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| **Equipment from which supply is to be removed** | **Planned Date/Time** |  |
|  |
| **Extent and type of work** |
|  |
| Prepared by |

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| --- | --- | --- | --- | --- |
|  |  |  |  |  |
| Name |  | Signature |  | Date |

 |
| ISOLATION |
| Step No | Location | Equipment Description | Action/Operation | Initials | Tick |
| 1 |  | **ICON APPROVAL** | **Received Switching Instruction/Permission** |  |  |
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| 20 |  |  |  |  |  |
| RESTORATION |
| Step No | Location | Equipment Description | Action/Operation | Initials | Tick |
| 21 |  | **ICON APPROVAL** | **Received Switching Instruction/Permission** |  |  |
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| Comments |  |

**Send copy of completed form to** **electricalincidents@transport.nsw.gov.au**