ANNEXURE A: SPECIFICATION FORM

NAME OF PROCURING FACILITY	KING DINUZULU HOSPITAL COMPLEX SCM CLEANING - TR07 40-02827
ITEM DESCRIPTION	HAND LIQUID SOAP PLAIN (NON ANTI-BACTERIAL) 500ML
ITEM PURPOSE	For hand washing in all areas of the hospital

	ITEM DETAILED SPECIFICATION (INCLUDE SIZE, COLOUR, MATERIAL, ETC.)	COMPLIES (YES/NO)
1.	**TECHNICAL SPECIFICATIONS** Suppliers must quote on a product meeting or exceeding the exact specifications detailed below. Alternative or non-compliant formulations will be disqualified. • **Product Type:** Plain, ordinary liquid hand soap (Non-antibacterial). • **Formulation Exclusions:** Strictly **no** antimicrobial agents, **no** triclosan, **no** added dyes, and **no** synthetic perfumes. Must be strictly hypoallergenic and fragrance-free. • **Volume & Packaging:** 500ml disposable plastic bottle equipped with a functional pump-top mechanism. • **Bracket Compatibility:** The physical dimensions and bottle shape must comfortably fit standard medical/hospital elbow-operated wash dispenser holders	
2.	**SOUTH AFRICAN COMPLIANCE & STANDARDS** To ensure procurement integrity and safety, the offered product must comply with national regulatory frameworks. Bidders must submit evidence of compliance with the following standards:	
	Standard / Regulation — **Description** — **Compliance (Yes/No)** **SANS 235 / SANS 825** — South African National Standard for surface-active agents and liquid detergents. **ISO 22716** — Cosmetics Good Manufacturing Practices (GMP) alignment. **NRCS Regulations** — Compliance with National Regulator for Compulsory Specifications directives.	
3.	**MANDATORY RETURNABLE DOCUMENTATION** Failure to submit the following high-priority compliance documents with your quotation will lead to immediate disqualification: 1. **Material Safety Data Sheet (SDS):** Formatted to local occupational health and safety standards. 2. **Certificate of Analysis (COA):** Manufacturer's batch test	

SPECIFICATION APPROVED BY

Name of End-user (in full)	MR AMOS KHATHINI	Name of SCM Rep (in full)	S. DOOKEN
Designation / Rank (in full)	SUPPLY OFFICER	Designation/ Rank (in full)	SUPPLY CAHIN - DEMAND
Signature		Signature	
Date	2026.08.20	Date	2026.08.20
e-mail	amos.khathini@kznhealth.gov.za		

Bidder Initial here: _____