



**ADVERTISEMENT
SUPPLY AND DELIVERY OF FIRST AID KIT**

DATE:	PERSON DEALING WITH THE MATTER:	REFERENCE:
27 November 2018	N BALENI 047 564 1208	PSJLM 2018/19-34

ADVERT:-SUPPLY AND DELIVERY OF FIRST AID KIT FOR LIFE GUARDS

All the items needed are listed in the attached schedule, and Envelopes must be clearly marked

Advert:-SUPPLY AND DELIVERY OF FIRST AID KIT FOR LIFE GUARDS

All quotations must be placed in the bid box situated at Erf 257, Main Street, Port St. Johns Municipal Offices, at the Reception area, not later than **06 December 2018 at 11h00**.

The following conditions will apply:

- [a] Price(s) quoted must be valid for at least thirty (30) days from date we receive your offer.
- [b] Price(s) quoted must be firm and must be inclusive of VAT.
- [c] A firm delivery period must be indicated.
- [d] Compliance pin must be attached in order to be verified on SARS website
- [e] This quotation will be evaluated in terms of the 80/20 preference point system as prescribed in the Preferential Procurement Policy Framework Act (No 5 of 2000) as amended, where 20 points will be for BBBEE verification level, B-BBEE must be SANNAS Approved or attach DTI Sworn affidavit wit original stamp of oath (Failing to attach will not lead to disqualification but will lose points)
- [f] The Port St. Johns Local Municipality Supply Chain Management Policy will apply.
- [g] The Port St. Johns Local Municipality does not bind itself to accept the lowest quotation or any other quotation and reserves the right to accept the whole or part of the quotation.
- [h] Quotations which are late, incomplete, unsigned or submitted by facsimile or electronically, will not be accepted.
- [i] Attach CSD Detailed report and **fill in the new MBD 1 and MBD 4 Form obtainable from SCM Office.**
- [j] For each item quoted a warranty period must be stated.
- [k] Attach Rates clearance from your respective Municipality, if exempted attach proof or lease agreement from the office that the Valuation Roll resides.

Failure to comply with these conditions will invalidate your offer.

Evaluation Criteria

Price = 80

Maximum at the BBBEE verification level = 20

SPECIFICATION

The purpose of this memo is to request your good office to appoint a service provider to supply us with 20 first aid kit boxes. The following items must be on the first aid kit box:

1. Plasters in a variety of different sizes and shapes
2. Small, medium and large sterile gauze dressings
3. 2 sterile eye dressings
4. Triangular bandages
5. Crêpe rolled bandages
6. Safety pins
7. Disposable sterile gloves
8. Tweezers
9. Scissors
10. Alcohol-free cleansing wipes
11. Sticky tape
12. Thermometer (preferably digital)
13. Skin rash cream, such as hydrocortisone or calendula
14. Cream or spray to relieve insect bites and stings
15. Antiseptic cream
16. Painkillers such as paracetamol (or infant paracetamol for children), aspirin (not to be given to children under 16), or ibuprofen
17. Cough medicine
18. Antihistamine cream or tablets

19. Distilled water for cleaning wounds

20. Eye wash and eye bath

Yours in developmental local Government



Mr H.T. Hlazo
Municipal Manager



Date