SharePoint

Mthembu Khulani - ?



KZN HEALTH

### **KZN Health Intranet**

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AdvertQuote

HEALTH	KWAZULU-NATAL PROVINCE				
REPUBLIC OF SOUTH AFRICA	Quotation Advert				
Opening Date:	2022-04-22	100			
Closing Date:	2022-05-09				
Closing Time:	11:00				
INSTITUTION DETAILS					
nstitution Name:	soloci. King Edward VIII hospital	-			
Province:	KwaZulu-Natal	1000			
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	2022-04-21				
ITEM CATEGORY AND DETAILS					
Quotation Number:	ZNQ:				
	KEV 18-22	200			
Item Category:	select Service				
	to advert please print it and bring it with you for briefing session so be stamped and signed, failure to do so will result in disqualification wear your PPE gear. no emails are allowed.				
Quantity (if supplies)	D+ 21				
Quantity (if supplies) COMPULSORY BRIEFING SESSION					
	I / SITE VISIT	n I:			
COMPULSORY BRIEFING SESSION		100			
COMPULSORY BRIEFING SESSION Select Type:	solectCompulsory Briefing session	100			
COMPULSORY BRIEFING SESSION Select Type: Date :	solectCompulsory Briefing session 2022-04-28	100			
COMPULSORY BRIEFING SESSION Select Type: Date : Time:	selectCompulsory Bricking Session 2022-04-28	100			
COMPULSORY BRIEFING SESSION Select Type: Date : Time: Venue:	SelectComputSory Bricking Session 2022-04-28 11H00 King Edward Viii hospital outside maintenance dept (workshop)	100			
COMPULSORY BRIEFING SESSION Select Type: Date : Time: Venue: QUOTES CAN BE COLLECTED FROM:	SelectComputSory Brickey Session 2022-04-28 11H00 King Edward Viii hospital outside maintenance dept (workshop) Attached to Advert King Edward Viii Hospital tendor box	100			
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COMPULSORY BRIEFING SESSION Select Type: Date: Time: Venue: QUOTES CAN BE COLLECTED FROM: QUOTES SHOULD BE DELIVERED TO: ENQUIRIES REGARDING THE ADV Name: Email:	SelectComputSory Brickey Session 2022-04-28 11H00 King Edward Viii hospital outside maintenance dept (workshop) Attached to Advert King Edward Viii Hospital tendor box ERT MAY BE DIRECTED TO: Khulani Mthambu\Eugane Allerston	∩ I•			



Qu	uote Number:
Ite	em Description: Service Medical gas plants and wall points
De	epartment/Section: KEH Plants and buildings Purpose of Item: Servicing
1.	Pre-qualification criteria if any:  1.1. Is the works required to have a regulatory body certification (e.g. SABS, SANS, SANAS, ISO, CIDB, etc.)? Yes:  1.1.1.1. CIDB 1ME Registered  1.1.1.2. SAQCCGAS Medical gas (oxygen, nitrous oxide, vacuum, medical air, hi pressure air, scavenging registration
	Is a compulsory site inspection / briefing session required? Yes     if Yes, specify: Datef
	1.3. Is local production and content part of the quote? Yes / No if Yes, specify:

if Yes, specify: Procurement regulations

1.5. Liability Cover insurance? Yes if Yes, specify: Yes; 3<sup>rd</sup> party liability cover/insurance

2. What is the specification of the required item?

2.1	Works required: Attend service schedules no attached to tender in the following areas: New block:
2.1.1	Codes: MG3-002 x2 (Medical air compressor), MG2-002 x2 (Vacuum pumps)
2.2	Works required: Attend service schedules no attached to tender in the following areas: Laundry:
2.2.1	Codes: IA1-001 (Industrial air compressor)
2.3	Works required: Attend service schedules no attached to tender in the following areas: Maintenance department:
2.3.1	Codes: IA1-001 (Industrial air compressor)
2.4	Works required: Attend service schedules no attached to tender in the following areas : Mother lodge :
2.4.1	Codes;,MG2-002 x2 (Vacuum pumps)
2.5	Works required: Attend service schedules no attached to tender in the following areas : Old POPD :
2.5.1	Codes: MG2-002 x1 (Vacuum pumps)
2.6	Works required: Attend service schedules no attached to tender in the following areas: Compressor next to boiler
2.6.1	Codes: IA1-001 (Industrial air compressor)
2.7	Works required: Attend service schedules no attached to tender in the following areas: ICU:
2.7.1	Codes: MG3-002 x2 (Medical air compressor), MG2-002 x2 (Vacuum pumps)
2.8	Works required: Attend service schedules no attached to tender in the following areas: S Block Theatres:
2.8.1	Theatre scavenging system to be cleaned in its entirety.(In SOT OT roof space)
2.9	Works required: Attend service schedules no attached to tender in the following areas : PRU/POPD :
2.9.1	Codes: MG2-002 x2 (Vacuum pumps)
2.10	Works required: Attend service schedules no attached to tender in the following areas: N Block:
2.10.1	Codes: MG2-002 x2 (Vacuum pumps)
2.11	Works required: Attend service schedules no attached to tender in the following areas: D Ward Medical oxygen:
2.11,1	Codes: MG1-002 x1 (Medical gas plant)
2.12	Works required: Attend service schedules no attached to tender in the following areas: RUM Medical oxygen:
2.12.1	Codes: MG1-002 x1 (Medical gas plant)
2.13	Works required: Attend service schedules no attached to tender in the following areas: S Block Nitrous:
2.13.1	Codes: MG1-002 x1 (Medical gas plant)
2.14	Works required: Attend service schedules no attached to tender in the following areas; N Block nitrous:
2.14.1	Codes; MG1-002 x1 (Medical gas plant)



### **END-USER SPECIFICATION FORM**

2.15	Works required: All medical gas wall points is to be tested on the following amount of medical gas points quantities:
2.15.1	Med air high - 32, Med air low - 285, Nitrous oxide - 67, Medical oxygen - 1191, Vacuum points - 1057
2.16	Waste management requirements:
2.16.1	Attach disposable certificate of any old oil, ghries or refrigerant that was removed and certificate to also show quantity.
2.17	After service report requirements:
	Provide an after service report (in word format and email to KEH project leader) on completion of the service as below requirements and attach copy to invoice
	Following items required:
2.17.1	Date
2.17.2	Description of works
2.17.3	Full detailed model/part numbers and description of items to be repaired /unit or machine or equipment.
2.17.4	Colour Photographic records/evidence of items to be repaired
2.17.5	Additional works carried out (if any)
2.17.6	Recommendations for future repair requirements
2.17.7	Observation notes on the condition of the system/s serviced
2.17.8	A sketch or schematic of the system repairs, indicating items needing further attention/repairs and their locations indicated on the sketch or schematic or floor plan sketch and marked with crosses where faults is.

### 3. The following documents need to be drafted and submitted by the winning bidder:

- 3.1. Safety file and submitted to safety officer.
- 3.2. Gas point check list, indication each (Oxygen, Vacuum, Nitrous oxide, Hi pressure air and medical air and scavenging vacuum pressure) wall gas point the following: a) Department identification b) Wall gas point Year number c) Wall gas point number, d) type of medical gas of wall gas point, e) measured positive or negative gas flow rate reading, f) Measured medical gas point positive or negative pressure reading, g) Repairs needed, shall be completed. Deadline for the medical gas point verification submission list: Last day of service. Estimated amount of point is +- 1900.
- 3.3. Service schedule/s will be issued by SCM department and will be one copy of each applicable service type. Contractor must copy the correct amount of service schedules needed to complete the service..
- 3.4. Execution plan of start day and completion day and each consecutive day of work to be done before works can commence.

### Penalties to be noted by the suppliers:

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?

	Selection Element	Weight	Evaluation
5.1	Evaluate if 3 page quote document has been completed correctly	Go/No Go	Evaluate the 3 page quote document if completed correctly (Critical aspect, List of correct materials and sizes)
5.2	Evaluate personnel's years of experience on cv	20%	Minimum Specification: The bidder must provide documentation to demonstrate the relevant track record and experience in modical gas s servicing as specified in this end user specification.  5% points- Less than 2 years' Experience 10% points- Between Two and Five Years' Experience on the above mentioned. 15% points- Between Six and Nine Years' Experience on the above mentioned. 20% points- Ten Years and above Experience on the above mentioned.
5.3	Evaluation Support Capacity	20%	The bidder must demonstrate if they have the necessary capacity to provide the required service, this may include but not limited to the following resources: 20% points-List of equipment and assets owned by bidder to be utilised for this contract.
5.4	Service Report	20%	The bidder must provide a Service report, which they have supplied to a recent project/ client after completion of the service.  The points will be allocated as follows:  1% points-Date 2% points-The system(s) cleaned 2% points-Pro test inspection (as per System Testing)



### **END-USER SPECIFICATION FORM**

			2% points-Post-test inspection 2% points-Photographic records 2% points-Additional works carried out (if any) 3% points-Material Safety Datasheets (MSDS) for any chemicals used in the works 2% points-Recommendations for future testing requirements 2% points-Observations on the condition of the system 2% points-A sketch or schematic of the system indicating areas needing repairs
5.5	References letters	40%	Minimum requirements: 3 letters of references 10% Mostly Needs improvement 20% Mostly Meets requirements 30% Mostly Exceeds requirements +10; Would use again
	Point attained	/100	

Specificat	ion compiled by:	Specificatio	n approved by:
Name	E. Allerston	Name	Louise
Designation / Rank (in full)	Mechanical Supervisor	Designation/ Rank (in full)	55.0
Signature	LETTE !	Signature	18-
Date	06-04-2055	Date	814125

STANDARD QUOTE DOCUMENTATION SUPPLY CHAIN MANAGEMENT OVER R30 000,00 YOU ARE HEREBY INVITED TO QUOTE FOR REQUIREMENTS AT. KING EDWARD VIII HOSPITAL DATE ADVERTISED: 2022-04-22 FACSIMILE NUMBER: 031 205 6722 E-MAIL ADDRESS: PHYSICAL ADDRESS: GATE 2 FRANCIOS ROAD CONGELLA 4013 ZNQ NUMBER: KEV 18\ 22 DESCRIPTION: MEDICAL GAS SERVICE CONTRACT PERIOD..... VALIDITY PERIOD 60 Days SARS PIN..... (if applicable) CENTRAL SUPPLIER DATABASE REGISTRATION (CSD) NO. UNIQUE REGISTRATION REFERENCE DEPOSITED IN THE QUOTE BOX SITUATED AT (STREET ADDRESS) Bidders should ensure that quotes are delivered timeously to the correct address. If the quote is late, it will not be accepted for consideration. The quote box is open from 08:00 to 15:30. ALL QUOTES MUST BE SUBMITTED ON THE OFFICIAL FORMS - (NOT TO BE RE-TYPED) THIS QUOTE IS SUBJECT TO THE PREFERENTIAL PROCUREMENT POLICY FRAMEWORK ACT AND THE PREFERENTIAL PROCUREMENT REGULATIONS, 2011, THE GENERAL CONDITIONS OF CONTRACT (GCC) AND, IF APPLICABLE, ANY OTHER SPECIAL CONDITIONS OF CONTRACT. THE FOLLOWING PARTICULARS MUST BE FURNISHED (FAILURE TO DO SO WILL RESULT IN YOUR QUOTE BEING DISQUALIFIED) NAME OF BIDDER POSTAL ADDRESS STREET ADDRESS TELEPHONE NUMBER CODE NUMBER FACSIMILE NUMBER CODE NUMBER CELLPHONE NUMBER ...... E-MAIL ADDRESS

[A B-BBEE STATUS LEVEL VERIFICATION CERTIFICATE/SWORN AFFIDAVIT (FOR EMES& QSEs) MUST BE SUBMITTED IN ORDER TO QUALIFY FOR PREFERENCE POINTS FOR B-BBEE]

VAT REGISTRATION NUMBER (If VAT vendor) .....

HAS A B-BBEE STATUS LEVEL VERIFICATION CERTIFICATE BEEN SUBMITTED? (SBD 6.1)

YES NO

		ICAL GAS SERVI					0000
y signing t	nis document	I hereby agree to all terms an	d conditions]				
000000000000000000000000000000000000000		CH THIS QUOTE IS SIGNED.	nacana de la constante de la c				955
tem No	Quantity	Description		Brand & model	Country of manufacture	Price R	Т
1.	21	MEDICAL G.	AS SERVICE				
	-				_	-	-
							2
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						-	- 1
						-	-
							= 3
							100
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							7
							- 33
ALLE A	DED TAY @	15% (Only if VAT Vendor)					
		RICE (VALIDITY PERIOD 60	Davs)			_	-
es This (	Offer Comply	With The Specification?	Does The	Article Conform To The S.	A.N.S. / S.A.B.S. Speci	fication?	_
The Price	: Firm?		State De	livery Period E.G. E.G. 1da	у, тиеек		
nquiries	regarding th	ne <u>quote</u> may be directed to:		Enquiries regarding tec			

### DECLARATION OF INTEREST

1.	Any legal person, including persons blood relationship, may make an off limited quote or proposal). In view employed by the state, or to person declare his/her position in relation to the bidder is employed by the state.	er or offers in terms of this invi of possible allegations of favour as connected with or related to the evaluating/adjudicating au te; and/or	tation ritism then thorit	to quote (includes a price quotation, should the resulting quote, or partin, it is required that the bidder or I y where-	on, advertised competitive quote, t thereof, be awarded to persons nis/her authorised representative
-	evaluation and or adjudication of	the quote(s), or where it is known	wn t	as a relationship with persons/a p hat such a relationship exists betw h the evaluation and or adjudicatio	een the person or persons for or
2.	In order to give effect to the above,	the following questionnaire mus	st be	completed and submitted with the	quote.
2.1.	Full Name of bidder/representative			Company Registration Number:	
2.2.	Identity Number:			Tax Reference Number:	
2.3.	Position occupied in the Company		2.6.	VAT Registration Number:	
2.7.	The names of all directors / trustee		eir in	dividual identity numbers, tax refer	ence numbers and, if applicable,
	employee / persal numbers must b	e indicated in paragraph 3 belo	W.		[TICK APPLICABLE]
	Are you or any person connected v	vith the bidder presently employ		y the state?	YES NO
2.8.	1.If so, furnish the following particula				
	Name of person / director / trustee / Name of state institution at which yo	snareholder/ member:	ne biz	Ider is employed:	
	Position occupied in the state institu	tion:		Any other particulars:	
2.8.	<ol><li>If you are presently employed by</li></ol>	the state, did you obtain the a	рргар	riate authority to undertake remun	erative work outside employment
	in the public sector?	and the street of the street o			YES NO
/Mato	<ol> <li>If yes, did you attach proof of s Failure to submit proof of such autho</li> </ol>	uch authority to the quote docu	ment otrin	! the disqualification of the quate \	
	2.2. If no. furnish reasons	for non-submission of such pro	of:	пте издивинивання от вте дине.)	
	Did you or your spouse, or any of state in the previous twelve months	the company's directors / truste	es /	shareholders / members or their sp	ouses conduct business with the
2.9.	<ol> <li>If so, furnish particulars:</li> </ol>				45. ASSASS 40 ASSAS 2004.
	<ol> <li>Do you, or any person connected way be involved with the evaluation</li> </ol>	n and or adjudication of this qui	ote?	\$10 \$200 BS (C) \$3	n employed by the state and who           YES         NO
	0.1. If so, furnish particulars: L. Are you, or any person connected				any other hidder and any narron
	employed by the state who may be 1.1. If so, furnish particulars:	involved with the evaluation ar	nd or	adjudication of this quote?	YES NO
2.1	2. Do you or any of the directors / trus	tees / shareholders / members	of the	company have any interest in any	other related companies whether
	or not they are bidding for this con-	ract?			YES NO
2.1	2.1. If so, furnish particulars:				
3. NB:		date details of directors / trus to-date and verified on CSD. If	the [	/ members / shareholders on CSI Department cannot validate the inf ional Treasury Instruction Note 4 (a	ormation on CSD, the quote will
4	DECLARATION				
	HE UNDERSIGNED (NAME) RNISHED IN PARAGRAPHS 2			CERTIFY	THAT THE INFORMATION
	CCEPT THAT THE STATE MA OVE TO BE FALSE.	Y REJECT THE QUOTE O	OR A	CT AGAINST ME SHOULD	THIS DECLARATION
	4.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1	mature		rosition	Date
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	ite" means –	ofineral or newlessial matter autition	20	occurred logislature	
a) b)	any national or provincial department, in constitutional institution within the meaning Act, 1999 (Act No. 1 of 1999); any municipality or municipal entity.		c) d) e)	provincial legislature; national Assembly or the national Counci Parliament.	l of provinces; or

<sup>&</sup>quot;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

### 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.
- This quotation will be evaluated based on the 80/20 points system, specification & correctness of information. All required documentation must be completed in full and submitted.
- 3.6. Offers must comply strictly with the specification.
- 3.7. Only offers that meet or are greater than the specification will be considered.
- 3.8. Late quotes will not be considered.
- 3.9. Expired product/s will not be accepted. All products supplied must be valid for a minimum period of six months.
- 3.10. A bidder not registered on the Central Suppliers Database or verification has failed will not be considered,
- 3.11. All delivery costs must be included in the quote price, for delivery at the prescribed destination.
- 3.12. Only firm prices will be accepted. Such prices must remain firm for the contract period. Non-firm prices (including rates of exchange variations) will not be considered.
- 3.13. In cases where different delivery points influence the pricing, a separate pricing schedule must be submitted for each delivery point.
- 3.14. In the event of a bidder having multiple quotes, only the cheapest according to specification will be considered. Furthermore a verification will be done to identify if bidders have multiple companies and are quoting (cover-quoting) for this bid. In such instances only the cheapest bid according to specification will be considered.

### 4. SPECIAL INSTRUCTIONS AND NOTICES TO BIDDERS REGARDING THE COMPLETION OF THIS QUOTATION.

- 4.1. Unless inconsistent with or expressly indicated otherwise by the context, the singular shall include the plural and vice versa and with words importing the masculine gender shall include the feminine and the neuter.
- 4.2. Under no circumstances whatsoever may the quotation/bid forms be retyped or redrafted. Photocopies of the original bid documentation may be used, but an original signature must appear on such photocopies.
- 4.3. The bidder is advised to check the number of pages and to satisfy himself that none are missing or duplicated.
- Quotation submitted must be complete in all respects.
- 4.5. Any alteration made by the bidder must be initialled.
- 4.6. Use of correcting fluid is prohibited
- 4.7. Quotation will be opened in public as soon as practicable after the closing time of quotation.
- 4.8. Where practical, prices are made public at the time of opening quotations.
- 4.9. If it is desired to make more than one offer against any individual item, such offers should be given on a photocopy of the page in question. Clear indication thereof must be stated on the schedules attached.

### 5. SPECIAL INSTRUCTIONS REGARDING HAND DELIVERED QUOTATIONS

- 5.1. Quotation shall be lodged at the address indicated not later than the closing time specified for their receipt, and in accordance with the directives in the quotation documents.
- 5.2. Each quotation shall be addressed in accordance with the directives in the quotation documents and shall be lodged in a separate sealed envelope, with the name and address of the bidder, the quotation number and closing date indicated on the envelope. The envelope shall not contain documents relating to any quotation other than that shown on the envelope. If this provision is not complied with, such quotations/bids may be rejected as being invalid.
- 5.3. All quotations received in sealed envelopes with the relevant quotation numbers on the envelopes are kept unopened in safe custody until the closing time of the quotation/bids. Where, however, a quotation is received open, it shall be sealed. If it is received without a quotation/bid number on the envelope, it shall be opened, the quotation number ascertained, the envelope sealed and the quotation number written on the envelope.
- 5.4. A specific box is provided for the receipt of quotations, and no quotation found in any other box or elsewhere subsequent to the closing date and time of quotation will be considered.

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

### 6. SAMPLES

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

### COMPULSORY SITE INSPECTION / BRIEFING SESSION

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

### 8. STATEMENT OF SUPPLIES AND SERVICES

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

### 9. SUBMISSION AND COMPLETION OF SBD 6.1

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

### 10. TAX COMPLIANCE REQUIREMENTS

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

### 11. TAX INVOICE

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

### 12. PATENT RIGHTS

The supplier shall indemnify the KZN Department of Health (hear after known as the purchaser) against all third-party claims of infringement of patent, trademark, or industrial design rights arising from use of the goods or any part thereof by the purchaser.

### 13. PENALTIES

- 13.1. If at any time during the contract period, the service provider is unable to perform in a timely manner, the service provider must notify the institution in writing/email of the cause of and the duration of the delay. Upon receipt of the notification, the institution should evaluate the circumstances and, if deemed necessary, the institution may extend the service provider's time for performance.
- 13.2. In the event of delayed performance that extends beyond the delivery period, the institution is entitled to purchase commodities of a similar quantity and quality as a substitution for the outstanding commodities, without terminating the contract, as well as return commodities delivered at a later stage at the service provider's expense.
- 13.3. Alternatively, the institution may elect to terminate the contract and procure the necessary commodities in order to complete the contract. In the event that the contract is terminated the institution may claim damages from the service provider in the form of a penalty. The service provider's performance should be captured on the service provider database in order to determine whether or not the service provider should be awarded any contracts in the future.
- 13.4. If the supplier fails to deliver any or all of the goods or to perform the services within the period(s) specified in the contract, the purchaser shall, without prejudice to its other remedies under the contract, deduct from the contract price, as a penalty, a sum calculated on the delivered price of the delayed goods or unperformed services using the current prime interest rate calculated for each day of the delay until actual delivery or performance.

### 14. TERMINATION FOR DEFAULT

- 14.1. The purchaser, without prejudice to any other remedy for breach of contract, by written notice of default sent to the supplier, may terminate this contract in whole or in part:
- (i) if the supplier fails to deliver any or all of the goods within the period(s) specified in the contract,
- (ii) if the supplier fails to perform any other obligation(s) under the contract; or
- (iii) if the supplier, in the judgment of the purchaser, has engaged in corrupt or fraudulent practices in competing for or in executing the
- 14.2. In the event the purchaser terminates the contract in whole or in part, the purchaser may procure, upon such terms and in such manner as it deems appropriate, goods, works or services similar to those undelivered, and the supplier shall be liable to the purchaser for any excess costs for such similar goods, works or services.
- 14.3. Where the purchaser terminates the contract in whole or in part, the purchaser may decide to impose a restriction penalty on the supplier by prohibiting such supplier from doing business with the public sector for a period not exceeding 10 years.
- 15. FAILURE TO COMPLY WITH ABOVE WILL RESULT IN YOUR QUOTE BEING PASSED OVER.

### PREFERENCE POINTS CLAIM FORM IN TERMS OF THE PREFERENTIAL PROCUREMENT REGULATIONS 2017

This preference form must form part of all quotes invited. It contains general information and serves as a claim form for preference points for Broad-Based Black Economic Empowerment (B-BBEE) Status Level of Contribution

NB: BEFORE COMPLETING THIS FORM, BIDDERS MUST STUDY THE GENERAL CONDITIONS, DEFINITIONS AND DIRECTIVES APPLICABLE IN RESPECT OF B-BBEE, AS PRESCRIBED IN THE PREFERENTIAL PROCUREMENT REGULATIONS, 2017.

### 1. GENERAL CONDITIONS

- 1.1 The following preference point systems are applicable to all quotes:
  - the 80/20 system for requirements with a Rand value of up to R50 000 000 (all applicable taxes included); and
- 1.2 The value of this quote is estimated to not exceed R50 000 000 (all applicable taxes included) and therefore the 80/20 preference point system shall be applicable.
- 1.3 Points for this quote shall be awarded for:
  - (a) Price; and
  - (b) B-BBEE Status Level of Contributor.
- 1.4 The maximum points for this quote is allocated as follows:

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

- 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.

### 2. DEFINITIONS

- (a) "B-BBEE" means broad-based black economic empowerment as defined in section 1 of the Broad-Based Black Economic Empowerment Act;
- (b) "B-BBEE status level of contributor" means the B-BBEE status of an entity in terms of a code of good practice on black economic empowerment, issued in terms of section 9(1) of the Broad-Based Black Economic Empowerment Act;
- (c) "bid" means a written offer in a prescribed or stipulated form in response to an invitation by an organ of state for the provision of goods or services, through price quotations, advertised competitive bidding processes or proposals;
- "Broad-Based Black Economic Empowerment Act" means the Broad-Based Black Economic Empowerment Act, 2003 (Act No. 53 of 2003);
- (e) "EME" means an Exempted Micro Enterprise in terms of a code of good practice on black economic empowerment issued in terms of section 9 (1) of the Broad-Based Black Economic Empowerment Act;
- (f) "functionality" means the ability of a tenderer to provide goods or services in accordance with specifications as set out in the tender documents.
- (g) "prices" includes all applicable taxes less all unconditional discounts;
- (h) "proof of B-BBEE status level of contributor" means:
  - 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;

### 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:

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

Ps = Points scored for price of bid under consideration

Pt = Price of bid under consideration
Pmin = 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	r 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

C .	DID	DECL	ADA	TION

8.

- 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.

### 

Whether the sub-contractor is an EME or QSE

iv) Specify, by ticking the appropriate box, if subcontracting with an enterprise in terms of YES NO

Preferential Procurement Regulations, 2017:	Louise	- Annual Control of the Control of t
Designaled 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.	DECLARATION WITH	REGARD TO COMPANY/FIRM	ı
9.1	Name of company/f	rm:	
9.2	VAT registration nur	nber:	
9.3	Company registration	n number:	
9.4	TYPE OF COMPAN	Y/ FIRM (TICK APPLICABLE BC	DX]
9.5	DESCRIBE PRINCI	PAL BUSINESS ACTIVITIES	
-	noncommentario en escono		
9.6	COMPANY CLASS	FICATION [TICK APPLICABLE E	BOX]
		r service provider e providers, e.g. transporter, etc.	
9.7	Total number of year	irs the company/firm has been in	business:
9.8	the B-BBE status le		o do so on behalf of the company/firm, certify that the points claimed, based on ragraphs 1.4 and 6.1 of the foregoing certificate, qualifies the company/ firm for tt:
	i) The information	n furnished is true and correct;	
	ii) The preference	e points claimed are in accordance	ce 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 satisfaction of the purchaser that the claims are correct;
			en claimed or obtained on a fraudulent basis or any of the conditions of contract ddition to any other remedy it may have –
	(a) disqualify	he person from the bidding prace	938;
	(b) recover co	sts, losses or damages it has inc	curred or suffered as a result of that person's conduct;
	(c) cancel the arrangeme	contract and claim any damage: ents due to such cancellation;	s which it has suffered as a result of having to make less favourable
	who acted	on a fraudulent basis, be restrict r a period not exceeding 10 year	ts shareholders and directors, or only the shareholders and directors ted by the National Treasury from obtaining business from any organ rs, after the audi alteram partem (hear the other side) rule has been
	(e) forward the	e matter for criminal prosecution.	
	WITNESSES		SIGNATURE(S) OF BIDDERS(S)
	135500000000000000000000000000000000000		DATE:
	2		ADDRESS
	1		-344346313416466134111111111111111111111

	PROVINCE OF KWA	ZULU-NATAL - DEPARTM	MENT OF HEALTH	
ESTIN INST/	NATE FORM FOR : THE MAINTENANCE	REPAIR OR REPLACEMENTAL PROVINCIAL HOS	ENT OF FIXED PLANT, EC PITAL AND BUILDINGS	UIPMENT AND
SUBM	NT TO:	FC	OR ATTENTION:	
INSTI	TUTION:	ZN	NO NO.:	
SCOF	E OF WORK: (A description of the wo	k quoted for is required).	TOWN 14007070 188	
117-77				
I/We l	nereby quote for the above work in accorda	nce with the conditions as:	specified in Tender docume	int.
Mater	ials, component/ancillary parts: Firm Price	A detailed list of materials	etc. showing unit costs sha	II be provided.
Α.	Quoted for Bought Out Items	(Excluding VAT)(Carried		R
	Mark Up @ % (Maximum Mai	k Up = 20% for values R0.	.00 to R500 000.00)	R
В.	Quoted for Proprietary Items	(Excluding VAT)(Carried	forward)	R
C.	Quote for Sub-Contract Items	(Excluding VAT)(Carried	forward)	R
	Mark Up @ %			R
inspe	Subcontracting is limited to specialized test ctions, adjustment/s, monitoring, and draw ed in pressure vessels and associated equ	ng of manufacturing plans,	are based aplications, verifying of materials to	
Actua	I work shall be carried out by primary contr	actor		
D.	Labour, Travelling, Subsistence and Tra materials etc. quoted for.	nsport. This price shall be (Excluding VAT) (Brough	firm in respect of nt forward)	R
E.	Less credit for redundant materials, part	s and equipment if applicab	ole	R( )
			SUBTOTAL	R
			VAT @ %	R
F	This Price in SA Currency firm for 90 shall not be exceeded. To be measured.		imate quotation and	R
Time	required for completion wee	s from receipt of offici	al order.	
Constructive Construction of the Construction	OF SERVICE PROVIDER:			/20
CIDB	UNIQUE NUMBER		CIDB CATEGORY	
PRO	/INCIAL SUPPLIERS DATABASE REGIS	TRATION NUMBER:		
B	ICE PROVIDER'S AUTHORISED SIGNA		ZNQ No	*********
Newswee	The state of the control of the state of the			
	PANY STAMP:		DATE	

### SCHEDULE OF PRICES: MATERIALS, COMPONENT/ANCILLARY PARTS AND SUB CONTRACT WORK

The service provider shall add here,  $\underline{\text{ALL}}$  materials, components/ancillary parts which are required for the completion of the work quoted for.

In the event that more pages are required, this page may be copied.

ITEM	DESCRIPTION	MANU- FACTURER	FIGURE /MODEL NO.	QUANTITY	COST	Ä	TOTAL COST	
						BOUGHT OUT	PRO- PRIETARY	SUB CONTRAC
							771	
						-		
		-						
						-		
- V								-
		-	31			-		
						-		10
						-		
							2	
		TOTAL	COST BOI	L JGHT OUT IT	EMC/A			
		TOTAL		COST PROPI				
			TOTAL				T ITEMS (C)	

TOTAL AMOUNT (A) (B) (C) TO BE CARRIED FORWARD TO PAGE 1

	SUE	TOTAL BROUGHT FORW	ARD FROM PAGE 3	R
D.1.4	TRANSPORT	TOTAL Km	RATE	
a)	Haulage to site trips			
	@km per trip	2.5 tone	R 9.31	R
	@km per trip	3 tone	R10.80	R
	@km per trip	5 tone	R12.50	R
	@km per trip	7 tone	R14.50	R
	@km per trip	10 tone	R16.80	R
b)	Cranage to and on site @ sub contract rate	R	x 1.10	R

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

## MG1-002 PAGE 1 OF 3

REF : MG CODE : MG1-002

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

SCHEDULE FOR TYPE OF SERVICE

: MEDICAL GAS : GENERAL

SCHEDULE FREQUENCY

(O) 99 N HEM ço N po P.M. SERVICE SERVICE PROVIDER 4 1 2 7 6. ţO. INSTALLATION NAME INSTRUCTION: CHECK, ADJUST, CLEAN AS REQUIRED Check operation of change-over Clean bank/s thoroughly before Check settings of safety valves, adjust settings if necessary and Check for leaks in gas bank Check all warning panel pilot lights Check and note system pressures Check settings of pressure reducing valves. Adjust if Strip and clean all needle valves Check operation of automatic Check operation of safety valves Check operation of pressure reducing valves Clean plantroom Check all wall outlet points for leaks. Replace seals as required Check all pigtails and fittings necessary and note settings ORDER (Apply for V.O. as Applicable)
OTHER NON-SPECIFIED TIME DESCRIPTION OF RUNNING REPAIRS DONE TAKEN SPARES USED RUNNING REPAIRS SITE FIRMS STOCK STOCK ALLINVOO SUBMIT QUOTATION DESCRIPTION OF OTHER REPAIRS REQUIRED OTHER REPAIRS REQUIRED REF ORDER No.: EST. TIME REQ. DESCRIPTION OF SPARES REQUIRED RED

ZNT2234-55G: 2010-2013

P.M.	P.M. SERVICE		RUNNING REPAIRS	cable)			OTHER REPAIRS REQUIRED SUBMIT QUOTATION	REQUIRED	
MEM	INSTRUCTION: CHECK, ADJUST, CLEAN AS REQUIRED	ORDER		TIME	DESCRIPTION OF SPARES USED	QUANTITY EX EX SITE FIRMS STOCK STOCK		TIME REQ.	SPARES REQUIRED
ç,	Check settings of warning light pressure switches. Adjust if necessary and note settings								
5	Check change-over control pressure settings. Adjust if necessary and note settings								
17.	Check calibration of all pressure gauges, etc. Re-calibrate if necessary							<u> </u>	
 	Tighten all electrical terminals								
<u></u>	Complete plant log book								
<u>a</u> )		NOTE THE FOLLOWING:							
5	Manifold pressures	38	LH Bank						
0	Manifold pressures	39	LH Bank						
0	Manifold pressures (i) LH Bank  (ii) RH Bank  Distribution System pressure	(i) (ii) press	LH Bank						
0	Manifold pressures (i) LH Bank  (ii) RH Bank  Distribution System pressure	(i) (ii) press	LH Bankureure (annually)						
<u>e</u> )	Manifold pressures (i) LH Bank  Distribution System pressure  Pressure reducing valve setting (annually)  Safety valve settings (annually)	(i) (ii) press press /alve s	LH Bankureure (annually)						
	Manifold pressures (ii) LH Bank (iii) RH Bank  Distribution System pressure  Pressure reducing valve setting (annually)  Safety valve settings (annually)  Warning light pressure settings (annually)	(i) (ii) (iii) press press (iii)	LH Bankureure (annually)ttings (annually)						

REF : MG CODE : MG2-002

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

TYPE OF SERVICE SCHEDULE FOR SCHEDULE FREQUENCY

: MEDICAL GAS : VACUUM PUMP INSTALLATIONS

7	13.	12.	7	10,	φ	Ç0	N	9	Ç1.	4	ω	h	J#.	HEM	P.M. S	SERVI	INSTA
Check all pipes, joints and seals for leake	Check all outlet points	Check pilot lights	Check and note motor amperage	Check motor starter and auxi laries	Check all bolts, nuts, screws, etc. for tightness	Check safety guard is in position and secure	Chack belt drive and adjust	Check motor pulley, bearings and alignment	Check vacuum pump pulley	Check all mountings	Check and clean filter	Check vacuum pump oil. Replace or top up as per manufacturer's recommendation	Check plantroom louvers and screens and clean	ADJUST, CLEAN AS REQUIRED	P.M. SERVICE	SERVICE PROVIDER :	INSTALLATION NAME :
														ORDER			
														RUNNING REPAIRS DONE	RUNNING REPAIRS (Apply for V.O. as Applicable)		
														TAKEN	able)		
														SPARES USED	DESCRIPTION OF		
	S													STOCK			
														EX FIRMS STOCK	YTITVAL		
														OTHER REPAIRS REQUIRED	OTHER REPAIRS REQUIRED SUBMIT QUOTATION DESCRIPTION OF EST.	ORDER No.:	REF :
									-					TIME REQ.	GUIRED	ŭ.	
														SPARES REQUIRED	DESCRIPTION OF		
			+											REO	QIY		

ZNT2234-55G: 2010-2013

P.M. S	ITEM	55	16.	17.	18.	19,	20.	21.	23	23	24	25	26.	27.	28.
P.M. SERVICE	INSTRUCTION: CHECK, ADJUST, CLEAN AS REQUIRED	Check operation and cycling of plant and adjust if necessary (approx. 600mm Hg) Note cut-in and cut-out pressures	Clean plant and plantroom	Change over lead/lag units	Chack and clean vacuum moisture traps	Check operation of warning light system	Clean rust spots and patch with paint	Tighten all electrical terminals	Clean out air ways of motors	Lubricate motor bearings, if required	Check setting of warning light pressure switches, adjust if necessary	Clean, remove loose paint and scale and re-paint	Check calibration of all pressure gauges, etc. Re-calibrate as required	Complete plant log book	Chack receiver internally and externally for corrosion of marks
	ORDER														
RUNNING REPAIRS  (Apply for V.O. as Applicable)	OTHER NON-SPECIFIED RUNNING REPAIRS DONE														
able)	TAKEN														
	DESCRIPTION OF SPARES USED														
	EX SITE STOCK				+										-12
	QUANTITY EX TE FIRMS OCK STOCK														
SUBMIT QUOTATION	DESCRIPTION OF OTHER REPAIRS REQUIRED														
2	TIME REQ.										+			$\dagger$	
	SPARES REQUIRED														
3	RE Q														

SIGNATURE:	KM: TOTAL KM:	KM: TO:	:01	FROM:
SITE:	DATE:	TIME ON SITE:	TIME OUT:	TIME IN:
NAME OF RESPONSIBLE OFFICIAL ON			COMPANT NAME (DECON FEETENS):	COMPANT
			INNE (BLOCK   ETTERS)	O TO A TO
		9	NAME/S OF ASSISTANT/S: UNSKILLED:	NAME/S OF
		LED:	NAME/S OF ASSISTANT/S: SEMI SKILLED:	NAME/S OF
	SIGNATURE:	ERS):	NAME OF SERVICEMAN (BLOCK LETTERS):	NAME OF SI
OFFICIAL STAMP:		ICE WAS CARRIED OUT	I CERTIFY THAT THE SPECIFIED SERVICE WAS CARRIED OUT	I CERTIFY T

REF : IA

CODE : IA1-001

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

SCHEDULE FOR TYPE OF SERVICE : AIR COMPRESSORS : INDUSTRIAL AIR

4 co SERVICE PROVIDER INSTALLATION NAME SCHEDULE FREQUENCY œ Ļ7 P.M. SERVICE 4 0 ø TEM INSTRUCTION: CHECK, ADJUST, CLEAN AS REQURIED Check for noisy compressor -Check pulley alignment and Check plantroom louvres and screens and clean Check condition of beits Check belt tension and correct if Chack for undue noise or vibration Check condition of air in et filter run hot correct if necessary Check pilot lights Check and note motor amperages Check for loose components • ORDER RUNNING REPAIRS

(Apply for V.O. as Applicable)

OTHER NON-SPECIFIED TIMI

RUNNING REPAIRS DONE TAK TAKEN SPARES USED SITE FIRMS
STOCK STOCK QUANTITY DESCRIPTION OF SUBMIT QUOTATION OTHER REPAIRS REQUIRED OTHER REPAIRS REQUIRED REF ORDER No. TIME REQ. SPARES REQUIRED REQ

ZNT2234-55G: 2011-2013

4

Check and record compressor out-in and cut-out pressures. Adjust if

63

Check operation of, and drain all condensate traps and receivers

10

(including outlet points)

P.M.	F.M. SERVICE ITEM INSTRUCTION: CHECK.	Z	(Apply for V.O. as Applicable) OTHER NON-SPECIFIED TIM	able)	DESCRIPTION OF	QUANT	7	SUBMIT QUOTATION DESCRIPTION OF EST.	TATION	TION EST.	TION EST.
ПЕМ	INSTRUCTION: CHECK, ADJUST, CLEAN AS REQUIRED	ORDER	RUNNING REPAIRS DONE	TAKEN	SPARES USED	o o m	STOCK S	X EX TOCK STOCK	EX FIRMS STOCK	EX OTHER REPAIRS TIME FIRMS REQUIRED REQ.	EX OTHER REPAIRS TIME FIRMS REQUIRED REQ.
15.	Change over lead - lag units						ļ				
16,	Clean plant, plant/com and drain receiver						-				
17.	Check operation and settings of pressure reducing valvers. Adjust if necessary and note settings					-	-				
18.	Check operation and settings of safety valve/s. Adjust if necessary and note settings						-				
19.	Check operation of warning light system										
20.	Check compressor oil using approved type according to manufacturer's specification					7					
Ņ	Check and tighten all mounting bolts etc.					-					
22.	Clean out air ways of motor										
23	Lubricate motor bearings if required										
24	Tighten all electrical terminals										
25	Check and lighten compressor and motor pulsey grub screws										
26	Clean, remove loose paint and scale and re-paint					1 1	-				
27.	Check calibration of all pressure gauges, etc. Re-calibrate as required										
28,	Complete plant logbook						-				
29.	Do pressure test in accordance with M.O.S. Act (36 morth y), stamp test plate and complete test certificate						-				
30.	Check receiver internally and externally for corrosion and pit marks fannually)										

## NOTE THE FOLLOWING:

## ANNEXTURE D

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VORKPLAN "A"/EXECUTION PLAN "B": AS PER SPECIFICATION ON KEV/2
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CARRY OUT (TYPE OF WORKS).....

# NOTE: WORK PLAN IS SUBJECTED TO WEATHER CONDITIONS

	Dav "A"	Date "B"	Completed	Institutional project leader signature	Comments
	Planed	Actual	Yes/Partially/No		
Date official order was received					
Meet and handing in of safety file at safety officer	Day 1				
Safety file approval	Day 2				
File opening and pre-briefing meeting (Prior starting the works)	Day 3				
Meeting minutes signed by company director	Day 4				
Department/PLANT					
Description of work to be done (for each day)					
	Day 5				
	Day 6				
	Day 7				
Department/PLANT					
	Day 8				
	Day 9				
	Day 10				
	Day 11				
Department/PLANT					
	Day 12				
	Day 13				
	Day 14				
	Day 15				
	Day 16				

Company CEO/Director (BLOCK LETTERS)		Day 31	Day 30	Day 29	Day 28	Department/PLANT  Equipment No/Room No	Day 26	Day 25	Day 24	Day 23	Day 22	Department/PLANT Equipment No/Room No	Day 21	Day 20	Day 19	Day 18	Equipment No/Room No
Letters)												•					

Company dated stamp

### ANNEXTURE B

	JOB SHEET/D	ELI	VERY NOTE					
NAME OF SERVICE PROVIDER	t i			JOI	3 No.:			
INSTITUTION:					ZNQ/KM	<u></u>		
REF No.:	FROM:				START			
ORDER No.:	TO:			Km	ARRIVE:			
DATE:	FROM:				DEPART:			
PLANT:	TO:			Km	END:			
VEHICLE: STATE PETROL OR	DIESEL:		TOTAL	Km	TOTAL SITE	ETIME:		
DETAILS OF WORK DONE:								
		-101-						
OTHER DEFECTS NOTED FOR					The same of the sa	l orry		
SPARES USED (Add pages if requi	red) Q	TY	SPARES USED	(Add pag	es it required)	QTY		
					111			
	1 -		111					
	i i							
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					31			
	тот	ALS	6					
LABOUR			No. DAYS SUBSISTENCE	NAME/	OF ARTISAN			
SKILLED: NORMAL TIME	HRS	s		SIGNATURE:				
O/TIME 1.5 x HRS	2 x HRS	s	4	NAME/S OF ASSISTAN		ANTS:		
SEMI SKILLED: NORMAL TIME	HRS	s		NAME/	s:			
APPRENTICE: NORMAL TIME	HR	S		NAME/	AME/S:			
UNSKILLED: NORMAL TIME	HR	RS NAME			/S;			
THE SPECIFIED SERVICE HAS OUT TO MY SATISFACTION: (			OFFICIAL STAM	P:				
NAME: SI	GN:							