


Quotation Advert

Opening Date: 2019-08-07 
Closing Date: 2019-08-26 
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
Date Submitted: 2019-08-05 

ITEM CATEGORY AND DETAILS

Quotation Number: ZNQ:
KM 181\19
Item Category: Services 
Item Description: SERVICE BOILERS FEED WATER RETICULATION AS PER SCOPE
*NB QUOTES WILL BE HANDED OUT AFTER SITE BRIEFING

Quantity (if supplies)

COMPULSORY BRIEFING SESSION / SITE VISIT

Select Type: Compulsory Briefing Session 
Date : 2019-08-14 
Time: 11H00
Venue:

QUOTES CAN BE COLLECTED FROM: WILL BE HANDED OUT AFTER SITE BRIEFING

QUOTES SHOULD BE DELIVERED TO: KING EDWARD VIII HOSPITAL TENDOR BOX

ENQUIRIES REGARDING THE ADVERT MAY BE DIRECTED TO:

Name: KHULANI MTHEMBU
Email: KHULANI.MTHEMBU@KZNHEALTH.GOV.ZA
Contact Number: 031 360 3446
Finance Manager Name: MISS NOMONDE NGUMBE

Finance Manager Signature:


No late quotes will be considered

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

TYPE OF SERVICE : STEAM BOILERS FEED WATER RETICULATION
SCHEDULE FOR :
SCHEDULE FREQUENCY :

REF :
CODE : HF1-001d

INSTALLATION NAME : Boiler 1 and 2								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	EX SITE STOCK	EX FIRMS STOCK	DESCRIPTION OF OTHER REPAIRS REQUIRED	EST. TIME REQ.	DESCRIPTION OF SPARES REQUIRED
	Boiler water reticulation									
1	ELECTRICAL FEED WATER PUMP									
1.1	Replace no1 pump bearings and mechanical seals									
1.2	Replace no3 pump mechanical seals and inlet and out let valves with same type and make.									
1.3	Check coupling & secure guard of no3 pump and adjust if required.									
1.4	Check alignment & examine for wear on coupling. Adjust as required.									
1.5	Check & record deliver pressure against pump flow chart and submit report and flow chart of each pump.									
1.6	Check pump & motor holding down bolts									
1.7	Clean in line strainer									
1.8	Check operation of hot well tanks outlet solenoid valve.									
1.9	Install dry run protection on pressure side of pump by way of pressure switch wired and connected to water pump panel to interrupt main control circuit of pumps.									
1.10	Check pressure gauge (Red line at M.W.P.)									
1.11	Check for abnormal noise & temperature									
1.12	Check glands & seals for leaks, adjust if required									

1.13	Replace boiler line feed valves x2									
1.13	Test all pumps									
1.14	Test operation of outside emergency water storage tank filling ball valve									
1.15	Simulate low water condition in hotwell tanks and check that emergency water tank pump and light outside is operating and report.									
2.	WATER TREATMENT EQUIPMENT (to be done by 3 rd party specialized water treatment company only)									
2.1	Replace 24 volt power supply on softner head									
2.2	Manually activate softner regeneration cycle.									
2.3	Test water with YES/NO tablets. If green – OK, if red – check the following:									
2.4	Check water flow drain (Indicates regeneration)									
2.5	Check brine tank – should be : full of course salt									
2.6	Check by-pass valve is closed									
2.7	Install new water meter with censor for dosing timer and connect.									
2.8	Replace dosing pump and bleed.									
2.9	Check chemical levels in tanks									
2.10	Check pump settings are correct									
2.11	Check chemical & salt stock levels & record in logbook									
2.12	Ensure all off range boilers are correctly wet stored with chemicals.									

I CERTIFY THAT THE SPECIFIED SERVICE WAS CARRIED OUT AS INSTRUCTED BY THE PROJECT LEADER OF THIS WORKS.							Parties responsible for works to sign on site.
NAME OF SERVICEMAN (BLOCK LETTERS):					SIGNATURE:		Company project manager
NAME/S OF ASSISTANT/S: SEMI SKILLED:							SIGNATURE:
NAME/S OF ASSISTANT/S: UNSKILLED:							Company director
COMPANY NAME (BLOCK LETTERS):							SIGNATURE:
TIME IN:		TIME OUT:		TIME ON SITE:		DATE:	Official receiving document
FROM:		TO:		KM:	TO:	KM: TOTAL KM:	SIGNATURE: