

Section 1 – General Details

Start: Time: _____ Day: _____ Date: _____ Switching Sheet Ref No: _____
End: Time: _____ Day: _____ Date: _____ Page: 1 of _____
Coordinated by: _____
Switching by: _____

Section 2 – Work Summary

Location:	Lines & Apparatus:	Work Summary:

Section 3 – Effect on System / Method of Feed

Description: _____

Emergency Restoration Time: _____ **Normal Hours:** _____ **After Hours:** _____

Section 4 – Special Requirements / Outage Notes / Switching Coordinator's Notes

Section 5 – Secondary System Isolation Details

Location:	Protection Isolated:

Section 6 – HV Access / Test Permits

Location	Access / Test Permit No.	Issued		Recipient	Received		Surrendered	
		Time	Date		Time	Date	Time	Date

Section 7 – Associated Documents

Details: _____

Section 8 – Distribution

Details (of any entities who have received a copy of the Switching Sheet): _____

Section 9 – Switching Sheet Acknowledgments

Preparation:
I have undertaken suitable investigations and research with respect to the scope of HV switching required and have prepared this Switching Sheet to enable safe access / work.

Name: _____ Signature: _____ Time: _____ Date: _____

Verification:
I have undertaken an independent review of the prepared HV Switching Sheet and concur that it will enable safe access / work.

Name: _____ Signature: _____ Time: _____ Date: _____

