

Thurs 15/2



Project Budget Cost Request Form

ALL SECTIONS MUST BE COMPLETED BEFORE REQUEST WILL BE CONSIDERED

Site: Foresterhill	Building: Foresterhill Lea
Ward / Department: Occupational Health	Contact Name: Sheena Merchant
Contact Number: Ext. 59762 or 53663	Contact E-Mail Address: sheena.merchant@nhs.scot
Brief Description of Request: To replace broken window blinds in Room 211, Foresterhill Lea Building.	

Request Submitted By:	Name: Sheena Merchant
	Job Title: Business & Admin Manager
Signature: <i>S. Merchant</i>	Date: 09/02/2023

Request Supported By (e.g. Service or Business Manager):	Name: Jill Matthew
	Job Title: Head of Service OHS
Signature: <i>Jill Matthew</i>	Date: 13/02/2024
Management Accountant Approval:	Name:
	Job Title:
Signature:	Date:

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

167

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

1335 x 1513 m top woor

RVC *[Signature]* 2200
L/Am

PURCHASE ORDER: NFE13878297

Buyer NHS GRAMPIAN SUMMERFIELD HOUSE EDAY ROAD ABERDEEN, GRAMPIAN AB15 6RE	Order Date 20 Feb 2024	Invoice To NHS GRAMPIAN FINANCE DEPARTMENT, WESTHOLME, QUEENS ROAD, WOODEND nss.pdfinvoicegrampian@nhs.scot (pdf only) 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
1	Non-Catalogue	unknown		Each		1	£167.00	SI	£167.00
Acceptance of price to supply and fit blinds in room 211, OHS, Foresterhill Lea.									
Total Extended Amount:									£167.00

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:	Foresterhill	Ward or Department:	OHS, Foresterhill Lea	Location or Room:	Room 211
Description of Activity:	Supply and fit new blinds		Date:	20/02/24	Works Docket Ref: P115026348

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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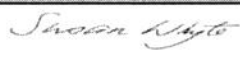
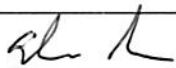
e.g. **Class II** – Approval and signing of this form from the Ward/Nurse Manager is required. The activity can then be carried out using the Class II precautions. **Class will vary according to agreed assessment. Always consult with IPCT if Precaution class is C3/C4**

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.
Y	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: 20/02/24
Service Person: (Print Name)	Sheena Merchant	Signature:	Date:
Contractor: (Print Name)	Aberdeen Blind Co	Signature: 	Date: 21/02/24
If Required Infection Control: (Print Name)		Signature:	Date: