

APGA Mutual Aid Program
REQUEST FOR AID (RFA)

TO BE COMPLETED BY REQUESTING SYSTEM

Today's Date: _____

Have signed the MA Agreement: Yes____, No____

Requesting System Name: _____

Address: _____

	Primary Contact	Secondary Contact
Name:		
Office Phone:		
Cell Phone:		
E-Mail:		
Fax:		

Period Assistance Needed:

Starting: _____ Ending: _____

Description of Emergency (include approximate number of customers affected)

System(s) affected: ≤14" WC _____, >14"≤60 psi _____, >60 psi _____, >20% SMYS _____.

Type of PE: HDPE _____, MDPE _____ Typical Main Size: _____" OD to _____" OD

Type of FIELD Personnel/Work needed: (check all that apply)

Number Needed	Type	Make-up of Crew	Type of Work / Equipment Requested – These include the minimum OQ tasks required	Additional types of Work / Equipment Requested (check all that apply)
	Construction / Maintenance Crews	3-person Crews	Steel, PE, Mains and Services, Repairs, Replacements, Abandonments, Purging, Pressure Testing, Bar holing, Leak Pinpointing, Emergency Response Crew Truck with Backhoe or Trencher and traffic channelization equipment, FR Clothing	<input type="checkbox"/> Cast Iron <input type="checkbox"/> Heat Fusion <input type="checkbox"/> Electro-Fusion <input type="checkbox"/> Socket Fusion <input type="checkbox"/> Mechanical Couplings <input type="checkbox"/> Dump Truck <input type="checkbox"/> Air Compressor <input type="checkbox"/> Portable Shoring <input type="checkbox"/> Trench Box and/or Shoring Equipment <input type="checkbox"/> Small Dia Tapping & Stopping _____ <input type="checkbox"/> Line Locator <input type="checkbox"/> OSHA 40 Hr HAZWOPER
	Dewatering Crew	2-person Crews	Tapping Pipelines, Removal of Liquids	<input type="checkbox"/> Appropriate Vehicle <input type="checkbox"/> Vac Truck <input type="checkbox"/> Compressors with Pigging <input type="checkbox"/> Vapor Extraction Units <input type="checkbox"/> Cameras <input type="checkbox"/> Pumps (LP Drips)

Number Needed	Type	Make-up of Crew	Type of Work / Equipment Requested– These include the minimum OQ tasks required	Additional types of Work/ Equipment Requested (check all that apply)
	Leak Survey	1-person	Leak Detection, Bar Holing, Leak Pinpointing, Emergency Response, Gas Monitor	<input type="checkbox"/> Appropriate Vehicle <input type="checkbox"/> Calibration equipment <input type="checkbox"/> Walking Survey <input type="checkbox"/> Mobile Survey <input type="checkbox"/> Above ground meter sets <input type="checkbox"/> ATV vehicle <input type="checkbox"/> Mobile Flame Ionization Detector <input type="checkbox"/> Mobile Infrared / Optical Detector <input type="checkbox"/> Handheld Flame Ionization Detector <input type="checkbox"/> Handheld Infrared / Optical Detector <input type="checkbox"/> Handheld Laser based Detector <input type="checkbox"/> Ability to use Paper Maps <input type="checkbox"/> Ability to use a Mobile Device
	Welding	1-person	Holds a current weld qualification with the responding company. Appropriate vehicle and welding equipment.	<input type="checkbox"/> Qualified - 49CFR192 App C <input type="checkbox"/> Qualified Sec 6 API 1104 <input type="checkbox"/> Qualified Sec IX ASME BPVC <input type="checkbox"/> Welding Pipe <20% SMYS <input type="checkbox"/> Welding Pipe ≥20% SMYS <input type="checkbox"/> Welding Service Tees <input type="checkbox"/> Welding up to 12" dia. <input type="checkbox"/> Welding > 12" dia. <input type="checkbox"/> Low Hydrogen Welding <input type="checkbox"/> Welder's assistant/laborer
	Service Restoration - Relights	See Additional	Inspection of meter and regulator sets, Purging fuel lines, Conducting Lock-in test, relighting residential and small commercial appliances, Emergency Response.	<input type="checkbox"/> With own vehicle <input type="checkbox"/> One person to a truck/van <input type="checkbox"/> Two to a truck/van <input type="checkbox"/> Ability to relight larger commercial appliances <input type="checkbox"/> Appliance Repair experience
	Meter Sets	1-person	Inspection of meter and regulator sets; Replacing meters, regulators, and meter valves; Purging fuel lines, Conducting pressure test and/or flow and Lock-up test, relighting residential and small commercial appliances.	<input type="checkbox"/> With own vehicle <input type="checkbox"/> Ability to relight larger commercial appliances <input type="checkbox"/> Ability to rebuild larger meter sets <input type="checkbox"/> Hand tools
	Locating	1-person	Locating Underground Facilities. With locating equipment.	<input type="checkbox"/> With own vehicle <input type="checkbox"/> Ability to use paper maps <input type="checkbox"/> Ability to use mobile device <input type="checkbox"/> Ability to use GPS <input type="checkbox"/> Line locator

Number Needed	Type	Make-up of Crew	Type of Work / Equipment Requested– These include the minimum OQ tasks required	Additional types of Work/ Equipment Requested (check all that apply)
	Other	1-person	Various – See Additional	<input type="checkbox"/> With own vehicle <input type="checkbox"/> Large Diameter Tapping and Stopping _____ <input type="checkbox"/> Operation of Portable Odorizing Equipment <input type="checkbox"/> Vehicle Repair Mechanic <input type="checkbox"/> Equipment Repair Mechanic <input type="checkbox"/> Regulator Station Technicians <input type="checkbox"/> Crane Truck with certified operator <input type="checkbox"/> Other _____ _____

What other Operator Qualification Requirements are needed?

Type of ADMIN Personnel needed: (check all that apply)

Number Needed	Type	Make-up	Type of Work / Equipment Requested	Preferred Span of Control and other requests
	Supervision	1-person	Experienced Supervisor	<input type="checkbox"/> With own vehicle <input type="checkbox"/> 10:1 <input type="checkbox"/> 15:1 <input type="checkbox"/> Other _____
	Safety Personnel	1-person	Experienced in Safety	<input type="checkbox"/> With own vehicle <input type="checkbox"/> 10:1 <input type="checkbox"/> 15:1 <input type="checkbox"/> Other _____
	Admin Support	1-person	Experienced in back-office processes necessary to prepare work order packages, order materials, and arrange utility mark-outs. Collect and process work documentation	<input type="checkbox"/> Computer Aided Dispatch <input type="checkbox"/> Automated Work Order Systems <input type="checkbox"/> Records Management Systems <input type="checkbox"/> Asset Management Systems <input type="checkbox"/> Designer/Engineer <input type="checkbox"/> Logistics Support <input type="checkbox"/> Other (Specify) _____

LOGISTICS

When are personnel needed to report? _____

Where must personnel report? _____

What is the total estimated deployment time for responders (Days or Weeks)? _____

Expected Work Conditions (detail any unique characteristics of the work locations including flooding, debris, continuing weather issues, etc.) _____

Expected Housing

____ Hotel / Motel, ____ Tents, ____ Other (Describe) _____

Food and Water: Requesting Company Will ____ or Will Not ____ (check one) be providing food and water for responding personnel once they have arrived. Exceptions (if any): _____

Expected Availability of Diesel or Gasoline for Vehicles: _____

Vehicle CNG Fueling Capability: Requesting Company Has: ____ or Does Not Have: ____ (Select one) an operational CNG fueling station. If CNG is available, indicate the type of refueling nozzle: _____

Drug and Alcohol Testing Required? YES ____ NO ____

Drug & Alcohol Testing: Please provide a listing of any Drug and Alcohol testing pools in which each individual is currently active. The responding company will continue to include these individuals in random pool selection. The requesting company can provide a listing of qualified Drug and Alcohol sampling facilities in the area. Anyone not currently enrolled in a program will need to have a pre-assignment Drug and Alcohol test before working for the requesting company.

OQ: Please bring a copy of each person's OQ qualifications including the latest effective date.

PPE: Each employee provided is expected to bring appropriate Personal Protective Equipment applicable to their job.

Communications Equipment: Please provide at least one cell phone for each vehicle.

Requesting Company Will ____ or Will Not ____ (check one) be providing portable radio communications equipment.

Shipping Address for any support Materials:

Contact name: _____

Address: _____

City / State / Zip: _____

Other Materials/Equipment Needed:

Billing Information for System Requesting Aid:

System Name: _____

Contact: _____

Service Address: _____

Suite/Floor: _____

City/State/Zip: _____

Telephone: _____ E-mail: _____

TO BE COMPLETED BY RESPONDING SYSTEM

Responding System Name: _____

Address: _____

	Primary Contact	Secondary Contact
Name:		
Office Phone:		
Cell Phone:		
E-Mail:		
Fax:		

1. Have signed the MA Agreement: Yes____, **No**____

2. Total Number of people being provided: _____

Number Offered	Type	Make-up of Crew	Able to Offer the Type of Work/ Equipment Requested	Estimated Pay Rate, e.g. hourly, per job, daily rate, overtime	Additional types of Work / Equipment Offered (check all that apply)
	Construction / Maintenance Crews	3-person Crews	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Cast Iron <input type="checkbox"/> Heat Fusion <input type="checkbox"/> Electro-Fusion <input type="checkbox"/> Socket Fusion <input type="checkbox"/> Mechanical Couplings <input type="checkbox"/> Dump Truck <input type="checkbox"/> Air Compressor <input type="checkbox"/> Portable Shoring <input type="checkbox"/> Trench Box and/or Shoring Equip. <input type="checkbox"/> Small Dia Tapping & Stopping <input type="checkbox"/> Line Locator <input type="checkbox"/> OSHA 40 Hr HAZWOPER
	Dewatering Crew	2-person Crews	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Appropriate Vehicle <input type="checkbox"/> Vac Truck <input type="checkbox"/> Compressors with Pigging <input type="checkbox"/> Vapor Extraction Units <input type="checkbox"/> Cameras <input type="checkbox"/> Pumps (LP Drips)
	Leak Survey	1-Person	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Appropriate Vehicle <input type="checkbox"/> Calibration equipment <input type="checkbox"/> Walking Survey <input type="checkbox"/> Mobile Survey <input type="checkbox"/> Above ground meter sets <input type="checkbox"/> ATV vehicle <input type="checkbox"/> Mobile Flame Ionization Detector <input type="checkbox"/> Mobile Infrared / Optical Detector <input type="checkbox"/> Handheld Flame Ionization Detector <input type="checkbox"/> Handheld Infrared / Optical Detector <input type="checkbox"/> Handheld Laser based Detector <input type="checkbox"/> Ability to use Paper Maps <input type="checkbox"/> Ability to use a Mobile Device

Number Offered	Type	Make-up of Crew	Able to Offer the Type of Work/ Equipment Requested	Estimated Pay Rate, e.g. hourly, per job, daily rate, overtime	Additional types of Work/ Equipment Offered (check all that apply)
	Welding	1-person	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Qualified - 49CFR192 App C <input type="checkbox"/> Qualified Sec 6 API 1104 <input type="checkbox"/> Qualified Sec IX ASME BPVC <input type="checkbox"/> Welding Pipe <20% SMYS <input type="checkbox"/> Welding Pipe ≥20% SMYS <input type="checkbox"/> Welding Service Tees <input type="checkbox"/> Welding up to 12" dia. <input type="checkbox"/> Welding > 12" dia. <input type="checkbox"/> Low Hydrogen Welding <input type="checkbox"/> Welder's assistant/laborer
	Service Restoration - Relights	See Additional	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> With own vehicle <input type="checkbox"/> One person to a truck/van <input type="checkbox"/> Two to a truck/van <input type="checkbox"/> Ability to relight larger commercial appliances <input type="checkbox"/> Appliance Repair experience
	Meter Sets	1-person	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> With own vehicle <input type="checkbox"/> Ability to relight larger commercial appliances <input type="checkbox"/> Ability to rebuild larger meter sets <input type="checkbox"/> Hand tools
	Locating	1-person	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> With own vehicle <input type="checkbox"/> Ability to use paper maps <input type="checkbox"/> Ability to use mobile device <input type="checkbox"/> Ability to use GPS <input type="checkbox"/> Line locator
	Other	1-person	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> With own vehicle <input type="checkbox"/> Large Diameter Tapping and Stopping <input type="checkbox"/> Operation of Portable Odorizing Equipment <input type="checkbox"/> Vehicle Repair Mechanic <input type="checkbox"/> Equipment Repair Mechanic <input type="checkbox"/> Regulator Station Technicians <input type="checkbox"/> Crane Truck w/certified operator <input type="checkbox"/> Other _____ _____

Type of ADMIN Personnel needed: (check all that apply)

Number Offered	Type	Make-up	Able to Offer the Type of Work/ Equipment Requested	Estimated Pay Rate, e.g. hourly, per job, daily rate, overtime	Preferred Span of Control and other requests
	Supervision	1-person	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> With own vehicle <input type="checkbox"/> 10:1 <input type="checkbox"/> 15:1 <input type="checkbox"/> Other _____

Number Offered	Type	Make-up	Able to Offer the Type of Work/ Equipment Requested	Estimated Pay Rate, e.g. hourly, per job, daily rate, overtime	Preferred Span of Control and other requests
	Safety Personnel	1-person	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> With own vehicle <input type="checkbox"/> 10:1 <input type="checkbox"/> 15:1 <input type="checkbox"/> Other _____
	Admin Support	1-person	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Computer Aided Dispatch <input type="checkbox"/> Automated Work Order Systems <input type="checkbox"/> Records Management Systems <input type="checkbox"/> Asset Management Systems <input type="checkbox"/> Designer/Engineer <input type="checkbox"/> Logistics Support <input type="checkbox"/> Other (Specify) _____

Other Materials/Equipment Offered:

Estimated Responder Deployment From: (Geographic Location) _____

Estimated Deployment: (Date and Time) _____

Preferred geographic area for deployment (if multiple areas are identified) _____

Estimated number of hours travel time (One Way) _____

Estimated Time of Arrival: (Date and Time) _____

Planned Crew Rotation: Every 2 weeks _____, **Every 3 weeks** _____,
Other (please specify) _____

Required Release Date (If necessary) _____

COMPLETED FORM SHOULD BE SUBMITTED TO APGA AT
MUTUALAID@APGA.ORG