

1320x2065 LUWAYS
RUC RAG WOOD 900 WOOD

NHS Grampian Estates

163+1/2

Project No:
Office:

Office Use Only
Use Only

PROJECT BUDGET COST REQUEST FORM

Site: ARI	Brief Description of Job: TO FIT WINDOW BLIND IN OFFICE ON STAIRWELL MARK WARD 204 Q124			
Building: PINK ZONE				
Ward/Dept: 204				
Site Contact: Name: DARA HAY	Tele No: 51780			
Email Address:				
Types of costing: R = Rough Cost +/- 25%, E = Estimate +/- 20%, Q = Quotation +/- 0%				
Type of Cost Required	Deadline for Costing	Date Received	Costed By	Date Returned

Office use only

Requested by: DR C. DUNCAN <i>Name in Block Capitals</i>	Signature:	Date: 31/3/21
Service / Support Manager's approval for pricing: <i>Name in Block Capitals</i> AUSON PIRIE	Signature:	Date: 4.4.2021

Description of requirements including (if possible) Plan / Location:

Further view of plan

open

fixed

Consultant free
day window at end of room
I had to be fitted to show
out light during recess
consultation
Will need measured.

If more space required please use reverse

If authorised to proceed prior to receiving cost please Sign and Supply Financial Code

Authorised by: A. PIRIE <i>Name in Block Capitals</i>	Signature:	Date: 4/4/2021
Financial Code: N030 56		



PURCHASE ORDER: NFE10735186

Buyer NHS GRAMPIAN SUMMERFIELD HOUSE EDAY ROAD ABERDEEN, GRAMPIAN AB15 6RE United Kingdom	Order Date 13-Apr-2021	Invoice To NHS GRAMPIAN FINANCE DEPARTMENT, WESTHOLME, WOODEND QUEENS ROAD ABERDEEN, AB15 6LS United Kingdom
Supplier Aberdeen Blind Company 32 Esslemont Avenue Aberdeen, 75450 Sweden Fax: 1224631172	Order Contact Name: Shona Battensby Phone: 07876258954 Fax: shona.battensby@nhs.scot	Delivery Shona Battensby NAGDENGINEERING MILE END WORKSHOP ESTATES C/O CENTRAL STORES Foresterhill ABERDEEN, GRAMPIAN AB25 2ZD United Kingdom

Delivery Information

Order Type:	Direct Ship
Carrier:	Best Way -Normal Delivery
FOB - Delivery Terms:	Delivered -Allowed

Payment Information

Customer Number:	Not Known
Payment Terms:	Net 30

Line	Item Type	Item No	Manufacturer No	UOM	Pack Size	Qty	Unit Price	VAT Type	Extended Amt
	Description (Line Comments)								
1	Non-Catalogue	unknown		Each		1	£163.00	SI	£163.00
	To supply and fit new NHSG standard blind in office on stairwell of ward 204, Pink Zone, ARI (Call off against NHS Grampian Measured Term Contract Framework and agreed rates therein)								
Total Extended Amount:									£163.00

VAT Types

Key	Description
SI	SI - STD IRRECOVERABLE

Terms & Conditions of Purchase:

- This Purchase Order is subject to NHS Scotland Standard Conditions of Contract for the Purchase of Goods or Services.
- The prices detailed in this Purchase Order are fixed and firm for the duration of this order and not subject to any escalation.
If the Supplier finds any discrepancies, ambiguities, or contradictions between various parts of this Purchase Order, or any errors or omissions, the
- Purchaser shall be immediately informed in writing. Any work performed after such discovery, until authorised in writing by Purchaser, will be at the Supplier's risk and expense.
- Payment shall be effected within 30 days from receipt of a satisfactorily rendered full and correct invoicing documentation and fulfilment of supplier's obligations under this Purchase Order, unless agreed otherwise between Purchaser and Supplier.
Packages containing fragile articles must be packed with special precaution against risk of breakage and marked "fragile - handle with care". Supplier is responsible for suitable inner packing and wrapping of items. Supplier is responsible for the identification of any hazardous materials, which may be included
- with delivery of goods. Delivery must be made in strict accordance with the Health and Safety at Work Act 1974 and all sub ordinate legislation such as Control of Substances Hazardous to Health Regulations (COSHH) and Manual Handling Regulations latest revisions.
- Goods must be received between 0900 and 1530 hours Monday to Thursday; and 0800 and 1500 hours Friday. The Purchaser shall not be responsible for any costs for re-delivery of goods as a result of delivery being made out with these receiving hours.
The correct delivery address for delivery and invoicing shall be stated on this Purchase Order. Any changes to delivery/ invoice requirements shall be
- covered by way of revision to this Purchase. The Purchaser will not accept any responsibility for goods or invoices delivered to any point other than stated on this Purchase Order, unless covered by the issue of a revision to this Purchase Order.

HAI-SCRIBE

Risk Assessment Applied to Maintenance/Minor Project Work Activities

Site:	ARI	Ward or Department:	Pink Zone Ward 204	Location or Room:	Office Stairwell
Description of Activity:	Remove any existing and supply and fit new NHS standard Blinds		Date:	12/04/21	Works Docket Ref: TBC

Risk Assessment Criteria: (See Infection Control during Construction, Refurbishment, Decommissioning, Disinvestment, and HAI Contractors Guidance Document)

Patient Risk Group:	G1	G2	G3	G4	Maintenance Activity Type:	T1	T2	T3	T4	Precaution Class:	C1	C2	C3	C4
---------------------	----	----	----	----	----------------------------	----	----	----	----	-------------------	----	----	----	----

e.g. Class II – Approval and signing of this form from the Ward/Nurse Manager is required. The activity can then be carried out using the Class II precautions. **Class will vary according to agreed assessment. Always consult with IPCT if Precaution class is C3/C4**
Adhere to NHS Hand Wash Procedure at all times while in duration of task.

Additional Hazards Information:

	Additional Hazards Identified	Who is at risk	What actions are required to be taken to minimise the risk
1			Please tick in left hand box from list below
2			Please tick in left hand box from list below

	Put up barriers / bollards / Doors in place to prevent access to work area to segregate works.
x	Put dust covers over equipment that is near or below work area.
x	Shadow vac drilling & removal of signs with HEPA vacuum cleaner
	HAI-Scribe enclosure / partition. Fit temporary enclosures to contain work activity if near clinical activities or potential staff / patient / public exposure (e.g. zipped polythene or rigged board / panelled structure). Must be appropriately sealed (top, base and edges etc).
	Place dust / tac-mat at any entrance / exit of the identified area.
x	Execute work activity by methods to minimise raising dust.
x	Remove all waste material within a sealed bag or container on completion of session and / or completed work.
x	Thoroughly clean work area on completion with HEPA vac and wet wipes, do not leave area until dry. (contractor level clean)
x	Domestic level clean (undertaken by Facilities domestic personnel) Prior to commencement of clinical use etc.
	Contaminated PPE including foot wear to be removed or placed in sealed bag prior to exiting sealed enclosure on completion of session and / or completed work.
x	Ensure operatives wear face coverings and adhere to social distancing as far as possible during work procedures.

Sign Off Details: Agreed that the maintenance task/project activity can proceed.

Estates Person: Shona Battensby	Signature: <i>ShonaBattensby</i>	Date: 12/4/21
Manager: Dara Hay	Signature: :Dara Hay (e-mail signed)	Date: 14/4/21
Contractor: Steven Nimmo Aberdeen Blind Co	Signature: Steven Nimmo (e-mailed signed)	Date: 13/4/21
If Required Infection Control: (Print Name)	Signature:	Date: