

Quote Number: _____

Item Description: **Manual Clock type blood pressure machines**

Department/Section: **Nursing** Purpose of Item: **To verify abnormal blood pressure readings.**

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. To come with adult standard cuff, extra-large and paediatric cuffs. Cuff connectors to be included to attach cuffs to blood pressure machine.	
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)	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

Quote Number: _____

Item Description: Pulse Oxymeter peads

Department/Section: Nursing Purpose of Item: To monitor oxygen saturation of Paeds and adults

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. Self-inking durable plastic spring loaded rubber stamp. Must include facility name, department, changeable date, address and telephone number of the facility. Must be in English and Zulu. Must include the stream.	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

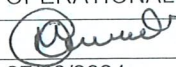
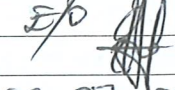
3.2. Specify that samples must be made available when requested in writing. Yes or No

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

Quote Number: _____

Item Description: Oxygen Cylinder gauge with Humidifier port

Department/Section: Nursing Purpose of Item: TO administer therapeutic oxygen in clinical section

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. Oxygen gauge with port compatible with a humidifier It must have pressure readings in kilopascals	nil
2.	

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

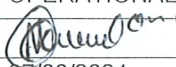

3.2. Specify that samples must be made available when requested in writing. Yes or No

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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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. TQSD
Designation / Rank (in full)	OPERATIONAL MANAGER	Designation/ Rank (in full)	E/O
Signature		Signature	
Date	27/06/2024	Date	03.07.2024

Quote Number: _____

Item Description: Examination couch

Department/Section: Nursing Purpose of Item: for examination of 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. Durable metal rustproof frame. Adjustable headrest. Mattress to be upholstered in waterproof comfortable material.	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 _____

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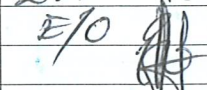
3.2. Specify that samples must be made available when requested in writing. Yes or No

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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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

