



Telephone No. 531-9001 loc. 242



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

Telefax No. 5318318

E-mail: bac@ncmh.gov.ph

Website: www.ncmh.gov.ph



SOLICITATION NO: CS-SVP-2025-07-007

Semi-Annual Preventive Maintenance and Calibration for GE BRIVO DR-F Digital X-Ray Machine (SN: 0843070186) CY 2025

R E Q U E S T F O R Q U O T A T I O N

Date of Issue: July 9, 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 14, 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

Website: www.ncmh.gov.ph

You may also visit the following websites:

- 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 14, 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;">Request for Quotation</p> <p style="text-align: center;">Semi-Annual Preventive Maintenance and Calibration for GE BRIVO DR-F Digital X-Ray Machine (SN: 0843070186) CY 2025</p> <p style="text-align: center;">Item/s bidded:</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;">Request for Quotation</p> <p style="text-align: center;">Semi-Annual Preventive Maintenance and Calibration for GE BRIVO DR-F Digital X-Ray Machine (SN: 0843070186) CY 2025</p> <p style="text-align: center;">Item/s bidded:</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;">Request for Quotation</p> <p style="text-align: center;">Semi-Annual Preventive Maintenance and Calibration for GE BRIVO DR-F Digital X-Ray Machine (SN: 0843070186) CY 2025</p> <p style="text-align: center;">Name of Company / Bidder: Tel. no.: Fax no.:</p> <p style="text-align: center;">DO NOT OPEN ON OR BEFORE: (indicate closing date PhilGEPS)</p>
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Price Quotation Form**Mr. Jerry C. Rodriguez, MGM-ESP***Chairman, BAC for Contract Services and Consultancy*

National Center for Mental Health

Nueva de Febrero St., Mauway, Mandaluyong City

Ma'am/Sir:

Having examined the **Request for Quotation No. CS-SVP-2025-07-007** the receipt of which is hereby duly acknowledged, the undersigned offers the **Semi-Annual Preventive Maintenance and Calibration for GE BRIVO DR-F Digital X-Ray Machine (SN: 0843070186) 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	Semi-Annual Preventive Maintenance and Calibration for GE BRIVO DR-F Digital X-Ray Machine (SN: 0843070186) CY 2025 <i>Computed as Php129,750.00 x 2/yr.</i> <i>(Please refer to the attached Terms of Reference/Scope of Works. Annex "B")</i>	UNIT PRICE: Php259,500.00 TOTAL PRICE: PHP259,500.00		UNIT PRICE TOTAL PRICE: <div style="border: 1px solid black; padding: 2px;">P</div>
GRAND TOTAL PRICE:			PHP259,500.00		

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 and Calibration of Medical Equipment for the Radiology Section with an Approved Budget for Contract (ABC) of Two hundred fifty-nine thousand five hundred pesos (P 259,500.00)

TERMS OF REFERENCE AND SCOPE OF WORK

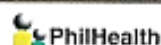
GE BRIVO DR-F Digital X-Ray (Serial no. 0843070186)

Terms of Reference

- All service shall be done at the National Center for Mental Health Facilities.
- Semi-annual 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.
- 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 NCII certificates of Biomedical Equipment Servicing or engineer with PRC license
- Service engineers/technicians must have training certificates from the manufacturer of the equipment and the company/bidder must have available or access to spare parts for the equipment
- Service provider must provide the following:
 - Provide a current and valid certificate of calibration for the test equipment to be used during maintenance activities, and it should be traceable to the National Institute of Standards and Technology (NIST) or other recognized standards.
 - FOUR (4) copies of complete Service Report for minor repair or for the equipment may found defective.

"There is no Health without Mental Health"

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Tel : (4622) 631-0001 Fax: (4622) 631-8882 www.ncmh.gov.ph





- Four (4) copies of the completed preventive maintenance report and calibration certificate for each piece of equipment, which include qualitative and quantitative data and should be organized in clearly labeled folders and tabs to ensure effortless identification and retrieval of information
- Unlimited technical support thru phone and remote services
- Must be a certified service provider of **GE BRIVO DR-F Digital X-Ray**
- Must be able to access the **service menu** for the calibration and system check of the machine

Scope of works for Preventive Maintenance and Calibration Services:

- Planned maintenance should perform in accordance with the Technical Reference Manual
- Perform preventive maintenance including qualitative evaluation, adjustment, system performance test (system Configuration, system inspection, system internal clean, battery performance, system functional, X-ray generator Accuracy tests, kVp/mA Accuracy, Image quality, Image Intensifier Field size, Image Resolution, Dose limitation, Dose Rate, System Backup).
- Perform 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.)
- Reviewing diagnostic and ensuring that the system is operating to the manufacturer's specification
- Perform Calibration/ verification which include qualitative evaluation using calibrated test equipment/ tools.
- Cleaning, lubricating and perform minor hardware or software repair if necessary.
- Application of preventive maintenance and calibration stickers which indicate PM and calibration date and due date.
- Remedial maintenance/ On-site Repair

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											
DIRECT CONTRACTING – RADIOLOGY SECTION																	
QTY	UNIT OF ISSUE	EQUIPMENT DESCRIPTION	CALIBRATION PARAMETERS (Quantitative) Scope of Works						PREVENTIVEMAINTENANCE (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)			

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Department Of Health



National Center for Mental Health

1	Unit	GE BRIVO DR-F DIGITAL X-RAY MACHINE	✓						kVp/mA Accuracy	✓	✓	✓	✓	✓	-	Semi-Annual	259,500.00	259,500.00
TOTAL																	259,500.00	

CHECKED AND EVALUATED BY	APPROVED BY
 JOHN WEIL Q. DE LEON	 CASIMIRO F. DONATO III, CE, MMHoA
MEDICAL EQUIPMENT MAINTENANCE UNIT	CHIEF, FACILITIES AND EQUIPMENT MAINTENANCE SECTION

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