This form is to be emailed to EI-C@transport.nsw.gov.au

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

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| --- |
| 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) |

|  |  |  |
| --- | --- | --- |
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| Other Network Operators’ services from which supply is to be removed: |
|  |

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| 5. Feeder and Voltage Details: (Please include details of all Feeders that require Auto-Reclose Disablement) |
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|  |  |  |
| --- | --- | --- |
| Feeder Number | From: Pole Number | To: Pole Number |
|  |  |  |
|  |  |  |
|  |  |  |

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| 6. Auto Re-Close Authorisation: (Approval required by Electrical Network Engineer (ENM) or Senior Network Engineer (SNE)) |
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|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  |  |  |  |
| Name |  | ENM Signature |  | Date |
|  |  |  |  |  |
| Name |  | SNE Signature |  | Date |

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