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No.	Date	Ref	Supplier Clarification Question	Eskom Response
1.	14/09/2026		Could you please confirm the following: What level of portability is required? For example, must the system be manually transportable, trolley/wheel mounted, vehicle mounted, or would relocation using equipment such as a pallet jack or forklift be acceptable? Is the system intended to remain at one location under normal conditions and only be relocated during an emergency, or is routine movement between locations expected? Are there any maximum dimensions or weight limits for the system?	The following would be fine: manually transportable, trolley/wheel mounted, vehicle mounted (only if it's a dedicated vehicle)
2.			The URS requires measurement and quantification of Co-60 to 6,000 Bq and Cs-137 to 29,000 Bq within 30 minutes. Are these values intended to represent minimum detectable activity/detection limits, minimum quantifiable activity, or simply the required measurement performance at those activity levels?	It should be able to be moved between locations depending on the evolution of the emergency. Dismantled and re-deployable within two hours maximum.
3.			Does Eskom have a preferred measurement geometry, such as seated, standing or scanning-bed, or may the supplier recommend the most suitable configuration provided that thyroid, lung, gastrointestinal tract and whole-	No, as long as it can be easily carried by one person during an emergency.
4.				The values stipulated are the minimum detectable activity for the two radionuclides. We want the stipulated values to be measured, when deposited

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5.		body measurements can be calibrated and quantified? For the emergency-response application, is Eskom envisaging a self-contained mobile system/facility, or an instrument that would be transported to and operated within an existing suitable room or facility? These clarifications will help us determine whether the most appropriate solution is a compact portable system or a larger relocatable whole-body counter configuration.	inside a person, to be identifying the radionuclide and the activity quantified. The background field at which this is achieved to be indicated. Supplier can stipulate. We want a solution that meets the specifications. The supplier to indicate their proposed solution for assessment by Eskom.
6.		We have now received further technical confirmation from Helgeson. The proposed 3 × 3 inch NaI(Tl) system can achieve the specified MDAs within the required 30-minute measurement period, based on approximately 10–15 mm detector shielding and a background field of 0.1 µSv/h. Helgeson can also supply the required calibration phantoms and sources. We just need clarification on two points before they finalise the proposed configuration: Phantom configuration Helgeson can supply either: A full BOMAB whole-body phantom, together with the required anatomical calibration arrangements; or The individual thyroid, lung and gastrointestinal phantom components. Considering that the URS requires calibration for thyroid, lung, gastrointestinal tract and whole-body measurements, does Eskom have a preferred phantom	On both question, the supplier can recommend most suitable option.

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7.		arrangement, or may the supplier recommend the most appropriate combination to satisfy all four geometries? Phantom calibration source arrangement Helgeson's phantoms can be supplied as either: A sealed resin phantom containing a fixed radionuclide mixture; or An empty/refillable phantom into which the user introduces liquid calibration solutions as required. For the sealed resin option, HSS can provide either a longer-lived Eu-152 calibration or a mixed-radionuclide cocktail. The mixed cocktail provides additional radionuclides initially, although some of the shorter-lived radionuclides decay relatively quickly, leaving the longer-lived components such as Ba-133, Cs-137 and Co-60. Does Eskom have a preference between a sealed long-term calibration phantom and a refillable phantom, or may the supplier recommend the most suitable option? The separately specified Cs-137 and Co-60 QC/check sources can be supplied as required."	We are interested in submitting a tender response but would kindly like to request: A meeting in order to obtain clarity on a several aspects pertaining to the required specification; and An extension until 02 November 2026 to submit our offer.	How many suppliers have requested an extension? We have already committed to NNR that the process will close on 02 October, and they have requested confirmation once it has been closed. If we decide to grant an extension, we will need to provide NNR with a valid justification for extending the closing date.
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8.	21/09/2026		With reference to the above, kindly advise of a clarification meeting, or alternatively: What is the application of the portable Bioassay Measurement Instrument you are interested in?? Key Applications • Drug Development: Essential for testing the potency, stability, and batch consistency of vaccines, hormones, antibodies, and gene therapies. • Environmental Science: Used to detect toxic pollutants in water or soil, or to evaluate the impact of pesticides when direct chemical testing is too complex. • Standardization: Employed when a drug's chemical structure is unknown, impure, or when physical/chemical assays are not sensitive enough. [1, 2, 3, 4, 5]	Whole-body counter is a critical Radiological Protection tool used to identify and quantify internal contamination from fission and activation products in workers and/or members of the public. It is a mobile or portable whole-body counting that is the measurement used in internal dosimetry, the measurement of radioactivity within the body. The technique is primarily applicable to radioactive material that emits gamma rays. Alpha particle decays can also be detected indirectly by their coincident gamma radiation. In certain circumstances, beta emitters can also be measured, but with degraded sensitivity. The instrument used for whole-body counting is referred to as a <i>whole-body counter</i>. In contrast, a <i>whole-body monitor</i> is a device used in radiation protection to check for a person's body internal contamination when leaving a radiation controlled area using gamma spectroscopy to measure radio nuclides energies.
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