

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				
Grand Total:								

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 Performa

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: Ft³ M³

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 Late Payment / Installment

REASON REMOVAL

Accts.Advice/Non Payment S.Advice/Cons.Vecated Schedul Changd

High Bill Bill Not Reg Eng/Sticky Damage Old N

Don'ts Pass Gas ly 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

Service Details / Comments:

Consumer Signature

Team Incharge

Supervisor / Officer Sign



Item No. 06

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

CONTRACTOR: _____ DATE: _____

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:	

FR: _____ VEHICLE NO: _____

CHECKED BY: _____

H-FITTER: _____ Other: _____

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	
1									
2									
3									
4									
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7									
8									
9									
10									
TOTAL									

Team Members _____

Vehicle No. _____

Supervisor Verification _____

Engr. (Maint) Verification _____



DOC/NNGPL/HPR001-F-002-A	سوئی ناردن گیس پاپ لائنز لمیٹڈ سیفٹی چیک لسٹ ڈسٹری یوشن	
ISSUE NO.	ISSUE DATE	

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3	کھل
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تاریخ

جگہ

کام کی جگہ ۲۲ جولائی ۲۰۱۴ء

مدد

SN#

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100	جگہ

- کیا آپ کے متعلق کام کی SOP موجود ہے؟
- کیا متعلقہ رائٹنگ مانٹ پر مطابق ہے؟
- کیا آپ نے اس کام کی متعلقہ الگ چیک کیا ہے متعلقہ ملبوہ کرنے والا اونڈ کے جس اور چیک ادا کیا ہے؟
- کیا آپ نے میٹنڈر کے طالبی کہانی کی زور میں تاروں اور پاپ کی شایدی کی اور ان کو ملبوہ کیا ہے؟
- کیا آپ نے Explosivity نیت کیا ہے؟
- کیا کام کرنے والی جگہ کو reflective اور Warning مارک کیا گیا ہے اور دوں طرف Warning مارک کے چھے ہیں؟
- کیا آپ نے اگ بھانے والے آلات کام کرنے والی جگہ کے قریب رکھ کر کیے ہیں؟
- کیا اس کام کی متعلقہ تمام آلات ایجنسیز موجود ہیں اور مخصوص اچھا کام کرنے کی مالکیت میں ہیں؟
- کیا ایریمکسی کی صورت میں متعلقہ کام کرنے والے افراد کو کہاں میں سے باہر لانے کا اتفاق ہم موجود ہے؟
- کیا متعلقہ کام کرنے والے افراد کی متعلقہ خاتمی آلات موجود ہیں؟
- کیا کسی فریکی ذمہ داری کا ہے کہ اس کام کی ملکیت کرے؟
- کیا اس کام کی Explosion Proof اثاثات اور لائسنس استھان کے جاری ہے؟
- کیا اگ لگنے کے قابوں میں (Live Line) کے خود کی سگنیٹ لٹوٹی، سہاں ہون کا استھان (فیرم)، کلروں میں میں ہے؟
- کیا تمام گازیں ایک ایک میں سے مارکس فاسٹے ہیں اور لگنک میں، کاٹ کا امتحان ہے؟
- کیا بندیاں یا میں ہوئی آمداد فریکی میں مارکس ایک ایک میں سے پہلے کام کا اپنارج اپر فائز خون پر کرے گا۔
- کیا Air نیمنگ نرٹک پر جگ اور کھنک کے دروازہ کام کرنے والے افراد میں سے پہلے مارکس ایک ایک میں سے ہے؟

وہ متعلقہ پر فائز (Executive Manager)

لوٹ: یہ چیک لسٹ متعلقہ کام شروع کرنے سے پہلے کام کا اپنارج اپر فائز خون پر کرے گا۔



Item No. 09

Pipe Line Petroling Daily Site Visit Report

Date: _____

Sr. #	Area	Nearest Consumer ID	Contractor Name/ Type of Activity	N/W Dia	Damage Type	Rectification Status
				Coating/Main Line/S/L/Manhole Rerouting/CMS leakage/S/L upleveling	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

Sr No	Card No	Valve Size			Location			Valve Maintenance			Valve Pit Repairs Required (Civil Work)			Remarks (Leakage or other observation)	Date _____
		UG	OH	Clng	Png	Laba	Crkg	Cng	Png	Laba	Crkg				
1															
2															
3															
4															
5															
6															

Engr. (Maint) Verification _____

Supervisor Verification _____

Vehicle No _____

Team Members _____



Item No. 12

Daily Site Report Service Valve Uplifting Team

Sr.	Account ID	Name & Address	Mater No	Referred by	Material Utilized					Consumer Sign.
					Ditching	MS Pipe	HP/PE Socket	E.Cock	Reg.	
1										
2										
3										
4										
5										
6										
7										
TOTAL										

Supervisor Verification _____
Vehicle No. _____

Engr. (Maint) Verification _____
Page 13 of 21



Item No. 13

(6)

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

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:
FA ID:	Account ID:	Consumer Type:
FA Reason:	Case ID:	Meter Type:
Consumer Name:		Region:
Address:		Sub Region:
Comments:	Phone:	
Instructions:		
Nearest Land Mark:		
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:
FA ID:	Account ID:	Consumer Type:
FA Reason:	Case ID:	Meter Type:
Consumer Name:		Region:
Address:		Sub Region:
Comments:	Phone:	
Instructions:		
Nearest Land Mark:		
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. 11673

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

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

Sr No. 1200 DATE: _____

Name: _____ Designation: _____

SN/No. _____ Job No. _____

MATERIAL	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. 18



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 Complcity 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 Singature

Site Supervisor

Engineer Incharge



Item No. 19

MND/18/9/20

SUI NORTHERN GAS PIPELINES LIMITED		SNGPL - UFCG - Chapter - 9	
UNACCOUNTED FOR GAS		Issue # 01	Issue Date
Formats		Page 5 of 11	

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: _____

METER TYPE: _____ CORRECTED READING: _____

UNCORRECTED READING: _____

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

RAYCHEM SLEEVES: YES No N/A 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: 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):

YES / NO	ZERO FLOWS	YES / NO	ZERO PRESSURE	YES / NO
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: _____

CONSUMER'S NAME & SIGNATURE: _____

ENGINEER INCHARGE NAME & SIGNATURE: _____

Item No. 20

FR		SNGPL - MULTAN					
INSPECTION REPORT - INDUSTRIAL CONSUMERS							
<input type="checkbox"/> Routine Vigilance <input type="checkbox"/> Disconnected Vigilance <input type="checkbox"/> Modem Activity <input type="checkbox"/> SCADA Alarm <input type="checkbox"/> 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	CONTRACTUAL LOAD:	MMCFD		INSTALLATION DATE:	
REGULATOR STATUS	Ok / Not ok	Ok / Not ok	Ok / Not ok	MCFH			
APPLIANCES:							
TYPE		NUMBER	LOAD	TOTAL LOAD	CONNECTED LOAD	STANDBY LOAD	
					From Appliances (Mcft)	From Appliances (Mcft)	
					From EVC Data (Mcft)		
LINE PRESSURE: Psi		ACTUAL DELIVERY PRESSURE: P1 Psi	P2 Psi	TEMPERATURE °F	OUTLET GAUGE:	Ok / Not ok	
MECH. COUNTER READING		UNCORRECTED READING			MISMATCH		
		m³/ft³			m³/ft³		
CORRECTED READING		UNCORRECTED FAULT VOLUME			CORRECTED FAULT VOLUME		
		m³/ft³			m³/ft³		
CONNECTION OTHER THAN INDUSTRIAL		APPROXIMATE WORKING HOURS			SPOT FLOW RATE		
RESIDENTIAL / COMMERCIAL / DOMESTIC / NO					m³ or ft³/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: <input type="checkbox"/> Elcor-2 / <input type="checkbox"/> MiniElcor / <input type="checkbox"/> Rio Micro Z-3 / <input type="checkbox"/> Rio Micro Z-5		Modem 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		
METER SIZE:		OK / UNDERSIZE	ZERO FLOWS DURING CURTAILMENT DAYS.		YES / NO		
LOAD ENHANCEMENT:		YES / NO	<input type="checkbox"/>		DUE TO NEW METER INSTALLATION ON SITE. <input type="checkbox"/>		
CURTAILMENT VIOLATION:		YES / NO	ZERO FLOWS OTHER THAN CURTAILMENT DAYS.		DUE TO DISCONNECTION. <input type="checkbox"/>		
NUMBER OF DATA LOGS:		OK / MISSING	<input type="checkbox"/>		DUE TO METERING ACTIVITY. <input type="checkbox"/>		
EVC LOAD ACCORDING TO CONNECTED LOAD:		YES / NO	AVAILANCES ON ALTERNATE FUEL: YES / NO		PROFILING HOURS <input type="checkbox"/>		
GAS CONSUMPTION BILLING HISTORY ANALYSIS:							
Last Month Consumption as per EVC (Hm³)	Bill issued by billing department (Hm³)	Month	Last three months Consumption (Hm³)	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:							
(Signature) _____							
(Signature) _____							
(Signature) _____							
DISCONNECTED STATUS:		SERVICE LINE STATUS:		PREMISES STATUS	CMS STATUS	ALTERNATE FUEL	
						ALTERNATE BUSINESS	

CONSUMER NAME & SIGN: _____ ENGINEER: NAME & SIGN: _____ VEHICLE NO. _____

