VUL-FRM-13-04-Trailing Cable/Machine Access High Voltage Switching Sheet

Switching Sheet Number: (Date DDMMYY)	
Authorising Name:	
Signature:	

Purpose for switching: To work on, add or remove HV trailing cables, or gaining access to mobile machine in accordance with VUL-SOP-024-Access to HV Conductors

Signature indicators acceptance of (a) Duties of switching Operator (b) Procedure as authorized by a High Voltage Switching Operator

Switching Operator:		**Switching Assistant:**	
Name:		Name:	
Signature:		Signature:	
Date/Time:		Date/Time:	
Machine ID:		**Feed from Transportable Substation No:**	

Step NO	Apparatus Location	Isolation Switching Operation/Step	Switching Operator Initials	Switching Assistant Initials	Time
`1	Machine VIT190	Check cable route to ensure correct machine & sub			
2	Machine VIT190	Notify operator to park machine & shut down all pumps and motors			
3	Machine VIT190 ECM Q15 CB	Isolate for load shedding, Open, check open			
4	Machine VIT190 01 CB	Open, check open			
5	Machine VIT190 HTE CB	Open, check open			
6	Machine VIT190 HTISL NAL	Open, check open, Apply HV lock & Tag			
7	Vit190 HTISL NAL	Place fortress key in red lock box			
8	VIT159 HV MCB	Open, check open, Apply HV Lock & Tag			
9	VIT159 HV MCB Disconnector	Open, Check Open			
10	VIT159 HV MCB Earth Selector Switch	Close, check close, Apply HV lock & tag			
11	VIT159	Place HV lock keys in red lock box & lock with green lock & HV tag			
12	Work Site	Conduct Confirmatory Checks			
13	Work Site	Test for De-energisation at first plug broken			
14	Work Site	Issue Access Permit Number:_____			
15	Work Site	Complete Work			

16	Work Site	Cancel Access Permit Number:_____			
17	VIT159	Remove green lock & HV tag from red lock box and remove HV lock key			
18	VIT159 HV MCB Earth Selector Switch	Remove HV lock & Tag, Open, check open			
19	VIT159 HV MCB	Remove HV lock & Tag, Close, check close			
20	Machine VIT190 HTISL NAL	Remove HV lock & Tag, Close, check close			
21	Machine VIT190 HTE CB	Close, Check close			
22	Machine VIT190 01 CB	Close, Check close			
23	Machine VIT190 ECM Q15 CB	Close, Check close			
High Voltage System is safe and replace any tags with Out of Service tags where required.					

Cancellation of Switching Sheet:			
Ensure High Voltage System has been made safe, cancel Access Permit and replace High Voltage Tag with an Out of Service Tag.			
Reason:			
Cancelled by (name):		**Signature:**	
Time:		**Date:**	

HIGH VOLTAGE ACCESS PERMIT
This permit allows access to:
Precautions taken (Isolation points and location of operator earths)
Diagram of conditions
Nearest Live Points: The nearest live points are located
Special Safe Work Instructions

☐ Taping Off	☐ Work Area Sign	☐ Barrier in Place

Special Safe Work Instructions:

Issue Access/Test Permit

I certify that the above precautions have been taken, and work can safety be carried out on part A of this permit.			
Issued by Switching Operator:			
Name		Signature	
Date		Time	
Accepted by Recipient:			
I acknowledge having received this permit and understand my duties in connection with work covered by this permit			
Name		Signature	
Date		Time	

Work Party Signatures

Sign On					**Sign Off**			
I acknowledge that I only have access to the mains and apparatus listed on page 1 of the access permit while earthed and will have no difficulty in keeping clear of mains and apparatus not covered by this permit and will not alter isolation points, operators' earths or other precautions in place.					I acknowledge that I no longer have access to the mains and apparatus listed on page 1 and will regard the mains and apparatus as being live.			
	Name	Signature	Time	Date		Signature	Time	Date
1					1			
2					2			
3					3			
4					4			
5					5			
6					6			
7					7			
8					8			
9					9			
10					10			
11					11			
12					12			
13					13			
14					14			
15					15			
16					16			
17					17			
18					18			
19					19			
20					20			

Work Earth Schedule (If applicable)				
	ON		Off	
Location of Work Earths	Time	Date	Time	Date

Transfer Of Access Permit (If Applicable)
This Access Permit with all conditions is hereby transferred

Outgoing Recipient		Incoming Recipient			
Name	Signature	Name	Signature	Time	Date

Cancel Access / Test Permit			
I hereby certify that all members of the work party are clear and have signed off, all working earths placed have been removed and the area has been made safe. The work area will now be regarded as being **ALIVE**			
Surrendered by Recipient:			
Name		Signature	
Date		Time	
Cancelled by Switching Operator:			
I hereby certify that all members of the work party are clear and have signed off and the area has been made safe.			
Name		Signature	
Date		Time	