HS823		

## UNSW AUSTRALIA

<b>HV Substation Entry P</b>			ALIA				
(Reference document: Perm	it to Work Procedu	re HS820)					
Valid from: / /	Time:	am/pm	Valid to:	1 1	Time:	am/pm	
Job number:	Building:			Substa	Substation number(s):		
Brief description of work  Name of UNSW Project Off	icer						
requesting work.							
			Circle Y-N	Circle Y-N	Tick when complete	Tick when complete	
	Name (print)		UNSW Staff	Contractor	HV qualificatio ns sighted?	UNSW Site Induction Completed ?	
Team leader/ responsible person			Y-N	Y-N			
Safety Observer (If applicable)			Y-N	Y-N			
Persons carrying out work			Y-N	Y-N			
			Y-N	Y-N			
			Y-N	Y-N			
			Y-N	Y-N			
			Y-N	Y-N			
			Y-N	Y-N			
			Y-N	Y-N			
			Y-N	Y-N			
Contact	details of contrac	tor entry	personnel ir	n case of em	ergency		
Name			oile No				
Company		Mob	oile No		Office No		
Name		Mob	oile No				
Company			oile No		Office No		
_ ' '							

						Tick when complete	
Hazards associated with working in the HV substation have been explained as per Procedure							
Areas and/or equipment in which the work is to be carried out have been identified							
Trip mechanisms on the switchboards and what may cause an inadvertent trip, explained generally							
The work area has been cleared of unwanted equipment, leaving the work area safe for personnel to carry out their work							
Other equipment in the HV substation, especially transformers and HV switchboards, LV switchboards and distribution boards have been identified							
Any exposed conductors such as HV and LV terminals on transformers have been identified							
Specific Safe Work Method s		·	d				
Dangerous areas roped off a		•					
Other relevant information (p	Other relevant information (please specify)						
The HV substation described UNSW FM Electrical Engine Date: / /	er: Name:					ed SWMS	
I have been inducted and un and the protective measures that I am about to carry out. Name (print)							
(print)	(IIIIIai)	am/pm		(IIIIIIai)	am/pm		
		am/pm			am/pm		
		am/pm			am/pm		
		am/pm			am/pm		
		am/pm			am/pm		
		am/pm			am/pm		
		am/pm			am/pm		
		am/pm			am/pm		
Team Leader/responsible psuspension of the task.	erson must	ensure that a	ll person(s	s) sign out at ti	he completion	or	
I certify that all work is compl substation (Team Leader/res			removed a	nd all person(s)	have vacated t	he HV	
(Print) (Signature) (Date)						1 1	