

NOV 20 2024

PURCHASE ORDER

Province of Davao de Oro
Agency/Procuring Entity

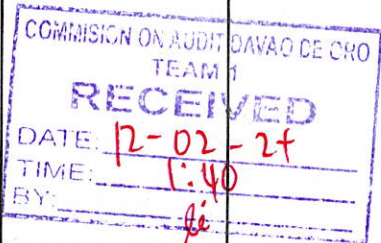
Page 1

Supplier: BLUELANDER ENVIRONMENTAL SERVICES CORP.	PO Number: 24101896
Address: Door 201 JV's Peak Building, Maa, Davao City	Date: 10/31/24
E-mail Address:	Mode of Procurement SVP
Tel. No.:	PR Number: 24-C1641
TIN:	

Gentlemen:
Please furnish this office the following articles subject to the terms and conditions contained herein:

Place of Delivery: DDOPH- Montevista	Delivery Term:
Date of Delivery:	Payment Term:

No.	Stock No.	Unit of Issue	Quantity	Description	Unit Cost	Amount
1	17121	kl/s	4000.00	Collection of Hospital WasteTERMS AND CONDITIONS AND SPECIFICATION A.) Collection and proper disposal of healthcare wastes such as but not limited to: 1.) Infectious Wastes 2.) Sharps and Needles 3.) Glass and ampules 4.) Pathological wastes 5.) Pharmaceutical and Geno-toxic wastes. B.) Treatment Storage Disposal (TSD) facility must have an approved sanitary landfill. C.) Transporter and TSD facility should be of the same company or entity and must be accredited with EMB-DENR Region XI. D.) The TSD service must ensure to provide the following requirements and must assists the hospital for the processing of Permit to Transport (PTT) application: d.1) Material Safety Data Sheet (if applicable); d.2) Result of Laboratory Analysis (if applicable); d.3) Transporter Registration Certificate; d.4) Transporter Management Plan; d.5) Schedule of hauling/Transport of waste; d.6) Route of Transport;	44.00	176,000.00



Total Amount in Words:	
------------------------	--

In case of failure to make the full delivery within the time specified above, a penalty of one tenth (1/10) of one (1) percent for every day of delay shall be imposed.

Conform	<u>WILBERTA GABAYDA</u> Signature over printed name of Date 11/22/24	Very truly	DOROTHY M. GONZAGA Governor Authorized Official
---------	--	------------	--

GENERAL
OBR No.: 07118-11-24-107
Responsibility Center:
Amount: 176,000.00

(In case of Negotiated Purchase pursuant to section 369(a) of RA 7180, this portion must be
Approved per Sanggunian Resolution _____
Certified _____ Date _____

PURCHASE ORDER

Province of Davao de Oro
Agency/Procuring Entity

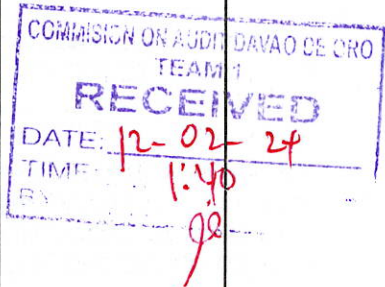
NOV 20 2024

Supplier: BLUELANDER ENVIRONMENTAL SERVICES CORP.	PO Number: 24101896
Address: Door 201 JV's Peak Building, Maa, Davao City	Date: 10/31/24
E-mail Address:	Mode of Procurement SVP
Tel. No.:	PR Number: 24-C1641
TIN:	

Gentlemen:
Please furnish this office the following articles subject to the terms and conditions contained herein:

Place of Delivery: DDOPH- Montevista	Delivery Term:
Date of Delivery:	Payment Term:

No.	Stock No.	Unit of Issue	Quantity	Description	Unit Cost	Amount
				<p>d.7) TSD Registration Certificate; d.8) Permit to Operate the TSD Facility; d.9) Discharge Permit of the TSD Facility; d.10) Environmental Compliance Certificate (ECC) of the TSD Facility.</p> <p>E.) Prior to disposal, the TSD should issue a Certificate of Treatment and Final Disposal to the hospital.</p> <p>F.) Deployment of properly trained waste handlers must be provided with proper immunization, complete prescribed uniform, identification, and required personal protective equipment (PPE) including heavy-duty gloves, coveralls, and thick soiled boots.</p> <p>G.) Secure the personnel's need for appropriate Personal Protective Equipment (PPE) against sharp and infectious body fluids. Any injury sustained by each personnel will be charged to the service provider's account.</p> <p>H.) Payment Scheme shall be on a progress billing on a monthly basis (30 days). H.1 The following are the essential requirements for the attachment when processing the bill for</p>		



Total Amount in Words: One Hundred Seventy Six Thousand Pesos Only	176,000.00
---	------------

In case of failure to make the full delivery within the time specified above, a penalty of one tenth (1/10) of one (1) percent for every day of delay shall be imposed.

Conform	<div><div>Signature</div><div>Very truly</div></div>	<div><div>DOROTHY M. GONZAGA</div><div>By Authority of the Governor</div><div>Governor</div><div>Authorized Official</div></div>
<div><div>Signature</div><div>Signature</div></div>	<div><div>Signature</div><div>Signature</div></div>	<div><div>Signature</div><div>Signature</div></div>

GENERAL
OBR No.: 0718-11-24-1077
Responsibility Center:
Amount: 176,000.00

(In case of Negotiated Purchase pursuant to section 369(a) of RA 7180, this portion must be
Approved per Sanggunian Resolution _____
Certified _____ Date _____

NOV 20 2024

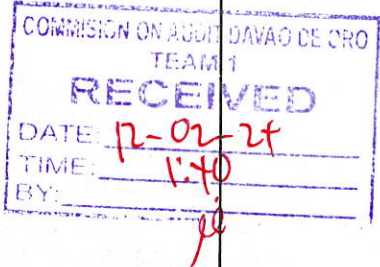
PURCHASE ORDER
Province of Davao de Oro
Agency/Procuring Entity

Supplier: BLUELANDER ENVIRONMENTAL SERVICES CORP.	PO Number: 24101896
Address: Door 201 JV's Peak Building, Maa, Davao City	Date: 10/31/24
E-mail Address:	Mode of Procurement SVP
Tel. No.:	PR Number: 24-C1641
TIN:	

Gentlemen:
Please furnish this office the following articles subject to the terms and conditions contained herein:

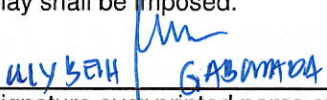
Place of Delivery: DDOPH- Montevista	Delivery Term:
Date of Delivery:	Payment Term:

No.	Stock No.	Unit of Issue	Quantity	Description	Unit Cost	Amount
				<p>payment:</p> <ul style="list-style-type: none">• Permit to Transport• Waste Manifest Form.• Photocopy of Environmental Compliance Certificate (Sanitary Landfill) accredited by the DENR-EMB.• Certificate of Treatment (COT) issued by EMB-DENR. <p>FOR THE USE OF DDOPH-MONTEVISTA (COLLECTION, TRANSPORT AND DISPOSAL OF BIO-MEDICAL HOSPITAL WASTE) 4TH QUARTER</p> <p>THE AWARD IS BASED ON ABSTRACT NO. 2410379 UNDER REQUEST FOR QUOTATION NO.10-24-3245 OPENED ON October 29, 2024</p> <p>Date of Delivery : Refer to Terms and Conditions and Specification</p>		



Total Amount in Words: One Hundred Seventy Six Thousand Pesos Only	176,000.00
---	------------

In case of failure to make the full delivery within the time specified above, a penalty of one tenth (1/10) of one (1) percent for every day of delay shall be imposed.

Conform	 Signature over printed name of 11/22/24 Date	Very truly	<p>DOROTHY M. GONZAGA Governor Authorized Official</p> <p>By Authority of the Governor: MADYLLJAN M. MANILES, RN Executive Assistant II</p>
---------	---	------------	---

GENERAL
OBR No.: 0218-11-24-107
Responsibility Center:
Amount: 176,000.00

(In case of Negotiated Purchase pursuant to section 369(a) of RA 7180, this portion must be
Approved per Sanggunian Resolution _____
Certified _____ Date _____