






## Quotation Advert

Opening Date: 05/03/2019   
Closing Date: 13/03/2019   
Closing Time: 11:00

### INSTITUTION DETAILS



Institution Name: Select...   
Province: KwaZulu-Natal  
Department or Entity: Department of Health  
Division or section: Central Supply Chain Management  
Place where goods / services is required: Edendale hospital  
Date Submitted: 05/03/2019 

### ITEM CATEGORY AND DETAILS

Quotation Number: ZNQ:  
1598/18  
Item Category: Goods   
Item Description: NEONATAL HIGH CARE CHARTS

Quantity (if supplies): 2000 units


### COMPULSORY BRIEFING SESSION / SITE VISIT

Select Type: Select...   
Date :   
Time:  
Venue:

QUOTES CAN BE COLLECTED FROM: SUPPLY CHAIN MANAGEMENT

QUOTES SHOULD BE DELIVERED TO: BLUE TENDER BOX BY SECURITY MAIN GATE

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

Name: Cindy Chonco  
Email: cindy.chonco@kznhealth.gov.za  
Contact Number: 033 395 4570  
Finance Manager Name: Mr D Thangalan  
Finance Manager Signature: 

No late quotes will be considered



Reference: ZNQ  
NEONATAL HIGH

**CARE CHARTS**

**SECTION A – General**

Clause	Clause Description	Bidders Remarks
G1	Bidders must quote on the supply and delivery of the item.	
G2	SABS/SANS proof of certification or any other relevant certification documentation must be provided with the quotation. G2.1 Failure to provide proof of certification may render your bid as not valid.	
G3	Bidders must provide a sample of the item quoted for.	
G5	Bidder to provide an operating manual which gives clear instructions.	
G9	Bidder to provide references of other health institutions or clinicians currently utilizing the product offered.	
G10	Failure to return this specification document fully completed and signed may render your bid as not valid and will not be considered.	

**SECTION B – Technical Specification**

Clause	Clause Description	Bidders Remarks
T1	NEONATAL HIGH CARE CHARTS	
T2	Size: A4	
T4	Must be easy to use and lined properly	
T5	Packing: AS A BOOKLET, 6 PAGES, BACK TO BACK	
T6		

**SECTION C – Confirmation**

*Compulsory to be completed by the bidder and returned with quotation:*

I, ....., from ..... do hereby (Print Name) (Name of Business)
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# NEONATAL HIGH CARE CHART

Chart No .....

Name		No.	Date	Time	Day
Gest. age (12-24hrs)	Current gest. age	Birth weight	Current weight	Feeding Choice	NPO Day
TPN Day	UMBIL. Day	PICC Day			

<b>HISTORY &amp; EXAMINATION FINDINGS:</b>	Resp.:
Problem List:	
#	
#	
#	
#	
#	
#	
#	Abdominal:
#	
Medications: Antibiotics: (number of days)	
1 <sup>st</sup> line:	
2 <sup>nd</sup> line:	
3 <sup>rd</sup> line:	
	<b>ASSESSMENT:</b>
Fluids: Total intake:	
Feeds:	
IV: 1. 2.	
3. 4.	
5. 6.	
7. 8.	
Total output Urine: Stool:	
Other:	
EXAMINATION: General:	<b>PLAN:</b>
	Total fluids: ml/kg/day = mls
	Feeds:
	IV fluids: Maintenance:
	Arterial:
CNS:	Investigations:
	Meds:
CVS:	
	Other:
	Sign: Print: Desig:





## SAFETY CHECKLIST

### TO BE DONE AT HANDOVER

<b>EXAMINE YOUR BABY</b>	AM	PM
Has the baby's condition improved or deteriorated?		
Check his colour and activity		
Check his eyes, mouth and cord for signs of infection.		
Check his I.V site for redness or swelling		
Check temp probe site. (Must have reflective cover and be attached on LT. side of abdomen)		
Check if his I.V line, N.G tube or vent. circuit need changing. (Monday and Thursday)		
Ensure they are correctly colour coded.		
Check all strapping eg IV site, umbilical lines and E.T tubes that they are secure and unsoiled.		
Ensure the sats. probe site is changed every 3 hrs. Check for signs of pressure and that digits are warm, pink and mobile		
Plot his weight on weight chart		
Check HB; length; weight and COH and record on percentile chart (Mondays):		
Take ET aspirate (Monday and Thursday)		
Ensure he is covered with plastic if under radiant warmer		
Cover eyes with phototherapy shield if under phototherapy		
Ensure head is covered with a cap		
Ensure baby is correctly contained (nested) with midline and flexed positioning		
Ensure baby is correctly identified		
<b>CHECK EQUIPMENT AND MONITORS.</b> (NB sign equipment checklist)		
Set alarm limits on sats. and cardiac monitors		
- sats 89 & 95%		
- resp - 20 & 80 bpm		
- apex 100 & 180 bpm		
- temp - 36.5-37 °C		
- alarm volume 60%		
Ensure infusion and syringe pumps are set at correct rate/fluid settings as ordered. Set occlusion pressure at low (30-50).		
Apnoea monitor is switched on and functioning correctly.		
Humidifier at correct temp. and filled with sterile water. There should be no rain out in the inspiratory tube		
Set alarms on ventilator - Pressures: 2 above or below PIP and PEEP		
- Tidal Volume: 4-6ml/kg		
- Rate: 10 above average respiration		
<b>CHECK RESUS EQUIPMENT</b>		
Check oxygen - ensure air and oxygen are plugged in		
- access to an ambubag, that it works and that it has the right size mask		
- change O <sub>2</sub> bottles daily		
Check suction - ensure it is plugged in and working (Max. pressure: 200mmhg)		
- That the tubing reaches the incubator and a size 6 catheter is attached		
- that the bottle and tubing (and inline suction) are changed daily		
Check emergency trolley - ensure this is checked twice daily and there is ready access to it		
- that you are familiar with its contents		
<b>CHECK HIS ENVIRONMENT</b>		
Surrounding areas and floor - clean and tidy (cables coiled neatly)		
Check the incubator		
- cleaned daily		
- correct temperature based on observations		
- Clean sheet		
- tray at 45 degrees		
- no foreign objects		
- Breaks on		
- portholes closed/ sides up		
Untangle and organise all lines and cables		
Clean and restock patient care container - NB - chlorhexidine hand lotion must be readily available in cot or on incubator		
<b>CHECK NOTES</b>		
Correct careplans for each condition: sticker; dated, signed and amended daily.		
Ensure maternal education and counselling is given and recorded on education chart daily		
First exam completed and recorded in nursing process and admission form - delete as N/A on neonatal chart.		
Ballard score completed for all babies 12 - 48 hrs old		
HIE score done daily if indicated.		
File previous days chart daily. File old notes from admission down. File old notes in brown folder after 2 days		
<b>SIGN:</b>		

**OBSERVATIONS:** To be done 3 hourly – Dextrostix 12 hrly (If any observation outside normal range → hourly)  
**Normal ranges:** Temp: 36<sup>s</sup>–37°C Resp: 40–60 bpm Apex: 120–160 bpm Sats: 90–94% Dextrose: 2,5–8.0 mmol/l  
 BP Mean: ± gestational age

Time	Body temp °C	Incub. temp	Pulse (bpm)	Resp. (bpm)	Bp mmHg	BP mean	Dext. Mmol/l	Apnoea	Brady	Colour	Recess	O <sub>2</sub> %	Sats %
0700													
0800													
0900													
1000													
1100													
1200													
1300													
1400													
1500													
1600													
1700													
1800													
1900													
2000													
2100													
2200													
2300													
2400													
0100													
0200													
0300													
0400													
0500													
0600													

**ABV:** P=pink PA=pale C=cyanosed MO=mottled RA=room air SL=slight M=moderate SV=severe NP=nasal prongs HB=head box

**GENERAL CARE:** Mondays: Weight: g Length: cm COH: cm HB: gm%

	07	08	09	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	01	02	03	04	05	06	
Eye 12 hrly																									
Cord 3 hrly																									
Mouth 3 hrly																									
Skin 3 hrly																									
Nasal perfusion 3 hrly																									
Position change 3 hrly																									
Probe change 3 hrly																									
Cap + plastic blanket																									
Incubator covered																									
Nested/swaddled																									
Kangaroo care																									
Pain assessment (3 hrly)																									
Pain management																									
Visitors																									

**ABV:** Lt=Left Rt=Right PR=prone S=supine L=lateral H=hand F=foot A=arm M=mother Fa=father G=grandparents W/P=Warm and Pink

**RESPIRATORY CARE:** Suction naso/oropharynx at least 12 hrly if on oxygen

Suction Press. (20mmhg)																									
Naso/oropharynx Amt:																									
Description:																									
Air entry: Rt																									
Lt																									
nCPAP	Flow L/min																								
	PEEP (cmH <sub>2</sub> O)																								
	Humidifier Temp °C																								
	H <sub>2</sub> O Refill																								

**ABV:** L=large S=small V=viscid PEEP=positive and expiratory pressure Y=yellow Cr=creamy W=white Bl=blood Cl=clear Se=serous  
 Cra=crackles Sq=squeaky G=good

**INTAKE:**

FLUID ORDERS:	Time	Feed:			Total ml	Site Cond.	Total ml	Site Cond.	Boluses:		
		Amt.	How	Tot.					Fluid	Amt.	Tot.
M.O. Sign:	0700										
ml/kg/day	0800										
Total vol.	0900										
Feeds	1000										
	1100										
	1200										
IV Fluid	1300										
	1400										
	1500										
	1600										
	1700										
Review:	1800										
	1900										
Time:	2000										
Sign:	2100										
NB IV Fluid filters must be used and lines changed every 4 days.	2200										
	2300										
	2400										
TPN lines changed every 24 hrs.	0100										
	0200										
Line change:	0300										
Sign:	0400										
	0500										
Bag change:	0600										
Sign:	Total										

**OUTPUT: NB Please test urine at least 12 hrly**

Time	GAST. ASP/VOMITUS:			URINE:						STOOLS:			BLOOD Sampling	
	Amt.	Desc.	Tot.	Amt.	Desc.	Tot.	pH SG	Blood Prot.	Gluc.	Other	Amt.	Desc.		Tot.
0700														
0800														
0900														
1000														
1100														
1200														
1300														
1400														
1500														
1600														
1700														
1800														
1900														
2000														
2100														
2200														
2300														
2400														
0100														
0200														
0300														
0400														
0500														
0600														
Total														

ABV: NNL=Neonatalyte NaCl=sodium chloride Meds=medications Soda bic=sodium bicarbonate RL=ringers lactate EBM=expressed breast milk  
 PTB=Put to breast NPO=Nil per os H=healthy R=red P=Puffy PH=Phlebitis L=leaking I=Infiltrated SC=scalp Hd=hand Lg=leg Am=arm  
 Rt=right Lt=left A=arterial V=venous U=umbilical C=catheter PICC=Peripherally inserted central catheter Sft=solt L=loose P=pale G=green  
 W=watery Mec=meconium Y=yellow C=concentrated B/S=blood stained B=bile Mu=mucoid Mlk=milky Cl=clear A=air D=discarded R=returned



# 12 HOURLY ASSESSMENT: 0700 – 1900

Time:

Sign:

Print:

Desig.:

Cardiovascular	Apex beat	Normal (120–160)	Tachycardia	Bradycardia	Regular	Irregular	Murmur			
	Cyanosis	Y/N Central	Peripheral							
	Periph. pulses	Palpable Full	Bounding	Weak	Non-palpable					
	Circulation	Capillary refill:	<3 sec >3 sec	Toes and fingers	White	Black	Warm and pink			
	Blood press.	Normal (mean $\geq$ gest. age)	Hypertensive (mean $>65$ )	Hypotensive						
	Inotropes	Y/N Dopamine: Dose:	ug/kg/min.	Dobutamine:	ug/kg/min.	Adrenaline:	ug/kg/min.			
	Umbilical venous	Y/N Depth:	cm	Duration:	days	Flair:	Y/N			
	Umbilical arterial	Y/N Depth:	cm	Duration:	days	Flair:	Y/N			
	Periph. Arterial	Y/N Healthy	Leaking	Swelling	Phlebitis	Site:	Resited: Y/N			
	Periph venous 1.	Y/N Healthy	Leaking	Swelling	Phlebitis	Site:	Resited: Y/N			
	Periph venous 2.	Y/N Healthy	Leaking	Swelling	Phlebitis	Site:	Resited: Y/N			
	CVP	Y/N Healthy	Leaking	Swelling	Phlebitis	Site:	Resited: Y/N			
	PICC	Y/N Healthy	Leaking	Swelling	Phlebitis	Site:	Flushed 6 hrly: Y/N Resited: Y/N			
	Short line	Y/N Site:					Resited: Y/N			
Respiratory	Resp. Pattern	Normal	Tachypnoea	Apnoea	Grunting	Nasal Sating	Recession			
	Ventilated	Y/N Mode:	O <sub>2</sub> %:	Press:	Spont. Breaths:	Y/N	Oscillation:			
	Airway	Oral Airway: Y/N	E.T. tube: Y/N	Oral	Nasal					
	Oxygen therapy	Nil Oral airway Y/N	Nasal Prongs	Headbox	Nasal CPAP	O <sub>2</sub> Catheter	O <sub>2</sub> Percentage:			
	Lung sounds: Left	Good	Diminished	Crepitation	Stridor	Wheeze	Squeaky			
	Right	Good	Diminished	Crepitation	Stridor	Wheeze	Squeaky			
	Secretions	Y/N Colour: White	Yellow	Cream	Green	Mucoid	Old blood	Fresh blood		
		Amount: Scanty	Moderate	Copious	Consistency: Thin	Viscous	Repluglye suct.	Y/N		
	Chest Drains 1.	Y/N Site:			Draining: Bubbling	Swinging	Static	Cont. Suction		
	2.	Y/N Site:			Draining: Bubbling	Swinging	Static	Cont. Suction		
Gastro-Intestinal	G/J Tube	Nil	Gastric (G): Y/N	Jejunal (J): Y/N	Position:					
	Mouth	Moist	Dry	Thrush						
	Sucking	N/A	Strong	Latching	Weak	No Effort				
	Feed	Type:	Amount:	Frequency:	NPM					
	Aspirate	N/A	Amount: Scanty	Moderate	Copious	Vomiting				
		Description: Mucoid	Blood Tinged	Bile Stained	Milky	Other				
	Abdomen	Soft	Distended	Tense	Red	Scaphoid				
	Bowel sounds	Present	Decreased	Absent						
	Stools	Nil Meconium	Soft yellow	Green	Loose	Bloody	Changing stool	Offensive	Last stool: Date:	
	Stoma	Y/N	Pink	Dusky	Draining					
Perineum	Healthy	Contact dermatitis	Thrush							
Renal	Urine	Catheter Y/N	Urinary Amount: Normal (>1ml/kg/hr)	Oliguria	Anuria	Polyuria				
Central Nervous System	Motor response	Active	Apathetic	Jittery	Seizures	Unresponsive	Pain Response: Flexion	Extension		
	Behaviour	Quiet alert	Irritable	Hyper-alert	Lethargic	Sedated				
	Posture	Flexion	Extension	Ophisthotonic						
	Seizure activity	Nil	Focal	Generalized	Staring	Mouthing	Fisting	Cycling		
	Muscle tone	Normal	Hypertonic	Hypotonic:	Central	Peripheral				
	Reflexes	Moro:	Complete / Incomplete / Absent	Grasp: Present / Absent	Rooting: Present / Absent					
	Fontanelles	Normal	Sunken	Bulging	Tense					
Meta-bolic	Endocrine	Hypo	Hyper	Normoglycaemia						
	Jaundiced	Y/N TSB:	mmol/l	Kernicterus: Y/N	Exchange: Y/N					
General	Phototherapy: Timer:	hrs	Single	Double	Billiblanket					
	Skin	Healthy	Dry	Peeling	Rash	Press. area	Seeping	Humidified tent: Y/N		
	Wound	Surgical Y/N Site:				Healthy	Granulating	Sloughy	Infected	Necrotic
	Condition	Dressing changed: Y/N	Exudate: Y/N	Descrip:						
	Temperature	Well	Stable	Improving	Unstable	Critical	Dying			
Mother	Location	Normal (36°–37°C)	Hyperthermic (>37°C)	Hypothermic (<36°C)						
	Location	Lodging	Post natal	H/C ICU	Ref. hosp.	Home	Died	Pass out	From:	
	Condition	Well	Sick	Interactive	Withdrawn / Depressed	Psychotic				
	Breast milk prod.	Large	Adequate	Insufficient	Maxalon	Supplement				
	Health education	Given	Not given	Recorded						
	Counselling	Given	Not given	Recorded						
Care of baby	Confident	Nervous	Unreliable							

ABV: Y= Yes N= No NPM= Nil per mouth G=Gastric J=Jejunal

# 12 HOURLY ASSESSMENT: 1900 – 0700

Time:	Sign:	Print:	Desig.:
Cardiovascular	Apex beat	Normal (120-160)	Tachycardia Bradycardia Regular Irregular Murmur
	Cyanosis	Y/N Central	Peripheral
	Periph. pulses	Palpable Full	Bounding Weak Non-palpable
	Circulation	Capillary refill:	<3 sec >3 sec Toes and fingers White Black Warm and pink
	Blood press.	Normal (mean >= gest. age)	Hypertensive (mean >65) Hypotensive
	Inotropes	Y/N Dopamine: Dose:	ug/kg/min. Dobutamine: ug/kg/min. Adrenaline: ug/kg/min.
	Umbilical venous	Y/N Depth:	cm Duration: days Flair: Y/N
	Umbilical arterial	Y/N Depth:	cm Duration: days Flair: Y/N
	Periph. Arterial	Y/N Healthy Leaking Swelling Phlebitis Site:	Resited: Y/N
	Periph venous 1.	Y/N Healthy Leaking Swelling Phlebitis Site:	Resited: Y/N
	Periph venous 2.	Y/N Healthy Leaking Swelling Phlebitis Site:	Resited: Y/N
	CVP	Y/N Healthy Leaking Swelling Phlebitis Site:	Resited: Y/N
	PICC	Y/N Healthy Leaking Swelling Phlebitis Site:	Flushed 6 hrly: Y/N Resited: Y/N
	Short line	Y/N Site:	Resited: Y/N
Respiratory	Resp. Pattern	Normal Tachypnoea Apnoea Grunting Nasal flaring	Recession
	Ventilated	Y/N Mode: O <sub>2</sub> %: Press:	Spont. Breaths: Y/N Oscillation:
	Airway	Oral Airway: Y/N E.T. tube: Y/N	Oral Nasal
	Oxygen therapy	Nil Oral airway Y/N Nasal Prongs Headbox Nasal CPAP O <sub>2</sub> Catheter O <sub>2</sub> Percentage:	
	Lung sounds: Left	Good Diminished Crepitation Stridor Wheeze Squeaky	
	Right	Good Diminished Crepitation Stridor Wheeze Squeaky	
	Secretions	Y/N Colour: White Yellow Cream Green Mucoïd Old blood Fresh blood	
		Amount: Scanty Moderate Copious Consistency: Thin Viscous Replogyle suct. Y/N	
	Chest Drains 1.	Y/N Site:	Draining: Bubbling Swinging Static Cont. Suction
	2.	Y/N Site:	Draining: Bubbling Swinging Static Cont. Suction
Gastro-Intestinal	G/J Tube	Nil Gastric (G): Y/N Jejunal (J): Y/N	Position:
	Mouth	Moist Dry Thrush	
	Sucking	N/A Strong Latching Weak No Effort	
	Feed	Type: Amount: Frequency:	NPM
	Aspirate	N/A Amount: Scanty Moderate Copious Vomiting	
		Description: Mucoïd Blood Tinged Bile Stained Milky Other	
	Abdomen	Soft Distended Tense Red Scaphoid	
	Bowel sounds	Present Decreased Absent	
	Stools	Nil Meconium Soft yellow Green Loose Bloody Changing stool Offensive Last stool: Date:	
	Stoma	Y/N Pink Dusky Draining	
Perineum	Healthy Contact dermatitis Thrush		
Renal	Urine Catheter Y/N Urinary Amount: Normal (>1ml/kg/hr) Oliguria Anuria Polyuria		
Central Nervous System	Motor response	Active Apathetic Jittery Seizures Unresponsive Pain Response: Flexion Extension	
	Behaviour	Quiet alert Irritable Hyper-alert Lethargic Sedated	
	Posture	Flexion Extension Ophisthotonic	
	Seizure activity	Nil Focal Generalized Staring Mouthing Fisting Cycling	
	Muscle tone	Normal Hypertonic Hypotonic: Central Peripheral	
	Reflexes	Moro: Complete / Incomplete / Absent Grasp: Present / Absent Rooting: Present / Absent	
	Fontanelles	Normal Sunken Bulging Tense	
Meta-bolic	Endocrine	Hypo Hyper Normoglycaemia	
	Jaundiced	Y/N TSB: mmol/l Kernicterus: Y/N Exchange: Y/N Phototherapy: Timer: hrs Single Double Billiblanket	
General	Skin	Healthy Dry Peeling Rash Press. area Seeping Humidified tent: Y/N	
	Wound	Surgical Y/N Site: Dressing changed: Y/N Exudate: Y/N Descrip:	Healthy Granulating Sloughy Infected Necrotic
	Condition	Well Stable Improving Unstable Critical Dying	
	Temperature	Normal (36-37°C) Hyperthermic (>37°C) Hypothermic (<36°C)	
Mother	Location	Lodging Post natal H/C ICU Ref. hosp. Home Died Pass out From:	
	Condition	Well Sick Interactive Withdrawn / Depressed Psychotic	
	Breast milk prod.	Large Adequate Insufficient Maxalon Supplement	
	Health education	Given Not given Recorded	
	Counselling	Given Not given Recorded	
Care of baby	Confident Nervous Unreliable		

ABV: Y= Yes N= No NPM= Nil per mouth G=Gastric J=Jejunal















ARE YOU THE ACCREDITED REPRESENTATIVE IN SOUTH AFRICA FOR THE GOODS / SERVICES / WORKS OFFERED? [IF YES  
ENCLOSE PROOF]

OFFICIAL PRICE PAGE FOR QUOTATIONS

SIGNATURE OF BIDDER ..... DATE.....  
 [By signing this document I hereby agree to all terms and conditions]

CAPACITY UNDER WHICH THIS QUOTE IS SIGNED.....

Item No	Quantity	Description	Brand & model	Country of manufacture	Price	
					R	c
	2000	Neonatal High Care Chart				
	units					
<b>VALUE ADDED TAX (Only if VAT Vendor)</b>						
<b>TOTAL QUOTATION PRICE (VALIDITY PERIOD 60 Days)</b>						

Does This Offer Comply With The Specification?	Does The Article Conform To The S.A.N.S. / S.A.B.S. Specification?
Is The Price Firm?	State Delivery Period E.G. E.G. 1day, 1week

<b>Enquiries regarding the quote may be directed to:</b> Contact Person: <u>Cindy Chonco</u> ..... Tel: <u>033-395 4569</u> .....	<b>Enquiries regarding technical information may be directed to:</b> Contact Person: ..... Tel: .....
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**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.

**SPECIAL CONTRACT CONDITIONS OF QUOTATIONS**

**1. AMENDMENT OF CONTRACT**

1.1. Any amendment to or renunciation of the provisions of the contract shall at all times be done in writing and shall be signed by both parties.

**2. CHANGE OF ADDRESS**

2.1. Bidders must advise the Department of Health (institution where the offer was submitted) should their address (*domicilium citandi et executandi*) details change from the time of bidding to the expiry of the contract.

**3. GENERAL CONDITIONS ATTACHED TO THIS QUOTATION**

- 3.1. The institution is under no obligation to accept the lowest or any quote.
- 3.2. The price quoted must include VAT (if VAT vendor). However, it must be noted that the department reserves the right to evaluate all quotations excluding VAT as some bidders may not be VAT vendors.
- 3.3. The bidder must ensure the correctness & validity of quote:
  - (i) *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*
- 3.4. 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.
- 3.5. This quotation will be evaluated based on the 80/20 points system, specification & correctness of information. All required documentation must be completed in full and submitted.
- 3.6. Offers must comply strictly with the specification.
- 3.7. Only offers that meet or are greater than the specification will be considered.
- 3.8. Late quotes will not be considered.
- 3.9. Expired product/s will not be accepted. All products supplied must be valid for a minimum period of six months.
- 3.10. A bidder not registered on the Central Suppliers Database or verification has failed will not be considered.
- 3.11. All delivery costs must be included in the quote price, for delivery at the prescribed destination.
- 3.12. 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.
- 3.13. In cases where different delivery points influence the pricing, a separate pricing schedule must be submitted for each delivery point.
- 3.14. 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.

**4. SAMPLES**

- 4.1. In the case of the quote document stipulating that samples are required, the supplier will be informed in due course when samples should be provided to the institution. (This decreases the time of safety and storage risk that may be incurred by the respective institution). The bidders sample will be retained if such bidder wins the contract.
  - (i) If a company/s who has not won the quote requires their samples, they must advise the institution in writing of such.
  - (ii) If samples are not collected within three months of close of quote the institution reserves the right to dispose of them at their discretion.
- 4.2. **Samples must be made available when requested in writing or if stipulated on the document.**
  - (i) If a Bidder fails to provide a sample of their product on offer for scrutiny against the set specification when requested, their offer will be rejected. All testing will be for the account of the bidder.

**5. COMPULSORY SITE INSPECTION / BRIEFING SESSION**

5.1. Bidders who fail to attend the compulsory meeting will be disqualified from the evaluation process.

- (i) The institution has determined that a compulsory site meeting  **yes** take place
- (ii) Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Time \_\_\_\_:\_\_\_\_ Place \_\_\_\_\_

Institution Stamp:	Institution Site Inspection / briefing session Official  Full Name: ..... Signature: ..... Date: .....
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## 6. STATEMENT OF SUPPLIES AND SERVICES

- 6.1. The contractor shall, when requested to do so, furnish particulars of supplies delivered or services executed. If he/she fails to do so, the Department may, without prejudice to any other rights which it may have, institute inquiries at the expense of the contractor to obtain the required particulars.

## 7. SUBMISSION AND COMPLETION OF SBD 6.1

- 7.1. Should a bidder wish to qualify for preference points they must complete a SBD 6.1 document. Failure by a bidder to provide all relevant information required, will result in such a bidder not being considered for preference points allocation. The preferences applicable on the closing date will be utilized. Any changes after the closing date will not be considered for that particular quote.

## 8. TAX COMPLIANCE REQUIREMENTS

- 8.1. 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.***
- 8.2. In the event that the institution cannot validate the suppliers' tax clearance on SARS as well as the Central Suppliers Database, ***the quote will not be considered and passed over as non-compliant according to National Treasury Instruction Note 4 (a) 2016/17.***

## 9. TAX INVOICE

- 9.1. A tax invoice shall be in the currency of the Republic of South Africa and shall contain the following particulars:

- (i) the name, address and registration number of the supplier;
- (ii) the name and address of the recipient;
- (iii) an individual serialized number and the date upon which the tax invoice is issued;
- (iv) a description and quantity or volume of the goods or services supplied;
- (v) the official department order number issued to the supplier;
- (vi) the value of the supply, the amount of tax charged;
- (vii) the words tax invoice in a prominent place.

## 10. PATENT RIGHTS

- 10.1. The supplier shall indemnify the **KZN Department of Health** (hereafter known as 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.

## 11. PENALTIES

- 11.1. 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.

## 12. TERMINATION FOR DEFAULT

- 12.1. The purchaser, without prejudice to any other remedy for breach of contract, by written notice of default sent to the supplier, may terminate this contract in whole or in part:
- (i) if the supplier fails to deliver any or all of the goods within the period(s) specified in the contract,
  - (ii) if the supplier fails to perform any other obligation(s) under the contract; or
  - (iii) if the supplier, in the judgment of the purchaser, has engaged in corrupt or fraudulent practices in competing for or in executing the contract.
- 12.2. In the event the purchaser terminates the contract in whole or in part, 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.
- 12.3. 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.

**FAILURE TO COMPLY WITH ABOVE WILL RESULT IN YOUR QUOTE BEING PASSED OVER.**

**PREFERENCE POINTS CLAIM FORM IN TERMS OF THE PREFERENTIAL PROCUREMENT REGULATIONS 2017**

This preference form must form part of all quotes invited. It contains general information and serves as a claim form for preference points for Broad-Based Black Economic Empowerment (B-BBEE) Status Level of Contribution

**NB: BEFORE COMPLETING THIS FORM, BIDDERS MUST STUDY THE GENERAL CONDITIONS, DEFINITIONS AND DIRECTIVES APPLICABLE IN RESPECT OF B-BBEE, AS PRESCRIBED IN THE PREFERENTIAL PROCUREMENT REGULATIONS, 2017.**

**1. GENERAL CONDITIONS**

1.1 The following preference point systems are applicable to all quotes:

- the 80/20 system for requirements with a Rand value of up to R50 000 000 (all applicable taxes included); and

1.2 The value of this quote is estimated to not exceed R50 000 000 (all applicable taxes included) and therefore the 80/20 preference point system shall be applicable.

1.3 Points for this quote shall be awarded for:

- (a) Price; and
- (b) B-BBEE Status Level of Contributor.

1.4 The maximum points for this quote is allocated as follows:

	<b>POINTS</b>
<b>PRICE</b>	80
<b>B-BBEE STATUS LEVEL OF CONTRIBUTOR</b>	20
<b>Total points for Price and B-BBEE must not exceed</b>	<b>100</b>

1.5 Failure on the part of a bidder to submit proof of B-BBEE Status level of contributor together with the quote, will be interpreted to mean that preference points for B-BBEE status level of contribution are not claimed.

1.6 The purchaser reserves the right to require of a bidder, either before a quote is adjudicated or at any time subsequently, to substantiate any claim in regard to preferences, in any manner required by the purchaser.

**2. DEFINITIONS**

- (a) **"B-BBEE"** means broad-based black economic empowerment as defined in section 1 of the Broad-Based Black Economic Empowerment Act;
- (b) **"B-BBEE status level of contributor"** means the B-BBEE status of an entity in terms of a code of good practice on black economic empowerment, issued in terms of section 9(1) of the Broad-Based Black Economic Empowerment Act;
- (c) **"bid"** means a written offer in a prescribed or stipulated form in response to an invitation by an organ of state for the provision of goods or services, through price quotations, advertised competitive bidding processes or proposals;
- (d) **"Broad-Based Black Economic Empowerment Act"** means the Broad-Based Black Economic Empowerment Act, 2003 (Act No. 53 of 2003);
- (e) **"EME"** means an Exempted Micro Enterprise in terms of a code of good practice on black economic empowerment issued in terms of section 9 (1) of the Broad-Based Black Economic Empowerment Act;
- (f) **"functionality"** means the ability of a tenderer to provide goods or services in accordance with specifications as set out in the tender documents.
- (g) **"prices"** includes all applicable taxes less all unconditional discounts;
- (h) **"proof of B-BBEE status level of contributor"** means:
  - 1) B-BBEE Status level certificate issued by an authorized body or person;
  - 2) A sworn affidavit as prescribed by the B-BBEE Codes of Good Practice;
  - 3) Any other requirement prescribed in terms of the B-BBEE Act;
- (i) **"QSE"** means a qualifying small business enterprise in terms of a code of good practice on black economic empowerment issued in terms of section 9 (1) of the Broad-Based Black Economic Empowerment Act;
- (j) **"rand value"** means the total estimated value of a contract in Rand, calculated at the time of bid invitation, and includes all applicable taxes;

**3. POINTS AWARDED FOR PRICE**

**3.1 THE 80/20 PREFERENCE POINT SYSTEMS**

A maximum of 80 points is allocated for price on the following basis:

$$Ps = 80 \left( 1 - \frac{Pt - P_{min}}{P_{min}} \right) \text{ Where}$$

- Ps = Points scored for price of bid under consideration
- Pt = Price of bid under consideration
- Pmin = Price of lowest acceptable bid

**4. POINTS AWARDED FOR B-BBEE STATUS LEVEL OF CONTRIBUTOR**

4.1 In terms of Regulation 6 (2) and 7 (2) of the Preferential Procurement Regulations, preference points must be awarded to a bidder for attaining the B-BBEE status level of contribution in accordance with the table below:

B-BBEE Status Level of Contributor	Number of points (80/20 system)
1	20
2	18
3	14
4	12
5	8
6	6
7	4
8	2
Non-compliant contributor	0

**5. BID DECLARATION**

5.1 Bidders who claim points in respect of B-BBEE Status Level of Contribution must complete the following:

**6. B-BBEE STATUS LEVEL OF CONTRIBUTOR CLAIMED IN TERMS OF PARAGRAPHS 1.4 AND 4.1**

6.1 B-BBEE Status Level of Contributor: = .....(maximum of 20 points)

(Points claimed in respect of paragraph 7.1 must be in accordance with the table reflected in paragraph 4.1 and must be substantiated by relevant proof of B-BBEE status level of contributor.

**7. SUB-CONTRACTING**

(Tick applicable box)

7.1 Will any portion of the contract be sub-contracted?

YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
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7.1.1 If yes, indicate:

- i) What percentage of the contract will be subcontracted.....%
- ii) The name of the sub-contractor.....
- iii) The B-BBEE status level of the sub-contractor.....

8. Whether the sub-contractor is an EME or QSE

(Tick applicable box)

iv) Specify, by ticking the appropriate box, if subcontracting with an enterprise in terms of Preferential Procurement Regulations,2017:

YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
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Designated Group: An EME or QSE which is at last 51% owned by:	EME √	QSE √
Black people		
Black people who are youth		
Black people who are women		
Black people with disabilities		
Black people living in rural or underdeveloped areas or townships		
Cooperative owned by black people		
Black people who are military veterans		
OR		
Any EME		
Any QSE		

9. **DECLARATION WITH REGARD TO COMPANY/FIRM**

9.1 Name of company/firm:.....

9.2 VAT registration number:.....

9.3 Company registration number:.....

9.4 **TYPE OF COMPANY/ FIRM [TICK APPLICABLE BOX]**

- Partnership/Joint Venture / Consortium
- One person business/sole propriety
- Close corporation
- Company
- (Pty) Limited

9.5 **DESCRIBE PRINCIPAL BUSINESS ACTIVITIES**

.....  
.....

9.6 **COMPANY CLASSIFICATION [TICK APPLICABLE BOX]**

- Manufacturer
- Supplier
- Professional service provider
- Other service providers, e.g. transporter, etc.

9.7 Total number of years the company/firm has been in business:.....

9.8 I/we, the undersigned, who is / are duly authorised to do so on behalf of the company/firm, certify that the points claimed, based on the B-BBE status level of contributor indicated in paragraphs 1.4 and 6.1 of the foregoing certificate, qualifies the company/ firm for the preference(s) shown and I / we acknowledge that:

- i) The information furnished is true and correct;
- ii) The preference points claimed are in accordance with the General Conditions as indicated in paragraph 1 of this form;
- iii) In the event of a contract being awarded as a result of points claimed as shown in paragraphs 1.4 and 6.1, the contractor may be required to furnish documentary proof to the satisfaction of the purchaser that the claims are correct;
- iv) If the B-BBEE status level of contributor has been claimed or obtained on a fraudulent basis or any of the conditions of contract have not been fulfilled, the purchaser may, in addition to any other remedy it may have –
  - (a) disqualify the person from the bidding process;
  - (b) recover costs, losses or damages it has incurred or suffered as a result of that person's conduct;
  - (c) cancel the contract and claim any damages which it has suffered as a result of having to make less favourable arrangements due to such cancellation;
  - (d) recommend that the bidder or contractor, its shareholders and directors, or only the shareholders and directors who acted on a fraudulent basis, be restricted by the National Treasury from obtaining business from any organ of state for a period not exceeding 10 years, after the *audi alteram partem* (hear the other side) rule has been applied; and
  - (e) forward the matter for criminal prosecution.

<p>WITNESSES</p> <p>1. ....</p> <p>2. ....</p>
--

<p>.....</p> <p>SIGNATURE(S) OF BIDDERS(S)</p>
<p>DATE: .....</p> <p>ADDRESS.....</p> <p>.....</p> <p>.....</p>