

To be used by QUU Staff & Contactors in conjunction with
"Control Systems Problem Management Procedure" – PRO397

Please return the completed Form to: ControlSystems@urbanutilities.com.au

qDox Ref.	
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☐ Change management form attached

☐ Completed

A. INITIATOR

A.1 Initiator Name				
A.2 Contact Number				
A.3 Initiated Date/Time	Date		Time	
A.4 CSMS Representative	First		Last	

B. WORK ORDER GENERATION

B.1 Ellipse Work Request #	
B.2 Ellipse Work Order #	

C. CONTROL SYSTEMS PROBLEM PRIORITY

C.1 What Is the Priority of the Problem /Issues A1, A2, A3 or A4 ?		<ul style="list-style-type: none"> A1: Initiate an immediate callout & progress A2: Initiate a callout within the next 24 hours & progress A3 & A4 Assigned to CSMS Group & progress
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D. CONTROL SYSTEMS PROBLEM DESCRIPTION

D.1 Site ID e.g. SP001	
D.2 Site Description	
D.3 Brief Description of the Problem/Investigation or Technical Query: Include device ID (If applicable)	

E. CONTROL SYSTEMS PROBLEM SOLUTION

E.1	<input type="radio"/> Remote	<input type="radio"/> Site	<input type="radio"/> Travel	Date		Start		Stop		Hours		
E.2	<input type="radio"/> Remote	<input type="radio"/> Site	<input type="radio"/> Travel	Date		Start		Stop		Hours		
E.3	<input type="radio"/> Remote	<input type="radio"/> Site	<input type="radio"/> Travel	Date		Start		Stop		Hours		
E.4	<input type="radio"/> Remote	<input type="radio"/> Site	<input type="radio"/> Travel	Date		Start		Stop		Hours		
E.5	<input type="radio"/> Remote	<input type="radio"/> Site	<input type="radio"/> Travel	Date		Start		Stop		Hours		
E.6	<input type="radio"/> Remote	<input type="radio"/> Site	<input type="radio"/> Travel	Date		Start		Stop		Hours		
E.7	Site Safety Document Reference											
E.8	Main Site Contact				Name				Position			
E.9	Systems Accessed				<input type="checkbox"/> SCADA		<input type="checkbox"/> PLC/RTU		<input type="checkbox"/> Network		<input type="checkbox"/> Other	
E.10	Site Areas Visited											
E.11	Is the Problem due to a Control System Fault?				Yes	<input type="radio"/>	Progress to E.12					
					No	<input type="radio"/>	Forward to					
					Comment							
E.12	Describe the potential solution, temporary fix applied or answer provided.											
Include following details <ul style="list-style-type: none"> Any changes to the Control Systems Activities performed on the Control Systems Site Control Systems backup files location Detailed description of the fix (including any PLC/RTU program routine/rung changes or forced bits or SCADA script file changes). For multiple site visits or remote access provide dates/times/durations 												

E.13 Does this problem require Escalation?	Yes	<input type="radio"/>	Reasons or justifications	
	No	<input type="radio"/>		
E.14 Has there been or will there be a hardware &/or software modifications implemented to solve the problem/issue?	Yes	<input type="radio"/>	A "QUU CSMS Change Management" form needs to be completed by CSMS team.	
	No	<input type="radio"/>		
E.15 Provide brief suggestions for a permanent Solution (If applicable)				
E.16 Total Time Taken				
E.17 Worker Signoff	<div data-bbox="646 1707 1068 1801" style="border: 1px solid black; height: 45px; width: 260px;"></div>			
E.18 Completed Date/Time	Date		Time	

F. CLOSURE

F.1	<input type="radio"/>	Ellipse Work Request & Work Order closed
F.2	<input type="radio"/>	Problem response Form submitted to CSMS lead

G. INTERNAL QUU CSMS LEAD REVIEW

	Yes	N/A	Comment
G.1 All work completed	<input type="radio"/>	<input type="radio"/>	
G.2 All documents updated Submitted (including site folder)	<input type="radio"/>	<input type="radio"/>	
G.3 Code tested & files backed up	<input type="radio"/>	<input type="radio"/>	
G.4 Control room/operator notified	<input type="radio"/>	<input type="radio"/>	
G.5 Safety documentation submitted	<input type="radio"/>	<input type="radio"/>	
G.6 Did the implemented solution result in solving the problem?	Yes	<input type="radio"/>	Return to the beginning & tick complete
	No	<input type="radio"/>	
G.7 Does the Problem require further Investigation or permanent change?	Yes	<input type="radio"/>	Plan a permanent solution (Change management form)
			Change Form No. <input type="text"/>
	No	<input type="radio"/>	Close problem/issue
G.8 QUU CSMS Representative	First <input type="text"/>		Last <input type="text"/>
G.9 Name / Signed / Date	<div style="border: 1px solid black; height: 40px; width: 100%;"></div>		