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Sikithi Sipho - ?

KWAZULU-NATAL PROVINCE  
HEALTH  
REPUBLIC OF SOUTH AFRICA

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**AdvertQuote**KWAZULU-NATAL PROVINCE  
HEALTH  
REPUBLIC OF SOUTH AFRICA**Quotation Advert**

Opening Date:	2021-10-19	
Closing Date:	2021-11-02	
Closing Time:	11:00	

**INSTITUTION DETAILS**

Institution Name:	Grey's hospital	<input checked="" type="checkbox"/>
Province:	KwaZulu-Natal	
Department or Entity:	Department of Health	
Division or section:	Central Supply Chain Management	
Place where goods / services is required	Greys Hospital	
Date Submitted	2021-10-19	

**ITEM CATEGORY AND DETAILS**

Quotation Number:	ZNQ: GRS 2039/09/21	
Item Category:	Services	<input checked="" type="checkbox"/>
Item Description:	Contractor to water proofed a full bore down pipe at ICU / Anaesthetics Call-room  (AS PER SPECIFICATION ATTACHED)	

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

Select Type:	Compulsory Site Visit	<input checked="" type="checkbox"/>
Date :	2021-10-21	
Time:	12:00	
Venue:	Maintenance Department	

QUOTES CAN BE COLLECTED FROM:	Departmental Website
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QUOTES SHOULD BE DELIVERED TO:	Greys Hospital Tender Box
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**ENQUIRIES REGARDING THE ADVERT MAY BE DIRECTED TO:**

Name:	Sipho Sikithi
Email:	No Email
Contact Number:	033 897 3492
Finance Manager Name:	Mrs. B.G Anderson

Finance Manager Signature:

No late quotes will be considered



**health**

Department:  
Health  
PROVINCE OF KWAZULU-NATAL

201 Townbush Road, Northern park, Pietermaritzburg, 3201  
Private bag X9001, Pietermaritzburg, 3200  
Tel: 033 897 3476 Fax: 033 897 3716 Email:  
[www.kznhealth.gov.za](http://www.kznhealth.gov.za)

DIRECTORATE:

GREY'S HOSPITAL  
MAINTENANCE  
DEPARTMENT

**TO WATERPROOF A FULL-BORE DOWN PIPE AT ICU / ANAESTHETICS CALL-ROOM AT GREY'S HOSPITAL**

PROJECT SPECIFICATIONS

1. NOTES TO TENDERERS

1.1. SCOPE OF CONTRACT

This Contract is for the complete execution of the project indicated above.

1.2. CONTRACT DRAWINGS

This quotation document is to be read in conjunction with the drawings listed below which is issued together with this document.

Drawing No.: Nil

These drawings may be updated from time to time during the course of the Contract, and the Contractor must ensure at the time of the installation that he has the latest copy of all drawings. No claim will be considered for work, which requires to be changed due to the use of outdated drawings.

1.3. CONDITIONS OF CONTRACT AND PRELIMINARIES

1.3.1 PERIOD OF CONTRACT

12 (Twelve) Weeks as the Contract Period for the completion of the Structural Work from date of Site handover.

1.3.2 CONTRACT GUARANTEE:

The successful Tenderer will be required to submit a contract guarantee.

1.3.3 GUARANTEE PERIOD

The guarantee period for the **Structural Work** and all materials must be for a minimum of **Three (3) months** from the date of first delivery.

The guarantee period for **Electrical and Mechanical Installations** shall be for a minimum of **Twelve (12) Months** from the date of first delivery.

1.3.4 SITE AND MODE OF PROCEDURE

The work contained in this contract will be carried out on the site of the existing Institution.

The Contractor is advised that the existing premises will be occupied throughout the period of the contract.

Damage to existing buildings - Tenderers to note that any damages done or occurring to any of the buildings will be repaired at the expense of the contractor/ Tenderer.

The repairs must be to the satisfaction of the KwaZulu- Natal Department of Health.

**NB:** *Tenderers are advised to examine the drawings and visit the site prior to quoting and to acquaint themselves with the nature of the work to be done and access to the siting of the existing buildings etc., as no claim will be allowed on the grounds of ignorance of the conditions under which the work will be executed.*

#### 1.3.5 SATISFACTORY INSTALLATION

The whole of the installation shall be carried out in accordance with the South African Bureau of Standards Code of Practice for the application of National Building Regulations, the KZNPA Standard Preambles to all Trades, the KZNPA General Electrical Specification, the South African Bureau of Standards Code of Practice for the Wiring of Premises and the Occupational Health and Safety Act 85 of 1993 as amended.

Copies of the KZNPA Standard Preambles to all Trades and the KZNPA General Electrical Specification are available at the office of the Superintendent – General for Health – KwaZulu-Natal and can be obtained on request.

#### 1.3.6 CERTIFICATE OF COMPLIANCE

On completion of the service, a copy of the "Certificate of Compliance for Electrical Installation" must be submitted to the office of the Superintendent –General for Health: KwaZulu Natal.

### 2.. SCOPE OF WORK

The work to be carried out under this contract includes:

- o TO WATERPROOF A FULL-BORE DOWN PIPE AT ICU / ANAESTHETICS CALL-ROOM AT GREY'S HOSPITAL
- o All materials and all accessories required for the total installation and including all labour and leaving in-service condition to the satisfaction of the Secretary for Health: KwaZulu-Natal. The area to be left neat and tidy.

#### TECHNICAL SPECIFICATIONS:

- Area of 8m<sup>2</sup> to be stripped and cleaned, exposing the bare concrete.
- Supply & install 8m<sup>2</sup> Derbi-gum with the recommended surface primer.
- 75mm side laps and 100mm end laps when laying of Derbi-gum.
- The recommended surface primer to be applied.
- Down pipe area to be well sealed and overlap of 250mm around full-bore entrance.
- Two coats of silver paint to reflect heat from sunlight.
- Inside of full-bore to be inspected for leaks and sealed.
- Job must be done neatly and must come with a guarantee of at least 12 months on workmanship.
- All stripped fibre glass sheeting must be disposed of safely.
- **DISPOSAL CERTIFICATE TO ACCOMPANY INVOICE.**

- Contractor bidding - must be their core business.
- Artisans must be qualified – submit Trade Test Certificates.
- Provide proof / completion certificates of previous work similar to requested.

**NOTE: ALL EQUIPMENT REMOVED IS TO REMAIN ON SITE AND HANDED OVER TO THE INSITUATION.**

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- KINDLY RETURN ALL DOCUMENTATION WHEN REPLYING

**QUOTATION FORM**

**TO WATERPROOF A FULL-BORE DOWN PIPE AT ICU / ANAESTHETICS CALL-ROOM AT GREY'S HOSPITAL**

**ALTERNATIVES**

It is required that the Contractor's main offer be in accordance with the specification. However, should Contractors wish to make alternative offers these must only be made on this form or copies thereof as necessary.

Note that all of the information required in this document must be supplied for all alternative offers as well.

Where the Contractor does not wish to submit alternatives, the word "NIL" shall be inserted against each section and the page signed by the Contractor.

ALTERNATIVE NO

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ALTERNATIVE PRICE

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(IN WORDS)

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DETAIL VARIATIONS FROM SPECIFICATION

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DETAIL BENEFITS TO OWNER IN TERMS OF THE ALTERNATIVE OFFER

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REMARKS

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CONTRACTORS'S AUTHORISED SIGNATURE / FULL NAME AND ADDRESS OF FIRM

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NAME IN BLOCK LETTERS \_\_\_\_\_

DATE \_\_\_\_\_

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PROVINCE OF KWAZULU-NATAL  
DEPARTMENT OF HEALTH

TO WATERPROOF A FULL-BORE DOWN PIPE AT ICU / ANAESTHETICS CALL-ROOM AT GREY'S  
HOSPITAL

SCHEDULE OF RATES

3.1 ITEMS AND PRICING

The Department reserves the right to place an order for any quantities of items included in the Schedules. The Schedule of Rates must also not be assumed to include and describe every detail of the supply requirement, but must be taken and read in conjunction with the other parts of the document. Thus the supplier shall not have claim for further payment in respect of any order which may be described or implied in the contract, although apparently no corresponding items are given in the Schedule of Rates. The supplier shall be deemed to have satisfied himself before quoting as to the correctness and sufficiency of his quote for the contract and of the rates and prices stated in the Schedule of Rates.

3.2 TAX AND DUTIES

Prices, quoted and paid, must include all customs, excise and import duties, and any other tariffs or taxes levied by the government or statutory body having jurisdiction on the goods provided under this contract, including Value Added Tax (applicable to the current rate).

3.3 RATES

Except where provision is made in the Schedule of Rates, the rates and prices inserted shall be the full rates and prices for the service delivered described under the respective items and shall cover all labour, transport, overhead charges and profit, etc. as well as the general liabilities, obligations and risks arising out of the Conditions of Contract, the overhead charges and profit being spread proportionately over the rates of the relative items in the Schedule of Rates.

**SCHEDULE OF RATES**

**WORK TO BE DONE AND SCHEDULE OF PRICES:**

Item	DESCRIPTION <b>TO WATERPROOF A FULL-BORE DOWN PIPE AT ICU / ANAESTHETICS CALL-ROOM AT GREY'S HOSPITAL</b>	UNIT	QTY	RATE/ UNIT		TOTAL	
				R	c	R	c
	<p><b>NOTES:</b>                      All items to be priced fully inclusive of all charges: e.g. labour, plant, profit, etc., but <b>excluding</b> Value Added Tax.                      The Administration reserves the right to negotiate prices in the Bill of Quantities.                      All materials used in this contract shall be that which is specified, or other approved by the Department of Health.</p> <p>Contractors are advised to visit site to acquaint themselves with the site and the layout of the institution as no claims on the grounds of ignorance of the locality/siting of the institution will be entertained later.</p> <p>Contractors are informed that living on the institutions premises during the contract is not allowed and arrangements for accommodation will have to be allowed for.</p>						
	<p><b>INSTITUTION: GREYS HOSPITAL</b>  <b>SERVICE: TO WATERPROOF A FULL-BORE DOWN PIPE AT ICU / ANAESTHETICS CALL-ROOM.</b></p>						
1)	Safety Plan / File & letter of GOOD STANDING	Each	1				
2)	Area to be stripped & cleaned	m <sup>2</sup>	8				
3)	Supply & install Derbi-gum	m <sup>2</sup>	8				
4)	Applied recommended primer						
5)	Two coats silver paint						
6)	Seal full-bore leaks on inside.						
7)	Disposal of fibre glass sheeting. Disposal certificate	Each	1				
8)							
9)							
10)							
11)							
12)							
13)							
14)							
15)							
<b>Carried To Collection Summary</b>		<b>PS 1</b>			<b>R</b>		

• KINDLY RETURN ALL DOCUMENTATION WHEN REPLYING

**COLLECTION SUMMARY**

INSTITUTION: GREYS HOSPITAL  
PROJECT DESCRIPTION: TO WATERPROOF A FULL-BORE DOWN PIPE AT ICU / ANAESTHETICS CALL-ROOM AT GREY'S HOSPITAL

**NOTE:**

THIS COLLECTION SUMMARY MUST BE COMPLETED IN FULL BY THE CONTRACTOR AND RETURNED TOGETHER WITH THE QUOTATION FORM.

Collection Summary PS 1	R	
<b>SUB-TOTAL: CARRIED TO QUOTATION FORM</b>	R	

**IMPORTANT**  
*THIS FORM IS ONLY TO BE INCLUDED AND COMPLETED WHEN APPLICABLE TO THE QUOTATION.*

**OFFICIAL BRIEFING SESSION / SITE INSPECTION CERTIFICATE**

Site/building/institution involved: GREY'S HOSPITAL  
Quotation No.:

Service: TO WATERPROOF A FULL-BORE DOWN PIPE AT ICU / ANAESTHETICS CALL-ROOM AT GREY'S HOSPITAL

THIS IS TO CERTIFY THAT..... OF (STATE NAME OF TENDERER)  
..... VISITED AND INSPECTED THE SITE ON  
..... (DATE) AND IS THEREFORE FAMILIAR WITH THE CIRCUMSTANCES AND  
THE A SCOPE OF THE SERVICE TO BE RENDERED.

.....  
**SIGNATURE OF TENDERER OR AUTHORISED REPRESENTATIVE**

DATE : .....

.....  
**SIGNATURE OF DEPARTMENTAL REPRESENTATIVE**

**DEPARTMENTAL STAMP:**

DATE : .....

- 
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**DECLARATION OF INTEREST**

**SBD 4**

1. Any legal person, including persons employed by the state<sup>1</sup>, or persons having a kinship with persons employed by the state, including a blood relationship, may make an offer or offers in terms of this invitation to quote (includes a price quotation, advertised competitive quote, limited quote or proposal). In view of possible allegations of favouritism, should the resulting quote, or part thereof, be awarded to persons employed by the state, or to persons connected with or related to them, it is required that the bidder or his/her authorised representative declare his/her position in relation to the evaluating/adjudicating authority where-
  - the bidder is employed by the state; and/or
  - the legal person on whose behalf the bidding document is signed, has a relationship with persons/a person who are/is involved in the evaluation and or adjudication of the quote(s), or where it is known that such a relationship exists between the person or persons for or on whose behalf the declarant acts and persons who are involved with the evaluation and or adjudication of the quote.
2. In order to give effect to the above, the following questionnaire must be completed and submitted with the quote.

- |  |   |
|--|---|
| 2.1. Full Name of bidder/representative.....   | 2.4. Company Registration Number: ..... |
| 2.2. Identity Number: .....  | 2.5. Tax Reference Number: .....        |
| 2.3. Position occupied in the Company (director, trustee, shareholder <sup>2</sup> ):..... | 2.6. VAT Registration Number: .....     |

2.7. The names of all directors / trustees / shareholders / members, their individual identity numbers, tax reference numbers and, if applicable, employee / persal numbers must be indicated in paragraph 3 below.

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

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

Name of person / director / trustee / shareholder/ member: .....

Name of state institution at which you or the person connected to the bidder is employed:.....

Position occupied in the state institution: ..... Any other particulars:.....

2.8.2. If you are presently employed by the state, did you obtain the appropriate authority to undertake remunerative work outside employment in the public sector?

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

*(Note: Failure to submit proof of such authority, where applicable, may result in the disqualification of the quote.)*

2.8.2.2. If no, furnish reasons for non-submission of such proof: .....

2.9. Did you or your spouse, or any of the company's directors / trustees / shareholders / members or their spouses conduct business with the state in the previous twelve months?

2.9.1. If so, furnish particulars:..... YES NO

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?

2.10.1. If so, furnish particulars:..... YES NO

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?

2.11.1. If so, furnish particulars:..... YES NO

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?

2.12.1. If so, furnish particulars:..... YES NO

**3. Full details of directors / trustees / members / shareholders.**

NB: The Department Of Health will validate **details of directors / trustees / members / shareholders** on CSD. It is the suppliers' responsibility to ensure that their details are up-to-date and verified on CSD. If the Department cannot validate the **information** on CSD, the quote will not be considered and passed over as non-compliant according to National Treasury Instruction Note 4 (a) 2016/17.

**4 DECLARATION**

I, THE UNDERSIGNED (NAME).....CERTIFY THAT THE INFORMATION FURNISHED IN PARAGRAPHS 2.

I ACCEPT THAT THE STATE MAY REJECT THE QUOTE OR ACT AGAINST ME SHOULD THIS DECLARATION PROVE TO BE FALSE.

.....	.....	.....	.....
Name of bidder	Signature	Position	Date

<sup>1</sup>"State" means –

- a) any national or provincial department, national or provincial public entity or constitutional institution within the meaning of the Public Finance Management Act, 1999 (Act No. 1 of 1999);
- b) any municipality or municipal entity;

- c) provincial legislature;
- d) national Assembly or the national Council of provinces; or
- e) Parliament.

<sup>2</sup>"Shareholder" means a person who owns shares in the company and is actively involved in the management of the enterprise or business and exercises control over the enterprise.