KWAZULU-NATAL PROVINCE
HEALTH
REPUBLIC OF SOUTH AFRICA

ANNEXURE A: SPECIFICATION FORM

NAME OF PROCURING FACILITY	NORTHDALE CLINIC	
ITEM DESCRIPTION	Hearing Protector	
ITEM PURPOSE	Help reduce exposure to noise in high-noise environments	
ITEM DETAILED SPECIFICATION (INCLUDE SIZE, COLOUR, MATERIAL, ETC.)		COMPLIES (YES/NO)
1.	size one size	
2.	colour orange	
3.	material type Plastic	
4.	special features Fast Charging	
5.		
QUALITY STANDARD		
UNIT OF MEASURE OR PACKAGING I.E. (UNIT/BOX/ROLL/PACK/BAIL ETC)	PAIR.	
SAMPLE REQUIRED (YES/NO) IF YES WHEN AND HOW?	NO	
ADDENDUM TO SPECIFICATION ATTACHED (YES OR NO)	NO	

Note:

1.
2.
3.

SPECIFICATION APPROVED BY

Name of End-user (in full)	Diane Carson AP SSNacwbo	Name of SCM Rep (in full)	S Khanyile.
Designation / Rank (in full)	Operational Manager	Designation/ Rank (in full)	SCO
Signature		Signature	
Date	25/07/2025	Date	30.07.25

Bidder Initial here: _____

KWAZULU-NATAL PROVINCE
HEALTH
REPUBLIC OF SOUTH AFRICA

ANNEXURE A: SPECIFICATION FORM

NAME OF PROCURING FACILITY	Masons Clinic	
ITEM DESCRIPTION	Amniotomy Hook	
ITEM PURPOSE	1. For artificial rupture of membranes in Non-progressing labour	
ITEM DETAILED SPECIFICATION (INCLUDE SIZE, COLOUR, MATERIAL, ETC.)		COMPLIES (YES/NO)
1.	Smooth ABS long headed hook	
2.		
3.		
4.		
5.		
QUALITY STANDARD	None available.	
UNIT OF MEASURE OR PACKAGING I.E. (UNIT/BOX/ROLL/PACK/BAIL ETC)	UNIT -	
SAMPLE REQUIRED (YES/NO) IF YES WHEN AND HOW?	NO	
ADDENDUM TO SPECIFICATION ATTACHED (YES OR NO)	NO	

Note:

1.
2.
3.

SPECIFICATION APPROVED BY

Name of End-user (in full)	Diane Carson	Name of SCM Rep (in full)	S. KHAMILO.
Designation / Rank (in full)	Operational Manager	Designation/ Rank (in full)	SCC.
Signature		Signature	
Date	9/2/2026	Date	23.08.26

Bidder Initial here: _____

KWAZULU-NATAL PROVINCE
HEALTH
REPUBLIC OF SOUTH AFRICA

ANNEXURE A: SPECIFICATION FORM

NAME OF PROCURING FACILITY	EAST BOOM CHC EASTWOOD CLINIC Sobantu Clinic	
ITEM DESCRIPTION	Adult nasal prongs	
ITEM PURPOSE	Delivery of contrd O2 via nostril	
ITEM DETAILED SPECIFICATION (INCLUDE SIZE, COLOUR, MATERIAL, ETC.)		**COMPLIES (YES/NO)**
1.	Plastic tubing with 2 hole that goes into nostril to delver O_2	
2.		
3.		
4.		
QUALITY STANDARD	SABS APPROVED	
UNIT OF MEASURE OR PACKAGING I.E. (UNIT/BOX/ROLL/PACK/BAIL ETC)	UNIT.	
SAMPLE REQUIRED (YES/NO) IF YES WHEN AND HOW?	NO	
ADDENDUM TO SPECIFICATION ATTACHED (YES OR NO)	NO	

Note:

1.
2.
3.

SPECIFICATION APPROVED BY

Name of End-user (in full)	N.P. Shabalala	Name of SCM Rep (in full)	S Khanyile.
Designation / Rank (in full)	OM	Designation/ Rank (in full)	SCO
Signature	17/7/2026 Shabalala	Signature	
Date	17/7/2026	Date	30.07.26

Bidder Initial here: _____

KWAZULU-NATAL PROVINCE
HEALTH
REPUBLIC OF SOUTH AFRICA

ANNEXURE A: SPECIFICATION FORM

NAME OF PROCURING FACILITY	EAST BOOM CHC	
ITEM DESCRIPTION	Oropharyngeal Airway Size 3	
ITEM PURPOSE	1. To Maintain Airway	
ITEM DETAILED SPECIFICATION (INCLUDE SIZE, COLOUR, MATERIAL, ETC.)		**COMPLIES (YES/NO)**
1.	See Picture attached - Rigid plastic, curved shaped	
2.		
3.		
4.		
QUALITY STANDARD	SABS APPROVED	
UNIT OF MEASURE OR PACKAGING I.E. (UNIT/BOX/ROLL/PACK/BAIL ETC)	UNIT	
SAMPLE REQUIRED (YES/NO) IF YES WHEN AND HOW?	NO	
ADDENDUM TO SPECIFICATION ATTACHED (YES OR NO)	NO	

Note:

1.
2.
3.

SPECIFICATION APPROVED BY

Name of End-user (in full)	Khoabe	Name of SCM Rep (in full)	S. Kwanyile.
Designation / Rank (in full)	A/Dm	Designation/ Rank (in full)	SCC.
Signature		Signature	
Date	11/8/2026.	Date	03.08.26

Bidder Initial here: _____

KWAZULU-NATAL PROVINCE
HEALTH
REPUBLIC OF SOUTH AFRICA

ANNEXURE A: SPECIFICATION FORM

NAME OF PROCURING FACILITY	EAST BOOM CHC EASTWOOD CLINIC	
ITEM DESCRIPTION	MEDICINE MEASURING Tumbler 50ml	
ITEM PURPOSE	To measure fluids, medicine and stat doses For Oral rehydration	
ITEM DETAILED SPECIFICATION (INCLUDE SIZE, COLOUR, MATERIAL, ETC.)		**COMPLIES (YES/NO)**
1.	Plastic tumbler 50ml for medicine Has graduations, colourless (see attached)	
2.		
3.		
4.		
QUALITY STANDARD	HIGH QUALITY	
UNIT OF MEASURE OR PACKAGING I.E. (UNIT/BOX/ROLL/PACK/BAIL ETC)	~~PKT OF~~ 50 tumblers per pkt/box	
SAMPLE REQUIRED (YES/NO) IF YES WHEN AND HOW?	NO	
ADDENDUM TO SPECIFICATION ATTACHED (YES OR NO)	NO	

Note:

1.
2.
3.

SPECIFICATION APPROVED BY

Name of End-user (in full)	Angel Dlamini	Name of SCM Rep (in full)	S. Khanyile
Designation / Rank (in full)	OM	Designation/ Rank (in full)	SCC.
Signature		Signature	
Date	10/10/26	Date	20.08.26

Bidder Initial here: _____

ANNEXURE A: SPECIFICATION FORM

NAME OF PROCURING FACILITY	EBC Cluster Clinics	
ITEM DESCRIPTION	Disposable eye patches	
ITEM PURPOSE	1.	
ITEM DETAILED SPECIFICATION (INCLUDE SIZE, COLOUR, MATERIAL, ETC.)		COMPLIES (YES/NO)
1.	Cotton Eye Pads non adherent	
2.	50's Individually packed	
3.	Eye PADS 50	
4.	Non stick ouder facing allow dressing to absorb	
5.		
QUALITY STANDARD	8X 6cm	
UNIT OF MEASURE OR PACKAGING I.E. (UNIT/BOX/ROLL/PACK/BAIL ETC)	50's per box	
SAMPLE REQUIRED (YES/NO) IF YES WHEN AND HOW?	NO	
ADDENDUM TO SPECIFICATION ATTACHED (YES OR NO)	NO	

Note:

1.

SPECIFICATION APPROVED BY

Name of End-user (in full)	S.S Ncwabo	Name of SCM Rep (in full)	S. Kramme.
Designation / Rank (in full)	PHCS	Designation/ Rank (in full)	SCC.
Signature		Signature	
Date	10/06/2026	Date	03.06.26

Bidder Initial here: _____