



Republic of the Philippines  
 Department of Health  
**CARAGA REGIONAL HOSPITAL**

**TECHNICAL SPECIFICATION**

**PROCUREMENT OF MEDICAL OXYGEN REFILL, STANDARD 42 LITERS, 1800 PSI**  
**IB NO. 2023- 04 - 17 (12)**

LINE ITEM NO.	PROCURING ENTITY'S SPECIFICATION
1	<b>MEDICAL OXYGEN REFILL, STANDARD, 42 LITERS, 1800 PSI</b>
	Quantity: 4,000 tanks                      Unit Cost : PHP 700.00                      Total Approved Budget for the Contract : PHP 2,800,000.00
2	Supplier shall provide initial 100 filled tanks to Caraga Regional Hospital. The filled tanks will serve as “in-stock” or reserves, permanently. Upon consuming of 50 tanks, the bidder shall replace 50 filled tanks to comply the 100 tanks in stock. The first 100 tanks shall be delivered 15 days from the receipt of the Contract / Purchase Order
3	<b>Delivery:</b> A notice of delivery will be sent to the supplier for the next delivery, through Notification to be issued by the MMS
4	<b>Mode of Payment:</b> In every 300 tanks delivered, Supplier may bill the CRH with attached invoice, delivery receipt, acceptance or all other documents needed as required by the CRH
5	<b>CONTRACT VALIDITY.</b> This contract is valid for one (1) year or upon full consumption of the 4000 tanks whichever comes first. A Repeat Order of 25% is allowed until the said item has exhausted the maximum quantity for the same item specified. The Repeat Order may only be availed of within six (6) months from the date of the last order.
6	<b>CONTRACT TERMINATION.</b> The Procuring Entity (CRH) shall terminate the contract with the supplier upon thorough evaluation on the ground's termination with explicit discussion with the contractor.
7	<b>Administration and Monitoring.</b> The Central Supply and Sterilization Section (CSSS) is responsible to do the monitoring and consumption and shall be coordinated with Material Management Section (MMS). The CSSS shall inform the MMS with the consumption of the supplies and the MMS shall notify the contractor for its delivery.

\_\_\_\_\_  
Signature over Printed Name

\_\_\_\_\_  
Date of Signing

In the capacity of:

Duly authorized to sign bid for and on behalf of :

[Complete office address]

[Contact No.]

Email Address