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 REPUBLIC OF SOUTH AFRICA

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**KWAZULU-NATAL PROVINCE**  
 HEALTH  
 REPUBLIC OF SOUTH AFRICA

Quotation Advert

Opening Date: 2021-06-22

Closing Date: 2021-05-29

Closing Time: 11:00

**INSTITUTION DETAILS**

Institution Name: EG & Usher Memorial hospital

Province: KwaZulu-Natal

Department or Entry: Department of Health

Division or section: Central Supply Chain Management

Place where goods / services is required: EGUMH WORKSHOP

Date Submitted: 2021-06-21

**ITEM CATEGORY AND DETAILS**

Quotation Number: ZNO: EGU32/2021/2022

Item Category: Services

Item Description: ANNUAL SERVICE- OXYGEN AND SUCTION PLANT ROOM

Quantity (if supplies) 02 **COMPULSORY BRIEFING SESSION / SITE VISIT**

Select Type: Not Applicable

Date :

Time:

Venue:

QUOTES CAN BE COLLECTED FROM: DOWNLOADABLE

QUOTES SHOULD BE DELIVERED TO: CORNER OF ELIOT AND THE AVENUE ROAD KOKSTAD, TENDER BOX IS SITUATED AT THE MAIN GATE

ENQUIRIES REGARDING THE ADVERT MAY BE DIRECTED TO:

Name: Mr. L. Doko

Email: lwazi.doko@kznhealth.gov.za

Contact Number: 0397978128

Finance Manager Name: M/s N. NDLOBENI

Finance Manager Signature:

No late quotes will be considered





**health**

Department:  
Health  
PROVINCE OF KWAZULU-NATAL

REPUBLIC OF SOUTH AFRICA  
KWAZULU-NATAL  
GOVERNMENT

REGISTRATION NUMBER: MEMORIAL HOSPITAL

**ADVERTISING DATE: 22 June 2021**

**RFQ/ZNQ: EG U32/2021/2022**

**SERVICE PROVIDER TO TENDER FOR OXYGEN AND SUCTION PLANT ROOMS**

Bidders are invited to submit proposals/Quotations to service OXYGEN & SUCTION PLANT ROOMS as per the specification/ checklist.

**MANDATORY DOCUMENTS TO BE SUBMITTED, FAILURE TO DO SO WILL LEAD TO BE NON RESPONSIVE.**

E.G & Usher Memorial Hospital supply chain management will apply. A valid original tax clearance certificate or confirmation from SARS with a verification pin certified BBEEE Certificate or sworn affidavit to claim preference point, CIDB category 1ME; three (3) Traceable reference of similar work; The price quoted must be firm and must be inclusive of VAT for vat vendors, CSD registration report must be attached (supplier number and unique registration reference number) failure to attach the above mentioned documentation will result to your bid to be non-responsive. E.G & Usher Memorial Hospital reserves the right not to appoint and value for money will be the key determinant. Note: due to the COVID pandemic and level 3 regulations gazetted by the national government, the E.G & Usher Memorial Hospital will allow bid documents OXYGEN & SUCTION PLANT ROOM to be directed via hand delivery to the hospital tender box. All quotations must be received not later than **11h00** before noon on the **29 JUNE 2021**. Public opening of tenders – in this regard E.G & Usher Memorial Hospital will comply with the regulations made under the disaster Management Act, 2002, published in the Gazette on the 18 March 2020.

**NO BIDS WILL BE CONSIDERED FROM PERSONS IN THE SERVICE OF THE STATE AS DEFINED IN THE GOVERNMENT SUPPLY CHAIN MANAGEMENT REGULATIONS (GOVERNMENT GAZETTE NO 40553 DATED 20 JANUARY 2017).**

Enquiries: /

Technical enquiries: Mr T.W Hlophle Tel: 039 797 8153; Fax 039 797 8162,

Supply chain management enquiries: Mr L. Doko Tel: 039 797 8128; Fax 039 797 8162, or email: [Lwazi.doko@kznhealth.gov.za](mailto:Lwazi.doko@kznhealth.gov.za)



**DECLARATION OF INTEREST**

**SBD 4**

1. Any legal person, including persons employed by the state\*, 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: ..... 2.4. Company Registration Number: .....
- 2.3. Position occupied in the Company (director, trustee, shareholder): 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: .....

- 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? 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 .....

- \*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, 1989 (Act No. 1 of 1989);
  - b) any municipality or municipal entity;
  - c) provincial legislature;
  - 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

SCC

### 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 & fulfillment of all obligations conditions devolving on under this agreement, as the Principal (s) liable for the due fulfillment 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 products 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 initialed.
- 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.

- 5.5. 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.
- 5.6. Quotation documents must not be included in packages containing samples. Such quotations may be rejected as being invalid.

**6. SAMPLES**

- 6.1. 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.
- 6.2. **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.

**7. COMPULSORY SITE INSPECTION / BRIEFING SESSION**

- 7.1. 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 not take place
- (ii) Date \_\_\_\_\_ Time \_\_\_\_\_ Place \_\_\_\_\_

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

- 8.1. 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.

**9. SUBMISSION AND COMPLETION OF SBD 6.1**

- 9.1. 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.

**10. TAX COMPLIANCE REQUIREMENTS**

- 10.1. 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.**
- 10.2. 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.**

**11. TAX INVOICE**

- 11.1. 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.

**12. PATENT RIGHTS**

The supplier shall indemnify the **KZN Department of Health** (near after 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.

### 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.



**PREFERENCE POINTS CLAIM FORM IN TERMS OF THE PREFERENTIAL PROCUREMENT REGULATIONS 2017**

SBD 6:1

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:

	<b>POINTS</b>
<b>PRICE</b>	80
<b>B-BBEE STATUS LEVEL OF CONTRIBUTOR</b>	20
<b>Total points for Price and B-BBEE must not exceed</b>	<b>100</b>

- 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:

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

- Ps = Points scored for price of bid under consideration
- Pt = Price of bid under consideration
- Pmin = 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.....

(Tick applicable box)

8. Whether the sub-contractor is an EME or QSE YES  NO

iv) Specify, by ticking the appropriate box, if subcontracting with an enterprise in terms of Preferential Procurement Regulations,2017:

Designated Group: An EME or QSE which is at last 51% owned by:	EME <input checked="" type="checkbox"/>	QSE <input checked="" type="checkbox"/>
Black people	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Black people who are youth	<input type="checkbox"/>	<input type="checkbox"/>
Black people who are women	<input type="checkbox"/>	<input type="checkbox"/>
Black people with disabilities	<input type="checkbox"/>	<input type="checkbox"/>
Black people living in rural or underdeveloped areas or townships	<input type="checkbox"/>	<input type="checkbox"/>
Cooperative owned by black people	<input type="checkbox"/>	<input type="checkbox"/>
Black people who are military veterans	<input type="checkbox"/>	<input type="checkbox"/>
OR	<input type="checkbox"/>	<input type="checkbox"/>
Any EME	<input type="checkbox"/>	<input type="checkbox"/>
Any QSE	<input type="checkbox"/>	<input type="checkbox"/>

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 .....



**Health**

Department: \_\_\_\_\_

**Health  
PROVINCE OF KWAZULU-NATAL**

ONTARIO THE AVENUE KOSGAT 4700  
EAST GRIFFITHS KOSGAT 4700  
TEL: 031 261 0700 EXT: 8153  
E-MAIL: [info@z471.health.gov.za](mailto:info@z471.health.gov.za)  
E-MAIL: [williams@z471.health.gov.za](mailto:williams@z471.health.gov.za)

East Griffiths and Usher Memorial Hospital

**SERVICING OXYGEN PLANT ROOM**

**2021/2022**

**ZNQ: \_\_\_\_\_**

**Note:**

1. The Administration reserves the right to Negotiate Prices in the quotation
2. All rates quoted shall be inclusive of transport, labour and profit
3. The bidders are advised that this Servicing should be finish within the period of Two (2) days from the day of the official order.
4. Pricing should be done per each line item on the bills of quantity below
5. Contractors should sign in when on site and sign out when leaving the site, Contractors book in the Chief Artisan Office.
6. E.G & Usher Memorial Hospital staff will monitor contractors progress
7. The contractor must submit a detailed Safety Plan before commencing work.
8. Contractor's staff must be identifiable.
9. The hospital should not be held responsible for any theft of the contractor's material or equipment.
10. At all times, Contractor must adhere to the Health and Safety requirements.
11. All workmanship and material must be guaranteed.
12. The contractor must be CIDB registered, which must be indicated on the ZNQ quotation page with the category
13. The contractor must not damage any equipment of fixtures within the hospital except for access.

14. If the Contractor failed to commence work within 7 days including weekends and holidays) after the order has been issued, the order will be cancelled if contractor fall out the time frame.
15. Payment will only be processed on completion of work and site handed over to the hospital, Please note that completion certificate and a guarantee of workmanship certificate to be handed in after the job has been completed in order for payments to be processed.
16. The preferred bidder must report to the hospital and under no circumstances where access is blocked without prior arrangements with the hospital maintenance staff.

### SCOPE OF WORK

NO	DESCRIPTION	QUANTITY	RATE	TOTAL
	<b>MAIN OXYGEN PLANT ROOM</b>			
1	Replace old Pig Tails with new Pig Tails in the Plant room	20		
2	Calibrate Oxygen Regulator and ensure is functioning properly and its set at 400Kpa	item		
3	Check change over control pressure settings. Adjust if necessary and note settings	item		
4	Check all wall outlet points for leaks in wards. Replace seals as required	123 (Points)		
5	Check and note system pressure	item		
6	Check operation of change-over system	item		
7	Check all warning panel pilot lights	item		
8	Replace Seals on Pig Tails None-Return Valves	20		
9	Check for leaks in gas bank	item		
10	Check operation of pressure reducing valves	item		
11	Check operation of safety valves	item		
12	Check operation of automatic solenoid	item		
13	Strip and clean all needle valves	item		
14	Check settings of pressure reducing valves. Adjust if necessary and note settings	item		

15	Check settings of safety valves, adjust settings if necessary and note settings	Item			
16	Check settings of warning light pressure switches. Adjust if necessary and note settings	Item			
17	Check calibration of all pressure gauges, etc. Re-calibrate if necessary	Item			
18	Tighten all electrical terminals	Item			
19	Clean Plant room	Item			
20	Complete log book				

SUB-TOTAL		R			
VAT		R			
GRAND TOTAL		R			

I CERTIFY THAT THE SPECIFIED SERVICE WAS CARRIED OUT

NAME OF SERVICEMAN (BLOCK LETTERS):	SIGNATURE:
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CSSD DATA BASE SUPPLIERS NUMBER:

NAME/S OF ASSISTANT/S: SEMI SKILLED:

NAME/S OF ASSISTANT/S: UNSKILLED:

COMPANY NAME (BLOCK LETTERS):

TIME IN:	TIME OUT:	TIME ON SITE:	DATE:	
FROM:	TO:	KM:	TO:	KM:
				TOTAL KM:

OFFICIAL STAMP

NAME OF RESPONSIBLE OFFICIAL ON SITE
NAME & SURNAME:
RANK:
SIGNATURE:
DATE:



**Health**  
Department:  
Health  
PROVINCE OF KWAZULU-NATAL

ST. HELENA  
Zifundzi 908 Kosiya Hill  
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East Gqeke and Utho Memorial Hospital

SPECIFICATION

2021/2022 FINANCIAL YEAR

VACUUM PLANT ROOM

NO	DESCRIPTION	QUANTITY	RATE	TOTAL
1	Check Vacuum pump oil, Top up as per manufacturer's recommendations – Leave on site full 1x5L of oil	Item		
2	Replace Filters on both machines	02		
3	Check all mountings and tighten if find any loose	Item		
4	Check vacuum pump pulley	Item		
5	Check motor pulley, bearings and alignment	Item		
6	Check all bolts, nuts screws, etc. for tightness	Item		
7	Check motor starter and auxiliaries	Item		
8	Check and note motor amperage	Item		
9	Check pilot lights	Item		
10	Check all SUCTION outlets points to all wards	70		
11	Check all pipes, joints and seals for leaks	Item		
12	Check operation and cycling of plant and adjust if necessary (approx..600mm Hg) Note cut-in and cut-out pressures	Item		
13	Clean plant and plant room	Item		
14	Change over lead/lag units	Item		
15	Check and clean vacuum moisture traps (in Plant room & OPD)	Item		
16	Check operation of warning light systems	Item		
17	Clean rust spots and patch with paint	Item		
18	Tighten all electrical terminals	Item		



**health**  
Department: \_\_\_\_\_  
Health  
PROVINCE OF KWAZULU-NATAL

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East Gertzel and Usher Memorial Hospital

19	Clean out air ways of motors	Item		
20	Lubricate motor bearings, if required	Item		
21	Check setting of pressure switches, adjust if necessary	Item		
22	Clean, remove loose paint and scale and re-paint	Item		
23	Check calibrations of all pressure gauges, etc. Re-calibrate as required	Item		
24	Complete plant log book	Item		
SUB-TOTAL				R
VAT				R
GRAND TOTAL				R
I CERTIFY THAT THE SPECIFIED SERVICE WAS CARRIED OUT		SIGNATURE:		
NAME OF SERVICEMAN (BLOCK LETTERS):		OFFICIAL STAMP		
NAME OF ASSISTANT: SEMI SKILLED:				
NAME OF ASSISTANT: UNSKILLED:				
COMPANY NAME (BLOCK LETTERS):				
TIME IN:	TIME OUT:	TIME ON SITE:	DATE:	
NAME OF RESPONSIBLE OFFICIAL ON SITE:				
SIGNATURE:				
DATE:				