



**KWAZULU-NATAL PROVINCE**  
HEALTH  
REPUBLIC OF SOUTH AFRICA

## Quotation Advert

**Opening Date:** 22/07/2024

**Closing Date:** 26/07/2024

**Closing Time:** 11:00

### INSTITUTION DETAILS

**Institution Name:** Catherine Booth Hospital

**Province:** KwaZulu-Natal

**Department of entity:** Department of Health

**Division or section:** Supply Chain Management

**Place where goods/  
service is required:** CATHERINE BOOTH HOSPITAL

**Date Submitted:** 22/07/2024

### ITEM CATEGORY AND DETAILS

**Quotation number:** CBH 146/24-25

**Item Category:** Goods

**Item Description:** SUPPLY AND DELIVE: STATIONERY ITEMS

**Quantity (if supplies):**

### COMPULSORY BRIEFING SESSION / SITE VISIT

**Select Type:** Not applicable

**Date:**

**Time:**

**Venue:**

**QUOTES CAN BE COLLECTED FROM:** DEPT OF HEALTH ADVERTISING WEBSITE

**QUOTES SHOULD BE DELIVERED TO:** CBH TENDER-BOX NEAR ADMIN OFFICE/ email –  
nompelelo.zulu@kznhealth.gov.za

### ENQUIRIES REGARDING ADVERT MAY BE DIRECTED TO:

**Name:** MR B.C MAJOLA

**Email:** bandile.majola@kznhealth.gov.za

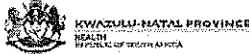
**Contact number:** 035 474 8403 EXT 1044

**Finance Manager Name:** MR O.N. DLUDLA

**Finance Manager signature:** \_\_\_\_\_  
R



146



PARTICULARS OF QUOTATION

YOU ARE HEREBY INVITED TO QUOTE FOR REQUIREMENTS AT: CATHERINE BOOTH HOSPITAL

FACSIMILE NUMBER: 086 248 0976 E-MAIL ADDRESS: nompelelo.zulu@kznhealth.gov.za

PHYSICAL ADDRESS: KWA - KHOZA RERSERVE, AMATIKULU 3801

QUOTE NUMBER: ZNQ / CBH / 146 / 24 .25 VALIDITY PERIOD: 60 DAYS

DATE ADVERTISED: 22/07/2024 CLOSING DATE: 26/07/2024 CLOSING TIME: 11:00

DESCRIPTION: SUPPLY AND DELIVER: ADMISSION RECORD, NEW-BORN/NEONATE RECORD

CONTRACT PERIOD (IF APPLICABLE): ONCE-OFF

DEPOSITED IN THE QUOTE BOX SITUATED AT (STREET ADDRESS): CBH TENDER-BOX near Admin Office/ email- nompelelo.zulu@kznhealth.gov.za

ENQUIRIES REGARDING THE QUOTE MAY BE DIRECTED TO:

CONTACT PERSON: MR B.C MAJOLA TELEPHONE NUMBER: 035 474 8403 EXT: 1048

E-MAIL ADDRESS: bandile.majola@kznhealth.gov.za

ENQUIRIES REGARDING TECHNICAL INFORMATION MAY BE DIRECTED TO:

CONTACT PERSON: MRS NGCOBO TELEPHONE NUMBER: 035 474 8403 EXT:

E-MAIL ADDRESS:

Bidders should ensure that quotes are delivered limeously 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, 2022, THE GENERAL CONDITIONS OF CONTRACT (GCC) AND, IF APPLICABLE, ANY OTHER SPECIAL CONDITIONS OF CONTRACT.

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

NAME OF BIDDER:

E-MAIL ADDRESS:

POSTAL ADDRESS:

STREET ADDRESS:

TELEPHONE NUMBER: FACSIMILE NUMBER:

CELLPHONE NUMBER: SARS PIN:

VAT REGISTRATION NUMBER (if VAT vendor):

CENTRAL SUPPLIER DATABASE REGISTRATION (CSD) NO.

Table with 10 columns, containing the letters M, A, A, A and a handwritten mark.

UNIQUE REGISTRATION REFERENCE:

Table with 20 columns for unique registration reference, containing dashes.



OFFICIAL PRICE PAGE FOR QUOTATIONS OVER R2 000.01

QUOTE NUMBER: ZNQ / CBH / 146 / 24 / 25

DESCRIPTION: SUPPLY AND DELIVER: ADMISSION RECORD, NEW-BORN/NEONATE RECORD

PREFERENCE POINTS WILL BE ALLOCATED ACCORDING TO THE IMPLEMENTATION OF SPECIFIC GOALS IN TERMS OF PPR 2022: POINTS ALLOCATED

Promotion of enterprises manufacturing in the Province of KwaZulu-Natal 20

ICN NUMBER	QUANTITY	UNIT OF MEASURE	DESCRIPTION	BRAND & MODEL	COUNTRY OF MANUFACTURE	PRICE	
						R	C
			SUPPLY AND DELIVER				
1.	500	UNIT	ADMISSION RECORD ( WELCOME FOR THE WORLD) GC/ HC				
2.	200	UNIT	WEIGHT CHART 600 - 1450G FOR LOW BIRTH WEIGHT BABY MONITORING (A4 SIZE)				
3.	500	UNIT	DISCHARGE/DOWN-REFERRAL FORM (A4 SIZE)				
4.	1	BOX	NEW-BORN/ NEONATE RECORD (A4 SIZE)				
			SEE ATTACHED SPECIFICATION				
			THE SUPPLIER TO DELIVER WITHIN 2 WEEKS AFTER RECEIVING AN ORDER				
VALUE ADDED TAX @ 15% (Only if VAT Vendor)							
TOTAL QUOTATION PRICE (VALIDITY PERIOD 60 Days)							

DOES THIS OFFER COMPLY WITH THE SPECIFICATION? YES / NO

IS THE PRICE FIRM? YES / NO

DOES THE ARTICLE CONFORM TO THE S.A.N.S. / S.A.B.S. SPECIFICATION? YES / NO

STATE DELIVERY PERIOD (E.G. 3 DAYS, 1 WEEK)

NAME OF BIDDER: \_\_\_\_\_ SIGNATURE OF BIDDER: \_\_\_\_\_

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

CAPACITY UNDER WHICH THIS QUOTE IS SIGNED: \_\_\_\_\_ DATE: \_\_\_\_\_





<b>Baby of:</b>		<b>IP Number:</b>		<b>Seq. no.</b>	
<b>Hospital:</b>		<b>Unit:</b>			
<b>Date of Birth:</b>		<b>Time of Birth:</b>			
<b>Date of Admission:</b>		<b>Time of Admission:</b>			
<b>Admitted from:</b>		<b>Sex:</b>			
<b>Reason for admission:</b>					
<b>Composite Gestational Age:</b> <i>or all babies per Ballard's form</i>		<b>Weight on admission:</b>			<b>gms</b>

Social History					
<b>Mother</b>	Y/N	<b>Father</b>	Y/N	<b>No. of siblings:</b>	
Well		Well		<b>Primary caregiver of children:</b>	
Sick		Sick		<b>Household income &amp; Grants:</b>	R
Demised		Demised		<b>Location of home:</b>	
Employed		Employed		<b>Piped Water:</b>	Y N
Learner		Learner		<b>Electricity:</b>	Y N
Married		Resident with mother		<b>Sanitation:</b>	Y N
<b>Language:</b>		<b>Religion:</b>			
<b>Education level achieved?</b>					
<b>Nearest clinic:</b>		<b>Time from Hospital:</b>			
<b>Other Details:</b>					

Intravital/ Intrapartum Problems / risk factors:							
<b>STEROIDS</b>		<b>RPR</b>		<b>Rh</b>		<b>HIV</b>	

Condition on arrival:							
<b>Lines/ETT/Dressings:</b>							
<b>Observations:</b>	<b>ACTIVITY:</b>		<b>COLOUR:</b>		<b>PULSE:</b>		<b>BP:</b>
<b>TEMP:</b>	<b>RESP:</b>		<b>FIO<sub>2</sub></b>		<b>SATS:</b>		<b>GLUCOSE:</b>
Emergency signs:							
Gasping-Abnormal breath with long pause afterwards			Temperature less than (<) 35°C		Extreme lethargy		
Respiratory rate less than 20 bpm			Hypoglycaemia less than 1.5mmol/l		Pallor		
Heart rate < 100 or > 180bpm							
<b>Classify:</b>						<b>Bed allocation:</b>	<b>HC / GC</b>
<b>Action:</b>							

<b>Examination:</b> To be completed by Doctor on admission to unit.				<b>Time of MO Exam:</b>	
<b>GENERAL:</b> Condition (sick or well)		Colour	Hydration	Skin	Pressure areas
<b>Assess for priority signs</b>	Y		Y		Y
Hypothermia- less than 36.5°C		Pallor		Purulent discharge from eyes	
Pyrexia- More than 37.5°C		Cyanosis		Red/swollen eyelids	
Hypoglycaemia- less than 2.6 mmol/l		Jaundice		Rash/pustules on the skin	
Hyperglycaemia- More than 8 mmol/l		Oedema		Necrotic area/wound	
Dehydration--decreased skin turgor/sunken fontanel/ dry mouth		Umbilicus-Redness/purulent discharge.			
<b>RESPIRATORY SYSTEM:</b>					
Respiratory support and settings:					
Breath sounds	Chest movement	Airway			
<b>Assess for priority signs</b>	Y		Y		Y
Severe resp. distress: FiO <sub>2</sub> > 60%		Mod. resp. distress: FiO <sub>2</sub> 30-60%		Mild resp. distress:FiO <sub>2</sub> <30%	
Fast breathing more than 80bpm		Fast breathing 60-80bpm		Fast breathing above 60bpm	
Severe recession or grunting		Recession or nasal flaring			
Apnoea		Central cyanosis			
<b>CARDIO VASCULAR SYSTEM:</b>					
Heart sounds		Pulses			
<b>Assess for priority signs</b>	Y		Y		Y
Tachycardia more than 160bpm		Hypertension-MAP > 50mmHg (prem)> 65mmHg (term)		Peripheries cold/pale	
Bradycardia less than 120bpm		Hypotension-MAP 5-10mmHg less than Gest. age			
Abnormal heart sounds or murmur		Capillary Refill time (CRT) more than 3 secs			
<b>CENTRAL NERVOUS SYSTEM:</b>					
Activity/posture		Tone	Seizure activity		Grasp
Moro	Fontanelles				
<b>Assess for priority signs</b>	Y		Y		Y
Increased tone		Seizure activity: <u>Subtle</u> : Staring or mouthing		Bulging fontanelle	
Truncal hypotonia		<u>Fisting/ cycling</u> movements of arms/legs		Inappropriate/ reduced response to handling/pain	
Decreased activity		<u>Clonic</u> : Repetitive jerking of limb/s			
		<u>Tonic</u> : Stiffness/sustained posturing			
<b>GASTRO INTESTINAL SYSTEM:</b>					
Distension		Discolouration	Tenderness	Bowel sounds	
Organomegaly	Umbilicus				
<b>Assess for priority signs</b>	Y		Y		Y
Tense abdomen		Failure to pass meconium		Enlarged liver / spleen	
Abdominal wall discolouration		Decreased / absent bowel sounds			
Abdomen tender to touch		Bile stained vomiting / drainage			



**Assessment/ Problem list:** Include probable & possible problems & factors for & against.

**Plan:** Insert and complete Clinical Management Checklist (C/L) for each assessed risk/ classified problem.

**RESPIRATORY SUPPORT:**

Nil		Nasal prongs (NP)		NP & Head box		Nasal CPAP		High Flow Humidified O <sub>2</sub>	
<b>Settings:</b>	Flow		FiO <sub>2</sub>		PEEP				

Other:

**FLUIDS and FEEDS** Complete feeding and fluids C/L. Record orders on Intake chart

<b>Required fluids:</b>		ml/kg/day	<b>Daily total:</b>		ml/day
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**Feeds:**

**IV Fluids:**

**MEDICATIONS:**

Other:

**OTHER MANAGEMENT:**

Other:

**INVESTIGATIONS:** Select appropriate

Full Blood count (FBC)		C Reactive protein (CRP)		Blood Culture		Blood gas	
Chest X-Ray		Abdominal X-Ray		HIV PCR		LP	

Other:

Admission Nursing Care Plan/Checklist	Y	N		Y	N
Complete all observations on assessment chart			Pass naso-gastric tube if nil /mild resp. distress		
Nurse under radiant warmer if unstable			Pass oro-gastric tube if mod./sev. resp. distress		
Attach temperature probe with reflective cover			Place on free drainage if NPO		
Set control to "Baby" mode			Date gastric tube		
Set temperature at 36.5°C			Date and colour code IV line		
Cover with plastic sheet			Ensure First Exam form has been completed		
Place in prewarmed (36°C) incubator if stable			Plot weight and assess fetal growth		
Cover head with fabric/woollen cap			Ensure Vit. K and eye prophylaxis given		
Position in flexed, midline, contained position (nested)			Ensure baby has been identified: ID bands		
Limit light and noise levels			Name on bed		
Place alcohol based hand rub(ABHR) at foot of bed			Complete Orientation section of Health Ed. form		
Use 5ml ABHR before touching incubator or baby			Give Welcome pamphlet if available		
Use hydrocolloid dressing under all tape			Commence expressing EBM within 6hrs of birth		

**Reason for not completing any of the above:**

Other care given:

Other:

Date:		Time:	
Sign MO:		Print:	MP No.
Sign RN:		Print:	SANC No.

<b>MOTHER</b>				<b>HOME LOCATION:</b>			
Current Location:				Condition:			
Feeding choice:	EBM		Formula		Milk production.		
Counselling given:	Yes		No		Recorded on counselling form?	Yes	No
Health Ed. given:	Yes		No		Recorded on education form?	Yes	No
Any problems:							
Interventions:							

<b>SAFETY CHECKS</b> To be completed immediately after handover by day and night staff. Record information as required.							
CHECK		PLAN	DAY	✓	NIGHT	✓	
I.D	ID bands	Check 2 legible ID bands are in situ <b>Location:</b>					
RESUS.	Resuscitator.	Accessible to bed & checked	Checked		Checked		
	Mask: Clean.	Size 1-term, 0-prem <b>Mask Size:</b>					
	Suction. At bed & checked.	Maintain pressure at 20 KPa. <b>Pressure:</b> Size 6Fg-prem, size 8Fg-term <b>Catheter Size:</b>		KPa		KPa	
ALARM SETTINGS	Oxygen saturations.	Low 89% High 95%. High 100% if no oxygen <b>Settings:</b>	<b>Low:</b>		<b>Low:</b>		
	Heart Rate.	Low 100bpm High 180bpm <b>Settings:</b>	<b>High:</b>		<b>High:</b>		
	Respiratory Rate.	High 80bpm Low 20bpm <b>Settings:</b>	<b>Low:</b>		<b>Low:</b>		
IV	Infusion/syringe pumps	Check rate/dose. Syringe (not pump) labelled.	Checked		Checked		
	Lines correctly connected.	Trace all lines/NG tube to connections.	Checked		Checked		
	IV /Umbilical strapping.	Restrap immediately if loose/soiled. <b>Depth:</b>	Checked Restrapped		Checked Restrapped		
HYGIENE	Patient care container. Cleaned & restocked.	70% alcohol changed daily. Vaseline, nappies, saline amps, aqueous cream	Restocked		Restocked		
	Alcohol Based Hand Rub. (ABHR)	At foot of bed. Changed according to hosp. policy-no cracks	Present Changed		Present Changed		
EQUIPMENT	Type of bed occupied	Record if baby is nursed in a cot, closed incubator/radiant warmer					
	Radiant warmer temp. probe	Attach with reflective cover on Lt. abdomen Silver side down. Wire also secured Rt. abdom.	Secured		Secured		
	Radiant warmer Set Temp.	This is not the incubator temperature. It is the desired baby temp. Set at 36.5°C <b>Setting:</b>	°C		°C		
RECORDS	Ballard score completed	Record composite gestational age on cover	Completed		Completed		
	Birth parameters plotted. Wt, L & COH	Plot on appropriate Growth standards chart	Plotted		Checked		
	Clinical Management Checklists (C/L)	Present, current and signed	Checked		Checked		
SIGN:							

ABBREVIATIONS IN DOCUMENT
BP= Blood pressure; bpm= beats/ breaths per minute; CF=Cardiac failure; COH=Circumference of head; CPAP= Continuous positive airways pressure; EBM= Expressed breast milk; ET= Endotracheal tube; FBC = Full blood count; FiO <sub>2</sub> =Fraction of Inspired oxygen; GC= General Care ; Gest= Gestational; gms= grams; HC= High Care;HIV= Human immune virus; ID = Identity; IP= In patient; IV= Intravenous; kg= kilogram; L=Length; LP= lumbar puncture; MAP= Mean airway/arterial pressure; mls= millilitres; MO= Medical officer; Mx=Management; NPO <sub>2</sub> =Nasal prong oxygen; NPO= Nil per Os, PEEP= Positive end expiratory pressure; Photo = phototherapy; Prev= Previous; Resp=Respiratory; RH=Rhesus factor; Prev= Previous; RPR=Rapid plasma regain, secs= seconds; temp=Temperature; UVC=Umbilical venous catheter; Wt=weight; < = less than; > = more than

TIME	INTAKE-FEEDS			INTAKE-IV FLUIDS						ASSESSMENT/ACTION				
<b>PLAN / ORDERS</b>	<ul style="list-style-type: none"> <li>Total fluid intake includes oral and IV fluids</li> <li>Promote breast feeding/Donor milk if no EBM.</li> <li>Commence expressing breast milk within 6hrs of birth.</li> <li>Ensure mother empties breasts at each expression.</li> <li>Feed baby in skin to skin position if possible.</li> <li>Do not keep NPO for longer than 3 days without TPN.</li> <li>Observe for signs of feeding readiness: wakes for feeds, alert, rooting, sucking on hands etc</li> </ul>			<ul style="list-style-type: none"> <li>Transition slowly from NG to breast feeds</li> <li>Review the need for an IV line daily and remove as soon as possible.</li> <li>If infiltrated ensure IV is resited <u>within 1 hr</u>. If IV is not resited-increase oral feeds to ensure delivery of total required fluid volume.</li> <li>Date and change IV lines every 72 hrs. Record on Safety Checklist.</li> <li>Total intake and output daily</li> </ul>										
	LINE No.	FEEDS		Line 1		Line 2		Bolus		<ul style="list-style-type: none"> <li>Hourly, assess position &amp; condition of insertion site &amp; distal perfusion. Inform MO immediately of any phlebitis/swelling /absent backflow/ poor perfusion.</li> <li>Clean cord 3hrly with chlorhexidine if cannulated.</li> <li>Ensure IV dressing is clean and intact. Change if loose, soiled or wet.</li> <li>Scrub any access port with 70% alcohol for 15 secs &amp; allow to dry before accessing. Record (HS) in action column.</li> </ul>				
	FLUID													
	VOL/RATE													
	SIGN													
	REVIEWED													
SIGN									Line 1	Line 2	Action			
TIME	Vol	How	Tot.	Rate	Tot.	Rate	Tot.	Rate	Tot.	Site	Cond.	Site	Cond.	
0700														
0800														
0900														
1000														
1100														
1200														
1300														
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0300														
0400														
0500														
0600														
<b>Totals:</b>														
<b>TOTAL INTAKE:</b>			mls											

TIME		GIT & RENAL SYSTEMS							OUTPUT										
PLAN		<ul style="list-style-type: none"> <li>Keep nil per os if aspirates/vomit are blood stained, if bowel sounds are absent or decreased or if urine contains blood and protein. Place NG tube on free drainage.</li> <li>Monitor abdominal girth daily if baby has abdominal distention or necrotising enterocolitis</li> <li>Commence non-nutritive sucking at breast or with dummy as soon as possible.</li> <li>Observe for signs of feeding readiness: wakes for feeds, alert, rooting, sucking on hands etc</li> <li>Report any change in sucking once oral feeding commenced.</li> </ul>							<ul style="list-style-type: none"> <li>Aspirate NG tube prior to feeds to confirm location and any abnormality in type of aspirate. Return aspirates</li> <li>Report failure to pass stool for more than 1 day</li> <li>SG <math>\leq 1010</math> - <math>\uparrow</math> hydration SG <math>&gt; 1010</math> - <math>\uparrow</math> dehydration</li> <li>Blood and protein associated with renal damage. Test on admission if asphyxiated</li> </ul>										
FREQUENCY	HC	3 hrly	6 hrly	PRN	6 hrly	12 hrly		PRN	PRN	PRN	PRN	PRN	PRN	PRN	PRN	PRN			
	GC	3 hrly	12 hrly	PRN	12 hrly	Daily		PRN	PRN	PRN	PRN	PRN	PRN	PRN	PRN	PRN			
ASSESS		Sucking	Abdomen	Abdominal Girth	Bowel sounds	Blood	PH	Protein	SG	Glucose/ Other	Urine volume	Urine description	Stool volume	Stool description	Aspirate vol. -Mls	Aspirate description	Vomit volume	Blood -Mls	
TOTAL OUTPUT:																			

HANDOVER CHECKLIST	
Sign below that all the following information has been handed over.	
1. Name and Day of life	10. Specific orders
2. Gestation at birth	11. Mothers condition, support required & any problems
3. Problem list and progress	12. Baby's current condition, colour and activity
4. Emergency/ Priority signs identified	13. Any abnormal observations and action taken
5. Respiratory Support- Mode, FiO <sub>2</sub> , Saturations, Settings	14. Urine and stools passed and any abnormality
6. Daily fluid requirement	15. Feeds given and how tolerated
7. IV fluids and Feeds ordered	16. IV fluids given
8. Medications (Check that all have been given)	17. Location and condition of IV sites

SHIFT TIMES	NURSE RESPONSIBLE FOR CARE:				RECEIVED BY: (Handed over to)			
	SIGNATURE	NAME	SANC NO.	DESIG	SIGNATURE	NAME	SANC NO.	DESIG







Neonatal weight chart (600-1450g)

Name		IP No.	
------	--	--------	--

- Nursing Care plan.**
- Weigh all babies daily from day 3 (including ventilated or CPAP babies).
  - Plot weight below and record on Daily Assessment chart.
  - Assess growth (weight, length and COH) weekly and record on percentile chart in Neonatal Record.
- Babies loose +/- 10% of birth weight (BW) immediately after birth but should start gaining weight from day 4. They should return to BW by Day 7- 10.
  - Expect +/- 1% /kg weight gain per day. (e.g 1kg baby should gain 10gm/day and 2kg baby should gain 20gm)
  - Report failure to gain weight / weight loss for 3 days or longer to M.O & dietician.

DAY:													
DATE:													
4150													
4100													
4050													
4000													
3950													
3900													
3850													
3800													
3750													
3700													
3650													
3600													
3550													
3500													
3450													
3400													
3350													
3300													
WEIGHT:													
SIGN:													

33

33







# DISCHARGE/DOWN-REFERRAL FORM

Make four copies of this form: 1 for mother (to be inserted in paediatric outpatient file), 1 stapled to road to health book with Preterm Follow up form, 1 in inpatient file and 1 in ward discharge file.

Details	Referring/Discharge Hospital	Receiving Hospital
Hospital:		
Unit:		
Contact number:		
Doctor:		
Sign:		
Nurse:		
Date:		
Reason for transfer:		

Maternal Details:				Tel. no:	
Name:		IP No:		Age:	
Fathers name:		Primary care giver:			
Clinic attended:		No of visits:		Rh:	
Obstetric history:	Grav/Para:				
Syphilis Rapid:		RPR:		Titre:	
TB Positive:	Y / N	Date of diagnosis:		Treatment started:	
HIV test result:		Viral load:		ARVs commenced:	Y / N
Treatment:	PMTCT only?		Lifelong?		Feeding choice:
Other risk factors:					
Current condition:					
Social History: Employment, grants, electricity, water etc)					
		Bed booked at receiving hosp?:	Lodger	Post Natal	

Baby Details:					
Name:		IP Number		Day of life:	
Date of Birth:		Composite gest. age:	wks.	Current gestation:	wks.
Place of Birth:		Mode:		Liquor:	
Birth weight:	g	Birth Length:	cm	Birth COH:	cm
Risk factors, Problems and Resuscitation required:	Apgar <7 at 5mins? Cord pH:				

HIV Management:			
HIV PCR results: (Write barcodes)	Birth:		Barcode:
	10 weeks:		Bar code:
	14 weeks:		Barcode:
Treatment:			Co-trimoxazole (at 6 weeks)

Name: \_\_\_\_\_ Date: \_\_\_\_\_



Miscellaneous Investigations			
Date	Time	Name	Result

Cultures				
Date	Time	Type	Laboratory Number	Result and Sensitivities

Radiology/Ultrasound		
Date	Type	Findings

Management History (If not mentioned above):									
Nutrition:									
Central lines:	UVC	days	UAC	days	PICC	days	CVC	days	
Respiratory port:	Nasal Prongs	days	CPAP	days	Max. MAP		Ventilated	days	
	Max. PIP		Max PEEP		Surfactant:	doses			
Jaundice:	Coombs:	Pos	Neg	Unknown	Exchange transfusion:	Y	N	Max. TSB:	
Body cooling:	Y	N	Any complications:						
Antimicrobials with duration:									
Other medication:									

Current Condition and ongoing management required on Transfer/Discharge:											
General Condition & current observations: (If transferred)	Temp:	°C	Pulse:	bpm	BP:		Colour:				
	Gluc:	mmol/l	Resp:	bpm	SPO <sub>2</sub> :	%	FIO <sub>2</sub> :				%
	Respiratory Support:	Nil	NP	Vent.	Vent. settings:	PIP		PEEP			
	Weight:	gm	Length:		cm	COH:					cm
Intake and Output: (If transferred)	Urine:		Last stool: (date & time)		Description:						
	Req. volume:	ml/kg/day	Daily volume:								mls/day
	IV Fluid:		Total volume:			mls	Site:				
	Feed:		Total volume:			mls	Route:				
Immunizations given:	Last fed date:		Time:								
	Birth:		6 weeks:								
Medications:	Medication:		Dose:		Frequency:		Plan:				
Further management: (including social- if relevant)											

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Documentation:							
Road to health book:	Pg 27 & 38 completed?		Y	N	Preterm follow up attached?	Y	N
	Disch. summary attached?		Y	N	Given to mother?	Y	N
Birth Registration	Registered?		Y	N	Advice given if no?	Y	N
Blood results?	Y	N	NA	X-rays?	Y	N	NA

Follow up bookings: As required				
CCG/Clinic Name:	Frequency (Guide)	Contact No.	Place	Mother signs received:
Preterm follow up	Day 3, 7 and 1-2 weekly			
PHC	3 days, 6 weeks, 10 weeks			
ARV	3-6 days, 10/14 weeks, monthly			
POPD	1-4 weeks			
Neonatal /High risk	1 month			
ROP				
Audiology				
Rehabilitation				
Surgery				
Sign:		Print:		MP No.

Final Discharge details from base hospital (if different from above):			
Further Problems and Management:			C=Current R=Resolved
Problems	C / R	Investigations and management	ICD 10 Code
Weight:		Length:	COH:
Feeding:			
Medications: (Additional/ amended from above)	Medication:	Dose:	Frequency:
			Plan:
Other comments/ Management:			
Discharged from:		Date:	Time:
Sign:		Print:	MP No.

**Abbreviations:** A/L/SGA=Appropriate/Small/Large for gestational age; ANCS= Antenatal corticosteroids; ARV=Anti-retroviral; BP=Blood pressure; bpm=beats/ breaths per minute; CCG= community care giver; cm=centimeter; COH= Circumference of head; CPAP= Continuous positive airways pressure; Curr=current; CVC=Central venous catheter; Disch= Discharge; FIO<sub>2</sub>=Fraction of inspired oxygen; FU= Follow up; g=gram; Gest= Gestation; Gluc=Glucose reading; HIV=Human immunodeficiency virus; Hosp= Hospital; IP= In patient; kg=kilograms; KMC= Kangaroo mother care; L=Length; Max= Maximum; ml= milliliters; N= No; PCR=Polymerase chain reaction; pH= concentration of hydrogen ions; PHC= Primary health care; PICC= Peripherally inserted central; POPD= Paediatric outpatient department; PMTCT=Prevention of mother to child transmission; Resp= Respiration; ROP= Retinopathy of prematurity; RPR=Rapid plasma regain; Rh=Rh factor; Rx=Treatment; SPO<sub>2</sub>=Oxygen saturation; TB=Tuberculosis; Temp=temperature; Trans=transfusion; TSB= Total serum bilirubin; U/AVC= Umbilical venous/arterial catheter; wks = weeks; Y= Yes



*Congratulations  
on Your New Baby.*

**Place of Delivery:** \_\_\_\_\_

**Mother's Name:** \_\_\_\_\_

*ID Number:* \_\_\_\_\_ *File Number:* \_\_\_\_\_

*Residential Address:* \_\_\_\_\_

*Municipal Ward:* \_\_\_\_\_

*Telephone:* \_\_\_\_\_ *Cell:* \_\_\_\_\_

**Baby's Name:** \_\_\_\_\_

*File Number:* \_\_\_\_\_ *Date of birth:* \_\_\_\_/\_\_\_\_/\_\_\_\_

*Time of birth:* \_\_\_\_\_ *Date of separation:* \_\_\_\_/\_\_\_\_/\_\_\_\_

IDENTIFICATION:		Nurse and Mother to confirm identity of baby.			
At birth:	Date:	Nurse:	Print:	Mother:	Print:
			Sign:		Sign:
Post natal/ neonatal unit:	Date:	Nurse:	Print:	Mother:	Print:
			Sign:		Sign:
At discharge:	Date:	Nurse:	Print:	Mother:	Print:
			Sign:		Sign:

FINAL PROBLEM LIST:		To be completed on Discharge: NB Also complete RthB.	
Problem	Management	Current	Resolved

- Urgent treatment required and admission to neonatal unit.
- Specific care and treatment now-observe with mother
- Well baby – standard care and treatment

**HISTORY** NB-This page only needs to be completed for babies requiring admission to the neonatal unit.

**MOTHERS DETAILS:**

Date of birth: / /	Age: Years.	Name of Relative and relationship:
Possession of ID book	Yes <input type="checkbox"/> No <input type="checkbox"/>	If no- contact social worker:
Partners Name:	Contact number:	Relatives contact number:

**PREVIOUS OBSTETRIC AND NEONATAL HISTORY** **Complications:**

No. of pregnancies:	
No. of live births:	
No. of live children:	

**CURRENT OBSTETRIC HISTORY:**

<b>Booked:</b>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Clinic attendance at:	Gestation at first booking:	No of visits:
<b>Gestation by:</b>	Dates: LMP: ___/___/___ Weeks: ___	Early U/S (<20 weeks) Date: ___/___/___ BPD: ___ cm Weeks: ___	SFH: Weeks: ___	
<b>Investigations:</b>	Syphilis: Rapid Clinic Pos <input type="checkbox"/> Neg <input type="checkbox"/>	Blood group: RH Pos <input type="checkbox"/> Neg <input type="checkbox"/>	Tuberculosis: Diagnosed Yes <input type="checkbox"/> No <input type="checkbox"/>	
	Rapid LW Pos <input type="checkbox"/> Neg <input type="checkbox"/>	HB: Gm% Treated: Yes <input type="checkbox"/> No <input type="checkbox"/>	Date of diagnosis: ___/___/___ Treatment started: ___/___/___	
	RPR: <input type="checkbox"/>	Last given: <input type="checkbox"/>	No. of doses: <input type="checkbox"/>	
	Titre: <input type="checkbox"/>			
<b>HIV:</b>	Test Result: POS <input type="checkbox"/> NEG <input type="checkbox"/> ? <input type="checkbox"/>	ARVs started: Yes <input type="checkbox"/> No <input type="checkbox"/>	ARV Date: ___/___/___	Lactation counselling: Yes <input type="checkbox"/> No <input type="checkbox"/> Breast <input type="checkbox"/> Formula <input type="checkbox"/>
<b>Med. History</b>	Hypertension (Specify): <input type="checkbox"/>	Diabetes <input type="checkbox"/> Cardiac <input type="checkbox"/>	APH <input type="checkbox"/> Epilepsy <input type="checkbox"/>	Pyrexia <input type="checkbox"/> Asthma <input type="checkbox"/> UTI <input type="checkbox"/> Vag. Disch. <input type="checkbox"/> Allergies: <input type="checkbox"/>
<b>Surg. History</b>				
<b>Risk factors:</b>	Alcohol <input type="checkbox"/> Teenage Pregnancy <input type="checkbox"/>	Smoking <input type="checkbox"/> Excessive weight gain <input type="checkbox"/>	Illicit Drugs <input type="checkbox"/>	GBS exposure <input type="checkbox"/> Inadequate weight gain <input type="checkbox"/>

**CURRENT LABOUR AND DELIVERY:**

<b>Referred from:</b>		Reason:	
<b>Medications:</b>	Antenatal Steroids: (<34 weeks gest.) Yes <input type="checkbox"/> No <input type="checkbox"/>	Antibiotics: Yes <input type="checkbox"/> No <input type="checkbox"/>	Traditional medicine: Yes <input type="checkbox"/> No <input type="checkbox"/>
	No. of doses: ___	Reason: ___	Specify: ___
	Last administered: ___/___/___	Type: ___	
	Time: ___	Started: ___/___/___	
<b>Fetal distress:</b>	Meconium Liquor: Nil <input type="checkbox"/> Thin <input type="checkbox"/> Thick <input type="checkbox"/>	Reduced foetal movements: Yes <input type="checkbox"/> No <input type="checkbox"/>	CTG: Done <input type="checkbox"/> Not done <input type="checkbox"/>
		Absent/reversed diastolic flow: Yes <input type="checkbox"/> No <input type="checkbox"/>	Findings: ___
		Foetal heart: Norm. <input type="checkbox"/> Abnorm. <input type="checkbox"/>	
<b>Labour:</b>	Spontaneous <input type="checkbox"/>	1 <sup>st</sup> stage: Hrs ___ Mins ___	
	Induced <input type="checkbox"/>	2 <sup>nd</sup> stage: Hrs ___ Mins ___	
	Oxytocin <input type="checkbox"/>		
<b>Ruptured membranes</b>	Spontaneous <input type="checkbox"/>	Date: ___/___/___	PROM ≥ 18hrs: <input type="checkbox"/>
	Artificial <input type="checkbox"/>	Time: ___	Offensive liquor: <input type="checkbox"/>
<b>Analgesia:</b>	Entonox <input type="checkbox"/>	Pethidine <input type="checkbox"/>	Time: ___
	Epidural <input type="checkbox"/>	Spinal <input type="checkbox"/>	Gen. anaes <input type="checkbox"/>
<b>Complications:</b>	Prolapsed cord <input type="checkbox"/>	Cord around neck <input type="checkbox"/>	Abruptio <input type="checkbox"/> Praevia <input type="checkbox"/>

BIRTH DETAILS: To be completed for all babies.									
Date of birth:					Time of birth:				
Place:	Hospital	CHC	PHC	BBA	If BBA-how cord cut:				
Delivery:	NVD	Breech	Face	Compound					
	Vacuum	Forceps	Breech	Caesar	Reason for Caesar:				
Vital statistics:	Male	Female	Indeterminate						
	Single	Multiple	No:						
	Mass:	g		Length:	cm		COH:	cm	
Growth:	AGA	SGA	LGA	Symmetrical	Asymmetrical				
ROUTINE CARE To be completed for all babies.									
Baby dried thoroughly.	YES	NO							
Baby crying/breathing	YES	NO	If no-time baby cried:						
Head covered.	YES	NO							
Nursed skin to skin.	YES	NO	If not immediately-Time started:						
Covered with warm, dry cloth.	YES	NO							
Cord clamped and cut at 1-3minutes.	YES	NO							
Breast-fed within 30mins.	YES	NO	If no-Time started:						
GOLDEN MINUTE Only to be completed if baby NOT breathing following stimulation									
Head positioned with neck slightly extended.	YES	NO							
Airway cleared if mouth/nose blocked, or meconium in liquor.	YES	NO							
Baby stimulated by rubbing its back vigorously.	YES	NO							
Baby breathing.	YES	NO							
On resuscitaire: Temp probe attached and set to 36.5°C	YES	NO							
Ventilated with bag and mask within 1 min	YES	NO	Time started:						
Bagged at 40-60bpm without oxygen.	YES	NO	Time bagging discontinued:						
ADVANCED RESUSCITATION Only to be completed if baby NOT breathing following ventilation or HR<60bpm									
Assistance present. Time called:	YES	NO	Time arrived:						
Bagging with oxygen. Saturations: (if available) %	YES	NO	Time spontaneous breathing achieved:						
Heart rate: Chest compressions commenced. Time:	YES	NO	Time compressions discontinued:						
Baby intubated.	YES	NO							
IV /UV line erected.	YES	NO							
Saline /Ringers (10ml/kg IV) bolus given.	YES	NO	Volume:	Time:					
Adrenaline 1:10,000 (0.1-0.3ml/kg) given.	YES	NO	Dose:	Time:					
RESUSCITATION STOPPED Only to be completed if baby required advanced resuscitation.									
Baby stabilised	YES	NO	Duration of resus: mins						
After 10 mins if no heart rate	YES	NO							
After 20 mins if not breathing or gasping	YES	NO							
After 30 mins if gasping but not breathing	YES	NO							
APGAR5	0	1	2	1min	5min	10min	20min		
Appearance (Colour)	Central cyanosis	Periph. cyanosis	Pink						
Pulse	Absent	<100bpm	>100bpm						
Grimace	None	Some response	Good response						
Activity	Limp	Some flexion	Active						
Respiration	Absent	Weak/irregular	Good/cries						
				Total Score:					
5min APGAR less than 7? Do Cord Gas or Arterial Blood Gas within 1 hr of birth.									
PH:				HCO <sub>3</sub> :				Lactate:	
PCO <sub>2</sub> :				BE:				Notes:	
PLACENTA To be completed for all babies.									
Weight:	g	Clots	Knots	Infarcts	No. of cord vessels:		Other:		
IMMEDIATE NEW-BORN CARE To be completed for all babies.									
Maintain skin-to-to skin. Maintain temperature >36°C. Clean eyes with saline & apply chloramphenicol ointment.								Time:	
2 ID bands?	Cord cleaned	Eye care	Nappy	Vit. K 1mg IMI		Site:			
Baby shown to mother-Prior to transfer to Neonatal Unit				Y	N	Temperature prior to transfer:		°C	
Neonate managed by:			Signature:			Practice No.			

Baby of: \_\_\_\_\_ Date of birth: \_\_\_\_\_

**ASSESS AND CLASSIFY IMMEDIATE RISK FACTORS AND SPECIAL NEEDS.**

**To be completed for all newborns in labour ward:**

1. If the baby has any of the 1<sup>st</sup> 5 classifications (Red) the baby has a **Problem** and should be transferred immediately to the neonatal unit.  
If the baby has any of the remainder the baby is **At Risk** and should be monitored for the development of any problems with his mother.

RISK FACTOR/ PROBLEM	CLASSIFY	ACT NOW
<input type="checkbox"/> Took longer than 5 mins to breath <input type="checkbox"/> Apgar less than 7 at 5mins <input type="checkbox"/> Abnormal tone /not moving well	POSSIBLE NEONATAL ENCEPHALOPATHY <input type="checkbox"/>	1. Maintain temp. at 36°C <input type="checkbox"/> 2. Assess for encephalopathy <input type="checkbox"/> 3. Transfer to Neonatal unit <input type="checkbox"/>
<input type="checkbox"/> Major abnormality <input type="checkbox"/> Head circumference >39cm or <32cm <input type="checkbox"/> Alcohol, smoking or drug exposure	RISK OF / BIRTH ABNORMALITY <input type="checkbox"/>	1. Maintain temperature >36 <sup>50</sup> °C. <input type="checkbox"/> 2. Transfer to Neonatal unit <input type="checkbox"/> 3. Assess with mother <input type="checkbox"/>
<input type="checkbox"/> Not moving a limb <input type="checkbox"/> Swelling of head on one side <input type="checkbox"/> Boggy swelling of head	BIRTH INJURY <input type="checkbox"/>	1. Maintain temperature >36 <sup>50</sup> °C. <input type="checkbox"/> 2. Transfer to Neonatal unit <input type="checkbox"/>
<input type="checkbox"/> Meconium exposure <b>AND</b> one of following <input type="checkbox"/> Grunting <input type="checkbox"/> Chest in-drawing (Recession) <input type="checkbox"/> Fast breathing (Tachypnoea) <input type="checkbox"/> Central cyanosis	POSSIBLE RESPIRATORY PROBLEM <input type="checkbox"/>	1. Commence nasal prong oxygen at 1L/min <input type="checkbox"/> 2. Transfer to Neonatal unit <input type="checkbox"/>
<input type="checkbox"/> Low birth weight less than 2kg <input type="checkbox"/> Less than 34 weeks gestation-no steroids given	LBW/ PREMATURE <input type="checkbox"/>	1. Maintain temperature >36 <sup>50</sup> °C. <input type="checkbox"/> 2. Transfer to Neonatal unit <input type="checkbox"/>
<input type="checkbox"/> Mother has diabetes <input type="checkbox"/> Baby birth weight more than 4.0kg <input type="checkbox"/> Mother had signs of sepsis <input type="checkbox"/> Baby is low birth weight less than 2.5 kg or premature <input type="checkbox"/> Baby is BBA <input type="checkbox"/> Baby not put to breast or did not latch	INFANT OF A DIABETIC/ BIG BABY <input type="checkbox"/> RISK OF HYPOGLYCAEMIA <input type="checkbox"/>	1. Feed (Breast or 10ml/kg 3hrly) <input type="checkbox"/> 2. Check blood glucose one hour after birth and then 2-3hrly <input type="checkbox"/> 3. If glucose <2.6 mmol/l post feed transfer to Neonatal unit <input type="checkbox"/>
<input type="checkbox"/> Baby is BBA <input type="checkbox"/> Baby is low birth weight, less than 2.5 kg or premature <input type="checkbox"/> Baby is hypoglycaemic <input type="checkbox"/> Baby separated from mother not receiving skin to skin care	RISK OF HYPOTHERMIA <input type="checkbox"/>	1. Feed (Breast or 10ml/kg 3hrly) <input type="checkbox"/> 2. Nurse skin to skin <input type="checkbox"/> 3. Check temperature one hour after birth <input type="checkbox"/> 4. If <36°C transfer to Neonatal unit <input type="checkbox"/>
<input type="checkbox"/> Mother blood group O <input type="checkbox"/> Mother Rhesus negative <input type="checkbox"/> Baby has birth injuries <input type="checkbox"/> Baby is Preterm <input type="checkbox"/> Baby has facial bruising	RISK OF JAUNDICE <input type="checkbox"/>	1. Nurse skin to skin <input type="checkbox"/> 2. Observe colour 6hrly <input type="checkbox"/> 3. TSB at 6hrs and 12hrly <input type="checkbox"/> 4. Start Phototherapy if above line <input type="checkbox"/> 5. Jaundiced on Day 1 or rapidly climbing transfer Neonatal unit <input type="checkbox"/>
<input type="checkbox"/> Membranes rupture greater than 18 hours <input type="checkbox"/> Maternal Fever <input type="checkbox"/> Offensive Liquor	RISK OF BACTERIAL INFECTION. <input type="checkbox"/>	1. Nurse skin to skin <input type="checkbox"/> 2. Observe 4hrly for 24-48hrs <input type="checkbox"/> 3. If clinical signs of infection transfer to Neonatal unit <input type="checkbox"/>
<input type="checkbox"/> Mother RPR positive <input type="checkbox"/> Mother RPR unknown <input type="checkbox"/> Mother RPR partially treated or treatment completed less than 1 month ago	RISK OF CONGENITAL SYPHILIS <input type="checkbox"/>	1. Give Benzathine Penicillin IMI <input type="checkbox"/> 2. Examine for signs of syphilis <input type="checkbox"/> 3. Transfer to Neonatal unit if signs present <input type="checkbox"/>
<input type="checkbox"/> Mother HIV positive <input type="checkbox"/> High Viral load <input type="checkbox"/> Mother HIV negative but not retested in the last 3 mths <input type="checkbox"/> Mother HIV unknown <input type="checkbox"/> Baby abandoned	RISK OF HIV TRANSMISSION <input type="checkbox"/>	1. Test mother if unknown <input type="checkbox"/> 2. Do HIV DNA PCR <input type="checkbox"/> 3. Refer to HIV exposure SOP <input type="checkbox"/>
<input type="checkbox"/> Mother has TB or has been on TB treatment in the last 6 months <input type="checkbox"/> Mother coughing for more than 2 weeks	RISK OF TUBERCULOSIS <input type="checkbox"/>	1. Refer to TB exposure SOP <input type="checkbox"/> 2. Commence TB prophylaxis/R <sub>x</sub> <input type="checkbox"/> 3. Give BCG on completion of R <sub>x</sub> <input type="checkbox"/>
<input type="checkbox"/> No risk factors identified	WELL BABY <input type="checkbox"/>	1. Transfer to post natal with mother <input type="checkbox"/>

Assessed By: \_\_\_\_\_ Signed: \_\_\_\_\_ SANC: \_\_\_\_\_ Time: \_\_\_\_\_

CLINICAL NOTES: (Record below if no risk factors are present)




**FIRST EXAMINATION OF THE NEONATE: To be completed for all newborns either in LW/Theatre or Post Natal by nurse or doctor.**

If baby has been classified in the red area on the previous page: do not examine in LW. Transfer immediately to neonatal unit. Exam to be completed by nurse/doctor in neonatal unit following stabilisation.

Any Red (danger) findings below should receive emergency management and be admitted immediately to neonatal unit.

Any findings should be reviewed by a doctor for possible admission. Transfer to referral center if no doctor available.

ASSESSMENT	WELL	SICK / ABNORMAL			
Temperature	36°-37°C	Hypothermic 35°-36°C	Hypothermic <35°C	Hyperthermic >37°C	
Appearance	Normal	Wasted	LGA	SGA	Dysmorphic
Skin	Intact	Laceration	Rash	Petechiae	Bruising
Colour	Pink	Plethoric	Cyanosed (central)	Pale	
Odour	Normal	Offensive			
Respiration	40-60 bpm	Fast >60bpm	Slow/Gasping	Apnoea	
Chest movement	Symmetrical	Asymmetrical	Shallow		
Recession	Absent	Intercostal	Sternal	Sub-clavicular	Severe
Breath sounds	Quiet	Noisy	Grunting		
Cry	Normal	High pitched	Hoarse	Weak	Absent
Behaviour	Responsive	Lethargic	Irritable	Jittery	Seizures
Muscle tone	Normal	Head lag	Hypotonic (floppy)	Hypertonic (stiff)	
Moro reflex	Present & equal	Asymmetrical	Incomplete	Absent	
Sucking reflex	Present	Weak	Absent	Bites	
Rooting reflex	Present	Absent			
Grasp reflex	Present	Weak	Absent		
Plantar reflex	Present	Absent			
Walking reflex	Present	Absent			
Head shape	Normal	Caput	Asymmetrical	Haematoma	Hydrocephaly
Fontanelles	Normal	Full/Bulging	Large	Sunken	Closed
Eyes	Mobile	Overriding	Fused	Wide	
Face	Symmetrical	Asymmetrical	Abnormal		
Eyes	Normal	Small/Large	Slanting	Wide apart	Purulent disch.
Ears	Normal	Malformed	Low set	Rotated	Absent
Nose	Patent	Blocked	Flattened	Abnormal shape	
Mouth	Normal	Cleft lip	Smooth philtrum	Teeth	Cysts
Palate	Intact	Cleft -hard palate	Cleft -soft palate		
Tongue	Normal	Large	Protruding	Tongue-tie	
Chin	Normal	Receding			
Neck	Normal	Swelling	Webbed	Nuchal fold	
Clavicles	Intact	Swelling	Crepitus	Fracture	
Nipples	Normal	Accessory (Extra)	Wide spaced	Mastitis	Absent
Heart	120-160 bpm	Tachycardia	Murmur	Heard Rt. side	HR <100bpm
Arms	Normal	Not moving	Fracture	Brachial palsy	
Fingers	Normal	Polydactyly	Syndactyly	Hypoplastic nails	
Palmar creases	Normal	Single			
Abdomen	Normal	Distended	↓/absent sounds	Scaphoid	Gastrochisis
Umbilicus	Normal	Bleeding	Single artery	Hernia	Exomphalus
Hips	Normal	Dislocated	Dislocatable		
Legs	Normal	Abnormal	Not moving	Genu recurvatum	
Toes	Normal	Positional deformity	Clubbed	Rocker bottom	
Toes	Normal	Polydactyly	Syndactyly	Sandal gap	
Back/Spine	Normal	Scoliosis	Sacral dimple	Hair tuft	Meningocele
Femoral pulses	Present	Absent			
Genitalia (male)	Testes down	Undescended	Hydrocele	Inguinal hernia	Hypo/epispadias
Genitalia (fem.)	Normal	Ambiguous	Enlarged clitoris	Fused labia	
Anus	Patent	Imperforate	NB Part buttocks & observe anus. Meconium does not mean anus is patent!		
Urine	Passed	Not passed			
Meconium	Passed per rectum	Not passed	NB Ensure meconium is not passed via vaginal/urethral fistula		

Additional comments/management:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Examined by:	Signature:	Designation:
Date:	Time:	
Mother notified of any abnormality: Y N	Date:	Time:
Sign:		
NB. Complete Notification Form for any congenital abnormalities noted.		Completed: Y N

**TRANSFER TO NEONATAL UNIT / POST NATAL WARD**

Transferred by:	Signature:	SANC No.
Received by:	Signature:	SANC No.
ID band checked by:	Signature:	SANC No.
Unit:	Date:	Time:

Baby of: \_\_\_\_\_ Date of birth: \_\_\_\_\_

POST NATAL CARE		To be completed for all newborns in post natal unit.											
1. Keep baby skin to skin (tied on) with mother. Discharge baby in skin to skin position													
2. Issue mother with family Monitoring booklet and support her to start observing her baby and documenting.													
3. Cleansing (once warm): Wipe with warm cloth. Bath only if blood, meconium or offensive smell present. Do not remove vernix. Demonstration bath for all Primigravidas prior to discharge.													
4. All At Risk babies should be seen daily by an MO & observed at least 6hrly. IDM, LGA,SGA - require hourly GMs until stable													
5. Transfer to neonatal unit if baby has: cyanosis or apnoea; respiratory distress; persistent hypoglycaemia/ thermia; jaundice on Day 1 or any other danger signs highlighted in red below.													
OBSERVATIONS:		Complete for all well babies on admission, when reviewing mother/12hrly and on discharge.											
Date (DD/MM)													
Time													
2 ID bands in situ? Checked with mother (Y/N)													
Skin to skin-Tied on? (Y/N)													
Temperature (°C) Maintain 36.5-37°C <35.5°C													
Respiratory rate/distress(bpm) Norm.40-60bpm Tachypnoea >60bpm (T), Recession(R), Grunting (G)													
Heart Rate (bpm) Normal 120-160bpm, <100bpm													
Activity-Active and responsive? (Y/N) Floppy (F), Stiff (ST), Seizures (S)													
Colour -Pink(P), Pale (Pa), Jaundiced (J), Cyanosed (C)													
Blood Sugar (mmol/l) Maintain 2.6-8mmol/l NB. Only check if at risk, cold or not sucking.													
Hygiene -Record any bath(B) or Wiping (W) Clean eyes & mouth daily with saline/water (C)													
Cord-Clean with Chlorhexidine at every nappy change✓ Note skin redness(R) or Discharge (D) or Healthy (H)													
Mothers care of baby Confident (C), Needs assistance (NA)													
Short line checks-6hrly Record the location- R/L hand (H)/ Foot (F)/Arm(A) Record the condition. Is the distal limb warm, pink & mobile (WPM) or Pale(P), cyanosed (C) or swollen (S)													
Sign:													
Phototherapy (Routine) Commence Phototherapy immediately for any sign of jaundice. If jaundiced on Day 1-transfer to neon. unit.													
<ul style="list-style-type: none"> <li>Should be given at the mother's bedside.</li> <li>Cover eyes with eyeshield (Remove during feeds)</li> <li>Ensure all lights are functional, as close as possible to baby and changed every 1000 hrs</li> <li>TSB to be taken daily.</li> <li>Turn 6hrly</li> <li>Baby to be nursed naked with nappy open.</li> <li>Breast feed frequently for short periods</li> </ul>													
Hours of use: _____ hrs													
Position- R/L lateral (L), Prone (P), Supine (S)													
Eyes covered? (Y/N)													
TSB (mmol/l) Check daily. Date:													
TSB:													
OUTPUT:													
Vomit (refer to neonatal unit if repeated/ projectile)													
Urine (No. of wet nappies)													
Stool (No. of meconium stools)													
FEEDS:		Breast feed on demand (8-12 times /day) Danger sign: Not sucking 6 hours post birth											
Mother assisted with breast feeding: Hunger cues, positioning, attachment		3hrs post-delivery-Time:				Before discharge-Date &Time:				Sign:			
Non Breast		Reason for not breast feeding				Date:				Mother demonstrated back			
		Formula feeding demonstrated								Y N			
No. of feeds Danger <8 feeds/day													
How taken - Sucked well (SW), Not Latching (NL), Weak/No suck (W/NS) Cup (C), Syringe (S)													
Weight -Daily after Day 3. Report if more than10% weight loss.													
Sign:													

IMMUNISATIONS:													
BCG	YES		NO		Polio	YES		NO		Date:		Sign:	
MOTHER HIV+: Attach HIV exposure SOP													
ARVs single prophylaxis commenced:		YES		NO		Date:		Time:					
ARVs dual prophylaxis commenced:		YES		NO		Date:		Time:					
DNA PCR taken	YES			NO		Result:		Sign:					
Education (Sign if given)	Feeding-Baby HIV neg		6 months exclusive & continue till 12 months										
	Feeding-Baby HIV pos		6 months exclusive & continue till 24+ months										
	Repeat testing (mother)		Viral Load every 3- 6 months										
	Avoid repeat infections		Treatment adherence & sexual health										
OTHER MEDS:													
Stipulate:				Date:				Time:					
Given by:				Signed:				Practice No.					

PRE-DISCHARGE CHECK-LIST <i>Discharge: Well babies -by a midwife. At risk babies must only be discharged after 24hrs- by a doctor.</i>															
CURRENT CONDITION:										✓	If any answer in this block is NO-do not discharge the baby		✓		
First examination completed and documented											Flexed, active and responsive (moving well)				
Complete Moro reflex											Pink- no tachypnoea or recession				
No Jaundice											Flash TSB:				
Breast feeding well											Eyes clear				
Cord clamped, not bleeding, no flare											Maintaining temperature 36 <sup>5</sup> -37°C				
Social work referral if teenager											All IV lines/dressings removed				
C/PUT:															
Urine passed											Meconium passed ( <i>Nappy must be viewed-not reported by mother</i> )				
IMMUNISATION AND MEDICATIONS:															
BCG & Polio											ARV's				
HEALTH EDUCATION:															
Family planning											Hand washing				
Breast feeding-exclusive, milk supply, support, duration											General hygiene				
Infant feeding-complementary feeding, preparation, amounts											Jaundice				
Thermal Care-KMC at home. Discharge in KMC position											Duration of ARV therapy				
Buttock care											Cord care				
Common problems: Sticky eyes, colic, poor sleep, diarrhoea, nappy rash											Danger signs: Cold/hot to touch, pale/blue colour, reduced activity /difficult to wake, poor feeding, vomiting/diarrhoea, fast/noisy breathing, chest indrawing, Infected cord				
DOCUMENTATION:															
Weight plotted on percentile chart											A- Appropriate	L-Large	S-Small	GA-Gestational age	
ID band identification confirmed by mother											AGA	LGA	SGA		
RtHB completed- Pg ii ,27 and 38											Birth registration done				
Mother informed of 5RtHB pillars & use of booklet											RtHB and Side by Side messages given to the mother				
Follow up appointments given to mother											Referral for grant if indicated				
Sign:											Print:		Desig.		
MANAGEMENT PLAN:															
Problem list completed on cover?										Y	N	Problem list completed-Pg. 6 RtHB?		Y	N
FOLLOW UP															
TYPE		NORM				DATE		PLACE							
PHC CLINIC		All babies-		3-6 Days											
				6 Weeks											
PRETERM FOLLOW UP		Babies <2kg weekly till 2.5Kg													
PMTCT / PHC Clinic		For PCR result													
CCG REFERRAL		3-6 Days				Name:									
						Contact details:									
ID band checked by?						Sign:		MP/SANC No:							
Discharged by: Print:						Sign:		MP/SANC No:							
Date:		Time:				Discharge weight:		Grams							
Discharge Details above acknowledged by mother:															
Name:				Signed:											

Baby of: \_\_\_\_\_ Date of birth: \_\_\_\_\_



**BIDDER'S DISCLOSURE**

**1 PURPOSE OF THE FORM**

Any person (natural or juristic) may make an offer or offers in terms of this invitation to bid. In line with the principles of transparency, accountability, impartiality, and ethics as enshrined in the Constitution of the Republic of South Africa and further expressed in various pieces of legislation, it is required for the bidder to make this declaration in respect of the details required hereunder.

Where a person/s are listed in the Register for Tender Defaulters and / or the List of Restricted Suppliers, that person will automatically be disqualified from the bid process.

**2 BIDDER'S DECLARATION**

2.1. Is the bidder, or any of its directors / trustees / shareholders / members / partners or any person having a controlling interest<sup>1</sup> in the enterprise, employed by the state? **YES / NO**

2.1.1. If so, furnish particulars of the names, individual identity numbers, and, if applicable, state employee numbers of sole proprietor/ directors / trustees / shareholders / members/ partners or any person having a controlling interest in the enterprise, in table below.

FULL NAME	IDENTITY NUMBER	NAME OF STATE INSTITUTION

2.2. Do you, or any person connected with the bidder, have a relationship with any person who is employed by the procuring institution? **YES / NO**

2.2.1. If so, furnish particulars: \_\_\_\_\_

2.3. Does the bidder or any of its directors / trustees / shareholders / members / partners or any person having a controlling interest in the enterprise have any interest in any other related enterprise whether or not they are bidding for this contract? **YES / NO**

2.3.1. If so, furnish particulars: \_\_\_\_\_

**3 DECLARATION**

I, the undersigned,(name) \_\_\_\_\_ in submitting the accompanying bid, do hereby make the following statements that I certify to be true and complete in every respect:

- 3.1. I have read and I understand the contents of this disclosure;
- 3.2. I understand that the accompanying bid will be disqualified if this disclosure is found not to be true and complete in every respect;
- 3.3. The bidder has arrived at the accompanying bid independently from, and without consultation, communication, agreement or arrangement with any competitor. However, communication between partners in a joint venture or consortium<sup>2</sup> will not be construed as collusive bidding.
- 3.4. In addition, there have been no consultations, communications, agreements or arrangements with any competitor regarding the quality, quantity, specifications, prices, including methods, factors or formulas used to calculate prices, market allocation, the intention or decision to submit or not to submit the bid, bidding with the intention not to win the bid and conditions or delivery particulars of the products or services to which this bid invitation relates.
- 3.5. The terms of the accompanying bid have not been, and will not be, disclosed by the bidder, directly or indirectly, to any competitor, prior to the date and time of the official bid opening or of the awarding of the contract.
- 3.6. There have been no consultations, communications, agreements or arrangements made by the bidder with any official of the procuring institution in relation to this procurement process prior to and during the bidding process except to provide clarification on the bid submitted where so required by the institution; and the bidder was not involved in the drafting of the specifications or terms of reference for this bid.
- 3.7. I am aware that, in addition and without prejudice to any other remedy provided to combat any restrictive practices related to bids and contracts, bids that are suspicious will be reported to the Competition Commission for investigation and possible imposition of administrative penalties in terms of section 59 of the Competition Act No 89 of 1998 and or may be reported to the National Prosecuting Authority (NPA) for criminal investigation and or may be restricted from conducting business with the public sector for a period not exceeding ten (10) years in terms of the Prevention and Combating of Corrupt Activities Act No 12 of 2004 or any other applicable legislation.

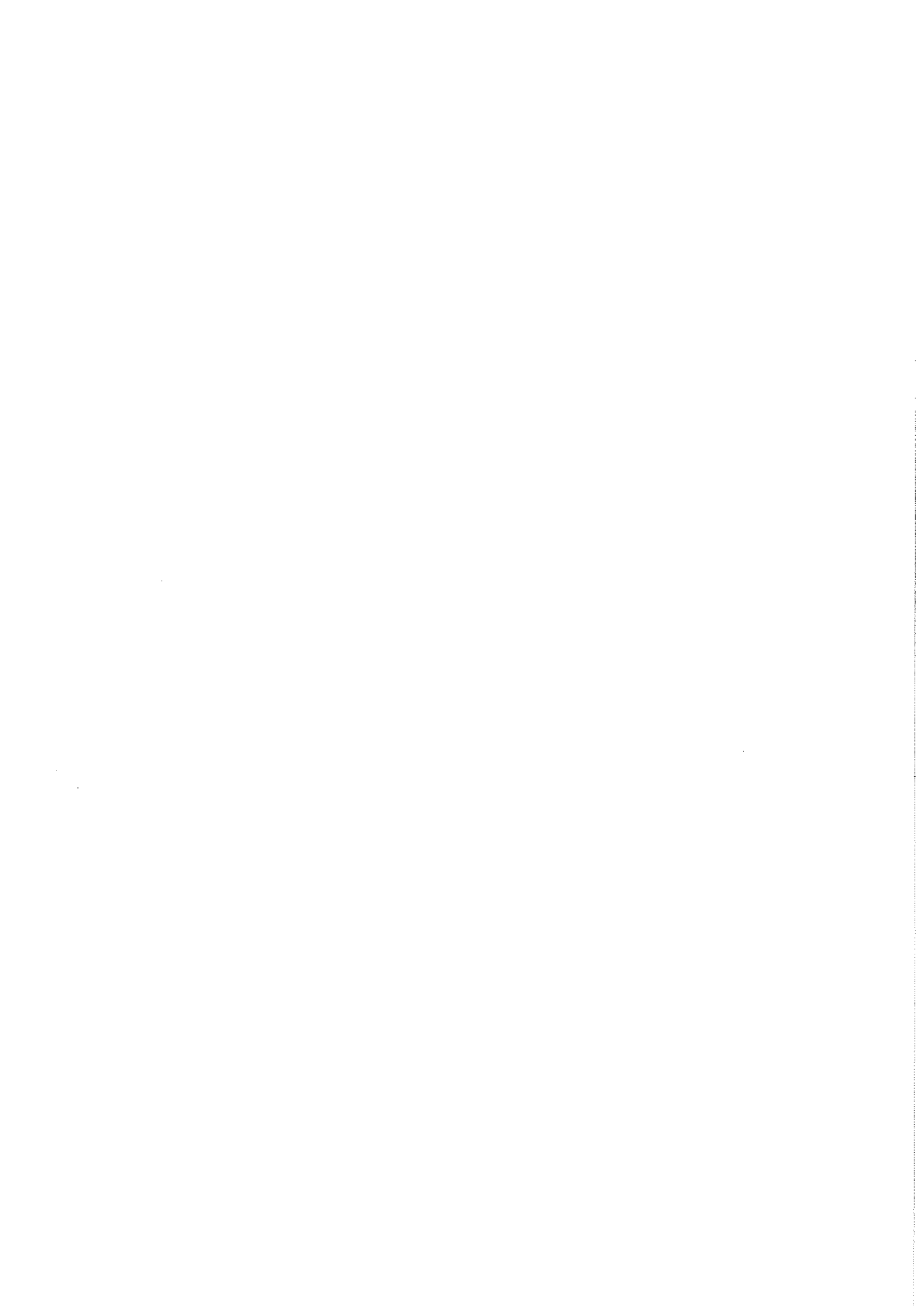
I CERTIFY THAT THE INFORMATION FURNISHED IN PARAGRAPHS 1, 2 and 3 ABOVE IS CORRECT.

I ACCEPT THAT THE STATE MAY REJECT THE BID OR ACT AGAINST ME IN TERMS OF PARAGRAPH 6 OF PFMA SCM INSTRUCTION 03 OF 2021/22 ON PREVENTING AND COMBATING ABUSE IN THE SUPPLY CHAIN MANAGEMENT SYSTEM SHOULD THIS DECLARATION PROVE TO BE FALSE.

<b>NAME OF BIDDER</b>	<b>SIGNATURE</b>	<b>POSITION</b>	<b>DATE</b>

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.



GENERAL CONDITIONS OF CONTRACT

NOTES

The purpose of this document is to:

- (i) Draw special attention to certain general conditions applicable to government bids, contracts and orders; and
- (ii) To ensure that clients be familiar with regard to the rights and obligations of all parties involved in doing business with government.

In this document words in the singular also mean in the plural and vice versa and words in the masculine also mean in the feminine and neuter.

- The General Conditions of Contract will form part of all bid/quotation documents and may not be amended.
- Special Conditions of Contract (SCC) relevant to a specific bid, should be compiled separately for every bid (if applicable) and will supplement the General Conditions of Contract. Whenever there is a conflict, the provisions in the SCC shall prevail.

**1 Definitions**

The following terms shall be interpreted as indicated:

- 1.1. "Closing time" means the date and hour specified in the bidding documents for the receipt of bids.
- 1.2. "Contract" means the written agreement entered into between the purchaser and the supplier, as recorded in the contract form signed by the parties, including all attachments and appendices thereto and all documents incorporated by reference therein.
- 1.3. "Contract price" means the price payable to the supplier under the contract for the full and proper performance of his contractual obligations.
- 1.4. "Corrupt practice" means the offering, giving, receiving, or soliciting of any thing of value to influence the action of a public official in the procurement process or in contract execution.
- 1.5. "Countervailing duties" are imposed in cases where an enterprise abroad is subsidized by its government and encouraged to market its products internationally.
- 1.6. "Country of origin" means the place where the goods were mined, grown or produced or from which the services are supplied. Goods are produced when, through manufacturing, processing or substantial and major assembly of components, a commercially recognized new product results that is substantially different in basic characteristics or in purpose or utility from its components.
- 1.7. "Day" means calendar day.
- 1.8. "Delivery" means delivery in compliance of the conditions of the contract or order.
- 1.9. "Delivery ex stock" means immediate delivery directly from stock actually on hand.
- 1.10. "Delivery into consignee store or to his site" means delivered and unloaded in the specified store or depot or on the specified site in compliance with the conditions of the contract or order, the supplier bearing all risks and charges involved until the supplies are so delivered and a valid receipt is obtained.
- 1.11. "Dumping" occurs when a private enterprise abroad markets its goods on own initiative in the RSA at lower prices than that of the country of origin and which have the potential to harm the local industries in the RSA
- 1.12. "Force majeure" means an event beyond the control of the supplier and not involving the supplier's fault or negligence and not foreseeable. Such events may include, but is not restricted to, acts of the purchaser in its sovereign capacity, wars or revolutions, fires, floods, epidemics, quarantine restrictions and freight embargoes.
- 1.13. "Fraudulent practice" means a misrepresentation of facts in order to influence a procurement process or the execution of a contract to the detriment of any bidder, and includes collusive practice among bidders (prior to or after bid submission) designed to establish bid prices at artificial non-competitive levels and to deprive the bidder of the benefits of free and open competition.
- 1.14. "GCC" means the General Conditions of Contract.
- 1.15. "Goods" means all of the equipment, machinery, and/or other materials that the supplier is required to supply to the purchaser under the contract.
- 1.16. "Imported content" means that portion of the bidding price represented by the cost of components, parts or materials which have been or are still to be imported (whether by the supplier or his subcontractors) and which costs are inclusive of the costs abroad, plus freight and other direct importation costs such as landing costs, dock dues, import duty, sales duty or other similar tax or duty at the South African place of entry as well as transportation and handling charges to the factory in the Republic where the supplies covered by the bid will be manufactured.
- 1.17. "Local content" means that portion of the bidding price which is not included in the imported content provided that local manufacture does take place.
- 1.18. "Manufacture" means the production of products in a factory using labour, materials, components and machinery and includes other related value-adding activities.
- 1.19. "Order" means an official written order issued for the supply of goods or works or the rendering of a service.
- 1.20. "Project site," where applicable, means the place indicated in bidding documents.
- 1.21. "Purchaser" means the organization purchasing the goods.
- 1.22. "Republic" means the Republic of South Africa.
- 1.23. "SCC" means the Special Conditions of Contract.
- 1.24. "Services" means those functional services ancillary to the supply of the goods, such as transportation and any other incidental services, such as installation, commissioning, provision of technical assistance, training, catering, gardening, security, maintenance and other such obligations of the supplier covered under the contract.
- 1.25. "Written" or "in writing" means handwritten in ink or any form of electronic or mechanical writing.

**2 Application**

- 2.1. These general conditions are applicable to all bids, contracts and orders including bids for functional and professional services, sales, hiring, letting and the granting or acquiring of rights, but excluding immovable property, unless otherwise indicated in the bidding documents.
- 2.2. Where applicable, special conditions of contract are also laid down to cover specific supplies, services or works.
- 2.3. Where such special conditions of contract are in conflict with these general conditions, the special conditions shall apply.

**3 General**

- 3.1. Unless otherwise indicated in the bidding documents, the purchaser shall not be liable for any expense incurred in the preparation and submission of a bid. Where applicable a non-refundable fee for documents may be charged.
- 3.2. With certain exceptions, invitations to bid are only published in the Government Tender Bulletin. The Government Tender Bulletin may be obtained directly from the Government Printer, Private Bag X85, Pretoria 0001, or accessed electronically from [www.treasury.gov.za](http://www.treasury.gov.za)





**4 Standards**

- 4.1. The goods supplied shall conform to the standards mentioned in the bidding documents and specifications.

**5 Use of contract documents and information; inspection.**

- 5.1. The supplier shall not, without the purchaser's prior written consent, disclose the contract, or any provision thereof, or any specification, plan, drawing, pattern, sample, or information furnished by or on behalf of the purchaser in connection therewith, to any person other than a person employed by the supplier in the performance of the contract. Disclosure to any such employed person shall be made in confidence and shall extend only so far as may be necessary for purposes of such performance.
- 5.2. The supplier shall not, without the purchaser's prior written consent, make use of any document or information mentioned in GCC clause 5.1 except for purposes of performing the contract.
- 5.3. Any document, other than the contract itself mentioned in GCC clause 5.1 shall remain the property of the purchaser and shall be returned (all copies) to the purchaser on completion of the supplier's performance under the contract if so required by the purchaser.
- 5.4. The supplier shall permit the purchaser to inspect the supplier's records relating to the performance of the supplier and to have them audited by auditors appointed by the purchaser, if so required by the purchaser.

**6 Patent rights**

- 6.1. The supplier shall indemnify 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.

**7 Performance security**

- 7.1. Within thirty (30) days of receipt of the notification of contract award, the successful bidder shall furnish to the purchaser the performance security of the amount specified in SCC.
- 7.2. The proceeds of the performance security shall be payable to the purchaser as compensation for any loss resulting from the supplier's failure to complete his obligations under the contract.
- 7.3. The performance security shall be denominated in the currency of the contract, or in a freely convertible currency acceptable to the purchaser and shall be in one of the following forms:  
(a) a bank guarantee or an irrevocable letter of credit issued by a reputable bank located in the purchaser's country or abroad, acceptable to the purchaser, in the form provided in the bidding documents or another form acceptable to the purchaser; or  
(b) a cashier's or certified cheque
- 7.4. The performance security will be discharged by the purchaser and returned to the supplier not later than thirty (30) days following the date of completion of the supplier's performance obligations under the contract, including any warranty obligations, unless otherwise specified in SCC.

**8 Inspections, tests and analyses**

- 8.1. All pre-bidding testing will be for the account of the bidder.
- 8.2. If it is a bid condition that supplies to be produced or services to be rendered should at any stage during production or execution or on completion be subject to inspection, the premises of the bidder or contractor shall be open, at all reasonable hours, for inspection by a representative of the Department or an organization acting on behalf of the Department.
- 8.3. If there are no inspection requirements indicated in the bidding documents and no mention is made in the contract, but during the contract period it is decided that inspections shall be carried out, the purchaser shall itself make the necessary arrangements, including payment arrangements with the testing authority concerned.
- 8.4. If the inspections, tests and analyses referred to in clauses 8.2 and 8.3 show the supplies to be in accordance with the contract requirements, the cost of the inspections, tests and analyses shall be defrayed by the purchaser.
- 8.5. Where the supplies or services referred to in clauses 8.2 and 8.3 do not comply with the contract requirements, irrespective of whether such supplies or services are accepted or not, the cost in connection with these inspections, tests or analyses shall be defrayed by the supplier.
- 8.6. Supplies and services which are referred to in clauses 8.2 and 8.3 and which do not comply with the contract requirements may be rejected.
- 8.7. Any contract supplies may on or after delivery be inspected, tested or analyzed and may be rejected if found not to comply with the requirements of the contract. Such rejected supplies shall be held at the cost and risk of the supplier who shall, when called upon, remove them immediately at his own cost and forthwith substitute them with supplies which do comply with the requirements of the contract. Failing such removal the rejected supplies shall be returned at the suppliers cost and risk. Should the supplier fail to provide the substitute supplies forthwith, the purchaser may, without giving the supplier further opportunity to substitute the rejected supplies, purchase such supplies as may be necessary at the expense of the supplier.
- 8.8. The provisions of clauses 8.4 to 8.7 shall not prejudice the right of the purchaser to cancel the contract on account of a breach of the conditions thereof, or to act in terms of Clause 23 of GCC.

**9 Packing**

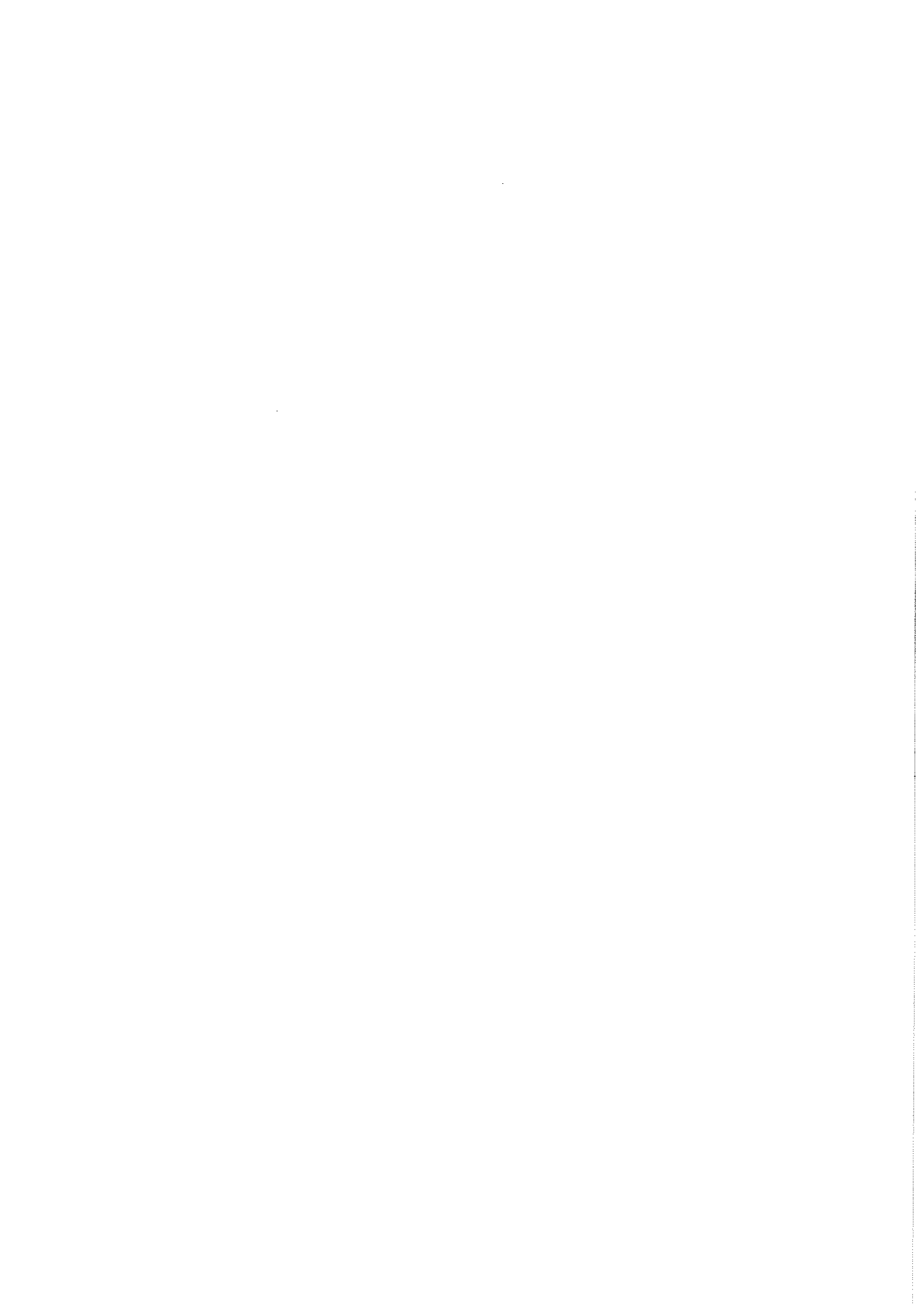
- 9.1. The supplier shall provide such packing of the goods as is required to prevent their damage or deterioration during transit to their final destination, as indicated in the contract. The packing shall be sufficient to withstand, without limitation, rough handling during transit and exposure to extreme temperatures, salt and precipitation during transit, and open storage. Packing, case size and weights shall take into consideration, where appropriate, the remoteness of the goods' final destination and the absence of heavy handling facilities at all points in transit.
- 9.2. The packing, marking, and documentation within and outside the packages shall comply strictly with such special requirements as shall be expressly provided for in the contract, including additional requirements, if any, specified in SCC, and in any subsequent instructions ordered by the purchaser.

**10 Delivery and documents**

- 10.1. Delivery of the goods shall be made by the supplier in accordance with the terms specified in the contract. The details of shipping and/or other documents to be furnished by the supplier are specified in SCC.
- 10.2. Documents to be submitted by the supplier are specified in SCC.

**11 Insurance**

- 11.1. The goods supplied under the contract shall be fully insured in a freely convertible currency against loss or damage incidental to manufacture or acquisition, transportation, storage and delivery in the manner specified in the SCC.



**12 Transportation**

- 12.1. Should a price other than an all-inclusive delivered price be required, this shall be specified in the SCC.

**13 Incidental services**

- 13.1. The supplier may be required to provide any or all of the following services, including additional services, if any, specified in SCC:
- (a) performance or supervision of on-site assembly and/or commissioning of the supplied goods;
  - (b) furnishing of tools required for assembly and/or maintenance of the supplied goods;
  - (c) furnishing of a detailed operations and maintenance manual for each appropriate unit of the supplied goods;
  - (d) performance or supervision or maintenance and/or repair of the supplied goods, for a period of time agreed by the parties, provided that this service shall not relieve the supplier of any warranty obligations under this contract; and
  - (e) training of the purchaser's personnel, at the supplier's plant and/or on-site, in assembly, start-up, operation, maintenance, and/or repair of the
- 13.2. Prices charged by the supplier for incidental services, if not included in the contract price for the goods, shall be agreed upon in advance by the parties and shall not exceed the prevailing rates charged to other parties by the supplier for similar services.

**14 Spare parts**

- As specified in SCC, the supplier may be required to provide any or all of the following materials, notifications, and information pertaining to spare parts manufactured or distributed by the supplier:
- 14.1.
- (a) such spare parts as the purchaser may elect to purchase from the supplier, provided that this election shall not relieve the supplier of any warranty obligations under the contract; and
  - (b) in the event of termination of production of the spare parts:
    - (i) Advance notification to the purchaser of the pending termination, in sufficient time to permit the purchaser to procure needed requirements; and
    - (ii) following such termination, furnishing at no cost to the purchaser, the blueprints, drawings, and specifications of the spare parts, if requested.

**15 Warranty**

- 15.1. The supplier warrants that the goods supplied under the contract are new, unused, of the most recent or current models, and that they incorporate all recent improvements in design and materials unless provided otherwise in the contract. The supplier further warrants that all goods supplied under this contract shall have no defect, arising from design, materials, or workmanship (except when the design and/or material is required by the purchaser's specifications) or from any act or omission of the supplier, that may develop under normal use of the supplied goods in the conditions prevailing in the country of final destination.
- 15.2. This warranty shall remain valid for twelve (12) months after the goods, or any portion thereof as the case may be, have been delivered to and accepted at the final destination indicated in the contract, or for eighteen (18) months after the date of shipment from the port or place of loading in the source country, whichever period concludes earlier, unless specified otherwise in SCC.
- 15.3. The purchaser shall promptly notify the supplier in writing of any claims arising under this warranty.
- 15.4. Upon receipt of such notice, the supplier shall, within the period specified in SCC and with all reasonable speed, repair or replace the defective goods or parts thereof, without costs to the purchaser.
- 15.5. If the supplier, having been notified, fails to remedy the defect(s) within the period specified in SCC, the purchaser may proceed to take such remedial action as may be necessary, at the supplier's risk and expense and without prejudice to any other rights which the purchaser may have against the supplier under the contract.

**16 Payment**

- 16.1. The method and conditions of payment to be made to the supplier under this contract shall be specified in SCC.
- 16.2. The supplier shall furnish the purchaser with an invoice accompanied by a copy of the delivery note and upon fulfillment of other obligations stipulated in the contract.
- 16.3. Payments shall be made promptly by the purchaser, but in no case later than thirty (30) days after submission of an invoice or claim by the supplier.
- 16.4. Payment will be made in Rand unless otherwise stipulated in SCC.

**17 Prices**

- 17.1. Prices charged by the supplier for goods delivered and services performed under the contract shall not vary from the prices quoted by the supplier in his bid, with the exception of any price adjustments authorized in SCC or in the purchaser's request for bid validity extension, as the case may be.

**18 Contract amendments**

- 18.1. No variation in or modification of the terms of the contract shall be made except by written amendment signed by the parties concerned.

**19 Assignment**

- 19.1. The supplier shall not assign, in whole or in part, its obligations to perform under the contract, except with the purchaser's prior written consent.

**20 Subcontracts**

- 20.1. The supplier shall notify the purchaser in writing of all subcontracts awarded under this contract if not already specified in the bid. Such notification, in the original bid or later, shall not relieve the supplier from any liability or obligation under the contract.

**21 Delays in the supplier's performance**

- 21.1. Delivery of the goods and performance of services shall be made by the supplier in accordance with the time schedule prescribed by the purchaser in the contract.
- 21.2. If at any time during performance of the contract, the supplier or its subcontractor(s) should encounter conditions impeding timely delivery of the goods and performance of services, the supplier shall promptly notify the purchaser in writing of the fact of the delay, its likely duration and its cause(s). As soon as practicable after receipt of the supplier's notice, the purchaser shall evaluate the situation and may at his discretion extend the supplier's time for performance, with or without the imposition of penalties, in which case the extension shall be ratified by the parties by amendment of contract.
- 21.3. No provision in a contract shall be deemed to prohibit the obtaining of supplies or services from a national department, provincial department, or a local authority.
- 21.4. The right is reserved to procure outside of the contract small quantities or to have minor essential services executed if an emergency arises, the supplier's point of supply is not situated at or near the place where the supplies are required, or the supplier's services are not readily available.



- 21.5. Except as provided under GCC Clause 25, a delay by the supplier in the performance of its delivery obligations shall render the supplier liable to the imposition of penalties, pursuant to GCC Clause 22, unless an extension of time is agreed upon pursuant to GCC Clause 21.2 without the application of penalties.
- 21.6. Upon any delay beyond the delivery period in the case of a supplies contract, the purchaser shall, without cancelling the contract, be entitled to purchase supplies of a similar quality and up to the same quantity in substitution of the goods not supplied in conformity with the contract and to return any goods delivered later at the supplier's expense and risk, or to cancel the contract and buy such goods as may be required to complete the contract and without prejudice to his other rights, be entitled to claim damages from the supplier.
- 22 Penalties**
- 22.1. Subject to GCC Clause 25, 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. The purchaser may also consider termination of the contract pursuant to GCC Clause 23.
- 23 Termination for default**
- 23.1. 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:
- (a) if the supplier fails to deliver any or all of the goods within the period(s) specified in the contract, or within any extension thereof granted by the purchaser pursuant to GCC Clause 21.2;
- (b) if the Supplier fails to perform any other obligation(s) under the contract; or
- (c) if the supplier, in the judgment of the purchaser, has engaged in corrupt or fraudulent practices in competing for or in executing the contract.
- 23.2. 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. However, the supplier shall continue performance of the contract to the extent not terminated.
- 23.3. 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.
- 23.4. If a purchaser intends imposing a restriction on a supplier or any person associated with the supplier, the supplier will be allowed a time period of not more than fourteen (14) days to provide reasons why the envisaged restriction should not be imposed. Should the supplier fail to respond within the stipulated fourteen (14) days the purchaser may regard the intended penalty as not objected against and may impose it on the supplier.
- 23.5. Any restriction imposed on any person by the Accounting Officer / Authority will, at the discretion of the Accounting Officer / Authority, also be applicable to any other enterprise or any partner, manager, director or other person who wholly or partly exercises or exercised or may exercise control over the enterprise of the first-mentioned person, and with which enterprise or person the first-mentioned person, is or was in the opinion of the Accounting Officer / Authority actively associated.
- 23.6. If a restriction is imposed, the purchaser must, within five (5) working days of such imposition, furnish the National Treasury, with the following information:
- (i) the name and address of the supplier and / or person restricted by the purchaser;
- (ii) the date of commencement of the restriction
- (iii) the period of restriction; and
- (iv) the reasons for the restriction.
- These details will be loaded in the National Treasury's central database of suppliers or persons prohibited from doing business with the public sector.
- 23.7. If a court of law convicts a person of an offence as contemplated in sections 12 or 13 of the Prevention and Combating of Corrupt Activities Act, No. 12 of 2004, the court may also rule that such person's name be endorsed on the Register for Tender Defaulters. When a person's name has been endorsed on the Register, the person will be prohibited from doing business with the public sector for a period not less than five years and not more than 10 years. The National Treasury is empowered to determine the period of restriction and each case will be dealt with on its own merits. According to section 32 of the Act the Register must be open to the public. The Register can be perused on the National Treasury website.
- 24 Anti-dumping and countervailing duties and rights**
- 24.1. When, after the date of bid, provisional payments are required, or antidumping or countervailing duties are imposed, or the amount of a provisional payment or anti-dumping or countervailing right is increased in respect of any dumped or subsidized import, the State is not liable for any amount so required or imposed, or for the amount of any such increase. When, after the said date, such a provisional payment is no longer required or any such anti-dumping or countervailing right is abolished, or where the amount of such provisional payment or any such right is reduced, any such favourable difference shall on demand be paid forthwith by the contractor to the State or the State may deduct such amounts from moneys (if any) which may otherwise be due to the contractor in regard to supplies or services which he delivered or rendered, or is to deliver or render in terms of the contract or any other contract or any other amount which may be due to him.
- 25 Force Majeure**
- 25.1. Notwithstanding the provisions of GCC Clauses 22 and 23, the supplier shall not be liable for forfeiture of its performance security, damages, or termination for default if and to the extent that his delay in performance or other failure to perform his obligations under the contract is the result of an event of force majeure.
- 25.2. If a force majeure situation arises, the supplier shall promptly notify the purchaser in writing of such condition and the cause thereof. Unless otherwise directed by the purchaser in writing, the supplier shall continue to perform its obligations under the contract as far as is reasonably practical, and shall seek all reasonable alternative means for performance not prevented by the force majeure event.
- 26 Termination for insolvency**
- 26.1. The purchaser may at any time terminate the contract by giving written notice to the supplier if the supplier becomes bankrupt or otherwise insolvent. In this event, termination will be without compensation to the supplier, provided that such termination will not prejudice or affect any right of action or remedy which has accrued or will accrue thereafter to the purchaser.
- 27 Settlement of Disputes**
- 27.1. If any dispute or difference of any kind whatsoever arises between the purchaser and the supplier in connection with or arising out of the contract, the parties shall make every effort to resolve amicably such dispute or difference by mutual consultation.



- 27.2. If, after thirty (30) days, the parties have failed to resolve their dispute or difference by such mutual consultation, then either the purchaser or the supplier may give notice to the other party of his intention to commence with mediation. No mediation in respect of this matter may be commenced unless such notice is given to the other party.
- 27.3. Should it not be possible to settle a dispute by means of mediation, it may be settled in a South African court of law.
- 27.4. Mediation proceedings shall be conducted in accordance with the rules of procedure specified in the SCC.
- 27.5. Notwithstanding any reference to mediation and/or court proceedings herein,  
(a) the parties shall continue to perform their respective obligations under the contract unless they otherwise agree; and  
(b) the purchaser shall pay the supplier any monies due the supplier.
- 28 Limitation of liability**
- 28.1. Except in cases of criminal negligence or willful misconduct, and in the case of infringement pursuant to Clause 6;  
(a) the supplier shall not be liable to the purchaser, whether in contract, tort, or otherwise, for any indirect or consequential loss or damage, loss of use, loss of production, or loss of profits or interest costs, provided that this exclusion shall not apply to any obligation of the supplier to pay penalties and/or damages to the purchaser; and  
(b) the aggregate liability of the supplier to the purchaser, whether under the contract, in tort or otherwise, shall not exceed the total contract price, provided that this limitation shall not apply to the cost of repairing or replacing defective equipment.
- 29 Governing language**
- 29.1. The contract shall be written in English. All correspondence and other documents pertaining to the contract that is exchanged by the parties shall also be written in English.
- 30 Applicable law**
- 30.1. The contract shall be interpreted in accordance with South African laws, unless otherwise specified in SCC.
- 31 Notices**
- 31.1. Every written acceptance of a bid shall be posted to the supplier concerned by registered or certified mail and any other notice to him shall be posted by ordinary mail to the address furnished in his bid or to the address notified later by him in writing and such posting shall be deemed to be proper service of such notice
- 31.2. The time mentioned in the contract documents for performing any act after such aforesaid notice has been given, shall be reckoned from the date of posting of such notice.
- 32 Taxes and duties**
- 32.1. A foreign supplier shall be entirely responsible for all taxes, stamp duties, license fees, and other such levies imposed outside the purchaser's country.
- 32.2. A local supplier shall be entirely responsible for all taxes, duties, license fees, etc., incurred until delivery of the contracted goods to the purchaser.
- 32.3. No contract shall be concluded with any bidder whose tax matters are not in order. Prior to the award of a bid the Department must be in possession of a tax clearance certificate, submitted by the bidder. This certificate must be an original issued by the South African Revenue Services.
- 33 National Industrial Participation (NIP) Programme**
- 33.1. The NIP Programme administered by the Department of Trade and Industry shall be applicable to all contracts that are subject to the NIP obligation.
- 34 Prohibition of Restrictive practices**
- 34.1. In terms of section 4 (1) (b) (iii) of the Competition Act No. 89 of 1998, as amended, an agreement between, or concerted practice by, firms, or a decision by an association of firms, is prohibited if it is between parties in a horizontal relationship and if a bidder (s) is / are or a contractor(s) was / were involved in collusive bidding (or bid rigging).
- 34.2. If a bidder(s) or contractor(s), based on reasonable grounds or evidence obtained by the purchaser, has / have engaged in the restrictive practice referred to above, the purchaser may refer the matter to the Competition Commission for investigation and possible imposition of administrative penalties as contemplated in the Competition Act No. 89 of 1998.
- 34.3. If a bidder(s) or contractor(s), has / have been found guilty by the Competition Commission of the restrictive practice referred to above, the purchaser may, in addition and without prejudice to any other remedy provided for, invalidate the bid(s) for such item(s) offered, and / or terminate the contract in whole or part, and / or restrict the bidder(s) or contractor(s) from conducting business with the public sector for a period not exceeding ten (10) years and / or claim damages from the bidder(s) or contractor(s) concerned.





**SPECIAL 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 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.
- 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) & 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.
- 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 80/20 points system, 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 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.
- 4.5. Any alteration made by the bidder must be initialed; 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.



5.6. 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 three 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 (i) 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 will not  take place.

(ii) Date: N/A / N/A / N/A Time: N/A : N/A Place: N/A

Institution Stamp:	Institution Site Inspection / briefing session Official:  Full Name: _____  Signature: _____  Date: _____
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**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. SUBMISSION AND COMPLETION OF SBD 6.1**

9.1. 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**

10.1. 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.

10.2. 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.

**11. TAX INVOICE**

11.1. 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;
- (ii) the name and address of the recipient;
- (iii) an individual serialized number and the date upon which the tax invoice
- (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.

**12. PATENT RIGHTS**

12.1. 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.

**13. PENALTIES**

13.1. 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.

13.2. 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.

13.3. 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.

13.4. 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.



**14. TERMINATION FOR DEFAULT**

- 14.1. 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.
- 14.2. 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.
- 14.3. 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.

**15. 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 2022

This preference form must form part of all tenders invited. It contains general information and serves as a claim form for preference points for specific goals.

**NB: BEFORE COMPLETING THIS FORM, TENDERERS MUST STUDY THE GENERAL CONDITIONS, DEFINITIONS AND DIRECTIVES APPLICABLE IN RESPECT OF THE TENDER AND PREFERENTIAL PROCUREMENT REGULATIONS, 2022**

1. GENERAL CONDITIONS

1.1. The following preference point systems are applicable to invitations to tender:

- the 80/20 system for requirements with a Rand value of up to R50 000 000 (all applicable taxes included); and
- the 90/10 system for requirements with a Rand value above R50 000 000 (all applicable taxes included).

1.2. The applicable preference point system for this tender is the 80/20 preference point system.

1.3. Points for this tender (even in the case of a tender for income-generating contracts) shall be awarded for:

- (a) Price; and
- (b) Specific Goals.

1.4. The maximum points for this tender are allocated as follows:

	POINTS
PRICE	80
SPECIFIC GOALS	20
Total points for Price and Specific Goals	100

1.5. Failure on the part of a tenderer to submit proof or documentation required in terms of this tender to claim points for specific goals with the tender, will be interpreted to mean that preference points for specific goals are not claimed.

1.6. The organ of state reserves the right to require of a tenderer, either before a tender is adjudicated or at any time subsequently, to substantiate any claim in regard to preferences, in any manner required by the organ of state.

2. DEFINITIONS

- (a) "tender" means a written offer in the form determined by an organ of state in response to an invitation to provide goods or services through price quotations, competitive tendering process or any other method envisaged in legislation;
- (b) "price" means an amount of money tendered for goods or services, and includes all applicable taxes less all unconditional discounts;
- (c) "rand value" means the total estimated value of a contract in Rand, calculated at the time of bid invitation, and includes all applicable taxes;
- (d) "tender for income-generating contracts" means a written offer in the form determined by an organ of state in response to an invitation for the origination of income-generating contracts through any method envisaged in legislation that will result in a legal agreement between the organ of state and a third party that produces revenue for the organ of state, and includes, but is not limited to, leasing and disposal of assets and concession contracts, excluding direct sales and disposal of assets through public auctions; and
- (e) "the Act" means the Preferential Procurement Policy Framework Act, 2000 (Act No. 5 of 2000).

3. FORMULAE FOR PROCUREMENT OF GOODS AND SERVICES

3.1. POINTS AWARDED FOR PRICE

3.1.1. THE 80/20 OR 90/10 PREFERENCE POINT SYSTEMS

A maximum of 80 or 90 points is allocated for price on the following basis:

80/20

$$P_s = 80 \left( 1 - \frac{P_t - P_{min}}{P_{min}} \right)$$

OR

90/10

$$P_s = 90 \left( 1 - \frac{P_t - P_{min}}{P_{min}} \right)$$

Where

- P<sub>s</sub> = Points scored for price of tender under consideration
- P<sub>t</sub> = Price of tender under consideration
- P<sub>min</sub> = Price of lowest acceptable tender

3.2. FORMULAE FOR DISPOSAL OR LEASING OF STATE ASSETS AND INCOME GENERATING PROCUREMENT

3.2.1. POINTS AWARDED FOR PRICE

A maximum of 80 or 90 points is allocated for price on the following basis:

80/20

$$P_s = 80 \left( 1 + \frac{P_t - P_{max}}{P_{max}} \right)$$

OR

90/10

$$P_s = 90 \left( 1 + \frac{P_t - P_{max}}{P_{max}} \right)$$

Where

- P<sub>s</sub> = Points scored for price of tender under consideration
- P<sub>t</sub> = Price of tender under consideration
- P<sub>max</sub> = Price of highest acceptable tender





**4. POINTS AWARDED FOR SPECIFIC GOALS**

- 4.1. In terms of Regulation 4(2); 5(2); 6(2) and 7(2) of the Preferential Procurement Regulations, preference points must be awarded for specific goals stated in the tender. For the purposes of this tender the tenderer will be allocated points based on the goals stated in table 1 below as may be supported by proof/ documentation stated in the conditions of this tender:
- 4.2. In cases where organs of state intend to use Regulation 3(2) of the Regulations, which states that, if it is unclear whether the 80/20 or 90/10 preference point system applies, an organ of state must, in the tender documents, stipulate in the case of—
- (a) an invitation for tender for income-generating contracts, that either the 80/20 or 90/10 preference point system will apply and that the highest acceptable tender will be used to determine the applicable preference point system; or
  - (b) any other invitation for tender, that either the 80/20 or 90/10 preference point system will apply and that the lowest acceptable tender will be used to determine the applicable preference point system,
- then the organ of state must indicate the points allocated for specific goals for both the 90/10 and 80/20 preference point system.

**Table 1: Specific goals for the tender and points claimed are indicated per the table below.**  
**Note to tenderers: The tenderer must indicate how they claim points for each preference point system.**

The specific goals allocated points in terms of this tender	Number of points allocated (80/20 system)	Number of points claimed (80/20 system)
Promotion of enterprises manufacturing in the Province of KwaZulu-Natal	20	

**DECLARATION WITH REGARD TO COMPANY/FIRM**

- 4.3. Name of company/firm: \_\_\_\_\_
- 4.4. Company registration number: \_\_\_\_\_
- 4.5. TYPE OF COMPANY/ FIRM (tick applicable box)
- Partnership/Joint Venture / Consortium
  - One-person business/sole propriety
  - Close corporation
  - Public Company
  - Personal Liability Company (Pty) Limited
  - Non-Profit Company
  - State Owned Company

- 4.6. I, the undersigned, who is duly authorised to do so on behalf of the company/firm, certify that the points claimed, based on the specific goals as advised in the tender, qualifies the company/ firm for the preference(s) shown and I acknowledge that:
- i) The information furnished is true and correct;
  - 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 4.2, the contractor may be required to furnish documentary proof to the satisfaction of the organ of state that the claims are correct;
  - iv) If the specific goals have been claimed or obtained on a fraudulent basis or any of the conditions of contract have not been fulfilled, the organ of state may, in addition to any other remedy it may have –
    - (a) disqualify the person from the tendering process;
    - (b) recover costs, losses 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 tenderer or contractor, its shareholders and directors, or only the shareholders and directors who acted on a fraudulent basis, be restricted 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, if deemed necessary.

_____ <b>SIGNATURE(S) OF TENDERER(S)</b>
<b>SURNAME AND NAME:</b> _____
<b>DATE:</b> _____
<b>ADDRESS:</b> _____ _____ _____

