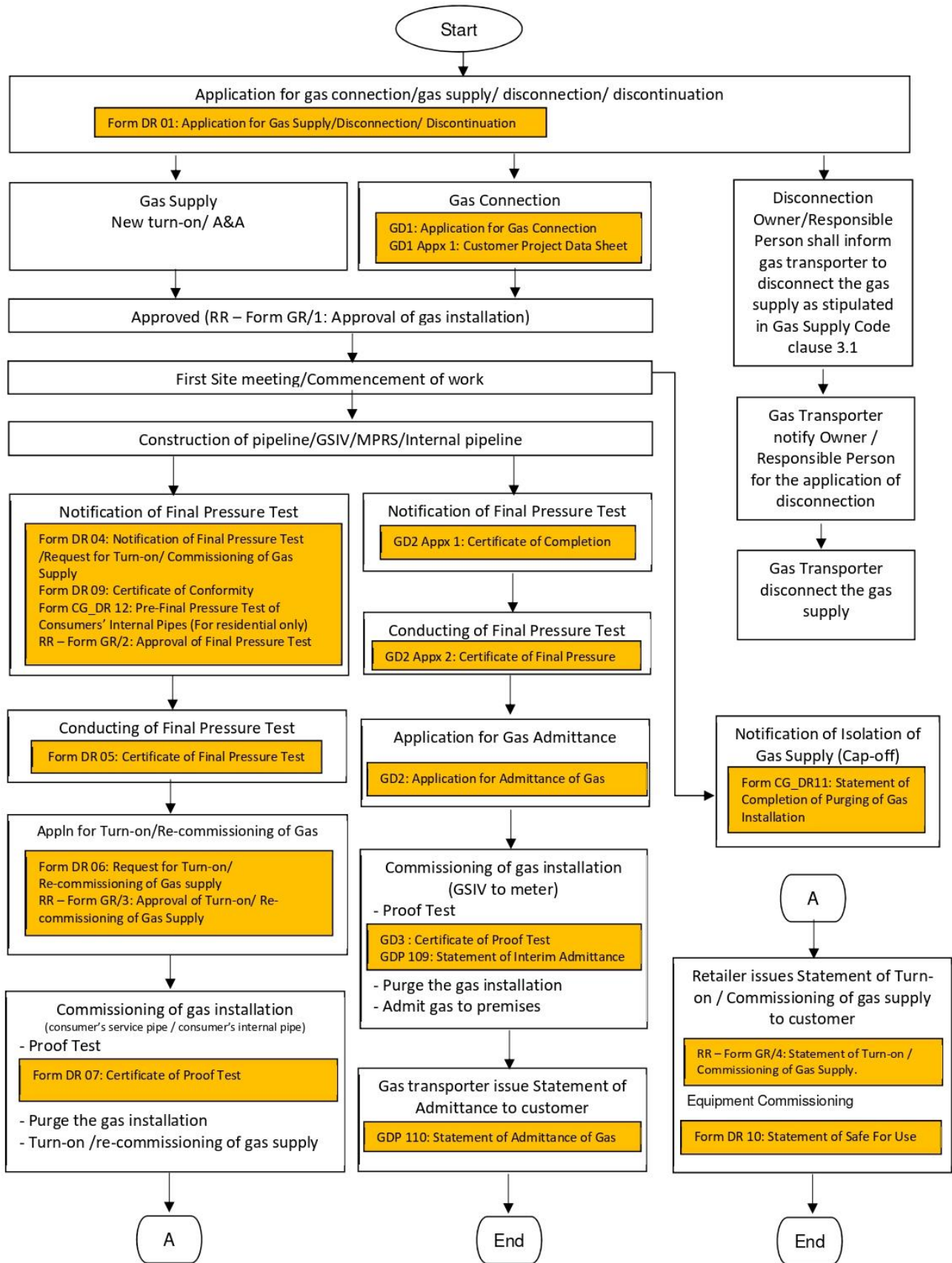


Distribution Connection Forms

Form No.	Description
DR01	Application For Gas Supply / Disconnection / Discontinuation
DR04	Notification of Final Pressure Test / Request of Turn-On / Commissioning of Gas Supply
DR05	Certificate of Final Pressure Test
DR06	Request for Turn-on of Gas Supply
DR07	Certificate of Proof Test
DR09	Certificate of Conformity for Gas Appliance
DR10	Statement of Safe for Use
GR04	Statement of Turn-On / Commissioning of Gas Supply
KG-D01	Approval for Gas Supply
KG-D02	Initial Turbine Meter Record
KG-D03	Statement of Turn on of Gas
KG-D04	Notification of Gas Supply Isolation / Termination
GD01	Application for Gas Distribution Connection
GD02	Application for Admittance of Gas
GD03	Certificate of Proof Test
GD04	Authorisation to Turn On Gas Meter Control Valve

Distribution Connection Flowchart



Legends
RR – Retailer reply to DR

Application for Gas Supply / Disconnection / Discontinuation

Date: _____

To: Keppel Gas Pte Ltd
1 Harbourfront Avenue, #05-05
Keppel Bay Tower
Singapore 098632

Gas supply to:

(Project Name)

(Address of Premises / Development)

*I / I, on behalf of the owner, wish to apply for the following:-

- New turn-on of gas supply; Premises *with/ without existing gas connection
- A&A to existing gas installation; Consumer's service pipe *and/or internal pipe
- gas supply disconnection/discontinuation

(Please tick the appropriate box)

I hereby submit the gas installation proposal with the following documents for approval:

- Owner written consent (if the applicant is not the owner of the gas installation)
- Gas installation plan and specification
- Other(s): _____

(Please tick the appropriate box)

Applicant Name: _____		Contact No.: _____
Address : _____		
Contact No: _____		
Designated Representative for the project		
Name: _____		Contact No.: _____
*PE / LGSW No. : _____		
c/o Address: _____		
*Owner / Developer of the project		
Name: _____		Contact No.: _____
Address : _____		
*Architect		
Name: _____		Contact No.: _____
Address : _____		

The expected date of gas *turn-on / disconnection / discontinuation: _____

Applicant's Signature and Date; DR Stamp Required *(when DR is applicant)*

*: *please delete accordingly*

**Notification of Final Pressure Test /
Request of Turn-On/ Commissioning of Gas Supply**

Date: _____ Retailer Reference Number: _____

To: Keppel Gas Pte Ltd
1 Harbourfront Avenue, #05-05
Keppel Bay Tower
Singapore 098632

Attn: Project Coordinator

Project:

(Project Name)

(Address of Premises / Development)

SECTION A – FINAL PRESSURE TEST

(Please tick the appropriate box)

I certify that the gas installation for the above project is completed and ready for final pressure test. The proposed date for the test is _____. The gas installation is from;

- consumer's service pipe and/or
- consumer's internal pipe.

The gas installation is constructed in compliance with;

- (a) Approved plan for construction;
- (b) All statutory and relevant codes which are applicable to the gas installation;
- (c) Singapore Standard, SS 608, Code of Practice for Gas Installation;
- (d) Others standards: _____ (please specify);
- (e) Retailer Handbook on Gas Supply; and
- (f) All statutory requirements in government laws and relevant regulations of Government departments.

I submit the following documents duly endorsed:

- As-built drawings (inclusive of line drawing indicating all the end points);
(As-built drawing no: (_____))
- Other relevant documents _____ (please specify).

The operating pressure of the Gas Installation is _____ kPa/Bar. The final pressure tests for the gas installation are:

First Test: _____ kPa/Bar Second Test: _____ kPa/Bar

I will attend the Final Pressure Test and will copy a set of the As-built drawings to the owner.

The expected date of gas turn-on: _____

Signature and Stamp of Designated Representative

Date

Name of *PE/ LGSW: _____

*PE / LGSW No: _____

*: delete where not applicable

FORM DR04
(01/2021)

SECTION B – REQUEST FOR TURN-ON /COMMISSIONING OF GAS SUPPLY ()**

IMPORTANT NOTES

This section is applicable **only** for turn-on to consumer’s internal pipes and minor addition or alteration works for the following gas service works;

- (i) addition or alteration of consumer’s internal pipes (including meter installation).
- (ii) tee-off, termination/cap-off of consumer’s service pipes.
- (iii) replacement of consumer’s service pipe (such as corroded / leaking gas pipe, faulty gas valves)

I hereby request that the turn-on / commissioning / re-commissioning of gas supply to above installation be carried out immediately upon successful completion of the final pressure test.

The proof test will be carried out during the turn-on / commissioning / re-commissioning process and the Certificate of Proof Test will be issued. The gas installation will be depressurized to atmospheric pressure before I proceed with the turn-on / commissioning / re-commissioning request.

After the turn-on / commissioning / re-commissioning of the gas supply to the premises, I will inform all relevant parties accordingly not to tamper with the gas installation. In addition, I will undertake to affix warning labels at all end-points of the gas pipe installation.

Signature and Stamp of Designated Representative

Date

Name of *PE/ LGSW: _____

*PE / LGSW No: _____

CONSENT BY MAIN CONTRACTOR / OWNER (where applicable)

We consent to the above application for the turn-on / re-commissioning of gas supply.

Name of Main Contractor : _____ Signature : _____
(authorized main contractor’s representative) (company stamp)

Date : _____

Name of Owner / Developer : _____ Signature :

Date : _____

*: delete where not applicable

Certificate of Final Pressure Test

Date: _____

Retailer Reference Number: _____

To: Keppel Gas Pte Ltd
1 Harbourfront Avenue, #05-05
Keppel Bay Tower
Singapore 098632

Gas supply to:

(Project Name)

(Address of Premises / Development)

(As-Built Drawing Nos)

I certify that the gas installation has passed the final pressure test on _____ conducted in accordance with the *Singapore Standard, SS608, CP51, Code of Practice or _____.
(Please specify other relevant code / standard, if applicable)

<u>Test Pressure</u>	Maximum Allowable Operating Pressure
First Test: _____ Duration: _____	MAOP: _____ bar
Second Test: _____ Duration: _____:	
Other additional test (please specify):	

No person shall be allowed to carry out any further work on this installation without prior written consent from the respective gas retailer.

Certified by: _____ Date: _____
(Signature & Stamp of Designated Representative)

Name: _____ *PE / LGSW No: _____

Witnessed by: _____ Date: _____
(Signature of Retailer's Project Coordinator)

Name: _____

Copy given to: Name / Company / Signature

(Please tick appropriate box)

Owner

MCST

Main Contractor

Consultant

Others

*: delete where not applicable

Request for Turn-on of gas supply

Date: _____

Retailer Reference Number: _____

To: Keppel Gas Pte Ltd
1 Harbourfront Avenue, #05-05
Keppel Bay Tower
Singapore 098632

Gas supply to:

(Project Name)

(Address of Premises / Development)

(As-Built Drawing Nos)

(As-Built Drawing Nos)

I certify that the gas installation is safe and ready to receive gas. I request that gas be Turned-on to the gas installation on _____.

The gas installation has passed the final pressure test and that no further work has been carried out on the gas installation after the final pressure test and that the gas installation is safe for the Turn-On of gas.

I confirmed that all end points have been properly capped/plugged. The number of end-points in the gas pipe installation is _____.

The proof test will be carried out during the turn-on process and the Certificate of Proof Test will be issued. The gas installation will be depressurized to atmospheric pressure before I proceed with the Turn-On request.

After the Turn-On of the gas supply to the premises, I will inform all relevant parties accordingly not to tamper with the gas installation. In addition, I will undertake to affix warning labels at all end-points of the gas pipe installation.

A copy of the line/isometric drawing has been given to the owner for reference and safe keep.

Designated Representative's Signature/ Date

*PE/ LGSW No:

Name: _____

Tel No: _____

Address: _____

*: delete where not applicable

**CONSENT BY PROFESSIONAL ENGINEER / MAIN CONTRACTOR / OWNER
(where applicable)**

We consent to the above application for the turn-on of gas supply.

Name of Professional Engineer: _____ Date: _____

Signature: _____ PE No.: _____

Name of Main Contractor: _____

Signature: _____
(authorized main contractor's representative) (company stamp)

Date: _____

Name of Owner / Developer : _____

Signature : _____

Date : _____

*Note: *delete where not applicable*

Certificate of Proof Test

Date: _____

Retailer Reference Number: _____

To: Keppel Gas Pte Ltd
1 Harbourfront Avenue, #05-05
Keppel Bay Tower
Singapore 098632

Gas supply to:

(Project Name)

(Address of Premises/Development)

(As-Built Drawing Nos)

(As Built Drawing Nos)

I certify that the gas installation from gas meter to gas appliances has passed the proof test on _____
_____ (Date) conducted in accordance with the Singapore Standard SS 608, Code of Practice
for Gas Installation, CP51 or _____.
(Please specify other relevant code / standard, if applicable)

Test Pressure

Proof Test: _____ Duration: _____

Other additional test (please specify): _____

I request that gas be turned-on to the gas installation.

Certified by: _____ Date: _____
(Signature & Stamp of Designated Representative)

Name: _____ *PE/LGSW No.: _____

Witnessed by: _____ Date: _____
(Signature of Retailer's Project Coordinator)

Name: _____

Copy given to: Name / Company / Signature
(Please tick appropriate box)

Owner

MCST

Main Contractor

Consultant

Others

*: delete where not applicable

Certificate of Conformity for Gas Appliance

Date: _____

Our Ref: _____

Retailer Reference Number: _____

To: Keppel Gas Pte Ltd
1 Harbourfront Avenue, #05-05
Keppel Bay Tower
Singapore 098632

Dear Sir

Gas appliance used for

(Project Name)

(Address of Premises/Development)

I would like to inform you that the gas appliance for the project is suitable to be used for ~~*town gas / natural gas~~ as per the gas specification stated in the Gas Supply Code.

Gas appliance supplier: _____

Number of appliance supplied: _____

Name of appliance: _____

Model No. of appliance: _____

- The gas appliance has obtained a Safety Mark from SPRING Singapore
- The gas appliance is certified locally by _____ (certifying body)
- The gas appliance is not certified locally and I attached the relevant documents for your information;
 - Overseas Certificate on conformity to an international standard
 - Supplier's letter to confirm that the appliance is suitable for ~~*town gas / natural gas~~ usage
 - Other relevant document: _____

Yours faithfully

Signature and Stamp of *PE / LGSW

Date

cc : 1) Owner
 2) PE/ LGSW
 3) Consultant (if any)

**: delete where not applicable*

FORM DR09
(05/2015)

Statement of Safe for Use

Date: .

Our Ref: _____

Retailer Reference Number: _____

To: Keppel Gas Pte Ltd
1 Harbourfront Avenue, #05-05
Keppel Bay Tower
Singapore 098632

Dear Sir

Commissioning of Gas Appliance

(Project Name)

(Address of Premises / Development)

We have tested the gas appliances (as attached or listed) to be gas tight and safe to use with *town gas / natural gas in accordance to Regulation 21 of Gas (Supply) Regulations.

Commission date: _____

Attachment: _____
(Commissioning report, list of gas appliances, etc, where applicable)

We have also demonstrated and advised the *client / users on the operation and maintenance of the listed gas appliances.

This is for your information and record.

Yours faithfully

Acknowledged by,

Signature and Stamp of *PE / LGSW / Date

Signature of Owner Representative

cc : 1) Gas Retailer
2) PE/ LGSW
3) Consultant (if any)

**: delete where not applicable*

Statement of Turn-on Gas/Commissioning of Gas Supply

Date: _____
Our Ref: _____
Your Ref: _____

To: Keppel Gas Pte Ltd
1 Harbourfront Avenue, #05-05
Keppel Bay Tower
Singapore 098632

Company: _____
Project Coordinator
Name: _____
Tel: (O) _____
Mobile: _____
Email: _____

Gas supply to:

(Project Name)

(Address of Premises/Development)

Dear Sir

We refer to your request below for gas supply to the abovementioned gas installation and the declaration of your Designated Representative that the gas installation is safe and ready to receive gas. We have introduced gas into the gas installation at your premises;

- Turn-on consumer's gas meter to the point of connection of the gas appliance(s)
- Commissioning / Recommissioning* consumer's service pipe (gas installation after GSIV and before MPRS/ gas meter)
- Recommissioning consumer's internal pipe
(Please tick the appropriate box)

Details of Turn-On / Commissioning / Recommissioning*

Date: _____ Time: _____ am / pm

Type of gas: _____ *Natural Gas / Town Gas Nominal pressure: _____ kPa /Bar* gauge

We would remind you that the gas installation is now pressurized with gas. You shall ensure that the gas installation is not tampered with and all relevant parties are notified that gas has been turned on. Please note that no further addition or alteration work on the gas installation can be undertaken without our prior written approval.

Yours faithfully

Acknowledged & informed all relevant parties

(Name & signature of Project Coordinator/ Date)

(Name & signature of Applicant / Date)

Copy given to: Name/Company/Signature
(Please tick appropriate box)

- Owner /MCST _____
- Main Contractor _____
- Consultant /LGSW _____
- Others _____

IMPORTANT NOTE FOR OWNER / MCST

Under clause 9 of the Gas Supply Code, you are required to engage a Licensed Gas Service Worker (LGSW) or Professional Engineer (PE) whichever is applicable, to carry out a regular inspection and to certify that the gas installation in the premise is safe for use. A Certificate of Fitness must also be submitted to SP PowerGrid Ltd. SP PowerGrid Ltd will remind all relevant parties on the inspection and certification as the due date approaches.

*: delete where not applicable

APPROVAL FOR GAS SUPPLY

Date: _____

To: _____

Ref No.: _____

Dear Sir

Approval for Proposed Gas Supply to:

(Name of Project)

(Address of Premises / Development)

- 1) We refer to your application dated _____, with regards to the above premise / development.

- 2) In view of your written declaration that the design of gas pipe installation and the work to be carried out for above mentioned project is in compliance with the following
 - Gas Act (Cap 116A),
 - Gas (Supply) Regulations 2008,
 - Gas Supply Code,
 - Singapore Standard, SS 608, Code of Practice for Gas Installation,
 - Keppel Gas Pte Ltd Gas Retailer Handbook
 - all others relevant acts, regulations, rules, codes of practice and design guidelines.

we wish to inform you that we have no objection to the proposal.

- 3) Your PE is fully responsible for the gas installation design and compliance with the acts, regulations and codes. The approval is given without checking on the compliances and engineering design.

- 4) Please be informed that you and your Designated Representative are fully responsible for the compliance of all Legislations, Regulations, Codes and Practices applicable to the gas installation.

- 5) If you require further information or clarification, please contact our Project Coordinator.

Yours Sincerely

Name: _____

Designation: _____

For and On behalf of
Keppel Gas Pte Ltd

Our Project Coordinator is:

Name: _____

Tel (O): _____

Mobile: _____

INITIAL TURBINE METER RECORD

Date: _____

To: _____

Reference: _____

RE: Verification of Meter Reading

We confirm that the Turbine Meter readings at the commencement of the operation are as follow:

Date taken: _____ Time: _____

Meter Serial No.: _____

Tag No.: FT -

	Readings
Mechanical Counter	
Uncorrected Volume	
Corrected Volume	
Remarks:	

Company Name: _____

Facilities Location: _____

24 hr Contact No. for Emergency: _____

Contact Person: _____

Witnessed By:

Gas Customer Rep Name / Signature: _____

Designation: _____

Date: _____

Keppel Gas Rep Name / Signature: _____

Designation: _____

Date: _____

STATEMENT OF TURN-ON OF GAS

Date: _____

To: _____

Reference: _____

Dear Sir

STATEMENT OF TURN-ON OF GAS

This is to inform you that in response to your application for turn-on of gas to your premises at _____.

Hence we agree to turn on the natural gas supply on _____ (date) at _____ (time) at the nominal pressure of _____ Bar/Psi* gauge into the gas installation of the above mentioned premises.

(Note: All the gas installation, inclusive of all pipeworks will need to be hydro/pressure tested successfully and signed out by PE prior to gas turn -on)

Kindly notify all relevant parties that gas has been turned on to the above premises and not to tamper with the gas installation. No further work on the above mentioned premises should be undertaken without our prior written consent.

Signature of Keppel Gas Project Coordinator In Charge.

Name:

*Note: * Delete where applicable*

Dear Keppel Gas,

I acknowledge that gas had been turned on to the gas installation of the above mentioned premises on _____ (date) at _____ (time).

I will inform all relevant parties that gas has been turned on to the above premises and not to tamper with the gas installation. We will notify Keppel Gas if there is a need to carry out any modification to the gas installation thereafter

Signature of Applicant or his Designated Representative

Name: _____

NRIC No. / Passport No.: _____

Designation: _____

Contact No.: _____

Date: _____

Copy given to:
(Please tick appropriate box)

Name / Company / Signature

- Owner
- MCST
- Main Contractor
- Consultant
- Others

NOTIFICATION OF GAS SUPPLY ISOLATION / TERMINATION

Date: _____

To: _____

Reference: _____

Dear Sir

NOTIFICATION OF GAS SUPPLY ISOLATION / TERMINATION *

This is to inform you that in response to your application for the isolation / termination *of gas supply to your premises at

_____.

We have successfully isolated / terminate * the natural gas supply on _____ (date) at _____ (time). Kindly notify all relevant parties that gas supply to the above premises have been isolated / terminated *.

Name / Signature of Keppel Gas Project Coordinator In Charge.
Phone No.:

Dear Sir,

I acknowledge that gas supply to the above mentioned premises have been isolated / terminated * on _____ (date) at _____ (time).

I will inform all relevant parties that gas supply has been isolated / terminated * to the above premises.

Signature of Applicant or his Designated Representative

Name / Designation: _____

NRIC No. / Passport No.: _____

Contact No.: _____

Date: _____

Copy given to: _____ Name / Company / Signature
(Please tick appropriate box)

- Owner
- Transporter
- Main Contractor
- Consultant
- Others