



Quotation Advert

Opening Date: 2020-05-08 

Closing Date: 2020-05-15 

Closing Time: 11:00

INSTITUTION DETAILS


Institution Name: Hlengisizwe CHC 

Province: KwaZulu-Natal

Department or Entity: Department of Health

Division or section: Central Supply Chain Management

Place where goods / services is required HLENGISIZWE CHC

Date Submitted 2020-05-08 

ITEM CATEGORY AND DETAILS

Quotation Number: ZNQ:
40/20/21

Item Category: Services 

Item Description: PEST CONTROL FOR HLENGISIZWE CHC AND 7 CLINICS, SPECIFICATION ATTACHD. 12 MONTHS CONTRACTS. CONTRACTORS MUST PROVIDE VALID CERTIFICATE FOR PEST CONTROL.

Quantity (if supplies)

COMPULSORY BRIEFING SESSION / SITE VISIT

Select Type: Not Applicable 

Date : 

Time:

Venue:

QUOTES CAN BE COLLECTED FROM:

QUOTES SHOULD BE DELIVERED TO: HLENGISIZWE CHC

ENQUIRIES REGARDING THE ADVERT MAY BE DIRECTED TO:

Name: MG MAKHAYE

Email: Hlengisizwe.SCM@kznhealth.gov.za

Contact Number:

Finance Manager Name:

031 774-1038/9

MP KHUMALO

Finance Manager Signature:

No late quotes will be considered

**SPECIFICATION FOR PEST CONTROL SERVICE
AT
HLENGISIZWE CHC AND CLINICS**

1. OFFICES / CONSULTING ROOMS / WARDS / DEPARTMENTS / AREAS

This Pest Control Service Contract is for the eradication and control of all pest and vermin (rats, mice, cockroaches, bird lice, all types of ants, moth larvae, fish moths etc.) at various institutions under control of the KwaZulu-Natal Department of Health.

This Service Contract does not cover the eradication of termites (white ants) or bees. Should an exceptional situation arise where the institution requires the eradication or treatment of termites or bees, a separate quotation based on the travelling and hourly rates as indicated in the price schedule will be called for.

2. RE-INFESTATION

If, in between each monthly service, re-infestation of any type of pest becomes apparent, the contractor will be **required to provide an immediate re-service** in the specified infested area at no cost to, and to the complete satisfaction of the administration.

3. SERVICE PROCEDURE

No servicing is to be carried out before the contractor has made prior arrangements for a service date with the officer in charge of the institutional maintenance division.

Such service date arrangement shall be made at least **seven (7) days** prior to the actual proposed service date.

On arrival at the institution on the date of service, the contractor will be required to **report to the office of the Systems manager / or his deputy** to sign into the contracts register before any servicing takes place.

On completion of the service procedure, the contractor will once again be required to report to the Systems manager's office to **sign out of the contractors register**.

4. GENERAL SERVICING PROCEDURES

4.1 Only competent and trained persons are to handle Insecticides/ Pesticides.

4.2 Every room or enclosure in the wards or departments is to be treated with bait, Insecticides and pesticides as per SABS, Department of Agriculture and Environmental Health practices.

4.3 All equipment used should abide by the Occupational Health and Safety Act 85 of 1993.

4.4 Provision must also be made for the application of a chemical gel in strategic areas of each ward or department after chemical spray.

4.5 All built in cupboards shall be internally sprayed and gel treated.

4.6 All storage rooms such as kit rooms, surgical storage rooms etc are to be treated with spray and gel.

- 4.7. Additional areas: (inclusive to monthly service)
- 4.7.1. All plant rooms and basement areas are to be spray- treated and rodent bait treated.
 - 4.7.2. All free standing out-buildings shall be spray treated as per specifications.
 - 4.7.3. All sewerage and storm water manholes are to be opened and spray treated at each service.
 - 4.7.4. All down pipes areas, water pipes, ducting pipes
 - 4.7.5. Refrigerator motors, Vending machines and skirting boards
 - 4.7.6. Fire hose reels
 - 4.7.7. Patient lockers
 - 4.7.8. The surrounds of every open type waste water gully shall be spray treated at each service.
 - 4.7.9. The outside walls of every building or structure where the walls reach ground level **throughout the complex** must be spray treated at each service.
 - 4.7.10. The edges of all concrete walkways within enclosed passages shall be spray treated at each service.

NOTE: THE CONTRACTOR IS TO BE IN POSSESSION OF HIS OWN TOOLS AND EQUIPMENT TO OPEN SEWERAGE AND STORM WATER MANHOLES

- 4.8. Bait stations for the eradication and control of rodents must be supplied and installed by the service provider during the period of the contract. Approximately 50 bait stations per clinic are required.
- 4.9. **Bait stations are required to be serviced and bait must be replenished on a monthly basis. Pricing for the service must be included in the monthly service charge.**

The institutions desire that the price be structured as follows:

5. PRICE SCHEDULE

5.1. Cost per kilometre from base to clinics in case of callout for exceptional requests

R _____ (excluding VAT)

5.2. Hourly labour rate for pest control technician including rate for an assistant in case of call out for exceptional requests

R _____ (excluding VAT)
(The above two prices do not form part of the service price)

NOTE: THE PRICE FOR EACH SERVICE SHALL INCLUDE ALL TRAVELLING AND LABOUR COSTS FOR THE SERVICE TECHNICIAN AND ALL ASSISTANTS TO CARRY OUT THE SERVICE AS PER THE SPECIFICATIONS.

5.3 Price per each monthly service as per the specifications (excluding VAT)
5.4. **Supply and Install rodent bait stations once off (quantity = 50 per clinics)**

5.4 Total contract price for services during the contract period of twelve **(12)months** (excluding VAT)

The total contract price is to be carried to the official quotation form and written in words and figures and this amount will be accepted as final and binding.

6. BILL OF QUANTITIES:

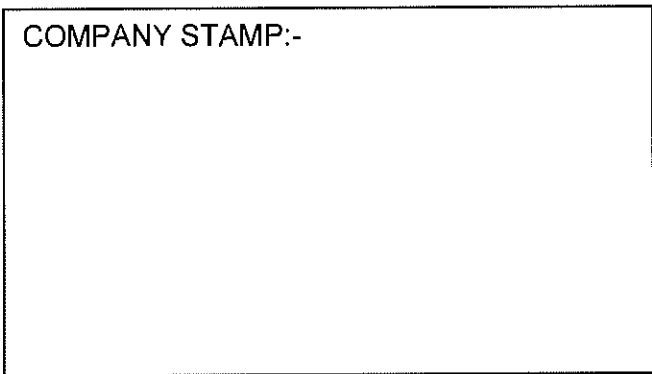
ITEM	DESCRIPTION	QUANTITY	UNIT COST	TOTAL
1	Pest control monthly service	12	R	R
2	Supply and install rodent bait stations	50 per clinic	R	R
3	Bait station monthly service	12	R	R
Add 15% VAT				R
TOTAL COST (24 MONTHS)				R

AUTHORISED COMPANY SIGNATURE: _____

FULL NAME IN PRINT: _____ DATE: _____

COMPANY NAME:

COMPANY STAMP:-



COMPULSORY:

- 1) Details and signatures contained in the above section are an acknowledgement and agreement of the specifications and terms of service. Kindly complete.
- 2) Attach proof of registration with the pest control association.
- 3) Complete the Bill of Quantities in full.

The failure to comply with the above will result in disqualification.