SharePoint

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KZN Health Intranet

KZN HEALTH HOME

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CORPORATE INFORMATION COMPONENTS DIRECTORY DISTRICT OFFICES

HEALTH FACILITIES

KZN Health > Components > Supply Chain Management

AdvertQuote

| Item Category: Item Description: | Quotation Number: | Date Submitted | Place where goods / services is required | Division or section: | Department or Entity: | Province: | Institution Name: | INSTITUTION DETAILS | Closing Time: | Closing Date: | Opening Date: | KWAZULU-NATAL PROVINCE HEALTH REPUBLIC OF SOUTH AFRICA |
|---|---------------------|----------------|--|---------------------------------|-----------------------|---------------|------------------------|---------------------|---------------|---------------|---------------|--|
| Goods Servicing of Standby generator (105KVA), cleaning of Diesel tank. | ZNQ: 988/20/21-H | 2021-01-26 | Port Shepstone Forensic Mortuary | Central Supply Chain Management | Department of Health | KwaZulu-Natal | Head Office Quotations | | 11:00 | 2021-02-02 | 2021-01-26 | Quotation Advert |
| < | | 110 | | | | | < | | | | | |

Venue: Time: Select Type: COMPULSORY BRIEFING SESSION / SITE VISIT Quantity (if supplies) QUOTES SHOULD BE DELIVERED TO: QUOTES CAN BE COLLECTED FROM: Departmental website 310 Jabu Ndlovu Street, PMB, 3201, (Old Boys Model School Building) Not Applicable

. <

Contact Number:

ENQUIRIES REGARDING THE ADVERT MAY BE DIRECTED TO

Jabulani Hlongwane jabulani.hlongwane@kznhealth.gov.za

Finance Manager Name:

Finance Manager Signature:

Supply Chain Management - AdvertQuote

⁄lr T Ashby

No late quotes will be considered

STANDARD QUOTE DOCUMENTATION OVER R30 000.00

| YES NO | |
|---|---|
| AN ACCOUNTING OFFICER AS CONTEMPLATED IN THE CLOSE CORPORATION ACT (CCA) | AN ACCOUNTING OFFICER AS CONT A VERIFICATION AGENCY ACCREDIT A REGISTERED AUDITOR [A B-BBEE STATUS LEVEL VERIFIC) TO QUALIFY FOR PREFERENCE POI |
| TEICATE ISSUED BY? | IF YES, WHO WAS THE CERTIFICATE ISSUED BY? |
| HAS A B-BBEE STATUS LEVEL VERIFICATION CERTIFICATE BEEN SUBMITTED? (SBD 6.1) | HAS A B-BBEE STATUS LEVEL VERI |
| R (If VAT vendor) | VAT REGISTRATION NUMBER (If VAT vendor) |
| | E-MAIL ADDRESS |
| JENUMBERNUMBER | CELLPHONE NUMBER CODE |
| | |
| | POSTAL ADDRESS |
| | NAME OF BIDDER |
| THE FOLLOWING PARTICULARS MUST BE FURNISHED (FAILURE TO DO SO WILL RESULT IN YOUR QUOTE BEING DISQUALIFIED) | (FAILUR |
| THIS QUOTE IS SUBJECT TO THE PREFERENTIAL PROCUREMENT POLICY FRAMEWORK ACT AND THE PREFERENTIAL PROCUREMENT REGULATIONS, 2011, THE GENERAL CONDITIONS OF CONTRACT (GCC) AND, IF APPLICABLE, ANY OTHER SPECIAL CONDITIONS OF CONTRACT. | THIS QUOTE IS SUBJECT TO THE PROCUREMENT REGULATIONS, 201 CONDITIONS OF CONTRACT. |
| ALL QUOTES MUST BE SUBMITTED ON THE OFFICIAL FORMS - (NOT TO BE RE-TYPED) | ALL QUOTES MUST BE SUBMITTED (|
| 00 to 15:30. | The quote box is open from 08:00 to 15:30 |
| Bidders should ensure that quotes are delivered timeously to the correct address. If the quote is late, it will not be accepted for consideration. | Bidders should ensure that quotes consideration. |
| | |
| DEPOSITED IN THE QUOTE BOX SITUATED AT <i>(STREET ADDRESS)</i> 310 JABU NDLOVU STREET, PIETERMARITZBURG, SCM OFFICES, TENDER ADVISORY | DEPOSITED IN THE QUOTE BOX SITI 310 JABU NDLOVU STREET, F |
| ERENCE | UNIQUE REGISTRATION REFERENCE |
| SE REGISTRATION (CSD) NO. | CENTRAL SUPPLIER DATABASE REGISTRATION (CSD) NO. |
| | SARS PIN. |
| Off VALIDITY PERIOD 60 Days | CONTRACT PERIOD Once off |
| ZNQ NUMBER: 988/20/21-H CLOSING DATE: 02/02/2021 CLOSING TIME: 11:00 DESCRIPTION, Servicing of Standby Generator (105 KVA), Cleaning of Diesel Tank | ZNQ NUMBER: 988/20/21-H CLOSING DATE: DESCRIPTION, Servicing of Standby Generator (105 KVA), |
| PHYSICAL ADDRESS: 310 JABU NDLOVU STREET, SCM OFFICES PIETERMARITZBURG, 3201 | PHYSICAL ADDRESS: 310 JABU NE |
| YOU ARE HEREBY INVITED TO QUOTE FOR REQUIREMENTS AT: DEPARTMENT OF HEALTH-CENTRAL SCM | YOU ARE HEREBY INVITED TO QUO |

ARE YOU THE ACCREDITED REPRESENTATIVE IN SOUTH AFRICA FOR THE GOODS / SERVICES / WORKS OFFERED? [IF YES ENCLOSE PROOF]

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| SIGNATURE [By signing th CAPACITY U | OF BIDDER is document | SIGNATURE OF BIDDER [By signing this document I hereby agree to all terms and conditions] CAPACITY UNDER WHICH THIS QUOTE IS SIGNED | DA1 | DATE | |
|---|-----------------------|--|----------------------------|--|--------------|
| Item No | Quantity | Description | Brand & model | Country of manufacture | Price R c |
| _ | 01 | Servicing of Standby Generator (105 KVA), | | | |
| | | Port Shepstone Forensic Mortuary | | 7. | |
| | | | | | |
| | | NB: Specification attached | | | |
| | | CIDB: Grading 1 ME | | | |
| | | | | | |
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| | | | | | |
| | | Original documents required in a sealed | | | |
| | | envelope with current CSD summary report | | | |
| | | reflecting banking details, certified copy | | | |
| | | of B-BBEE certificate by verified agency and | | | |
| | | accredited by SANAS , Tax Clearance | | | |
| | | certificate of SARS pin | | | |
| | | | | | |
| | | Responses to be delivered:310 Jabu Ndlovu | | | |
| | | street,old boys Model,Quotation tender box | | | |
| | | Or | | | |
| | | quotations.scmho@kznhealth.gov.za | | | |
| VALUE AD | DED TAX (O | VALUE ADDED TAX (Only if VAT Vendor) | | | |
| TOTAL QU | OTATION PI | TOTAL QUOTATION PRICE (VALIDITY PERIOD 60 Days) | | THE PROPERTY AND ADDRESS OF THE PROPERTY ADDRESS OF THE PROPERTY AND ADDRESS OF THE PROPERTY ADDRESS OF THE PROPERTY AND ADDRESS OF THE PROPERTY ADDRESS O | |
| Does This Of | fer Comply V | Does This Offer Comply With The Specification? Does The Article Cont | orm To The S.A.N | Does The Article Conform To The S.A.N.S. / S.A.B.S. Specification? | n? |
| is the line in the | | State Delivery Period E.G. E.G. 1day, 1week | E.G. <i>E.G. 1day, 1</i> v | veek | |
| Enquiries n | egarding the | e directed to: | regarding technic | Enquiries regarding technical information may be directed to: | directed to: |
| Contact Per | son: | Contact Person: Contact Pe | rson: Nkosinathi | Contact Person: Nkosinathi Bhengu Tel060 614 1434 | 14 1434 |

SPECIAL CONTRACT CONDITIONS OF QUOTATIONS

AMENDMENT OF CONTRACT

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

'n CHANGE

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

ယ GENERAL CONDITIONS ATTACHED TO THIS QUOTATION

- 3.2. 2.2. The institution is under no obligation to accept the lowest or any quote.
 The price quoted must include VAT (if VAT vendor). However, it must be noted that the department reserves the right to evaluate all
- ယ္ပ quotations excluding VAT as some bidders may not be VAT vendors The bidder must ensure the correctness & validity of quote:
- \odot 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
- 3.4 agreement, as the Principal (s) liable for the due fulfilment of this contract.

 This quotation will be evaluated based on the 80/20 points system, specification & correctness of information. All required The bidder must accept full responsibility for the proper execution & fulfilment of all obligations conditions devolving on under this
- 3.5 documentation must be completed in full and submitted. Offers must comply strictly with the specification.
- Only offers that meet or are greater than the specification will be considered Late quotes will not be considered.
- Expired product/s will not be accepted. All products supplied must be valid for a minimum period of six months
- A bidder not registered on the Central Suppliers Database or verification has failed will not be considered
- All delivery costs must be included in the quote price, for delivery at the prescribed destination.
- 3.6. 3.7. 3.8. 3.9. 3.10. 3.11. 3.12. 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.
- 3.13 3.14 In cases where different delivery points influence the pricing, a separate pricing schedule must be submitted for each delivery point.
- In the event of a bidder having multiple quotes, only the cheapest according to specification will be considered. Furthermore a verification will be done to identify if bidders have multiple companies and are quoting (cover-quoting) for this bid. In such instances only the cheapest bid according to specification will be considered

4. SAMPLES

- 4 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. In the case of the quote document stipulating that samples are required, the supplier will be informed in due course when samples
- 33 If a company/s who has not won the quote requires their samples, they must advise the institution in writing of such. If samples are not collected within three months of close of quote the institution reserves the right to dispose of them at their discretion.
- Samples must be made available when requested in writing or if stipulated on the document
- **3** 4.2 If a Bidder fails to provide a sample of their product on offer for scrutiny against the set specification when requested, their offer will be rejected. All testing will be for the account of the bidder.

ပ္ပာ COMPULSORY SITE INSPECTION / BRIEFING SESSION

Bidders who fail to attend the compulsory meeting will be disqualified from the evaluation process.

will not

5.1

| | | | Institution Stamp: | (i) The institution has determined that a compulsory site meeting (ii) Date Time Place |
|-------|------------|------------|---|--|
| Date: | Signature: | Full Name: | Institution Site Inspection / briefing session Official | ig will not take place |

DECLARATION OF INTEREST

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

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

| provincial legislature; national Assembly or the national Council of provinces; or Parliament | provincial legislature; national Assembly or Parliament | ලපය | " means - any national or provincial department, national or provincial public entity or constitutional institution within the meaning of the Public Finance Management Act, 1999 (Act No. 1 of 1999); | "State" means - a) any natior constitution Act, 1999 (| **Stat a) | |
|---|--|----------------------------|---|---|------------------------|----------|
| Date | Position | | er Signature | Name of bidder | Nam | |
| ME SHOULD THIS DECLARATION | CT AGAINST N | OR A | I ACCEPT THAT THE STATE MAY REJECT THE QUOTE OR ACT AGAINST ME SHOULD THIS DECLARATION PROVE TO BE FALSE. | OCEPT OVE TO | PRO | |
| CERTIFY THAT THE INFORMATION | | | I, THE UNDERSIGNED (NAME)FURNISHED IN PARAGRAPHS 2. | HE UN | I, T. | |
| | | | DECLARATION | DEC | 4 | |
| eholders on CSD. It is the suppliers' responsibility t validate the information on CSD, the quote will truction Note 4 (a) 2016/17. | <i>I</i> members <i>I</i> shar Department canno ional Treasury Inst | stees If the to Nat | Full details of directors / trustees / members / shareholders. The Department Of Health will validate details of directors / trustees / members / shareholders on CSD. It is the suppliers' responsibility to ensure that their details are up-to-date and verified on CSD. If the Department cannot validate the information on CSD, the quote will not be considered and passed over as non-compliant according to National Treasury Instruction Note 4 (a) 2016/17. | Full det The De to ensu not be | <u>გ</u> ა | |
| ny interest in any other related companies whether YES NO | members of the company have any interest | s of th | 2.12. Do you or any of the directors / trustees / shareholders / members of the company have any interest in any other related companies whether or not they are bidding for this contract? YES NO 2.12.1. If so, furnish particulars: | or not 1 | 2.12 | |
| d, other) between any other bidder and any person squote? | nship (family, friend adjudication of thi | relation and or | 2.11. Are you, or any person connected with the bidder, aware of any relationship (family, friend, other) between any other bidder and any person employed by the state who may be involved with the evaluation and or adjudication of this quote? 2.11.1. If so, furnish particulars: | . Are you employ | 2.11 | |
| ther) with a person employed by the state and who | p (family, friend, ot | ionshi uote? | 2.10. Do you, or any person connected with the bidder, have any relationship (family, friend, other) with a person employed by the state and who may be involved with the evaluation and or adjudication of this quote? 2.10.1. If so, furnish particulars: | Do you may be | 2.10 2.10 | |
| mbers or their spouses conduct business with the YES NO | shareholders / mei | tees / | Did you or your spouse, or any of the company's directors / trustees / shareholders / members or their spouses conduct business with the state in the previous twelve months? YES NO If so, furnish particulars: | Did you state ir | 2.9. | |
| n of the quote.) | the disqualification | sult in | (Note: Failure to submit proof of such authority, where applicable, may result in the disqualification of the quote.) 2.8.2.2. If no, furnish reasons for non-submission of such proof: | Failure to | Note: Failt 2.8.2.2 | <u> </u> |
| undertake remunerative work outside employment YES NO | oriate authority to ι Ηγ | appro | If you are presently employed by the state, did you obtain the appropriate authority to undertake remunerative work outside employment in the public sector? YES NO If you are presently employed by the state, did you obtain the appropriate authority to undertake remunerative work outside employment in the public sector? | .2. If you in the | 2.8.2. | |
| ticulars: | dder is employed:Any other par | the bi | Name of state institution at which you or the person connected to the bidder is employed: Position occupied in the state institution: | Name o Position | | |
| i L | | | .1. If so, furnish the following particulars: Name of person / director / trustee / shareholder/ member: | 1. If so, fu Name o | 2,8. | |
| umbers, tax reference numbers and, if applicable, [TICK APPLICABLE] | ndividual identity now the state? | their in low. oved t | The names of all directors / trustees / shareholders / members, their individual identity numbers, tax reference numbers and, if applicable employee / persal numbers must be indicated in paragraph 3 below. [TICK APPLICABLE] Are you or any person connected with the bidder presently employed by the state? | The na employ Are vol | 2.7. 2.8. | |
| Company Registration Number: Tax Reference Number: VAT Registration Number: | Company Regist Tax Reference N VAT Registration | 2.4. 2.5. 2):2.6. | 2.4. ldentity Number: 2.5. Position occupied in the Company (director, trustee, shareholder²):2.6. | Full Na Identity Positio | 22.2.1 | |
| bmitted with the quote. | completed and sul | ust be | order to give effect to the above, the following questionnaire must be completed and submitted with the quote | In order | 5 | |
| with persons/a person who are/is involved in the nship exists between the person or persons for or adjudication of the quote. | ty where- has a relationship that such a relation th the evaluation a | uthori gned, nown i | declare his/her position in relation to the evaluating/adjudicating authority where— the bidder is employed by the state; and/or the legal person on whose behalf the bidding document is signed, has a relationship with persons/a person who are/is involved in the evaluation and or adjudication of the quote(s), or where it is known that such a relationship exists between the person or persons for or on whose behalf the declarant acts and persons who are involved with the evaluation and or adjudication of the quote. | declare the b the k evalu on w | 1 t | |

b) any municipality or municipal entity;

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

Ģ STATEMENT OF SUPPLIES AND SERVICES

9 required particulars 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

7. SUBMISSION AND COMPLETION OF SBD 6.1

7.1. 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.

œ TAX COMPLIANCE REQUIREMENTS

- <u>...</u> 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.
- 8.2 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.

ဖှ TAX INVOICE

- 9 A tax invoice shall be in the currency of the Republic of South Africa and shall contain the following particulars:
- the name, address and registration number of the supplier;
- the name and address of the recipient;
- an individual serialized number and the date upon which the tax invoice is issued;
- 333333 a description and quantity or volume of the goods or services supplied
 - the official department order number issued to the supplier; the value of the supply, the amount of tax charged;
- the words tax invoice in a prominent place

Ģ PATENT RIGHTS

10.1. The supplier shall indemnify the KZN Department of Health (hear after 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.

PENALTIES

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 until actual delivery or performance. The purchaser may also consider termination of the contract delivered price of the delayed goods or unperformed services using the current prime interest rate calculated for each day of the delay shall, without prejudice to its other remedies under the contract, deduct from the contract price, as a penalty, a sum calculated on the

₽ **TERMINATION FOR DEFAULT**

- 12.1. this contract in whole or in part: The purchaser, without prejudice to any other remedy for breach of contract, by written notice of default sent to the supplier, may terminate
- 333
- if the supplier fails to deliver any or all of the goods within the period(s) specified in the contract if the supplier fails to perform any other obligation(s) under the contract; or if the supplier, in the judgment of the purchaser, has engaged in corrupt or fraudulent practi engaged in corrupt or fraudulent practices in competing for or in executing the
- 12.2 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.
- 12.3 by prohibiting such supplier from doing business with the public sector for a period not exceeding 10 years Where the purchaser terminates the contract in whole or in part, the purchaser may decide to impose a restriction penalty on the supplier

FAILURE TO COMPLY WITH ABOVE WILL RESULT IN YOUR QUOTE BEING PASSED OVER

PREFERENCE POINTS CLAIM FORM IN TERMS OF THE PREFERENTIAL PROCUREMENT REGULATIONS 2017

This preference form must form part of all quotes invited. It contains general information and serves as a claim form for preference points for Broad-Based Black Economic Empowerment (B-BBEE) Status Level of Contribution

Β̈́ BEFORE COMPLETING THIS FORM, BIDDERS MUST STUDY THE GENERAL CONDITIONS, DEFINITIONS AND DIRECTIVES APPLICABLE IN RESPECT OF B-BBEE, AS PRESCRIBED IN THE PREFERENTIAL PROCUREMENT REGULATIONS, 2017.

. ` GENERAL CONDITIONS

- $\stackrel{-}{\sim}$ The following preference point systems are applicable to all quotes:
- the 80/20 system for requirements with a Rand value of up to R50 000 000 (all applicable taxes included); and
- 1.2 system shall be applicable. The value of this quote is estimated to not exceed R50 000 000 (all applicable taxes included) and therefore the 80/20 preference point
- <u>..</u> Points for this quote shall be awarded for
- **@** Price; and B-BBEE Status Level of Contributor.
- 14 The maximum points for this quote is allocated as follows:

| # |
|---|
|---|

- <u>...</u> Failure on the part of a bidder to submit proof of B-BBEE Status level of contributor together with the quote, will be interpreted to mean that preference points for B-BBEE status level of contribution are not claimed.
- <u>.</u>6 The purchaser reserves the right to require of a bidder, either before a quote is adjudicated or at any time subsequently, to substantiate any claim in regard to preferences, in any manner required by the purchaser.

'n DEFINITIONS

- <u>a</u> "B-BBEE" means broad-based black economic empowerment as defined in section 1 of the Broad-Based Black Economic Empowerment Act;
- 豆 ***B-BBEE status level of contributor*** means the B-BBEE status of an entity in terms of a code of good practice on black economic empowerment, issued in terms of section 9(1) of the Broad-Based Black Economic Empowerment Act;
- <u>o</u> or services, through price quotations, advertised competitive bidding processes or proposals; "bid" means a written offer in a prescribed or stipulated form in response to an invitation by an organ of state for the provision of goods
- <u>a</u> "Broad-Based Black Economic Empowerment Act" means the Broad-Based Black Economic Empowerment Act, 2003 (Act No. 53
- <u>@</u> "EME" means an Exempted Micro Enterprise in terms of a code of good practice section 9 (1) of the Broad-Based Black Economic Empowerment Act; on black economic empowerment issued in terms
- 3 "functionality" means the ability of a tenderer to provide goods or services in accordance with specifications as set out in the tender
- <u>(g</u> "prices" includes all applicable taxes less all unconditional discounts
- \equiv "proof of B-BBEE status level of contributor" means:
- ڪ B-BBEE Status level certificate issued by an authorized body or person
- 2) A sworn affidavit as prescribed by the B-BBEE Codes of Good Practice.
- ట Any other requirement prescribed in terms of the B-BBEE Act;
- \Rightarrow "QSE" means a qualifying small business enterprise in terms of a code of good practice on black economic empowerment issued in terms of section 9 (1) of the Broad-Based Black Economic Empowerment Act;
- 9 taxes; "rand value" means the total estimated value of a contract in Rand, calculated at the time of bid invitation, and includes all applicable

က POINTS AWARDED FOR PRICE

<u>ω</u> THE 80/20 PREFERENCE POINT SYSTEMS

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

$$Ps = 80 \left(1 - \frac{Pt - P\min}{P\min} \right) \text{Where}$$

11 II II Points scored for price of bid under consideration Price of bid under consideration Price of lowest acceptable bid

Pmin

POINTS AWARDED FOR B-BBEE STATUS LEVEL OF CONTRIBUTOR

In terms of Regulation 6 (2) and 7 (2) of the Preferential Procurement Regulations, preference points must be awarded to a bidder for attaining the B-BBEE status level of contribution in accordance with the table below:

| Non-compliant contributor | 8 | 7 | ô | 5 | 4 | Ċ. | 2 | | B-BBEE Status Level of Contributor |
|---------------------------|---|---|---|---|----|----|----|----|------------------------------------|
| 0 | 2 | 4 | 6 | 8 | 12 | 14 | 18 | 20 | Number of points (80/20 system) |

Ġ **BID DECLARATION**

- 5.1 Bidders who claim points in respect of B-BBEE Status Level of Contribution must complete the following:
- 9 B-BBEE STATUS LEVEL OF CONTRIBUTOR CLAIMED IN TERMS OF PARAGRAPHS 1.4 AND 4.1
- B-BBEE Status Level of Contributor:(maximum of 20 points)

<u>6</u>

(Points claimed in respect of paragraph 7.1 must be in accordance with the table reflected in paragraph 4.1 and must be substantiated by relevant proof of B-BBEE status level of contributor.

| • | SUB-CONTRACTING | (Tick applicable box) | e box) | |
|----------|--|---|--|---|
| <u>`</u> | Will any portion of the contract be sub-contracted? | YES | NO | |
| = | If yes, indicate: | | | |
| | i) What percentage of the contract will be subcontracted% ii) The name of the sub-contractor% | % | | |
| • | iii) The B-BBEE status level of the sub-contractor | (Tick applicable box) | box) | |
| | iv) Specify, by ticking the appropriate box, if subcontracting with an enterprise in terms of Preferential Procurement Regulations,2017: | rise in terms YES | NO | Ш |
| | Designated Group: An EME or QSE which is at last 51% owned by: | EME | QSE | |
| | Black people | | | |
| | Black people who are youth | *************************************** | | |
| | Black people who are women | | The state of the s | |
| | Black people with disabilities | | | |
| | Black people living in rural or underdeveloped areas or townships | | | |
| | Cooperative owned by black people | | | |
| | Black people who are military veterans | | | |
| | OR | | | |
| | Any EME | | | |
| | Any OSE | | | |

| ADDRESS | N. |
|---|---|
| DATE: | |
| SIGNATURE(S) OF BIDDERS(S) | WITNESSES |
| | (e) forward the matter for criminal prosecution. |
| recommend that the bidder or contractor, its shareholders and directors, or only the shareholders and directors who acted on a fraudulent basis, be restricted by the National Treasury 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 | |
| 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; | |
| or suffered as a result of that nerson's conduct: | (a) disqualify the person from the bidding process; (b) recover costs, losses or damages it has incurred or suffered as a result of that person's conduct. |
| If the B-BBEE status level of contributor has been claimed or obtained on a fraudulent basis or any of the conditions of contract have not been fulfilled, the purchaser may, in addition to any other remedy it may have – | iv) If the B-BBEE status level of contributor has been claimed or obtained on a fraudulent be have not been fulfilled, the purchaser may, in addition to any other remedy it may have – |
| In the event of a contract being awarded as a result of points claimed as shown in paragraphs 1.4 and 6.1, the contractor may be required to furnish documentary proof to the satisfaction of the purchaser that the claims are correct; | iii) In the event of a contract being awarded as a result of points claimed as shown in paragraphs 1.4 and be required to furnish documentary proof to the satisfaction of the purchaser that the claims are correct; |
| The preference points claimed are in accordance with the General Conditions as indicated in paragraph 1 of this form; | _ |
| | The information furnished is true and correct; |
| I/we, the undersigned, who is / are duly authorised to do so on behalf of the company/firm, certify that the points claimed, based on the B-BBE status level of contributor indicated in paragraphs 1.4 and 6.1 of the foregoing certificate, qualifies the company/ firm for the preference(s) shown and I / we acknowledge that: | I/we, the undersigned, who is / are duly authorised to do s the B-BBE status level of contributor indicated in paragrap the preference(s) shown and I / we acknowledge that: |
| BSS. | Total number of years the company/firm has been in business: |
| | Manufacturer Supplier Professional service provider Other service providers, e.g. transporter, etc. |
| | COMPANY CLASSIFICATION [TICK APPLICABLE BOX] |
| | DESCRIBE PRINCIPAL BUSINESS ACTIVITIES |
| | □ Partnership/Joint Venture / Consortium □ One person business/sole propriety □ Close corporation □ Company □ (Pty) Limited |
| | Company registration number TYPE OF COMPANY/ FIRM [TICK APPLICABLE BOX] |
| | VAT registration number: |
| | Name of company/firm: |
| | DECLARATION WITH REGARD TO COMPANY/FIRM |

9.7 9.8 9.4 9.2 9.3

9.5



KWAZULU-NATAL PROVINCE

HEALTHREPUBLIC OF SOUTH AFRICA

DEPARTMENT OF HEALTH

PROVINCE OF KWAZULU-NATAL

QUOTATION NUMBER:

REQUIRED CIDB GRADING: 1ME

FACILITY NAME: PORT SHEPSTONE FORENSIC MORTUARY

PROJECT DESCRIPTION: MAJOR SERVICING OF A DIESEL STANDBY GENERATOR AND CLEANING OF DIESEL TANK

QUOTATION DOCUMENT

DEPARTMENT OF HEALTH

Port Shepstone MLM

Project Leader: Nkosinathi Bhengu

Telephone No: 060 6141434

Email: Nkosinathi.Bhengu2@kznhealth.gov.za

TECHNICAL SPECIFICATION

:-GENERAL TECHNICAL SPECIFICATION

- during the site briefing. This Technical Specification is provided as a guideline for bid purposes. The final scope will be discussed
- After service detailed report to be submitted upon completion of work
- all bidders attend the site briefing. The scope of work/ specifications is specific to Port Shepstone forensic mortuary hence the importance that
- used in executing the service scope of work, the findings and recommendations and then the conclusion. The tank must have a post service report which will detail the scope of work rendered, the material and tools
- No work can commence without prior authorisation by the Facility manager.
- and the Engineer in charge of the start date so that a kick off meeting can be scheduled and conducted A kick off meeting is compulsory and the bidder who will be awarded the job must notify the facility before the work start date.

STANDARDS

- specified, must comply with the latest requirements of: The operation, construction, material and components of the cold room and freezers and its associated equipment
- The Occupational Health and Safety Act (Act 85, 1993) as amended
- SANS 10142: Code of Practice for Wiring of Premises.

ω PROGRAMMING OF WORKS

minimum inconvenience to staff. Contractor shall finish this work within three (3) days counting from the date of issuing of order, unless other strong and valid reason is stated. remain in full operation for the duration of the works, the works are to be planned and executed so as to cause The contractor shall notify the institution two (2) days prior to carrying out any site work. As the mortuary is to

4. TESTING AND COMMISSIONING

ture Development Engineer. There shall be a commissioning program submitted to the DoH Engineer by the service provider prior to the commissioning and the commissioning shall be witnessed by the Department of Health: The units shall be tested and commissioned before handing over to Department of Health: Provincial Infrastruc-Provincial Infrastructure Development Engineer or his/her representatives.

PART 5

PARTICULAR SPECIFICATION

5. PARTICULAR SPECIFICATION

5.1 SPECIFICATIONS

tions 5.1.1 and cognizance shall be taken of the clauses relevant to this particular installation, whether any This particular specification shall be read in conjunction with all other sections of the Specificaspecific clauses are referred to or not.

5.1.2 GENERAL REQUIREMENTS

Tenderers are to make special note of the following:

- This particular specification must be read with, and shall form part of, Part 4 of this document (Technical Specifi-
- contract shall be interpreted in terms of this Part 5 (Particular Specification). In so far as the conditions contained herein are at variance with any obtained in the Technical Specifications, the
- and all regulations framed therein shall be carried out to the satisfaction of the Department The whole installation shall be in accordance with the Occupational Health and Safety Act 85/1993 as amended of Health.
- and all workmanship will be subject to the approval of the Department of Health. Competent workmen skilled in their trade shall carry out all work. Quality shall be of the best standard practice
- petent representative of the Service Provider, who will be able and authorized to receive and carry out instruc-The work shall at all times, for the duration of the contract, be carried out under supervision of a skilled and comensure satisfactory progress of the work. tions on behalf of the of the Service Provider. A sufficient number of workmen shall be employed at all times to
- items shall be used wherever possible. unused and shall be the latest type or pattern of the particular manufacture employed. All apparatus, component parts, fittings and materials employed in the execution of the Contract shall be new and S.A.B.S. mark bearing
- ing by the Department of Health. The complete installation shall be maintained as specified in this particular specification after acceptance in writ-
- ter the date of issue of the Completion Certificate. The complete installation must be guaranteed against defective parts and workmanship for the period specified af-This period shall run concurrently with the maintenance peri-
- ready for use. Rates are to include for commissioning and testing of the complete installation and handing over in working order
- 1 extent of work involved prior to submitting their bid. Claims on the grounds of insufficient information in such respects or otherwise will not be entertained by the Administration. Tenderers are advised to visit the site and acquaint themselves fully with the site conditions and nature and full
- out voiding the Contractor's Guarantee, nor relieving the Contractor of his/her responsibility during the guarantee The Department of Health reserves the right to make emergency repairs to keep the equipment in operation with-

period when, after proper notice, the Contractor fails to attend to such emergency repairs. All costs incurred by the administration under these circumstances will be for the account of the Contractor.

5.2 THE SITE

The site is Port Shepstone mortuary in the UGU District.

ANNEXURE A:

SERVICING OF GENERATOR PREVENTATIVE MAINTENANCE SERVICE PROGRAMME.

| | OUR VICENO OF OUTUBER XX OX X XXX Y | 7 A 4 A 5 7 A 4 A 7 A 7 A 7 A 8 A 8 A 8 A 8 A 8 A 8 A 8 | | | |
|--------------|--|--|--|------|--|
| | Procedure to follow before starting generator. | enerator. | Checked: | ked: | Comments |
| | Items | | Yes | No. | A ALMAN PROPERTY OF THE PROPER |
| 1 | Check fan belt, condition and tension. | | | | Avenue |
| 2 | Check fan for any visible damage. | and the same of th | | | A CONTRACTOR OF THE PROPERTY O |
| ယ | Check radiator hoses and clamps. | | | | ATTENDED TO THE PROPERTY OF TH |
| 4 | Check radiator for any visible damage. | AND THE PROPERTY OF THE PROPER | | | AND THE PROPERTY OF THE PROPER |
| S | Check all hoses for dust ingress. | PARTY P | | | ANTENNA DE LA CALLA DEL CALLA DE LA CALLA DEL CALLA DE LA CALLA DE |
| 6 | Check that water jacket heater is functional. | BERRIET . | | | The state of the s |
| 7 | Check all guards are in position and secure. | A CALL A | | | - International Control of Contro |
| ∞ | Check battery charger. | Add | | | THE TAXABLE PROPERTY. |
| 9 | Check date of installation or replacement of battery | ttery. | | | 1000 |
| | ALL TO AMERICA | Casing | | | |
| | | Leads | | | |
| | | Box | | | THE PROPERTY OF THE PROPERTY O |
| 75 | Check battery condition: | Lugs | | | |
| ر بر : | | Battery terminals | | | |
| | | Clean and tighten connections. | | | |
| 1 | Check oil level. | *************************************** | | | |
| 12 | Check radiator coolant level. | | | | ADDRAMANA MARTINITY I T |
| 13 | Check day tank fuel level. | Vertified in the second | | | The state of the s |
| | Draw sample of diesel fuel and check clarity | Clear | | | |
| + | of sample. | Dirty (dark in colour) | | | AAAAAA AAAAA AAAAA AAAAAA AAAAAAAAAAAA |
| 15 | Check air vents on alternator for any obstructions. |)ns. | | | |
| 16 | Check starter motor mountings for tightness. | | | | TO THE THE PROPERTY OF THE PRO |
| 17 | Check engine alternator mountings for tightness. | SS- | | | |
| 18 | Check generator base and anti-vibrations mounts for signs of deterioration. | nts for signs of deteri- | | | |
| J | Drain water trap. | | | | |
| | Procedure to follow after starting and running generator on NO LOAD for 5 minutes. | g generator on NO | | | |
| | Items | MATTER M | | | |
| 21 | Check for any leaks - oil, fuel, coolant, exhaust gases | t gases. | | | |
| 22 | Check alternator charge operation. | | | | |
| 23 | Log engine temperature gauge reading. | റ് | | | |
| 24 | Log engine oil pressure reading. | bar | | | |
| 23 | ┼ | Hours | | | |
| 26 | + | volts | | | |
| 27 | + | | | | |
| 28 | + | damage or leaks. | The second secon | | |
| 29 | + | | | | |
| 30 | + | p push button. | | | |
| 31 | Shut down generator and check the following: Engine Oil Level | | ************************************** | | |
| | Kadiator Coolant Level | | | | |

| Pro | Procedure to follow after starting and running generator ON LOAD for 30 minutes. | rator ON LOAD | |
|-----|--|---------------|--|
| | Items | | THE PARTY IS NOT THE PARTY IN T |
| 32 | 32 Log electrical load on the generator | kVA | |
| 33 | Change over mechanism functional. | | |
| 34 | Check MDI meters for functionality. | | |
| 35 | Check Voltage selector for functionality. | | |
| 36 | 36 Check Phase selector for functionality. | | |

()

ANNEXURE B

FOR IN-SITU DIESEL FUEL STORAGE TANK CLEANING TECHNICAL REQUIREMENTS AND SCOPE OF WORK AND DIESEL FUEL REMEDIATION

Index

Notes to Contractors - Page 2

Schedule of Prices - Page 3

RETURNABLE

Technical requirements - Page 4

RETURNABLE

Scope of Work - Page 5-6

RETURNABLE

Confirmation of Compliance - Page 6

RETURNABLE

Work Method Statement - 7-8

RETURNABLE

Permission to Commence Work / Control Sheet Checklist - Page 9

Fuel Analysis Report - Page 10-11

NOTE TO CONTRACTORS

- gramme. This Annexure shall be read in conjunction with the Generator Preventative Maintenance Service Pro-
- documentation. this bid. Please note documents marked as RETURNABLE must be submitted with all other relevant Failure to complete all the relevant documentation in its entirety shall result in the disqualification of
- uments and valid Safety File at the Contractors premises prior to the awarding of any bids or BEFORE inspect the Contractors diesel fuel cleaning equipment and associated material, staff accreditation docthe commencement with any services. The KwaZulu-Natal Department of Health Infrastructure Development Directorate reserves the right to

SCHEDULE OF PRICES

Institution to strike through sections that are not applicable

| | × | | | | Carry over to quotation page | |
|-------------------------------|---|---|---|--|--|---|
| | | | | | | |
| | | | | | | |
| | | | | | Generator – Port Shepstone Forensic mortuary | 1 |
| Total Price | Current fuel level of Day Tank (In Litres) | Day Tank Fuel Capaci- ty (In Litres) | Current fuel level of Bulk Fuel Tank (In Litres) | Bulk Fuel Tank Ca- pacity (In Litres) | Diesel Tank Location | |
| To be completed by the Bidder | pricing. | being issued for | prior to the bid l | ıt institution] | To be completed by the relevant institution prior to the bid being issued for pricing. | |

FOR IN-SITU DIESEL FUEL STORAGE TANK CLEANING TECHNICAL REQUIREMENTS AND SCOPE OF WORK

AND DIESEL FUEL REMEDIATION

TECHNICAL REQUIREMENTS (Contractor to ensure):

- ٣ remediation and DOH site specific requirements Compliance with all legislated safety requirements pertaining to in situ sampling, diesel tank cleaning, fuel
- and SANAS 11089/1 for in-situ aboveground bulk diesel fuel tanks. These safety requirements shall comply with SANAS 10089 for in-situ underground bulk diesel fuel tanks
- 2) has: Only proven accredited tank cleaning and fuel remediation equipment and technology to be utilised that
- A processing flow rate of no less than 1:8 to tank volume ratio
- Full spectrum water extraction capability (free, entrained and emulsified).
- BV accredited or similar Induction Conditioning fuel remediation technology.
- Three phase filtration and separation filtration down to 3 micron
- Metallic particulate extraction.
- \odot system operation, fuel remediation procedures and safety requirements. Service personnel shall be trained, experienced and accredited tank cleaning operators suitably skilled in
- Certified copies of all training documentation shall be provided at time of tender.
- 4 sludge and inorganic debris). A process that results in minimal waste/disposal of fuel of less than 1% of tank capacity (excluding water
- 9 done. Failure to comply shall result in the delay of these payments. mentation shall be provided to the KwaZulu-Natal Department of Health at the time of invoicing for work All contaminated disposable fuels and materials shall be disposed of at an accredited site. Original docu-

SCOPE OF WORK:

Upon commencement of the service the appointed Contractor shall do the following:

- procedure tanks. Samples shall be drawn utilising recognised diesel tank sampling equipment as per the DN10/07 Draw two bottom diesel tank samples of the diesel fuel prior to the commencement of the cleaning of the
- 5 trict Chief Artisan/ The Engineer or his/her authorized designee Samples shall be drawn from the tanks and sealed in the presence of the KwaZulu-Natal Departments Dis-

The drawn samples shall be signed off by the relevant KZN Department of Health Institutions

- \dot{n} Samples shall be clearly labeled detailing, date, location and tank type and volume
- 4. One sample to be supplied to the KwaZulu-Natal Departments Institutions authorised designee
- Ņ Provide tank cleaning and fuel remediation services to the diesel tanks which will remove/remediate the following:
- a) Tank bottom debris
- b) Free, Entrained and Emulsified water
- c) Solid contaminants
- **a** Bio-film build-up / accumulation on tank walls and if applicable on baffles, supports
- e of flashpoint levels) Remediation of the fuel to comply with SANS 342 (excluding Sulphur content compliance and raising
- Ð The Contractor shall provide specification sheets of tank cleaning equipment to be utilised
- 9 fuel remediation process utilising the MSDS sheets. The Contractor shall provide a list of chemicals and dosage ratios to be used in the tank cleaning and

Pon completion of the service:

- ٣ tutions authorised designee. The other to be sent for SANS 342 laboratory analysis from a recognized la-Draw samples again as per items 1 to 4 above and provide a sample to KwaZulu-Natal Departments Insti-
- 2 The Contractor shall provide the name of the independently recognised test laboratory that shall be testing the diesel fuel samples.
- \Im Provide written confirmation of completion and successful remediation and cleaning per tank
- 4 Record the volume of waste generated from each tank, remove from site and arrange for disposal at an accredited waste disposal facility.

- 5 Obtain departments duly appointed site representative signature on an appropriate document confirming the above per tank.
- 9 els). Provide an Independent SANS 342 laboratory analysis from a recognized accredited laboratory ing fuels remediation status per tank (excluding Sulphur content compliance and raising of flashpoint levconfirm-
- \mathcal{L} Provide a waste disposal certificate confirming waste has been received from an accredited waste disposal facility for such waste.

| | | Signature_ | | Name_ |
|---------------------------------|---|--|---|-------------------|
| | | | S: | Witness: |
| | | | пе: | Signature: |
| 1 | at | 20 | hisday of | Dated this |
| omply with this form the tasks. | Hereby confirm that I/we have read the requirements of this specification and will fully comply with this specification. I/We further confirm that I/We have the required technology and skills to perform the tasks. | ead the requirements m that I/We have the | confirm that I/we have recation. I/We further confirm | Hereby specifi |
| I | | | Company Reg. No. | Compa |
| | | | | |
| I | | of (Company Name) | duly authorised to sign on behalf of (Company Name)_ | duly au |
| | | | ⁷ No | Identity No. |
| 1 | | | ame) | I (full name)_ |
| | | | Confirmation of Compliance | Confir |
| | | | | |

DIESEL FUEL TANK AND DIESEL FUEL CLEANING REGIME FOR IN-SITU STORAGE TANKS.

WORK METHOD STATEMENT

| followed. Frocess: Explain the procedure to be followed. | | Setting up and commencement of diesel fuel cleaning process: Explain the procedure to be followed. | | Drawing of diesel fuel sample: Explain procedures to be followed. | | Upon arrival on site: Explain procedures to be followed. |
|---|--|--|--|---|--|--|
|---|--|--|--|---|--|--|

| Name of Contractor: | Signature of Contractor: | | | | After completion of diesel fuel cleaning process: Explain the procedure to be followed. |
|---------------------|--------------------------|--|--|--|---|
|---------------------|--------------------------|--|--|--|---|

Permission to Commence Work / Control Sheet Checklist

Items to confirm prior to issuing authorisation to commence with service

- 1) Tank cleaning equipment to be utilised conforms to the DOH Specification, Copies of Tank Cleaning Equipment Specification Sheets to be provided
- 2) Service personnel's accreditation documentation
- 3) Health & Safety File
- 4) Material Safety Data Sheets of Chemicals to be utilized.

| Confirmation of Compliance | Compliance | | |
|---|---|----------------|--|
| L(full name) | | | hereby |
| Confirm I have ins pliance with the spoper Order No.: | Confirm I have inspected the abovementioned equipment and documentation and confirm pliance with the specification. The Contractor is hereby permitted to commence with the Scoper Order No.: | ent and docume | Confirm I have inspected the abovementioned equipment and documentation and confirm that it in compliance with the specification. The Contractor is hereby permitted to commence with the Scope of Work as per Order No.: |
| Dated this | day of | 20 at | |
| Signature: | | | |
| | | 777144 | THE THE TAXABLE PROPERTY AND THE TAXABLE PROPE |

Emergency Power Generator Diesel Fuel Analysis Report

SANS 17025: 2005

| THE PARTY CONTRACTOR OF THE PA | |
|--|--|
| Institution: | į |
| Tank Type and Capacity: | |
| (One report per tank) | |
| Tank Serial / Reference Number: | |
| | , marine |
| Name of Company conducting cleaning regime and collecting of samples: | A SANTONIA S |
| Name of Technician: | |
| Sample Date: | |
| Received Date: | |
| Reported Date: | |
| e of Sample Container used: | |
| Volume of sample taken in mi: | |
| Fuel Sample ID Code: | |
| | |
| Name of Laboratory conducting testing regime: | |
| SANAS Accreditation Number: | |
| Name of Technician: | |

NOTE: One test analysis sheet to accompany each individual fuel sample.

Reported Date:

Received Date:

Sample Date:

Each test analysis sheet and fuel sample to have the same ID code.

Manager - KZN DoH Infrastructure Development <u>prior to payment</u> being made to the Service Provider. Test results shall be returned to the relevant institution and a copy thereof supplied to the office of the

posal certificate from an accredited waste disposal facility for such waste. A copy thereof supplied to the neering sub-directorate. Office of the Director - KZN Department of Health: Infrastructure Development – Maintenance and Engi-Provide a certificate stipulating volumes of waste contaminant removed from each tank and a safe dis-

Test Results

| |) | : | | |
|----------------------------------|------------|-------|----------|-----------------------------|
| Tests | Sample No: | e No: | SANS 3 | SANS 342:2006 Specification |
| | Results | Units | Limits | Comments |
| Density @ 20oC (ASTM D 7042)* | | Kg/L | 0.800min | |
| Viscosity @ 40°C (ASTM D7042* | | cST | 2.2-5.3 | |
| Flashpoint (ASTM D 93)* | | oC | 55 min | |
| Water Content (ASTM D604) | | % | 0.05 max | |
| 90% Recovery Temp. (ASTM D86)* | | OC | 362 max | |
| Total Contamination (IP40)* | | Mg/Kg | 24 max | |
| Sulphur (ASTM D4294)* | | ppm | 500 max | |
| Residue (ASTM D86)* | | % | | |
| Cetane Index (ASTM D976)* | | | | |
| * Not an Accredited SANAS Method | | | | |

Visual Inspection / Additional Tests

| | | Unit | Result | Comments |
|----------|-------------------|---------|--------|----------|
| | Free Water | | | |
| , | Colour | | | |
| | Appearance | | | |
| | Bacteria Content | | | |
| | Total Acid Number | mgKOH/g | | |
| <u>r</u> | IP Contamination | | | |
| | | | | |

Distillation & Graph

Insert reading in relevant column on left and project values onto the graph on right

Distillation Data

| | | | <u> </u> | | | | | | | | | *************************************** |
|---------------|-------|-----|----------|--|-----|-----|------------|-----|----------|-----|-----|---|
| | Rec % | FBP | 90 | 80 | 70 | 60 | 50 | 40 | 30 | 20 | 10 | [BP |
| | | | | COLUMN TO THE PARTY OF THE PART | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | <u>Te</u> | mp | era | <u>tur</u> | e ° | <u>C</u> | | | |
| | | | | | | | | | | | | |
| IBP | 180 | 200 | 220 | 240 | 260 | 280 | 300 | 320 | 340 | 360 | 380 | |
| IBP DIS 20 | 180 | 200 | 220 | 240 | 260 | 280 | 300 | 320 | 340 | 360 | 380 | |
| DIS 20 | 180 | 200 | 220 | 240 | 260 | 280 | 300 | 320 | 340 | 360 | 380 | |
| DIS 20 DIS 40 | 180 | 200 | 220 | 240 | 260 | 280 | 300 | 320 | 340 | 360 | 380 | |
| DIS 20 | 180 | 200 | 220 | 240 | 260 | 280 | 300 | 320 | 340 | 360 | 380 | |

Diagnosis / Remarks

% Recovery

ъE

| Laboratory Technician | Name & Signature Date: | RESULT: PASS / FAIL (circle relevant item) | |
|-----------------------|------------------------|--|--|
| Company Stamp | | | |

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PROVINCE OF KWAZULU-NATAL

ПЕРАЯТМЕИТ ОF НЕАГТН

PREVENTIVE MAINTENANCE SCHEDULE

KEE : e2

CODE : G21-006

TYPE OF SERVICE : GENERATOR SETS

SCHEDNIE FOR : DIESEL DRIVEN GENSETS

SCHEDNIE FREQUENCY : AS SPECIFIED

INSTALLATION NAME : PORT SHEPSTONE FORENSIC MORTUARY

SERVICE PROVIDER :

OTHER NON-SPECIFIED

TIME
INSTRUCTION: CHECK, ADJUST, IN OTHER NON-SPECIFIED

TIME
INSTRUCTION: CHECK, ADJUST, IN OTHER NON-SPECIFIED

OTHER REPAIRS
TIME
SERVICE

SUBMIT QUOTATION

OTHER REPAIRS
TIME
SPARES REQUIRED

OTHER REPAIRS
TIME
SPARES REQUIRED

TIME
SPARES REQUIRED

TIME
SPARES REQUIRED

OTHER NON-SPECIFIED

TIME
SPARES REQUIRED

THEN
SPARES REQUIRED

THEN
SPARES REQUIRED

OTHER REPAIRS
THEN
SPARES REQUIRED

OTHER NON-SPECIFIED

THEN
SPARES REQUIRED

THEN
SPARES REQUIRED

OTHER NON-SPECIFIED

THEN
SPARES REQUIRED

TH

| | | | , , | | | | | | | | |
|---------------|--|-------|------------------------|-----------|----------------|--------------------|----------------------|---------------------------|----------|----------------------------------|-------------|
| | Hour meter reading | | | Γ | <u> </u> | <u>r</u> | | · <u>·····</u> ········ | | | |
| | | | | | | <u> </u> | | | | | |
| ٦. | Oil sample, Industrial (Ware Check) Oil analysis report | | | ` | | | | | , | | |
| | OLUMOW 71 | | | | | | | | | ŀ | |
| ٠ | 12 MONTHS 240 HOUR SERVICE OF | | | | | | | | | · | <u> </u> |
| Mati . | ияткистіом: снеск, арлият, сседи да кефијкер | изоно | ВОИИИИ В КЕРАІКЅ ПОИЕ | ТАКЕЙ | SPARES USED | SIJE SIJE EX | STOCK FIRMS EX | ОТИЕК КЕРАІКЗ КЕQUIRED | REQ. | | |
| 7 1 100 100 1 | TSHICT OF CHECK VDIRET | NI | отнея иои-ѕресінер | 3MiT | DESCRIPTION OF | QTY. | .YTO | DESCRIPTION OF | TS3 | SPARES REQUIRED SPARES REQUIRED | QTY REQ. |
| | | | (Apply for V.O. as App | olicable) | | | SUBMI | NOITATOUD T | <u>L</u> | | |

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| | hrs | | | Tribe Inc. | | | | | |
|---|---|--|--|------------|-----|--|---|--|--|
| : | Hours run since last service hrs | | | | | | | | |
| | Type of service carried out hrs | | | | ··· | | | | |
| : 2. | Check fan belt: | | | | | | , | | |
| | b) Tension - adjust when required | | | | | | | | |
| *************************************** | c) Pulley | | | | | | | | |
| 3. | Clean radiator air passage and check that the coolant is at the correct level | | | | | | | | |
| 4. | Check that oil cooler air passages clear - clean if required | | | | | | | | |
| 5. | Check all radiator hoses and clamps and tighten as required | | | | | | | | |

| P.M. \$ | SERVICE | | RUNNING REPAIRS (Apply for V.O. as Ap | plicable |) | | | R REPAIRS REQU T QUOTATION | JIRED | | |
|---------|--|-------------|---|---------------|-------------------------------|---------------------|------------------------------|---|----------------------|-----------------------------------|-------------|
| TEM | INSTRUCTION: CHECK, ADJUST, CLEAN AS REQUIRED | IN ORDER | OTHER NON-SPECIFIED RUNNING REPAIRS DONE | TIME TAKEN | DESCRIPTION OF SPARES USED | QTY. EX SITE STOCK | QTY. EX FIRMS STOCK | DESCRIPTION OF OTHER REPAIRS REQUIRED | EST. TIME REQ. | DESCRIPTION OF SPARES REQUIRED | QTY REQ. |
| 6. | Check oil level and take sample for analysis | | | | | | | | | | |
| 7. | Change fuel filters, Type: Volvo 3825133 primary fuel filter/water trap, | | | | | | | | - | | |
| 8. | Bleed fuel system | | | | | | | | | | |
| 9. | Check oil level of fuel pump cam box and governor | | | | | | | | | | - |
| 10. | Check fuel pump drive shaft and couplings | | | | | | | | | | |
| 11. | Remove air filter | | | | | | | | | | |
| 12. | Check turbo for free rotation and bearing wear | | | | | | | | | | |

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| 13. | Check seal faces of elements, air cleaner hoses and clamps for dust ingress | | | | | | |
|-------|---|--------------------------------------|---|-----|-------------------------------|------|---|
| P.M. | SERVICE | RUNNING REPAIRS (Apply for V.O. as A | | un. | R REPAIRS REQU T QUOTATION | IRED | r |
| : 14. | Fit new/cleaned* air filter *Washable paper air filters to be washed 3 x before discarding. Fit new air filter at 960 hr service | | , | | | | |
| 15. | Check jacket water heater is operational | | | | | | |
| 16. | Check that all guards are in position and secure | | | | | | |
| 17. | Check battery charger | | | | | | : |

| P.M. | SERVICE | | RUNNING REPAIRS (Apply for V.O. as Ap | plicable |) | | | R REPAIRS REQU | JIRED | | |
|------|---|-------------|---|---------------|-------------------------------|-----------------------------|------------------------------|---|----------------------|-----------------------------------|-------------|
| ITEM | INSTRUCTION: CHECK, ADJUST, CLEAN AS REQUIRED | IN ORDER | OTHER NON-SPECIFIED RUNNING REPAIRS DONE | TIME TAKEN | DESCRIPTION OF SPARES USED | QTY. EX SITE STOCK | QTY. EX FIRMS STOCK | DESCRIPTION OF OTHER REPAIRS REQUIRED | EST. TIME REQ. | DESCRIPTION OF SPARES REQUIRED | QTY REQ. |
| 18. | Replace one (1x) Battery: Type: 102 AMP/HR 12 Volt, Sealed Maintenance free, included with charge indicator, reading to be full. Service date to be engraved on top of Battery. Old replacement battery, to be left on wooden base, in plant room. | | | | | | | | | | |
| 19. | Check battery cable lugs, clean and tighten as required. IF SUPPLY WILL BE INTERRUPTED, OBTAIN PERMISSION BEFORE PROCEEDING | | | | | , i | | | | | |
| 20. | Start engine and run on load (where possible) for 30 minutes recording V, A, Hz at 15 minute intervals | | | | | | | | | | |

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| | | | | | | | |
|-----|-----------------------------|--|---|---|----------|----------|----|
| | | | | | | | |
| 21. | Oli pressure | | | : | | | |
| : | (Hot) Water temperature | | | | | | |
| : | Internation (| | | | | | |
| • | Oil temperature | | | | | | |
| | | | | | | | |
| 22. | Listen for unusual noises: | | 1 | | | | |
| i | Starting | | | | | | |
| | Running | | | | | | |
| | Stopping | | | | | | |
| | | | | | | | |
| 23. | If prime power: | | | | | | |
| : | Change load to other engine | | | | <u> </u> | <u> </u> | LI |

| P.M. | SERVICE | | RUNNING REPAIRS (Apply for V.O. as Ap | plicable | ·) | | | R REPAIRS REQ | UIRED | | * |
|------|--|-------------|---|---------------|-------------------------------|-----------------------------|------------------------------|---|----------------------|-----------------------------------|-------------|
| ITEM | INSTRUCTION: CHECK, ADJUST, CLEAN AS REQUIRED | IN ORDER | OTHER NON-SPECIFIED RUNNING REPAIRS DONE | TIME TAKEN | DESCRIPTION OF SPARES USED | QTY. EX SITE STOCK | QTY. EX FIRMS STOCK | DESCRIPTION OF OTHER REPAIRS REQUIRED | EST. TIME REQ. | DESCRIPTION OF SPARES REQUIRED | QTY REQ. |
| 24. | Let engine run for another 6 minutes on air cooled engines. 10 minutes on water cooled engines. | | | | | | | | | | |
| 25. | Drain oil, include Oil Disposal Certificate No | | | | | | | | | | |
| 26. | Restart and check for oil, water etc. leaks, tighten joints etc. as required | | | | | | | | | | |
| 27. | Check that the charge alternator/generator is operating | | | | | | | | | | |
| 28. | Check operation of safety shut- off | | | | | | | | | | |

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| | | | | , | · | | 1 | |
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| | , | | | | | | | |
| | | · | | | | | | |
| : | b) High water temperature | : | | | | | | |
| 29. | When engine has stopped, top up | | | | | | | |
| 30. | Check alternator coupling and terminals (remove cover) | | | | | | | |
| 31. | Blow dust out of alternator | | | | 1884 | | 1.10 | |
| 32. | Check all air vents on alternator are clear and secure | | | | | | | |

| P.M. | SERVICE | | RUNNING REPAIRS (Apply for V.O. as Ap | plicable |) | | | R REPAIRS REQU T QUOTATION | JIRED | | I |
|------|---|-------------|---|----------|---|--|--|---|----------------------|-----------------------------------|------------|
| TEM | INSTRUCTION: CHECK, ADJUST, CLEAN AS REQUIRED | IN ORDER | OTHER NON-SPECIFIED RUNNING REPAIRS DONE | | | | | DESCRIPTION OF OTHER REPAIRS REQUIRED | EST. TIME REQ. | DESCRIPTION OF SPARES REQUIRED | QTY REC |
| 3. | Fuel tanks: a) Drain off water; b) Check - level control switch | | | | | | | | | | |
| 34. | Exhaust : Check manifolds, silencer, tail pipe, supports, etc. | | | | | | | | | | |

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| | | | | | | | | |
|--------------|----------------------------------|------|---------|----------|---|----------|---|------|
| | | | | | | | | .] |
| 35. | Check air ducts | | | | | | | |
| 30. | Oneck all date | | | | | | | |
| ; 36. | Check generator set base, | | · | | | | | |
| | engine/alternator mountings etc. | | | | | | | |
| | | | | | | | | |
| 37. | Clean down engine, alternator | | | | ļ | | | |
| <u>-</u> | and mounting base | | | | | | | |
| | Barrata | | | | | | | |
| 38. | Panel: | | | | | | | |
| | Check - Circuit breaker | **** | | | | | | |
| : | - Voltmeter and selector | | | | | | | |
| | - Ammeters | ŀ | | | | | | |
| | | | | | | | | |
| | - Hz meter | | | | | | | |
| | - Hour meter | | | | | | | |
| | - Spare fuse of each | | | | | | | |
| : | amperage | | | | | | | |
| | | | | | | | | |
| 39. | Plant room: a) Clean the room | | | | | | | |
| | b) Check the lighting | | | | | | | |
| | c) Check and | | | | | | | |
| | position dust | | | | | | | |
| | covers | | | | | | | |
| | | | | | : | | | |
| 40. | Complete log book | | <u></u> | <u> </u> | | <u> </u> | · | |
| | | | | | | | | |

| SERVICE | | RUNNING REPAIRS | ,,,, | | | | REPAIRS REQU | IIRED | | |
|--|--|---|--|---|--|---|--|--|--|--|
| | | (Apply for V.O. as Ap | plicable |) | | SUBMI | TQUOTATION | T | | |
| INSTRUCTION: CHECK, ADJUST, CLEAN AS REQUIRED | IN ORDER | OTHER NON-SPECIFIED RUNNING REPAIRS DONE | TIME TAKEN | DESCRIPTION OF SPARES USED | QTY. EX SITE STOCK | QTY. EX FIRMS STOCK | DESCRIPTION OF OTHER REPAIRS REQUIRED | EST. TIME REQ. | DESCRIPTION OF SPARES REQUIRED | QTY REQ. |
| 480 HOUR SERVICE | | | | | | | | | | |
| AS FOR 240 HOUR SERVICE PLUS: | M444 | | | | | | | | | |
| a) Check and adjust tappets | | | | | | | | | | |
| b) Replace rocker cover gaskets | | | | | | | | | | |
| | | | | | | | | | | |
| 720 HOUR SERVICE | | | | | | <u> </u> | | | | |
| AS FOR 240 HOUR SERVICE | | | | | | | | | | |
| | | | | | | | | | | |
| 960 HOUR SERVICE | - | | | | | | | | | |
| AS FOR 240 HOUR SERVICE PLUS: | | | | | | | | | | |
| | INSTRUCTION: CHECK, ADJUST, CLEAN AS REQUIRED 480 HOUR SERVICE AS FOR 240 HOUR SERVICE PLUS: a) Check and adjust tappets b) Replace rocker cover gaskets 720 HOUR SERVICE AS FOR 240 HOUR SERVICE 960 HOUR SERVICE | INSTRUCTION: CHECK, ADJUST, CLEAN AS REQUIRED 480 HOUR SERVICE AS FOR 240 HOUR SERVICE PLUS: a) Check and adjust tappets b) Replace rocker cover gaskets 720 HOUR SERVICE AS FOR 240 HOUR SERVICE 960 HOUR SERVICE AS FOR 240 HOUR SERVICE | INSTRUCTION: CHECK, ADJUST, CLEAN AS REQUIRED INSTRUCTION: CHECK, ADJUST, CLEAN AS REQUIRED 480 HOUR SERVICE AS FOR 240 HOUR SERVICE PLUS: a) Check and adjust tappets b) Replace rocker cover gaskets 720 HOUR SERVICE AS FOR 240 HOUR SERVICE 960 HOUR SERVICE AS FOR 240 HOUR SERVICE | INSTRUCTION: CHECK, ADJUST, CLEAN AS REQUIRED INSTRUCTION: CHECK, ADJUST, CLEAN AS REQUIRED IN ORDER OTHER NON-SPECIFIED RUNNING REPAIRS DONE TIME TAKEN AS FOR 240 HOUR SERVICE 960 HOUR SERVICE AS FOR 240 HOUR SERVICE | INSTRUCTION: CHECK, ADJUST, CLEAN AS REQUIRED INSTRUCTION: CHECK, ADJUST, CLEAN AS REQUIRED AS HOUR SERVICE AS FOR 240 HOUR SERVICE | INSTRUCTION: CHECK, ADJUST, CLEAN AS REQUIRED INSTRUCTION: CHECK, ADJUST, CLEAN AS REQUIRED IN ORDER OTHER NON-SPECIFIED RUNNING REPAIRS DONE TAKEN THE TAKEN DESCRIPTION OF SPARES USED QTY. EX SITE STOCK AS FOR 240 HOUR SERVICE AS FOR 240 HOUR SERVICE | SERVICE (Apply for V.O. as Applicable) INSTRUCTION: CHECK, ADJUST, CLEAN AS REQUIRED IN ORDER OTHER NON-SPECIFIED RUNNING REPAIRS DONE TAKEN OTHER NON-SPECIFIED TAKEN TAKEN DESCRIPTION OF SPARES USED OTHER NON-SPECIFIED TAKEN STOCK EX SITE STOCK EX SITE STOCK AS FOR 240 HOUR SERVICE PLUS: a) Check and adjust tappets b) Replace rocker cover gaskets 720 HOUR SERVICE AS FOR 240 HOUR SERVICE | RUNNING REPAIRS (Apply for V.O. as Applicable) INSTRUCTION: CHECK, ADJUST, CLEAN AS REQUIRED INSTRUCTION INSTRUCTION: CHECK, ADJUST, CLEAN AS REQUIRED INSTRUCTION INSTRUCTION: CHECK, ADJUST, CLEAN AS REQUIRED INSTRUCTION INST | SERVICE RUNNING REPAIRS (Apply for V.O. as Applicable) SUBMIT QUOTATION INSTRUCTION: CHECK, ADJUST, CLEAN AS REQUIRED INSTRUCTION: CHECK, ADJUST, CLEAN AS REQUIRED ORDER RUNNING REPAIRS DONE TIME TAKEN TIME TAKEN DESCRIPTION OF SPARES USED TIME TAKEN DESCRIPTION OF SPARES USED EX SITE STOCK FIRMS STOCK FIRMS STOCK REQUIRED TO THER REPAIRS RECUIRED TO HER REPAIRS TO HER REPAIRS REQUIRED TO HER REPAIRS TO HE | SERVICE RUNNING REPAIRS (Apply for V.O. as Applicable) BISTRUCTION: CHECK, ADJUST, CLEAN AS REQUIRED ORDER ORDER ORDER ORDER ORDER ORDER OTHER NON-SPECIFIED ORDER TIME TAKEN DESCRIPTION OF SPARES USED OTHER REPAIRS REQUIRED SPARES REQUIRED OTHER REPAIRS REQUIRED OTHER REPAIRS REQUIRED OTHER REPAIRS REQUIRED SPARES REQUIRED OTHER REPAIRS OTHER REPAIRS REQUIRED OTHER REPAIRS OTHER REPAIRS REQUIRED OTHER REPAIRS OTHER THER REPAIRS OTHER THER REPAIRS OTHER REPAIRS OTHER THER THER THER THER THER THER THER |

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| | a) Drain and refill radiator | | | - |
|---|---|--|---|---|
| | b) Add 3 litres inhibitor to every 10 litres water | | | |
| : | c) Pressure test cooling system to 150kPA | | | |
| | d) Pressure test radiator cap - record release pressure | | | |
| | | | | |
| | | | | |
| | e) Check and adjust tappets | | | |
| ; | f) Check rocker faces (smooth and not pocketed) | | | |
| | g) Rocker lubrication optional | | j | |
| | h) Replace rocker cover gaskets | | | |

| P.M. | SERVICE | | RUNNING REPAIRS (Apply for V.O. as Ap | plicable | ·) | | | R REPAIRS REQU | JIRED | | |
|------|---|-------------|---|---------------|-------------------------------|---------------------|------------------------------|---|----------------------|-----------------------------------|-------------|
| ITEM | INSTRUCTION: CHECK, ADJUST, CLEAN AS REQUIRED | IN ORDER | OTHER NON-SPECIFIED RUNNING REPAIRS DONE | TIME TAKEN | DESCRIPTION OF SPARES USED | QTY. EX SITE STOCK | QTY. EX FIRMS STOCK | DESCRIPTION OF OTHER REPAIRS REQUIRED | EST. TIME REQ. | DESCRIPTION OF SPARES REQUIRED | QTY REQ. |
| | NOTE: Every third 906 hour service, fit | | | | | | | | | | |
| : | service exchange. Injectors new nozzles of atomising pressure to engine manufacturer's recommendation | | | | | | | | | | |

| I CERTIFY THAT THE SPECIFIED SERVICE WAS CARRIED OUT | | OFFICIAL STAMP: |
|--|------------|-----------------|
| NAME OF SERVICEMAN (BLOCK LETTERS): | SIGNATURE: | · |
| NAME/S OF ASSISTANT/S: SEMI SKILLED: | | · |

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| NAME/S OF AS | SISTANT/S: UNSKILL | ED: | | | | |
|--------------|--------------------|----------|---------|------|--------------|---------------------------------------|
| COMPANY NA | ME (BLOCK LETTERS) |) | | | | TO SHOULD TO SECULIA ON SITE. |
| | | | | | | NAME OF RESPONSIBLE OFFICIAL ON SITE: |
| TIME IN: | TIME OUT: | TIME O | N SITE: | DATE | Ē: | |
| | | | | | | |
| FROM: | TO: | KM: | TO: | KM: | TOTAL KM: | SIGNATURE: |

SCHEDULE OF PRICES: MATERIALS, COMPONENT/ANCILLARY PARTS AND SUB CONTRACT WORK

The service provider shall add here, \underline{ALL} materials, components/ancillary parts which are required for the completion of the work quoted for.

In the event that more pages are required, this page may be copied.

| | | | 8 | 7 | 6 | ហ | | 4 | 3 | N | | | | |
|--|----------------------------------|---------------------------------|-------------------------|--|---|--|---|---|-----------------|---|---|--|----------|-------------------------------|
| | | | Cleaning of diesel tank | Supply full after service report when completed and provide service certificate. | Check full diesel pumps and electrics to this units | Wash machine with engine cleaner and clean plant room. | water treatment as per man- ufacturer's specification. | Drain all water and clean radiator. Put new water and | Replace V-Belts | Replace batteries with new. Old batteries must be left on site at plant room. | Service equipment according to the scheduled attached | Note to contractor: All material must be cleared by maintenance before installation. Site must be clear of rubble to prevent injury to staff. No payments before schedules and certificates and are handed in. Only supplied schedule forms must be used as changes are made | | DESCRIPTION |
| | | TOTAL | | | | | | | | | | | | MANU- FACTURER |
| | TOTAL | COST BOI | | | | | | | | | | | | FIG- URE/MO DEL NO. |
| TOTAL C | TOTAL COST PROPRIETARY ITEMS (B) | TOTAL COST BOUGHT OUT ITEMS (A) | | | | | | | | _ | | | | QUANTITY |
| OST SUE | RIETARY | TEMS (A) | each | each | each | each | | each | each | each | each | | | COST |
| 3 CONTRAC | TEMS (B) | | | | | | | | | | | OC | воиснт | |
| TOTAL COST SUB CONTRACT ITEMS (C) (Attach copy of sub-contractors quote) | | | | | | | | | | | | PAICIANY | | TOTAL COST (Excluding VAT) |
| | | | | | | | | | | | | Inaci | SUB CON- | J |

TOTAL AMOUNT (A) (B) (C) TO BE CARRIED FORWARD TO PAGE 1

<u>D</u>.1 SCHEDULE OF PRICES
LABOUR, SUBSISTENCE, TRAVEL AND TRANSPORT REPLACEMENT AND ADDITIONAL EQUIPMENT

| (semi) @ km per trip ÷ 80km/hr | | c) x Additional Unskilled trips skilled) @ km per trip ÷ 80kr | b) x Additional Semi-Skilled trips (semi) @ km per trip ÷ 80km/hr | a) x Additional Artisan/s trips (skilled) @km per trip ÷ 80km/ | D.1.5 ADDITIONAL LABOUR TRAVELLING WITH DRIVER | b)trips (semi-skilled) @km per trip | (a)km per trip | 1.4.2 F | @km per trip | b) @trips (Semi-skilled) | (Skilled) | a) ises to site trips | _ | D.1.4 TRAVEL | NOTE: When applicable you may only claim for Accommodation OR NOT both | | 1.3 HOTEL/ACCOMMODATION | Unskilled . | Semi-skilled | Ce | Artisans | 1.2 SUBSISTENCE | d) Unskilled | | | | | b) Apprentice | a) Artisans | D.1.1 LABOUR No. | ADDITIONAL EQUIPMENT |
|--------------------------------|---------------------------------|---|---|--|--|-------------------------------------|----------------|----------------------|--------------|--------------------------|-------------|-----------------------|-------------------------|--------------|---|---|---|-------------|--------------|----|----------|-----------------|--------------|-------------|--------|------|---|---------------|-------------|------------------|----------------------|
| @ km per trip + 80km | x Additional Apprentice/s trips | Unskilled km per trip ÷ | \dditional Semi-Skilled | dditional Artisan/s trips t) @km per trip ÷ 80km/hr | IONAL LABOUR TRAVELLING | trips (semi-skilled) | km per trip | ccommodation to site | km per trip | trips (Semi-skilled) | km per trip | site trips | ervice provider's prem- | | : When applicable you moth | | | | | Ce | | STENCE No. of | Ö | emi-ekilled | | | , | | | R No. of | NAL EQUIPMENT |
| 1) [1] | trips | trips (un- 80km/hr | trips n/hr | ips (m/hr | | | | | | | | | | | nay only cl | | | <u> </u> | | | | | | | : | | | | | | |
| | | | | | TOTAL HOURS | | | | | | | | | TOTAL Km | aim for Acc | | No. of Persons | | | | | TOTAL DAYS | | | : | : | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | | | TOTAL HOURS | |
| - | | | | | RATE/HR | | | | | | | Delete as applicable | Petrol Diesel | RATE/Km | | | No. of Nights | | | | | RATE/24HR DAY | • | | | | | | | RATE/HR | |
| | J) | R | R. | J. | AMOUNT | D. | IJ | | | סכ | D | .3 | | | Subsistence | D | Cost per Night as per Suppliers Invoice | R | 7 0 | 7 | D | | R | | ٦. | , עב | | P | ת | AMOUNT | |

| | | SUBTOTAL BROUGHT FORWARD FROM PAGE 3 | DRWARD FROM PAGE 3 | R |
|----------|------------------------------|--------------------------------------|--------------------|----|
| D.1.6 | TRANSPORT | TOTAL Km | RATE | |
| a) | Haulage to site trips | | | |
| | @km per trip | 2.5 tone | | R |
| | @km per trip | 3 tone | | R |
| | @km per trip | 5 tone | | В |
| | @km per trip | 7 tone | | 70 |
| | @km per trip | 10 tone | | P. |
| <u>b</u> | Cranage to and on site @ sub | | | |
| | contract rate | R | | R |

TOTAL AMOUNT CARRIED FORWARD TO PAGE 1 ITEM (D) □□