

Competence and training in OLE electrical safety – Electrical Risk Assessor Work Experience Record

(Part of Action Learning process)

*Please note where evidence is required, this should be a photocopy (where possible).

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|---|--|------------------------------|-------------|-------------|-------------|
| Candidate Name: | | Sentinel Card Number: | | | |
| Candidate Signature: | | Date reviewed: | | | |
| Assess requirements for Electrical Risk Assessment | | Date | Date | Date | Date |
| 1. Preparing Documentation | Outage Request Form | | | | |
| | Isolation Diagrams and Instructions | | | | |
| | Electrical Risk Assessment Form | | | | |
| | Category L List | | | | |
| | Category E List | | | | |
| | Task Risk Control Sheets | | | | |
| | Site Visit Form | | | | |
| | NR/L3/ELP/SAI25 | | | | |
| 2. Communications with the Work Requestor | Record the contact details of the Work Requestor? | | | | |
| | Identify the work start and end dates and times? | | | | |
| | Discuss the task and task delivery method in detail with the Work Requestor? | | | | |
| | Discuss the access and egress points with the Work Requestor? | | | | |
| 3. Define the details around the Earthed Isolation | Define the task | | | | |
| | Define the task delivery method | | | | |
| | Define what Electrical Sections are required | | | | |
| | Define what lines are affected by the task | | | | |
| | Identify the Electrical Section Limits / limit structures | | | | |
| | Define the OLP along-track limits required | | | | |
| | Identify who the Nominated Earthed Isolation provider is | | | | |
| | Identify if the Earthed Isolation will be part of a superseding Earthed Isolation | | | | |
| 4. Electrical Safe System of Work Identification (ESSoW) | Select a suitable ESSoW for the Site of work | | | | |
| | Select a suitable ESSoW for Travelling (if required) | | | | |
| | Select a suitable ESSoW for the road rail access point (RRAP) (if required) | | | | |
| | Confirm if an Earthed Isolation is required? | | | | |
| 5. Define the Site Visit requirements | Confirm if a site visit is required to confirm any areas of Part 1 of ERAF | | | | |
| | Identify if there are any areas of low wire height | | | | |
| | Identify who will attend the site visit with the Electrical Risk Assessor? <i>Provide a justification if not required</i> | | | | |
| | Provide a suitable justification where a site visit has been waived? <i>As detailed in NR/L3/ELP/SAI25.</i> | | | | |

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| 6. Completion of 'Appendix A - Electrical Risk Assessment Form' | Identify all Residual Electrical Hazards (description, line, location) | | | | |
| | Apply Electrical Risk Control Measures to every Residual Electrical Hazard until the risk from the hazard is acceptable | | | | |
| | Identify the inspection requirements for the Electrical Risk Control Measures (if required) | | | | |
| | Review at this point, can the work be completed safely with the selected ESSoW and proposed Electrical Risk Control Measures | | | | |
| 7. Electrical Safe System of Work Justification | Identify the justification element and provide a suitable justification for not selecting ESSoW Category A for the Site of Work (if required) | | | | |
| | Identify the justification element and provide a suitable justification for not selecting ESSoW Category A for Travelling (if required) | | | | |
| | Identify the justification element and provide a suitable justification for not selecting ESSoW Category A for the RRAP (if required) | | | | |
| 8. Validating the usage of On-Track Plant (OTP) | Confirm with the work requestor the on/off tracking and travelling under live requirements for the Isolation (if required) | | | | |
| | Confirm the on / off tracking location approach and exit to and from track is level (if required) | | | | |
| | Identify the minimum wire height and location at the access point (if required) | | | | |
| | Identify the minimum wire height and location for the distance travelling under live (if required) | | | | |
| | Identify with the work requestor what OTP are to be used for the Earthed Isolation | | | | |
| | Receive signed approval from the Electrification and Plant Maintenance Engineer or Delegated Authority for the on/off tracking and/or travelling activities | | | | |
| 9. Confirmation of Overhead Line Permit(s) (OLP) details | Identify how many OLPs will be issued for this Isolation | | | | |
| | Identify the COSS (OLP) for each OLP | | | | |
| | Identify the Lines / ATF / RC affected for each OLP | | | | |
| | Identify the along-track limits for each OLP | | | | |
| | Identify if the OLP is required to be issued at site of work for each OLP | | | | |
| | Summarise the work content of each OLP | | | | |
| | Add site of work details / description including vertical boundary | | | | |
| | Confirm the Electrical Risk Control Measures are recorded and identified in Appendix A | | | | |

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| 10. Planning of Electrical Risk Control Measures | Provide any drawing, diagrams, sketches that are required to be included as part of the Electrical Risk Assessment | | | | |
| | If the Electrical Risk Control Measures do not require inspection, then a justification must be provided | | | | |
| | Confirm if the integrity and continuity of existing electrical circuits, including bonding, be affected by the planned tasks? | | | | |
| | If a site visit has been waived by the Electrical Risk Assessor, confirm this has been reviewed by an Electrical Risk Assessment Reviewer (ERAR) | | | | |
| | Confirm the work can be completed safely with the proposed Electrical Risk Control Measures in place? | | | | |
| 11. Receive countersignature from the Electrical Risk Assessment Reviewer (ERAR) (where applicable) | Countersignature of Part 1 of the ERAF | | | | |
| | Countersignature of Part 2 of the ERAF | | | | |
| 12. Electrical Risk Assessment Review | Collect evidence when acting as electrical risk assessment reviewer (ERAR) | | | | |
| | Review justification provided by ERAs for the selection of a suitable ESSoW | | | | |
| | Review and confirm that the ESSoW selected by the ERAs is suitable for the task and task delivery method | | | | |
| | Review and confirm that the control measures applied to the residual electrical hazards by the ERAs are appropriate to mitigate the risk | | | | |
| | Review any justification provided by the ERAs for waiving a site visit (where applicable) | | | | |

Mentor Name: Mentor Signature: Job Title: