



KWAZULU-NATAL PROVINCE
HEALTH
REPUBLIC OF SOUTH AFRICA

Quotation Advert

Opening Date: 28/07/2023
Closing Date: 10/08/2023
Closing Time: 11:00

INSTITUTION DETAILS

Institution Name: Estcourt Hospital
Province: KwaZulu-Natal
Department of entity: Department of Health
Division or section: Supply Chain Management
Place where goods/
service is required: Estcourt Hospital
Date Submitted: 28/07/2023

ITEM CATEGORY AND DETAILS

Quotation number: EST 247/2023-2024
Item Category: Goods
Item Description: Uniform for Radiographers as per circular no 38 of 2021
Quantity: Various sizes

COMPULSORY BRIEFING SESSION / SITE VISIT

Select Type: Not applicable

Time:

Venue:

QUOTES CAN BE COLLECTED FROM: KZN Health Website

QUOTES SHOULD BE DELIVERED TO: 01 old main road estcourt next to typist office,
ENQUIRIES REGARDING ADVERT MAY BE DIRECTED TO:

Name: Miss S.P Nkabinde

Email: Samkelisiwe.Nkabinde@kznhealth.gov.za

Contact number: 036 342 7075

Finance Manager Name: Mr S G Nkabinde

Finance Manage signature: 

OFFICIAL PRICE PAGE FOR QUOTATIONS OVER R2 000.01

QUOTE NUMBER: ZNQ ,EST ,247 , 2023 , 24

DESCRIPTION: UNIFORM FOR RADIOGRAPHERS AS PER CIRCULAR NO.38 OF 2021

PREFERENCE POINTS WILL BE ALLOCATED ACCORDING TO THE IMPLEMENTATION OF SPECIFIC GOALS IN TERMS OF PPR 2022:	POINTS ALLOCATED
----	20

ICN NUMBER	QUANTITY	UNIT OF MEASURE	DESCRIPTION	BRAND & MODEL	COUNTRY OF MANUFACTURE	PRICE	
						R	C
			PLEASE ATTACH DETAILED				
			CSD SUMMARY REPORT				
			07 PAGE & SBD (BIDDER DISCLOSURE)				
			SUPPLY AND DELIVER				
			UNIFORM FOR RADIOGRAPHERS				
			AS PER CIRCULAR NO 38 OF 2021				
			AS PER SPECIFICATION ATTACHED.				
VALUE ADDED TAX @ 15% (Only if VAT Vendor)							
TOTAL QUOTATION PRICE (VALIDITY PERIOD 60 Days)							

DOES THIS OFFER COMPLY WITH THE SPECIFICATION? YES / NO
 IS THE PRICE FIRM? YES / NO
 DOES THE ARTICLE CONFORM TO THE S.A.N.S. / S.A.B.S. SPECIFICATION? YES / NO

STATE DELIVERY PERIOD (E.G. 3 DAYS, 1 WEEK) _____

NAME OF BIDDER: _____ SIGNATURE OF BIDDER: _____
 [By signing this document, I hereby agree to all terms and conditions]

CAPACITY UNDER WHICH THIS QUOTE IS SIGNED: _____ DATE: _____

<u>NAME</u>	<u>SCRUB SUITS (X3)</u>	<u>UNIFORM (X3)</u>	<u>SHOES SIZE</u>
XHAL SSS	<p>TOP X3 SHOULDER: 18 INC BREAST: 41 INC LENGTH : 27 INC WAIST: 38 INC</p> <p>PANTS X3 WAIST: 38 INC LENGTH:35 INC HIPS:44 INC</p> <p>1X GREY STRAIGHT SLIM LEG 1X RUST OLEUM STRAIGHT SLIM LEG 1X KHAKI STRAIGHT SLIM LEG</p>	<p>LIGHT BLUE PATTERNED SHIRTS X3 SHOULDER: 18 INC BREAST: 41 INC LENGTH : 27 INC WAIST: 38 INC</p> <p>NAVY PANTS X3 WAIST: 38 INC LENGTH:35 INC HIPS:44 INC</p> <p>NAVY JERSEY: MEDIUM BLACK STOCKING: XLARGE</p>	5- SNEAKERS
HLATSHWAYO NE	<p>TOP X3 SHOULDER: 14 INC BREAST: 33 INC LENGTH : 20 INC WAIST: 25 INC</p> <p>PANTS X3 WAIST: 25 INC LENGTH:38 INC HIPS:36 INC</p> <p>1X GREY STRAIGHT SLIM LEG 1X RUST OLEUM STRAIGHT SLIM LEG 1X KHAKI STRAIGHT SLIM LEG</p>	<p>LIGHT BLUE SHIRTS X3 SHOULDER: 14 INC BREAST: 33 INC LENGTH : 20 INC WAIST: 25 INC</p> <p>NAVY PANTS X3 WAIST: 25 INC LENGTH:38 INC HIPS:36 INC</p> <p>NAVY JERSEY: X-SMALL BLACK SOCKS:- SIZE 3-5</p>	3 -SNEAKERS

MILLO B J	<p>TOP X3 SHOULDER: 14.37 INC BREAST: 37.4 INC LENGTH : 24 INC WAIST: 36.6 INC</p> <p>PANTS X3 WAIST: 34 INC LENGTH: 37 INC HIPPS: 45 INC</p> <p>1X GREY STRAIGHT SLIM LEG 1X RUST OLEIUM STRAIGHT SLIM LEG 1X KHAKI STRAIGHT SLIM LEG</p>	<p>LIGHT BLUE PATTERNED SHIRTS X3 SHOULDER: 14.37 INC BREAST: 37.4 INC LENGTH : 24 INC WAIST: 36.6 INC</p> <p>PANTS :X3 WAIST: 34 INC LENGTH: 37 INC HIPPS: 45 INC</p> <p>NAVY JERSEY MEDIUM BLACK SOCKS SIZE 3-4</p>	3- SNEAKERS
MSOMI S P	<p>TOP X3 SHOULDER: 15 INC BREAST: 42 INC LENGTH : 25 INC WAIST: 36 INC</p> <p>PANTS X3 WAIST: 36 INC LENGTH: 37 INC HIPPS: 48 INC</p> <p>1X GREY STRAIGHT SLIM LEG 1X RUST OLEIUM STRAIGHT SLIM LEG 1X KHAKI STRAIGHT SLIM LEG</p>	<p>LIGHT BLUE SHIRTS X3 SHOULDER: 15 INC BREAST: 42 INC LENGTH : 25 INC WAIST: 36 INC</p> <p>NAVY PANTS X3 WAIST: 36 INC LENGTH: 37 INC HIPPS: 48 INC</p> <p>NAVY JERSEY: MEDIUM BLACK SOCKS SIZE 5</p>	5- SNEAKERS
RAJCOOMAR S	<p>TOP X3 SHOULDER: 15 INC BREAST: 37 INC LENGTH : 27 INC</p>	<p>LIGHT BLUE SHIRTS X3 SHOULDER: 15 INC BREAST: 37 INC LENGTH : 27 INC</p>	5- SNEAKERS

	<p>WAIST: 32 INC</p> <p>PANTS X3 WAIST: 32 INC LENGTH: 35 INC HIPS: 42 INC</p> <p>1X GREY STRAIGHT SLIM LEG 1X RUST OLEUM STRAIGHT SLIM LEG 1X KHAKI STRAIGHT SLIM LEG</p>	<p>WAIST: 32 INC</p> <p>NAVY PANTS X3 WAIST: 32 INC LENGTH: 35 INC HIPS: 42 INC</p> <p>NAVY JERSEY: MEDIUM BLACK STOCKING: MEDIUM</p>	8 SNEAKERS
DLAMINI M E	<p>TOP X3 SHOULDER: 18 INC CHEST: 40 INC LENGTH : 28 INC WAIST: 41 INC</p> <p>PANTS X3 WAIST: 41 INC LENGTH: 38 INC HIPS: 45 INC</p> <p>1X GREY STRAIGHT SLIM LEG 1X RUST OLEUM STRAIGHT SLIM LEG 1X KHAKI STRAIGHT SLIM LEG</p>	<p>LIGHT BLUE SHIRTS X3 SHOULDER: 18 INC CHEST: 40 INC LENGTH : 28 INC WAIST: 41 INC</p> <p>NAVY PANTS X3 WAIST: 41 INC LENGTH: 38 INC HIPS: 45 INC</p> <p>NAVY JERSEY: LARGE BLACK SOCKS: 7-10</p>	8 SNEAKERS
DLAMINI S	<p>TOP X3 SHOULDER: 19 INC CHEST: 45 INC LENGTH : 30 INC WAIST: 44 INC</p>	<p>LIGHT BLUE SHIRTS X3 SHOULDER: 19 INC CHEST: 45 INC LENGTH : 30 INC WAIST: 44 INC</p>	9 SNEAKERS

	<p>PANTS X3 WAIST: 44 INC LENGTH: 37 INC HIPS: 49 INC</p> <p>1X GREY STRAIGHT SLIM LEG 1X RUST OLEIUM STRAIGHT SLIM LEG 1X KHAKI STRAIGHT SLIM LEG</p>	<p>NAVY PANTS X3 WAIST: 44 INC LENGTH: 37 INC HIPS: 49 INC</p> <p>NAVY JERSEY: X-LARGE BLACK SOCKS: 7-10</p>	
HADEBE S J	<p>TOP X3 SHOULDER: 17 INC CHEST: 38 INC LENGTH : 28 INC WAIST: 36 INC</p> <p>PANTS X3 WAIST: 36 INC LENGTH: 38 INC HIPS: 46 INC</p> <p>1X GREY STRAIGHT SLIM LEG 1X RUST OLEIUM STRAIGHT SLIM LEG 1X KHAKI STRAIGHT SLIM LEG</p>	<p>LIGHT BLUE SHIRTS X3 SHOULDER: 17 INC CHEST: 38 INC LENGTH : 28 INC WAIST: 36 INC</p> <p>NAVY PANTS:X3 WAIST: 36 INC LENGTH: 38 INC HIPS: 46 INC</p> <p>NAVY JERSEY: LARGE BLACK SOCKS: 7-10</p>	9 - SNEAKERS
MAJOLA O	<p>TOP X3 SHOULDER: 22 INC BREAST: 43 INC LENGTH : 30 INC WAIST: 43 INC</p>	<p>LIGHT BLUE SHIRTS X3 SHOULDER: 22 INC BREAST:43 INC LENGTH : 30 INC WAIST: 4. INC</p>	- SNEAKERS

	<p>PANTS X3 WAIST: 37 INC LENGTH:40 INC HIPS:45 INC</p> <p>1X GREY STRAIGHT SLIM LEG 1X RUST OLEIUM STRAIGHT SLIM LEG 1X KHAKI STRAIGHT SLIM LEG</p>	<p>NAVY PANTS X3 WAIST: 37 INC LENGTH:40 INC HIPS:45 INC</p> <p>NAVY JERSEY: X LARGE BLACK SOCKS:- SIZE</p>	
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END-USER SPECIFICATION FORM

Quote Number: EST 247 / 2023-24
 Item Description: Navy Jackets
 Department/Section: X-ray Dept Purpose of Item: Reprography Units

1. Pre-qualification criteria if any:

1.1. Is the item required to have a regulatory body certification (e.g. SABS, SANS, SANAS, ISO, CIDB, etc.)? Yes / No:
 Regulatory Body / certification required if Yes: SABS/ISO

1.2. Is a compulsory site inspection / briefing session required? Yes / No
 if Yes, specify: Date ____/____/____; Time ____:____; Place _____

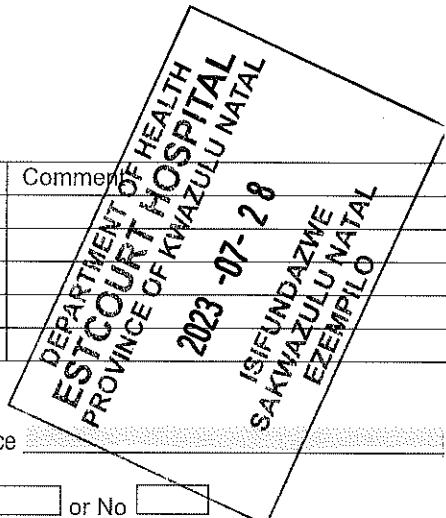
1.3. Is local production and content part of the quote? Yes / No
 if Yes, specify: _____

1.4. Provisions of section 4(1)(a) of the PPPFA Regulations, 2017 if applicable? Yes / No
 if Yes, specify: _____

1.5. Liability Cover insurance? Yes / No
 if Yes, specify: _____

2. What is the specification of the required item?

List specifications to be advertised	Comments
1. long sleeves, cotton	
2. Regular fit	
3. 24 up up	
4. 2 pockets	
5. Fannel neck	



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

3.1. Deadline for submission if Yes: Date ____/____/____; Time ____:____; Place _____

or
 3.2. Specify that samples must be made available when requested in writing. Yes or No

4. Penalties to be noted by the suppliers:

4.1. If the supplier fails to deliver any or all of the goods or to perform the services within the period(s) specified in the contract, the purchaser shall, without prejudice to its other remedies under the contract, deduct from the contract price, as a penalty, a sum calculated on the delivered price of the delayed goods or unperformed services using the current prime interest rate calculated for each day of the delay until actual delivery or performance.

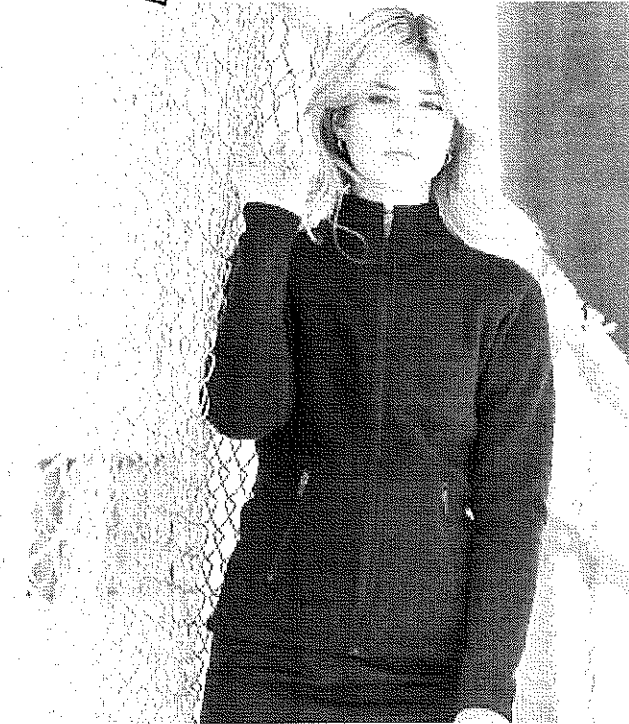
5. What is the evaluation criteria / special terms and conditions to be advertised?

List evaluation criteria / special terms and conditions to be advertised (if applicable)	
1. Pre-qualification criteria	Does the offer meet the pre-qualification criteria?
2. Administrative	Does the offer comply to stipulated administrative requirements?
3. Conformance:	Was the product made or service performed to specifications?
4. Performance:	Will/does the product/service fulfil its performance obligation, in a manner that releases the supplier from all liabilities under the contract?
5. Features:	What characteristics does the product or service have?
6. Reliability:	How long can a product go between failures and the need for maintenance? (guarantee)
7. Durability:	What is the useful life for the product? How will the product hold up under extended use?
8. Serviceability:	How easy is it to repair, maintain or support the product or service? (customer support)
9. Ability & Capacity	The ability and capacity of the vendor to execute the contract
10. Preference points	Preferential Procurement System (80/20) if applicable

Name of End-user (in full)	<u>ME DAMINI</u>	Name of SCM Rep (in full)	<u>SP Otabinde</u>
Designation / Rank (in full)	<u>AD RADIOGRAPHY</u>	Designation/ Rank (in full)	<u>Self</u>
Signature	<u>[Signature]</u>	Signature	<u>[Signature]</u>
Date	<u>05/06/2023</u>	Date	<u>28/07/2023</u>

EST 247 / 2023-28

DEPARTMENT OF HEALTH
ESTCOURT HOSPITAL
PROVINCE OF KWAZULU NATAL
2023 -07- 28
ISIFUNDAZWE
SAKWAZULU NATAL
EZEMPILO



END-USER SPECIFICATION FORM

Quote Number: EST 247/2023-24
 Item Description: scrub tops - Females
 Department/Section: X-Ray Dept Purpose of Item: Radiographer Uniform

1. Pre-qualification criteria if any:

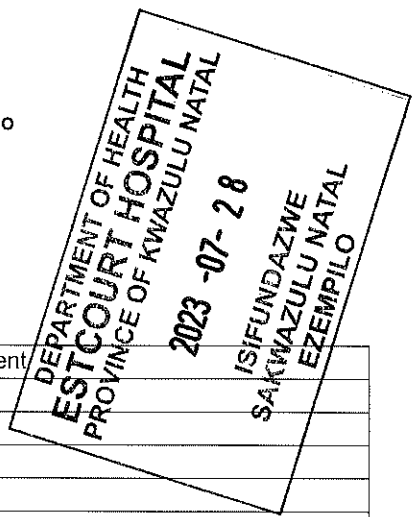
1.1. Is the item required to have a regulatory body certification (e.g. SABS, SANS, SANAS, ISO, CIDB, etc.)? Yes / No:
 Regulatory Body / certification required if Yes: SABS / ISO

1.2. Is a compulsory site inspection / briefing session required? Yes / No
 if Yes, specify: Date ____/____/____ Time ____:____ Place _____

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 / No
 if Yes, specify: _____

1.5. Liability Cover insurance? Yes / No
 if Yes, specify: _____



2. What is the specification of the required item?

List specifications to be advertised	Comment
1. <u>3 different colours - grey, khaki, rust olive</u>	
2. <u>cotton + polyester material</u>	
3. <u>1 breast pocket + 2 bottom pockets</u>	
4.	
5.	

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

3.1. Deadline for submission if Yes: Date ____/____/____ Time ____:____ Place _____

or

3.2. Specify that samples must be made available when requested in writing. Yes or No

4. Penalties to be noted by the suppliers:

4.1. If the supplier fails to deliver any or all of the goods or to perform the services within the period(s) specified in the contract, the purchaser shall, without prejudice to its other remedies under the contract, deduct from the contract price, as a penalty, a sum calculated on the delivered price of the delayed goods or unperformed services using the current prime interest rate calculated for each day of the delay until actual delivery or performance.

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

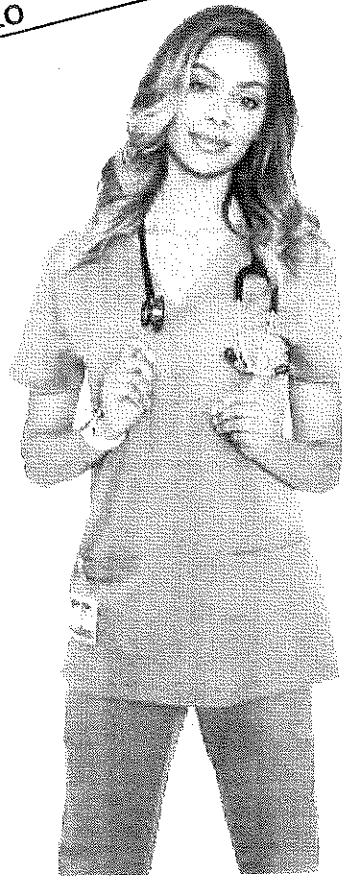
List evaluation criteria / special terms and conditions to be advertised (if applicable)	
1. Pre-qualification criteria	Does the offer meet the pre-qualification criteria?
2. Administrative	Does the offer comply to stipulated administrative requirements?
3. Conformance:	Was the product made or service performed to specifications?
4. Performance:	Will/does the product/service fulfil its performance obligation, in a manner that releases the supplier from all liabilities under the contract?
5. Features:	What characteristics does the product or service have?
6. Reliability:	How long can a product go between failures and the need for maintenance? (guarantee)
7. Durability:	What is the useful life for the product? How will the product hold up under extended use?
8. Serviceability:	How easy is it to repair, maintain or support the product or service? (customer support)
9. Ability & Capacity	The ability and capacity of the vendor to execute the contract
10. Preference points	Preferential Procurement System (80/20) if applicable

Name of End-user (in full)	<u>MEDLAMINI</u>	Name of SCM Rep (in full)	<u>SPOFOBONDE</u>
Designation / Rank (in full)	<u>AD. RADIOGRAPHY</u>	Designation/ Rank (in full)	<u>SCF</u>
Signature	<u>[Signature]</u>	Signature	<u>[Signature]</u>
Date	<u>05/06/2023</u>	Date	<u>28/07/2023</u>

EST 247/2023-24

DEPARTMENT OF HEALTH
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DEPARTMENT OF HEALTH
ESTCOURT HOSPITAL
PROVINCE OF KWAZULU NATAL
2023 -07- 2 8
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END-USER SPECIFICATION FORM

Quote Number: _____

Item Description: Safety Shoes Black - male

Department/Section: X-Ray Dept

Purpose of Item: Radiography Unit

1. Pre-qualification criteria if any:

1.1. Is the item required to have a regulatory body certification (e.g. SABS, SANS, SANAS, ISO, CIDB, etc.)? Yes / No:
 Regulatory Body / certification required if Yes: SABS/ISO

1.2. Is a compulsory site inspection / briefing session required? Yes / No
 if Yes, specify: Date _____ / _____ / _____ Time _____ Place _____

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 / No
 if Yes, specify: _____

1.5. Liability Cover insurance? Yes / No
 if Yes, specify: _____

2. What is the specification of the required item?

List specifications to be advertised	Comment
1. <u>Sneakers</u>	
2. <u>SABS Approved - Mesh leather upper</u>	
3. <u>Light weight, with impact cushioning</u>	
4. <u>Rubber outsole sole lace up</u>	
5.	

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

3.1. Deadline for submission if Yes: Date _____ / _____ / _____ Time _____ Place ERobert

or
 3.2. Specify that samples must be made available when requested in writing. Yes or No

4. Penalties to be noted by the suppliers:

4.1. If the supplier fails to deliver any or all of the goods or to perform the services within the period(s) specified in the contract, the purchaser shall, without prejudice to its other remedies under the contract, deduct from the contract price, as a penalty, a sum calculated on the delivered price of the delayed goods or unperformed services using the current prime interest rate calculated for each day of the delay until actual delivery or performance.

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

List evaluation criteria / special terms and conditions to be advertised (if applicable)		
1. Pre-qualification criteria	Does the offer meet the pre-qualification criteria?	
2. Administrative	Does the offer comply to stipulated administrative requirements?	
3. Conformance:	Was the product made or service performed to specifications?	
4. Performance:	Will/does the product/service fulfil its performance obligation, in a manner that releases the supplier from all liabilities under the contract?	
5. Features:	What characteristics does the product or service have?	
6. Reliability:	How long can a product go between failures and the need for maintenance? (guarantee)	
7. Durability:	What is the useful life for the product? How will the product hold up under extended use?	
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9. Ability & Capacity	The ability and capacity of the vendor to execute the contract	
10. Preference points	Preferential Procurement System (80/20) if applicable	

Name of End-user (in full)	<u>ME DUMINI</u>	Name of SCM Rep (in full)	<u>SPPDP</u>
Designation / Rank (in full)	<u>AD! Project Manager</u>	Designation/ Rank (in full)	<u>SCB</u>
Signature	<u>[Signature]</u>	Signature	<u>SPPDP</u>
Date	<u>05/06/2023</u>	Date	<u>28/07/2023</u>

DEPARTMENT OF HEALTH
ESTCOURT HOSPITAL
PROVINCE OF KWAZULU NATAL

2023 -07- 28

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EZEMPILO



A handwritten signature in black ink, consisting of several loops and a long tail, positioned below the shoes.

END-USER SPECIFICATION FORM

Quote Number: ESTJ 247/2023-2P
 Item Description: Blue Shirts - Males
 Department/Section: X-Ray Dept Purpose of Item: Radiographer Class

1. Pre-qualification criteria if any:
 - 1.1. Is the item required to have a regulatory body certification (e.g. SABS, SANS, SANAS, ISO, CIDB, etc.)? Yes / No:
 Regulatory Body / certification required if Yes: SABS/ISO
 - 1.2. Is a compulsory site inspection / briefing session required? Yes / No
 if Yes, specify: Date _____ Time _____ Place _____
 - 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 / No
 if Yes, specify: _____
 - 1.5. Liability Cover insurance? Yes / No
 if Yes, specify: _____

2. What is the specification of the required item?

List specifications to be advertised	Comment
1. <u>cotton</u>	
2. <u>light/sky blue</u>	
3. <u>slim fit</u>	
4. <u>long sleeve</u>	
5. <u>collar + buttons</u>	

3. Does a sample need to be submitted? Yes / No (select option 3.1 or 3.2)
 - 3.1. Deadline for submission if Yes: Date _____ Time _____ Place _____
 - or
 - 3.2. Specify that samples must be made available when requested in writing. Yes or No

4. Penalties to be noted by the suppliers:
 - 4.1. If the supplier fails to deliver any or all of the goods or to perform the services within the period(s) specified in the contract, the purchaser shall, without prejudice to its other remedies under the contract, **deduct from the contract price**, as a penalty, a sum calculated on the delivered price of the delayed goods or unperformed services using the current prime interest rate calculated for each day of the delay until actual delivery or performance.

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

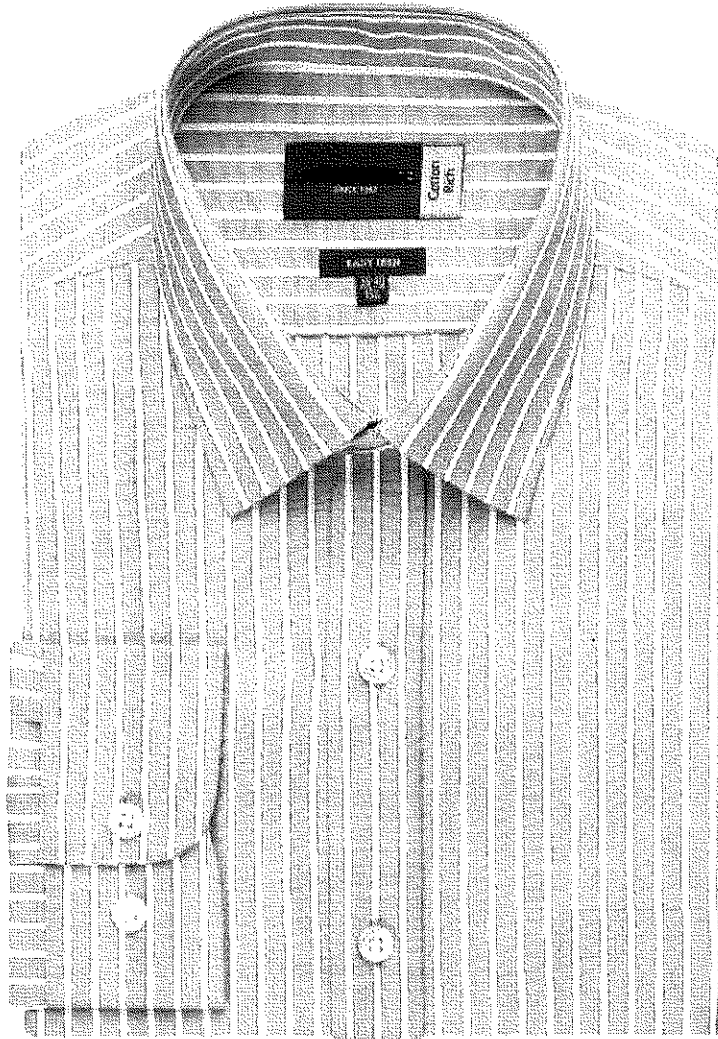
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2. Administrative	Does the offer comply to stipulated administrative requirements?
3. Conformance:	Was the product made or service performed to specifications?
4. Performance:	Will/does the product/service fulfil its performance obligation, in a manner that releases the supplier from all liabilities under the contract?
5. Features:	What characteristics does the product or service have?
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7. Durability:	What is the useful life for the product? How will the product hold up under extended use?
8. Serviceability:	How easy is it to repair, maintain or support the product or service? (customer support)
9. Ability & Capacity	The ability and capacity of the vendor to execute the contract
10. Preference points	Preferential Procurement System (80/20) if applicable

Name of End-user (in full)	<u>ME Dlamini</u>	Name of SCM Rep (in full)	<u>SPOKORDE</u>
Designation / Rank (in full)	<u>RD: RADIOGRAPHY</u>	Designation/ Rank (in full)	<u>SCD</u>
Signature	<u>[Signature]</u>	Signature	<u>[Signature]</u>
Date	<u>09/06/23</u>	Date	<u>28/07/2023</u>

DEPARTMENT OF HEALTH
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2023 -07- 2 8

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SPOF

EST 247 / 2023-28

~~XXXXXXXXXX~~
~~XXXXXXXXXX~~
753 1234

John Collins Private Ltd

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ESTCOURT HOSPITAL
PROVINCE OF KWAZULU NATAL
2023 -07- 28
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END-USER SPECIFICATION FORM

Quote Number: EST 247/2023.20
 Item Description: Black ankle socks - Male!
 Department/Section: X-Rdy Purpose of Item: Radiographer Uniform

1. Pre-qualification criteria if any:

- 1.1. Is the item required to have a regulatory body certification (e.g. SABS, SANS, SANAS, ISO, CIDB, etc.)? Yes / No:
 Regulatory Body / certification required if Yes: SABS/ISO
- 1.2. Is a compulsory site inspection / briefing session required? Yes / No
 if Yes, specify: Date _____ Time _____ Place _____
- 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 / No
 if Yes, specify: _____
- 1.5. Liability Cover insurance? Yes / No
 if Yes, specify: _____

2. What is the specification of the required item?

List specifications to be advertised	Comment
1. <u>Cotton + Elastane</u>	
2. <u>Reinforce heel toe</u>	
3. <u>Half Toe</u>	
4.	
5.	

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

3.1. Deadline for submission if Yes: Date _____ Time _____ Place _____

or
 3.2. Specify that samples must be made available when requested in writing. Yes or No

4. Penalties to be noted by the suppliers:

4.1. If the supplier fails to deliver any or all of the goods or to perform the services within the period(s) specified in the contract, the purchaser shall, without prejudice to its other remedies under the contract, **deduct from the contract price**, as a penalty, a sum calculated on the delivered price of the delayed goods or unperformed services using the current prime interest rate calculated for each day of the delay until actual delivery or performance.

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

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4. Performance:	Will/does the product/service fulfil its performance obligation, in a manner that releases the supplier from all liabilities under the contract?
5. Features:	What characteristics does the product or service have?
6. Reliability:	How long can a product go between failures and the need for maintenance? (guarantee)
7. Durability:	What is the useful life for the product? How will the product hold up under extended use?
8. Serviceability:	How easy is it to repair, maintain or support the product or service? (customer support)
9. Ability & Capacity	The ability and capacity of the vendor to execute the contract
10. Preference points	Preferential Procurement System (80/20) if applicable

Name of End-user (in full)	<u>ME Dlamini</u>	Name of SCM Rep (in full)	<u>SPRAB inde</u>
Designation / Rank (in full)	<u>AD. RAN. O. ADP. M</u>	Designation/ Rank (in full)	<u>SP</u>
Signature	<u>[Signature]</u>	Signature	<u>[Signature]</u>
Date	<u>5/6/2023</u>	Date	<u>28/07/2023</u>

EST 247 / 2023-24

DEPARTMENT OF HEALTH
ESTCOURT HOSPITAL
PROVINCE OF KWAZULU NATAL

2023 -07- 28

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