This form is to be emailed to [EI-C@transport.nsw.gov.au](mailto:EI-C@transport.nsw.gov.au)

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| --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  | |  | |  |  | | |
| Date submitted |  | | Date amended | |  | Week | | |
|  | |  | |  | | |  |  |
| Requestor (name) | |  | | Email | | |  | Phone |

|  |  |
| --- | --- |
| 1. Requestor Details: (Please select the appropriate Business Type) | |
|  | Sydney Trains |
|  | |  |  |  |  |  | | --- | --- | --- | --- | --- | |  |  |  |  |  | | Division |  | Business |  | Role/Position | |
|  | External Organisation |
|  | |  |  |  |  |  | | --- | --- | --- | --- | --- | |  |  |  |  |  | | Name of Organisation |  | Role/Position |  | Sydney Trains Contact Details |  |  |  |  | | --- | --- | --- | |  |  |  | | Email |  | Phone | |
| |  | | --- | | Description of work | |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | |  |  |  |  |  | | Site Supervisor Name |  | Email |  | Phone | | |
| 2. Check appropriate box below: | |
|  | More than 2 weeks’ notice prior to work: – Escalation NOT required (go to section 3) |
|  | Less than 2 weeks’ notice prior to work: – Approval required through Late Scope process |
| 3. Planned | |
| |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | |  | : |  | (hrs) |  |  |  |  | : |  | (hrs) |  |  | | From | | | |  | Date |  | To | | | |  | Date |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | |  |  |  | | | | | | | Total Recall Time |  | Location (Suburb / Landmark) | | | | | | | Number of shifts: (Must contact ICON or Provider at End of Shift for confirmation) | | |  | Daily |  | Continuous | | |
| 4. Other Network Operators Services:  (Please include other Network Operator’s feeder and pole numbers if known) | |

|  |  |  |
| --- | --- | --- |
| |  | | --- | | Other Network Operators’ services from which supply is to be removed: | |  | |
| 5. Feeder and Voltage Details: (Please include details of all Feeders that require Auto-Reclose Disablement) |
| |  |  |  | | --- | --- | --- | | Feeder Number | From: Pole Number | To: Pole Number | |  |  |  | |  |  |  | |  |  |  | |
| 6. Auto Re-Close Authorisation:  (Approval required by Electrical Network Engineer (ENM) or Senior Network Engineer (SNE)) |
| |  |  |  |  |  | | --- | --- | --- | --- | --- | |  |  |  |  |  | | Name |  | ENM Signature |  | Date | |  |  |  |  |  | | Name |  | SNE Signature |  | Date | |