







**health**

Department:  
Health  
PROVINCE OF KWAZULU-NATAL

Specifications Table

Prepared by:

Initial and Surname	Designation	Signature	Date
L.Kakana	Ward Clerk		10.05.2021

Reviewed by Supervisor/Operational Manager:

Initial and Surname	Designation	Signature	Date
N.E.Maphekula	Operational Manager		10.05.2021

Item description	Specification
Item description	EYE OCULAR SHIELD
Size	
Colour	BLACK
Material	PLASTIC
Packaging (unit/box)	BOX
Functionality/performance	TO PROTECT THE EYE DURING LACRIMAL OR LID SURGERY
Purpose	SUPPLIED WITH A LATEX SUCTION CUP FOR EASY PLACEMENT & REMOVAL
Other:	

Approved by specifications committee chairperson:

Initial and Surname	Portfolio	Signature	Date
N. P. Mthembu	Supp		14.05.2021