



PERMIT TO WORK (PTW) or STATEMENT OF ISOLATION OF CUSTOMER LOW VOLTAGE SUPPLY (SILV)

To be issued to persons who are not employed by, or contracting to,
a member of the Victorian Electricity Supply Industry (VESI)

No: **V**

VESI Network Operator Assets/Easement (PTW)

Customer Assets (SILV)

To Telephone Time Date / /

VESI NETWORK OPERATOR APPARATUS ONLY You are hereby permitted to carry out the following work:

.....
.....

at.....

Description of apparatus covered by this Permit to Work.....

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.....

.....

From: Time Date / / **To:** Time Date / /

The following precautions are in place.....

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.....

CROSS-REFERENCE

Where an Electrical Access Authority is issued for reasons of safety: electrical apparatus has been isolated & earthed in accordance with the Electrical Access Permit:

Number Issued to Recipient-in-Charge

Signature of Operating Authority Time Date / /

The following instructions shall be observed by the work party.....

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ISSUE: Signed by Issuing Authority

Name Signed Time Date / /

Responsible person's telephone number for contact during work.....

RECEIPT

1. I hereby receive this Permit and fully understand the nature and position of the work detailed. I have been advised of the nature and position of adjacent apparatus, the limits of approach and undertake to instruct the personnel of the party to observe the safety precautions as detailed on this Permit. I also undertake the same responsibilities for any sub-contractors under my care during the currency of this Permit.

2. I agree to indemnify the Network Operator against all injury to person's claims for damage or loss of property in any way arising out of the proposed works or incidental to it.

Where permission is sought for these works, the granting of such permission will not lead to a significant decrease in electrical safety.

Name Signed Time Date / /
(for company/organisation/customer)

IMPORTANT NOTE: This Permit must be signed off and returned promptly to the Issuing Network Authority as soon as your work under this Authority is complete.

RELINQUISHMENT

I hereby relinquish this Permit, and all persons associated with the work have been instructed to remain clear of apparatus referred to.

Name Signed Time Date / /

CANCELLATION

I hereby cancel this Permit to Work and authorise the Operating Authority to place the apparatus back into service subject to cancellation of outstanding Electrical Access Authorities.

Name Signed Time Date / /

RECORD OF RESTORATION

Supply was restored at Time Date / /

Phase rotation checked (where applicable) Yes No Time switch checked (where two rate metering installed) Yes No

Other remarks.....

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