

Project Name: Mobile Crane Hire for QC04

Compiled by:



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Date

13/04/2025

Approved by:



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13/04/2025

Date

Transnet SOC Ltd
Registration Number
1990/000900/30

138 Eloff Street
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P.O. Box 72501
Parkview, Johannesburg
South Africa, 2122

Directors: Dr PS Molefe (Chairperson) PPJ Derby* (Group Chief Executive) UN Fikelepi ME Letlape DC Matshoga Prof FS Mufamadi AP Ramabulana GT Ramphaka LL von Zeuner
NS Dlamini* (Group Chief Financial Officer)
*Executive

Group Company Secretary: Ms S Bopape

www.transnet.net

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1. SCOPE OF WORK:

- 1.1 This document covers the requirements of mobile crane hire.
- 1.2 The scope of work shall include the following but is not limited to:
 - 1.2.1 Execute the works as detailed under section 2 of this document.

2. DETAILED REQUIREMENTS:

- 2.1 Supply mobile crane to recover QC04
- 2.2 Supply 2 X 440Tonne mobile cranes.
- 2.3 Supply rigging slings and rigging equipment.
- 2.4 Supply 3 X qualified riggers.
- 2.5 Supply one safety officer.

3. OTHER REQUIREMENTS:

- 3.1 Only contractors that can demonstrate sufficient recent experience in hiring with mobile crane to work on STS Cranes shall be considered.
 - 3.1.1 The contractor must provide sufficient information and references with their response to enable Transnet Port Terminals to determine their level of experience as indicated in Annexure A.
 - 3.1.2 Reference lists shall include addresses as well as contact persons who may be visited for inspection of the equipment during the adjudication period.
 - 3.1.3 Transnet Port Terminals will not consider any contractors offer that, in the sole opinion of Transnet Port Terminals, does not have adequate experience and/or adequate equipment to ensure quality in their work.
 - 3.1.4 State the lead time from award of purchase order to work completion.

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ANNEXURE A: TRACK RECORD (COMPULSORY RETURNABLE)

Contractors are required to demonstrate sufficient recent experience in the execution of similar works on STS cranes; and to this end shall supply a sufficient detailed comprehensive reference list with details of similar works executed on STS Cranes in the past two (2) years.

#	Name of Previous Customer	Contact details	Details of work executed	Year
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				

Signed

Date

Name

Position

Contractor/Supplier

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4. ANNEXURE B: ACTIVITY SCHEDULE (COMPULSORY RETURNABLE)

The contractor is required to complete the activity schedule below with the description of the activity or work to be done as per scope of work and the costs of each activity.

#	Description of Activity /Task	Price
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		
11		
12		
13		
14		
15		
16		
17		
18		
TOTAL		

Signed _____

Date _____

Name _____

Position _____

Contractor/Supplier

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