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| **Affinity Water – Wholesaler Document** |

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| **1** | **Purpose** |  |

This document provides information on XXXX to aid in the response to an event or incident affecting the site.

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| **2** | **Site Information** | | | | | |  | |
| **2.1** | | | **Contact Details** | | | | | |
| **Site Address:** | | | | |  | | | |
| **24 Hour Emergency Contact Details:** | | | **Contact Number:** | |  | | | |
| **Name / Job Title:** | |  | | | |
| **Contact Number:** | |  | | | |
| **Name / Job Title:** | |  | | | |
|  | | | **Additional contact** | |  | | | |
| **2.2** | | **Hospital Bed & Staff Count** | | | | | |
|  | | | |  | | **Number of Beds** | | |
| **Total Number of Beds:** | | | | | |  | | |
| **Staff Numbers:** | | | | | |  | | |
| **Total number of persons onsite (approx.):** | | | | | |  | | |
| **Maximum number of persons onsite** | | | | | |  | | |

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| **3** | **Water Supply Details** |  |

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| **Normal Water usage:** | **Per Day:** |  |
| **Per Year:** |  |
| **Critical Water usage:** | **Per Day:** |  |
| **Per Year:** |  |
| **Water Storage:** | **Capacity / Time:** |  |
| **Telemetry:** |  |
| **Water Tanker Fill Point:** | |  |
| **Is the fire main connected to hospital main supply and storage tanks?** | |  |
| **Rezone options available:** | |  |
| **Fire Hydrant injection point available:** | |  |
| **Overland Option Available?** | |  |
| **Tanker Fill Point:** | |  |

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| **4** | **Sewage System Details** |  |

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| **Critical Sewage Assets onsite:** |  |

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| **5** | **Site Access / Maps** | |  |
|  | | | (Suggested maps: map of layout, onsite mains, fill points identified.) | |

**5.1 Traffic Management**

**5.2 Alternative Supplies**

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