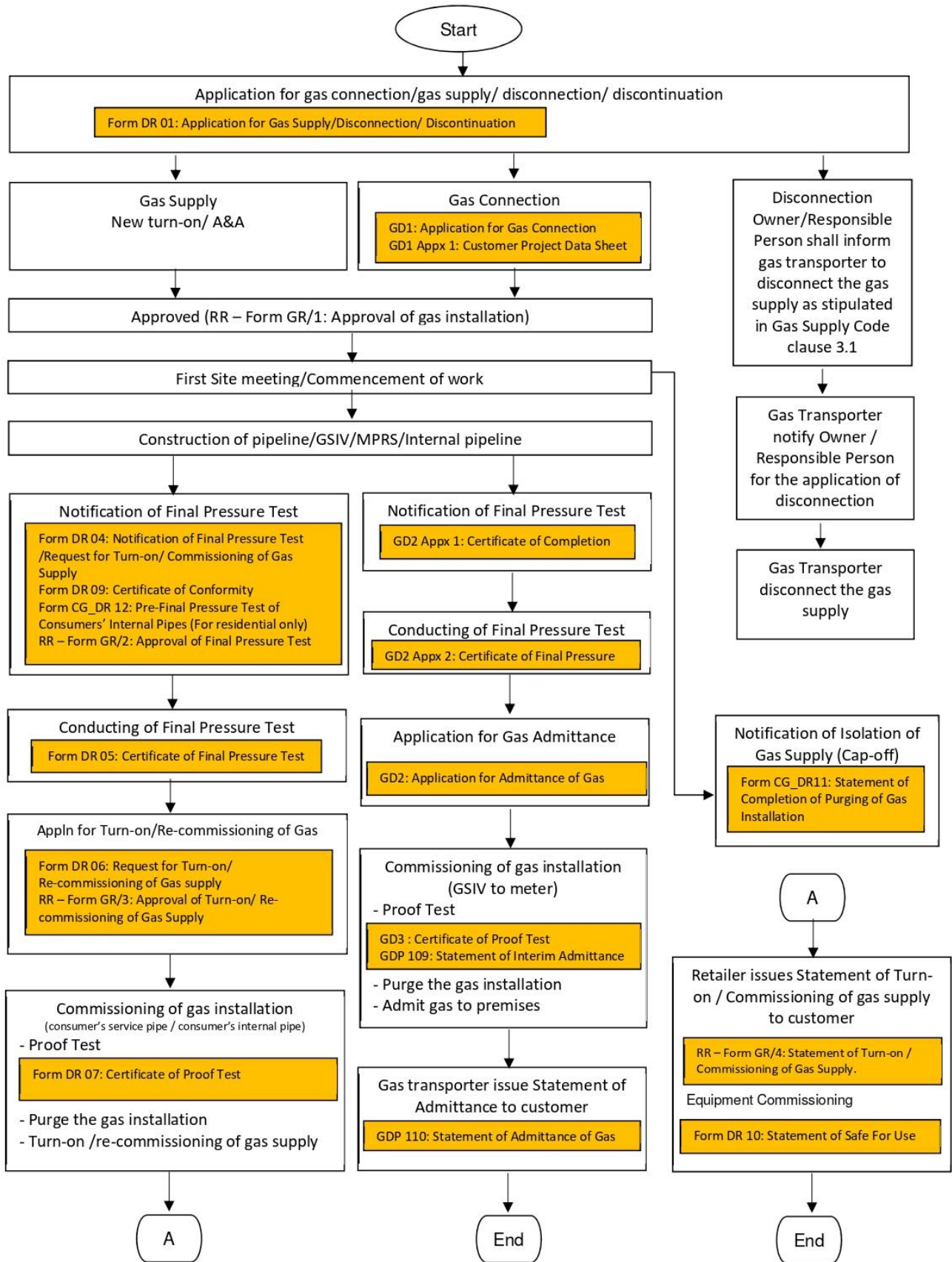


## Distribution Connection Forms

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)



### 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)

<b>Copy given to:</b> <u>Name/Company/Signature</u> <i>(Please tick appropriate box)</i>
<input type="checkbox"/> Owner /MCST _____
<input type="checkbox"/> Main Contractor _____
<input type="checkbox"/> Consultant /LGSW _____
<input type="checkbox"/> 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