






Quotation Advert

Opening Date: 2020-08-28 
 Closing Date: 2020-09-04 
 Closing Time: 11:00

INSTITUTION DETAILS

Institution Name: St Mary's Marianhill 
 Province: KwaZulu-Natal
 Department or Entity: Department of Health
 Division or section: Central Supply Chain Management
 Place where goods / services is required: No.1 Hospital Road, Abbot Francis Monastery, Marianhill 3610
 Date Submitted: 2020-08-27 



ITEM CATEGORY AND DETAILS

Quotation Number: ZNQ: 132/2020
 Item Category: Goods 
 Item Description:

Supply of:
 ECG Bulbs and Leg Clamps
 x 03 sets of 10

Quantity (if supplies)

COMPULSORY BRIEFING SESSION / SITE VISIT

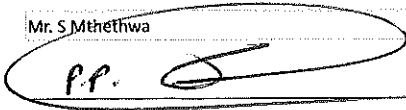
Select Type: Not Applicable 
 Date: 
 Time:
 Venue:

QUOTES CAN BE COLLECTED FROM: FOR SAFETY PRECAUTION NO QUOTATIONS WILL BE AVAILABLE TO COLLECT ON SITE DUE TO COVID-19

QUOTES SHOULD BE DELIVERED TO: ST MARY'S HOSPITAL MARIANHILL - TENDER BOX OR EMAIL

ENQUIRIES REGARDING THE ADVERT MAY BE DIRECTED TO:

Name: Mr. S Kweyama
 Email: Sanele.Kweyama@kznhealth.gov.za
 Contact Number: 031 717 1111
 Finance Manager Name: Mr. S Mthethwa

Finance Manager Signature: 

No late quotes will be considered



END-USER SPECIFICATION FORM

Quote Number: _____

Item Description: **ECG bulbs and leg clamps**

Department/Section: **Marian Wing Nursing Department.**

Purpose of Item: **for use on patients with colostomies.**

1. Pre-qualification criteria if any:

1.1. Is the item required to have a regulatory body certification (e.g. SABS, SANS, SANAS, ISO, CIDB, etc.)? Yes / No: Regulatory Body / certification required if Yes: SABS

1.2. Is a compulsory site inspection / briefing session required? Yes **(No)**
if Yes, specify: Date _____ Time _____ Place _____

1.3. Is local production and content part of the quote? Yes **(No)**
if Yes, specify: _____

1.4. Provisions of section 4(1)(a) of the PPPFA Regulations, 2017 if applicable? Yes / No
if Yes, specify: SCM Delegation v.2 2018

1.5. Liability Cover insurance? Yes **(No)**
if Yes, specify: _____

2. What is the specification of the required item?

List specifications to be advertised	Comment
1. Bulbs made of silicone	
2. Clamps colour coded and nickel material	
3. reusable	
4. Compatible with any ECG cable	
5. Must have nuts to adjust to any size of ECG cable /leadwires	
6. <u>Compatible with EDAN SE-1200 Express Machine</u>	
7.	
8.	

3. Does a sample need to be submitted? Yes **(No)** (select option 3.1 or 3.2)
3.1. Deadline for submission if Yes: Date 7/7 Time --- Place ---

or
3.2. Specify that samples must be made available when requested in writing. Yes or No

4. Penalties to be noted by the suppliers:

4.1. 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.

5. What is the evaluation criteria / special terms and conditions to be advertised?

List evaluation criteria / special terms and conditions to be advertised (if applicable)		
1. Pre-qualification criteria	Does the offer meet the pre-qualification criteria?	
2. Administrative	Does the offer comply to stipulated administrative requirements?	
3. Conformance:	Was the product made or service performed to specifications?	
4. Performance:	Will/does the product/service fulfil its performance obligation, in a manner that releases the supplier from all liabilities under the contract?	
5. Features:	What characteristics does the product or service have?	
6. Reliability:	How long can a product go between failures and the need for maintenance? (guarantee)	
7. Durability:	What is the useful life for the product? How will the product hold up under extended use?	
8. Serviceability:	How easy is it to repair, maintain or support the product or service? (customer support)	

Name of End-user (in full)	Ntandokazi Pelako	Name of SCM Rep (in full)	<u>Mr Wk Mchire</u>
Designation / Rank (in full)	Operational Manager Nursing	Designation/ Rank (in full)	<u>SCM - Supervisor</u>
	<u>[Signature]</u>		<u>[Signature]</u>
			<u>27/08/2020</u>
			<u>30/7/2020</u>