

## 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 695/2021**

Quantity	Product/Item Code	Specification
		<ul style="list-style-type: none"><li><b>Maintenance of Laboratory Autoclaves</b></li></ul>

### **Technical Specification for Maintenance of Laboratory Autoclaves:**

Supplier Technical Requirements:

- Supplier must have experience, competence, and expertise in the maintenance of laboratory autoclaves (list of contactable references or agency agreement must be provided)
- Supplier must have permanently employed autoclave maintenance technicians who are trained and competent to service and repair laboratory autoclaves.
- Supplier must have an established service operation in the Gauteng area, (or within 100km) in order to provide timely and cost-effective site support

Safety Requirements:

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

Procedural Requirements:

- Maintenance service to be carried out on a 6-monthly schedule for all laboratory autoclaves.
- Maintenance service tasks and procedures are proposed by the competent supplier, but must include the following:
  - o Note and investigate any complaint/ comments from the equipment user
  - o Inspection of door locking mechanism

- o Inspection and verification of door interlocking mechanism
  - o Visual inspection of chamber, safety valves and ancillaries for signs of cracks, distortion, leaks, etc.
  - o Inspection of door seal.
  - o Functional check of the controls (including displays, gauges, keypads, valves, etc)
  - o Functional test of the Autoclave operation and sub-systems (including heating, cooling, draining, etc)
  - o Condition of any filters, with replacement as necessary.
- If any defects are noted which require additional maintenance or repair outside of the scope of the SLA, these must be quoted separately.
  - In the case of any safety-critical defects, the equipment must be shut down and locked out. Notify the equipment user and EMU Manager immediately.
  - If any calibrated sensors, probes or gauges are to be replaced, then a 3rd party calibration will be required before the autoclave can be returned to service.
  - Configured programs and cycle information may not be changed without written instruction by an authorized OBP representative.
  - Complete a service record for each autoclave.
  - Affix a service status label to the equipment after service is completed: A red label must indicate “Do Not Use”. A white label must indicate the successful service date, supplier name, and service due date.

**Equipment to be serviced:**

Cirrus Autoclave	105-AU02	RDV
Hirayama Autoclave	106-AU02	RDB
Sanyo Autoclave	106-AU01	RDB
Rexmed Autoclave (RAU-530D 10053)	108-AU05	QC
Hirayama Autoclave (HV-85 30411071146)	108-AU04	QC
Braden Autoclave (RAV/VBS75 33968938)	100-AU08	RM
Hirayama Autoclave (MFG 80107540)	102-AU02	VV
Hirayama Autoclave (HA-300MD 31105080014)	101-AU01	BV
Lab Companion Autoclave (ST-G Series V035198)	105-AU03	RDV
ALP Autoclave (CLG-40L 900061)	101-AU02	BV

Service Interval:

- Every 6 Months

## 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 / **YES / NO**  
trustees / shareholders / members or their spouses conduct business with the state in the  
previous twelve months?

2.8.1 If so, furnish particulars:

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

2.9 Do you, or any person connected with the bidder, have **YES / NO**  
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?

2.9.1 If so, furnish particulars.

.....  
.....

2.10 Are you, or any person connected with the bidder, **YES/NO**

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?

2.10.1 If so, furnish particulars.

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

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

2.11.1 If so, furnish particulars:

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

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

Full Name	Identity Number	Personal Reference Number	Tax	State Employee Number / Perusal Number

**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](mailto: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