

MAKHADO MUNICIPALITY

QUOTE NO. MAK94/2015/2016

QUOTATION: SUPPLY OF BINS (SHE BINS), COLLECTION, TRANSPORTATION AND TREATMENT OF HEALTH CARE WASTE.

All interested service providers are hereby invited to submit written quotations for the **supply of bins (she bins), collection, transportation and treatment of health care waste.**

SPECIFICATION:

Supply and Servicing of sanitary (SHE) bin to each female toilet cubicle within all municipal building (±40 Units) for the period of three (03) Months

1. SHE BIN

- 12L Slim line design – to reduces height and allows the bin to fit comfortably into any cubicle for easy access without restricting space
- Smooth, ridge –free design is easy to wipe down and does not collect dust
- Hands free, foot pedal operation, limits direct contact with the bin.
- Front opening
- Flute chute prevents waste from sticking to the surface
- Colour should be white

2. DISPOSAL BAGS AND LINERS

- Provision of sufficient supplies of mini environmental friendly SHE disposal bags to be used for items to go into before going the bin, this will ensure a neat and tidy appearance. These packets to be of a good quality and directions for usage to be clearly visible on each packet.
- Each SHE Bin to be supplied with antimicrobial bin liners and disinfectant agents to keep the bin fresh between service intervals

3. SERVICING OF BINS

- Complete fortnight bin exchange by replacing a used bin with a clean, Hygienically, Fresh Smelling and 100% operational working order bin.
- Any bin which reaches full capacity prior to service delivery will be exchanged upon request
- Supply and removal of 25L container for Health Care Risk Waste (HCRW) generated from first aid procedures in all municipal building

NB:

1. Service provider must provide monthly service schedule to the municipality, first schedule to be provided upon commencement of the contract
2. Records of cleaning and disinfection process of sanitary bins to be supplied to the municipality on a monthly basis

3. Supplier to supply detailed inspection strategy program of all municipal buildings to protect and preserve the quality of services.
4. The service provider must react to site HCRW issues within 24Hours of notice given by the municipality.
5. On complete of any service on site the service provider will provide the municipality with signed proof of service completion. At end of each month quantity of waste removed from the premises (unit of measure-kilogram) as well as the incineration certificates of all sanitary waste to be supplied to the municipality.
6. Service provider must provide price for the collection and transportation of HCRW charge per Kg and Price for the supply of SHE Bin

Requirements

- **Valid Original Tax Clearance Certificate**
- **Copy of company registration certificate**
- **All authorization document for the service provider to handle / or Transport HCRW.**
- **A confirmation letter from the HCRW treatment (incinerator) facility that the appointed service provider will bring HCRW**
- **List of similar previously successfully executing services with contact values and client's contact**
- **A full description of an authorised vehicle to be used to transport HCRW from the municipal building to the point of treatment / incineration.**
- **Certified copy/copies of company owner(s) ID Books**
- **BBBEE certificate**
- **Proof of payment of municipal bills, accounts and Service or statement**

Quotations must be as follows:

1. Be signed by an authorized person of the supplier
2. Be on an original letter head of the company/enterprise
3. Be valid for a period of sixty (60) days from the closing date
4. clearly indicate the price charged vat inclusive
5. Be accompanied by an original valid SARS Tax Clearance Certificate.
6. Be accompanied by fully completed MBD 6.1 and MBD 4 obtainable from the municipality or can be downloaded from municipal website www.makhado.gov.za.

Fully priced and signed quotations must be sealed in an envelope clearly marked quote number **"MAK94/2015/2016"** & description' **SUPPLY OF BINS (SHE BINS), COLLECTION, TRANSPORTATION AND TREATMENT OF HEALTH CARE WASTE"** and be deposited in the tender box at the foyer of the Civic Centre at the physical address reflected below by no later than **12H00 of 01 APRIL 2016**

Quotations received will be assessed in accordance with the Municipal Supply Chain Management Regulations, 2005 read with Council's Supply Chain Management Policy and 80/20 points scoring will be used. Preference points will be allocated according to BBBEE rating.

Please Note:

1. No quotation by facsimile or by e-mail will be accepted.
2. Enquiries in this regard must be directed to **Mr NNDWAKHULU NP** at contact number: **015 519 3075** during office hours.
3. Council reserves the right not to accept lowest or any quotation or to accept part of a quotation only.
4. Admin enquiries can be directed to **Ms Ntsieni TP** or **Mr Ramabulana M** at **015 519 3129/3179**

Civic Centre
83 Krogh Street
LOUIS TRICHARDT
0920

Notice no: 39/2016
File no: 8/3/2/1
IP MUTSHINYALI
MUNICIPAL MANAGER