

# Quotation Advert

**Opening Date:** 2019-06-06

**Closing Date:** 2019-06-13

**Closing Time:** 11:00

## INSTITUTION DETAILS

**Institution Name:** Head Office Quotations

**Province:** KwaZulu-Natal

**Department or Entity:** Department of Health

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

**Place where goods / services is required** Dr Pixley Ka Seme Hospital

**Date Submitted** 2019-06-05

## ITEM CATEGORY AND DETAILS

**Quotation Number:** ZNQ: 138/19/20-H

**Item Category:** Goods

**Item Description:** To supply and deliver Strength evaluation system for Dr Pixley Ka Seme Memorial Hospital

**Quantity (if supplies)** 02

## COMPULSORY BRIEFING SESSION / SITE VISIT

**Select Type:** Not Applicable

**Date :**

**Time:**

**Venue:**

**QUOTES CAN BE COLLECTED FROM:** [www.kznhealth.gov.za](http://www.kznhealth.gov.za)

**QUOTES SHOULD BE DELIVERED TO:** [Hayden.Cupido@kznhealth.gov.za](mailto:Hayden.Cupido@kznhealth.gov.za) or [Rachel.Phiri@kznhealth.gov.za](mailto:Rachel.Phiri@kznhealth.gov.za)

## ENQUIRIES REGARDING THE ADVERT MAY BE DIRECTED TO:

**Name:** Nolwazi Mthembu

**Email:** [nolwazi.mthembu1@kznhealth.gov.za](mailto:nolwazi.mthembu1@kznhealth.gov.za)

**Contact Number:**

# Supply Chain Management - AdvertQuote





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033-8158407

Finance Manager Name:

Finance Manager Signature:

*pp* *Agudon*  
No late quotes will be considered

 Submit |  Save | Save As... |  Close |  Print Preview

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**STANDARD QUOTE DOCUMENTATION SUPPLY CHAIN MANAGEMENT UNDER R30 000.00**

YOU ARE HEREBY INVITED TO QUOTE FOR REQUIREMENTS AT: DEPARTMENT OF HEALTH- CENTRAL SCM  
 DATE ADVERTISED: 06/06/2019 FACSIMILE NUMBER:  
 ENQUIRIES MAY BE DIRECTED TO: N SINGH CONTACT NUMBER: 033-8467478  
 PHYSICAL ADDRESS: 310 JABU NDLOVU STREET, SCM OFFICES, PIETERMARITZBURG, 3201

ZNQ NUMBER: 138/19/20-H CLOSING DATE: 13/06/2019 CLOSING TIME: 11:00

DESCRIPTION TO SUPPLY AND DELIVER STRENGTH EVALUATION SYSTEM FOR DR PIXLEY KA SEME MEMORIAL HOSPITAL

THE FOLLOWING PARTICULARS MUST BE FURNISHED (FAILURE TO DO SO WILL RESULT IN YOUR OFFER BEING DISQUALIFIED)

NAME & ADDRESS OF BIDDER (FIRM)	
NAME OF BIDDER	
PHYSICAL ADDRESS	DATE
CONTACT NUMBER	FACSIMILE NUMBER
SIGNATURE OF BIDDER	SARS PIN
[By signing this document I hereby agree to all terms and conditions]	CENTRAL SUPPLIER DATABASE REGISTRATION (CSD) NO.:
UNIQUE REGISTRATION REFERENCE: ↓	

Item No	Quantity	Description	Brand & model	Country of manufacture	Price	
					R	c
1	02	To supply and deliver Strength Evaluation System at Dr. Pixley Ka Seme Hospital				
		NB: Kindly complete H.T.S Spec attached				
		Hand Deliver : 310 Jabu Ndlovu street, SCM Offices, Quotation Tender				
		Box. Proof of CSD summary with banking details, Tax Clearance				
		Certificate must be attached OR				
		Hayden.Cupido@kznhealth.gov.za or				
		Rachel.Phiri@kznhealth.gov.za				
VALUE ADDED TAX (Only if VAT Vendor)						
TOTAL QUOTATION PRICE (VALIDITY PERIOD 60 Days)						

Does this offer comply with the specification?	State delivery period e.g. E.g. 1day, 1week
Is the price firm?	All delivery costs must be included in the quote price

**SPECIAL CONTRACT CONDITIONS OF QUOTATIONS**

- The institution is under no obligation to accept the lowest or any quote.
- The price quoted must include VAT (if VAT vendor).
- The department reserves the right to evaluate all quotations excluding VAT as some Bidders may not be VAT vendors.
- The Bidder must ensure the correctness & validity of quote: *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*
- 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.
- This quotation will be evaluated specification & correctness of information.
- Only offers that comply with or greater than specification will be considered.
- Late quotes will not be considered.
- All products supplied must be valid for a minimum period of six months.
- A Bidder not registered on the Central Suppliers Database or verification has failed will not be considered.
- All delivery costs must be included in the quote price, for delivery at the prescribed destination.
- 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.
- In cases where different delivery points influence the pricing, a separate pricing schedule must be submitted for each delivery point.
- If samples / compulsory site inspection / briefing session are required, the supplier will be informed in due course.
- The supplier shall furnish any information, when requested.
- 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.*
- The supplier shall indemnify the KZN Department of Health (aka 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.
- 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.
- The purchaser, may terminate this contract in whole or in part if the supplier fails to deliver any or all of the goods within the period(s) specified in the contract fails to perform any other obligation(s) under the contract; or has engaged in corrupt or fraudulent practices in competing for or in executing the contract.
- 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.
- 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.
- In the event of a bidder having multiple quotes, only the cheapest according to specification will be considered. Furthermore a verification will be done to identify if bidders have multiple companies and are quoting (cover-quoting) for this bid. In such instances only the cheapest bid according to specification will be considered.

# PROVINCE OF KWAZULU-NATAL

## DEPARTMENT OF HEALTH

# HEALTH TECHNOLOGY SERVICES (H.T.S.)

### SPECIFICATION FOR:

### STRENGTH EVALUATION SYSTEM (x2)

### SPECIFICATION: H.T.S. NO. AC11709

NB: GENERAL CLAUSES THAT DO NOT APPLY TO THE EQUIPMENT OFFERED, MUST BE ANSWERED 'NOT APPLICABLE' UNDER BIDDERS COMMENTS.

NO	GENERAL CLAUSES	BIDDERS COMMENTS:	
		TICK (✓) APPROPRIATE BOX COMPLY	DOES NOT COMPLY
Clause G1	The bidder must Guarantee that no additional equipment will be required for the successful operation of the equipment bidded for on delivery and commissioning at the customers site. A starter pack of all essential accessories and disposables must be supplied so that the unit can be put into immediate operation. The cost of the starter pack must be included in the final bid price.		
Clause G2	Optional accessories must be offered separately on the Schedule of optional accessories found at the end of the technical specification, indicating catalogue numbers, correct descriptions and prices inclusive of V.A.T.		
Clause G3	The Mains Cable, where applicable, of the unit being quoted for must be the hospital grade type and it must be a minimum length of (3) three metres. <b>N.B. The mains cable, where applicable, of the unit being quoted for must be S.A.N.S. colour coded.</b>		
Clause G4	Where applicable the equipment, bidded for, operates off 220 Volt, 50Hz a.c. supply, the bidder must ensure that the product being quoted for is fitted with a 15 Amp S.A.N.S. approved mains plug top, which is held together by two screws.		

NO	GENERAL CLAUSES	BIDDERS COMMENTS:	
		TICK (✓) APPROPRIATE BOX COMPLY	DOES NOT COMPLY
Clause G5.1	<p>Bidder must state the Radiation Control licence number of the make and model of equipment offered.</p> <p>If this type of equipment / apparatus appears on the schedule of Hazardous Substances issued by the Directorate: Health Technology of the Department of Health, a licence in terms of the Act on Hazardous Substances (Act. 15/1973) must be submitted with this bid document. The licence must be registered under the bidders name or a letter of joint venture must be submitted by the licence holder where the licence is not in the name of the bidder. <b>BIDDERS THAT NEGLECT TO SUBMIT A LICENCE WILL NOT BE CONSIDERED.</b></p>		
Clause G5.2	Equipment offered that do not require Radiation Control licensing, must be CE approved and the equipment offered shall be affixed with a CE mark label.		
Clause G6	UPGRADABILITY: All future upgrades (hardware and software), where applicable, involving <u>patient safety</u> must be offered at no additional cost.		
	All future upgrades removing software viruses from existing software, where applicable, must be supplied at no additional cost.		
	<b>Any software upgrade, where applicable, before or after installation of the equipment must be brought to the attention of the Manager, Health Technology Services.</b>		
Clause G7	The Technician(s) must be original equipment manufacturer trained to deal with the service, repair and calibration of the equipment quoted on. <b>N.B. Proof of original equipment manufacturer training must be submitted with this bid / quotation offer.</b>		
Clause G8	State Number of other medical equipment "Repair & Service" Agencies (excluding your Agency) represented by the subcontractor, where applicable.		
Clause G9	<p>The equipment offered on this bid must be supported with a letter of appointment of the bidder as a sole agent by the original equipment manufacturer.</p> <p>NOTE: Where the equipment offered is supplied with a joint venture agreement, the bidder must supply all necessary documentation as listed above together with a letter of confirmation of the joint venture agreement with signatures of both parties.</p>		
Clause G10	<p>The bidder must have a well established service and repair facility in KwaZulu-Natal, to service, repair and calibrate the equipment offered. Please supply details as follows:</p> <p><b>Company name</b> : _____</p> <p><b>Technician/s name/s</b> : _____ (Based in KZN)</p> <p><b>Physical Address</b> : _____ _____</p> <p><b>Telephone Number/s</b> : _____</p> <p><b>Fax number</b> : _____</p>		

NO	GENERAL CLAUSES	BIDDERS COMMENTS:	
		TICK (✓) APPROPRIATE BOX COMPLY	DOES NOT COMPLY
	<i>(The Health Technology Services reserves the right to inspect the premises).</i>		
Clause G11	<p><u>SUBCONTRACTOR – Where applicable</u> If the service is subcontracted to a local service agent, a signed copy of the letter of appointment by the bidder and acceptance by the subcontractor must be submitted with this bid / quotation. Please supply details as follows:</p> <p>Company name : _____</p> <p>Technician/s name/s : _____ (Based IN KZN)</p> <p>Address : _____ _____</p> <p>Telephone Number/s : _____</p> <p>Fax number : _____</p> <p><i>(The Health Technology Services reserves the right to inspect the premises).</i></p>		
Clause G12	<p><u>MANUALS</u> The successful bidder must include in their offer at no extra cost to the final bid price:</p> <p>Complete original user Operation / Maintenance Manual x 2 (two) Book / File; CD; DVD copies in English Language.</p> <p>Complete <b>ORIGINAL</b> Service / Repair Manual x 2 (two) Book / File; CD; DVD copies in English Language which <b>MUST</b> include the following information: Fault finding guide, Circuit diagrams / Schematics, Circuit Descriptions, and <b>PCB</b> Layouts, Calibration guide, Part Numbers and exploded diagram of Mechanical Parts / Panels.</p>		
Clause G13	The offer submitted must be supported by descriptive literature, colour pamphlets, colour brochures and technical data sheets with equipment specifications that are applicable to the offer. <b>FAILURE TO SUBMIT THE ABOVE WILL RESULT IN THE BID NOT BEING CONSIDERED.</b>		
Clause G14.1	All Equipment, Materials and Workmanship provided under this Contract must be Guaranteed for a minimum period of twelve (12) Months. The successful bidder must arrange with both the respective Hospital / Institution and the Health Technology Services before Commissioning the Equipment at the respective Hospital / Institution. The bidder to note that the Guarantee period must only take effect upon successful Commissioning at the respective Hospital / Institution and <b>successful test and acceptance by the Health Technology Services.</b>		
Clause G14.2	The bidder must state the guarantee period of the equipment offered.		
Clause G14.3	The recommended number of services, per annum, by the manufacturer must be included during and up until the end of the		

## TECHNICAL SPECIFICATION.

### Clause T1

This specification establishes the requirements, supply, delivery, end user training, demonstration, commission and installation of 2X Strength evaluation kit. The units offered must be both very reliable and extremely user friendly.

#### **BIDDER'S COMMENTS:**

### Clause T2

The kit shall consist of the following instruments and shall be housed in a durable molded case

All tolerances may not exceed 2, 5%

Part offers will not be considered

CLAUSE	REQUIREMENTS	BIDDERS OFFER
2.1	Hydraulic hand dynameters: (a) Dual scaled read out that displays an isometric grip force from 0 to 90 kg (b) The handles must be adjustable from 35mm to 87mm in 13mm increments	
2.2	13,6kg Pinch gauge: (a) The body must be manufactured from anodized aluminium and be fitted with a wrist strap (b) The pointer must stop at the maximum pinch recorded (c) The pinch jaws must be 22mm wide and 19mm thick	
2.3	Stainless steel finger goniometer to the standard range in degrees	
2.4	Two point discriminator	
2.5	Wartenburg pin wheel	
2.6	Finger circumference gauge	
2.7	Functional finger motion gauge	

#### **BIDDER'S COMMENTS:**





# DETAILED TECHNICAL SPECIFICATION

## GENERAL INFORMATION REQUIRED

**FAILURE TO COMPLETE THIS PART WILL DISQUALIFY THE BIDDER**

Make: \_\_\_\_\_

Model Number / Part Number for: \_\_\_\_\_

Country of Origin \_\_\_\_\_

Final Bid / Quotation Price inclusive of V.A.T. \_\_\_\_\_

Local (KwaZulu-Natal) Agent \_\_\_\_\_

Delivery Period \_\_\_\_\_

R S A Import Permit Holder \_\_\_\_\_

BIDDER \_\_\_\_\_

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

ADDRESS \_\_\_\_\_  
\_\_\_\_\_

TELEPHONE NO. \_\_\_\_\_ FAX NO. \_\_\_\_\_

CONTACT PERSON  
(PLEASE PRINT) \_\_\_\_\_

### 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

<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);  
b) any municipality or municipal entity;  
c) provincial legislature;  
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.