



Kementerian Utiliti
dan Telekomunikasi
SARAWAK

KEMENTERIAN UTILITI DAN TELEKOMUNIKASI SARAWAK
(MINISTRY OF UTILITY AND TELECOMMUNICATION SARAWAK)
TINGKAT 7,8,9 & 10, LCDA TOWER
LOT 2879 THE ISTHMUS OFF JALAN BAKO
93050 KUCHING
SARAWAK, MALAYSIA
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GD 4(b)

APPLICATION FOR APPROVAL TO OPERATE (ATO) GAS PIPELINE / GAS INSTALLATION

- 1) Please duly complete Form Gas/ATI/01 (GD 4(b)), supplying all necessary information and documentation to support your application and send to **Director of Gas Distribution, Ministry of Utility and Telecommunication Sarawak**. Your application will not be processed unless it is complete and all required documentation is provided.
- 2) All drawings and calculations attached/submitted as in Part G must be signed and stamp by Gas Competent Persons appointed by the owner base on the class of installation.
- 3) This application form must be signed by the representative appointed/authorized by the owner of gas installation and affixed with company stamp.
- 4) The Gas Contractor appointed by the owner to install the gas piping system must hold a valid certificate of registration registered with Ministry of Utility and Telecommunication Sarawak.

File No.:

ATI Approval No.:

PART A: INFORMATION OF GAS INSTALLATION

Type of Gas Installation:

- | | |
|---|--|
| <input type="checkbox"/> Existing installation <i>(already install & operate before enforcement of Distribution of Gas Ordinance, 2016)</i> | |
| <input type="checkbox"/> New piping installation | <input type="checkbox"/> Piping routing modifications in existing pipeline |
| <input type="checkbox"/> Additional piping installation | <input type="checkbox"/> After existing piping dropper |
| <input type="checkbox"/> After gas meter to gas appliances | <input type="checkbox"/> Others: _____ |

Category of Gas Installation:

- | | |
|---|---|
| <input type="checkbox"/> Laundry | <input type="checkbox"/> Shopping Mall |
| <input type="checkbox"/> Kitchen/Restaurant | <input type="checkbox"/> Gas Main Reticulation System |
| <input type="checkbox"/> Hotel/Condominium | <input type="checkbox"/> Air Conditioning/HVAC |
| <input type="checkbox"/> Others: _____ | |

Classification of Gas Installation: *(refer APPENDIX A for Class I, Class II & Class III)*

- | | |
|-----------------------------------|--|
| <input type="checkbox"/> Class I | <input type="checkbox"/> Class III |
| <input type="checkbox"/> Class II | <input type="checkbox"/> Flexible Connection |

Premise Name/Trade Name <i>(for Commercial Gas Installation)</i>	
Address of Gas Installation	
Local Authorities	

PART B: INFORMATION OF APPLICANT *(Registered Gas Contractor)*

Name of Gas Contractor			
Registration No.		Validity	
Company Address			
Name of Applicant			
Phone No.			
Fax No.			
Email			

PART C: INFORMATION OF RESPONSIBLE PERSON *(for Gas Pipeline / Gas Installation)*

Name of Responsible Person			
NRIC No.			
Position			
Phone No.			
Email			

PART D: INFORMATION OF COMPETENT PERSON & WELDER**1. Information of Competent Person**

Name of Competent Person			
Phone No.			
Category of Competency			
Registration No.		Validity	

2. Information of Welder

Name of Welder			
WPS No.			
Last Date of Welding Works			
Type Of Welding	SMAW / GTAW / GMAW / FCAW *		

**Delete whichever Not Applicable*

PART E: SUPPORTING DOCUMENT

- Copy of letter for Approval to Install (ATI)**
- As Built Layout & Schematic Drawings**
- Form A** *(refer APPENDIX A)*
- Form B** *(refer APPENDIX B)*
- Certificate of Sealed-Off** *(refer APPENDIX C)*
- Information of Responsible Person** *(refer APPENDIX D)*
- Welding Records** *(refer APPENDIX E)*
- Inspection and Leakage Testing of Gas Pipeline System** *(refer APPENDIX F)*
- Pressure Test Records and Photos**
- Non-Destructive Testing (NDT)** *(if Applicable)*
- Photos in front of the Premise**
- Photos of the Gas Piping Installation**
(Including the gas fittings, gas appliances and gas equipment)
- Photos of the LPG Storage** – Inside and Outside of LPG Storage area
(Including LPG storage door, ESV equipped with pullout cables, Safety Signage, etc)

**Please compile all photos in proper report*

PART F: DECLARATION

I hereby declare that all the above information is true. The Director of Gas Distribution may reject this application if any particulars are found to be false, incomplete, or appropriate copies of information are not attached. All provisions of laws and ordinances governing this type of work will be complied with whether specified herein or not.

<p>Signature of Applicant : _____</p> <p>Name : _____</p> <p>Date : _____</p>	<p>Company Chop:</p>
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FORM A

CERTIFICATE OF COMPLETION

(Regulation 8)

1. Name of owner :

2. Address of owner :

.....

.....

3. Location of installation :

.....

.....

4. Issuance of ATI reference No.:

5. Date of ATI issuance :

6. Contractor:

7. Competent Person:

(i) Name :

(i) Name :

(ii) Address :

(ii) NRIC No. :

.....

(iii)Registration No.:

.....

.....

(iii)Registration No.:

I hereby certify that the above installation has been installed and completed on 20..... in accordance with the provision of the Distribution of Gas Ordinance, 2016 [Cap. 72] and the Distribution of Gas (Installation & Competency) Regulations, 2021 [Swk. L.N. 273/2021].

Signed by;

Witnessed by;

.....

.....

(Name:)

(Name:)

Stamp and Signature of Competent Person

Stamp and Signature of Owner/Representative

Date:

Date:

FORM B

TEST CERTIFICATE

(Regulation 9(2))

1. Name of owner :

2. Address of owner :

3. Location of installation :

:

4. Issuance of ATI reference No.:

5. Date of ATI issuance :

6. Contractor:

(i) Name :

(ii) Address :

.....

.....

.....

(iii)Registration No.:

8. Holiday Test:

(i) Date :

(ii) Test equipment:

(iii)Please attach detail and results of test

Remarks:

7. Competent Person:

(i) Name :

(ii) NRIC No. :

(iii)Registration No.:

9. Leak Test:

(i) Date :

(ii) Medium :

(iii)Please attach detail and results of test

Remarks:

I hereby certify that the above installation has been tested on 20.....

in accordance with the provision of Distribution of Gas Ordinance, 2016 **[Cap. 72]** and the Distribution of Gas (Installation & Competency) Regulations, 2021 **[Swk. L.N. 273/2021]**.

Signed by;

.....

(Name:)

Stamp and Signature of Competent Person

Date:

Witnessed by;

.....

(Name:)

Stamp and Signature of Owner/Representative

Date:

SEALED-OFF CERTIFICATE

(Regulation 49(3))

1. Information of Gas Installation

Premise Name/Trade Name :
 Location of Installation :

2. Information of Owner of Gas Installation

Owner Name :
 Name of Project Coordinator :

Pursuant to Regulation 49(3) of the Distribution of Gas (Installation & Competency) Regulations, 2021 [Swk. L.N. 273/2021], which states that:

“All gas pipe outlet shall be sealed off with appropriate fitting once it is not used”

I hereby certify that any part or any end of the pipe which is not connected to the appliance has been properly sealed for the installation of the gas pipeline system at the above premises in accordance with the Distribution of Gas Ordinance, 2016 [Cap. 72] and the Distribution of Gas (Installation & Competency) Regulations, 2021 [Swk. L.N. 273/2021].

I also certify that a total of parts / ends of pipe that are not connected to the appliance has been properly sealed.

Certified by;

 (Name:)
 NRIC No.:
 Stamp and Signature of Competent Person
 Date:

Certified by;

 (Name:)
 NRIC No.:
 Stamp and Signature of Owner/Representative
 Date:

INFORMATION OF RESPONSIBLE PERSON

Name :
(Attach photocopy of I.C. and/or passport. If work permit is required, please attach)

NRIC No. :

Phone No. : (Mobile)
: (Office)

Address :
:

Academic Qualification :
:

Working Experience :
:
:

Certificate of Competency :
(If any)

I hereby declare to operate / maintain the gas pipeline system on the premise
.....
.....
(Location of gas installation)

in accordance with the Distribution of Gas Ordinance, 2016 [**Cap. 72**] and the Distribution of Gas (Installation & Competency) Regulations, 2021 [**Swk. L.N. 273/2021**].

Signed by;	Verified by;
.....
(Name:)	(Name:)
Signature of Responsible Person	
Date:	Date:

NOTES:
Please notify the Director of Gas Distribution of any changes to the Responsible Person appointed.

**INFROMATION OF WELDING FOR GAS PIPELINE SYSTEM:
NATURAL GAS PIPELINE (NG) / LIQUEFIED PETROLEUM GAS (LPG) / METERING STATION**

1.	<p>Declaration by Welder</p> <p>I (full name) NRIC No. acknowledged that all welding works as stated below have been completed on by me according to the Welding Procedure Specification (WPS) which have passed the test as per reference no.</p> <p>Signature of Welder: Date:</p>
	<p>Information of Welding Works</p> <p>Name of Gas Installation :</p> <p>Location of Installation :</p> <p>Type of Welding* : SMAW / GTAW / GMAW / FCAW</p> <p>Welding Materials* : Steel / Stainless steel</p>
	<p>Information of Approval to Install (ATI)</p> <p>ATI Approval No. :</p> <p>Date of Approval to Install :</p>
	<p>Information of Company</p> <p>Company Name :</p> <p>Company Registration No. :</p> <p>Company Stamp :</p>
2.	<p>Certified by Competent Person</p> <p>I hereby certify that I have performed a visual inspection of the welding work on the pipeline as mentioned above and satisfy with the work done.</p> <p>Stamp and Signature :</p> <p>Name :</p> <p>Date :</p>

*Delete whichever Not Applicable

INSPECTION AND LEAKAGE TESTING OF GAS PIPELINE SYSTEM

Name of Gas Installation :

Location of Installation :

Purpose:

This test and inspection were carried out in accordance with the requirements of the Regulation 19(2) of the Distribution of Gas (Operation and Maintenance) Regulations, 2021 [Swk. L.N. 273/2021] which stated that:

"A domestic gas installation shall be checked, tested and certified by the competent person every three years but other gas installations shall be similarly inspected, tested and certified every two years."

Domestic Gas Installation	Every THREE (3) years
Commercial Gas Installation	Every TWO (2) years

Scope of Works:

The appropriate competent person should conduct inspection and observation thoroughly on the gas pipe installation system and to conduct a leakage test accordingly to the condition of gas pipe installation and then certify the inspection and testing carried out.

Inspection and leakage tests performed shall include the gas storage, gas piping system, gas fittings and equipment used to measure it safe to use or operate in accordance with appropriate standards.

Inspection and Test Report:

Inspections and testing carried out shall be witnessed by the owner of the installation or it representative and any defects found from this inspection must be notified to the owner so an immediate action shall be taken.

The owner of installation shall provide a full report of maintenance and repair work done (*endorse by competent person*) to the Gas Distribution Division for issuance of renewal gas installation license (*for category (e)*) and issuance of renewal period of Approval to Operate (ATO).

No.	Perkara	*Adakah memuaskan?		
		Ya	Tidak	Ulasan
1.	PENSTORAN GAS			
a.	Stor / Tempat simpanan gas.			
-	Adakah stor gas berada dalam keadaan yang kemas dan memuaskan? Kapasiti stor:			
# -	Adakah persekitaran kawasan stor bebas daripada sebarang bau dan kebocoran ** gas?			
-	Adakah pintu berkunci & kunci disimpan oleh orang yang bertanggungjawab (OB)? Nama OB:			
-	Adakah sistem pengudaraan baik? (terdapat bukaan pengudaraan di dinding stor gas yang menghadap ke arah luar bangunan).			
-	Adakah kawasan stor bebas daripada sebarang ruang tertutup yang boleh memerangkap gas jika berlaku kebocoran?			
-	Adakah Kawasan stor bebas daripada sebarang halangan di laluan keluar / masuk?			
-	Adakah pemadam api disediakan?			
-	Adakah terdapat papan tanda amaran? (larangan merokok, punca nyalaan, bahan mudah terbakar & telefon bimbit).			
# -	Adakah kawasan stor terhindar daripada sebarang punca nyalaan (<i>seperti lampu</i>)? (jika ada, jarak hendaklah melebihi 4.5m)			
# -	Adakah kawasan stor terhindar daripada sebarang bahan mudah terbakar seperti minyak dan kertas? (jika ada, jarak hendaklah melebihi 5m).			
b.	Peralatan gas			
# -	Adakah alat pengatur & tolok tekanan berfungsi seperti yang dibenarkan? Tekanan: psi			
# -	Adakah injap-injap berfungsi dengan baik & mempunyai label kedudukan buka / tutup?			
c.	Hos gas (jika berkenaan)			
# -	Adakah hos gas bebas daripada sebarang keretakan, pintalan atau benjolan?			
# -	Adakah sambungan hos ke paip & injap silinder kukuh & bebas daripada sebarang kebocoran **?			
2.	PERPAIPAN GAS			
a.	Paip			
- #	Adakah talian paip gas bebas daripada sebarang bau dan kebocoran** gas?			
- #	Adakah sambungan paip gas kukuh dan bebas daripada sebarang keretakan, kekaratan atau hakisan?			
-	Adakah cat pada paip gas berwarna kuning dan terdapat penanda arah aliran gas?			

No.	Perkara	*Adakah memuaskan?		
		Ya	Tidak	Ulasan
-	Adakah penyokong paip masih kukuh & bebas daripada sebarang karatan?			
-	Adakah terdapat penanda lokasi paip gas bagi paip yang ditanam?			
-	Adakah sistem pengudaraan baik & tiada ruang tertutup yang boleh memerangkap gas jika berlaku kebocoran di laluan sistem perpaipan gas?			
-	Adakah setiap laluan keluar yang tidak digunakan pada pemasangan paip gas telah dikedapkan (sealed-off) dengan gegasan yang bersesuaian?			
b.	Peralatan			
- #	Adakah injap-injap berfungsi dengan baik & mempunyai label kedudukan buka / tutup?			
- #	Adakah alat pengatur & tolok tekanan berfungsi seperti yang dibenarkan? Tekanan: psi			
3.	PERKAKASAN			
- #	Adakah perkakasan gas berfungsi dengan baik dan dalam keadaan bersih?			
- #	Adakah sambungan hos ke injap & perkakas kukuh & bebas daripada sebarang kebocoran **?			
- #	Adakah sambungan pada klip penyambung masih kedap & bebas daripada sebarang karatan?			
- #	Adakah perkakas gas selamat dan bebas daripada sebarang pelepasan gas?			
- #	Adakah sistem pengudaraan baik & bebas daripada sebarang bau gas berterusan di sekeliling perkakas gas?			
- #	Adakah perkakas gas terhindar daripada bahan mudah terbakar?			
- #	Adakah injap-injap berfungsi dengan baik & mempunyai label kedudukan buka / tutup?			

Petunjuk:

*	Tandakan (✓) pada ruangan (Ya / Tidak) yang disediakan.
**	Gunakan alat pengesan gas (<i>gas detector</i>) atau air sabun.
#	Perkara yang dinyatakan menunjukkan keadaan yang memerlukan pembaikan segera jika ia didapati tidak memuaskan.

Nota: Lampiran laporan tambahan dibenarkan dan ianya hendaklah disertakan bersama laporan di atas.

Ulasan Keseluruhan oleh Orang Kompeten:

Sistem pemasangan paip gas ini mematuhi kehendak MS 830 dan MS 930 serta berada dalam keadaan yang selamat untuk digunakan.

YA, mematuhi kehendak di atas

TIDAK

Ulasan Tambahan:

.....
.....
.....
.....

Nama dan Cop Orang Kompeten :

Kategori Kekompetenan :

Tandatangan :

Tarikh Pemeriksaan :

Tandatangan Pemunya / Wakil Pemunya :

Cop Pemunya / Syarikat / Nama Pemunya :

Tarikh :