

ABERDEEN BLIND COMPANY

ESTABLISHED 1952

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

45903

CUSTOMER ORDER No.

AM PM (MEASURING TIME)

DATE MEASURED/ORDERED
51 06 123

MON				P/CUST	
TUE				NET	
WED				PRESS	
THU				RADIO	
FRI				MAG.	
				VAN	
				RECC.	
				SHOP	
				TV	
				YELL P	
				OTHER	

Customer's Name NHS - Clinic A
Address SURON MANAGAS Omu

CURTAINS		
PLEATED		
ROLLERS		
ROMANS		
SHUTTERS		
VENETIAN		
VERTICALS		
VISION		
WOODEN		

AM PM (FITTING TIME)

MON			
TUE			
WED			
THU			
FRI			

Post Code

Tel. home	
Tel. work	
mobile	
email	

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
	873	1150	89	WVC Wm	RH	2520		
	878	1152			LH			
	878	1160			RH			
	878	1165			RH			
	877	1164			RH			
	875	1167			RH			

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	£	To Be Confirmed	Special Instructions
DEPOSIT	£	PRICE ACCEPTANCE	
BALANCE	£ 534.60	Customer's Signature	

PO NRB 12968555



Tues 30/05

1st LHM

Project Budget Cost Request Form



ALL SECTIONS MUST BE COMPLETED BEFORE REQUEST WILL BE CONSIDERED

Site: Foresterhill	Building: ARI
Ward / Department: Clinic A, Support managers office	Contact Name: Nikita Wright
Contact Number: 01224 554487	Contact E-Mail Address: Nikita.wright@nhs.scot
Brief Description of Request: Blinds to be installed on 6 windows	<p>873 x 1150 m 250</p> <p>878 x 1152 L4</p> <p>878 x 1160 m</p> <p>878 x 1165 m</p> <p>877 x 1169 m</p> <p>875 x 1167 m</p>
Request Submitted By:	Name: Nikita Wright
	Job Title: OP Admin Support Manager
Signature: Nikita Wright	Date: 23/05/23

534.66
+Vn

Request Supported By (e.g. Service or Business Manager):	Name: Tracy Scott
	Job Title: OP Service Manager
Signature: Tracy Scott	Date: 23/05/23
Management Accountant Approval:	Name: Kevin Stout
	Job Title: Finance Manager
Signature:	Date:

Date Received:	Date Returned:
Project Manager:	Project Number:
Budget Cost Amount for Approval: (to be provided by Estates)	£

Intended Source of Funding (e.g. Departmental; Endowments; Capital etc.): Departmental



PURCHASE ORDER: NFE12968555

Buyer NHS GRAMPIAN SUMMERFIELD HOUSE EDAY ROAD ABERDEEN, GRAMPIAN AB15 6RE	Order Date 5 Jun 2023	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: Shona Battensby Phone: 07876258954 shona.battensby@nhs.scot	Delivery Shona Battensby NAGDENGINEERING 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

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	£534.60	SI	£534.60
	To supply and fit 6 x number vertical blinds as per NHSG spec for Clinic A Support Services Managers Office (Call off against NHS Grampian Measured Term Contract Framework and agreed rates therein)								
Total Extended Amount:									£534.60

VAT Types

Key	Description
SI	SI - STD IRRECOVERABLE

Terms & Conditions of Purchase:

1. This Purchase Order is subject to NHS Scotland Standard Conditions of Contract for the Purchase of Goods or Services.
2. 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.
3. 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.
4. 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.
5. 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.
6. 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.
7. Supplier must comply with the units of supply stated on this Purchase Order. Any changes must be covered by way of a revision to this Purchase Order.

HAI-SCRIBE

Risk Assessment Applied to Maintenance/Minor Project Work Activities

Hospital Site:	ARI	Ward or Department:	Clinic A	Location or Room:	Support Managers Office
Description of Activity:	Remove any existing and supply and fit new NHSG spec vertical blinds x 6	Date:	05/06/23	Works Docket Ref:	P116024219

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

Patient Risk Group:	G1	<u>G2</u>	G3	G4	Maintenance Activity Type:	T1	<u>T2</u>	T3	T4	Precaution Class:	C1	<u>C2</u>	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

	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.
x	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>Shona Battensby</i>	Date: 05/6/23
Manager: Nikita Wright	Signature: <i>Nikita Wright</i>	Date: 05/06/23
Contractor: Steven Nimmo Aberdeen Blind Co	Signature: <i>SL</i>	Date: 05/06/23
If Required IPCT:	Signature:	Date: