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Sikithi Sipho - ?



KZN HEALTH

## KZN Health Intranet

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## AdvertQuote



## Quotation Advert

Opening Date: 2021-11-02

Closing Date: 2021-11-16

Closing Time: 11:00

## INSTITUTION DETAILS

Institution Name: Grey's hospital

Province: KwaZulu-Natal

Department or Entity: Department of Health

Division or section: Central Supply Chain Management

Place where goods / services is required: Greys's Hospital

Date Submitted: 2021-11-02

## ITEM CATEGORY AND DETAILS

Quotation Number: ZNQ: GRS 2238/10/21

Item Category: Services

Item Description: Replace Toilet Cisterns at Male Female ablutionS at Main Kitchen  
(AS PER SPECIFICATION ATTACHED)

Quantity (if supplies): 5 Units

## COMPULSORY BRIEFING SESSION / SITE VISIT

Select Type: Compulsory Site Visit

Date: 2021-11-05

Time: 10:00

Venue: Maintenance Department

QUOTES CAN BE COLLECTED FROM: Departmental Website

QUOTES SHOULD BE DELIVERED TO: Grey's Hospital Tender Box

## ENQUIRIES REGARDING THE ADVERT MAY BE DIRECTED TO:

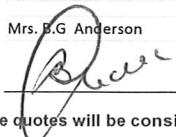
Name: Sipho Sikithi

Email: No Email

Contact Number: 033 897 3492

Finance Manager Name: Mrs. B.G Anderson

Finance Manager Signature:



No late quotes will be considered



health

Department:  
Health  
PROVINCE OF KWAZULU-NATAL

CIRS: 2238/10/21

201 Townbush Road, Northern park, Pietermaritzburg, 3201  
Private bag X9001, Pietermaritzburg, 3200  
Tel: 033 897 3476 Fax: 033 897 3716 Email:  
www.kznhealth.gov.za

DIRECTORATE:

GREY'S HOSPITAL  
MAINTENANCE  
DEPARTMENT

## SUPPLY & INSTALL 4 x CLOSE COUPLE TOILETS IN KITCHEN ABLUTION AT GREY'S HOSPITAL

### PROJECT SPECIFICATIONS

#### 1. NOTES TO TENDERERS

##### 1.1. SCOPE OF CONTRACT

This Contract is for the complete execution of the project indicated above.

##### 1.2. CONTRACT DRAWINGS

This quotation document is to be read in conjunction with the drawings listed below which is issued together with this document.

Drawing No.: Nil

These drawings may be updated from time to time during the course of the Contract, and the Contractor must ensure at the time of the installation that he has the latest copy of all drawings. No claim will be considered for work, which requires to be changed due to the use of outdated drawings.

##### 1.3. CONDITIONS OF CONTRACT AND PRELIMINARIES

###### 1.3.1 PERIOD OF CONTRACT

12 (Twelve) Weeks as the Contract Period for the completion of the Structural Work from date of Site handover.

###### 1.3.2 CONTRACT GUARANTEE:

The successful Tenderer will be required to submit a contract guarantee.

###### 1.3.3 GUARANTEE PERIOD

The guarantee period for the **Structural Work** and all materials must be for a minimum of **Three (3) months** from the date of first delivery.

The guarantee period for **Electrical and Mechanical Installations** shall be for a minimum of **Twelve (12) Months** from the date of first delivery.

###### 1.3.4 SITE AND MODE OF PROCEDURE

The work contained in this contract will be carried out on the site of the existing Institution.

The Contractor is advised that the existing premises will be occupied throughout the period of the contract.

Damage to existing buildings - Tenderers to note that any damages done or occurring to any of the buildings will be repaired at the expense of the contractor/ Tenderer.

The repairs must be to the satisfaction of the KwaZulu- Natal Department of Health.

**NB:** *Tenderers are advised to examine the drawings and visit the site prior to quoting and to acquaint themselves with the nature of the work to be done and access to the siting of the existing buildings etc., as no claim will be allowed on the grounds of ignorance of the conditions under which the work will be executed.*

### 1.3.5 SATISFACTORY INSTALLATION

The whole of the installation shall be carried out in accordance with the South African Bureau of Standards Code of Practice for the application of National Building Regulations, the KZNPA Standard Preambles to all Trades, the KZNPA General Electrical Specification, the South African Bureau of Standards Code of Practice for the Wiring of Premises and the Occupational Health and Safety Act 85 of 1993 as amended.

Copies of the KZNPA Standard Preambles to all Trades and the KZNPA General Electrical Specification are available at the office of the Superintendent – General for Health – KwaZulu-Natal and can be obtained on request.

### 1.3.6 CERTIFICATE OF COMPLIANCE

On completion of the service, a copy of the "Certificate of Compliance for Electrical Installation" must be submitted to the office of the Superintendent –General for Health: KwaZulu Natal.

## 2.. SCOPE OF WORK

The work to be carried out under this contract includes:

- Supply & install 4 x close couple toilets in Kitchen ablution at Grey's Hospital.
- All materials and all accessories required for the total installation and including all labour and leaving in-service condition to the satisfaction of the Secretary for Health: KwaZulu-Natal. The area to be left neat and tidy.

### TECHNICAL SPECIFICATIONS:

1. Remove existing cisterns and pans. Removed cisterns to be HANDED TO workshop.
2. After sewer and water supply lines to meet the requirements of installing new close couple toilet.
3. Close couple toilet pans to be mounted to floor with mortar mix and NOT epoxy.
4. Each unit to be fitted with an isolating valve.
5. Supply and fit white B2 toilet seats
6. All items supplied and used on this job must be SABS approved and the close couple toilets must be BETA / VAAL front flush.

- **Contractor bidding - must be their core business**
- **Artisans must be qualified – submit Trade Test Certificates.**
- **Provide proof / completion certificates of previous work similar to requested.**

**NOTE: ALL EQUIPMENT REMOVED IS TO REMAIN ON SITE AND HANDED OVER TO THE INSITUATION.**

**QUOTATION FORM**

**SUPPLY & INSTALL 4 x CLOSE COUPLE TOILETS IN KITCHEN ABLUTION AT GREY'S HOSPITAL**

**ALTERNATIVES**

It is required that the Contractor's main offer be in accordance with the specification. However, should Contractors wish to make alternative offers these must only be made on this form or copies thereof as necessary.

Note that all of the information required in this document must be supplied for all alternative offers as well.

Where the Contractor does not wish to submit alternatives, the word "NIL" shall be inserted against each section and the page signed by the Contractor.

ALTERNATIVE NO

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ALTERNATIVE PRICE

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(IN WORDS)

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DETAIL VARIATIONS FROM SPECIFICATION

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DETAIL BENEFITS TO OWNER IN TERMS OF THE ALTERNATIVE OFFER

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REMARKS

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CONTRACTORS'S AUTHORISED SIGNATURE / FULL NAME AND ADDRESS OF FIRM

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NAME IN BLOCK LETTERS \_\_\_\_\_

DATE \_\_\_\_\_

**QUOTATION FORM**

**SUPPLY & INSTALL 4 x CLOSE COUPLE TOILETS IN KITCHEN ABLUTION AT GREY'S HOSPITAL**

**DEVIATIONS FROM SPECIFICATION**

If the Contractor's main offer contains any deviations from the specification these deviations must be listed below:

Where no deviations from specification occur, the word "NIL" shall be entered under Deviation, and the page signed by the Contractor.

CLAUSE NO	DEVIATION

CONTRACTOR'S AUTHORISED SIGNATURE  
\_\_\_\_\_

FULL NAME AND ADDRESS OF FIRM:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

NAME IN BLOCK LETTERS: \_\_\_\_\_

DATE: \_\_\_\_\_

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• KINDLY RETURN ALL DOCUMENTATION WHEN REPLYING

**PROVINCE OF KWAZULU-NATAL  
DEPARTMENT OF HEALTH**

**SUPPLY & INSTALL 4 x CLOSE COUPLE TOILETS IN KITCHEN ABLUTION AT GREY'S HOSPITAL**

**SCHEDULE OF RATES**

**3.1 ITEMS AND PRICING**

The Department reserves the right to place an order for any quantities of items included in the Schedules. The Schedule of Rates must also not be assumed to include and describe every detail of the supply requirement, but must be taken and read in conjunction with the other parts of the document. Thus the supplier shall not have claim for further payment in respect of any order which may be described or implied in the contract, although apparently no corresponding items are given in the Schedule of Rates. The supplier shall be deemed to have satisfied himself before quoting as to the correctness and sufficiency of his quote for the contract and of the rates and prices stated in the Schedule of Rates.

**3.2 TAX AND DUTIES**

Prices, quoted and paid, must include all customs, excise and import duties, and any other tariffs or taxes levied by the government or statutory body having jurisdiction on the goods provided under this contract, including Value Added Tax (applicable to the current rate).

**3.3 RATES**

Except where provision is made in the Schedule of Rates, the rates and prices inserted shall be the full rates and prices for the service delivered described under the respective items and shall cover all labour, transport, overhead charges and profit, etc. as well as the general liabilities, obligations and risks arising out of the Conditions of Contract, the overhead charges and profit being spread proportionately over the rates of the relative items in the Schedule of Rates.

**SCHEDULE OF RATES**

**WORK TO BE DONE AND SCHEDULE OF PRICES:**

Item	DESCRIPTION <b>SUPPLY &amp; INSTALL 4 x CLOSE COUPLE TOILETS IN KITCHEN ABLUTION AT GREY'S HOSPITAL</b>	UNIT	QTY	RATE/ UNIT		TOTAL	
				R	c	R	c
	<p><b>NOTES:</b>                      All items to be priced fully inclusive of all charges: e.g. labour, plant, profit, etc., but <b>excluding</b> Value Added Tax.                      The Administration reserves the right to negotiate prices in the Bill of Quantities.                      All materials used in this contract shall be that which is specified, or other approved by the Department of Health.</p> <p>Contractors are advised to visit site to acquaint themselves with the site and the layout of the institution as no claims on the grounds of ignorance of the locality/siting of the institution will be entertained later.</p> <p>Contractors are informed that living on the institutions premises during the contract is not allowed and arrangements for accommodation will have to be allowed for.</p>						
	<p><b>INSTITUTION: GREYS HOSPITAL</b>  <b>SERVICE: SUPPLY &amp; INSTALL 4 x CLOSE COUPLE TOILETS IN KITCHEN ABLUTION</b></p>						
1)	Safety Plan / File	Each	1				
2)	BETA / VAAL white close couple toilets	Each	4				
3)	Pan connectors	Each	4				
4)	B2 White toilet seats SABS approved	Each	4				
5)	Isolating valves 15mm	Each	4				
6)	Masonry work						
7)							
8)							
9)							
10)							
11)							
12)							
13)							
14)							
15)							
<b>Carried To Collection Summary</b>						<b>R</b>	
				<b>PS 1</b>			



**COLLECTION SUMMARY**

INSTITUTION: GREYS HOSPITAL  
PROJECT DESCRIPTION: **SUPPLY & INSTALL 4 x CLOSE COUPLE TOILETS IN KITCHEN  
ABLUTION AT GREY'S HOSPITAL**

**NOTE:**

THIS COLLECTION SUMMARY MUST BE COMPLETED IN FULL BY THE CONTRACTOR AND RETURNED TOGETHER WITH THE QUOTATION FORM.

Collection Summary PS 1	R	
<b><u>SUB-TOTAL: CARRIED TO QUOTATION FORM</u></b>	R	

**IMPORTANT**  
*THIS FORM IS ONLY TO BE INCLUDED AND COMPLETED WHEN APPLICABLE TO THE QUOTATION.*

**OFFICIAL BRIEFING SESSION / SITE INSPECTION CERTIFICATE**

Site/building/institution involved: **GREY'S HOSPITAL**  
Quotation No.:

Service: **SUPPLY & INSTALL 4 x CLOSE COUPLE TOILETS IN KITCHEN  
ABLUTION AT GREY'S HOSPITAL**

THIS IS TO CERTIFY THAT..... OF (STATE NAME OF TENDERER)  
..... VISITED AND INSPECTED THE SITE ON  
..... (DATE) AND IS THEREFORE FAMILIAR WITH THE CIRCUMSTANCES AND  
THE A SCOPE OF THE SERVICE TO BE RENDERED.

.....  
**SIGNATURE OF TENDERER OR AUTHORISED REPRESENTATIVE**

**DATE** : .....

.....  
**SIGNATURE OF DEPARTMENTAL REPRESENTATIVE**

**DEPARTMENTAL STAMP:**

**DATE** : .....



health

Department:  
Health  
PROVINCE OF KWAZULU-NATAL

**NSI and Stock Replenishment Advice Checklist**

NSI Number: GRS 2238/10/21

Date 05/10/21

The following key items are checked on the NSI:

Checklist item	Yes/No	Comments
Requisition number recorded	YES	
Item on the procurement plan	YES	
Item description	YES	
Quantity requested	YES	
Estimated cost	YES	
Motivation	YES	
Allocation of expenditure	YES	
Confirmation of budget	YES	
Signed by requester	YES	
Signed by Assets Manager	YES	DEMAND
Signed by Supervisor for requesting department	YES	

The following key items are checked on the Stock Replenishment Advice:

Checklist item	Yes/No	Comments
Minimum stock level		
Max stock level		
Stock on hand		
Units requested		
Average monthly consumption		
Allocation of expenditure		
Confirmation of budget		
Signed by requester		
Signed by Supervisor		





