



Quotation Advert

Opening Date: 20/09/2024
Closing Date: 25/09/2024
Closing Time: 11:00

INSTITUTION DETAILS

Institution Name: Tongaat CHC
Province: KwaZulu-Natal
Department of entity: Department of Health
Division or section: Central Supply Chain Management
Place where goods/
service is required: Tongaat Community Health Centre
Date Submitted: 19/09/2024

ITEM CATEGORY AND DETAILS

Quotation number: ZNQ: TON/117/24/25
Item Category: Goods
Item Description: Medical equipment
Quantity (if supplies): N/A

COMPULSORY BRIEFING SESSION / SITE VISIT

Select Type: Not applicable

Date:


Time:

Venue:

QUOTES CAN BE COLLECTED FROM: 07 Sanele Nxumalo Lane Tongaat 4399

QUOTES SHOULD BE DELIVERED TO: 07 Sanele Nxumalo Lane Tongaat 4399

ENQUIRIES REGARDING ADVERT MAY BE DIRECTED TO:

Name: S. Ramcharan
Email: TCHC.SCMQuotations@kznhealth.gov.za
Contact number: 032 944 5054
Finance Manager Name: Ms. J. Phalad
Finance Manager Signature: 

OFFICIAL PRICE PAGE FOR QUOTATIONS OVER R2 000.01

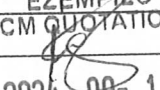
QUOTE NUMBER: ZNQ / TON / 24 / 25

DESCRIPTION: Medical equipment

THE BELOW PREFERENCE POINTS WILL BE ALLOCATED IN COMPLIANCE WITH THE DEPARTMENTAL PREFERENCE PROCUREMENT POLICY (KNOWN AS SCM PPP):	POINTS ALLOCATED
Race: Full points allocated to companies who are at least 51% Owned by Black People	<input type="text" value="20"/>

ICN NUMBER	QUANTITY	UNIT OF MEASURE	DESCRIPTION	BRAND & MODEL	COUNTRY OF MANUFACTURE	PRICE	
						R	C
01	03	Unit	Portable screens				
02	04	Unit	Bathroom scale				
03	03	Unit	Digital baby scale				
04	05	Unit	Thermometer scanners digital				
05	09	Unit	Digital room thermometers				
06	06	Unit	Thermometer for cooler box / fridge				
07	04	Unit	Peak flow meter plus mouth pieces				
08	02	Unit	Metal foot stool				
09	25	Unit	Tape measure				
10	05	Unit	Tourniquette				
11	11	Unit	Angle - poised examination lamp - fixed				
12	02	Unit	Infact length monitor / stadiometer				
13	10	Unit	Semi rigid neck collar - Adult				
14	10	Unit	Disposable urinals				
15	06	Unit	Battery operated headlight- adjustable strap				
16	06	Unit	Portable mobile bed screens / 4 folder				
17	10	Unit	Infrared forehead thermometer				
18	07	Unit	Desktop Blood Pressure machine (battery)				
19	09	Unit	Blood Pressure machine (clock type)				
20	02	Unit	Pulse oxymeter peads				
21	03	Unit	Oxygen cylinder gauge with humidifier				
22	02	Unit	Examination couch with adjustable headrest				

Page 1 of 2

ISIFUNDAZWE SAKWAZULU NATAL
EZEMPIKO
SCM QUOTATIONS

2024-09-19
DEPARTMENT OF HEALTH
TONGAAT HEALTH CENTRE
PROVINCE OF KWAZULU - NATAL

VALUE ADDED TAX @ 15% (Only if VAT Vendor)
 TOTAL QUOTATION PRICE (VALIDITY PERIOD 90 Days)

DOES THIS OFFER COMPLY WITH THE SPECIFICATION?
 IS THE PRICE FIRM?
 DOES THE ARTICLE CONFORM TO THE S.A.N.S. / S.A.B.S. SPECIFICATION?
 STATE DELIVERY PERIOD (E.G. 3 DAYS, 1 WEEK)
 NAME OF BIDDER: _____

YES / NO
 YES / NO
 YES / NO

SIGNATURE OF BIDDER: _____
 [By signing this document, I hereby agree to all terms and conditions]

CAPACITY UNDER WHICH THIS QUOTE IS SIGNED: _____ DATE: _____

Quote Number: _____

Item Description: **Portable Screens**

Department/Section: **Outreach Health Services** Purpose of Item: **To provide privacy to clients during consultation**

1. Pre-qualification criteria if any:

1.1. Is the item required to have a regulatory body certification (e.g. SABS, SANS, SANAS, ISO, CIDB, etc.)? Yes
 Regulatory Body / certification required if Yes: SABS

1.2. Is a compulsory site inspection / briefing session required? No
 if Yes, specify: Date ____/____/____ Time ____:____ Place _____

1.3. Is local production and content part of the quote? No
 if Yes, specify: _____

1.4. Provisions of section 4(1)(a) of the PPPFA Regulations, 2017 if applicable? NO
 if Yes, specify: _____

1.5. Liability Cover insurance? NO
 if Yes, specify: _____

2. What is the specification of the required item?

List specifications to be advertised		Comment
1.	Durable. 2 fold. Rust proof metal structure. PVC Curtain must be waterproof, and wipeable. Must have wheels. Easy to clean.	nil
2.		
3.		
4.		
5.		

3. Does a sample need to be submitted? No (select option 3.1 or 3.2)

3.1. Deadline for submission if Yes: Date ____/____/____ Time ____:____ Place _____



or
 3.2. Specify that samples must be made available when requested in writing. Yes or No

4. Penalties to be noted by the suppliers:

4.1. 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.

5. What is the evaluation criteria / special terms and conditions to be advertised?

List evaluation criteria / special terms and conditions to be advertised (if applicable)		
1.	Pre-qualification criteria	Does the offer meet the pre-qualification criteria?
2.	Administrative	Does the offer comply to stipulated administrative requirements?
3.	Conformance:	Was the product made or service performed to specifications?
4.	Performance:	Will/does the product/service fulfil its performance obligation, in a manner that releases the supplier from all liabilities under the contract?
5.	Features:	What characteristics does the product or service have?
6.	Reliability:	How long can a product go between failures and the need for maintenance? (guarantee)
7.	Durability:	What is the useful life for the product? How will the product hold up under extended use?
8.	Serviceability:	How easy is it to repair, maintain or support the product or service? (customer support)
9.	Ability & Capacity	The ability and capacity of the vendor to execute the contract
10.	Preference points	Preferential Procurement System (80/20) if applicable

Name of End-user (in full)	G S Tundzi	Name of SCM Rep (in full)	E.V. TORO
Designation / Rank (in full)	OPERATIONAL MANAGER	Designation/ Rank (in full)	E/O
Signature		Signature	
Date	28/06/2024	Date	18.07.2024

END-USER SPECIFICATION FORM

Quote Number: _____

Item Description: BATHROOM SCALE

Department/Section: Outreach Health Services Purpose of Item: To measure weight

1. Pre-qualification criteria if any:

1.1. Is the item required to have a regulatory body certification (e.g. SABS, SANS, SANAS, ISO, CIDB, etc.)? Yes

Regulatory Body / certification required if Yes: SABS

1.2. Is a compulsory site inspection / briefing session required? No

if Yes, specify: Date ____/____/____ Time ____:____ Place _____

1.3. Is local production and content part of the quote? No

if Yes, specify: _____

1.4. Provisions of section 4(1)(a) of the PPPFA Regulations, 2017 if applicable? NO

if Yes, specify: _____

1.5. Liability Cover insurance? NO

if Yes, specify: _____

2. What is the specification of the required item?

	List specifications to be advertised	Comment
1.	DURABLE. DIGITAL SCALE RECHARGEABLE BATTERY. MEASURES WEIGHT UP TO 150KG/ MEASUREMENT TO BE IN KILOGRAMS	
2.		
3.		
4.		
5.		

3. Does a sample need to be submitted? No (select option 3.1 or 3.2)

3.1. Deadline for submission if Yes: Date ____/____/____ Time ____:____ Place _____

or


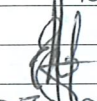
3.2. Specify that samples must be made available when requested in writing. Yes or No

4. Penalties to be noted by the suppliers:

4.1. 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.

5. What is the evaluation criteria / special terms and conditions to be advertised?

List evaluation criteria / special terms and conditions to be advertised (if applicable)	
1. Pre-qualification criteria	Does the offer meet the pre-qualification criteria?
2. Administrative	Does the offer comply to stipulated administrative requirements?
3. Conformance:	Was the product made or service performed to specifications?
4. Performance:	Will/does the product/service fulfil its performance obligation, in a manner that releases the supplier from all liabilities under the contract?
5. Features:	What characteristics does the product or service have?
6. Reliability:	How long can a product go between failures and the need for maintenance? (guarantee)
7. Durability:	What is the useful life for the product? How will the product hold up under extended use?
8. Serviceability:	How easy is it to repair, maintain or support the product or service? (customer support)
9. Ability & Capacity	The ability and capacity of the vendor to execute the contract
10. Preference points	Preferential Procurement System (80/20) if applicable

Name of End-user (in full)	G S Tundzi	Name of SCM Rep (in full)	E.V. TUBO
Designation / Rank (in full)	OPERATIONAL MANAGER	Designation/ Rank (in full)	E/O
Signature		Signature	
Date	28/06/2024	Date	18.07.2024

Quote Number: _____

Item Description: DIGITAL BABY SCALE

Department/Section: Outreach Health Services Purpose of Item: TO MEASURE WEIGHT

1. Pre-qualification criteria if any:

1.1. Is the item required to have a regulatory body certification (e.g. SABS, SANS, SANAS, ISO, CIDB, etc.)? Yes

Regulatory Body / certification required if Yes: SABS

1.2. Is a compulsory site inspection / briefing session required? No

if Yes, specify: Date ____/____/____ Time ____:____ Place _____

1.3. Is local production and content part of the quote? No

if Yes, specify: _____

1.4. Provisions of section 4(1)(a) of the PPPFA Regulations, 2017 if applicable? NO

if Yes, specify: _____

1.5. Liability Cover insurance? NO

if Yes, specify: _____

2. What is the specification of the required item?

List specifications to be advertised	Comment
1. DURABLE. DIGITAL SCALE RECHARGEABLE BATTERY. MEASURES WEIGHT UP TO 20KG/ MEASUREMENT TO BE IN KILOGRAMS	
2.	
3.	
4.	
5.	

3. Does a sample need to be submitted? No (select option 3.1 or 3.2)

3.1. Deadline for submission if Yes: Date ____/____/____ Time ____:____ Place _____

or



3.2. Specify that samples must be made available when requested in writing. Yes or No

4. Penalties to be noted by the suppliers:

4.1. 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.

5. What is the evaluation criteria / special terms and conditions to be advertised?

List evaluation criteria / special terms and conditions to be advertised (if applicable)	
1. Pre-qualification criteria	Does the offer meet the pre-qualification criteria?
2. Administrative	Does the offer comply to stipulated administrative requirements?
3. Conformance:	Was the product made or service performed to specifications?
4. Performance:	Will/does the product/service fulfil its performance obligation, in a manner that releases the supplier from all liabilities under the contract?
5. Features:	What characteristics does the product or service have?
6. Reliability:	How long can a product go between failures and the need for maintenance? (guarantee)
7. Durability:	What is the useful life for the product? How will the product hold up under extended use?
8. Serviceability:	How easy is it to repair, maintain or support the product or service? (customer support)
9. Ability & Capacity	The ability and capacity of the vendor to execute the contract
10. Preference points	Preferential Procurement System (80/20) if applicable

Name of End-user (in full)	G S Tundzi	Name of SCM Rep (in full)	E.V. TOBO
Designation / Rank (in full)	OPERATIONAL MANAGER	Designation/ Rank (in full)	E.V. TOBO
Signature		Signature	
Date	28/06/2024	Date	18.07.2024

Quote Number: _____

Item Description: THERMOMETERS SCANNERS DIGITAL

Department/Section: Outreach Health Services Purpose of Item: To monitor body temperature.

1. Pre-qualification criteria if any:

1.1. Is the item required to have a regulatory body certification (e.g. SABS, SANS, SANAS, ISO, CIDB, etc.)? Yes

Regulatory Body / certification required if Yes: SABS

1.2. Is a compulsory site inspection / briefing session required? No

if Yes, specify: Date ____ / ____ / ____ Time ____: ____ Place _____

1.3. Is local production and content part of the quote? No

if Yes, specify: _____

1.4. Provisions of section 4(1)(a) of the PPPFA Regulations, 2017 if applicable? NO

if Yes, specify: _____

1.5. Liability Cover insurance? NO

if Yes, specify: _____

2. What is the specification of the required item?

List specifications to be advertised	Comment
1. Durable, battery operated, portable, Temperature reading measurements must be in degrees Celsius.	nil
2.	
3.	
4.	
5.	

3. Does a sample need to be submitted? No (select option 3.1 or 3.2)

3.1. Deadline for submission if Yes: Date ____ / ____ / ____ Time ____: ____ Place _____

or



3.2. Specify that samples must be made available when requested in writing. Yes or No

4. Penalties to be noted by the suppliers:

4.1. 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.

5. What is the evaluation criteria / special terms and conditions to be advertised?

List evaluation criteria / special terms and conditions to be advertised (if applicable)	
1. Pre-qualification criteria	Does the offer meet the pre-qualification criteria?
2. Administrative	Does the offer comply to stipulated administrative requirements?
3. Conformance:	Was the product made or service performed to specifications?
4. Performance:	Will/does the product/service fulfil its performance obligation, in a manner that releases the supplier from all liabilities under the contract?
5. Features:	What characteristics does the product or service have?
6. Reliability:	How long can a product go between failures and the need for maintenance? (guarantee)
7. Durability:	What is the useful life for the product? How will the product hold up under extended use?
8. Serviceability:	How easy is it to repair, maintain or support the product or service? (customer support)
9. Ability & Capacity	The ability and capacity of the vendor to execute the contract
10. Preference points	Preferential Procurement System (80/20) if applicable

Name of End-user (in full)	G S Tundzi	Name of SCM Rep (in full)	E.V. TIOBO
Designation / Rank (in full)	OPERATIONAL MANAGER	Designation/ Rank (in full)	E/O
Signature		Signature	
Date	28/06/2024	Date	18.07.2024

END-USER SPECIFICATION FORM

Quote Number: _____

Item Description: **DIGITAL ROOM THERMOMETERS**

Department/Section: **Outreach Health Services** Purpose of Item: **To monitor room temperature.**

1. Pre-qualification criteria if any:

1.1. Is the item required to have a regulatory body certification (e.g. SABS, SANS, SANAS, ISO, CIDB, etc.)? Yes
 Regulatory Body / certification required if Yes: SABS

1.2. Is a compulsory site inspection / briefing session required? No
 if Yes, specify: Date ____/____/____ Time ____:____ Place _____

1.3. Is local production and content part of the quote? No
 if Yes, specify: _____

1.4. Provisions of section 4(1)(a) of the PPPFA Regulations, 2017 if applicable? NO
 if Yes, specify: _____

1.5. Liability Cover insurance? NO
 if Yes, specify: _____

2. What is the specification of the required item?

List specifications to be advertised		Comment
1.	Durable, battery operated, wall mounted. Temperature reading measurements must be in degrees Celsius.	nil
2.		
3.		
4.		
5.		

3. Does a sample need to be submitted? No (select option 3.1 or 3.2)

3.1. Deadline for submission if Yes: Date ____/____/____ Time ____:____ Place _____


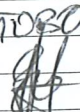
or
 3.2. Specify that samples must be made available when requested in writing. Yes or No

4. Penalties to be noted by the suppliers:

4.1. 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.

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1. Pre-qualification criteria	Does the offer meet the pre-qualification criteria?
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4. Performance:	Will/does the product/service fulfil its performance obligation, in a manner that releases the supplier from all liabilities under the contract?
5. Features:	What characteristics does the product or service have?
6. Reliability:	How long can a product go between failures and the need for maintenance? (guarantee)
7. Durability:	What is the useful life for the product? How will the product hold up under extended use?
8. Serviceability:	How easy is it to repair, maintain or support the product or service? (customer support)
9. Ability & Capacity	The ability and capacity of the vendor to execute the contract
10. Preference points	Preferential Procurement System (80/20) if applicable

Name of End-user (in full)	G S Tundzi	Name of SCM Rep (in full)	E.V. TOBO
Designation / Rank (in full)	OPERATIONAL MANAGER	Designation/ Rank (in full)	EO
Signature		Signature	
Date	28/06/2024	Date	18.07.2024

END-USER SPECIFICATION FORM

Quote Number: _____

Item Description: Thermometer for cooler boxes / fridge (Fridge tags)

Department/Section: Outreach Health Services Purpose of Item: to monitor fridge and cooler box temperatures

Pre-qualification criteria if any:

1.1. Is the item required to have a regulatory body certification (e.g. SABS, SANS, SANAS, ISO, CIDB, etc.)? Yes
Regulatory Body / certification required if Yes: SABS

1.2. Is a compulsory site inspection / briefing session required? No
if Yes, specify: Date / / Time : Place

1.3. Is local production and content part of the quote? No
if Yes, specify:

1.4. Provisions of section 4(1)(a) of the PPPFA Regulations, 2017 if applicable? NO
if Yes, specify:

1.5. Liability Cover insurance? NO
if Yes, specify:

2. What is the specification of the required item?

List specifications to be advertised	Comment
1. Easy readable. Life span of two years. Measurements in degree Celsius	nil
2.	
3.	
4.	
5.	

3. Does a sample need to be submitted? No (select option 3.1 or 3.2)

3.1. Deadline for submission if Yes: Date / / Time : Place

or



3.2. Specify that samples must be made available when requested in writing. Yes or No

4. Penalties to be noted by the suppliers:

4.1. 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.

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5. Features:	What characteristics does the product or service have?
6. Reliability:	How long can a product go between failures and the need for maintenance? (guarantee)
7. Durability:	What is the useful life for the product? How will the product hold up under extended use?
8. Serviceability:	How easy is it to repair, maintain or support the product or service? (customer support)
9. Ability & Capacity	The ability and capacity of the vendor to execute the contract
10. Preference points	Preferential Procurement System (80/20) if applicable

Name of End-user (in full)	G S Tundzi	Name of SCM Rep (in full)	E.V. TDBO
Designation / Rank (in full)	OPERATIONAL MANAGER	Designation/ Rank (in full)	E/O
Signature		Signature	
Date	28/06/2024	Date	18.07.2024

END-USER SPECIFICATION FORM

Quote Number: _____

Item Description: Peak flow meters with mouth pieces

Department/Section: Outreach Health Services Purpose of Item: To measure Lung function.

Pre-qualification criteria if any:

1.1. Is the item required to have a regulatory body certification (e.g. SABS, SANS, SANAS, ISO, CIDB, etc.)? Yes
Regulatory Body / certification required if Yes: SABS

1.2. Is a compulsory site inspection / briefing session required? No
if Yes, specify: Date ____/____/____ Time ____:____ Place _____

1.3. Is local production and content part of the quote? No
if Yes, specify: _____

1.4. Provisions of section 4(1)(a) of the PPPFA Regulations, 2017 if applicable? NO
if Yes, specify: _____

1.5. Liability Cover insurance? NO
if Yes, specify: _____

2. What is the specification of the required item?

List specifications to be advertised	Comment
1. Light weight, compact and durable. Reusable. Easy to read numbers. Suitable for use with disposable mouthpiece. To be calibrated for adult and paediatric use. Scale ranges from 30 to 900 litres per minutes. Hand calibrated. Portable.	nil
2.	
3.	
4.	
5.	

3. Does a sample need to be submitted? No (select option 3.1 or 3.2)
3.1. Deadline for submission if Yes: Date ____/____/____ Time ____:____ Place _____



or
3.2. Specify that samples must be made available when requested in writing. Yes or No

4. Penalties to be noted by the suppliers:

4.1. 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.

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4. Performance:	Will/does the product/service fulfil its performance obligation, in a manner that releases the supplier from all liabilities under the contract?
5. Features:	What characteristics does the product or service have?
6. Reliability:	How long can a product go between failures and the need for maintenance? (guarantee)
7. Durability:	What is the useful life for the product? How will the product hold up under extended use?
8. Serviceability:	How easy is it to repair, maintain or support the product or service? (customer support)
9. Ability & Capacity	The ability and capacity of the vendor to execute the contract

Name of End-user (in full)	G S Tundzi	Name of SCM Rep (in full)	E.V. TSOBO
Designation / Rank (in full)	OPERATIONAL MANAGER	Designation/ Rank (in full)	E/O
Signature		Signature	
Date	28/06/2024	Date	18.07.2024

END-USER SPECIFICATION FORM

Quote Number: _____

Item Description: Metal Foot stool

Department/Section: Outreach Health Services Purpose of Item: To assist clients to get in and out of mobile health buses

Pre-qualification criteria if any:

1.1. Is the item required to have a regulatory body certification (e.g. SABS, SANS, SANAS, ISO, CIDB, etc.)? Yes
Regulatory Body / certification required if Yes: SABS

1.2. Is a compulsory site inspection / briefing session required? No
if Yes, specify: Date ____ / ____ / ____ Time ____:____ Place _____

1.3. Is local production and content part of the quote? No
if Yes, specify: _____

1.4. Provisions of section 4(1)(a) of the PPPFA Regulations, 2017 if applicable? NO
if Yes, specify: _____

1.5. Liability Cover insurance? NO
if Yes, specify: _____

2. What is the specification of the required item?

List specifications to be advertised	Comment
1. Two step. Durable. Rust proof. Sturdy. Non slip.	nil
2.	
3.	
4.	
5.	

3. Does a sample need to be submitted? No (select option 3.1 or 3.2)

3.1. Deadline for submission if Yes: Date ____ / ____ / ____ Time ____:____ Place _____

or



3.2. Specify that samples must be made available when requested in writing. Yes or No

4. Penalties to be noted by the suppliers:

4.1. 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.

5. What is the evaluation criteria / special terms and conditions to be advertised?

List evaluation criteria / special terms and conditions to be advertised (if applicable)	
1. Pre-qualification criteria	Does the offer meet the pre-qualification criteria?
2. Administrative	Does the offer comply to stipulated administrative requirements?
3. Conformance:	Was the product made or service performed to specifications?
4. Performance:	Will/does the product/service fulfil its performance obligation, in a manner that releases the supplier from all liabilities under the contract?
5. Features:	What characteristics does the product or service have?
6. Reliability:	How long can a product go between failures and the need for maintenance? (guarantee)
7. Durability:	What is the useful life for the product? How will the product hold up under extended use?
8. Serviceability:	How easy is it to repair, maintain or support the product or service? (customer support)
9. Ability & Capacity	The ability and capacity of the vendor to execute the contract
10. Preference points	Preferential Procurement System (80/20) if applicable

Name of End-user (in full)	G S Tundzi	Name of SCM Rep (in full)	E.V. TORO
Designation / Rank (in full)	OPERATIONAL MANAGER	Designation/ Rank (in full)	E/O
Signature		Signature	
Date	28/06/2024	Date	18.07.2024

END-USER SPECIFICATION FORM

Quote Number: _____

Item Description: Tape measure (tailor)

Department/Section: Outreach Health Services Purpose of Item: To measure abdominal girth and SFH

Pre-qualification criteria if any:

1.1. Is the item required to have a regulatory body certification (e.g. SABS, SANS, SANAS, ISO, CIDB, etc.)? Yes
Regulatory Body / certification required if Yes: SABS

1.2. Is a compulsory site inspection / briefing session required? No
if Yes, specify: Date ____ / ____ / ____ Time ____:____ Place _____

1.3. Is local production and content part of the quote? No
if Yes, specify: _____

1.4. Provisions of section 4(1)(a) of the PPPFA Regulations,2017 if applicable? NO
if Yes, specify: _____

1.5. Liability Cover insurance? NO
if Yes, specify: _____

2. What is the specification of the required item?

List specifications to be advertised	Comment
1. Durable, soft tape measure. Flexible and portable made of soft plastic material, double sided accurately printed on both sides in inches and centimetres. Clear markings. Length must be 2 metres	nil
2.	
3.	
4.	
5.	

3. Does a sample need to be submitted? No(select option 3.1 or 3.2)

3.1. Deadline for submission if Yes: Date ____ / ____ / ____ Time ____:____ Place _____

or



3.2. Specify that samples must be made available when requested in writing. Yes or No

4. Penalties to be noted by the suppliers:

4.1. 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.

5. What is the evaluation criteria / special terms and conditions to be advertised?

List evaluation criteria / special terms and conditions to be advertised (if applicable)	
1. Pre-qualification criteria	Does the offer meet the pre-qualification criteria?
2. Administrative	Does the offer comply to stipulated administrative requirements?
3. Conformance:	Was the product made or service performed to specifications?
4. Performance:	Will/does the product/service fulfil its performance obligation, in a manner that releases the supplier from all liabilities under the contract?
5. Features:	What characteristics does the product or service have?
6. Reliability:	How long can a product go between failures and the need for maintenance? (guarantee)
7. Durability:	What is the useful life for the product? How will the product hold up under extended use?
8. Serviceability:	How easy is it to repair, maintain or support the product or service? (customer support)
9. Ability & Capacity	The ability and capacity of the vendor to execute the contract

Name of End-user (in full)	G S Tundzi	Name of SCM Rep (in full)	E.V. TOSO
Designation / Rank (in full)	OPERATIONAL MANAGER	Designation/ Rank (in full)	E/O
Signature		Signature	
Date	28/06/2024	Date	18.07.2024

Quote Number: _____

Item Description: **TORNIQUET**

Department/Section: **Outreach Health Services** Purpose of Item: **To aid in drawing blood samples for patients**
Pre-qualification criteria if any:

1.1. Is the item required to have a regulatory body certification (e.g. SABS, SANS, SANAS, ISO, CIDB, etc.)? Yes

Regulatory Body / certification required if Yes: SABS

1.2. Is a compulsory site inspection / briefing session required? No

if Yes, specify: Date ___/___/___ Time ___:___ Place _____

1.3. Is local production and content part of the quote? No

if Yes, specify: _____

1.4. Provisions of section 4(1)(a) of the PPPFA Regulations, 2017 if applicable? NO

if Yes, specify: _____

1.5. Liability Cover insurance? NO

if Yes, specify: _____

2. What is the specification of the required item?

List specifications to be advertised	Comment
1. POLYESTER ELASTIC BAND WITH ABS RELEASE BUCKLE, SMALL, LIGHT AND PORTABLE. 2.5 CM WIDE AND 45 CM WIDE	nil
2.	
3.	
4.	
5.	

3. Does a sample need to be submitted? No (select option 3.1 or 3.2)

3.1. Deadline for submission if Yes: Date ___/___/___ Time ___:___ Place _____

or



3.2. Specify that samples must be made available when requested in writing. Yes or No

4. Penalties to be noted by the suppliers:

4.1. 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.

5. What is the evaluation criteria / special terms and conditions to be advertised?

List evaluation criteria / special terms and conditions to be advertised (if applicable)	
1. Pre-qualification criteria	Does the offer meet the pre-qualification criteria?
2. Administrative	Does the offer comply to stipulated administrative requirements?
3. Conformance:	Was the product made or service performed to specifications?
4. Performance:	Will/does the product/service fulfil its performance obligation, in a manner that releases the supplier from all liabilities under the contract?
5. Features:	What characteristics does the product or service have?
6. Reliability:	How long can a product go between failures and the need for maintenance? (guarantee)
7. Durability:	What is the useful life for the product? How will the product hold up under extended use?
8. Serviceability:	How easy is it to repair, maintain or support the product or service? (customer support)
9. Ability & Capacity	The ability and capacity of the vendor to execute the contract
10. Preference points	Preferential Procurement System (80/20) if applicable

Name of End-user (in full)	G S Tundzi	Name of SCM Rep (in full)	E.V. TOBO
Designation / Rank (in full)	OPERATIONAL MANAGER	Designation/ Rank (in full)	E/O
Signature		Signature	
Date	28/06/2024	Date	18.07.2024

Quote Number: _____

Item Description: Angle poised examination lamp/Light-Fixed

Department/Section: Nursing Purpose of Item: To be used in clinical examination of Patients

1. Pre-qualification criteria if any:

1.1. Is the item required to have a regulatory body certification (e.g. SABS, SANS, SANAS, ISO, CIDB, etc.)? Yes

Regulatory Body / certification required if Yes: SABS

1.2. Is a compulsory site inspection / briefing session required? No

if Yes, specify: Date ____/____/____ Time ____: ____ Place _____

1.3. Is local production and content part of the quote? No

if Yes, specify: _____

1.4. Provisions of section 4(1)(a) of the PPPFA Regulations, 2017 if applicable? NO

if Yes, specify: _____

1.5. Liability Cover insurance? NO

if Yes, specify: _____

2. What is the specification of the required item?

List specifications to be advertised	Comment
1. Wall mountable durable examination light with an ability to be tilted to all angles for the purpose of patient examination Must have an easily replaceable light bulb	nil
2.	
3.	

3. Does a sample need to be submitted? No (select option 3.1 or 3.2)

3.1. Deadline for submission if Yes: Date ____/____/____ Time ____: ____ Place _____

or

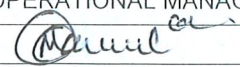

3.2. Specify that samples must be made available when requested in writing. Yes or No

4. Penalties to be noted by the suppliers:

4.1. 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.

5. What is the evaluation criteria / special terms and conditions to be advertised?

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7. Durability:	What is the useful life for the product? How will the product hold up under extended use?
8. Serviceability:	How easy is it to repair, maintain or support the product or service? (customer support)
9. Ability & Capacity	The ability and capacity of the vendor to execute the contract
10. Preference points	Preferential Procurement System (80/20) if applicable

Name of End-user (in full)	M GOVENDER	Name of SCM Rep (in full)	E.V. TOBO
Designation / Rank (in full)	OPERATIONAL MANAGER	Designation/ Rank (in full)	E/O
Signature		Signature	
Date	27/06/2024	Date	03.07.2024