

REQUEST FOR QUOTATION FOR GOODS AND SERVICES



PM

**ONDERSTEPSPOORT BIOLOGICAL PRODUCTS LTD
PRIVATE BAG X7, ONDERSTEPSPOORT 0110**

From: Supply Chain Department
Date: Feb 20 2026
Tel: 012 522 1500
Fax: N/A
Email: purchasing@obpvaccines.co.za

To:
Supplier:
Tel:
Fax:
Email:

Kindly provide the quotation for the following: RFQ/OBP401/2025/26

Compulsory Document Requirements	Yes/No
South African Companies should provide a CSD Report that isn't older than 2 month, that shows that the service provider is registered/active and tax compliant. Foreign /International companies must complete SBD1(To be requested purchasing@obpvaccines.co.za)	
Proof of registration for Occupational Hygiene Technologists or Occupational Hygienists with Southern African Institute for Occupational Hygiene (SAIOH)	
Proof of accreditation as Approved Inspection Authorities (AIAs) registered with the Department of Employment and Labour	
SBD4 Bidders Disclosure - All suppliers MUST Complete, sign & submit the SBD4 declaration with their bid application.	

Evaluation of Price and Preference

All Bids will be evaluated on a points system based on weighted average score for Price and Preference as per Preferential Procurement Framework Act of 2000 (Act 5 of 2000).

Preference Point allocation – 80/20

Price / Preference	Weighting percentage
Preference:	20%
Price:	80 %
Total must equal:	100%

OBP Onderstepoort Biological Products will award preference points as follows: Specific Goal	Points	Evidence required	Yes/No
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Historically disadvantaged by unfair discrimination on the basis of Race	10	A valid BBBEE Certificate showing at least 51% black ownership	
Historically disadvantaged by unfair discrimination on the basis of Gender (women)	8	A valid BBBEE Certificate showing at least 30% women ownership	
Historically disadvantaged by unfair discrimination on the basis of disability	2	A doctor's note confirming disability, confirmation of disability from the Department of Labour, BEE certificate or equivalent confirmation.	
Total points	20		

NB: Please note that if any of the above requirements is not submitted with the quote it will be an immediate disqualification.

TO APPOINT A SUPPLIER TO PROVIDE THE FOLLOWING ITEM/S OR SERVICE AS PER SCOPE BELOW.

Quantity	Product/Item Code	Specification
1 Each	Hygiene Survey and Health Risk Assessment	Professional services of an Approved Inspection Authority (AIA), duly registered with the Department of Employment Labour to conduct Health Risk Assessment and Hygiene Survey. please see the terms of reference below.

Requirements from the supplier (To be used to select the contractor)

- Refer to the attached specification document

Government Procurement: all quotations of goods and services are subject to the General conditions of Contract July 2010

Requirements from SCM department:

- All bidders MUST register their company (in advance) on the NEW OBP's E-Procurement portal, the link can be found on the official OBP website under supply chain.
- Once bidders account registration is approved by the OBP Supply Chain, login credentials will be supplied, whereby bidders will be able to login and apply for opportunities.
- All open opportunities will reflect on the portal for bidders to part take in.
- All required company documents, proposed submissions or additional requirements MUST be uploaded with your bid application.
- Any additional questions or Queries can be directed via email (purchasing@obpvaccines.co.za) or telephone (012 522 1500), note NO SUBMISSIONS WILL BE ACCEPTED via EMAIL.
- OBP reserves the right to cancel or re-advertise RFQ's (Request for quotes).

SBD 4

BIDDER'S DISCLOSURE

1. PURPOSE OF THE FORM

Any person (natural or juristic) may make an offer or offers in terms of this invitation to bid. In line with the principles of transparency, accountability, impartiality, and ethics as enshrined in the Constitution of the Republic of South Africa and further expressed in various pieces of

legislation, it is required for the bidder to make this declaration in respect of the details required hereunder.

Where a person/s are listed in the Register for Tender Defaulters and / or the List of Restricted Suppliers, that person will automatically be disqualified from the bid process.

2. Bidder's declaration

2.1 Is the bidder, or any of its directors / trustees / shareholders / members / partners or any person having a controlling interest¹ in the enterprise, employed by the state? **YES/NO**

2.1.1 If so, furnish particulars of the names, individual identity numbers, and, if applicable, state employee numbers of sole proprietor/ directors / trustees / shareholders / members/ partners or any person having a controlling interest in the enterprise, in table below.

Full Name	identity Number	Name of State institution

2.2 Do you, or any person connected with the bidder, have a relationship with any person who is employed by the procuring institution? **YES/NO**

2.2.1 If so, furnish particulars:

.....
.....

2.3 Does the bidder or any of its directors / trustees / shareholders / members / partners or any person having a controlling interest in the enterprise have any interest in any other related enterprise whether or not they are bidding for this contract?

YES/NO

2.3.1 If so, furnish particulars:

.....
.....

3. DECLARATION

I, the undersigned, (name)..... in submitting the accompanying bid, do hereby make the following statements that I certify to be true and complete in every respect:

3.1 I have read, and I understand the contents of this disclosure.

¹ the power, by one person or a group of persons holding the majority of the equity of an enterprise, alternatively, the person/s having the deciding vote or power to influence or to direct the course and decisions of the enterprise.

- 3.2 I understand that the accompanying bid will be disqualified if this disclosure is found not to be true and complete in every respect.
- 3.3 The bidder has arrived at the accompanying bid independently from, and without consultation, communication, agreement, or arrangement with any competitor. However, communication between partners in a joint venture or consortium² will not be construed as collusive bidding.
- 3.4 In addition, there have been no consultations, communications, agreements, or arrangements with any competitor regarding the quality, quantity, specifications, prices, including methods, factors or formulas used to calculate prices, market allocation, the intention or decision to submit or not to submit the bid, bidding with the intention not to win the bid and conditions or delivery particulars of the products or services to which this bid invitation relates.
- 3.5 The terms of the accompanying bid have not been, and will not be, disclosed by the bidder, directly or indirectly, to any competitor, prior to the date and time of the official bid opening or of the awarding of the contract.
- 3.6 There have been no consultations, communications, agreements, or arrangements made by the bidder with any official of the procuring institution in relation to this procurement process prior to and during the bidding process except to provide clarification on the bid submitted where so required by the institution; and the bidder was not involved in the drafting of the specifications or terms of reference for this bid.
- 3.7 I am aware that, in addition and without prejudice to any other remedy provided to combat any restrictive practices related to bids and contracts, bids that are suspicious will be reported to the Competition Commission for investigation and possible imposition of administrative penalties in terms of section 59 of the Competition Act No 89 of 1998 and or may be reported to the National Prosecuting Authority (NPA) for criminal investigation and or may be restricted from conducting business with the public sector for a period not exceeding ten (10) years in terms of the Prevention and Combating of Corrupt Activities Act No 12 of 2004 or any other applicable legislation.

I CERTIFY THAT THE INFORMATION FURNISHED IN PARAGRAPHS 1, 2 and 3 ABOVE IS CORRECT. I ACCEPT THAT THE STATE MAY REJECT THE BID OR ACT AGAINST ME IN TERMS OF PARAGRAPH 6 OF PFMA SCM INSTRUCTION 03 OF 2021/22 ON PREVENTING AND COMBATING ABUSE IN THE SUPPLY CHAIN MANAGEMENT SYSTEM SHOULD THIS DECLARATION PROVE TO BE FALSE.

.....
Signature

.....
Date

.....
Position

.....
Name of bidder

Terms and Conditions:

- Submission should be no later than **(Feb 27 2026 16:00:00)**
- Please indicate your offer validity and lead time: _____
- All prices must be VAT exclusive, (Vat vendor please indicate as such) if no indication, prices will be evaluated as exclusive.

² Joint venture or Consortium means an association of persons for the purpose of combining their expertise, property, capital, efforts, skill and knowledge in an activity for the execution of a contract.

- Quotation must be on a company letter head and **strictly** on a PDF format (***Quotations sent on Word or Excel format will not be accepted.***)
- Supplier must register on or before any submission can be done , supplier number will be allocated to supplier.
- Submission and Quotations must be done online with all attachments required to be uploaded : any queries can be send to purchasing@obpvaccines.co.za
- **If no reply after 14 days of closing date your RFQ was unsuccessfully.**
- Please indicate if you are unable to quote and state the reason why
- Please note that fluctuations in the exchange rate (where applicable) will not be for the account of OBP.
- *Payment terms: 30 days after statement*
- *Bidders must be registered on CSD (Central Supplier Data Base National Treasury) and be tax complaint*
- **Government Procurement: all quotations of goods and services are subject to the General conditions of Contract July 2010**

I agree that the offer herein shall remain binding upon me and open for acceptance by OBP during the validity period indicated.

Signature

Date

Title:

Appointment of a Service Provider to Provide Health Risk Assessment and Occupational Hygiene Surveys, In Terms of Various Regulations Within the Occupational Health and Safety Act, 1993 (Act 85 Of 1993).

Scope:

The purpose of this procurement is to formally request the professional services of an Approved Inspection Authority, duly registered with the Department of Employment and Labour, to undertake Health Risk Assessments and Occupational Hygiene Surveys, in terms of various Regulations within the Occupational Health and Safety Act, 1993 (Act 85 of 1993).

These required assessments and surveys include the following:

- Illumination Survey
- Noise Zoning and Monitoring Survey
- Chemical Monitoring Survey
- Ventilation Survey
- Facilities Hygiene Survey
- Ergonomics Assessment
- Indoor Air Quality Assessment
- Health Risk Assessment
- Effectiveness of extraction systems

1. INITIAL ENGAGEMENT

Meet with client nominated representatives to understand operations, site size, employee makeup, and industry and company-specific risks.

2. ILLUMINATION SURVEY

2.1 Measurement Standards:

Average illuminance levels shall be measured in all occupied areas on site. All measurements must strictly adhere to the requirements specified in Table 4 of Physical Agents Regulation (2024): Minimum maintained average illuminance values for interior workplaces

2.2 Time of Assessment:

2.2.1 Day-time illuminance levels.

2.2.2 Night-time illuminance measurements shall be performed in areas operational during night hours (including, but not restricted to, Boiler House, Security Control Room, and Security Station).

2.2.3 Procedure: The illumination survey shall be executed in accordance with the recommended standards and/or methods prescribed in SANS 10114 – 1: 2005, as referenced and included in the Physical Agents Regulations (2024).

3. NOISE MONITORING SURVEY

The active operational areas within the site will be subjected to a formal noise zoning survey, as mandated by the Noise Exposure Regulations (2024).

The scope of work shall include:

3.1 Area Noise Measurement:

Noise rating levels will be measured using an approved noise dosimeter. A statistically representative number of measurements shall be obtained over a sufficient period to accurately represent the area/source noise profile.

3.2 Personal Noise Dosimetry:

Personal noise dosimetry will be performed on a minimum of two (2) selected, priority workers to quantify individual worker exposure to noise rating levels.

3.3 Evaluation and Analysis:

The service will encompass extensive observations and a comprehensive evaluation of prevailing conditions, specific noise sources, noise characteristics, existing controls (including personal protective equipment), and the identification of potential additional controls for noise reduction (if required).

3.4 Reporting and Documentation:

3.4.1 Information collected during the survey shall be incorporated into detailed noise zone drawings for each area. These drawings will clearly indicate specific noise sources, permanent worker positions (where applicable), relevant openings, measurement positions, the average noise rating level per area, and required demarcation.

3.4.2 The noise zone drawings will be supplemented by a formal, detailed report containing discussions, comments, and recommendations. This report will provide a complete and comprehensive evaluation of each surveyed area.

4. HAZARDOUS CHEMICAL MONITORING SURVEY

The survey shall be carried out in terms of the Hazardous Chemical Agent (HCAs) regulations.

The survey shall cover:

4.1 Chemical Risk Assessment:

Identify HCAs (reagents, solvents, waste), assess exposure scenarios (routine tasks, non-routine tasks, spills), evaluate existing controls (local ventilation performance, PPE, SOPs), and determine exposure routes and health effects.

4.2 Personal Exposure Chemical Monitoring:

Conduct routine personal air sampling, focusing on high-risk tasks/employees.
Simultaneously check local ventilation performance.

4.3 Comparing Chemical Monitoring Exposure Results to Legislation:

Compare personal Time-Weighted Average (TWA) results against relevant local or international Occupational Exposure Limits to identify exceedances or approaching limits.

4.4 Making Recommendations:

Provide specific, actionable recommendations based on the Hierarchy of Control to minimise exposure.

5. INDOOR AIR QUALITY (IAQ) & VENTILATION SURVEY

5.1. The assessment will evaluate the efficacy of office ventilation by measuring the following IAQ parameters within the occupied office areas on site, in compliance with the requirements of the Physical Agents Regulations (2024):

5.1.1. Carbon monoxide (CO) gas concentrations.

5.1.2. Carbon dioxide (CO₂) gas concentrations.

5.1.3. Relative Humidity.

5.1.4. Dry Bulb Temperatures.

5.2. A calibrated, direct-reading IAQ Monitor must be used to measure the required parameters.

5.3. The results obtained shall be compared against the Table 3 of the Physical Agents Regulations (2024): Guideline levels for indoor air quality parameters stipulated in the Physical Agents Regulations (2024).

6. FACILITIES HYGIENE SURVEY

- 6.1. Swab samples shall be collected from 20 selected surfaces within kitchen and dining areas to assess the extent of contamination by potentially pathogenic micro-organisms. This assessment will inform comments regarding worker personal hygiene standards and the effectiveness of current cleaning regimens.
- 6.2. The methodology shall include swab sampling will be performed in accordance with SANS 18593:2004 (Horizontal methods for sampling techniques from surfaces using swabs). The swabs will be submitted to a SANAS accredited microbiology laboratory for Total Microbial Activity and *Escherichia coli* analysis, using validated and standardised methodologies.

7. WHOLE BODY VIBRATION SURVEY

- 7.1. Whole-Body Vibration exposure measurements will be performed on tasks where there is exposure to vibration as an occupational stressor, i.e. forklift operators.
- 7.2. The methodology shall include vibration exposure measurements that shall be performed according to SANS 2631 (or ISO 2631 series) for whole-body vibration.
- 7.3. The assessment shall use a calibrated Vibration Monitor/Accelerometer.
- 7.4. Reference will be made to South African exposure limits (Physical Agents Regulations, 2024) and/or any other relevant standards prescribed, i.e. the European Directive 2002/44/EC.

8. ERGONOMIC ASSESSMENT

- 8.1. An assessment of the site's ergonomics risk shall be conducted within the administrative and operational areas, in compliance with the Ergonomics Regulations.
- 8.2. The assessment shall employ a probability versus severity methodology for identifying ergonomic hazards and determining the associated risk, based on the likelihood of exposure and the potential severity of the resulting consequences.

- 8.3. The scope of the assessment will encompass office-based activities (specifically, computer workstation use), repetitive tasks such as the operation of laboratory equipment, and manual handling duties performed within operational areas.
- 8.4. The assessment shall be performed using a combination of established Ergonomic Hazard and Risk Checklists/Scorecards (tools), such as the Ergonomic Risk Factor (ERF) Checklist adapted from Manitoba's Ergonomics Guideline and/or Ergonomics Guidelines derived from reputable standards.

9. HEALTH RISK ASSESSMENT (HRA)

9.1. Occupation/Task-based Approach:

Employees will be grouped into Similarly Exposed Groups (SEGs) (laboratory workers, drivers, forklift operators, experimental animals, EMU personnel, and office workers) to facilitate control implementation.

9.2. Risk Assessment Methodology:

Use a systematic probability-versus-severity-versus frequency approach to identify Occupational Hazards, assess hazard exposures, and determine risk across all related processes and employee activities.

9.3 A comprehensive HRA shall be developed for the SEGs and determine:

9.3.1 Worker exposure to various risk factors detected in the above surveys.

9.3.2 Additionally, hazardous chemical risks associated with any pest control operations, worker exposure risk to heat/cold stress conditions, worker exposure to non-ionising radiation, and worker exposure risk to hazardous biological agents present in the working areas.

9.3.4 Risk assessment findings must rate risks by severity and priority.

9.3.5 Risk assessments shall identify potential differing physical agent exposure for men, women, young, and vulnerable employees where applicable.

9.3.6 Evaluate and comment on the suitability and adequacy of existing hazard exposure control measures.

9.4 Recommendations for controlling identified occupational hygiene risks shall typically cover:

9.4.1. Medical Surveillance:

Recommendation for a formal Medical Surveillance program, detailing the type and frequency of medical examinations (e.g., audiometry, lung function testing, biological monitoring) required where significant residual risks remain.

9.4.2 Training:

Recommendations for specific Occupational Health and Safety Training pertinent to the identified risks and control measures (e.g., safe work procedures, HCA handling, use and maintenance of PPE).

9.4.3 Monitoring:

Recommendation for further Occupational Hygiene Monitoring (e.g., personal or environmental sampling) to confirm the effectiveness of implemented controls or to better quantify an exposure risk.

LOCALITIES OF THE SITE

10.1. The assessments shall be carried out at all departments.

These include:

10.1.1 EA – 1 Small animals facility where rats, guinea pigs and rabbits are kept with 30 cubicles, Postmortem room, 4 Offices and 1 Eating room, Facility for sheeps goats with 20 Cubicles

10.1.2 VP - 1 Eating Area, 4 Offices, 4 Production areas and 1 cold room

10.1.3 BV – 2 Incubators, 2 Cold rooms, 8 Laboratories and 5 Offices

10.1.4 VV – 1 Storeroom, 1 Cold room, 5 Laboratories and 5 Offices

10.1.5 Packing - Consist of One Eating Area and 4 offices, 1 packaging areas

10.1.6 RDV – 1 Storeroom, 4 Cold room, 6 Laboratories and 5 Offices

10.1.7 Dispensary – 2 HCA storerooms, 2 offices

10.1.8 QC – 1 HCA Room, 1 Cold room, 3 Laboratory and 2 Offices

10.1.9 QA – 1 Office, Open plan Office and Kitchen

10.1.10 Distribution – Cold room, Open operating floor with desks and 1 Office

10.1.11 Sales and SCM – 4 Offices and 1 Storeroom (Files)

10.1.12 EMU – 4 Workshops, 1 Spares storeroom and 3 Offices

10.1.13 Finance – Open plan floor, 5 Offices and Kitchen

10.1.14 RDB – Incubator, Cold Room, 8 Laboratory and 5 Offices

10.1.14 Raw Material – 4 Offices, 3 Coldrooms

~~10.1.1 EA – Consist of Two Eating Areas and Offices~~

~~10.1.2 VP – Cold room~~

~~10.1.3 BV – Consist of One Eating Area, Cold room, Laboratories and Offices~~

~~10.1.4 VV – Consist of One Eating Area, Cold room, Laboratories and Offices~~

~~10.1.5 Packing – Consist of One Eating Area and offices~~

~~10.1.6 RDV – Consist of One Eating Area, Cold room, Laboratories and Offices~~

~~10.1.7 Dispensary – HCA and offices~~

~~10.1.8 QC – HCA, Cold room, Laboratory and Offices~~

~~10.1.9 QA – Offices and Kitchen~~

~~10.1.10 Distribution – Cold room and Office~~

~~10.1.11 Sales and SCM – Offices~~

~~10.1.12 EMU – Workshop and Offices~~

~~10.1.13 Finance – Offices and Kitchen~~

~~10.1.14 RDB – Cold Room, Laboratory and Offices~~

11. REPORTS

Upon completion of the surveys/assessments, comprehensive reports shall be submitted to the OBP SHE office, and the reports are expected to contain the following elements:

11.1.1. Legal References

11.1.2. Methodology used

11.1.3. References to statutory requirements and relevant Occupational Exposure Limits.

11.1.4. Descriptions of exposure hazards.

11.1.5. Tabulated results per individual and/or area.

11.1.6. Description of employee tasks and exposure/source conditions.

11.1.7. Evaluation of existing exposure control measures.

11.1.8. Discussion and interpretation of results.

11.1.9. Conclusions regarding risk.

11.1.10. Recommendations for exposure control/improvements and management measures (including administrative, engineering, and Personal Protective Equipment (PPE) controls, medical surveillance requirements, and training needs).

11.1.11 The reports shall be delivered (electronically) within 8 weeks from the completed date of the site visits.

11.1.12 The Approved Inspection Authority will be required to engage in discussions with the OBP SHE Officer and OBP Management where clarification of the results is deemed necessary.