



Telephone No. 531-9001 loc. 242

Telefax No. 5318318

E-mail: [bac@ncmh.gov.ph](mailto:bac@ncmh.gov.ph)

Website: [www.ncmh.gov.ph](http://www.ncmh.gov.ph)

REPUBLIC OF THE PHILIPPINES  
Department of Health  
**NATIONAL CENTER FOR MENTAL HEALTH**  
Nueve de Febrero Street, Mandaluyong City, Philippines  
**BIDS AND AWARDS COMMITTEE**



SOLICITATION NO: CS-SVP-2025-06-006-03  
Tri-Annual Preventive Maintenance and Calibration for DRYVIEW 5700 Laser Imager Printer CY 2025

## REQUEST FOR QUOTATION

Date of Issue: July 2, 2025

Dear Sir/Madam,

Please quote your lowest price for the item/s described below using the Price Quotation Form (see Annex "A" of the Request for Quotation), subject to terms and conditions stated in the RFQ, and indicate the shortest delivery time. Submit your sealed quotation using this form, duly signed by your authorized representative, together with the required documentary requirements, not later than **July 7, 2025 (Monday), at 4:00 PM.**

Kindly address your submission directly to the BAC Secretariat Office. For inquiries, you may contact us at (02) 8531-9001 local 239 or (02) 8531-8318.

For further information, please contact:

  
**RUSSELLE SP. OLASO, MPA**

Head, BAC Secretariat

Nueve de Febrero St., Brgy. Mauway, Mandaluyong City

Tel: (02) 8531-9001 loc. 239, 240, 242

Telefax: (02) 8531-8318

Email: [bacncmh@yahoo.com](mailto:bacncmh@yahoo.com)

Website: [www.ncmh.gov.ph](http://www.ncmh.gov.ph)

You may also visit the following websites:

- [www.philgeps.gov.ph](http://www.philgeps.gov.ph) – for the PhilGEPS posting (access through your supplier/bidder account)
- <https://ncmh.gov.ph> – National Center for Mental Health Official Website

Thank you and we look forward to your participation?

  
**JERRY C. RODRIGUEZ, MGM-ESP**

Chairperson, BAC for Contract Services and Consultancy Services

## General Conditions:

1. Bid offer must meet the minimum technical specifications.
2. Delivery period shall be within Seven (7) calendar days (see attached Terms of Reference (TOR) for references) upon receipt of approved Notice to Proceed (NTP).
3. Price validity and payment terms shall be for a minimum period of thirty (30) calendar days.
4. Documentary requirements current and valid:
  - a. **PhilGEPS Registration Number or PhilGEPS Certificate**
  - b. **Mayor's / Business Permit**
  - c. **Annual Income Tax / Business Tax Return** (with corresponding eFPS Filing Reference Number and successful payment page or its equivalent proof of payment, if applicable)
  - d. **Notarized Omnibus Sworn Statement**  
(For Corporation – Attached Corporate Secretary Certificate)  
(For Sole Proprietorship – Attached Special Power of Attorney) and
5. **Failure to comply with the stated general conditions constitutes a disqualification.**
6. The NATIONAL CENTER FOR MENTAL HEALTH reserves the right to reject any or all bids, to waive any defect, and accept such bids advantageous to the government, and that it reserves the right to rescind the contract and debar the dealer from entering in future bidding's of the center.

### Notes:

- ✓ This procurement will be conducted in accordance with the implementing Rules and Regulation (IRR) of Republic Act No. 12009 (R.A. 12009), otherwise known as the New Government Procurement Act.
  - ✓ **All documents must be Certified True Copy (CTC).** Bidder's certification is acceptable.
  - ✓ On documents (licenses, certificates and/or registrations) for renewal, bidders are required to attach Official Receipt (OR) as proof of payment.
  - ✓ The sealed envelope must be submitted in the Procurement Section/BAC Office of the National Center for Mental Health (NCMH) **on or before July 7, 2025 (Monday)**, or in case the deadline for each activity falls on a non-working day (i.e. Saturday and Sunday), legal holiday, or special non-working holiday, or other nonworking days duly declared by the President, Governor, Mayor or other Government Official authorized to make such declaration, the deadline shall be the next working day. (Sec. 67.3 of RA 12009).
  - ✓ Documentary requirements must be arranged in the above sequence/order & placed in a folder. **This form (RFQ) must be in a sealed envelope.** Both folder (documentary requirements) and envelope (price quotation) should be placed on an envelope of any color with proper label as shown below. Bidder may opt to use their own company letterhead using the format below.
7. The National Center for Mental Health complies with the implementation of the green procurement program under Memorandum Order No. 2025-0077, in connection with the Green Procurement Strategy. (Section 73 of the approved IRR of RA 12009) therefore, prospective suppliers are encouraged to use sustainable alternatives in the packaging of their products, whenever applicable.

## MARKING / LABEL OF PRICE QUOTATION

### 1. Sealed Price Quotation Envelope:

<p style="text-align: center;"><b>Request for Quotation</b></p> <p style="text-align: center;"><b>Tri-Annual Preventive Maintenance and Calibration for DRYVIEW 5700 Laser Imager Printer CY 2025</b></p> <p style="text-align: center;">Item/s bidden:</p> <p>1. _____</p> <p>2. _____</p> <p style="text-align: center;">Name of Company / Bidder: Tel. no.: Fax no.:</p>
---

### 2. Documentary Requirements Folder:

<p style="text-align: center;"><b>Request for Quotation</b></p> <p style="text-align: center;"><b>Tri-Annual Preventive Maintenance and Calibration for DRYVIEW 5700 Laser Imager Printer CY 2025</b></p> <p style="text-align: center;">Item/s bidden:</p> <p>1. _____</p> <p>2. _____</p> <p style="text-align: center;">Name of Company / Bidder: Tel. no.: Fax no.:</p>
---

### Mother Envelope:

<p style="text-align: center;"><b>Request for Quotation</b></p> <p style="text-align: center;"><b>Tri-Annual Preventive Maintenance and Calibration for DRYVIEW 5700 Laser Imager Printer CY 2025</b></p> <p style="text-align: center;">Name of Company / Bidder: Tel. no.: Fax no.:</p> <p style="text-align: center;"><b>DO NOT OPEN ON OR BEFORE: (indicate closing date PhilGEPS)</b></p>
--



Price Quotation Form

**Mr. Jerry C. Rodriguez, MGM-ESP**  
 Chairman, BAC for Contract Services and Consultancy  
 National Center for Mental Health  
 Nueve de Febrero St., Mauway, Mandaluyong City

Ma'am/Sir:

Having examined the **Request for Quotation No. CS-SVP-2025-06-006** the receipt of which is hereby duly acknowledged, the undersigned offers the **Tri-Annual Preventive Maintenance and Calibration for DRYVIEW 5700 Laser Imager Printer CY 2025**, in conformity with the said Request for Quotation for the sums stated hereunder

QTY.	UNIT OF MEASURE	ITEM SPECIFICATION	APPROVED BUDGET OF THE CONTRACT	BIDDER'S SPECIFICATION	BIDDER'S OFFER
1	Unit	<b>Tri-Annual Preventive Maintenance and Calibration for DRYVIEW 5700 Laser Imager Printer CY 2025</b>  Computed as: Php20,000.00 per service X 3 in a year  <i>(Please refer to the attached Terms of Reference/Scope of Works. Annex "B")</i>	<b>UNIT PRICE:</b>  (Php20,000.00 x 3)  <b>TOTAL PRICE:</b> <b>Php60,000.00</b>		<b>UNIT PRICE</b>         <b>TOTAL PRICE:</b> <div style="border: 1px solid black; padding: 2px;">P</div>
<b>GRAND TOTAL PRICE:</b>			<b>PHP60,000.00</b>		

By affixing my signature below, I am confirming our compliance with the attached Technical Specifications/Terms of Reference stated (Annex "B"). I further certify that such compliance is true and correct; otherwise, if found to be false either during the bid evaluation or post-qualification, the same shall give rise to automatic disqualification of our bid.

Brand and model:	_____	
Delivery period:	_____	Max of 7 working days
Warranty:	_____	Min of 3 months (supplies)
	_____	Min of 1 year (equipment)
Price validity:	_____	Min of 30 Calendar Days
Payment terms:	_____	Min of 30 Calendar Days

SUBMITTED AND CONFORMED BY:

\_\_\_\_\_  
 COMPANY NAME

\_\_\_\_\_  
 COMPANY ADDRESS

\_\_\_\_\_  
 PRINTED NAME AND SIGNATURE OF REPRESENTATIVE

\_\_\_\_\_  
 DESIGNATION

\_\_\_\_\_  
 CONTACT NUMBER/S

## Annex "B": TERMS OF REFERENCE



REPUBLIC OF THE PHILIPPINES  
Department Of Health

National Center for Mental Health



### PREVENTIVE MAINTENANCE AND/OR CALIBRATION OF MEDICAL EQUIPMENT

#### (RADIOLOGY SECTION EQUIPMENT)

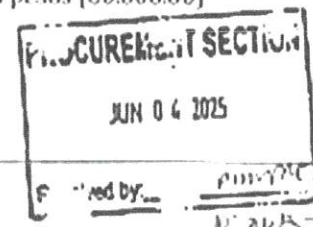
##### General Policy Statement:

The Department of Health and Joint Commission International require that, for patient safety, all equipment should be maintained and calibrated, and this should be done on a regular basis

##### APPROVED BUDGET

NCMH offers to prospective service provider for Preventive Maintenance of Medical Equipment for the Radiology Section with an Approved Budget for Contract (ABC) of Sixty thousand pesos (60,000.00)

##### TERMS OF REFERENCE AND SCOPE OF WORKS



##### 1. DRYVIEW 5700 Laser Imager Printer

###### Scope of works for Preventive Maintenance and Calibration Services:

- Perform preventive maintenance including qualitative evaluation, adjustment, system performance test, software and hardware updates and replacement of PM parts/ kit's 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.)
- Reviewing diagnostic and ensuring that the system is operating to the manufacturer's specification
- Cleaning, lubricating and perform minor hardware or software repair if necessary
- Remedial maintenance/ On-site Repair
- Application of preventive maintenance and calibration stickers which indicate PM and due date.

###### Terms of Reference

- All service shall be done at the National Center for Mental Health Facilities.
- 3 visits for preventive maintenance and calibration service visit as per manufacturers standard
- Service provider should be capable of repair and provide replacement parts and should provide certification.
- Must be able to access the service menu for the calibration and system check of the digital equipment
- 1 month warranty after preventive maintenance service
- Customers shall have priority based on schedule and availability
- System performance software and hardware updates should be Free of Charge.
- Service provider should coordinate with the End-user and Medical Equipment Maintenance Unit before and after the preventive maintenance and other services
- Service provider must have full-time certified biomedical technicians with NCMH certificates of Biomedical Equipment Servicing or engineer with PRC license to perform corrective, preventive, calibration related to the item listed.
- Service provider must provide the following:

**"There is no Health without Mental Health"**

9 de Pebrero St., Brgy. Mauway, Mandaluyong City 1553  
Tel. (+632) 531 5001 Fax (+632) 531-8582 www.ncmh.gov.ph

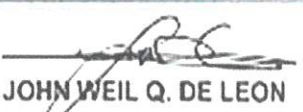







- Test/Calibration equipment to be used must have current, valid and NIST Traceable certificate of calibration or other internationally accepted standards.
- Submit FOUR (4) copies of complete Service Report for minor repair or for the medical equipment may found defective.
- Submit FOUR (4) copies of complete Preventive Maintenance Report and Calibration Certificate for each equipment which includes qualitative and quantitative data and shall be organized in clearly labeled folders and tabs to ensure effortless identification and retrieval of information.
- Current and Valid Training Certificates of technicians/engineers who performed the services
- Must be an authorized service provider for Carestream DRYVIEW 5700 LASER IMAGER
- Must be able to access the service menu for the calibration and system check of the equipment

RADIOLOGY SECTION																	
CALIBRATION PARAMETERS (Quantitative Inspection)								PREVENTIVE MAINTENANCE (Qualitative Inspection)									
(1) = ELECTRICAL SAFETY TESTING (2) = VOLUME (3) = FLOW/PRESSURE (4) = SPEED (5) = TEMPERATURE								(1) = PHYSICAL INSPECTION (2) = MECHANICAL INSPECTION (3) = OPERATIONAL/FUNCTIONALITY INSPECTION (4) = ELECTRICAL COMPONENT INSPECTION (5) = CLEANING INTERIOR AND EXTERIOR EXPONENT									
QTY	UNIT OF ISSUE	EQUIPMENT DESCRIPTION	CALIBRATION PARAMETERS (Quantitative) Scope of Works					PREVENTIVE MAINTENANCE (Qualitative) Scope of Works					SERVICE FREQUENCY	UNIT COST	TOTAL COST		
			1	2	3	4	5	OTHERS (please specify)	1	2	3	4				5	OTHERS (please specify)
1	Unit	DRYVIEW 5700 Laser Imager Printer	✓						✓	✓	✓	✓	✓		Tri-Annual	60,000.00	60,000.00
TOTAL															60,000.00		

 JOHN WEIL Q. DE LEON	 CASIMIRO F. DONATO III, CE, MMHQA
MEDICAL EQUIPMENT MAINTENANCE UNIT	CHIEF, FACILITIES AND EQUIPMENT MAINTENANCE SECTION

"There is no Health without Mental Health"