|  |
| --- |
| **Email to** [**Electricalisolations@transport.nsw.gov.au**](mailto:Electricalisolations@transport.nsw.gov.au) |

**Request for Electrical Permit to Work (HV)**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| This Permit Request to be submitted **12 weeks** prior to isolation | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1 | **Permit Requester Details** | | | | | | | | | | | | | | | | | | | | | | | | |
| **Submitted** | | Enter Date | | | | | **Amended** | | | Enter Date | | | | **Email** | | | Enter email address | | | | | | | | |
| **Requester** | | Full Name | | | | | | | | | | Work Group, Discipline and / or Company | | | | | | | | | | Mobile Number | | | |
| 2 | **Planned Time & Date** | | | | | | | | | | | | | | | | | | | | | | | | |
| Please note Switching Times will be outside these planned work hours.  Refer to <https://isolations.rail.nsw.gov.au/files/outage-assessment-framework.pdf> for allowed isolation timeframes. | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Week / Weekend** | | | | # | | | | **Start** | | | Time | | | | Date | | | **Finish** | | Time | | | | | Date |
| **Number of Shifts** | | | | # | | **Isolation Type Required** | | | | | | | Continuous  Recurring | | | | | | | | | | | | |
| 3 | **Work Details** | | | | | | | | | | | | | | | | | | | | | | | | |
| **Config / Outage** | | | | | Config Number or Outage Name | | | | | | | | | | | | | | **WO Number** | | | | Required | | |
| **Location** | | | | | Suburb, Station or Landmark | | | | | | | | | | | | | | | | | | | | |
| **Description** | | | | | Summary of Work | | | | | | | | | | | | | | | | | | | | |
| **Plant** | | | | | Dumpy  Vac Truck  EWP  Telehandler  Crane  Other plant e.g. Ladder, flat trucks, hydremas, hand tools etc | | | | | | | | | | | | | | | | | | | | |
| **Work Carried Out By** | | | | | Enter Project Name, Work Group, Discipline and/or Company | | | | | | | | | | | | | | | | | Mobile Number | | | |
| **EOD Advice** | | | | | Required if isolation is longer than 5 days or work results in changes to electrical diagrams | | | | | | | | | | | | | | | | | | | | |
| 4 | **HV Feeder Details** | | | | | | | | | | | | | | | | | | | | | | | | |
| Use *Poles* or *Substations* to specify location(s) for **Aerial Feeders**. Use *Substations, Landmarks* or *other references* to specify location(s) for **Cable Feeders**. Unless the worksite spans the whole feeder, **Sub to Sub is not acceptable**. | | | | | | | | | | | | | | | | | | | | | Testing as per Standard **T HR EL 10001 ST** | | | | |
| Feeder Number | | | From Start Location | | | | | | | | | To End Location(s) | | | | | | | | | Testing | | | | |
| Feeder Number | | | From Start Location | | | | | | | | | To End Location(s) | | | | | | | | | Testing | | | | |
| Feeder Number | | | From Start Location | | | | | | | | | To End Location(s) | | | | | | | | | Testing | | | | |
| Feeder Number | | | From Start Location | | | | | | | | | To End Location(s) | | | | | | | | | Testing | | | | |
| Please attach diagram or map or work area in **Section 8**. Larger files can be sent with the request via email. | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5 | **Other Network Operator’s Services** | | | | | | | | | | | | | | | | | | | | | | | | |
| Please include other Network Operator’s feeder and pole numbers if known. | | | | | | | | | | | | | | | | | | | | | | | | | |
| 6 | **On-Site Walkthrough Required** *(All High Voltage Permits require On-Site Walkthrough)* | | | | | | | | | | | | | | | | | | | | | | | | |
| Yes | | | | | | | | | | | | | | | | | | | | | | | | | |
| 7 | **Permit Holder Information** *(For Permit Issuer use only – to be confirmed with requester* ***7 days*** *prior to isolation)* | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | |  | | | | | | |  | | | | | | | |  | |
|  | | | | | | | | |  | | | | | | |  | | | | | | | |  | |
|  | | | | | | | | |  | | | | | | |  | | | | | | | |  | |
|  | | | | | | | | |  | | | | | | |  | | | | | | | |  | |

|  |  |
| --- | --- |
| 8 | **Work Area Map** *(Attach screenshot of work area highlighted on WebGIS)* |
|  | |