

SANCTION-TO-TEST – ELECTRICAL HIGH VOLTAGE SYSTEMS (OVER 1000 VOLTS)

Note (i): The Authorising Officer should indicate the sections applicable by ticks in the left hand boxes next to headings, deleting any subheading not applicable.

Note (ii): The Authorising Officer should insert the appropriate details when the Sections for Other Work or Additional precautions are used.

Note (iii): The Authorised Person should tick each applicable righthand box as they make their check.

Note (iv): This Sanction-to-Test contains 6 sections.

SECTION A – Scope of Work

Location (designation of space)

.....

Plant Apparatus /Identification

(designation of machinery / equipment)

.....

.....

Work to be done (description)

.....

.....

Permit issued to (name of person carrying out work or in charge of the work party)

Section B – Check List / Isolation Data

Has a risk assessment of the proposed work been carried out?

The above apparatus is dead and has been isolated from the system at the following points (Description)

.....

.....

Circuit Main Earths have been applied to the equipment at the following points.

(These Earths may be removed and replaced to your instructions)

(Description)

.....

.....



Safety Locks

(Detail location fitted and identify lock set)
.....

Additional Precautions to avoid danger have been taken by

(Description)
.....

Caution/Danger notices have been applied at all points of isolation, and Safety Signs appropriately positioned.

TREAT ALL OTHER APPARATUS AND AREAS AS DANGEROUS

.....
.....
.....
.....
.....

SECTION C – Authorising of Sanction-to-Test

Period of validity of sanction-to-test (should not exceed 24 hours) hours
I hereby declare that the above equipment is dead and isolated from all live conductors and connected to earth.

Authorising person

(Name) (Signature)
(Time) (Date)

SECTION D – Receipt of Sanction-to-Test

I accept responsibility for carrying out the work on the apparatus detailed on this sanction-to-test and no attempt will be made by me or people under my charge to work on any other apparatus or in any other area. I am satisfied that all precautions have been taken and that safety arrangements will be maintained for the duration of the work.

Safety Key No Received* /Applied*

Competent person

(Name) (Signature)
(Time) (Date)

Note: After signing the receipt, this sanction-to-test should be retained by the person in charge at the place where the work is being carried out until work is complete and the clearance section signed



