



COUNCIL AGENDA STATEMENT

Meeting Date: June 14, 2022
To: Honorable Mayor and City Councilmembers
From: John A. Johnson, Fire Chief
Through: George Garrett, City Manager

Agenda Item: **Resolution 2022-49**, Authorizing The Purchase Of The ProCare Service Plan For Our LUCAS and Lifepak 15 Devices In An Amount Not To Exceed \$47,666.86; Authorizing The City Manager To Appropriate Funds On Behalf Of The City; And Providing For An Effective Date.

BACKGROUND & JUSTIFICATION:

The existing LUCAS and Lifepak 15 Devices need continuous preventative maintenance to ensure the devices are up to date and safe for the use on patients in our community. Stryker is the only vendor that provides service plans for these devices. The contract will be paid annually at \$15,888.95 for the next three years.

CONSISTENCY CHECKLIST:

| | Yes | No |
|-------------------------|-------|-------|
| 1. Comprehensive Plan | _____ | _____ |
| 2. Other _____ | _____ | _____ |
| 3. Not applicable _____ | | |

FISCAL NOTE:

The adopted FY22 budget includes appropriations for this annual expense.

RECOMMENDATION: Approve Resolution

Sponsored by: Garrett

**CITY OF MARATHON, FLORIDA
RESOLUTION 2022-49**

A RESOLUTION OF THE CITY COUNCIL OF THE CITY OF MARATHON, FLORIDA, AUTHORIZING THE PURCHASE OF THE PROCARE SERVICE PLAN FOR OUR LUCAS AND LIFEPAK 15 DEVICES, IN AN AMOUNT NOT TO EXCEED \$47,666.86.; AUTHORIZING THE CITY MANAGER TO APPROPRIATE FUNDS ON BEHALF OF THE CITY; AND PROVIDING FOR AN EFFECTIVE DATE.

WHEREAS, our existing LUCAS and Lifepak 15 Devices need continuous preventative maintenance to ensure the devices are safe and up to date for the use on patients in our community. Stryker is the only vendor that provides service plans for these devices.

WHEREAS, the cost of the ProCare Service Plan for our LUCAS and Lifepak 15 devices at \$47,666.86; the contract will be paid annually at \$15,888.95 and

NOW, THEREFORE, BE IT RESOLVED BY THE CITY COUNCIL OF THE CITY OF MARATHON, FLORIDA, that:

Section 1. The above recitals are true and correct and incorporated herein.

Section 2. The City Council hereby waives the procurement procedures requiring competitive bidding and authorizes the City Manager to expend budgeted funds with Stryker Medical for the purchase of the ProCare Service Plan for our LUCAS and Lifepak15 devices In An Amount Not To Exceed \$47,666.86

Section 3. This resolution shall take effect immediately upon its adoption.

PASSED AND APPROVED BY THE CITY COUNCIL OF THE CITY OF MARATHON, FLORIDA, THIS 14th DAY OF JUNE 2022.

THE CITY OF MARATHON, FLORIDA

Mayor John Bartus

AYES:
NOES:
ABSENT:
ABSTAIN:

ATTEST:

Diane Clavier, City Clerk

(City Seal)

**APPROVED AS TO FORM AND LEGALITY FOR THE USE AND RELIANCE OF THE
CITY OF MARATHON, FLORIDA ONLY:**

Steve Williams, City Attorney

PURCHASE ORDER REQUISITION

VENDOR NO. (A/P USE ONLY) _____

DATE May 16, 2022 DATE NEEDED ASAP

P.O. NO. _____

VENDOR Stryker Sales Corporation

ADDRESS 1 3800 E. Centre Ave.

ADDRESS 2 _____

CITY Portage State MI 49002

AMOUNT OF PURCHASE \$47,666.86

ACCOUNT CODE: FUND 311 ACCOUNT NUMBER 001-7004-522-

DESCRIPTION OF REQUISITION:

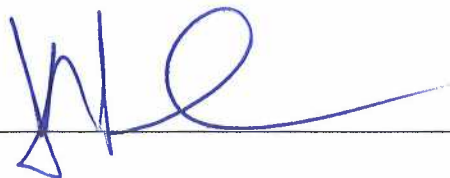
Service plan for our LUCAS and Lifepak 15 devices. 3 year contract.

JUSTIFICATION OF PURCHASE:

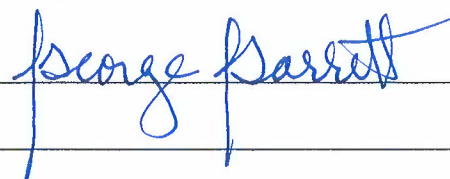
They are the only vendor that provides the service plan for our devices. Will be paid annually at \$15,888.95.

APPROVAL SIGNATURES

DEPARTMENT HEAD: _____



CITY MANAGER: _____



FINANCIAL APPROVAL

Sales Rep Name: Alex Eidson
 ProCare Service Rep: Miguel Rodriguez

3800 E. Centre Ave
 Portage, MI 49009

Date: 1/4/2022
 ID #: 220104161357

PROCARE PROPOSAL SUBMITTED TO:

Billing Acc Num: Shipping Acct Num: Account Name: Account Address: City, State Zip: **Marathon Fire Rescue**
 1063511
 8900 Overseas Hwy
 Marathon, FL 33050

Name: **Karly Good**
 Title: **Administrative Assistant**
 Phone: **(305) 743-5266**
 Email: **goodk@cl.marathon.fl.us**

PROCARE COVERAGE

| Item No. | Model Number | Model Description | Serial Number | ProCare Program | Qty | Length | | | | Total |
|----------|--------------|-------------------|---------------|----------------------|-----|-------------------|--|--|--|------------|
| 1 | LUCAS | LUCAS | 30136384 | LUCAS Prevent Onsite | 1 | 10/1/22 - 9/30/25 | | | | \$3,830.10 |
| 2 | LUCAS | LUCAS | 30136385 | LUCAS Prevent Onsite | 1 | 10/1/22 - 9/30/25 | | | | \$3,830.10 |
| 3 | LUCAS | LUCAS | 3015F249 | LUCAS Prevent Onsite | 1 | 10/1/22 - 9/30/25 | | | | \$3,830.10 |
| 4 | LP15 | LifePak 15 | 40476251 | LP15 Prevent Onsite | 1 | 10/1/22 - 9/30/25 | | | | \$4,911.30 |
| 5 | LP15 | LifePak 15 | 40872590 | LP15 Prevent Onsite | 1 | 10/1/22 - 9/30/25 | | | | \$4,911.30 |
| 6 | LP15 | LifePak 15 | 42545771 | LP15 Prevent Onsite | 1 | 10/1/22 - 9/30/25 | | | | \$4,911.30 |
| 7 | LP15 | LifePak 15 | 43705152 | LP15 Prevent Onsite | 1 | 10/1/22 - 9/30/25 | | | | \$4,911.30 |
| 8 | LP15 | LifePak 15 | 48099532 | LP15 Prevent Onsite | 1 | 10/1/22 - 9/30/25 | | | | \$4,911.30 |
| 9 | LUCAS | LUCAS | 35125597 | LUCAS Prevent Onsite | 1 | 3/2/23 - 9/30/25 | | | | \$3,296.14 |
| 10 | LP15 | LifePak 15 | 48748841 | LP15 Prevent Onsite | 1 | 4/9/22 - 9/30/25 | | | | \$4,160.96 |
| 11 | LP15 | LifePak 15 | 48749439 | LP15 Prevent Onsite | 1 | 4/9/22 - 9/30/25 | | | | \$4,160.96 |

PROGRAM INCLUDES:

LUCAS Prevent Onsite:

- Update software to the most current version
- Check all batteries and battery pins
- Inspect the integrity of accessories and recommend replacement as needed
- Test linear sensor and recalibrate if needed
- Lubricate and adjust mechanical parts, including compression module and claw lock
- Clean hood, fan, intake and bellows
- Perform functional test on all mechanical components and electronics
- Computer-aided diagnostics
- Replacement of LUCAS Disposable suction cup, LUCAS Patient Straps, or LUCAS Stabilization Strap, as deemed necessary by Stryker
- Repairs (parts and labor) to restore equipment to manufacturer specifications
- Replace up to 2 LUCAS chest compression system batteries in accordance with the Instructions for Use or upon battery failure*
- LUCAS Battery Desk-Top Charger, LUCAS Aux Power Supply, LUCAS Car Cable repair or replacement as deemed necessary by Stryker*
- Replacement of LUCAS Disposable suction cup, LUCAS Patient Straps, or LUCAS Stabilization Strap

** (Onsite Repairs or Depot Depending on Agreement) **

LP15 Prevent Onsite:

- Update software to the most current version
- Check all batteries and battery pins
- Inspect the integrity of accessories and recommend replacement as needed
- Test the integrity of all cables and recommend replacement as needed
- Electrical safety check in accordance with NFPA guidelines
- Computer-aided diagnostics to test 3D device dimensions and verify the unit functions accurately, from waveform shape and defibrillation energy to pacing current and capnography readings (if present)
- Check electrode expiration dates and recommend replacement as needed
- Check printer operation and trace quality
- Repairs (parts and labor) to restore equipment to manufacturer specifications
- LIFEPAK battery-charger repair or replacement as deemed necessary by Stryker*
- Power-adaptor repair or replacement
- Replace up to 3 lithium-ion batteries in accordance with the device operating instructions or upon failure*
- Replace up to 1 coin cell memory battery in accordance with the device operating instructions or upon failure*
- Replacement of protective display shield, corner bumper guards, CO2 connector cover, shoulder strap, handle, device labels, and battery pins as deemed necessary by Stryker at time of annual inspection.

** (Onsite Repairs or Depot Depending on Agreement) **

| | | |
|---|--------------------|--------------------|
| Annual Payments \$15,888.95 See below for complete payment schedule | ProCare Total | \$47,666.86 |
| | FINAL TOTAL | \$47,666.86 |

Stryker Signature _____ Date _____

Customer Signature  _____ Date 5.16.22

The Terms and Conditions of this quote and any subsequent purchase order of the Customer are governed by the Terms and Conditions located at <https://techweb.stryker.com>
 The terms and conditions referenced in the immediately preceding sentence do not apply where Customer and Stryker are parties to a Master Service Agreement.

Purchase Order Number _____

This is not an invoice. A physical invoice will be mailed.
Remit payment to: P.O. Box 93308 Chicago, IL 60673-3308

COMMENTS:

Please email signed Proposal and Purchase Order to procurecoordinators@stryker.com.

All information contained within this quotation is considered confidential and proprietary and is not subject to public disclosure.

**Quote pricing valid for 30 days.

PAYMENT SCHEDULE

| Date | Payment | Int. Paid | Prin. Remaining | | Balance |
|-------------------------|--------------|-----------|-----------------|----|------------------|
| Starting Balance | | | | \$ | 47,666.86 |
| 10/1/2022 | \$ 15,888.95 | \$ - | \$ - | \$ | 31,777.91 |
| 10/1/2023 | \$ 15,888.95 | \$ - | \$ - | \$ | 15,888.95 |
| 10/1/2024 | \$ 15,888.95 | \$ - | \$ - | \$ | - |

| SERIAL NUMBER SHEET | | | |
|---------------------|-------|---------------|----------------------|
| Item No. | Model | Serial Number | Program |
| 1 | LUCAS | 30136384 | LUCAS Prevent Onsite |
| 2 | LUCAS | 30136385 | LUCAS Prevent Onsite |
| 3 | LUCAS | 3015F249 | LUCAS Prevent Onsite |
| 4 | LP15 | 40476251 | LP15 Prevent Onsite |
| 5 | LP15 | 40872590 | LP15 Prevent Onsite |
| 6 | LP15 | 42545771 | LP15 Prevent Onsite |
| 7 | LP15 | 43705152 | LP15 Prevent Onsite |
| 8 | LP15 | 48099532 | LP15 Prevent Onsite |
| 9 | LUCAS | 35125597 | LUCAS Prevent Onsite |
| 10 | LP15 | 48748841 | LP15 Prevent Onsite |
| 11 | LP15 | 48749439 | LP15 Prevent Onsite |

Purchase Order Form



Account Manager _____
 Cell Phone _____

Purchase Order Date _____
 Expected Delivery Date _____
 Stryker Quote Number 220104161356

Check box if Billing same as Shipping

| BILL TO | | CUSTOMER # |
|-----------------------|---|------------|
| Billing Account Num | 0 | |
| Company Name | | |
| Contact or Department | | |
| Street Address | | |
| Add'l Address Line | | |
| City, ST ZIP | | |
| Phone | | |

| SHIP TO | | CUSTOMER # |
|-----------------------|----------------------|------------|
| Shipping Account Num | 1063511 | |
| Company Name | Marathon Fire Resuce | |
| Contact or Department | Karly Good | |
| Street Address | 8900 Overseas Hwy | |
| Add'l Address Line | | |
| City, ST ZIP | Marathon, FL 33050 | |
| Phone | (305) 743-5266 | |

Authorized Customer Initials _____

Authorized Customer Initials KG


| DESCRIPTION | QTY | TOTAL |
|--------------------------------------|----------------------|----------------------|
| REFERENCE QUOTE <input type="text"/> | <input type="text"/> | <input type="text"/> |

Accounts Payable Contact Information

Name Verlie Davis
 Email accountspayable@ci.marathon.fl.us
 Phone 305-743-6586 ext 110

Stryker Terms and Conditions
www.strykeremergencycare.com/terms

Authorized Customer Signature

Printed Name John Johnson
 Title Fire chief
 Signature 
 Date 5.16.22

Attachment Stryker Quote Number 220104161356

*Sales or use taxes on domestic (USA) deliveries will be invoiced in addition to the price of the goods and services on the Stryker Quote.

LIFEPAK® 15 service

Stryker has been notified by our global parts providers that some components used on certain LIFEPAK 15 monitor/defibrillator models (Part Numbers beginning with V15-2) are no longer available in the market. Service on the LIFEPAK 15 with Part Number beginning with v15-5 or v15-7 is unaffected.

Stryker will continue to offer service support for this subset of the LIFEPAK 15 as follows:

- All service parts with available inventory can be purchased by our end users
- Transactional service (time and material) is available for non-contract customers
 - If a component has failed on your device, your local Sales Representative should be contacted for support
- Contractual service
 - Stryker will continue to offer contractual service on a yearly basis only
 - Preventive maintenance will continue to be done on devices less than eight (8) years old. After this point, we will cease to conduct preventative maintenance and shift to device inspections
 - If a component fails on your device, please contact your local Sales Representative for support. A pro-rated credit for any pre-paid service will be provided should a unit become non-serviceable due to part availability

It is important to note that the LIFEPAK 15 has an expected life of eight (8) years from the date of manufacture. If you are uncertain of the manufacture date of your products, please contact your local Sales Representative for a full fleet assessment.

We want to ensure the highest quality products and services for our customers. As such, it is important to know that Stryker is the only FDA-approved service provider for our products. We do not contract with third party service providers, nor will we be providing them with any additional parts for these repairs. As such, we cannot guarantee the safety and efficacy of any device that is repaired by a third-party service agency.

Purchase Order Form



Account Manager Purchase Order Date
 Cell Phone Expected Delivery Date
 Stryker Quote Number
 Customer PO Number (if available)

| Bill To | Customer # | 1063511 | Ship To / End User | Customer # | 1063511 | Deliver To | Customer # | 1063511 |
|--|------------|---------|--|------------|---------|--|------------|---------|
| Company Name: Marathon Fire Rescue Contact or Department: Karly Good Street Address: 8900 Overseas Hwy Address Line: 8900 Overseas Hwy City, St ZIP: Marathon, FL 33050 Phone: 305.743.5266 | | | Company Name: Marathon Fire Rescue Contact or Department: Karly Good Street Address: 8900 Overseas Hwy Address Line: 8900 Overseas Hwy City, St ZIP: Marathon, FL 33050 Phone: 305.743.5266 | | | Company Name: Marathon Fire Rescue Contact or Department: Karly Good Street Address: 8900 Overseas Hwy Address Line: 8900 Overseas Hwy City, St ZIP: Marathon, FL 33050 Phone: 305.743.5266 | | |


Authorized Customer Initials _____ Authorized Customer Initials _____ Authorized Customer Initials _____

| Description | Quantity | Total |
|---------------------------|----------|---------------------|
| Reference Quote: 10453698 | 1 | \$ 47,666.86 |
| Total | | \$ 47,666.86 |

Accounts Payable Contact Information

Name: Verlie Davis / Karly Good
 Email: accountspayable@ci.marathon.fl.us / goodk@ci.marathon.fl.us *fl.us*
 Phone: 305.743.5266

Authorized Customer Signature

Name: John Johnson
 Title: Fire Chief
 Signature: 
 Date: _____

Attachment: Stryker Quote Number

Stryker Terms and Conditions
www.strykeremergencycare.com/terms



ProCare® Services

3800 E. Centre Ave.
Portage, MI 49002 USA
1-800-STRYKER
stryker.com

| | |
|-----------------|----------------------------------|
| To: | Whom it may concern |
| Subject: | Emergency Care Parts and Service |
| Date: | April 30, 2022 |

Stryker's Medical division certifies that it is the original equipment manufacturer (OEM) or sole source distributor of parts for Stryker's Emergency Care products. All parts are manufactured at Stryker or supplied to Stryker by approved vendors.

Stryker employs its own field service team (known as ProCare Services) to service its products. Stryker only uses OEM parts for repairs and has exclusive use of certain proprietary tools for diagnostics and repairs. Stryker Emergency Care products that require the use of such proprietary tools include, but are not limited to:

- Power-LOAD fastener
- Power-PRO cot
- LUCAS 3 chest compression system
- LIFEPAK 15 monitor/defibrillator
- LIFEPAK 20e monitor/defibrillator
- LIFEPAK 1000 defibrillator
- LIFEPAK CR Plus / LIFEPAK CR2 defibrillator

Tooling is calibrated, documented and controlled by Stryker's home offices in Portage, MI, USA and Redmond, WA, USA. Calibration records and training records are available upon request.

Service repairs are documented and reviewed by Stryker's quality team. To help ensure Stryker's commitment to quality, Stryker tracks and trends its service to help ensure the highest level of product performance for its customers. Preventive maintenance (PM) and service history documentation is available upon request.

The Quality Management System of Stryker's Medical division is ISO 13485:2016 certified.

Please contact your local Stryker representative with questions.