

Opening Date: 2019-05-20

Closing Date: 2019-06-04

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 43/19

Item Category: Services

Item Description: CARRY OUT PLATE HEAT EXCHANGER HOT WATER PLANT 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: 11H00

Venue: KING EDWARD VIII HOSPITAL OUTSIDE MAINTENANCE

QUOTES CAN BE COLLECTED FROM: KHULANI MTIEMBU

QUOTES SHOULD BE DELIVERED TO: KING EDWARD VIII HOSPITAL TENDER BOX

ENQUIRIES REGARDING THE ADVERT MAY BE DIRECTED TO:

Name: KHULANI MTIEMBU

Email: KHULANI.MTIEMBU@K2NH.EALTH.GOV.ZA

Contact Number: 031 360 3446

Finance Manager Name: MISS NOMONDE NCUBE

Finance Manager Signature:


No late quotes will be considered

Scope of work

Attend to HWB 2-001a Plate heat exchanger service schedule on the following plants.

Steam operated

- 1) Old transport
- 2) N Block
- 3) I Block
- 4) Disconnect and remove nursery plate heat exchanger and place in boiler house.

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 stripped 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.

NOTE THE FOLLOWING:

- a) Heat exchanger KW rating
- b) Heat exchangers model
- c) Make of heat exchangers
- d) No. of air vents

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):														
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%; padding: 2px;">TIME IN:</td> <td style="width: 15%;"></td> <td style="width: 10%; padding: 2px;">TIME OUT:</td> <td style="width: 15%;"></td> <td style="width: 15%; padding: 2px;">TIME ON SITE:</td> <td style="width: 15%;"></td> <td style="width: 10%; padding: 2px;">DATE:</td> <td style="width: 10%;"></td> </tr> </table>						TIME IN:		TIME OUT:		TIME ON SITE:		DATE:		NAME OF RESPONSIBLE OFFICIAL ON SITE:
TIME IN:		TIME OUT:		TIME ON SITE:		DATE:								
FROM:		TO:		KM:		TO:		KM:		TOTAL KM:		SIGNATURE:		