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

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| **Section 1 – General Details** |
| **Switching Sheet Ref No:** |       | **Test 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:**       |
| **Test 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 Test Permit** |
| **Issue Approval** *(Switching Coordinator):* |
| I approve the issue of this Test Permit. |
| Name: |       | Signature: |  | Time: |       | Date: |       |
|  |
| **Issue Implementation** *(Switching Operator):* |
| I issue this Test Permit to enable safe access / testing of HV apparatus. |
| Name: |       | Signature: |  | Time: |       | Date: |       |
|  |
| **Section 3 – Receipt of Test 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 Test Permit and will not alter Isolation Points. Earths may be varied under my direction to suit testing. |
| Name: |       | Signature: |  | Time: |       | Date: |       |
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| **High Voltage Test - 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 Test Permit and will not alter Isolation Points. Earths or other precautions in place will only be varied as directed by the Recipient. | **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 |
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| **Section 5 – Working Earth Schedule** |
| **Location of Each Set of Working Earths Placed:** | **On** | **Off** |
| Time | Date | Time | Date |
|       |       |       |       |       |
|       |       |       |       |       |
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| **Section 6 – Abnormalities** |
| **Details:**       |
| **Section 7 – Surrender of Test Permit** |
| *Recipient:* |
| I acknowledge that all Working Earths placed have been removed except as specified in Section 6 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: |       |
|  |