

### **Quotation Advert**

| Opening Date:                            | 2021-01-06   |
|--|--|
| Closing Date:                            | 2021-01-14   |
| Ctosing Time:                            | 11:00  |
| INSTITUTION DETAILS                      |  |
| Institution Name:                        | St Mary's Marianhill   |
| Province:                                | KwaZulu-Natal  |
| Department or Entity:                    | Department of Health   |
| Division or section:                     | Central Supply Chain Management                                    |
| Place where goods / services is required | No.1 Hospital Road, Abbot Francis Monastry, Marianhill 3610        |
| Date Submitted                           | 2021-01-05   |
| ITEM CATEGORY AND DETAILS                |  |
| Quotation Number:                        | ZNQ:<br>178/2020   |
| Item Category:                           | Goods  |
| Item Description:                        | Supply of: Various Sutures   |
| Quantity (if supplies)                   | (SITE VISIT  |
| COMPULSORY BRIEFING SESSION              | SITE VISIT   |
| Select Type:                             | Not Applicable   |
| Date:                                    |  |
| Time:                                    |  |
| Venue:                                   |  |
| QUOTES CAN BE COLLECTED FROM:            | FOR SAFETY PRECAUTIONS NO QUOTATIONS WILL BE AVAILABLE TO COVID-19 |
| QUOTES SHOULD BE DELIVERED TO:           | ST MARY'S DISTRICT HOSPITAL MARAINHILL - TENDER BOX OR EMAIL       |
| ENQUIRIES REGARDING THE ADVE             |  |
| Name:                                    | Mr. S Kweyama  |
| Email:                                   | Sanele <b>ą</b> kweyama@kznhealth.gov.za                           |
| Contact Number:                          | 031 717 1111   |
| Finance Manager Name:                    | Mr. S Mthethwa   |
|  | PP TANGELLA  |
| Finance Manager Signature:               | CHAMMON A  |

No late quotes will be considered

STANDARD QUOTE DOCUMENTATION SUPPLY CHAIN MANAGEMENT OVER R30 000.00 YOU ARE HEREBY INVITED TO QUOTE FOR REQUIREMENTS AT: ST MARY'S DISTRICT HOSPITAL DATE ADVERTISED: 06/01/2021 CLOSING DATE: 14/01/2021 CLOSING TIME: 11:00 FACSIMILE NUMBER: 031 717 1155 E-MAIL ADDRESS: Sanele.Kweyama@kznhealth.gov.za PHYSICAL ADDRESS: No.1 Hospital Road, Abbot Francis Monastry, Marianhill 3610 ZNQ NUMBER: 178/2020 DESCRIPTION: VARIOUS SUTURES CONTRACT PERIOD ONCE OFF VALIDITY PERIOD 60 Days SARS PIN..... (if applicable) CENTRAL SUPPLIER DATABASE REGISTRATION (CSD) NO. UNIQUE REGISTRATION REFERENCE DEPOSITED IN THE QUOTE BOX SITUATED AT (STREET ADDRESS) No.1 Hospital Road, Abbot Francis Monastry, Marianhill 3610 Bidders should ensure that quotes are delivered timeously to the correct address. If the quote is late, it will not be accepted for consideration. The quote box is open from 08:00 to 15:30. ALL QUOTES MUST BE SUBMITTED ON THE OFFICIAL FORMS - (NOT TO BE RE-TYPED) THIS QUOTE IS SUBJECT TO THE PREFERENTIAL PROCUREMENT POLICY FRAMEWORK ACT AND THE PREFERENTIAL PROCUREMENT REGULATIONS, 2011, THE GENERAL CONDITIONS OF CONTRACT (GCC) AND, IF APPLICABLE, ANY OTHER SPECIAL CONDITIONS OF CONTRACT. THE FOLLOWING PARTICULARS MUST BE FURNISHED (FAILURE TO DO SO WILL RESULT IN YOUR QUOTE BEING DISQUALIFIED) NAME OF BIDDER POSTAL ADDRESS STREET ADDRESS TELEPHONE NUMBER CODE......NUMBER......FACSIMILE NUMBER CODE ......NUMBER......NUMBER..... CELLPHONE NUMBER E-MAIL ADDRESS VAT REGISTRATION NUMBER (If VAT vendor) YES NO HAS A B-BBEE STATUS LEVEL VERIFICATION CERTIFICATE BEEN SUBMITTED? (SBD 6.1)

[A B-BBEE STATUS LEVEL VERIFICATION CERTIFICATE/SWORN AFFIDAVIT (FOR EMES& QSEs) MUST BE SUBMITTED IN ORDER TO QUALIFY FOR PREFERENCE POINTS FOR B-BBEE]

| OFFICIAL PRICE PAGE FOR QUOTATIONS  | ZNQ NUMBER: 178/2020 |
|---|----------------------|
| DESCRIPTION: VARIOUS SUTURES  |                      |
| SIGNATURE OF BIDDER [By signing this document I hereby agree to all terms and conditions] | DATE                 |
| CAPACITY UNDER WHICH THIS QUOTE IS SIGNED   |                      |

| Quantity     | Description  | Brand &  | Country of  | Price  |   |
|--------------|--|--|---|--|---|
| Quantity     | 2000//613-11   | model  | manufacture   | R  | С   |
|              | SUPPLY OF:   |  |   |  |   |
|              | SUTURE ABSORBABLE, MULTIFILAMENET/BRAIDED  |  |   |  |   |
| X 1200 UNITS | SURGICAL ALCOHOL OR GLYCERIN IMPREGNATED,  |  |   |  |   |
|              | CHROMIC CATGUT, GAUGE 1 80cm   |  |   |  | _   |
| X 1200 UNITS | SUTURE BLUE MONOFLAMANT, GAUGE 0 NYLON   |  |   |  |   |
| X 1200 UNITS | SUTURE LOOP NYLON GAUGE 1  |  |   |  |   |
| X 1200 UNITS | SUTURE ABSORBABLE LIGATURE, MULTIFILAMENET/BRAIDED,  |  |   |  | _   |
|              | PLAN CATGUT, GAUGE 3/0 F/C   |  |   |  | -   |
| X 1200 UNITS | SUTURE TWISTED, CHROMIC SURGICAL CATGUT 1  |  |   |  | 1   |
| X 1200 UNITS | SUTURE VIOLET UNDYED BRAIDED   |  |   |  |   |
| X 1200 UNITS | SUTURE ABSORBABLE , MULTIFILAMENET/BRAIDED   |  |   |  |   |
|              | CHROMIC CATGUT 2/0   |  | •   |  |   |
|              | SUTURE ABSORBABLE, MULTIFILAMENET/BRAIDED  |  |   |  |   |
| X 1200 UNITS | SURGICAL ALCOHOL OR GLYCERIN IMPREGNATED,  |  |   |  |   |
|              | 75CM CHROMIC, GAUGE 1  |  |   |  |   |
| X 1200 UNITS | SUTURE ABSORBABLE, TWISTED CHROMIC   |  |   |  |   |
|              | SURGICAL CATGUT GAUGE 2  |  |   |  | _   |
|              | REFER TO ATTACHED SPECIFICATION 2.15% (Only if VAT Vendor)                                       |  |   |  |   |
|              | X 1200 UNITS  X 1200 UNITS | SUPPLY OF: SUTURE ABSORBABLE, MULTIFILAMENET/BRAIDED  X 1200 UNITS SURGICAL ALCOHOL OR GLYCERIN IMPREGNATED, CHROMIC CATGUT, GAUGE 1 80cm  X 1200 UNITS SUTURE BLUE MONOFLAMANT, GAUGE 0 NYLON  X 1200 UNITS SUTURE LOOP NYLON GAUGE 1  X 1200 UNITS SUTURE ABSORBABLE LIGATURE, MULTIFILAMENET/BRAIDED, PLAN CATGUT, GAUGE 3/0 R/C  X 1200 UNITS SUTURE TWISTED, CHROMIC SURGICAL CATGUT 1  X 1200 UNITS SUTURE VIOLET UNDYED BRAIDED  X 1200 UNITS SUTURE ABSORBABLE, MULTIFILAMENET/BRAIDED CHROMIC CATGUT 2/0  SUTURE ABSORBABLE, MULTIFILAMENET/BRAIDED  X 1200 UNITS SUTURE ABSORBABLE, MULTIFILAMENET/BRAIDED | SUPPLY OF:  SUTURE ABSORBABLE, MULTIFILAMENET/BRAIDED  X 1200 UNITS SURGICAL ALCOHOL OR GLYCERIN IMPREGNATED, CHROMIC CATGUT, GAUGE 1 90cm  X 1200 UNITS SUTURE BLUE MONOFLAMANT, GAUGE 0 NYLON  X 1200 UNITS SUTURE ABSORBABLE LIGATURE, MULTIFILAMENET/BRAIDED, PLAN CATGUT, GAUGE 3/0 R/C  X 1200 UNITS SUTURE TWISTED, CHROMIC SURGICAL CATGUT 1  X 1200 UNITS SUTURE ABSORBABLE, MULTIFILAMENET/BRAIDED  CHROMIC CATGUT 2/0  SUTURE ABSORBABLE, MULTIFILAMENET/BRAIDED  X 1200 UNITS SUTURE ABSORBABLE, MULTIFILAMENET/BRAIDED | SUPPLY OF: SUTURE ABSORBABLE, MULTIFILAMENET/BRAIDED  X 1200 UNITS SURGICAL ALCOHOL OR GLYCERIN IMPREGNATED, CHROMIC CATGUT, GAUGE 1 80cm  X 1200 UNITS SUTURE BLUE MONOFLAMANT, GAUGE 0 NYLON  X 1200 UNITS SUTURE LOOP NYLON GAUGE 1  X 1200 UNITS SUTURE ABSORBABLE LIGATURE, MULTIFILAMENET/BRAIDED, PLAN CATGUT, GAUGE 3/0 R/C  X 1200 UNITS SUTURE TWISTED, CHROMIC SURGICAL CATGUT 1  X 1200 UNITS SUTURE VIOLET UNDYED BRAIDED  X 1200 UNITS SUTURE ABSORBABLE, MULTIFILAMENET/BRAIDED  CHROMIC CATGUT 2/0  SUTURE ABSORBABLE, MULTIFILAMENET/BRAIDED  X 1200 UNITS SUTURE ABSORBABLE, TWISTED CHROMIC SURGICAL CATGUT GAUGE 2 | SUPPLY OF: SUTURE ABSORBABLE, MULTIFILAMENET/BRAIDED X 1200 UNITS SURGICAL ALCOHOL OR GLYCERIN IMPREGNATED, CHROMIC CATGUT, GAUGE 1 90cm  X 1200 UNITS SUTURE BLUE MONOFLAMANT, GAUGE 0 NYLON  X 1200 UNITS SUTURE LOOP NYLON GAUGE 1  X 1200 UNITS SUTURE ABSORBABLE LIGATURE, MULTIFILAMENET/BRAIDED, PLAN CATGUT, GAUGE 3/0 R/C  X 1200 UNITS SUTURE TWISTED, CHROMIC SURGICAL CATGUT 1  X 1200 UNITS SUTURE ABSORBABLE, MULTIFILAMENET/BRAIDED CHROMIC CATGUT 2/0  SUTURE ABSORBABLE, MULTIFILAMENET/BRAIDED  X 1200 UNITS SURGICAL ALCOHOL OR GLYCERIN IMPREGNATED, 75CM CHROMIC, GAUGE 1  X 1200 UNITS SUTURE ABSORBABLE, TWISTED CHROMIC SURGICAL CATGUT GAUGE 2 |

| Does This Offer Comply With The Specification? | Does The Article Conform To The S.A.N.S. / S.A.B.S. Specification? |  |
|--|--|--|
| Is The Price Firm?                             | State Delivery Period E.G. E.G. 1day, 1week                        |  |

Enquiries regarding the quote may be directed to:

Contact Person Mr. S. Kwevama Tel: 03171711111 E-Mail Address: Sanele Kwevama@kznhealth.gov Enquiries regarding <u>technical information</u> may be directed to:

Contact Person: Ms. SC. Khumalo. Tel: 0.3.1.7.17.1.006

#### **DECLARATION OF INTEREST**

| <ol> <li>Any legal person, including persons employed by the state¹, or person blood relationship, may make an offer or offers in terms of this invitation limited quote or proposal). In view of possible allegations of favouritism employed by the state, or to persons connected with or related to their declare his/her position in relation to the evaluating/adjudicating authorities the bidder is employed by the state; and/or</li> <li>the legal person on whose behalf the bidding document is signed, evaluation and or adjudication of the quote(s), or where it is known to on whose behalf the declarant acts and persons who are involved with the declarant acts.</li> </ol>   | n to quote (includes a price quotation, advertised competitive quote, it, should the resulting quote, or part thereof, be awarded to persons in, it is required that the bidder or his/her authorised representative by where-  nas a relationship with persons/a person who are/is involved in the hat such a relationship exists between the person or persons for or |
|---|---|
| 2. In order to give effect to the above, the following questionnaire must be  | completed and submitted with the quote.   |
| 2.1. Full Name of bidder/representative   | Company Registration Number:  |
| <ul> <li>2.7. The names of all directors / trustees / shareholders / members, their in employee / persal numbers must be indicated in paragraph 3 below.</li> <li>2.8. Are you or any person connected with the bidder presently employed be 2.8.1. If so, furnish the following particulars: Name of person / director / trustee / shareholder/ member: Name of state institution at which you or the person connected to the bit Position occupied in the state institution: 2.8.2. If you are presently employed by the state, did you obtain the appropriate the public sector? 2.8.2.1. If yes, did you attach proof of such authority to the quote document (Note: Failure to submit proof of such authority, where applicable, may result in </li> </ul>   | y the state?  [TICK APPLICABLE]  YES NO  dder is employed:Any other particulars:oriate authority to undertake remunerative work outside employment  YES NO  1?  the disqualification of the quote.)   |
| <ul><li>2.8.2.2. If no, furnish reasons for non-submission of such proof:</li><li>2.9. Did you or your spouse, or any of the company's directors / trustees /</li></ul>   | FF1   F1   F1   F1   F1   F1   F1   F1  |
| state in the previous twelve months?  2.9.1. If so, furnish particulars:  | YES NO  |
| 2.10. Do you, er any person connected with the bidder, have any relationshi may be involved with the evaluation and or adjudication of this quote?  | o (family, friend, other) with a person employed by the state and who   |
| 2.11. Are you, or any person connected with the bidder, aware of any relation<br>employed by the state who may be involved with the evaluation and or   | nship (family, friend, other) between any other bidder and any person adjudication of this quote?   |
| 2.11.1. If so, furnish particulars:     2.12. Do you or any of the directors / trustees / shareholders / members of the or not they are bidding for this contract?  2.12.1. If so, furnish particulars:   | e company have any interest in any other related companies whether YES NO   |
| <ol> <li>Full details of directors / trustees / members / shareholders.</li> <li>NB: The Department Of Health will validate details of directors / trustees to ensure that their details are up-to-date and verified on CSD. If the not be considered and passed over as non-compliant according to National Control of the considered and passed over as non-compliant according to National Control of the considered and passed over as non-compliant according to National Control of the control of the</li></ol> | I members I shareholders on CSD. It is the suppliers' responsibility Department cannot validate the information on CSD, the quote will  |
| 4 DECLARATION   |   |
| I, THE UNDERSIGNED (NAME)<br>FURNISHED IN PARAGRAPHS 2.   | CERTIFY THAT THE INFORMATION  |
| I ACCEPT THAT THE STATE MAY REJECT THE QUOTE OR A<br>PROVE TO BE FALSE.   | CT AGAINST ME SHOULD THIS DECLARATION   |

............ Signature Position Name of bidder

- 1"State" means —
  a) any national or provincial department, national or provincial public entity or constitutional institution within the meaning of the Public Finance Management Act, 1999 (Act No. 1 of 1999);
  b) any municipality or municipal entity;
- provincial tegislature;
   ational Assembly or the national Councit of provinces; or
- Parliament.

<sup>2&</sup>quot;Shareholder" means a person who owns shares in the company and is actively involved in the management of the enterprise or business and exercises control over the enterprise.

#### SPECIAL CONTRACT CONDITIONS OF QUOTATIONS

#### 1. AMENDMENT OF CONTRACT

1.1. Any amendment to or renunciation of the provisions of the contract shall at all times be done in writing and shall be signed by both parties.

#### 2. CHANGE OF ADDRESS

2.1. Bidders must advise the Department of Health (institution where the offer was submitted) should their address (domicilium citandi et executandi) details change from the time of bidding to the expiry of the contract.

### 3. GENERAL CONDITIONS ATTACHED TO THIS QUOTATION

3.1. The institution is under no obligation to accept the lowest or any quote,

3.2. The price quoted must include VAT (if VAT vendor). However, it must be noted that the department reserves the right to evaluate all quotations excluding VAT as some bidders may not be VAT vendors.

3.3. The bidder must ensure the correctness & validity of quote:

- (i) that the price(s), rate(s) & preference quoted cover all for the work/item (s) & accept that any mistakes regarding the price (s) & calculations will be at the bidder's risk
- 3.4. The bidder must accept full responsibility for the proper execution & fulfilment of all obligations conditions devolving on under this agreement, as the Principal (s) liable for the due fulfilment of this contract.
- 3.5. This quotation will be evaluated based on the 80/20 points system, specification & correctness of information. All required documentation must be completed in full and submitted.

3.6. Offers must comply strictly with the specification.

3.7. Only offers that meet or are greater than the specification will be considered.

3.8. Late quotes will not be considered.

- 3.9. Expired product/s will not be accepted. All products supplied must be valid for a minimum period of six months.
- 3.10. A bidder not registered on the Central Suppliers Database or verification has failed will not be considered.

3.11. All delivery costs must be included in the quote price, for delivery at the prescribed destination.

- 3.12. Only firm prices will be accepted. Such prices must remain firm for the contract period. Non-firm prices (including rates of exchange variations) will not be considered.
- 3.13. In cases where different delivery points influence the pricing, a separate pricing schedule must be submitted for each delivery point.
- 3.14. In the event of a bidder having multiple quotes, only the cheapest according to specification will be considered. Furthermore a verification will be done to identify if bidders have multiple companies and are quoting (cover-quoting) for this bid. In such instances only the cheapest bid according to specification will be considered.

### 4. SPECIAL INSTRUCTIONS AND NOTICES TO BIDDERS REGARDING THE COMPLETION OF THIS QUOTATION.

- 4.1. Unless inconsistent with or expressly indicated otherwise by the context, the singular shall include the plural and vice versa and with words importing the masculine gender shall include the feminine and the neuter.
- 4.2. Under no circumstances whatsoever may the quotation/bid forms be retyped or redrafted. Photocopies of the original bid documentation may be used, but an original signature must appear on such photocopies.
- 4.3. The bidder is advised to check the number of pages and to satisfy himself that none are missing or duplicated.
- 4.4. Quotation submitted must be complete in all respects.
- 4.5. Any alteration made by the bidder must be initialled.

. . . . . .

4.6. Use of correcting fluid is prohibited

4.7. Quotation will be opened in public as soon as practicable after the closing time of quotation.

4.8. Where practical, prices are made public at the time of opening quotations.

1.9. If it is desired to make more than one offer against any individual item, such offers should be given on a photocopy of the page in question. Clear indication thereof must be stated on the schedules attached.

#### 5. SPECIAL INSTRUCTIONS REGARDING HAND DELIVERED QUOTATIONS

- 5.1. Quotation shall be lodged at the address indicated not later than the closing time specified for their receipt, and in accordance with the directives in the quotation documents.
- 5.2. Each quotation shall be addressed in accordance with the directives in the quotation documents and shall be lodged in a separate sealed envelope, with the name and address of the bidder, the quotation number and closing date indicated on the envelope. The envelope shall not contain documents relating to any quotation other than that shown on the envelope. If this provision is not complied with, such quotations/bids may be rejected as being invalid.
- 5.3. All quotations received in sealed envelopes with the relevant quotation numbers on the envelopes are kept unopened in safe custody until the closing time of the quotation/bids. Where, however, a quotation is received open, it shall be sealed. If it is received without a quotation/bid number on the envelope, it shall be opened, the quotation number ascertained, the envelope sealed and the quotation number written on the envelope.
- 5.4. A specific box is provided for the receipt of quotations, and no quotation found in any other box or elsewhere subsequent to the closing date and time of quotation will be considered.

- 5.5. No quotation/bid sent through the post will be considered if it is received after the closing date and time stipulated in the quotation documentation, and proof of posting will not be accepted as proof of delivery.
- 5.6. Quotation documents must not be included in packages containing samples. Such quotations may be rejected as being invalid.

#### SAMPLES

- 6.1. In the case of the quote document stipulating that samples are required, the supplier will be informed in due course when samples should be provided to the institution. (This decreases the time of safety and storage risk that may be incurred by the respective institution). The bidders sample will be retained if such bidder wins the contract.
- (i) If a company/s who has not won the quote requires their samples, they must advise the institution in writing of such.
- (ii) If samples are not collected within three months of close of quote the institution reserves the right to dispose of them at their discretion.
- 6.2. Samples must be made available when requested in writing or if stipulated on the document.
- (i) If a Bidder fails to provide a sample of their product on offer for scrutiny against the set specification when requested, their offer will be rejected. All testing will be for the account of the bidder.

### 7. COMPULSORY SITE INSPECTION / BRIEFING SESSION

| 7.1.               | Bidders who fail to attend the compulsory meeting will be disqualified from the evaluation process. |   |  |  |
|--------------------|---|---|--|--|
| (i)<br>(ii)        | The institution has determined that a compulsory site meeting NO take place  Date                   |   |  |  |
| Institution Stamp: |   | Institution Site Inspection / briefing session Official |  |  |
|                    |   | Full Name:  |  |  |
|                    |   | Signature:  |  |  |
|                    |   | Date:   |  |  |

#### 8. STATEMENT OF SUPPLIES AND SERVICES

8.1. The contractor shall, when requested to do so, furnish particulars of supplies delivered or services executed. If he/she fails to do so, the Department may, without prejudice to any other rights which it may have, institute inquiries at the expense of the contractor to obtain the required particulars.

#### 9. SUBMISSION AND COMPLETION OF SBD 6.1

9.1. Should a bidder wish to qualify for preference points they must complete a SBD 6.1 document. Failure by a bidder to provide all relevant information required, will result in such a bidder not being considered for preference point's allocation. The preferences applicable on the closing date will be utilized. Any changes after the closing date will not be considered for that particular quote.

#### 10. TAX COMPLIANCE REQUIREMENTS

- 10.1. In the event that the tax compliance status has failed on CSD, it is the suppliers' responsibility to provide a SARS pin in order for the institution to validate the tax compliance status of the supplier.
- 10.2. In the event that the institution cannot validate the suppliers' tax clearance on SARS as well as the Central Suppliers Database, the quote will not be considered and passed over as non-compliant according to National Treasury Instruction Note 4 (a) 2016/17.

#### 11. TAX INVOICE

- 11.1. A tax invoice shall be in the currency of the Republic of South Africa and shall contain the following particulars:
- (i) the name, address and registration number of the supplier;
- (ii) the name and address of the recipient;
- (iii) an individual serialized number and the date upon which the tax invoice is issued;
- (iv) a description and quantity or volume of the goods or services supplied;
- (v) the official department order number issued to the supplier;
- (vi) the value of the supply, the amount of tax charged;
- (vii) the words tax invoice in a prominent place.

#### 12. PATENT RIGHTS

The supplier shall indemnify the KZN Department of Health (hear after known as the purchaser) against all third-party claims of infringement of patent, trademark, or industrial design rights arising from use of the goods or any part thereof by the purchaser.

#### 13. PENALTIES

- 13.1. If at any time during the contract period, the service provider is unable to perform in a timely manner, the service provider must notify the institution in writing/email of the cause of and the duration of the delay. Upon receipt of the notification, the institution should evaluate the circumstances and, if deemed necessary, the institution may extend the service provider's time for performance.
- 13.2. In the event of delayed performance that extends beyond the delivery period, the institution is entitled to purchase commodities of a similar quantity and quality as a substitution for the outstanding commodities, without terminating the contract, as well as return commodities delivered at a later stage at the service provider's expense.
- 13.3. Alternatively, the institution may elect to terminate the contract and procure the necessary commodities in order to complete the contract. In the event that the contract is terminated the institution may claim damages from the service provider in the form of a penalty. The service provider's performance should be captured on the service provider database in order to determine whether or not the service provider should be awarded any contracts in the future.
- 13.4. If the supplier fails to deliver any or all of the goods or to perform the services within the period(s) specified in the contract, the purchaser shall, without prejudice to its other remedies under the contract, deduct from the contract price, as a penalty, a sum calculated on the delivered price of the delayed goods or unperformed services using the current prime interest rate calculated for each day of the delay until actual delivery or performance.

#### 14. TERMINATION FOR DEFAULT

- 14.1. The purchaser, without prejudice to any other remedy for breach of contract, by written notice of default sent to the supplier, may terminate this contract in whole or in part:
- (i) if the supplier fails to deliver any or all of the goods within the period(s) specified in the contract,
- (ii) if the supplier fails to perform any other obligation(s) under the contract; or
- (iii) if the supplier, in the judgment of the purchaser, has engaged in corrupt or fraudulent practices in competing for or in executing the
- 14.2. In the event the purchaser terminates the contract in whole or in part, the purchaser may procure, upon such terms and in such manner as it deems appropriate, goods, works or services similar to those undelivered, and the supplier shall be liable to the purchaser for any excess costs for such similar goods, works or services.
- 14.3. Where the purchaser terminates the contract in whole or in part, the purchaser may decide to impose a restriction penalty on the supplier by prohibiting such supplier from doing business with the public sector for a period not exceeding 10 years.
- 15. FAILURE TO COMPLY WITH ABOVE WILL RESULT IN YOUR QUOTE BEING PASSED OVER.

#### PREFERENCE POINTS CLAIM FORM IN TERMS OF THE PREFERENTIAL PROCUREMENT REGULATIONS 2017

This preference form must form part of all quotes invited. It contains general information and serves as a claim form for preference points for Broad-Based Black Economic Empowerment (B-BBEE) Status Level of Contribution

NB: BEFORE COMPLETING THIS FORM, BIDDERS MUST STUDY THE GENERAL CONDITIONS, DEFINITIONS AND DIRECTIVES APPLICABLE IN RESPECT OF B-BBEE, AS PRESCRIBED IN THE PREFERENTIAL PROCUREMENT REGULATIONS, 2017.

#### 1. GENERAL CONDITIONS

- 1.1 The following preference point systems are applicable to all quotes:
  - the 80/20 system for requirements with a Rand value of up to R50 000 000 (all applicable taxes included); and
- 1.2 The value of this quote is estimated to not exceed R50 000 000 (all applicable taxes included) and therefore the 80/20 preference point system shall be applicable.
- 1.3 Points for this quote shall be awarded for:
  - (a) Price; and
  - (b) B-BBEE Status Level of Contributor.
- 1.4 The maximum points for this quote is allocated as follows:

|   | POINTS |
|---|--------|
| PRICE   | 80     |
| B-BBEE STATUS LEVEL OF CONTRIBUTOR                | 20     |
| Total points for Price and B-BBEE must not exceed | 100    |

- Failure on the part of a bidder to submit proof of B-BBEE Status level of contributor together with the quote, will be interpreted to mean that preference points for B-BBEE status level of contribution are not claimed.
- 1.6 The purchaser reserves the right to require of a bidder, either before a quote is adjudicated or at any time subsequently, to substantiate any claim in regard to preferences, in any manner required by the purchaser.

#### 2. DEFINITIONS

- (a) "B-BBEE" means broad-based black economic empowerment as defined in section 1 of the Broad-Based Black Economic Empowerment Act;
- (b) "B-BBEE status level of contributor" means the B-BBEE status of an entity in terms of a code of good practice on black economic empowerment, issued in terms of section 9(1) of the Broad-Based Black Economic Empowerment Act;
- (c) "bid" means a written offer in a prescribed or stipulated form in response to an invitation by an organ of state for the provision of goods or services, through price quotations, advertised competitive bidding processes or proposals;
- (d) "Broad-Based Black Economic Empowerment Act" means the Broad-Based Black Economic Empowerment Act, 2003 (Act No. 53 of 2003);
- (e) "EME" means an Exempted Micro Enterprise in terms of a code of good practice on black economic empowerment issued in terms of section 9 (1) of the Broad-Based Black Economic Empowerment Act;
- (f) "functionality" means the ability of a tenderer to provide goods or services in accordance with specifications as set out in the tender documents
- (g) "prices" includes all applicable taxes less all unconditional discounts;
- (h) "proof of B-BBEE status level of contributor" means:
  - B-BBEE Status level certificate issued by an authorized body or person;
  - 2) A sworn affidavit as prescribed by the B-BBEE Codes of Good Practice;
  - 3) Any other requirement prescribed in terms of the B-BBEE Act;
- (i) "QSE" means a qualifying small business enterprise in terms of a code of good practice on black economic empowerment issued in terms of section 9 (1) of the Broad-Based Black Economic Empowerment Act;
- (j) "rand value" means the total estimated value of a contract in Rand, calculated at the time of bid invitation, and includes all applicable taxes:

#### 3. POINTS AWARDED FOR PRICE

#### 3.1 THE 80/20 PREFERENCE POINT SYSTEMS

A maximum of 80 points is allocated for price on the following basis:

$$Ps = 80 \left( 1 - \frac{Pt - P\min}{P\min} \right) \text{ Where}$$

Ps = Points scored for price of bid under consideration

Pt = Price of bid under consideration
Pmin = Price of lowest acceptable bid

#### 4. POINTS AWARDED FOR B-BBEE STATUS LEVEL OF CONTRIBUTOR

4.1 In terms of Regulation 6 (2) and 7 (2) of the Preferential Procurement Regulations, preference points must be awarded to a bidder for attaining the B-BBEE status level of contribution in accordance with the table below:

| B-BBEE Status Level of Contributor | Number of points (80/20 system) |
|------------------------------------|---------------------------------|
| 1                                  | 20                              |
| 2                                  | 18                              |
| 3                                  | 14                              |
| 4                                  | 12                              |
| 5                                  | 8                               |
| 6                                  | 6                               |
| 7                                  | 4                               |
| 8                                  | 2                               |
| Non-compliant contributor          | 0                               |

| 5, BII | D DE | ECL/ | ١RA | TION |
|--------|------|------|-----|------|
|--------|------|------|-----|------|

- 5.1 Bidders who claim points in respect of B-BBEE Status Level of Contribution must complete the following:
- 6. B-BBEE STATUS LEVEL OF CONTRIBUTOR CLAIMED IN TERMS OF PARAGRAPHS 1.4 AND 4.1
- 6.1 B-BBEE Status Level of Contributor: = .......(maximum of 20 points)

(Points claimed in respect of paragraph 7.1 must be in accordance with the table reflected in paragraph 4.1 and must be substantiated by relevant proof of B-BBEE status level of contributor.

| 7.    | SUB-CONTRACTING  | (Tick applicable box) |    |
|-------|--|-----------------------|----|
| 7.1   | Will any portion of the contract be sub-contracted?  | YES N                 | 10 |
| 7.1.1 | If yes, indicate:  |                       |    |
|       | i) What percentage of the contract will be subcontracted% ii) The name of the sub-contractor |                       |    |
| 8.    | Whether the sub-contractor is an EME or QSE  | (Tick applicable box) |    |

iv) Specify, by ticking the appropriate box, if subcontracting with an enterprise in terms of Preferential Procurement Regulations, 2017:

| Designated Group: An EME or QSE which is at last 51% owned by:    | EME      | QŞE |
|---|----------|-----|
|   | <u> </u> | Ψ   |
| Black people  |          |     |
| Black people who are youth  |          |     |
| Black people who are women  |          |     |
| Black people with disabilities                                    |          |     |
| Black people living in rural or underdeveloped areas or townships |          |     |
| Cooperative owned by black people                                 |          |     |
| Black people who are military veterans                            |          |     |
| OR  |          |     |
| Any EME   |          |     |
| Any QSE   |          |     |

| 9.   | DECLARATION WITH REGARD TO COMPANY/FIRM  |   |  |  |  |  |
|--|--|---|--|--|--|--|
| 9.1  | Name of company/firm:  |   |  |  |  |  |
| 9.2  | VAT registration number:   |   |  |  |  |  |
| 9.3  | Company registration number:   |   |  |  |  |  |
| 9.4  | TYPE   | OF COMPANY/ FIRM [TICK APPLICABLE BO  | XJ   |  |  |  |
|  |  | Partnership/Joint Venture / Consortium One person business/sole propriety Close corporation Company (Pty) Limited   |  |  |  |  |
| 9.5 DESCRIBE PRINCIPAL BUSINESS ACTIVITIES |  |   |  |  |  |  |
| 9.6  |  |   |  |  |  |  |
| 9.0  |  | PANY CLASSIFICATION [TICK APPLICABLE B<br>Manufacturer<br>Supplier<br>Professional service provider<br>Other service providers, e.g. transporter, etc.  | JOAJ   |  |  |  |
| 9.7  | Total r  | number of years the company/firm has been in b  | pusiness:  |  |  |  |
| 9.8  | do so on behalf of the company/firm, certify that the points claimed, based or agraphs 1.4 and 6.1 of the foregoing certificate, qualifies the company/ firm for |   |  |  |  |  |
|  | i) T   | he information furnished is true and correct;   |  |  |  |  |
|  | ii) T  | ii) The preference points claimed are in accordance with the General Conditions as indicated in paragraph 1 of this form;   |  |  |  |  |
|  | iii) Ir<br>b   | iii) In the event of a contract being awarded as a result of points claimed as shown in paragraphs 1.4 and 6.1, the contractor may be required to furnish documentary proof to the satisfaction of the purchaser that the claims are correct; |  |  |  |  |
|  | iv) If   | the B-BBEE status level of contributor has been ave not been fulfilled, the purchaser may, in add   | л claimed or obtained on a fraudulent basis or any of the conditions of contrac<br>dition to any other remedy it may have –  |  |  |  |
|  | (a)  | disqualify the person from the bidding proces   | ss;  |  |  |  |
|  | (b)  | recover costs, losses or damages it has incu  | rred or suffered as a result of that person's conduct;   |  |  |  |
| (c)  |  | cancel the contract and claim any damages arrangements due to such cancellation;  | which it has suffered as a result of having to make less favourable  |  |  |  |
|  |  | who acted on a fraudulent basis, be restricte   | shareholders and directors, or only the shareholders and directors d by the National Treasury from obtaining business from any organ , after the audi alteram partem (hear the other side) rule has been |  |  |  |
|  | (e)  | forward the matter for criminal prosecution.  |  |  |  |  |
|  | WITN   | ESSES   |  |  |  |  |
|  |  |   | SIGNATURE(S) OF BIDDERS(S)   |  |  |  |
|  | '' ''  |   | DATE:  |  |  |  |
|  | 2  |   | ADDRESS  |  |  |  |
|  |  |   |  |  |  |  |

## health Department: Health PROVINCE OF KWA

### END-USER SPECIFICATION FORM

| PROV        | INCE OF KWAZULU-NATAL  | _ <b>}</b>  |                                       | •                                      |  |  |
|-------------|--|---|---------------------------------------|--|--|--|
| Quote N     | lumber: ZNC  | 178/2020  |                                       |  |  |  |
| Item De     | scription: X <del>12 00</del> 0 UNITS  | L.<br>S FOR SUTURE STERILE ABSORBABI  | E, MULTIFILAMENET/BRAIDED             | SURGICAL ALCOHOL OR                    |  |  |
|             | 1200   |   |                                       |  |  |  |
| GLYCE       | RINE INPREGNATED, CF   | ROMIC CATGUT, SUTURE GUAGE 1  | 90CIII                                |  |  |  |
| Departn     | nent/Section: St Mary's  | District Hospital: Marianhill   | Purpose of Item: PATIENT              | CARE                                   |  |  |
|             |  |   | · ————                                |  |  |  |
| 1. Pr       | e-qualification criteria if  | any:  |                                       |  |  |  |
|             | •  | have a regulatory body certification (  | re.a. SABS. SANS. SANAS. ISO. C       | IDB. etc.)? Yes / No:                  |  |  |
|             |  | n required if yes: <u>SANS 494-1:2011</u>   | , , , , , , , , , ,                   | , , <del></del>                        |  |  |
| 1 2         | le a compulsory sito i   | nspection / briefing session required?  | Yes / No                              |  |  |  |
| if'         | Yes, specify: Date   | / Time Place  | 100,100                               | SizeV<br>2003                          |  |  |
|             |  |   |                                       |  |  |  |
| 1.3<br>if Y | es, specify:   | d content part of the quote? Yes / No   |                                       |  |  |  |
|             |  |   |                                       |  |  |  |
|             | <ul> <li>Provisions of section<br/>es, specify: <u>REVISED SCM L</u></li> </ul>  | 4(1)(a) of the PPPFA Regulations,201  | 7 if applicable? <u>Yes</u> / No      |  |  |  |
| 91          | es, specify. <u>Revided dom't</u>  | JEEN/AMON ESSO  |                                       |  |  |  |
| 1.5         | Liability Cover insura   | nce? Yes / <u>No</u>  |                                       |  |  |  |
| <b>₹ †</b>  | es, specify:   |   |                                       |  |  |  |
|             |  | n of the required item?   |                                       |  |  |  |
|             | pecifications to be adve   |   | Comme                                 | <u>nt</u>                              |  |  |
|             | future, sterile, absorbab<br>lycerine impregnated, c   | le suture, multifilament/braided surg   | ical alcohol of                       |  |  |  |
|             | Suture gauge 1   | mormo oatgat  |                                       |  |  |  |
|             | Suture length 90cm   |   |                                       |  |  |  |
|             | leedle size 48mm   |   |                                       |  |  |  |
|             | leedle shape ½ circle  | ets and gynaecology light brown   |                                       |  |  |  |
|             |  | oted on the packaging: Trade name   | of the product, size.                 |  |  |  |
| s           | terile and <b>c</b> orrect specif  | ication   |                                       |  |  |  |
|             |  | E REQUIRED – FAILURE TO SUB   | MIT WILL                              |  |  |  |
|             | ISQUALIFY YOUR OF  | FER   |                                       |  |  |  |
| 3. De       | oes a sample need to be  | submitted? Yes / No(select option 3.1   |                                       | •                                      |  |  |
| 3.1.        | Deadline for submission  | n if Yes: Date 4/01/201/  | Place ST MARY'S DISTRICT HOSPITAL     | (MARIANHILL)                           |  |  |
| Or<br>3.2   | . Specify that samples m   | nust be made available when requested i   | n writing. Yes or                     |  |  |  |
|             |  |   |                                       |  |  |  |
|             | nalties to be noted by the   | e suppliers:<br>eliver any or all of the goods or to perfort  | n the services within the period(s) s | pecified in the contract, the purchase |  |  |
|             | shall, without prejudice   | to its other remedies under the contract  | , deduct from the contract price,     | as a penalty, a sum calculated on the  |  |  |
|             | delivered price of the duntil actual delivery or p   | delayed goods or unperformed services   | using the current prime interest rat  | e calculated for each day of the dela  |  |  |
|             | until actual delivery or p   | ochomanec.  |                                       |  |  |  |
|             |  | riteria / special terms and condition   |                                       |  |  |  |
|             |  | al terms and conditions to be advert  |                                       |  |  |  |
|             | Pre-qualification criteria   | riteria Does the offer meet the pre-qualification criteria?  Does the offer comply with stipulated administrative requirements? |                                       |  |  |  |
|             | Conformance:   | Was the product made or service p   |                                       |  |  |  |
| 4. F        | erformance:  | Will/does the product/service fulfil i  |                                       | manner that releases the               |  |  |
| 5. F        | eatures:   | supplier from all liabilities under the<br>What characteristics does the prod   |                                       |  |  |  |
|             | Reliability:   | How long can a product go between   |                                       | ntenance? (guarantee)                  |  |  |
| \$          | Ourability:  | What is the useful life for the produ   | act? How will the product hold u      | o under extended use?                  |  |  |
| 8. 8        | Serviceability:  | How easy is it to repair, maintain o  | r support the product or service      | ? (customer support)                   |  |  |
| Name        | e of End-user (in full)  | DE LANGEAU  | Name of SCM Rep (in full)             | NR Moline                              |  |  |
|             | nation / Rank (in full)  | DISCOT MACONS   | Designation/ Rank (in full)           | 8ms pernson                            |  |  |
|             | Name of End-user (in full)  Designation / Rank (in full)  Designature  Name of SCM Rep (in full)  Name of SCM Rep (in full)  Designation / Rank (in full)  Signature  Name of SCM Rep (in full)  School Schoo |   |                                       |  |  |  |

Date

Standard End-User Specification Form

# health Department: Health

Signature

Date 19/1
Standard End-User Specification Form

Date

|         | Number: ZNQ   | 178           | 12020  |   |               |   |  |  |
|---------|---|---------------|--|---|---------------|---|--|--|
|         | 4800 NE   |               |  |   |               |   |  |  |
| ltem C  | escription: X <del>12 900</del> UNITS   | FOR SUT       | URE STERILE BLUE MO                                    | NOFLAMANT 0 GAUGE N                           | YLON          |   |  |  |
|         | 1200  |               |  |   |               |   |  |  |
| Depar   | tment/Section: St Mary's  | District Ho   | ospital: Marianhill                                    | Purpose of Item                               | PATIENT C     | CARE_   |  |  |
|         |   |               |  |   |               |   |  |  |
|         | Pre-qualification criteria if   | -             |  |   |               |   |  |  |
|         | 1.1. Is the item required to have a regulatory body certification (e.g. SABS, SANS, SANAS, ISO, CIDB, etc.)? <u>Yes</u> / No: Regulatory Body / certification required if yes: <u>SANS 494-1:2011</u> |               |  |   |               |   |  |  |
| 1       | 1.2. Is a compulsory site inspection / briefing session required? Yes / No if Yes, specify: Date Time; Place  |               |  |   |               |   |  |  |
| 1<br>if | .3. Is local production and Yes, specify:   | d content (   | part of the quote? Yes / )                             | No  |               |   |  |  |
|         | .4. Provisions of section   |               |  | 2017 if applicable? <u>Yes</u> / N            | 0             |   |  |  |
| il      | Yes, specify: <u>REVISED SCM D</u>  | ELIGATION     | <u> </u>   |   |               |   |  |  |
| 1       | .5. Liability Cover insurar   | nce? Yes /    | No   |   |               |   |  |  |
| it      | Yes, specify:   |               |  |   |               |   |  |  |
| 2.      | What is the specification   | n of the re   | equired item?  |   |               |   |  |  |
|         | specifications to be adver  |               |  |   | Commen        | t   |  |  |
| 1.      | Suture, sterile, blue mone  |               | nylon  |   |               |   |  |  |
| 2.      | Suture gauge 0  |               |  |   |               |   |  |  |
| 3.      | Suture length 100cm   |               |  |   |               |   |  |  |
| 4.      | Needle size 90mm  |               |  |   |               |   |  |  |
| 5.      | Needle shape 3/8 circle   |               |  |   |               |   |  |  |
| 6.      | CC  |               |  |   |               |   |  |  |
| 7.      | The following must be no  |               | e packaging: Trade nar                                 | ne of the product, size,                      |               |   |  |  |
|         | sterile and correct specif  | cation        |  | I START LAW (                                 |               |   |  |  |
| 8.      | COMPULSORY SAMPL<br>DISQUALIFY YOUR OF  |               | RED - FAILURE TO 5                                     | ARMII AAIFF                                   |               |   |  |  |
|         | DISQUALIFT TOUR OF  | FER           |  |   |               |   |  |  |
| 3.      | Does a sample need to be  | submitted     | ? Yes / No(select option 3                             | 1.1 or 3.2)                                   |               |   |  |  |
| 3       | 3.1. Deadline for submission  | n if Yes: Dat | te Time <u>1</u>                                       | H00 Place ST MARY'S DISTRIC                   | T HOSPITAL (I | MARIANHILL)   |  |  |
| Or      |   |               | 14/01/2021   | ed in writing. Yes of                         | <del></del>   |   |  |  |
| ;       | 3.2. Specify that samples m   | ust be mad    | ie avaliable when request                              | ed in writing, 165 Oil                        |               |   |  |  |
| 4. I    | enalties to be noted by the   | suppliers     | s:   |   |               |   |  |  |
| 4       | 1.1. If the supplier fails to de  | eliver anv o  | or all of the goods or to per                          | form the services within the                  | period(s) sp  | pecified in the contract, the purchase                                      |  |  |
|         | shall, without prejudice  | to its other  | r remedies under the cont                              | ract, deduct from the cont                    | ract price, a | as a penalty, a sum calculated on th<br>calculated for each day of the dela |  |  |
|         | until actual delivery or p  |               |  | es using the content prime                    | interest rate | Calculated for each day of the gold   |  |  |
|         |   |               |  |   |               |   |  |  |
|         | What is the evaluation c  |               |  |   | ?             |   |  |  |
| List    | evaluation criteria / speci   |               |  |   |               |   |  |  |
| 1.      | Pre-qualification criteria  |               | e offer meet the pre-qua                               |   |               |   |  |  |
| 2.      | Administrative  |               | •                | ulated administrative requ                    |               |   |  |  |
| 3.      | Conformance:  |               |  | ce performed to specifica                     |               |   |  |  |
| 4.      | Performance:  | Will/does     | s the product/service to<br>from all liabilities under | Ifil its performance obligation the contract? | auon, man     | Halliter man reseases the   |  |  |
| 5.      | Features:   |               |  | product or service have?                      |               |   |  |  |
| 6.      | Reliability:  |               |  | ween failures and the ne                      | ed for main   | tenance? (guarantee)  |  |  |
| 7.      | Durability:   |               |  | oduct? How will the prod                      |               |   |  |  |
| 8.      | Serviceability:   |               |  | in or support the product                     |               |   |  |  |
| 9.      | Ability & Capacity  |               |  | vendor to execute the co                      |               |   |  |  |
| 10.     | Preference points   |               | ntial Procurement Syste                                |   |               |   |  |  |
| L       |   |               |  |   |               | <i>/</i> ·  |  |  |
| Na      | me of End-user (in full)  | Tim           | IGANI  | Name of SCM Rep                               | (in full)     | NR molice   |  |  |
|         | signation / Rank (in full)  | 10h           | -r  kg/  | Designation/ Rank (                           |               | Sm Spayallson   |  |  |

Signature

Page 1 of 2

# health Department: Health PROVINCE OF KWA

### **END-USER SPECIFICATION FORM**

| H      | ealth<br>ROVINCE OF KWAZULU-NATAL   | ,  |  |  |  |  |  |
|--------|---|--|--|--|--|--|--|
| Quot   | e Number: <u>ZNG</u>  | 178/2020   |  |  |  |  |  |
| tem    | <i>મ</i> ૪૦૦<br>Description: X1 <del>2 000</del> UNITS  | FOR SUTURE STERILE LOOP NYLON GUAGE 1  |  |  |  |  |  |
| i Cili | 2000 ption 2012 000 011110  |  |  |  |  |  |  |
| Depa   | rtment/Section: <u>St Mary's</u>  | <u>District Hospital: Marianhill</u> Purpose of Item   | : PATIENT CARE                         |  |  |  |  |
| 1.     | Pre-qualification criteria if   | any:   |  |  |  |  |  |
|        |   | have a regulatory body certification (e.g. SABS, SANS, SAN required if yes: <u>SANS 494-1:2011</u>               | AS, ISO, CIDB, etc.)? <u>Yes</u> / No: |  |  |  |  |
|        | 1.2. Is a compulsory site in if Yes, specify: Date  | nspection / briefing session required? Yes / No / Time Place   |  |  |  |  |  |
|        | 1.3. Is local production an if Yes, specify:  | d content part of the quote? Yes / <u>No</u>   |  |  |  |  |  |
|        | 1.4. Provisions of section if Yes, specify: REVISED SCM 0   | 4(1)(a) of the PPPFA Regulations,2017 if applicable? <u>Yes</u> / N<br>ELIGATION OF 2008                         | 0                                      |  |  |  |  |
|        | 2.5. 13-1395 O Sauce  | and Var I No   |  |  |  |  |  |
|        | 1.5. Liability Cover insural if Yes, specify:   | CEPTES I NO  |  |  |  |  |  |
|        | What is the specification   |  |  |  |  |  |  |
| 2.     | t specifications to be adver  |  | Comment                                |  |  |  |  |
| 1.     | Suture, sterile, Loop nylo  |  |  |  |  |  |  |
| 2.     | Suture gauge 1  |  |  |  |  |  |  |
| 3.     | Suture length 240cm   |  |  |  |  |  |  |
| 4.     | Needle size 45mm  |  |  |  |  |  |  |
| 5.     | Needle shape ½ circle   |  |  |  |  |  |  |
| 6.     | TLC   |  |  |  |  |  |  |
| 7.     |   | ted on the packaging: Trade name of the product, size,   |  |  |  |  |  |
| ١.     | sterile and correct specif  |  |  |  |  |  |  |
| 8.     |   | E REQUIRED – FAILURE TO SUBMIT WILL  |  |  |  |  |  |
| _      |   | 1 10 Vo - IN-Volent artism 2.4 or 2.2)   |  |  |  |  |  |
| 3.     |   | submitted? Yes / No(select option 3.1 or 3.2)  In if Yes: Date Section 3.1 or 3.2)                               | T HOSPITAL (MARIANHILL)                |  |  |  |  |
| Or     | 5.1. Deauille lot submission  | 14/01/2021   |  |  |  |  |  |
|        | 3.2. Specify that samples m   | ust be made available when requested in writing. Yes of  |  |  |  |  |  |
| 4.     | <ol> <li>Penalties to be noted by the suppliers:</li> <li>If the supplier fails to deliver any or all of the goods or to perform the services within the period(s) specified in the contract, the purchaser shall, without prejudice to its other remedies under the contract, deduct from the contract price, as a penalty, a sum calculated on the delivered price of the delayed goods or unperformed services using the current prime interest rate calculated for each day of the delay until actual delivery or performance.</li> </ol> |  |  |  |  |  |  |
| 5.     | What is the evaluation c  | riteria / special terms and conditions to be advertised  | ?                                      |  |  |  |  |
| Lis    | t evaluation criteria / speci   | al terms and conditions to be advertised (if applicable)   |  |  |  |  |  |
| 1.     | Pre-qualification criteria  |  |  |  |  |  |  |
| 2.     | Administrative  | Does the offer comply with stipulated administrative requ  |  |  |  |  |  |
| 3.     | Conformance:  | Was the product made or service performed to specifica   |  |  |  |  |  |
| 4.     | Performance:  | Will/does the product/service fulfil its performance obliga<br>supplier from all liabilities under the contract? | ation, in a manner that releases the   |  |  |  |  |
| 5.     | Features:   | What characteristics does the product or service have?   |  |  |  |  |  |
| 6.     | Reliability:  | How long can a product go between failures and the nee   |  |  |  |  |  |
| 7.     | Durability:   | What is the useful life for the product? How will the prod   |  |  |  |  |  |
| 8.     | Serviceability:   | How easy is it to repair, maintain or support the product  |  |  |  |  |  |
| 9.     | Ability & Capacity  | The ability and capacity of the vendor to execute the co   | ntract                                 |  |  |  |  |
| 10     | Preference points   | Preferential Procurement System (80/20) if applicable  |  |  |  |  |  |
|        |   |  |  |  |  |  |  |

| <u> </u>                     | <del>! \ <u>-</u>   ' \                                 </del> |                             |       | Page 1 of  |
|------------------------------|--|-----------------------------|-------|------------|
| Date                         | 12/11/2020   | Date                        | d6 17 | +1202G     |
| Signature                    | FE-ged"  | Signature                   | 1 0   | 145        |
| Designation / Rank (in full) | Operational Manager  | Designation/ Rank (in full) | Scm   | Supervison |
| Name of End-user (in full)   | 75m NGARI  | Name of SCM Rep (in full)   | NRY   | ronce      |

Standard End-User Specification Form

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## health Department: Health

### **END-USER SPECIFICATION FORM**

| PROVINCE OF KWAZULU-NATAL  | ~ 'I  | •   |
|--|---|---|
| Quote Number: ZNQ  | 178/2020  |   |
| Item Description: XX 200 UNITS   | FOR SUTURE STERILE ABSORBABL  | ELIGATURE, MULTIFILAMENET/BRAIDED, PLAIN CATGUT,                            |
| SUTURE GAUGE 3/6 RIC   |   |   |
| Department/Section: <u>St Mary's</u>   | District Hospital: Marianhill   | Purpose of Item: <u>PATIENT CARE</u>  |
| 1. Pre-qualification criteria if a   | any:  |   |
| <ol> <li>1.1. Is the item required to<br/>Regulatory Body / certification</li> </ol> | have a regulatory body certification (or required if yes: SANS 494-1:2011 | e.g. SABS, SANS, SANAS, ISO, CIDB, etc.)? <u>Yes</u> / No:                  |
| 1.2. Is a compulsory site ir if Yes, specify: Date                                   | nspection / briefing session required?                                    | Yes / No  |
| 1.3. Is local production and if Yes, specify:  | d content part of the quote? Yes / <u>No</u>                              |   |
| 1.4. Provisions of section if Yes, specify: REVISED SCM D                            | 4(1)(a) of the PPPFA Regulations,2017<br>ELIGATION OF 2008                | 7 if applicable? <u>Yes</u> / No  |
| 1.5. Liability Cover insurar   | nce? Yes / <u>No</u>  |   |
|  |   |   |
| 2. What is the specification   |   | Comment   |
| List specifications to be adver  | tised   |   |
|  | le ligature, multifilament/braided surç                                   | gical, plain cagut  |
| 2. Suture gauge 3/0  |   |   |
| 3. Suture length 68cm-75cr   | m   |   |
| 4. Needle size 19mm  |   |   |
| 5. Needle shape 3/8 circle   |   |   |
| 6. Reverse cutting use for co  | utic yellow   | ·   |
|  | oted on the packaging: Trade name of                                      | of the product, size,   |
| sterile and correct specifi  |   |   |
| 8. COMPULSORY SAMPL  | E REQUIRED - FAILURE TO SUBI  | MIT WILL  |
| DISQUALIFY YOUR OF   |   |   |
| DISQUALIFY TOUR OF   | FER   |   |
| 2 Dage a cample poed to be   | submitted? Yes / No(select option 3.1 c                                   | or 3.2)   |
| 3.1. Deadline for submission   | if Yes: Date Time11H00  | Place ST MARY'S DISTRICT HOSPITAL (MARIANHILL)                              |
| Or   | 14/01/2021  |   |
| 3.2. Specify that samples m  | ust be made available when requested in                                   | n writing. Yes or   |
|  |   |   |
| 4. Penalties to be noted by the  | e suppliers:  |   |
| <ol><li>4.1. If the supplier fails to de</li></ol>                                   | eliver any or all of the goods or to perforr                              | m the services within the period(s) specified in the contract, the purchase |
| shall, without prejudice   | to its other remedies under the contract                                  | t, deduct from the contract price, as a penalty, a sum calculated on t      |
|  |   | using the current prime interest rate calculated for each day of the del    |
| until actual delivery or p   | performance.  |   |
| E 180 ( to the conduction of   | riteria / special terms and condition                                     | one to be advertised?   |
| 5. What is the evaluation c  | Illeria / Special terris and condition                                    | isod (if applicable)  |
|  | al terms and conditions to be advert                                      |   |
| Pre-qualification criteria   | Does the offer meet the pre-qualific                                      |   |
| 2. Administrative  | Does the offer comply with stipulat                                       |   |
| 3. Conformance:  | Was the product made or service p   |   |
| 4. Performance:  | supplier from all liabilities under the                                   | its performance obligation, in a manner that releases the e contract?       |
| 5. Features:   | What characteristics does the prod  | duct or service have?   |
| 6. Reliability:  | How long can a product go between   | en failures and the need for maintenance? (guarantee)                       |
| 7. Durability:   | What is the useful life for the produ                                     | uct? How will the product hold up under extended use?                       |
| 8. Serviceability:   | How easy is it to repair, maintain o                                      | or support the product or service? (customer support)                       |
| 9. Ability & Capacity  | The ability and capacity of the ven                                       |   |
| Name of End-user (in full)   | DG 1000.  | Name of SCM Rep (in full)   |
|  | DEMNGARDI<br>Opretis Image<br>Jongeli Ra                                  | Designation/ Rank (in full)   |
| Designation / Rank (in full)   | opvetore mange  |   |
| Signature  | 132 pedi Ran  | Signature   |
| Date   | 12/1/2020   | Date  |

# nealth Department: Health

Date

Standard End-User Specification Form

| PR       | OVINCE OF KWAZULU-NATAL  | . 1  | •  |                                       |
|----------|--|--|--|---------------------------------------|
| Quote    | Number: ZNQ  | 178/2020   |  |                                       |
| tem [    |  | FOR SURGICAL SUTURE ABSORBAE   | BLE, STERILE TWISTED CHROMIC                       | SURGICAL CATGUT 1                     |
|          | 1200   |  | D of Home DATIENT (                                | MARE                                  |
| Depai    | rtment/Section: <u>St Mary's</u>   | District Hospital: Marianhill  | Purpose of Item: <u>PATIENT C</u>                  | ARE                                   |
|          | - um -tiuitouio if c   |  |  | <i>:</i>                              |
|          | Pre-qualification criteria if a  |  |  | SE H- M V-s I No.                     |
| 1<br>F   | <ul><li>i.1. Is the item required to<br/>Regulatory Body / certification</li></ul> | have a regulatory body certification (or required if yes: SANS 494-1:2011  | e.g. SABS, SANS, SANAS, 150, GIL                   | JB, etc.) / <u>res</u> / No:          |
| 1        | I.2. Is a compulsory site in if Yes, specify: Date                                 | nspection / briefing session required?   | Yes / No   |                                       |
| 1<br>ii  | I.3. Is local production and f Yes, specify:                                       | d content part of the quote? Yes / No  |  | •                                     |
| 1<br>it  | 1.4. Provisions of section 4<br>f Yes, specify: <u>REVISED SCM DI</u>              | 4(1)(a) of the PPPFA Regulations,2017<br>ELIGATION OF 2008   | 7 if applicable? <u>Yes</u> / No                   | •                                     |
| 1        | 1.5. Liability Cover insuran   | nce? Yes / <u>No</u>   |  |                                       |
|          |  | ice; res / ju  |  |                                       |
|          | What is the specification  |  | I Common   | 1                                     |
|          | specifications to be adver   | tised  | CONTROL  |                                       |
| 1.       |  | rgical Absorbable suture, CHROMIC  |  |                                       |
| 2.<br>3. | Suture gauge 1 Suture length 90cm  |  |  |                                       |
| 3.<br>4. | Needle size 50mm   |  |  |                                       |
| 5.       | Needle shape ½ circle  |  |  |                                       |
| 6.       | Taper point  |  |  |                                       |
| 7.       | The following must be no   | oted on the packaging: Trade name  | of the product, size,                              |                                       |
|          | sterile and correct specifi  | ication  |  |                                       |
| 8.       |  | E REQUIRED – FAILURE TO SUB  | MIT WILL   |                                       |
|          | DISQUALIFY YOUR OF   | FER  |  |                                       |
| 3.       | Pose a sample need to be:  | submitted? Yes / No(select option 3.1 c  | or 3.2)  |                                       |
| э.<br>(  | 3.1. Deadline for submission   | n if Yes: Date Time11H00   | Place ST MARY'S DISTRICT HOSPITAL (I               | WARIANHILL)                           |
| Or       |  | 14/01/2021   |  |                                       |
| ;        | 3.2. Specify that samples m  | ust be made available when requested i   | n writing. Yes or                                  |                                       |
| 4.       | Penalties to be noted by the   | e suppliers:   |  |                                       |
|          | 4.1 If the supplier fails to de  | eliver any or all of the goods or to perforr   | m the services within the period(s) sp             | ecified in the contract, the purchase |
|          | shall without prejudice  | to its other remedies under the contract   | t, deduct from the contract price, a               | is a penalty, a sum calculated on the |
|          | delivered price of the duntil actual delivery or p                                 | lelayed goods or unperformed services  | using the current prime interest rate              | Calculated to cash day of the colo,   |
|          |  |  |  |                                       |
| 5.       | What is the evaluation cr  | riteria / special terms and condition  | ons to be advertised?                              |                                       |
| Lis      | t evaluation criteria / speci  | al terms and conditions to be advert   | tised (if applicable)                              |                                       |
| 1.       |  | Does the offer meet the pre-qualific   | cation criteria?                                   |                                       |
| 2.       | Administrative   | Does the offer comply with stipulat  | ed administrative requirements?                    | ,                                     |
| 3.       | Conformance:   | Was the product made or service p  | performed to specifications?                       |                                       |
| 4.       | Performance:   | Will/does the product/service fulfil supplier from all liabilities under the   | its performance obligation, in a ii<br>e contract? | nanner that releases the              |
| 5.       | Features:  | What characteristics does the proc   | duct or service have?                              |                                       |
| 6.       | Reliability:   | How long can a product go betwee   | en failures and the need for main                  | tenance? (guarantee)                  |
| 7.       | Durability:  | What is the useful life for the produ  | uct? How will the product hold up                  | under extended use?                   |
| 8.       | Serviceability:  | How easy is it to repair, maintain o   | or support the product or service?                 | customer support)                     |
| 9.       | Ability & Capacity   | The ability and capacity of the ven-   | dor to execute the contract                        |                                       |
| 10.      |  | Preferential Procurement System  |  |                                       |
| <b>L</b> |  |  |  | - ( '                                 |
| Na       | me of End-user (in full)   | N.A. BHWAGI  | Name of SCM Rep (in full)                          | NR Molive                             |
| De       | esignation / Rank (in full)  | Aum - me mill  | Designation/ Rank (in full)                        | Scm-Supervisor                        |
| L        | gnature  | Water diet   | Signature  | Max.                                  |
| U, 5     | griataro   | 1 International Control of the Contr | l •  | 1 112                                 |

Date

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## health Department:

Designation / Rank (in full)

Standard End-User Specification Form

Signature

Date

| Hea          | alth<br>VINCE OF KWAZULU-NATAL                                  | •  |                                  |               | ,                                       |
|--------------|---|--|----------------------------------|---------------|---|
|              | Number: ZNQ   | 178/2020   |                                  |               |   |
|              | u-sec   |  |                                  |               |   |
| Item D       | escription: X <del>12 00</del> 0 UNITS<br> 200                  | FOR SUTURE STERILE VIOLET UND  | YED BRAIDED                      |               |   |
| Depar        | tment/Section: <u>St Mary's</u>                                 | <u>District Hospital: Marianhill</u>   | Purpose of Item:                 | PATIENT C     | <u>ARE</u>                              |
|              | Pre-qualification criteria if a                                 |  |                                  |               |   |
| 1.<br>R      | .1. Is the item required to<br>egulatory Body / certification   | have a regulatory body certification required if yes: <u>SANS 494-1:2011</u> | (e.g. SABS, SANS, SANA           | AS, ISO, CID  | ß, etc.)? <u>Yes</u> / No:              |
| 1<br>i       | .2. Is a compulsory site in f Yes, specify: Date                | spection / briefing session required? / Time Place                           | ? Yes / <u>No</u>                |               |   |
| 1<br>if      | .3. Is local production and<br>Yes, specify:                    | d content part of the quote? Yes / No  |                                  |               |   |
| 1<br>if      | .4. Provisions of section<br>Yes, specify: <u>REVISED SCM D</u> | 4(1)(a) of the PPPFA Regulations,201<br>ELIGATION OF 2008                    | 7 if applicable? <u>Yes</u> / No | •             |   |
| 1<br>if      | .5. Liability Cover insurar<br>Yes, specify:                    | nce? Yes / <u>No</u>   |                                  |               |   |
|              | What is the specification                                       |  |                                  | Comment       |   |
|              | specifications to be adver                                      |  |                                  | Comment       |   |
|              | Suture, sterile, violet und                                     | yed braided  |                                  |               |   |
|              | Suture gauge 1  |  |                                  |               |   |
| 3.           | Suture length 90cm  |  |                                  |               |   |
| 4.           | Needle size 40mm  |  |                                  |               |   |
| 5.           | Needle shape ½ circle   |  |                                  |               |   |
| 6.           | Polyglycolic Acid (PGA)   |  |                                  |               |   |
| 7.           | The following must be no  | oted on the packaging: Trade name  | of the product, size,            |               |   |
| '            | sterile and correct specif                                      | ication  |                                  |               |   |
| 8.           | COMPULSORY SAMPL  | E REQUIRED – FAILURE TO SUE  | MIT WILL                         |               |   |
| ] ,          | DISQUALIFY YOUR OF  |  |                                  |               |   |
| Li           |   |  |                                  |               |   |
| 3.           | Does a sample need to be  | submitted? Yes / No(select option 3.1  | or 3.2)                          | HOODITAL A    | AADIAMINI ( )                           |
| 3            | 3.1. Deadline for submission                                    | n if Yes: Date # Time11H0  | 10 Place ST MARY'S DISTRICT      | HOSPITAL (N   | MAKIANHILLI                             |
| Or           |   | n if Yes: Date Time11HC  | in writing Voc                   |               |   |
| 3            | 3.2. Specify that samples m                                     | oust be made available when requested  | ill willing. res oil             |               |   |
| 4. [         | Penalties to be noted by the                                    | e suppliers:   |                                  |               |   |
|              | 4.4. If the cumplior fails to de                                | eliver any or all of the goods or to perfo                                   | rm the services within the       | period(s) sp  | ecified in the contract, the purchases  |
|              | chall without prejudice   | to its other remedies under the contract                                     | ct, deduct from the conti        | ract price, a | s a penalty, a sum calculated on the    |
|              |   | delayed goods or unperformed services  | using the current prime i        | interest rate | calculated for each day of the delay    |
|              | until actual delivery or p                                      | performance.   |                                  |               |   |
|              |   | riteria / special terms and condit   | ions to be advertised            | 7             |   |
| 5.           | what is the evaluation c  | al terms and conditions to be adve   | rtised (if applicable)           | -             |   |
| <del> </del> | Pre-qualification criteria                                      |  | fication criteria?               |               |   |
| 1.           |   | Does the offer comply with stipula   | ted administrative requ          | irements?     |   |
| 2.           | Administrative  | Was the product made or service  | performed to specifica           | tions?        |   |
| 3.           | Conformance:  | Will/does the product/service fulfi  | Lite performance obliga          | tion in a m   | anner that releases the                 |
| 4.           | Performance:  | supplier from all liabilities under the                                      | ne contract?                     | ition, in a n | idilio, macratado ar                    |
| 5.           | Features:   | What characteristics does the pro  | duct or service have?            |               |   |
| 6.           | Reliability:  | How long can a product go between  | en failures and the nee          | ed for main   | tenance? (guarantee)                    |
| 7.           | Durability:   | What is the useful life for the prod   | duct? How will the prod          | uct hold up   | under extended use?                     |
|              |   | How easy is it to repair, maintain   | or support the product           | or service?   | (customer support)                      |
| 8.           | Serviceability:   | The ability and capacity of the ve   | ndor to execute the cor          | ntract        | , |
| 9.           | Ability & Capacity  | Preferential Procurement System  |                                  |               |   |
| 10.          | Preference points   | Freierential Producement System  | (CO/20) II applicable            |               |   |
|              |   |  | Name of SCM Rep (                | (in full)     | W Malana                                |
|              | me of End-user (in full)  | T.E. MAGADI  | 1                                |               | h 1 1000                                |
| De           | signation / Rank (in full)                                      | 106 F. X 11.   | Designation/ Rank (              | m tull)       | ISC MT ZOWNEN NISCHU                    |

Signature

Page 1 of 2

## health Department:

Designation / Rank (in full)

Standard End-User Specification Form

Signature

Date

| Hea      | ith<br>Vince of Kwazulu-Natal                | 4   | •   |                                |                                       |
|----------|--|---|---|--------------------------------|---------------------------------------|
| Quote    | * /<br>Number: <u>ZNQ</u>                    | 178/2020  |   |                                |                                       |
|          | 4500   | (<br>FOR SUTURE STERILE ABSORBABL   | F MU TIFILAMENT/BRA   | IDED SURG                      | ICAL ALCOHOL OR                       |
|          | 1200   |   | m.) 1812  |                                |                                       |
| GLYC     | RINE IMPREGNATED CHR                         | OMIC CATGUT 2/0   |   |                                |                                       |
|          |  |   |   |                                |                                       |
| Depart   | ment/Section: St Mary's                      | District Hospital: Marianhill   | Purpose of Item:  | PATIENT CA                     | ARE_                                  |
|          |  |   |   |                                |                                       |
| 1. F     | Pre-qualification criteria if a              | ıny:  |   |                                |                                       |
| 1        | 1 le the item required to                    | have a regulatory body certification (  | e.g. SABS, SANS, SANA                                       | AS, ISO, CID                   | B, etc.)? <u>Yes</u> / No:            |
| R        | equiatory Body / certification               | required if yes: <u>SANS 494-1:2011</u>   | _   |                                |                                       |
|          |  |   | V IN-   |                                |                                       |
| 1        | 2. Is a compulsory site in                   | spection / briefing session required?   | 1 es / <u>NQ</u>  |                                |                                       |
| i        | r Yes, specify: Date                         | Time Time   |   |                                |                                       |
| 1        | 3. Is local production and                   | d content part of the quote? Yes / No   |   |                                |                                       |
| if       | Yes, specify:                                |   |   |                                |                                       |
| 4        | 4 Provisions of section (                    | 4(1)(a) of the PPPFA Regulations,2017   | 7 if applicable? <u>Yes</u> / No                            | •                              |                                       |
| if       | Yes, specify: REVISED SCM DI                 | ELIGATION OF 2008   | • •   |                                |                                       |
|          |  |   |   |                                |                                       |
| 1        | .5. Liability Cover insuran<br>Yes, specify: | ice? Yes / <u>No</u>  |   |                                |                                       |
| ar       | res, specily.                                |   |   |                                |                                       |
| 2.       | What is the specification                    | n of the required item?   |   |                                |                                       |
| List     | specifications to be adver                   | tised   |   | Comment                        |                                       |
| 1.       | Suture, sterile, Absorbab                    | le suture, multifilament/braided surg   | gical alcohol or  |                                |                                       |
|          | glycerine impregnated ch                     | romic catgut  |   |                                |                                       |
| 2.       | Suture gauge 2/0                             |   |   |                                |                                       |
| 3.       | Suture length 75cm<br>Needle size 30mm       |   |   |                                |                                       |
| 4.<br>5. | Needle shape ½ circle                        |   |   | -                              |                                       |
| 6.       | Taper cut use for gastro                     | intenstinal light brown   |   |                                |                                       |
| 7.       | The following must be no                     | oted on the packaging: Trade name   | of the product, size,                                       |                                |                                       |
|          | sterile and correct specifi                  | ication   |   |                                |                                       |
| 8.       |  | E REQUIRED – FAILURE TO SUB   | MIT WILL  |                                |                                       |
|          | DISQUALIFY YOUR OF                           | FER   |   |                                |                                       |
| ,        | Door a sample need to be                     | submitted? Yes / No(select option 3.1   | or 3.2)   |                                |                                       |
| 3.       | 3.1. Deadline for submission                 | n if Yes: Date Time 11H0  | 0 Place ST MARY'S DISTRICT                                  | HOSPITAL (M                    | IARIANHILL)                           |
| Or       |  | 14/01/2021  | _   |                                |                                       |
| ;        | <ol><li>Specify that samples m</li></ol>     | nust be made available when requested   | in writing. Yes or  |                                |                                       |
| 4.       | Penalties to be noted by the                 | e suppliers:  |   |                                |                                       |
|          | 4 4 If the augustion faile to de             | aliver any or all of the goods or to perfor                                       | m the services within the                                   | period(s) sp                   | ecified in the contract, the purchase |
|          | shall, without prejudice                     | to its other remedies under the contract<br>delayed goods or unperformed services | t, deduct from the continue in<br>using the current prime i | ract price, a<br>interest rate | calculated for each day of the dela   |
|          | until actual delivery or p                   | nerformance.  | dating the darront plants                                   |                                | ,                                     |
|          |  |   |   | _                              |                                       |
| 5.       | What is the evaluation c                     | riteria / special terms and conditi   | ons to be advertised  | ?                              |                                       |
| Lis      |  | ial terms and conditions to be adver  | tised (if applicable)                                       |                                |                                       |
| 1.       | Pre-qualification criteria                   | Does the offer meet the pre-qualif  Does the offer comply with stipula            | ted administrative requ                                     | iiraments?                     |                                       |
| 2.       | Administrative                               | Was the product made or service   | performed to specifica                                      | tions?                         |                                       |
| 3.       | Conformance:                                 | Will/does the product/service fulfil  | its performance obliga                                      | tion. in a m                   | anner that releases the               |
| 4.       | Performance:                                 | supplier from all liabilities under the   | ne contract?  | ,                              |                                       |
| 5.       | Features:                                    | What characteristics does the pro   | duct or service have?                                       |                                |                                       |
| 6.       | Reliability:                                 | How long can a product go betwe   | en failures and the nee                                     | ed for main                    | enance? (guarantee)                   |
| 7.       | Durability:                                  | What is the useful life for the prod  | luct? How will the prod                                     | uct hold up                    | under extended use?                   |
| 8.       | Serviceability:                              | How easy is it to repair, maintain  | or support the product                                      | or service?                    | (customer support)                    |
| Nia      | me of End-user (in full)                     | D6 1600   | Name of SCM Rep (   | (in full)                      | NR Moline                             |
|          | signation / Rank (in full)                   | Now Gasi  | Designation/ Rank (   |                                | Cr pre Subayysor                      |
| : D€     | SIGNATION / DANK (III IVII)                  | 1 11 /11 x 2 Music brand like a 22 a  | · ·   | •                              | MAN YEAR THE THE                      |

Signature

Page 1 of 2

# health Department: Health BROWNER OF KWAZULU-NAT

Signature

Standard End-User Specification Form

Date

### **END-USER SPECIFICATION FORM**

| PROVINCE OF KWAZULU-NATAL   | ala an   |                                  |               |                                       |
|---|--|----------------------------------|---------------|---------------------------------------|
| Quote Number: ZNQ 17  | 18 2020  |                                  |               |                                       |
| Item Description: X12 000 UNITS FOR                                       | SUTURE STERILE ABSORBABL   | E, MULTIFILAMENET/B              | RAIDED SU     | RGICAL ALCOHOL OR                     |
| GLYCERINE IMPREGNATED, CHROMI   |  |                                  |               |                                       |
| GLYCERINE IMPREGNATED, CHROMI   | C CATGOT, SOTONE GOAGE T   |                                  |               |                                       |
|   |  | Purpose of Item:                 | DATIENT       | ADE                                   |
| Department/Section: St Mary's Distri                                      | ct Hospital: Marianniii  | Purpose of item:                 | PATIENT       | ANL                                   |
|   |  |                                  |               |                                       |
| 1. Pre-qualification criteria if any:                                     |  |                                  |               |                                       |
| 1.1. Is the item required to have   |  | e.g. SABS, SANS, SANA            | AS, ISO, CID  | B, etc.)? <u>Yes</u> / No:            |
| Regulatory Body / certification requi                                     | red if yes: <u>SANS 494-1:2011</u>   |                                  |               |                                       |
| 1.2. Is a compulsory site inspec  | tion / briefing session required?  | Yes / No                         |               |                                       |
| 1.2. Is a compulsory site inspect if Yes, specify: Date                   | Time Place   |                                  |               |                                       |
|   |  |                                  |               |                                       |
| 1.3. Is local production and confif Yes, specify:                         | tent part of the quoter res / No   |                                  |               |                                       |
|   |  |                                  |               |                                       |
| 1.4. Provisions of section 4(1)(a   | ) of the PPPFA Regulations,2017  | ' if applicable? <u>Yes</u> / No | )             |                                       |
| if Yes, specify: REVISED SCM DELIGA                                       | TION OF 2008   |                                  |               |                                       |
| 1.5. Liability Cover insurance?   | Yes / No   |                                  |               |                                       |
| if Yes, specify:  |  |                                  |               |                                       |
|   |  |                                  |               |                                       |
| 2. What is the specification of t   |  |                                  | Comment       |                                       |
| List specifications to be advertised  1. Suture, sterile, absorbable sut  | ure, multifilament/braided surgi   | cal alcohol or                   | Common        |                                       |
| glycerine impregnated, chromi   |  |                                  |               |                                       |
| 2. Suture gauge 1   |  |                                  |               |                                       |
| 3. Suture length 75cm   |  |                                  |               |                                       |
| 4. Needle size 45mm   |  |                                  |               |                                       |
| 5. Needle shape ½ circle  |  |                                  |               |                                       |
| 6. Taper point use for obstets an   | d gynaecology light brown  |                                  |               |                                       |
|   | on the packaging: Trade name o   | of the product, size,            |               |                                       |
| sterile and correct specificatio  | n<br>QUIRED – FAILURE TO SUBI  | WIT WILL                         |               |                                       |
| 8.   COMPULSORY SAMPLE RE   | MONTED - I AILONE TO GOD!  | 1711 1 V V 1 Same Same           |               |                                       |
| Diogo. I i con e i con  |  |                                  |               |                                       |
|   | nitted? Yes / No(select option 3.1 c   | or 3.2)                          | LICODITAL M   | IADIANUU I \                          |
| 3.1. Deadline for submission if Ye  | es: Date <b>14/01/2021</b> Fime <u>11H00</u>                                 | Place ST MARY'S DISTRICT         | HUSPITAL (M   | ARIANHILL)                            |
| Or 3.2. Specify that samples must be                                      | e made available when requested in   | n writing. Yes or                |               |                                       |
| 0.2. Span, 1 1  | ·  |                                  |               |                                       |
| 4. Penalties to be noted by the supp                                      | pliers:  | n the carriage within the        | nariad(e) en  | ecified in the contract, the nurchase |
| 4.1. If the supplier fails to deliver                                     | other remedies under the contract  | deduct from the contr            | act price, as | s a penalty, a sum calculated on the  |
| delivered price of the delaye   | d goods or unperformed services  | using the current prime i        | nterest rate  | calculated for each day of the dela   |
| until actual delivery or perfor   |  |                                  |               |                                       |
|   | - /ial tarms and conditie  | one to be advertised?            | ,             |                                       |
| 5. What is the evaluation criteria List evaluation criteria / special ter |  |                                  |               |                                       |
| Pre-qualification criteria Doe  | es the offer meet the pre-qualific   | cation criteria?                 |               |                                       |
|   | es the offer comply with stipulat  |                                  | irements?     |                                       |
|   | s the product made or service p  |                                  |               |                                       |
| 4. Performance: Will.   | /does the product/service fulfil i   | ts performance obliga            |               | anner that releases the               |
| sup   | plier from all liabilities under the   | e contract?                      |               |                                       |
|   | at characteristics does the prod   | uct or service have?             | d for maint   | enance? (guarantee)                   |
|   | v long can a product go betwee<br>at is the useful life for the produ        | ict? How will the produ          | ict hold un   | under extended use?                   |
|   | at is the useful life for the production we easy is it to repair, maintain o |                                  |               |                                       |
| 8. Serviceability: Hov  | v casy is it to repair, maintain o   |                                  |               |                                       |
| Name of End-user (in full)  | Smw GAAI   | Name of SCM Rep (                | in full)      | MKINGhire                             |
| Designation / Rank (in full)  | Ima GARI<br>PEARTON MANAGER  | Designation/ Rank (i             | n full)       | Sem Somber Megor                      |

Signature

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# health Department: Health PROVINCE OF KWAZULU-NATA

### **END-USER SPECIFICATION FORM**

| PR       | OVINCE OF KWAZULU-NATAL  |   |  |         |                                       |
|----------|--|---|--|---------|---------------------------------------|
| Quote    | Number: ZNQ  | 178/2020  |  |         |                                       |
| tem E    | Description: X1 <del>2 00</del> 0 UNITS                        | FOR SURGICAL SUTURE ABSORBAB  | LE, STERILE TWISTED CHRO                         | MIC S   | SURGICAL CATGUT 2                     |
|          | 1200   |   |  |         |                                       |
| lepar    |  | District Hospital: Marianhill   | Purpose of Item: PATIEN                          | NT CA   | ARE_                                  |
| ocpu.    | the hoods on   |   |  |         |                                       |
| 1.       | Pre-gualification criteria if a                                | any:  |  |         |                                       |
|          | •  | have a regulatory body certification (e                                       | A SARS SANS SANAS ISO                            | . CIDI  | B. etc.)? Yes / No:                   |
| 1<br>F   | .1. Is the Item required to<br>Regulatory Body / certification | required if yes: SANS 494-1:2011  | ,,g, 0,,00, 0,,110, 0, 111,110, 100,             | ,       | -,,                                   |
|          |  |   |  |         |                                       |
| 1        | .2. Is a compulsory site in                                    | nspection / briefing session required?  | Yes / <u>No</u>                                  | diamen. |                                       |
|          | if Yes, specify: Date/   | Time Place  |  |         |                                       |
| 1        | .3. Is local production and                                    | d content part of the quote? Yes / No   |  |         |                                       |
| i        | Yes, specify.  |   |  |         |                                       |
|          | A Duratelana of a setting                                      | 4(1)(a) of the PPPFA Regulations,2017   | if applicable? Yes / No                          |         |                                       |
| 1<br>it  | Yes, specify: <u>REVISED SCM D</u>                             | ELIGATION OF 2008   | п арриодолот <u>100</u> . 110                    |         |                                       |
|          |  |   |  |         |                                       |
| 1        | .5. Liability Cover insurar                                    | nce? Yes / <u>No</u>  |  |         | •                                     |
| i        | f Yes, specify:  | 100 1 103 1 IV  |  |         |                                       |
| 2.       | What is the specification                                      | of the required item?   |  |         |                                       |
|          | specifications to be adver                                     |   | Comr   | nent    |                                       |
| 1.       | Suture, sterile twisted, su                                    | irgical Absorbable suture, CHROMIC  | CATGUT   |         |                                       |
| 2.       | Suture gauge 2   |   |  |         |                                       |
| 3.       | Suture length 90cm   |   |  |         |                                       |
| 4.       | Needle size 50mm   |   |  |         |                                       |
| 5.       | Needle shape ½ circle  |   |  |         |                                       |
| 6.       | Taper point  | to the median Trade name of   | of the product size                              |         |                                       |
| 7.       | The following must be no<br>sterile and correct specifi        | eted on the packaging: Trade name o   | ine product, size,                               |         |                                       |
| 8.       | COMPLIESORY SAMPI  | E REQUIRED – FAILURE TO SUBI  | MIT WILL   |         |                                       |
| 0.       | DISQUALIFY YOUR OF   |   |  |         |                                       |
| 1        |  |   |  |         |                                       |
| 3.       |  | submitted? Yes / No(select option 3.1 o                                       | r 3.2)<br>Place <u>ST MARY'S DISTRICT HOSPIT</u> | A1 /M   | ADIANHII I )                          |
| Or<br>:  | 3.1. Deadline for submission                                   | 14/01/2021  | Place 31 MART 3 DISTRICT HOST II                 | VE Jan  |                                       |
| )<br>:   | 3.2. Specify that samples m                                    | ust be made available when requested in                                       | n writing. Yes or                                |         |                                       |
|          |  |   |  |         |                                       |
| 4.       | Penalties to be noted by the                                   | e suppliers:<br>eliver any or all of the goods or to perform                  | n the services within the period(s               | s) spe  | ecified in the contract, the purchase |
| •        | shall without prejudice  | to its other remedies under the contract.                                     | , deduct from the contract price                 | ce, as  | s a penaity, a sum caiculateu on th   |
|          | delivered price of the d                                       | lelayed goods or unperformed services t                                       | using the current prime interest                 | rate o  | calculated for each day of the dela   |
|          | until actual delivery or p                                     | performance.  |  |         |                                       |
| 5.       | What is the evaluation o                                       | riteria / special terms and conditio  | ons to be advertised?                            |         |                                       |
| Lis      | evaluation criteria / speci                                    | al terms and conditions to be advert  | ised (if applicable)                             |         |                                       |
| 1.       | Pre-qualification criteria                                     | Does the offer meet the pre-qualific  | cation criteria?                                 |         |                                       |
| 2.       | Administrative   | Does the offer comply with stipulate  | ed administrative requiremer                     | nts?    |                                       |
| 3.       | Conformance:   | Was the product made or service p   | erformed to specifications?                      |         |                                       |
| 4.       | Performance:   | Will/does the product/service fulfil i  | ts performance obligation, in                    | a ma    | anner that releases the               |
| -        | - Footures:  | supplier from all liabilities under the<br>What characteristics does the prod | uct or service have?                             |         |                                       |
| 5.<br>6. | Features:<br>Reliability:                                      | How long can a product go betwee  | n failures and the need for m                    | nainte  | enance? (guarantee)                   |
| 7.       | Durability:  | What is the useful life for the produ   | ct? How will the product hole                    | d up i  | under extended use?                   |
| 8.       | Serviceability:  | How easy is it to repair, maintain o  | r support the product or serv                    | ice?    | (customer support)                    |
| 9.       | Ability & Capacity   | The ability and capacity of the vene  | dor to execute the contract                      |         |                                       |
| 10.      | Preference points  | Preferential Procurement System (   |  |         |                                       |
| <u></u>  |  |   |  |         | · · · · · · · · · · · · · · · · · · · |
| Na       | me of End-user (in full)                                       | N.A. CHWACH   | Name of SCM Rep (in full)                        |         | NR MOUSE                              |
| De       | signation / Rank (in full)                                     | Ann-McWH  | Designation/ Rank (in full)                      |         | SCM=Supervigor                        |
|          | inature  | Mervin hi.  | Signature  |         | Word                                  |

Date

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Standard End-User Specification Form