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Bid Notice Abstract

Request for Quotation (RFQ)

Reference Number 12488194
Procuring Entity CARLOS HILADO MEMORIAL STATE UNIVERSITY
Title Procurement of Termite Control: Remedial Method/Treatment for Fortune Towne Campus
Area of Delivery Negros Occidental

Solicitation Number:	RFQ 25-521	Status	Pending
Trade Agreement:	Implementing Rules and Regulations	Associated Components	1
Procurement Mode:	Negotiated Procurement - Small Value Procurement (Sec. 53.9)	Bid Supplements	0
Classification:	Goods	Document Request List	0
Category:	Pest Control Services	Date Published	15/10/2025
Approved Budget for the Contract:	PHP 175,000.00	Last Updated / Time	14/10/2025 14:53 PM
Delivery Period:		Closing Date / Time	22/10/2025 09:00 AM
Client Agency:			
Contact Person:	Rowena De la Vida Prado Administrative Assistant II Mabini Street Talisay City Negros Occidental Philippines 6115 63-34-7120005 Ext.142 63-939-9296624 bac.sec@chmsu.edu.ph		

Description

Republic of the Philippines
 CARLOS HILADO MEMORIAL STATE UNIVERSITY
 Talisay City, Negros Occidental
 Mobile Phone Number: (0939) 929 6624
 bac.sec@chmsu.edu.ph

REQUEST FOR QUOTATION
 PAGE 1 OF 3
 Date: October 13, 2025
 Quotation No.: 25-521

Please quote your lowest price on the item/s listed below, stating the shortest time of delivery and submit your quotation duly signed by your representative not later than _____ in the return envelope attached herewith.

DR. MA. RIZA T. MANALO
 BAC Chairperson

NOTE:

1. ALL ENTRIES MUST BE TYPEWRITTEN
2. DELIVERY PERIOD WITHIN _____ CALENDAR DAYS
3. WARRANTY SHALL BE FOR A PERIOD OF SIX (6) MONTHS FOR SUPPLIES & MATERIALS, ONE (1) YEAR FOR EQUIPMENT, FROM DATE OF ACCEPTANCE BY THE PROCURING ENTITY
4. PRICE VALIDITY SHALL BE FOR A PERIOD OF _____ CALENDAR DAYS
5. G-EPS REGISTRATION CERTIFICATE SHALL BE ATTACHED UPON SUBMISSION OF THE QUOTATION

6. BIDDERS SHALL SUBMIT ORIGINAL BROCHURES SHOWING CERTIFICATIONS OF THE PRODUCT BEING OFFERED

ITEM ITEM & DESCRIPTION QTY. UNIT UNIT PRICE TOTAL PRICE

(Pls. indicate brand offered)

1 TERMITE CONTROL: Remedial Method/Treatment 1 lot

October to December 2025

Technical Specification:

1. Inspection

Conduct a comprehensive inspection of all buildings and structures using a Borescope or equivalent equipment, to identify active infestations, concealed galleries, and potential termite harborages. Inspection report must include photographic documentation, floor plan marking of infestation points, and recommended treatment strategies.

2. Treatment Procedures

a. Localized Treatment of Active Infestations

Apply Revancha (Bifenthrin-based termiticide) as foam using a termite foamer sprayer.

Mandatory foaming method shall be observed to prevent cross-contamination, unnecessary chemical spillage, and to ensure precise placement inside termite galleries.

b. Perimeter Barrier Treatment

Conduct blanket spraying of Revancha solution around the external perimeter of the building foundations, walls, and suspected entry points

Purpose: Arrest foraging surface termites and prevent lateral spread of infestation.

c. Dust Application for Non-Liquid Viable Areas

Apply Fipronil-based termite dust in sensitive areas where liquid termiticide application is not viable (e.g., electrical outlets, switchboards, conduits).

Dusting shall be performed with specialized equipment to avoid over-application and ensure maximum colony impact.

3. Safety and Environmental Compliance

All treatments shall comply with FDA regulations on pesticide use and handling.

Proper PPE (personal protective equipment) shall be worn by technicians at all times.

Empty pesticide containers shall be retrieved, accounted for, and surrendered to the distributor with official certificates as proof of compliance.

4. Warranty and Maintenance

Contractor shall provide a Six (6) Month Warranty on termite control effectiveness.

Maintenance inspections shall be conducted every two (2) months during the warranty period, with treatment reinforcement if activity is detected.

A written service report shall be issued after every maintenance visit, documenting findings and corrective actions.

5. Technician Training and Certification

Technicians must have certification and updated training for the last 3 months in Termite Control, General Pest Control, Rodent Control.

TOTAL

*****NOTHING FOLLOWS*****

TOTAL ABC = Php 175,000.00

PROCUREMENT OF TERMITE CONTROL IN ORDER TO PROTECT THE STRUCTURAL INTEGRITY OF BUILDING AND FACILITIES- FORTUNE TOWNE CAMPUS/ R. TUBLE (Executive Director)

PR# 25-922-0915 09-15-25

INCOME 606-164-25-09 09-23-25

Line Items

Item No.	Product/Service Name	Description	Quantity	UOM	Budget (PHP)
1	Termite Control: Remedial Method/Treatment	October to December 2025 Technical Specification: 1. Inspection Conduct a comprehensive inspection of all buildings and structures using a Borescope or equivalent equipment, to identify active infestations, concealed g	1	Lot	175,000.00

Created by Rowena De la Vida Prado

Date Created 14/10/2025

The PhilGEPS team is not responsible for any typographical errors or misinformation presented in the system. PhilGEPS only displays information provided for by its clients, and any queries regarding the postings should be directed to the contact person/s of the concerned party.

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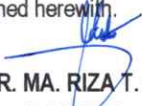
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ITEM	ITEM & DESCRIPTION (Pls. indicate brand offered)	QTY.	UNIT	UNIT PRICE	TOTAL PRICE
1	TERMITE CONTROL: Remedial Method/Treatment	1	lot		
	October to December 2025				
	<i>Technical Specification:</i>				
	<u>1. Inspection</u>				
	Conduct a comprehensive inspection of all buildings and structures using a Borescope or equivalent equipment, to identify active infestations, concealed galleries, and potential termite harborage.				
	Inspection report must include photographic documentation, floor plan marking of infestation points, and recommended treatment strategies.				
	<u>2. Treatment Procedures</u>				
	<u>a. Localized Treatment of Active Infestations</u>				
	Apply Revancha (Bifenthrin-based termiticide) as foam using a termite foamer sprayer.				
	Mandatory foaming method shall be observed to prevent cross-contamination, unnecessary chemical spillage, and to ensure precise placement inside termite galleries.				
	<u>b. Perimeter Barrier Treatment</u>				
	Conduct blanket spraying of Revancha solution around the external perimeter of the building foundations, walls, and suspected entry points				
	Purpose: Arrest foraging surface termites and prevent lateral spread of infestation.				

Date _____ By _____
Released (BAC) _____
Returned (Supplier) _____

Printed Name/Signature _____
Tel. No./Cellphone No. _____
Date _____

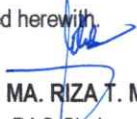


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ITEM	ITEM & DESCRIPTION (Pls. indicate brand offered)	QTY.	UNIT	UNIT PRICE	TOTAL PRICE
	c. Dust Application for Non-Liquid Viable Areas				
	Apply Fipronil-based termite dust in sensitive areas where liquid				
	termicide application is not viable (e.g., electrical outlets,				
	switchboards, conduits).				
	Dusting shall be performed with specialized equipment to avoid				
	over-application and ensure maximum colony impact.				
	<u>3. Safety and Environmental Compliance</u>				
	All treatments shall comply with FDA regulations on pesticide use				
	and handling.				
	Proper PPE (personal protective equipment) shall be worn by				
	technicians at all times.				
	Empty pesticide containers shall be retrieved, accounted for, and				
	surrendered to the distributor with official certificates as proof of				
	compliance.				
	<u>4. Warranty and Maintenance</u>				
	Contractor shall provide a Six (6) Month Warranty on termite				
	control effectiveness.				
	Maintenance inspections shall be conducted every two (2) months				
	during the warranty period, with treatment reinforcement if activity				
	is detected.				
	A written service report shall be issued after every maintenance				
	visit, documenting findings and corrective actions.				
	<u>5. Technician Training and Certification</u>				

Released (BAC) _____ Date _____ By _____
Returned (Supplier) _____

Printed Name/Signature

Tel. No./Cellphone No.

Date



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[illegible]

	Date	By
Released (BAC)	_____	_____
Returned (Supplier)	_____	_____

Printed Name/Signature _____

Tel. No./Cellphone No. _____

Date _____