

**RFI NUMBER**

**1030 98859**

**DESCRIPTION**

**OCCUPATIONAL HEALTH PROFESSIONALS TO SUBMIT  
PROPOSALS TO MANAGE OCCUPATIONAL HEALTH  
FACILITIES AND TO PROVIDE OCCUPATIONAL HEALTH  
SERVICES.**

**ISSUE DATE: 05 OCTOBER 2009**

**CLARIFICATION MEETING: 20 OCTOBER 2009**

**CLOSING DATE: 27 OCTOBER 2009**

**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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## REQUEST FOR INFORMATION



### OCCUPATIONAL HEALTH SERVICES

#### 1. **PURPOSE OF THE RFI**

Request best practice method/information to be applied on how to outsource, manage occupational health facilities and to provide occupational health services to Transnet Freight Rail employees as reflected under item 3 below.

Transnet Freight Rail will be seeking to appoint a professional occupational health management company to fulfill the above requirement in future.

#### 2. **BACKGROUND**

Transnet Freight Rail currently has clinics which are intended to be outsourced to the occupational health management company to utilise and manage for providing Occupational Health services for Transnet Freight Rail's employees.

Transnet Freight Rail's clinics are situated in the following areas:

- Durban (Bayhead)
- Cape Town (Bellville)
- Saldanha
- East London
- Bloemfontein
- Kimberley
- Johannesburg (Isando)
- Pretoria
- Ladysmith
- Pietermaritzburg
- Port Elizabeth

Occupational Health services at any other required site/s where Transnet Freight Rail's clinics are not situated will be required to be provided by the occupational health management company by means of clinics, off-site and/or mobile units to ensure that all Transnet Freight Rail employees are reached nationally as when the Occupational Health Services is required.

The locations of the mentioned Transnet Freight Rail's clinics may be reduced at any time during the contract period depending on Transnet Freight Rail's operational demands and requirements on a national basis.

Occupational health services as described hereinafter is required to be provided to a population of approximately 25 000 employees at various depots throughout South Africa.

3. **TRANSNET FREIGHT RAIL WISHES TO ACHIEVE THE FOLLOWING OBJECTIVES:**

- To ensure compliance to all related Occupational Health Legal requirements.
- To ensure that medical surveillance is risk driven and that safety critical and safety non critical is managed according to best practice principals.
- To ensure that all chronic disease diagnosed are well monitored and managed, especially for the safety critical categories groups in order to prevent incidents/accidents from happening.
- To facilitate the continued reduction in employee sickness absence;
- To reduce ill health in employees caused or made worse by work;
- To help people who have been ill, whether caused by work or not, to return to work and stimulate sustained improved attendance;
- To improve work opportunities with Transnet Freight Rail for people with disabilities;
- To provide an opportunity to an employee to return or remain at work following an injury or illness, whether occupational or non-occupational;
- To preventing injuries and illnesses through sustaining Healthy and Safe workforce and workplace;
- To create and maintain a healthy workforce;
- To improve the work environment to help employees maintain or improve their health;
- To reduce the cost to Transnet Freight Rail of work related ill health;
- To improve the physical and mental health of employees from better management of workplace health and from using the work environment to promote health;
- To ensure Transnet Freight Rail's compliance with statutory requirements in connection with occupational health policies, procedures and services; and
- To work collaboratively with Transnet Freight Rail's managers in supporting staff to achieve medical fitness linked to legal requirements and risk based health risk assessments.
- To maintain and update all Transnet Freight Rail's Occupational Health Service Policies/Protocols/Procedures/Forms, documents, equipments and clinics in accordance applicable legislative requirements and latest technology/best practices;
- To compile and updated Health Risk assessment using all previous health risk assessment/current medical surveillance matrix/hygiene surveys/ person job specification/interviews and walkthroughs.
- To update the Health Risk Assessment and aligning it with the Medical Surveillance program continuously or when changes occur, but as minimum standard at least two yearly. This will form part of the risk based medical surveillance done and not be seen as a separate project and pricing structure.

- 
- To conduct national pre-employment-, transfer-, exit, periodical and executive management risk based medical examinations on all Transnet Freight Rail's employees in accordance with the Transnet Freight Rail's Occupational Health Policy and approved medical surveillance matrix;
  - To conduct risk based medical surveillance on  $\pm$  25 000 Transnet Freight Rail's employees as per the agreed and approved medical surveillance matrix as determined by the Health Risk Assessments, Occupational Health Policy / Standard Operating Practice;
  - To ensure that all the risk based medical surveillance on the  $\pm$  25 000 TFR Employees is done in the prescribed allocated period/timeline as per the prescribed/approved Occupational Medical Surveillance Matrix.
  - To align employees medical surveillance records with the occupational hygiene records.

**A compulsory briefing session for interested parties will be held on Tuesday 20 October 2009 at Transnet Freight Rail, Inyanda House 2, 15 Girtton Road, PARKTOWN commencing at 10:00. Further details regarding the attendance can be arranged with Brian Mongoma at telephone number 011-7738823 or 083 237 9866.**

PRIEVIEW COPY ONLY





RFP NUMBER 1030 98859

\*\*\*

**CERTIFICATE OF ATTENDANCE AT RFP BRIEFING SESSION**

It is hereby certified that -

1. ....

2. ....

Representative(s) of .....

*(name of company)*

attended the briefing session, in respect of the proposed RFP in terms of this RFP, on 20 OCTOBER 2009 at PARKTOWN, JOHANNESBURG

\_\_\_\_\_  
TRANSNET REPRESENTATIVE

\_\_\_\_\_  
RESPONDENT'S REPRESENTATIVE

DATE: \_\_\_\_\_

PRIEVIEW COPY ONLY

## ANNEXURE A

### 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	
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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)				VALIDITY DATE
BEE O/S	BWBE	DPBE	MR	CONTB. LEVEL	EME: <R5m	QSE: >R5m <R35m	LARGE: >R35m	

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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\_\_\_\_\_  
TRANSNET REPRESENTATIVE

\_\_\_\_\_  
RESPONDENT'S REPRESENTATIVE

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Regards,

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# 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.			

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

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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)

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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					