



HIGH VOLTAGE ELECTRICAL VICINITY PERMIT (VP)

Conditions of Issue:

Refer Work Request No:

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

A. APPARATUS DESCRIPTION

This Permit allows work to be performed in the Vicinity of the following High Voltage Electrical Apparatus:

For the purpose of:

Is a safety observer required? Yes No

Live LV in access zone Any adjacent HV circuits near Other applicable permits issued Barriers in place

Safe approach distances explained Other

B. PRECAUTIONS THE FOLLOWING PRECAUTION/S ARE TAKEN:

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 High Voltage Operator

Signature of High Voltage Operator

Time

Date

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

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

ISSUED TO RECIPIENT MANAGING THE PERMIT / RECIPIENT IN CHARGE

RELINQUISHED BY RECIPIENT MANAGING THE PERMIT / RECIPIENT IN CHARGE

Signature

Print Name

Signature

CHANGE OF RECIPIENT MANAGING THE PERMIT / RECIPIENT IN CHARGE

Signature

Print Name

Signature

| 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. |

| 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| I understand that permission to work under this permit is withdrawn and that I must remain clear of all apparatus and treat it as being Alive |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. |

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

CANCELLATION

Name of High Voltage Operator

Signature of High Voltage Operator

Time

Date

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. |
| 7. |
| 8. |
| 9. |
| 10. |
| 11. |
| 12. |
| 13. |
| 14. |
| 15. |
| 16. |
| 17. |
| 18. |
| 19. |
| 20. |