



**RFQ NUMBER**  
**CENTRAL/JHB/43/2009**

**DESCRIPTION**

**APPOINTMENT OF THE ASBESTOS AIR QUALITY  
MONITORING SPECIALIST FOR THE LOWER  
UITENHAGE SITE**

**ISSUE DATE: 07 AUGUST 2009**

**CLOSING DATE: 18 AUGUST 2009**

**(10H00)**

**CLOSING VENUE: (TENDER BOX) ALLOCATED AT THE CHAIRPERSON TRANSNET  
FREIGHT RAIL, ACQUISITION COUNCIL, GROUND FLOOR, INYANDA HOUSE 1  
21 WELLINGTON ROAD PARKTOWN, JOHANNESBURG.**



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## **FRAUD HOTLINE**

Transnet strives to be fair, equitable and just in all its dealings with tenderers. As such we encourage all tenderers to report any practice, activity or information that they are aware of or become aware of which may result in any perception of or actual fraud being committed against or in the name of Transnet. The hotline details are: -

Hotline telephone: 0800 003 056

Email: [transnet@tip-offs.com](mailto:transnet@tip-offs.com)

Fax: 0800 007 788

All information received will be treated with the utmost confidentiality

## **CRITERIA**

### **B.2.1 Commercial:**

- Price

### **B. 2.2. Technical**

- Understanding of scope.
- Experience in similar project.
- Capacity and qualification of individual team members.

### **B.2.3. BBBEE**

BBBEE status of the company

- Provide BBBEE certification

## **SPECIFICATION/SCOPE OF WORK**

### **APPOINTMENT OF THE ASBESTOS AIR QUALITY MONITORING SPECIALIST FOR THE LOWER UITENHAGE SITE**

Transnet Freight Rail invites proposals from qualified service providers to commission air quality measurements at the Lower Uitenhage Site in Port Elizabeth for a period of 3 months.

#### **1. PURPOSE OF THE CONTRACT**

- 1.1 The purpose of the contract is to provide for the appointment of an external service provider to undertake a qualitative and quantitative asbestos air monitoring at the Lower Uitenhage Site.
- 1.2 The successful service provider be required to adhere to principles and standards underpinning air quality monitoring and further comply with specific laws governing exposure to asbestos fibres.

#### **2. BACKGROUND TO THE PROJECT**

- 2.1 A Risk Assessment to determine the environmental contamination from asbestos waste for the Lower Uitenhage was undertaken by Risk Assessment specialist. The assessment was undertaken as part of the Phase1: Country-wide Asbestos Risk Assessment process focused on yards and railway mainlines.
- 2.2 The Final Risk Assessment Report was presented to TFR on 6 May 2009. The risk assessment study could not conclusively pronounce on the suspected suspended asbestos fibre in the ambient air quality but further proposed detailed air monitoring studies for TFR to ascertain the ambient air asbestos risk exposure levels at the site.

#### **3. SCOPE OF WORK AND DELIVERABLES**

- 3.1 *This contract covers the responsibilities and services rendered by the service provider in undertaking air quality baseline study and commission asbestos exposure measurements to determine the exposure limit on at*

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*least 12 individual sites on and around the Transnet Freight Rail Uitenhage site.*

*3.2 In initiating the works, the service provider shall compile and submit the measurement programme and corresponding project schedule aimed at determining the concentration of airborne regulated asbestos fibres and fully comply with the Asbestos Regulations.*

*3.3 Ensure that the monitoring process takes into account differing weather conditions around the site.*

*3.4 Observe, analyse measurement results and present various probabilities/scenarios regarding impact on potential receptors in and around the site.*

*3.5 Compile a report to present scenarios and findings of the analysis and submit to Transnet Freight Rail.*

#### **4. ENVIRONMENT, HEALTH AND SAFETY REQUIREMENTS**

The successful service provider would be required to adhere or fulfill the following requirements:

- 4.1 That the service provider is an “employer” in his own right as defined in section 1 of Act 85 of 1993 and that he must fulfill all his obligations as an employer in terms of the Act.
- 4.2 That while providing the service, the service provider shall comply with the requirements of Act 85 of 1993 in its entirety.
- 4.3 Contractor shall ensure that any measurement programme of the concentration of airborne regulated asbestos fibres, is carried out in accordance with the Asbestos Regulations and such measurements should be carried out by an approved asbestos inspection authority or a person whose ability to do the measurements is verified by an approved asbestos inspection authority.
- 4.4 The awarded contractor will be held responsible for the correct operation and calibration of all equipment used, whether it belongs to them or not.
- 4.5 An awarded contractor may make use of a person, or persons, to carry out certain functions. Such persons must be certified by SAIOH at least as an assistant occupational hygienist and provided further that the AIA will be able to verify in writing that these persons have performed the functions in accordance with acceptable standards.
- 4.6 The awarded contractor will remain accountable for the entire process of monitoring i.e. from the planning stage to the reporting thereon. If, for example, the services of an

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external analytical laboratory (SANAS approved) are used for analysis of samples, the Awarded contractor will remain accountable for the results obtained.

- 4.7 The onus is on the awarded contractor to ensure that appropriate analytical equipment and facilities are available for the tests required; to establish the competency of the laboratory personnel; and to agree on the quality assurance procedures to be employed before making use of such an approved laboratory. Quality assurance audit reports will be provided on quarterly basis to the Transnet Freight Rail Occupational Hygiene Manager in writing
- 4.8 Transnet Freight Rail will be allowed by the tender(s) to evaluate/audit their Laboratory facilities and equipment if required to do so.
- 4.9 The awarded contractor must instruct the laboratory on the specific method of analysis required and the laboratory must certify that the given method was in fact used for the analysis. Any deviation from the method must be recorded and the reason for such deviation must be motivated.
- 4.10 The contractor shall conduct a risk assessment of the work to be performed by identifying risks and hazards that employees may be exposed to while performing the required duties.
- 4.11 The contractor shall have a documented Health and Safety Plan based on the risks and hazards identified before commencement of work.
- 4.12 The Health and Safety Plan shall include the following but not limited:
- The safety management structure to be instituted with all appointments in terms of the Act and Regulations.
  - The health and safe working methods and procedures to be implemented to ensure work is performed in compliance to the Act.
  - The Health and safety equipment, devices and clothing to be made available by the service provider to his/her employees.
  - Control measures for ensuring that the Health and Safety Plan is maintained and monitored for the duration of the contract.
- 4.13 The contractor shall ensure that all work is performed under the close supervision of a person trained to understand the hazards associated with the work performed at the asbestos contaminated area and who has authority to ensure that the necessary precautionary measures are implemented.
- 4.14 The service provider must appoint a Health and Safety Co-ordinator to liaise with Transnet Freight Rail on matters pertaining to occupational health and safety.
- 4.15 The appointed Safety Co-ordinator must liaise at least once a week with the\* Health and Safety Section / Risk Manager /Occupational Risk Manager/Safety Manager of Transnet Freight Rail.

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- 4.16 The service provider shall ensure that all his/her employees and visitors undergoes health and safety training pertaining to the hazards prevalent as per the Asbestos Regulations, regulation 5 and proof of such training must be kept on file.
- 4.17 The contractor shall ensure that a Health and Safety File is available which shall include all documentation as required by the Act, copy of his/hers and his/her subcontractors Risk Assessment and Health and Safety Plan, proof of medical certificate of fitness, training copies.
- 4.18 A letter of good standing in terms of Section 80 (Employer to register with the Compensation Commissioner) of the Compensation for Occupational Injuries and Disease Act 1993 (Act 130 of 1993) must also be furnished.
- 4.19 The service provider shall ensure that measurement programme of the concentration of airborne regulated asbestos fibres to which employees are exposed, is carried out in accordance with the Asbestos Regulations. and such measurements should be carried out by an approved asbestos inspection authority or a person whose ability to do the measurements is verified by an approved asbestos inspection authority.
- 4.20 Contractor shall ensure that employees are under the medical surveillance of an occupational medical practitioner due to potential exposure to asbestos dust and a proof of such certificate of fitness should be submitted to Transnet Freight Rail.

## **6. CONFIDENTIALITY**

The matter is regarded as strictly confidential between Transnet Freight Rail and the prospective service provider/s and must be treated as such.

## **7. PRICING**

- 7.1 The quote for the assessment should be priced on an activity basis and taking into cognizance the duration of the air quality measurements (three months).

## **8. GENERAL**

Prices shall be deemed inclusive of all costs required to produce the deliverables specified, whether specifically itemized and priced or not.

Disbursements and fees will be payable on an actual basis per activity, subject to the maximum tendered. The estimated quantity tendered (e.g. number of hours or kilometres) may only be exceeded with prior approval by Transnet Freight Rail.

Rates and quantities quoted shall be deemed the maximum payable to the consultant for providing the deliverables specified.

Prices quoted shall be fixed for at least 60 days and no escalation shall be payable afterwards.

Prices quoted shall be specified as inclusive or exclusive of VAT.

## **9. CONCLUSION AND TERMINATION OF CONTRACT**

Transnet shall have the right to enter into a contract with the successful service provider and terminate the above contract on grounds of non-performance, or unsatisfactory performance in the execution of this project.

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Termination shall take place only after thorough consideration and due notification of grounds being provided by Transnet Freight Rail Project Manager in writing, with a notice period of five (5) working days.

The successful Service Provider would be required to enter into a performance contract with Transnet Freight Rail.

## **10. GENERAL REQUIREMENTS**

### **10.1. Curriculum vitae**

Incumbent shall supply a full curriculum vitae detailing experience in the field of air quality monitoring of asbestos contamination sites.

The contract envisaged under this tender will only be awarded to a competent Approved Inspection Authority (AIA) in the field of occupational hygiene monitoring, who holds a valid certificate of an Occupational Hygienist with proof of registration from SAIOH, has access to the appropriate Occupational Hygiene facilities and sampling equipments.

**PREVIEW COPY ONLY**

## Transnet Supplier Declaration/Application

The Financial Director or Company Secretary

Transnet Vendor Management has received a request to load your company on to the Transnet vendor database. Please furnish us with the following to enable us to process this request:

1. Complete the "Supplier Declaration Form" (SDF) on page 2 of this letter
2. Copy of cancelled cheque **OR** letter from the bank verifying banking details (**with bank stamp**)
3. **Certified** copy of Identity document of Shareholders/Directors/Members (where applicable)
4. **Certified** copy of certificate of incorporation, CM29 / CM9 (name change)
5. **Certified** copy of share Certificates of Shareholders, CK1 / CK2 (if CC)
6. A letter with the company's letterhead confirming physical and postal addresses
7. **Original** or **certified** copy of SARS Tax Clearance certificate and Vat registration certificate
8. A signed letter from the Auditor / Accountant confirming most recent annual turnover and percentage black ownership in the company **AND/OR** BBBEE certificate and detailed scorecard from an accredited rating agency (ABVA Member).

**NB:** - **Failure to submit the above documentation will delay the vendor creation process.**  
- Where applicable, the respective Transnet business unit processing your application may request further information from you. E.g. proof of an existence of a Service/Business contract between your business and the respective Transnet business unit etc.

### IMPORTANT NOTES:

- a) **If your annual turnover is less than R5 million**, then in terms of the DTI codes, you are classified as an Exempted Micro Enterprise (EME). If your company is classified as an EME, please include in your submission, a signed letter from your Auditor / Accountant confirming your company's most recent annual turnover is less than R5 million and percentage of black ownership and black female ownership in the company AND/OR BBBEE certificate and detailed scorecard from an accredited rating agency (e.g. permanent ABVA Member), should you feel you will be able to attain a better BBBEE score.
- b) **If your annual turnover is between R5 million and R35million**, then in terms of the DTI codes, you are classified as a Qualifying Small Enterprise (QSE) and you claim a specific BBBEE level based on any 4 of the 7 elements of the BBBEE score-card, please include your BEE certificate in your submission as confirmation of your status.  
**NB:** BBBEE certificate and detailed scorecard should be obtained from an accredited rating agency (e.g. permanent ABVA Member).
- c) **If your annual turnover is in excess of R35million**, then in terms of the DTI codes, you are classified as a Large Enterprise and you claim a specific BEE level based on all seven elements of the BBBEE generic score-card. Please include your BEE certificate in your submission as confirmation of your status.  
**NB:** BBBEE certificate and detailed scorecard should be obtained from an accredited rating agency (permanent ABVA Member).
- d) **To avoid PAYE tax being automatically deducted from any invoices received from you**, you must also contact the Transnet person who lodged this request on your behalf, so as to be correctly classified in terms of Tax legislation.
- e) Unfortunately, **No payments can be made to a vendor** until the vendor has been registered, and no vendor can be registered until the vendor application form, together with its supporting documentation, has been received and processed.
- f) **Please return the completed Supplier Declaration Form (SDF) together with the required supporting documents mentioned above to the Transnet Official who is intending to procure your company's services/products in order that he/she should complete and Internal Transnet Departmental Questionnaire before referring the matter to the appropriate Transnet Vendor Master Office.**

Regards,  
Transnet Vendor/Supplier Management *[please substitute this with your relevant Transnet department before sending this document out]*

## Supplier Declaration Form

|   |    |                         |         |                               |               |                 |  |
|---|----|-------------------------|---------|-------------------------------|---------------|-----------------|--|
| Company Trading Name  |    |                         |         |                               |               |                 |  |
| Company Registered Name   |    |                         |         |                               |               |                 |  |
| Company Registration Number Or ID Number If A Sole Proprietor           |    |                         |         |                               |               |                 |  |
| Form of entity  | CC | Trust                   | Pty Ltd | Limited                       | Partnership   | Sole Proprietor |  |
| VAT number (if registered)  |    |                         |         |                               |               |                 |  |
| Company Telephone Number  |    |                         |         |                               |               |                 |  |
| Company Fax Number  |    |                         |         |                               |               |                 |  |
| Company E-Mail Address  |    |                         |         |                               |               |                 |  |
| Company Website Address   |    |                         |         |                               |               |                 |  |
| Postal Address  |    |                         |         |                               |               | Code            |  |
| Physical Address  |    |                         |         |                               |               | Code            |  |
| Contact Person  |    |                         |         |                               |               |                 |  |
| Designation   |    |                         |         |                               |               |                 |  |
| Telephone   |    |                         |         |                               |               |                 |  |
| Email   |    |                         |         |                               |               |                 |  |
| Annual Turnover Range (Last Financial Year)                             |    | < R5 Million            |         | R5-35 million                 |               | > R35 million   |  |
| Does Your Company Provide   |    | Products                |         | Services                      |               | Both            |  |
| Area Of Delivery  |    | National                |         | Provincial                    |               | Local           |  |
| Is Your Company A Public Or Private Entity                              |    | Public                  |         |                               | Private       |                 |  |
| Does Your Company Have A Tax Directive Or IRP30 Certificate             |    | Yes                     |         |                               | No            |                 |  |
| Main Product Or Service Supplied (E.G.: Stationery/Consulting)          |    |                         |         |                               |               |                 |  |
| <b>BEE Ownership Details</b>  |    |                         |         |                               |               |                 |  |
| % Black Ownership   |    | % Black women ownership |         | % Disabled person/s ownership |               |                 |  |
| Does your company have a BEE certificate                                |    | Yes                     |         | No                            |               |                 |  |
| What is your broad based BEE status (Level 1 to 8 / Unknown)            |    |                         |         |                               |               |                 |  |
| How many personnel does the firm employ                                 |    | Permanent               |         | Part time                     |               |                 |  |
| Name of person procuring your services/products                         |    |                         |         |                               |               |                 |  |
| Contact number  |    |                         |         |                               |               |                 |  |
| Transnet operating division   |    |                         |         |                               |               |                 |  |
| <b>Duly Authorised To Sign For And On Behalf Of Firm / Organisation</b> |    |                         |         |                               |               |                 |  |
| Name  |    |                         |         |                               | Designation   |                 |  |
| Signature   |    |                         |         |                               | Date          |                 |  |
| <b>Stamp And Signature Of Commissioner Of Oath</b>                      |    |                         |         |                               |               |                 |  |
| Name  |    |                         |         |                               | Date          |                 |  |
| Signature   |    |                         |         |                               | Telephone No. |                 |  |

**NB: Please return the completed Supplier Declaration Form (SDF) together with the required supporting documents mentioned above to the Transnet Official who is intending to procure your company's services/products.**

### Internal Transnet Departmental Questionnaire (for office use only)

**NB:** "Once-off vendor" will only be created for extraordinary circumstances, i.e. derailments and other emergency situations. Note that only one (1) purchase order must be created against a "once-off vendor". Should the need arise to use a "once-off vendor" again, then an updated SDF together with the required documentation, is required for a "trade vendor" to be created

**Section 1: To be completed by the Transnet Requesting / Sourcing Department**

|   |  |         |  |       |  |        |  |                              |  |     |  |     |
|---|--|---------|--|-------|--|--------|--|------------------------------|--|-----|--|-----|
| Vendor Name   |  |         |  |       |  |        |  |                              |  |     |  |     |
|   |  |         |  |       |  |        |  | Vendor Number                |  |     |  |     |
| TFR   |  | TRE     |  | TPT   |  | TPL    |  | TNPA                         |  | TCP |  | TRN |
| Create  |  | Unblock |  | Amend |  | Extend |  | Once-Off / Emergency Request |  |     |  |     |
| Supplier's trading name   |  |         |  |       |  |        |  |                              |  |     |  |     |
| Supplier's registered name  |  |         |  |       |  |        |  |                              |  |     |  |     |
| Please indicate if the Supplier has a contract with sourcing Transnet OD          |  |         |  |       |  |        |  | Yes                          |  | No  |  |     |
| If yes please submit / furnish details of such a contract (together with the SDF) |  |         |  |       |  |        |  |                              |  |     |  |     |

**a) What is being procured from the supplier?**

|                                  |     |  |    |  |
|----------------------------------|-----|--|----|--|
| i. Products only                 | Yes |  | No |  |
| ii. Services only                | Yes |  | No |  |
| iii. Labour only                 | Yes |  | No |  |
| iv. Mix of services and products | Yes |  | No |  |
| v. Mix of services and labour    | Yes |  | No |  |

**b) If your answer is YES to questions II, III, IV or V in paragraph a) above, please indicate whether the relevant PAYE questionnaires have been forwarded to the appropriate Transnet Operational Divisions' decision making bodies / Strategic Supply Management team for a directive /decision on tax withholding from payments to this supplier.**

Yes  No

**c) If your reply to (b) is "NO", please furnish reasons :**

|  |  |  |  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|--|--|--|
|  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |

**d) Advise on the Detailed Procurement Process (DPP) / Procurement Mechanism that was followed (Please also take into consideration the revised P2P value/strategy as set out in the Weekly News Bulletin dated 6 October 2008 on the Intranet)**

|  |  |  |  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|--|--|--|
|  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |

| Name | Grade | Date |   |   |   |   |   |   |   | Signature |
|------|-------|------|---|---|---|---|---|---|---|-----------|
|      |       | Y    | Y | Y | Y | M | M | D | D |           |

**Section 2: To be completed by the BEE Department (this section is for Confirmation/Determining of BEE Status)**

| NARROW BASED (NB) |       |      |    | BROADBASED (BBBEE) |           |                 |              |               |   |           |
|-------------------|-------|------|----|--------------------|-----------|-----------------|--------------|---------------|---|-----------|
| BEE O/S           | BWBE  | DPBE | MR | CONTB. LEVEL       | EME: <R5m | QSE: >R5m <R35m | LARGE: >R35m | VALIDITY DATE |   |           |
|                   |       |      |    |                    |           |                 |              |               |   |           |
| Name              | Grade | Date |    |                    |           |                 |              |               |   | Signature |
|                   |       | Y    | Y  | Y                  | Y         | M               | M            | D             | D |           |
|                   |       | Y    | Y  | Y                  | Y         | M               | M            | D             | D |           |

**Section 3: To be completed by Supplier Management**

I hereby approve  disapprove  this application

| Name          | Grade                | Date |   |   |   |   |   |               |   | Signature |  |
|---------------|----------------------|------|---|---|---|---|---|---------------|---|-----------|--|
|               |                      | Y    | Y | Y | Y | M | M | D             | D |           |  |
| Vendor Number | Date captured on SAP |      |   |   |   |   |   | Recon Account |   |           |  |
|               |                      |      |   |   |   |   |   |               |   |           |  |

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