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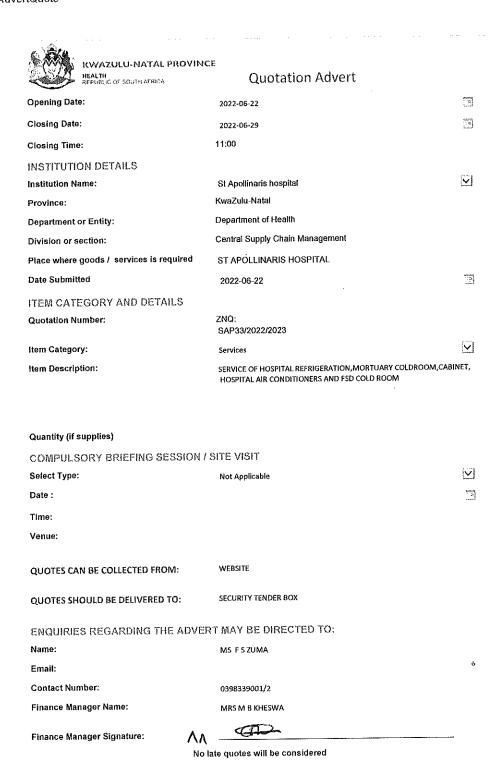
CORPORATE INFORMATION

DIRECTORY COMPONENTS

DISTRICT OFFICES

KZN Health > Components > Supply Chain Management

AdvertQuote



STANDARD QUOTE DOCUMENTATION OVER R30 000.00
YOU ARE HEREBY INVITED TO QUOTE FOR REQUIREMENTS AT: ST APOLLINARIS HOSPITAL
DATE ADVERTISED: 22/06/2022 CLOSING DATE: 29/06/2022 CLOSING TIME: 11:00
FACSIMILE NUMBER: N/A E-MAIL ADDRESS: N/A
PHYSICAL ADDRESS: CENTOCOW MISSION CREIGHTON 3263
QUOTE NUMBER: SAP33/2022/2023 SERVICE OF HOSPITAL REFRIGERATION DESCRIPTION: SARS PIN. SARS PIN. (If applicable) CENTRACT PERIOD. (If applicable) CENTRAL SUPPLIER DATABASE REGISTRATION (CSD) NO. UNIQUE REGISTRATION REFERENCE DEPOSITED IN THE QUOTE BOX SITUATED AT (STREET ADDRESS) SECURITY TENDER BOX ONLY
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 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]

OFFICIAL P		FOR QUOTATIONS OVER R30 000	QUOTE NUM	SAP33/2022/20/ BER:	23	
DESCRIPTION	SERVI 	CE OF HOSPITAL REFRIGERATION				
SIGNATURE [By signing the	OF BIDDE	Rt, I hereby agree to all terms and conditions]			,,,,,,,,	
CAPACITY (JNDER WH	ICH THIS QUOTE IS SIGNED		100001000000000000000000000000000000000		
Item No	Quantity	Description	Brand & model	Country of manufacture	Price R	c ·
	400	SERVICE PROVIDER TO SERVICE OF HOSPI			 	
	120	REFRIGERATION, MORTUARY COLD ROOM, C				
		,HOSPITAL AIR CONDITIONERS AND FSD CO				
			<u> </u>		 	
		ROOM				+
		AS PER SPECIFICATION ATTACHED				+
-						1

		A ANN A				

						-
					_	
						+
						-
						+

VALUE AD	DED TAX @	15% (Only if VAT Vendor)				
TOTAL QU	OTATION P	RICE (VALIDITY PERIOD 60 Days)				
				The S.A.N.S. /	S.A.B.S.	
			ification?	1		
Is The Price	Firm?		y Period, e.g., 1day, 1we	9eK		
Contact Per	MS F	S ZUMA 0398339001	nquiries regarding tech			
					<u>.</u>	

	I	BIDDER'S DISCLOSURE		
1.	transparency, accountability, impartiality, and expressed in various pieces of legislation, it is hereunder.	ethics as enshrined in the Cons required for the bidder to make	is invitation to bid. In line with the principles of litution of the Republic of South Africa and further this declaration in respect of the details required	
	Where a person/s are listed in the Register automatically be disqualified from the bid process.	for Tender Defaulters and $\it I$ or ess.	the List of Restricted Suppliers, that person will	
2. 2.1.	BIDDER'S DECLARATION Is the bidder, or any of its directors / trustees the enterprise, employed by the state?	/ shareholders / members / part	ners or any person having a controlling interest [‡] in YES/NO	
2.1.1	If so, furnish particulars of the names, individudirectors / trustees / shareholders / members/	ial identity numbers, and, if appl partners or any person having a	icable, state employee numbers of sole proprietor/ controlling interest in the enterprise, in table below.	
	Full Name	Identity Number	Name of State Institution	
2.2. 2.2.1.	Do you, or any person connected with the institution? If so, furnish particulars:		any person who is employed by the procuring YES/NO	
2.3.		es / shareholders / members / pa	rtners or any person having a controlling interest in	
2.3.1.	If so, furnish particulars:			
3.	DECLARATION			
	I, the undersigned,(name)hereby make the following statements that I co	ertify to be true and complete in e	in submitting the accompanying bid, do vvery respect:	
3.1. 3.2. 3.3.	The bidder has arrived at the accompanying arrangement with any competitor. However,	e disqualified if this disclosure is a bid independently from, and w	found not to be true and complete in every respect; ithout consultation, communication, agreement or ers in a joint venture or consortium ² will not be	
3.4.	quality, quantity, specifications, prices, including intention or decision to submit or not to submit or particulars of the products or services to which	ling methods, factors or formula nit the bid, bidding with the inte n this bid invitation relates.	or arrangements with any competitor regarding the as used to calculate prices, market allocation, the ntion not to win the bid and conditions or delivery	
3.5.	The terms of the accompanying bid have recompetitor prior to the date and time of the of	not been, and will not be, disc ficial bid opening or of the award	losed by the bidder, directly or indirectly, to any ing of the contract.	
3.6.	competitor, prior to the date and time of the official bid opening or of the awarding of the contract. 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 of terms of reference for this bid.			
3.7	I am aware that, in addition and without prejuct and contracts, bids that are suspicious will be administrative penalties in terms of section &	reported to the Competition Con 59 of the Competition Act No 8 tigation and or may be restricted	d to combat any restrictive practices related to bids mission for investigation and possible imposition of 0 of 1998 and or may be reported to the Nationa from conducting business with the public sector for ting of Corrupt Activities Act No 12 of 2004 or any	
			ALIE IS ASSESSED.	

LCERTIFY 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.

Position

......

Signature

Name of Bidder

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.

SPECIAL CONTRACT CONDITIONS OF QUOTATIONS

1. AMENDMENT OF CONTRACT

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 1.1. parties.

CHANGE OF ADDRESS

Bidders must advise the Department of Health (institution where the offer was submitted) should their address (domicilium citandi et 2.1. executandi) details change from the time of bidding to the expiry of the contract.

GENERAL CONDITIONS ATTACHED TO THIS QUOTATION 3.

The Department is under no obligation to accept the lowest or any quote. 3.1.

- The Department reserves the right to communicate in writing with vendors in cases where information is incomplete or where there are 3.2. 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 3.3. QUOTATION.

The price quoted must include VAT (if VAT vendor). 3.4.

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: 3.6.

(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.

- The bidder must accept full responsibility for the proper execution & fulfilment of all obligations conditions devolving on under this 3.7. 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. 3.8. All required documentation must be completed in full and submitted.

Offers must comply strictly with the specification. 3.9.

Only offers that meet or are greater than the specification will be considered.

Late offers will not be considered. 3.11.

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Expired product/s will not be accepted. All products supplied must be valid for a minimum period of six months. 3.12.

Used/ second-hand products will not be accepted. 3.13.

A bidder not registered on the Central Suppliers Database or whose verification has failed will not be considered. 3.14.

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 3.16. 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. 3.17.
- In the event of a bidder having multiple quotes, only the cheapest according to specification will be considered.

Verification will be conducted to identify if bidders have multiple companies and are cover-quoting for this bid. 3.19.

In such instances, the Department reserves the right to immediately disqualify such bidders as cover-quoting is an offence that 3.20. represents both corruption and acquisition fraud.

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

- Unless inconsistent with or expressly indicated otherwise by the context, the singular shall include the plural and vice versa and with 4.1. 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 4.2. 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. 4.3.

- 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. 4.5.

Use of correcting fluid is prohibited and may render the response invalid. 4.6.

Quotations will be opened in public as soon as practicable after the closing time of quotation. 4.7.

Where practical, prices are made public at the time of opening quotations. 4.8.

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.

SPECIAL INSTRUCTIONS REGARDING HAND DELIVERED QUOTATIONS

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.

Each quotation shall be addressed in accordance with the directives in the quotation documents and shall be lodged in a separate 5.2. 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 5.3. 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 5.4. 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. 56

6. SAMPLES

- In the case of the quote document stipulating that samples are required, the supplier will be informed in due course when samples 6.1. 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.
- If a company/s who has not won the quote requires their samples, they must advise the institution in writing of such.
- If samples are not collected within three months of close of quote the institution reserves the right to dispose of them at their discretion. (ii)

Samples must be made available when requested in writing or if stipulated on the document. 6.2.

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 (i) rejected. All testing will be for the account of the bidder.

COMPULSORY SITE INSPECTION / BRIEFING SESSION

7.1.	Bidders who fail to attend the compulsory meeting will be disquare	lified from the evaluation process.	
(i) (ii)	The institution has determined that a compulsory site meeting ta Date Place	ke place.	jå
Institu	tion Stamp:	Institution Site Inspection / briefing session Official	
		Full Name:	
		Signature:	
		Date:	

STATEMENT OF SUPPLIES AND SERVICES

The contractor shall, when requested to do so, furnish particulars of supplies delivered or services executed. If he/she fails to do so, the 8.1. 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.

SUBMISSION AND COMPLETION OF SBD 6.1

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

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.

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.



TAX INVOICE

- 10.3. 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.

11. 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.

12. PENALTIES

- 12.1. 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.
- 12.2. 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.
- 12.3. 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.
- 12.4. 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.

13. TERMINATION FOR DEFAULT

- 13.1. 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.
- 13.2. 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.
- 13.3. 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.
- 14. 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

- 1.5 Failure on the part of a bidder to submit proof of B-BBEE Status level of contributor together with the quote, will be interpreted to mean that preference points for B-BBEE status level of contribution are not claimed.
- 1.6 The purchaser reserves the right to require of a bidder, either before a quote is adjudicated or at any time subsequently, to substantiate any claim in regard to preferences, in any manner required by the purchaser.

2. DEFINITIONS

- (a) "B-BBEE" means broad-based black economic empowerment as defined in section 1 of the Broad-Based Black Economic Empowerment Act;
- (b) "B-BBEE status level of contributor" means the B-BBEE status of an entity in terms of a code of good practice on black economic empowerment, issued in terms of section 9(1) of the Broad-Based Black Economic Empowerment Act;
- (c) "bid" means a written offer in a prescribed or stipulated form in response to an invitation by an organ of state for the provision of goods or services, through price quotations, advertised competitive bidding processes or proposals;
- (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;
 - 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;

POINTS AWARDED FOR PRICE 3.

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

131

Points scored for price of bid under consideration

Pt Pmin Price of bid under consideration price of lowest acceptable bid

POINTS AWARDED FOR B-BBEE STATUS LEVEL OF CONTRIBUTOR 4.

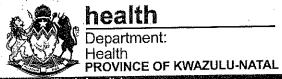
In terms of Regulation 6 (2) and 7 (2) of the Preferential Procurement Regulations, preference points must be awarded to a bidder for attaining the B-BBEE status level of contribution in accordance with the table below: 4.1

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.	BID DECLARATION	
5.1	Bidders who claim points in respect of B-BBEE Status Level of Contribution must cor	nplete the following:
6.	B-BBEE STATUS LEVEL OF CONTRIBUTOR CLAIMED IN TERMS OF PARAGRAP	HS 1.4 AND 4.1
6.1	B-BBEE Status Level of Contributor: =(maximum of 20 points)	
	claimed in respect of paragraph 7.1 must be in accordance with the table reflected in proof of B-BBEE status level of contributor.	paragraph 4.1 and must be substantiated by
7.	SUB-CONTRACTING	(Tick
	applicable box)	YES NO
7.1	Will any portion of the contract be sub-contracted?	
7.1.1	If yes, indicate:	
0	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 Whether the sub-contractor is an EME or QSE	****
8.	,	
	 iv) Specify, by ticking the appropriate box, if subcontracting with an enterprise Preferential Procurement Regulations, 2017: 	e in terms of YES NO

Preferential Procurement Regulations,2017:			
Designated Group: An EME or QSE which is at last 51% owned by:	EME √	QSE V	
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			51
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	TYPE OF COMPANY/ FIRM [TICK APPLICABLE BOX]	
	□ Partnership/Joint Venture / Consortium □ One person business/sole propriety □ Close corporation □ Company □ (Pty) Limited	
9.5	DESCRIBE PRINCIPAL BUSINESS ACTIVITIES	
,		••
9.6	COMPANY CLASSIFICATION [TICK APPLICABLE BOX]	
	 Manufacturer Supplier Professional service provider Other service providers, e.g. transporter, etc. 	
9.7	Total number of years the company/firm has been in business:	
9.8	I/we, the undersigned, who is / are duly authorised to do so on behalf of the company/firm, certify that the points claimed, based the B-BBE status level of contributor indicated in paragraphs 1.4 and 6.1 of the foregoing certificate, qualifies the company/ firm the preference(s) shown and I / we acknowledge that:	or for
	i) The information furnished is true and correct;	
1.	ii) The 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 result of points claimed as shown in paragraphs 1.4 and 6.1, the contractor me be required to furnish documentary proof to the satisfaction of the purchaser that the claims are correct;	ay
	iv) If the 8-BBEE status level of contributor has been claimed or obtained on a fraudulent basis or any of the conditions contract have not been fulfilled, the purchaser may, in addition to any other remedy it may have —	0
	(a) disqualify the person from the bidding process;	
	(b) recover costs, tosses or damages it has incurred or suffered as a result of that person's conduct;	
	(c) cancel the contract and claim any damages which it has suffered as a result of having to make less favourable arrangements due to such cancellation;	
	(d) recommend that the bidder or contractor, its shareholders and directors, or only the shareholders and directors who acted on a fraudulent basis, be restricted by the National Treasury from obtaining business from any organ of state for a period not exceeding 10 years, after the audi alteram partem (hear the other side) rule has been applied; and	
	(e) forward the matter for criminal prosecution.	
	WITNESSES SIGNATURE(S) OF BIDDERS(S)	
	1	
	2. ADDRESS	



Off Centocow main road, Centocow, CREIGHTON, 3263 Private Bag 206, Creighton, 3263 Tel.: 039 833 8085 , Fax.: 039 833 8054 Email:: mpe.malinga@kznhealth.gov.za

SUPPLY CHAIN MANAGEMENT

Date: 13 June 2022 ZNQ Number: 33/2020/2023

TERMS OF REFERENCE

Item Specification: Service provider to service of hospital refrigeration, mortuary cold room and cabinet, hospital air conditioners and food service cold room as per attached specification.

X 120 Name & Surname	Designation	Signature
CS Mbanjwa	SMO	/ (4)
TA Mkhize	CPC-QAM	Kunoa
M Mntungwana	OMN	
MI Ntshangase	SCC	A

SPECIFICATION TERMS AND CONDITIONS

- Only bidders that fully meet the specification shall be considered
- The institution is under no obligation to accept the lowest or any quote
- The quality of products must be SABS / SANS/ CKS approved and a certificate of compliance must be submitted when 3.
- The bidder must ensure the correctness and validity quote: the prices, rates & preference quoted cover all of the work and accept that any mistake regarding with the price calculations will be at the bidder's risk
- If the information supplied is found to be incorrect or false then the KZN department of Health, in addition to the remedies it may have, may recover from the contractor all cost, losses and damages incurred by the department as a result of the award of the contract, and / or cancel the contract and claim any damages
- Defaulting suppliers in terms of delivering, will be dealt with and will be reported at Treasury
- The evaluation criteria for the quotation above R30 000 will be 80/20 for the price and points certified BBBEE certificates and original tax clearance
- Incomplete declaration of interest and quotation form will not be considered
- Orders will be cancelled if the supplier fail to meet the set standards and lead time
- All quotations requiring registration with certain Bodies must be returned together with the following:
 - Valid tax clearance
 - Proof of registration with CSD
 - CK certificate / Cipro certificate
 - CIDB registration and grading with relevant job category
 - Reference letter (from where the supplier did the same job successfully)
 - Letter of good standing
 - Current proof of registration with relevant bodies
 - Sworn statement
- 11. All conditions indicated in the quotation form will be applicable upon evaluation, and should be attached to evaluation criteria
- Quotation form must be completed and signed in full, any omissions or incomplete information and signatures will automatically disqualify the quotation
- Bill of quantity should be fully completed and all segments must be filled per item
- A guarantee / warrantee must be provided on appliances, services and repairs
- All these conditions are binding and service providers must comply with
- Samples must be provided with documents unless indicated otherwise
- For services requiring site inspection , no late bidders will be allowed to join briefing
- It is advisable to get all necessary information before quotation closing date

Chairperson

13/06/2022 Date

Date

CEO

Date

INST	ITUTION:		CODE: RCFM - 03
	OF SERVICE: Refrigeration		
SCH	EDULE FOR: Mortuary Body Cabinet		
FRE	QUENCY: Annual	T	
ITEM	INSTRUCTION	CHECK	COMMENTS
1	Check unit is running		
2	Check for undue noise and vibration		
3	Check cabinet temperature		
4	Check door seals, door catches, door hinges and replace if there is any that needs to be replaced		
5	Check oil level		
6	Check condensate drain is clear		
7	Check tray rollers and tracks		
8	Check and clean condenser coil and fins		
9	Check and clean evaporator coil and fins		
10	Test for refrigerant leaks and repair if there is any leaks		. ,
11	Check refrigerant level and top up as required		
12	Check pressure switch settings		
13	Check and log all pressure and amperage readings		
14	Check overload settings on starter contactors & circuit breakers		ν.
15	Check evaporator fans		
16	Replace 4 temperature controls		
4.7	Check cabinet walls and insulation for damage		
18	Replace 4 expansion valves		
19	Clean and remove loose paint, rust, scale & paint as required		
20	Clean the plant room area		
	Date :		
	Name :		
-	Signature :		
	Attach the gas authorization card for personactive and certified Ensure you sign and return this specification will result on your document not being consument contractor representative name: Contractor name: Contractor Signature: Prepared by IS Gwamanda (Chief Artisan)	n with the qu sidered.	

FM - 03	CODE: RCFM		TUTION	JOT!
			TUTION: OF SERVICE: Refrigeration	
			EDULE FOR: Mortuary Body Cabinet	CHI
			QUENCY: Annual	REC
	COMMENTS	CHECK	INSTRUCTION	TEM
			Check unit is running	1
			Check for undue noise and vibration	2
			Check cabinet temperature	
			Check door seals, door catches, door hinges and replace if there is any that needs to be replaced	4
			Check oil level	
			Check condensate drain is clear	6
			Check tray rollers and tracks	7
			Check and clean condenser coil and fins	8
			Check and clean evaporator coil and fins	9
			Test for refrigerant leaks and repair if there is any leaks	10
			Check refrigerant level and top up as required	11
			Check pressure switch settings	12
			Check and log all pressure and amperage readings	13
			Check overload settings on starter contactors & circuit breakers	14
			Check evaporator fans	15
			Replace 4 temperature controls	16
			Check cabinet walls and insulation for damage	17
			Replace 4 expansion valves	18
			Clean and remove loose paint, rust, scale & paint as required	19
			Clean the plant room area	20
			Date :	
			Name :	
			Signature :	
		n with the sidered.	active and certified Ensure you sign and return this specificatio will result on your document not being con Contractor representative name: Contractor name:	,
			Prepared by IS Gwamanda (Chief Artisan)	
		n with the sidered.	Signature: Attach the gas authorization card for personactive and certified Ensure you sign and return this specification will result on your document not being concontractor representative name:	

TITITION:		CODE: RCFM - 03
IEDULE FOR: Mortuary Body Cabinet		
QUENCY: Annual		
INSTRUCTION	CHECK	COMMENTS
Check unit is running		
Check for undue noise and vibration		
Check cabinet temperature		
Check door seals, door catches, door hinges and replace if there is any that needs to be replaced		
Check oil level		
Check condensate drain is clear		
Check tray rollers and tracks		
Check and clean condenser coil and fins		
Check and clean evaporator coil and fins		
Test for refrigerant leaks and repair if there is any leaks		
Check refrigerant level and top up as required		
Check pressure switch settings		
Check and log all pressure and amperage readings		
Check overload settings on starter contactors & circuit breakers		
Check evaporator fans		
Replace 4 temperature controls		
Check cabinet walls and insulation for damage		
•		
Clean and remove loose paint, rust, scale & paint as required		
Date:		
Name :		
Signature :		
 active and certified Ensure you sign and return this specificatio will result on your document not being con 	n with th sidered.	
Contractor name:		
Contractor Signature:		
	Check unit is running Check for undue noise and vibration Check cabinet temperature Check door seals, door catches, door hinges and replace if there is any that needs to be replaced Check oil level Check condensate drain is clear Check tray rollers and tracks Check and clean condenser coil and fins Check and clean evaporator coil and fins Test for refrigerant leaks and repair if there is any leaks Check refrigerant level and top up as required Check pressure switch settings Check and log all pressure and amperage readings Check overload settings on starter contactors & circuit breakers Check evaporator fans Replace 4 temperature controls Check cabinet walls and insulation for damage Replace 4 expansion valves Clean and remove loose paint, rust, scale & paint as required Clean the plant room area Date: Name: Signature: Attach the gas authorization card for personactive and certified Ensure you sign and return this specification will result on your document not being contractor representative name:	EOF SERVICE: Refrigeration HEDULE FOR: Mortuary Body Cabinet QUENCY: Annual INSTRUCTION Check unit is running Check for undue noise and vibration Check cabinet temperature Check door seals, door catches, door hinges and replace if there is any that needs to be replaced Check oil level Check condensate drain is clear Check tray rollers and tracks Check and clean condenser coil and fins Check and clean evaporator coil and fins Test for refrigerant leaks and repair if there is any leaks Check refrigerant level and top up as required Check pressure switch settings Check overload settings on starter contactors & circuit breakers Check cabinet walls and insulation for damage Replace 4 temperature controls Check cabinet walls and insulation for damage Replace 4 expansion valves Clean and remove loose paint, rust, scale & paint as required Clean the plant room area Date: Name: Signature: Attach the gas authorization card for person that wactive and certified Ensure you sign and return this specification with the will result on your document not being considered. Contractor representative name: Contractor representative name: Contractor Signature:

NST	TUTION:		CODE: RCFM - 03
	OF SERVICE: Refrigeration		
SCH	EDULE FOR: Mortuary Body Cabinet		
REC	QUENCY: Annual		
TEM	INSTRUCTION	CHECK	COMMENTS
1	Check unit is running		
2	Check for undue noise and vibration		
	Check cabinet temperature		
4	Check door seals, door catches, door hinges and replace if there is any that needs to be replaced		
5	Check oil level		
6	Check condensate drain is clear		
7	Check tray rollers and tracks		
8	Check and clean condenser coil and fins		
9	Check and clean evaporator coil and fins		
10	Test for refrigerant leaks and repair if there is any leaks		
11	Check refrigerant level and top up as required		
12	Check pressure switch settings		
13	Check and log all pressure and amperage readings		
14	Check overload settings on starter contactors & circuit breakers		
15	Check evaporator fans		
16	Replace 4 temperature controls		
17	Check cabinet walls and insulation for damage		
18	Replace 4 expansion valves		
19	Clean and remove loose paint, rust, scale & paint as required		
20	Clean the plant room area		
	Date :		
	Name :		
	Signature :		
	Attach the gas authorization card for personactive and certified Ensure you sign and return this specification will result on your document not being conformation representative name: Contractor name: Contractor Signature:	n with the sidered.	
	Prepared by IS Gwamanda (Chief Artisan)		

NOTITITION .		CODE: ACC - 01
NSTITUTION : TYPE OF SERVICE : Air-conditioning		
SCHEDULE FOR: Room Air-conditioners		
REQUENCY : Annual		
ITEM INSTRUCTION	CHECK	COMMENTS
Weekly		
1 Check unit is running		
2 Check for undue noise and vibration		
3 Check selector switch operation, all modes		
4 Check thermostat operation		
5 Clean filter media		
6 Test for refrigeration leaks correct if it necessary		
7 Check all pipe insulation		
8 Check that condensate drain is free of blockages		
9 Check and observe operation of reversing solenoid where applicable		
10 Check compressor termination and overload klixon		
11 Check all start and/or run capacitors		
12 Clean evaporator coil		
13 Clean condenser coil		
14 Check operation of resistance heater and overload stats		
15 Check de-icing stat where applicable		
16 Check operation of baffle board and air vent/exhaust control		
scrape, treat and paint all rust, including outside grill and architraves		
Date :		
Name :		
Signature :		

Each and every Air conditioning must have its own report per check list. 100 air conditioners that need to be serviced

STITUTION : ST APOLLINARIS HOSPITAL		CODE: RCFM - 01
PE OF SERVICE : Refrigeration		
HEDULE FOR: Cold Rooms		
EQUENCY: Annual INSTRUCTION	CHECK	COMMENTS
191		
Check unit is running Check for undue noise and vibration		
Check evaporator is not iced up		
Check door switch and operation of lights and fan		
Check v-belt/s (if applicable)		
Clean plant and plant area		-
Check v-belt pulley and alignment (if applicable)		
Check oil level		
Check door lock can be opened from the inside of the room		
1 Check condensate drain is clear		
2 Check room drain is clear)		
3 Check and clean condenser coil and fins		
4 Check and clean evaporator coil and fins		
Test for refrigerant leaks and repair any leak		
6 Check refrigerant level and correct it as required		
7 Check pressure switch settings		3
8 Check and log all pressure and amperage readings		
Check overload settings on starter contactors and circuit breakers		
O Check evaporator fans		
21 Check temperature settings		
Check walls for damage and ice build up		
Check door hinges, lock and seal		
Clean and remove loose paint, rust, scale and paint as required		
Date :		
Name :		
Signature: Attach the gas authorization card for person		

active and certified

Ensure you sign and return this specification with the quotation failure to do so will result on your document not being considered.

Contractor representative name: _______

Contractor name: ______

Contractor Signature: _____ Prepared by IS Gwamanda (Chief Artisan)

TITUTION: ST APOLLINARIS HOSPITAL		CODE: RCFM - 02
E OF SERVICE: Refrigeration		
HEDULE FOR: Mortuary Cold Room		
EQUENCY: Annual		
EM INSTRUCTION	CHECK	COMMENTS
1 Check unit is running		
2 Check for undue noise and vibration		
3 Check temperature on dial thermometer		
4 Check evaporator is not iced up		
5 Check door switch and operation of lights and fan		
6 Check v-belt pulley and alignment (if applicable)		
7 Check oil level		
8 Check door lock can be opened from the inside of the room		
9 Check condensate drain is clear		
10 Check room drain is clear (if applicable)		
11 Check tray rollers and tracks		
12 Check and clean condenser coil and fins		
13 Check and clean evaporator coil and fins		
14 Test for refrigerant leaks and repair if there is any leak		
15 Check refrigerant level and refill if required		
16 Check pressure switch settings and test its functionality		
17 Check and log all pressure and amperage readings		
Check overload settings on starter contactors and circuit breakers		
19 Check evaporator fans		
20 Check temperature settings		
21 Check walls for damage and ice build up		
22 Check door hinges, lock and seal		The state of the s
23 Clean and remove loose paint, rust, scale and paint as required		•
24 Clean the plant area		
Date :		
Name :		
Signature :		
Attach the gas authorization card for person t	hat will perfor	rm the work it must be

Ensure you sign and return this specification with the quotation rather to do so
will result on your document not being considered.
Contractor representative name:
Contractor name:

E 76 H	EASE RETURN THE	INACHMENT	SIGNED	WITH	VOUR	OUOTA	ATION
678	·新·及公科 张野 自自 (1941)	5 EFQJ&_QJJY8BUJ∀ B		7 7 M R D.E		A.O.O	* * * *

Contractor Signature: ______ Prepared by IS Gwamanda (Chief Artisan)