KWAZULU-NATAL PROVINCE
HEALTH
REPUBLIC OF SOUTH AFRICA

Quotation Advert

Opening Date: 18/11/2025
Closing Date: 28/11/2025

Closing Time: 11:00

INSTITUTION DETAILS

Institution Name: Emmaus Hospital

Province: KwaZulu-Natal

Department of entity: Department of Health

Division or section: Central Supply Chain Management

Place where goods/ service is required: **Emmaus Hospital**

Date Submitted: **18/11/2025**

ITEM CATEGORY AND DETAILS

Quotation number: **EMM180/11/25**

Item Category: Services

Item Description: **Renovations of clinics public toilets**

Quantity (if supplies):

COMPULSORY BRIEFING SESSION / SITE VISIT

Select Type: Compulsory Site Meeting

Date: **21/11/2025**

Time: **12h00**

Venue: **Dukuza clinic**

QUOTES CAN BE COLLECTED FROM: **SITE MEETING**

QUOTES SHOULD BE DELIVERED TO: MAIN GATE

ENQUIRIES REGARDING ADVERT MAY BE DIRECTED TO:

Name: **S.I Madondo**

Email: **EmmausQuotation@kznhealth.gov.za**

Contact number: 036 488 8211

Finance Manager Name: **MR Hadebe MS**

Finance Manager Signature_____

ANNEXURE A: SPECIFICATION FORM

NAME OF PROCURING FACILITY	EMMAUS HOSPITAL	
ITEM DESCRIPTION	RENOVASTIONS OF CLINICS PUBLIC TOILETS	
ITEM PURPOSE	TO ENSURE THAT TOILETS MEETS DEPARTEMNTAL STANDARDS IN THE CLINICS	
ITEM DETAILED SPECIFICATION (INCLUDE SIZE, COLOUR, MATERIAL, ETC.)		COMPLIES (YES/NO)
1.	You are to Replace existing stainless-steel toilets with ceramic toilets (complete sets)	
2.	Internal painting of walls and ceiling	
3.	Installation of tiles, floors and walls	
4.	Minor Repairs	
5. QUALITY STANDARD	OHS Act and SANS	
UNIT OF MEASURE OR PACKAGING I.E. (UNIT/BOX/ROLL/PACK/BAIL ETC)	UNIT	
SAMPLE REQUIRED (YES/NO) IF YES WHEN AND HOW?	NO	
ADDENDUM TO SPECIFICATION ATTACHED (YES OR NO)	Yes, detailed specification has been attached	

SPECIFICATION APPROVED BY

Name of End-user (in full)	B.M. Nkosi	Name of SCM Rep (in full)	
Designation / Rank (in full)	Chief Artisan	Designation/ Rank (in full)	
Signature		Signature	
Date	11/11/2025	Date	

Bidder Initial here: _____