



Republic of the Philippines
Department of Health
Metro Manila Center for Health Development
VALENZUELA MEDICAL CENTER



BIDS AND AWARDS COMMITTEE

January 21, 2025

NOTICE OF AWARD

PREVENTIVE MAINTENANCE OF AUTOMATIC SUPPRESSION SYSTEM AND STP OF VMC
Public Bidding No. VMC-2025-026 dated December 27, 2024

MR. JOEL B. BAUZON
General Manager
WATTSAVERS ENERGY SERVICES COMPANY
B15 L4 BAHT ST. LORES COUNTRY HOMES
San Roque Antipolo City Rizal
Contact No.: 86568659/09668933755
Email Add.: support@wattsavers.com.ph

Dear Mr. Bauzon:

We are happy to notify your Bid dated December 27, 2024 for execution of the Valenzuela Medical Center's IAEB Ref. No. 11575981 for contract price equivalent to **FIVE HUNDRED NINETY-FIVE THOUSAND PESOS ONLY (P 595,000.00)** for the **Preventive Maintenance of Automatic Suppression System and STP Of VMC** as corrected and defined in accordance with the Instruction to Bidders is hereby accepted.

ITEM NO	QTY	UNIT	ITEM DESCRIPTION	BID PRICE	TOTAL BID PRICE
1	4	Quarterly	Quarterly Preventive Maintenance of Automatic Fire Suppression System of Valenzuela Medical Center- Motorpool Building	71,250.00	285,000.00
			Scope of Works:		
			1. Mobilization of manpower and equipment		
			2. General inspection of the system		
			3. Visual inspection of all regulating pressure		
			4. Manual testing of valve switches (open/close)		

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Address: Padrigal St., Karuhatan, Valenzuela City, 1441
Telephone Nos: 8294-6711 to 17
Director's Office Direct Line: 8291-4259
Email Address: valgen_hosp@yahoo.com
Website: <https://vmc.doh.gov.ph/>

		5. Test and visual inspection of the following: a. Flow Control Valve: * Close and re-open valve to test the tamper switches * Lubricate stem, close and re-open the valve to test distribute the lubricant b. Fire department connection main drain c. Fire Hose Cabinets - Testing and Visual Inspection		
		6. Test of cut-in and cut-off of fire pump and jockey pump		
		7. Test inspection of wiring and components of the control panel		
		8. Operational testing of the system for 30min. (Return to tank flow test) to verify its condition		
		9. Return to service of the system		
		10. Drain water on the system to flush our sediments and particles and replace		
		Other terms and condition:		
		a. Service provider shall submit a checklist form for all activities done for the period signed by the service provider engineer noted and accepted by hospital engineer or authorized representative		
		b. Service provider shall submit detailed report for any defects/malfunctioning of the system		
		c. Certificate of testing that Automatic Fire Sprinkler is in good running condition to be issued to the VMC-EFMS		
		d. Response time for emergency calls due to system failure/false alarm shall be not later than four (4) hours upon notice/call during working hours and services when needed within 24 working hours from the time of request		
		e. The service provider shall be responsible and liable for the cost or repair due to damages caused by its own staff while conducting its maintenance work		

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2	4	Quarterly	Quarterly Preventive Maintenance of Automatic Fire Suppression System of Valenzuela Medical Center- IDS Building	77,500.00	310,000.00
			Scope of Works:		
			1. Mobilization of manpower and equipment		
			2. General inspection of the system		
			3. Visual inspection of all regulating pressure		
			4. Manual testing of valve switches (open/close)		
			5. Test and visual inspection of the following:		
			a. Flow Control Valve:		
			* Close and re-open valve to test the tamper switches		
			* Lubricate stem, close and re-open the valve to test distribute the lubricant		
			b. Fire department connection main drain		
			c. Fire Hose Cabinets - Testing and Visual Inspection		
			6. Test of cut-in and cut-off of fire pump and jockey pump		
			7. Test inspection of wiring and components of the control panel		
			8. Operational testing of the system for 30min. (Return to tank flow test) to verify its condition		
			9. Return to service of the system		
			10. Drain water on the system to flush our sediments and particles and replace		
			Other terms and condition:		
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		report for any defects/malfunctioning of the system		
		c. Certificate of testing that Automatic Fire Sprinkler is in good running condition to be issued to the VMC-EFMS		
		d. Response time for emergency calls due to system failure/false alarm shall be not later than four (4) hours upon notice/call during working hours and services when needed within 24 working hours from the time of request		
		e. The service provider shall be responsible and liable for the cost or repair due to damages caused by its own staff while conducting its maintenance work		
				TOTAL: 595,000.00

You are required to submit performance security in the form and amount stipulated in the Instruction to Bidders. Failure to provide the performance security shall constitute sufficient grounds for cancellation of the award and failure of the bid security.

The Valenzuela Medical Center reserves the right to withdraw / terminate this Notice of Award in view of non-delivery on the time specified, delivery of items of poor quality / substandard and any other violation of the terms and conditions provided in the Instruction to Bidders.

Form of Performance Security	Amount of Performance Security (Equal to Percentage of the Total Contract Price)
a) Cash or Cashier's/manager (payable to BUREAU OF TREASURY), check issued by a Universal or Commercial Bank	
b) Bank draft/guarantee or irrevocable letter of credit issued by a Universal or Commercial Bank: Provided, however, that it shall be confirmed or authenticated by a Universal or Commercial Bank, if issued by a foreign bank.	Goods and Consulting Services - Five percent (5%); Infrastructure Projects - Ten percent (10%)
c) Surety bond callable upon demand issued by a surety or insurance company duly certified by the Insurance Commission as authorized to issue such security.	Thirty percent (30%)

INSTRUCTIONS:

If you have no corrections to the contents of this NOTICE OF AWARD (NOA), please submit Performance Security. The original copy of the NOA should be signed and claimed at the BAC Office, Valenzuela Medical Center. Further, please submit a certificate stating your Bank Account details.

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Approved by:

E. Cavy JAN 28 2025

EDILBERTO V. CAVANEYRO, MD, MHA, FPCS, FPSGS
OIC-Medical Center Chief II

Conformed:

Joy B. Valenzuela

Authorized Representative
WATTSAVERS ENERGY SERVICES COMPANY
Company

Date: 01/28/25

Email-to:
1/28/25/jh

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