






## AdvertQuote

 Submit  Save  Save As...  Close  Print Preview

## Quotation Advert

Opening Date:

2020-11-10

Closing Date:

2020-11-17

Closing Time:

11:00

## INSTITUTION DETAILS

Institution Name:

Head Office Quotations

Province:

KwaZulu-Natal

Department or Entity:

Department of Health

Division or section:

Central Supply Chain Management

Place where goods / services is required

PARK RYNIE FORENSIC MORTUARY

Date Submitted

## ITEM CATEGORY AND DETAILS

Quotation Number:

ZNQ:  
912/20/21-H

Item Category:

Services

Item Description:

SERVICING OF DIESEL STANDBY GENERATOR (150 KVA) , CLEANING DIESEL  
TANK ( DAY TANK AND BULK TANK) AT PARK RYNIE FORENSIC MORTUARY  
CIDB: 1ME

Quantity (if supplies)

01

## COMPULSORY BRIEFING SESSION / SITE VISIT

Select Type:

Compulsory Site Visit

Date :

2020-11-12

Time:

10:00 AM

Venue:

PARK RYNIE FORENSIC MORTUARY

QUOTES CAN BE COLLECTED FROM:

[www.kznhealth.gov.za](http://www.kznhealth.gov.za)

QUOTES SHOULD BE DELIVERED TO:

[Quotations.cmho@kznhealth.gov.za](mailto:Quotations.cmho@kznhealth.gov.za)

ENQUIRIES REGARDING THE ADVERT MAY BE DIRECTED TO:

## Supply Chain Management - AdvertQuote

Page 2 of 2

**Name:**

Kwazikwakhe Cele

**Email:**

Kwazikwakhe.Cele@kznhealth.gov.za

**Contact Number:**

033 815 8392

**Finance Manager Name:**

Ashby Tyrone

**Finance Manager Signature:**



No late quotes will be considered

## STANDARD QUOTE DOCUMENTATION OVER R30 000.00

YOU ARE HEREBY INVITED TO QUOTE FOR REQUIREMENTS AT: DEPARTMENT OF HEALTH- CENTRAL SCM  
DATE ADVERTISED: 10/11/2020  
PHYSICAL ADDRESS: 310 JABU NDLOVU STREET, SCM OFFICES, PIETERMARITZBURG, 3201

ZNQ NUMBER: 912/20/21-H ..... CLOSING DATE: 17/11/2020 ..... CLOSING TIME: 11:00

DESCRIPTION	Servicing of Diesel standby generator (150KVA), cleaning of cleaning diesel tank
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-CONTRACT PERIOD, Once- off, VALIDITY PERIOD 60 Days

SARS PIN.....

CENTRAL SUPPLIER DATABASE REGISTRATION (CSD) NO.

UNIQUE REGISTRATION REFERENCE

DEPOSITED IN THE QUOTE BOX SITUATED AT (STREET ADDRESS)

310 JABU NDLOVU STREET, PIETERMARITZBURG, SCM OFFICES, TENDER ADVISORY

Bidders should ensure that quotes are delivered timeously to the correct address. If the quote is late, it will not be accepted for consideration.

The quote box is open from 08:00 to 15:30.

ALL QUOTES MUST BE SUBMITTED ON THE OFFICIAL FORMS – (NOT TO BE RE-TYPED)

THIS QUOTE IS SUBJECT TO THE PREFERENTIAL PROCUREMENT POLICY FRAMEWORK ACT AND THE PREFERENTIAL PROCUREMENT REGULATIONS, 2011, THE GENERAL CONDITIONS OF CONTRACT (GCC) AND, IF APPLICABLE, ANY OTHER SPECIAL CONDITIONS OF CONTRACT.

THE FOLLOWING PARTICULARS MUST BE FURNISHED  
(FAILURE TO DO SO WILL RESULT IN YOUR QUOTE BEING DISQUALIFIED)

NAME OF BIDDER .....

POSTAL ADDRESS .....

STREET ADDRESS .....

TELEPHONE NUMBER CODE.....NUMBER..... FACSIMILE NUMBER CODE.....NUMBER.....

CELLPHONE NUMBER .....

E-MAIL ADDRESS .....

VAT REGISTRATION NUMBER (If VAT vendor) .....

HAS A B-BBEE STATUS LEVEL VERIFICATION CERTIFICATE BEEN SUBMITTED? (SBD 6.1)

YES		NO	
-----	--	----	--

IF YES, WHO WAS THE CERTIFICATE ISSUED BY?

[TICK APPLICABLE BOX]

AN ACCOUNTING OFFICER AS CONTEMPLATED IN THE CLOSE CORPORATION ACT (CCA) .....

A VERIFICATION AGENCY ACCREDITED BY THE SOUTH AFRICAN ACCREDITATION SYSTEM (SANAS); ..... ☐

A REGISTERED AUDITOR.....

[A B-BBEE STATUS LEVEL VERIFICATION CERTIFICATE/SWORN AFFIDAVIT (FOR EMEs & QSEs) MUST BE SUBMITTED IN ORDER TO QUALIFY FOR PREFERENCE POINTS FOR B-BBEE]

YES		NO	
-----	--	----	--

ARE YOU THE ACCREDITED REPRESENTATIVE IN SOUTH AFRICA FOR THE GOODS / SERVICES / WORKS OFFERED? [IF YES  
ENCLOSE PROOF]

OFFICIAL PRICE PAGE FOR QUOTATIONS

SIGNATURE OF BIDDER ..... DATE.....  
[By signing this document I hereby agree to all terms and conditions]

CAPACITY UNDER WHICH THIS QUOTE IS SIGNED.....

Item No	Quantity	Description	Brand & model	Country of manufacture	Price R	c
1	01	Servicing of Diesel standby generator (150KVA) cleaning of cleaning diesel tank(day tank and bulk tank) at Park Rynie Forensic Mortuary				
		Compulsory Site Visit				
		Date: 12 November 2020				
		Venue: Park Rynie Forensic Mortuary				
		Time: 10:00 am				
		CIDB: 1ME				
		NB: Specification Attached				
		Original documents required in a sealed envelope with current CSD summary report reflecting banking details, certified copy of B-BBEE certificate by verified agency and accredited by SANAS , Tax Clearance certificate or SARS pin				
		Responses to be delivered:310 Jabu Ndlovu street,old boys Model,Quotation tender box Or Quotations.scrnho@kznhealth.gov.za				
VALUE ADDED TAX (Only if VAT Vendor)						
TOTAL QUOTATION PRICE (VALIDITY PERIOD 60 Days)						

Does This Offer Comply With The Specification?	Does The Article Conform To The S.A.N.S. / S.A.B.S. Specification?
Is The Price Firm?	State Delivery Period E.G. E.G. 1day, 1week

Enquiries regarding the <u>quote</u> may be directed to: Contact Person: Kwazikwakhe Cele Tel: 033-815 8392	Enquiries regarding <u>technical information</u> may be directed to: Contact Person: Nkosinathi Bhengu Tel: 060 614 1434
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## DECLARATION OF INTEREST

1. Any legal person, including persons employed by the state<sup>1</sup>, 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
----------------	-----------	----------	------

"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. SAMPLES

- 4.1. 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.
- 4.2. **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.

## 5. COMPULSORY SITE INSPECTION / BRIEFING SESSION

- 5.1. 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 ☐ will ☐ take place
- (ii) Date 12 / 11 / 2020 Time 10 : 00 Place Park Rynie Forensic Mortuary

Institution Stamp:	Institution Site Inspection / briefing session Official  Full Name: .....  Signature: .....  Date: .....
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## 6. STATEMENT OF SUPPLIES AND SERVICES

- 6.1. 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.

## 7. SUBMISSION AND COMPLETION OF SBD 6.1

- 7.1. 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.

## 8. TAX COMPLIANCE REQUIREMENTS

- 8.1. 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.***
- 8.2. 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.***

## 9. TAX INVOICE

- 9.1. 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.

## 10. PATENT RIGHTS

- 10.1. 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.

## 11. PENALTIES

- 11.1. 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. The purchaser may also consider termination of the contract.

## 12. TERMINATION FOR DEFAULT

- 12.1. 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.
- 12.2. 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.
- 12.3. 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.

**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:

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

$P_s$  = Points scored for price of bid under consideration  
 $P_t$  = Price of bid under consideration  
 $P_{\min}$  = 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.

**WITNESSES**

1. ....

2. ....

.....  
**SIGNATURE(S) OF BIDDERS(S)**

**DATE:** .....

**ADDRESS**.....

.....  
.....



# **KWAZULU-NATAL PROVINCE**

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**HEALTH**  
**REPUBLIC OF SOUTH AFRICA**

**DEPARTMENT OF HEALTH**

**PROVINCE OF KWAZULU-NATAL**

**QUOTATION NUMBER:**

**REQUIRED CIDB GRADING: 1ME**

**FACILITY NAME: PARK RYNIE FORENSIC MORTUARY**

**PROJECT DESCRIPTION: MAJOR SERVICING OF A DIESEL STANDBY GENERATOR AND  
CLEANING OF DIESEL TANK**

**QUOTATION DOCUMENT**

**DEPARTMENT OF HEALTH**

**Park Rynie MLM**

**Project Leader: Nkosinathi Bhengu**

**Telephone No: 060 6141434**

**Email: Nkosinathi.Bhengu2@kznhealth.gov.za**

# TECHNICAL SPECIFICATION

## 1. GENERAL TECHNICAL SPECIFICATION

- This Technical Specification is provided as a guideline for bid purposes. The final scope will be discussed during the site briefing.
- After service detailed report to be submitted upon completion of work.
- The scope of work/ specifications is specific to Port Shepstone forensic mortuary hence the importance that all bidders attend the site briefing.
- The tank must have a post service report which will detail the scope of work rendered, the material and tools used in executing the service scope of work, the findings and recommendations and then the conclusion.
- No work can commence without prior authorisation by the Facility manager.
- **A kick off meeting is compulsory and the bidder who will be awarded the job must notify the facility and the Engineer in charge of the start date so that a kick off meeting can be scheduled and conducted before the work start date.**

## 2. STANDARDS

- The operation, construction, material and components of the cold room and freezers and its associated equipment specified, must comply with the latest requirements of:
  - i) The Occupational Health and Safety Act (Act 85, 1993) as amended.
  - ii) SANS 10142: Code of Practice for Wiring of Premises.

## 3. PROGRAMMING OF WORKS

- The contractor shall notify the institution two (2) days prior to carrying out any site work. As the mortuary is to remain in full operation for the duration of the works, the works are to be planned and executed so as to cause minimum inconvenience to staff. **Contractor shall finish this work within three (3) days counting from the date of issuing of order, unless other strong and valid reason is stated.**

## 4. TESTING AND COMMISSIONING

- The units shall be tested and commissioned before handing over to Department of Health: Provincial Infrastructure Development Engineer. There shall be a commissioning program submitted to the DoH Engineer by the service provider prior to the commissioning and the commissioning shall be witnessed by the Department of Health: Provincial Infrastructure Development Engineer or his/her representatives.

# **PART 5**

## **PARTICULAR SPECIFICATION**

### **5. PARTICULAR SPECIFICATION**

#### **5.1 SPECIFICATIONS**

5.1.1 This particular specification shall be read in conjunction with all other sections of the Specifications and cognizance shall be taken of the clauses relevant to this particular installation, whether any specific clauses are referred to or not.

#### **5.1.2 GENERAL REQUIREMENTS**

Tenderers are to make special note of the following:

- This particular specification must be read with, and shall form part of, Part 4 of this document (Technical Specification).
- In so far as the conditions contained herein are at variance with any obtained in the Technical Specifications, the contract shall be interpreted in terms of this Part 5 (Particular Specification).
- The whole installation shall be in accordance with the Occupational Health and Safety Act 85/1993 as amended and all regulations framed therein shall be carried out to the satisfaction of the Department of Health.
- Competent workmen skilled in their trade shall carry out all work. Quality shall be of the best standard practice and all workmanship will be subject to the approval of the Department of Health.
- The work shall at all times, for the duration of the contract, be carried out under supervision of a skilled and competent representative of the Service Provider, who will be able and authorized to receive and carry out instructions on behalf of the of the Service Provider. A sufficient number of workmen shall be employed at all times to ensure satisfactory progress of the work.
- All apparatus, component parts, fittings and materials employed in the execution of the Contract shall be new and unused and shall be the latest type or pattern of the particular manufacture employed. S.A.B.S. mark bearing items shall be used wherever possible.
- The complete installation shall be maintained as specified in this particular specification after acceptance in writing by the Department of Health.
- The complete installation must be guaranteed against defective parts and workmanship for the period specified after the date of issue of the Completion Certificate. This period shall run concurrently with the maintenance period.
- Rates are to include for commissioning and testing of the complete installation and handing over in working order ready for use.
- Tenderers are advised to visit the site and acquaint themselves fully with the site conditions and nature and full extent of work involved prior to submitting their bid. Claims on the grounds of insufficient information in such respects or otherwise will not be entertained by the Administration.
- The Department of Health reserves the right to make emergency repairs to keep the equipment in operation without voiding the Contractor's Guarantee, nor relieving the Contractor of his/her responsibility during the guarantee period when, after proper notice, the Contractor fails to attend to such emergency repairs. All costs incurred by the administration under these circumstances will be for the account of the Contractor.

## 5.2 THE SITE

The site is Park Ryne Mortuary in the UGU District.

## ANNEXURE A:

### SERVICING OF GENERATOR PREVENTATIVE MAINTENANCE SERVICE PROGRAMME.

Procedure to follow before starting generator.			Checked:		Comments
Items			Yes	No	
1	Check fan belt, condition and tension.				
2	Check fan for any visible damage.				
3	Check radiator hoses and clamps.				
4	Check radiator for any visible damage.				
5	Check all hoses for dust ingress.				
6	Check that water jacket heater is functional.				
7	Check all guards are in position and secure.				
8	Check battery charger.				
9	Check date of installation or replacement of battery.				
10	Check battery condition:	Casing			
		Leads			
		Box			
		Lugs			
		Battery terminals			
		Clean and tighten connections.			
11	Check oil level.				
12	Check radiator coolant level.				
13	Check day tank fuel level.				
14	Draw sample of diesel fuel and check clarity of sample.	Clear			
		Cloudy			
		Dirty (dark in colour)			
15	Check air vents on alternator for any obstructions.				
16	Check starter motor mountings for tightness.				
17	Check engine alternator mountings for tightness.				
18	Check generator base and anti-vibrations mounts for signs of deterioration.				
19	Drain water trap.				
<b>Procedure to follow after starting and running generator on NO LOAD for 5 minutes.</b>					
Items					
21	Check for any leaks - oil, fuel, coolant, exhaust gases.				
22	Check alternator charge operation.				
23	Log engine temperature gauge reading.	°C			
24	Log engine oil pressure reading.	bar			
25	Log generator running hours	Hours			
26	Log engine battery voltage	volts			
27	Check low radiator coolant level.				
28	Check all hoses, pipes, fittings and clamps for damage or leaks.				
29	Check exhausts manifold, silencer and pipes.				
30	Shut down generator using the Emergency stop push button.				
31	Shut down generator and check the following:				
	Engine Oil Level				
	Radiator Coolant Level				

Procedure to follow after starting and running generator ON LOAD for 30 minutes.					
Items					
32	Log electrical load on the generator	kVA			
33	Change over mechanism functional.				
34	Check MDI meters for functionality.				
35	Check Voltage selector for functionality.				
36	Check Phase selector for functionality.				



## ANNEXURE B

# TECHNICAL REQUIREMENTS AND SCOPE OF WORK FOR IN-SITU DIESEL FUEL STORAGE TANK CLEANING AND DIESEL FUEL REMEDIATION

## Index

- Notes to Contractors – Page 2
- Schedule of Prices – Page 3 *RETURNABLE*
- Technical requirements – Page 4 *RETURNABLE*
- Scope of Work – Page 5-6 *RETURNABLE*
- Confirmation of Compliance – Page 6 *RETURNABLE*
- Work Method Statement – 7-8 *RETURNABLE*
- Permission to Commence Work / Control Sheet Checklist – Page 9
- Fuel Analysis Report – Page 10-11

### **NOTE TO CONTRACTORS**

- This Annexure shall be read in conjunction with the Generator Preventative Maintenance Service Programme.
- Failure to complete all the relevant documentation in its entirety shall result in the disqualification of this bid. Please note documents marked as *RETURNABLE* must be submitted with all other relevant documentation.
- The KwaZulu-Natal Department of Health Infrastructure Development Directorate reserves the right to inspect the Contractors diesel fuel cleaning equipment and associated material, staff accreditation documents and valid Safety File at the Contractors premises prior to the awarding of any bids or BEFORE the commencement with any services.

*RETURNABLE*

**SCHEDULE OF PRICES**

Institution to strike through sections that are not applicable

To be completed by the relevant institution prior to the bid being issued for pricing.						To be completed by the Bidder
	Diesel Tank Location	Bulk Fuel Tank Capacity (In Litres)	Current fuel level of Bulk Fuel Tank (In Litres)	Day Tank Fuel Capacity (In Litres)	Current fuel level of Day Tank (In Litres)	Total Price
	Generator – Park Ryne Forensic mortuary					
Carry over to quotation page						R

*RETURNABLE*

**TECHNICAL REQUIREMENTS AND SCOPE OF WORK**  
**FOR IN-SITU DIESEL FUEL STORAGE TANK CLEANING**  
**AND DIESEL FUEL REMEDIATION**

**TECHNICAL REQUIREMENTS (Contractor to ensure):**

- 1) Compliance with all legislated safety requirements pertaining to in situ sampling, diesel tank cleaning, fuel remediation and DOH site specific requirements.

These safety requirements shall comply with SANAS 10089 for in-situ underground bulk diesel fuel tanks and SANAS 11089/1 for in-situ aboveground bulk diesel fuel tanks.

- 2) Only proven accredited tank cleaning and fuel remediation equipment and technology to be utilised that has:

- A processing flow rate of no less than 1:8 to tank volume ratio.
- Full spectrum water extraction capability (free, entrained and emulsified).
- BV accredited or similar Induction Conditioning fuel remediation technology.
- Three phase filtration and separation filtration down to 3 micron.
- Metallic particulate extraction.

- 3) Service personnel shall be trained, experienced and accredited tank cleaning operators suitably skilled in system operation, fuel remediation procedures and safety requirements.

Certified copies of all training documentation shall be provided at time of tender.

- 4) A process that results in minimal waste/disposal of fuel of less than 1% of tank capacity (excluding water sludge and inorganic debris).
- 5) All contaminated disposable fuels and materials shall be disposed of at an accredited site. Original documentation shall be provided to the KwaZulu-Natal Department of Health at the time of invoicing for work done. Failure to comply shall result in the delay of these payments.

## ***RETURNABLE***

### **SCOPE OF WORK:**

**Upon commencement of the service the appointed Contractor shall do the following:**

1. Draw two bottom diesel tank samples of the diesel fuel prior to the commencement of the cleaning of the tanks. Samples shall be drawn utilising recognised diesel tank sampling equipment as per the DN10/07 procedure.
2. Samples shall be drawn from the tanks and sealed in the presence of the KwaZulu-Natal Departments District Chief Artisan/ The Engineer or his/her authorized designee.

***The drawn samples shall be signed off by the relevant KZN Department of Health Institutions.***

3. Samples shall be clearly labeled detailing, date, location and tank type and volume.
4. One sample to be supplied to the KwaZulu-Natal Departments Institutions authorised designee.
5. Provide tank cleaning and fuel remediation services to the diesel tanks which will remove/remediate the following:
  - a) Tank bottom debris
  - b) Free, Entrained and Emulsified water
  - c) Solid contaminants
  - d) Bio-film build-up / accumulation on tank walls and if applicable on baffles, supports
  - e) Remediation of the fuel to comply with SANS 342 (excluding Sulphur content compliance and raising of flashpoint levels)
  - f) The Contractor shall provide specification sheets of tank cleaning equipment to be utilised.
  - g) The Contractor shall provide a list of chemicals and dosage ratios to be used in the tank cleaning and fuel remediation process utilising the MSDS sheets.

**Upon completion of the service:**

- 1) Draw samples again as per items 1 to 4 above and provide a sample to KwaZulu-Natal Departments Institutions authorised designee. The other to be sent for SANS 342 laboratory analysis from a recognized laboratory.
- 2) The Contractor shall provide the name of the independently recognised test laboratory that shall be testing the diesel fuel samples.
- 3) Provide written confirmation of completion and successful remediation and cleaning per tank.
- 4) Record the volume of waste generated from each tank, remove from site and arrange for disposal at an accredited waste disposal facility.

## ***RETURNABLE***

- 5) Obtain departments duly appointed site representative signature on an appropriate document confirming the above per tank.
- 6) Provide an Independent SANS 342 laboratory analysis from a recognized accredited laboratory confirming fuels remediation status per tank (excluding Sulphur content compliance and raising of flashpoint levels).
- 7) Provide a waste disposal certificate confirming waste has been received from an accredited waste disposal facility for such waste.

### **Confirmation of Compliance**

(full name) \_\_\_\_\_

Identity No. \_\_\_\_\_

duly authorised to sign on behalf of (Company Name) \_\_\_\_\_

Company Reg. No. \_\_\_\_\_

Hereby confirm that I/we have read the requirements of this specification and will fully comply with this specification. I/We further confirm that I/We have the required technology and skills to perform the tasks.

Dated this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_ at \_\_\_\_\_

Signature: \_\_\_\_\_

Witness:

Name \_\_\_\_\_ Signature \_\_\_\_\_

***RETURNABLE***

**DIESEL FUEL TANK AND DIESEL FUEL CLEANING REGIME FOR IN-SITU STORAGE TANKS.**

**WORK METHOD STATEMENT**

**Upon arrival on site:** Explain procedures to be followed.

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**Drawing of diesel fuel sample:** Explain procedures to be followed.

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**Setting up and commencement of diesel fuel cleaning process:** Explain the procedure to be followed.

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***RETURNABLE***

**After completion of diesel fuel cleaning process:** Explain the procedure to be followed.

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Signature of Contractor: \_\_\_\_\_

Name of Contractor: \_\_\_\_\_

Contractors Company Stamp:



**Permission to Commence Work / Control Sheet Checklist**

**Items to confirm prior to issuing authorisation to commence with service**

- 1) Tank cleaning equipment to be utilised conforms to the DOH Specification, Copies of Tank Cleaning Equipment Specification Sheets to be provided
- 2) Service personnel's accreditation documentation
- 3) Health & Safety File
- 4) Material Safety Data Sheets of Chemicals to be utilized.

**Confirmation of Compliance**

I (full name) \_\_\_\_\_ hereby

Confirm I have inspected the abovementioned equipment and documentation and confirm that it in compliance with the specification. The Contractor is hereby permitted to commence with the Scope of Work as per Order No.: \_\_\_\_\_

Dated this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_ at \_\_\_\_\_

Signature: \_\_\_\_\_

## **Emergency Power Generator Diesel Fuel Analysis Report**

**SANS 17025: 2005**

Institution: \_\_\_\_\_

Tank Type and Capacity: \_\_\_\_\_  
(One report per tank)

Tank Serial / Reference Number: \_\_\_\_\_

Name of Company conducting cleaning regime and collecting of samples: \_\_\_\_\_

Name of Technician: \_\_\_\_\_

Sample Date: \_\_\_\_\_

Received Date: \_\_\_\_\_

Reported Date: \_\_\_\_\_

Type of Sample Container used: \_\_\_\_\_

Volume of sample taken in ml: \_\_\_\_\_

Fuel Sample ID Code: \_\_\_\_\_

Name of Laboratory conducting testing regime: \_\_\_\_\_

SANAS Accreditation Number: \_\_\_\_\_

Name of Technician: \_\_\_\_\_

Sample Date: \_\_\_\_\_

Received Date: \_\_\_\_\_

Reported Date: \_\_\_\_\_

**NOTE: One test analysis sheet to accompany each individual fuel sample.**

**Each test analysis sheet and fuel sample to have the same ID code.**

**Test results shall be returned to the relevant institution and a copy thereof supplied to the office of the Manager - KZN DoH Infrastructure Development prior to payment being made to the Service Provider.**

**Provide a certificate stipulating volumes of waste contaminant removed from each tank and a safe disposal certificate from an accredited waste disposal facility for such waste. A copy thereof supplied to the Office of the Director - KZN Department of Health: Infrastructure Development – Maintenance and Engineering sub-directorate.**

### Test Results

Tests	Sample No:		SANS 342:2006 Specification	
	Results	Units	Limits	Comments
Density @ 20oC (ASTM D 7042)*		Kg/L	0.800min	
Viscosity @ 40°C (ASTM D7042)*		cST	2.2-5.3	
Flashpoint (ASTM D 93)*		oC	55 min	
Water Content (ASTM D604)		%	0.05 max	
90% Recovery Temp. (ASTM D86)*		oC	362 max	
Total Contamination (IP40)*		Mg/Kg	24 max	
Sulphur (ASTM D4294)*		ppm	500 max	
Residue (ASTM D86)*		%		
Cetane Index (ASTM D976)*				
* Not an Accredited SANAS Method				

### Visual Inspection / Additional Tests

	Unit	Result	Comments
Free Water			
Colour			
Appearance			
Bacteria Content			
Total Acid Number	mgKOH/g		
IP Contamination			

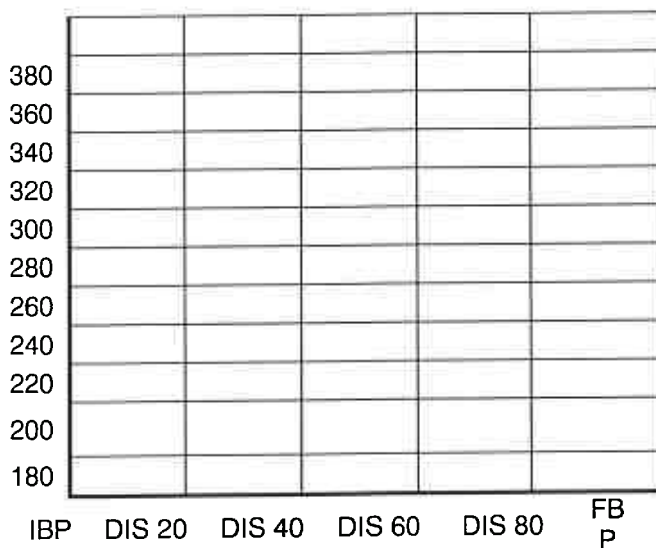
### Distillation & Graph

Insert reading in relevant column on left and project values onto the graph on right

#### Distillation Data

IBP	
10	
20	
30	
40	
50	
60	
70	
80	
90	
FBP	
Rec %	

Temperature °C



% Recovery

### Diagnosis / Remarks

**RESULT: PASS / FAIL** (circle relevant item)

Name & Signature \_\_\_\_\_ Date: \_\_\_\_\_  
Laboratory Technician

\_\_\_\_\_  
Company Stamp

**PROVINCE OF KWAZULU-NATAL**  
**DEPARTMENT OF HEALTH**  
**PREVENTIVE MAINTENANCE SCHEDULE**

TYPE OF SERVICE : GENERATOR SETS REF : GS  
 SCHEDULE FOR : DIESEL DRIVEN GENSETS CODE : GS1-006  
 SCHEDULE FREQUENCY : AS SPECIFIED

INSTALLATION NAME : PARK RYNIE FORENSICS MORTUARY

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, EX SITE STOCK	QTY, EX FIRMS STOCK	DESCRIPTION OF OTHER REPAIRS REQUIRED	EST. TIME REQ.	DESCRIPTION OF SPARES REQUIRED	QTY REQ.
1.	240 HOUR SERVICE or 12 MONTHS										
	Oil sample, Industrial (Ware Check) Oil analysis report No. ....										
	Hour meter reading .....										

**ZNB5730/2014H**

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.		
6.	Check oil level and take sample for analysis												
7.	Change fuel filters, Type: Volvo 3825133 primary fuel filter/water trap.												
8.	Bleed fuel system												
9.	Check oil level of fuel pump cam box and governor												
10.	Check fuel pump drive shaft and couplings												
11.	Remove air filter												
12.	Check turbo for free rotation and bearing wear												



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.	
18.	Replace one (1x) Battery: Type: 102 AMP/HR 12 Volt, Sealed Maintenance free, included with charge indicator, reading to be full. Service date to be engraved on top of Battery. Old replacement battery, to be left on wooden base, in plant room.											
19.	Check battery cable lugs, clean and tighten as required. <u>IF SUPPLY WILL BE INTERRUPTED. OBTAIN PERMISSION BEFORE PROCEEDING</u>											
20.	Start engine and run on load (where possible) for 30 minutes recording V, A, Hz at 15 minute intervals											



21.	Oil pressure ..... (Hot) Water temperature ..... Oil temperature .....																		
22.	Listen for unusual noises: Starting ..... Running ..... Stopping .....																		
23.	If prime power: Change load to other engine																		

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.	
24.	Let engine run for another 6 minutes on air cooled engines. 10 minutes on water cooled engines.											
25.	Drain oil, include Oil Disposal Certificate No. .... Change Oil filters, Volvo 3831236 Refill oil 15W40 Diesel Oil,											
26.	Restart and check for oil, water etc. leaks, tighten joints etc. as required											
27.	Check that the charge alternator/generator is operating											
28.	Check operation of safety shut-off a) Low oil pressure											

**ZNB5730/2014H**

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.
33.	Fuel tanks: a) Drain off water; b) Check - level control switch - electric/hand pump Check for correct operation of: - Low fuel level alarm - Low fuel level - Engine cut fuel out and alarm - Covers and breathers - Pipes and fittings c) Change in-line filter element										
34.	Exhaust : Check manifolds, silencer, tail pipe, supports, etc.										



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.	
	480 HOUR SERVICE											
1.	AS FOR 240 HOUR SERVICE PLUS:  a) Check and adjust tappets b) Replace rocker cover gaskets											
	720 HOUR SERVICE											
1.	AS FOR 240 HOUR SERVICE											
	960 HOUR SERVICE											
1.	AS FOR 240 HOUR SERVICE PLUS:											

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.
	NOTE:  Every <u>third</u> 906 hour service, fit service exchange. Injectors new nozzles of atomising pressure to engine manufacturer's recommendation										

I CERTIFY THAT THE SPECIFIED SERVICE WAS CARRIED OUT

OFFICIAL STAMP:

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:	



**SCHEDULE OF PRICES: MATERIALS, COMPONENT/ANCILLARY PARTS  
AND SUB CONTRACT WORK**

The service provider shall add here, ALL materials, components/ancillary parts which are required for the completion of the work quoted for.

In the event that more pages are required, this page may be copied.

ITEM	DESCRIPTION	MANU- FACTURER	FIG- URE/MO DEL NO.	QUANTITY	UNIT COST	TOTAL COST (Excluding VAT)		
						BOUGHT OUT	PRO- PRIETARY	SUB CON- TRACT
	Note to contractor: <ul style="list-style-type: none"> <li>➤ All material must be cleared by maintenance before installation.</li> <li>➤ Site must be clear of rubble to prevent injury to staff.</li> <li>➤ No payments before schedules and certificates and are handed in.</li> <li>➤ Only supplied schedule forms must be used as changes are made on forms.</li> </ul>							
1.	Service equipment according to the scheduled attached			1	each			
2	Replace batteries with new. Old batteries must be left on site at plant room.			1	each			
3	Replace V-Belts			1	each			
4	Drain all water and clean radiator. Put new water and water treatment as per manufacturer's specification.			1	each			
5	Wash machine with engine cleaner and clean plant room.			1	each			
6	Check full diesel pumps and electrics to this units			1	each			
7	Supply full after service report when completed and provide service certificate.			1	each			
8	Cleaning of diesel tank			1	each			
TOTAL COST BOUGHT OUT ITEMS (A)								
TOTAL COST PROPRIETARY ITEMS (B)								
TOTAL COST SUB CONTRACT ITEMS (C)								
(Attach copy of sub-contractors quote)								

TOTAL AMOUNT (A) (B) (C) TO BE CARRIED FORWARD TO PAGE 1

D.1

# **SCHEDULE OF PRICES** **LABOUR, SUBSISTENCE, TRAVEL AND TRANSPORT REPLACEMENT AND** **ADDITIONAL EQUIPMENT**

D.1.1	LABOUR	No. of	TOTAL HOURS	RATE/HR	AMOUNT
a)	Artisans	.....	.....		R.....
b)	Apprentice				
	1 <sup>st</sup> Year	.....	.....		R.....
	2 <sup>nd</sup> Year	.....	.....		R.....
	3 <sup>rd</sup> Year	.....	.....		R.....
	4 <sup>th</sup> Year	.....	.....		R.....
c)	Semi-skilled	.....	.....		R.....
d)	Unskilled	.....	.....		R.....
D.1.2	SUBSISTENCE	No. of	TOTAL DAYS	RATE/24HR DAY	
a)	Artisans	.....	.....		R.....
b)	Apprentice	.....	.....		R.....
c)	Semi-skilled	.....	.....		R.....
d)	Unskilled	.....	.....		R.....
D.1.3	HOTEL/ACCOMMODATION	No. of Persons	No. of Nights		Cost per Night as per Suppliers Invoice
	.....	.....	.....		R.....
NOTE: When applicable you may only claim for Accommodation <b>OR</b> Subsistence <b>NOT</b> both					
D.1.4	TRAVEL		TOTAL Km	RATE/Km	
D.1.4.1	From service provider's premises to site ..... trips (skilled)			Petrol   Diesel	
a)	@ ..... km per trip			Delete as applicable	R.....
b)	.....trips (Semi-skilled)				R.....
	@ ..... km per trip				
D.1.4.2	From accommodation to site				
a)	..... trips (skilled)				R.....
	@ ..... km per trip				
b)	.....trips (semi-skilled)				R.....
	@ ..... km per trip				
D.1.5	ADDITIONAL LABOUR TRAVELLING WITH DRIVER		TOTAL HOURS	RATE/HR	AMOUNT
a)	..... x Additional Artisan/s ..... trips (skilled) @ ..... km per trip ÷ 80km/hr				R.....
b)	..... x Additional Semi-Skilled ..... trips (semi) @ ..... km per trip ÷ 80km/hr				R.....
c)	..... x Additional Unskilled ..... trips (unskilled) @ ..... km per trip ÷ 80km/hr				R.....
d)	..... x Additional Apprentice/s ..... trips (semi) @ ..... km per trip ÷ 80km/hr				R.....
SUBTOTAL CARRIED FORWARD TO PAGE 4					R.....

SUBTOTAL BROUGHT FORWARD FROM PAGE 3				R.....
D.1.6	TRANSPORT		TOTAL Km	RATE
a)	Haulage to site ..... trips			
	@ .....km per trip		2.5 tone	R.....
	@ .....km per trip		3 tone	R.....
	@ .....km per trip		5 tone	R.....
	@ .....km per trip		7 tone	R.....
	@ .....km per trip		10 tone	R.....
b)	Cranage to and on site @ sub contract rate		R.....	R.....

TOTAL AMOUNT CARRIED FORWARD TO PAGE 1 ITEM (D) **R.....**