

REQUEST FOR QUOTATION – CUL 07/2018

PROVISION OF FOOD SAFETY HYGIENE AUDITS FOR A PERIOD OF 12 MONTHS

1. Background

The Durban ICC is one of the most advanced conferencing facilities in the world, having been voted Africa's Leading Conference Centre by World Travel Awards for 15 years. The centre has also obtained certification for ISO 14001 (Environmental Management), ISO 22000 (Food Safety Management), ISO 9001 (Quality Management) and OHSAS 18001 (Occupational Health and Safety Management) from SABS (South African Bureau of Standards).

2. Purpose of the request for proposal

The Durban ICC requires a service provider for the provision of hygiene audits, for period of 12 months.

3. Minimum Requirements

Does the service provider comply with the minimum specifications? Please acknowledge as illustrated	Yes	No
	✓	X
• The service provider must be SANAS accredited in accordance with ISO/IEC 17025.		
• The service provider's team should comprise of at least one qualified microbiologists and food technologists. Please attach a minimum two page CV of the individual/s.		
• The service provider must be a member of the South African Association for Food Science and Technology (SAAFoST). Please attach proof		
• The service provider must have minimum 5 years' experience in HACCP and ISO 22000 systems; applicable food safety legislation and regulations including R962 of Act No. 54 of 1972 and SANS 10049 Food Hygiene Management. Please attach proof		

Kindly note, failure to comply with all of the minimum requirements as illustrated above, will result in the service provider being deemed non-responsive and not evaluated further.

4. Conditions of contract (but not limited to the following)

4.1 The hygiene audits must cover the following key result areas:

- Bacteriological evaluation of all major processing areas and equipment including but not limited to swabbing or surfaces/equipment (Standard Plate Count) and refrigeration (Standard Plate Count, Yeasts and Moulds and *Listeria monocytogenes*);
- Staff Hygiene including but not limited to swabbing for *Staphylococcus aureus* and *Escherichia coli*;
- Bacteriological evaluation of prepared foods (including but not limited to testing for *Staphylococcus aureus*, *Escherichia coli*, *Salmonella* spp, *Clostridium perfringens*, Standard Plate Count, Coliforms)
- Supplier product evaluation;
- Bacteriological evaluation of drinking water/ice in accordance with SANS 241;
- Chemical application, cleaning and sanitising;
- Refrigeration for food storage;
- Temperature control;
- Areas allied to production

4.2 A hygiene audit report is to be compiled which reflects the results of the tests conducted

4.3 The hygiene audits are to be performed four times per annum

4.4 Monthly surface swab standard plate count x 20 areas to be conducted per month

4.5 Provide professional advice regarding microbiological, food safety and hygiene issues and recommendations for continuous improvement

5. Preconditions

A written proposal/quotation will not be considered unless the service provider who submits the quotation provides the following with their proposal/quotation:

- 5.1 Full name.
- 5.2 Identification or company or other registration number.
- 5.3 Tax reference number and VAT number, if any.
- 5.4 Valid original Tax Clearance Certificate from the South African Revenue Services which proves that the service provider's tax matters are in order.
- 5.5 Valid BBBEE Certificate.
- 5.6 MBD 4 Declaration of Interest form must be completed.
- 5.7 Statement that the company's water, electricity and rates are up to date or formal payment arrangements have been made.
- 5.8 The service provider needs to be registered on the CSD database

6. Contact Person

Renil Harbhajan
renilh@icc.co.za
Tel: +27 31 360 1324
ISO Officer

7. Compulsory Pricing Schedule

Product description	Quantity	Unit cost	Total Price (Quantity x unit price)
Provision of hygiene audits	4 times per annum	R	R
Monthly surface swab standard plate count x 20 areas	12	R	R
Please stat any additional cost:			R
Subtotal (VAT excl.)			R
VAT @ 14%			R
Grand Total (VAT Incl.)			R

I.....being duly authorized thereto by Do hereby confirm that the information contained herein is true and correct and acknowledge that, should it be established that any of the information contained herein is false and incorrect, my company may be disqualified from quoting to the Durban ICC.






Signature: _____ **Date:** _____

Note: Failure of the bidder to complete and sign this page will invalidate the quotation

8. Closing Date

Quotations, together with this document and supplier registration forms are to be placed in a sealed envelope marked for the attention of the Procurement Department and are to be placed in the Tender Box at the Durban ICC security entrance on the ground floor, 45 Bram Fischer Road Durban before **12h00 on 24th October 2017.**

9. Request for proposals approved by:

	
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Executive Head Chef John Moatshe	
	13/10/2017
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SCM Compliance Officer Ritesh Ramkissoon	
	13/10/2017
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SCM Manager Thenashree Naidoo	
	13/10/17
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Finance Director Melanie Rambally	
	12/10/17
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Chief Executive Officer Lindiwe Rakharebe	

10. **Past experience in similar assignments**

Assignment Description	Key Elements	Duration	Contact Person and Telephone Number	Assignment Value

I.....being duly authorized thereto by Do hereby confirm that the information contained herein is true and correct and acknowledge that, should it be established that any of the information contained herein is false and incorrect, my company may be disqualified from quoting to the Durban ICC.

Signature:

Date:

Note: Failure of the bidder to complete and sign this page will invalidate the quotation

11. Declaration of Municipals Fees

I, the undersigned, do hereby declare that the Municipal fees of

.....
 (Full name of Company / Close Corporation / partnership / sole proprietary/Joint Venture)

(hereinafter referred to as the TENDERER) are, as at the date hereunder, fully paid or an Acknowledgement of Debt has been concluded with the Municipality to pay the said charges in instalments.

The following account details relate to property of the said TENDERER:

<u>Account</u>	<u>Account Number:</u> to be completed by tenderer.
Consolidated Account No.	<input type="text"/>
Electricity	<input type="text"/>
Water	<input type="text"/>
Rates	<input type="text"/>
Other	<input type="text"/>
Other	<input type="text"/>

I acknowledge that should the aforesaid Municipal charges fall into arrears, the Municipality may take such remedial action as is required, including termination of any contract, and any payments due to the Contractor by the Municipality shall be first set off against such arrears.

- Where the TENDERER'S place of business or business interests are outside the jurisdiction of eThekweni Municipality, a copy of the accounts/agreements from the relevant municipality must be attached (to the back inside cover of this document).
- Where the tenderer's Municipal Accounts are part of their lease agreement, then a copy of the agreement, or official letter to that effect is to be attached (to the back inside cover of this document).

NAME : (Block Capitals)

SIGNATURE : DATE:
 (of person authorised to sign on behalf of the Tenderer)

12. MBD4 Declaration of Interest

No bid will be accepted from persons in the service of the state¹.

- 12.1 Any person, having a kinship with persons in the service of the state, including a blood relationship, may make an offer or offers in terms of this invitation to bid.
- 12.2 In view of possible allegations of favouritism, should the resulting bid, or part thereof, be awarded to persons connected with or related to persons in service of the state, it is required that the bidder or their authorised representative declare their position in relation to the evaluating/adjudicating authority.
- 12.3 In order to give effect to the above, the following questionnaire must be completed and submitted with the bid.
- 12.3.1 Full name of bidder or his/her representative
- 12.3.2 Identity number:
- 12.3.3 Position occupied in the Company (director, trustee, shareholder²):
.....
- 12.3.4 Company Registration Number:
- 12.3.5 Tax Reference Number:
- 12.3.6 VAT Registration Number:
- 12.3.7 The names of all directors / trustees / shareholders members, their individual identity numbers and state employee numbers must be indicated in paragraph 4 below.

References:

¹ MSCM Regulations: "in the service of the state" means to be –

(a) a member of –

- any municipal council
- any provincial legislature
- the National Assembly or the National Council of Provinces

(b) a member of the board of directors of any municipal entity;

(c) an official of any municipality or municipal entity;

(d) an employee of 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);

(e) a member of the accounting authority of any national or provincial public entity;

(f) an employee of parliament or a provincial legislature.

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

- 12.3.8 Are you presently in the service of the state?
If yes, furnish particulars:

YES	NO
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- 12.3.9 Have you been in the service of the state for the past twelve months? If yes, furnish particulars:

YES	NO
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- 12.3.10 Do you have any relationship (family, friend, other) with persons in the service of the state and who may be involved with the evaluation and/or adjudication of this bid?
If yes, furnish particulars:

YES	NO
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- 12.3.11 Are you aware of any relationship (family, friend, other) between any other bidder and any persons in the service of the state who may be involved with the evaluation and/or adjudication of this bid? If yes, furnish particulars:

YES	NO
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- 12.3.12 Are any of the company's directors, trustees, managers, principal shareholders or stakeholders in service of the state?
If yes, furnish particulars:

YES	NO
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- 12.3.13 Is any spouse, child or parent of the company's directors, trustees, managers, principal shareholders or stakeholders in service of the state? If yes, furnish particulars:

YES	NO
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- 12.3.14 Do you or any of the directors, trustees, managers, principal shareholders or stakeholders of this company have any interest in any other company or business whether or not they are bidding for this contract? If yes, furnish particulars:

YES	NO
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13. Full details of directors / trustees / members / shareholders

Full Name	Identity Number	State Employee No.

Signature

Date

Capacity

Name of Bidder

