

**Opening Date:** 20/11/2018

**Closing Date:** 23/11/2018

**Closing Time:** 11:00

## INSTITUTION DETAILS

**Institution Name:** Phoenix CHC

**Province:** KwaZulu-Natal

**Department or Entity:** Department of Health

**Division or section:** Central Supply Chain Management

**Place where goods / services is required** PHOENIX COMMUNITY HEALTH CENTRE

**Date Submitted** 20/11/2018

## ITEM CATEGORY AND DETAILS

**Quotation Number:** ZNQ:  
412/2018

**Item Category:** Goods

**Item Description:** REFRIGERATOR WARNING ALARM SYSTEM

**Quantity (if supplies)** 06 UNITS

## COMPULSORY BRIEFING SESSION / SITE VISIT

**Select Type:** Not Applicable

**Date :**

**Time:**

**Venue:**

**QUOTES CAN BE COLLECTED FROM:** PHOENIX COMMUNITY HEALTH CENTRE

**QUOTES SHOULD BE DELIVERED TO:** FAXED AT 031-538 0885

## ENQUIRIES REGARDING THE ADVERT MAY BE DIRECTED TO:

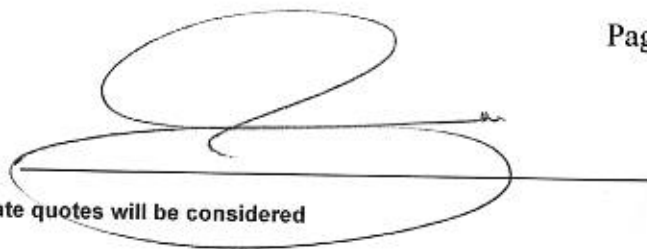
**Name:** SILONDIWE GUMEDE

**Email:** silondiwe.gumede@kznhealth.gov.za

**Contact Number:** 031 538 0877

**Finance Manager Name:** Tsele Csoke WDER

**Finance Manager Signature:**

A large, stylized handwritten signature in black ink, consisting of several loops and a long horizontal stroke extending to the right.

**No late quotes will be considered**



**DECLARATION OF INTEREST**

1. Any legal person, including persons employed by the state<sup>1</sup>, or persons having a kinship with persons employed by the state, including a blood relationship, may make an offer or offers in terms of this invitation to quote (includes a price quotation, advertised competitive quote, limited quote or proposal). In view of possible allegations of favouritism, should the resulting quote, or part thereof, be awarded to persons employed by the state, or to persons connected with or related to them, it is required that the bidder or his/her authorised representative declare his/her position in relation to the evaluating/adjudicating authority where-
  - the bidder is employed by the state; and/or
  - the legal person on whose behalf the bidding document is signed, has a relationship with persons/a person who are/is involved in the evaluation and or adjudication of the quote(s), or where it is known that such a relationship exists between the person or persons for or on whose behalf the declarant acts and persons who are involved with the evaluation and or adjudication of the quote.

2. In order to give effect to the above, the following questionnaire must be completed and submitted with the quote.

- |  |   |
|--|---|
| 2.1. Full Name of bidder/representative.....   | 2.4. Company Registration Number: ..... |
| 2.2. Identity Number: .....  | 2.5. Tax Reference Number: .....        |
| 2.3. Position occupied in the Company (director, trustee, shareholder <sup>2</sup> ):..... | 2.6. VAT Registration Number: .....     |

2.7. The names of all directors / trustees / shareholders / members, their individual identity numbers, tax reference numbers and, if applicable, employee / persal numbers must be indicated in paragraph 3 below. [TICK APPLICABLE]

2.8. Are you or any person connected with the bidder presently employed by the state? YES  NO

2.8.1. If so, furnish the following particulars:  
 Name of person / director / trustee / shareholder/ member: .....  
 Name of state institution at which you or the person connected to the bidder is employed:.....  
 Position occupied in the state institution: ..... Any other particulars:.....

2.8.2. If you are presently employed by the state, did you obtain the appropriate authority to undertake remunerative work outside employment in the public sector? YES  NO

2.8.2.1. If yes, did you attach proof of such authority to the quote document?

*(Note: Failure to submit proof of such authority, where applicable, may result in the disqualification of the quote.)*

2.8.2.2. If no, furnish reasons for non-submission of such proof: .....

2.9. Did you or your spouse, or any of the company's directors / trustees / shareholders / members or their spouses conduct business with the state in the previous twelve months? YES  NO

2.9.1. If so, furnish particulars:.....

2.10. Do you, or any person connected with the bidder, have any relationship (family, friend, other) with a person employed by the state and who may be involved with the evaluation and or adjudication of this quote? YES  NO

2.10.1. If so, furnish particulars:.....

2.11. Are you, or any person connected with the bidder, aware of any relationship (family, friend, other) between any other bidder and any person employed by the state who may be involved with the evaluation and or adjudication of this quote? YES  NO

2.11.1. If so, furnish particulars:.....

2.12. Do you or any of the directors / trustees / shareholders / members of the company have any interest in any other related companies whether or not they are bidding for this contract? YES  NO

2.12.1. If so, furnish particulars:.....

**3. Full details of directors / trustees / members / shareholders.**

NB: The Department Of Health will validate **details of directors / trustees / members / shareholders** on CSD. It is the suppliers' responsibility to ensure that their details are up-to-date and verified on CSD. If the Department cannot validate the **information** on CSD, the quote will not be considered and passed over as non-compliant according to National Treasury Instruction Note 4 (a) 2016/17.

**4 DECLARATION**

I, THE UNDERSIGNED (NAME).....CERTIFY THAT THE INFORMATION FURNISHED IN PARAGRAPHS 2.

I ACCEPT THAT THE STATE MAY REJECT THE QUOTE OR ACT AGAINST ME SHOULD THIS DECLARATION PROVE TO BE FALSE.

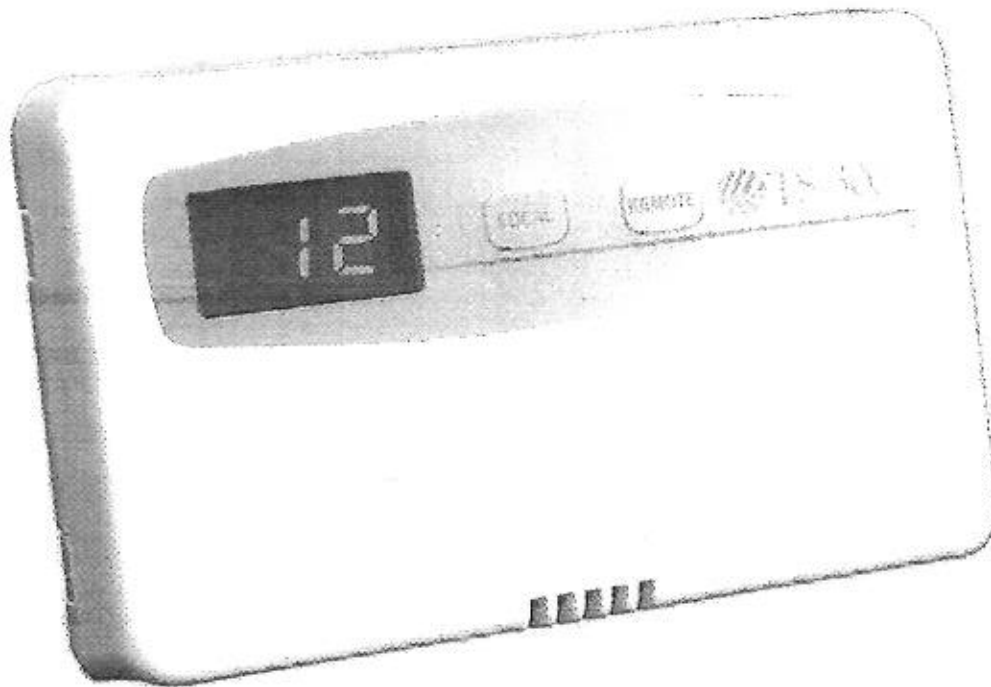
..... Name of bidder	..... Signature	..... Position	..... Date
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<sup>1</sup>State means –

- |   |   |
|---|---|
| a) any national or provincial department, national or provincial public entity or constitutional institution within the meaning of the Public Finance Management Act, 1999 (Act No. 1 of 1999); | c) provincial legislature;                                    |
| b) any municipality or municipal entity;  | d) national Assembly or the national Council of provinces; or |
|   | e) Parliament.  |

<sup>2</sup>Shareholder means a person who owns shares in the company and is actively involved in the management of the enterprise or business and exercises control over the enterprise.

## PHARMACY FRIDGE ALARM SPECIFICATION



### Description of item/service required include:

1. Complete electrical/functional installation of the unit i.e. special mutiplugs etc if required for power supply; in other to monitor temperatures in such a way that it looks aesthetically appealing and at the same time does not affect the functioning of fridge. Sensors and cables must be installed professionally and correctly.
2. The unit must be programmed as required i.e. to monitor the fridge temperature to range between 2 to 8 degrees Celsius. Alerts should be sent if the temperature goes out of the required range or for power failures etc.
3. Any additional compatible Programming requirements upon installation.
4. A user manual and methods on programming the unit as per user requirements
5. Training of staff members to use this system.

### Why is it essential and in the best interest of the department/institution to buy this item;

1. It is a legal requirement by the South African Pharmacy Council to have an alarm system for fridges storing cold chain pharmaceuticals especially vaccines.
2. Cold chain items are costly and if the fridges are monitored with this alarm system effectively it could save money in that items are not exposed to extremes in temperatures and the responsible pharmacist can be proactive in case of failures to react to contingency plans preventing wasteful expenditure.
3. Vaccines need to be stored in ideal conditions to ensure that they are effective when used (Patient safety).

*Handwritten signature*