

Access to Assets Procedure HSP 811

Retailers Entry Authorisation Form AF02b

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 : BCT@Dwrcymru.com																	

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.