



Ref: SWOC/FP/IIAP/ 20
November 26, 2020

TENDER NOTICE

CIVIL WORKS- INFRASTRUCTURE ESTABLISHMENT OF FILTRATION PLANT AT IIAP

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 tender box placed in Manager Finance Works office (2nd floor PIA Head Office) by December 10, 2020 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.

2 % Earnest money of the bid should be attached with the tender.

On the face of envelop reference must be written SWOC/FP/IIAP/ 20

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 _____

Ref: SWOC/FP/IIAP/ 20
November 26, 2020

DESCRIPTION OF WORK: -

CIVIL WORKS- INFRASTRUCTURE ESTABLISHMENT OF FILTRATION PLANT AT IIAP

Dear Sir,

Please send not later than **10-12-2020** 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 **10-12-2020** 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.

Seal & Signature
Of the contractor

For: **Pakistan International Airlines**



11. No excuse of non – availability of materials of 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. 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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CIVIL WORKS					
S.No	Description	Unit	Qty	Rate	Amount
Earth Work					
1	Cutting of (6000psi) floor 4"x12" key for foundation disposal of un-suitable material outside the project limit and stacking of suitable material as per instruction of in charge /Engineer	Cft	80		
2	Providing and fixing Mild steel deformed round bars Grade 40 incl 18 gauge binding wire as per instruction of Engineer in charge.	M.Tons	0.6		
Plain & Reinforced Concrete					
3	Providing and Laying Plain Cement Concrete (1:2:4) Super Columns, Lintel Beams and Roof Beams etc. as approved by Engineer.	Cft	150		
Block Masonry					
4	Providing & Laying 1st Class Bricks jointing in CM ratio 1:6	Cft	555		
Cement Plaster					
5	1/2" thick 1:6 cement Sand Plaster on interior walls etc. complete in all respect.	Sft	594		
6	3/4" thick 1:6 Cement Plaster on beams, Column and External surface of wall complete.	Sft	594		
Floor & Wall Finishing					
7	Providing And Laying (1:3:6) Concrete (4" thick) laid under floors complete in all respect .as per instruction of Engineer/Ic	Cft	90		
8	Providing and laying 12mm thick 2ft x 1ft Polished sunny grey Marble for flooring	Sft	180		
9	Providing and laying, Porcelain tiles glazed / unglazed in any color / print / texture 1ft x 2ft on walls up to 7ft height, set in neat cement and joints grouted with white / colored cement, complete all as specified.	Sft	325		
Painting					

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10	2 Coats of Distemper Paint (SPD) of approved quality and color including surface preparation by provision of a film with alkali resisting primer on internal plastered surface, including rubbing with pumice stone sand papering ,filling dusting as per instruction of manufacturer complete in all respect .	Sft	180		
11	2 Coats of Water Matt paint on exterior surface complete in all respect as per instruction of ic/Engineer.	Sft	594		
12	2 Coats of weather shield paint on exterior surface complete in all respect as per instruction of ic/Engineer.	Sft	594		
13	02 Coats of synthetic Enamel Painting on doors frames and windows incl application of primer ,surface preparation by sand paper complete in all respect	Sft	42		
Doors & Windows					
14	Supply and Fixing of 32 mm thick wooden solid flush door as per approved design with 18SWG MS frame fix properly with wall with CC 1:2:4 incl rates of all iron monger ie rivets, hinges handles tower bolts etc. and two coats of emulsion paint approved shade as per instruction of engineer in charge cost of deodar 4" wooden beading polished also include .	Sft	21		
15	S/F of Aluminum Window dulex Model incl erecting, cutting and fix the window as per drawing and specification sample must be approved prior to installation cost of 5mm thick plan imported quality glass is included	Sft	48		
16	water tank made of 3 layers fiber glass, capacity 2200 liters, supply and fixing	each	2		
Total Civil Works					
PLUMBING WORKS					
1	P/F PPR PN 20 pipe 40mm dia	meter	104		
2	P/F bib cock C.P	no.s	8		
3	P/F ball tap 40mm dia	no.s	3		
4	P/F foot valve	no.s	2		
Total Plumbing Works					

 For: **Pakistan International Airlines**

 Seal & Signature
 Of the contractor



	Total Civil + Plumbing Works
	10 % contingency charges
Grand Total	

- 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.

Vendor List	
S. No.	Items Description
1	Paint Nippon, Jotun, Gobis or Equivalent as approved by Engineer.
2	Porcelain tiles Master or Equivalent brand as approved by Engineer.
3	Water closet Porta design or equivalent as approved by Engineer.
4	Plumbing items e.g bib cock, pillar cock, taps, mixers e.t.c are of Master, Sonex or Equivalent as approved by engineer.
5	PPR Pipe of Dadex /Plastherm or equivalent as approved by Engineer.
6	Electrical wiring Pakistan cables, AGS, Fast or equivalent as approved by Engineer.
7	Breakers of Hager, Schneider or equivalent as approved by Engineer.
8	Electrical sheets of Clipsal or equivalent as approved by Engineer.

Seal & Signature
Of the contractor

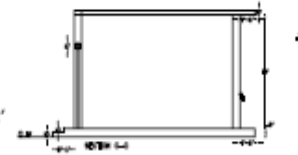
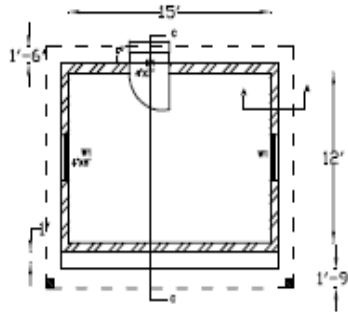
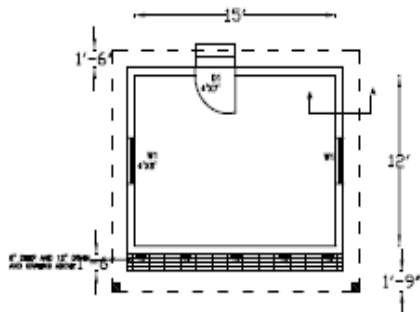
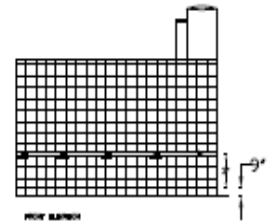
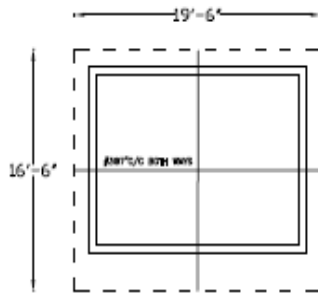
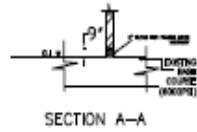
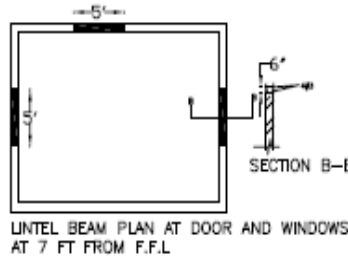
For: **Pakistan International Airlines**



FILTRATION ROOM LAYOUT PLAN AT IIAP TGS

NOTES:

1. TILES UP TO 7FT HEIGHT.
2. GRADE 40 REINFORCEMENT WILL BE USED.
3. RCC CYLINDER STRENGTH STRENGTH TO BE 3000 PSI.



Seal & Signature
Of the contractor

For: **Pakistan International Airlines**



ANNEXURE 'A'

PERMIT TO WORK

Seal & Signature
Of the contractor

For: **Pakistan International Airlines**

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 _____																				