

PURCHASE ORDER

Province of Davao de Oro
Agency/Procuring Entity

Supplier: BLUELANDER ENVIRONMENTAL SERVICES CORPORATION
Address: PUROK 2 NEW CARMEN TUGBOK, DAVAO CITY
E-mail Address:
Tel. No.:
TIN: 607-485-410-000

PO Number: 25121899
Date: 12/05/25
Mode of Procurement SVP
PR Number: 25-5390

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

Place of Delivery: DDPOH-MARAGUSAN
Date of Delivery: AT LEAST TWICE A MONTH

Delivery Term:
Payment Term:

No.	Stock No.	Unit of Issue	Quantity	Description	Unit Cost	Amount
1	17121	kl/s	2000.00	Collection of Hospital Waste 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.) 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	50.00	100,000.00

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

MARION KENH PERO
Signature over printed name of
12/15/25
Date

Very truly

ENGR. RAUL G. MABANGLO
Governor
Authorized Official

GENERAL
OBR No.: 04913-12-85-103
Responsibility Center:
Amount: 100,000.00

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

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Agency/Procuring Entity

DEC 11 2025

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				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		

Total Amount in Words: One Hundred Thousand Pesos Only	100,000.00
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Conform MARION KETTU FLOJO
Signature over printed name of
12/15/25
Date

Very truly

ENGR. RAUL G. MABANGLO
Governor
Authorized Official

GENERAL
OBR No.: 0643-12-25-103
Responsibility Center:
Amount: 100,000.00

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No.	Stock No.	Unit of Issue	Quantity	Description	Unit Cost	Amount
				monthly basis (30 days). H.1 The following are the essential 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 For the use of DDOPH-Maragusan THE AWARD IS BASED ON ABSTRACT NO. 2511216 UNDER REQUEST FOR QUOTATION NO.11-25-1746 OPENED ON December 03, 2025		

Total Amount in Words: One Hundred Thousand Pesos Only	100,000.00
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Conform	 Signature over printed name of 12/15/25 Date	Very truly	 ENGR. RAUL G. MABANGLO Governor Authorized Official
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OBR No.: 0643-12-25-103
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