



KWAZULU-NATAL PROVINCE  
HEALTH  
REPUBLIC OF SOUTH AFRICA

KZN HEALTH

# KZN Health Intranet

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## AdvertQuote



KWAZULU-NATAL PROVINCE  
HEALTH  
REPUBLIC OF SOUTH AFRICA

## Quotation Advert

**Opening Date:** 2022-05-03

**Closing Date:** 2022-05-10

**Closing Time:** 11:00

### INSTITUTION DETAILS

**Institution Name:** Eshowe hospital ▾

**Province:** KwaZulu-Natal

**Department or Entity:** Department of Health

**Division or section:** Central Supply Chain Management

**Place where goods / services is required** Eshowe Hospital

**Date Submitted** 2022-04-29

### ITEM CATEGORY AND DETAILS

**Quotation Number:** ZNQ:  
ESW/06/23

**Item Category:** Services ▾

**Item Description:** MAJOR SERVICE TO FIRE EXTINGUISHERS AND FIRE FIGHTING EQUIPMENT FOR ESHOWE HOSPITAL AND SIX CLINICS  
CATEGORY: 1SF AND ABOVE

Quantity (if supplies)

### COMPULSORY BRIEFING SESSION / SITE VISIT

**Select Type:** Not Applicable ▾

**Date :** N/A

**Time:** N/A

**Venue:** N/A

**QUOTES CAN BE COLLECTED FROM:** Eshowe Hospital/kznhealth website

**QUOTES SHOULD BE DELIVERED TO:** Eshowe Hospital

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

**Name:** B Zulu/N Qwabe

**Email:** nonhlanhla.qwabe@knzhealth.gov.za

**Contact Number:** 035 4734594/7

**Finance Manager Name:** Mrs. PG Biyela

**Finance Manager Signature:**



health

Department:  
Health  
PROVINCE OF KWAZULU-NATAL

**THE MAINTENANCE AND REPAIR OF FIXED MECHANICAL PLANT, EQUIPMENT AND  
INSTALLATIONS INSTALLED IN KWAZULU-NATAL PROVINCIAL HOSPITALS,  
CLINICS AND BUILDINGS**

**ZNQ ESW/06/23**

**QUOTATION DOCUMENT CONTENTS**

**PART ONE: INVITATION TO QUOTE**  
**PART TWO: TECHNICAL SPECIFICATION**  
**PART THREE: GENERAL CONDITIONS**

**NAME OF INSITUTION : ESHOWE DISTRICT HOSPITAL**  
**SERVICE : MAJOR SERVICE TO FIRE EXTINGUISHRES**  
**: FIRE FIGHTING EQUIPMENT FOR ESHOWE**  
**: HOSPITAL AND SIX CLINICS**

**CONTRACTORS NAME : \_\_\_\_\_**

**BID AMOUNT : \_\_\_\_\_**

**CLOSING DATE : 10-05-2022**

**CLOSING TIME : 11H00**

**CENTRAL SUPPLIERS DATABASE  
NUMBER: \_\_\_\_\_**

**UNIQUE NUMBER: \_\_\_\_\_**

**CIDB REGISTRATION NUUMBER: \_\_\_\_\_**

**CIDB CATEGORY: 1SF AND ABOVE**

**CLIENT**  
**Department of Health**  
**Project Leader: B. Mngomezulu**  
**Telephone : 035 473 4548**  
**Fax : 035 474 4914**

## PART TWO

### **TECHNICAL SPECIFICATION SPECIFICATION FOR SERVICING AND REPAIRS OF FIRE FIGHTING EQUIPMENT, HOSE REELS AND FIRE HYDRANT AT ESHOWE DISTRICT HOSPITAL**

This quotation shall be for the complete inspection, servicing, preventative maintenance and repair of the Fire Fighting Equipment's. The specification shall be read in conjunction with the Occupational Health and Safety Act (no.85 of 1993), the SANS1475 and all other related regulations and standards.

#### **1. SCOPE OF WORK**

- 1.1 The scope of work shall be in accordance with SANS 1475-2
- 1.2 The equipment must be replaced by a similar unit on loan to the institution at no cost to the institution, until such time as the removed equipment has been serviced, returned and reinstalled.
- 1.3 Weigh the portable fire extinguisher, according to the manufacturers' instructions, and check the total mass against that recorded when last serviced.
- 1.4 Inspect for corrosion, dents, gouges, or damage that could impair the safe operation of the portable fire extinguisher
- 1.5 Check discharge hoses and nozzles for condition and fitness for use and ensure that the nozzle or hose or both, are unobstructed and not cracked, worn, or damaged
- 1.6 Examine the portable fire extinguisher externally.
- 1.7 To repair the hose, nozzle, weight and working pressure of the extinguisher and apply corrective action as required
- 1.8 Open the portable fire extinguisher by unscrewing the top cap and remove the external gas cartridge.
- 1.9 Examine the powder in the portable fire extinguisher to check that there are no visual signs of caking, lumps, or foreign bodies.
- 1.10 Replace all defective seals and test for leakage
- 1.11 Clean the external cylinder of the extinguisher and paint to match the red colour
- 1.12 To repair or replace stop cock, hose, nozzle and the frame
- 1.12.1 To repair or replacement of piping or lack of water supply and must be reported to the institutional responsible person.
- 1.13 The hose reel and fire hydrant maintenance work shall be from stop cock upward
- 1.14 Quantify and check against bill of quantities
- 1.15 Conduct visual inspection on identified equipment
- 1.16 Replace head assembly, depressurize and replace cylinder or entire extinguisher
- 1.17 Examine the gas cartridge externally for corrosion or damage. If replacement is necessary, replace in accordance with the manufacturers' instructions. Weigh the gas

- cartridge in accordance with the manufacturers' instructions. empty and recharge to correct mass with correct powder
- 1.18 Reassemble and refill the portable fire extinguisher where relevant
  - 1.19 Renew relevant O-rings, washers and hose diaphragm
  - 1.20 Refit the safety device (device to prevent inadvertent operation) and fit safety seal as necessary.
  - 1.21 Check the frame and mounting bolts.
  - 1.22 Check that the hose reel rotates freely. Using one hand only, rotate hose reel drum in each direction. If drum does not rotate with ease, unroll the hose and replace the gland packing where applicable, or lubricate the shaft and O-rings. Check the drum and discs.
  - 1.23 Check that the fire hose is of the correct length and has no joints.
  - 1.24 Check the condition of the fire hose to ensure that it is in a good condition and is securely fitted. Hose ends should be clean cut and show no signs of deterioration.
  - 1.25 Check whether the hose can withstand the pressure in the supply main
  - 1.26 Examine all water seals for signs of leaks. If leaking from the stuffing box, adjust fasteners equally until leak halts (hose reel must continue to rotate freely) or replace gland packing taking into account the lubrication required.
  - 1.27 Check the shut-off nozzle.
  - 1.28 Check the hydrant standpipe.
  - 1.29 Seal the hydrant valve.
  - 1.30 Conduct leak tests and flow rate
  - 1.31 Conduct nozzle leak test
  - 1.32 Lubricate treaded and operational parts
  - 1.33 Verify and check pressure indicating devices
  - 1.34 Paint the reel frame to match the existing red colour
  - 1.35 Attach service label and locate equipment correctly
  - 1.36 Provide full written report for the service of hose reels that include flow rate and static pressure result for each equipment
  - 1.37 Provide condemning certificate for each equipment when required
  - 1.38 Lubricate treaded and operational parts

## **NB**

**After completion of the service, a label bearing the name of the Service Company, date of service, date of next service, signature and certificate bearing the competency number of the person who carried out the service/repair shall be affixed to each item of firefighting equipment**

**Issue firefighting equipment register for allocation and sizes of all hospital and Clinic**

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

Item	DESCRIPTION	UNIT	QTY	RATE/ UNIT		TOTAL	
				R	C	R	C
	<p><b>NOTE:</b> All rates for items contained in this Schedule of Prices must be computed <b>excluding</b> the applicable Sales Tax. The Administration reserves the right to Negotiate prices in the Bill of Quantities.</p> <ul style="list-style-type: none"> <li>• The contractor is not allowed to sleep on site</li> <li>• Service provider to produce (South African Qualification Committee for the Fire Industry)</li> </ul>						
	<p><b>INSTITUTION: ESHOWE DISTRICT HOSPITAL</b> <b>SERVICE: MAJOR SERVICES OF FIRE FIGHTING EQUIPMENT</b> All rates quoted shall be inclusive of transport and , labour and profit</p>						
2.1.	Fire extinguishers 9 Kg	9 Kg	40				
2.2.	Fire extinguishers 6.8 Kg	6.8 Kg	10				
2.3.	Fire extinguishers 4 Kg	4 Kg	42				
2.4.	Fire extinguishers 4.5 Kg	4.5Kg	1				
2.5.	Fire extinguishers 2.5 Kg	2.5 Kg	42				
2.6.	Fire extinguishers 5 Kg	5Kg	1				
2.7.	Fire Hose Reels	Item	40				
2.8.	Fire Hydrant	Item	15				
2.9	Ekuphumuleni Clinic	9Kg	12				
2.10	Ndlangubo Clinic	9Kg	06				
2.11	Nkwalini Clinic	9Kg	02				
2.12	Sphilile Clinic	4,5Kg	08				
2.13	King Dinuzulu Clinic	9 Kg	07				
2.14	Gateway Clinic	9Kg	09				
<b>Carried To Collection Summary Page 17</b>		<b>SUBTOTAL A</b>					

### PART THREE

#### 3. GENERAL CONDITIONS

- 3.1 Contractors are required to complete the schedule of rates in full and failure to do so may invalidate their quotation. The charges/rates as reflected in the Schedule of Rates will remain duration of the services.
- 3.2 The proof of CIDB Grading must be submitted on the closing date of the quotation. **Failure to submit will invalidate the quotation for further consideration.**
- 3.3 The bidder will be required to provide an efficient and effective service. Therefore, the bidder is required to submit proof that he/she has the required capacity to execute the contract tendered for successfully. The bidder must supply references or state his/her experience as a company to undertake the contract. References of past experience of owners/employees of new entities must accompany the quotation document. Alternatively, the bidder must submit a project execution plan that the company will utilise to successfully execute the contract in terms of manpower, machinery, process control and infrastructure
- 3.4 The institution is fully functional and occupied. Care must be exercised that daily functioning of the institution and safety of staff, patients and visitors is not compromised in any way. Public liability insurance is recommended to cover any?
- 3.5 The successful contractor shall not assign this contract or sub-let any portion thereof to any other company, firm or person, unless prior written approval has been obtained from the Maintenance Manager.
- 3.6 The Technicians servicing the equipment must be registered with the S.A.Q.C.C (South African Qualification Committee for the Fire Industry). **Note:** - A copy of these certificates must be furnished with this quotation.
- 3.7 Should equipment require any interim maintenance, for example, recharge after use (between the annual services), rates tendered herein will apply to such interim service/maintenance as if such item service/maintenance were an annual service.
- 3.8 If any unit fails to operate when required due to negligence of the contractor, the unit shall be repaired or brought back into fully operational use as soon as possible thereafter at no cost to the institution.
- 3.9 CO<sup>2</sup> to be pressure tested every five (5) years and others every three (3) years. Should a unit require pressure testing then this unit shall be priced accordingly and this to be included in the service.
- 3.10 The unit price quoted (as in Quotation Price, Page 1) will include Service, Recharge, Pressure/Hydrostatic Test, Hose Testing and all necessary repairs and spares and replacement of damaged, worn or missing parts.
- 3.11 The service/maintenance performed to each unit will include for all/any spares/repairs required to ensure 100% working condition of the apparatus.
- 3.12 All spares replaced or removed to be handed to the Maintenance Manager and a receipt obtained therefore.

**4. MAINTENANCE AND REPAIR INSTRUCTIONS**

- 4.1 All servicing of Extinguishers, Hose Reels and Hydrants shall conform to S.A.B.S. 1475, 0105, 019 and 1567 Standards as amended.
- 4.2 All other Hoses shall be serviced and maintained according to their relevant S.A.B.S. Codes.
- 4.3 The successful bidder and/or his/her Technicians will be responsible to the Maintenance Manager and will receive instructions for repair to faulty equipment solely from the Maintenance Manager or his duly appointed representative. Any faulty equipment found during the service must only be reported to the Maintenance Manager or his duly appointed representative.
- 4.4 All normal servicing/maintenance shall be carried out during the hours normally worked by the institution.
- 4.5 The successful contractor shall have an adequately sized organization and sufficient competent personnel including technicians to carry out the servicing and repairs. The successful contractor shall supply a technician when called upon to do so to carry out emergency repair work during normal working hours between the annual services.
- 4.6 The successful bidder shall, on arrival and before any servicing/maintenance are carried out, report to the Maintenance Manager or his duly appointed representative. On completion of the service the contractor shall again report to the Maintenance Manager and record details of the service in the Fire Fighting Equipment Service Log Book.
- 4.7 The contractor to provide written test certificates for units which have been Pressure/Hydrostatic Tested in terms of the Act and over and above affix test plate to the serviced unit. Similar written certificate to be issued for condemned units with reasons as well as the serial number or unit number.
- 4.8 The successful contractor may be required by the institution to conduct training sessions of the institutional staff in the form of handling the fire extinguisher units/fire hoses only. This to be done by prior arrangement with the Maintenance Manager. The training exercises to be carried out on institutional premises.
- 4.9 **Preference will be given to Bidders who have registered offices / workshops within the borders of the Province of KwaZulu-Natal. This is in an effort to reduce response times to call outs for breakdowns in the more remote areas of the Province.**
- 4.10 **NB\* Distance KM from Eshowe Hospital to Clinics**
1. Ekuphumuleni Clinic- 92 km
  2. Ndlangubo Clinic- 72 km
  3. Nkwalini Clinic- 48
  4. Sphilile Clinic-26 km
  5. KDC Clinic- 6 km
  6. Gate way Clinic -4 Km



**SCHEDULE OF PRICES  
LABOUR, SUBSISTENCE, TRAVEL AND TRANSPORT REPLACEMENT  
AND ADDITIONAL EQUIPMENT**

6.3.1 LABOUR	TOTAL HOURS	RATE/HR	AMOUNT
a) Artisans	.....	R300.00	.....
b) Apprentice	.....		.....
1 <sup>st</sup> Year	.....	R118.00	.....
2 <sup>nd</sup> Year	.....	R150.00	.....
3 <sup>rd</sup> Year	.....	R180.00	.....
4 <sup>th</sup> Year	.....	R265.00	.....
c) Semi-skilled	.....	R142.00	.....
d) unskilled	.....	R75.00	.....
6.3.2 SUBSISTENCE	TOTAL DAYS	RATE/24HR DAY	
a) Artisan	.....	R303.00	.....
b) Apprentice	.....	R303.00	.....
c) Semi-skilled	.....	R303.00	.....
d) unskilled	.....	R303.00	.....
6.3.3 TRAVEL	TOTAL Km	RATE/Km	
6.3.3.1 From contractor's premises to site		Petrol Diesel <u>Delete as applicable</u>	
a) ..... trips (skilled) @ .....km per trip	.....	R 7078 R7.58	.....
b) ..... trips (Semi-skilled) @ ..... km per trip	.....	R5.80 R5.60	.....
6.3.3.2 From accommodation to site			
a) .....trips (skilled) @ ..... km per trip	.....		.....
b) .....trips (semi-skilled) @ .....km per trip	.....		.....
6.3.4 TRANSPORT	TOTAL Km	RATE	
a) Haulage to site .....trips			
@.....km per trip	2.5 tone	R5.48	.....
@.....km per trip	3 tone	R6.53	.....
@.....km per trip	5 tone	R7.36	.....
@.....km per trip	7 tone	R8.47	.....
@.....km per trip	10 tone	R8.98	.....
b) Cranage to and on site			
@ sub contract rate	R.....	X1.10	.....

**TOTAL AMOUNT CARRIED FORWARD TO PAGE 17 ITEM (B) R\_\_\_\_\_**

## COLLECTION SUMMARY

INSTITUTION : ESHOWE DISTRICT HOSPITAL  
SERVICE DESCRIPTION : MAJOR SERVICES OF FIRE FIGHTING  
EQUIPMENT

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

Collection Summary From page 5 SUB-TOTAL (A)	R	
Collection Summary from page 8 SUB-TOTAL (B)	R	
SUB-TOTAL (A)+(B)	R	
VAT (15%)	R	
TOTAL AMOUNT TO BE CARRIED TO PAGE 1	R	

**NB: TOTAL AMOUNT TO BE CARRIED TO PAGE 1**

**DECLARATION OF INTEREST**

**(Bidder to complete)**

1. Any legal person, including persons employed by the state<sup>1</sup>, or persons having a kinship with persons employed by the state, including a blood relationship, may make an offer or offers in terms of this invitation to bid (includes an advertised competitive bid, a limited bid, a proposal or written price quotation). In view of possible allegations of favouritisms, should the resulting bid, or part thereof, be awarded to persons employed by the state, or to persons connected with or related to them, it is required that the bidder or his/her authorized representative declare his/her position in relation to the evaluating/adjudicating authority where-

- The bidder is employed by the state; and/or
  
- the legal person on whose behalf the bidding document is signed, has a relationship with persons/a person who are/is involved in the evaluation and or adjudication of the bid(s), or where it is known that such a relationship exists between the person or persons for or on whose behalf the declarant acts and persons who are involved with the evaluation and or adjudication of the bid.

2. **In order to give effect to the above, the following questionnaire must be completed and submitted with the bid.**

2.1 Full Name of bidder or his or her representative: .....

2.2 Identity Number:.....

2.3 Position occupied in the Company (director, trustee, shareholder<sup>2</sup>, member):  
.....

2.4 Registration number of company, enterprise, close corporation, partnership agreement or trust:  
.....

2.5 Tax Reference Number:.....

2.6 VAT registration Number:.....

2.6.1 The names of all directors/trustees/shareholders/members, their individual identity numbers, tax reference numbers and, if applicable, employee/PERSAL numbers must be indicated in paragraph 3 below.

"State" means –

- (a) Any national or provincial department, national or provincial public entity or constitutional institution within the meaning of the Public Finance Management Act, 1999 (Act No. 1 of 1999);
- (b) Any municipality or municipal entity;
- (c) Provincial legislature;
- (d) National Assembly or the national Council of provinces; or
- (e) Parliament.

"Shareholder" means a person who owns shares in the company and is actively involved in the management of the enterprise or business and exercises control over the enterprise.

2.7 Are you or any person connected with the bidder presently employed by the State? **YES/NO**

2.7.1 If so, furnish the following particulars:

Name of person/director/trustee/shareholder/member: .....

Name of state institution at which you or the person connected to the bidder is employed:

.....

Position occupied in the state institution: .....

Any other particulars: .....

2.7.2 If you are presently employed by the State, did you obtain the appropriate authority to undertake remunerative work outside employment in the public sector? **YES/NO**

2.7.2.1 If yes, did you attach proof of such authority to the bid document? **YES/NO**

(Note: Failure to submit proof of such authority, where applicable, may result in the disqualification of the bid.

2.7.2.2 If no, furnish reasons for non-submission of such proof: .....

.....

2.8 Did you or your spouse, or any of the company's directors / trustees/shareholders / members or their spouses conduct business with the state in the previous twelve months? **YES/NO**

2.8.1 If so, furnish particulars:

.....

2.9 Do you, or any person connected with the bidder, have any relationship (family, friend, other) with a person employed by the state and who may be involved with the evaluation and or adjudication of this bid? **YES/NO**

2.9.1 If so, furnish particulars.

.....

2.10 Are you, or any person connected with the bidder, aware of any relationship (family, friend, other) Between any other bidder and any person employed by the state who may be involved with the Valuation and or adjudication of this bid? **YES/NO**

2.10.1 If so, furnish particulars.

.....

2.11 Do you or any of the directors/trustees/shareholders/members of the company have any interest in any other related companies whether or not they are bidding for this contract? **YES/NO**

2.11.1 If so, furnish particulars:

.....

**3 Full details of directors/trustees/members/shareholders.**

Full Name	Identity Number	Personal Income Tax Reference Number	State Employee Number/Persal Number

**4 DECLARATION**

I, THE UNDERSIGNED (NAME).....

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

I ACCEPT THAT THE STATE MAY REJECT THE BID OR ACT AGAINST ME SHOULD THIS  
DECLARATION PROVE TO BE FALSE.

.....  
Signature

.....  
Date

.....  
Position

.....  
Name of bidder

**CERTIFICATE OF TENDERER'S ATTENDANCE AT COMPULSORY  
PRE-TENDER BRIEFING MEETING**

**NAME OF INSITUION** : ESHOWE DISTRICT HOSPITAL  
**SERVICE** : **MAJOR SERVICES OF FIRE FIGHTING  
EQUIPMENT**  
**CLOSING DATE** : 10-05-2022  
**TENDER NUMBER** : ESW/06/23

This is to certify that I \_\_\_\_\_

A representative of (Tenderer) \_\_\_\_\_

Of Address \_\_\_\_\_

Telephone No: \_\_\_\_\_

Telefax No.: \_\_\_\_\_

Attended the Pre-Tender Briefing Meeting on (date)

And at the following venue (mark in appropriate block):

<b>ESHOWE DISTRICT HOSPITAL</b>	
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**TENDERER'S REPRESENTATIVE** \_\_\_\_\_

**EMPLOYER'S REPRESENTATIVE** \_\_\_\_\_

**DEPARTMENTAL STAMP:**

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## **PART SIX**

### **EXECUTION PLAN**

- 1.1** The bidder will be required to provide an efficient and effective service. Therefore, the bidder is required to submit proof that he/she has required capacity to execute the contract tendered for successfully. The bidder must references or states His/her experience as a company to undertake the contract. References of past experience of owners /employees of new entities must accompany the bid document. Alternatively, the bid must submit a projects execution plan that the company will utilise to successfully execute the contract in term of Manpower, machinery, process control, infrastructure, etc.
- 1.2** It is a bid condition that prior to an award of the bid being made and/ or during the Inspections of the premises of the most acceptable bidder. Therefore premises of the bidder shall be open, at reasonable hours, for inspection by a representative of The Department of Health or organization acting on its behalf.





