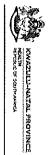
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KZN Health Intranet

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CORPORATE INFORMATION COMPONENTS DIRECTORY DISTRICT OFFICES

HEALTH FACILITIES

KZN Health > Components > Supply Chain Management

HOME KZN HEALTH

AdvertQuote

Finance Manager Signature:	Finance Manager Name:	Contact Number:	Email:	Name:	ENQUIRIES REGARDING THE ADVERT MAY BE DIRECTED	QUOTES SHOULD BE DELIVERED TO:	QUOTES CAN BE COLLECTED FROM:	Venue:	Time:	Date :	Select Type:	COMPULSORY BRIEFING SESSION / SITE VISIT	Quantity (if supplies)	Item Description:	Item Category:	Quotation Number:	ITEM CATEGORY AND DETAILS	Date Submitted	Place where goods / services is required	Division or section:	Department or Entity:	Province:	Institution Name:	INSTITUTION DETAILS	Closing Time:	Closing Date:	Opening Date:	KWAZULU-NATAL PROVINCE HEALTH REPUBLIC OF SOUTH AFRICA
Mountain Market Committee of the Committ	MR ON Djudla	035 474 8407 ext.1110	sonja.enock@kznhealth.gov.za	MS SONIA ENOCK	(T MAY BE DIRECTED TO:						Select	SITE VISIT		EMERGENCY REPAIRS PHARMACY ROOM AIRCON	Services	ZNQ: CBH0062/22-23		2022-08-16	Catherine Booth Hospital-Maintenance	Central Supply Chain Management	Department of Health	KwaZulu-Natal	Catherine Booth hospital		11:00	2022-08-23	2022-08-17	Quotation Advert

No late quotes will be considered

STANDARD GOOTE DOCUMENTATION OVER R30 000.00
YOU ARE HEREBY INVITED TO QUOTE FOR REQUIREMENTS AT CATHERINE BOOTH HOSPITAL
DATE ADVERTISED 17/08/2022 CLOSING DATE: 23/08/2022 CLOSING TIME: 11:00
PHYSICAL ADDRESS: Kwa-Khoza Reserve - Amatikulu;3801
QUOTE NUMBER: ZNQ / CBH / 0062 / 122 - 23
DESCRIPTION: EMERGENCY REPAIRS TO PHARMACY ROOM AIRCON X1
CONTRACT PERIOD. ONGE-OFF 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)
nompelelo.zulu@kznhealth.gov.za
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.
QUOTATIONS MUST BE SUBMITTED ON THE OFFICIAL FORMS – (NOT TO BE RETYPED)
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 MAY RESULT IN YOUR QUOTE BEING DISQUALIFIED)
NAME OF BIDDER
POSTAL ADDRESS
STREET ADDRESS
TELEPHONE NUMBER CODENUMBER FACSIMILE NUMBER CODENUMBERNUMBER
CELLPHONE NUMBER
E-MAIL ADDRESS
VAT REGISTRATION NUMBER (If VAT vendor)
HAS A B-BBEE STATUS LEVEL VERIFICATION CERTIFICATE BEEN SUBMITTED? (SBD 6.1) [A B-BBEE STATUS LEVEL VERIFICATION CERTIFICATE/SWORN AFFIDAVIT (FOR EMES& QSES) MUST BE SUBMITTED TO QUALIFY FOR PREFERENCE POINTS FOR PLAREFI

)ESCRIPTION:	DESCRIPTION:				
SIGNATURE OF BIDDER By signing this document, I	SIGNATURE OF BIDDER[By signing this document, I hereby agree to all terms and conditions]		DATE		•
CAPACITY UNDER WHICH	CAPACITY UNDER WHICH THIS QUOTE IS SIGNED				
Item No Quantity C	Description	Brand & model	Country of manufacture	Price c	
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TOTAL QUOTATION PRICE	RICE (VALIDITY PERIOD OF Days)				
Does This Offer Comply With The Specification?	a de	e Conform To	ne S.A.N.S. /	S.A.B.S.	
Is The Price Firm?	State Delivery Period, e.g., Toay, Tweek	od, e.g., Toay, Tw	COX		
Enquiries regarding the	Enquiries regarding the <u>quote</u> may be directed to:	es regarding <u>tec</u>	Enquiries regarding technical information may be directed to:	be directed to	
Contact Person MS.S.I E-Mail Address sonja:e	Contact Person MS S ENOCK Tel: E-Mail Address sonja enock@kznhealth:gov.za Contact	Person: Ms.L.HI	Contact Person: Ms.L.Hlongwane Tel 035.474.8407	35.474.8407	4.3

Kwa Khoza Reserve. Amatikulu. 3801 Private Bag X105, Amatikulu, 3801 Tel: 035 – 474 8402 Fax. 086 597 8284 Email: anton.kruger@kznhealth.gov.za

CATHERINE BOOTH HOSPITAL Maintenance Department

Date:	7	Reference r
Date:		Reference number:
÷		

Specification: Emergency repairs to aircon in the pharmacy injection storeroom

Period of the work:

This project shall be two (02), working day, from the date of the official order issued to the appointed contractor.

Scope of the work:

Emergency repairs to the aircon in the injection storeroom

Description of the work:

Report to maintenance department before starting the requested repairs. Assess the reported fault. Do the repairs; ensure the unit is operating at the required temperatures.	Description	Unit	Qy	Rate
requested repairs. Assess the reported fault. Do the repairs; ensure the unit is operating at the required ea. temperatures.	Report to maintenance department before starting the	еа.		
Assess the reported fault. Do the repairs; ensure the unit is operating at the required ea. temperatures. 1 1 1	equested repairs.			
Do the repairs; ensure the unit is operating at the required ea.	Assess the reported fault.	ea.	-	
temperatures.	Do the repairs; ensure the unit is operating at the required	еа.		
	emperatures.			

Conditions of the work:

Service/ repair/ installation, instructions to all contractors.

The Appointed contractors shall report to the Maintenance department for instructions, before starting with the requested work. Site hand over and work completion certificates to be completed before leaving the hospital.

nstalled and repaired equipment and spares.

All Items installed shall have a 12 months guarantee, and it is the contractor's responsibility to negotiate the required terms with his/ hers suppliers. The contractor shall make good on all defects due to inferior products/ materials or workmanship. All repaired items shall have a 6months guarantee, and it is the contractor's responsibility to negotiate the required terms with his suppliers. The contractor shall make good on all defects due to inferior products/ materials or workmanship.

Uneconomical repairs or broken equipment
Where requested and discussed with the contractor, a detailed report for condemning shall be issued to the hospital

Qualifications of contractors and staff.

Only qualified and certified artisans and technicians to do work.

Proof of qualifications to be attached to quotations.

Qualification documents to be attached to service schedules, before payments will be done. Only persons with training or experience to work on requested equipment.

Contractors working on medical gasses and plants shall have certified copy of a valid certification card from Department of

Labour authorizing to work on medical gasses

Measurements

measurements is the responsibility of the contractor The appointed contractor shall do own measurements. Estimated measurements are provided on specification. Correct

CIDB certification

All contractors quoting on services and repairs shall have a CIDB rating as requested on the NSI

Signed as read and understood	Contractor signature: Date: Date:
	ate:



za Reserve, Amatikulu, 3801 3ag X105, Amatikulu, 3801 – 474 8402 Fax: 086 597 8284 nton kruger@kznhealth gov za health gov za

CATHERINE BOOTH HOSPITAL Maintenance Department

Prove of registration to be included on quotation documents

Contractors working on the hospital premises shall adhere to all national building regulations at all times. The contractor shall have a competent person on site at all times. The occupational health and safety act 85 off 1993 shall be adhered to at all times while working on Government property

Contractor to have an up to date safety file onsite during working period.

Contractor to ensure all staff have the required safety equipment on site. Contractor staff shall wear PPE at all times.

The Hospital Safety officer will do inspections while the contractor is onsite.

All unskilled work shall be done by local labour. The appointed contractor shall contact the hospital and request the number of unskilled labour required. The hospital shall request the local community councilor with the request.

injuries on the hospital/ clinic premises.

Contractor shall include to quotations, certified proof of registration to the workman's compensating commissioner. Contractors are responsible for accounts of staff that are/ were treated by the hospital, while working on state premises

Quality of materials

All materials and equipment shall be SABS approved.

All materials shall be approved by the registered manufacturer of equipment.

All building regulations and preambles to all trades shall have reference to work.

The hospital reserves the right to approve or reject all materials supplied or used at the hospital and clinics inferior materials will not be accepted and the contractor shall replace at his own cost.

Pricing of repairs or maintenance

Markup on pricing to be at ±20% Contractor to provide a detailed list of materials and spares with market related prices, on quotations and invoices

Payment for services rendered

payments ill be processed The hospital reserves the right to do a final inspection of the service, repair or installation, and after accepting the work,

. Kruger

Artisan Chief. Catherine Booth Hospital.

BIDDER'S DISCLOSURE

PURPOSE OF THE FORM

Any person (natural or juristic) may make an offer or offers in terms of this invitation to bid. In line with the principles of transparency, accountability, impartiality, and ethics as enshrined in the Constitution of the Republic of South Africa and further expressed in various pieces of legislation, it is required for the bidder to make this declaration in respect of the details required

Where a person/s are listed in the Register for Tender Defaulters and / or the List of Restricted Suppliers, that person will automatically be disqualified from the bid process.

2.1. 2.1. BIDDER'S DECLARATION

- the enterprise, employed by the state? Is the bidder, or any of its directors / trustees / shareholders / members / partners or any person having a controlling interest YES/NO
- 21.1 If so, furnish particulars of the names, individual identity numbers, and, if applicable, state employee numbers of sole proprietor/directors / trustees / shareholders / members/ partners or any person having a controlling interest in the enterprise, in table below.

		Committee of the control of the cont
Full Name	Identity Number	Name of State Institution

- 22 institution?
 If so, furnish particulars: ... Do you, or any person connected with the bidder, have a relationship with any person who is employed by the procuring institution?
- 221.
- 2.3 Does the bidder or any of its directors / trustees / shareholders / members / partners or any person having a controlling interest in the enterprise have any interest in any other related enterprise whether or not they are bidding for this contract? YES/NO
- 23 If so, furnish particulars:

ω DECLARATION

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ing statements that I certify to be true and complete in every re	
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ereby make the following statements that I certify to be true and complete in every respect:	ne undersigned.(name) in submitting the accomp
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	bmitting the accompanying bid, do
	bid,
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- I have read and I understand the contents of this disclosure;
- 332 arrangement with any competitor. However, construed as collusive bidding. understand that the accompanying bid will be disqualified if this disclosure is found not to be true and complete in every respect; The bidder has arrived at the accompanying bid independently from, and without consultation, communication, agreement or a joint venture or consortium² will not be
- ω 4 In addition, there have been no consultations, communications, agreements or arrangements with any competitor regarding the quality, quantity, specifications, prices, including methods, factors or formulas used to calculate prices, market allocation, the intention or decision to submit or not to submit the bid, bidding with the intention not to win the bid and conditions or delivery particulars of the products or services to which this bid invitation relates.
- ω 5 competitor, prior to the date and time of the official bid opening or of the awarding of the contract The terms of the accompanying bid have not been, and will not be, disclosed by the bidder, directly or indirectly, to any
- 3 6 There have been no consultations, communications, agreements or arrangements made by the bidder with any official of the procuring institution in relation to this procurement process prior to and during the bidding process except to provide clarification terms of reference for this bid on the bid submitted where so required by the institution; and the bidder was not involved in the drafting of the specifications Ö
- 37 I am aware that, in addition and without prejudice to any other remedy provided to combat any restrictive practices related to bids and contracts, bids that are suspicious will be reported to the Competition Commission for investigation and possible imposition of administrative penalties in terms of section 59 of the Competition Act No 89 of 1998 and or may be reported to the National Prosecuting Authority (NPA) for criminal investigation and or may be restricted from conducting business with the public sector for a peniod not exceeding ten (10) years in terms of the Prevention and Combating of Corrupt Activities Act No 12 of 2004 or any

I CERTIFY THAT THE INFORMATION FURNISHED IN PARAGRAPHS 1, 2 and 3 ABOVE IS CORRECT.

I ACCEPT THAT THE STATE MAY REJECT THE BID OR ACT AGAINST ME IN TERMS OF PARAGRAPH 6 OF PFMA SCM INSTRUCTION 03 OF 2021/22 ON PREVENTING AND COMBATING ABUSE IN THE SUPPLY CHAIN MANAGEMENT SYSTEM SHOULD THIS DECLARATION PROVE TO BE FALSE.

Name of Bidder	
Signature	
Position	
Date	

person or a group deciding vote or p o of persons holding the majority of the equity of an enterprise, alternatively, power to influence or to direct the course and decisions of the enterprise. the

² Joint venture or capital, efforts, r Consortium means an association of persons for the purpose of combining their expertise, property, skill and knowledge in an activity for the execution of a contract.