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## 1 Purpose

			n to aid the Welsh Water Business Customer Team and your Wholesaler in res and contact points in the event of an emergency situation occurring.	
2	Site Informa	ition		
2.1	Contact Det	ails		
	Company Na	me:		
	Company Ado	dress:		
2.2	24 Hour Em	ergency Contact		
	Name/Job Tit	le/Security:		
	Contact Telep	ohone Number:		
	Name/Job Tit	le/Security:		
	Contact Telephone Number:			
2.3	Staff Count			
	Number of St	aff Onsite:		
2.4	Site Operations			
	24 Hour Operation	Critical Periods of Operation:		
		Business Critical Functions:		
	Operating Hours: (Including of Any Shut Down Times)			
	Business Type: (Food/Manufacture/Livestock)			
	Are Livestock Kept Onsite? If Yes, Please State Type and Quantity.			

	Will Loss of Operation I to Life?	e a Threat	
3	Onsite Facilities		
	Facilities: (Offices/Cantetc)	een/Toilets	
4	Water Supply Details		
	Critical Water usage: (litres/cubic meters)	Per Day:	
	Onsite Storage: (litres/cubic meters)	Capacity / Time:	
	Water Tanker Fill Point (Connection Size/Type/		
	Is the fire main connect main supply and storag	ed to hospital	
	Fire Hydrant injection point available, if known:		
	Overland Option Available, if known:		
	Rezone options availab	le, if known:	
5	Sewage System Deta	iils	
	Critical Sewage Assets	onsite:	
6	Site Access / Maps		
	If possible please provid Map of Hospital layout,		
7	Additional Informa Site or specific Hea	tion (Traffic Ith & Safety re	Management/Alternative Supplies/Pumps Required/High Risk equirements)