

Access / Permit to Work

Planned Transmission Interruption Request	
Fax 01342 310 870	Tel: 01342 318 489

A signed copy of this form MUST be submitted by FAX by 10 am, 21 working days prior to start of works.

FOR USE BY SERCO INTEGRATED TRANSPORT ONLY
a) Permit Number:..... (This will be allocated once all relevant information has been supplied.)

FOR USE BY PERMIT REQUEST ORIGINATOR	
b) Company Name:	c) Engineer(s) carrying out work:
d) Requested By:	e) Contact Numbers: Tel:..... Fax:.....
f) Work to Commence: Date Time	g) Work to Finish: Date Time
h) Will alarms be generated? Enter none or give details.	i) Is the work Service affecting? Enter none or give details.
j) Site/Location Name & ID.	k) Is the work a software change. YES / NO if yes, the section "police / end user consent" must be completed prior to the application being returned to Serco.
l) Work description in full. A detailed method statement must be included. m) Risk assessments must have been documented and held by the applicant. n) If the dates in section f) and g) are not the same, a programme of works must be submitted.	

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DECLARATION TO BE COMPLETED BY PERMIT REQUEST ORIGINATOR			
<p>I/We undertake to carry out the above work and only the above work, observing all current safety practices. Where necessary, additional precautions will be taken which may entail, though not be limited to, the provision of the following procedures or supply of PPE:</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top; padding: 5px;"> Isolation from supply Protective clothing Climbing equipment Access Permits (Confined Spaces) Anti-static precautions Risk Assessments </td> <td style="width: 50%; vertical-align: top; padding: 5px;"> Authority to Work Form (Electrical) Climbing Permit (Masts/Heights) Warning signs Insulated tools Hard hats Risk Control Systems </td> </tr> </table> <p>SignatureName.....</p>		Isolation from supply Protective clothing Climbing equipment Access Permits (Confined Spaces) Anti-static precautions Risk Assessments	Authority to Work Form (Electrical) Climbing Permit (Masts/Heights) Warning signs Insulated tools Hard hats Risk Control Systems
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ADDITIONAL NOTES OR COMMENTS RELEVANT TO THE APPLICATION

RCC AUTHORISATION
<p>Planned Transmission Interruption OF and Copper Reply Required within 5 Days of application to allow for agreement with NRTS</p> <p>RCC consent given.....Name.....</p> <p>SignatureDate.....</p> <p>RCC Incident Log Reference Number.....</p>

AUTHORISATION TO BE COMPLETED BY SERCO INTEGRATED TRANSPORT
<p>I hereby authorise the above mentioned person/persons to carry out the work as described above. This permit must be in the hands of the person(s) carrying out the specified tasks.</p> <p>Date</p> <p>Signature Name.....</p>

CONTACT ARRANGEMENTS
<p>Please contact on arrival at site. Contact number.....</p>