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Republic of the Philippines
PHILIPPINE CHILDREN'S MEDICAL CENTER
 Quezon Ave. Quezon City
 Tel. No.: 588-9900 loc. 224, 226, 390

PURCHASE ORDER **No. 70985**
 FOR SUPPLIES OR EQUIPMENT
 EN2020-11-68 Dated: 11/26/2020
 P. R. NO. _____
 MODE OF PROCUREMENT EP-Bayanihan 2 div Recd: 12/11/2020
 CS No. R2020-12-539 AC No. 2020-656-NM(NP)
 DATE OF P.O. December 15, 2020

TO: Supplier/Dealer Contractor MECH-AIR SYSTEMS CORPORATION
 Address: 612 Pinaglabanan St. Brgy. Pedro Cruz, San Juan City Tel: 696-6661 / 728-7793

Department/Office/Division/Section/Unit where delivery _____
 Is to be made: Supply & Property Section
 Location: Ground Floor, PGMG Bldg.
 Special Instructions _____
 Delivery period: 7 working days Other Terms: _____
 Bidder's Bond Posted: Cash GSIS Policy
 Cashier's / Manager's / Cert Check No. _____
 PCMC O.R. No. _____ Amount P _____

Item No.	QTY.	UNIT	ARTICLES	UNIT COST	TOTAL COST
1	1	lot	Supply, Delivery, Installation, Testing and Commissioning, Samsung/Carrier, Ducted Complete facility Negative Pressure System of all areas of Covid Isolation Room compliance to DOH Guidelines 2020-0062 Airborne Infection Isolation Room Standards	8,703,674.14	8,703,674.14
2	1	lot	Complete facility Negative Pressure System of all areas of Emergency Room compliance to DOH Guidelines 2020-0062 Airborne Infection Isolation Room Standards	8,863,827.74	8,863,827.74
3	2	lot	Complete facility Negative Pressure System of one (1) Isolation Room of NICU & PICU compliance to DOH Guidelines 2020-0062 Airborne Infection Isolation Room Standards	1,069,932.30	2,139,864.60
					19,707,366.48
General Specifications:					
1. Negative Pressure facility shall serve a single-patient occupancy room with high exhaust pressure relative to the surrounding areas					
2. Airflow capability must be at least six (6) air changes per hour. Parameters and airflow calculations shall be submitted for verification					(Nineteen thousand seven hundred seven thousand three hundred sixty six pesos and 48/100)
3. Air exhaust should be directed away from people and air intakes. Must be filtered through a HEPA filter to meet environment and patient safety					
4. Shall supply and install appropriate labels or signages at the door to identify a negative-pressured isolation rooms					
5. Should have pressure level control, daily monitoring system and alarm (visual/ audible) system in case of pressure dropping and pressure compensation					
6. Capable to maintain room temperature of 25°C & below. Indoor RH will be dependent on ambient air relative humidity					
7. Complete ducting structures and exhaust facility integrated from isolation rooms directed to outside of the hospital. The discharge system must be far away from people traffic site.					
8. Split type AC rectangular ducting system and calculated exhaust equipment that deliver discharge waste air thru ducting structures. Equipment duct and piping shall be supported by hangers support and metal platforms.					
9. Supplier to perform necessary testing and commissioning of the system which includes but not limited to smoke test, room temperature check, leak test, airflow adjustment, humidity check airchanges calibration and validation					

Funding Code _____ (1) **TOTAL AMOUNT P 19,707,366.48**

FUNDS AVAILABLE _____ Attachments: _____ **CERTIFICATION**



Republic of the Philippines
PHILIPPINE CHILDREN'S MEDICAL CENTER
 Quezon Ave. Quezon City
 Tel. No.: 588-9900 loc. 224, 226, 390

PURCHASE ORDER 70985
FOR SUPPLIES OR EQUIPMENT
 P. R. NO. EN2020-11-58 Dated: 11/26/2020
 MODE OF PROCUREMENT **EP** **Bayanihan II** Recd: 12/11/2020
 CS No. R2020-12-539 AC No. 2020-656-NM(NP)
 DATE OF P.O. December 15, 2020

TO: Supplier/Dealer Contractor **MECH-AIR SYSTEMS CORPORATION**
 Address: 612 Pinaglabanan St. Brgy. Pedro Cruz, San Juan City Tel: 696-6661 / 728-7793

Department/Office/Division/Section/Unit where delivery
 Is to be made: Supply & Property Section
 Location: Ground Floor, PCMC Bldg.
 Special Instructions
 Delivery period: 7 working days Other Terms:
 Bidder's Bond Posted: Cash GSIS Policy
 Cashier's / Manager's / Cert Check No.
 PCMC O.R. No. Amount P

Item No.	QTY.	UNIT	ARTICLES	UNIT COST	TOTAL COST
<p>Warranty: Two (2) years warranty on service, quarterly preventive maintenance services and annual calibration services Free of charge for labor in emergency repairs and consumables if any One year warranty on parts. All parts replacement after one year shall be chargeable Five year warranty on Samsung compressor. Compressor replacement after 5 years shall be chargeable including labor and consumables One year warranty on Carrier compressors. Compressor replacement after 1-year shall be chargeable including labor and consumables One year warranty on Bag-in Bag-out Filter enclosure & Ceiling mounted air purifier. Hepa filter Media & Belt replacement shall be chargeable</p> <p>Delivery: 120 Calendar days upon receipt of purchase order and downpayment. Provided that the site is ready for the installation of mechanical works</p> <p>Terms of Payment: 15% Down Payment upon confirmation and purchase order, 85% Progress Billing ***Nothing Follows*** For the use of Eng'g Section</p> <p>Posting of Warranty Security: The obligation for the warranty shall be covered by retention money in an amount equivalent to at least five percent (5%) of the contract price deductible to final payment The said amount shall only be released after the lapse of the warranty period specified above provided however that the supplies delivered are free from patent and latent defects and all the conditions imposed under this contract have been fully met</p>					
<p>Funding Code 2-02-01-058-030 / <i>Bayanihan II</i> <i>362M</i> <i>16 29 2021</i></p> <p>FUNDS AVAILABLE: ₱19,707,366.48</p> <p><i>HMS</i> ODETHA VILLALBA, CPA 3/30/2021 Chief Accountant</p> <p>APPROVED: <i>[Signature]</i> JULIETA A. LECCIONES, MD, PhD, DPA, CESO III Executive Director <i>12/15/2021</i> PCMC-PSD</p> <p>Attachments: <input type="checkbox"/> P.R. No. EN2020-11-58 <input type="checkbox"/> Abstract of Canvass/Bids <input type="checkbox"/> Canvass Sheet/Tender of Bids <input type="checkbox"/> Notarized Certification of Exclusive Distributor <input type="checkbox"/> Justification <input type="checkbox"/> Others <i>NDA 2020-198</i> <i>✓</i> <i>quotations</i> <i>R-2020-12-539</i> <i>✓</i> <i>NTR-2020-267</i> <i>✓</i></p>					<p>TOTAL AMOUNT P 19,707,366.48</p>

CERTIFICATION
 This is to certify that I received today the Original copy of this Purchase Order, and held the Company bound by the terms and stipulation of the contract and other laws applicable.
 (Signature over printed name)
 Date: _____

Distribution : White (Original) - Supplier (to be attached in the claim voucher with other supporting documents) Pink - Supply and Property
 Yellow (Duplicate) - Procurement



Republic of the Philippines
DEPARTMENT OF HEALTH
PHILIPPINE CHILDREN'S MEDICAL CENTER

Quezon Avenue, Quezon City 1100

website: www.pcmc.gov.ph email: officeofthedirector@pcmc.gov.ph

Trunkline: 588-9900 DirectLine: 924-0836 Fax No: 924-0840

NOTICE TO PROCEED

NTP-PROC-2020-267

December 15, 2020

MECH AIR SYSTEMS CORPORATION

612 Pinaglabanan St.

Brgy. Pedro Cruz,

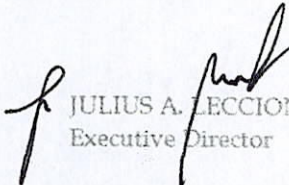
San Juan City

Tel: 696-6661 / 728-7793

Sir/Madam:

This is to inform you that Purchase Order No. 70985 as a result of EP Bayanihan 2
for the Procurement of Supply, Delivery, Testing and Commissioning, Samsung Carrier, Ducted
has been approved.

You may now proceed with the delivery of the items listed in the attached Purchase Order within
120 calendar days from receipt of this notice.


JULIUS A. LECCIONES, MD, PhD, DPA, CESO III
Executive Director

CONFORME:
Received Original

Signature Over Printed Name

Authorized Representative

Date: _____

