



Quotation Advert

Opening Date: 24/07/2025

Closing Date: 28/07/2025

Closing Time: 11:00

INSTITUTION DETAILS

Institution Name: Vryheid Hospital

Province: KwaZulu-Natal

Department of entity: Department of Health

Division or section: Central Supply Chain Management

**Place where goods/
service is required:** VRYHEID HOSPITAL

Date Submitted: 24/07/2025

ITEM CATEGORY AND DETAILS

Quotation number: ZNQ: VRH/189/25-26

Item Category: Services

Item Description minor and major service to kitchen cooking equipment

Quantity (if supplies): Click here to enter text.

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: KZN WEBSITE & VRYHEID HOSPITAL

QUOTES SHOULD BE DELIVERED TO: VRYHEID HOSPITAL QUOTATION BOX, OR CAN BE EMAILED TO mxolisi.khumalo@kznhealth.gov.za DO NOT FAX

ENQUIRIES REGARDING ADVERT MAY BE DIRECTED TO:

Name: Masondo P.N

Email: Nompumelelo.Masondo@kznhealth.gov.za

Contact number: 0349895948

Finance Manager Name: Khumalo M.S

Finance Manager Signature 



DESCRIPTION: MINOR AND MAJOR SERVICE TO MAIN KITCHEN COOKING EQUIPMENT

| ICN NUMBER | QUANTITY | UNIT OF MEASURE | DESCRIPTION | BRAND & MODEL | COUNTRY OF MANUFACTURE | PRICE | |
|-------------------------------------------------|----------|-----------------|------------------------------------------|---------------|------------------------|-------|---|
| | | | | | | R | C |
| | | ITEMS | MINOR SERVICE OF MAIN KITCHEN | | | | |
| | | | COOKING EQUIPMENT AND REPAIRS | | | | |
| | | | | | | | |
| | | ITEMS | MAJOR SERVICE OF MAIN KITCHEN | | | | |
| | | | COOKING EQUIPMENT AND REPAIRS | | | | |
| | | | | | | | |
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| | | | | | | | |
| | | | SEE ATTACHED SCHEDULE FOR | | | | |
| | | | EQUIPMENT | | | | |
| | | | | | | | |
| | | | CIDB GRADING ME/EB GRADE-01 | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | NBIISTAGE 3compliance with specification | | | | |
| | | | on evaluation criteria compulsory to | | | | |
| | | | complete | | | | |
| | | | | | | | |
| | | | see attached evaluation criteria | | | | |
| | | | and returnable documents | | | | |
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| | | | | | | | |
| | | | | | | | |
| VALUE ADDED TAX @ 15% (Only if VAT Vendor) | | | | | | | |
| TOTAL QUOTATION PRICE (VALIDITY PERIOD 90 Days) | | | | | | | |

YES / NO
YES / NO
YES / NO

SIGNATURE OF BIDDER: _____
[By signing this document, I hereby agree to all terms and conditions]

DATE: _____



CLARITY ON DECLARATION OF INTEREST SBD 4 (a)

| | |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| BIDDER NAME | |
| LEGISLATION ON DISCLOSURE OF INTEREST | |
| <p>The Public Service Act 103 of 1994 indicates in section 30(1) that "No employee shall perform or engage himself or herself to perform remunerative work outside his or her employment in the relevant department, except with the written permission of the executive authority of the department."</p> <p>Furthermore, in terms of the Public Service Regulations paragraph 13(c), "An employee shall not conduct business with any organ of state or be a director of a public or private company conducting business with an organ of state, unless such employee is in an official capacity a director of a company listed in schedule 2 and 3 of the Public Finance Management Act"</p> <p>Treasury Regulations 16A8.4 further indicates that "If a supply chain management official or other role player, or any close family member, partner or associate of such official or other role player, has any private or business interest in any contract to be awarded, that official or other role player must-(a) disclose that interest; and (b) withdraw from participating in any manner whatsoever in the process relating to that contract."</p> | |
| CLARITY ON HOW TO DISCLOSE | |
| <p>Clause 2.2 of the Bidders Disclosure (SBD4), require the bidder to disclose a relationship with any person employed by the entire KZN Department of Health, even if that person is not employed by the procuring institution. The Department may use other Computer Assisted Techniques to verify possible interest, should you be found to have failed to disclose correctly, your bid/quotation will be treated as a false declaration, treated as non-responsive and disqualified.</p> <p>For example, If the tender is advertised or invited by Addington Hospital, yet the person with interest is employed by Manguzi Hospital, as long as that official is employed by the Department of Health, the bidder is required to disclose interest. Therefore the question is, do you, or any person connected with the bidder, have a relationship with any person who is employed by the KZN Department of Health? If so, please furnish particulars on Bidders Disclosure (SBD4) section 2.2.1, as attached below,</p> | |

I read the above clarity on disclosure of interest and I commit to disclose as directed, should I fail to disclose correctly, I am aware of the consequences, which may include disqualification of my offer.

BIDDER SURNAME AND INITIALS

SIGNATURE

DATE

BIDDER'S DISCLOSURE

1 PURPOSE OF THE FORM

Any person (natural or juristic) may make an offer or offers in terms of this invitation to bid. In line with the principles of transparency, accountability, impartiality, and ethics as enshrined in the Constitution of the Republic of South Africa and further expressed in various pieces of legislation, it is required for the bidder to make this declaration in respect of the details required hereunder.

Where a person/s are listed in the Register for Tender Defaulters and / or the List of Restricted Suppliers, that person will automatically be disqualified from the bid process.

2 BIDDER'S DECLARATION

2.1. Is the bidder, or any of its directors / trustees / shareholders / members / partners or any person having a controlling interest¹ in the enterprise, employed by the state? **YES / NO**

2.1.1. If so, furnish particulars of the names, individual identity numbers, and, if applicable, state employee numbers of sole proprietor/ directors / trustees / shareholders / members/ partners or any person having a controlling interest in the enterprise, in table below.

| FULL NAME | IDENTITY NUMBER | NAME OF STATE INSTITUTION |
|-----------|-----------------|---------------------------|
| | | |
| | | |
| | | |

2.2. Do you, or any person connected with the bidder, have a relationship with any person who is employed by the procuring institution?² **YES / NO**

2.2.1. If so, furnish particulars: _____

2.3. Does the bidder or any of its directors / trustees / shareholders / members / partners or any person having a controlling interest in the enterprise have any interest in any other related enterprise whether or not they are bidding for this contract? **YES / NO**

2.3.1. If so, furnish particulars: _____

3 DECLARATION

I, the undersigned, (name) _____ in submitting the accompanying bid, do hereby make the following statements that I certify to be true and complete in every respect:

- 3.1. I have read and I understand the contents of this disclosure;
- 3.2. I understand that the accompanying bid will be disqualified if this disclosure is found not to be true and complete in every respect;
- 3.3. The bidder has arrived at the accompanying bid independently from, and without consultation, communication, agreement or arrangement with any competitor. However, communication between partners in a joint venture or consortium³ will not be construed as collusive bidding.
- 3.4. In addition, there have been no consultations, communications, agreements or arrangements with any competitor regarding the quality, quantity, specifications, prices, including methods, factors or formulas used to calculate prices, market allocation, the intention or decision to submit or not to submit the bid, bidding with the intention not to win the bid and conditions or delivery particulars of the products or services to which this bid invitation relates.
- 3.5. The terms of the accompanying bid have not been, and will not be, disclosed by the bidder, directly or indirectly, to any competitor, prior to the date and time of the official bid opening or of the awarding of the contract.
- 3.6. There have been no consultations, communications, agreements or arrangements made by the bidder with any official of the procuring institution in relation to this procurement process prior to and during the bidding process except to provide clarification on the bid submitted where so required by the institution; and the bidder was not involved in the drafting of the specifications or terms of reference for this bid.
- 3.7. I am aware that, in addition and without prejudice to any other remedy provided to combat any restrictive practices related to bids and contracts, bids that are suspicious will be reported to the Competition Commission for investigation and possible imposition of administrative penalties in terms of section 59 of the Competition Act No 89 of 1998 and or may be reported to the National Prosecuting Authority (NPA) for criminal investigation and or may be restricted from conducting business with the public sector for a period not exceeding ten (10) years in terms of the Prevention and Combating of Corrupt Activities Act No 12 of 2004 or any other applicable legislation.

I CERTIFY THAT THE INFORMATION FURNISHED IN PARAGRAPHS 1, 2 and 3 ABOVE IS CORRECT.

I ACCEPT THAT THE STATE MAY REJECT THE BID OR ACT AGAINST ME IN TERMS OF PARAGRAPH 6 OF PFMA SCM INSTRUCTION 03 OF 2021/22 ON PREVENTING AND COMBATING ABUSE IN THE SUPPLY CHAIN MANAGEMENT SYSTEM SHOULD THIS DECLARATION PROVE TO BE FALSE.

| NAME OF BIDDER | SIGNATURE | POSITION | DATE |
|----------------|-----------|----------|------|
|----------------|-----------|----------|------|

¹ The power, by one person or a group of persons holding the majority of the equity of an enterprise, alternatively, the person/s having the deciding vote or power to influence or to direct the course and decisions of the enterprise.

² "Procuring Institution" refers to all institutions under the Accounting Officer of the Department of Health.

³ Joint venture or Consortium means an association of persons for the purpose of combining their expertise, property, capital, efforts, skill and knowledge in an activity for the execution of a contract.

GENERAL CONDITIONS OF CONTRACT

NOTES

The purpose of this document is to:

- (i) Draw special attention to certain general conditions applicable to government bids, contracts and orders; and
- (ii) To ensure that clients be familiar with regard to the rights and obligations of all parties involved in doing business with government.

In this document words in the singular also mean in the plural and vice versa and words in the masculine also mean in the feminine and neuter.

- The General Conditions of Contract will form part of all bid/quotation documents and may not be amended.
- Special Conditions of Contract (SCC) relevant to a specific bid, should be compiled separately for every bid (if applicable) and will supplement the General Conditions of Contract. Whenever there is a conflict, the provisions in the SCC shall prevail.

1. Definitions

The following terms shall be interpreted as indicated:

- 1.1. "Closing time" means the date and hour specified in the bidding documents for the receipt of bids.
- 1.2. "Contract" means the written agreement entered into between the purchaser and the supplier, as recorded in the contract form signed by the parties, including all attachments and appendices thereto and all documents incorporated by reference therein.
- 1.3. "Contract price" means the price payable to the supplier under the contract for the full and proper performance of his contractual obligations.
- 1.4. "Corrupt practice" means the offering, giving, receiving, or soliciting of any thing of value to influence the action of a public official in the procurement process or in contract execution.
- 1.5. "Countervailing duties" are imposed in cases where an enterprise abroad is subsidized by its government and encouraged to market its products internationally.
- 1.6. "Country of origin" means the place where the goods were mined, grown or produced or from which the services are supplied. Goods are produced when, through manufacturing, processing or substantial and major assembly of components, a commercially recognized new product results that is substantially different in basic characteristics or in purpose or utility from its components.
- 1.7. "Day" means calendar day.
- 1.8. "Delivery" means delivery in compliance of the conditions of the contract or order.
- 1.9. "Delivery ex stock" means immediate delivery directly from stock actually on hand.
- 1.10. "Delivery into consignees store or to his site" means delivered and unloaded in the specified store or depot or on the specified site in compliance with the conditions of the contract or order, the supplier bearing all risks and charges involved until the supplies are so delivered and a valid receipt is obtained.
- 1.11. "Dumping" occurs when a private enterprise abroad markets its goods on own initiative in the RSA at lower prices than that of the country of origin and which have the potential to harm the local industries in the RSA
- 1.12. "Force majeure" means an event beyond the control of the supplier and not involving the supplier's fault or negligence and not foreseeable. Such events may include, but is not restricted to, acts of the purchaser in its sovereign capacity, wars or revolutions, fires, floods, epidemics, quarantine restrictions and freight embargoes.
- 1.13. "Fraudulent practice" means a misrepresentation of facts in order to influence a procurement process or the execution of a contract to the detriment of any bidder, and includes collusive practice among bidders (prior to or after bid submission) designed to establish bid prices at artificial non-competitive levels and to deprive the bidder of the benefits of free and open competition.
- 1.14. "GCC" means the General Conditions of Contract.
- 1.15. "Goods" means all of the equipment, machinery, and/or other materials that the supplier is required to supply to the purchaser under the contract.
- 1.16. "Imported content" means that portion of the bidding price represented by the cost of components, parts or materials which have been or are still to be imported (whether by the supplier or his subcontractors) and which costs are inclusive of the costs abroad, plus freight and other direct importation costs such as landing costs, dock dues, import duty, sales duty or other similar tax or duty at the South African place of entry as well as transportation and handling charges to the factory in the Republic where the supplies covered by the bid will be manufactured.
- 1.17. "Local content" means that portion of the bidding price which is not included in the imported content provided that local manufacture does take place.
- 1.18. "Manufacture" means the production of products in a factory using labour, materials, components and machinery and includes other related value-adding activities.
- 1.19. "Order" means an official written order issued for the supply of goods or works or the rendering of a service.
- 1.20. "Project site," where applicable, means the place indicated in bidding documents.
- 1.21. "Purchaser" means the organization purchasing the goods.
- 1.22. "Republic" means the Republic of South Africa.
- 1.23. "SCC" means the Special Conditions of Contract.
- 1.24. "Services" means those functional services ancillary to the supply of the goods, such as transportation and any other incidental services, such as installation, commissioning, provision of technical assistance, training, catering, gardening, security, maintenance and other such obligations of the supplier covered under the contract.
- 1.25. "Written" or "in writing" means handwritten in ink or any form of electronic or mechanical writing.

2. Application

- 2.1. These general conditions are applicable to all bids, contracts and orders including bids for functional and professional services, sales, hiring, letting and the granting or acquiring of rights, but excluding immovable property, unless otherwise indicated in the bidding documents.
- 2.2. Where applicable, special conditions of contract are also laid down to cover specific supplies, services or works.
- 2.3. Where such special conditions of contract are in conflict with these general conditions, the special conditions shall apply.

3. General

- 3.1. Unless otherwise indicated in the bidding documents, the purchaser shall not be liable for any expense incurred in the preparation and submission of a bid. Where applicable a non-refundable fee for documents may be charged.
- 3.2. With certain exceptions, invitations to bid are only published in the Government Tender Bulletin. The Government Tender Bulletin may be obtained directly from the Government Printer, Private Bag X85, Pretoria 0001, or accessed electronically from www.treasury.gov.za

4. Standards

4.1. The goods supplied shall conform to the standards mentioned in the bidding documents and specifications.

5. Use of contract documents and information; Inspection.

5.1. The supplier shall not, without the purchaser's prior written consent, disclose the contract, or any provision thereof, or any specification, plan, drawing, pattern, sample, or information furnished by or on behalf of the purchaser in connection therewith, to any person other than a person employed by the supplier in the performance of the contract. Disclosure to any such employed person shall be made in confidence and shall extend only so far as may be necessary for purposes of such performance.

5.2. The supplier shall not, without the purchaser's prior written consent, make use of any document or information mentioned in GCC clause 5.1 except for purposes of performing the contract.

5.3. Any document, other than the contract itself mentioned in GCC clause 5.1 shall remain the property of the purchaser and shall be returned (all copies) to the purchaser on completion of the supplier's performance under the contract if so required by the purchaser.

5.4. The supplier shall permit the purchaser to inspect the supplier's records relating to the performance of the supplier and to have them audited by auditors appointed by the purchaser, if so required by the purchaser.

6. Patent rights

6.1. The supplier shall indemnify 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.

7. Performance security

7.1. Within thirty (30) days of receipt of the notification of contract award, the successful bidder shall furnish to the purchaser the performance security of the amount specified in SCC.

7.2. The proceeds of the performance security shall be payable to the purchaser as compensation for any loss resulting from the supplier's failure to complete his obligations under the contract.

7.3. The performance security shall be denominated in the currency of the contract, or in a freely convertible currency acceptable to the purchaser and shall be in one of the following forms:

- (a) a bank guarantee or an irrevocable letter of credit issued by a reputable bank located in the purchaser's country or abroad, acceptable to the purchaser, in the form provided in the bidding documents or another form acceptable to the purchaser; or
- (b) a cashier's or certified cheque

7.4. The performance security will be discharged by the purchaser and returned to the supplier not later than thirty (30) days following the date of completion of the supplier's performance obligations under the contract, including any warranty obligations, unless otherwise specified in SCC.

8. Inspections, tests and analyses

8.1. All pre-bidding testing will be for the account of the bidder.

8.2. If it is a bid condition that supplies to be produced or services to be rendered should at any stage during production or execution or on completion be subject to inspection, the premises of the bidder or contractor shall be open, at all reasonable hours, for inspection by a representative of the Department or an organization acting on behalf of the Department.

8.3. If there are no inspection requirements indicated in the bidding documents and no mention is made in the contract, but during the contract period it is decided that inspections shall be carried out, the purchaser shall itself make the necessary arrangements, including payment arrangements with the testing authority concerned.

8.4. If the inspections, tests and analyses referred to in clauses 8.2 and 8.3 show the supplies to be in accordance with the contract requirements, the cost of the inspections, tests and analyses shall be defrayed by the purchaser.

8.5. Where the supplies or services referred to in clauses 8.2 and 8.3 do not comply with the contract requirements, irrespective of whether such supplies or services are accepted or not, the cost in connection with these inspections, tests or analyses shall be defrayed by the supplier.

8.6. Supplies and services which are referred to in clauses 8.2 and 8.3 and which do not comply with the contract requirements may be rejected.

8.7. Any contract supplies may on or after delivery be inspected, tested or analyzed and may be rejected if found not to comply with the requirements of the contract. Such rejected supplies shall be held at the cost and risk of the supplier who shall, when called upon, remove them immediately at his own cost and forthwith substitute them with supplies which do comply with the requirements of the contract. Failing such removal the rejected supplies shall be returned at the suppliers cost and risk. Should the supplier fail to provide the substitute supplies forthwith, the purchaser may, without giving the supplier further opportunity to substitute the rejected supplies, purchase such supplies as may be necessary at the expense of the supplier.

8.8. The provisions of clauses 8.4 to 8.7 shall not prejudice the right of the purchaser to cancel the contract on account of a breach of the conditions thereof, or to act in terms of Clause 23 of GCC.

9. Packing

9.1. The supplier shall provide such packing of the goods as is required to prevent their damage or deterioration during transit to their final destination, as indicated in the contract. The packing shall be sufficient to withstand, without limitation, rough handling during transit and exposure to extreme temperatures, salt and precipitation during transit, and open storage. Packing, case size and weights shall take into consideration, where appropriate, the remoteness of the goods' final destination and the absence of heavy handling facilities at all points in transit.

9.2. The packing, marking, and documentation within and outside the packages shall comply strictly with such special requirements as shall be expressly provided for in the contract, including additional requirements, if any, specified in SCC, and in any subsequent instructions ordered by the purchaser.

10. Delivery and documents

10.1. Delivery of the goods shall be made by the supplier in accordance with the terms specified in the contract. The details of shipping and/or other documents to be furnished by the supplier are specified in SCC.

10.2. Documents to be submitted by the supplier are specified in SCC.

11. Insurance

11.1. The goods supplied under the contract shall be fully insured in a freely convertible currency against loss or damage incidental to manufacture or acquisition, transportation, storage and delivery in the manner specified in the SCC.

12. Transportation

- 12.1. Should a price other than an all-inclusive delivered price be required, this shall be specified in the SCC.

13. Incidental services

- 13.1. The supplier may be required to provide any or all of the following services, including additional services, if any, specified in SCC:
- (a) performance or supervision of on-site assembly and/or commissioning of the supplied goods;
 - (b) furnishing of tools required for assembly and/or maintenance of the supplied goods;
 - (c) furnishing of a detailed operations and maintenance manual for each appropriate unit of the supplied goods;
 - (d) performance or supervision or maintenance and/or repair of the supplied goods, for a period of time agreed by the parties, provided that this service shall not relieve the supplier of any warranty obligations under this contract; and
 - (e) training of the purchaser's personnel, at the supplier's plant and/or on-site, in assembly, start-up, operation, maintenance, and/or repair of the
- 13.2. Prices charged by the supplier for incidental services, if not included in the contract price for the goods, shall be agreed upon in advance by the parties and shall not exceed the prevailing rates charged to other parties by the supplier for similar services.

14. Spare parts

- As specified in SCC, the supplier may be required to provide any or all of the following materials, notifications, and information pertaining to spare parts manufactured or distributed by the supplier:
- 14.1.
- (a) such spare parts as the purchaser may elect to purchase from the supplier, provided that this election shall not relieve the supplier of any warranty obligations under the contract; and
 - (b) in the event of termination of production of the spare parts:
 - (i) Advance notification to the purchaser of the pending termination, in sufficient time to permit the purchaser to procure needed requirements; and
 - (ii) following such termination, furnishing at no cost to the purchaser, the blueprints, drawings, and specifications of the spare parts, if requested.

15. Warranty

- 15.1. The supplier warrants that the goods supplied under the contract are new, unused, of the most recent or current models, and that they incorporate all recent improvements in design and materials unless provided otherwise in the contract. The supplier further warrants that all goods supplied under this contract shall have no defect, arising from design, materials, or workmanship (except when the design and/or material is required by the purchaser's specifications) or from any act or omission of the supplier, that may develop under normal use of the supplied goods in the conditions prevailing in the country of final destination.
- 15.2. This warranty shall remain valid for twelve (12) months after the goods, or any portion thereof as the case may be, have been delivered to and accepted at the final destination indicated in the contract, or for eighteen (18) months after the date of shipment from the port or place of loading in the source country, whichever period concludes earlier, unless specified otherwise in SCC.
- 15.3. The purchaser shall promptly notify the supplier in writing of any claims arising under this warranty.
- 15.4. Upon receipt of such notice, the supplier shall, within the period specified in SCC and with all reasonable speed, repair or replace the defective goods or parts thereof, without costs to the purchaser.
- 15.5. If the supplier, having been notified, fails to remedy the defect(s) within the period specified in SCC, the purchaser may proceed to take such remedial action as may be necessary, at the supplier's risk and expense and without prejudice to any other rights which the purchaser may have against the supplier under the contract.

16. Payment

- 16.1. The method and conditions of payment to be made to the supplier under this contract shall be specified in SCC.
- 16.2. The supplier shall furnish the purchaser with an invoice accompanied by a copy of the delivery note and upon fulfillment of other obligations stipulated in the contract.
- 16.3. Payments shall be made promptly by the purchaser, but in no case later than thirty (30) days after submission of an invoice or claim by the supplier.
- 16.4. Payment will be made in Rand unless otherwise stipulated in SCC.

17. Prices

- 17.1. Prices charged by the supplier for goods delivered and services performed under the contract shall not vary from the prices quoted by the supplier in his bid, with the exception of any price adjustments authorized in SCC or in the purchaser's request for bid validity extension, as the case may be.

18. Contract amendments

- 18.1. No variation in or modification of the terms of the contract shall be made except by written amendment signed by the parties concerned.

19. Assignment

- 19.1. The supplier shall not assign, in whole or in part, its obligations to perform under the contract, except with the purchaser's prior written consent.

20. Subcontracts

- 20.1. The supplier shall notify the purchaser in writing of all subcontracts awarded under this contracts if not already specified in the bid. Such notification, in the original bid or later, shall not relieve the supplier from any liability or obligation under the contract.

21. Delays in the supplier's performance

- 21.1. Delivery of the goods and performance of services shall be made by the supplier in accordance with the time schedule prescribed by the purchaser in the contract.
- 21.2. If at any time during performance of the contract, the supplier or its subcontractor(s) should encounter conditions impeding timely delivery of the goods and performance of services, the supplier shall promptly notify the purchaser in writing of the fact of the delay, its likely duration and its cause(s). As soon as practicable after receipt of the supplier's notice, the purchaser shall evaluate the situation and may at his discretion extend the supplier's time for performance, with or without the imposition of penalties, in which case the extension shall be ratified by the parties by amendment of contract.
- 21.3. No provision in a contract shall be deemed to prohibit the obtaining of supplies or services from a national department, provincial department, or a local authority.
- 21.4. The right is reserved to procure outside of the contract small quantities or to have minor essential services executed if an emergency arises, the supplier's point of supply is not situated at or near the place where the supplies are required, or the supplier's services are not readily available.

- 21.5. Except as provided under GCC Clause 25, a delay by the supplier in the performance of its delivery obligations shall render the supplier liable to the imposition of penalties, pursuant to GCC Clause 22, unless an extension of time is agreed upon pursuant to GCC Clause 21.2 without the application of penalties.
- 21.6. Upon any delay beyond the delivery period in the case of a supplies contract, the purchaser shall, without canceling the contract, be entitled to purchase supplies of a similar quality and up to the same quantity in substitution of the goods not supplied in conformity with the contract and to return any goods delivered later at the supplier's expense and risk, or to cancel the contract and buy such goods as may be required to complete the contract and without prejudice to his other rights, be entitled to claim damages from the supplier.
- 22. Penalties**
- 22.1. Subject to GCC Clause 25, 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. The purchaser may also consider termination of the contract pursuant to GCC Clause 23.
- 23. Termination for default**
- 23.1. 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:
- (a) if the supplier fails to deliver any or all of the goods within the period(s) specified in the contract, or within any extension thereof granted by the purchaser pursuant to GCC Clause 21.2;
 - (b) if the Supplier fails to perform any other obligation(s) under the contract; or
 - (c) if the supplier, in the judgment of the purchaser, has engaged in corrupt or fraudulent practices in competing for or in executing the contract.
- 23.2. 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. However, the supplier shall continue performance of the contract to the extent not terminated.
- 23.3. 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.
- 23.4. If a purchaser intends imposing a restriction on a supplier or any person associated with the supplier, the supplier will be allowed a time period of not more than fourteen (14) days to provide reasons why the envisaged restriction should not be imposed. Should the supplier fail to respond within the stipulated fourteen (14) days the purchaser may regard the intended penalty as not objected against and may impose it on the supplier.
- 23.5. Any restriction imposed on any person by the Accounting Officer / Authority will, at the discretion of the Accounting Officer / Authority, also be applicable to any other enterprise or any partner, manager, director or other person who wholly or partly exercises or exercised or may exercise control over the enterprise of the first-mentioned person, and with which enterprise or person the first-mentioned person, is or was in the opinion of the Accounting Officer / Authority actively associated.
- 23.6. If a restriction is imposed, the purchaser must, within five (5) working days of such imposition, furnish the National Treasury, with the following information:
- (i) the name and address of the supplier and / or person restricted by the purchaser;
 - (ii) the date of commencement of the restriction
 - (iii) the period of restriction; and
 - (iv) the reasons for the restriction.
- These details will be loaded in the National Treasury's central database of suppliers or persons prohibited from doing business with the public sector.
- 23.7. If a court of law convicts a person of an offence as contemplated in sections 12 or 13 of the Prevention and Combating of Corrupt Activities Act, No. 12 of 2004, the court may also rule that such person's name be endorsed on the Register for Tender Defaulters. When a person's name has been endorsed on the Register, the person will be prohibited from doing business with the public sector for a period not less than five years and not more than 10 years. The National Treasury is empowered to determine the period of restriction and each case will be dealt with on its own merits. According to section 32 of the Act the Register must be open to the public. The Register can be perused on the National Treasury website.
- 24. Anti-dumping and countervailing duties and rights**
- 24.1. When, after the date of bid, provisional payments are required, or antidumping or countervailing duties are imposed, or the amount of a provisional payment or anti-dumping or countervailing right is increased in respect of any dumped or subsidized import, the State is not liable for any amount so required or imposed, or for the amount of any such increase. When, after the said date, such a provisional payment is no longer required or any such anti-dumping or countervailing right is abolished, or where the amount of such provisional payment or any such right is reduced, any such favourable difference shall on demand be paid forthwith by the contractor to the State or the State may deduct such amounts from moneys (if any) which may otherwise be due to the contractor in regard to supplies or services which he delivered or rendered, or is to deliver or render in terms of the contract or any other contract or any other amount which may be due to him.
- 25. Force Majeure**
- 25.1. Notwithstanding the provisions of GCC Clauses 22 and 23, the supplier shall not be liable for forfeiture of its performance security, damages, or termination for default if and to the extent that his delay in performance or other failure to perform his obligations under the contract is the result of an event of force majeure.
- 25.2. If a force majeure situation arises, the supplier shall promptly notify the purchaser in writing of such condition and the cause thereof. Unless otherwise directed by the purchaser in writing, the supplier shall continue to perform its obligations under the contract as far as is reasonably practical, and shall seek all reasonable alternative means for performance not prevented by the force majeure event.
- 26. Termination for Insolvency**
- 26.1. The purchaser may at any time terminate the contract by giving written notice to the supplier if the supplier becomes bankrupt or otherwise insolvent. In this event, termination will be without compensation to the supplier, provided that such termination will not prejudice or affect any right of action or remedy which has accrued or will accrue thereafter to the purchaser.
- 27. Settlement of Disputes**
- 27.1. If any dispute or difference of any kind whatsoever arises between the purchaser and the supplier in connection with or arising out of the contract, the parties shall make every effort to resolve amicably such dispute or difference by mutual consultation.

- 27.2. If, after thirty (30) days, the parties have failed to resolve their dispute or difference by such mutual consultation, then either the purchaser or the supplier may give notice to the other party of his intention to commence with mediation. No mediation in respect of this matter may be commenced unless such notice is given to the other party.
- 27.3. Should it not be possible to settle a dispute by means of mediation, it may be settled in a South African court of law.
- 27.4. Mediation proceedings shall be conducted in accordance with the rules of procedure specified in the SCC.
- 27.5. Notwithstanding any reference to mediation and/or court proceedings herein,
(a) the parties shall continue to perform their respective obligations under the contract unless they otherwise agree; and
(b) the purchaser shall pay the supplier any monies due the supplier.
- 28. Limitation of liability**
- 28.1. Except in cases of criminal negligence or willful misconduct, and in the case of infringement pursuant to Clause 6;
(a) the supplier shall not be liable to the purchaser, whether in contract, tort, or otherwise, for any indirect or consequential loss or damage, loss of use, loss of production, or loss of profits or interest costs, provided that this exclusion shall not apply to any obligation of the supplier to pay penalties and/or damages to the purchaser; and
(b) the aggregate liability of the supplier to the purchaser, whether under the contract, in tort or otherwise, shall not exceed the total contract price, provided that this limitation shall not apply to the cost of repairing or replacing defective equipment.
- 29. Governing language**
- 29.1. The contract shall be written in English. All correspondence and other documents pertaining to the contract that is exchanged by the parties shall also be written in English.
- 30. Applicable law**
- 30.1. The contract shall be interpreted in accordance with South African laws, unless otherwise specified in SCC.
- 31. Notices**
- 31.1. Every written acceptance of a bid shall be posted to the supplier concerned by registered or certified mail and any other notice to him shall be posted by ordinary mail to the address furnished in his bid or to the address notified later by him in writing and such posting shall be deemed to be proper service of such notice
- 31.2. The time mentioned in the contract documents for performing any act after such aforesaid notice has been given, shall be reckoned from the date of posting of such notice.
- 32. Taxes and duties**
- 32.1. A foreign supplier shall be entirely responsible for all taxes, stamp duties, license fees, and other such levies imposed outside the purchaser's country.
- 32.2. A local supplier shall be entirely responsible for all taxes, duties, license fees, etc., incurred until delivery of the contracted goods to the purchaser.
- 32.3. No contract shall be concluded with any bidder whose tax matters are not in order. Prior to the award of a bid the Department must be in possession of a tax clearance certificate, submitted by the bidder. This certificate must be an original issued by the South African Revenue Services.
- 33. National Industrial Participation (NIP) Programme**
- 33.1. The NIP Programme administered by the Department of Trade and Industry shall be applicable to all contracts that are subject to the NIP obligation.
- 34. Prohibition of Restrictive practices**
- 34.1. In terms of section 4 (1) (b) (iii) of the Competition Act No. 89 of 1998, as amended, an agreement between, or concerted practice by, firms, or a decision by an association of firms, is prohibited if it is between parties in a horizontal relationship and if a bidder (s) is / are or a contractor(s) was / were involved in collusive bidding (or bid rigging).
- 34.2. If a bidder(s) or contractor(s), based on reasonable grounds or evidence obtained by the purchaser, has / have engaged in the restrictive practice referred to above, the purchaser may refer the matter to the Competition Commission for investigation and possible imposition of administrative penalties as contemplated in the Competition Act No. 89 of 1998.
- 34.3. If a bidder(s) or contractor(s), has / have been found guilty by the Competition Commission of the restrictive practice referred to above, the purchaser may, in addition and without prejudice to any other remedy provided for, invalidate the bid(s) for such item(s) offered, and / or terminate the contract in whole or part, and / or restrict the bidder(s) or contractor(s) from conducting business with the public sector for a period not exceeding ten (10) years and / or claim damages from the bidder(s) or contractor(s) concerned.

SPECIAL CONDITIONS OF CONTRACT

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 executandi) details change from the time of bidding to the expiry of the contract.

3. GENERAL CONDITIONS ATTACHED TO THIS QUOTATION

- 3.1. The Department is under no obligation to accept the lowest or any quote.
- 3.2. The Department reserves the right to communicate in writing with vendors in cases where information is incomplete or where there are obscurities regarding technical aspects of the offer, to obtain confirmation of prices or preference claims in cases where it is evident that a typing, written, transfer or unit error has been made, to investigate the vendor's standing and ability to complete the supply/service satisfactorily.
- 3.3. **ALL DECISIONS TAKEN BY THE DEPARTMENT ARE FINAL, INCLUDING THE AWARD OR CANCELLATION OF THIS QUOTATION.**
- 3.4. The price quoted must include VAT (if VAT vendor).
- 3.5. Should a bidder become a VAT vendor after award or during the implementation of a contract, they may not request the VAT percentage from the Department as the service provider made an offer during the period they were not registered as a VAT vendor. The Department is only liable for any VAT from registered VAT vendors as originally stated on the quotation document.
- 3.6. The bidder must ensure the correctness & validity of the quotation:
- (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;
 - (ii) it is the responsibility of the bidder to confirm receipt of their quotation and to keep proof thereof.
- 3.7. 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.
- 3.8. This quotation will be evaluated based on the preferential procurement points system, specification, correctness of information and/or functionality criteria. All required documentation must be completed in full and submitted.
- 3.9. Offers must comply strictly with the specification.
- 3.10. Only offers that meet or are greater than the specification will be considered.
- 3.11. Late offers will not be considered.
- 3.12. Expired product/s will not be accepted. All products supplied must be valid for a minimum period of six months.
- 3.13. Used/ second-hand products will not be accepted.
- 3.14. A bidder not registered on the Central Suppliers Database or whose verification has failed will not be considered.
- 3.15. All delivery costs must be included in the quoted price for delivery at the prescribed destination.
- 3.16. 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.
- 3.17. In cases where different delivery points influence the pricing, a separate pricing schedule must be submitted for each delivery point.
- 3.18. In the event of a bidder having multiple quotes, only the cheapest according to specification will be considered.
- 3.19. Verification will be conducted to identify if bidders have multiple companies and are cover-quoting for this bid.
- 3.20. In such instances, the Department reserves the right to immediately disqualify such bidders as cover-quoting is an offence that represents both corruption and acquisition fraud.
- 3.21. Should there be a variation in price and such variation is above the order amount, the Department will reserve the right to place a new order.

4. NEGOTIATIONS

- 4.1. The Department reserves the right to negotiate with the shortlisted bidder/s prior or post award. The terms and conditions for negotiations will be communicated to the shortlisted bidder/s prior to invitation to negotiations. This will be done to ensure value for money and where the bidder/s price is deemed to be exorbitant, uneconomical or not market related.

5. SPECIAL INSTRUCTIONS AND NOTICES TO BIDDERS REGARDING THE COMPLETION OF THIS QUOTATION.

- 5.1. 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.
- 5.2. 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.
- 5.3. The bidder is advised to check the number of pages and to satisfy himself that none are missing or duplicated.
- 5.4. Quotations submitted must be complete in all respects. However, where it is identified that information in a bidder's response, which does not affect the preference points or price, is incomplete in any respect, the said supplier meets all specification requirements and scores the highest points in terms of preference points and price, the Department reserves the right to request the bidder to complete/ submit such information.
- 5.5. Any alteration made by the bidder must be initialled; failure to do so may render the response invalid.
- 5.6. Use of correcting fluid is prohibited and may render the response invalid.
- 5.7. Quotations will be opened in public as soon as practicable after the closing time of quotation.
- 5.8. Where practical, prices are made public at the time of opening quotations.
- 5.9. 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.
- 5.10. The Department is under no obligation to pay suppliers in part for work done if the supplier can no longer for fulfill their obligation.

6. SPECIAL INSTRUCTIONS REGARDING HAND DELIVERED QUOTATIONS

- 6.1. 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.

- 6.2. 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.
- 6.3. 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.
- 6.4. 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.
- 6.5. Quotation documents must not be included in packages containing samples. Such quotations may be rejected as being invalid.

7. SAMPLES

- 7.1. 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.
- 7.2. Samples must be made available when requested in writing or if stipulated on the document.
- 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
- (i) testing will be for the account of the bidder.

8. COMPULSORY SITE INSPECTION / BRIEFING SESSION

- 8.1. 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 will not take place.

(ii) Date: / / Time: : Place:

| | |
|--------------------|----------------------------------------------------------|
| Institution Stamp: | Institution Site Inspection / briefing session Official: |
| | Full Name: _____ |
| | Signature: _____ |
| | Date: _____ |

9. STATEMENT OF SUPPLIES AND SERVICES

- 9.1. 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.

10. SUBMISSION AND COMPLETION OF SBD 6.1

- 10.1. 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.

11. TAX COMPLIANCE REQUIREMENTS

- 11.1. 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.
- 11.2. 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.

12. TAX INVOICE

- 12.1. 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;
- (ii) the name and address of the recipient;
- (iii) an individual serialized number and the date upon which the tax invoice
- (iv) a description and quantity or volume of the goods or services supplied;
- (v) the official department order number issued to the supplier;
- (vi) the value of the supply, the amount of tax charged;
- (vii) the words tax invoice in a prominent place.

13. PATENT RIGHTS

- 13.1. 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.

14. PENALTIES

- 14.1. 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.



- 14.2. 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.
- 14.3. 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.
- 14.4. 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.

15. TERMINATION FOR DEFAULT

- 15.1. 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.
- 15.2. 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.
- 15.3. 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.
16. THE DEPARTMENT RESERVES THE RIGHT TO PASS OVER ANY QUOTATION WHICH FAILS TO COMPLY WITH THE ABOVE.

PREFERENCE POINTS CLAIM FORM IN TERMS OF THE PREFERENTIAL PROCUREMENT REGULATIONS 2022

This preference form must form part of all tenders invited. It contains general information and serves as a claim form for preference points for specific goals.

NB: BEFORE COMPLETING THIS FORM, TENDERERS MUST STUDY THE GENERAL CONDITIONS, DEFINITIONS AND DIRECTIVES APPLICABLE IN RESPECT OF THE TENDER AND PREFERENTIAL PROCUREMENT REGULATIONS, 2022

1. GENERAL CONDITIONS

1.1. The following preference point systems are applicable to invitations to tender:

- the 80/20 system for requirements with a Rand value of up to R50 000 000 (all applicable taxes included); and
- the 90/10 system for requirements with a Rand value above R50 000 000 (all applicable taxes included).

1.2. The applicable preference point system for this tender is the 80/20 preference point system.

1.3. Points for this tender (even in the case of a tender for income-generating contracts) shall be awarded for:

- (a) Price; and
- (b) Specific Goals.

1.4. The maximum points for this tender are allocated as follows:

| | POINTS |
|-------------------------------------------|--------|
| PRICE | 80 |
| SPECIFIC GOALS | 20 |
| Total points for Price and Specific Goals | 100 |

1.5. Failure on the part of a tenderer to submit proof or documentation required in terms of this tender to claim points for specific goals with the tender, will be interpreted to mean that preference points for specific goals are not claimed.

1.6. The organ of state reserves the right to require of a tenderer, either before a tender is adjudicated or at any time subsequently, to substantiate any claim in regard to preferences, in any manner required by the organ of state.

2. DEFINITIONS

- (a) "tender" means a written offer in the form determined by an organ of state in response to an invitation to provide goods or services through price quotations, competitive tendering process or any other method envisaged in legislation;
- (b) "price" means an amount of money tendered for goods or services, and includes all applicable taxes less all unconditional discounts;
- (c) "rand value" means the total estimated value of a contract in Rand, calculated at the time of bid invitation, and includes all applicable taxes;
- (d) "tender for income-generating contracts" means a written offer in the form determined by an organ of state in response to an invitation for the origination of income-generating contracts through any method envisaged in legislation that will result in a legal agreement between the organ of state and a third party that produces revenue for the organ of state, and includes, but is not limited to, leasing and disposal of assets and concession contracts, excluding direct sales and disposal of assets through public auctions; and
- (e) "the Act" means the Preferential Procurement Policy Framework Act, 2000 (Act No. 5 of 2000).

3. FORMULAE FOR PROCUREMENT OF GOODS AND SERVICES

3.1. POINTS AWARDED FOR PRICE

3.1.1. THE 80/20 OR 90/10 PREFERENCE POINT SYSTEMS

A maximum of 80 or 90 points is allocated for price on the following basis:

$$\begin{array}{ccc} \text{80/20} & & \text{90/10} \\ \hline \text{Ps} = 80 \left(1 - \frac{\text{Pt} - \text{Pmin}}{\text{Pmin}} \right) & \text{OR} & \text{Ps} = 90 \left(1 - \frac{\text{Pt} - \text{Pmin}}{\text{Pmin}} \right) \end{array}$$

Where

Ps = Points scored for price of tender under consideration

Pt = Price of tender under consideration

Pmin = Price of lowest acceptable tender

3.2. FORMULAE FOR DISPOSAL OR LEASING OF STATE ASSETS AND INCOME GENERATING PROCUREMENT

3.2.1. POINTS AWARDED FOR PRICE

A maximum of 80 or 90 points is allocated for price on the following basis:

$$\begin{array}{ccc} \text{80/20} & & \text{90/10} \\ \hline \text{Ps} = 80 \left(1 + \frac{\text{Pt} - \text{Pmax}}{\text{Pmax}} \right) & \text{OR} & \text{Ps} = 90 \left(1 + \frac{\text{Pt} - \text{Pmax}}{\text{Pmax}} \right) \end{array}$$

Where

Ps = Points scored for price of tender under consideration

Pt = Price of tender under consideration

Pmax = Price of highest acceptable tender

4. POINTS AWARDED FOR SPECIFIC GOALS

4.1. In terms of Regulation 4(2); 5(2); 6(2) and 7(2) of the Preferential Procurement Regulations, preference points must be awarded for specific goals stated in the tender. For the purposes of this tender the tenderer will be allocated points based on the goals stated in table 1 below as may be supported by proof/ documentation stated in the conditions of this tender:

4.2. In cases where organs of state intend to use Regulation 3(2) of the Regulations, which states that, if it is unclear whether the 80/20 or 90/10 preference point system applies, an organ of state must, in the tender documents, stipulate in the case of—

- (a) an invitation for tender for income-generating contracts, that either the 80/20 or 90/10 preference point system will apply and that the highest acceptable tender will be used to determine the applicable preference point system; or
 - (b) any other invitation for tender, that either the 80/20 or 90/10 preference point system will apply and that the lowest acceptable tender will be used to determine the applicable preference point system,
- then the organ of state must indicate the points allocated for specific goals for both the 90/10 and 80/20 preference point system.

Table 1: Specific goals for the tender and points claimed are indicated per the table below.
Note to tenderers: The tenderer must indicate how they claim points for each preference point system.

| The specific goal/s allocated points in terms of this tender | Number of points allocated (80/20 system) | Number of points claimed (80/20 system) |
|-------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|-----------------------------------------|
| RDP Goal: Full points allocated to promote enterprises owned by Military Veterans, as determined by Department of Military Veterans | 20 | |

DECLARATION WITH REGARD TO COMPANY/FIRM

4.3. Name of company/firm: _____

4.4. Company registration number: _____

4.5. TYPE OF COMPANY/ FIRM [tick applicable box]

- ☐ Partnership/Joint Venture / Consortium
- ☐ One-person business/sole propriety
- ☐ Close corporation
- ☐ Public Company
- ☐ Personal Liability Company
- ☐ (Pty) Limited
- ☐ Non-Profit Company
- ☐ State Owned Company

4.6. I, the undersigned, who is duly authorised to do so on behalf of the company/firm, certify that the points claimed, based on the specific goals as advised in the tender, qualifies the company/ firm for the preference(s) shown and I 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 4.2, the contractor may be required to furnish documentary proof to the satisfaction of the organ of state that the claims are correct;
- iv) If the specific goals have been claimed or obtained on a fraudulent basis or any of the conditions of contract have not been fulfilled, the organ of state may, in addition to any other remedy it may have –
 - (a) disqualify the person from the tendering 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 tenderer or contractor, its shareholders and directors, or only the shareholders and directors who acted on a fraudulent basis, be restricted 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, if deemed necessary.

| | |
|---------------------------------------------|-------|
| _____ SIGNATURE(S) OF TENDERER(S) | |
| SURNAME AND NAME: | _____ |
| DATE: | _____ |
| ADDRESS: | _____ |
| | _____ |
| | _____ |

**health**

Department:
Health
PROVINCE OF KWAZULU-NATAL

DIRECTORATE:

**Procurement Section
Vryheid Hospital**

Physical Address : COSWALD BROWN STREET,
VRYHEID 3100
Postal Address: PRIVATE BAG X9371,
VRYHEID 3100
Tel: 034 – 989 5948 Fax: 034 – 982 1658 Email: nomathemba.makhoba@kznhealth.gov.za
www.kznhealth.gov.za

| | |
|-----------------------|-----------------------------------------------------------|
| Quotation No. | ZNQ/VRH/189/25-26 |
| Quotation Description | MINOR AND MAJOR SERVICE TO MAIN KITCHEN COOKING EQUIPMENT |

EVALUATION CRITERIA

This institution intends to evaluate valid quotations using four (4) 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: Capacity to Deliver

Stage 3: Compliance with Specification

Stage 4: Price and Preference Points System (Specific Goals)

STAGE 1: ADMINISTRATIVE, COMPULSORY COMPLIANCE AND MANDATORY REQUIREMENTS

| NO. | REQUIREMENTS | INCLUDED IN THE PUBLISHED DOCUMENT? | TO BE RETURNED BY BIDDER/ TENDERER? |
|----------------------------------|--------------------------------------------------------------------------------------------------|----------------------------------------------|----------------------------------------------|
| Administrative Compliance | | | |
| 1. | PARTICULARS OF QUOTATION | YES | YES |
| 2. | OFFICIAL PRICE PAGE FOR QUOTATIONS OVER R2 000.01 | 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 |
| Compulsory Compliance | | | |
| 7. | SUPPLIER UPDATED CIPC REGISTRATION DOCUMENTS | NO | YES |
| 8. | A B-BBEE STATUS LEVEL VERIFICATION CERTIFICATE/ SWORN AFFIDAVIT (For EMEs& QSEs) | NO | YES |
| 9. | CENTRAL SUPPLIER DATABASE COMPLIANCE REPORT (CSD) | NO | YES |
| 10. | MANDATORY REQUIREMENT CIDB GRADING ME/EB GRADE-01 | | |

Note: This relates to administrative, compulsory and 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 reserve a right to verify validity of the documents submitted, should it be discovered that the information submitted is misrepresented the quotation will be disqualified.

STAGE 2: CAPACITY TO DELIVER

| | |
|-----|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1.. | If there is valid proof that the bidder was previously issued with an order and failed to deliver without acceptable reasons, the bidder will be treated as a defaulter and will not progress to the next stage of evaluation. |
|-----|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

STAGE 3: COMPLIANCE WITH SPECIFICATION

| | |
|-------------|-----------------------------|
| Requirement | Complies With Specification |
|-------------|-----------------------------|

| | Yes /No |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------|
| The bidder / Tenderer to confirm that the product supplied complies with attached specification document, should you fail to indicate compliance your quotation will not progress to the next stage of evaluation | |

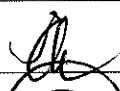
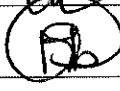
STAGE 4: PRICE AND PREFERENCE POINTS

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 |
| SPECIFIC GOALS | 20 |
| Total points for Price and must not exceed | 100 |

The Department has identified the following specific goal:

| Specific Goal | Number of Points allocated | Proof To Claim Specific Goal (Returnable Documents) |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| RPD Goal: The promotion of enterprises owned by Military Veterans | 20 | 1. Ownership Certificate issued by the Companies and Intellectual Property Commission (CIPC). 2. Valid Letter from Department of Military veteran confirming your status as Military Veteran 3. The Department will download CSD to verify this information. |
| NOTE: 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 | Ndlovu | T.A | 24/7/25 |  |
| SCM Official | Miss | MASONDO | P.N | 24/7/25 |  |



KWAZULU-NATAL PROVINCE
HEALTH
REPUBLIC OF SOUTH AFRICA

ANNEXURE A: SPECIFICATION FORM

| | | | |
|--------------------------------------------------------------------|--------------------------------------|----------------------------------------|--|
| NAME OF PROCURING FACILITY | | MAINTENANCE | |
| ITEM DESCRIPTION | | MAJOR SERVICE TO ALL KITCHEN EQUIPMENT | |
| ITEM PURPOSE | | 1. FOR PATIENTS TO GET FOOD 2. | |
| ITEM DETAILED SPECIFICATION (INCLUDE SIZE, COLOUR, MATERIAL, ETC.) | | COMPLIES (YES/NO) | |
| 1. | MAJOR SERVICE TO ALL KITCHEN COOKING | | |
| 2. | EQUIPMENTS | | |
| 3. | | | |
| 4. | | | |
| QUALITY STANDARD | | SABS | |
| UNIT OF MEASURE OR PACKAGING I.E. (UNIT/BOX/ROLL/PACK/BAIL ETC) | | UNIT | |
| SAMPLE REQUIRED (YES/NO) IF YES WHEN AND HOW? | | N/A | |
| ADDENDUM TO SPECIFICATION ATTACHED (YES OR NO) | | N/A | |

Note:

- 1.
- 2.
- 3.

SPECIFICATION APPROVED BY

| | | | |
|------------------------------|-------------|-----------------------------|-------------|
| Name of End-user (in full) | T. A. Nkomo | Name of SCM Rep (in full) | MH Chumab |
| Designation / Rank (in full) | ATF | Designation/ Rank (in full) | SAC |
| Signature | [Signature] | Signature | [Signature] |
| Date | 29/06/2025 | Date | 17/07/2025 |

Bidder Initial here: _____

NOTE: This estimate form shall be used for Repair work, when the scope of work is not known and only one quotation is obtained. The work done shall be measured on completion and shall be at proven time, travel and costs in accordance with the Contract (H) Clause B31 to B33

| | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------|
| PROVINCE OF KWAZULU-NATAL - DEPARTMENT OF HEALTH | |
| ESTIMATE FORM FOR : MAINTENANCE AND REPAIR OF FIXED MECHANICAL PLANT, EQUIPMENT AND INSTALLATIONS INSTALLED IN KWAZULU-NATAL PROVINCIAL HOSPITALS, CLINICS AND BUILDINGS | |
| SUBMIT TO: DEPARTMENT OF HEALTH | FOR ATTENTION:M.B.TSHABALALA |
| INSTITUTION: VRYHEID HOSPITAL | REF NO.: |
| SCOPE OF WORK: (A description of the work quoted for is required). | |
| Major Service for all hospital kitchen equipment and supplying of full analysis /after service report for all mentioned kitchen equipment. And list all equipment need replacement base on its conditions / unsafe for use, condemning certificate must be attached for safety aspect (OHS). | |
| | |
| I/We hereby quote for the above work in accordance with the conditions as specified in Contract for the department health Materials, component/ancillary parts: Firm Price. When applicable 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 R299 999.99) R |
| | Mark Up @ % (Maximum Mark Up = 15% for values R300 000.00 to R500 000.00) R |
| | Mark Up @ % (Maximum Mark Up = 13% for values over R500 000.00) |
| B. | Quoted for Proprietary Items (Excluding VAT)(Carried forward) R |
| C. | Quote for Sub-Contract Items (Excluding VAT)(Carried forward) R |
| | Mark Up @ % R |
| 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: H/..... | |
| CIDB REGISTRATION NUMBER CIDB CATEGORY..... | |
| PROVINCIAL SUPPLIERS DATABASE REGISTRATION NUMBER: | |
| SERVICE PROVIDER'S AUTHORISED SIGNATURE: QUOTE REF No..... | |
| 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.

QUOTATION No ZNQ/VRH _____ 2025/26

PROJECT: Major Service for all hospital kitchen equipment and supplying of full analysis /after service report for all mentioned kitchen equipment. And list all equipment need replacement base on its conditions / unsafe for use, condemning certificate must be attached for safety aspect (OHS).

| ITEM | DESCRIPTION | MANU-FACTURER | FIGURE /MODEL NO. | QUANTITY | UNIT COST | TOTAL COST (Excluding VAT) | | |
|-----------------------------------------------------------------------------|-------------|---------------|-------------------|----------|-----------|----------------------------|--------------|--------------|
| | | | | | | BOUGHT OUT | PRO-PRIETARY | SUB CONTRACT |
| | | | | | | | | |
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| | | | | | | | | |
| TOTAL COST BOUGHT OUT ITEMS (A) | | | | | | | | |
| TOTAL COST PROPRIETARY ITEMS (B) | | | | | | | | |
| TOTAL COST SUB CONTRACT ITEMS (C) (Attach copy of sub contractors quote) | | | | | | | | |

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

**CONTRACT: SERVICING, MAINTENANCE, REPAIR, UPGRADING AND REPLACEMENT WORKS FOR
FIXED MECHANICAL PLANT EQUIPMENT AND INSTALLATIONS IN KWAZULU-NATAL PROVINCIAL
ADMINISTRATION HOSPITALS, CLINICS AND BUILDINGS FOR THE DEPARTMENT OF HEALTH**

JOB SHEET/DELIVERY NOTE

NAME OF SERVICE PROVIDER:

JOB No.:

INSTITUTION:

-H/ _____

REF No.:

FROM:

START:

ORDER No.:

TO:

Km

ARRIVE:

DATE:

FROM:

DEPART:

PLANT:

TO:

Km

END:

VEHICLE: STATE PETROL OR DIESEL:

TOTAL

Km

TOTAL SITE TIME:

DETAILS OF WORK DONE:

OTHER DEFECTS NOTED FOR ATTENTION:

SPARES USED (Add pages if required)

QTY

SPARES USED (Add pages if required)

QTY

TOTALS

LABOUR

**No. DAYS
SUBSISTENCE**

NAME/S OF ARTISAN

SKILLED: NORMAL TIME

HRS

SIGNATURE:

O/TIME

1.5 x HRS

2 x HRS

-

NAME/S OF ASSISTANTS:

SEMI SKILLED: NORMAL TIME

HRS

NAME/S:

APPRENTICE: NORMAL TIME

HRS

NAME/S:

UNSKILLED: NORMAL TIME

HRS

NAME/S:

**THE SPECIFIED SERVICE HAS BEEN CARRIED
OUT TO MY SATISFACTION: (OFFICIAL ON SITE)**

OFFICIAL STAMP:

NAME: _____

SIGN: _____

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

QUOTATION No ZNQ/VRH_____2025/26

PROJECT: Major Service for all hospital kitchen equipment and supplying of full analysis /after service report for all mentioned kitchen equipment. And list all equipment need replacement base on its conditions / unsafe for use, condemning certificate must be attached for safety aspect (OHS).

| | | | | | |
|---------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------|----------------|---------------|-----------------------------------------|--------|
| D.1.1 | LABOUR | No. of | TOTAL HOURS | RATE/HR | AMOUNT |
| a) | Artisans | ..... | ..... | R 300.00 | R..... |
| b) | Apprentice | ..... | ..... |  |  |
| | 1 st Year | ..... | ..... | R 118.00 | R..... |
| | 2 nd Year | ..... | ..... | R 150.00 | R..... |
| | 3 rd Year | ..... | ..... | R 180.00 | R..... |
| | 4 th Year | ..... | ..... | R 265.00 | R..... |
| c) | Semi-skilled | ..... | ..... | R 142.00 | R..... |
| d) | Unskilled | ..... | ..... | R 75.00 | R..... |
| D.1.2 | SUBSISTENCE | No. of | TOTAL DAYS | RATE/24HR DAY | |
| a) | Artisans | ..... | ..... | R 303.00 | R..... |
| b) | Apprentice | ..... | ..... | R 303.00 | R..... |
| c) | Semi-skilled | ..... | ..... | R 303.00 | R..... |
| d) | Unskilled | ..... | ..... | R 303.00 | R..... |
| D.1.3 | HOTEL/ACCOMMODATION | No. of Persons | No. of Nights | Cost per Night as per Suppliers Invoice | |
|  | ..... | ..... | ..... | R..... | |
| NOTE: When applicable you may only claim for Accommodation <u>OR</u> Subsistence <u>NOT</u> both | | | | | |
| D.1.4 | TRAVEL | | TOTAL Km | RATE/Km | |
| D.1.4.1 | From service provider's premises to site | | | Petrol \| Diesel | |
| a) | trips (skilled) | | | Delete as applicable | |
| b) | @ km per trip | | | R 7.78 \| R 7.58 | R..... |
| |trips (Semi-skilled) | | | | |
| | @ km per trip | | | R 5.80 \| R 5.60 | R..... |
| D.1.4.2 | From accommodation to site | | | | |
| a) | trips (skilled) | | | | |
| | @ km per trip | | | R 7.78 \| R 7.58 | R..... |
| b) |trips (semi-skilled) | | | | |
| | @ km per trip | | | R 5.80 \| R 5.60 | R..... |
| D.1.5 | ADDITIONAL LABOUR TRAVELLING WITH DRIVER | | TOTAL HOURS | RATE/HR | AMOUNT |
| a) | x Additional Artisan/s trips (skilled) @ km per trip + 80km/hr | | | R 300.00 | R..... |
| b) | x Additional Semi-Skilled trips (semi) @ km per trip + 80km/hr | | | R 142.00 | R..... |
| c) | x Additional Unskilled trips (unskilled) @ km per trip + 80km/hr | | | R 75.00 | 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.1.6 | 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**_____.

DEPARTMENT OF HEALTH
VRYHEID DISTRICT HOSPITAL

Kitchen equipment service records and repairs

| Name | Make | Model | Year | Service date | Next service | Remarks |
|------------|--------|-------|------|--------------|--------------|---------|
| BAIN MARIE | VULCAN | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |

SERVICED DATE: _____

NEXT SERVICE: _____

Service technician: _____

COMPANY STAMP

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

K8-002
PAGE 1 OF 2

TYPE OF SERVICE : KITCHEN EQUIPMENT
SCHEDULE FOR : BAIN MARIE/FOOD TROLLEY
SCHEDULE FREQUENCY : SIX MONTHLY

REF : K
CODE : K8-002

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 | QTY. | QTY. | DESCRIPTION OF OTHER REPAIRS REQUIRED | EST. TIME REQ. | DESCRIPTION OF SPARES REQUIRED | QTY. |
| 1. | Electrical supply cable/cabyre/ plugtop including earth continuity | | | | | | | | | | |
| 2. | Control switch | | | | | | | | | | |
| 3. | Indicator lights | | | | | | | | | | |
| 4. | Wall isolator/switch plug | | | | | | | | | | |
| 5. | Elements and washers | | | | | | | | | | |
| 6. | Panel wiring | | | | | | | | | | |
| 7. | Amperage | | | | | | | | | | |
| 8. | For Bain Marie MCB size | | | | | | | | | | |
| 9. | Steam supply | | | | | | | | | | |
| 10. | Control valve | | | | | | | | | | |
| 11. | Condensate return | | | | | | | | | | |
| 12. | Steam coil | | | | | | | | | | |
| 13. | Steam/condensate 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 | QTY. | QTY. | DESCRIPTION OF OTHER REPAIRS REQUIRED | EST. TIME REQ. | DESCRIPTION OF SPARES REQUIRED | QTY. |
| 14. | Water leaks | | | | | | | | | | |
| 15. | Warmer doors | | | | | | | | | | |
| 16. | Serving lids | | | | | | | | | | |
| 17. | Food containers | | | | | | | | | | |
| 18. | Castors – clean and lubricate | | | | | | | | | | |
| 19. | Clean down | | | | | | | | | | |
| 20. | Check machine for corrosion, treat and touch up with paint | | | | | | | | | | |

I CERTIFY THAT THE SPECIFIED SERVICE WAS CARRIED OUT

| | | | | | | | |
|--------------------------------------|-----------|---------------|-------|---------------------------------------|-----------|--|--|
| 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: | | | |

DEPARTMENT OF HEALTH
VRYHEID DISTRICT HOSPITAL

Kitchen equipment service records and repairs

| Name | Make | Model | Year | Service date | Next service | Remarks |
|---------------------|------------|-------|------|--------------|--------------|---------|
| ELECTRIC FOOD MIXER | SPAR MIXER | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
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SERVICED DATE: _____

NEXT SERVICE: _____

Service technician: _____

COMPANY STAMP

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

K4-002
PAGE 1 OF 2

TYPE OF SERVICE : KITCHEN EQUIPMENT
SCHEDULE FOR : MINCER/MIXER/MEAT SLICER
SCHEDULE FREQUENCY : SIX MONTHLY

REF : K
CODE : K4-002

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 | QTY. | QTY. | DESCRIPTION OF OTHER REPAIRS REQUIRED | EST. TIME REQ. | DESCRIPTION OF SPARES REQUIRED | QTY. |
| 1. | Electrical supply cab tyre and plug tope including earth continuity | | | | | | | | | | |
| 2. | Wall switch plug | | | | | | | | | | |
| 3. | Machine control switch | | | | | | | | | | |
| 4. | Test run | | | | | | | | | | |
| 5. | Excessive vibration or noise | | | | | | | | | | |
| 6. | Amperage | | | | | | | | | | |
| 7. | Condition of blade or accessories | | | | | | | | | | |
| 8. | Sliding table | | | | | | | | | | |
| 9. | Bowl height and adjustment | | | | | | | | | | |
| 10. | Grease nipples and lubricate | | | | | | | | | | |
| 11. | Clean down | | | | | | | | | | |
| 12. | Check machine for corrosion, treat and touch up with paint | | | | | | | | | | |

| | | | | | | | | | | | |
|------------------------------------------------------|--|-----------|--|---------------|--|-------|--|---------------------------------------|--|-----------------|--|
| 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: | |

DEPARTMENT OF HEALTH
VRYHEID DISTRICT HOSPITAL

Kitchen equipment service records and repairs

| Name | Make | Model | Year | Service date | Next service | Remarks |
|---------------------|--------|-------|------|--------------|--------------|---------|
| ELECTRIC FISH FRYER | VULCAN | | | | | |
| | | | | | | |
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SERVICED DATE: _____

NEXT SERVICE: _____

Service technician: _____

COMPANY STAMP

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

| | | |
|--------------------|---|------------------------|
| TYPE OF SERVICE | : | KITCHEN EQUIPMENT |
| SCHEDULE FOR | : | TILTING PAN/FISH FRYER |
| SCHEDULE FREQUENCY | : | SIX MONTHLY |

REF : K
CODE : K2-002

INSTALLATION NAME :

● ●

SERVICE PROVIDER :

ORDER No. :

P.M. SERVICE

RUNNING REPAIRS

OTHER REPAIRS REQUIRED

[illegible]

| 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 | QTY. | QTY. | DESCRIPTION OF OTHER REPAIRS REQUIRED | EST. TIME REQ. | DESCRIPTION OF SPARES REQUIRED | QTY. |
| 14. | Condition of exposed elements (Fish Fryer) | | | | | | | | | | |
| 15. | Clean down | | | | | | | | | | |
| 16. | Check machine for corrosion, treat and touch up with paint | | | | | | | | | | |

I CERTIFY THAT THE SPECIFIED SERVICE WAS CARRIED OUT

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:** _____

OFFICIAL STAMP: _____

NAME OF RESPONSIBLE OFFICIAL ON SITE: _____ **SIGNATURE:** _____

DEPARTMENT OF HEALTH
VRYHEID DISTRICT HOSPITAL

Kitchen equipment service records and repairs

| Name | Make | Model | Year | Service date | Next service | Remarks |
|---------------|------|-------|------|--------------|--------------|---------|
| POTATO PEELER | IMC | | | | | |
| | | | | | | |
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SERVICED DATE: _____

NEXT SERVICE: _____

Service technician: _____

COMPANY STAMP

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

TYPE OF SERVICE : KITCHEN EQUIPMENT
SCHEDULE FOR : POTATO PEELER
SCHEDULE FREQUENCY : SIX MONTHLY

REF : K
CODE : K7-002

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 | QTY. | QTY. | DESCRIPTION OF OTHER REPAIRS REQUIRED | EST. TIME REQ. | DESCRIPTION OF SPARES REQUIRED | QTY. |
| 1. | Electrical supply cable/ye and plugtop including earth continuity. | | | | | | | | | | |
| 2. | Control switch | | | | | | | | | | |
| 3. | Wall switch plug | | | | | | | | | | |
| 4. | Test run with load | | | | | | | | | | |
| 5. | Excessive vibration and noise | | | | | | | | | | |
| 6. | Amperage | | | | | | | | | | |
| 7. | Water supply and valve | | | | | | | | | | |
| 8. | Wast outlet | | | | | | | | | | |
| 9. | Skin collector | | | | | | | | | | |
| 10. | Wall abrasive | | | | | | | | | | |
| 11. | Base plate abrasive and drive | | | | | | | | | | |
| 12. | Door and lid | | | | | | | | | | |
| 13. | Lubricate | | | | | | | | | | |

| 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 | QTY. | QTY. | DESCRIPTION OF OTHER REPAIRS REQUIRED | EST. TIME REQ. | DESCRIPTION OF SPARES REQUIRED | QTY. |
| 14. | Belt drive | | | | | | | | | | |
| 15. | Clean down | | | | | | | | | | |
| 16. | Check machine for corrosion, treat and touch up with paint | | | | | | | | | | |

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|------------------------------------------------------|--|-----------|--|---------------|--|------------|--|---------------------------------------|--|------------|--|
| I CERTIFY THAT THE SPECIFIED SERVICE WAS CARRIED OUT | | | | | | | | | | | |
| 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: | |

DEPARTMENT OF HEALTH
VRYHEID DISTRICT HOSPITAL

Kitchen equipment service records and repairs

| Name | Make | Model | Year | Service date | Next service | Remarks |
|----------------------------|------|-------|------|--------------|--------------|---------|
| CONVECTION OVEN STEAMER | | | | | | |
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SERVICED DATE: _____

NEXT SERVICE: _____

Service technician: _____

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| <u>COMPANY STAMP</u> |
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PROVINCE OF KWAZULU-NATAL
DEPARTMENT OF HEALTH
PREVENTIVE MAINTENANCE SCHEDULE

| TYPE OF SERVICE | KITCHEN EQUIPMENT |
|--------------------|-------------------------|
| SCHEDULE FOR | CONVECTION OVEN/STEAMER |
| SCHEDULE FREQUENCY | SIX MONTHLY |

| | | |
|------|---|---------|
| REF | : | K |
| CODE | : | K11-004 |

REF

SERVICE PROVIDER ::**ORDER No.:**[illegible]

| | | | | | | | | | | | |
|------------------------------------------------------|--|-----------|--|---------------|--|-------|--|---------------------------------------|--|-----------------|--|
| 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: | |

DEPARTMENT OF HEALTH

VRYHEID DISTRICT HOSPITAL

Kitchen equipment service records and repairs

| Name | Make | Model | Year | Service date | Next service | Remarks |
|------------------------|--------|-------|------|--------------|--------------|---------|
| Electric cooking range | Vulcan | | | | | |
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SERVICED DATE: _____

NEXT SERVICE: _____

Service technician: _____

COMPANY STAMP

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

TYPE OF SERVICE : KITCHEN EQUIPMENT
SCHEDULE FOR : ELECTRIC RANGE/GRILLER
SCHEDULE FREQUENCY : SIX MONTHLY
INSTALLATION NAME :
REF : K
CODE : K5-002
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 | QTY. | QTY. | DESCRIPTION OF OTHER REPAIRS REQUIRED | EST. TIME REQ. | DESCRIPTION OF SPARES REQUIRED | QTY. |
| 1. | Control switches | | | | | | | | | | |
| 2. | Indicator lights | | | | | | | | | | |
| 3. | Oven thermostat | | | | | | | | | | |
| 4. | Panel wiring | | | | | | | | | | |
| 5. | Electrical supply cable, conduit including earth continuity and sprague | | | | | | | | | | |
| 6. | Wall isolator | | | | | | | | | | |
| 7. | Total amperage | | | | | | | | | | |
| 8. | Size of MCB | | | | | | | | | | |
| 9. | Cracks or distortion of heating surfaces | | | | | | | | | | |
| 10. | Plate levelling screws | | | | | | | | | | |
| 11. | Oven door hinges and lubricate | | | | | | | | | | |
| 12. | Oven door balance | | | | | | | | | | |
| 13. | Interior of oven | | | | | | | | | | |

| 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 | QTY. | QTY. | DESCRIPTION OF OTHER REPAIRS REQUIRED | EST. TIME REQ. | DESCRIPTION OF SPARES REQUIRED | QTY. |
| 14. | Clean down | | | | | | | | | | |
| 15. | Check machine for corrosion, treat and touch up with paint | | | | | | | | | | |

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|-------------------------------------------------------------|--|------------------|--|----------------------|--|-------------------|--|----------------------------------------------|--|-------------------|--|
| I CERTIFY THAT THE SPECIFIED SERVICE WAS CARRIED OUT | | | | | | | | | | | |
| 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: | |

DEPARTMENT OF HEALTH
VRYHEID DISTRICT HOSPITAL

Kitchen equipment service records and repairs

| Name | Make | Model | Year | Service date | Next service | Remarks |
|---------------------------------------|--------|-------|------|--------------|--------------|---------|
| ELECTRIC BOILING PAN :OIL JACKETED | VULCAN | | | | | |
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SERVICED DATE: _____

NEXT SERVICE: _____

Service technician: _____

COMPANY STAMP

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| REF | .. | K |
| CODE | .. | K14-001 |

REF :

ORDER No.:

RUNNING REPAIRS
(Apply for V.O. as Applicable)

**OTHER REPAIRS REQUIRED
SUBMIT QUOTATION**

[illegible]

| 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 | QTY. EX SITE STOCK | QTY. EX FIRMS STOCK | DESCRIPTION OF OTHER REPAIRS REQUIRED | EST. TIME REQ. | DESCRIPTION OF SPARES REQUIRED | QTY REQ. |
| 14. | Lid hinges and lubricate | | | | | | | | | | |
| 15. | Lid handles and insulation | | | | | | | | | | |
| 16. | Lid balance | | | | | | | | | | |
| 17. | Condition of liner | | | | | | | | | | |
| 18. | Condition of cladding | | | | | | | | | | |
| 19. | Water supply and valve for leaks | | | | | | | | | | |
| 20. | Drain spout for leaks or obstructions | | | | | | | | | | |
| 21. | Clean down | | | | | | | | | | |
| 22. | Take test sample of oil and submit for analysis | | | | | | | | | | |
| 23. | Clean rust spots and touch up with paint | | | | | | | | | | |

NB If oil requires to be changed after analysis, the old oil must be returned to the Supplier and not disposed of in the sewer or storm water.

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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: | |

DEPARTMENT OF HEALTH
VRYHEID DISTRICT HOSPITAL

Kitchen equipment service records and repairs

| Name | Make | Model | Year | Service date | Next service | Remarks |
|------------------------|------|-------|------|--------------|--------------|---------|
| TILTING PAN/FISH FRYER | | | | | | |
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SERVICED DATE: _____

NEXT SERVICE: _____

Service technician: _____

COMPANY STAMP

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REF : K
CODE : K2-002

REF

ORDER No. :

[illegible]

| 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 | QTY. | QTY. | DESCRIPTION OF OTHER REPAIRS REQUIRED | EST. TIME REQ. | DESCRIPTION OF SPARES REQUIRED | QTY. |
| 14. | Condition of exposed elements (Fish Fryer) | | | | | | | | | | |
| 15. | Clean down | | | | | | | | | | |
| 16. | Check machine for corrosion, treat and touch up with paint | | | | | | | | | | |

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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: | | NAME OF RESPONSIBLE OFFICIAL ON SITE: | | | |
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| FROM: | | TO: | | KM: | | TO: | | KM: | | TOTAL KM: | |
| SIGNATURE: | | | | | | | | | | | |

DEPARTMENT OF HEALTH
VRYHEID DISTRICT HOSPITAL

Kitchen equipment service records and repairs

| Name | Make | Model | Year | Service date | Next service | Remarks |
|-------------------------------|-------|-------|------|--------------|--------------|---------|
| ELECTRIC CLINGWRAP SEALER NO1 | ANVIL | | | | | |
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SERVICED DATE: _____

NEXT SERVICE: _____

Service technician: _____

COMPANY STAMP

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DEPARTMENT OF HEALTH
VRYHEID DISTRICT HOSPITAL

Kitchen equipment service records and repairs

| Name | Make | Model | Year | Service date | Next service | Remarks |
|-------------------------------|-------|-------|------|--------------|--------------|---------|
| ELECTRIC CLINGWRAP SEALER NO2 | ANVIL | | | | | |
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SERVICED DATE: _____

NEXT SERVICE: _____

Service technician: _____

COMPANY STAMP

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DEPARTMENT OF HEALTH

VRYHEID DISTRICT HOSPITAL

LAUNDRY equipment service records and repairs

| Name | Make | Model | Year | Service date | Next service | Remarks |
|--------------------------------|----------------|-------|------|--------------|--------------|---------|
| ELECTRICAL VEGETABLE PROCESSOR | CELME ELECTRIC | | | | | |
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SERVICED DATE: _____

NEXT SERVICE: _____

Service technician: _____

COMPANY STAMP

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DEPARTMENT OF HEALTH
VRYHEID DISTRICT HOSPITAL

Kitchen equipment service records and repairs

| Name | Make | Model | Year | Service date | Next service | Remarks |
|---------------------------|--------|-------|------|--------------|--------------|---------|
| ELECTRIC FOOD TROLLEY/NO1 | VULCAN | | | | | |
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SERVICED DATE: _____

NEXT SERVICE: _____

Service technician: _____

COMPANY STAMP

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DEPARTMENT OF HEALTH
VRYHEID DISTRICT HOSPITAL

Kitchen equipment service records and repairs

| Name | Make | Model | Year | Service date | Next service | Remarks |
|---------------------------|--------|-------|------|--------------|--------------|---------|
| ELECTRIC FOOD TROLLEY/NO2 | VULCAN | | | | | |
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SERVICED DATE: _____

NEXT SERVICE: _____

Service technician: _____

COMPANY STAMP

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DEPARTMENT OF HEALTH

VRYHEID DISTRICT HOSPITAL

Kitchen equipment service records and repairs

| Name | Make | Model | Year | Service date | Next service | Remarks |
|----------------------------|--------|-------|------|--------------|--------------|---------|
| Electric food trolley /no3 | Vulcan | | | | | |
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SERVICED DATE: _____

NEXT SERVICE: _____

Service technician: _____

COMPANY STAMP

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DEPARTMENT OF HEALTH
VRYHEID DISTRICT HOSPITAL

Kitchen equipment service records and repairs

| Name | Make | Model | Year | Service date | Next service | Remarks |
|----------------------|--------|-------|------|--------------|--------------|---------|
| Electric food warmer | vulcan | | | | | |
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SERVICED DATE: _____

NEXT SERVICE: _____

Service technician: _____

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| <u>COMPANY STAMP</u> |
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KWAZULU-NATAL PROVINCE
HEALTH
REPUBLIC OF SOUTH AFRICA

ANNEXURE A: SPECIFICATION FORM

| | | | |
|--------------------------------------------------------------------|-------------------------------------------------|----------------------------------------------------------------------|------------------|
| NAME OF PROCURING FACILITY | | MAINTENANCE | |
| ITEM DESCRIPTION | | MINOR SERVICES & MINOR REPAIRS TO MAIN KITCHEN COOKING EQUIPMENTS | |
| ITEM PURPOSE | | 1. FOR THE PATIENTS FOOD. 2. | |
| ITEM DETAILED SPECIFICATION (INCLUDE SIZE, COLOUR, MATERIAL, ETC.) | | | COMPLIE (YES/NC) |
| 1. | MINOR SERVICE AND MINOR REPAIRS TO MAIN KITCHEN | | |
| 2. | COOKING EQUIPMENTS | | |
| 3. | | | |
| 4. | | | |
| QUALITY STANDARD | | SABS | |
| UNIT OF MEASURE OR PACKAGING I.E. (UNIT/BOX/ROLL/PACK/BAIL ETC) | | UNIT | |
| SAMPLE REQUIRED (YES/NO) IF YES WHEN AND HOW? | | N/A | |
| ADDENDUM TO SPECIFICATION ATTACHED (YES OR NO) | | N/A | |

Note:

- 1.
- 2.
- 3.

SPECIFICATION APPROVED BY

| | | | |
|------------------------------|-------------|-----------------------------|--------------|
| Name of End-user (in full) | T.A. Ndlovu | Name of SCM Rep (in full) | M.H. Khumalo |
| Designation / Rank (in full) | A/P | Designation/ Rank (in full) | Sgt |
| Signature | | Signature | |
| Date | 18/06/2025 | Date | 17/07/2025 |

NOTE: This estimate form shall be used for Repair work, when the scope of work is not known and only one quotation is obtained. The work done shall be measured on completion and shall be at proven time, travel and costs in accordance with the Contract (H) Clause B31 to B33

PROVINCE OF KWAZULU-NATAL - DEPARTMENT OF HEALTH

ESTIMATE FORM FOR : MAINTENANCE AND REPAIR OF FIXED MECHANICAL PLANT, EQUIPMENT AND INSTALLATIONS INSTALLED IN KWAZULU-NATAL PROVINCIAL HOSPITALS, CLINICS AND BUILDINGS

SUBMIT TO: **DEPARTMENT OF HEALTH**

FOR ATTENTION: **M.B.TSHABALALA**

INSTITUTION: **VRYHEID HOSPITAL**

REF NO.:

SCOPE OF WORK: (A description of the work quoted for is required).

Minor Service for all hospital kitchen equipment and supplying of after service report for all mentioned kitchen equipment.

I/We hereby quote for the above work in accordance with the conditions as specified in Contract for the department health Materials, component/ancillary parts: Firm Price. When applicable 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 R299 999.99) | R |
| | Mark Up @ % | (Maximum Mark Up = 15% for values R300 000.00 to R500 000.00) | R |
| | Mark Up @ % | (Maximum Mark Up = 13% for values over R500 000.00) | |
| B. | Quoted for Proprietary Items | (Excluding VAT)(Carried forward) | R |
| C. | Quote for Sub-Contract Items | (Excluding VAT)(Carried forward) | R |
| | Mark Up @ % | | R |
| 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: H/.....

CIDB REGISTRATION NUMBER CIDB CATEGORY.....

PROVINCIAL SUPPLIERS DATABASE REGISTRATION NUMBER:

SERVICE PROVIDER'S AUTHORISED SIGNATURE: QUOTE REF No.....

NAME IN BLOCK LETTERS:

COMPANY STAMP: DATE:

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

| | | | | | |
|-------------|---------------------------------------|------------|------------|------------------|--------------|
| 0 008 | DIST HOSP MAINTENANCE (POST) | | | | |
| S 005 | EX INFRA:MAINT&REP:BUILDINGS | | | | |
| A 007 | HOSPITAL LEVEL 1 (DISTRICT HOSP) | | | | |
| P 004 | MAINTENANCE A (CUR) | | | | |
| I 001 | PAYMENTS | | | | |
| I 002 | PAYMENTS | | | | |
| I 003 | GOODS AND SERVICES | | | | |
| I 005 | P/P:CONTRACTO MAINT PROP | | | | |
| TOTAL I 003 | GOODS AND SERVICES----- | 174,599.36 | 0.00 | 1,100,000.00 | 925,400.64 |
| TOTAL I 002 | PAYMENTS----- | 174,599.36 | 0.00 | 1,100,000.00 | 925,400.64 |
| TOTAL I 001 | PAYMENTS----- | 174,599.36 | 0.00 | 1,100,000.00 | 925,400.64 |
| TOTAL P 004 | MAINTENANCE A (CUR)----- | 174,599.36 | 0.00 | 1,100,000.00 | 925,400.64 |
| P 004 | MAINTENANCE B (CUR) | | | | |
| I 001 | PAYMENTS | | | | |
| I 002 | PAYMENTS | | | | |
| I 003 | GOODS AND SERVICES | | | | |
| I 005 | P/P:CONTRACTO MAINT PROP | | | | |
| TOTAL I 003 | GOODS AND SERVICES----- | 43,939.53 | 144,000.00 | 1,000,000.00 | 812,060.47 |
| TOTAL I 002 | PAYMENTS----- | 43,939.53 | 144,000.00 | 1,000,000.00 | 812,060.47 |
| TOTAL I 001 | PAYMENTS----- | 43,939.53 | 144,000.00 | 1,000,000.00 | 812,060.47 |
| TOTAL P 004 | MAINTENANCE B (CUR)----- | 43,939.53 | 144,000.00 | 1,000,000.00 | 812,060.47 |
| TOTAL A 007 | HOSPITAL LEVEL 1 (DISTRICT HOSP)----- | 218,538.89 | 144,000.00 | 2,100,000.00 | 1,737,461.11 |
| TOTAL S 005 | EX INFRA:MAINT&REP:BUILDINGS----- | 218,538.89 | 144,000.00 | 2,100,000.00 | 1,737,461.11 |
| S 005 | NON-ASSETS RELATED | | | | |
| A 002 | NON-ASSETS RELATED | | | | |
| P 004 | MAINTENANCE D (CUR) | | | | |
| I 001 | PAYMENTS | | | | |
| I 002 | PAYMENTS | | | | |
| I 003 | GOODS AND SERVICES | | | | |
| I 006 | CONS MAT&SUP:HARDWARE | | | | |
| TOTAL I 003 | GOODS AND SERVICES----- | 432,503.02 | 0.00 | 200,000.00 | 232,503.02- |
| TOTAL I 002 | PAYMENTS----- | 432,503.02 | 0.00 | 200,000.00 | 232,503.02- |
| TOTAL I 001 | PAYMENTS----- | 432,503.02 | 0.00 | 200,000.00 | 232,503.02- |
| | | BAS | | DATE: 23/06/2025 | |

DEPARTMENT OF HEALTH
VRYHEID DISTRICT HOSPITAL

Kitchen equipment service records and repairs

| Name | Make | Model | Year | Service date | Next service | Remarks |
|------------|--------|-------|------|--------------|--------------|---------|
| BAIN MARIE | VULCAN | | | | | |
| | | | | | | |
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SERVICED DATE: _____

NEXT SERVICE: _____

Service technician: _____

COMPANY STAMP

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

| | | | | | |
|--------------------|---|-------------------------|------|---|--------|
| TYPE OF SERVICE | : | KITCHEN EQUIPMENT | REF | : | K |
| SCHEDULE FOR | : | BAIN MARIE/FOOD TROLLEY | CODE | : | K8-002 |
| SCHEDULE FREQUENCY | : | SIX MONTHLY | REF | : | |
| INSTALLATION NAME | : | | | | |

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|------------------|---|--|------------|--|
| 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 | QTY. | QTY. | DESCRIPTION OF OTHER REPAIRS REQUIRED | EST. TIME REQ. | DESCRIPTION OF SPARES REQUIRED | QTY. |
| 1. | Electrical supply cable/cable/ plugtop including earth continuity | | | | | | | | | | |
| 2. | Control switch | | | | | | | | | | |
| 3. | Indicator lights | | | | | | | | | | |
| 4. | Wall Isolator/switch plug | | | | | | | | | | |
| 5. | Elements and washers | | | | | | | | | | |
| 6. | Panel wiring | | | | | | | | | | |
| 7. | Amperage | | | | | | | | | | |
| 8. | For Bain Marie MCB size | | | | | | | | | | |
| 9. | Steam supply | | | | | | | | | | |
| 10. | Control valve | | | | | | | | | | |
| 11. | Condensate return | | | | | | | | | | |
| 12. | Steam coil | | | | | | | | | | |
| 13. | Steam/condensate 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 | QTY. | QTY. | DESCRIPTION OF OTHER REPAIRS REQUIRED | EST. TIME REQ. | DESCRIPTION OF SPARES REQUIRED | QTY. |
| 14. | Water leaks | | | | | | | | | | |
| 15. | Warmer doors | | | | | | | | | | |
| 16. | Serving lids | | | | | | | | | | |
| 17. | Food containers | | | | | | | | | | |
| 18. | Castors – clean and lubricate | | | | | | | | | | |
| 19. | Clean down | | | | | | | | | | |
| 20. | Check machine for corrosion, treat and touch up with paint | | | | | | | | | | |

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:

DEPARTMENT OF HEALTH

VRYHEID DISTRICT HOSPITAL

Kitchen equipment service records and repairs

| Name | Make | Model | Year | Service date | Next service | Remarks |
|---------------------|------------|-------|------|--------------|--------------|---------|
| ELECTRIC FOOD MIXER | SPAR MIXER | | | | | |
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SERVICED DATE: _____

NEXT SERVICE: _____

Service technician: _____

COMPANY STAMP

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

K4-002
PAGE 1 OF 2

TYPE OF SERVICE : KITCHEN EQUIPMENT
SCHEDULE FOR : MINCER/MIXER/MEAT SLICER
SCHEDULE FREQUENCY : SIX MONTHLY
INSTALLATION NAME :

REF : K
CODE : K4-002

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 | QTY. | QTY. | DESCRIPTION OF OTHER REPAIRS REQUIRED | EST. TIME REQ. | DESCRIPTION OF SPARES REQUIRED | QTY. |
| 1. | Electrical supply cab tyre and plug tope including earth continuity | | | | | | | | | | |
| 2. | Wall switch plug | | | | | | | | | | |
| 3. | Machine control switch | | | | | | | | | | |
| 4. | Test run | | | | | | | | | | |
| 5. | Excessive vibration or noise | | | | | | | | | | |
| 6. | Amperage | | | | | | | | | | |
| 7. | Condition of blade or accessories | | | | | | | | | | |
| 8. | Sliding table | | | | | | | | | | |
| 9. | Bowl height and adjustment | | | | | | | | | | |
| 10. | Grease nipples and lubricate | | | | | | | | | | |
| 11. | Clean down | | | | | | | | | | |
| 12. | Check machine for corrosion, treat and touch up with paint | | | | | | | | | | |

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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: | | NAME OF RESPONSIBLE OFFICIAL ON SITE: | | | |
| FROM: | | TO: | | KM: | | TO: |  |  |  |  |  | KM: |  | TOTAL KM: |
| | | | | | | | | SIGNATURE: | | | |

DEPARTMENT OF HEALTH
VRYHEID DISTRICT HOSPITAL

Kitchen equipment service records and repairs

| Name | Make | Model | Year | Service date | Next service | Remarks |
|---------------------|--------|-------|------|--------------|--------------|---------|
| ELECTRIC FISH FRYER | VULCAN | | | | | |
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SERVICED DATE: _____

NEXT SERVICE: _____

Service technician: _____

COMPANY STAMP

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| REF : | K |
| CODE : | K2-002 |

REF ..

ORDER No. 11

[illegible]

| 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 | QTY. | QTY. | DESCRIPTION OF OTHER REPAIRS REQUIRED | EST. TIME REQ. | DESCRIPTION OF SPARES REQUIRED | QTY. |
| 14. | Condition of exposed elements (Fish Flyer) | | | | | | | | | | |
| 15. | Clean down | | | | | | | | | | |
| 16. | Check machine for corrosion, treat and touch up with paint | | | | | | | | | | |

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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: | |

DEPARTMENT OF HEALTH
VRYHEID DISTRICT HOSPITAL

Kitchen equipment service records and repairs

| Name | Make | Model | Year | Service date | Next service | Remarks |
|---------------|------|-------|------|--------------|--------------|---------|
| POTATO PEELER | IMC | | | | | |
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SERVICED DATE: _____

NEXT SERVICE: _____

Service technician: _____

COMPANY STAMP

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

TYPE OF SERVICE : KITCHEN EQUIPMENT
SCHEDULE FOR : POTATO PEELER
SCHEDULE FREQUENCY : SIX MONTHLY

REF : K
CODE : K7-002

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 | QTY. | QTY. | DESCRIPTION OF OTHER REPAIRS REQUIRED | EST. TIME REQ. | DESCRIPTION OF SPARES REQUIRED | QTY. |
| 1. | Electrical supply cable/ye and plugtop including earth continuity. | | | | | | | | | | |
| 2. | Control switch | | | | | | | | | | |
| 3. | Wall switch plug | | | | | | | | | | |
| 4. | Test run with load | | | | | | | | | | |
| 5. | Excessive vibration and noise | | | | | | | | | | |
| 6. | Amperage | | | | | | | | | | |
| 7. | Water supply and valve | | | | | | | | | | |
| 8. | Wast outlet | | | | | | | | | | |
| 9. | Skin collector | | | | | | | | | | |
| 10. | Wall abrasive | | | | | | | | | | |
| 11. | Base plate abrasive and drive | | | | | | | | | | |
| 12. | Door and lid | | | | | | | | | | |
| 13. | Lubricate | | | | | | | | | | |

| 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 | QTY. | QTY. | DESCRIPTION OF OTHER REPAIRS REQUIRED | EST. TIME REQ. | DESCRIPTION OF SPARES REQUIRED | QTY. |
| 14. | Belt drive | | | | | | | | | | |
| 15. | Clean down | | | | | | | | | | |
| 16. | Check machine for corrosion, treat and touch up with paint | | | | | | | | | | |

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):

NAME OF RESPONSIBLE OFFICIAL ON SITE:

TIME IN:

TIME OUT:

TIME ON SITE:

DATE:

FROM:

TO:

KM:

TO:

KM:

TOTAL KM:

SIGNATURE:

DEPARTMENT OF HEALTH
VRYHEID DISTRICT HOSPITAL

Kitchen equipment service records and repairs

| Name | Make | Model | Year | Service date | Next service | Remarks |
|----------------------------|------|-------|------|--------------|--------------|---------|
| CONVECTION OVEN STEAMER | | | | | | |
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SERVICED DATE: _____

NEXT SERVICE: _____

Service technician: _____

COMPANY STAMP

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PROVINCE OF KWAZULU-NATAL
DEPARTMENT OF HEALTH
PREVENTIVE MAINTENANCE SCHEDULE

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|--------------------|---|-------------------------|
| TYPE OF SERVICE | : | KITCHEN EQUIPMENT |
| SCHEDULE FOR | : | CONVECTION OVEN/STEAMER |
| SCHEDULE FREQUENCY | : | SIX MONTHLY |
| INSTALLATION NAME | : | |

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|---------|---------|
| REF .. | K |
| CODE .. | K11-004 |

REF :

ORDER No.:

P.M. SERVICE

RUNNING REPAIRS
(Apply for V.O. as Applicable)

OTHER REPAIRS REQUIRED
SUBMIT QUOTATION

[illegible]

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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: | | NAME OF RESPONSIBLE OFFICIAL ON SITE: | | | |
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| FROM: | | TO: | | KM: | | TO: | | KM: | | TOTAL KM: | |
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| | | | | | | | | | | SIGNATURE: | |

DEPARTMENT OF HEALTH
VRYHEID DISTRICT HOSPITAL

Kitchen equipment service records and repairs

| Name | Make | Model | Year | Service date | Next service | Remarks |
|------------------------|--------|-------|------|--------------|--------------|---------|
| Electric cooking range | Vulcan | | | | | |
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SERVICED DATE: _____

NEXT SERVICE: _____

Service technician: _____

COMPANY STAMP

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

REF : K
CODE : K5-002

TYPE OF SERVICE : KITCHEN EQUIPMENT
SCHEDULE FOR : ELECTRIC RANGE/GRILLER
SCHEDULE FREQUENCY : SIX MONTHLY
INSTALLATION NAME :

REF :

ORDER NO.:

SERVICE PROVIDER :

| 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 | QTY. | QTY. | DESCRIPTION OF OTHER REPAIRS REQUIRED | EST. TIME REQ. | DESCRIPTION OF SPARES REQUIRED | QTY. |
| 1. | Control switches | | | | | | | | | | |
| 2. | Indicator lights | | | | | | | | | | |
| 3. | Oven thermostat | | | | | | | | | | |
| 4. | Panel wiring | | | | | | | | | | |
| 5. | Electrical supply cable, conduit including earth continuity and sprague | | | | | | | | | | |
| 6. | Wall isolator | | | | | | | | | | |
| 7. | Total amperage | | | | | | | | | | |
| 8. | Size of MCB | | | | | | | | | | |
| 9. | Cracks or distortion of heating surfaces | | | | | | | | | | |
| 10. | Plate levelling screws | | | | | | | | | | |
| 11. | Oven door hinges and lubricate | | | | | | | | | | |
| 12. | Oven door balance | | | | | | | | | | |
| 13. | Interior of oven | | | | | | | | | | |

| 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 | QTY. | QTY. | DESCRIPTION OF OTHER REPAIRS REQUIRED | EST. TIME REQ. | DESCRIPTION OF SPARES REQUIRED | QTY. |
| 14. | Clean down | | | | | | | | | | |
| 15. | Check machine for corrosion, treat and touch up with paint | | | | | | | | | | |

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):

NAME OF RESPONSIBLE OFFICIAL ON SITE:

TIME IN:

TIME OUT:

TIME ON SITE:

DATE:

FROM:

TO:

KM:

TO:

KM:

TOTAL KM:

SIGNATURE:

DEPARTMENT OF HEALTH
VRYHEID DISTRICT HOSPITAL

Kitchen equipment service records and repairs

| Name | Make | Model | Year | Service date | Next service | Remarks |
|---------------------------------------|--------|-------|------|--------------|--------------|---------|
| ELECTRIC BOILING PAN :OIL JACKETED | VULCAN | | | | | |
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SERVICED DATE: _____

NEXT SERVICE: _____

Service technician: _____

COMPANY STAMP

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| REF | : | K |
| CODE | : | K14-001 |

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ORDER No.:

RUNNING REPAIRS
(Apply for V.O. as Applicable)

**OTHER REPAIRS REQUIRED
SUBMIT QUOTATION**

[illegible]

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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: | | NAME OF RESPONSIBLE OFFICIAL ON SITE: | | | |
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| FROM: | | TO: | | KM: | | TO: | | KM: | | TOTAL KM: | |
| | | | | | | | | | | SIGNATURE: | |

DEPARTMENT OF HEALTH
VRYHEID DISTRICT HOSPITAL

Kitchen equipment service records and repairs

| Name | Make | Model | Year | Service date | Next service | Remarks |
|------------------------|------|-------|------|--------------|--------------|---------|
| TILTING PAN/FISH FRYER | | | | | | |
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SERVICED DATE: _____

NEXT SERVICE: _____

Service technician: _____

COMPANY STAMP

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REF : K
CODE : K2-002

REF ..

ORDER No. :

[illegible]

| 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 | QTY. | QTY. | DESCRIPTION OF OTHER REPAIRS REQUIRED | EST. TIME REQ. | DESCRIPTION OF SPARES REQUIRED | QTY. |
| 14. | Condition of exposed elements (Fish Flyer) | | | | | | | | | | |
| 15. | Clean down | | | | | | | | | | |
| 16. | Check machine for corrosion, treat and touch up with paint | | | | | | | | | | |

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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: | | NAME OF RESPONSIBLE OFFICIAL ON SITE: | | | |
| FROM: | | TO: | | KM: | | TO: | | KM: | | TOTAL KM: | |
| | | | | | | | | | | SIGNATURE: | |

DEPARTMENT OF HEALTH

VRYHEID DISTRICT HOSPITAL

Kitchen equipment service records and repairs

| Name | Make | Model | Year | Service date | Next service | Remarks |
|-------------------------------|-------|-------|------|--------------|--------------|---------|
| ELECTRIC CLINGWRAP SEALER NO1 | ANVIL | | | | | |
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SERVICED DATE: _____

NEXT SERVICE: _____

Service technician: _____

COMPANY STAMP

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DEPARTMENT OF HEALTH
VRYHEID DISTRICT HOSPITAL

Kitchen equipment service records and repairs

| Name | Make | Model | Year | Service date | Next service | Remarks |
|-------------------------------|-------|-------|------|--------------|--------------|---------|
| ELECTRIC CLINGWRAP SEALER NO2 | ANVIL | | | | | |
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SERVICED DATE: _____

NEXT SERVICE: _____

Service technician: _____

COMPANY STAMP

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DEPARTMENT OF HEALTH

VRYHEID DISTRICT HOSPITAL

Kitchen equipment service records and repairs

| Name | Make | Model | Year | Service date | Next service | Remarks |
|---------------------------|--------|-------|------|--------------|--------------|---------|
| ELECTRIC FOOD TROLLEY/NO1 | VULCAN | | | | | |
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SERVICED DATE: _____

NEXT SERVICE: _____

Service technician: _____

COMPANY STAMP

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DEPARTMENT OF HEALTH

VRYHEID DISTRICT HOSPITAL

Kitchen equipment service records and repairs

| Name | Make | Model | Year | Service date | Next service | Remarks |
|---------------------------|--------|-------|------|--------------|--------------|---------|
| ELECTRIC FOOD TROLLEY/NO2 | VULCAN | | | | | |
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SERVICED DATE: _____

NEXT SERVICE: _____

Service technician: _____

COMPANY STAMP

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DEPARTMENT OF HEALTH

VRYHEID DISTRICT HOSPITAL

Kitchen equipment service records and repairs

| Name | Make | Model | Year | Service date | Next service | Remarks |
|----------------------------|--------|-------|------|--------------|--------------|---------|
| Electric food trolley /no3 | Vulcan | | | | | |
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SERVICED DATE: _____

NEXT SERVICE: _____

Service technician: _____

COMPANY STAMP

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DEPARTMENT OF HEALTH

VRYHEID DISTRICT HOSPITAL

LAUNDRY equipment service records and repairs

| Name | Make | Model | Year | Service date | Next service | Remarks |
|--------------------------------|----------------|-------|------|--------------|--------------|---------|
| ELECTRICAL VEGETABLE PROCESSOR | CELME ELECTRIC | | | | | |
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SERVICED DATE: _____

NEXT SERVICE: _____

Service technician: _____

COMPANY STAMP

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DEPARTMENT OF HEALTH
VRYHEID DISTRICT HOSPITAL

Kitchen equipment service records and repairs

| Name | Make | Model | Year | Service date | Next service | Remarks |
|----------------------|--------|-------|------|--------------|--------------|---------|
| Electric food warmer | vulcan | | | | | |
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SERVICED DATE: _____

NEXT SERVICE: _____

Service technician: _____

COMPANY STAMP

