

Nigerian Electricity Regulatory Commission (NERC)
Reporting Compliance Regulations

2009

REGULATION NO: NERC-R-02-09

NIGERIAN ELECTRICITY REGULATORY COMMISSION

In the exercise of the Powers to make Regulations conferred by Section 96(1) and 96(2)(f) of the Electric Power Sector Reform Act 2005 (Act No. 6 of 2005), the Nigerian Electricity Regulatory Commission makes the following Regulations for REPORTING COMPLIANCE.

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NIGERIAN ELECTRICITY REGULATORY COMMISSION
Reporting Compliance Regulations 2009

CHAPTER I

GENERAL

1. Short Title And Commencement

- (1) These Regulations may be cited as the Nigerian Electricity Regulatory Commission Reporting Compliance Regulations 2009.
- (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:

“Act” means the Electric Power Sector Reform Act, 2005.

“Accounts” means to form a particular amount of investment or money.

“Chairman” means the Chairman and/or Chief Executive Officer, or any person appointed to act in that behalf.

“Commission” means the Nigerian 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 67 (1) of the Act.

“Generation Licence” means a licence granted under Section 64 (1) of the Act.

“Licence” shall include all licenses which the Commission is empowered to issue under the Act.

“Licensee” means any person who holds a licence issued by the Commission.

“Market Rules” means rules approved under section 26 (2) of the Act.

“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 96 of the EPSR Act 2005.

“Schedule” means the Schedule appended to this Regulation.

“Schedule” means the Schedule appended to this Regulation.

“System Operation Licence” means a licence granted under Section 66 (1) of the Act.

“Trading Licence” means a licence granted under Section 68 (1) of the Act.

“Transmission Licence” means a licence granted under Section 65 (1) of the Act.

“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 Act.

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.
- (l) 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 N5 Million Naira and above

(l) 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 N5 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

(l) 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 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 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 N5 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 a monthly customer complaints register in accordance with the requirement on Schedule 4A and Schedule 4B to these regulations.

10. Amendment or Repeal of Regulation

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

THE COMMON SEAL OF
NIGERIAN ELECTRICITY REGULATORY COMMISSION
Was affixed pursuant to the ORDER OF THE COMMISSION

On this 16th day of NOVEMBER 2009


IMAMUDEEN TALBA
Chief Executive Officer

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.

Schedule 1G, 1H: Each licensee shall provide the Health and Safety Manual 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 CO2
2	Change of Directors	Form CO7
3	Any increase in issued share capital exceeding 5%	i) Ordinary resolution for the increase in share capital ii) 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 t they and their officers, employees, agents and contractors comply with the Code of Conduct Regulation of NERC.

A. HEALTH AND SAFETY REPORTING FORMAT

	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	
3	Type of Injury Nature of Injury Facility(s) Resulting Equipment involved Is Incident Part of work process? Consequence of Incident Lost time to incident	
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.	

NERC _____

A. NOTICE OF SIGNIFIANT EVENT REPORTING IN NIGERIA 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 TRAINED ON THE FOLLOWING TOPICS

The injury & illness prevention program (IIPP)

- Discussed "Report Of Unsafe Condition Or Hazard" Form
- Employee Has Received "Code Of Safe Practices" And Forwarded Signed Acknowledge To Payroll.
- Informed Of The Duties And Responsibilities Of Safety Officers, Safety Committees, Management And Employees
- Materials Safety Data Sheets (MSDS) 800-451-8346
- Reporting Of Work-Related Injuries (3-Step Process)
- Location Of Safety Manual (Injury & Illness Prevention Plan)
- Chemical Safety/Personal Protective Equipment

Fire Safety, Emergency & Disaster Preparedness

- Designated Evacuation Assembly Points
- Emergency Action Plans
- Emergency escape routes
- List of emergency phone numbers
- Types of fires
- Types of fire extinguishers

Locations

- Location of fire alarm
- Location Of Safety Postings
- Location and use of fire extinguishers
- Location Of Automatic External Defibrillator (AED)
- Location of natural gas shut-off

Certifications (if applicable)

- Fire extinguisher
- CPR
- Automatic External Defibrillator (AED)
- First Aid

Record of safety orientation training

Ergonomics Program

- Overview of RMIs (Repetitive Motion Injuries)
- Proper lifting
- Safe work practices
- Workstation evaluation

Uniform / Attire

- Discuss appropriate attire
- Discuss appropriate footwear

Other Required Training

- Hazard Communication
- Blood Borne Pathogen
- Ladder
- Hand Cart / Dolly
- List _____
- List _____
- List _____
- List _____

Signature of trainer _____

Date _____

Signature of employee _____

Date _____

Forward Signed Copy to Payroll to Be Placed in Employee's Personnel File

SCHEDULE 1D

DEPARTMENTAL NEW EMPLOYEE SAFETY ORIENTATION

Employee Name: _____
Job title: _____ SSN: _____

Topics 1-4 are contained in the Departmental Emergency Operations Plans, Reviewing this plan during the orientation will more than meet the requirements of these first few topics

1. Reporting Emergencies

Tell and show the new employee(s) the police, medical and fire emergency reporting number(s) for their work area.

General Police – Medical – Fire 5566

The emergency number should be posted on all telephones.

<i>Your dept., div., unit, worksite, etc</i>		
<i>Name</i>		
<i>Location</i>	<i>Emergency Service(s)</i>	<i>Phone No</i>

2. Emergency Evacuation

Walk new employees through the appropriate emergency evaluation route for their work area. Also clear out the emergency evaluation route to be used of all obstacles at all times. Show where to assemble after evacuation. Discuss special evacuation needs and plans with disabled employees. (Building evacuation floor plans available from safety)

3. Local Fire Alarm Signaling System

Show new employees where fire alarm pull stations are and instruct them in their use. Let them know that activating the pull station sounds an alarm in the building to alert other occupants to evacuate. Describe what the alarm in your building sounds like (a bell, chimes, a slow whoop).

- Tell your new employee that they must leave the building immediately upon hearing the alarm, closing doors behind them.
- When employees discover a fire, they should first pull station and exit the alarmed area. If possible, employees should follow up with a telephone call from a safe location to provide more details.
- On site: the activation of a fire alarm pull station also sends a signal to the Department of Safety and Fire Department showing the location of the emergency.

4. 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.

5. 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)*:

<i>Name</i>	<i>Phone Number</i>
<i>Location:</i>	

- a) **Report Accidents and Incidents**
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.

6. 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.

7. 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.

8. 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:

	<i>Who</i>	<i>Phone Number</i>
<i>Small Spills</i>		
<i>Large Spills or releases</i>		

Report large spills to Safety Department at X5566

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

b. Specific Worksites

Office Staff

For staff whose only chemical exposures are in an office environment.

- Discuss hazard information and protection measures for products they will work with.
- 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		

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 Health 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

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

SCHEDULE 1E

NERC's Accident Reporting Form						Attention: This form contains information relating to employee health and must be used in a manner that protects the confidentiality of employees to the extent possible while the information is being used for occupational safety and health purposes.	Year									
Log of Work-Related Injuries and Illnesses																
You must record information about every work-related injury or illness that involves loss of consciousness, restricted work activity or job transfer, days away from work, or medical treatment beyond first aid. You must also record significant work-related.						Establishment Name		City		State						
Identify the person			Describe the case			Classify the case										
(A)	(B)	(C)	(D)	(E)	(F)	Using these categories, check ONLY the most serious result for each case:				Enter the number of days the injured or ill worker was:		Check the "injury" column or choose one type of illness:				
Case No.	Employee's Name	Job Title (e.g., Welder)	Date of injury or onset of illness (mo./day)	Where the event occurred (e.g. Loading dock north end)	Describe injury or illness, parts of body affected, and object/sub	Death	Days away from	Remained at work		On job transfer or restriction (days)	Away from work (days)	(M)				
						(G)	(H)	(I)	(J)	(K)	(L)	Injury (1)	Skin Disorder (2)	Respiratory Condition (3)	Poisoning (4)	All other illnesses (5)
Page totals						0	0	0	0	0	0	0	0	0	0	0
Be sure to transfer these totals to the Summary page before you post it.																
Page 1 of 1																

NERC's Forms										Year									
All establishments must complete this Summary page, even if no injuries or illnesses occurred during the year. Remember to review the																			
Using the Log, count the individual entries you made for each category. Then write the totals below, making sure you've added the entries from										Establishment information									
Employees former employees, and their representatives have the right to review the NERC Form in its entirety.										Your establishment name									
										Street									
Number of Cases										City									
										Brief Description of Facility									
Total number of deaths																			
Total number of cases with days away from work																			
Total number of cases with job transfer or restriction																			
Total number of other recordable cases																			
0										0									
(G)										(H)									
										(I)									
										(J)									
Number of Days										Employment information									
Total number of days of job transfer or restriction										Annual average number of employees									
0																			
(K)																			
										Total hours worked by all employees last year									
Injury and Illness Types										Sign here									
Total number of...										Knowingly falsifying this document may result in a fine.									
(M)																			
(1) Injury										0 (4) Poisoning 0									
(2) Skin Disorder										0 (5) All other illnesses 0									
(3) Respiratory Condition										0									
										I certify that I have examined this document and that to the best of my knowledge the entries are true, accurate, and complete.									
										Company Executive									
										Title									
Post this Summary page from February 1 to April 30 of the year following the year covered by the form										Phone									
										Date									

NERC's Form				Attention: This form contains information relating to employee health and must be used in a manner that protects the confidentiality of employees to the extent possible while the information is being used for occupational safety and health purposes.				
Injuries and Illnesses Incident Report								
		Information about the employee		Information about the case				
<p>This <i>Injury and Illness Incident Report</i> is one of the first forms you must fill out when a recordable work related injury or illness has occurred.</p>		1) Full Name		10) Case number from the Log		(Transfer the case number from the Log after you record the case.)		
		2) Street		11) Date of injury or illness				
		City		State		12) Time employee began work		AM/PM
		3) Date of birth				13) Time of event		AM/PM
<p>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.</p>		4) Date hired		14) What was the employee doing just before the incident occurred? Describe the activity, as well as the tools, equipment or material the employee was using.				
		5) <input type="checkbox"/> Male						
		<input type="checkbox"/> Female						
		Information about the physician or other health care professional		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						
<p>If you need additional copies of this form, you may photocopy and use as many as you need.</p>		7) If treatment was given away from the worksite, where was it given?						
		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."				
		Street						
		City		State				
		8) Was employee treated in an emergency room?						
Completed by		<input type="checkbox"/> 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.				
		<input type="checkbox"/> No						
Title								
		8) Was employee hospitalized overnight as an in-patient?						
Phone		<input type="checkbox"/> Yes						
Date		<input type="checkbox"/> No		18) If the employee died, when did death occur? Date of death				

SCHEDULE 1F

NIGERIAN ELECTRICITY REGULATORY COMMISSION HEALTH AND SAFETY AUDIT CHECKLIST – GENERAL

FORM HSE

NAME OF COMPANY: _____

LOCATION OF COMPANY: _____

TOTAL INSTALLED CAPACITY: _____

NAME OF CONTACT PERSONS: 1. _____

NAME AND SIGNATURE OF INSPECTING ENGINEER: _____

DATE OF AUDIT: _____

NAME OF CHIEF EXECUTIVE OFFICER: _____

2 _____

DATE: _____

S/N	AREA OF INSPECTION	ASSESSMENT							REMARKS
		GOOD	BAD	YES	NO	HIGH	LOW	N/A	
1	HOUSEKEEPING: REGIONAL OFFICES AND SUB-STATIONS								
	<i>Check the condition of the following:</i>								
a	Floors, Clearing and Condition								
b	Cleanliness of windows								
c	Tidiness of Work benches								
d	Tidiness Of Work Areas								
e	Tidiness Of Storage Areas								
f	Tidiness Of Rest Areas								
g	Provision Of Waste Disposal								
h	Adequacy Of Ventilation								
i	Passageways Free From Obstruction								
j	Exits- Accessibility And Marked								
k	Adequacy Of Suitable Lighting								
l	Adequacy Of Warning Signs								
2	GENERAL SAFETY AWARENESS	TOTAL	GOOD	BAD	YES	NO	HIGH	LOW	REMARKS
	<i>Check the condition of the following:</i>								
a	Availability of Safety Posters and Safety Publication								
b	Availability of Health and Safety Policy (Attach Copy)								
c	Is the Health and Safety Policy Known to all Staff and Displayed?								
d	Availability of Personal Protective Notices								
e	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)								
i	Is the surrounding environment clean and free from tripping hazards?								
j	Has risk of violence or threat been conducted?								
k	Has Risk Assessment been conducted? (Attach Copy)								
l	Attach Copy of Work request/Method Procedure								
3	FIRE PROTECTION	TOTAL	GOOD	BAD	YES	NO	HIGH	LOW	REMARKS
	<i>Check the condition of the following:</i>								
a	Fire equipment- serviceability & date								
b	Fire equipment- adequacy & appropriate								
c	Fire equipment- accessibility and clearly labeled								
d	Storage of flammable materials								
e	Operation of fire escape facility- operated & maintained from obstruction								
f	Adequacy of fire escapes								
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								
l	Risk & Vulnerability Assessment								
4	ELECTRICAL EQUIPMENT	TOTAL	GOOD	BAD	YES	NO	HIGH	LOW	REMARKS
	<i>Check the condition of the following:</i>								
	Circuit Breakers:								
a	Rating								
b	Remote Control								
c	Serviceability and labelling								
d	Security/Safety and storage								
e	Accessibility								
f	Safety Interlock								
	Insulator:								
g	Burning on insulators								
h	Breakage								
	Earthing Switches:								
i	Condition								
j	Availability on Switchgears/Transformers								

	POWER SYSTEM PROTECTION:								
	<i>Check the condition of the following:</i>								
k	Line/Distance Protection Relay response to faults								
l	Calibration/Relay response to faults								
m	Relay co-ordination with other relays								
n	Number of Protection Type								
	EARTHING/GROUNDING:								
	<i>Check the condition of the following:</i>								
o	Type of Grounding (Indicate Type)								
p	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								
t	Line Stringing (in Kilometers)								
u	Insulators and another line fittings								
v	Jumpers								
w	Fuses								
x	Towers Support Structures								
s/n	AREA OF INSPECTION	GOOD	BAD	YES	NO	HIGH	LOW	N/A	REMARKS
5	PERSONAL PROTECTIVE EQUIPMENT								
	<i>Check the availability, adequacy and condition of the following:</i>								
a	Eye protection PPE								
b	Hearing Protection								
c	Face shields								
d	Protection clothing								
e	Safety shoes, glasses, gloves								
f	Respirators accessibility & serviceability								
g	Safety Installation (deluge shower, eye wash station)								
6	MACHINERY								
	<i>Check the state of the following:</i>								
a	Are authorized staff trained to use, clean and operate machinery?								
b	Are machinery adequately guarded?								
c	Operating controls protected from inadvertent operation?								
d	Are machinery clearly marked?								
e	Hazard area clearly defined and secured?								
f	Flying object protection								
g	Period maintenance records								
h	Safety notices clearly displayed								
i	Competence of operators								
j	Emergency safety switch accessible								
k	User manual available								
l	Are there quality lockout / tag-outs cards?								
7	STORAGE AREAS	GOOD	BAD	YES	NO	HIGH	LOW	N/A	REMARKS
	<i>Check the following conditions:</i>								
a	Accessibility								
b	Condition of shelves & cupboards								
c	Condition of lifting & stacking aids								
d	Ventilation and cleanliness								
e	Lighting in storage areas								
f	Condition of items in storage								
g	Isolation & labeling of hazardous substances								
h	Warning signs displayed								
i	Chemicals/flammable stored correctly								
8	LIFTING DEVICES AND CRANES								
a	Condition of ropes, hawser, slings, chains, hooks and eyebolts								
b	Labeling of load rating (in metric unit)								
c	Competence of operators								
d	Are operators trained in the last 2yrs?								
e	Clearways & load movement control								
f	Condition of forklift								
g	Serviceability of forklift								
9	FIRST AID AND HYGIENE	TOTAL	GOOD	BAD	YES	NO	HIGH	LOW	REMARKS
	<i>Check the availability and condition of the following:</i>								
a	First aid kits								
b	Is there a trained first aider?								
c	Clothing Storage								
d	Cleanliness of eating area								
e	Supply of hands cleanser								
f	Is there enough toilet facilities?								
g	Are they in good repair?								

10	FEEDER PILLARS	TOTAL	GOOD	BAD	AVERAGE	HIGH	LOW	N/A	REMARKS
a	Total Installed								
b	Level of Loading %								
c	Total Number in Service								
d	Total Number out of Service								
e	Total Capacity (KVA)								
11	SUB-STATIONS AND EQUIPMENT								
a	Protective Devices								
b	Condition of Fuses								
c	Termination Condition								
d	% Loading								
e	Earthing and Grounding								
f	Condition of isolators and relays								
g	Oil Leakage (Tank)								
h	Oil Leakage (Body)								
i	Security Fencing and Housing								
j	Condition Of Doors								
k	Warning and Signages								
l	Drainage								
m	Vegetation Control								
n	Frequency of Vegetation Control								
o	Contact Tel. No. Plate								
p	Annual Maintenance								
12	CHEMICAL HANDLING	TOTAL	GOOD	BAD	YES	NO	HIGH	LOW	REMARKS
a	Storage Facilities Condition								
b	Handling Procedure								
c	Emergency Response Plan								
d	Emissions and Fumes								
13	POWER HOUSE AND EQUIPMENT SAFETY	GOOD	BAD	YES	NO	HIGH	LOW	N/A	REMARKS
	<i>Check the condition of the followings:</i>								
a	Cleanliness of Environment & Floors								
b	Work procedures (Attach procedure form)								
c	Adequate PPEs								
d	Adequate Illumination								
e	Condition of working tools								
f	Adequate signages								
g	Condition Cranes								
h	Oil and water Leakages								

SCHEDULE 1G

ENVIRONMENTAL HEALTH & SAFETY CONFINED SPACE ENTRY PERMIT		
Permit Number	Date	
Location & Description of Confined Space:		
Purpose of Entry:		
Scheduled a.m.	Scheduled a.m.	
Start p.m.	Finish p.m.	
Day / Date / Time Day / Date / Time		
Employee(s) in Charge Of Entry:		
Entrants:		
Attendants:		
Pre-Entry		
Authorization:		
<i>{Check those items below which are applicable to your confined space permit}</i>		
TYPES OF HAZARDS		
Oxygen-Deficient Atmosphere	Engulfment	Energized Electrical Equipment
Oxygen-Enriched Atmosphere	Toxic Atmosphere	Entrapment
Welding/Cutting	Flammable Atmosphere	Hazardous Chemical
<i>Note: Check appropriate hazard.</i>		
SAFETY PRECAUTIONS		
Self-Contained	Protective Gloves	Barricade Job Area
Breathing Apparatus	Lifelines	Signs Posted
Air-Line Respirator	Respirators	Clearances Secured
Fire-Retardant Clothing	Lockout/Tagout	Lighting
Ventilation	Fire Extinguishers	Ground Fault Interrupter
Remarks:		
<i>Note: Check appropriate hazard.</i>		
ENVIRONMENTAL CONDITIONS		
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:		

SCHEDULE 1H

(FOR LICENSEE'S INTERNAL USE)

NERC STANDARD PROGRAMS AND PROCESSES	TITLE: CONDUCT SERIOUS ACCIDENT INVESTIGATION	NERC STANDARD Effective Date:
<p>LOCATION:</p> <p>DESCRIPTION:</p> <p>RESPONSIBLE PEER TEAM: <u>Safety Process Ownership Team</u> <i>Responsible Peer Team</i></p> <p>TEAM MEMBERS:</p> 		
CONCURRENCES		
<div style="display: flex; justify-content: space-between; margin-top: 20px;"> <div style="width: 45%; text-align: center;"> <hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/> <p>CEO</p> </div> <div style="width: 45%; text-align: center;"> <hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/> <p>Date</p> </div> </div>		
APPROVAL		
<div style="display: flex; justify-content: space-between; margin-top: 20px;"> <div style="width: 45%; text-align: center;"> <hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/> <p>CEO</p> </div> <div style="width: 45%; text-align: center;"> <hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/> <p>Date</p> </div> </div>		

SCHEDULE 11

(FOR LICENSEE'S INTERNAL USE)

<p>NERC STANDARD PROGRAMS AND PROCESSES</p>	<p>TITLE: REPORT, INVESTIGATE AND CLASSIFY INJURIES AND ILLNESSES</p>	<p>NERC STANDARD</p>
		<p>Effective Date:</p>
<p>LOCATION:</p> <p>DESCRIPTION:</p> <p>RESPONSIBLE PEER TEAM: <u>Safety Process Ownership Team</u> <i>Responsible Peer Team</i></p> <p>TEAM MEMBERS:</p>		
<p>CONCURRENCES</p>		
<p>_____</p> <p>CEO</p>	<p>_____</p> <p>Date</p>	
<p>APPROVAL</p>		
<p>_____</p> <p>CEO</p>	<p>_____</p> <p>Date</p>	

SCHEDULE 1J

(FOR LICENSEE'S INTERNAL USE)

<p>NERC STANDARD PROGRAMS AND PROCESSES</p>	<p>TITLE: CONDUCT WORKPLACE REGULATORY COMPLIANCE INSPECTIONS</p>	<p>NERC STANDARD</p>
		<p>Effective Date:</p>
<p>LOCATION:</p> <p>DESCRIPTION:</p> <p>RESPONSIBLE PEER TEAM: Disco Safety Program Process Improvement Team</p> <p style="text-align: center;">_____</p> <p style="text-align: center;"><i>Responsible Peer Team</i></p> <p>TEAM MEMBERS:</p>		
<p>CONCURRENCES</p>		
<p>_____</p> <p style="text-align: center;">CEO</p>	<p>_____</p> <p style="text-align: center;">Date</p>	
<p>APPROVAL</p>		
<p>_____</p> <p style="text-align: center;">CEO</p>	<p>_____</p> <p style="text-align: center;">Date</p>	

Hazard Abatement Plan

Abatement Plan Issue Date:

Plant/Site:

Date of Inspection:

Inspector:

Item No.

Hazard:

Reason Hazard Cannot be Corrected Within 30 Days:

Proposed Corrective Action and Abatement Date:

Interim Measures to Protect Employees:

TEAM MEMBERS

SCHEDULE 1L

NOTICE OF INJURY/ILLNESS

Case Number				
From The Log:				
Information About The Employee				
Full Name of Injured (Last, First, MI):			Employee ID	
Street Address		City	State:	Zip:
Disco Employee <input type="checkbox"/>	Augmented Employee <input type="checkbox"/>		Job classification:	
Date of Birth:	Date Hired:	Male <input type="checkbox"/>	Female <input type="checkbox"/>	
Information About The Physician Or Other Health Care Provider				
Name of physician or other health care professionals:				
If treatment was given away from the worksite, where was it given?				
Facility:				
Street:		City:	State:	Zip:
Was employee treated in an emergency room? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Information About The Case				
Date of Injury:	Time of Injury:	Date of Notice:	Time employee began work:	10 Digit Org Code:
Severity of injury/illness: select	Injury /illness type: Select	Nature of injury: select		Body part injured: Select
What was the employee doing just before the incident occurred?				
What happened?				
What was the injury or illness?				
What object or substance directly harmed the employee?				
If the employee died, when 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.

REQUIRED DATA FOR COMPUTATION OF KEY PERFORMANCE INDICATORS FOR GENERATION COMPANIES

S/N	KPIs	DATA DESCRIPTION	UNITS	DATA	FREQUENCY OF REPORTING	ACTUAL PERFORMANCE
TECHNICAL PERFORMANCE INDICATORS						
1	Station Load factor	Total Energy Generated	MWH		Monthly	
		Available Capacity x Hrs of Month reporting	MWH		Monthly	
2	Megawatts hours lost due to grid disturbance	Total Outage Time (Hrs) due to grid disturbance	HRS		Monthly	
3	Megawatts hours lost due to failure within the Power Station	Megawatts hours lost due to failure within the Power Station	MWH		Monthly	
4	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	
5	Capacity Utilization Index	Available Capacity	MW		Monthly	
		Installed Capacity	MW		Monthly	
6	Planned output Capacity for the reporting period	Planned output Capacity for the reporting period	MW		Monthly	
7	Achieved output Capacity for the reporting period	Achieved output Capacity for the reporting period	MW		Monthly	
8	Generation Utilization Index	Average Actual Generation (MW)	MW		Monthly	
		Available Capacity (MW)	MW		Monthly	
9	Station Reliability Index	Number of Available Units (N)	No.		Monthly	
		Reporting Period (Hrs)	HRS		Monthly	
		Number of Unavailable Units (n)	No.		Monthly	
		Down time of Unavailable Units (t)	HRS		Monthly	
10	Average Plant Heat Rate (J/MWH)	Volume of Gas Consumed	M ³		Monthly	
		Calorific Value of Gas	J/M ³		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	
12	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	Total Number of Units	Total Number of Units in the Station	No.		Monthly	
16	Total Number of Units out of service for more than 30 days	Total Number of Units out of service for more than 30 days	No.		Quarterly	
17	Total Number of Units Back in Service after 30 days	Total Number of Units Back in Service after 30 days	No.		Quarterly	
18	New Generation Capacity Added (MW)	New Generation Capacity Added	MW		Annual	
19	Number of New Generating Units Commissioned	Number of New Generating Units Commissioned	No.		Annual	
20	Number and Capacity of Generating Units Under Construction	Number and Capacity of Generating Units Under Construction	No. & MW		Annual	
21	Number and Capacity of Generating Units Under Rehabilitation	Number and Capacity of Generating Units Under Rehabilitation	No. & MW		Bi-Annual	
22	Number of Generating Units Decommissioned	Number of Generating Units Decommissioned	No.		Annual	
23	Total Energy consumed by the Station	Total Energy Generated	MWH		Monthly	
		Total Energy Delivered to Transmission	MWH		Monthly	
24	Total Volume of Gas Supplied	Total Volume of Gas Supplied	MMSCF		Monthly	
25	Total Volume of Gas Required	Total Volume of Gas Required	MMSCF		Monthly	
26	No. of Gas Supply Interruptions	No. of Gas Supply Interruptions	No.		Monthly	
27	Total Duration of Gas Supply Interruptions	Duration of Gas Supply Interruptions	HRS		Monthly	
28	Total Megawatt Lost due Gas Supply Interruptions	Megawatt Lost due Gas Supply Interruptions	MW		Monthly	
29	Lake Level: Maximum, Current and Minimum Levels	Lake Level: Maximum, Current and Minimum Levels	Meters		Monthly	
FINANCIAL 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	MWH		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 Capacity Added	NAIRA		Annual	
36	Cost of New Generation Units Commissioned	Cost of New Generation Units Commissioned	NAIRA		Annual	
37	Cost of Generating Units under Rehabilitation	Cost of Generating Units under Rehabilitation	NAIRA		Bi-Annual	
38	Cost of Generating Units Decommissioned	Cost of Generating Units Decommissioned	NAIRA		Annual	
39	Cost of Fuel	Cost of Fuel	NAIRA		Monthly	
40	Total Investment Planned Cost	Total Investment Planned Cost	NAIRA		Annual	

**YEARLY FORECAST EXPENDITURE REPORTING TEMPLATE FOR
GENERATION COMPANIES**

	2009	2010	2011	2012	2013
GENERATOR SUBSTATION					
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					
SOURCE OF FUNDING					
Government Subsidy					
Other Expected Income					
Revenue From The Sales Of Electricity					
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 COMPANY

REPORTING MONTH: _____

S/N	DESCRIPTION	AMOUNT		REMARKS
		PREVIOUS MONTH	CURRENT MONTH	
1	Total Energy Generated			In kWh
2	Total Energy Internally Used			In kWh
3	Total Energy Sent Out			In kWh
4	Amount Invoiced:			
5	Capacity Charge @ NX/MW			Specify Applicable MW
6	Energy Charge @ NX/mWh			Row 3 multiplied by Row Energy Charge per mWh
7	Total Invoice Amount			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			Same as closing balance of previous month
13	Total Funds Available			Column 11 plus Column 12
14	Applied as follows:			
15	CAPEX			<i>Total of all Capital expenditure</i>
16	OPEX			<i>Total of all Operating expenses (salaries, maintenance, etc)</i>
17	Others			<i>Please specify type of other expenditure here</i>
18	Closing Balance			<i>Row 13 minus Rows 15, 16 and 17</i>

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 3O 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
TECHNICAL PERFORMANCE INDICATORS						
1	System Average Interruption Duration Indicator (SAIDI)	Duration Of Each Interruption (Hrs)	hrs		Monthly	
		Number Of Interruptions	No.		Monthly	
		Total Number Of Delivery Points	No.		Monthly	
2	System Average Interruption Frequency Indicator (SAIFI)	Number Of Interruptions	No.		Monthly	
		Total Number Of Delivery Points	No.		Monthly	
3	Overall System Transmission Lines Unavailability	Total Lines Outage Time (Hrs)	hrs		Monthly	
		Total Reporting Time (Hrs)	hrs		Monthly	
4	System Average Restoration Index	Total Duration Of All Interruptions (Hrs)	hrs		Monthly	
		Total Number Of Sustained Interruptions	No.		Monthly	
5	Load Shedding Severity Index (LSSI)	Unsupplied Power In Mw Due To Load shedding	mw		quarterly	
		System Peak Load	mw		quarterly	
6	Average Forced Outage Duration For Faults	Forced Outage Hours For Transmission Equipment	hrs		Monthly	
		Number Of Forced Outage Incidents	No.		Monthly	
7	Transformers Capacity Utilization	Average Maximum Transformers Loading (MVA)	MVA		Monthly	
		System Installed Transformer Capacity (MVA)	MVA		Monthly	
8	Total Time Of Interrupting Transmission Lines Per Km	Total Interruption Time (Hrs)	hrs		Monthly	
		Total Transmission Lines Length (Km)	km		Monthly	
9	Maximum, Average And Minimum System Frequency	Maximum, Average And Minimum System Frequency(Hz)	hz		Monthly	
10	Maximum, Average And Minimum System Voltages	Maximum, Average And Minimum System Voltages	kv		Monthly	
11	System Collapses Index	total number of system collapses (partial & total for the 2 islands)	No.		Monthly	
12	Transmission Losses	Total Energy Injected Into The Grid (MWh)	MWh		Monthly	
		Total Energy Sent Out (MWh)	MWh		Monthly	
13	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	Number Of Significant Incidents Recorded	No.		Monthly	
15	New Transmission Lines Length Added (Km)	New Transmission Lines Length Added (Km)	km		Annual	
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	%		Quarterly	
24	Staff Productive Index	Total Energy Transmitted To Disco	MWh		Monthly	
		Total Number Of Employees (Full Time, Part Time & Casual)	No.		Monthly	
FINANCIAL PERFORMANCE INDICATORS						
25	Transmission Unit Cost	Total Transmission Operating Costs (Naira)	Naira		Monthly	
		Total Energy Wheeled (MWh)	MWh		Monthly	
26	Cost Of New Transmission Lines Length Added	Cost Of New Transmission Lines Length Added	Naira		Annual	
27	Cost Of New Transmission Lines Length Work In Progress	Cost Of New Transmission Lines Length Work In Progress	Naira		Quarterly	
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	
CUSTOMER SERVICE PERFORMANCE INDICATORS						
31	Number Of Customers (BSPS And DCCS) Connected	Number Of Customers (BSPS And DCCS) Connected	No.		Annual	

SCHEDULE 3B

TRANSMISSION EQUIPMENT REPORTING ON CONDITIONS OF TRANSFORMERS							
S/N	REGION	STATION	EQUIPMENT UNAVAILABLE	EFFECTIVE DATE	EQUIPMENT DOWNTIME DAY(S)	CAUSE(S)	REMARKS
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							
13							
14							
15							

TRANSMISSION EQUIPMENT REPORTING ON CONDITIONS OF CIRCUIT BREAKERS							
S/N	REGION	STATION	EQUIPMENT UNAVAILABLE	EFFECTIVE DATE	EQUIPMENT DOWNTIME DAY(S)	CAUSE(S)	REMARKS
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							
13							
14							
15							

SCHEDULE 3D

TRANSMISSION EQUIPMENT REPORTING ON CONDITIONS OF REACTORS							
S/N	REGION	STATION	EQUIPMENT UNAVAILABLE	EFFECTIVE DATE	EQUIPMENT DOWNTIME DAY(S)	CAUSE(S)	REMARKS
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							
13							
14							
15							

SCHEDULE 3E

TRANSMISSION EQUIPMENT REPORTING ON CONDITIONS OF GROUND SWITCHES							
S/N	REGION	STATION	EQUIPMENT UNAVAILABLE	EFFECTIVE DATE	EQUIPMENT DOWNTIME DAY(S)	CAUSE(S)	REMARKS
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							
13							
14							
15							

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
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							
13							
14							
15							

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
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							
13							
14							
15							

SCHEDULE 3H

TRANSMISSION EQUIPMENT REPORTING ON CONDITIONS OF ISOLATORS							
S/N	REGION	STATION	EQUIPMENT UNAVAILABLE	EFFECTIVE DATE	EQUIPMENT DOWNTIME (DAY(S))	CAUSE(S)	REMARKS
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							
13							
14							
15							

TRANSMISSION EQUIPMENT REPORTING ON CONDITIONS OF COMMUNICATION/SCADA							
S/N	REGION	STATION	EQUIPMENT UNAVAILABLE	EFFECTIVE DATE	EQUIPMENT DOWNTIME (DAY(S))	CAUSE(S)	REMARKS
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							
13							
14							
15							

MONTHLY FORECAST REPORTING TEMPLATE FOR MARKET OPERATOR

	Jan	Feb.	Mar	Apr	May	Jun	Jul
CAPITAL EXPENDITURE							
Furniture/Office Equipments							
Land and Buildings							
Motor Vehicles							
Computers							
Other Machineries							
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							
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							

YEARLY FORECAST REPORTING TEMPLATE FOR MARKET OPERATOR

	2009	2010	2011	2012	2013
CAPITAL EXPENDITURE					
Furniture/Office Equipments					
Land And Buildings					
Motor Vehicles					
Computers					
Other Machineries					
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					
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					

MONTHLY FORECAST REPORTING TEMPLATE FOR MARKET OPERATOR

	JAN	FEB	MAR	APRIL	MAY	JUN	JUL	AUG	SEPT	OCT	NOV	DEC
ACTUALS												
CAPITAL EXPENDITURE												
Governor												
Operating Expenses												
Reactive Power												
Frequency Response												
IT Equipments												
Health & Safety												
IT Equipments												
Turbines/Generators												
Furniture/Office Equipments												
Land and building												
Ancillary Services												
Motor Vehicles												
Spare Parts												
Other Machineries												
RECURRENT EXPENDITURE												
Fuel												
Salary												
Administration												
Pensions and Gratuity												
Computer Consumables												
Maintenance												
Training												
Interest expense												
SOURCE OF FUNDING												
Government Subsidy												
Other Expected Income												
Revenue From The Sales Of Electricity												
WORK IN PROGRESS												
Capital Investment for the Project												
Level of Work Done												
Proposed Date of Completion												
Certificate of Completion												
MWS of Electricity Generated												
MWS of Electricity Sent Out												

MONTHLY DISBURSEMENT SUMMARY TEMPLATE FOR MARKET OPERATOR

REPORTING MONTH: _____

S/N	DESCRIPTION	DATE OF PAYMENT	TOTAL	ABUJA	BENIN	EKO	ENUGU	IBADAN	IKEJA	JOS	KADUNA	KANO	PORT HARCOURT	YOLA	REMARK
	ACTUAL REVENUES:														
	ACTUAL REVENUE COLLECTED BY DISCOS														
	MYTO SUBSIDY PAID TO M/O BY CBN														
	OPENING BAL. OF MKT. SETTLEMENT ACCOUNTS														
1	TOTAL REVENUE														
	DISBURSED AS FOLLOWS:														
2	DISTRIBUTION COMPANIES														
	AMOUNT RETAINED BY DISCOS FROM IGR														
	AMOUNT PAID TO DISCOS FROM SUBSIDY														
	<i>Total Amount Paid to DISCOS</i>														
3	AMOUNT PAID FOR FUEL (GAS)														
4	AMOUNT PAID TO GENCOS														
	EGBIN														
	SHIRORO														
	KAINJI														
	etc														
	<i>Total paid to Gencos</i>														
5	AMOUNT PAID TO IPPs														
	SHELL														
	AGIP OKPAI														
	AES														
	etc														
	<i>Total Paid to IPPs</i>														
6	AMOUNT PAID TO TCN														
7	AMOUNT PAID TO NERC														
8	AMOUNT PAID TO PHCN CHQ														
9	OTHER DEDUCTIONS														
	(a)														
	(b)														
	(c)														
	<i>Total Other Payments</i>														
10	TOTAL DISBURSEMENT														
11	CLOSING BALANCE (<i>Row 1 minus Row 10</i>)														

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

**REPORTING TEMPLATE FOR TRADING
- MONTHLY REPORTING FORMAT**

Requirements: Actual Expenditure

Year: _____

Capital Expenditure Estimates:	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec
Land and buildings												
Distribution Equipments:												
Transformers												
Feeder Pillars												
Cables												
Others (specify)												
Operational Vehicles												
Meters & Instruments:												
PPM												
MD Meters												
Digital Meters												
Others (specify)												
Information Technology												
TOTAL:												
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:												
Indicate Number of Employees:												
Volume of Trading in KW/H:												
Purchased From:												
Sold To:												
Point of Purchase:												
Purchase Price:												
Point of Sale:												
Sale Price:												
Transmission Loss:												
Trading Margin:												
Energy Bought in KWH												
Energy Sold in KW/H												

**REPORTING REQUIREMENT FOR ELECTRICITY TRADING
ANNUAL REPORT**

Requirements:

	2009	2010	2011	2012	2013
Capital Expenditure Estimates:					
Land and buildings					
Distribution Equipments:					
Transformers					
Feeder Pillars					
Cables					
Others (specify)					
Operational Vehicles					
Meters & Instruments:					
PPM					
MD Meters					
Digital Meters					
Others (specify)					
Information Technology					
TOTAL:					
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:					
Volume of Trading in KW/H:					
Purchased from:					
Sold To:					
Point of Purchase:					
Purchase Price:					
Point of Sale:					
Sale Price:					
Transmission Loss:					
Trading Margin:					

Indicate Number of Employees:					
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

REQUIRED DATA FOR COMPUTATION OF KEY PERFORMANCE INDICATORS FOR ELECTRICITY DISTRIBUTION COMPANIES

S/N	KPIs	DATA DESCRIPTION	UNITS	DATA	FREQUENCY OF REPORTING	ACTUAL PERFORMANCE
TECHNICAL PERFORMANCE INDICATORS						
1	System Average Interruption Duration Indicator (SAIDI)	Total Duration of Interruption (Hrs)	HRS		Monthly	
		Total Number of Interruptions to Customers	No.		Monthly	
		Total Number of Registered Customers	No.		Monthly	
2	System Average Interruption Frequency Indicator (SAIFI)	Total Number of System Interruptions	No.		Monthly	
		Total Number of Supply Points affected (from Distribution Transformer Uprisers)	No.		Monthly	
3	Customer Average Interruption Duration Indicator (CAIDI)	SAIDI	SAIDI		Monthly	
		SAIFI	SAIFI		Monthly	
4	Customer Average Interruption Frequency Indicator (CAIFI)	Total Number of customer interruptions	No.		Monthly	
		Total number of Registered Customers	No.		Monthly	
5	HV Faults Clearance Index	No. of 33Kv & 11Kv Faults cleared within 8 hrs	No.		Monthly	
		Total 33kv & 11kv faults reported	No.		Monthly	
6	LV Faults Clearance Index	No. of LV faults cleared within 8 hrs	No.		Monthly	
		Total LV faults reported	No.		Monthly	
7	Distribution Losses	Energy delivered to Distribution Company (KWH)	KWH		Monthly	
		Energy Billed (KWH)	KWH		Monthly	
8	Technical Losses	Physical Losses Due to Electricity Flow in Distribution Network	KWH		Monthly	
8	New KVA Distribution Capacity Added	New KVA Distribution Capacity Added	KVA		Quarterly	
		Distribution Capacity KVA Work in Progress	KVA		Quarterly	
9	New Distribution Lines Length Added	New Distribution Lines Length Added	KM		Quarterly	
		Distribution Lines Length Work in Progress	KM		Quarterly	
11	Ratio of Capacity of relieve Sub-stations or upgraded Capacity of Sub-stations to distribution system requirement	Capacity of new Sub-stations / relieve added (KVA)	KVA		Quarterly	
		Capacity of new Sub-stations / relieve required (KVA)	KVA		Quarterly	
FINANCIAL PERFORMANCE INDICATORS						
12	Staff Cost Index	Total staff Expenditure (Naira)	NAIRA		Monthly	
		Total Number of Full Time Employees	No.		Monthly	
13	Staff Productivity Index	Total Cash Collected by the Distribution Company (Naira)	NAIRA		Monthly	
		Total Number of Full Time Employees	No.		Monthly	
14	Distribution Unit Cost	Total Expenditure (Naira)	NAIRA		Monthly	
		Energy delivered to Distribution Company (KWH)	KWH		Monthly	
15	Billing Efficiency	Total Energy Billed (KWH)	KWH		Monthly	
		Total Energy Billed (NAIRA)	NAIRA		Monthly	
		Total Energy Received (KWH)	KWH		Monthly	
16	Collection Efficiency	Revenue Collected (Naira)	NAIRA		Monthly	
		Closing Balance (Naira)	NAIRA		Monthly	
		Revenue Billed (Naira)	NAIRA		Monthly	
17	Naira per KWH Indicator	Total Cash Collected (Naira)	NAIRA		Monthly	
		Total Energy Delivered to Distribution Company	KWH		Monthly	
18	Outstanding Debt at Month End	Outstanding Debt at Month End	NAIRA		Monthly	
19	Cost of New MVA Distribution Capacity Added	Cost of New MVA Distribution Capacity Added	NAIRA		Quarterly	
20	Cost of Distribution Capacity MVA Work in Progress	Cost of Distribution Capacity MVA Work in Progress	NAIRA		Quarterly	
21	Cost of New Distribution Lines Length Added	Cost of New Distribution Lines Length Added	NAIRA		Quarterly	
22	Total Investment Planned Cost	Total Investment Planned Cost	NAIRA		Annual	
23	Cost of Distribution Lines Length Work in Progress	Cost of Distribution Lines Length Work in Progress	NAIRA		Quarterly	
CUSTOMER SERVICE PERFORMANCE INDICATORS						
23	New Service Average Connection Time Indicator	Average Time taken to connect a New Customer from the point of application	DAYS		Monthly	
		Total Number of New Customers connected	No.		Monthly	
24	Number of New Service Connections	Number of New Service Connections	No.		Monthly	
25	Response to Customer Complaints Index	Total time taken to respond to Customer Complaints (Hrs)	HRS		Monthly	
		Total Number of Complaints received	No.		Monthly	
		Total No. of Customers Complaints resolved	No.		Monthly	
26	Meter Reading Frequency	Total No. Meters read	No.		Monthly	
		Total No. of Meters in the System	No.		Monthly	
27	Pre-Payment Metering Ratio	Number of New Pre-Payment Meters Installed in the Month	No.		Monthly	
		Total Number of Pre-Payment Meters Required	No.		Monthly	
28	Percentage of Customers metered	Percentage of Customers metered	%		Quarterly	
29	Total Number of Customers by Classification	Total Number of Customers by Classification	No.		Quarterly	
30	R.E.D. ANALYSIS	Number of Read Meters - R	No.		Monthly	
		Number of Estimatec Meters - E	No.		Monthly	
		Number of Direct Connections on fixed code - D	No.		Monthly	
		Total Number of Billed Customers	No.		Monthly	
31	Customer Payment Response Rate	Energy Billed for Read Customers	KWH		Monthly	
		No. of credit Customers who paid bills	No.		Monthly	
32	Number of Significant Incidents Recorded	Total Number of Credit Customers	No.		Monthly	
		Number of Significant Incidents Recorded	No.		Monthly	
33	Customer Satisfaction Survey	Customer Satisfaction Survey	-		Bi-Annually	
34	Customer Metering Ratio	No. of Customers with Functional Meters	No.		Quarterly	
		Total Number of Customers	No.		Quarterly	
35	REBICOL Cycle	No. of Days from Meter Reading to Payment	No.		Monthly	

SIX-MONTHLY REPORT ON DEROGATION REQUESTS BY DISCO

(please attach relevant documents and details)

DISCO NAME: _____

PERIOD: FROM _____ TO _____

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 FOR NON-COMPLIANCE	Remedial ACTION (If Any And Date By Which Compliance Could Be Achieved)	STATUS OF REQUEST

DISCO

DATE

SIX-MONTHLY REPORT ON DEROGATION REQUESTS BY DISCO

(please attach relevant documents and details)

DISCO NAME: _____

PERIOD: FROM _____ TO _____

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	DATE REQUEST RECEIVED	DATE DEROGATION APPROVED	REASONS FOR APPROVAL	PROGRESS OF REMEDIAL ACTION TO ACHIEVE COMPLIANCE

DISCO

DATE

SCHEDULE 4D

REGISTER OF APPROVED DISTRIBUTION CODE DEROGATIONS

(please attach relevant documents and details)

NAME OF APPROVING AUTHORITY: _____
(DISCO OR NERC)

S/NO	DATE OF APPROVAL	NAME OF PARTY FOR APPROVED DEROGATION	RELEVANT PROVISION OF DISTRIBUTION CODE AFFECTED	PERIOD OF DEROGATION

DISCO

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

11kV

As In 33kV

415V

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.			
2.			
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: FROM _____ TO _____

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

MONTHLY FORECAST EXPENDITURE REPORTING TEMPLATE FOR DISTRIBUTION COMPANIES

Requirements: Actual Expenditure

	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
Capital Expenditure Estimates:												
Land and Buildings												
Distribution Equipments												
Transformers												
Feeder Pillars												
Cables												
Others (specify)												
Operational Vehicles												
Meters & Instruments												
PPM												
MD Meters												
Digital Meters												
Others (specify)												
Information Technology												
TOTAL:												
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												
MYTO Subsidy												
Others (specify):												
TOTAL:												
Indicate Number Of Employees:												
Energy received:												
Productivity in (kwh/staff)												
Productivity in (Naira/staff)												

SCHEDULE 4I

**YEARLY FORECAST EXPENDITURE REPORTING TEMPLATE
FOR DISTRIBUTION COMPANIES**

Requirements:

Capital Expenditure Estimates:	2009	2010	2011	2012	2013
Land and buildings					
Distribution Equipments:					
Transformers					
Feeder Pillars					
Cables					
Others (specify)					
Operational Vehicles					
Meters & Instruments:					
PPM					
MD Meters					
Digital Meters					
Others (specify)					
Information Technology					
TOTAL:					
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					
MYTO Subsidy					
Others (specify):					
TOTAL:					
Indicate Number of Employees:					
Energy received:					
Productivity in (kwh/staff)					
Productivity in (Naira/staff)					

MONTHLY MARKET SETTLEMENT STATEMENT TEMPLATE FOR DISTRIBUTION COMPANIES

NAME OF DISTRIBUTION COMPANY

REPORTING MONTH: _____

S/N	DESCRIPTION	AMOUNT		REMARKS
		PREVIOUS MONTH	CURRENT MONTH	
1	Total Energy Received			In kWh
2	Total Revenue Collected			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 IPSS 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			Equal to closing balance of previous month
12	Total Available Funds In The Month			Row 10 plus Row 11
13	Applied As Follows:			
14	CAPEX			Total of all Capital expenditure
15	OPEX			Total of all Operating expenses (salaries, maintenance, etc)
16	Others			Please specify type of other expenditure here
17	Closing Balance			Row 12 minus Rows 14, 15 and 16

SCHEDULE 4K

DISTRIBUTION COMPANY MONTHLY COMPLAINTS REPORT														
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 Complaints Under Column (C) that are Resolved	No of Complaints Pending at the end of the Month (By category of Complaints)					Total	Remarks (including reasons for non-redress of complaints)	
								More than 6 Months	3 -6 months	1-3 months	For 1 Month			
A	B	C	D	E	F	G	H	I	J	K	L	M	N	
							Category of Complaints							
							1. Interruption							
							2. Voltage							
							3. Load Shedding							
							4. Meter							
							5. Billing							
							6. Disconnection							
							7. Delay in Connection							
							8. Others							

**DISTRIBUTION COMPANY
CUSTOMER COMPLAINTS REGISTER**

Month _____
Year _____

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