



CENTRAL U.P. GAS LIMITED

(A Joint Venture of GAIL (India) & BPCL)

RFC Card [Format No. CUGL/PRO/MDPE/00/F3]

S. No.....

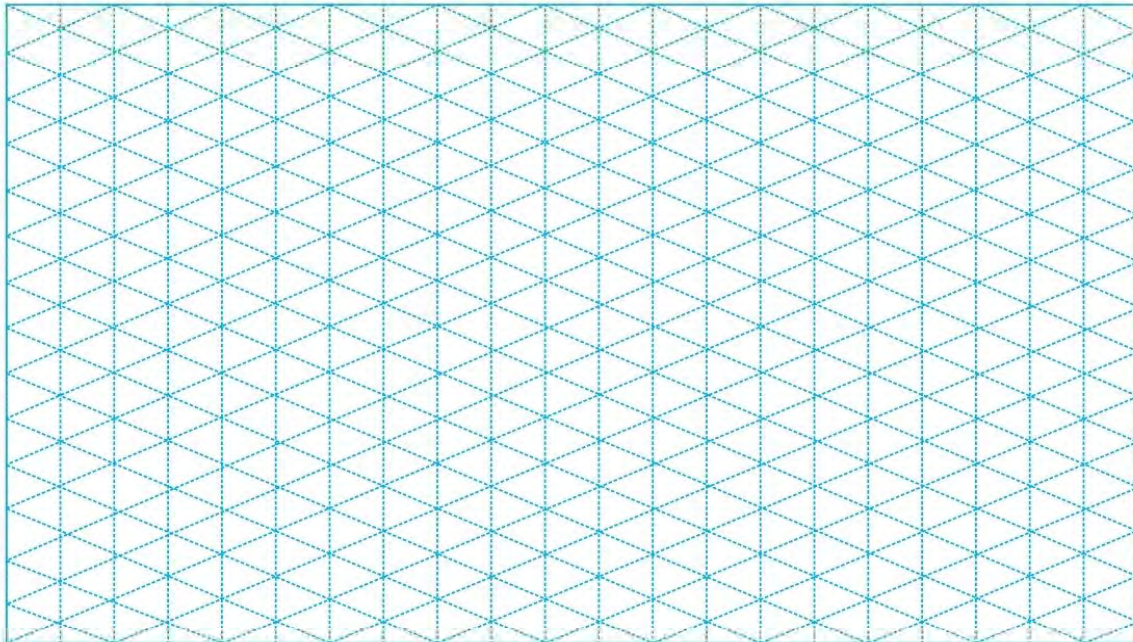
Date :.....

Name of Consumer :	<input type="text"/>	BP. No.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Name of Contractor :	<input type="text"/>	Contact Number :	<input type="text"/>																
Address :	<input type="text"/>																		
Details of Regulator Type : 4 bar to 21 mbar <input type="checkbox"/> 100 mbar to 21 mbar <input type="checkbox"/> Riser No. <input type="text"/>																			

Details of Meter :

Checklist :

Make / Model :	<input type="text"/>	1. GI Installation :	<input type="checkbox"/>	5. Meter Testing :	<input type="checkbox"/>
Meter Number :	<input type="text"/>	2. Cu Installation :	<input type="checkbox"/>	6. Cementing of Holes :	<input type="checkbox"/>
Intier Meter Reading :	<input type="text"/>	3. Meter Installation :	<input type="checkbox"/>	7. Internal Testing (Max 100 mbr) :	<input type="checkbox"/>
Meter Type : Normal / Reverse		4. Clamping (GI/CU) :	<input type="checkbox"/>	8. Anaconda Washer :	<input type="checkbox"/>



Details of Material Consumption :

GI Pipe (1/2") Mrs	
GI Pipe (3/4") Mrs	
GI Socket (1/2")	
Elbow (M/F)	
Plug (1/2")	
Plug (3/4")	
Cu Pipe 12mm	
Isolation Valve (1/2")	
Isolation Valve (3/4")	
Brass Adaptor (1/2" x 12mm)	
Brass Union Connector (3/4" x 12mm)	
Appliance Valve (1/2"X8mm)	
Anaconda	

Hex Nipple (2")	
Hex Nipple (3")	
GI Elbow	
Cu Elbow	
Cu Socket	

Customer Satisfaction Certification

This is to certify that PNG installation work carried out by CUGL in my house has been done to the best of my satisfaction.

Customer Signature

Name

Date

Signature

Name :

CONTRACTOR

PMC/QMS/TPIA/

CUGL

TERMS & CONDITIONS

- The Oil/Copper Pipe Line installation including the gas meter and the regulator will remain the property of CUGL.
- CUGL reserves the right to inspect or access the installation in case of emergency or tap off to neighboring house at any point of time.
- The customer will allow CUGL's Personnel/ Authorized representative for taking Periodic Gas Meter Reading/Meter Checking/ maintenance wherever required.
- In case of any hindrance posed by the customer to prevent CUGL personnel from discharging their duties, strict legal action will be taken against him as deemed fit.
- The customer shall not carry out any modification/Tap off in the PNG pipeline installation/ connection and in the premises which will affect the PNG system.
- The customer shall inform CUGL'S Customer Care Centre PNG Control room in case of any fire/emergency and shall not fiddle with our installation in any situation except while operating appliance/isolation valve.
- The NOC will be issued on working days between 10.00 am and 05.00 pm.
- The request for disconnection of gas connection shall be entertained on working days between 10.00 am and 05.00 pm only. The consumer shall inform the date and time of disconnection 48 hours in advance to CUGL'S Customer Care Centre.

नियम व शर्तें

- ओइल/कॉपर पाइप लाइन गैस मीटर व रेगुलेटर सहित सीओयूजीएल की संपत्ति रहेगी।
- आग/कालीन स्थिति में कनेक्शन स्थापना के दौरान अक्षम जांच करने व किसी भी सप्ताह आस-पास के घरों में एक्सेस देने संबंधी सभी अधिकार सीओयूजीएल के पास सुरक्षित रहेंगे।
- सीओयूजीएल के कर्मचारियों/सीओयूजीएल द्वारा नियुक्त प्रतिनिधि को आवधिक गैस मीटर गणना/मीटर जांच/मीटर रख-रखाव के लिये भी आवश्यकता पड़े, उसी प्रकार द्वारा अनुमति दी जाएगी।
- उपभोक्ता द्वारा सीओयूजीएल के कर्मचारियों को उनके कार्य में बाधा डालने की स्थिति में उचित सख्त कानूनी कार्यवाही की जाएगी।
- उपभोक्ता द्वारा पीएनजी (गैसप नेचुरल गैस) पाइपलाइन/कनेक्शन व उस स्थान में कोई भी ऐसा बदलाव/नया कनेक्शन नहीं किया जायेगा जिससे कि पीएनजी प्रणाली प्रभावित हो।
- आग लगने/आपातकालीन स्थिति में उपभोक्ता द्वारा सीओयूजीएल के उपभोक्ता सहायता केन्द्र/पीएनजी नियंत्रण कक्ष को सूचित किया जायेगा और सीओयूजीएल पीएनजी कनेक्शन से (टूल्स/आइसोलेशन वाल्व को छोड़कर) कोई भी छेड़छाड़ नहीं की जाएगी।
- एनओसी (NOC) केवल कार्य दिवस में प्रातः 10.00 बजे से सायं 05.00 बजे तक दिये जायेंगे।
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CENTRAL U.P. GAS LIMITED

(A JOINT VENTURE of GAIL (INDIA) & BPCL)

CUGL

JMR BOOK RECORD

CUSTOMER COPY

Format No. CUGL/PRO/MDPE/00/F6

JMR :

CONSUMER CATEGORY :-

C. R. No. #

NEW / RECONNECTION

W.O. No.

CONNECTION OBJECT #

Dom. / Com. / Ind.

PREMISE TYPE

PRIVATE/OTHERS

NAME OF CONSUMER (Sh./Smt./Ms.)

(IN BLOCK LETTERS)

ADDRESS

PIN

TEL. (RES)

(OFF)

MOB

DRS/ REGION

MOVE IN DATE / NG CHARGE DATE

REGULATOR TYPE

METER NO.

MODEL NO.

METER TYPE MAKE

INITIAL METER READING

BURNER

HOSE PIPE

INITIAL INSTALLATION	IN CASE OF REPLACEMENT OF METER AFTER USE

I, have read and understood the "TERMS & CONDITIONS" printed overleaf and PNG operation procedure & safety precautions explained to me and hereby agree to abide by the same.

CONTRACTOR

CUGL/PMC/TPI

CONSUMER

SIGNATURE

NAME

DATE

NOTE : (A) THE TERMS AND CONDITIONS PRINTED OVERLEAF

(B) The original Nozzles and LPG regulators are returned to the customer.

(C) The summer holes are reamed the consent of the consumer

CONTROL ROOM PHONE NUMBER : 0512 - 2225500, 9129773444

Whatsapp No. for Meter Reading : 8601284888

**CENTRAL U.P. GAS LIMITED**

(A JOINT VENTURE of GAIL (INDIA) & BPCL)

CUGL**JMR BOOK RECORD****PROJECT COPY**

Format No. CUGL/PRO/MDPE/00/F6

JMR :

CONSUMER CATEGORY :-

C. R. No. #	NEW RECONNECTION	RFC No.
CONNECTION OBJECT #	Dom. / Com. / Ind.	PREMISE TYPE PRIVATE/OTHERS

NAME OF CONSUMER (Sh./Smt./Ms.).....
(IN BLOCK LETTERS)

ADDRESS.....

.....PIN.....

TEL. (RES).....(OFF).....MOB.

DRS/ MOVE IN DATE /
REGION NG CHARGE DATE

	INITIAL INSTALLATION	IN CASE OF REPLACEMENT OF METER AFTER USE	
REGULATOR TYPE			
METER NO.			
MODEL NO.			
METER TYPE MAKE			
INITIAL METER READING			
BURNER HOSE PIPE			

I, have read and understood the
"TERMS & CONDITIONS" printed overleaf and PNG operation procedure & safety
precautions explained to me and hereby agree to abide by the same.

SIGNATURE OF CUGL REPRESENTATIVE	SIGNATURE OF CONSUMER
NAME	NAME
DATE	DATE

NOTE : (A) THE TERMS AND CONDITIONS PRINTED OVERLEAF
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CONTROL ROOM PHONE NUMBER : 0512 - 2225500, 9129773444**Whatsapp No. for Meter Reading : 8601284888****CENTRAL U.P. GAS LIMITED**

(A JOINT VENTURE of GAIL (INDIA) & BPCL)

CUGL**JMR BOOK RECORD****MARKETING COPY**

Format No. CUGL/PRO/MDPE/00/F6

JMR :

CONSUMER CATEGORY :-

C. R. No. #	NEW RECONNECTION	RFC No.
CONNECTION OBJECT #	Dom. / Com. / Ind.	PREMISE TYPE PRIVATE/OTHERS

NAME OF CONSUMER (Sh./Smt./Ms.).....
(IN BLOCK LETTERS)

ADDRESS.....

.....PIN.....

TEL. (RES).....(OFF).....MOB.

DRS/ MOVE IN DATE /
REGION NG CHARGE DATE

	INITIAL INSTALLATION	IN CASE OF REPLACEMENT OF METER AFTER USE	
REGULATOR TYPE			
METER NO.			
MODEL NO.			
METER TYPE MAKE			
INITIAL METER READING			
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CONTROL ROOM PHONE NUMBER : 0512 - 2225500, 9129773444**Whatsapp No. for Meter Reading : 8601284888**

INDEX

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TERMS & CONDITIONS

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नियम व शर्तें

1. जीआई/कापर पाइप कनेक्शन गैस मीटर व रेगुलेटर सहित, सीयूजीएलएल की सम्पत्ति रहेगी।
2. आपदाकालीन स्थिति में कनेक्शन स्थान को देखने अथवा जाँच करने व किसी भी समय आस-पड़ोस के घरों में कनेक्शन देने संबंधी सभी अधिकार सीयूजीएलएल के पास सुरक्षित रहेंगे।
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**CENTRAL U.P. GAS LIMITED**

(A JOINT VENTURE OF GAIL (INDIA) & BPCL)

JMR BOOK RECORD**PROJECT COPY**JMR: **BLY**

CONSUMER CATEGORY :-

C. R. No. #	INSTALLATION #
CONNECTION OBJECT #	PREMISE TYPE PRIVATE/OTHERS
CONNECTION <input type="checkbox"/> NEW CONNECTION <input type="checkbox"/>	RECONNECTION

NAME OF CONSUMER (Sh./Smt./Ms.).....

(IN BLOCK LETTERS)

ADDRESS.....

PIN.....

TEL. (RES).....(OFF).....MOB.....

REGION MOVE IN DATE / NG CHARGE DATE

	INITIAL INSTALLATION	IN CASE OF REPLACEMENT OF METER AFTER USE
METER NO.		
MODEL NO.		
METER TYPE MAKE		
INITIAL METER READING		
CLOSING METER READING (ONLY IN CASE OF REPLACEMENT (net))		

I, have read and understood the "TERMS & CONDITIONS" printed overleaf and PNG operation procedure & safety precautions explained to me and hereby agree to abide by the same.

SIGNATURE OF CUGL REPRESENTATIVE

NAME

DATE

SIGNATURE OF CONSUMER

NAME

DATE

NOTE : (A) THE TERMS AND CONDITIONS PRINTED OVERLEAF
(B) The original Nozzles and LPG regulators are returned to the customer.
(C) The summer holes are reamed the consent of the consumer

CONTROL ROOM PHONE NUMBER : 9219440921, 9690999071**CENTRAL U.P. GAS LIMITED**

(A JOINT VENTURE OF GAIL (INDIA) & BPCL)

JMR BOOK RECORD**MARKETING COPY**JMR: **BLY**

CONSUMER CATEGORY :-

C. R. No. #	INSTALLATION #
CONNECTION OBJECT #	PREMISE TYPE PRIVATE/OTHERS
CONNECTION <input type="checkbox"/> NEW CONNECTION <input type="checkbox"/>	RECONNECTION

NAME OF CONSUMER (Sh./Smt./Ms.).....

(IN BLOCK LETTERS)

ADDRESS.....

PIN.....

TEL. (RES).....(OFF).....MOB.....

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CONTROL ROOM PHONE NUMBER : 9219440921, 9690999071

**CENTRAL U.P. GAS LIMITED**

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JMR BOOK RECORD**O & M COPY**

CONSUMER CATEGORY :-

JMR : **BLY**

C. R. No. #	INSTALLATION #
CONNECTION OBJECT #	PREMISE TYPE PRIVATE/OTHERS
CONNECTION <input type="checkbox"/> NEW CONNECTION <input type="checkbox"/>	RECONNECTION

NAME OF CONSUMER (Sh./Smt./Ms.).....

(IN BLOCK LETTERS)

ADDRESS.....

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TEL. (RES).....(OFF).....MOB.....

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	INITIAL INSTALLATION	IN CASE OF REPLACEMENT OF METER AFTER USE	
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JMR BOOK RECORD**CUSTOMER COPY**

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JMR : **BLY**

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NAME OF CONSUMER (Sh./Smt./Ms.).....

(IN BLOCK LETTERS)

ADDRESS.....

PIN.....

TEL. (RES).....(OFF).....MOB.....

REGION MOVE IN DATE / NG CHARGE DATE

	INITIAL INSTALLATION	IN CASE OF REPLACEMENT OF METER AFTER USE	
METER NO.			
MODEL NO.			
METER TYPE MAKE			
INITIAL METER READING			
CLOSING METER READING (ONLY IN CASE OF REPLACEMENT (net))			

I, have read and understood the "TERMS & CONDITIONS" printed overleaf and PNG operation procedure & safety precautions explained to me and hereby agree to abide by the same.

SIGNATURE OF CUGL REPRESENTATIVE

NAME

DATE

SIGNATURE OF CONSUMER

NAME

DATE

NOTE : (A) THE TERMS AND CONDITIONS PRINTED OVERLEAF
(B) The original Nozzles and LPG regulators are returned to the customer.
(C) The summer holes are reamed the consent of the consumer

CONTROL ROOM PHONE NUMBER : 9219440921, 9690999071



CENTRAL UP GAS LIMITED
HSE and Technical
Training / Tool Box Talk Register

Doc No. HSE 07
Rev No.: 01
Eff. Date : 01/10/2011

Date..... Time..... AM/PM.....

Location.....

Training Conducted By :

Sr.No.	Name	Designation	Signature	✓ Tick Mark the Topic Covered
1				<input type="checkbox"/> Harzardous Characteristics of CNG
2				<input type="checkbox"/> Familiarization with operational procedure
3				<input type="checkbox"/> Hands on experience on operation of equipment
4				<input type="checkbox"/> Routine Maintenance Activities of the facilities
5				<input type="checkbox"/> Knowledge of emergency and manual shut down system
6				<input type="checkbox"/> Immediate and effective isolation of any PNG/CNG leakage
7				<input type="checkbox"/> Hazardous Characteristics of Ethyl mer captan
8				<input type="checkbox"/> Accounting of Product / Gas
9				<input type="checkbox"/> Safety Regulations and accident Prevention
10				<input type="checkbox"/> Use of Fire Extinguishes
11				<input type="checkbox"/> Evacuation and safe egress of vehicles from CNG station Premises
12				<input type="checkbox"/> House keeping
13				<input type="checkbox"/> Safety in Transportation of CNG
14				<input type="checkbox"/> First Aid
15				<input type="checkbox"/> Emergency Plan and Mock Drill
16				<input type="checkbox"/> CNG Cylinder Vehicle Checking
17				<input type="checkbox"/> PNG Safety
18				<input type="checkbox"/> Behaviors Based Training
19				<input type="checkbox"/> Usage of Appropriate PPES
20				
21				
22				
23				
24				
25				
26				
27				
28				
29				
30				

Copies Original-Pink :
HSE

Duplicate-Yellow :
O&M

Copy White :
to be kept in Booklet

Signature and Name of Faculty



Safety Audit Checklist - CNG Filling Operation

CUGL / O&M/CNG /SA/04 Rev 0

Date :	
Time :	
CNG Station :	

Sr. No.		Safe	Unsafe
1.	Look to see that the vehicle ignition is turned-off (engine and other electrical systems are switched off. Also hand brake is applied or vehicle is parked in gear.		
2.	Look to see that mobile phone is switched - off and not used by anyone.		
3.	Look to see that passengers are requested by the filter to stay away from vehicle during filling CNG.		
4.	Look to see that CNG is refueled only in CCOE approved cylinders and cylinders are within test life. (approval plate is fixed on vehicle) /Voucher is with the driver. Serial number of all cylinder shall be mentioned in the metal plate (in case of heavy vehicles)		
5.	Look to see that only competent personnel are filling CNG and they are aware of safety requirements.		
6.	Look to see that Vehicle entry / exit path is followed.		
7.	Look to see that No one is smoking in CNG area.		
8.	Look to see that Filler is wearing Safety shoes / Uniform.		
9.	Look to see that filler is filling one vehicle at a time & remain adjacent to vehicle whilst filling.		
10.	Look to see that filler is handling and operating the filling equipment with proper care.		
11.	Compressor operator spent <12hrs. on site. (ON LINE STATION)		
12.	Compressor operator has received training.		
13.	Safety and warning boards displayed in CNG area and in compressor area.		
14.	No flammable material kept in CNG area.		
15.	Any leak (gas, oil, water) in CNG system (Compressor, cascade, dispenser & tubing).		
16.	Fire extinguishers (within valid date) in CNG area - 1 no 10 kg DCP per compressor and 1 no 10 kg DCP type per storage cascade within compressor area, 1 no 10 kg DCP type for 2 dispensers near dispensing-area, 1 no 5 kg CO2 type each for electrical room and compressor area.		
17.	Look to see that all parts of dispensing unit i.e. pressure gauge, display unit etc. shall be intact:		
18.	First AID Box (with contents) available on site.		
19.	Compressor parameters logged in the log book and no abnormality seen (only in online station)		
20.	Housekeeping of compressor / Dispenser / Cascade. Ensure no unwanted materials are lying in dispenser / compressor area.		
	No bags, rags, bins to be kept close to the equipment		
21.	Any hot work being carried out in CNG area.		
22.	Required number of dispensing staff available on site.		
23.	Look to see that dispenser vent is connected to the common vent and gas is not locally vented rear the dispenser.		
24.	Look to see that the condition of pressure gauges, display etc. are in good condition.		
25.	Look to see that Emergency shutdown switches (ESD) are working properly by actually operating the same.		
26.	Look to see that Main inlet valve to compressor (1st one) is working properly by actually operating the same.		
27.	Look to see that All Flame proof panel are booted properly and cable entries are sealed		
28.	Look to see that All junction boxes, lamp filling etc. are flame proof and booted properly.		
29.	Look to see that Gas detector and flame detector are in working condition and calibrated.		
30.	30 Check for any open or exposed cable ends.		
31.	Look to see that the qualification of compressor operator.		
32.	Look to see that Hydro testing of CNG Cascade.		
33.	Look to see that Electrical earthing strips are connected at appropriate location.		
34.	Electrical Room has :		
35.	Restricted Entry		
36.	Shock Chart / First Aid Chart		
37.	Exhaust Fan		
38.	Sufficient Maintenance Space		
39.	Illumination		
40.	Look to see that Electrical circulation mats in Electrical room.		
41.	Look to see that Energy Isolation switches are identified and marked		

Inspection done by :

Name :

Signature :

Date :

EMERGENCY CONTACT	
NAME	PHONE/ MOBILE No.
Emergency No.	0512-3291295 / 3249478
Head O&M	
HSE Incharge	
Work Incharge	
Contractor Representative	
Police	100
Fire	101
Ambulance	102
Any Other	

Note: Please write the phone/ mobile number of the concerned person before starting the job / work.



CONFINED SPACE ENTRY WORK PERMIT

[Applicable for Nallah Crossing, Deep Trench (>2m), & Steel Valve Chamber Entry, Underground DRS Entry etc.]

"Before filling up the permit please read the entire document very carefully"

"COPY"

Doc. No.: HSE 03
Rev. No.: 00
Eff. Date: 01/10/2011

Permit No.

Valid From AM/PM of (date) AM/PM of (date)

Permission is granted to (Section/ Contractor)

Name of Work Incharge [CUGL]

Nature of Work

Location of Work

Please check with (✓) tick mark in the appropriate box.

Sr.No.	DESCRIPTION	DONE	Not Required	REMARKS							
General											
1	Is the team properly made aware of the work										
2	Briefed by CUGL's EIC/OIC/TPi regarding the job & precaution required on confined space entry										
Atmosphere/Gas monitoring Instruments [Gas Measuring Instrument i.e. GMI / Oxygen Meter]											
3	Is the GMI in working condition & within calibration due dates?										
4	Is the Oxygen monitor in working condition & within calibration due dates ?										
Air Blower / Forced ventilation											
5	Is air blower / Forced ventilation Mechanism available to supply fresh air ?										
6	Is the lid of Valve / Underground DRS chamber open & kept open for more than 10 min before entering?										
Rescue Mechanism (minimum two nos of Standby Person shall be deployed at the entry point holding the rope connected to the safety belt of the person inside the Confined)											
7	Is ladder (min. 2 Nos incase more than one person entering)/tripod provided for the person entering the confined space?										
8	Is rope ready to use and in good condition (without knots, oil, amendments, untwisted) for lifting valve chamber covers?										
9	Is person entering in the confined space wearing safety belt with lifeline anchored to tripod / permanent structure?										
10	Rescuer of standby person must enter in confined space with breathing apparatus or escape set, (only if required to do so)										
11	Is proper trench support i.e. shoring/shuttering/bottom support provided in case of deep trench, Nallah crossing etc?										
Fire Extinguisher / First Aid/PPEs/ Others											
12	Is fire extinguisher, made available at site is in good condition within all due dates?										
13	Is all the applicable PPE worn by the personnel at site? Breathing apparatus must be worn by the person entering the confined space if Oxygen level goes below 18% v/v										
14	Is the first aid box made available at site?										
15	Cleaning is carried out & proper lighting is provided prior to entry inside the confined space.										
1) Competent Person/Work Incharge : a) CP/WT for Nallah Crossing, Deep Trench (>2m) is Contractor's Supervisor, b) CP/WT for Steel Valve Chamber Entry, Underground DRS Entry is O&M Project Engineer Incharge.											
Date	Name and designation of Competent person (Permit Receiver)	Signature									
I have understood the above requirement and hereby agreed to abide by the above mentioned safety checks. Based on the same I shall be available at the site for the entire duration of the job and shall inform Permit Issuer about the starting of the job accordingly.											
2) Authorisation: a) Authorizing person for Nallah Crossing, Deep Trench (>2m) is CUGL's TPI / b) Authorizing person for Steel Valve Chamber Entry, Underground DRS Entry is Head O&M or responsible person Deployed by O&M (must be from O&M).											
Date	Name and designation of Authorising person (Permit Issuer)	Signature									
I have explained the safety & technical requirement to the competent person/Permit Receiver. He may carry out the job as per the permit subject to the fulfillment of the above safety checklist.											
3) Atmosphere Monitoring data :											
Particulars		Test required	Safety Limit	Test Values (preferable if taken by the Instrument Engineer)							
				0	1	2	3	4	5	6	7
Oxygen	Yes/No										
Natural Gas	Yes/No										
Note: Reading intervals shall not exceed a gap of 30 minutes. Confined Space entry, where no hot work to be carried out, may be permitted if combustible gases are upto 5% of lower explosive limit (LEL) and the oxygen level should be 19.5% vol / vol.											
4) SPECIAL INSTRUCTIONS:											
1.0 Above mentioned Safety Precautions to be observed for entire duration of the work.											
2.0 Entry into any confined space can not proceed unless :											
2.a) All other options have been ruled out.											
2.b) Permit is issued with authorization by a responsible person.											
2.c) Permit is communicated to all affected personnel and posted , as required.											
2.d) Secure lines of communication are established.											
2.e) All person involved are competent to do the work.											
2.f) All sources of energy affecting the space have been isolated.											
2.g) Testing of atmospheres is conducted / verified and repeated.											
2.h) Stand-by person is stationed.											
3.0 Additional instructions if any											


Note: a) This permit is in Duplicate of Blue and white Copies.

b) This permit is valid only for that date only.

c) After completion of the job Blue copy shall be returned to Issuer White copy along with the book would be returned to HSE dept.

Work completed / stopped / area cleared at AM/PM of (date) by (Work Incharge)

NOTE: FOR EMERGENCY CONTACT P.T.O.

 CUGL	FIELD MEMO (CNG-O&M)	Section. HSE 012 Rev No.: 00 Eff. Date : 01/10/2011
Location :		Date :

Name of CNG Station..... No. : 15-16/

Name of Station Incharge / Asst. Manager / Shift Supervisor :.....

Activity Observed :

Subject : Non Conformity at Station :

Kind Attention :

During our site visit, we have found following Non Conformity / Non Compliance at site.		
1.	Use of Mobile Phone While CNG Dispensing.	
2.	Passenger Inside the Station and Near to the CNG filling area.	
3.	Fire Extinguisher are in inappropriate condition and numbers.	
4.	No use of earth wire while filling.	
5.	Improper Management of CNG Vehicle Que.	
6.	Improper Filling Procedure.	
7.	Work Permit System Followed (If applicable)	
8.	Any Other Conformity	

You are requested to take immediate action to rectify the same. Failure to do so will prompt CUGL to take Necessary action against you.

Engineer /HSE Incharge (CUGL)		TPI		Station in charge	
Name		Name		Name	
Signature		Signature		Signature	
CC. Dept. Incharge / HOD / MD / DC					



**FIELD MEMO
(PROJECTS)**

Section. HSE 011
Rev No.: 00
Eff. Date : 01/10/2011

Location :

Date :

Name of Contractor No. : 14-15/

Name of Station Incharge / CUGL'S Representative:.....

Activity : Steel Line Construction / MDPE Laying / Boring / Plumbing / Testing - Purging / Commissioning/ Any other Activity :

Subject : Non Conformity at Site

Kind Attention :

During our site visit, we have found following Non Conformity / Non Compliance at site.

1.	Non Availability of Required of PPEs	
2.	In appropriate tools Tackles e.g. Inadequate insulation on Boring tools	
3.	Work execution without information	
4.	Non compliance in our technical specification	
5.	Improper barricading	
6.	Position of RCC Guard / Protection of Transition fitting.	
7.	Work Permit System applicable	
8.	Others:	

You are requested to take immediate action to rectify the same. Failure to do so will prompt CUGL to take Necessary action against you.

Engineer /HSE Incharge (CUGL)		TPI		Contractor	
Name		Name		Name	
Signature		Signature		Signature	

CC. Dept. Incharge / HOD / MD / DC

TIN No. : 09645602471 CIN No. : U40200UP2005PLC029538

Central UP Gas Limited
(A Joint Venture of GAIL & BPCL)
7th Floor UPSIDC Complex
A-1/4, Lakhapur, Kanpur-208 024

CREDIT MEMO

No. CUGL/CR Date :

Station Name : JUHI

Particulars	Qty. (Kg)	Rate	Amount
		Rs. per kg.	Rs.
CNG			
LUBES			

Vehicle No. :

I/We undertake to pay the bill of above on presentation, failing which interest shall be payable @.....% P.M. from the date of bill.

A/c. Name.....

E. & O. E. Signature

DOC/CUGL/MKT/06/AA/000 CUSTOMER COPY

TIN No. : 09645602471 CIN No. : U40200UP2005PLC029538

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A-1/4, Lakhapur, Kanpur-208 024

CREDIT MEMO

No. CUGL/CR Date :

Station Name : JUHI

Particulars	Qty. (Kg)	Rate	Amount
		Rs. per kg.	Rs.
CNG			
LUBES			

Vehicle No. :

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A-1/4, Lakhapur, Kanpur-208 024

CREDIT MEMO

No. CUGL/CR Date :

Station Name : JUHI

Particulars	Qty. (Kg)	Rate	Amount
		Rs. per kg.	Rs.
CNG			
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7th Floor UPSIDC Complex
A-1/4, Lakhapur, Kanpur-208 024

CREDIT MEMO

No. CUGL/CR Date :

Station Name : CHAKERI

Particulars	Qty. (Kg)	Rate	Amount
		Rs. per kg.	Rs.
CNG			
LUBES			

Vehicle No. :

I/We undertake to pay the bill of above on presentation, failing which interest shall be payable @.....% P.M. from the date of bill.

A/c. Name.....

E. & O. E. Signature

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Central UP Gas Limited
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7th Floor UPSIDC Complex
A-1/4, Lakhapur, Kanpur-208 024

CREDIT MEMO

No. CUGL/CR Date :

Station Name : CHAKERI

Particulars	Qty. (Kg)	Rate	Amount
		Rs. per kg.	Rs.
CNG			
LUBES			

Vehicle No. :

I/We undertake to pay the bill of above on presentation, failing which interest shall be payable @.....% P.M. from the date of bill.

A/c. Name.....

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CREDIT MEMO

No. CUGL/CR Date :

Station Name : CHAKERI

Particulars	Qty. (Kg)	Rate	Amount
		Rs. per kg.	Rs.
CNG			
LUBES			

Vehicle No. :

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A/c. Name.....

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A-1/4, Lakhapur, Kanpur-208 024

CREDIT MEMO

No. CUGL/CR Date :

Station Name : PANKI

Particulars	Qty. (Kg)	Rate	Amount
		Rs. per kg.	Rs.
CNG			
LUBES			

Vehicle No. :

I/We undertake to pay the bill of above on presentation, failing which interest shall be payable @.....% P.M. from the date of bill.

A/c. Name.....

E. & O. E. Signature

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CREDIT MEMO

No. CUGL/CR Date :

Station Name : PANKI

Particulars	Qty. (Kg)	Rate	Amount
		Rs. per kg.	Rs.
CNG			
LUBES			

Vehicle No. :

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A/c. Name.....

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CREDIT MEMO

No. CUGL/CR Date :

Station Name : PANKI

Particulars	Qty. (Kg)	Rate	Amount
		Rs. per kg.	Rs.
CNG			
LUBES			

Vehicle No. :

I/We undertake to pay the bill of above on presentation, failing which interest shall be payable @.....% P.M. from the date of bill.

A/c. Name.....

E. & O. E. Signature

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A-1/4, Lakhapur, Kanpur-208 024

CREDIT MEMO

No. CUGL/CR Date :

Station Name : MAKADIKHEDA

Particulars	Qty. (Kg)	Rate	Amount
		Rs. per kg.	Rs.
CNG			
LUBES			

Vehicle No. :

I/We undertake to pay the bill of above on presentation, failing which interest shall be payable @.....% P.M. from the date of bill.

A/c. Name.....

E. & O. E. Signature

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A-1/4, Lakhapur, Kanpur-208 024

CREDIT MEMO

No. CUGL/CR Date :

Station Name : MAKADIKHEDA

Particulars	Qty. (Kg)	Rate	Amount
		Rs. per kg.	Rs.
CNG			
LUBES			

Vehicle No. :

I/We undertake to pay the bill of above on presentation, failing which interest shall be payable @.....% P.M. from the date of bill.

A/c. Name.....

E. & O. E. Signature

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7th Floor UPSIDC Complex
A-1/4, Lakhapur, Kanpur-208 024

CREDIT MEMO

No. CUGL/CR Date :

Station Name : MAKADIKHEDA

Particulars	Qty. (Kg)	Rate	Amount
		Rs. per kg.	Rs.
CNG			
LUBES			

Vehicle No. :

I/We undertake to pay the bill of above on presentation, failing which interest shall be payable @.....% P.M. from the date of bill.

A/c. Name.....

E. & O. E. Signature

DOC/CUGL/MKT/06/AA/000 CUSTOMER COPY

TIN No. : 09645802471 CIN No. : U40200UP2005PLC029538

Central UP Gas Limited
(A Joint Venture of GAIL & BPCL)
7th Floor UPSIDC Complex
A-1/4, Lakhapur, Kanpur-208 024

CREDIT MEMO

No. CUGL/CR : Date :

Station Name : FAZALGANJ

Particulars	Qty. (Kg)	Rate Rs. per kg.	Amount Rs.
CNG			
LUBES			

Vehicle No. :

I/We undertake to pay the bill of above on presentation, failing which interest shall be payable @.....% P.M. from the date of bill.

A/c. Name.....

E. & O. E. Signature

DOC/CUGL/MKT/05/AA/000 CUSTOMER COPY

TIN No. : 09645802471 CIN No. : U40200UP2005PLC029538

Central UP Gas Limited
(A Joint Venture of GAIL & BPCL)
7th Floor UPSIDC Complex
A-1/4, Lakhapur, Kanpur-208 024

CREDIT MEMO

No. CUGL/CR : Date :

Station Name : FAZALGANJ

Particulars	Qty. (Kg)	Rate Rs. per kg.	Amount Rs.
CNG			
LUBES			

Vehicle No. :

I/We undertake to pay the bill of above on presentation, failing which interest shall be payable @.....% P.M. from the date of bill.

A/c. Name.....

E. & O. E. Signature

DOC/CUGL/MKT/05/AA/000 CUSTOMER COPY

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Central UP Gas Limited
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7th Floor UPSIDC Complex
A-1/4, Lakhapur, Kanpur-208 024

CREDIT MEMO

No. CUGL/CR : Date :

Station Name : FAZALGANJ

Particulars	Qty. (Kg)	Rate Rs. per kg.	Amount Rs.
CNG			
LUBES			

Vehicle No. :

I/We undertake to pay the bill of above on presentation, failing which interest shall be payable @.....% P.M. from the date of bill.

A/c. Name.....

E. & O. E. Signature

DOC/CUGL/MKT/05/AA/000 CUSTOMER COPY

CASH DEPOSIT SLIP		
No. :	Date	
Shift	Dispensor No.	
Side/s		
Station Name : ROHELLA		
Name of the DSM :	A B	
Opening Meter Reading		
Closing Meter Reading		
Total (Kg. Sold)		
Credit Sale in Kg.		
Rate		
Actual Cash Collection		
DENOMINATIONS		
1	*	=
2	*	=
5	*	=
10	*	=
20	*	=
50	*	=
100	*	=
200	*	=
500	*	=
2000	*	=
Credit Sales		
TOTAL		
Signature of the DSM	Signature of the Shift Incharge Present	

CASH DEPOSIT SLIP		
No. :	Date	
Shift	Dispensor No.	
Side/s		
Station Name : ROHELLA		
Name of the DSM :	A B	
Opening Meter Reading		
Closing Meter Reading		
Total (Kg. Sold)		
Credit Sale in Kg.		
Rate		
Actual Cash Collection		
DENOMINATIONS		
1	*	=
2	*	=
5	*	=
10	*	=
20	*	=
50	*	=
100	*	=
200	*	=
500	*	=
2000	*	=
Credit Sales		
TOTAL		
Signature of the DSM	Signature of the Shift Incharge Present	

CASH DEPOSIT SLIP		
No. :	Date	
Shift	Dispensor No.	
Side/s		
Station Name : ROHELLA		
Name of the DSM :	A B	
Opening Meter Reading		
Closing Meter Reading		
Total (Kg. Sold)		
Credit Sale in Kg.		
Rate		
Actual Cash Collection		
DENOMINATIONS		
1	*	=
2	*	=
5	*	=
10	*	=
20	*	=
50	*	=
100	*	=
200	*	=
500	*	=
2000	*	=
Credit Sales		
TOTAL		
Signature of the DSM	Signature of the Shift Incharge Present	

CASH DEPOSIT SLIP		
No. :	Date	
Shift	Dispensor No.	
Side/s		
Station Name : JUHI		
Name of the DSM :	A B	
Opening Meter Reading		
Closing Meter Reading		
Total (Kg. Sold)		
Credit Sale in Kg.		
Rate		
Actual Cash Collection		
DENOMINATIONS		
1	*	=
2	*	=
5	*	=
10	*	=
20	*	=
50	*	=
100	*	=
200	*	=
500	*	=
2000	*	=
Credit Sales		
TOTAL		
Signature of the DSM	Signature of the Shift Incharge Present	

CASH DEPOSIT SLIP		
No. :	Date	
Shift	Dispensor No.	
Side/s		
Station Name : JUHI		
Name of the DSM :	A B	
Opening Meter Reading		
Closing Meter Reading		
Total (Kg. Sold)		
Credit Sale in Kg.		
Rate		
Actual Cash Collection		
DENOMINATIONS		
1	*	=
2	*	=
5	*	=
10	*	=
20	*	=
50	*	=
100	*	=
200	*	=
500	*	=
2000	*	=
Credit Sales		
TOTAL		
Signature of the DSM	Signature of the Shift Incharge Present	

CASH DEPOSIT SLIP		
No. :	Date	
Shift	Dispensor No.	
Side/s		
Station Name : JUHI		
Name of the DSM :	A B	
Opening Meter Reading		
Closing Meter Reading		
Total (Kg. Sold)		
Credit Sale in Kg.		
Rate		
Actual Cash Collection		
DENOMINATIONS		
1	*	=
2	*	=
5	*	=
10	*	=
20	*	=
50	*	=
100	*	=
200	*	=
500	*	=
2000	*	=
Credit Sales		
TOTAL		
Signature of the DSM	Signature of the Shift Incharge Present	

CASH DEPOSIT SLIP		
No. :	Date	
Shift	Dispensor No.	
Side/s		
Station Name : CHAKERI		
Name of the DSM :	A B	
Opening Meter Reading		
Closing Meter Reading		
Total (Kg. Sold)		
Credit Sale in Kg.		
Rate		
Actual Cash Collection		
DENOMINATIONS		
1	*	=
2	*	=
5	*	=
10	*	=
20	*	=
50	*	=
100	*	=
200	*	=
500	*	=
2000	*	=
Credit Sales		
TOTAL		
Signature of the DSM	Signature of the Shift Incharge Present	

CASH DEPOSIT SLIP		
No. :	Date	
Shift	Dispensor No.	
Side/s		
Station Name : CHAKERI		
Name of the DSM :	A B	
Opening Meter Reading		
Closing Meter Reading		
Total (Kg. Sold)		
Credit Sale in Kg.		
Rate		
Actual Cash Collection		
DENOMINATIONS		
1	*	=
2	*	=
5	*	=
10	*	=
20	*	=
50	*	=
100	*	=
200	*	=
500	*	=
2000	*	=
Credit Sales		
TOTAL		
Signature of the DSM	Signature of the Shift Incharge Present	

CASH DEPOSIT SLIP		
No. :	Date	
Shift	Dispensor No.	
Side/s		
Station Name : CHAKERI		
Name of the DSM :	A B	
Opening Meter Reading		
Closing Meter Reading		
Total (Kg. Sold)		
Credit Sale in Kg.		
Rate		
Actual Cash Collection		
DENOMINATIONS		
1	*	=
2	*	=
5	*	=
10	*	=
20	*	=
50	*	=
100	*	=
200	*	=
500	*	=
2000	*	=
Credit Sales		
TOTAL		
Signature of the DSM	Signature of the Shift Incharge Present	

CASH DEPOSIT SLIP		
No. :	Date	
Shift	Dispensor No.	
Side/s		
Station Name : PANKI		
Name of the DSM :	A B	
Opening Meter Reading		
Closing Meter Reading		
Total (Kg. Sold)		
Credit Sale in Kg.		
Rate		
Actual Cash Collection		
DENOMINATIONS		
1	*	=
2	*	=
5	*	=
10	*	=
20	*	=
50	*	=
100	*	=
200	*	=
500	*	=
2000	*	=
Credit Sales		
TOTAL		
Signature of the DSM	Signature of the Shift Incharge Present	

CASH DEPOSIT SLIP		
No. :	Date	
Shift	Dispensor No.	
Side/s		
Station Name : PANKI		
Name of the DSM :	A B	
Opening Meter Reading		
Closing Meter Reading		
Total (Kg. Sold)		
Credit Sale in Kg.		
Rate		
Actual Cash Collection		
DENOMINATIONS		
1	*	=
2	*	=
5	*	=
10	*	=
20	*	=
50	*	=
100	*	=
200	*	=
500	*	=
2000	*	=
Credit Sales		
TOTAL		
Signature of the DSM	Signature of the Shift Incharge Present	

CASH DEPOSIT SLIP		
No. :	Date	
Shift	Dispensor No.	
Side/s		
Station Name : PANKI		
Name of the DSM :	A B	
Opening Meter Reading		
Closing Meter Reading		
Total (Kg. Sold)		
Credit Sale in Kg.		
Rate		
Actual Cash Collection		
DENOMINATIONS		
1	*	=
2	*	=
5	*	=
10	*	=
20	*	=
50	*	=
100	*	=
200	*	=
500	*	=
2000	*	=
Credit Sales		
TOTAL		
Signature of the DSM	Signature of the Shift Incharge Present	

CASH DEPOSIT SLIP		
No. :	Date	
Shift	Dispensor No.	
Side/s		
Station Name : MAKADIKHEDA		
Name of the DSM :	A B	
Opening Meter Reading		
Closing Meter Reading		
Total (Kg. Sold)		
Credit Sale in Kg.		
Rate		
Actual Cash Collection		
DENOMINATIONS		
1	*	=
2	*	=
5	*	=
10	*	=
20	*	=
50	*	=
100	*	=
200	*	=
500	*	=
2000	*	=
Credit Sales		
TOTAL		
Signature of the DSM	Signature of the Shift Incharge Present	

CASH DEPOSIT SLIP		
No. :	Date	
Shift	Dispensor No.	
Side/s		
Station Name : MAKADIKHEDA		
Name of the DSM :	A B	
Opening Meter Reading		
Closing Meter Reading		
Total (Kg. Sold)		
Credit Sale in Kg.		
Rate		
Actual Cash Collection		
DENOMINATIONS		
1	*	=
2	*	=
5	*	=
10	*	=
20	*	=
50	*	=
100	*	=
200	*	=
500	*	=
2000	*	=
Credit Sales		
TOTAL		
Signature of the DSM	Signature of the Shift Incharge Present	


CASH DEPOSIT SLIP		
No. :	Date	
Shift	Dispensor No.	
Side/s		
Station Name : MAKADIKHEDA		
Name of the DSM :	A B	
Opening Meter Reading		
Closing Meter Reading		
Total (Kg. Sold)		
Credit Sale in Kg.		
Rate		
Actual Cash Collection		
DENOMINATIONS		
1	*	=
2	*	=
5	*	=
10	*	=
20	*	=
50	*	=
100	*	=
200	*	=
500	*	=
2000	*	=
Credit Sales		
TOTAL		
Signature of the DSM	Signature of the Shift Incharge Present	

CASH DEPOSIT SLIP		
No. :	Date	
Shift	Dispensor No.	
Side/s		
Station Name : FAZALGANJ		
Name of the DSM :	A B	
Opening Meter Reading		
Closing Meter Reading		
Total (Kg. Sold)		
Credit Sale in Kg.		
Rate		
Actual Cash Collection		
DENOMINATIONS		
1	*	=
2	*	=
5	*	=
10	*	=
20	*	=
50	*	=
100	*	=
200	*	=
500	*	=
2000	*	=
Credit Sales		
TOTAL		
Signature of the DSM	Signature of the Shift Incharge Present	

CASH DEPOSIT SLIP		
No. :	Date	
Shift	Dispensor No.	
Side/s		
Station Name : FAZALGANJ		
Name of the DSM :	A B	
Opening Meter Reading		
Closing Meter Reading		
Total (Kg. Sold)		
Credit Sale in Kg.		
Rate		
Actual Cash Collection		
DENOMINATIONS		
1	*	=
2	*	=
5	*	=
10	*	=
20	*	=
50	*	=
100	*	=
200	*	=
500	*	=
2000	*	=
Credit Sales		
TOTAL		
Signature of the DSM	Signature of the Shift Incharge Present	

CASH DEPOSIT SLIP		
No. :	Date	
Shift	Dispensor No.	
Side/s		
Station Name : FAZALGANJ		
Name of the DSM :	A B	
Opening Meter Reading		
Closing Meter Reading		
Total (Kg. Sold)		
Credit Sale in Kg.		
Rate		
Actual Cash Collection		
DENOMINATIONS		
1	*	=
2	*	=
5	*	=
10	*	=
20	*	=
50	*	=
100	*	=
200	*	=
500	*	=
2000	*	=
Credit Sales		
TOTAL		
Signature of the DSM	Signature of the Shift Incharge Present	

TIN No.: 09645602471 CIN No.: U40200UP2005PLC029538

 **Central UP Gas Limited**
(A Joint Venture of GAIL & BPCL)
CNG Filling Station, Near- Satellite Bus Stand
Pilibhit Bye pass Road, Bareilly - 243 005

CASH MEMO

No. CUGL /
Station Name : ROHELLA Date :


Particulars	QTY. (Kg.)	Rate	Amount Rs. P.
CNG		Rs. Per Kg.	
LUBES			

Vehicle No.:
Towards Clean Green and Natural Environment

E. & O. E. Signature

DOC/CUGL/MKT/05/A4/400

TIN No.: 09645602471 CIN No.: U40200UP2005PLC029538

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CASH MEMO

No. CUGL /
Station Name : ROHELLA Date :


Particulars	QTY. (Kg.)	Rate	Amount Rs. P.
CNG		Rs. Per Kg.	
LUBES			

Vehicle No.:
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CASH MEMO

No. CUGL /
Station Name : ROHELLA Date :


Particulars	QTY. (Kg.)	Rate	Amount Rs. P.
CNG		Rs. Per Kg.	
LUBES			

Vehicle No.:
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CASH MEMO

No. CUGL /
Station Name : ROHELLA Date :


Particulars	QTY. (Kg.)	Rate	Amount Rs. P.
CNG		Rs. Per Kg.	
LUBES			

Vehicle No.:
Towards Clean Green and Natural Environment

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7th Floor, UPSIDC Complex,
A-1/4, Lakhanpur, Kanpur-208 024

CASH MEMO

No. CUGL /

Station Name : CHAKERI Date :

Particulars	QTY. (Kg.)	Rate	Amount Rs. P.
CNG		Rs. Per Kg.	
LUBES			


Vehicle No.:

Towards Clean Green and Natural Environment

E. & O. E. Signature

DOC/CUGL/MKT/05/A4/400

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CASH MEMO

No. CUGL /

Station Name : CHAKERI Date :

Particulars	QTY. (Kg.)	Rate	Amount Rs. P.
CNG		Rs. Per Kg.	
LUBES			


Vehicle No.:

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Particulars	QTY. (Kg.)	Rate	Amount Rs. P.
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Particulars	QTY. (Kg.)	Rate	Amount Rs. P.
CNG		Rs. Per Kg.	
LUBES			


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CASH MEMO

No. CUGL /
Station Name : JUHI Date :

Particulars	QTY. (Kg.)	Rate	Amount Rs. P.
CNG		Rs. Per Kg.	
LUBES			


Vehicle No.:

Towards Clean Green and Natural Environment

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CASH MEMO

No. CUGL /
Station Name : JUHI Date :

Particulars	QTY. (Kg.)	Rate	Amount Rs. P.
CNG		Rs. Per Kg.	
LUBES			


Vehicle No.:

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CASH MEMO

No. CUGL /
Station Name : JUHI Date :

Particulars	QTY. (Kg.)	Rate	Amount Rs. P.
CNG		Rs. Per Kg.	
LUBES			


Vehicle No.:

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CASH MEMO

No. CUGL /
Station Name : JUHI Date :

Particulars	QTY. (Kg.)	Rate	Amount Rs. P.
CNG		Rs. Per Kg.	
LUBES			


Vehicle No.:

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CASH MEMO

No. CUGL /

Station Name : FAZALGANJ Date :

Particulars	QTY. (Kg.)	Rate	Amount Rs. P.
CNG		Rs. Per Kg.	
LUBES			


Vehicle No.:

Towards Clean Green and Natural Environment

E. & O. E. Signature

DOC/CUGL/MKT/05/A4/400

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CASH MEMO

No. CUGL /

Station Name : FAZALGANJ Date :

Particulars	QTY. (Kg.)	Rate	Amount Rs. P.
CNG		Rs. Per Kg.	
LUBES			


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No. CUGL /

Station Name : FAZALGANJ Date :

Particulars	QTY. (Kg.)	Rate	Amount Rs. P.
CNG		Rs. Per Kg.	
LUBES			


Vehicle No.:

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CASH MEMO

No. CUGL /

Station Name : FAZALGANJ Date :

Particulars	QTY. (Kg.)	Rate	Amount Rs. P.
CNG		Rs. Per Kg.	
LUBES			


Vehicle No.:

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CASH MEMO

No. CUGL /
Station Name : PANKI Date :

Particulars	QTY. (Kg.)	Rate	Amount Rs. P.
CNG		Rs. Per Kg.	
LUBES			


Vehicle No.:

Towards Clean Green and Natural Environment

E. & O. E. Signature

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CASH MEMO

No. CUGL /
Station Name : PANKI Date :

Particulars	QTY. (Kg.)	Rate	Amount Rs. P.
CNG		Rs. Per Kg.	
LUBES			


Vehicle No.:

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CASH MEMO

No. CUGL /
Station Name : PANKI Date :

Particulars	QTY. (Kg.)	Rate	Amount Rs. P.
CNG		Rs. Per Kg.	
LUBES			


Vehicle No.:

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CASH MEMO

No. CUGL /
Station Name : PANKI Date :

Particulars	QTY. (Kg.)	Rate	Amount Rs. P.
CNG		Rs. Per Kg.	
LUBES			


Vehicle No.:

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CASH MEMO

No. CUGL /

Station Name : MAKADIKHEDA Date :

Particulars	QTY. (Kg.)	Rate	Amount Rs. P.
CNG		Rs. Per Kg.	
LUBES			


Vehicle No.:

Towards Clean Green and Natural Environment

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CASH MEMO

No. CUGL /

Station Name : MAKADIKHEDA Date :

Particulars	QTY. (Kg.)	Rate	Amount Rs. P.
CNG		Rs. Per Kg.	
LUBES			


Vehicle No.:

Towards Clean Green and Natural Environment

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CASH MEMO

No. CUGL /

Station Name : MAKADIKHEDA Date :

Particulars	QTY. (Kg.)	Rate	Amount Rs. P.
CNG		Rs. Per Kg.	
LUBES			


Vehicle No.:

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CASH MEMO

No. CUGL /

Station Name : MAKADIKHEDA Date :

Particulars	QTY. (Kg.)	Rate	Amount Rs. P.
CNG		Rs. Per Kg.	
LUBES			

Vehicle No.:

Towards Clean Green and Natural Environment

E. & O. E. Signature

DOC/CUGL/MKT/05/A4/400



HAZARD IDENTIFICATION / NEAR MISS REPORT

Doc No. CUGL/HSE/00/F-19
Rev No. : 01
Eff. Date : 01/04/2018

No.

HAZARD IDENTIFICATION / NEAR MISS			
Location/Unit	Activity/Facility	Date	Time
Department :			
Description of Hazard / Near Miss /:			
Suggested Actions :			
SUBMITTED BY	SIGNATURE	DATE	
RECEIVED BY HSE	SIGNATURE (HSE)	DATE	
To be filled by concerned HOD :			
ACTIONS TAKEN			
Date of Action Completed :			
Action taken by :			
HOD's Signature :			

LCV MOVEMENT LOG BOOK

	Page No.
--	----------

LCV No.	DATE
---------	------

LCV No.	DATE
---------	------

Mother Station Readings	
1	2
3	4
5	6
7	8
9	10
11	12
13	14
15	16
17	18
19	20
21	22
23	24
25	26
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81	82
83	84
85	86
87	88
89	90
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97	98
99	100

[illegible]

Daughter Booster Station Readings	
1	2
3	4
5	6
7	8
9	10
11	12
13	14
15	16
17	18
19	20
21	22
23	24
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83	84
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87	88
89	90
91	92
93	94
95	96
97	98
99	100

[illegible]



COLD WORK PERMIT

Doc No. HSE 06
Rev No.: 01
Eff. Date :01/10/20

Permit No.....
Valid from.....AM/PM of.....(Date).....AM/PM of.....(Date).....
Permission is granted to (section / contractor).....
Name of Work Incharge (CUGL).....
Nature of work.....
Location of work.....
(Please check following items and put ✓ tick mark in the appropriate box.

S. No.	HAZARD IDENTIFIED	EXISTING	ISOLATED	ACTION TAKEN
1	Equipment / work Area inspected			
2	Surrounding area checked, cleaned and covered			
3	Running water hose / portable extinguisher provided			
4	Equipment blinded / disconnected / closed / isolated			
5	Equipment properly drained / depressurized			
6	Equipment / Pipeline properly steamed / purged			
7	Proper ventilation and lighting provided			
8	Gas test done, found gas free			
9	Area Cordoned off (minimum 15 m in case of radiography)			
10	Standby personnel provided from project/O&M/Contractor			
11	Following personal protective equipment required (Check the items required) Safety Helmet / Gloves / Goggles / Safety Shoe / Boiler Suit / Dust Respirator / Mask/ Apron / Lifeline / Safety Belt / Airline / Film Badges / Dosimeter			

SPECIAL INSTRUCTIONS

1	In case of fire alarm/ any emergency all work must be stopped All personnel must leave work site and proceed to designated areas
2	Remark on toxic / hazardous chemicals, if any
3	Alternate means of escape available / provided / not required
4	This permit must be available at work site at all times.
5	Additional items, if any e.g. Safety Helmet / Gloves / Goggles/ Safety / Shoes are mandatory to wear while working.

Note : Job specific safety checklist must be attached with this permit, without checklist no permit should be issued (The issuing authority is requested to ensure the same before signing on this permit)

Name Receiver		
Date	(Work Incharge CUGL or Contractor Incharge)	Signature

I have understood the above requirement and hereby agreed to abide to abide by the above mentioned safety checks Based on the same I shall be available at the site for the entire duration of the job and shall inform permit issuer about the starting of the job accordingly.

Date	Issuer -O&M (Engineer Incharge or CNG Station Manager)	Signature
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I have understood the above requirement and hereby agreed to abide to abide by the above mentioned safety checks Based on the same I shall be available at the site for the entire duration of the job and shall inform permit issuer about the starting of the job accordingly.

Permit Extended up to		Additional Precautions required if any	Signature	
Date	Time		Receiver	Issuer - O&M

Note : a) This permit is in duplicate Original is in yellow and duplicate copy is in white color with "COPY" written on top right hand corner
b) After completion of the job yellow copy shall be returned to issuer. White copy along with the book would be returned to HSE dept.

Work Completed / stopped / area cleared at.....AM/PM.....(Date) by.....
(PLEASE RETURN PERMIT TO ISSUER)



PERMIT TO WORK FOR ENERGY ISOLATION

[Gas / Electrical Isolation for CNG Station]

" Before filling up the permit please read the entire document very carefully "

Doc. No.: HSE 04

Rev. No.: 00

Eff. Date: 01/10/2011

Permit No. _____
Valid from _____ AM/PM of _____ (Date) _____ AM/PM of _____ Date _____
Permission is granted to (Section/Contractor) _____
Name of Work Incharge (CUGL) _____
Permitted Hot Work _____
Location of work _____
Please check with (✓) tick mark in the appropriate box.

1] STEPS TO BE FOLLOWED TO DE-ENERGIZE THE SYSTEM:

A] ELECTRICAL ISOLATION:

Sr. No.	Check Point	Lock No.	Tag No.	Remarks
a	Isolate the main incomer in electric room. Put Lock & tag on it.			
b	Isolate the main incomer of capacitor bank at electrical room. Put lock & tag on it.			
c	Before carry out the work at capacitor bank check for voltage with proper instrument & voltage should be zero	Voltage Reading		
d	Isolate main feeder for CNG compressor. Put Lock & tag on it.			
e	Isolate main switch on compressor. Put lock & tag on it.			

B] GAS ISOLATION [COMPRESSOR]

a	Isolate the inlet gas suction valve. Put lock & tag on it.			
b	Vent the gas in the compressor gradually & safely			
c	Once the gas is completely vented isolate the discharge valve of the compressor. Put lock & tag on valve and note the pressure reading of following			
	1] Suction Pressure Bar			
	2] Discharge Pressure Bar			
	3] Suction filter Pressure Bar			

C] GAS ISOLATION [DISPENSER]

a	Isolate the main incomer in electric room. Put Lock & tag on it.			
b	Isolate the inlet valve of dispenser & tag it			
c	Vent the gas in the dispenser gradually & safely			
d	Once the gas is completely vented close the isolation valve/emergency valve of the dispenser and note down the pressure of the following			
	1] Pressure in Side A Bar			
	2] Pressure in Side B Bar			

D] GAS ISOLATION [CASCADE]

a	Isolate the Outlet valve of cascade Put Lock & tag on it			
---	--	--	--	--

2] Competent Person / Work Incharge i.e. CP/WI for taking the Energy isolation permit is Engineer incharge of Projects/Station Incharge of O&M

Date	Name and designation of Competent Person/Work Incharge (Permit Received)	Signature

I have understood the above requirement and hereby agreed to abide by the above mentioned safety checks. Based on the same I shall be available at the site for the entire duration of the job and shall inform permit issuer about the starting of the job accordingly.

3] Authorisation: Authorizing person for granting permission of Gas/Electrical Isolation for CNG station is Head O&M or responsible Person deployed by the Dept. Head (Must be from O&M dept.)

Date	Name and designation of Competent Person/Work Incharge (Permit Received)	Signature

I have explained the safety & technical requirement for working Gas/Electrical isolation for CNG Station to the competent person/Permit Receiver. He may carry out the job as per the permit subject to the fulfillment of the LOTO [lock out tag out procedure] checklist as mentioned above.

4] STEPS TO BE FOLLOWED TO ENERGIZE THE SYSTEM :

Sr. No.	Check Point			
---------	-------------	--	--	--

A] ENERGIZING THE COMPRESSOR :

a	Remove lock and tag from the discharge valve of the compressor.			
b	Open the discharge valve and close the vent valve. Remove the lock and tag from the inlet suction valve. Open the inlet valve			

B] ENERGIZING THE CAPACITOR BANK/MAIN ELECTRICAL PANEL IN ELECTRICAL ROOM:

a	Remove the lock and tag of the main capacitor incomer. Switch ON the capacitor main incomer			
b	Remove lock & tag of main incomer. Switch ON the main incomer			
c	Remove lock & tag of main feeder of the compressor. Switch ON the feeder			
d	Remove lock & tag of main switch from compressor electric panel. Turn the Switch ON			

C] ENERGIZE THE DISPENSER

a	Close the vent line valve and remove the tag on main inlet valve of the dispenser. Open the inlet valve.			
b	Remove the lock & tag on the main switch / MCB and switch ON dispenser main incomer in electric room			
c	Open the isolation valve / emergency valve			

5] SPECIAL INSTRUCTIONS

1.0	Above mentioned Safety Precautions on be observed for entire duration of the work.
2.0	Any Isolation of energy system, mechanical, electrical, process, hydraulic and others can not proceed unless.
2.a	Permit is issued with authorization by a responsible person [Shall be the respective Department Head or Responsible Person deployed by the Dept Head]
2.b	The method of isolation and discharges of stored energy are agreed and excuted by the Permit Issuer and Permit Receiver
2.c	Any stored energy is discharged
2.d	A System of locks and tags is utilized at isolation points.
2.e	A test is conducted to ensure the isolation is effective
2.f	Isolation effectiveness is periodically monitored
3.0	Additional instructions if any.....

Note: a) This permit is in Triplicate of Original one is in pink and other two copies are white in color with "COPY1" & "COPY2" Printed on top right hand corner of the page.
b) This permit is valid only for the date only.
c) After completion of the job pink copy shall be returned issuer (O&M Dept.) white Copy 1 shall be retained by the permit receiver and white copy no. 2 with the book would be returned to HSE dept.

Work completed/Stopped/area Cleared at _____ AM/PM of _____ (Date by _____ Work incharge)

NOTE : FOR EMERGENCY CONTACT P.T.O.

	Permit to work [HOT WORK PERMIT] <small>(Activity which may produce enough heat to ignite a flammable air-hydrocarbon mixture or a flammable substance-petroleum Rules 2001/OISD 105)</small> " Before filling up the permit please read the entire document very carefully "	Doc. No.: HSE 04 Rev. No. : 00 Eff. Date: 01/10/2011
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Permit No. _____
 Valid from _____ AM/PM of _____ (Date) _____ AM/PM of _____ Date _____
 Permission is granted to (Section/Contractor) _____
 Name of Work Incharge (CUGL) _____
 Permitted Hot Work _____
 Location of work _____
 Please check with (✓) tick mark in the appropriate box.

1) HAZARD ISOLATION :				
Sr. No.	HAZARD IDENTIFIED	EXISTING	ISOLATED	ACTION TAKEN
a	Equipment electrically isolated and tagged	Yes / No	Yes / No	FOR CNG station obtain Energy Isolation Work Permit
b	Tagging of Isolation valves of charged gas Lines	Yes / No	Yes / No	
c	Mechanical Power	Yes / No	Yes / No	
d	Corrosive Chemicals like Ethyl Mercaptan odorant etc.	Yes / No	Yes / No	
e	Pressurised Gases	Yes / No	Yes / No	
f	Natural Gas / Other Harmful Gasses	Yes / No	Yes / No	
g	Public and Traffic Hazard	Yes / No	Yes / No	

2) WORK SITE PREPARATION				
Sr. No.	PARTICULARS	DONE	NOT REQUIRED	REMARKS
a	Shield against spark Provided (Shield material should be non-flammable and should be kept wet with water)			
b	Welding machine is in good condition and checked for safe location			
c	Check for earthing return connection to the equipment being welded			
d	Portable equipments / Nozzles Properly grounded			
e	Pipelines Purged / Inserted with Nitrogen (Purging report submitted to O&M Dept.)			
	Documentation Completed in line with			
	1. Work Procedures.			
	2. Time Schedule			
	3. Sketches / Drawings			
f	4. Any other supporting Document e.g. permit to work for Energy isolation/Confined space etc required.			
g	Intimation to Customers who will be Affected (Applicable)			

3) SPECIFIC PIPE & OTHER REQUIREMENTS				
Sr. No.	PARTICULARS	YES	NO	REMARKS IF ANY
a	Safety Helmet			
b	Reflective Jacket			
c	Safety Shoe / Gum Boot			
d	Hand Gloves			
e	Ear Protection / Eye / Face Protection / Respiratory Protection			
f	Tool Box Tag Conducted (Tool Box Filled form Submitted to O&M Dept.)			
g	Safety Harness / Safety Belt			
h	Area Cordoned off and Working Signages Displayed			
i	Minimum two nos. Fire Extinguishers (ABC Type 10Kg.) with valid testing / refilling dates available on site.			

3) Atmosphere Monitoring Date											
Particulars		Test required	Safe limit	Test Values (Preferable if taken by the instrument Engineer)							
				0	1	2	3	4	5	6	7
Oxygen	Yes / No										
Natural Gas	Yes / No										
Others	Yes / No										

2) Competent Person / Work incharge i.e.) CP/WI for this permit is Engineer Incharge of Projects / O&M		
Date	Name and designation of Competent Person/Work Incharge (Permit Received)	Signature

I have understood the above requirement and hereby agreed to abide by the above mentioned safety checks. Based on the same I shall be available at the site for the entire duration of the job and shall inform permit issuer about the starting of the job accordingly.

3) Authorisation: Authorizing person for granting permission is Head O&M or Responsible Person deployed by the dept Head in his/her absence (Must be from O&M dept.)		
Date	Name and designation of Competent Person/Work Incharge (Permit Received)	Signature

I have examined the site & I am satisfied that the work specified may be carried out subject to compliance with above conditions & satisfactory test results.
 I have explained the safety & technical requirement to the competent person/Permit receiver. He may carry out the job as per the permit subject to the fulfillment of the checklist as mentioned above.

SPECIAL INSTRUCTIONS:				
1)	Above mentioned Safety Precautions to be observed for entire duration of the work.			
2)	In case of fire alarms. all work must be stopped and rining fire water must be closed an personal must leave work site and proceed to designated areas.			
3)	In case of liquid/gas release, stop work and immediately advices concerned operation personnel.			
4)	Only certified vehicle / engines with spark arrester and permitted type of electrical equipment and tools are allowed in operation areas.			
5)	For hot tapping, ensure continous/sufficient flow in the line			
6)	This permit must be available at work site at all the times,			
7)	No hot work shall be permitted unless the Explosive meter reading is zero.			
8)	Vessel entry where no hot work to be carried out may be permitted if combustible gases are up to 5% of lower explosive limits (LEL) with an air supplied mask may be permitted with LEL f upto 50% The Oxygen level should be 19.5% vol and the concentration of toxic gases below the threshold limits.			
9)	Additional instruction if any			

Permit Extended upto	Additional Precaution / Required if any	Signature
Date	Time	Receiver
		Issuer Head O&M

Note: a) This permit is in quadruplicate: Original one is in pink and other three copies are white in color with "COPY1", "COPY2" AND "COPY3" Printed on top right hand corner of the page
 b) After completion of the job pink copy shall be returned issuer (O&M Dept.) white Copy 1 shall be retained by the permit receiver and white copy no. 2 and 3 along with the would returned to HSE dept.
 c) The safety officer/Fire officer/Officer Authorised will make periodic check of the Hot Work sites and see that the work is being carried out as per conditions laid down in the Hot Work Permit. At any point of time, if the considers that conditions are not safe enough for the work he may suspend the work and inform the Work Permit Issuing Authority to restore the safety conditions, so the work can be restarted.

Work completed/Stopped/area Cleared at _____ AM/PM of _____ (Date by _____ Work incharge)

GAS LIMITED

(BHARAT PETROLEUM)

A-1/4, Lakhanpur, Kanpur - 208 024, U.P.

[illegible]

(A JOINT VENTURE OF GAIL &
Regd. Off. : 7th Floor, UPSIDC Complex,

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CENTRAL UP GAS LIMITED, BAREILLY
AFTER SALE SERVICE REPORT

Complaint No. : Complaint Date Time :	Control Room : Arrival Date Time :
Type of Customer : Industrial/ Commercial/ Gen./ D-comm. CRN No. Customer Name Conversion/ Commissioning Date	Address Contact No.

Meter No. Open Meter Reading Close Meter Reading

Nature of Complain

 Action Taken / Job Description

Charges Details (As per CUGL SOR for after sale Services) :

S.N.	Item Details	Unit	Quantity	Rate as per SOR	Amount	Remarks
1.						
2.						
3.						
4.						
5.						
6.						
7.						
8.						
9.						
10.						
Total Amount						

Amount Received with thanks from

Cash / Cheque No. Bank Name Dated

Customer Comments:-

☐ Y ☐ N

The Problem is rectified and job is completed to customer's satisfaction.

Customer Remarks / Feedback (If any) :

Signature : Customer

Signature : Plumber / Technician

CENTRAL U.P. GAS LIMITED, KANPUR
SHIFT PROGRESS REPORT

Date :..... Shift :..... Shift Incharge :.....

1.	STOCK FOR EMERGENCY	OK	NOT OK	REMARKS	
1.1	MATERIAL REQUIRED A) C) B) D)				
2.	PENDING COMPLAINTS	Attended (Nos.)	Pending (Nos.)	Remarks	
2.1	FLAME PROBLEM				
2.2	NO GAS SUPPLY				
2.3	GI WORK				
2.4	PE WORK				
2.5	CONVERSION				
2.6	METER RELATED ISSUES				
2.7	OTHERS				
3.	TOOLS & TACKLES	OK	NOT OK	Remarks	
3.1	FUSION MACHINE KIT				
3.2	GENSET				
3.3					
3.4	SQUEEZER-HYDRAULIC				
3.5	AULIC SQUEEZER-MANNUAL				
4.	CONTRACTOR	S/Sr. Tech	P/ Tech	H	Remarks
4.1	Attendance	Present			
		Absent			
		OK	NOT OK		
4.1	PPE				
4.2	TOOLS				
5.	EMERGENCY PREP	OK	NOT OK	Remarks	
5.1	FIRE EXTINGUISHERS				
5.2	GAS DETECTOR				
	CONDITION				
	AVAILABILITY				
	CHARGING				
6.	PATROLLING	Patroller	Contact No.	Remarks	
6.1	Attendance	Present			
		Absent			
6.2	DIGGING WORK GOING ON AT	AREA	Contact Person No.		
6.3	LINE EXPOSED AT	1.			
		2.			
		3.			
		4.			
7.	EMERGENCY VEHICLE	Odometer Reading (KM)	Remarks		
	Shift In				
	Shift Out				

CUSTOMER COMPLAINT BOOK

Page No.

[illegible]



CENTRAL U.P. GAS LIMITED
KANPUR
LINE WALK PATROLLING

No. _____

Pipeline Section : _____

Date : _____

Sr. No.	DESCRIPTION	OBSERVATION
1.	Manual Test Station a) Missing b) Damage c) Status of Painting	
2.	Boundary Maker a) Missing b) Damaged	
3.	Warning Boards a) Missing b) Damaged c) Status of Painting	
4.	Valve Chamber a) Damaged b) Status of Painting c) Visibility / Accessibility.	
5.	R. O. U. Washouts / Excavation	
6.	Distance of W/O from P/L	
7.	Pipeline Exposure	
8.	R.O.U. a) New b) Old c) Trees	
9.	Conditions of Crossing a) Railway Crossing b) Road Crossing c) Canal Crossing d) River Crossing	
10.	Any other observation	

Remark :

Review remarks :

Reviewed by

Inspected by

Name :

Name :

Designation :

Designation :

REGISTER

Start Time / Date	Total Time Duration	Activity Carried Out	Spare Consumed	Remarks/Signature

CENTRAL UP GAS LIMITED

DISPENSER MAINTENANCE

Sl. No.	Date	Site	Dispenser Type Dispenser Sr. No	Type of Maintenance	Stop Time / Date

SOR (SCHEDULE OF RATES)

SECTION-VII