

13 February 2025

SERVICE LEVEL AGREEMENTCONDITION OF SLA FOR RSA AND RADIATION DOSE MONITORING SERVICES.

THIS AGREEMENT is made this day **13 February 2025** by and between **LAMU COUNTY REFERRAL HOSPITAL** (hereafter referred to as "Client") and **Christian Health Association of Kenya, CHAK** (hereafter referred to as "Contractor").

The purpose of this Contract is to provide radiation safety and quality assessment service (radiation assessment of the radiology machines and facility assessment) and Dosimetry services for a period not exceeding 12 months, renewable upon consent of the two parties. The period of this contract **13 February 2025 to 13 February 2026**

Contractor agrees to perform the above-described services.

Payment shall be made according to the following terms:

1. Payment will be done upon invoicing and delivery of the radiation assessment reports and the monthly dosimeter readings reports. Signed reports will be sent to between Lamu County Referral Hospital, not later than 7 working days after the assessment. This will be certified by the Facility contact person,

Dr/Mr./Mrs/Miss/Eng. Fatma Hassan (Job Title) Health Administrative officer
(email) hassan.fatma11@yahoo.com, Tel. 0704700760

2. All payments for work done or supplies shall be paid through Cheque, RTGS or Electronic

CHAK BANK ACCOUNT DETAILS

Bank Name:	STANDARD CHARTERED BANK
Branch:	CHIROMO
Bank Postal Address:	30690-00100
Name of Account:	CHAK BUSINESS SERVICE LIMITED
Bank Account Number:	0104439112907
Currency of Bank Account:	KES
SWIFT CODE:	SCBLKENX

3. Funds Transfer as well as MPESA payable to CHRISTIAN HEALTH ASSOCIATION OF KENYA, CHAK.
4. No CASH payments shall be accepted at the CHAK offices.
5. The credit period for any invoice issued shall be 30 days.

Client agrees to pay all of Contractor' expenses in connection with this Agreement, including travel, supplies, and any other expense relating to the Agreement. Transport costs will be charged in addition at the invoicing point with support documentation for reimbursement. All expenses, shall be presented to Client for pre-approval in writing.

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CHRISTIAN HEALTH ASSOCIATION OF KENYA

P.O. BOX 30690
GPO 00100
NAIROBI
KENYA

Telephone: 4441920/4445160/4445543/4441854
Cellphone: 0733-334419/0722-203617
Fax: 4440306
Email: secretariat@chak.or.ke
Website: www.chak.or.ke

STANDARD CONDITIONS.

1. The scheduled service work will be carried out during normal working hours. All other unscheduled service will be charged extra as provided for in the contract agreement. Payments should be paid within the credit period of 30 days from the date of invoicing.
2. The terms of this contract automatically become Null and Void if the client has defaulted on any payment due to CHAK.
3. This service contract will remain in force for a period covering 12 months of the work schedule or the same is terminated by either party after giving a notice of one calendar month.
4. On the event of abuse or misuse of dosimeters, an extra fee shall be charged to the client according to the prevailing market price to replace the badge.
5. The dosimeters belong to CHAK and should always be returned for reading and recovery if the reading contract is terminated.
6. The SOP for safe handling and proper use should be adhered to in order to ensure that results are accurate and relevant for the intended purpose as much as possible.
7. The mailing packages should be labelled as 'delicate goods' at all the time.
8. An extra set of dosimeters BeOsl badges shall be dispatched to the client to ensure continuity of service when the used set has been sent to CHAK for reading.

BUSINESS HOURS;

Monday- Friday 8:00AM to 5:00PM

COMMENCEMENT OF THE WORK

The work shall commence from the date of signing this contract agreement and to be carried out on dates agreed and convenient to both parties. Any other negotiation shall be discussed and agreed upon between the two parties.

WORK SCHEDULE

SCHEDULE	DATE	ACTIVITIES
	(Submitting dates)	
Monthly Schedule	1 st to 5 th of every Month	Reading, erasing/preparing the TLD for the next use, submitting report to KNRA/user
	DATE	ACTIVITIES

Contractual period: The contract shall remain in force for the period covering the planned schedule i.e. 12 months. Any additional services required in addition to the specified services, will be charged at the prevailing market rate.

Contacts

For further inquiries, please contact the undersigned staffs:

CHAK:

- Technical team: Kenneth Lead, (0721562221, WhatsApp), Other Staffs (0733334419, 0722203617)
- Emails; njeru@chak.or.ke, secretariat@chak.or.ke, hcts@chak.or.ke

Lamu County Referral Hospital:

- Contact person- Fatma Hassan (+254 704 700 760)
- Email. hassan.fatma11@yahoo.com

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COST.

The cost shall be as follow: -

I.DOSIMETRY SERVICE

	Details	No. of Months	Quantities	Unit cost per month	Total costs
Hiring (leasing) of dosimeter	Paid once.	12	14	2000	28,000
Monthly reading of dosimeter(s)	Reading/ preparation of TLD. Sharing report with user and KNRA)	12	14	700	117,600
Courier charges to;	G4S rates (CHAK pre-qualified service provider)		(Less than 5kg)	Delivery to the Health facility	
Lamu County Referral Hospital	2,083x 2	12	1 package		49,992
TOTAL					195,592

The list below captures the radiographers/radiation workers who will be provided with dosimeters services

Health Facility	Personnel Name	KNRA Reg. No. (ADM)	Telephone	Department	Email
Lamu County Referral Hospital					

TOTAL COST

- Dosimetry Services – Ksh. 195,592.

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CONTRACT RENEWAL

The service contract becomes invalid after the last month of the agreed period.

The service contract can be renewed for the following set period, and the contractual terms might change, however, this is subject to discussion between the two parties before signing the contract.

This SLA commences on the date hereon, 13, February 2025 as an agreement between: -

SERVICE PROVIDER: - CHRISTIAN HEALTH ASSOCIATION OF KENYA (CHAK)

OFFICIAL STAMP.....

SIGNED.....

DATE..... 25/03/2025

NAME..... DR. PETER RUMWANGI MURUGA

DESIGNATION: Health Services Director, CHAK

WITNESS:

SIGNED.....

DATE.....

NAME.....

DESIGNATION:

AND

CLIENT: - LAMU COUNTY REFERRAL HOSPITAL

OFFICIAL STAMP.....

SIGNED.....

DATE..... 13/02/2025

NAME..... Dr. Nuru salim

DESIGNATION..... Medical Superintendent

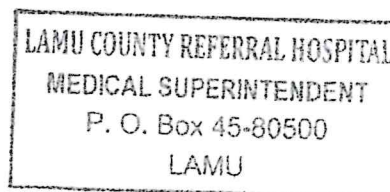
WITNESS:

SIGNED.....

DATE..... 13/02/2025

NAME..... Fatma Hassan

DESIGNATION: Health Administrative officer -



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