SharePoint

Mihembu Khulsai - 🤌



KZN HEALTH

KZN Health Intranet

Search this site

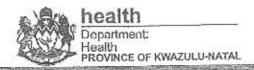
0

CORPORATE INFORMATION COMPONENTS DIRECTORY DISTRICT OFFICES HEALTH FACILITIES HOME

KZN Health > Components > Supply Chain Management

AdvertQuote

NEALTH REPUBLIC OF SOUTH AFRICA	Quotation Advert	
Opening Date:	2021-11-08	02
Closing Date;	2021-11-22	[]a
Closing Time:	11:00	
INSTITUTION DETAILS		
nstitution Name;	selectiking Edward Vin hospital	+
Province:	KwaZulu-Natal	200
Department or Entity:	Department of Health	
Division or section:	Central Supply Chain Management	
Place where goods / services is required	King Edward Viii hospital Maintenance	
Date Submitted	2021-11-05	[0
ITEM CATEGORY AND DETAILS		
Quotation Number:	ZNQ: KEV 710\21	
Item Category:	Select Gervice	-
ltem Description:	Servicing of Kitchen Equipment, Quotation is attached to advert pleat print it and bring it with you for Compulsory briefing session so it can stamped and signed failure to do so will result in disQualification, we your ppe gear and so emails are allowed all quotes should be hand delivered and dropped off at tendor box	n be
Quantity (if supplies)	24	
COMPULSORY BRIEFING SESSION	SITE VISIT	
Select Type:	solect Computerry Briefing session	01-
Date :	2021-11-11	
Time:	1160	120
Venue;	King Edward Viii hospital outside maintenance dept	
QUOTES CAN BE COLLECTED FROM:	Attached to advert	
QUOTES SHOULD BE DELIVERED TO:	King Edward Viii hospital tendor box	
ENQUIRIES REGARDING THE ADVE	RT MAY BE DIRECTED TO:	
Name:	Khulani mthembu \ Sizwe Gaxa	
Email:		
Contact Number:	031 360 3446 \ 031 360 3468	
Finance Manager Name:	Mrs V. Mitantato	
	Sut	



King Edward v III Himpital Private Bug X 02 CNR of Rick Toner & Sydney Rd Tel. (031) 360:4368; Fax. (034) 205 0207

SPECIFICATION

FOR

SERVICING OF KITCHEN EQUIPMENTS 2021 to 2023 (3 years Contract)

Enquiries for technical related matters:

Enquiries: Mr. S. Gaxa Tel. (031) 360 3468 Fax. (031) 205 0207

WORK TO BE DONE: - DUE MAY 2021

- Service of Convection Ovens X 3 as per attached service schedule CODE K11-004
- Service of 3X Electric Range and 2X Grillers as per attached schedule CODE K5-002
- 3. Service of Maccrators X 4 as per attached schedule, CODE MA1-001.
- Service of Phutu Pots X 6 (2 Big and 4 Small) as per attached schedule,
- Service of Potato Peelers X 2 as per attached schedule, CODE K7-002
- Service of Tilting Pans X 4 as per attached schedule, CODE K2-002

NB: Company Sticker clearly showing date of service and the date of the next service

Evaluation Criteria

- Estimate quotation form must be completed in full.(ANNEXTURE A)
- 2. Proposed Work Plan (to cover the contract period)
- 3. Valid CIDB grading 2; EB
- 4. References
- Letter of good standing NB: Tender to be advertised on CIDS Website

Mr. S. Gaxa

Artisan

Mr. G.S. Dladla

Engineering Service Manager

KEH Maintenance: Specification for servicing of Extractor Canopy 2021/2023

	TANDARD QUOTE DO								30 00	0.00			
YOU ARE HEREBY INV												,	
DATE ADVERTISED:											TIME	11:00)
FACSIMILE NUMBER: .													
PHYSICAL ADDRESS: .	GATE 2 FRANCI	OS ROAD (CONG	ELLA	4013								
ZNQ NUMBER: KEV	710\ 21												
DESCRIPTION: SER	VICING OF KI	TCHEN E	QUIP	MEN	Τ								
CONTRACT PERIOD	(if applicable)	VALIDITY PER	RIOD 60	Days		SAI	RS PIN	l					
CENTRAL SUPPLIER DA	TABASE REGISTRATIO	ON (CSD) NO.						- 8					
UNIQUE REGISTRATION	I REFERENCE							-			- 0		
									- 1				
DEPOSITED IN THE QUO	OTE BOX SITUATED AT	T (STREET ADD	RESS)										
Bidders should ensure consideration.	that quotes are delive	ered timeously	to the o	correct	address	s. If th	e quo	te is	late,	it will	not b	e acc	epted fo
The quote box is open fro	m 08:00 to 15:30.												
ALL QUOTES MUST BE :	SUBMITTED ON THE C	FFICIAL FORM	S – (NO1	ТО ВЕ	RE-TY	PED)							
THIS QUOTE IS SUBJ PROCUREMENT REGUL CONDITIONS OF CONTR	ATIONS, 2011, THE GE												
		OLLOWING PAR											
	(FAILURE TO DO	SO WILL RESU	JLT IN YO	JUR QL	OIFB	ING L	JISQU	ALIFIE	=D)				
NAME OF BIDDER													×
POSTAL ADDRESS									00.00			******	
STREET ADDRESS													
TELEPHONE NUMBER	CODENUMBER	₹	F/	CSIMIL	E NUM	BER	CODE	E	NU	MBER.			
CELLPHONE NUMBER	(x												
E-MAIL ADDRESS								,					
VAT REGISTRATION NU	IMBER (If VAT vendor)				*********								
HAS A B-BBEE STATUS	LEVEL VERIFICATION	CERTIFICATE I	BEEN SU	JBMITT	ED? (SE	BD 6.1))				Y	ES	NO
[A B-BBFF STATUS LE TO QUALIFY FOR PREI			ORN AF	FIDAVI	T (FOR	EMEs	& QSE	Es) MI	JST B	E SUB	MITTI	ED IN	ORDER

IGNATURE By signing t	OF BIDDER his document	I hereby agree to all terms an	d conditions]	DATE			<u>e</u>
APACITY I	JNDER WHI	CH THIS QUOTE IS SIGNED.					
Item No	Quantity	Description		Brand &	Country of	Price	
	0.4	SERVICING OF KIT	CUEN FOUIDNEN	model	manufacture	R	C
1.	24		CHEN EQUIPMEN	1			+
	ļ.,						
700						_	-
							+
							+
							_
						_	+
	b:						-
						1	1
-0-							
						-	_
						+	+
					4		+
				1.10			1
					_		_
	-					-	-
	1						Ť
			7,7			1104-37	
		15% (Only if VAT Vendor)					- 0
TOTAL Q	JOTATION P	RICE (VALIDITY PERIOD 60	Days)				\perp
Does This (Offer Comply	With The Specification?	Does The A	rticle Conform To The S.	A.N.S. / S.A.B.S. Speci	fication?	
s The Price				ry Period E.G. <i>E.G. 1da</i>			

DECLARATION OF INTEREST

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

2. In order to give effect to the above, the following questionnaire must be completed and submitted with the quote.

2.1.	Full Name of bidder/represer	ntative 2	4. Company Registra	ation Number;		
2.2.	Identity Number:		Tax Reference Nu	ımber:		
2.3,	Position occupied in the Corr	pany (director, trustee, shareholder ^a):2	.6. VAT Registration	Number:		
2.7.		trustees / shareholders / members, the must be indicated in paragraph 3 below			ers and, if app	
2.8.		ected with the bidder presently employe		\$6550%	YES	NO
	I, If so, furnish the following pa	rticulars:				
	Name of person / director / tru	ustee / shareholder/ member:		ammaaaaaaaaa		annes.
	Name of state institution at wi	hich you or the person connected to the	bidder is employed:			
	Position occupied in the state	institution:	Any other parti	culars:		
2.8.2		yed by the state, did you obtain the app	propriate authority to ur	idertake remunerative work		
12020	in the public sector?		54500		YES	NO
		of of such authority to the quote docum		V-1		
-		authority, where applicable, may resul				
2.8.	2.2. It no, turnish rea	asons for non-submission of such proof any of the company's directors / trustee	l	hora or their appuess some	luot hueinaee	with the
2.9.	state in the previous twelve i	iny or the company's directors / trustee	s / snarenoiders / men	ibers or their spouses cond		NO NO
20		monuis? 			TES	NO
2.5.	Il so, iurnish paniculars Do you for any person conne	ected with the bidder, have any relation	chin /family friend oth	er) with a nerson employed	hy the state	and who
2.10	may be involved with the ex-	aluation and or adjudication of this quot	anp (ranny, menu, om o?	er) with a person employed		NO
2.10					LE9	NO
		ected with the bidder, aware of any rela			oidder and an	v person
544010	employed by the state who r	may be involved with the evaluation and	or adjudication of this	auple?		NO I
2.11	.1. If so, furnish particulars:			ATTOO NO.	[10]	NO [
2.12	2. Do you or any of the director	s / trustees / shareholders / members of	the company have an	y interest in any other relate	d companies	whether
	or not they are bidding for th					NO
2.12	2.1. If so, furnish particulars:					7,545.3
3.		ustees / members / shareholders. vill validate details of directors / truste	an I mambara I abara	halders on CCD. It is the s	uppliers' roen	oneibility
NO.		ire up-to-date and verified on CSD, If the				
	not be considered and pass	ed over as non-compliant according to	le Department cannot Vational Trassurv Instr	uction Note 4 (a) 2016/17	ii cob, iiie q	dote will
		ed over as non-compliant according to	validital freasury mon	action Note 4 (a) 2010(1).		
4	DECLARATION					
1. T	HE UNDERSIGNED (NA)	ME)		CERTIFY THAT TH	E INFORM	ATION
FU	RNISHED IN PARAGRAF	PHS 2.				
			A CT A CARRETA	OP CHANGE IN THE ENTRY	T AD ATTION	т
		E MAY REJECT THE QUOTE OF	(ACT AGAINST M	E SHOOLD THIS DEC	LAKATION	90
PR	OVE TO BE FALSE.					
2000000				0030		
Nan	ne of bidder	Signature	Position	Date		

"State" micans -

- any national or provincial department, national or provincial public entity or constitutional institution within the meaning of the Public Finance Management Act, 1999 (Act No. 1 of 1999);
- c) provincial legislature;
- d) national Assembly or the national Council of provinces; or
- c) Parliament.

any municipality or municipal entity;

^{2&#}x27; 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 ferninine 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 scaled 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 seafed envelopes with the relevant quotation numbers on the envelopes are kept unopened in safe custody until the closing time of the quotation/bids. Where, however, a quotation is received open, it shall be sealed. If it is received without a quotation/bid number on the envelope, it shall be opened, the quotation number ascertained, the envelope sealed and the quotation number written on the envelope.
- 5.4. A specific box is provided for the receipt of quotations, and no quotation found in any other box or elsewhere subsequent to the closing date and time of quotation will be considered.

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

SAMPLES

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

7. COMPULSORY SITE INSPECTION / BRIEFING SESSION

7.1. Bidders who fail to attend the compulsory	meeting will be disqualified from the evaluation process.
(i) The institution has determined that a com (ii) Date// Time:	pulsory site meeting take place
Institution Stamp:	Institution Site Inspection / briefing session Official
	Full Name:
	Signature:
	Date:

8. STATEMENT OF SUPPLIES AND SERVICES

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

9. SUBMISSION AND COMPLETION OF SBD 6.1

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

10. TAX COMPLIANCE REQUIREMENTS

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

11. TAX INVOICE

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

12. PATENT RIGHTS

The supplier shall indemnify the KZN Department of Health (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:

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

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

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;
- "Broad-Based Black Economic Empowerment Act" means the Broad-Based Black Economic Empowerment Act, 2003 (Act No. 53 of 2003);
- "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;
- "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;
- "rand value" means the total estimated value of a contract in Rand, calculated at the time of bid invitation, and includes all applicable taxes;

3. POINTS AWARDED FOR PRICE

3.1 THE 80/20 PREFERENCE POINT SYSTEMS.

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

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

Ps = Points scared for price of bid under consideration

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

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

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

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

5.	BID DECLARATION

5.1 Bidders who claim points in respect of B-BBEE Status Level of Contribution must complete the following:

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

6,1 B-BBEE Status Level of Contributor: =(maximum of 20 points)

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

7.	SUB-CONTRACTING	(Tick applicable box)	
7.1	Will any portion of the contract be sub-contracted?	YES	NO
7.1.1	If yes, indicate:		
В,	i) What percentage of the contract will be subcontracted	(Tick applicable box)	

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

Designated Group: An EME or QSE which is at last 51% owned by:	EME	QSE √
Black people		
Black people who are youth		
Black people who are women		
Black people with disabilities		
Black people living in rural or underdeveloped areas or townships		
Cooperative owned by black people		
Black people who are military veterans		
OR		
Any EME		
Any QSE		

9.	DECLAR	ATION WITH REGARD TO COMPANY/FIRM	M
9.1	Name	of company/firm:	
9.2	VAT re	gistration number:	
9.3	Compa	any registration number:	
9.4	TYPE	OF COMPANY/ FIRM [TICK APPLICABLE B	OXI
	ם בם ם ב	Partnership/Joint Venture / Consortium One person business/sole propriety Close corporation Company (Pty) Limited	
9.5	DESC	RIBE PRINCIPAL BUSINESS ACTIVITIES	
85 138			
9.6	COMP	ANY CLASSIFICATION [TICK APPLICABLE	вох
	П Ц П	Manufacturer Supplier Professional service provider Other service providers, e.g. transporter, etc	<u> </u>
9.7	Total n	number of years the company/firm has been in	n business:
9.8	the B-	BBE status level of contributor indicated in pa eference(s) shown and I / we acknowledge that	to do so on behalf of the company/firm, certify that the points claimed, based on aragraphs 1.4 and 6.1 of the foregoing certificate, qualifies the company/ firm for at:
	333 34	he information furnished is true and correct;	
		ann a bha ann a canain bha air ann an ann an an an an ann an ann an an	nce with the General Conditions as indicated in paragraph 1 of this form;
			result of points claimed as shown in paragraphs 1.4 and 6.1, the contractor may e satisfaction of the purchaser that the claims are correct;
		the B-BBEE status level of contributor has be ave not been fulfilled, the purchaser may, in a	een claimed or obtained on a fraudulent basis or any of the conditions of contract addition to any other remedy it may have –
	(a)	disqualify the person from the bidding prod	ess;
	(b)	recover costs, losses or damages it has in	curred or suffered as a result of that person's conduct;
	(c)	cancel the contract and claim any damage arrangements due to such cancellation;	es which it has suffered as a result of having to make less favourable
	(d)	who acted on a fraudulent basis, be restrict	its shareholders and directors, or only the shareholders and directors cted by the National Treasury from obtaining business from any organ ars, after the audi alteram partem (hear the other side) rule has been
	(e)	forward the matter for criminal prosecution	k %
	WITIW	NESSES	CIONATURE CO OF BIODE DOCATO
	1		SIGNATURE(S) OF BIDDERS(S)
	II		DATE:
	2.		ADDRESS



END-USER EVALUATION FORM

Que	ote Number:	KEV634/21KZN			
lter	n Description:	OFFICE TYPIST CHAIRS & TIMBER PADDED BENCH			
Co	mpany/ Supplier:	SIBEMUNYE TRADING State Branding Name on product:	5		
Dat	partment/Section:	X-RAY Purpose of Item:			
Del	oartment/section.	A-HAT Purpose of item.			
1.	Has a sample been	submitted? Yes / No			
	Give Reasons if No:				
	Give Heasons If No.				= 3
2.	Does the product of	omply with the specification? Yes / No			
List	specifications as adve	ertised	Comply Yes/No	Comment	
1.	Leather -like upholst	ery - colour black, swivel and gas lift technology enable			- 0
740		at to suit desirably body			
2.	10 10 10 10 10 10 10 10 10 10 10 10 10 1	eight capacity, freely moving castors for chair wheel base with			
	5 pedestals	380 CO 80841 78 40366			
3.	AND	William W. William W.			
4.	Padded backrest and	I padded seats			-
5.	Backrest -40cm high	(C. 1. E. 1. N			
6. 7.	Width-50cm (from ba	rter bench size) x 05 short	-		- 8
8.		e/lower bench size) x 1 long			- 25
9.	Vanished dark brown				- 19
7.00	Company of the Company of the Company	Timbol			-
10. 3.		performance meet requirements as stipulated in the specific	cation? Yes	s / No	
3.	Does the product p Give Reasons if No: Are evaluation crite	ria / special terms and conditions met as advertised?			-
3.	Does the product p Give Reasons if No: Are evaluation crite		Comply Yes/No	Comment	
3.	Does the product p Give Reasons if No: Are evaluation crite	ria / special terms and conditions met as advertised?	Comply		
3. 4. Lis	Does the product p Give Reasons if No: Are evaluation crite	ria / special terms and conditions met as advertised?	Comply		
3. 4. Lis 1. 2.	Does the product p Give Reasons if No: Are evaluation crite	ria / special terms and conditions met as advertised?	Comply		
3. 4. Lis 1. 2. 3. 4.	Does the product p Give Reasons if No: Are evaluation crite	ria / special terms and conditions met as advertised?	Comply		
3. 4. Lis 1. 2.	Does the product p Give Reasons if No: Are evaluation crite	ria / special terms and conditions met as advertised?	Comply		
3. 4. Lis 1. 2. 3. 4.	Does the product p Give Reasons if No: Are evaluation crite t evaluation criteria / sp	ria / special terms and conditions met as advertised?	Comply		
3. 4. Liss 1. 2. 3. 4. 5.	Does the product p Give Reasons if No: Are evaluation crite t evaluation criteria / sp Is the product recording the reasons if No:	ria / special terms and conditions met as advertised? Decial terms and conditions as advertised (if applicable)	Comply		
3. 4. Liss 1. 2. 3. 4. 5.	Does the product p Give Reasons if No: Are evaluation crite t evaluation criteria / sp Is the product record Give Reasons if No: Has the product be	ria / special terms and conditions met as advertised? Decial terms and conditions as advertised (if applicable) The special terms and conditions as advertised (if applicable) The special terms and conditions as advertised (if applicable)	Comply		
3. 4. Liss 1. 2. 3. 4. 5.	Does the product p Give Reasons if No: Are evaluation crite t evaluation criteria / sp Is the product record Give Reasons if No: Has the product be	ria / special terms and conditions met as advertised? Decial terms and conditions as advertised (if applicable) The management of the ma	Comply Yes/No		
3. 4. Lis 1. 2. 3. 4. 5.	Does the product p Give Reasons if No: Are evaluation crite t evaluation criteria / sp Is the product record Give Reasons if No: Has the product be If yes, was it found to	ria / special terms and conditions met as advertised? Decial terms and conditions as advertised (if applicable) The management of the ma	Comply Yes/No		
3. 4. Lis 1. 2. 3. 4. 5.	Does the product p Give Reasons if No: Are evaluation crite t evaluation criteria / sp Is the product record Give Reasons if No: Has the product be If yes, was it found to	ria / special terms and conditions met as advertised? Decial terms and conditions as advertised (if applicable) The management of the special terms and conditions as advertised (if applicable) The management of the special terms and conditions as advertised (if applicable) The management of the special terms and conditions as advertised (if applicable) The management of the special terms and conditions met as advertised? The provided Hermitian of the special terms and conditions as advertised (if applicable) The provided Hermitian of the special terms and conditions as advertised (if applicable) The provided Hermitian of the special terms and conditions as advertised (if applicable) The provided Hermitian of the special terms and conditions as advertised (if applicable) The provided Hermitian of the special terms and conditions as advertised (if applicable) The provided Hermitian of the special terms and conditions as advertised (if applicable) The provided Hermitian of the special terms and conditions as advertised (if applicable) The provided Hermitian of the special terms and conditions as advertised (if applicable) The provided Hermitian of the special terms and conditions as advertised (if applicable) The provided Hermitian of the special terms and conditions as advertised (if applicable) The provided Hermitian of the special terms and conditions as advertised (if applicable) The provided Hermitian of the special terms and conditions as advertised (if applicable) The provided Hermitian of the special terms and conditions as advertised (if applicable) The provided Hermitian of the special terms and conditions as advertised (if applicable) The provided Hermitian of the special terms and conditions are advertised (if applicable).	Comply Yes/No		-



END-USER EVALUATION FORM

Que	ote Number:	KEV634/21KZN			
Iter	n Description:	OFFICE TYPIST CHAIRS & TIMBER PADDED BENCH			
Cor	mpany/ Supplier:	ALERT STATIONERS State Branding Name on product:			
Dep	partment/Section:	X-RAY Purpose of Item:			
1.	Has a sample been	submitted? Yes / No			
	Give Beasons if No				
	GIVE FIELDONIO II IVO.				
2.	Does the product of	comply with the specification? Yes / No			
List	specifications as adv	ertised	Comply Yes/No	Comment	
1.	Leather -like upholst	ery - colour black, swivel and gas lift technology enable	1.55		
		at to suit desirably body			
2.		eight capacity, freely moving castors for chair wheel base with			
	5 pedestals		*		
3.	AND		8		
4.	Padded backrest and			6	4
5. 6.	Backrest -40cm high Width-50cm (from ba	10000 000 000			
7.		rter bench size) x 05 short	-	in the second se	7.7
8.		e/lower bench size) x 1 long			, t
9.	Vanished dark brown				Ť
10.	Tanionou dant promi				
- 2				7.61-	
3. 4.	Give Reasons if No.	performance meet requirements as stipulated in the specific eria / special terms and conditions met as advertised?	Comply	Comment	
4.	Give Reasons if No.	ria / special terms and conditions met as advertised?			
4. Lis	Give Reasons if No.	ria / special terms and conditions met as advertised?	Comply		
4. List	Give Reasons if No.	ria / special terms and conditions met as advertised?	Comply		
4. List	Give Reasons if No.	ria / special terms and conditions met as advertised?	Comply		
4. List 1. 2. 3. 4.	Give Reasons if No.	ria / special terms and conditions met as advertised?	Comply		
4. List 1. 2. 3. 4. 5.	Give Reasons if No. Are evaluation criteria / s t evaluation criteria / s Is the product reco	pecial terms and conditions met as advertised? pecial terms and conditions as advertised (if applicable) mmended Yes / No en used before? Yes / No	Comply		
1. 2. 3. 4. 5. 5.	Give Reasons if No. Are evaluation criteria / s t evaluation criteria / s Is the product reco Give Reasons if No. Has the product be	pecial terms and conditions met as advertised? pecial terms and conditions as advertised (if applicable) mmended Yes / No en used before? Yes / No	Comply Yes/No		
4. List 1. 2. 3. 4. 5. 5. 6. Na	Give Reasons if No. Are evaluation criteria / set evaluation criteria	pecial terms and conditions met as advertised? pecial terms and conditions as advertised (if applicable) mmended Yes / No en used before? Yes / No to be suitable: Name of SCM repres	Comply Yes/No		
4. List 1. 2. 3. 4. 5. 5. 6. Na	Give Reasons if No. Are evaluation criteria / set evaluation criteria	pecial terms and conditions met as advertised? pecial terms and conditions as advertised (if applicable) mmended Yes / No en used before? Yes / No to be suitable: Name of SCM repres	Comply Yes/No		

ANNEXTURE A

	PROVINCE OF I	WAZULU-NATAL - DEPARTME	NT OF HEALTH	
COLU	MATE FORM FOR: THE SERVICING, PMENT AND INSTALLATIONS INSTA NSTITUTIONS FOR THE DEPARTM	ENT OF HEALTH		CAL PLANT, TRATION BUILDINGS
	NIT YO:	FOI	RATENTION:	
NST	TUTION: KIGN EDWARD VIII HOSP	TAL	F NO.;	
SCOF	PE OF WORK:			
				d in apposition
l/We	hereby quate for the above service in	ecordance with the conditions/sp	ecification as specified	in specification
Mater be pr	rials, component/ancillary parts: Firm F ovided.			
Α.	Quoted for Bought Out Itoms	(Excluding VAT)(Carried f	orward)	R
В.	Quoted for Proprietary Items	(Excluding VAT)(Carried f	orward)	R
C.	Quote for Sub-Contract Items	(Excluding VAT)(Carried f	orward)	R
	Mark Up @ %			R
D.	Labour Yesushing Subsistance on	d Transport. This price shall be f (Excluding VAT) (Carried	rm in respect of forward)	R
E.	Less credit for redundant materials			R(
1-7	2000		SUBTOTA	AL R
10.10.10			VAT @	% R
F.	This Price In SA Currency firm for shall not be exceeded.	or 90 days from date of the esti	mate quotation and	R
Tim	e required for completion	weeks from receipt of officia	ıl order.	
NAM	E OF CONTRACTOR:			
	REGISTRATION NUMBER		CIDB CATEG	ORY:
	VINCIAL SUPPLIERS DATABASE RI			
CON	NTRACTOR'S AUTHORISED SIGNAT	URE:	QUOTE	REF:
NAM	ME IN BLOCK LETTERS: MPANY STAMP:		DATE:	.

(Attach	сору	of	sub-contractors	quote	9)
---------	------	----	-----------------	-------	----

TOTAL AMOUNT (A) (B) (C) TO BE CARRIED FORWARD TO PAGE 1 6.3 SCHEDULE OF PRICES LABOUR, SUBSISTENCE, TRAVEL AND TRANSPORT REPLACEMENT AND ADDITIONAL EQUIPMENT

6.3.1	LABOUR	TOTAL HOURS	RAT	E/HR	AMOUNT
a)	Artisans (normal time)		126.55		amment of the state of the stat
	Artisans (normal time x1.5) Artisans (normal time x 2)				
b)	Apprentice 1st Year 2 nd Year 3 rd Year 4 th Year		R R		
c)	Semi-skilled		R	nenewa .	James an annual a
d)	Unskilled		R		in a comme
6.3,3	TRAVEL	TOTAL Km	. RAT	E/Km	
6.3.3.1	From contractor's premises to site		Petrol	Diesel	
			Delete as	applicable	
a)	trips (skilled)(normal) @km per trip		R	R	
	trips (skilled)(normal x1.5) @ ,km per trip		R	R	
	trips (skilled)(normal x2) @ km per trip		R	R	
b)	trips (Semi-skilled) @km per trip		R	R	

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

MA1-001 PAGE 1 OF 2

REF : MA CODE : MA1-001

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

: MACERATOR

TYPE OF SERVICE SCHEDULE FOR SCHEDULE FREQUENCY

: 6 MONTHLY

200								REF	 !!.		
NSIA	INSTALLATION NAME							ORD	ORDER No.:		
SERVI	SERVICE PROVIDER :							OTHER DEDAIDS OF OTHER	UEBILIC		
P.M. S	P.M. SERVICE		RUNNING REPAIRS	nnlicab	<u>a</u>			SUBMIT QUOTATION	3		240
	Ì		Apply for v.O. as A	TAME	I DESCRIPTION OF	(JO	QUANTITY	DESCRIPTION OF	EST.	DESCRIPTION OF	200
ITEM	INSTRUCTION: CHECK, ADJUST, CLEAN AS REQUIRED	ORDER	OTHER NOWSTRUTED RUNNING REPAIRS DONE	TAKEN	SPARES USED	SITE	FIRMS	OTHER REPAIRS REQUIRED	REO.	SPAKES KEQUIKED	2
÷	Check strainers					-					
2	Dismantle soleno'd valves, clean and check functioning correctly								+		
છં	Check water supply rate is correct and adjust if necessary					-			-		-
यं	Chack for leaks on water supply ofpe work.								+		
ம்	Check that unit drainage is at correct rate					_			-		-
œi	Check to ensure no leakage from main seals		11 11			-			-		-
7.	Check wear on cutter ring/mpeller	-01		1		-					
æi	Check impeller rotating freely and for absence of vibration						-		+		
σi	Lubricate as necessary					-			-		
10.	Inspect and tighten nuts and bolts as necessary.					-	_	- 10.	-		
13.	Check coupling securing screws and connecting polts for tightness					-			-		-
	Check pulley securing screws					1	1		-		
13.	Check time devices to ensure that the programmed disposal operation is timed correctly. Adjust as necessary								-		
4.	Check contactors operating correctly					-	_		_		-

MA1-001 PAGE 2 OF 2

P.M.	P.M. SERVICE		RUNI	RUNNING REPAIRS	Hooila	í			OTHER REPAIRS REQUIRED SUBMIT QUOTATION	GUIRED		
			(AD)	oly for V.O. as Ap	plican	ú	-			1	ŀ	100
ПЕМ	ADJUST, CLEAN AS RECUIRED	RED ORDER		OTHER NON-SPECIFIED TIME DIAMENING REPAIRS DONE TAKEN S	TAKEN	DESCRIPTION OF SPARES USED	SITE	EX EX FIRMS STOCK	DESCRIPTION OF OTHER REPAIRS REQUIRED	REO.	DESCRIPTION OF SPARES REQUIRED	- G
Ą.	Check overload units operating and set correctly	bra gr	- Language			THE PERSON NAMED IN COLUMN TO SERVICE AND ADDRESS OF THE PERSON NAMED IN COLUMN TO SE		-				
ύ	Raverse direction of rotation impeller											
17.	Check at inter ocks and safety devices are correct	*								234		
1 CE	I CERTIFY THAT THE SPECIFIED SERVICE WAS CARRIED OUT	SIFIED SE	RVICEW	VAS CARRIED OF	15				OFFICIAL STAMP:	ramp:		
NAN	NAME OF SERVICEMAN (BLOCK LETTERS):	SLOCK LE	TTERS):			SIGNATURE:	URE:					
NAN	NAME/S OF ASSISTANT/S: SEMI SKILLED:	SEMI SK	ULLED:				Line of the last o		on the same			
NAN	NAME/S OF ASSISTANT/S: UNSKILLED:	UNSKIL	LED:									
S	COMPANY NAME (BLOCK LETTERS):	LETTER	3):				- Andrews					
)									NAME OF RESPONSIBLE	RESPO	ONSIBLE OFFICIAL	L ON
MIT	TIME IN: TIME	TIME OUT:	1	TIME ON SITE:		DATE:			SITE:			
FROM:	DM: TO:		X	KM: TO:		KM:	TOTAL KM:	M:	SIGNATURE:			

K5-002 PAGE 1 OF 2

PROVINCE OF KWAZULU-NATAL DEPARTMENT OFPUBLIC WORKS PREVENTIVE MAINTENANCE SCHEDULE

KITCHEN EQUIPMENT ELECTRIC RANGE/GRILLER SIX MONTHLY SCHEDULE FREQUENCY TYPE OF SERVICE SCHEDULE FOR

REF : K CODE : K5-002

SERVICE PROVIDER : RUNNING REPAIRS							
SERVICE (Apply for V.O. as Applicable) INSTRUCTION: CHECK, ADJUST, IN OTHER NON-SPECIFIED CLEAN AS REQUIRED Control switches Indicator lights Oven thermostal including parth conduit including parth conduit including parth conduit sprague Wall isolator Total ampenage Size of MCB Cracks or distortion of heating surfaces Oven door hinges and lubricate Oven door hinges and lubricate Oven door hinges and lubricate				ORDER NO.:			
RUNNING REPAIRS (Apply for V.O. as Applicable) INSTRUCTION: CHECK, ADJUST, IN OTHER NON-SPECIFIED TAKEN Cantral switches Indicator lights Oven thermostat Panel witing Electrical supply cable, conduit including barth continuity and sprague Wall isolator Total amperage Size of MCB Chacks or distortion of heating surfaces Plate leveling screws Oven door hinges and lubricate Oven door hinges and lubricate Oven door balance							
INSTRUCTION: CHECK, ADJUST, IN OTHER NON-SPECIFIED TAKEN	G REPAIRS or V.O. as Applicable)		SUBM	OTHER REPAIRS REQUIRED SUBMIT QUOTATION	UIRED		
	4.50.000	N OF QTY.	aTY.	DESCRIPTION OF OTHER REPAIRS REQUIRED	EST. TIME REQ.	DESCRIPTION OF SPARES REQUIRED	ary.
		-					
	Account many	and the second s		and the first party of the first		and the second	
T							
13. Interior of oven							

K5-002 PAGE 2 OF 2

T.IM.	P.M. SERVICE		RUNNING REPAIRS				J	THER	OTHER REPAIRS REQUIRED	IIRED		
			(Apply for V.O. as Applicable)	plicable			(I)	UBMIT	SUBMIT QUOTATION			100000000000000000000000000000000000000
ITEM	INSTRUCTION: CHECK, ADJUST, CLEAN AS REQUIRED	ORDER	OTHER NON-SPECIFIED RUNNING REPAIRS DONE	TAKEN	DESCRIPTION OF SPARES USED	YTO.		OTY.	DESCRIPTION OF OTHER REPAIRS REQUIRED	EST. TIME REG.	DESCRIPTION OF SPARES REQUIRED	ату.
7	Clean down											
5,	Check machine for parnsion, treat and touch up with paint											
CE	I CERTIFY THAT THE SPECIFIED SERVICE WAS CARRIED OUT	D SERVI	CE WAS CARRIED OU	L				0	OFFICIAL STAMP:	à'		
NAM	NAME OF SERVICEMAN (BLOCK LETTERS):	K LETTE	RS):		SIGNATURE:	RE:		T				
NAM	NAME/S OF ASSISTANT/S: SEMI SKILLED:	II SKILLE	:0:					T				
NAM	NAME/S OF ASSISTANT/S: UNSKILLED:	KILLED						T				
COM	COMPANY NAME (BLOCK LETTERS):	TERS):						Τ				
								Z	AME OF RESPO	NSIBL	NAME OF RESPONSIBLE OFFICIAL ON SITE:	SITE
TIME	TIME IN: TIME OUT:		TIME ON SITE:		DATE:							
FROM:	M: TO:		KM: TO:		KM: To	TOTAL KM:		S	SIGNATURE:			

K11-004 PAGE 1 OF 2

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

KITCHEN EQUIPMENT CONVECTION OVEN/STEAMER SIX MONTHLY TYPE OF SERVICE SCHEDULE FOR SCHEDILE FOR

X X11-004 REF

SOLI	SCHEDULE FREQUENCY	N XIS	SIX MON HLY								
INST								REF			
SER	SERVICE PROVIDER :							ORDER No.:	200		
P.M.	P.M. SERVICE		RUNNING REPAIRS	plicable			SUBM	OTHER REPAIRS REQUIRED SUBMIT QUOTATION	UIRED		
ITEM	INSTRUCTION: CHECK, ADJUST, CLEAN AS REQUIRED	ORDER	OTHER NON-SPECIFIED TIME RUNNING REPAIRS DONE TAKEN	TAKEN	DESCRIPTION OF SPARES USED	arv.	ary.	DESCRIPTION OF OTHER REPAIRS REQUIRED	EST. TIME REQ.	DESCRIPTION OF SPARES REQUIRED	ату.
ļ-:	Water supply and valves		A CONTRACTOR OF THE PROPERTY O								
ol	Steam supply and valves				Constant of the Constant of th						
ෆ්	Traps										
4	Non return valves										
vá	Strainers										
ej.	Elements amperage	_			Surface Personal Surfac						
7.	Fans										
ai .	Wiring and components and all controls										
oi	Gaskets									THE RESERVE TO STATE OF THE PARTY OF THE PAR	
10.	Door lacking device										
ii.	Clean down										
ģi	Check machine for corrosion, treat and touch up with paint				- Carlon						
13	Descale steam generator as per manufacturers requirements		One of the other o								

	CENTIL THAT THE OFFICE CENTICE WAS CREEKED	2000	AAAIED OO			
NAME OF SER	NAME OF SERVICEMAN (BLOCK LETTERS):	TTERS):		SIGNA	SIGNATURE:	
NAME/S OF AS	NAME/S OF ASSISTANT/S: SEMI SKILLED:	LLED:		A CONTRACTOR OF THE LOCAL PROPERTY OF THE LO		
NAME/S OF AS	NAME/S OF ASSISTANT/S: UNSKILLED:	ED:				
COMPANY NAI	COMPANY NAME (BLOCK LETTERS):	2)				
		0.50				NAME OF RESPONSIBLE OFFICIAL ON SITE:
TIME IN:	TIME OUT:	TIME ON SITE:	V SITE:	DATE:		
FROM:	TO:	KM:	TO:	KM:	TOTAL KM:	SIGNATURE:

K7-002 PAGE 1 OF 2

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

KITCHEN EQUIPMENT POTATO PEELER SIX MONTHLY SCHEDULE FOR SCHEDULE FREQUENCY

TYPE OF SERVICE

CODE REF

K7-002

ATY. DESCRIPTION OF SPARES REQUIRED EST. TIME REQ. OTHER REPAIRS REQUIRED SUBMIT QUOTATION DESCRIPTION OF OTHER REPAIRS REQUIRED ORDER No .: REF QTY. QTY. DESCRIPTION OF SPARES USED (Apply for V.O. as Applicable) TIME RUNNING REPAIRS OTHER NON-SPECIFIED RUNNING REPAIRS DONE IN ORDER Electrical supply cabbyre and plugtop including earth continuity. INSTRUCTION: CHECK, ADJUST, CLEAN AS REQUIRED Base plate abrasive and drive Excessive vibration and noise Water supply and valve INSTALLATION NAME SERVICE PROVIDER Test run with load Wall switch plug Wall abrasive Control switch Skin callector Door and lid Wast outlet P.M. SERVICE Amperage Lubricate ITEM 2 10 ģ ó oi: 10 ui

K7-002 PAGE 2 OF 2

P.M.	P.M. SERVICE		(Apply for V.O. as Ap	S Applicable)			SUBM	OTHER REPAIRS REQUIRED SUBMIT QUOTATION	UIRED		
ITEM	INSTRUCTION: CHECK, ADJUST, CLEAN AS REQUIRED	rt, IN ORDER		TAKEN	DESCRIPTION OF SPARES USED	ατγ.	ату.	DESCRIPTION OF OTHER REPAIRS REQUIRED	EST. TIME REQ.	DESCRIPTION OF SPARES REQUIRED	αΤΥ.
4.	Belt drive		A STATE OF THE STA								
97	Clean down										
16.	Check machine for corrosion, treat and touch up with paint	n	and a second sec								
I CER	I CERTIFY THAT THE SPECIFIED SERVICE WAS CARRIED	IED SERVI	ICE WAS CARRIED OUT) -				OFFICIAL STAMP:	ġ.		
NAM	NAME OF SERVICEMAN (BLOCK LETTERS):	OCK LETTE	ERS):		SIGNATURE:						
NAM	NAME/S OF ASSISTANT/S: SEMI SKILLED:	EMI SKILL	ED:								
NAM	NAME/S OF ASSISTANT/S: UNSKILLED:	NSKILLED									
COM	COMPANY NAME (BLOCK LETTERS):	TTERS	- Commence								
								NAME OF RESP	ONSIBL	NAME OF RESPONSIBLE OFFICIAL ON SITE:	SITE
TIME IN:	IN: TIME OUT:	Ë	TIME ON SITE:		DATE:						
FROM:	TO:		KM: TO:		KM: TOT	TOTAL KM:		SIGNATURE:			

Page 1

PREVENTIVE MAINTENANCE SCHEDULE PROVINCE OF KWAZULU -NATAL KING EDWARD VIII HOSPITAL

KITCHEN EQUIPMENT	PHUTU POT
	••
TYPE OF SERVICE	SCHEDULE FOR

SIX MONTHLY

KEH MAINTENANCE SERVICE SCHEDULE (PHUTU POTS)

	(GD) to a shower	Jesenings e) Check water (evel through sight glass.	××.	91		on the	om the	around the relay base & relay once	able-lie	b) Check condition of fan & relay.		a. A. a.	Open electrical panel cover for	
The same of the sa	Be sure on/of is the sperating extinum, all phases a sleares as elements are Protoc.	Refill with distilled water & boiler solution, between hallway and three quarters full if necessary. Switch port on at the isolator. Be sure the proceeding to completely empty before the proceeding. a) Switch power on with the on/of switch panel. Is the indicator light on? b) Check to see if the fau is operating c) Switch themosts on to maximum, and check for indicator light on and check for indicator light. and check the current on all phases c) check the current on all phases c) check voltage and oursent to elements b) bisconnect wire to Low Water Probe.	Sight glass. sight glass. I three Three Se sure efore and of se the gerating eximum, al phases asses elements er Probe.	rest glass. sight glass. sight glass. Be sure effore effore state perating cylinum, 11 phasess asses elements are Prote.	ve collect three	ind ve ve ight glass. ight glass. Other three Be sure elore and f at the yending ximum, 1 phases asses elements ar Probe.	on the truth of truth	redification ensure analytican the base connections on the carried of Christ electrical connections on the character. Therefore a connections on the character. Therefore a character of all elettrents & give a connection of the character of all elettrents & give a character of all electrents & give a character of all electrents & give a character of a character	on the and the son the and the son the	son the control on the control on the control on the control on the control of th	b) Cheek condition of fin & ex ellipy, Regulace when they Jackell a suble-tire Regulace when they Jackell a suble-tire Regulace when they are set every or on the Regulace when when the set every or on the Regulace when the set every and they are set entered they are set every and they are set every and they are the they are the they are the they are the they are the are the are they are the are they are the are the are they are they are they are they are they ar	and the space on the control of the	a) Check all eartical connections in the description of the description of the decing	
ripodori,	Be sure effore surveit is the containing extinum, all phases asset elements	Se sure effore parties by the street of the	Sight glass. Sight glass. Three Three Fore Fore	sight glass. sight glass. three and of stre flore contains perating contains stre stre	ight glass. I three Be sure and of st the cyrinam, 11 phases assected on the state of the	ind we will glass. Sight glass. Other three elone elone a the cerating without. I phases a sack elone at	the very search to the very state of the very st	son the tend on the tend of th	on the not the source of the state of the st	son the condition of th	ablot-lie on the on the ind	by able-tie she to not to not the and and and and and and and by and and and and and and by and	and the source on the control of the	
er Probe.	Be sure acford. Surver is the granting aximum, aximum	Se sure effore parties by the street of the	sight glass. Uhree Be sure efore nnofit s the cerating extrum, 11 phases ases	sight glass. olitar three flore andof stha	Per upass. Se sure lefore a the street serving contains a sees.	ind ve	son the truth of the state of t	son the und the very son tick that glass. Sight glass. Sight glass of lier three flore son tick is the son the street street sight glass. Sight glass as see sases.	on the son the	on the son tice and the son tice at the s	able-life on the and	by. The state of t	one in the shall tilt to the shall tilt to the shall tilt to the shall tilt to the shall tilt tilt tilt tilt tilt tilt tilt t	
e elements ter Probe. Iropout.	Be sure nefore on/off is the aximum, aximum, all phases	Be sure effore only the street of the street	sight glass. Uhree Be sure efore nnofit s the extraum,	ve sight glass. Other thyree effore and first a the stree effore the stree effore which a the stree effore the stree effore a the stree effore effore the stree effore effo	ight glass. oiler three three serve efore andof sthe certain winn three sthe sthe three	e e ve control de la control d	son the the ve ve vight glass. cilium three Be sure effore and off somethin certaing	s on the and the state of the s	on the son the	vom the son tic tund the son tic tund the vert t	on the control of the	by. by. conce on the on the on the fight glass. ight glass. fight glass. After the fight glass.	one to the way. Source on the control of the contr	
nases beloner:s rer Probe. Iropout.	Be sure nefore on/off is the seximum,	Se sure effore surveit is the certaing extraon,	sight glass. three Be sure efore nnofit s the extraum,	Se sure elore a stee	Se sire efore a the general grant of the stree efore a the general grant of the street efore a the str	nod not be	the ve	on the son tice and the son tice and the son tice are the son tice are the son tice and the son tice are the son tice as the son tice are the son tice as the son tice are the son t	on the con the control of the co	on the son the	by y once on the on the	uy. able lite - one the on the hold girth ghas. Be sure three thr	bos in the lay. In y.	
all phases 1856s selements ter Probe. Iropout.	Be sure neitore on/of Is the system of the sure service of the sure of the sure service of the sure service of the sure sure of the sure o	Be sure effore on of the state	Sight glass. Uhrec Be sure efore andof st the examina,	uight glass. ight glass. soller three and f and f stbe stbe ximum,	ve v	nd see ve ve ight glass. oiler three flore andef sthe perating xirnum,	the ve	om the and the search of the state of the st	on the control of the	son the son the triangle size and the son the triangle size and the son the so	on the control of the	ay. ay. ay. balte-lie on the on the fight glass. ight glass. fight glass. fight glass. fight glass. fight glass. fight glass. fight g	able-lie spreed on the company of th	
all phases nases selements rer Probe. Aropout.	Be sure neitore on/of Is the	Se sure effore surveit is the perating	sight glass. three Be sure efore nn/of s the	ight glass. Soluer Thyree Re sure effore and of sthe	ve v	the ve	s on the to the total of the to	om the and the se on tice and the se on tice and the se of the se of the se or the se	om the son the and the son the	son the tend to the state of th	om the on the room th	ay. ay. able-life on the on the and all all all all all all all	by, increase on the on the ind ight ghass. Bruce Resure And the ind	
all phases all phases nases rer Probe. Aropout.	Be sure neitore on/of fig.	Se sure efore surveits the surv	cilett glass. three Be sure efore surdif	sight glass. Soller Thyree Re sure effore and of stree	ve ve vight glass. office three lefore stree	the ve	s on the te ve ve ight glass often three Be sure effore and of s the	s on the trad to the trad trad trad trad trad trad trad trad	om the son the and the son the	on the con the control of the control	able-tie om the om the	able-lie able-lie once on the on the on the see se s	lay, lay, lay bence on the on the ind ind ind ight glass. light glass.	
operating at phases at phases hases ner Probe. dropout.	Be sure nefore on order is the	Se sure effore surely suited to the surely suited to the s	Sight glass. oiler three Be sure efore anoft	re ight glass. Sight glass. Sight glass. Show and of a streem on other or a streem or a stree	ve ve vight glass. office three lefore world street as the	three lefore a street	to an the ve ve vight glass. Sight glass. Show of the very state	om the son the	om the con the con the control of th	son the complete the state of t	om the conting to the	uy. able-lie on the on the on the e e e e e e e e e e e e e e e e e e	usy.	
b) Check to see if the fan is operating c) Switch thermostar on to maximum, and check for indicator light. d) Check the voltage across all phases e) check the current on all phases Check voltage and current to elements Disconnect wire to Low Water Probe. The Main contactor should dropout.	Be sure nelone onvoir	Se sure effore	Sight glass. Uhree Be sure efore	ve ight glass. sight glass. silent glass. solier three Be sure afore	ve ve cilet glass. I three Be sure efore	three Be sure	to an the to the	s on the triangle of trian	om the con the control of the	son the complete the son the complete that the complete t	lay. sable-lie om the on the and and see see see see see see see see see se	on the one to the state of the	ing. The pass in the control on the	
Is the operating taximum, all phases hases o elements ner Probe. Aropout,	Be sure helone.	offer 1 three Be sure efore	sight glass. oriter thrace Be sure efore	ve ight glass. oiler three Be sure	ve ve vight glass. oiler three Three	three Be sure	to an the to the	om the tand	om the control of the	om the cable-lie s on the and the cable graphs of the cable graphs graph	lay, sonce om the con the control of the co	able-tic on the contract of th	ing. The process on the standard of the places of the pla	
on/of Is the operating naximum, all phases hases ner Probe. dropout,	Be sure	Se sure	sight glass. offier three Be sure	ve ight glass. Oiler three Be sure	ve ve vight glass. three three Be sure	three Be sure	to an the to the	om the son the tand t	on the can the	om the can the	ablot-tite om the om the and	ay. able-lie on the on the ind ind in the	iny. iny. om the on the ind ind ind ind ind ind ind in	
proceeding. sy skitch power on with the on/of switch power on with the on/of switch on the control panel. Is the indicator light on? b) Check to see if the fan is operating c) Switch themostar ou to maximum, and check for indicator light. d) Check the voltage across all phases e) check the runnent on all phases Chock voltage and ournent to elements Disconnect wire to Low Water Probe. The Main contactor should dropout.	Be sure	offer Three Be sure	sight glass. other three Be sure	ve ight glass. oiler three Be sure	ve ve vight glass. Other three	three Be sure	to an the to the	om the und the trade of the pass. The pass of the pass. There are the pass. Be sure	on the can the	s on the cable like the capter of the capter	bable-live concets on the control on the control on the control on the control of	able-lie om the on the on the lie of the lie	asy. able-tie on the on the on the to no fice and three BE sure	
the part is completely empty before proceeding. a) Switch power on with the on/of switch power on with the on/of switch power on with the on/of indicator light on? b) Check to see if the fan is operating c) Switch thermostat on to maximum, and check for indicator light. d) Check for indicator light. d) Check the current on all phases e) chock the current on all phases chock where to clements of lights and current to elements and before where to Low Water Probe. The Main contactor should dropout.		offer 1 three	Sight glass. Oller Uhree	ve iight glass. oiler three	ve ve ight glass.	the second secon	to an the total to	om the tand tand tand tand tand tand tand tand	on the on the rand and a second	son the can th	lay. sable-tie on the on the to th	able-tive conce con the control on t	and the source on the source on the source of the source o	
Switch port on at the isolator. Be sure those starts are the proceeding. Switch power on with the onoid switch power on with the onoid switch power on with the onoid switch power on the control panel. Is the indicator light on? b) Check to see if the fan is operating of Switch themostat out to maximum, and check for indicator light. c) Switch themostat out to maximum, and check for indicator light. d) Check to see if the fan is operating of switch the current on all phases of sheek for indicator is all phases. Check voltage and ourset to elements Disconnect where to Low Water Probe. The Main contactor should dropout.		ojier ilvee	Sight glass. ciler ihree	ve light glass. other	ve ve ight glass.	the second secon	the the transport of transport of the transport of transport of the transport of transpo	om the s on the und ne ve s on the ve s on the ve s on the ve ve ve ve sight glass.	on the on the rough of the roug	s on the can the company of the comp	lay. sable-tie on the on the to n the to n the we we ight glass.	able-tie om the on the hand a sight glass.	and the source on the source of the source o	

KEH MAINTENANCE SERVICE SCHEDULE (PHUTU POTS)

	E WAS CARRIED OUT	ETTERS) SIGNATURE	ED:			TIME ON SITE: DATE: DATE: NAME OF RESPONSIBLE OFFICAL ON SITE:	KM: TO: KM: TOTAL KM SIGNATURE:
determine the class to the rest to cook the ruting in the pressure ruting op and out, working pressure and the elements.	I CERTIFY THAT THE SPECIFIED SERVICE WAS CARRIED OUT	NAME OF THE SERVICE MAN (BLOCK LETTERS)	IT/S: SEMI SKILLED:	NT/S:UNSKILLED:	LOCK LETTERS)	TIME OUT:	T0:
5. Let pot warm up. Pre-determine the working pressure as well as the test pressure of the pot. Chock the rating place on the pot. Warch the pressure gauge while pot is werming up and main contactor drops out. a) It should read your working pressure with a 10% tolerance b) Chock for leafs a cound the elements, sight glass and drain plug.	I CERTIFY THAT THE S	NAME OF THE SERVIC	NAME/S OF ASSISTANT/S: SEMI SKILLED:	NAME/S OF ASSISSTANT/S:UNSKILLED:	COMPLANY NAME (BLOCK LETTERS)	TIME IN:	FROM:

K K2-002

REF

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

KITCHEN EQUIPMENT TILTING PAN/FISH FRYER SIX MONTHLY SCHEDULE FREQUENCY TYPE OF SERVICE SCHEDULE FOR

CTY. DESCRIPTION OF SPARES REQUIRED EST. TIME REQ. OTHER REPAIRS REQUIRED SUBMIT QUOTATION ORDER No. DESCRIPTION OF OTHER REPAIRS REQUIRED REF OTY. DT. DESCRIPTION OF SPARES USED (Apply for V.O. as Applicable)
OTHER NON-SPECIFIED TIME
RUNNING REPAIRS DONE TAKEN RUNNING REPAIRS IN ORDER Tilt mechanism - adjust as required INSTRUCTION: CHECK, ADJUST, CLEAN AS REQUIRED Electrical supply cable, conduit and sprague including earth continuity Control switch and indicator lamps Condition of baskets (Fish Fryer) Ud hinges, springs and lubricate Total amperage of elements All electrical connections for tightness External appearance and cleanliness Lid handle and insulation Condition of panel wiring INSTALLATION NAME SERVICE PROVIDER Internal for defects Size of MCB Wall isolator P.M. SERVICE MELL 13 çi 10 œi ö

N d	P.M. SERVICE		RUNNING REPAIRS (Apply for V.O. as App	S Applicable)	100		SUE	OTHER REPAIRS REQUIRED SUBMIT QUOTATION	UIRED		
MEM	INSTRUCTION: CHECK, ADJUST, CLEAN AS REQUIRED	ORDER	OTHER NON-SPECIFIED RUNNING REPAIRS DONE	TIME	DESCRIPTION OF SPARES USED	УТО	. ary.	DESCRIPTION OF OTHER REPAIRS REQUIRED	REG.	DESCRIPTION OF SPARES REQUIRED	.YTa
14.	Condition of exposed elements (Fish Fryer)										
15.	Grean down										
16.	Check machine for comosion, treat and touch up with paint		A CONTRACTOR OF THE CONTRACTOR		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1						
CEF	I CERTIFY THAT THE SPECIFIED SERVICE WAS CARRIED OUT	D SERVI	CE WAS CARRIED OUT					OFFICIAL STAMP:	P:		
VAM	NAME OF SERVICEMAN (BLOCK LETTERS):	KLETTE	:RS):		SIGNATURE:	JRE:					
NAM	NAME/S OF ASSISTANT/S: SEMI SKILLED:	SKILLI	ED:		4.000	3					
NAM	NAME/S OF ASSISTANT/S: UNSKILLED:	KILLED					L				
COM	COMPANY NAME (BLOCK LETTERS):	rers):						NAME OF RESP	ONSIBI	NAME OF RESPONSIBLE OFFICIAL ON SITE:	SITE
TIME	TIME IN: TIME OUT:		TIME ON SITE:		DATE:						
FROM	TO:		KM: TO:		KM:	TOTAL KM:		SIGNATURE:			