



## Quotation Advert

**Opening Date:** 28/11/2023

**Closing Date:** 05/12/2023

**Closing Time:** 11:00

### INSTITUTION DETAILS

**Institution Name:** Emmaus Hospital

**Province:** KwaZulu-Natal

**Department of entity:** Department of Health

**Division or section:** Central Supply Chain Management

**Place where goods/  
service is required:** Emmaus Hospital

**Date Submitted:** 28/11/2023

### ITEM CATEGORY AND DETAILS

**Quotation number:** EMM350/11/23

**Item Category:** Goods

**Item Description:** SUPPLY & DELEVER SURGICAL ITEMS

**Quantity (if supplies):**

### COMPULSORY BRIEFING SESSION / SITE VISIT

**Select Type:** Not applicable

**Date:**

**Time:**

**Venue:**

**QUOTES CAN BE COLLECTED FROM:** uploaded on website

**QUOTES SHOULD BE DELIVERED TO:** MAIN GATE

### ENQUIRIES REGARDING ADVERT MAY BE DIRECTED TO:

**Name:** B.E.MIYA

**Email:** EmmausQuotation@kznhealth.gov.za

**Contact number:** 036 488 8211

**Finance Manager Name:** Mr P.P Zulu

**Finance Manager Signature**

OFFICIAL PRICE PAGE FOR QUOTATIONS OVER R2 000.01

QUOTE NUMBER: ZNQ / EMM  350 / 11 / 23

DESCRIPTION: **SUPPLY & DELIVER SURGICAL ITEMS**

PREFERENCE POINTS WILL BE ALLOCATED ACCORDING TO THE IMPLEMENTATION OF SPECIFIC GOALS IN TERMS OF PPR 2022:	POINTS ALLOCATED
Promotion of South African owned enterprises	<input checked="" type="checkbox"/> 20

ICN NUMBER	QUANTITY	UNIT OF MEASURE	DESCRIPTION	BRAND & MODEL	COUNTRY OF MANUFACTURE	PRICE	
						R	C
	03	UNIT	SURGICAL TROLLEES WITH DRAWERS MOBILE				
	06	Unit	MEDICAL RESTRAINS WITH MAGNET				
	10	Unit	MOBILE MEDICAL SCREENS				
	05	Unit	STAINLESS STILL DELIVERY TROLLEY 2 TIER				
	04	Unit	DUAL BASIN HOLDERS				
		NB	REQUIREMENTS				
			CSD REPORT UPDATED				
			SARS PIN UPDATED				
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: \_\_\_\_\_

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

Item Description: SURGICAL TROLLEY

Department/Section: CAS/OPD

Purpose of Item: USED FOR SURGICAL PROCEDURES

**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. STAINLESS STEEL SURGICAL TROLLEY, TWO	
2. DRAWING SIZE 80*48*86cm	
3.	
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>MELISSA GOVENDER</u>	Name of SCM Rep (in full)	
Designation / Rank (in full)	<u>OPERATIONAL MANAGER</u>	Designation / Rank (in full)	
Signature	<u>[Signature]</u>	Signature	
Date	<u>11/04/23</u>	Date	



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

Item Description: MEDICAL RESTRAINTS WITH MAGNET

Department/Section: CAS / OPD Purpose of Item: USED TO RESTRAIN

PATIENTS

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>2 PCS MEDICAL RESTRAINTS, FOR HANDS OR FEET</u>	
2. <u>1 SIZE FITS ALL</u>	
3.	
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

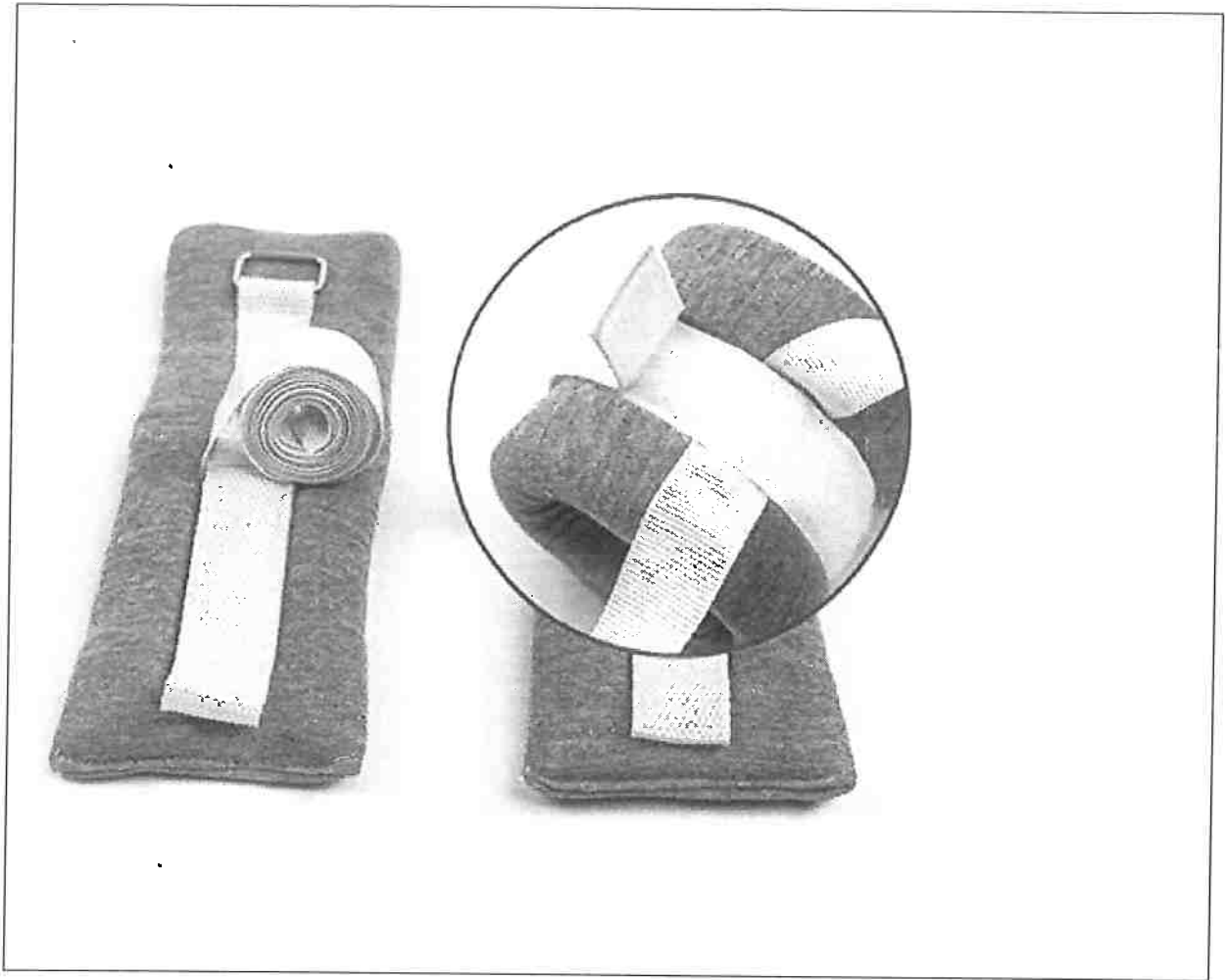
4. Penalties to be noted by the suppliers:

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>MELISSA GOVENDER</u>	Name of SCM Rep (in full)	
Designation / Rank (in full)	<u>OPERATIONAL MANAGER</u>	Designation / Rank (in full)	
Signature	<u>[Signature]</u>	Signature	
Date	<u>11/04/23</u>	Date	



**AUTHORISED BY BID / QUOTATION SPECIFICATION COMMITTEE**

<b>Initials and Surname</b>	<b>Portfolio</b>	<b>Signature</b>	<b>Date</b>





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

Item Description: **Medical mobile screens**

Department/Section: **Hast/Arv \_clinic\_\_\_**

Purpose of Item: **Provide privacy for clients.**

**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: \_\_\_\_\_

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. <i>4 fold screen with wipeable material</i>	
2. <i>Size 2,4m x 1,8m</i>	
3.	
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)	<i>TM Nkabaric</i>	Name of SCM Rep (in full)	
Designation / Rank (in full)	<i>DMN</i>	Designation/ Rank (in full)	
Signature	<i>[Signature]</i>	Signature	
Date	<i>14/04/2013</i>	Date	

Bed Screen 4 Fold – Clinihealth

Open Size: 2.4M x 1.8M.





# END-USER SPECIFICATION FORM

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

Item Description: Stainless Steel Delivery Trolley

Department/Section: Motamty

Purpose of Item: preparation of delivery in labour ward

**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: \_\_\_\_\_

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>Stainless steel with 2 drawers size</u>	
2.	<u>80x48x86cm</u>	
3.		
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:**

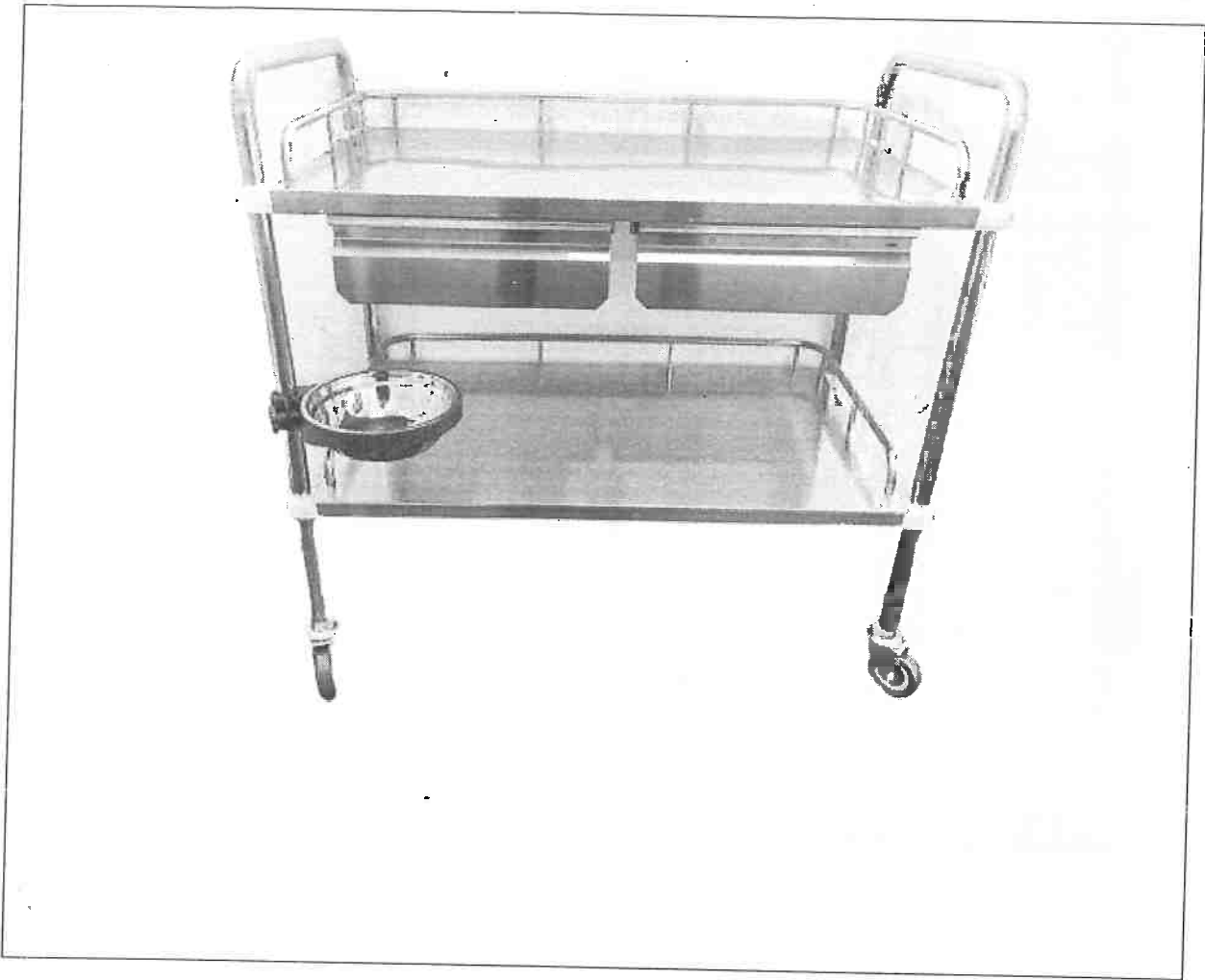
4.1. If the supplier fails to deliver any or all of the goods or to perform the services within the period(s) specified in the contract, the purchaser shall, without prejudice to its other remedies under the contract, **deduct from the contract price**, as a penalty, a sum calculated on the delivered 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.

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7. Durability:	How easy is it to repair, maintain or support the product or service? (customer support)
8. Serviceability:	The ability and capacity of the vendor to execute the contract
9. Ability & Capacity	Preferential Procurement System (80/20) if applicable
10. Preference points	

Name of End-user (in full)	<u>D.B. MATIBUND</u>	Name of SCM Rep (in full)	
Designation / Rank (in full)	<u>OPERATIONAL MANAGER</u>	Designation/ Rank (in full)	
Signature		Signature	
Date	<u>25/04/2023</u>	Date	





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<b>Initials and Surname</b>	<b>Portfolio</b>	<b>Signature</b>	<b>Date</b>





# END-USER SPECIFICATION FORM

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

Item Description: Dual Blow Stands

Department/Section: OT

Purpose of Item: \_\_\_\_\_

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

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>280mm width blow n, depth 34</u>	
2.	<u>SABS APPROVED</u>	
3.	<u>340mm circumference to fixed base</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:

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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>LABEND M&amp;B</u>	Name of SCM Rep (in full)	
Designation / Rank (in full)	<u>OG</u>	Designation/ Rank (in full)	
Signature	<u>[Signature]</u>	Signature	
Date	<u>12/1/2023</u>	Date	



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<b>Initials and Surname</b>	<b>Portfolio</b>	<b>Signature</b>	<b>Date</b>

