

APPENDIX B – CITY TEMPLATES



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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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: _____



CONTEMPLATED CHANGE NOTICE NO:

TO:

DATE:

FILE NO.:

BID OPP. NO.:

PRI NO.:

PROJECT:

DISTRIBUTION:

Owner:

Contractor:

CA:

Other:

ISSUED BY:

REASON:

INSTRUCTIONS TO CONTRACTOR:

1. Pursuant to the General Conditions prices are requested for the following proposed changes in the Work.
2. Submit an itemized statement to the Contract Administrator no later than _____ showing a detailed cost breakdown for each item and identifying each price as an “extra”, “credit”, or “no change” as applicable. Also indicate what impact, if any, this contemplated change will have on the contract schedule.
3. Work on this contemplated change shall not commence until the Authorization for Contract Change is issued, but all other work shall continue in accordance with the Contract Documents.

Item No.: Description:



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 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		Comments:
Project Director	Date	
Manager Engineering	Date	
Consultant	Date	

Statement of Contract
 Original Assignment Value _____
 Sum of CSCO's 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 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



Water and Waste Department • Service des eaux et des déchets

Form T-1
CERTIFICATE OF SATISFACTORY CLASSROOM TRAINING

We have completed classroom training in the operation and maintenance of the equipment as listed below.

Project:

Equipment Description:

Equipment Supply Bid Opp. No.:

Equipment Install Bid Opp. No.:

Equipment Tag No.:

Specification Reference:

List of Attendees:

(Trainer)

Date

(Authorized Representative of Contract Administrator)

Date

(Authorized Representative of City)

Date



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Form T-2
CERTIFICATE OF SATISFACTORY FIELD TRAINING

We have completed field training in the operation and maintenance of our equipment as listed below.

Project:

Equipment Description:

Equipment Supply Bid Opp. No.:

Equipment Install Bid Opp. No.:

Equipment Tag No.:

Specification Reference:

List of Attendees:

(Trainer)

Date

(Authorized Representative of Contract Administrator)

Date

(Authorized Representative of City)

Date



NON CONFORMANCE REPORT NO:

TO:

DATE:

FILE NO.:

BID OPP. NO.:

PRI NO.:

PROJECT:

DISTRIBUTION:

Owner:

Contractor:

CA:

Other:

ISSUED BY:

REASON:

INSTRUCTIONS TO CONTRACTOR:

1. Contractor is hereby notified that the following identify items of work which are deficient or do not meet the specified criteria.
2. Contractor shall review below noted items and submit remedial measures to the Contract Administrator for approval.

NCR

Item No. Description

Issued by: _____

Date: _____



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CERTIFICATE OF ACCEPTANCE

REF. GENERAL CONDITIONS FOR CONSTRUCTION CONTRACTS – GC:13 WARRANTY

PROJECT DESCRIPTION

PROJECT:
PROJECT NO.
CONTRACT NO. (if applicable)
TOTAL BID PRICE: \$
FINAL CONTRACT AMOUNT: \$
ASSESSED LIQUIDATED DAMAGES: \$

ACCEPTANCE INSPECTION

AN ACCEPTANCE INSPECTION FOR THE WORK AS DETAILED IN THE CONTRACT DOCUMENTS AND AGREEMENT BETWEEN THE CITY OF WINNIPEG AND _____ (CONTRACTOR)

WAS COMPLETED ON _____ AS PER GC:13 OF THE GENERAL CONDITIONS.

DECLARATION - CONTRACT ADMINISTRATOR (AS PER GC:13 OF THE GENERAL CONDITIONS)

I (WE) _____ (CONTRACT ADMINISTRATOR) HEREBY CERTIFY THAT THE WARRANTY PERIOD EXPIRED ON THE _____ DAY OF _____ AND THAT THE WORK PERFORMED SATISFACTORILY DURING THE WARRANTY PERIOD, THE CONTRACTOR REMEDIATED ALL DEFECTS, DEFICIENCIES OR OTHERWISE IDENTIFIED BY THE CONTRACT ADMINISTRATOR DURING THE WARRANTY PERIOD IN THE MANNER PRESCRIBED AND TO THE SATISFACTION OF THE CONTRACT ADMINISTRATOR, AND SUCCESSFULLY CONCLUDED ALL TESTS REQUIRED BY THE CITY IMMEDIATELY PRECEDING THE CONCLUSION OF THE WARRANTY PERIOD.

SIGNATURE: _____ DATE: _____

DATE OF CERTIFICATE OF SUBSTANTIAL PERFORMANCE

YR	MO	DAY
20		

DATE OF CERTIFICATE OF TOTAL PERFORMANCE

YR	MO	DAY
20		

DATE FOR COMMENCEMENT OF WARRANTY PERIOD

YR	MO	DAY
20		

DECLARATION – CONTRACTOR (AS PER GC:13 OF THE GENERAL CONDITIONS)

I (WE) _____ (CONTRACTOR) HEREBY CONCUR WITH THIS CERTIFICATE AND ACKNOWLEDGE THAT THIS CERTIFICATE SHALL NOT HOWEVER RELIEVE US FROM OUR RESPONSIBILITIES AS A RESULT OF ANY BREACH OF THIS CONTRACT BY US, INCLUDING BUT NOT LIMITED TO FAULTY OR DEFECTIVE WORK APPEARING AFTER THE CERTIFICATE OF ACCEPTANCE HAS BEEN ISSUED, FAILURE OF THE WORK TO COMPLY WITH THE CONTRACT DOCUMENTS OR THE REQUIREMENT TO COMPLY WITH THE TERMS OF ANY SPECIAL GUARANTEES SET OUT IN THE SUPPLEMENTAL CONDITIONS.

SIGNATURE: _____ DATE: _____

ACCEPTANCE OF CERTIFICATE OF ACCEPTANCE BY OF OF ENGINEERING SERVICES DIVISION – WATER AND WASTE DEPT.

SIGNATURE: _____ DATE: _____



Water and Waste Department • Service des eaux et des déchets

CERTIFICATE OF TOTAL PERFORMANCE

REF. GENERAL CONDITIONS FOR CONSTRUCTION CONTRACTS – GC:12 MEASUREMENT AND PAYMENT

PROJECT DESCRIPTION

PROJECT:	
PROJECT NO.	
CONTRACT NO.	(if applicable)
TOTAL BID PRICE:	\$
FINAL CONTRACT AMOUNT:	\$
ASSESSED LIQUIDATED DAMAGES:	\$

FINAL INSPECTION

A FINAL INSPECTION FOR THE WORK AS DETAILED IN THE CONTRACT DOCUMENTS AND AGREEMENT BETWEEN THE CITY OF WINNIPEG AND _____.

(CONTRACTOR)

WAS COMPLETED ON _____ AS PER GC:12 OF THE GENERAL CONDITIONS.

SUPPORT DOCUMENTATION - THE FOLLOWING DOCUMENTS HAVE BEEN RECEIVED BY THE CITY AS REQUIRED BY THE CONTRACT DOCUMENTS:

1. A CERTIFICATE FROM THE WORKERS COMPENSATION BOARD (GC:12 OF THE GENERAL CONDITIONS).
2. CERTIFICATES OR LETTERS FROM THE MANUFACTURERS OR THEIR AGENTS OF ANY EQUIPMENT INSTALLED UNDER THIS CONTRACT STATING THAT THEY HAVE INSPECTED THE INSTALLATION AND CERTIFY THAT THE INSTALLATION IS PROPER AND IS IN SATISFACTORY OPERATING CONDITION. THE ITEMS REFERRED TO ARE AS FOLLOWS: N/A
3. LETTERS OF ACCEPTANCE HAVE BEEN RECEIVED FROM THE FOLLOWING "AUTHORITIES HAVING JURISDICTION" OUTSIDE OF THE CITY OF WINNIPEG: N/A

DECLARATION - CONTRACT ADMINISTRATOR

I (WE) _____ (CONTRACT ADMINISTRATOR) HEREBY CERTIFY THAT THE ENTIRE WORK, EXCEPT THOSE ITEMS ARISING FROM THE PROVISIONS OF GC:13 - WARRANTY, HAVE BEEN PERFORMED TO THE REQUIREMENTS OF THE CONTRACT DOCUMENTS.

SIGNATURE: _____ DATE: _____

DATE OF CERTIFICATE OF SUBSTANTIAL PERFORMANCE

YR	MO	DAY
20		

DATE OF CERTIFICATE OF TOTAL PERFORMANCE

YR	MO	DAY
20		

DATE FOR COMMENCEMENT OF WARRANTY PERIOD

YR	MO	DAY
20		

DECLARATION – CONTRACTOR (AS PER GC:12 OF THE GENERAL CONDITIONS)

I (WE) _____ (CONTRACTOR) HEREBY CONCUR WITH THIS CERTIFICATE AND DECLARE THAT ALL DISPUTES EITHER WITH THE CITY OR WITH ANY OTHER PARTY, ARISING OUT OF THE PERFORMANCE OF THE WORK OR ANYTHING INCIDENTAL THERETO, HAVE BEEN SETTLED.

SIGNATURE: _____ DATE: _____

ACCEPTANCE OF CERTIFICATE OF TOTAL PERFORMANCE BY _____ OF _____ OF ENGINEERING SERVICES DIVISION – WATER AND WASTE DEPT.

SIGNATURE: _____ DATE: _____



FIELD WORK AUTHORIZATION NO: _____

TO:

DATE:

FILE NO.:

BID OPP. NO.:

PRI NO.:

PROJECT:

DISTRIBUTION:

Owner:

Contractor:

CA:

Other:

ISSUED BY:

REASON:

INSTRUCTIONS TO CONTRACTOR:

1. This is your authorization to proceed immediately with the work hereinafter described.
2. Payment for the work shall be as set out for each item.

Description:

Approval to Proceed Authorized by Contract Administrator: _____ on _____.



FIELD INSTRUCTION (FI) NO:

TO:

DATE:

FILE NO.:

BID OPP. NO.:

PRI NO.:

PROJECT:

DISTRIBUTION:

Owner:

Contractor:

CA:

Other:

ISSUED BY:

REASON:

INSTRUCTIONS TO CONTRACTOR:

1. These instructions are to supplement or clarify the Contract documents.
2. Neither the Contract Value nor the Contract Time is affected.

DAILY CONSTRUCTION REPORT

PROJECT DESCRIPTION:

 Weather _____
 Site Condition _____
 Temperature HI _____ LO _____
 Precipitation _____ mm

DATE: _____

DISTRIBUTION:

Department _____
 Document control _____
 Contract Administrator _____
 Other _____

Bid Op #	Contractors on Site	# of Workers	Major Equipment on Site

Major Activities Started

Materials & Equipment Arrived

Major Activities in Progress

Inspections and Tests conducted

Major Activities Completed

Safety & Environment

	Near Miss _____
	First Aid _____
	Medical Aid _____
	LTA _____
	Property _____
	Spills _____

Problems encountered on site

Noteworthy discussions with contractor

Prepared by _____ Position _____



CONSTRUCTION REVIEW NO.:

TO:

DATE:

FILE NO.:

BID OPP. NO.:

PRI NO.:

PROJECT:

DISTRIBUTION:

Owner:

Contractor:

CA:

Other:

ISSUED BY:

REASON:

This Construction Review is carried out by examination of representative samples of the work and is issued solely to draw your attention to issues of progress and quality or non-conformances with Contract documents.

Item No. Items Reviewed and Comments

Item Status

Issued by: _____

Date: _____

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
								example					
								example					
								hh					

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	negligable, 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