



Ref: WOC/LHE/LFO/21  
July 12, 2021

**TENDER NOTICE**

**Laying of Fiber Optics Cable from Network Control Room no. 3128 AllAP to PIA Complex  
TGS Lahore.**

Seal un-conditional tenders are invited from PIA 'B' class approved enlisted Civil contractors for the subject work. Tender should be addressed to General Manager (Facilities Management) and dropped in Manager Works office (2<sup>nd</sup> floor PIA Head Office Building Karachi) by July 27, 2021 till 15:00 hrs and will be open on the same day at 15:30 hrs in the office of General Manager Facilities Management. All details regarding the tender can be downloaded from [www.piac.com.pk](http://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 Ref: WOC/LHE/LFO/21

**GENERAL MANAGER  
(FACILITIES MANAGEMENT DIVISION)**  
1<sup>ST</sup> FLOOR, FLIGHT OPERATION BUILDING  
PIA HEAD OFFICE.  
Tel: 021-9904640  
Email: [gm.facilitiesmanagement@piac.aero](mailto:gm.facilitiesmanagement@piac.aero)

COPY TO:

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



**TENDER FORM**

M/s \_\_\_\_\_

Ref: WOC/LHE/LFO/21  
July 12, 2021

DESCRIPTION OF WORK: -

**Laying of Fiber Optics Cable from Network Control Room no. 3128 AllAP to PIA Complex  
TGS Lahore.**

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 as per PPRA rules.
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 **Three Months**.
5. Period required for completion of project is **Two 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 of original manufacturer strictly in accordance with the specifications. Any inferior or sub-standard materials, if used, shall be rejected out-rightly and registration of the contractor concerned may be cancelled.
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, PEC and PPRA.
11. No excuse of non – availability of materials of fluctuation in the market rates etc. shall be accepted after the work order is issued.

For: **Pakistan International Airlines**

Seal & Signature  
Of the contractor



12. Security deposit 10% will be deducted from each running bill and same will be returned after six months. In case of any discrepancy found, the same will be withheld without prior notification.
13. If the work is delayed after given time period, Rs. 2000 / day will be deducted, up to max. 10% of total project cost.
14. The attached Performa of permit to work is mandatory job to be followed at the time of award of work. Annexure 'A'

Seal & Signature  
Of the contractor

For: **Pakistan International Airlines**



M/s \_\_\_\_\_

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**Bill of Quantities (BOQ)**

<b>Laying of Fiber Optics Cable from Network Control Room no. 3128 AllAP to PIA Complex TGS Lahore.</b>					
<b>Sr No</b>	<b>Description</b>	<b>Quantity</b>	<b>Unit</b>	<b>Rate</b>	<b>Amount</b>
1	Digging of hard/soft soil for repairing/removal refilling & installation of new cable upto cable depth 3ft complete with back filling as per original sand crushing and bricks.	945.00	Mtr		
2	Supply and fix u-PVC, vent pipe 75mm dia complete, with plain end and solvent cement joint all as specified.	976.00	Mtr		
3	In any soil drilling trail bore hole 150mm dia bore up to 50M depth.	1,836.00	Mtr		
4	Manhole complete rectangular or circular as described not excluding 600mm deep from invert to surface of cover incl main channel set in CM 1:1, 230mm thick brick walls(except the manhole covers)	10.19	Cum		
5	Providing and laying RCC type B manhole cover precast complete with angle iron fram, embedded in concrete all as per information sheet svcs-341	10.00	Each		
6	Internal laying of cable from room 3128 AllAP to CAA canteen	1.00	L.S		
7	Name plate for signage of cable path	10.00	Each		
<b>Total Amount</b>					

- Must be inclusive of all taxes.
- All contractors are advised to ensure prior visit of site before submitting the tender, for assessment of job, but not mandatory.

For: **Pakistan International Airlines**

Seal & Signature  
Of the contractor



## ANNEXURE 'A'

## PERMIT TO WORK

Seal & Signature  
Of the contractor

For: **Pakistan International Airlines**

<b>Date</b>	<b>Permit Valid from:</b>	<b>To</b>	<b>Permit No:</b>
<b>Area Authority (AA)</b> (where work is performed)	<b>Executing Department (ED)</b> (who orders work.		<b>Contractor /Operator (CO)</b> (who undertakes the task)
<b>1. ED Describe work to be undertaken:</b>			
<b>2. ED defines Location of Work</b> (site/ equipment/ vessel etc.)			
<b>3. ED defines Type of work/s</b> (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.....			
<b>4. ED defines Equipment/ Tools to be used:</b>			
<b>5. ED and AA jointly define Personal Protective Equipment Required:</b>			
<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.....
<b>6. ED and AA jointly define Fire Fighting Measures</b>			
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.....			
<b>7. ED, AA and CO jointly Identify Operation Controls</b> ( tick mark appropriate columns at para 11 and state further specific to job operational controls in this column).			
a.			
b.			
c.			
<b>Action in case of Emergency:</b>			
<b>8. CONFIRMATION (to be filled by ED)</b>			
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: _____			
<b>9. ACCEPTANCE</b> (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: _____			
<b>10. Verification after completion of work</b>			
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
<b>☐ Electrical Work/ Moving Machinery</b> 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			
<b>☐ Construction / Maintenance</b> 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			
<b>☐ Welding/ Cutting/ Brazing/ Burning</b> 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			
<b>☐ Lifting, Loading &amp; unloading</b> 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			
<b>☐ Handling/ Storage of Chemicals</b> 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			
<b>☐ Working at Height</b> 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  <b>☐ Barricade of surrounding area</b> 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			
<b>☐ Radiography</b> 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			
<b>☐ Confined Space</b> 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 border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;"><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A</td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> </tr> <tr> <td><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A</td> <td></td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A</td> <td></td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A</td> <td></td> <td></td> <td></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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<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 <sub>2</sub> S Testers signature: _____ <u>Periodic atmospheric tests:</u> Time _____ O <sub>2</sub> %: _____ LEL %: _____ Toxic(ppm) _____ Time _____ O <sub>2</sub> %: _____ LEL %: _____ Toxic(ppm) _____ Time _____ O <sub>2</sub> %: _____ 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 _____																