

**APPENDIX B – INSPECTION NOTIFICATION FORM**



**CCTV Sewerage Reticulation Inspection Notification Form**

Location of Works  
(Plan to be provided) \_\_\_\_\_

Planned Date of Inspection Day \_\_\_\_\_

Date \_\_\_\_\_

Start Time \_\_\_\_\_

Accredited Consultant \_\_\_\_\_

Project Manager \_\_\_\_\_ (Signature)

Contact No. \_\_\_\_\_

Date \_\_\_\_\_

CCTV Contractor \_\_\_\_\_

Supervisor \_\_\_\_\_

Contact No. \_\_\_\_\_

Certification to NWP331B Perform Conduit Evaluation  Yes  No

Goulburn Valley Water Project Number (GLA) \_\_\_\_\_

The following approvals and legislative requirements have been satisfied (delete as required)

Traffic Management Plan	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA
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WorkSafe Risk Assessment	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA
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Notes \_\_\_\_\_  
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