



Republic of the Philippines
PHILIPPINE CHILDREN'S MEDICAL CENTER
 Quezon Ave. Quezon City
 Tel. No.: 8588-9900 loc. 224, 226, 361, 355
 Fax no.: 85889997 • e-mail: pcmeproc@gmail.com

PURCHASE ORDER **Nº 74748**
 FOR SUPPLIES OR EQUIPMENT
 P. R. NO. GSD-RME-2023-04 Dated: 11/10/2022
 MODE OF PROCUREMENT Direct Contracting- 50 03/22/2023
 CS No. _____ AC No. AQ-2023-018
 DATE OF P.O. March 22, 2023

TO: Supplier/Dealer Contractor **SIEMENS HEALTHCARE INC.**
 Address: 10/F M1 Tower 141 H.V. Dela Costa st. Salcedo Village, Makati City

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: _____
 Performance Security Posted: Surety Bond No. _____
 Cash / Cashier's / Manager's Check No. _____
 PCMC O.R. No. _____ Amount P _____

Item No.	QTY.	UNIT	ARTICLES	UNIT COST	TOTAL COST
			Supply of labor, tools and materials for the Semi Annual Preventive Miantenance Services of Two (2) units Portable x-Ray Machine Brand / Model: Polymobil Plus ✓		
	2 ✓	lot ✓	Serial Number: 53038, PN # 1702-419-2107-A-XRAY ✓	73,656.00 ✓	147,312.00 ✓
	2 ✓	lot ✓	Serial Number: 53039, PN # 1702-419-2108-A-XRAY ✓	73,656.00 ✓	147,312.00 ✓
					294,624.00 ✓
			Conforme to the attached Terms of Reference		wwwvvvvvvvvvvvv
			Delivery Schedule: Within seven (7) working days from receipt of Purchase Order		Two Hundred Ninety Four Thousand Six Hundred Twenty Four Pesos Only ✓
			For the use of GSD		
			xxxxxxxxxxxxxxxxNothing Follows xxxxxxxxxxxxxxxxxxxx		

Penalty Clause for Delayed of Unsatisfactory Deliveries
 1. One-tenth (1/10) of one percent (1%) of the cost of unperformed portion for everyday of delay.
 Once the cumulative amount of liquidated damages reaches 10% of the amount of the contract, the Procuring Entity may rescind or terminate the contract, without prejudice to other courses of action and remedies available under the circumstances
 2. Excess in price, if procured from third parties, through alternative mode of procurement; and
 3. In case of bidding, forfeiture of performance bond equal to 5% of the undelivered item/s.

Funding Code 5-02-13-050-400 - md 0/22/23 **TOTAL AMOUNT P** 294,624.00

FUNDS AVAILABLE 294,624.00
 LOURDES B. DELOS REYES, CPA
 OIC- Chief Accountant

APPROVED:
 SONIA B. GONZALEZ, M.D, MScHSM, MPM
 Executive Director

Attachments:
 P.R. No. _____
 Abstract of Canvass/Bids
 Canvass Sheet/Tender of Bids
 Notarized Certification of Exclusive Distributor
 Justification
 Others _____
 Notice of Award
 NOA# 2023-060 ✓
 Reso # R2023-03-140 ✓
 NTP-PROC-2023-204 ✓

CERTIFICATION
 This is to certify that I received today the 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)

Distribution : White (Original) - Attachment to payment
 Yellow (Duplicate) - Procurement
 Pink - Supply and Property



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
Trunk Line: 8588-9900 to 20 Direct Line: 8924-6601

NOTICE TO PROCEED
NTP-PROC-2023-204

March 22, 2023

SIEMENS HEALTHCARE, INC.
10/F M1 Tower, 141 H.V. Dela Costa St.
Salcedo Village, Makati City
Tel: 814-67-65; Fax: 814-67-61

Sir/Madam:

This is to inform you that Purchase Order No. 74748 as a result of Direct Contracting
for the Procurement of Supply of Labor, Tools and Materials for Semi Annual Preventive Maintenance Services
of Two (2) units Portable X-Ray Machine Brand/Model: Polymobil Plus has been approved.

You may now proceed with the delivery of the items listed in the attached Purchase Order within
Seven (7) working days from receipt of this notice.


SONIA B. GONZALEZ, M.D., MSChSM, MPM
Executive Director 

CONFORME:
Received Original

Signature Over Printed Name
Authorized Representative
Date: _____



PHILIPPINE CHILDREN'S MEDICAL CENTER
Quezon Avenue, Quezon City

TERMS OF REFERENCE

1. The annual maintenance program is to ensure an efficient, safe, reliable and continuous operation of the hospital including strategic maintenance approach to meet the best working condition of the below-mentioned medical equipment.

One Year Service Maintenance Agreement for two (2) units Siemens Polymobil plus portable x-ray machine with SN 53038 / PN 1702-419-2107-A & SN 53039/ PN 1702-419-2108-A- XRAY P

2. **The Service Provider shall:**

- 2.1 have permission from the engineering prior to start of services and shall always be supervised by the biomedical personnel-on duty.
- 2.2 maintain high level of quality deliverables and guarantee that medical equipment on site are safe, maintained, tested and inspected.
- 2.3 Provide only authorized Service Engineers and Application Specialists with specialized skills and technical training on the above-mentioned equipment complemented with the right tools and valid calibrated test equipment to perform the assignment based on the agreed schedule.
- 2.4 submit the Certificate of Training or equivalent of qualified personnel to hospital prior to implementation of service agreement
- 2.5 submit to hospital list of special tools, meters, analysers, measuring devices, simulators, testing device and the like with corresponding valid Certificate of calibration prior to implementation of service agreement
- 2.6 Provide the hospital with a written copy of the maintenance report for reference. Whereas shall include but not limited to the following;
- 2.7 Preventive Maintenance Report every after service visit
 - 2.7.1 Qualitative Test Result
 - 2.7.2 Quantitative test Result
 - 2.7.3 PM Label Sticker - date of PM services and next PM due date
- 2.8 Corrective Maintenance Report every after service visit
 - 2.8.1 Identify of Problem
 - 2.8.2 Root Cause Analysis and Recommendation
 - 2.8.3 Risk Assessment
- 2.9 Certificate of Calibration for Medical Equipment
 - 2.9.1 Calibration Report and Test Result- validity of one (1) year
 - 2.9.2 Shall mention date of calibration and next calibration due date
- 2.10 comply on the maintenance schedule as follows;
 - 2.10.1 One (1) Year PPM Services – Semi Annual
 - 2.10.1.1 January 2023 to June 2023

2.10.1.2 July 2023 to December 2023

2.10.2 One (1) Year Corrective Services – Unlimited Service Call/Visit

2.10.2.1 Business Operating Hours 8am-5pm

2.10.2.2 Phone assistance thru phone or email- responds within 2 hours

2.10.2.3 On-site service visit respond time shall be within 4 hours

One (1) Year Validity of Calibration and Corrective Services

2.11 include in their report possible occurrence of any major problems such as: replacement of major parts that may compromise patient safety, predictive capital breakdown, major non-conformities, potential hazard or equivalent

2.12 provide service and check-up reports immediately upon completion of the services rendered. Full recommendation for PCMC's action shall be provided in writing within twenty-four (24) hours.

2.13 ensure a 95% Uptime Guarantee for the coverage medical equipment and related peripheral devices under this service agreement. Please see computation below;

95% Uptime Guarantee = Total Breakdown Hours Per Year/ Total Operating Hours Per Year (Note: Not applicable for LABOR ONLY)

2.14 provide ninety (90) days warranty for all parts, accessories or devices excluded in this service agreement. Also under replacement program, the defective parts, accessories or devices shall remain in the custody of hospital for inspection by audit committee

notify the Radiology Department for all product recalls and discontinuation and end service life of medical equipment. Service provider shall immediately deploy the authorized service personnel to perform field correction services related to recall.

2.15 provide necessary software and hardware updates relevance to operation and maintenance of medical equipment. The service engineer shall notify and inform the end user about the specifics and advantage of the updates prior to implementation

3 Scope of Work and Responsibilities

a. The Preventive Maintenance Program shall consist of the following:

- i. **ELECTRICAL SAFETY TESTING** –To verify if the medical equipment is in compliance with the specified electrical safety requirement; Therefore, performing electrical safety testing.
- ii. **PERFORMANCE VERIFICATION AND CALIBRATION CHECK**– To re-verify if the medical equipment is fully operational and performing within the designed specifications, original functions and within optimum performance, efficiency, safety and limits recommended by manufacturer. This maintenance procedure includes qualitative inspection, quantitative evaluation and calibration using certified test equipment.
- iii. **PREVENTIVE MAINTENANCE** –To clean, lubricate, adjust, check for wear, alignment, measure, PM kit replacement, organize accessories, cable arrangement, vacuum works, blower drying, system conditioning, software

maintenance task, replace components and all necessary works to maintain an organized, error-free system and renewed PM parts that can cause total breakdown or serious malfunction of equipment before the next scheduled inspection.

- iv. **TECHNICAL DOCUMENTATION**- To submit the required service reports as stated in this agreement

3.1 The Corrective Maintenance Program shall consist of the following:

3.1.1 **IDENTIFY OF ERROR** - To evaluate the initial nature of failure and breakdown

3.1.2 **TROUBLESHOOTING AND REPAIR** - to restore original function, physical integrity, safety and/or performance of a device after a failure

3.1.3 **RISK AND ROOT CAUSE ANALYSIS** - To assess the potential risk and impact of failure to operation. To perform a further in-depth troubleshooting in the system why error just occurred in the medical equipment

3.1.4 **SUPPLY AND INSTALLATION OF PARTS** - To prepare and install the service parts required to put the medical equipment into normal operation. Supplies and service parts replacements which are necessary to ensure proper functioning of the Equipment shall be for the account of and shall be paid for by the CUSTOMER and subject to invoicing by SIEMENS HEALTHINEERS based on Siemens Healthineers' rates and terms then in effect.

The replacement of excluded supplies and service parts or assemblies shall only be carried out upon receipt of the authorized written approval from CUSTOMER in the form of a valid and sufficient Purchase Order.

3.1.5 **TESTING AND COMMISSIONING** - To perform necessary functional check and performance verification of system using the special tools and analysers

3.1.6 **TECHNICAL DOCUMENTATION** - To submit the required service reports as stated in this agreement

CONFORME:

Siemens Healthcare Inc.

Name of Company



Electronically signed by
Marthinus Johannes Greyling
Head of Sales Services for
Philippines
Date: Jan 15, 2013 10:19
GMT+8

Marthinus Johannes Greyling
Country Service Head



Electronically signed by
Danica Flores
Head of Sales Services for
Philippines
Date: Jan 15, 2013 09:51
GMT+8

Danica Flores
Business Administration Head

02-88146762 to 64

Company's Official Contact Number

cscentral.ph@siemens-healthineers.com

Authorized Signatory
Signature over printed name

Company's Official Email Address
(where notice will be sent)