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KZN HEALTH

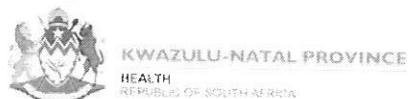
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KZN Health > Components > Supply Chain Management

AdvertQuote



Quotation Advert

Opening Date: 2022-05-27

Closing Date: 2022-06-03

Closing Time: 11:00

INSTITUTION DETAILS

Institution Name: Manguzi hospital

Province: KwaZulu-Natal

Department or Entity: Department of Health

Division or section: Central Supply Chain Management

Place where goods / services is required MANGUZI HOSPITAL

Date Submitted 2022-05-26

ITEM CATEGORY AND DETAILS

Quotation Number: ZNQ:
ZNQ-MZH-130-22-23

Item Category: Services

Item Description: SERVICE TO KITVHEN EQUIPMENT

Quantity (if supplies) 10

COMPULSORY BRIEFING SESSION / SITE VISIT

Select Type: Not Applicable

Date :

Time:

Venue:

QUOTES CAN BE COLLECTED FROM: KZNHEALTH WEBSITE

QUOTES SHOULD BE DELIVERED TO: TENDER BOX AT THE MAIN GATE OR VIA EMAIL

ENQUIRIES REGARDING THE ADVERT MAY BE DIRECTED TO:

Name: PETROS HLATSHWAYO

Email: petros.hlatshtwayo@kznhealth.gov.za

Contact Number: 0355920150 EXT 1112

Finance Manager Name:

C. HLEKO

Finance Manager Signature:



No late quotes will be considered

DESCRIPTION: SERVICE TO KITCHEN EQUIPMENT

SIGNATURE OF BIDDER DATE

[By signing this document, I hereby agree to all terms and conditions]

CAPACITY UNDER WHICH THIS QUOTE IS SIGNED.....

Item No	Quantity	Description	Brand & model	Country of manufacture	Price	
					R	c
		SERVICE TO KITCHEN EQUIPMENT				
1	4	POTS				
2	2	TILTING PAN				
3	1	STOVE WITH OVEN				
4	2	EXTRACTOR CANOPY				
5	1	OVEN				
6	1	MIXER				
7	5	FOOD WARMER				
8	1	VEGETABLE PILLER				
9	1	BURNER				
10	1	DISH WASHER MACHINE				
		REQUIRED CIDB GRADING : ME				
		SEE ATTACHED SPECIFICATION				
VALUE ADDED TAX @ 15% (Only if VAT Vendor)						
TOTAL QUOTATION PRICE (VALIDITY PERIOD 60 Days)						

Does This Offer Comply With The Specification?	Does The Article Conform To The S.A.N.S. / S.A.B.S. Specification?
Is The Price Firm?	State Delivery Period, e.g., 1day, 1week

<p>Enquiries regarding the <u>quote</u> may be directed to:</p> <p>Contact Person: <u>PETROS</u> Tel: <u>EXT 1112</u></p> <p>E-Mail Address: <u>petros.hlatshwayo@kznhealth.gov.za</u></p>	<p>Enquiries regarding <u>technical information</u> may be directed to:</p> <p>Contact Person: <u>PETROS</u> Tel: <u>EXT 1112</u></p>
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BP 25/05/2022

GENERAL CONDITIONS OF CONTRACT

1. AMENDMENT OF CONTRACT

- 1.1. Any amendment to or renunciation of the provisions of the contract shall at all times be done in writing and shall be signed by both parties.

2. CHANGE OF ADDRESS

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

3. GENERAL CONDITIONS ATTACHED TO THIS QUOTATION

- 3.1. The Department is under no obligation to accept the lowest or any quote.
- 3.2. The Department reserves the right to communicate in writing with vendors in cases where information is incomplete or where there are obscurities regarding technical aspects of the offer, to obtain confirmation of prices, in cases where it is evident that a typing, written, transfer or unit error has been made, to investigate the vendor's standing and ability to complete the supply/service satisfactorily.
- 3.3. **ALL DECISIONS TAKEN BY THE DEPARTMENT ARE FINAL, INCLUDING THE AWARD OR CANCELLATION OF THIS QUOTATION.**
- 3.4. The price quoted must include VAT (if VAT vendor).
- 3.5. Should a bidder become a VAT vendor after award or during the implementation of a contract, they may not request the VAT percentage from the Department as the service provider made an offer during the period they were not registered as a VAT vendor. The Department is only liable for any VAT from registered VAT vendors as originally stated on the quotation document.
- 3.6. The bidder must ensure the correctness & validity of the quotation:
 (i) *that the price(s), rate(s) quoted cover all for the work/item (s) & accept that any mistakes regarding the price (s) & calculations will be at the bidder's risk*
 (ii) *it is the responsibility of the bidder to confirm receipt of their quotation and to keep proof thereof.*
- 3.7. The bidder must accept full responsibility for the proper execution & fulfilment of all obligations conditions devolving on under this agreement, as the Principal (s) liable for the due fulfilment of this contract.
- 3.8. This quotation will be evaluated based on the, specification, correctness of information and/or functionality criteria. All required documentation must be completed in full and submitted.
- 3.9. Offers must comply strictly with the specification.
- 3.10. Only offers that meet or are greater than the specification will be considered.
- 3.11. Late offers will not be considered.
- 3.12. Expired product/s will not be accepted. All products supplied must be valid for a minimum period of six months.
- 3.13. Used/ second-hand products will not be accepted.
- 3.14. A bidder not registered on the Central Suppliers Database or whose verification has failed will not be considered.
- 3.15. All delivery costs must be included in the quoted price for delivery at the prescribed destination.
- 3.16. Only firm prices will be accepted. Such prices must remain firm for the contract period. Non-firm prices (including rates of exchange variations) will not be considered.
- 3.17. In cases where different delivery points influence the pricing, a separate pricing schedule must be submitted for each delivery point.
- 3.18. In the event of a bidder having multiple quotes, only the cheapest according to specification will be considered.
- 3.19. Verification will be conducted to identify if bidders have multiple companies and are cover-quoting for this bid.
- 3.20. In such instances, the Department reserves the right to immediately disqualify such bidders as cover-quoting is an offence that represents both corruption and acquisition fraud.

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

- 4.1. Unless inconsistent with or expressly indicated otherwise by the context, the singular shall include the plural and vice versa and with words importing the masculine gender shall include the feminine and the neuter.
- 4.2. Under no circumstances whatsoever may the quotation/bid forms be retyped or redrafted. Photocopies of the original bid documentation may be used, but an original signature must appear on such photocopies.
- 4.3. The bidder is advised to check the number of pages and to satisfy himself that none are missing or duplicated.
- 4.4. Quotations submitted must be complete in all respects. However, where it is identified that information in a bidder's response, which does not affect the price, is incomplete in any respect, the said supplier meets all specification requirements and offers the lowest price, the Department reserves the right to request the bidder to complete/ submit such information.
- 4.5. Any alteration made by the bidder must be initialled; failure to do so may render the response invalid.
- 4.6. Use of correcting fluid is prohibited and may render the response invalid.
- 4.7. Quotations will be opened in public as soon as practicable after the closing time of quotation.
- 4.8. Where practical, prices are made public at the time of opening quotations.
- 4.9. If it is desired to make more than one offer against any individual item, such offers should be given on a photocopy of the page in question. Clear indication thereof must be stated on the schedules attached.
- 4.10. The Department is under no obligation to pay suppliers in part for work done if the supplier can no longer for fulfil their obligation.

5. SPECIAL INSTRUCTIONS REGARDING HAND DELIVERED QUOTATIONS

- 5.1. Quotation shall be lodged at the address indicated not later than the closing time specified for their receipt, and in accordance with the directives in the quotation documents.
- 5.2. Each quotation shall be addressed in accordance with the directives in the quotation documents and shall be lodged in a separate sealed envelope, with the name and address of the bidder, the quotation number and closing date indicated on the envelope. The envelope shall not contain documents relating to any quotation other than that shown on the envelope. If this provision is not complied with, such quotations/bids may be rejected as being invalid.
- 5.3. All quotations received in sealed envelopes with the relevant quotation numbers on the envelopes are kept unopened in safe custody until the closing time of the quotation/bids. Where, however, a quotation is received open, it shall be sealed. If it is received without a quotation/bid number on the envelope, it shall be opened, the quotation number ascertained, the envelope sealed and the quotation number written on the envelope.
- 5.4. A specific box is provided for the receipt of quotations, and no quotation found in any other box or elsewhere subsequent to the closing date and time of quotation will be considered.
- 5.5. No quotation/bid sent through the post will be considered if it is received after the closing date and time stipulated in the quotation documentation, and proof of posting will not be accepted as proof of delivery.
- 5.6. Quotation documents must not be included in packages containing samples. Such quotations may be rejected as being invalid.

6. SAMPLES

- 6.1. In the case of the quote document stipulating that samples are required, the supplier will be informed in due course when samples should be provided to the institution. (This decreases the time of safety and storage risk that may be incurred by the respective institution). The bidders sample will be retained if such bidder wins the contract.
 - (i) If a company/s who has not won the quote requires their samples, they must advise the institution in writing of such.
 - (ii) If samples are not collected within two months of close of quote the institution reserves the right to dispose of them at their discretion.
- 6.2. **Samples must be made available when requested in writing or if stipulated on the document.**
 - (i) If a Bidder fails to provide a sample of their product on offer for scrutiny against the set specification when requested, their offer will be rejected. All testing will be for the account of the bidder.

7. COMPULSORY SITE INSPECTION / BRIEFING SESSION

- 7.1. Bidders who fail to attend the compulsory meeting will be disqualified from the evaluation process.
 - (i) The institution has determined that a compulsory site meeting take place
 - (ii) Date ____/____/____ Time ____:____ Place _____

Institution Stamp:	Institution Site Inspection / briefing session Official
	Full Name:
	Signature:
	Date:

8. STATEMENT OF SUPPLIES AND SERVICES

- 8.1. The contractor shall, when requested to do so, furnish particulars of supplies delivered or services executed. If he/she fails to do so, the Department may, without prejudice to any other rights which it may have, institute inquiries at the expense of the contractor to obtain the required particulars.

9. TAX COMPLIANCE REQUIREMENTS

- 9.1. In the event that the tax compliance status has failed on CSD, **it is the suppliers' responsibility to provide a SARS pin in order for the institution to validate the tax compliance status of the supplier.**
- 9.2. In the event that the institution cannot validate the suppliers' tax clearance on SARS as well as the Central Suppliers Database, **the quote will not be considered and passed over as non-compliant according to National Treasury Instruction Note 4 (a) 2016/17.**

10. TAX INVOICE

10.1. A tax invoice shall be in the currency of the Republic of South Africa and shall contain the following particulars:

- | | |
|--|--|
| (i) the name, address and registration number of the supplier; | (iv) a description and quantity or volume of the goods or services supplied; |
| (ii) the name and address of the recipient; | (v) the official department order number issued to the supplier; |
| (iii) an individual serialized number and the date upon which the tax invoice is issued; | (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 DISQUALIFY ANY QUOTATION WHICH FAILS TO COMPLY WITH THE ABOVE.



health
Department:
Health
PROVINCE OF KWAZULU-NATAL

DIRECTORATE: MAINTENANCE

Physical Address: Manguzi Main Road, KwaNgwanase
Postal Address: Private Bag X301, KwaNgwanase, 3973
Tel: 035 5920 150 Fax: 035 5920 158 Email: Sizwe.Mavundla@kznhealth.gov.za
www.kznhealth.gov.za

KITCHEN EQUIPMENT

- 1.Pots 04
 - 2.Titling pan 02
 - 3.Stove with oven 01
 - 4.Extractor Canopy 02
 - 5.Oven 01
 - 6.Mixer 01
 - 7.Food warmer 05
 - 8.Vegetable piller 01
 - 9.Burner
 - 10.Dish washer machine 01
- Total equipment 16

Compile by:

Approved by:

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

TYPE OF SERVICE : KITCHEN EQUIPMENT
 SCHEDULE FOR : MINCER/MIXER/MEAT SLICER
 SCHEDULE FREQUENCY : SIX MONTHLY
 INSTALLATION NAME :

REF : K
 CODE : K4-002

REF :

SERVICE PROVIDER :

ORDER NO.:

P.M. SERVICE		RUNNING REPAIRS (Apply for V.O. as Applicable)				OTHER REPAIRS REQUIRED SUBMIT QUOTATION					
ITEM	INSTRUCTION: CHECK, ADJUST, CLEAN AS REQUIRED	IN ORDER	OTHER NON-SPECIFIED RUNNING REPAIRS DONE	TIME TAKEN	DESCRIPTION OF SPARES USED	QTY.	QTY.	DESCRIPTION OF OTHER REPAIRS REQUIRED	EST. TIME REQ.	DESCRIPTION OF SPARES REQUIRED	QTY.
1.	Electrical supply cab tyre and plug top including earth continuity										
2.	Wall switch plug										
3.	Machine control switch										
4.	Test run										
5.	Excessive vibration or noise										
6.	Amperage										
7.	Condition of blade or accessories										
8.	Sliding table										
9.	Bowl height and adjustment										
10.	Grease nipples and lubricate										
11.	Clean down										
12.	Check machine for corrosion, treat and touch up with paint										

I CERTIFY THAT THE SPECIFIED SERVICE WAS CARRIED OUT

NAME OF SERVICEMAN (BLOCK LETTERS):

SIGNATURE:

OFFICIAL STAMP:

NAME/S OF ASSISTANT/S: SEMI SKILLED:

NAME/S OF ASSISTANT/S: UNSKILLED:

COMPANY NAME (BLOCK LETTERS):

NAME OF RESPONSIBLE OFFICIAL ON SITE:

TIME IN:	TIME OUT:	TIME ON SITE:	DATE:	SIGNATURE:
FROM:	TO:	KM: TO:	KM:	TOTAL KM:

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

TYPE OF SERVICE : KITCHEN EQUIPMENT
 SCHEDULE FOR : EXTRACT CANOPY
 SCHEDULE FREQUENCY :

REF : K
 CODE : K13-002

INSTALLATION NAME :

REF :

SERVICE PROVIDER :

ORDER No.:

P.M. SERVICE		RUNNING REPAIRS (Apply for V.O. as Applicable)				OTHER REPAIRS REQUIRED SUBMIT QUOTATION					
ITEM	INSTRUCTION: CHECK, ADJUST, CLEAN AS REQUIRED	IN ORDER	OTHER NON-SPECIFIED RUNNING REPAIRS DONE	TIME TAKEN	DESCRIPTION OF SPARES USED	QTY.	QTY.	DESCRIPTION OF OTHER REPAIRS REQUIRED	EST. TIME REQ.	DESCRIPTION OF SPARES REQUIRED	QTY.
1.	Remove and clean filters										
2.	Degrease and clean canopy, drain and ducting										
3.	Check lighting										
4.	Check contactor and O/L setting										
5.	Check electrical connections										
6.	Check motor, fan and blades										
7.	Check mountings										
8.	Check sound attenuator										
9.	Megger test motor										
10.	Check exhaust cowl										

I CERTIFY THAT THE SPECIFIED SERVICE WAS CARRIED OUT

NAME OF SERVICEMAN (BLOCK LETTERS):

SIGNATURE:

NAME/S OF ASSISTANT/S: SEMI SKILLED:

NAME/S OF ASSISTANT/S: UNSKILLED:

COMPANY NAME (BLOCK LETTERS):

OFFICIAL STAMP:

NAME OF RESPONSIBLE OFFICIAL ON SITE:

TIME IN:	TIME OUT:	TIME ON SITE:	DATE:	SIGNATURE:	
FROM:	TO:	KM:	TO:	KM:	TOTAL KM:

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

TYPE OF SERVICE : KITCHEN EQUIPMENT
 SCHEDULE FOR : CONVECTION OVEN/STEAMER
 SCHEDULE FREQUENCY : SIX MONTHLY

REF : K
 CODE : K11-004

REF :

ORDER No.:

P.M. SERVICE		RUNNING REPAIRS (Apply for V.O. as Applicable)				OTHER REPAIRS REQUIRED SUBMIT QUOTATION					
ITEM	INSTRUCTION: CHECK, ADJUST, CLEAN AS REQUIRED	IN ORDER	OTHER NON-SPECIFIED RUNNING REPAIRS DONE	TIME TAKEN	DESCRIPTION OF SPARES USED	QTY.	QTY.	DESCRIPTION OF OTHER REPAIRS REQUIRED	EST. TIME REQ.	DESCRIPTION OF SPARES REQUIRED	QTY.
1.	Water supply and valves										
2.	Steam supply and valves										
3.	Traps										
4.	Non return valves										
5.	Strainers										
6.	Elements amperage										
7.	Fans										
8.	Wiring and components and all controls										
9.	Gaskets										
10.	Door locking device										
11.	Clean down										
12.	Check machine for corrosion, treat and touch up with paint										
13.	Descalc steam generator as per manufacturers requirements										

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

TYPE OF SERVICE : KITCHEN EQUIPMENT
 SCHEDULE FOR : HOT WATER URNS
 SCHEDULE FREQUENCY : SIX MONTHLY

REF : K
 CODE : K9-002

REF :

INSTALLATION NAME :

ORDER No.:

P.M. SERVICE		RUNNING REPAIRS (Apply for V.O. as Applicable)				OTHER REPAIRS REQUIRED SUBMIT QUOTATION					
ITEM	INSTRUCTION: CHECK, ADJUST, CLEAN AS REQUIRED	IN ORDER	OTHER NON-SPECIFIED RUNNING REPAIRS DONE	TIME TAKEN	DESCRIPTION OF SPARES USED	QTY.	QTY.	DESCRIPTION OF OTHER REPAIRS REQUIRED	EST. TIME REQ.	DESCRIPTION OF SPARES REQUIRED	QTY.
1.	Electrical supply cable/conduit/sprague including earth continuity										
2.	Wall isolator/switch plug										
3.	Internal wiring										
4.	Thermostat or safety cut-out										
5.	Control switch										
6.	Elements										
7.	Amperage										
8.	Steam supply										
9.	Steam control valve										
10.	Steam coil										
11.	Steam leaks										
12.	Condensate return and sight checks										

P.M. SERVICE		RUNNING REPAIRS (Apply for V.O. as Applicable)				OTHER REPAIRS REQUIRED SUBMIT QUOTATION					
ITEM	INSTRUCTION: CHECK, ADJUST, CLEAN AS REQUIRED	IN ORDER	OTHER NON-SPECIFIED RUNNING REPAIRS DONE	TIME TAKEN	DESCRIPTION OF SPARES USED	QTY.	QTY.	DESCRIPTION OF OTHER REPAIRS REQUIRED	EST. TIME REQ.	DESCRIPTION OF SPARES REQUIRED	QTY.
13.	Water supply leaks										
14.	Water supply H/R ball valves										
15.	Lid and handle										
16.	Gauge glasses and protectors										
17.	External appearance and cleanliness										

I CERTIFY THAT THE SPECIFIED SERVICE WAS CARRIED OUT

NAME OF SERVICEMAN (BLOCK LETTERS):

SIGNATURE:

NAME/S OF ASSISTANT/S: SEMI SKILLED:

NAME/S OF ASSISTANT/S: UNSKILLED:

COMPANY NAME (BLOCK LETTERS):

OFFICIAL STAMP:

NAME OF RESPONSIBLE OFFICIAL ON SITE:

TIME IN:	TIME OUT:	TIME ON SITE:	DATE:	SIGNATURE:			
FROM:	TO:	KM:	TO:	KM:	TOTAL KM:	SIGNATURE:	

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

TYPE OF SERVICE : KITCHEN EQUIPMENT
 SCHEDULE FOR : ELECTRIC RANGE/GRILLER
 SCHEDULE FREQUENCY : SIX MONTHLY
 REF : K
 CODE : K5-002
 INSTALLATION NAME :
 REF :

SERVICE PROVIDER :
 ORDER NO.:

ITEM	INSTRUCTION: CHECK, ADJUST, CLEAN AS REQUIRED	IN ORDER	RUNNING REPAIRS (Apply for V.O. as Applicable)			OTHER REPAIRS REQUIRED SUBMIT QUOTATION									
			OTHER NON-SPECIFIED RUNNING REPAIRS DONE	TIME TAKEN	DESCRIPTION OF SPARES USED	QTY.	QTY.	DESCRIPTION OF OTHER REPAIRS REQUIRED	EST. TIME REQ.	DESCRIPTION OF SPARES REQUIRED	QTY.				
1.	Control switches														
2.	Indicator lights														
3.	Oven thermostat														
4.	Panel wiring														
5.	Electrical supply cable, conduit including earth continuity and sprague														
6.	Wall isolator														
7.	Total amperage														
8.	Size of MCB														
9.	Cracks or distortion of heating surfaces														
10.	Plate levelling screws														
11.	Oven door hinges and lubricate														
12.	Oven door balance														
13.	Interior of oven														

P.M. SERVICE		RUNNING REPAIRS (Apply for V.O. as Applicable)				OTHER REPAIRS REQUIRED SUBMIT QUOTATION					
ITEM	INSTRUCTION: CHECK, ADJUST, CLEAN AS REQUIRED	IN ORDER	OTHER NON-SPECIFIED RUNNING REPAIRS DONE	TIME TAKEN	DESCRIPTION OF SPARES USED	QTY.	QTY.	DESCRIPTION OF OTHER REPAIRS REQUIRED	EST. TIME REQ.	DESCRIPTION OF SPARES REQUIRED	QTY.
14.	Clean down										
15.	Check machine for corrosion, treat and touch up with paint										

I CERTIFY THAT THE SPECIFIED SERVICE WAS CARRIED OUT

NAME OF SERVICEMAN (BLOCK LETTERS): _____ SIGNATURE: _____

NAME/S OF ASSISTANT/S: SEMI SKILLED: _____

NAME/S OF ASSISTANT/S: UNSKILLED: _____

COMPANY NAME (BLOCK LETTERS): _____

TIME IN:	TIME OUT:	TIME ON SITE:	DATE:	NAME OF RESPONSIBLE OFFICIAL ON SITE:
FROM: _____	TO: _____	KM: _____	TO: _____	SIGNATURE: _____
		KM: _____	TOTAL KM: _____	

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

TYPE OF SERVICE : KITCHEN EQUIPMENT
 SCHEDULE FOR : GAS APPLIANCES
 SCHEDULE FREQUENCY : SIX MONTHLY
 INSTALLATION NAME :

REF : K
 CODE : K3-002

REF :

SERVICE PROVIDER :

ORDER No.:

P.M. SERVICE		RUNNING REPAIRS (Apply for as Applicable)				OTHER REPAIRS REQUIRED SUBMIT QUOTATION					
ITEM	INSTRUCTION: CHECK, ADJUST, CLEAN AS REQUIRED	IN ORDER	OTHER NON-SPECIFIED RUNNING REPAIRS DONE	TIME TAKEN	DESCRIPTION OF SPARES USED	QTY.	QTY.	DESCRIPTION OF OTHER REPAIRS REQUIRED	EST. TIME REQ.	DESCRIPTION OF SPARES REQUIRED	QTY.
1.	Regulator and piping										
2.	Shuttle valve										
3.	Flame control										
4.	Jets										
5.	Clean down										
6.	Check machine for corrosion, treat and touch up with paint										

I CERTIFY THAT THE SPECIFIED SERVICE WAS CARRIED OUT

NAME OF SERVICEMAN (BLOCK LETTERS):

SIGNATURE:

NAME/S OF ASSISTANTS: SEMI SKILLED:

NAME/S OF ASSISTANTS: UNSKILLED:

COMPANY NAME (BLOCK LETTERS):

OFFICIAL STAMP:

NAME OF RESPONSIBLE OFFICIAL ON SITE:

TIME IN:	TIME OUT:	TIME ON SITE:	DATE:	SIGNATURE:
FROM:	TO:	KM: TO:	KM:	TOTAL KM:

P.M. SERVICE		RUNNING REPAIRS (Apply for V.O. as Applicable)				OTHER REPAIRS REQUIRED SUBMIT QUOTATION					
ITEM	INSTRUCTION: CHECK, ADJUST, CLEAN AS REQUIRED	IN ORDER	OTHER NON-SPECIFIED RUNNING REPAIRS DONE	TIME TAKEN	DESCRIPTION OF SPARES USED	QTY.	QTY.	DESCRIPTION OF OTHER REPAIRS REQUIRED	EST. TIME REQ.	DESCRIPTION OF SPARES REQUIRED	QTY.
14.	Condition of exposed elements (Fish Flyer)										
15.	Clean down										
16.	Check machine for corrosion, treat and touch up with paint										

I CERTIFY THAT THE SPECIFIED SERVICE WAS CARRIED OUT

NAME OF SERVICEMAN (BLOCK LETTERS): _____ SIGNATURE: _____

NAME/S OF ASSISTANT/S: SEMI SKILLED: _____

NAME/S OF ASSISTANT/S: UNSKILLED: _____

COMPANY NAME (BLOCK LETTERS): _____

TIME IN:	TIME OUT:	TIME ON SITE:	DATE:	NAME OF RESPONSIBLE OFFICIAL ON SITE:
FROM: _____	TO: _____	KM: _____ TO: _____	KM: _____ TOTAL KM: _____	SIGNATURE: _____

OFFICIAL STAMP:

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

TYPE OF SERVICE : KITCHEN EQUIPMENT
 SCHEDULE FOR : BAIN MARIE/FOOD TROLLEY
 SCHEDULE FREQUENCY : SIX MONTHLY
 INSTALLATION NAME :

REF : K
 CODE : K8-002
 REF :

SERVICE PROVIDER : ORDER No.:

ITEM	INSTRUCTION: CHECK, ADJUST, CLEAN AS REQUIRED	IN ORDER	RUNNING REPAIRS (Apply for V.O. as Applicable)			OTHER REPAIRS REQUIRED								
			OTHER NON-SPECIFIED RUNNING REPAIRS DONE	TIME TAKEN	DESCRIPTION OF SPARES USED	QTY.	QTY.	DESCRIPTION OF OTHER REPAIRS REQUIRED	EST. TIME REQ.	DESCRIPTION OF SPARES REQUIRED	QTY.			
1.	Electrical supply cable/cabletyre/plugtop including earth continuity													
2.	Control switch													
3.	Indicator lights													
4.	Wall isolator/switch plug													
5.	Elements and washers													
6.	Panel wiring													
7.	Amperage													
8.	For Bain Marie MCB size													
9.	Steam supply													
10.	Control valve													
11.	Condensate return													
12.	Steam coil													
13.	Steam/condensate leaks													

P.M. SERVICE		RUNNING REPAIRS (Apply for V.O. as Applicable)				OTHER REPAIRS REQUIRED SUBMIT QUOTATION					
ITEM	INSTRUCTION: CHECK, ADJUST, CLEAN AS REQUIRED	IN ORDER	OTHER NON-SPECIFIED RUNNING REPAIRS DONE	TIME TAKEN	DESCRIPTION OF SPARES USED	QTY.	QTY.	DESCRIPTION OF OTHER REPAIRS REQUIRED	EST. TIME REQ.	DESCRIPTION OF SPARES REQUIRED	QTY.
14.	Water leaks										
15.	Warmer doors										
16.	Serving lids										
17.	Food containers										
18.	Castors – clean and lubricate										
19.	Clean down										
20.	Check machine for corrosion, treat and touch up with paint										

I CERTIFY THAT THE SPECIFIED SERVICE WAS CARRIED OUT

NAME OF SERVICEMAN (BLOCK LETTERS):

SIGNATURE:

OFFICIAL STAMP:

NAME/S OF ASSISTANT/S: SEMI SKILLED:

NAME/S OF ASSISTANT/S: UNSKILLED:

COMPANY NAME (BLOCK LETTERS):

TIME IN:	TIME OUT:	TIME ON SITE:	DATE:	NAME OF RESPONSIBLE OFFICIAL ON SITE:
FROM:	TO:	KM:	TOTAL KM:	SIGNATURE:

P.M. SERVICE		RUNNING REPAIRS (Apply for V.O. as Applicable)				OTHER REPAIRS REQUIRED SUBMIT QUOTATION				
ITEM	INSTRUCTION: CHECK, ADJUST, CLEAN AS REQUIRED	IN ORDER	OTHER NON-SPECIFIED RUNNING REPAIRS DONE	TIME TAKEN	DESCRIPTION OF SPARES USED	QUANTITY		EST. TIME REQ.	DESCRIPTION OF SPARES REQUIRED	QTY REQ
						EX SITE STOCK	EX FIRMS STOCK			
17.	NOTE date of last hydraulic test Hydraulic pressure test every 36 months - As per test program									
18.	Check machine for corrosion, treat and touch up with paint									

I CERTIFY THAT THE SPECIFIED SERVICE WAS CARRIED OUT

NAME OF SERVICEMAN (BLOCK LETTERS): _____ SIGNATURE: _____

NAME/S OF ASSISTANT/S: SEMI SKILLED: _____

NAME/S OF ASSISTANT/S: UNSKILLED: _____

COMPANY NAME (BLOCK LETTERS): _____

TIME IN:	TIME OUT:	TIME ON SITE:	DATE:	NAME OF RESPONSIBLE OFFICIAL ON SITE:
FROM:	TO:	KM: TO:	KM: TOTAL KM:	SIGNATURE:

OFFICIAL STAMP: