



## Site Assessment Form

### Found 07 | Work in vicinity of DNO/IDNO equipment

(Underpinning knowledge – Training Spec.: Module 210/210.1)

|                                       |  |
|---------------------------------------|--|
| <b>Name of Person Being Observed:</b> |  |
|---------------------------------------|--|

|                      |                   |                  |
|----------------------|-------------------|------------------|
| <b>Site Address:</b> | <b>Equipment:</b> | <b>Activity:</b> |
|                      |                   |                  |

| <b>Observed Tasks:</b> |  | <b>Date Observed On Site as Competent:</b> |
|------------------------|--|--|
| 1.                     | Confirm, by using available Utility drawings, the proximity of any DNO equipment                           |  |
| 2.                     | Carry out visual checks for any L.V. and H.V. Overhead Utility or DNO power lines or other equipment       |  |
| 3.                     | Confirm distance of equipment or power lines without infringing prescribed distances                       |  |
| 4.                     | Confirm safe working distances are maintained  |  |
| 5.                     | Confirm determination of Proximity zone and Vicinity zone (where applicable)                               |  |
| 6.                     | Confirm action for referring to an appropriate persons/agency if safe working distances cannot be achieved |  |
| 7.                     | Correct procedures when accessing a compartment that houses an DNO cut-out                                 |  |
| 8.                     | Correct procedures when withdrawing / replacing fuse carrier   |  |
| 9.                     | Action in the event of defect to DNO cut-out   |  |
|                        |  |  |
|                        |  |  |

|  |
|--|
| <b>Observation Comments</b> (if none, write None): |
|  |

|   |
|---|
| <b>Comments from Person Being Observed</b> (if none, write None): |
|   |

|   |            |           |
|---|------------|-----------|
| <b>Has an action plan been produced identifying additional training needs/competency assessments?</b> | <b>Yes</b> | <b>No</b> |
|---|------------|-----------|

|   |  |                   |  |
|---|--|-------------------|--|
| <b>NVQ Assessor Name</b> (if used to carry out site assessment above) |  |                   |  |
| <b>Qualified Supervisor Name:</b>                                     |  | <b>QS Number:</b> |  |
| <b>Signature:</b>   |  | <b>Date:</b>      |  |

# Qualifications & Training Evidence Form

## Found 07 | Work in vicinity of DNO/IDNO equipment

(Underpinning knowledge – Training Spec.: Module 210/210.1)

| Qualifications and Training Evidence (*See note below): |  | Date Achieved: | Witnessed as seen original: |
|---|--|----------------|-----------------------------|
| 1.  | Work in vicinity of DNO/IDNO Equipment Including G39, (course 210 or 210.1 awareness – as applicable to works) |                |                             |
| 2.  | G39 Authorisation Certificate  |                |                             |
|   |  |                |                             |
|   |  |                |                             |
|   |  |                |                             |
|   |  |                |                             |
|   |  |                |                             |
|   |  |                |                             |
|   |  |                |                             |
|   |  |                |                             |
|   |  |                |                             |

**Authorising Officers Comments (if none, write None):**

|                                      |                   |                   |                           |
|--------------------------------------|-------------------|-------------------|---------------------------|
| <b>AUTHORISING OFFICER:</b>          |                   |                   |                           |
| <b>Outcome:<br/>Assessed as:</b>     | <b>Competent:</b> |                   | <b>Not yet competent:</b> |
| <b>Authorising Officer<br/>Name:</b> |                   | <b>AO Number:</b> |                           |
| <b>Signature:</b>                    |                   | <b>Date:</b>      |                           |

\*Note:

1. All Training must be in strict accordance with the Highway Electrical Training Specification and must be delivered by Highway Electrical Skills Academy (HESA) Approved Trainers other than the named accepted alternative provision. The Training Specification and details on the Requirements for Approved Trainers are available as downloads from the HERS web-site - <https://thehea.org.uk/hers-hesa/approved-trainers/>
2. Add details of additional education & training evidence relevant to the occupation & tasks carried out, if any
3. An occupationally competent and qualified NVQ assessor may be used by organisations employing less than 5 people to carry out this site assessment in addition to a QS