

KZN Health Intranet KZN HEALTH

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CORPORATE INFORMATION HOME

COMPONENTS

DIRECTORY

DISTRICT OFFICES

HEALTH FACILITIES

KZN Health > Components > Supply Chain Management

AdvertQuote

pening Date:	,
.pog =	2021-09-21
losing Date:	2021-09-28
losing Time:	11:00
NSTITUTION DETAILS	
nstitution Name:	Dr Pixley ka Isaka Seme Memorial Hospital ✓
rovince:	KwaZulu-Natal
epartment or Entity:	Department of Health
Division or section:	Central Supply Chain Management
lace where goods / services is required	DR PIXLEY KA ISAKA SEME MEMORIAL HOSPITAL
Pate Submitted	2021-09-20
TEM CATEGORY AND DETAILS	
Quotation Number:	ZNQ: DPM 58/21-22
em Category:	Goods
em Description:	SIGNAGE FOR XRAY SCREENING/LASER 190X380MM COOLER BOXES 6L =10UNITS SIGNAGE FOR HAZARDOUS SUBSTANCES 300 X 300MM = 03 UNITS LAUNDRY BASKETS LARGE =08 UNITS
Quantity (if supplies)	
COMPULSORY BRIEFING SESSION	/ SITE VISIT
ielect Type:	Not Applicable
Date:	
'ime:	
fenue:	
QUOTES CAN BE COLLECTED FROM:	KZN HEALTH WEBSITE
QUOTES SHOULD BE DELIVERED TO:	310 JABU NDLOVU STREET OLD BOYS MODEL, SCM TENDER BOX/EMAIL: quotations.scmho@kznhealth.gov.za
ENQUIRIES REGARDING THE ADV	ERT MAY BE DIRECTED TO:
lame:	ZAMA DLADLA/ SIYABONGA MZOLO
Email:	zamampembe.dladla@kznhealth.gov.za/ siyabonga.mzolo@kznhealth.gov.
Contact Number:	087 131 1788
inance Manager Name:	мв утомвеция

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	RE HEREBY INVIT																					• • • • •						
	DATE ADVERTISED: 21/09/2021 FACSIMILE NUMBER: EMAIL: quotations.scmho@kznhealth.gov.za ENQUIRIES MAY BE DIRECTED TO: ZAMA DLADLA/ SIYABONGA MZOLO CONTACT NUMBER: 087 131 1783																											
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	QUOTATION PRIC				Davs)												•••••						\dashv					
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1.1 The	CIAL CONTRACT CON institution is under no ob price quoted must include	ligation to accep	i the lowe		quote.							restriction pe period not ex In the event o	ceed	ing 10 y	ears,		-		_				_					tor for a
	department reserves the			tions excit	uding VAT :	as some	bldders may	y not be	VAT	'		considered. F	urthe	emore	a verifi	icatio	n wi	be o	ione to	ident	ify if bi	dder	s havi	ng mult	iple o	ompani	es ar	
1.4 The l	bldder must ensure the r all for the work/item (s)											quoling (cove considered	n-que	oung) io	IUNSL	ж, г	n suc	n ins	tances	ony	me one	еаре	ist oid	accordi	ig to	sреспк	auon	. wan de
bidd	er's risk. bidder must accept full r	•	-	=						2		SPECIAL IN		JCTION	S ANI	D NC	TICE	STO	O SUPP	LIER	RS RE	GAR	DING	THE C	ЭМР	LETION	OF	THIS
	âving on under this agre quotation will be evalua					iment of	this contrac	Ł		2		Unless incon and vice vers																
	offers that comply with quotes will not be consi		edficatio	n Will be o	onsidered.						2.2	Under no cir original bid di	cums	tances	whalse	DBVe	t maj	r the	quotation	on/bio	d forms	s be	retype	q or rec	rafte	d, Phol	сорі	es of the
1,10 A bld	roducts supplied must be Ider not registered on th	e Central Supplie	ers Dalaba	ase or veri	fication has			nsidere	d.			The bidder is Quotation sul									satisf	y hin	nself th	al none	are	missing	or o	uplicated.
1.12 Only	elivery costs must be inc firm prices will be accep	ted. Such prices	must rem	nain firm fo				prices				Any alteration Use of correct					ust b	e initi	alled,									
1.13 În ca	uding rates of exchange uses where different delic				parate pric	ing sched	iule must b	e subm	itted	2	2.8	Quotation will Where practic	al, p	rices ar	e mad	e pu	blic a	t the	time of	ореп	ning qu	otati	ons.	•				
1,14 #f sai				2		If it is desited photocopy of																						
	se. supplier shall furnish an e event that the tax com				s the succi	ers* rest	onsibility to	DTOVIN	a a			SPECIAL INS Quotation sha													erifi:	rd for th	elt ro	ceinl
SAR	S pin in order for the ins supplier shall indemnity	titution to validate	the tax o	compliance	e status of t	he suppli	er.					and in accord	ance	with th	e direc	live.	s in U	e qu	olallon	qocn	ments.							
of inf there	ringement of patent, trace of by the purchaser.	femark, or indust	lrial desig⊓	n rights an	ising from u	ise of the	goods or a	ny part		•		lodged in a so closing date i	epara ndica	ate seaf ated on	d env he en	elop veloj	e, wit oe, Ti	h the 1e er	name : velope	and a shali	addres: i not co	s of t antair	lhe bid n docu	der, the ments	quot elatin	ation n ig to an	y que	er and olation
the c	supplier fails to deliver ontract, the purchaser s ract price, as a penalty, a	hall, without preju	rdice to its	s other ren	nedies und	er the cor	ntract, dedu	ct from	the	•		other than the rejected as bu	eing i	invalid.														•
servi	ract price, as a penally, a ces using the current or ormance. The purchaser	me interest rate o	calculated	for each o	day of the c					3		All quotations unopened in open, it shall	safe (custody	until ti	he d	osing	time	of the	quota	alion/b	lds. \	Where	, howe	ег, а	quotati	on is	received
1.19 The	purchaser, may lerminat is within the period(s) sp	e this contract in	whole or i	in part if th	ne supplier					3		the quotation A specific bo	num	ber asc	ertaine	ed, U	e en	relop	e seale	d and	d the q	vola	tion no	ımbary	vritten	on the	enve	elope.
orha 1.20 The p	is engaged in corrupt or purchaser may procure,	fraudulent practic upon such lerms	ces in con and in su	npeling for Ich manne	r or in exec er as it deen	uling the ns approp	contract. priate, good	ls, Work	s or		3.5	subsequent to No quotation/	olhe bid s	dosing ent thro	dale a ugh th	and L e po	ime o sl wil	fquo lbe o	tation v consider	vill be red if	it is re	dere	d. ed afte	er the c	osina	date a	nd tin	ne
servi such	ces similar to those und similar goods, works or	elivered, and the services.	supplier s	shall be lia	ble to the p	urchaser	for any exc	ess co	sls for		3.6	stipulated in L Quotation do	he qu sume	uotation	docur	nent	ation,	and	proof o	fpos	ling wi	ll not	l be ac	cepted	as pr	oof of c	lelive	ny.
1.21 Whe																												

health Department: Health

Quote Number:						
Item Description:	Cooler Box					
Department/Section	n: Operating Theatre Complex	Purnosa of the				
 Pre-qualification 	on criteria if any:	Purpose of Item: Transport and storage				
1.1. Is the item Regulatory Body	required to have a regulatory body certification required if Yes:	ication (e.g. SABS, SANS, SANAS, ISO, CIDB, etc.)? Yes				
4 4 IS a compu	lsory site inspection / briefing session red ate Time Pla					
1.3. Is local pro-	duction and content part of the quote? Ye					
1.4. Provisions	of section 4(1)(a) of the PPPFA Regulation	·				
	er insurance? Yes / No					
What is the speci	fication of the require the					
List specifications to b 1. Blue-white colour	e advertised					
2. Flip lid		Comment				
3. A litres /	auth 1 - '					
4. (six lines) de					
5.						
Does a sample no	od to be I was					
3.1. Deadling for su	ed to be submitted? Yes / No(select option	3.1 or 3.2)				
	Tin	ne Place				
3.2. Specify that car	nnios must be	1 IOO BERKER STATE OF THE STATE				
-kaciny mat 2dl	nples must be made available when request	ed in writing. Yes or No				
Penalties to be note	d by the	•				
TILL II UIE SUDDIIACTE	ils to dollars	form the services within the period(s) specified in the contract				
the purchaser s	hall, without prejudice to its att	form the services within the period(s) specified := #				
penalty, a sum	calculated on the delivered price of the	form the services within the period(s) specified in the contract under the contract, deduct from the contract price , as a second goods or unperformed sorvices with the contract price.				
interest rate cald	culated for each day of the delay until actual of	s under the contract, deduct from the contract price , as a syed goods or unperformed services using the current prime delivery or performance				
10/1-4 :	and the delay until actual (delivery or performance.				
What is the evaluation	n critorio / · · · ·					
c evaluation criteria / si						
Pre-qualification crite						
Administrative	Oct die one combine to thought a sa-					
Conformance:	Was the product made or service performation will/does the product/service for the product service for	med to specificate				
Performance: Will/does the product/service fulfil its performance obligations?						
Features:	Will/does the product/service fulfil its performance obligation, in a manner that releases the What characteristics does the					
Reliability:	Third Gial acteristics ands the product.					
Durability:						
Serviceability:	How easy is the	ow will the product hold up under extended use?				
Ability & Capacity	The ability and a supp	ow will the product hold up under extended use? ort the product or service? (customer support)				
Preference points	The ability and capacity of the vendor to Preferential Procurement System (1997)	execute the contract				
	tribute telephone telephon					
points	Preferential Procurement System (80/20)	if applicable				

Name of End-user (in full)	200		
Designation / Rank (in full)	INVIVOR	Name of SCM Rep (in full)	A
Signature Signature	AMN: Theate	Designation/ Rank (in full)	SUYA MIZOLO
Date		Signature (IT 1011)	I CMP
L -	16.08 2001		(all)
Standard End-User Specificati	on Form	Date	1/11/09/2011
	•		Page 1 of 1



Signature

Standard End-User Specification Form

Date

Health PROVINCE OF KWAZULU-NATA	AL.				
Quote Number:					Ren''
tem Description:	Plastic Laundry Baskets				
Department/Section:	Operating Theatre Complex	Purpos	e of Item: Waste d	Isiposal	
1. Pre-qualification o	riteria if any:				50 CIDD ata \2 V (a)
1.1. Is the item red Regulatory Body / c	quired to have a regulatory body c ertification required if Yes: <u></u> <u></u>			S, SANAS, I	SO, CIDB, etc.)? Yes / No
if Yes, specify: Date	ory site inspection / briefing sessi	1 1800 E		A STANSON AND AND AND AND AND AND AND AND AND AN	
1.3. Is local produ if Yes, specify:	action and content part of the quo	te? Yes / I	ko <u>=</u>		
		udations.2	017 if applicable?	Yes/No.	
1.4. Provisions of	f section 4(1)(a) of the FFFT A Reg			•	•
					•
1.5. Liability Cov	er insurance? Yes / Ne		100 M	-	
if Yes, specify: 🤽					
- with the spec	ification of the required item?				
Little Gentland to t	no advertised			Comment	
1. Red/grey plastic	laundry basket — LAME				
2. No lid					
3. Square base					
4. 5.					
3.1. Deadline foror3.2. Specify that	need to be submitted? Yes / No(se submission if Yes: Date samples must be made available where the suppliers:	hen reques	ted in writing. Yes	_ <mark>& _</mark> or No	
4. Penalties to be r	noted by the suppliers: er fails to deliver any or all of the goo	ods or to pe	rform the services	within the per	rom the contract price.
4.1. If the suppli-	er fails to deliver any or all of the god ser shall, without prejudice to its off	ner remedi	es under the contra	norformed se	rvices using the current p
penalty, a s	ser shall, without prejudice to its off sum calculated on the delivered price	ce of the de	alayed goods or dir al delivery or perfori	nance.	
interest rate	e calculated for each day of the dela	y arter siere.			
	luation criteria / special terms and	d condition	s to be advertised	!?	
5. What is the eval	· I Lorme and Chilling In IU	DE auverie	CO (11 C/F)-11		
Pre-qualification	n criteria Does the offer meet the p	re-qualifica	tion criteria?	rements?	
2. Administrative	Does the offer comply to	stipulated a	offermed to specific	ations?	
3. Conformance:	Was the product made or Will/does the product/ser	Service pe	nerformance oblig	ation, in a ma	nner that releases the
4. Performance:					
5. Features:	Supplier from all liabilities What characteristics doe	s the produ	ct or service have?	ad for mainte	enance? (guarantee)
5. Features: 6. Reliability:	How long can a product	go betweer	tallules and the pro	duct hold un i	under extended use?
7. Durability:	How long can a product of What is the useful life for How easy is it to repair,	the produ	T/ How Will the produc	t or service?	(customer support)
8. Serviceability:	How easy is it to repair,	การเกเลแนน	STRUCKLE GIC PROGGS		
9. Ability & Capa		of the vene of System (30/20) if applicable		
10. Preference po	ints Preferenda Frocuremen				
			1.00110==	(in full)	Siya Misoco
Name of End-user	(in full) Ms 7. mhl	2757	Name of SCM Rep	(in full)	(MD)
Designation / Ran		and	Designation/ Rank	(iti iuii)	ISLMP
L '	1		L IODOTHIO		

Signature

Date

ealth partment: alth DVINCE OF KWAZULU-NATA	END-USER SPE	
e Number:		
e Marriner.		
Description:	Signage for Hazardous Substances	the state of danger sheet
rtment/Section:	Operating Theatre Complex	Purpose of Item: Alerting staff of danger ahead
Pre-qualification cr	iteria if any:	CARS SANS SANAS ISO CIDB. etc.)? Yes
Regulatory Body / ce	rtification required if Yes:	
1.2. Is a compulso if Yes, specify: Date	ry site inspection / briefing session red	quired? Yes / Notation Notation
if Yes, specity: 🍱	ction and content part of the quote? Ye	
if Yes, specify: 💹	section 4(1)(a) of the PPPFA Regulatio	
1.5. Liability Cove if Yes, specify:	r insurance? Yes / No-	
What is the speci	ication of the required item?	Comment
t specifications to be	daveruseu	
Signage for ha	ardous substances	
300 X 300mm		
3.1. Deadline for s	eed to be submitted? Yes / No(select op ubmission if Yes: Date	
4.1. If the supplier the purchase	oted by the suppliers: fails to deliver any or all of the goods or too shall, without prejudice to its other renormal medical price of the delivered price of the delay until a	to perform the services within the period(s) specified in the content in the contract price in the contract price delayed goods or unperformed services using the current delivery or performance.
What is the evalu	ation criteria / special terms and condi	ertised (if applicable)
ist evaluation criteria	I special terms and conditions to be adve	lification criteria?
Pre-qualification	- 1 - 1 - 1 - 0 160 Offor MODE IND DEPORTA	HIR AUDIT CHICKING
2. Administrative	I Door the offer comply to Stiblide	led administrative regarders
3. Conformance:		
Performance:	Will/does the product/service ful	fill its performance obligation, in a mariter triacreteases the contract?
5. Features:		
		uses tailured and the neen locationicalidation (990,000)
6. Reliability:	CILIC Familia organization	AADALY MAWAMII MID DITRIBLE HOM OD OFFICE CARRIAGE
7. Durability:	Thou eacy is it to repair maintai	n or support the product of Servicer (castorner support
3. Serviceability:		vendor to execute the contract
Ability & Capaci	<u> </u>	m (80/20) if applicable
10. Preference poin	to I Prejerential Procurement Syste	All factorists of all the

D	ame of End-user (in full) esignation / Rank (in full) ignature	AMN: Theatre	Name of SCM Rep (in full) Designation/ Rank (in full) Signature	SIMA A)2010 SCAR JAA):
)ate	16.08.300-1	Date	Page 1 of 1

Storage area Flammable material

Picture for Illustration: Signage for hazardous substances- must appear on signage

health Department: ROVINCE OF KWAZULU-NATAL Quote Number: Item Description: Signage for X-ray screening /laser Department/Section: **Operating Theatre Complex** Purpose of Item: Alerting staff of danger ahead Pre-qualification criteria if any: 1. 1.1. Is the item required to have a regulatory body certification (e.g. SABS, SANS, SANAS, ISO, CIDB, etc.)? YAS / No: Regulatory Body / certification required if Yes: 343 1.2. Is a compulsory site inspection / briefing session required? Yes / No if Yes, specify: Date ____/___ Time _____ Place 1.3. Is local production and content part of the quote? Yes / No if Yes, specify: 1.4. Provisions of section 4(1)(a) of the PPPFA Regulations, 2017 if applicable? Yes (2010) if Yes, specify: 1.5. Liability Cover insurance? Yes / No

2.	What is	the specification	of the	required	item?

if Yes, specify:

List s	pecifications to be advertised	Comment	
1. L	abel to be written in black with a danger sign		
2. 1	190 x 380mm		
3. §	Signage for X-ray screening/laser		
4.			
5,	•		-

3.	Doe	es a sample need to be submitted? Y≱s / No(select option 3.1 or 3.2)
	3 1	Deadling for submission if Vest Date 11 Time Disco

3.2. Specify that samples must be made available when requested in writing. Yes or No

4. Penalties to be noted by the suppliers:

or

4.1. 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.

5. What is the evaluation criteria / special terms and conditions to be advertised?

List	List evaluation criteria / special terms and conditions to be advertised (if applicable)						
1.	Pre-qualification criteria						
2.	Administrative	Does the offer comply to stipulated administrative requirements?					
3.	Conformance:	Was the product made or service performed to specifications?					
	Performance:	Will/does the product/service fulfil its performance obligation, in a manner that releases the supplier from all liabilities under the contract?					
5.	Features:	What characteristics does the product or service have?					
6	Reliability:	How long can a product go between failures and the need for maintenance? (guarantee)					
7.	Durability:	What is the useful life for the product? How will the product hold up under extended use?					
	Serviceability:	How easy is it to repair, maintain or support the product or service? (customer support)					
9.	Ability & Capacity	The ability and capacity of the vendor to execute the contract					
10.	Preference points	Preferential Procurement System (80/20) if applicable					

Name of End-user (in full)	Ms 4. Whengu	Name of SCM Rep (in full)	BUYA MEDIO
Designation / Rank (in full)	AMN: Theatre	Designation/ Rank (in full)	SCAR
Signature	HE	Signature	(all).
Date	16-08-2021	Date	11/09/12021

Standard End-User Specification Form

Page 1 of 1

FINON SULEINON SOLUTION SOLUTI YOU ARE PREGNANT

DECLARATION OF INTEREST

1.	rela que by pos	y legal person, including persons employed by the state ¹ , or persons having a kinship with persons employed by the state ationship, may make an offer or offers in terms of this invitation to quote (includes a price quotation, advertised compose). In view of possible allegations of favouritism, should the resulting quote, or part thereof, be awarded to the state, or to persons connected with or related to them, it is required that the bidder or his/her authorised represent sition in relation to the evaluating/adjudicating authority wherethe 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 a evaluation and or adjudication of the quote(s), or where it is known that such a relationship exists between the person whose behalf the declarant acts and persons who are involved with the evaluation and or adjudication of the quote.	etitive q o persor ative de re/is inv	uote is ei clare olve	e, limi mplo e his/ ed in	ited yed her the
2.	ln (order to give effect to the above, the following questionnaire must be completed and submitted with the quote.				
	2.2. 2.3.	Full Name of bidder/representative		•		
:	2.8. 2.8.1. 1	Are you or any person connected with the bidder presently employed by the state? If so, furnish the following particulars: Vame of person / director / trustee / shareholder/ member:	TICK AI YES	PL	NO	LE]
	1 1 2.8.2.	Name of state institution at which you or the person connected to the bidder is employed:		emp		,,,,,
<u>(No</u>	<u>to: F</u> 2.8.2. 2.9.	ailure to submit proof of such authority, where applicable, may result in the disqualification of the quote.) 2. If no, furnish reasons for non-submission of such proof: Did you or your spouse, or any of the company's directors / trustees / shareholders / members or their spouses condustate in the previous twelve months?	ict busir YES	 iess	with NO	the
	2,9.1. 2.10. 2.10.	If so, furnish particulars:	YES		NO	<u></u>
	2.11. 2.11.	Are you, or any person connected with the bidder, aware of any relationship (family, friend, other) between any other bi employed by the state who may be involved with the evaluation and or adjudication of this quote? 1. If so, furnish particulars: Do you or any of the directors / trustees / shareholders / members of the company have any interest in any other related	YES compa		NO whe	-
		or not they are bidding for this contract? 1. If so, furnish particulars:	YES		NO	<u></u>
	3. NB:	Full details of directors / trustees / members / shareholders. The Department Of Health will validate details of directors / trustees / members / shareholders on CSD. It is the su to ensure that their details are up-to-date and verified on CSD. If the Department cannot validate the information or not be considered and passed over as non-compliant according to National Treasury Instruction Note 4 (a) 2016/17.	ppliers' i CSD, t	esp he (onsit	bility wil
	4	DECLARATION				

FURNISHED IN PARAGRAPHS 2.

I ACCEPT THAT THE STATE MAY REJECT THE QUOTE OR ACT AGAINST ME SHOULD THIS DECLARATION PROVE TO BE FALSE.

Position Date Signature Name of bidder

"State" means --

- er means —
 any national or provincial department, national or provincial public entity or
 constitutional institution within the meaning of the Public Finance Management
 Act, 1999 (Act No. 1 of 1999);
 any municipality or municipal entity;
- provincial legislature;
- national Assembly or the national Council of provinces; or

b)

^{2°} 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.