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AdvertQuote

KWAZULU-NATAL PROVIN HEALTH REPUBLIC OF SOUTH AFRICA	Quotation Advert
Opening Date:	2021-07-21
Closing Date:	2021-08-05
Closing Time:	11:00
INSTITUTION DETAILS	
Institution Name:	Port Shepstone hospital
Province:	KwaZulu-Natal
Department or Entity:	Department of Health
Division or section:	Central Supply Chain Management
Place where goods / services is required	PORT SHEPSTONE HOSPITAL
Date Submitted	2021-07-21
ITEM CATEGORY AND DETAILS	
Quotation Number:	ZNQ: PSH 237/2122
Item Category:	Services
Item Description:	SERVICING OF OXYGEN VACUUM AND MEDICAL AIR POINTS
Quantity (if supplies)	
COMPULSORY BRIEFING SESSION	SITE VISIT
Select Type:	Not Applicable
Date:	110
Time:	
Venue:	
QUOTES CAN BE COLLECTED FROM:	PORT SHEPSTONE HOSPITAL - SUPPLY CHAIN MANAGEMENT
QUOTES SHOULD BE DELIVERED TO:	PORT SHEPSTONE HOSPITAL - MAIN (TOP) GATE TENDER BOX OR EMAILED TO BELOW MENTIONED ADDRESS
ENQUIRIES REGARDING THE ADVE	RT MAY BE DIRECTED TO:
Name:	MISS ZINHLE NKABANE
Email:	kevin.moodley2@kznhealth.gov.za
Contact Number:	039 688 6232
Finance Manager Name:	MR N.S.B RADEBE
Finance Manager Signature:	S essu
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: PORT SHEPSTONE REGIONAL HOSPITAL
DATE ADVERTISED: 2021/07/21 CLOSING DATE:
FACSIMILE NUMBER: 039 682 6761 E-MAIL ADDRESS: surendra.premnadu@kznhealth.gov.za
PHYSICAL ADDRESS: NO.7 BAZLEY STREET PORT SHEPSTONE
ZNQ NUMBER: PSH 237/2122
DESCRIPTION: SERVICING OF OXYGEN VACUUM AND MEDICAL AIR POINTS
CONTRACT PERIOD
CENTRAL SUPPLIER DATABASE REGISTRATION (CSD) NO.
UNIQUE REGISTRATION REFERENCE
DEPOSITED IN THE QUOTE BOX SITUATED AT (STREET ADDRESS) NO.7 CONNOR AND BAZLEY STREET PORT SHEPSTONE HOSPITAL-MAIN ENTRANCE SECURITY GATE
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 CODENUMBER FACSIMILE NUMBER CODENUMBER
CELLPHONE NUMBER
E-MAIL ADDRESS
VAT REGISTRATION NUMBER (If VAT vendor)
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]

ZNQ NUMBER: PSH 237/2122

OCCODIDATIO	, SER	ICING OF OXYGEN VACUUM AND	MEDICAI	AIR POINTS		
DESCRIPTIO	N:					•••
By signing thi	is document	I hereby agree to all terms and conditions] CH THIS QUOTE IS SIGNED				
Item No	Quantity	Description	Brand &	Country of manufacture	Price	
			model	manuracture	R	(
		SERVICING OF OXYGEN VACUUM AND MEDICAL AIR POINTS				

Item No	Quantity	Description	Brand &	Country of manufacture	Price	
			model	manufacture	R	4
		SERVICING OF OXYGEN VACUUM AND MEDICAL AIR POINTS				\perp
		MEDICAL AIR POINTS				
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/ALLIE AT	DED TAY @	l 2 15% (Only if VAT Vendor)	L			\dashv

TOTAL QUOTATION PRICE (VALIDITY PERIOD 60 Days) Does This Offer Comply With The Specification? Is The Price Firm? Does The Article Conform To The S.A.N.S. / S.A.B.S. Specification?

State Delivery Period E.G. E.G. 1day, 1week

Enquiries regarding the <u>quote</u> may be directed to:	
Contact Person: MS. Z. NKABANE., Tel: 0396886232.	Enquiries regarding technical information may be directed to:
E-Mail Address:	Contact Person: MR. DX. BIYELA Tel: 03.96886159

1. BILLS OF QUANTITIES

SERVICE of medical Gas banks x3 and all gas out lets in hospital

<u>Notes to Bidders:</u> All items to be priced fully inclusive of all charges, e.g. labour, scaffolding, materials, profit, Transport etc. **including Value Added Tax**.

Item	Description	Unit	Quantity	Rate	Total
	Notes to contractor: 1. All material must be cleared by maintenance before installation. 2. Site must be clear of rubble to prevent injury to staff and patients. 3. No payments before schedules and certificates are handed in. 4. only supplied schedule forms must be used as changes are made on forms				
1	Service Gas banks according to service schedule attaché.	each	3		
2	Service all out let points in hospital as per survey list attaché	each	As per list		
3	Supply Eminence vacuum points complete	each	15		

5	each machine/u 3. Supply servic each machine/u	ınit e schedule for	each	2			
				TOTAL			
Contra	actor Name:						
Sign:.	• • • • • • • • • • • • • • • • • • • •	***************************************					
Date:.							
	ION C - Confir	mation mpleted by the bidd	der and retui	ned with quot	tation:		
l, ackno	(Print Name		from	(Name of Busine	do ^(ss) Is laid out ab	oove	
					<i>!</i>		
 	Signature			Date	,		
		val by Quotation S		n Committee			
 D	ATE	MEMB	BERS		SIGNAT	URE	_
							_
 							_

1. Supply full report of each

machine/unit

MG1-002 PAGE 1 OF 4

. MG

REF

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

TYPE OF SERVICE SCHEDULE FOR

: MEDICAL GAS : GASS BANK MANIFOULTS AND ALL GAS POINTS IN Institution AS PER NUMBER LIST Sunniv by maintenance. CODE: MG1-002

SCHEDULE FREQUENCY

NSN	INSTALLATION NAME						X TH			
L										
N N N	SERVICE PROVIDER						ORDI	ORDER No.:		
P.R.	S		(Apply for V.O. as Applicable)	able)			OTHER REPAIRS REQUIRED	UIRED		
∑ ∐ L	INSTRUCTION: CHECK, ADJUST, CLEAN AS REQUIRED	IN ORDER	OTHER NON-SPECIFIED RUNNING REPAIRS DONE	TIME	DESCRIPTION OF SPARES USED	QUANTITY EX EX EX SITE FIRMS	DESCRIPTION OF OTHER REPAIRS REQUIRED	EST. TIME REQ.	DESCRIPTION OF SPARES REQUIRED	AEQ REQ
<u>-</u> :	Check and note system pressures					-				
2.	Clean bank/s thoroughly before servicing									
ю.	Check operation of change-over system									
4	Check all warning panel pilot lights									
5.	Check all pigtails and fittings									
9.	Check for leaks in gas bank									-
7.	Check all wall outlet points for leaks. Replace seals as required									
∞.	Clean plantroom									
o.	Check operation of pressure reducing valves									
10.	Check operation of safety valves									
Έ.	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									
4.	Check settings of safety valves, adjust settings if necessary and									

ZNT2234-55G: 2010-2013

MG1-002 PAGE 2 OF 4

note settings

P.W.	P.W. SERVICE		PHINNING DEDAIDS								
			(Apply for V.O. as Applicable)	(ple)				OTHER REPAIRS REQUIRED SUBMIT QUOTATION	CHRED		
∑ ∐ -	INSTRUCTION: CHECK, ADJUST, CLEAN AS REQUIRED	IN ORDER	OTHER NON-SPECIFIED RUNNING REPAIRS DONE	TIME	DESCRIPTION OF SPARES USED	SITE	QUANTITY EX E FIRMS	DESCRIPTION OF OTHER REPAIRS REQUIRED	EST. TIME REQ.	DESCRIPTION OF SPARES REQUIRED	AEQ REQ
72.	Check settings of warning light pressure switches. Adjust if necessary and note settings					200					
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										
60.	Tighten all electrical terminals										
19.	Complete plant log book										
20	Check pressures off all gas outlets in hospital and record on list										
2.1	Repair all leaking outlet points to the amount of 50 points and supply repair kids x 20										
22	Certificate off service must be handed in before payment will be passed including service record form										
Š	NOTE THE FOLLOWING:										
®	Manifold pressures	\in \equiv	LH BankRH Bank								
(q	Distribution System pressure	ressur	υ						:		
©	Pressure reducing valve setting (annually)	ilve set	ting (annually)						:		

Safety valve settings (annually)	Warning light pressure settings (annually)	Change-over control pressure settings (annually)
o	0	<u>(</u>

MG1-002 PAGE 4 OF 4

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

DATE:			 		
CHEC	ΚB	Y:	 		
SIGN:			 	· · · · ·	

OXYGEN AND VACUUM TEST

DEPT. SIGN:

WARD A WARD

NO	OXYGEN	NO	VACUUM	NO	LOW AIR	NO	H/AIR	NO	N 2 O	Comments
154										
155										
156										
157										
158										
159										
160										
161										
162										
163										
164										
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DATE:
CHECK BY:
SIGN:
DEDT OLON

OXYGEN AND VACUUM TEST DEPT. SIGN:

WARD HIGH CARE

NO	OXYGEN		VACUUM	NO	LOW AIR	NO	<u>H/AIR</u>	NO	N 2 O
295		266		34		Entracement Control	7.000.000.000		
294		269		36					
289		263		31					
290		264		32					
288		262		30					
291		265		33					1
292		267		35					
293		244		37					

	DATE:
	CHECK BY:
	SIGN:
OXYGEN AND VACUUM TEST	DEPT. SIGN:

WARD OPD

NO	OXYGEN	NO	VACUUM	NO	LOW AIR	NO	H/AIR	NO	N 2 O
252		223							1
253		224							
251		222							
249		220							
250		221							
								}	

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DATE:		 	
CHEC	K BY:	 	
SIGN:		 	
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OXYGEN AND VACUUM TEST

DEPT. SIGN:

WARD OT 5

NO	OXYGEN	NO	VACUUM	NO	LOW AIR	NO	H/AIR	NO	N 2 O
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DATE:		 	
CHEC	K BY:	 	
SIGN:		 	

OXYGEN AND VACUUM TEST DEPT. SIGN:

WARD_OT 1,2,3,4

NO	OXYGEN	NO	VACUUM	NO	LOW AIR	NO	H/AIR	NO	N 2 O
256		228		6		6		15	
255		227		7		5		14	
254		226		5	***************************************			16	
		225							

259		232		8		8		18	
258		231		9		7		19	
257		230		10				17	
		229							
260		235		16		12		21	
261		236		15		11		22	
262		237		14			-	20	
		234							
265		240		16		12		25	
264		239		15		11		24	
263		238		14				23	
		237							
266		241							
267		242							
268		243							***************************************
269		244							
270		245							
271		246							
272		247							
273		248							
274		249							

DATE:
CHECK BY:
SIGN:

OXYGEN AND VACUUM TEST DEPT. SIGN:

WARD	5			7					
NO	OXYGEN	NO	VACUUM	NO	LOW AIR	NO	H/AIR	NO	N 2 O
1		1							
2		2							
3		3							
4		4							
5		5							
6		6							
7		7							
8		8							
9		9							
10		10							
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14		14							
15		15							
16		16							
17		17							

P					

DATE:
CHECK BY:
SIGN:

OXYGEN AND VACUUM TEST DEPT. SIGN:

WARD CASUALTY

NO	OXYGEN	NO	VACUUM	NO	LOW AIR	NO	H/AIR	NO	N 2 O
303		277				J			1120
302		276					1	1	1
301		275				İ	1	1	-
300		274						+	<u> </u>
299		273						-	
326		300					1	+	
325		299						1	
324		298							
323		297							
322		296							
298		272							
297		271							
296		270							
315		289							
314		288							
312		286						1	
311		285				-		1	
313		287						-	
304		278						-	
305		278				************		-	
306		280							
307		281							
308		282							
320		294							
321		295							
309		283							
316		290							
317		291							
318		292							
319		293							

	DATE:
	CHECK BY:
	SIGN:
OXYGEN AND VACUUM TEST	DEPT. SIGN:

WARD ICU

NO OXYGEN NO VACUUM NO LOW AIR NO H/AIR NO N 2 O 279 252 250	WARD	ICU			,					
279 252 <td>NO</td> <td>OXYGEN</td> <td>NO</td> <td>VACUUM</td> <td>NO</td> <td>LOW AIR</td> <td>NO</td> <td>H/AIR</td> <td>NO</td> <td>N2O</td>	NO	OXYGEN	NO	VACUUM	NO	LOW AIR	NO	H/AIR	NO	N2O
276 251 277 253 279 254 280 255 282 257 281 256 284 259 283 288 285 250	279		252					and a second		
277 253 279 254 280 255 282 257 281 256 284 259 283 288 285 250	275		250							
279 254 280 255 282 257 281 256 284 259 283 288 285 250	276		251							
280 255 282 257 281 256 284 259 283 288 285 250	277		253							
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284 259 283 288 285 250	282		257							
283 288 285 250	281		256							
285 250	284		259							
	283		288							
	285		250							
	286		261							
									1	

DATE:
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SIGN:
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OXYGEN AND VACUUM TEST

W	A	175	250	1	

NO NO	OXYGEN	NO	VACUUM	NO	LOW AIR	NO	H/AIR	NO	Man
153		135		140	LOWAIK	INO	DIAIK	NO	N20
234		205				-		+	
236		207				†		-	
235		206			1				+
247		218							<u> </u>
245		216							
248		219						1	
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244		215							
242		212							
241		213							
240		211							
239		211							
237		208							
238		209							
								-	

DATE:
CHECK BY:
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OXYGEN AND VACUUM TEST

WARD OT

NO		NO	VACUUM	NO	LOW AIR	NO	H/AIR	NO	N 2 O
256		228		6		6		15	
255		227		7		5		14	
254		226		5				16	
		225						1	
259		232		8		8		9	
258		231		9		7		10	
257		230		10			-	11	
		229							
260		232		16		12		21	-
261		231		15		11		22	
262		230		14				23	
		229							
265		0.40							
264		240		16		12	***************************************	25	
263		239		15		11	-	24	
203		238		14				26	
		237							
266		241							
267	-								
268	-	242							
269		243							
-		244							
270		245							
272		246							
273		247							
274		248							
2/4		249					1		

	DATE:
	CHECK BY:
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OXYGEN AND VACUUM TEST	DEPT. SIGN:

WARD	. 2		1	Ţ					
NO	OXYGEN	NO	VACUUM	NO	LOW AIR	NO	H/AIR	NO	N20
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NN		NN							
55		55							
56		56							
57		57							
58		58							
59		59							
60		60							
61		61						1	
62		62						1	
63		63							
64		64							
65		65							
66		66							
67		67							
68		68							
69		69							
						************		1	
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	DATE:
	CHECK BY:
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OXYGEN AND VACUUM TEST	DEPT. SIGN:

NO	OXYGEN	NO	VACUUM	NO	LOW AIR	NO	H/AIR	NO	N 2 O
37		37						1	11120
38		38				1			<u> </u>
39		39						1	
40		40						+	
41		41						1	
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44		44							
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52		52		***************************************					
53		53							

	DATE:
	CHECK BY:
	SIGN:
OXYGEN AND VACUUM TEST	DEPT. SIGN:

		Т	T	Ţ					
NO	OXYGEN	NO	VACUUM	NO	LOW AIR	NO	H/AIR	NO	N 2 O
18		18							
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22		22							
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34		34							
35		35							
36		36							

ì		 			



PORT SHEPSTONE REGIONAL HOSPITAL

Private Bag X5706, Port Shepstone, 4240 Tel.:039-688 6159, Fax.:039-682 5948 E-mail duane.low@kznhealth.gov.za www.kznhealth.gov.za

TO: Mr T WALKER

DATE:10/09/07

FROM: MAINTENANCE PW SCHOLTZ

IN: Increase Oxygen and Vacuum Points

C-Ward requested to increase the number of Oxygen and Vacuum points in the department. The new equipment they got needs more points to function.

PW SCHOLTZ A/S

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.		
۷.۷.	Full Name of bidder/representative		
	The names of all directors / trustees / shareholders / members, their individual identity numbers, tax reference numb employee / persal numbers must be indicated in paragraph 3 below.	ers and, if a	applicable
2.8.	Are you or any person connected with the bidder presently employed by the state? 1.If so, furnish the following particulars:	YES	NO
	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: If you are presently employed by the state, did you obtain the appropriate authority to undertake remunerative work		
2.8.2	in the public sector? 2.1. If yes, did you attach proof of such authority to the quote document?	YES	NO
(Note: F	Failure to submit proof of such authority, where applicable, may result in the disqualification of the quote.)	uct busines	ss with the
2.9.1	I. If so, furnish particulars:	YES	NO
2.10.	. Do you, or any person connected with the bidder, have any relationship (family, friend, other) with a person employed may be involved with the evaluation and or adjudication of this quote?	by the state	e and who
2.10.	.1. If so, furnish particulars:		
	employed by the state who may be involved with the evaluation and or adjudication of this quote?	YES	NO NO
2.11. 2.12.	1. If so, furnish particulars:	d companie	s whether
2.12.	1. If so, furnish particulars:	YES	NO
3.	Full details of directors / trustees / members / shareholders. The Department Of Health will validate details of directors / trustees / members / shareholders on CSD. It is the su to ensure that their details are up-to-date and verified on CSD. If the Department cannot validate the information or not be considered and passed over as non-compliant according to National Treasury Instruction Note 4 (a) 2016/17. DECLARATION	ppliers' res	ponsibility quote will
I, TH	HE UNDERSIGNED (NAME)CERTIFY THAT THE	INFORM	1ATION
I AC	CCEPT THAT THE STATE MAY REJECT THE QUOTE OR ACT AGAINST ME SHOULD THIS DECL IVE TO BE FALSE.	ARATIO	N
Name	e of bidder Signature Position Date		
a)	"means — 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); any municipality or municipal entity; c) provincial legislature; d) national Assembly or the national Council of provinces; or e) Parliament.	,	

²⁹ Shareholder³ 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.

COMPULSORY SITE INSPECTION / BRIEFING SESSION

7.1.	Bidders who fail to attend the compulsory meeting will be disqua	lified from the evaluation process.
(i) (ii)	The institution has determined that a compulsory site meeting Date/Time:Place	take place
Institu	ıtion 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 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

- 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;
 - A sworn affidavit as prescribed by the B-BBEE Codes of Good Practice;
 - 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:

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:

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

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:

BEAT WAS ENDERSONE TO SEE THE SECOND	- 200
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

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5.	DID	DECL	ADA	TION
J.	טום	DECL	AKA	HON

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 NO
7.1.1	If yes, indicate:	TEO NO
	i) What percentage of the contract will be subcontracted	
Ω	iii) The B-BBEE status level of the sub-contractor	

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 YES

YES NO Preferential Procurement Regulations, 2017: Designated Group: An EME or QSE which is at last 51% owned by: **EME** QSE $\sqrt{}$ 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	Nam	e of company/firm:							
9.2		registration number:							
9.3		pany 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	DESC	CRIBE PRINCIPAL BUSINESS ACTIVITIES							
9.6	COM	PANY CLASSIFICATION [TICK APPLICABLE BO	OXI]						
		Manufacturer Supplier Professional service provider Other service providers, e.g. transporter, etc.							
9.7	Total	number of years the company/firm has been in bu	usiness:						
9.8	I/we, t the B-	he undersigned, who is / are duly authorised to a	do so on behalf of the company/firm, certify that the points claimed, based or graphs 1.4 and 6.1 of the foregoing certificate, qualifies the company/ firm fo						
	i) T	he information furnished is true and correct;							
	ii) T	he preference points claimed are in accordance	with the General Conditions as indicated in paragraph 1 of this form;						
	iii) Ir b	nthe event of a contract being awarded as a reso e required to furnish documentary proof to the sa	ult of points claimed as shown in paragraphs 1.4 and 6.1, the contractor may stisfaction 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 addi	claimed or obtained on a fraudulent basis or any of the conditions of contraction to any other remedy it may have –						
	(a)	disqualify the person from the bidding process	:						
	(b)		ed or suffered as a result of that person's conduct;						
	(c)	cancel the contract and claim any damages warrangements due to such cancellation;	rhich it has suffered as a result of having to make less favourable						
	(d)	who acted on a fraudulent basis, be restricted	hareholders and directors, or only the shareholders and directors by the National Treasury from obtaining business from any organ after the <i>audi alteram partem</i> (hear the other side) rule has been						
	(e)	forward the matter for criminal prosecution.							
		ESSES	SIGNATURE(S) OF BIDDERS(S)						
	2		DATE:ADDRESS						