



Quotation Advert

Opening Date: 2020-07-02 
Closing Date: 2020-07-16 
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 2020-07-02 

ITEM CATEGORY AND DETAILS

Quotation Number: ZNQ:
05-07-20/21
Item Category: Services 
Item Description: Supply and Install intercom system(Public address system)

Quantity (if supplies) One set

COMPULSORY BRIEFING SESSION / SITE VISIT

Select Type: Compulsory Briefing Session 
Date : 2020-07-10 
Time: 11:00 am
Venue: Don McKenzie hospital recreation hall

QUOTES CAN BE COLLECTED FROM: Don McKenzie hospital in the site meeting

QUOTES SHOULD BE DELIVERED TO: Don McKenzie hospital tender box near guard room or email to Zendile.Mvelase@kznhealth.gov.za

ENQUIRIES REGARDING THE ADVERT MAY BE DIRECTED TO:

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

Finance Manager Signature:



No late quotes will be considered



health

Department:
Health
PROVINCE OF KWAZULU-NATAL

DIRECTORATE:

No 10 Zulu Road , Botha's Hill , 3600
Private Bag X1006 , Botha's Hill, 3660
777 11 55 Fax: 031 777 1717
www.kznhealth.gov.za

Don McKenzie Hospital
Occupational Health and Safety

SUPPLY AND INSTALL AN INTERCOM SYSTEM (PUBLIC ADDRESS SYSTEM)

DESCRIPTION	QUANTITY	AMOUNT
Ceiling Mount Speakers	25	
Outdoor Speakers	05	
Wall mount speaker	01	
Amplifier	01	
Paging Microphone with stand	01	
Paging Spare Microphone with stand	01	
Lockable glass cabinet for amplifier	01	
Fire resistant cable for linking all the speakers	Depending on the project	

GENERAL

- All necessary health and safety precautions to be adhered to
- Service and guarantee certificate to be submitted on completion of work
- All materials to be conform to SANS STANDARDS
- Service and guarantee certificate to be declare after completing of work
- Contractor to liaise with Artisan Maintenance to discuss the scope of work
- Site visit compulsory to take notes

DON MCKENZIE HOSPITAL

LOCATION

CEILING MOUNT SPEAKERS		
BUILDING	QUANTITY	REMARKS
SECURITY GUARD ROOM	1	Speaker
STORES/SCM	1	Speaker
ASSERTS	1	Speaker
LAUNDRY	1	Speaker
LAUNDRY RESTROOM	1	Speaker
ADMINISTRATION	1	Speaker
WARD2(NEW ETHEMBENI CLINIC)	1	Speaker
CHAPEL	1	Speaker
WARD 1A	1	Speaker
WARD 1B	1	Speaker
PHARMACY	1	Speaker
PROGRAMMES PARK HOME	1	Speaker
WARD 6 (REHABILITATION)	1	Speaker
WARD 7	1	Speaker
WARD 3	1	Speaker
WARD M 1	1	Speaker
HUMAN RESOURCES	1	Speaker
AUDIOLOGY	1	Speaker
MAINTENENCE	1	Speaker
CLEANERS RESTROOM	1	Speaker
KITCHEN	1	Speaker
KITCHEN-STAFF DAINNING HALL	1	Speaker
ADMISSION (EX ETHEMBENI CLINIC)	1	Speaker
RECRETIONAL HALL	1	Speaker
DOCTOR'S PARK HOME	1	Speaker
WALL MOUNT SPEAKER		
CEO'S OFFICE	1	Speaker with a volume control
OUTDOOR SPEAKERS		
PHAMARCY PARK HOME	1	
PROGRAMMES PARK HOME	1	
CENTER ROAD SHELTER	2	
CHAPEL PARK HOME	1	
TOTAL	31	Speakers

Compiled by:

S.D Ngcobo

Safety Officer



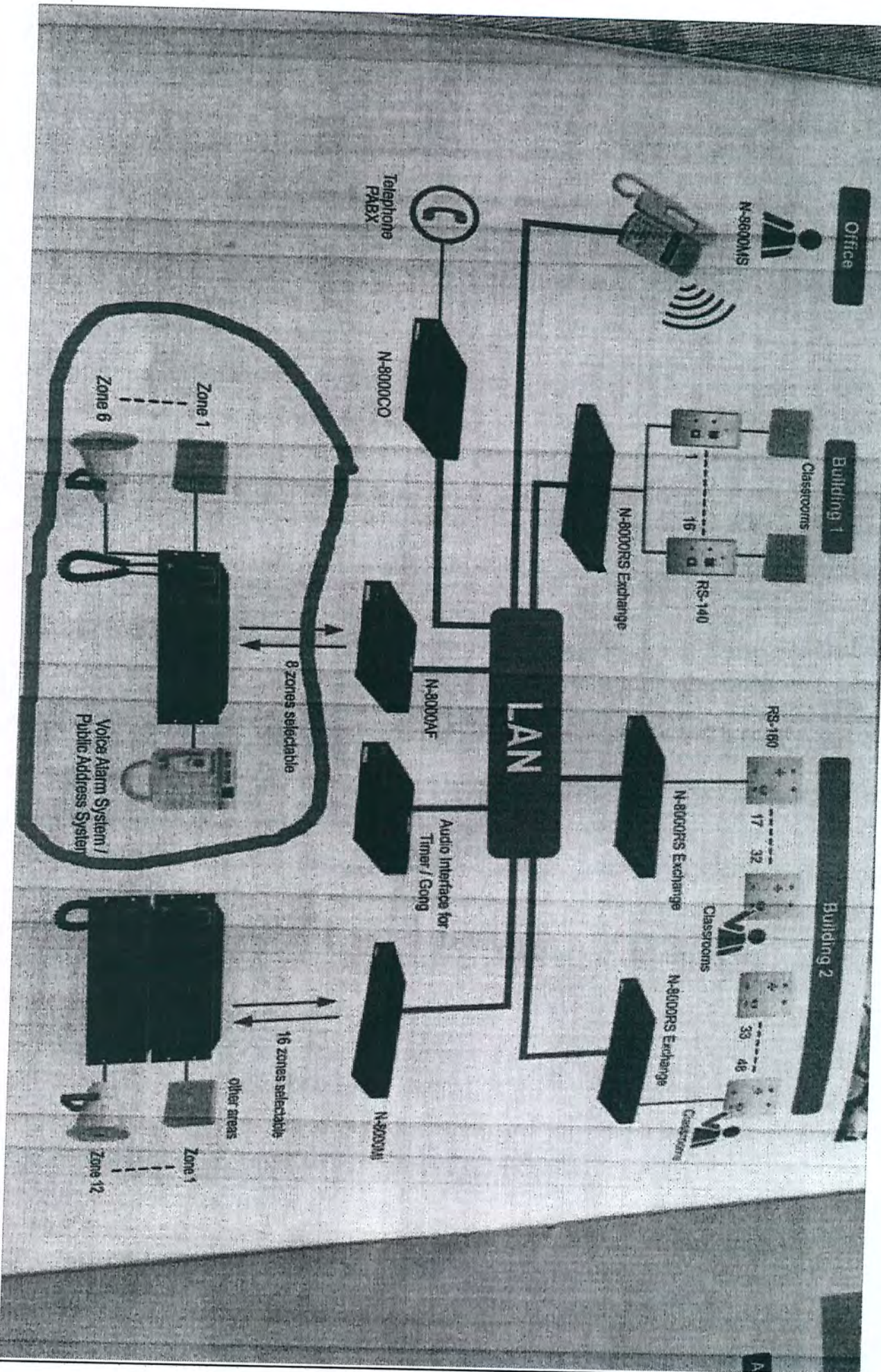
DATE 10/06/20



G.B Zamisa

Assistance Director Systems

DATE 10/06/20





health

Department:
Health
PROVINCE OF KWAZULU-NATAL

DON MCKENZIE HOSPITAL
PRIVATE BAG X 1006, BOTHAS HILL 3660
10 ZULU RESERVE ROAD
Tel.:031-7771155, Fax.031-7771203
Email.:makhosazana.ngubane@kznhealth.gov.za
www.kznhealth.gov.za

OFFICIAL BRIEFING SESSION/SITE INSPECTION FORM

SITE : Don McKenzie Hospital
SERVICE : Supply and Install intercom system (Public address system)

ZNQ : 05-07-20/21
DATE : 10-07-2020
TIME : 11:00 a.m.

VENUE : RECREATION HALL

THIS IS TO CERTIFY THAT-----OF

(STATE NAME OF THE TENDERER-----)

VISITED AND INSPECTED THE SITE ON ----- (DATE

AND IS THEREFORE FAMILIAR WITH THE CIRCUMSTANCES AND
THE SCOPE OF THE SERVICE TO BE RENDERED.

SIGNATURE OF TENDERER OR AUTHORISED REPRESENTATIVE

DATE: -----

SIGNATURE OF DEPARTMENTAL REPRESENTATIVE

DEPARTMENTAL DATE STAMP: