

KOGI STATE ELECTRICITY REGULATORY COMMISSION

REGULATIONS ON REPORTING
COMPLIANCE 2025

REGULATION NO: KERC-R-05-025 KOGI STATE ELECTRICITY REGULATORY COMMISSION

In the exercise of the Powers to make Regulations conferred by Section 12(3)(b) and (h) of the Kogi State Electricity Law 2024, the KOGI STATE ELECTRICITY REGULATORY COMMISSION makes the following Regulations for REGULATION ON REPORTING COMPLIANCE.

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KOGI STATE ELECTRICITY REGULATORY COMMISSION

Regulations on Reporting Compliance 2025

CHAPTER I

GENERAL

1. Short Title And Commencement

- (1) These Regulations may be cited as the KOGI STATE ELECTRICITY REGULATORY COMMISSION Regulations on Compliance 2025.
- (2) These Regulations shall come into force on the date on which it is approved by a resolution of the Commission.
- (3) These Regulations shall be signed by the Chief Executive Officer who shall also cause the seal of the Commission to be affixed thereon.

2. Interpretation

- (1) In these Regulations, unless the context otherwise requires:
 - "Law" means the Kogi State Electricity Law, 2024.
 - "Accounts" means to form a particular amount of investment or money.
 - "Chairman" means the Chairman and Chief Executive Officer, or any person appointed to act in that behalf.
 - "Commission" means the KOGI STATE ELECTRICITY REGULATORY COMMISSION.
 - "**Codes**" means collection of rules, regulations that are consolidated and classified according to subject matter, like Grid Code, Metering Code, etc.
 - "Distribution Licence" means a licence granted under Section 28 (1) of the Law.
 - "Generation Licence" means a licence granted under Section 28 (1) of the Law.
 - "**Licence**" shall include all licenses which the Commission is empowered to issue under the Law.

- "Licensee" means any person who holds a licence issued by the Commission.
- "Market Rules" means rules approved under section 50 (1) of the Law.
- "Market Operator" means the Licenced Institution (usually, but not always under the Transmission Licence holder) that is responsible for the administration of the market by ensuring effective trading arrangement and settlements of market participants invoices.
- "Month" means a calendar month.
- "Officer" means a staff or authorized representative of the Commission.
- **"Person**" includes an individual, a company, partnership or any association of individuals, whether incorporated or not.
- "Regulation" means body of rules made and meant pursuant to Section 122 of the Law.
- "Schedule" means the Schedule appended to this Regulation.
- "System Operation Licence" means a licence granted under Section 28 (1) of the Law.
- "Trading Licence" means a licence granted under Section 28 (1) of the Law.
- "Transmission Licence" means a licence granted under Section 28 (1) of the Law.
- "Wheeling Charge" means a charge for transportation of electricity generated from a Power Station to different Transmission/Distribution stations.
- (2) Words importing any one gender includes the other gender and the singular includes the plural and vice versa.
- (3) Words or expressions used in these Regulations but not defined, unless the context otherwise requires, shall have the same meanings respectively assigned to them in the Law.

CHAPTER II

REPORTING COMPLIANCE AND FORMAT

3. Legal Reporting Requirements

Licensees shall provide report to the Commission on changes (if any) as required in Schedule 1.

4. Engineering Standards and Safety Reporting Requirements/Formats

- (a) Each licensee shall submit monthly, full significant incident and accident report in accordance with Schedule 2A.
- (b) Generation Licensee shall submit the required data for computation of Key Performance Indicators in accordance with Schedule 2B.
- (c) Transmission Licensee shall submit the required data for computation of Key Performance Indicators in accordance with Schedule 2C.
- (d) Transmission Licensee shall submit the required data for Reporting on Conditions of Transformers in accordance with Schedule 2D.
- (e) Transmission Licensee shall submit the required data for Reporting on Conditions of Circuit Breakers in accordance with Schedule 2E.
- (f) Transmission Licensee shall submit the required data for Reporting on Conditions of Reactors in accordance with Schedule 2F.
- (g) Transmission Licensee shall submit the required data for Reporting on Conditions of Ground Switch in accordance with Schedule 2G.
- (h) Transmission Licensee shall submit the required data for Reporting on Conditions of 132kV Transmission Lines in accordance with Schedule 2H.
- (i) Transmission Licensee shall submit the required data for Reporting on Conditions of 330kV Transmission Lines in accordance with Schedule 2I.
- (j) Transmission Licensee shall submit the required data for Reporting on Conditions of Isolators in accordance with Schedule 2J.

- (k) Transmission Licensee shall submit the required data for Reporting on Conditions of Communication/SCADA in accordance with Schedule 2K.
- (I) Distribution Licensee shall submit the required data for computation of Key Performance Indicators in accordance with Schedule 2L.
- (m) Distribution Licensee shall submit a six-monthly report on Derogation Requests and Approved Derogations in accordance with Schedule 2M and Schedule 2N.
- (n) Distribution licensee shall submit the required information on approved Distribution Code Derogations in accordance with Schedule 2O.
- (o) Distribution licensee shall maintain and update its Distribution Load Shedding Plan in accordance with Schedule 2P.
- (p) Distribution licensee shall submit a Five- year Demand Forecast and a Five-year Distribution Plan in accordance with Schedule 2Q and Schedule 2R.
- (q) Each licensee shall adhere strictly to the Safety Orientation Training requirements in accordance with Schedules 2S and 2T.
- (r) Each licensee shall keep the required data on Accident in accordance with Schedule 2U.
- (s) Each licensee shall provide the information required in accordance with Schedule 2V.
- (t) Each licensee shall provide the Health and Safety Manual Information required in accordance with Schedule 2W, 2X, 2Y, 2Z, 2AA, and 2AB.

5. Commercial and Financial Reporting Requirements/Formats

- (a) The Market Operator shall submit a forecast report in accordance with Schedule 3A and Schedule 3B.
- (b) Generation licensee shall submit forecast expenditure report in accordance with Schedule 3C and Schedule 3D.
- (c) Distribution licensee shall submit Actual expenditure report in accordance with the requirements on Schedule 3E and 3F.
- (d) The Market Operator shall submit a monthly Disbursement Summary in accordance with Schedule 3G.

- (e) Generation Licensee shall submit a monthly Market Settlement Statement in accordance with Schedule 3H.
- (f) Distribution Licensee shall submit a monthly Market Settlement Statement in accordance with Schedule 3I.
- (g) Trading Licensee shall submit a monthly Reporting document for Trading in accordance with Schedule 3J.
- (h) Trading Licensee shall submit an Annual Reporting document for Trading in accordance with Schedule 3K.

6. Customer Related Matters

Distribution licensee shall submit the following to the Commission:

- (a) Monthly customer complaints report in accordance with Schedule 4A.
- (b) Monthly customer complaints register in accordance with Schedule 4B.

CHAPTER III

OTHER REPORTING OBLIGATIONS

7. Generation Licensee

(a) Breach of applicable Codes

Generation licensee shall, where there is a breach or there will be a likelihood of breach of any of the Codes, Standards or Regulations notify the Commission as soon as practicable.

(b) Significant Change in Circumstance

Generation licensee shall promptly provide to the Commission details of any significant change that materially affects the licensee's ability to meet its material obligation.

(c) Annual Report

Generation licensee shall submit Annual Reports in respect of its licensed business, including financial, technical and administrative aspects.

(i) Accounts

For each financial year, a generation licensee is required to prepare its Accounts in accordance with formats approved by the Commission for the generation business. There shall be separate accounts for every other business operated by the licensee as required under the Companies and Allied Matters Act as if such business were carried on by different Companies.

(j) Audit Report

A generation licensee shall provide an Auditor's report along with the financial statement, which states that the contents of the financial statement represent a true picture of the facts. The financial statement shall commence from date of the license to the day of the Licensee's accounting period.

Subsequent financial years shall run from the day immediately following the last day of the preceding accounting period up to the last day of the accounting period.

(k) Disposal of Assets

Generation licensee shall obtain the Commission's consent to dispose its relevant asset worth N10 Million Naira and above

(I) Environment

Generation licensee shall develop a policy with respect to the manner by which it intends to comply with its duties and obligations under applicable environmental laws in force in Nigeria.

8. Transmission Licensee

(a) Breach of applicable Codes

Transmission licensee shall notify the Commission when there is a breach or a likelihood of breach of any Codes, Standards or Regulations as soon as practicable after such breach.

(b) Significant Change in Circumstance

Transmission licensee shall promptly provide to the Commission details of any significant change that materially affects the licensee's ability to meet its material obligation.

(c) Annual Report

Transmission licensee shall submit Annual Report in respect of its licensed business, including financial, technical and administrative aspects in such format as approved by the Commission.

(d) Accounts

For each financial year, a transmission licensee is required to prepare its Accounts in accordance with formats approved by the Commission for the transmission business. There shall be separate accounts for every other business operated by the licensee as required under the Companies and Allied Matters Act as if such business were carried on by different Companies.

(e) Audit Report

Transmission licensee shall provide an Auditor's report along with the financial statement which states that the contents of the financial statement represent a true picture of the facts. The financial statement shall commence from date of the license to the day of the Licensee's accounting period.

Subsequent financial years shall run from the day immediately following the last day of the preceding accounting period up to the last day of the accounting period.

(f) Disposal of Assets

Transmission licensee shall obtain the Commission's consent to dispose its relevant asset worth N10 Million Naira and above.

(g) Connection Agreement

Transmission licensee shall notify the Commission within three months of receiving and/or refusing an application for connection. Transmission licensee shall not unreasonably refuse to connect an applicant.

(h) Investment and Revenue Requirements

For each financial year, transmission licensee shall submit to the Commission its transmission revenue requirement data together with its transmission system investment plan for the ensuing years.

The licensee shall obtain the Commission's written approval for major investments in accordance with the procedure approved by the Commission. All subsequent variations or an addition to the approved investment plan requires the approval of the Commission.

(i) Charges for Connection

As soon as practicable after being licensed, and in any event not later than the date the Commission shall specify, the transmission licensee shall prepare a statement approved by the Commission setting out the charges for the use of the transmission system, the charges for connection to the transmission system, and a schedule for transmission connection charges and transmission use of system or wheeling charges.

(j) Transmission Master Plan and Capacity

Each year, the transmission licensee shall submit, for Commission's approval, a transmission master plan with expansion and upgrade investments for the next three years.

(k) Operational Planning and Central Dispatch

The transmission licensee shall provide to the Commission such information concerning the central dispatch and merit order system, or any aspect of system operation

(I) System Operation Budget and Charges

Before the beginning of each year, the transmission licensee is to submit to the Commission for approval, its planned system operation budget along with relevant data for the ensuing financial year

(m) Settlement System

The transmission licensee shall provide to the Commission with such information as the Commission shall request concerning the settlement and payment system or other aspects of its market operation.

(n) Market Operation budget and Charge

Before the beginning of each financial year, the transmission licensee shall submit to the Commission, for its approval, its planned market operation budget, along with relevant data for the ensuing financial year

(o) Market Operations: Development and Compliance with Market Rules

The transmission licensee shall send outcome of review, written representations objections, and proposed revisions to the Market Rules to the Commission for approval.

(p) Environment

Transmission licensee shall develop a policy with respect to the manner by which it intends to comply with its duties and obligations under applicable environmental laws in force in Nigeria.

9. Distribution Licensee

(a) Breach of applicable Codes

Distribution licensee shall notify the Commission once it becomes aware of the breach of any codes, standards or Regulations as soon as practicable.

(b) Significant Change in Circumstance

Distribution licensee shall promptly provide to the Commission with details of any significant change that materially affects the licensee's ability to meet its material obligation.

(c) Annual Report

Distribution licensee shall submit Annual Reports in respect of its licensed business, including financial, technical and administrative aspects.

(d) Accounts

For each financial year, a distribution licensee is required to prepare its Accounts in accordance with formats approved by the Commission for the distribution business. There shall be separate accounts for every other business operated by the licensee as required under the Companies and Allied Matters Act as if such business were carried on by different Companies.

(e) Audit Report

A distribution licensee shall provide an Auditor's report along with the financial statement, which states that the contents of the financial statement represent a true picture of the facts. The financial statement shall commence from date of the license to the day of the Licensee's accounting period.

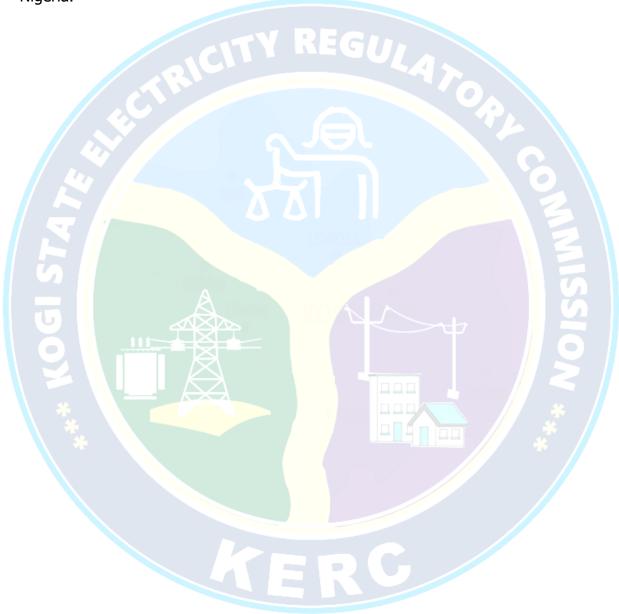
Subsequent financial years shall run from the day immediately following the last day of the preceding accounting period up to the last day of the accounting period.

(f) Disposal of Assets

Distribution licensee shall obtain the Commission's consent to dispose its relevant asset worth N10 Million Naira and above.

(g) Environment

Distribution licensee shall develop a policy with respect to the manner by which it intends to comply with its duties and obligations under applicable environmental laws in force in Nigeria.



(h) Customer Complaints

Distribution licensee shall submit to the Commission a monthly customer complaints report and monthly customer complaints register in accordance with the requirement on Schedule \overline{AA} and Schedule 4B to these regulations.

11. Amendment or Repeal of Regulation.

The Commission may amend or repeal the provisions of these regulations.

ENGR. IBRAHIM S. ABDWAARLS

GENERAL REPORTING REQUIREMENTS - FOR ALL LICENSEES

Schedule 1A

Schedule 1B: (a) Health and Safety Reporting Format

(b) Safety Management Reporting

Schedule 1C, 1D: Each licensee shall adhere strictly to the Safety Orientation

Training requirements in accordance with Schedules 2S and 2T

Schedule 1E: Each licensee shall keep the required data on Accident.

Schedule 1F: Each licensee shall provide the information required.

Each licensee shall provide the Health and Safety Manual

Schedule 1G, 1H: Information.

1I, 1J, 1K, 1L

*Breach of Applicable Codes, Significant Changes In Circumstances, Annual Report,
Accounts, Audit Report, Disposal Of Assets are not in any Standard Format or
Template, and so have to be developed in a Professional and Presentable manner
by the Licensee.

SCHEDULE 1A

S/NO	EVENT	REPORT TO BE SUBMITTED
1	Any changes in ownership structure exceeding 5% of the authorized share capital	i) Resolution on from the company authorizing such change ii) Form CAC 2.4
2	Change of Directors	Form CAC 7A
3	Any increase in issued share capital exceeding 5%	i) Ordinary resolution for the increase in share capitalii) Statement of Increase duly stamped
4	Any reduction in the authorized share capital	Resolution for the reduction in Share Capital
5	Any resolution passed at any General Meeting, if it is related to the Licensed activity	Notification of the Resolution so passed
6	Change in Objects of Company	Amended Memo and Articles duly filed with CAC
7	Change in key Management staff of the Company	Notification of such change and submission of CVs of the new Management
8	Change in the Company's registration details effected at the Corporate Affairs Commission	Notification of such change to the Commission
9	Provision of electricity to customers by licensee and an affiliated licensee	The affiliates should provide a Compliance Plan setting out the system, policies and mechanisms that each intend to use to ensure that they and their officers, employees, agents and contractors comply with the Code of Conduct Regulation of KERC.



SCHEDULE 1B

A. HEALTH AND SAFETY REPORTING FORMAT

S/No	Report items	Comments
1	Company Name Company Division Report Year Report Month Date and Time of Incident Name & Status of Person making report Time of incident	
2	Date Of Incident Report Location of Incident Person(s) Involved Person(s) Employed by Electric Company Sex Age Occupational Status Incident Reported to police, Health Authorities e.t.c	COMMIS
3 150%	Type of Injury Nature of Injury Facility(s) Resulting Equipment involved Is Incident Part of work process? Consequence of Incident Lost time to incident	** NoIS
4	Operating Voltage System Voltage System type Is Earthing Provided? Other protection Device operated	
5	Overhead Line: Height Overhead Line: Live Substation Type Is Substation Fenced? Type Of Fence Substation Modifications Other Party Apparatus/ Equipment Involved.	

6	Brief facts about incident	

B. SAFETY MANAGEMENT REPORTING

	Report items	Comments
Company Details	Company Name Company Address Report Year Report Month and Quarter Status of Person Making report	
Incidents in the Period	Number of Incidents (Injuries and fatalities). Number of fatalities Number of Near Hits. (Including injuries and fatalities). Number of near Misses Lost time to Accidents (LTA). Lost time to Injuries (LTI). Other information on incidents	
Commitment to Health and Safety	Health and Safety training given to staff during the period. Amount devoted to Health and Safety during the period. Name and contact address of most senior person in charge of Health and Safety. Health and Safety program for rest of year. Other information on Health and Safety in the Company.	*** NOI

KERC ____ A. NOTICE OF SIGNIFICANT EVENT REPORTING IN KOGI ELECTRICITY INDUSTRY

NEW EMPLOYEE SAFETY ORIENTATION

TRAINING CHECKLIST

(To Be Completed By Employee & Supervisor; Return To Payroll)

Employee Name	Job
Title	
Supervisor's Name	Department
ALL EMPLOYEE WILL BE TRAINE	ED ON THE FOLLOWING TOPICS
The injury & illness prevention program (IIPP)	Certifications (if applicable)
4	
Discussed "Report Of Unsafe Condition Or Hazard" Form	Fire extinguisher CPR
Employee Has Received "Code Of Safe Practices"	Automatic External Defibrillator (AED)
And Forwarded Signed Acknowledge To Payroll. Informe	ed Of The Duties And Responsibilities Of
First Aid	S
Safety Officers, Safety Committees,	Record of safety orientation training
Management And Employees 8346Materials Safety I <u>Ergonomics Program</u>	
Reporting Of Work-Related Injuries (3-Step Process)	Overview of RMIs (Repetitive Motion Injuries Proper lifting
Location Of Safety Manual (Injury & Illness	Safe work practices
Prevention Plan) Chemical Safety/Personal Protective Eq	uipment Workstation
evaluation	
Fire Safety, Emergency & Disaster Preparedness	<u>Uniform / Attire</u> Discuss appropriate attire
Designated Evacuation Assembly Points	Discuss appropriate footwear
Emergency Action Plans Emergency escape routes Hazard Comr	Other Required Training munication List of emergency
phone numbers Blood Borne Pathogen	indification List of emergency
Types of fires Types of fire extinguishers	Ladder Hand Cart / Dolly
<u>Locations</u>	List
Location of fire alarm	List

Location Of Safety Postings	
Location and use of fire extinguishers	List
Location Of Automatic External Defibrillator	Liet
Location of Automatic External Delibiliator	List
Location of natural gas shut-off (AED)	
Location of flataral gas shat on (TLD)	
Signature of trainer	Date
Signature of trainer	Date
Signature of employee	Date
CAT I INEG(
Forward Signed Copy to Payroll to Be Pla	aced in Employee's Personnel File
*	
*	
*	
KER	

SCHEDULE 1D

DI	EPARTMENTAL N	IEW EMPLOYEE SA	AFETY ORIENTATION
			CCN
Jod title:			SSN:
			erations Plans, Reviewing this ents of these first few topics
1. Reporti	ing Emergencies	I RECLL	
Tell and show the area.	new employee(s) the	police, medical and fire	emergency reporting number(s) for their wo
urcu	General	Police – M	edical – Fire 5566
The emergency n	umber should be post	ed on all telephones.	7/
No. 10 Per			
Your dept., div	., unit, worksite, etc		
Name			
Location	Eme	rgency Service(s)	Phone No
N N		3 /	
\mathcal{O}			
2. Emerge	ency Evacuation		
			rgency evaluation route for their work area.
	Also clear out the emergency evaluation route to be used of all obstacles at all times. Show when to assemble after evacuation. Discuss special evacuation needs and plans with disabled		
		ation floor plans availab	
	ire Alarm Signaling		
			s are and instruct them in their use. Let them
			m in the building to alert other occupants to sounds like (a bell, chimes, a slow whoop).
		· ·	the building immediately upon hearing the
	alarm, closing doors	behind them.	
	When employees disc	cove <mark>r a fire</mark> , they should	first pull station and exit the alarmed area. I
	possible, employees s more details.	should follow up with a t	telephone call from a safe location to provide
•	On site: the activatio	n of a fire alarm pull stater rtment showing the loca	tion also sends a signal to the Department of
	Sarcty and Tire Depa	runent snowing the loca	dion of the emergency.

• Portable Fire Extinguishers

Show the employee(s) where portable fire extinguishers are located. Tell them to use a portable fire extinguisher only if:

- They have been trained to use them,
- The fire alarm has been sounded first,
- The fire is small (wastebasket size)
- They have a clear evacuation route.

Portable Fire Extinguishers

Tell your new employee(s) to immediately report accidents, incidents, near misses, motor vehicles accidents, and any unsafe conditions or acts to *(usually their supervisor):*

Name	Phone Number
Location:	

explain that after they immediately report on-the-job accidents, they have to fill out an accident report form.

Explain the form and tell them where the forms are located. All accidents must be reported on this form regardless of the extent of injury.

Reporting all accidents and incidents helps the company and the employing department initiates effective safety programs and accident prevention measures.

- b) Report Motor Vehicle Accidents
 All automobile accidents in company-owned vehicles must be reported to the
 Department of Safety (X5566) immediately, whether or not there appears to be personal injury or property damage.
- (c) Report Unsafe Conditions and Acts
 Along with immediately reporting unsafe conditions and acts to their supervisors or
 the person noted above, employees may reports safety problems to the company
 safety.

Explain that employees should take responsibility for correcting unsafe conditions when feasible, e.g. wiping up small, nontoxic spills and removing tripping hazards.

Workers' Compensation and Industrial Insurance

Tell workers that work-related injuries or illnesses resulting in medical expenses or time loss are covered by Workers' Compensation. To establish a Workers' Compensation claim, employees must fill out the appropriate paperwork. Contact Human Resources for additional information. Explain, also that prompt reporting of accidents to you, the supervisor, will make the claims process easier and may allow you to find them modified work during their recovery.

First Aid

Tell new employees where first aid kits are located. Explain what actions employees should take if they or others are injured. If safety showers or eye wash stations are located in your department, show new employees where they are and instruct them I their use.

• Hazard Communication (Chemical Safety)

(Worker Right-to-know) (Refer to Company Safety)

- Tell new employees where hazardous materials are used or stored in their work area.
- Explain the labeling system for these materials. Shows employees where material safety data sheets (MSDS) area located or explain how they
- can obtain an MSDS.
- If new employees will be working with hazardous materials, tell them they will be receiving training in the safe handling of these materials or conduct the training at this time, if appropriate.

Hazardous Communication training is conducting by supervisors or a designated departmental trainer.

• Inform new employees that hazardous materials emergencies, such as spills or releases too big for them to clean up, are to be reported to:

	Who	Phone Number
Small Spills	10(0)01	
Large Spills or releases		

Report large spills to Safety Department at X5566

Explain the hazardous materials waste disposal procedures that apply in your area.

Specific Worksites

Office Staff

For staff whose only chemical exposures are in an office environment. o Discuss hazard information and protection measures for products they will work with. o Explain an MSDS and tell employees where they are located or how to obtain them.

Laboratory Staff

The laboratory supervisor or staff must provide additional training, specific to the chemicals in the laboratory.

Non-laboratory Hazardous Chemicals

Employees who work with chemicals in non-laboratory environments must receive detailed hazard communication training from their supervisor or designated departmental HazCom trainer. (Employees who fall into this category include maintenance, custodial/housekeeping, food service and printing and copy/duplicating employees.)

9. Worksite Warning Signs and Labels

Explain to all new employees the meaning of warning signs, tags, and labels used in their work area.

10. **Personal Protective Equipment (PPE)**

Check the personal protective equipment needed for this job.

Gloves	Hard Hats
Safety Glasses, Goggles, Face Shield	Hearing Protectors
Personal Protective Clothing	Fall Protection
Orange Safety Vest	Safety Shoes
Respirator	30LA

Explain precisely the use, care, cleaning, and storage of any personal protective equipment the new employee will be required to use on the job. Stress the need for strict adherence to department, division, unit and/or lab policy on the use of PPE.

11. Employee Safety and Health Training

Use the following list to indicate the safety and health training classes the new employee will be required to take for their job. Recommended classes could also be marked but priority must be given to arranging the required health and safety training classes.

12. Safety and Health Committee(s) and/or Safety Meetings

Tell new employees about the organizational Health and Safety Committees and about the departmental Heath and Safety committee, and health and safety meetings, if applicable. Tell them who their safety committee representatives are and how to contact them.

13. **Safety Bulletin Board**

Point out the departmental safety bulletin board and tell them what items can be found on the board.

• Other safety notices, newsletters, safety and health committee minutes, etc. should be posted here also.

14. **Departmental/Worksite Safety Practices and Rules**

Conduct an on-the-job review of the practices necessary to perform the initial job assignments in a safe manner. Employees should understand that supervisors will provide job safety inspections on a continuing basis. Reviewing safety rules for your department (e.g. non-smoking areas, working alone, safe use of chemicals, biohazards, radioactive materials, etc)

15. **Tour Department/Facilities Reviewing Worksite Hazards**

Check the personal protective equipment needed for this job.

Gloves		Hard Hats
Safety Glasses, Goggles, Face Shield		Hearing Protectors
Personal Protective Clothing		Fall Protection
Orange Safety Vest		Safety Shoes
Respirator	3	

Explain precisely the use, care, cleaning, and storage of any personal protective equipment the new employee will be required to use on the job. Stress the need for strict adherence to department, division, unit and/or lab policy on the use of PPE.

16. **Employee Safety and Health Training**

Use the following list to indicate the safety and health training classes the new employee will be required to take for their job. Recommended classes could also be marked but priority must be given to arranging the required health and safety training classes.

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18. Safety Bulletin Board

Point out the departmental safety bulletin board and tell them what items can be found on the board.

Other safety notices, newsletters, safety and health committee minutes, etc. should be posted here also.

19. **Departmental/Worksite Safety Practices and Rules**

Conduct an on-the-job review of the practices necessary to perform the initial job assignments in a safe manner. Employees should understand that supervisors will provide job safety inspections on a continuing basis. Reviewing safety rules for your department (e.g. non-smoking areas, working alone, safe use of chemicals, biohazards, radioactive materials, etc)

20. Tour Department/Facilities Reviewing Worksite Hazards

Encourage your employees to ask questions and to develop a sense of safety consciousness.

SCHEDULE 1E

	Accident I			esses	3	information and must protects employed the information	on: This for ion relating to be used in the confiders to the emation is to the legal to the lega	g to emplo in a manne entiality of extent poss being used	yee health er that bible while for	A	Op N	Year				
		//											3			
loss of con	record informa sciousness, re eatment beyor	estricted wor	k activity or j	ob transfer, record signi	days away fro	m work, or elate.		4	4		r		5510			
								Establish	ment Name				7			
								City			,	State				
			*							10			k /			
Identify th	e person	Describe to	he case			Classify th	e case									
(A)	(B)	(C)	(D)	(E)	(F)		se categories sult for each		LY the most	Enter the days the ir worker wa	njured or ill	Check the	e "injury" co	lumn or choo	ose one type	of illness:
Case No.	Employee'	Job Title	Date of	Where	Describe					worker wa	15.					
	s Name	(e.g., Welder)	injury or onset of	the event	injury or illness,											
			illness	occurred (e.g.	parts of body							(M)		yo. 0	ii.	_ s
			(mo./day)	Loading dock	affected, and object/sub	Death	Days away from	Remain	ed at work	On job transfer or	Away from	Injury	Skin Disorder	Respiratory	Poisoning	All other illnesses

		north end)						restriction (days	work (days)					
				(G)	(H)	(I)	(J)	(K)	(L)	(1)	(2)	(3)	(4)	(5)
				417		1								
			-01	CI.				A						
								/						
									A					
					-									
	Ro													
		///			0) (3 J								
	. ~					10000								
	5)													
				Α		-								
1	U	Pa	age totals	0	0	0	0	0	0	0	0	0	0	0
	\sim	Be su	re to trans	fer these	totals to	the Summ	ary page	before you	post it.				•	

Page 1 Of 1

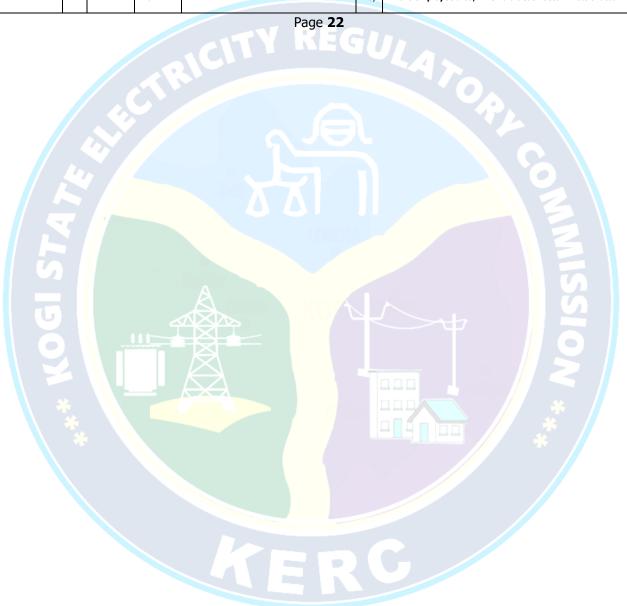
KERC's Forms	3														Year
					171	74;	E	Ĝ							
All establishments m illnesses occurred du	nust con uring th	mplete this Sum e year. Remem	mary page, e ber to review	even if no the	injuries or						7	4			
		W						\leq							
Using the Log, count Then write the totals	t the ind s below,	dividual entries r, making sure y	you made for ou've added t	r each cat the entrie	egory. s from	Establis informa									
								-					6	$\neg \land$	
	<u> </u>					-									
Employees former en to review the KERC	mploye Form in	es, and their reports	presentatives	have the	right	Your es	tablishm	ent name					1		
				\mathbb{A}									U	Á	
96	1		<u> </u>			Street				74	7		6	5	
								4,		,			2	3	
Number of Cases						City							*		
													*		
						Brief De	escription	n of Facilit	ty						
Total number of deaths		Total number	Total num	h job	Total number of		Y								
		of cases with days away	transfer of restriction		other recordable cases										
		from work							-						
					41			4	9						
0		0	0		0										
(G)		(H)	(I)		(J)										
						Employ	ment info	ormation							
Number of Days															

Total number of days of job transfer or restriction	Total number of days away from work		Annual average number of employees	
0	0		Total hours worked by all employees last year	
(K)	(L)			
Injury and Illness Ty	pes		Sign here	
Total number				
Total number of			Knowingly falsifying this document may result in a fine.	
(1) Injury (2) Skin Disorder	0 (4) Poisoning 0 (5) All other illnesses	0	71 1 2	
(3) Respiratory Condition	0		I certify that I have examined this document and that to the best of my knowledge entries are true, accurate, and complete.	the
S				
- 15			Š. Š.	
			Company Executive	Title
1 2				
Post this Summary pa following the year co	age from February 1 to April 30 of the vered by the form	e year	Phone	Date
	*		**	

KERC's Form	1					
RENC 9 TOTAL						
		OTY REC	empl prote possi	ention: This form contains information relating loyee health and must be used in a manner that extra the confidentiality of employees to the extensible while the information is being used for	t	
Injuries and Illnesses Incident Report		RIC	occu	pational safety and health purposes.		
				P		
	4			(
		Information about the employee		Information about the case		
This Injury and Illness Incident Report is one of the first forms you must fill out when a recordable work related injury or illness has occurred.					3	
U.	1)	Full Name	10)	Case number from the Log	(Transfer the cathe case.)	ase number from the Log after you record
U			Ų		S	
\ 6	2)	Street	11)	Date of injury or illness	0	
\ >	4				2	
\\	3	City State	12)	Time employee began work	AM/PM	
	4					
	3)	Date of birth	13)	Time of event	AM/PM	Check if time cannot be determined
	4)	Date hired	14)	What was the employee doing just before tools, equipment or material the employee w		rred? Describe the activity, as well as the
		KEB				
Within 7 calendar days after you receive information that a recordable work-related injury or illness has occurred, you must fill out this form or an equivalent.	5)	Male				
				I		

			Female		
			Information about the physician or other health professional		
			care	-77	
			(C)	15)	What happened? Tell us how the injury occurred. Example: "When ladder slipped on wet floor, worker fell 20 feet";
		6)	Name of physician or other health care professional		
				-	
		I.E.			9
If you need additional copies of this form, you in photocopy and use as many as you need.	may	7)	If treatment was given away from the worksite, where ws it given?		
	S		Facility	16)	What was the injury or illness? Tell us the part of the body that was affected and how it was affected; be more specific than "hurt", "pain", or "sore." Examples: "strained back"; "chemical burn, hand"; "carpal tunnel syndrome."
			A IOA		Š
	Ö		Street		
\\	3			4	
N N	1		City State		*
\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	\mathbb{N}	*			* *
		8)	Was employee treated in an emergency room?		
Completed by			Yes	17)	What object or substance directly harmed the employee? Examples: "concrete floor"; "chlorine"; "radial arm saw." If this question does not apply to the incident, leave it blank.
			No		
Title					
		8)	Was employee hospitalized overnight as an in-patient?	5	
Phone	Date		Yes		

No 18) If the employee died, when did death occur? Date of death



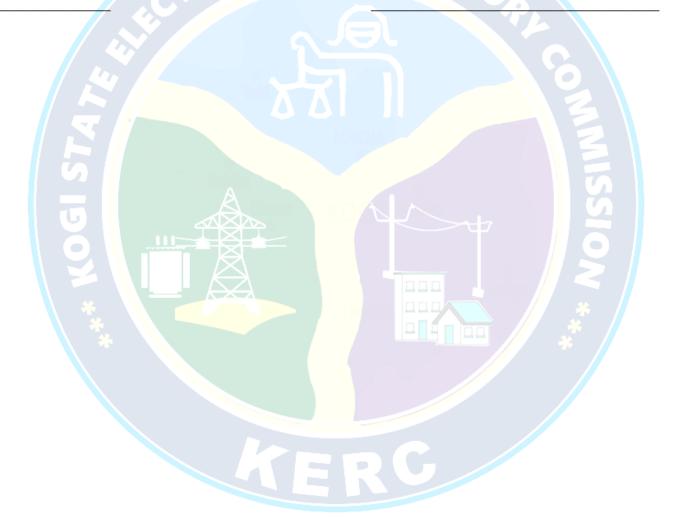
SCHEDULE 1F

KOGI STATE ELECTRICITY REGULATORY COMMISSION HEALTH AND SAFETY AUDIT CHECKLIST – GENERAL

FORM HSE

NAME OF COMPANY:

LOCATION OF COMPANY:	DATE	OF	AUDIT
TOTAL INSTALLED CAPACITY:	NAME OF CHIEF EXECUTIVE	VE OFFICER:	
NAME OF CONTACT PERSONS: 1.	2		
NAME AND SIGNATURE OF INSPECTING ENGINEER:	DATE:		



S/N	AREA OF INSPECTION	ASSESSMENT							
		GOOD	BAD	YES	NO	HIGH	LOW	N/A	
1	HOUSEKEEPING: REGIONAL OFFICES AND SUBSTATIONS								
	Check the condition of the following:								
а	Floors, Clearing and Condition								
b	Cleanliness of windows								
С	Tidiness of Work benches								
d	Tidiness Of Work Areas								
е	Tidiness Of Storage Areas								
f	Tidiness Of Rest Areas								
g	Provision Of Waste Disposal								
h	Adequacy Of Ventilation								
i	Passageways Free From Obstruction	RE	20.						
j	Exits- Accessibility And Marked								
k	Adequacy Of Suitable Lighting				7				
I	Adequacy Of Warning Signs				-				
2	GENERAL SAFETY AWARENESS	TOTAL	GOOD	BAD	YES	NO	HIGH	LOW	REMARKS
	Check the condition of the following:		75						
a	Availability of Safety Posters and Safety Publication								
b	Availability of Health and Safety Policy (Attach Copy)						Č		
С	Is the Health and Safety Policy Known to all Staff and	A					1	2	
d	Displayed? Availability of Personal Protective Notices								
е	Is there a System for Reporting and Correcting Hazards?								
f	Zoning of Noise or other Hazard Areas								
g	Do staff know what to do if there's gas leakage, fire or chemical spill?								
h	Emergency procedures and drills (Attach proof of how often this takes place and at what location)		K		中				
i	Is the surrounding environment clean and free from tripping hazards?								
j	Has risk of violence or threat been conducted?	1		-			///		
k	Has Risk Assessment been conducted? (Attach Copy)								
I	Attach Copy of Work request/Method Procedure							<u> </u>	
3	FIRE PROTECTION	TOTAL	GOOD	BAD	YES	NO	HIGH	LOW	REMARKS
	Check the condition of the following:						7.17		
а	Fire equipment- serviceability & date								
b	Fire equipment- adequacy & appropriate								
С	Fire equipment- accessibility and clearly labeled								
d	Storage of flammable materials								
е	Operation of fire escape facility- operated & maintained from obstruction								
f	Adequacy of fire escapes		72						
g	Adequate fire warning/ No smoking sign								
h	Accessibility of fire escapes in order								
i	Are employees trained to use equipment correctly								
j	Emergency drills carried out? Date?								
k	Emergency Evacuation Plans								
I	Risk & Vulnerability Assessment								
4	ELECTRICAL EQUIPMENT	TOTAL	GOOD	BAD	YES	NO	HIGH	LOW	REMARKS
		Page 35							

	Check the condition of the following:							
	Circuit Breakers:							
a	Rating							
b	Remote Control							
С	Serviceability and labelling							
d	Security/Safety and storage							
е	Accessibility							
f	Safety Interlock							
	Insulator:	RE	G I					
g	Burning on insulators			54				
h	Breakage				76			
	Earthing Switches:					À.		
i	Condition					7		
j	Availability on Switchgears/Transformers							

Page **23**

	POWER SYSTEM PROTECTION:								
	Check the condition of the following:	100							
k	Line/Distance Protection Relay response to faults						17.1		
1	Calibration/Relay response to faults								
m	Relay co-ordination with other relays							14	
					117			×	
n	Number of Protection Type							3	
	EARTHING/GROUNDING:						//-		
	Check the condition of the following:							*	/
0	Type of Grounding (Indicate Type)			1 4			P	- /	
р	Earthing Integrity						*		
q	Condition of Grounding equipment								
	Periodic Testing of Earth Resistance								
	OVERHEAD LINES AND STRUCTURAL SUPPORTS:								
r	Number of Overhead Poles								
S	Towers Erection		- 1						
t	Line Stringing (in Kilometers)								
u	Insulators and another line fittings								
V	Jumpers								
w	Fuses								
х	Towers Support Structures			1					
s/n	AREA OF INSPECTION	GOOD	BAD	YES	NO	HIGH	LOW	N/A	REMARKS
5	PERSONAL PROTECTIVE EQUIPMENT								
	Check the availability, adequacy and condition of the following:								

а	Eye protection PPE								
b	Hearing Protection								
С	Face shields								
d	Protection clothing								
е	Safety shoes, glasses, gloves								
f	Respirators accessibility & serviceability								
g	Safety Installation (deluge shower, eye wash station)								
6	MACHINERY								
	Check the state of the following:								
a	Are authorized staff trained to use, clean and operate		70						
b	machinery? Are machinery adequately guarded?				7.				
С	Operating controls protected from inadvertent operation?								
d	Are machinery clearly marked?					47.			
e	Hazard area clearly defined and secured?								
f	Flying object protection						10		
g	Period maintenance records						L		
h	Safety notices clearly displayed						1	2	
- "	Competence of operators								
j	Emergency safety switch accessible							5	
k	User manual available								
	Δ							CA.	
1 1	Are there quality lockout / tag-outs cards?								
	Are there quality lockout / tag-outs cards?	GOOD	PAD	VEC	NO	птеп	LOW	N/A	DEMARKS
7	Are there quality lockout / tag-outs cards? STORAGE AREAS Check the following conditions:	GOOD	BAD	YES	NO	HIGH	LOW	N/A	REMARKS
7 a	STORAGE AREAS	GOOD	BAD	YES	NO	HIGH	LOW	N/A	REMARKS
	STORAGE AREAS Check the following conditions:	GOOD	BAD	YES	NO	HIGH	LOW		REMARKS
a	STORAGE AREAS Check the following conditions: Accessibility	GOOD	BAD	YES	NO	HIGH	LOW		REMARKS
a b	STORAGE AREAS Check the following conditions: Accessibility Condition of shelves & cupboards	GOOD	BAD	YES	NO	HIGH	LOW		REMARKS
a b	STORAGE AREAS Check the following conditions: Accessibility Condition of shelves & cupboards Condition of lifting & stacking aids	GOOD	BAD	YES	NO	HIGH	LOW		REMARKS
a b c d	STORAGE AREAS Check the following conditions: Accessibility Condition of shelves & cupboards Condition of lifting & stacking aids Ventilation and cleanliness	GOOD	BAD	YES	NO	HIGH	LOW		REMARKS
a b c d e	STORAGE AREAS Check the following conditions: Accessibility Condition of shelves & cupboards Condition of lifting & stacking aids Ventilation and cleanliness Lighting in storage areas	GOOD	BAD	YES	NO	HIGH	LOW		REMARKS
a b c d e f	STORAGE AREAS Check the following conditions: Accessibility Condition of shelves & cupboards Condition of lifting & stacking aids Ventilation and cleanliness Lighting in storage areas Condition of items in storage	GOOD	BAD	YES	NO	HIGH	LOW		REMARKS
a b c d e f g	STORAGE AREAS Check the following conditions: Accessibility Condition of shelves & cupboards Condition of lifting & stacking aids Ventilation and cleanliness Lighting in storage areas Condition of items in storage Isolation & labeling of hazardous substances	GOOD	BAD	YES	NO	HIGH	LOW		REMARKS
a b c d e f g h	STORAGE AREAS Check the following conditions: Accessibility Condition of shelves & cupboards Condition of lifting & stacking aids Ventilation and cleanliness Lighting in storage areas Condition of items in storage Isolation & labeling of hazardous substances Warning signs displayed	GOOD	BAD	YES	NO	HIGH	LOW		REMARKS
a b c d e f g h i	STORAGE AREAS Check the following conditions: Accessibility Condition of shelves & cupboards Condition of lifting & stacking aids Ventilation and cleanliness Lighting in storage areas Condition of items in storage Isolation & labeling of hazardous substances Warning signs displayed Chemicals/flammable stored correctly LIFTING DEVICES AND CRANES Condition of ropes, hawser, slings, chains, hooks and	GOOD	BAD	YES	NO	HIGH	LOW		REMARKS
a b c d e f g h i 8	STORAGE AREAS Check the following conditions: Accessibility Condition of shelves & cupboards Condition of lifting & stacking aids Ventilation and cleanliness Lighting in storage areas Condition of items in storage Isolation & labeling of hazardous substances Warning signs displayed Chemicals/flammable stored correctly LIFTING DEVICES AND CRANES	GOOD	BAD	YES	NO	HIGH	LOW		REMARKS
a b c d e f g h i 8 a	STORAGE AREAS Check the following conditions: Accessibility Condition of shelves & cupboards Condition of lifting & stacking aids Ventilation and cleanliness Lighting in storage areas Condition of items in storage Isolation & labeling of hazardous substances Warning signs displayed Chemicals/flammable stored correctly LIFTING DEVICES AND CRANES Condition of ropes, hawser, slings, chains, hooks and eyebolts	GOOD	BAD	YES	NO	HIGH	LOW		REMARKS
a b c d e f g h i 8 a b	STORAGE AREAS Check the following conditions: Accessibility Condition of shelves & cupboards Condition of lifting & stacking aids Ventilation and cleanliness Lighting in storage areas Condition of items in storage Isolation & labeling of hazardous substances Warning signs displayed Chemicals/flammable stored correctly LIFTING DEVICES AND CRANES Condition of ropes, hawser, slings, chains, hooks and eyebolts Labeling of load rating (in metric unit)	GOOD	BAD	YES	NO	HIGH	LOW		REMARKS
a b c d e f g h i 8 a b c c	STORAGE AREAS Check the following conditions: Accessibility Condition of shelves & cupboards Condition of lifting & stacking aids Ventilation and cleanliness Lighting in storage areas Condition of items in storage Isolation & labeling of hazardous substances Warning signs displayed Chemicals/flammable stored correctly LIFTING DEVICES AND CRANES Condition of ropes, hawser, slings, chains, hooks and eyebolts Labeling of load rating (in metric unit) Competence of operators	GOOD	BAD	YES	NO	HIGH	LOW		REMARKS
a b c d d d d d d d d d d d d d d d d d d	STORAGE AREAS Check the following conditions: Accessibility Condition of shelves & cupboards Condition of lifting & stacking aids Ventilation and cleanliness Lighting in storage areas Condition of items in storage Isolation & labeling of hazardous substances Warning signs displayed Chemicals/flammable stored correctly LIFTING DEVICES AND CRANES Condition of ropes, hawser, slings, chains, hooks and eyebolts Labeling of load rating (in metric unit) Competence of operators Are operators trained in the last 2yrs?	GOOD	BAD	YES	NO	HIGH	LOW		REMARKS
a b c d e f g h i 8 a b c d e	STORAGE AREAS Check the following conditions: Accessibility Condition of shelves & cupboards Condition of lifting & stacking aids Ventilation and cleanliness Lighting in storage areas Condition of items in storage Isolation & labeling of hazardous substances Warning signs displayed Chemicals/flammable stored correctly LIFTING DEVICES AND CRANES Condition of ropes, hawser, slings, chains, hooks and eyebolts Labeling of load rating (in metric unit) Competence of operators Are operators trained in the last 2yrs? Clearways & load movement control	GOOD	BAD	YES	NO	HIGH	LOW		REMARKS
a b c d e f f	STORAGE AREAS Check the following conditions: Accessibility Condition of shelves & cupboards Condition of lifting & stacking aids Ventilation and cleanliness Lighting in storage areas Condition of items in storage Isolation & labeling of hazardous substances Warning signs displayed Chemicals/flammable stored correctly LIFTING DEVICES AND CRANES Condition of ropes, hawser, slings, chains, hooks and eyebolts Labeling of load rating (in metric unit) Competence of operators Are operators trained in the last 2yrs? Clearways & load movement control Condition of forklift	GOOD	BAD	YES	YES	HIGH	LOW	() * * * * * * * * * * * * * * * * * * *	REMARKS

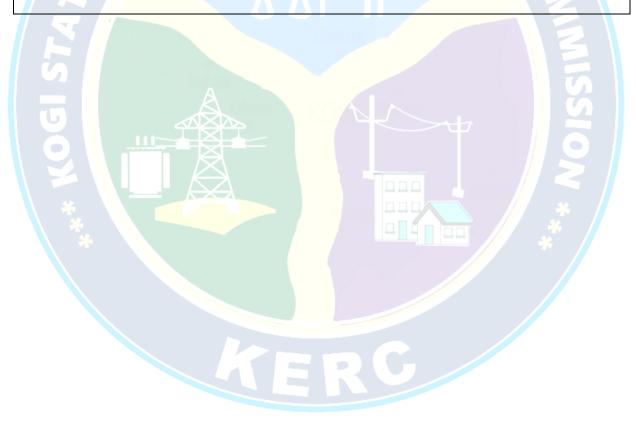
	Check the availability and condition of the following:								
a	First aid kits								
b	Is there a trained first aider?								
	Clothing Storage								
С									
d	Cleanliness of eating area								
е	Supply of hands cleanser								
f	Is there enough toilet facilities?								
g	Are they in good repair?								
		KE(CIT						
				5/4					
10	FEEDER PILLARS	TOTAL	GOOD	BAD	AVERA	HIGH	LOW	N/A	REMARKS
а	Total Installed				GE	(•)			
b	Level of Loading %					4			
С	Total Number in Service		45						1
d	Total Number out of Service						64		
e	Total Capacity (KVA)						10		
11	SUB-STATIONS AND EQUIPMENT	AV						4	
a	Protective Devices								
	Condition of Fuses						M.	5	
b									
С	Termination Condition							(A)	
d	% Loading								
е	Earthing and Grounding				中				
f	Condition of isolators and relays								
g	Oil Leakage (Tank)								
h	Oil Leakage (Body)								
i	Security Fencing and Housing								
j	Condition Of Doors				шш		10		
k	Warning and Signages								
I	Drainage								
m	Vegetation Control								+
n	Frequency of Vegetation Control								
0	Contact Tel. No. Plate							-	
р	Annual Maintenance								
12	CHEMICAL HANDLING	TOTAL	GOOD	BAD	YES	NO	HIGH	LOW	REMARKS
a	Storage Facilities Condition								
b	Handling Procedure								
С	Emergency Response Plan								
d	Emissions and Fumes								
13	POWER HOUSE AND EQUIPMENT SAFETY	GOOD	BAD	YES	NO	HIGH	LOW	N/A	REMARKS
	Check the condition of the followings:								
а	Cleanliness of Environment & Floors			Ì		İ			

b	Work procedures (Attach procedure form)				
С	Adequate PPEs				
d	Adequate Illimination				
е	Condition of working tools				
f	Adequate signages				
g	Condition Cranes				
h	Oil and water Leakages				

SCHEDULE 1G

ENVIRON	MENTAL HEALT SPACE ENTR		CONFINED
Permit Number		Date	(a).
Location & Description of Conf	ined Space:		
Purpose of Entry:	9		
Scheduled a.m.		Scheduled a.m	
Start p.m.		inish p.m.	
Day / Date / Time Day / Date /	/ Time		
Employee(s) in Charge Of Entr	y:		
Entrants:			
Attendants:			
Pre-Entry			II (A)
Authorization:		AA	
	elow which are app	licable to your c	onfined space permit}
TYPES OF HAZARDS			
Oxygen-Deficient	Engulfment		Energized Electrical
Atmosphere	2		Equipment
Oxygen-Enriched	Toxic Atmospher	re and	Entrapment
Atmosphere			*
Welding/Cutting	Flammable Atmo	•	Hazardous Chemical
	Note: Check appro	opriate hazard.	
SAFETY PRECAUTIONS			
Self-Contained	Protective Glove	S	Barricade Job Area
Breathing Apparatus	Lifelines		Signs Posted
Air-Line Respirator	Respirators		Clearances Secured
Fire-Retardant Clothing	Lockout/Tagout		Lighting
Ventilation	Fire Extinguisher	S	Ground Fault Interrupter
Remarks:			
	Note: Check appro	opriate hazard.	
ENVIRONMENTAL CONDIT	IONS		
Tests To Be Taken			
Date / Time:			
Oxygen: % a/p:			
Lower Explosive Limit: %			

Toxic Atmosphere:
Instruments Used:
Re-testing Date / Time:
Oxygen: % a/p:
Lower Explosive Limit: %
Toxic Atmosphere:
Instruments Used:
Employee Conducting Safety Checks:
SIGNATURE:
Remark on the overall condition of the confined space:
Entry Authorization:
All actions and/or conditions for safe entry have been performed:
Person in Charge of Entry:
Entry Cancellation:
Entry has been completed and all entrants have exited permit space:
Person in Charge of Entry:
In Case of Emergency Call:



(FOR LICENSEE'S INTERNAL USE)

SCHEDULE 1H

KERC STANDARD PROGRAMS AND	TITLE: CONDUCT SERIOUS	KERC STANDARD
PROCESSES	ACCIDENT INVESTIGATION	Effective Date:
LOCATION:	ITY REGULA	
DESCRIPTION:		
RESPONSIBLE PEER TEAM:	<u>Safety Process Ow</u> Res _i	nership T <mark>eam</mark> ponsible Peer Team
TEAM MEMBERS:		Noiss
*	CONCURRENCES	* /
*		*
CEO		Date
	APPROVAL	
CEO		Date

	AL USE)	
	V DEC	
.01	STY REGULA	SCHEDULE
KERC STANDARD	TITLE:	KERC STANDARD
PROGRAMS AND PROCESSES	REPORT, INVESTIGATE AND CLASSIFY INJURIES	Effective Date:
	AND ILLNESSES	
OCATION:		
OCATION.		
DESCRIPTION:		
		S
DECDONCIDI E DEED TEAM	Safahi Prasasa Ou	SS Income State Toping
RESPONSIBLE PEER TEAM:		
RESPONSIBLE PEER TEAM:		nership Team ponsible Peer Team
RESPONSIBLE PEER TEAM:	Res	ponsible Peer Team
	Res	ponsible Peer Team
RESPONSIBLE PEER TEAM: TEAM MEMBERS:	Res	ponsible Peer Team
	Res	ponsible Peer Team

APPROVAL CEO Date **SCHEDULE 1J** KERC STANDARD TITLE: **KERC STANDARD PROGRAMS AND** CONDUCT WORKPLACE **Effective Date:** REGULATORY COMPLIANCE **PROCESSES INSPECTIONS** LOCATION: **DESCRIPTION:** RESPONSIBLE PEER TEAM: Disco Safety Program Process Improvement Team Responsible Peer Team TEAM MEMBERS: **CONCURRENCES**

(FOR LICENSEE'S INTERNAL USE)

(FOR LICENSEE'S INTERNAL USE)

(7
CEO	Date
1CIT	APPROVAL
CEO	Date



	batement P	lan	
Abatement Pla	n Issue Date:	REGULA	
Plant/Site:	Date of Inspection:	Inspector:	Item No.
Hazard:	No.		
Reason Hazard	Cannot be Correcte	ed Within 30 Days:	+ 0/5510
Proposed Corre	ective Action and Ab	atement Date:	**
Interim Measu	res to Protect Emplo	oyees:	

TEAM MEMBERS

TY REGUI

SCHEDULE 1L

NOTICE OF INJURY/ILLNESS

Case Number							
From The Log:							
Information About The E	mployee						
Full Name of Injured (La	st, First, MI):	4			Employe	ee ID	
Street Address	City	00			State:		Zip:
Disco Employee	Augmented Employee				Job clas	sificatio	n: 3
Date of Birth:	Date Hired:		Male □			Female	e 🗆
Information About The P	hysician Or Othe	r Health Ca	re Provide	r			
Name of physician or oth	er health care pr	ofessionals	- Y		\		
If treatment was given a	way from the wo	rksite, wher	e was it gi	ven?			
Facility:				000			
Street:	City:		State:			Zip:	22
Was employee treated in	an emergency re	oom? 🗆 Ye	es 🗆 No				* /
Information About The C	ase						
	ne of Injury:	Date of N		began	employee work:		0 Digit Org Code:
Severity of injury/illness:	Injury /illnes	ss type:	Nature of	injury:		Body p	oart injured:
select	Select		select			Select	
What was the employee	doing just before	the inciden	t occurred	?			
What happened?							
What was the injury or ill							
What object or substance			ree?				
If the employee died, wh	en did the death	occur?					
Completed by:	Title :		Phone			Date:	

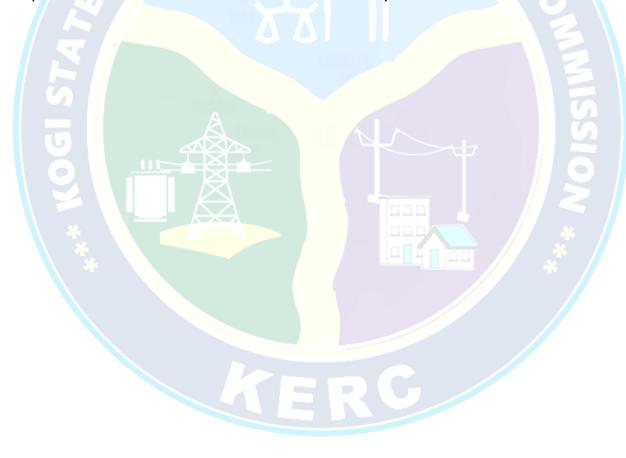
REPORTING REQUIREMENTS FOR GENERATION LICENSEES

Schedule 2A: Generation Licensee shall submit the required data for computation of Key Performance Indicators (KPIs).

Schedule 2B: Generation Licensee shall submit Forecast Expenditure Report

Schedule 2C: Generation Licensee shall submit a monthly Market Settlement Statement.

*Requirement for Environment is not in any Standard Format or Template, and so has to be developed in a Professional and Presentable manner by the Licensee.



SCHEDULE 2A

REQUIRED DATA FOR COMPUTATION OF KEY PERFORMANCE INDICATORS FOR GENERATION COMPANIES

S/N	KPIs	DATA DESCRIPTION	UNITS	DATA	FREQUENCY OF REPORTING	ACTUAL PERFORMANCE
TEC	INICAL PERFORMANCE INDICATORS					
1	Station Load factor	Total Energy Generated	MWH	72	Monthly	
		Available Capacity x Hrs of Month reporting	мwн		Monthly	
2	Megawatts hours lost due to grid disturbance Megawatts hours lost due to failure within the Power Station	Total Outage Time (Hrs) due to grid disturbance Megawatts hours lost due to failure within the Power Station	HRS MWH		Monthly Monthly	
1	Number of failures leading to loss of more than 20% rated output	Number of failures leading to loss of more than 20% rated output	No.		Monthly	
	Capacity Utilization Index	Available Capacity	MW		Monthly	
		Installed Capacity	MW		Monthly	
7	Planned output Capacity for the reporting period Achieved output Capacity for the reporting period	Planned output Capacity for the reporting period Achieved output Capacity for the reporting period	MW MW		Monthly Monthly	
	Generation Utilization Index	Average Actual Generation (MW)	MW	,	Monthly	
		Available Capacity (MW)	MW		Monthly	
	Station Reliability Index	Number of Available Units (N)	No.		Monthly	
,		Reporting Period (Hrs)	HRS		Monthly	
	Station Reliability Tridex	Number of Unavailable Units (n)	No.		Monthly	
	*	Down time of Unavailable Units (t)	HRS		Monthly	
		Volume of Gas Consumed	M ³		Monthly	
LO	Average Plant Heat Rate (J/MWH)	Calorific Value of Gas	J/M³		Monthly	
		Total Energy Generated	MWH		Monthly	
11	Planned Maintenance Index	Number of Routine preventive maintenance rectified	No.		Monthly	
		Number of Routine preventive maintenance reported	No.		Monthly	
.2	Breakdown Maintenance Index	Number of Breakdown defects rectified	No.		Monthly	
		Number of Breakdown defects reported	No.		Monthly	
13	Total De-rated Energy (TDE)	Unplanned De-rated Energy (UDE)	MWH		Monthly	

		Planned De-rated Energy (PDE)	MWH	Quarterly
14	Total Outage Hours (TOH)	Unplanned Outage Hours (UOH)	HRS	Monthly
		Planned Outage Hours (POH)	HRS	Monthly
15 16	Total Number of Units Total Number of Units out of service for more than 30 days	Total Number of Units in the Station Total Number of Units out of service for more than 30 days	No.	Monthly Quarterly
17	Total Number of Units Back in Service after 30 days New Generation Capacity Added (MW)	Total Number of Units Back in Service after 30 days New Generation Capacity Added	No.	Quarterly Annual
18 19	Number of New Generating Units Commissioned	Number of New Generating Units Commissioned	MW No.	Annual
20	Number and Capacity of Generating Units Under Construction Number and Capacity of Generating Units Under Rehabilitation	Number and Capacity of Generating Units Under Construction Number and Capacity of Generating Units Under Rehabilitation	No. & MW	Annual Bi-Annual
21 22			No. & MW No.	
	Number of Generating Units Decommissioned	Number of Generating Units Decommissioned		Annual
	Number of deficitating office Decommissioned	Total Energy Generated	MWH	Monthly
23	Total Energy consumed by the Station	Total Energy Delivered to Transmission	мwн	Monthly
24 25	Total Volume of Gas Supplied Total Volume of Gas Required	Total Volume of Gas Supplied Total Volume of Gas Required	MMSCF MMSCF	Monthly Monthly
26	No. of Gas Supply Interruptions	No. of Gas Supply Interruptions	No.	Monthly
27 28	Total Duration of Gas Supply Interruptions Total Megawatt Lost due Gas Supply Interruptions	Duration of Gas Supply Interruptions Megawatt Lost due Gas Supply Interruptions	HRS MW	Monthly Monthly
29	Lake Level: Maximum, Current and Minimum Levels	Lake Level: Maximum, Current and Minimum Levels	Meters	Monthly
FIN	NCIAL PERFORMANCE INDICATORS			
30	Generation Unit Cost	Total Expenditure	NAIRA	Monthly
		Total Energy Generation	MWH	Monthly
31	Staff Cost Index	Total Staff Expenditure	NAIRA	Monthly
		No. of Full Time Employees	No.	Quarterly
32	Staff Productivity Index	Total Energy Generated	мwн	Quarterly
		No. of Full Time Employees	No.	Quarterly
33	Cost of Planned Maintenance	Cost of Planned Maintenance	NAIRA	Monthly
34	Cost of Breakdown Maintenance	Cost of Breakdown Maintenance	NAIRA	Monthly

35	Cost of New Generation Capacity Added Cost of New Generation Units Commissioned	Cost of New Generation Capacity Added Cost of New Generation Units Commissioned	NAIRA		Annual Annual	
36 37	Cost of Generating Units under Rehabilitation	Cost of Generating Units under Rehabilitation	NAIRA NAIRA		Bi-Annual	
38	Cost of Generating Units Decommissioned Cost of Fuel	Cost of Generating Units Decommissioned Cost of Fuel	NAIRA	P	Annual Monthly	
39			NAIRA			

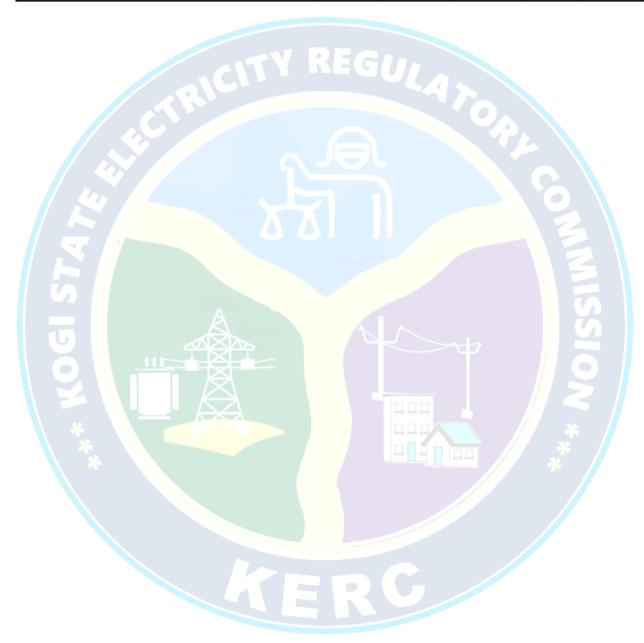
40 Total Investment Planned Cost Total Investment Planned Cost NAIRA Annual



SCHEDULE 2B YEARLY FORECAST EXPENDITURE REPORTING TEMPLATE FOR GENERATION COMPANIES

GENERATOR SUBSTATION CAPITAL EXPENDITURE Governor Operating Expenses Reactive Power Frequency Response IT Equipments Health & Safety IT equipments Generator Iturbines Furniture/Office Equipments Land And Buildings Ancillary Services Motor Vehicles Spare Parts Other Machineries RECURRENT EXPENDITURE Fuel Salary Administration Pension And Gratuity Computer Consumables Maintenance Training Interest Expense No Of Staff SOURE OF FUNDING Government Subsidy Other Expected Income Revenue From The Sales Of Electricity				GENERA	411011	COMP
CAPITAL EXPENDITURE Governor Operating Expenses Reactive Power Frequency Response IT Equipments Health & Safety IT equipments Generator Turbines Furniture/Office Equipments Land And Buildings Ancillary Services Motor Vehicles Spare Parts Other Machineries RECURRENT EXPENDITURE Fuel Salary Administration Pension And Gratuity Computer Consumables Maintenance Training Interest Expense No Of Staff SOURE OF FUNDING Government Subsidy Other Expected Income		2029	2028	2027	2026	2025
Governor Operating Expenses Reactive Power Frequency Response IT Equipments Health & Safety IT equipments Generator Turbines Furniture/Office Equipments Land And Buildings Ancillary Services Motor Vehicles Spare Parts Other Machineries RECURRENT EXPENDITURE Fuel Salary Administration Pension And Gratuity Computer Consumables Maintenance Training Interest Expense No Of Staff SOURE OF FUNDING Government Subsidy Other Expected Income	GENERATOR SUBSTATION			-		
Governor Operating Expenses Reactive Power Frequency Response IT Equipments Health & Safety IT equipments Generator Turbines Furniture/Office Equipments Land And Buildings Ancillary Services Motor Vehicles Spare Parts Other Machineries RECURRENT EXPENDITURE Fuel Salary Administration Pension And Gratuity Computer Consumables Maintenance Training Interest Expense No Of Staff SOURE OF FUNDING Government Subsidy Other Expected Income	CAPITAL EXPENDITURE					
Operating Expenses Reactive Power Frequency Response IT Equipments Health & Safety IT equipments Generator Turbines Furniture/Office Equipments Land And Buildings Ancillary Services Motor Vehicles Spare Parts Other Machineries RECURRENT EXPENDITURE Fuel Salary Administration Pension And Gratuity Computer Consumables Maintenance Training Interest Expense No Of Staff SOURE OF FUNDING Government Subsidy Other Expected Income						
Reactive Power Frequency Response IT Equipments Health & Safety IT equipments Generator Turbines Furniture/Office Equipments Land And Buildings Ancillary Services Motor Vehicles Spare Parts Other Machineries RECURRENT EXPENDITURE Fuel Salary Administration Pension And Gratuity Computer Consumables Maintenance Training Interest Expense No Of Staff SOURE OF FUNDING Government Subsidy Other Expected Income		REG				
Frequency Response IT Equipments Health & Safety IT equipments Generator Turbines Furniture/Office Equipments Land And Buildings Ancillary Services Motor Vehicles Spare Parts Other Machineries RECURRENT EXPENDITURE Fuel Salary Administration Pension And Gratuity Computer Consumables Maintenance Training Interest Expense No Of Staff SOURE OF FUNDING Government Subsidy Other Expected Income			4			
IT Equipments Health & Safety IT equipments Generator Turbines Furniture/Office Equipments Land And Buildings Ancillary Services Motor Vehicles Spare Parts Other Machineries RECURRENT EXPENDITURE Fuel Salary Administration Pension And Gratuity Computer Consumables Maintenance Training Interest Expense No Of Staff SOURE OF FUNDING Government Subsidy Other Expected Income						
Health & Safety IT equipments Generator Turbines Furniture/Office Equipments Land And Buildings Ancillary Services Motor Vehicles Spare Parts Other Machineries RECURRENT EXPENDITURE Fuel Salary Administration Pension And Gratuity Computer Consumables Maintenance Training Interest Expense No Of Staff SOURE OF FUNDING Government Subsidy Other Expected Income				4		
IT equipments Generator Turbines Furniture/Office Equipments Land And Buildings Ancillary Services Motor Vehicles Spare Parts Other Machineries RECURRENT EXPENDITURE Fuel Salary Administration Pension And Gratuity Computer Consumables Maintenance Training Interest Expense No Of Staff SOURE OF FUNDING Government Subsidy Other Expected Income						
Generator Turbines Furniture/Office Equipments Land And Buildings Ancillary Services Motor Vehicles Spare Parts Other Machineries RECURRENT EXPENDITURE Fuel Salary Administration Pension And Gratuity Computer Consumables Maintenance Training Interest Expense No Of Staff SOURE OF FUNDING Government Subsidy Other Expected Income						
Turbines Furniture/Office Equipments Land And Buildings Ancillary Services Motor Vehicles Spare Parts Other Machineries RECURRENT EXPENDITURE Fuel Salary Administration Pension And Gratuity Computer Consumables Maintenance Training Interest Expense No Of Staff SOURE OF FUNDING Government Subsidy Other Expected Income					0	
Eurniture/Office Equipments Land And Buildings Ancillary Services Motor Vehicles Spare Parts Other Machineries RECURRENT EXPENDITURE Fuel Salary Administration Pension And Gratuity Computer Consumables Maintenance Training Interest Expense No Of Staff SOURE OF FUNDING Government Subsidy Other Expected Income						
Land And Buildings Ancillary Services Motor Vehicles Spare Parts Other Machineries RECURRENT EXPENDITURE Fuel Salary Administration Pension And Gratuity Computer Consumables Maintenance Training Interest Expense No Of Staff SOURE OF FUNDING Government Subsidy Other Expected Income						
Ancillary Services Motor Vehicles Spare Parts Other Machineries RECURRENT EXPENDITURE Fuel Salary Administration Pension And Gratuity Computer Consumables Maintenance Training Interest Expense No Of Staff SOURE OF FUNDING Government Subsidy Other Expected Income					11 6	
Motor Vehicles Spare Parts Other Machineries RECURRENT EXPENDITURE Fuel Salary Administration Pension And Gratuity Computer Consumables Maintenance Training Interest Expense No Of Staff SOURE OF FUNDING Government Subsidy Other Expected Income						
Spare Parts Other Machineries RECURRENT EXPENDITURE Fuel Salary Administration Pension And Gratuity Computer Consumables Maintenance Training Interest Expense No Of Staff SOURE OF FUNDING Government Subsidy Other Expected Income						2
Other Machineries RECURRENT EXPENDITURE Fuel Salary Administration Pension And Gratuity Computer Consumables Maintenance Training Interest Expense No Of Staff SOURE OF FUNDING Government Subsidy Other Expected Income						2
RECURRENT EXPENDITURE Fuel Salary Administration Pension And Gratuity Computer Consumables Maintenance Training Interest Expense No Of Staff SOURE OF FUNDING Government Subsidy Other Expected Income				*************************************		
Fuel Salary Administration Pension And Gratuity Computer Consumables Maintenance Training Interest Expense No Of Staff SOURE OF FUNDING Government Subsidy Other Expected Income						
Salary Administration Pension And Gratuity Computer Consumables Maintenance Training Interest Expense No Of Staff SOURE OF FUNDING Government Subsidy Other Expected Income	RECURRENT EXPENDITURE				// <	
Administration Pension And Gratuity Computer Consumables Maintenance Training Interest Expense No Of Staff SOURE OF FUNDING Government Subsidy Other Expected Income	Fuel					
Pension And Gratuity Computer Consumables Maintenance Training Interest Expense No Of Staff SOURE OF FUNDING Government Subsidy Other Expected Income	Salary			70	*	
Computer Consumables Maintenance Training Interest Expense No Of Staff SOURE OF FUNDING Government Subsidy Other Expected Income	Administration				*	
Maintenance Training Interest Expense No Of Staff SOURE OF FUNDING Government Subsidy Other Expected Income	Pension And Gratuity					
Training Interest Expense No Of Staff SOURE OF FUNDING Government Subsidy Other Expected Income	Computer Consumables					
Interest Expense No Of Staff SOURE OF FUNDING Government Subsidy Other Expected Income	Maintenance					
No Of Staff SOURE OF FUNDING Government Subsidy Other Expected Income	Training					
No Of Staff SOURE OF FUNDING Government Subsidy Other Expected Income	Interest Expense					
Government Subsidy Other Expected Income						
Other Expected Income	SOURE OF FUNDING					
Other Expected Income	Government Subsidy					

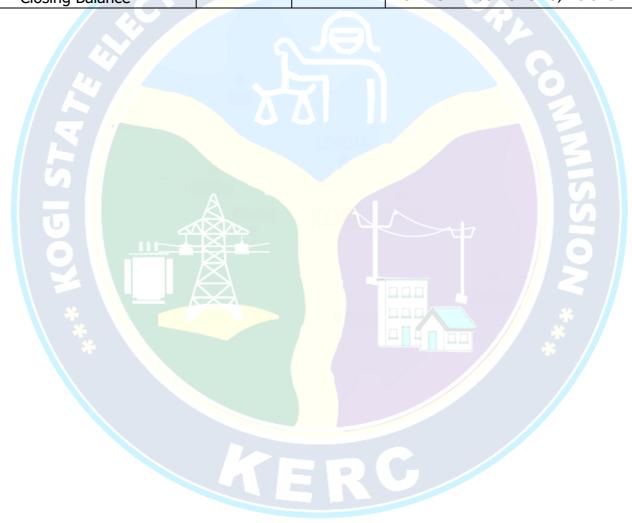
WORK IN PROGRESS			
Capital Investment For The Project			
Level Of Work Done			
Proposed Date Of Completion			
Certificate Of Completion			



MONTHLY MARKET SETTLEMENT STATEMENT TEMPLATE FOR GENERATION COMPANIES

	NAME OF GENERATION C	OMPANY		REPORTING MONTH:	
		AMO	UNT		
S/N	DESCRIPTION	PREVIOUS MONTH	CURRENT MONTH	REMARKS	
1	Total Energy Generated		$\mathbf{X} \mathbf{I} = \mathbf{I}$	In kWh	
2	Total Energy Internally Used		101010	In kWh	
3	Total Energy Sent Out			In kWh	
4	Amount Invoiced:	A			
5	Capaci <mark>ty</mark> Charge @ NX/MW			Specify Applicable MW	
6	Energy Ch <mark>ar</mark> ge @ NX/mWh			Row 3 multiplied by Row Energy Charge per mWh	
7	Total Invoice Amount	\rightarrow		Row 5 plus Row 6	
8	Amount Received from the DISCO			Specify Amount Received From DISCO If Any	
9	Amount Received from the M/O			Specify Amount Received From DISCO If Any	
10	Any Other Receipts			E.g, Income from investments, interests, etc	
11	Total GENCO Revenue			Addition of Rows 8, 9 and 10	
12	Add Beginning Balance		26	Same as closing balance of previous month	
13	Total Funds Available			Column 11 plus Column 12	
14	Applied as follows:				

15	CAPEX			Total of all Capital expenditure
16	OPEX			Total of all Operating expenses (salaries,
		TV	REGI	maintenance, etc)
17	Others	C		Please specify type of other expenditure here
18	Closing Balance			Row 13 minus Rows 15, 16 and 17



REPORTING REQUIREMENTS FOR TRANSMISSION LICENSEES

- Schedule 3A Required Data for Computation of Key Performance indicators for Transmission Companies
- Schedule 3B Transmission Equipment Reporting on Conditions of Transformers
- Schedule 3C Transmission Equipment Reporting on Conditions of Circuit Breakers
- Schedule 3D Transmission Equipment Reporting on Conditions of Reactors
- Schedule 3E Transmission Equipment Reporting on Conditions of Ground Switches
- Schedule 3F Transmission Equipment Reporting on Conditions of 132kV Transmission Lines
- Schedule 3G Transmission Equipment Reporting on Conditions of 330kV Transmission Lines
- Schedule 3H Transmission Equipment Reporting on Conditions of Isolators
- Schedule 3I Transmission Equipment Reporting on Conditions of Communication/SCADA
- Schedule 3J Monthly Forecast Reporting Template for Market Operator
- Schedule 3K Yearly Forecast Reporting Template for Market Operator
- Schedule 3L Monthly Forecast Expenditure Reporting Template for Generation Companies
- Schedule 3M Monthly Disbursement Summary Template for Market Operator
- Schedule 3N Reporting Template for Trading Monthly Reporting Format

Schedule 30 Reporting Requirement for Electricity Trading Annual Report

*Connection Agreements, Investment and Revenue Requirements, Charges for Connection, Transmission Master Plan and Capacity, Operational Planning and Central Dispatch, System Operation Budget and Charges, Settlement System, Market Operation Budget and Charge, Market Operations: Development and Compliance with Market Rules, Environment are not in any Standard Format or Template, and so have to be developed in a Professional and Presentable manner by the Licensee.

SCHEDULE 3A

REQUIRED DATA FOR COMPUTATION OF KEY PERFORMANCE INDICATORS FOR TRANSMISSION COMPANY OF NIGERIA (TCN)

S/N	KPIS	DATA DESCRIPTION	UNITS	DATA	FREQUENCY OF REPORTING	ACTUAL PERFORMANCE
ECH	NICAL PERFORMANCE INDICATORS					
		Duration Of Each Interruption (Hrs)	hrs		Monthly	
L	System Average Interruption Duration Indicator (SAIDI)	Number Of Interruptions	No.	76	Monthly	
		Total Number Of Delivery Points	No.		Monthly	
	System Average Interruption Frequency Indicator (SAIFI)	Number Of Interruptions	No.		Monthly	
		Total Number Of Delivery Points	No.		Monthly	
	Overall System Transmission Lines Unavailability	Total Lines Outage Time (Hrs)	hrs		Monthly	
		Total Reporting Time (Hrs)	hrs		Monthly	
	System Average Restoration Index	Total Duration Of All Interruptions (Hrs)	hrs		Monthly	
	S	Total Number Of Sustained Interruptions	No.		Monthly	
	Load Shedding Severity Index (LSSI)	Unsupplied Power In Mw Due To Load shedding	mw		quarterly	
	C C	System Peak Load	mw		quarterly	
	Average Forced Outage Duration For Faults	Forced Outage Hours For Transmission Equipment	hrs		Monthly	
		Number Of Forced Outage Incidents	No.		Monthly	
	Transformers Capacity Utilization	Average Maximum Transformers Loading (MVA)	MVA		Monthly	
		System Installed Transformer Capacity (MVA)	MVA		Monthly	
	Total Time Of Interrupting Transmission Lines Per Km	Total Interruption Time (Hrs)	hrs		Monthly	
		Total Transmission Lines Length (Km)	km		Monthly	
.0	Maximum, Average And Minimum System Frequency Maximum, Average And Minimum System Voltages	Maximum, Average And Minimum System Frequency(Hz) Maximum, Average And Minimum System Voltages	hz kv		Monthly Monthly	
.0	Plaximum, Average And Philimum System Voltages	Planifiditi, Average And Pililimiditi System voltages	NV		Mondily	
1	System Collapses Index	total number of system collapses (partial & total for the 2 islands)	No.		Monthly	
.2	Transmission Losses	Total Energy Injected Into The Grid (MWh)	MWh		Monthly	
		Total Energy Sent Out (MWh)	MWh		Monthly	
.3	Internal Utilization	Energy Received From Gencos At TCN Metering Point	MWh			
		Energy Sent Out To Discos From Tcn Metering Point	MWh			

14	Number Of Significant Incidents Recorded New	Number Of Significant Incidents Recorded New	No.	Monthly Annual
15	Transmission Lines Length Added (Km)	Transmission Lines Length Added (Km)	km	
16	New Transmission Lines Length Work In Progress (Km)	New Transmission Lines Length Work In Progress (Km)	km	Annual
17	New Transformation Capacity Added (MVA)	New Transformation Capacity Added (MVA)	MVA	Bi-Annual
18	New Transformation Capacity Work In Progress (MVA)	New Transformation Capacity Work In Progress (MVA)	MVA	Bi-Annual
19	Total Length Of Transmission Lines (Km) Total Length Transmission Lines (Km)		km	Annual
20	Total System Transformation Capacity (MVA)	Total System Transformation Capacity (MVA)	MVA	Quarterly
21	Number Of Shutdowns Per Month Per GSPS, Averaged Across All BSPS Caused By Failure Of Overloading Of Part Or All Of The Transmission System.	Number Of Shutdowns Per Month Per GSPS, Averaged Across All BSPS Caused By Failure Of Overloading Of Part Or All Of The Transmission System.	No.	Monthly
22	Number And Capacity Of New Power Stations , DCCS And BSPS That Have Signed Connection Agreements (Tabulate Formats Including Name, Capacity, Connection Date Requested And Anticipated Delay)	Number And Capacity Of New Power Stations , DCCS And BSPS That Have Signed Connection Agreements (Tabulate Formats Including Name, Capacity, Connection Date Requested And Anticipated Delay)	No./MW	Annual
23	Percentage Sub-Stations Covered By SCADA Systems	Percentage Sub-Stations Covered By SCADA Systems Total	%	Quarterly
24	Staff Productive Index	Energy Transmitted To Disco	MWh	Monthly
		Total Number Of Employees (Full Time, Part Time & Casual)	No.	Monthly
FINA	NCIAL PERFORMANCE INDICATORS			
25	Transmission Unit Cost	Total Transmission Operating Costs (Naira)	Naira	Monthly
	17	Total Energy Wheeled (MWh)	MWh	Monthly
26	Cost Of New Transmission Lines Length Added	Cost Of New Transmission Lines Length Added	Naira	Annual Quarterly
27	Cost Of New Transmission Lines Length Work In Progress	Cost Of New Transmission Lines Length Work In Progress	Naira	
28	Cost Of New Transformer Capacity Added	Cost Of New Transformer Capacity Added	Naira	Quarterly
29	Total Investment Planned Cost	Total Investment Planned Cost	Naira	Annual
30	Cost Of New Transformer Capacity Work In Progress	Cost Of New Transformer Capacity Work In Progress	Naira	Quarterly
CUST	OMER SERVICE PERFORMANCE INDICATORS			Se /

Number Of Customers (BSPS And DCCS) Connected Number Of Customers (BSPS And DCCS) Connected No.

Annual

SCHEDULE 3B

			ANSMISSION EQUIPM ANSFORMERS	ENT REPORTI	NG ON CONDITIONS OF		
S/N	REGION	STATION	EQUIPMENT UNAVAILABLE	EFFECTIVE DATE	EQUIPMENT DOWNTIME DAY(S)	CAUSE(S)	REMARKS
1				STATE OF THE PARTY			
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4		15					
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6		96					
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SCHEDULE 3C

	TRANSMISSION EQUIPMENT REPORTING ON CONDITIONS OF CIRCUIT BREAKERS										
S/N	REGION	STATION	EQUIPMENT UNAVAILABLE	EFFECTIVE DATE	EQUIPMENT DOWNTIME DAY(S)	CAUSE(S)	REMARKS				
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SCHEDULE 3D

	TRANSMISSION EQUIPMENT REPORTING ON CONDITIONS OF REACTORS											
S/N	REGION	STATION	EQUIPMENT UNAVAILABLE	EFFECTIVE DATE	EQUIPMENT DOWNTIME DAY(S)	CAUSE(S)	REMARKS					
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14				0	
15					

SCHEDULE 3E

		TRAI	NSMISSION EQUIPM	ENT REPORTI	NG ON CONDITIONS OF	GROUND SW	VITCHES
S/N	REGION	STATION	EQUIPMENT UNAVAILABLE	EFFECTIVE DATE	EQUIPMENT DOWNTIME DAY(S)	CAUSE(S)	REMARKS
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5				FR	G		
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12	1					
13	7 7					
14			101010			
15	SI	A			2	

SCHEDULE 3F

	TRANSMISSION EQUIPMENT REPORTING ON CONDITIONS OF 132kV TRANSMISSION LINE											
S/N	REGION	STATION	EQUIPMENT UNAVAILABLE	EFFECTIVE DATE	EQUIPMENT DOWNTIME DAY(S)	CAUSE(S)	REMARKS					
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2					c /							
3				EK								
4												

5						
6			y DEA			
7		CIT	T REG	LAZ		
8		C		00		
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10	4					
11	4 b					
12	1					
13	5	A			2	
14	D				81/	
15	9)					

SCHEDULE 3G

	TRANSMISSION EQUIPMENT REPORTING ON CONDITIONS OF 330kV TRANSMISSION LINE										
S/N	REGION	STATION	EQUIPMENT UNAVAILABLE	EFFECTIVE DATE	EQUIPMENT DOWNTIME DAY(S)	CAUSE(S)	REMARKS				
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2											

3						
4			V DEC			
5		CICIT		LAN		
6		C		00		
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13	9)					
14	*					
15	*			*		

SCHEDULE 3H

	TRANSMISSION EQUIPMENT REPORTING ON CONDITIONS OF ISOLATORS								
	ı		F ISULATURS			ı	T		
			EQUIPMENT	EFFECTIVE	EQUIPMENT				
S/N	REGION	STATION	UNAVAILABLE	DATE	DOWNTIME	CAUSE(S)	REMARKS		

				(DAY(S)	
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4					
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7			10000		
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10	9				
11					
12	*			*	
13					
14					
15					
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SCHEDULE 3I

TRANSMISSION EQUIPMENT REPORTING ON CONDITIONS OF **COMMUNICATION/SCADA EQUIPMENT EFFECTIVE EQUIPMENT DOWNTIME** UNAVAILABLE DATE CAUSE(S) REMARKS S/N REGION STATION (DAY(S) 2 3 4 5 6 8 9 10 11 12 13 14 15

SCHEDULE 3J MONTHLY FORECAST REPORTING TEMPLATE FOR MARKET OPERATOR

	Jan	Feb.	Mar	Apr	May	Jun	Jul
CAPITAL EXPENDITURE							
Furniture/Office Equipments		4 b					
Land and Buildings							
Motor Vehicles			P.				
Computers							
Other Machineries							
RECURRENT EXPENDITURE							
Salary							
Administrative Expenses				N			
Pension							
Computer Consumables				l G			
Maintenance				6			
Training		$-\Psi$					
No of staff				7			
Information Technology		7					
	0.00			32			
Capacity Available From Generators				*			
Total Energy Received By The Discos				* /			
Energy Injected Into The Grid	-\/						
Energy Extracted From The Grid							
Total Sales At The Wholesale Market							
Administration of the Present PPA'S							
Revenue Collection Of The Discos							
Distribution of Revenue Collected From The Discos							
Subsidy Received For The Government							
Subsidy Distribution							

Technical Losses				
Non Technical Losses				
No of Unmetered Points				
No of Trading Points to be Metered				
Prepayment Metering Program				
Gas Consumption as Against Energy Generated				

SCHEDULE 3K YEARLY FORECAST REPORTING TEMPLATE FOR MARKET OPERATOR

		2024	2010	2011	2012	2013
CAPITAL EXPENDITURE				2		
Furniture/Office Equipments	Inimia					
Land And Buildings						
Motor Vehicles				10		
Computers				V.		
Other Machineries		\rightarrow	J			
RECURRENT EXPENDITURE						
Salary						
Administrative Expenses				*		
Pension				* /	/	
Computer Consumables						
Maintenance						
Training						
No of Staff						
Information technology						
Capacity Available From Generators						

Total Energy Received By The Discos				
Energy Injected Into The Grid				
Energy Extracted From The Grid				
Total Sales At The Wholesale Market				
Administration Of The Present PPA'S	A			
Revenue Collection Of The Discos		OA		
Distribution Of Revenue Collected From The Discos				
Subsidy Received For The Government				
Subsidy Distribution				
Technical Losses				
Non Technical Losses			5	
No Of Unmetered Points			1 2	
No Of Trading Points To Be Metered				
Prepayment Metering Program			II U	
Gas Consumption As Against Energy Generated			G	

SCHEDULE 3L

MONTHLY FORECAST REPORTING TEMPLATE FOR MARKET OPERATOR

*	JAN	FEB	MAR	APRIL	MAY	JUN	JUL	AUG	SEPT	ОСТ	NOV	DEC
ACTUALS												
CAPITAL EXPENDITURE												
Governor												
Operating Expenses												
Reactive Power												
Frequency Response			>									
IT Equipments		4		1	4							
Health & Safety												
IT Equipments												

Turbines/Generators											
Furniture/Office Equipments											
Land and building											
Ancillary Services		-15	V	RE(211						
Motor Vehicles		CI I			40	A					
Spare Parts	11.2					(V	76				
Other Machineries											
RECURRENT EXPENDITURE								حار			
Fuel			19/		2						
Salary				<u>.</u>	-7						
Administration											
Pensions and Gratuity			0) (71					9		
Computer Consumables											
Maintenance											
Training									T.A		
Interest expense		8									
SOURE OF FUNDING	$\triangle 1$				H		1 7				
Government Subsidy	.	\$ 									
Other Expected Income	ľ	₹\							5		
Revenue From The Sales Of Electricity									1		
WORK IN PROGRESS					П.				*		
Capital Investment for the Project						4			*		
Level of Work Done									· /		
Proposed Date of Completion											
Certificate of Completion											
MWS of Electricity Generated											
MWS of Electricity Sent Out											

SCHEDULE 3M MONTHLY DISBURSEMENT SUMMARY TEMPLATE FOR MARKET OPERATOR

REPORTING MONTH:

				KLIOKI	1110 1110	/14 1 1 1 1						
S/N	DESCRIPTION	DATE OF PAYMENT	TOTAL	KEDCL							REMARK	

	1		ı		1	1	1	I	1	ı	I	1	1	1	
	ACTUAL REVENUES:														
						57									
	ACTUAL REVENUE COLLECTED BY KEDCL			111	Y	11.	G								
	MYTO SUBSIDY PAID TO M/O BY CBN		. 68						7						
	OPENING BAL. OF MKT. SETTLEMENT ACCOUNTS	20								A					
1	TOTAL REVENUE														
	DISBURSED AS FOLLOWS:	4 //													
2	DISTRIBUTION COMPANIES					2					10				
	AMOUNT RETAINED BY KEDCL FROM IGR			1) (V						11 =				
	AMOUNT PAID TO KEDCL FROM SUBSIDY											M			
	Total Amount Paid to DISCOS														
3	AMOUNT PAID FOR FUEL (GAS)			8		νn	AI					LA			
4	AMOUNT PAID TO GENCOS		44						中						
	EGBIN			\$ _											
	SHIRORO		K	\mathcal{K}				100							
	KAINJI										د ا				
	etc										*				
	Total paid to Gencos										76				
5	AMOUNT PAID TO IPPs					١	7								
	Captive Power GenCos														
	Isolated Mini-Grids														
	Others														
	etc														
	Total Paid to IPPs														

6	AMOUNT PAID TO TCN												
7	AMOUNT PAID TO KERC												
8	AMOUNT PAID TO PHCN CHQ					D).							
9	OTHER DEDUCTIONS				A	11.	96	1					
	(a)		(8)						16				
	(b)									T			
	(C)	· /			1						C		
	Total Other Payments					2					10		
10	TOTAL DISBURSEMENT												
11	CLOSING BALANCE (Row 1 minus Row 10)												
Dlc c	necify date of navment for navments made	to each henet	ficiary in t	he third co	lumn								

Pls specify date of payment for payments made to each beneficiary in the third column.

SCHEDULE 3N

Year:_

REPORTING TEMPLATE FOR TRADING - MONTHLY REPORTING FORMAT

Requirements: Actual Expenditure

Capital Expenditure Estimates:

Land and buildings Distribution Equipments:

Transformers

Feeder Pillars

Cables

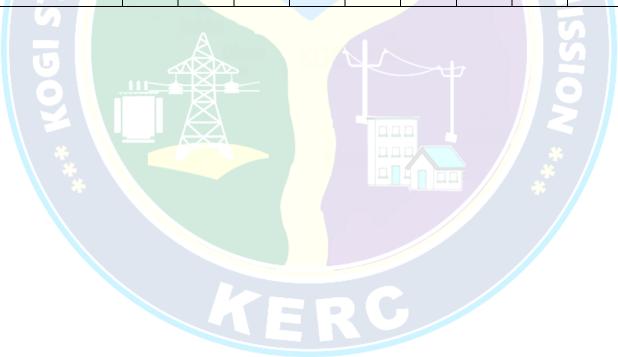
Others (specify)

Operational Vehicles Meters & Instruments:

Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec
				\sim							
			1								
			1	A G							

				1		<u> </u>	I			1	1	<u> </u>
PPM												
MD Meters												
Digital Meters				575								
Others (specify)			7 1	44	c_{III}							
Information Technology		101				4						
TOTAL:	A 1					. ' /						
Recurrent Expenditure Estimates:							A)					
Salary and Wages			\sim		-)\							
Repairs and Maintenance												
Billing and Collection expenses												
Capacity building												
Staff Welfare				71	UU.			1 5				
Admin Expenses								11 2				
Health and Safety												
Pension & Gratuity									2			
Bank Charges		A										
Consumer Service Expenses	41	\mathbb{Q}				$\rightarrow 4$	7		4			
Taxation	111-1											
TOTAL:		\bowtie										
	'	\Longrightarrow			0.0							
*								*				
\ *								*				
								700				
Source Of Funds:												
Internally Generated Revenue Others												
(specify):				4 -	X							
TOTAL:												
Indicate Number of Employees:												
indicate Humber of Employees.				I	I						I	

Volume of Trading in KW/H: Purchased From:													
Sold To:													
Point of Purchase:					-11	DE							
Purchase Price:			C	11									
Point of Sale:													
Sale Price:		GY.					A)						
Transmission Loss:													
Trading Margin:							Δ						
Energy Bought in KWH	nergy Bought in KWH			0	7	U		15					
Energy Sold in KW/H					LONG			11 3					



SCHEDULE 30 REPORTING REQUIREMENT FOR ELECTRICITY TRADING ANNUAL REPORT

Requirements:

·	2029	2028	2027	2026	2025
	A DE	UU			
Capital Expenditure Estimates:			4>		
Land and buildings			\sim 0		
Distribution Equipments:				P. \	
Transformers	a 15				
Feeder Pillars					
Cables					
Others (specify)					
Operational Vehicles					
Meters & Instruments:					
PPM					
MD Meters					S
Digital Meters					S
Others (specify)			$\geq \Psi$		
Information Technology					9
TOTAL:			_7		7
Recurrent Expenditure Estimates:					
Salary and Wages					· /
Repairs and Maintenance				*	
Billing and Collection expenses					
Capacity building Staff Welfare					
Admin Expenses					
Health and Safety					
Pension & Gratuity					
Bank Charges					
Consumer Service Expenses					
Taxation					
TOTAL:					
Source Of Funds:					
Internally Generated Revenue Others					
(specify):					
TOTAL:					
1		<u> </u>	<u> </u>	<u> </u>	

	V D				
, olCl1		ant	Ax		
CIRICIT			(0		
Volume of Trading in KW/H:	57-13				
Purchased from:					
Sold To:					
Point of Purchase:					
Purchase Price:					
Point of Sale:	100				
Sale Price:					
Transmission Loss:					S
Trading Margin:	100	$A \mid A$			(A)
		4	$\rightarrow \psi$		
Indicate Number of Employees:					9
Energy received:					
Productivity in (kwh/staff)					*
Productivity in (Naira/staff)				*	

REPORTING REQUIREMENTS FOR DISTRIBUTION LICENSEES

Schedule 4A Required Data for Computation of Key Performance indicators for Electricity

Distribution Companies

Schedule 4B Six-Monthly Report on Derogation Requests by Electricity Distribution Companies

Schedule 4C Six-Monthly Report on Approved Derogation by Electricity Distribution Companies

Schedule 4D Register of Approved Distribution Code Derogations

Schedule 4E Distribution Load Shedding Plan

Schedule 4F 5-Year Demand Forecast

Schedule 4G 5-Year Distribution Plan

Schedule 4H Monthly Forecast Expenditure Reporting Template for Distribution Companies

Schedule 4I Yearly Forecast Expenditure Reporting Template for Distribution Companies

Schedule 4J Monthly Market Settlement Statement Template for Distribution Companies

Schedule 4K Monthly Complaints Report Template for Distribution Companies

Schedule 4L Customer Complaints register Template for Distribution Companies

SCHEDULE 4D

SCHEDULE 4A REQUIRED DATA FOR COMPUTATION OF KEY PERFORMANCE INDICATORS FOR ELECTRICITY DISTRIBUTION COMPANIES

ELECTRICITY DISTRIBUTION COMPANIES				
S/N	KPIs	DATA DESCRIPTION	UNITS	DATA
		TECHNICAL PERFORMANCE INDIC	ATORS	•
		Total Duration of Interruption (Hrs)	HRS	
1	System Average Interruption Duration Indicator (SAIDI)	Total Number of Interruptions to Customers	No.	
		Total Number of Registered Customers	No.	
		Total Number of System Interruptions	No.	
2	System Average Interruption Frequency Indicator (SAIFI)	Total Number of Supply Points affected (from Distribution Transformer Uprisers)	No.	
3	Customer Average Interruption Duration Indicator (CAIDI)	SAIDI	SAIDI	
		SAIFI	SAIFI	
4	Customer Average Interruption Frequency Indicator (CAIFI)	Total Number of customer interruptions	No.	
		Total number of Registered Customers	No.	
	HV Faults Clearance Index	No. of 33Kv & 11Kv Faults cleared within 8 hrs	No.	
5	40	Total 33kv & 11kv faults reported	No.	
	LV Faults Clearance Index	No. of LV faults cleared within 8 hrs	No.	
6		Total LV faults reported	No.	
7	Distribution Losses	Energy delivered to Distribution Company (KWH)	кwн	
		Energy Billed (KWH)	кwн	
8	Technical Losses New KVA Distribution Capacity Added	Physical Losses Due to Electricity Flow in Distribution Network New KVA Distribution Capacity Added	KWH KVA	
	Distribution Capacity KVA Work in Progress	Distribution Capacity KVA Work in Progress	KVA	
9	New Ditribution Lines Length Added Distribution Lines Length Work in Progress	New Ditribution Lines Length Added Distribution Lines Length Work in Progress	KM KM	
	Ratio of Capacity of relieve Sub-stations or upgraded Capacity of Substations to distribution system requirement	Capacity of new Sub-stations / relieve added (KVA)	KVA	
11	*	Capacity of new Sub-stations / relieve required (KVA)	KVA	
	*	FINANCIAL PERFORMANCE INDIC	ATORS	<u> </u>
12	Staff Cost Index	Total staff Expenditure (Naira)	NAIRA	
		Total Number of Full Time Employees	No.	
13	Staff Productivity Index	Total Cash Collected by the Distribution Company (Naira)	NAIRA	
		Total Number of Full Time Employees	No.	
	Distribution Unit Cost	Total Expenditure (Naira)	NAIRA	
14		Energy delivered to Distribution Company (KWH)	KWH	
		Total Energy Billed (KWH)	KWH	
	Billing Efficiency	Total Energy Billed (NAIRA)	NAIRA	
15		Total Energy Received (KWH)	кwн	
		Revenue Collected (Naira)	NAIRA	
	Collection Efficiency	Closing Balance (Naira)	NAIRA	
16		Revenue Billed (Naira)	NAIRA	
17	Naira per KWH Indicator	Total Cash Collected (Naira)	NAIRA	
	1	_	1	ı

SCHEDULE 4E

		Total Energy Delivered to Distribution Company	кwн	
18 19	Outstanding Debt at Month End Cost of New MVA Distribution Capacity Added	Outstanding Debt at Month End Cost of New MVA Distribution Capacity Added	NAIRA NAIRA	
20	Cost of Distribution Capacity MVA Work in Progress Cost of New Ditribution Lines Length Added	Cost of Distribution Capacity MVA Work in Progress Cost of New Ditribution Lines Length Added	NAIRA	
21 22	Total Investment Planned Cost	Total Investment Planned Cost	NAIRA NAIRA	
23	Cost of Distribution Lines Length Work in Progress	Cost of Distribution Lines Length Work in Progress	NAIRA	
		CUSTOMER SERVICE PERFORMANCE II	NDICATORS	
		Average Time taken to connect a New Customer from the point		
	New Service Average Connection Time Indicator	of application	DAYS	
23	New Service Average Confection Time Indicator	Total Number of New Customers connected	No.	
24	Number of New Service Connections Response to Customer Complaints Index	Number of New Service Connections Total time taken to respond to Customer Complaints (Hrs)	No. HRS	
	Luc	Total Number of Complaints received	No.	
25		Total No. of Customers Complaints resolved	No.	
	Meter Reading Frequency	Total No. Meters read	No.	
26		Total No. of Meters in the System	No.	
27	Pre-Payment Metering Ratio	Number of New Pre-Payment Meters Installed in the Month	No.	
	S)	Total Number of Pre-Payment Meters Required	No.	
28 29	Percentage of Customers metered Total Number of Customers by Classification	Percentage of Customers metered Total Number of Customers by Classification	% No.	
	O	Number of Read Meters - R	No.	
		Number of Estimatec Meters - E	No.	
	R.E.D. ANALYSIS	Number of Direct Connections on fixed code - D	No.	
		Total Number of Billed Customers	No.	
30		Energy Billed for Read Customers	кwн	
31	Customer Payment Response Rate	No. of credit Customers who paid bills	No.	
		Total Number of Credit Customers	No.	
32 33	Number of Significant Incidents Recorded Customer Satisfaction Survey	Number of Significant Incidents Recorded Customer Satisfaction Survey	No.	
		No. of Customers with Functional Meters	No.	
34	Customer Metering Ratio	Total Number of Customers	No.	
35	REBICOL Cycle	No. of Days from Meter Reading to Payment	No.	I.
Monthly		,	-	

SCHEDULE 4B

SCHEDULE 4F

SIX			N DEROGAT relevant documen	TION REQUESTS nts and details)	BY KEDCL	
			PERIO	OD: FROM	то	
S/NO	PARTY	TITLE OF DEROGATION REQUEST	DATE REQUEST RECEIVED	DESCRIPTION (Details Of Equipment, Connection Point, Nature And Extent Of Non-Compliance)	PROVISION(S) IN DISTRIBUTION CODE FOR WHICH DEROGATION IS SOUGHT	REASON FO NONCOMPL
			26			
	4				0	
	~ //				3	
	3 /		HOVOID		13	
$\frac{1}{2}$	ISCO ATE			S	CHEDULE 4C	
SIX	-MONTHL			ION REQUESTS	BY KEDCL	
		(please attach re	elevant document	ts and details)		
	DISCO N	NAME:				

SCHEDULE 4G

			PERIOD: F	ROM	TO		
PARTY	TITLE OF DEROGATION REQUEST	DATE REQUEST RECEIVED DESCRIPTION (Details Equipment, Connection Point Nature And Exte Of Compliance)	t, WHICH	DATE REQUEST RECEIVE D	DATE DEROGATION APPROVED	REASONS FOR APPROVAL	PROC OF REME ACTI ACHI COMI
		/ ITY	REGUA				
				415			
		110					
ı	REGISTER C	OF APPROVED DIS	STRIBUTION vant documents and		PEROGAT	TONS	
	NAME OF API	PROVING AUTHORITY:				Ö	
	NAME OF AP			(DISCO OR KERC)		N N N	·
S/NO	NAME OF API			(DISCO OR KERC)	PERIOD		
S/NO	*	PROVING AUTHORITY:		(DISCO OR KERC)		OF	

			KEDCL
		PEGU	DATE

DISTRIBUTION LOAD SHEDDING PLAN

(please give details and rosters. To be regularly updated)

33kV

Automatic Load Shedding

User Demand Reduction Including Voltage Reduction And System Frequency Reduction

Reduction Of Load In Planned Discrete Blocks

Load-Shedding Exemption Policy

Rotational Load Shedding

Communication Plan

<u>11kV</u>

As In 33kV

<u>415V</u>

Rotational Load Shedding

Load Shedding Exemption Policy Communication

Plan

5-Year Demand Forecast

(please attach relevant documents and details)

PERIOD: FROM_____TO

YEAR	PESSIMISTIC FORECAST	REALISTIC FORECAST	OPTIMISTIC FORECAST
1.		troC.	
2.		ERC	
3.			
4.			

5.					
DEMAND FORECAST FACTORS (using geographically based methodology)					

Historical demand data

Current and anticipated future land use

Population and demographic forecasts

Economic growth rates

Other information supplied by users

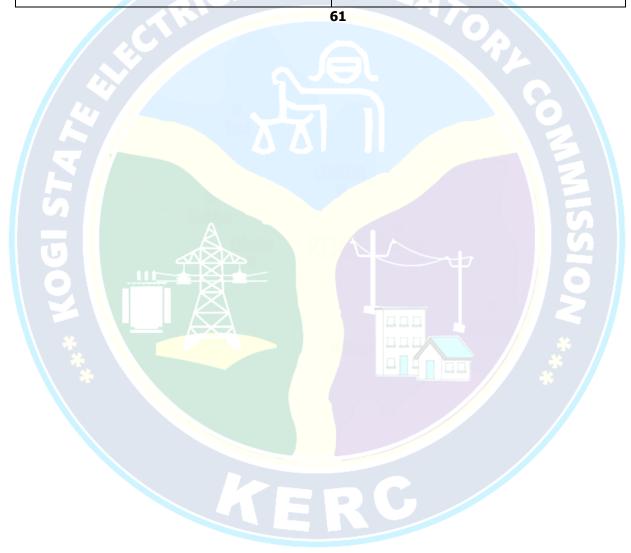
5-Year Distribution Plan

(please give details)

	PERIOD: FROMTO
Energy And Demand Forecasts For 5 Years	
Distribution Feeder Routing And Sizing	
Reactive Power Consumption Plan	
Voltage Drop Studies	
System Loss Studies	
Distribution Reliability Studies	

SCHEDULE 4K

Losses Reduction Plan	
Other Distribution Reinforcement Plans	
User Data As Inputs	
Technical Analysis	
Economic Analysis	EGULA



SCHEDULE

4H MONTHLY FORECAST EXPENDITURE REPORTING TEMPLATE FOR DISTRIBUTION COMPANIES

Requirements: Actual Expenditure

Capital Expenditure Estimates:	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	ОСТ	NOV	DEC
Land and Buildings												
Distribution Equipments												
Transformers												
Feeder Pillars												
Cables					-							
Others (specify)												
Operational Vehicles				40								
Meters & Instruments												
PPM												
MD Meters								1				
Digital Meters									TA.		+	
Others (specify)			A									
Information Technology									67			
TOTAL:							$\rightarrow \Box$				+	
Recurrent Expenditure		111										
Estimates:												
Salary and Wages						Tool						
Repairs and Maintenance		\\										
Billing and Collection expenses	*								*			
Capacity building	42											
Staff Welfare	*							*				
Admin Expenses												
Health and Safety												
Pension & Gratuity								1				
Bank Charges												
Consumer Service Expenses												
Taxation												
TOTAL:												
Source of Funds:	<u> </u>											
Internally Generated Revenue												

MYTO Subsidy Others (specify): TOTAL:						REG					
				BIC							
	ļ										
	L	/ 4			9						
		AL.				7					
	/										
	-	4	1								
	Ļ										
		9									
Indicate Number Of Employees: Energy received:				A							
Productivity in (kwh/staff)		b)					χ	>117			
Productivity in (Naira/staff)		o II	111						0		
									>		

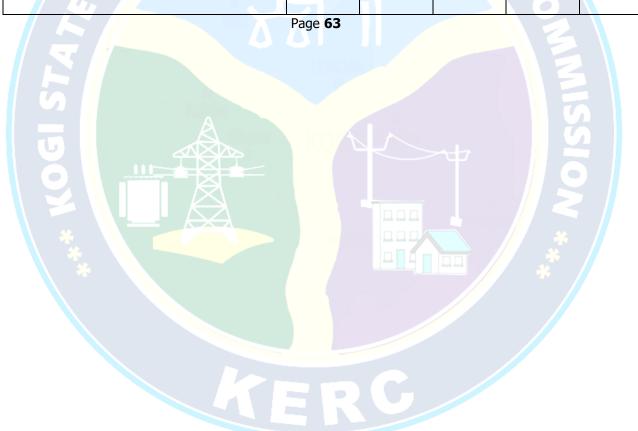
SCHEDULE 4I

YEARLY FORECAST EXPENDITURE REPORTING TEMPLATE FOR DISTRIBUTION COMPANIES

Requirements:

	2029	2028	2027	2026	2025
Capital Expenditure Estimates:					
Land and buildings					
Distribution Equipments:	REC				
Transformers					
Feeder Pillars			40		
Cables			•		
Others (specify)		2			
Operational Vehicles					
Meters & Instruments:	K I				
PPM MD Materia				1 5	
MD Meters	1,619511				
Digital Meters					
Others (specify)				7	
Information Technology	A				
TOTAL:		\ \ 	- 1-		
Recurrent Expenditure Estimates:			7		
Salary and Wages					
Repairs and Maintenance					
Billing and Collection expenses				<u> </u>	
Capacity building				*	
Staff Welfare				*	
Admin Expenses					7
Health and Safety					
Pension & Gratuity					
Bank Charges					
Consumer Service Expenses					
Taxation					
TOTAL:					
Source Of Funds:					
Internally Generated Revenue					
MYTO Subsidy					
Others (specify):					
TOTAL:					

	DE		
a Clin			
Indicate Number of Employees:		10.	
Energy received:		1	
Productivity in (kwh/staff)			
Productivity in (Naira/staff)			



MONTHLY MARKET SETTLEMENT STATEMENT TEMPLATE FOR DISTRIBUTION COMPANIES

	NAME OF DISTRIBUTION COMPANY			REPORTING MONTH:
		AMO	UNT	
S/N	DESCRIPTION	PREVIOUS CURRENT MONTH		REMARKS
1	Total Energy Received	XX		In kWh
2	Total Revenue Collected	00		Internally Generated Revenue In Naira
3	Any Other Receipts			Indicate details and attach breakdown where necessary
4	Total Internally Generated Revenue			Row 2 plus Row 3
5	Less Amount Paid To Market Operator			Indicate date of payment for the current month here
6	Less Amount Paid To IPPS If Any			Indicate date of payment for the current month here
7	Amount Retained By The Disco			Row 4 minus Rows 5 and 6
8	Add MYTO Subsidy Received From The M/O			Indicate date of receipt in current month here
9	Add Other Receipts From The M/O			Indicate type and date of receipt in current month here
10	Total Disco Revenue In The Month	//		Row 7 plus Rows 8 and 9
11	Add Beginning Balance		-) (5)	Equal to closing balance of previous month
12	Total Available Funds In The Month			Row 10 plus Row 11
13	Applied As Follows:			

SCHEDULE 4Q

14	CAPEX		Total of all Capital expenditure
			Total of all Operating expenses (salaries,
15	OPEX		maintenance, etc)
		TYKE	Please specify type of other expenditure
16	Others		here
17	Closing Balance		Row 12 minus Rows 14, 15 and 16

64

			F			DISTRIBUTION NTHLY COMPLA							
DISCO	Business Unit	Complaints At the Beginning of the Month	No of Complaints Received during the Month	Time Duration for Resolving Complaints During the Month (Max/Avg/Min) (Days and Nights)	No of Complaints Under Column (B) that are Resolved	No of Complair Under Column (C) that are Resolved	No of Complaints P	Pending at the end More than 6 Months	of the Month (i 3 -6 months	By category of Cc 1-3 months	omplaints) For 1 Month	Total	Remarks (including reasons for non-redress of complaints)
			*				1000		*				
Α	В	С	D	Е	F	G	Н	I	J	K	L	М	N
									Category of	Complaints			
							1. Interruption						
							2. Voltage						
							3. Load Shedding						
							4. Meter						
							5. Billing						
							6. Disconnection						

SCHEDULE 4R

				7. Delay in Connection			
				8. Others			
			- / P				

DISTRIBUTION COMPANY

Month

Year CUSTOMER COMPLAINTS REGISTER

S/NO	CUSTOMER DETAILS (NAME/ADDRESS) TEL./EMAIL	THE GRIEVANCE/ COMPLAINT/ OTHERS	COMPLAINTS NO. / DATE OF RECEIPT	CONCERNED BUSINESS UNIT	ACTION TAKEN/DATE	RESOLUTION	REMARKS
	1			000	2	? /	
		*			*		
			KET	C			

SCHEDULE 4S

		TY RE	GII)		
	TRICE.		-47		

