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| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Equipment from which supply is to be removed** | | | | | **Planned Date/Time** |  | | |
|  | | | | | | | | |
| **Extent and type of work** | | | | | | | | |
|  | | | | | | | | |
| Prepared by | | | |  |  |  |  |  | | --- | --- | --- | --- | --- | |  |  |  |  |  | | Name |  | Signature |  | Date | | | | | | |
| ISOLATION | | | | | | | | |
| Step No | Location | Equipment Description | | Action/Operation | | | Initials | Tick |
| 1 |  | **ICON APPROVAL** | | **Received Switching Instruction/Permission** | | |  |  |
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| 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**](mailto:electricalincidents@transport.nsw.gov.au)