

Quotation Advert

Opening Date:	2021-06-25	
Closing Date:	2021-07-02	
Closing Time:	11:00	ंहित
INSTITUTION DETAILS		
Institution Name:	St Mary's Marianhill	v
Province:	KwaZulu-Natal	d
Department or Entity:	Department of Health	
Division or section:	Central Supply Chain Management	
Place where goods / services is required	No.1 Hospital road, Abbot Francis Monastry, Marianhill 3610	
Date Submitted	2021-06-25	
ITEM CATEGORY AND DETAILS		11:1
Quotation Number:	ZNQ: SMM/081/22	
Item Category:	Goods	~
Item Description:	ULTRASOUND GEL WARMER	ness d
Quantity (if supplies)	01 UNIT	
COMPULSORY BRIEFING SESSION /	SITE VISIT	
Select Type:	Not Applicable	v
Date :		<u> 110</u>
Time:		
Venue:		
QUOTES CAN BE COLLECTED FROM:	FOR SAFETY PRECAUTIONS NO QUOTATIONS WILL BE AVAILABLE TO COLLECT ON SITE DUE TO COVID-19. QUOTATIONS MAY BE DOWNLOADE	ĒD
QUOTES SHOULD BE DELIVERED TO:	ST MARY'S HOSPITAL MARIANHILL - TENDER BOX OR EMAIL	
ENQUIRIES REGARDING THE ADVER	T MAY BE DIRECTED TO:	****
Name:	Mr. S Kweyama	
Emaîl:	Sanele.Kweyama@kznhealth.gov.za	
Contact Number:	031 717 1111	
Finance Manager Name:	Mr. Mythethwa	
		· 3
Finance Manager Signature:	ate dubles/will be considered	

STANDARD QUOTE DOCUMENTATION SUPPLY CHAIN MANAGEMENT UNDER R30 000.00

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YOU ARI	E HEREBY INVITE	ED TO QUOTE	FOR F	REQUIF	REMEN	ITS AT:	ST MAF	TY'S	DISTF	HCT	HOSP	ITAL		••••		4.0					10000 101101						
DATE AD	YOU ARE HEREBY INVITED TO QUOTE FOR REQUIREMENTS AT ST MARY'S DISTRICT HOSPITAL DATE ADVERTISED: 25/06/2021 FACSIMILE NUMBER: EMAIL: Sanele.Kweyama@kznheaith.gov.za																										
EMOLIIRI	EMOLIBRIES MAY BE DIRECTED TO: Mr. S.Kweyama CONTACT NUMBER: 031 717:1111																										
PHYSICA	PHYSICAL ADDRESS: No.1 Hospital Road, Abbot Francis Monastry, Marianhill 3610																										
ZNQ NUME	BER: SMM/081/22		····	*********	,C	LOSING	DATE:	02/0	7/2021	••••	••••••		•••••		.CLC	SING	TII	VE: 11	:00								
DESCRIPT	ION, ULTRASOUN	GEL WARME	A	5000 554 500 564	graner:		(147,14)	vojano.			11.015.5.3	egreesy.		. 15	9057) (00	7.3				
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UNIQUE	UNIQUE REGISTRATION REFERENCE:								L																		
Does this o	Oges this offer comply with the specification? State delivery period e.g. E.g. 1day, 1week																										
Is the price firm? All delivery costs must be included in the quote price																											
Item	Quantity	Description	1										Bran	.8 b	mode	el		Cou	ntry	of		T	Price	2			
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ł	VALUE ADDED TAX @ 15% (Only if VAT Vendor) TOTAL QUOTATION PRICE (VALIDITY PERIOD 60 Days)									+	_																
TOTAL	JUOTATION PRA	E (VALIDIT	FERIU		ayaj																						
i, SPE	CIAL CONTRACT CON	DITIONS OF QUO	TATIONS								restri	ction pen	ally on	the si	opplier	ру ргол	ibilin	g sươn s	upplier	hon	n doing	busi	ness v	vith U	e publik	sector fo	ĸа

- The institution is under no obligation to accept the lowest or any quote.

 The price quoted must include VAT (if VAT vendor).

 The department reserves the right to evaluate all quotations excluding VAT as some bidders may not be VAT. 1.3
- versions. The bidder must ensure the correctness & validity of quote: that the price(s), rate(s) & preference quoted cover all for the workflem (s) & accept that any mistakes regarding the price (s) & calculations will be at the
- 1.5

- bidder's risk.

 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.

 This quotation will be availabled specification & correctness of information.

 Only offers that comply with or greater than specification will be considered.

 Late quotes will not be considered.

 All products supplied must be valid for a minimum period of six months.

 All products supplied must be valid for a minimum period of six months.

 All derivery costs must be included in the quote price, for delivery at the prescribed destination.

 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.

 In cases where different delivery points influence the pricing, a separate pricing schedule must be submitted for each delivery point.
- (inclusing rates an exchange)

 1.13 In cases where different delivery points influence the pricing, a separate pricing schedule must be submissed for each delivery point.

 1.14 It samples / compulsory site inspection / briefing session are required, the supplier will be informed in due.

- course.

 The supplier shall furnish any information, when requested.

 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.

 The supplier shall indemnify the KZD department of Health (also the purchased) against all third-party claims of infingement of patent, trademark, or industrial design rights arising from use of the goods or any part
- of infringement of patient, trademark, or industrial design rights arising from use of the goods or any part thereof by the purchaser.

 If the supplier last 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, or 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. 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. 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.

 Where the purchaser laminates the contract in whole or in pert, the purchaser may decide to impose a

- period not exceeding 10 years.

 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
- SPECIAL INSTRUCTIONS AND NOTICES TO SUPPLIERS REGARDING THE COMPLETION OF THIS

- OUOTATION.
 Unless inconsistent with or expressly indicated otherwise by the context, the singular shall include the plural and vice versa and with words importing the masculina gender shall include the feminina and the neuter.
 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 of the original bid documentation may be used, but an original signature must appear on such photocopies. The bidder is advised to check the number of pages and to satisfy himself that none are missing or duplicated. Quotation submitted must be complete in all respects. Any alteration made by the bidder must be initialled. Use of correcting fluid is prohibited. Quotation will be operated in public as soon as practicable after the closing time of quotation. Where practical, prices are made public at the time of opening quotations.

 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 quastion. Clear indication thereof must be stated on the schedules attached.
- SPECIAL INSTRUCTIONS REGARDING HAND DELIVERED QUOTATIONS
- SPECIAL INSTRUCTIONS REGARDING HAND DELIVERED QUOTATIONS
 Quotation shall be lodged at the address indicated not later than the dosing time specified for their receipt, and in accordance with the directives in the quotation documents.

 Each quotation shall be addressed in accordance with the directives in the quotation documents and shall be lodged in a separate seated envelope, with the name and address of the bidder, the quotation number and closing data indicated on the envelope. The envelope shall not contain documents relating to any quotation other than that shown on the envelope. It this provision is not compiled with, such quotationstables may be rejected as being invalid. All quotations received in sealed envelopes with the relevant quotation numbers on the envelopes are kept unopened in sale 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 saided and the quotation number ratine on the envelope. A specific bets is provided for the receipt of quotations, and no quotation fund in any other box or elsewhere subsequent to the dowing date and time of quotation in the quotation documents must not be included in packages containing samples. Such quotations may be rejected as being invalid.

- 3.6 as being invalid.

DECLARATION OF INTEREST

		of hidder	Signature	Position	 Date
		EPT THAT THE STATE M E TO BE FALSE.	AY REJECT THE QUOTE OR .	ACT AGAINST ME SHO	OULD THIS DECLARATION
}	FURN	ISHED IN PARAGRAPHS	2.		RTIFY THAT THE INFORMATION
	-	DECLARATION			
9	3. Fu NB: Th	II details of directors / trusteene Department Of Health will valensure that their details are up	s / members / shareholders. lidate details of directors / trustee:	s / members / shareholders Department cannot validate	s on CSD. It is the suppliers' responsibility e the information on CSD, the quote will
	or	not they are bidding for this co	ntract?		YES NO
2	2.11.1. 2.12. Do	If so, furnish particulars: o you or any of the directors / tru	stees / shareholders / members of the		 st in any other related companies whether
	en	nployed by the state who may t	e involved with the evaluation and o	r adjudication of this quote?	YES NO
2	10.1	If so furnish particulars:			
2	2.10. Do	you, or any person connected	with the bidder, have any relationsh on and or adjudication of this quote?	ip (family, friend, other) with	a person employed by the state and who YES NO
9	sta o o o	ate in the previous twelve mont	hs?		
2	.9. Di	d you or your spouse, or any of	f the company's directors / trustees i	shareholders / members or	their spouses conduct business with the
Mo	te · Faili	are to submit proof of such auth	ority, where applicable, may result in submission of such proof:	the disqualification of the q	uote.)
2	821.	in the public sector? If yes, did you attach proof of	such authority to the quote documer	nt?	YES NO
2	2.8.2.	If you are presently employed b	y the state, did you obtain the appro	priate authority to undertake	e remunerative work outside employment
	Pos	sition occupied in the state insti-	hution:	Any other particulars:	
_	Nai	me of nerson I director I trustee	/ shareholder/ member:	eren eren eren eren eren eren eren eren	
2	2.8. An 9.8.1 If a	e you or any person connected so, fumish the following particul	with the bidder presently employed ars:	by the state?	YES NO
	.7. Th	e names of all directors / truste	es / shareholders / members, their i be indicated in paragraph 3 below.		tax reference numbers and, if applicable, [TICK APPLICABLE]
	.3. Po	entity Number:osition occupied in the Company	(director, trustee, shareholder2):2.6	Tax Reference Number: . VAT Registration Number	······································
2	.1. Fu	II Name of bidder/representativ	e 2.4	Company Registration Nu	ımber;
2.			ne following questionnaire must be c		
-	position the even	on in relation to the evaluating/a bidder is employed by the stat be legal person on whose behal aluation and or adjudication of the	idjudicating authority where- e; and <i>l</i> or f the bidding document is signed, h	as a relationship with pers at such a relationship exists	outhorised representative declare his/her ons/a person who are/is involved in the between the person or persons for or on tion of the quote.
1.	relatio	onship, may make an offer or o	ffers in terms of this invitation to que le allegations of favouritism, should	ote (includes a price quotation the resulting quote, or part the	employed by the state, including a blood on, advertised competitive quote, limited hereof, be awarded to persons employed

- **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;
- provincial legislature;
 ational 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.

health Department: Health PROVINCE OF KWAZULU-NATAL

END-USER SPECIFICATION FORM

Quote Number:

2NQ SMM/080/22

Item Description: SUPPLY ONE (1) ULTRASOUND GEL WARMER

	•	• •		
De	partment/Section: <u>RADIC</u>	DLOGY	Purpose of Item: WARMIING O	F ULTRASOUND
1.	Pre-qualification criter	ia if any:		
	1.1. Is the item require Regulatory Body / certific	d to have a regulatory ation required if Yes: 🛓	body certification (e.g. SABS,	ANS, SANAS, ISO, CIDB, etc.)? Yes / <u>No</u>
			g session required? Yes / <u>No</u>	MA TASS TO THE PROPERTY OF THE
	1.3. Is local production if Yes, specify:	n and content part of t	he quote? Yes / <u>No</u>	
	1.4. Provisions of sectiff Yes, specify:	ion 4(1)(a) of the PPP	FA Regulations,2017 if applicable	? Yes / <u>No</u>
	1.5. Liability Cover ins	urance? Yes / <u>No</u>		
2.	What is the specification	on of the required item	17	
	t specifications to be adver			Comment
1.	SEE ATTACHED DETAIL		AND OUANTITIES	
2.	SEE ATTACHED DETAIL	ELD OF LOIT IOATION?	TAD GOMATIMES	CRUANTITY CNE (1)
3.				
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3.	Does a sample need to	pe submitted rives i	No(select option 3.1 or 3.2)	Elliptic state of the second of the second state of the second sta
	3.1. Deadline for submis	ssion if Yes: Date/	TTIMe:Pla	Ce Harris A. C.
or	3.2. Specify that sample	s must be made availal	ble when requested in writing. Yes	YES or No No
4.	Penalties to be noted by	v the suppliers:		
٠,			of the goods or to perform the se	rvices within the period(s) specified in th
				contract, deduct from the contract price
				or unperformed services using the currer
			of the delay until actual delivery or	
5.			and conditions to be advertised	?
			to be advertised (if applicable)	
1.	Pre-qualification criteria		ne pre-qualification criteria?	
2.	Administrative		to stipulated administrative require	
3.	Conformance:	•	e or service performed to specificat	
4.	Performance:	from all liabilities unde	er the contract?	lion, in a manner that releases the supplier
5.	Features:	L	loes the product or service have?	
6.	Reliability:		ict go between failures and the nee	
7.	Durability:		for the product? How will the produ	
8.	Serviceability:		ir, maintain or support the product o	
9.	Ability & Capacity		ty of the vendor to execute the con	tract
10.	Preference points	Preferential Procurem	ent System (80/20) if applicable	

Name of End-user (in full)	P.B. GumEDE	Name of SCM Rep (in full)	NR MEhize
Designation / Rank (in full)	X-RAY MANAGER	Designation/ Rank (in full)	Scin Supervisor
Signature	Albuco.	Signature	PP SICYPI
Date	2314004 2021	Date	21/05/2021
Standard End-User Specifics	ation Form		Page 1 of



DIRECTORATE: St Story's Hospital Mariannhill

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Date: 22/04/2021

SPECIFICATION FOR ULTRASOUND GEL WARMER

- 1. Three bottle ultrasound gel warmer.
- 2. Compatible with 250ml ultrasound gel bottles
- 3. Adjustable temperature control setting
- 4. Visual confirmation of temperature of gel being warmed.
- 5. Thermal cut-off for protection from overheating.
- 6. Illuminated power ON/OFF switch.
- 7. Hospital grade plug and power cord.
- 8. Suitable to use power supply up to 250volts.
- 9. Suitable for wall mounting use.
- 10. At least with two year warranty.

MR. P.B. GUMEDE X-RAY MANAGER