

SharePoint

Mihembu Khuleni - ?



KZN HEALTH

KZN Health Intranet

Search this site


[HOME](#) [CORPORATE INFORMATION](#) [COMPONENTS](#) [DIRECTORY](#) [DISTRICT OFFICES](#) [HEALTH FACILITIES](#)

KZN Health > Components > Supply Chain Management

AdvertQuote


KWAZULU-NATAL PROVINCE
 HEALTH
 REPUBLIC OF SOUTH AFRICA

Quotation Advert

Opening Date: 2021-07-02

Closing Date: 2021-07-12

Closing Time: 11:00

INSTITUTION DETAILS

Institution Name: Select... *King Edward VIII hospital*

Province: KwaZulu-Natal

Department or Entity: Department of Health

Division or section: Central Supply Chain Management

Place where goods / services is required: King Edward VIII Hospital

Date Submitted: 2021-07-01

ITEM CATEGORY AND DETAILS

Quotation Number: ZNQ: KEV 332/1

Item Category: Select... *Service*

Item Description: Service medical gas plants as per attached specification, Quotation is attached to Advert please print it and bring it with you for site briefing. you will not participate if you do not have a copy all documents will be stamped and signed after briefing session. no emails are allowed should be hand delivered and dropped off at King Edward VIII Hospital

Quantity (if supplies): 33

COMPULSORY BRIEFING SESSION / SITE VISIT

Select Type: Select... *Compulsory Site Briefing*

Date: 2021-07-07

Time: 11h00

Venue: King Edward VIII Hospital outside maintenance

QUOTES CAN BE COLLECTED FROM: Attached to Advert

QUOTES SHOULD BE DELIVERED TO: King Edward VIII Hospital tender box

ENQUIRIES REGARDING THE ADVERT MAY BE DIRECTED TO:

Name: Khulani Mthembu

Email:

Contact Number: 031 360 3446 \ 031 360 3463

Finance Manager Name: Mrs V. Mtantato

Finance Manager Signature:

No late quotes will be considered

DECLARATION OF INTEREST

1. Any legal person, including persons employed by the state¹, or persons having a kinship with persons employed by the state, including a blood relationship, may make an offer or offers in terms of this invitation to quote (includes a price quotation, advertised competitive quote, limited quote or proposal). In view of possible allegations of favouritism, should the resulting quote, or part thereof, be awarded to persons employed by the state, or to persons connected with or related to them, it is required that the bidder or his/her authorised representative declare his/her position in relation to the evaluating/adjudicating authority where-
- the bidder is employed by the state; and/or
 - the legal person on whose behalf the bidding document is signed, has a relationship with persons/a person who are/is involved in the evaluation and or adjudication of the quote(s), or where it is known that such a relationship exists between the person or persons for or on whose behalf the declarant acts and persons who are involved with the evaluation and or adjudication of the quote.
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..... 2.4. Company Registration Number:
- 2.2. Identity Number: 2.5. Tax Reference Number:
- 2.3. Position occupied in the Company (director, trustee, shareholder²): 2.6. VAT Registration Number:

2.7. The names of all directors / trustees / shareholders / members, their individual identity numbers, tax reference numbers and, if applicable, employee / persal numbers must be indicated in paragraph 3 below. [TICK APPLICABLE]

2.8. Are you or any person connected with the bidder presently employed by the state? YES NO

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 bidder is employed:.....

Position occupied in the state institution:Any other particulars:.....

2.8.2. If you are presently employed by the state, did you obtain the appropriate authority to undertake remunerative work outside employment in the public sector? YES NO

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 the disqualification of the quote.)

2.8.2.2. If no, furnish reasons for non-submission of such proof:

2.9. Did you or your spouse, or any of the company's directors / trustees / shareholders / members or their spouses conduct business with the state in the previous twelve months? YES NO

2.9.1. If so, furnish particulars:.....

2.10. Do you, or any person connected with the bidder, have any relationship (family, friend, other) with a person employed by the state and who may be involved with the evaluation and or adjudication of this quote? YES NO

2.10.1. If so, furnish particulars:.....

2.11. Are you, or any person connected with the bidder, aware of any relationship (family, friend, other) between any other bidder and any person employed by the state who may be involved with the evaluation and or adjudication of this quote? YES NO

2.11.1. If so, furnish particulars:.....

2.12. Do you or any of the directors / trustees / shareholders / members of the company have any interest in any other related companies whether or not they are bidding for this contract? YES NO

2.12.1. If so, furnish particulars:.....

3. Full details of directors / trustees / members / shareholders.

NB: The Department Of Health will validate details of directors / trustees / members / shareholders on CSD. It is the suppliers' responsibility to ensure that their details are up-to-date and verified on CSD. If the Department cannot validate the information on CSD, the quote will not be considered and passed over as non-compliant according to National Treasury Instruction Note 4 (a) 2016/17.

4 DECLARATION

I, THE UNDERSIGNED (NAME).....CERTIFY THAT THE INFORMATION FURNISHED IN PARAGRAPHS 2.

I ACCEPT THAT THE STATE MAY REJECT THE QUOTE OR ACT AGAINST ME SHOULD THIS DECLARATION PROVE TO BE FALSE.

| Name of bidder | Signature | Position | Date |
|----------------|-----------|----------|------|
|----------------|-----------|----------|------|

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); | c) provincial legislature; |
| b) any municipality or municipal entity; | d) national Assembly or the national Council of provinces, or |
| | e) Parliament. |

²"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.
- 4.9. 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.

6. 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) The institution has determined that a compulsory site meeting take place
- (ii) Date ____/____/____ Time ____:____ Place _____

| | |
|------------------------------------|--|
| 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 (hereafter 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 contract.
- 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 |

- 1.5 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:
 - 1) 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:

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

- 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. BID DECLARATION

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 | <input type="checkbox"/> | NO | <input type="checkbox"/> |
|-----|--------------------------|----|--------------------------|

7.1.1 If yes, indicate:

- i) What percentage of the contract will be subcontracted.....%
- ii) The name of the sub-contractor.....
- iii) The B-BBEE status level 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:

| | | | |
|-----|--------------------------|----|--------------------------|
| YES | <input type="checkbox"/> | NO | <input type="checkbox"/> |
|-----|--------------------------|----|--------------------------|

| Designated Group: An EME or QSE which is at least 51% owned by: | EME √ | QSE √ |
|---|----------|----------|
| 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 BOX)

- Partnership/Joint Venture / Consortium
- One person business/sole propriety
- Close corporation
- Company
- (Pty) Limited

9.5 DESCRIBE PRINCIPAL BUSINESS ACTIVITIES

9.6 COMPANY CLASSIFICATION (TICK APPLICABLE BOX)

- Manufacturer
- Supplier
- Professional service provider
- Other service providers, e.g. transporter, etc.

9.7 Total number of years the company/firm has been in business:.....

9.8 I/we, the undersigned, who is / are duly authorised to do so on behalf of the company/firm, certify that the points claimed, based on the B-BBE status level of contributor indicated in paragraphs 1.4 and 6.1 of the foregoing certificate, qualifies the company/ firm for the preference(s) shown and I / we acknowledge that:

- i) The information furnished is true and correct;
- ii) The preference points claimed are in accordance with the General Conditions as indicated in paragraph 1 of this form;
- 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 claimed or obtained on a fraudulent basis or any of the conditions of contract have not been fulfilled, the purchaser may, in addition to any other remedy it may have –
 - (a) disqualify the person from the bidding process;
 - (b) recover costs, losses or damages it has incurred or suffered as a result of that person's conduct;
 - (c) cancel the contract and claim any damages which it has suffered as a result of having to make less favourable arrangements due to such cancellation;
 - (d) recommend that the bidder or contractor, its shareholders and directors, or only the shareholders and directors who acted on a fraudulent basis, be restricted by the National Treasury from obtaining business from any organ of state for a period not exceeding 10 years, after the *audi alteram partem* (hear the other side) rule has been applied; and
 - (e) forward the matter for criminal prosecution.

| |
|-----------|
| WITNESSES |
| 1. |
| 2. |

| |
|-------------------------------------|
| SIGNATURE(S) OF BIDDERS(S) |
| DATE: |
| ADDRESS..... |



Quote Number: _____

Item Description: Service Medical gas plants (NSI 011 M MNT 21.22)

Department/Section: Service Medical gas plants and wall gas points

Purpose of Item: Servicing (once off).

1. Pre-qualification criteria if any:

- 1.1. Is the works required to have a regulatory body certification (e.g. SABS, SANS, SANAS, ISO, CIDB, etc.)? Yes :
- 1.1.1.1. Must be advertised on CIDB web site
 - 1.1.1.2. CIDB ME2 Registered
 - 1.1.1.3. The inspection and service person to be SARACCA Medical gas registered and have card on site at all times
 - 1.1.1.4. Only companies with medical gas repairs and servicing in their core business, and is registered with SARACCA, is allowed to quote for this service.
- 1.2. Is a compulsory site inspection / briefing session required? Yes / No
if Yes, specify: Date ____ / ____ / ____ Time ____ : ____ Place _____
- 1.3. Is local production and content part of the quote? Yes / No
if Yes, specify: _____
- 1.4. Provisions of section 4(1) (a) of the PPPFA Regulations, 2017 if applicable? Yes
if Yes, specify: _____
- 1.5. Liability Cover insurance? Yes / No
if Yes, specify: Yes; 3rd party liability cover/insurance

2. What is the specification of the required item?

| List specifications to be advertised | |
|--------------------------------------|---|
| 2.1 | Works required: Attend service schedules no attached to tender in the following areas : New block : |
| 2.1.1 | Codes: MG3-002 x2 (Medical air compressor), MG2-002 x2 (Vacuum pumps), SCR3-001 x2 (Compressor tanks) |
| 2.2 | Works required: Attend service schedules no attached to tender in the following areas : Laundry: |
| 2.2.1 | Codes: SCR3-001 x2 (Compressor tanks), IA1-001 (Industrial air compressor) |
| 2.3 | Works required: Attend service schedules no attached to tender in the following areas : Maintenance department: |
| 2.3.1 | Codes: SCR3-001 x2 (Compressor tanks), IA1-001 (Industrial air compressor) |
| 2.4 | Works required: Attend service schedules no attached to tender in the following areas : Mother lodge : |
| 2.4.1 | Codes: MG2-002 x2 (Vacuum pumps), SCR3-001 x2 |
| 2.5 | Works required: Attend service schedules no attached to tender in the following areas : Old POPD : |
| 2.5.1 | Codes: MG2-002 x1 (Vacuum pumps) |
| 2.6 | Works required: Attend service schedules no attached to tender in the following areas : Compressor next to boiler : |
| 2.6.1 | Codes: SCR3-001 x1 (Compressor tanks), IA1-001 (Industrial air compressor) |
| 2.7 | Works required: Attend service schedules no attached to tender in the following areas : ICU : |
| 2.7.1 | Codes: MG3-002 x2 (Medical air compressor), MG2-002 x2 x2 (Vacuum pumps) |
| 2.8 | Works required: Attend service schedules no attached to tender in the following areas : S Block Theatres : |
| 2.8.1 | Theatre scavenging system to be cleaned in its entirety. |
| 2.9 | Works required: Attend service schedules no attached to tender in the following areas : PRU/POPD : |
| 2.9.1 | Codes: MG2-002 x2 (Vacuum pumps) |
| 2.10 | Works required: Attend service schedules no attached to tender in the following areas : N Block : |
| 2.10.1 | Codes: MG2-002 x2 (Vacuum pumps) |
| 2.11 | Works required: Attend service schedules no attached to tender in the following areas : D Ward Medical oxygen : |
| 2.11.1 | Codes: MG1-002 x1 (Medical gas plant) |
| 2.12 | Works required: Attend service schedules no attached to tender in the following areas : RUM Medical oxygen : |
| 2.12.1 | Codes: MG1-002 x1 (Medical gas plant) |
| 2.13 | Works required: Attend service schedules no attached to tender in the following areas : S Block Nitrous : |
| 2.13.1 | Codes: MG1-002 x1 (Medical gas plant) |
| 2.14 | Works required: Attend service schedules no attached to tender in the following areas : N Block nitrous : |
| 2.14.1 | Codes: MG1-002 x1 (Medical gas plant) |

MG-001 AT AIR HI PRESSURE POINTS - 32.
MG-001 AT AIR LOW PRESSURE POINTS - 285.
NITROUS OXIDE POINTS - 68
MEDICAL OXYGEN POINTS - 1191
VACUUM POINTS - 1060



END-USER SPECIFICATION FORM

3. The following documents need to be drafted and submitted by the winning bidder:

- 3.1. Safety file and submitted to safety officer.
- 3.2. Gas point check list, indication each (Oxygen, Vacuum, Nitrous oxide, Hi pressure air and medical air) wall gas point the following: a) Department identification b) Wall gas point Year number c) Wall gas point number, d) type of medical gas of wall gas point, e) measured positive or negative gas flow rate reading, f) Measured medical gas point positive or negative pressure reading, g) Repairs needed, shall be completed. Deadline for the medical gas point verification submission list: Last day of service. Estimated amount of point is +- 1900.
- 3.3. Service schedule/s will be issued by SCM department and will be one copy of each applicable service type. Contractor must copy the correct amount of service schedules needed to complete the service..
- 3.4. Execution plan of start day and completion day and each consecutive day of work to be done before works can commence.

4. Penalties to be noted by the suppliers:

- 4.1. 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.

5. What is the evaluation criteria / special terms and conditions to be advertised?

| List evaluation criteria / special terms and conditions to be advertised (if applicable) | | Points | Comment |
|--|---|------------|---------|
| 5.1 | CIDB Rating CIDB ME2 company registered in Medical gas repairs and maintenance (Must be core business of the company) | /5 | |
| 5.2 | SARACCA certification Certified copy of SARACCA medical gas maintenance and repairs registered person that will be carrying out the work/s to be attached to tender document.(Front and back copy). Note: No Person will be allowed to touch any machine if SARACCA medical gas card is not on his person. | /5 | |
| 5.3 | Staff qualification Staff qualification – Medical gas artisan Qualification trade test certificate (SARACCA medical gas repairs and maintenance classification) | /5 | |
| 5.4 | Company employed staff experience Company employed staff experience - Artisan 1 - 2 year = 1 point, 3 - 4 year = 3 points, 5 year and above = 5 points Experience(after trade test) (Company Human Resource department staff employment certified letter/s required) | /5 | |
| 5.5 | Functionality Functionality - Compile complete bill of material (This is to be done per unit to be serviced on BOQ Quote for all material needed to complete the works on quote form attached to tender.(Example: Tender required installation of item to be installed or sealed or painted – The BOQ do not reflect the required material [will result in 0 points and disqualification of tender]. | /50 | |
| 5.6 | Works planning Works planning - Submit execution plan of each consecutive day of what work will be done and in which area. | /5 | |
| 5.7 | Previous work experience Previous work references – 10 x Previous work record references (with dated company stamps and signed by relevant reference company) in the last 2 years. | /5 | |
| Total | | /80 | |

| | | | |
|------------------------------|-----------------------|------------------------------------|----------------------------|
| Name of End-user | E, Allerston | Name of Acting Maintenance Manager | <i>Muzi Nhlomane</i> |
| Designation / Rank (in full) | Mechanical Supervisor | Designation/ Rank (in full) | Acting Maintenance Manager |
| Signature | <i>[Signature]</i> | Signature | <i>[Signature]</i> |
| Date | 23-04-2021 | Date | 23-04-2021 |

PROVINCE OF KWAZULU-NATAL
DEPARTMENT OF PUBLIC WORKS
PREVENTIVE MAINTENANCE SCHEDULE

TYPE OF SERVICE : INDUSTRIAL AIR
SCHEDULE FOR : AIR COMPRESSORS
SCHEDULE FREQUENCY :

REF : IA
CODE : IA1-001

INSTALLATION NAME : REF :

SERVICE PROVIDER : ORDER No.:

| P.M. SERVICE | | RUNNING REPAIRS (Apply for V.O. as Applicable) | | | | OTHER REPAIRS REQUIRED SUBMIT QUOTATION | | | | | |
|--------------|--|---|---|---------------|-------------------------------|--|-------------------|---|----------------------|-----------------------------------|------------|
| ITEM | INSTRUCTION: CHECK, ADJUST, CLEAN AS REQUIRED | IN ORDER | OTHER NON-SPECIFIED RUNNING REPAIRS DONE | TIME TAKEN | DESCRIPTION OF SPARES USED | QUANTITY EX SITE STOCK | EX FIRMS STOCK | DESCRIPTION OF OTHER REPAIRS REQUIRED | EST. TIME REQ. | DESCRIPTION OF SPARES REQUIRED | QTY REQ |
| 1. | Check plantroom louvres and screens and clean | | | | | | | | | | |
| 2. | Check for undue noise or vibration | | | | | | | | | | |
| 3. | Check belt tension and correct if necessary | | | | | | | | | | |
| 4. | Check condition of belts | | | | | | | | | | |
| 5. | Check pulley alignment and correct if necessary | | | | | | | | | | |
| 6. | Check for noisy compressor - motor bearings | | | | | | | | | | |
| 7. | Check for loose components | | | | | | | | | | |
| 8. | Check by touch that motors do not run hot | | | | | | | | | | |
| 9. | Check and note motor amperages | | | | | | | | | | |
| 10. | Check pilot lights | | | | | | | | | | |
| 11. | Check condition of air inlet filter | | | | | | | | | | |
| 12. | Check for compressed air leaks (including outlet points) | | | | | | | | | | |
| 13. | Check operation of, and drain all condensate traps and receivers | | | | | | | | | | |
| 14. | Check and record compressor out-in and out-out pressures. Adjust if required | | | | | | | | | | |

| P.M. SERVICE | | | RUNNING REPAIRS (Apply for V.O. as Applicable) | | | | OTHER REPAIRS REQUIRED SUBMIT QUOTATION | | | | |
|--------------|---|-------------|---|---------------|-------------------------------|---------------------|--|---|----------------------|-----------------------------------|------------|
| ITEM | INSTRUCTION: CHECK, ADJUST, CLEAN AS REQUIRED | IN ORDER | RUNNING REPAIRS DONE | TIME TAKEN | DESCRIPTION OF SPARES USED | QUANTITY | | DESCRIPTION OF OTHER REPAIRS REQUIRED | EST. TIME REQ. | DESCRIPTION OF SPARES REQUIRED | QTY REQ |
| | | | | | | EX SITE STOCK | EX FIRMS STOCK | | | | |
| 15. | Change over lead - lag units | | | | | | | | | | |
| 16. | Clean plant, plantroom and drain receiver | | | | | | | | | | |
| 17. | Check operation and settings of pressure reducing valves. Adjust if necessary and note settings | | | | | | | | | | |
| 18. | Check operation and settings of safety valves. Adjust if necessary and note settings | | | | | | | | | | |
| 19. | Check operation of warning light system | | | | | | | | | | |
| 20. | Check compressor oil using approved type according to manufacturer's specification | | | | | | | | | | |
| 21. | Check and tighten all mounting bolts etc. | | | | | | | | | | |
| 22. | Clean out air ways of motor | | | | | | | | | | |
| 23. | Lubricate motor bearings if required | | | | | | | | | | |
| 24. | Tighten all electrical terminals | | | | | | | | | | |
| 25. | Check and lighten compressor and motor pulley grub screws | | | | | | | | | | |
| 26. | Clean, remove loose paint and scale and re-paint | | | | | | | | | | |
| 27. | Check calibration of all pressure gauges, etc. Re-calibrate as required | | | | | | | | | | |
| 28. | Complete plant logbook | | | | | | | | | | |
| 29. | Do pressure test in accordance with V.O.S. Act (36 monthly), stamp test plate and complete test certificate | | | | | | | | | | |
| 30. | Check receiver internally and externally for corrosion and p.t marks (annually) | | | | | | | | | | |

NOTE THE FOLLOWING:

- a) Motor amperages
- b) Compressor cut-in and cut-out pressures
- c) Warning light pressure switch settings
- d) Safety valve setting/s
- e) Pressure reducing valve settings
- f) Test pressure (M.O.S. Act) (36 monthly)

| | | | | | | | |
|---|------------------|----------------------|--------------|-------------------|------------------|------------------------|--|
| I CERTIFY THAT THE SPECIFIED SERVICE WAS CARRIED OUT | | | | | | OFFICIAL STAMP: | |
| NAME OF SERVICEMAN (BLOCK LETTERS): | | | | SIGNATURE: | | | |
| NAME/S OF ASSISTANT/S: SEMI SKILLED: | | | | | | | |
| NAME/S OF ASSISTANT/S: UNSKILLED: | | | | | | | |
| COMPANY NAME (BLOCK LETTERS): | | | | | | | |
| TIME IN: | TIME OUT: | TIME ON SITE: | DATE: | | | | |
| FROM: | TO: | KM: | TO: | KM: | TOTAL KM: | SIGNATURE: | |
| NAME OF RESPONSIBLE OFFICIAL ON SITE: | | | | | | | |

PROVINCE OF KWAZULU-NATAL
DEPARTMENT OF PUBLIC WORKS
PREVENTIVE MAINTENANCE SCHEDULE

TYPE OF SERVICE : MEDICAL GAS
SCHEDULE FOR : GENERAL
SCHEDULE FREQUENCY :
INSTALLATION NAME :

REF : MG
CODE : MG1-002

REF :

ORDER No.:

SERVICE PROVIDER :

| P.M. SERVICE | | RUNNING REPAIRS (Apply for V.O. as Applicable) | | | | OTHER REPAIRS REQUIRED SUBMIT QUOTATION | | | | | |
|--------------|---|---|---|---------------|-------------------------------|--|----------------------|---|----------------------|-----------------------------------|------------|
| ITEM | INSTRUCTION: CHECK, ADJUST, CLEAN AS REQUIRED | IN ORDER | OTHER NON-SPECIFIED RUNNING REPAIRS DONE | TIME TAKEN | DESCRIPTION OF SPARES USED | QUANTITY EX SITE STOCK | EX FIRMS STOCK | DESCRIPTION OF OTHER REPAIRS REQUIRED | EST. TIME REQ. | DESCRIPTION OF SPARES REQUIRED | QTY REQ |
| 1. | Check and note system pressures | | | | | | | | | | |
| 2. | Clean banks thoroughly before servicing | | | | | | | | | | |
| 3. | Check operation of change-over system | | | | | | | | | | |
| 4. | Check all warning panel pilot lights | | | | | | | | | | |
| 5. | Check all pigtails and fittings | | | | | | | | | | |
| 6. | Check for leaks in gas bank | | | | | | | | | | |
| 7. | Check all wall outlet points for leaks. Replace seals as required | | | | | | | | | | |
| 8. | Clean plantroom | | | | | | | | | | |
| 9. | Check operation of pressure reducing valves | | | | | | | | | | |
| 10. | Check operation of safety valves | | | | | | | | | | |
| 11. | Check operation of automatic solenoid | | | | | | | | | | |
| 12. | Strip and clean all needle valves | | | | | | | | | | |
| 13. | Check settings of pressure reducing valves. Adjust if necessary and note settings | | | | | | | | | | |
| 14. | Check settings of safety valves, adjust settings if necessary and note settings | | | | | | | | | | |

| P.M. SERVICE | | RUNNING REPAIRS (Apply for V.O. as Applicable) | | | | OTHER REPAIRS REQUIRED SUBMIT QUOTATION | | | | | |
|--------------|--|---|---|---------------|-------------------------------|--|----------------------|---|----------------------|-----------------------------------|------------|
| ITEM | INSTRUCTION: CHECK, ADJUST, CLEAN AS REQUIRED | IN ORDER | OTHER NON-SPECIFIED RUNNING REPAIRS DONE | TIME TAKEN | DESCRIPTION OF SPARES USED | EX SITE STOCK | EX FIRMS STOCK | DESCRIPTION OF OTHER REPAIRS REQUIRED | EST. TIME REQ. | DESCRIPTION OF SPARES REQUIRED | QTY REQ |
| 15. | Check settings of warning light pressure switches. Adjust if necessary and note settings | | | | | | | | | | |
| 16. | Check change-over control pressure settings. Adjust if necessary and note settings | | | | | | | | | | |
| 17. | Check calibration of all pressure gauges, etc. Re-calibrate if necessary | | | | | | | | | | |
| 18. | Tighten all electrical terminals | | | | | | | | | | |
| 19. | Complete plant log book | | | | | | | | | | |

NOTE THE FOLLOWING:

- a) Manifold pressures (i) LH Bank
(ii) RH Bank
- b) Distribution System pressure
- c) Pressure reducing valve setting (annually)
- d) Safety valve settings (annually)
- e) Warning light pressure settings (annually)
- f) Change-over control pressure settings (annually)

| | | | | | | | | | | | |
|--|-----------|---------------|-------|-----|-----------|--|--|------------|--|---------------------------------------|--|
| I CERTIFY THAT THE SPECIFIED SERVICE WAS CARRIED OUT | | | | | | | | | | OFFICIAL STAMP: | |
| NAME OF SERVICEMAN (BLOCK LETTERS): | | | | | | | | SIGNATURE: | | | |
| NAME/S OF ASSISTANT/S: SEMI SKILLED: | | | | | | | | | | | |
| NAME/S OF ASSISTANT/S: UNSKILLED: | | | | | | | | | | | |
| COMPANY NAME (BLOCK LETTERS): | | | | | | | | | | NAME OF RESPONSIBLE OFFICIAL ON SITE: | |
| TIME IN: | TIME OUT: | TIME ON SITE: | DATE: | | | | | | | | |
| FROM: | TO: | KM: | TO: | KM: | TOTAL KM: | | | | | SIGNATURE: | |

KWAZULU-NATAL DEPARTMENT OF PUBLIC WORKS

CALORIFIER SERICE, INSPECTION AND TEST CERTIFICATE

INSTITUTION:
 LOCATION OF VESSEL:
 WATER VESSEL

Manufacturer: Material:
 Date of Manufacture: Serial No.:

| WELD | INTERNAL INSPECTION | EXTERNAL INSPECTION |
|----------------------|---------------------|---------------------|
| Longitudinal Seam | | |
| Circumferential Seam | | |
| Nozzles | | |
| Shell Flating | | |
| Dished Ends | | |
| Existing Repairs | | |
| New Repairs | | |

Was the vessel completely de scaled and cleaned prior to the inspection?

HYDRAULIC PRESSURE TEST OF VESSEL
 Maximum Permissible Working Pressure kPA
 Test Pressure kPA Duration of Test:

STEAM CHEST AND TUBE BUNDLE
 Manufacturer: Serial No.:
 Date of Manufacture: Code of Construction:
HYDRAULIC PRESSURE TEST OF VESSEL
 Maximum Permissible Working Pressure kPA
 Test Pressure kPA Duration of Test:

FITTINGS

Were all fittings serviced prior to testing?
 Were safety vales tested and locked?
 Did the safety valves operate, when tested at 1.1 x the maximum permissible safe operating pressure of the vessel?
 Do all fitting comply with the Regulation and are they in a satisfactory condition?

OVSERVATION AND RECORD KEEPING

Were all parts accessible for inspection? (if not specify)
 Were there any defects which materially affect the maximum permissible working pressure?
 Specify any repairs which are necessary?
 Is the calorifier and fittings safe for continued use?
 Has the service and test been recorded in log book?
 Has the Pressure Test Record Plate been stamped?

REMARKS

Service by: Name: Signature:
 Tested by: Name: Signature:
 Approved by: Name: Signature:
 Date: Company:

COMPANY STAMP

OFFICIAL STAMP

Test certificate to be stamped by an Official on site as proof of date of test.

PROVINCE OF KWAZULU-NATAL
DEPARTMENT OF PUBLIC WORKS
PREVENTIVE MAINTENANCE SCHEDULE

TYPE OF SERVICE : MEDICAL GAS
SCHEDULE FOR : VACUUM PUMP INSTALLATIONS
SCHEDULE FREQUENCY :

REF : MG
CODE : MG2-002

| INSTALLATION NAME : | | REF : | | | | | |
|---------------------|---|--|--|-----------------------------------|------------------------|--------------------------------|---------|
| SERVICE PROVIDER : | | ORDER No.: | | | | | |
| P.M. SERVICE | | OTHER REPAIRS REQUIRED | | | | | |
| ITEM | INSTRUCTION: CHECK, ADJUST, CLEAN AS REQUIRED | IN ORDER | SUBMIT QUOTATION | | EST. TIME REQ. | DESCRIPTION OF SPARES REQUIRED | QTY REQ |
| | | | OTHER NON-SPECIFIED RUNNING REPAIRS DONE | TIME TAKEN |  |  |  | DESCRIPTION OF OTHER REPAIRS REQUIRED |
| | | OTHER NON-SPECIFIED RUNNING REPAIRS DONE | TIME TAKEN | DESCRIPTION OF OTHER REPAIRS USED | QUANTITY EX SITE STOCK | EX FIRMS STOCK | |
| 1. | Check plantroom louvers and screens and clean | | | | | | |
| 2. | Check vacuum pump oil. Replace or top up as per manufacturer's recommendation | | | | | | |
| 3. | Check and clean filter | | | | | | |
| 4. | Check all mountings | | | | | | |
| 5. | Check vacuum pump pulley | | | | | | |
| 6. | Check motor pulley, bearings and alignment | | | | | | |
| 7. | Check belt drive and adjust | | | | | | |
| 8. | Check safety guard is in position and secure | | | | | | |
| 9. | Check all bolts, nuts, screws, etc. for tightness | | | | | | |
| 10. | Check motor starter and auxiliaries | | | | | | |
| 11. | Check and note motor amperage | | | | | | |
| 12. | Check pilot lights | | | | | | |
| 13. | Check all outlet points | | | | | | |
| 14. | Check all pipes, joints and seals for leaks | | | | | | |

| P. M. SERVICE | | RUNNING REPAIRS (Apply for V.O. as Applicable) | | | | OTHER REPAIRS REQUIRED SUBMIT QUOTATION | | | | | |
|---------------|---|---|--|------------|----------------------------|--|----------------|---------------------------------------|----------------|--------------------------------|---------|
| ITEM | INSTRUCTION: CHECK, ADJUST, CLEAN AS REQUIRED | IN ORDER | OTHER NON-SPECIFIED RUNNING REPAIRS DONE | TIME TAKEN | DESCRIPTION OF SPARES USED | EX SITE STOCK | EX FIRMS STOCK | DESCRIPTION OF OTHER REPAIRS REQUIRED | EST. TIME REQ. | DESCRIPTION OF SPARES REQUIRED | QTY REQ |
| 15. | Check operation and cycling of plant and adjust if necessary (approx. 600mm Hg) Note cut-in and cut-out pressures | | | | | | | | | | |
| 16. | Clean plant and plantroom | | | | | | | | | | |
| 17. | Change over load/lag units | | | | | | | | | | |
| 18. | Check and clean vacuum moisture traps | | | | | | | | | | |
| 19. | Check operation of warning light system | | | | | | | | | | |
| 20. | Clean rust spots and patch with paint | | | | | | | | | | |
| 21. | Tighten all electrical terminals | | | | | | | | | | |
| 22. | Clean out air ways of motors | | | | | | | | | | |
| 23. | Lubricate motor bearings, if required | | | | | | | | | | |
| 24. | Check setting of warning light pressure switches, adjust if necessary | | | | | | | | | | |
| 25. | Clean, remove loose paint and scale and re-paint | | | | | | | | | | |
| 26. | Check calibration of all pressure gauges, etc. Re-calibrate as required | | | | | | | | | | |
| 27. | Complete plant log book | | | | | | | | | | |
| 28. | Check receiver internally and externally for corrosion pit marks 36 months per test program | | | | | | | | | | |

| | | | | | | | | | | | |
|--|--|-----------|--|---------------|--|-------|--|------------|--|---------------------------------------|--|
| I CERTIFY THAT THE SPECIFIED SERVICE WAS CARRIED OUT | | | | | | | | | | OFFICIAL STAMP: | |
| NAME OF SERVICEMAN (BLOCK LETTERS): | | | | | | | | SIGNATURE: | | | |
| NAME/S OF ASSISTANT/S: SEMI SKILLED: | | | | | | | | | | | |
| NAME/S OF ASSISTANT/S: UNSKILLED: | | | | | | | | | | | |
| COMPANY NAME (BLOCK LETTERS): | | | | | | | | | | | |
| TIME IN: | | TIME OUT: | | TIME ON SITE: | | DATE: | | | | | |
| FROM: | | TO: | | KM: | | TO: | | KM: | | TOTAL KM: | |
| | | | | | | | | | | NAME OF RESPONSIBLE OFFICIAL ON SITE: | |
| | | | | | | | | | | SIGNATURE: | |

PROVINCE OF KWAZULU-NATAL
DEPARTMENT OF PUBLIC WORKS
PREVENTIVE MAINTENANCE SCHEDULE

TYPE OF SERVICE : MEDICAL GAS REF : MG
 SCHEDULE FOR : AIR COMPRESSOR INSTALLATION CODE : MG3-002
 SCHEDULE FREQUENCY :
 INSTALLATION NAME :

| SERVICE PROVIDER | | ORDER No.: | | | | | |
|---|--|----------------------------|---------------------------------------|----------------|----------------|--------------------------------|---------|
| P.M. SERVICE | | OTHER REPAIRS REQUIRED | | | | | |
| ITEM | INSTRUCTION: CHECK, ADJUST, CLEAN AS REQUIRED | IN ORDER | SUBMIT QUOTATION | | EST. TIME REQ. | DESCRIPTION OF SPARES REQUIRED | QTY REQ |
| | | | DESCRIPTION OF OTHER REPAIRS REQUIRED | QUANTITY | | | |
| RUNNING REPAIRS (Apply for V.O. as Applicable) | | TIME TAKEN | EX SITE STOCK | EX FIRMS STOCK | | | |
| OTHER NON-SPECIFIED RUNNING REPAIRS DONE | | DESCRIPTION OF SPARES USED | | | | | |
| 1. | Check plantroom louvres and screens and clean | | | | | | |
| 2. | Check for undue noise or vibration | | | | | | |
| 3. | Check belt tension and correct if necessary | | | | | | |
| 4. | Check condition of belts | | | | | | |
| 5. | Check pulley alignment and correct if necessary | | | | | | |
| 6. | Check for noisy compressor motor bearings | | | | | | |
| 7. | Check for loose components | | | | | | |
| 8. | Check by touch that motors do not run hot | | | | | | |
| 9. | Check and note motor amperages | | | | | | |
| 10. | Check pilot lights | | | | | | |
| 11. | Check condition of air inlet filter | | | | | | |
| 12. | Check for compressed air leaks (including outlet points) | | | | | | |
| 13. | Check operation of, and drain all condensate traps and receivers | | | | | | |
| 14. | Check and record compressor cut-in and cut-out pressures. Adjust if required | | | | | | |

| P.M. SERVICE | | RUNNING REPAIRS (Apply for V.O. as Applicable) | | | | OTHER REPAIRS REQUIRED SUBMIT QUOTATION | | | | | |
|--------------|---|---|---|---------------|-------------------------------|--|----------------------|---|----------------------|-----------------------------------|------------|
| ITEM | INSTRUCTION: CHECK, ADJUST, CLEAN AS REQUIRED | IN ORDER | OTHER NON-SPECIFIED RUNNING REPAIRS DONE | TIME TAKEN | DESCRIPTION OF SPARES USED | QUANTITY | | DESCRIPTION OF OTHER REPAIRS REQUIRED | EST. TIME REQ. | DESCRIPTION OF SPARES REQUIRED | QTY REQ |
| | | | | | | EX SITE STOCK | EX FIRMS STOCK | | | | |
| 15. | Change over lead - lag units | | | | | | | | | | |
| 16. | Clean plant, plantroom and drain receiver | | | | | | | | | | |
| 17. | Check operation and settings of pressure reducing valves. Adjust if necessary and note settings | | | | | | | | | | |
| 18. | Check operation and settings of safety valves. Adjust if necessary and note settings | | | | | | | | | | |
| 19. | Check operation of warning light system | | | | | | | | | | |
| 20. | Check compressor oil levels. Top up or change as required according to manufacturer's instructions | | | | | | | | | | |
| 21. | Check and tighten all mounting bolts etc. | | | | | | | | | | |
| 22. | Clean out air ways of motor | | | | | | | | | | |
| 23. | Lubricate motor bearings if required | | | | | | | | | | |
| 24. | Tighten all electrical terminals | | | | | | | | | | |
| 25. | Check and tighten compressor and motor pulley grub screws | | | | | | | | | | |
| 26. | Clean, remove loose paint and scale and re-paint | | | | | | | | | | |
| 27. | Check calibration of all pressure gauges, etc. Re-calibrate as required | | | | | | | | | | |
| 28. | Complete plant logbook | | | | | | | | | | |
| 29. | Do pressure test in accordance with M.O.S. Act (36 monthly); stamp test plate and complete test certificate | | | | | | | | | | |
| 30. | Check receiver internally and externally for corrosion and pit marks (annually) | | | | | | | | | | |

NOTE THE FOLLOWING:

- a) Motor amperages
- b) Compressor cut-in and cut-out pressures
- c) Warning light pressure switch settings
- d) Safety valve setting/s
- e) Pressure reducing valve settings
- f) Test pressure (M.O.S. Act) (36 monthly)

| | | | | | | | |
|---|------------------|----------------------|--------------|--|------------------|------------------------|--|
| I CERTIFY THAT THE SPECIFIED SERVICE WAS CARRIED OUT | | | | | | OFFICIAL STAMP: | |
| NAME OF SERVICEMAN (BLOCK LETTERS): | | | | SIGNATURE: | | | |
| NAME/S OF ASSISTANT/S: SEMI SKILLED: | | | | | | | |
| NAME/S OF ASSISTANT/S: UNSKILLED: | | | | | | | |
| COMPANY NAME (BLOCK LETTERS): | | | | | | | |
| TIME IN: | TIME OUT: | TIME ON SITE: | DATE: | | | | |
| FROM: | TO: | KM: | TO: | KM: | TOTAL KM: | | |
| | | | | NAME OF RESPONSIBLE OFFICIAL ON SITE: | | | |
| | | | | SIGNATURE: | | | |

Annexure B

| PROVINCE OF KWAZULU-NATAL - DEPARTMENT OF HEALTH | |
|--|---|
| ESTIMATE FORM FOR : THE MAINTENANCE, REPAIR OR REPLACEMENT OF FIXED PLANT, EQUIPMENT AND INSTALLATIONS INSTALLED IN KWAZULU-NATAL PROVINCIAL HOSPITAL AND BUILDINGS | |
| SUBMIT TO: | FOR ATTENTION: |
| INSTITUTION: | ZNQ NO.: |
| SCOPE OF WORK: (A description of the work quoted for is required). | |
| | |
| | |
| | |
| | |
| I/We hereby quote for the above work in accordance with the conditions as specified in Tender document. Materials, component/ancillary parts: Firm Price. A detailed list of materials etc. showing unit costs shall be provided. | |
| A. Quoted for Bought Out Items | (Excluding VAT)(Carried forward) R |
| Mark Up @ % | (Maximum Mark Up = 20% for values R0.00 to R500 000.00) R |
| B. Quoted for Proprietary Items | (Excluding VAT)(Carried forward) R |
| C. Quote for Sub-Contract Items | (Excluding VAT)(Carried forward) R |
| Mark Up @ % | R..... |
| (Item reserved for specialist task only and may not exceed 25% of primary contractor total amount) | |
| All subcontractor work/materials shall be broken down the same manner as the primary contractor. | |
| D. Labour, Travelling, Subsistence and Transport. This price shall be firm in respect of materials etc. quoted for. | (Excluding VAT) (Brought forward) R |
| E. Less credit for redundant materials, parts and equipment if applicable | R () |
| SUBTOTAL R | |
| VAT @ % R | |
| F. This Price in SA Currency firm for 90 days from date of the estimate quotation and shall not be exceeded. To be measured on completion. | R |
| Time required for completion weeks from receipt of official order. | |
| NAME OF SERVICE PROVIDER: ZNQ...../20.... | |
| CIDB UNIQUE NUMBER CIDB CATEGORY..... | |
| PROVINCIAL SUPPLIERS DATABASE REGISTRATION NUMBER: | |
| SERVICE PROVIDER'S AUTHORISED SIGNATURE: ZNQ No..... | |
| NAME IN BLOCK LETTERS: | |
| COMPANY STAMP: | DATE |

Annexure B

**D.1 SCHEDULE OF PRICES
LABOUR, SUBSISTENCE, TRAVEL AND TRANSPORT REPLACEMENT AND
ADDITIONAL EQUIPMENT**

| D.1.1 | LABOUR | No. of | TOTAL HOURS | RATE/HR | AMOUNT |
|------------------------------------|--|--------|-------------|----------------------|---------|
| a) | Artisans | ..... | ..... | R 365.00 | R..... |
| b) | Apprentice | ..... | ..... | R | R..... |
| | 1 st Year | ..... | ..... | R | R..... |
| | 2 nd Year | ..... | ..... | R | R..... |
| | 3 rd Year | ..... | ..... | R | R..... |
| | 4 th Year | ..... | ..... | R | R..... |
| c) | Semi-skilled | ..... | ..... | R 175.00 | R |
| d) | Unskilled | ..... | ..... | R 110.00 | R..... |
| D.1.2 | TRAVEL | | TOTAL Km | RATE/Km | |
| D.1.2.1 | From service provider's premises to site | | | Petrol | Diesel |
| a) | trips(Driver) (skilled) | ..... | ..... | Delete as applicable | |
| | @ km per trip | | | R 7.78 | R 7.58 |
| b) |trips (Semi-skilled)(Driver) | ..... | ..... | R 5.80 | R 5.60 |
| | @.....km per trip | | | | |
| D.1.3 | ADDITIONAL LABOUR TRAVELLING WITH DRIVER | | TOTAL HOURS | RATE/HR | AMOUNT |
| a) | x Additional Artisan/s trips (skilled) @ km per trip ÷ 80km/hr | ..... | ..... | R 365.00 | R..... |
| b) | x Additional Semi-Skilled trips (semi) @ km per trip ÷ 80km/hr | ..... | ..... | R 175.00 | R..... |
| c) | x Additional Unskilled trips (unskilled) @ km per trip ÷ 80km/hr | ..... | ..... | R 110.00 | R..... |
| d) | x Additional Apprentice/s trips (semi) @ km per trip ÷ 80km/hr | ..... | ..... | R..... | R..... |
| SUBTOTAL CARRIED FORWARD TO PAGE 4 | | | | | R..... |

Annexure B

| SUBTOTAL BROUGHT FORWARD FROM PAGE 3 | | | | R..... |
|--------------------------------------|---|--|----------|--------|
| D.1.4 | TRANSPORT | | TOTAL Km | RATE |
| a) | Haulage to site trips | | | |
| | @km per trip | | 2.5 tone | R 9.31 |
| | @km per trip | | 3 tone | R10.80 |
| | @km per trip | | 5 tone | R12.50 |
| | @km per trip | | 7 tone | R14.50 |
| | @km per trip | | 10 tone | R16.80 |
| b) | Crantage to and on site @ sub contract rate | | R..... | x 1.10 |
| | | | | R..... |

TOTAL AMOUNT CARRIED FORWARD TO PAGE 1 ITEM (D) R.....