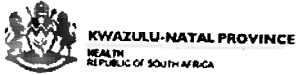


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KZN HEALTH

## KZN Health Intranet

HOME CORPORATE INFORMATION COMPONENTS DIRECTORY DISTRICT OFFICES HEALTH FACILITIES

KZN Health &gt; Components &gt; Supply Chain Management

### AdvertQuote



### Quotation Advert

Opening Date: 2021-08-03

Closing Date: 2021-08-10

Closing Time: 11:00

#### INSTITUTION DETAILS

Institution Name: Select... *GREYS HOSPITAL*

Province: KwaZulu-Natal

Department or Entity: Department of Health

Division or section: Central Supply Chain Management

Place where goods / services is required: Grey's Hospital

Date Submitted: 2021-08-03

#### ITEM CATEGORY AND DETAILS

Quotation Number: ZNQ: GRS 1093/07/21

Item Category: Goods

Item Description: Daily assessment chart- KMC 4 pages, 2 leaves. Self-cover. Printed both sides head to head in full colour on 80gm bond, white A4 paper. Saddle stitched. 2 holes punched. SEE SPECIFICATION (TWELVE MONTH CONTRACT).

Quantity (if supplies) (A) 500 UNITS

#### COMPULSORY BRIEFING SESSION / SITE VISIT

Select Type: Not Applicable

Date :

Time:

Venue:

QUOTES CAN BE COLLECTED FROM: Departmental website

QUOTES SHOULD BE DELIVERED TO: Grey's Hospital, 201 Town bush road, PMB, 3201

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

Name: Pearl Msomi

Email: NO EMAIL

Contact Number: 033 897 3482

Finance Manager Name: Mrs B. Anderson

Finance Manager Signature:

No late quotes will be considered

## STANDARD QUOTE DOCUMENTATION SUPPLY CHAIN MANAGEMENT UNDER R30 000.00

YOU ARE HEREBY INVITED TO QUOTE FOR REQUIREMENTS AT: <b>GREY'S HOSPITAL</b>	
DATE ADVERTISED:.....	FACSIMILE NUMBER: <b>033 897 3006</b>
ENQUIRIES MAY BE DIRECTED TO: <b>Supply chain department</b>	
CONTACT NUMBER: .....	
PHYSICAL ADDRESS: <b>TOWNBUSH ROAD,PMB 3201</b>	

ZNQ NUMBER: ..... CLOSING DATE: ..... CLOSING TIME: **11:00**

DESCRIPTION: .....

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

NAME & ADDRESS OF BIDDER (FIRM)	
NAME OF BIDDER:	DATE:
PHYSICAL ADDRESS:	EMAIL ADDRESS:
CONTACT NUMBER:	FACSIMILE NUMBER:
SIGNATURE OF BIDDER:	SARS PIN:
[By signing this document I hereby agree to all terms and conditions]	CENTRAL SUPPLIER DATABASE REGISTRATION (CSD) NO.: ↓
UNIQUE REGISTRATION REFERENCE: ↓	

Does this offer comply with the specification? Is the price firm?	State delivery period e.g. <i>E.g. 1day, 1week</i> All delivery costs must be included in the quote price
--	--

Item No	Quantity	Description	Brand & model	Country of manufacture	Price	
					R	c
<b>VALUE ADDED TAX @ 15% (Only if VAT Vendor)</b>						
<b>TOTAL QUOTATION PRICE (VALIDITY PERIOD 60 Days)</b>						

- |   |   |
|---|---|
| <p><b>1. SPECIAL CONTRACT CONDITIONS OF QUOTATIONS</b></p> <p>1.1 The institution is under no obligation to accept the lowest or any quote.</p> <p>1.2 The price quoted must include VAT (if VAT vendor).</p> <p>1.3 The department reserves the right to evaluate all quotations excluding VAT as some bidders may not be VAT vendors.</p> <p>1.4 The bidder must ensure the correctness &amp; validity of quote: that the price(s), rate(s) &amp; preference quoted cover all for the work/item (s) &amp; accept that any mistakes regarding the price (s) &amp; calculations will be at the bidder's risk.</p> <p>1.5 The bidder must accept full responsibility for the proper execution &amp; fulfilment of all obligations conditions deriving on under this agreement, as the Principal (s) liable for the due fulfilment of this contract.</p> <p>1.6 This quotation will be evaluated specification &amp; correctness of information.</p> <p>1.7 Only offers that comply with or greater than specification will be considered.</p> <p>1.8 Late quotes will not be considered.</p> <p>1.9 All products supplied must be valid for a minimum period of six months.</p> <p>1.10 A bidder not registered on the Central Suppliers Database or verification has failed will not be considered.</p> <p>1.11 All delivery costs must be included in the quote price, for delivery at the prescribed destination.</p> <p>1.12 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.</p> <p>1.13 In cases where different delivery points influence the pricing, a separate pricing schedule must be submitted for each delivery point.</p> <p>1.14 If samples / compulsory site inspection / briefing session are required, the supplier will be informed in due course.</p> <p>1.15 The supplier shall furnish any information, when requested.</p> <p>1.16 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.</p> <p>1.17 The supplier shall indemnify the KZN Department of Health (aka 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.</p> <p>1.18 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.</p> <p>1.19 The purchaser, may terminate this contract in whole or in part if the supplier fails to deliver any or all of the goods within the period(s) specified in the contract fails to perform any other obligation(s) under the contract; or has engaged in corrupt or fraudulent practices in competing for or in executing the contract.</p> <p>1.20 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.</p> <p>1.21 Where the purchaser terminates the contract in whole or in part, the purchaser may decide to impose a</p> | <p>restriction penalty on the supplier by prohibiting such supplier from doing business with the public sector for a period not exceeding 10 years.</p> <p>1.22 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 having multiple companies and are quoting (cover-quoting) for this bid. In such instances only the cheapest bid according to specification will be considered</p> <p><b>2. SPECIAL INSTRUCTIONS AND NOTICES TO SUPPLIERS REGARDING THE COMPLETION OF THIS QUOTATION.</b></p> <p>2.1 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.</p> <p>2.2 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.</p> <p>2.3 The bidder is advised to check the number of pages and to satisfy himself that none are missing or duplicated.</p> <p>2.4 Quotation submitted must be complete in all respects.</p> <p>2.5 Any alteration made by the bidder must be initialled.</p> <p>2.6 Use of correcting fluid is prohibited</p> <p>2.7 Quotation will be opened in public as soon as practicable after the closing time of quotation.</p> <p>2.8 Where practical, prices are made public at the time of opening quotations.</p> <p>2.9 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.</p> <p><b>3. SPECIAL INSTRUCTIONS REGARDING HAND DELIVERED QUOTATIONS</b></p> <p>3.1 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.</p> <p>3.2 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.</p> <p>3.3 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.</p> <p>3.4 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.</p> <p>3.5 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.</p> <p>3.6 Quotation documents must not be included in packages containing samples. Such quotations may be rejected as being invalid.</p> |
|---|---|

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 <sup>2</sup> ): ..... | 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.

2.8. Are you or any person connected with the bidder presently employed by the state? [TICK APPLICABLE]

2.8.1. If so, furnish the following particulars: YES NO

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?

2.8.2.1. If yes, did you attach proof of such authority to the quote document? YES NO

*(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

<sup>1</sup>"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.  |

<sup>2</sup>"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.



# Daily Assessment Chart-KMC

Date:		Day of life:		IP Number:	
Name:		Date of Birth:		Gender:	
Gest. age at birth:		Current Gest. Age:		Photo. day:	
Birth weight:		Current weight:		Prev. weight:	
				Loss/Gain:	

**PROBLEM LIST:** Include all current problems. Record resolved problems on Inpatient Support Pack cover.

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**REVIEW OF LAST 24HRS**

**Emergency Signs noted** (State no. of occurrences)

Respiration		Saturations		Temperature		Activity	
Heart Rate		Colour		Glucose			
<b>Clinical Problems handed over:</b>							

**FLUIDS, FEEDS AND MEDICATIONS** (Previous 24hrs):

<b>Total output:</b>	Urine:		Stool:		Vomitus:		Blood:		mls
<b>Total Intake:</b>	ml/kg/day		<b>Feeds:</b>						
<b>Medications:</b>									

**GENERAL EXAMINATION:** To be completed daily by MO. **Time of MO Exam:** \_\_\_\_\_

**Assessment of recorded vital signs:**

**TSB:**

Condition (Sick Or Well)	Colour	Hydration	Skin	Pressure Areas
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**RESPIRATORY SYSTEM:**      Breath Sounds      Chest Movement      Airway

**CARDIO VASCULAR SYSTEM:**      Heart Sounds      Pulses      Perfusion

**CENTRAL NERVOUS SYSTEM:**      Activity/Posture      Tone      Seizure Activity      Grasp

Moro      Fontanelles.

**GASTRO INTESTINAL SYSTEM:**      Distension      Discolouration      Tenderness      Bowel Sounds

Organomegaly      Umbilicus

**GROWTH:**      Gaining      Static      Loosing

**If static or loosing Wt. assess:**      Feeding method      Feed volumes      Need for Fortification (FM 85)

**Signs of sepsis**      STORCH

FIGHTING DISEASE. FIGHTING POVERTY. GIVING HOPE.

**ASSESSMENT:** Note any new abnormalities and progress in listed problems

**MOTHER:**  
 Condition:  
 Compliance with KMC:  
 Mother's report on baby's condition:

**PLAN:** Insert and complete a Standard Operating Procedure (SOP) for each assessed risk/ classified problem.

**GENERAL:**

**FLUIDS and FEEDS:** Record orders on Intake table.

<b>Required fluids:</b>	ml/kg/day	<b>Daily total:</b>	ml/day
<b>Feeds:</b>			

**MEDICATIONS:**

**INVESTIGATIONS:**

Full blood count (FBC)	C Reactive protein (CRP)	Blood Culture	LP
Urea & Electrolytes (U&E)	Blood gas	Chest X-Ray	Abdominal X-Ray
<b>Other:</b>			

**Sign:** \_\_\_\_\_ **Print:** \_\_\_\_\_ **Practice No.** \_\_\_\_\_

**SAFETY CHECKS** To be completed immediately after handover by day and night staff. Record information as required.

CHECK		PLAN	DAY ACTION	✓	NIGHT ACTION	✓
I.D	ID band/s	Location:				
RESUS.	Resuscitator.	At resuscitaire & checked	Checked		Checked	
	Mask: Clean.	Mask Size:				
	Suction.	Catheter Size:				
GENERAL CARE	At resuscitaire & checked. Liner & tubing changed.	Size 6-prem, size 8-term. Tubing-daily, Liner-weekly, Bottle-weekly	Suction changed		Suction changed	
	Naso/Oro gastric tube.	Change date: _____ Change weekly	Checked		Checked	
	Baby bathed. (Water only-no soap)	Bath-weekly. Top and tail -daily	Changed		Changed	
	Alcohol Based Hand Rub. (ABHR)	At mother's bed. Changed according to hosp. policy-no cracks	Bathed		Bathed	
	Phototherapy. Change tubes every 1000hrs	No. of hrs. on timer: _____ All blue tubes & all working	Present		Present	
RECORDS	Previous days records filed.	Punched & filed - admission to discharge	Changed		Changed	
	Weight (wt) plotted daily	Report 3 days failure to gain weight or weight loss to dietician.	Checked		Checked	
	Growth plotted weekly.	Wt, L, COH on Percentile chart	Plotted		Checked	
	SOPs	Present, current and signed	Reported		Checked	
	Weekly management	Check daily all relevant management given	Checked		Checked	
<b>SIGN:</b>						

**ABBREVIATIONS IN DOCUMENT**  
 bpm= beats/ breaths per minute; EBM= Expressed breast milk; Gest= Gestational; IP= In patient; IV= Intravenous; kg= kilogram; LP= lumbar puncture; ml= millilitres; MO= Medical officer; NPO= Nil per Os; Photo= phototherapy; Prev= Previous; Resp=Respiratory; secs= seconds; STORCH= Syphills, Toxoplasmosis, Other, Rubella, Cytomegalovirus, Herpes/HIV; < = less than; > = more than;

Name: \_\_\_\_\_ IP No. \_\_\_\_\_ Date: \_\_\_\_\_ Chart No. \_\_\_\_\_



