

Non metals and pure and elemental gases-SUB CATEGORY-UNSPSC Code-121419											
Medical Grade Oxygen Gas Supply in Cylinders -UNSPSC Code-12141999											
ITC-HS CODE- 28044090											
Medical Grade Oxygen Gas											
S. NO.	PARAMETERS	Charater/ Numerical	VALUE 1	VALUE 2	VALUE 3	UNIT	REMARKS	FILTER REQUIRED	PRIORITY	Mandatory Field	DEMAND AGGREGATION
1	Purity of Medical Grade Oxygen Gas	CH	#			%		NO			Kg
2	Weight of Medical Grade Oxygen Gas	CH	#			Kg		NO		#	
3	Medical Grade Oxygen Gas Manufacturer is registered with any Agency	CH	#				Must declare Like US Food and Drug Administration (FDA)	NO		#	
4	Supply of Medical Grade Oxygen Gas is made in cylinders	CH	YES					NO			
5	Cylinder shall conform to the requirements prescribed in the Gas Cylinder Rules, 1981 of the Government of India, with such modifications as may be ordered from time to time by the Chief Controller of Explosives, Government of India	CH	YES					NO			
6	Cylinder Coform to Indian Standard IS 7285 (Part 2) Latest	CH	YES					NO			
7	Cylinder ISI Marked	CH	YES					NO			
8	Working Pressure of Cylinder at 15 degree Celsius	CH	#			bar		NO		#	
9	Water Capacity of Cylinder	CH	#			Litres		NO		#	
10	Length of Cylinder	CH	#			mm		NO		#	
11	Diameter of Cylinder	CH	#			mm		NO		#	
12	ISI marked Valve conforming to IS 3224-2002 fitted with the cylinder	CH	YES					NO			
13	Type of Valve fitted with the cylinder	CH	Type A(Hand wheel operated)	Type B (Key operated)	Type C (Lever operated)			YES	1		
14	Matching Key with Spanner is supplied with each cylinder fitted with Type B Valve	CH	YES	NA				YES	2		
15	Pressure Gauge is fitted with the cylinder	CH	YES	NO				YES	3		

16	Empty Cylinders of Medical Grade Oxygen Gas are retunable/ replaceble to the manufacturer	CH	Replaceble	Retunable				YES	4		
17	Availability of Test Reports of from Central Govt./State Govt/NABL/IL AC accredited Lab to prove conformity to the Specification	CH	YES					NO			
18	Test report to be furnished to the buyer on demand	CH	YES					NO			
19	Test Report No	CH	#					No		#	
20	Test Report Date	CH	#					NO		#	
21	Name of the Lab	CH	#					NO		#	
22	Address of the Lab	CH	#					NO		#	

Must be Declared