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AdvertQuote

HEALTH REPUBLIC OF SOUTH AFRICA	Quotation Advert	
Opening Date:	2022-08-18	
Closing Date:	2022-09-07	
Closing Time:	11:00	
NSTITUTION DETAILS		
nstitution Name:	Port Shepstone hospital	~
Province:	KwaZulu-Natal	
Department or Entity:	Department of Health	
Division or section:	Central Supply Chain Management	
Place where goods / services is required	PORT SHEPSTONE HOSPITAL	
Date Submitted	2022-08-18	
TEM CATEGORY AND DETAILS		-
Quotation Number:	ZNQ: PSH 131/2223	
tem Category:	Services	~
tem Description:	SERVICING OF MEDICAL AIR PLANTS AND AIR DRYERS	
Quantity (if supplies)		
COMPULSORY BRIEFING SESSION /	SITE VISIT	
Select Type:	Compulsory Site Visit	~
Date :	2022-08-24	
Time:	11:00 AM	Line
/enue:	PORT SHEPSTONE HOSPITAL	
QUOTES CAN BE COLLECTED FROM:	DOWNLOAD FROM THIS ADVERT AND BRING TO THE SITE MEETING FO	R
QUOTES SHOULD BE DELIVERED TO:	PORT SHEPSTONE HOSPITAL MAIN / TOP GATE (TENDER BOX) or EMAILED TO :- zinhle.nkabane@kznhealth.gov.za	
ENQUIRIES REGARDING THE ADVE	RT MAY BE DIRECTED TO:	
lame:	ZINHLE NKABANE	
Email:	zinhle.nkabane@kznhealth.gov.za	
Contact Number:	039 688 6232	
inance Manager Name:	Mr. N.S.B RADEBE	

STANDARD QUOTE DOCUMENTATION OVER R30 000.00

YOU ARE HEREBY INVITED TO QUOTE FOR REQUIREMENTS AT: PORT SHEPSTONE REGIONAL HOSPTAL									
DATE ADVERTISED: 18/08/2022									
FACSIMILE NUMBER: 039 6826167 E-MAIL ADDRESS; zinhle.nkabane@kznhealth.gov.za									
PHYSICAL ADDRESS: 07 BAZLEY STREER, PORT SHEPSTONE 4240									
QUOTE NUMBER: ZNQ / PSH / 131 / 22 - 23									
DESCRIPTION: SERVICING OF MEDICAL AIR PLANTS AND AIR DRYERS									
CONTRACT PERIOD									
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.									
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 CODENUMBERFACSIMILE NUMBER CODENUMBER									
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 B-BBEE]									

DESCRIPTION: SERVICING OF MEDICAL AIR PLANTS AND AIR DRYERS								
SIGNATURE OF BIDDER								
CAPACITY UNDER WHICH THIS QUOTE IS SIGNED								
Item No	Quantity	Description	Brand &	Country of	Price			

tem No	Quantity	Description	Brand &	Country of manufacture	Price	
			model	manufacture	R	С
		SERVICING OF MEDICAL AIR PLANTS				
		AND AIR DRYERS				
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		NSI 074/2223				+
						+
						+
						+
ALUE AD	DED TAY @	15% (Only if VAT Vendor)				+

Does This Offer Comply With The Specification?			The Spec	Article ification?		То	The	S.A.N.S.	1	S.A.B.S.	
Is The Price Firm?	S	State De	eliver	y Period	, e.g., 1day	, 1we	ek				

Enquiries ı	egarding the <u>quote</u> may be directed to:	Enquiries regarding technical information may be directed to:
	son: ZINHLE NKABANE Tel: 039 688 6232 ess: zinhle.nkabane@kznhealth.gov.za	Contact Person: XOLANI BIYELA Tel: 039 688 6159

BIDDER'S DISCLOSURE

1. 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 hereunder.

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. BIDDER'S DECLARATION

- 2.1. Is the bidder, or any of its directors / trustees / shareholders / members / partners or any person having a controlling interest¹ in the enterprise, employed by the state?

 YES/NO
- 2.1.1 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.

Full Name	Identity Number	Name of State Institution

- 2.2. Do you, or any person connected with the bidder, have a relationship with any person who is employed by the procuring institution?

 YES/NO
- 2.2.1. If so, furnish particulars:
- 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
- 2.3.1. If so, furnish particulars:

DECLARATION

I, the undersigned,(name)...... in submitting the accompanying bid, do hereby make the following statements that I certify to be true and complete in every respect:

- 3.1. I have read and I understand the contents of this disclosure;
- 3.2. I understand that the accompanying bid will be disqualified if this disclosure is found not to be true and complete in every respect;
- 3.3. The bidder has arrived at the accompanying bid independently from, and without consultation, communication, agreement or arrangement with any competitor. However, communication between partners in a joint venture or consortium² will not be construed as collusive bidding.
- 3.4. 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.
- 3.5. The terms of the accompanying bid have not been, and will not be, disclosed by the bidder, directly or indirectly, to any competitor, prior to the date and time of the official bid opening or of the awarding of the contract.
- 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 on the bid submitted where so required by the institution; and the bidder was not involved in the drafting of the specifications or terms of reference for this bid.
- 3.7. 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 period not exceeding ten (10) years in terms of the Prevention and Combating of Corrupt Activities Act No 12 of 2004 or any other applicable legislation.

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

¹ the power, by one person or a group of persons holding the majority of the equity of an enterprise, alternatively, the person/s having the deciding vote or power to influence or to direct the course and decisions of the enterprise.

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

GENERAL CONDITIONS OF CONTRACT

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 Department is under no obligation to accept the lowest or any quote.
- 3.2. The Department reserves the right to communicate in writing with vendors in cases where information is incomplete or where there are obscurities regarding technical aspects of the offer, to obtain confirmation of prices or preference claims in cases where it is evident that a typing, written, transfer or unit error has been made, to investigate the vendor's standing and ability to complete the supply/service satisfactorily.
- 3.3. ALL DECÍSIONS TAKEN BY THE DEPARTMENT ARE FINAL, INCLUDING THE AWARD OR CANCELLATION OF THIS QUOTATION.
- 3.4. The price quoted must include VAT (if VAT vendor).
- 3.5. Should a bidder become a VAT vendor after award or during the implementation of a contract, they may not request the VAT percentage from the Department as the service provider made an offer during the period they were not registered as a VAT vendor. The Department is only liable for any VAT from registered VAT vendors as originally stated on the quotation document.
- 3.6. The bidder must ensure the correctness & validity of the quotation:
 - (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
 - (ii) it is the responsibility of the bidder to confirm receipt of their quotation and to keep proof thereof.
- 3.7. 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.
- 3.8. This quotation will be evaluated based on the 80/20 points system, specification, correctness of information and/or functionality criteria.

 All required documentation must be completed in full and submitted.
- Offers must comply strictly with the specification.
- 3.10. Only offers that meet or are greater than the specification will be considered.
- 3.11. Late offers will not be considered.
- 3.12. Expired product/s will not be accepted. All products supplied must be valid for a minimum period of six months.
- 3.13. Used/ second-hand products will not be accepted.
- 3.14. A bidder not registered on the Central Suppliers Database or whose verification has failed will not be considered.
- 3.15. All delivery costs must be included in the quoted price for delivery at the prescribed destination.
- 3.16. 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.
- 3.17. In cases where different delivery points influence the pricing, a separate pricing schedule must be submitted for each delivery point.
- 3.18. In the event of a bidder having multiple quotes, only the cheapest according to specification will be considered.
- 3.19. Verification will be conducted to identify if bidders have multiple companies and are cover-quoting for this bid.
- 3.20. In such instances, the Department reserves the right to immediately disqualify such bidders as cover-quoting is an offence that represents both corruption and acquisition fraud.

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.
- 4.4. Quotations submitted must be complete in all respects. However, where it is identified that information in a bidder's response, which does not affect the preference points or price, is incomplete in any respect, the said supplier meets all specification requirements and scores the highest points in terms of preference points and price, the Department reserves the right to request the bidder to complete/submit such information.
- 4.5. Any alteration made by the bidder must be initialled; failure to do so may render the response invalid.
- 4.6. Use of correcting fluid is prohibited and may render the response invalid.
- 4.7. Quotations 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.

4.10. The Department is under no obligation to pay suppliers in part for work done if the supplier can no longer for fulfil their obligation.

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.

7. COMPULSORY SITE INSPECTION / BRIEFING SESSION

1. (JOHN GESORT SITE INSPECTION / BRIEFING SESSION							
7.1.	Bidders who fail to attend the compulsory meeting will be disqua	ified from the evaluatio	on process.					
(i) (ii)	The institution has determined that a compulsory site meeting Date 24 / 08 / 2022 Time 11 : 00 Place PORT SHEPSTONE HOSPITAL							
Institu	tion Stamp:	Institution Site Inspec	tion / 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

2.1. 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 (hereafter 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. THE DEPARTMENT RESERVES THE RIGHT TO PASS OVER ANY QUOTATION WHICH FAILS TO COMPLY WITH THE ABOVE.

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

- 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.
- 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;
- (d) "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;
 - 2) A sworn affidavit as prescribed by the B-BBEE Codes of Good Practice;
 - 3) Any other requirement prescribed in terms of the B-BBEE Act;
- (i) "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;
- (j) "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 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

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 Contributor	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.	DID	DEAL	A D A D	
2	RID	DECL	$\Delta \bowtie \Delta \perp$	II) NI

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.

(Tick

YES

YES

NO

NO

7.	SUB-CONTRACTING
	applicable box)

7.1 Will any portion of the contract be sub-contracted?

7.1	If ye	s, indicate:

i) What percentage of the contract will be subcontracted.....%

ii) The name of the sub-contractor.....

iii) The B-BBEE status level of the sub-contractor.....

8. Whether the sub-contractor is an EME or QSE (Tick applicable box)

 Specify, by ticking the appropriate box, if subcontracting with an enterprise in terms of Preferential Procurement Regulations, 2017;

Tresternal Production 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.	DECLARATION WITH REGARD TO COMPANY/FIRM					
9.1	Name	of company/firm:				
9.2	VAT registration number:					
9.3	Company registration number:					
9.4		OF COMPANY/ FIRM [TICK APPLICABLE BOX				
		Partnership/Joint Venture / Consortium One person business/sole propriety Close corporation Company (Pty) Limited				
9.5	DESC	RIBE PRINCIPAL BUSINESS ACTIVITIES				
9.6		PANY CLASSIFICATION [TICK APPLICABLE BO				
		Manufacturer Supplier Professional service provider Other service providers, e.g. transporter, etc.				
9.7	Total n	number of years the company/firm has been in bu	usiness:			
9.8	I/we, the B-I	he undersigned, who is / are duly authorised to o	do so on behalf of the company/firm, certify that the points claimed, based on graphs 1.4 and 6.1 of the foregoing certificate, qualifies the company/ firm for			
	i) T	he information furnished is true and correct;				
	ii) T	he preference points claimed are in accordance	with the General Conditions as indicated in paragraph 1 of this form;			
	iii) In	the event of a contract being awarded as a res	ult of points claimed as shown in paragraphs 1.4 and 6.1, the contractor may atisfaction of the purchaser that the claims are correct;			
	iv) If	the B-BBEE status level of contributor has be ontract have not been fulfilled, the purchaser may	een claimed or obtained on a fraudulent basis or any of the conditions of y, in addition to any other remedy it may have –			
	(a)	disqualify the person from the bidding process	;			
	(b)	recover costs, losses or damages it has incurr	ed or suffered as a result of that person's conduct;			
	(c)		which it has suffered as a result of having to make less favourable			
	(d)	who acted on a traudulent basis, be restricted	shareholders and directors, or only the shareholders and directors by the National Treasury from obtaining business from any organ after the audi alteram partem (hear the other side) rule has been			
	(e)	forward the matter for criminal prosecution.				
	WITN	ESSES				
	1		SIGNATURE(S) OF BIDDERS(S) DATE:			
	2		ADDRESS			
	1					

1. BILLS OF QUANTITIES

SERVICE of medical air compressors x 2, air driers x 3 and after coolers x2.

<u>Notes to Bidders:</u> All items to be priced fully inclusive of all charges, e.g. labour, scaffolding, materials, profit, Transport etc. **including Value Added Tax**.

Item	Description	Unit	Quantity	Rate	Total
	Notes to contractor: 1. All material must be cleared by maintenance before installation. 2. Site must be clear of rubble to prevent injury to staff and patients. 3. No payments before schedules and certificates are handed in. 4. only supplied schedule forms must be used as changes are made on forms				
1	Service equipment according to service schedule attaché.	each	3		
2	Compressors computer service setting must be rest after service	each	3		
3	Check all pressure switches and settings	unit	3		
4	Air dryers must be washed and coils treaded	each	3		

5	Replacement of air filters x 6 and cooler filter x 2	each	8	
6	 Supply full report of each machine/unit Supply service certificate for each machine/unit Supply service schedule for each machine/unit 	each	6	
			TOTAL	

_	_	_		_		
SF	CTI	ON	C -	Con	firm	ation

Compulsory to be completed by the bidder and retu	urned with quotation:
I,from	
(Print Name)	(Name of Business)
acknowledge that I have read and understand the ensure that the quotation price submitted will addre	specifications as laid out above and will ess all the requirements as stipulated.
Signature	

3

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

TYPE OF SERVICE SCHEDULE FOR

: MG3-002

: MEDICAL GAS : MEDICAL AIR COMPRESSOR ABAC Genesis 1108 Serial No.3269690005

: MG REF

CODE

OTY REQ DESCRIPTION OF SPARES REQUIRED ORDER No.: EST. TIME REQ. OTHER REPAIRS REQUIRED SUBMIT QUOTATION REF DESCRIPTION OF OTHER REPAIRS REQUIRED STOCK EX FIRMS QUANTITY EX SITE STOCK DESCRIPTION OF SPARES USED TAKEN (Apply for V.O. as Applicable) OTHER NON-SPECIFIED RUNNING REPAIRS DONE RUNNING REPAIRS IN ORDER INSTRUCTION: CHECK, ADJUST, CLEAN AS REQUIRED Check for undue noise or vibration Check by touch that motors do not Check and note motor amperages Check and record compressor cut-in and cut-out pressures. Adjust if Check belt tension and correct if Check operation of, and drain all Check for compressed air leaks (including outlet points) condensate traps and receivers Check condition of air inlet filter Check plantroom louvres and Check for noisy compressor -Check for loose components SCHEDULE FREQUENCY Check pulley alignment and Check condition of belts correct if necessary screens and clean INSTALLATION NAME SERVICE PROVIDER Check pilot lights motor bearings necessary P.M. SERVICE run hot ITEM ÷ რ Ξ. κi 10. 4. 12 5 7 14. 6 œ 13. о о

ZNT2234-55G: 2010-2013

MG3-002 PAGE 2 OF 4

	required									PAGE 2 OF 4	
P.M.	P.M. SERVICE		RUNNING REPAIRS					OTHER REPAIRS REOLI	IIBED		
i.	MOTOLIOTOM DISCON		(Apply for V.O. as Applica	able)				SUBMIT QUOTATION	משמוני		
∑ □	INSTRUCTION: CHECK, ADJUST, CLEAN AS REQUIRED	ORDER	OTHER NON-SPECIFIED TIM RUNNING REPAIRS DONE TAK	TAKEN	DESCRIPTION OF SPARES USED	QUAN EX SITE STOCK	GUANTITY EX E FIRMS OCK STOCK	DESCRIPTION OF OTHER REPAIRS REQUIRED	EST. TIME REQ.	DESCRIPTION OF SPARES REQUIRED	QTY REQ
15.	Change over lead - lag units										
16.	Clean plant, plantroom and drain receiver										
17.	Check operation and settings of pressure reducing valve/s. 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 level/s. Top up or change as required according to manufacturer's instructions										
21.	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 tighten compressor and motor pulley grub screws										
26.	Clean, remove loose paint and scale and re-paint										
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 monthly), stamp test plate and complete test certificate										
30.	Check receiver internally and										
ZNT223	ZNT2234-55G: 2010-2013								-		

1MG3-002	PAGE 3 OF 4		
	externally for corrosion and pit	marks (annually)	

NOTE THE FOLLOWING:

Motor amperages	Compressor cut-in and cut-out pressures
a	(q

c) Warning light pressure switch settings

d) Safety valve setting/s

e) Pressure reducing valve settings

Test pressure (M.O.S. Act) (36 monthly)

OFFICIAL STAMP:					NAME OF RESPONSIBLE OFFICIAL ON SITE:	SIGNATURE:
	SIGNATURE:				DATE:	KM: TOTAL KM:
WAS CARRIED OUT	3):				TIME ON SITE:	KM: TO:
I CERTIFY THAT THE SPECIFIED SERVICE WAS CARRIED OUT	NAME OF SERVICEMAN (BLOCK LETTERS):	NAME/S OF ASSISTANT/S: SEMI SKILLED:	NAME/S OF ASSISTANT/S: UNSKILLED:	3LOCK LETTERS):	TIME OUT:	T0:
I CERTIFY THAT TI	NAME OF SERVICE	NAME/S OF ASSIS	NAME/S OF ASSIST	COMPANY NAME (BLOCK LETTERS):	TIME IN:	FROM:

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

TYPE OF SERVICE SCHEDULE FOR

: MEDICAL GAS : MEDICAL AIR COMPRESSOR Airstream SCM Serial No. AB00B1305121

. MG REF

CODE

	SONE TOUR SOURCE T	7								
SCH	SCHEDULE FREQUENCY :									
INST	INSTALLATION NAME :						REF			
SERV	SERVICE PROVIDER :						ORD	ORDER No.:		
P.M. 9	P.M. SERVICE		RUNNING REPAIRS (Apply for V.O. as Applica	ble)			OTHER REPAIRS REQUIRED SUBMIT QUOTATION	UIRED		
ITEM	INSTRUCTION: CHECK, ADJUST, CLEAN AS REQUIRED C	IN ORDER	OTHER NON-SPECIFIED TIM	TIME	DESCRIPTION OF SPARES USED	AUANTITY EX EX SITE FIRMS STOCK STOCK	DESCRIPTION OF OTHER REPAIRS REQUIRED	EST. TIME REQ.	DESCRIPTION OF SPARES REQUIRED	QTY REQ
<i>-</i>	Check plantroom louvres and screens and clean									
2	Check for undue noise or vibration									
ю́.	Check belt tension and correct if necessary									
4	Check condition of belts									
5.	Check pulley alignment and correct if necessary									
6.	Check for noisy compressor - motor bearings									
7.	Check for loose components									
ω	Check by touch that motors do not run hot									
o,	Check and note motor amperages									
10.	Check pilot lights				,					
Ė.	Check condition of air inlet filter									
12.	Check for compressed air leaks (including outlet points)									
13.	Check operation of, and drain all condensate traps and receivers									
14.	Check and record compressor cut- in and cut-out pressures. Adjust if									

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	required										
P.M.S	P.M. SERVICE		RUNNING REPAIRS	1				OTHER REPAIRS REQUIRED	JIRED		
TEM 1	INSTRUCTION: CHECK, ADJUST, CLEAN AS REQUIRED (IN ORDER	(Apply for V.C. as Application) OTHER NON-SPECIFIED TIM RUNNING REPAIRS DONE TAR	TIME TAKEN	DESCRIPTION OF SPARES USED	QUANTITY EX SITE FIRI STOCK STC	S X	DESCRIPTION OF OTHER REPAIRS	EST. TIME REQ.	DESCRIPTION OF SPARES REQUIRED	QTY REQ
15.	Change over lead - lag units										
16.	Clean plant, plantroom and drain receiver										
17.	Check operation and settings of pressure reducing valve/s. 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 level/s. Top up or change as required according to manufacturer's instructions										
21.	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 tighten compressor and motor pulley grub screws										
26.	Clean, remove loose paint and scale and re-paint										
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 monthly), stamp test plate and complete test certificate										
30.	Check receiver internally and										
ZNT223	ZNT2234-55G: 2010-2013		,								

	externally for corrosion and pit marks (annually)	osion and pit						PAGE 3 OF 4
NO	NOTE THE FOLLOWING:	LLOWING:						
a)	Motor amperages	perages					:	
(q	Compress	Compressor cut-in and cut-out pressures	out pressure	Se				
©	Warning li	Warning light pressure switch settings	ch settings					
Ô	Safety val	Safety valve setting/s					:	
(e)	Pressure	Pressure reducing valve settings	tings					
(j	Test press	Test pressure (M.O.S. Act) (36 monthly)	(36 monthly	((:	
I CER	TIFY THAT TH	I CERTIFY THAT THE SPECIFIED SERVICE WAS CARRIED OUT	CE WAS CARF	RED OUT			OFFICIAL STAMP:	
NAME	E OF SERVICE	NAME OF SERVICEMAN (BLOCK LETTERS):	RS):		SIGNATURE:	IRE:		
NAME	E/S OF ASSIST	NAME/S OF ASSISTANT/S: SEMI SKILLED:	Ö					
NAME	SOF ASSIST	NAME/S OF ASSISTANT/S: UNSKILLED:		*				
COMF	ANY NAME (E	COMPANY NAME (BLOCK LETTERS):						
I.		!!					OF	RESPONSIBLE OFFICIAL ON
I W		TIME OUT:	TIME ON SITE:	SITE:	DATE:		SITE:	
FROM:	<u></u>	TO:	KM:	10:	KM:	TOTAL KM:	SIGNATURE:	

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

TYPE OF SERVICE

SCHEDULE FREQUENCY

: MG3-002

SCHEDULE FOR

: MEDICAL GAS

: MEDICAL AIR COMPRESSOR Airstream SCM Serial No. AB00A1312018

. MG REF

CODE

QTY REQ DESCRIPTION OF SPARES REQUIRED ORDER No.: est. Time Req. OTHER REPAIRS REQUIRED REF SUBMIT QUOTATION DESCRIPTION OF OTHER REPAIRS REQUIRED EX FIRMS STOCK QUANTITY EX SITE STOCK DESCRIPTION OF SPARES USED TIME (Apply for V.O. as Applicable)
OTHER NON-SPECIFIED TIM
RUNNING REPAIRS DONE TAK RUNNING REPAIRS IN ORDER INSTRUCTION: CHECK, ADJUST, CLEAN AS REQUIRED Check for undue noise or vibration Check by touch that motors do not run hot Check and note motor amperages Check and record compressor cut-in and cut-out pressures. Adjust if Check belt tension and correct if Check operation of, and drain all Check for compressed air leaks Check condition of air inlet filter condensate traps and receivers Check plantroom louvres and Check for noisy compressor - motor bearings Check for loose components Check pulley alignment and Check condition of belts (including outlet points) correct if necessary screens and clean INSTALLATION NAME Check pilot lights SERVICE PROVIDER necessary P.M. SERVICE ITEM 10. Ξ. ÷ 12 14. <u>13</u> რ 4. 7. κi 5 6. ω. 6

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	required									PAGE 2 OF 4	
P.M.	P.M. SERVICE		RUNNING REPAIRS (Apply for V.O. as Applica	(aldi				OTHER REPAIRS REQUIRED	JIRED		
ITEM	I INSTRUCTION: CHECK, ADJUST, CLEAN AS REQUIRED	IN ORDER	OTHER NON-SPECIFIED TIME RUNNING REPAIRS DONE TAKE	TIME	DESCRIPTION OF SPARES USED	QUA EX SITE STOCK	QUANTITY EX FIE FIRMS OCK STOCK		EST. TIME REQ.	DESCRIPTION OF SPARES REQUIRED	QTY REQ
15.	Change over lead - lag units										
16.	Clean plant, plantroom and drain receiver										
17.	Check operation and settings of pressure reducing valve/s. 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 level/s. Top up or change as required according to manufacturer's instructions										
21.	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 tighten compressor and motor pulley grub screws										
26.	Clean, remove loose paint and scale and re-paint										
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 monthly), stamp test plate and complete test certificate										
30.	Check receiver internally and										
ZNT22	ZNT2234-55G: 2010-2013										

	externally for corrosion and pit marks (annually)	sion and pit						7AGE 6 O7 4
NOT	NOTE THE FOLLOWING:	:LOWING:						
a)	Motor amperages	erages						
(q	Compresso	Compressor cut-in and cut-out pressures	ut pressur	8				
(C)	Warning lig	Warning light pressure switch settings	ר settings					
ø	Safety valv	Safety valve setting/s						
(e)	Pressure re	Pressure reducing valve settings	sbu					
(J	Test pressu	Test pressure (M.O.S. Act) (36 monthly)	36 monthly					
ICER	TIFY THAT THE	I CERTIFY THAT THE SPECIFIED SERVICE WAS CARRIED OUT	E WAS CAR	RIED OUT			OFFICIAL STAMP:	
NAME	OF SERVICEN	NAME OF SERVICEMAN (BLOCK LETTERS):	3):		SIGNATURE:	URE:		
NAME	S OF ASSIST	NAME/S OF ASSISTANT/S: SEMI SKILLED:						
NAME	S OF ASSIST	NAME/S OF ASSISTANT/S: UNSKILLED:						
COMP	ANY NAME (BI	COMPANY NAME (BLOCK LETTERS):						
N H	ż	TIME OILT.	THE NO PIE	HE.			-0F	RESPONSIBLE OFFICIAL ON
				<u></u>	DAI		Н	
FROM:		TO:	KM:	10:	KM:	TOTAL KM:	SIGNATURE:	