

Form	
<h2 style="margin: 0;">REQUEST FOR ELECTRICAL PTW FORM</h2>	

This form is to be submitted to Operations Experts		Week:	Config:
Date submitted:	Requestor (name):	Email:	
Date amended:	Phone:		

1	Check appropriate box below:
<input type="checkbox"/> More than 12 weeks' notice prior to work: – Escalation NOT required (go to section 2)	
<input type="checkbox"/> Less than 12 weeks' notice prior to work: – Approval required through Late Scope process	

2	Check appropriate box below:					
<input type="checkbox"/> Isolation is required for non-Electrical work (go to section 3)						
<input type="checkbox"/> Isolation is required for Electrical work						
<table style="width: 100%; border: none;"> <tr> <td style="border: 1px solid black; padding: 2px;">PTW Required:</td> <td style="border: 1px solid black; padding: 2px; text-align: center;"> <input type="checkbox"/> No </td> <td style="border: 1px solid black; padding: 2px; text-align: center;"> <input type="checkbox"/> Yes </td> <td style="border: 1px solid black; padding: 2px;"> (if Yes) Electrical PTW Number: </td> <td style="border: 1px solid black; width: 150px;"></td> </tr> </table>		PTW Required:	<input type="checkbox"/> No	<input type="checkbox"/> Yes	(if Yes) Electrical PTW Number:	
PTW Required:	<input type="checkbox"/> No	<input type="checkbox"/> Yes	(if Yes) Electrical PTW Number:			

3	Planned times	From:	:	hrs.	/	/	To:	:	hrs.	/	/
No. of shifts:		<input type="checkbox"/> Daily <input type="checkbox"/> Continuous									
Location:											
Description of work:											
Plant to be used:											
Team performing work:			Work order (mandatory for non-config):								
Phone:											

4	Other Services
Other services from which supply is to be removed:	

5	3rd Rail Isolation	Note:
FROM Structure		TO Structure
Prefix	Mileage + MMM	Track Name
		List Track names, "All Tracks" not accepted.

6	High / Low Voltage Isolation	On site instruction (walkthrough) is mandatory for all prospective Permit Holders.	
From substation:		To substation:	HV testing? <input type="checkbox"/> No <input type="checkbox"/> Yes
Cable feeder numbers for which supply is to be removed:			Work order number:

7	NOTE: Arrangement for on-site instruction of Permit Holders is to be made 7 days prior to the planned isolation				
Permit Holder name		Phone		Permit Holder name	

8	Is on-site instruction (walkthrough) required?
<input type="checkbox"/> Yes (OSC signature not required)	
<input type="checkbox"/> No	
Name: _____ OSC Signature: _____ Date: ____ / ____ / ____	

Approved By:	<input type="checkbox"/> Director, Operations and Maintenance	<input type="checkbox"/> Department Manager	<input type="checkbox"/> Manager, HSE (Operations and Maintenance)
Signature:			
Date:			