



Title:	016 - Isolation Plan		
Document #:	Q-Infra-TF-BDINS-900	Folder:	Inspections
Revision #:	5	Issue Date:	January 2024

SR# _____ Project # _____ Project Type _____

Location: _____ Capital Project
Development
Permit Number
Repair under pressure

Description: _____

Inspector: _____

Large Projects Only: _____

Source location (main or hydrant #): _____

Disposal method (storm, over land, sanitary): _____

Pressure Test: Yes No

Swabbed: Yes No

Number of Services Effected: _____

Are Designated Facilities Effected? Yes No If 'Yes' please ensure Health Dept is notified and complete the Designated Facility Shut-down Notice form - Appendix 'A' (QApp-Form 016B)

Special Concerns _____

Method of Disinfection: Slug Continuous Feed Spray Disinfection

Valves to close prior to commissioning: _____

Valves to open after commissioning: _____

Point used for:

- Flushing (hydrant number/blow off/location): _____

- Residuals (hydrant number/blow off/location): _____

Sets of Samples Required _____

Samples Required per Set _____

Sample Locations: _____



Paste Map here

Comments: _____

Supervisors Approval Supervisor (Print): _____

Supervisor (Sign): _____ Date: _____

Supervisors Comments: _____

Authorization to Restore Water Services

Date: _____

I acknowledge that the water system for the above project was cleaned, disinfected and sampled as per The Procedure for Disinfection of Drinking Water in Ontario as adopted by reference to Ontario Reg. 170/03 under the Safe Drinking Water Act.

Halton Inspector: *Print* _____ *Sign* _____ Date: _____

Certified Operator: *Print* _____ *Sign* _____ Date: _____

