

Dustin Gamblin - Chief dgamblin@jocoamb.com
660-362-1621
Johnson County Ambulance District
500 East Young Ave.
Warrensburg, MO 64093

This proposal outlines the purchase of a comprehensive service plan for the District's 12 Zoll Ventilators, aimed at ensuring optimal performance, long-term reliability, and compliance with industry standards. The service plan will cover normal preventative maintenance, annual testing, wear and tear coverage, and battery replacement.

1. Preventative Maintenance:

- Regular, scheduled maintenance to keep the Zoll Ventilator in optimal working condition.
- Inspection and calibration of key components to ensure accurate functionality.

2. Annual Testing:

- Full performance testing once per year to verify the ventilator meets required specifications.
- Testing will include functionality, safety checks, and any other essential diagnostics.

3. Wear and Tear Coverage:

- Coverage for normal wear and tear of parts, including but not limited to tubing, filters, and valves.
- Repair or replacement of parts that fall under the wear and tear category.

4. Battery Replacement:

• Battery replacement service as needed to maintain proper operation of the ventilator.

Benefits:

- Reduced Downtime: Regular preventative maintenance and testing ensure that the ventilator remains operational with minimal risk of failure.
- Cost Savings: With wear and tear coverage and battery replacement included, unexpected repair costs are reduced.
- Compliance: Ensures the ventilator meets all required safety and performance standards, minimizing risks to patients.
- Expert Support: Access to Zoll's qualified technicians for any service-related issues.

4 Year Service Plan Cost: \$55,188.00

The cost breaks down to about \$1,150.00 per ventilator per year.

Recommendation

I recommend proceeding with the purchase of the Zoll Ventilator Service Plan to ensure consistent maintenance and peak performance of the ventilator. This service plan will help mitigate potential disruptions to patient care, reduce maintenance-related costs, and provide peace of mind knowing that our equipment is well-maintained by professionals.



Johnson County Ambulance District (Customer # 104827)

ZOLL Medical Corporation

269 Mill Road Chelmsford, MA 01824-4105 (978) 421-9655 Main (800) 348-9011 (978) 421-0022 Fax

Attn: Kevin Guinn 660-747-5735 / kguinn@jocoamb.com

Bill To: Johnson County Ambulance District

500 East Young Avenue Warrensburg, MO 64093

From: Jennifer McCormick

Service Contracts Representative (978) 805-6472 / jmccormick3@zoll.com

Ship To: Johnson County Ambulance District

500 East Young Avenue Warrensburg, MO 64093

QUOTATION:

00040991

Quote Date: Quote Pricing: November 19, 2024

Valid for 60 Days

PM Contact: Kevin Guinn - 660-747-5735 kguinn@jocoamb.com

Part No	Description	Contract Dates	Qty	Price	Adj. Price	Ext. Price
8889-89004-	4 Year Precision Service Plan - ZOLL Ventilator	01/01/2025	12	\$5,110.00	\$4,599.00	\$55,188.0
PP-V	Includes: Annual preventive maintenance (Includes battery	to				
	replacement during 4-year PM), and parts & labor on normal wear and tear. Shipping and use of a Service Loaner during repairs, no charge shipping. Extended warranty is a continuation of the One Year Product Limited Warranty.	12/31/2029				
	Serial Number(s): AY19L009421,AY19L009423					
	AY19L009440,AY19L009441,AY19L009442					
	AY19L009449,AY23I051144,AY16F000945					
	AY16F000946,AY16F000947,AY16F000948					
	AY16F000955					

TOTAL: \$55,188.00

COMMENTS:

- 1. Applicable tax will be added at the time of invoicing.
- 2. Payment terms are Net 30 after ZOLL Medical Corporation invoice date.
- 3. If PM's are purchased or applicable: PM work will be scheduled 60-90 days after the agreement is signed.
- 4. 10% Multi-Unit Discount only applies when the Total Contract Value is invoiced in full and paid in Net 30 Days.

TERMS & CONDITIONS: The terms and conditions of this contract are set forth in the ExpertCare Service Plan Terms & Conditions which can be found at https://www.zoll.com/about-zoll/orderterms. By signing this contract, Customer acknowledges having read the terms and conditions and agrees to be bound by them.

Johnson County Ambulance District	
Authorized Signature:	
Print Name	
Title:	
Date:	