



Quotation Advert

Opening Date: 2019-09-02 
Closing Date: 2019-09-16 
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 MAIN KITCHEN
Date Submitted: 2019-08-29 

ITEM CATEGORY AND DETAILS

Quotation Number: ZNQ:
KM 241\19
Item Category: Services
Item Description: SERVICING EXTRACTOR CANOPY'S IN MAIN KITCHEN AS PER SCOPE OF WORK

Quantity (if supplies)

COMPULSORY BRIEFING SESSION / SITE VISIT

Select Type: Compulsory Briefing Session
Date: 2019-09-09 
Time: 11H00
Venue: KING EDWARD VIII HOSPITAL OUTSIDE MAINTENANCE

QUOTES CAN BE COLLECTED FROM: WILL BE HANDED OUT AFTER BRIEFING SESSION

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



health

Department:
Health
PROVINCE OF KWAZULU-NATAL

NSI - 018

MAINTENANCE

KING EDWARD VIII HOSPITAL

Corner of Rick Turner (Francois) & Sydney Road. Private Bag X 02, Congela, 4013
Tel: 031 360 3468 Fax: 031 205 0207, Email: sizwe.gaxa@kznhealth.gov.za

**SPECIFICATION
FOR
SERVICING OF EXTRACTOR CANOPY 2019/2020 ANNUALLY**

Enquiries: Mr. S. Gaxa

Tel: 031 360 3468

Fax: 031 205 0207

Work to be done:

- Service Extractor Canopy X 3 including hoods as per attached schedule – CODE K13-002

NB: Company sticker clearly showing date of service and the date of the next service

Company to submit a full report after servicing

Mr. S. Gaxa
Artisan Foreman (Electrical)

Mr. S.V. Mbatha
Chief Artisan

Mr. G.S. Dladla
Engineering Service Manager

PROVINCE OF KWAZULU-NATAL
DEPARTMENT OF PUBLIC WORKS
PREVENTIVE MAINTENANCE SCHEDULE

TYPE OF SERVICE : KITCHEN EQUIPMENT
SCHEDULE FOR : EXTRACT CANOPY
SCHEDULE FREQUENCY :

REF : K
CODE : K13-002

INSTALLATION NAME :							REF :				
SERVICE PROVIDER :							ORDER No.:				
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.	QTY.	DESCRIPTION OF OTHER REPAIRS REQUIRED	EST. TIME REQ.	DESCRIPTION OF SPARES REQUIRED	QTY.
1.	Remove and clean filters										
2.	Degrease and clean canopy, drain and ducting										
3.	Check lighting										
4.	Check contactor and O/L setting										
5.	Check electrical connections										
6.	Check motor, fan and blades										
7.	Check mountings										
8.	Check sound attenuator										
9.	Megger test motor										
10.	Check exhaust cowl										

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:	