**Section 1: To be completed by the Applicant**

Name: ........................................................................................….. Date: ........../........../.......... Organisation: ...........................................................................................…................................. ......................................... Telephone: (.......) …………….……..…… Mobile: ........................................ Facsimile: (.......) ….……..…….…………..

Application type:

|  |  |  |
| --- | --- | --- |
| □ TEST | Permit Number |   |
| □ ACCESS | Permit Number |   |
| □ SWITCHING | Sheet Number |   |

Application to be effective from: ............ am/pm on ………./………./………. to: ............. am/pm on ………./………./……….

Description of proposed works including apparatus to be accessed: ………………………..…………………………………………..

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| --- | --- | --- |
| Has Port Control / End User been Advised of Outage? | □ YES | □ NO |
| Has JSA / Risk Assessment Been Completed? | □ YES | □ NO |
| Will supply feeds be paralleled? | □ YES | □ NO |
| *If “yes”, has ERGON been consulted* | □ YES | □ NO |

Signature: ...................................................................................... Position: ...............................................................…...

**Section 2: To be completed by Port of Townsville Limited (POTL)**

|  |  |  |
| --- | --- | --- |
| Application □ ACCEPTED | □ DENIED |  |
| Technical Ref. Attached: □ YES | □ NO. | *If “yes”, list:* ………………………………….……………………..…. |

Conditions of Application: ...........................................................................................................….............................................

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………………………………………………………………….………………………………...……………………………………………….. POTL Manager Maintenance: …………………………………….…….... Date: …......../…......../…........

**WORK PERMIT NUMBER:**

Approval of this Application by the authorised POTL Representative is undertaken based on the appropriate documentation being sighted, an understanding that the appropriate risk mitigation process has been documented, all necessary notifications have taken place and that the work has been scheduled into the PoTL Maintenance / Operations Plan.

The management of the Access Permit and Switching Sheet process is the responsibility of the requesting Organisations appointed responsible person in control of the high voltage works to be undertaken. Approval of the W ork Application should not be read as approval of the Access Permit or Switching Sheet.

**Instructions**

In accordance with section 4.12 of Port of Townsville Limited’s (POTL) Port Notices a permit is required to undertake high voltage electrical works on POTL network. Failure to obtain a permit for such works may result in a fine of 25 penalty units being imposed on the responsible organisation. Additionally, failure to comply with any or all conditions of the permit will result in a fine of

50 penalty units for each non-compliance incident. All questions of section 1 of the application form must be answered in as much detail as possible prior to being submitted to POTL’s

Operations Business Unit on facsimile (07) 47811601. All inquiries should be directed to the Operations Business Unit in the first instance on telephone (07) 4781 1600.

**1. ACCESS DETAILS**

|  |  |  |
| --- | --- | --- |
| Nominated Issue Day:  | Nominated Issue Time:  | Nominated Issue Date:  |
| Anticipated Surrender Day: Anticipated Surrender Time: Anticipated Surrender Date:  |
| Applicable Switching Sheet Number/s:  |

**2. WORK DETAILS**

Description of proposed works: ………………………………………………………………………………………………………………..

……………………………………………………………………………………………………………………………………………………...

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…...………………………………………………………………………………………………………………………………………………... Access to Following High Voltage Equipment: ……………………………………………………………………………………………….

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**3. DESCRIPTION OF ISOLATION POINTS**

|  |  |
| --- | --- |
| ………………………………………………………………………………………………………... | Lock No:……………………………... |
| Lock No:………………………………………………………………………………………………………... ……………………………... |
| Lock No:………………………………………………………………………………………………………... ……………………………... |
| Lock No:………………………………………………………………………………………………………... ……………………………... |
| Lock No:………………………………………………………………………………………………………... ……………………………... |
| Lock No:………………………………………………………………………………………………………... ……………………………... |

**4. LOCATION OF OPERATOR EARTHS & SHORT CIRCUITS**

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**5. OTHER PRECAUTIONS**

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**6. ISSUE OF ACCESS PERMIT**

Approved by Switching Coordinator / Officer (print name): ………………………………………………………………………………...

**Switching Operator’s Name** (print name): …………………………………………………………………………………………………

Signature:

Time:

 Date: / /

**7. RECEIPT OF ACCESS PERMIT**

I hereby acknowledge receipt of this Access Permit for work in accordance with the conditions stated thereon.

**Recipient’s Name** (print name): ……………………………………………………………………………………………………………..

Signature:

Time:

 Date: / /

|  |
| --- |
| **8. WORK GROUP SIGNATURES** |
| **SIGN ON**I hereby acknowledge receipt of this Access Permit for work in accordance with the conditions stated thereon. | **SIGN OFF**I hereby relinquish the Access Permit and state that hence forth I regard the apparatus unsafe to touch. |
| **Name (print)** | **Signature** | **Time** | **Date** | **Signature** | **Time** | **Date** |
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**9. TRANSFER OF ACCESS PERMIT**

This Access Permit with all stated conditions is hereby transferred:

**Outgoing Recipient’s Name** (print name): …………………………………………………………………………………………………..

Signature:

Time:

 Date: / /

**Incoming Recipient’s Name** (print name): ………………………………………………………………………………………………..

Signature:

Time:

 Date: / /

|  |
| --- |
| **10. WORKING EARTHS** |
| **No.** | **Location of Each Set of Working Earths** | **ON** | **OFF** |
| **Time** | **Date** | **Time** | **Date** |
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**11. SURRENDER OF ACCESS PERMIT**

All Working Earths have been removed and I acknowledge that I and my work group no longer have access to the equipment and apparatus listed on Page 1 and that hence forth I will regard the equipment and apparatus as being live.

**Recipient’s Name** (print name): ……………………………………………………………………………………………………………..

Signature: I hereby cancel this Access Permit.

Time:

 Date: / /

**Switching Operator’s Name** (print name): …………………………………………………………………………………………………

Signature:

Time:

 Date: / /

**1. TIME DETAILS**

|  |  |  |
| --- | --- | --- |
| Starting Time:  | Starting Day:  | Starting Date:  |
| End Time: End Day: End Date:  |
| Coordinated By (print name):  |
| Switching Performed By (print name):  |

|  |
| --- |
| **2. WORK PERFORMED** |
| **Location** | **Equipment and / or Apparatus** | **Work Details** |
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**3. SPECIAL REQUIREMENTS**

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| **4. SECONDARY SYSTEM ISOLATION** |
| **Location** | **Number** | **Protection Isolated** |
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**5. ASSOCIATED DOCUMENTS**

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| **6. ACCESS PERMITS** |
| **Location** | **Access/Test****Permit No.** | **Time****Issued** | **Date****Issued** | **Recipient** | **Time****Received** | **Date****Received** | **Time****Surrender** | **Date****Surrendered** |
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| **7. AUTHORITIES** |
|  | **Print Name** | **Signature** | **Position** |
| Prepared By |  |  |  |
| Checked By |  |  |  |
| Authorised By |  |  |  |

|  |
| --- |
| **8. SWITCHING PROCESS** |
| **Time** | **Operation****Number** | **Location** | **Apparatus / Equipment** | **Operation** | **Completed****(Initial)** |
| **FORWARD ISOLATION** |
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| **ISSUE ACCESS / TEST PERMIT** |
| ACCESS / PERMIT NO. | Issued: |  |
|  | Received |  |
| **SURRENDER ACCESS / TEST PERMIT** |
| ACCESS / PERMIT NO. | Surrender: |  |
|  | Cancelled |  |
| **REVERSE ISOLATION** |
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| **END OF SWITCHING** |



New HV – Permit Application

Yes

Is the permit for access only? Is JSEA & Risk assessment ok?

Yes

No

No Applicant to revise application

Yes

Is switching involved? Switching sheet to be checked by consultant

No

Yes

Are power outages expected? POTL to inform affected stakeholders

No

POTL to issue Permit

Work phase

POTL to cancel Work Permit