

**KWAZULU-NATAL PROVINCE****HEALTH**  
REPUBLIC OF SOUTH AFRICA

Physical Address: CATHEDRAL PEAK ROAD  
Postal Address: Private Bag X16 WINTERTON 3340  
Tel: 036 488 8211/1075 Email: EmmausQuotation@kznhealth.gov.za  
[www.kznhealth.gov.za](http://www.kznhealth.gov.za)

EMMAUS DISTRICT HOSPITAL

QUOTATION NO.	ZNQ:ZNB5730/2019-H
QUOTATION DESCRIPTION	After Service Repair for Sewer Plant at Emmaus Hospital
BIDDER NAME	

**EVALUATION CRITERIA:**

The Department will evaluate quotation received before the closing date and time using five (5) evaluation stages. These are peremptory requirements, should the bidder/tenderer fail to comply with any of the stages as stated below, The quotation will be regarded as non-responsive, and will not progress to the final stage of evaluation:

**Stage 1:** Administrative Compliance, Compulsory and Mandatory Requirements

**Stage 2:** Compliance with specifications

**Stage 3:** Price and Preference Points System

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**STAGE 1: ADMINISTRATIVE, COMPULSORY COMPLIANCE AND MANDATORY REQUIREMENTS**

NO.	REQUIREMENTS	INCLUDED IN THE PUBLISHED DOCUMENT?	TO BE RETURNED BY BIDDER/ TENDERER?
<b>Administrative Compliance</b>			
1.	PARTICULARS OF QUOTATION	YES	YES
2.	OFFICIAL PRICE PAGE FOR QUOTATIONS OVER R2 000.01, MUST BE CALCULATED CORRECTLY AND IN COMPLIANCE WITH SARS REQUIREMENTS	YES	YES
3.	BIDDER'S DISCLOSURE (SBD4)	YES	YES
4.	GENERAL CONDITIONS OF CONTRACT (GCC)	YES	YES
5.	SPECIAL CONDITIONS OF CONTRACT (SCC)	YES	YES
6.	PREFERENCE POINTS CLAIM FORM IN TERMS OF THE PREFERENTIAL PROCUREMENT REGULATIONS 2022 (SBD 6.1)	YES	YES
<b>Compulsory Compliance</b>			
7.	SUPPLIER UPDATED CIPC REGISTRATION DOCUMENTS	NO	YES
8.	A B-BBEE STATUS LEVEL VERIFICATION CERTIFICATE/ SWORN AFFIDAVIT (For EMEs & QSEs)	NO	YES
9.	COPY OF CENTRAL SUPPLIER DATABASE COMPLIANCE REPORT (CSD)	NO	YES
<b>Mandatory Requirements</b>			
10.	NOT APPLICABLE	NO	NO

Note: This relates to administrative, compulsory and mandatory returnable documents which must be fully completed, and submitted. Should you fail to submit any of the above returnable documents, your offer will be treated as non-responsive and will not proceed to the next stage of evaluation. The department reserves a right to verify the validity of the documents submitted, should it be discovered that the information submitted is misrepresented, the quotation will be disqualified.

**STAGE 2: COMPLIANCE WITH SPECIFICATION**

<b>REQUIREMENTS :</b> 1. Main control Panel wiring to be neat 2. Overhauling of Blower no2 3. Removal of Sludge from chamber no1, 40 000 Litres about 4. Disposal of Sludge to Municipal Site	<b>Complies With Specification</b> Yes /No
The bidder / Tenderer to confirm that the product supplied complies with attached specification document, should you fail to indicate with yes, it will mean, you do not comply and your quotation will not progress to the next stage of evaluation	

**STAGE 3: PRICE AND PREFERENCE POINTS**

The value of this quotation is estimated not to exceed R 50 000 000 (inclusive of all applicable taxes), therefore the 80/20 preference point system shall be applicable. Points for this quotation will be awarded for:

CATEGORY	POINTS
PRICE	80

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<b>SPECIFIC GOALS</b>	<b>20</b>
<b>Total points for Price and must not exceed</b>	<b>100</b>

The Department has identified the following specific goal:

Specific Goal	Number of Points allocated	Proof To Claim Specific Goal (Returnable Documents)
Full points allocated to promote enterprises manufacturing or in the Province of KwaZulu Natal	20	1. The Department will download CSD to verify this information.
<b>NOTE:</b> Should a responsive bidder fail to submit proof to claim points, as stated above this will not result in disqualification, however the bidder will not be awarded points for specific goals.		

EVALUATION CRITERIA AND SPECIFICATION APPROVED BY					
Official	Title (Ms/ Miss/ Mrs/ Mr/Dr)	Surname	Initials	Date	Signature
End User Representative	Mr	Nkosi	.B.M		
SCM Official	Ms	Ndebele	P.H		

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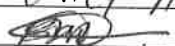

## ANNEXURE A: SPECIFICATION FORM

NAME OF PROCURING FACILITY	MAINTENANCE		
ITEM DESCRIPTION	SEWER PLANT		
ITEM PURPOSE	1. REPAIRS AFTER SERVICE 2.		
ITEM DETAILED SPECIFICATION (INCLUDE SIZE, COLOUR, MATERIAL, ETC.)		COMPLIES (YES/NO)	
1.	Main Control Panel wiring to be rectified		
2.	Overhauling of blower NO.2		
3.	Removal of Sludge from chamber NO.1 about 40 000 LT		
4.	Disposal of sludge to municipal site.		
QUALITY STANDARD			
UNIT OF MEASURE OR PACKAGING I.E. (UNIT/BOX/ROLL/PACK/BAIL ETC)		Sludge is about 40 000 LT.	
SAMPLE REQUIRED (YES/NO) IF YES WHEN AND HOW?		NO.	
ADDENDUM TO SPECIFICATION ATTACHED (YES OR NO)			

Note:

1. Proof of doing the same work @ least 2 order numbers.
2. Certificate of disposal from municipality
3. Having or Owning Truck for Sludge disposal

### SPECIFICATION APPROVED BY

Name of End-user (in full)	B.M. NKOSI	Name of SCM Rep (in full)	P.H. Ndebele
Designation / Rank (in full)	Chief Artisan	Designation/ Rank (in full)	Scm Supervisor
Signature		Signature	
Date	02/09/2024	Date	02/09/2024

Bidder Initial here: \_\_\_\_\_



## Quotation Advert

Opening Date: 05/09/2024  
Closing Date: 13/09/2024  
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: 05/09/2024

### ITEM CATEGORY AND DETAILS

Quotation number: ZNB5730/2019-H  
Item Category: Services  
Item Description: **After Service Repair For Sewer Plant at Emmaus Hospital  
(Only Companies Under ZNB5730 Are Allowed to attend  
the Meeting and to Quote)**

Quantity (if supplies): 01

### COMPULSORY BRIEFING SESSION / SITE VISIT

Select Type: Compulsory Briefing  
Date: 09/09/2024  
Time: 10:00  
Venue: Maintenance

QUOTES CAN BE COLLECTED FROM: (Click on the link below)

QUOTES SHOULD BE DELIVERED TO: MAIN GATE

ENQUIRIES REGARDING ADVERT MAY BE DIRECTED TO:

Name: S.I. Madondo

Email: EmmausQuotation@kznhealth.gov.za

Contact number: 036 488 8211

Finance Manager Name: MR N.S. Hadebe

Finance Manager Signature \_\_\_\_\_