



Quotation Advert

Opening Date: 18/01/2023
Closing Date: 06/02/2023
Closing Time: 11:00

INSTITUTION DETAILS

Institution Name: King Edward VIII Hospital
Province: KwaZulu-Natal
Department of entity: Department of Health
Division or section: Central Supply Chain Management
**Place where goods/
service is required:** ST Aidans Hospital
Date Submitted: 17/01/2023

ITEM CATEGORY AND DETAILS

Quotation number: ZNQ: KEV328/22 Re Advertised
Item Category: Services
Item Description: Medical Gas Service: Quotation attached to the advert please print it and bring it with you for site briefing session so it can be signed and stamped failer to do so will result to disqualification.
Quantity (If supplies): [Click here to enter text.](#)

COMPULSORY BRIEFING SESSION / SITE VISIT

Select Type: Compulsory Site Meeting
Date: 24/01/2023
Time: 10H00
Venue: ST Aidans Hospital

QUOTES CAN BE COLLECTED FROM: Quotes attached to the advert

QUOTES SHOULD BE DELIVERED TO: Tender Box King Edward Hospital situated in the Admin Block Off Sydney Road

ENQUIRIES REGARDING ADVERT MAY BE DIRECTED TO:

Name: Mr N Tsaulwayo/ Mr Eugen Allerston
Email: [Click here to enter text.](#) **Contact number:** 031 360 3707/ 060 470 6665

Finance Manager Name: Mrs .V. Mtantato **Finance Manager Signature** 

STANDARD QUOTE DOCUMENTATION OVER R30 000.00

YOU ARE HEREBY INVITED TO QUOTE FOR REQUIREMENTS AT: KING EDWARD VIII HOSPITAL
DATE ADVERTISED: 2023-01-18 CLOSING DATE: 2023-02-06 CLOSING TIME: 11:00
FACSIMILE NUMBER: 031 205 6722 E-MAIL ADDRESS:
PHYSICAL ADDRESS: Gate 2 Francois Road Congela

QUOTE NUMBER: KEV328/22

DESCRIPTION: Medical Gas service Re-Advertised

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

CENTRAL SUPPLIER DATABASE REGISTRATION (CSD) NO. [Grid]

UNIQUE REGISTRATION REFERENCE [Grid]

DEPOSITED IN THE QUOTE BOX SITUATED AT (STREET ADDRESS)
.....
.....
.....

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 FOLLOWING EVALUATION PROCESS

- QUOTATIONS WILL BE EVALUATED FOR COMPLIANCE TO ADMINISTRATIVE AND SPECIFICATION REQUIREMENTS INCLUDING BUT NOT LIMITED TO BIDDER'S DISCLOSURE, THE GENERAL CONDITIONS OF CONTRACT (GCC) AND, IF APPLICABLE, ANY OTHER SPECIAL CONDITIONS OF CONTRACT.
PROPOSALS MAY ALSO BE EVALUATED ON FUNCTIONALITY IF APPLICABLE AND STATED IN THIS DOCUMENT.
QUALIFYING PROPOSALS WILL THEN BE EVALUATED ON PRICE ONLY

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 CODE.....NUMBER.....
CELLPHONE NUMBER
E-MAIL ADDRESS
VAT REGISTRATION NUMBER (If VAT vendor)

BIDDER'S DISCLOSURE

1. PURPOSE OF THE FORM

Any person (natural or juristic) may make an offer or offers in terms of this invitation to bid. In line with the principles of transparency, accountability, impartiality, and ethics as enshrined in the Constitution of the Republic of South Africa and further expressed in various pieces of legislation, it is required for the bidder to make this declaration in respect of the details required hereunder.

Where a person/s are listed in the Register for Tender Defaulters and / or the List of Restricted Suppliers, that person will automatically be disqualified from the bid process.

2. BIDDER'S DECLARATION

2.1. Is the bidder, or any of its directors / trustees / shareholders / members / partners or any person having a controlling interest¹ in the enterprise, employed by the state? **YES/NO**

2.1.1 If so, furnish particulars of the names, individual Identity numbers, and, if applicable, state employee numbers of sole proprietor/directors / trustees / shareholders / members/ partners or any person having a controlling interest in the enterprise, in table below.

| Full Name | Identity Number | Name of State Institution |
|-----------|-----------------|---------------------------|
| | | |
| | | |

2.2. Do you, or any person connected with the bidder, have a relationship with any person who is employed by the procuring institution? **YES/NO**

2.2.1. If so, furnish particulars:

2.3. Does the bidder or any of its directors / trustees / shareholders / members / partners or any person having a controlling interest in the enterprise have any interest in any other related enterprise whether or not they are bidding for this contract? **YES/NO**

2.3.1. If so, furnish particulars:

3. DECLARATION

I, the undersigned,(name)..... in submitting the accompanying bid, do hereby make the following statements that I certify to be true and complete in every respect:

- 3.1. I have read and I understand the contents of this disclosure;
- 3.2. I understand that the accompanying bid will be disqualified if this disclosure is found not to be true and complete in every respect;
- 3.3. The bidder has arrived at the accompanying bid independently from, and without consultation, communication, agreement or arrangement with any competitor. However, communication between partners in a joint venture or consortium² will not be construed as collusive bidding.
- 3.4. In addition, there have been no consultations, communications, agreements or arrangements with any competitor regarding the quality, quantity, specifications, prices, including methods, factors or formulas used to calculate prices, market allocation, the intention or decision to submit or not to submit the bid, bidding with the intention not to win the bid and conditions or delivery particulars of the products or services to which this bid invitation relates.
- 3.5. The terms of the accompanying bid have not been, and will not be, disclosed by the bidder, directly or indirectly, to any competitor, prior to the date and time of the official bid opening or of the awarding of the contract.
- 3.6. There have been no consultations, communications, agreements or arrangements made by the bidder with any official of the procuring institution in relation to this procurement process prior to and during the bidding process except to provide clarification on the bid submitted where so required by the institution; and the bidder was not involved in the drafting of the specifications or terms of reference for this bid.
- 3.7. I am aware that, in addition and without prejudice to any other remedy provided to combat any restrictive practices related to bids and contracts, bids that are suspicious will be reported to the Competition Commission for investigation and possible imposition of administrative penalties in terms of section 59 of the Competition Act No 89 of 1998 and or may be reported to the National Prosecuting Authority (NPA) for criminal investigation and or may be restricted from conducting business with the public sector for a period not exceeding ten (10) years in terms of the Prevention and Combating of Corrupt Activities Act No 12 of 2004 or any other applicable legislation.

I CERTIFY THAT THE INFORMATION FURNISHED IN PARAGRAPHS 1, 2 and 3 ABOVE IS CORRECT.
 I ACCEPT THAT THE STATE MAY REJECT THE BID OR ACT AGAINST ME IN TERMS OF PARAGRAPH 6 OF PFMA SCM INSTRUCTION 03 OF 2021/22 ON PREVENTING AND COMBATING ABUSE IN THE SUPPLY CHAIN MANAGEMENT SYSTEM SHOULD THIS DECLARATION PROVE TO BE FALSE.

.....
Name of Bidder **Signature** **Position** **Date**

¹ The power, by one person or a group of persons holding the majority of the equity of an enterprise, alternatively, the person/s having the deciding vote or power to influence or to direct the course and decisions of the enterprise.
² Joint venture or Consortium means an association of persons for the purpose of combining their expertise, property, capital, efforts, skill and knowledge in an activity for the execution of a contract.

GENERAL CONDITIONS OF CONTRACT

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, 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) 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, 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 price, is incomplete in any respect, the said supplier meets all specification requirements and offers the lowest 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 two 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. TAX COMPLIANCE REQUIREMENTS

- 9.1. 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.**
- 9.2. 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.**

10. TAX INVOICE

10.1. A tax invoice shall be in the currency of the Republic of South Africa and shall contain the following particulars:

- (i) the name, address and registration number of the supplier;
- (ii) the name and address of the recipient;
- (iii) an individual serialized number and the date upon which the tax invoice is issued;
- (iv) a description and quantity or volume of the goods or services supplied;
- (v) the official department order number issued to the supplier;
- (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 DISQUALIFY ANY QUOTATION WHICH FAILS TO COMPLY WITH THE ABOVE.

Quote Number: KEV328/27

Item Description: Service Medical gas plants and wall points

Department/Section: St Aiden's 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

Note: Clear copy of both sides of medical gas registration card to be attached to tender, failure in which, your tender will not be evaluated.

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

if Yes, specify: Date 02/11/2020 Time 11H00 Place Maintenance St Aiden's Hospital

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

Foreword

Safety first requirements:

PPE:

All contractor staff entering these premises shall wear hard tip safety shoes and respiratory mask on face. Failure to conform to this instruction will result your company not attending the site meeting.

Site meeting documentation requirements

All contractors shall have full copy of advertised document on hand on the day of site meeting. Failure will result you not being able to participate in the site meeting and be disqualified from this tender.

When quoting:

Note: Only items specified in the service schedules and tender document that require replacement must be quoted for. Should any other item be quoted for and not being mentioned in the service schedules or tender document, to replace, tender will be disqualified.

Winning bidder

Compile and submit (non-returnable documents) safety file (related to the works below) to the safety officer on receipt of official order number of works with in TWO working days from official order date.

Standard conditions of contract form treasury, will apply to this contract.

Note: Winning bidder site hand over will only be conducted once e-mail confirmation has been received from safety officer, and will be done by Deputy Director Systems/ Acting Maintenance Manager.

Documents required for Site hand over is the following:

- I. Advert page copy – Provided by contractor



- II. Award page copy – Provided by contractor
- III. Complete copy of original tender submitted – Provided by contractor (Copy to be made prior submitting tender)
- IV. Official Order – Provided by contractor
- V. Work plan – Provided by contractor as per example attaché to tender documents.
- Site hand over certificate – Provided by Deputy Director Systems/ Acting Maintenance Manager.

| | |
|--------|---|
| 2.1 | Works required: Attend service schedules attached to tender in the following areas: Medical Air compressor x2, Vacuum system x 2, Medical gas banks x 2. All works mentioned to be done once off Theatre scavenging air system to be inspected fully and defects reported on after service reports. |
| 2.1.1 | Codes: MG3-002 x2 (Medical air compressor), MG2-002 x2 (Vacuum pumps) MG1-002 x2 (Medical gas plant [Nitrous oxide and Medical Oxygen]) including removal of all medical gas filters and air filters for inspection and refitting after inspection. Note: Full assessment is to be done on the functionality of the medical gas alarm system comprising of VIE bulk tank line pressure fail alarm, Nitrous oxide bank and line pressure fail alarm and Medical oxygen bank fail and line pressure failure alarm. Full bill of quantities to be handed in with after service repair should it not be working to the nearest 24HR manned station (Matrons office) And 2 x MG4-002 refrigerated air dryers Note: Original service schedules (Printed by contractor) will remain on site at all times. Carbon paper must be used should the contractor require a copy for his own records. |
| 2.2 | Works required: All medical gas wall points is to be tested on the following amount of medical gas points quantities and shall be listed on the all reports in 1 – 100 (For example) format: Note: Medical gas point tests to be recorded as follows: Type medical gas point, year number of point, Pressure, max flow rate (Litres/minute) and remarks on repairs needed. Photos to be attached of any un marked wall points indicating also the floor level and department. |
| 2.2.1 | Med air – 49, Nitrous oxide – 10, Medical oxygen – 150, Vacuum points - 99 |
| 2.16 | Waste management requirements: |
| 2.16.1 | Attach disposable certificate of any old oil, ghnres or refrigerant that was removed and certificate to also show quantity. |
| 2.17 | After service report requirements: |
| | Note: After service report must be handed in within 5 working days from the completion of the service. Provide an after service report (in word format and email to St Aiden's project leader) on completion of the service as below requirements and attach copy to invoice with all supporting documents. 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 files 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 reading, 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.

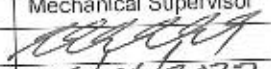
- 3.3. Service schedule/s will be issued by SCM department and will be one copy of each applicable service type. Contractor must copy the correct amount of service schedules needed to complete the service..
- 3.4. Execution plan of start day and completion day and each consecutive day of work to be done 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 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-Pre test inspection (as per System Testing) 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 | |
| Designation / Rank (in full) | Mechanical Supervisor | Designation/ Rank (in full) | |
| Signature |  | Signature | |
| Date | 09/06/2022 | Date | |

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

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

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

| SUBTOTAL BROUGHT FORWARD FROM PAGE 3 | | | | R..... |
|--------------------------------------|--|--|----------|--------|
| D.1.4 | TRANSPORT | | TOTAL Km | RATE |
| a) | Haulage to site trips | | | |
| | @km per trip | | 2.5 tone | R 9.31 |
| | @km per trip | | 3 tone | R10.80 |
| | @km per trip | | 5 tone | R12.50 |
| | @km per trip | | 7 tone | R14.50 |
| | @km per trip | | 10 tone | R16.80 |
| b) | Cranage 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 : VACUUM PUMP INSTALLATIONS
SCHEDULE FREQUENCY :

REF : MG
CODE : MG2-002

| INSTALLATION NAME : | | REF : | | ORDER No.: | | | | | |
|---------------------|---|---|--|------------------------|----------------------------|----------|----------------|--------------------------------|---------|
| SERVICE PROVIDER : | | OTHER REPAIRS REQUIRED | | SUBMIT QUOTATION | | | | | |
| 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 | EST. TIME REQ. | DESCRIPTION OF SPARES REQUIRED | QTY REQ |
| | | | | | | | | | |
| 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 SUBMIT QUOTATION | | | | | |
|--------------|--|---|---|---------------|-------------------------------|--|----------------------|---|----------------------|-----------------------------------|------------|
| ITEM | INSTRUCTION: CHECK, ADJUST, CLEAN AS REQUIRED | IN ORDER | OTHER NON-SPECIFIED RUNNING REPAIRS DONE | TIME TAKEN | DESCRIPTION OF SPARES USED | EX SITE STOCK | EX FIRMS STOCK | DESCRIPTION OF OTHER REPAIRS REQUIRED | EST. TIME REQ. | DESCRIPTION OF SPARES REQUIRED | QTY REQ |
| 15. | Check operation and cycling of plant and adjust if necessary (approx. 600mm Hg). Note cut-in and cut-out pressures | | | | | | | | | | |
| 16. | Clean plant and plantroom | | | | | | | | | | |
| 17. | Change over lead/lag 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 pit 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 : MEDICAL GAS
SCHEDULE FOR : GENERAL
SCHEDULE FREQUENCY :

REF : MG
CODE : MG1-002

INSTALLATION NAME : REF :

SERVICE PROVIDER : ORDER No.:

| P.M. SERVICE | | RUNNING REPAIRS (Apply for V.O. as Applicable) | | | | OTHER REPAIRS REQUIRED SUBMIT QUOTATION | | | QTY REQ |
|--------------|---|---|---|---------------|-------------------------------|--|----------------------|-----------------------------------|----------------------|
| ITEM | INSTRUCTION: CHECK, ADJUST, CLEAN AS REQUIRED | IN ORDER | OTHER NON-SPECIFIED RUNNING REPAIRS DONE | TIME TAKEN | DESCRIPTION OF SPARES USED | QUANTITY EX SITE STOCK | EX FIRMS STOCK | DESCRIPTION OF SPARES REQUIRED | EST. TIME REQ. |
| 1. | Check and note system pressures | | | | | | | | |
| 2. | Clean bank's thoroughly before servicing | | | | | | | | |
| 3. | Check operation of change-over system | | | | | | | | |
| 4. | Check all warning panel pilot lights | | | | | | | | |
| 5. | Check all pilotails 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 | | | QTY REQ |
|--------------|--|---|---|---------------|-------------------------------|--|----------------------|-----------------------------------|---------------------|
| ITEM | INSTRUCTION: CHECK, ADJUST, CLEAN AS REQUIRED | IN ORDER | OTHER NON-SPECIFIED RUNNING REPAIRS DONE | TIME TAKEN | DESCRIPTION OF SPARES USED | QUANTITY EX SITE STOCK | EX FIRMS STOCK | DESCRIPTION OF SPARES REQUIRED | EST. TIME REQ |
| 15. | Check settings of warning light pressure switches. Adjust if necessary and note 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)

| | | | | | | | | | | | |
|--|--|-----------|--|---------------|--|-------|--|------------|--|-----------------|--|
| 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 : MEDICAL GAS
 SCHEDULE FOR : AIR COMPRESSOR INSTALLATION
 SCHEDULE FREQUENCY :
 INSTALLATION NAME :

REF : MG
 CODE : MG3-002

REF :

ORDER No.:

SERVICE PROVIDER :

| 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 | EX SITE STOCK | EX FIRMS STOCK | DESCRIPTION OF OTHER REPAIRS REQUIRED | EST. TIME REQ. | DESCRIPTION OF SPARES REQUIRED | QTY REQ |
| 1. | Check plantroom louvres and screens and clean | | | | | | | | | | |
| 2. | Check for undue noise or vibration | | | | | | | | | | |
| 3. | Check belt tension and correct if necessary | | | | | | | | | | |
| 4. | Check condition 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 inlet filter | | | | | | | | | | |
| 12. | Check for compressed air leaks (including outlet 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 SUBMIT QUOTATION | | | | | |
|--------------|---|---|---|---------------|-------------------------------|--|----------------------|---|----------------------|-----------------------------------|------------|
| ITEM | INSTRUCTION: CHECK, ADJUST, CLEAN AS REQUIRED | IN ORDER | OTHER NON-SPECIFIED RUNNING REPAIRS DONE | TIME TAKEN | DESCRIPTION OF SPARES USED | EX SITE STOCK | EX FIRMS STOCK | DESCRIPTION OF OTHER REPAIRS REQUIRED | EST. TIME REQ. | DESCRIPTION OF SPARES REQUIRED | QTY REQ |
| 15. | Change over lead - lag units | | | | | | | | | | |
| 16. | Clean plant, plantroom and drain receiver | | | | | | | | | | |
| 17. | Check operation and settings of pressure reducing valve/s. Adjust if necessary and note settings | | | | | | | | | | |
| 18. | Check operation and settings of safety valve/s. Adjust if necessary and note settings | | | | | | | | | | |
| 19. | Check operation of warning light system | | | | | | | | | | |
| 20. | Check compressor oil level/s. Top up or change as required according to manufacturer's instructions | | | | | | | | | | |
| 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. Re-calibrate as required | | | | | | | | | | |
| 28. | Complete plant logbook | | | | | | | | | | |
| 29. | Do pressure test in accordance with M.O.S. Act (36 monthly). 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): | | | | | | |
| TIME IN: | TIME OUT: | TIME ON SITE: | DATE: | | | |
| FROM: | TO: | KM: | TO: | KM: | TOTAL KM: | SIGNATURE: |
| | | | | NAME OF RESPONSIBLE OFFICIAL ON SITE: | | |

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

TYPE OF SERVICE : MEDICAL GAS
SCHEDULE FOR : REFRIGERATED AIR DRIER
SCHEDULE FREQUENCY :

REF : MG
CODE : MG4-002

INSTALLATION NAME : REF :

SERVICE PROVIDER : ORDER No.:

| P.M. SERVICE | | RUNNING REPAIRS (Apply for V.O. as Applicable) | | | | OTHER REPAIRS REQUIRED SUBMIT QUOTATION | | | | | |
|--------------|---|---|---|---------------|-------------------------------|--|-------------------|---|----------------------|-----------------------------------|------------|
| ITEM | INSTRUCTION: CHECK, ADJUST, CLEAN AS REQUIRED | IN ORDER | OTHER NON-SPECIFIED RUNNING REPAIRS DONE | TIME TAKEN | DESCRIPTION OF SPARES USED | QUANTITY EX SITE STOCK | EX FIRMS STOCK | DESCRIPTION OF OTHER REPAIRS REQUIRED | EST. TIME REQ. | DESCRIPTION OF SPARES REQUIRED | QTY REQ |
| 1. | Check for undue noise or vibration | | | | | | | | | | |
| 2. | Check that unit does operate | | | | | | | | | | |
| 3. | Check for compressed air leaks | | | | | | | | | | |
| 4. | Check for oil - refrigerant leaks | | | | | | | | | | |
| 5. | Check condition of oil filters and clean | | | | | | | | | | |
| 6. | Clean condenser coil | | | | | | | | | | |
| 7. | Check condenser fan motor for noisy bearings, excessive end play etc. | | | | | | | | | | |
| 8. | Check operation of automatic moisture trap | | | | | | | | | | |
| 9. | Tighten all electrical terminals | | | | | | | | | | |
| 10. | Clean, remove loose paint and scale. Repaint | | | | | | | | | | |
| 11. | Complete plant log book | | | | | | | | | | |

| | | | | | | | | | |
|--|--|-----------|--|---------------|---------------------------------------|-------|--|-----------|--|
| I CERTIFY THAT THE SPECIFIED SERVICE WAS CARRIED OUT | | | | | | | | | |
| NAME OF SERVICEMAN (BLOCK LETTERS): | | | | | SIGNATURE: | | | | |
| NAME/S OF ASSISTANT/S: SEMI SKILLED: | | | | | | | | | |
| NAME/S OF ASSISTANT/S: UNSKILLED: | | | | | | | | | |
| COMPANY NAME (BLOCK LETTERS): | | | | | | | | | |
| TIME IN: | | TIME OUT: | | TIME ON SITE: | | DATE: | | | |
| FROM: | | TO: | | KM: | | TO: | | TOTAL KM: | |
| OFFICIAL STAMP: | | | | | NAME OF RESPONSIBLE OFFICIAL ON SITE: | | | | |
| | | | | | SIGNATURE: | | | | |

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

JOB SHEET/DELIVERY NOTE

NAME OF SERVICE PROVIDER:

JOB No.:

INSTITUTION:

ZNQ/KM _____ /

REF No.:

FROM:

START:

ORDER No.:

TO:

Km

ARRIVE:

DATE:

FROM:

DEPART:

PLANT:

TO:

Km

END:

VEHICLE: STATE PETROL OR DIESEL:

TOTAL

Km

TOTAL SITE TIME:

DETAILS OF WORK DONE:

OTHER DEFECTS NOTED FOR ATTENTION:

SPARES USED (Add pages if required)

QTY

SPARES USED (Add pages if required)

QTY

TOTALS

LABOUR

No. DAYS
SUBSISTENCE

NAME/S OF ARTISAN

SKILLED: NORMAL TIME

HRS

SIGNATURE:

O/TIME

1.5 x HRS

2 x HRS

HRS

NAME/S OF ASSISTANTS:

SEMI SKILLED: NORMAL TIME

HRS

NAME/S:

APPRENTICE: NORMAL TIME

HRS

NAME/S:

UNSKILLED: NORMAL TIME

HRS

NAME/S:

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

OFFICIAL STAMP:

NAME: _____ SIGN:

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 Yes/Partially/No | Institutional project leader signature | Comments |
|---|---------|----------|-------------------------------|---|----------|
| | Planned | Actual | | | |
| 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.....