



# HIGH VOLTAGE SANCTION TO TEST PERMIT

Switching Program No: \_\_\_\_\_

Access Permit No: \_\_\_\_\_

## A. CONDITIONS OF USE

Associated Access Permit must be relinquished before this Sanction to Test can be issued and all work party members are to remain clear while Testing is being performed.

Tester in Charge must relinquish this Permit to an authorised Electrical Operator on completion of work and before they leave the worksite.

Is a safety observer required?  Yes  No

Name: \_\_\_\_\_

The area or location that the work may be carried out: \_\_\_\_\_  
\_\_\_\_\_

For the purpose of: \_\_\_\_\_  
\_\_\_\_\_

## B. ISOLATIONS AND PRECAUTIONS

The following Isolations and Precaution/s are in place: \_\_\_\_\_  
\_\_\_\_\_

The following DANGER POINTS and nearest LIVE Equipment in connection with the above work are: \_\_\_\_\_  
\_\_\_\_\_

Additional Comments: \_\_\_\_\_  
\_\_\_\_\_

## C. ISSUE

.....  
Name of High Voltage Operator

.....  
Signature of High Voltage Operator

.....  
Time

.....  
Date

## D. RECEIPT / RELINQUISHMENT

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

.....  
Name of Authorised Tester in Charge

.....  
Signature of Authorised Tester in Charge

.....  
Time

.....  
Date

RECIPIENT RECEIPT (Column A)
1.
2.
3.
4.
5.

PRINT NAME

RECIPIENTS RELINQUISHMENT (Column B)
1.
2.
3.
4.
5.

Is equipment safe to return to service?  Yes  No

Name: \_\_\_\_\_

.....  
Name of Tester in Charge

.....  
Signature of Tester in Charge

.....  
Time

.....  
Date

## E. CANCELLATION

.....  
Name of High Voltage Operator

.....  
Signature of High Voltage Operator

.....  
Time

.....  
Date

If additional Recipient Managing the Permit / Recipient in Charge and Recipient sign on are required pin 'Additional Recipient sign on page to this Permit

Additional Sign On Sheet/s applied

### ADDITIONAL SIGN ON SHEETS

RECIPIENTS
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.
1.
2.
3.
4.
5.
6.
7.
8.
9.
10.
11.
12.
13.
14.
15.
16.
17.
18.
19.
20.

PRINT NAME (Block Letters)

I understand that permission to work under this permit is withdrawn and that I must remain clear of all apparatus and treat it as being Alive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.
2.
3.
4.
5.
6.
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16.
17.
18.
19.
20.