



Quotation Advert

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:
10-04-/20/21
Item Category: Services 
Item Description: REMOVE DAMAGED CARPET AND REPLACE WITH VINLY

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: **SE DLAMINI**
 Name: **MAINTENANCE**
 Name of Office/Work: **EXT 278**
 Tel. Number: **06-2020/2021**
 Req. No.

(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
REMOVE DAMAGED CARPET AND REPLACE WITH VINYL AT ADMINISTRATION BLOCK CHURCH (SEE ATTACHED SPEC)		R150 000.00

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)

CARPETS WERE DAMAGED BY FLOODS CAUSING A RISK TO STAFF.

1. Requisitioner Full Name: **SE DLAMINI** Signature: *[Signature]* Date: **01/04/2020**
 1. Recommended / Supervisor Full Name: **G.B. ZUMBITA** Signature: *[Signature]* Date: **01/04/2020**

3. ALLOCATION OF EXPENDITURE (FINANCE FUNCTION)

Funds	BUDGET ALLOCATION FOR ITEM
Voted	Less Expenditure
Don Moberie HOSP	Less Commitments
TB Hosp Maintenance (lost)	Amount allocated for this NSI
MAINTENANCE & COR.	Budget Available
PIP & GEORGE MANT PROP	
NON ASSETS RELATED	
K200 STRIKING (lost)	
NON INFRA/ST. MORE & CURIENT	

4. Funds are available Finance Manager/Responsibility Manager

5. Chairman C.F.C. to complete hereunder. Purchase/Repair approved. SCM staff to adhere to SCM prescripts. (Specific Asset Committee) (Demand Acquisition) (BEC, BAC)

Full Name and Signature: **L.S. Bulose** Date: **08-04-2020**
 Designation: **SFMO**

Full Name and Signature: **O. T. Khigir** Date: **08/04/2020**
 Designation: **CEO**

Acquisition Office	Asset Management/Committee
Name: L.S. Bulose Signature: <i>[Signature]</i>	Is the Asset available on Surplus Stocks? YES
Level: SFMO Date: 08-04-2020	Is a copy of NSI filed by Asset Controller? YES
ZNQ No.:	Name: N. Ntombela Signature: <i>[Signature]</i>
Order No.:	Level: A Date: 07/04/2020

6. DON MCKENZIE HOSPITAL
 DON MCKENZIE HOSPITAL
 Purchase/Repair approved. SCM staff to adhere to SCM prescripts. (Specific Asset Committee) (Demand Acquisition) (BEC, BAC)



health

Department:
Health
PROVINCE OF KWAZULU-NATAL

DIRECTORATE:

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

REMOVE CARPET AND REPLACE VINLY AT ADMINISTRATION BLOCK

DESCRIPTION	QUANTITY	AMOUNT
1. Uplift existing flooring to all rooms.		
2. Check for moisture.		
3. Remove all gitumastic adhesive from screeds.		
4. Apply moisture barrier if moisture reading is above 60%.		
5. Self-level (up to 5mm).		
6. Supply and install fully flexible vinyl welded sheeting to all floors against existing skirting.		
7. Apply 2 coats floor sealer on complexion		
8. Total thickness 2.00 mm		
9. Colour – whisper grey MS 123		
10. Remove timber and prepare the wall		
11. Replace the timber skirting with vinyl skirting		
AREA : APPROXIMATELY 180M²		


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