

## Hand Drills: Foot Care

### Historical Information

Please email a copy of the Hand Drill: Foot Care product brochure(s) that your company provides to Tracy.Rees@va.gov .

The Veterans Health Administration (VHA) Non-Expendable Equipment National Program has identified the Hand Drill: Foot Care product line as a candidate for a VA-wide (otherwise referred to as "national") single Requirements contract award. Handheld instruments designed to hold and provide rotatory movement (i.e., torque) to integral or detachable burs that are used for foot care. Foot care hand drills consist of high-speed powered (e.g., electric) instruments that typically include a control unit and an attached handpiece with a chuck and work with detachable components such as burs and polishing devices. Foot care hand drills are intended primarily for debriding callous and other hard tissue and also for shaping the toenails during therapeutic or cosmetic procedures; some dedicated burs also permit use under the nails. Foot care hand drills are not usually intended for nail care; they frequently include irrigation and/or vacuum suction capabilities.

Thank you for your participation.

If unable to complete this questionnaire in one sitting, you will need to close the questionnaire window and re-open the questionnaire link to edit your response. The questionnaire will start from the beginning, but will show the responses previously entered. This only works if returning to the questionnaire from the original computer (IP address) used initially. All responses are collected based on IP addresses; only one response per IP address is permitted. This edit process will not work if you try to use a different computer to complete your response.

All questions with an "\*" require a response to continue. Open surveys do time out after approximately 10 minutes of inactivity.

Monterey Consultants, Inc., is contracted by VA, Office of Small and Disadvantaged Business Utilization (OSDBU) to assist with market research. The survey portal is managed by Monterey on behalf of VA OSDBU. Monterey has signed Non-Disclosure Agreements and is restricted under Organizational Conflict of Interest clauses from sharing submitted information with any party outside VA. Monterey is not engaged in this industry and does not plan on doing business within this area in the foreseeable future.

## Hand Drills: Foot Care

1. Does your company currently provide Brand Name or Equal Stryker®, Hand Drills: Foot Care? \*

☐ Yes  
☐ No

2. Is your company prohibited from working with (Federal or State) Government contracts? \*

☐ Yes  
☐ No

## Hand Drills: Foot Care

### Demographic Information

3. Please enter the following information: \*

Name of Firm

Point of Contact

POC Phone

Number	<input type="text"/>
Business Address	<input type="text"/>
City/Town	<input type="text"/>
State	<input type="text"/>
ZIP Code	<input type="text"/>

## 4. Contact Email:\*

A copy of your responses will be sent to this email address. Please check any "spam" or "junk" files in case the response is rerouted.

5. Please provide your company's Data Universal Numbering System (DUNS) identification number: \*  
(9-Digit Identification Number without hyphen)

## 6. Identify which of the following NAICS codes your company uses when providing Brand Name or Equal Stryker®, Hand Drill: Foot Care:\*

(select all that apply)

- ☐ 334510 – Electromedical and Electrotherapeutic Apparatus Manufacturing  
☐ 339112 – Surgical and Medical Instrument Manufacturing  
☐ 339113 – Surgical Appliance and Supplies Manufacturing  
☐ 339114 – Dental Equipment and Supplies Manufacturing  
☐ Other

## 7. What is your company's primary NAICS code of operation?\*

(Limited to 6 digits)

## 8. Please indicate any business designations that describe your company:\*

(select all that apply)

- ☐ Service-Disabled Veteran Owned Small Business (SDVOSB)  
☐ Veteran Owned Small Business (VOSB)  
☐ 8(a) Business Development Small Business Certification  
☐ HUBZone Business Concern  
☐ Economically Disadvantaged Women-Owned Small Business (EDWOSB in accordance with 19.1503)  
☐ Women-Owned Small Business (WOSB in accordance with 19.1503)  
☐ Small Disadvantaged Business (SDB)  
☐ Small Business as per primary NAICS code of operation  
☐ Large Business  
☐ AbilityOne Firm  
☐ Other

## 9. Is your company a manufacturer, distributor, or reseller of the equipment/product(s) described in the FBO announcement synopsis for this request?\*

- ☐ Distributor/Reseller  
☐ Manufacturer  
☐ Both Manufacturer and Distributor of your company's product(s)  
☐ Other

## 10. If your company is a DISTRIBUTOR/RESELLER, is your company restricted by those manufacturer agreements to provide those products within a limited geographic area?

- ☐ Yes  
☐ No

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## 11. Is your company currently providing support to (Federal or State) government agencies?\*

- ☐ No

- ☐ Yes. Please specify which agencies/offices and contract number(s):

12. Does your company currently have a VA BPA or other VA contract for Brand Name or Equal Stryker®, Hand Drill: Foot Care?\*

- ☐ No  
☐ Yes. Please provide the contract number:

13. How many years of experience does your business have providing Brand Name or Equal Stryker®, Hand Drill: Foot Care?\*

- ☐ < 1 year  
☐ 1 - 2 years  
☐ 3 - 4 years  
☐ 5 - 6 years  
☐ 7 - 8 years  
☐ 9 - 10 years  
☐ > 10 years

### Hand Drills: Foot Care

14. Identify those Brand Name or Equal Stryker®, Hand Drill: Foot Care manufacturers with which your company has a current contract or other agreement (distribution):\*

(select all that apply)

- ☐ Stryker Instruments  
☐ Medicoool Inc  
☐ MicroAire Surgical Instruments, LLC  
☐ Other

15. Identify those items below where your company can provide Brand Name or Equal Stryker®, Hand Drill: Foot Care and/or ancillary items:\*

(select all that apply)

- ☐ Stryker®, BNOE Micro Drill RemB Handpiece, Part # 6400-015-000  
☐ Stryker®, BNOE CORE Console for the RemB, Part # 5400-050-000  
☐ Stryker®, BNOE Unidirectional Footswitch, Part # 5100-007-000  
☐ Stryker®, BNOE Bi-directional Footswitch, Part # 5100-008-000  
☐ Stryker®, BNOE Handpiece Cord for the RemB Handpiece 10 Foot, Part # 5100-004-000  
☐ Stryker®, BNOE MD Series Medium Straight Drill Attachment, Part # 5100-015-250  
☐ Stryker®, BNOE MD Series Long Straight Drill Attachment, Part # 5100-015-270  
☐ Stryker®, BNOE MD Series Angled Drill Attachment, Part # 5100-015-252  
☐ Stryker®, BNOE MD Series Long Angled Drill Attachment, Part # 5100-015-272  
☐ Stryker®, BNOE Small Sterilization Case, Part # 6400-276-000  
☐ Stryker®, BNOE Medium Sterilization Case, Part # 6400-277-000  
☐ Stryker®, BNOE Small Plastic Sterilization Case, Part # 5400-276-000  
☐ Stryker®, BNOE Medium Plastic Sterilization Case, Part # 5400-277-000  
☐ Stryker®, BNOE Bur Blade Rack (18 Drawers), Part # 2296-400-000  
☐ Stryker®, BNOE Accessory Cart, Part # 5400-410-000  
☐ Other, please specify

16. Identify what tools, accessories, or services your company includes in the purchase of a single Brand Name or Equal Stryker®, Hand Drill: Foot Care:\*

(select all that apply)

- ☐ On-line web-based clinical user training  
☐ On-line web-based biomedical technical training  
☐ On-Site (at VAMC) clinical user training  
☐ On-Site (at VAMC) biomedical technical training  
☐ 2 or more quick reference guides  
☐ 2 or more system user manuals  
☐ 2 or more system technical manuals  
☐ Sterilization protocol reference sheet/guide  
☐ Product warranty  
☐ On-line support  
☐ Software update service options  
☐ Hardware repair service options

- ☐ Preventive maintenance service options  
☐ None of the above  
☐ Other

17. Do you certify, on behalf of your company, that all CLIN items you have identified for this effort are fully compliant with the Trade Agreements Act (TAA)?\*

TAA of 1979, Pub.L. 96-39, 93 Stat.144, enacted July 26, 1979, is an Act of Congress that governs trade agreements negotiated between the United States and other countries under the Trade Act of 1974. Products must be manufactured or "substantially transformed" in the United States or a TAA designated country.

- ☐ Yes  
☐ No

18. Please identify those salient characteristic requirements that can be met by the Stryker®, BNOE Micro Drill RemB Handpiece, Part # 6400-015-000 your company provides:\*

(select all that apply) \*\*Keep in mind that if your company provides the BRAND NAME product, you should select all options other than "None of the above" and "Other" as the technical documents for the BRAND product have been reviewed and meet these minimum requirements.

- ☐ Handpiece utilizes various drilling, reaming, pinning, and cutting attachment  
☐ Works with power console  
☐ None of the above  
☐ Other, please specify

19. Please identify those salient characteristic requirements that can be met by the Stryker®, BNOE CORE Console for the RemB, Part # 5400-050-000 your company provides:\*

(select all that apply) \*\*Keep in mind that if your company provides the BRAND NAME product, you should select all options other than "None of the above" and "Other" as the technical documents for the BRAND product have been reviewed and meet these minimum requirements.

- ☐ Can run two handpieces simultaneously  
☐ Needs to have an integrated irrigation pump  
☐ Compatible of being operated by foot pedals  
☐ None of the above  
☐ Other, please specify

20. Please identify those salient characteristic requirements that can be met by the Stryker®, BNOE Unidirectional Footswitch, Part # 5100-007-000 your company provides:\*

(select all that apply) \*\*Keep in mind that if your company provides the BRAND NAME product, you should select all options other than "None of the above" and "Other" as the technical documents for the BRAND product have been reviewed and meet these minimum requirements.

- ☐ Must be compatible with the Power Console  
☐ None of the above  
☐ Other, please specify

21. Please identify those salient characteristic requirements that can be met by the Stryker®, BNOE Bi-directional Footswitch, Part # 5100-008-000 your company provides:\*

(select all that apply) \*\*Keep in mind that if your company provides the BRAND NAME product, you should select all options other than "None of the above" and "Other" as the technical documents for the BRAND product have been reviewed and meet these minimum requirements.

- ☐ Must be compatible with the Power Console  
☐ None of the Above  
☐ Other, please specify

22. Please identify those salient characteristic requirements that can be met by the Stryker®, BNOE Handpiece Cord for the RemB Handpiece 10 Foot, Part # 5100-004-000 your company provides:\*

(select all that apply) \*\*Keep in mind that if your company provides the BRAND NAME product, you should select all options other than "None of the above" and "Other" as the technical documents for the BRAND product have been reviewed and meet these minimum requirements.

- ☐ Must be compatible with the Power Console  
☐ None of the Above  
☐ Other, please specify

23. Please identify those salient characteristic requirements that can be met by the Stryker®, BNOE MD Series Medium Straight Drill Attachment, Part # 5100-015-250 your company provides:\*

(select all that apply) \*\*Keep in mind that if your company provides the BRAND NAME product, you should select all options other than

"None of the above" and "Other" as the technical documents for the BRAND product have been reviewed and meet these minimum requirements.

- ☐ Must work with the Micro Drill Handpiece  
☐ None of the Above  
☐ Other, please specify

24. Please identify those salient characteristic requirements that can be met by the Stryker®, BNOE MD Series Long Straight Drill Attachment, Part # 5100-015-270 your company provides: \*

(select all that apply) \*\*Keep in mind that if your company provides the BRAND NAME product, you should select all options other than "None of the above" and "Other" as the technical documents for the BRAND product have been reviewed and meet these minimum requirements.

- ☐ Must work with the Micro Drill Handpiece  
☐ None of the Above  
☐ Other, please specify

25. Please identify those salient characteristic requirements that can be met by the Stryker®, BNOE MD Series Angled Drill Attachment, Part # 5100-015-252 your company provides: \*

(select all that apply) \*\*Keep in mind that if your company provides the BRAND NAME product, you should select all options other than "None of the above" and "Other" as the technical documents for the BRAND product have been reviewed and meet these minimum requirements.

- ☐ Must work with the Micro Drill Handpiece  
☐ None of the Above  
☐ Other, please specify

26. Please identify those salient characteristic requirements that can be met by the Stryker®, BNOE MD Series Long Angled Drill Attachment, Part # 5100-015-272 your company provides: \*

(select all that apply) \*\*Keep in mind that if your company provides the BRAND NAME product, you should select all options other than "None of the above" and "Other" as the technical documents for the BRAND product have been reviewed and meet these minimum requirements.

- ☐ Must work with the Micro Drill Handpiece  
☐ None of the Above  
☐ Other, please specify

27. Please identify those salient characteristic requirements that can be met by the Stryker®, BNOE Small Sterilization Case, Part # 6400-276-000 your company provides: \*

(select all that apply) \*\*Keep in mind that if your company provides the BRAND NAME product, you should select all options other than "None of the above" and "Other" as the technical documents for the BRAND product have been reviewed and meet these minimum requirements.

- ☐ Must work with the Micro Drill Handpiece or Power Console  
☐ None of the Above  
☐ Other, please specify

28. Please identify those salient characteristic requirements that can be met by the Stryker®, BNOE Medium Sterilization Case, Part # 6400-277-000 your company provides: \*

(select all that apply) \*\*Keep in mind that if your company provides the BRAND NAME product, you should select all options other than "None of the above" and "Other" as the technical documents for the BRAND product have been reviewed and meet these minimum requirements.

- ☐ Must work with the Micro Drill Handpiece or Power Console  
☐ None of the Above  
☐ Other, please specify

29. Please identify those salient characteristic requirements that can be met by the Stryker®, BNOE Small Plastic Sterilization Case, Part # 5400-276-000 your company provides: \*

(select all that apply) \*\*Keep in mind that if your company provides the BRAND NAME product, you should select all options other than "None of the above" and "Other" as the technical documents for the BRAND product have been reviewed and meet these minimum requirements.

- ☐ Must work with the Micro Drill Handpiece or Power Console  
☐ None of the Above  
☐ Other, please specify

30. Please identify those salient characteristic requirements that can be met by the Stryker®, BNOE Medium Plastic

Sterilization Case, Part # 5400-277-000 your company provides: \*

(select all that apply) \*\*Keep in mind that if your company provides the BRAND NAME product, you should select all options other than

"None of the above" and "Other" as the technical documents for the BRAND product have been reviewed and meet these minimum requirements.

- ☐ Must work with the Micro Drill Handpiece or Power Console
- ☐ None of the Above
- ☐ Other, please specify

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31. Please list your company's products that meet the aforementioned salient characteristics. Include the manufacturer name, part number, and short item description for the top five BNOE Stryker @, Hand Drill: Foot Care your company provides:

	Manufacturer Name	Part Number	Short Description
Product 1	<input type="text"/>	<input type="text"/>	<input type="text"/>
Product 2	<input type="text"/>	<input type="text"/>	<input type="text"/>
Product 3	<input type="text"/>	<input type="text"/>	<input type="text"/>
Product 4	<input type="text"/>	<input type="text"/>	<input type="text"/>
Product 5	<input type="text"/>	<input type="text"/>	<input type="text"/>

32. Please identify the characteristic(s) of Biomedical Training that your company provides: \*

(select all that apply)

- ☐ Technical training includes complete information on maintenance and repair of the system.
- ☐ Vendor incurs all transportation, tuition and lodging costs for service and maintenance technical 3 day training for up to two Biomedical Engineer staff per facility.
- ☐ Two Service and two operators' manuals provided for each unit purchased.
- ☐ Other

33. Please identify the characteristic(s) of User Training that your company provides: \*

(select all that apply)

- ☐ Initial On-site User Training includes information on how to operate and clean the equipment safely and effectively.
- ☐ Vendor supports interface changes as they become needed and provides subsequent refresher training.
- ☐ Other

34. What is the average length of time covered by your company's product warranties? \*

- ☐ No Warranty
- ☐ <6 months
- ☐ >6 months
- ☐ <1 year
- ☐ >1 year

35. What terms are included in the standard warranty provided with purchase of this type of product? \*

(select all that apply)

- ☐ Equipment repair services
- ☐ Equipment replacement
- ☐ Downtime recompense
- ☐ Emergency repair services
- ☐ Software upgrades
- ☐ Warranty not void if product is cleaned and disinfected using EPA and EPS standardized cleaning and disinfectant chemicals.
- ☐ Warranty not void if non-OEM peripheral attachments are used with the equipment
- ☐ Other
- ☐ No warranty offered

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36. What is the largest geographic area covered by your firm for this type of work?\*
- ☐ Local availability only
  - ☐ Within one State only
  - ☐ Primarily within one state and its bordering states
  - ☐ Regionally
  - ☐ Nationally
  - ☐ Nationally and US Territories
37. Does your company currently have teaming arrangements in place to support Brand Name or Equal Stryker®, Hand Drill: Foot Care?\*
- ☐ Yes
  - ☐ No
38. On an annual basis, what is the total workload capacity that your firm could execute?\*
- ☐ Less than \$5M
  - ☐ \$5M to \$10M
  - ☐ \$10M to \$20M
  - ☐ \$20M to \$30M
  - ☐ Greater than \$30M
39. In units, what is your company's monthly capacity to provide Brand Name or Equal Stryker®, Hand Drill: Foot Care?\*
- ☐ 1 to 5 units
  - ☐ 6 to 10 units
  - ☐ 11 to 15 units
  - ☐ 16 to 20 units
  - ☐ > 20 units
40. Of your company's total line of credit capacity, what is its remaining capacity after accounting for current and anticipated contracts?\*
- ☐ < \$100K
  - ☐ \$100K to \$150K
  - ☐ \$151K to \$200K
  - ☐ \$201K to \$300K
  - ☐ \$301K to \$500K
  - ☐ \$501K to \$1M
  - ☐ \$1.1M to \$5M
  - ☐ \$5.1M to \$15M
  - ☐ \$15.1M to \$30M
  - ☐ > \$30M

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41. Is your company ISO 9000 certified?\*
- ☐ Yes
  - ☐ No
42. Check those areas where your company has an established on-going program:\*
- (select all that apply)
- ☐ Company is a registered establishment with the U.S. Food and Drug Administration (FDA)
  - ☐ Additional licensure/certification for in-place staff
  - ☐ Diversity subcontracting
  - ☐ Ethics/Core Values Training and Audits
  - ☐ ISO Certification
  - ☐ Licensure/certification renewals or upgrades for in-place staff
  - ☐ Limited-Access Site clearance
  - ☐ Organizational Conflict of Interest Awareness Training
  - ☐ Organizational Conflict of Interest Mitigation
  - ☐ Quality assurance/quality control
  - ☐ Security and Compliance
  - ☐ Staff advancement
  - ☐ None of the above
  - ☐ Other, please specify
-

43. Does your company have a project manager on staff who is responsible for project scheduling, coordination, and technical assistance to the VA representative throughout the delivery/task order for each VA site location? \*

- ☐ Yes  
☐ No

44. Does your company have a contract administrator (manager) on staff to oversee the performance of work for all delivery orders/task orders? \*

- ☐ Yes  
☐ No

### Hand Drills: Foot Care

45. How does your company self-evaluate contract performance? \*

(QA = Quality Assurance) (select all that apply)

- ☐ Customer interviews by corporate leadership or QA group  
☐ Customer interviews by project leadership or QA group  
☐ Customer questionnaires by corporate leadership or QA group  
☐ Customer questionnaires by project leadership or QA group  
☐ Informal random spot-checks  
☐ Internal project reviews, including financial and schedule milestones  
☐ Verification of compliance with project QA Plans or equivalent  
☐ None of the above  
☐ Other, please specify

46. How does your company self-evaluate overall corporate performance? \*

(select all that apply)

- ☐ Account Condition Report (ACR)  
☐ Balanced Scorecard  
☐ Benchmarking  
☐ Business Process Improvement  
☐ Customer Satisfaction Questionnaire Analysis  
☐ Employee Round Table  
☐ No corporate practice for company self-evaluation

47. Which of the following information is available in your company's current Capabilities Statement? \*

(select all that apply)

- ☐ Company Overview  
☐ CAGE Code  
☐ Vets First Verification Logo  
☐ Contact Information  
☐ Core Capabilities  
☐ NAICS Code  
☐ List of Products/Services Offered  
☐ Past Performance Project Descriptions/Narratives  
☐ Certifications/Credentials Identified  
☐ Current/Prior Business Partners  
☐ Current/Prior Business Clients  
☐ Company Web Address  
☐ Socioeconomic Information  
☐ Testimonials  
☐ National Institute of Governmental Purchasing (NIGP) Codes  
☐ Awards and Recognitions Listed  
☐ Performance History Evaluations  
☐ Contract Vehicles  
☐ None of the above

48. Company website address (URL): \*

49. We welcome your comments and suggestions on the subject of this FBO Announcement Request:



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50. How long did it take you to complete this FBO announcement response request?\*

- ☐ 0-15 Minutes
- ☐ 16-30 Minutes
- ☐ 31-45 Minutes
- ☐ 46 Minutes – 1 Hour
- ☐ >1 Hour

51. If your company submitted a paper FBO announcement response in the past, approximately what amount of time did that take?\*

- ☐ 0-15 minutes
- ☐ 16-30 minutes
- ☐ 31-45 minutes
- ☐ 46-60 minutes
- ☐ >1 hour
- ☐ >1 day
- ☐ >1 week
- ☐ No previous response via paper

52. How would your company prefer to submit your company's responses to FBO announcements?\*

- ☐ Electronic Format (eRFI)
- ☐ Traditional Format

53. How likely do you think your company would be to response to more FBO requests if this electronic format became the standard request format?\*

- ☐ Highly Likely
- ☐ Likely
- ☐ Unchanged Response Level
- ☐ Unlikely
- ☐ Highly Unlikely

54. If there is some other method by which your company would prefer to submit FBO announcement responses, please specify here: