Mnyezima Ntokozo - ?

SharePoint

KZN Health > Components > Supply Chain Management

AdvertQuote

| KWAZULU-NATAL PRO                            | 1. 3 8 h. y um m   |               |  |  |  |  |
|--|--|---------------|--|--|--|--|
| HEALTH<br>REPUBLIC OF SOUTH AFRICA           | The state of the s |               |  |  |  |  |
| Opening Date:                                | Quotation Advert   |               |  |  |  |  |
| -  | 2021-09-13 15/09/2021  | E             |  |  |  |  |
| Closing Date:                                | 2021 00 17 23/09/2021  | To the second |  |  |  |  |
| Closing Time:                                | 11:00  | e e           |  |  |  |  |
| INSTITUTION DETAILS                          |  |               |  |  |  |  |
| Institution Name:                            | Select EDUNBE CHC  |               |  |  |  |  |
| Province:                                    | KwaZulu-Natal  | -             |  |  |  |  |
| Department or Entity:                        | Department of Health   |               |  |  |  |  |
| Division or section:                         | Central Supply Chain Management  |               |  |  |  |  |
| Place where goods / services is required     | EDUMBE CHC   |               |  |  |  |  |
| Date Submitted                               |  |               |  |  |  |  |
| ITEM ATPAONICAL TO                           | 2021-09-10 2021/09/14  |               |  |  |  |  |
| ITEM CATEGORY AND DETAILS  Quotation Number: |  |               |  |  |  |  |
| adoution remitter:                           | ZNQ:<br>EDU151/21/22   |               |  |  |  |  |
| Item Category:                               |  |               |  |  |  |  |
| Item Description:                            | Select SERVICES  | F             |  |  |  |  |
|  | PEST CONTROL 12 MONTHS CONTRACT FOR EDUMBE CHC AND   | CLINICS       |  |  |  |  |
|  |  |               |  |  |  |  |
|  |  |               |  |  |  |  |
| Quantity (if supplies)                       | AS PER SPECIFICTION  |               |  |  |  |  |
| COMPULSORY BRIEFING SESSION                  | / SITE VISIT   |               |  |  |  |  |
| Select Type:                                 | Select N/A   | 1             |  |  |  |  |
| Date :                                       | N/A  |               |  |  |  |  |
| Time:  |  |               |  |  |  |  |
| Venue:                                       |  |               |  |  |  |  |
|  |  |               |  |  |  |  |
| QUOTES CAN BE COLLECTED FROM:                | ADVERT   |               |  |  |  |  |
|  |  |               |  |  |  |  |
| QUOTES SHOULD BE DELIVERED TO:               | EDUMBE CHC   |               |  |  |  |  |
| ENOTHER DECADDING THE ABOVE                  |  |               |  |  |  |  |
| ENQUIRIES REGARDING THE ADVER<br>Name:       | RT MAY BE DIRECTED TO:   |               |  |  |  |  |
| Email:                                       | SITHEMBILE   |               |  |  |  |  |
| Contact Number:                              | edumbescm@gmail.com  |               |  |  |  |  |
|  | 0349958557   |               |  |  |  |  |
| inance Manager Name:                         | N.N.VUNDIA   |               |  |  |  |  |
| inance Manager Signature:                    | MA ( 1)  |               |  |  |  |  |
| _  | LY ISIAn-SILIA   |               |  |  |  |  |

No late quotes will be considered

|  | QUOTE DOCUMEN                           |   |   |   |        |   |                 |                  |        |           |                  |
|--|---|---|---|---|--------|---|-----------------|------------------|--------|-----------|------------------|
| YOU ARE HEREBY INVITED TO QUOTE FOR REQUIREMENTS AT: EDUMBE COMMUNITY HEALTH CENTRE            |   |   |   |   |        |   |                 |                  |        |           |                  |
| DATE ADVERTISED: 10/09/2021 15/09/2021 CLOSING DATE: 17/09/2021 23/09/2021 CLOSING TIME: 11:00 |   |   |   |   |        |   |                 |                  |        |           |                  |
| FACSIMILE NUMBER: E-MAIL ADDRESS: edumbescm@gmail.com  |   |   |   |   |        |   |                 |                  |        |           |                  |
| PHYSICAL ADDRESS: STAND NO. 463, EDUMBE MAIN STREET, PAULPIETERSBURG, 3180                     |   |   |   |   |        |   |                 |                  |        |           |                  |
| EDI 151/01   | /22                                     |   |   |   |        |   |                 |                  |        |           |                  |
| ZNQ NUMBER: EDU 151/21   |   | DAOTI                                   |   | N. II. 45.55                            | 0110   |   | . 01            |                  | _      |           |                  |
| DESCRIPTION: PEST CONT   |   |   | *************************************** | DOMRE                                   | CHC    | ANI                                     | ) CL            | INIC             | S      |           |                  |
| CONTRACT PERIOD  | THS<br>VALID<br>cable)                  | ITY PERIO                               | D 60 Days                               | ;                                       | SARS P | IN                                      | *********       |                  | •••••  | ********* | •••••            |
| CENTRAL SUPPLIER DATABASE R  | EGISTRATION (CSE                        | D) NO. [                                |   |   |        |   |                 |                  |        | $\perp$   |                  |
| UNIQUE REGISTRATION REFEREN  | NCE                                     |   |   |   |        |   |                 |                  |        |           |                  |
|  |   |   |   |   |        |   |                 |                  |        |           |                  |
| DEPOSITED IN THE QUOTE BOX S   | SITUATED AT <i>(STRE</i>                | ET ADDRE                                | SS)                                     |   |        |   |                 |                  |        |           |                  |
| STAND NO. 463, EDU   | JMBE MAIN S                             | STREE                                   | T, PAU                                  | LPIETE                                  | RSB    | URG                                     | , 318           | 30               |        |           |                  |
|  |   |   |   |   |        |   |                 |                  |        |           |                  |
| Bidders should ensure that quote consideration.  | es are delivered tim                    | eously to                               | the correct                             | address. If                             | the qu | ote is                                  | late, it        | will no          | t be a | іссер     | ted for          |
| The quote box is open from 08:00 to  | 15:30.                                  |   |   |   |        |   |                 |                  |        |           |                  |
| ALL QUOTES MUST BE SUBMITTE  | D ON THE OFFICIAL                       | FORMS -                                 | (NOT TO B                               | E RE-TYPEC                              | ))     |   |                 |                  |        |           |                  |
| THIS QUOTE IS SUBJECT TO PROCUREMENT REGULATIONS, 20 CONDITIONS OF CONTRACT.                   | THE PREFERENTI<br>011, THE GENERAL      | AL PROCU<br>CONDITIO                    | JREMENT<br>NS OF CON                    | POLICY FR<br>ITRACT (GC                 | C) AND | ORK A<br>, IF APF                       | CT AN<br>PLICAB | ID THE<br>LE, AN | PRE    | FERE      | ENTIAL<br>PECIAL |
| (FAIL  | THE FOLLOWIN<br>URE TO DO SO WIL        |   |   |   |        | JALIFIE                                 | D)              |                  | -      |           |                  |
| NAME OF BIDDER   |   |   |   |   |        |   |                 |                  |        |           |                  |
| POSTAL ADDRESS   | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, |   |   |   |        |   |                 |                  |        |           |                  |
| STREET ADDRESS   |   |   |   | •••••                                   |        | ,                                       |                 |                  | ••••   |           |                  |
| TELEPHONE NUMBER CODE  | NUMBER                                  |   | FACSIMI                                 | LE NUMBER                               | COD    | E                                       | NUM             | BER              |        |           | 11717411         |
| CELLPHONE NUMBER   |   | *************************************** |   |   |        | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, |                 |                  |        |           |                  |
| E-MAIL ADDRESS   |   |   |   | • |        | • |                 |                  |        |           |                  |
| VAT REGISTRATION NUMBER (If V  | AT vendor)                              |   |   |   |        |   |                 |                  | .,     |           |                  |
| HAS A B-BBEE STATUS LEVEL VER  | RIFICATION CERTIFI                      | ICATE BEE                               | N SUBMITT                               | ED? (SBD 6                              | .1)    |   |                 |                  | YES    | N         | 0                |

[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 F                 |                              |  |                       | EDII 151/21                                      | /22              |          |
|----------------------------|------------------------------|--|-----------------------|--|------------------|----------|
|                            |                              | FOR QUOTATIONS T CONTROL CONTRACT FOR EDU        | ZNQ NUMBER<br>JMBE CH | REDU 151/21<br>C AND CLINI                       | CS               |          |
| SIGNATURI<br>[By signing t | E OF BIDDEF<br>this document | R  | DATE.                 |  |                  |          |
|                            |                              | CH THIS QUOTE IS SIGNED                          |                       |  |                  |          |
| Item No                    | Quantity                     | Description                                      | Brand & model         | Country of manufacture                           | Price            |          |
|                            | AS PER                       | PEST CONTROL CONTRACT FOR EDUMBE CHC AND CLINICS | 7.70401               | manacare   | R                | С        |
| 1                          | SPECIFICATION                | EDUMBE CHC                                       |                       |  |                  | +        |
| 2                          |                              | HARTLAND   |                       | <del> </del>                                     |                  | $\dashv$ |
| 3                          |                              | OPHUZANE CLINIC                                  |                       | <del>-</del>                                     | <del>-   -</del> | +        |
| 4                          |                              | PRINCESS MHLOSHENI CLINIC                        |                       |  | <u> </u>         | _        |
| 5                          |                              | FRIESGEWACHT CLINIC                              |                       |  | +                | +        |
| 6                          |                              | LUNEBURG CLINC                                   |                       |  |                  | +        |
|                            |                              |  |                       |  |                  | +        |
|                            |                              |  |                       |  |                  | +        |
|                            |                              |  |                       |  | <del>  -</del>   | +        |
|                            |                              |  |                       |  |                  | +-       |
|                            |                              |  |                       |  |                  | +        |
|                            |                              |  |                       |  |                  | +        |
|                            |                              |  |                       |  | <del></del>      |          |
|                            |                              |  |                       |  | +                | +        |
|                            |                              |  |                       |  |                  | +        |
|                            |                              |  |                       |  |                  | +        |
|                            |                              |  |                       |  |                  | +        |
|                            |                              |  |                       |  | +                | +        |
|                            |                              |  |                       | <del> </del>                                     |                  | +        |
|                            |                              |  |                       |  | -                | -        |
|                            |                              |  | _                     | <del> </del>                                     |                  | +        |
|                            |                              |  |                       | <del>-</del>                                     |                  | +        |
|                            |                              |  |                       | <del>                                     </del> |                  | +-       |
|                            |                              |  |                       | <u> </u>   |                  | -        |
|                            |                              |  |                       |  |                  | +        |
|                            |                              |  |                       |  |                  |          |
| VALUE ADI                  | DED TAX @ :                  | 15% (Only if VAT Vendor)                         |                       |  | -                | +        |
| TOTAL QUO                  | OTATION PR                   | ICE (VALIDITY PERIOD 60 Days)                    |                       |  | +                | +        |
|                            |                              |  |                       |  |                  |          |
| loes This Off              | er Comply W                  | ith The Specification? Does The Article Confor   | m To The S.A.N        | LS. / S.A.B.S. Specific:                         | etion?           |          |

| Does This Offer Comply With The Specification? Is The Price Firm?                      |  |  |  |
|--|--|--|--|
| Enquiries regarding the quote may be directed to Contact Person: Mr. S. Ngema Tel: 034 |  | Enquiries regarding technical information may be directed to:  Contact Person: Sithembile Tel:0349958557 |  |

## **DECLARATION OF INTEREST**

| -                  | limited quote or proposal). Ir employed by the state, or to declare his/her position in relate the bidder is employed by the legal person on whose evaluation and or adjudical on whose behalf the declate. | e an orier or oriers in terms of this invi-<br>i view of possible allegations of favou<br>persons connected with or related to<br>ation to the evaluating/adjudicating au<br>the state; and/or<br>e behalf the bidding document is sign | tation to quote (inclu-<br>ritism, should the res<br>them, it is required<br>thority where-<br>ed, has a relationshi<br>wn that such a relati<br>d with the evaluation |  | te,<br>ns<br>ve |
|--------------------|---|---|--|--|-----------------|
|                    |   |   |  |  |                 |
| 4.4.               | Position occupied in the Corr   |   | 2.5 Tay Reference  | stration Number:<br>Number:<br>on Number:                                  |                 |
| 2.8.<br>2.8.1.     | Are you or any person conne<br>If so, furnish the following pa<br>Name of person / director / tru   | cted with the bidder presently employ<br>rticulars:<br>stee / shareholder/ member:  | v.<br>ed by the state?   | numbers, tax reference numbers and, if applicable [TICK APPLICABLE] YES NO |                 |
| ,                  | CONTROL OCCUPIED IN THE STATE   | 3/15HUHO//  | Any other pe   | rticuloro:   |                 |
| 2.8.2.             | in the public sector?  1. If yes, did you attach produced in the public sector?   | ed by the state, did you obtain the ap<br>of of such authority to the guide docum   | propriate authority to   | undertake remunerative work outside employmer YES NO                       | nt              |
| 2.8.2.             | 2. If no, furnish rea   | authority, where applicable, may result   | <u>lt in the disqualificatio</u>   | n of the quote.)   |                 |
| 2.9.               | or you or your opouse, or ar  | ry or the company's unectors / musice   | s / shareholders / me  | embers or their spouses conduct business with th                           | ۵               |
| 2.9.1.             | state in the previous twelve m<br>f so, furnish particulars:  | ionins?   |  | YES NO   | ]               |
| 2.10. I<br>2.10.1  | Do you, or any person conne<br>may be involved with the eval<br>. If so, furnish particulars:   | cted with the bidder, have any relation<br>uation and or adjudication of this quot  | ship (family, friend, o<br>e?  | ther) with a person employed by the state and whe                          |                 |
| 2.11. /<br>2.11.1. | Are you, or any person conne<br>employed by the state who m<br>. If so, furnish particulars:  | cted with the bidder, aware of any rela<br>ay be involved with the evaluation and   | or adjudication of the   | 120   110  |                 |
|                    | with folial and plantification that   | contract?   |  | ny interest in any other related companies whethe YES NO                   | r<br>]          |
| 3. Fi<br>NB: 7     | ull details of directors / trus<br>The Department Of Health will<br>Densure that their details are  | tees / members / shareholders.<br>validate details of directors / truste  | es / members / shan  | eholders on CSD. It is the suppliers' responsibility                       | y<br>I          |
| 4                  | DECLARATION   |   | •  |  |                 |
| I, THE<br>FURN     | E UNDERSIGNED (NAM<br>ISHED IN PARAGRAPH  | E)<br>IS 2.   |  | CERTIFY THAT THE INFORMATION   | ſ               |
| I ACC<br>PROV      | EPT THAT THE STATE<br>E TO BE FALSE.  | MAY REJECT THE QUOTE OR   | ACT AGAINST N  | ME SHOULD THIS DECLARATION   |                 |
|                    | of bidder   | Signature   | Position   | Date   |                 |
| Ac                 | y national or provincial departmen  | aning of the Public Finance Management  | c) provincial legislature;<br>d) national Assembly or<br>e) Parliament.  | the national Council of provinces; or                                      |                 |

#### SPECIAL CONTRACT CONDITIONS OF QUOTATIONS

#### 1. AMENDMENT OF CONTRACT

1.1. Any amendment to or renunciation of the provisions of the contract shall at all times be done in writing and shall be signed by both parties.

#### 2. CHANGE OF ADDRESS

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

## 3. GENERAL CONDITIONS ATTACHED TO THIS QUOTATION

- 3.1. The institution is under no obligation to accept the lowest or any quote.
- 3.2. The price quoted must include VAT (if VAT vendor). However, it must be noted that the department reserves the right to evaluate all quotations excluding VAT as some bidders may not be VAT vendors.
- 3.3. The bidder must ensure the correctness & validity of quote:
  - (i) that the price(s), rate(s) & preference quoted cover all for the work/item (s) & accept that any mistakes regarding the price (s) & calculations will be at the bidder's risk
- 3.4. The bidder must accept full responsibility for the proper execution & fulfilment of all obligations conditions devolving on under this agreement, as the Principal (s) liable for the due fulfilment of this contract.
- 3.5. This quotation will be evaluated based on the 80/20 points system, specification & correctness of information. All required documentation must be completed in full and submitted.
- 3.6. Offers must comply strictly with the specification.
- 3.7. Only offers that meet or are greater than the specification will be considered.
- 3.8. Late quotes will not be considered.
- 3.9. Expired product/s will not be accepted. All products supplied must be valid for a minimum period of six months.
- 3.10. A bidder not registered on the Central Suppliers Database or verification has failed will not be considered.
- 3.11. All delivery costs must be included in the quote price, for delivery at the prescribed destination.
- 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. In cases where different delivery points influence the pricing, a separate pricing schedule must be submitted for each delivery point.
- 3.14. 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. SPECIAL INSTRUCTIONS AND NOTICES TO BIDDERS REGARDING THE COMPLETION OF THIS QUOTATION.

- 4.1. Unless inconsistent with or expressly indicated otherwise by the context, the singular shall include the plural and vice versa and with words importing the masculine gender shall include the feminine and the neuter.
- 4.2. Under no circumstances whatsoever may the quotation/bid forms be retyped or redrafted. Photocopies of the original bid documentation may be used, but an original signature must appear on such photocopies.
- 4.3. The bidder is advised to check the number of pages and to satisfy himself that none are missing or duplicated.
- Quotation submitted must be complete in all respects.
- 4.5. Any alteration made by the bidder must be initialled.
- 4.6. Use of correcting fluid is prohibited
- 4.7. Quotation will be opened in public as soon as practicable after the closing time of quotation.
- 4.8. Where practical, prices are made public at the time of opening quotations.
- 4.9. If it is desired to make more than one offer against any individual item, such offers should be given on a photocopy of the page in question. Clear indication thereof must be stated on the schedules attached.

## 5. SPECIAL INSTRUCTIONS REGARDING HAND DELIVERED QUOTATIONS

- 5.1. Quotation shall be lodged at the address indicated not later than the closing time specified for their receipt, and in accordance with the directives in the quotation documents.
- 5.2. Each quotation shall be addressed in accordance with the directives in the quotation documents and shall be lodged in a separate sealed envelope, with the name and address of the bidder, the quotation number and closing date indicated on the envelope. The envelope shall not contain documents relating to any quotation other than that shown on the envelope. If this provision is not complied with, such quotations/bids may be rejected as being invalid.
- 5.3. All quotations received in sealed envelopes with the relevant quotation numbers on the envelopes are kept unopened in safe custody until the closing time of the quotation/bids. Where, however, a quotation is received open, it shall be sealed. If it is received without a quotation/bid number on the envelope, it shall be opened, the quotation number ascertained, the envelope sealed and the quotation number written on the envelope.
- 5.4. A specific box is provided for the receipt of quotations, and no quotation found in any other box or elsewhere subsequent to the closing date and time of quotation will be considered.

- 5.5. No quotation/bid sent through the post will be considered if it is received after the closing date and time stipulated in the quotation documentation, and proof of posting will not be accepted as proof of delivery.
- 5.6. Quotation documents must not be included in packages containing samples. Such quotations may be rejected as being invalid,

#### 6. SAMPLES

- 6.1. In the case of the quote document stipulating that samples are required, the supplier will be informed in due course when samples should be provided to the institution. (This decreases the time of safety and storage risk that may be incurred by the respective institution). The bidders sample will be retained if such bidder wins the contract.
- (i) If a company/s who has not won the quote requires their samples, they must advise the institution in writing of such.
- (ii) If samples are not collected within three months of close of quote the institution reserves the right to dispose of them at their discretion.
- 6.2. Samples must be made available when requested in writing or if stipulated on the document.
- (i) If a Bidder fails to provide a sample of their product on offer for scrutiny against the set specification when requested, their offer will be rejected. All testing will be for the account of the bidder.

#### 7. COMPULSORY SITE INSPECTION / BRIEFING SESSION

| 7.1.        | Bidders who fail to attend the compulsory meeting will be disqu                   | alified from the e | evaluation process.                      |
|-------------|---|--------------------|--|
| (i)<br>(ii) | The institution has determined that a compulsory site meeting  Date// Time: Place | nil                | take place                               |
| Institu     | ution Stamp:  | Institution Site   | e Inspection / briefing session Official |
|             |   | Full Name:         |  |
|             |   | Signature:         |  |
|             |   | Date:              |  |

#### 8. STATEMENT OF SUPPLIES AND SERVICES

8.1. The contractor shall, when requested to do so, furnish particulars of supplies delivered or services executed. If he/she fails to do so, the Department may, without prejudice to any other rights which it may have, institute inquiries at the expense of the contractor to obtain the required particulars.

#### 9. SUBMISSION AND COMPLETION OF SBD 6.1

9.1. Should a bidder wish to qualify for preference points they must complete a SBD 6.1 document. Failure by a bidder to provide all relevant information required, will result in such a bidder not being considered for preference point's allocation. The preferences applicable on the closing date will be utilized. Any changes after the closing date will not be considered for that particular quote.

#### 10. TAX COMPLIANCE REQUIREMENTS

- 10.1. In the event that the tax compliance status has failed on CSD, it is the suppliers' responsibility to provide a SARS pin in order for the institution to validate the tax compliance status of the supplier.
- 10.2. In the event that the institution cannot validate the suppliers' tax clearance on SARS as well as the Central Suppliers Database, the quote will not be considered and passed over as non-compliant according to National Treasury Instruction Note 4 (a) 2016/17.

#### 11. TAX INVOICE

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

#### 12. PATENT RIGHTS

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.

#### 13. PENALTIES

- 13.1. If at any time during the contract period, the service provider is unable to perform in a timely manner, the service provider must notify the institution in writing/email of the cause of and the duration of the delay. Upon receipt of the notification, the institution should evaluate the circumstances and, if deemed necessary, the institution may extend the service provider's time for performance.
- 13.2. In the event of delayed performance that extends beyond the delivery period, the institution is entitled to purchase commodities of a similar quantity and quality as a substitution for the outstanding commodities, without terminating the contract, as well as return commodities delivered at a later stage at the service provider's expense.
- 13.3. Alternatively, the institution may elect to terminate the contract and procure the necessary commodities in order to complete the contract. In the event that the contract is terminated the institution may claim damages from the service provider in the form of a penalty. The service provider's performance should be captured on the service provider database in order to determine whether or not the service provider should be awarded any contracts in the future.
- 13.4. If the supplier fails to deliver any or all of the goods or to perform the services within the period(s) specified in the contract, the purchaser shall, without prejudice to its other remedies under the contract, deduct from the contract price, as a penalty, a sum calculated on the delivered price of the delayed goods or unperformed services using the current prime interest rate calculated for each day of the delay until actual delivery or performance.

## 14. TERMINATION FOR DEFAULT

- 14.1. The purchaser, without prejudice to any other remedy for breach of contract, by written notice of default sent to the supplier, may terminate this contract in whole or in part:
- (i) if the supplier fails to deliver any or all of the goods within the period(s) specified in the contract,
- (ii) if the supplier fails to perform any other obligation(s) under the contract; or
- (iii) if the supplier, in the judgment of the purchaser, has engaged in corrupt or fraudulent practices in competing for or in executing the contract.
- 14.2. In the event the purchaser terminates the contract in whole or in part, the purchaser may procure, upon such terms and in such manner as it deems appropriate, goods, works or services similar to those undelivered, and the supplier shall be liable to the purchaser for any excess costs for such similar goods, works or services.
- 14.3. Where the purchaser terminates the contract in whole or in part, the purchaser may decide to impose a restriction penalty on the supplier by prohibiting such supplier from doing business with the public sector for a period not exceeding 10 years.
- 15. 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

NB: 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.

#### 1. GENERAL CONDITIONS

- 1.1 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 The value of this quote is estimated to not exceed R50 000 000 (all applicable taxes included) and therefore the 80/20 preference point system shall be applicable.
- 1.3 Points for this quote shall be awarded for:
  - (a) Price; and
  - (b) B-BBEE Status Level of Contributor.
- 1.4 The maximum points for this quote is allocated as follows:

|   | POINTS |
|---|--------|
| PRICE   | 80     |
| B-BBEE STATUS LEVEL OF CONTRIBUTOR                | 20     |
| Total points for Price and B-BBEE must not exceed | 100    |

- 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.
- 1.6 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.

#### 2. DEFINITIONS

- (a) "B-BBEE" means broad-based black economic empowerment as defined in section 1 of the Broad-Based Black Economic Empowerment Act;
- (b) "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;
- (c) "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 or services, through price quotations, advertised competitive bidding processes or proposals;
- (d) "Broad-Based Black Economic Empowerment Act" means the Broad-Based Black Economic Empowerment Act, 2003 (Act No. 53 of 2003);
- (e) "EME" means an Exempted Micro 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;
- (f) "functionality" means the ability of a tenderer to provide goods or services in accordance with specifications as set out in the tender documents.
- (g) "prices" includes all applicable taxes less all unconditional discounts;
- (h) "proof of B-BBEE status level of contributor" means:
  - 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;
  - 3) Any other requirement prescribed in terms of the B-BBEE Act:
- (i) "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;
- "rand value" means the total estimated value of a contract in Rand, calculated at the time of bid invitation, and includes all applicable taxes:

#### 3. POINTS AWARDED FOR PRICE

#### 3.1 THE 80/20 PREFERENCE POINT SYSTEMS

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

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

Ps

Points scored for price of bid under consideration

Pt

Price of bid under consideration

Pmin

Price of lowest acceptable bid

## 4. POINTS AWARDED FOR B-BBEE STATUS LEVEL OF CONTRIBUTOR

4.1 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:

| B-BBEE Status Level of Contributor | Number of points (80/20 system) |
|------------------------------------|---------------------------------|
| 1                                  | 20                              |
| 2                                  | 18                              |
| 3                                  | 14                              |
| 4                                  | 12                              |
| 5                                  | 8                               |
| 6                                  | 6                               |
| 7                                  | 4                               |
| 8                                  | 2                               |
| Non-compliant contributor          | 0                               |

| E | DID | DECL | ADA | BOITS |
|---|-----|------|-----|-------|
|   |     |      |     |       |

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

(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.

| •     |  |                       |  |  |  |  |
|-------|--|-----------------------|--|--|--|--|
| 7.    | SUB-CONTRACTING SUB-CONTRACTING                          | (Tick applicable box) |  |  |  |  |
| 7.1   | Will any portion of the contract be sub-contracted?      | YES NO                |  |  |  |  |
| 7.1.1 | If yes, indicate:  |                       |  |  |  |  |
|       | i) What percentage of the contract will be subcontracted |                       |  |  |  |  |
| 8.    | Whether the sub-contractor is an EME or QSE              | (Tick applicable box) |  |  |  |  |

| se in terms of YES | NO   |
|--------------------|--|
| EME V              | QSE<br>√   |
|                    | <del>                                     </del> |
|                    |  |
|                    | <del></del>                                      |
|                    | -  |
|                    |  |
|                    |  |
|                    |  |
| <del></del>        | 1  |
|                    | T  |
|                    | <del> </del>                                     |
|                    | 120  |

| 9.  | DECLAF        | RATION WITH REGARD TO COMPANY/FIRM  |  |  |  |  |  |
|-----|---------------|---|--|--|--|--|--|
| 9.1 | Name          | of company/firm:  |  |  |  |  |  |
| 9.2 | VAT re        | VAT registration number:  |  |  |  |  |  |
| 9.3 | Comp          | Company registration number:  |  |  |  |  |  |
| 9.4 | TYPE          | OF COMPANY/ FIRM [TICK APPLICABLE BOX   | q  |  |  |  |  |
|     |               | Partnership/Joint Venture / Consortium One person business/sole propriety Close corporation Company (Pty) Limited                         |  |  |  |  |  |
| 9.5 | DESC          | RIBE PRINCIPAL BUSINESS ACTIVITIES  |  |  |  |  |  |
|     |               |   |  |  |  |  |  |
|     |               |   |  |  |  |  |  |
| 9.6 | COMF          | ANY CLASSIFICATION [TICK APPLICABLE BOMAnufacturer Supplier Professional service provider Other service providers, e.g. transporter, etc. | DX]  |  |  |  |  |
| 9.7 | Total n       | umber of years the company/firm has been in be  | usiness:   |  |  |  |  |
| 9.8 |               |   |  |  |  |  |  |
|     | i) T          | he information furnished is true and correct;   |  |  |  |  |  |
|     | ii) T         | he preference points claimed are in accordance  | with the General Conditions as indicated in paragraph 1 of this form;  |  |  |  |  |
|     | iii) Ir<br>be | the event of a contract being awarded as a res<br>e required to furnish documentary proof to the sa                                       | ult of points claimed as shown in paragraphs 1.4 and 6.1, the contractor may atisfaction of the purchaser that the claims are correct;   |  |  |  |  |
|     | iv) If        | the B-BBEE status level of contributor has been ave not been fulfilled, the purchaser may, in add   | claimed or obtained on a fraudulent basis or any of the conditions of contract ition to any other remedy it may have –   |  |  |  |  |
|     | (a)           | disqualify the person from the bidding process  | S.   |  |  |  |  |
|     | (b)           | recover costs, losses or damages it has incurr  | red or suffered as a result of that person's conduct;  |  |  |  |  |
|     | (c)           |   | which it has suffered as a result of having to make less favourable  |  |  |  |  |
|     | (d)           | who acted on a fraudulent basis, be restricted  | shareholders and directors, or only the shareholders and directors by the National Treasury from obtaining business from any organ after the audi alteram partem (hear the other side) rule has been |  |  |  |  |
|     | (e)           | forward the matter for criminal prosecution.  |  |  |  |  |  |
|     |               | ESSES   | SIGNATURE(S) OF BIDDERS(S)   |  |  |  |  |
|     | 1             |   | DATE:  |  |  |  |  |
|     | 2             |   | ADDRESS  |  |  |  |  |

#### KWAZULU-NATAL PROVINCIAL ADMINISTRATION

#### DEPARTMENT OF HEALTH

# BRIEF/TERMS OF REFERENCE/SPECIFICATION FOR PEST CONTROL SERVICE

### AT

## **EDUMBE CHC AND CLINICS**

#### 1. TYPE OF PEST CONTROL SERVICES

This Pest Control Service Contract is for the eradication and control of all pest and vermin (rats, mice, cockroaches, bird lice, all types of ants, moth larvae, fish moths, etc) in all buildings of the Edumbe Community Health Centre (Edumbe CHC) and Clinics.

## 2. PEST TREATMENT EXCLUSIONS

This Service Contract does not cover the eradication of termites (white ants) or bees. Should and exceptional situation arise where the institution requires the eradication or treatment of termites or bees, a separate quotation furnishing the traveling expenses, hourly rates and sundry costs should be provided. SCM procedures to acquire the after services will then be followed.

## 3. COTRACTOR REGISTRATIONS, PROCEDURES AND CONDITIONS

- 3.1 It is compulsory for all on site technicians to have a valid "P" Registration certificate. Refer Fertilizers, Farm Feeds and Agricultural Remedies and Stock Remedies Ac, 1947 (Act No. 36 of 1947)
- 3.2 Preference will be given to service providers that are registered members of the South African Pest Control Association (SAPCA)
- 3.3 No servicing is to be carried out before the contractor has made prior arrangements for a service date with the officer in charge of the institutional maintenance division.
- 3.4 Such service date arrangement shall be made at least seven (7) days prior to the actual proposed service date.
- 3.5 On arrival at the institution on the date of service, the contractor will be required to report to the office of the maintenance manager to sign into the contracts register before any servicing takes place. On completion of the service procedure, the contractor will once again be required to report to the maintenance manager's office to sign out of the contractors register.
- 3.6 When the contractor arrives on the site to carry out servicing, he must be in possession of copies of the servicing schedule "Annexure A" and "Annexure B".

- 3.7. The officer in charge of each ward, department or clinic or an appointed delegate is to accompany the service provider, ensure all areas are accessible and verify that the services had been carried out in accordance of the specification and Service Schedules. Only the officer (or Acting) in charge of each ward, department or clinic will sign off the Service Schedules, signifying that the service had been carried out satisfactorily.
- 3.8 The properly completed and signed "Annexure A" & "ANNEXURE B" must then be filled in by the service technician complete with the date and the company. The Annexures to be attached to the Contractors invoice which must be forwarded for payment to:

  The Finance Manager

  Edumbe Community Health Centre

  Private Bag X322

  Paulpietersburg

  3180
- 3.9 Data Sheets of all pesticides utilized and a Certificate of Treatment to be issued to each facility after the service has been conducted.
- 3.10 A comprehensive report to be provided by the Service Provider within 7 days after the completion of the services wherein the Service Provider provides the general and specifics of the integrity of the facilities pest control standing. This should include identifying areas with pest break-outs, provide possible reasons for pest buildup and provide measures to prevent such buildup.
- 3.11 Failure to comply with the instruction pertaining to the service schedule, treatment certificates, data sheets and reports could result in payment for the service being withheld.
- 3.12 If, for some reason, certain areas are inaccessible, then sufficient amounts of pesticide should be handed over to the Maintenance Manager with instructions on its use. The Maintenance Manager will treat the inaccessible areas at a more convenient time.
- 3.13 The purpose of the contract is to eradicate and control pests. If there is still an abundance of pests and notable proliferation of pests after the service and within the month of services, the Service Provider is liable to provide an additional service at no cost to the facility.

## 4. GENERAL PROCEDURES ON PEST CONTROL TREATMENT

- 4.1 Every room or enclosures in the wards or departments are to be treated with solid, liquid or gel baits (and/or any other industry approved alternative) as per SABS codes of practice.
- 4.2 All built in cupboards shall be internally sprayed or gel treated
- 4.3 All storage rooms such as kit rooms, surgical storage rooms etc are to be treated with spray or gel.
- 4.4 All plant rooms and basement areas are to be spray treated and rodent bait treated.

- 4.5 All free standing out-buildings shall be spray treated as per specifications.
- 4.6 All sewerage and storm water manholes are to be opened and spray treated at each service
- 4.7. Rodent bait treatment should be placed in high infestation areas as identified by the operational managers. Bait stations are to be replaced if damaged and relabeled accordingly.
- 4.8 The surrounds of every open type waste gulley shall be spray treated at each service.
- 4.9The outside walls of every building or structure where the walls reach ground level throughout the complex must be spray treated at each service.
- 4.10 The edges of all concrete walkways within enclosed passages shall be spray treated at each service.
- 4.11 Sufficient and appropriate quantities of pesticides, baits and gels are to be utilized and in strict accordance with the manufacturer's instructions. The pest treatment chemicals should not be excessively diluted, unnecessarily fragmented/split or sparingly applied such that the treatment becomes inadequate and ineffective.

NOTE: THE CONTRACTOR IS TO BE IN POSSESSION OF HIS OWN TOOLS AND EQUIPMENT TO OPEN SEWERAGE AND STORM WATER MANHOLES

## **ANNEXURE** A

1. EDUMBE COMMUNITY HEALTH CENTRE-PEST CONTROL AREAS

| 1. EDUMBE COMMUNITY HEALTH CENTRE-P<br>WARD/UNIT/DEPARTMENT | SIGNATURE |         |
|---|-----------|---------|
| BLOCK Q   | SIGNATURE | COMMENT |
| OFFICE CUBICLES X 8   |           |         |
| MALE TOLIETS  |           |         |
| FEMALE TOILETS  |           |         |
| STOREROOM   |           |         |
| OPD RIGHT WING (BLOCK A)                                    |           |         |
| PHARMACY CONSULTING ROOM                                    |           |         |
| PATIENT TOILETS MALE  |           |         |
| PATIENT TOILETS FEMALE                                      |           |         |
| STAFF TOILETS MALE  |           |         |
| STAFF TOILETS FEMALE  |           |         |
| FINANCE AND SYSTEMS MANAGERS OFFICE                         |           |         |
| HUMAN RESOURCES OFFICE                                      |           |         |
| REHABILITATION  |           |         |
| MATRON'S OFFICE   |           |         |
| CLEANERS STORE ROOM   |           |         |
| OPD CENTRE (BLOCK A)  |           |         |
| ADMISSIONS OFFICE   |           |         |
| OPD: NURSES CONSULTING ROOM                                 |           |         |
| OPD: DOCTORS CONSULTING ROOM                                |           |         |
| OPD: DOCTORS CONSULTING ROOM                                |           |         |
| OPD: DOCTORS CONSULTING ROOM                                |           |         |
| PHC OFFICE  |           |         |
| SLUICE ROOM   |           |         |
| DUTY ROOM   |           |         |
| BULK STORE  |           |         |
| TREATMENT ROOM  |           |         |
| TB CLINIC   |           |         |
| DENTAL ROOM   |           | В       |
| OPD LEFT WING (BLOCK A)                                     |           |         |
| X-RAY   |           |         |
| ULTRA-SOUND   |           |         |
| CRISIS CENTRE   |           |         |
| MEDICAL MANAGER'S OFFICE                                    |           |         |
| CEO'S OFFICE  |           |         |
| STOREROOM   |           |         |
| BABY REHYDRATION  |           |         |
|   |           |         |

| WARD/UNIT/DEPARTMENT               | SIGNATURE | COMMENT |
|------------------------------------|-----------|---------|
| OPD LEFT WING (BLOCK A) continued  |           |         |
| RESUSCITATION UNIT                 |           |         |
| ASSISTANT NURSING MANAGER'S OFFICE |           |         |
| ABLUTIONS                          |           |         |
| DIRTY UTILITY                      |           |         |
| MALE TOILET                        |           |         |
| FEMALE TOILET                      |           |         |
| GENERAL WARD (BLOCK F)             |           |         |
| KITCHEN                            |           | ~       |
| LINNEN ROOM                        |           |         |
| DUTY ROOM                          |           |         |
| WARD 133                           |           |         |
| CLEAN UTILITY                      |           |         |
| WARD 134                           |           |         |
| PATIENT ABLUTION                   |           |         |
| PATIENT ABLUTION                   | 8         |         |
| WARD 139                           |           |         |
| WARD 136                           |           |         |
| STAFF TOILET                       |           |         |
| NURSES STATION                     |           |         |
| DIRTY UTILITY                      |           |         |
| STORE                              |           |         |
| WARD 141                           |           |         |
| PATIENT WC                         |           |         |
| MATERNITY WARD (BLOCK D)           |           |         |
| MILK KITCHEN                       |           |         |
| CSSD                               |           |         |
| DIRTY UTILITY                      |           |         |
| POST NATAL WARD                    |           |         |
| POST NATAL WARD                    |           |         |
| ANTENATAL WARD                     |           |         |
| DUTY ROOM                          |           |         |
| CLEAN UTILITY                      |           |         |
| DELIVERY WARD                      |           |         |
| STORE ROOM                         |           |         |
| EXAMINATION ROOM                   | 8         |         |
| STORE                              |           |         |
| PATIENT TOILET                     |           |         |
| PATIENT ABLUTION                   |           |         |
| STAFF ABLUTION                     |           |         |
| FIRST STAGE WARD                   |           |         |
| PREM BABIES/OFFICE                 |           |         |

| WARD/UNIT/DEPARTMENT  | SIGNATURE COMMENT      |
|---|------------------------|
| PARKHOME EX THOLOMPILO CLINIC ( 5 ROOM                                | S, TOILET, KITCHEN)    |
| OFFICE 1-MOBILE CLINIC  |                        |
| OFFICE 2-MOBILE CLINIC  |                        |
| OFFICE 3-PHC MANAGER  |                        |
| OFFICE 4-NURSING MANAGER  |                        |
| OFFICE 5-MOBILE CLINIC PHARAMACY                                      |                        |
| TOILET AND KITCHEN  |                        |
| PARKHOME OFFICE (5 X OFFICES, TOILET, KITC                            | CHEN, STOREROOM)       |
| OFFICE 1- FINANCE AND SCM SUPERVISORS                                 |                        |
| OFFICE 2-FINANCE MANAGER  |                        |
| OFFICE 3-ASSETS   |                        |
| OFFICE 4- FINANCE CLERKS  |                        |
| OFFICE 5 –FIO   |                        |
| TOILET, KITCHEN AND STORAGE   |                        |
| PARKHOME (FLU CLINIC) X 2 (6M X 3M)                                   |                        |
| CONSULTING ROOM 1-AUDIOLOGIST CONSULTING ROOM 2-COVID CONSULTING      |                        |
| CONSULTING ROOM 2-COVID CONSULTING CONSULTING ROOM 3-COVID CONSULTING |                        |
| PARKHOME 6X 3M (PHARMACY STOREROOM 3                                  |                        |
| PHARMACY STOREROOM 3  |                        |
| CONTAINERS (6 X 3)  |                        |
| MOTHER LODGE ABLUTIONS  |                        |
| VACCINE TENT TOILETS  |                        |
| PARKHOME(3 X BEDROOM, 1 X LOUNGE, 1 X KI                              | TCHEN, TOILET, SHOWER) |
| PARKHOME RESIDENCE 1  |                        |
| PARKHOME RESIDENCE 2  |                        |
| PARKHOME RESIDENCE 3  |                        |
| PARKHOME RESIDENCE 4  |                        |
| PARKHOME RESIDENCE 5  |                        |
| PARKHOME RESIDENCE 6  |                        |
| PARKHOME RESIDENCE 7  |                        |
| PARKHOME RESIDENCE 8  |                        |
| PARKHOME RESIDENCE 9  |                        |
| PARKHOME RESIDENCE 10   |                        |
| PARKHOME RESIDENCE 11   |                        |
| FLAT (2 BEDROOM, BATHROOM/TOILET, KITCH                               | ŒN)                    |
| FLAT 1  |                        |
| FLAT 2  |                        |
| FLAT 3  |                        |
| FLAT (1 BEDROOM,, BATHROOM/TOILET, KITCI                              | HEN)                   |
| FLAT 4  |                        |
| FLAT 5  |                        |
| FLAT 6  |                        |
| FLAT 7  |                        |
| FLAT 8  |                        |
| FLAT 9  |                        |

| WARD/UNIT/DEPARTMENT       | SIGNATURE | COMMEN |
|----------------------------|-----------|--------|
| LABORATORY (BLOCK B)       |           |        |
| LAB 1                      |           |        |
| LAB 2                      |           |        |
| LAB 3                      |           |        |
| FEMALE TOILET              |           |        |
| MALE TOILET                |           |        |
| MOTHERS LODGE (BLOCK K)    |           |        |
| SHOWER                     |           |        |
| ROOM 1                     |           |        |
| ROOM 2                     |           |        |
| GARAGES                    |           |        |
| RECORDS STRONG ROOM        |           |        |
| PHARMACY STOREROOM 3       |           |        |
| STORES STOREROOM 2         |           |        |
| STORES STOREROOM 2         |           |        |
| BLOCK H                    |           |        |
| MORTUARY                   |           |        |
| LAUNDRY                    |           |        |
| MAINTENANCE WORKSHOP       |           |        |
| STORES (STOREROOM 1)       |           |        |
| SCM OFFICES                |           |        |
| RESTROOM FEMALE            |           |        |
| KITCHEN                    |           |        |
| BOARDROOM                  |           |        |
| WASTE STORAGE              |           |        |
| MEDICAL WASTE AREA         |           |        |
| DOMESTIC WASTE AREA        |           |        |
| PLANTROOMS AND MAINTENANCE |           | -      |
| STOREROOMS                 |           |        |
| TOOLSHED                   |           |        |
| ELECTRICAL STOREROOM       |           |        |
| SUB-STATIONS               |           |        |
| GENERATOR                  |           |        |
| PLANTROOM 1                |           |        |
| PLANTROOM 2                |           |        |
| PLANTROOM 3                |           |        |
| PLANTROOM 4                |           |        |
| OXYGEN BANK                |           |        |
| VACUUM PUMP                |           |        |
| COMPRESSOR                 |           |        |
| GUARDROOM                  |           |        |
| TRANSPORT STOREROOM        |           |        |

## **ANNEXURE B**

| CLINIC NAME AND DISTANCE FROM EDUMBE CHC |                    |                    |                                |                                 |   |   |
|--|--------------------|--------------------|--------------------------------|---------------------------------|---|---|
|  | LUNEBERG<br>(32km) | OPHUZANE<br>(18km) | FRISGEWACHT<br>(18km)          | PRINCESS<br>MHLOSHENI<br>(21km) | HARTLAND<br>(27km)                            | PAULPIETERSBURG<br>(3km)                |
| Clinic                                   |                    |                    |                                |                                 |   |   |
| Waiting Area                             | 1                  | 1                  | 1                              | 1                               | 1   | 2                                       |
| Consulting<br>Room                       | 3                  | 3                  | 3                              | 3                               | 3   | 3                                       |
| Duty room                                | 1                  | 1                  | ı                              | 1                               | 1   | -                                       |
| StoreRoom/<br>Pharmacy                   | 1                  | 1                  | 1                              | 1                               | 1   | 1                                       |
| Kitchen                                  | 1                  | 1                  | 1                              | _                               | -   | -                                       |
| Toilet                                   | 2                  | 2                  | 2                              | -                               | 2   | 1                                       |
| Sluice Room                              | 1                  | 1                  | 1                              | 1                               | 1   | 1                                       |
| Other Rooms                              | -                  | 1                  | 2                              | 3                               | 3   | -                                       |
| SIGNATURE                                | 24.5%              | ĺ                  |                                |                                 | Lister  |   |
| External Buidi                           | ng: Nurses Hon     | ie de la company   |                                |                                 |   |   |
| Kitchen                                  | ·····              | 4                  | 4                              | 1                               | 5   |   |
| Bedroom                                  | 4                  | 4                  | 4                              | 3                               | 5   |   |
| Lounge                                   | 3                  | 4                  | 4                              | 1                               | 5   |   |
| Toilet &                                 | 3                  | 4                  | 4                              | 1                               | 5   |   |
| Shower                                   |                    |                    |                                |                                 |   |   |
| SIGNATURE                                |                    |                    | Brata Crear Cort Mar 45. N. c. |                                 | . Haran an a | 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - |
| Parkhome- Nu                             | rses Home          |                    |                                |                                 |   | A ANTENNA A PROPERTY AND A              |
| Bedroom                                  | - 9                | 2                  | 2                              | _                               | 2   |   |
| Toilet                                   | - ×                | 1                  | 1                              | -                               | 1   |   |
| Kitchen                                  | - =                | 1                  | 1                              | -                               | 1   |   |
| Lounge                                   | -                  | 1                  | 1                              | -                               | 1   |   |
| SIGNATURE                                | 1/5%               | <u> </u>           |                                |                                 |   |   |
| Parkhome- Off                            | ice The State of   |                    |                                |                                 | History was a                                 |   |
| Rooms                                    | -                  | 1                  | 6                              |                                 | 1-  | 4                                       |
| Toilet                                   | -                  | -                  | 2                              | -                               | -   | 1                                       |
| SIGNATURE                                |                    |                    |                                |                                 |   |   |
| Other External                           | Buildings          |                    |                                |                                 |   |   |
| Patient<br>Toilets                       | 2                  | 2                  | <u> </u>                       | 7                               | 3   | 5 (Container)                           |
| Waste Cage                               | 1                  | 1                  | 2                              | 1                               | 2   | -                                       |
| Other storage                            |                    |                    | 2                              | -                               | 1x container                                  | - 300                                   |
| Security<br>Room                         | 1                  | 1                  | 1                              | 1                               | 1   |   |
| Mother<br>Lodge                          | -                  | -                  | -                              | -                               | 3   | -                                       |
| Other clinical                           | _                  | -                  | 1 x 3 rooms                    | 20                              | -   | -                                       |