

AMCIVIL/MT-KAP/1/2021
19th July 2021

TENDER NOTICE

Construction of Collapsed Boundary Wall of Motor Transport Area PTC KAP.

Seal un-conditional tenders are invited from all B class enlisted civil contractors for the above subject work. Tender should be addressed to General Manager Facilities Management Division and dropped in tender box placed in account section works by 27TH JULY 2021 till 15:00 hrs and bids will be opened on the same day at 15:30 Hours in the Office of General Manager Facilities Management Division, 1st Floor, Flight Operation Building, PIA Head Office, Karachi Airport - Karachi. All details regarding the tender can be downloaded from www.piac.com.pk. 2 % Earnest money of the bid should be attached with the tender.

On the face of envelop reference must be written AMCIVIL/MT-KAP /1/2021

PIA reserves the right to reject anyone or all bids as per PPRA rules # 33.

GENERAL MANAGER
(FACILITIES MANAGEMENT DIVISION)
1ST FLOOR, FLIGHT OPERATION BUILDING
PIA HEAD OFFICE.
Tel: 021-9904640
Email: gm.facilitiesmanagement@piac.aero

COPY TO:

1. FINANCE MANGER(W&P)
2. NOTICE BOARD

TENDER FORM

M/s. _____

DESCRIPTION OF WORK: -

Construction of Collapsed Boundary Wall of Motor Transport Area PTC KAP.

Dear Sir,

Please send not later than **27-07-2021** you're sealed quotations for the items mentioned in the attached sheet as per following terms and condition.

1. PIA reserves the right to accept or reject any quotations without assigning any reason.
2. An earnest-money of **2%** in the shape of pay-order/Bank Draft in favor of PIA is to be attached with quotation as earnest money.
3. Tender will be opened by on **27-07-2021** at **15:30** Hours by the under signed in presence of the contractors who care to attend.
4. Your quotation should remain valid up to **Four Months**.
5. Period required for completion of project is **one months**.
6. All works/sample/design will be executed / approved by the engineer on duty.
7. PIA reserves the right to cancel the work order at any stage of the work without assigning any reason as per PPRA RULE # 33.
8. PIA accepts only standard materials original manufacturer strictly in accordance with the specifications. Any inferior or sub-standard materials, if used, shall be rejected out-right.
9. PIA shall have the option to increase or decrease the quantity of any item mentioned in the quotation / work order.
10. The firm to whom the contract is awarded shall have to abide by the rules and regulations mentioned in the work order and as well as the all rules & regulations of PIA.
11. No excuse of non – availability of materials or fluctuation in the market rates etc. shall be accepted after the work order is issued.
12. Security deposit 10% will be deducted from each running bill and same will be returned after six months (defect liability period). In case of any discrepancy found, the same will be withheld without prior notification.
13. If the work is delayed after given time periods. 1000 / day will be deducted, up to max. 10% of total project cost.
14. Payment will be released minimum after 21 days of receipt of Bill from contractor.
15. **Scope of Work** as per attached BOQ.
16. Proposal evaluation will be carried out on procedure mentioned below:
 - All items required prior approval by providing samples at the cost borne by the contractor.
 - Beside general sales taxes (G.S.T) all other applicable taxes are considered to be included in the quoted price.
 - It is **MANDATORY** for contractors to ensure prior visit of site before submitting the tender, for assessment of job.



Construction of Collapsed Boundary Wall of Motor Transport Area PTC KAP.

BILL OF QUANTITIES					
S. No	Description	Qyt.	Unit	Rate	Amount
1	<p>Dismantling Works (Reinforced Concrete)</p> <p>Dismantling and removing existing RCC structure (columns/beams/slabs/walls etc) of any thickness including cutting and removing existing Steel reinforcement, making all necessary platform /scaffolding pipes supports etc to carry out the work safely and lifting and disposing the debris away from the site to any lead complete in all respect as per directions of the Engineer in Charge.</p>	270	Cft		
2	<p>Dismantling Works (Masonry)</p> <p>Dismantling and removing existing Masonry of any thickness including, making all necessary platform / scaffolding pipes supports etc to carry out the work safely and lifting and disposing the debris away from the site to any lead complete in al respect as per directions of the Engineer in Charge.</p>	1480	Cft		
3	<p>Excavation and Backfilling</p> <p>Earth work in excavation by mechanical means (hydraulic excavator)/ manual means in foundation trenches or drains including dressing of sides and ramming of bottoms, lift up to 3.5m including getting out the excavated soil and disposal of surplus excavated soil as directed within a lead of 100 m in all kinds of soil. Including backfilling with proper compacting. Back filling 6" layer wise with compaction as per instruction by site engineer & in charge.</p>	1728	Cft		



4	<p>Stone Soiling</p> <p>Providing and laying stone soling from approved quarry including hand packing & filling voids with stone metals over a consolidated & compacted layer of moist earth including ramming & compacting with power roller etc., complete in all respects as per drawing, standard, specifications and as directed by the Engineer.</p>	54	Cft		
5	<p>Solid Block Masonry work</p> <p>Providing and Laying Machine made Solid block (800Psi) compressive strength in straight walls at all levels including a concrete band of 50mm thick with 2-nos of 6mm dia reinforcement rod at every 4th course with 2500 psi cylstr concrete at 28 days including shuttering, staging, scaffolding, centering, formwork, curing, Galvanized Iron mesh (8" wide) at joints between masonry and RCC or steel Columns/ Beams/ slab etc., cement mortar of 1:4 including packing the residual space between masonry & other structural members like columns, beams, slabs etc., providing openings as directed and finishing neatly around the same, the cost of shall include materials including reinforcement steel, cost of labor, cost of equipment and machinery, work at all leads and lifts, loading and unloading, transportation, and all other incidental charges etc., complete in all respect as per drawings, specifications and as directed by the Engineer-In- Charge. Solid 6" Th. Block Masonry</p>	2960	Sft		



6	<p>SUB STRUCTURE CONCRETE WORKS</p> <p>Providing and laying plain cement concrete in foundation having a minimum cylindrical strength at 28 days as below mentioned of, for blinding or under floor and where required using OPC cement and approved quality of 20mm (3/4 inch) maximum size graded crush stone aggregate with approved quality sand including rodding, levelling, compacting and curing, including fixing and removing of approved water tight formwork etc. complete in all respects as per drawing, standard, specifications and as directed by the Engineer.</p>				
a	Below foundation, plinth beam, sub flooring etc. or where required (1200Psi)	60	Cft		
b	Foundations, Plinth beams and Slab (3000 psi)	460	Cft		
c	Columns (4000 Psi)	360	Cft		
7	<p>STEEL REINFORCEMENT</p> <p>Providing, supplying, straightening, cutting, bending, fabricating, placing and installing / binding in position etc., straight or curved deformed steel bar reinforcement having minimum yield strength (40 ksi or 40,000 Psi), including cost of G.I binding wire 18 SWG, chairs, wastages, precast c.c. spacers and welding where required to be followed ASTM A615 standard. Only those overlaps shall be paid which are according to the approved Bar Bending Schedule / shown on drawings or instructed by the Engineer, all kind of R.C.C. work etc., complete in all respects as per drawing, standard, specifications and as directed by the Engineer. (Bars to be cut and placed in position at any level according to the Bar bending schedule prepared by the contractor and approved by the Engineer).</p>	2100	Kg		



8	<p>External Plaster work</p> <p>Providing and applying 12mm thick 1:6 cement sand plaster on ceiling, staircase (waist slab, landings & steps) etc. using expanded metal mesh on joints, electrical conduits, corner beads, chamfered edges, rounding off corner etc. including MS Plaster stop as per drawings on edges and corners etc scaffolding, curing etc. complete in all respects, as per specification, relevant drawings and as directed by Engineer.</p>	5920	Sft		
9	<p>External Paint Weather Shield Paint</p> <p>Providing and applying three coats of approved primer and paint, and two coats Jotun, ICI, Gobis or equivalent to the entire external surface of the building after scrapping, brushing, cleaning, washing the surface, and including scaffolding, curing, filling the crevices and cracks with filler materials, leveling etc., all complete in all respect as per drawing and as directed by the Engineer in charge.</p>	5920	Sft		
Total Amount					

ANNEXURE 'A'

PERMIT TO WORK

Date	Permit Valid from:	To	Permit No:
Area Authority (AA) (where work is performed)	Executing Department (ED) (who orders work.		Contractor /Operator (CO) (who undertakes the task)
1. ED Describe work to be undertaken:			
2. ED defines Location of Work (site/ equipment/ vessel etc.)			
3. ED defines Type of work/s (tick mark one or more of following)			
<input type="checkbox"/> Construction <input type="checkbox"/> Maintenance <input type="checkbox"/> burning <input type="checkbox"/> welding <input type="checkbox"/> cutting <input type="checkbox"/> grinding <input type="checkbox"/> dry grit/ shot blasting <input type="checkbox"/> working on gas pipe lines <input type="checkbox"/> electrical <input type="checkbox"/> chilled water <input type="checkbox"/> energized systems <input type="checkbox"/> temporary electrical arrangement <input type="checkbox"/> hazardous chemicals <input type="checkbox"/> handling/transporting/generating hazardous wastes <input type="checkbox"/> Excavation/trenching <input type="checkbox"/> Using a gas, diesel, LP (propane) powered engine indoors <input type="checkbox"/> Operating a powered or self-propelled work platform <input type="checkbox"/> handling asbestos <input type="checkbox"/> radiography <input type="checkbox"/> working on fire protection/detection systems <input type="checkbox"/> working on security/ safety systems <input type="checkbox"/> compressed air/gases <input type="checkbox"/> heating, ventilation, or air conditioning equipment <input type="checkbox"/> Working with chemicals, polishing or grinding <input type="checkbox"/> Working at heights of more than 6 feet/ roofs <input type="checkbox"/> Working in confined spaces <input type="checkbox"/> lifting heavy materials or hoisting with cranes or hoists <input type="checkbox"/> Moving machinery <input type="checkbox"/> Electrical Hazards <input type="checkbox"/> Hazardous fumes <input type="checkbox"/> Working on any hazardous equipment <input type="checkbox"/> other.....			
4. ED defines Equipment/ Tools to be used:			
5. ED and AA jointly define Personal Protective Equipment Required:			
<input type="checkbox"/> Hard Hat <input type="checkbox"/> Safety Shoes <input type="checkbox"/> Rubber Boots <input type="checkbox"/> Protective Clothing	<input type="checkbox"/> Ear Plug <input type="checkbox"/> Ear Muffs <input type="checkbox"/> Dust Mask <input type="checkbox"/> Face Shields	<input type="checkbox"/> Safety Belt/ Harness <input type="checkbox"/> Full Face Mask <input type="checkbox"/> Safety Goggles <input type="checkbox"/> Leather/ Rubber Gloves	<input type="checkbox"/> Heat Resistant Gloves <input type="checkbox"/> Breathing Apparatus <input type="checkbox"/> Others..... <input type="checkbox"/> Others.....
6. ED and AA jointly define Fire Fighting Measures			
Fire Fighting Team required <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Fire Extinguisher <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A details..... Fire Hose <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A details.....			
7. ED, AA and CO jointly Identify Operation Controls (tick mark appropriate columns at para 11 and state further specific to job operational controls in this column).			
a.			
b.			
c.			
Action in case of Emergency:			
8. CONFIRMATION (to be filled by ED)			
I HAVE INSPECTED THE EQUIPMENT & AREA AND VERIFIED THAT OPERATIONAL CONTROLS (Ref. Para 3,4,5,6,7 and 11) ARE IN PLACE FOR SAFE EXECUTION OF JOB.			
Issued by: _____ Sign: _____ Date & Time: _____			
9. ACCEPTANCE (AA where work is performed and CO who perform the work)			
I HAVE UNDERSTOOD THE PTW AND SHALL IMPLEMENT OPERATIONAL CONTROLS (Ref. Para 3, 4,5,6,7 and 11) WHILE PERFORMING THE WORK.			
AA nominated incharge for work: _____ Sign: _____ Date & Time: _____			
Contractor / Operator performing the work: _____ Sign: _____ Date & Time: _____			
10. Verification after completion of work			
Work Completed <input type="checkbox"/> Yes <input type="checkbox"/> No If No, Permit Extended from to			
Site cleared for Normal Operation <input type="checkbox"/> Yes <input type="checkbox"/> No Work Completion date & time:			
Area Authority (AA): _____ Signature: _____ Date & Time: _____			
Contractor/Operator who performed the work: _____			
Signature: _____ Date & Time: _____			

11. ED, AA and CO jointly Identify Operational Controls and ensure implementation (these are in addition to Para 3, 4, 5, 6, and 7)

		Responsibility		
		Area Auth	ED	Contractor/ operator
☐ Electrical Work/ Moving Machinery Equipment electrically Isolated/ Mechanically disconnected Safety tags/ Caution Signs placed	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A			
☐ Construction / Maintenance Barricade area / Place ' work in progress. sorry for inconvenience' boards Safety hats, safety Shoes Scaffolding / ladders in good condition Safety harness used when working above 6 ft. height Waste Collection areas defined. Waste disposal defined. Fire arrangements in place / Extinguisher assessable Electrical / gas connections disconnected and made safe	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A			
☐ Welding/ Cutting/ Brazing/ Burning Flash Back Arrestor installed at Oxygen and Acetylene Cylinders Pressure Gauges on Gas Cylinders are available and Functional Electric Arc Welding leads are completely insulated Area clear of explosive/ flammable materials Area cordoned off Fire Extinguisher assessable	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A			
☐ Lifting, Loading & unloading Fork Lift/Crane/Chain block has appropriate loading capacity Load testing of Crane/Chain block done Crane/ Fork Lift Operator has Authorization/ valid Driving License Load Cart available in Crane Wire ropes suitably sized and strong Area cordoned off	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A			
☐ Handling/ Storage of Chemicals Drains plugged to prevent spillage going into sewerage Spill prevention controls in place Spill response equipment available Availability and understanding of MSDS	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A			
☐ Working at Height Ladder/ Scaffolding/ platform properly placed, stable and well tied PPEs(shoes, dress, are worn) Scaffolding planks are tied Arrangement available for anchoring safety belt/harness ☐ Barricade of surrounding area Structure is safe and sound for climbing Operator trained and fit to climb	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A			
☐ Radiography Area cordoned off & Caution Sign displayed License available Radiation Testing Done	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A			
☐ Confined Space Inlet & Outlet Valves properly closed	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A			

Vessel/ line de-pressurized & earthed Vessel/ pipeline flushed and free from toxic/ flammable/ corrosive vapors Vessel/ Temperature Suitable for Entry Adequate Mechanical/ Natural ventilation provided	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; border: none;"> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A </td> <td style="width: 10%; border: none;"></td> <td style="width: 10%; border: none;"></td> <td style="width: 10%; border: none;"></td> <td style="width: 10%; border: none;"></td> </tr> <tr> <td style="border: none;"> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A </td> <td style="border: none;"></td> <td style="border: none;"></td> <td style="border: none;"></td> <td style="border: none;"></td> </tr> <tr> <td style="border: none;"> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A </td> <td style="border: none;"></td> <td style="border: none;"></td> <td style="border: none;"></td> <td style="border: none;"></td> </tr> <tr> <td style="border: none;"> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A </td> <td style="border: none;"></td> <td style="border: none;"></td> <td style="border: none;"></td> <td style="border: none;"></td> </tr> </table>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A					<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A					<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A					<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A				
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Gas Test Results after isolation and ventilation: Time _____ Oxygen _____% >19.5 % Explosive _____% L.E.L < 10% Toxic _____ PPM <10PPM H ₂ S Testers signature: _____ <u>Periodic atmospheric tests:</u> Time _____ O ₂ %: _____ LEL %: _____ Toxic(ppm) _____ Time _____ O ₂ %: _____ LEL %: _____ Toxic(ppm) _____ Time _____ O ₂ %: _____ LEL %: _____ Toxic(ppm) _____	No of persons entering into the Confined Space _____ Names i. _____ ii. _____ iii. _____ iv. _____ Name of standby person out side the confined space _____																				