



## 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: 361/23-24**

Item Category: Goods

Item Description: Oxygen Bubble Humidifier Bottle Pre – filled Small 325ml – 350ml

Specification attached

**QUANTITY 1200 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 \_\_\_\_\_



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

Item Description: Oxygen Bubble Humidifier bottle- pre-filled:small

Department/Section: Pharmacy

Purpose of Item: To supply humidification during

oxygen therapy using an oxygen mask or nasal cannula.

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. 325ml - 350ml sterile water prefilled humidifier with a 5psi adapter which must connect to a universal oxygen flowmeter, the spout/outlet port to connect to oxygen mask tubing or nasal cannula.	
2. Humidifier should be able to work with a venture mask without a whistling noise.	
3.	
4.	

**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>Z Ebrahim</u>	Name of SCM Rep (in full)	
Designation / Rank (in full)	<u>AMPS</u>	Designation/ Rank (in full)	
Signature		Signature	
Date	<u>22/11/2024</u>	Date	



**OFFICIAL PRICE PAGE FOR QUOTATIONS OVER R2 000.01**

QUOTE NUMBER: ZNQ , WEH  , 361 , 23 . 24

DESCRIPTION: OXYGEN BUBBLE HUMIDIFIER BOTTLES - PRE FILLED - SMALL 325ML - 350ML AS PER SPEC.

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 MANUFACTUR E	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: \_\_\_\_\_



**KWAZULU-NATAL PROVINCE**  
HEALTH  
REPUBLIC OF SOUTH AFRICA

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Place where goods/  
service is required: WENTWORTH HOSPITAL

Date Submitted: 29/01/2024

### ITEM CATEGORY AND DETAILS

Quotation number: **WEH: 346/23-24**

Item Category: Goods

Item Description **Supply of Wheelchair Cushions and covers as per attached list**

**QUANTITY AS PER ATTACHED QUANTITY**

### COMPULSORY BRIEFING SESSION / SITE VISIT

Select Type: Not applicable

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