




**MINISTRY OF HEALTH, MALAYSIA**

**PRIVATISED HOSPITAL SUPPORT SERVICES  
MINISTRY OF HEALTH, MALAYSIA**


**Guideline on Management of Variation Orders  
in Contract Hospitals**

**June 2014**


	Engineering Services Division Hospital Operations Section	Revision No.	03
		Document No	MOH-POG-VO-01

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## 1.0 Introduction

1.1 Supplementary Agreement to the Concessions Agreement has allowed for adjustment to the Fees due to alterations/variation resulting in change to quantity of services.


Clause 3.7

and “by inserting after Clause 3.7.1 (f) the following new Clause 3.7.2 *Alterations/Variations Resulting In Change To Quantity Of Services:*

1.2 This Guideline outlines the roles and responsibilities of all parties involved and establish the procedures, the process flow and standard forms to be used in managing the alterations/variation at the Contract Hospitals.


1.3 This Guidelines is applicable to:

- a) All variations in the quantity of services at existing Contract Hospitals and Replacement Hospital, pursuant to Clause 3.7 of Contractors’ Concession Agreement and Clause 5(c) of the Supplementary Agreement.
- b) Key personnel of MOH, Contract Hospital and Concession Company in managing the alterations/variation.


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## 2.0 Definitions

- 2.1 CA - refers to the Concession Agreement between the Concession Company and MOH for the five Privatized Hospital Support Services (refer to References)
- 2.2 HSS - refers to Hospital Support Services
- 2.3 CMIS - refers to Central Management Information System
- 2.4 Contract Hospitals - refers to the Hospitals and Institutions as listed in Schedule 3 of the CA
- 2.5 Concession Company - refers to the Concession Companies appointed by Government to deliver HSS
- 2.6 Handing-over date - refers to the date Concession Company accept the variations/alterations from Contract Hospital
- 2.7 Services - refers to the hospital support services at Contract Hospital that has been privatized and entitled to variations namely, Facility Engineering Maintenance Services (FEMS), Biomedical Engineering Maintenance Services (BEMS) and Cleansing Services (CLS)
- 2.8 MOH - refers to Ministry of Health Malaysia
- 2.9 KSU - refers to '*Ketua Setiausaha*' of the MOH
- 2.10 JKN - refers to '*Jabatan Kesihatan Negeri*'
- 2.11 PEP - refers to '*Sijil Perakuan Pelupusan*'
- 2.12 KEW PA - refers to '*Kewangan Pendaftaran Aset*' Form

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- 2.13 SST - refers to 'Surat Setuju Terima'
- 2.14 SNF - refers to Notice To Commence / Stop Service Form (MOH / VAR / FRM – 01)
- 2.15 VVF - refer to Variations Verification Form (MOH / VAR / FRM – 02)
- 2.16 Variations Status - refers to
- a) Additions which includes:
- i. V1 - Existing (asset prior to 1997)
  - ii. V3 - Added installed facilities (new building, plant, equipment or land)
  - iii. V6 - Transfer from other Hospitals / healthcare facility
  - iv. V7 - Donated by others
  - v. V8 - Upgraded Installed Facilities
  - vi. V9 - Project systems component (for asset claimed under systems and sub-systems – no fees shall be claimed under asset)
  - vii. V10 - Asset in initial fee submission for any new or replacement hospital
  - viii. V11 - Old hospital asset moved to new replacement hospital
- b) Deletions which includes:
- i. V4 - Stop Service by contract hospitals
  - ii. V5 - Transfer to other Hospitals / healthcare facility
  - iii. V2 - Stop Service by MOH Engineering Division

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### 3.0 Responsibilities

#### 3.1 Ministry of Health Engineering Division

- 3.1.1 To establish national level policies, manage all contractual and operational matters (including guidelines / procedures / forms) pertaining to the management of alterations/variations.
- 3.1.2 To review, negotiate and approve rates for the costing of Variations based on the justifications submitted by the Concession Company.
- 3.1.3 To acknowledge the receipt of Summary Report and review the report submitted by the *Jabatan Kesihatan Negeri*.

#### 3.2 Ministry of Health Procurement and Privatization Division

- 3.2.1 To establish national level policies, manage all contractual and operational matters (including guidelines / procedures / forms) pertaining to the management of alterations/variations.
- 3.2.2 To notify Concession Company and Contract Hospitals of the increase / decrease in Fees.
- 3.2.3 To prepare, secure and disburse to the Contract Hospitals supplementary budget for payment purposes.
- 3.2.4 To prepare a revised fee schedule based on the agreed adjustment of fees due to the alterations/variations.
- 3.2.5 To distribute alterations/variations detailed approved list to Concession Company and Contract Hospitals.
- 3.2.6 To acknowledge the receipt of Summary Report and review the report submitted by the *Jabatan Kesihatan Negeri*.

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3.2.7 To appoint members of VO committee and act as the secretariat of the committee.

3.2.8 To prepare and submit a committee report to KSU for approval.


3.2.9 To prepare and submit SST with approved list to the Concession Company.

### 3.3 Contract Hospitals

#### 3.3.1 Hospital Director

- a) Hospital Director may formally appoint an officer to undertake all variations activities
- b) To monitor and manage alterations/variations at the Contract Hospital.
- c) To notify the Concession Company on expected date for start/stop of services using the SNF.
- d) To approve and sign the VVF, once verified and signed by *Jurutera Hospital*.
- e) To have regular coordination meetings with *Jurutera Hospital* and Concession Company.
- f) To make payment of MOH approved fees.



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### 3.3.2 *Ketua Jabatan/Pegawai Aset*


- a) To prepare and issue SNF and KEW PA on timely manner.
- b) To provide relevant documents on the alterations/variations.
- c) To physically inspect and verify the alterations / variations.

### 3.3.3 *Jurutera Hospital*

- a) To inspect, verify and sign the alterations/variations as recorded in VVF.
- b) Provide advice to Hospital Director on variation management as and when necessary.

### 3.3.4 *Jabatan Kesihatan Negeri*

- a) To submit proposal on additional allocation for variations fee to MOH Finance Division.
- b) To disburse the approved allocation to respective hospital.
- c) To acknowledge the receipt of Summary Report and review the report submitted by the Concession Company and Contract Hospital.

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### 3.4 Concession Company

3.4.1 To record all alterations/variatioins in CMIS-VO module.


3.4.2 To generate the VVF upon receiving SNF.

3.4.3 To submit VVF complete with all necessary relevant documents.

3.4.4 To compile verified VVF once approved by the Hospital Director in the Summary Report and submit to JKN.

3.4.5 To submit proposed fee for the alterations/variatioins.

3.4.6 To submit invoices for the monthly fees, incorporating approved fees for alterations/variatioins and adjustment on monthly deductions (as per Deduction Formula Guidelines).

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## 4.0 Procedures

The details of this process are shown in the flow diagram MOH/VAR/FDM–01 (please refer to Appendix A).

### 4.1 Variations Notification

Notice To Commence / Stop Service Form (SNF) is to specify the exact date of which Concession Company shall commence or stop the HSS scope of service on the variation.


- i. Date Start Service shall be the handing-over date for the variations as specified by the Hospital Director.
- ii. Date Stop Service shall be the service discontinuation date as specified by Hospital Director; the date is not necessarily being based on PEP approved date (for asset/systems).

4.1.1 *Ketua Jabatan/Pegawai Aset* shall register asset/systems based on current ‘*Tatacara Pengurusan Aset Kerajaan*’.

4.1.2 *Ketua Jabatan/Pegawai Aset* shall prepare SNF by referring to relevant documents such as:

- a) Purchase Agreement/Tender Document/Quotation,
- b) Bill of Quantity,
- c) Contract Document/Purchase Order (LPO),
- d) Approval Letter from Procurement and Privatization Division for donated item,
- e) User’s Letter,
- f) Police Report for lost asset,
- g) As built drawing,
- h) Floor Plan,
- i) Site Plan

Refer to Appendix B Variation Order Checklist, Checklist A. Variation Order Checklist of relevant documents for the corresponding variation status.

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For major projects, blanket SNF may be issued for the whole list of asset/systems.

For any additions, *Ketua Jabatan/Pegawai Aset* shall submit SNF and issue KEW PA 2 or KEW PA 3 with all relevant documents within two (2) weeks to Concession Company after a successful T&C.

*Ketua Jabatan/Pegawai Aset* shall physically inspect and verify the alterations/variations.

Any changes on the SNF shall be endorsed by Hospital Director.


Concession Company shall review SNF, Purchase Agreement/ Tender Document including Bill of Quantity/ Contract Document/ Quotation and Purchase Order (LPO).

Registration of asset in CMIS shall only be done by Concession Company when *Ketua Jabatan/Pegawai Aset* provides the KEW PA and SNF.

## 4.2 Verification of Variations

4.2.1 Concession Company shall review relevant document and prepare VVF report with proposed fee. Relevant documents such as:

- a) SNF,
- b) KEW PA 2, KEW PA 3 or KEW PA 16 (may not be necessary for V4 submission)
- c) Purchase Agreement/Tender Document/Quotation,
- d) Bill of Quantity,
- e) Contract Document/Purchase Order (LPO),
- f) Certificate of Acceptance,
- g) Approval Letter from Procurement Division for donated item,
- h) User's Letter,
- i) Police Report for lost asset

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4.2.2 Concession Company shall submit VVF with the relevant documents to *Jurutera Hospital* by 15<sup>th</sup> of the subsequent month.

4.2.3 *Jurutera Hospital* shall review and inspect the information recorded in VVF against the relevant documents, list of SNF issued by *Ketua Jabatan/Pegawai Aset* and CMIS for completeness and accuracy. Refer to Appendix B Variation Order Checklist, Checklist B. Variation Order Checklist of relevant documents for the corresponding asset/system information.

4.2.4 *Jurutera Hospital* shall return the VVF to the Concession Company if the information recorded in the VVF is found to be incomplete or inaccurate.

4.2.5 Concession Company shall make necessary corrections in VVF and submit the revised VVF to *Jurutera Hospital*.


Concession Company shall drop any item from the submission deemed as invalid by both parties.

4.2.6 *Jurutera Hospital* shall verify, sign and submit the VVF to Hospital Director if it is complete and accurate.

4.2.7 Hospital Director shall approve and sign the verified VVF within 7 working days.

4.2.8 *Jurutera Hospital* shall keep the original VVF complete with all relevant documents and submit a copy of the same set to JKN and Concession Company by 25<sup>th</sup> of the subsequent month.

4.2.9 Concession Company at site shall forward VVF together with relevant documents to Concession Company headquarters by 30<sup>th</sup> of the subsequent month.

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#### 4.3 Process of Variation Order at Concession Company's headquarters

4.3.1 Concession Company shall compile and review VVF against relevant documents.

4.3.2 Concession Company shall prepare Summary Report based on the VVF. The summary shall consist of VVF details for the submission period as stated below:

P1.XX - Variations from 1<sup>st</sup> January till 30<sup>th</sup> June

P2.XX - Variations from 1<sup>st</sup> July till 31<sup>st</sup> December

(where XX – is the last two digit of the submission year)

4.3.3 Concession Company shall submit fee proposal to JKN by 31<sup>st</sup> July / 31<sup>st</sup> January of each year inclusive of roll-over fees from previous period of submission.

#### 4.4 Process of Variation Order at *Jabatan Kesihatan Negeri*


4.4.1 Engineering Unit at JKN shall verify VVF against relevant document and CMIS.

4.4.2 Engineering Unit at JKN shall return the VVF to *Jurutera Hospital* if the information recorded in the VVF is found to be incomplete or inaccurate.

4.4.3 Engineering Unit at JKN shall compile VVF and relevant document from all hospital, develop a summary inclusive of roll-over fees from the previous period of submission, submit to MOH Engineering Division and MOH Procurement and Privatization Division by the by 15<sup>th</sup> August / 15<sup>th</sup> February of each year.

#### 4.5 Process of Variation Order at MOH Engineering Division

4.5.1 MOH Engineering Division shall acknowledge receipt of Summary Report.

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4.5.2 MOH Engineering Division shall check accuracy and completeness of information in the softcopy Summary Report and roll-over fees.

MOH Engineering Division shall liaise with the JKN on any query of incomplete and/or inaccurate information.

#### 4.6 Process of Variation Order at MOH Procurement and Privatization Division

4.6.1 MOH Procurement and Privatization Division shall acknowledge receipt of Summary Report.

4.6.2 MOH Procurement and Privatization Division shall check accuracy and completeness of information in the softcopy Summary Report and roll-over fees.

MOH Procurement and Privatization Division shall liaise with the JKN on any query of incomplete and/or inaccurate information.

4.6.3 Variation Committee shall endorse the proposed fee and submit to KSU.


4.6.4 KSU shall approve the proposed fee.

4.6.5 MOH Procurement and Privatization Division shall prepare SST with Approved List.

Approved List shall capture all verified and approved alterations, additions and deletions. It is to be presented in the following categories:

- a) Buildings
- b) M&E systems and external civil works
- c) Equipments for FEMS and BEMS
- d) Land Area
- e) Cleanable Area

4.6.6 MOH Procurement and Privatization Division shall issue the offer letter complete with detailed Approved List to JKN, Contract Hospital and Concession Company within one month from KSU fee approval.

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#### 4.7 Updating the List of Installed Facilities and Variations in Fees

- 4.7.1 MOH Procurement Division shall update accepted fee by Concession Company in Amendment Schedule 7 within one month using format MOH/VAR/FRM-08 (please refer to Appendix K).
- 4.7.2 Concession Company shall ensure that Approved List and the adjustments to the Fees (Schedule 7) are updated and documented in the CMIS within one month.
- 4.7.3 Director of JKN shall make available allocation of fee as per offer letter.
- 4.7.4 Hospital Director shall acknowledge receipt of the offer letter and forward a copy of detailed approved list to *Jurutera Hospital*.
- 4.7.5 *Jurutera Hospital* shall acknowledge the fee and verify detailed approved list.

#### 4.8 References

- 4.8.1 Concession Agreement between Government of Malaysia and Faber Medi-Serve Sdn Bhd signed on 28 October 1996.
- 4.8.2 Concession Agreement between Government of Malaysia and Radicare (M) Sdn Bhd on 28 October 1996.
- 4.8.3 Concession Agreement between Government of Malaysia and Tongkah Medivest Sdn Bhd on 28 October 1996.
- 4.8.4 Supplementary Agreement between Government of Malaysia and Pantai Medivest Sdn Bhd signed on 29th January 2003.
- 4.8.5 Supplementary Agreement between Government of Malaysia and Faber Medi-Serve Sdn Bhd signed on 10th February 2003.
- 4.8.6 Supplementary Agreement between Government of Malaysia and Radicare (M) Sdn Bhd signed on 19th February 2003.




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#### 4.9 Records

4.9.1 The records are to be maintained by all relevant parties throughout the concession period and seven years after end of contract period (by MOH).

4.9.2 Records are as follows:

- a) Notice to Commence / Stop Services Form (SNF).
- b) Variations Verification Forms (VVF).
- c) Summary Report on Variations.
- d) Summary of Fee for Services and Hospitals.
- e) Approved List
- f) Updated Fee due to Variations (Schedule 7) in CMIS.

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## 5.0 Appendices

- 5.1 Appendix A - Process Flow for Verifying Variations, Compiling and Estimating the Costs of Variations at Contract Hospitals
- 5.2 Appendix B - Checklist on Variation Order
- 5.3 Appendix C - Guideline for Variations Project Claims Table 1 – Building & System
- 5.4 Appendix D - Guideline for New / Replacement Hospital Claims – Table 3 Ground Maintenance
- 5.5 Appendix E - Guideline for New / Replacement Hospital Claims – Table 5 Cleansing
- 5.6 Appendix F - Notice To Commence/Stop Service Form (SNF)
- 5.7 Appendix G - Variations Verification Forms (VVF)
- 5.8 Appendix H - Summary Report on Variations
- 5.9 Appendix I - Roll-over Fee Format
- 5.10 Appendix J - Installed Facilities
- 5.11 Appendix K - Amendment of Schedule 7

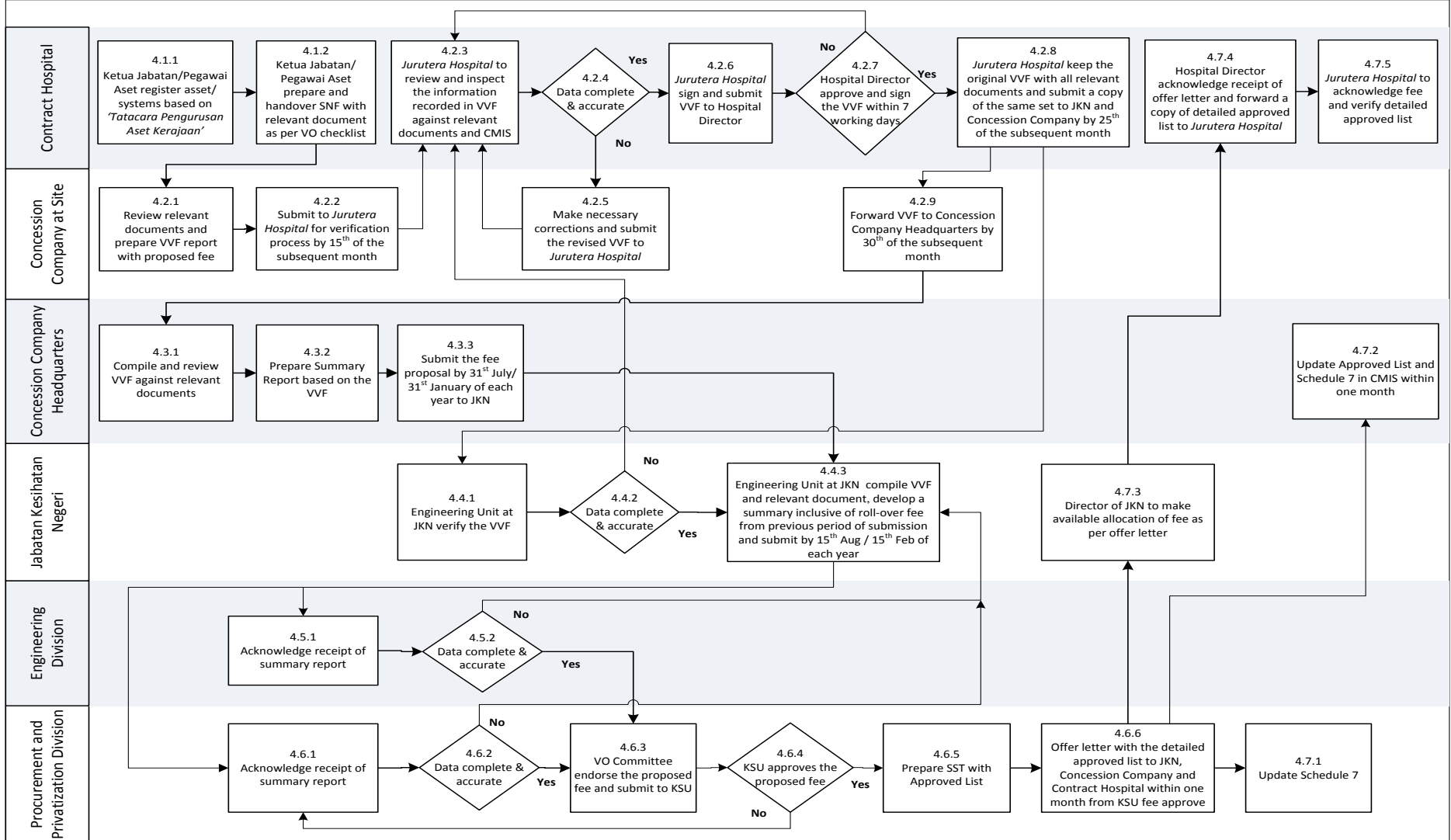
## **APPENDIX A**

### **Process Flow Diagram for Verifying Variations, Compiling and Estimating the Costs of Variations at Contract Hospitals**

(Document No.: MOH / VAR / FDM – 01)



Process Flow for verifying, compiling and estimating the costs of variations at Contract Hospitals



## **APPENDIX B**

### **Variation Order Checklist**



**A. Variation Order Checklist of relevant documents for the corresponding variation status.**

No	Type of Document	Variation Status									
		V2	V3	V4	V5	V6	V7	V8	V9	V10	V11
1	Notice to Commence / to Stop Service (SNF)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
2	*KEW PA 2 or 3	✓	✓		✓	✓	✓	✓		✓	✓
3	Copy of Purchase Agreement / Tender Document including Bill of Quantity / Contract Document / Quotation		✓					✓	✓	✓	
4	*Copy of Purchase Order (LPO)		✓			✓		✓		✓	✓
5	T&C document / Certificate of Acceptance		✓			✓	✓	✓		✓	✓
6	Approval letter from MOH Procurement Division for donated item						✓				
7	KEW PA 16 for transferred item with accompanying KEW PA 2 or 3 from previous owner				✓	✓					
8	MOH letter for any omission other than BER approved			✓	✓						
9	Site Plan / As Built Drawing / Floor Plan		✓	✓							

Note:

1. Variation Status

V2 - Stop service by MOH Engineering Division; V3 - Added installed facilities (new building, plant, equipment or land); V4 - Stop Service; V5 - Transfer to others Hospitals / healthcare facility; V6 - Transfer from others Hospitals / healthcare facility; V7 - Donated by others; V8 - Upgraded Installed Facilities; V9 - Project systems component (for assets claimed under systems and sub-systems – no fees shall be claimed under Assets / Equipment); V10 - Asset in initial fee submission for any new or replacement hospital; V11 - Old hospital asset moved to new replacement hospital

2.\* In the event where the KEW PA 2 or 3 is available LPO is not required.



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**B. Variation Order Checklist of relevant documents for the corresponding asset/system information.**

No	Type of Document	Asset/System Information					
		Asset Number	Manufacturer	Model	Purchase Cost	T&C Date	Warranty Expiry Date
1	Notice to Commence / to Stop Service (SNF)	✓			✓		
2	KEW PA 2 or 3	✓	✓	✓	✓		
3	Copy of Purchase Agreement / Tender Document including Bill of Quantity / Contract Document / Quotation		✓	✓	✓		
4	Copy of Purchase Order (LPO)		✓	✓	✓		
5	T&C document / Certificate of Acceptance		✓	✓		✓	✓
6	KEW PA 16 for transferred item with accompanying KEW PA 2 or 3 from previous owner		✓	✓	✓		
7	Site Plan / As Built Drawing / Floor Plan	For land and cleanable area information					

# **APPENDIX C**

## **Guideline for Variations Project Claims Table 1 – Building & System**





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### Standard Guideline for Project Claims under Table 1 Building and Systems

No	Description	Claimable (Yes/No)	Amount
1	Piling and foundation works	No	-
2	Insurance etc	No	-
3	Site clearance works	No	-
4	Earthworks	No	-
5	Professional charges - drawings, consultancy etc	No	-
6	Testing and Commissioning	No	-
7	Maintenance works during warranty period	No	-
8	Temporary signboards put up for construction purposes	No	-
9	Provisional sum	No	-
10	Supply of labor and tools etc	No	-
11	Civil - all works relating to substructure	No	-
12	Civil - works below lowest floor level	No	-
13	Civil - all works relating to superstructure	Yes	X1
14	Civil - doors, flooring, painting, roofing, window etc	Yes	X2
15	Electrical - (all works relating to installation only)	Yes	X3
16	Mechanical - (all works relating to installation only)	Yes	X4
17	Fire fighting - (all works relating to installation only)	Yes	X5
18	All works related to installation and maintenance not listed as above (item no. 1-17) but claimable by Concession Company	Yes	X6
19	All other works <b>NOT related to installation and maintenance</b> and/or not listed as above (item no. 1-17)	No	-
20	Removal and re-install existing asset or system	No	-
21	All costs relating to statutory body such as BOMBA or DOSH by contractor	No	-
<b>A</b>	<b>Total sum of project cost</b>		<b>A = X1+X2+X3+X4+X5+X6</b>
22	Remove and demolish existing system	----->	<b>Y</b>
<b>B</b>	<b>Total claimable project cost for claims</b>		<b>B = A - Y</b>


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**Notes:**

- 1 Basis of claim is by contract bill of quantity and not summary LPO.
- 2 All loose assets to be registered as V9 Table 2 FEMS Equipment and vehicles such as air-conditioning, fire extinguishers etc within same VO period of claim to avoid double claims in future.
- 3 If segregated, loose assets from Table 1 to be entered as addition in Table 2 such as air-conditioning, fire extinguishers etc, this value to be reduced from item # A.
- 4 When filling up the VVF Table 1, Concession Company to indicate in the VVF description the contract number of said project.
- 5 All CMIS data to be inclusive contract number where available.
- 6 No partial claims of contract value are allowed; full amount must be claimed within the same VO period to avoid over claim.
- 7 Built-up area of project to be stated (refers to total land area taken up only and NOT total floor area);
  - i. Subsequently it must have omission of land in Table 3 within the same VO period.
  - ii. Ideally omission of land in Table 3 should be submitted earlier as the project commences because major projects may take time to complete.
  - iii. Concession Company would no longer be maintaining the land area during the construction period.
- 8 For cleansing area, only additional total floor area taken up by said project and preferably to be claimed within same VO period.
- 9 No claim for cleansing is to be made if previous area was already a cleanable area such as converting one area to another area or upgrading projects without new floor area being added. Claim is only allowed for the total new floor area.
- 10 All loose and registered assets removed such as air-conditioning etc to be omitted under Table 2 within the same VO period.
- 11 Ensure relevant building and systems are omitted under Table 1 if demolished and removed but not governed by the above.
- 12 No project and/or cleansing claims are allowed without any omission of land in Table 3 or V9 for loose assets in Table 2.

## **APPENDIX D**

**Guideline for New / Replacement Hospital Claims - Table 3 Ground  
Maintenance**

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**Guidance notes on deriving claimable ground maintenance area.**


No	Description	Land Area (m <sup>2</sup> )
1	Main hospital block	X1
2	Hostel block	X2
3	Guard house	X3
4	Sub-station	X4
5	Walkways and pathways	X5
6	Sewerage treatment plant	X6
7	Chemical treatment plant	X7
8	Other ancillary buildings not covered by the above	X8
<b>A</b>	<b>Total sum of land area taken up within hospital boundary</b>	<b>A = X1+ X2+ X3+ X4+ X5+ X6+ X7+ X8</b>
9	Total land area occupied and/or belongs to the hospital	<b>B</b>
<b>B</b>	<b>Total claimable land area for ground maintenance</b>	<b>C = B - A</b>

**Notes:**

- 1 Basis of claim is by site plan drawing.
- 2 Land area refers to total area of belongs to the hospital.
- 3 Ground maintenance refers to areas of grass/turf and/or idle land not being utilized but maintained by Concession Company.
- 4 Covered/underground car parks and walkways/pathways (covered/tiled etc) are claimed under Cleansing Table 5 not to be double-claimed under land area in Table 3.
- 5 Idle land that is not cemented or tarred but utilized for a car parking area is considered ground maintenance and claimable under Table 3.
- 6 Concession Company to distinguish between on-site and off-site facility.

## **APPENDIX E**

**Guideline for New / Replacement Hospital Claims - Table 5  
Cleansing**

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### Guidance notes on deriving claimable cleansing area

No	Description	Cleanable Area (m <sup>2</sup> )
1	Total floor area – ground level	X1
2	Total floor area – 1 <sup>st</sup> floor onwards	X2
3	Total floor area – ground level covered car park	X3
4	Total floor area – intermediate level for multi-storey covered car park (inclusive roof level open car park)	X4
5	Covered walkways and pathways (tiled)	X5
6	Total common floor area (quarters/hostels)	X6
7	Plant room and riser room (within area 1-6)	Y1
8	Gas cylinder room (within area 1-6)	Y2
	<b>Nett claimable cleansing area</b>	<b>Z = Sum(Xs) – Sum(Ys)</b>

#### Notes:

- 1 Basis of claim is by floor plan drawing.
- 2 Total floor area refers to the perimeter floor area and/or up to perimeter apron for ground floor building structure.
- 3 Refer to Cleansing POG for definition of claimable cleansing area.
- 4 Covered/underground car parks and walkways/pathways (covered/tiled etc) are claimable under Cleansing Table 5 and not to be double-claimed underground maintenance.
- 5 Idle land that is not cemented or tarred but utilized for a car parking area is considered underground maintenance and not claimable under Table 5.
- 6 Cleansing claim for nurse's hostel refers to only the common areas within the hostel block.
- 7 Concession Company to distinguish between on-site and off-site facility.

## **APPENDIX F**

### **Notice To Commence/Stop Service Form (SNF)**

(Document No.: MOH / VAR / FRM - 01 SNF)



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**Arahan Untuk Mula / Tamat Perkhidmatan**  
**Notice to Commence / to Stop Service Form (SNF)**

Hospital :	<input type="text"/>	No. Rujukan :	<input type="text"/>
Syarikat	<input type="text"/>	No. Aset :	<input type="text"/>
Konsesi :		No. Kontrak :	<input type="text"/>

Perubahan fasiliti (*Installed Facility*) (Bangunan / Sistem / Peralatan / Kenderaan / Kawasan) seperti berikut:

Diskripsi Fasiliti / Peralatan /Kenderaan :		
Kos Pembinaan / Peralatan (RM) :	Variation Status* :	Tarikh Mula / Tamat Perkhidmatan :
Kontraktor / Pembekal :	Perkhidmatan : <b>FEMS / BEMS / CLS</b>	

Disediakan oleh (Ketua Jabatan/Pegawai Aset):	Disahkan oleh (Pengarah Hospital/Institusi):
<b>Nama</b> :	<b>Nama</b> :
<b>Jawatan</b> :	<b>Jawatan</b> :
<b>Tarikh</b> :	<b>Tarikh</b> :

Nota\*: Gunakan Kod berikut (*Variation Status*)  
V2 - Stop service by MOH Engineering Division; V3 - Added installed facilities (new building, plant, equipment or land); V4 - Stop Service; V5 - Transfer to others Hospitals / healthcare facility; V6 - Transfer from others Hospitals / healthcare facility; V7 - Donated by others; V8 - Upgraded Installed Facilities; V9 - Project systems component (for assets claimed under systems and sub-systems – no fees shall be claimed under Assets / Equipment); V10 - Asset in initial fee submission for any new or replacement hospital; V11 - Old hospital asset moved to new replacement hospital

Document No.: MOH / VAR / FRM - 01 SNF (Rev. 03)



## **APPENDIX G**

### **Variations Verification Forms (VVF)**

- (Document No. : MOH / VAR /FRM – 02-Table 1 VVF FEMS)
- (Document No. : MOH / VAR /FRM – 02-Table 2 VVF FEMS)
- (Document No. : MOH / VAR /FRM – 02-Table 3 VVF FEMS)
- (Document No. : MOH / VAR /FRM – 02-Table 4 VVF BEMS)
- (Document No. : MOH / VAR /FRM – 02-Table 5 VVF CLS)



**Verification of Variations Form (VVF)**

Month / Year :

**Section 1: Facility Engineering Maintenance Services (FEMS)**

State :

**Table 1 – List of Building and Systems**

Hospital/Institution :

Instructions:

1. *Jurutera Hospital* keeps the original VVF with all relevant documents and submit a copy of the same set to JKN and Concession Company.
2. Concession Company's representative at Hospital/Institution level shall fill the details in the form.
3. Concession Company's representative shall then forward the completed VVF and all relevant supporting documents as per VO checklist to *Jurutera Hospital*.
4. *Jurutera Hospital* shall inspect and verify the information presented before forwarding it to the Hospital Director.
5. Please refer to Appendix C for Project Cost.

Department	Building / System Identification No.	Building / System / Project Title	Project Cost (RM)	Built-up Area (m <sup>2</sup> )	Variation Status	Service Start Date	Defect Liability Expiry Date	Stop Service Date	Proposed Rate (DW) (% pa)	Proposed Rate (PW) (% pa)	Monthly Proposed Fee (DW) (RM)	Monthly Proposed Fee (PW) (RM)

<p><i>Prepared and signed on behalf of Concession Company by:</i> <i>Disediakan dan ditandatangani bagi pihak Syarikat Konsesi oleh:</i></p> <p><b>Name</b> :</p> <p><b>Designation</b> :</p> <p><b>Date</b> :</p>	<p><i>Verified and signed by Jurutera Hospital:</i> <i>Disemak dan ditandatangani oleh Jurutera Hospital:</i></p> <p><b>Name</b> :</p> <p><b>Designation</b> :</p> <p><b>Date</b> :</p>	<p><i>Approved and signed on behalf of Contract Hospital by:</i> <i>Diluluskan dan ditandatangani bagi pihak Hospital Kontrak oleh:</i></p> <p><b>Name</b> :</p> <p><b>Designation</b> :</p> <p><b>Date</b> :</p>
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Note: Variation Status: Use the following codes

V2 - Stop service by MOH Engineering Division; V3 - Added installed facilities (new building, plant, equipment or land); V4 - Stop Service; V5 - Transfer to others Hospitals / healthcare facility; V6 - Transfer from others Hospitals / healthcare facility; V7 - Donated by others; V8 - Upgraded Installed Facilities; V9 - Project systems component (for assets claimed under systems and sub-systems – no fees shall be claimed under Assets / Equipment); V10 - Asset in initial fee submission for any new or replacement hospital; V11 - Old hospital asset moved to new replacement hospital

Document No. : MOH / VAR / FRM – 02-Table 1 VVF FEMS (Rev. 003)



**Verification of Variations Form (VVF)**

Month / Year :

**Section 2: Facility Engineering Maintenance Services (FEMS)**

State :

**Table 2 – List of Equipment and Vehicles**

Hospital/Institution :

Instructions:

1. *Jurutera Hospital* keeps the original VVF with all relevant documents and submit a copy of the same set to JKN and Concession Company.
2. Concession Company's representative at Hospital/Institution level shall fill the details in the form.
3. Concession Company's representative shall then forward the completed VVF and all relevant supporting documents as per VO checklist to *Jurutera Hospital*.
4. *Jurutera Hospital* shall inspect and verify the information presented before forwarding it to the Hospital Director.

Department	Equipment Description	Equipment Type Code	Asset No	Manufacturer	Model	Purchase Cost (RM)	Variation Status	Service Start Date	Warranty Expiry Date	Stop Service Date	Proposed Rate (DW) (% pa)	Proposed Rate (PW) (% pa)	Monthly Proposed Fee (DW) (RM)	Monthly Proposed Fee (PW) (RM)

<p><i>Prepared and signed on behalf of Concession Company by:</i> <i>Disediakan dan ditandatangani bagi pihak Syarikat Konsesi oleh:</i></p> <p><b>Name</b> :</p> <p><b>Designation</b> :</p> <p><b>Date</b> :</p>	<p><i>Verified and signed by Jurutera Hospital:</i> <i>Disemak dan ditandatangani oleh Jurutera Hospital:</i></p> <p><b>Name</b> :</p> <p><b>Designation</b> :</p> <p><b>Date</b> :</p>	<p><i>Approved and signed on behalf of Contract Hospital by:</i> <i>Diluluskan dan ditandatangani bagi pihak Hospital Kontrak oleh:</i></p> <p><b>Name</b> :</p> <p><b>Designation</b> :</p> <p><b>Date</b> :</p>
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Note: Variation Status: Use the following codes

V2 - Stop service by MOH Engineering Division; V3 - Added installed facilities (new building, plant, equipment or land); V4 - Stop Service; V5 - Transfer to others Hospitals / healthcare facility; V6 - Transfer from others Hospitals / healthcare facility; V7 - Donated by others; V8 - Upgraded Installed Facilities; V9 - Project systems component (for assets claimed under systems and sub-systems – no fees shall be claimed under Assets / Equipment); V10 - Asset in initial fee submission for any new or replacement hospital; V11 - Old hospital asset moved to new replacement hospital

Document No. : MOH / VAR /FRM – 02-Table 2 VVF FEMS (Rev. 003)



**Verification of Variations Form (VVF)**

Month / Year :

**Section 3 : Facility Engineering Maintenance Services (FEMS)**

State :

**Table 3 – List of Variations in Land Area**

Hospital/Institution :

Instructions:

1. *Jurutera Hospital* keeps the original VVF with all relevant documents and submit a copy of the same set to JKN and Concession Company.
2. Concession Company's representative at Hospital/Institution level shall fill the details in the form.
3. Concession Company's representative shall then forward the completed VVF and all relevant supporting documents as per VO checklist to *Jurutera Hospital*.
4. *Jurutera Hospital* shall inspect and verify the information presented before forwarding it to the Hospital Director.
5. Please refer to Appendix D for Land Area.

Description of the Affected Land Area	Land Area (m <sup>2</sup> )	Variation Status	Start Service Date	Stop Service Date	Proposed Rate (PW) (% pa)	Monthly Proposed Fee (PW) (RM)

<p><i>Prepared and signed on behalf of Concession Company by:</i> <i>Disediakan dan ditandatangani bagi pihak Syarikat Konsesi oleh:</i></p> <p><b>Name</b> :</p> <p><b>Designation</b> :</p> <p><b>Date</b> :</p>	<p><i>Verified and signed by Jurutera Hospital:</i> <i>Disemak dan ditandatangani oleh Jurutera Hospital:</i></p> <p><b>Name</b> :</p> <p><b>Designation</b> :</p> <p><b>Date</b> :</p>	<p><i>Approved and signed on behalf of Contract Hospital by:</i> <i>Diluluskan dan ditandatangani bagi pihak Hospital Kontrak oleh:</i></p> <p><b>Name</b> :</p> <p><b>Designation</b> :</p> <p><b>Date</b> :</p>
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Note: Variation Status: Use the following codes

V2 - Stop service by MOH Engineering Division; V3 - Added installed facilities (new building, plant, equipment or land); V4 - Stop Service; V5 - Transfer to others Hospitals / healthcare facility; V6 - Transfer from others Hospitals / healthcare facility; V7 - Donated by others; V8 - Upgraded Installed Facilities; V9 - Project systems component (for assets claimed under systems and sub-systems – no fees shall be claimed under Assets / Equipment); V10 - Asset in initial fee submission for any new or replacement hospital; V11 - Old hospital asset moved to new replacement hospital

Document No. : MOH / VAR /FRM – 02-Table 3 VVF FEMS (Rev. 003)



**Verification of Variations Form (VVF)**

Month / Year :

**Section 4 : Biomedical Engineering Maintenance Services (BEMS)**

State :

**Table 4 – Biomedical Equipment**

Hospital/Institution :

Instructions:

1. *Jurutera Hospital* keeps the original VVF with all relevant documents and submit a copy of the same set to JKN and Concession Company.
2. Concession Company's representative at Hospital/Institution level shall fill the details in the form.
3. Concession Company's representative shall then forward the completed VVF and all relevant supporting documents as per VO checklist to *Jurutera Hospital*.
4. *Jurutera Hospital* shall inspect and verify the information presented before forwarding it to the Hospital Director.

Department	Equipment Description	Equipment Code	Asset No	Manufacturer	Model	Purchase Cost (RM)	Variation Status	Start Service Date	Warranty Expiry Date	Stop Service Date	Proposed Rate (DW) (% pa)	Proposed Rate (PW) (% pa)	Monthly Proposed Fee (DW) (RM)	Monthly Proposed Fee (PW) (RM)

<p><i>Prepared and signed on behalf of Concession Company by:</i> <i>Disediakan dan ditandatangani bagi pihak Syarikat Koneksi oleh:</i></p> <p><b>Name</b> :</p> <p><b>Designation</b> :</p> <p><b>Date</b> :</p>	<p><i>Verified and signed by Jurutera Hospital:</i> <i>Disemak dan ditandatangani oleh Jurutera Hospital:</i></p> <p><b>Name</b> :</p> <p><b>Designation</b> :</p> <p><b>Date</b> :</p>	<p><i>Approved and signed on behalf of Contract Hospital by:</i> <i>Diluluskan dan ditandatangani bagi pihak Hospital Kontrak oleh:</i></p> <p><b>Name</b> :</p> <p><b>Designation</b> :</p> <p><b>Date</b> :</p>
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Note: Variation Status: Use the following codes

V2 - Stop service by MOH Engineering Division; V3 - Added installed facilities (new building, plant, equipment or land); V4 - Stop Service; V5 - Transfer to others Hospitals / healthcare facility; V6 - Transfer from others Hospitals / healthcare facility; V7 - Donated by others; V8 - Upgraded Installed Facilities; V9 - Project systems component (for assets claimed under systems and sub-systems – no fees shall be claimed under Assets / Equipment); V10 - Asset in initial fee submission for any new or replacement hospital; V11 - Old hospital asset moved to new replacement hospital

Document No. : MOH / VAR / FRM – 02-Table 4 VVF BEMS (Rev. 003)



**Verification of Variations Form (VVF)**

Month / Year :

**Section 5 : Cleansing Services (CLS)**

State :

**Table 5 – Cleansing Area**

Hospital/Institution :

Instructions:

1. *Jurutera Hospital* keeps the original VVF with all relevant documents and submit a copy of the same set to JKN and Concession Company.
2. Concession Company's representative at Hospital/Institution level shall fill the details in the form.
3. Concession Company's representative shall then forward the completed VVF and all relevant supporting documents as per VO checklist to *Jurutera Hospital*.
4. *Jurutera Hospital* shall inspect and verify the information presented before forwarding it to the Hospital Director.
5. Please refer to Appendix E for Cleanable Floor Area.

Building	Level	User Area Code	User Area Description	Cleanable Floor Area (m <sup>2</sup> )	Variation Status	Start Service Date	Stop Service Date	Previous Usage	Current Usage	Proposed Rate (RM)	Monthly Proposed Fee (RM)

<p><i>Prepared and signed on behalf of Concession Company by:</i> <i>Disiapkan dan ditandatangani bagi pihak Syarikat Konsesi oleh:</i></p> <p><b>Name</b> :</p> <p><b>Designation</b> :</p> <p><b>Date</b> :</p>	<p><i>Verified and signed by Jurutera Hospital:</i> <i>Disemak dan ditandatangani oleh Jurutera Hospital:</i></p> <p><b>Name</b> :</p> <p><b>Designation</b> :</p> <p><b>Date</b> :</p>	<p><i>Approved and signed on behalf of Contract Hospital by:</i> <i>Diluluskan dan ditandatangani bagi pihak Hospital Kontrak oleh:</i></p> <p><b>Name</b> :</p> <p><b>Designation</b> :</p> <p><b>Date</b> :</p>
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Note: Variation Status: Use the following codes

V2 - Stop service by MOH Engineering Division; V3 - Added installed facilities (new building, plant, equipment or land); V4 - Stop Service; V5 - Transfer to others Hospitals / healthcare facility; V6 - Transfer from others Hospitals / healthcare facility; V7 - Donated by others; V8 - Upgraded Installed Facilities; V9 - Project systems component (for assets claimed under systems and sub-systems – no fees shall be claimed under Assets / Equipment); V10 - Asset in initial fee submission for any new or replacement hospital; V11 - Old hospital asset moved to new replacement hospital

Document No. : MOH / VAR /FRM – 02-Table 5 VVF CLS (Rev. 003)

# **APPENDIX H**

## **Summary Report on Variations**

(Document No. : MOH / VAR / FRM – 03 Table 1)

(Document No. : MOH / VAR / FRM – 04 Table 2)

(Document No. : MOH / VAR / FRM – 05 Table 3)

(Document No. : MOH / VAR / FRM – 06 Table 4)

(Document No. : MOH / VAR / FRM – 07 Table 5)



## Summary Report on Variations – Facility Engineering Maintenance Services (FEMS)

**Table 1 – List of Buildings and Systems**

Submission Period :

Instructions:

Submission By :   
(JKN/Concession Company)

1. Please compile this report based on VVF.
2. Concession Company headquarters shall submit “soft copy” of data on alterations / variation to JKN, using Excel format together with rollover fee.
3. JKN shall submit “soft copy” of data on alterations / variation to MOH Engineering Division and MOH Procurement and Privatization Division, using Excel format together with rollover fee.
4. Please refer to Appendix I for Roll-over Fee format.

A Concession Company	B State	C Hospital	D Department	E Building / System Identification No.	F Building / System / Project Title	G Project Cost (RM)	H Built-up Area (m <sup>2</sup> )	I Variation Status	J Service Start Date	K Defect Liability Expiry Date	L Stop Service Date	M Proposed Rate (DW) (% pa)	N Proposed Rate (PW) (% pa)	O Monthly Proposed Fee (DW) (RM)	P Monthly Proposed Fee (PW) (RM)

<p><i>Prepared by:</i> Disediakan oleh:</p> <p><b>Name</b> :</p> <p><b>Designation</b> :</p> <p><b>Date</b> :</p>	<p><i>Verified by:</i> Disemak oleh :</p> <p><b>Name</b> :</p> <p><b>Designation</b> :</p> <p><b>Date</b> :</p>
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Note: Variation Status: Use the following codes  
 V2 - Stop service by MOH Engineering Division; V3 - Added installed facilities (new building, plant, equipment or land); V4 - Stop Service; V5 - Transfer to others Hospitals / healthcare facility; V6 - Transfer from others Hospitals / healthcare facility; V7 - Donated by others; V8 - Upgraded Installed Facilities; V9 - Project systems component (for assets claimed under systems and sub-systems – no fees shall be claimed under Assets / Equipment); V10 - Asset in initial fee submission for any new or replacement hospital; V11 - Old hospital asset moved to new replacement hospital

Document No. : MOH / VAR /FRM – 03 Table 1 (Rev. 003)





## Summary Report on Variations – Facility Engineering Maintenance Services (FEMS)

**Table 2 – List of Equipment and Vehicles**

Submission Period :

Instructions:

Submission By :   
(JKN/Concession Company)

1. Please compile this report based on VVF.
2. Concession Company headquarters shall submit “soft copy” of data on alterations / variation to JKN, using Excel format together with rollover fee.
3. JKN shall submit “soft copy” of data on alterations / variation to MOH Engineering Division and MOH Procurement and Privatization Division, using Excel format together with rollover fee.
4. Please refer to Appendix I for Roll-over Fee format.

A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R
Concession Company	State	Hospital	Department	Equipment Description	Equipment Type Code	Asset No	Manufacturer	Model	Purchase Cost (RM)	Variation Status	Start Service Date	Warranty Expiry Date	Stop Service Date	Proposed Rate (DW) (% pa)	Proposed Rate (PW) (% pa)	Monthly Proposed Fee (DW) (RM)	Monthly Proposed Fee (PW) (RM)

<p>Prepared by: Disediakan oleh:</p> <p><b>Name</b> :</p> <p><b>Designation</b> :</p> <p><b>Date</b> :</p>	<p>Verified by: Disemak oleh :</p> <p><b>Name</b> :</p> <p><b>Designation</b> :</p> <p><b>Date</b> :</p>
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Note: Variation Status: Use the following codes  
V2 - Stop service by MOH Engineering Division; V3 - Added installed facilities (new building, plant, equipment or land); V4 - Stop Service; V5 - Transfer to others Hospitals / healthcare facility; V6 - Transfer from others Hospitals / healthcare facility; V7 - Donated by others; V8 - Upgraded Installed Facilities; V9 - Project systems component (for assets claimed under systems and sub-systems – no fees shall be claimed under Assets / Equipment); V10 - Asset in initial fee submission for any new or replacement hospital; V11 - Old hospital asset moved to new replacement hospital



## Summary Report on Variations – Facility Engineering Maintenance Services (FEMS)

**Table 3 – List of Variations in Land Area**

Submission Period :

Instructions:

Submission By :   
(JKN/Concession Company)

1. Please compile this report based on VVF.
2. Concession Company headquarters shall submit “soft copy” of data on alterations / variation to JKN, using Excel format together with rollover fee.
3. JKN shall submit “soft copy” of data on alterations / variation to MOH Engineering Division and MOH Procurement and Privatization Division, using Excel format together with rollover fee.
4. Please refer to Appendix I for Roll-over Fee format.

A Concession Company	B State	C Hospital	D Description of the Affected Land Area	E Land Area (m <sup>2</sup> )	F Variation Status	G Start Service Date	H Warranty Expiry Date	I Stop Service Date	J Proposed Rate (% pa)	K Monthly Proposed Fee (RM)

<p><i>Prepared by:</i> <i>Disediakan oleh:</i></p> <p><b>Name</b> :</p> <p><b>Designation</b> :</p> <p><b>Date</b> :</p>	<p><i>Verified by:</i> <i>Disemak oleh :</i></p> <p><b>Name</b> :</p> <p><b>Designation</b> :</p> <p><b>Date</b> :</p>
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Note: Variation Status: Use the following codes  
V2 - Stop service by MOH Engineering Division; V3 - Added installed facilities (new building, plant, equipment or land); V4 - Stop Service; V5 - Transfer to others Hospitals / healthcare facility; V6 - Transfer from others Hospitals / healthcare facility; V7 - Donated by others; V8 - Upgraded Installed Facilities; V9 - Project systems component (for assets claimed under systems and sub-systems – no fees shall be claimed under Assets / Equipment); V10 - Asset in initial fee submission for any new or replacement hospital; V11 - Old hospital asset moved to new replacement hospital



## Summary Report on Variations

**Table 4 - Biomedical Engineering Maintenance Services (BEMS)**

Submission Period :

Instructions:

Submission By :   
(JKN/Concession Company)

1. Please compile this report based on VVF.
2. Concession Company headquarters shall submit "soft copy" of data on alterations / variation to JKN, using Excel format together with rollover fee.
3. JKN shall submit "soft copy" of data on alterations / variation to MOH Engineering Division and MOH Procurement and Privatization Division, using Excel format together with rollover fee.
4. Please refer to Appendix I for Roll-over Fee format.

A Concession Company	B State	C Hospital	D Department	E Equipment Description	F Equipment Code	G Asset No	H Manufacturer	I Model	J Purchase Cost (RM)	K Variation Status	L Commissioning Date	M Start Service Date	N Warranty Expiry Date	O Stop Service Date	P Proposed Rate (DW) (%) (pa)	Q Proposed Rate (PW) (% pa)	R Proposed Fee (DW) (RM pa)	S Proposed Fee (PW) (RM pa)

<p>Prepared by: Disediakan oleh:</p> <p><b>Name</b> :</p> <p><b>Designation</b> :</p> <p><b>Date</b> :</p>	<p>Verified by: Disemak oleh :</p> <p><b>Name</b> :</p> <p><b>Designation</b> :</p> <p><b>Date</b> :</p>
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Note: Variation Status: Use the following codes  
V2 - Stop service by MOH Engineering Division; V3 - Added installed facilities (new building, plant, equipment or land); V4 - Stop Service; V5 - Transfer to others Hospitals / healthcare facility; V6 - Transfer from others Hospitals / healthcare facility; V7 - Donated by others; V8 - Upgraded Installed Facilities; V9 - Project systems component (for assets claimed under systems and sub-systems – no fees shall be claimed under Assets / Equipment); V10 - Asset in initial fee submission for any new or replacement hospital; V11 - Old hospital asset moved to new replacement hospital



## Summary Report on Variations

### Table 5 - Cleansing Services (CLS)

Submission Period :

Submission By :   
(JKN/Concession Company)

Instructions:

1. Please compile this report based on VVF.
2. Concession Company headquarters shall submit "soft copy" of data on alterations / variation to JKN, using Excel format together with rollover fee.
3. JKN shall submit "soft copy" of data on alterations / variation to MOH Engineering Division and MOH Procurement and Privatization Division, using Excel format together with rollover fee.
4. Please refer to Appendix I for Roll-over Fee format.

A Concession Company	B State	C Hospital	D User Area Code	User Area Description	E Cleanable Floor Area (m <sup>2</sup> )	F Variation Status	G Start Service Date	H Stop Service Date	I Previous Usage	J Current Usage	K Proposed Rate for Variations (RM/m <sup>2</sup> ) pa	L Monthly Proposed Fee (RM)

<p><i>Prepared by:</i> <i>Disediakan oleh:</i></p> <p><b>Name</b> :</p> <p><b>Designation</b> :</p> <p><b>Date</b> :</p>	<p><i>Verified by:</i> <i>Disemak oleh :</i></p> <p><b>Name</b> :</p> <p><b>Designation</b> :</p> <p><b>Date</b> :</p>
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Note: Variation Status: Use the following codes  
V2 - Stop service by MOH Engineering Division; V3 - Added installed facilities (new building, plant, equipment or land); V4 - Stop Service; V5 - Transfer to others Hospitals / healthcare facility; V6 - Transfer from others Hospitals / healthcare facility; V7 - Donated by others; V8 - Upgraded Installed Facilities; V9 - Project systems component (for assets claimed under systems and sub-systems – no fees shall be claimed under Assets / Equipment); V10 - Asset in initial fee submission for any new or replacement hospital; V11 - Old hospital asset moved to new replacement hospital

# **APPENDIX I**

## **Roll-over Fee Format**



### Roll-Over Fee – Facility Engineering Maintenance Services (FEMS)

**Table 1 – Building and Systems**

Submission Period :

Submission By:   
JKN/Concession Company)

Total of Fee-DW RM/ month		DW Start Date	Total of (PW-DW) or PW Additional Amount / Month		Fee Payable (RM)
			PW Start Date	Total (PW - DW) (RM)	
State	Hospital		Period Name		
<b>State Total (RM)</b>					
<b>Grand Total (RM)</b>					



**Roll-Over Fee – Facility Engineering Maintenance Services (FEMS)**

**Table 2 – Equipment and Vehicles**

Submission Period :

Submission By:   
JKN/Concession Company)

Total of Fee-DW RM/ month		DW Start Date	Total of (PW-DW) or PW Additional Amount / Month			Total (PW - DW) (RM)	Fee Payable (RM)
			PW Start Date				
State	Hospital		Period Name				
<b>Total (RM)</b>							
<b>Grand Total (RM)</b>							



### Roll-Over Fee – Facility Engineering Maintenance Services (FEMS)

**Table 3 – Land Areas**

**Submission Period :**

**Submission By:**   
JKN/Concession Company)

Total of Proposed Monthly Fee (RM)		PW Start Date
State	Hospital	Total (RM)
<b>State Total (RM)</b>		
<b>Grand Total (RM)</b>		





### Roll-Over Fee – Facility Engineering Maintenance Services (FEMS)

Total of Table 1,2 and 3

Submission Period :

Submission By:   
JKN/Concession Company)

Summary FEMS (DW + PW)		DW Starts Date:			PW Starts Date :			Total (RM)
State	Hospital	Bldg & Systems (RM)	Assets (RM)	Land (RM)	Bldg & Systems (RM)	Assets (RM)	Land (RM)	
<b>State Total (RM)</b>								
<b>Grand Total (RM)</b>								



**Roll-Over Fee – Biomedical Engineering Maintenance Services (BEMS)**

**Table 4 – Biomedical Equipment**

Submission Period :

Submission By:   
JKN/Concession Company)

Total of Fee-DW RM/ month		DW Start date	Total of (PW-DW) or PW Additional Amount / Month								Total (PW - DW) (RM)	Fee Payable (RM)
			PW Start Date :									
State	Hospital		Period Name									
<b>State Total (RM)</b>												
<b>Grand Total (RM)</b>												



### Roll-Over Fee – Cleansing Services (CLS)

Table 5 – Cleansing Area

Submission Period :

Submission By:   
JKN/Concession Company)

Total of Proposed Monthly Fee (RM)		PW Start Date
State	Hospital	
<b>State Total (RM)</b>		
<b>Grand Total (RM)</b>		





### Summary of Fee by Hospital for FEMS, BEMS and CLS

Submission Period :

Submission By:   
JKN/Concession Company)

Services		Facilities Engineering Maintenance Services		Biomedical Engineering Maintenance Services		Cleansing Services		Total	
State	Hospital	Monthly (RM)	Total for the Period (RM)	Monthly (RM)	Total for the Period (RM)	Monthly (RM)	Total for the Period (RM)	Monthly (RM)	Total for the Period (RM)
<b>State Total (RM)</b>									
<b>Grand Total (RM)</b>									

# **APPENDIX J**

## **Installed Facilities**

(Document No. : MOH / VAR / FRM – 08-1)

(Document No. : MOH / VAR / FRM – 08-2)

(Document No. : MOH / VAR / FRM – 08-3)

(Document No. : MOH / VAR / FRM – 08-4)

(Document No. : MOH / VAR / FRM – 08-5)

(Document No. : MOH / VAR / FRM – 08-6)



Engineering Services Division  
Hospital Operations Section

**Installed Facilities**

State :

**Approved List of Buildings**

Hospital :

Effective Date :

Instructions:

1. Variation Committee shall fill the details in this list.
2. Variation Committee shall forward the completed list to MOH Procurement Division.
3. MOH Procurement Division shall verify the data before forwarding it to the Concession Company for acknowledgement.

A Building ID	B Description	C Project Cost (RM)	D Total Built-up Area (m <sup>2</sup> )	E Monthly DW Fee (RM)	F Monthly PW Fee (RM)	G Remarks

<p><i>Prepared and signed on behalf of Variation Committee by:</i> <i>Disediakan dan ditandatangani bagi pihak Jawatankuasa oleh:</i></p> <p><b>Name</b> : <b>Designation</b> : <b>Date</b> :</p>	<p><i>Verified and signed by MOH Procurement Division:</i> <i>Disemak dan ditandatangani oleh Bahagian Perolehan &amp; Penswastaan:</i></p> <p><b>Name</b> : <b>Designation</b> : <b>Date</b> :</p>	<p><i>Acknowledged and signed on behalf of Concession Company by:</i> <i>Diluluskan dan ditandatangani bagi pihak Syarikat Konsesi oleh:</i></p> <p><b>Name</b> : <b>Designation</b> : <b>Date</b> :</p>
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Document No. : MOH / VAR / FRM – 08-1 (Rev. 003)



Engineering Services Division  
Hospital Operations Section

**Installed Facilities**

State :

**Approved List of Systems**

Hospital :

Effective Date :

Instructions:

1. Variation Committee shall fill the details in this list.
2. Variation Committee shall forward the completed list to MOH Procurement Division.
3. MOH Procurement Division shall verify the data before forwarding it to the Concession Company for acknowledgement.

A System ID	B Description	C Project Cost (RM)	D Monthly DW Fee (RM)	E Monthly PW Fee (RM)	F Remarks

<p><i>Prepared and signed on behalf of Variation Committee by:</i> <i>Disediakan dan ditandatangani bagi pihak Jawatankuasa oleh:</i></p> <p><b>Name</b> : <b>Designation</b> : <b>Date</b> :</p>	<p><i>Verified and signed by MOH Procurement Division:</i> <i>Disemak dan ditandatangani oleh Bahagian Perolehan &amp; Penswastaaan:</i></p> <p><b>Name</b> : <b>Designation</b> : <b>Date</b> :</p>	<p><i>Acknowledged and signed on behalf of Concession Company by:</i> <i>Diluluskan dan ditandatangani bagi pihak Syarikat Konsesi oleh:</i></p> <p><b>Name</b> : <b>Designation</b> : <b>Date</b> :</p>
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Document No. : MOH / VAR / FRM – 08-2 (Rev. 003)





Engineering Services Division  
Hospital Operations Section

**Installed Facilities**

State :

**Approved List of Equipment / Vehicles (FEMS)**

Hospital :

Effective Date :

Instructions:

1. Variation Committee shall fill the details in this list.
2. Variation Committee shall forward the completed list to MOH Procurement Division.
3. MOH Procurement Division shall verify the data before forwarding it to the Concession Company for acknowledgement.

A Department	B Equipment Description	C Equipment Type Code	D Asset Label Number	E Purchase Cost (RM)	F Monthly DW Fee (RM)	G Monthly PW Fee (RM)	H Remarks

<p><i>Prepared and signed on behalf of Variation Committee by:</i> <i>Disediakan dan ditandatangani bagi pihak Jawatankuasa oleh:</i></p> <p><b>Name</b>        :</p> <p><b>Designation</b> :</p> <p><b>Date</b>         :</p>	<p><i>Verified and signed by MOH Procurement Division:</i> <i>Disemak dan ditandatangani oleh Bahagian Perolehan &amp; Penswastaan:</i></p> <p><b>Name</b>        :</p> <p><b>Designation</b> :</p> <p><b>Date</b>         :</p>	<p><i>Acknowledged and signed on behalf of Concession Company by:</i> <i>Diluluskan dan ditandatangani bagi pihak Syarikat Konsesi oleh:</i></p> <p><b>Name</b>        :</p> <p><b>Designation</b> :</p> <p><b>Date</b>         :</p>
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Document No. : MOH / VAR / FRM – 08-3 (Rev. 003)



Engineering Services Division  
Hospital Operations Section

**Installed Facilities**

State :

**Approved List of Equipment (BEMS)**

Hospital :

Effective Date :

Instructions:

1. Variation Committee shall fill the details in this list.
2. Variation Committee shall forward the completed list to MOH Procurement Division.
3. MOH Procurement Division shall verify the data before forwarding it to the Concession Company for acknowledgement.

A Department	B Equipment Description	C Equipment Code	D Asset Number	E Purchase Cost (RM)	F Monthly DW Fee (RM)	G Monthly PW Fee (RM)	H Remarks

<p><i>Prepared and signed on behalf of Variation Committee by:</i> <i>Disediakan dan ditandatangani bagi pihak Jawatankuasa oleh:</i></p> <p><b>Name</b>       :</p> <p><b>Designation</b>   :</p> <p><b>Date</b>         :</p>	<p><i>Verified and signed by MOH Procurement Division:</i> <i>Disemak dan ditandatangani oleh Bahagian Perolehan &amp; Penswastaaan:</i></p> <p><b>Name</b>       :</p> <p><b>Designation</b>   :</p> <p><b>Date</b>         :</p>	<p><i>Acknowledged and signed on behalf of Concession Company by:</i> <i>Diluluskan dan ditandatangani bagi pihak Syarikat Konsesi oleh:</i></p> <p><b>Name</b>       :</p> <p><b>Designation</b>   :</p> <p><b>Date</b>         :</p>
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Document No. : MOH / VAR / FRM – 08-4 (Rev. 003)



**Installed Facilities**

State :

**Approved List of Land Areas**

Hospital :

Effective Date :

Instructions:

1. Variation Committee shall fill the details in this list.
2. Variation Committee shall forward the completed list to MOH Procurement Division.
3. MOH Procurement Division shall verify the data before forwarding it to the Concession Company for acknowledgement.

A Description of the Affected Land Areas	B Land Area (m <sup>2</sup> )	C Monthly PW Fee (RM)	D Remarks

<p><i>Prepared and signed on behalf of Variation Committee by:</i> <i>Disediakan dan ditandatangani bagi pihak Jawatankuasa oleh:</i></p> <p><b>Name</b>       :</p> <p><b>Designation</b>   :</p> <p><b>Date</b>         :</p>	<p><i>Verified and signed by MOH Procurement Division:</i> <i>Disemak dan ditandatangani oleh Bahagian Perolehan &amp; Penswastaaan:</i></p> <p><b>Name</b>       :</p> <p><b>Designation</b>   :</p> <p><b>Date</b>         :</p>	<p><i>Acknowledged and signed on behalf of Concession Company by:</i> <i>Diluluskan dan ditandatangani bagi pihak Syarikat Konsesi oleh:</i></p> <p><b>Name</b>       :</p> <p><b>Designation</b>   :</p> <p><b>Date</b>         :</p>
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Document No. : MOH / VAR / FRM – 08-5 (Rev. 003)



**Installed Facilities**

State :

**Approved List of Cleanable Areas**

Hospital :

Effective Date :

Instructions:

1. Variation Committee shall fill the details in this list.
2. Variation Committee shall forward the completed list to MOH Procurement Division.
3. MOH Procurement Division shall verify the data before forwarding it to the Concession Company for acknowledgement.

A Building	B Level	C Description of User Areas	D Cleanable Floor Area (m <sup>2</sup> )	E Monthly Fee (RM)	F Remarks

<p><i>Prepared and signed on behalf of Variation Committee by:</i> <i>Disediakan dan ditandatangani bagi pihak Jawatankuasa oleh:</i></p> <p><b>Name</b>        :</p> <p><b>Designation</b> :</p> <p><b>Date</b>         :</p>	<p><i>Verified and signed by MOH Procurement Division:</i> <i>Disemak dan ditandatangani oleh Bahagian Perolehan &amp; Penswastaaan:</i></p> <p><b>Name</b>        :</p> <p><b>Designation</b> :</p> <p><b>Date</b>         :</p>	<p><i>Acknowledged and signed on behalf of Concession Company by:</i> <i>Diluluskan dan ditandatangani bagi pihak Syarikat Konsesi oleh:</i></p> <p><b>Name</b>        :</p> <p><b>Designation</b> :</p> <p><b>Date</b>         :</p>
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Document No. : MOH / VAR / FRM – 08-6 (Rev. 003)

# **APPENDIX K**

## **Amendment of Schedule 7**

(Document No. : MOH / VAR / FRM – 09)

