




## Quotation Advert

Opening Date: 2019-04-03   
Closing Date: 2019-04-15   
Closing Time: 11:00

### INSTITUTION DETAILS

Institution Name: King Edward VIII hospital   
Province: KwaZulu-Natal  
Department or Entity: Department of Health  
Division or section: Central Supply Chain Management.  
Place where goods / services is required: KING EDWARD VIII HOSPITAL AMU  
Date Submitted: 2019-04-01 

### ITEM CATEGORY AND DETAILS

Quotation Number: ZNQ:  
KM 518318  
Item Category: Services   
Item Description: BEOBIDE SCREENS\ PATIENT PRIVACY

Quantity (if supplies) 45

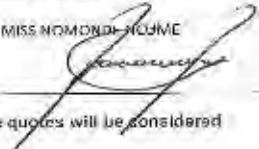
### COMPULSORY BRIEFING SESSION / SITE VISIT

Select Type: Compulsory Briefing Session   
Date: 2019-04-08   
Time: 11H00  
Venue: KING EDWARD VIII HOSPITAL

QUOTES CAN BE COLLECTED FROM: KHULANI MTHEMBU

QUOTES SHOULD BE DELIVERED TO: KING EDWARD VIII HOSPITAL

### ENQUIRIES REGARDING THE ADVERT MAY BE DIRECTED TO:

Name: KHULANI MTHEMBU  
Email: KHULANI.MTHEMBU@KZNHEALTH.GOV.ZA  
Contact Number: 091 360 3446  
Finance Manager Name: MISS NOMONDI NGUME  
Finance Manager Signature: 

No late quotes will be considered



**health**

Department:  
Health  
PROVINCE OF KWAZULU-NATAL

**DIRECTORATE:**

Physical Address: Corner Sydney & Rick Turner Road  
Postal Address: Private Bag X02, Congella, 4013  
Tel: 031 3603821 Fax: 031 2056722 Email: Sibusiso.mazeka@kznhealth.gov.za  
www.kznhealth.gov.za

**KING EDWARD VIII HOSPITAL  
S.C.M. – Demand Management**

**SPECIFICATION FOR: SCREEN CUBICLE CURTAINING**

CLAUSE		YES/NO
	<p>Bidders must note that answers must be provided to every technical specification requirement in this Bid Specification. Clearly specify, in the space provided for "Bidder's Comments), where there are deviations to this specification. Bidders who neglect to provide answers to every technical requirement will be disqualified. Bidders must note that abbreviated answers e.g. N/A etc. <b>will not be accepted.</b> No part of this specification may be altered. Where there are traces of alterations found to this specification document, the Bid Evaluation Committee will reserve the right to disqualify the bidder.</p>	
	<p style="text-align: center;"><b><u>TECHNICAL SPECIFICATION</u></b></p> <p>THIS SPECIFICATION ESTABLISHES THE SUPPLY OF SCREEN CUBICLE CURTAINS FOR KING EDWARD VIII HOSPITAL</p>	
1.	<p>100% ANTIBACTERIAL AND ANTIFUNGAL MATERIAL, FLAME RETARDANT, HEAVY DUTY MATERIAL, STAIN RESISTANT, ODOUR RESISTENT, AND ANTISTATIC, HYPOALLERGIC (CERTIFICATE OF PROOF MUST BE ATTACHED)</p>	
2.	<p>SUITABLE FOR LAUNDRY PROCESSES OF INDUSTRIAL WASHING AND IRONING (LAUNDRY INSTRUCTION MUST BE PROVIDED)</p>	
3.	<p>HEIGHT: MUST NOT TOUCH THE FLOOR BY APPROXIMATELY 50CM TO ALLOW FOR MOPPING AND CLEANING.</p>	
4.	<p>HIGH RESISTANCE TO FIBER RUPTURE AND ANTI-TEAR TECHNOLOGY;</p>	
5.	<p>ROW OF MESH AT THE TOP – APPROXIMATELY 40CM TO ALLOW LIGHT AND WATER SPRINKLERS(IN THE EVENT OF FIRE) AND VENTILATION</p>	
6.	<p>SUPPLIER MUST CONDUCT ON SITE MEASURE AND FITTING.</p>	
7.	<p>TRIPLE REINFORCEMENT ON TOP AND SIDE EDGES; REINFORCING SEAM ACROSS THE CURTAIN SIDE.</p>	
8.	<p><b>COLOUR: PROVIDE COLOUR OPTIONS – MUST BLEND IN WITH HOSPITAL COLOURS COMPLIMENT THE SCREEN CURTAINS</b></p>	
9.	<p><b>PLEASE NOTE:</b></p> <p><b>PLEASE SUPPLY A COLOUR PICTURE OR CATALOGUE WITH YOUR QUOTE. FAILURE TO COMPLY WITH THIS REQUEST WILL AUTOMATICALLY DISQUALIFY QUOTATION. KING EDWARD VIII HOSPITAL RESERVES THE RIGHT TO ASK FOR SAMPLE OR DEMONSTRATION AT THE BIDDER'S COST BEFORE AWARDED THE BID.</b></p>	

*Fighting Disease, Fighting Poverty, Giving Hope*

KINDLY RETURN ALL DOCUMENTATION WHEN REPLYING

**10. APPROVED BY SPECIFICATION COMMITTEE**  
**PRINT NAME**

**SIGNATURE**

**CHAIRPERSON:** .....

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**MEMBERS:** .....

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**BIDDERS COMMENTS**

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**GENERAL INFORMATION REQUIRED**

**PRODUCT MAKE:** \_\_\_\_\_

**MODEL NO./ PART NO:** \_\_\_\_\_

**COUNTRY OF ORIGIN:** \_\_\_\_\_

**FINAL BID PRICE INCL. VAT.** \_\_\_\_\_

**DELIVERY PERIOD:** \_\_\_\_\_

**NAME OF BIDDER:** \_\_\_\_\_

**SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

\_\_\_\_\_

**TELEPHONE NO:** \_\_\_\_\_ **FAX NO:** \_\_\_\_\_

**CONTACT PERSON:** \_\_\_\_\_ **CELL:** \_\_\_\_\_

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