






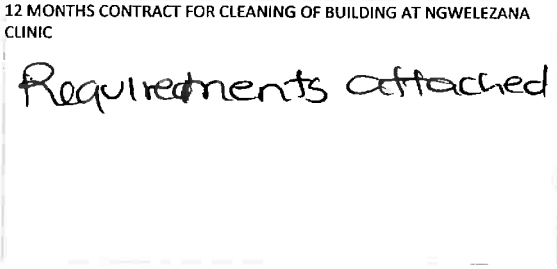
## Quotation Advert

Opening Date: 04/03/2019   
Closing Date: 11/03/2019   
Closing Time: 11:00

### INSTITUTION DETAILS

Institution Name: Ngwelezane hospital   
Province: KwaZulu-Natal  
Department or Entity: Department of Health  
Division or section: Central Supply Chain Management  
Place where goods / services is required: EMPANGENI CLINIC  
Date Submitted: 04/03/2019 

### ITEM CATEGORY AND DETAILS

Quotation Number: ZNQ:  
A315/18-19  
Item Category: Services   
Item Description: 12 MONTHS CONTRACT FOR CLEANING OF BUILDING AT NGWELEZANA CLINIC  
  
Quantity (if supplies): 04 EMPLOYEES

### COMPULSORY BRIEFING SESSION / SITE VISIT

Select Type: Compulsory Site Visit   
Date: 07/03/2019   
Time: 11:00  
Venue: EMPANGENI CLINIC

QUOTES CAN BE COLLECTED FROM: EMPANGENI CLINIC SITE MEETING

QUOTES SHOULD BE DELIVERED TO: NGWELEZANA HOSPITAL TANDER BOX NEXT TO OPD

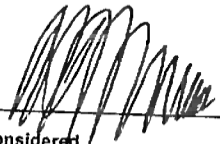
### ENQUIRIES REGARDING THE ADVERT MAY BE DIRECTED TO:

Name: RT MKHUMBUZI/ NS MNGOMEZULU  
Email: nomathandazo.mngomezulu@kznhealth.gov  
Contact Number:

Finance Manager Name:

MR LSHANDU

Finance Manager Signature:



No late quotes will be considered



**health**

Department:  
Health  
PROVINCE OF KWAZULU-NATAL

**DIRECTORATE:**

Physical Address  
Thanduyise road, Ngwelezana Township, eMpangeni 3880  
Tel: 035 901 7210 Fax 035 794 1015 Email: siyabonga.mhlongo@kznhealth.gov.za  
www.kznhealth.gov.za

**NGWELEZANA HOSPITAL  
SUPPLY CHAIN MANAGEMENT**

## EVALUATION CRITERIA FOR CLEANING OF CLINICS

### Phase 1: Minimum compulsory requirements

- (a) Original/certified valid BEE certificate/sworn affidavit
- (b) Proof of CSD/Tax compliance (valid tax clearance/pin)
- (c) Valid certified copy of registration certificate with Bargaining Council
- (d) Certified copy of Unemployment Insurance Fund registration certificate
- (e) Letter of good standing with Department of Labour
- (f) Utility bill/letter from a ward councilor
- (g) Curriculum Vitae of employee

### Phase 2: Pre-qualification criteria

BBBEE status-minimum level 1

### Phase 3: Functionality

3.1 Number of years experience in cleaning in the form of reference letters. Weight 20

**FIGURE 1**

NUMBER OF YEARS	POINTS
Five years or more	=20
3-4	=15
2-3	=10
0-1	=5

3.2 Verifiable proof of locality. (utility bill/ward councilor) weight 30

AREA	POINTS
Within local (KZN282)	= 30
District	= 20

Outside District within KZN	= 10
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### 3.3 Competency expertise of key employees (C.V) W=10 experience

**FIGURE 2**

NUMBER OF YEARS	POINTS
5 or more	10
3-4	8
2-3	6
0-1	4

3.4 Military veterans (proof attached)	40
Total weight	100
Minimum passing score	70