|  |
| --- |
| **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.