

## Quotation Advert

**Opening Date:** 2020-06-02  
**Closing Date:** 2020-06-08  
**Closing Time:** 11:00

### INSTITUTION DETAILS

**Institution Name:** Umgeni hospital  
**Province:** KwaZulu-Natal  
**Department or Entity:** Department of Health  
**Division or section:** Central Supply Chain Management  
**Place where goods / services is required** Umgeni Hospital - Maintenance dept  
**Date Submitted** 2020-06-01

### ITEM CATEGORY AND DETAILS

**Quotation Number:** ZNQ:  
35/20  
**Item Category:** Services  
**Item Description:** ANNUAL SERVICE OF LAUNDRY EQUIPMENT X07 UNITS  
- DOCUMENT WILL BE DISTRIBUTED DURING COMPULSORY SITE INSPECTION

**Quantity (if supplies)** X07 UNITS

### COMPULSORY BRIEFING SESSION / SITE VISIT

**Select Type:** Compulsory Site Visit  
**Date :** 2020-06-04  
**Time:** 10H30  
**Venue:** UMGENI HOSPITAL, OLD MAIN ROAD, HOWICK - MAINTENANCE DEPT

**QUOTES CAN BE COLLECTED FROM:** DURING COMPULSORY SITE INSPECTION

**QUOTES SHOULD BE DELIVERED TO:** UMGENI HOSPITAL, OLD MAIN ROAD - TENDER BOX AT MAIN GATE

### ENQUIRIES REGARDING THE ADVERT MAY BE DIRECTED TO:

**Name:** Mr. Zuma M  
**Email:** Mxolisi.Zuma@kznhealth.gov.za  
**Contact Number:**

033-3306146 Ext 258

**Finance Manager Name:**

Mr. Mathobela MH

**Finance Manager Signature:**



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No late quotes will be considered

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Note:

PROVINCE OF KWAZULU-NATAL  
DEPARTMENT OF PUBLIC WORKS  
PREVENTIVE MAINTENANCE SCHEDULE

TYPE OF SERVICE : LAUNDRY EQUIPMENT  
SCHEDULE FOR : TUMBLE DRIER  
SCHEDULE FREQUENCY :  
INSTALLATION NAME :

REF : L  
CODE : L3-004

REF :

ORDER No.:

P.M. SERVICE		RUNNING REPAIRS (Apply for V.O. as Applicable)				OTHER REPAIRS REQUIRED SUBMIT QUOTATION					
ITEM	INSTRUCTION: CHECK, ADJUST, CLEAN AS REQUIRED	IN ORDER	OTHER NON-SPECIFIED RUNNING REPAIRS DONE	TIME TAKEN	DESCRIPTION OF SPARES USED	EX SITE STOCK	EX FIRMS STOCK	DESCRIPTION OF OTHER REPAIRS REQUIRED	EST. TIME REQ.	DESCRIPTION OF SPARES REQUIRED	QTY REQ
	Combine with Lubrication schedule L3-004/LUB										
1.	Remove covers and clean (also air blow steam coils)										
2.	Clean lint drawer										
3.	Check for steam, water, air and oil leaks										
4.	Clean motor airways										
5.	Grease main bearings and lubricate drive										
6.	Check and tension drive belts										
7.	Check and clean steam strainers, steam traps and safety valve										
8.	Check all electrical connections and tighten (Annual)										
9.	Check overload settings										
10.	Meg-ohm test all motors (Annual)										
11.	Check indicator lamps and electrical controls <b>NOTE: Compressed air not to be used for cleaning</b>										

P.M. SERVICE		RUNNING REPAIRS (Apply for V.O. as Applicable)				OTHER REPAIRS REQUIRED SUBMIT QUOTATION						
ITEM	INSTRUCTION: CHECK, ADJUST, CLEAN AS REQUIRED	IN ORDER	OTHER NON-SPECIFIED RUNNING REPAIRS DONE	TIME TAKEN	DESCRIPTION OF SPARES USED	EX SITE STOCK	EX STOCK	QUANTITY EX FIRMS STOCK	DESCRIPTION OF OTHER REPAIRS REQUIRED	EST. TIME REQ.	DESCRIPTION OF SPARES REQUIRED	QTY REQ
12.	Check all safety devices, door switches and electrical isolator											
13.	Check machine under load and note temperature after 15 mins (laundry must come from hydro or washer extractor)											
14.	On electric heated machines, check air flap switch and note total current draw (amps)											
15.	Check machine for corrosion, degrease, de-rust treat and touch up with paint											
16.	Check/clean strainers, steam traps, PRV, SV's etc.											
17.	Remove/clean any lubricant spillage											
18.	Ensure all guards and cover panels are in place and secure											

I CERTIFY THAT THE SPECIFIED SERVICE WAS CARRIED OUT

NAME OF SERVICEMAN (BLOCK LETTERS):

SIGNATURE:

NAME/S OF ASSISTANT/S: SEMI SKILLED:

NAME/S OF ASSISTANT/S: UNSKILLED:

COMPANY NAME (BLOCK LETTERS):

TIME IN:

TIME ON SITE:

DATE:

FROM:

KM:

TO:

KM:

TOTAL KM:

OFFICIAL STAMP:

NAME OF RESPONSIBLE OFFICIAL ON SITE:

SIGNATURE:

PROVINCE OF KWAZULU-NATAL  
DEPARTMENT OF PUBLIC WORKS  
PREVENTIVE MAINTENANCE SCHEDULE

TYPE OF SERVICE : LAUNDRY EQUIPMENT  
SCHEDULE FOR : HYDRO EXTRACTOR  
SCHEDULE FREQUENCY :

REF : L  
CODE : L4-003

INSTALLATION NAME :		REF :							
SERVICE PROVIDER :		ORDER No.:							
P.M. SERVICE		RUNNING REPAIRS (Apply for V.O. as Applicable)				OTHER REPAIRS REQUIRED SUBMIT QUOTATION			
ITEM	INSTRUCTION: CHECK, ADJUST, CLEAN AS REQUIRED	IN ORDER	TIME TAKEN	DESCRIPTION OF SPARES USED	QUANTITY		EST. TIME REQ.	DESCRIPTION OF SPARES REQUIRED	QTY REQ
					EX SITE STOCK	EX FIRMS STOCK			
1.	Check all safety devices, lid lock, emergency stop button, electrical isolator								
2.	Check for excessive noise								
3.	Clean machine								
4.	Remove covers and clean								
5.	Check indicator lamps and electrical controls. <b>NOTE: Compressed air not to be used for cleaning</b>								
6.	Check overload settings								
7.	Clean motor airways								
8.	Check and tighten rubber centre mounting (do not over-tighten, also basket must be central)								
9.	Check all electrical connections and tighten								
10.	Check and tighten all mounting bolts								
11.	Check and clean motor cooling fan								
12.	Check drain is clear (no restrictions)								

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ITEM	INSTRUCTION: CHECK, ADJUST, CLEAN AS REQUIRED	IN ORDER	OTHER NON-SPECIFIED RUNNING REPAIRS DONE	TIME TAKEN	DESCRIPTION OF SPARES USED	QUANTITY		DESCRIPTION OF OTHER REPAIRS REQUIRED	EST. TIME REQ.	DESCRIPTION OF SPARES REQUIRED	QTY REQ
						EX SITE STOCK	EX FIRMS STOCK				
13.	With load, check amperage of motor and note, also check lid lock and emergency stop button for correct working order										
14.	Check and adjust out of balance switch										
15.	Tighten all leaking glands, unions, flanges, fittings and all loose nuts bolts and brackets										
16.	Meg-ohm test all motors										
17.	Check machine for corrosion, treat and touch up with paint										

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NAME OF SERVICEMAN (BLOCK LETTERS):

NAME/S OF ASSISTANT/S: SEMI SKILLED:

NAME/S OF ASSISTANT/S: UNSKILLED:

COMPANY NAME (BLOCK LETTERS):

TIME IN: TIME OUT: TIME ON SITE: DATE:

FROM: TO: KM: TO: KM: TOTAL KM:

OFFICIAL STAMP:

SIGNATURE:

NAME OF RESPONSIBLE OFFICIAL ON SITE:

SIGNATURE: