



## 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: 330/23-24**

Item Category: Goods

Item Description **Adult Electric Spirometer as per attached Specification = 6 Units**  
**And**  
**Paediatric Electric Spirometer as per attached Specification = 4 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](mailto:Themba.dlamini@kznhealth.gov.za) Contact number: 031 460 5314

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





OFFICIAL PRICE PAGE FOR QUOTATIONS OVER R2 000.01

QUOTE NUMBER: ZNQ , WEH , 330 , 23 . 24

DESCRIPTION: ELECTRONIC SPIROMETER ADULT AND PAEDIATRIC AS PER ATTACHED SPECIFICATIONS

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	20

ICN NUMBER	QUANTITY	UNIT OF MEASURE	DESCRIPTION	BRAND & MODEL	COUNTRY OF MANUFACTURE	PRICE	
						R	C
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: \_\_\_\_\_

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

Item Description: SPIROMETER ELECTRONIC ADULTS

Department/Section: NURSING (A&E/ AI HIGHCARE/ WARDS D3, C3, B3, D2)

Purpose of Item: FOR DIAGNOSTIC USE ON ADULTS FOR ASSESSMENT OF LUNG FUNCTION

**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:** Yes  
Regulatory Body / certification required if Yes: SABS

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

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

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

1.5. Liability Cover insurance? **Yes / No:** No  
if Yes, specify: \_\_\_\_\_

**2. What is the specification of the required item?**

List specifications to be advertised	Comment
1.	
2.	AS per attached spec.
3.	
4.	
5.	
Specific to Medical & Surgical Companies	

**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>St S. Tobbele</u>	Name of SCM Rep (in full)	<u>ANN MANKIE</u>
Designation / Rank (in full)	<u>PROV. NURSE</u>	Designation/ Rank (in full)	<u>OS/9</u>
Signature	<u>[Signature]</u>	Signature	<u>[Signature]</u>
Date	<u>15/11/23</u>	Date	<u>05/12/2023</u>

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

Item Description: SPIROMETER ELECTRONIC CHILDREN

Department/Section: NURSING (A&E/ AI HIGHCARE/ WARDS C4/)

Purpose of Item: FOR DIAGNOSTIC USE ON CHILDREN FOR ASSESSMENT OF LUNG FUNCTION

**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. <u>Parameters to include FVC FEV1 FEV1+PEF</u>	
2. <u>mass storage up to 10000 costs</u>	
3. <u>To include disposable mouth pieces x100</u>	
4. <u>See Attached Specification.</u>	
5. <u>Specific to medical and surgical Company.</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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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>S. S. Tebbelane</u>	Name of SCM Rep (in full)	<u>A. N. Mounye</u>
Designation / Rank (in full)	<u>Prob nurse</u>	Designation/ Rank (in full)	<u>OSP</u>
Signature	<u>[Signature]</u>	Signature	<u>[Signature]</u>
Date	<u>15/11/23</u>	Date	<u>05/12/2023</u>

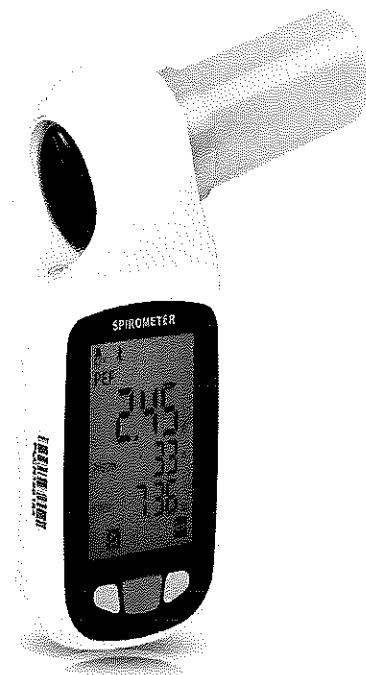
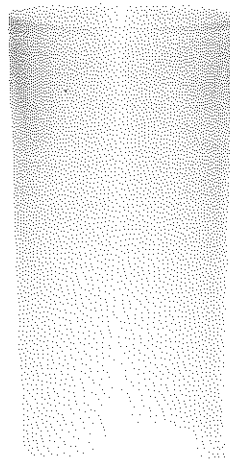
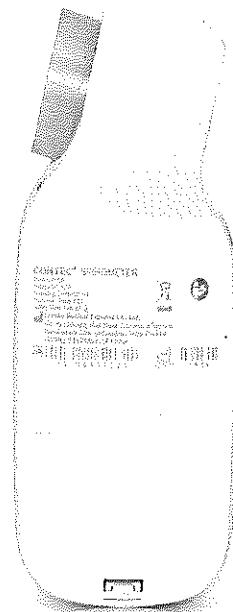
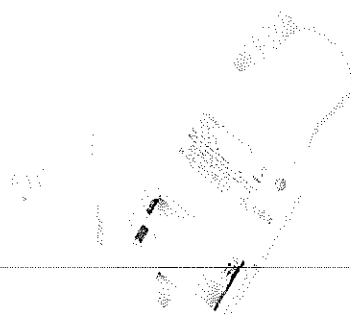
**Description** Digital Handheld SPIROMETER spirometer with Bluetooth, Breathing Diagnostic vitalograph

(17 reviews)



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Introduction SPIROMETER is a hand-held equipment for checking lung conditions, it adopts the infrared mode for measuring relative items, and is applicable for hospital, clinic, family for routine test. Features Parameters including FVC, FEV1, FEV1/FVC and PEF can be measured. Personal information setup, including height, age, gender, etc. Health status indication. Bluetooth transmission. Data memory and case review function. Low battery indication. Real-time clock display and setup. Automatic power off function. Mass storage device, stores up to 9999 cases. Performance Volume range: 0~10 L Flow rate range: 0 L/s~16 L/s Volume accuracy:  $\pm 3\%$  or 0.05 L (whichever is greater) Flow rate accuracy:  $\pm 5\%$  or 0.2 L/s (whichever is greater) Safety classification: internally powered equipment, type BF applied part Working current: 80 mA Power supply: two AAA batteries Accessories 1)A User Manual 2)A mouthpiece Physical characteristic Dimension: 138 mm(L) $\times$ 63 mm(W) $\times$ 47 mm(H) Weight: 130g (with batteries), *A mouth piece X 100 Disposable.*



## DESCRIPTION

# Spirometer digital , USP

SPIROMETER is a hand-held equipment for checking lung conditions, adopts the infrared mode for measuring relative items, and is applicable for hospital, clinic for routine test.

### Features:

1. Forced Vital Capacity (FVC), Forced Expired Volume in one second (FEV1), the ratio of FEV1 and FVC (FEV1%), Peak expiratory flow (PEF), 25% flow of the FVC (FEF25), 75% flow of the FVC (FEF75) and average flow between 25% and 75% of the FVC (FEF2575) can be measured. Besides, the testee condition can be shown by the ratio of the measured value and the predicted value.
2. Flow rate-volume chart, volume-time chart display.
3. Data memory, delete, upload and review.
4. Trend chart display.
5. Scaling (Calibration).
6. Information prompts when volume or flow goes beyond the limits.
7. Automatic power off when there is no operation in one minute.
8. Rechargeable lithium battery and with charging tips.
9. Battery power display.

### Performance:

- Display mode: 1.8" color LCD
- Display resolution: 160\*128
- Volume range: 0~10L
- Volume accuracy:  $\pm 3\%$  or 0.05L (whichever is greater)
- Flow range: 1 L/S ~16L/S
- Flow accuracy:  $\pm 10\%$  or  $\pm 0.3\text{L/s}$  (whichever is greater)
- Working current: 60 mA
- Power supply: DC3.7V rechargeable lithium battery
- Safety classification: internally powered equipment, type BF applied part

### Accessories:

- An User Manual (GB only) on request for other Language
- An USB data line
- A mouthpiece
- A power adapter
- A nose clip (optional)

### Physical characteristic:

Dimension: 97mm(L)× 89mm(W)×36mm(H)

Weight: 150g

