DCA / DCEO / <doctype> / <filename> / <status>

DRAFT

Title

|  |  |  |
| --- | --- | --- |
| procedural detail | | |
| Site/Pod: | SIM TT#: | |
| Technician: | Date: | |
|  | <topic breadcrumb> | |
| <DCGS Energized Electrical Work Permit # if required> Reviewers… if not needed I’ll delete row from doc. | | |
| Equipment Information | | |
| Manufacturer: | | Model #: |
| Serial #: | Assed ID: | |

Intro text….

# References

## Authorization

## Training/Certification

## Equipment/Information

## Policies

## Related Procedures

# Security Considerations

# Procedures

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **LOCATION** |  | | | **INSPECTOR** | |  |
| **TANK NO.** |  | | | **DATE / TIME** | |  |
| **Inspection Item** | | **Y** | **N** | **N/A** | **Comments** | |
| Containment dike or berm in satisfactory condition. | |  |  |  |  | |
| Containment area free of excess standing water or oil. | |  |  |  |  | |
| Pipe plugs~~Gate valves~~ used for emptying containment areas secured. | |  |  |  |  | |
| Containment area / base of tank free of high grass, weeds, and debris. | |  |  |  |  | |
| Tank shell surface, including any peeling areas, welds, rivets/bolts, seams, and foundation, visually inspected for areas of rust and other deterioration. | |  |  |  |  | |
| Ground surface around tanks and containment structures and transfer areas checked for signs of leakage. | |  |  |  |  | |
| Leak detection equipment in satisfactory condition. | |  |  |  |  | |
| Tank water bottom draw offs not in use are secured. | |  |  |  |  | |
| Tank fill valves not in use are secured. | |  |  |  |  | |
| Valves inspected for signs of leakage or deterioration. | |  |  |  |  | |
| Inlet and outlet piping and flanges inspected for leakage. | |  |  |  |  | |
| All tank gauges have been inspected and are operational. | |  |  |  |  | |

Corrective actions recommended or taken:

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| --- | --- |
| Completed by: | |
| Signature: | Date: |
| Verified by: | |
| Signature: | Date: |

## Document Properties

|  |  |
| --- | --- |
| **Property** | **Value (replace explanation text with info)** |
| Site Code | DCA<#> |
| Filename | The EOPs and SOPs currently follow the format <scope>\_<docType>\_<description>. For example pdx\_eop\_rack-down |
| Title | For example, the Title for the filename above is "Emergency Operating Procedure Rack-Down Event" |
| Version number/Date version published | This may be automatically generated as a property of the doc (if it's in version control) or it may need to be added manually. |
| Doc Type | SOP/EOP/Checklist/Admin Practice/Form/Reference |
| Zone | What's the scope of the doc: Global, Regional, Cluster, Site |
| Technical Owner | Each doc needs an owner who is responsible for creating the draft and revising it as necessary. |
| Technical Writer | There should be a specific person from the publication side to manage the workflow, reporting, and publishing for each doc. |
| Affected Equipment | If we had a flag raised on a piece of equipment in an Agile, should this doc change? If so, list that equipment here. |
| Sensitivity rating | Public, Confidential, Highly Confidential, Critical. This might have to change for MVP. |
| Origin | Where did the "original" come from? For example, is it an MVP flavor of a commercial doc or is it from scratch.   * MVP Original * DCGS Unchanged * DCGS Changed * W * Twiki |
| URL | Where can techs view the most current version of the doc |
| Physical location | Where does the authoritative version of the doc live (eventually this is expected to be in Agile) |
| Audience | What role is this intended for. Data Tech, Electrical Engineer, Vendor, etc. |
| Renewal date | The date by which this doc should be reviewed by the technical owner (each month, each year, etc.) |
| Special requirements | What PPE is required for this work? |
| Safety considerations | What are the possible hazards the employee might be at risk of. |
| Physical requirements | Climb a ladder, lift over 50 lb., etc. |

## Status

|  |  |  |
| --- | --- | --- |
| **Status** | **Date mm/dd/yy** | **Approver/Reviewer Name** |
| Original filed |  | NA |
| Writer sent to SME for review |  | NA |
| SME sent to Writer |  | NA |
| Writer sent to SME for approval |  | NA |
| SME approved |  |  |
| Writer copy edited |  | NA |
| Site Manager approved |  |  |
| Regional Manager approved |  |  |
| Writer published |  | NA |