

Wastewater access request

To be completed by the director of the company that will be accessing or connecting to the wastewater network, or another authorised person

Please complete and return this form to

Email: networkauthorisation@water.co.nz

Phone: (09) 442 2222 Website: www.watercare.co.nz

Activity type

Please tick the box that applies to the work

- Access with entry
- Access, no entry
- Connection with entry
- Connection, no entry

Important information

The Job Safety Analysis must assess the following hazards as a minimum: traffic, pedestrians, biological substances, gases (methane, hydrogen sulphide), animals, illegal substances.

1. Your details

First name Last name

Company

Business address:

Street number Street name

Suburb Postcode

Work phone () Mobile

Email

2. Site and job details

Site address

Watercare service request (SR) number for connection (if applicable):

Proposed access/connection date:

Licensed or certified drainlayers carrying out the connection (if applicable):

PGDB registration number

PGDB registration number

Watercare network induction completed?

** If there are multiple locations, please attach a separate list.*

3. Conditions

- The access or connection must be carried out by the person or drainlayer/s specified in this form.
- The person carrying out the work must complete a job safety analysis that assesses the following hazards: **traffic, pedestrians, biological substances, gases (methane, hydrogen sulphide), animals, illegal substances**. There will be other hazards on site that must be assessed and controlled. In addition, specific approvals, permits and notification may be required from relevant authorities, for example Vector, WorkSafe. This job safety analysis must be completed before work is carried out. If hazards can not be eliminated, all work must stop.
- You must have traffic management approval from Auckland Transport, if applicable.
- If any asset faults are found, like a blocked public pipe or cracked manhole lid, please notify Watercare on (09) 442 2222.
- A copy of this authorisation must be on site at all times.
- All staff must carry photo identification.
- Watercare standard manhole operating procedure must be followed.

Declaration

I declare that: (Please tick to confirm each statement)

non-entry entry

- | | | |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | I have read, understand and will comply with the above conditions. |
| <input type="checkbox"/> | <input type="checkbox"/> | The company follows health and safety procedures that comply with the requirements of the Health and Safety at Work Act 2015. |
| <input type="checkbox"/> | <input type="checkbox"/> | All staff undertaking the work have the required safety training, equipment and can assess hazards and implement controls. |
| <input type="checkbox"/> | <input type="checkbox"/> | All staff undertaking the work are protected by immunisation against polio, tetanus and hepatitis A and B. |
| <input type="checkbox"/> | <input type="checkbox"/> | All staff undertaking the work have obtained unit standard 25510 or 3058 in gas detection by an organisation accredited by NZQA. |
| <input type="checkbox"/> | <input type="checkbox"/> | All staff undertaking the work have obtained unit standard 19207 or 17599 in confined space entry by an organisation accredited by NZQA. |
| <input type="checkbox"/> | <input type="checkbox"/> | All staff undertaking the work have obtained unit standard 18426 in demonstrating knowledge of hazards associated with confined spaces by an organisation accredited by NZQA. |
| <input type="checkbox"/> | <input type="checkbox"/> | All staff undertaking the work have obtained unit standards 26551 and 26552 in first aid by an organisation accredited by NZQA. |
| <input type="checkbox"/> | <input type="checkbox"/> | I have attached the specific Job Safety Analysis with the appropriate controls to manage hazards on site, including evidence of the confined space permitting system. |
| <input type="checkbox"/> | <input type="checkbox"/> | The confined space risk score decision tree has been explained and understood. |
| <input type="checkbox"/> | <input type="checkbox"/> | I have attached the methodology for managing wastewater flows (if applicable). |
| <input type="checkbox"/> | <input type="checkbox"/> | I have a job safety analysis/prestart process |

Name	<input type="text"/>	Signature	<input type="text"/>
Job title	<input type="text"/>	Date	<input type="text" value="DD / MM / YYYY"/>
	(Company director or authorised person)		

For office use only

Approved by:

Name	<input type="text"/>	Signature	<input type="text"/>
Authorisation valid until:	<input type="text" value="DD / MM / YYYY"/>	Date	<input type="text" value="DD / MM / YYYY"/>