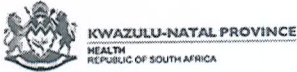


SharePoint

Ngcobo Samukelisiwe - ?



**KZN Health Intranet**

KZN HEALTH

- HOME
- CORPORATE INFORMATION
- COMPONENTS
- DIRECTORY
- DISTRICT OFFICES
- HEALTH FACILITIES

KZN Health > Components > Supply Chain Management

**AdvertQuote**



**Quotation Advert**

|               |   |
|---------------|---|
| Opening Date: | <input type="text" value="2022-06-08"/> |
| Closing Date: | <input type="text" value="2022-06-15"/> |
| Closing Time: | <input type="text" value="11:00"/>      |

**INSTITUTION DETAILS**

|  |  |
|--|--|
| Institution Name:                        | <input type="text" value="Ndwedwe CHC"/>                     |
| Province:                                | <input type="text" value="KwaZulu-Natal"/>                   |
| Department or Entity:                    | <input type="text" value="Department of Health"/>            |
| Division or section:                     | <input type="text" value="Central Supply Chain Management"/> |
| Place where goods / services is required | <input type="text" value="Ndwedwe CHC"/>                     |
| Date Submitted                           | <input type="text" value="2022-06-07"/>                      |

**ITEM CATEGORY AND DETAILS**

|                   |   |
|-------------------|---|
| Quotation Number: | <input type="text" value="ZNQ: ZNQ/NDW/47-22/23"/>  |
| Item Category:    | <input type="text" value="Services"/>   |
| Item Description: | <input type="text" value="Service to Medical oxygen gas bank and oxygen points Ndwedwe CHC"/> |

Quantity (if supplies)

**COMPULSORY BRIEFING SESSION / SITE VISIT**

|              |   |
|--------------|---|
| Select Type: | <input type="text" value="Not Applicable"/> |
| Date :       | <input type="text"/>                        |
| Time:        | <input type="text"/>                        |
| Venue:       | <input type="text"/>                        |

QUOTES CAN BE COLLECTED FROM:

QUOTES SHOULD BE DELIVERED TO:

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

|                       |  |
|-----------------------|--|
| Name:                 | <input type="text" value="Maria Kekana"/>                  |
| Email:                | <input type="text" value="maria.kekana@kznhealth.gov.za"/> |
| Contact Number:       | <input type="text" value="032 - 532 3044"/>                |
| Finance Manager Name: | <input type="text" value="Mr SG Hlongwane"/>               |

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: NDWEDWE COMMUNITY HEALTH CENTRE  
 DATE ADVERTISED: 08 / 06 / 2022 FACSIMILE NUMBER: 032 - 532 3628 EMAIL: ndwedwehc.scmquotations@kznhealth.gov.za  
 ENQUIRIES REGARDING THE QUOTE: MARIA KEKANA CONTACT NUMBER: 032 - 532 3044  
 ENQUIRIES REGARDING TECHNICAL INFORMATION: ..... CONTACT NUMBER: .....  
 PHYSICAL ADDRESS: P100 CANELANDS ROAD, NEXT TO BOXER SUPERSTORES

QUOTE NUMBER: ZNQ/NDW/47-22/23 CLOSING DATE: 15 / 06 / 2022 CLOSING TIME: 11:00

DESCRIPTION: SERVICE TO MEDICAL OXYGEN GAS BANK AND POINTS

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: ↓                                       |   |

|  |   |
|--|---|
| Does this offer comply with the specification? | State delivery period, e.g. <i>1day, 1week</i>          |
| 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 |
|  |          | SERVICE TO MEDICAL OXYGEN GAS BANK AND POINTS             |               |                        |       |   |
|  |          | @ NDWEDWE CHC - TWICE A YEAR                              |               |                        |       |   |
| 01   | 01       | MEDICAL OXYGEN GAS BANK                                   |               |                        |       |   |
| 02   | 15       | OXYGEN POINTS   |               |                        |       |   |
|  |          | AS PER ATTACHED SPECIFICATION                             |               |                        |       |   |
|  |          | No partial delivery / payment except on concurrence       |               |                        |       |   |
|  |          | Delivery period must be atleast a week / month except on  |               |                        |       |   |
|  |          | concurrence. Attach CSD page with CSD registration number |               |                        |       |   |
|  |          | and unique reference number. Quotation and SBD4           |               |                        |       |   |
|  |          | must be completed in full and signed.                     |               |                        |       |   |
| VALUE ADDED TAX @ 15% (Only if VAT Vendor)             |          |   |               |                        |       |   |
| <b>TOTAL QUOTATION PRICE (VALIDITY PERIOD 60 Days)</b> |          |   |               |                        |       |   |

1. SPECIAL CONTRACT CONDITIONS OF QUOTATIONS
  - 1.1. The Department is under no obligation to accept the lowest or any quote.
  - 1.2. 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.
  - 1.3. ALL DECISIONS TAKEN BY THE DEPARTMENT ARE FINAL, INCLUDING THE AWARD OR CANCELLATION OF THIS QUOTATION.
  - 1.4. The price quoted must include VAT (if VAT vendor).
  - 1.5. 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.
  - 1.6. 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.
  - 1.7. 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.
  - 1.8. 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.
  - 1.9. Offers must comply strictly with the specification.
  - 1.10. Only offers that meet or are greater than the specification will be considered.
  - 1.11. Late offers will not be considered.
  - 1.12. Expired product/s will not be accepted. All products supplied must be valid for a minimum period of six months.
  - 1.13. Used/ second-hand products will not be accepted.
  - 1.14. A bidder not registered on the Central Suppliers Database or whose verification has failed will not be considered.
  - 1.15. All delivery costs must be included in the quoted price for delivery at the prescribed destination.
  - 1.16. 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.
  - 1.17. In cases where different delivery points influence the pricing, a separate pricing schedule must be submitted for each delivery point.
  - 1.18. In the event of a bidder having multiple quotes, only the cheapest according to specification will be considered.
  - 1.19. Verification will be conducted to identify if bidders have multiple companies and are cover-quoting for this bid.
  - 1.20. 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.
2. SPECIAL INSTRUCTIONS AND NOTICES TO BIDDERS REGARDING THE COMPLETION OF THIS QUOTATION.
  - 2.1. 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.
  - 2.2. 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.
  - 2.3. The bidder is advised to check the number of pages and to satisfy himself that none are missing or duplicated.
  - 2.4. 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.
  - 2.5. Any alteration made by the bidder must be initialled. Failure to do so may render the response invalid.
  - 2.6. Use of correction fluid is prohibited and may render the response invalid.
  - 2.7. Quotations will be opened in public as soon as practicable after the closing time of quotation.
  - 2.8. Where practical, prices are made public at the time of opening quotations.
  - 2.9. 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.
  - 2.10. The Department is under no obligation to pay suppliers in part for work done if the supplier can no longer fulfil their obligation.
  3. SPECIAL INSTRUCTIONS REGARDING HAND-DELIVERED QUOTATIONS
    - 3.1. 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.
    - 3.2. 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.
    - 3.3. 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.
    - 3.4. 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.
    - 3.5. 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.
    - 3.6. Quotation documents must not be included in packages containing samples. Such quotations may be rejected as being invalid.
  4. THE DEPARTMENT RESERVES THE RIGHT TO PASS OVER ANY QUOTATION WHICH FAILS TO COMPLY WITH THE ABOVE.









**health**

Department:  
Health  
PROVINCE OF KWAZULU-NATAL

**DIRECTORATE: NDWEDWE CHC**

Physical Address: P100 Main road, Ndwedwe Central 4342  
Postal Address: Private Bag X 528, Ndwedwe, 4342  
Tel: 032 532 3048 Fax: 032 532 3628 Email: Xolani.Dlamini2@kznhealth.gov.za

MAINTENANCE DEPARTMENT

PROVINCE OF KWAZULU-NATAL  
DEPARTMENT OF HEALTH

ZNQ -  
NDWEDWE CHC -

**Service to Oxygen gas bank& Points**

**3. SCOPE OF WORK**

The work to be carried out under this contract includes the supply of all materials, and including all labour to carry out all electrical work and leaving in service condition to the satisfaction of the Secretary for Health: KwaZulu-Natal.

- 3.1. The work comprises of:  
**Service to Oxygen gas bank& Points**

**1. ALTERATIONS**

**SITE VISIT:** — Tenderers are advised to visit the site prior to tendering and satisfy themselves as to the nature and extent of the work to be done, also to examine the condition of all existing buildings as no claim will be entertained on the grounds of ignorance of the conditions under which the work was to be executed.

**MATERIALS FROM THE ALTERATIONS:** — unless otherwise stated, will become the property of the Contractor and all these materials, together with all rubbish and debris must be carried away and the site left clean and unencumbered.  
Items described as "removed" shall mean removed from the site.  
Credit for the value of materials from the alterations is to be allowed for on the Summary/  
Final Summary page.

Items described as to be re-used or to be handed over to the Administration are to be dismantled where necessary and stacked on site where directed, and the Contractor will be responsible for their removal and storage until required, and shall make good all items missing, damaged or broken at his own expense.  
Unless otherwise described, no materials from the alterations shall be re-used in any new work without the written approval of the Department.

Prior to the removal of any timbers from the site, these are to be inspected by Government Entomologists. If any of these timbers are infested by wood destroying agencies, these timbers are to be disposed of in the manner prescribed by the Government Entomologist. In taking down and removing existing work, particular care must be taken to avoid any structural or other damage to the remaining portions of the buildings.



| NO. |  | IT |      | R | c | R | c |
|-----|--|----|------|---|---|---|---|
|     | <p>All items to be priced fully inclusive of all charges e.g. labour, plan, profit etc. but excluding Value added tax</p> <p>Contractors are advised to visit site to acquire them with site and lay out of the institution premises during the contract is not allowed &amp; arrangements for accommodation will have to be allowed for. all items are subjected to re-measure</p> <p>Tenders are referred to the project specifications for full description of materials, etc. to be used .all works shall be done strictly accordance with the specification &amp; leave in perfect working order after completion</p>   | No |      |   |   |   |   |
| 1   | <p>Allow to hire or employ a local residential citizen. That will help to open up job opportunities for a community of the area it's a mandatory (while you are conducting service)</p>  |    |      |   |   |   |   |
| 2   | <p>This service is a twice yearly frequency.</p> <p>Allow to quote for a two year service.</p> <p>dates of services will be improvised by an artisan maintenance supervisor</p>  |    |      |   |   |   |   |
| 3   | <p>Service to Oxygen gas bank&amp; Points<br/>NB!!!!</p> <p>This service must be conducted by a manufacturer of The gas bank or a service provider that is authorised By a manufacturer (make sure you improviser proof Of authorising letter or certificate)</p> <p><u>NB!!!</u></p> <p><u>Qualification to be attached to a tender documents</u><br/><u>For evaluation purpose</u></p> <p>Attach valid tax clearance certificate<br/>BEE certificate<br/>proof of registration to CSD<br/>CIDB<br/>Letter of good standing<br/>Attach a company grade regarding mechanical related to Gases<br/>A company must improvise profile of a previous work in health department if not attached an approved certificate<br/>Or a letter that comes from a manufacture/ a service or provider of a machine<br/>That authorised you to do service</p> |    |      |   |   |   |   |
|     |  | No | item |   |   |   |   |



| NO |  |    | R    | c | R | c |
|----|--|----|------|---|---|---|
| 12 | allocated at<br><b>NDWEDWE CHC</b>   | No |      |   |   |   |
|    | <ol style="list-style-type: none"> <li>1. Allow to service gas bank</li> <li>2. Allow to service ward rooms points</li> </ol>  |    | 23   |   |   |   |
|    | <p>Allow for a replacement of the following mechanical fittings<br/>That needs to be replaces when Service is conducted<br/>Replace oil rings as per each point etc.</p> <p><b>Seal all gas leaks</b></p> <p>Use a following Check kits/ list</p> <ol style="list-style-type: none"> <li>1. Check &amp; note system pressure.</li> <li>2. Clean banks though before servicing</li> <li>3. Check operating of change over system</li> <li>4. Check all warning pilot lights</li> <li>5. Check all pigtails &amp; fittings</li> <li>6. Check all pigtails &amp; fitting</li> <li>7. Check all wall outlet points for leaks replace seals as required</li> <li>8. clean plants room</li> <li>9. check operation of pressure reducing valve</li> <li>10. check operation of safety valve</li> <li>11. check operation of automatic solenoid</li> <li>12. strip &amp; clean all needle valves</li> <li>13. Check setting of pressure reducing valve. Adjust it if necessary &amp; note settings.</li> <li>14. Check setting of pressure reducing valve if necessary &amp; note settings.</li> <li>15. Check setting of warning light pressure switches. Adjust if it is necessary &amp; note settings.</li> <li>16. Check change over -control pressure settings adjust if necessary &amp; note settings.</li> <li>17. Check calibration of pressure gauges, etc. Re-calibrate if necessary</li> <li>18. Complete plant log book</li> </ol> |    |      |   |   |   |
|    | Allow 12 months guarantee  | No | Item |   |   |   |
| 17 |  | No | item |   |   |   |
| 18 | Tenderer must allow improvising in connection with acquiring the services of the accredited Safety, Health and environment Consultant to prepare safety plan, risk assessment schedule and do regular inspections for the duration of the contract in compliance with Occupational and Safety act. (Assessment to be forwarded to Department of Health Occupational Health and Safety in Natalia.) Tenderer will not be allowed to start work without submission of Safety Plan  | No | item |   |   |   |
| 19 |  |    | Item |   |   |   |
| 20 | <b>R 1 500.00 (ONE THOUSAND FIVE HUNDRED RANDS) PER DAY WILL BE CHARGED, FROM DAY I (ONE) AFTER CONTRACT EXPIRED</b>   |    | Item |   |   |   |
| 21 | <b>TENDERES ARE ADVISED THAT ANY WORK DONE NOT UP SATISFACTORY OF THE DEPARTMENT, TENDERER MUST RE-DO WORK AT OWNNER'S EXPENSE.</b>  |    | Item |   |   |   |
|    |  |    |      | R |   | R |
|    | <b>CARRIED TO COLLECTION SUMMARY</b>   |    |      |   |   |   |
|    | <b>PS 2</b>  |    |      |   |   |   |



**health**

Department:  
Health  
PROVINCE OF KWAZULU-NATAL

**DIRECTORATE: NDWEDWE CHC**

Physical Address: P100 Main road, Ndwedwe Central 4342  
Postal Address: Private Bag X 528, Ndwedwe 4342  
Tel: 032 532 3048 Fax: 032 532 3628 Email: Xolani.Dlamini2@kznhealth.gov.za

MAINTENANCE DEPARTMENT

**COLLECTION SUMMARY**

**Institution Ndwedwe & clinic**

**Project description: service  
to autoclave**

**NOTE:**

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

| <b>BILL</b> | <b><u>FINAL SUMMARY</u></b>      | <b>PAGE<br/>NO.</b> | <b>AMOUNT</b> |
|-------------|----------------------------------|---------------------|---------------|
| 1           | Service to autoclaves            |                     |               |
| 2           | Contingencies@10%                |                     |               |
|             | Sub Total                        |                     |               |
|             | Value Added Tax@15%              |                     |               |
|             | <b>Carried to Form of Tender</b> |                     |               |
|             |                                  |                     |               |