



KWAZULU-NATAL PROVINCE
HEALTH
REPUBLIC OF SOUTH AFRICA

Quotation Advert

Opening Date: 30/01/2024
Closing Date: 06/02/2024
Closing Time: 11:00

INSTITUTION DETAILS

Institution Name: Wentworth Hospital
Province: KwaZulu-Natal
Department of entity: Department of Health
Division or section: Supply Chain Management
Place where goods/
service is required: WENTWORTH HOSPITAL
Date Submitted: 29/01/2024

ITEM CATEGORY AND DETAILS

Quotation number: **WEH: 329/23-24**

Item Category:	Goods	QUANTITY
Item Description	Surgical Glue 0,7ml as per attached Specification	= 30 Units
	Patient Rollers as per attached Specification	= 10 Units
	Nasal Plugs 10cm made from 100% Virgin Cotton	= 100 Units

COMPULSORY BRIEFING SESSION / SITE VISIT

Select Type: Not applicable
Date: Click here to enter a date.
Time:
Venue:

NOTE!!

QUOTES CAN BE COLLECTED FROM: Pint from the web and bring the document for signing on site meeting date

QUOTES SHOULD BE DELIVERED TO: Blue Tender Box at the Min Gate Wentworth Hospital

NOTE!! No emailed documents will be allowed
ENQUIRIES REGARDING ADVERT MAY BE DIRECTED TO:

Name: Themba Dlamini
Email: Themba.dlamini@kznhealth.gov.za Contact number: 031 460 5314

Finance Manager Name: Mr. S. Cotchobos Finance Manager Signature 

KWAZULU-NATAL PROVINCE
 REPUBLIC OF SOUTH AFRICA
END USER SPECIFICATION FORM

Quote Number: _____
 Item Description: Topical skin adhesive [Surgical] glue
 Department/Section: Wentworth Hosp A&E Purpose of Item: To facilitate skin union after the patient injury

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>High Ultrahigh viscosity 2 cyanoacrylate</u>	
2. <u>Size 0.7cm, stored in aluminium tube</u>	
3. <u>Quick setting adhesive, to be sterile</u>	
4. <u>Supplied with 2 applicator tips - To repair</u>	
5. <u>Laceration & to close wounds. Needle free</u>	
<u>wound closure system</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?

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>T. MBATHA</u>	Name of SCM Rep (in full)	<u>N. E. Ndzang</u>
Designation / Rank (in full)	<u>AIM</u>	Designation / Rank (in full)	<u>SSM</u>
Signature	<u>[Signature]</u>	Signature	<u>[Signature]</u>
Date	<u>29/06/23</u>	Date	<u>29/06/23</u>

KWAZULU-NATAL PROVINCE
HEALTH
INSTITUTE OF TECHNOLOGY
END USER SPECIFICATION FORM

Quote Number: _____
 Item Description: Nasal plugs 10cm
 Department/Section: Wentworth Hosp A&E Purpose of Item: To stop nose bleeding

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. Nasal plugs 10cm, made from 100%	
2. Virgin cotton, soft and pliable. Non-	
3. linting and non-scratch latex free.	
4. Supplied in a pack of 5.	
5.	
6.	

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>T. MBATHA</u>	Name of SCM Rep (in full)	<u>N.G. Ngome</u>
Designation / Rank (in full)	<u>ADM</u>	Designation/ Rank (in full)	<u>SSM</u>
Signature	<u>[Signature]</u>	Signature	<u>[Signature]</u>
Date	<u>29/06/23</u>	Date	<u>24.06.2023</u>

END-USER SPECIFICATION FORM

Quote Number: _____

Item Description: PATIENT ROLLERS/ TRANSFER SHEET

Department/Section: NURSING (MEDICAL & SURGICAL WARDS D3/C3/B3/D6/D2 & Post natal ward C1)

Purpose of Item: FOR USE TO ASSIST PATIENTS TO MOVE FROM STRETCHER TO BED TO PREVENT INJURY

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

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.	
2.	
3.	
4.	
5.	

*AS per attached Specification
Specific to medical and surgical supply company*

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?

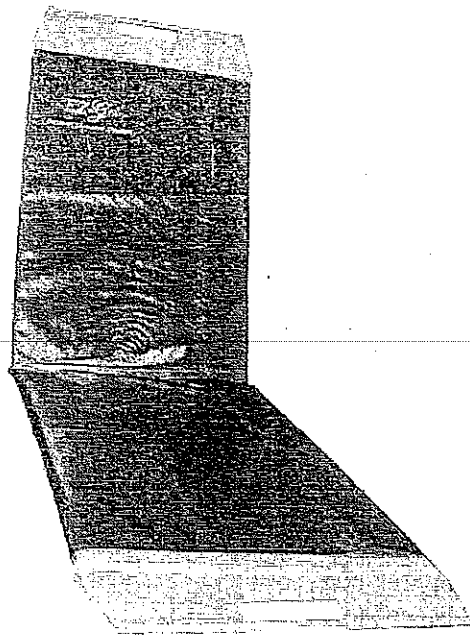
List evaluation criteria / special terms and conditions to be advertised (if applicable)	
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9. Ability & Capacity	The ability and capacity of the vendor to execute the contract
10. Preference points	Preferential Procurement System (80/20) if applicable

Name of End-user (in full)	<u>SRS Tshabalala</u>	Name of SCM Rep (in full)	<u>A. N. Mkhungu</u>
Designation / Rank (in full)	<u>Prof. Nurse</u>	Designation/ Rank (in full)	<u>Prof. Nurse</u>
Signature	<u>[Signature]</u>	Signature	<u>[Signature]</u>
Date	<u>15/11/23</u>	Date	<u>08/12/2023</u>

Patient Roller Transfer Sheet

FURN-165

Patient roller transfer board



Specifications

- Full size
- 177 x 55mm
- Light weight and foldable
- Ultra-low friction
- Anti-static