

HV Switching Permit

All staff and contractors must use this form to gain authorisation prior to performing any HV Switching on ADG premises. This Permit is issued only for the occasion specified below. A signed copy of this Permit must remain on site during the works.

Part 1 – Application Details

Switching Plan

Switching Plan Number

Company

Company

Person in Charge of Works Phone

Electrical Licence Number Email

Is your business registered with ADG?

Yes No

Note: registration is necessary before any work on ADG Leased Area is permitted.

Have you completed the **Working on Airport** induction?

Yes No

Part 2 – Description of Switching Plan

The purpose of this Switching Plan is:

Describe the planned Switching Plan:

The timing of the Switching Plan is as follows:

Start Date Start Time

End Date End Time

Part 4 – Power Interruption Notification

Affected Stakeholders

List the affected stakeholders below:

Plan Item Number	Affected Stakeholder Connections	Notified & Agreed
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No

Mitigation

List the steps taken to minimise the impact:

Plan Item Number	Action/Operation	Time Completed	Comment

Part 5 – Acknowledgement of Electrical Worker in Charge of Works

- I understand that it is my responsibility to ensure that all persons working under this Permit have read and understood the above conditions.

Name of Electrical Worker in Charge of Works

Date and Time

Please email this form to permits@ntairports.com.au, or click

Part 6 – Authorisation to Work

I authorise the above work to proceed as listed in this form. Yes No

Name and Title of ADG Authorised Person

Phone Number

Date and Time

I authorise the above work to proceed as listed in this form. Yes No

Name and Title of ADG Authorised Person

Phone Number

Date and Time

*Note: This Permit must be approved by **two** ADG Authorised Persons.*

Part 7 – Completion of Works Described in this Permit

Completion Date and Time

As-built drawings or amendments are:

Not required

Required and will be provided by

by

Responsible Person

Date

I confirm that:

- The works described in this Switching Permit have been satisfactorily completed or stopped and made safe.
- All persons under my control have been withdrawn.
- Any outstanding matters have been forwarded on for action.

Name of Recipient

Date and Time

Please email this form to permits@ntairports.com.au, or click

Name of ADG Authorised Person

Date and Time