

**PRINTING OF OFFICE STATIONERY**  
**INVITATION TO BID / INSTRUCTION TO BIDDER**  
**OUR REQUEST FOR QUOTATION NO. MND/RFQ/015/2026**  
**TENDER CLOSING DATE 23.02.2026 TIME: 12:30 HOURS**  
**TENDER OPENING DATE 23.02.2026 TIME: 12:30 HOURS**

1. Please submit your lowest and firm quotation on EPADS with best delivery.
2. Required bid validity is 60 days from the closing date of RFQ.
3. RFQ will be publically opened at 12:30 Hours on the same day in our office at Piran Ghaib Road Multan. One representative of each bidder with Letter of Authority can attend the bid opening, if desired.
4. In case purchase order placed on you, you will be required to execute strictly in accordance with the terms and conditions of purchase order. In case terms and conditions violated we will have the right to cancel the purchase order or part as thereof, necessary.
5. If the purchase order on you or part thereof is cancelled, we will have the right to make purchases from other sources at your risk and cost, and difference will be recovered from you.
6. We reserve the right to increase / decrease the tender quantities or cancel this enquiry in whole or in part before tender opening should our requirement. In change in the meantime. After tender opening, the quantities may be increased / decreased by 15% of the tender quantities. However, decrease beyond 15% shall be subject to concurrence by the successful bidder.
7. Relevant, leaflets/brochures should accompany your quotation.
8. Instead of writing the word "Imported" please give exact brand/make / Country of origin of each item quoted by you.
9. All deliveries are to be consigned carriage paid to the address SNGPL Transmission Stores Piran Ghaib Road Multan.
10. Delivery challan (in triplicate) for each consignment should accompany the material.
11. Consignment will be received upto 12.30 P.M during summer on all working days and upto 3.00 P.M during winter on all working days of the week except Saturday & Sunday.
12. BID SECURING DECLARATION: - To be submitted as per SNGPL requirement.
13. Late Delivery Charges clause as mentioned in the terms & Conditions section will be applicable.

**Schedule of Requirement (SOR)**

Item No	Description	Brand/Make Country of Origin	Unit	Qty	Rate / Unit	18% Gst	Total Amount	Delivery Period
01	Printing of File Cover with Company Monogram & Laces Size 11" X 14" (Specimen Will Be Provided to Successful Bidder)		Nos.	1032				Within 20 days at mentioned below sites.
02	Printing of Tbs Check Meter EVC Data Retrieval & Inspection Performa, A-4 Size Paper, Paper 63 Gm, 200 Page / Pad, As Per Specimen Attached		Nos.	30				
03	Printing of Format Meter Return Card, 100 Page/Pad, As per Specimen		Nos.	10				



04	Printing of Format Meter Return Replacement Advice, 100 Page/Pad, As Per Specimen		Nos.	10			
05	Printing of Format Complaint Book, 100 Page/Pad, As Per Specimen Attached		Nos.	5			
06	Printing of Daily Site Report Service Line Shifting Team, Paper Size A-4, 63 Gm Paper, 200 Page/Pad, As Per Specimen Attached		Nos.	200			
07	Printing of Daily Site Report Meter Shifting Team, Paper Size A-4, 63 Gm Paper, 200 Page/Pad, As Per Specimen Attached		Nos.	220			
08	Printing of Safety Check List Distribution Performa, 100 Page/Pad, As Per Specimen Attached		Nos.	200			
09	Printing of Patrolling Daily Site Report Form, Paper Size A-4, 63 Gm Paper, 200 Page/Pad, As Per Specimen Attached		Nos.	40			
10	Printing of Welding / Fitter Team Daily Site Report Form, Paper Size A-4, 63 Gm Paper, 200 Page/Pad, As Per Specimen Attached		Nos.	40			
11	Printing of Valve Maintenance Team Daily Site Report Form, Paper Size A-4, 63 Gm Paper, 200 Page/Pad, As Per Specimen Attached		Nos.	20			
12	Printing of Service Valve Uplifting Team Daily Site Report Form, Paper Size A-4 Forms with Blank Page Each Form, 63 Gm Paper, Total 200 Page/Pad, As Per Specimen Attached		Nos.	15			
13	Printing of UGLR (Laser Leak) Form, Paper Size A-4, 63 Gm Paper, 200 Page/Pad, As Per Specimen Attached		Nos.	120			
14	Printing of gate pass book with serial. Number, 100 page/pad, as per specimen		Nos.	85			
15	Printing of Field Order, 100 Page/Pad, As Per Specimen		Nos.	20			
16	Printing of Material Issuance Slips with Sr #, 200 Page/Pad, As Per Specimen		Nos.	30			
17	Printing of Material Return Slips with Sr #, 200 Page/Pad, As Per Specimen		Nos.	10			
18	Printing of Vigilance Inspection Performa (Domestic), 100 Page/Pad, As Per Specimen		Nos.	438			
19	Printing of Vigilance Inspection Performa (Commercial), 100 Page/Pad, As Per Specimen		Nos.	26			
20	Printing of Vigilance Inspection Performa For Industrial Consumers, 100 Page/Pad, As Per Specimen		Nos.	21			

21	Printing of Duplicate Complaint Book with Sr #, 100 Page /Pad, As Per Specimen		Set	20				
					<b>Grand Total:</b>			

### **Terms & Conditions:**

- 1) The material should be supplied as per technical specifications mentioned in the quotation/purchase order and must be brand new. Sub-standard / defective material will not be accepted.
- 2) Please mention your National Tax Number on the invoices to be submitted for payment.
- 3) DELIVERY: You will deliver the Ordered material within **20 Days** after receipt of purchase order at SNGPL Stores, Piran Ghaib Road, Multan, under intimation to us
- 4) The price of ordered material is inclusive of all applicable Govt Taxes/Duties, GST @ 18% However, the payment of sales tax will be made to you on submission of Sales Tax Invoices. We as per Sales Tax Special Procedure (withholding) Rules 2007, shall deduct an amount equal to 1/5th of the total sales tax value shown in the sales tax invoice issued by the supplier and make payment of the balance amount.
- 5) Payment will be made to you by our Accounts Department within 30 days after satisfactory completion of delivery as given in the purchase order and after receipt of your bills in Accounts duly marked your National Tax Number in duplicate supported with receipted copies of Delivery Challan(s) and copy of inspection reports.
- 6) If the materials, as given in the order have not been delivered within the delivery period given in the contract and as per stipulations in the contract except on account of Force Majeure, , Sui Northern Gas Pipelines Limited (SNGPL) shall be entitled to recover 1% (One Percent) of the total value (excluding Sales Tax) of the delayed part of material for each week of delay, by way of Late Delivery Charges and not by way of penalty subject to a maximum of 10% of the total value (excluding sales tax) of the delayed part of the material. The payment of such Late Delivery Charges shall not relieve the supplier from performing and fulfilling its obligations under the contract nor will the corresponding rights and entitlements of Sui Northern be affected or reduced in any manner. Whenever Late Delivery Charges become payable, SNGPL, in its sole discretion shall quantify the same and recover Late Delivery Charges through deduction from outstanding bills of suppliers directly by Accounts Department while making payment to supplier.
- 7) All other terms and condition of the RFQ and those which will be agreed through exchange of correspondence will integral part of purchase order.





Item No. 02

## SUI NORTHERN GAS PIPELINES LIMITED

### TBS Check Meter EVC Data Retrieval & Inspection Performance

Premise ID: \_\_\_\_\_ TBS Code: \_\_\_\_\_ Visit Date: \_\_\_\_\_

TBS Name: \_\_\_\_\_

TBS Address: \_\_\_\_\_

Meter Type: \_\_\_\_\_

EVC Type: ☐ EI-Gas ☐ R-Flo

Meter No: \_\_\_\_\_

EVC No: \_\_\_\_\_

Meter Seal No: \_\_\_\_\_

EVC Seal No: \_\_\_\_\_

UOM: ☐ Ft<sup>3</sup> ☐ M<sup>3</sup>

Date of Installation: \_\_\_\_\_

Corrected Reading: \_\_\_\_\_

Inlet Pressure: \_\_\_\_\_

Uncorrected Reading: \_\_\_\_\_

Flow Rate: \_\_\_\_\_

Counter Reading: \_\_\_\_\_

Outlet Pressure: \_\_\_\_\_

Mismatch Volume: \_\_\_\_\_

Fault Volume: \_\_\_\_\_

EVC Data Retrieval: ☐ Yes ☐ No

Reason If No: \_\_\_\_\_

Foundation Status: \_\_\_\_\_

Fence Status: ☐ Yes ☐ No

Fence Condition: ☐ OK ☐ Not OK

If Not OK: \_\_\_\_\_

TBS Lock: ☐ Yes ☐ No

Gas Filter: ☐ Yes ☐ No

Regulator Type: \_\_\_\_\_

Regulator Installed: ☐ Before ☐ After

Meter Bypass: ☐ Yes ☐ No

Meter Bypass Status: ☐ Close ☐ Open

Regulator Bypass: ☐ Yes ☐ No

Regulator Bypass Status: ☐ Close ☐ Open

Inlet Gauge Valve: ☐ Yes ☐ No

Outlet Gauge Valve: ☐ Yes ☐ No

Gas Leakage In TBS: ☐ Yes ☐ No

If Yes: \_\_\_\_\_

Gas Leakage Rectified: ☐ Yes ☐ No

Remarks: \_\_\_\_\_

Recommendations: \_\_\_\_\_

Visitor Name: \_\_\_\_\_ Designation: \_\_\_\_\_

Visitor Name: \_\_\_\_\_ Designation: \_\_\_\_\_

Visitor Name: \_\_\_\_\_ Designation: \_\_\_\_\_

Vehicle No: \_\_\_\_\_

I/C TBS Metering





Item No. 03



## SUI NORTHERN GAS PIPELINES LTD METER RETURN CARD

Make/Type \_\_\_\_\_ Sr.No. \_\_\_\_\_ Consumer No. \_\_\_\_\_

New Account ID: \_\_\_\_\_ Consumer Category (DOM) \_\_\_\_\_

Name and Address of Consumer: \_\_\_\_\_

Meach Counter: \_\_\_\_\_

Date Of Meter Installation: \_\_\_\_\_ Contractual Load: (DOM only) \_\_\_\_\_ MCFHr

Date Removed \_\_\_\_\_ Spot Flow Rate:(DOM) \_\_\_\_\_ MCFHr

Meter Disconnected Or Replaced \_\_\_\_\_ Date Of Replacement (If Replaced) \_\_\_\_\_

Replaced With Meter: Make / Type \_\_\_\_\_ Sr. No. \_\_\_\_\_

Meach Counter: \_\_\_\_\_

Seal No.& Condition \_\_\_\_\_

Litigation (if any) (DOM) \_\_\_\_\_

Average Monthly Bill (Rs:) For DOM only) \_\_\_\_\_

**BILLING HISTORY** :Regular ☐ Irregular Lat ☐ yment / Installment ☐

### REASON REMOVAL

Accts.Advice/Non Payment ☐ s.Advice/Cons.Vecated Schedul ☐ anged ☐

High Bill ☐ Bill Not Reg ☐ ng/Sticky Damage Old N ☐ ☐ ☐

Don'ts Pass Gas ☐ y Under ☐ Oversize ☐ ☐

Suspected Due To \_\_\_\_\_ Other ☐

(Check appropriate reason. if other's give details)

Contractor Stamp (If meter is removes by contractor) \_\_\_\_\_

Supervisor Incharge Name \_\_\_\_\_ S.N No. \_\_\_\_\_

Officer / Engineer Incharge / Executive Engineer Name: \_\_\_\_\_

Officer / Incharge / Executive Engineer Signature: \_\_\_\_\_



Item No. 04

Dispatch Group:  
Representative

## SUI NORTHERN GAS PIPELINES LIMITED

### Meter Replacement Advice (Field Order) Domestic

FA ID: \_\_\_\_\_ Account ID: \_\_\_\_\_ Outstanding Bal. Rs \_\_\_\_\_  
FA Type: \_\_\_\_\_ Last Payment Date \_\_\_\_\_  
FA Date: \_\_\_\_\_ Priority: \_\_\_\_\_  
Service Route (Book No) \_\_\_\_\_ Sequence (Page NO) \_\_\_\_\_ Consumer Type: DOMESTIC

Name: \_\_\_\_\_ Meter Type: \_\_\_\_\_  
Address: \_\_\_\_\_ Sub Region: \_\_\_\_\_  
\_\_\_\_\_ Badge No. \_\_\_\_\_  
\_\_\_\_\_ Region: \_\_\_\_\_

Field Order Details:	Bill Cycle Code:	Postal:	Service Cycle:
<b>OLD METER</b>		<b>NEW METER</b>	
Meter Status: _____	Meter Status: _____		
Seal Status: _____	Seal Status: _____		
Regulator Type / Size: _____	Regulator Type / Size: _____		
Reason for FA: _____	Gas Commissioned: _____		
Reason (If FA Incomplete) _____	Soap Test: _____		
Regulator Replaced: _____	Additional Remarks _____		
Pressure Enhancement: _____			
Accident / Unsafe Cond. (If Any) _____			

Date Entry:	Old Meter:	New Meter:
Meter Badge No.	Meter Badge No.	
<input type="text"/>	<input type="text"/>	
Meter Type: _____	Meter Type: _____	
Meter Manufacturer: _____	Meter Manufacturer: _____	
Meter Configuration: Tyre (UOM): _____	Meter Configuration: Tyre (UOM): _____	
Meter Inded Reading(Seq-30) Digit: L R	Meter Inded Reading(Seq-30) Digit: L R	
<input type="text"/>	<input type="text"/>	
Billing Pressure: _____	Pressure Enhancement: _____	
Reason (If FA Incomplete) _____	Work / Replacement: _____	
Reason For FA _____	Date: _____	
	<input type="text"/>	

Service Details / Comments:

Consumer Signature

Team Incharge

Supervisor / Officer Sign





**SUI NORTHERN GAS PIPELINES LIMITED-MULTAN (D)**  
**DAILY PROGRESS REPORT (P.E./M.S SERVICE LINE TEAM)**

DATE: \_\_\_\_\_ CONTRACTOR: \_\_\_\_\_ TEAM SUPERVISED BY: \_\_\_\_\_

SR#	CONSUMER ID	NAME & ADDRESS	PIPE (MTR)	FITTING USED	REMARKS
01					
02					
03					
04					
05					
06					
07					
08					
09					
10					
TOTAL S/L LAID:		NOS. TOTAL PIPE USED:	MTRS	TOTAL FITTING USED:	

H-FITTER: \_\_\_\_\_ VEHICLE NO: \_\_\_\_\_ CHECKED BY: \_\_\_\_\_

SECTIONAL I/C: \_\_\_\_\_






Item No. 07

**Daily Site Report Meter Shifting Team**

DATE: \_\_\_\_\_

Sr	Account ID	Name & Address	Meter No	Reading	Material Utilized					Consumer Sign.	
					Pipe	Reg	E.Cock	Elbow	Coupling		B. Nipple
1											
2											
3											
4											
5											
6											
7											
8											
9											
10											
				TOTAL							

Team Members \_\_\_\_\_ Vehicle No \_\_\_\_\_ Supervisor Verification \_\_\_\_\_ Engr. (Maint) Verification \_\_\_\_\_

DOCKING PL-11PR003-F-002-A		سوئی ناردرن گیس پائپ لائنز لمیٹڈ	
ISSUE-002	ISSUE DATE	سیفٹی چیک لسٹ ڈسٹری بیوشن	

<input type="checkbox"/>	کدالی	<input type="checkbox"/>	ارنگ	<input type="checkbox"/>
<input type="checkbox"/>	اکھسٹن ایک	<input type="checkbox"/>	ہریک	<input type="checkbox"/>
<input type="checkbox"/>	پنیا اسٹن ایک	<input type="checkbox"/>	کھک	<input type="checkbox"/>
<input type="checkbox"/>	ویلیک	<input type="checkbox"/>	ہیک	<input type="checkbox"/>
<input type="checkbox"/>	پنیا اسٹن ایک	<input type="checkbox"/>	اکھسٹن ایک	<input type="checkbox"/>
<input type="checkbox"/>	کرانک	<input type="checkbox"/>	کرانک	<input type="checkbox"/>
<input type="checkbox"/>	یک	<input type="checkbox"/>	اکھسٹن ایک	<input type="checkbox"/>

تاریخ \_\_\_\_\_

جگہ \_\_\_\_\_

کام کی تفصیل: \_\_\_\_\_

عہدہ \_\_\_\_\_

SN# \_\_\_\_\_

[illegible]

- 1- کیا آپ کے متعلقہ کام کیلئے SOP موجود ہے؟
- 2- کیا متعلقہ ذرائع سائنس پر دستیاب ہے؟
- 3- کیا آپ نے اس کام کیلئے متعلقہ والی کو چیک کیا ہے، متعلقہ ملحدہ کرنے والا ڈیو بند کے ہیں اور پر تنگ ایڈجسٹڈ کیا ہے؟
- 4- کیا آپ نے سینڈ راک کے مطابق کھدائی کی، زیر زمین تاروں اور باپ کی نشاندہی کی اور ان کو ملحدہ کیا ہے؟
- 5- کیا آپ نے Explosivity ٹیسٹ کیا ہے؟
- 6- کیا کام کرنے والی جگہ کو reflective ٹیپ / کون ڈیو سے ملحدہ کیا گیا ہے اور دونوں طرف Warning پر ڈال گئے ہیں؟
- 7- کیا آپ نے آگ بجھانے والے آلات کام کرنے والی جگہ کے قریب رکھے ہیں؟
- 8- کیا اس کام کیلئے تمام آلات یا مشینیں موجود ہیں اور محفوظ ایڈجسٹڈ کرنے کی حالت میں ہیں؟
- 9- کیا ایمر جنسی کی صورت میں متعلقہ کام کرنے والے افراد کو کھدائی میں سے باہر نکلنے کا انتظام موجود ہے؟
- 10- کیا متعلقہ کام کرنے والے افراد کیلئے حفاظتی آلات موجود ہیں؟
- 11- کیا کسی فرد کی ذمہ داری لگائی ہے کہ مسلسل اس کام کی نگرانی کرے؟
- 12- کیا اس کام کیلئے Explosion Proof آلات اور لائسنس استعمال کیے جا رہے ہیں؟
- 13- کیا آگ لگنے کے تمام ذرائع (Live Line) کے نزدیک سرکٹ کوٹھی، سوئچ، فون کا استعمال وغیرہ) کنٹرول میں ہیں؟
- 14- کیا تمام گاڑیاں / آلات کام کرنے والی جگہ سے مناسب فاصلے پر ہیں اور ٹریفک میں رکاوٹ کا باعث نہیں ہیں؟
- 15- کیا بندہ ایمر یا میں ہوائی آمد رفت کیلئے مناسب انتظامات موجود ہیں؟
- 16- کیا Air ٹینک ملاؤ رنگ، پر جگہ اور کنٹینر کے دوران کام کرنے والے افراد مناسب فاصلے پر ہیں؟

دستخط متعلقہ پیر والا اور \_\_\_\_\_ دستخط (ایمپلوائی) (Executive)

نوٹ: یہ چیک لسٹ متعلقہ کام شروع کرنے سے پہلے کام کا انیارج اسپروانزور خود پر کرے گا۔





Item No. 09

**Pipe Line Petrolling Daily Site Visit Report**

Date: \_\_\_\_\_

Sr. #	Area	Nearest Consumer ID	Working Dept./ Contractor Name/ Type of Activity	N/W Dia	Damage Type Coating/Main Line/SL/Manhole Rerouting/CMS leakage/S/L upleveling	Rectification Status Rectified By/on
1						
2						
3						
4						
5						
6						

Name: \_\_\_\_\_  
Designation: \_\_\_\_\_  
Sign: \_\_\_\_\_

Motor Bike/Vehicle No. \_\_\_\_\_

Verified by Supervisor

Verified by Incharge





Item No. 10

Daily Progress Report (UGLR/MAINTENANCE) Department

Date: \_\_\_\_\_ Vehicle No. \_\_\_\_\_ W.O No. \_\_\_\_\_ Contractor: \_\_\_\_\_

Sr. #	Consumer No.	Name & Address	Case ID	Ditch Dimensions	Type of Soil	Material
1						
2						
3						
4						
5						
6						

Team Members:-

Welder :  
H/Welder:  
D/Helper:  
G/Man:

Sub Engineer

Engineer Incharge



Item No. 11

**Daily Site Visit Report Valve Maintenance**

7

Date \_\_\_\_\_

Sr No	Card No	Valve Size		Location	Valve Maintenance				Valve Pit Repairs Required (Civil Work)	Remarks (Leakage or other observation)
		UG	OH		Clog	Ptng	Labn	Crkg		
1										
2										
3										
4										
5										
6										

Team Members \_\_\_\_\_ Vehicle No \_\_\_\_\_ Supervisor Verification \_\_\_\_\_ Engr. (Maint) Verification \_\_\_\_\_



[illegible]

**Engr. (Maint) Verification**

**Supervisor Verification -**

Vehicle No. \_\_\_\_\_





Item No. 13

(6)

	SUI NORTHERN GAS PIPELINES LIMITED	SNGPL-UFGC-Chapter-p	
	UNACCOUNTED FOR GAS	Issue # 01	Issue Date:
	Formats	Page 3 of 11	

**Underground Leakage Rectification (Laser Leak)**

Account ID

Name & Address

Zone Code

Book No.

Page No.

Meter No.

Meter Type

Meter Reading

Leakage Reported by Corrosion  
Control Department

Grade - I  
Grade - II  
Grade - III

Leakage Rectification Carried Out (Y/N)

Leakage Point

Mainline  
Service Tee Welding / Fusion Joint  
Service Riser  
Service Tee Plug

Date of Rectification

Material Usage Detail

Coat & Wrap Carried Out

Ditching & Back filling Carried Out

Remarks:-

Name & Signature of Cons.

Name of Welder / Fitter

Signature of Welder / Fitter

Name of S. Engr. / Supervisor

Sign. Of S. Engr. / Supervisor

Signature of Engineer





Item No. 15

**SUI NORTHERN GAS PIPELINE LTD.  
FIELD ORDER**

Dispatch Group: _____		Representative: _____
Through: _____	Priority: _____	FA Date: _____ FQ Date: _____
FA ID: _____	Account ID: _____	Consumer Type: _____
FA Reason: _____	Case ID: _____	Meter Type: _____
Consumer Name: _____		Region: _____
Address: _____		Sub Region: _____
Comments: _____		
Instructions: _____		
Nearest Land Mark: _____		Phone: _____
Current/Removed Meter		New Replace/Reconnected Meter
Meter Number: _____	Meter Number: _____	
Meter Read: _____	Meter Read: _____	
Date: _____	Date: _____	
Service Details: _____		
Customer's Sign _____ Fitter Sign _____ Supervisor's Sign _____		

**SUI NORTHERN GAS PIPELINE LTD.  
FIELD ORDER**

Dispatch Group: _____		Representative: _____
Through: _____	Priority: _____	FA Date: _____ FQ Date: _____
FA ID: _____	Account ID: _____	Consumer Type: _____
FA Reason: _____	Case ID: _____	Meter Type: _____
Consumer Name: _____		Region: _____
Address: _____		Sub Region: _____
Comments: _____		
Instructions: _____		
Nearest Land Mark: _____		Phone: _____
Current/Removed Meter		New Replace/Reconnected Meter
Meter Number: _____	Meter Number: _____	
Meter Read: _____	Meter Read: _____	
Date: _____	Date: _____	
Service Details: _____		
Customer's Sign _____ Fitter Sign _____ Supervisor's Sign _____		





Item No. 14

**SUI NORTHERN GAS PIPELINES LTD**  
**GATE PASS**

Date: \_\_\_\_\_ NO. 11693

Please pass out: \_\_\_\_\_

With \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Signature: \_\_\_\_\_

Designation: \_\_\_\_\_

Station: \_\_\_\_\_

Form 1104/64  
R.P.A.

Item No. 16

**MAINTENANCE SECTION STORE (MULTAN-D)**  
**MATERIAL ISSUANCE SLIP**

No. 100 DATE: \_\_\_\_\_

me: \_\_\_\_\_ Designation: \_\_\_\_\_

/No. \_\_\_\_\_ Job No. \_\_\_\_\_

ATERIAL	PPE'S	EQUIPMENT	SCRAP
1)	1)	1)	1)
2)	2)	2)	2)
3)	3)	3)	3)
4)	4)	4)	4)
5)	5)	5)	5)
6)	6)	6)	6)
7)	7)	7)	7)
8)	8)	8)	8)

Issued by Sub Engr \_\_\_\_\_ Engineer \_\_\_\_\_ Received by \_\_\_\_\_ Store Supervisor \_\_\_\_\_





Item No. 17

**MAINTENANCE SECTION STORE (MULTAN-D)**  
**MATERIAL RETURN SLIP**

Sr No. 1200 DATE: \_\_\_\_\_

Name: \_\_\_\_\_ Designation: \_\_\_\_\_

SN/No. \_\_\_\_\_ Job No. \_\_\_\_\_

MATERIAL	PPE	EQUIPMENT	SCRAP
1)	1)	1)	1)
2)	2)	2)	2)
3)	3)	3)	3)
4)	4)	4)	4)
5)	5)	5)	5)
6)	6)	6)	6)
7)	7)	7)	7)
8)	8)	8)	8)

Issued by Sub Engr \_\_\_\_\_ Engineer \_\_\_\_\_ Received by \_\_\_\_\_ Store Supervisor \_\_\_\_\_



## SUI NORTHERN GAS PIPELINES LIMITED DOMESTIC INSPECTION REPORT

Consumer No. \_\_\_\_\_ Region. \_\_\_\_\_ Date of Inspection. \_\_\_\_\_

Name and Address. \_\_\_\_\_

Connected Load. \_\_\_\_\_ Appliances \_\_\_\_\_

Flow Rate. \_\_\_\_\_

Meter No. \_\_\_\_\_ Meter Type. \_\_\_\_\_ Meter Reading \_\_\_\_\_

Meter Condition ☐ OK ☐ TAMPERED Meter Seal. ☐ OK ☐ TAMPERED ☐ MISSING

Meter Complicity ☐ OVER SIZE ☐ UNDER SIZE ☐ ADEQUATE

Regulator Type \_\_\_\_\_ Regulator Condition. ☐ OK ☐ TAMPERED

Regulator Capacity. ☐ OVER SIZE ☐ UNDER SIZE ☐ ADEQUATE

Billing Pressure. \_\_\_\_\_ Actual Pressure. \_\_\_\_\_ IWC

CMS Safe Position. ☐ YES ☐ NO

Service Line Flushed with wall. ☐ YES ☐ NO

Distance of meter from service. 1-M 2-5 M 5-10 M 10-15 M ABOVE 15 M

House Line Size. \_\_\_\_\_ Inches

Buried line between Regulator and meter.

☐ YES ☐ NO

Observation and remarks.

Recommendation

Consumer's Name Signature

Site Supervisor

Engineer Incharge





Item No. 19

	SUI NORTHERN GAS PIPELINES LIMITED	MND/18/9/20	
	UNACCOUNTED FOR GAS	SNGPL - UFGC - Chapter - 9	
	Formats	Issue # 01	Issue Date
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**Commercial Inspection Report**

CONSUMER #: \_\_\_\_\_ REGION: \_\_\_\_\_ DATE OF INSPECTION: \_\_\_\_\_

NAME & ADDRESS: \_\_\_\_\_

NATURE OF BUSINESS: \_\_\_\_\_

CONNECTED LOAD: \_\_\_\_\_ APPLIANCES: 1. \_\_\_\_\_ 2. \_\_\_\_\_

CONTRACTUAL LOAD: \_\_\_\_\_ 3. \_\_\_\_\_ 4. \_\_\_\_\_ 5. \_\_\_\_\_

FLOW RATE: \_\_\_\_\_ 6. \_\_\_\_\_ 7. \_\_\_\_\_ 8. \_\_\_\_\_

METER #: \_\_\_\_\_ METER TYPE: \_\_\_\_\_ COUNTER READING: \_\_\_\_\_

CORRECTED READING: \_\_\_\_\_

UNCORRECTED READING: \_\_\_\_\_

METER CONDITION: ☐ OK ☐ TAMPERED METER SEAL: ☐ OK ☐ BROKEN ☐ MISSING ☐ TAMPERED

RAYCHEM SLEEVES: ☐ YES ☐ NO ☐ N/A SEAL NUMBER: \_\_\_\_\_

METER CAPACITY: ☐ OVERSIZE ☐ UNDERSIZE ☐ ADEQUATE

REGULATOR TYPE: \_\_\_\_\_ REGULATOR CONDITION: ☐ OK ☐ TAMPERED

REGULATOR CAPACITY: ☐ OVERSIZE ☐ UNDERSIZE ☐ ADEQUATE CONNECTION OTHER THAN COMMERCIAL: \_\_\_\_\_

BILLING PRESSURE: \_\_\_\_\_ PSI GAUGE POINT: ☐ YES ☐ NO PRESSURE GAUGE: ☐ YES ☐ NO

ACTUAL \_\_\_\_\_ PSI LEAKAGE IN CMS: ☐ YES ☐ NO

CMS IN SAFE POSITION: ☐ YES ☐ NO SERVICE LINE FLUSHED WITH WALL: ☐ YES ☐ NO

DISTANCE OF METER FROM SERVICE VALVE: \_\_\_\_\_ 1 m 2-5 m 5-10 m 10-15 m ABOVE 15 m

SERVICE LINE SIZE:  $\frac{3}{4}$ " 1" 2"

HOUSE LINE STATUS: \_\_\_\_\_

HOUSE LINE SIZE: \_\_\_\_\_ INCHES BURIED LINE BETWEEN REGULATOR & METER: ☐ YES ☐ NO

DATA RETRIEVAL: ☐ YES ☐ NO REASON IF NO: \_\_\_\_\_

EVC TYPE: ☐ MERCURY / ☐ DRESSER (☐ PTZ / ☐ IMC) / ☐ EL GAS (☐ YELLOW / ☐ ELCOR-1 / ☐ ELCOR-2 / ☐ MINIELCOR)

EVC SEAL PRESENT: ☐ YES ☐ NO MISMATCH VOLUME: \_\_\_\_\_

METER SEAL PRESENT: ☐ YES ☐ NO FAULT VOLUME: \_\_\_\_\_

GAS CONSUMPTION ANALYSIS: REASONS FOR DIP IN CONSUMPTION (IF ANY): \_\_\_\_\_

BY PASS CHECKING STATUS (IF APPLICABLE): \_\_\_\_\_

EVC LOAD ACCORDING TO CONNECTED LOAD: YES / NO	ZERO FLOWS YES / NO	ZERO PRESSURE YES / NO
APPLIANCES ON ALTERNATE FUEL: YES / NO	ZERO FLOWS DURING NON-WORKING HOURS. <input type="checkbox"/> ZERO FLOWS OTHER THAN NON-WORKING HOURS. <input type="checkbox"/>	ZERO PRESSURE DUE TO NEW METER INSTALLATION ON SITE. <input type="checkbox"/> ZERO PRESSURE DUE TO DISCONNECTION. <input type="checkbox"/> ZERO PRESSURE DUE TO PRESSURE PROFILING. <input type="checkbox"/>

OBSERVATION / REMARKS: \_\_\_\_\_

RECOMMENDATION: \_\_\_\_\_

SITE SUPERVISOR'S NAME & SIGNATURE: \_\_\_\_\_

ENGINEER INCHARGE NAME & SIGNATURE: \_\_\_\_\_

CONSUMER'S NAME & SIGNATURE: \_\_\_\_\_



Item No. 20

**FR** **SNGPL – MULTAN**

**INSPECTION REPORT – INDUSTRIAL CONSUMERS**

☐ Routine Vigilance ☐ Disconnected Vigilance ☐ Modern Activity ☐ SCADA Alarm ☐ Special Checking

CONSUMER #: \_\_\_\_\_ NAME: \_\_\_\_\_ DATE OF INSPECTION: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

NATURE OF BUSINESS: \_\_\_\_\_ (INDGEN / INDCAPPW / INDCNG / INDBULK)

METER SERIAL #: \_\_\_\_\_ METER TYPE: \_\_\_\_\_ EVC SERIAL #: \_\_\_\_\_

REGULATOR TYPE: \_\_\_\_\_ BEFORE METER: \_\_\_\_\_ AFTER METER: \_\_\_\_\_ MMCFD INSTALLATION DATE: \_\_\_\_\_

REGULATOR STATUS: \_\_\_\_\_ Ok / Not ok CONTRACTUAL LOAD: \_\_\_\_\_ MCFH

**APPLIANCES:**

TYPE	NUMBER	LOAD	TOTAL LOAD	CONNECTED LOAD	STANDBY LOAD
				From Appliances (Mcfh)	From Appliances (Mcfh)
				From EVC Data (Mcfh)	

LINE PRESSURE: \_\_\_\_\_ PSI ACTUAL DELIVERY PRESSURE: P1 \_\_\_\_\_ P2 \_\_\_\_\_ PSI TEMPERATURE \_\_\_\_\_ °F OUTLET GAUGE: \_\_\_\_\_ Ok / Not ok

MECH. COUNTER READING	UNCORRECTED READING	MISMATCH
m <sup>3</sup> /Ft <sup>3</sup>	m <sup>3</sup> /Ft <sup>3</sup>	m <sup>3</sup> /Ft <sup>3</sup>
CORRECTED READING	UNCORRECTED FAULT VOLUME	CORRECTED FAULT VOLUME
m <sup>3</sup> /Ft <sup>3</sup>	m <sup>3</sup> /Ft <sup>3</sup>	m <sup>3</sup> /Ft <sup>3</sup>
CONNECTION OTHER THAN INDUSTRIAL	APPROXIMATE WORKING HOURS	SPOT FLOW RATE
RESIDENTIAL / COMMERCIAL / DOMESTIC / NO		m <sup>3</sup> or Ft <sup>3</sup> /hr
METER CONDITION:	GAS LEAKAGE IN CMS: YES / NO	HOUSELINE STATUS:
SUSPECTED / APPARENTLY FINE	LEAKAGE POINT:	OPEN / UNDERGROUND / PFC

DATA RETRIEVAL: \_\_\_\_\_ YES / NO REASON IF NO: \_\_\_\_\_

EVC TYPE: ☐ Elcor-2 / ☐ MiniElcor / ☐ Rflo Micro Z-3 / ☐ Rflo Micro Z-5 Modern Installed: Yes/No( )

EVC SEAL PRESENT: \_\_\_\_\_ YES \_\_\_\_\_ NO EVC SEAL STATUS & #: \_\_\_\_\_ Ok / Not ok

METER SEAL PRESENT: \_\_\_\_\_ YES \_\_\_\_\_ NO METER SEAL STATUS & #: \_\_\_\_\_ Ok / Not ok

TAMPER ALARM	YES/NO	ZERO FLOWS	YES / NO	ZERO PRESSURE	YES / NO
METER SIZE:	OK / UNDERSIZE	ZERO FLOWS DURING CURTAILMENT DAYS.		DUE TO NEW METER INSTALLATION ON SITE.	<input type="checkbox"/>
LOAD ENHANCEMENT:	YES / NO	<input type="checkbox"/>		DUE TO DISCONNECTION.	<input type="checkbox"/>
CURTAILMENT VIOLATION:	YES / NO	ZERO FLOWS OTHER THAN CURTAILMENT DAYS.		DUE TO METERING ACTIVITY.	<input type="checkbox"/>
NUMBER OF DATA LOGS:	OK / MISSING	<input type="checkbox"/>		PROFILING HOURS	<input type="checkbox"/>

EVC LOAD ACCORDING TO CONNECTED LOAD: \_\_\_\_\_ YES / NO

APPLIANCES ON ALTERNATE FUEL: \_\_\_\_\_ YES / NO

EVC Time Difference: \_\_\_\_\_ Battery: \_\_\_\_\_ %

**GAS CONSUMPTION BILLING HISTORY ANALYSIS:**

Last Month Consumption as per EVC (Hm <sup>3</sup> )	Bill issued by billing department (Hm <sup>3</sup> )	Month	Last three months consumption (Hm <sup>3</sup> )	No. of Operating hours	Average Pressure during entire month (Psia)	Consumption Per hour (MCF/Hr)

Reasons for Dip in Consumption (if any): \_\_\_\_\_

Bypass checking status (if any): \_\_\_\_\_

**REMARKS:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**DISCONNECTED STATUS:**

SERVICE LINE STATUS:	PREMISES STATUS	CMS STATUS	ALTERNATE FUEL	ALTERNATE BUSINESS

CONSUMER NAME & SIGN: \_\_\_\_\_ ENGINEER: NAME & SIGN: \_\_\_\_\_ VEHICLE No. \_\_\_\_\_





# SUI NORTHERN GAS PIPELINES LIMITED

**Sr. No. 01**  
**Original Copy**

Consumer Name:	_____	Date:	_____
Consumer Address:	_____	Region:	_____
Account ID:	_____	Sub-Area:	_____
Meter No:	_____	Consumer Category:	_____
Corrected Reading:	_____		
Uncorrected Reading:	_____	Book No:	_____
Index Reading:	_____	Page No:	_____

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