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Mthembu Khulani - ?

KWAZULU-NATAL PROVINCE  
HEALTH  
REPUBLIC OF SOUTH AFRICA

KZN HEALTH

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## AdvertQuote

KWAZULU-NATAL PROVINCE  
HEALTH  
REPUBLIC OF SOUTH AFRICA

## Quotation Advert

Opening Date: 2022-04-22

Closing Date: 2022-05-09

Closing Time: 11:00

## INSTITUTION DETAILS

Institution Name: Select... *King Edward VIII hospital*

Province: KwaZulu-Natal

Department or Entity: Department of Health

Division or section: Central Supply Chain Management

Place where goods / services is required: King Edward VIII Hospital Maintenance

Date Submitted: 2022-04-21

## ITEM CATEGORY AND DETAILS

Quotation Number: ZNQ:  
KEV 17-22

Item Category: Select... *Service*

Item Description: Labour ward,OTO theatre x2, NSA+B, MA+B, room50,PRU. Quotation is attached to advert please print it and bring it with you for briefing session so it can be stamped and signed, failure to do so will result in disqualification. wear your PPE gear. no emails are allowed.

Quantity (if supplies) 09

## COMPULSORY BRIEFING SESSION / SITE VISIT

Select Type: Select... *Compulsory Briefing session*

Date: 2022-04-26

Time: 11H00

Venue: King Edward VIII hospital outside maintenance dept (workshop)

QUOTES CAN BE COLLECTED FROM: Attached to Advert

QUOTES SHOULD BE DELIVERED TO: King Edward VIII Hospital tender box

## ENQUIRIES REGARDING THE ADVERT MAY BE DIRECTED TO:

Name: Khulani Mthembu \ Eugene Allenston

Email:

Contact Number: 031 300 3440 \ 031 300 3468

Finance Manager Name: Mrs V. Mtshali

Finance Manager Signature:

No late quotes will be considered



Quote Number: \_\_\_\_\_

Item Description: Service Main AC plant

Department/Section: Labour ward, OTO theatres x2, N Block N5A+B, I4A+B, Room 50, SOPD, PRU

Purpose of Item: Servicing

**1. Pre-qualification criteria if any:**

1.1. Is the works required to have a regulatory body certification (e.g. SABS, SANS, SANAS, ISO, CIDB, etc.)? Yes :

1.1.1.1. CIDB 1ME registered

1.1.1.2. SARRACCA registered Staff

1.2. Is a compulsory site inspection / briefing session required? Yes

if Yes, specify: Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Time 11H00 Place Maintenance

1.3. Is local production and content part of the quote? Yes / No

if Yes, specify: \_\_\_\_\_

1.4. Provisions of section 4(1) (a) of the PPPFA Regulations, 2017 if applicable? Yes

if Yes, specify: Procurement regulations

1.5. Liability Cover insurance? Yes

if Yes, specify: Yes; 3<sup>rd</sup> party liability cover/insurance

**2. What is the specification of the required item?**

List specifications to be advertised	
2.1	<b>Works required: Attend service schedules attached to tender in the following areas :</b> <b>Labour ward (Right of building)</b>
2.1.1	Codes: Major - ACA 11-002A (Package unit) x1, Major - ACA 14-002 (Controls) Minor - ACA 11-002B (Package unit) x1,
2.2	<b>Works required: Attend service schedules attached to tender in the following areas :</b> <b>OTO Theatre no2</b>
2.2.1	Codes: Major - ACA 11-002A (Package unit) x1, Major - ACA 14 002 (Controls) Minor - ACA 11-002B (Package unit) x1,
2.3	<b>Works required: Attend service schedules attached to tender in the following areas :</b> <b>OTO theatre no1</b>
2.3.1	Codes: Major - ACA 11-002A (Package unit) x1, Major - ACA 14-002 (Controls) Minor - ACA 11-002B (Package unit) x1,
2.4	<b>Works required: Attend service schedules attached to tender in the following areas :</b> <b>N Block N4B</b>
2.4.1	Codes: Major - ACA 11-002A (Package unit) x1 – inside buildings, Major - ACA 14-002 (Package unit Controls), Major - ACA 2-002A (water cooled condensing unit, - inside package unit Major - ACA 7-002A (chilled water pump), - bottom plant Major - ACA 15-001 (Dosing Cooling towers); Minor - ACA 11-002B (Package unit) x1– inside buildings, Minor - ACA 2-002B (water cooled condensing unit,



# END-USER SPECIFICATION FORM

2.5	<b>Works required: Attend service schedules attached to tender in the following areas : N Block N4A</b>
2.5.1	Codes: Major - ACA 11-002A (Package unit) x1 – inside buildings, Major - ACA 14-002 (Package unit Controls), Major - ACA 2-002A (water cooled condensing unit, - inside package unit Major - ACA 7-002A (chilled water pump), - bottom plant Major - ACA 15-001 (Dosing Cooling towers); Minor - ACA 11-002B (Package unit) x1– inside buildings, Minor - ACA 2-002B (water cooled condensing unit,
2.6	<b>Works required: Attend service schedules attached to tender in the following areas : I Block I4B</b>
2.6.1	Codes: Major - ACA 11-002A (Package unit) x1 – inside buildings, Major - ACA 14-002 (Package unit Controls), Major - ACA 2-002A (water cooled condensing unit, - inside package unit Major - ACA 7-002A (chilled water pump), - bottom plant Major - ACA 15-001 (Dosing Cooling towers); Minor - ACA 11-002B (Package unit) x1– inside buildings, Minor - ACA 2-002B (water cooled condensing unit,
2.7	<b>Works required: Attend service schedules attached to tender in the following areas : I Block I4A</b>
2.7.1	Codes: Major - ACA 11-002A (Package unit) x1 – inside buildings, Major - ACA 14-002 (Package unit Controls), Major - ACA 2-002A (water cooled condensing unit, - inside package unit Major - ACA 7-002A (chilled water pump), - bottom plant Major - ACA 15-001 (Dosing Cooling towers); Minor - ACA 11-002B (Package unit) x1– inside buildings, Minor - ACA 2-002B (water cooled condensing unit,
2.8	<b>Works required: Attend service schedules no attached to tender in the following areas : SOPD:</b>
2.8.1	Codes: Major - ACA 11-002A (Package unit) x1, Major - ACA 14-002 (Controls) Minor - ACA 11-002B (Package unit) x1,
2.9	<b>Works required: Attend service schedules no attached to tender in the following areas : ROOM 50</b>
2.9.1	Codes: Major - ACA 11-002A (Package unit) x1, Major - ACA 14-002 (Controls) Minor - ACA 11-002B (Package unit) x1,
2.10	<b>Waste management</b>
2.10.1	Attach disposable certificate of any old oil or refrigerant that was removed and certificate to also show quantity.
2.11	<b>After service report</b>
	Provide an after service report (in word format and email to KEH project leader) on completion of the service as below requirements and attach copy to invoice
	Following items required:
2.11.1	Date
2.11.2	Description of works
2.11.3	Full detailed model/part numbers and description of items to be repaired/ replaced per unit or machine or equipment.
2.11.4	Photographic records/evidence of items to be repaired
2.11.5	Additional works carried out (if any)
2.11.6	Recommendations for future repair requirements



2.11.7	Observation notes on the condition of the system/s serviced
2.11.8	A sketch or schematic of the system repairs, indicating items needing further attention/repairs and their locations indicated on the sketch or schematic.

**3. Does a sample need to be submitted? No (select option 3.1 or 3.2)**

- 3.1. Deadline for submission if Yes: Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Time 11:00 Place: Maintenance Department  
3.2. Specify that samples must be made available when requested in writing. **No**

**4. Penalties to be noted by the suppliers:**

- 4.1. 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.

**5. What is the evaluation criteria / special terms and conditions to be advertised?**

List evaluation criteria / special terms and conditions to be advertised (if applicable)		Comment
5.1	CIDB Rating Company must be <b>CIDB 1ME</b> company registered in the field of this tender	
5.2	Artisan registration SARACCA B6 or higher SARACCA registration copy, to be attached to tender (Attach all pages retrieved from SARACCA web site for this person) <b>Note:</b> No Person will be allowed to assess any machine or equipment if not registered with SARACCA All staff shall be working in direct supervision of SARACCA registered person	
5.3	Staff qualification <b>Staff qualification</b> – Electrician artisan Qualification trade test certificate & ECB registered artisan.	
5.4	Company own employed staff experience attending to the works <b>Company employed staff experience</b> – Artisan's Experience (after trade test) (Company's Human Resource department/s staff employment certified letter/s required)	
5.5	Functionality <b>Functionality</b> - Compile complete <b>bill of material</b> (This is to be done per unit to be serviced on BOQ Quote for all material needed to complete the works on quote form attached to tender. (Example: Tender required installation of item to be installed or sealed or painted – The <b>BOQ do not reflect the required material</b> [will result in 0 points and <b>disqualification</b> of tender].	
5.6	Works planning <b>Works planning</b> - Submit <b>execution plan</b> of each consecutive day of what work will be done and in which area. The day 1 to day 20 (for example) will be utilized to describe each day of planned works. Failure to submit this plan will result in disqualification of tender. Please note a column must be left open on the right hand side to indicate the actual dates from start to finish, when company has the official order.	
5.7	Previous work experience Letters from three (3) contactable references (not later than 2 years) from current clients/ customers of the contractor where they rate the following four (6) aspects of the bidder and Documentation • Professionalism • Quality of Service • Reporting and/or Completion Certificate Issue • Overall impression (would use again) • Certificate of Completion • Service Report.	



# END-USER SPECIFICATION FORM

Specification compiled by:		Specification approved by:	
Name	E. Allerston	Name	Louise
Designation / Rank (in full)	Mechanical Supervisor	Designation/ Rank (in full)	SCO
Signature		Signature	
Date	06-04-2022	Date	8-4-22



OFFICIAL PRICE PAGE FOR QUOTATIONS

ZNQ NUMBER: KEV 17\ 22

DESCRIPTION: LABOUR WARD,OTO THEATRE X2,N5A+B,I4A+B, ROOM50, PRU

SIGNATURE OF BIDDER ..... DATE.....

[By signing this document I hereby agree to all terms and conditions]

CAPACITY UNDER WHICH THIS QUOTE IS SIGNED.....

Item No	Quantity	Description	Brand & model	Country of manufacture	Price	
					R	c
1.	09	LABOUR WARD,OTO THEATRE X2				
		N5A+B,I4A+B, ROOM50, PRU				
VALUE ADDED TAX @ 15% (Only if VAT Vendor)						
TOTAL QUOTATION PRICE (VALIDITY PERIOD 60 Days)						

Does This Offer Comply With The Specification? Is The Price Firm?	Does The Article Conform To The S.A.N.S. / S.A.B.S. Specification? State Delivery Period E.G. <i>E.G. 1day, 1week</i>
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Enquiries regarding the quote may be directed to:  
Contact Person: KHULANI ..... Tel: 0313603446.  
E-Mail Address: .....

Enquiries regarding technical information may be directed to:  
Contact Person: EUGENE ..... Tel: 0313603468.

## DECLARATION OF INTEREST

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

2. In order to give effect to the above, the following questionnaire must be completed and submitted with the quote.

- 2.1. Full Name of bidder/representative..... 2.4. Company Registration Number: .....  
 2.2. Identity Number: ..... 2.5. Tax Reference Number: .....  
 2.3. Position occupied in the Company (director, trustee, shareholder?)..... 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

<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.



## 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.

- 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  take place
- (ii) Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Time \_\_\_\_:\_\_\_\_ Place \_\_\_\_\_

Institution Stamp:	Institution Site Inspection / briefing session Official
	Full Name: .....
	Signature: .....
	Date: .....

## 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;                           | (iv) a description and quantity or volume of the goods or services supplied; |
| (ii) the name and address of the recipient;  | (v) the official department order number issued to the supplier;             |
| (iii) an individual serialized number and the date upon which the tax invoice is issued; | (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 (hereafter 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

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
<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:

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

- P<sub>s</sub> = Points scored for price of bid under consideration
- P<sub>t</sub> = Price of bid under consideration
- P<sub>min</sub> = 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		

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..... ..... .....

**PROVINCE OF KWAZULU-NATAL - DEPARTMENT OF HEALTH**

**ESTIMATE FORM FOR : THE MAINTENANCE, REPAIR OR REPLACEMENT OF FIXED PLANT, EQUIPMENT AND INSTALLATIONS INSTALLED IN KWAZULU-NATAL PROVINCIAL HOSPITAL AND BUILDINGS**

SUBMIT TO:	FOR ATTENTION:
INSTITUTION:	ZNQ NO.:
SCOPE OF WORK: (A description of the work quoted for is required).	

I/We hereby quote for the above work in accordance with the conditions as specified in Tender document.  
 Materials, component/ancillary parts: Firm Price. A detailed list of materials etc. showing unit costs shall be provided.

A.	Quoted for Bought Out Items (Excluding VAT)(Carried forward)	R
	Mark Up @ ..... % (Maximum Mark Up = 20% for values R0.00 to R500 000.00)	R
B.	Quoted for Proprietary Items (Excluding VAT)(Carried forward)	R
C.	Quote for Sub-Contract Items (Excluding VAT)(Carried forward)	R
	Mark Up @ ..... %	R.....

Note: Subcontracting is limited to specialized testing, programming of software based applications, inspections, adjustment/s, monitoring, and drawing of manufacturing plans, verifying of materials to be used in pressure vessels and associated equipment.  
 Actual work shall be carried out by primary contractor

D.	Labour, Travelling, Subsistence and Transport. This price shall be firm in respect of materials etc. quoted for. (Excluding VAT) (Brought forward)	R
E.	Less credit for redundant materials, parts and equipment if applicable	R ( )
SUBTOTAL		R
VAT @ ..... %		R

F. This Price in SA Currency firm for 90 days from date of the estimate quotation and shall not be exceeded. To be measured on completion. R

**Time required for completion ..... weeks from receipt of official order.**

NAME OF SERVICE PROVIDER: .....	ZNQ...../20....
CIDB UNIQUE NUMBER .....	CIDB CATEGORY.....
PROVINCIAL SUPPLIERS DATABASE REGISTRATION NUMBER: .....	
SERVICE PROVIDER'S AUTHORISED SIGNATURE: .....	ZNQ No.....
NAME IN BLOCK LETTERS: .....	
COMPANY STAMP:	DATE

**SCHEDULE OF PRICES: MATERIALS, COMPONENT/ANCILLARY PARTS  
AND SUB CONTRACT WORK**

The service provider shall add here, ALL materials, components/ancillary parts which are required for the completion of the work quoted for.

In the event that more pages are required, this page may be copied.

ITEM	DESCRIPTION	MANU-FACTURER	FIGURE /MODEL NO.	QUANTITY	UNIT COST	TOTAL COST (Excluding VAT)		
						BOUGHT OUT	PRO-PRIETARY	SUB CONTRACT
TOTAL COST BOUGHT OUT ITEMS (A)								
TOTAL COST PROPRIETARY ITEMS (B)								
TOTAL COST SUB CONTRACT ITEMS (C) (Attach copy of sub-contractors quote)								

TOTAL AMOUNT (A) (B) (C) TO BE CARRIED FORWARD TO PAGE 1



**D.1 SCHEDULE OF PRICES  
LABOUR, SUBSISTENCE, TRAVEL AND TRANSPORT REPLACEMENT AND  
ADDITIONAL EQUIPMENT**

D.1.1	LABOUR	No. of	TOTAL HOURS	RATE/HR	AMOUNT
a)	Artisans	.....	.....	R 300.00	R.....
b)	Apprentice	.....	.....	R 118.00	R.....
	1 <sup>st</sup> Year	.....	.....	R 150.00	R.....
	2 <sup>nd</sup> Year	.....	.....	R 180.00	R.....
	3 <sup>rd</sup> Year	.....	.....	R 265.00	R.....
	4 <sup>th</sup> Year	.....	.....	R 142.00	R.....
c)	Semi-skilled	.....	.....	R 75.00	R.....
d)	Unskilled	.....	.....		
D.1.2	TRAVEL		TOTAL Km	RATE/Km	
D.1.2.1	From service provider's premises to site			Petrol	Diesel
a)	..... trips(Driver) (skilled)	.....	.....	Delete as applicable	
	@ ..... km per trip			R 7.78	R 7.58
b)	.....trips (Semi-skilled)(Driver)	.....	.....	R 5.80	R 5.60
	@.....km per trip				
D.1.3	ADDITIONAL LABOUR TRAVELLING WITH DRIVER		TOTAL HOURS	RATE/HR	AMOUNT
a)	..... x Additional Artisan/s ..... trips (skilled) @ ..... km per trip ÷ 80km/hr	.....	.....	R 300.00	R.....
b)	..... x Additional Semi-Skilled ..... trips (semi) @ ..... km per trip ÷ 80km/hr	.....	.....	R 142.00	R.....
c)	..... x Additional Unskilled ..... trips (unskilled) @ ..... km per trip ÷ 80km/hr	.....	.....	R 75.00	R.....
d)	..... x Additional Apprentice/s ..... trips (semi) @ ..... km per trip ÷ 80km/hr	.....	.....	R.....	R.....
SUBTOTAL CARRIED FORWARD TO PAGE 4					R.....

SUBTOTAL BROUGHT FORWARD FROM PAGE 3				R.....
D.1.4	TRANSPORT		TOTAL Km	RATE
a)	Haulage to site ..... trips			
	@ .....km per trip		2.5 tone	R 9.31
	@ .....km per trip		3 tone	R10.80
	@ .....km per trip		5 tone	R12.50
	@ .....km per trip		7 tone	R14.50
	@ .....km per trip		10 tone	R16.80
b)	Crannage to and on site @ sub contract rate		R.....	x 1.10
				R.....

TOTAL AMOUNT CARRIED FORWARD TO PAGE 1 ITEM (D)    **R** \_\_\_\_\_ .

PROVINCE OF KWAZULU-NATAL  
DEPARTMENT OF PUBLIC WORKS  
PREVENTIVE MAINTENANCE SCHEDULE

TYPE OF SERVICE : CHEMICAL DOSING  
 SCHEDULE FOR : COOLING TOWER WATER  
 SCHEDULE FREQUENCY :  
 REF : ACA  
 CODE : ACA15-001

INSTALLATION NAME : REF :  
 SERVICE PROVIDER : ORDER No. :

P.M. SERVICE		RUNNING REPAIRS (Apply for V.O. as Applicable)				OTHER REPAIRS REQUIRED SUBMIT QUOTATION					
ITEM	INSTRUCTION: CHECK, ADJUST, CLEAN AS REQUIRED	IN ORDER	OTHER NON-SPECIFIED RUNNING REPAIRS DONE	TIME TAKEN	DESCRIPTION OF SPARES USED	QTY. EX SITE STOCK	QTY. EX FIRMS STOCK	DESCRIPTION OF OTHER REPAIRS REQUIRED	EST. TIME REQ.	DESCRIPTION OF SPARES REQUIRED	QTY REQ.
1.	Check operation of dosing pump and adjust settings as necessary										
2.	Check that pipes are free of airlocks. Bleed if necessary										
3.	Check feed tanks for sufficient chemical levels										
4.	Check suction line strainer and foot valve are free of obstruction										
5.	Test condenser water TDS and re-calibrate controller if necessary										
6.	Check that bleed solenoid functioning at correct TDS level										

I CERTIFY THAT THE SPECIFIED SERVICE WAS CARRIED OUT										OFFICIAL STAMP:	
NAME OF SERVICEMAN (BLOCK LETTERS):							SIGNATURE:				
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:				NAME OF RESPONSIBLE OFFICIAL ON SITE:	
FROM:		TO:		KM:		TO:		KM:		SIGNATURE:	
								TOTAL KM:			

PROVINCE OF KWAZULU-NATAL  
DEPARTMENT OF PUBLIC WORKS  
PREVENTIVE MAINTENANCE SCHEDULE

ACA2-002A  
PAGE 1 OF 4

TYPE OF SERVICE : AIR CONDITIONING  
 SCHEDULE FOR : WATER COOLED CONDENSING UNITS - MAJOR SERVICE  
 SCHEDULE FREQUENCY :

REF : ACA  
 CODE : ACA2-002A

INSTALLATION NAME :

REF :

SERVICE PROVIDER :

ORDER No. :

P.M. SERVICE		RUNNING REPAIRS (Apply for V.O. as Applicable)				OTHER REPAIRS REQUIRED SUBMIT QUOTATION					
ITEM	INSTRUCTION: CHECK, ADJUST, CLEAN AS REQUIRED	IN ORDER	OTHER NON-SPECIFIED RUNNING REPAIRS DONE	TIME TAKEN	DESCRIPTION OF SPARES USED	QTY. EX SITE STOCK	QTY. EX FIRMS STOCK	DESCRIPTION OF OTHER REPAIRS REQUIRED	EST. TIME REQ.	DESCRIPTION OF SPARES REQUIRED	QTY REQ.
1.	Check for undue noise or vibration										
2.	Check for loose components										
3.	Test for oil/refrigerant leaks										
4.	Check compressor oil level										
5.	Check refrigerant level										
6.	Check that the refrigerant is dry										
7.	Check by touch that the motors are not overheating										
8.	Check and note compressor suction/ discharge pressures										
9.	Check and note condenser water inlet/outlet temperatures										
10.	Check and note condenser water inlet/outlet pressures										

P.M. SERVICE		RUNNING REPAIRS (Apply for V.O. as Applicable)				OTHER REPAIRS REQUIRED SUBMIT QUOTATION					
ITEM	INSTRUCTION: CHECK, ADJUST, CLEAN AS REQUIRED	IN ORDER	OTHER NON-SPECIFIED RUNNING REPAIRS DONE	TIME TAKEN	DESCRIPTION OF SPARES USED	QTY. EX SITE STOCK	QTY. EX FIRMS STOCK	DESCRIPTION OF OTHER REPAIRS REQUIRED	EST. TIME REQ.	DESCRIPTION OF SPARES REQUIRED	QTY REQ.
11.	Check all operating controls and note settings										
12	Check and note motor amperages										
13.	Clean plant and plant room area										
14.	Check all safety inter-locks										
15.	Check for loose wiring										
16.	Check all solenoid valves for correct operation										
17.	Check unloader operation										
18.	Check operation of switchgear										
19.	Clean condenser tubes										
20.	Clean and touch up rust spots										
21.	Check operation of crankcase heater										
22.	Check and note DX valve superheat setting and sub- cooling (if applicable). Note settings										
23.	Bring HP up and check that HP cut out trips at correct pressure. Note setting										
24.	Bring LP down and check that LP cut out trips at correct pressure. Note setting										

P.M. SERVICE		RUNNING REPAIRS (Apply for V.O. as Applicable)				OTHER REPAIRS REQUIRED SUBMIT QUOTATION					
ITEM	INSTRUCTION: CHECK, ADJUST, CLEAN AS REQUIRED	IN ORDER	OTHER NON-SPECIFIED RUNNING REPAIRS DONE	TIME TAKEN	DESCRIPTION OF SPARES USED	QTY. EX SITE STOCK	QTY. EX FIRMS STOCK	DESCRIPTION OF OTHER REPAIRS REQUIRED	EST. TIME REQ.	DESCRIPTION OF SPARES REQUIRED	QTY. REQ.
25.	Check oil pressure switch for correct operation and note setting										
26.	Do meg-ohm test of motor windings and note readings										
27.	Take oil sample for analysis. Top up or change as required										
28	Tighten all electrical terminals										
29.	Check calibration of all pressure gauges. Re-calibrate if necessary										
30.	Clean and remove loose paint, scale and repaint as required										

NOTE THE FOLLOWING:

- a) Compressor suction/discharge pressures.....
- b) Condenser water inlet/outlet temperature .....
- c) Condenser water inlet/outlet pressure .....
- d) Operating control settings .....
- e) Motor amperages .....
- f) DX valve superheat valve settings .....
- g) HP cut-out pressure setting .....

- h) LP cut-out pressure setting .....
- g) Oil safety pressure setting .....
- h) Meg-ohm readings .....
- i) Ambient temperature (i) dry bulb .....
- (ii) wet bulb .....

I CERTIFY THAT THE SPECIFIED SERVICE WAS CARRIED OUT

NAME OF SERVICEMAN (BLOCK LETTERS):

SIGNATURE:

OFFICIAL STAMP:

NAME/S OF ASSISTANT/S: SEMI SKILLED:

NAME/S OF ASSISTANT/S: UNSKILLED:

COMPANY NAME (BLOCK LETTERS):

NAME OF RESPONSIBLE OFFICIAL ON SITE:

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



PROVINCE OF KWAZULU-NATAL  
DEPARTMENT OF PUBLIC WORKS  
PREVENTIVE MAINTENANCE SCHEDULE

TYPE OF SERVICE : AIR CONDITIONING  
 SCHEDULE FOR : WATER COOLED CONDENSING UNITS - MINOR SERVICE  
 SCHEDULE FREQUENCY :  
 REF : ACA  
 CODE : ACAA2-002B

INSTALLATION NAME :  
 REF :

SERVICE PROVIDER :  
 ORDER No. :

P.M. SERVICE		RUNNING REPAIRS (Apply for V.O. as Applicable)				OTHER REPAIRS REQUIRED SUBMIT QUOTATION					
ITEM	INSTRUCTION: CHECK, ADJUST, CLEAN AS REQUIRED	IN ORDER	OTHER NON-SPECIFIED RUNNING REPAIRS DONE	TIME TAKEN	DESCRIPTION OF SPARES USED	QTY. EX SITE STOCK	QTY. EX FIRMS STOCK	DESCRIPTION OF OTHER REPAIRS REQUIRED	EST. TIME REQ.	DESCRIPTION OF SPARES REQUIRED	QTY REQ.
1.	Check for undue noise or vibration										
2.	Check for loose components										
3.	Test for oil/refrigerant leaks										
4.	Check compressor oil level										
5.	Check refrigerant level										
6.	Check that the refrigerant is dry										
7.	Check by touch that the motors are not overheating										
8.	Check and note condenser water inlet/outlet temperatures										
9.	Check and note condenser water inlet/outlet pressures										

P.M. SERVICE		RUNNING REPAIRS (Apply for V.O. as Applicable)				OTHER REPAIRS REQUIRED SUBMIT QUOTATION					
ITEM	INSTRUCTION: CHECK, ADJUST, CLEAN AS REQUIRED	IN ORDER	OTHER NON-SPECIFIED RUNNING REPAIRS DONE	TIME TAKEN	DESCRIPTION OF SPARES USED	QTY. EX SITE STOCK	QTY. EX FIRMS STOCK	DESCRIPTION OF OTHER REPAIRS REQUIRED	EST. TIME REQ.	DESCRIPTION OF SPARES REQUIRED	QTY REQ.
10.	Check all operating controls										
11.	Clean plant and plant room area										
12.	Check all safety inter-locks										
13.	Check for loose wiring										
14.	Check all solenoid valves for correct operation										
15.	Check unloader operation										
16.	Check operation of switchgear										
17.	Clean and touch up rust spots										
18.	Check operation of crankcase heater										
19.	Check oil pressure switch for correct operation										

**NOTE THE FOLLOWING:**

- a) Condenser water Inlet/outlet temperature .....
- b) Condenser water Inlet/outlet pressure .....
- c) Operating control settings .....
- d) Ambient temperature (i) dry bulb .....
- (ii) wet bulb .....

I CERTIFY THAT THE SPECIFIED SERVICE WAS CARRIED OUT						OFFICIAL STAMP:	
NAME OF SERVICEMAN (BLOCK LETTERS):				SIGNATURE:			
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:	SIGNATURE:	

**PROVINCE OF KWAZULU-NATAL**  
**DEPARTMENT OF PUBLIC WORKS**  
**PREVENTIVE MAINTENANCE SCHEDULE**

TYPE OF SERVICE : AIR CONDITIONING  
 SCHEDULE FOR : CHILLED AND CONDENSER WATER PUMPS - MAJOR SERVICE  
 SCHEDULE FREQUENCY :  
 REF : ACA  
 CODE : ACA7-002A

INSTALLATION NAME :  
 SERVICE PROVIDER :  
 ORDER No. :

P.M. SERVICE		RUNNING REPAIRS (Apply for V.O. as Applicable)				OTHER REPAIRS REQUIRED SUBMIT QUOTATION					
ITEM	INSTRUCTION: CHECK, ADJUST, CLEAN AS REQUIRED	IN ORDER	OTHER NON-SPECIFIED RUNNING REPAIRS DONE	TIME TAKEN	DESCRIPTION OF SPARES USED	QTY. EX SITE STOCK	QTY. EX FIRMS STOCK	DESCRIPTION OF OTHER REPAIRS REQUIRED	EST. TIME REQ.	DESCRIPTION OF SPARES REQUIRED	QTY. REQ.
1.	Check that no pumps have tripped										
2.	Check for undue noise or vibration										
3.	Test for water leaks. Adjust or repack glands as necessary										
4.	Check for loose components										
5.	Check oil levels in pumps bearing house										
6.	Check that all bearings are running quietly, smoothly and cool										
7.	Check by touch that the motor is not overheating										
8.	Check and clean drip tray and drain piping										

P.M. SERVICE		RUNNING REPAIRS (Apply for V.O. as Applicable)				OTHER REPAIRS REQUIRED SUBMIT QUOTATION					
ITEM	INSTRUCTION: CHECK, ADJUST, CLEAN AS REQUIRED	IN ORDER	OTHER NON-SPECIFIED RUNNING REPAIRS DONE	TIME TAKEN	DESCRIPTION OF SPARES USED	QTY. EX SITE STOCK	QTY. EX FIRMS STOCK	DESCRIPTION OF OTHER REPAIRS REQUIRED	EST. TIME REQ.	DESCRIPTION OF SPARES REQUIRED	QTY. REQ.
9.	Check that drive guard is in position and secure										
10.	Check and note pump inlet/outlet pressures										
11.	Check and note motor amperages										
12.	Change over leading units where applicable										
13.	Clean plant and plant room area										
14.	Check and tighten mounting bolts, anti-vibration mountings										
15.	Check and tighten coupling										
16.	Check and clean out pump strainers										
17.	Clean and touch up rust spots										
18.	Lubricate motor and pump bearings as required. Report any bearings requiring replacement										
19.	Check pump/motor alignment - correct as necessary										
20.	Remove motor end cover and clean out airways										
21.	Tighten all electrical terminals										
22.	Do meg-ohm test of motor windings and note readings										

P.M. SERVICE		RUNNING REPAIRS (Apply for V.O. as Applicable)				OTHER REPAIRS REQUIRED SUBMIT QUOTATION					
ITEM	INSTRUCTION: CHECK, ADJUST, CLEAN AS REQUIRED	IN ORDER	OTHER NON-SPECIFIED RUNNING REPAIRS DONE	TIME TAKEN	DESCRIPTION OF SPARES USED	QTY. EX SITE STOCK	QTY. EX FIRMS STOCK	DESCRIPTION OF OTHER REPAIRS REQUIRED	EST. TIME REQ.	DESCRIPTION OF SPARES REQUIRED	QTY REQ.
23.	Check calibration of pressure gauges. Recalibrate if necessary										
24.	Clean and remove loose paint, scale and repaint as required										

I CERTIFY THAT THE SPECIFIED SERVICE WAS CARRIED OUT OFFICIAL STAMP:

NAME OF SERVICEMAN (BLOCK LETTERS): SIGNATURE:

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: NAME OF RESPONSIBLE OFFICIAL ON SITE:

FROM: TO: KM: TO: KM: TOTAL KM: SIGNATURE:

PROVINCE OF KWAZULU-NATAL  
DEPARTMENT OF PUBLIC WORKS  
PREVENTIVE MAINTENANCE SCHEDULE

TYPE OF SERVICE : AIR CONDITIONING  
 SCHEDULE FOR : SPLIT AND PACKAGED UNITS - MAJOR SERVICE  
 SCHEDULE FREQUENCY :

REF : ACA  
 CODE : ACA11-002A

INSTALLATION NAME :

REF :

SERVICE PROVIDER :

ORDER No. :

P.M. SERVICE		RUNNING REPAIRS (Apply for V.O. as Applicable)				OTHER REPAIRS REQUIRED SUBMIT QUOTATION					
ITEM	INSTRUCTION: CHECK, ADJUST, CLEAN AS REQUIRED	IN ORDER	OTHER NON-SPECIFIED RUNNING REPAIRS DONE	TIME TAKEN	DESCRIPTION OF SPARES USED	QTY. EX SITE STOCK	QTY. EX FIRMS STOCK	DESCRIPTION OF OTHER REPAIRS REQUIRED	EST. TIME REQ.	DESCRIPTION OF SPARES REQUIRED	QTY REQ.
1.	Check for undue noise or vibration										
2.	Check sight glasses for refrigeration condition and correct level										
3.	Test for oil/refrigerant leaks										
4.	Check suction line insulation										
5.	Check and clean filters and seals										
6.	Replace drive belts										
7.	Check that belt guard is in place and secure										
8.	Check that condensate flows through drain piping										
9.	Check and note compressor suction/discharge pressures										

P.M. SERVICE		RUNNING REPAIRS (Apply for V.O. as Applicable)				OTHER REPAIRS REQUIRED SUBMIT QUOTATION					
ITEM	INSTRUCTION: CHECK, ADJUST, CLEAN AS REQUIRED	IN ORDER	OTHER NON-SPECIFIED RUNNING REPAIRS DONE	TIME TAKEN	DESCRIPTION OF SPARES USED	QTY. EX SITE STOCK	QTY. EX FIRMS STOCK	DESCRIPTION OF OTHER REPAIRS REQUIRED	EST. TIME REQ.	DESCRIPTION OF SPARES REQUIRED	QTY REQ.
10.	Check and note compressor and fan motor amperages										
11.	Check and note outdoor db/wb temperatures										
12.	Check and note indoor db/wb temperatures										
13.	Check and note thermostat settings. Adjust if necessary										
14.	Check operation of heating coils as applicable										
15.	Check for loose components										
16.	Clean plant and plant room area										
17.	Check and clean condenser coil										
18.	Check condenser fan/motor bearings for undue noise or end play										
19.	Check compressor, condenser fan mounting										
20.	Check and clean cooling coils and drain pan										
21.	Lubricate supply fan bearings as required										
22.	Clean rust spots and touch up with paint										



P.M. SERVICE		RUNNING REPAIRS (Apply for V.O. as Applicable)				OTHER REPAIRS REQUIRED SUBMIT QUOTATION					
ITEM	INSTRUCTION: CHECK, ADJUST, CLEAN AS REQUIRED	IN ORDER	OTHER NON-SPECIFIED RUNNING REPAIRS DONE	TIME TAKEN	DESCRIPTION OF SPARES USED	QTY, EX SITE STOCK	QTY, EX FIRMS STOCK	DESCRIPTION OF OTHER REPAIRS REQUIRED	EST. TIME REQ.	DESCRIPTION OF SPARES REQUIRED	QTY REQ.
23.	Tighten all electrical terminals and check all switchgear and inter-locks										
24.	Clean out fan and coil compartments, fan scroll and impeller										
25.	Remove motor end covers and clean out air ways										
26.	Check drive motor bearings										
27.	Tighten impeller, fan and motor pulley grub screws										
28.	Check DX valve superheat setting. Adjust if required										
29.	Check for rust and corrosion. Treat as necessary										
30.	Clean and remove loose paint, scale and repaint as required										
31.	Check and not HP and LP cut-out settings. Adjust as necessary										
32.	Check control thermostat calibration. Adjust if necessary										

NOTE THE FOLLOWING:

- a) Compressor suction/discharge pressures .....
- b) Compressor motor amperages .....
- c) Supply fan motor amperages .....
- d) Outdoor db/wb temperatures .....
- e) Indoor db/wb temperatures .....
- f) Thermostat settings .....
- g) DX valve superheat setting .....
- h) HP and LP cut-out settings .....

<b>I CERTIFY THAT THE SPECIFIED SERVICE WAS CARRIED OUT</b>										<b>OFFICIAL STAMP:</b>			
NAME OF SERVICEMAN (BLOCK LETTERS):								SIGNATURE:					
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:			
										NAME OF RESPONSIBLE OFFICIAL ON SITE:			
										SIGNATURE:			

PROVINCE OF KWAZULU-NATAL  
DEPARTMENT OF PUBLIC WORKS  
PREVENTIVE MAINTENANCE SCHEDULE

TYPE OF SERVICE : AIR CONDITIONING  
 SCHEDULE FOR : SPLIT AND PACKAGED UNITS - MINOR SERVICE  
 SCHEDULE FREQUENCY :  
 REF : ACA  
 CODE : ACA11-002B

INSTALLATION NAME :  
 SERVICE PROVIDER :  
 REF :  
 ORDER No. :

P.M. SERVICE		RUNNING REPAIRS (Apply for V.O. as Applicable)				OTHER REPAIRS REQUIRED SUBMIT QUOTATION					
ITEM	INSTRUCTION: CHECK, ADJUST, CLEAN AS REQUIRED	IN ORDER	OTHER NON-SPECIFIED RUNNING REPAIRS DONE	TIME TAKEN	DESCRIPTION OF SPARES USED	QTY. EX SITE STOCK	QTY. EX FIRMS STOCK	DESCRIPTION OF OTHER REPAIRS REQUIRED	EST. TIME REQ.	DESCRIPTION OF SPARES REQUIRED	QTY. REQ.
1.	Check for undue noise or vibration										
2.	Check sight glasses for refrigeration condition and correct level										
3.	Test for oilrefrigerant leaks										
4.	Check suction line insulation										
5.	Check and clean filters and seals										
6.	Check belt tension and condition and adjust										
7.	Check that belt guard is in place and secure										
8.	Check that condensate flows through drain piping										
11.	Check and note outdoor db/wb temperatures										

P.M. SERVICE		RUNNING REPAIRS (Apply for V.O. as Applicable)				OTHER REPAIRS REQUIRED SUBMIT QUOTATION					
ITEM	INSTRUCTION: CHECK, ADJUST, CLEAN AS REQUIRED	IN ORDER	OTHER NON-SPECIFIED RUNNING REPAIRS DONE	TIME TAKEN	DESCRIPTION OF SPARES USED	QTY. EX SITE STOCK	QTY. EX FIRMS STOCK	DESCRIPTION OF OTHER REPAIRS REQUIRED	EST. TIME REQ.	DESCRIPTION OF SPARES REQUIRED	QTY REQ.
12.	Check and note indoor db\wb temperatures										
13.	Check and note thermostat settings. Adjust if necessary										
14.	Check operation of heating coils as applicable										
15.	Check for loose components										
16.	Clean plant and plant room area										
17.	Check and clean condenser coil										
18.	Check condenser fan/motor bearings for undue noise or end play										
19.	Check compressor, condenser fan mounting										
20.	Check and clean cooling coils and drain pan										
22.	Clean rust spots and touch up with paint										
24.	Clean out fan and coil compartments										
25.	Check for rust and corrosion.										

NOTE THE FOLLOWING:

- a) Outdoor db/wb temperatures .....
- b) Indoor db/wb temperatures .....
- c) Thermostat settings .....

I CERTIFY THAT THE SPECIFIED SERVICE WAS CARRIED OUT

NAME OF SERVICEMAN (BLOCK LETTERS):

SIGNATURE:

NAME/S OF ASSISTANT/S: SEMI SKILLED:

NAME/S OF ASSISTANT/S: UNSKILLED:

COMPANY NAME (BLOCK LETTERS):

OFFICIAL STAMP:

NAME OF RESPONSIBLE OFFICIAL ON SITE:

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

SIGNATURE:

PROVINCE OF KWAZULU-NATAL  
DEPARTMENT OF PUBLIC WORKS  
PREVENTIVE MAINTENANCE SCHEDULE

ACA14-002  
PAGE 1 OF 2

TYPE OF SERVICE : AIR CONDITIONING  
SCHEDULE FOR : CONTROL SYSTEMS  
SCHEDULE FREQUENCY :

REF : ACA  
CODE : ACA14-002

INSTALLATION NAME :

REF :

SERVICE PROVIDER :

ORDER No. :

P.M. SERVICE		RUNNING REPAIRS (Apply for V.O. as Applicable)				OTHER REPAIRS REQUIRED SUBMIT QUOTATION					
ITEM	INSTRUCTION: CHECK, ADJUST, CLEAN AS REQUIRED	IN ORDER	OTHER NON-SPECIFIED RUNNING REPAIRS DONE	TIME TAKEN	DESCRIPTION OF SPARES USED	QTY. EX SITE STOCK	QTY. EX FIRMS STOCK	DESCRIPTION OF OTHER REPAIRS REQUIRED	EST. TIME REQ.	DESCRIPTION OF SPARES REQUIRED	QTY REQ.
1.	Check for any abnormalities										
2.	Check and note time indication on time switches. Adjust as required										
3.	Check condition of temperature, humidity, pressure controller and associated solenoid valves as required. Clean contacts and reed valves as required										
4.	Check calibration of sensor and controllers										
5.	Check and note controller settings. Adjust as required										
6.	Check and note indoor dry bulb and wet bulb temperatures										

P.M. SERVICE		RUNNING REPAIRS (Apply for V.O. as Applicable)				OTHER REPAIRS REQUIRED SUBMIT QUOTATION					
ITEM	INSTRUCTION: CHECK, ADJUST, CLEAN AS REQUIRED	IN ORDER	OTHER NON-SPECIFIED RUNNING REPAIRS DONE	TIME TAKEN	DESCRIPTION OF SPARES USED	QTY. EX SITE STOCK	QTY. EX FIRMS STOCK	DESCRIPTION OF OTHER REPAIRS REQUIRED	EST. TIME REQ.	DESCRIPTION OF SPARES REQUIRED	QTY. REQ.
7.	Check for correct operation of all control valves, dampers, over their full range										
8.	Lubricate valve/spindles as required										
9.	Check condition of pneumatic tubing where applicable and correct any leaks										

I CERTIFY THAT THE SPECIFIED SERVICE WAS CARRIED OUT

NAME OF SERVICEMAN (BLOCK LETTERS): \_\_\_\_\_ SIGNATURE: \_\_\_\_\_

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: \_\_\_\_\_

NAME OF RESPONSIBLE OFFICIAL ON SITE: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_

OFFICIAL STAMP: \_\_\_\_\_

**ANNEXTURE D**

**WORKPLAN "A"/EXECUTION PLAN "B": AS PER SPECIFICATION ON KEY .....21 OFFICIAL ORDER NO: .....**

**CARRY OUT (TYPE OF WORKS).....**

**NOTE: WORK PLAN IS SUBJECTED TO WEATHER CONDITIONS**

	Day "A"	Date "B"	Completed	Institutional project leader signature	Comments
	Planned	Actual	Yes/Partially/No		
Date official order was received.					
Meet and handling in of safety file at safety officer	Day 1				
Safety file approval	Day 2				
File opening and pre-briefing meeting (Prior starting the works)	Day 3				
Meeting minutes signed by company director	Day 4				
Department/PLANT .....					
Equipment No/Room No.....					
Description of work to be done (for each day)					
	Day 5				
	Day 6				
	Day 7				
Department/PLANT .....					
Equipment No/Room No.....					
	Day 8.				
	Day 9				
	Day 10				
	Day 11				
Department/PLANT .....					
Equipment No/Room No.....					
	Day 12				
	Day 13				
	Day 14				
	Day 15				
	Day 16				



Department/PLANT .....							
Equipment No/Room No.....							
	Day 17						
	Day 18						
	Day 19						
	Day 20						
	Day 21						
Department/PLANT .....							
Equipment No/Room No.....							
	Day 22						
	Day 23						
	Day 24						
	Day 25						
	Day 26						
Department/PLANT .....							
Equipment No/Room No.....							
	Day 27						
	Day 28						
	Day 29						
	Day 30						
	Day 31						

Company CEO/Director (BLOCK LETTERS).....  
 Company CEO/Director Signature.....

Company project leader (Block Letters).....  
 Company project leader Signature.....

Company dated stamp

## ANNEXTURE B

**MAINTENANCE, REPAIR, UPGRADING AND REPLACEMENT WORKS FOR KWAZULU-NATAL  
PROVINCIAL ADMINISTRATION HOSPITALS BUILDINGS FOR THE DEPARTMENT OF HEALTH**

**JOB SHEET/DELIVERY NOTE**

**NAME OF SERVICE PROVIDER:**

**JOB No.:**

INSTITUTION:

ZNO/KM /

REF No.:

FROM:

START:

ORDER No.:

TO:

Km

ARRIVE:

DATE:

FROM:

DEPART:

PLANT:

TO:

Km

END:

VEHICLE: STATE PETROL OR DIESEL:

TOTAL

Km

TOTAL SITE TIME:

DETAILS OF WORK DONE:

OTHER DEFECTS NOTED FOR ATTENTION:

SPARES USED (Add pages if required)

QTY

SPARES USED (Add pages if required)

QTY

TOTALS

LABOUR

No. DAYS  
SUBSISTENCE

NAME/S OF ARTISAN

SKILLED: NORMAL TIME

HRS

SIGNATURE:

O/TIME

1.5 x ..... HRS

2 x ..... HRS

NAME/S OF ASSISTANTS:

SEMI SKILLED: NORMAL TIME

HRS

NAME/S:

APPRENTICE: NORMAL TIME

HRS

NAME/S:

UNSKILLED: NORMAL TIME

HRS

NAME/S:

THE SPECIFIED SERVICE HAS BEEN CARRIED  
OUT TO MY SATISFACTION: (OFFICIAL ON SITE)

OFFICIAL STAMP:

NAME: \_\_\_\_\_ SIGN: \_\_\_\_\_