

**Guidelines on Specification for Procuring Services**

| **1. Guideline for Terms of reference** |
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| ***A panel of Occupational Health and Medical Professionals: To Provide Full Occupational Medical Surveillance To Moqhaka Local Municipality*** (Tender will be for a Period of Three Years, to be provided to the municipality **AS AND WHEN NEEDED** |
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**DESCRIPTION OF THE SITE AND ACCESS**

* The bidder must be accredited with Health professional Council of South Africa Body (HPCSA),SASOM,SASOHN,SANC and certificates of Degree/ Masters, PHD or relevant Qualification.
* The bidder must provide the municipality with employee reports/ opinions.
* All medical equipments must be calibrated accordingly and calibration certificates should be submitted.

**Comprehensive Medical surveillance program must include:**

* Pre employment /Entry Medical Surveillance
* Periodical Medical Surveillance
* Exit Medical Surveillance
* Blood Test (cholesterol, blood glucose test e.t.c)
* Blood Pressure
* Urine test
* Audiogram - hearing test
* Spirometry screening /Lung Function Test (LFT)
* Chest X-Ray
* Vision screening
* Hepatitis B  vaccination for employees that are on risk
* Hepatitis A  vaccination for employees that are on risk
* Multi- Drug test on request

| **2. Preferential Points System** |
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| *Indicate whether the tender will be evaluated in terms of 80/20 below system for requirements up to R50 million and 90/10 system for requirements above R50 million.* |
| 80/20 |

| **3. Duration of the Contract** |
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| *State how long the contract will take*  |
| Three years |

| **4. Functional or Technical Evaluation Criteria (If Applicable)**  |
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| *See examples of Functional Evaluation Criteria below in Annexure A*  |
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**ANNEXURE ‘’A’’**

 **Technical or Functional Evaluation Criteria and Functional Evaluation Report Guideline**

*This section outlines the processes followed when the technical evaluation was conducted. If a panel of evaluators was used, it must be indicated in this section as well as the names of the members of the technical evaluation panel. The evaluation criteria used must be indicated and the weighting thereof. If there are any qualifying thresholds they must also be indicated in this section. Where an external provider (consultant) was used to evaluate tenders, the report of the consultant will serve as an annexure to this report. This section must then summarise what the consultant has done*

**ANNEXURE A**

**Technical or Functional Evaluation Criteria and Functional Evaluation Report Guideline**

Only those tenders who score the minimum of 70 points in respect of the following criteria are eligible for further evaluation

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| **Criteria**  | **Weight** | **Points allocated** | **Documents to be submitted as proof to score points** |
| Qualifications andYears of experience as a professional/practitioner or specialist.**(NB: Any bidder without the complete requirements as listed below will not be considered)****Occupational Medical Practitioner:** MBchB,Dip.or Degree in Occupational Health.**Physician**: MBchB, MMed Physician.**Surgeon:** MBchB, MMed Surgery.**Orthopaedic:** MBchB MMed Orthopaedic.**Psychiatrist:** MBchB, MMed Psychiatry**Opthalmologist:** MBchB,MMed Opthalmology**Clinical Psychologist:** BCur BSc (Hons) or MsC (Clinical Psych)**Social Worker:** Bachelor of social work(BSW)* 1. Year

2-3 Years4-5 Years6-7 Years8 and more years | 12345 | 43 | The bidder must be accredited with Health professional Council of South Africa/ Body e.g (HPCSA). Detailed CV and certified qualification. |
| Number of successfully completed projects for Government institutions or large Companies.* 1. project

2-3 projects4-5 projects6-7 projects8 and more projects  | 1.

 5  | 40 | Contactable ReferenceDocumentary proof and or reference letters must be submitted**.** Reference letter signed and certified. |
| Youth ownership of the company(18-35 years ) 0% owned1% -20% owned21% - 40% owned41% - 60% owned61% - 80% owned81% - 100% owned |  01 23 4 5  | 10 | Company registration documents and share Certificates |
| LocalityOutside Free State Within Free State Within Fezile Dabi Within Moqhaka  | 0 13 5  | 7 | Proof of residential and business address |
| **TOTAL** |  | **100** |  |