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 |  |  |

|  |
| --- |
| 1. Requestor Details |
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|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  |  |  |  |
| 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 |

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|  |
| Date electrical isolation was rejected |

|  |
| --- |
| If Yes, provide details why the Electrical Isolation was rejected |
|  |

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| --- | --- | --- |
| 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 |

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| 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 |
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|  |
| --- |
|[ ]  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: |

|  |
| --- |
|  |

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Emergency Critical Equipment Repair (NMD Only):

|  |
| --- |
|[ ]  Maintenance Operations Manager approval (Can be submitted less than 2 weeks prior to work) |
|  |  |  |
| Name |  | Position |
|  |  |  |
| Signature |  | Date |

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