

KENYATTA NATIONAL HOSPITAL



Pre-Qualification of Provision of Training and Human Development Services for Two Years

PREQUALIFICATION NUMBER: KNH/PQ/007/2026-2028

CLOSING/OPENING DATE:

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ADVERTISEMENT FOR PREQUALIFICATION OF SUPPLIERS

Kenyatta National Hospital now invites tenders and pre-qualification applications from interested, eligible, capable firms for award of contract and pre-qualification as training consultants for two years.

TECHNICAL & PROFESSIONAL SERVICES		
CATEGORY CODE NO.	CATEGORY DESCRIPTION	Remarks
KNH/PQ/007/2026-2028	Provision of training and human development services	open

Youth Women and the Physically Challenged are encouraged to tender

Interested eligible tenderers may obtain further information and inspect the tender documents from the office of the Director Supply Chain Operations, Kenyatta National Hospital during normal working hours i.e. Monday to Friday between 8.00a.m to 1.00pm and 2.00pm to 5.00p.m or at the KNH website: www.knh.or.ke, or Government tender portal.

Address for obtaining further information and for purchasing tender documents
Kenyatta National Hospital
Physical address: Nairobi City, Hospital Road, Kenyatta National Hospital , Administration Block, Supply Chain Management Division , contracts office room No. 6
P.O. Box 20723-00202 Nairobi
Director supply Chain management, Tel. 2726300, procurementknh@gmail.com or procurement@knh.or.ke.

A complete set of pre-qualification document may be obtained free of charge on line. A complete set of tender documents may be obtained at a cost of Kshs.1000/= per set payable at the cashier's office situated on the ground floor of Administration Block of the Kenya National Hospital. All tender and prequalification documents downloaded through the website should be duly registered at the office of the Director Supply Chain Operations.

Completed tender documents enclosed in plain sealed envelopes, marked "**Tender Reference No -**

Address for Submission of Tenders.

Kenyatta National Hospital
Director, Supply Chain Management
Nairobi City, Hospital Road, Kenyatta National Hospital, Administration Block , Supply Chain Management Division, Contracts office room No.6

Address for Opening of Tenders.

Kenyatta National Hospital
Nairobi City, Hospital, Kenyatta National Hospital, Administration Block, Supply Chain Management Division, Contracts office No.6

so as to reach on or before 11th June 2026 at 10.00 a.m. The closing/opening process will be conducted immediately thereafter in the presence of firms 'representatives who choose to attend.

Late bids will be returned unopened.

PRE-QUALIFICATIONINSTRUCTIONS

Introduction

Kenyatta National Hospital would like to invite interested candidates who will qualify by meeting the set criteria as provided for in this Pre-Qualification Document and eligible to perform the contract for the provision service.

Pre-qualification Objective

The main objective is to provision services and irrelevant tenders/quotations to Kenyatta National Hospital, on 'as and when required' during the Years 2026/27- 2027/2028.

Bids will be submitted in complete lots singly or in combination; and in some categories, suppliers will be contracted to provision of services for a period of twenty-four (24No.) months.

Invitation of Pre-qualification

Suppliers registered under the Laws of Kenya to supply or provide respective goods, services and works are invited to submit their PRE-QUALIFICATION documents to Kenyatta National Hospital so that they can be pre-qualified for submission of quotations/Tenders. The prospective Suppliers are required to supply mandatory information for pre-qualification.

Experience

Potential consultants must demonstrate the capacity, willingness and commitment to meet the pre-qualification criteria.

Pre-qualification Document

This document includes questionnaire forms and documents required of prospective suppliers.

In order to be considered for pre-qualification, prospective suppliers, consultants and contractors must submit all the information herein requested.

Submission of Pre-Qualification Documents

Original completed pre-qualification data and other requested information shall be submitted to reach:

Address for Submission of Tenders.

Kenyatta National Hospital
Director, Supply Chain Management
Nairobi City, Hospital Road, Kenyatta National Hospital, Administration Block ,
Supply Chain Management Division, Contracts office room No.6

Not later than, **11TH JUNE 2026 at 10.00a.m (localtime) Questions Arising from Documents**
Questions that may arise from the pre-qualification documents should be addressed to CEO KNH
whose address is given in par 1.7

Additional Information

The Kenyatta National Hospital reserves their right to request submission of additional information from prospective bidders.

BRIEF CONTRACT REGULATIONS/GUIDELINES

Taxes on Imported Materials

The consultant will have to pay all taxes payable as applicable for all imported materials to be supplied.

Customs Clearance

The consultant shall be responsible for custom clearance of their imported materials.

Contract Price

The contract shall be of unit price type or cumulative of computed unit price and quantities required. Prices quoted must be inclusive of all delivery charges and taxes where applicable.

Payment

All local purchase shall be on credit of minimum of thirty (30) days or as may be stipulated in the Contract Agreement.

PRE-QUALIFICATION DATA INSTRUCTIONS

Pre-qualification data forms

The attached questionnaire forms PQ-1, PQ-2, PQ-3, PQ-4, PQ-5, PQ-6, PQ-7, are to be completed by prospective suppliers/consultants/contractors who wish to be pre-qualified for submission of tender for the specific tender.

The pre-qualified application forms which are not filled out completely and submitted in the prescribed manner will not be considered. All the documents that form part of the proposal must be written in English.

Qualification

It is understood and agreed that the pre-qualification data on prospective bidders is to be used by the Kenyatta National Hospital in determining, according to their sole judgment and discretion, the qualifications of prospective bidders to perform in respect to the Tender Category as described.

Prospective bidders will not be considered qualified unless in the judgment of the Kenyatta National Hospital, they possess the capability, experience, qualified personnel available and suitability of equipment and net current assets or working capital sufficient to satisfactorily execute the contract for services.

Essential Criteria for Pre-qualification

Experience: Prospective bidders shall have experience in the supply of goods, services and allied items and hence should show competence, willingness and capacity to service the contract.

Prospective supplier requires special experience and capability to organize supply and delivery of items, or services at short notice.

Personnel

The names and pertinent information and CV of the key personnel to execute the contract must be indicated in form PQ-3.

Financial Condition

The Supplier's/consultant's/contractors financial condition will be determined by latest financial statement submitted with the prequalification documents as well as letters of reference from their bankers regarding suppliers/contractors credit position. Potential suppliers/consultants/contractors will be pre-qualified on the satisfactory information given.

Special consideration will be given to the financial resources available as working capital, considering the amount of uncompleted orders on contract and now in progress. Data on Form PQ-4. However, potential bidders should provide evidence of financial capability to execute the contract(s).

Past Performance

Past performance will be given due consideration in pre-qualifying bidders. Letter of reference from past customers/clients should be included in Form PQ-6

3. 4 Statement

Application must include a sworn statement Form PQ-7 by the Tenderer ensuring the accuracy of the information given.

Withdrawal of Prequalification

Should a condition arise between the time the firm is pre-qualified to bid and the bid opening date which in the opinion of the Kenyatta National Hospital could substantially change the performance and qualification of the bidder or his ability to perform such as but not limited to bankruptcy, change in ownership or new commitments, the Kenyatta National Hospital reserves the right to reject the tender from such a bidder even though he was initially pre-qualified.

The firm must have affixed Business Premise and must be registered in Kenya, with certificate of registration/ incorporation and copies attached.

The firm must show proof that it has paid all its statutory obligations and have a valid Tax Compliance Certificate

PREQUALIFICATION EVALUATION CRITERIA

	Completeness and Responsiveness Criteria	Requirement
1	Serialization	Must be chronologically and sequentially serialized i.e. 1, 2, 3,4.....on every page including the original tender document.
2	Tax Compliance Certificate	Provide valid tax compliance certificate
3	Certificate of Incorporation/ Registration	Must Submit a copy of the Certificate of incorporation or Registration Certificate and corresponding CR12, CR13 where applicable
4	Original/Copy of Bid Document	Must submit two Tender Documents (Original and Copy) spiral/book bound no stapled documents will be accepted
5	Trade License	Attach Valid Copy of Trade License or Evidence of renewal from relevant County Government
7	Bank Details Form	Attach bank details form duly filled, signed and stamped by the bank and tenderer
8	Tender data Consent Form	Duly Filled, Stamped and Signed as per attached form
9	Power of Attorney	Attach Power of Attorney for company with more than one director
10	FORMPQ-1 PRE-QUALIFICATIONDATA	Duly filled and stamped.
11	PQ-2SUPERVISORYPERSONNEL	Duly filled and stamped.
12	RMPQ-3- CONFIDENTIAL BUSINESS QUESTIONNAIRE (S33)	Duly filled and stamped.
13	FORMPQ-4 -PASTEXPERIENCE	Duly filled and stamped.
14	PQ-5STAFFCOMPOSITION	Duly filled and stamped.
15	PQ-6 FORMAT OF CURRICULUM VITAE (CV) FOR PROPOSED STAFF	Duly filled and stamped.
16	FORMPQ-7 - SWORNSTATEMENT	Duly filled and stamped.
17	Valid registration certificate from National Industrial Training Authority (NITA).	Attach
18	Valid practicing license for the area of expertise from the relevant professional	Attach

	bodies e.g IHRM, NNAK, KISM, ICPAK, ICPSK, ETC.	
19	Inspection and Certificate of Services	Must submit a duly filled signed and stamped commitment to comply with Inspection and Acceptance requirements
20	Supplier Performance	Must submit duly filled signed and stamped commitment to comply with the supplier evaluation requirements

OTHER TECHNICAL REQUIREMENTS

NO.	CRITERIA	MARKS ALLOTTED
1	Period of operation (attach copy of certificate of business registration/certificate of Incorporation - 10 years and above -20marks - 5-9 years -15marks - 2-4 years-10marks - less 1year -5marks	Max.20 Marks
2	Provide list of assignment carried out In the last (3) three years and a list of Clients and references to which the firm has Offered similar assignment in the last 3years OR have the Reference page Stamped and signed by Client as proof of Provision in the format provided. (Provide Evidence)	10 Marks each per year of Experience in Provision of Training and Consultancy Services or list of services and Assignment done Max.30
3	At least 2no.qualified staff (attach CV in the format provided) with evidence of qualification- attach a copy of certificate. The lead Consultant must have degree Phd.	Staff qualifications To b e Considered and marksawarded As below: Phd Degree- 20marks Masters Degree–15 marks, Bachelors Degree–10 marks Diploma-3marks, Certificate Including KCSE–1 Marks. Maximum Marks per staff=20 marks 40 max
4.	One-page outline of how the firm will perform a contract once awarded a Tender or Quotation, including delivery and logistics plans.	Max.10Mark s
	TOTAL	100 MARKS

NOTE: TO BE PREQUALIFIED / REGISTERED, APROSPECTIVE BIDDER MUST ATTAIN AT LEAST 70 MARKS, IN ADDITION TO MEETING ALL THE MANDATORY REQUIREMENTS

FORMPQ-1 PRE-QUALIFICATION DATA

REGISTRATION OF SUPPLIERS APPLICATION FORM

I/we here by apply for registration as supplier(s)
(Name of Company/Firm)

CATEGORY DESCRIPTION..... of

Post Office Address.....

Town.....

Street.....

Name of building.....

Room/ Office No.....Floor No.....

Telephone No.....Fax.....email.....

Full Name of applicant.....

Other branches location.....

Organization & Business Information

Chief Executive/Managing Director.....

Marketing/Sales Manager.....

Accountant.....

Secretary.....

Other.....

Partnership (if applicable)

Names of Partners.....

Business founded or incorporated.....

Under present management since.....

Net worth equivalent Kshs.....

Bank reference and address.....

.....
Sister company reference and address.....

Enclose copy of organization chart of the firm indicating the main fields of Activities

State any technological innovations or specific attributes which distinguish you from your competitors

.....
.....
.....
.....

Indicate terms of trade/sale

PQ-2 SUPERVISORY PERSONNEL

Name :

Age:

Academic Qualification:

.....

Professional Qualification.....

Length of service with Contractor or Supplier position held (Attach copies of certificates/ CV of Key personnel in the organization)

FORMPQ-3- CONFIDENTIAL BUSINESS QUESTIONNAIRE (S33)

You are requested to give the particulars indicated in Part I and either Part2(a),2(b)or2(c) which ever applies to your type of business.

You are advised that it is a serious offence to give false information on this form

Part I-General:

Business Nam:

Location of business premises:

Plot No.....

Street/Road:

Postal Address.....

Tel. No.....

Nature of business.....

Part2(a)–Sole Proprietor

Your name inAge

full.....

...

Nationality..... Country of origin.....

Part2(b)Partnership

Given details of partners as follows:

Shares

Name Nationality Citizenship Details

Part 2(c)–Registered Company:

Private or Public:

State the nominal and issued capital of company- Nominal Kshs:

Issued Kshs:

Given details of all directors as follows:-

Name Nationality Citizenship Details shares

- 1.
- 2.
- 3.
- 4.
- 5.

Date.....Signature of Candidate.....

*if Kenya Citizen, indicate under“Citizenship Details “whether by Birth, Naturalization or Registration.

FORMPQ-4 -PAST EXPERIENCE

NAMES OF THE APPLICANTS CLIENTS IN THE LAST THREE YEARS AND VALUES OF CONTRACT/ORDERS

Name of 1st Client (Organization)

Name of Client (organization).....

Address of Client (organization).....

Narrative Description of project:

.....

.....

Name(s)of Professional Staff provided by Your Firm/or self

Name of Contact Person at the client(organization)

Telephone No. of Client.....

Value of Contract.....

Duration of Contract (date).....

(Attach documental evidence of existence of contract)

Name of 2ndClient (organization)

Name of Client (organization).....

Address of Client (organization).....

Narrative Description of project:

.....

.....

Name(s)of Professional Staff provided by Your Firm/or self

Name of Contact Person at the client (organization).....

vi. Telephone No. of Client.....

vii. Value of Contract.....

viii. Duration of Contract (date)..... (Attach documental evidence of existence of contract)

Name of 3rdClient (organization)

Name of Client (organization).....

Address of Client (organization).....

Narrative Description of project:

.....

.....

Name(s) of Professional Staff provided by Your Firm/or self

Name of Contact Person at the client (organization).....

Telephone No. of Client.....

Value of Contract.....

Duration of Contract (date).....

(Attach documental evidence of existence of contract)

Name of 4th Client(organization)

Name of Client (organization).....

Address of Client(organization)

.....
.....
.....

Narrative Description of

.....

Name(s) of Professional Staff provided by Your Firm/or self

.....
.....

Name of Contact Person at the client(organization)

.....

Telephone No. of Client.....

Value of Contract

Duration of Contract (date).....

(Attach documental evidence of existence of contract)

Name of 5th Client (organization)

Name of Client (organization).....

Address of Client (organization)

Narrative Description of project:

.....
.....

Name(s) of Professional Staff provided by Your Firm/or self

.....
.....

Name of contact person at the client(organization)
Telephone No. of Client.....
Value of Contract.....
Duration of Contract (date).....

(Attach documental evidence of existence of contract)

Others

PQ- 5STAFF COMPOSITION

Directors/Partners

Name	Position	Specialization & Qualification

Technical/ Management staff

Name	Position	Specialization & Qualification

Support Staff

Name	Position	Specialization & Qualification

PQ-6 FORMAT OF CURRICULUM VITAE (CV) FOR PROPOSED STAFF

Proposed Position:

Name of Firm:

Name of Staff:

Profession:

Date of Birth: _____

Year s with Firm:____Nationality: _____

Membership in Professional Societies:

Detailed Tasks Assigned:

Key Qualifications:

[Give an outline of staff member's experience and training most pertinent to tasks on assignment. Describe agree of responsibility held by staff member on relevant previous assignments and give dates and locations].

Education:

[Summarize college/university and other specialized education of staff member, giving names of schools, dates attended and degree[s] obtained.]

Employment Record:

[Starting with present position, list in reverse order every employment held. List all positions held by staff member since graduation, giving dates, names of employing organizations, titles of positions held, and locations of assignments.]

I, the undersigned, certify that these data correctly describe me, my qualifications, and my experience.

Name of staff member: _____

Signature of staff member _____ Date: _

Name of authorized representative of the firm

Signature of authorized representative..... Date:.....

FORMPQ-7 -SWORNSTATEMENT

Having studied the pre-qualification information for the above project we/thereby state:

The information furnished in our application is accurate to the best of our knowledge.

That in case of being pre-qualified, we acknowledge that this grants us the right to participate in due time in the submission of a tender or quotation on the basis of provisions in the tender or quotation documents to follow.

We will not engage in corrupt practices with the Kenyatta National Hospital Members of Staff.

We have not been debarred from participating in Public Procurement Proceedings.

When our legal, technical or financial conditions or the contractual capacity of the firm changes, we volunteer to inform you of the status and acknowledge your right to review the pre-qualification made.

We enclose all the required documents and information for the pre-qualification evaluation.

Date.....

Applicant's Name

Represented by.....

Signature.....

(Full name and designation of the person signing)



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Address: P.O BOX 20723-00202, Nairobi.

Telephone: 020 2726300-4 | 020 4243000 | 020 7244000

Cellphone Numbers: 0730 643 000 | 0709 854 000 | Email: knhadmin@knh.or.ke

BANK DETAILS FORM

INSTITUTION/COMPANY NAME:

ADDRESS	OFFICIAL STAMP

AUTHORIZED PERSONS NAME:

(1)	(2)

POSITION:

--	--

EMAIL ADDRESS:

--	--

TELEPHONE

--	--

NO.:

--	--

SIGNATURE:

--	--

DATE:

--	--

ACCOUNT

	BANK CODE
--	-----------

NO.: BANK

	BRANCH CODE
--	-------------

NAME:

BRANCH NAME:

BANKERS CONFIRMATION THAT ACCOUNT DETAILS ARE AS

STATED ABOVE AUTHORIZED SIGNATORY:

(1)	(2)

BANKERS STAMP:

--	--



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TENDERER DATA CONSENT FORM

Tender Number: _____

Tender Description: _____

Kenya National Hospital is committed to processing your personal information in accordance with the Hospital's Data Protection Policy, Data Protection Act, 2019 and its Regulations.

The personal data submitted in the tender as detailed will therefore be processed in line with the relevant Data Protection, Policies, Laws and Regulations in the way(s) and purpose(s) detailed in this Tenderer Data Consent Form.

I/we _____ hereby give explicit consent to processing of my personal data by Kenya National Hospital for the purposes of compliance with the Data Protection Act, 2019.

Signed:

Name: (tenderers name): _____

Signature: _____

Date: _____

Stamp: _____



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SUPPLIER PERFORMANCE EVALUATION AND COMMITMENT FORM

Procuring Entity: _____

Contract/Tender No.: _____

Tender Description: _____

Contract Period: From _____ To _____

Name of Supplier: _____

Supplier Address: _____

Contact Person: _____

Telephone: _____ Email: _____

SECTION A: SUPPLIER PERFORMANCE COMMITMENT

We, the undersigned supplier, hereby commit to providing goods/services/works in accordance with the contract terms, specifications, delivery timelines and applicable procurement laws.

1. Timely delivery of goods/services as per contract schedule.
2. Compliance with technical specifications and quality standards.
3. Prompt response to orders, communication and service requests.
4. Availability of adequate technical support and after-sales service where applicable.
5. Compliance with all statutory obligations including taxes, licenses, and regulatory requirements.
6. Acceptance to collect goods rejected when on use and refund of payments already made.
7. Immediate notification to the procuring entity of any challenges that may affect contract performance.

DECLARATION

Supplier Declaration

I certify and commit to fulfilling all contractual obligations as outlined above and the same shall form the basis for performance evaluation under **SECTION B** below.

Name: _____

Designation: _____

Signature: _____

Date: _____

Stamp: _____

SECTION B: PERFORMANCE EVALUATION BY PROCURING ENTITY

Evaluation Criteria	Score Guidance	Score Awarded (1-5)
Quality of Goods/Services	100% – All items accepted with no rejection.	
	40% – Goods rejected but replaced within agreed timelines.	
	0% – Goods rejected and no replacement supplied.	
Timeliness of Delivery	100% – All deliveries within agreed timelines.	
	40% – Delivery delayed leading to cancellation and replacement of expired LPO.	
	0% – Delivery failure resulting in cancellation of LPO without supply.	
Responsiveness & Communication	100% – Prompt response within 24 hours.	
	40% – Delayed response but issue resolved.	

	0% – No response or persistent failure to respond.	
--	--	--

Compliance with Contract Terms	100% – Full compliance with contract terms and specifications.	
	40% – Minor deviations corrected after notification.	
	0% – Major breach of contract terms.	
Acceptance to Collect Rejected Goods and Refund Payments Made	100% – Supplier collects rejected goods and refunds payments promptly.	
	40% – Goods collected but refund delayed.	
	0% – Supplier fails to collect rejected goods or refund payments.	
Value for Money	100% – Goods perform as per intended purpose.	
	40% – Goods rejected while on use but supplier accepts responsibility.	
	0% – Goods rejected while on use and supplier fails to accept responsibility.	

Additional Performance Incidents Affecting Scores

Rejection of goods without replacement – 0 score under Quality.

Rejection of goods with acceptable replacement – 40% score under Quality.

Cancellation and replacement of expired LPO due to supplier delay – 40% score under Delivery.

Cancellation of LPO due to supplier failure – 0 score under Delivery.

Failure to respond to purchase order – 0 score under Responsiveness.

Issuing of credit note will be calculated based on value of credit note against the total value of the LPO.

Repeated delivery of substandard goods – Automatic contract performance review and possible termination.

Acceptance of termination of contract on goods rejected while on use. i.e. value for money.

Overall Rating Calculation

Rating	Percentage Score / Interpretation
5	90–100% – Excellent
4	80–89% – Very Good
3	70–79% – Satisfactory
2	60–69% – Poor
1	Below 60% – Unsatisfactory



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INSPECTION AND ACCEPTANCE OF GOODS/SERVICES

The Supplier hereby acknowledges and agrees that all goods, works, or services supplied under the contract shall be subject to inspection and acceptance by the Procuring Entity through the Inspection and Acceptance Committee (IAC).

The Supplier further commits to the following;

1. To deliver goods, works, or services strictly in accordance with the specifications, quantities, and quality standards stipulated in the contract and tender documents.
2. To ensure that the goods supplied conform to the approved samples, where applicable, and meet all technical and regulatory requirements.
3. To accept that the Procuring Entity may subject the goods to independent testing by accredited third-party agencies where necessary to confirm compliance.
4. To bear the cost of testing and certification where such testing is required due to doubts regarding compliance with specifications.
5. To collect and replace rejected goods promptly where inspection confirms that the goods supplied do not meet the required specifications.
6. To refund any payments already made where goods supplied are rejected and cannot be replaced in accordance with the contract terms.
7. To acknowledge that failure to comply with the inspection and acceptance requirements may lead to contract enforcement measures, including rejection of goods, cancellation of LPO, or termination of the contract in accordance with applicable procurement laws and contract provisions.

Supplier Declaration

I/We hereby certify that we have read, understood, and agree to comply with the above Inspection and Acceptance requirements and commitments.

Name of Supplier: _____

Authorized Representative: _____

Designation: _____

Signature: _____

Date: _____

Company Stamp: _____

Procedure for Inspection and Acceptance

Upon delivery of goods, works, or services, the Inspection and Acceptance Committee (IAC) shall conduct inspection and verification before acceptance.

a) Documents to be used during Inspection

The Inspection and Acceptance Committee shall inspect the goods using the following documents;

1. Local Purchase Order (LPO)
2. Supplier Delivery Note
3. Tender Document as submitted by the Supplier
4. Contract Agreement (where applicable)
5. Approved Sample (where applicable)

b) Verification during Inspection

The Inspection and Acceptance Committee shall verify the following;

- i. Conformance to the awarded products as specified in the bid/tender document.
- ii. Conformance to the approved sample, where applicable.
- iii. Compliance with technical specifications indicated in the contract.
- iv. Quantity delivered against the quantities specified in the LPO.
- v. Country of origin, where applicable.
- vi. Product labeling, packaging and expiry dates where applicable.
- vii. Functional performance, where applicable.

c) Third-Party Testing and Certification

Where goods require specialized testing or regulatory verification, samples may be submitted to recognized third-party testing agencies for independent verification and certification at suppliers cost but limited to;

Such agencies may include;

- i. Kenya Bureau of Standards (KEBS)
- ii. Government Chemist Department
- iii. National Public Health Laboratories
- iv. Other accredited regulatory authorities depending on the nature of the goods.

The third-party testing agency shall issue a certificate or a report confirming compliance and conformance.

d) Rejection of Non-Compliant Goods

If the goods fail and are rejected;

- i. The Inspection and Acceptance Committee shall document the non-compliance.
- ii. The committee shall recommend rejection, replacement or corrective action in accordance with the contract terms.
- iii. The supplier shall be formally notified of the rejection and required to replace where applicable.