

Quotation Advert

Opening Date:

07/05/2024

Closing Date:

13/05/2024

Closing Time:

11:00

INSTITUTION DETAILS

Institution Name:

Prince Mshiyeni Memorial Hospital

Province:

KwaZulu-Natal

Department of entity:

Department of Health

Division or section:

Central Supply Chain Management

Place where goods/

PMMH SURGICAL STORES

service is required:

Date Submitted:

07/05/2024

ITEM CATEGORY AND DETAILS

Quotation number:

ZNQ: PMM/49/24/25

Item Category:

Goods

Item Description:

AIRWAY GUEDAL (DIFFERENCE SIZES)

Quantity (if supplies):

REFER TO THE ATTACHED

COMPULSORY BRIEFING SESSION / SITE VISIT

Select Type:

Not applicable

Date:

Click here to enter a date.

Time:

Click here to enter text.

Venue:

Click here to enter text.

QUOTES CAN BE COLLECTED FROM:

PRINT ONLINE

QUOTES SHOULD BE DELIVERED TO: PMMH NEAR MAIN STORES NEXT TO CAGES

ENQUIRIES REGARDING ADVERT MAY BE DIRECTED TO:

Name:

Xolisile Ndlovu

Email:

N/A

Contact: 031 907 8151

Finance Manager Name:

C.D Zuma

Finance Manager Signature



PARTICULARS OF QUOTATION					
YOU ARE HEREBY INVITED TO QUOTE FOR REQUIREMENTS AT: PRINCE MSHIYENI MEMORIAL HOSPITAL					
FACSIMILE NUMBER: N/A E-MAIL ADDRESS: N/A					
PHYSICAL ADDRESS: Prince Mshiyeni Memorial Hospital, Mangosuthu highway, Unit "v" section, Umlazi , 4031					
QUOTE NUMBER: ZNQ /PMM 149 /24 .25 VALIDITY PERIOD: 60 DAYS					
DATE ADVERTISED: 07/05/2024 CLOSING DATE: 13/05/2024 CLOSING TIME: 11:00					
DESCRIPTION: 112 UNITS, AIRWAYS GUEDAL PVC 000, 222 UNITS, AIRWAYS GUEDAL PVC 0, 122 UNITS, AIRWAYS					
CONTRACT PERIOD (IF APPLICABLE): N/A					
DEPOSITED IN THE QUOTE BOX SITUATED AT (STREET ADDRESS): Prince Mshiyeni Memorial Hospital, Mangosuthu highway, Unit "v" section, Umlazi, 4031					
ENQUIRIES REGARDING THE QUOTE MAY BE DIRECTED TO: CONTACT PERSON: Xolisile Ndlovu TELEPHONE NUMBER: 031 907 8151 E-MAIL ADDRESS: N/A					
E-MAIL ADDRESS: CONTACT PERSON: N/A N/A TELEPHONE NUMBER: 031 907 8279					
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.					
QUOTATIONS MUST BE SUBMITTED ON THE OFFICIAL FORMS – (NOT TO BE RETYPED)					
THIS QUOTE IS SUBJECT TO THE PREFERENTIAL PROCUREMENT POLICY FRAMEWORK ACT AND THE PREFERENTIAL PROCUREMENT REGULATIONS, 2022, THE GENERAL CONDITIONS OF CONTRACT (GCC) AND, IF APPLICABLE, ANY OTHER SPECIAL CONDITIONS OF CONTRACT.					
THE FOLLOWING PARTICULARS OF BIDDER MUST BE FURNISHED (FAILURE TO DO SO MAY RESULT IN YOUR QUOTE BEING DISQUALIFIED)					
NAME OF BIDDER:					
E-MAIL ADDRESS:					
POSTAL ADDRESS:					
STREET ADDRESS:					
TELEPHONE NUMBER: FACSIMILE NUMBER:					
CELLPHONE NUMBER: SARS PIN:					
VAT REGISTRATION NUMBER (If VAT vendor):					
CENTRAL SUPPLIER DATABASE REGISTRATION (CSD) NO.					
UNIQUE REGISTRATION REFERENCE:					





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QUOTE NUMBE	R: ZNQ	,PMM	V 49 /24	.25	2 000.01				
QUOTE NUMBE			VAYS GUEDAL PVC 00		Ve CHER	MI DVC 0 12	2 LINIT	S AIRW	VAVC
DESCRIPTION:	712 UI	ALDYO	WATS GUEDAL PVC 00	00, 222 UNITS, AIIVVA	(13 GOLE		2 0(11)	<u> </u>	
PREFERENCE PO	INTS WILL BE	ALLOCATED A	ACCORDING TO THE IMPLEMEN	NTATION OF SPECIFIC GOALS	IN TERMS OF	PPR 2022:	POINT	IS ALLOC	ATED
Promotion of Sout	h African owne	d enterprises						20	
	T	UNIT OF	Γ		BRAND &	COUNTRY OF		PRICE	
ICN NUMBER	QUANTITY	MEASURE	DESCRIPTION		MODEL	MANUFACTUR E	R	,	С
	112	UNITS	AIRWAYS GUI	EDAL PVC 000					
	222	UNITS	AIRWAYS GU	JEDAL PVC 0					
	122	UNITS	AIRWAYS GU	IEDAL PVC 00					
	406	UNITS	AIRWAYS GU	JEDAL PVC 2					
	955	UNITS	AIRWAYS GI	JEDAL PVC 4					
	300	UNITS	AIRWAYS GI	JEDAL PVC 5					
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			PLEASE SEE ATTAC	HED SPECIFICATION					
			SAMPLES MUST BE	SUBMITTED ON OR					
			BEFORE CL	OSING DATE					
		1	13/05	5/2024					
		 	FAIILURE TO DO	SO WILL LEAD TO					
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VALUE ADDED	TAX @ 15%	(Only if VAT	Vendor)						
			ERIOD 60 Days)		-				
IS THE PRICE	FIRM?		SPECIFICATION? S.A.N.S. / S.A.B.S. SPECIFIC	ATION?			-	YES	/ NO / NO / NO
STATE DELIVE									
NAME OF BIDE				SIGNATURE OF BID	DER:				
	-	-		[By signing this docu	ment, I hereb	y agree to all term	s and co	nditions]	
CABACITY UNI	TED WHICH T	THIS OLIOTE	IS SIGNED:			DATE			



1 2 c c c c c c c c c c c c c c c c c c	END-USER	K SPEO	FICATION	V FOR	RM	
Department: Health PROVINCE OF KWAZUŁU-NATAL	LIND OOL				•	
rote Number:						,
THE EGOOT PARTY	Airway guedel size: 00		Tintoin brozz	thing airway.		
partment/Section:	_Surgical stores.	Purpose of Ite	em: To maintain brea	uning an way		
Pre-qualification crit	teria if any:			S CANAC IS	O CIDB etc.)? Yes /	Nc
Regulatory Body / cert	ired to have a regulatory iffication required if Yes:		0,100			•
1.2. Is a compulsory if Yes, specify: Date_	y site inspection / briefin	ig session requi	red? Yes / No			
if Yes, specify:	tion and content part of		_ -			
1.4. Provisions of s	section 4(1)(a) of the PPF	PFA Regulations	s,2017 if applicable?	Yes / No		
1.5. Liability Cover	· insurance? Yes / No					
2. What is the specifi	ication of the required ite	em?		Comment		
List specifications to be a	idvertised					
 Size: 000 Colour: Transparen 	†					
3. Material : Soft and h	and plastic					_ \
4 Unit of issue : Unit						
5. Must have manufac	turing and expiry date.					
3.1. Deadline for soor 3.2. Specify that so	ed to be submitted? Yes ubmission if Yes: Date	ilable when requ	ested in writing. Yes	or No		
4. Penalties to be no	ted by the suppliers: r fails to deliver any or a	all of the goods	or to perform the ser	vices within	the period(s) specified	d in the
4.1. If the supplie	r fails to deliver any or a purchaser shall, without pr	ejudice to its oth	er remedies under the	contract, ded	duct from the contrac	current
					led settices asing mo	00
prime interest	a sum calculated on the trate calculated for each c	lay of the delay u	intii actual delivery or i	JCHOITHANDS.		
	ation criteria / special tel	rms and conditi	ons to be advertised	?		
5. What is the evalu	coocial terms and condition	ons to be adverti	sed (II applicable)			
Pre-qualification of		AT THE DIE-LINATIL	Janon Chicana	-/-0		
2. Administrative	Dean the offer cor	nniv to stipulated	l administrative require	ements r		
3. Conformance:					ner that releases the s	supplier
4. Performance:	Will/does the proc from all liabilities	luct/service tuitil I	ts benomiance opiga			
E Factures:					O (augustos)	
5. Features: 6. Reliability:				ed for mainter	nance? (guarantee)	
7. Durability:						
8. Serviceability:	How open is it to	renair, maintain (or support the product	Of SELAICE : V	distortion dapporty	
9. Ability & Capacity	The ability and ca	apacity of the ver	ndor to execute the co	illaot	T. T.	
10. Preference points	Preferential Proc	urement System	(80/20) if applicable			
					λ	
Line of Fad war fin	full) c/\ \times \times \tag{\chi}		Name of SCM Rep		H. MAJI	At
Name of End-user (in			Designation/ Rank	(in full)	Acrina: SM	2
Designation / Rank (i	3) c		Signature		J.W. MASIN	
Signature	021001	17 13/03/P	Date		JB 04 50 50	
Date	$\mathcal{A} \times \mathcal{A} $	\ <u>Z</u> ©Z©	_1		- , , E	Page 1 of 1
Standard End-User S	specification Form \	-				

END-USER SPECIFICATION FORM

June F	lealth PROVINCE OF KWAZULU-NATAL	V.	
	ote Number:		11
iten	n Description: Airwa	ys guedel size : 0	- //
Dep	partment/Section: _Sur	gical stores. Purpose of Item: To maintain breathing	airway.
Pre	-qualification criteria if a	ny:	1
		d to have a regulatory body certification (e.g. SABS, SA ation required if Yes:SABS	
		te inspection / briefing session required? Yes (No) _// Time: Place	
		and content part of the quote? Yes / No	
		on 4(1)(a) of the PPPFA Regulations,2017 if applicable	? Yes (No)
	1.5. Liability Cover ins	urance? Yes / No	
	if Yes, specify:		
2.		on of the required item?	
	specifications to be adver	ised	Comment
1.	Size: 0		
2.	Colour : Transparent		
3.	Material: Soft and hard p	lastic	
4.	Packaging : Units		
5.	Must have manufacturing	date and expiry date.	
3.	Does a sample need to	be submitted? Yes / No(select option 3.1 or 3.2) sion if Yes: Date/ Time: Place	ce
	3.2. Specify that sample	s must be made available when requested in writing. Yes $[$	or No
4.	Penalties to be noted by	· · · · · · · · · · · · · · · · · · ·	
		to deliver any or all of the goods or to perform the ser	vices within the period(s) specified in the
		ser shall, without prejudice to its other remedies under the	
		calculated on the delivered price of the delayed goods	
		alculated for each day of the delay until actual delivery or p	
5.		riteria / special terms and conditions to be advertised	?
List		I terms and conditions to be advertised (if applicable)	
1.	Pre-qualification criteria	Does the offer meet the pre-qualification criteria?	
2.	Administrative	Does the offer comply to stipulated administrative require	ments?
3.	Conformance:	Was the product made or service performed to specificati	ons?

1.	Pre-qualification criteria	Does the offer meet the pre-qualification criteria?			
2.	Administrative	Does the offer comply to stipulated administrative requirements?			
3.	Conformance:	Was the product made or service performed to specifications?			
4	Performance:	Will/does the product/service fulfil its performance obligation, in a manner that releases the supplier from all liabilities under the contract?			
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 vendor to execute the contract			
10.	Preference points	Preferential Procurement System (80/20) if applicable			

THANDANCE PRUNGE	Name of SCM Rep (in full)	A. MASIGA
Ro.	Designation/ Rank (in full)	Herina: SMO
8Phn	Signature	T WATER THE STATE OF THE STATE
30 08 21	Date	30/98/2021
	No.	Designation/ Rank (in full) Signature

ND-USER SPECIFICATIO Department: PROVINCE OF KWAZULU-NATAL Quote Number: Item Description: _ Airways guedel Department/Section: _Surgical Stores Purpose of Item: Used to establish a patent airway in ill neonate who has difficulty in breathing. Pre-qualification criteria if any: 1.1. Is the item required to have a regulatory body certification (e.g. SABS, SANS, SANAS, ISO, CIDB, etc.)? Yes / No. Regulatory Body / certification required if Yes: _____SABS_ 1.2. Is a compulsory site inspection / briefing session required? Yes / No if Yes, specify: Date ____/___Time___:___Place_ 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 / No if Yes, specify: _ 1.5. Liability Cover insurance? Yes / No if Yes, specify: What is the specification of the required item? List specifications to be advertised Comment Size: 00 2. Unit of issue: Units 3. Material : Quality plastic Sterility must be guaranteed 4. It must have expiry / manufacturing date. 5. Does a sample need to be submitted? Yes / No(select option 3.1 or 3.2) 3. 3.1. Deadline for submission if Yes: Date ____/_____Time___:_ or 3.2. Specify that samples must be made available when requested in writing. Yes 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. What is the evaluation criteria / special terms and conditions to be advertised? List evaluation criteria / special terms and conditions to be advertised (if applicable) Pre-qualification criteria Does the offer meet the pre-qualification criteria? Administrative Does the offer comply to stipulated administrative requirements? 3. Conformance: Was the product made or service performed to specifications? 4. Performance: Will/does the product/service fulfil its performance obligation, in a manner that releases the supplier from all liabilities under the contract? 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) Durability: 7. 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) Ability & Capacity The ability and capacity of the vendor to execute the contract 10. Preference points Preferential Procurement System (80/20) if applicable

Name of End-user (in full)	l l'mal a l'VIDECV.	Name of SCM Rep (in full)	
Designation / Rank (in full) Signature	KIN Atherstels	Designation/ Rank (in full) Signature	Actings Sima.
Date	Dostoulana	Date	T.W. Mary .
Standard End-User Specific	cation Form		Page 1 of 1

health Department: Health PROVINCE OF KWAZULU-NATAL

END-USER SPECIFICATION FORM

Qι	uote Number:		· · · · · · · · · · · · · · · · · · ·			
Item Description: Airways guedel PVC port size: 02.						
Department/Section: _Surgical stores. Purpose of Item: Used to establish a patent airway in an ill n difficulty breathing.					t airway in an ill neonate who has	
1.	Pre-qualification crite	ria if any:				
	1.1. Is the item required to have a regulatory body certification (e.g. SABS, SANS, SANS, ISO, CIDB, etc.)? Yes No: Regulatory Body / certification required if Yes:SABS					
	1.2. Is a compulsory of the state of the sta	site inspection / bi	riefing session remeP	equired? Yes (No		
	1.3. Is local production if Yes, specify:			•	2 23 -	
	1.4. Provisions of sec if Yes, specify:			ons,2017 if applicable? Yes		
	1.5. Liability Cover in: if Yes, specify:					
2.	What is the specificat	ion of the required	d item?			
Lis	t specifications to be adve	rtised		Com	ment	
1.	Size : 02			Must	have required length	
2.	.Colour : Transparent (C					
3.	Material : Soft and hard					
	Sterility must be guarant	teed				
4.	Packaging : Units					
5.	Must have manufacturin	g and expiry date.				
3.	Does a sample need to 3.1. Deadline for submi	o be submitted? Y ssion if Yes: Date _	'es / No(select op	tion 3.1 or 3.2) _Time Place		
or			vailable when req	uested in writing. Yes X	or No	
4.	Penalties to be noted by					
	4.1. If the supplier fails	s to deliver any or	all of the goods	or to perform the services v	vithin the period(s) specified in the	
	contract, the purch	aser shall, without p	orejudice to its oth	ner remedies under the contra	ct, deduct from the contract price,	
	as a penalty, a su prime interest rate	m calculated on th calculated for each	e delivered price day of the delay (of the delayed goods or unpuntil actual delivery or perform	erformed services using the current ance.	
5.	What is the evaluation	criteria / special te	erms and conditi	ons to be advertised?		
List	evaluation criteria / speci	al terms and condit	ions to be adverti	sed (if applicable)		
1.	Pre-qualification criteria		eet the pre-qualific			
2.	Administrative			administrative requirements?		
3.	Conformance:	Was the product	made or service p	erformed to specifications?		
4.	Performance:	Will/does the prod		ts performance obligation, in a	manner that releases the supplier	
5.	Features:			uct or service have?		
6.	Reliability:			n failures and the need for ma	intenance? (quarantee)	
7.	Durability:	What is the usefu	l life for the produ	ct? How will the product hold	in under extended use?	
8.	Serviceability:	How easy is it to	repair maintain o	support the product or service	e? (customer support)	
9.	Ability & Capacity	The ability and ca	pacity of the veno	for to execute the contract	s. (sustomer support)	
10.	Preference points			80/20) if applicable		
1		1		oorzo) ii applicable		
Nan	ne of End-user (in full)		<u> </u>	Nome of COM Day 6 - 6 - 15		
	signation / Rank (in full)	N.Z. Pra	v.w	Name of SCM Rep (in full)	S HARTPARSAD	
		KNR	d	Designation/ Rank (in full)	5M0	
Sigi	nature	1 then &		Signature	Parieorsec	

2030

Date

المراسلين	PROVINCE OF KWAZULU-NATA	L		
(Quote Number:			
1	tem Description:	Airway guedel size: 04		
C	Department/Section:	_Surgical stores. Purpo	se of Item: To maintain breat	thing airway.
1	. Pre-qualification cri	· ·		//
	1.1. Is the item requ Regulatory Body / cer	ired to have a regulatory body ce tification required if Yes:	ertification (e.g. SABS, SANS	, SANAS, ISO, CIDB, etc.)? Yes
	1.2. Is a compulsory	site inspection / briefing session	n required? Ves / No	\
	1.3. Is local product	ion and content part of the quote	? Yes / No	
	1.4. Provisions of se	ection 4(1)(a) of the PPPFA Regul	ations 2017 if applicable 2 Vo	es / No
	1.5. Liability Cover in if Yes, specify:	nsurance? Yes / No		
2.	What is the specifica	ition of the required item?		
	st specifications to be adv	rertised	Co	omment
1.				
2.				
3.		I plastic		
4.				
5.	Must have manufacturi	ng and expiry date.	· · · · · · · · · · · · · · · · · · ·	
or 4.	3.1. Deadline for subm3.2. Specify that sampPenalties to be noted	to be submitted? Yes / No(select hission if Yes: Date// les must be made available when reby the suppliers:	Time: Place	or No
	as a penalty, a su	igoci gugu, without Diehodice in its	other remedies under the conf.	within the period(s) specified in the ract, deduct from the contract price sperformed services using the curren
5.	What is the evaluation	criteria / special terms and conc	litions to be advertised?	manos,
Lis	t evaluation criteria / spec	ial terms and conditions to be adve	rtised (if applicable)	
1.	Pre-qualification criteria	Does the offer meet the pre-qual	ification criteria?	
2.	Administrative	Does the offer comply to stipulat	ed administrative requirements	3?
3.	Conformance:	Was the product made or service	performed to specifications?	
4.	Performance:	Will/does the product/service fulf	its performance obligation in	a manner that releases the supplier
5.	Features:	The contract the contract	actr	
6.	Reliability:	What characteristics does the pr	oduct or service have?	
7.	Durability:	How long can a product go between	een failures and the need for n	naintenance? (guarantee)
8.	Serviceability:	I writat is the useful life for the pro-	duct? How will the product half	Tun under extended upo2
9.	Ability & Capacity	I now easy is it to repair, maintain	OF SUpport the product or serv	ice? (customer support)
10.	Preference points	The ability and capacity of the ve	ndor to execute the contract	
_ 10.	Trecremes points	Preferential Procurement System	(80/20) if applicable	
Nar	ne of End-user (in full)	120	Nome of COMP "	
	signation / Rank (in full)	N2 Muguel	Name of SCM Rep (in full)	A. MASUSA
	nature	P.N.10.2.	Designation/ Rank (in full)	Acrina: Singo
-		(D-PN 13143193	Signature	.w. Mrsiy
Dat		281 On 1 - 0m	Date	201 20
Sta	ndard End-User Specifica	tion Form	- L	18 04 12020 Base 4 06 4

Page 1 of 1

	Department: Health	END-USER SE	EUIFICATIO	
٠	PROVINCE OF KWAZULU-NATAL			
C	luote Number:			\1
It	em Description:	_ Airways guedel		\
	epartment/Section: revent biting of tongue a	_Surgical Stores Purpo	se of Item: Used to assist	oropharyngeal airway to be patent an
1.	Pre-qualification crit	eria if any:		
	1.1. Is the item requi Regulatory Body / certi	red to have a regulatory body ce fication required if Yes:	rtification (e.g. SABS, SAI SABS	NS, SANAS, ISO, CIDB, etc.}? Yes / No
	1.2. Is a compulsory if Yes, specify: Date	site inspection / briefing session	required? Yes / No _ Place	
	1.3. Is local production of Yes, specify:	on and content part of the quote	? Yes / No	
	1.4. Provisions of se if Yes, specify:	ction 4(1)(a) of the PPPFA Regul	ations,2017 if applicable?	Yes / No
	1.5. Liability Cover in			
2.		tion of the required item?		
-	st specifications to be adve	ertised		Comment
1.	Size: 05 Unit of issue: Units			
3.	Material : Quality plastic			
4.	Sterility must be guaran			
5.	It must have expiry / ma			
or 4.	3.2. Specify that sample Penalties to be noted to 4.1. If the supplier fails contract, the purch as a penalty, a su	s to deliver any or all of the goo aser shall, without prejudice to its	equested in writing. Yes deep deep deep deep deep deep deep de	or No coes within the period(s) specified in the partract, deduct from the contract price
5.		critería / special terms and conc		
Lis	t evaluation criteria / speci	al terms and conditions to be adve	ertised (if applicable)	
1.	Pre-qualification criteria	Does the offer meet the pre-qual	ification criteria?	
2.	Administrative	Does the offer comply to stipulat	ed administrative requireme	ents?
3.	Conformance:	Was the product made or service	e performed to specifications	s?
4.	Performance:	Will/does the product/service fulf	il its performance obligation	, in a manner that releases the supplier
5.	Features:	Tirotti ali liantifiles audet tue coutr	act?	
6.	Reliability:	What characteristics does the pr	oduct or service have?	
7.	Durability:	How long can a product go between What is the useful life for the pro	dueta Housestand the need fo	r maintenance? (guarantee)
8.	Serviceability:	What is the useful life for the pro-	or support the product i	noid up under extended use?
9.	Ability & Capacity	How easy is it to repair, maintain The ability and capacity of the ve	or support the product or se	ervice ((customer support)
10.	Preference points	Preferential Procurement System	(80/20) if applicable	
			1 (Out20) ii applicable	
Nar	ne of End-user (in full)	GJ. Whole	Name of SCM Rep (in fu	III)
Des	ignation / Rank (in full)	Rla	Designation/ Rank (in fu	TO TOTAL
	nature	Attentes		Terral Simo,
Date		7-20-5	Signature	J.W. MAJUL
	ndard End-User Specificat	08/04/2012	Date	08 04 2022
Gidi	radio End-oser Specificat	IIOI FOIM		Page 1 of 1