



WWCISOLATION REQUEST

No:

Contractor/Sub:

Contract No.

Project Name:

Date:

Owner:

Consultant:

Foreman in Change:

Crew Size:

Pumping Station Name:

System/Equipment Affected:

Date of Shutdown:

Duration of Shutdown:

WORK TO BE ACCOMPLISHED: *(Describe planned work and provide as much detail as possible)*

Expected tasks to be carried out by the contractor/Sub :

Expected tasks to be carried out by City staff:

SHUTDOWN ACTIVITIES:

Tasks:	Start Time/Stop Time:	City Trades Required ¹	Special Requirements:
1			
2			
3			
4			
5			
6			

APPROVAL:

Signature	Print Name	Date
<input type="text"/>	<input type="text"/>	<input type="text"/>

Additional Information Required: *(failure to provide this information will result in the isolation request to be rejected and may cause schedule delays)*

- Please attach all the relevant drawings highlighting the specific portion of the work that is being carried out
- Please confirm that all the required equipment has been received and is onsite
- Subcontractors (I&C, etc.) were notified and scheduled
- Contractor to confirm all subcontractors and workers have completed the City of Ottawa Self Assessment before entering the workplace

¹ This field is mandatory: Please specify which trades will be requires (SCADA (onsite or remote), Mechanical, Electrical, Instrumentation, Process Engineering)

COVID PROTOCOLS

COVID GUIDELINES WHILE WORKING ON SITE: *(Describe the Covid protocols and related details)*

Enter the names of all personnel scheduled to be on site:

List all Covid protocols (See OPH protocols for up-to-date info):