This form is to be emailed to electricalisolations@transport.nsw.gov.au

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  |  |  | Planned work to be submitted 2 weeks prior to work |
| Week |  | Date submitted |  |  |

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| --- |
| 1. Requestor Details |
| |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | |  | | | |  | |  | | | |  |  | | Requestor (name) | | | |  | | Phone | | | |  | Email | | ☐ | Sydney Trains | |  | | --- | |  | | Organisation / Division | |  | | Business Unit / Project | | | | | | | | | | | | | | ☐ | TfNSW | | ☐ | External Organisation | | Has an electrical isolation been submitted for the project? | | | ☐ | | No | | ☐ | Yes |  | | | | | Was the electrical isolation rejected? | | | ☐ | | No | | ☐ | Yes | |  | | --- | |  | | Date electrical isolation was rejected |  |  | | --- | | If Yes, provide details why the Electrical Isolation was rejected | |  | | | | |  |  |  |  | | --- | --- | --- | | Description of work |  | Plant to be used | |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | | **Level of Risk Control** (Refer to *SP D 79050 Safe Use of Mobile Plant around Electrical Equipment*) | ☐ | 1st Option | ☐ | 2nd Option | ☐ | 3rd Option |  |  |  |  |  |  | | --- | --- | --- | --- | --- | |  |  |  |  |  | | Site Supervisor (name) |  | Phone |  | Email | |
| 2. HV Feeder / 1500 Voltage Details (Please include details of all HV and/or 1500V Feeders) |
| |  |  |  | | --- | --- | --- | | HV feeder number/1500V subsection | From: Pole Number/OHW Structure number | To: Pole Number/OHW Structure number | |  |  |  | |  |  |  | |  |  |  | |  |  |  | |  |  |  | |
| 3. Planned |
| Maximum length of work is 30 days per request   |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | |  | : |  | (hrs) |  |  |  |  | : |  | (hrs) |  |  | | From | | | |  | Date |  | To | | | |  | Date |   Must contact ICON Electrical at Start and at End of Shift for works in the vicinity of Sydney Trains Electrical assets.   |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | |  |  |  | Daily |  | Continuous | | No. of shifts | |
| 4. Reviewed by an Electrical Representative |
| |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | |  | | |  |  | | | Name | | |  | Position | | |  |  |  | | | | Signature |  | Date | | | |
| 5. Level 5 Manager Authorisation |
| |  |  |  | | --- | --- | --- | |  | I confirm a documented risk assessment has been reviewed, and the hazards and safety controls are in accordance with *PR D 78700 Working around Electrical Equipment*.  (Planning and risk assessment documents are not required to be forwarded to ICON) | | |  | I confirm it is not reasonably practicable to obtain electrical isolations for the equipment at 3 above. | | | Registered file number for the relevant documents: | | |  | | --- | |  | |   Emergency Critical Equipment Repair (NMD Only):   |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | |  | Maintenance Operations Manager approval (Can be submitted less than 2 weeks prior to work) | | | | | | |  | | | |  |  | | | | Name | | | |  | Position | | | |  | |  |  | | | | Signature | |  | Date | | | |