



PEOPLE'S TELEVISION
P A R A S A B A Y A N

People's Television Network, Inc
Broadcast Complex, Visayas Avenue, Diliman, Quezon City 1100
Telephone No. 3453-1097 /www.ptv.ph

BID BULLETIN NO. 4
26 June 2020

**Supply, Delivery, Testing, Integration, Training and Commissioning of News Production
Editing System with Complete Accessories for the Mindanao Media Hub of the People's
Television Network, Inc. (PTNI)**

ITB No. 2020-0014N

Please be informed that bidders/suppliers must send through email (ptnibac2015@gmail.com) the HEALTH CHECKLIST FORM (please see annex A) provided by the PTNI until 1 July 2020, 12:00 NN.

NEW NORMAL GUIDELINES IN SUBMISSION OF BEST OFFER

- A.** The BAC will still accept physical submission of bid tenders.
- A.1** Before entering the premises of PTNI, the authorized representative must fill out the HEALTH CHECKLIST FORM provided by PTNI and the assigned security personnel shall check and record the temperature of the representative in the form. If CHECKED WITH HIGH TEMPERATURE, the representative will no longer allowed to enter the premises. The BAC Secretariat will have to receive the Bid Tender.
- A.2** The bidder/s must have submitted it on time with proper label or sealing.
- A.3** The bidder/s must only have one (1) representative with a health or medical certificate attesting that he or she is COVID free.

All other information in the Bidding Documents inconsistent with the above are hereby revised accordingly. All other provisions which are not affected shall remain in effect.

For further guidance and information of all concerned.

Thank you.


MARIA ANGELA C. GATAN
Chairperson
Bids and Awards Committee



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ANNEX A

Health Checklist

Temperature :

Age

Name : _____ Sex : _____ :

Residence : _____

Company Name : _____

Company Address : _____

		Yes	No
1. Are you under 21 years old or at least 60years old? (Ikaw ba ay 21 taong gulang o 60 taong gulang pataas?)		<input type="radio"/>	<input type="radio"/>
2. Are you pregnant? (Ikaw ba ay nagbubuntis?) For female only.		<input type="radio"/>	<input type="radio"/>
3. Do you smoke? (Ikaw ba ay naninigarilyo?)		<input type="radio"/>	<input type="radio"/>
4. Are you taking any prescribed maintenance medicines? (Ikaw ba ay kasalukuyang umiinom ng ineresetang gamot para sa mga sakit na nabanggit sa ibaba?)		<input type="radio"/>	<input type="radio"/>
5. Were you diagnosed or treated of a disease including but not limited to the following conditions (Ikaw ba ay nakitaan or kasalukuyang may iniindang sakit tulad ng mga sumusunod)	a. Hypertension	<input type="radio"/>	<input type="radio"/>
	b. Diabetes	<input type="radio"/>	<input type="radio"/>
	c. Cancer	<input type="radio"/>	<input type="radio"/>
	d. Kidney Disease	<input type="radio"/>	<input type="radio"/>
	e. High Blood	<input type="radio"/>	<input type="radio"/>
	f. Bronchial Asthma	<input type="radio"/>	<input type="radio"/>
	g. Others: _____	<input type="radio"/>	<input type="radio"/>
6. Are you experiencing: (nakakaranas ka ba ng :)	a. Sore throat (within last 2 weeks) (Pananakit ng lalamunan/ masakit lumunok sa nakalipas na dalawang linggo)	<input type="radio"/>	<input type="radio"/>
	b. Body pains (within last 2 weeks) (Pananakit ng katawan sa nakalipas na dalawang linggo)	<input type="radio"/>	<input type="radio"/>
	c. Fever for the past few days or		



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	(within last two weeks) <i>(Lagnat sa nakalipas na mga araw o nakalipas na dalawang linggo)</i>	<input type="radio"/>	<input type="radio"/>
7. Have you had any contact with anyone with fever, cough, colds, and sore throat in the past 2 weeks? <i>(Mayroon ka bang nakasama na may lagnat, ubo, sipon o sakit ng lalamunan sa nakalipas na dalawang (2) lingo?)</i>		<input type="radio"/>	<input type="radio"/>
8. Have you worked together or stayed in the same close environment of a confirmed COVID-19 case? <i>(May nakasama ka ba o nakatrabahong tao na kumpirmadong may COVID-19/may impeksyon ng corona virus?)</i>		<input type="radio"/>	<input type="radio"/>
9. Do you have a family member who is a frontliner like Doctor, Nurse, Police, Army, works in Media, Security Guard, Janitorial, etc.) <i>(Isa ba sa myembro ng inyong pamilya ay frontliner tulad ng Doktor, Nars, Pulis, Army, Mediamen, Sekyu, Janitor, etc.)</i>		<input type="radio"/>	<input type="radio"/>
10. Have you travelled outside of the Philippines in the last 14 days? <i>(Ikaw ba ay nagbyahe sa labas ng Pilipinas sa nakalipas na 14 na araw?)</i>		<input type="radio"/>	<input type="radio"/>
11. Have you travelled to any area in NCR aside from your home? <i>(Ikaw ba ay nagpunta sa iba pang parte ng NCR o Metro Manila bukod sa iyong bahay? Specify. (Sabihin kung saan) :</i>		<input type="radio"/>	<input type="radio"/>

By signing this document, I hereby authorize the Network to collect and process the data indicated herein for the purpose of effecting control of the COVID-19 infection. I understand that my personal information is protected by RA 10173 (Data Privacy Act of 2012). I know that I am required to provide truthful information as required by RA 11469 (Bayanihan as One Act).

I certify that as of today, I am submitting this safety and Health Checklist Questionnaire voluntarily and with full knowledge and understanding of its safety purpose. It is also my genuine desire to preserve the good health and well-being of everyone in my workplace and my home.

In rendering this disclosure, I hereby render the company free and harmless from any claim of any nature whatsoever.

I also declare that I have conducted myself in a safe and healthy manner inside the company as well as outside, recognizing that any application that I gather outside may harm my fellow workers in the office.

Printed Name and Signature

Date