Science & Technology Facilities Council

This sheet to be issued

Sanction Serial Number

SANCTION TO TEST (ELECTRICAL)

ORIGINAL (Page 1 of 2)

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 test on the following equipment, which has been made dead, isolated, and earthed in accordance with the Rules and Procedures set out in STFC Safety Code 34 (Electrical Safety).

……

…… Safety Programme No.:……

TREAT ALL OTHER EQUIPMENT AS DANGEROUS

Points of Isolation with Caution Notices posted ……

……

……

The equipment is connected to Earth at the following point(s) ……

……

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Earths which can be removed during testing ……

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Special Precautions ……

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Details of testing required ……

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State of automatic fire protection equipment:

Detection Only - Isolated: ☐ Suppression System - Safe: ☐

Detection Only - Operational: ☐ Suppression System - Make Safe before entering: ☐

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

1) I have physically identified the equipment and explained the extent of the test to the prospective Person in Charge.
2) I have shown the prospective Person in Charge the Safety Arrangements at the Points of Isolation, and the places of test, and at other places affected by the test(s), and I have explained all the relevant safety procedures and precautions.
3) The prospective Person in Charge has been issued with a key to the Temporary Removable Earth Locks to allow removal of the Earths for testing.

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 Sanction to Test and fully understand on which equipment I am permitted to test and the test(s) to be carried out.
2) No attempt will be made by me or by any person under my charge to carry out any other testing or works. ☐
3)* a) The Authorised Person has demonstrated to my satisfaction that the equipment is dead and safe to work on.
b) (For LV only) It was not practicable for the Authorised Person to prove the equiment dead prior to the issue of this permit. I will confirm the equipment dead to my satisfaction as soon as conductors have been made accessible to a suitable test indicator.† ☐
c) It was not practicable for the Authorised Person to prove equipment dead prior to the issue of this permit. I understand the Authorised Person will confirm the equipment dead to my satisfaction as soon as conductors have been made accessible to a suitable test indicator.† ☐
4) I have been issued with a key for the Temporary Removable Earth Lock which I am permitted to remove for the duration of the test.

* Tick box as appropriate; † Test indicators should conform to HSE safety guide HSG85 (2007) paragraphs 53-56

Signed: …… (Person in Charge) Print Name: ……

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

ALL ACCESS KEYS MUST BE RETURNED AT THE END OF EACH WORKING DAY

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

Science & Technology Facilities Council

Sanction Serial Number

SANCTION TO TEST (ELECTRICAL)

DUPLICATE (Page 1 of 2)

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 test on the following equipment, which has been made dead, isolated, and earthed in accordance with the Rules and Procedures set out in STFC Safety Code 34 (Electrical Safety).

……

…… Safety Programme No.:……

TREAT ALL OTHER EQUIPMENT AS DANGEROUS

Points of Isolation with Caution Notices posted ……

……

……

The equipment is connected to Earth at the following point(s) ……

……

……

Earths which can be removed during testing ……

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Special Precautions ……

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Details of testing required ……

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State of automatic fire protection equipment:

Detection Only - Isolated: ☐ Suppression System - Safe: ☐

Detection Only - Operational: ☐ Suppression System - Make Safe before entering: ☐

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

1) I have physically identified the equipment and explained the extent of the work to the prospective Person in Charge.
2) I have shown the prospective Person in Charge the Safety Arrangements at the Points of Isolation and the places of work, and at other places affected by the test(s), and i have explained all the relevant safety procedures and precautions.
3) The prospective Person in Charge has been issued with a key to the Temporary Removable Earth Locks to allow removal of the Earths for testing.

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 Sanction to Test and fully understand on which equipment I am permitted to test and the test(s) to be carried out.
2) No attempt will be made by me or by any person under my charge to carry out any other testing or works. ☐
3)* a) The Authorised Person has demonstrated to my satisfaction that the equipment is dead and safe to work on. ☐
   b) (For LV only) It was not practicable for the Authorised Person to prove the equiment dead prior to the issue of this permit. I will confirm the equipment dead to my satisfaction as soon as conductors have been made accessible to a suitable test indicator.† ☐
   c) It was not practicable for the Authorised Person to prove equipment dead prior to the issue of this permit. I understand the Authorised Person will confirm the equipment dead to my satisfaction as soon as conductors have been made accessible to a suitable test indicator.† ☐
4) I have been issued with a key for the Temporary Removable Earth Lock which I am permitted to remove for the duration of the test.

* Tick box as appropriate; † Test indicators should conform to HSE safety guide HSG85 (2007) paragraphs 53-56

Signed: …… (Person in Charge) Print Name: ……

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

ALL ACCESS KEYS MUST BE RETURNED AT THE END OF EACH WORKING DAY

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

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Sanction Serial Number

SANCTION TO TEST (ELECTRICAL)

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

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

1)* I confirm that the testing described in Part 1 of this Sanction has been either:
   a) Satisfactorily completed and that all persons, tools, and instruments under my control have been accounted for and withdrawn. ☐
   b) Stopped for the reasons given below, and that all persons, tools, and instruments under my control have been accounted for and withdrawn, and that the equipment has been made safe. ☐
2) I have warned all persons under my charge that it is no longer safe to carry out testing on the equipment.
3) I confirm that the Removable Temporary Earth Locks have been replaced and keys returned to the Authorised Person

* Tick box as appropriate

Reason for stopping test and action taken (where applicable) ……

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

Print Name: …… Time: ……..:……

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

1)* I confirm that the work described in Part 1 of this Sanction has been either:
   a) Satisfactorily completed ☐
   b) Stopped and made safe. ☐
2) The keys for the Removable Temporary Earth Locks have been returned to me.
3) The Original sheet of Parts1 and 2 of this Sanction has been returned to me and destroyed.
4) This Sanction is cancelled.

* Tick box as appropriate

Comments (if applicable) ……

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

Print Name: …… Time: ……..:……