

ABERDEEN BLIND COMPANY

ESTABLISHED 1952

32 Esslemont Avenue
Aberdeen
AB25 1SP
Tel: 01224 637609
Fax: 01224 631172
Email: sales@aberdeen-blinds.co.uk

43150

CUSTOMER ORDER No.

Cus: *NHS - Fraser*
 Add: *Philoza Ward*
 Tel. work: *01224 637609*
 mobile: *07917505500*
 email:

DATE MEASURED/ORDERED
25 Feb 12

CURTAINS	
PLEATED	
ROLLERS	
ROMANS	
SHUTTERS	
VENETIAN	<i>✓ 516</i>
VERTICALS	<i>✓ window</i>
VISION	
WOODEN	

AM PM (MEASURING TIME)

MON		
TUE		
WED		
THU		
FRI	<i>✓ 12-5</i>	

P/CUST	
NET	
PRESS	
RADIO	
MAG.	
VAN	
RECC.	
SHOP	
TV	
YELL P	
OTHER	

AM PM (FITTING TIME)

MON		
TUE		
WED		
THU		
FRI		

ALL BLINDS TO BE PAID FOR AT TIME OF FITTING

Room	Width	Drop	Slat Size	Colour	Control LH or RH	Fitting Height	Any other Instructions	Price
		<i>3600</i>		<i>Vertical Blinds</i>				
				<i>PVC Wane</i>				
				<i>Au Wans Cornice</i>				
				<i>Wood Fix</i>				

alum	anthracite	black	brown	champ-gold	chrome	silver	white	recess size	motorised	wood fix	stone fix	brackets top face
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measured by	fitted by	date	CASH	CHEQUE	SPREE
<i>[Signature]</i>			INVOICE	CARD	

ALL BLINDS MANUFACTURED AFTER 1st APRIL 2014 MUST COMPLY WITH NEW CHILD SAFETY LAWS. SAFETY DEVICES SUPPLIED WITH GOODS MUST BE FITTED BY US AT THE TIME OF INSTALLATION. REFUSAL TO ALLOW A SAFETY DEVICE TO BE FITTED WILL RESULT IN THE BLINDS NOT BEING INSTALLED. UNDER THE TERMS OF THIS CONTRACT YOU WILL BE LIABLE TO ACCEPT DELIVERY AND PAY THE FULL AMOUNT. I have ordered the above goods and agree to pay 50% deposit and the remaining balance on the day of fitting. If payment is not made in full at that time Aberdeen Blinds has the right to remove the goods until full settlement is made. Title of the goods does not pass to the customer until payment has been made in full. Declaring that there shall be no liability for normal damage occasioned by such removal.

TOTAL PRICE £

DEPOSIT £

BALANCE £ *6724*

To Be Confirmed

PRICE ACCEPTANCE
Customer's Signature

PO NPRE11441495

Special Instructions

1	1980 x 1900	L4	5" FACE	2350	185
2	1985 x 1910	L4	5"		185
3	2165 x 1334	R1	TOP		202
	1980 x 1905	L4	5"		185
	1995 x 1910	R4	5"		202
	2170 x 1334	L4	TOP		202
4	2170 x 1334	R4	TOP		185
	1985 x 1907	L4	5"		185
	1985 x 1907	R1	5"		202
	2170 x 1334	L4	TOP		106
5	990 x 1330	R4	TOP		185
	1980 x 1905	L4	5"		185
	1980 x 1905	R1	5"		124
Random	1630 x 1470	L1	5"		124
	1630 x 1470	L1	5"		124
	1630 x 1470	R4	5"		124
	1630 x 1470	R4	5"		124
6	960 x 1334	L4	TOP		106
	1990 x 1908	L4	5"		185
	1990 x 1908	R4	5"		185
7	2170 x 1334	L4	TOP		202
	1990 x 1908	L4	5"		185
	1980 x 1907	R4	5"		185
	2170 x 1334	R4	TOP		202
8	2165 x 1334	L4	TOP		202
	1987 x 1908	L4	5"		185
	1984 x 1908	R4	5"		185
	2165 x 1334	R4	TOP		202
9	1985 x 1909	R4	5"		185
10	1990 x 1909	L4	5"		185
Small Room	1985 x 1908	L4	5"		185
	1983 x 1905	R4	5"		185
Breakroom	2750 x 1410	L4	5"		246
Map Room	1634 x 1474	L4	5"		179
117	1623 x 1405	R4	TOP		179
Don	2750 x 1466	L4	5"		246

36

3330
 1616
 1074
 709

 6724



PURCHASE ORDER: NFE11441495

Buyer NHS GRAMPIAN SUMMERFIELD HOUSE EDAY ROAD ABERDEEN, GRAMPIAN AB15 6RE	Order Date 2 Mar 2022	Invoice To NHS GRAMPIAN FINANCE DEPARTMENT, WESTHOLME, WOODEND QUEENS ROAD ABERDEEN, AB15 6LS
Supplier Aberdeen Blind Company 32 Esslemont Avenue Aberdeen, 75450	Order Contact Name: Susan Whyte Phone: 07500096180 susan.whyte3@nhs.scot	Delivery Susan Whyte 07500096180 NAGENGINEERING MILE END WORKSHOP ESTATES C/O CENTRAL STORES Foresterhill ABERDEEN, GRAMPIAN AB25 2ZD

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

Comments Order Comment: Call off against NHSG Measured Term Contract Framework and agreed rates therein.

Line	Item Type	Item No	Manufacturer No	UOM	Pack Size	Qty	Unit Price	VAT Type	Extended Amt
	Description								
1	Non-Catalogue	unknown		Each		6724	£1.00	SI	£6,724.00
	Fraserburgh Hospital Philorth Ward - acceptance of quote to supply and install 36nr wand operated 89mm vertical blinds								£6,724.00
Total Extended Amount:									£6,724.00

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.

HAI-SCRIBE

Risk Assessment Applied to Maintenance/Minor Project Work Activities

Hospital Site:	Fraserburgh	Ward or Department:	Philorth	Location or Room:	All areas
Description of Activity:	Supply and fit 36nr wand operated 89mm vertical blinds	Date:	02/03/22	Works Docket Ref:	P351026282

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
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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 NHSG 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



<input type="checkbox"/>	Put up barriers / bollards / Doors in place to prevent access to work area to segregate works.
<input type="checkbox"/>	Put dust covers over equipment that is near or below work area.
<input checked="" type="checkbox"/>	Shadow vac drilling & removal of signs with HEPA vacuum cleaner
<input type="checkbox"/>	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).
<input type="checkbox"/>	Place dust / tac-mat at any entrance / exit of the identified area.
<input checked="" type="checkbox"/>	Execute work activity by methods to minimise raising dust.
<input checked="" type="checkbox"/>	Remove all waste material within a sealed bag or container on completion of session and / or completed work.
<input checked="" type="checkbox"/>	Thoroughly clean work area on completion with HEPA vac and wet wipes, do not leave area until dry. (contractor level clean)
<input type="checkbox"/>	Domestic level clean (undertaken by Facilities domestic personnel) Prior to commencement of clinical use etc.
<input type="checkbox"/>	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.
<input type="checkbox"/>	Air cube for control of dust.

Estates Person: (Print Name)	Susan Whyte 07500 096180	Signature: <i>Susan Whyte</i>	Date: 03/02/22
Service Person: (Print Name)	Gillian McDonald	Signature:	Date:
Contractor: (Print Name)	Aberdeen Blind Company	Signature: <i>SLA</i>	Date: 03/03/22
If Required Infection Control: (Print Name)		Signature:	Date:

Appendix 13

Asbestos Management Actions during Projects Template

The NHSG Manager responsible for the project or maintenance work is to compile this form, with assistance from NHSG Asbestos Manager. No on site work is to commence until the form is completed and signed.

Assistance:			
<ul style="list-style-type: none"> If work is a Project refer to Appendix 10 within NHSG Asbestos Management Plan prior to completing this form If work is Maintenance refer to Appendix 9 within NHSG Asbestos Management Plan. If a survey is required, work scope must have been clearly identified for all elements of the planned works to ensure R&D survey incorporates all areas to be accessed during works. NHSG and the Contractor will assess vulnerability of any ACM's and agree what needs to be removed/encapsulated/enclosed/labelled etc. If the work scope changes WORK MUST STOP until all necessary information is assured. IF "YES" CANNOT BE ANSWERED FOR EVERY QUESTION WORK SHOULD NOT BE PERMITTED TO COMMENCE. 			
Project Number: P351026282		Contractor: Aberdeen Blind Company	
Project Location(s): Philorth Ward, Fraserburgh Hospital			
Agreed Project Scope: Supply and fit 36nr wand operated 89mm vertical blinds			
No.	Requirements	Must be circled	Must be Signed
1.	Have all contractors/workers been made aware of NHSG Asbestos Management Plan and specifically the emergency procedures flowchart?	YES	Susan Whyte
2.	Have all contractors/workers been advised that asbestos awareness training must be attended annually?	YES	Susan Whyte
3.	Have all rooms/areas that form part of the work scope been R&D surveyed? (R&D must be checked for any caveats and account taken of this)	YES	Susan Whyte
4.	Have all service works/routes (e.g. IT, Comms, electrical, gas, heating, air com, chilled water, domestic water services etc) that form part of the work scope been included in the R&D survey?	YES	Susan Whyte
5.	Has it been confirmed there are no planned deviations/changes to the scope that requires further survey work? If work scope changes, work must stop until suitable R&D undertaken and amendments identified in section 2 of this document.	YES	Susan Whyte
6.	Have all relevant parties been given a copy of the R&D report(s), removal or remediation documentation and related analytical certificates?	YES	Susan Whyte
7.	Has all removal documentation been checked for any caveats of remaining asbestos and account taken of this prior to work being allowed to commence?	YES	Susan Whyte
8.	Have all asbestos containing materials liable to be disturbed as part of the work scope been removed, enclosed or encapsulated?	YES	Susan Whyte
9.	Has asbestos remaining (that will not be disturbed by the works) and any caveats from R&D and/or removals been highlighted to all parties working in the area Inc. sub-contractors? (Evidence must be provided in the project file)	YES	Susan Whyte
Asbestos identified in work area?		YES	NO
State what asbestos has been removed:			
Asbestos remaining in work area - Any asbestos remaining insitu must be in good condition, sealed (and labelled if suitable to do so). State: Location/Accessibility during works/Material Type/Asbestos Type and Quantity			
Contractors Acknowledgement of Responsibility <ul style="list-style-type: none"> I confirm that all appropriate asbestos information and reports have been provided. All hazards are identified and appropriately controlled within the Health and safety Management system for this project. I also confirm that work location(s) and work tasks align with submitted RAMS and that workers are aware that work out with these parameters is not be permitted. 			
Contractor's Company	Print name:	Signed:	Date:
Aberdeen Blind Company	STEVEN NEMMO		03/03/2022
<ul style="list-style-type: none"> I confirm that all appropriate asbestos information and reports have been supplied. 			
NHSGrampian Manager responsible	Susan Whyte		02/03/22
NHSGrampian Asbestos Manager			