



ACTION/ISSUE ITEM LIST

Project Name _____

Project Manager _____

File Number _____

Action Item No.	Action Item Description	Requested by	Person Action Assigned to	Date Requested	Date Required	Resolution	Status	Comments
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AUTHORIZATION FOR CONTRACT CHANGE NO.

**PROJECT
DESCRIPTION:**

**DATE:
FILE NO.:
BID OPP. NO.:
PRI NO.:**

DISTRIBUTION:

CONTRACTOR:

City Department:
Contractor:
CA:
Other:

Payment or credit for the following change is hereby authorized:

DETAILS OF CONTRACT CHANGE:

for Contract Administrator for Contractor for City of Winnipeg

The Contract Price is increased/decreased by: \$
The Contract Time is increased/decreased by: days
All other Terms and Conditions of Contract remain unchanged.

Original Contract Price: \$ Original Completion Date:
Previous Additions/Deletions: \$ Revised Completion Date:

This Authorization:

Revised Contract Price: \$



Consultant Deliverable Log

Project No.	_____	File No:	_____	
Project Name	_____	RFP No.:	_____	

Deliv. Log Item #	Submittal Type	Submittal Name	RFP Section Reference No	Date Received from Consultant	Date WWD review completed	Date Returned to Consultant	Submittal Comments	Deliverable review status (R, R/N, RES)	Notes



CONSULTANT SCOPE CHANGE ORDER NO.: _____

PROJECT DESCRIPTION: _____

Issued by: _____
(Consultant)

Prepared by: _____
(Consultant Project Manager)

DATE: _____

FILE NO.: _____

BID OPP. NO.: _____

PRI NO.: _____

DISTRIBUTION: _____

City Department: _____

F&A: _____

Doc. Control: _____

Other: _____

Description of Change:

Reason for Change

(Include additional pages if more space required)

Estimate of Change:

Discipline	Manhours	Amount	Comments
Direct Costs			
Total Direct		0	
Indirect Costs			
Disbursements			
Total Indirect		0	
Total Direct and Indirect Costs		0	

Total Direct and Indirect Engineering Cost
Impact on Design Schedule
Estimated Impact on Capital Cost
Estimated Impact on Operations Cost

0

days

Type of Change:
Scope
Forecast

Details of Capex or Opex estimated impact:

Reviewed/Recommendation	Action	Comments
Project Manager Date	Do Not Proceed <input type="checkbox"/> More Info Req'd <input type="checkbox"/> Recommend Approval <input type="checkbox"/> Other <input type="checkbox"/>	

Scope Change Authorization: Winnipeg Sewage Treatment program	
Project Director Date	Comments:
Manager Engineering Date	
Consultant Date	

Statement of Contract
 Original Assignment Value _____
 Sum of CSCOs to Date _____
 Value of this CSCO _____
 Current Assignment Value _____

Schedule
 Initial Assignment Completion Date _____
 Additional days required this CSCO _____
 Completion Date at last CSCO _____
 Assignment Completion Date this CSCO _____

Consultant Submittal Review Log

Project: _____

Bid Opportunity: _____

Consultant Deliverable Log Item # _____

Submittal Document Name: _____

Review Date _____

by PM	by Reviewer				by Consultant	
Review Item #	Page	Section or Ref Item	Name	Comment	Proposed Action	Reply Comment

Consultant Scope Change Order Log

Project Name _____

Project Manager _____

File Number _____

PRI #	CSCO#	CSCO Description	CSCO Issue Date	CSCO Pricing Req'd by	CSCO Status	CSCO Amount	Capital Cost Impact	OPS Cost Impact	Comments

Winnipeg Sewage Treatment Program Integrated Management System



Risk Register

DOCUMENT NUMBER: PG-RM-TO-01

Rev	Prepared by	Reviewed by	Date	Approved by	Date

Project Risk Register - {insert project name}

Risk Register Template Version 4.5-nwa2

System			Program Information about the Risk Event										
Risk ID; Sequential ID	Last Reviewed Date	Status Change Date	Identification Date	Project	Phase	Task Group	Contract (Bid Op)	Operational or Capital	Facility	Process Area (optional)	Discipline (Optional)	Risk Type; Program or Project Level Risk	Category of Risk; Design, Construction, HR, Procurement etc
								<i>example</i>					
								<i>example</i>					

Project Budget or Target Cost (\$,000) Insert \$ value

Risk Event Identification							Risk Event Assessment					
Threat or Opportunity (T / O)	Due to (Cause Event)	this could occur (Result Event)	Resulting in (this Effect)	Threat / Opp Owner (per Agreement); CofW or Shared	Threat / Opp owner (Individual responsible)	Status (Identified / In Development / Defined / Closed)	Magnitude of Risk Event(1-5)	Likelihood (1-5)	Assessed Score C X L	Estimated Impact (\$,000) what is cost if risk occurred)	Financial Impact (% Target Cost)	Financial risk prior to Mitigation
T	Design assumption for Digestion and de-watering at SEWPCC	Bios lids decision report recommends no digestion or dewatering at SEWPCC	Revise project definition design work based on biosolids decision report	CoW		Identified	2	3	6	80	#VALUE!	36
O	Using a specialist contractor	We may increase productivity for producing O&M manuals	Reduce project delivery cost	Shared		In Development	5	1	5	60	#VALUE!	2
									0		#VALUE!	#N/A
									0		#VALUE!	#N/A
									0		#VALUE!	#N/A
									0		#VALUE!	#N/A
									0		#VALUE!	#N/A
									0		#VALUE!	#N/A
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									0		#VALUE!	#N/A
									0		#VALUE!	#N/A
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									0		#VALUE!	#N/A
									0		#VALUE!	#N/A

Risk Response Assessment (based on an Implemented Risk Management Plan - future state)								
Risk Response Type (Avoidance, Transference, Mitigation, Acceptance)	Risk Response Plan - Actions	Residual Magnitude occur (1-5)	Residual Likelihood (1- 5)	Assessed Residual Score	Cost of Mitigation (\$,000)	Adopted	Financial risk after mitigation	Trigger date (mandatory review date)
<i>Mitigate - Obtain early direction on biosolids strategy for SEWPCC before biosolids decision report is finalised</i>		3	4	12	20			
<i>Employ specialist contractor for O&Ms, tie in with specific deliverables from constructor and designers</i>		2	3	6	20			
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Risk Response Plan - Execution Log				Contingency Plan		
Date for each action	Mitigation Evaluation	Action Log Reference	Comments	Contingency plan	Risk Level Before Mitigation	Risk Level After Mitigation
					Med	High
					High	Med
					Not Assesse	Not Assessed
					Not Assesse	Not Assessed
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					Not Assesse	Not Assessed

Assessment of the Magnitude of Opportunity

	Insignificant Savings	Minor Savings	Moderate Savings	Major Savings	Significant Savings
	1	2	3	4	5
Cost ¹	< 2% of Project Budget ²	< 5% of Project Budget ²	< 10% of Project Budget ²	< 15% of Project Budget ²	> 20% of Project Budget ²
Time ²	Time savings <½ day	Time savings ½ – 1 day	Time savings >1 day, < 1 week	Time savings >1 week, < 1 month	Time savings >1 month
Other ⁴					
Notes 1 - Project Manager to replace with project specific values 2 – Use Target Cost where the project is subject to a Target Cost 3 – Replace with project specific values 4 - To be defined by the Project Manager if required					

Assessment of the Magnitude of Threat

Descriptor	Negligible	Moderate	Substantial	Severe	Disastrous
	Small effect on costs	Moderately effects costs	Considerably affects cost	Serious threat to the organization, public etc.	The impact is totally unacceptable to the organization
	1	2	3	4	5
Safety	Negligible – No injury, near miss	Minor – minor cuts, bruises, muscle strain	Serious – broken bones, muscle and ligament injuries	Serious / permanent injury / illness	Catastrophic – Single or Multiple fatalities
Financial Impact upto a maximum value (re-work / loss etc..) ¹	< 2% of Project Budget ²	< 5% of Project Budget ²	< 10% of Project Budget ²	< 15% of Project Budget ²	> 20% of Project Budget ²
Schedule, impact on critical path ²	Not likely to impact dates	Likely to absorb float between planned dates and target dates	≤ 1 month	≤ 2 month	> 2 month
Environment	Negligible Environmental effect	Nuisance / minor but reversible Environmental harm	Moderate but short term Environmental harm	Localised, long term Environmental harm	Extensive long term Environmental harm
Regulatory	negligible, near miss	report required to regulatory body	Inspection by Manitoba Env safety officer etc..	CEC review	Clean Environment Commission (CEC) Hearing

Image / Reputation	Single Public Enquiry	Multiple Public Enquiries and / or informal Councillor and / or MP Request	Moderate Media Political – Formal Council and / or MP Request / Moderate Public Impact	Provincial Government, Major Political & Media Scrutiny / Major Public Impact	Federal Investigation
Moral	No Impact	Grumblings at wter cooler	Moderate / Increasing Absenteeism	Major Negative / Loss of Staff / “Go Slow”	Catastrophic Negative / walk out
Legal	No Liability	Written Claim Damages < \$10,000	Damages > \$10,000 < \$250,000	Damages >\$250,000 < \$1,000,000	Damages >\$1,000,000
Other ⁴					

Notes

- 1 - Project Manager to replace with project specific values
- 2 – Use Target Cost where the project is subject to a Target Cost
- 3 – Replace with project specific values
- 4 - To be defined by the Project Manager if required

III. Assessing Likelihood/probability of Risk Occurrence

Descriptor	Rating	Frequency	Probability
Almost certain	5	Is expected to occur during projects of this type	> 95%
Likely	4	More likely as not, regularly occurs during projects of this type	60% < x < 95%
Moderate	3	As likely as not, might occur at sometime during a project of this type	30% < x < 60%
Unlikely	2	Could occur at some time during the project, rarely occurs on projects of this type	5% < x < 30%
Rare	1	Only occur in exceptional circumstances on projects of this type	< 5%

Note on the use of Specific Probability Data and Distributions:

The first step in assessing the likelihood / probability of a risk should always be to apply the project teams engineering judgement and experience, in most cases this approach is all that is required. Specific probability data is available from a variety of sources, however unless the assumptions underpinning such distributions and data hold, the results can be misleading and introduce greater risk. Such data should be checked carefully before it is used.

<i>Total Severity</i>	<i>Category</i>	<i>Response</i>
20-25	Critical	Expected cost to the project is unacceptably high. This risk must be eliminated or transferred before proceeding with the project. Attempt to avoid or transfer risk
10-20	Serious	Expected cost is high compared to total project cost. It probably is cost effective to eliminate or transfer this risk.
5-10	Important	Consider eliminating or transferring. If accept then manage proactively.
0-5	Acceptable	Accept and manage

PROJECT RECORD LOG

Project #: _____
 File#: _____
 Project Name: _____

PRI #	PRI Description	PRI Date	Contract No.	CCN # / CSCO #	Magn. of Cost	ACC #	ACC Value	Status	Class	Reason Comments
1										
2										
3										
4										
5										
6										
7										
8										



REQUEST FOR INFORMATION NO:

TO:

DATE:

FILE NO.:

BID OPP. NO.:

PRI NO.:

PROJECT:

DISTRIBUTION:

Owner:

Contractor:

CA:

Other:

ISSUED BY:

REASON:

INSTRUCTIONS TO CONTRACTOR:

1. Fill in the information requested section referencing drawing number and specification section where applicable.
2. Submit to Contract Administrator for response.

Information Requested:

Date Response Required:

Response:

Date Response Sent: _____

Response by: _____

TRAVEL AUTHORIZATION NO.:

PROJECT	DATE:	_____
DESCRIPTION:	FILE NO.:	_____
_____	RFP NO.:	_____
CONSULTANT:	DISTRIBUTION:	_____
_____	City Department:	_____
	Contractor	_____
	CA:	_____
	Other:	_____

Purpose of Travel _____

Depart from Location _____ Travel to Destination _____
 Departure Date/Time _____ Return Date/Time _____

Duration of Stay _____ (nights)

Employee Names:

Estimated Expenses			
	Unit Price	No. of Units	Total
Airfare			0
Accommodation			0
Car Rental			0
Mileage			0
Meals			0
Taxi			0
Other			0
Total		0	0

Project Manager Comments _____

Authorization	
Project Manager _____	Date: _____

Winnipeg Sewage Treatment Program
Value Engineering Record
 (For submission of Employees' Ideas)

Project ref #		Idea No:
Project Title:		Date:
Submitted by:	Name:	Job Title:
		Service/Organization
Plant or system Area studied	Name:	Code:
Item/function studied	Name	Code (Tag):
Idea title:		
Description of current approach or problem:		
Proposed improvement or solution:		
Action plan:		
Benefit (quantify if possible):		
Risks:		
Remarks:		
Attachments:		
Employee signature:	Reviewer Name and signature:	Date:
Project Manager Decision: <input type="checkbox"/> Approved for implementation <input type="checkbox"/> Investigate further <input type="checkbox"/> Other <input type="checkbox"/> Do not implement	Need to decide by: Likely cost reduction Quantified Risk: Schedule impact: Change request No:	
PM Name and Signature:	Reviewer Name and signature (when applicable):	
Date:	Date:	

Form: #			Value Engineering Register											
Revision: # 0.1														
Issue Date: #														
Project name: <input style="width: 100%;" type="text"/>		PM	Until date: <input style="width: 100%;" type="text"/>		Design Manager <input style="width: 100%;" type="text"/>			Until date: <input style="width: 100%;" type="text"/>			VE Facilitator <input style="width: 100%;" type="text"/>		Until date: <input style="width: 100%;" type="text"/>	
Project Ref: <input style="width: 100%;" type="text"/>		PM	<input style="width: 100%;" type="text"/>		Design Manager <input style="width: 100%;" type="text"/>			<input style="width: 100%;" type="text"/>			VE Facilitator <input style="width: 100%;" type="text"/>		<input style="width: 100%;" type="text"/>	
VE Proposal or Idea No and Rev	Submittal date	Workshop No or Name of Employee	Area of study	System or sub system	Description of problem	Description of solution	Reference document (VE Record or WS report)	Identified cost saving or value improvement	Risk level	Design Manager opinion	Implementation	Status	Confirmed improvement	to be generalized

JOB HAZARD ANALYSIS	Job Name:
Created date:	Task Name:
Written by:	Location/Area:
Task Completed by:	Revised Date:



Training required prior to completing job:	Personal Protective Equipment (PPE) Required/Recommended:
•	•

Job Steps	Hazards	Corrective Actions

SAFE WORK PROCEDURE	Job Name:
Created date:	Task Name:
Created by:	Location/Area:
Last Revised:	Crews:























Approved by:	Reviewed by:
Signature	Signature

Emergency	Notes
1. Call 911.	<ul style="list-style-type: none"> Employers must ensure that workers are trained on, and follow this safe work procedure. Hold tailgate meeting before starting task. Complete Job Plan where required. Report any hazards related to this task or recommendations regarding this document to your supervisor. Common signs/symptoms of MSI may include pain, burning, stiffness, numbness/tingling, and/or loss of movement or strength in a body part. Report any symptoms to your supervisor.

Hazards	Steps									
	1	2	3	4	5	6	7	8	9	10
•										
•										
•										
•										

Training	Personal Protective Equipment (PPE)	Tools/Supplies
•	•	•

Safe Approach	
1.	
<ul style="list-style-type: none"> • <i>If:</i> •  NEVER: 	
2.	
<ul style="list-style-type: none"> • <i>If:</i> •  NEVER: 	
3.	
<ul style="list-style-type: none"> • <i>If:</i> •  NEVER: 	
4.	
<ul style="list-style-type: none"> • <i>If:</i> •  NEVER: 	
5.	

<ul style="list-style-type: none"> • <i>If:</i> •  NEVER: 	
6.	
<ul style="list-style-type: none"> • <i>If:</i> •  NEVER: 	
7.	
<ul style="list-style-type: none"> • <i>If:</i> •  NEVER: 	
8.	
<ul style="list-style-type: none"> • <i>If:</i> •  NEVER: 	
9.	
<ul style="list-style-type: none"> • <i>If:</i> •  NEVER: 	
10.	
<ul style="list-style-type: none"> • <i>If:</i> •  NEVER: 	
END	

Reference	Disclaimer
Workplace Safety & Health Act W210 Manitoba Regulation 217/2006 • # and Title CSA Standards Guidance Documents	<ul style="list-style-type: none"> • This document is uncontrolled when printed; refer to OWAM for the most current version. • Government regulations take precedence; all workers should be familiar with these regulations. • This procedure must be reviewed any time the task, equipment or materials change and at a minimum every three years.

STANDARD OPERATING PROCEDURE

Document No.:	Title:
Revision No.:	Location:
Prepared date:	Prepared by:
Reviewed date:	Reviewed by:
Approved date:	Approved by:



1. Purpose

Brief description of the purpose of the SOP

2. Scope

Description of areas to which SOP does and does not apply

3. Responsibilities

Summary of the roles listed in the procedure and responsibilities of each role.

4. Definitions

Define terms and acronyms used in SOP.

5. Procedure

- 5.1. Step 1
- 5.2. Step 2....

6. Related Documents

List any internal and external related documents.

7. Revision History

Revision No:	Date	Description of Changes	Completed by:

THIS DOCUMENT IS UNCONTROLLED WHEN PRINTED