

Quotation Advert

Opening Date:

28/11/2023

Closing Date:

05/12/2023

Closing Time:

11:00

INSTITUTION DETAILS

Institution Name:

Emmaus Hospital

Province:

KwaZulu-Natal

Department of entity:

Department of Health

Division or section:

Central Supply Chain Management

Place where goods/ service is required:

Emmaus Hospital

Date Submitted:

28/11/2023

ITEM CATEGORY AND DETAILS

Quotation number:

EMM350/11/23

Item Category:

Goods

Item Description:

SUPPLY & DELEVER SURGICAL ITEMS

Quantity (if supplies):

COMPULSORY BRIEFING SESSION / SITE VISIT

Select Type:

Not applicable

Date:

Time:

Venue:

QUOTES CAN BE COLLECTED FROM:

uploaded on website

QUOTES SHOULD BE DELIVERED TO:

MAIN GATE

ENQUIRIES REGARDING ADVERT MAY BE DIRECTED TO:

Name:

B.E.MIYA

Email: EmmausQuotation@kznhealth.gov.za

Contact number: 036 488 8211

Finance Manager Name: Mr P.P. Zulu

Finance Manager Signatur



| | ed enterprises UNIT OF MEASURE | | S IN TERMS O | F PPR 2022: | POINTS | |
|-------------|----------------------------------|---|--|---|---|--|
| QUANTITY | UNIT OF MEASURE | | | | - | |
| | MEASURE | DESCRIPTION | | | | 20 |
| 03 | | DESCRIPTION | BRAND & MODEL | COUNTRY OF MANUFACTUR E | | RICE |
| | uni | SURGICAL TROLLIES | | | R | c |
| | | WITH DRAWERS MOBILE | | | | |
| 06 | Unit | MEDICAL RESTRAINS | | | | + |
| | | WITH MAGNET | | | | |
| 10 | Unit | Mabile Medical | | | | _ |
| | | SCREENS | | | | |
| 05 | Unit | STAINLESS STILL | | | | + |
| | ħ | DELIVERYTROLLEY | | | | 1 |
| | | | | | | |
| 04 | Unit | DUAL BASIN HOLDERS | | | | |
| | | | | | | |
| | | | | | | + |
| | | | | | | |
| | | | | | | |
| | NB | REQUIREMENTS | | | | |
| | | CSD REPORT UPDATED | | | | |
| | | SARS PIN UPDATED | | | | |
|) 15% (Only | if VAT Vend | or) | | | | |
| RICE (VALI | DITY PERIOD | 160 Days) | | | | |
| ONFORM TO | O THE S.A.N. | S. / S.A.B.S. SPECIFICATION? | | | YES | / NO / NO / NO |
| | 2 15% (Only RICE (VALI MPLY WITH | NB 15% (Only if VAT Vendo RICE (VALIDITY PERIOD MPLY WITH THE SPECIF | SCREENS DELIVERY TROLLEY 2 TIER OU UNIT DUAL BASIN HOLDERS NB REQUIREMENTS CSD REPORT UPDATED | SCREENS DELIVERY TROLLESS 2 TIER OU UNIT DUAL BASIN HOLDERS NB REQUIREMENTS CSD REPORT UPDATED SARS PIN UPDATED SARS PIN UPDATED 15% (Only if VAT Vendor) RICE (VALIDITY PERIOD 60 Days) MPLY WITH THE SPECIFICATION? | SCREENS DELIVERY TROLLESS 2 TIER DUAL BASIN HOLDERS NB REQUIREMENTS CSD REPORT UPDATED SARS PIN UPDATED SARS PIN UPDATED PLESS (Only if VAT Vendor) RICE (VALIDITY PERIOD 60 Days) MPLY WITH THE SPECIFICATION? | SCREENS DELIVERY TROLLENS 2 TIER DUAL BASIN HOLDERS NB REQUIREMENTS CSD REPORT UPDATED SARS PIN UPDATED SARS PIN UPDATED 15% (Only if VAT Vendor) RICE (VALIDITY PERIOD 60 Days) MPLY WITH THE SPECIFICATION? YES YES YES YES YES YES YES |

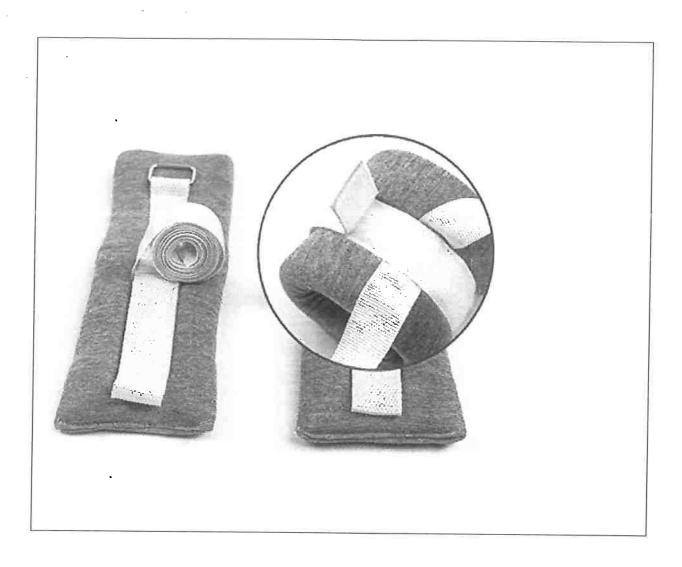


| Quote Number: | | | | | | |
|---|---|---|--|---------------------------|-------------------|-------------|
| Item Description: | SURGICAL TROUB | 24 | | | | |
| Department/Section: | 090 ea | Purpose of Ite | m: | USED | FOR | Suegical |
| 1. Pre-qualification crit | teria if any: | | | PROCE | Dues | 7 |
| | ired to have a regulatory body cert ification required if Yes:SABS | | ANS, SANA | AS, ISO, CII | OB, etc.) | ? Yes / No: |
| | site inspection / briefing session i | | • | | | _ |
| · · · · · · · · · · · · · · · · · · · | on and content part of the quote? | | | | | |
| | ction 4(1)(a) of the PPPFA Regulat | | ? Yes / No | | | |
| 1.5. Liability Cover in if Yes, specify: | nsurance? Yes / No | | | | | |
| | tion of the required item? | | 30,202,000,000 | | | 1 |
| List specifications to be adve | | | Commen | | | |
| | STEEL SURGICAL | TROUBY, TWO | | | | |
| 3. DEANS SIDE | | · County | | | | |
| 4. | | | i | | 3603600 L | |
| 5. | | - | | | | |
| 4. Penalties to be noted I 4.1. If the supplier fail contract, the purch as a penalty, a su | les must be made available when rec by the suppliers: Is to deliver any or all of the goods naser shall, without prejudice to its of am calculated on the delivered price calculated for each day of the delay | s or to perform the sen her remedies under the of the delayed goods o | vices within contract, de or unperforr | educt from med service | the conf | ract price, |
| 5 Milhat in the qualitation | evitoria / angolal tarma and condit | iona to be advertiged? | | | | |
| | criteria / special terms and condit ial terms and conditions to be adverti | | | | 99 99 ,000 | |
| Pre-qualification criteria | | | | | | |
| 2. Administrative | Does the offer comply to stipulated | | | | | |
| 3. Conformance: | Was the product made or service p | | | | | |
| 4. Performance: | Will/does the product/service fulfil from all liabilities under the contract | | on, in a man | mer that rel | eases the | supplier |
| 5. Features: | What characteristics does the product or service have? | | | | | |
| 6. Reliability: | How long can a product go between | en failures and the need | | | | |
| 7. Durability: | · · | What is the useful life for the product? How will the product hold up under extended use? | | | | 7mat /w/ |
| 8. Serviceability: | How easy is it to repair, maintain o | | | ustomer su | oport) | |
| 9. Ability & Capacity | The ability and capacity of the vend | | ect | | | |
| 10. Preference points | Preferential Procurement System (| 80/20) if applicable | | | | |
| | | | | | | |
| Name of End-user (in full) | IA and a second | Name of SCM Ren (in | full) | | | |
| Name of End-user (in full) | MELLISA GOVENDER | Name of SCM Rep (in | | | | |
| Designation / Rank (in full) | OPERATIONAL MANAGER | Designation/ Rank (in t | | | | 70 - 200 |
| | | | | | | |



| Department/Section: | CASIOPD | Purpose of Item: | USED | τo | PESTE |
|------------------------------|---|--|--|--------------|--------------|
| , | | Fulpose of item. | PATIEN | | |
| 1. Pre-qualification crit | teria if any: | | | _ | |
| | ired to have a regulatory body ification required if Yes: | | S, SANAS, ISO, C | IDB, etc | :.)? Yes / I |
| | site inspection / briefing sessi | | | | |
| | on and content part of the quo | | | | |
| | ction 4(1)(a) of the PPPFA Reg | | es / No | | |
| 1.5. Liability Cover in | nsurance? Yes / No | | | | |
| 2. What is the specifica | tion of the required item? | | | | |
| ist specifications to be adv | | | omment | <u>triii</u> | |
| W. A. W. A | | L HANDS OR FEET | | | |
| I SIZE FITS | ALL | J.,,,,,,,,,,,, | 2000 and 200 | | |
| | william . | | | | |
| | | | | | |
| 3.1. Deadline for subm | to be submitted? Yes / No(selectission if Yes: Date/// | t option 3.1 or 3.2)Time:_Place | | | 60 |
| | es must be made available when | requested in writing. Yes | or No | | |
| . Penalties to be noted b | y the suppliers: | | | | |
| 4.1. If the supplier fails | s to deliver any or all of the go | ods or to perform the service | s within the perio | d(s) spe | cified in |
| contract, the purch | aser shall, without prejudice to its | other remedies under the conf | tract, deduct from | the co | ntract pri |
| prime interest rate | m calculated on the delivered pr calculated for each day of the del | ay until actual delivery or perfo | nperformed servic rmance. | es using | the curr |
| What is the evaluation | criteria / special terms and con | ditions to be advertised? | 2 m more on the 17 Add 1989 444. | | |
| Pre-qualification criteria | al terms and conditions to be adv | | | | |
| Administrative | | amication criteria? Ited administrative requirement | ~? | | |
| Conformance: | Was the product made or service | | 91 | | |
| Performance: | Will/does the product/service fu from all fiabilities under the cont | Ifil its performance obligation, in | n a manner that re | leases th | ne supplie |
| Features: | What characteristics does the p | | | | |
| Reliability: | How long can a product go betv | | | | |
| Durability: | What is the useful life for the pro- | duct? How will the product hol | d up under extend | ed use? | |
| Serviceability: | How easy is it to repair, maintain | n or support the product or serv | rice? (customer su | pport) | |
| Ability & Capacity | The ability and capacity of the vi Preferential Procurement System | endor to execute the contract | | | |
| Preference points | D / | | | | |

| Name of End-user (in full) | MELLIGA GOVENDER | Name of SCM Rep (in full) | elller the bory |
|------------------------------|---------------------|-----------------------------|-----------------|
| Designation / Rank (in full) | OPERATIONAL MANAGER | Designation/ Rank (in full) | |
| Signature | Clarence | Signature | |
| Date | 11/04/23 | Date | |
| Standard End-User Specific | ation Form | | Page 1 of 1 |



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| Initials and Surname | Portfolio | Signature | Date |
|----------------------|-----------|-----------|------|
| | | | |
| | | | |



| Quote Number: | | | | | | |
|-----------------------|---|--|--|--|--|--|
| lte | m Description: | Medical mobile screens | | | | |
| Department/Section: H | | last/Arv _clinic Purpose of Item: Provide privacy for clients. | | | | |
| 1. | Pre-qualification crite | eria if any: | | | | |
| | | red to have a regulatory body cert | | | | |
| | 1.2. Is a compulsory if Yes, specify: Date | site inspection / briefing session | required? Yes / No Place |) (() () () () () () () () () | | |
| | | on and content part of the quote? | | | | |
| | | ction 4(1)(a) of the PPPFA Regula | | lo | | |
| | 1.5. Liability Cover in if Yes, specify: | surance? Yes / No | 700 | | | |
| 2. | | tion of the required item? | Comm | | | |
| _ | t specifications to be adv | | | | | |
| 1. | | n with wipeable n | | | | |
| 2. 3. | Stale 2, 4M X | | | | | |
| 4. | | | | | | |
| 5. | | | | | | |
| or 4. | 3.2. Specify that samp Penalties to be noted 4.1. If the supplier fail contract, the purch as a penalty, a su | les must be made available when re by the suppliers: Is to deliver any or all of the good haser shall, without prejudice to its our calculated on the delivered price calculated for each day of the delay | equested in writing. Yes or to perform the services with the remedies under the contract of the delayed goods or unper | hin the period(s) specified in the deduct from the contract price, formed services using the current | | |
| 5. | What is the evaluation | criteria / special terms and cond | itions to be advertised? | | | |
| List | | cial terms and conditions to be adver | | | | |
| 1. | Pre-qualification criteria | | | | | |
| 2. | Administrative | Does the offer comply to stipulate | | | | |
| 3. | Conformance: | Was the product made or service Will/does the product/service fulfi | performed to specifications? | nanner that releases the sunnlier | | |
| 4. | Performance: | from all liabilities under the contra | r ns periormance obligation, in a r act? | ranner that releases the supplier | | |
| 5. | Features: | What characteristics does the pro- | What characteristics does the product or service have? | | | |
| 6. | Reliability: | How long can a product go between | een failures and the need for main | tenance? (guarantee) | | |
| 7. | Durability: | What is the useful life for the proc | duct? How will the product hold up | under extended use? | | |
| 8. | Serviceability: | How easy is it to repair, maintain | or support the product or service' | (customer support) | | |
| 9. | Ability & Capacity | The ability and capacity of the ve | ndor to execute the contract | | | |
| 10. | Preference points | Preferential Procurement System | (80/20) if applicable | | | |
| | | | No. 25 - 400MPs - 7 - 4 ID | | | |
| | ne of End-user (in full) | TM Nkabrelc. | Name of SCM Rep (in full) | | | |
| Des | ignation / Rank (in full) | DWN | Designation/ Rank (in full) | | | |
| Sigi | nature | - Killeti. | Signature | | | |

Date

14/04/2013.

Standard End-User Specification Form

Bed Screen 4 Fold - Clinihealth

Open Size: 2.4M x 1.8M.



Department: Health PROVINCE OF KWAZULU-NATAL

Date

Standard End-User Specification Form

| | Quote Number: | | | | |
|-----|---|---|--------------------------|------------------|-----------------------------------|
| | Item Description: | Stouries Stal | Del: To | ~// | |
| | Department/Section | n: Moterate | Delicy / | U/rey_ | preparation of delie |
| | | on criteria if any: | Purp | ose of Item: | preparation of delice |
| | 1.1 10.45-24 | - any. | - | | in lobour ward |
| | Regulatory Body | required to have a regulatory body / certification required if Yes: | dy certification (e.g. (| SABS, SANS, | SANAS, ISO, CIDB, etc.)? Yes / No |
| | 1.2. Is a compu | alsory site inspection / briefing ses | // | | |
| | | | Place | | |
| | Tall to tocal pro | duction and content part of the qu | | | _ |
| | 1.4. Provisions | of section 4(1)(a) of the PPPFA Re | _ | olicable? Yes | / No |
| | | | | | |
| | 1.5. Liability Cov | /er insurance? Yes / No | | | |
| | if Yes, specify: | manufact (es/No | | | |
| | | | | | |
| | 2. What is the speci | ification of the required item? | | | |
| | i and opening in he | adverticed | | | |
| | 2. STECCHESS | Steel with 2 dro | were ess | Comr | nent |
| | 2. 80X48X | 86cm | wed size | 2 | |
| | 4 | | 3000 | | |
| | 5. | | | | |
| | | | | | |
| | Does a sample nee 3.1. Deadline for su | ed to be submitted? Yes / No(selection is Yes: Date//_ | ot option 3.1 or 3.2) | | |
| | or 1 | | rinte ; | _ Place | |
| | o.z. Specify that sar | mples must be made available when | requested in writing | V00 | |
| | 4. Penalties to be note | od book | writing. | res or | No L |
| | | a by the suppliers: | | | |
| | contract, the nur | fails to deliver any or all of the god rchaser shall, without prejudice to its | ods or to perform the | Services with | oin the made to |
| | as a penalty a | rchaser shall, without prejudice to its sum calculated on the delivered pri | other remedies under | the contract | deduct from the |
| | prime interest ra | sum calculated on the delivered pri te calculated for each day of the dela | ice of the delayed god | ods or unperfo | ormed services using the |
| | | | | | e. |
| 5 | variat is the evaluation | In critorio Lamada e | | | |
| L | st evaluation criteria / spe | ecial terms and conditions to be adve | utions to be advertis | ed? | |
| | Pre-qualification criteri | The old like in his his | ification | | nd ' |
| 2. | - Indiana | Docs the other comply to stipulate | od administs at | | |
| 3. | Conformance: | | | | |
| 4. | Performance: | | lits performant | ations? | |
| 5. | Features: | from all liabilities under the contra | act? | jation, in a mai | nner that releases the supplier |
| 6. | Reliability: | The new determines upes the new | duct or and | | |
| 7. | Durability: | ing can a product do behave | on failure | | Innes 2 (|
| 8. | Serviceability: | What is the useful life for the prod How easy is it to repair, maintain | uct? How will the proc | luct hold up | ance? (guarantee) |
| 9. | Ability & Capacity | How easy is it to repair, maintain of the ability and capacity of the ven | or support the product | Or service? (a: | uer extended use? |
| 10. | Preference points | The ability and capacity of the ven | dor to execute the co | otract | asioner support) |
| | Polito | Preferential Procurement System | (80/20) if applicable | | |
| | | | | | |
| | | | • | | |
| Nan | ne of End-user (in full) | 0 4 4 | | | |
| | ignation / Rank (in full) | U.D. MACIBURD | Name of SCM Rep (| in full) | |
| | ature | D.B. MACIBURD OPERATION MANTER | Designation/ Rank (i | | |
| ٥., | | []T () () () | | , | |

Signature

Date



AUTHORISED BY BID / QUOTATION SPECIFICATION COMMITTEE

| Initials and Surname | Portfolio | Signature | Date |
|----------------------|-----------|-----------|------|
| | | | |



| Quote Number: | - Table - | _ | | |
|--|--|-----------------------------------|---|--|
| Item Description: | Qual bloc | al Stands | | |
| Department/Section: | OT | Purpose of i | tem: | |
| 1. Pre-qualification | criteria if any: | , | - | |
| 1.1. Is the item re | equired to have a regulatory boo | dy certification (e.g. SABS, t | SANS, SANAS, ISO, CIDB, etc.)? Yes / No: | |
| 1.2. Is a compuls if Yes, specify: Dat | ory site inspection / briefing sete | ssion required? Yes / No Place | | |
| 1.3. Is local produ | uction and content part of the q | uote? Yes / No | | |
| 1.4. Provisions of if Yes, specify: | section 4(1)(a) of the PPPFA Re | egulations,2017 if applicable | ? Yes / No | |
| | r insurance? Yes / No | | | |
| 2. What is the specifi | ication of the required item? | | | |
| List specifications to be a | | | Comment | |
| 2. 25 tre | sidth blown, | depth 34 | | |
| 3. 34 (14.11 | CIRCUMFERENCE | 4-01 | | |
| 4. | - i - u - u - u - u - u - u - u - u - u | Topicion bas | | |
| 5. | | | | |
| 3.1. Deadline for sub or | d to be submitted? Yes / No(sele mission if Yes: Date//_ | Time:Place | | |
| | | rrequested in writing. Yes | or No L | |
| 4. Penalties to be noted | by the suppliers: | | | |
| contract the nurc | this to deliver any or all of the go | ods or to perform the service | ces within the period(s) specified in the | |
| as a penalty, a s | sum calculated on the delivered of | s other remedies under the co | entract, deduct from the contract price, unperformed services using the current | |
| prime interest rate | e calculated for each day of the del | lav until actual delivery or per | unperformed services using the current | |
| | | | ormanice. | |
| 5. What is the evaluation | n criteria / special terms and con | ditions to be advertised? | | |
| Pre-qualification criteria | cial terms and conditions to be adv | ertised (if applicable) | | |
| 2. Administrative | Does the offer comply to stipula | ted administrative requirement | 4-2 | |
| 3. Conformance: | Was the product made or service | e performed to specifications: | ils? | |
| 4. Performance: | Will/does the product/service ful from all liabilities under the control | fil its performance obligation | in a manner that releases the supplier | |
| 5. Features: | What characteristics does the pr | oduct or service have? | | |
| 6. Reliability: | 6. Reliability: How long can a product go between failures and the need for maintenance? (guarantee) | | | |
| 7. Durability: | what is the useful life for the pro- | duct? How will the product ho | ld up under extended use? | |
| 8. Serviceability: | now easy is it to repair, maintain | or support the product or sen | vice? (customer support) | |
| 9. Ability & Capacity | The ability and capacity of the ve | ndor to execute the contract | | |
| 10. Preference points | Preferential Procurement System | (80/20) if applicable | | |
| | | | | |
| Name of End-user (in full) | CARECO MISTER | Name of SCM Rep (in full) | | |
| Designation / Rank (in full) | OPA / | Designation/ Rank (in full) | | |
| Signature | C al | Signature | | |
| Date | 17/4/27 | Date | | |
| | | | i i | |



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