

# REPUBLIC OF THE PHILIPPINES Department Of Health



## National Center for Mental Health

### **NOTICE OF AWARD**

January 19, 2024

AMI EQUIPMENT SERVICES AND SOLUTIONS INC.

U1012 10th Floor Medical Plaza Ortigas,

Pasig City

Tel No: (02) 8706-7300

### Sir / Madam:

Please be advised that as a result of **Public Bidding** conducted by the National Center for Mental Health – Bids and Awards Committee for Contract Services and Consultancy for the **Public Re-Bidding for Preventive Maintenance of Various Medical Equipment (General Hospital Equipment, Clinical Laboratory Equipment, Anatomical Laboratory Equipment and Dental Equipment) (SUB-LOT) CY 2024 and is hereby awarded to your company the following:** 

NO.	ITEM CODE	ITEM DESCRIPTION	QTY	UOM	UNIT PRICE	TOTAL PRICE
		Preventive Maintenance of Various Medical Equipment CY 2024 (Sub-Lot):  PREVENTIVE MAINTENANCE AND/OR CALIBRATION OF VARIOUS MEDICAL EQUIPMENT (GENERAL HOSPITAL EQUIPMENT)				
1	ITB No. CS-	Terms of Reference:  1. Service provider must have an existing physical calibration facility / laboratory in the Philippines	1	Lot	Php1,911,929.95	Php1,911,929.95
	08-A- 2024- PRB	<ol> <li>All service shall be done at the National Center for Mental Health facilities</li> <li>Service provider should coordinate with Medical Equipment Maintenance Unit before and after the preventive maintenance and other services</li> <li>Medical equipment found defective prior to the preventive maintenance and calibration procedure will not be included in the payment</li> <li>Service provider must have full-time</li> </ol>				
		certified biomedical technicians with NCII certificates of Biomedical Equipment Servicing or engineer with PRC license				

"There is no Health without Mental Health"







		1 Unit   Minimize	S			
		Additional details for Scope of Works:  1. Perform preventive maintenance including qualitative evaluation, adjustment, system performance test, software and hardware updates and replacement of PM parts/kits if necessary. Any consumables to be used during the test will be provided by the service provider such as reagents/ solutions/machine supplies (e.g. Isoflurane/sevoflurane/films/patch/ lubricants etc.)  2. Perform Calibration/verification which include quantitative evaluation using calibrated test equipment/tools.  3. Cleaning, lubricating and perform minor hardware or software repair if necessary.  4. Application of preventive maintenance				
02	ITB No. CS- 08-A- 2024- PRB	and calibration stickers which indicates PM and calibration date and due date.  PREVENTIVE MAINTENANCE AND/OR CALIBRATIO N OF VARIOUS MEDICAL EQUIPMENT (CLINICAL LABORATORY EQUIPMENT)  Terms of Reference: 1. Onsite calibration and preventive maintenance 2. Conduct performance verification of laboratory equipment 3. Conduct calibration with participation of Hospital in-charge technicians/ employee on site 4. Provide PMS stickers on all equipment indicating PMS and calibration date 5. Submit report/findings and recommendations on all equipment	1	Lot	185,128.98	185,128.98

	6. Submit calibration certificate and		
	service report indicating status of each		
	unit seven (7) days after service		
	7. Submits certificate of all calibration		
	tools used for the calibration of		
	equipment		
	8. Any damage on equipment incurred		
	during the conduct of PMS/Calibration		
	shall be paid by the service provider		
	9. Trained service engineers - training		
	certificates from accredited training		
	centers shall be submitted.		
	SCOPE OF WORK		
	CALIBRATION PARAMETERS PREVENTIVE MAINTE NANCE		
	(Quantitative inspection) (Qualitative inspection)  (I)=ELECTRICAL BAFETY TESTING (I)=PHYSICAL PASPECTION)		
	(2) = VOLUME (3) = MECHANICAL RISPECTION (3) = PLOMPRESSURE (3) = OPERATIONAL FLUCTIONIST IT VALUE COMM		
	(4) = SPEED (4) = ELECTRICAL COMPONENT INSPECTION (5) = TEMPERATURE (5) = CLEANGIG INTERIOR AND EXTERIOR EXPONENT		
	PUBLIC BIDDING - CLINICAL LABORATORY		
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	(single door)		
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	2 pc bench top. X X X Manuse X X X X X X X X X X X X X X X X X X X		
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	Otympus Objective (course)		
	1 pc Wechanical Rotation bench x y for reclude pop for pop for such a su		
	1 pc (votex Shaker,   x     x     x     x     X   X   X		
	TOTAL 241,125.00		

		Additional details for Scope of Works:  1. Perform preventive maintenance Including qualitative evaluation, adjustment, system performance test, software and hardware updates and replacement of PM parts/kit if necessary. Any consumables to be used during the test will be provided by the service provider such as reagents/solutions/machine supplies (e.g. Isoflurane/sevoflurane/films/patch/lubricants etc.) 2. Perform Calibration/verification which include quantitative evaluation using calibrated test equipment/tools 3. Cleaning, lubricating and perform minor hardware or software repair if necessary 4. Application of preventive maintenance				
03	ITB No. CS- 08-A- 2024- PRB	and calibration stickers which indicates PM and calibration date and due date.  PREVENTIVE MAINTENANCE AND/OR CALIBRATIO N OF VARIOUS MEDICAL EQUIPMENT (ANATOMICAL LABORATORY EQUIPMENT)  Terms of Reference:  1. All service shall be done at the National Center for Mental Health facilities 2. General Scope of Works for Preventive Maintenance and/or Calibration Services should apply to all medical equipment 3. Service provider should coordinate with Medical Equipment Maintenance Unit before and after the preventive maintenance and other services 4. Medical equipment found defective prior to the preventive maintenance procedure will not be included in the payment 5. Service provider must have full-time certified biomedical technicians with NCII certificates of Biomedical Equipment Servicing or engineer with PRC license 6. Service provider shall provide the following:  • Current and valid National Institute of Standards and Technology (NIST) traceable certificate of calibration or other international standards for the test/calibration equipment to be used.	1	Lot	143,785.24	143,785.24

	• FOUR (4) copies	s of completed	l Service
	Report for mine	-	
	medical equip		found
	defective.		
	• FOUR (4) co	ppies of co	mpleted
	Preventive Main	ntenance Rep	ort and
	Calibration Ce	ertificate for	r each
	equipment which	h includes qu	alitative
	and quantitative of	data.	
	• Current and Valid	d Training Cer	rtificates
	of technicians	/ engineers	who
	performed the ser	rvices.	
	• Proof of ov	wnership fo	or the
	test/calibration eq	•	
1	Note: For the following and and critical eq	ing equipment	t (high-
	erms of reference:		
	• Service enginee	ers/technicians	must
	have training co manufacturer of the	ertificates fro	on the
	manufacturer of s	imilar equipm	ent and
	the company/bi	idder must	have
	available or access equipment:	s to spare parts	s for the
	Namely:		
	1. Cryostat		
	2. Rotary Microtor	me	
	3. Tissue processor		
s	COPE OF WORK	•	
	CALIBRATION PARAMETERS (Quantitative Inspection)	PREVENTIVE MAINTENANG (Qualitative inspection)	
	(1) -ELEGIRICAL SAFETY TESTING	(1) - PHYSICAL INSPECTION	
1.1	(3) * FLOWPRESSURE	(2) = MECHANICAL INSPECTION (3) = OPERATIONAL FUNCTIONAL ITY (4) = ELECTRICAL COMPONENT MISPI	r PISPECTION
		(5) = CLEANING INTERIOR AND EXTER	ROREXPONENT
	CALIBRATION PARAMETERS	PREVENTIVE MARTEHANCE	
	Unit of Equipment Scope of Works 3	(Qualitative)  Scope of Works   STONG    Others	IT COST TOTAL COST
	1 2 3 d 3 (3 reso 4 2 )		
	Automatic Tissue  1 Unit Processor	25.9	975.00 25,975.00
	*Leica* TP 1020 SN#4258	Annual   25.9	23,373.00
Ι,	Une Leca"	7.	673 00 26.673.00
	CM1850 SW: 2008 Rotary	Azzari 26	673 00 26,673,00
-	Moretome Unit "Leica" RM 2125RT	. Amus 25.	25,270 60
11	SN# 11081		
	Pathology Station Jr Thermo		
	nstruments, SHANDON,	24.1	855.00 24.855.00
	SN: 6601110562		
	Embedding Station, Satura Firand		
'	Una Indel Tec Cro Module, SN#52360144	- Annual 25,1	110 00 25,110.00
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	One (I) Body Unit Cadaver		31200 31300
	Un1 Cadaver Refragetator Moos: MIGGELANTON:	. Armal 21,3	312 00 21,317 00
	Uni Cadaver Reingerator Moose	V V . Armai 21,3	312 00 21,317 00

		Additional details for Scope of Works:  1. Perform preventive maintenance including qualitative evaluation, adjustment, system performance test, software and hardware updates and replacement of PM parts/kit if necessary. Any consumables to be used during the test will be provided by the service provider such as reagents/solutions/machine supplies (e.g. Isoflurane/sevoflurane/films/patch/lubricants etc.)  2. Perform Calibration/verification which include quantitative evaluation using calibrated test equipment/tools  3. Cleaning, lubricating and perform minor hardware or software repair if necessary				
04	ITB No. CS- 08-A- 2024- PRB	<ol> <li>Application of preventive maintenance and calibration stickers which indicates PM and calibration date and due date.</li> <li>PREVENTIVE MAINTENANCE AND/OR CALIBRATION OF VARIOUS MEDICAL EQUIPMENT (DENTAL EQUIPMENT)</li> <li>Terms of Reference:         <ol> <li>Service provider must have an existing physical calibration facility/laboratory in the Philippines</li> <li>All service shall be done at the National Center for Mental Health facilities</li> <li>Scope of Works for Preventive Maintenance and/or Calibration Services should applies to all medical equipment</li> <li>Service provider should coordinate with Medical Equipment Maintenance Unit before and after the preventive maintenance and other services</li> <li>Medical equipment found defective prior to the preventive maintenance and calibration procedure will not be included in the payment</li> </ol> </li> </ol>	1	Lot	959,155.83	959,155.83

- 6. Service provider must have full-time certified biomedical technicians with NCII certificates of Biomedical Equipment Servicing or engineer with PRC license
- 7. Service provider shall provide the following:
  - Current and valid and National Institute of Standards and Technology (NIST) traceable certificate of calibration or other international standards for the test/ calibration equipment to be used.
  - FOUR (4) copies of completed Service Report for minor repair or for the medical equipment may found defective.
  - FOUR (4) copies of completed Preventive Maintenance Report and Calibration Certificate for each equipment which includes qualitative and quantitative data compliant with ISO 9001 documentation.
  - Current and Valid Training Certificates of technicians/engineers who performed the services.
  - Proof of ownership for the test/calibration equipment.
  - ISO Certification related to calibration or other technical services.

PREVENTIVE MAINT ENANCE

#### SCOPE OF WORK

CALIBRATION PARAMETERS

L	(Quantitative Inspection)							(Qualitative Inspection)									
(1)=ELECTRICAL SAFETY TESTING (2)= VOLUME								(1) = PHYSICAL INSPECTION (2) = MECHANICAL INSPECTION									
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(4)	= SPEEI	)													COMPONENT		
(5)	= TEMP	ERATURE													TERIOR AND		
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11	Unit	Dental Chair	/			,	,		,	/		/	,		Semi-Annual	11,400.00	250,800.00
8	Unit	Autociave Vachine	1	-	,	1	1		1	7	,	/	1	-	Anrual	6,600.00	52,800.00
8	Unit	UV Dry Heat Sterilizer	7	ľ		1	1		1	7	1	,	1		Semi-Annual	5,420.00	97,200 00
9	Unit	Ultrasonic Scaler	1	t	1	1	1	-	7	1	7	1	7	•	Semi-Annual	4,600.00	86,400.00
8	Unit	Light Cure Machine	1	-	ľ	1	1	•	1	1	,	1	7	•	Semi-Annual	4,200.00	87,200.00
1	Uril	Extra Oral Suction Machine	,		,	1	/		,	,	,	,	,	Papieseran of all Filters	Semi-Annual	3,350.00	47,040.00

2.		if he he hy has sess/n	
2.	(e.g. Isoflurane/sevoflurane/films/patch/lubricants etc.) Perform Calibration/verification which include quantitative evaluation using calibrated test equipment/tools Cleaning, lubricating and perform minor hardware or software repair if	n n n	
5.	minor hardware or software repair if necessary Application of preventive maintenance and calibration stickers which indicates PM and calibration date and due date Filter replacement of Extra/Intra-oral Suction Machines	e h d	
5.	due date Filter replacement of Extra/Intra-oral		

You are hereby required to provide the following within ten (10) calendar days;

- Contract Agreement Form for the Public Re-Bidding for Preventive Maintenance of Various Medical Equipment (General Hospital Equipment, Clinical Laboratory Equipment, Anatomical Laboratory Equipment and Dental Equipment) (SUB-LOT) CY 2024;
- Notarized Performance Securing Declaration; or

• Performance Security in any forms and amount stipulated below:

A. Cashier's Managers Check Bank Guarantee	Five Percent (5%) of the Total Contract Price
B. Surety Bond callable upon demand issued by a surety or insurance company duly certified by the Insurance Commission / GSIS	Thirty Percent (30%) of the Total Contract Price

Failure to provide any of the above shall constitute sufficient ground for cancellation of the Award and forfeiture of the Bid Security.

NOEL V. REYES, MD, FPPA, MMHoA

Medical Center Chief II

**CONFORME:** 

Authorized Representative

Date and Time

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