

Routine Operational Procedure Template

A. Network Identifier:	B. Organisation:	C. Project / 3 rd Party Ref.:	D. RO Number:
E. Originator: (Print Name)			F. Date raised:
G. Location of work:			G1.
Post Code:			
H. Map References:	Start: E: N:	End: E: N:	
I. Outline of objectives:			
J 1. Start date/time:		J 2. End date/time:	
K. Details of effect on gas supplies / other Gas Transporter networks / meter installations:			
Network Validation Checks Required: YES/NO (if YES attach results)			
L. Long term plant/mains outage	Start date/time:	End date/time	
M. Permit to Work required	YES/NO	Specify PTW number(s):	
N. Preparatory work (Provide details in method statement below)	Will any customers be affected?		YES/NO
	Have they been notified?		YES/NO/Not Applicable
	Is a pressure decay test required?		YES/NO
O. Prior to commencing work confirm that an on-site specific risk assessment has been completed and that the work site is set out in accordance with above objectives, company safety and engineering procedures.			CP Initials:
P. Prior to commencing work confirm that all site operatives have been briefed on their roles and responsibilities associated with these works:			
Q. Purge details/calculations (add supplementary sheets if required):			
Decommissioning Detail:		Commissioning Details:	
R. Pipeline details	PON:	PON:	PON:
Existing main	size: length:	size: length:	size: length:
New main	size: length:	size: length:	size: length:
Bypass	size: length:	T. Authorising Engineer comments:	
Rider	size: length:		
Purge Vents	size: length:		
S. Pressures	mbar		
Minimum allowable pressure required during operation to be inserted prior to authorisation		AE Tel. Contact No:	
Actual pressure at start of operation			
Actual Pressure at end of operation			
U.	Name (Print):	Signature:	Date:
Authorising Engineer Authorised by:			
Network Controller Clearance to Proceed:			
Competent Person undertaking the work:			
Note: If Authorising Engineer or Competent Person changes, contact Network Controller for a revised clearance to proceed. If it's the Authorising Engineer forward front copy of RO to Network Controller.			
V. Method Statement shall be attached:			

GAS ESCAPE CALL 0800 111 999

ROUTINE OPERATIONAL PROCEDURE

W. Enclosures (include all appropriate OS maps, schematic/spider drawings, Network Analysis profiles, purge calculations, etc):		Routine Procedure No:		
		3 rd Party Reference No./Project No:		
W1. Pre start checklist for RO attached (tick)		Yes	No	
X1. Sketch of proposed Operations (If required insert an intermediate sketch)				
Note: If sketch is inconsistent with site conditions, contact AE prior to starting as procedure may be aborted				
X2. Sketch of completed Operations				
X3. Comments on completion				
Y. Operation Complete	C.P. Name (print):	Signature:		Date:
Date and time Network Control informed and by whom		Signature	Time	Date