

SharePoint

Mahlalela Thandeka ?



KZN HEALTH

KZN Health Intranet

- HOME
- CORPORATE INFORMATION
- COMPONENTS
- DIRECTORY
- DISTRICT OFFICES
- HEALTH FACILITIES

KZN Health > Components > Supply Chain Management
AdvertQuote



Quotation Advert

Opening Date: 2022-06-15

Closing Date: 2022-06-22

Closing Time: 11:00

INSTITUTION DETAILS

Institution Name: Vryheid hospital

Province: KwaZulu-Natal

Department or Entity: Department of Health

Division or section: Central Supply Chain Management

Place where goods / services is required: Vryheid hospital

Date Submitted: 2022-06-14

ITEM CATEGORY AND DETAILS

Quotation Number: ZNQ: ZNQ/VRH/166/22-23

Item Category: Services

Item Description: Service & minor repairs to borehole pumps and supply spares to repair borehole when needed for Clinics

Quantity (if supplies):

COMPULSORY BRIEFING SESSION / SITE VISIT

Select Type: Not Applicable

Date:

Time:

Venue:

QUOTES CAN BE COLLECTED FROM:

The department of healthwebsite.

The tender box only, no fax or e-mail will be accepted.

QUOTES SHOULD BE DELIVERED TO:

ENQUIRIES REGARDING THE ADVERT MAY BE DIRECTED TO:

Name: Mahlalela TM

Email:

Contact Number: 034 989 5948

Finance Manager Name: Simelane T.H.

Finance Manager Signature:

No late quotes will be considered

ZNQ / VRH / 166 / 22 - 23

STANDARD QUOTE DOCUMENTATION OVER R30 000.00

YOU ARE HEREBY INVITED TO QUOTE FOR REQUIREMENTS AT: VRYHEID HOSPITAL
DATE ADVERTISED: 14.06.2022 CLOSING DATE: 22.06.2022 CLOSING TIME: 11:00
FACSIMILE NUMBER: E-MAIL ADDRESS:
PHYSICAL ADDRESS: COSWALD BROWN STREET, VRYHEID, 3100

QUOTE NUMBER: ZNQ/VRH/166/22-23

DESCRIPTION: Maintenance

CONTRACT PERIOD: ONCE-OFF (if applicable) VALIDITY PERIOD 60 Days SARS PIN

CENTRAL SUPPLIER DATABASE REGISTRATION (CSD) NO.

UNIQUE REGISTRATION REFERENCE

DEPOSITED IN THE QUOTE BOX SITUATED AT (STREET ADDRESS)
VRYHEID HOSPITAL, COSWALD BROWN STREET,
VRYHEID, 3100

Bidders should ensure that quotes are delivered timeously to the correct address. If the quote is late, it will not be accepted for consideration.

The quote box is open from 08:00 to 15:30.

QUOTATIONS MUST BE SUBMITTED ON THE OFFICIAL FORMS - (NOT TO BE RETYPED)

THIS QUOTE IS SUBJECT TO THE PREFERENTIAL PROCUREMENT POLICY FRAMEWORK ACT AND THE PREFERENTIAL PROCUREMENT REGULATIONS, 2011, THE GENERAL CONDITIONS OF CONTRACT (GCC) AND, IF APPLICABLE, ANY OTHER SPECIAL CONDITIONS OF CONTRACT.

THE FOLLOWING PARTICULARS MUST BE FURNISHED (FAILURE TO DO SO MAY RESULT IN YOUR QUOTE BEING DISQUALIFIED)

NAME OF BIDDER
POSTAL ADDRESS
STREET ADDRESS
TELEPHONE NUMBER CODE.....NUMBER..... FACSIMILE NUMBER CODENUMBER.....
CELLPHONE NUMBER
E-MAIL ADDRESS
VAT REGISTRATION NUMBER (if VAT vendor)

HAS A B-BBEE STATUS LEVEL VERIFICATION CERTIFICATE BEEN SUBMITTED? (SBD 6.1)
[A B-BBEE STATUS LEVEL VERIFICATION CERTIFICATE/SWORN AFFIDAVIT (FOR EMEs& QSEs) MUST BE SUBMITTED TO QUALIFY FOR PREFERENCE POINTS FOR B-BBEE]
YES NO

OFFICIAL PRICE PAGE FOR QUOTATIONS OVER R30 000

QUOTE NUMBER: ZNQ/VRH/166/22-23

DESCRIPTION: Maintenance

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.		SERVICE & MINOR REPAIRS TO BOREHOLE PUMPS AND SUPPLY SPARES TO REPAIR BOREHOLE WHEN NEEDED.				
		MINOR REPAIRS AND CLEANING OF TANKS OF WATER TANKS FOR ALL CLINICS				
		TESTING OF WATER FOR PATIENT CONSUMPTION & SALT. FULL REPORT FOR WATER ANALYSIS. STEEL TANKS x11 CONCRETE TANKS x3. JOJO TANKS x14,				
		N.B: NO FAX OR E-MAILED QUOTATION WILL BE ACCEPTED. The Bidder must state the delivery period, brand name for the item/s quoted for, failure to do so will lead to your quotation being disqualified.				
		NB: PLEASE ATTACH THE FF. DOCUMENTS TOGETHER WITH YOUR QUOTATION :- BBEE CERTIFICATE, TAX CLEARANCE CERTIFICATE, FULLY COMPLETED SBD 4 AND CSD FULL REPORT NOT OLDER THAN 10 DAYS.				
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., 1day, 1week
--	--

<p>Enquiries regarding the quote may be directed to:</p> <p>Contact Person: <u>Mahlalela TM</u> Tel: <u>034 989 5948</u></p> <p>E-Mail Address:</p>	<p>Enquiries regarding technical information may be directed to:</p> <p>Contact Person: <u>Tshabalala M.B.</u> Tel: <u>ext. 5915</u></p>
--	---

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 Department is under no obligation to accept the lowest or any quote.
- 3.2. The Department reserves the right to communicate in writing with vendors in cases where information is incomplete or where there are obscurities regarding technical aspects of the offer, to obtain confirmation of prices or preference claims in cases where it is evident that a typing, written, transfer or unit error has been made, to investigate the vendor's standing and ability to complete the supply/service satisfactorily.
- 3.3. **ALL DECISIONS TAKEN BY THE DEPARTMENT ARE FINAL, INCLUDING THE AWARD OR CANCELLATION OF THIS QUOTATION.**
- 3.4. The price quoted must include VAT (if VAT vendor).
- 3.5. Should a bidder become a VAT vendor after award or during the implementation of a contract, they may not request the VAT percentage from the Department as the service provider made an offer during the period they were not registered as a VAT vendor. The Department is only liable for any VAT from registered VAT vendors as originally stated on the quotation document.
- 3.6. The bidder must ensure the correctness & validity of the quotation:
 (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*
 (ii) *it is the responsibility of the bidder to confirm receipt of their quotation and to keep proof thereof.*
- 3.7. 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.
- 3.8. This quotation will be evaluated based on the 80/20 points system, specification, correctness of information and/or functionality criteria. All required documentation must be completed in full and submitted.
- 3.9. Offers must comply strictly with the specification.
- 3.10. Only offers that meet or are greater than the specification will be considered.
- 3.11. Late offers will not be considered.
- 3.12. Expired product/s will not be accepted. All products supplied must be valid for a minimum period of six months.
- 3.13. Used/ second-hand products will not be accepted.
- 3.14. A bidder not registered on the Central Suppliers Database or whose verification has failed will not be considered.
- 3.15. All delivery costs must be included in the quoted price for delivery at the prescribed destination.
- 3.16. 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.
- 3.17. In cases where different delivery points influence the pricing, a separate pricing schedule must be submitted for each delivery point.
- 3.18. In the event of a bidder having multiple quotes, only the cheapest according to specification will be considered.
- 3.19. Verification will be conducted to identify if bidders have multiple companies and are cover-quoting for this bid.
- 3.20. In such instances, the Department reserves the right to immediately disqualify such bidders as cover-quoting is an offence that represents both corruption and acquisition fraud.

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. Quotations submitted must be complete in all respects. However, where it is identified that information in a bidder's response, which does not affect the preference points or price, is incomplete in any respect, the said supplier meets all specification requirements and scores the highest points in terms of preference points and price, the Department reserves the right to request the bidder to complete/submit such information.
- 4.5. Any alteration made by the bidder must be initialled; failure to do so may render the response invalid.
- 4.6. Use of correcting fluid is prohibited and may render the response invalid.
- 4.7. Quotations 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.

4.10. The Department is under no obligation to pay suppliers in part for work done if the supplier can no longer for fulfil their obligation.

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.**

TAX INVOICE

10.3. 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. |

11. 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.

12. PENALTIES

- 12.1. 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.
- 12.2. 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.
- 12.3. 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.
- 12.4. 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.

13. TERMINATION FOR DEFAULT

- 13.1. 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.
- 13.2. 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.
- 13.3. 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.

14. THE DEPARTMENT RESERVES THE RIGHT TO PASS OVER ANY QUOTATION WHICH FAILS TO COMPLY WITH THE ABOVE.

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:

$$Ps = 80 \left(1 - \frac{Pt - P \min}{P \min} \right) \text{ Where}$$

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

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

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

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

5. BID DECLARATION

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

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

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

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

7. SUB-CONTRACTING (applicable box)

(Tick

YES		NO	
-----	--	----	--

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

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		NO	
-----	--	----	--

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

LIST OF CLINIC WITH BORE HOLES AND WATER SUPPLY TANK

INSPECTION / CLEANING OF WATER TANKS, WATER TESTING AND BOREHOLE PUMP SERVICE FOR ALL 17 CLINICS UNDER PHC

	CLINIC NAME	NUMBER OF BOREHOLE	NUMBER OF TANKS AND MAKE
1	FUDUKA	01	01 STEEL / 20 000 LT
2	SIYAKHATHALA	01	01 STEEL / 20 000 LT
3	GLUCKSTADT	01	01 JO-JO PLASTIC TANK / 10. 000 LT
4	SWARTMFOLOZI	01	02 JO-JO PLASTIC TANK / 5000 LT
5	BHEKUMTHETHO	01	02 JO-JO PLASTIC TANK / 2. 200 LT
6	MAKHWELA	01	02 JO-JO PLASTIC TANK / 5000 LT
7	KHAMBI	01	01 STEEL / 20 000 LT
8	NTABABOMVU	01	01 JO-JO PLASTIC TANK / 5 000 LT
9	MONDLO 2	N/A	02 JO-JO PLASTIC TANK / 5 000 LT
10	YOUTH CENTER	N/A	01 STEEL / 20 000 LT
11	THEMBUMUSA	N/A	01 STEEL / 20 000 LT
12	BHEKUZULU	N/A	01 STEEL / 20 000 LT
13	LOUWSBURG	N/A	01 STEEL / 20 000 LT
14	VUMANI	01	01 STEEL / 20 000 LT
15	MASON	N/A	01 STEEL / 20 000 LT
16	HLOBANE	N/A	01 STEEL / 20 000 LT
17	SILOAH	N/A	01 STEEL 20 000 LT
		SPRING WATER SUPPLY	02 JOJOX500 01 CONCRETE TANKS 10 000LT

PLEASE ADD TOGETHER AND WRITE GRANT TOTAL ON THE QUOTATION PAGE AND ATTACHED TO YOUR QUOTATION

**KWAZULU -NATAL DEPARTMENT OF HEALTH
VRYHEID HOSPITAL**

QUOTATION NO: ZNQ 2022/23

DISTANCE FROM VRYHEID TO EACH CLINIC WHERE SERVICING IS TO BE CARRIED OUT

MASON STREET CLINIC	_____	IN VRYHEID TOWN
BHEKUZULU CLINIC	_____	± 4 KILOMETRES
HLOBANE CLINIC	_____	± 27 KILOMETRES
FUDUKA CLINIC	_____	± 42 KILOMETRES
GLUCKSTADT CLINIC	_____	± 41 KILOMETRES
LOUWSBURG CLINIC	_____	± 64 KILOMETRES
MAKHWELA CLINIC	_____	± 90 KILOMETRES
KHAMBI CLINIC	_____	± 77 KILOMETRES
SWART MFOLOZI CLINIC	_____	± 75 KILOMETRES
NTABABOMVU CLINIC	_____	± 51 KILOMETRES
SIYAKHATHALA CLINIC	_____	± 74 KILOMETRES
THEMBAMUSA CLINIC	_____	± 34 KILOMETRES
YOUTH CENTRE	_____	± 34 KILOMETRES
BHEKUMTHETHO CLINIC	_____	± 31 KILOMETRES
MONDLO	_____	± 35 KILOMETRES
FUDUKA	_____	± 45 KL, KWAFUDUKA
VUMANI	_____	± 65 KL, KWAMNYATHI
SILOAH CLINIC	_____	± 110 KL, DLOMODLOMO

FOR PURPOSES OF CALCULATING TRAVELLING COST, VRYHEID WILL BE THE BASE FROM WHICH ALL CALCULATIONS OF TRAVEL SHALL BE MADE.

**KWAZULU-NATAL DEPARTMENT OF HEALTH
VRYHEID DISTRICT HOSPITAL**

**SPECIFICATION FOR
CLEANING AND INSPECTIONS OF WATER TANKS**

QUOTATION No: ZNQ _____/2022/23

SHOULD IT BE DISCOVERED DURING THE SERVICE PROCESS THAT CERTAIN SPARES OR EQUIPMENT REQUIRE REPLACING DUE TO BEING FAULTY OR INOPERATIONAL, THE CONTRACTOR IS TO IMMEDIATELY INFORM THE HOSPITAL MAINTENANCE MANAGER OF THE SITUATION. A NEW ORDER NUMBER WILL THEN BE GENERATED ON SUBMISSION OF A QUOTATION FROM THE CONTRACTOR AND THE HOSPITAL WILL DECIDE BASED ON THE CONDITION OF THAT SPECIFIC ITEM THAT NEEDS TO BE REPAIRED OR REPLACE TO FOLLOW SCM PROSES.

THE SERVICING OF THE WATER TANK WITHIN THE CLINIC MUST ALSO BE CARRIED OUT IN TERMS OF THE SERVICE SCHEDULES. IT IS ADVISABLE TO THE CONTRACTOR TO USED RIGHT CLEANING MATERIAL AND CORRECT BLEACH TO CARRY OUT SERVICE OF THE TANKS .AND MAKE SHORE THAT THE TANK IS CLEAN BEFORE FILLING WATER.

SHOULD OUTLET BE DISCOVERED TO BE LEAKING AND REQUIRES NEW SEALS OR VALVE THE CONTRACTOR IS TO SUPPLY AND INSTALL THE SEALS /VALVE RECORD THE NUMBER, TYPE OF AND CLINIC IN WHICH THE SEALS/VALVE HAVE BEEN FITTED. THE CONTRACTOR WILL THEN BE REQUIRED TO SUBMIT A NEW QUOTATION TO COVER THE COST OF SPARES USED AND A NEW ORDER NUMBER WILL BE ISSUED THEREFORE.

SHOULD THE CONTRACTOR REQUIRE A MAJOR SHUTDOWN TO CARRY OUT NECESSARY REPAIRS OR SPARES REPLACEMENT, AUTHORITY MUST BE OBTAINED FROM THE HOSPITAL MAINTENANCE MANAGER PRIOR TO ANY SHUTDOWN.

TOOLS AND EQUIPMENT

THE CONTRACTOR IS TO BE IN POSSESSION OF ALL NECESSARY TOOLS AND EQUIPMENT TO CARRY OUT THIS PROJECT.

THE HOSPITAL TOOLS, EQUIPMENT AND FACILITIES WILL NOT BE AT THE CONTRACTORS DISPOSAL.

ALL TOOLS AND EQUIPMENT BROUGHT ONTO SITE BY THE CONTRACTOR SHALL FULLY CONFORM TO THE REQUIREMENTS OF THE OCCUPATION HEALTH AND SAFETY ACT (ACT 85 OF 1993 AS AMENDED)

SITE CONDITION

THE SITE IS TO BE LEFT CLEAN AND TIDY ON COMPLETION OF THE PROJECT.

WORKING HOURS

NORMAL WORKING HOURS IS DEFINED AS BEING BETWEEN 07H00 AND 16H30 ON WEEKDAYS ONLY. ALL CONTRACT WORK SHALL BE CARRIED OUT DURING NORMAL CLINIC WORKING HOURS.

SHOULD THE CONTRACTOR WISH TO WORK AFTER HOURS, WEEKENDS OR PUBLIC HOLIDAYS, A WRITTEN REQUEST MUST BE SUBMITTED TO THE HOSPITAL MAINTENANCE MANAGER FOR AUTHORITY TO WORK AFTER NORMAL WORKING HOURS.

UNDER NO CIRCUMSTANCES WILL OVERTIME RATES BE PAID TO THE CONTRACTOR SHOULD HE ELECT TO WORK AFTER NORMAL WORKING HOURS.

CONTRACT PERIOD

THE CONTRACT PERIOD FOR THE COMPLETION OF THE WORKS WILL BE FIVE (5) WORKING DAYS CALCULATED FROM THE DATE OF COMPLETION OF THE MANUFACTURING PROCESS OF THE FRAME AND DOOR AND OFFICIAL SITE HANDOVER HAS BEEN EFFECTED.

GUARANTEE / MAINTENANCE PERIOD

THE GUARANTEE / MAINTENANCE PERIOD FOR THE COMPLETED WORKS WILL BE THREE (3) MONTHS CALCULATED FROM THE DATE OF OFFICIAL ACCEPTANCE BY THE KZN DEPARTMENT OF HEALTH (FIRST DELIVERY CERTIFICATE)

ANY FAULTS OR DEFECTS DISCOVERED DURING THE GUARANTEE / MAINTENANCE PERIOD SHALL BE RECTIFIED BY THE CONTRACTOR AT NO COST TO, AND, TO THE COMPLETE SATISFACTION OF THE KZN DEPARTMENT OF HEALTH.

CONTACT PERSON

ALL QUERIES OF A TECHNICAL NATURE ARE TO BE DIRECTED TO :-
MR M. B. TSHABALALA: MAINTENANCE DIVISION: VRYHEID DISTRICT HOSPITAL
TEL: 034-9822111 EXT 256 FAX: 034-9821658

**KWAZULU-NATAL DEPARTMENT OF HEALTH
VRYHEID DISTRICT HOSPITAL**

**SPECIFICATION FOR
INSPECTION/CLEANING OF WATER TANKS, WATER TESTING AND BOREHOLE
PUMP SERVICE FOR HOSPITAL**

QUOTATION No: ZNQ ____/2022/23

SHOULD IT BE DISCOVERED DURING THE SERVICE PROCESS THAT CERTAIN SPARES OR EQUIPMENT REQUIRE REPLACING DUE TO BEING FAULTY OR INOPERATIONAL, THE CONTRACTOR IS TO IMMEDIATELY INFORM THE HOSPITAL MAINTENANCE MANAGER OF THE SITUATION. A NEW ORDER NUMBER WILL THEN BE GENERATED ON SUBMISSION OF A QUOTATION FROM THE CONTRACTOR AND THE HOSPITAL WILL DECIDE BASED ON THE CONDITION OF THAT SPECIFIC ITEM THAT NEEDS TO BE REPAIRED OR REPLACE TO FOLLOW SCM PROSES.

THE INSPECTION/CLEANING OF WATER TANKS, WATER TESTING AND BOREHOLE PUMP SERVICE WITHIN THE CLINIC MUST ALSO BE CARRIED OUT IN TERMS OF THE SERVICE SCHEDULES. IT IS ADVISABLE TO THE CONTRACTOR TO USED RIGHT CLEANING MATERIAL AND CORRECT BLEACH TO CARRY OUT SERVICE OF THE TANKS .AND MAKE SHORE THAT THE TANK IS CLEAN BEFORE FILLING WATER.

SHOULD OUTLET BE DISCOVERED TO BE LEAKING AND REQUIRES NEW SEALS OR VALVE THE CONTRACTOR IS TO SUPPLY AND INSTALL THE SEALS /VALVE RECORD THE NUMBER, TYPE OF AND CLINIC IN WHICH THE SEALS/VALVE HAVE BEEN FITTED. THE CONTRACTOR WILL THEN BE REQUIRED TO SUBMIT A NEW QUOTATION TO COVER THE COST OF SPARES USED AND A NEW ORDER NUMBER WILL BE ISSUED THEREFORE.

SHOULD THE CONTRACTOR REQUIRE A MAJOR SHUTDOWN TO CARRY OUT NECESSARY REPAIRS OR SPARES REPLACEMENT, AUTHORITY MUST BE OBTAINED FROM THE HOSPITAL MAINTENANCE MANAGER PRIOR TO ANY SHUTDOWN.

TOOLS AND EQUIPMENT

THE CONTRACTOR IS TO BE IN POSSESSION OF ALL NECESSARY TOOLS AND EQUIPMENT TO CARRY OUT THIS PROJECT.

THE HOSPITAL TOOLS, EQUIPMENT AND FACILITIES WILL NOT BE AT THE CONTRACTORS DISPOSAL.

ALL TOOLS AND EQUIPMENT BROUGHT ONTO SITE BY THE CONTRACTOR SHALL FULLY CONFORM TO THE REQUIREMENTS OF THE OCCUPATION HEALTH AND SAFETY ACT (ACT 85 OF 1993 AS AMENDED)

SITE CONDITION

THE SITE IS TO BE LEFT CLEAN AND TIDY ON COMPLETION OF THE PROJECT.

WORKING HOURS

NORMAL WORKING HOURS IS DEFINED AS BEING BETWEEN 07H00 AND 16H30 ON WEEKDAYS ONLY. ALL CONTRACT WORK SHALL BE CARRIED OUT DURING NORMAL CLINIC WORKING HOURS.

SHOULD THE CONTRACTOR WISH TO WORK AFTER HOURS, WEEKENDS OR PUBLIC HOLIDAYS, A WRITTEN REQUEST MUST BE SUBMITTED TO THE HOSPITAL MAINTENANCE MANAGER FOR AUTHORITY TO WORK AFTER NORMAL WORKING HOURS.

UNDER NO CIRCUMSTANCES WILL OVERTIME RATES BE PAID TO THE CONTRACTOR SHOULD HE ELECT TO WORK AFTER NORMAL WORKING HOURS.

CONTRACT PERIOD

THE CONTRACT PERIOD FOR THE COMPLETION OF THE WORKS WILL BE FIVE (5) WORKING DAYS CALCULATED FROM THE DATE OF COMPLETION OF THE MANUFACTURING PROCESS OF THE FRAME AND DOOR AND OFFICIAL SITE HANDOVER HAS BEEN EFFECTED.

GUARANTEE / MAINTENANCE PERIOD

THE GUARANTEE / MAINTENANCE PERIOD FOR THE COMPLETED WORKS WILL BE THREE (3) MONTHS CALCULATED FROM THE DATE OF OFFICIAL ACCEPTANCE BY THE KZN DEPARTMENT OF HEALTH (FIRST DELIVERY CERTIFICATE)

ANY FAULTS OR DEFECTS DISCOVERED DURING THE GUARANTEE / MAINTENANCE PERIOD SHALL BE RECTIFIED BY THE CONTRACTOR AT NO COST TO, AND, TO THE COMPLETE SATISFACTION OF THE KZN DEPARTMENT OF HEALTH.

CONTACT PERSON

ALL QUERIES OF A TECHNICAL NATURE ARE TO BE DIRECTED TO :-
MR M. B. TSHABALALA: MAINTENANCE DIVISION: VRYHEID DISTRICT HOSPITAL
TEL: 034-989 5915
FAX: 034-9821658

VRYHEID DISTRICT CLINICS INSPECTION/CLEANING OF WATER TANKS, WATER TESTING AND BOREHOLE PUMP SERVICE

LOCALITY OF TANKS CLINIC: MAKHWELA

TYPE OF TANKS: JOJO-TANK

ITEM	INSTRUCTION	CHECK	VALVES	REMARKS
1.	REMOVE BOREHOLE FROM ITS POSITION, OPEN AND REMOVE ALL THE MUD AROUND PUMP SUCKING POSITION AND ANY FOREIGN OBJECT IN SIDE THE CHAMBER AND PUT IT BACK AFTER SERVICE.			
2.	RECOMMISSION COMPLETE AND CHECK OPERATION			
3.	CHECK ALL EQUIPMENT FOR CORROSION, SCALE ETC AND DESCALATE WHERE NECESSARY.			
4.	CHECK CONDITION OF FLOUT SWITCH VALVE FOR ON AND OF WATER SUPPLY.			
5.	CHECK ALL WIRE FOR LOOSE CONNECTIONS' AND POWER SUPPLY (VOLTAGE).			
6.	RECALIBRATE PUMP / PANEL POWER SUPPLY			
7.	CHECK GENERAL CONDITION OF A PC BOARD			
8.	CHECK CONDITION OF TANK			
9.	CHECK FOR WATER LEAKS THROUGHOUT TANK			
10.	CHECK GENERAL CONDITION OF ALL VALVES			
11.	CHECK CONDITION OF GAUGES			
12.	CHECK GENERAL CONDITION OF ALL PIPES AND FITTINGS			
13.	OPEN HOLDING TANKS AND FLUSH OUT			
14.	REPLACE FILTER WHERE NECESSARY AND PUT CLEANING TABLETS			
15.	CHECK GENERAL CONDITION OF THE MOTOR IF AVAILABLE			
16.	LEAVE PLACE CLEAN, NEAT AND TIDY AFTER SERVICE AND REPAIRS			
17.	COMPLETE LOGBOOK			
18.	COMPLETE AND SUBMIT SERVICE SCHEDULE WITH INVOICE			
19.	Please write down sizes of the plastic tank and steel tank			

DATE OF INSPECTION: _____

NAME IN PRINT: _____

SIGNATURE: _____

COMPANY NAME: _____

COMPANY STAMP: _____

VRVREID DISTRICT CLINICS

INSPECTION/CLEANING OF WATER TANKS, WATER TESTING AND SERVICE

LOCALITY OF TANKS CLINIC: LOUWSBURG

TYPE OF TANKS: STEEL-TANK

ITEM	INSTRUCTION	CHECK	VALVES	REMARKS
1.	CHECK CONDITION OF TANK			
2.	CHECK FOR WATER LEAKS THROUGHOUT TANK			
3.	CHECK GENERAL CONDITION OF ALL VALVES			
4.	CHECK CONDITION OF GAUGES			
5.	CHECK GENERAL CONDITION OF ALL PIPES AND FITTINGS			
6.	OPEN HOLDING TANKS AND FLUSH OUT			
7.	CHECK ALL EQUIPMENT FOR CORROSION, SCALE ETC AND DESCALE WHERE NECESSARY			
8.	RECOMMISSION COMPLETE AND CHECK OPERATION			
9.	REPLACE FILTER WHERE NECESSARY AND PUT CLEANING TABLETS			
10.	CHECK GENERAL CONDITION OF THE MOTOR IF AVAILABLE			
11.	LEAVE PLACE CLEAN, NEAT AND TIDY AFTER SERVICE AND REPAIRS			
12.	COMPLETE LOGBOOK			
13.	COMPLETE AND SUBMIT SERVICE SCHEDULE WITH INVOICE			

DATE OF INSPECTION: _____

NAME IN PRINT: _____

SIGNATURE: _____

COMPANY NAME: _____

COMPANY STAMP:

VRYHEID DISTRICT CLINICS**INSPECTION/CLEANING OF WATER TANKS, WATER TESTING AND SERVICE****LOCALITY OF TANKS CLINIC: KHAMBI****TYPE OF TANKS: STEEL-TANK**

ITEM	INSTRUCTION	CHECK	VALVES	REMARKS
1.	CHECK CONDITION OF TANK			
2.	CHECK FOR WATER LEAKS THROUGHOUT TANK			
3.	CHECK GENERAL CONDITION OF ALL VALVES			
4.	CHECK CONDITION OF GAUGES			
5.	CHECK GENERAL CONDITION OF ALL PIPES AND FITTINGS			
6.	OPEN HOLDING TANKS AND FLUSH OUT			
7.	CHECK ALL EQUIPMENT FOR CORROSION, SCALE ETC AND DESCALE WHERE NECESSARY			
8.	RECOMMISSION COMPLETE AND CHECK OPERATION			
9.	REPLACE FILTER WHERE NECESSARY AND PUT CLEANING TABLETS			
10.	CHECK GENERAL CONDITION OF THE MOTOR IF AVAILABLE			
11.	LEAVE PLACE CLEAN, NEAT AND TIDY AFTER SERVICE AND REPAIRS			
12.	COMPLETE LOGBOOK			
13.	COMPLETE AND SUBMIT SERVICE SCHEDULE WITH INVOICE			

DATE OF INSPECTION: _____**NAME IN PRINT:** _____**SIGNATURE:** _____**COMPANY NAME:** _____**COMPANY STAMP:** _____

VRYHEID DISTRICT CLINICS

INSPECTION/CLEANING OF WATER TANKS, WATER TESTING AND SERVICE

LOCALITY OF TANKS CLINIC: FUDUKA

TYPE OF TANKS: STEEL-TANK

ITEM	INSTRUCTION	CHECK	VALVES	REMARKS
1.	CHECK CONDITION OF TANK			
2.	CHECK FOR WATER LEAKS THROUGHOUT TANK			
3.	CHECK GENERAL CONDITION OF ALL VALVES			
4.	CHECK CONDITION OF GAUGES			
5.	CHECK GENERAL CONDITION OF ALL PIPES AND FITTINGS			
6.	OPEN HOLDING TANKS AND FLUSH OUT			
7.	CHECK ALL EQUIPMENT FOR CORROSION, SCALE ETC AND DESCALE WHERE NECESSARY			
8.	RECOMMISSION COMPLETE AND CHECK OPERATION			
9.	REPLACE FILTER WHERE NECESSARY AND PUT CLEANING TABLETS			
10.	CHECK GENERAL CONDITION OF THE MOTOR IF AVAILABLE			
11.	LEAVE PLACE CLEAN, NEAT AND TIDY AFTER SERVICE AND REPAIRS			
12.	COMPLETE LOGBOOK			
13.	COMPLETE AND SUBMIT SERVICE SCHEDULE WITH INVOICE			

DATE OF INSPECTION: _____

NAME IN PRINT: _____

SIGNATURE: _____

COMPANY NAME: _____

COMPANY STAMP:



health

Department:
Health
PROVINCE OF KWAZULU-NATAL

**DEPARTMENT OF HEALTH
VRYHEID DISTRICT HOSPITAL**

QUOTATION No: ZNQ _____ /2021/22
27/23

**PROJECT: INSPECTION/CLEANING OF WATER TANKS, WATER TESTING AND BOREHOLE
PUMP SERVICE**

CLINIC NAME HLOBANE

BILLS OF QUANTITIES: OPEN QUOTATION

No	DESCRIPTION	QTY	SUPPLY RATE	INSTALL RATE	TOTAL RATE
1	CLEANING OF WATER TANKS USING BLEACH, WIRE BRUSH AND SCRAPERS TO REMOVE MUD AND SLUDGE INSIDE	ITEM	N/A	N/A	R
2	REMOVE BOREHOLE AND OPEN AND REMOVE ALL THE MUD AND ANY FOREIGN OBJECT IN SIDE THE CHAMBER	ITEM	N/A	N/A	R
3	SUPPLYING OF WATER TESTING KIT, EQUIPMENT AND WRITTEN REPORT	ITEM	N/A	N/A	R
4	REPLACE FILTER WHERE NECESSARY AND PUT NEW TABLES				
	Only registered contract to carry on with testing off water and proof of registration number under water service board.	ITEM	N/A	N/A	R
		TOTAL	COST		R

TOTAL QUOTATION PRICE TO BE CARRIED TO OFFICIAL QUOTATION FORM

CONTRACTING FIRM NAME: _____

CONTRACTORS COMPANY STAMP:

VRVHEID DISTRICT CLINICS

INSPECTION/CLEANING OF WATER TANKS, WATER TESTING AND SERVICE

LOCALITY OF TANKS CLINIC: HLOBANE

TYPE OF TANKS: STEEL-TANK

ITEM	INSTRUCTION	CHECK	VALVES	REMARKS
1.	CHECK CONDITION OF TANK			
2.	CHECK FOR WATER LEAKS THROUGHOUT TANK			
3.	CHECK GENERAL CONDITION OF ALL VALVES			
4.	CHECK CONDITION OF GAUGES			
5.	CHECK GENERAL CONDITION OF ALL PIPES AND FITTINGS			
6.	OPEN HOLDING TANKS AND FLUSH OUT			
7.	CHECK ALL EQUIPMENT FOR CORROSION, SCALE ETC AND DESCALE WHERE NECESSARY			
8.	RECOMMISSION COMPLETE AND CHECK OPERATION			
9.	REPLACE FILTER WHERE NECESSARY AND PUT CLEANING TABLETS			
10.	CHECK GENERAL CONDITION OF THE MOTOR IF AVAILABLE			
11.	LEAVE PLACE CLEAN, NEAT AND TIDY AFTER SERVICE AND REPAIRS			
12.	COMPLETE LOGBOOK			
13.	COMPLETE AND SUBMIT SERVICE SCHEDULE WITH INVOICE			

DATE OF INSPECTION: _____
SIGNATURE: _____
COMPANY STAMP: _____

NAME IN PRINT: _____
COMPANY NAME: _____



health

Department:
Health
PROVINCE OF KWAZULU-NATAL

**DEPARTMENT OF HEALTH
VRYHEID DISTRICT HOSPITAL**

QUOTATION No: ZNQ _____ **/2021/22**
22/23

PROJECT: INSPECTION/CLEANING OF WATER TANKS, WATER TESTING AND BOREHOLE PUMP SERVICE

CLINIC NAME **VUMANI**

BILLS OF QUANTITIES: OPEN QUOTATION

No	DESCRIPTION	QTY	SUPPLY RATE	INSTALL RATE	TOTAL RATE
1	CLEANING OF WATER TANKS USING BLEACH, WIRE BRUSH AND SCRAPERS TO REMOVE MUD AND SLUDGE INSIDE	ITEM	N/A	N/A	R
2	REMOVE BOREHOLE AND OPEN AND REMOVE ALL THE MUD AND ANY FOREIGN OBJECT IN SIDE THE CHAMBER	ITEM	N/A	N/A	R
3	SUPPLYING OF WATER TESTING KIT, EQUIPMENT AND WRITTEN REPORT	ITEM	N/A	N/A	R
4	REPLACE FILTER WHERE NECESSARY AND PUT NEW TABLES				
	Only registered contract to carry on with testing off water and proof of registration number under water service board.	ITEM	N/A	N/A	R
		TOTAL	COST		R

TOTAL QUOTATION PRICE TO BE CARRIED TO OFFICIAL QUOTATION FORM

CONTRACTING FIRM NAME: _____

CONTRACTORS COMPANY STAMP:

VRVHEID DISTRICT CLINICS

INSPECTION/CLEANING OF WATER TANKS, WATER TESTING AND SERVICE

LOCALITY OF TANKS CLINIC: VUMANI

TYPE OF TANKS: STEEL-TANK

ITEM	INSTRUCTION	CHECK	VALVES	REMARKS
1.	CHECK CONDITION OF TANK			
2.	CHECK FOR WATER LEAKS THROUGHOUT TANK			
3.	CHECK GENERAL CONDITION OF ALL VALVES			
4.	CHECK CONDITION OF GAUGES			
5.	CHECK GENERAL CONDITION OF ALL PIPES AND FITTINGS			
6.	OPEN HOLDING TANKS AND FLUSH OUT			
7.	CHECK ALL EQUIPMENT FOR CORROSION, SCALE ETC AND DESCALE WHERE NECESSARY			
8.	RECOMMISSION COMPLETE AND CHECK OPERATION			
9.	REPLACE FILTER WHERE NECESSARY AND PUT CLEANING TABLETS			
10.	CHECK GENERAL CONDITION OF THE MOTOR IF AVAILABLE			
11.	LEAVE PLACE CLEAN, NEAT AND TIDY AFTER SERVICE AND REPAIRS			
12.	COMPLETE LOGBOOK			
13.	COMPLETE AND SUBMIT SERVICE SCHEDULE WITH INVOICE			

DATE OF INSPECTION: _____

NAME IN PRINT: _____

SIGNATURE: _____

COMPANY NAME: _____

COMPANY STAMP:



health

Department:
Health
PROVINCE OF KWAZULU-NATAL

**DEPARTMENT OF HEALTH
VRYHEID DISTRICT HOSPITAL**

QUOTATION No: ZNQ _____/2021/22
22/23

**PROJECT: INSPECTION/CLEANING OF WATER TANKS, WATER TESTING AND BOREHOLE
PUMP SERVICE**

CLINIC NAME SWARTMFOLOZI

BILLS OF QUANTITIES: OPEN QUOTATION

No	DESCRIPTION	QTY	SUPPLY RATE	INSTALL RATE	TOTAL RATE
1	CLEANING OF WATER TANKS USING BLEACH, WIRE BRUSH AND SCRAPERS TO REMOVE MUD AND SLUDGE INSIDE	ITEM	N/A	N/A	R
2	REMOVE BOREHOLE AND OPEN AND REMOVE ALL THE MUD AND ANY FOREIGN OBJECT IN SIDE THE CHAMBER	ITEM	N/A	N/A	R
3	SUPPLYING OF WATER TESTING KIT, EQUIPMENT AND WRITTEN REPORT	ITEM	N/A	N/A	R
4	REPLACE FILTER WHERE NECESSARY AND PUT NEW TABLES				
	Only registered contract to carry on with testing off water and proof of registration number under water service board.	ITEM	N/A	N/A	R
		TOTAL	COST		R

TOTAL QUOTATION PRICE TO BE CARRIED TO OFFICIAL QUOTATION FORM

CONTRACTING FIRM NAME: _____

CONTRACTORS COMPANY STAMP:

VRVYHEID DISTRICT CLINICS

INSPECTION/CLEANING OF WATER TANKS, WATER TESTING AND BOREHOLE PUMP SERVICE

LOCALITY OF TANKS CLINIC: SWARTMFOLOZI

TYPE OF TANKS: JOJO-TANK

ITEM	INSTRUCTION	CHECK	VALVES	REMARKS
1.	REMOVE BOREHOLE FROM ITS POSITION, OPEN AND REMOVE ALL THE MUD AROUND PUMP SUCKING POSITION AND ANY FOREIGN OBJECT IN SIDE THE CHAMBER AND PUT IT BACK AFTER SERVICE.			
2.	RECOMMISSION COMPLETE AND CHECK OPERATION			
3.	CHECK ALL EQUIPMENT FOR CORROSION, SCALE ETC AND DESCALE WHERE NECESSARY.			
4.	CHECK CONDITION OF FLOUT SWITCH VALVE FOR ON AND OF WATER SUPPLY.			
5.	CHECK ALL WIRE FOR LOOSE CONNECTIONS' AND POWER SUPPLY (VOLTAGE).			
6.	RECALIBRATE PUMP / PANEL POWER SUPPLY			
7.	CHECK GENERAL CONDITION OF A PC BOARD			
8.	CHECK CONDITION OF TANK			
9.	CHECK FOR WATER LEAKS THROUGHOUT TANK			
10.	CHECK GENERAL CONDITION OF ALL VALVES			
11.	CHECK CONDITION OF GAUGES			
12.	CHECK GENERAL CONDITION OF ALL PIPES AND FITTINGS			
13.	OPEN HOLDING TANKS AND FLUSH OUT			
14.	REPLACE FILTER WHERE NECESSARY AND PUT CLEANING TABLETS			
15.	CHECK GENERAL CONDITION OF THE MOTOR IF AVAILABLE			
16.	LEAVE PLACE CLEAN, NEAT AND TIDY AFTER SERVICE AND REPAIRS			
17.	COMPLETE LOGBOOK			
18.	COMPLETE AND SUBMIT SERVICE SCHEDULE WITH INVOICE			
19.	Please write down sizes of the plastic tank and steel tank			

DATE OF INSPECTION: _____

NAME IN PRINT: _____

SIGNATURE: _____

COMPANY NAME: _____

COMPANY STAMP: _____



health

Department:
Health
PROVINCE OF KWAZULU-NATAL

**DEPARTMENT OF HEALTH
VRYHEID DISTRICT HOSPITAL**

QUOTATION No: ZNQ _____/2021/22
22/23

**PROJECT: INSPECTION/CLEANING OF WATER TANKS, WATER TESTING AND BOREHOLE
PUMP SERVICE**

CLINIC NAME **GLUCKSTADT**

BILLS OF QUANTITIES: OPEN QUOTATION

No	DESCRIPTION	QTY	SUPPLY RATE	INSTALL RATE	TOTAL RATE
1	CLEANING OF WATER TANKS USING BLEACH, WIRE BRUSH AND SCRAPERS TO REMOVE MUD AND SLUDGE INSIDE	ITEM	N/A	N/A	R
2	REMOVE BOREHOLE AND OPEN AND REMOVE ALL THE MUD AND ANY FOREIGN OBJECT IN SIDE THE CHAMBER	ITEM	N/A	N/A	R
3	SUPPLYING OF WATER TESTING KIT, EQUIPMENT AND WRITTEN REPORT	ITEM	N/A	N/A	R
4	REPLACE FILTER WHERE NECESSARY AND PUT NEW TABLES				
	Only registered contract to carry on with testing off water and proof of registration number under water service board.	ITEM	N/A	N/A	R
		TOTAL	COST		R

TOTAL QUOTATION PRICE TO BE CARRIED TO OFFICIAL QUOTATION FORM

CONTRACTING FIRM NAME: _____

CONTRACTORS COMPANY STAMP:

VRVTHEID DISTRICT CLINICS

INSPECTION/CLEANING OF WATER TANKS, WATER TESTING AND BOREHOLE PUMP SERVICE

LOCALITY OF TANKS CLINIC: GLUCKSTADT

TYPE OF TANKS: JOJO-TANK

ITEM	INSTRUCTION	CHECK	VALVES	REMARKS
1.	REMOVE BOREHOLE FROM ITS POSITION, OPEN AND REMOVE ALL THE MUD AROUND PUMP SUCKING POSITION AND ANY FOREIGN OBJECT IN SIDE THE CHAMBER AND PUT IT BACK AFTER SERVICE.			
2.	RECOMMISSION COMPLETE AND CHECK OPERATION			
3.	CHECK ALL EQUIPMENT FOR CORROSION, SCALE ETC AND DESCALATE WHERE NECESSARY.			
4.	CHECK CONDITION OF FLOUT SWITCH VALVE FOR ON AND OF WATER SUPPLY.			
5.	CHECK ALL WIRE FOR LOOSE CONNECTIONS' AND POWER SUPPLY (VOLTAGE).			
6.	RECALIBRATE PUMP / PANEL POWER SUPPLY			
7.	CHECK GENERAL CONDITION OF A PC BOARD			
8.	CHECK CONDITION OF TANK			
9.	CHECK FOR WATER LEAKS THROUGHOUT TANK			
10.	CHECK GENERAL CONDITION OF ALL VALVES			
11.	CHECK CONDITION OF GAUGES			
12.	CHECK GENERAL CONDITION OF ALL PIPES AND FITTINGS			
13.	OPEN HOLDING TANKS AND FLUSH OUT			
14.	REPLACE FILTER WHERE NECESSARY AND PUT CLEANING TABLETS			
15.	CHECK GENERAL CONDITION OF THE MOTOR IF AVAILABLE			
16.	LEAVE PLACE CLEAN, NEAT AND TIDY AFTER SERVICE AND REPAIRS			
17.	COMPLETE LOGBOOK			
18.	COMPLETE AND SUBMIT SERVICE SCHEDULE WITH INVOICE			
19.	Please write down sizes of the plastic tank and steel tank			

DATE OF INSPECTION: _____

NAME IN PRINT: _____

SIGNATURE: _____

COMPANY NAME: _____

COMPANY STAMP: _____

VRVHEID DISTRICT CLINICS

INSPECTION/CLEANING OF WATER TANKS, WATER TESTING AND BOREHOLE PUMP SERVICE

LOCALITY OF TANKS CLINIC: MONDLO B

TYPE OF TANKS: JOJO-TANK

ITEM	INSTRUCTION	CHECK	VALVES	REMARKS
1.	REMOVE BOREHOLE FROM ITS POSITION, OPEN AND REMOVE ALL THE MUD AROUND PUMP SUCKING POSITION AND ANY FOREIGN OBJECT IN SIDE THE CHAMBER AND PUT IT BACK AFTER SERVICE.			
2.	RECOMMISSION COMPLETE AND CHECK OPERATION			
3.	CHECK ALL EQUIPMENT FOR CORROSION, SCALE ETC AND DESCALE WHERE NECESSARY.			
4.	CHECK CONDITION OF FLOUT SWITCH VALVE FOR ON AND OF WATER SUPPLY.			
5.	CHECK ALL WIRE FOR LOOSE CONNECTIONS' AND POWER SUPPLY (VOLTAGE).			
6.	RECALIBRATE PUMP / PANEL POWER SUPPLY			
7.	CHECK GENERAL CONDITION OF A PC BOARD			
8.	CHECK CONDITION OF TANK			
9.	CHECK FOR WATER LEAKS THROUGHOUT TANK			
10.	CHECK GENERAL CONDITION OF ALL VALVES			
11.	CHECK CONDITION OF GAUGES			
12.	CHECK GENERAL CONDITION OF ALL PIPES AND FITTINGS			
13.	OPEN HOLDING TANKS AND FLUSH OUT			
14.	REPLACE FILTER WHERE NECESSARY AND PUT CLEANING TABLETS			
15.	CHECK GENERAL CONDITION OF THE MOTOR IF AVAILABLE			
16.	LEAVE PLACE CLEAN, NEAT AND TIDY AFTER SERVICE AND REPAIRS			
17.	COMPLETE LOGBOOK			
18.	COMPLETE AND SUBMIT SERVICE SCHEDULE WITH INVOICE			
19.	Please write down sizes of the plastic tank and steel tank			

DATE OF INSPECTION: _____

NAME IN PRINT: _____

SIGNATURE: _____

COMPANY NAME: _____

COMPANY STAMP: _____

VRVHEID DISTRICT CLINICS

INSPECTION/CLEANING OF WATER TANKS, WATER TESTING AND BOREHOLE PUMP SERVICE

LOCALITY OF TANKS CLINIC: BHEKUMTHETHO

TYPE OF TANKS: JOJO-TANK

ITEM	INSTRUCTION	CHECK	VALVES	REMARKS
1.	REMOVE BOREHOLE FROM ITS POSITION, OPEN AND REMOVE ALL THE MUD AROUND PUMP SUCKING POSITION AND ANY FOREIGN OBJECT IN SIDE THE CHAMBER AND PUT IT BACK AFTER SERVICE.			
2.	RECOMMISSION COMPLETE AND CHECK OPERATION			
3.	CHECK ALL EQUIPMENT FOR CORROSION, SCALE ETC AND DESCALE WHERE NECESSARY.			
4.	CHECK CONDITION OF FLOUT SWITCH VALVE FOR ON AND OF WATER SUPPLY.			
5.	CHECK ALL WIRE FOR LOOSE CONNECTIONS' AND POWER SUPPLY (VOLTAGE).			
6.	RECALIBRATE PUMP / PANEL POWER SUPPLY			
7.	CHECK GENERAL CONDITION OF A PC BOARD			
8.	CHECK CONDITION OF TANK			
9.	CHECK FOR WATER LEAKS THROUGHOUT TANK			
10.	CHECK GENERAL CONDITION OF ALL VALVES			
11.	CHECK CONDITION OF GAUGES			
12.	CHECK GENERAL CONDITION OF ALL PIPES AND FITTINGS			
13.	CHECK HOLDING TANKS AND FLUSH OUT			
14.	OPEN HOLDING TANKS AND PUT CLEANING TABLETS			
15.	REPLACE FILTER WHERE NECESSARY AND PUT CLEANING TABLETS			
16.	CHECK GENERAL CONDITION OF THE MOTOR IF AVAILABLE			
17.	LEAVE PLACE CLEAN, NEAT AND TIDY AFTER SERVICE AND REPAIRS			
17.	COMPLETE LOGBOOK			
18.	COMPLETE AND SUBMIT SERVICE SCHEDULE WITH INVOICE			
19.	Please write down sizes of the plastic tank and steel tank			

DATE OF INSPECTION: _____ **NAME IN PRINT:** _____

SIGNATURE: _____ **COMPANY NAME:** _____

COMPANY STAMP: _____



health

Department:
Health
PROVINCE OF KWAZULU-NATAL

**DEPARTMENT OF HEALTH
VRYHEID DISTRICT HOSPITAL**

QUOTATION No: ZNQ _____ /2021/22
22/23

PROJECT: INSPECTION/CLEANING OF WATER TANKS, WATER TESTING AND BOREHOLE PUMP SERVICE

CLINIC NAME THEMBUMUSA

BILLS OF QUANTITIES: OPEN QUOTATION

No	DESCRIPTION	QTY	SUPPLY RATE	INSTALL RATE	TOTAL RATE
1	CLEANING OF WATER TANKS USING BLEACH, WIRE BRUSH AND SCRAPERS TO REMOVE MUD AND SLUDGE INSIDE	ITEM	N/A	N/A	R
2	REMOVE BOREHOLE AND OPEN AND REMOVE ALL THE MUD AND ANY FOREIGN OBJECT IN SIDE THE CHAMBER	ITEM	N/A	N/A	R
3	SUPPLYING OF WATER TESTING KIT, EQUIPMENT AND WRITTEN REPORT	ITEM	N/A	N/A	R
4	REPLACE FILTER WHERE NECESSARY AND PUT NEW TABLES				
	Only registered contract to carry on with testing off water and proof of registration number under water service board.	ITEM	N/A	N/A	R
		TOTAL	COST		R

TOTAL QUOTATION PRICE TO BE CARRIED TO OFFICIAL QUOTATION FORM

CONTRACTING FIRM NAME: _____

CONTRACTORS COMPANY STAMP:

VRVHEID DISTRICT CLINICS

INSPECTION/CLEANING OF WATER TANKS, WATER TESTING AND SERVICE

LOCALITY OF TANKS CLINIC: THEMBUMUSA

TYPE OF TANKS: STEEL-TANK

ITEM	INSTRUCTION	CHECK	VALVES	REMARKS
1.	CHECK CONDITION OF TANK			
2.	CHECK FOR WATER LEAKS THROUGHOUT TANK			
3.	CHECK GENERAL CONDITION OF ALL VALVES			
4.	CHECK CONDITION OF GAUGES			
5.	CHECK GENERAL CONDITION OF ALL PIPES AND FITTINGS			
6.	OPEN HOLDING TANKS AND FLUSH OUT			
7.	CHECK ALL EQUIPMENT FOR CORROSION, SCALE ETC AND DESCALE WHERE NECESSARY			
8.	RECOMMISSION COMPLETE AND CHECK OPERATION			
9.	REPLACE FILTER WHERE NECESSARY AND PUT CLEANING TABLETS			
10.	CHECK GENERAL CONDITION OF THE MOTOR IF AVAILABLE			
11.	LEAVE PLACE CLEAN, NEAT AND TIDY AFTER SERVICE AND REPAIRS			
12.	COMPLETE LOGBOOK			
13.	COMPLETE AND SUBMIT SERVICE SCHEDULE WITH INVOICE			

DATE OF INSPECTION: _____
SIGNATURE: _____
COMPANY STAMP: _____

NAME IN PRINT: _____
COMPANY NAME: _____

VRVHEID DISTRICT CLINICS

INSPECTION/CLEANING OF WATER TANKS, WATER TESTING AND SERVICE

LOCALITY OF TANKS CLINIC: YOUTH CENTRE

TYPE OF TANKS: STEEL-TANK

ITEM	INSTRUCTION	CHECK	VALVES	REMARKS
1.	CHECK CONDITION OF TANK			
2.	CHECK FOR WATER LEAKS THROUGHOUT TANK			
3.	CHECK GENERAL CONDITION OF ALL VALVES			
4.	CHECK CONDITION OF GAUGES			
5.	CHECK GENERAL CONDITION OF ALL PIPES AND FITTINGS			
6.	OPEN HOLDING TANKS AND FLUSH OUT			
7.	CHECK ALL EQUIPMENT FOR CORROSION, SCALE ETC AND DESCALE WHERE NECESSARY			
8.	RECOMMISSION COMPLETE AND CHECK OPERATION			
9.	REPLACE FILTER WHERE NECESSARY AND PUT CLEANING TABLETS			
10.	CHECK GENERAL CONDITION OF THE MOTOR IF AVAILABLE			
11.	LEAVE PLACE CLEAN, NEAT AND TIDY AFTER SERVICE AND REPAIRS			
12.	COMPLETE LOGBOOK			
13.	COMPLETE AND SUBMIT SERVICE SCHEDULE WITH INVOICE			

DATE OF INSPECTION: _____

NAME IN PRINT: _____

SIGNATURE: _____

COMPANY NAME: _____

COMPANY STAMP: _____



health

Department:
Health
PROVINCE OF KWAZULU-NATAL

**DEPARTMENT OF HEALTH
VRYHEID DISTRICT HOSPITAL**

QUOTATION No: ZNQ _____/2021/22
22/23

PROJECT: INSPECTION/CLEANING OF WATER TANKS, WATER TESTING AND BOREHOLE PUMP SERVICE

CLINIC NAME NTABABOMVU

BILLS OF QUANTITIES: OPEN QUOTATION

No	DESCRIPTION	QTY	SUPPLY RATE	INSTALL RATE	TOTAL RATE
1	CLEANING OF WATER TANKS USING BLEACH, WIRE BRUSH AND SCRAPERS TO REMOVE MUD AND SLUDGE INSIDE	ITEM	N/A	N/A	R
2	REMOVE BOREHOLE AND OPEN AND REMOVE ALL THE MUD AND ANY FOREIGN OBJECT IN SIDE THE CHAMBER	ITEM	N/A	N/A	R
3	SUPPLYING OF WATER TESTING KIT, EQUIPMENT AND WRITTEN REPORT	ITEM	N/A	N/A	R
4	REPLACE FILTER WHERE NECESSARY AND PUT NEW TABLES				
	Only registered contract to carry on with testing off water and proof of registration number under water service board.	ITEM	N/A	N/A	R
		TOTAL	COST		R

TOTAL QUOTATION PRICE TO BE CARRIED TO OFFICIAL QUOTATION FORM

CONTRACTING FIRM NAME: _____

CONTRACTORS COMPANY STAMP:

VRVHEID DISTRICT CLINICS

INSPECTION/CLEANING OF WATER TANKS, WATER TESTING AND BOREHOLE PUMP SERVICE

LOCALITY OF TANKS CLINIC: NTABABOMVU

TYPE OF TANKS: JOJO-TANK

ITEM	INSTRUCTION	CHECK	VALVES	REMARKS
1.	REMOVE BOREHOLE FROM ITS POSITION, OPEN AND REMOVE ALL THE MUD AROUND PUMP SUCKING POSITION AND ANY FOREIGN OBJECT IN SIDE THE CHAMBER AND PUT IT BACK AFTER SERVICE.			
2.	RECOMMISSION COMPLETE AND CHECK OPERATION			
3.	CHECK ALL EQUIPMENT FOR CORROSION, SCALE ETC AND DESCALE WHERE NECESSARY.			
4.	CHECK CONDITION OF FLOUT SWITCH VALVE FOR ON AND OF WATER SUPPLY.			
5.	CHECK ALL WIRE FOR LOOSE CONNECTIONS' AND POWER SUPPLY (VOLTAGE).			
6.	RECALIBRATE PUMP / PANEL POWER SUPPLY			
7.	CHECK GENERAL CONDITION OF A PC BOARD			
8.	CHECK CONDITION OF TANK			
9.	CHECK FOR WATER LEAKS THROUGHOUT TANK			
10.	CHECK GENERAL CONDITION OF ALL VALVES			
11.	CHECK CONDITION OF GAUGES			
12.	CHECK GENERAL CONDITION OF ALL PIPES AND FITTINGS			
13.	OPEN HOLDING TANKS AND FLUSH OUT			
14.	REPLACE FILTER WHERE NECESSARY AND PUT CLEANING TABLETS			
15.	CHECK GENERAL CONDITION OF THE MOTOR IF AVAILABLE			
16.	LEAVE PLACE CLEAN, NEAT AND TIDY AFTER SERVICE AND REPAIRS			
17.	COMPLETE LOGBOOK			
18.	COMPLETE AND SUBMIT SERVICE SCHEDULE WITH INVOICE			
19.	Please write down sizes of the plastic tank and steel tank			

DATE OF INSPECTION: _____

NAME IN PRINT: _____

SIGNATURE: _____

COMPANY NAME: _____

COMPANY STAMP: _____

VRVHEID DISTRICT CLINICS

INSPECTION/CLEANING OF WATER TANKS, WATER TESTING AND SERVICE

LOCALITY OF TANKS CLINIC: SIYAKHATHALA

TYPE OF TANKS: STEEL-TANK

ITEM	INSTRUCTION	CHECK	VALVES	REMARKS
1.	CHECK CONDITION OF TANK			
2.	CHECK FOR WATER LEAKS THROUGHOUT TANK			
3.	CHECK GENERAL CONDITION OF ALL VALVES			
4.	CHECK CONDITION OF GAUGES			
5.	CHECK GENERAL CONDITION OF ALL PIPES AND FITTINGS			
6.	OPEN HOLDING TANKS AND FLUSH OUT			
7.	CHECK ALL EQUIPMENT FOR CORROSION, SCALE ETC AND DESCALE WHERE NECESSARY			
8.	RECOMMISSION COMPLETE AND CHECK OPERATION			
9.	REPLACE FILTER WHERE NECESSARY AND PUT CLEANING TABLETS			
10.	CHECK GENERAL CONDITION OF THE MOTOR IF AVAILABLE			
11.	LEAVE PLACE CLEAN, NEAT AND TIDY AFTER SERVICE AND REPAIRS			
12.	COMPLETE LOGBOOK			
13.	COMPLETE AND SUBMIT SERVICE SCHEDULE WITH INVOICE			

DATE OF INSPECTION: _____

NAME IN PRINT: _____

SIGNATURE: _____

COMPANY NAME: _____

COMPANY STAMP:

VRVHEID DISTRICT CLINICS

INSPECTION/CLEANING OF WATER TANKS, WATER TESTING AND SERVICE

LOCALITY OF TANKS CLINIC: MASON

TYPE OF TANKS: STEEL-TANK

ITEM	INSTRUCTION	CHECK	VALVES	REMARKS
1.	CHECK CONDITION OF TANK			
2.	CHECK FOR WATER LEAKS THROUGHOUT TANK			
3.	CHECK GENERAL CONDITION OF ALL VALVES			
4.	CHECK CONDITION OF GAUGES			
5.	CHECK GENERAL CONDITION OF ALL PIPES AND FITTINGS			
6.	OPEN HOLDING TANKS AND FLUSH OUT			
7.	CHECK ALL EQUIPMENT FOR CORROSION, SCALE ETC AND DESCALE WHERE NECESSARY			
8.	RECOMMISSION COMPLETE AND CHECK OPERATION			
9.	REPLACE FILTER WHERE NECESSARY AND PUT CLEANING TABLETS			
10.	CHECK GENERAL CONDITION OF THE MOTOR IF AVAILABLE			
11.	LEAVE PLACE CLEAN, NEAT AND TIDY AFTER SERVICE AND REPAIRS			
12.	COMPLETE LOGBOOK			
13.	COMPLETE AND SUBMIT SERVICE SCHEDULE WITH INVOICE			

DATE OF INSPECTION: _____

NAME IN PRINT: _____

SIGNATURE: _____

COMPANY NAME: _____

COMPANY STAMP:

VRVHEID DISTRICT CLINICS

INSPECTION/CLEANING OF WATER TANKS, WATER TESTING AND SERVICE

LOCALITY OF TANKS CLINIC: BHEKUZULU

TYPE OF TANKS: STEEL-TANK

ITEM	INSTRUCTION	CHECK	VALVES	REMARKS
1.	CHECK CONDITION OF TANK			
2.	CHECK FOR WATER LEAKS THROUGHOUT TANK			
3.	CHECK GENERAL CONDITION OF ALL VALVES			
4.	CHECK CONDITION OF GAUGES			
5.	CHECK GENERAL CONDITION OF ALL PIPES AND FITTINGS			
6.	OPEN HOLDING TANKS AND FLUSH OUT			
7.	CHECK ALL EQUIPMENT FOR CORROSION, SCALE ETC AND DESCALE WHERE NECESSARY			
8.	RECOMMISSION COMPLETE AND CHECK OPERATION			
9.	REPLACE FILTER WHERE NECESSARY AND PUT CLEANING TABLETS			
10.	CHECK GENERAL CONDITION OF THE MOTOR IF AVAILABLE			
11.	LEAVE PLACE CLEAN, NEAT AND TIDY AFTER SERVICE AND REPAIRS			
12.	COMPLETE LOGBOOK			
13.	COMPLETE AND SUBMIT SERVICE SCHEDULE WITH INVOICE			

DATE OF INSPECTION: _____

NAME IN PRINT: _____

SIGNATURE: _____

COMPANY NAME: _____

COMPANY STAMP: _____

VRVTHEID DISTRICT CLINICS

INSPECTION/CLEANING OF WATER TANKS, WATER TESTING AND BOREHOLE PUMP SERVICE

LOCALITY OF TANKS' CLINIC: SILDAH

TYPE OF TANKS: JOJO-TANK

ITEM	INSTRUCTION	CHECK	VALVES	REMARKS
1.	REMOVE BOREHOLE FROM ITS POSITION, OPEN AND REMOVE ALL THE MUD AROUND PUMP SUCKING POSITION AND ANY FOREIGN OBJECT IN SIDE THE CHAMBER AND PUT IT BACK AFTER SERVICE.			
2.	RECOMMISSION COMPLETE AND CHECK OPERATION			
3.	CHECK ALL EQUIPMENT FOR CORROSION, SCALE ETC AND DESCALE WHERE NECESSARY.			
4.	CHECK CONDITION OF FLOUT SWITCH VALVE FOR ON AND OF WATER SUPPLY.			
5.	CHECK ALL WIRE FOR LOOSE CONNECTIONS' AND POWER SUPPLY (VOLTAGE).			
6.	RECALIBRATE PUMP / PANEL POWER SUPPLY			
7.	CHECK GENERAL CONDITION OF A PC BOARD			
8.	CHECK CONDITION OF TANK			
9.	CHECK FOR WATER LEAKS THROUGHOUT TANK			
10.	CHECK GENERAL CONDITION OF ALL VALVES			
11.	CHECK CONDITION OF GAUGES			
12.	CHECK GENERAL CONDITION OF ALL PIPES AND FITTINGS			
13.	OPEN HOLDING TANKS AND FLUSH OUT			
14.	REPLACE FILTER WHERE NECESSARY AND PUT CLEANING TABLETS			
15.	CHECK GENERAL CONDITION OF THE MOTOR IF AVAILABLE			
16.	LEAVE PLACE CLEAN, NEAT AND TIDY AFTER SERVICE AND REPAIRS			
17.	COMPLETE LOGBOOK			
18.	COMPLETE AND SUBMIT SERVICE SCHEDULE WITH INVOICE			
19.	Please write down sizes of the plastic tank and steel tank			

DATE OF INSPECTION: _____

NAME IN PRINT: _____

SIGNATURE: _____

COMPANY NAME: _____

COMPANY STAMP: _____

VRYHEID DISTRICT CLINICS

INSPECTION/CLEANING OF WATER TANKS, WATER TESTING AND SERVICE

LOCALITY OF TANKS CLINIC: SILOAH

TYPE OF TANKS: STEEL-TANK

ITEM	INSTRUCTION	CHECK	VALVES	REMARKS
1.	CHECK CONDITION OF TANK			
2.	CHECK FOR WATER LEAKS THROUGHOUT TANK			
3.	CHECK GENERAL CONDITION OF ALL VALVES			
4.	CHECK CONDITION OF GAUGES			
5.	CHECK GENERAL CONDITION OF ALL PIPES AND FITTINGS			
6.	OPEN HOLDING TANKS AND FLUSH OUT			
7.	CHECK ALL EQUIPMENT FOR CORROSION, SCALE ETC AND DESCALING WHERE NECESSARY			
8.	RECOMMISSION COMPLETE AND CHECK OPERATION			
9.	REPLACE FILTER WHERE NECESSARY AND PUT CLEANING TABLETS			
10.	CHECK GENERAL CONDITION OF THE MOTOR IF AVAILABLE			
11.	LEAVE PLACE CLEAN, NEAT AND TIDY AFTER SERVICE AND REPAIRS			
12.	COMPLETE LOGBOOK			
13.	COMPLETE AND SUBMIT SERVICE SCHEDULE WITH INVOICE			

DATE OF INSPECTION: _____

NAME IN PRINT: _____

SIGNATURE: _____

COMPANY NAME: _____

COMPANY STAMP: _____