

## 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:  
36/20

**Item Category:** Services

**Item Description:** Bi- ANNUAL SERVICE OF KITCHEN EQUIPMENT  
- DOCUMENT WILL BE DISTRIBUTED DURING COMPULSORY SITE INSPECTION

**Quantity (if supplies)** X27 UNITS

### COMPULSORY BRIEFING SESSION / SITE VISIT

**Select Type:** Compulsory Site Visit

**Date :** 2020-06-04

**Time:** 13H00

**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 : KITCHEN EQUIPMENT  
 SCHEDULE FOR : ELECTRIC BOILING PAN - OIL JACKETED  
 SCHEDULE FREQUENCY : 6 MONTHLY

REF : K  
 CODE : K14-001

INSTALLATION NAME :  
 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	OTHER NON-SPECIFIED RUNNING REPAIRS DONE	TIME TAKEN	DESCRIPTION OF SPARES USED	QTY. EX SITE STOCK	QTY. EX FIRMS STOCK	DESCRIPTION OF OTHER REPAIRS REQUIRED	EST. TIME REQ.	DESCRIPTION OF SPARES REQUIRED	QTY REQ.
1.	Control switches										
2.	Indicator lamps										
3.	Electrical supply cable, conduit and sprague including earth continuity										
4.	Condition of panel wiring										
5.	All electrical connections for tightness										
6.	All isolator										
7.	Size of MCB										
8.	Total element amperage										
9.	Condition of element gaskets										
10.	Oil level										
11.	Condition of oil										
12.	Oil leaks (cold and hot)										
13.	Date of last oil change										

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	QTY. EX SITE STOCK	QTY. EX FIRMS STOCK	DESCRIPTION OF OTHER REPAIRS REQUIRED	EST. TIME REQ.	DESCRIPTION OF SPARES REQUIRED	QTY REQ.
14.	Lid hinges and lubricate										
15.	Lid handles and insulation										
16.	Lid balance										
17.	Condition of liner										
18.	Condition of cladding										
19.	Water supply and valve for leaks										
20.	Drain spout for leaks or obstructions										
21.	Clean down										
22.	Take test sample of oil and submit for analysis										
23.	Clean rust spots and touch up with paint										

**NB If oil requires to be changed after analysis, the old oil must be returned to the supplier and not disposed of in the sewer or storm water.**

<b>I CERTIFY THAT THE SPECIFIED SERVICE WAS CARRIED OUT</b>									
<b>NAME OF SERVICEMAN (BLOCK LETTERS):</b>					<b>SIGNATURE:</b>				
<b>NAME/S OF ASSISTANT/S: SEMI SKILLED:</b>									
<b>NAME/S OF ASSISTANT/S: UNSKILLED:</b>									
<b>COMPANY NAME (BLOCK LETTERS):</b>									
<b>TIME IN:</b>		<b>TIME OUT:</b>		<b>TIME ON SITE:</b>		<b>DATE:</b>			
<b>FROM:</b>		<b>TO:</b>		<b>KM:</b>		<b>TO:</b>		<b>TOTAL KM:</b>	
<b>NAME OF RESPONSIBLE OFFICIAL ON SITE:</b>					<b>SIGNATURE:</b>				

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

TYPE OF SERVICE : KITCHEN EQUIPMENT  
 SCHEDULE FOR : EXTRACT CANOPY  
 SCHEDULE FREQUENCY :  
 INSTALLATION NAME :

REF : K  
 CODE : K13-002

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	OTHER NON-SPECIFIED RUNNING REPAIRS DONE	TIME TAKEN	DESCRIPTION OF SPARES USED	QTY.	DESCRIPTION OF OTHER REPAIRS REQUIRED	EST. TIME REQ.	DESCRIPTION OF SPARES REQUIRED	QTY.
1.	Remove and clean filters									
2.	Degrease and clean canopy, drain and ducting									
3.	Check lighting									
4.	Check contactor and O/L setting									
5.	Check electrical connections									
6.	Check motor, fan and blades									
7.	Check mountings									
8.	Check sound attenuator									
9.	Megger test motor									
10.	Check exhaust cowl									

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 OUT:		TIME ON SITE:		DATE:					
FROM:		TO:		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 : KITCHEN EQUIPMENT  
 SCHEDULE FOR : HOT WATER URNS  
 SCHEDULE FREQUENCY : SIX MONTHLY  
 REF : K  
 CODE : K9-002

INSTALLATION NAME :  
 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	OTHER NON-SPECIFIED RUNNING REPAIRS DONE	TIME TAKEN	DESCRIPTION OF SPARES USED	QTY.	DESCRIPTION OF OTHER REPAIRS REQUIRED	EST. TIME REQ.	DESCRIPTION OF SPARES REQUIRED	QTY.
1.	Electrical supply cable/conduit/ sprague including earth continuity									
2.	Wall isolator/switch plug									
3.	Internal wiring									
4.	Thermostat or safety cut-out									
5.	Control switch									
6.	Elements									
7.	Amperage									
8.	Steam supply									
9.	Steam control valve									
10.	Steam coil									
11.	Steam leaks									
12.	Condensate return and sight checks									



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	QTY.	DESCRIPTION OF OTHER REPAIRS REQUIRED	EST. TIME REQ.	DESCRIPTION OF SPARES REQUIRED	QTY.
13.	Water supply leaks									
14.	Water supply H/R ball valves									
15.	Lid and handle									
16.	Gauge glasses and protectors									
17.	External appearance and cleanliness									

**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 OUT:	TIME ON SITE:	DATE:
FROM:	TO:	KM:	TO:
		KM:	TOTAL KM:
		NAME OF RESPONSIBLE OFFICIAL ON SITE:	
		SIGNATURE:	

OFFICIAL STAMP:

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

TYPE OF SERVICE : KITCHEN EQUIPMENT  
 SCHEDULE FOR : BAIN MARIE/FOOD TROLLEY  
 SCHEDULE FREQUENCY : SIX MONTHLY  
 INSTALLATION NAME :

REF : K  
 CODE : K8-002

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	OTHER NON-SPECIFIED RUNNING REPAIRS DONE	TIME TAKEN	DESCRIPTION OF SPARES USED	QTY.	DESCRIPTION OF OTHER REPAIRS REQUIRED	EST. TIME REQ.	DESCRIPTION OF SPARES REQUIRED	QTY.
1.	Electrical supply cable/cable/ plugtop including earth continuity									
2.	Control switch									
3.	Indicator lights									
4.	Wall isolator/switch plug									
5.	Elements and washers									
6.	Panel wiring									
7.	Amperage									
8.	For Bain Marie MCB size									
9.	Steam supply									
10.	Control valve									
11.	Condensate return									
12.	Steam coil									
13.	Steam/condensate leaks									

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	QTY.	QTY.	DESCRIPTION OF OTHER REPAIRS REQUIRED	EST. TIME REQ.	DESCRIPTION OF SPARES REQUIRED	QTY.
14.	Water leaks									
15.	Warmer doors									
16.	Serving lids									
17.	Food containers									
18.	Castors – clean and lubricate									
19.	Clean down									
20.	Check machine for corrosion, treat and touch up with paint									

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):

OFFICIAL STAMP:

TIME IN:	TIME OUT:	TIME ON SITE:	DATE:	NAME OF RESPONSIBLE OFFICIAL ON SITE:	
FROM:	TO:	KM:	TO:	KM:	TOTAL KM:
					SIGNATURE:

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

TYPE OF SERVICE : KITCHEN EQUIPMENT  
 SCHEDULE FOR : POTATO PEELER  
 SCHEDULE FREQUENCY : SIX MONTHLY  
 INSTALLATION NAME :  
 REF : K  
 CODE : K7-002  
 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	QTY.	DESCRIPTION OF OTHER REPAIRS REQUIRED	EST. TIME REQ.	DESCRIPTION OF SPARES REQUIRED	QTY.
1.	Electrical supply cabyte and plugtop including earth continuity.									
2.	Control switch									
3.	Wall switch plug									
4.	Test run with load									
5.	Excessive vibration and noise									
6.	Amperage									
7.	Water supply and valve									
8.	Wast outlet									
9.	Skin collector									
10.	Wall abrasive									
11.	Base plate abrasive and drive									
12.	Door and lid									
13.	Lubricate									

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	QTY.	DESCRIPTION OF OTHER REPAIRS REQUIRED	EST. TIME REQ.	DESCRIPTION OF SPARES REQUIRED	QTY.
14.	Belt drive								
15.	Clean down								
16.	Check machine for corrosion, treat and touch up with paint								

**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 OUT:** \_\_\_\_\_ **TIME ON SITE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**FROM:** \_\_\_\_\_ **TO:** \_\_\_\_\_ **KM:** \_\_\_\_\_ **TO:** \_\_\_\_\_ **KM:** \_\_\_\_\_ **TOTAL KM:** \_\_\_\_\_

**NAME OF RESPONSIBLE OFFICIAL ON SITE:** \_\_\_\_\_ **SIGNATURE:** \_\_\_\_\_

**OFFICIAL STAMP:** \_\_\_\_\_

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

TYPE OF SERVICE : KITCHEN EQUIPMENT  
 SCHEDULE FOR : ELECTRIC RANGE/GRILLER  
 SCHEDULE FREQUENCY : SIX MONTHLY  
 INSTALLATION NAME :  
 REF : K  
 CODE : K5-002

ORDER NO. :  
 SERVICE PROVIDER :  
 P.M. SERVICE

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	QTY.	DESCRIPTION OF OTHER REPAIRS REQUIRED	EST. TIME REQ.	DESCRIPTION OF SPARES REQUIRED	QTY.
1.	Control switches									
2.	Indicator lights									
3.	Oven thermostat									
4.	Panel wiring									
5.	Electrical supply cable, conduit including earth continuity and sprague									
6.	Wall isolator									
7.	Total amperage									
8.	Size of MCB									
9.	Cracks or distortion of heating surfaces									
10.	Plate levelling screws									
11.	Oven door hinges and lubricate									
12.	Oven door balance									
13.	Interior of oven									

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	QTY.	DESCRIPTION OF OTHER REPAIRS REQUIRED	EST. TIME REQ.	DESCRIPTION OF SPARES REQUIRED	QTY.
14.	Clean down								
15.	Check machine for corrosion, treat and touch up with paint								
<p><b>I CERTIFY THAT THE SPECIFIED SERVICE WAS CARRIED OUT</b></p> <p><b>NAME OF SERVICEMAN (BLOCK LETTERS):</b> _____ <b>SIGNATURE:</b> _____</p> <p><b>NAME/S OF ASSISTANT/S: SEMI SKILLED:</b> _____</p> <p><b>NAME/S OF ASSISTANT/S: UNSKILLED:</b> _____</p> <p><b>COMPANY NAME (BLOCK LETTERS):</b> _____</p>									
<b>TIME IN:</b>		<b>TIME OUT:</b>	<b>TIME ON SITE:</b>		<b>DATE:</b>	<b>NAME OF RESPONSIBLE OFFICIAL ON SITE:</b>			
<b>FROM:</b>		<b>TO:</b>	<b>KM:</b>	<b>TO:</b>	<b>KM:</b>	<b>TOTAL KM:</b>	<b>SIGNATURE:</b>		

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

TYPE OF SERVICE : KITCHEN EQUIPMENT  
 SCHEDULE FOR : MINCER/MIXER/MEAT SLICER  
 SCHEDULE FREQUENCY : SIX MONTHLY  
 REF : K  
 CODE : K4-002

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	OTHER NON-SPECIFIED RUNNING REPAIRS DONE	TIME TAKEN	DESCRIPTION OF SPARES USED	QTY.	DESCRIPTION OF OTHER REPAIRS REQUIRED	EST. TIME REQ.	DESCRIPTION OF SPARES REQUIRED	QTY.
1.	Electrical supply cab tyre and plug tope including earth continuity									
2.	Wall switch plug									
3.	Machine control switch									
4.	Test run									
5.	Excessive vibration or noise									
6.	Amperage									
7.	Condition of blade or accessories									
8.	Sliding table									
9.	Bowl height and adjustment									
10.	Grease nipples and lubricate									
11.	Clean down									
12.	Check machine for corrosion, treat and touch up with paint									



<b>I CERTIFY THAT THE SPECIFIED SERVICE WAS CARRIED OUT</b>											
<b>NAME OF SERVICEMAN (BLOCK LETTERS):</b>										<b>SIGNATURE:</b>	
<b>NAME/S OF ASSISTANT/S: SEMI SKILLED:</b>											
<b>NAME/S OF ASSISTANT/S: UNSKILLED:</b>											
<b>COMPANY NAME (BLOCK LETTERS):</b>											
<b>TIME IN:</b>			<b>TIME OUT:</b>			<b>TIME ON SITE:</b>			<b>DATE:</b>		
<b>FROM:</b>			<b>TO:</b>			<b>KM:</b>			<b>TO:</b>		
						<b>KM:</b>			<b>TOTAL KM:</b>		
<b>OFFICIAL STAMP:</b>											
<b>NAME OF RESPONSIBLE OFFICIAL ON SITE:</b>											
<b>SIGNATURE:</b>											

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

TYPE OF SERVICE : KITCHEN EQUIPMENT  
SCHEDULE FOR : TILTING PAN/FISH FRYER  
SCHEDULE FREQUENCY : SIX MONTHLY

REF : K  
CODE : K2-002

INSTALLATION NAME :		REF :	ORDER No. :	OTHER REPAIRS REQUIRED			
SERVICE PROVIDER :		REF :	ORDER No. :	SUBMIT QUOTATION			
P.M. SERVICE		RUNNING REPAIRS (Apply for V.O. as Applicable)		OTHER REPAIRS REQUIRED			
ITEM	INSTRUCTION; CHECK, ADJUST, CLEAN AS REQUIRED	IN ORDER	TIME TAKEN	DESCRIPTION OF SPARES USED	QTY.	DESCRIPTION OF SPARES REQUIRED	QTY.
1.	Control switch and indicator lamps						
2.	Electrical supply cable, conduit and sprague including earth continuity						
3.	Condition of panel wiring						
4.	All electrical connections for tightness						
5.	Wall isolator						
6.	Size of MCB						
7.	Total amperage of elements						
8.	Tilt mechanism – adjust as required						
9.	Lid hinges, springs and lubricate						
10.	Lid handle and insulation						
11.	External appearance and cleanliness						
12.	Internal for defects						
13.	Condition of baskets (Fish Fryer)						

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	QTY.	DESCRIPTION OF OTHER REPAIRS REQUIRED	EST. TIME REQ.	DESCRIPTION OF SPARES REQUIRED	QTY.
14.	Condition of exposed elements (Fish Fryer)								
15.	Clean down								
16.	Check machine for corrosion, treat and touch up with paint								

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):

OFFICIAL STAMP:

TIME IN:	TIME OUT:	TIME ON SITE:	DATE:	NAME OF RESPONSIBLE OFFICIAL ON SITE:	
FROM:	TO:	KM:	TO:	KM:	TOTAL KM:
					SIGNATURE:

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

TYPE OF SERVICE : KITCHEN EQUIPMENT  
SCHEDULE FOR : STEAM COOKING POTS  
SCHEDULE FREQUENCY : SIX MONTHLY  
INSTALLATION NAME :

REF : K  
CODE : K1-002

SERVICE PROVIDER :		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	QUANTITY		EST. TIME REQ.	DESCRIPTION OF SPARES REQUIRED	QTY REQ
						EX SITE STOCK	EX FIRMS STOCK			
	CHECK AND ADJUST AS REQUIRED									
1.	Steam leaks									
2.	Steam traps									
3.	Air relief valve									
4.	Steam inlet valve									
5.	Safety valve									
6.	Water leaks									
7.	Drain spout leaks and obstruction									
8.	Water inlet valve									
9.	Lid hinges and lubricate									
10.	Lid counter weight and balance									
11.	Inner liner for dents/cracks									
12.	External cladding									
13.	Lid handle and insulation									
14.	Base for corrosion									
15.	Cleanliness of exterior									
16.	Is KwaZulu Natal-Works pressure label fitted and stamped									

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	QUANTITY EX SITE STOCK	EX FIRMS STOCK	DESCRIPTION OF OTHER REPAIRS REQUIRED	EST. TIME REQ.	DESCRIPTION OF SPARES REQUIRED	QTY REQ
17.	NOTE date of last hydraulic test Hydraulic pressure test every 36 months - As per test program										
18.	Check machine for corrosion, treat and touch up with paint										

**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 OUT:** \_\_\_\_\_ **TIME ON SITE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**FROM:** \_\_\_\_\_ **TO:** \_\_\_\_\_ **KM:** \_\_\_\_\_ **TO:** \_\_\_\_\_ **KM:** \_\_\_\_\_ **TOTAL KM:** \_\_\_\_\_

**OFFICIAL STAMP:** \_\_\_\_\_

**NAME OF RESPONSIBLE OFFICIAL ON SITE:** \_\_\_\_\_ **SIGNATURE:** \_\_\_\_\_