



BA-PHALABORWA MUNICIPALITY  
MEMORANDUM  
- BUDGET AND TREASURY –

**TO** : *Prospective Service Provider*  
**FROM** : *SCM /STORES*  
**DATE** : *06/10/2021*  
**ENQUIRIES** : *STORES*  
**TELEPHONE** : *015 780 6362/61*  
**REF** : *138224*

Kindly furnish this office with a written quotation for supply of goods/ services as detailed below. The quotation must be submitted on the letterhead of your Business and Brought to our offices 3 Nyala Street, Phalaborwa not later than **14/10/2021 12H00**

<b>QUANTITY</b>	<b>Description</b>	<b>PRICE/UNIT (Inc. VAT)</b>	<b>DELIVERY PERIOD</b>
<b>20</b>	<b>TRAINING OF 20 LEARNERS IN OCCOPATIONAL HEALTH AND SAFETY FOR 2 DAYS</b>		

**Please number your quotes (Your Ref no)**

*The following conditions will apply:*

- *Price (s) quoted must be valid for at least thirty (30) days from date of your offer.*
- *The municipality retains the prerogative to reject any quotes it deems to be excessive  
A firm delivery period must be indicated.*
- *Tax Clearance Certificate*
- *A service provider be registered with central supplier database (CSD)*
- *Registered with CIPRO (CK 1 or 2 document)*
- *BBBEE Certificate certified by a SANAS accredited institution.*
- *Completed MBD4 (Declaration of Interest) Form*
- *COMPLETE MBD6.2*

3. NAME OF SKILLS PROGRAM: OCCUPATIONAL HEALTH AND SAFETY

- (a) Number of learners 20 learners
- (b) Duration of training = 2 days.
- (c) The Service Provider must be ACCREDITED in one of the Unit standards:
  - 244288 Demonstrate understanding of occupational health and safety legislation in the workplace
  - 259639 Explain basic health and safety principles in and around the workplace
- (d) Proof of accreditation on the unit standard to be attached.
- (e) Conduct assessment of learners at the end of the training
- (f) Certification of competent learners at the end of the assessment
- (g) Registration of learners on the National Learners Registration Database