




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: 7NQ:
KM 40V19
Item Category: Services 
Item Description: CARRY OUT HEAT PUMP HOT WATER SERVICE AS PER SCOPE
*QUOTES TO BE HANDED OUT AFTER SITE MEETING

Quantity (if supplies) 1

COMPULSORY BRIEFING SESSION / SITE VISIT

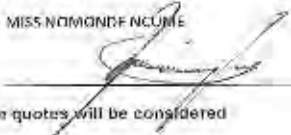
Select Type: Compulsory Briefing Session 
Date: 2019-05-27 
Time: 11:00
Venue: KING EDWARD VIII HOSPITAL OUTSIDE MAINTENANCE

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 NCUME

Finance Manager Signature: 

No late quotes will be considered

Scope of work

Attend to refm3-001a (Heat pump hot water systems) service schedule on the following plants.

Heat pumps

- 1) Nurses home 1, 2 and 3
- 2) Main kitchen 1 and 2
- 3) Compound

NB

No person will be allowed to start work and any machine if spares are not all on site

No person will be allowed to continue to proceed to next plant without the last plant worked on is complete

No plant will be left striped of any part.

All plants will be left fully functional and locked (HA-1 padlock to be supplied and installed should plant not have pad lock.)

All system pressure gauges applicable to system water pressure must be changed.

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|----|--|--|--|--|--|--|--|--|--|--|
| | Reset if necessary. Note settings (Annually) | | | | | | | | | |
| 30 | Take oil sample for analysis. (Where applicable) Top up or change as required (Annually) | | | | | | | | | |
| 31 | Remove motor and cover and clean out air ways (Annually) | | | | | | | | | |
| 32 | Clean out switch board | | | | | | | | | |
| 33 | Clean plant and plantroom area | | | | | | | | | |
| 34 | Check operation of all switchgear | | | | | | | | | |
| 35 | Tighten all electrical terminals (Annually) | | | | | | | | | |
| 36 | Check evaporator, evaporator fans and motors for correct operation | | | | | | | | | |
| 37 | Check DX or TXV valve for correct operation | | | | | | | | | |
| 38 | Compile and attach other defects noted for attention to this service schedule. | | | | | | | | | |

RUNNING REPAIRS MADE:

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DEFECTS NOTED FOR FURTHER ATTENTION:

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REPAIRS:

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| 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): | | | | | | | | |
| TIME IN: | | TIME OUT: | | TIME ON SITE: | | DATE: | | NAME OF RESPONSIBLE OFFICIAL ON SITE: |
| FROM: | TO: | KM: | TO: | KM: | TOTAL KM: | | | |
| | | | | | | | | SIGNATURE: |