

**SGN tpc – ISOLATION CERTIFICATE**

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| **SGN Project Ref.** |  | **UIP Reference** |  |
| **Job Type** | Service Disconnection | Service Alteration (*for the abandoned section only*) | |
| **Existing MPRN** |  | **Meter Serial No** |  |
| **Easting** |  | **Northing** |  |
| Address: | | | |

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| **Decay Test - Details** | | | | | | | | | | |
| **Date Tested** |  | **Duration of Test** | | |  | | | **Competent Person** | |  |
| **Start Time** |  | **End Time** | | |  | | | **Company** | |  |
| **Work complete** | Yes | | No | | | | | **Job Role** | |  |
| **I certify that the pipe has passed the decay test in accordance with the appropriate IGE standards (IGEM/SR/22 & IGE/TD/3).**  Signed by Competent Person: | | | | | | | | **I can confirm that the pressure decay test and purge were completed in accordance with current procedures.**  Signed by Competent Person: | | |
| **Service purged to air with 2 readings of less than 20% LEL:** | | | | Yes | | No | | | Comments: | |
| **Leak Detection Fluid test results (Soap test)** | | | | | | | Results: | | | |

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| **Decommissioned Asset Details** | | | | | | | | | | | | | | |
| **Pressure** | LP Low Pressure | | | | | MP Medium Pressure | | | | | | IP Intermediate Pressure | | |
| **Method Decommissioned** | DI | DP | Other = | | | | | |  | | | | | |
| **Material** |  | **Diameter** | | |  | | | |  | | | | | |
| **Date Decommissioned** |  | | | | | | | |  | | | | | |
| **Length Cutback** |  | | | | | | | |  | | | | | |
| **Existing main location** |  | | | | | | | | **Depth of cover** | |  | | | |
| **Mapping system correct** | Yes | | | No | | | If no, submit an Error Management form | | | | | | | |
| **Disconnection location** | Footway/Verge/Road/Other | | | | | | | **Easting** | |  | | | **Northing** |  |

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| **Insert Drawing / Photos** |
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| **Comments** |
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| **I certify that this is a true record of the work undertaken.**  **Team Leader Name:**  Signature:  Date Completed: | **Approved By**  **Team Manager Name:**  Signature:  Date Completed: |