



# KZN Health Intranet

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AdvertQuote

## Quotation Advert

Opening Date:

Closing Date:

Closing Time:

### INSTITUTION DETAILS

Institution Name:

Province:

Department or Entity:

Division or section:

Place where goods / services is required:

Date Submitted:

### ITEM CATEGORY AND DETAILS

Quotation Number:

Item Category:

Item Description:

Quantity (if supplies)

### COMPULSORY BRIEFING SESSION / SITE VISIT

Select Type:

Date:

Time:

Venue:

QUOTES CAN BE COLLECTED FROM:

QUOTES SHOULD BE DELIVERED TO:

### ENQUIRIES REGARDING THE ADVERT MAY BE DIRECTED TO:

Name:

Email:

Contact Number:

Finance Manager Name:

Finance Manager Signature:

No late quotes will be considered

**STANDARD QUOTE DOCUMENTATION SUPPLY CHAIN MANAGEMENT UNDER R30 000.00 incl VAT**

YOU ARE HEREBY INVITED TO QUOTE FOR REQUIREMENTS AT: **FORT NAPIER HOSPITAL**  
 DATE ADVERTISED: **28 JUNE 2022** FACSIMILE NUMBER: **033-345 4295** EMAIL: **FNH.Quotations@kznhealth.gov.za**  
 ENQUIRIES REGARDING THE QUOTE: **MS N.XULU** CONTACT NUMBER: **033-260 4421**  
 ENQUIRIES REGARDING TECHNICAL INFORMATION: **MS C DIXON** CONTACT NUMBER: **033-260 4382**  
 PHYSICAL ADDRESS: **1 DEVONSHIRE ROAD, NAPIERVILLE PIETERMARITZBURG 3200**

QUOTE NUMBER: **ZNQ / UMG / FNH87 / 2022 - 23** CLOSING DATE: **12 JULY 2022** CLOSING TIME: **11:00**  
 DESCRIPTION: **SERVICING OF KITCHEN COLD ROOM & FREEZER ROOM**

THE FOLLOWING PARTICULARS MUST BE FURNISHED (FAILURE TO DO SO MAY RESULT IN YOUR OFFER BEING DISQUALIFIED)

NAME & ADDRESS OF BIDDER (FIRM)	
NAME OF BIDDER:	DATE:
PHYSICAL ADDRESS:	EMAIL ADDRESS:
CONTACT NUMBER:	FACSIMILE NUMBER:
SIGNATURE OF BIDDER:	SARS PIN:
[By signing this document, I hereby agree to all terms and conditions]	CENTRAL SUPPLIER DATABASE REGISTRATION (CSD) NO: ↓
UNIQUE REGISTRATION REFERENCE: ↓	M A A A

Does this offer comply with the specification?	State delivery period, e.g. 1day, 1week
Is the price firm?	All delivery costs must be included in the quoted price

Item No	Quantity	Description	Brand & model	Country of manufacture	Price	
					R	C
1		SERVICING OF KITCHEN COLD ROOM & FREEZER ROOM AS PER SPECIFICATION ATTACHED				
		SITE MEETING DATE:06/07/2022 TIME:11:30AM				
		VANUE: FORT NAPIER HOSPITAL SCM DEPARTMENT				
VALUE ADDED TAX @ 15% (Only if VAT Vendor)						
TOTAL QUOTATION PRICE (VALIDITY PERIOD 60 Days)						

- SPECIAL CONTRACT CONDITIONS OF QUOTATIONS**
  - The Department is under no obligation to accept the lowest or any quote.
  - 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.
- ALL DECISIONS TAKEN BY THE DEPARTMENT ARE FINAL, INCLUDING THE AWARD OR CANCELLATION OF THIS QUOTATION.**
  - The price quoted must include VAT (if VAT vendor).
  - 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.
  - The bidder must ensure the correctness & validity of the quotation:
    - 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
    - it is the responsibility of the bidder to confirm receipt of their quotation and to keep proof thereof.
  - 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 and/or functionality criteria. All required documentation must be completed in full and submitted.
  - Offers must comply strictly with the specification.
  - Only offers that meet or are greater than the specification will be considered.
  - Late offers will not be considered.
  - Expired products will not be accepted. All products supplied must be valid for a minimum period of six months.
  - Used/second-hand products will not be accepted.
  - A bidder not registered on the Central Suppliers Database or whose verification has failed will not be considered.
  - All delivery costs must be included in the quoted price for delivery at the prescribed destination.
  - 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.
  - In cases where different delivery points influence the pricing, a separate pricing schedule must be submitted for each delivery point.
  - In the event of a bidder having multiple quotes, only the cheapest according to specification will be considered. Verification will be completed to identify if bidder has multiple companies and are cover-quoting for this bid.
  - 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.
- SPECIAL INSTRUCTIONS AND NOTICES TO BIDDERS REGARDING THE COMPLETION OF THIS QUOTATION.**
  - 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.
  - 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.
  - The bidder is advised to check the number of pages and to satisfy himself that none are missing or duplicated.
  - 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.
  - Any alteration made by the bidder must be initialled. Failure to do so may render the response invalid.
  - Use of correction fluid is prohibited and may render the response invalid.
  - Quotations will be opened in public as soon as practicable after the closing time of quotation.
  - Where practical, prices are made public at the time of opening quotations.
  - 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.
  - The Department is under no obligation to pay suppliers in part for work done if the supplier can no longer fulfil their obligation.
- SPECIAL INSTRUCTIONS REGARDING HAND-DELIVERED QUOTATIONS**
  - Quotations shall be lodged at the address indicated no later than the closing time specified for their receipt and in accordance with the directives in the quotation documents.
  - 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.
  - 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.
  - 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.
  - 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.
  - Quotation documents must not be included in packages containing samples. Such quotations may be rejected as being invalid.
- THE DEPARTMENT RESERVES THE RIGHT TO PASS OVER ANY QUOTATION WHICH FAILS TO COMPLY WITH THE ABOVE.**

**FOR FORT NAPIER HOSPITAL**  
 2022-06-28  
 PIETERMARITZBURG

BIDDER'S DISCLOSURE

SBD 4

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 interest<sup>1</sup> 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.

Table with 3 columns: 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: .....

3. 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.
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.

**1.3.5 SATISFACTORY INSTALLATION**

The whole of the installation shall be carried out in accordance with the South African Bureau of Standards Code of Practice for the application of National Building Regulations, the KZNPA Standard Preambles to all Trades, the KZNPA General Specification,

Copies of the KZNPA Standard Preambles to all Trades and the KZNPA General plumbing Specification are available at the office of the Secretary for Health – KwaZulu-Natal and can be obtained on request.

**1.3.6 CERTIFICATE OF COMPLIANCE**

NUL

**1.3.7 GENERAL**

The Bidders / Contractors will be responsible for all masonry/electrical work associated with the installation and making good of all work related to the installation. The patching and painting (If Any) must be to the satisfaction of the KwaZulu-Natal Department of Health.

**1.3.8**

At least three proof of purchase orders for the previous cold room and freezer room works.  
At least three proof of completion certificates for the previous cold room and freezer room works

**2.1 GENERAL**

This TECHNICAL SPECIFICATION shall be read in conjunction with all other sections of the SPECIFICATION and cognisance shall be taken of the clauses relevant to this particular installation, whether any specific clauses are referred to or not.

**2.1.1 SCOPE**

Service of main kitchen cold room and freezer room.

**2.1.2 WORK TO BE CARRIED OUT**

1) Service of main kitchen cold Room and freezer room

**PROVINCE OF KWAZULU-NATAL  
DEPARTMENT OF HEALTH**

**ZNQ - 22/23**

**SERVICING OF MAIN KITCHEN COLD ROOM AND FREEZER ROOM  
AT  
FORT NAPIER HOSPITAL**

**3. SCHEDULE OF RATES**

**PREAMBLE TO SCHEDULE OF RATES**

**Items and Pricing**

The Department reserves the right to place an order for any quantities of items included in the Schedules. The Schedule of Rates must also not be assumed to include and describe every detail of the supply requirement, but must be taken and read in conjunction with the other parts of the document. Thus the supplier shall not have claim for further payment in respect of any order, which may be described or implied in the contract, although apparently no corresponding items are given in the Schedule of Rates. The supplier shall be deemed to have satisfied himself before tendering as to the correctness and sufficiency of his tender for the contract and of the rates and prices stated in the Schedule of Rates.

**Tax and Duties**

Prices, tendered and paid, must include all customs, excise and import duties, and any other tariffs or taxes levied by the government or statutory body having jurisdiction on the goods provided under this contract, **including Value Added Tax (applicable to the current rate).**

**Rates**

Except where provision is made in the Schedule of Rates, the rates and prices inserted shall be the full rates and prices for the service delivered described under the respective items and shall cover all labour, transport, overhead charges and profit, etc. as well as the general liabilities, obligations and risks arising out of the Conditions of Contract, the overhead charges and profit being spread proportionately over the rates of the relative items in the Schedule of Rates

**WORK TO BE DONE AND SCHEDULE OF RATES:**

Item	DESCRIPTION	UNIT	QTY	RATE/ UNIT		TOTAL	
				R	c	R	c
	<b>NOTE:</b> 1) Where items are described as "Or other approved", approval must be obtained prior to tendering or submission of documents. 2) <b>Where brand names are given in the following items, the materials used shall be of the makes and type specified or other approved by the engineer.</b> 3) All rates quoted shall be inclusive of transport, labour and profit.						
	<b>INSTITUTION : FORT NAPIER HOSPITAL</b>  <p style="text-align: center;"><b>ZNQ                    - 22/23</b></p> <p style="text-align: center;"><b>SERVICING OF MAIN KITCHEN COLD ROOM AND FREEZER ROOM</b></p>						
1	Check for undue noise and vibration	each	02				
2	Check for loose components	each	02				
3	Test for oil/refrigerant leak	each	02				
4	Check compressor oil level(where applicable)top up as required	each	02				
5	Check for correct refrigerant level	each	02				
6	Check that the refrigerant is dry	each	02				
7	Replace belt drive ,realign pulley and adjust belt tension	each	02				
8	Check condenser fan and fan motor bearings as applicable	each	02				
9	Check all operating controls for correct operation	each	02				
10	Check and note compressor suction/discharge pressure ,test compressor efficiency	each	02				
	<b>PS 1</b>						

**WORK TO BE DONE AND SCHEDULE OF RATES:**

Item	DESCRIPTION	UNIT	QTY	RATE/ UNIT		TOTAL	
				R	c	R	c
11	Check and note compressor motor amperes	each	02				
12	Check the belt guard is in place and secure(if applicable)	each	02				
13	Clean condenser coil with proprietary cleaner	each	02				
14	Bring HP up and check that HP cut-out trips at correct pressure, (note setting)	each	02				
15	Bring LP down and check that LP cut-out trips at correct pressure ,Reset if necessary (note setting)	each	02				
16	remove motor and cover and clean out air ways	each	02				
17	Clean out switch board	each	02				
18	Clean floor area	each	02				
19	Check operation of all switch gear	each	02				
20	Tighten all electrical terminals	each	02				
21	Check evaporator ,evaporator fans and motor for correct operation	each	02				
22	Check DX valve for correct operation	each	02				
23	Check door seal ,door catch mechanism ,panic bolt for correct operation (adjust as necessary)	each	02				
24	Check cold /freezer room lights	each	02				
25	Check and note cold/freezer room temperature adjust if necessary	each	02				
26	Clean evaporator coil with propriety coil cleaner	each	02				
27	Scrape, treat and paint rust	each	02				
28	Check calibration of dial thermometer ,recalibrate if necessary	each	02				
	<b>PS 2</b>						

**WORK TO BE DONE AND SCHEDULE OF RATES:**

Item	DESCRIPTION	UNIT	QTY	RATE/ UNIT		TOTAL	
				R	c	R	c
29	check DX valve superheat setting	each	02				
30	Check cold /freezer room walls ,floors, ceiling for deterioration ,ice build up	each	02				
31	Check door hinges for wear and deterioration	each	02				
32	Clean and remove loose paint and scale and repaint as required	each	02				
33	Check and clean condensate drain	each	02				
34	Check shelving, meat rail	each	02				
35	Check defrost element ,door and drain heater, timers for correct operation(freezer room only)	each	01				
<b>PS 3</b>							



**PROVINCE OF KWAZULU-NATAL  
DEPARTMENT OF HEALTH**

**ZNQ                    - 22/23**

**SERVICING OF MAIN KITCHEN COLD ROOM AND FREEZER ROOM  
AT  
FORT NAPIER HOSPITAL**

**NOTE:**

THIS COLLECTION SUMMARY MUST BE COMPLETED IN FULL BY THE CONTRACTOR AND RETURNED TOGETHER WITH THE TENDER FORM.

Collection Summary    PS 1	R		
Collection Summary    PS 2	R		
Collection Summary    PS 3	R		
SUB-TOTAL "A"	R		
ADD Provision for Value Added Tax Allow 15% of SUB-TOTAL "A"	R		
<b><u>TOTAL: CARRIED TO TENDER FORM</u></b>	<b>R</b>		

**IMPORTANT**

*THIS FORM IS ONLY TO BE INCLUDED AND COMPLETED WHEN APPLICABLE TO THE QUOTATION.*

**OFFICIAL BRIEFING SESSION / SITE INSPECTION CERTIFICATE**

Site/building/institution involved: **FORT NAPIER HOSPITAL**

Quotation No.: **ZNQ - 22/23**

Service: **SERVICING OF MAIN KITCHEN COLD ROOM AND FREEZER ROOM**

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THIS IS TO CERTIFY THAT..... OF (STATE NAME OF TENDERER)  
..... VISITED AND INSPECTED THE SITE ON  
..... (DATE) AND IS THEREFORE FAMILIAR WITH THE CIRCUMSTANCES AND THE  
SCOPE OF THE SERVICE TO BE RENDERED.

.....  
**SIGNATURE OF TENDERER OR AUTHORISED REPRESENTATIVE**

**DATE :**.....

.....  
**SIGNATURE OF DEPARTMENTAL REPRESENTATIVE**

**DEPARTMENTAL STAMP:**

**DATE:**.....