

PERSONNEL SAFETY AND SERVICE CLEARANCE (PSSC)

Responsible person..... Location

PART 1. APPARATUS BEING CONSTRUCTED

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PART 2. CONSTRUCTION PERSONNEL SAFETY CLEARANCE

I/We the undersigned are fully aware that the apparatus indicated in Part 1 above must now be treated as alive and that any further work on this apparatus shall only be carried out under approved Access Permit conditions.

Print Name	Sign Name	Print Name	Sign Name
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.....

- NOTE:** All members of a group constructing apparatus shall sign off above when any one or more of the following conditions applies:
- a. Just prior to the making of connections enabling the apparatus to be made alive by normal means. This may occur at any time during construction.
 - b. Immediately all construction of the apparatus is complete.
 - c. A request is received from the constructing authority.
 - d. A request is received by the constructing/co-ordinating authority from the operating authority.

Individual members shall sign off when no longer required on the site.

SIGNED OFF BY A PERSON IN CHARGE OF THE CONSTRUCTING PERSONNEL

All members engaged on the construction of the apparatus in Part 1 above have now signed off, but the following work is required before the apparatus may be made alive.

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Time..... Date/...../..... Print Name..... Signed
*Person in charge of constructing personnel***PART 3. APPARATUS SERVICE CLEARANCE****a. COMPLETION OF ALL CONSTRUCTION WORK**

(i) All work on the apparatus has now been constructed and installed to VESI Network owners' standards.

Time..... Date/...../..... Print Name..... Signed
*Person in charge of final constructing work***b. TESTING CLEARANCE**

(i) The following pre-commissioning tests have been carried out satisfactorily.

- | | | |
|--|--|---|
| <input type="checkbox"/> Insulation Resistance Test | <input type="checkbox"/> Continuity and Phasing Check | <input type="checkbox"/> HV Precommission Tests |
| <input type="checkbox"/> Public Light Neutrals are connected | <input type="checkbox"/> Public Light Neutrals are not connected | |

(ii) All pre-activation tests are complete and I declare the apparatus Ready for Energisation for on-load testing.

Time..... Date/...../..... Print Name..... Signed
*Person in charge of testing***c. THE FOLLOWING TESTS AFTER MAKING APPARATUS ALIVE HAVE BEEN SATISFACTORILY COMPLETED**

- | | | |
|--|--|---|
| <input type="checkbox"/> Phase Sequence Test | <input type="checkbox"/> NST (Polarity Test) | <input type="checkbox"/> NST Polarity Test at Public Lights |
| Phase to Neutral Volts | <input type="checkbox"/> R-N | <input type="checkbox"/> W-N |
| | <input type="checkbox"/> B-N | Phase to Phase Volts |
| | | <input type="checkbox"/> R-W |
| | | <input type="checkbox"/> W-B |
| | | <input type="checkbox"/> B-R |

(i) The apparatus is Ready for Service subject to the following restriction/s

Time..... Date/...../..... Print Name..... Signed
*Person in charge of testing***d. PLACING APPARATUS INTO SERVICE. TO: OPERATING AUTHORITY**

(i) The apparatus described in Part 1 above has been placed into service.

Time..... Date/...../..... Print Name..... Signed
Person authorised to place apparatus into service