



Ref: DGMWP/ENGG /LM/21
March 12, 2021

TENDER NOTICE

**MAJOR REPAIR WORK OF DAMAGED DRAINS & FLOORS OF LINE
MAINTENANCE I & II – ENGINEERING AREA KAP**

Seal un-conditional tenders are invited from all PIA B class enlisted civil contractors for the subject work. Tender shall be addressed to Dy. General Manager (Works & Projects) and dropped in tender box placed in Finance Section works at PIA head office 2nd floor by March 30, 2021 till 15:00 hrs and will be opened 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 DGMWP/ENGG /LM/21

DY.GENERAL MANAGER (WORKS & PROJECTS)

(Facilities Management Division)

Pakistan International Airlines

Tel: 021- 99045601

Email: hafeez.abbasi@piac.aero

COPY TO:

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



TENDER FORM

M/s _____

Ref: DGMWP/ENGG /LM/21
March 12, 2021

DESCRIPTION OF WORK: -

**MAJOR REPAIR WORK OF DAMAGED DRAINS & FLOORS OF LINE
MAINTENANCE I & II – ENGINEERING AREA KAP**

Dear Sir,

Please send not later than **30-03-2021** the sealed tender for the items mentioned in the attached sheet as per following terms and condition.

1. PIA reserves the right to accept or reject any tender 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 tender as earnest money.
3. Tender will be opened by on **30-03-2021** at **15:30** Hours by the under signed in presence of the contractors who care to attend.
4. Your tender 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 original manufacturer strictly in accordance with the specifications. Any inferior or sub-standard materials, if used, shall be rejected out-right 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.

For: **Pakistan International Airlines**

Seal & Signature
Of the contractor



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. 500 / 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**


TENDER FORM

M/s _____

Ref: DGMWP/ENGG /LM/21

March 12, 2021

MAJOR REPAIR WORK OF DAMAGED DRAINS & FLOORS OF LINE MAINTENANCE I & II – ENGINEERING AREA KAP BOQ					
S/No	Description	Qty.	Unit	Rate (Rs)	Amount (Rs)
1	Demolition of existing hard cement concrete or R.C.C Floor up to 6 Inch thick with proper leveling , drilling, cutting, use L-T Machine, mark proper / straight line for proper floor cutting etc as per site requirements, remove all types of Debris from site and dump away from P.I.A premises. Take all safety measure as per site requirements. As desire by Engineer.	1239.40	Cft		
2	Providing and laying of cement concrete type (Class A-1) Use ratio (1 : 1.3 : 2.1) (6000 Psi) with aggregate 20 mm size, proper mixing with mixer machine at site and used sweet water for proper bonding as per standard and specification etc. For compressive strength test 3 cylinder cast during cement concrete pouring at site as per specification. Used Chemical for old and new cement concrete, proper grouting, laying concrete, after pouring of cement concrete required 28 days for curing process, used (Jutes) for proper curing. After curing edges fill with sealant material. Take all safety measure at site as per standard etc. As Desire by Engineer.	1239.40	Cft		

 For: **Pakistan International Airlines**

 Seal & Signature
 Of the contractor



3	Supply and fix Channel, Angle size (3*3*3/8) and (1*1*3/16) or M-S Plate (10 mm thick) or tee sections, holds fast, straps or flat Patti fixed with welding, bolts washers, ladders, railing, hard floor or brick work etc . Complete by welding in lieu of riveting / bolting with proper leveling and cutting etc. (2 coats of painting work (Red Oxide as per standard) etc. Repair of all old drain plates as per site requirements. Take All safety Measure as per site requirements. As Desire By Engineer.	2983.83	Kg		
4	Applying & supplying of Epoxy coat 500 microns (Imported Quality) including grinding crack filling with sealant work complete etc. Take all safety measures as per site requirements. As desire by Engineer.	2798.04	Sft		
		Total Amount (Rs)			

- Must be inclusive of all taxes (Income tax, GST, SST, WHT or any applicable tax).
- 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**

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				
<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																					
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 _____																				