**REQUEST FOR SHUTDOWN**

|  |  |  |  |
| --- | --- | --- | --- |
|  |  | **Today’s Date:** | April 17, 2023 |
| **Project Name:** | Bovaird Drive - 19-1340b | **Project Number:** | 19-1340B |
| **Contractor:**  |       |
| **Consultant:** |       |

**WATER SYSTEM INFORMATION:**

|  |  |
| --- | --- |
| **Operation Yard** |  |
| **Water System (South, Alton, etc)** |  | **Pressure Zone** |  |
| **Type of Shutdown** |  |

**DETAILS OF WORK:**

|  |
| --- |
| **Description and Required Sequencing of Work to be Performed**  |
|       |

**SHUTDOWN TIMELINES:**

|  |  |  |  |
| --- | --- | --- | --- |
| **DATE OF SHUT DOWN START (y/m/d)** |  | **DURATION (xx hr or day)** |       |
| **RESCHEDULED DATE (y/m/d)** |  | **Only to be used if Date is Rescheduled** |
| **TIME OF SHUT DOWN (time or day)** |       | **TO** |       |
| **VALVE IDENTIFICATION AND MAP/SCHEMATIC FOR OPERATION ON FOLLOWING PAGES** |
| **Street** | **From** | **To** | **Est. # Homes** | **Est. # ICI** |
|       |       |       |       |       |
|       |       |       |       |       |

 **DOUBLE CHECKS:**

|  |  |  |
| --- | --- | --- |
| **Question** | **YES** | **NO** |
| Has a Test Shutdown been Performed? **DATE:**   |  |  |
| Has Modelling been completed: **(If YES, so please attach)** |  |  |
| Does Primary or Secondary Valving impact any Critical Watermains or Designated Facilities? (**Provide a List Below – Address and Name)** |  |  |
|  |  |
|  |  |

**SIGN-OFF:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Contractor** | **Region Inspector** | **Consultant** | **Regional PM** | **Operations** | **Water Manager** |
|  |  |  |  |  |  |
| **Name** | **Name** | **Name** | **Name** | **Name** | **Name** |
|  |  |  |  |  |  |
| **Position** | **Position** | **Position** | **Position** | **Position** | **Position** |
|  |  |  |  |  |  |
| **Signature** | **Signature** | **Signature** | **Signature** | **Signature** | **Signature** |
|  |  |  |  |  |  |
| **Date** | **Date** | **Date** | **Date** | **Date** | **Date** |

**FLOW: PM/Consultant/Inspector/Contractor èWater Manager èOperations**

**The Team to determine the flow between PM/Consultant/Inspector/Contractor**

**CONTACT INFORMATION FOR DAY OF SHUTDOWN:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Position** | **Company** | **Name** | **Direct Contact Number** |
| **Contractor – Superintendent** |       |       |       |
| **Contractor – Foreperson** |       |       |       |
| **Regional Inspector** |       |       |       |
| **Consultant Inspector** |       |       |       |
| **Regional PM** |       |       |       |
| **Operations Supervisor** |       |       |       |
| **Operations Foreperson** |       |       |       |
| **Regional Operations** |       |       | **905-791-7800 x 4409** |

**SHUTDOWN DETAILS**

**List of Valves to be Operated**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Valve Location** | **Valve ID** | **Normal Position** | **Required Position for RFS** | **Return Status Post RFS** |
|  |  |  |  |  |
|  |  |  |  |  |

**Locations of Isolation Verification**

|  |  |  |
| --- | --- | --- |
| **Type of Asset (hydrant, IPT, etc)** | **Location**  | **Asset ID (if available)** |
|  |  |  |
|  |  |  |

**MAP/SECHMATIC OF VALVE & VERIFICATION LOCATIONS**

**GENERAL COMMENTS SECTION (TO BE USED BY PM OR OPERATIONS)**

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|  |