

DGMCIVIL/PTC-KAP/2 /2021
12th July 2021

TENDER NOTICE

Water Proofing B.T.U, Simulator & PTC Main Building KAP

Seal un-conditional tenders are invited from all B class enlisted civil contractors for the above subject work. Tender should be addressed to Dy. 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 DGMCIVIL/PTC-KAP /2021

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

Dy. General Manager (Facilities Management Division)

DGM (W&P) Office 1st Floor Flight Operations Building

Pakistan International Airlines

Tel: 021- 99045601

Email: hafeez.abbasi@piac.aero



TENDER FORM

M/s. _____

DESCRIPTION OF WORK: -

Water Proofing B.T.U, Simulator & PTC Main Building 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.

Water Proofing B.T.U, Simulator & PTC Main Building KAP

Bill of Quantites					
S No.	Description	Qty.	Unit	Rate	Amount
1	Removing/Scraping of Existing Water Proofing material from complete roof and all corners, with proper levelling, finishing etc. Shift all types of Debris away from PIA promises as desired by in charged Engineer.	25,000.00	Sft		
2	Supply and fix, two ply felt, bituminous, in flashing and concrete / brick work joint, joint wedged and tucked inside end joints, stuck with approved bituminous adhesive. One coat of bitumen, applied hot on roof @ 0.75 kg/sqm and blinded with sand, at 0.012 cum per sqm. (where required leveling of surface with cement mortar ratio 1:6)	25,000.00	Sft		
3	Supply and fix, Synthetic vinyl (PVC) flexible membrane, 0.25mm thick with 75-100mm side laps/end laps, samed welded thermally / chemically, all as per manufacturer's specification.	696.00	Sft		
4	19mm thick Cement plaster 1:3 finished as specified.	500.00	Sft		
Total Amount					

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
<input type="checkbox"/> 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			
<input type="checkbox"/> 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			
<input type="checkbox"/> 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			
<input type="checkbox"/> 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			
<input type="checkbox"/> 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			
<input type="checkbox"/> 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 <input type="checkbox"/> 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			
<input type="checkbox"/> 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			
<input type="checkbox"/> 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	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A			
Vessel/ pipeline flushed and free from toxic/ flammable/ corrosive vapors	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A			
Vessel/ Temperature Suitable for Entry	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A			
Adequate Mechanical/ Natural ventilation provided	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A			
Gas Test Results after isolation and ventilation: Time _____ Oxygen _____% >19.5 % Explosive _____% L.E.L < 10% Toxic _____ PPM <10PPM H ₂ S Testers signature: _____	No of persons entering into the Confined Space _____			
<u>Periodic atmospheric tests:</u> Time _____ O ₂ %: _____ LEL %: _____ Toxic(ppm) _____ Time _____ O ₂ %: _____ LEL %: _____ Toxic(ppm) _____ Time _____ O ₂ %: _____ LEL %: _____ Toxic(ppm) _____	Names i. _____ ii. _____ iii. _____ iv. _____ Name of standby person out side the confined space _____			