





# Project Budget Cost Request Form



ALL SECTIONS MUST BE COMPLETED BEFORE REQUEST WILL BE CONSIDERED

Site: Woodend Hospital	Building: Neuro Rehab Building
Ward / Department: Neuro Rehab	Contact Name: Samantha Finnie
Contact Number: 556647	Contact E-Mail Address: samantha.finnie@nhs.scot
Brief Description of Request:  New blinds required to ensure patient confidential confidentiality in a doctor's room. Doctors room window faces onto the main road and pavement of the site	

Request Submitted By:	Name: Laura MacBean
	Job Title: Senior Charge Nurse
Signature: <i>L MacBean</i>	Date: 28/03/2024

Request Supported By (e.g. Service or Business Manager):	Name: Vicky Smith
	Job Title: Service Manager
Signature: <i>[Signature]</i>	Date: 28/03/2024 1740x1270
Management Accountant Approval:	Name: <i>LA 2900</i>
	Job Title: <i>TOP</i>
Signature:	Date: <i>158 + [Signature]</i>

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



# PURCHASE ORDER: NFE14055070

<b>Buyer</b> NHS GRAMPIAN SUMMERFIELD HOUSE EDAY ROAD ABERDEEN, GRAMPIAN AB15 6RE	<b>Order Date</b> 12 Apr 2024	<b>Invoice To</b> NHS GRAMPIAN FINANCE DEPARTMENT, WESTHOLME, QUEENS ROAD, WOODEND nss.pdfinvoicegrampian@nhs.scot (pdf only) ABERDEEN, AB15 6LS
<b>Supplier</b> Aberdeen Blind Company 32 Esslemont Avenue Aberdeen, 75450	<b>Order Contact</b> Name: Susan Whyte Phone: 07500096180 <a href="mailto:susan.whyte3@nhs.scot">susan.whyte3@nhs.scot</a>	<b>Delivery</b> Susan Whyte 07500096180 NAGENGINEERING MILE END WORKSHOP ESTATES C/O CENTRAL STORES Foresterhill ABERDEEN, GRAMPIAN AB25 2ZD

### Delivery Information

<b>Order Type:</b>	Direct Ship
<b>Carrier:</b>	Best Way -Normal Delivery
<b>FOB - Delivery Terms:</b>	Delivered -Allowed

### Payment Information

<b>Customer Number:</b>	Not Known
<b>Payment Terms:</b>	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
1	Non-Catalogue	unknown		Each		158	£1.00	SI	£158.00
Woodend Hospital, Neuro Rehab - acceptance of quote to supply and fit blind in Doctors Room									
<b>Total Extended Amount:</b>									£158.00

### 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:	Woodend	Ward or Department:	Neuro Rehab	Location or Room:	Doctors Room
Description of Activity:	Supply and fit blind	Date:	12/04/24	Works Docket Ref:	P123026355

**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 NMSG 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	<i>Susan Whyte</i>	Date: 12/04/24
Service Person: (Print Name)		Signature:	Date:
Contractor: (Print Name)		Signature:	Date:
<b>If Required</b> Infection Control: (Print Name)		Signature:	Date: