

HIGH VOLTAGE PERMIT

SECTION 1 - TO BE COMPLETED BY THE JCU HV KEYHOLDER ISSUING THE PERMIT

This permit to work is issued **by a JCU High Voltage Keyholder** to the nominated recipient for the specific occasion stipulated below:

Work Permit/MEX No:	
This permit is valid from:	hrs on to hrs on
This Permit is issued to:	Organisation/Company: Contact name: Contact Telephone Number:
Location of High Voltage activities (attach plan of area showing high voltage areas and/or exclusion zones):	as shown on GIS site map
Reason for and description of activities:	

- a) Risk Assessment has been carried out and is attached Yes
- b) Safe Work Method Statement has been produced and is attached Yes No
- c) Will the works impact on or disturb the asbestos-containing materials? Yes No
- d) If Yes, has an Asbestos Work Permit been submitted by the contractor? Yes
- e) Manager, Infrastructure Services has reviewed and approved supporting documentation for High Voltage **work**? Yes
- f) A spotter, trained as an Individual of a Workgroup for Safe Entry to HV Enclosures will be in attendance for the duration of the activities Yes

I have examined the area specified and permission is given for the work to start, subject to the conditions hereon:

APPOINTED JCU HIGH VOLTAGE KEYHOLDER:

TITLE: **DATE:**...../...../.....

SECTION 2 - TO BE COMPLETED BY THE PERSON CARRYING OUT THE WORK

Before approval is granted to proceed with work, confirm the following:

- a) Has the area where the works are to be performed been examined with the JCU HV Keyholder? Yes No
- b) All underground services positively located and marked Yes No N/A
- c) Additional permits have been submitted as required (eg Excavation, Asbestos) Yes No N/A
- d) I have completed Safe Work Method Statements & Assessments, copies are attached. Yes No

Site Specific Hazards as per Risk Assessment and SWMS (tick as appropriate):	<input type="checkbox"/> Buried electrical / communication cables	<input type="checkbox"/> Buried water service
	<input type="checkbox"/> Buried gas / compressed air services	<input type="checkbox"/> Storm water / Sewer drains
	<input type="checkbox"/> Overhead power lines	<input type="checkbox"/> Open excavations nearby (possibility of collapse)
	<input type="checkbox"/> Traffic Management Plan	<input type="checkbox"/> Barricades / temporary cover plates
	<input type="checkbox"/> Signs / flagging / bunting / lights required	
	<input type="checkbox"/> Other: _____	
Other Precautions Required:	Emergency Plan:	

If any unknown materials, or materials suspected of containing asbestos are encountered, work is to cease immediately and the Estate Office notified.

- a) I have read and understood the requirements and procedures described in this permit to work. Yes

NAME: **SIGNATURE:** **DATE:**...../...../.....

SECTION 3 - TO BE COMPLETED BY THE PERSON CARRYING OUT THE WORK & HV KEYHOLDER

I certify that the work is complete, that all people, materials and tools have been removed from the area, and the area has been returned to a clean and safe condition. The following unforeseen services or conditions were encountered during the completion of this task: _____

NAME: **SIGNATURE:** **DATE:**...../...../.....

The permitted work has been completed and work site has been re-instated as agreed, and any high voltage information passed on to the Manager, Infrastructure Services.

APPOINTED JCU HIGH VOLTAGE KEYHOLDER:

TITLE: **DATE:**...../...../.....