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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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