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| **This form is mandatory for access to Welsh Water Apparatus and associated structures other than by Water Distribution staff.** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **If any of the agreed arrangements change prior to or during access, you must STOP WORK and**  **contact the Site Controller to agree new arrangements This is not a Permit To Work** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Part A details of access requirements (to be completed by the party requiring access)** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **1** | Meter Location: | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Are other parties affected: | | | | | | | | Yes | | |  | No |  | | If Yes, who? | | | | | | | | | | | | |  | | | | | | | | | | | | | |
| **2** | Name of your organisation: | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Name of Client: | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Safety Schemes In Procurement (SSIP) Accreditation Body: | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | |
| **Contact details** | | | | | | | | | **Name** | | | | | | | | | | | | | | | | | | | | | | | | **Telephone** | | | | | | | | |
| Office contact: | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | |
| Person in Control of the Work: | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | |
| Out of hours contact: | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | |
| **3** | | **Nature of intended activities:** | | | | | | | Survey / Inspection: | | | | | | | | | | |  | | | | | | | | | | | | | Physical works: | | |  | | | | | |
| a | | Will the work interfere with the water distribution network? | | | | | | | | | | | | | | No | | | |  | | | Yes | | | |  | | | If Yes, give sufficient details below to assess effect: | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **4** | | **Brief description of proposed work:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Dates access required | | | | From | | | | | |  | | | | | | | | | | | | | | | | | | | | | To | | |  | | | | | | | |
|  | | | | From | | | | | |  | | | | | | | | | | | | | | | | | | | | | To | | |  | | | | | | | |
|  | | | | From | | | | | |  | | | | | | | | | | | | | | | | | | | | | To | | |  | | | | | | | |
| **Where access is required outside the above dates, the contractor MUST inform the Welsh Water Contact in Part 5** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **When Part A is completed, send to mailbox :** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Part B Access approval (to be completed by Water Distribution Contact)** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **5** | | **Contact details** | | | | **Name** | | | | | | | | | | | | | | | | | | | | | **Telephone** | | | | | | | | | | | | | | |
| Distribution Manager: | | | | | |  | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | |
| Ops Supervisor: | | | | | |  | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | |
| Out of hours contact: | | | | | |  | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | |
| **6** | **Arrangements agreed with Water Distribution area:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | Y | | | N | | | | n/a | | |  | | | | | | | | | Y | N | n/a | |
| a | Access dates and times | | | | | | | | | | | | | | | | | |  | | |  | | | |  | | |  | | |  | | | | | |  |  |  | |
| **7** | **Waste Water Network Contact’s Checklist:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| a | Arrangements approved and access granted: | | | | | | | | | | | | | | | |  |  | | | c | | | | Work start notification received: | | | | | | | | | | | | | | |  | |
| b | Other: | | | | | | | | | | | | | | | |  | d | | | | Other: | | | | | | | | | | | | | | |  | |
| Name: | | |  | | | | | | | | | | | \*\*Signature: | | | | | | | | | | |  | | | | | | | | | | Date: | |  | | | | |
| **Part C Cancellation (to be completed by Welsh Water Distribution Contact)** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **8** | **Comments** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| a | Work completion notification received | | | | | | | | | | | | | | | |  |  | | | c | | | | Keys returned | | | | | | | | | | | | | | | |  |
| b | Details of work done & residual H&S risks notified | | | | | | | | | | | | | | | |  | d | | | | Other: | | | | | | | | | | | | | | | |  |
| Name: | | |  | | | | | | | | | | | \*\*Signature: | | | | | | | | | | |  | | | | | | | | | | Date: | |  | | | | |

\*Delete as applicable. \*\*not required if form e-mailed

Copies to be held by all parties for 3 years following completion of work (Welsh Water copies to be stored in unit’s folders on Infozone for audit purposes.