

Quotation Advert

Opening Date:

30/01/2024

Closing Date:

06/02/2024

Closing Time:

11:00

INSTITUTION DETAILS

Institution Name:

Wentworth Hospital

Province:

KwaZulu-Natal

Department of entity:

Department of Health

Division or section:

Supply Chain Management

Place where goods/

WENTWORTH HOSPITAL

service is required:

Date Submitted:

29/01/2024

ITEM CATEGORY AND DETAILS

Quotation number:

WEH: 329/23-24

Item Category:

Goods

QUANTITY

Item Description

Surgical Glue 0,7ml as per attached Specification

= 30 Units

Patient Rollers as per attached Specification

Nasal Plugs 10cm made from 100% Virgin Cotton

= 100 Units

10 Units

COMPULSORY BRIEFING SESSION / SITE VISIT

Select Type:

Not applicable

Date:

Click here to enter a date.

Time:

Venue:

NOTE!!

QUOTES CAN BE COLLECTED FROM:

Pint from the web and bring the document for signing

on site meeting date

QUOTES SHOULD BE DELIVERED TO: Blue Tender Box at the Min Gate Wentworth Hospital

NOTE!! No emailed documents will be allowed

ENQUIRIES REGARDING ADVERT MAY BE DIRECTED TO:

Name:

Themba Dlamini

Email:

Themba.dlamini@kznhealth.gov.za

Contact number: 031 460 5314

Finance Manager Name:

Mr. S. Cotchobos Finance Manager Signature_





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PHYSICAL ADDRESS	s: 1B	OSTON F	ROAD JAC	COBS 40	026					• • •						
QUOTE NUMBER:	ZNQ	,WEH	¥ /32	9	123	-24						VA	LIDITY	PERIOD): <u>90</u>	DAYS
DATE ADVERTISED:	30-	01-2024			CLOSIN	G DATE	Ξ: .	06-02-2	024			_	CLOS	ING TIM	E: _	11:00
DESCRIPTION:	SURG	ICAL GLU	IE, NASAI	L PLUG	S AND I	PATIE	NT F	ROLLER	S AS P	ER A	TTAC	CHED	SPE	CIFICA	TIONS	3
CONTRACT PERIOD	(IF APPL	ICABLE):	ONCE C)FF												
DEPOSITED IN THE C BLUE TENDER E			•			OAD J	JACC)BS 402	6							***************************************
ENQUIRIES REGARE CONTACT PERSON: E-MAIL ADDRESS:	Ntombi	futhi Khur					TELI	EPHONE I	NUMBER	. 03	1 460	5314	ļ.			
ENQUIRIES REGARD	OING TEC	HNICAL INI	ORMATION	MAY BE	DIRECTE	D TO:										
CONTACT PERSON:			***************************************				TELI	EPHONE I	NUMBER	:						
E-MAIL ADDRESS:			·······	••												
Bidders should ensu	ire that q	uotes are de	elivered time	eously to t	he correc	t addre	ss, If	the quote	is late, it	will n	ot be a	ccepte	d for c	onsidera	ation,	
The quote box is open	from 08:0	30 to 15:30.														
QUOTATIONS MUST	BE SUBI	MITTED ON	THE OFFICE	AL FORM	S - (NOT	то ве	RETY	PED)								
THIS QUOTE IS SUB. REGULATIONS, 2022	JECT TO 2, THE GE	THE PREFE NERAL CO	RENTIAL PI	ROCUREN F CONTR	MENT POL ACT (GCC	LICY FR C) AND,	AMEV IF AP	VORK AC [.] PLICABLE	T AND THE, ANY O	IE PRE	EFERE SPECIA	NTIAL AL COI	PROCU NDITIO	JREMEN NS OF C	T ONTRA	CT.
		(FA	THE FOLLO													
NAME OF BIDDER:																
E-MAIL ADDRESS:																
POSTAL ADDRESS:																
STREET ADDRESS:					·				,							
TELEPHONE NUMBE	R:	s 11000	· · · · · · · · · · · · · · · · · · ·				FAC	SIMILE NU	JMBER:							•
CELLPHONE NUMBE	R:						SAR	S PIN:								
VAT REGISTRATION	NUMBER	(If VAT ven	dor):													
VAT REGISTRATION I CENTRAL SUPPLIER		•	, <u> </u>	D) NO.			м	A A A	A							



QUOTE NUMBE	R: ZNQ	,WEH	√ ,329 ,23	_24	-			
ESCRIPTION:	SURG	ICAL GLU	E, NASAL PLUGS AND P	'ATIENT ROLLERS A	S PER A	TTACHED SF	PECIFICAT	10NS
REFERENCE PO	INTS WILL BE	ALLOCATED.	ACCORDING TO THE IMPLEMENTA	TION OF SPECIFIC GOALS I	N TERMS OF	PPR 2022;	POINTS A	LLOCATE
romotion of Soul	h African Own	ed Enterprises					X.	20
		UNIT OF			BRAND &	COUNTRY OF	PR	IICE
N NUMBER	QUANTITY	MEASURE	DESCRIPTION		MODEL	MANUFACTUR E	R	С
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.UE ADDED 1	AX @ 15% (C	Only if VAT V	endor)					-
AL QUOTAT	ION PRICE (V	ALIDITY PER	RIOD 90 Days)					
ES THIS OFFI THE PRICE FII		WITH THE SP	ECIFICATION?					/ES / N /ES / N
ES THE ARTI	CLE CONFOR	M TO THE S.	A.N.S. / S.A.B.S. SPECIFICATIO	N?				/ES / N
TE DELIVER	Y PERIOD (E.	G. 3 DAYS, 1	WEEK)					
ME OF BIDDE	R:			SIGNATURE OF BIDDE				
				(By signing this documer	nt, I hereby a	igree to all terms a	and conditions]
さんしさく こいいし	D WHICH TH	IS QUOTE IS	SIGNED			DATE:		

ENDEUSERSPEOIFOATIONFORM

Quote Number:		in Curaical d	Rlue				
Item Description: 10	pical skin agnesiv	F Daniel Cal	1/4				
Department/Section: 15	A dich which was	Purpose of Item:	Pacificate skin union				
1. Pre-qualification criter		•	er the patient injury				
1.1. Is the item require Regulatory Body / certific	d to have a regulatory body certification required if Yes:	ication (e.g. SABS, SANS, SANA	AS, ISO, CIDB, etc.)? Yes / (1 <i>d</i> :				
1.2. Is a compulsory si If Yes, specify: Date	ite inspection / briefing session re	quired? Yes (N)					
1.3. Is local production if Yes, specify:	n and content part of the quote? Y	es (No					
1.4. Provisions of sect	iion 4(1)(a) of the PPPFA Regulatio	ons,2017 if applicable? Yes					
1.5. Liability Cover ins	05		. :				
	on of the required item?	Commer	nt				
List specifications to be adver	VISCOSITY 2 CYGOCO	1					
2 (174 0780)	Storody in Blum	17 11 XM TU 601					
3. Duicks South	d adhiesive the	or sterile					
4. NUNDINGS 1 1145	~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~	" \D\"""("-\III"					
5. LAKERATION &	to close Drings.	need el freel					
Liound close	o be submitted? Yes / No(select op	tion 3.1 or 3.2)					
3. Does a sample need to	ssion if Yes: Date	Time : Place					
Or .							
3.2. Specify that sample	es must be made available when req	uested in writing. Yesor N	10 X				
4, Penalties to be noted b	ov the suppliers:						
4.1 If the supplier fails	to deliver any or all of the goods	or to perform the services with	in the period(s) specified in the				
contract, the purcha	aser shall, without prejudice to its off	ner remedies under the contract, o	deduct from the contract price,				
as a penalty, a sur	m calculated on the delivered price	of the delayed goods or unperfo	rmed services using the current				
prime interest rate (calculated for each day of the delay (unui actual delivery of periormano	в.				
5. What is the evaluation	criteria / special terms and conditi	ions to be advertised?					
List evaluation criteria / speci	al terms and conditions to be adverti	sed (if applicable)					
Pre-qualification criteria	Does the offer meet the pre-qualific	cation criteria?					
2. Administrative	Does the offer comply to stipulated administrative requirements?						
3. Conformance:	Was the product made or service p Will/does the product/service fulfil i		nanos that salannas the supplies				
4. Performance:	from all liabilities under the contract	из репоппансе обидацон, ига на Н?	anner triat releases the supplier				
5. Features:	What characteristics does the prod	luct or service have?					
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 product? 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 vendor to execute the contract Preferential Procurement System (80/20) if applicable						
10. Preference points	Preferential Procurement System ((80/20) if applicable	,,,,,				
	· -						
Name of End-user (in fulf)	T. MBATHA	Name of SCM Rep (in full)	Nia, Nagara				
Designation / Rank (in full)	NVM	Designation/ Rank (in full)	SSMO				
Signature	711	Signature					
Date	29/06/23	Date	19166 72				
Standard End-User Specifica	tion Form		Page 1 of 1				

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Quote Number:							
Item Description:	losal pluas loca		of I says date.	udino			
Department/Section: Wi	entwork that AE	Purpose of Item:	, stop nose ble	Red I II G			
1. Pre-qualification crite	ria if any:		·				
1.1. Is the item requir Regulatory Body / certifi	ed to have a regulatory body certification required if Yes:	cation (e.g. SABS, SANS, SANA	AS, ISO, CIDB, etc.)? Yes (No)	·			
1.2. Is a compulsory s if Yes, specify: Date	oite inspection / briefing session re	quired? Yes (Nd) ace					
1.3. Is local production if Yes, specify:	n and content part of the quote? Yo	es (No)					
1.4. Provisions of sec	tion 4(1)(a) of the PPPFA Regulatio	ns,2017 if applicable? Yes (No) 				
1.5. Liability Cover in if Yes, specify:	surance? Yes /NO	·		;			
		•					
2. What is the specificat	ion of the required item?	1 Commer	nt .	1			
List specifications to be adve	10cm, Made, to	. 64	:				
2. VIVIII WHE	n, soft and Pliak	de. Non-					
3. hn And & nor	1-sirath Jahen	ree.					
4. Subbliced in	a pail of 5.			- "			
5.	1 1			I			
3.1. Deadline for submor 3.2. Specify that sample	to be submitted? Yes / No(select oplission if Yes: Date//	Time;Placeor N					
4.4 If the complier fail	e to déliver any or all of the goods	or to perform the services with	in the period(s) specified in the				
contract, the purch	naser shall, without prejudice to its off am calculated on the delivered price	er remedies under the contract, of the deleved goods or upperfo	neduct from the contract price,				
as a penalty? a su prime interest rate	am calculated on the delivered price calculated for each day of the delay t	or the detayed goods of disperse until actual delivery or performand	ee.				
5. What is the evaluation	criteria / special terms and conditi	ons to be advertised?					
	ial terms and conditions to be adverti	sed (if applicable)					
	D the effect comply to of pulpted administrative requirements?						
Administrative Conformance:	Was the product made or service performed to specifications?						
A Reformance: Will/does the product/service fulfil its performance obligation, in a manner that releases the supplier							
from all liabilities under the contract?							
5. Features:	Features: What characteristics does the product or service have?						
6. Reliablity:	How long can a product go between failures and the need for maintenance? (guarantee)						
7. Durability:	What is the useful life for the product? How will the product hold up under extended use? How easy is it to repair, maintain or support the product or service? (customer support)						
8. Serviceability:							
(0.000) (0.000) (1.000)							
10. Preference points	Preferential Production Gyodin			•			
· Name of End-user (in full)	T. MBATINA	Name of SCM Rep (in full)	N.G. Naoma	•			
Designation / Rank (in full)	Alten	Designation/ Rank (in full)	85 M20				
Signature	1 1	Signature	7-				
Date	1/==///05	Date	124.06.2023				
2010	1 29100121		Page 1 of 1				



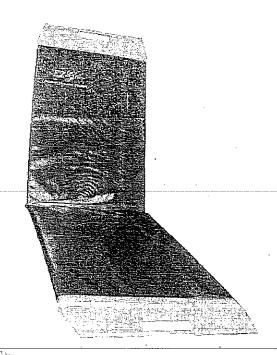
END-USER SPECIFICATION FORM

Quote Mulliper.								
Item Description:	PATIENT ROLLERS/ TRANSFER	ATIENT ROLLERS/ TRANSFER SHEET						
Department/Section:	URSING (MEDICAL & SURGICAL WARDS D3/C3/B3/D6/D2 & Post natal ward C1)							
Purpose of Item: FOR US	SE TO ASSIST PATIENTS TO MOVE	FROM STRETCHER TO BED	TO PREVENT INJURY)					
•								
1. Pre-qualification cri	•		#more stricting					
	ired to have a regulatory body certi tification required if Yes: SABS		and the same of th					
1.2. Is a compulsory if Yes, specify: Date	y site inspection / briefing session r	r equired? Yes / <u>No</u> Place						
1.3. Is local product	ion and content part of the quote?	Yes (No)						
	ection 4(1)(a) of the PPPFA Regulat		/ No					
1.5. Liability Cover if Yes, specify:	nsurance? Yes / No		•					
	ation of the required item?							
List specifications to be a		Com	ment					
1.	10	1 1						
2. MS per		shear.						
3. Spearfil 7	o messical and.	Signal Supply	Loubond					
5.								
3. Does a sample need	to be submitted? (Yes) No(select o	ption 3.1 or 3.2)	·					
3.1. Deadline for sub	mission if Yes: Date	TimePlace						
Or Constitution			N -					
5.2. Specify that same	ples must be made available when red	quested in writing. Yes	or NO L					
4. Penalties to be noted	by the suppliers:	· · · · · · · · · · · · · · · · · · ·						
	s to deliver any or all of the goods or t							
	all, without prejudice to its other rem							
	alculated on the delivered price of th ulated for each day of the delay until a		ed services using the current prime					
interest rate calc	diated for each day of the delay until a	ictual delivery or performance.						
5. What is the evaluatio	n criteria / special terms and condi	tions to be advertised?	,					
	pecial terms and conditions to be adve							
<u> </u>								
2. Administrative	Does the offer comply to stipulated administrative requirements?							
Conformance: Performance:	Was the product made or service performed to specifications? Will/does the product/service fulfil its performance obligation, in a manner that releases the							
4. Fenomiance.	supplier from all liabilities under t	n is performance obligation, in he contract?	a manner macreleases me					
5. Features:	What characteristics does the product or service have?							
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 product? 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							
10. Preference points	Preferential Procurement System	(60/20) IT applicable						
Name of End-user (in full)	Si 5 Februs.	Name of SCM Rep (in full)	A. N. MANUNCA					
Designation / Rank (in full		Designation/ Rank (in full)	10270					
Signature	TO LAN	Signature	- CMXX					
Date	10/11/23	Date	18/12/2023					
Standard End-User Specific			Page 1 of 1					
			•					

Postert Rond Trom Str.

FURN-165

Patient roller transfer board



pecifications

- Full size
- 177 x 55mm
- Light weight and foldable
- Ultra-low friction
- Anti-static