



# Quotation Advert

**Opening Date:** 2019-10-28

**Closing Date:** 2019-11-04

**Closing Time:** 11:00

## INSTITUTION DETAILS

**Institution Name:** Head Office Quotations

**Province:** KwaZulu-Natal

**Department or Entity:** Department of Health

**Division or section:** Central Supply Chain Management

**Place where goods / services is required** Dr Pixley Ka Isaka Seme Hospital

**Date Submitted** 2019-10-24

## ITEM CATEGORY AND DETAILS

**Quotation Number:** ZNQ: 866/19/20-H

**Item Category:** Goods

**Item Description:** To supply and deliver Photometer for Dr Pixley Ka Isaka Seme Memorial Hospital

**Quantity (if supplies)** 02

## COMPULSORY BRIEFING SESSION / SITE VISIT

**Select Type:** Select...

**Date :**

**Time:**

**Venue:**

**QUOTES CAN BE COLLECTED FROM:** www.kznhealth.gov.za or Old boys Model Building, 310 Jabu Ndlovu street, Tender Advisory section

**QUOTES SHOULD BE DELIVERED TO:** Old boys Model Building, 310 Jabu Ndlovu street, Quotation Box or email to Musawenkosi.Sokhela@kznhealth.gov.za

## ENQUIRIES REGARDING THE ADVERT MAY BE DIRECTED TO:

**Name:** Nolwazi Mthembu

**Email:** nolwazi.mthembu1@kznhealth.gov.za

**Contact Number:**

**Finance Manager Name:**





033-8158411

Mrs N. Khanyile



**Finance Manager Signature:**

**No late quotes will be considered**

 Submit |  Save | Save As... |  Close |  Print Preview

Print this page

**STANDARD QUOTE DOCUMENTATION SUPPLY CHAIN MANAGEMENT UNDER R30 000.00**

YOU ARE HEREBY INVITED TO QUOTE FOR REQUIREMENTS AT: DEPARTMENT OF HEALTH- CENTRAL SCM	
DATE ADVERTISED: 28/10/2019	FACSIMILE NUMBER: .....
ENQUIRIES MAY BE DIRECTED TO: NISHAN SINGH	CONTACT NUMBER: 082 336 8240
PHYSICAL ADDRESS: 310 JABU NDLOVU STREET, SCM OFFICES, PIETERMARITZBURG, 3201	

ZNQ NUMBER: 866/19/20-H ..... CLOSING DATE: 04/11/2019 ..... CLOSING TIME: 11:00

DESCRIPTION, SUPPLY AND DELIVER: PHOTOMETER (DR PIXLEY KA ISAKA SEME MEMORIAL HOSPITAL)

THE FOLLOWING PARTICULARS MUST BE FURNISHED (FAILURE TO DO SO WILL RESULT IN YOUR OFFER BEING DISQUALIFIED)

NAME & ADDRESS OF BIDDER (FIRM)	
NAME OF BIDDER	
PHYSICAL ADDRESS	DATE
CONTACT NUMBER	FACSIMILE NUMBER
SIGNATURE OF BIDDER	SARS PIN
[By signing this document I hereby agree to all terms and conditions]	CENTRAL SUPPLIER DATABASE REGISTRATION (CSD) NO.:
UNIQUE REGISTRATION REFERENCE: ↓	

Item No	Quantity	Description	Brand & model	Country of manufacture	Price	
					R	c
1	2	SUPPLY AND DELIVER: PHOTOMETER FOR DR PIXLEY KA ISAKA SEME MEMORIAL HOSPITAL				
		NB : PLEASE COMPLETE SPECIFICATION ATTACHED				
		PLEASE ATTACH BROCHURE				
		Hand Deliver : 310 Jabu Ndlovu street, SCM Offices, Quotation Tender Box. Proof of CSD summary with banking details, Tax Clearance Certificate must be attached OR email to Musawenkosi.Sokhela@kznhealth.gov.za				
<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?	State delivery period e.g. E.g. 1day, 1week
Is the price firm?	All delivery costs must be included in the quote price

**SPECIAL CONTRACT CONDITIONS OF QUOTATIONS**

- The Institution is under no obligation to accept the lowest or any quote.
- The price quoted must include VAT (if VAT vendor).
- The department reserves the right to evaluate all quotations excluding VAT as some Bidders may not be VAT vendors.
- The Bidder must ensure the correctness & validity of quote: 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
- 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.
- This quotation will be evaluated specification & correctness of information.
- Only offers that comply with or greater than specification will be considered.
- Late quotes will not be considered.
- All products supplied must be valid for a minimum period of six months.
- A Bidder not registered on the Central Suppliers Database or verification has failed will not be considered.
- All delivery costs must be included in the quote price, for delivery at the prescribed destination.
- 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. In cases where different delivery points influence the pricing, a separate pricing schedule must be submitted for each delivery point.
- If samples / compulsory site inspection / briefing session are required, the supplier will be informed in due course.
- The supplier shall furnish any information, when requested.
- 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.
- The supplier shall indemnify the KZN Department of Health (eka 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.
- 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.
- The purchaser, may terminate this contract in whole or in part if the supplier fails to deliver any or all of the goods within the period(s) specified in the contract fails to perform any other obligation(s) under the contract; or has engaged in corrupt or fraudulent practices in competing for or in executing the contract.
- 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.
- 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.
- 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.

FO 304

**REVISED: 2019/04/24**

**PROVINCE OF KWAZULU-NATAL**

**DEPARTMENT OF HEALTH**

**HEALTH TECHNOLOGY SERVICES**

**SPECIFICATION FOR:**

**ANALYSER – PHOTOTHERAPY**

**SPECIFICATION: H.T.S. TE/02**

*Tenderer to Sign and Date every Page*

SPECIFICATION: H.T.S TE/02  
ANALYSER – PHOTOTHERAPY  
REVISED: 2019/04/24  
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**TECHNICAL SPECIFICATIONS:**

**Clause T1**

The unit being tendered for must be a Phototherapy Radiometer, which is able to accurately measure and test light radiation in the spectrum from 400 to 480 nanometers.

**TENDERER'S COMMENTS:**

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**Clause T2**

The unit must have an easy to read digital LCD display.

**TENDERER'S COMMENTS:**

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**Clause T3**

The unit must have a measuring range of 0 – 1999 uW / cm<sup>2</sup>.

**TENDERER'S COMMENTS:**

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**Clause T4**

The Phototherapy Radiometer must have a spectral range of 430 – 470nm.

**TENDERER'S COMMENTS:**

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**Clause T5**

The Phototherapy Radiometer must have a carrying case and be completely portable. Please state type of carry-case e.g. soft type or hard carry-case.

**TENDERER'S COMMENTS:**

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*Tenderer to Sign and Date every Page*

**Clause T6**

The Phototherapy Radiometer must have an accuracy of  $\pm 5\%$  of full scale.

**TENDERER'S COMMENTS:**

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**Clause T7**

The unit must be battery operated.

State the duration of operation on battery on the unit being tendered offered. Tenderer must specify the type of battery and the voltage of the battery employed on the unit being tendered for.

**TENDERER'S COMMENTS:**

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**Clause T8**

The unit being tendered for must have a resolution of  $1 \mu W / cm^2$ .

**TENDERER'S COMMENTS:**

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**Clause T9**

Dimensions on the unit being tendered for must be typically 80 x 3.8 x 14.5cm. Please state the dimensions of the unit being tendered for.

**TENDERER'S COMMENTS:**

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**Clause T10**

**SUCCESSFUL OPERATION:**

The tenderer must guarantee that no additional equipment will be required for the successful operation of the equipment tendered for.

**TENDERER'S COMMENTS:**

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*Tenderer to Sign and Date every Page*

**Clause T11**

**OPTIONAL ACCESSORIES:**

Optional accessories must be tendered for separately on a quotation sheet indicating prices.

**TENDERER'S COMMENTS:**

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**Clause T12**

Successful tenderer must offered training in the use of the unit in order that the technicians will become fully acquainted with the full technical support capability of the unit offered.

**TENDERER'S COMMENTS:**

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# DETAILED TECHNICAL SPECIFICATION

## GENERAL INFORMATION REQUIRED

***FAILURE TO COMPLETE THIS PART WILL DISQUALIFY THE TENDERER***

Make:

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Model Number /Part Number for:

\_\_\_\_\_

Country of Origin

\_\_\_\_\_

Final Tender / Quotation Price inclusive of V.A.T.

\_\_\_\_\_

Local (Durban) Agent

\_\_\_\_\_

Delivery Period

\_\_\_\_\_

R S A Import Permit Holder

\_\_\_\_\_

TENDERER

\_\_\_\_\_

SIGNATURE

DATE

\_\_\_\_\_

ADDRESS

\_\_\_\_\_

\_\_\_\_\_

TELEPHONE NO.

FAX NO.

\_\_\_\_\_

CONTACT PERSON

*(PLEASE PRINT)*

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*Tenderer to Sign and Date every Page*

