

Framework Schedule 4 (Order Form Template and Call-Off Schedules)

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Lot 1 - Supply Installation Commissioning Decommissioning and Disposals of Fume Cabinets

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CALL-OFF REFERENCE:

000*

APPLICABLE LOT

- ☐ Lot 1 – Supply, Installation, Commissioning, Decommissioning and Disposals of Fume Cabinets
- ☐ Lot 2 – Service and Maintenance of Fume Cabinets

THE BUYER:

The Secretary of State for the Home Department acting through Border Force

BUYER ADDRESS

2 Marsham Street, London SW1P 4DF

THE SUPPLIER:

[Insert name of Supplier]

SUPPLIER ADDRESS:

[Insert registered address (if registered)]

CALL-OFF ORDER START DATE:

[Insert Day, Month, Year]

CALL – OFF EXPIRY DATE:

[Insert Day, Month, Year]

1. Call-Off Process

- 1.1 The Buyer is required to complete and submit a Buyer Service Request Form (the "BSRF") to the Supplier, detailing the required Deliverable.
- 1.2 Upon receipt of the BSRF, the Supplier shall review the information provided and respond with a completed Supplier Service Request Response Form (the "SSRRF") within three (3) Working Days.
- 1.3 The Buyer shall review and agree the SSRRF within three (3) working days and complete the Call-Off Order Form, which shall serve as the formal agreement between both parties.
- 1.4 The Call-Off Order Form shall be reviewed and signed by the Supplier within three (3) working days.
- 1.5 The provisions outlined in this Clause 1 must be completed prior to the commencement of any Deliverable.

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2. Buyer Service Request Form (the “BSRF”)

2.1 Buyer Requestor Details

Buyer Service Request Form Number	000*
Buyer contact name	TBA
Buyer e-mail address	TBA
Date Buyer Service Request Form submitted	

2.2 Supplier Details

Suppliers point of contact name	TBA
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2.3 Framework Details

Framework reference	[Please detail Framework reference - C*****]
Lot reference	<input type="checkbox"/> Lot 1 – Supply, Installation, Commissioning, Decommissioning and Disposals of Fume Cabinets <input type="checkbox"/> Lot 2 – Service and Maintenance of Fume Cabinets

2.4 Service Required

Type of supply and/or service required	<input type="checkbox"/> Planned Maintenance <input type="checkbox"/> Reactive Maintenance <input type="checkbox"/> Supply of fume cabinets
Location service delivery required	[Please provide full details of all applicable locations]
Make, model and asset number, if applicable	[Please include if applicable the make, model, asset number and quantities]
Brief description of service required	[Please provide a description of required services, including any faults/problems with equipment]
Service required to be commenced and completed by	[Please provide the date the services are required by]

2.5 Service Delivery Location

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Buyer point of contact details	[Please detail the Border Force on-site point of contact for when service delivery will commence]
Buyer point of contact phone number and email address	[Please detail the Border Force point of contact phone number and email address]
Site specific entry requirements, if applicable	[Please include details of any site-specific entry requirements the supplier will need to consider]
Other considerations	[To be added, if applicable]

3. Supplier Service Request Response Form (the “SSRRF”)

3.1 Supplier Details

Name of respondent	
Respondent email address	
Date of service request response	

3.2 Proposed Service Delivery

Date service delivery to be commenced and completed by	
Details of attending field service engineers, if applicable.	[Please provide the contact details of attending field service engineers, with their site specific security pass status]

3.3 Pricing

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Provided cost for requested services	<p>[Please provide a full price breakdown associated to this service request. All priced items are to be included line by line. All prices must align with Framework Schedule 3 – Framework Prices]</p>
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3.4 Additional Information

Any additional relevant information	
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4. Call-Off Order Form

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This Order Form is for the provision of the Deliverables, as detailed in Framework Schedule 1 – Specification, and dated [Insert date of issue].

4.1 Buyer Representative Details

Buyer Representative contact name	
Buyer Representative e-mail address	
Date Order Form sent to Supplier	

4.2 Supplier Representative Details

Supplier Representative contact name	
Supplier Representative e-mail address	

[PLEASE COMPLETE THE BELOW TABLES, IN LINE WITH YOUR REQUIREMENTS]

4.3 Planned Maintenance of fume cabinet in line with Framework Schedule 1 – Specification

Equipment to be maintained	[Please provide a detailed list of equipment to be maintained, including make, model, serial numbers and quantities]
Location of equipment to maintained	[Please provide full details of all applicable locations]
Commencement Date	[Please provide a date as to when the maintenance schedule should commence]
Expiry Date	[Please provide a date as to when the maintenance schedule should end]

4.4 Reactive Maintenance of fume cabinet in line with Framework Schedule 1 – Specification

Equipment description	[Please provide a detailed list of equipment requiring Reactive Maintenance, including make, model, serial numbers and quantities]
Location of equipment to maintained	[Please provide full details of all applicable locations]
Issue description	[Please provide details of the fault and/or problem with the equipment]
Anticipated date of attendance	

4.5 Supply of fume cabinet in line with Framework Schedule 1 – Specification

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Equipment required	[Please provide a description of the equipment requirements, including make and model]
Quantity required	[Please provide details of the number of equipment required]
Delivery Address	[Please provide full details of where equipment should be delivered to]
Delivery date	[Please provide details of when the equipment must be delivered by]
Installation date	[Please provide details of when the equipment must be installed by]

4.6 Pass through Cost in line with Framework Schedule 3 – Framework Prices

Pass Through Cost	[Please provide details of any pass through costs required]
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4.7 Parts & Consumables in line with Framework Schedule 3 – Framework Prices

Parts & Consumables	[Please provide details of any parts and consumables required]
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Call-Off Deliverables Pricing**4.8 Planned Maintenance of Fume Cabinets Pricing in line with Framework Schedule 3 – Framework Prices**

Unit Cost (ex VAT)	£	
Quantities		
Applicable Planned Maintenance Cost Discount	%	
Total per location (ex VAT)	Location	Total for location (£)
UK Mileage cost	(£)	
Non-UK Mileage cost	n/a (£)	
Total for Planned Maintenance (ex VAT)	£	

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4.9 Reactive Maintenance of Fume Cabinet Pricing in line with Framework Schedule 3 – Framework Prices

Hourly labour charge	£
Total hours incurred	
UK Mileage cost	(£)
Non-UK Mileage cost	n/a (£)
Total for Reactive Maintenance (ex VAT)	£

4.10 Supply of Fume Cabinet Pricing in line with Framework Schedule 3 – Framework Prices

Fume Cabinet Unit Cost	£
Quantity	[Please provide details of the number of units required]
Delivery Cost (ex VAT)	
Installation Cost (ex VAT)	
Commissioning Cost (ex VAT)	
Decommissioning Cost (ex VAT)	
Disposals Cost (ex VAT)	
Total cost for Fume Cabinet (ex VAT)	£

4.11 Pass through Costs Pricing in line with Framework Schedule 3 – Framework Prices

Pass Through Cost	£
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4.12 Parts & Consumables Pricing in line with Framework Schedule 3 – Framework Prices

Parts & Consumables	£
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4.13 Call-off Form Total in line with Framework Schedule 3 – Framework Prices

Call-off Contract total (ex VAT)	£
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Call - off Incorporated Terms

4.16 The following documents are incorporated into this Call-Off Contract. Where numbers are missing we are not using those schedules. If the documents conflict, the following order of precedence applies:

- a) This Order Form.
- b) Framework Schedule 1 – Specification
- c) Framework Schedule 2 – Framework Tender
- d) Framework Schedule 3 – Framework Prices
- e) Call-Off Schedule 7 (Service Levels)
- f) Joint Schedule 1 (Definitions and Interpretation)
- g) The following Schedules in equal order of precedence:
 - Joint Schedules
 - Joint Schedule 2 (Variation Form)
 - Joint Schedule 3 (Insurance Requirements)
 - Joint Schedule 4 (Commercially Sensitive Information)
 - Joint Schedule 6 (Key Subcontractors)
 - Joint Schedule 7 (Financial Difficulties)
 - Joint Schedule 8 (Guarantee)
 - Joint Schedule 9 (Rectification Plan)
 - Joint Schedule 10 (Processing Data)
 - Call-Off Schedules
 - Call-Off Schedule 2 (Staff Transfer)
 - Call-Off Schedule 3 (Business Continuity and Disaster Recovery)
 - Call-Off Schedule 4 (Security)
 - Call-Off Schedule 5 (Exit Management)
 - Call-Off Schedule 6 (Installation Works)
 - Call-Off Schedule 8 (Call-Off Contract Management)
- h) Core Terms
- i) Joint Schedule 5 (Corporate Social Responsibility)

4.17 No other Supplier terms are part of the Call-Off Contract. That includes any terms written on the back of, added to this Order Form, or presented at the time of delivery.

Maximum Liability

4.18 The limitation of liability for this Call-Off Contract is stated in Clause 11.2 of the Core Terms.

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Buyer's Invoice Address:

[Insert name]

[Insert role]

[Insert email address]

[Insert address]

Buyer's Authorised Representative

[Insert name]

[Insert role]

[Insert email address]

[Insert address]

Supplier's Authorised Representative

[Insert name]

[Insert role]

[Insert email address]

[Insert address]

For and on behalf of the Supplier:		For and on behalf of the Buyer:	
Signature:		Signature:	
Name:		Name:	
Role:		Role:	
Date:		Date:	

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