|  |  |  |  |
| --- | --- | --- | --- |
| **Project Name:** |  | Project Number: |  |
| **Contractor:** |  | Date Submitted: |  |
| **Consultant:** |  | Peel Project Manager: |  |
| **Bypass Required (Yes/No):** |  |  |  |

|  |  |
| --- | --- |
| Facility: |  |
| Date of Shutdown:  |  |
| Contingency Date: |  |
| Duration of Shutdown: |  |
| Time of Shutdown: |  | AM |  | AM |
| PM | PM |

# WORK PLAN:

Provide detailed description of work to be performed, assessed risks and potential impacts.

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# BYPASS PLAN (IF APPLICABLE):

Provide description of how flow will be managed when station is taken offline.

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# CONTINGENCY PLAN:

Provide mitigation measures and the contingency plan (based on assessed risks and potential impacts) that will be followed during the shutdown.

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EMERGENCY CONTACT INFORMATION

|  |  |  |  |
| --- | --- | --- | --- |
| # | Name | Company | Phone #  |
| 1 |  |  |  |
| 2 |  |  |  |
| 3 |  |  |  |
| 4 |  |  |  |
| 5 |  |  |  |

EMERGENCY CALL-OUT LIST (IF APPLICABLE)

|  |  |  |  |
| --- | --- | --- | --- |
| # | Name\* | Company | Phone #  |
| 1 |  |  |  |
| 2 |  |  |  |
| 3 |  |  |  |
| 4 |  |  |  |
| 5 |  |  |  |
| 6 |  |  |  |
| 7 |  |  |  |
| 8 |  |  |  |
| 9 |  |  |  |
| 10 |  |  |  |

\*Contact names should be provided in order of priority.

SHUTDOWN REQUEST APPROVED BY:

|  |  |  |  |
| --- | --- | --- | --- |
|  |  |  |  |
| Contractor  | Consultant | Region of PeelWW OperationsORO | Region of PeelProject Manager |
|  |  |  |  |
| Date | Date | Date | Date |

AUTHORIZED BY:

|  |
| --- |
|  |
| Manager, Peel WWW Operations |

|  |
| --- |
| ***Shutdown Request Form* submission instructions:**Please submit the Shutdown Request Form along with the following documentation to Peel’s Wastewater Capital (Project Manager) and WWW Operations (Supervisor, Plant Operations):* The *Shutdown Plan*
* The *Shutdown and Bypass Consideration* *Checklist*
* All relevant drawings and diagrams
* Any additional relevant documents
* Weather forecast
* Flow estimates
* Emergency contact list
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