

Quotation Advert

Opening Date: 2019-05-20 
Closing Date: 2019-06-03 
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 MAINTENANCE
Date Submitted: 2019-05-15 



ITEM CATEGORY AND DETAILS

Quotation Number: ZNQ:
KM 38119
Item Category: Services 
Item Description:

COME AND SERVICE ELECTRICAL HOT WATER SYSTEM AS PER SCOPE
* QUOTES TO BE HANDED OUT AFTER SITE MEETING

Quantity (if supplies) 1

COMPULSORY BRIEFING SESSION / SITE VISIT

Select Type: Compulsory Briefing Session 
Date : 2019-05-27 
Time: 11:00
Venue: KING EDWARD VIII HOSPITAL OUTSIDE MAINTENANCE

QUOTES CAN BE COLLECTED FROM: KHULANI MTHEMBU

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 ZUMF

Finance Manager Signature:


No late quotes will be considered

Scope of work

Inspect the following electrical hot water systems, starting on date of official order as per the following service schedules.

Electrically (DHWS2-001) (2019)

- 1) Doctor's quarters.
- 2) New Block.
- 3) Old N block theatre basement.
- 4) Mortuary.
- 5) New POPD.
- 6) Main kitchen (left)
- 7) Main kitchen (Right)
- 8) Nurses Home (left)
- 9) Nurses Home (right)

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	QTY. EX SITE STOCK	QTY. EX FIRMS STOCK	DESCRIPTION OF OTHER REPAIRS REQUIRED	EST. TIME REQ.	DESCRIPTION OF SPARES REQUIRED	QTY. REQ.
24.	Check plant is locked										
25.	Check all door hinges										
26.	Supply and fit all relevant safety signs to plant door										

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: