



# HIGH VOLTAGE ELECTRICAL ACCESS PERMIT (AP)

Conditions of Issue:

Refer Work Request No: \_\_\_\_\_

This Access Permit is issued only for the occasion specified below. No person may leave the Worksite with this Permit in their possession.

## A. APPARATUS DESCRIPTION

REFER SWITCHING PROGRAM NO. \_\_\_\_\_

This Permit allows access to the following Apparatus: \_\_\_\_\_

for the purpose of: \_\_\_\_\_

## B. ISOLATIONS & PRECAUTIONS

The conditions of Isolation from points of supply must remain unchanged for the currency of the Access Permit. Variations to Earthing may only be made under the terms of the High Voltage Systems Safety Management Plan.

The following Isolation/s & Precaution/s are taken: \_\_\_\_\_

Program Earths have been Applied at: \_\_\_\_\_

The following Danger points and nearest Live Apparatus in connection with the above work have been shown to the Recipients: \_\_\_\_\_

## C. ISSUE / RELINQUISHMENT

.....  
Name of Authorised Operator

.....  
Signature of Authorised Operator

.....  
Time

.....  
Date

Recipient Managing The Permit / Recipient in Charge must relinquish this Permit to an authorised High Voltage Operator on completion of work or if a Sanction to Test is required.

**I am satisfied the apparatus is in a safe condition for work to take place and I receive this Access Permit in accordance with the Curtin University High Voltage Systems Safety Management Plan.**

No. WORKING EARTHS APPLIED BY RECIPIENT MANAGING THE PERMIT / RECIPIENT IN CHARGE

WORKING EARTHS REMOVED BY RECIPIENT MANAGING THE PERMIT / RECIPIENT IN CHARGE

**ISSUED TO RECIPIENT MANAGING THE PERMIT / RECIPIENT IN CHARGE**

**RELINQUISHED BY RECIPIENT MANAGING THE PERMIT / RECIPIENT IN CHARGE**

.....  
Signature

.....  
Print Name

.....  
Signature

RECIPIENTS (Column A)	PRINT NAME (Block Letters)	Column B
I understand and am satisfied with the Permit conditions. I have been shown the limits of the Permit area and am aware that I must not approach apparatus outside these limits.		I understand that permission to work under this permit is withdrawn and that I must remain clear of all apparatus and treat it as being Alive
1.		1.
2.		2.
3.		3.
4.		4.
5.		5.

## CHANGE OF RECIPIENT MANAGING THE PERMIT / RECIPIENT IN CHARGE

Issued to Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_ Relinquished Date: \_\_\_\_\_ Time: \_\_\_\_\_

Issued to Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_ Relinquished Date: \_\_\_\_\_ Time: \_\_\_\_\_

Issued to Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_ Relinquished Date: \_\_\_\_\_ Time: \_\_\_\_\_

**CANCELLATION**

.....  
 Name of High Voltage Operator                      Signature of High Voltage Operator                      Time                      Date  
 .....

**ADDITIONAL SIGN ON TABLES**

<b>RECIPIENTS (Column A)</b> I understand and am satisfied with the Permit conditions. I have been shown the limits of the Permit area and am aware that I must not approach apparatus outside these limits.	<b>PRINT NAME (Block Letters)</b>	<b>Column B</b> I understand that permission to work under this permit is withdrawn and that I must remain clear of all apparatus and treat it as being Alive
1.		1.
2.		2.
3.		3.
4.		4.
5.		5.
6.		6.
7.		7.
8.		8.
9.		9.
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13.		13.
14.		14.
15.		15.
16.		16.
17.		17.
18.		18.
19.		19.
20.		20.