

HS826

Request for Isolation



To: UNSW Facilities Management

Please issue,

☐ HV Access Permit

☐ HV Access Permit for Test

Please accept,

☐ LV Isolation

Issue to: _____ at _____

Required HV Access Permit / LV Isolation times –

From: _____ hrs on _____ , _____ / _____ / 201....

To: _____ hrs on _____ , _____ / _____ / 201....

Job Number: _____

Apparatus to be Isolated	Location	Voltage	Required Isolation Points

ADDITIONAL INFORMATION (Tick the appropriate box and give details in section 9 below)

1	Drawing reference provided (to identify isolation requirement)?	<input type="checkbox"/> YES <input type="checkbox"/> N/A <input type="checkbox"/> NO
2	SWMS completed and attached?	<input type="checkbox"/> YES <input type="checkbox"/> N/A <input type="checkbox"/> NO
3	Switching Instruction completed and attached?	<input type="checkbox"/> YES <input type="checkbox"/> N/A <input type="checkbox"/> NO
4	Is phasing or rotation check required?	<input type="checkbox"/> YES <input type="checkbox"/> N/A <input type="checkbox"/> NO
5	Is test description completed and attached (if request is for 'Permit for Test')?	<input type="checkbox"/> YES <input type="checkbox"/> N/A <input type="checkbox"/> NO
6	Has LV interruption been arranged with customers?	<input type="checkbox"/> YES <input type="checkbox"/> N/A <input type="checkbox"/> NO
7	Is there a need for temporary power supply arrangement to customers?	<input type="checkbox"/> YES <input type="checkbox"/> N/A <input type="checkbox"/> NO
8	Is a generator to be installed?	<input type="checkbox"/> YES <input type="checkbox"/> N/A <input type="checkbox"/> NO
Note: Arranged interruption - Start Time _____ Hrs, Finish Time _____ hrs		
9	Details (refer to item numbering above)	

DESCRIPTION OF WORK TO BE DONE (All alterations to be shown on plans)

Person requesting this isolation _____ (print clearly)

Department/Company _____ Contact No. _____ Date ____/____/____

Switching Instructions Written & Approved by; _____ S.I. No. _____