



AUTHORITY FOR ACCESS (ELECTRICAL)

ORIGINAL

Complete precisely and legibly in BLOCK CAPITALS using BLACK or BLUE ink

PART 1: ISSUE - To be completed by the Authorised Person (Electrical)

To: Employed by:

I hereby declare that it is safe to work in the following area(s) in accordance with the Rules and Procedures set out in STFC Safety Code 34 (Electrical Safety), and that any dangers have been highlighted below.

THIS AUTHORITY IS FOR ACCESS ONLY
No Electrical Isolations Have Been Carried Out

Special Precautions

The following work is to be carried out

State of automatic fire
protection equipment:

Detection Only - Isolated: ☐

Detection Only - Operational: ☐

Suppression System - Safe: ☐

Suppression System - Make Safe before entering: ☐

Fire Alarm Isolation and/or Hot Works Permits may also be required

- 1) I have physically identified the area and explained the extent of the work to the prospective Person in Charge.
- 2) I have explained to the prospective Person in Charge any special Instructions or Safety Arrangements as detailed above.

Signed: (Authorised Person) Print Name:

Contact Tel. No. Date:/...../..... Time::.....

PART 2: RECEIPT - To be completed by the prospective Person in Charge

- 1) I have read this Authority for Access and fully understand the scope and limits of the work to be carried out.
- 2) I have been shown the location of the work, and am satisfied with the Safety Arrangements at the places of work.
- 3) No attempt will be made by me, or by any person under my charge, to carry out any other work, or to access any other restricted area.
- 4) I, nor anyone under my charge, shall interfere with, or climb upon any switchgear without approval from the Authorised Person.
- 5) If I have to leave the area of work, work will be suspended and the area secured until the work resumes on my return.
- 6) I note the use of metal access equipment (steps, ladders, etc.) is prohibited in Substations unless otherwise agreed by the Authorised Person.
- 7) I will ensure the area is clean and tidy before commencement of work, and when the work is completed. *Any rubbish found in the area prior to the commencement of work shall be reported to the Authorised Person immediately.*

Signed: (Person in Charge) Print Name:

Contact Tel. No. Date:/...../..... Time::.....



AUTHORITY FOR ACCESS (ELECTRICAL)

DUPLICATE

Complete precisely and legibly in BLOCK CAPITALS using BLACK or BLUE ink

PART 1: ISSUE - To be completed by the Authorised Person (Electrical)

To: Employed by:

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No Electrical Isolations Have Been Carried Out

Special Precautions

The following work is to be
carried out

State of automatic fire
protection equipment:

Detection Only - Isolated: ☐

Detection Only - Operational: ☐

Suppression System - Safe: ☐

Suppression System - Make Safe before entering: ☐

Fire Alarm Isolation and/or Hot Works Permits may also be required

- 1) I have physically identified the area and explained the extent of the work to the prospective Person in Charge.
- 2) I have explained to the prospective Person in Charge any special Instructions or Safety Arrangements as detailed above.

Signed: (Authorised Person) Print Name:

Contact Tel. No. Date:/...../..... Time::.....

PART 2: RECEIPT - To be completed by the prospective Person in Charge

- 1) I have read this Authority for Access and fully understand the scope and limits of the work to be carried out.
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- 5) If I have to leave the area of work, work will be suspended and the area secured until the work resumes on my return.
- 6) I note the use of metal access equipment (steps, ladders, etc.) is prohibited in Substations unless otherwise agreed by the Authorised Person.
- 7) I will ensure the area is clean and tidy before commencement of work, and when the work is completed. *Any rubbish found in the area prior to the commencement of work shall be reported to the Authorised Person immediately.*

Signed: (Person in Charge) Print Name:

Contact Tel. No. Date:/...../..... Time::.....

PART 3: CLEARANCE - To be completed by the Person in Charge

I hereby declare that all persons, tools, and equipment have been withdrawn from the area covered by this Authority, and that the area is secure.

Signed: (Person in Charge) Date:/...../.....

Print Name: Time::.....

PART 4: CANCELLATION - To be completed by the Authorised Person (Electrical)

- 2) The Original sheet of this Authority has been returned to me and destroyed.
- 3) This Authority is cancelled.

Signed: (Authorised Person) Date:/...../.....

Print Name: Time::.....

THIS AUTHORITY IS NOT VALID UNTIL PARTS 1 AND 2 ARE SIGNED