

Name of Procuring Entity: LGU-Province of Davao de Oro
Standard Form No. SF-GOOD-58
Revised: May 24, 2004
Std. Form Title: Purchase Order

PURCHASE ORDER

Province of Davao de Oro
Agency/Procuring Entity

Page 1

APR 14 2025

| | |
|---|------------------------|
| Supplier: BLUELANDER ENVIRONMENTAL SERVICES CORPORATION | PO Number: 25030451 |
| Address: PUROK 2 NEW CARMEN TUGBOK, DAVAO CITY | Date: 03/31/25 |
| E-mail Address: | Mode of Procurement PB |
| Tel. No.: | PR Number: 25-C0161 |
| TIN: | |

Gentlemen:

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

Place of Delivery: DDOPH-Montevista and DDOPH-Pantukan

Delivery Term:

Date of Delivery:

Payment Term:

| No. | Stock No. | Unit of Issue | Quantity | Description | Unit Cost | Amount |
|-----|-----------|---------------|----------|---|-----------|--------------|
| 1 | 17121 | kl/s | 30000.00 | <p>Collection of Hospital Waste</p> <p>TERMS AND CONDITIONS AND SPECIFICATION</p> <p>A.) Collection and proper disposal of healthcare wastes such as but not limited to:</p> <ol style="list-style-type: none"> 1.) Infectious Wastes 2.) Sharps and Needles 3.) Glass and ampules 4.) Pathological wastes 5.) Pharmaceutical and Geno-toxic wastes. <p>B.) Treatment Storage Disposal (TSD) facility must have an approved sanitary landfill.</p> <p>C.) Transporter and TSD facility should be of the same company or entity and must be accredited with EMB-DENR Region XI.</p> <p>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:</p> <ol style="list-style-type: none"> 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 | 50.00 | 1,500,000.00 |

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

Very truly

Signature over printed name of _____
4/22/2015

Date _____

DOROTHY M. GONZAGA
Governor
Authorized Official

GENERAL

OBR No.: 0255- 05- 25- 107

Responsibility Center:

Amount: 1,500,000.00

(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

APR 14 2025

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| Tel. No.: | PR Number: 25-C0161 |
| TIN: | |

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| Date of Delivery: | Payment Term: |

| No. | Stock No. | Unit of Issue | Quantity | Description | Unit Cost | Amount |
|-----|-----------|---------------|----------|--|-----------|--------|
| | | | | <p>waste</p> <p>d.6) Route of Transport;</p> <p>d.7) TSD Registration Certificate;</p> <p>d.8) Permit to Operate the TSD Facility;</p> <p>d.9) Discharge Permit of the TSD Facility;</p> <p>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).</p> <p>H.1 The following are the essential requirements for the attachment when processing the bill for payment:</p> <ul style="list-style-type: none">- Permit to Transport- Waste Manifest Form | | |



| | |
|--|--------------|
| Total Amount in Words: One Million Five Hundred Thousand Pesos Only | 1,500,000.00 |
|--|--------------|

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 | <u>WYBETH GABONADA</u> Signature over printed name of 4/12/2025 Date | Very truly | <u>DOROTHY M. GONZAGA</u> Governor Authorized Official |
|---------|---|------------|--|

GENERAL

OBR No.: 0255-05-25-107

Responsibility Center:

Amount: 1,500,000.00

(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

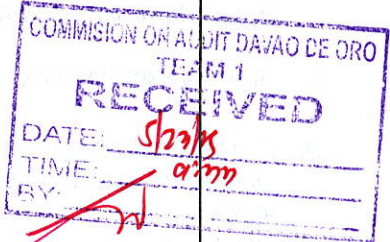
Province of Davao de Oro
Agency/Procuring Entity

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| Supplier: BLUELANDER ENVIRONMENTAL SERVICES CORPORATION | PO Number: 25030451 |
| Address: PUROK 2 NEW CARMEN TUGBOK, DAVAO CITY | Date: 03/31/25 |
| E-mail Address: | Mode of Procurement PB |
| Tel. No.: | PR Number: 25-C0161 |
| TIN: | |

Gentlemen:
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| Place of Delivery: DDOPH-Montevista and DDOPH-Pantukan | Delivery Term: |
| Date of Delivery: | Payment Term: |

| No. | Stock No. | Unit of Issue | Quantity | Description | Unit Cost | Amount |
|-----|-----------|---------------|----------|---|-----------|--------|
| | | | | <div>- Photocopy of Environmental Compliance - Certificate (Sanitary Landfill) accredited by the DENR-EMB - Certificate of Treatment (COT) issued by EMB-DENR, TERMS 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.) Tran sporter 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;</div> | | |



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| Total Amount in Words: One Million Five Hundred Thousand Pesos Only | 1,500,000.00 |
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| | | |
|---------|---|---|
| Conform | <div><div>Signature over printed name of</div><div>Very truly</div></div> | <div><div>DOROTHY M. GONZAGA</div><div>Governor</div><div>Authorized Official</div></div> |
| | <div><div>Date</div></div> | |

GENERAL
OBR No.: 10255-05-25-103
Responsibility Center:
Amount: 1,500,000.00

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

Name of Procuring Entity: LGU-Province of Davao del Oro
Standard Form No. SF-GOOD-58
Revised: May 24, 2004
Std. Form Title: Purchase Order

PURCHASE ORDER

Province of Davao de Oro
Agency/Procuring Entity

Page 4

APR 14 2025

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|---|-----------|--|----------------|---|-----------|--------------|
| Supplier: BLUELANDER ENVIRONMENTAL SERVICES CORPORATION Address: PUROK 2 NEW CARMEN TUGBOK, DAVAO CITY E-mail Address: Tel. No.: TIN: | | | | PO Number: 25030451 Date: 03/31/25 Mode of Procurement: PB PR Number: 25-C0161 | | |
| Gentlemen: -Please furnish this office the following articles subject to the terms and conditions contained herein: | | | | | | |
| Place of Delivery: DDOPH-Montevista and DDOPH-Pantukan | | | Delivery Term: | | | |
| Date of Delivery: | | | Payment Term: | | | |
| No. | Stock No. | Unit of Issue | Quantity | Description | Unit Cost | Amount |
| | | | | d.4) Transporter Management Plan; d.5) Schedule of hauling/Transport of waste; d.6) Route of Transport; 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. E.) Prior to disposal, the TSD should issue a Certificate of Treatment and Final Disposal to the hospital. 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. 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. H.) Payment Scheme shall be on a progress billing on a monthly basis (30 days). H.1 The following are the essential | | |
| Total Amount in Words: One Million Five Hundred Thousand Pesos Only | | | | | | 1,500,000.00 |
| 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 4/2/25 | | Very truly DOROTHY M. GONZAGA Governor Authorized Official | | |
| GENERAL OBR No.: 1255-05-25-107 Responsibility Center: Amount: 1,500,000.00 | | | | | | |
| (In case of Negotiated Purchase pursuant to section 369(a) of RA 7180, this portion must be Approved per Sanggunian Resolution Certified | | | | | | |

PURCHASE ORDER

Province of Davao de Oro
Agency/Procuring Entity

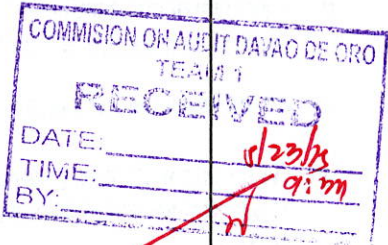
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| Date of Delivery: | Payment Term: |

| No. | Stock No. | Unit of Issue | Quantity | Description | Unit Cost | Amount |
|-----|-----------|---------------|----------|--|-----------|--------|
| | | | | requirements for the attachment when processing the bill for payment: H.1 Permit to Transport H.2 Waste Manifest Form. H.3 Photocopy of Environmental Compliance Certificate (Sanitary Landfill) accredited by the DENR-EMB. H.4 Certificate of Treatment (COT) issued by EMB-DENR. I. Collection of hazardous waste as per approved permit to transport at least twice a month. Delivery Period: At least twice a month FOR THE USE OF DDOPH-MONTEVISTA AND DDOPH-PANTUKAN(COLLECTION OF HOSPITAL WASTE) 1ST QUARTER THE AWARD IS BASED ON ABSTRACT NO. 2503201 UNDER BID NO.B-25-0050 OPENED ON March 24, 2025 | | |



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| Total Amount in Words: One Million Five Hundred Thousand Pesos Only | 1,500,000.00 |
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| Conform | Very truly |
| <div>Signature over printed name of Date</div> | <div>DOROTHY M. GONZAGA Governor Authorized Official</div> |

GENERAL
OBR No.: 0255-05-25-107
Responsibility Center:
Amount: 1,500,000.00

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Certified Date