## FORM M - HIDRA & Authority to Work Checklist for Planned Work

Water assets: < 250mm, or 250mm & greater already identified as W3 with low customer and system risks

| Project Title / Name & MAXIMO number:  |                          |   |   |  |   |  |      |                                     |      |                       |      |  |
|--|--------------------------|---|---|--|---|--|------|-------------------------------------|------|-----------------------|------|--|
| ISOLATION PLANNING   |                          |   |   |  |   |  |      |                                     |      |                       |      |  |
| Does project involves confined space entry or excavation with a depth of 1.5 m or greater? If <b>N</b> , W3: Single Barrier Routine, If <b>Y</b> , W4: Double Barrier <b>OR</b> W5: Single Barrier with second control other than additional barrier Method of hydraulic flow isolation / flow management (circle relevant): |                          |   |   |  |   |  |      |                                     | er - | Y □ N □ W3, W4, W5    |      |  |
| If <b>W5</b> , select   Monitor SV to prevent valve from being accidentally operated <b>OR</b>   |                          |   |   |  |   |  |      |                                     |      |                       | , ,, |  |
| one second control (tick)  Lock single valve so it cannot be operated OR  Use a barrier (eg plate) to stop access to single valve so it cannot be operated.  |                          |   |   |  |   |  |      | ted                                 |      |                       |      |  |
| Are valves to be operated and method for proving isolation identified on attached plan(s)?  Y  N   |                          |   |   |  |   |  |      |                                     |      |                       |      |  |
| 1. Plan Approved by Responsible Manager or Delegated Rep : Date:   |                          |   |   |  |   |  |      |                                     |      |                       |      |  |
| ISOLATION IMPLEMENTATION   |                          |   |   |  |   |  |      |                                     |      |                       |      |  |
| Hazard   | In                       | Impact  |   |  | CONTROLS  |  |      |                                     |      | CONTROLS HAVE<br>BEEN |      |  |
| What can harm you?   | What can happen?         | How it can happen?  |   |  |   |  |      |                                     |      | EMENT                 | ΓED  |  |
| Engulfment of the work site  | Drowning of personnel    | SVs isolating<br>main are operated<br>during works  |   |  | <ul> <li>All isolation valves to be operated and<br/>tagged by the authorised person</li> </ul>     |  |      |                                     | Yes  | No                    |      |  |
| Engulfment of the work site  | Drowning of personnel    | Unanchored /<br>unrestrained<br>valves  |   | 10   | All 1st barrier SVs to be greater than 10m from work excavation or double barrier to be implemented |  |      |                                     | Yes  | No                    |      |  |
| Engulfment of the work site  | Drowning of personnel    | Internal leaking of isolation valves  |   | FIFM completed & successfully proven via:  |   |  |      | Yes                                 | No   |                       |      |  |
| Engulfment of<br>the work site   | Drowning of<br>personnel | <ul> <li>Entrapment in:</li> <li>a confined space or</li> <li>an excavation with a depth of 1.5 m or greater</li> </ul> |   | <ul> <li>Double barrier isolation OR</li> <li>Lock single valve so it cannot be operated OR</li> <li>Prevent access to the single valve using a barrier (such as a plate) OF</li> <li>Monitor SV to prevent valve from being inadvertently operated</li> </ul> |   |  | OR O | Yes  (circle which control applied) | No 🗆 | N/A                   |      |  |
| Work can proceed only if controls for hazards identified as applicable have been implemented. If "No" has been marked  |                          |   |   |  |   |  |      |                                     |      |                       |      |  |
| for any of the above cease work and refer to Team Lead Work cannot commence this section has been  |                          |   |   |  |   |  |      |                                     |      | nt SWMS. Date         |      |  |
| 2. FIFM completed as per HYDRA plot & I have personally witnessed the FIFM successfully proven 3. Controls for hazards identified above  |                          |   | Responsible Person Implementation  Responsible Person |  |   |  |      |                                     |      |                       |      |  |
| as applicable have been applied  |                          |   | Implementation  |  |   |  |      |                                     |      |                       |      |  |
|  |                          |   | FIFMP coordinator Service Provider                    |  |   |  |      |                                     |      |                       |      |  |
| RECOMMISSIONING  |                          |   |   |  |   |  |      |                                     |      |                       |      |  |
| where the asset is now available for recommissioning   |                          |   | Service Provider  FIFM Plan                           |  |   |  |      |                                     |      |                       |      |  |
| recommissioning  |                          |   | Coordinator or delegated rep  Responsible Person      |  |   |  |      |                                     |      |                       |      |  |
| acknowledged   |                          |   | Implementation  |  |   |  |      |                                     |      |                       |      |  |
| <b>9.</b> Recommissioning complete, system returned to normal operation, FIFM Plan Coordinator notified  |                          |   |   | nsible P<br>nentatio   |   |  |      |                                     |      |                       |      |  |

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