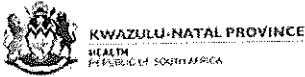


SharePoint

Sokhele Ntombenhle ▾ ?



KZN Health Intranet

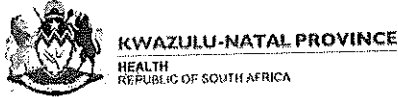
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AdvertQuote



Quotation Advert

Opening Date: 2021-08-31

Closing Date: 2021-09-07

Closing Time: 11:00

INSTITUTION DETAILS

Institution Name: Mseleni hospital

Province: KwaZulu-Natal

Department or Entity: Department of Health

Division or section: Central Supply Chain Management

Place where goods / services is required: Mseleni Hospital

Date Submitted: 2021-08-30

ITEM CATEGORY AND DETAILS

Quotation Number: ZNQ: MSH 226/21/22-C

Item Category: Goods

Item Description: SUPPLY AND INSTALL: EXTERNAL AND INTERNAL SIGNAGE FOR PHC(AS PER LIST AND SPECIFICATION ATTACHED IN QUOTATION)

NB: PLEASE NOTE OUR EMAILS ARE NOT WORKING, PLEASE DROP IT IN TENDER BOX NEXT TO SWITCH BOARD

Quantity (if supplies)

COMPULSORY BRIEFING SESSION / SITE VISIT

Select Type: Not Applicable

Date :

Time:

Venue:

QUOTES CAN BE COLLECTED FROM: WEBSITE

QUOTES SHOULD BE DELIVERED TO: TENDER BOX NEXT TO SWITCHBOARD

ENQUIRIES REGARDING THE ADVERT MAY BE DIRECTED TO:

Name: PHINDILE KHUMALO

Email: N/A

Contact Number: 035 574 1004 ext 251

Finance Manager Name:

MRS BNM NKUNA

Finance Manager Signature:



No late quotes will be considered

DECLARATION OF INTEREST

1. Any legal person, including persons employed by the state¹, 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.....
- 2.2. Identity Number:
- 2.3. Position occupied in the Company (director, trustee, shareholder)².....
- 2.4. Company Registration Number:
- 2.5. Tax Reference Number:
- 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
----------------	-----------	----------	------

- ¹"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);
 - b) any municipality or municipal entity;
 - c) provincial legislature;
 - d) national Assembly or the national Council of provinces; or
 - e) Parliament.

²"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.

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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. SPECIAL INSTRUCTIONS AND NOTICES TO BIDDERS REGARDING THE COMPLETION OF THIS QUOTATION.

- 4.1. 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.
- 4.2. 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.
- 4.3. The bidder is advised to check the number of pages and to satisfy himself that none are missing or duplicated.
- 4.4. Quotation submitted must be complete in all respects.
- 4.5. Any alteration made by the bidder must be initialled.
- 4.6. Use of correcting fluid is prohibited
- 4.7. Quotation will be opened in public as soon as practicable after the closing time of quotation.
- 4.8. Where practical, prices are made public at the time of opening quotations.
- 4.9. 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.

5. SPECIAL INSTRUCTIONS REGARDING HAND DELIVERED QUOTATIONS

- 5.1. 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.
- 5.2. 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.
- 5.3. 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.
- 5.4. 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.

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13. PENALTIES

- 13.1. If at any time during the contract period, the service provider is unable to perform in a timely manner, the service provider must notify the institution in writing/email of the cause of and the duration of the delay. Upon receipt of the notification, the institution should evaluate the circumstances and, if deemed necessary, the institution may extend the service provider's time for performance.
- 13.2. In the event of delayed performance that extends beyond the delivery period, the institution is entitled to purchase commodities of a similar quantity and quality as a substitution for the outstanding commodities, without terminating the contract, as well as return commodities delivered at a later stage at the service provider's expense.
- 13.3. Alternatively, the institution may elect to terminate the contract and procure the necessary commodities in order to complete the contract. In the event that the contract is terminated the institution may claim damages from the service provider in the form of a penalty. The service provider's performance should be captured on the service provider database in order to determine whether or not the service provider should be awarded any contracts in the future.
- 13.4. 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.

14. TERMINATION FOR DEFAULT

- 14.1. 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.
- 14.2. 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.
- 14.3. 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.

15. FAILURE TO COMPLY WITH ABOVE WILL RESULT IN YOUR QUOTE BEING PASSED OVER.

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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;

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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	<input type="checkbox"/>	NO	<input type="checkbox"/>
-----	--------------------------	----	--------------------------

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	<input type="checkbox"/>	NO	<input type="checkbox"/>
-----	--------------------------	----	--------------------------

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		

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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:

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health

Department
Health
PROVINCE OF KWAZULU-NATAL

PO Sikhayi, 3957
Tel: 035 574 1004 Fax: 035 574 1559/654
Email: sitondiso.gumede@kznhealth.gov.za

MSELENI HOSPITAL
MAINTENANCE DEPARTMENT

PROJECT: Supply and install Internal Signage at Mseleni Gateway Clinic

General Information

VISITE SITE:- The tenders are to visit the site prior to tendering and satisfy themselves as to the nature and extent of the work to be done, also to examine the condition of all buildings as no claim to be entertained on the grounds of ignorance of the condition under which the work was to be executed.

- The contractor will start work once an official order number is issued.
- The contractor must not take more than **four (01) week** to complete the work **including VOs.**
- The contractor workmanship and material must be approved by SABS and guaranteed.
- The contractor must at all times adhere to the Health and safety regulations and contraction act.
- The contractor must not damage any equipment or fixture as he will be responsible by claim.
- The contractor must not disrupt service and prior arrangement must be made with Artisan Foreman.
- The contractor staff must be cleared identifiable with name of the company and the hospital is not responsible for any theft of contractor's equipment and materials.
- The contractor must move all dirt/rubble of site and leave the area /department neat and clean.
- Contractor to sign on the in the contract's register every time they are on site.
- **The hospital is not responsible to loan contractor Labour, tools, machines and ladders or any other item.**
- As the work proceeds it is the duty of the contractor to have the work checked by an official.
- Poor quality of workmanship will not be acceptable and that could affect payment for the work done.
- It is a duty of the contractor to have correct spec for the project
- When contractor come to start the project the contractor must have the spec on the hands it is a duty of the contract to make sure about that

Obstacles on site

The building that you have to work on is occupied by the staff and patience you will have to work around them but make sure that the service is not disturbed. The contractor must make arrangements with FOREMEN in time when you are coming to start. The contractor must try by all means to limit the dust as much as he/she can because of staff working in

Reporting

10/5/19

Prior agreement must be done with Artisan Foreman
The contract must always report to Artisan Foreman before starting working and signing contractor logbook time in & time out. On the completion of the project inspection will be done with Artisan Foreman then hand over the site.

SCOPE OF WORK

Formed Plastic Letters Specifications

Part 1-General

1.1 Scope

A. Furnish letters and hardware necessary to install formed plastic letters shown on drawings and herein specified

1.2 Submittals

- A. Manufacturer's illustrated product literature and specifications
- B. Installation instruction

2.2 CAB has the following specific characteristics (sheet used for formed letters is approximately 143" thick)

1. A specific heat of about 0.35
2. A heat of combustion of approximately 10,400 BTU per pound (2.42 x 10⁷ J/kg)
3. An auto-ignition temperature of about 880° F (470° C)
4. UL94 Flame Class: 94HB
5. Burn rates for sheet, as determined in testing under ASTM Test Method D 635:
 - Approximately 1.0 in/min (2.6 cm/min) for 125" (3.18mm) thick material.
 - Approximately 0.8 in/min (2.1 cm/min) for 150" (3.81mm) thick material.

2.3 Mounting Hardware

- A. Formed plastic letters have plain, flange, stud, pad, combination all, outside bracket, wire, foam-filled (Max. 9") or free-standing for mounting options.
- B. All standard formed plastic letters use 3/16" aluminium studs

2.4 Manufacture

- A. Letters shall be made of cellulose acetate butyrate.
- B. Letter shall be **Helvetica bold** letter style and shall be 4" inches high, as indicated on the drawings.
- C. Mounting shall be level and plumb using manufacturer's recommended standard mounting hardware of vinyl foam tape or holes and screws and a mounting template designating stud locations

Part 111-Execution

3.1 Installation

- A. A qualified installer shall install formed plastic letters

3.2 Warranty

- A. Letters should be guaranteed for the life of the business against defects.

Please note that other signs same in Zulu and English and are in English only please provide as specified on specification.

Room sign in written on the Aluminium sheet and fit to each an every door

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EXTERNAL AND INTERNAL SIGNAGE SPECIFICATION FOR MSELENI GATEWAY CLINIC

Description of sign	Location	Colour of Words	Number of signs	Specification
Chronic Room/Imbelesela	Chronic Consulting Room	Black and White	01	Supply and fit written boards on the doors
Doctor's room/Igumbi likaDokotela	Doctor's room	Yellow and White	01	Supply and fit written boards on the doors
Arrow sign for Emergency door exit	All exit doors	Red and White	02	Supply and fit wall sign picture
Entrance sign/ngena	Entrance	Black and White	01	Supply and fit wall sign picture
Help desk / Buza Lapha	Help desk	Black and White	01	Supply and fit on galvanized steel frame, hang on galvanized steel chain. Chromadek material
Medicine room/igumbi lemithi	Medicine store room	Black and White	01	Supply and fit written boards on the doors
Treatment room/igumbi lokwelapha	Treatment room	Black and White	01	Supply and fit written boards on the doors
HIV Testing Services	H.T.S Room	Black and White	01	Supply and fit written boards on the doors
Filling Room/indawo yokubeka amafayela eziguli	Filling Room	Black and White	01	Supply and fit written boards on the doors
Staff Parking / ipaki lezimoto zabasebenzi	Staff Parking	Black and White	01	Supply and fit written boards on the parking

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				area
Visitor's Parking sign/ ipaki lezivakashi	Visitor's Parking	Black and White	01	Supply and fit written boards on the visitor's parking area
Male and Female disable toilet sign	Disable toilet	Black and White	01	Supply and fit written boards on the doors
Emergency room/izimo eziphuthimayo	Emergency room	Red and White	01	Green and White
Disabled parking/ ipaki labaphila nokukhubazeka		Green and White	01	Supply and fit wall sign picture
Consulting Room 01/ igumbi lokuhlola 01	Consulting Room 01	Black and White	01	Supply and fit written boards on the doors
Waiting Area/indawo yokulinda	Waiting Area	Black and White	01	Supply and fit written boards on the wall
Public toilets/izindlu zangasese zomphakathi	Public toilets	Black and White	02	Supply and fit written boards on the doors
Kitchen sign/Ikhishi	Kitchen	Black and White	01	Supply and fit written boards on the doors
No Smoking/Akubhenywa la	Main gate and waiting Area	Red and white	01	Supply and fit wall sign picture
Fire Extinguisher sign/Isicishamlilo	In all fire extinguisher points	Black and white	11	Supply and fit wall sign picture
Fire horsesignage/ipayipi lokucisha umlilo	Fire horse	Black and white	01	Supply and fit wall sign picture
Stores room	Stores room	Black and white	01	Supply and fit

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				written boards on the doors
Oral rehydration corner		Black and white	01	Supply and fit written boards on the doors
Suggestion box/ibhokisi lemibono	Ontop of the suggestion box	Black and white	01	Supply and fit written boards on the doors
Vital sign room/siyakala siyafutha	Vital sign	Black and white	01	Supply and fit written boards on the doors
Cleaning material sign/izinto zokuhlaza	Cleaning storage	Black and white	01	Supply and fit written boards on the doors
Linen cupboard/ikhabethe lezimpahla	Linen cupboard	Black and white	01	Supply and fit written boards on the doors
Drying area for mops	Outside the clinic	Black and white	01	Supply and fit written boards on the doors
CCMDD room IGUMBI LEMBELESELA	CCMDD room	Black and white	01	Supply and fit written boards on the doors
No unauthorized entry/akungenwa		Red and white	01	Supply and fit wall sign picture
IMCI room	IMCI Room	Orange and white	01	Supply and fit written on the doors and wall
Minor ailment room/igumbi labagulayo	Minor ailment room	Black and white	01	Supply and fit written boards on the doors
Patient registration/indawo yokubhalisa		Black and white	01	Supply and fit written on the doors and wall
Smoking zone/indawo yokubhema	Outside the clinic	Black and white	01	This shall be planted on the


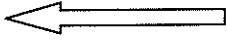
14/59

				ground with one steel galvanized post with (40 mm) and you shall use the concrete to plant the pole. Letter visibility shall be 16" this shall be done on the aluminium sign on galvanized frame (30mmx30mm)
Operational manager/Umphathi weklinikhi	Operational manager	Black and white	01	Supply and fit written boards on the doors
Youth friendly room/Indlu yentsha	Youth friendly room	Black and white	01	Supply and fit written boards on the doors
Dirty utility	Dirty utility place	Black and white	01	Supply and fit wall sign picture
Pharmacy sign/ikhemisi	Pharmacy room	Black and white	01	Supply and fit written boards on the doors
Old records room/igumbi lamalekhodi	Old records room	Black and white	01	Supply and fit written boards on the doors
Direction sign board 03 streams. <ul style="list-style-type: none"> Chronic (Blue Colour) with an arrow pointing right Acute/ minor ailment (Orange colour) with arrow 	Mseleni Gateway Clinic	Blue Orange Green (Arrows and words must take streams colour)	01	Supply and fit on galvanized steel frame, hang on galvanized steel chain. Chromadek material.

15/59

<p>pointing right</p> <ul style="list-style-type: none">• Mother and child (MCWH) (Green Colour) with arrow pointing left.				
--	--	--	--	--

16/59

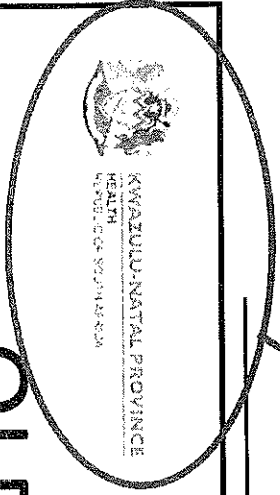
Gateway Clinic Umtholampilo 3 KM 	Main Road One to face far North One to face South	Background must be brown words must be white Cross must be red and white	02	Supply and fit written Board on galvanized steel frame/stand
Gateway Clinic/Umtholampilo	Wall	White background Black words	01	Supply and fit written Board on the wall
Gateway Clinic/Umtholampilo/ (Direction Arrow) 	Main Gate	White background black words	01	Supply and fit written Board on galvanized steel frame/stand
Mother and Child (MCWH) uMama no Mntwana	Door	Green Background White words	01	Supply and fit written Board on the Door
Information and Disclaimer board	External Board	Green background and white words	11	Supply and fit written Board on with Aluminium stand/frame

17/59

SPECIFICATION

NEW KZN HEALTH DEPARTMENT
LOGO/EMBLEM

35CM



OLD RECORDS

IGUMBI LAMAFAYELA AMADALA

15CM

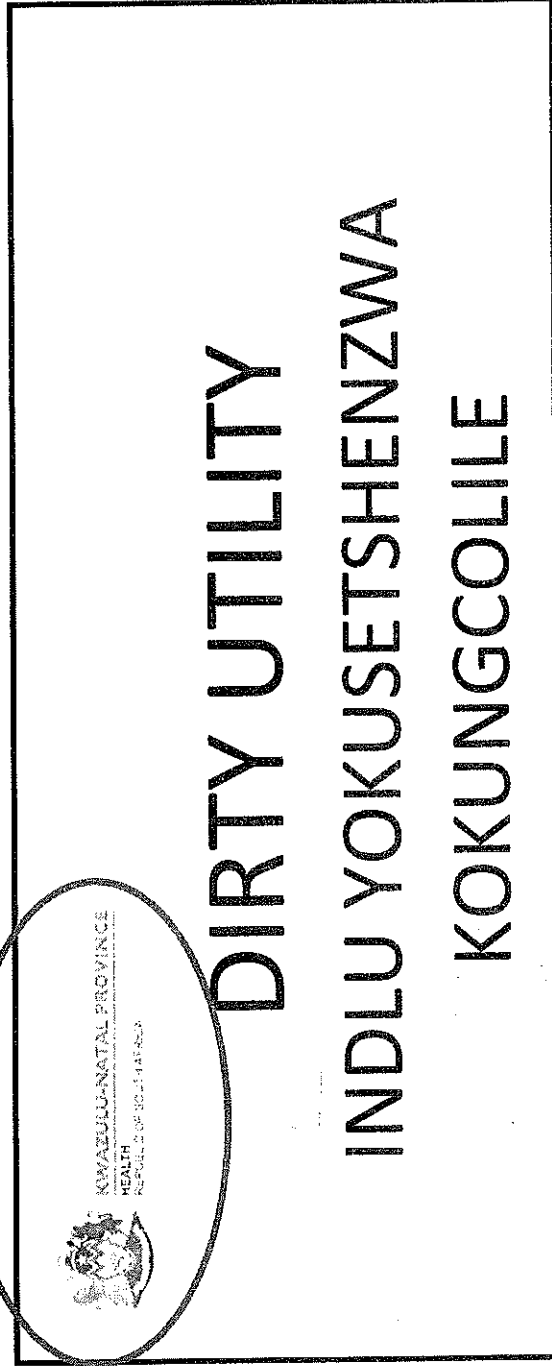
- WHITE BACKGROUND
- WHITE TEXT
- PLASTIC PLATE

6/5/81

SPECIFICATION

NEW KZN HEALTH DEPARTMENT
LOGO/EMBLEM

35CM



15CM

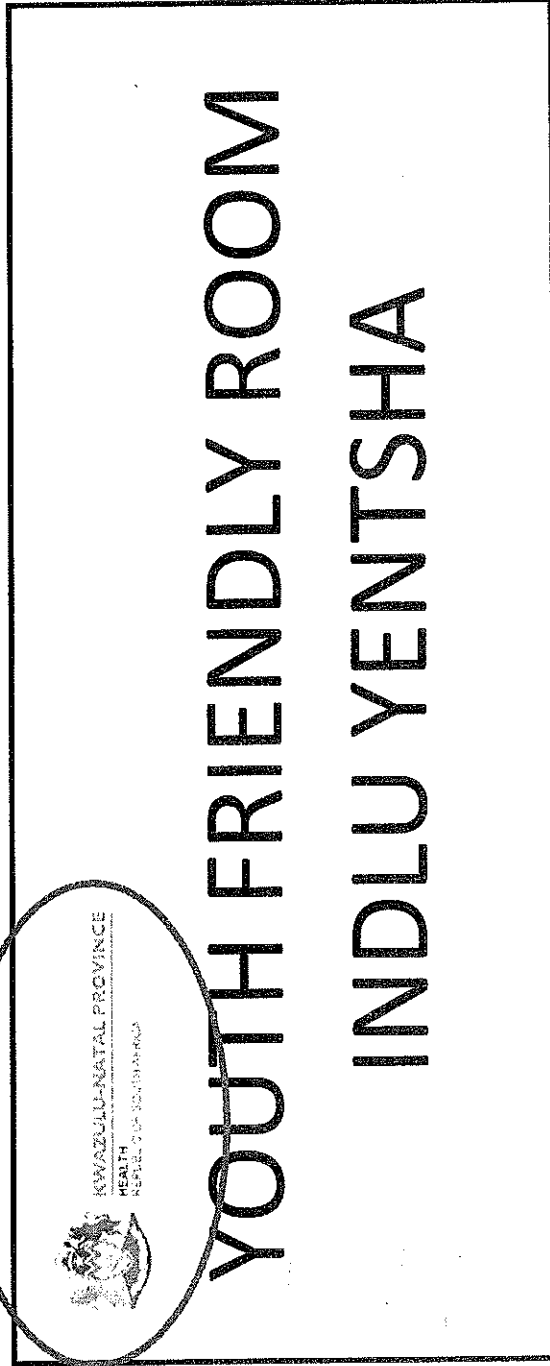
- WHITE BACKGROUND
- WHITE TEXT
- PLASTIC PLATE

5/5/19

SPECIFICATION

NEW KZN HEALTH DEPARTMENT
LOGO/EMBLEM

35CM



15CM

- WHITE BACKGROUND
- WHITE TEXT
- PLASTIC PLATE

20/59

SIGNAGE SPECIFICATION: SMOKING AREA

65/12

20CM



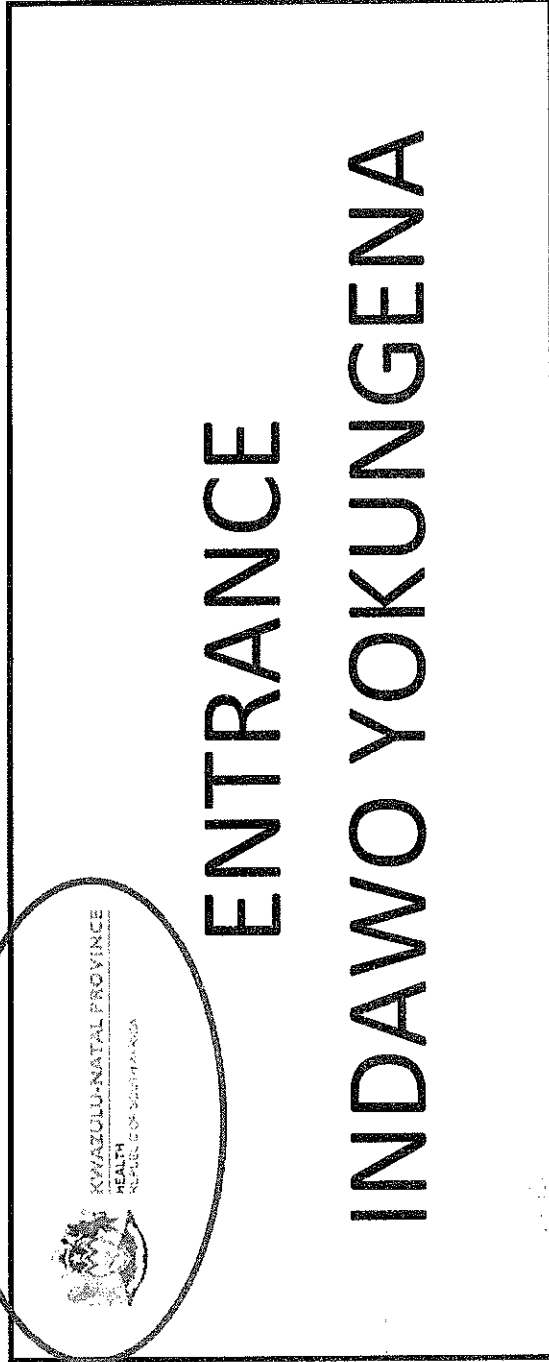
20CM

- WHITE BACKGROUND
- BLACK TEXT
- RED SMOKING ICON
- METAL PLATE

SPECIFICATION

NEW KZN HEALTH DEPARTMENT
LOGO/EMBLEM

35CM



15CM

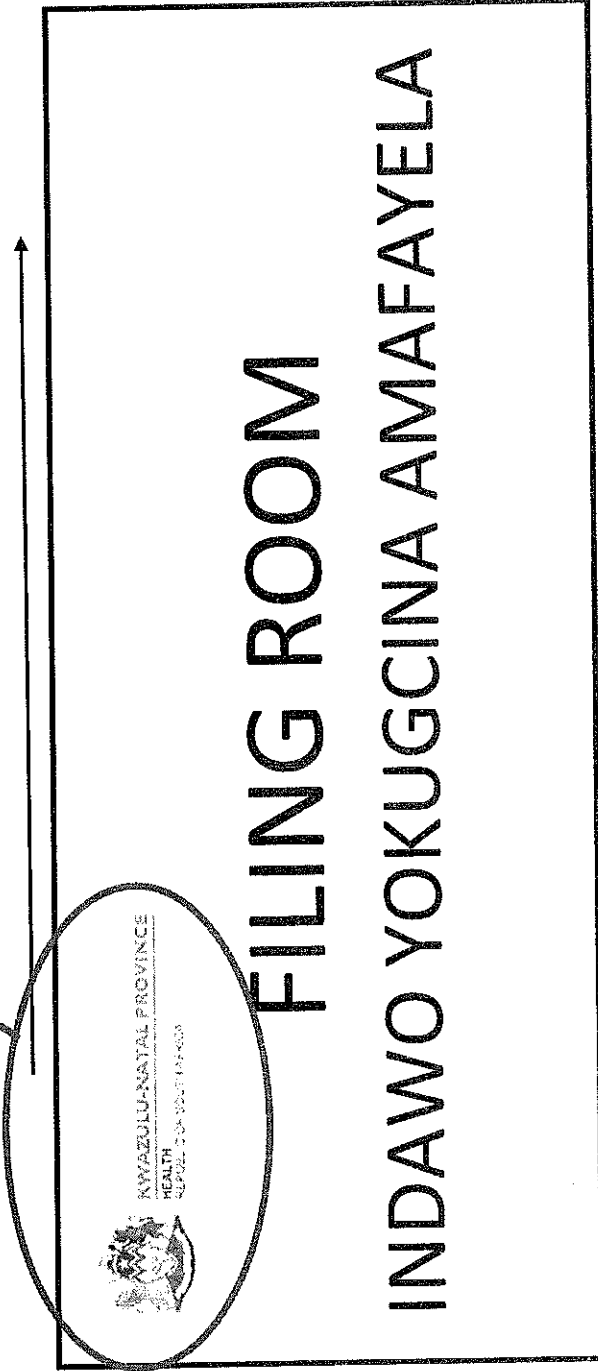
- WHITE BACKGROUND
- WHITE TEXT
- PLASTIC PLATE

22/5-9

SPECIFICATION

NEW KZN HEALTH DEPARTMENT
LOGO/EMBLEM

35CM



15CM

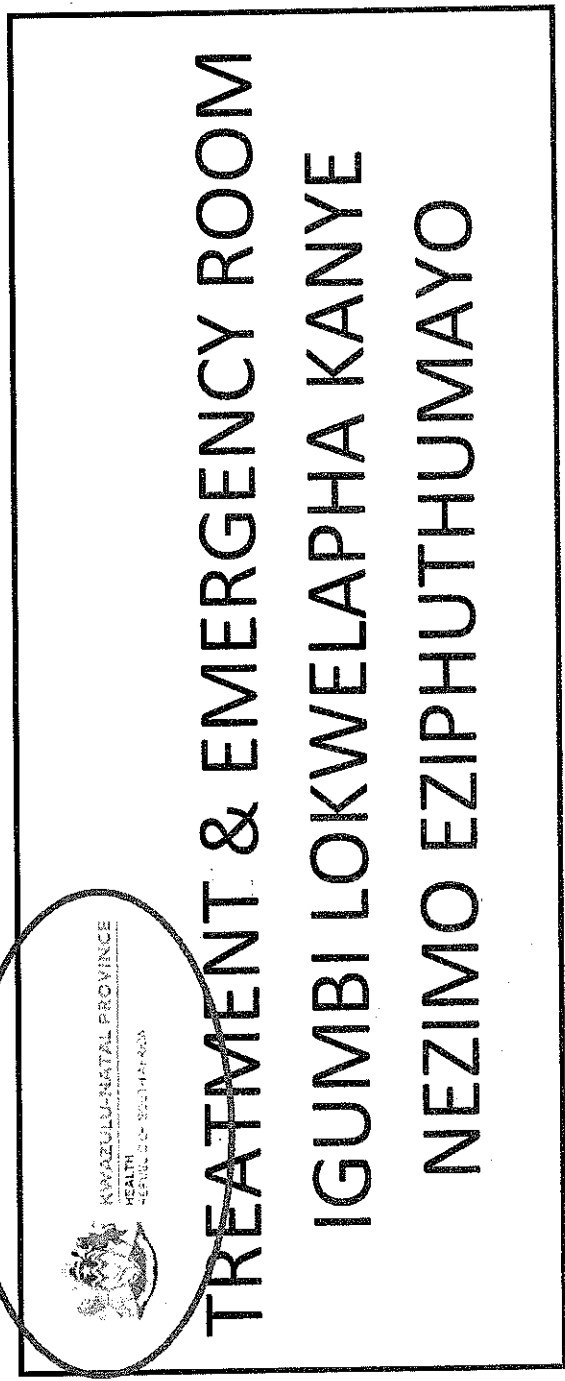
- WHITE BACKGROUND
- WHITE TEXT
- PLASTIC PLATE

23/89

SPECIFICATION

NEW KZN HEALTH DEPARTMENT
LOGO/EMBLEM

35CM



15CM

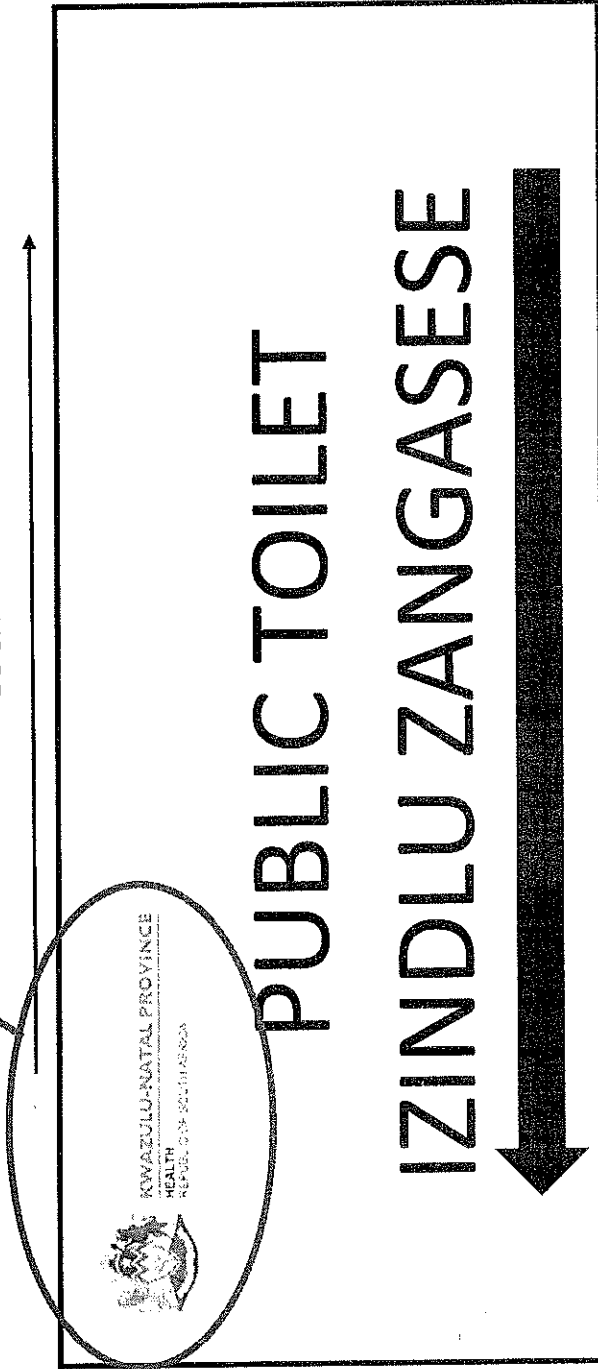
- WHITE BACKGROUND
- WHITE TEXT
- PLASTIC PLATE

24/59

SPECIFICATION

NEW KZN HEALTH DEPARTMENT
LOGO/EMBLEM

35CM



15CM

- WHITE BACKGROUND
- BLACK TEXT
- BLACK ARROW
- PLASTIC PLATE

25/09

SPECIFICATION

NEW KZN HEALTH DEPARTMENT
LOGO/EMBLEM

35CM



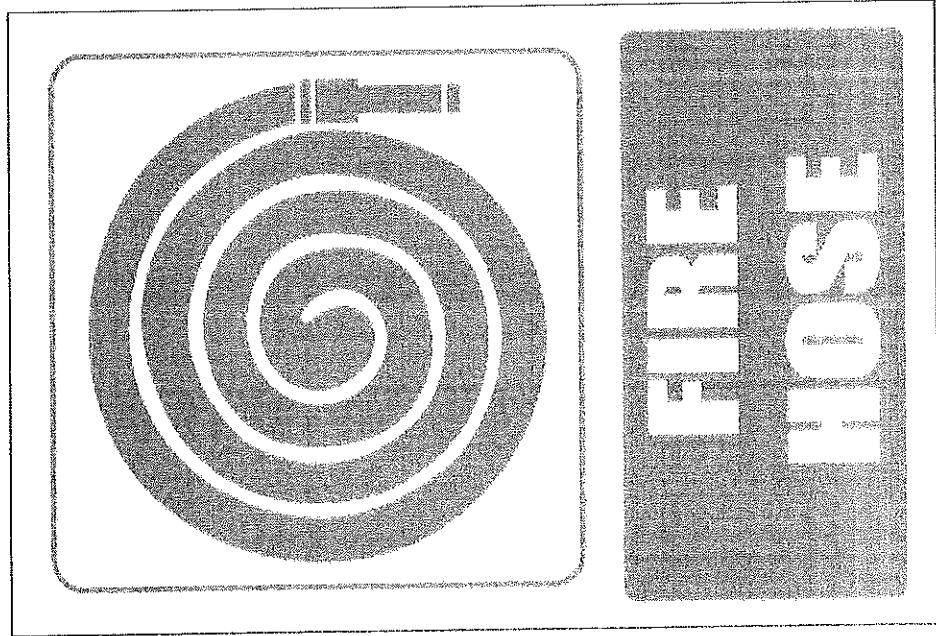
10CM

- WHITE BACKGROUND
- BLACK TEXT
- PLASTIC PLATE

26/59

SIGNAGE SPECIFICATION: FIRE HOSE

21CM



- WHITE BACKGROUND
- RED TEXT
- RED HOSE ICON
- METAL PLATE

29CM

65/20

SPECIFICATION

NEW KZN HEALTH DEPARTMENT
LOGO/EMBLEM

35CM



15CM

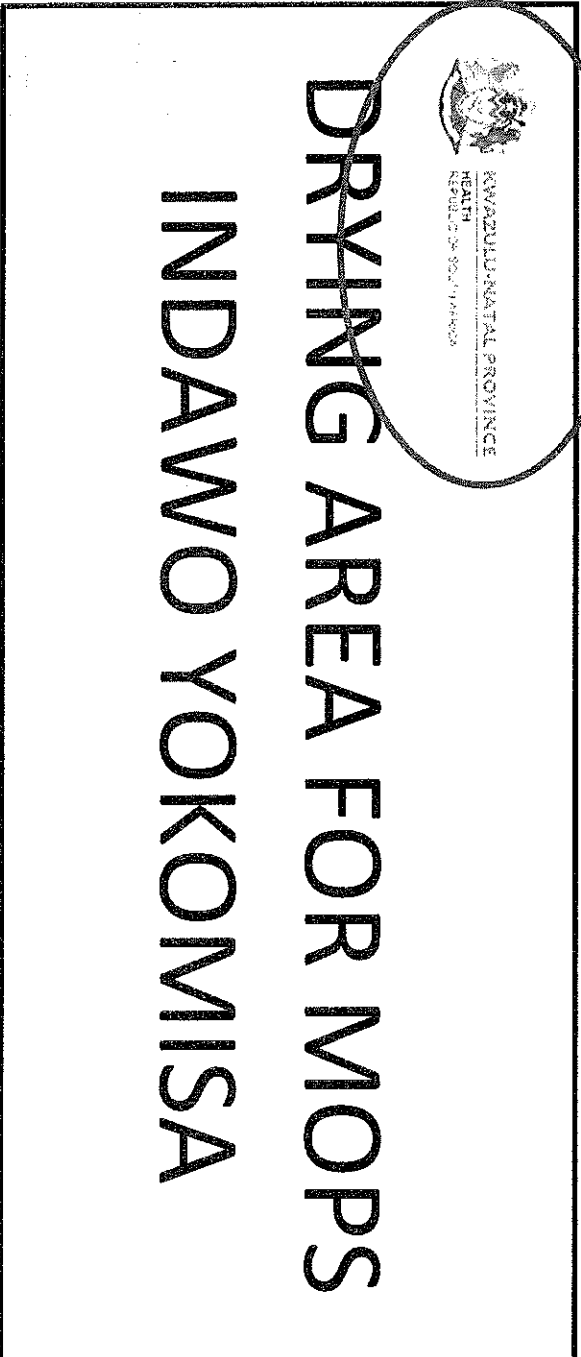
- WHITE BACKGROUND
- BLACK TEXT
- PLASTIC PLATE

6/5/20

SPECIFICATION

NEW KZN HEALTH DEPARTMENT
LOGO/EMBLEM

35CM



15CM

- WHITE BACKGROUND
- BLACK TEXT
- METAL PLATE

29/5

SPECIFICATION

NEW KZN HEALTH DEPARTMENT
LOGO/EMBLEM

30CM



21CM

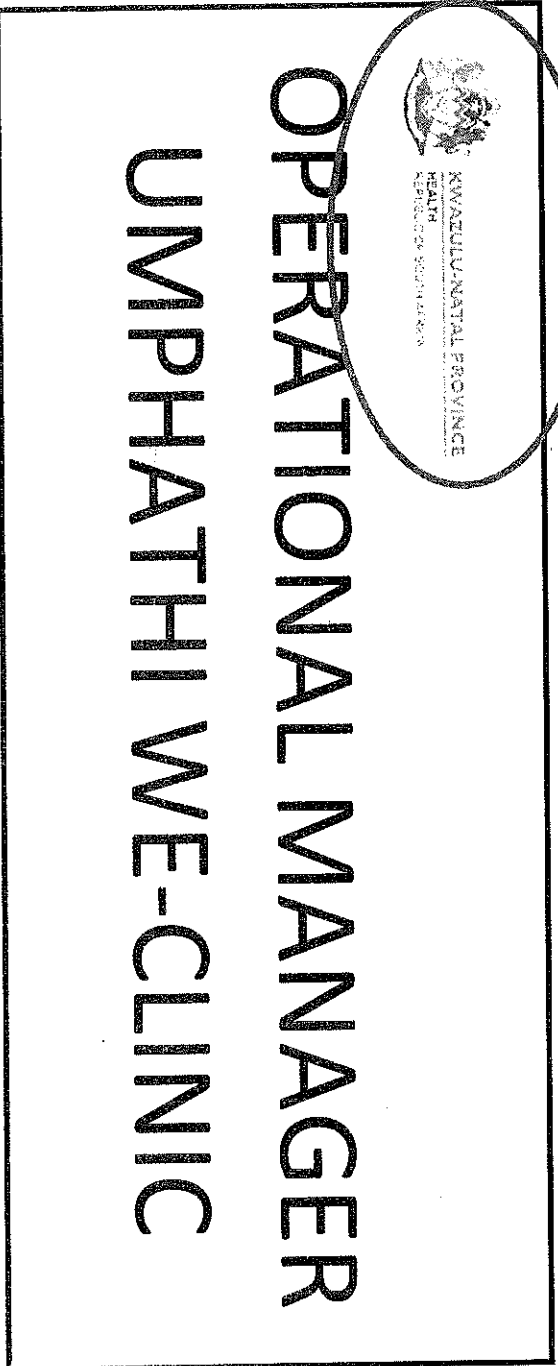
- WHITE BACKGROUND
- BLACK TEXT
- PLASTIC PLATE

30/5

SPECIFICATION

NEW KZN HEALTH DEPARTMENT
LOGO/EMBLEM

35CM



15CM

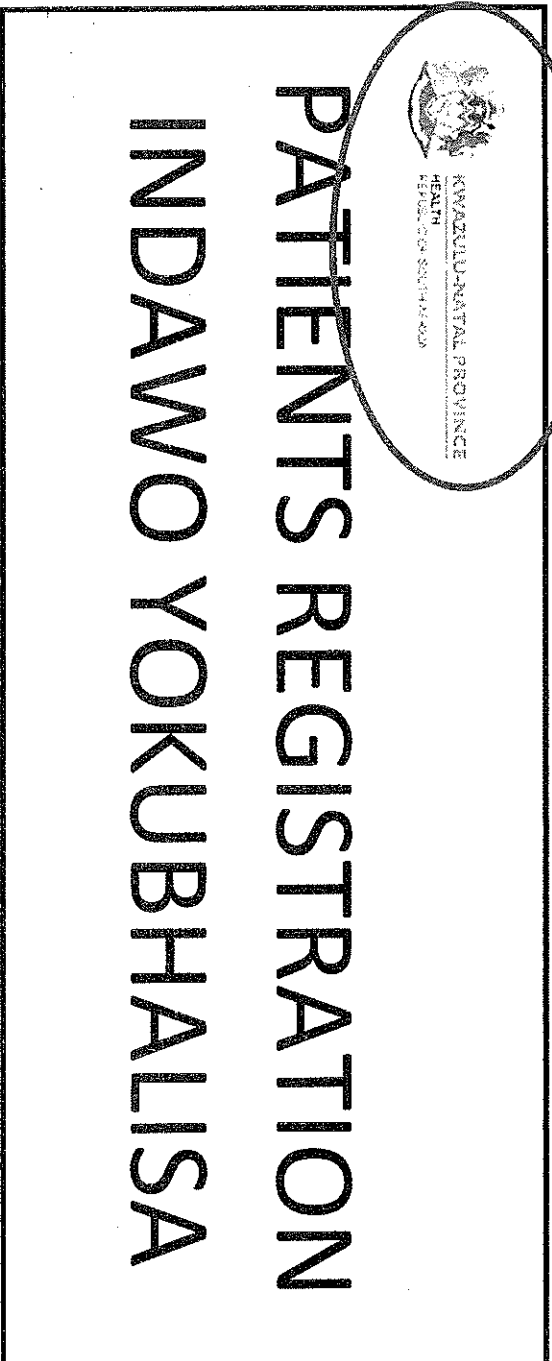
- WHITE BACKGROUND
- WHITE TEXT
- PLASTIC PLATE

5/5
02

SPECIFICATION

NEW KZN HEALTH DEPARTMENT
LOGO/EMBLEM

35CM



15CM

- WHITE BACKGROUND
- WHITE TEXT
- PLASTIC PLATE

32/51

SIGNAGE SPECIFICATION: NO SMOKING

20CM



20CM

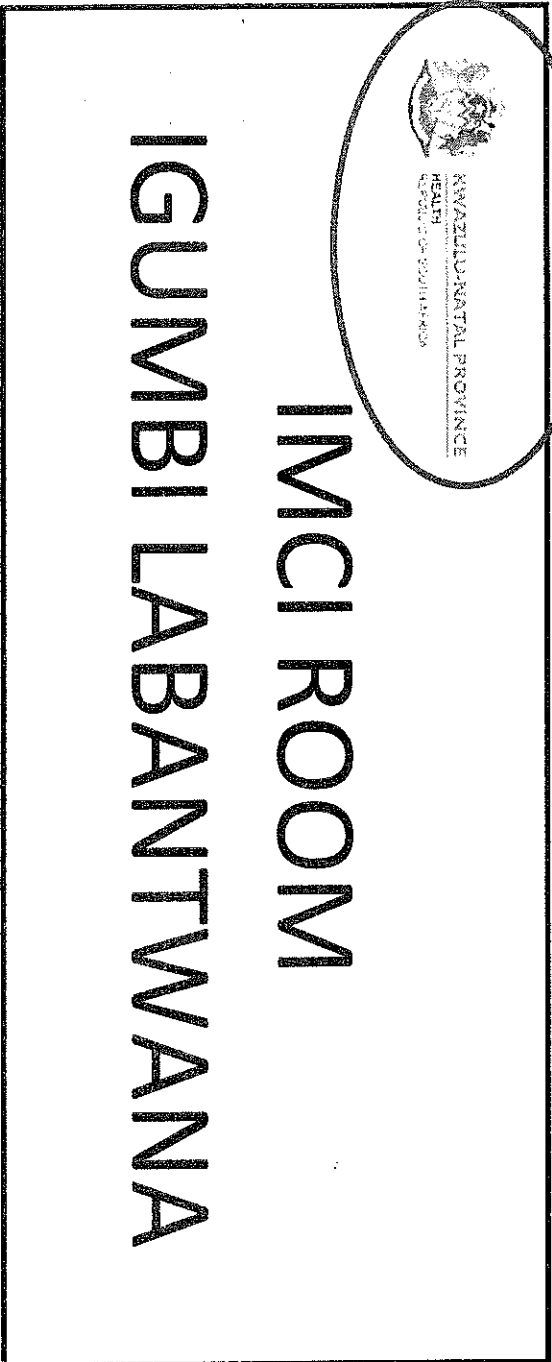
- WHITE BACKGROUND
- RED TEXT
- RED NO SMOKING ICON
- PLASTIC PLATE

33/59

SPECIFICATION

NEW KZN HEALTH DEPARTMENT
LOGO/EMBLEM

35 CM

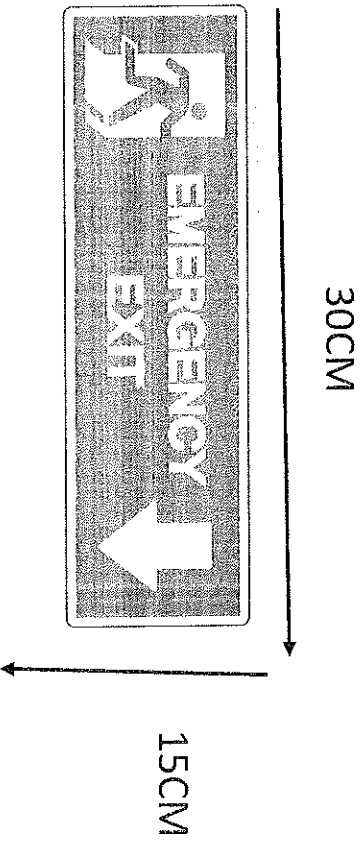
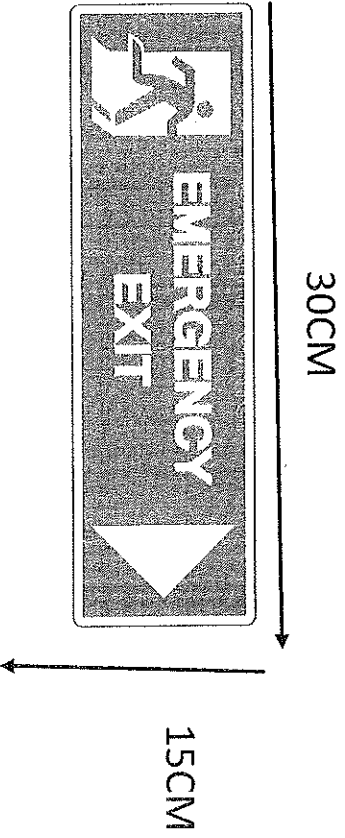
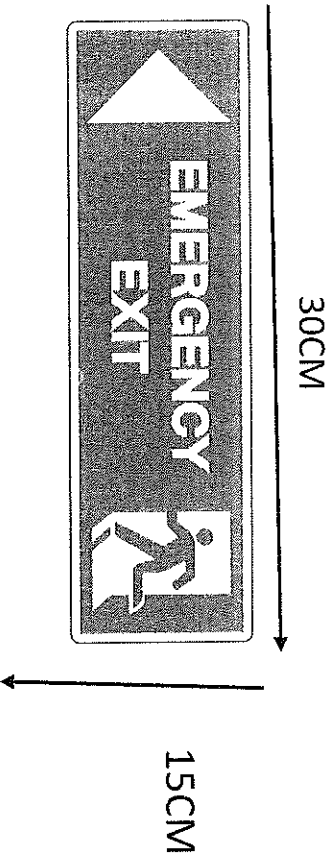


15 CM

- WHITE BACKGROUND
- WHITE TEXT
- PLASTIC PLATE

24/59

SIGNAGE SPECIFICATION: EMERGENCY EXIT



- GREEN BACKGROUND
- WHITE TEXT WITH GREEN MAN ICON
- WHITE ARROW
- PLASTIC PLATE

35/59

SPECIFICATION

NEW KZN HEALTH DEPARTMENT
LOGO/EMBLEM

35CM



WAITING AREA

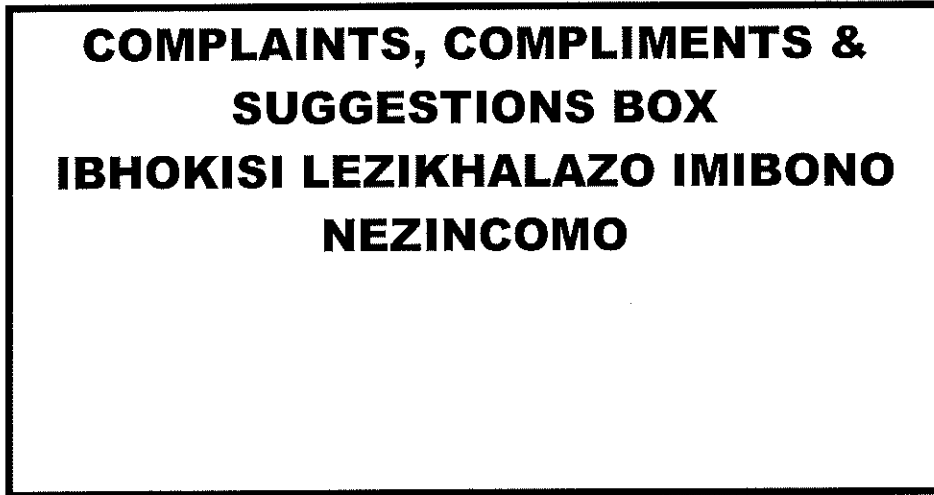
INDAWO YOKULINDA

- WHITE BACKGROUND
- BLACK TEXT
- PLASTIC PLATE

15CM

36/59

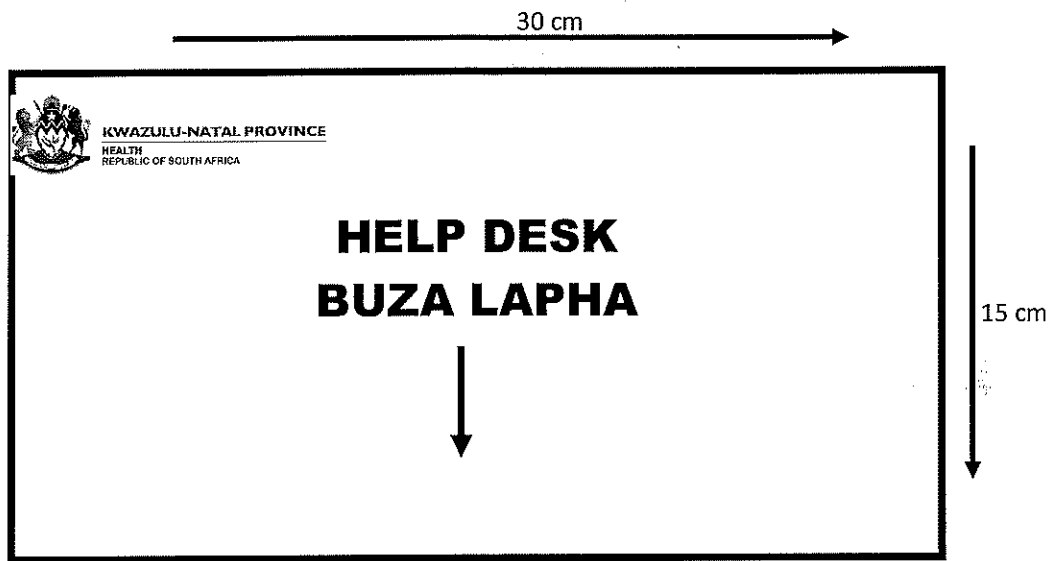
29.5 cm



21 cm

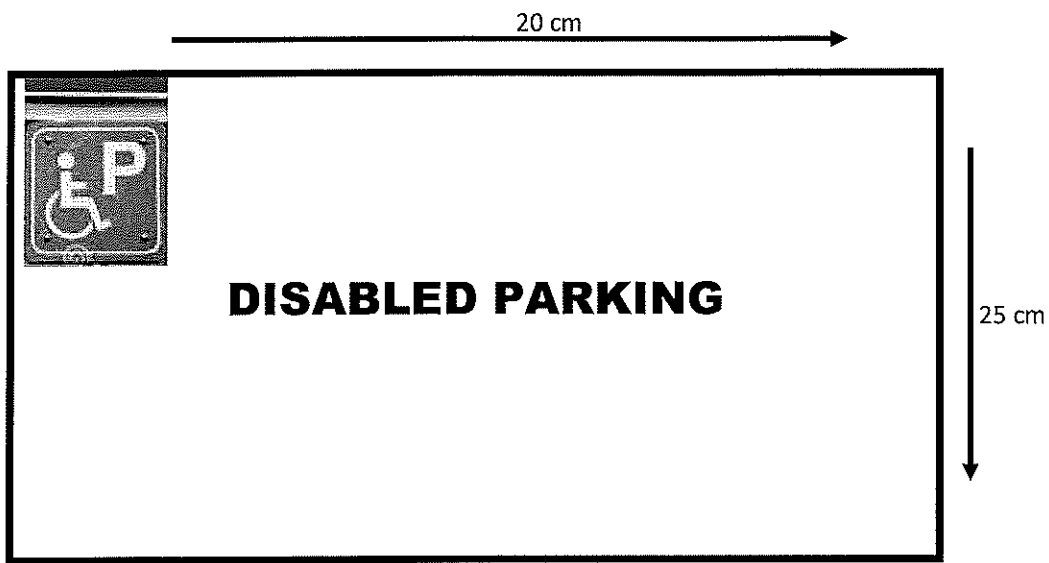
- WHITE BACKGROUND
- BLACK TEXT
- METAL PLATE

37/59



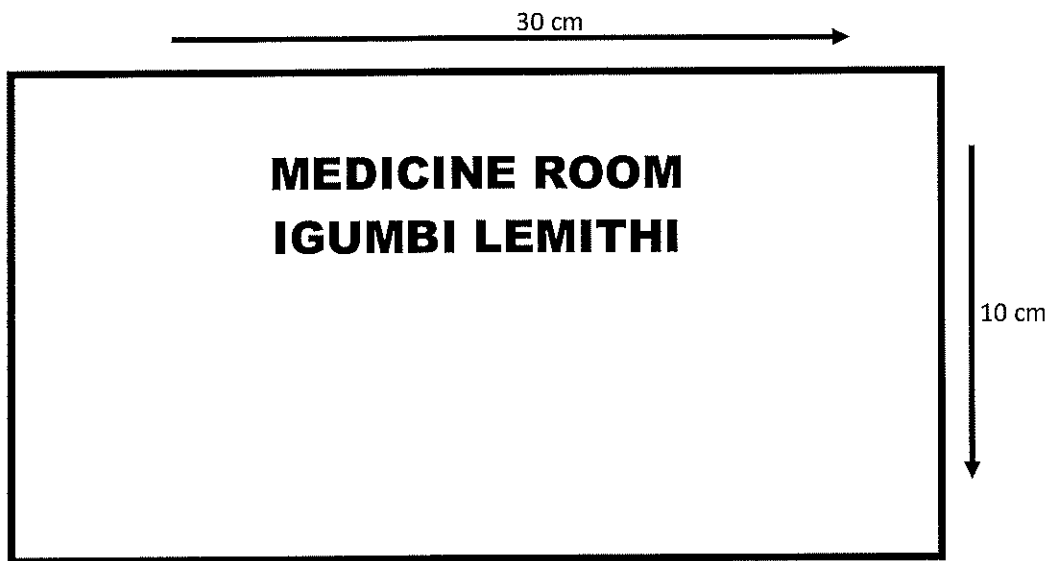
- WHITE BACKGROUND
- BLACK TEXT
- PLASTIC PLATE
- BLUE ARROW

38/59



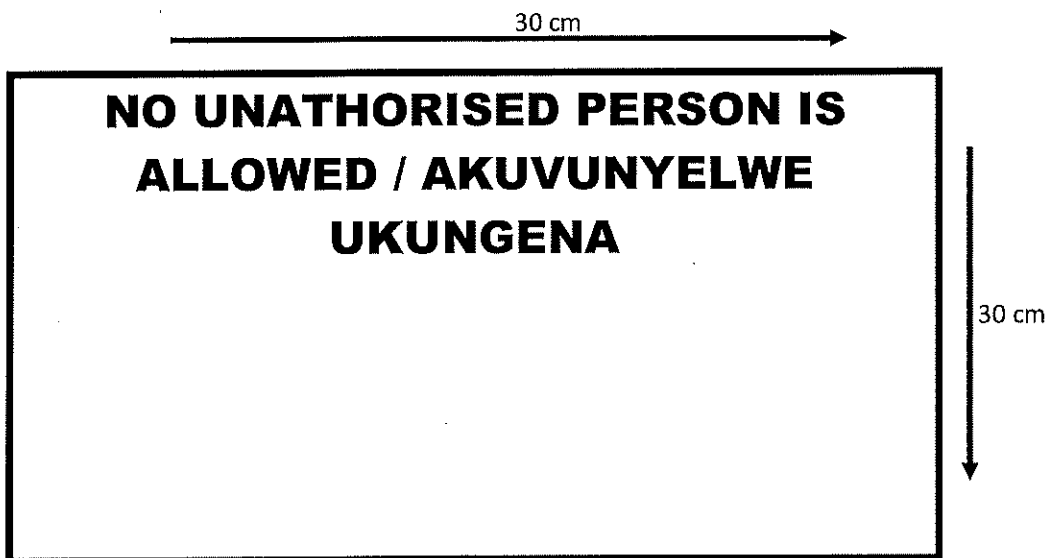
- WHITE BACKGROUND
- BLACK TEXT
- METAL PLATE
- GREEN ICON

39/59



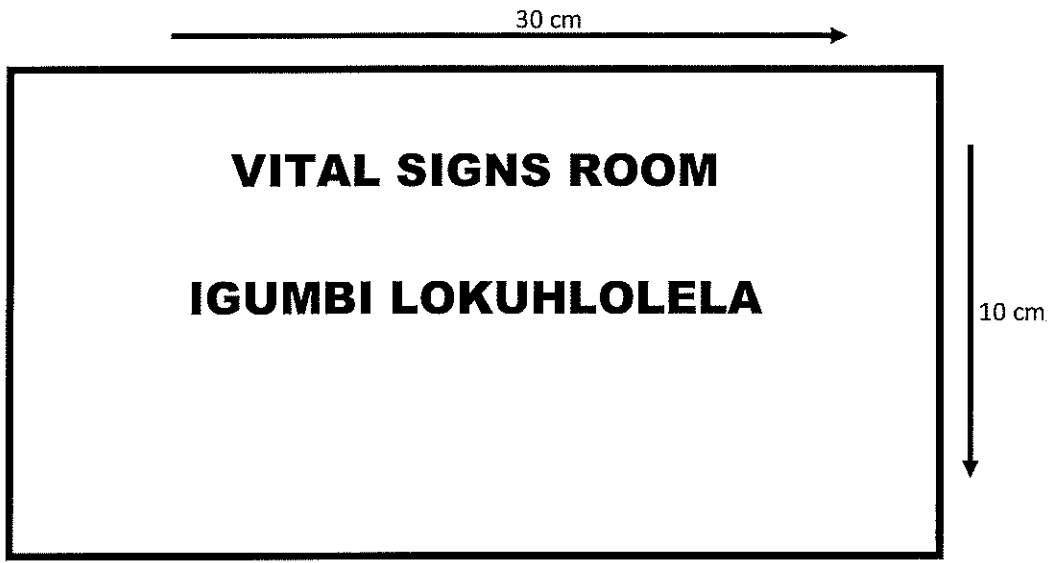
- WHITE BACKGROUND
- BLACK TEXT
- PLASTIC PLATE

240/59



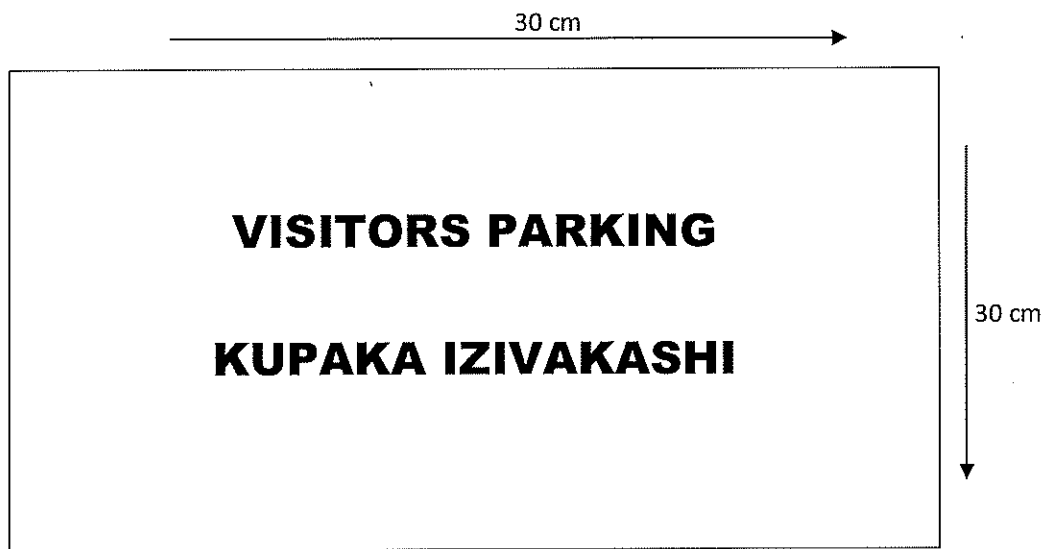
- WHITE BACKGROUND
- RED TEXT
- PLASTIC PLATE

41/59



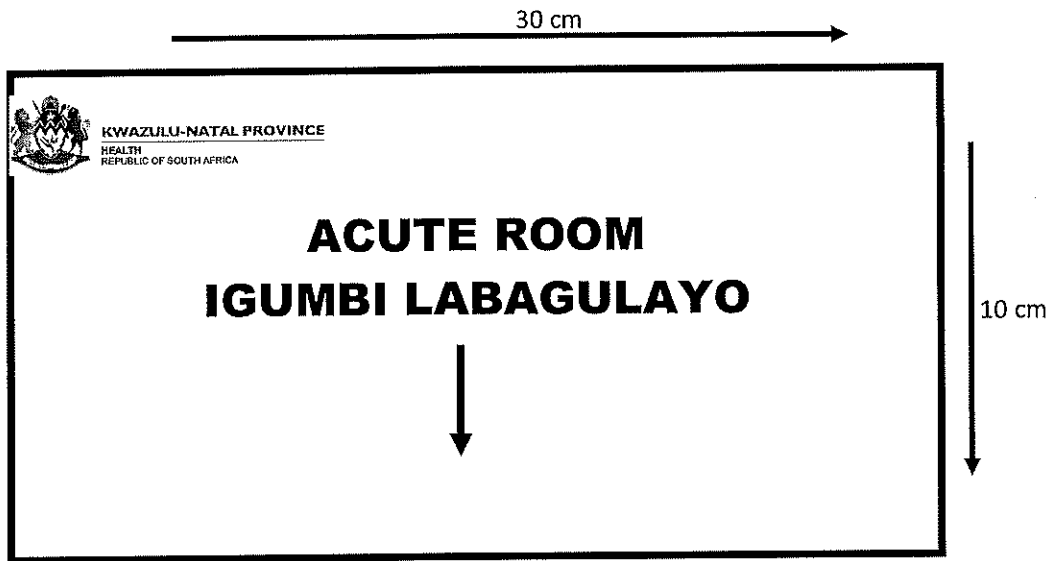
- WHITE BACKGROUND
- RED TEXT
- PLASTIC PLATE

42/59



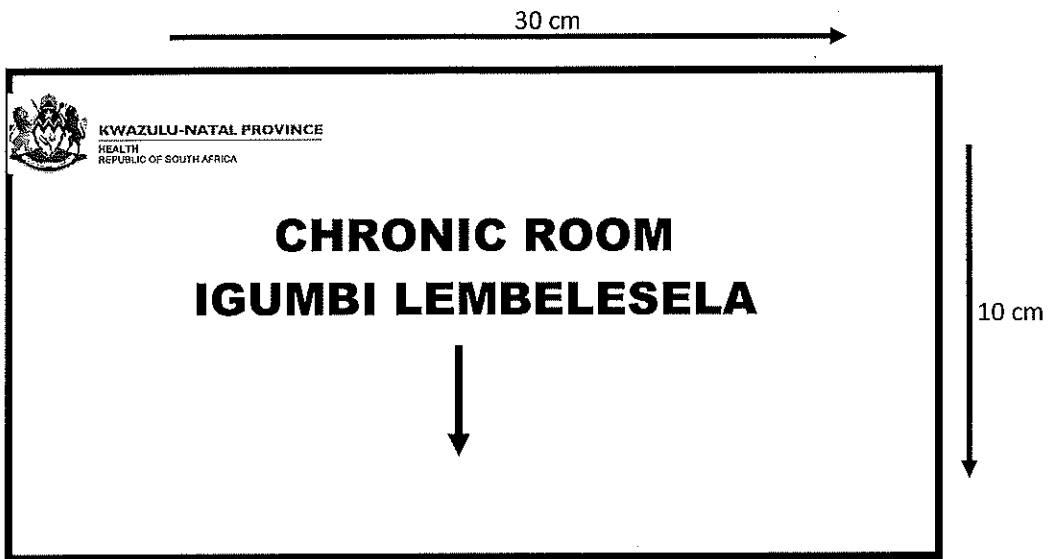
- WHITE BACKGROUND
- BLACK TEXT
- METAL PLATE

43/59



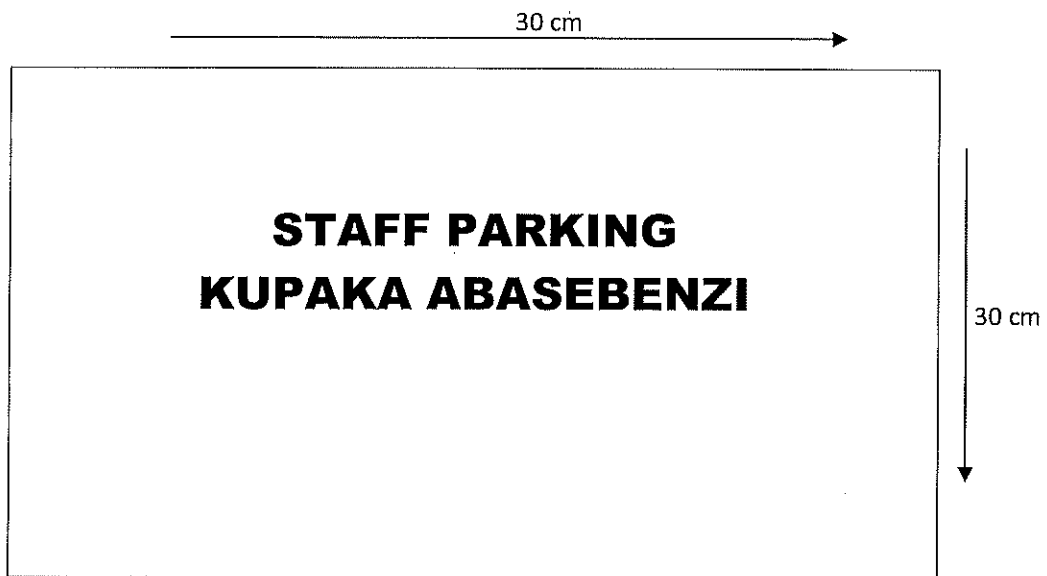
- WHITE BACKGROUND
- BLACK TEXT
- PLASTIC PLATE
- ORANGE ARROW

44/59



- WHITE BACKGROUND
- BLACK TEXT
- PLASTIC PLATE
- BLUE ARROW

45/59



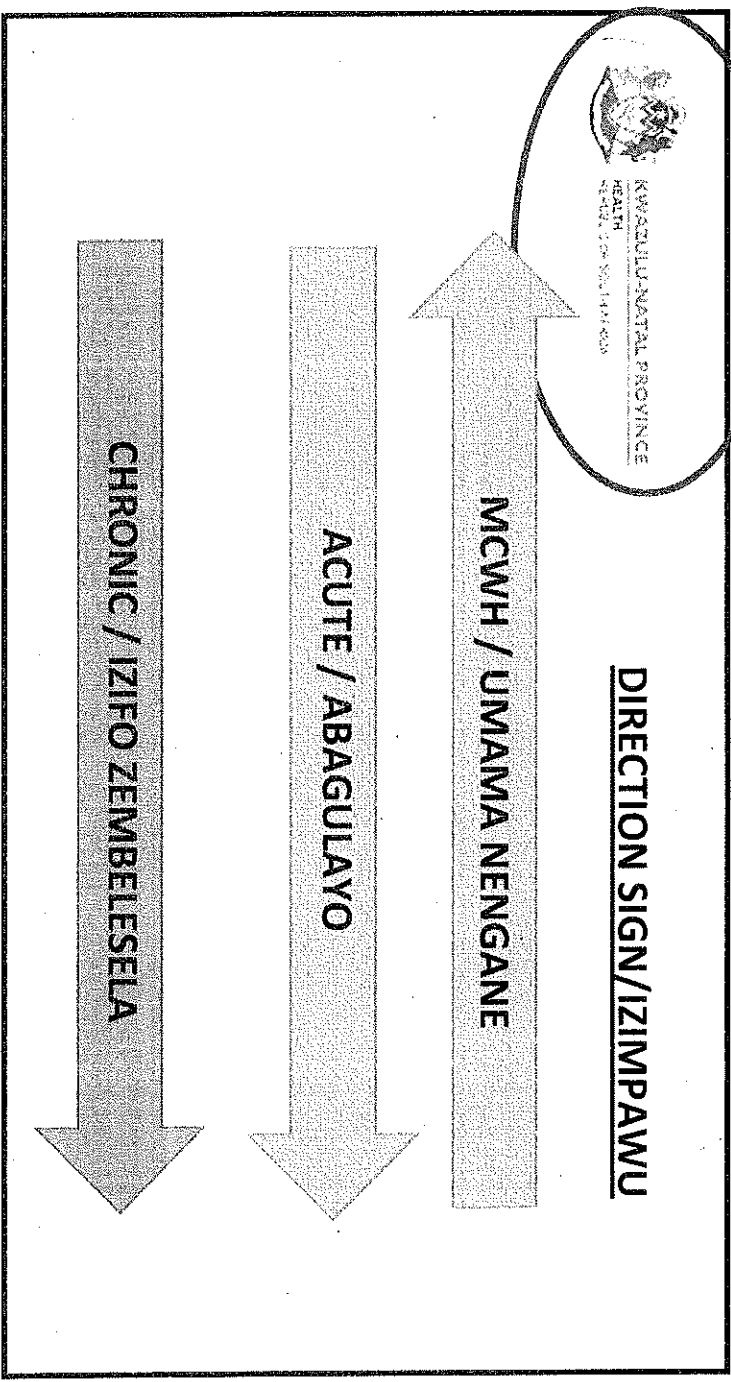
- WHITE BACKGROUND
- BLACK TEXT
- METAL PLATE

46/59

SPECIFICATION

NEW KZN HEALTH DEPARTMENT
LOGO/EMBLEM

60CM

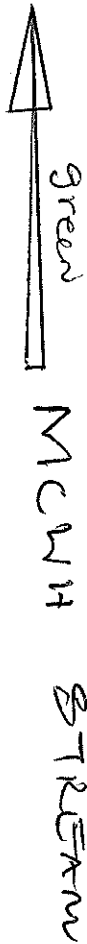


40CM

- WHITE BACKGROUND
- BLACK TEXT
- GREEN ARROW FOR MCWH
- ORANGE ARROW FOR ACUTE
- BLUE ARROW FOR CHRONIC

afsa

Letter head.



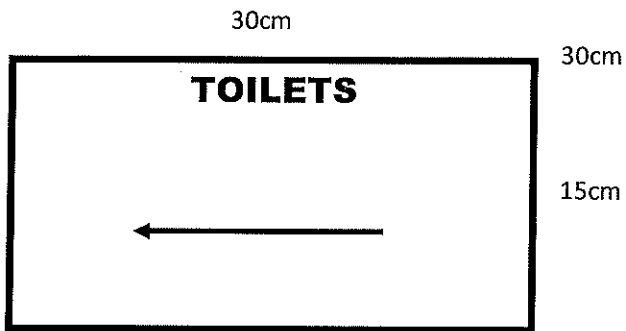
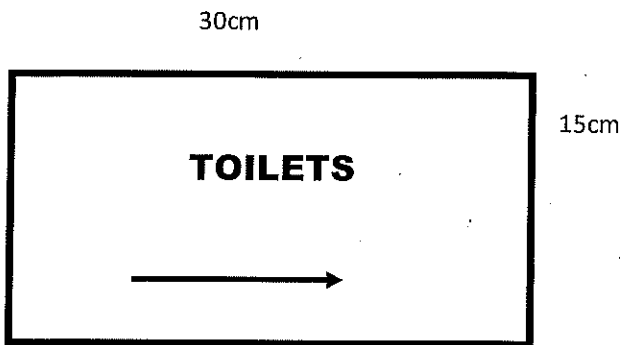
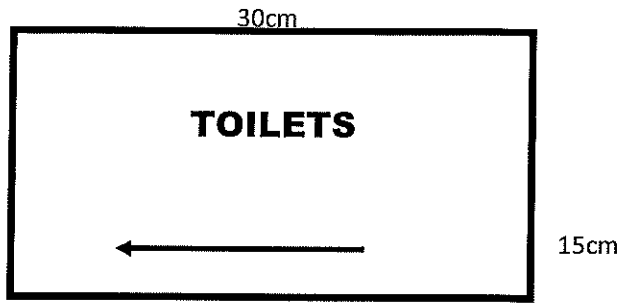
N-CUTE STREAM



CHRONIC STREAM



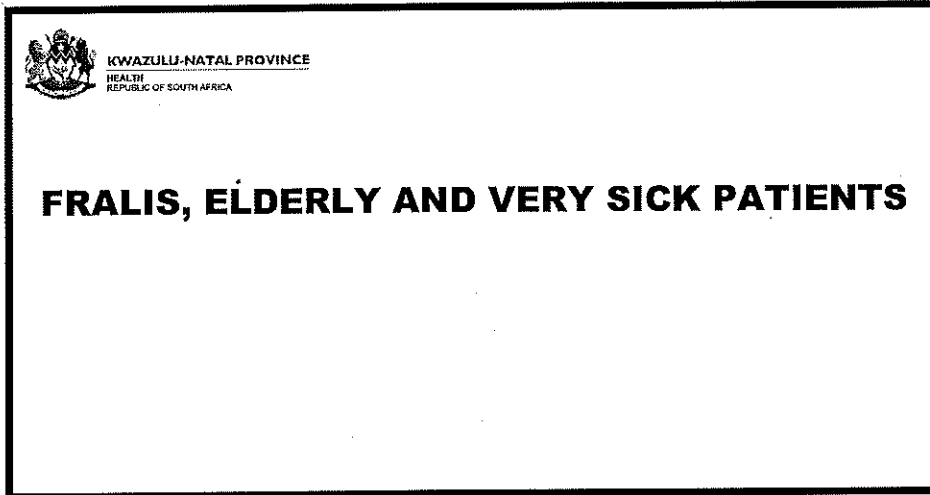
02/54



- WHITE BACKGROUND
 - BLACK TEXT
 - PLASTIC PLATE
1. BLACK ARROWS

40/59

30 cm

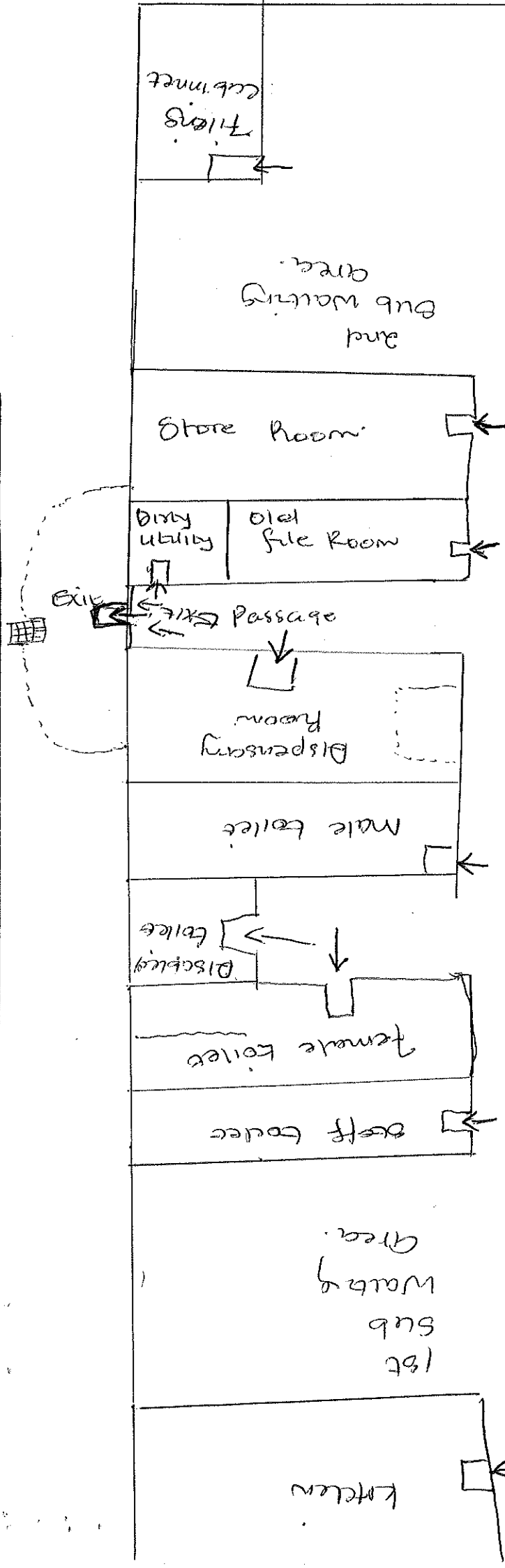


30 cm

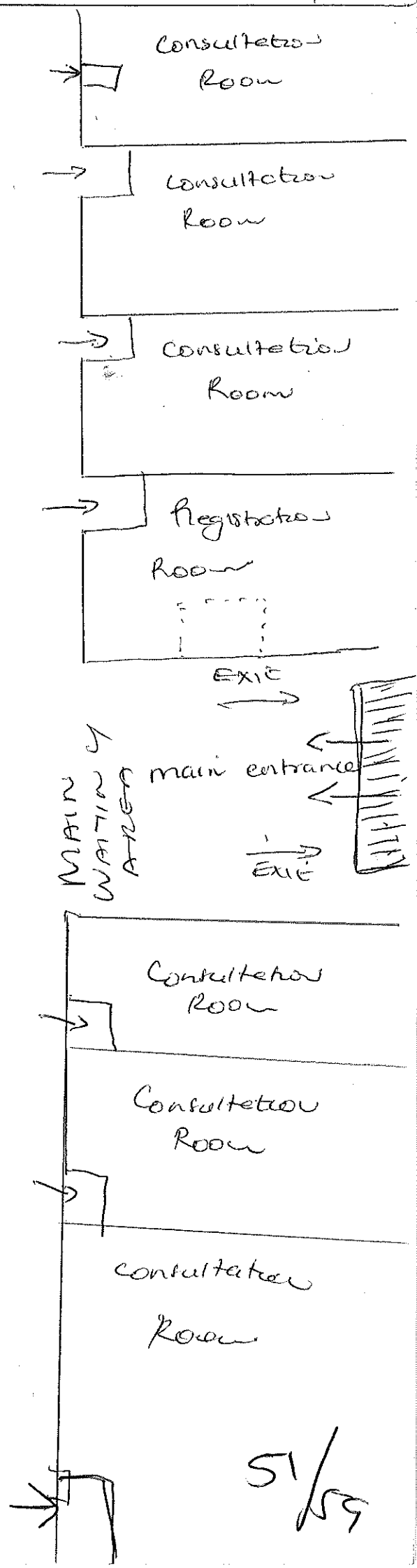
- WHITE BACKGROUND
- BLACK TEXT
- PLASTIC PLATE

50/159

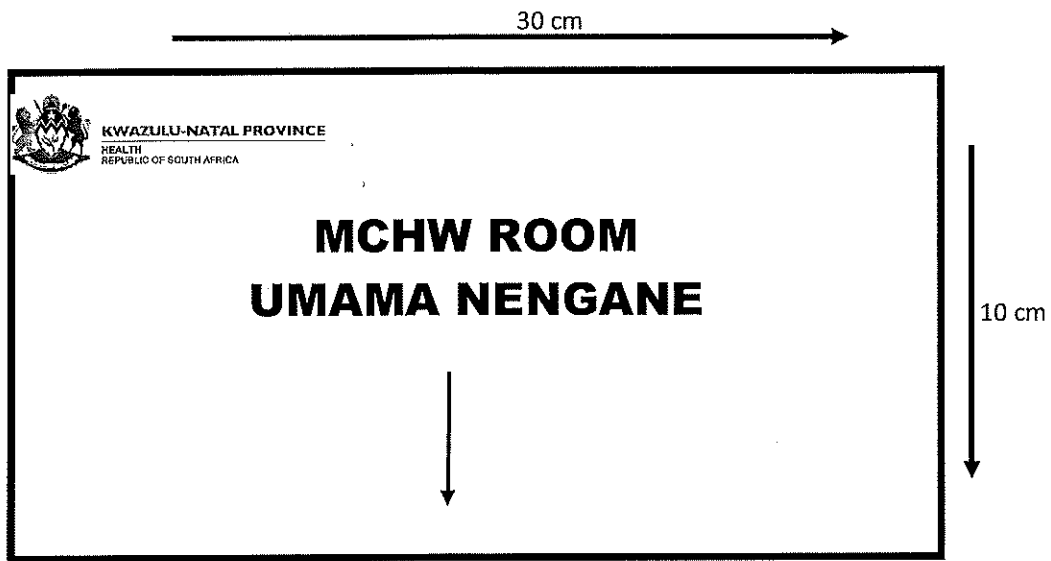
GATEWAY CLINIC EVACUATION PLAN



PASSAGE

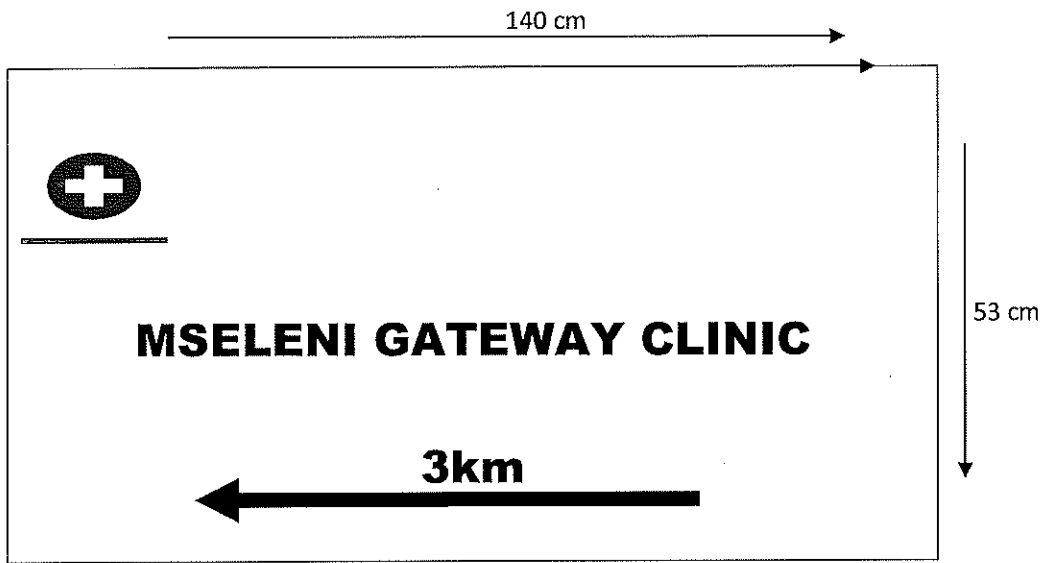


5/15

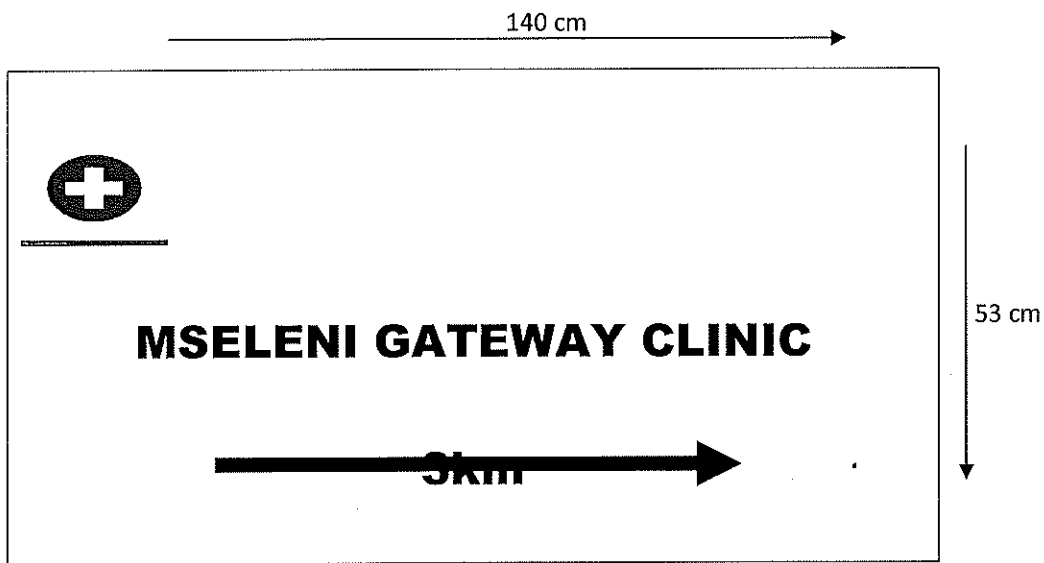


- WHITE BACKGROUND
- BLACK TEXT
- METAL PLATE
- GREEN ARROW

S2/159



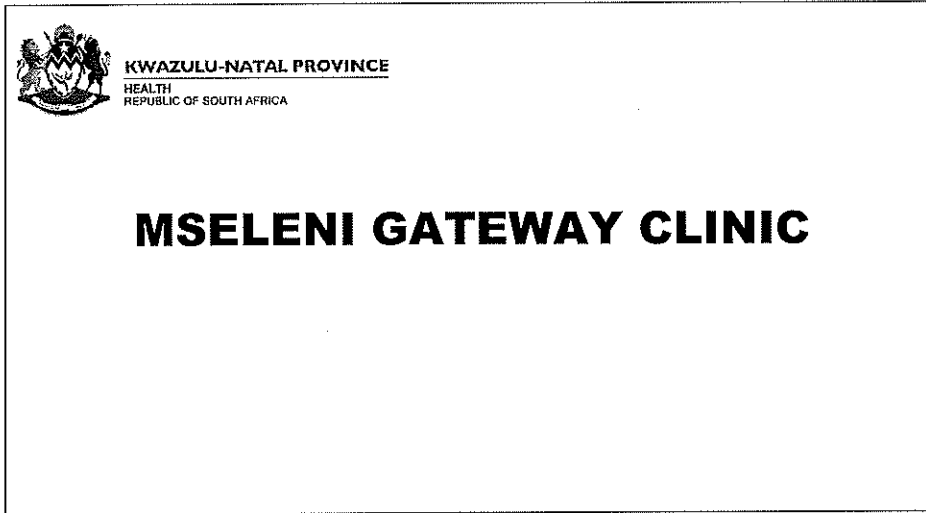
- BROWN BACKGROUND
- WHITE TEXT
- METAL PLATE



- WHITE BACKGROUND
- WHITE TEXT
- METAL PLATE

S3/59

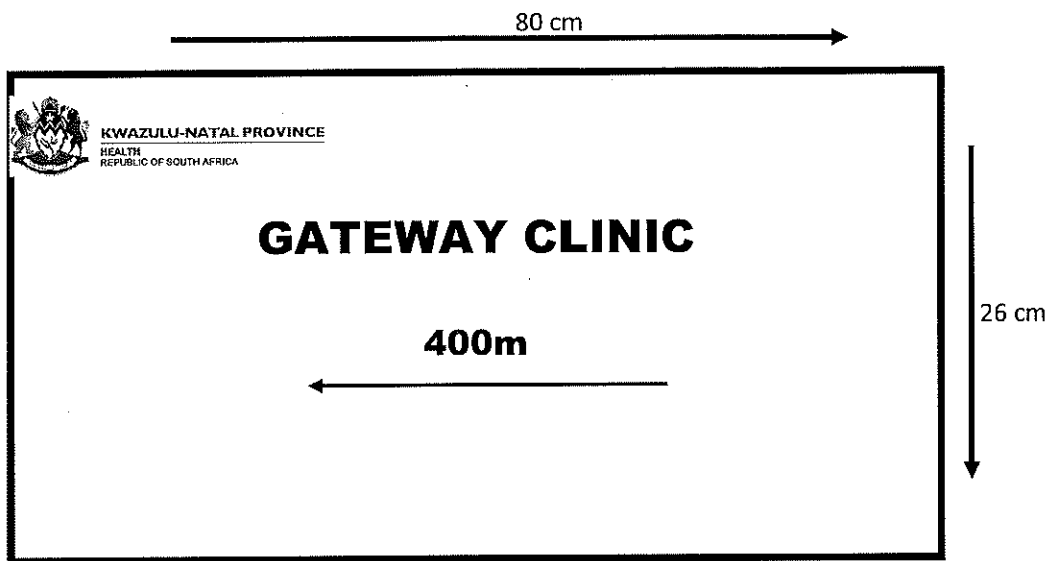
140 cm



55 cm

- WHITE BACKGROUND
- BLACK TEXT
- METAL PLATE

ST/59



- WHITE BACKGROUND
- BLACK TEXT
- METAL PLATE
- BLACK ARROW

SS/SS9

MSELENI HOSPITAL CLINICS ADDRESSES

1. Clinic Name : Mabibi Clinic
Physical Address : Mabibi Area
Ward 08
D1845 Road
Mbazwana
3974
Tel : 035 592 8088
Working Hours/ Izikhathi zokusebenza : 07h00 am - 16h00 pm (On call system)

2. Clinic Name : Mngqobokazi Clinic
Physical Address : KwaGiba Area
Ward 01
R22 Road
Hluhluwe
3960
Tel : 035 562 8022
Working Hours/ Izikhathi zokusebenza : 07h00 am - 16h00 pm (On call system)

3. Clinic Name : Oqondweni Clinic
Physical Address : Umhlabuyalingana Ward 07 Along R22 Road
C/O Mseleni Hospital
P.O Box Sibhayi
3967
Tel : 035 571 7000
Working Hours/ Izikhathi zokusebenza : 07h00 am - 16h00 pm (On call system)

4. Clinic Name : Madonela Clinic
Physical Address : Madonela Area next to Madonela Primary
Mboza Main Road D1834
Ward 14
P/Bag X602
Ubombo
3970
Tel : 035 572 9100
5. Working Hours/ Izikhathi zokusebenza : 07h00 am - 16h00 pm (On call system)

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6. Clinic Name : **MANABA** Hluhluwe Clinic
Physical Address : Thokazi Area
Ward 16
Thokazi Road A1185
P.O Box, Sibhayi
3967
Tel : 035 574 8161
Working Hours/ Izikhathi zokusebenza : 24 Hours
7. Clinic Name : Ntshongwe Clinic
Physical Address : Ntshongwe Area Next to Ntshongwe Primary
Ward 17
Road P 444
P.O Box Sibhayi
3967
Tel : 035 571 9105
Working Hours/ Izikhathi zokusebenza : 07h00 am - 16h00 pm (On call system)
8. Clinic Name : Hluhluwe Clinic
Physical Address : Hluhluwe Area
Ward 05
IDUBE Street
Hluhluwe
3960
Tel : 035 562 4120
Working Hours/ Izikhathi zokusebenza : 07h00 am - 16h00 pm (On call system)
9. Clinic Name : Mduku Clinic
Physical Address : Makhasa Area
Ward 02
Corner of R22 and D657 Road
Hluhluwe
3960
Tel : 035 5620 219
Working Hours/ Izikhathi zokusebenza : 24 Hours
10. Clinic Name : Mbazwana Clinic
Physical Address : Olakeni Area Next to Library
Ward 02
Corner of R22 and D657 Road
Mbazwana
3974
Tel : 035 571 0211
Working Hours/ Izikhathi zokusebenza : 24 Hours

57/15
65/59

GATE WAY CLINIC

PHYSICAL ADDRESS: UMHLABUYALINGANA MSELENI RESERVE
KWANHLAMVU AREA
D1885 ROAD
SIBHAYI
3967
WARD 5

POSTAL ADDRESS: MSELENI GATEWAY CLINIC
P O SIBHAYI
3967

WORKING HOURS: 7:00 - 16:00

EMERGENCY NUMBERS: POLICE- 10111 (035 571 0005)
FIRE BRIGADE- 035 571 0574
AMBULANCE- 10177

58/59



Department of Health
PROVINCE OF KWAZULU-NATAL

Clinic Address: Telephone no:
Hours/Workdays Hours

Clinic Name

SERVICE PROVIDED

- CHILD HEALTH AND YOUTH SERVICES
- WOMEN'S HEALTH & FAMILY PLANNING SERVICES
- ANTENATAL CARE SERVICES
- HEALTH PROMOTION & DISEASE PREVENTION SERVICES
- PREVENTION OF MOTHER TO CHILD TRANSMISSION
- NUTRITION SERVICES
- TREATMENT OF MINOR AILMENTS
- EMERGENCY SERVICES
- MATERNITY & POST NATAL CARE SERVICES
- HIV COUNSELLING, TESTING & TREATMENT
- MANAGEMENT OF CHRONIC DISEASES
- TB SCREENING, TESTING & TREATMENT
- TREATMENT OF SEXUALLY TRANSMITTED INFECTIONS
- MEDICAL MALE CIRCUMCISION
- MANAGEMENT RESERVES THE RIGHT TO SEARCH ENTRY AND PARKING AT OWN RISK

Multi (611)

IZININHELO ZASEMTHO LAMPIKO EZITHO LAMATYVO
 UKUNAKHELENYA KWENZIGANE MABANTU MALISA
 UKUNAKHELENYA KWABESIPHAZE KOKHOLENYA
 KWEMANDER
 ABANTU OZANO MABANTU ELEYE
 UKUGOQUZWELE EZEMPILO KOKUNYENYA
 KWESIFO
 UKUYHELE UKUTHELELEKI KODONTAMA
 NGESICIMANE LESANDULELA NGCULUZA
 ENGIKIZALYA
 EZOKUDLA NOKONOLUYA
 UKWELISHWA KWABAGULAYO
 IZINGO EZIPHUTQULAYO
 UKUNAKHELENYA KWABANTU ELEYE MABELETHE
 UKWELISHWA, UKOHLI QELENYA KONTWELISHELYA
 ISONJANE LESANDULELA NGCULUZA
 UKUNAKHELENYA KONTWELISHWA KWENZIFO
 EZINYURBE EBELA
 UKOHLI OLINA KONTWELISHWA KWESIFO SOPHILA
 UKOHLI OLINA KONTWELISHWA KWESIFO
 EZINTATHHELMANYO NGOKOCULASI
 UKWELISHWA KOKUSONYA KWABESILISA

MY HEALTH, YOUR HEALTH, OUR HEALTH A HEALTHY KZN



USUTHU CLINIC
 DEPARTMENT OF HEALTH
 PROVINCE OF KWAZULU-NATAL
 Open Monday to Friday 08:00 to 16:00

59/59