SharePoint

Doko Lwazi •



MACH OF CHANGE PROVINCE

KZN Health Intranet

KZN HEALTH

Search this site

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DISTRICT OFFICES HEALTH FACILITIES

KZN Health > Components > Supply Chain Management HMOH CORPORATE INFORMATION COMPONENTS DIRECTORY

AdvertQuote



Quotation Advert

2021-09-28 2021-09-20

11:00

Closing Date:

INSTITUTION DETAILS Closing Time:

Institution Name: Province:

Department or Entity: Department of Health

KwaZulu-Natal

EG & Usher Memorial hospital

<

Division or section: Central Supply Chain Management

Place where goods I services is required **EGUMH** (SCM)

Date Submitted 2021-09-17

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ITEM CATEGORY AND DETAILS

Quotation Number: ZNQ: EGU73 /2021/2022

Item Description: Item Category: Goods Bi-annual (2x6)servicing of fire gas supression system in servoir room <

Quantity (if supplies)

COMPULSORY BRIEFING SESSION / SITE VISIT

Date: Select Type: Not Applicable

(

Time:

Venue:

QUOTES CAN BE COLLECTED FROM: EG & Usher Memorial Hospital, Cnr of Elliot & The Avenue Street

QUOTES SHOULD BE DELIVERED TO: Hospital tender box main Gate

ENQUIRIES REGARDING THE ADVERT MAY BE DIRECTED TO:

Name:

Mr L. Doko

Finance Manager Name:

Contact Number:

lwazi.doko@kznhealth.gov.za

0397978128

Finance Manager Signature:

No late quotes will be considered



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GAS SUPPRESSION SYSTEM

BI- ANNUAL SERVICING (2X6 MONTHLY) - SERVOR ROOM

2021/2022

	under the control of	representation of the second o		
NO	DESCRIPTION	QUANTITY	CHECK	웃
μ .	Smoke Detectors (Addressable System)	04	Yes	No
	Connect various systems to the Panel & Evaluate, Test & re-instate the			
	system			
2	Addressable Sounder – Test, Clean and re-connect	ltem		
ω	Check Gas Cylinder with HFC/FM 200 Gas Type	ltem		
4	Check Gas Cylinder Actuator for HFC/FM 200 Gas Type	item		
ĊΠ	Tehnoswitch 4loop Fire Control Panel	Item		
	Test & Commissioning of Fire Panel			٠
6	Provide Compliance Certificate	01		

SERVICE PROVIDER TO ATTACH FOLLOWING DOCUMENTS, FAILING WHICH WILL RESULT IN IMMEDIATE DISQUALIFICATION

- CIDB 1 ME
- PROVIDE GAS SUPPRESION TRAINING CERTFICATE
- 3 REFERENCE LETTERS OF SIMILAR WORK DONE

			DATE:	SIGNATURE:	NAME OF SERVICE PROVIDE:	I CERTIFY THAT SERVICE HAS BEEN CARRIED OUT TO MY SATISFACTION:	
DATE:	SIGNATURE:	RESPOSIBLE PERSON:				OFFICIAL STAMP	