






**Opening Date:** 2020-04-28   
**Closing Date:** 2020-05-12   
**Closing Time:** 11:00

## INSTITUTION DETAILS



**Institution Name:** Don McKenzie hospital   
**Province:** KwaZulu-Natal  
**Department or Entity:** Department of Health  
**Division or section:** Central Supply Chain Management  
**Place where goods / services is required** DON MCKENZIE HOSPITAL  
**Date Submitted** 2020-04-28 

## ITEM CATEGORY AND DETAILS

**Quotation Number:** ZNQ:  
08-04-/20/21  
**Item Category:** Services   
**Item Description:** SERVICES OF STANDBY GENERATOR

**Quantity (if supplies)** N/A

## COMPULSORY BRIEFING SESSION / SITE VISIT

**Select Type:** Compulsory Briefing Session   
**Date :** 2020-05-05   
**Time:** 11:00 A.M.  
**Venue:** Don Mckenzie Hospital recreation hall

**QUOTES CAN BE COLLECTED FROM:** Don Mckenzie Hospital supply chain management office

**QUOTES SHOULD BE DELIVERED TO:** Don Mckenzie Hospital tender box near guard room

## ENQUIRIES REGARDING THE ADVERT MAY BE DIRECTED TO:

**Name:** Makhosi Ngubane  
**Email:** Makhosazana.Ngubane@kznhealth.gov.za  
**Contact Number:** 031-7771155  
**Finance Manager Name:** Mr N.J Mdingi

**Finance Manager Signature:**



No late quotes will be considered

1. Requisitioner:  
Name: SOE BLANKINS  
Name of Office/Work: MAINTENANCE  
Tel. Number: EXT 919  
Req. No: 05-2020/2021

- (To Be Completed by)
- 1. Applicant and the applicants supervisor
  - 2. Demand Management
  - 3. Finance
  - 4. Finance Manager/Responsibility Manager
  - 5. Chairperson CFC
  - 6. Assets Management
  - 7. Acquisition Management

1. Full Description of item/service/repair	Qty Required	(2) Demand Function Estimated Cost
<u>SERVICE OF STANBY GENERATOR (SEE ATTACHED SPECIFICATION)</u>		<u>R12 000.00</u>

1. WHY IS IT ESSENTIAL AND IN THE BEST INTEREST OF THE DEPARTMENT/INSTITUTION TO BUY/REPAIR THE ITEM?  
(If the item is available on contract approval must be given by the CFO for the item to be procured outside of the contract)

1. Requisitioner Full Name: SOE BLANKINS Signature: [Signature] Date: 31/03/2020  
1. Recommended / Supervisor Full Name: G.B. Zingis Signature: [Signature] Date: 31/03/2020

3. ALLOCATION OF EXPENDITURE (FINANCE FUNCTION)

Funds	<u>HEALTH FACILITY BUDGET GRANT</u>	BUDGET ALLOCATION FOR ITEM
Responsibility	<u>DON MCKENZIE HOSP</u>	Less Expenditure
Objective	<u>NSI LESS MAINTENANCE (CG)</u>	Less Commitments
Project	<u>MAINTENANCE B (CAP)</u>	Amount allocated for this NSI
Item	<u>PIP CORRECTED MAINT ROOM</u>	Budget Available
Net Asset	<u>SPECIALISED WORKS</u>	
Reg Ident	<u>Kevo Esthetics (Post)</u>	
Infra	<u>Private Maint Rm's Building</u>	

4. Funds are available Finance Manager/Responsibility Manager

Full Name and Signature: [Signature] Date: 08-04-2020  
Designation: EFMO

5. Chairman C.F.C. to complete hereunder. Purchase/Repair Approved SCM Staff Approved to adhere to SCM prescripts. (Specification Committee) (Demand) (Acquisition) (BEC, BAC)

Full Name and Signature: [Signature] Date: 08 APR 2020  
Designation: CEO

7. Acquisition Office

Name: \_\_\_\_\_ Signature: \_\_\_\_\_  
Level: \_\_\_\_\_ Date: \_\_\_\_\_

Asset Management Office: CASH FLOW COMMITTEE  
KZN DEPARTMENT OF HEALTH

Order No.: \_\_\_\_\_ Date: \_\_\_\_\_ Total Cost: \_\_\_\_\_

Name: N. Nfoelie Signature: [Signature]  
Level: ? Date: 07/04/2020

DON MCKENZIE HOSPITAL







**health**

Department:

Health

PROVINCE OF KWAZULU-NATAL

Physical Address: P.O. Box 27, Bothas Hill, 3660

Postal Address: No 10 Zulu Reserve Road, Bothas Hill, 3660

Tel: 031 777 1155 Fax: 031 777 1717

www.kznhealth.gov.za

**SERVICING OF DIESEL GENERATOR**

DESCRIPTION	QUANTITY	AMOUNT
1. Check fan belt( condition, tension and pulley)		
2. Clean radiator air passage and check that the coolant is at the correct level.		
3. Check that oil cooler air passage are clear-clean if necessary		
4. Check all radiator hoses and clamps		
5. Change oil		
6. Change fuel filters, primary fuel filters/ water traps		
7. Bleed fuel system		
8. Check oil level of fuel pump cam box and governor		
9. Check fuel pump drive shaft and couplings		
10. Change air filter		
11. Check turbo for free rotation and bearing wear		
12. Check seal faces of elements, air cleaner hoses and clamps for dust ingress		
13. Check jacket water heater is operating		
14. Check that all gauges are in position and secure		
15. As for 240hr services plus the following		
16. Drain and refill radiator		
17. Add 3 litres inhibitors to every 10 liters water		
18. Pressure test cooling system 15kPa		
19. Pressure test radiator cap and record pressure		
20. Check and adjust tappets		
21. Check rocker faces are smooth and not pitted		
22. Check rocker lubrication operation		
23. Replace rocker cover gasket		
24. Check battery charger( log volts, log amps)		
25. Check battery water- top up if necessary		
26. Check battery cable lugs, clean and tighten as required		

Fighting Disease. Fighting Poverty. Giving Hope

*[Handwritten signatures and initials]*


<p>27. Start engine and run load for 20 minutes and record the following:</p> <ul style="list-style-type: none"> <li>- Voltage</li> <li>- Amperage</li> <li>- Hz</li> <li>- Oil pressure</li> <li>- Water temperature</li> </ul>		
<p>28. Listen for unusual noises:</p> <ul style="list-style-type: none"> <li>- On starting</li> <li>- When running</li> <li>- When stopping</li> </ul>		
<p>29. Check for oil and water leaks and repairs</p>		
<p>30. On completion of load test, restart engine and check the following</p> <ul style="list-style-type: none"> <li>- Low oil pressure shut - off</li> <li>- High temperature shut – off</li> <li>- Low water shut- off</li> </ul>		
<p>31. Check alternator coupling and terminals</p>		
<p>32. Blow dust out of alternator/generator</p>		
<p>33. Check all air vents on alternator/generator are clean and secure</p>		
<p>34. Fuel tanks</p> <ul style="list-style-type: none"> <li>- Drain off water</li> <li>- Check level control switch</li> <li>- Check electric pump</li> <li>- Check hand pump</li> <li>- Check low level fuel alarm</li> <li>- Check low, low fuel alarm</li> <li>- Check engine cut out alarm</li> </ul>		

*[Handwritten signature]*      *[Handwritten initials]*

• KINDLY RETURN ALL DOCUMENTATION WHEN REPLYING

**General**

- Allow for other repairs.
- Contractor to report to maintenance artisan for site briefing.
- All material to SABS approved.
- All necessary safety precautions to be adhered to OHS Act.
- Any damaged hospital property will be repaired by the contractor at his/her cost.
- All contractor staff must be identifiable on site.
- Contractor to submit after service report.

Mr. S.E. Dlamini: 

Date: 31/03/2020

Artisan

Mrs. G.B. Zamisa 

Date: 31/03/2020

Assistant Director: Systems