



# WORK ORDER

DELIVERY DUE DATE: 8/2/20

Procurement Unit

Tel No.: 045-606-8142 / 606-8157

Supplier : **IBDC OCCUPATIONAL HEALTH SAFETY AND ENVIRONMENT CONSULTANCY**  
 Address : Calarin Road, Malued, Dagupan City, Pangasinan  
 TIN: 184-745-797-000 Non-VAT  
 Tel. No. : 0998-586-5020

Work Order No.: 2020-042  
 Date : 8/4/2020  
 JO No. : 2020-059  
 Date : 7/2/2020  
 Mode of Procurement: Direct Contracting  
 Mode of Payment: Refer to Terms of reference: VIII

SIR/MADAM:

You are hereby advised to accomplish/deliver the following job/work within \_\_\_\_\_ calendar days upon receipt of the Work Order as per quotation submitted by you duly approved by the TSU Committee on Bids and Awards and the President of the Agency

QTY.	UNIT	DESCRIPTION	UNIT COST	TOTAL COST
1	Lot	<p><b>SERVICES FOR THE CONDUCT OF SURVEILLANCE AUDIT</b>, To Acquire Services of the existing certifying body that will conduct surveillance audit for 1 year extension of IMS (ISO 9001: 2015, ISO 14001: 2015, OHSAS 18001: 2007) certification of Tarlac State University</p> <p><b>Terms of Reference:</b></p> <p>I. PROJECT TITLE- 1 year extension for the integrated management system (IMS: ISO 9001:2015- Quality Management System, ISO 14001:2015- Environmental Management System, OHSAS 18001:2007- Occupational Health and Safety Management System) Certification of TSU</p> <p>II. RATIONALE- In line with the certification granted to TSU's IMS in the field of education, research, extension (training and consultancy), Hotel services and administrative support services, there is a need to sustain the implementation and sustenance of such as the institution envisioned to become a premier university in the asia-pacific region. as part of the institution's plan and preparation for the IMS Re-Certification next year, there is a need to acquire the services of the existing certifying body which is the ACS W3 Solutionz that will conduct the third stage surveillance audit for 1 year extension of IMS Certification of TSU</p> <p>III. OBJECTIVE - The objective of the project is to conduct surveillance audit that will assess the conformity of TSU to ISO 9001:2015 - QMS, ISO 14001:2015 - EMS and OHSAS 18001:2007 OHSMS (Integrated Management System).</p>	600,000.00	<u>600,000.00</u>

COMMISSION ON AUDIT- TSU  
 RECEIVED  
 By: [Signature] Date: 07 AUG 2020

(Please read carefully at the back hereof)

Charge to:  
 ROA No. :  
 CONFORME & RECEIVE COPY: Joy T. Garcia

FUNDS AVAILABLE:  
[Signature]  
 ELENA MAY T. TEOFILO  
 Head, Budget Office

**IBDC OCCUPATIONAL HEALTH SAFETY AND ENVIRONMENT CONSULTANCY**

Firm/Dualer/Supplier/Contractor

8/6/2020

Date

Bank Account Name: IBDC OCCUPATIONAL HEALTH SAFETY AND ENVIRONMENT CONSULTANCY

Bank Account Number: 1346-1692-10

Bank Name: LAND BANK OF THE PHILIPPINES

Bank Address: SAN CARLOS CITY, PANGASINAN

APPROVED:

[Signature]  
 DR. GLENARD T. MADRIAGA  
 VP, Admin. & Finance  
 Authorized Official

8/17/20



# WORK ORDER

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Tel No.: 045-606-8142 / 606-8157

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QTY.	UNIT	DESCRIPTION	UNIT COST	TOTAL COST
		<p>IV. SCOPE OF WORK - The following are the scope of works needed for the project:</p> <p>A. Conduct of second party audit            The second party audit is deemed necessary for the university's preparation of third party audit (surveillance audit 4). this component principally involves all identified offices subjected to QEHS audit to prepare the necessary documentation and possible immediate corrective action in case of non-conformities arises</p> <p>B. Provision of Surveillance Auditing works            Phase 1: Surveillance Audit 4            • Conduct of Surveillance Audit 4</p> <p>V. EXPECTED OUTPUTS OR DELIVERABLES - The MINIMUM outputs or deliverables shall include the following during the Contract Execution Stage:            Scope of Works: Conduct of second party audit, Conduct of surveillance audit 4            Deliverables: A. Audit plan, B. Audit itinerary, C. QEHS Audit report, D. Surveillance audit 4 plan (at least 2 weeks before audit), E. Conduct of opening meeting, F. Conduct of closing meeting, G. Official audit report (to be given right after the audit), H. (if any) non-conformity report(s) (to be given right after the audit), I. (if any) Acceptance of correction &amp; corrective actions</p> <p>VI. PROJECT DURATION - The maximum project duration is six (6) months from the issuance of the Work Order</p> <p>VII. QUALIFICATION OF CONSULTANCY SERVICES COMPANY/FIRM:            1. The Consultancy Services Company is fully authorized and approved member of the ACS W3 Solutions and covers the provision of IAF accredited certification held by ACS W3 Solutions.            2. That the company/firm is PhilGEPS registered.            3. That the company/firm is DTI or SEC registered.            4. That the company/firm has Mayor's Permit and Business License.</p> <p>VIII. PROPOSED TERMS OF PAYMENT - Payment of 100%: Upon submission and acceptance of the following: A. Audit plan for second party audit, B. Audit itinerary for second party audit, C. QEHS Second party audit report, D. Surveillance audit plan 4, E. Official audit report (if any) non conformity reports, F. (if any) Acceptance of correction &amp; corrective actions</p>		

COMMISSION ON AUDIT - TSU  
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 ROA No.:  
 CONFORME & RECEIVE COPY: Joy T. Garcia

FUNDS AVAILABLE:  
Elena May T. Teofilo  
 Head, Budget Office

**IBDC OCCUPATIONAL HEALTH SAFETY AND ENVIRONMENT CONSULTANCY**

Firm/Dealer/Supplier/Contractor

8/6/2020

Date

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Bank Account Number: 1396-1692-10

Bank Name: LAND BANK OF THE PHILIPPINES

Bank Address: SAN CARLOS CITY, PANGASINAN

APPROVED:

DR. GLENARD T. MADRIAGA  
 VP. Admin. & Finance  
 Authorized Official

Form No.: TSU-PRO-SF 10

Revision No.: 01

Effectivity Date: March 01, 2017

Page 2 of 2



# WORK ORDER

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Firm/Dealer/Supplier/Contractor

Date

Bank Account Name: \_\_\_\_\_

Bank Account Number: \_\_\_\_\_

Bank Name: \_\_\_\_\_

Bank Address: \_\_\_\_\_

FUNDS AVAILABLE:

ELENA MAY T. TEOFILO

Head, Budget Office

APPROVED:

DR. GLENARD T. MADRIAGA

VP, Admin. & Finance

Authorized Official



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Firm/Dealer/Supplier/Contractor

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Bank Account Number: \_\_\_\_\_  
Bank Name: \_\_\_\_\_  
Bank Address: \_\_\_\_\_

FUNDS AVAILABLE:  
  
ELENA MAY T. GEOFILO  
Head, Budget Office

APPROVED:  
  
DR. GLENARD T. MADRIAGA  
VP, Admin. & Finance  
Authorized Official