



Quotation Advert

Opening Date: 2020-07-09

Closing Date: 2020-07-15

Closing Time: 11:00

INSTITUTION DETAILS

Institution Name: Northdale hospital

Province: KwaZulu-Natal

Department or Entity: Department of Health

Division or section: Central Supply Chain Management

Place where goods / services is required: ISOLATION WARD

Date Submitted: 2020-07-08

ITEM CATEGORY AND DETAILS

Quotation Number: ZNQ:
241 / 20-21

Item Category: Goods

Item Description: SUPPLY AND INSTALL NURSES CALL SYSTEM

Quantity (if supplies):

COMPULSORY BRIEFING SESSION / SITE VISIT

Select Type: Select...

Date :

Time:

Venue:

QUOTES CAN BE COLLECTED FROM: 1389 CHOTA MOTALA ROAD, SUPPLY CHAIN, NORTHDALE HOSPITAL, PIETERMARITZBURG 3201

QUOTES SHOULD BE DELIVERED TO: 1389 CHOTA MOTALA ROAD, SUPPLY CHAIN, NORTHDALE HOSPITAL, PIETERMARITZBURG 3201

ENQUIRIES REGARDING THE ADVERT MAY BE DIRECTED TO:

Name: MR. K NAICKER

Email: kevin.naicker2@kznhealth.gov.za

Contact Number: 033:3879050

Finance Manager Name: MRS. LC NAIDOO

Finance Manager Signature:



No late quotes will be considered

DECLARATION OF INTEREST

1. Any legal person, including persons employed by the state¹, or persons having a kinship with persons employed by the state, including a blood relationship, may make an offer or offers in terms of this invitation to quote (includes a price quotation, advertised competitive quote, limited quote or proposal). In view of possible allegations of favouritism, should the resulting quote, or part thereof, be awarded to persons employed by the state, or to persons connected with or related to them, it is required that the bidder or his/her authorised representative declare his/her position in relation to the evaluating/adjudicating authority where-
 - the bidder is employed by the state; and/or
 - the legal person on whose behalf the bidding document is signed, has a relationship with persons/a person who are/is involved in the evaluation and or adjudication of the quote(s), or where it is known that such a relationship exists between the person or persons for or on whose behalf the declarant acts and persons who are involved with the evaluation and or adjudication of the quote.
2. In order to give effect to the above, the following questionnaire must be completed and submitted with the quote.

- | | |
|--|---|
| 2.1. Full Name of bidder/representative..... | 2.4. Company Registration Number: |
| 2.2. Identity Number: | 2.5. Tax Reference Number: |
| 2.3. Position occupied in the Company (director, trustee, shareholder):..... | 2.6. VAT Registration Number: |

2.7. The names of all directors / trustees / shareholders / members, their individual identity numbers, tax reference numbers and, if applicable, employee / persal numbers must be indicated in paragraph 3 below. [TICK APPLICABLE]

2.8. Are you or any person connected with the bidder presently employed by the state? YES NO

2.8.1. If so, furnish the following particulars:

Name of person / director / trustee / shareholder/ member:

Name of state institution at which you or the person connected to the bidder is employed:.....

Position occupied in the state institution:Any other particulars:.....

2.8.2. If you are presently employed by the state, did you obtain the appropriate authority to undertake remunerative work outside employment in the public sector? YES NO

2.8.2.1. If yes, did you attach proof of such authority to the quote document?

(Note: Failure to submit proof of such authority, where applicable, may result in the disqualification of the quote.)

2.8.2.2. If no, furnish reasons for non-submission of such proof:

2.9. Did you or your spouse, or any of the company's directors / trustees / shareholders / members or their spouses conduct business with the state in the previous twelve months? YES NO

2.9.1. If so, furnish particulars:.....

2.10. Do you, or any person connected with the bidder, have any relationship (family, friend, other) with a person employed by the state and who may be involved with the evaluation and or adjudication of this quote? YES NO

2.10.1. If so, furnish particulars:.....

2.11. Are you, or any person connected with the bidder, aware of any relationship (family, friend, other) between any other bidder and any person employed by the state who may be involved with the evaluation and or adjudication of this quote? YES NO

2.11.1. If so, furnish particulars:.....

2.12. Do you or any of the directors / trustees / shareholders / members of the company have any interest in any other related companies whether or not they are bidding for this contract? YES NO

2.12.1. If so, furnish particulars:.....

3. Full details of directors / trustees / members / shareholders.

NB: The Department Of Health will validate **details of directors / trustees / members / shareholders** on CSD. It is the suppliers' responsibility to ensure that their details are up-to-date and verified on CSD. If the Department cannot validate the **information** on CSD, the quote will not be considered and passed over as non-compliant according to National Treasury Instruction Note 4 (a) 2016/17.

4 DECLARATION

I, THE UNDERSIGNED (NAME).....CERTIFY THAT THE INFORMATION FURNISHED IN PARAGRAPHS 2.

I ACCEPT THAT THE STATE MAY REJECT THE QUOTE OR ACT AGAINST ME SHOULD THIS DECLARATION PROVE TO BE FALSE.

| | | | |
|----------------|-----------|----------|-------|
| | | | |
| Name of bidder | Signature | Position | Date |

¹"State" means –

- | | |
|---|---|
| a) any national or provincial department, national or provincial public entity or constitutional institution within the meaning of the Public Finance Management Act, 1999 (Act No. 1 of 1999); | c) provincial legislature; |
| b) any municipality or municipal entity; | d) national Assembly or the national Council of provinces; or |
| | e) Parliament. |

^{*}"Shareholder" means a person who owns shares in the company and is actively involved in the management of the enterprise or business and exercises control over the enterprise.

SPECIAL CONTRACT CONDITIONS OF QUOTATIONS

1. AMENDMENT OF CONTRACT

- 1.1. Any amendment to or renunciation of the provisions of the contract shall at all times be done in writing and shall be signed by both parties.

2. CHANGE OF ADDRESS

- 2.1. Bidders must advise the Department of Health (institution where the offer was submitted) should their address (*domicilium citandi et executandi*) details change from the time of bidding to the expiry of the contract.

3. GENERAL CONDITIONS ATTACHED TO THIS QUOTATION

- 3.1. The institution is under no obligation to accept the lowest or any quote.
- 3.2. The price quoted must include VAT (if VAT vendor). However, it must be noted that the department reserves the right to evaluate all quotations excluding VAT as some bidders may not be VAT vendors.
- 3.3. The bidder must ensure the correctness & validity of quote:
- (i) *that the price(s), rate(s) & preference quoted cover all for the work/item (s) & accept that any mistakes regarding the price (s) & calculations will be at the bidder's risk*
- 3.4. The bidder must accept full responsibility for the proper execution & fulfilment of all obligations conditions devolving on under this agreement, as the Principal (s) liable for the due fulfilment of this contract.
- 3.5. This quotation will be evaluated based on the 80/20 points system, specification & correctness of information. All required documentation must be completed in full and submitted.
- 3.6. Offers must comply strictly with the specification.
- 3.7. Only offers that meet or are greater than the specification will be considered.
- 3.8. Late quotes will not be considered.
- 3.9. Expired product/s will not be accepted. All products supplied must be valid for a minimum period of six months.
- 3.10. A bidder not registered on the Central Suppliers Database or verification has failed will not be considered.
- 3.11. All delivery costs must be included in the quote price, for delivery at the prescribed destination.
- 3.12. Only firm prices will be accepted. Such prices must remain firm for the contract period. Non-firm prices (including rates of exchange variations) will not be considered.
- 3.13. In cases where different delivery points influence the pricing, a separate pricing schedule must be submitted for each delivery point.
- 3.14. In the event of a bidder having multiple quotes, only the cheapest according to specification will be considered. Furthermore a verification will be done to identify if bidders have multiple companies and are quoting (cover-quoting) for this bid. In such instances only the cheapest bid according to specification will be considered.

4. SPECIAL INSTRUCTIONS AND NOTICES TO BIDDERS REGARDING THE COMPLETION OF THIS QUOTATION.

- 4.1. Unless inconsistent with or expressly indicated otherwise by the context, the singular shall include the plural and vice versa and with words importing the masculine gender shall include the feminine and the neuter.
- 4.2. Under no circumstances whatsoever may the quotation/bid forms be retyped or redrafted. Photocopies of the original bid documentation may be used, but an original signature must appear on such photocopies.
- 4.3. The bidder is advised to check the number of pages and to satisfy himself that none are missing or duplicated.
- 4.4. Quotation submitted must be complete in all respects.
- 4.5. Any alteration made by the bidder must be initialled.
- 4.6. Use of correcting fluid is prohibited
- 4.7. Quotation will be opened in public as soon as practicable after the closing time of quotation.
- 4.8. Where practical, prices are made public at the time of opening quotations.
- 4.9. If it is desired to make more than one offer against any individual item, such offers should be given on a photocopy of the page in question. Clear indication thereof must be stated on the schedules attached.

5. SPECIAL INSTRUCTIONS REGARDING HAND DELIVERED QUOTATIONS

- 5.1. Quotation shall be lodged at the address indicated not later than the closing time specified for their receipt, and in accordance with the directives in the quotation documents.
- 5.2. Each quotation shall be addressed in accordance with the directives in the quotation documents and shall be lodged in a separate sealed envelope, with the name and address of the bidder, the quotation number and closing date indicated on the envelope. The envelope shall not contain documents relating to any quotation other than that shown on the envelope. If this provision is not complied with, such quotations/bids may be rejected as being invalid.
- 5.3. All quotations received in sealed envelopes with the relevant quotation numbers on the envelopes are kept unopened in safe custody until the closing time of the quotation/bids. Where, however, a quotation is received open, it shall be sealed. If it is received without a quotation/bid number on the envelope, it shall be opened, the quotation number ascertained, the envelope sealed and the quotation number written on the envelope.
- 5.4. A specific box is provided for the receipt of quotations, and no quotation found in any other box or elsewhere subsequent to the closing date and time of quotation will be considered.

- 5.5. No quotation/bid sent through the post will be considered if it is received after the closing date and time stipulated in the quotation documentation, and proof of posting will not be accepted as proof of delivery.
- 5.6. Quotation documents must not be included in packages containing samples. Such quotations may be rejected as being invalid.

6. SAMPLES

- 6.1. In the case of the quote document stipulating that samples are required, the supplier will be informed in due course when samples should be provided to the institution. (This decreases the time of safety and storage risk that may be incurred by the respective institution). The bidders sample will be retained if such bidder wins the contract.
 - (i) If a company/s who has not won the quote requires their samples, they must advise the institution in writing of such.
 - (ii) If samples are not collected within three months of close of quote the institution reserves the right to dispose of them at their discretion.
- 6.2. **Samples must be made available when requested in writing or if stipulated on the document.**
 - (i) If a Bidder fails to provide a sample of their product on offer for scrutiny against the set specification when requested, their offer will be rejected. All testing will be for the account of the bidder.

7. COMPULSORY SITE INSPECTION / BRIEFING SESSION

- 7.1. Bidders who fail to attend the compulsory meeting will be disqualified from the evaluation process.

- (i) The institution has determined that a compulsory site meeting take place
- (ii) Date / / Time: : Place

| | |
|--------------------|--|
| Institution Stamp: | Institution Site Inspection / briefing session Official Full Name: Signature: Date: |
|--------------------|--|

8. STATEMENT OF SUPPLIES AND SERVICES

- 8.1. The contractor shall, when requested to do so, furnish particulars of supplies delivered or services executed. If he/she fails to do so, the Department may, without prejudice to any other rights which it may have, institute inquiries at the expense of the contractor to obtain the required particulars.

9. SUBMISSION AND COMPLETION OF SBD 6.1

- 9.1. Should a bidder wish to qualify for preference points they must complete a SBD 6.1 document. Failure by a bidder to provide all relevant information required, will result in such a bidder not being considered for preference point's allocation. The preferences applicable on the closing date will be utilized. Any changes after the closing date will not be considered for that particular quote.

10. TAX COMPLIANCE REQUIREMENTS

- 10.1. In the event that the tax compliance status has failed on CSD, **it is the suppliers' responsibility to provide a SARS pin in order for the institution to validate the tax compliance status of the supplier.**
- 10.2. In the event that the institution cannot validate the suppliers' tax clearance on SARS as well as the Central Suppliers Database, **the quote will not be considered and passed over as non-compliant according to National Treasury Instruction Note 4 (a) 2016/17.**

11. TAX INVOICE

- 11.1. A tax invoice shall be in the currency of the Republic of South Africa and shall contain the following particulars:

- (i) the name, address and registration number of the supplier;
- (ii) the name and address of the recipient;
- (iii) an individual serialized number and the date upon which the tax invoice is issued;
- (iv) a description and quantity or volume of the goods or services supplied;
- (v) the official department order number issued to the supplier;
- (vi) the value of the supply, the amount of tax charged;
- (vii) the words tax invoice in a prominent place.

12. PATENT RIGHTS

The supplier shall indemnify the **KZN Department of Health** (hereafter known as the purchaser) against all third-party claims of infringement of patent, trademark, or industrial design rights arising from use of the goods or any part thereof by the purchaser.

13. PENALTIES

- 13.1. If at any time during the contract period, the service provider is unable to perform in a timely manner, the service provider must notify the institution in writing/email of the cause of and the duration of the delay. Upon receipt of the notification, the institution should evaluate the circumstances and, if deemed necessary, the institution may extend the service provider's time for performance.
- 13.2. In the event of delayed performance that extends beyond the delivery period, the institution is entitled to purchase commodities of a similar quantity and quality as a substitution for the outstanding commodities, without terminating the contract, as well as return commodities delivered at a later stage at the service provider's expense.
- 13.3. Alternatively, the institution may elect to terminate the contract and procure the necessary commodities in order to complete the contract. In the event that the contract is terminated the institution may claim damages from the service provider in the form of a penalty. The service provider's performance should be captured on the service provider database in order to determine whether or not the service provider should be awarded any contracts in the future.
- 13.4. 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.

14. TERMINATION FOR DEFAULT

- 14.1. The purchaser, without prejudice to any other remedy for breach of contract, by written notice of default sent to the supplier, may terminate this contract in whole or in part:
 - (i) if the supplier fails to deliver any or all of the goods within the period(s) specified in the contract,
 - (ii) if the supplier fails to perform any other obligation(s) under the contract; or
 - (iii) if the supplier, in the judgment of the purchaser, has engaged in corrupt or fraudulent practices in competing for or in executing the contract.
- 14.2. In the event the purchaser terminates the contract in whole or in part, the purchaser may procure, upon such terms and in such manner as it deems appropriate, goods, works or services similar to those undelivered, and the supplier shall be liable to the purchaser for any excess costs for such similar goods, works or services.
- 14.3. Where the purchaser terminates the contract in whole or in part, the purchaser may decide to impose a restriction penalty on the supplier by prohibiting such supplier from doing business with the public sector for a period not exceeding 10 years.

15. FAILURE TO COMPLY WITH ABOVE WILL RESULT IN YOUR QUOTE BEING PASSED OVER.

PREFERENCE POINTS CLAIM FORM IN TERMS OF THE PREFERENTIAL PROCUREMENT REGULATIONS 2017

This preference form must form part of all quotes invited. It contains general information and serves as a claim form for preference points for Broad-Based Black Economic Empowerment (B-BBEE) Status Level of Contribution

NB: BEFORE COMPLETING THIS FORM, BIDDERS MUST STUDY THE GENERAL CONDITIONS, DEFINITIONS AND DIRECTIVES APPLICABLE IN RESPECT OF B-BBEE, AS PRESCRIBED IN THE PREFERENTIAL PROCUREMENT REGULATIONS, 2017.

1. GENERAL CONDITIONS

1.1 The following preference point systems are applicable to all quotes:

- the 80/20 system for requirements with a Rand value of up to R50 000 000 (all applicable taxes included); and

1.2 The value of this quote is estimated to not exceed R50 000 000 (all applicable taxes included) and therefore the 80/20 preference point system shall be applicable.

1.3 Points for this quote shall be awarded for:

- (a) Price; and
- (b) B-BBEE Status Level of Contributor.

1.4 The maximum points for this quote is allocated as follows:

| | POINTS |
|--|---------------|
| PRICE | 80 |
| B-BBEE STATUS LEVEL OF CONTRIBUTOR | 20 |
| Total points for Price and B-BBEE must not exceed | 100 |

1.5 Failure on the part of a bidder to submit proof of B-BBEE Status level of contributor together with the quote, will be interpreted to mean that preference points for B-BBEE status level of contribution are not claimed.

1.6 The purchaser reserves the right to require of a bidder, either before a quote is adjudicated or at any time subsequently, to substantiate any claim in regard to preferences, in any manner required by the purchaser.

2. DEFINITIONS

- (a) **"B-BBEE"** means broad-based black economic empowerment as defined in section 1 of the Broad-Based Black Economic Empowerment Act;
- (b) **"B-BBEE status level of contributor"** means the B-BBEE status of an entity in terms of a code of good practice on black economic empowerment, issued in terms of section 9(1) of the Broad-Based Black Economic Empowerment Act;
- (c) **"bid"** means a written offer in a prescribed or stipulated form in response to an invitation by an organ of state for the provision of goods or services, through price quotations, advertised competitive bidding processes or proposals;
- (d) **"Broad-Based Black Economic Empowerment Act"** means the Broad-Based Black Economic Empowerment Act, 2003 (Act No. 53 of 2003);
- (e) **"EME"** means an Exempted Micro Enterprise in terms of a code of good practice on black economic empowerment issued in terms of section 9 (1) of the Broad-Based Black Economic Empowerment Act;
- (f) **"functionality"** means the ability of a tenderer to provide goods or services in accordance with specifications as set out in the tender documents.
- (g) **"prices"** includes all applicable taxes less all unconditional discounts;
- (h) **"proof of B-BBEE status level of contributor"** means:
 - 1) B-BBEE Status level certificate issued by an authorized body or person;
 - 2) A sworn affidavit as prescribed by the B-BBEE Codes of Good Practice;
 - 3) Any other requirement prescribed in terms of the B-BBEE Act;
- (i) **"QSE"** means a qualifying small business enterprise in terms of a code of good practice on black economic empowerment issued in terms of section 9 (1) of the Broad-Based Black Economic Empowerment Act;
- (j) **"rand value"** means the total estimated value of a contract in Rand, calculated at the time of bid invitation, and includes all applicable taxes;

3. POINTS AWARDED FOR PRICE

3.1 THE 80/20 PREFERENCE POINT SYSTEMS

A maximum of 80 points is allocated for price on the following basis:

$$P_s = 80 \left(1 - \frac{P_t - P_{\min}}{P_{\min}} \right) \text{ Where}$$

- Ps = Points scored for price of bid under consideration
- Pt = Price of bid under consideration
- Pmin = Price of lowest acceptable bid

4. POINTS AWARDED FOR B-BBEE STATUS LEVEL OF CONTRIBUTOR

4.1 In terms of Regulation 6 (2) and 7 (2) of the Preferential Procurement Regulations, preference points must be awarded to a bidder for attaining the B-BBEE status level of contribution in accordance with the table below:

| B-BBEE Status Level of Contributor | Number of points (80/20 system) |
|------------------------------------|---------------------------------|
| 1 | 20 |
| 2 | 18 |
| 3 | 14 |
| 4 | 12 |
| 5 | 8 |
| 6 | 6 |
| 7 | 4 |
| 8 | 2 |
| Non-compliant contributor | 0 |

5. BID DECLARATION

5.1 Bidders who claim points in respect of B-BBEE Status Level of Contribution must complete the following:

6. B-BBEE STATUS LEVEL OF CONTRIBUTOR CLAIMED IN TERMS OF PARAGRAPHS 1.4 AND 4.1

6.1 B-BBEE Status Level of Contributor: =(maximum of 20 points)

(Points claimed in respect of paragraph 7.1 must be in accordance with the table reflected in paragraph 4.1 and must be substantiated by relevant proof of B-BBEE status level of contributor.

7. SUB-CONTRACTING

(Tick applicable box)

7.1 Will any portion of the contract be sub-contracted?

| | | | |
|-----|--|----|--|
| YES | | NO | |
|-----|--|----|--|

7.1.1 If yes, indicate:

- i) What percentage of the contract will be subcontracted.....%
- ii) The name of the sub-contractor.....
- iii) The B-BBEE status level of the sub-contractor.....

8. Whether the sub-contractor is an EME or QSE

(Tick applicable box)

iv) Specify, by ticking the appropriate box, if subcontracting with an enterprise in terms of Preferential Procurement Regulations, 2017:

| | | | |
|-----|--|----|--|
| YES | | NO | |
|-----|--|----|--|

| Designated Group: An EME or QSE which is at least 51% owned by: | EME √ | QSE √ |
|---|----------|----------|
| Black people | | |
| Black people who are youth | | |
| Black people who are women | | |
| Black people with disabilities | | |
| Black people living in rural or underdeveloped areas or townships | | |
| Cooperative owned by black people | | |
| Black people who are military veterans | | |
| OR | | |
| Any EME | | |
| Any QSE | | |

9. **DECLARATION WITH REGARD TO COMPANY/FIRM**

9.1 Name of company/firm:.....

9.2 VAT registration number:.....

9.3 Company registration number:.....

9.4 **TYPE OF COMPANY/ FIRM [TICK APPLICABLE BOX]**

- Partnership/Joint Venture / Consortium
- One person business/sole propriety
- Close corporation
- Company
- (Pty) Limited

9.5 **DESCRIBE PRINCIPAL BUSINESS ACTIVITIES**

.....
.....

9.6 **COMPANY CLASSIFICATION [TICK APPLICABLE BOX]**

- Manufacturer
- Supplier
- Professional service provider
- Other service providers, e.g. transporter, etc.

9.7 Total number of years the company/firm has been in business:.....

9.8 I/we, the undersigned, who is / are duly authorised to do so on behalf of the company/firm, certify that the points claimed, based on the B-BBE status level of contributor indicated in paragraphs 1.4 and 6.1 of the foregoing certificate, qualifies the company/ firm for the preference(s) shown and I / we acknowledge that:

- i) The information furnished is true and correct;
- ii) The preference points claimed are in accordance with the General Conditions as indicated in paragraph 1 of this form;
- iii) In the event of a contract being awarded as a result of points claimed as shown in paragraphs 1.4 and 6.1, the contractor may be required to furnish documentary proof to the satisfaction of the purchaser that the claims are correct;
- iv) If the B-BBEE status level of contributor has been claimed or obtained on a fraudulent basis or any of the conditions of contract have not been fulfilled, the purchaser may, in addition to any other remedy it may have –
 - (a) disqualify the person from the bidding process;
 - (b) recover costs, losses or damages it has incurred or suffered as a result of that person's conduct;
 - (c) cancel the contract and claim any damages which it has suffered as a result of having to make less favourable arrangements due to such cancellation;
 - (d) recommend that the bidder or contractor, its shareholders and directors, or only the shareholders and directors who acted on a fraudulent basis, be restricted by the National Treasury from obtaining business from any organ of state for a period not exceeding 10 years, after the *audi alteram partem* (hear the other side) rule has been applied; and
 - (e) forward the matter for criminal prosecution.

| |
|---|
| <p>WITNESSES</p> <p>1.</p> <p>2.</p> |
|---|

| |
|--|
| <p>.....</p> <p>SIGNATURE(S) OF BIDDERS(S)</p> <p>DATE:</p> <p>ADDRESS.....</p> <p>.....</p> <p>.....</p> |
|--|

NURSE CALL SYSTEM

SPECIFICATION

INDEX

| | | |
|--------|---|--|
| Page 3 | - | General Description System Components |
| Page 4 | - | Description of Components 1. Mimic Panel 2. Monitoring PC 3. LED Pear Push unit 4. Hand held unit with TV control |
| Page 5 | - | Description of Components continued 5. Bed Head U with Emergency Call & Reset + TV Connector PCB 6. Connector PCB with TV Control 7. Emergency push Call/Cancel unit |
| Page 6 | - | Description of Components continued 8. Bathroom Impulse Push CC 9. Bathroom Impulse Pull CC 10. Bathroom Reset unit 11. Over-door lights 12. Junction Box 13. Power supply |
| Page 7 | - | 14. Cables |
| Page 8 | - | Operation |
| Page 9 | - | Overview |

NURSE CALL SYSTEM with EMERGENCY (nurse assistance) and TV CONTROL HANDSETS (Interchangeable with LED PEAR PUSH)

GENERAL DESCRIPTION

The nurse system enables the patient to call a nurse for assistance from his bed or from a bath, shower and toilet. The system also enables the STAFF to call for assistance (EMERGENCY CALL) from any bed and treatment room etc.

When a patient nurse call or staff emergency call is enabled the system must produce an intermittent AUDIBLE chimes or bleeper tone at the nurses station or/and duty room.

Three different sounding tones must be produced for normal patient call, Bathroom call and emergency (nurse assistance) call.

The system must also provide a VISUAL indication, at the nurse station (LED mimic panel and/ or Computer Monitor), above the door to the passage of the activated unit, and at the actual activated unit (reassurance LED).

The system must be so designed that any call may ONLY be RESET at the point of origin.

The system must automatically activate a nurse call when the Hand Held Unit (Handset) or Pear Push unit is accidentally pulled out from the Bed Head Unit.

The Bed Head Unit must be compatible with Hand Held Unit & Pear Push. (Inter-changeable)

A Central Monitoring PC ,or PC per duty station replacing Mimic Panel, must keep records of all events. (Optional)

The system must be purpose made and aesthetically pleasing with components (call & reset units etc) manufactured from matching injection moulded ABS plastic. A system made up of push buttons etc mounted directly onto standard electrical plates will not be accepted.

SYSTEM COMPONENTS

1. MIMIC LED Indicator Panel (1 per section)
2. Central Monitoring Computer (optional)
3. Sealed LED Illuminated Pear Push unit (1.8m)
4. Patient Hand Held Unit with nurse call / light control & TV remote control
5. BEDHEAD unit with emergency call / reset with inline UB4 socket for HHU or PP
6. Emergency Call/ Cancel unit (for treatment room)
7. Bathroom IMPULSE PUSH Call unit
8. Bathroom IMPULSE PULL Call unit
9. Bathroom RESET units
10. Over door light
11. Termination Box (Krone Junction Box & Chimes PCB - 1 per section)
12. 24V 4A dc Regulated Power supply (1 per section)
13. Cables
14. System Overview

DESCRIPTION of COMPONENTS

1. MIMIC LED Indicator Panel (MM-Mimic)

The Mimic Panel can be desk or wall mounted surface or flush mounted and is generally mounted at the nurse duty station. The faceplate must be manufactured from photo anodised 2mm aluminium, must include the room /bed numbers and graphically represent the ward layout. A 5 or 3mm flush mounted Hi-bright LED must be provided for each bed and bathroom /toilet complex. The Panel must incorporate a Bleeper for the Emergency and bathroom tones, a loudspeaker for the nurse call tone and a latching switch to attenuate the nurse call tone at night. The panel must include a "power on" indication LED. The Panel's size is to be approximately 300 x 200 x 50mm. (Exact size dependant on ward design and size)

2. Central Monitoring computer – Dynamix monitoring PC (optional)

The monitoring PC to consist of the following:

17" LCD Monitor + 101 keyboard & mouse

STD Tower case with 300W PSU, MB, CDR/W, 80GHD

Pentium 4 2.8G Processor, 512M/RAM,

External Modem

A4 Laser Printer

Data logging software (time, date & duration of all types of calls)

Active Graphical representations of all areas (duty station mimics)

3. LED Pear Push Unit (MH-PUB)

The PP unit consists of an impulse Red push button and LED sealed inside a pear shaped moulded plastic housing attached to a 1.8m 4 core 0.5mm double insulated cable. A UB4 plug is factory sealed onto the end of the cable. Part of the Pear shaped housing must be opaque to allow the LED to illuminate when activated to re-assure the patient that a call has been registered. The cable, housing and plug must be white in colour. The PP must automatically activate a nurse call when accidentally pulled out from the Bed Head Unit.

4. Hand Held Unit with TV Control (MH-T08)

The patient hand held unit is a modern and robust unit with a control keypad or push buttons for the various functions. The functions of the switches are depicted by symbols that are internationally recognised. The TV is controlled via an infrared link that is externally wired from the TV Connector PCB housed inside the Bed Head Trunking or ceiling space. Audio is provided via a headphone that is connected to the headphone socket on the handset.

The following shall be incorporated on the handset :

Unit functions:

- Nurse call push button
- Nurse call reassurance LED
- Television on/ off
- Television Channel select: Up / Down

- Sound volume setting: Up / Down
- Light on/ off for over bed down light
- A clip for hanging the handset on the side of the headboard (slide in type)
- Socket for connecting headphone jack (TV and radio Audio from TV)
- Unit Compatible with any TV
- 2m cord with UB4 plug

5. **Bed Head Unit with Emergency call & Reset (MB-EUB-R)**

The purpose made nurse Bed call unit may be mounted in a standard 100x100 or 100x50 electrical box or flush mountable in an aluminium Bed Head Trunking

BHU functions:

- Emergency call push button
- Nurse call/ emergency call common RESET push button
- Nurse call/ emergency call common reassurance LED
- Automatic Nurse activation when HHU or PP is pulled out.
- Plug-in Socket (USB-type) on a 150mm flexible white cable for connecting to the patient Hand Held Unit or Pear Push.

The unit must be designed so that no damage will be caused to the unit by accidentally pulling out the HHU or PP unit from any direction.

6. **Connector PCB with TV Control (MP-TVR)**

The Connector PCB contains the relevant software to control the TV via the IR LED. It also serves as a termination point for Bed Head Unit, on-suite Bathroom, Overdoor light unit, Infra-red LED & TV audio. The PCB may be housed in the Bed Head Trunking or in the ceiling space by the TV.

Connector PCB functions:

- Provides TV Control signals (via IR LED)
- Termination of all cables per bedroom & bathroom

The Connector PCB is available with or without Light Relay.

7. **Emergency Push Call/ cancel unit (MB-PBL-ER)**

The purpose made Emergency call/ cancel unit may be mounted in a standard 100x100 or 100x50 electrical box or flush mountable in a Bed Head Trunking.

The purpose made ABS plastic clip-in Emergency Call unit must include:

- An EMERGENCY CALL switch for nurse assistance
- A RESET switch
- Re-assurance LEDs

8. Bathroom Impulse PUSH call unit (MW-PKI-C)

(Used in conjunction with the Bathroom RESET unit)

The purpose made Impulse Push call unit may be mounted in a standard 100x100 or 100x50 electrical box. The ABS plastic clip-in Call unit must include:

A large keypad type call switch with locating nipple
Re-assurance LEDs

9. Bathroom Impulse PULL call unit (MW-PLI-4x4)

(Used in conjunction with the Bathroom RESET unit)

The purpose made Impulse pull call unit may be mounted in a standard 100x100 or 100x50 electrical box. The ABS plastic clip-in Call unit with a Blue label must include:

A strong impulse micro switch attached to a 2.2m nylon string
Re-assurance LEDs

10. Bathroom RESET unit (RES) (MW-RES-C)

(Used in conjunction with the Bathroom Push & Pull CALL units)

The purpose made Reset unit may be mounted in a standard 100x100 or 100x50 electrical box.

The ABS plastic clip-in Reset unit must include:

A large keypad type reset switch.
Re-assurance LEDs

11. Over door lights (MI-ODL-C)

The purpose made over door light unit may be mounted in a standard 100x100 or 100x50 electrical box or directly onto the ceiling tile & fastened onto a round end box in the ceiling space. The OD light contains 4 hi bright LEDs mounted on a clip-in plastic. The barrel shaped white lens becomes red when activated.

12. Cable Termination box (Junction Box)

The J/B must be centrally located preferably near the duty station and accessible for ease of maintenance. The J/B must consist of a Krone plastic box housing the krone frame, disconnect modules, the Chimes PCB and the optional 16way monitoring PCB's. The cables for all devices to be terminated at the J/B neatly onto the krone disconnect modules.

13. Power supply (PSU)

The power supply must be a Regulated 24V/3.75A dc and mounted near the J/B. The PSU must include Batteries & supply at least 4 hours of standby power. One PSU must be installed per section.

14. **A: Cables - Nurse call with TV Control**

Cable requirements as follows:

- An individual 4pair CAT5 UTP cable from each SINGLE or 2 BEDROOM (Connector-TV PC Board) back to the central Junction Box. Loop CAT5 cable to 2nd Connector board in case of 2 bed ward.
- 2 x 4pair CAT5 cables from each 4 BEDROOM (Connector-TV PC Boards) back to the central junction box. (1 CAT5 cable per 2bed)
- A 4pair CAT5 cable from each BHU to its corresponding CONNECTOR-TV PC BOARD. (Connector Board may be mounted in Bed Head Trunking or in Ceiling space)
- A 4pair CAT5 or 8core Comms cable from each on-suite bathroom RESET to the closest bed unit or JB
- An 8core comms cable from each bathroom CALL unit to its corresponding RESET unit outside.
- A 4core comms cable from the OVER DOOR light back to the nearest Connector board.
- A 2pr mylar screened cable from the CONNECTOR-TV PC BOARD to the TV for IR control & TV audio. Terminate the IR LED to 1st pair & rest the LED under the TV inside the fibre glass bracket. Terminate an RCA or Jack plug to 2nd pair & plug into back of TV for TV audio (we also recommend an LT77 isolation transformer inline for the audio).
- A multi-core 20pr cable from the J/B to the MIMIC panel. (size depending on quantity of LEDs in the MIMIC)
- An individual 4pair CAT5 UTP cable looping from each JB at the duty stations back to the central Monitoring PC. (Only for PC systems)
- A Krone Junction Box per Section (eg surgical ward) is recommended for terminating all cables.

B: Cables - Nurse call (No TV)

Cable requirements as follows:

- An individual 4pair CAT5 UTP cable from each SINGLE or 2 BEDROOM (BHU) back to the central Junction Box.
- 2 x 4pair CAT5 cables from each 4 BEDROOM (at BHU's) back to the central junction box. (1 CAT5 cable per 2bed)
- A 4pair CAT5 or 8core Comms cable from each on-suite bathroom RESET to the closest bed unit or JB
- An 8core comms cable from each bathroom CALL unit to its corresponding RESET unit outside.
- A 4core comms cable from the OVER DOOR light back to the nearest bed unit.
- A multi-core 20pr cable from the J/B to the MIMIC panel. (size depending on quantity of LEDs in the MIMIC)
- An individual 4pair CAT5 UTP cable looping from each JB at the duty stations back to the central Monitoring PC. (Only for PC systems)
- A Krone Junction Box per Section (eg surgical ward) is recommended for terminating all cables.

OPERATION:

*The following happens when a call is activated from a **PEAR PUSH** or **HAND HELD UNIT** plugged into the bed call unit:*

The re-assurance LED in the Bed call unit and PEAR PUSH illuminates
The Over door light outside the corresponding room illuminates
The corresponding LED in the mimic panel illuminates
The chimes unit will sound & continue every 10 seconds until the call is reset at originated unit.
The corresponding bed at the monitoring PC will change from green to red and a call will be logged in the data base.
All LEDs & chimes will stop when the call is reset (from the activated unit).

*The following happens when a call is activated from an **Emergency call** or **bed call unit** (not the pear push or hand held unit):*

The re-assurance LED in the Bed call unit and PEAR PUSH flash ON & OFF (1 second intervals)
The Over door light outside the corresponding room will flash ON & OFF (1 second intervals)
The corresponding LED in the mimic panel will flash ON & OFF (1 second intervals)
The Emergency Bleeper will sound & continue at one second intervals until the call is reset.
The corresponding bed at the monitoring PC will change from green to flashing red and an emergency call will be logged in the data base.
All LEDs & bleeper will stop when the call is reset (at the activated unit).

*The following happens when a call is activated from a **BATHROOM PULL** or **PUSH** call unit:*

The re-assurance LED in the Bathroom call unit illuminates
The Over door light outside the corresponding room illuminates
The re-assurance LED in the Corresponding RESET unit illuminates
The corresponding LED in the mimic panel illuminates
The Continuous tone Bleeper or alternate tone will sound & continue until the call is reset.
The corresponding bathroom at the monitoring PC will change from green to red and a call will be logged in the data base.
All LEDs & beepers will stop when the call is reset at the activated RESET unit.

1.1 Training Programme

Tenders shall allow for at training of at least four (4) persons, as nominated by the User department.

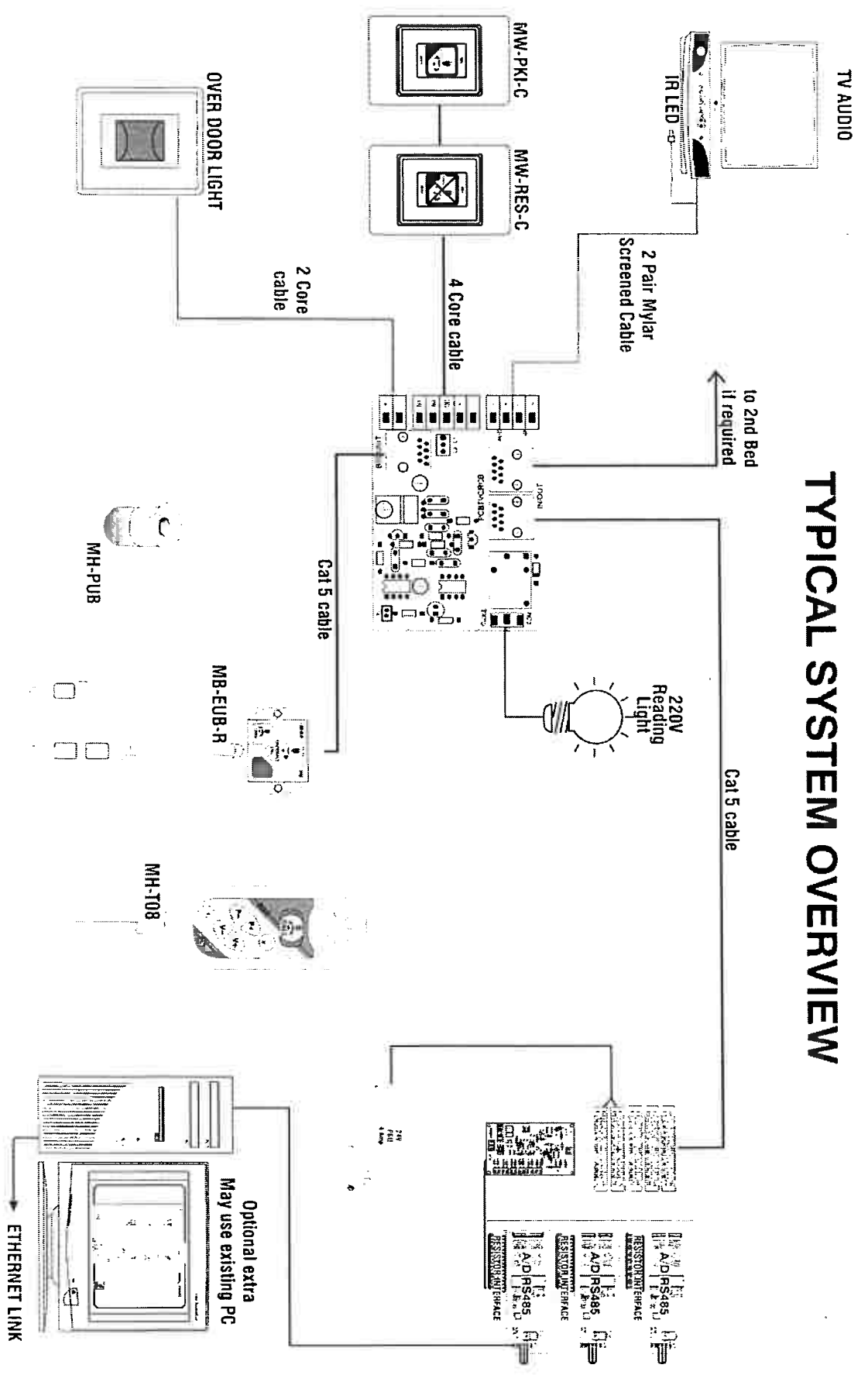
1.2 Operating Manuals

Three complete sets of the Operating Manuals, in English, shall be provided to be used by the User's personnel who will operate the system.

1.3 Guarantees and Maintenance

With effect from the date of the First Delivery Certificate the contractor shall at his own expense undertake the regular servicing of the installation during the maintenance period of 12 months and shall make all adjustments necessary for the correct operation thereof.

TYPICAL SYSTEM OVERVIEW





Quotation Advert

Opening Date:

Closing Date:

Closing Time: 11:00

INSTITUTION DETAILS

Institution Name:

Province:

Department or Entity:

Division or section:

Place where goods / services is required

Date Submitted

ITEM CATEGORY AND DETAILS

Quotation Number:

Item Category:

Item Description:

Quantity (if supplies)

COMPULSORY BRIEFING SESSION / SITE VISIT

Select Type:

Date :

Time:

Venue:

QUOTES CAN BE COLLECTED FROM:

QUOTES SHOULD BE DELIVERED TO:

ENQUIRIES REGARDING THE ADVERT MAY BE DIRECTED TO:

Name:

Email:

Contact Number:

Finance Manager Name:

Finance Manager Signature:



No late quotes will be considered