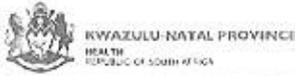


SharePoint

Mthembu Khulani - ?



KZN HEALTH

KZN Health Intranet

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KZN Health > Components > Supply Chain Management

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 18-22

Item Category: Select... Service

Item Description: Medical Gas Service as per specification attached. 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) 21

COMPULSORY BRIEFING SESSION / SITE VISIT

Select Type: Select... Compulsory Briefing session

Date: 2022-04-28

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:

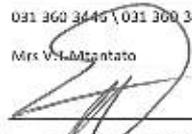
Name: Khulani Mthembu \ Eugene Allerston

Email:

Contact Number: 031 360 3445, 031 300 3468

Finance Manager Name: Mrs V. Mtshatato

Finance Manager Signature:


 No late quotes will be considered



END-USER SPECIFICATION FORM

Quote Number: _____

Item Description: Service Medical gas plants and wall points

Department/Section: KEH Plants and buildings

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. SAQCCGAS Medical gas (oxygen, nitrous oxide, vacuum, medical air, hi pressure air, scavenging registration

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; 3rd party liability cover/insurance

2. What is the specification of the required item?

List specifications to be advertised	
2.1	Works required: Attend service schedules no attached to tender in the following areas : New block :
2.1.1	Codes: MG3-002 x2 (Medical air compressor), MG2-002 x2 (Vacuum pumps)
2.2	Works required: Attend service schedules no attached to tender in the following areas : Laundry:
2.2.1	Codes: IA1-001 (Industrial air compressor)
2.3	Works required: Attend service schedules no attached to tender in the following areas : Maintenance department:
2.3.1	Codes: IA1-001 (Industrial air compressor)
2.4	Works required: Attend service schedules no attached to tender in the following areas : Mother lodge :
2.4.1	Codes: MG2-002 x2 (Vacuum pumps)
2.5	Works required: Attend service schedules no attached to tender in the following areas : Old POPD :
2.5.1	Codes: MG2-002 x1 (Vacuum pumps)
2.6	Works required: Attend service schedules no attached to tender in the following areas : Compressor next to boiler
2.6.1	Codes: IA1-001 (Industrial air compressor)
2.7	Works required: Attend service schedules no attached to tender in the following areas : ICU :
2.7.1	Codes: MG3-002 x2 (Medical air compressor), MG2-002 x2 (Vacuum pumps)
2.8	Works required: Attend service schedules no attached to tender in the following areas : S Block Theatres :
2.8.1	Theatre scavenging system to be cleaned in its entirety.(In SOT OT roof space)
2.9	Works required: Attend service schedules no attached to tender in the following areas : PRU/POPD :
2.9.1	Codes: MG2-002 x2 (Vacuum pumps)
2.10	Works required: Attend service schedules no attached to tender in the following areas : N Block :
2.10.1	Codes: MG2-002 x2 (Vacuum pumps)
2.11	Works required: Attend service schedules no attached to tender in the following areas : D Ward Medical oxygen :
2.11.1	Codes: MG1-002 x1 (Medical gas plant)
2.12	Works required: Attend service schedules no attached to tender in the following areas : RUM Medical oxygen :
2.12.1	Codes: MG1-002 x1 (Medical gas plant)
2.13	Works required: Attend service schedules no attached to tender in the following areas : S Block Nitrous :
2.13.1	Codes: MG1-002 x1 (Medical gas plant)
2.14	Works required: Attend service schedules no attached to tender in the following areas : N Block nitrous :
2.14.1	Codes: MG1-002 x1 (Medical gas plant)



END-USER SPECIFICATION FORM

2.15	Works required: All medical gas wall points is to be tested on the following amount of medical gas points quantities:
2.15.1	Med air high – 32, Med air low – 285, Nitrous oxide – 67, Medical oxygen – 1191, Vacuum points - 1057
2.16	Waste management requirements:
2.16.1	Attach disposable certificate of any old oil, ghries or refrigerant that was removed and certificate to also show quantity.
2.17	After service report requirements:
	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:
2.17.1	Date
2.17.2	Description of works
2.17.3	Full detailed model/part numbers and description of items to be repaired /unit or machine or equipment.
2.17.4	Colour Photographic records/evidence of items to be repaired
2.17.5	Additional works carried out (if any)
2.17.6	Recommendations for future repair requirements
2.17.7	Observation notes on the condition of the system/s serviced
2.17.8	A sketch or schematic of the system repairs, indicating items needing further attention/repairs and their locations indicated on the sketch or schematic or floor plan sketch and marked with crosses where faults is.

3. The following documents need to be drafted and submitted by the winning bidder:

- 3.1. Safety file and submitted to safety officer.
- 3.2. **Gas point check list**, indication each (Oxygen, Vacuum, Nitrous oxide, Hi pressure air and medical air and scavenging vacuum pressure) wall gas point the following: a) Department identification b) Wall gas point Year number c) Wall gas point number, d) type of medical gas of wall gas point, e) measured positive or negative gas flow rate reading, f) Measured medical gas point positive or negative pressure roading, g) Repairs needed, shall be completed. Deadline for the medical gas point verification submission list: Last day of service. Estimated amount of point is +- 1900.
- 3.3. Service schedule/s will be issued by SCM department and will be one copy of each applicable service type. Contractor must copy the correct amount of service schedules needed to complete the service..
- 3.4. Execution plan of start day and completion day and each consecutive day of work to be done before works can commence.

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?

EVALUATION CRITERIA FOR EVALUATING BIDDERS RESPONSES			
	Selection Element	Weight	Evaluation
5.1	Evaluate if 3 page quote document has been completed correctly	Go/No Go	Evaluate the 3 page quote document if completed correctly (Critical aspect, List of correct materials and sizes)
5.2	Evaluate personnel's years of experience on cv	20%	Minimum Specification: The bidder must provide documentation to demonstrate the relevant track record and experience in medical gas s servicing as specified in this end user specification. 5% points- Less than 2 years' Experience 10% points- Between Two and Five Years' Experience on the above mentioned. 15% points- Between Six and Nine Years' Experience on the above mentioned. 20% points- Ten Years and above Experience on the above mentioned.
5.3	Evaluation Support Capacity	20%	The bidder must demonstrate if they have the necessary capacity to provide the required service, this may include but not limited to the following resources: 20% points-List of equipment and assets owned by bidder to be utilised for this contract.
5.4	Service Report	20%	The bidder must provide a Service report, which they have supplied to a recent project/ client after completion of the service. The points will be allocated as follows: 1% point-Date 2% points-The system(s) cleaned 2% points-Pro test inspection (as per System Testing)



END-USER SPECIFICATION FORM

			2% points-Post-test inspection 2% points-Photographic records 2% points-Additional works carried out (if any) 3% points-Material Safety Datasheets (MSDS) for any chemicals used in the works 2% points-Recommendations for future testing requirements 2% points-Observations on the condition of the system 2% points-A sketch or schematic of the system indicating areas needing repairs
5.5	References letters	40%	Minimum requirements: 3 letters of references 10% Mostly Needs improvement 20% Mostly Meets requirements 30% Mostly Exceeds requirements +10: Would use again
	Point attained	/100	

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	06-06-2022	Date	8/4/22

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.

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
Total points for Price and B-BBEE must not exceed	100

1.5 Failure on the part of a bidder to submit proof of B-BBEE Status level of contributor together with the quote, will be interpreted to mean that preference points for B-BBEE status level of contribution are not claimed.

1.6 The purchaser reserves the right to require of a bidder, either before a quote is adjudicated or at any time subsequently, to substantiate any claim in regard to preferences, in any manner required by the purchaser.

2. DEFINITIONS

- (a) "B-BBEE" means broad-based black economic empowerment as defined in section 1 of the Broad-Based Black Economic Empowerment Act;
- (b) "B-BBEE status level of contributor" means the B-BBEE status of an entity in terms of a code of good practice on black economic empowerment, issued in terms of section 9(1) of the Broad-Based Black Economic Empowerment Act;
- (c) "bid" means a written offer in a prescribed or stipulated form in response to an invitation by an organ of state for the provision of goods or services, through price quotations, advertised competitive bidding processes or proposals;
- (d) "Broad-Based Black Economic Empowerment Act" means the Broad-Based Black Economic Empowerment Act, 2003 (Act No. 53 of 2003);
- (e) "EME" means an Exempted Micro Enterprise in terms of a code of good practice on black economic empowerment issued in terms of section 9 (1) of the Broad-Based Black Economic Empowerment Act;
- (f) "functionality" means the ability of a tenderer to provide goods or services in accordance with specifications as set out in the tender documents.
- (g) "prices" includes all applicable taxes less all unconditional discounts;
- (h) "proof of B-BBEE status level of contributor" means:
 - 1) B-BBEE Status level certificate issued by an authorized body or person;
 - 2) A sworn affidavit as prescribed by the B-BBEE Codes of Good Practice;
 - 3) Any other requirement prescribed in terms of the B-BBEE Act;
- (i) "QSE" means a qualifying small business enterprise in terms of a code of good practice on black economic empowerment issued in terms of section 9 (1) of the Broad-Based Black Economic Empowerment Act;
- (j) "rand value" means the total estimated value of a contract in Rand, calculated at the time of bid invitation, and includes all applicable taxes;

3. POINTS AWARDED FOR PRICE

3.1 THE 80/20 PREFERENCE POINT SYSTEMS

A maximum of 80 points is allocated for price on the following basis:

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

- P_s = Points scored for price of bid under consideration
- P_t = Price of bid under consideration
- P_{min} = Price of lowest acceptable bid

4. POINTS AWARDED FOR B-BBEE STATUS LEVEL OF CONTRIBUTOR

4.1 In terms of Regulation 6 (2) and 7 (2) of the Preferential Procurement Regulations, preference points must be awarded to a bidder for attaining the B-BBEE status level of contribution in accordance with the table below:

B-BBEE Status Level of Contributor	Number of points (80/20 system)
1	20
2	18
3	14
4	12
5	8
6	6
7	4
8	2
Non-compliant contributor	0

5. BID DECLARATION

5.1 Bidders who claim points in respect of B-BBEE Status Level of Contribution must complete the following:

6. B-BBEE STATUS LEVEL OF CONTRIBUTOR CLAIMED IN TERMS OF PARAGRAPHS 1.4 AND 4.1

6.1 B-BBEE Status Level of Contributor: = (maximum of 20 points)

(Points claimed in respect of paragraph 7.1 must be in accordance with the table reflected in paragraph 4.1 and must be substantiated by relevant proof of B-BBEE status level of contributor.

7. SUB-CONTRACTING

(Tick applicable box)

7.1 Will any portion of the contract be sub-contracted?

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

7.1.1 If yes, indicate:

- i) What percentage of the contract will be subcontracted.....%
- ii) The name of the sub-contractor.....
- iii) The B-BBEE status level of the sub-contractor.....

8. Whether the sub-contractor is an EME or QSE

(Tick applicable box)

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

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

Designated Group: An EME or QSE which is at least 51% owned by:	EME √	QSE √
Black people		
Black people who are youth		
Black people who are women		
Black people with disabilities		
Black people living in rural or underdeveloped areas or townships		
Cooperative owned by black people		
Black people who are military veterans		
OR		
Any EME		
Any QSE		

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

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	R.....
	@km per trip	3 tone	R10.80	R.....
	@km per trip	5 tone	R12.50	R.....
	@km per trip	7 tone	R14.50	R.....
	@km per trip	10 tone	R16.80	R.....
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 : MEDICAL GAS
 SCHEDULE FOR : GENERAL
 SCHEDULE FREQUENCY :
 INSTALLATION NAME :

REF : MG
 CODE : MG1-002

REF :
 ORDER No.:

SERVICE PROVIDER :

ITEM	INSTRUCTION: CHECK, ADJUST, CLEAN AS REQUIRED	IN ORDER	RUNNING REPAIRS (Apply for V.O. as Applicable) OTHER NON-SPECIFIED RUNNING REPAIRS DONE	TIME TAKEN	DESCRIPTION OF SPARES USED	QUANTITY		OTHER REPAIRS REQUIRED SUBMIT QUOTATION	EST. TIME REQ.	DESCRIPTION OF SPARES REQUIRED	QTY REQ.
						EX SITE STOCK	EX FIRMS STOCK				
1.	Check and note system pressures										
2.	Clean banks thoroughly before servicing										
3.	Check operation of change-over system										
4.	Check all warning panel pilot lights										
5.	Check all signals and fittings										
6.	Check for leaks in gas bank										
7.	Check all wall outlet points for leaks. Replace seals as required										
8.	Clean plantroom										
9.	Check operation of pressure reducing valves										
10.	Check operation of safety valves										
11.	Check operation of automatic solenoid										
12.	Strip and clean all needle valves										
13.	Check settings of pressure reducing valves. Adjust if necessary and note settings										
14.	Check settings of safety valves, adjust settings if necessary and note settings										

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	QUANTITY		DESCRIPTION OF OTHER REPAIRS REQUIRED	EST. TIME REQ.	DESCRIPTION OF SPARES REQUIRED	QTY REQ
						EX SITE STOCK	EX FIRMS STOCK				
15.	Check settings of warning light pressure switches. Adjust if necessary and ride settings										
16.	Check change-over control pressure settings. Adjust if necessary and note settings										
17.	Check calibration of all pressure gauges, etc. Re-calibrate if necessary										
18.	Tighten all electrical terminals										
19.	Complete plant log book										

NOTE THE FOLLOWING:

- a) Manifold pressures (i) LH Bank
- (ii) RH Bank
- b) Distribution System pressure
- c) Pressure reducing valve setting (annually)
- d) Safety valve settings (annually)
- e) Warning light pressure settings (annually)
- f) Change-over control pressure settings (annually)

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

TYPE OF SERVICE : MEDICAL GAS
SCHEDULE FOR : VACUUM PUMP INSTALLATIONS
SCHEDULE FREQUENCY :

REF : MG
CODE : MG2-002

INSTALLATION NAME :

REF :

SERVICE PROVIDER :

ORDER No.:

ITEM	INSTRUCTION: CHECK, ADJUST, CLEAN AS REQUIRED	IN ORDER	RUNNING REPAIRS (Apply for V.O. as Applicable) OTHER NON-SPECIFIED RUNNING REPAIRS DONE	TIME TAKEN	DESCRIPTION OF SPARES USED	QUANTITY		OTHER REPAIRS REQUIRED SUBMIT QUOTATION	EST. TIME REQ.	DESCRIPTION OF SPARES REQUIRED	QTY REQ
						EX SITE STOCK	EX FIRMS STOCK				
1.	Check plantroom louvers and screens and clean										
2.	Check vacuum pump oil. Replace or top up as per manufacturer's recommendation										
3.	Check and clean filter										
4.	Check all mountings										
5.	Check vacuum pump pulley										
6.	Check motor pulley, bearings and alignment										
7.	Check belt drive and adjust										
8.	Check safety guard is in position and secure										
9.	Check all bolts, nuts, screws, etc. for tightness										
10.	Check motor starter and auxiliaries										
11.	Check and note motor amperage										
12.	Check pilot lights										
13.	Check all outlet points										
14.	Check all pipes, joints and seals for leaks										

P.M. SERVICE		RUNNING REPAIRS (Apply for V.O. as Applicable)				OTHER REPAIRS REQUIRED					
ITEM	INSTRUCTION: CHECK ADJUST, CLEAN AS REQUIRED	IN ORDER	OTHER NON-SPECIFIED RUNNING REPAIRS DONE	TIME TAKEN	DESCRIPTION OF SPARES USED	QUANTITY		DESCRIPTION OF OTHER REPAIRS REQUIRED	EST. TIME REQ.	DESCRIPTION OF SPARES REQUIRED	QTY REQ
						EX SITE STOCK	EX FIRMS STOCK				
15.	Check operation and cycling of plant and adjust if necessary (approx. 600mm Hg) Note cut-in and cut-out pressures										
16.	Clean pan and plantroom										
17.	Change over lead/agg units										
18.	Check and clean vacuum moisture traps										
19.	Check operation of warning light system										
20.	Clean rust spots and patch with paint										
21.	Tighten all electrical terminals										
22.	Clean out air ways of motors										
23.	Lubricate motor bearings, if required										
24.	Check setting of warning light pressure switches, adjust if necessary										
25.	Clean, remove loose paint and scale and re-paint										
26.	Check calibration of all pressure gauges, etc. Re-calibrate as required										
27.	Complete plant log book										
28.	Check receiver internally and externally for corrosion pt marks 36 months per test program										

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:	
								NAME OF RESPONSIBLE OFFICIAL ON SITE:			
								SIGNATURE:			

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

TYPE OF SERVICE : INDUSTRIAL AIR
SCHEDULE FOR : AIR COMPRESSORS
SCHEDULE FREQUENCY :

REF : IA
CODE : IA1-001

INSTALLATION NAME :

REF :

SERVICE PROVIDER :

ORDER No.:

ITEM	INSTRUCTION: CHECK, ADJUST, CLEAN AS REQUIRED	IN ORDER	RUNNING REPAIRS (Apply for V.O. as Applicable) OTHER NON-SPECIFIED RUNNING REPAIRS DONE	TIME TAKEN	DESCRIPTION OF SPARES USED	QUANTITY		SUBMIT QUOTATION DESCRIPTION OF OTHER REPAIRS REQUIRED	EST. TIME REQ.	DESCRIPTION OF SPARES REQUIRED	QTY REQ
						EX SITE STOCK	EX FIRMS STOCK				
1.	Check pan/room louvres and screens and clean										
2.	Check for undue noise or vibration										
3.	Check belt tension and correct if necessary										
4.	Check correction of belts										
5.	Check pulley alignment and correct if necessary										
6.	Check for noisy compressor - motor bearings										
7.	Check for loose components										
8.	Check by touch that motors do not run hot										
9.	Check and note motor amperages										
10.	Check pilot lights										
11.	Check condition of air in filter										
12.	Check for compressed air leaks (including cutler points)										
13.	Check operation of, and drain all condensate traps and receivers										
14.	Check and record compressor cut-in and cut-out pressures. Adjust if required										

P.M. SERVICE		RUNNING REPAIRS (Apply for V.O. as Applicable)				OTHER REPAIRS REQUIRED					
ITEM	INSTRUCTION: CHECK, ADJUST, CLEAN AS REQUIRED	IN ORDER	OTHER NON-SPECIFIED RUNNING REPAIRS DONE	TIME TAKEN	DESCRIPTION OF SPARES USED	QUANTITY		DESCRIPTION OF OTHER REPAIRS REQUIRED	EST. TIME REQ.	DESCRIPTION OF SPARES REQUIRED	QTY REQ
						EX SITE STOCK	EX FIRMS STOCK				
15.	Change over lead - lag units										
16.	Clean plant, parlor and drain receiver										
17.	Check operation and settings of pressure reducing valves. Adjust if necessary and note settings										
18.	Check operation and settings of safety valves. Adjust if necessary and note settings										
19.	Check operation of warning light system										
20.	Check compressor oil using approved type according to manufacturer's specification										
21.	Check and tighten all mounting bolts etc.										
22.	Clean out air ways of motor										
23.	Lubricate motor bearings if required										
24.	Tighten all electrical terminals										
25.	Check and tighten compressor and motor pulley grub screws										
26.	Clean, remove loose paint and scale and re-paint										
27.	Check calibration of all pressure gauges, etc. Recalibrate as required										
28.	Complete plant logbook										
29.	Do pressure test in accordance with V.O.S. Act (36 months). stamp test plate and complete test certificate										
30.	Check receiver internally and externally for corrosion and pit marks (annually)										

NOTE THE FOLLOWING:

- a) Motor amperages
- b) Compressor cut-in and cut-out pressures
- c) Warning light pressure switch settings
- d) Safety valve setting/s
- e) Pressure reducing valve settings
- f) Test pressure (M.O.S. Act) (36 monthly)

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):										NAME OF RESPONSIBLE OFFICIAL ON SITE:				
TIME IN:	TIME OUT:	TIME ON SITE:	DATE:											
FROM:	TO:	KM:	TO:	KM:	TOTAL KM:	SIGNATURE:								

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 handing 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 dated stamp

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

Company project leader Signature.....

