KWAZULU-NATAL PROVINCE
HEALTH
REPUBLIC OF SOUTH AFRICA

Quotation Advert

Opening Date: 24/10/2025
Closing Date: **29-10-2025**

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: **24/10/2025**

ITEM CATEGORY AND DETAILS

Quotation number: **WEH: 112/25-26**

Item Category: Goods

Item Description **Daily Assessment GC Chart**

Neonatal Record New born Chart – Welcome

Neonatal Record New born Charts – Congratulations

COMPULSORY BRIEFING SESSION / SITE VISIT

Select Type: Not applicable

Date: Click here to enter a date.

Time:

Venue: Click here to enter text.

NOTE!!

QUOTES CAN BE COLLECTED FROM: **Print from the Web**

QUOTES SHOULD BE DELIVERED TO: **Blue Tender Box at the Min Gate Wentworth Hospital 1 Boston Road Jacobs. 4026 before 11:00**

NOTE!! No emailed documents will be accepted!!

ENQUIRIES REGARDING ADVERT MAY BE DIRECTED TO:

Name: Themba Dlamini

Email: themba.dlamini@kznhealth.gov.za **Contact number:** 031 460 5314

Finance Manager Name Ms. J. Reddy **Finance Manager Signature** J Reddy

KWAZULU-NATAL PROVINCE
HEALTH
REPUBLIC OF SOUTH AFRICA

STANDARD QUOTATION DOCUMENT FOR QUOTATIONS UP TO R1 000 000

PARTICULARS OF QUOTATION

YOU ARE HEREBY INVITED TO QUOTE FOR REQUIREMENTS AT: WENTWORTH HOSPITAL

FACSIMILE NUMBER: _____ E-MAIL ADDRESS: themba.dlamini@kznhealth.gov.za

PHYSICAL ADDRESS: 1 BOSTON ROAD JACOBS 4026

QUOTE NUMBER: ZNQ /WEH / 112 /25 -26 VALIDITY PERIOD: 90 DAYS

DATE ADVERTISED: 24-10-2025 CLOSING DATE: 29-10-2025 CLOSING TIME: 11:00

DESCRIPTION: Daily Asesment GC Chart, Neonatal Newborn Welcome, Neonatal Record Newborn Charts Congratulations

CONTRACT PERIOD (IF APPLICABLE): Once off

DEPOSITED IN THE QUOTE BOX SITUATED AT *(STREET ADDRESS)*:
BLUE TENDER BOX AT THE MAIN SECURITY GATE - 1 BOSTON ROAD JACOBS 4026

ENQUIRIES REGARDING THE QUOTE MAY BE DIRECTED TO:

CONTACT PERSON: Themba Dlamini TELEPHONE NUMBER: 031 460 5314

E-MAIL ADDRESS: themba.dlamini@kznhealth.gov.za

ENQUIRIES REGARDING TECHNICAL INFORMATION MAY BE DIRECTED TO:

CONTACT PERSON: _____ TELEPHONE NUMBER: _____

E-MAIL ADDRESS: _____

Bidders should ensure that quotes are delivered timeously to the correct address. If the quote is late, it will not be accepted for consideration.

The quote box is open from 08:00 to 15:30.

QUOTATIONS MUST BE SUBMITTED ON THE OFFICIAL FORMS – (NOT TO BE RETYPED)

THIS QUOTE IS SUBJECT TO THE PREFERENTIAL PROCUREMENT POLICY FRAMEWORK ACT AND THE PREFERENTIAL PROCUREMENT REGULATIONS, 2022, THE GENERAL CONDITIONS OF CONTRACT (GCC) AND, IF APPLICABLE, ANY OTHER SPECIAL CONDITIONS OF CONTRACT.

THE FOLLOWING PARTICULARS OF BIDDER MUST BE FURNISHED (FAILURE TO DO SO MAY RESULT IN YOUR QUOTE BEING DISQUALIFIED)

NAME OF BIDDER: _____

E-MAIL ADDRESS: _____

POSTAL ADDRESS: _____

STREET ADDRESS: _____

TELEPHONE NUMBER: _____ FACSIMILE NUMBER: _____

CELLPHONE NUMBER: _____ SARS PIN: _____

VAT REGISTRATION NUMBER (If VAT vendor): _____

CENTRAL SUPPLIER DATABASE REGISTRATION (CSD) NO. | M | A | A | A | | | | | | | |

UNIQUE REGISTRATION REFERENCE:
| | | | | | | | | - | | | | | - | | | | | - | | | | | | | | | | | | |

OFFICIAL PRICE PAGE FOR QUOTATIONS UP TO R1 000 000

QUOTE NUMBER: ZNQ / WEH / 112 / 25 / 26

DESCRIPTION: Daily Asesment GC Chart, Neonatal Newborn Welcome, Neonatal Record Newborn Charts Congratulations

THE BELOW PREFERENCE POINTS WILL BE ALLOCATED IN COMPLIANCE WITH THE DEPARTMENTAL PREFERENCE PROCUREMENT POLICY (KNOWN AS SCM PPP):	POINTS ALLOCATED
RDP Goal: Full points allocated to promote South African owned enterprises	20

ICN NUMBER	QUANTITY	UNIT OF MEASURE	DESCRIPTION	BRAND & MODEL	COUNTRY OF MANUFACTURE	PRICE	
						R	C
No. 1	1000	Unit	Daily assesment Chart: GC/HC				
			8 Pages 4 Leaves full colour - back to back				
			Saddle Stitched , 2 Holes Punched				
			A4 Size Paper 80g Bond Paper				
			With KZN Health Logo				
No. 2	1000	Unit	Neonatal Record Newborn Chart - Welcome				
			12 Pages 6 Leaves self Cover - A4 Size				
			Full colour, Printed both sides - back to back				
			Saddle Stitched , 2 Holes Punched				
			With KZN Health Logo				
No. 3	2000	Unit	Neonatal Record Newborn Chart Welcome				
			Full colour -Printed both sides - back to back				
			2 Holes Punched - With KZN Logo				
			A4 Size Paper 80g Bond Paper				
			Specification is attached				
		NOTE!!	Evaluation Criteria attached:				
			Failure to submitt required documents				
			will result in disqualification of your				
			document				
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

EVALUATION CRITERIA

Quotation No.	**WEH 112/ 25-26**
Quotation Description	Daily Assessment GC Chart, Neonatal New born Welcome, and Neonatal Record New born Charts Congratulations

EVALUATION CRITERIA

This institution intends to evaluate valid quotations using **Three (3) evaluation stages.** These are peremptory requirements, should the bidder/tenderer fail to comply with any of the stages as stated below, the quotation will be regarded as non-responsive, and will not progress to the final stage of evaluation:

Stage 1: Administrative Compliance

Stage 2: Compliance with specification

Stage 3: Compliance with specific goal

Initial here_____

KWAZULU-NATAL PROVINCE
HEALTH
REPUBLIC OF SOUTH AFRICA

EVALUATION CRITERIA

STAGE 1: ADMINISTRATIVE, COMPULSORY COMPLIANCE AND MANDATORY REQUIREMENTS

NO.	REQUIREMENTS	INCLUDED IN THE PUBLISHED DOCUMENT?	TO BE RETURNED BY BIDDER/ TENDERER?
	Administrative Compliance		
1.	PARTICULARS OF QUOTATION	YES	YES
2.	OFFICIAL PRICE PAGE FOR QUOTATIONS OVER R2 000.01	YES	YES
3.	BIDDER'S DISCLOSURE (SBD4)	YES	YES
4.	GENERAL CONDITIONS OF CONTRACT (GCC)	YES	YES
5.	SPECIAL CONDITIONS OF CONTRACT (SCC)	YES	YES
6.	PREFERENCE POINTS CLAIM FORM IN TERMS OF THE PREFERENTIAL PROCUREMENT REGULATIONS 2022 (SBD 6.1)	YES	YES
	Compulsory Compliance		
7.	SUPPLIER UPDATED CIPC REGISTRATION DOCUMENTS	YES	YES
8.	A B-BBEE STATUS LEVEL VERIFICATION CERTIFICATE/ SWORN AFFIDAVIT (For EMEs& QSEs)	YES	YES
9.	CENTRAL SUPPLIER DATABASE COMPLIANCE REPORT (CSD)	NO	YES
	Mandatory Requirements		
10.	**CSD REPORT**	NO	YES

Note: This relates to administrative, compulsory and mandatory returnable documents which must be fully completed, and submitted, should you fail to submit any of the above returnable documents, your offer will be treated as non-responsive and will not proceed to the next stage of evaluation. The department reserve a right to verify validity of the documents submitted, should it be discovered that the information submitted is misrepresented the quotation will be disqualified.

STAGE 2: COMPLIANCE WITH SPECIFICATION

Requirement	Complies With Specification Yes /No
The bidder / Tenderer to confirm that the product supplied complies with attached specification document, should you fail to indicate compliance your quotation will not progress to the next stage of evaluation:	

Initial here_____

KWAZULU-NATAL PROVINCE
HEALTH
REPUBLIC OF SOUTH AFRICA

EVALUATION CRITERIA

The value of this quotation is estimated not to exceed R 50 000 000 (inclusive of all applicable taxes), therefore the 80/20 preference point system shall be applicable. Points for this quotation will be awarded for:

CATEGORY	POINTS
PRICE	80
SPECIFIC GOALS	20
Total points for Price and must not exceed	100

The Department has identified the following specific goal:

Specific Goal	Number of Points allocated	Proof To Claim Specific Goal (Returnable Documents)
RDP Goal: Full points will be allocate to promote South African Owned Companies.	20	1. CIPC Certificate 2. B-BBEE Certificate 3. ID Copy (South African ID)
NOTE: **Should a responsive bidder fail to submit proof to claim points, as stated above this will not result in disqualification, however the bidder will not be awarded points for specific goals.**		

Initial here_____

ANNEXURE A: SPECIFICATION FORM

NAME OF PROCURING FACILITY	**WENTWORTH HOSPITAL**	
ITEM DESCRIPTION	NEWBORN NEONATAL RECORD/CONGRATULATIONS	
ITEM PURPOSE	TO RECORD ALL BIRTHS IN LABOUR WARD AND THEATRE	
ITEM DETAILED SPECIFICATION (INCLUDE SIZE, COLOUR, MATERIAL, ETC.)		COMPLIES (YES/NO)
1.	**8 PAGES 4 LEAVES SELF COVER**	
2.	**FULL COLOUR, PRINTED BOTH SIDES ,BACK TO BACK**	
3.	SADDLE STITCHED, 2 HOLES PUNCHED	
4.	DOH LOGO A4 SIZE PAPER	
5.		
QUALITY STANDARD	DURABLE QUALITY	
UNIT OF MEASURE OR PACKAGING I.E. (UNIT/BOX/ROLL/PACK/BAIL ETC)	UNIT	
SAMPLE REQUIRED (YES/NO) IF YES WHEN AND HOW?	YES	
ADDENDUM TO SPECIFICATION ATTACHED (YES OR NO)	YES	

Note:

SPECIFICATION APPROVED BY

Name of End-user (in full)	MS P.N. NGCOBO	Name of SCM Rep (in full)	A. MOUNCIE
Designation / Rank (in full)	ANM	Designation/ Rank (in full)	SUPPLY OFFICER
Signature		Signature	
Date	22/08/25	Date	05/09/25

Bidder Initial here: _____

health
Department:
Health
PROVINCE OF KWAZULU-NATAL

New-Born / Neonatal Record

Congratulations on Your New Baby

Place of Delivery: _____

Mother's Name: _____

ID Number: _____

File Number: _____

Residential Address/ _____

Municiapal Ward: _____

Telephone: _____ *Cell:* _____

Baby's Name: _____

File Number: _____ *Date of birth:* ____/____/____

Time of birth: _____ *Date of separation:* ____/____/____

Final Problem list to be completed on Discharge: NB Also complete RtHB.

Problem	Management	Current	Resolved

Urgent treatment required and admission to neonatal unit

Specific care and treatment now-observe with mother

FIGHTING DISEASE, FIGHTING POVERTY, GIVING HOPE

Baby of: _____ Date of birth: _____

MOTHERS DETAILS:

Date of birth: ___/___/___	Age: ___ Years.	Name of Relative and relationship:
Possesion of ID book	Yes ___ No ___	
Partners Name:	Contact number:	If no- contact social worker:
		Relatives contact number:

PREVIOUS OBSTETRIC AND NEONATAL HISTORY

Year	Gestation	Delivery	Weights (gms)	Outcome	Complications

A-Alive MB-Multiple birth CA-Congenital abnormality IUD –Intrauterine Death NND-Neonatal Death ID – Infant Death

CURRENT OBSTETRIC HISTORY:

Booked:	Yes ___ No ___	Clinic attendance at:		Gestation at first booking:		No of visits:	
Gestation by:	Dates: LMP: ___/___/___ Weeks:	Early U/S (<20 weeks) Date: ___/___/___ BPD:___cm Weeks:				SFH: Weeks:	
Investigations:	Syphilis: Rapid Clinic Pos ___ Neg ___; Rapid LW Pos ___ Neg ___; RPR: ___ Titre: ___	Blood group: ___ RH Pos ___ Neg ___ HB: ___ Gm% Treated: Yes ___ No ___ Last given: ___ No. of doses: ___			Tuberculosis: Diagnosed Yes ___ No ___ Date of diagnosis ___/___/___ Treatment started ___/___/___		
HIV	HIV Test: Pos ___ Neg ___ Viral Load: Decli ___ CD4 ___	ARVs started: Yes ___ No ___ Date: ___/___/___ *Decli-Declined*			Lactation counseling: Yes ___ No ___ Breast ___ Formula ___		
Med. History	GIHT (PIH) ___	Eclampsia ___	APH ___	Pyrexia ___	UTI ___		
	Diabetes ___	Cardiac ___	Epilepsy ___	Asthma ___	Vag. Disch. ___		
	Medications: ___			Allergies: ___			
Surg. History							
Risk factors:	Alcohol ___	Smoking ___	Illicit Drugs ___	GBS exposure ___			
	Teenage Pregnancy ___	Excessive weight gain ___	Inadequate weight gain ___				

CURRENT LABOUR AND DELIVERY:

Referred from:		Reason:					
Medications:	Antenatal Steroids: (≤34 weeks gest.) Yes ___ No ___	Antibiotics: Yes ___ No ___	Traditional medicine: Yes ___ No ___				
	No. of doses: ___	Reason: ___	Specify: ___				
	Last administered: ___/___/___	Type: ___					
	Time: ___	Started: ___/___/___					
Fetal distress:	Meconium Liquor: Nil ___ Thin ___ Thick ___	Reduced fetal movements: Yes ___ No ___	CTG: Normal ___ Suspicious ___ Pathological ___				
		Absent/reversed diastolic flow: Yes ___ No ___					
		Fetal heart: Norm. ___ Abnorm. ___	Details: ___				
Labour:	Spontaneous ___ Induced ___ Oxytocin ___	1st stage: ___ Hrs	___ Mins				
		2nd stage: ___ Hrs	___ Mins				
Ruptured membranes	Spontaneous ___ Artificial ___	Date: ___/___/___ Time: ___	PROM≥18hrs : ___ Offensive liquor: ___				
Analgesia:	Entenox ___ Epidural ___	Pethidine ___ Spinal ___	Time: ___ Gen. anaes ___				
Complications:	Prolapsed cord ___	Cord around neck ___	Abruptio ___	Praevia ___			

[redacted]

aby of: _____ Date of birth: _____

HISTORY NB: This page only needs to be completed for babies requiring admission to the neonatal unit

MOTHERS DETAILS:				Name of Relative and relationship:
Date of birth: / /	Age:		Years.	
Possession of ID book	Yes		No	If no- contact social worker:
Partners Name:	Contact number:			Relatives contact number:

PREVIOUS OBSTETRIC AND NEONATAL HISTORY		Complications:
No. of pregnancies:		
No. of live births:		
No. of live children:		

CURRENT OBSTETRIC HISTORY:									
Booked:	Yes		Clinic attendance at:		Gestation at first booking:		No of visits:		
	No								
Gestation by:	Dates: LMP: ___/___/___ Weeks:		Early U/S (<20 weeks) Date: ___/___/___ BPD: ____cm Weeks:				SFH: Weeks:		
Investigations:	Syphilis:		Blood group:				Tuberculosis:		
	Rapid Clinic	Pos	RH	Pos			Diagnosed	Yes	
		Neg		Neg				No	
	Rapid LW	Pos	HB:	Gm%			Date of diagnosis	__/__/__	
		Neg	Treated:	Yes			Treatment started	__/__/__	
	RPR:			No					
	Titre:		Last given:	No. of doses:					
HIV:	Test Result:		ARVs started:	Yes			Lactation counselling:	Yes	
	POS	NEG	?		No			No	
	Viral Load:	copies/ml	ARV Date:	__/__/__				Breast	
	Date:	ARV Regimen:						Formula	
Med. History	Hypertension (Specify):				APH		Pyrexia		UTI
	Diabetes		Cardiac		Epilepsy		Asthma		Vag. Disch.
	Medications:						Allergies:		
Surg. History								GBS exposure	
Risk factors:	Alcohol		Smoking		Illicit Drugs			Inadequate weight gain	
	Teenage Pregnancy		Excessive weight gain						

CURRENT LABOUR AND DELIVERY:								
Referred from:			Reason:					
Medications:	Antenatal Steroids: (≤34 weeks gest.)	Yes		Antibiotics:	Yes		Traditional medicine:	Yes
		No			No			No
	No. of doses:			Reason:			Specify:	
	Last administered:	__/__/__		Type:				
	Time:			Started:	__/__/__			
Fetal distress:	Meconium Liquor:	Nil		Reduced foetal movements:	Yes		CTG:	
					No		Done	Not done
		Thin		Absent/reversed diastolic flow:	Yes		Findings:	
					No			
		Thick		Foetal heart:	Norm.			
					Abnorm.			
Labour:	Spontaneous		1st stage:		Hrs		Mins	
	Induced		2nd stage:		Hrs		Mins	
	Oxytocin							
Ruptured membranes	Spontaneous		Date: ___/___/___		PROM≥18hrs :			
	Artificial		Time:		Offensive liquor:			
Analgesia:	Entonox		Pethidine		Time:			
	Epidural		Spinal		Gen. anaes			
Complications:	Prolapsed cord		Cord around neck		Abruptio		Praevia	

FIRST EXAMINATION OF THE NEONATE To be completed for all newborns either in LW/Theatre or Post Natal by nurse or doctor

If baby has been classified in the red area on the previous page, do not examine in LW, transfer immediately to neonatal unit. Exam to be completed by nurse/doctor in neonatal unit following stabilisation.

Any Red (danger) findings below, should receive emergency management and be admitted immediately to neonatal unit.

Any findings should be reviewed by a doctor for possible admission, transfer to referral centre if no doctor available.

ASSESSMENT	WELL	SICK / ABNORMAL			
Temperature	36-37°C	Hypothermic 35°-36°C	Hypothermic <35°C	Hyperthermic >37°C	
Appearance	Normal	Wasted	LGA	SGA	Dysmorphic
Skin	Intact	Laceration	Rash	Petechiae	Bruising
Colour	Pink	Plethoric	Cyanosed/central	Pale	
Odour	Normal	Offensive			
Respiration	40-60 bpm	Fast >60bpm	Slow/Gasping	Apnoea	
Chest movement	Symmetrical	Asymmetrical	Shallow	Sub-clavicular	Severe
Recession	Absent	Intercostal	Sternal		
Breath sounds	Quiet	Noisy	Grunting	Weak	Absent
Cry	Normal	High pitched	Hoarse	Jittery	Seizures
Behaviour	Responsive	Lethargic	Irritable		
Muscle tone	Normal	Head lag	Hypotonic (floppy)	Hypertonic (stiff)	
Moro reflex	Present & equal	Asymmetrical	Incomplete	Absent	
Sucking reflex	Present	Weak	Absent	Bites	
Rooting reflex	Present	Absent			
Grasp reflex	Present	Weak	Absent		
Plantar reflex	Present	Absent			
Walking reflex	Present	Absent			
Head shape	Normal	Caput	Asymmetrical	Haematoma	Hydrocephaly
Fontanelles	Normal	Full/Bulging	Large	Sunken	Closed
Sutures	Mobile	Overriding	Fused	Wide	
Face	Symmetrical	Asymmetrical	Abnormal		
Eyes	Normal	Small/Large	Slanting	Wide apart	Purulent discharge
Ears	Normal	Malformed	Low set	Rotated	Absent
Nose	Patent	Blocked	Flattened	Abnormal shape	
Mouth	Normal	Cleft lip	Smooth philtrum	Teeth	Cysts
Palate	Intact	Cleft -hard palate	Cleft -soft palate		
Tongue	Normal	Large	Protruding	Tongue- tie	
Chin	Normal	Receding			
Neck	Normal/Short	Swelling	Webbed	Nuchal fold	
Clavicles	Intact	Swelling	Crepitus	Fracture	
Nipples	Normal	Accessory (Extra)	Wide spaced	Mastitis	Absent
Heart	120-160 bpm	Tachycardia	Murmur	Heard Rt. side	HR <100bpm
Arms	Normal	Not moving	Fracture	Brachial palsy	
Fingers	Normal	Polydactyly	Syndactactyly	Hypoplastic nails	
Palmar creases	Normal	Single	↓/absent sounds	Sacrum	Gastroschisis
Abdomen	Normal	Distended	Single artery	Hernia	Exomphalus
Umbilicus	Normal	Bleeding	Dislocatable		
Hips	Normal	Dislocated	Not moving	Genu recurvatum	
Legs	Normal	Abnormal	Clubbed	Rocker bottom	
Feet	Normal	Positional deformity	Syndactyly	Sandal gap	
Toes	Normal	Polydactyly	Sacral dimple	Hair tuft	Meningocele
Back/Spine	Normal	Scollosis			
Femoral pulses	Present	Absent	Hydrocele	Inguinal hernia	Hypo/epispadius
Genitalia (male)	Testes down	Undescended	Enlarged clitoris	Fused labia	
Genitalia (fem.)	Normal	Ambiguous	NB Part buttocks & observe anus. Meconium does not mean anus is patent!		
Anus	Patent	Imperforate			
Urine	Passed	Not passed	NB Ensure meconium is not passed via vaginal/urethral fistula		
Meconium	Passed per rectum	Not passed			

Additional comments/management:

Examined by:		Signature:		Designation:	
Date:		Time:		Time:	Sign:
Mother notified of any abnormality:	Y	N	Date:	Completed:	Y N

NB. Complete Notification Form for any congenital abnormalities noted.

TRANSFER TO NEONATAL UNIT / POST NATAL WARD

Transferred by:		Signature:		SANC No.
Received by:		Signature:		SANC No.
ID band checked by:		Signature:		Time:

IN LABOUR WARD: Assess [illegible]

1. If the baby has any of the 1-5 classifications (Red) the baby should be transfereted immediately to the [illegible]
2. If the baby has any of the remainder (Yellow) the baby is at risk and should be monitored for the development of any problems with his mother.

RISK FACTOR/ PROBLEM	CLASSIFY	ACT NOW
☐ Took longer than 5 mins to breath ☐ Apgar less than 7 at 5mins ☐ Abnormal tone /not moving well	POSSIBLE NEONATAL ENCEPHALOPATHY ☐	1. Maintain temp. at 36°C ☐ 2. Assess for encephalopathy ☐ 3. Transfer to Neonatal unit ☐
☐ Major abnormality ☐ Head circumference >39cm or <32cm ☐ Alchohol, smoking or drug exposure	BIRTH ABNORMALITY ☐ RISK OF BIRTH ABNORM ☐	1. Warm baby ☐ 2. Transfer to Neonatal unit ☐ 1. Assess with mother ☐
☐ Not moving a limb ☐ Swelling of head on one side ☐ Boggy swelling of head	BIRTH INJURY ☐	1. Warm baby ☐ 2. Transfer to Neonatal unit ☐
☐ Meconium exposure AND one of following ☐ Grunting ☐ Chest in-drawing (Recession) ☐ Fast breathing (Tachypnoea) ☐ Central cyanosis	POSSIBLE RESPIRATORY PROBLEM ☐	1. Commence nasal prong oxygen at 1l/min ☐ 2. Transfer to Neonatal unit ☐
☐ Low birth weight less than 2kg ☐ Less than 34 weeks gestation-no steroids given	LBW / PREMATURE ☐	1. Warm baby ☐ 2. Transfer to Neonatal unit ☐
☐ Mother has diabetes ☐ Baby birth weight more than 4.0kg ☐ Mother had signs of sepsis ☐ Baby is low birth weight less than 2.5 kg or premature ☐ Baby is BBA ☐ Baby not put to breast or did not latch	INFANT OF A DIABETIC/ BIG BABY ☐ RISK OF HYPOGLYCAEMIA ☐	1. Feed (Breast or 10ml/kg 3hrly) ☐ 2. Check blood glucose one hour after birth and then 2-3hrly ☐ 3. If glucose <2.6mmol/l post feed transfer to Neonatal unit ☐
☐ Baby is BBA ☐ Baby is low birth weight, less than 2.5 kg or premature ☐ Baby is hypoglycaemic ☐ Baby separated from mother not receiving skin to skin care	RISK OF HYPOTHERMIA ☐	1. Feed (Breast or 10ml/kg 3hrly) ☐ 2. Nurse skin to skin ☐ 3. Check temperature one hour after birth ☐ 4. If <36°C transfer to Neonatal unit ☐
☐ Mother blood group O ☐ Mother Rhesus negative ☐ Baby has birth injuries ☐ Baby is Preterm ☐ Baby has facial bruising	RISK OF JAUNDICE ☐	1. Nurse skin to skin ☐ 2. Observe colour 6hrly ☐ 3. TSB at 6hrs and 12hrly ☐ 4. Start Phototherapy if above line ☐ 5. Jaundiced on Day 1 or rapidly climbing transfer Neonatal unit ☐
☐ Membranes rupture greater than 18 hours ☐ Maternal Fever ☐ Offensive Liquor	RISK OF BACTERIAL INFECTION. ☐	1. Nurse skin to skin ☐ 2. Observe 4hrly for 24-48hrs ☐ 3. If clinical signs of infection transfer to Neonatal unit ☐
☐ Mother RPR positive ☐ Mother RPR unknown ☐ Mother RPR partially treated or treatment completed less than 1 month ago	RISK OF CONGENITAL SYPHILIS ☐	1. Give Benzathine Penicillan IMI ☐ 2. Examine for signs of syphilis ☐ 3. Transfer to Neonatal unit if signs present ☐
☐ Mother HIV positive ☐ High Viral load ☐ Mother HIV negative but not retested in the last 3 mths ☐ Mother HIV unknown ☐ Baby abandoned	RISK OF HIV TRANSMISSION ☐	1. Test mother if unknown ☐ 2. Do HIV DNA PCR ☐ 3. Refer to HIV exposure SOP
☐ Mother has TB or has been on TB treatment in the last 6 months ☐ Mother coughing for more than 2 weeks.	RISK OF TUBERCULOSIS ☐	1. Refer to TB exposure SOP ☐ 2. Commence TB prophylaxis/Rx ☐ 3. Give BCG on completion of Rx ☐

Assessed By: | Signed: | SANC: | Time:

CLINICAL NOTES: (Record below if no risk factors are present)

Baby of: _____ Date of birth: _____

POST NATAL CARE													
PLAN:													
1. *Keep baby skin to skin (tied on) with mother. Discharge baby in skin to skin position*													
2. *Cleansing (once warm):Wipe with warm cloth. Bath only if blood, meconium or offensive smell present. Do not remove vernix. Demonstration bath for all Primigravidas prior to discharge.*													
3. *Warning signs: Transfer to neonatal unit if baby has- cyanosis; respiratory distress; persistant hypoglycaemia/ thermia; jaundice on Day 1.*													
4. *All at risk babies should be seen daily by an MO & observed at least 6hrly. IDM, LGA,SGA - require hourly GMs until stable*													
OBSERVATIONS: On admission, when reviewing mother and 6hrly -High Risk baby, 12hrly-low risk baby and on discharge.													
Date (DD/MM)													
Time													
Skin to skin-Tied on? (Y / N)													
Temperature (°C) Maintain 36.5-37°C													
Respiratory rate or distress (bpm) Tachypnoea (T), Recession(R), Grunting (G)													
Heart Rate (bpm)													
Activity-Active and responsive? (Y / N)													
Colour -Pink(P), Pale (Pa), Jaundiced (J), Cyanosed (C)													
Blood Sugar (mmol/l) Maintain 2.5-8mmol/l Only check if at risk/cold or not sucking.													
Hygiene –Record any bath(B) or Wiping (W) Clean eyes & mouth daily with saline/water (C)													
Cord -Clean with Chlorhexidine tincture-✓ Note skin redness(R)/ Discharge (D)/Healthy (H)													
Mothers care of baby –Confident (C), Needs assistance (NA)													
Short line checks-6hrly Record the location- R/L hand (H)/ Foot (F)/Arm(A)													
Record the condition. Is the distal limb warm, pink & mobile (WPM) or cyanosed (C) or swollen (S)													
Sign:													
Phototherapy (Routine) Commence Phototherapy Immediately for any sign of jaundice. If jaundiced on Day 1-transfer to neon. unit.													
◦ *Should be given at the mothers bedside.* ◦ *TSB to be taken daily.* ◦ *Baby to be nursed naked with nappy open.* ◦ *Cover eyes with eyeshield (Remove during feeds)* ◦ *Turn 6hrly* ◦ *Breast feed frequently for short periods* ◦ *Ensure all lights are functional, as close as possible to baby and changed every 1000 hrs* Hours of use:_____hrs													
Position- R/L lateral (L), Prone (P), Supine (S)													
Eyes covered- (Y / N)													
TSB (mmol/l)-Daily. Date:													
TSB:													
OUTPUT:													
Vomit (refer to neonatal unit if repeated/ projectile)													
Urine (No. of wet nappies)													
Stool (No. of meconium stools)													
FEEDS: Breast feed on demand (8-12 times /day)													
Mother assisted with breast feeding: Hunger cues, positioning, attachment	3hrs post delivery-Time:						Sign:						
	Before discharge-Date &Time:						Sign:						
Non Breast: Reason for not breast feeding													
Non Breast: Formula feeding demonstrated	Date:				Mother demonstrated back	Y		N					
No. of feeds													
How taken – Sucked well (SW), Weak suck (WS), Not Latching (NL), Cup (C), Syringe (S)													
Weight -Daily after Day 3. Report if more than10% weight loss.													
Sign:													

Baby of: _____ Date of birth: _____

ANNEXURE A: SPECIFICATION FORM

NAME OF PROCURING FACILITY	**WENTWORTH HOSPITAL**	
ITEM DESCRIPTION	ADMISSION RECORD /NEWBORN NEONATAL RECORD/ WELCOME GC AND HC	
ITEM PURPOSE	TO RECORD ALL BIRTHS IN LABOUR WARD AND THEATRE	
ITEM DETAILED SPECIFICATION (INCLUDE SIZE, COLOUR, MATERIAL, ETC.)		COMPLIES (YES/NO)
1.	**12 PAGES 6 LEAVES SELF COVER**	
2.	**FULL COLOUR, PRINTED BOTH SIDES ,BACK TO BACK**	
3.	SADDLE STITCHED, 2 HOLES PUNCHED	
4.	DOH LOGO A4 SIZE PAPER 80G BOND PAPER	
5.		
QUALITY STANDARD	DURABLE QUALITY	
UNIT OF MEASURE OR PACKAGING I.E. (UNIT/BOX/ROLL/PACK/BAIL ETC)	UNIT	
SAMPLE REQUIRED (YES/NO) IF YES WHEN AND HOW?	YES	
ADDENDUM TO SPECIFICATION ATTACHED (YES OR NO)	YES	

Note:

SPECIFICATION APPROVED BY

Name of End-user (in full)	Ms P.N. Ngobese	Name of SCM Rep (in full)	A. Moonsie
Designation / Rank (in full)	Admin	Designation/ Rank (in full)	Supply Officer
Signature		Signature	
Date	27/08/25	Date	26/09/25

Bidder Initial here: _____

KWAZULU-NATAL PROVINCE
HEALTH
REPUBLIC OF SOUTH AFRICA

ADMISSION RECORD: GC/HC

Baby of:		IP Number:		Seq. no.	

Hospital:		**Unit:**	
Date of Birth:		**Time of Birth:**	
Date of Admission:		**Time of Admission:**	
Admitted from:		**Sex:**	
Reason for admission:			
Composite Gestational Age: (For all babies per Ballard's form)	weeks	**Weight on admission:**	gms

Social History						
Mother	Y/N	**Father**	Y/N	**No. of siblings:**		
Well		Well		**Primary caregiver of children:**		
Sick		Sick		**Household income & Grants:**	R	
Demised		Demised		**Location of home:**		
Employed		Employed		Piped Water:	Y	N
Learner		Learner		Electricity:	Y	N
Married		Resident with mother		Sanitation:	Y	N
Language:				**Religion:**		
Education level achieved?						
Nearest clinic:				**Time from Hospital:**		
Other Details:						

Ante Natal/ Intrapartum Problems / risk factors:							
STEROIDS		**RPR**		**Rh**		**HIV**	

Condition on arrival:									
Lines/ETT/Dressings:									
Observations:		ACTIVITY:		COLOUR:		PULSE:		BP:	
TEMP:		RESP:		FIO_2		SATS:		GLUCOSE:	

Emergency signs:					
Gasping-Abnormal breath with long pause afterwards		Temperature less than (<) 35°C		Extreme lethargy	
Respiratory rate less than 20 bpm		Hypoglycaemia less than 1.5mmol/l		Pallor	
Heart rate < 100 or > 180bpm					

Classify:		**Bed allocation:**	**HC / GC**
Action:			

Assessment/ Problem list: Include probable & possible problems & factors for & against.

Plan: Insert and complete Clinical Management Checklist (C/L) for each assessed risk/ classified problem.												
RESPIRATORY SUPPORT:												
Nil		Nasal prongs (NP)		NP & Head box		Nasal CPAP		High Flow Humidified O_2				
Settings:	Flow		FiO_2		PEEP							
Other:												
FLUIDS and FEEDS Complete feeding and fluids C/L. Record orders on Intake chart												
Required fluids:	ml/kg/day		**Daily total:**	ml/day								
Feeds:												
IV Fluids:												

MEDICATIONS:

FURTHER MANAGEMENT:

INVESTIGATIONS: Select appropriate							
Full Blood count (FBC)		C Reactive protein (CRP)		Blood Culture		Blood gas	
Chest X-Ray		Abdominal X-Ray		HIV PCR		LP	
Other:							

Admission Nursing Care Plan/Checklist	Y	N		Y	N
Complete all observations on assessment chart			Pass naso-gastric tube if nil /mild resp. distress		
Nurse under radiant warmer if unstable			Pass oro-gastric tube if mod./sev. resp. distress		
Attach temperature probe with reflective cover			Place on free drainage if NPO		
Set control to "Baby" mode			Date gastric tube		
Set temperature at 36.5°C			Date and colour code IV line		
Cover with plastic sheet			Ensure First Exam form has been completed		
Place in prewarmed (36°C) incubator if stable			Plot weight and assess fetal growth		
Cover head with fabric/woollen cap			Ensure Vit. K and eye prophylaxis given		
Position in flexed, midline, contained position (nested)			Ensure baby has been identified: ID bands		
Limit light and noise levels			Name on bed		
Place alcohol based hand rub(ABHR) at foot of bed			Complete Orientation section of Health Ed. form		
Use 5ml ABHR before touching incubator or baby			Give Welcome pamphlet if available		
Use hydrocolloid dressing under all tape			Commence expressing EBM within 6hrs of birth		

Reason for not completing any of the above:

Other care given:

Date:		Time:			
Sign MO:		Print:		MP No.	
Sign RN:		Print:		SANC No.	

Name: _____ IP No._____ Date: _____

TIME / PLAN

GENERAL ASSESSMENT

- Perform a general assessment at least every change of shift and as indicated below.
- Assess condition for any change or emergency signs: Gasping, respiratory rate < 20, tongue blue; heart rate < 100 or > 180, pallor; extreme lethargy or unconscious. Contact MO immediately.
- Assess eyes and cord for signs of infection.
- Copious purulent discharge from the eye with swelling must be reported and treated as an emergency.
- Change dressing if breakthrough evident or leaking. Do not apply gauze dressing to open wound.
- **If on nCPAP:** Check nasal perfusion. Nostrils must be visible, warm & pink.

METABOLIC / CNS

- **Maintain glucose 2.6-8mmol/l**
- Check on admission, 3hrly till stable & then PRN if: jittery, cold, lethargic, vomiting, IV infiltrated.
- Ensure temp. and oxygen levels are normal.
- If < 2.6 mmol/l give milk feed or start IV fluids
- If <1.7 mmol/l or symptomatic: Give 2-3ml/kg NNL/10% glucose IV bolus.
- Check U&E if persistently low or seizures.
- Document type, number & duration of any seizures.
- Commence treatment: seizures > 3 mins or >3 seizures/ hr or cardiorespiratory compromise.
- If asphyxiated:
  - o Start encephalopathy checklist & HIE score sheet
  - o Observe for signs of hypoxic injury: hypoglycaemia, ↓bowel sounds, poor perfusion, peripheral cyanosis, blood/protein in urine

ACTION

- Call MO immediately for any change in condition
- Insert and complete relevant C/L for any problem identified

GENERAL CARE

- If eyes red/swollen/discharging clean 3hrly (from inside out) with saline
- Clean cord with Chlorhexidine tincture or alcohol
- Clean mouth with sterile water and apply Colostrum / EBM to lips and gums (Vaseline if EBM not available)
- Apply emollient cream to dry skin and barrier cream / Vaseline to the buttocks every nappy change.
- Position baby head up and prone (as much as possible) to reduce the risk of reflux induced apnoea, aspiration and to improve oxygenation.
- Encourage KMC as early, frequently and for as long as possible
- Commence phototherapy **immediately** if baby appears jaundiced.
- Turn phototherapy off when taking blood for a Total Serum Bilirubin (TSB)
- If receiving phototherapy, cover eyes with phototherapy eye shield and open the nappy.

DEVELOPMENTAL CARE

- **At risk for developmental delays, positional disorders, stress & disturbed sleep**
- Shield eyes from light
- Cluster care
- Nurse in foetal position - shoulders curved, joints flexed & midline positioning of head & limbs
- Signs of stress/pain? Stop activity, swaddle/ give KMC/ hold baby in flexed position with your hands, give NNS/ sucrose / analgesia
- Allow parents to visit 24hrs/day. Other visitors during visiting hours

Section	ASSESS	FREQUENCY GC	FREQUENCY HC
General Assessment	Condition	12 hrly	6 hrly
	Eyes	12 hrly	6 hrly
	Skin	12 hrly	6 hrly
	Mouth	12 hrly	6 hrly
	Cord	12 hrly	6 hrly
	Perineum	12 hrly	6 hrly
	Nasal perfusion	NA	3 hrly/PRN
	Wound	PRN	PRN
Metabolic – Glucose mmol/l	< 2.6	PRN	PRN
	2.6 - 8	PRN	Daily/PRN
	> 8	PRN	PRN
CNS	Activity	6 hrly	3Hrly
	Seizure activity	PRN	PRN
	Number/hr	PRN	PRN
General Care	Eye care	PRN	PRN
	Cord care	6 hrly	3hrly
	Mouth care	12 hrly	6 hrly
	Skin care	PRN	PRN
	Buttock care	6 hrly	3hrly
	Position change	6 hrly	3hrly
	Probe Change	3 hrly	3hrly
	Phototherapy	6 hrly	6 hrly
	Nappy open	6 hrly	6 hrly
	Eye Shield	6 hrly	6 hrly
Developmental Care	Incubator covered	3 hrly	3hrly
	Flexed/ Midline	3 hrly	3hrly
	KMC	Continuous	3hrly PRN
	Stress/pain signs	6 hrly	3hrly
	Stress/Pain Mx	PRN	PRN

Name: ____________ IP No.____________ Date: ____________

TIME	TEMPERATURE						CARDIO- VASCULAR SYSTEM						RESPIRATORY SYSTEM							RESPIRATORY SUPPORT (BiPAP/ nCPAP)									ACTION
PLAN	• **Maintain axillary temp. 36.5-37.5°C** • If on radiant warmer: Apply plastic blanket in 1st week of life. • Closed incubator temp 36°C on Day 1. Adjust according to baby's temp. and incub. temp. table thereafter. • Check glucose if temp. low • Prevent convective, conductive, radiant and evaporative heat loss • Apply cap						• **Maintain HR 120-160bpm** • Report any sudden change in colour • Perfusion: Ensure Capillary refill time(CRT) is 3 secs. or less • Tachycardia- check temp, pain, signs of sepsis • Bradycardia- Call MO. Check for apnoea, low sats, seizures BP mean: Normal ± Gest. age • Ensure BP cuff is not too small- check guide on cuff (causes elevated readings)						• **Monitor resp. rate 40-60bpm** • **Maintain Sats 90-94% in oxygen** • If apnoeic: stimulate, extend neck, suction, bag • Ensure temp. and glucose levels are normal. • Suction nasopharynx if baby apnoeic or increased respiratory distress. Use a new size 6 or 8 Fg suction catheter & sterile gloves each time. • For **severe distress**-commence BiPAP (if available) or basic nCPAP immediately. **If mild and preterm** commence nCPAP. **If mild & term** or no CPAP available -commence nasal prong FIO_2 at 1L/min and 30% oxygen.							• **Add** head box oxygen to NP if baby not maintaining sats. on 2L nasal prong oxygen. Consult referral hospital. • **CPAP settings:** PEEP 5. Oxygen 30% • **BiPAP settings:** PEEP 6cm/H_2O. PIP 10cm/H_2O. Rate 40bpm. Oxygen 30% • Increase/decrease oxygen by 2-5% every 5mins until sats in normal range. • Sats <90% on 40% FIO_2 CPAP- contact referral hospital. • Maintain water level in humidifier chamber & empty any water from circuit tubing. • If FIO_2 <30% wean to basic nCPAP or nasal prongs (NP). Wean NP flow if no resp. distress and maintaining sats.									• Call MO immediately for any change in condition • Insert and complete relevant C/L for any problem identified
FREQUENCY HC	3 hrly	3 hrly	3 hrly	PRN	3 hrly	PRN	3hrly	PRN	3hrly	PRN	3-6hrly	3-6hrly	PRN	3hrly	PRN	PRN	3hrly	PRN	6 hrly	PRN	3hrly	3hrly	3hrly	nCPAP only 3 hrly	nCPAP only 3hrly	nCPAP only 3hrly	nCPAP only 3hrly	nCPAP only 3hrly	PRN	
FREQUENCY GC	NA	6 hrly	6 hrly	PRN	6Hrly	PRN	6 hrly	PRN	6 hrly	PRN	NA	NA	PRN	6 hrly	PRN	PRN	6 hrly	PRN	3hrly	PRN	6 hrly	6 hrly	NA	NA	NA	NA	NA	NA	PRN	
ASSESS	Plastic blanket?	Cap?	Heater output/ Incub. temp. %/°C	Temperature °C <36.5	36.5-37.5	>37.5	Colour / Perfusion	Heart Rate bpm <100	100-160	>160	BP mmHg	Mean mmHg	Resp. Rate bpm < 40	40-60	> 60	Saturations % < 90	90-100-No Oxygen 90-94 -On oxygen	> 94 -On Oxygen	Respiratory distress	Apnoea	Oxygen method	FIO_2%	Flow L/min	Rate	MAP/PEEP cm/H_2O	PIP cm/H_2O	Water refill/ Empty tubes?	Humidifier temperature	Suction Vol./description	

Name: _____ IP No._____ Date: _____

TIME	GIT & RENAL SYSTEMS	OUTPUT
PLAN	• Keep nil per os if aspirates/vomitus are blood stained, if bowel sounds are absent or decreased or if urine contains blood and protein. Place NG tube on free drainage. • Monitor abdominal girth daily if baby has abdominal distention or necrotising enterocolitis • Commence non-nutritive sucking at breast or with dummy as soon as possible. • Report any change in sucking once oral feeding commenced.	• Aspirate NG tube prior to feeds to confirm location and any abnormality in type of aspirate. Return aspirates • Report failure to pass stool for more than 1 day • SG ≤1010 –↑hydration SG >1010-↑dehydration • Blood and protein associated with renal damage. Test on admission if asphyxiated

FREQUENCY	Sucking	Abdomen	Abdominal Girth	Bowel sounds	PH / Blood	SG / Protein	Glucose/ Other	Urine volume	Urine description	Stool volume	Stool description	Aspirate vol. -Mls	Aspirate description	Vomitus volume	Blood -Mls
HC	3 hrly	6 hrly	PRN	6 hrly	12 hrly			PRN	PRN	PRN	PRN	PRN	PRN	PRN	PRN
GC	3 hrly	12 hrly	PRN	12 hrly	Daily			PRN	PRN	PRN	PRN	PRN	PRN	PRN	PRN
TOTAL OUTPUT:															

HANDOVER CHECKLIST Sign below that all the following information has been handed over.	
1. Name and Day of life	10. Specific orders
2. Gestation at birth	11. Mothers condition, support required & any problems
3. Problem list and progress	12. Baby's current condition, colour and activity
4. Emergency/ Priority signs identified	13. Any abnormal observations and action taken
5. Respiratory Support- Mode, FiO_2, Saturations, Settings	14. Urine and stools passed and any abnormality
6. Daily fluid requirement	15. Feeds given and how tolerated
7. IV fluids and Feeds ordered	16. IV fluids given
8. Medications (Check that all have been given)	17. Location and condition of IV sites

SHIFT TIMES	NURSE REPSONSIBLE FOR CARE:				RECEIVED BY: (Handed over to)			
	SIGNATURE	NAME	SANC NO.	DESIG	SIGNATURE	NAME	SANC NO.	DESIG

Name: _____ IP No._____ Date: _____

MULTIDISCIPLINARY NOTES Consultant review, doctor, nurse, rehab team, social worker, dietician etc

Nurses should include **interim/crisis entries only**. All other information is found on the assessment record. **<u>NB</u> Time, Sign, Print name and practice no. for each entry**

Name: ______________________ IP No.______________ Date: ______________

MULTIDISCIPLINARY NOTES Consultant review, doctor, nurse, rehab team, social worker, dietician etc

Nurses should include interim/crisis entries only. All other information is found on the assessment record. <u>NB</u> Time, Sign, Print name and practice no. for each entry

Name: ____________________ IP No.____________ Date: ______________

Assessment summary and Action Plan- Day Staff:				Time:	
Baby is stable with no abnormal observations or danger signs.	Y	N	Baby is tolerating feeds and passing stools.	Y	N
Mother is healthy and caring well for baby.	Y	N	Baby is gaining weight.	Y	N
Action Plan:					

Assessment summary and Action Plan- Night Staff:				Time:	
Baby is stable with no abnormal observations or danger signs.	Y	N	Baby is tolerating feeds and passing stools.	Y	N
Mother is healthy and caring well for baby.	Y	N	Baby is gaining weight.	Y	N
Action Plan:					

MULTIDISCIPLINARY NOTES Consultant review, doctor, nurse, rehab team, social worker, dietician etc

Nurses should include inte[illegible]/crisis entries only. All other information is found on the assessment record. NB Time, Sign , Print name and Practice no. for each entry

TIME	INTAKE-FEEDS			INTAKE-IV FLUIDS						ASSESMENT/ACTION				
PLAN / ORDERS	• Total fluid intake includes oral and IV fluids • Promote breast feeding/Donor milk if no EBM. • Commence expressing breast milk within 6hrs of birth. • Ensure mother empties breasts at each expression. • Feed baby in skin to skin position if possible. • Do not keep NPO for longer than 3 days without TPN. • Observe for signs of feeding readiness: wakes for feeds, alert, rooting, sucking on hands etc			• Transition slowly from NG to breast feeds • Review the need for an IV line daily and remove as soon as possible. • If infiltrated ensure IV is resited within 1 hr. If IV is not resited-increase oral feeds to ensure delivery of total required fluid volume. • Date and change IV lines every 72 hrs. Record on Safety Checklist. • Total intake and output daily										
	LINE No.	FEEDS			Line 1		Line 2		Bolus		• Hourly, assess position & condition of insertion site & distal perfusion. Inform MO immediately of any phlebitis/swelling /absent backflow/ poor perfusion. • Clean cord 3hrly with chlorhexidine if cannulated. • Ensure IV dressing is clean and intact. Change if loose, soiled or wet. • Scrub any access port with 70% alcohol for 15 secs & allow to dry before accessing. Record (HS) in action column.				
	FLUID														
	VOL/RATE														
	SIGN														
	REVIEWED														
	SIGN										Line 1		Line 2		Action
TIME		Vol	How	Tot.	Rate	Tot.	Rate	Tot.	Rate	Tot.	Site	Cond.	Site	Cond.	
0700															
0800															
0900															
1000															
1100															
1200															
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0200															
0300															
0400															
0500															
0600															
Totals:															
TOTAL INTAKE:		mls													

Name: _____ IP No._____ Date: _____

MOTHER												HOME LOCATION:			
Current Location:						Health check completed?			Y / N			Care of baby:			
Feeding choice:	EBM		Formula			Milk production.									
Counselling given:	Yes		No			Recorded on counselling form?		Yes		No		Seen by social worker?			
Health Ed. given:	Yes		No			Recorded on education form?		Yes		No		Yes		No	
Visitors:	Baby's father					Baby's siblings		Grandparents				Other-specify:			
Any problems:															
Interventions:															

SAFETY CHECKS	To be completed immediately after handover by day and night staff. Record information as required.					
	CHECK	PLAN	DAY	✓	NIGHT	✓
I.D	**ID bands**	Check 2 legible ID bands are in situ **Location:**				
RESUS.	**Resuscitator.**	Accessible to bed & checked	Checked		Checked	
	Mask: Clean.	Size 1-term, 0-prem **Mask Size:**				
	Suction. At bed & checked.	Maintain pressure at 20 KPa. **Pressure:**	KPa		KPa	
		Size 6Fg-prem, size 8Fg-term **Catheter Size:**	Fg		Fg	
ALARM SETTINGS	**Oxygen saturations.**	Low 89% High 95%. High 100% if no oxygen **Settings:**	**Low:** **High:**		**Low:** **High:**	
	Heart Rate.	Low 100bpm High 180bpm **Settings:**	**Low:** **High:**		**Low:** **High:**	
	Respiratory Rate.	High 80bpm Low 20bpm **Settings:**	**Low:** **High:**		**Low:** **High:**	
IV	**Infusion/syringe pumps**	Check rate/dose. Syringe (not pump) labelled.	Checked		Checked	
	Lines correctly connected.	Trace all lines/NG tube to connections.	Checked		Checked	
	IV /Umbilical strapping.	Restrap immediately if loose/soiled. **Depth:** _____	Checked Restrapped		Checked Restrapped	
HYGIENE	**Patient care container.** Cleaned & restocked.	70% alcohol changed daily. Vaseline, nappies, saline amps, aqueous cream	Restocked		Restocked	
	Alcohol Based Hand Rub. (ABHR)	At foot of bed. Changed according to hosp. policy-no cracks	Present Changed		Present Changed	
EQUIPMENT	**Type of bed occupied**	Record if baby is nursed in a cot, closed incubator/radiant warmer				
	Radiant warmer temp. probe	Attach with reflective cover on Lt. abdomen Silver side down. Wire also secured Rt. abdom.	Secured		Secured	
	Radiant warmer Set Temp.	This is not the incubator temperature. It is the desired baby temp. Set at 36.5°C **Setting:**	°C		°C	
RECORDS	**Ballard score completed**	Record composite gestational age on cover	Completed		Completed	
	Birth parameters plotted. Wt, L & COH	Plot on appropriate Growth standards chart	Plotted		Checked	
	Clinical Management Checklists (C/L)	Present, current and signed	Checked		Checked	
SIGN:						

ABBREVIATIONS IN DOCUMENT

BP= Blood pressure; bpm= beats/breaths per minute; CF=Cardiac failure; COH=Circumference of head; CPAP= Continuous positive airways pressure; EBM= Expressed breast milk; ET= Endotracheal tube; FBC = Full blood count; FiO_2=Fraction of Inspired oxygen; GC= General Care ; Gest= Gestational; gms= grams; HC= High Care;HIV= Human immune virus; ID = Identity; IP= In patient; IV= Intravenous; kg= kilogram; L=Length; LP= lumbar puncture; MAP= Mean airway/arterial pressure; mls= millilitres; MO= Medical officer; Mx=Management; NNS= non-nutritive sucking; NPO_2=Nasal prong oxygen; NPO= Nil per Os, PEEP= Positive end expiratory pressure; Photo = phototherapy; Prev= Previous; Resp=Respiratory; RH=Rhesus factor; Prev= Previous; RPR=Rapid plasma regain, secs= seconds; temp=Temperature; UVC=Umbilical venous catheter; Wt=weight; < = less than; > = more than

Examination: To be completed by Doctor on admission to unit.				Time of MO Exam:		
GENERAL: Condition (sick or well)		Colour		Hydration	Skin	Pressure areas

Assess for priority signs	Y		Y		Y
Hypothermia- less than 36.5°C		Pallor		Purulent discharge from eyes	
Pyrexia- More than 37.5°C		Cyanosis		Red/swollen eyelids	
Hypoglycaemia- less than 2.6 mmol/l		Jaundice		Rash/pustules on the skin	
Hyperglycaemia- More than 8 mmol/l		Oedema		Necrotic area/wound	
Dehydration-decreased skin turgor/sunken fontanel/ dry mouth		Umbilicus-Redness/purulent discharge.			

RESPIRATORY SYSTEM:		
Respiratory support and settings:		
Breath sounds	Chest movement	Airway

Assess for priority signs	Y		Y		Y
Severe resp. distress: FiO_2 > 60%		**Mod. resp. distress:** FiO_2 30-60%		**Mild resp. distress:** FiO_2<30%	
Fast breathing more than 80bpm		Fast breathing 60-80bpm		Fast breathing above 60bpm	
Severe recession or grunting		Recession or nasal flaring			
Apnoea					
Central cyanosis					

CARDIO VASCULAR SYSTEM:	Heart sounds	Pulses

Assess for priority signs	Y		Y		Y
Tachycardia more than 160bpm		Hypertension-MAP > 50mmHg (prem)> 65mmHg (term)		Peripheries cold/pale	
Bradycardia less than 120bpm		Hypotension-MAP 5-10mmHg less than Gest. age			
Abnormal heart sounds or murmur		Capillary Refill time (CRT) more than 3 secs			

CENTRAL NERVOUS SYSTEM:	Activity/posture	Tone	Seizure activity	Grasp
Moro	Fontanelles			

Assess for priority signs	Y		Y		Y
Increased tone		Seizure activity: Subtle: Staring or mouthing		Bulging fontanelle	
Truncal hypotonia		Fisting/ cycling movements of arms/legs		Inappropriate/ reduced response to handling/pain	
Decreased activity		Clonic: Repetitive jerking of limb/s			
		Tonic: Stiffness/sustained posturing			

GASTRO INTESTINAL SYSTEM:	Distension	Discolouration	Tenderness	Bowel sounds
Organomegaly	Umbilicus			

Assess for priority signs	Y		Y		Y
Tense abdomen		Failure to pass meconium		Enlarged liver / spleen	
Abdominal wall discolouration		Decreased / absent bowel sounds			
Abdomen tender to touch		Bile stained vomiting / drainage			

ANNEXURE A: SPECIFICATION FORM

NAME OF PROCURING FACILITY	**WENTWORTH HOSPITAL**	
ITEM DESCRIPTION	DAILY ASSESSMENT CHART GC AND HC	
ITEM PURPOSE	TO RECORD DAILY ACTIVITIES AND ASSESSMENTS BY THE CLINICIANS ON ALL ADMITTED NEONATES	
ITEM DETAILED SPECIFICATION (INCLUDE SIZE, COLOUR, MATERIAL, ETC.)		COMPLIES (YES/NO)
1.	**8 PAGES 4 LEAVES SELF COVER**	
2.	**FULL COLOUR, PRINTED BOTH SIDES ,BACK TO BACK**	
3.	SADDLE STITCHED, 2 HOLES PUNCHED	
4.	DOH LOGO A4 SIZE PAPER 80G BOND PAPER	
5.		
QUALITY STANDARD	DURABLE QUALITY	
UNIT OF MEASURE OR PACKAGING I.E. (UNIT/BOX/ROLL/PACK/BAIL ETC)	UNIT	
SAMPLE REQUIRED (YES/NO) IF YES WHEN AND HOW?	YES	
ADDENDUM TO SPECIFICATION ATTACHED (YES OR NO)	YES	

Note:

SPECIFICATION APPROVED BY

Name of End-user (in full)	MS P.N. NGCOBO	Name of SCM Rep (in full)	A. MDUNGE
Designation / Rank (in full)	MW	Designation/ Rank (in full)	SUPPLY OFFICER
Signature		Signature	
Date	22/08/25	Date	05/09/2025

Bidder Initial here: _____

KWAZULU-NATAL PROVINCE
HEALTH
REPUBLIC OF SOUTH AFRICA

DAILY ASSESSMENT CHART: GC/HC

Date:			Day of life:		IP Number:		
Name:			Date of Birth:		Gender:		
Gest. age at birth:		Current Gest. Age:		HC / GC bed:		Photo. day:	
Nasal Prong day:		CPAP day:		UVC day:		Last stool:	
Birth weight:		Current weight:		Prev. weight:		Loss/Gain:	

PROBLEM LIST: Include all current problems. Record resolved problems on Inpatient Support Pack cover.

REVIEW OF LAST 24HRS

Emergency /Priority signs noted (State no. of times they were noted in the last 24hrs)						**Nil Noted:**	**Y**	**N**
Apnoea		Saturations <80%		Hypo/Hyperthermia		Lethargy		
Bradycardia <100		Cyanosis/Pallor		Glucose <2.6 or >8mmol/l		Seizures		
Clinical Problems handed over:								

FLUIDS, FEEDS AND MEDICATIONS (Previous 24hrs):

Total output:	Urine:	Stool:	Vomitus:	Blood: mls	Drain: mls
Total intake:	**Feeds:**				
ml/kg/day	**IV Fluids:**				
Medications:					

GENERAL EXAMINATION: To be completed daily by MO. **Time of MO Exam:**

Assessment of recorded vital signs:

TSB:

Condition (Sick Or Well) Colour Hydration Skin Pressure Areas

Assess for priority signs	Y	**Nil Noted**	Y	N	Y		Y
Hypothermia- less than 36^{5}°C		Pallor				Purulent discharge from eyes	
Pyrexia- More than 37^{5}°C		Cyanosis				Red/swollen eyelids	
Hypoglycaemia- less than 2.6 mmol/l		Jaundice				Rash/pustules on the skin	
Hyperglycaemia- More than 8 mmol/l		Oedema				Necrotic area/wound	
Umbilicus-Redness/purulent discharge		Dehydration-decreased skin turgor/sunken fontanel/ dry mouth					

RESPIRATORY SYSTEM:

Respiratory support and settings:

Breath Sounds Chest Movement Airway

Assess for priority signs	Y	**Nil Noted**	Y	N	Y		Y
Severe resp. distress: FiO_2 > 60%		**Moderate resp. distress:** FiO_2 30-60%				**Mild resp. distress:** FiO_2<30%	
Fast breathing > 80 bpm		Fast breathing 60-80bpm				Fast breathing > 60bpm	
Severe recession or grunting		Recession or nasal flaring					
Apnoea							
Central cyanosis							

SAFETY CHECKS To be completed immediately after handover by day and night staff. Record information as required.						
	CHECK	PLAN	ACTION DAY	✓	ACTION NIGHT	✓
I.D	**ID bands**	Ensure 2 legible ID bands in situ. **Location:** Check ID bands against incubator/cot label	Checked & correct		Checked & correct	
RESUSCITATION	**Resuscitator.**	Accessible to bed & checked	Checked		Checked	
	Mask: Clean.	Size 1-term, 0-prem **Mask Size:**				
	Suction/oxygen. At bed & checked. Respiratory equipment changed.	Maintain suction pressure at 20 KPa. **Pressure:** Size 6Fg-prem, size 8Fg-term. **Catheter Size:** Change catheter after use. Tubing/Liner/Aquapack-change daily if used.	KPa		KPa	
			Fg		Fg	
			Tubes changed		Tube changed	
			Equip. changed		Equip changed	
ALARM SETTINGS	**Oxygen saturations.**	Low 89% High 95%. High 100% if no oxygen. **Settings:**	**Low:**		**Low:**	
			High:		**High:**	
	Heart Rate.	Low 100bpm High 180bpm **Settings:**	**Low:**		**Low:**	
			High:		**High:**	
	Respiratory Rate.	High 80bpm Low 20bpm **Settings:**	**Low:**		**Low:**	
			High:		**High:**	
IV / ARTERIAL / GASTRIC ACCESS	**Infusion/syringe pumps**	Check rate/dose. Syringe (not pump) labelled.	Checked		Checked	
	Lines correctly connected.	Trace all lines/NG tube to connections.	Checked		Checked	
	Giving Set change. (See Support pack)	**Change date:** _____ TPN lines daily, clear fluids 72 hrs	Checked		Checked	
			Changed		Changed	
	Umbilical Catheter (See Support pack)	**Removal date:** _____ **Depth:** _____ Remove after 14 days.	Checked		Checked	
			Removed		Removed	
	Naso/Oro gastric tube. (See Support pack)	**Change date:** _____ Change weekly	Checked		Checked	
			Changed		Changed	
	Peripheral IV /Umbilical/ NG strapping.	Ensure all strapping is clean and secure. Restrap immediately if loose/soiled.	Checked		Checked	
			Restrapped		Restrapped	
HYGIENE	**Baby bathed.** Water/ aqueous cream only	Bath-weekly. Top and tail -daily	Bathed		Bathed	
			Top and tail		Top and tail	
	Patient care container. Cleaned & restocked.	70% alcohol changed daily. Vaseline, nappies, saline amps, aqueous cream	Restocked		Restocked	
	Alcohol Based Hand Rub. (ABHR)	At foot of bed. Changed according to hosp. policy-no cracks	Present		Present	
			Changed		Changed	
EQUIPMENT	**Type of bed occupied**	Record if baby is nursed in a cot, closed incubator/radiant warmer				
	Radiant warmer temp. probe	Attach with reflective cover on Lt. abdomen Silver side down. Wire also secured Rt. abdom.	Secured		Secured	
	Radiant warmer Set Temp.	This is not the incubator temperature. It is the desired baby temp. Set at 36.5°C **Setting:**	°C		°C	
	Incubator/bassinet cleaned.	Internal & external surfaces daily with soap & water. Remove tape/adhesives	Cleaned		Cleaned	
			Bed at 45°		Bed at 45°	
	Closed Incubator- Air Filter.	Check change date. Change air filter 3mthly	Checked		Checked	
			Changed			
	Equipment cleaned	Syringe & infusion pumps and resp. equip. with soap & water. Remove tape/adhesives	Cleaned		Cleaned	
	Phototherapy. (LED photo lights to be serviced annually)	**No. of hrs. on timer:** _____ Change fluorescent tubes every 1000hrs All blue tubes & all working	Checked		Checked	
			Changed		NA	
RECORDS	**Previous days records filed.**	To be punched and filed - admission to discharge	Checked		Checked	
	Weight (wt) plotted Plot weight daily.	Report 3 days failure to gain weight or weight loss to dietician.	Plotted		Checked	
			Reported			
	Growth plotted weekly.	Plot WT, L and COH on Growth standards chart	Plotted		Checked	
	Management Checklists (C/L)	Present, current and signed	Checked		Checked	
	Weekly management	Check daily that all management given	Checked		Checked	
		SIGN:				

ABBREVIATIONS IN DOCUMENT

BP= Blood pressure; bpm= beats/breaths per minute; CF=Cardiac failure; COH=Circumference of head; CPAP= Continuous positive airways pressure; EBM= Expressed breast milk; F= Female; FiO_2=Fraction of Inspired oxygen; GC= General Care ; Gest= Gestational; HC= High Care; IP= In patient; IV= Intravenous; kg= kilogram; LED=Light emitting diode; L=Length; LP= lumbar puncture; M=Male; MAP= Mean airway/arterial pressure; mls= millilitres; MO= Medical officer; Mx=Management; NNS= non-nutritive sucking; NPO_2=Nasal prong oxygen; NPO= Nil per Os, PEEP= Positive end expiratory pressure; Photo = phototherapy; Prev= Previous; Resp=Respiratory; secs= seconds; SOP=Standard operating procedure; UVC=Umbilical venous catheter; Wt=weight; < = less than; > = more than

 Name: _____ IP No._____ Date: _____ Chart No. _____

TIME	TEMPERATURE						CARDIO- VASCULAR SYSTEM						RESPIRATORY SYSTEM							RESPIRATORY SUPPORT (BiPAP / nCPAP)							ACTION
PLAN	• **Maintain axillary temp. 36.5-37.5°C** • If on radiant warmer: Apply plastic blanket in 1st week of life. • Closed incubator temp 36°C on Day 1. Adjust according to baby's temp. and incub. temp. table thereafter. • Check glucose if temp. low • Prevent convective, conductive, radiant and evaporative heat loss • Apply cap						• **Maintain HR 120-160bpm** • Report any sudden change in colour • Perfusion: Ensure Capillary refill time(CRT) is 3 secs. or less • Tachycardia- check temp, pain, signs of sepsis • Bradycardia- Call MO. Check for apnoea, low sats, seizures BP mean: Normal ± Gest. age • Ensure BP cuff is not too small- check guide on cuff (causes elevated readings)						• **Monitor resp. rate 40-60bpm** • **Maintain Sats 90-94% in oxygen** • If apnoeic: stimulate, extend neck, suction, bag • Ensure temp. and glucose levels are normal. • Suction nasopharynx if baby apnoeic or increased respiratory distress. Use a new size 6 or 8 Fg suction catheter & sterile gloves each time. • For **severe distress**-commence BiPAP (if available) or basic nCPAP immediately. **If mild and preterm** commence nCPAP. **If mild & term** or no CPAP available -commence nasal prong FIO_2 at 1L/min and 30% oxygen.							• **Add** head box oxygen to NP if baby not maintaining sats. on 2L nasal prong oxygen. Consult referral hospital. • **CPAP settings:** PEEP 5. Oxygen 30% • **BiPAP settings:** PEEP 6cm/H_2O. PIP 10cm/H_2O. Rate 40bpm. Oxygen 30% • Increase/decrease oxygen by 2-5% every 5mins until sats in normal range. • If not maintaining sats on 40% FIO_2 CPAP contact referral hospital. • Maintain water level in humidifier chamber & empty tubes. • If FIO_2 <30% wean to basic nCPAP or nasal prongs (NP). Wean NP flow if no resp. distress and maintaining sats.							• Call MO immediately for any change in condition • Insert and complete relevant C/L for any problem identified
FREQUENCY HC	3 hrly	3 hrly	3 hrly	PRN	3 hrly	PRN	3hrly	PRN	3hrly	PRN	3-6hrly	3-6hrly	PRN	3hrly	PRN	PRN	3hrly	PRN	6 hrly	PRN	3hrly	3hrly	3hrly	3 hrly	3hrly	3hrly	3hrly	3hrly	PRN	
FREQUENCY GC	NA	6 hrly	6 hrly	PRN	6Hrly	PRN	6 hrly	PRN	6 hrly	PRN	NA	NA	PRN	6 hrly	PRN	PRN	6 hrly	PRN	3hrly	PRN	6 hrly	6 hrly	NA	NA	NA	NA	NA	NA	PRN	
ASSESS	Plastic blanket?	Cap?	Heater output/ Incub. temp. %/°C	Temperature °C <36.5	36.5-37.5	>37.5	Colour / Perfusion	Heart Rate bpm <100	100-160	>160	BP mmHg	Mean mmHg	Resp. Rate bpm < 40	40-60	> 60	Saturations % < 90	90-100 -No Oxygen	90-94 -On oxygen	> 94 -On Oxygen	Respiratory distress	Apnoea	Oxygen method	FIO_2%	Flow L/min	Rate	MAP/PEEP cm/H_2O	PIP cm/H_2O	Water refill/ Empty tubes?	Humidifier temperature	Suction Vol./description	

5 Name: _____ IP No._____ Date: _____ Chart No. _____

TIME	GIT & RENAL SYSTEMS	OUTPUT
PLAN	• Keep nil per os if aspirates/vomitus are blood stained, if bowel sounds are absent or decreased or if urine contains blood and protein. Place NG tube on free drainage. • Monitor abdominal girth daily if baby has abdominal distention or necrotising enterocolitis • Commence non-nutritive sucking as soon as possible. • Report any change in sucking once oral feeding commenced.	• Aspirate NG tube prior to feeds to confirm location and any abnormality in type of aspirate. Return aspirates • Report failure to pass stool for more than 1 day • SG ≤1010 – ↑hydration SG >1010-↑dehydration • Blood and protein associated with renal damage. Test on admission if asphyxiated

FREQUENC	Sucking	Abdomen	Abdominal Girth	Bowel sounds	PH / Blood	SG / Protein	Glucose/ Other	Urine volume	Urine description	Stool volume	Stool description	Aspirate vol. -Mls	Aspirate description	Vomitus volume	Blood -Mls
HC	3 hrly	6 hrly	PRN	6 hrly	12 hrly			PRN	PRN	PRN	PRN	PRN	PRN	PRN	PRN
GC	3 hrly	12 hrly	PRN	12 hrly	Daily			PRN	PRN	PRN	PRN	PRN	PRN	PRN	PRN
TOTAL OUTPUT:															

MOTHER						HOME LOCATION:					
Current Location:				Health check completed?		Y / N	Care of baby:				
Feeding choice:	EBM		Formula		Milk production.						
Counselling given:	Yes		No		Recorded on counselling form?	Yes		No		Seen by social worker?	
Health Ed. given:	Yes		No		Recorded on education form?	Yes		No		Yes	No
Visitors:	Baby's father				Baby's siblings		Grandparents			Other-specify:	
Any problems:											
Interventions:											

HANDOVER CHECKLIST Sign below that all the following information has been handed over.

1. Name and Day of life	10. Specific orders
2. Gestation at birth and currently	11. Baby's current condition, colour and activity
3. Weight loss/gain	12. Any abnormal observations and action taken
4. Problem list and progress	13. Feeds given and how tolerated
5. Emergency/ Priority signs identified	14. IV fluids given
6. Respiratory Support- Mode, FiO_2, Saturations, Settings	15. Location and condition of IV sites
7. Daily fluid requirement	16. Urine and stools passed and any abnormality
8. IV fluids and Feeds ordered	17. Mothers condition, support required & any problems
9. Medications (Check that all have been given)	

SHIFT TIMES	NURSE REPSONSIBLE FOR CARE: SIGNATURE	NAME	SANC NO.	DESIG	RECEIVED BY: (Handed over to) SIGNATURE	NAME	SANC NO.	DESIG

7 Name: _____ IP No._____ Date: _____ Chart No. _____

Assessment summary and Action Plan- Day Staff:			**Time:**		
Baby is stable with no abnormal observations or danger signs.	Y	N	Baby is tolerating feeds and passing stools.	Y	N
Mother is healthy and caring well for baby.	Y	N	Baby is gaining weight.	Y	N
Action Plan:					
Assessment summary and Action Plan- Night Staff:			**Time:**		
Baby is stable with no abnormal observations or danger signs.	Y	N	Baby is tolerating feeds and passing stools.	Y	N
Mother is healthy and caring well for baby.	Y	N	Baby is gaining weight.	Y	N
Action Plan:					

MULTIDISCIPLINARY NOTES Consultant review, doctor, nurse, rehab team, social worker, dietician etc
Nurses should include interim/crisis entries only. All other information is found on the assessment record. NB Time, Sign, Print name and Practice no. for each entry

 Name: ____________________ IP No.______________ Date: ____________ Chart No. ______

TIME	INTAKE-FEEDS	INTAKE-IV FLUIDS	ASSESMENT/ACTION

PLAN / ORDERS

- Total fluid intake includes oral and IV fluids
- Promote breast feeding/Donor milk if no EBM.
- Commence expressing breast milk within 6hrs of birth.
- Ensure mother empties breasts at each expression.
- Feed baby in skin to skin position if possible.
- Do not keep NPO for longer than 3 days without TPN.
- Observe for signs of feeding readiness: wakes for feeds, alert, rooting, sucking on hands etc.
- Transition slowly from NG to breast feeds.
- Review the need for a central/peripheral IV catheter daily. Remove as soon as possible.
- If infiltrated ensure IV is resited within 1 hr. If IV is not resited-increase oral feeds to ensure delivery of total required fluid volume.
- Date (on drip chamber) and change IV giving set every 72 hrs (clear fluids) or 24hrs (TPN) Record on Safety Checklist.
- Ensure IV dressing is clean and intact. Change if loose, soiled or wet.
- Total intake and output daily.

LINE No.	FEEDS	Line 1	Line 2	Bolus
FLUID				
VOL/RATE				
SIGN				
REVIEWED				
SIGN				

- Hourly, assess position & condition of insertion site & distal perfusion. Inform MO immediately of any phlebitis/swelling /absent backflow/ poor perfusion.
- Clean cord 3hrly with chlorhexidine if cannulated.
- Ensure IV dressing is clean and intact. Change if loose, soiled or wet.
- Scrub any access port with 70% alcohol for 15 secs & allow to dry before accessing. Record (HS) in action column.

TIME	Vol	How	Tot.	Rate	Tot.	Rate	Tot.	Rate	Tot.	Line 1 Site	Line 1 Cond.	Line 2 Site	Line 2 Cond.	Action
0700														
0800														
0900														
1000														
1100														
1200														
1300														
1400														
1500														
1600														
1700														
1800														
1900														
2000														
2100														
2200														
2300														
2400														
0100														
0200														
0300														
0400														
0500														
0600														
Totals:														
TOTAL INTAKE:	mls													

 Name: _____ IP No._____ Date: _____ Chart No. _____

TIME	GENERAL ASSESSMENT	METABOLIC	CNS	ACTION	GENERAL CARE	DEVELOPMENTAL CARE
PLAN	• Perform a general assessment at least every change of shift and as indicated below. • Assess condition for any change or emergency signs: Gasping, respiratory rate < 20, tongue blue; heart rate < 100 or > 180, pallor; extreme lethargy or unconscious. Contact MO immediately. • Assess eyes and cord for signs of infection. • Copious purulent discharge from the eye with swelling must be reported and treated as an emergency. • Change dressing if breakthrough evident or leaking. Do not apply gauze dressing to open wound. • **If on nCPAP:** Check nasal perfusion. Nostrils must be visible, warm & pink.	• **Maintain glucose 2.6-8mmol/l** • Check on admission, 3hrly till stable & then PRN if: jittery, cold, lethargic, vomiting, IV infiltrated. • Ensure temp. and oxygen levels are normal. • If < 2.6 mmol/l give milk feed or start IV fluids • If <1.7mmol/l or symptomatic: Give 2-3ml/kg NNL/10% glucose IV bolus. • Check U&E if persistently low or seizures. • Document type, number & duration of any seizures. • Commence treatment: seizures > 3 mins or >3 seizures/ hr or cardiorespiratory compromise. • If asphyxiated: o Start encephalopathy checklist & HIE score sheet o Observe for signs of hypoxic injury: hypoglycaemia, ↓bowel sounds, poor perfusion, peripheral cyanosis, blood/protein in urine		• Call MO immediately for any change in condition • Insert and complete relevant C/L for any problem identified	• If eyes red/swollen/discharging clean 3hrly (from inside out) with saline • Clean cord with Chlorhexidine tincture or alcohol • Clean mouth with sterile water and apply Colostrum / EBM to lips and gums (Vaseline if EBM not available) • Apply emollient cream to dry skin and barrier cream / Vaseline to the buttocks every nappy change. • Position baby head up and prone (as much as possible) to reduce the risk of reflux induced apnoea, aspiration and to improve oxygenation. • Encourage KMC as early, frequently and for as long as possible • Commence phototherapy **immediately** if baby appears jaundiced. • Turn phototherapy off when taking blood for a Total Serum Bilirubin (TSB) • If receiving phototherapy, cover eyes with phototherapy eye shield and open the nappy.	• **At risk for developmental delays, positional disorders, stress & disturbed sleep** • Shield eyes from light • Cluster care • Nurse in foetal position - shoulders curved, joints flexed & midline positioning of head & limbs • Signs of stress/pain? Stop activity, swaddle/ give KMC/ hold baby in flexed position with your hands, give NNS/ sucrose / analgesia • Allow parents to visit 24hrs/day. Other visitors during visiting hours

FREQUENCY	Condition	Eyes	Skin	Mouth	Cord	Perineum	Nasal perfusion	Wound	Glucose mmol/l: < 2.6	Glucose mmol/l: 2.6 - 8	Glucose mmol/l: > 8	Activity	Seizure activity	Number/hr	Eye care	Cord care	Mouth care	Skin care	Buttock care	Position change	Probe Change	Phototherapy	Nappy open	Eye Shield	Incubator covered	Flexed/ Midline	KMC	Stress/pain signs	Stress/Pain Mx
HC	6 hrly	6 hrly	6 hrly	6 hrly	6 hrly	6 hrly	3 hrly/PRN	PRN	PRN	Daily/PRN	PRN	3Hrly	PRN	PRN	PRN	3 hrly	6 hrly	PRN	3 hrly	3 hrly	3 hrly	3 hrly	6 hrly	6 hrly	6 hrly	3 hrly	3 hrly	3hrly PRN	3hrly	PRN
GC	12 hrly	12 hrly	12 hrly	12 hrly	12 hrly	12 hrly	NA	PRN	PRN	PRN	PRN	6 hrly	PRN	PRN	PRN	6 hrly	12 hrly	PRN	6 hrly	6 hrly	3 hrly	6 hrly	6 hrly	6 hrly	6 hrly	3 hrly	3 hrly	Continuous	6 hrly	PRN
ASSESS																													

 Name: _____ IP No._____ Date: _____ Chart No. _____

CARDIO VASCULAR SYSTEM:	Heart Sounds	Pulses	Perfusion

Assess for priority signs	Y	Nil Noted	Y	N	Y		Y
Tachycardia more than 160bpm		Hypertension-MAP > 50mmHg (prem) 65mmHg (term)				Peripheries cold /pale	
Bradycardia less than 120bpm		Hypotension-MAP 5-10mmHg less than Gest. age					
Abnormal heart sounds or murmur		Capillary Refill time (CRT) more than 3 secs					

CENTRAL NERVOUS SYSTEM:	Activity/Posture	Tone	Seizure Activity	Grasp
Moro	Fontanelles.			

Assess for priority signs	Y	Nil Noted	Y	N	Y		Y
Increased tone		Seizure activity: Subtle: Staring or mouthing				Bulging fontanelle	
Truncal hypotonia		Fisting/ cycling movements of arms/legs				Inappropriate/reduced response to handling/pain	
Decreased activity		Clonic: Repetitive jerking of limb/s					
		Tonic: Stiffness/sustained posturing					

GASTRO INTESTINAL SYSTEM:	Distension	Discolouration	Tenderness	Bowel Sounds
Organomegaly	Umbilicus			

Assess for priority signs	Y	Nil Noted	Y	N	Y		Y
Tense abdomen		Failure to pass meconium				Enlarged liver / spleen	
Abdominal wall discolouration		Decreased / absent bowel sounds					
Abdomen tender to touch		Bile stained vomiting / drainage					

ASSESSMENT: Note any new abnormalities and progress in listed problems

PLAN: Insert and complete a Clinical Management Checklist (C/L) for each assessed risk/ classified problem.

RESPIRATORY SUPPORT:

Nil		Nasal prongs (NP)		NP & Head box		Nasal CPAP		High Flow Humidified O_2	
Settings:		Flow:		FiO_2:		PEEP:			

Other:

FLUIDS and FEEDS: Complete Feeding and Fluids C/L. **Record orders on Intake page.**

Required fluids:	ml/kg/day	**Daily total:**	ml/day
Feeds:			
IV Fluids:			

MEDICATIONS:

FURTHER MANAGEMENT

INVESTIGATIONS:

Full blood count (FBC)		C Reactive protein (CRP)		Blood Culture		LP	
Urea & Electrolytes (U&E)		Gastric aspirate		Blood gas			
Chest X-Ray		Abdominal X-Ray		Other:			

Sign:		Print:		MP No.	

 Name: _____ IP No._____ Date: _____ Chart No. _____

IMMUNISATIONS											
BCG	YES		NO		Polio	YES		NO		Date:		Sign:	
Mother's HIV status:		Attach HIV exposed SOP									
Baby's single prophylaxis commenced		YES		NO		Date:			Time:		
ARVs dual prophylaxis commenced		YES		NO		Date:			Time:		
DNA PCR taken	YES			NO		Result:			Sign:		
Education (Sign if given)	Feeding-Baby HIV neg		6 months exclusive & continue till 12 months								
	Feeding-Baby HIV pos		6 months exclusive & continue till 24 months								
	Repeat testing (mother)		Viral load every 3-6 months								
	Avoid repeat infections		Treatment adherence & sexual health								
OTHER MEDS:											
Supplies:						Date:			Time:		
Given by:		Signed:							Practice No.		

POST DISCHARGE CHECKLIST Discharge Well babies-by a midwife. At risk babies must only be discharged after 24hrs- by a doctor.			
CHECKLIST EXAMINATION	✓	If any answer in this block is NO-do not discharge the baby	✓
First examination completed and documented		Flexed, active and responsive	
Complete moro reflex		Pink	
No jaundice		Flash TSB:	
Breast feeding well		Eyes clear	
Cord clamped, not bleeding-no flare		Maintaining temperature above 36.5°C	
Social work referral if teenager		All IV lines/dressings removed	
OUTPUT:			
Urine passed		Meconium passed	
IMMUNISATION AND MEDICATION:			
BCG & Polio		ARVs	
HEALTH EDUCATION:			
Family planning		Hand washing	
Breast feeding-exclusive, milk supply, support, duration		General hygiene	
Infant feeding-complementary feeding, preparation, amounts		Jaundice	
Thermal Care-KMC at home, change in KMC position		Duration of ARV therapy	
Suction/care		Cord care	
Common problems: Sticky eyes, colic, poor sleep, diarrhea, nappy rash		Danger signs: [illegible]	
DEMOGRAPHICS:		A-Appropriate L-Large S-Small GA-Gestational age	
Weight plotted on percentile chart		AGA LGA SGA	
Wristband identification confirmed by mother		Birth registration done	
BCHB completed- Pg 11, 27 and 38		BCHB given to the mother	
BCHB instructions given to mother		Referral for circumcision if indicated	
Follow up appointments given to mother		Date/time	
Sign:		Print:	Design.
MANAGEMENT PLANS			
Problem list completed on cover	Y N	Problem list completed- Pg 6 BCHB	Y N

FOLLOW UP				
EPS	MONTH		DATE	PLACE
CLINIC	All babies	3-6 Days		
		6 Weeks		
MC FOLLOW UP	Babies <2kg weekly till 2.5kg			
ANC / PHC Clinic	For PCR result			
REFERRAL	3-6 Days		Name:	
			Contact details:	
Discharged by: Sign		Print:		Practice No.
Yes		Time:	Discharge weight:	Grams
Discharge Details above acknowledged by mother:				
Name:		Signed:		

y of: _____ Date of birth: _____

…DISCIPLINARY NOTES … Time, sign, Print name …

…ple signatures:

NAME	SIGNATURE	DESIGNATION	PRACTICE NUMBER

…BREVIATIONS

…= Abnormal; AGA= Appropriate for gestational age; ARV= Anti retro viral; APH= Ante partum haemorrhage; ARV= Anti retroviral; BBA= Born before arrival; BCG= …llus Calmette Guerin; BE= Base Excess; BPD= Bi parietal diameter; bpm= breaths/beats per minute; CCG= Community Care giver; CHC= Community Health Centre; …centimetres; COH= Circumference of head; CTG= Cardiotocography; Desi= Designation; DNA= Deoxyribonucleic acid; [illegible]; GBS= Group B Streptococcus; GIT= …g; GIH= Gestationally induced hypertension; GM= Glucose monitoring; Hb= Haemoglobin; HCO3= Bicarbonate; HIV= Human Immune Virus; HR= Heart rate; Hrly= …/; hrly= Hourly; ID= Identification; IDM= Infant of a diabetic mother; IMI= Intramuscular injection; IV= Intravenous; Kg= Kilogram; KMC= Kangaroo mother care; LGA= …e for gestational age; LSCS= Lower segment caesarean section; LW= Labour ward; mins= Minutes; mg= milligrams; MO= Medical officer; N= No; NA= Not applicable; Neg= …ative; No= Number; Norm= Normal; NVD= normal vaginal delivery; PCO_2= Carbon dioxide; PCR= Polymerase chain reaction; Pg= Page; PHC= Primary Health care clinic; … Percentage of haemoglobin; PIH= Pregnancy induced hypertension; PMTCT= Prevention of mother to child transmission; PROM= Prolonged rupture of membranes; …= Positive; PTO= Please turn over; RH= Rhesus factor; RTHB= Road to Health Booklet; RPR= Rapid plasma reagin; Rx= Treatment; SFH= Symphysis fundal height; …= Small for gestational age; SOP= Standard operating procedure; TB= Tuberculosis; TSB= Total serum bilirubin; UTI= Urinary tract infection; …= Ultrasound; UV= Umbilical venous; Vag= Vaginal; Vit= Vitamin; Y= Yes

Date of birth: ______________

…y of: ______________

CLARITY ON DECLARATION OF INTEREST SBD 4 (a)

BIDDER NAME	

LEGISLATION ON DISCLOSURE OF INTEREST

The Public Service Act 103 of 1994 indicates in section 30(1) that "No employee shall perform or engage himself or herself to perform remunerative work outside his or her employment in the relevant department, except with the written permission of the executive authority of the department."

Furthermore, in terms of the Public Service Regulations paragraph 13(c), "An employee shall not conduct business with any organ of state or be a director of a public or private company conducting business with an organ of state, unless such employee is in an official capacity a director of a company listed in schedule 2 and 3 of the Public Finance Management Act"

Treasury Regulations 16A8.4 further indicates that "If a supply chain management official or other role player, or any close family member, partner or associate of such official or other role player, has any private or business interest in any contract to be awarded, that official or other role player must-(a) disclose that interest; and (b) withdraw from participating in any manner whatsoever in the process relating to that contract."

CLARITY ON HOW TO DISCLOSE

Clause 2.2 of the Bidders Disclosure (SBD4), require the bidder to disclose a relationship with any person employed by the entire KZN Department of Health, even if that person is not employed by the procuring institution. The Department may use other Computer Assisted Techniques to verify possible interest, should you be found to have failed to disclose correctly, your bid/quotation will be treated as a false declaration, treated as non-responsive and disqualified.

For example, if the tender is advertised or invited by Addington Hospital, yet the person with interest is employed by Manguzi Hospital, as long as that official is employed by the Department of Health, the bidder is required to disclose interest. Therefore the question is, do you, or any person connected with the bidder, have a relationship with any person who is employed by the KZN Department of Health? If so, please furnish particulars on Bidders Disclosure (SBD4) section 2.2.1, as attached below,

I read the above clarity on disclosure of interest and I commit to disclose as directed, should I fail to disclose correctly, I am aware of the consequences, which may include disqualification of my offer.

BIDDER SURNAME AND INITIALS _____ SIGNATURE _____ DATE _____

SBD 4

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[1] 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[2]? **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[3] 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

1 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.

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

3 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.

GENERAL CONDITIONS OF CONTRACT

NOTES

The purpose of this document is to:

(i) Draw special attention to certain general conditions applicable to government bids, contracts and orders; and

(ii) To ensure that clients be familiar with regard to the rights and obligations of all parties involved in doing business with government.

In this document words in the singular also mean in the plural and vice versa and words in the masculine also mean in the feminine and neuter.

- The General Conditions of Contract will form part of all bid/quotation documents and may not be amended.
- Special Conditions of Contract (SCC) relevant to a specific bid, should be compiled separately for every bid (if applicable) and will supplement the General Conditions of Contract. Whenever there is a conflict, the provisions in the SCC shall prevail.

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1. Definitions

The following terms shall be interpreted as indicated:

1.1. "Closing time" means the date and hour specified in the bidding documents for the receipt of bids.

1.2. "Contract" means the written agreement entered into between the purchaser and the supplier, as recorded in the contract form signed by the parties, including all attachments and appendices thereto and all documents incorporated by reference therein.

1.3. "Contract price" means the price payable to the supplier under the contract for the full and proper performance of his contractual obligations.

1.4. "Corrupt practice" means the offering, giving, receiving, or soliciting of any thing of value to influence the action of a public official in the procurement process or in contract execution.

1.5. "Countervailing duties" are imposed in cases where an enterprise abroad is subsidized by its government and encouraged to market its products internationally.

1.6. "Country of origin" means the place where the goods were mined, grown or produced or from which the services are supplied. Goods are produced when, through manufacturing, processing or substantial and major assembly of components, a commercially recognized new product results that is substantially different in basic characteristics or in purpose or utility from its components.

1.7. "Day" means calendar day.

1.8. "Delivery" means delivery in compliance of the conditions of the contract or order.

1.9. "Delivery ex stock" means immediate delivery directly from stock actually on hand.

1.10. "Delivery into consignees store or to his site" means delivered and unloaded in the specified store or depot or on the specified site in compliance with the conditions of the contract or order, the supplier bearing all risks and charges involved until the supplies are so delivered and a valid receipt is obtained.

1.11. "Dumping" occurs when a private enterprise abroad market its goods on own initiative in the RSA at lower prices than that of the country of origin and which have the potential to harm the local industries in the RSA

1.12. "Force majeure" means an event beyond the control of the supplier and not involving the supplier's fault or negligence and not foreseeable. Such events may include, but is not restricted to, acts of the purchaser in its sovereign capacity, wars or revolutions, fires, floods, epidemics, quarantine restrictions and freight embargoes.

1.13. "Fraudulent practice" means a misrepresentation of facts in order to influence a procurement process or the execution of a contract to the detriment of any bidder, and includes collusive practice among bidders (prior to or after bid submission) designed to establish bid prices at artificial non-competitive levels and to deprive the bidder of the benefits of free and open competition.

1.14. "GCC" means the General Conditions of Contract.

1.15. "Goods" means all of the equipment, machinery, and/or other materials that the supplier is required to supply to the purchaser under the contract.

1.16. "Imported content" means that portion of the bidding price represented by the cost of components, parts or materials which have been or are still to be imported (whether by the supplier or his subcontractors) and which costs are inclusive of the costs abroad, plus freight and other direct importation costs such as landing costs, dock dues, import duty, sales duty or other similar tax or duty at the South African place of entry as well as transportation and handling charges to the factory in the Republic where the supplies covered by the bid will be manufactured.

1.17. "Local content" means that portion of the bidding price which is not included in the imported content provided that local manufacture does take place.

1.18. "Manufacture" means the production of products in a factory using labour, materials, components and machinery and includes other related value-adding activities.

1.19. "Order" means an official written order issued for the supply of goods or works or the rendering of a service.

1.20. "Project site," where applicable, means the place indicated in bidding documents.

1.21. "Purchaser" means the organization purchasing the goods.

1.22. "Republic" means the Republic of South Africa.

1.23. "SCC" means the Special Conditions of Contract.

1.24. "Services" means those functional services ancillary to the supply of the goods, such as transportation and any other incidental services, such as installation, commissioning, provision of technical assistance, training, catering, gardening, security, maintenance and other such obligations of the supplier covered under the contract.

1.25. "Written" or "in writing" means handwritten in ink or any form of electronic or mechanical writing.

2. Application

2.1. These general conditions are applicable to all bids, contracts and orders including bids for functional and professional services, sales, hiring, letting and the granting or acquiring of rights, but excluding immovable property, unless otherwise indicated in the bidding documents.

2.2. Where applicable, special conditions of contract are also laid down to cover specific supplies, services or works.

2.3. Where such special conditions of contract are in conflict with these general conditions, the special conditions shall apply.

3. General

3.1. Unless otherwise indicated in the bidding documents, the purchaser shall not be liable for any expense incurred in the preparation and submission of a bid. Where applicable a non-refundable fee for documents may be charged.

3.2. With certain exceptions, invitations to bid are only published in the Government Tender Bulletin. The Government Tender Bulletin may be obtained directly from the Government Printer, Private Bag X85, Pretoria 0001, or accessed electronically from www.treasury.gov.za

4. Standards

4.1. The goods supplied shall conform to the standards mentioned in the bidding documents and specifications.

5. Use of contract documents and information; inspection.

5.1. The supplier shall not, without the purchaser's prior written consent, disclose the contract, or any provision thereof, or any specification, plan, drawing, pattern, sample, or information furnished by or on behalf of the purchaser in connection therewith, to any person other than a person employed by the supplier in the performance of the contract. Disclosure to any such employed person shall be made in confidence and shall extend only so far as may be necessary for purposes of such performance.

5.2. The supplier shall not, without the purchaser's prior written consent, make use of any document or information mentioned in GCC clause 5.1 except for purposes of performing the contract.

5.3. Any document, other than the contract itself mentioned in GCC clause 5.1 shall remain the property of the purchaser and shall be returned (all copies) to the purchaser on completion of the supplier's performance under the contract if so required by the purchaser.

5.4. The supplier shall permit the purchaser to inspect the supplier's records relating to the performance of the supplier and to have them audited by auditors appointed by the purchaser, if so required by the purchaser.

6. Patent rights

6.1. The supplier shall indemnify the purchaser against all third-party claims of infringement of patent, trademark, or industrial design rights arising from use of the goods or any part thereof by the purchaser.

7. Performance security

7.1. Within thirty (30) days of receipt of the notification of contract award, the successful bidder shall furnish to the purchaser the performance security of the amount specified in SCC.

7.2. The proceeds of the performance security shall be payable to the purchaser as compensation for any loss resulting from the supplier's failure to complete his obligations under the contract.

7.3. The performance security shall be denominated in the currency of the contract, or in a freely convertible currency acceptable to the purchaser and shall be in one of the following forms:

(a) a bank guarantee or an irrevocable letter of credit issued by a reputable bank located in the purchaser's country or abroad, acceptable to the purchaser, in the form provided in the bidding documents or another form acceptable to the purchaser; or

(b) a cashier's or certified cheque

7.4. The performance security will be discharged by the purchaser and returned to the supplier not later than thirty (30) days following the date of completion of the supplier's performance obligations under the contract, including any warranty obligations, unless otherwise specified in SCC.

8. Inspections, tests and analyses

8.1. All pre-bidding testing will be for the account of the bidder.

8.2. If it is a bid condition that supplies to be produced or services to be rendered should at any stage during production or execution or on completion be subject to inspection, the premises of the bidder or contractor shall be open, at all reasonable hours, for inspection by a representative of the Department or an organization acting on behalf of the Department.

8.3. If there are no inspection requirements indicated in the bidding documents and no mention is made in the contract, but during the contract period it is decided that inspections shall be carried out, the purchaser shall itself make the necessary arrangements, including payment arrangements with the testing authority concerned.

8.4. If the inspections, tests and analyses referred to in clauses 8.2 and 8.3 show the supplies to be in accordance with the contract requirements, the cost of the inspections, tests and analyses shall be defrayed by the purchaser.

8.5. Where the supplies or services referred to in clauses 8.2 and 8.3 do not comply with the contract requirements, irrespective of whether such supplies or services are accepted or not, the cost in connection with these inspections, tests or analyses shall be defrayed by the supplier.

8.6. Supplies and services which are referred to in clauses 8.2 and 8.3 and which do not comply with the contract requirements may be rejected.

8.7. Any contract supplies may on or after delivery be inspected, tested or analyzed and may be rejected if found not to comply with the requirements of the contract. Such rejected supplies shall be held at the cost and risk of the supplier who shall, when called upon, remove them immediately at his own cost and forthwith substitute them with supplies which do comply with the requirements of the contract. Failing such removal the rejected supplies shall be returned at the suppliers cost and risk. Should the supplier fail to provide the substitute supplies forthwith, the purchaser may, without giving the supplier further opportunity to substitute the rejected supplies, purchase such supplies as may be necessary at the expense of the supplier.

8.8. The provisions of clauses 8.4 to 8.7 shall not prejudice the right of the purchaser to cancel the contract on account of a breach of the conditions thereof, or to act in terms of Clause 23 of GCC.

9. Packing

9.1. The supplier shall provide such packing of the goods as is required to prevent their damage or deterioration during transit to their final destination, as indicated in the contract. The packing shall be sufficient to withstand, without limitation, rough handling during transit and exposure to extreme temperatures, salt and precipitation during transit, and open storage. Packing, case size and weights shall take into consideration, where appropriate, the remoteness of the goods' final destination and the absence of heavy handling facilities at all points in transit.

9.2. The packing, marking, and documentation within and outside the packages shall comply strictly with such special requirements as shall be expressly provided for in the contract, including additional requirements, if any, specified in SCC, and in any subsequent instructions ordered by the purchaser.

10. Delivery and documents

10.1. Delivery of the goods shall be made by the supplier in accordance with the terms specified in the contract. The details of shipping and/or other documents to be furnished by the supplier are specified in SCC.

10.2. Documents to be submitted by the supplier are specified in SCC.

11. Insurance

11.1. The goods supplied under the contract shall be fully insured in a freely convertible currency against loss or damage incidental to manufacture or acquisition, transportation, storage and delivery in the manner specified in the SCC.

12. Transportation

12.1. Should a price other than an all-inclusive delivered price be required, this shall be specified in the SCC.

13. Incidental services

13.1. The supplier may be required to provide any or all of the following services, including additional services, if any, specified in SCC:

(a) performance or supervision of on-site assembly and/or commissioning of the supplied goods;
(b) furnishing of tools required for assembly and/or maintenance of the supplied goods;
(c) furnishing of a detailed operations and maintenance manual for each appropriate unit of the supplied goods;
(d) performance or supervision or maintenance and/or repair of the supplied goods, for a period of time agreed by the parties, provided that this service shall not relieve the supplier of any warranty obligations under this contract; and
(e) training of the purchaser's personnel, at the supplier's plant and/or on-site, in assembly, start-up, operation, maintenance, and/or repair of the

13.2. Prices charged by the supplier for incidental services, if not included in the contract price for the goods, shall be agreed upon in advance by the parties and shall not exceed the prevailing rates charged to other parties by the supplier for similar services.

14. Spare parts

14.1. As specified in SCC, the supplier may be required to provide any or all of the following materials, notifications, and information pertaining to spare parts manufactured or distributed by the supplier:

(a) such spare parts as the purchaser may elect to purchase from the supplier, provided that this election shall not relieve the supplier of any warranty obligations under the contract; and
(b) in the event of termination of production of the spare parts:
  (i) Advance notification to the purchaser of the pending termination, in sufficient time to permit the purchaser to procure needed requirements; and
  (ii) following such termination, furnishing at no cost to the purchaser, the blueprints, drawings, and specifications of the spare parts, if requested.

15. Warranty

15.1. The supplier warrants that the goods supplied under the contract are new, unused, of the most recent or current models, and that they incorporate all recent improvements in design and materials unless provided otherwise in the contract. The supplier further warrants that all goods supplied under this contract shall have no defect, arising from design, materials, or workmanship (except when the design and/or material is required by the purchaser's specifications) or from any act or omission of the supplier, that may develop under normal use of the supplied goods in the conditions prevailing in the country of final destination.

15.2. This warranty shall remain valid for twelve (12) months after the goods, or any portion thereof as the case may be, have been delivered to and accepted at the final destination indicated in the contract, or for eighteen (18) months after the date of shipment from the port or place of loading in the source country, whichever period concludes earlier, unless specified otherwise in SCC.

15.3. The purchaser shall promptly notify the supplier in writing of any claims arising under this warranty.

15.4. Upon receipt of such notice, the supplier shall, within the period specified in SCC and with all reasonable speed, repair or replace the defective goods or parts thereof, without costs to the purchaser.

15.5. If the supplier, having been notified, fails to remedy the defect(s) within the period specified in SCC, the purchaser may proceed to take such remedial action as may be necessary, at the supplier's risk and expense and without prejudice to any other rights which the purchaser may have against the supplier under the contract.

16. Payment

16.1. The method and conditions of payment to be made to the supplier under this contract shall be specified in SCC.

16.2. The supplier shall furnish the purchaser with an invoice accompanied by a copy of the delivery note and upon fulfillment of other obligations stipulated in the contract.

16.3. Payments shall be made promptly by the purchaser, but in no case later than thirty (30) days after submission of an invoice or claim by the supplier.

16.4. Payment will be made in Rand unless otherwise stipulated in SCC.

17. Prices

17.1. Prices charged by the supplier for goods delivered and services performed under the contract shall not vary from the prices quoted by the supplier in his bid, with the exception of any price adjustments authorized in SCC or in the purchaser's request for bid validity extension, as the case may be.

18. Contract amendments

18.1. No variation in or modification of the terms of the contract shall be made except by written amendment signed by the parties concerned.

19. Assignment

19.1. The supplier shall not assign, in whole or in part, its obligations to perform under the contract, except with the purchaser's prior written consent.

20. Subcontracts

20.1. The supplier shall notify the purchaser in writing of all subcontracts awarded under this contracts if not already specified in the bid. Such notification, in the original bid or later, shall not relieve the supplier from any liability or obligation under the contract.

21. Delays in the supplier's performance

21.1. Delivery of the goods and performance of services shall be made by the supplier in accordance with the time schedule prescribed by the purchaser in the contract.

21.2. If at any time during performance of the contract, the supplier or its subcontractor(s) should encounter conditions impeding timely delivery of the goods and performance of services, the supplier shall promptly notify the purchaser in writing of the fact of the delay, its likely duration and its cause(s). As soon as practicable after receipt of the supplier's notice, the purchaser shall evaluate the situation and may at his discretion extend the supplier's time for performance, with or without the imposition of penalties, in which case the extension shall be ratified by the parties by amendment of contract.

21.3. No provision in a contract shall be deemed to prohibit the obtaining of supplies or services from a national department, provincial department, or a local authority.

21.4. The right is reserved to procure outside of the contract small quantities or to have minor essential services executed if an emergency arises, the supplier's point of supply is not situated at or near the place where the supplies are required, or the supplier's services are not readily available.

21.5. Except as provided under GCC Clause 25, a delay by the supplier in the performance of its delivery obligations shall render the supplier liable to the imposition of penalties, pursuant to GCC Clause 22, unless an extension of time is agreed upon pursuant to GCC Clause 21.2 without the application of penalties.

21.6. Upon any delay beyond the delivery period in the case of a supplies contract, the purchaser shall, without canceling the contract, be entitled to purchase supplies of a similar quality and up to the same quantity in substitution of the goods not supplied in conformity with the contract and to return any goods delivered later at the supplier's expense and risk, or to cancel the contract and buy such goods as may be required to complete the contract and without prejudice to his other rights, be entitled to claim damages from the supplier.

22. Penalties

22.1. Subject to GCC Clause 25, 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. The purchaser may also consider termination of the contract pursuant to GCC Clause 23.

23. Termination for default

23.1. The purchaser, without prejudice to any other remedy for breach of contract, by written notice of default sent to the supplier, may terminate this contract in whole or in part:

(a) if the supplier fails to deliver any or all of the goods within the period(s) specified in the contract, or within any extension thereof granted by the purchaser pursuant to GCC Clause 21.2;

(b) if the Supplier fails to perform any other obligation(s) under the contract; or

(c) if the supplier, in the judgment of the purchaser, has engaged in corrupt or fraudulent practices in competing for or in executing the contract.

23.2. In the event the purchaser terminates the contract in whole or in part, the purchaser may procure, upon such terms and in such manner as it deems appropriate, goods, works or services similar to those undelivered, and the supplier shall be liable to the purchaser for any excess costs for such similar goods, works or services. However, the supplier shall continue performance of the contract to the extent not terminated.

23.3. Where the purchaser terminates the contract in whole or in part, the purchaser may decide to impose a restriction penalty on the supplier by prohibiting such supplier from doing business with the public sector for a period not exceeding 10 years.

23.4. If a purchaser intends imposing a restriction on a supplier or any person associated with the supplier, the supplier will be allowed a time period of not more than fourteen (14) days to provide reasons why the envisaged restriction should not be imposed. Should the supplier fail to respond within the stipulated fourteen (14) days the purchaser may regard the intended penalty as not objected against and may impose it on the supplier.

23.5. Any restriction imposed on any person by the Accounting Officer / Authority will, at the discretion of the Accounting Officer / Authority, also be applicable to any other enterprise or any partner, manager, director or other person who wholly or partly exercises or exercised or may exercise control over the enterprise of the first-mentioned person, and with which enterprise or person the first-mentioned person, is or was in the opinion of the Accounting Officer / Authority actively associated.

23.6. If a restriction is imposed, the purchaser must, within five (5) working days of such imposition, furnish the National Treasury, with the following information:

(i) the name and address of the supplier and / or person restricted by the purchaser;

(ii) the date of commencement of the restriction

(iii) the period of restriction; and

(iv) the reasons for the restriction.

These details will be loaded in the National Treasury's central database of suppliers or persons prohibited from doing business with the public sector.

23.7. If a court of law convicts a person of an offence as contemplated in sections 12 or 13 of the Prevention and Combating of Corrupt Activities Act, No. 12 of 2004, the court may also rule that such person's name be endorsed on the Register for Tender Defaulters. When a person's name has been endorsed on the Register, the person will be prohibited from doing business with the public sector for a period not less than five years and not more than 10 years. The National Treasury is empowered to determine the period of restriction and each case will be dealt with on its own merits. According to section 32 of the Act the Register must be open to the public. The Register can be perused on the National Treasury website.

24. Anti-dumping and countervailing duties and rights

24.1. When, after the date of bid, provisional payments are required, or antidumping or countervailing duties are imposed, or the amount of a provisional payment or anti-dumping or countervailing right is increased in respect of any dumped or subsidized import, the State is not liable for any amount so required or imposed, or for the amount of any such increase. When, after the said date, such a provisional payment is no longer required or any such anti-dumping or countervailing right is abolished, or where the amount of such provisional payment or any such right is reduced, any such favourable difference shall on demand be paid forthwith by the contractor to the State or the State may deduct such amounts from moneys (if any) which may otherwise be due to the contractor in regard to supplies or services which he delivered or rendered, or is to deliver or render in terms of the contract or any other contract or any other amount whichmay be due to him.

25. Force Majeure

25.1. Notwithstanding the provisions of GCC Clauses 22 and 23, the supplier shall not be liable for forfeiture of its performance security, damages, or termination for default if and to the extent that his delay in performance or other failure to perform his obligations under the contract is the result of an event of force majeure.

25.2. If a force majeure situation arises, the supplier shall promptly notify the purchaser in writing of such condition and the cause thereof. Unless otherwise directed by the purchaser in writing, the supplier shall continue to perform its obligations under the contract as far as is reasonably practical, and shall seek all reasonable alternative means for performance not prevented by the force majeure event.

26. Termination for Insolvency

26.1. The purchaser may at any time terminate the contract by giving written notice to the supplier if the supplier becomes bankrupt or otherwise insolvent. In this event, termination will be without compensation to the supplier, provided that such termination will not prejudice or affect any right of action or remedy which has accrued or will accrue thereafter to the purchaser.

27. Settlement of Disputes

27.1. If any dispute or difference of any kind whatsoever arises between the purchaser and the supplier in connection with or arising out of the contract, the parties shall make every effort to resolve amicably such dispute or difference by mutual consultation.

27.2. If, after thirty (30) days, the parties have failed to resolve their dispute or difference by such mutual consultation, then either the purchaser or the supplier may give notice to the other party of his intention to commence with mediation. No mediation in respect of this matter may be commenced unless such notice is given to the other party.

27.3. Should it not be possible to settle a dispute by means of mediation, it may be settled in a South African court of law.

27.4. Mediation proceedings shall be conducted in accordance with the rules of procedure specified in the SCC.

27.5. Notwithstanding any reference to mediation and/or court proceedings herein,

(a) the parties shall continue to perform their respective obligations under the contract unless they otherwise agree; and

(b) the purchaser shall pay the supplier any monies due the supplier.

28. Limitation of liability

28.1. Except in cases of criminal negligence or willful misconduct, and in the case of infringement pursuant to Clause 6;

(a) the supplier shall not be liable to the purchaser, whether in contract, tort, or otherwise, for any indirect or consequential loss or damage, loss of use, loss of production, or loss of profits or interest costs, provided that this exclusion shall not apply to any obligation of the supplier to pay penalties and/or damages to the purchaser; and

(b) the aggregate liability of the supplier to the purchaser, whether under the contract, in tort or otherwise, shall not exceed the total contract price, provided that this limitation shall not apply to the cost of repairing or replacing defective equipment.

29. Governing language

29.1. The contract shall be written in English. All correspondence and other documents pertaining to the contract that is exchanged by the parties shall also be written in English.

30. Applicable law

30.1. The contract shall be interpreted in accordance with South African laws, unless otherwise specified in SCC.

31. Notices

31.1. Every written acceptance of a bid shall be posted to the supplier concerned by registered or certified mail and any other notice to him shall be posted by ordinary mail to the address furnished in his bid or to the address notified later by him in writing and such posting shall be deemed to be proper service of such notice

31.2. The time mentioned in the contract documents for performing any act after such aforesaid notice has been given, shall be reckoned from the date of posting of such notice.

32. Taxes and duties

32.1. A foreign supplier shall be entirely responsible for all taxes, stamp duties, license fees, and other such levies imposed outside the purchaser's country.

32.2. A local supplier shall be entirely responsible for all taxes, duties, license fees, etc., incurred until delivery of the contracted goods to the purchaser.

32.3. No contract shall be concluded with any bidder whose tax matters are not in order. Prior to the award of a bid the Department must be in possession of a tax clearance certificate, submitted by the bidder. This certificate must be an original issued by the South African Revenue Services.

33. National Industrial Participation (NIP) Programme

33.1. The NIP Programme administered by the Department of Trade and Industry shall be applicable to all contracts that are subject to the NIP obligation.

34. Prohibition of Restrictive practices

34.1. In terms of section 4 (1) (b) (iii) of the Competition Act No. 89 of 1998, as amended, an agreement between, or concerted practice by, firms, or a decision by an association of firms, is prohibited if it is between parties in a horizontal relationship and if a bidder (s) is / are or a contractor(s) was / were involved in collusive bidding (or bid rigging).

34.2. If a bidder(s) or contractor(s), based on reasonable grounds or evidence obtained by the purchaser, has / have engaged in the restrictive practice referred to above, the purchaser may refer the matter to the Competition Commission for investigation and possible imposition of administrative penalties as contemplated in the Competition Act No. 89 of 1998.

34.3. If a bidder(s) or contractor(s), has / have been found guilty by the Competition Commission of the restrictive practice referred to above, the purchaser may, in addition and without prejudice to any other remedy provided for, invalidate the bid(s) for such item(s) offered, and / or terminate the contract in whole or part, and / or restrict the bidder(s) or contractor(s) from conducting business with the public sector for a period not exceeding ten (10) years and / or claim damages from the bidder(s) or contractor(s) concerned.

SPECIAL CONDITIONS OF CONTRACT

1. AMENDMENT OF CONTRACT

1.1. Any amendment to or renunciation of the provisions of the contract shall at all times be done in writing and shall be signed by both parties.

2. CHANGE OF ADDRESS

2.1. Bidders must advise the Department of Health (institution where the offer was submitted) should their address (domicilium citandi et executandi) details change from the time of bidding to the expiry of the contract.

3. GENERAL CONDITIONS ATTACHED TO THIS QUOTATION

3.1. The Department is under no obligation to accept the lowest or any quote.

3.2. The Department reserves the right to communicate in writing with vendors in cases where information is incomplete or where there are obscurities regarding technical aspects of the offer, to obtain confirmation of prices or preference claims in cases where it is evident that a typing, written, transfer or unit error has been made, to investigate the vendor's standing and ability to complete the supply/service satisfactorily.

3.3. ***ALL DECISIONS TAKEN BY THE DEPARTMENT ARE FINAL, INCLUDING THE AWARD OR CANCELLATION OF THIS QUOTATION.***

3.4. The price quoted must include VAT (if VAT vendor).

3.5. Should a bidder become a VAT vendor after award or during the implementation of a contract, they may not request the VAT percentage from the Department as the service provider made an offer during the period they were not registered as a VAT vendor. The Department is only liable for any VAT from registered VAT vendors as originally stated on the quotation document.

3.6. The bidder must ensure the correctness & validity of the quotation:

(i) that the price(s), rate(s) & preference quoted cover all for the work/item (s) & accept that any mistakes regarding the price (s) & calculations will be at the bidder's risk;

(ii) it is the responsibility of the bidder to confirm receipt of their quotation and to keep proof thereof.

3.7. The bidder must accept full responsibility for the proper execution & fulfilment of all obligations conditions devolving on under this agreement, as the Principal (s) liable for the due fulfilment of this contract.

3.8. This quotation will be evaluated based on the preferential procurement points system, specification, correctness of information and/or functionality criteria. All required documentation must be completed in full and submitted.

3.9. Offers must comply strictly with the specification.

3.10. Only offers that meet or are greater than the specification will be considered.

3.11. Late offers will not be considered.

3.12. Expired product/s will not be accepted. All products supplied must be valid for a minimum period of six months.

3.13. Used/ second-hand products will not be accepted.

3.14. A bidder not registered on the Central Suppliers Database or whose verification has failed will not be considered.

3.15. All delivery costs must be included in the quoted price for delivery at the prescribed destination.

3.16. Only firm prices will be accepted. Such prices must remain firm for the contract period. Non-firm prices (including rates of exchange variations) will not be considered.

3.17. In cases where different delivery points influence the pricing, a separate pricing schedule must be submitted for each delivery point.

3.18. In the event of a bidder having multiple quotes, only the cheapest according to specification will be considered.

3.19. Verification will be conducted to identify if bidders have multiple companies and are cover-quoting for this bid.

3.20. In such instances, the Department reserves the right to immediately disqualify such bidders as cover-quoting is an offence that represents both corruption and acquisition fraud.

3.21. Should there be a variation in price and such variation is above the order amount, the Department will reserve the right to place a new order.

4. NEGOTIATIONS

4.1. The Department reserves the right to negotiate with the shortlisted bidder/s prior or post award. The terms and conditions for negotiations will be communicated to the shortlisted bidder/s prior to invitation to negotiations. This will be done to ensure value for money and where the bidder/s price is deemed to be exorbitant, uneconomical or not market related.

5. SPECIAL INSTRUCTIONS AND NOTICES TO BIDDERS REGARDING THE COMPLETION OF THIS QUOTATION.

5.1. Unless inconsistent with or expressly indicated otherwise by the context, the singular shall include the plural and vice versa and with words importing the masculine gender shall include the feminine and the neuter.

5.2. Under no circumstances whatsoever may the quotation/bid forms be retyped or redrafted. Photocopies of the original bid documentation may be used, but an original signature must appear on such photocopies.

5.3. The bidder is advised to check the number of pages and to satisfy himself that none are missing or duplicated.

5.4. Quotations submitted must be complete in all respects. However, where it is identified that information in a bidder's response, which does not affect the preference points or price, is incomplete in any respect, the said supplier meets all specification requirements and scores the highest points in terms of preference points and price, the Department reserves the right to request the bidder to complete/ submit such information.

5.5. Any alteration made by the bidder must be initialled; failure to do so may render the response invalid.

5.6. Use of correcting fluid is prohibited and may render the response invalid.

5.7. Quotations will be opened in public as soon as practicable after the closing time of quotation.

5.8. Where practical, prices are made public at the time of opening quotations.

5.9. If it is desired to make more than one offer against any individual item, such offers should be given on a photocopy of the page in question. Clear indication thereof must be stated on the schedules attached.

5.10. The Department is under no obligation to pay suppliers in part for work done if the supplier can no longer for fulfil their obligation.

6. SPECIAL INSTRUCTIONS REGARDING HAND DELIVERED QUOTATIONS

6.1. Quotation shall be lodged at the address indicated not later than the closing time specified for their receipt, and in accordance with the directives in the quotation documents.

6.2. Each quotation shall be addressed in accordance with the directives in the quotation documents and shall be lodged in a separate sealed envelope, with the name and address of the bidder, the quotation number and closing date indicated on the envelope. The envelope shall not contain documents relating to any quotation other than that shown on the envelope. If this provision is not complied with, such quotations/bids may be rejected as being invalid.

6.3. All quotations received in seated envelopes with the relevant quotation numbers on the envelopes are kept unopened in safe custody until the closing time of the quotation/bids. Where, however, a quotation is received open, it shall be sealed. If it is received without a quotation/bid number on the envelope, it shall be opened, the quotation number ascertained, the envelope seated and the quotation number written on the envelope.

6.4. A specific box is provided for the receipt of quotations, and no quotation found in any other box or elsewhere subsequent to the closing date and time of quotation will be considered.

6.5. Quotation documents must not be included in packages containing samples. Such quotations may be rejected as being invalid.

7. SAMPLES

7.1. In the case of the quote document stipulating that samples are required, the supplier will be informed in due course when samples should be provided to the institution. (This decreases the time of safety and storage risk that may be incurred by the respective institution). The bidders sample will be retained if such bidder wins the contract.

(i) If a company/s who has not won the quote requires their samples, they must advise the institution in writing of such.

(ii) If samples are not collected within three months of close of quote the institution reserves the right to dispose of them at their discretion.

7.2. **Samples must be made available when requested in writing or if stipulated on the document.**

If a Bidder fails to provide a sample of their product on offer for scrutiny against the set specification when requested, their offer will be rejected. All

(i) testing will be for the account of the bidder.

8. COMPULSORY SITE INSPECTION / BRIEFING SESSION

8.1. Bidders who fail to attend the compulsory meeting will be disqualified from the evaluation process.

(i) The institution has determined that a compulsory site meeting will not take place.

(ii) **Date:** ____/____/____ **Time:** ____:____ Place: _____

Institution Stamp:	Institution Site Inspection / briefing session Official: Full Name: _____ Signature: _____ Date: _____

9. STATEMENT OF SUPPLIES AND SERVICES

9.1. The contractor shall, when requested to do so, furnish particulars of supplies delivered or services executed. If he/she fails to do so, the Department may, without prejudice to any other rights which it may have, institute inquiries at the expense of the contractor to obtain the required particulars.

10. SUBMISSION AND COMPLETION OF SBD 6.1

10.1. Should a bidder wish to qualify for preference points they must complete a SBD 6.1 document. Failure by a bidder to provide all relevant information required, will result in such a bidder not being considered for preference point's allocation. The preferences applicable on the closing date will be utilized. Any changes after the closing date will not be considered for that particular quote.

11. TAX COMPLIANCE REQUIREMENTS

11.1. In the event that the tax compliance status has failed on CSD, it is the suppliers' responsibility to provide a SARS pin in order for the institution to validate the tax compliance status of the supplier.

11.2. In the event that the institution cannot validate the suppliers' tax clearance on SARS as well as the Central Suppliers Database, the quote will not be considered and passed over as non-compliant according to National Treasury Instruction Note 4 (a) 2016/17.

12. TAX INVOICE

12.1. A tax invoice shall be in the currency of the Republic of South Africa and shall contain the following particulars:

(i) the name, address and registration number of the supplier;
(ii) the name and address of the recipient;
(iii) an individual serialized number and the date upon which the tax invoice
(iv) a description and quantity or volume of the goods or services supplied;
(v) the official department order number issued to the supplier;
(vi) the value of the supply, the amount of tax charged;
(vii) the words tax invoice in a prominent place.

13. PATENT RIGHTS

13.1. The supplier shall indemnify the KZN Department of Health (hereafter known as the purchaser) against all third-party claims of infringement of patent, trademark, or industrial design rights arising from use of the goods or any part thereof by the purchaser.

14. PENALTIES

14.1. If at any time during the contract period, the service provider is unable to perform in a timely manner, the service provider must notify the institution in writing/email of the cause of and the duration of the delay. Upon receipt of the notification, the institution should evaluate the circumstances and, if deemed necessary, the institution may extend the service provider's time for performance.

14.2. In the event of delayed performance that extends beyond the delivery period, the institution is entitled to purchase commodities of a similar quantity and quality as a substitution for the outstanding commodities, without terminating the contract, as well as return commodities delivered at a later stage at the service provider's expense.

14.3. Alternatively, the institution may elect to terminate the contract and procure the necessary commodities in order to complete the contract. In the event that the contract is terminated the institution may claim damages from the service provider in the form of a penalty. The service provider's performance should be captured on the service provider database in order to determine whether or not the service provider should be awarded any contracts in the future.

14.4. 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.

15. TERMINATION FOR DEFAULT

15.1. The purchaser, without prejudice to any other remedy for breach of contract, by written notice of default sent to the supplier, may terminate this contract in whole or in part:
(i) if the supplier fails to deliver any or all of the goods within the period(s) specified in the contract,
(ii) if the supplier fails to perform any other obligation(s) under the contract; or
(iii) if the supplier, in the judgment of the purchaser, has engaged in corrupt or fraudulent practices in competing for or in executing the contract.

15.2. In the event the purchaser terminates the contract in whole or in part, the purchaser may procure, upon such terms and in such manner as it deems appropriate, goods, works or services similar to those undelivered, and the supplier shall be liable to the purchaser for any excess costs for such similar goods, works or services.

15.3. Where the purchaser terminates the contract in whole or in part, the purchaser may decide to impose a restriction penalty on the supplier by prohibiting such supplier from doing business with the public sector for a period not exceeding 10 years.

16. THE DEPARTMENT RESERVES THE RIGHT TO PASS OVER ANY QUOTATION WHICH FAILS TO COMPLY WITH THE ABOVE.

SBD 6.1.

PREFERENCE POINTS CLAIM FORM IN TERMS OF THE PREFERENTIAL PROCUREMENT REGULATIONS 2022

This preference form must form part of all tenders invited. It contains general information and serves as a claim form for preference points for specific goals.

NB: BEFORE COMPLETING THIS FORM, TENDERERS MUST STUDY THE GENERAL CONDITIONS, DEFINITIONS AND DIRECTIVES APPLICABLE IN RESPECT OF THE TENDER AND PREFERENTIAL PROCUREMENT REGULATIONS, 2022

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1. GENERAL CONDITIONS

1.1. The following preference point systems are applicable to invitations to tender:
- the 80/20 system for requirements with a Rand value of up to R50 000 000 (all applicable taxes included); and
- the 90/10 system for requirements with a Rand value above R50 000 000 (all applicable taxes included).

1.2. The applicable preference point system for this tender is the 80/20 preference point system.

1.3. Points for this tender (even in the case of a tender for income-generating contracts) shall be awarded for:
(a) Price; and
(b) Specific Goals.

1.4. The maximum points for this tender are allocated as follows:

	POINTS
PRICE	80
SPECIFIC GOALS	20
Total points for Price and Specific Goals	100

1.5. Failure on the part of a tenderer to submit proof or documentation required in terms of this tender to claim points for specific goals with the tender, will be interpreted to mean that preference points for specific goals are not claimed.

1.6. The organ of state reserves the right to require of a tenderer, either before a tender is adjudicated or at any time subsequently, to substantiate any claim in regard to preferences, in any manner required by the organ of state.

2. DEFINITIONS

(a) "tender" means a written offer in the form determined by an organ of state in response to an invitation to provide goods or services through price quotations, competitive tendering process or any other method envisaged in legislation;
(b) "price" means an amount of money tendered for goods or services, and includes all applicable taxes less all unconditional discounts;
(c) "rand value" means the total estimated value of a contract in Rand, calculated at the time of bid invitation, and includes all applicable taxes;
(d) "tender for income-generating contracts" means a written offer in the form determined by an organ of state in response to an invitation for the origination of income-generating contracts through any method envisaged in legislation that will result in a legal agreement between the organ of state and a third party that produces revenue for the organ of state, and includes, but is not limited to, leasing and disposal of assets and concession contracts, excluding direct sales and disposal of assets through public auctions; and
(e) "the Act" means the Preferential Procurement Policy Framework Act, 2000 (Act No. 5 of 2000).

3. FORMULAE FOR PROCUREMENT OF GOODS AND SERVICES

3.1. POINTS AWARDED FOR PRICE

3.1.1. THE 80/20 OR 90/10 PREFERENCE POINT SYSTEMS

A maximum of 80 or 90 points is allocated for price on the following basis:

80/20

$$Ps = 80\left(1 - \frac{Pt - Pmin}{Pmin}\right)$$

OR

90/10

$$Ps = 90\left(1 - \frac{Pt - Pmin}{Pmin}\right)$$

Where
Ps = Points scored for price of tender under consideration
Pt = Price of tender under consideration
Pmin = Price of lowest acceptable tender

3.2. FORMULAE FOR DISPOSAL OR LEASING OF STATE ASSETS AND INCOME GENERATING PROCUREMENT

3.2.1. POINTS AWARDED FOR PRICE

A maximum of 80 or 90 points is allocated for price on the following basis:

80/20

$$Ps = 80\left(1 + \frac{Pt - Pmax}{Pmax}\right)$$

OR

90/10

$$Ps = 90\left(1 + \frac{Pt - Pmax}{Pmax}\right)$$

Where
Ps = Points scored for price of tender under consideration
Pt = Price of tender under consideration
Pmax = Price of highest acceptable tender

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)
RDP Goal: Full points allocated to promote South African owned enterprises	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: _____

_____

_____