|  |  |
| --- | --- |
| **High Voltage Access - PTW Number:** |  |

|  |
| --- |
| **Section 1 – General Details** |
| **Switching Sheet Ref No:** |       | **Access Permit No:** |       |
| **Nominated Issue:** | Time: |       | Day: |       | Date: |       |
| **Anticipated Surrender:** | Time: |       | Day: |       | Date: |       |
|  |
| **Work Area Location:** |       |
|       |
|  |
| **Issued To:** |       |
|  |
| **Access to the following High Voltage Lines and Apparatus:**       |
| **Work Details:**       |
| **Description of Isolation Points with Do Not Operate Boards attached:**       |
| **Location of Operator Earths with Do Not Operate Boards attached:**       |
| **Other Precautions Taken:** |  |
| [ ]  Barrier / Warning Tape | [ ]  Barrier Mesh / Hoarding |
| [ ]  Work Area Warning Sign | [ ]  Insulated Covers / Mats |
| [ ]  Other (specify): |  |
|  |
|  |
| **Nearby Live HV / LV at the Work Area:**       |
| **Section 2 – Issue of Access Permit** |
| **Issue Approval** *(Switching Coordinator):* |
| I approve the issue of this Access Permit to enable safe access / work on isolated HV apparatus. |
| Name: |       | Signature: |  | Time: |       | Date: |       |
|  |
| **Issue Implementation** *(Switching Operator):* |
| I issue this Access Permit to enable safe access / work on isolated HV apparatus. |
| Name: |       | Signature: |  | Time: |       | Date: |       |
|  |
| **Section 3 – Receipt of Access Permit** |
| *Recipient:* |
| I acknowledge that I only have access to the lines and apparatus listed above while earthed, will have no difficulty in keeping clear of lines and apparatus not covered by this Access Permit and will not alter Isolation Points, Operator Earths or Other Precautions put in place. |
| Name: |       | Signature: |  | Time: |       | Date: |       |
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| **High Voltage Access - PTW Number:** |  |

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| **Section 4 – Work Group Signatures** |
| **SIGN ON**I acknowledge that I only have access to the lines and apparatus listed on Page 1 while earthed, will have no difficulty in keeping clear of lines and apparatus not covered by this Access Permit and will not alter Isolation Points, Operator Earths or Other Precautions put in place. | **SIGN OFF**I acknowledge that I no longer have access to the lines and apparatus listed on Page 1 and will regard the lines and apparatus as being live. |
| Name | Signature | Time | Date | Signature | Time | Date |
|       |  |       |       |  |      |      |
|       |  |       |       |  |      |      |
|       |  |       |       |  |      |      |
|       |  |       |       |  |      |      |
|       |  |       |       |  |      |      |
|       |  |       |       |  |      |      |
|       |  |       |       |  |      |      |
|       |  |       |       |  |      |      |
|  |
| **Section 5 – Transfer of Access Permit** |
| *Outgoing Recipient:* |
| I acknowledge that I have communicated with the Incoming Recipient and that I am no longer coordinating access / work relating to this Access Permit. |
| Name: |       | Signature: |  | Time: |       | Date: |       |
|  |
| *Incoming Recipient:* |
| I acknowledge that I only have access to the lines and apparatus listed on Page 1 while earthed, will have no difficulty in keeping clear of lines and apparatus not covered by this Access Permit and will not alter Isolation Points, Operator Earths or Other Precautions put in place. |
| Name: |       | Signature: |  | Time: |       | Date: |       |
|  |
| **Section 6 – Working Earth Schedule** |
| **Location of Each Set of Working Earths Placed:** | **On** | **Off** |
|  | Time | Date | Time | Date |
|       |       |       |       |       |
|       |       |       |       |       |
|       |       |       |       |       |
|       |       |       |       |       |
|       |       |       |       |       |
|       |       |       |       |       |
|       |       |       |       |       |
| **Section 7 – Abnormalities** |
| **Details:**       |
| **Section 8 – Surrender of Access Permit** |
| *Recipient:* |
| I acknowledge that all Working Earths placed have been removed except as specified in Section 7 Abnormalities, that the Work Group have fully signed off, that I no longer have access to the lines and apparatus listed on Page 1, and that I will regard the lines and apparatus as being live. |
| Name: |       | Signature: |  | Time: |       | Date: |       |
|  |