**\*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: 01/01/1900** | | | |
| **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 |  |  |  |  |
| 1. 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? |  |  |  |  |
| 1. 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 |  |  |  |  |
| 1. 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? |  |  |  |  |
| 1. 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?  *Provide a justification if not required* |  |  |  |  |
| Provide a suitable justification where a site visit has been waived?  *As detailed in NR/L3/ELP/SAI25.* |  |  |  |  |
| 1. 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 |  |  |  |  |
| 1. 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) |  |  |  |  |
| 1. 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 |  |  |  |  |
| 1. 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 |  |  |  |  |
| 1. Planning of Electrical Risk Control Measures | Confirm the Electrical Risk Control Measures are recorded and identified in Appendix A |  |  |  |  |
| 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? |  |  |  |  |
| 1. 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 |  |  |  |  |
| 1. 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: ……………………………………