

**APPENDIX B – WATERMAIN SHUTDOWN METHODOLOGY**

Action Plan: **Form 14057327**

|  |
| --- |
| 1. **BRIEF SUMMARY OF WORK:** |
| 1. **NOTE THE FOLLOWING:**   *(e.g. any reservoirs, pipelines that are to be affected)* |
| 1. **LOCATION:** |
| 1. **CONTRACTOR DESCRIPTION OF WORK & RESPONSIBILITIES:**   *(Detailed description & list steps)* |
| 1. **WDC TREATMENT PLANT DESCRIPTION OF WORK & RESPONSIBILITIES:**   *(Detailed description & list steps)* |
| 1. **WDC WATER RETICULATION – OPERATIONS AND MAINTENANCE DESCRIPTION OF WORK & RESPONSIBILITIES:**   *(Detailed description & list steps)* |
| 1. **IDENTIFICATION OF HAZARDS AND CONTROLS:** |
| 1. **IDENTIFICATION OF ENVIROMENTAL HAZARDS AND CONTROLS:** |
| 1. **IDENTIFICATION OF RISK TO SUPPLY AND CONTROLS:** |
| 1. **CONTINGENCY PLAN:**   *(Detailed description)* |
| 1. **REINSTATEMENT:**   *(Detailed description & list steps)* |
| 1. **NOTIFICATION PROCEDURE:** |
| 1. **ISOLATION PROCEDURE:**   *(Detailed description & list steps)* |
| 1. **ATTACHMENTS:** |
| 1. **CONTACT NAMES AND TELEPHONE NUMBERS:**   *(Identify the one point of contact for Waipā DC staff)* |
| 1. **COMMUNICATIONS:**   *(Notifications given to Fire service, customer support, Council Comms Team etc)* |

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**APPLICANT SIGNATURE**

**APPROVED BY:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**WDC – Development/Project/Consulting Engineer**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**WDC – Network Supervisor**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**WDC – Network Team Leader**