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Mhembu Khulani - ?



KWAZULU-NATAL PROVINCE  
HEALTH  
REPUBLIC OF SOUTH AFRICA

KZN HEALTH

## KZN Health Intranet

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## AdvertQuote



KWAZULU-NATAL PROVINCE  
HEALTH  
REPUBLIC OF SOUTH AFRICA

## Quotation Advert

Opening Date: 2021-09-06

Closing Date: 2021-09-20

Closing Time: 11:00

## INSTITUTION DETAILS

Institution Name: Select... King Edward VIII hospital

Province: KwaZulu-Natal

Department or Entity: Department of Health

Division or section: Central Supply Chain Management

Place where goods / services is required: King Edward VIII Hospital Maintenance

Date Submitted: 2021-09-03

## ITEM CATEGORY AND DETAILS

Quotation Number: ZNO:  
KEV 523

Item Category: Select... Service

Item Description: Service medical gas plants as per attached specification. Quotation is attached to advert please print it and bring it with you for compulsory site briefing, so it can be stamped and signed failure to do so will result in disqualification. wear your ppe gear and bring your own pen. NO EMAILS ARE ALLOWED

Quantity (if supplies) 33

## COMPULSORY BRIEFING SESSION / SITE VISIT

Select Type: Select... Compulsory Briefing session

Date: 2021-09-13

Time: 11H00

Venue: King edward VIII Hospital

QUOTES CAN BE COLLECTED FROM: Attached to Advert

QUOTES SHOULD BE DELIVERED TO: King edward VIII Hospital Outside Maintenance

## ENQUIRIES REGARDING THE ADVERT MAY BE DIRECTED TO:

Name: Khulani Mhembu / Muzi Mngomezulu

Email:

Contact Number: 031 360 3446 / 031 360 3467

Finance Manager Name: Mrs V. Mfandao

Finance Manager Signature:

  
No late quotes will be considered

**STANDARD QUOTE DOCUMENTATION SUPPLY CHAIN MANAGEMENT OVER R30 000.00**

YOU ARE HEREBY INVITED TO QUOTE FOR REQUIREMENTS AT: KING EDWARD VIII HOSPITAL  
 DATE ADVERTISED: 2021-09-06 CLOSING DATE: 2021-09-20 CLOSING TIME: 11:00  
 FACSIMILE NUMBER: 031 205 6722 E-MAIL ADDRESS:  
 PHYSICAL ADDRESS: GATE 2 FRANCIOS ROAD CONGELLA 4013

ZNQ NUMBER: KEV 523\ 21

DESCRIPTION: SERVICE MEDICAL GAS PLANTS AS PER SPECIFICATION ATTACHED

CONTRACT PERIOD: VALIDITY PERIOD 60 Days SARS PIN:  
 (if applicable)

CENTRAL SUPPLIER DATABASE REGISTRATION (CSD) NO.

UNIQUE REGISTRATION REFERENCE

DEPOSITED IN THE QUOTE BOX SITUATED AT (STREET ADDRESS)

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 CODE.....NUMBER.....

CELLPHONE NUMBER

E-MAIL ADDRESS

VAT REGISTRATION NUMBER (If VAT vendor)

HAS A B-BBEE STATUS LEVEL VERIFICATION CERTIFICATE BEEN SUBMITTED? (SBD 6.1)

YES	NO
-----	----

[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]

ZNQ NUMBER: KEV 523\ 21

SIGNATURE OF BIDDER ..... DATE.....  
[By signing this document I hereby agree to all terms and conditions]

CAPACITY UNDER WHICH THIS QUOTE IS SIGNED \_\_\_\_\_

[illegible]

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. <i>F.G. 1day, 1week</i>

<p>Enquiries regarding the <u>quote</u> may be directed to:</p> <p>Contact Person: <b>KHULANI</b>.....Tel: <b>0313603446</b>.</p> <p>E-Mail Address: .....</p>	<p>Enquiries regarding <u>technical information</u> may be directed to:</p> <p>Contact Person: <b>EUGENE</b>.....Tel: <b>0313603463</b>.</p>
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## DECLARATION OF INTEREST

1. Any legal person, including persons employed by the state<sup>1</sup>, or persons having a kinship with persons employed by the state, including a blood relationship, may make an offer or offers in terms of this invitation to quote (includes a price quotation, advertised competitive quote, limited quote or proposal). In view of possible allegations of favouritism, should the resulting quote, or part thereof, be awarded to persons employed by the state, or to persons connected with or related to them, it is required that the bidder or his/her authorised representative 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.

2. In order to give effect to the above, the following questionnaire must be completed and submitted with the quote.

- 2.1. Full Name of bidder/representative..... 2.4. Company Registration Number: .....  
 2.2. Identity Number: ..... 2.5. Tax Reference Number: .....  
 2.3. Position occupied in the Company (director, trustee, shareholder): 2.6. VAT Registration Number: .....

- 2.7. 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]

- 2.8. Are you or any person connected with the bidder presently employed by the state?

YES	NO
-----	----

- 2.8.1. If so, furnish the following particulars:

Name of person / director / trustee / shareholder/ member: .....

Name of state institution at which you or the person connected to the bidder is employed:.....

Position occupied in the state institution: ..... Any other particulars:.....

- 2.8.2. 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
-----	----

- 2.8.2.1. If yes, did you attach proof of such authority to the quote document?

*(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: .....

- 2.9. 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
-----	----

- 2.9.1. If so, furnish particulars:.....

- 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?

YES	NO
-----	----

- 2.10.1. If so, furnish particulars:.....

- 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?

YES	NO
-----	----

- 2.11.1. If so, furnish particulars:.....

- 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
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- 2.12.1. If so, furnish particulars:.....

3. Full details of directors / trustees / members / shareholders.

NB: 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.

## 4 DECLARATION

I, THE UNDERSIGNED (NAME).....CERTIFY THAT THE INFORMATION FURNISHED IN PARAGRAPHS 2.

I ACCEPT THAT THE STATE MAY REJECT THE QUOTE OR ACT AGAINST ME SHOULD THIS DECLARATION PROVE TO BE FALSE.

..... Name of bidder	..... Signature	..... Position	..... Date
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"State" means -

- |   |   |
|---|---|
| a) 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); | c) provincial legislature;                                    |
| b) any municipality or municipal entity;  | d) national Assembly or the national Council of provinces; or |
|   | e) Parliament.  |

"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.

## 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 exccutandi*) 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.
- 4.4. 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 disqualified from the evaluation process.

- (i) The institution has determined that a compulsory site meeting  take place
- (ii) Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Time \_\_\_\_:\_\_\_\_ Place \_\_\_\_\_

Institution Stamp:	Institution Site Inspection / briefing session Official  Full Name: .....  Signature: .....  Date: .....
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## 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;<br>(ii) the name and address of the recipient;<br>(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;<br>(v) the official department order number issued to the supplier;<br>(vi) the value of the supply, the amount of tax charged;<br>(vii) the words tax invoice in a prominent place. |
|---|---|

## 12. PATENT RIGHTS

The supplier shall indemnify the KZN Department of Health (hereafter 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

1.5 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:
  - 1) 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;
- (j) "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:

$$P_s = 80 \left( 1 - \frac{P_t - P_{\min}}{P_{\min}} \right) \text{ Where}$$

$P_s$  = Points scored for price of bid under consideration  
 $P_t$  = Price of bid under consideration  
 $P_{\min}$  = 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

### 5. BID DECLARATION

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

(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..... %
- ii) The name of the sub-contractor.....
- iii) The B-BBEE status level of the sub-contractor.....

8. Whether the sub-contractor is an EME or QSE

(Tick applicable box)

iv) Specify, by ticking the appropriate box, if subcontracting with an enterprise in terms of Preferential Procurement Regulations, 2017:

YES		NO	
-----	--	----	--

Designated Group: An EME or QSE which is at least 51% owned by:	EME √	QSE √
Black people		
Black people who are youth		
Black people who are women		
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 QSE		

9. DECLARATION WITH REGARD TO COMPANY/FIRM

9.1 Name of company/firm:.....

9.2 VAT registration number:.....

9.3 Company registration number:.....

9.4 TYPE OF COMPANY/ FIRM [TICK APPLICABLE BOX]

- ☐ Partnership/Joint Venture / Consortium
- ☐ One person business/sole propriety
- ☐ Close corporation
- ☐ Company
- ☐ (Pty) Limited

9.5 DESCRIBE PRINCIPAL BUSINESS ACTIVITIES

.....  
.....

9.6 COMPANY CLASSIFICATION [TICK APPLICABLE BOX]

- ☐ Manufacturer
- ☐ Supplier
- ☐ Professional service provider
- ☐ Other service providers, e.g. transporter, etc.

9.7 Total number of years the company/firm has been in business:.....

9.8 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) The information furnished is true and correct;
- ii) The preference points claimed are in accordance with the General Conditions as indicated in paragraph 1 of this form;
- iii) 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;
- iv) 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 –
  - (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;
  - (c) 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;
  - (d) 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
  - (e) forward the matter for criminal prosecution.

WITNESSES

1. ....

2. ....

.....  
SIGNATURE(S) OF BIDDERS(S)

DATE: .....

ADDRESS: .....

.....  
.....

**PROVINCE OF KWAZULU-NATAL - DEPARTMENT OF HEALTH**

**ESTIMATE FORM FOR : THE MAINTENANCE, REPAIR OR REPLACEMENT OF FIXED PLANT, EQUIPMENT AND INSTALLATIONS INSTALLED IN KWAZULU-NATAL PROVINCIAL HOSPITAL AND BUILDINGS**

SUBMIT TO: KHULAN I MTHEMBU

FOR ATTENTION:031 360 3446

INSTITUTION: KING EDWARD VIII HOSPITAL

ZNQ NO.:KEV 523-21

SCOPE OF WORK: SERVICE MEDICAL GAS PLANTS AS PER SPECIFICATION ATTACHED

I/We hereby quote for the above work in accordance with the conditions as specified in Tender document.

Materials, component/ancillary parts: Firm Price. A detailed list of materials etc. showing unit costs shall be provided.

A.	Quoted for Bought Out Items	(Excluding VAT)(Carried forward)	R
	Mark Up @ ..... %	(Maximum Mark Up = 20% for values R0.00 to R500 000.00)	R
B.	Quoted for Proprietary Items	(Excluding VAT)(Carried forward)	R
C.	Quote for Sub-Contract Items	(Excluding VAT)(Carried forward)	R
	Mark Up @ ..... %		R.....

(Item reserved for specialist task only and may not exceed 25% of primary contractor total amount)

All subcontractor work/materials shall be broken down the same manner as the primary contractor.

D.	Labour, Travelling, Subsistence and Transport. This price shall be firm in respect of materials etc. quoted for.	(Excluding VAT) (Brought forward)	R
E.	Less credit for redundant materials, parts and equipment if applicable		R ( )
SUBTOTAL			R
VAT @ ..... %			R
F.	This Price in SA Currency firm for 90 days from date of the estimate quotation and shall not be exceeded. To be measured on completion.		R

**Time required for completion ..... weeks from receipt of official order.**

NAME OF SERVICE PROVIDER: ..... ZNQ:526/2021

CIDB UNIQUE NUMBER ..... CIDB CATEGORY.....

PROVINCIAL SUPPLIERS DATABASE REGISTRATION NUMBER: .....

SERVICE PROVIDER'S AUTHORISED SIGNATURE: ..... ZNQ No:523/2021

NAME IN BLOCK LETTERS: .....

COMPANY STAMP: ..... DATE

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

The service provider shall add here, 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.

[illegible]

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

**D.1 SCHEDULE OF PRICES**  
**LABOUR, SUBSISTENCE, TRAVEL AND TRANSPORT REPLACEMENT AND**  
**ADDITIONAL EQUIPMENT**

D.1.1	LABOUR	No. of	TOTAL HOURS	RATE/HR	AMOUNT
a)	Artisans	.....	.....	R 365.00	R.....
b)	Apprentice	.....	.....	R 118.00	R.....
	1 <sup>st</sup> Year	.....	.....	R 150.00	R.....
	2 <sup>nd</sup> Year	.....	.....	R 180.00	R.....
	3 <sup>rd</sup> Year	.....	.....	R 265.00	R.....
	4 <sup>th</sup> Year	.....	.....	R 175.00	R.....
c)	Semi-skilled	.....	.....	R 110.00	R.....
d)	Unskilled	.....	.....	R 110.00	R.....
D.1.2	TRAVEL		TOTAL Km	RATE/Km	
D.1.2.1	From service provider's premises to site			Petrol   Diesel	
a)	..... trips(Driver) (skilled)	.....	.....	Delete as applicable	R.....
	@ ..... km per trip	.....	.....	R 7.78   R 7.58	R.....
b)	..... trips (Semi-skilled)(Driver)	.....	.....	R 5.80   R 5.60	R.....
	@ ..... km per trip	.....	.....		
D.1.3	ADDITIONAL LABOUR TRAVELLING WITH DRIVER		TOTAL HOURS	RATE/HR	AMOUNT
a)	..... x Additional Artisan/s ..... trips (skilled) @ ..... km per trip ÷ 80km/hr	.....	.....	R 365.00	R.....
b)	..... x Additional Semi-Skilled ..... trips (semi) @ ..... km per trip ÷ 80km/hr	.....	.....	R 175.00	R.....
c)	..... x Additional Unskilled ..... trips (unskilled) @ ..... km per trip ÷ 80km/hr	.....	.....	R 110.00	R.....
d)	..... x Additional Apprentice/s ..... trips (semi) @ ..... km per trip ÷ 80km/hr	.....	.....	R.....	R.....
SUBTOTAL CARRIED FORWARD TO PAGE 4					R.....

SUBTOTAL BROUGHT FORWARD FROM PAGE 3					R.....
D.1.4	TRANSPORT		TOTAL Km	RATE	
a)	Haulage to site ..... trips				
	@ .....km per trip		2.5 tone	R 9.31	R.....
	@ .....km per trip		3 tone	R10.80	R.....
	@ .....km per trip		5 tone	R12.50	R.....
	@ .....km per trip		7 tone	R14.50	R.....
	@ .....km per trip		10 tone	R16.80	R.....
b)	Cranage to and on site @ sub contract rate		R.....	x 1.10	R.....

TOTAL AMOUNT CARRIED FORWARD TO PAGE 1 ITEM (D) R.....





## END-USER SPECIFICATION FORM

Quote Number: \_\_\_\_\_

Item Description: Service Medical gas plants and wall points

(NSI 011 M MNT 21.22)

Department/Section: Service Medical gas plants and wall gas points

Purpose of Item: Servicing

## 1. Pre-qualification criteria if any:

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

1.1.1.1. Must be advertised on CIDB web site

1.1.1.2. CIDB ME1 Registered

1.1.1.3. The inspection and service person to be SAQCCGAS Medical gas registered and have card on site at all times

1.1.1.4. Only companies with medical gas repairs and servicing in their core business, and is registered with SAQCCGAS, is allowed to quote for this service.

1.2. Is a compulsory site inspection / briefing session required? Yes

if Yes, specify: Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Time \_\_\_\_:11:00 Place Maintenance

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

if Yes, specify: \_\_\_\_\_

1.4. Provisions of section 4(1) (a) of the PPPFA Regulations, 2017 if applicable? Yes

if Yes, specify:

1.5. Liability Cover Insurance? Yes

if Yes, specify: Yes; 3<sup>rd</sup> party liability cover/insurance

## 2. What is the specification of the required item?

List specifications to be advertised

2.1	Works required: Attend service schedules no attached to tender in the following areas : New block :
2.1.1	Codes: MG3-002 x2 (Medical air compressor), MG2-002 x2 (Vacuum pumps)
2.2	Works required: Attend service schedules no attached to tender in the following areas : Laundry:
2.2.1	Codes: IA1-001 (Industrial air compressor)
2.3	Works required: Attend service schedules no attached to tender in the following areas : Maintenance department:
2.3.1	Codes: IA1-001 (Industrial air compressor)
2.4	Works required: Attend service schedules no attached to tender in the following areas : Mother lodge :
2.4.1	Codes: MG2-002 x2 (Vacuum pumps)
2.5	Works required: Attend service schedules no attached to tender in the following areas : Old POPD :
2.5.1	Codes: MG2-002 x1 (Vacuum pumps)
2.6	Works required: Attend service schedules no attached to tender in the following areas : Compressor next to boiler
2.6.1	Codes: IA1-001 (Industrial air compressor)
2.7	Works required: Attend service schedules no attached to tender in the following areas : ICU :
2.7.1	Codes: MG3-002 x2 (Medical air compressor), MG2-002 x2 (Vacuum pumps)
2.8	Works required: Attend service schedules no attached to tender in the following areas : S Block Theatres :
2.8.1	Theatre scavenging system to be cleaned in its entirety. (In SOT OT roof space)
2.9	Works required: Attend service schedules no attached to tender in the following areas : PRU/POPD :
2.9.1	Codes: MG2-002 x2 (Vacuum pumps)
2.10	Works required: Attend service schedules no attached to tender in the following areas : N Block :
2.10.1	Codes: MG2-002 x2 (Vacuum pumps)
2.11	Works required: Attend service schedules no attached to tender in the following areas : D Ward Medical oxygen :
2.11.1	Codes: MG1-002 x1 (Medical gas plant)
2.12	Works required: Attend service schedules no attached to tender in the following areas : RUM Medical oxygen :
2.12.1	Codes: MG1-002 x1 (Medical gas plant)
2.13	Works required: Attend service schedules no attached to tender in the following areas : S Block Nitrous :
2.13.1	Codes: MG1-002 x1 (Medical gas plant)
2.14	Works required: Attend service schedules no attached to tender in the following areas : N Block nitrous :
2.14.1	Codes: MG1-002 x1 (Medical gas plant)
2.15	Works required: All medical gas wall points is to be tested on the following amount of medical gas points quantities:
2.15.1	Med air high – 32, Med air low – 285, Nitrous oxide – 67, Medical oxygen – 1191, Vacuum points – 1057



## END-USER SPECIFICATION FORM

2.16	The following Medical gas points needs complete medical gas point tops (fitting connector with rubber seals, roller pins, internal valve small spring, external big push release spring and front body/ back seal replaced in the following areas:	
2.16.1	N5A	527 Dec 2010
2.16.2	N5A	529 Dec 2010
2.16.3	N5A	531 Dec 2010
2.16.4	N5A	532 Dec 2010
2.16.5	N5A	534 Dec 2010
2.16.6	N5A	535 Dec 2010
2.16.7	N5A	536 Dec 2010
2.16.8	N5A	537 Dec 2010
2.16.9	N5A	539 Dec 2010
2.16.10	N5A	540 Dec 2010
2.16.11	N5A	712 Dec 2010
2.16.12	N5A	713 Dec 2010
2.16.13	N5A	No labelling tag (in the Verandah)
2.16.14	N5B	699 Dec 2010
2.16.15	N5B	701 Dec 2010
2.16.16	N5B	702 Dec 2010
2.16.17	N5B	703 Dec 2010
2.16.18	N5B	704 Dec 2010
2.16.19	N5B	709 Dec 2010
2.16.20	N5B	No labelling tag (Verandah)
2.16.21	I4B	195 March 2011
2.16.22	I4B	717 March 2011
2.16.23	I4B	719 March 2011
2.16.24	I4B	720 March 2011
2.16.25	AMA	820 June 2012
2.16.26	AMA	822 June 2012
2.16.27	AMA	823 June 2012
2.16.28	AMA	874 June 2012
2.16.29	AMA	875 June 2012
2.16.30	AMA	827 June 2012
2.16.31	AMA	829 June 2012
2.16.32	AMA	831 June 2012
2.16.33	N3B	839 June 2012
2.16.34	N3B	840 June 2012
2.16.35	N3B	841 June 2012
2.16.36	N3B	845 June 2012
2.16.37	N3B	844 June 2012
2.16.38	N4A	737 Nov 2021
2.16.39	N4A	738 NOV 2021
2.16.40	N4A	743 Nov 2021
2.16.41	N4A	744 Nov 2021
2.16.42	N4A	745 Nov 2021
2.16.43	N4A	748 Nov 2021
2.16.44	N4A	751 Nov 2021
2.16.45	I4A	162
2.16.46	I4B	194
2.16.47	I4B	195
2.16.48	I4B	720
2.16.49	I4B	713
2.16.50	I4B	717
2.16.51	I4B	718
2.16.52	I4B	719



# END-USER SPECIFICATION FORM

2.16.53	I2B	805
2.15.54	I2B	809
2.16	<b>Works required: Relocate medical oxygen points in flue clinic</b>	
2.16.1	Medical oxygen ..... and Medical oxygen.....	

**3. The following documents need to be drafted and submitted by the winning bidder:**

- 3.1. Safety file and submitted to safety officer.
- 3.2. Gas point check list, indication each (Oxygen, Vacuum, Nitrous oxide, Hi pressure air and medical air and scavenging vacuum pressure) wall gas point the following: a) Department identification b) Wall gas point Year number c) Wall gas point number, d) type of medical gas of wall gas point, e) measured positive or negative gas flow rate reading, f) Measured medical gas point positive or negative pressure reading, g) Repairs needed, shall be completed. Deadline for the medical gas point verification submission list: Last day of service. Estimated amount of point is +- 1900.
- 3.3. Service schedule/s will be issued by SCM department and will be one copy of each applicable service type. Contractor must copy the correct amount of service schedules needed to complete the service..
- 3.4. Execution plan of start day and completion day and each consecutive day of work to be done before works can commence.

**4. Penalties to be noted by the suppliers:**

- 4.1. If the supplier fails to deliver any or all of the goods or to perform the services within the period(s) specified in the contract, the purchaser shall, without prejudice to its other remedies under the contract, **deduct from the contract price**, as a penalty, a sum calculated on the delivered price of the delayed goods or unperformed services using the current prime interest rate calculated for each day of the delay until actual delivery or performance. '

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

List evaluation criteria / special terms and conditions to be advertised (if applicable)			Points	Comment
5.1	CIDB Rating	<b>CIDB ME1</b> company registered in Medical gas repairs and maintenance (Must be core business of the company)	/5	
5.2	SARACCA certification	<b>Certified copy of SAQCCGAS medical gas maintenance and repairs registered person</b> that will be carrying out the work/s to be attached to tender document.(Front and back copy). <b>Note:</b> No Person will be allowed to touch any machine if SAQCCGAS medical gas card is not on his person.	/5	
5.3	Staff qualification	<b>Staff qualification</b> – Medical gas artisan Qualification trade test certificate (SAQCCGAS medical gas repairs and maintenance classification)	/5	
5.4	Company employed staff experience	<b>Company employed staff experience</b> - Artisan 1 - 2 year = 1 point, 3 - 4 year = 3 points, 5 year and above = 5 points Experience(after trade test) (Company Human Resource department staff employment certified letter/s required)	/5	
5.5	Functionality	<b>Functionality</b> - Compile complete <b>bill of material</b> (This is to be done per unit to be serviced on BOQ Quote for all material needed to complete the works on quote form attached to tender.(Example: Tender required installation of item to be installed or sealed or painted – The BOQ do not reflect the required material [will result in 0 points and disqualification of tender].	/50	
5.6	Works planning	<b>Works planning</b> - Submit <b>execution plan</b> of each consecutive day of what work will be done and in which area.	/5	
5.7	Previous work experience	<b>Previous work references</b> – 5 x Previous work record references (with dated company stamps and signed by relevant reference company) in the last 2 years.	/5	
<b>Total</b>			/80	

Name of End-user	E. Allerston	Name of Acting Maintenance Manager	
Designation / Rank (in full)	Mechanical Supervisor	Designation/ Rank (in full)	Acting Maintenance Manager
Signature		Signature	
Date		Date	

PROVINCE OF KWAZULU-NATAL  
DEPARTMENT OF PUBLIC WORKS  
PREVENTIVE MAINTENANCE SCHEDULE

TYPE OF SERVICE : MEDICAL GAS  
SCHEDULE FOR : GENERAL  
SCHEDULE FREQUENCY :

REF : MG  
CODE : MG1-002

SCHEDULE FREQUENCY :										REF :			
INSTALLATION NAME :										ORDER No.:			
SERVICE PROVIDER :													
P.M. SERVICE										OTHER REPAIRS REQUIRED			
RUNNING REPAIRS (Apply for V.O. as Applicable)										SUBMIT QUOTATION			
ITEM	INSTRUCTION: CHECK, ADJUST, CLEAN AS REQUIRED	IN ORDER	OTHER NON-SPECIFIED RUNNING REPAIRS DONE	TIME TAKEN	DESCRIPTION OF SPARES USED	QUANTITY		DESCRIPTION OF OTHER REPAIRS REQUIRED	EST. TIME REQ.	DESCRIPTION OF SPARES REQUIRED	QTY REQ		
						EX SITE STOCK	EX FIRMS STOCK						
1.	Check and note system pressures												
2.	Clean bank's thoroughly before servicing												
3.	Check operation of change-over system												
4.	Check all warning panel pilot lights												
5.	Check all pigtaills and fittings												
6.	Check for leaks in gas bank												
7.	Check all wall outlet points for leaks. Replace seals as required												
8.	Clean plantroom												
9.	Check operation of pressure reducing valves												
10.	Check operation of safety valves												
11.	Check operation of automatic solenoid												
12.	Strip and clean all needle valves												
13.	Check settings of pressure reducing valves. Adjust if necessary and note settings												
14.	Check settings of safety valves, adjust settings if necessary and note settings												

P.M. SERVICE			RUNNING REPAIRS (Apply for V.O. as Applicable)				OTHER REPAIRS REQUIRED SUBMIT QUOTATION				
ITEM	INSTRUCTION: CHECK, ADJUST, CLEAN AS REQUIRED	IN ORDER	OTHER NON-SPECIFIED RUNNING REPAIRS DONE	TIME TAKEN	DESCRIPTION OF SPARES USED	QUANTITY		DESCRIPTION OF OTHER REPAIRS REQUIRED	EST. TIME REQ.	DESCRIPTION OF SPARES REQUIRED	QTY REQ
						EX SITE STOCK	EX FIRMS STOCK				
15.	Check settings of warning light pressure switches. Adjust if necessary and note settings										
16.	Check change-over control pressure settings. Adjust if necessary and note settings										
17.	Check calibration of all pressure gauges, etc. Re-calibrate if necessary										
18.	Tighten all electrical terminals										
19.	Complete plant log book										

# NOTE THE FOLLOWING:

- a) Manifold pressures (i) LH Bank .....  
(ii) RH Bank .....
- b) Distribution System pressure .....
- c) Pressure reducing valve setting (annually) .....
- d) Safety valve settings (annually) .....
- e) Warning light pressure settings (annually) .....
- f) Change-over control pressure settings (annually) .....

I CERTIFY THAT THE SPECIFIED SERVICE WAS CARRIED OUT										OFFICIAL STAMP:	
NAME OF SERVICEMAN (BLOCK LETTERS):								SIGNATURE:			
NAME/S OF ASSISTANT/S: SEMI SKILLED:											
NAME/S OF ASSISTANT/S: UNSKILLED:											
COMPANY NAME (BLOCK LETTERS):											
TIME IN:		TIME OUT:		TIME ON SITE:		DATE:					
FROM:		TO:		KM:		TO:		KM:		TOTAL KM:	
NAME OF RESPONSIBLE OFFICIAL ON SITE:						SIGNATURE:					



PROVINCE OF KWAZULU-NATAL  
DEPARTMENT OF PUBLIC WORKS  
PREVENTIVE MAINTENANCE SCHEDULE

TYPE OF SERVICE : MEDICAL GAS  
SCHEDULE FOR : VACUUM PUMP INSTALLATIONS  
SCHEDULE FREQUENCY :

REF : MG  
CODE : MG2-002

INSTALLATION NAME : REF : SERVICE PROVIDER : ORDER No.:											
P.M. SERVICE			RUNNING REPAIRS (Apply for V.O. as Applicable)				OTHER REPAIRS REQUIRED SUBMIT QUOTATION				
ITEM	INSTRUCTION: CHECK, ADJUST, CLEAN AS REQUIRED	IN ORDER	OTHER NON-SPECIFIED RUNNING REPAIRS DONE	TIME TAKEN	DESCRIPTION OF SPARES USED	QUANTITY		DESCRIPTION OF OTHER REPAIRS REQUIRED	EST. TIME REQ.	DESCRIPTION OF SPARES REQUIRED	QTY REQ
						EX SITE STOCK	EX FIRMS STOCK				
1.	Check plantroom louvers and screens and clean										
2.	Check vacuum pump oil. Replace or top up as per manufacturer's recommendation										
3.	Check and clean filter										
4.	Check all mountings										
5.	Check vacuum pump pulley										
6.	Check motor pulley, bearings and alignment										
7.	Check belt drive and adjust										
8.	Check safety guard is in position and secure										
9.	Check all bolts, nuts, screws, etc. for tightness										
10.	Check motor starter and auxiliaries										
11.	Check and note motor amperage										
12.	Check pilot lights										
13.	Check all outlet points										
14.	Check all pipes, joints and seals for leaks										

P.M. SERVICE			RUNNING REPAIRS (Apply for V.O. as Applicable)					OTHER REPAIRS REQUIRED SUBMIT QUOTATION			
ITEM	INSTRUCTION: CHECK, ADJUST, CLEAN AS REQUIRED	IN ORDER	OTHER NON-SPECIFIED RUNNING REPAIRS DONE	TIME TAKEN	DESCRIPTION OF SPARES USED	QUANTITY		DESCRIPTION OF OTHER REPAIRS REQUIRED	EST. TIME REQ.	DESCRIPTION OF SPARES REQUIRED	QTY REQ
						EX SITE STOCK	EX FIRMS STOCK				
15.	Check operation and cycling of plant and adjust if necessary (approx. 600mm Hg) Note cut-in and cut-out pressures										
16.	Clean plant and plantroom										
17.	Change over lead/lag units										
18.	Check and clean vacuum moisture traps										
19.	Check operation of warning light system										
20.	Clean rust spots and patch with paint										
21.	Tighten all electrical terminals										
22.	Clean out air ways of motors										
23.	Lubricate motor bearings, if required										
24.	Check setting of warning light pressure switches, adjust if necessary										
25.	Clean, remove loose paint and scale and re-paint										
26.	Check calibration of all pressure gauges, etc. Re-calibrate as required										
27.	Complete plant log book										
28.	Check receiver internally and externally for corrosion pit marks as months per test program										

I CERTIFY THAT THE SPECIFIED SERVICE WAS CARRIED OUT										OFFICIAL STAMP:	
NAME OF SERVICEMAN (BLOCK LETTERS):								SIGNATURE:			
NAME/S OF ASSISTANT/S: SEMI SKILLED:											
NAME/S OF ASSISTANT/S: UNSKILLED:											
COMPANY NAME (BLOCK LETTERS):											
TIME IN:		TIME OUT:		TIME ON SITE:		DATE:				NAME OF RESPONSIBLE OFFICIAL ON SITE:	
FROM:		TO:		KM:		TO:		KM:		TOTAL KM:	
										SIGNATURE:	

PROVINCE OF KWAZULU-NATAL  
DEPARTMENT OF PUBLIC WORKS  
PREVENTIVE MAINTENANCE SCHEDULE

TYPE OF SERVICE : MEDICAL GAS  
SCHEDULE FOR : AIR COMPRESSOR INSTALLATION  
SCHEDULE FREQUENCY :

REF : MG  
CODE : MG3-002

SCHEDULE FREQUENCY :

INSTALLATION NAME :

REF :

SERVICE PROVIDER :

ORDER No.:

P.M. SERVICE			RUNNING REPAIRS (Apply for V.O. as Applicable)			OTHER REPAIRS REQUIRED SUBMIT QUOTATION					
ITEM	INSTRUCTION: CHECK, ADJUST, CLEAN AS REQUIRED	IN ORDER	OTHER NON-SPECIFIED RUNNING REPAIRS DONE	TIME TAKEN	DESCRIPTION OF SPARES USED	QUANTITY		DESCRIPTION OF OTHER REPAIRS REQUIRED	EST. TIME REQ.	DESCRIPTION OF SPARES REQUIRED	QTY REQ
						EX SITE STOCK	EX FIRMS STOCK				
1.	Check plantroom louvres and screens and clean										
2.	Check for undue noise or vibration										
3.	Check belt tension and correct if necessary										
4.	Check condition of belts										
5.	Check pulley alignment and correct if necessary										
6.	Check for noisy compressor - motor bearings										
7.	Check for loose components										
8.	Check by touch that motors do not run hot										
9.	Check and note motor amperages										
10.	Check pilot lights										
11.	Check condition of air inlet filter										
12.	Check for compressed air leaks (including outlet points)										
13.	Check operation of, and drain all condensate traps and receivers										
14.	Check and record compressor cut-in and cut-out pressures. Adjust if required										

P.M. SERVICE			RUNNING REPAIRS (Apply for V.O. as Applicable)				OTHER REPAIRS REQUIRED SUBMIT QUOTATION				QTY REQ	
ITEM	INSTRUCTION: CHECK, ADJUST, CLEAN AS REQUIRED	IN ORDER	OTHER NON-SPECIFIED RUNNING REPAIRS DONE	TIME TAKEN	DESCRIPTION OF SPARES USED	QUANTITY EX SITE STOCK	EX FIRMS STOCK	DESCRIPTION OF OTHER REPAIRS REQUIRED	EST. TIME REQ.	DESCRIPTION OF SPARES REQUIRED		
15.	Change over lead - lag units											
16.	Clean plant, plantroom and drain receiver											
17.	Check operation and settings of pressure reducing valves. Adjust if necessary and note settings.											
18.	Check operation and settings of safety valves. Adjust if necessary and note settings											
19.	Check operation of warning light system											
20.	Check compressor oil levels. Top up or change as required according to manufacturer's instructions											
21.	Check and tighten all mounting bolts etc.											
22.	Clear out air ways of motor											
23.	Lubricate motor bearings if required											
24.	Tighten all electrical terminals											
25.	Check and tighten compressor and motor pulley grub screws											
26.	Clean, remove loose paint and scale and re-paint											
27.	Check calibration of all pressure gauges, etc. Re-calibrate as required											
28.	Complete plant logbook											
29.	Do pressure test in accordance with M.O.S. Act (38 monthly), stamp test plate and complete test certificate											
30.	Check receiver internally and externally for corrosion and pH marks (annually)											

**NOTE THE FOLLOWING:**

- a) Motor amperages .....
- b) Compressor cut-in and cut-out pressures .....
- c) Warning light pressure switch settings .....
- d) Safety valve setting/s .....
- e) Pressure reducing valve settings .....
- f) Test pressure (M.O.S. Act) (36 monthly) .....

<b>I CERTIFY THAT THE SPECIFIED SERVICE WAS CARRIED OUT</b>						<b>OFFICIAL STAMP:</b>	
<b>NAME OF SERVICEMAN (BLOCK LETTERS):</b>					<b>SIGNATURE:</b>		
<b>NAME/S OF ASSISTANT/S: SEMI SKILLED:</b>							
<b>NAME/S OF ASSISTANT/S: UNSKILLED:</b>							
<b>COMPANY NAME (BLOCK LETTERS):</b>							
<b>TIME IN:</b>		<b>TIME OUT:</b>		<b>TIME ON SITE:</b>		<b>DATE:</b>	
<b>FROM:</b>		<b>TO:</b>		<b>KM:</b>	<b>TO:</b>	<b>KM:</b>	<b>TOTAL KM:</b>
<b>NAME OF RESPONSIBLE OFFICIAL ON SITE:</b>						<b>SIGNATURE:</b>	



PROVINCE OF KWAZULU-NATAL  
DEPARTMENT OF PUBLIC WORKS  
PREVENTIVE MAINTENANCE SCHEDULE

REF : IA  
CODE : IA1-001

TYPE OF SERVICE : INDUSTRIAL AIR  
SCHEDULE FOR : AIR COMPRESSORS  
SCHEDULE FREQUENCY :  
INSTALLATION NAME :

REF :  
ORDER No.:

SERVICE PROVIDER :

P.M. SERVICE		RUNNING REPAIRS (Apply for V.O. as Applicable)				OTHER REPAIRS REQUIRED SUBMIT QUOTATION			QTY REQ
ITEM	INSTRUCTION: CHECK, ADJUST, CLEAN AS REQUIRED	IN ORDER	OTHER NON-SPECIFIED RUNNING REPAIRS DONE	TIME TAKEN	DESCRIPTION OF SPARES USED	QUANTITY EX SITE EX FIRMS STOCK	DESCRIPTION OF OTHER REPAIRS REQUIRED	EST. TIME REQ.	
1.	Check plantroom covers and screens and clean								
2.	Check for undue noise or vibration								
3.	Check belt tension and correct if necessary								
4.	Check condition of belts								
5.	Check pulley alignment and correct if necessary								
6.	Check for noisy compressor - motor bearings								
7.	Check for loose components								
8.	Check by touch that motors do not run hot								
9.	Check and note motor amperages								
10.	Check pilot lights								
11.	Check condition of air inlet filter								
12.	Check for compressed air leaks (including outlet points)								
13.	Check operation of, and drain all condensate traps and receivers								
14.	Check and record compressor cut- in and cut-out pressures. Adjust if required								

P.M. SERVICE			RUNNING REPAIRS (Apply for V.O. as Applicable)				OTHER REPAIRS REQUIRED SUBMIT QUOTATION			
ITEM	INSTRUCTION: CHECK, ADJUST, CLEAN AS REQUIRED	IN ORDER	OTHER NON-SPECIFIED RUNNING REPAIRS DONE	TIME TAKEN	DESCRIPTION OF SPARES USED	QUANTITY EX SITE STOCK EX STOCK	DESCRIPTION OF OTHER REPAIRS REQUIRED	EST. TIME REQ.	DESCRIPTION OF SPARES REQUIRED	QTY REQ
15.	Change over lead - lag units									
16.	Clean plant, plantroom and drain receiver									
17.	Check operation and settings of pressure reducing valve's. Adjust if necessary and note settings									
18.	Check operation and settings of safety valve's. Adjust if necessary and note settings									
19.	Check operation of warning light system									
20.	Check compressor oil using approved type according to manufacturer's specification									
21.	Check and tighten all mounting bolts etc.									
22.	Clean out air ways of motor									
23.	Lubricate motor bearings if required									
24.	Tighten all electrical terminals									
25.	Check and tighten compressor and motor pulley grub screws									
26.	Clean, remove loose paint and scale and re-paint									
27.	Check calibration of all pressure gauges, etc. Re-calibrate as required									
28.	Complete plant logbook									
29.	Do pressure test in accordance with M.O.S. Act (35 monthly), stamp test plate and complete test certificate									
30.	Check receiver internally and externally for corrosion and pit marks (annually)									

**NOTE THE FOLLOWING:**

- a) Motor amperages .....
- b) Compressor cut-in and cut-out pressures .....
- c) Warning light pressure switch settings .....
- d) Safety valve setting/s .....
- e) Pressure reducing valve settings .....
- f) Test pressure (M.O.S. Act) (36 monthly) .....

<b>I CERTIFY THAT THE SPECIFIED SERVICE WAS CARRIED OUT</b>						<b>OFFICIAL STAMP:</b>		
<b>NAME OF SERVICEMAN (BLOCK LETTERS):</b>					<b>SIGNATURE:</b>			
<b>NAME/S OF ASSISTANT/S: SEMI SKILLED:</b>								
<b>NAME/S OF ASSISTANT/S: UNSKILLED:</b>								
<b>COMPANY NAME (BLOCK LETTERS):</b>						<b>NAME OF RESPONSIBLE OFFICIAL ON SITE:</b>		
<b>TIME IN:</b>	<b>TIME OUT:</b>	<b>TIME ON SITE:</b>		<b>DATE:</b>				
<b>FROM:</b>	<b>TO:</b>	<b>KM:</b>	<b>TO:</b>	<b>KM:</b>	<b>TOTAL KM:</b>	<b>SIGNATURE:</b>		

PROVINCE OF KWAZULU-NATAL  
DEPARTMENT OF PUBLIC WORKS  
PREVENTIVE MAINTENANCE SCHEDULE

TYPE OF SERVICE : INDUSTRIAL AIR  
SCHEDULE FOR : AIR COMPRESSORS  
SCHEDULE FREQUENCY :

REF : IA  
CODE : IA1-001

SCHEDULE FREQUENCY :										REF :	
INSTALLATION NAME :											
SERVICE PROVIDER :										ORDER No.:	
P.M. SERVICE			RUNNING REPAIRS (Apply for V.O. as Applicable)				OTHER REPAIRS REQUIRED SUBMIT QUOTATION				
ITEM	INSTRUCTION: CHECK, ADJUST, CLEAN AS REQUIRED	IN ORDER	OTHER NON-SPECIFIED RUNNING REPAIRS DONE	TIME TAKEN	DESCRIPTION OF SPARES USED	QUANTITY		DESCRIPTION OF OTHER REPAIRS REQUIRED	EST. TIME REQ.	DESCRIPTION OF SPARES REQUIRED	QTY REQ
						EX SITE STOCK	EX FIRMS STOCK				
1.	Check plantroom louvres and screens and clean										
2.	Check for undue noise or vibration										
3.	Check belt tension and correct if necessary										
4.	Check condition of belts										
5.	Check pulley alignment and correct if necessary										
6.	Check for noisy compressor - motor bearings										
7.	Check for loose components										
8.	Check by touch that motors do not run hot										
9.	Check and note motor amperages										
10.	Check pilot lights										
11.	Check condition of air inlet filter										
12.	Check for compressed air leaks (including outlet points)										
13.	Check operation of, and drain all condensate traps and receivers										
14.	Check and record compressor out- in and out-out pressures. Adjust if required										

P.M. SERVICE			RUNNING REPAIRS (Apply for V.O. as Applicable)				OTHER REPAIRS REQUIRED SUBMIT QUOTATION					
ITEM	INSTRUCTION: CHECK, ADJUST, CLEAN AS REQUIRED	IN ORDER	OTHER NON-SPECIFIED RUNNING REPAIRS DONE	TIME TAKEN	DESCRIPTION OF SPARES USED	QUANTITY			DESCRIPTION OF OTHER REPAIRS REQUIRED	EST. TIME REQ.	DESCRIPTION OF SPARES REQUIRED	QTY REQ
						EX SITE STOCK	EX FIRMS STOCK					
15.	Change over lead - lag units											
16.	Clean plant, plantroom and drain receiver											
17.	Check operation and settings of pressure reducing valve/s. Adjust if necessary and note settings											
18.	Check operation and settings of safety valve/s. Adjust if necessary and note settings											
19.	Check operation of warning light system											
20.	Check compressor oil using approved type according to manufacturer's specification											
21.	Check and tighten all mounting bolts etc.											
22.	Clean out air ways of motor											
23.	Lubricate motor bearings if required											
24.	Tighten all electrical terminals											
25.	Check and tighten compressor and motor pulley grub screws											
26.	Clean, remove loose paint and scale and re-paint											
27.	Check calibration of all pressure gauges, etc. Re-calibrate as required											
28.	Complete plant logbook											
29.	Do pressure test in accordance with M.O.S. Act (36 monthly); stamp test plate and complete test certificate											
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**NOTE THE FOLLOWING:**

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I CERTIFY THAT THE SPECIFIED SERVICE WAS CARRIED OUT						OFFICIAL STAMP:	
NAME OF SERVICEMAN (BLOCK LETTERS):					SIGNATURE:		
NAME/S OF ASSISTANT/S: SEMI SKILLED:							
NAME/S OF ASSISTANT/S: UNSKILLED:							
COMPANY NAME (BLOCK LETTERS):							
TIME IN:	TIME OUT:	TIME ON SITE:	DATE:				
FROM:	TO:	KM:	TO:	KM:	TOTAL KM:		
				NAME OF RESPONSIBLE OFFICIAL ON SITE:			
				SIGNATURE:			