

KZN Health Intranet C. 380×61 3 Quotation Advert Opening Date: 2021-07-16 Closing Date: 2021-07-23 Closing Time: 11:00 Institution Name: Emmaus hospital Province: KwaZulu-Natal Department or Entity: Department of Health Division or section: Central Supply Chain Management Place where goods / services is required EMMAUS HOSPITAL Date Submitted 2021-07-16 **Quotation Number:** ZNO: EMM 233/06/2021 Item Category: Services Item Description: SERVICE TO LAUNDRY EQUIPMENT AT HOSPITAL (CIBD 2ME) Quantity (if supplies) Select Type: Not Applicable Date: Venue:

QUOTES CAN BE COLLECTED FROM:

EMMAUS HOSPITAL

DECIES SHOULD BE DELIVERED TO:

EMMAUS HOSPITAL

D'BREFE BE GOTEDIA

Name:

MISS K.C NTSHALINTSHALI

Email:

siphile.hlongwane@kznhealth.gov.za

Contact Number:

036 488 8211

Finance Manager Name:

MR S.W MFUPHI

Finance Manager Signature:

No late quote will be considere

STANDARD QUOTE DOCUMENTATION SUPPLY CHAIN MANAGEMENT OVER R30 000.00
YOU ARE HEREBY INVITED TO QUOTE FOR REQUIREMENTS AT: EMMAUS HOSPITAL
DATE ADVERTISED: 16/07/2021 CLOSING DATE: 23/07/2021 CLOSING TIME: 11:00
FACSIMILE NUMBER: USO-4001739/1130 E-MAIL ADDRESS: SIPhile.hlongwane@kznhealth .gov.za
PHYSICAL ADDRESS: CATHEDRAL PEAK ROAD WINTERTON 3340
ZNQ NUMBER: EMM 233/06/2021
DESCRIPTION: SERVICE TO LAUNDRY EQUIPMENT AT HOSPITAL
CONTRACT PERIOD ONCE (if applicable) VALIDITY PERIOD 60 Days SARS PIN
CENTRAL SUPPLIER DATABASE REGISTRATION (CSD) NO.
UNIQUE REGISTRATION REFERENCE
DEDOSITED IN THE QUOTE DOX OFFILETED AT ACTOREY ADDRESS.
DEPOSITED IN THE QUOTE BOX SITUATED AT (STREET ADDRESS) EMMAUS HOSPITAL
CATHEDRAL PEAK ROAD WINTERTON 3340
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
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]

	State Delivery Period E.G. E.G. Taay, Tweek
Enquiries regarding the <u>quote</u> may be directed to Contact Person: K.C. NTSHALINT Tel: 036 E-Mail Address: Siphile.hlongwane@kznh	

DECLARATION OF INTEREST

1. - -	limited quote or proposal). employed by the state, or t declare his/her position in re the bidder is employed b the legal person on who evaluation and or adjudic on whose behalf the decl	se behalf the bidding document is sig cation of the quote(s), or where it is kn arant acts and persons who are involv	vitatior uritism to then uthorit ned, h lown the	n to quote (includes a price quote, in should the resulting quote, in, it is required that the biddery where- mas a relationship with person hat such a relationship exists in the evaluation and or adjuding.	uotation, advertise or part thereof, be er or his/her authons. ns/a person who a between the pers ication of the quote	d competitive quote, awarded to persons prised representative
2.	In order to give effect to the	above, the following questionnaire mu	ist be d	completed and submitted with	the quote.	
2.2.	Identity Number:	entativempany (director, trustee, shareholder²)	2.5.	Company Registration Number: VAT Registration Number:		
2.8. 2.8.1	The names of all directors a employee / persal numbers. Are you or any person confulf so, furnish the following p. Name of person / director / tr. Name of state institution at w. Position occupied in the state.	trustees / shareholders / members, the must be indicated in paragraph 3 beloected with the bidder presently employ articulars: "ustee / shareholder/ member:	w. yed by ne bida	the state? der is employed: Any other particulars:	[TICK A	PPLICABLEJ YES NO
2.8.2. (Note: F. 2.8.2.	in the public sector? 1. If yes, did you attach pro allure to submit proof of suct 2. If no, furnish re	ryed by the state, did you obtain the ap not of such authority to the quote docur <u>n authority, where applicable, may resu</u> asons for non-submission of such proc	opropri ment? of:	iate authority to undertake rei he disqualification of the quote	munerative work o [<u>a.</u>)	utside employment YES NO
2.9.1. 2.10.	bild you or your spouse. or a state in the previous twelve of so, furnish particulars Do you, or any person connermay be involved with the evaluations.	any of the company's directors / trustee	es / sh nship (te?	nareholders / members or the (family, friend, other) with a pe	ir spouses conduc [erson employed by	t business with the YES NO
2.11.1 2.11.1 2.12. (Are you, or any person conni employed by the state who n . If so, furnish particulars: Do you or any of the directors or not they are bidding for thi	ected with the bidder, aware of any relators by the involved with the evaluation and the evaluation and the control of trustees / shareholders / members of	ationsh d or ac f the c	nip (family, friend, other) betw djudication of this quote? ompany have any interest in a	any other related c	YES NO
3. F NB: 1 t	ull details of directors / tru The Department Of Health wo o ensure that their details ar not be considered and passe	stees / members / shareholders. Il validate details of directors / truste e up-to-date and verified on CSD. If th d over as non-compliant according to N	es / m ne Der	nembers / shareholders on C partment cannot validate the	information on C	liers' responsibility SD, the quote will
4	DECLARATION					
t. THI FURN	[:] UNDERSIGNED (NAM ISHED IN PARAGRAPI	IE)		CERTIF	Y THAT THE II	NFORMATION
I ACC PROV	EPTTHAT THE STATE E TO BE FALSE.	MAY REJECT THE QUOTE OR	ACT	`AGAINST ME SHOULE) THIS DECLA	RATION
	of bidder	Signature	Posit	lion	Date	
00 Ac	ly national or provincial departme	eaning of the Public Finance Management (d) nat	evincial legislature; tional Assembly or the national Coun diament.		

^{*}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 disqui	alified from the evaluation process.
(i) (ii)	The institution has determined that a compulsory site meeting Date/ Time: Place	take place
Institu	ution 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.
- 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;
 - 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;
- (i) "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.

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

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

In terms of Regulation 6 (2) and 7 (2) of the Preferential Procurement Regulations, preference points must be awarded to a bidder for 4.1 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:

B-BBEE STATUS LEVEL OF CONTRIBUTOR CLAIMED IN TERMS OF PARAGRAPHS 1.4 AND 4.1 6.

B-BBEE Status Level of Contributor: =(maximum of 20 points) 6.1

(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	
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(Tick applicable boy)

	(· on applicable box)
Will any portion of the contract be sub-contracted?	YES NO

7.1.1 If yes, indicate:

7.1

What percentage of the contract will be subcontracted

The name of the sub-contractor.....

The B-BBEE status level of the sub-contractor.....

8. Whether the sub-contractor is an EME or QSE

(Tick applicable box)

Specify, by ticking the appropriate box, if subcontracting with an enterprise in terms of YES NO Preferential Procurement Regulations, 2017:

Designated Group: An EME or QSE which is at last 51% owned by:	EME	QSE
Black people	V	V
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.	DECL	ARATION WITH REGARD TO COMPANY/FIRM	4
9.1	Nan	ne of company/firm:	
9.2		registration number:	
9.3		npany registration number:	
9.4		E OF COMPANY/ FIRM [TICK APPLICABLE BC	
		Partnership/Joint Venture / Consortium One person business/sole propriety Close corporation Company (Pty) Limited	
9.5	DES	CRIBE PRINCIPAL BUSINESS ACTIVITIES	
9.6		PANY CLASSIFICATION (TICK APPLICABLE B	OVI
	30,1	Manufacturer Supplier Professional service provider Other service providers, e.g. transporter, etc.	OX _I
9.7	Total	number of years the company/firm has been in b	usiness:
9.8	I/we, the B	the undersigned, who is / are duly authorised to	do so on behalf of the company/firm, certify that the points claimed, based on graphs 1.4 and 6.1 of the foregoing certificate, qualifies the company/ firm for
	i) 1	The information furnished is true and correct;	
	ii) I	The preference points claimed are in accordance	with the General Conditions as indicated in paragraph 1 of this form;
	ıii) li	n the event of a contract being awarded as a res	ult of points claimed as shown in paragraphs 1.4 and 6.1, the contractor may atisfaction of the purchaser that the claims are correct;
	iv) If h	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 contract tion 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)		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
		applied; and	after the <i>audi alteram partem</i> (hear the other side) rule has been
	(e)	forward the matter for criminal prosecution.	
	1	ESSES	SIGNATURE(S) OF BIDDERS(S) DATE: ADDRESS

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

: LAUNDRY EQUIPMENT : S/LOADING WASHING MACHINE

TYPE OF SERVICE
SCHEDULE FOR
SCHEDULE FREQUENCY
INSTALLATION NAME REF : L CODE : L5-003 REF

1. Check all safety devices, door switch, stop button, electrical isolator 2. Check drum door catches 3. Check and report any excessive noise 4. Clean machine 5. Check for steam, water, air and oil leaks 6. Remove covers and clean machine 7. Check oil level in gearbox & change as per manufacturers specification 8. Grease bearings 9. Check and tension drive belts and pulley alignment 10. Check and adjust brake (ensure basket stops in correct position) (check inching) 11. Check and tighten all electrical connections Check indicator lamps and electrical connections NOTE: Compressed air not to be used for cleaning	P.M. S	P.M. SERVICE P.M. SERVICE ITEM INSTRUCTION: CHECK, ADJUST, CLEAN AS REQUIRED	ORDER	RUNNING REPAIRS (Apply for V.O. as Applicable) OTHER NON-SPECIFIED TIM RUNNING REPAIRS DONE TAK	Applic FIED FONE	RS RApplicable) IFIED TIME TAKEN	<u></u>	TIME DESCRIPTION OF QUAN TAKEN SPARES USED SITE STOCK	TAKEN SPARES USED STOCK STOCK	TAKEN SPARES USED TOWN OF EX STOCK S	TAKEN SPARES USED STOCK STOCK
		Check all safety devices, door switch, stop button, electrical isolator									
2 2 9	·	Check drum door catches									
		Check and report any excessive noise									
9 - 9		Clean machine									
		Check for steam, water, air and oil leaks									
, , ,	·	Remove covers and clean machine									
2 1 0 0		Check oil level in gearbox & change as per manufacturers specification									
2 1.	.00	Grease bearings									
	,69	Check and tension drive belts and pulley alignment									
	10.	Check and adjust brake (ensure basket stops in correct position) (check inching)									
	. 1	Check and tighten all electrical connections									
NOTE: Compressed air not to be used for cleaning	12:	Check indicator lamps and electrical controls.									
		NOTE: Compressed air not to be used for cleaning									

13. 14. 15. 16. 17.	P.M. SERVICE ITEM INSTRUCTION: CHECK, ADJUST, CLEAN AS REQUIRED 13. Check overload settings 14. Clean motor airways 15. Check mounting bolts 15. Check mounting with load and check for basket positioning correctly 17. Meg-ohm test all motors	ORDER	RUNNING REPAIRS (Apply for V.O. as Applicable) OTHER NON-SPECIFIED RUNNING REPAIRS DONE TAM	able) TIME TAKEN	DESCRIPTION OF SPARES USED	S S E	QUANTITY OCK STOCK STOCK	OTHER REPAIRS REQUIRED SUBMIT QUOTATION DESCRIPTION OF OTHER REPAIRS REQUIRED REQ.	EST. TIME REQ.	DESCRIPTION OF SPARES REQUIRED	REQ
j j	Test run machine with load and check for basket positioning correctly										
17.	Meg-ohm test all motors										
18.	Check machine for corrosion, treat and touch up with paint										
I CER	CERTIFY THAT THE SPECIFIED SERVICE WAS CARRIED OUT	D SERVI	CE WAS CARRIED O	LT				OFFICIAL STAMP:	AMP:		
NAME	NAME OF SERVICEMAN (BLOCK LETTERS):	KLETTE	ERS):		SIGI	SIGNATURE:					
NAME	NAME/S OF ASSISTANT/S: SEMI SKILLED:	II SKILLI	ED:								
COMAND TO SERVICE AND THE SERV	NAME/S OF ASSISTANT/S: UNSKILLED:	KILLED									
COMP	COMPANY NAME (BLOCK LETTERS):	ERS):						NAME OF	RESPO	RESPONSIBLE OFFICIAL ON	5
TIME IN:	*	••	NO I		DA	DATE:		9	Í		
TKCM:	. .		KM: To:		KM:	TOTAL KM:	<u> </u>	SIGNATURE:			

4.

Check suction fans on rolls

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Remove covers and clean

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Check for steam, water, air and oil leaks

4 ω Ņ

Check finger gauge for correct operation (Safety device)

Drain water from air receiver

Check ironer blanketing

Wax machine

P.M. SERVICE

INSTRUCTION: CHECK,
ADJUST, CLEAN AS REQUIRED

ORDER

RUNNING REPAIRS

(Apply for V.O. as Applicable)

OTHER NON-SPECIFIED TIME
RUNNING REPAIRS DONE TAKEN

DESCRIPTION OF SPARES USED

EX EX
SITE FIRMS
STOCK STOCK QUANTITY

DESCRIPTION OF OTHER REPAIRS REQUIRED

EST. TIME REQ.

DESCRIPTION OF SPARES REQUIRED

REQ GENTA

OTHER REPAIRS REQUIRED SUBMIT QUOTATION

ORDER No.:

ᄝᆔ

SERVICE PROVIDER

INSTALLATION NAME

7.

Check all steam traps and air vents and safety valves

<u>=</u>

Check A/C drive unit for smooth increase and decrease in speed, report if incorrect

5

3

Check and adjust if necessary, Check tape guide tensioners ဖွ

Check roll lifting cylinders

5

Check and tighten all nuts and bolts

œ

Grease all bearings and lubricate chain drives

PROVINCE OF KWAZULU-NATAL

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TYPE OF SCHEDULE F

		E FREOLENCY
	ROLLIRONER	ULE FOR
REF :L	LAUNDRY EQUIPMENT	OF SERVICE
	PREVENTIVE MAINTENANCE SCHEDULE	

m			
: LAUNDRY EQUIPMENT			
	PREVENTIVE MAINTENANCE SCHEDULE	DEPARTMENT OF PUBLIC WORKS	
REF :L			

P.M. S	P.M. SERVICE		RUNNING REPAIRS (Apply for V.O. as Applicable)					OTHER REPAIRS REQUIRED SUBMIT QUOTATION	UIRED		
ITEM	INSTRUCTION: CHECK, ADJUST, CLEAN AS REQUIRED	ORDER	OTHER NON-SPECIFIED RUNNING REPAIRS DONE	βĒ	DESCRIPTION OF SPARES USED	_ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\	7	DESCRIPTION OF OTHER REPAIRS	TIME TIME	DESCRIPTION OF SPARES REQUIRED	R QTY
						SITE	FIRMS	REQUIRED	REQ.		
15.	Wax machine, report quality of ironing from machine										
16.	Check air compressor, oil level and clean filter										
17.	Check indicator lamps and electrical controls.										
	NOTE: Compressed air not to be used for cleaning										
18.	Check overload settings										
19.	Clean motor airways										
20.	Meg-ohm test all motors										
21.	Check machine for corrosion, treat and touch-up with paint										
I CER	CERTIFY THAT THE SPECIFIED SERVICE WAS CARRIED OUT	SERVIC	E WAS CARRIED OL	JT				OFFICIAL STAMP:	AMP:		
NAME	NAME OF SERVICEMAN (BLOCK LETTERS):	KLETTE	RS):		SIGNATURE	JRE:					
NAME	NAME/S OF ASSISTANT/S: SEMI SKILLED:	SKILLE	D:								
NAME	NAME/S OF ASSISTANT/S: UNSKILLED:	KILLED:									
COME	COMPANY NAME (BLOCK LETTERS):	ERS):									
TIME IN:	IN: TIME OUT:	•••	TIME ON SITE:		DATE:			SITE:	OF CN	NAME OF RESPONSIBLE OFFICIAL ON SITE:	
FROM:	TO:		KM: TO:		KM:	TOTAL KM:	••	SIGNATURE:			

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

TYPE OF SERVICE
SCHEDULE FOR
SCHEDULE FREQUENCY
INSTALLATION NAME : LAUNDRY EQUIPMENT : ROTARY PRESS REF : L CODE : L2-003 REF

SERV		T.M.	ITEM		_	2	μ	4.	Su		7.	,œ	ò	10.	_	===	12 1.	13. 12. 1.1	14 13 12 14	
SERVICE PROVIDER :		T.M. SERVICE	INSTRUCTION: CHECK.	ADJUST, CLEAN AS REQUIRED	Check buck padding	Check for smooth rotation	Check and report any undue noise	Clean machine	Drain water from air receiver	Check for steam, water, air and oil leaks	Remove covers and clean	Check air compressor, oil level and clean filters	Check steam strainer, steam trap and safety valve	Check all air valves and air connections	Check oil level in indexing cylinder tanks	Lubricate main piston shaft	Check and tighten shock absorbers	Check mounting bolts		
			ž	ORDER																
		(Apply for V O as Applic	OTHER NON-SPECIFIED	RUNNING REPAIRS DONE TAKE																
		9 10 10 10 10 10 10 10 10 10 10 10 10 10	TIME)	TAKEN																
				SPARES USED																
			2	QUANTITY EX EX SITE FIRM STOCK STO																
				EX FIRMS STOCK																
2 :	Ç	OTHER REPAIRS REQUIRED	SUBMIT QUOTATION	DESCRIPTION OF OTHER REPAIRS REQUIRED																
	ORDER No.:	RDER No.	UIRED		EST. TIME REQ.															
				DESCRIPTION OF SPARES REQUIRED																
1.				QTY REQ	-	-	-	_			_			_				_	_	

			(Apply for V.O. as Applicable)	hiol				OTHER REPAIRS REQUIRED	UIRED		
ITEM	INSTRUCTION: CHECK,		-		DESCRIPTION OF	Ž A	Ц	DESCRIPTION OF	EST.		27
	ADJOST, CLEAN AS REQUIRED		RUNNING REPAIRS DONE		SPARES USED	SITE FI	FIRMS FIRMS	OTHER REPAIRS REQUIRED	TIME REQ.	SPARES REQUIRED	REQ
16.	Check machine on automatic and manual for smooth operation	latic and									
17.	Check indicator lamps and electrical controls.	α.									
	NOTE: Compressed air not to be used for cleaning	not to									
18.	Check overload settings										
19.	Clean motor airways										
20.	Meg-ohm test all motors										
21.	Check machine for corrosion, treat and touch-up with paint	sion, treat									
I CER	TIFY THAT THE SP	ECIFIED SER	CERTIFY THAT THE SPECIFIED SERVICE WAS CARRIED OUT	٦				OFFICIAL STAMP:	AMP:		
NAME	NAME OF SERVICEMAN (BLOCK LETTERS):	(BLOCK LET	TERS):		SIGNATURE	ij					
NAME	NAME/S OF ASSISTANT/S: SEMI SKILLED:	S: SEMI SKIL	LED:								
NAME	NAME/S OF ASSISTANT/S: UNSKILLED:	S: UNSKILLE	Ö:								
COMF	COMPANY NAME (BLOCK LETTERS):	CK LETTERS):						NAME OF	NES DO	RESPONSIBLE DEEKLY ON	2
TIME IN:		TIME OUT:	TIME ON SITE:		DATE:			9	í <u>9</u>		2
FROM:	1 0:	, ;	KM: TO:		KM: TO	TOTAL KM:		SIGNATURE:			

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

TYPE OF SERVICE
SCHEDULE FOR
SCHEDULE FREQUENCY
INSTALLATION NAME : LAUNDRY EQUIPMENT : ROTARY PRESS REF : L CODE : L2-003

INSTA	INSTALLATION NAME :							REF			
SERV	SERVICE PROVIDER :							ORU	ORDER No.:		
P.M. (P.M. SERVICE		RUNNING REPAIRS	<u> </u>				OTHER REPAIRS REQUIRED	UIRED		
ITEM	INSTRUCTION: CHECK,	Z	OTHER NON-SPECIFIED	TIME	DESCRIPTION OF	QUAI	QUANTITY	DESCRIPTION OF	EST.	DESCRIPTION OF	OTV
		これしにな	RUNNING REPAIRS DONE	TAKEN	SPARES USED	STOCK	EX FIRMS	OTHER REPAIRS REQUIRED	TIME REQ.	SPARES REQUIRED	REQ
	Check buck padding										
5	Check for smooth rotation										
μ	Check and report any undue noise										
4.	Clean machine										
ည	Drain water from air receiver										
	Check for steam, water, air and oil leaks										
7.	Remove covers and clean										
ĊΦ	Check air compressor, oil level and clean filters										
è	Check steam strainer, steam trap and safety valve										
10.	Check all air valves and air connections										
11	Check oil level in indexing cylinder tanks										
12.	Lubricate main piston shaft										
13.	Check and tighten shock absorbers										
14 4	Check mounting bolts										
15.	Check water spray hoses and nozzles										
ZNT22	ZNT2234-55G: 2010-2013										

			SIGNATURE:		TAL KM:	KM: TOT		Т0:	KM:		TO:	. .	FROM:
			!			DATE:		SITE:	TIME ON SITE:	T:	TIME OUT:	Z.	TIME IN:
0	RESPONSIBLE OFFICIAL ON	RESPO	NAME OF R						S	TERS):	COMPANY NAME (BLOCK LETTERS):	PANY NAMI	COM
										SKILLED	NAME/S OF ASSISTANT/S: UNSKILLED:	E/S OF ASS	NAM
									ED:	/II SKILL	NAME/S OF ASSISTANT/S: SEMI SKILLED:	E/S OF ASS	NAME
					ίú	SIGNATURE			ERS):	X LETTI	NAME OF SERVICEMAN (BLOCK LETTERS):	E OF SERVI	NAME
		MP:	OFFICIAL STAMP:					RIED OUT	ICE WAS CARI	D SERVI	I CERTIFY THAT THE SPECIFIED SERVICE WAS CARRIED OUT	TIFY THAT	I CER
				_							and touch-up with paint	and touch-up with paint	2
											all motors	Meg-ohm test all motors	20.
											irways	Clean motor airways	19.
											d settings	Check overload settings	18.
											NOTE: Compressed air not to be used for cleaning	NOTE: Compressed be used for cleaning	
											or lamps and rols.	Check indicator lamps and electrical controls.	17.
											Check machine on automatic and manual for smooth operation	Check machin manual for sm	16.
QTY REQ	DESCRIPTION OF SPARES REQUIRED	TIME REQ.	DESCRIPTION OF OTHER REPAIRS REQUIRED	Š 20	STOCK STO	USED	TAKEN SPARES USED		RUNNING REPAIRS DONE	ORDER	ADJUST, CLEAN AS REQUIRED	ADJUST, CLE	ri Z
		JIRED	OTHER REPAIRS REQUIRED SUBMIT QUOTATION					lica	RUNNING REPAIRS (Apply for V.O. as Applicable)			P.M. SERVICE	P.M. S

REF : L CODE : L3-004

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

TYPE OF SERVICE
SCHEDULE FOR
SCHEDULE FREQUENCY
INSTALLATION NAME : LAUNDRY EQUIPMENT : TUMBLE DRIER

									א ד		
SERV	SERVICE PROVIDER :								QR	ORDER No.:	
P.M.	P.M. SERVICE		RUNNING REPAIRS					OTHER REPAIRS REQUIRED	ERED PER D		
			(Apply for V.O. as Applicable)	able)				SUBMIT QUOTATION			
MEM	INSTRUCTION: CHECK,	Z	OTHER NON-SPECIFIED	TIME	DESCRIPTION OF	QUANTITY	חודץ	DESCRIPTION OF	EST.	DESCRIPTION OF	ΩTY
	ADJOST, CLEAN AS REQURIED	これに	RONNING REPAIRS DONE	TAKEN		SITE STOCK	FIRMS STOCK	OTHER REPAIRS REQUIRED	REQ.	SPARES REQUIRED	REQ
	Combine with Lubrication schedule L3-004/LUB										
	Remove covers and clean (also air blow steam coils)										
2.	Clean lint drawer										
က	Check for steam, water, air and oil leaks										
4.	Clean motor airways										
ίω	Grease main bearings and lubricate drive										
G	Check and tension drive belts										
7.	Check and clean steam strainers, steam traps and safety valve										
	Check all electrical connections and tighten (Annual)										
9	Check overload settings										
10.	Meg-ohm test all motors (Annual)										
<u> </u>	Check indicator lamps and electrical controls										
	NOTE: Compressed air not to be used for cleaning									*	

ZNT2234-55G: 2010-2013

		SIGNATURE:	*	TOTAL KM:	KM:		10:	KM:		T 0:	S	FROM:
					DATE:		N SITE:	TIME ON	••	TIME OUT:	Z	TIME IN:
NAME OF RESPONSIBLE OFFICIAL ON SITE:	SPONS	NAME OF RE							ERS):	COMPANY NAME (BLOCK LETTERS):	PANY NAI	MOS
									KILLED:	NAME/S OF ASSISTANT/S: UNSKILLED:	E/S OF AS	NAM
					3			:D:	II SKILLE	NAME/S OF ASSISTANT/S: SEMI SKILLED:	E/S OF AS	NAM
				URE:	SIGNATURE			RS):	KLETTE	NAME OF SERVICEMAN (BLOCK LETTERS):	E OF SER	NA M
	TAMP:	OFFICIAL STAMP:				JT	RRIED OL	CE WAS CA	D SERVI	I CERTIFY THAT THE SPECIFIED SERVICE WAS CARRIED OUT	RTIFY THA	I CEI
										Ensure all guards and cover panels are in place and secure	Ensure all g panels are i	18.
										Remove/clean any lubricant spillage	Remove/cle spillage	17.
										Check/clean strainers, steam traps, PRV, SV's etc.	Check/clean strainer traps, PRV, SV's etc	16.
										Check machine for corrosion, degrease, de-rust treat and touch up with paint	Check machi degrease, de up with paint	15.
									=	On electric heated machines, check air flap switch and note total current draw (amps)	On electric heated n check air flap switch current draw (amps)	14.
										Check machine under load and note temperature after 15 mins (laundry must come from hydro or washer extractor)	Check machine u note temperature (laundry must cor washer extractor)	13.
										Check all safety devices, door switches and electrical isolator	Check all s switches ar	12.
SPARES REQUIRED	TIME REQ.	OTHER REPAIRS REQUIRED	EX EX COCK STOCK	EX SITE STOCK	SPARES USED	Z	AIRS DONE	RUNNING REPAIRS DONE	ORDER	ADJUST, CLEAN AS REQURIED	ADJUST, C	
	IRED	OTHER REPAIRS REQUIRED SUBMIT QUOTATION			DESCRIPTION OF	ח	AIRS O. as Applic	RUNNING REPAIRS (Apply for V.O. as Applicable) OTHER NON-SPECIFIED TIM	Z	(VICE INSTRUCTION: CHECK.	P.M. SERVICE	P.M. S

L3-004 PAGE 2 OF 2

REF : L CODE : L7-001

REF

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

TYPE OF SERVICE SCHEDULE FOR SCHEDULE FREQUENCY : LAUNDRY EQUIPMENT : MILNOR WASHER/EXTRACTOR

INSTALLATION NAME

SERVICE PROVIDER :							O.	ORDER No.	
P.M. SERVICE		RUNNING REPAIRS					OTUES BEBAIRS BE		
U.		(Apply for V.O. as Applicable)	able)				OTHER REPAIRS REQUIRED SUBMIT QUOTATION	QUIRED	
ADJUST, CLEAN AS REQUIRED	ORDER	OTHER NON-SPECIFIED RUNNING REPAIRS DONE	TIME TAKEN	DESCRIPTION OF SPARES USED	QUANTITY EX EX SITE FIRI STOCK STO	EX FIRMS STOCK	DESCRIPTION OF OTHER REPAIRS REQUIRED	EST. TIME REQ.	DESCRIPTION OF SPARES REQUIRED
1 CHECK									
1.1 And drain water from filter of air service unit and ensure NO oil in air circuit & that air regulator is set on MIN 600kPA									
1.2 Oil level of gear reducer & top up if necessary									
1.3 Oil level of hydro-cushion cylinders & top up at correct level									
1.4 Clean all components									
1.5 And clean motor fan covers	1							1	
1.6 Tension of all v-belts and adjust									
1.7 Operation of vibration safety switch									
2. LUBRICATE									
2.1 Slowly with machine running at wash speed main bearings & seals. Ensure seals are not blown out									
2.2 Jackshaft bearings with 2 or 3 strokes of grease gun									
2.3 Door interlock plunger									
2.4 Hand wheel screw									

FROM:	TIME IN:		COMP	NAME	NAME	NAME	I CER	4,	3.1	ω	2.9	2.8	2.7	2.6	2.5	1	T I	P
			COMPANY NAME (BLOCK LETTERS):	NAME/S OF ASSISTANT/S: UNSKILLED:	NAME/S OF ASSISTANT/S: SEMI SKILLED:	NAME OF SERVICEMAN (BLOCK LETTERS):	CERTIFY THAT THE SPECIFIED SERVICE WAS CARRIED OUT	Check machine for corrosion, treat and touch up with paint	Plug & shaft seal leak off	CLEAN	Upper & lower ball joints on hydro- cushion cylinders	Miltrol motor clutch	Motor bearings	Brake band stud	Door hinge pin	ADJUST, CLEAN AS REQUIRED	INSTELLOTION: CHE	P.M. SERVICE
TO:	TIME OUT:		OCK LETTI	NT/S: UNS	NT/S: SEMI	AN (BLOCK	SPECIFIED	nt treat	off		nts on hydro-						4	
			ERS):	(ILLED:	SKILLE	(LETTE	SERVI									ORDER		
KM: 1	TIME ON SITE:				Đ:	RS):	CE WAS CARRI									RUNNING REPAIRS DONE	(Apply for V.O. as Applicable)	DININING DEDAIR
10:	ITE:						ED OU:									DONE	Applicat	8
							7									ğ r		
KM:	DATE:					SIGN										SPARES USED		
TOTAL KM:	::"			•		SIGNATURE:										QUAN EX SITE STOCK		
••																FIRMS		
SIGNATURE:		NAME OF					OFFICIAL STAMP:									DESCRIPTION OF OTHER REPAIRS REQUIRED	OTHER REPAIRS REQUIRED SUBMIT QUOTATION	
		RESPO					AMP:									TIME REQ.	UIRED	
		RESPONSIBLE OFFICIAL														DESCRIPTION OF SPARES REQUIRED		L7-001 PAGE 2 OF 2
		0														QTY REQ		