



## Quotation Advert

**Opening Date:** 29/01/2024

**Closing Date:** 07/02/2024

**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:** 29/01/2024

### ITEM CATEGORY AND DETAILS

**Quotation number:** EMM335/11/23

**Item Category:** Goods

**Item Description:** SUPPLY AND DELIVER SURGICAL ITEMS

**Quantity (if supplies):** 32

### COMPULSORY BRIEFING SESSION / SITE VISIT

**Select Type:** Not applicable

**Date:** [Click here to enter a date.](#)

**Time:** [Click here to enter text.](#)

**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:** N.HADEBE

**Finance Manager Signature** 



OFFICIAL PRICE PAGE FOR QUOTATIONS OVER R2 000.01

QUOTE NUMBER: ZNQ 1-FMM 1355 11-23

DESCRIPTION: Supply and Deliver Surgical Items

PREFERENCE POINTS WILL BE ALLOCATED ACCORDING TO THE IMPLEMENTATION OF SPECIFIC GOALS IN TERMS OF PPR 2022:	POINTS ALLOCATED
Promotion of Enterprises manufacturing in the Province of KwaZulu-Natal	20

ICN NUMBER	QUANTITY	UNIT OF MEASURE	DESCRIPTION	BRAND & MODEL	COUNTRY OF MANUFACTURE	PRICE	
						R	C
	02	Pkg of 10	Pipelle Gyndae Endometrial Biopsy				
	10	Box of 10	Plastic Surgical Goggles				
	03	Unit	BROWZOL TAPE				
	02	BOX of 10	OPsite SPRAY				
	04	Unit	DUAL BASIN HOLDERS				
	11	Box of various Items	CCG Kits				
		NB	REQUIREMENTS				
			CSD REPORT UPDATED				
			SARS PIN				
VALUE ADDED TAX @ 15% (Only if VAT Vendor)							
TOTAL QUOTATION PRICE (VALIDITY PERIOD 90 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: \_\_\_\_\_

**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 interest<sup>1</sup> 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<sup>2</sup>? **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 consortium<sup>3</sup> 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

<sup>1</sup> 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.

<sup>2</sup> "Procuring Institution" refers to all institutions under the Accounting Officer of the Department of Health.

<sup>3</sup> 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.

**4. POINTS AWARDED FOR SPECIFIC GOALS**

- 4.1. In terms of Regulation 4(2); 5(2); 6(2) and 7(2) of the Preferential Procurement Regulations, preference points must be awarded for specific goals stated in the tender. For the purposes of this tender the tenderer will be allocated points based on the goals stated in table 1 below as may be supported by proof/ documentation stated in the conditions of this tender:
- 4.2. In cases where organs of state intend to use Regulation 3(2) of the Regulations, which states that, if it is unclear whether the 80/20 or 90/10 preference point system applies, an organ of state must, in the tender documents, stipulate in the case of—
- (a) an invitation for tender for income-generating contracts, that either the 80/20 or 90/10 preference point system will apply and that the highest acceptable tender will be used to determine the applicable preference point system; or
  - (b) any other invitation for tender, that either the 80/20 or 90/10 preference point system will apply and that the lowest acceptable tender will be used to determine the applicable preference point system,
- then the organ of state must indicate the points allocated for specific goals for both the 90/10 and 80/20 preference point system.

**Table 1: Specific goals for the tender and points claimed are indicated per the table below.**

**Note to tenderers: The tenderer must indicate how they claim points for each preference point system.**

The specific goal/s allocated points in terms of this tender	Number of points allocated (80/20 system)	Number of points claimed (80/20 system)
Promotion of Enterprises manufacturing in the Province of KwaZulu-Natal	20	

**DECLARATION WITH REGARD TO COMPANY/FIRM**

- 4.3. Name of company/firm: \_\_\_\_\_
- 4.4. Company registration number: \_\_\_\_\_
- 4.5. TYPE OF COMPANY/ FIRM [tick applicable box]
- Partnership/Joint Venture / Consortium
  - One-person business/sole propriety
  - Close corporation
  - Public Company
  - Personal Liability Company
  - (Pty) Limited
  - Non-Profit Company
  - State Owned Company

- 4.6. I, the undersigned, who is duly authorised to do so on behalf of the company/firm, certify that the points claimed, based on the specific goals as advised in the tender, qualifies the company/ firm for the preference(s) shown and I acknowledge that:
- i) The information furnished is true and correct;
  - ii) The preference points claimed are in accordance with the General Conditions as indicated in paragraph 1 of this form;
  - iii) In the event of a contract being awarded as a result of points claimed as shown in paragraphs 1.4 and 4.2, the contractor may be required to furnish documentary proof to the satisfaction of the organ of state that the claims are correct;
  - iv) If the specific goals have been claimed or obtained on a fraudulent basis or any of the conditions of contract have not been fulfilled, the organ of state may, in addition to any other remedy it may have –
    - (a) disqualify the person from the tendering process;
    - (b) recover costs, losses or damages it has incurred or suffered as a result of that person's conduct;
    - (c) cancel the contract and claim any damages which it has suffered as a result of having to make less favourable arrangements due to such cancellation;
    - (d) recommend that the tenderer or contractor, its shareholders and directors, or only the shareholders and directors who acted on a fraudulent basis, be restricted from obtaining business from any organ of state for a period not exceeding 10 years, after the audi alteram partem (hear the other side) rule has been applied; and
    - (e) forward the matter for criminal prosecution, if deemed necessary.

\_\_\_\_\_  
**SIGNATURE(S) OF TENDERER(S)**

**SURNAME AND NAME:** \_\_\_\_\_

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

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

Item No: \_\_\_\_\_  
 Item Description: \_\_\_\_\_

CCG kits  
Businga

Purpose of Item: To send quality care to clients

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

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

13. Is local production and content part of the quote? Yes / No  
 if Yes, specify: \_\_\_\_\_

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

15. Liability Cover Insurance? Yes / No  
 if Yes, specify: \_\_\_\_\_

16. What are the special conditions of the required item?  
 List special conditions to be advertised: Well equipped CCG kits Comment: \_\_\_\_\_

17. Does a sample need to be submitted? Yes / No (select option 3.1 or 3.2)  
 if Yes, specify Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Time: \_\_\_\_ Place: \_\_\_\_\_

18. The required goods must be made available when requested in writing. Yes  or No

19. Penalties to be noted by the suppliers:

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, a sum equal to the 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.

20. 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. Performance	Was the product made or service performed to specifications?
4. Performance	Will the product/service fulfil its performance obligation, in a manner that releases the supplier from all liabilities under the contract?
5. Reliability	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)	Name of SCM Rep (in full)
Designation / Rank (in full)	Designation / Rank (in full)
Signature	Signature
Date	Date

**THE SPECIFICATION  
ZNB 9138/2013-H**

**SUPPLY AND DELIVERY OF HOME BASED CARE KITS OF VARIOUS ITEMS FOR VARIOUS INSTITUTIONS**

	<b>DESCRIPTION OF ITEMS</b>	<b>QUANTITY</b>
1.	<p><b>Disposable plastic apron</b>            Thickness: 30 micron , Apron Plastic Full body Single use,            No-noise smooth plastic material            Size: Ties length: 50cm Width: 10cm Length            From neck:110cm Width: 65cm thickness,            Colour: White            Size :large</p> <p>Packing: Units</p>	20 units
2.	<p><b>Pedal bin bags</b>            Thickness must be 30 microns            Size: 20 ℓ            Colour: Clear</p> <p>Packing: Units</p>	10 Units
3.	<p><b>Jelly</b>            100% Pure Petroleum Jelly (original)            All- purpose            Un-perfumed            Size : 250ml            Colour: No Colour</p> <p>Packing: 250ml Plastic Container</p>	1 unit
4.	<p><b>Soap Carbolic Red</b>            200g bars, The Quality of the product must meet the latest issue of SANS            specification 240/94            The Colour of the soap is to be similar to D29 "signal red "as specified in CKS            specification 279.            The soap is to have a pleasant odour and is to be a smooth texture.            To be packed in layers separated by plastic of similar material            Size: 200g</p> <p>Packing: Units</p>	2 units
5.	<p><b>Surgical Tape, Adhesive, Microporous.</b>            Must be lightweight, non-woven fabric. Permitting free ventilation; rapid evaporation            of underlying perspiration and exudate. Must be easy to tear and unwind, strong and            conforms well.            Adhesive to hypo-allergenic; non-occlusive. Must stick securely to skin surfaces,            even when wet, with easy atraumatic removal.            Size: 25 mm x 10 m.</p> <p>Packing: Roll</p>	1 roll

6.	<p><b>Conforming Bandage.</b>  In accordance with SABS 1427 as amended.  Scope: 3.1.1. Crepe Type 2  3.1.2 75 mm wide  Able to withstand high pressure, high vacuum autoclaving.</p> <p>Packing: Packets of 12 Roll</p>	1 packet
7.	<p><b>Gauze Swabs White Arm Dressing Sterile and autoclavable</b>  In accordance with SANS 446 as amended.  Scope: 3.1.1 Absorbent gauze.  3.1.2 100mm x 100mm x 8 ply</p> <p>Packing: Pack of 100 units</p>	1 packet
8.	<p><b>Toilet paper (1 ply)</b>  Toilet paper, (virgin type), white, one-ply, unwrapped rolls, utility grade in accordance with the requirements of the latest issue of SANS 1887:2008 parts 1 and 2, 500 sheets per roll</p> <p>Packing: Roll</p>	2 rolls
9.	<p><b>Adult napkins</b>  Disposable adult incontinence diaper of the wrap over type with peel-off adhesive tape at wing extremities, and consisting of a non-woven lining and an outer plastic material. At the centre of the diaper and sandwiched between the non-woven lining and a plastic outer, shall be an absorbent pad consisting of pulp filler with a layer of tissue paper and an absorbent compound or a non-woven on one side and encased in a cover of tissue paper which shall extend beyond the ends of the filler and adequately sealed with longitudinal contrivement flaps. The non-woven lining and absorbent pad shall be intermittent bonded to the outer plastic material. In accordance with ISO 16021:2000.  Size: X –LARGE  Packing : 14 pcs per packet</p>	1 packet
10.	<p><b>Adult napkins</b>  Disposable adult incontinence diaper of the wrap over type with peel-off adhesive tape at wing extremities, and consisting of a non-woven lining and an outer plastic material. At the centre of the diaper and sandwiched between the non-woven lining and a plastic outer, shall be an absorbent pad consisting of pulp filler with a layer of tissue paper and an absorbent compound or a non-woven on one side and encased in a cover of tissue paper which shall extend beyond the ends of the filler and adequately sealed with longitudinal contrivement flaps. The non-woven lining and absorbent pad shall be intermittent bonded to the outer plastic material. In accordance with ISO 16021:2000.  Size: LARGE  Packing: 14 pcs per packet</p>	1 packet
11.	<p><b>Adult napkins</b>  Disposable adult incontinence diaper of the wrap over type with peel-off adhesive tape at wing extremities, and consisting of a non-woven lining and an outer plastic material. At the centre of the diaper and sandwiched between the non-woven lining and a plastic outer, shall be an absorbent pad consisting of pulp filler with a layer of tissue paper and an absorbent compound or a non-woven on one side and encased in a cover of tissue paper which shall extend beyond the ends of the filler and adequately sealed with longitudinal contrivement flaps. The non-woven lining and absorbent pad shall be intermittent bonded to the outer plastic material. In accordance with ISO 16021:2000.  Size: MEDIUM  Packing: 14 pcs per packet</p>	1 packet



12.	<p><b>Draw sheets disposable</b></p> <p>Disposable draw sheets, white, regular absorbency draw sheet, suitable for use in hospitals as protection sheets for bed linen, stretch covers, theatre or examination table covers and similar protective use. Draw sheet material shall be laminated of creped tissue paper and plastic film and shall, when tested in accordance with methods prescribed in SANS 1887:2008 parts 1 and 4 comply with the following absorbency requirements: Grammage as tested - 48min, g/m<sup>2</sup> tensile strength at 550min, point of paper breakage, N/m at 250min. Rate of absorption - 0.02ml = 15 max, total water absorption, % = 150min, nominal size 1,00m x 1,56m</p> <p>Packing: 20 pcs per packet</p>	1 packet
13.	<p><b>Cotton wool swabs</b></p> <p>Swabs Cotton Wool Absorb unsterile 1G</p> <p>100% Pure cotton wool to be dispose after injection Naturally soft Absorbent, to gently care for the skin Must be packed in a nylon plastic bag, 50 cotton balls in a packet Must be disposable Colour must be white 50 balls in a packet</p> <p>Packing : 1 packets of 50 balls</p>	1 packet
14.	<p><b>Gloves (unsterile) pack of 50</b></p> <p>Glove, Examination. Natural rubber latex. Long cuff. Ambidextrous. SINGLE USE. NON-STERILE. FOR GENERAL USE EXCEPT DOMESTIC. Powder-free Length from tip of middle finger to edge of cuff: 290 mm minimum. Thickness: 0,08 mm minimum. Beading diameter: 1,5 mm maximum. In accordance with ASTM standard designation D3578.</p> <p>TO COMPLY WITH SABS SPECIFICATION 68/03. In accordance with European Norm</p> <p>EN 455/1 EN 455/2 EN 455/3</p> <p>Proof of compliance must be submitted. Size: Medium. Width across palm: 95 mm.</p> <p>Packing : 50 pcs per box(25 pairs)</p>	1 box

15.	<p><b>Gloves (unsterile) pack of 50</b></p> <p>Glove, Examination. Natural rubber latex. Long cuff. Ambidextrous. SINGLE USE. NON-STERILE. FOR GENERAL USE EXCEPT DOMESTIC.</p> <p>Powder-free</p> <p>Length from tip of middle finger to edge of cuff: 290 mm minimum.</p> <p>Thickness: 0, 08 mm minimum.</p> <p>Beading diameter: 1, 5 mm maximum.</p> <p>In accordance with ASTM standard designation D3578.</p> <p><b>TO COMPLY WITH SABS SPECIFICATION 68/03.</b></p> <p>In accordance with European Norm</p> <p>EN 455/1 EN 455/2 EN 455/3</p> <p>Proof of compliance must be submitted.</p> <p>Size: Large.</p> <p>Width across palm: 110 mm.</p> <p>Packing : 50 pcs per box(25 pairs)</p>	1 box
16.	<p><b>Wooden spatula</b></p> <p>Spatula, Tongue. Single use, hardwood. Edges and surface must be smooth but not slippery. (PLASTIC IS NOT ACCEPTABLE.) Rounded edges.</p> <p>Approximate dimensions 150 mm x 17 mm x 1. 5 mm.</p> <p>Packing: 20pcs in a box</p>	1 box
17.	<p><b>Hand disinfectant</b></p> <p>Chlorhexidine Gluconate &amp; Alcohol Solution 0,5% &amp; 70%;Hand Disinfectant; Prevents Cross Infection;5l (D-Germ)</p> <p>Size: 100ml</p> <p>Packaging: bottle</p>	1 bottle

**NB: ALL THE ABOVE TO BE PACKED IN A BOX AND SEALED.  
THE CONTENTS TO BE LISTED ON THE OUTSIDE OF THE BOX  
"HOME AND COMMUNITY BASED CARE KIT"**



# END-USER SPECIFICATION FORM

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

Item Description: PIPELLE GHUAE ENDOMETRIAL BIOPSY

Department/Section: CAS / DPD

Purpose of Item: USED TO TAKE SAMPLE TISSUE FROM ENDOMETRIUM

**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.	PIPELLE GHUAE ENDOMETRIAL BIOPSY SIZE: 3,1mm O.D.	
2.		
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

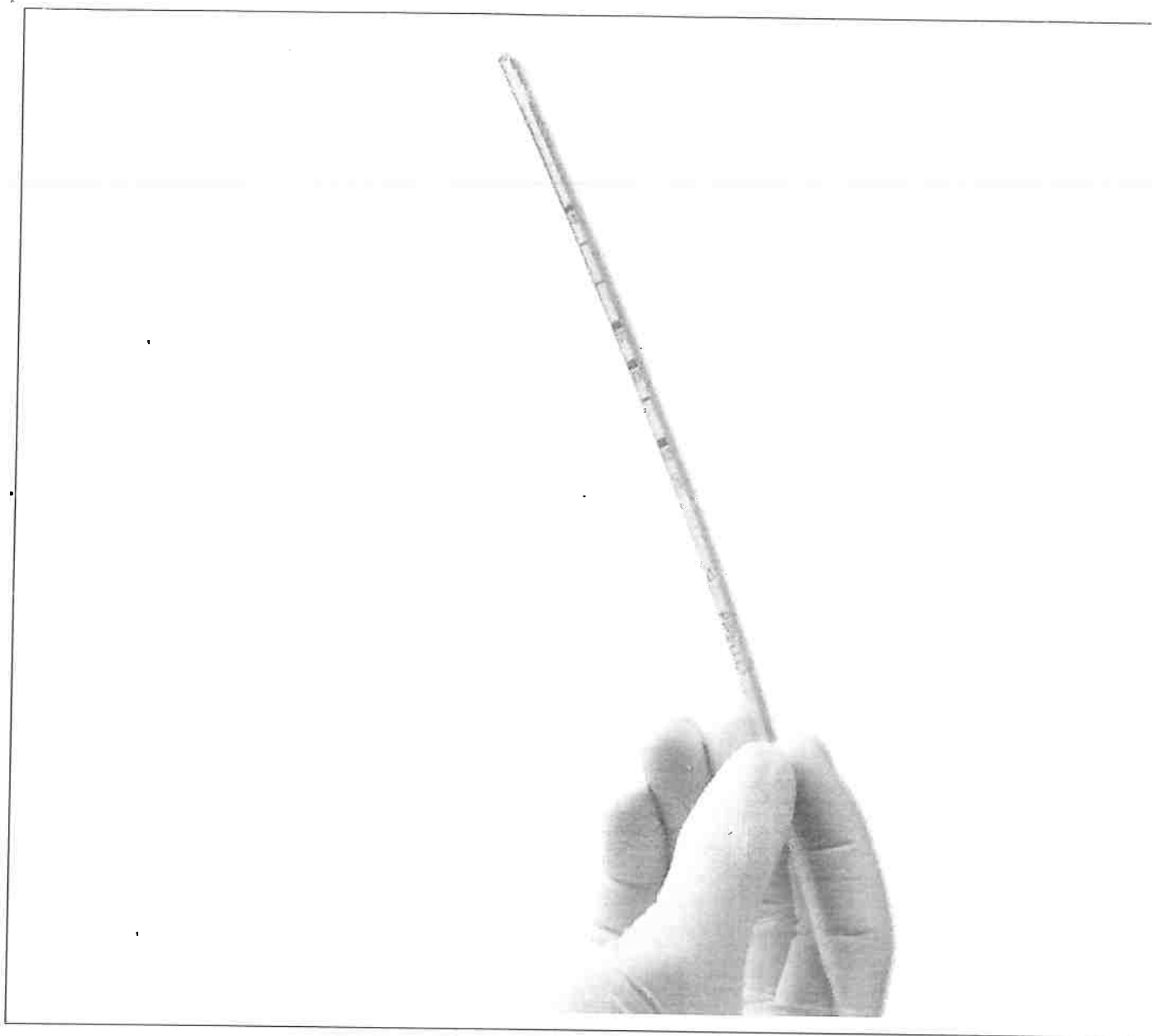
**4. Penalties to be noted by the suppliers:**

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>



# END-USER SPECIFICATION FORM

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

Item Description: PLASTIC SURGICAL GOGGLES

Department/Section: CAS/OPD

Purpose of Item: FOR PROTECTION OF THE EYES DURING 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.	POLYCARBONATE HOLO LENS, BLACK VINYL ADJUSTABLE	
2.	TEMPLES, ANTI-FOG LENS, SCRATCH RESISTANT	
3.	LENS, 180° LATERAL VISION	
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	



health

Department: Health PROVINCE OF KWAZULU-NATAL

# END-USER SPECIFICATION FORM

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

Item Description: OPATE RING

Department/Section: OT

Purpose of Item: ANTIREFLECT

### 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>100% SABS</u>	
2. <u>ANTI REFLECT</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)	Does the offer meet the pre-qualification criteria? (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>SARBELO</u>	Name of SCM Rep (in full)	
Designation / Rank (in full)	<u>...</u>	Designation/ Rank (in full)	
Signature	<u>[Signature]</u>	Signature	
Date	<u>12/4/23</u>	Date	

04978  
1461  
E

# OPSITE<sup>®</sup>

Moisture vapour permeable spray  
Pansement par nébulisation par  
Wasserdampfpermeabler Spray  
Medicazione spray permeabile  
Luchtdoorlatende wondspray  
Made in England for / Fabriqué en Angleterre  
Hull HU3 2BN England. \*Trade Mark

25°C. Store in a dry place (<25°C)  
Conservé dans un endroit sec (<25°C)



Keep away from sunlight  
Protéger de la lumière du soleil



**NE PAS AGITER ET RETOURNER AVANT USAGE.**  
INDICATIONS : Peaux sèches et propres, chirurgicales ou non. Peut être utilisé pour le traitement des brûlures cutanées. CONTRE-INDICATIONS : Ne pas utiliser chez le nourrisson de moins de 18 mois. Ne pas utiliser avec des systèmes intravasculaires en plastique. APPLICATION : Retourner le produit et verser le produit sur le site d'un mouvement régulier, à une distance minimum de 15 cm. Pour un meilleur résultat optimal, procéder à plusieurs applications fines. RETRAIT : Débrancher la pédale une fois le produit séché ou la solution évaporée. Ensuite, il est possible d'utiliser des bandes adhésives pour faciliter le retrait. PRECAUTIONS D'EMPLOI : Ne pas fumer. Utiliser dans un espace bien ventilé. Éviter tout contact avec les yeux ou les autres muqueuses. Ne pas nébuliser sur une surface ou sur un matériau incandescent. Tenir à l'écart de toute source d'ignition. Ne pas laisser le produit à des températures supérieures à 50°C. Ne pas percer ni brûler, même après usage. Tenir hors de portée des enfants. Ne pas utiliser à l'usage avec des dispositifs médicaux. Ne doit pas être utilisé avec des préparations médicamenteuses. Les bandes peuvent uniquement. Des rougeurs locales peuvent survenir si le produit est utilisé continuellement avec une solution locale. Le produit peut être utilisé sur des zones suffisantes de peau intacte sans spray pour permettre une application correcte du produit. Ce produit peut réagir avec des produits synthétiques/sans latex.

**GUT SCHÜTZEN UND VERMEIDEN SIE SONNENLICHT.**  
Anwendung: Das Produkt sollte über einen Abstand von mindestens 15 cm auf die Wunde gesprüht werden. Für ein besseres Ergebnis sollten mehrere feine Anwendungen durchgeführt werden. Nach dem Trocknen des Produkts oder der Verdunstung der Lösung sollte die Pedale abgehängt werden. Danach ist es möglich, Klebverbände zu verwenden, um das Abheben zu erleichtern. VORSICHT: Nicht rauchen. In einem gut belüfteten Raum verwenden. Vermeiden Sie Augenkontakt und Kontakt mit anderen Schleimhäuten. Nicht auf glühende Oberflächen oder in die Nähe von Feuerquellen sprühen. Das Produkt sollte nicht auf Temperaturen über 50°C ausgesetzt werden. Das Produkt darf nicht durchdrungen, gebrannt oder auch nach dem Gebrauch in die Hitze gebracht werden. Das Produkt sollte nicht mit medizinischen Zubereitungen verwendet werden. Die Verbände können nur mit einer Lösung verwendet werden. Wenn das Produkt kontinuierlich mit einer Lösung verwendet wird, können lokale Rötungen auftreten. Das Produkt kann auf ausreichende Bereiche von intakter Haut ohne Spray für eine korrekte Produktanwendung verwendet werden. Das Produkt kann mit synthetischen/latexfreien Materialien reagieren.



# END-USER SPECIFICATION FORM

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

Item Description: Dual Bowl 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.	800mm width 610mm depth 34	
2.	SABS APPROVED	
3.	34cm circumference top round bowl	
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>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>12/4/22</u>	Date	





**AUTHORISED BY BID / QUOTATION SPECIFICATION COMMITTEE**

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





# END-USER SPECIFICATION FORM

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

Item Description: BROWCOL TAPE

Department/Section: MATERNITY

Purpose of Item: TO CALCULATE COST OF MEDICATION AND RESUSCITATION

**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.	Colour coded bar with different weight	
2.	estimation of babies	
3.	Pre-calculated doses in milligrams / ml making it error free	
4.	Updated with additional essential medications for both ZNS + Casady	
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>D.B. Mqobuso</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>12/04/2023</u>	Date	