


## 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 185\19  
Item Category: Services 

Item Description:

SERVICE MEDICAL GAS BANKS 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 : 2019-08-15   
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 NCUME

Finance Manager Signature:

  
No late quotes will be considered

## Scope of works

Service the following medical gas banks as per MG1-002 below (service schedule per plant)

1. SOT nitrous
2. N Block nitrous
3. RUM oxygen banks
4. D-Ward oxygen banks

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

TYPE OF SERVICE : MEDICAL GAS  
SCHEDULE FOR : GENERAL  
SCHEDULE FREQUENCY :

REF : MG  
CODE : MG1-002

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 TAKE N	DESCRIPTION OF SPARES USED	QUANTITY		DESCRIPTION OF OTHER REPAIRS REQUIRED	EST. TIME REQ.	DESCRIPTION OF SPARES REQUIRED
						EX SITE STOC K	EX FIRMS STOC K			
1.	Check and note system pressures									
2.	Clean bank/s thoroughly before servicing									
3.	Check operation of change-over system									
4.	Check all warning panel pilot lights									
5.	Check all pigtailed and fittings									
6.	Check for leaks in gas bank									
7.	Check all wall outlet points for leaks. Replace seals as required									
8.	Clean plantroom									
9.	Check operation of pressure reducing valves									
10.	Check operation of safety valves									
11.	Check operation of automatic solenoid									
12.	Strip and clean all needle valves									
13.	Check settings of pressure reducing valves. Adjust if necessary and note settings									
14.	Check settings of safety valves, adjust settings if necessary and note settings									

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	QUANTITY		DESCRIPTION OF OTHER REPAIRS REQUIRED	EST. TIME REQ.	DESCRIPTION OF SPARES REQUIRED
						EX SITE STOCK	EX FIRMS STOCK			
15.	Check settings of warning light pressure switches. Adjust if necessary and note settings									
16.	Check change-over control pressure settings. Adjust if necessary and note settings									
17.	Check calibration of all pressure gauges, etc. Re-calibrate if necessary									
18.	Tighten all electrical terminals									
19.	Complete plant log book									

**NOTE THE FOLLOWING:**

a) Manifold pressures (i) LH Bank .....

RH Bank .....

Distribution System pressure .....

Pressure reducing valve setting (annually) .....

Safety valve settings (annually) .....

Warning light pressure settings (annually) .....

Change-over control pressure settings (annually) .....

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: