

## REQUEST FOR QUOTATION FOR GOODS AND SERVICES



PM

ONDERSTEPOORT BIOLOGICAL PRODUCTS LTD  
PRIVATE BAG X7, ONDERSTEPOORT 0110

From:  
Date: 16<sup>th</sup> September 2021  
Tel: 012 522 1500  
Fax:  
Email: purchasing@obpvaccines.co.za

To:  
Supplier:  
Tel:  
Fax:  
Email:

Kindly provide the quotation for the following: RFQ: OBP 693/2021

Quantity	Product/Item Code	Specification
		<b><u>Equipment to be calibrated:</u></b> <ul style="list-style-type: none"><li>Total: 25 Autoclaves (list will be provided to successful vendor)<ul style="list-style-type: none"><li>10 x Floor-standing laboratory Autoclaves (Hirayama, ALP, Rexmed, etc)</li><li>15 x Jacketed Sliding Door Autoclaves (Medi-Clave, Hospi)</li></ul></li></ul>

### **Technical Specification for Calibration & Temperature Mapping of Autoclaves:**

#### **Supplier Technical Requirements:**

- Current SANAS Accreditation (provide certificate)
- Must have experience, competence, and expertise in the calibration & mapping of autoclaves (provide references for similar work successfully completed)

#### **Safety Requirements:**

- Supplier must submit a hardcopy Safety File for review by OBP **before** booking the start of onsite calibration work.
- Supplier must provide necessary PPE (Face Sheild, Gloves, Safety Shoes, Overall, etc)

#### **Procedural Requirements:**

- Calibration Equipment (primary reference) must be calibrated (certificates required)
- Ensure the Autoclave(s) equipment is fully operational, before proceeding.
- Empty Chamber: Place at least 10 data probes or thermocouples (depending on the size of the chamber) throughout the chamber in pre-determined positions.

- Fully Loaded Chamber: Place at least 10 data probes or thermocouples (depending on the size of the chamber) inside product/materials located throughout the chamber in pre-determined positions.
- Run the respective cycle and record temperature at a *minimum* of 30s intervals.
- Record the logger temperatures on a PC
- Compile the graphic output of the temperatures by the logger position in the chambers and the temperature(s) on the gauge. Tabulate the results
- If deviations are found on the gauges (temp/pressure) compared with the temperature displayed by the loggers, then calibrate the instruments (gauges) or replace with new ones if they cannot be calibrated.
- If an equipment is damaged it must be repaired and recalibrated (additional work outside of this calibration scope)
- Acceptance Criteria: Temperature Accuracy is +3 degC from set point.
- Affix a calibration status label to the equipment after calibration is done: A red label must indicate "Do Not Use". A white label must indicate the successful calibration with certificate number, date of calibration, and date of expiry.
- Completed detailed Calibration Certificates must be issued to OBP in hardcopy or pdf format

Equipment to be calibrated:

- Total: 25 Autoclaves (list will be provided to successful vendor)
  - 10 x Floor-standing laboratory Autoclaves (Hirayama, ALP, Rexmed, etc)
  - 15 x Jacketed Sliding Door Autoclaves (Medi-Clave, Hospi)

**DECLARATION OF INTEREST SBD 4**

1. Any legal person, including persons employed by the state<sup>1</sup>, or persons having a kinship with persons employed by the state, including a blood relationship, may make an offer or offers in terms of this invitation to bid (includes a price quotation, advertised competitive bid, limited bid or proposal). In view of possible allegations of favouritism, should the resulting bid, or part thereof, be awarded to persons employed by the state, or to persons connected with or related to them, it is required that the bidder or his/her authorised representative declare his/her position in relation to the evaluating/adjudicating authority where-

- the bidder is employed by the state; and/or
- the legal person on whose behalf the bidding document is signed, has a relationship with persons/a person who are/is involved in the evaluation and or adjudication of the bid(s), or where it is known that such a relationship exists between the person or persons for or on whose behalf the declarant acts and persons who are involved with the evaluation and or adjudication of the bid.

**2. To give effect to the above, the following questionnaire must be completed and submitted with the bid.**

2.1 Full Name of bidder or his or her representative:  
 .....

2.2 Identity Number: .....

2.3 Position occupied in the Company (director, trustee, shareholder<sup>2</sup>):  
.....

2.4 Company Registration Number:  
.....

2.5 Tax Reference Number: .....

2.6 VAT Registration Number: .....

2.6.1 The names of all directors / trustees / shareholders / members, their individual identity numbers, tax reference numbers and, if applicable, employee / perusal numbers must be indicated in paragraph 3 below.

<sup>1</sup> "State" means (a) any national or provincial department, national or provincial public entity or constitutional institution within the meaning of the Public Finance Management Act, 1999 (Act No. 1 of 1999);

(b) any municipality or municipal entity.

(c) provincial legislature.

(d) national Assembly or the national Council of provinces; or

(e) Parliament.

<sup>2</sup> "Shareholder" means a person who owns shares in the company and is actively involved in the management of the enterprise or business and exercises control over the enterprise.

2.7 Are you or any person connected with the bidder **YES / NO**  
presently employed by the state?

2.7.1 If so, furnish the following particulars:

Name of person / director / trustee / shareholder/ member:

.....

Name of state institution at which you or the person:

.....

connected to the bidder is employed

.....

Position occupied in the state institution:

.....

Any other particulars:

.....

.....

.....

2.7.2 If you are presently employed by the state, did you obtain **YES / NO**  
the appropriate authority to undertake remunerative work outside employment in the public sector?

2.7.2.1 If yes, did you attach proof of such authority to the bid **YES / NO**  
document?

(Note: Failure to submit proof of such authority, where applicable, may result in the disqualification of the bid.)

2.7.2.2 If no, furnish reasons for non-submission of such proof:

.....  
.....  
.....

2.8 Did you or your spouse, or any of the company's directors / trustees / shareholders / members or their spouses conduct business with the state in the previous twelve months? **YES / NO**

2.8.1 If so, furnish particulars:  
.....  
.....  
.....

2.9 Do you, or any person connected with the bidder, have any relationship (family, friend, other) with a person employed by the state and who may be involved with the evaluation and or adjudication of this bid? **YES / NO**  
2.9.1 If so, furnish particulars.

.....  
.....

2.10 Are you, or any person connected with the bidder, aware of any relationship (family, friend, other) between any other bidder and any person employed by the state who may be involved with the evaluation and or adjudication of this bid? **YES/NO**

2.10.1 If so, furnish particulars.  
.....  
.....  
.....

2.11 Do you or any of the directors / trustees / shareholders / members of the company have any interest in any other related companies whether they are bidding for this contract? **YES/NO**

2.11.1 If so, furnish particulars:  
.....  
.....  
.....

**3 Full details of directors / trustees / members / shareholders.**

<b>Full Name</b>	<b>Identity Number</b>	<b>Personal Reference Number</b>	<b>Tax</b>	<b>State Employee Number / Perusal Number</b>
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**4 DECLARATION**

I, THE UNDERSIGNED (NAME).....

CERTIFY THAT THE INFORMATION FURNISHED IN PARAGRAPHS 2 and 3 ABOVE IS CORRECT.

I ACCEPT THAT THE STATE MAY REJECT THE BID OR ACT AGAINST ME IN TERMS OF PARAGRAPH 23 OF THE GENERAL CONDITIONS OF CONTRACT SHOULD THIS DECLARATION PROVE TO BE FALSE.

.....  
Signature

.....  
Date

.....  
Position

.....  
Name of bidder

**Terms and Conditions:**

- Submission should be no later than **(29<sup>th</sup> September 2021, 15H00)**
- Please indicate your offer validity and lead time: .....
- All prices must be VAT exclusive, if no indication, prices will be evaluated as exclusive
- Quotation must be on a company letter head and ***strictly*** on a PDF format
- Quotations sent on Word or Excel format will not be accepted***
- Quotations must be emailed back to: purchasing@obpvaccines.co.za***
- If no reply after 14 days of closing date your RFQ was unsuccessfully**
- Orders above 30K will be BEE evaluated

- Please indicate if you are unable to quote and state the reason why
- Please note that fluctuations in the exchange rate (where applicable) will not be for the account of OBP.
- Payment terms: 30 days after statement*

*I agree that the offer herein shall remain binding upon me and open for acceptance by OBP during the validity period indicated.*

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date