

APPLICATION TO WORK IN PUBLIC SEWERAGE SYSTEM [FORM B/QP]

Date: 17/09/2019

To: PUB

Director
Water Reclamation (Network) Department
Public Utilities Board
82, Toh Guan Road East, #03-08
Singapore 608576

Instructions

This form, with all the required attachments, shall be submitted to PUB for approval no later than 14 days prior to commencement of work. Any incomplete form will be rejected.

This form is to be digitally signed and submitted by the following person:

- (a) For projects registered with BCA, the QP shall make the submission through CORENET e-submission.*
- (b) For projects that are not registered with BCA, the Plumber or the Contractor responsible for the projects shall make the submission.*

The form shall be submitted through the QP Portal [here](#)

If any man-entry into the sewer manholes is required, the QP or Plumber / Contractor shall ensure that all requirements as stated in the Workplace Safety and Health (WSH) (Confined Spaces) Regulations are fully complied with.

Incident Reporting

In the event of any used water overflow, damage to the sewers or injury to any person while carrying out the works, the contractor shall inform Water Reclamation (Network) Department immediately with all the details via the PUB's 24-hr Call Centre PUB-One at 1800-2255782.

Particulars of Project	
Project Reference Number	<input type="text"/>
Project Title	<input type="text"/>
Location Description [Include Lot/Plot, MK/TS, House No, Building Address and Road information]	<input type="text"/>
Particulars of Application	
Type of Works	<input type="text" value="Please Select"/>
Work Description	<input type="text"/>
Form E/F/I Submission No.	<input type="text"/>
Risk Assessment Validity	From <input type="text"/> To <input type="text"/>

Section I Particulars of Qualified Person	
Including Professional Engineer/Architect	
Name	Please Select
Role In Project	
Registration No	
Company Name	
Office Address	
Contact No	
Email Address	
Section II Particulars of Licensed Plumber	
Name	Please Select
Designation	
Company Name	
Office Address	
Mobile No	
Email Address	
Section III Particulars of Contractor	
Name	Please Select
Designation	
Company Name	
Office Address	
Mobile No	
Email Address	
Section IV Particulars of CCTV Contractor	
Name	Please Select
Designation	
Company Name	
Office Address	
Mobile No	
Email Address	
Section V Particulars of Authorised Manager	
<i>(APPLICABLE FOR MAN-ENTRY CONFINED SPACE WORKS)</i>	
Authorised Manager Name	
MOM's Certificate Ref. No.	
Mobile No	
Email Address	
Confirmation by Applicant	
I, <input type="text" value="Please Select"/> , have read and fully understood the following Acts and its Regulations, and shall ensure that they are fully complied with. <input type="checkbox"/>	
<ul style="list-style-type: none"> • Sewerage and Drainage Act (PUB) • Workplace Safety and Health Act (MOM) • Street Works Act (LTA) • Environmental Protection and Management Act (NEA) • Any other legislations which are in force and applicable to the works 	

Attachments Required

Certificate of Factory Registration or Confirmation of Factory Notification

Sewerage Interpretation Plan (SIP) with indication of the location of proposed works

Valid Risk Assessment (RA) Form

Valid Confined Space Safety Assessor (CSSA) Certificate or Valid Manhole Safety Assessor Certificate (If Required)

Safe Work Method Statement / Safe Work Procedure