



Quotation Advert

Opening Date: 11/12/2023
Closing Date: 14/12/2023
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: 11/12/2023

ITEM CATEGORY AND DETAILS

Quotation number: EMM 355/11/23
Item Category: Goods
Item Description: SUPPLY & DELIVER MEDICAL RESTRAIN WITH MAGNET
AND MOBILE MEDICAL SCREENS
Quantity (if supplies): 10 SCREENS AND 6 RESTRAIN

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: MANAGEMENT BUILDING

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 PP ZULU

Finance Manager Signature 



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 | |



health

Department:
Health
PROVINCE OF KWAZULU-NATAL

EMMAUS HOSPITAL

Cathedral Peak Road
Winterton
3340
Tel.036 488 1570

SPEC FOR:
SPEC NO:

CAT NO:
ZNQ NO:

| | |
|-------------------|-------------------------------|
| ITEM DESCRIPTION | Medical restrains with magnet |
| UNIT OF ISSUE | EACH |
| SIZE | 1 size fits all |
| QUANTITY REQUIRED | 06 pairs |
| QUALITY STANDARD | SABS or ISO |

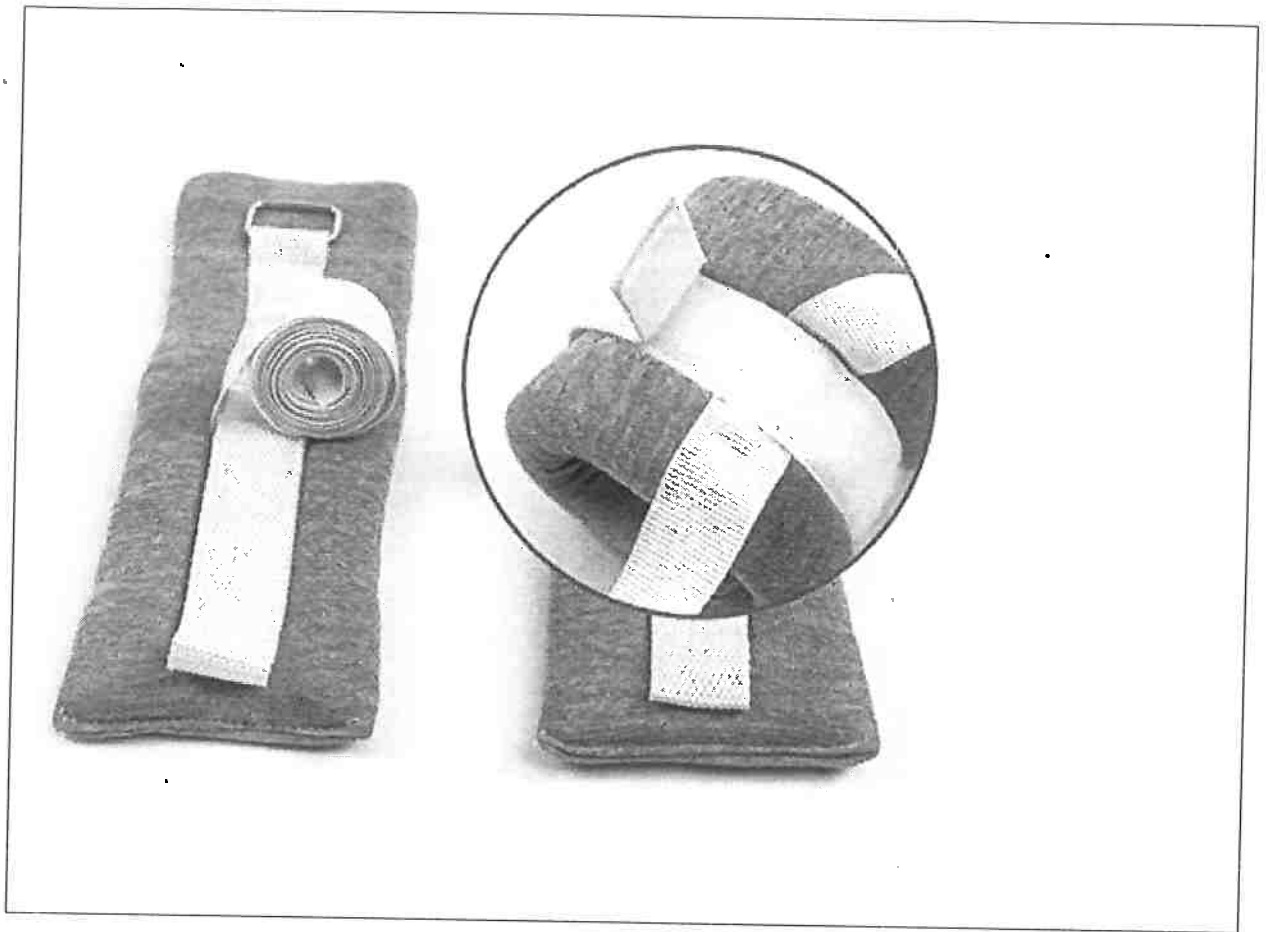
WHAT IS THIS ITEM/PRODUCT USED FOR?

Control Limb Holder, 2 PCS Medical Restraints Patient Hospital Bed Limb Holders for Hands Or Feet Universal Constraints Control Quick Release

SPECIAL CONDITIONS

2 PCS (Can be used for hand or feet).
Material: High quality sponge filling, more comfortable, not easy to deformation.
Breathable, you don't have to worry about the wrist sweating.

FEATURES EXPECTED FROM THE PRODUCT TO BE EVALUATED (SCOPE)



END-USER SPECIFICATION FORM

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. | 4 fold screen with wipeable material | |
| 2. | Size 2,4m X 1,8m | |
| 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

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| 10. | Preference points | Preferential Procurement System (80/20) if applicable |

| | | | |
|------------------------------|--------------------|-----------------------------|--|
| Name of End-user (in full) | TM Nkabile | Name of SCM Rep (in full) | |
| Designation / Rank (in full) | DMN | Designation/ Rank (in full) | |
| Signature | <i>[Signature]</i> | Signature | |
| Date | 14/04/2013 | Date | |

Bed Screen 4 Fold – Clinihealth

Open Size: 2.4M x 1.8M.

