | | | | | | **Parametr oferowany**  **(wypełnia Wykonawca)\*** | | | | | | | | | | | | | | | | | |
| **2.** | | | | **3.** | | | | | | | | | | | | | | **4.** | | | | | | | | | | | | | | **5.** | | | | | | | | | | | | | | | | | |
| Aparat do pomiaru skurczowego i rozkurczowego cisnienia  krwi oraz tetna za pomocą nieinwazyjnej  metody oscylometrycznej | | | | Tak | | | | | | | | | | | | | |  | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | |
| Duży wyświetlacz LCD | | | | Tak | | | | | | | | | | | | | |  | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | |
| Dokładność pomiaru: ciśnienie: ± 3 mmHg  puls ± 5% | | | | Do wyboru (podać) | | | | | | | | | | | | | | Tak - 0,5 pkt  Nie -0 pkt | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | |
| Automatyczne pompowanie mankietu | | | | Tak | | | | | | | | | | | | | |  | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | |
| Wskaźnik niskiego poziomu baterii | | | | Do wyboru (podać) | | | | | | | | | | | | | | Tak - 0,5 pkt  Nie -0 pkt | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | |
| Obwód mankietu 22-42cm | | | | Do wyboru (podać) | | | | | | | | | | | | | | Tak - 0,5 pkt  Nie -0 pkt | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | |
| Gwarancja 24 miesiące | | | | Tak | | | | | | | | | | | | | |  | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | |
| Instrukcja w języku polskim | | | | Tak | | | | | | | | | | | | | |  | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | |
| **Typ model** | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Producent** | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Kraj pochodzenia** | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Rok produkcji** | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **13. Opis Zestaw do reanimacji w torbie z wyposażeniem 1 szt.** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Miejsce dostawy: ul. Odrzańska 29** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Lp.** | **Parametry techniczno-eksploatacyjne** | | | | | | | | | | | | **Wartość wymagana** | | | | | | | | | | | | | | **Dodatkowe parametry techniczne**  **/Punktacja** | | | | | | | | | | | | | | **Parametr oferowany**  **(wypełnia Wykonawca)\*** | | | | | | | | |
| **1.** | **2.** | | | | | | | | | | | | **3.** | | | | | | | | | | | | | | **4.** | | | | | | | | | | | | | | **5.** | | | | | | | | |
| 1 | Torba transportowa koloru czerwonego, z możliwością przenoszenia w ręku na ramieniu | | | | | | | | | | | | Tak | | | | | | | | | | | | | |  | | | | | | | | | | | | | |  | | | | | | | | |
| 2 | Opatrunki  1. gaza opatrunkowa jałowa 1 m2 – 1 szt.  2. gaza opatrunkowa jałowa 1/2 m2 – 2 szt.  3. bandaż dziany o szerokości 5 cm – 2 szt.  4. bandaż dziany o szerokości 10 cm – 2 szt.  5. bandaż dziany o szerokości 15 cm – 2 szt.  6. bandaż elastyczny o szerokości 8 cm – 2 szt.  7. bandaż elastyczny o szerokości 12 cm – 2 szt.  8. bandaż elastyczny o szerokości 15 cm - 2 szt.  9. kompresy jałowe 10x10 cm – 2 szt.  10. kompresy jałowe 7,5x7,5 cm – 2 szt.  11. siatka opatrunkowa nr 6 – 1 szt.  12. przylepiec (plaster) z opatrunkiem 6 cm x 1m – 1 szt.  13. przylepiec (plaster) z opatrunkiem pakowany pojedynczo 10x10 cm - 2 szt.  14. przylepiec bez opatrunku w rolce 2,5 cm x 9m – 1 szt.  15. plastry "ruda strip "do zamykania ran - 2 opak. (4 szt./opak.)  16. opatrunek hydrożelowy schładzający na oparzenia lub rany trudno-gojące się - 1 szt.  17. chusta trójkątna - 1 szt.  19. koc izotermiczny (folia życia) NRC - 1 szt. | | | | | | | | | | | | Do wyboru (podać) | | | | | | | | | | | | | | Tak - 0,25 pkt  Nie -0 pkt | | | | | | | | | | | | | |  | | | | | | | | |
| 3 | Zestaw do resuscytacji  1.Worek samorozprężalny PVC z maską twarzową anestetyczną nr 4 lub 5, rezerwuarem i drenem tlenowym - 1 szt.  2.Maska twarzowa anestetyczna nr 3 - 1 szt.  3.Filtr antybakteryjny i antywirusowy do resuscytatora - 1 szt.  4.Rurki Ustno-Gardłowe 6 sztuk różne rozmiary od 00 do 4 – 1 zestaw  5.Maska PocketMask do sztucznego oddychania z filtrem, zastawką i ustnikiem – 1 szt. | | | | | | | | | | | | Do wyboru (podać) | | | | | | | | | | | | | | Tak - 0,25 pkt  Nie -0 pkt | | | | | | | | | | | | | |  | | | | | | | | |
| 4 | Pakiet ochronny przed zakażeniem  1. Maska ochronna z gumką na usta i nos - 1 szt.  2. Rękawice ochronne rozmiar M/L - 6 szt.  3. Płyn alkoholowy do dezynfekcji rąk spray 100 ml - 1 szt.  4. Worek na odpady medyczne czerwony 30L - 1 szt.  5. Fartuch ochronny jednorazowy - 1 szt. | | | | | | | | | | | | Do wyboru (podać) | | | | | | | | | | | | | | Tak - 0,25 pkt  Nie -0 pkt | | | | | | | | | | | | | |  | | | | | | | | |
| 5 | Zestaw do iniekcji i podawania płynów:  1. Kaniula zielona "VENFLON" 18G 1,3x45mm - 2 szt.  2. Kaniula różowa "VENFLON" 20G 1,1x32mm - 2 szt.  3. Kaniula niebieska "VENFLON" 22G 0,9x25mm - 2 szt.  4. Igła różowa 18G 1,2x40mm - 5 szt.  5. Igła zielona 21G 0,8x40mm - 5 szt.  6. Igła niebieska 23G 0,6x30mm - 5 szt.  7. Strzykawka 2 ml - 4 szt.  8. Strzykawka 5 ml - 3 szt.  9. Strzykawka 10 ml - 2 szt.  10. Okleina do wenflonu - 4 szt.  11. Staza do pobierania krwi - 1 szt.  12. Zestaw do przetaczania płynów - 2 szt.  13. Kompresy niejałowe 5x5 cm, 100 szt. – 1 opak.  14. Pojemnik na igły 0,7L - 1 szt. | | | | | | | | | | | | Tak | | | | | | | | | | | | | |  | | | | | | | | | | | | | |  | | | | | | | | |
| 6 | Narzędzia chirurgiczne:  1. Nożyczki ratownicze z zakrzywionym końcem - 1 szt.  2. Pęseta plastikowa jałowa jednorazowa dł. 13 cm – 1 szt. | | | | | | | | | | | | Do wyboru (podać) | | | | | | | | | | | | | | Tak - 0,25 pkt  Nie -0 pkt | | | | | | | | | | | | | |  | | | | | | | | |
| **Typ model** | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Producent** | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Kraj pochodzenia** | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Rok produkcji** | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **14. Opis Zestaw Ambu 1 szt.** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Miejsce dostawy: ul. Odrzańska 29** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Parametry techniczno-eksploatacyjne** | | | | | **Wartość wymagana** | | | | | | | | | | | | | | **Dodatkowe parametry techniczne**  **/Punktacja** | | | | | | | | | | | | | | **Parametr oferowany**  **(wypełnia Wykonawca)\*** | | | | | | | | | | | | | | | | |
| **2.** | | | | | **3.** | | | | | | | | | | | | | | **4.** | | | | | | | | | | | | | | **5.** | | | | | | | | | | | | | | | | |
| Silikonowy materiał umożliwiający sterylizację | | | | | Do wyboru (podać) | | | | | | | | | | | | | | Tak - 0,5 pkt  Nie -0 pkt | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | |
| Pojemność worka samorozprężalnego 1650 ml | | | | | Tak | | | | | | | | | | | | | |  | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | |
| Rezerwuar tlenu o pojemności 2000 ml | | | | | Tak | | | | | | | | | | | | | |  | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | |
| Maska silikonowa rozmiar 5 | | | | | Tak | | | | | | | | | | | | | |  | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | |
| Ciśnieniowy zawór 60 cm H₂O | | | | | Tak | | | | | | | | | | | | | |  | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | |
| **Typ model** | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Producent** | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Kraj pochodzenia** | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Rok produkcji** | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **15. Opis Glukometr 1 szt.** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Miejsce dostawy: ul. Odrzańska 29** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Lp.** | **Parametry techniczno-eksploatacyjne** | | | | | | | | | | | | **Wartość wymagana** | | | | | | | | | | | | | | | **Dodatkowe parametry techniczne**  **/Punktacja** | | | | | | | | | | | | | | **Parametr oferowany**  **(wypełnia Wykonawca)\*** | | | | | | | |
| **1.** | **2.** | | | | | | | | | | | | **3.** | | | | | | | | | | | | | | | **4.** | | | | | | | | | | | | | | **5.** | | | | | | | |
| 1 | Pomiar glukozy we krwi | | | | | | | | | | | |  | | | | | | | | | | | | | | |  | | | | | | | | | | | | | |  | | | | | | | |
| 2 | Wyposażony w duży, podświetlany wyświetlacz LCD | | | | | | | | | | | | Do wyboru (podać) | | | | | | | | | | | | | | | Tak - 0,5 pkt  Nie -0 pkt | | | | | | | | | | | | | |  | | | | | | | |
| 3 | Funkcja automatycznego wyłączania. | | | | | | | | | | | | Do wyboru (podać) | | | | | | | | | | | | | | | Tak - 0,25 pkt  Nie -0 pkt | | | | | | | | | | | | | |  | | | | | | | |
| 4 | Wynik pomiaru w czasie poniżej 4 sekund | | | | | | | | | | | | Do wyboru (podać) | | | | | | | | | | | | | | | Tak - 0,25 pkt  Nie -0 pkt | | | | | | | | | | | | | |  | | | | | | | |
| 5 | Przycisk wyrzutu testu paskowego zapewniający higieniczne usunięcie zużytego paska | | | | | | | | | | | | Tak | | | | | | | | | | | | | | |  | | | | | | | | | | | | | |  | | | | | | | |
| 6 | Skład zestawu  etui, lancety 10 szt, nakłuwacz, paski minimum 10 szt, bateria | | | | | | | | | | | | Tak | | | | | | | | | | | | | | |  | | | | | | | | | | | | | |  | | | | | | | |
| **Typ model** | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Producent** | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Kraj pochodzenia** | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Rok produkcji** | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **16 Opis Stetoskop 1 szt.** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Miejsce dostawy: ul. Odrzańska 29** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Lp.** | **Parametry techniczno-eksploatacyjne** | | | | | | | | | | | | | **Wartość wymagana** | | | | | | | | | | | | | | **Dodatkowe parametry techniczne**  **/Punktacja** | | | | | | | | | | | | | | **Parametr oferowany**  **(wypełnia Wykonawca)\*** | | | | | | | |
| **1.** | **2.** | | | | | | | | | | | | | **3.** | | | | | | | | | | | | | | **4.** | | | | | | | | | | | | | | **5.** | | | | | | | |
| 1. | Lira wykonana z chromowanego mosiądzu | | | | | | | | | | | | | Do wyboru (podać) | | | | | | | | | | | | | | Tak - 0,5 pkt  Nie -0 pkt | | | | | | | | | | | | | |  | | | | | | | |
| 2. | Dwustronna głowica wykonana z anodowanego aluminium i chromowanego mosiądzu | | | | | | | | | | | | | Tak | | | | | | | | | | | | | |  | | | | | | | | | | | | | |  | | | | | | | |
| 3. | Membrana wykonana z włókna wzmacniającego dźwięk | | | | | | | | | | | | | Tak | | | | | | | | | | | | | |  | | | | | | | | | | | | | |  | | | | | | | |
| 4. | Przewód (lira) jednokanałowy | | | | | | | | | | | | | Tak | | | | | | | | | | | | | |  | | | | | | | | | | | | | |  | | | | | | | |
| 5. | Miękkie oliwki | | | | | | | | | | | | | Tak | | | | | | | | | | | | | |  | | | | | | | | | | | | | |  | | | | | | | |
| **Typ model** | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Producent** | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Kraj pochodzenia** | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Rok produkcji** | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **17. Opis Kule (łokciowe) 3 kpl.** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Miejsce dostawy: ul. Odrzańska 29** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Parametry techniczno-eksploatacyjne** | | | | | | **Wartość wymagana** | | | | | | | | | | | | | | **Dodatkowe parametry techniczne**  **/Punktacja** | | | | | | | | | | | | | | **Parametr oferowany**  **(wypełnia Wykonawca)\*** | | | | | | | | | | | | | | | |
| **2.** | | | | | | **3.** | | | | | | | | | | | | | | **4.** | | | | | | | | | | | | | | **5.** | | | | | | | | | | | | | | | |
| Wykonana z aluminium | | | | | | Do wyboru (podać) | | | | | | | | | | | | | | Tak - 0,25 pkt  Nie -0 pkt | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | |
| Skokowa regulacja wysokości co 25 mm | | | | | | Tak | | | | | | | | | | | | | |  | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | |
| Wygodny profilowany uchwyt | | | | | | Tak | | | | | | | | | | | | | |  | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | |
| Wysokiej jakości miękka nasadka gumowa | | | | | | Tak | | | | | | | | | | | | | |  | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | |
| **Typ model** | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Producent** | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Kraj pochodzenia** | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Rok produkcji** | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **18. Opis Laska (inwalidzka) 2szt.** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Miejsce dostawy: ul. Odrzańska 29** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Lp.** | **Parametry techniczno-eksploatacyjne** | | | | | | | | | | | | | **Wartość wymagana** | | | | | | | | | | | | | | | **Dodatkowe parametry techniczne**  **/Punktacja** | | | | | | | | | | | | | | **Parametr oferowany**  **(wypełnia Wykonawca)\*** | | | | | | |
| **1.** | **2.** | | | | | | | | | | | | | **3.** | | | | | | | | | | | | | | | **4.** | | | | | | | | | | | | | | **5.** | | | | | | |
| 1. | Wykonana z aluminium | | | | | | | | | | | | | Do wyboru (podać) | | | | | | | | | | | | | | | Tak - 0,25 pkt  Nie -0 pkt | | | | | | | | | | | | | |  | | | | | | |
| 2. | Uchwyt w kształcie litery T | | | | | | | | | | | | | Tak | | | | | | | | | | | | | | |  | | | | | | | | | | | | | |  | | | | | | |
| 3. | Regulacja wysokości | | | | | | | | | | | | | Tak | | | | | | | | | | | | | | |  | | | | | | | | | | | | | |  | | | | | | |
| 4. | Wysokość 72 cm do 94 cm +/- 3cm | | | | | | | | | | | | | Tak | | | | | | | | | | | | | | |  | | | | | | | | | | | | | |  | | | | | | |
| **Typ model** | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Producent** | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Kraj pochodzenia** | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Rok produkcji** | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **19. Opis Balkonik 2 szt.** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Miejsce dostawy: ul. Odrzańska 29** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Parametry techniczno-eksploatacyjne** | | | | | | | **Wartość wymagana** | | | | | | | | | | | | | | **Dodatkowe parametry techniczne**  **/Punktacja** | | | | | | | | | | | | | | **Parametr oferowany**  **(wypełnia Wykonawca)\*** | | | | | | | | | | | | | | |
| **2.** | | | | | | | **3.** | | | | | | | | | | | | | | **4.** | | | | | | | | | | | | | | **5.** | | | | | | | | | | | | | | |
| Balkonik inwalidzki dwukołowy | | | | | | | Tak | | | | | | | | | | | | | |  | | | | | | | | | | | | | |  | | | | | | | | | | | | | | |
| Dwa niewielkie koła z przodu i dwie nóżki z tyłu | | | | | | | Tak | | | | | | | | | | | | | |  | | | | | | | | | | | | | |  | | | | | | | | | | | | | | |
| Minimalny udźwig 120kg | | | | | | | Do wyboru (podać) | | | | | | | | | | | | | | Tak - 0,25 pkt  Nie -0 pkt | | | | | | | | | | | | | |  | | | | | | | | | | | | | | |
| Wykonanie z aluminium | | | | | | | Do wyboru (podać) | | | | | | | | | | | | | | Tak - 0,25 pkt  Nie -0 pkt | | | | | | | | | | | | | |  | | | | | | | | | | | | | | |
| Możliwość złożenia | | | | | | | Tak | | | | | | | | | | | | | |  | | | | | | | | | | | | | |  | | | | | | | | | | | | | | |
| Regulacja wysokości | | | | | | | Tak | | | | | | | | | | | | | |  | | | | | | | | | | | | | |  | | | | | | | | | | | | | | |
| **Typ model** | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Producent** | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Kraj pochodzenia** | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Rok produkcji** | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **20. Opis Chodzik 2 szt.** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Miejsce dostawy: ul. Odrzańska 29** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Lp.** | **Parametry techniczno-eksploatacyjne** | | | | | | | | | | | | | | **Wartość wymagana** | | | | | | | | | | | | | | **Dodatkowe parametry techniczne**  **/Punktacja** | | | | | | | | | | | | | | | **Parametr oferowany**  **(wypełnia Wykonawca)\*** | | | | | |
| **1.** | **2.** | | | | | | | | | | | | | | **3.** | | | | | | | | | | | | | | **4.** | | | | | | | | | | | | | | | **5.** | | | | | |
| 1. | Ergonomiczne uchwyty gwarantujące pewność chwytu | | | | | | | | | | | | | | Tak | | | | | | | | | | | | | |  | | | | | | | | | | | | | | |  | | | | | |
| 2. | Regulacja wysokości | | | | | | | | | | | | | | Do wyboru (podać) | | | | | | | | | | | | | | Tak -0,25 pkt  Nie -0 pkt | | | | | | | | | | | | | | |  | | | | | |
| 3. | Wykonanie z aluminium | | | | | | | | | | | | | | Do wyboru (podać) | | | | | | | | | | | | | | Tak - 0,25 pkt  Nie -0 pkt | | | | | | | | | | | | | | |  | | | | | |
| 4. | Obciążenie min. 120 kg | | | | | | | | | | | | | | Tak | | | | | | | | | | | | | |  | | | | | | | | | | | | | | |  | | | | | |
| 5. | Ruchoma konstrukcja dostosowująca się do zakresu ruchu użytkownika | | | | | | | | | | | | | | Tak | | | | | | | | | | | | | |  | | | | | | | | | | | | | | |  | | | | | |
| **Typ model** | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Producent** | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Kraj pochodzenia** | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Rok produkcji** | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **21. Opis Wózek inwalidzki 1 szt.** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Miejsce dostawy: ul. Odrzańska 29** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Lp.** | **Parametry techniczno-eksploatacyjne** | | | | | | | | | | | | | | **Wartość wymagana** | | | | | | | | | | | | | | **Dodatkowe parametry techniczne**  **/Punktacja** | | | | | | | | | | | | | | | **Parametr oferowany**  **(wypełnia Wykonawca)\*** | | | | | |
| **1.** | **2.** | | | | | | | | | | | | | | **3.** | | | | | | | | | | | | | | **4.** | | | | | | | | | | | | | | | **5.** | | | | | |
| 1 | Wózek na konstrukcji  krzyżakowej | | | | | | | | | | | | | | Tak | | | | | | | | | | | | | |  | | | | | | | | | | | | | | |  | | | | | |
| 2 | Rama stalowa malowana proszkowo | | | | | | | | | | | | | | Do wyboru (podać) | | | | | | | | | | | | | | Tak - 0,25 pkt  Nie -0 pkt | | | | | | | | | | | | | | |  | | | | | |
| 3 | „Łamane oparcie” które wspiera aktywizację pacjenta na nim siedzącego | | | | | | | | | | | | | | Do wyboru (podać) | | | | | | | | | | | | | | Tak - 0,25 pkt  Nie -0 pkt | | | | | | | | | | | | | | |  | | | | | |
| 4 | Stopka przechyłowa ułatwiająca pokonywanie przeszkód | | | | | | | | | | | | | | Tak | | | | | | | | | | | | | |  | | | | | | | | | | | | | | |  | | | | | |
| 5 | Odchylane podłokietniki orazregulowane na długość | | | | | | | | | | | | | | Tak | | | | | | | | | | | | | |  | | | | | | | | | | | | | | |  | | | | | |
| 6 | Odchylane i wyjmowane podnóżki | | | | | | | | | | | | | | Do wyboru (podać) | | | | | | | | | | | | | | Tak - 0,25 pkt  Nie -0 pkt | | | | | | | | | | | | | | |  | | | | | |
| 7 | Max. szerokość całkowita wózka 68cm | | | | | | | | | | | | | | Tak | | | | | | | | | | | | | |  | | | | | | | | | | | | | | |  | | | | | |
| 8 | Min. obciążenie 120 kg | | | | | | | | | | | | | | Tak | | | | | | | | | | | | | |  | | | | | | | | | | | | | | |  | | | | | |
| **Typ model** | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Producent** | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Kraj pochodzenia** | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Rok produkcji** | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **22. Opis piłka - 10 szt** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Miejsce dostawy: ul. Odrzańska 29** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Lp.** | **Parametry techniczno-eksploatacyjne** | | | | | | | | | | | | | | **Wartość wymagana** | | | | | | | | | | | | | | **Dodatkowe parametry techniczne**  **/Punktacja** | | | | | | | | | | | | | | | **Parametr oferowany**  **(wypełnia Wykonawca)\*** | | | | | |
| **1.** | **2.** | | | | | | | | | | | | | | **3.** | | | | | | | | | | | | | | **4.** | | | | | | | | | | | | | | | **5.** | | | | | |
| 1. | Piłka rehabilitacyjna z wytrzymałego materiału PVC, odpornego na obciążenia | | | | | | | | | | | | | | Do wyboru (podać) | | | | | | | | | | | | | | Tak - 0,25 pkt  Nie -0 pkt | | | | | | | | | | | | | | |  | | | | | |
| 2. | Średnica: 65 cm | | | | | | | | | | | | | | Tak | | | | | | | | | | | | | |  | | | | | | | | | | | | | | |  | | | | | |
| 3. | Pompka w zestawie | | | | | | | | | | | | | | Tak | | | | | | | | | | | | | |  | | | | | | | | | | | | | | |  | | | | | |
| **Typ model** | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Producent** | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Kraj pochodzenia** | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Rok produkcji** | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **23. Opis mata - 13 szt** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Miejsce dostawy: ul. Odrzańska 29** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Lp.** | **Parametry techniczno-eksploatacyjne** | | | | | | | | | | | | | | **Wartość wymagana** | | | | | | | | | | | | | | **Dodatkowe parametry techniczne**  **/Punktacja** | | | | | | | | | | | | | | | **Parametr oferowany**  **(wypełnia Wykonawca)\*** | | | | | |
| **1.** | **2.** | | | | | | | | | | | | | | **3.** | | | | | | | | | | | | | | **4.** | | | | | | | | | | | | | | | **5.** | | | | | |
| 1. | Mata antypoślizgowa do ćwiczeń | | | | | | | | | | | | | | Do wyboru (podać) | | | | | | | | | | | | | | Tak - 0,25 pkt  Nie -0 pkt | | | | | | | | | | | | | | |  | | | | | |
| 2. | Wykonana z trwałego termoplastycznego kauczuku TPE odpornego na odkształcenia | | | | | | | | | | | | | | Tak | | | | | | | | | | | | | |  | | | | | | | | | | | | | | |  | | | | | |
| 3. | Długość 180 cm  Szerokość 60 cm  Grubość 6 mm | | | | | | | | | | | | | | Tak | | | | | | | | | | | | | |  | | | | | | | | | | | | | | |  | | | | | |
| **Typ model** | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Producent** | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Kraj pochodzenia** | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Rok produkcji** | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **24. Opis Laska do ćwiczeń (gimnastyczna) 13 szt.** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Miejsce dostawy: ul. Odrzańska 29** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Lp.** | **Parametry techniczno-eksploatacyjne** | | | | | | | | | | | | | | **Wartość wymagana** | | | | | | | | | | | | | | **Dodatkowe parametry techniczne**  **/Punktacja** | | | | | | | | | | | | | | | **Parametr oferowany**  **(wypełnia Wykonawca)\*** | | | | | |
| **1.** | **2.** | | | | | | | | | | | | | | **3.** | | | | | | | | | | | | | | **4.** | | | | | | | | | | | | | | | **5.** | | | | | |
| 1. | Wykonana z mocnego i wytrzymałego tworzywa | | | | | | | | | | | | | | Tak | | | | | | | | | | | | | |  | | | | | | | | | | | | | | |  | | | | | |
| 2. | Średnica 25 mm | | | | | | | | | | | | | | Tak | | | | | | | | | | | | | |  | | | | | | | | | | | | | | |  | | | | | |
| 3. | Długość 90 cm | | | | | | | | | | | | | | Tak | | | | | | | | | | | | | |  | | | | | | | | | | | | | | |  | | | | | |
| **Typ model** | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Producent** | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Kraj pochodzenia** | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Rok produkcji** | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **25. Opis Materace do ćwiczeń 13 szt.** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Miejsce dostawy: ul. Odrzańska 29** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Parametry techniczno-eksploatacyjne** | | | | | | | | **Wartość wymagana** | | | | | | | | | | | | | | **Dodatkowe parametry techniczne**  **/Punktacja** | | | | | | | | | | | | | | **Parametr oferowany**  **(wypełnia Wykonawca)\*** | | | | | | | | | | | | | |
| **2.** | | | | | | | | **3.** | | | | | | | | | | | | | | **4.** | | | | | | | | | | | | | | **5.** | | | | | | | | | | | | | |
| Materac składany trzyczęściowy | | | | | | | | Tak | | | | | | | | | | | | | |  | | | | | | | | | | | | | |  | | | | | | | | | | | | | |
| Wykonany z twardej pianki poliuretanowej i pokryty wytrzymałym, łatwozmywalnym materiałem skóropodobnym | | | | | | | | Tak | | | | | | | | | | | | | |  | | | | | | | | | | | | | |  | | | | | | | | | | | | | |
| Wymiary 195x85x5 cm | | | | | | | | Tak | | | | | | | | | | | | | |  | | | | | | | | | | | | | |  | | | | | | | | | | | | | |
| **Typ model** | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Producent** | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Kraj pochodzenia** | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Rok produkcji** | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **26. Opis Rotor do kończyn dolnych 13 szt.** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Miejsce dostawy: ul. Odrzańska 29** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Parametry techniczno-eksploatacyjne** | | | | | | | | **Wartość wymagana** | | | | | | | | | | | | | | **Dodatkowe parametry techniczne**  **/Punktacja** | | | | | | | | | | | | | | **Parametr oferowany**  **(wypełnia Wykonawca)\*** | | | | | | | | | | | | | |
| **2.** | | | | | | | | **3.** | | | | | | | | | | | | | | **4.** | | | | | | | | | | | | | | **5.** | | | | | | | | | | | | | |
| Stabilna konstrukcja, antypoślizgowe elementy zapewniające doskonałą przyczepność urządzenia do każdego rodzaju podłoża | | | | | | | | Tak | | | | | | | | | | | | | |  | | | | | | | | | | | | | |  | | | | | | | | | | | | | |
| Regulacja oporu dostosowująca obciążenie i intensywność treningu do preferencji użytkownika | | | | | | | | Tak | | | | | | | | | | | | | |  | | | | | | | | | | | | | |  | | | | | | | | | | | | | |
| Min. waga użytkownika 100kg | | | | | | | | Tak | | | | | | | | | | | | | |  | | | | | | | | | | | | | |  | | | | | | | | | | | | | |
| Funkcje komputera:czas, dystans, kalorie, liczba obrotów na minutę, całkowita liczba obrotów | | | | | | | | Do wyboru (podać) | | | | | | | | | | | | | | Tak - 0,25 pkt  Nie -0 pkt | | | | | | | | | | | | | |  | | | | | | | | | | | | | |
| Pedały z antypoślizgową strukturą | | | | | | | | Tak | | | | | | | | | | | | | |  | | | | | | | | | | | | | |  | | | | | | | | | | | | | |
| Regulacja długości paska | | | | | | | | Tak | | | | | | | | | | | | | |  | | | | | | | | | | | | | |  | | | | | | | | | | | | | |
| **Typ model** | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Producent** | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Kraj pochodzenia** | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Rok produkcji** | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **27. Opis Rotor do kończyn górnych 13 szt.** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Miejsce dostawy: ul. Odrzańska 29** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Parametry techniczno-eksploatacyjne** | | | | | | | | **Wartość wymagana** | | | | | | | | | | | | | | **Dodatkowe parametry techniczne**  **/Punktacja** | | | | | | | | | | | | | | **Parametr oferowany**  **(wypełnia Wykonawca)\*** | | | | | | | | | | | | | |
| **2.** | | | | | | | | **3.** | | | | | | | | | | | | | | **4.** | | | | | | | | | | | | | | **5.** | | | | | | | | | | | | | |
| Płynna regulacja oporu | | | | | | | | Tak | | | | | | | | | | | | | |  | | | | | | | | | | | | | |  | | | | | | | | | | | | | |
| Mocowanie do kraty kabiny lub mocowanie do ściany | | | | | | | | Do wyboru (podać) | | | | | | | | | | | | | | Tak - 0,25 pkt  Nie -0 pkt | | | | | | | | | | | | | |  | | | | | | | | | | | | | |
| **28. Opis Łóżko medyczne z materacem 4 szt.** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Miejsce dostawy: ul. Odrzańska 29** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Parametry techniczno-eksploatacyjne** | | | | | | | | | **Wartość wymagana** | | | | | | | | | | | | | | **Dodatkowe parametry techniczne**  **/Punktacja** | | | | | | | | | | | | | | **Parametr oferowany**  **(wypełnia Wykonawca)\*** | | | | | | | | | | | | |
| **2.** | | | | | | | | | **3.** | | | | | | | | | | | | | | **4.** | | | | | | | | | | | | | | **5.** | | | | | | | | | | | | |
| Łóżko z czteroczęściowym łamanym leżem drewnianym | | | | | | | | | Do wyboru (podać) | | | | | | | | | | | | | | Tak - 0,25 pkt  Nie -0 pkt | | | | | | | | | | | | | |  | | | | | | | | | | | | |
| Stalowa rama malowana proszkowo | | | | | | | | | Tak | | | | | | | | | | | | | |  | | | | | | | | | | | | | |  | | | | | | | | | | | | |
| Wykończenie – płyta laminowana w kolorze jasnego drewna | | | | | | | | | Tak | | | | | | | | | | | | | |  | | | | | | | | | | | | | |  | | | | | | | | | | | | |
| Barierki boczne wykonane z płyty laminowanej | | | | | | | | | Tak | | | | | | | | | | | | | |  | | | | | | | | | | | | | |  | | | | | | | | | | | | |
| Elektryczny napęd | | | | | | | | | Tak | | | | | | | | | | | | | |  | | | | | | | | | | | | | |  | | | | | | | | | | | | |
| Pilot dziesięciofunkcyjny z wbudowaną blokadą | | | | | | | | | Tak | | | | | | | | | | | | | |  | | | | | | | | | | | | | |  | | | | | | | | | | | | |
| Precyzyjne i trwałe siłowniki sterujące niemieckiej firmy DEWERT | | | | | | | | | Tak | | | | | | | | | | | | | |  | | | | | | | | | | | | | |  | | | | | | | | | | | | |
| Szerokość całkowita (z barierkami): 1035 mm | | | | | | | | | Tak | | | | | | | | | | | | | |  | | | | | | | | | | | | | |  | | | | | | | | | | | | |
| Długość całkowita: 2160 mm | | | | | | | | | Tak | | | | | | | | | | | | | |  | | | | | | | | | | | | | |  | | | | | | | | | | | | |
| Regulacja wysokości w zakresie od 37,5 do 77,5 cm | | | | | | | | | Tak | | | | | | | | | | | | | |  | | | | | | | | | | | | | |  | | | | | | | | | | | | |
| Regulacja oparcia pleców od 0°do 70° | | | | | | | | | Tak | | | | | | | | | | | | | |  | | | | | | | | | | | | | |  | | | | | | | | | | | | |
| Regulacja części podudowej od 0°do 20° | | | | | | | | | Tak | | | | | | | | | | | | | |  | | | | | | | | | | | | | |  | | | | | | | | | | | | |
| Regulacja części udowej od 0°do 40° | | | | | | | | | Tak | | | | | | | | | | | | | |  | | | | | | | | | | | | | |  | | | | | | | | | | | | |
| 4 koła transportowe z blokadą (O100) | | | | | | | | | Tak | | | | | | | | | | | | | |  | | | | | | | | | | | | | |  | | | | | | | | | | | | |
| Wysięgnik z uchwytem | | | | | | | | | Tak | | | | | | | | | | | | | |  | | | | | | | | | | | | | |  | | | | | | | | | | | | |
| Funkcja Trendelenburga i anty- Trendelenburga (0°do 13°) | | | | | | | | | Tak | | | | | | | | | | | | | |  | | | | | | | | | | | | | |  | | | | | | | | | | | | |
| Poziom hałasu <50 dB | | | | | | | | | Tak | | | | | | | | | | | | | |  | | | | | | | | | | | | | |  | | | | | | | | | | | | |
| Zabudowane szczyty łóżka | | | | | | | | | Tak | | | | | | | | | | | | | |  | | | | | | | | | | | | | |  | | | | | | | | | | | | |
| Minimum 18-miesięczna gwarancja | | | | | | | | | Tak | | | | | | | | | | | | | |  | | | | | | | | | | | | | |  | | | | | | | | | | | | |
| Samodzielny materac przeciwodleżynowy w pokrowcu zmywalnym nieprzemakalnym | | | | | | | | | Tak | | | | | | | | | | | | | |  | | | | | | | | | | | | | |  | | | | | | | | | | | | |
| Rozmiar materaca 200x90x10 cm | | | | | | | | | Tak | | | | | | | | | | | | | |  | | | | | | | | | | | | | |  | | | | | | | | | | | | |
| Minimalne obciążenie materaca 140 kg | | | | | | | | | Tak | | | | | | | | | | | | | |  | | | | | | | | | | | | | |  | | | | | | | | | | | | |
| **Typ model** | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Producent** | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Kraj pochodzenia** | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Rok produkcji** | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **29. Opis Szafka przyłóżkowa 4 szt.** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Miejsce dostawy: ul. Odrzańska 29** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Lp.** | **Parametry techniczno-eksploatacyjne** | | | | | | | | | | | | | | | **Wartość wymagana** | | | | | | | | | | | | | | **Dodatkowe parametry techniczne**  **/Punktacja** | | | | | | | | | | | | | | | **Parametr oferowany**  **(wypełnia Wykonawca)\*** | | | | |
| **1.** | **2.** | | | | | | | | | | | | | | | **3.** | | | | | | | | | | | | | | **4.** | | | | | | | | | | | | | | | **5.** | | | | |
| 1 | Szafka przyłóżkowa przeznaczona do przechowywania rzeczy osobistych pacjenta | | | | | | | | | | | | | | | Tak | | | | | | | | | | | | | |  | | | | | | | | | | | | | | |  | | | | |
| 2 | Wykonana z profili stalowych i blachy stalowej  ocynkowanej pokrytych lakierem proszkowym | | | | | | | | | | | | | | | Do wyboru (podać) | | | | | | | | | | | | | | Tak - 0,25 pkt  Nie -0 pkt | | | | | | | | | | | | | | |  | | | | |
| 3 | Szuflada z blokadą zabezpieczającą przed  wypadnięciem | | | | | | | | | | | | | | | Do wyboru (podać) | | | | | | | | | | | | | | Tak - 0,25 pkt  Nie -0 pkt | | | | | | | | | | | | | | |  | | | | |
| 4 | Blat szafki wykonany z tworzywa ABS | | | | | | | | | | | | | | | Tak | | | | | | | | | | | | | |  | | | | | | | | | | | | | | |  | | | | |
| 5 | Kółka jezdne ułatwiające przemieszczanie szafki, a dwa z nich z blokadą | | | | | | | | | | | | | | | Tak | | | | | | | | | | | | | |  | | | | | | | | | | | | | | |  | | | | |
| **Typ model** | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Producent** | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Kraj pochodzenia** | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Rok produkcji** | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **30. Opis Stół rehabilitacyjny 1 szt.** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Miejsce dostawy: ul. Odrzańska 29** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Parametry techniczno-eksploatacyjne** | | | | | | | | | | **Wartość wymagana** | | | | | | | | | | | | | | **Dodatkowe parametry techniczne**  **/Punktacja** | | | | | | | | | | | | | | **Parametr oferowany**  **(wypełnia Wykonawca)\*** | | | | | | | | |
| **2.** | | | | | | | | | | **3.** | | | | | | | | | | | | | | **4.** | | | | | | | | | | | | | | **5.** | | | | | | | | |
| Blat dwuczęściowy | | | | | | | | | | Tak | | | | | | | | | | | | | |  | | | | | | | | | | | | | |  | | | | | | | | |
| Podgłówek regulowany sprężyną gazową | | | | | | | | | | Tak | | | | | | | | | | | | | |  | | | | | | | | | | | | | |  | | | | | | | | |
| Uchwyty na pasy do stabilizacji po obu stronach leża | | | | | | | | | | Tak | | | | | | | | | | | | | |  | | | | | | | | | | | | | |  | | | | | | | | |
| Tapicerka skóropodobna | | | | | | | | | | Tak | | | | | | | | | | | | | |  | | | | | | | | | | | | | |  | | | | | | | | |
| 4 regulowane stopki | | | | | | | | | | Tak | | | | | | | | | | | | | |  | | | | | | | | | | | | | |  | | | | | | | | |
| Regulacja wysokości elektryczna za pomocą siłownika elektrycznego | | | | | | | | | | Do wyboru (podać) | | | | | | | | | | | | | | Tak - 0,25 pkt  Nie -0 pkt | | | | | | | | | | | | | |  | | | | | | | | |
| Długość: 200 cm | | | | | | | | | | Tak | | | | | | | | | | | | | |  | | | | | | | | | | | | | |  | | | | | | | | |
| Szerokość: 69 cm\* | | | | | | | | | | Tak | | | | | | | | | | | | | |  | | | | | | | | | | | | | |  | | | | | | | | |
| Wysokość: od 64 cm do 87 cm | | | | | | | | | | Tak | | | | | | | | | | | | | |  | | | | | | | | | | | | | |  | | | | | | | | |
| Regulacja kąta nachylenia zagłówka: od -80 ° do +50 ° | | | | | | | | | | Tak | | | | | | | | | | | | | |  | | | | | | | | | | | | | |  | | | | | | | | |
| Min. Obciążenie 150 kg | | | | | | | | | | Tak | | | | | | | | | | | | | |  | | | | | | | | | | | | | |  | | | | | | | | |
| Uchwyt na prześcieradło w roli | | | | | | | | | | Do wyboru (podać) | | | | | | | | | | | | | | Tak - 0,25 pkt  Nie -0 pkt | | | | | | | | | | | | | |  | | | | | | | | |
| **Typ model** | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Producent** | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Kraj pochodzenia** | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Rok produkcji** | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **31. Opis Aparat do krioterapii wraz z wyposażeniem w butlę na ciekły azot 1 szt.** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Miejsce dostawy: ul. Odrzańska 29** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Parametry techniczno-eksploatacyjne** | | | | | | | | | | **Wartość wymagana** | | | | | | | | | | | | | | **Dodatkowe parametry techniczne**  **/Punktacja** | | | | | | | | | | | | | | **Parametr oferowany**  **(wypełnia Wykonawca)\*** | | | | | | | | |
| **2.** | | | | | | | | | | **3.** | | | | | | | | | | | | | | **4.** | | | | | | | | | | | | | | **5.** | | | | | | | | |
| Urządzenie umieszczone na ramie jezdnej, która umożliwia jego łatwe  przemieszczanie. | | | | | | | | | | Tak | | | | | | | | | | | | | |  | | | | | | | | | | | | | |  | | | | | | | | |
| Urządzenie wyposażone w zbiornik na ciekły azot o poj. 50 dm3/ możliwość dokupienia dodatkowych zbiorników | | | | | | | | | | Do wyboru (podać) | | | | | | | | | | | | | | Tak - 0,25 pkt  Nie -0 pkt | | | | | | | | | | | | | |  | | | | | | | | |
| Panel z wyświetlaczem typu led segmentowy monochromatyczny | | | | | | | | | | Tak | | | | | | | | | | | | | |  | | | | | | | | | | | | | |  | | | | | | | | |
| Czterostopniowa regulacja intensywności nadmuchu | | | | | | | | | | Tak | | | | | | | | | | | | | |  | | | | | | | | | | | | | |  | | | | | | | | |
| Urządzenie wyposażone w stały pomiar ilości azotu w zbiorniku | | | | | | | | | | Tak | | | | | | | | | | | | | |  | | | | | | | | | | | | | |  | | | | | | | | |
| Dodatkowe funkcje nadmuchu:  Uwalnianie punktów spustowych (krioakupunktura)  Dwa rodzaje pulsacyjnej aplikacji  Programowany czas trwania zabiegu | | | | | | | | | | Do wyboru (podać) | | | | | | | | | | | | | | Tak - 0,25 pkt  Nie -0 pkt | | | | | | | | | | | | | |  | | | | | | | | |
| Czujnik termiczny zabezpieczający element grzejny przed uszkodzeniem po  wyczerpaniu się ciekłego azotu w zbiorniku | | | | | | | | | | Tak | | | | | | | | | | | | | |  | | | | | | | | | | | | | |  | | | | | | | | |
| Temperatura strumienia gazu -160oC (przy wylocie dyszy) | | | | | | | | | | Do wyboru (podać) | | | | | | | | | | | | | | Tak - 0,25 pkt  Nie -0 pkt | | | | | | | | | | | | | |  | | | | | | | | |
| Czas niezbędny do osiągnięcia pełnej  mocy chłodniczej (od momentu włączenia  grzałki) około 30 sek. | | | | | | | | | | Tak | | | | | | | | | | | | | |  | | | | | | | | | | | | | |  | | | | | | | | |
| Maksymalny pobór mocy 500W | | | | | | | | | | Tak | | | | | | | | | | | | | |  | | | | | | | | | | | | | |  | | | | | | | | |
| Napięcie zasilania 230V | | | | | | | | | | Tak | | | | | | | | | | | | | |  | | | | | | | | | | | | | |  | | | | | | | | |
| Częstotliwość prądu 50 Hz | | | | | | | | | | Tak | | | | | | | | | | | | | |  | | | | | | | | | | | | | |  | | | | | | | | |
| Klasa ochronności i typ ochrony I, B  Klasyfikacja (93/42/EEC) IIa  Klasa ochrony (IEC 60529) IP20 | | | | | | | | | | Tak | | | | | | | | | | | | | |  | | | | | | | | | | | | | |  | | | | | | | | |
| Ciśnienie 1000 ± 50 hPa | | | | | | | | | | Do wyboru (podać) | | | | | | | | | | | | | | Tak - 0,25 pkt  Nie -0 pkt | | | | | | | | | | | | | |  | | | | | | | | |
| Okres bezpiecznego użytkowania 10 lat | | | | | | | | | | Tak | | | | | | | | | | | | | |  | | | | | | | | | | | | | |  | | | | | | | | |
| Liczba zabiegów z jednego napełnienia  zbiornika YDS50 do 70 (dla średniego czasu zabiegu = 3 min) | | | | | | | | | | Tak | | | | | | | | | | | | | |  | | | | | | | | | | | | | |  | | | | | | | | |
| Użycie ciekłego azotu  0,08 do 0,15 kg/min (praca ciągła)  w zależności od ustawionej intensywności  nadmuchu | | | | | | | | | | Tak | | | | | | | | | | | | | |  | | | | | | | | | | | | | |  | | | | | | | | |
| Gwarancja min. 2 lata | | | | | | | | | | Tak | | | | | | | | | | | | | |  | | | | | | | | | | | | | |  | | | | | | | | |
| **Typ model** | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Producent** | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Kraj pochodzenia** | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Rok produkcji** | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **32. Opis Stół do masażu regulowany stacjonarny szt.** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Miejsce dostawy: ul. Odrzańska 29** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Lp.** | **Parametry techniczno-eksploatacyjne** | | | | | | | | | | | | | | | | **Wartość wymagana** | | | | | | | | | | | | | | **Dodatkowe parametry techniczne**  **/Punktacja** | | | | | | | | | | | | | | | **Parametr oferowany**  **(wypełnia Wykonawca)\*** | | | |
| **1.** | **2.** | | | | | | | | | | | | | | | | **3.** | | | | | | | | | | | | | | **4.** | | | | | | | | | | | | | | | **5.** | | | |
| 1. | Stół dwuczęściowy | | | | | | | | | | | | | | | | Do wyboru (podać) | | | | | | | | | | | | | | Tak - 0,25 pkt  Nie -0 pkt | | | | | | | | | | | | | | |  | | | |
| 2. | Otwór z zatyczką w podgłówku oraz w leżu | | | | | | | | | | | | | | | | Tak | | | | | | | | | | | | | |  | | | | | | | | | | | | | | |  | | | |
| 3. | podgłówek regulowany sprężyną gazową | | | | | | | | | | | | | | | | Tak | | | | | | | | | | | | | |  | | | | | | | | | | | | | | |  | | | |
| 4. | tapicerka skóropodobna | | | | | | | | | | | | | | | | Tak | | | | | | | | | | | | | |  | | | | | | | | | | | | | | |  | | | |
| 5. | 4 regulowane stopki | | | | | | | | | | | | | | | | Tak | | | | | | | | | | | | | |  | | | | | | | | | | | | | | |  | | | |
| 6. | pilot ręczny do elektrycznej regulacji wysokości | | | | | | | | | | | | | | | | Tak | | | | | | | | | | | | | |  | | | | | | | | | | | | | | |  | | | |
| 7. | wieszak na podkład celulozowy 60 lub 70 cm | | | | | | | | | | | | | | | | Tak | | | | | | | | | | | | | |  | | | | | | | | | | | | | | |  | | | |
| 8. | Długość: 200 cm | | | | | | | | | | | | | | | | Tak | | | | | | | | | | | | | |  | | | | | | | | | | | | | | |  | | | |
| 9. | Szerokość: 69 cm | | | | | | | | | | | | | | | | Tak | | | | | | | | | | | | | |  | | | | | | | | | | | | | | |  | | | |
| 10. | Wysokość: 57 - 81 cm | | | | | | | | | | | | | | | | Tak | | | | | | | | | | | | | |  | | | | | | | | | | | | | | |  | | | |
| 11. | Regulacja kąta nachylenia zagłówka: -60° - 45° | | | | | | | | | | | | | | | | Tak | | | | | | | | | | | | | |  | | | | | | | | | | | | | | |  | | | |
| 12. | Minimalne obciążenie 150 kg | | | | | | | | | | | | | | | | Do wyboru (podać) | | | | | | | | | | | | | | Tak - 0,25 pkt  Nie -0 pkt | | | | | | | | | | | | | | |  | | | |
| **Typ model** | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Producent** | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Kraj pochodzenia** | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Rok produkcji** | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **33. Opis Stół do masażu przenośny 1 szt.** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Miejsce dostawy: ul. Odrzańska 29** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Lp.** | **Parametry techniczno-eksploatacyjne** | | | | | | | | | | | | | | | | **Wartość wymagana** | | | | | | | | | | | | | | **Dodatkowe parametry techniczne**  **/Punktacja** | | | | | | | | | | | | | | | **Parametr oferowany**  **(wypełnia Wykonawca)\*** | | | |
| **1.** | **2.** | | | | | | | | | | | | | | | | **3.** | | | | | | | | | | | | | | **4.** | | | | | | | | | | | | | | | **5.** | | | |
| 1 | Składany dwusegmentowy, drewniany stół do masażu | | | | | | | | | | | | | | | | Tak | | | | | | | | | | | | | |  | | | | | | | | | | | | | | |  | | | |
| 2 | 5 cm dwuwarstwowa pianka | | | | | | | | | | | | | | | | Do wyboru (podać) | | | | | | | | | | | | | | Tak - 0,5 pkt  Nie -0 pkt | | | | | | | | | | | | | | |  | | | |
| 3 | profilowany podgłówek | | | | | | | | | | | | | | | | Do wyboru (podać) | | | | | | | | | | | | | | Tak - 0,5 pkt  Nie -0 pkt | | | | | | | | | | | | | | |  | | | |
| 4 | otwór na twarz w blacie stołu | | | | | | | | | | | | | | | | Tak | | | | | | | | | | | | | |  | | | | | | | | | | | | | | |  | | | |
| 5 | specjalnie wyprofilowana drewniana sklejka ułatwiająca dostęp do pacjenta | | | | | | | | | | | | | | | | Tak | | | | | | | | | | | | | |  | | | | | | | | | | | | | | |  | | | |
| 6 | stelaż z naturalnego drewna | | | | | | | | | | | | | | | | Do wyboru (podać) | | | | | | | | | | | | | | Tak - 0,5 pkt  Nie -0 pkt | | | | | | | | | | | | | | |  | | | |
| 7 | solidne stopki | | | | | | | | | | | | | | | | Tak | | | | | | | | | | | | | |  | | | | | | | | | | | | | | |  | | | |
| 8 | powlekane stalowe linki | | | | | | | | | | | | | | | | Tak | | | | | | | | | | | | | |  | | | | | | | | | | | | | | |  | | | |
| 9 | Stelaż podgłówka regulowany w dwóch płaszczyznach | | | | | | | | | | | | | | | | Do wyboru (podać) | | | | | | | | | | | | | | Tak - 0,5 pkt  Nie -0 pkt | | | | | | | | | | | | | | |  | | | |
| 10 | Zatyczka do otworu na twarz | | | | | | | | | | | | | | | | Tak | | | | | | | | | | | | | |  | | | | | | | | | | | | | | |  | | | |
| 11 | Półka przednia pod ramiona | | | | | | | | | | | | | | | | Tak | | | | | | | | | | | | | |  | | | | | | | | | | | | | | |  | | | |
| 12 | Podłokietniki | | | | | | | | | | | | | | | | Tak | | | | | | | | | | | | | |  | | | | | | | | | | | | | | |  | | | |
| 13 | Pokrowiec | | | | | | | | | | | | | | | | Tak | | | | | | | | | | | | | |  | | | | | | | | | | | | | | |  | | | |
| 14 | Pokrowiec | | | | | | | | | | | | | | | | Tak | | | | | | | | | | | | | |  | | | | | | | | | | | | | | |  | | | |
| 15 | Długość stołu 185 cm  Długość stołu z podgłówkiem 213 cm  Szerokość stołu 70 cm  Szerokość stołu z podłokietnikami 90 cm | | | | | | | | | | | | | | | | Tak | | | | | | | | | | | | | |  | | | | | | | | | | | | | | |  | | | |
| 16 | Wysokość regulowana stołu 61 - 85 cm co 2,5 cm (11 pozycji) | | | | | | | | | | | | | | | | Tak | | | | | | | | | | | | | |  | | | | | | | | | | | | | | |  | | | |
| 16 | Wymiary po złożeniu 93 x 72 x 19 cm | | | | | | | | | | | | | | | | Tak | | | | | | | | | | | | | |  | | | | | | | | | | | | | | |  | | | |
| **Typ model** | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Producent** | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Kraj pochodzenia** | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Rok produkcji** | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **34. Opis Aparat do elektroterapii z leżanką 1 szt.** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Miejsce dostawy: ul. Odrzańska 29** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Parametry techniczno-eksploatacyjne** | | | | | | | | | | | **Wartość wymagana** | | | | | | | | | | | | | | **Dodatkowe parametry techniczne**  **/Punktacja** | | | | | | | | | | | | | | **Parametr oferowany**  **(wypełnia Wykonawca)\*** | | | | | | | | |
| **2.** | | | | | | | | | | | **3.** | | | | | | | | | | | | | | **4.** | | | | | | | | | | | | | | **5.** | | | | | | | | |
| dwa całkowicie niezależne kanały zabiegowe | | | | | | | | | | | Do wyboru (podać) | | | | | | | | | | | | | | Tak - 0,5 pkt  Nie -0 pkt | | | | | | | | | | | | | |  | | | | | | | | |
| tryb pracy: programowy/ manualny | | | | | | | | | | | Tak | | | | | | | | | | | | | |  | | | | | | | | | | | | | |  | | | | | | | | |
| baza wbudowanych programów i sekwencji zabiegowych | | | | | | | | | | | Do wyboru (podać) | | | | | | | | | | | | | | Tak - 0,5 pkt  Nie -0 pkt | | | | | | | | | | | | | |  | | | | | | | | |
| statystyki przeprowadzonych zabiegów | | | | | | | | | | | Tak | | | | | | | | | | | | | |  | | | | | | | | | | | | | |  | | | | | | | | |
| encyklopedia z opisem metodyki zabiegu | | | | | | | | | | | Tak | | | | | | | | | | | | | |  | | | | | | | | | | | | | |  | | | | | | | | |
| podręczna lista programów i sekwencji ulubionych | | | | | | | | | | | Tak | | | | | | | | | | | | | |  | | | | | | | | | | | | | |  | | | | | | | | |
| możliwość edycji nazw programów i sekwencji użytkownika | | | | | | | | | | | Tak | | | | | | | | | | | | | |  | | | | | | | | | | | | | |  | | | | | | | | |
| jednostki chorobowe wybierane po nazwie lub dziedzinie | | | | | | | | | | | Tak | | | | | | | | | | | | | |  | | | | | | | | | | | | | |  | | | | | | | | |
| 7’’ kolorowy wyświetlacz z panelem dotykowym | | | | | | | | | | | Tak | | | | | | | | | | | | | |  | | | | | | | | | | | | | |  | | | | | | | | |
| Generowane prądy: prąd interferencyjny (dynamiczny, statyczny, jednokanałowy AMF), prądy TENS (symetryczny, asymetryczny, falujący, TENS burst, TENS do terapii porażeń spastycznych), prądy Kotza, rosyjska stymulacja, tonoliza, diadynamiczne (MF,DF,CP,CP-ISO,LP), prądy impulsowe (prostokątny, trójkątny, wg.Leduca, neofaradyczny, wg Traberta), prąd unipolarny falujący, prąd galwaniczny, mikroprądy. | | | | | | | | | | | Do wyboru (podać) | | | | | | | | | | | | | | Tak - 0,25 pkt  Nie -0 pkt | | | | | | | | | | | | | |  | | | | | | | | |
| Natężenie maks. Pr.interferencyjne, Kotza - 100mA | | | | | | | | | | | Tak | | | | | | | | | | | | | |  | | | | | | | | | | | | | |  | | | | | | | | |
| Natężenie maks. Pr. TENS - 140mA | | | | | | | | | | | Tak | | | | | | | | | | | | | |  | | | | | | | | | | | | | |  | | | | | | | | |
| Natężenie maks. Pr.diadynamiczne, impulsowe - 60mA | | | | | | | | | | | Tak | | | | | | | | | | | | | |  | | | | | | | | | | | | | |  | | | | | | | | |
| Natężenie maks. Pr. Galwaniczny - 40mA | | | | | | | | | | | Tak | | | | | | | | | | | | | |  | | | | | | | | | | | | | |  | | | | | | | | |
| Tryb przerywany dla prądów unipolarnych | | | | | | | | | | | Tak | | | | | | | | | | | | | |  | | | | | | | | | | | | | |  | | | | | | | | |
| elektrodiagnostyka z graficzną prezentacją krzywej I/t | | | | | | | | | | | Tak | | | | | | | | | | | | | |  | | | | | | | | | | | | | |  | | | | | | | | |
| Automatyczne wyliczanie reobazy, chronaksji, współczynnika akomodacji | | | | | | | | | | | Tak | | | | | | | | | | | | | |  | | | | | | | | | | | | | |  | | | | | | | | |
| Tryb programowy i manualny | | | | | | | | | | | Tak | | | | | | | | | | | | | |  | | | | | | | | | | | | | |  | | | | | | | | |
| 69 wbudowanych programów zabiegowych | | | | | | | | | | | Do wyboru (podać) | | | | | | | | | | | | | | Tak - 0,25 pkt  Nie -0 pkt | | | | | | | | | | | | | |  | | | | | | | | |
| 50 programów do ustawienia dla użytkowników | | | | | | | | | | | Tak | | | | | | | | | | | | | |  | | | | | | | | | | | | | |  | | | | | | | | |
| 69 programów ulubionych | | | | | | | | | | | Tak | | | | | | | | | | | | | |  | | | | | | | | | | | | | |  | | | | | | | | |
| Opcja definiowania programów ulubionych | | | | | | | | | | | Tak | | | | | | | | | | | | | |  | | | | | | | | | | | | | |  | | | | | | | | |
| 38 wbudowanych sekwencji zabiegowych | | | | | | | | | | | Tak | | | | | | | | | | | | | |  | | | | | | | | | | | | | |  | | | | | | | | |
| 10 sekwencji do ustawienia dla użytkowników | | | | | | | | | | | Tak | | | | | | | | | | | | | |  | | | | | | | | | | | | | |  | | | | | | | | |
| Możliwość przeprowadzenie testu elektrod | | | | | | | | | | | Tak | | | | | | | | | | | | | |  | | | | | | | | | | | | | |  | | | | | | | | |
| Wyposażenie standardowe: elektrody do elektroterapii 6x6-4szt, elektrody do elektroterapii 7,5x9-2szt, pokrowce wiskozowe do elektrod 6x6-8szt, 7,5x9-4szt, pasy rzepowe 40x10-2szt, 100x10-2szt | | | | | | | | | | | Tak | | | | | | | | | | | | | |  | | | | | | | | | | | | | |  | | | | | | | | |
| wymiary 34 x 28 x 11‐16 | | | | | | | | | | | Tak | | | | | | | | | | | | | |  | | | | | | | | | | | | | |  | | | | | | | | |
| Zasilanie 230V/40W | | | | | | | | | | | Tak | | | | | | | | | | | | | |  | | | | | | | | | | | | | |  | | | | | | | | |
| Gwarancja: 2 lat na sterownik | | | | | | | | | | | Tak | | | | | | | | | | | | | |  | | | | | | | | | | | | | |  | | | | | | | | |
| Deklaracja zgodności dla wyrobów medycznych | | | | | | | | | | | Tak | | | | | | | | | | | | | |  | | | | | | | | | | | | | |  | | | | | | | | |
| Instrukcja w języku polskim | | | | | | | | | | | Tak | | | | | | | | | | | | | |  | | | | | | | | | | | | | |  | | | | | | | | |
| **Leżanka** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Rama leżanki wykonana z kształtowników stalowych, pokrytych farbą proszkową | | | | | | | | | | | Tak | | | | | | | | | | | | | |  | | | | | | | | | | | | | |  | | | | | | | | |
| Leże i wezgłowie wykonane z płyty wiórowej obitej pianką poliuretanową i obszyte materiałem skóropodobnym zmywalnym | | | | | | | | | | | Tak | | | | | | | | | | | | | |  | | | | | | | | | | | | | |  | | | | | | | | |
| Regulacja kąta pochylenia wezgłowia | | | | | | | | | | | Do wyboru (podać) | | | | | | | | | | | | | | Tak - 0,25 pkt  Nie -0 pkt | | | | | | | | | | | | | |  | | | | | | | | |
| Uchwyt na rolkę prześcieradła | | | | | | | | | | | Do wyboru (podać) | | | | | | | | | | | | | | Tak -0,25 pkt  Nie -0 pkt | | | | | | | | | | | | | |  | | | | | | | | |
| Całkowita szerokość, 550 mm | | | | | | | | | | | Tak | | | | | | | | | | | | | |  | | | | | | | | | | | | | |  | | | | | | | | |
| Całkowita długość, 1880 mm | | | | | | | | | | | Tak | | | | | | | | | | | | | |  | | | | | | | | | | | | | |  | | | | | | | | |
| Całkowita wysokość, 510 mm | | | | | | | | | | | Tak | | | | | | | | | | | | | |  | | | | | | | | | | | | | |  | | | | | | | | |
| Kąt nachylenia wezgłowia, +/- 40° | | | | | | | | | | | Tak | | | | | | | | | | | | | |  | | | | | | | | | | | | | |  | | | | | | | | |
| Minimalne obciążenie 180 kg | | | | | | | | | | | Tak | | | | | | | | | | | | | |  | | | | | | | | | | | | | |  | | | | | | | | |
| **Typ model** | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Producent** | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Kraj pochodzenia** | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Rok produkcji** | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **35. Opis Lampa Solux 1 szt.** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Miejsce dostawy: ul. Odrzańska 29** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Parametry techniczno-eksploatacyjne** | | | | | | | | | | | **Wartość wymagana** | | | | | | | | | | | | | | **Dodatkowe parametry techniczne**  **/Punktacja** | | | | | | | | | | | | | | **Parametr oferowany**  **(wypełnia Wykonawca)\*** | | | | | | | | |
| **2.** | | | | | | | | | | | **3.** | | | | | | | | | | | | | | **4.** | | | | | | | | | | | | | | **5.** | | | | | | | | |
| uproszczona obsługa | | | | | | | | | | | Tak | | | | | | | | | | | | | |  | | | | | | | | | | | | | |  | | | | | | | | |
| lampa statywowa z regulacją wysokości i i ustawienia tubusa | | | | | | | | | | | Do wyboru (podać) | | | | | | | | | | | | | | Tak - 0,5 pkt  Nie -0 pkt | | | | | | | | | | | | | |  | | | | | | | | |
| podstawka umożliwiająca pracę lampy na stole | | | | | | | | | | | Do wyboru (podać) | | | | | | | | | | | | | | Tak - 0,5 pkt  Nie -0 pkt | | | | | | | | | | | | | |  | | | | | | | | |
| mikroprocesorowe sterowanie pracą lampy | | | | | | | | | | | Tak | | | | | | | | | | | | | |  | | | | | | | | | | | | | |  | | | | | | | | |
| wymuszone chłodzenie tubusa | | | | | | | | | | | Tak | | | | | | | | | | | | | |  | | | | | | | | | | | | | |  | | | | | | | | |
| siatka zabezpieczająca | | | | | | | | | | | Do wyboru (podać) | | | | | | | | | | | | | | Tak - 0,25 pkt  Nie -0 pkt | | | | | | | | | | | | | |  | | | | | | | | |
| sterownik elektroniczny z wyświetlaczem cyfrowym do ustawienia czasu zabiegu i regulacji mocy promieniowania | | | | | | | | | | | Tak | | | | | | | | | | | | | |  | | | | | | | | | | | | | |  | | | | | | | | |
| maksymalna moc żarówki 375W | | | | | | | | | | | Tak | | | | | | | | | | | | | |  | | | | | | | | | | | | | |  | | | | | | | | |
| regulacja jasności :10-100%, krok 10% | | | | | | | | | | | Do wyboru (podać) | | | | | | | | | | | | | | Tak - 0,25 pkt  Nie -0 pkt | | | | | | | | | | | | | |  | | | | | | | | |
| zegar zabiegowy :1-30min | | | | | | | | | | | Tak | | | | | | | | | | | | | |  | | | | | | | | | | | | | |  | | | | | | | | |
| zasilanie, pobór mocy : 230V,50Hz,450W | | | | | | | | | | | Tak | | | | | | | | | | | | | |  | | | | | | | | | | | | | |  | | | | | | | | |
| filtr czerwony z siatką zabezpieczającą | | | | | | | | | | | Tak | | | | | | | | | | | | | |  | | | | | | | | | | | | | |  | | | | | | | | |
| filtr niebieski z siatką zabezpieczającą | | | | | | | | | | | Tak | | | | | | | | | | | | | |  | | | | | | | | | | | | | |  | | | | | | | | |
| okulary ochronne dla pacjenta | | | | | | | | | | | Tak | | | | | | | | | | | | | |  | | | | | | | | | | | | | |  | | | | | | | | |
| okulary ochronne dla terapeuty | | | | | | | | | | | Tak | | | | | | | | | | | | | |  | | | | | | | | | | | | | |  | | | | | | | | |
| podstawa stołowa o wymiarach 30x39x41 | | | | | | | | | | | Tak | | | | | | | | | | | | | |  | | | | | | | | | | | | | |  | | | | | | | | |
| wymiary: 50mm x60mm x190mm ±5mm | | | | | | | | | | | Tak | | | | | | | | | | | | | |  | | | | | | | | | | | | | |  | | | | | | | | |
| waga urządzenia max: 13,7kg | | | | | | | | | | | Tak | | | | | | | | | | | | | |  | | | | | | | | | | | | | |  | | | | | | | | |
| gwarancja: 5 lat na sterownik, reszta 24 miesiące | | | | | | | | | | | Tak | | | | | | | | | | | | | |  | | | | | | | | | | | | | |  | | | | | | | | |
| deklaracja zgodności dla wyrobów medycznych | | | | | | | | | | | Tak | | | | | | | | | | | | | |  | | | | | | | | | | | | | |  | | | | | | | | |
| instrukcja użytkowania w języku polskim | | | | | | | | | | | Tak | | | | | | | | | | | | | |  | | | | | | | | | | | | | |  | | | | | | | | |
| **Typ model** | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Producent** | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Kraj pochodzenia** | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Rok produkcji** | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **36. Opis Rower stacjonarny szt. 1** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Miejsce dostawy: ul. Odrzańska 29** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Lp.** | **Parametry techniczno-eksploatacyjne** | | | | | | | | | | | | | | | | **Wartość wymagana** | | | | | | | | | | | | | | **Dodatkowe parametry techniczne**  **/Punktacja** | | | | | | | | | | | | | | | **Parametr oferowany**  **(wypełnia Wykonawca)\*** | | | |
| **1.** | **2.** | | | | | | | | | | | | | | | | **3.** | | | | | | | | | | | | | | **4.** | | | | | | | | | | | | | | | **5.** | | | |
| 1. | 8 poziomów regulacji oporu | | | | | | | | | | | | | | | | Do wyboru (podać) | | | | | | | | | | | | | | Tak - 0,25 pkt  Nie -0 pkt | | | | | | | | | | | | | | |  | | | |
| 2. | Poziom oporu regulowany manualnie, za pomocą pokrętła | | | | | | | | | | | | | | | | Tak | | | | | | | | | | | | | |  | | | | | | | | | | | | | | |  | | | |
| 3. | Szerokie, wygodne siodełko z regulacją wysokości oraz kąta nachylenia | | | | | | | | | | | | | | | | Tak | | | | | | | | | | | | | |  | | | | | | | | | | | | | | |  | | | |
| 4. | Czytelny, intuicyjny w obsłudze komputer | | | | | | | | | | | | | | | | Tak | | | | | | | | | | | | | |  | | | | | | | | | | | | | | |  | | | |
| 5. | Funkcje komputera  czas, prędkość, dystans, tętno, opór, kadencja, kalorie | | | | | | | | | | | | | | | | Tak | | | | | | | | | | | | | |  | | | | | | | | | | | | | | |  | | | |
| 6. | Minimalna waga użytkownika 110 kg | | | | | | | | | | | | | | | | Tak | | | | | | | | | | | | | |  | | | | | | | | | | | | | | |  | | | |
| **Typ model** | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Producent** | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Kraj pochodzenia** | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Rok produkcji** | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **37. Opis Bieżnia 1 szt.** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Miejsce dostawy: ul. Odrzańska 29** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Lp.** | **Parametry techniczno-eksploatacyjne** | | | | | | | | | | | | | | | | **Wartość wymagana** | | | | | | | | | | | | | | **Dodatkowe parametry techniczne**  **/Punktacja** | | | | | | | | | | | | | | | **Parametr oferowany**  **(wypełnia Wykonawca)\*** | | | |
| **1.** | **2.** | | | | | | | | | | | | | | | | **3.** | | | | | | | | | | | | | | **4.** | | | | | | | | | | | | | | | **5.** | | | |
| 1 | Wielofunkcyjny wyświetlacz LCD | | | | | | | | | | | | | | | | Tak | | | | | | | | | | | | | |  | | | | | | | | | | | | | | |  | | | |
| 2 | Cicha praca | | | | | | | | | | | | | | | | Tak | | | | | | | | | | | | | |  | | | | | | | | | | | | | | |  | | | |
| 3 | Regulacja prędkości: | | | | | | | | | | | | | | | | Tak | | | | | | | | | | | | | |  | | | | | | | | | | | | | | |  | | | |
| 4 | 40 programów treningowych: | | | | | | | | | | | | | | | | Tak | | | | | | | | | | | | | |  | | | | | | | | | | | | | | |  | | | |
| 5 | Pomiar tętna | | | | | | | | | | | | | | | | Tak | | | | | | | | | | | | | |  | | | | | | | | | | | | | | |  | | | |
| 6 | Funkcje komputera  czas, prędkość, dystans, tętno, kalorie | | | | | | | | | | | | | | | | Do wyboru (podać) | | | | | | | | | | | | | | Tak - 0,25 pkt  Nie -0 pkt | | | | | | | | | | | | | | |  | | | |
| **Typ model** | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Producent** | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Kraj pochodzenia** | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Rok produkcji** | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **38. Opis Aparat do magnetoterapii z leżanką z prowadnicą 1 szt.** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Miejsce dostawy: ul. Odrzańska 29** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Parametry techniczno-eksploatacyjne** | | | | | | | | | | | | **Wartość wymagana** | | | | | | | | | | | | | | **Dodatkowe parametry techniczne**  **/Punktacja** | | | | | | | | | | | | | | **Parametr oferowany**  **(wypełnia Wykonawca)\*** | | | | | | | | |
| **2.** | | | | | | | | | | | | **3.** | | | | | | | | | | | | | | **4.** | | | | | | | | | | | | | | **5.** | | | | | | | | |
| 5” kolorowy wyświetlacz z panelem dotykowym | | | | | | | | | | | | Do wyboru (podać) | | | | | | | | | | | | | | Tak - 0,25 pkt  Nie -0 pkt | | | | | | | | | | | | | |  | | | | | | | | |
| dwa niezależne kanały zabiegowe | | | | | | | | | | | | Tak | | | | | | | | | | | | | |  | | | | | | | | | | | | | |  | | | | | | | | |
| jednostki chorobowe wybierane po nazwie lub dziedzinie | | | | | | | | | | | | Tak | | | | | | | | | | | | | |  | | | | | | | | | | | | | |  | | | | | | | | |
| baza wbudowanych programów zabiegowych | | | | | | | | | | | | Tak | | | | | | | | | | | | | |  | | | | | | | | | | | | | |  | | | | | | | | |
| baza programów użytkownika | | | | | | | | | | | | Tak | | | | | | | | | | | | | |  | | | | | | | | | | | | | |  | | | | | | | | |
| baza sekwencji użytkownika | | | | | | | | | | | | Tak | | | | | | | | | | | | | |  | | | | | | | | | | | | | |  | | | | | | | | |
| programy ulubione | | | | | | | | | | | | Tak | | | | | | | | | | | | | |  | | | | | | | | | | | | | |  | | | | | | | | |
| możliwość edycji nazw programów i sekwencji użytkownika | | | | | | | | | | | | Tak | | | | | | | | | | | | | |  | | | | | | | | | | | | | |  | | | | | | | | |
| encyklopedia z opisem metodyki zabiegu | | | | | | | | | | | | Tak | | | | | | | | | | | | | |  | | | | | | | | | | | | | |  | | | | | | | | |
| statystyki przeprowadzanych zabiegów | | | | | | | | | | | | Tak | | | | | | | | | | | | | |  | | | | | | | | | | | | | |  | | | | | | | | |
| regulacja głośności sygnalizatora dźwiękowego | | | | | | | | | | | | Tak | | | | | | | | | | | | | |  | | | | | | | | | | | | | |  | | | | | | | | |
| emisja ciągła i impulsowa | | | | | | | | | | | | Do wyboru (podać) | | | | | | | | | | | | | | Tak - 0,25 pkt  Nie -0 pkt | | | | | | | | | | | | | |  | | | | | | | | |
| ształt pola: prostokątny dwupołówkowy, trójkątny dwupołówkowy, sinusoidalny dwupołówkowy,  impulsowy dwupołówkowy, prostokątny jednopołówkowy, trójkątny jednopołówkowy, sinusoidalny, jednopołówkowy, impulsowy jednopołówkowy | | | | | | | | | | | | Tak | | | | | | | | | | | | | |  | | | | | | | | | | | | | |  | | | | | | | | |
| praca z jednym lub dwoma aplikatorami płaskimi CPEP | | | | | | | | | | | | Do wyboru (podać) | | | | | | | | | | | | | | Tak - 0,25 pkt  Nie -0 pkt | | | | | | | | | | | | | |  | | | | | | | | |
| wygodne mocowanie aplikatorów za pomocą pasów i rzepów | | | | | | | | | | | | Tak | | | | | | | | | | | | | |  | | | | | | | | | | | | | |  | | | | | | | | |
| zabiegi w Trybie Dualnym | | | | | | | | | | | | Tak | | | | | | | | | | | | | |  | | | | | | | | | | | | | |  | | | | | | | | |
| wizualny wskaźnik obecności pola w postaci oświetlacza | | | | | | | | | | | | Tak | | | | | | | | | | | | | |  | | | | | | | | | | | | | |  | | | | | | | | |
| sensoryczny wskaźnik aktywności pola w postaci pasów magnetycznych | | | | | | | | | | | | Tak | | | | | | | | | | | | | |  | | | | | | | | | | | | | |  | | | | | | | | |
| nastawy wartości czasu zabiegu z dokładnością do 1 s za pomocą klawiatury ekranowej | | | | | | | | | | | | Tak | | | | | | | | | | | | | |  | | | | | | | | | | | | | |  | | | | | | | | |
| ROGRAMY ZABIEGOWE  wbudowane programy zabiegowe:  programy CS60  programy CS35  programy CP  programy CPEP  programy Trybu Dualnego  programy do ustawienia dla użytkownika  programy ulubione | | | | | | | | | | | | Tak | | | | | | | | | | | | | |  | | | | | | | | | | | | | |  | | | | | | | | |
| PARAMETRY TECHNICZNE  Parametry magnetoterapii  częstotliwość pracy 2 – 140 Hz  maksymalna indukcja znamionowa w geometrycznym środku aplikatora:  aplikator CS60 4 mT  aplikator CS35 10 mT  aplikator CP 3 mT  aplikator CPEP 25 mT  maksymalna indukcja znamionowa przy ściance aplikatora:  aplikator CS60 6 mT  aplikator CS35 12 mT  aplikator CP 12,5 mT  aplikator CPEP 50 mT  maksymalna wartość zmiany indukcji:  aplikator CS60 12 mT  aplikator CS35 24 mT  aplikator CP 25 mT  aplikator CPEP 100 mT  parametry trybu przerywanego impuls 1 s/ przerwa 0,5 – 8 s  spektrum częstotliwości 0 – 50 Hz  zegar zabiegowy 30 s – 60 minut | | | | | | | | | | | | Tak | | | | | | | | | | | | | |  | | | | | | | | | | | | | |  | | | | | | | | |
| Aplikator szpulowy pola magnetycznego typu CS60A | | | | | | | | | | | | Tak | | | | | | | | | | | | | |  | | | | | | | | | | | | | |  | | | | | | | | |
| Aplikator szpulowy pola magnetycznego typu CS35A | | | | | | | | | | | | Tak | | | | | | | | | | | | | |  | | | | | | | | | | | | | |  | | | | | | | | |
| Stolik pod aplikatory pola magnetycznego do współpracy z CS35 | | | | | | | | | | | |  | | | | | | | | | | | | | |  | | | | | | | | | | | | | |  | | | | | | | | |
| **Leżanka** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Leżanka pola magnetycznego do współpracy z CS60 i CS75 | | | | | | | | | | | | Tak | | | | | | | | | | | | | |  | | | | | | | | | | | | | |  | | | | | | | | |
| nośność leżanki min 135kg | | | | | | | | | | | | Tak | | | | | | | | | | | | | |  | | | | | | | | | | | | | |  | | | | | | | | |
| nośność półki pod aparat min. 8kg | | | | | | | | | | | | Tak | | | | | | | | | | | | | |  | | | | | | | | | | | | | |  | | | | | | | | |
| wymiary leżanki wraz z półką (dł. szer. wys.)  214,2 x 53,2 x 118,3 cm | | | | | | | | | | | | Tak | | | | | | | | | | | | | |  | | | | | | | | | | | | | |  | | | | | | | | |
| **Typ model** | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Producent** | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Kraj pochodzenia** | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Rok produkcji** | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **39. Opis Kabina ugul 1 szt.** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Miejsce dostawy: ul. Odrzańska 29** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Parametry techniczno-eksploatacyjne** | | | | | | | | | | | | **Wartość wymagana** | | | | | | | | | | | | | | **Dodatkowe parametry techniczne**  **/Punktacja** | | | | | | | | | | | | | | **Parametr oferowany**  **(wypełnia Wykonawca)\*** | | | | | | | | |
| **2.** | | | | | | | | | | | | **3.** | | | | | | | | | | | | | | **4.** | | | | | | | | | | | | | | **5.** | | | | | | | | |
| Konstrukcja kabiny stalowa malowana proszkowo w kolorze białym | | | | | | | | | | | | Do wyboru (podać) | | | | | | | | | | | | | | Tak - 0,25 pkt  Nie -0 pkt | | | | | | | | | | | | | |  | | | | | | | | |
| Wymiary kabiny  Długość: 200 cm  Szerokość: 200 cm  Wysokość: 203 cm  Min. obciążenie: 150 kg | | | | | | | | | | | | Tak | | | | | | | | | | | | | |  | | | | | | | | | | | | | |  | | | | | | | | |
| Osprzęt do kabiny | | | | | | | | | | | | Tak | | | | | | | | | | | | | |  | | | | | | | | | | | | | |  | | | | | | | | |
| Skład zestawu:  Linka dł. 1600 mm 8szt.  Linka dł. 960 mm 2 szt.  Linka dł. 2450 mm 1 szt.  Linka dł. 5720 mm 1 szt.  Linka dł. 3750 mm 2 szt.  Podwieszka przedr. i podudzi 420x100 4 szt.  Podwieszka ud i ramion 540x135 4 szt.  Podwieszka pod miednicę 830x230 1 szt.  Podwieszka klatki piersiowej 820x300 1 szt.  Podwieszka pod głowę 150x530 1 szt.  Podwieszka stóp 75x610 2 szt.  Podwieszka dwustawowa (Pelota 160x80  pas 40x135) 2 szt.  Pas do wyciągu za miednicę 1330x170 1 szt.  Kamaszek 135x170 1 szt.  Ciężarek miękki 0,5 kg 2 szt.  Ciężarek miękki 1,0 kg 2 szt.  Ciężarek miękki 1,5 kg 1 szt.  Ciężarek miękki 2,0 kg 1 szt.  Ciężarek miękki 2,5 kg 1 szt.  Ciężarek miękki 3,0 kg 1 szt.  Esik 30 szt. | | | | | | | | | | | | Tak | | | | | | | | | | | | | |  | | | | | | | | | | | | | |  | | | | | | | | |
| **Typ model** | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Producent** | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Kraj pochodzenia** | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Rok produkcji** | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

Miejscowość ……… dn…………….…. . …………………………………………

(***podpis przedstawiciela Wykonawcy)***