

LSC WATER ASSET REPORT

One Stop No..... Customer Call: Date.....Time.....
 Commence Work: Date.....Time.....
 Number.....Street.....Suburb/Town.....

- | | | | |
|----------------------------------------------------|-----------------------------------|---------------------------------------|-------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> Main | <input type="checkbox"/> Valve | <input type="checkbox"/> Hydrant | <input type="checkbox"/> _____ |
| <input type="checkbox"/> Tapping Band | <input type="checkbox"/> Maincock | <input type="checkbox"/> Service Pipe | <input type="checkbox"/> Pathcock <input type="checkbox"/> Meter Frame <input type="checkbox"/> Meter |
| <input type="checkbox"/> Effluent Recycling System | | | |

LOCATION	PROBLEM: TYPE, CAUSE & SOLUTION																		
Pipe Details: Size.....mm <input type="checkbox"/> Cast Iron <input type="checkbox"/> Ductile Iron <input type="checkbox"/> AC <input type="checkbox"/> Rural Poly <input type="checkbox"/> Metric Poly <input type="checkbox"/> Copper <input type="checkbox"/> uPVC <input type="checkbox"/> Class 6 <input type="checkbox"/> Class 9 <input type="checkbox"/> Class 12 <input type="checkbox"/> Gal <input type="checkbox"/> Steel <input type="checkbox"/> Hobas <input type="checkbox"/> MPVC <input type="checkbox"/> OPVC <input type="checkbox"/> White PVC Soil Type: <input type="checkbox"/> Clay <input type="checkbox"/> Rock <input type="checkbox"/> Gravel <input type="checkbox"/> Sand <input type="checkbox"/> Mud/Acid Sulphate <input type="checkbox"/> Red	Type: <input type="checkbox"/> Pinhole <input type="checkbox"/> Pipe Fracture <input type="checkbox"/> Rubber Ring <input type="checkbox"/> Leaking Fitting <input type="checkbox"/> Broken Fitting <input type="checkbox"/> Lead Joint <input type="checkbox"/> Poor Pressure <input type="checkbox"/> Water Quality <input type="checkbox"/> _____ Probable Cause: <input type="checkbox"/> Corrosion <input type="checkbox"/> Traffic <input type="checkbox"/> Loss of Support <input type="checkbox"/> "External Agency" <input type="checkbox"/> Increased Pressure <input type="checkbox"/> Random Event <input type="checkbox"/> Poor Quality Material <input type="checkbox"/> _____ Method of Repair : <table border="0" style="width: 100%;"> <tr> <td style="width: 50%;">Mains:</td> <td style="width: 50%;">Services:</td> </tr> <tr> <td><input type="checkbox"/> Mechanical Couplings</td> <td><input type="checkbox"/> Replace Service</td> </tr> <tr> <td><input type="checkbox"/> Clamp</td> <td><input type="checkbox"/> Temporary Repair</td> </tr> <tr> <td><input type="checkbox"/> New Pipe</td> <td><input type="checkbox"/> Tighten Gland/Union</td> </tr> <tr> <td><input type="checkbox"/> New Fitting</td> <td><input type="checkbox"/> New Meter</td> </tr> <tr> <td><input type="checkbox"/> Repair Fitting</td> <td><input type="checkbox"/> New Fitting</td> </tr> <tr> <td><input type="checkbox"/> Flush Main</td> <td><input type="checkbox"/> Rewasher</td> </tr> <tr> <td><input type="checkbox"/> _____</td> <td><input type="checkbox"/> New Metercock</td> </tr> <tr> <td></td> <td><input type="checkbox"/> _____</td> </tr> </table>	Mains:	Services:	<input type="checkbox"/> Mechanical Couplings	<input type="checkbox"/> Replace Service	<input type="checkbox"/> Clamp	<input type="checkbox"/> Temporary Repair	<input type="checkbox"/> New Pipe	<input type="checkbox"/> Tighten Gland/Union	<input type="checkbox"/> New Fitting	<input type="checkbox"/> New Meter	<input type="checkbox"/> Repair Fitting	<input type="checkbox"/> New Fitting	<input type="checkbox"/> Flush Main	<input type="checkbox"/> Rewasher	<input type="checkbox"/> _____	<input type="checkbox"/> New Metercock		<input type="checkbox"/> _____
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IMPACT Damage: Location: <input type="checkbox"/> Private <input type="checkbox"/> Public Extent: <input type="checkbox"/> Slight <input type="checkbox"/> Extensive Shutdown: Planned Shutdown? <input type="checkbox"/> Yes <input type="checkbox"/> No Shutdown Start Time..... Shutdown Finish Time..... Estimated No. of Properties Affected..... Location of properties.....	PREVENTATIVE MAINTENANCE DONE <input type="checkbox"/> Slug Clean <input type="checkbox"/> Pump Repairs <input type="checkbox"/> Air Clean <input type="checkbox"/> Extend Supply <input type="checkbox"/> Reconn. Service <input type="checkbox"/> Replace Main <input type="checkbox"/> Relocate <input type="checkbox"/> Other																		

POOR PRESSURE INVESTIGATION															
<input type="checkbox"/> Customer Problem <input type="checkbox"/> LSC Problem	Targets <table border="0" style="width: 100%;"> <tr> <td></td> <td style="text-align: center;">kPa</td> <td style="text-align: center;">L/min</td> </tr> <tr> <td>Cap Coast</td> <td style="text-align: center;">220</td> <td style="text-align: center;">19</td> </tr> <tr> <td>TheCaves</td> <td style="text-align: center;">220</td> <td style="text-align: center;">19</td> </tr> <tr> <td>Marlborough</td> <td style="text-align: center;">120</td> <td style="text-align: center;">10</td> </tr> </table>		kPa	L/min	Cap Coast	220	19	TheCaves	220	19	Marlborough	120	10	Time of Test Static Pressure at Meter (kPa) Flow at Meter (L/min)	
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AVOIDING REPEAT OCCURRENCES within 12 months	
Risk: <input type="checkbox"/> Low <input type="checkbox"/> Medium <input type="checkbox"/> High	Avoidance: <input type="checkbox"/> Redesign <input type="checkbox"/> Staff Training <input type="checkbox"/> Public Education <input type="checkbox"/> Replacement <input type="checkbox"/> Preventative Maint. <input type="checkbox"/> Nothing

Complete Work: Date.....Time..... Signature: