

2. Overhead electrical hazards (electric lines)				Y	N	N/A
2.1 Has information from relevant State Authority been obtained for No Zone Zones and permitted clearance distances?				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.2 Are all relevant workers (and affected Duty Holders) trained in the No Go Zones and clearances?				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.4 Can power to the electrical lines be isolated for the duration of the works?				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.5 Have dedicated SWMS been developed in consultation with relevant persons for all works conducted near overhead electrical lines?				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.5(a) List titles / identification # for all relevant SWMS:						
2.6 Has the electrical line owner been informed of the nature and duration of the works? Note any permits or special restrictions that may apply.				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.7 Has written permission from the line owner been obtained?				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.8 Will a dedicated and trained Spotter be utilised for the duration of the works?				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.9 Have the following been determined?						
2.9(a) Location/s of electrical lines and electrical installations. (Transformers are often mounted lower than wires.)	<input type="checkbox"/>	2.9(d) Minimum clearance zones (as specified by State Authority). Condition of the installations.	<input type="checkbox"/>	2.9(g) Measurements from ground to installation (transformers, conductors, and any sag /sway in sections of the lines).	<input type="checkbox"/>	
2.9(b) Type of installations (lines, conductors, transformers, Single Wire Earth Return (SWER), communications cables).	<input type="checkbox"/>	2.9(e) Voltage.	<input type="checkbox"/>	2.9(h) Presence of insulation.	<input type="checkbox"/>	
2.9(c) Maximum range of machinery including all attachments at full extension (design envelope).	<input type="checkbox"/>	2.9(f)(i) If there is doubt about any of these matters, contact with the installation owner will be made:	<input type="checkbox"/>	2.9(f)(ii) Contact details:		
2.10 List risk controls that will be implemented for the duration of the project:						
Relocate cables/conductors	<input type="checkbox"/>	Signs/ clearance indicators	<input type="checkbox"/>	Other?	<input type="checkbox"/>	
Height limiting devices on equipment	<input type="checkbox"/>	Visual markers	<input type="checkbox"/>	Specify:		
Equipment with reduced design envelopes	<input type="checkbox"/>	Dedicated Spotters	<input type="checkbox"/>			
2.11 Are all workers trained in the nature of the hazards (including arcing and touch potential)?				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.12 Have workers been trained in correct emergency response in the event of				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

contact with overhead electric lines and installations?						
3. Underground electrical installations				Y	N	N/A
3.1 Have Dial before You Dig been contacted for location of utilities in all intended work areas?				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.2 Is appropriate locating equipment available as needed (calibrated electromagnetic locating devices)?				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.2(a) List locating device details:						
Make/Model:	Id #:	Date of last calibration:	Date next calibration due:			
3.3 Are all underground electrical cables marked with agreed colour-coding paints or flags?				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.4 Are all utilities listed on a documented site plan for the intended work area?				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.4(a) Is this site plan available on site and accessible to relevant workers / Duty Holders?				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.5 Has the location information for all utilities been provided to relevant workers / Duty Holders?				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.6 Can power be isolated to intended work area?				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.6(a) If yes, provide evidence of continued disconnection / permit systems:						
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3.7 Has contact been made with utility owners to inform them of the time/duration and nature of works being undertaken?				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.8 Have dedicated SWMS been developed in consultation with relevant persons for all works conducted near underground electrical lines?				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.8(a) List titles / identification # for all relevant SWMS:						
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3.9 Are suitable equipment, tools & PPE available for working near buried electrical lines?				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.9(a) List equipment, tools and PPE (example: Hydro-excavator, insulated tools and PPE):						
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3.10 Are all workers trained about the nature of the hazards?				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

3.11 Have workers been trained in correct emergency response in the event of contact with underground electrical lines/installations?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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4. Electrical supply to site				Y	N	N/A
4.1 Has all 'electrical work' been undertaken by qualified persons (licensed electrician)?				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.1(a) Provide details of Licensed Electrician/s:						
Name of License Holder:	Business Name:	Contact Details:	License # and Date of expiry:			
4.2 All electrical works conducted 'non-live'?				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.3 Documented Lockout/Tagout procedures in place for all energy sources?				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.4 Are all relevant persons trained in LOTO procedures for the site?				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.5 Provide details of the following:						
Authorised Person:	Lock type:	Lock #:	Lock use:			
4.6 Have all electrical works / installations been undertaken as per AS/NZS 3012?				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.7 Are electrical installations / equipment rated for the intended work environment?				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.8 Are all electrical sources protected by RCDs (Safety Switches)?				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.9 Are all switchboards compliant with AS/NZS 3012? Examples:				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.9(a) Marked in a permanent / clear manner with numbers/letters to uniquely identify all elements of the switchboard?	<input type="checkbox"/>	4.9(d) Marked to indicate live parts (symbols / danger signage)?			<input type="checkbox"/>	
4.9(b) Insulated slot at bottom and tie-bar to anchor cables and prevent strain/mechanical damage?	<input type="checkbox"/>	4.9(e) Suitable door with locking facility (that will not damage cords when closed)?			<input type="checkbox"/>	
4.9(c) Located in a area that minimises risk of impact from traffic / mobile plant?	<input type="checkbox"/>	4.9(f) Protected against object 12mm or larger being inserted / protected against splashing from all directions?			<input type="checkbox"/>	
4.10 Have certificates of electrical safety been provided where required?				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.11 Are procedures in place for regular testing of electrical switchboards, RCDs, leads, extension cords and all other electrical installations as per AS/NZS 3000?				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.11 (a) List testing schedules for the following equipment:						

4. Electrical supply to site		Y	N	N/A
Switchboard		6 months		
Temporary wiring		6 months		
RCD		1 month		
Electrical leads (portable)		3 months		
Electrical extension leads		3 months		
Other?				
4.12 Are electrical leads / equipment tested and tagged with correct information?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.13 Is a logbook (or similar) maintained for all electrical installations / equipment?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.14 Are procedures in place for relevant persons to undertake visual inspections of all electrical leads before use?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.15 Have employees been trained in the safe use, set-up and maintenance of electrical equipment?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.16 Have persons been nominated to conduct regular spot checks / audits to verify that safe systems are in place for electrical installations (testing, inspection, no leads on the ground, leads protected from damage, RCDs etc.)?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.16(a) List name of person/s and audit schedules:				
Name	Job Title	Schedule (daily weekly, monthly)		
4.17 Are all workers trained about the nature of the hazards?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.18 Have workers been trained in correct emergency response in the event of contact with underground electrical lines / installations?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other?				