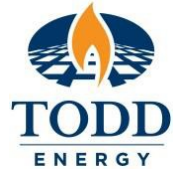


PTW Safety Checklist No. 44



HIGH VOLTAGE (>1000VAC) ELECTRICAL SWITCHING OPERATIONS

Other Checklists that may be relevant:		
Permit Number:		Date:
Rev 2.3	Issue Date: 24/04/2024	Authorised By: PSM

NOTE:

1 People carrying out this activity shall be familiar with the following documents:

- [PPE Requirements for Work in Proximity to Electrical Equipment SOP.pdf](#)
- [Electrical Safety Rules Manual.pdf](#)
- [Electrical Switching Template.docx](#)
- **Specific Arc Flash Matrix Folder located in MCC**

PRIOR TO PERMIT ISSUE:

Y N N/A

2 All personnel who undertake this type of work shall be suitably trained and competent to carry out the High Voltage electrical switching at the voltages encountered.

☐

3 Arc Flash Hazard Category Level established according to [PPE Requirements for Work in Proximity to Electrical Equipment SOP.pdf](#) and Arc Flash Matrix

☐

4 Circle applicable hazard category number as identified above.

☐

1	2	3	4
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5 Arc Flash PPE selected as per [PPE Requirements for Work in Proximity to Electrical Equipment SOP.pdf](#)

☐

List PPE required:

6 Pre-use inspection of Arc Flash PPE completed.

☐

7 External Power Company has been notified of the intended switching program when switching facility incomer circuit breakers, or when the load of the plant is expected to significantly change.

☐☐

8 The switching procedure shall be approved by an Authorised Electrical Person as defined in the [Electrical Safety Rules Manual.pdf](#)

☐

Authorising Name: _____

- | | Y | N | N/A |
|---|---|---|-----|
| 9 List the persons nominated to observe the switching team and the remote person to monitor and coordinate the switching procedure via phone or radio. <input type="checkbox"/> | | | |
| HV Switching Operator _____ | | | |
| HV Switching Checker _____ | | | |
| Dedicated Watchperson: _____ | | | |
| Remote Coordinator: _____ | | | |
| 10 All persons working under this permit shall be familiar with the requirements of the High Voltage switching procedure in use and the recovery plan. <input type="checkbox"/> | | | |

PRIOR TO COMMENCING TASK:

- | | Y | N | N/A |
|---|---|---|-----|
| 11 A Recovery Plan has been developed in JHA or attached to the JHA explaining the steps to immediately isolate the power source, communicate the emergency then safely recover any person that may have been injured during the switching activity. <input type="checkbox"/> | | | |
| Record the agreed Power Isolation location. | | | |
| _____ | | | |
| 12 Recovery plans must clearly identify the onsite location of a ready for use AED. Ideally positioned at the switching activity location. <input type="checkbox"/> | | | |
| 13 The work party, Dedicated Watchperson and the Remote Coordinator have read and understood the Recovery Plan (attached). <input type="checkbox"/> | | | |
| 14 The Downstream equipment being supplied by the Switchgear has been confirmed as offline and has been prevented from TRYING TO RESTART during the switching activity timeframe <input type="checkbox"/> | | | |

AT COMPLETION OF THE TASK:

- | | Y | N | N/A |
|---|---|---|--------------------------|
| 15 The Remote Coordinator has been advised that all switching tasks are now complete and the system has been left in a safe state. <input type="checkbox"/> | | | |
| 16 Any documented switching status communication required with the External Power Company has been completed (if applicable) <input type="checkbox"/> | | | <input type="checkbox"/> |
| 17 Any Electrical Safety PPE / Recovery Equipment used for the switching activity has been returned in good condition to its normal storage location <input type="checkbox"/> | | | |