



Republic of the Philippines
Department of Health

CENTRAL OFFICE BIDS AND AWARDS COMMITTEE

Name of the Procuring Entity: Department of Health
Name of the Project: Procurement of Annual Preventive Maintenance and Calibration for Various Equipment and Devices of the Philippine Blood Center
Delivery Site: DOH Philippine Blood Center, 6512 Quezon Ave. Diliman Quezon City
SVP No. 2023-018-A

Name of Company

Address

Please submit your lowest price quotation on the lot listed below duly signed by your representative not later **15 August 2023, 9:00 A.M.** at Ground Floor, Building No. 6, Department of Health, San Lazaro Compound, Rizal Avenue, Sta. Cruz, Manila:

Lot No.	Description	Qty.	Unit	Total Approved Budget for the Contract (PhP)
1	Annual Preventive Maintenance and Calibration for Various Equipment and Devices of the Philippine Blood Center	1	Lot	169,000.00

Your quotation is subject to the following General Conditions:

1. Price validity shall be for a period of Ninety (90) calendar days.
2. Delivery Period:
 - a) Preventive Maintenance shall commence seven (7) calendar days upon receipt of the approved Purchase Order/Contract until thirty (30) calendar days including calibration, testing, and commissioning.
3. Delivery Site: DOH Philippine Blood Center, 6512 Quezon Ave. Diliman Quezon City
4. Terms of Payment/billing shall be made upon complete delivery and acceptance upon presentation of signed Invoice Receipts and submission of relevant documents as stipulated in the contract.
5. Bidders are entitled to one (1) bid only, otherwise, all bids made shall automatically be rejected.
6. For one-time delivery: Terms of Payment /billing shall be made for the completed delivery and acceptance upon presentation of signed Invoice Receipt and submission of relevant documents as stipulated in the contract.

7. The prospective bidder shall submit three (3) sets of true copies of the original certified as such by the bidder or his duly authorized signatory each of the following requirements in one envelope:

- a. Duly accomplished and signed Price Quotation inclusive of all taxes;
- b. Duly accomplished and signed Technical Specifications;

NOTE: In case of award, kindly send a soft copy of the technical specifications being offered (word & pdf format) to this e-mail address: **cobacbsecretariat@doh.gov.ph**;

- c. Duly signed Schedule of Requirements and Terms of References (TORs) using the attached form;
- d. Mayor's/Business Permit issued by the city or municipality where the principal place of business of the prospective bidder is located or the equivalent document for Executive Economic zones or areas together with the corresponding copy of the receipt of payment for the said permit;
- e. PhilGEPS Registration Number;
- f. Latest Annual Income Tax/Business Tax Return also refers to Value Added Tax or Percentage Tax Return covering the previous six (6) months (per Revenue Regulation 3-2015), if applicable;
- g. Omnibus Sworn Statement in accordance with the form under GPPB Resolution **GPPB Resolution No. 16-2020**; and
- h. Duly notarized authority of the signatory:
 1. Secretary's Certificate (i.e. corporation; joint venture agreement); or
 2. Special Power of Attorney (i.e. sole proprietor, partnership); or
 3. In case the signatory is the sole proprietor, copy of the DTI Registration Certificate or PhilGEPS Certificate of Platinum Membership.

NOTE: Bidders may submit their bid proposal on or before **15 August 2023, 9:00 AM.** to the COBAC-B Secretariat through any of the following options:

1. In printed copy to be submitted at the *G/F, Bldg. No. 6, Department of Health, San Lazaro Compound, Sta. Cruz, Manila*; or
2. In soft copy via e-mail to **cobacbsecretariat@doh.gov.ph** provided that it complies with the following condition:
 - i. It should be in a clear .PDF/.IMG/.JPG/.TIFF/.GIF/.PNG format, and shall be in password-protected Bidding Documents in compressed archive folders *pursuant to GPPB Resolution No. 09-2020 and Section 25.1 of the 2016 Revised IRR of RA No. 9184*;
 - ii. A generated bid receipt page or email acknowledgement indicating the time of submission must be secured and printed as a reference;

- iii. The documentary requirements are arranged accordingly based on the Eligibility Checklist using the standard file name indicated therein.
- iv. *For electronic bid submission, the password for accessing the Bidding Documents will be disclosed by the Bidders only during the actual bid opening which may be done in person or face-to-face through videoconferencing, webcasting or similar technology. (GPPB Resolution No. 09-2020 and Section 29 of the 2016 Revised IRR of RA No. 9184)*

The BAC shall open the bid envelopes using a non-discretionary “pass/fail” criterion. *In case of electronic bid submission, Bidding Documents not in compressed archive folders and are not password protected, shall be rejected. However, bid envelopes that are not properly sealed and marked or not properly compressed and password-protected, as required in the Request for Quotation, shall be accepted, provided that the bidder or its duly authorized representative shall acknowledge such condition of the bid as submitted. The BAC shall assume no responsibility for the misplacement of the contents of the improperly sealed or marked bid, or improperly compressed or password-protected folder, or for its premature opening. (GPPB Resolution No. 09-2020 and Section 25.9 of the 2016 Revised IRR of RA No. 9184)*

Further, once the Bidder is determined as the Single/Lowest Calculated and Responsive Quotation, the Bidder shall submit three (3) sets of printed copies of the eligibility documents, certified as such by the bidder or his duly authorized representative.

Please use the attached Price Quotation, Technical Specifications, Schedule of Requirements, and Authority of the Signatory Forms.

Pursuant to Section 62.1 of the 2016 Revised Implementing Rules and Regulations of Republic Act No. 9184 a warranty security shall be required from the contract awarded for a minimum period of One (1) year, in case of Non-Expendable Supplies, after acceptance by the Procuring Entity of the delivered supplies.

The obligation for the warranty shall be covered by either retention money in an amount equivalent to at least one percent (1%) but not to exceed five percent (5%) of every progress payment, or a special bank guarantee equivalent to at least one percent (1%) but not exceed to five percent (5%) of the total contract price. The said amounts shall only be released after the lapse of the warranty period or, in the case of Expendable Supplies, after consumption thereof: Provided, however, That the supplies delivered are free from patent and latent defects and all the conditions imposed under the contract have been fully met.


MAYLENE M. BELTRAN, MPA, CESO III
Assistant Secretary of Health
COBAC-B Chairperson

PRICE QUOTATION

**PROCUREMENT OF ANNUAL PREVENTIVE MAINTENANCE AND
CALIBRATION FOR VARIOUS EQUIPMENT AND DEVICES OF THE
PHILIPPINE BLOOD CENTER
SVP NO. 2023-018-A**

Lot No.	Description	Qty.	Unit	Total Approved Budget for the Contract (PhP)
1	Annual Preventive Maintenance and Calibration for Various Equipment and Devices of the Philippine Blood Center	1	Lot	

- All price offered (price per item and total bid price) must be type or written in indelible ink.
- Price validity shall be for a period of Ninety (90) calendar days.

After having carefully read and accepted your conditions, I / We quote you on the item/s at prices noted above.

Signature over Printed Name

[date of signing]

In the capacity of

Duly authorized to sign bid for and on behalf of

:[title or other appropriate designation]

:[Name of Company]

[Complete office address]

[Contact No./ Fax No.]

[Email Address]

TERMS OF REFERENCE

I. Proposed Procurement Project Name:

Annual Preventive Maintenance and Calibration of Biosafety Cabinet of the Philippine Blood Center

II. Type of Service: Maintenance Service Managed Service General Services Others (Specify)

III. Total ABC for Lot No. 1: PhP169,000.00 inclusive of all taxes

IV. Background and Rationale:

Philippine Blood Center (PBC) under the Department of Health is mandated to provide safe, adequate, and accessible blood and blood products to the network of its blood service facilities. As such, various medical equipment is essential to carry out this mandate to ensure that the blood and blood products manufactured are in accordance with the Good Manufacturing Practices (GMP) thereby, ensuring the safety and quality of such products

In this regard, preventive maintenance and calibration services will be statutory for all medical equipment to prolong its lifespan and prevent its failure which will significantly improve its dependability and performance. Hence, it will enhance the efficiency, effectiveness, accuracy, and reliability of the medical equipment.

V. Objectives

The objective is to engage the services of a Service Provider to provide the essential maintenance and calibration services for the following medical equipment to maintain its operational condition and within the tolerances or limits established for in-service operations.

VI. Scope of Work

1. Preventive maintenance on the following equipment:

Item	Description	Qty.	Unit
I	Biosafety Cabinet	2	unit

2. Perform an immediate functional check of the equipment after calibration.
3. Maintenance and servicing which include the following:
 - a. Check wind velocity (inflow and downflow)
 - b. Check UV intensity light
 - c. Filter leak test
 - d. Light intensity test
 - e. Particle counting test
 - f. Noise level test
 - g. Smoke pattern test
 - h. Check wind speed sensor
 - i. Check power and electrical integrity
 - j. Check mechanical components

VII. Deliverables Output

1. The Service Provider is required to submit a progress status reports weekly, within the duration of the project, actual accomplishment, and partial and final testing results witnessed by the PBC inspector or representatives.
2. Project schedules and implementation plan.

VIII. Proposed Terms of Payment & Expected Output to support payment

The PBC shall pay the Service Provider upon completion of the project. The Service Provider shall submit invoice, service reports, billing statement, certificate of acceptance, certificate of completion, and copies of calibration certificates and test results for processing of payment.

IX. Service Standard Requirement

The Service Provider must issue an individual certification/proof for the following:

1. Must have at least two (2) years of experience in medical equipment repair and maintenance.
2. Must have at least two (2) experienced personnel assigned to this contract.
3. Must have an Office/ Shop within Metro Manila.
4. Certificate of Training of the Engineer or Technician for the equipment being maintained.
5. Certificate of Site Inspection conducted at the Philippine Blood Center
6. Warranty Certificate of at least six (6) months

X. Warranty

Provide a guarantee period for of at least six (6) months. In case the units are bogged down while on the guarantee period, the Service Provider shall check the equipment free of charge including labor.

XI. Project Duration

Preventive Maintenance shall commence seven (7) calendar days upon receipt of the approved Purchase Order/Contract until thirty (30) calendar days including calibration, testing, and commissioning.

XII. Terms and Conditions

1. The Service Provider shall ensure that they follow the terms and conditions required.
2. The PBC shall be free from any kind of claims, damages, liabilities, or courses of action in the event the supplier violates any terms and conditions hereof.
3. The Service Provider shall provide the PBC with detailed reports documenting the maintenance activities performed, findings, and any recommendations or actions taken.
4. The Service Provider shall submit copies of calibration certificates and test results.

XIII. Project Site

6512 Philippine Blood Center, Quezon Avenue, Quezon City

XIV. Implementation Agreements

PBC End User Representative

Neil Gannaban

Chief, Administrative Staff
6512 Quezon Ave. Diliman Quezon City
995-3846 local 212

Signature over Printed Name

[date of signing]

In the capacity of

Duly authorized to sign bid for and on behalf of:

[Complete office address]

[Telephone No/Fax No.]

[Email Address]

[title or other appropriate designation]

[Name of Company]

TERMS OF REFERENCE

I. Proposed Procurement Project Name:

Annual Preventive Maintenance and Calibration of Autoclave of the Philippine Blood Center

II. Type of Service: Maintenance Service Managed Service General Services Others (Specify)

III. Total ABC for Lot No. 1: PhP169,000.00 inclusive of all taxes

IV. Background and Rationale:

Philippine Blood Center (PBC) under the Department of Health is mandated to provide safe, adequate, and accessible blood and blood products to the network of its blood service facilities. As such, various medical equipment is essential to carry out this mandate to ensure that the blood and blood products manufactured are in accordance with the Good Manufacturing Practices (GMP) thereby, ensuring the safety and quality of such products

In this regard, preventive maintenance and calibration services will be statutory for all medical equipment to prolong its lifespan and prevent its failure which will significantly improve its dependability and performance. Hence, it will enhance the efficiency, effectiveness, accuracy, and reliability of the medical equipment.

V. Objectives

The objective is to engage the services of a Service Provider to provide the essential maintenance and calibration services for the following medical equipment to maintain its operational condition and within the tolerances or limits established for in-service operation

VI. Scope of Work

1. Preventive maintenance on the following equipment:

Item	Description	Qty.	Unit
I	Autoclave	2	unit

2. Perform an immediate functional check of the equipment after calibration.
3. Maintenance and servicing which include the following:
 - a. Check lid seal
 - b. Vacuum test
 - c. Clean the unit interior and exterior
 - d. Check power connections
 - e. Check temperature settings
 - f. Check the amount of internal distilled water
 - g. Check door ejection pressure
 - h. Set time delay
 - i. Check pressure pass control device
 - j. Check drain system
 - k. Check the steam condensation mechanism

VII. Deliverables Output

1. The Service Provider is required to submit a progress status reports weekly, within the duration of the project, actual accomplishment, and partial and final testing results witnessed by the PBC inspector or representatives.
2. Project schedules and implementation plan.

VIII. Proposed Terms of Payment & Expected Output to support payment

The PBC shall pay the Service Provider upon completion of the project. The Service Provider shall submit invoice, service reports, billing statement, certificate of acceptance, certificate of completion, and copies of calibration certificates and test results for processing of payment.

IX. Service Standard Requirement

The Service Provider must issue an individual certification/proof for the following:

1. Must have at least two (2) years of experience in medical equipment repair and maintenance.
2. Must have at least two (2) experienced personnel assigned to this contract.
3. Must have an Office/ Shop within Metro Manila.
4. Certificate of Training of the Engineer or Technician for the equipment being maintained.
5. Certificate of Site Inspection conducted at the Philippine Blood Center
6. Warranty Certificate of at least six (6) months

X. Warranty

Provide a guarantee period for of at least six (6) months. In case the units are bogged down while on the guarantee period, the Service Provider shall check the equipment free of charge including labor.

XI. Project Duration

Preventive Maintenance shall commence seven (7) calendar days upon receipt of the approved Purchase Order/Contract until thirty (30) calendar days including calibration, testing, and commissioning.

XII. Terms and Conditions

1. The Service Provider shall ensure that they follow the terms and conditions required.
2. The PBC shall be free from any kind of claims, damages, liabilities, or courses of action in the event the supplier violates any terms and conditions hereof.
3. The Service Provider shall provide the PBC with detailed reports documenting the maintenance activities performed, findings, and any recommendations or actions taken.
4. The Service Provider shall submit copies of calibration certificates and test results.

XIII. Project Site

6512 Philippine Blood Center, Quezon Avenue, Quezon City

XIV. Implementation Agreements

PBC End User Representative

Neil Gannaban

Chief, Administrative Staff

6512 Quezon Ave. Diliman Quezon City

995-3846 local 212

Signature over Printed Name

[date of signing]

In the capacity of

Duly authorized to sign bid for and on behalf of:

[title or other appropriate designation]

[Name of Company]

[Complete office address]

[Telephone No/Fax No.]

[Email Address]

TERMS OF REFERENCE

I. Proposed Procurement Project Name:

Annual Preventive Maintenance and Calibration of Weighing Scale of the Philippine Blood Center

II. Type of Service: Maintenance Service Managed Service General Services
Others (Specify)

III. Total ABC for Lot No. 1: PhP169,000.00 inclusive of all taxes

IV. Background and Rationale:

Philippine Blood Center (PBC) under the Department of Health is mandated to provide safe, adequate, and accessible blood and blood products to the network of its blood service facilities. As such, various medical equipment is essential to carry out this mandate to ensure that the blood and blood products manufactured are in accordance with the Good Manufacturing Practices (GMP) thereby, ensuring the safety and quality of such products

In this regard, preventive maintenance and calibration services will be statutory for all medical equipment to prolong its lifespan and prevent its failure which will significantly improve its dependability and performance. Hence, it will enhance the efficiency, effectiveness, accuracy, and reliability of the medical equipment.

V. Objectives

The objective is to contract the Service Provider to provide the essential maintenance and calibration services for the following medical equipment to maintain its operational condition and within the tolerances or limits established for in-service operations

VI. Scope of Work

1. Preventive maintenance on the following equipment:

Item	Description	Qty.	Unit
I	Blood Weighing Scale	9	unit
II	Weighing scale for Donor	4	unit

2. Perform an immediate functional check of the equipment after calibration.

3. Maintenance and servicing which include the following:

- a. General check-up and performance test.
- b. Cleaning lubricating, and minor adjustment
- c. Physical inspection
- d. Operational inspection
- e. Minor adjustments and repairs, if necessary

VII. Deliverables Output

1. The Service Provider is required to submit a progress status reports weekly, within the duration of the project, actual accomplishment, and partial and final testing results witnessed by the PBC

inspector or representatives.

2. Project schedules and implementation plan.

VIII. Proposed Terms of Payment & Expected Output to support payment

The PBC shall pay the Service Provider upon completion of the project. The Service Provider shall submit invoice, service reports, billing statement, certificate of acceptance, certificate of completion, and copies of calibration certificates and test results for processing of payment.

IX. Service Standard Requirement

The Service Provider must issue an individual certification/proof for the following:

1. Must have at least two (2) years of experience in medical equipment repair and maintenance.
2. Must have at least two (2) experienced personnel assigned to this contract.
3. Must have an Office/ Shop within Metro Manila.
4. Certificate of Training of the Engineer or Technician for the equipment being maintained.
5. Certificate of Site Inspection conducted at the Philippine Blood Center
6. Warranty Certificate of at least six (6) months

X. Warranty

Provide a guarantee period for of at least six (6) months. In case the units are bogged down while on the guarantee period, the Service Provider shall check the equipment free of charge including labor.

XI. Project Duration

Preventive Maintenance shall commence seven (7) calendar days upon receipt of the approved Purchase Order/Contract until thirty (30) calendar days including calibration, testing, and commissioning.

XII. Terms and Conditions

1. The Service Provider shall ensure that they follow the terms and conditions required.
2. The PBC shall be free from any kind of claims, damages, liabilities, or courses of action in the event the supplier violates any terms and conditions hereof.
3. The Service Provider shall provide the PBC with detailed reports documenting the maintenance activities performed, findings, and any recommendations or actions taken.
4. The Service Provider shall submit copies of calibration certificates and test results.

XIII. Project Site

6512 Philippine Blood Center, Quezon Avenue, Quezon City

XIV. Implementation Agreements

PBC End User Representative

Neil Gannaban

Chief, Administrative Staff

6512 Quezon Ave. Diliman Quezon City

995-3846 local 212

Signature over Printed Name

[date of signing]

In the capacity of

Duly authorized to sign bid for and on behalf of:

[title or other appropriate designation]

[Name of Company]

[Complete office address]

[Telephone No/Fax No.]

[Email Address]

TERMS OF REFERENCE

I. Proposed Procurement Project Name:

Annual Preventive Maintenance and Calibration of Ice Pack Freezer and Ultra Low Freezer of the Philippine Blood Center

II. Type of Service: Maintenance Service Managed Service General Services Others (Specify)

III. Total ABC for Lot No. 1: PhP169,000.00 inclusive of all taxes

IV. Background and Rationale:

Philippine Blood Center (PBC) under the Department of Health is mandated to provide safe, adequate, and accessible blood and blood products to the network of its blood service facilities. As such, various medical equipment is essential to carry out this mandate to ensure that the blood and blood products manufactured are in accordance with the Good Manufacturing Practices (GMP) thereby, ensuring the safety and quality of such products

In this regard, preventive maintenance and calibration services will be statutory for all medical equipment to prolong its lifespan and prevent its failure which will significantly improve its dependability and performance. Hence, it will enhance the efficiency, effectiveness, accuracy, and reliability of the medical equipment.

V. Objectives

The objective is to engage the services of a Service Provider to provide the essential maintenance and calibration services for the following medical equipment to maintain its operational condition and within the tolerances or limits established for in-service operations.

VI. Scope of Work

1. Preventive maintenance on the following equipment:

Item	Description	Qty.	Unit
I	Ice pack Freezer (-25 °C)	2	unit
II	Ultra-low Freezer (-80 °C)	1	unit

2. Perform an immediate functional check of the equipment after calibration.

3. Maintenance and servicing which include the following:

- a. General check-up and performance test
- b. Cleaning & testing electrical system
- c. Refrigeration cycle system
- d. Testing alarm system
- e. Drainage system
- f. Temperature checking & calibration
- g. Cleaning of condenser filter

h. Defrosting chamber

VII. Deliverables Output

1. The Service Provider is required to submit a progress status reports weekly, within the duration of the project, actual accomplishment, and partial and final testing results witnessed by the PBC inspector or representatives.
2. Project schedules and implementation plan.

VIII. Proposed Terms of Payment & Expected Output to support payment

The PBC shall pay the Service Provider upon completion of the project. The Service Provider shall submit invoice, service reports, billing statement, certificate of acceptance, certificate of completion, and copies of calibration certificates and test results for processing of payment.

IX. Service Standard Requirement

The Service Provider must issue an individual certification/proof for the following:

1. Must have at least two (2) years of experience in medical equipment repair and maintenance.
2. Must have at least two (2) experienced personnel assigned to this contract.
3. Must have an Office/ Shop within Metro Manila.
4. Certificate of Training of the Engineer or Technician for the equipment being maintained.
5. Certificate of Site Inspection conducted at the Philippine Blood Center
6. Warranty Certificate of at least six (6) months

X. Warranty

Provide a guarantee period for of at least six (6) months. In case the units are bogged down while on the guarantee period, the Service Provider shall check the equipment free of charge including labor.

XI. Project Duration

Preventive Maintenance shall commence seven (7) calendar days upon receipt of the approved Purchase Order/Contract until thirty (30) calendar days including calibration, testing, and commissioning.

XII. Terms and Conditions

1. The Service Provider shall ensure that they follow the terms and conditions required.
2. The PBC shall be free from any kind of claims, damages, liabilities, or courses of action in the event the supplier violates any terms and conditions hereof.
3. The Service Provider shall provide the PBC with detailed reports documenting the maintenance activities performed, findings, and any recommendations or actions taken.
4. The Service Provider shall submit copies of calibration certificates and test results.

XIII. Project Site

6512 Philippine Blood Center, Quezon Avenue, Quezon City

XIV. Implementation Agreements

PBC End User Representative

Neil Gannaban

Chief, Administrative Staff

6512 Quezon Ave. Diliman Quezon City

995-3846 local 212

Signature over Printed Name

[date of signing]

In the capacity of

Duly authorized to sign bid for and on behalf of:

[title or other appropriate designation]

[Name of Company]

[Complete office address]

[Telephone No/Fax No.]

[Email Address]

TERMS OF REFERENCE

I. Proposed Procurement Project Name:

Annual Preventive Maintenance and Calibration of Water bath, BP Apparatus and Pipettor of the Philippine Blood Center

II. Type of Service: Maintenance Service Managed Service General Services
 Others (Specify)

III. Total ABC for Lot No. 1: PhP169,000.00 inclusive of all taxes

IV. Background and Rationale:

Philippine Blood Center (PBC) under the Department of Health is mandated to provide safe, adequate, and accessible blood and blood products to the network of its blood service facilities. As such, various medical equipment is essential to carry out this mandate to ensure that the blood and blood products manufactured are in accordance with the Good Manufacturing Practices (GMP) thereby, ensuring the safety and quality of such products

In this regard, preventive maintenance and calibration services will be statutory for all medical equipment to prolong its lifespan and prevent its failure which will significantly improve its dependability and performance. Hence, it will enhance the efficiency, effectiveness, accuracy, and reliability of the medical equipment.

V. Objectives

The objective is to contract the Service Provider to provide the essential maintenance and calibration services for the following medical equipment to maintain its operational condition and within the tolerances or limits established for in-service operations.

VI. Scope of Work

1. Preventive maintenance on the following equipment:

Item	Description	Qty.	Unit
I	Water Bath	1	unit
II	BP Apparatus	6	unit
III	Pipettor	5	unit

2. Perform an immediate functional check of the equipment after calibration.
3. Maintenance and servicing which include the following:
 - a. General check-up
 - b. Check performance test.
 - c. Cleaning
 - d. Lubricating

e. Minor adjustment

VII. Deliverables Output

1. The Service Provider is required to submit a progress status reports weekly, within the duration of the project, actual accomplishment, and partial and final testing results witnessed by the PBC inspector or representatives.
2. Project schedules and implementation plan.

VIII. Proposed Terms of Payment & Expected Output to support payment

The PBC shall pay the Service Provider upon completion of the project. The Service Provider shall submit invoice, service reports, billing statement, certificate of acceptance, certificate of completion, and copies of calibration certificates and test results for processing of payment.

IX. Service Standard Requirement

The Service Provider must issue an individual certification/proof for the following:

1. Must have at least two (2) years of experience in medical equipment repair and maintenance.
2. Must have at least two (2) experienced personnel assigned to this contract.
3. Must have an Office/ Shop within Metro Manila.
4. Certificate of Training of the Engineer or Technician for the equipment being maintained.
5. Certificate of Site Inspection conducted at the Philippine Blood Center
6. Warranty Certificate of at least six (6) months

X. Warranty

Provide a guarantee period for of at least six (6) months. In case the units are bogged down while on the guarantee period, the Service Provider shall check the equipment free of charge including labor.

XI. Project Duration

Preventive Maintenance shall commence seven (7) calendar days upon receipt of the approved Purchase Order/Contract until thirty (30) calendar days including calibration, testing, and commissioning.

XII. Terms and Conditions

1. The Service Provider shall ensure that they follow the terms and conditions required.
2. The PBC shall be free from any kind of claims, damages, liabilities, or courses of action in the event the supplier violates any terms and conditions hereof.
3. The Service Provider shall provide the PBC with detailed reports documenting the maintenance activities performed, findings, and any recommendations or actions taken.
4. The Service Provider shall submit copies of calibration certificates and test results.

XIII. Project Site

6512 Philippine Blood Center, Quezon Avenue, Quezon City

XIV. Implementation Agreements

PBC End User Representative

Neil Gannaban

Chief, Administrative Staff

6512 Quezon Ave. Diliman Quezon City

995-3846 local 212

Signature over Printed Name

[date of signing]

In the capacity of

Duly authorized to sign bid for and on behalf of:

[title or other appropriate designation]

[Name of Company]

[Complete office address]

[Telephone No/Fax No.]

[Email Address]

Technical Specifications

<u>Republic of the Philippines</u> <u>Department of Health</u>			
TECHNICAL SPECIFICATIONS			
Item No.		Quantity	
Name of Manufacturer:		Country of Origin:	
ABC:			
PURCHASER'S SPECIFICATION		STATEMENT OF COMPLIANCE	
		<p>Bidders must state here either “Comply” or “Not Comply” against each of the individual parameters of each Specification stating the corresponding performance parameter of the equipment/item offered. <u>Statements of “Comply” or “Not Comply” must be supported by evidence in a Bidders Bid and cross-referenced to that evidence. Evidence shall be in the form of manufacturer’s un-amended sales literature, unconditional statements of specification and compliance issued by the manufacturer, samples, independent test data etc., as appropriate.</u> A statement that is not supported by evidence or is subsequently found to be contradicted by the evidence presented will render the Bid under evaluation liable for rejection.</p>	

 Signature over Printed Name

[date of signing]

In the capacity of

Duly authorized to sign bid for and on behalf of:

[title or other appropriate designation]

[Name of Company]

[Complete office address]

[Telephone No/Fax No.]

[Email Address]

Technical Specifications

Republic of the Philippines
Department of Health

TECHNICAL SPECIFICATIONS

Lot No. 1	Annual Preventive Maintenance and Calibration for Various Equipment and Devices of the Philippine Blood Center	Qty. / Unit	1 lot																
Name of Manufacturer:		Country of Origin:																	
Brand:		Model (if applicable):																	
Total ABC for Lot No.1 : PhP169,000.00																			
PURCHASER'S SPECIFICATION		STATEMENT-OF COMPLIANCE																	
<p>I. SCOPE OF WORK</p> <p>A. Biosafety Cabinet</p> <p>1. Preventive maintenance on the following equipment:</p> <table border="1" style="margin-left: 40px; border-collapse: collapse;"> <thead> <tr> <th style="width: 10%;">Item No.</th> <th style="width: 40%;">Description</th> <th style="width: 10%;">Qty.</th> <th style="width: 40%;">Unit</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">1</td> <td>Biosafety Cabinet</td> <td style="text-align: center;">2</td> <td style="text-align: center;">Unit</td> </tr> </tbody> </table> <p>2. Perform an immediate functional check of the equipment after calibration.</p> <p>3. Maintenance and servicing which include the following:</p> <ol style="list-style-type: none"> a. Check wind velocity (inflow and downflow) b. Check UV intensity light c. Filter leak test d. Light intensity test e. Particle counting test f. Noise level test g. Smoke pattern test h. Check wind speed sensor i. Check power and electrical integrity j. Check mechanical components <p>B. Autoclave</p> <p>1. Preventive maintenance on the following equipment:</p> <table border="1" style="margin-left: 40px; border-collapse: collapse;"> <thead> <tr> <th style="width: 10%;">Item No.</th> <th style="width: 40%;">Description</th> <th style="width: 10%;">Qty.</th> <th style="width: 40%;">Unit</th> </tr> </thead> <tbody> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table>		Item No.	Description	Qty.	Unit	1	Biosafety Cabinet	2	Unit	Item No.	Description	Qty.	Unit					Empty space for Statement of Compliance	
Item No.	Description	Qty.	Unit																
1	Biosafety Cabinet	2	Unit																
Item No.	Description	Qty.	Unit																

Republic of the Philippines
Department of Health

TECHNICAL SPECIFICATIONS

Lot No. 1	Annual Preventive Maintenance and Calibration for Various Equipment and Devices of the Philippine Blood Center	Qty. / Unit	1 lot												
Name of Manufacturer:		Country of Origin:													
Brand:		Model (if applicable):													
Total ABC for Lot No.1 : PhP169,000.00															
PURCHASER'S SPECIFICATION		STATEMENT-OF COMPLIANCE													
1	Autoclave	2	Unit												
<p>2. Perform an immediate functional check of the equipment after calibration.</p> <p>3. Maintenance and servicing which include the following:</p> <ul style="list-style-type: none"> a. Check lid seal b. Vacuum test c. Clean the unit interior and exterior d. Check power connections e. Check temperature settings f. Check the amount of internal distilled water g. Check door ejection pressure h. Set time delay i. Check pressure pass control device j. Check drain system k. Check the steam condensation mechanism <p>C. Weighing Scale</p> <p>1. Preventive maintenance on the following equipment:</p> <table border="1" style="width: 100%; border-collapse: collapse; margin: 10px 0;"> <thead> <tr> <th style="width: 10%;">Item No.</th> <th style="width: 40%;">Description</th> <th style="width: 10%;">Qty.</th> <th style="width: 40%;">Unit</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">1</td> <td style="text-align: center;">Blood Weighing Scale</td> <td style="text-align: center;">9</td> <td style="text-align: center;">Unit</td> </tr> <tr> <td style="text-align: center;">2</td> <td style="text-align: center;">Weighing scale for Donor</td> <td style="text-align: center;">4</td> <td style="text-align: center;">Unit</td> </tr> </tbody> </table> <p>2. Perform an immediate functional check of the equipment after calibration.</p> <p>3. Maintenance and servicing which include the following:</p> <ul style="list-style-type: none"> a. General check-up and performance test. 		Item No.	Description	Qty.	Unit	1	Blood Weighing Scale	9	Unit	2	Weighing scale for Donor	4	Unit		
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1	Blood Weighing Scale	9	Unit												
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Total ABC for Lot No.1 : PhP169,000.00															
PURCHASER'S SPECIFICATION		STATEMENT-OF COMPLIANCE													
<p>b. Cleaning lubricating, and minor adjustment</p> <p>c. Physical inspection</p> <p>d. Operational inspection</p> <p>e. Minor adjustments and repairs, if necessary</p> <p>D. Ice Pack Freezer and Ultra Low Freezer</p> <p>1. Preventive maintenance on the following equipment:</p> <table border="1" style="width: 100%; border-collapse: collapse; margin: 10px 0;"> <thead> <tr> <th style="width: 10%;">Item No.</th> <th style="width: 50%;">Description</th> <th style="width: 10%;">Qty.</th> <th style="width: 30%;">Unit</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">1</td> <td>Ice pack Freezer (-25 °C)</td> <td style="text-align: center;">2</td> <td style="text-align: center;">Unit</td> </tr> <tr> <td style="text-align: center;">2</td> <td>Ultra-low Freezer (-80 °C)</td> <td style="text-align: center;">1</td> <td style="text-align: center;">Unit</td> </tr> </tbody> </table> <p>2. Perform an immediate functional check of the equipment after calibration.</p> <p>3. Maintenance and servicing which include the following:</p> <ul style="list-style-type: none"> a. General check-up and performance test b. Cleaning & testing electrical system c. Refrigeration cycle system d. Testing alarm system e. Drainage system f. Temperature checking & calibration g. Cleaning of condenser filter h. Defrosting chamber <p>E. Water bath, BP Apparatus and Pipettor</p> <p>1. Preventive maintenance on the following equipment:</p>		Item No.	Description	Qty.	Unit	1	Ice pack Freezer (-25 °C)	2	Unit	2	Ultra-low Freezer (-80 °C)	1	Unit		
Item No.	Description	Qty.	Unit												
1	Ice pack Freezer (-25 °C)	2	Unit												
2	Ultra-low Freezer (-80 °C)	1	Unit												

Republic of the Philippines
Department of Health

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<p>2. Perform an immediate functional check of the equipment after calibration.</p> <p>3. Maintenance and servicing which include the following:</p> <ul style="list-style-type: none"> a. General check-up b. Check performance test. c. Cleaning d. Lubricating e. Minor adjustment 																			
II. Additional Requirements to be attached with this form arranged, numbered and tabbed as enumerated below:																			
A. The Service Provider must issue an individual certification/proof for the following:																			
<ul style="list-style-type: none"> 1. Must have at least two (2) years of experience in medical equipment repair and maintenance. 2. Must have at least two (2) experienced personnel assigned to this contract. 3. Must have an Office/ Shop within Metro Manila. 4. Certificate of Training of the Engineer or Technician for the equipment being maintained. 5. Certificate of Site Inspection conducted at the Philippine Blood Center 6. Warranty Certificate of at least six (6) months 																			

Signature over Printed Name
[date of signing]

In the capacity of
Duly authorized to sign bid for and on behalf of

: [title or other appropriate designation]
: [Name of Company]
: [Complete office address]
: [Telephone No. / Fax No.]
: [Official Email Address:]

Schedule of Requirements

The delivery schedule expressed as weeks/months stipulates hereafter a delivery date which is the date of delivery to the project site.

Lot No.	Particular	Qty./ Unit	Delivery Site	Delivered Calendar Days
1	Annual Preventive Maintenance and Calibration for Various Equipment and Devices of the Philippine Blood Center	1 lot	DOH Philippine Blood Center, 6512 Quezon Ave. Diliman Quezon City	Preventive Maintenance shall commence seven (7) calendar days upon receipt of the approved Purchase Order/Contract until thirty (30) calendar days including repair, testing, and commissioning.

Signature over Printed Name

[date of signing]

In the capacity of:

Duly authorized to sign bid for and on behalf of

[title or other appropriate designation]

:[Name of Company]

[Complete office address]

[Contact No./ Fax No]

[Email Address]

Omnibus Sworn Statement

[shall be submitted with the Bid]

REPUBLIC OF THE PHILIPPINES)
CITY/MUNICIPALITY OF _____) S.S.

AFFIDAVIT

I, [Name of Affiant], of legal age, [Civil Status], [Nationality], and residing at [Address of Affiant], after having been duly sworn in accordance with law, do hereby depose and state that:

1. *[Select one, delete the other:]*

[If a sole proprietorship:] I am the sole proprietor or authorized representative of [Name of Bidder] with office address at [address of Bidder];

[If a partnership, corporation, cooperative, or joint venture:] I am the duly authorized and designated representative of [Name of Bidder] with office address at [address of Bidder];

2. *[Select one, delete the other:]*

[If a sole proprietorship:] As the owner and sole proprietor, or authorized representative of [Name of Bidder], I have full power and authority to do, execute and perform any and all acts necessary to participate, submit the bid, and to sign and execute the ensuing contract for [Name of the Project] of the [Name of the Procuring Entity], as shown in the attached duly notarized Special Power of Attorney;

[If a partnership, corporation, cooperative, or joint venture:] I am granted full power and authority to do, execute and perform any and all acts necessary to participate, submit the bid, and to sign and execute the ensuing contract for [Name of the Project] of the [Name of the Procuring Entity], as shown in the attached [state title of attached document showing proof of authorization (e.g., duly notarized Secretary's Certificate, Board/Partnership Resolution, or Special Power of Attorney, whichever is applicable);];

3. [Name of Bidder] is not "blacklisted" or barred from bidding by the Government of the Philippines or any of its agencies, offices, corporations, or Local Government Units, foreign government/foreign or international financing institution whose blacklisting rules have been recognized by the Government Procurement Policy Board, **by itself or by relation, membership, association, affiliation, or controlling interest with another blacklisted person or entity as defined and provided for in the Uniform Guidelines on Blacklisting;**

4. Each of the documents submitted in satisfaction of the bidding requirements is an authentic copy of the original, complete, and all statements and information provided therein are true and correct;

5. [Name of Bidder] is authorizing the Head of the Procuring Entity or its duly authorized representative(s) to verify all the documents submitted;

6. *[Select one, delete the rest:]*

[If a sole proprietorship:] The owner or sole proprietor is not related to the Head of the Procuring Entity, members of the Bids and Awards Committee (BAC), the Technical Working Group, and the BAC Secretariat, the head of the Project Management Office or the end-user unit, and the project consultants by consanguinity or affinity up to the third civil degree;

[If a partnership or cooperative:] None of the officers and members of *[Name of Bidder]* is related to the Head of the Procuring Entity, members of the Bids and Awards Committee (BAC), the Technical Working Group, and the BAC Secretariat, the head of the Project Management Office or the end-user unit, and the project consultants by consanguinity or affinity up to the third civil degree;

[If a corporation or joint venture:] None of the officers, directors, and controlling stockholders of *[Name of Bidder]* is related to the Head of the Procuring Entity, members of the Bids and Awards Committee (BAC), the Technical Working Group, and the BAC Secretariat, the head of the Project Management Office or the end-user unit, and the project consultants by consanguinity or affinity up to the third civil degree;

7. *[Name of Bidder]* complies with existing labor laws and standards; and
8. *[Name of Bidder]* is aware of and has undertaken the responsibilities as a Bidder in compliance with the Philippine Bidding Documents, which includes:
 - a. Carefully examining all of the Bidding Documents;
 - b. Acknowledging all conditions, local or otherwise, affecting the implementation of the Contract;
 - c. Making an estimate of the facilities available and needed for the contract to be bid, if any; and
 - d. Inquiring or securing Supplemental/Bid Bulletin(s) issued for the *[Name of the Project]*.
9. *[Name of Bidder]* did not give or pay directly or indirectly, any commission, amount, fee, or any form of consideration, pecuniary or otherwise, to any person or official, personnel or representative of the government in relation to any procurement project or activity.
10. **In case advance payment was made or given, failure to perform or deliver any of the obligations and undertakings in the contract shall be sufficient grounds to constitute criminal liability for Swindling (Estafa) or the commission of fraud with unfaithfulness or abuse of confidence through misappropriating or converting any payment received by a person or entity under an obligation involving the duty to deliver certain goods or services, to the prejudice of the public and the government of the Philippines pursuant to Article 315 of Act No. 3815 s. 1930, as amended, or the Revised Penal Code.**

IN WITNESS WHEREOF, I have hereunto set my hand this ___ day of ___, 20__ at _____, Philippines.

[Insert NAME OF BIDDER OR ITS AUTHORIZED REPRESENTATIVE]

[Insert signatory's legal capacity]

Affiant

Jurat

[Format shall be based on the latest Rules on Notarial Practice]

SWORN to before me this ___ day of *[month]* *[year]* at *[place of execution]*, Philippines. Affiant/s is/are personally known to me and was/were identified by me through competent evidence of identity as defined in the 2004 Rules on Notarial Practice (A.M. No. 02-8-13-SC). Affiant/s exhibited to me his/her *[insert type of government identification card used]*, with his/her photograph and signature appearing thereon, with no. _____ and his/her Community Tax Certificate No. _____ issued on ___ at _____.

Witness my hand and seal this ___ day of *[month]* *[year]*.

NAME OF NOTARY PUBLIC

Serial No. of Commission _____

Notary Public for _____ until _____

Roll of Attorneys No. _____

PTR No. _____ *[date issued], [place issued]*

IBP No. _____ *[date issued], [place issued]*

Doc. No. _____

Page No. _____

Book No. _____

Series of _____

REPUBLIC OF THE PHILIPPINES)
CITY OF _____) S.S.
X-----X

SECRETARY'S CERTIFICATE

I, _____, a duly elected and qualified Corporate Secretary of _____, a corporation duly organized and existing under and by virtue of the laws of the Republic of the Philippines, with principal office and place of business at [*complete office address*], **DO HEREBY CERTIFY**, that:

I am familiar with the facts herein certified and duly authorized to certify the same;

At the Regular/Special meeting of the Board of Directors of the said Corporation duly convened and held on [*dd mm yy*] at which meeting a quorum was present and acted throughout, the following resolution was unanimously approved, and the same have not been annulled, revoked and amended in any way whatever and are in full force and effect on the date hereof:

(Resolution No. _____)

RESOLVED, that _____ be, as it hereby is, authorized to participate in the bidding of the [*Name of the Project and reference number*] by the **DEPARTMENT OF HEALTH (DOH)**; and that if awarded the project shall enter into a contract with the **DOH**; and in connection therewith hereby appoint _____, acting as duly authorized and designated representatives of _____, are granted full power and authority to do, execute and perform any and all acts necessary and/or to represent _____ in the bidding as fully and effectively as the _____ might do if personally present with full power of substitution and revocation and hereby satisfying and confirming all that my said representative shall lawfully do or cause to be done by virtue hereof;

IN WITNESS WHEREOF, I/We have hereunto set my/our hands this ____ day of [*month*] [*year*] at [*place of execution*].

[Corporate Secretary]

SUBSCRIBED AND SWORN to before me this ____ day of [*month*] [*year*] at [*place of execution*], Philippines. Affiant/s is/are personally known to me and was/were identified by me through competent evidence of identity as defined in the 2004 Rules on Notarial Practice (A.M. No. 02-8-13-SC). Affiant/s exhibited to me his/her [*insert type of government identification card used*], with his/her photograph and signature appearing thereon, with no. _____ and his/her Community Tax Certificate No. _____ issued on _____ at _____.

Witness my hand and seal this ____ day of [*month*] [*year*].

NAME OF NOTARY PUBLIC

Serial No. of Commission _____

Notary Public for _____ until _____

Roll of Attorneys No. _____

PTR No. __, [*date issued*], [*place issued*]

IBP No. __, [*date issued*], [*place issued*]

Doc. No. ____
Page No. ____
Book No. ____
Series of ____.

REPUBLIC OF THE PHILIPPINES)
CITY OF _____) S.S.
X-----X

SPECIAL POWER OF ATTORNEY

KNOW ALL MEN BY THESE PRESENTS that the undersigned [name], [title] of [name of Company], is lawfully authorized to represent and act on behalf of the [name of company], a company registered under the laws of the Republic of the Philippines with its registered office at [complete office address], do hereby APPOINT, NAME and CONSTITUTE, [name], [title] of [name of company] as my true and lawful attorney-in-fact to act for and in my name and stead, to do, execute and perform any and all acts necessary and/or represent in the bidding and perform the following acts:

1. To participate and submit a bid to the **DEPARTMENT OF HEALTH** for the Procurement of [Name of Project and reference number].
2. To make, sign, execute, deliver and receive contracts, agreements and any and all documents pertinent thereto, as may be necessary to carry into effect the foregoing authority and to bind myself with the DOH.

HEREBY GIVING AND GRANTING unto my said attorney-in-fact full power and authority to do and perform any and every act and thing whatsoever requisite or necessary or proper to be done in and about the premises as fully to all intents and purposes as I might or could lawfully do if personally present, with power of substitution and revocation, and hereby ratifying and confirming all that my said attorney-in-fact shall lawfully do or cause to done under and by virtue of these presents.

IN WITNESS WHEREOF, I/We have hereunto set my/our hands this ____ day of [month] [year] at [place of execution].

[Principal]

[Legal Representative/s]

Attorney-in-Fact SIGNED IN THE PRESENCE OF

SUBSCRIBED AND SWORN to before me this __ day of [month] [year] at [place of execution], Philippines. Affiant/s is/are personally known to me and was/were identified by me through competent evidence of identity as defined in the 2004 Rules on Notarial Practice (A.M. No. 02-8-13-SC). Affiant/s exhibited to me his/her [insert type of government identification card used], with his/her photograph and signature appearing thereon, with no. _____ and his/her Community Tax Certificate No. _____ issued on _____ at _____.

Witness my hand and seal this ____ day of [month] [year].

NAME OF NOTARY PUBLIC

Serial No. of Commission _____
Notary Public for _____ until _____
Roll of Attorneys No. _____
PTR No. __, [date issued], [place issued]
IBP No. __, [date issued], [place issued]

Doc. No. ____
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