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HOME CORPOR	RATE INFORMATION COMPONENTS DIRECTORY DIST	TRICT OFFICES HEALTH FA	OLUME
allh > Components > Supply Chain Managemer rtQuote	at .		
KWAZULU-NATAL PROVIN			
REPUBLIC OF SQUIN AFRICA	Quotation Advert		
Opening Date:	2021-10-27		
Closing Date:	2021-11-15		
Closing Time:	11:00		
INSTITUTION DETAILS		,o	
Institution Name:	Mosvold hospital	$\overline{\searrow}$	
Province:	KwaZulu-Natal		
Department or Entity:	Department of Health		
Division or section:	Central Supply Chain Management		
Place where goods / services is required	MOSVOLD HOSPITAL		
Date Submitted	2021-10-28		
ITEM CATEGORY AND DETAILS			
Quotation Number:	ZNQ: ZNQ / MVH / 351 / 22		
Item Category:	Services	V	
Item Description:	REPAIR (REPLACEMENT OF PERMETER LIGHT) AND INSTALLATION O NEW LIGHTS WHERE NEEDED AT MOSVOLD HOSPITAL (SPEC ATTACHED)	F	
Quantity (if supplies)	054		
COMPULSORY BRIEFING SESSION	/ SITE VISIT		
Select Type:	Compulsory Briefing Session	V	
Date :	02-08 NOVEMBER 2021	7 (20) () () ()	
Time:	ма ооне		
Venue:	MOSVOLD HOSPITAL		
QUOTES CAN BE COLLECTED FROM:	QUOTATION DOCUMENTS WILL BE COLLECTED DURING THE SITE VI	SIT	
QUOTES SHOULD BE DELIVERED TO:	MOSVOLD TENDER BOX OR BY EMAIL		
ENQUIRIES REGARDING THE ADVE	ERT MAY BE DIRECTED TO:		
THEOLITICAL TIPLES			

Finance Manager Name:

MRS NP MYENI

Finance Manager Signature:

No late quotes will be considered

MOSVOLD HOSPITAL

ASSISTANT DIRECTOR: FINANCE

2021 -10- 26

INGWAVUMA MAIN ROAD PRIVATE BAG X22/11, INGWAVUMA, 3968 TEL: 035 591 0122 FAX: 035 591 0039/148

STANDARD QUOTE DOCUMENTATION SUPPLY CHAIN MANAGEMENT OVER R30 000.00 YOU ARE HEREBY INVITED TO QUOTE FOR REQUIREMENTS AT: MOSVOLD HOSPITAL DATE ADVERTISED: 26 OCTOBER 2021 CLOSING DATE: 15 NOVEMBER 2021. CLOSING TIME: 11:00 E-MAIL ADDRESS<mark>. nomusa.mncube@kznhealth.gov.za</mark> FACSIMILE NUMBER: 035 5910148 PHYSICAL ADDRESS: MAIN ROAD INGWAVUMA 3968 ZNQ NUMBER: ZNQ / MVH / 351 / 22 DESCRIPTION: REPAIR (REPLACEMENT OF PERIMETER LIGHT) AND INSTALLATION OF NEW LIGHTS CONTRACT PERIOD ONCE OFF VALIDITY PERIOD 60 Days CENTRAL SUPPLIER DATABASE REGISTRATION (CSD) NO. UNIQUE REGISTRATION REFERENCE DEPOSITED IN THE QUOTE BOX SITUATED AT (STREET ADDRESS) MOSVOLD HOSPITAL MAIN GATE EMAIL: nomusa.mncube@kznhealth.gov.za Bidders should ensure that quotes are delivered timeously to the correct address. If the quote is late, it will not be accepted for consideration. The quote box is open from 08:00 to 15:30. ALL QUOTES MUST BE SUBMITTED ON THE OFFICIAL FORMS - (NOT TO BE RE-TYPED) 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. THE FOLLOWING PARTICULARS MUST BE FURNISHED (FAILURE TO DO SO WILL RESULT IN YOUR QUOTE BEING DISQUALIFIED) NAME OF BIDDER POSTAL ADDRESS STREET ADDRESS TELEPHONE NUMBER CODE......NUMBER...... FACSIMILE NUMBER CODENUMBER..... CELLPHONE NUMBER E-MAIL ADDRESS VAT REGISTRATION NUMBER (If VAT vendor) YES NO HAS A B-BBEE STATUS LEVEL VERIFICATION CERTIFICATE BEEN SUBMITTED? (SBD 6.1)

[A B-BBEE STATUS LEVEL VERIFICATION CERTIFICATE/SWORN AFFIDAVIT (FOR EMES& QSEs) MUST BE SUBMITTED IN ORDER TO QUALIFY FOR PREFERENCE POINTS FOR B-BBEE]

OFFICIAL PRICE PAGE FOR QUOTATIONS

ZNQ NUMBER: ZNQ/MVH/ 351/22

Item No Quantity		ntity Description		Country of	Price	
	,		model	manufacture	R	C
001	001 054	REPAIR(REPLACEMENT OF PERIMETER LIGHT)				
		AND INSTALLATION OF NEW LIGHT WHERE NEEDED				
		AT MOSVOLD HOSPITAL (SPEC ATTACHED)				
		NB: DUE TO COVID 19, SITE MEETING WILL ONLY BE			_	_
		ALLOW TO 1 COMPANY AT A TIME FOR				
		VIEWING THE PROJECT ADVERTISED				+
		PLEASE CONTACT MR J. MNGOMEZULU				+
		@ 072 385 7414 OR MR S. MTHEMBU				
	1	@ 060 914 4058 TO BOOK APPOIMENT FOR SITE				
		THAT WILL START ON 02 NOVEMBER TO 08				
		NOVEMBER 2021 AT 9H00 AM				
						_
	-					-
						+
						_
						_
	-					-
			_		+	
VALUE AD	DED TAX @	15% (Only if VAT Vendor)				
TOTAL QU	JOTATION P	RICE (VALIDITY PERIOD 60 Days)				

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

Enquiries	regarding	the quote	may be	directed t	o:

Contact Person: T.,G., KHANYILE... Tel: 035, 5910145 E-Mail Address: thulani.khanyile@kznhealth.gov. Enquiries regarding technical information may be directed to:

Contact Person: J_MNGOMEZUL_Tel:0355910145...



DIRECTORATE: Mosvold District Hospital

Physical Address: Ingwavuma Main Road Postal Address: Private Bag X 2211, Ingwavima,3968 Tel: (035)59101222 Fax: (035)55910148 Email: www.kznhealth.gov.za

Mr. j Mngomezulu

SPECIFIATION FOR REPLACEMENT OF PERIMETER LIGHTS AT MOSVOLD HOSPITAL

CNTRACTOR REQUIREMENTS

- 1. Companies must be valid registration with CIDB minimum 1EB or 1EP
- 2. Companies must comply with CSD
- 3. Companies must have valid letter of good standing from the Department of Labor
- 4. Companies must be registered as an electrical company with electrical board proof to attach
- 5. The company must have valid liability insurance of R3000 000 proof to attach

NB This project must be finish within 6 weeks after site handed over to the company

Contractor's directions:

The company must notice maintenance manager prior project commencement so that all arrangement is done with relevant section manager.

The company must sign the contractor's project agreement.

The company will be required to submit project plan before this project starts

Receive sign site completion when then project is finished

This project must be finished within 6 weeks

Replacement location:

Middle 23x lights repair
Main gate to left and right driveway 27(new)
Government vehicles 2x flood light new (back and front)
Behind chronic park home 1x light (new)
Behind elevated concrete tank x1(new)

Scope of work

Test and trace the lights from kiosk (by maintenance all walkway)
All lights must be supplied from kiosk K3 with its own 15A circuit breaker
Replace all cables that are found to be faulty
All new placed cable must be 10mm 3core armored cable (single phase)
The cable must be at barred at 500mm underground on top of sand (to prevent cable damage

The company must mark the cable for easy identification (marker)

The company must make a schematic drawing of the installation that will be submitted to

project manager office

Poles used must be aluminum at the middle of hospital and at the back of hospital the company must use treated 9m 180-210mmpole top diameter treated poles with eskom specification of treated, aluminum poles must be existing type of aluminum, this aluminum poles must be 2.5m above the ground being barred at 500mm and treated poles should barred at 1.5m holes for planting 9m poles

All poles must secured with mixed of sand, stone and cement 2:2:1

All poles must have 5A breaker each installed on coverable opening at 1m above the ground

All lights must be automatic operated with a day light switch x3 and each switch must be connected via contactor x3(Current rating :18A(AC3) or 32A (AC1)

Maximum voltage :220/230vACcoil, 3pole 50/60HZx69.5VA(pull-in),4-7.2VA(sealing)
Main contacts:3(NO)

BOQ

Description	Size	quantity	Unity price	Total price
Armored 3core cable	10mm			
Sand	River sand			
Stone	19mm			
Cement	42.5N			
Maker		7		
Aluminum poles	3m			
Treated poles with 180-210mm	9m	4		
pole top diameter treated poles				
with eskom specification of				
treatment				
Breaker .	5A	27		
Breaker	15A	3		
Day light switch		3		
contactor		3		
Lights repairs		23		
Area lights fitting post top				
complete with switch gear and				
iamps IP65 125W				
Security lights IP65 400W cool				
white light fittings complete with	4			
switch gear and lamps				
Supply and install 4way brackets				
to be installed on top of 9m pole				
to install two back to back lights				
fittings				
Test and do load balancing on				
lighting circuit you were working				
on				
Test and issue a compliance				
certificate .				

Compiled by J Mngomezulu

Sign Duy

_date_i9/8/2021