



Project Budget Cost Request Form



ALL SECTIONS MUST BE COMPLETED BEFORE REQUEST WILL BE CONSIDERED
X26181 - SENT TO G WATT 08/09/23

Site: WOODEND	Building: REHABILITATION CENTRE
Ward / Department: STROKE REHAB EAST	Contact Name: KIM TURNER
Contact Number: 56486	Contact E-Mail Address: kimberley.turner@nhs.scot
Brief Description of Request: Vertical blind for Senior Charge Nurse office window	

927 x 1340
L44
TOP
2600
CONCRETE

Request Submitted By:	Name: KIM TURNER <i>Use Own Name</i>
	Job Title: SENIOR CHARGE NURSE
Signature: <i>K. Turner</i>	Date: 1.9.23

Request Supported By (c.g. Service or Business Manager):	Name: <i>VICKY SMITH</i>
	Job Title: <i>Service Manager</i>
Signature: <i>[Signature]</i>	Date: <i>1/9/23</i>
Management Accountant Approval:	Name: Scott Thomson
	Job Title: Management Accountant
Signature: <i>Scott Thomson</i>	Date: 08.09.2023

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

94 lbs



PURCHASE ORDER: NFE13354629

Buyer NHS GRAMPIAN SUMMERFIELD HOUSE EDAY ROAD ABERDEEN, GRAMPIAN AB15 6RE	Order Date 20 Sept 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: Susan Whyte Phone: 07500096180 susan_whyte3@nhs.scot	Delivery Susan Whyte 07500096180 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

Comments Requisition 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		1	£94.00	SI	£94.00
	Woodend Hospital, Stroke Rehab East - acceptance of quote to supply and fit blind in SCN Office.								
Total Extended Amount:									£94.00

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.
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.
4. 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:	Woodend	Ward or Department:	Stroke Rehab East	Location or Room:	SCN Office
Description of Activity:	Supply and fit blind	Date:	20/09/23	Works Docket Ref:	P123026327

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


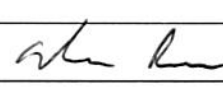
Patient Risk Group:	G1	G2	G3	G4	Maintenance Activity Type:	T1	T2	T3	T4	Precaution Class:	C1	C2	C3	C4
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e.g. Class II – Approval and signing of this form from the Ward/Nurse Manager is required. The activity can then be carried out using the Class II 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

	Put up barriers / bollards / Doors in place to prevent access to work area to segregate works.
	Put dust covers over equipment that is near or below work area.
Y	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.
Y	Execute work activity by methods to minimise raising dust.
	Remove all waste material within a sealed bag or container on completion of session and / or completed work.
Y	Thoroughly clean work area on completion with HEPA vac and wet wipes, do not leave area until dry. (contractor level clean)
	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.
	Air cube for control of dust.

Estates Person: (Print Name)	Susan Whyte 07500 096180	 Signature:	Date: 20/09/23
Service Person: (Print Name)		Signature:	Date:
Contractor: (Print Name)	STEVEN NIMMO	 Signature:	Date: 20/09/23
If Required Infection Control: (Print Name)		Signature:	Date: