


<b>PTW CHECKLIST - NO. 44</b>	<b>Title: High Voltage (11KV) Electrical Switching</b>	
<b>Owner:</b> Permit System Manager		
<b>Approver:</b> Permit System Manager	<b>Max Validity Period: 5 years</b>	
<b>Permit No.:</b>	<b>Date:</b>	

Latest Rev	Date	Details	Authorised By
4.0	Jan 2016	Full revision	S Elliott
5.0	July 2021	Full revision	M Birdsall

Other Checklists That May Be Relevant:

HRA Checklists:

**NOTE:** People carrying out this activity shall be familiar with the following documents:

[Electrical Safety Rules](#)

[STA-01.22](#) - PPE requirements for work in proximity to Electrical Equipment

**PREPARATION:**

Tick when done

- |  | Y                        | N | NA  |   |   |   |   |  |  |
|--|--------------------------|---|---|---|---|---|---|--|--|
| 1. All personnel who undertake this type of work shall be suitably trained and competent to carry out high voltage electrical switching.   | <input type="checkbox"/> |   |   |   |   |   |   |  |  |
| 2. Arc Flash Hazard Category Level established according to Operating Procedure <a href="#">STA-01.22</a> – Circle applicable Hazard Category No.  |                          |   | <table border="1"> <tr> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td>4</td> <td></td> <td></td> </tr> </table> | 1 | 2 | 3 | 4 |  |  |
| 1  | 2                        | 3 |   |   |   |   |   |  |  |
| 4  |                          |   |   |   |   |   |   |  |  |
| 3. Arc Flash PPE selected  | <input type="checkbox"/> |   |   |   |   |   |   |  |  |
| 4. Pre-use inspection of Arc Flash PPE completed.  | <input type="checkbox"/> |   |   |   |   |   |   |  |  |
| 5. The Electricity Provider has been notified of the intended switching programme when switching facility incomer circuit breakers, or when the load of the plant is expected to significantly change. | <input type="checkbox"/> |   |   |   |   |   |   |  |  |
| 6. The switching procedure shall be approved by an Authorised Electrical person.<br>Name: _____  | <input type="checkbox"/> |   |   |   |   |   |   |  |  |
| 7. List the person nominated to observe the switching and the remote person to monitor and coordinate the switching procedure via phone or radio.<br>Dedicated Attendant: _____<br>Coordinator: _____  |                          |   |   |   |   |   |   |  |  |
| 8. All persons working under this permit shall be familiar with the requirements of the switching procedure.   | <input type="checkbox"/> |   |   |   |   |   |   |  |  |