|  |  |
| --- | --- |
| **Name:** |  |
| **Date:** |  |
| **Job Number:** |  |

| **Checklist** | **Y** | **N** | **N/A** |
| --- | --- | --- | --- |
| **General** |
| Have all electrical hazards been identified for project? |[ ] [ ] [ ]
| Have risk assessments been undertaken where required? |[ ] [ ] [ ]
| Have risk controls been implemented following the hierarchy of controls? (Elimination, Engineering, Isolation, Substitution, Administrative and PPE) |[ ] [ ] [ ]
| Have workers been consulted on hazard identification, risk assessment and risk control outcomes? |[ ] [ ] [ ]
| Have other relevant duty holders been consulted on electrical hazards and risk controls in place? |[ ] [ ] [ ]
| Is there a policy in place to ensure that electrical work will only be undertaken when de-energised? |[ ] [ ] [ ]
| If no, list the controls that will be in place to address electrical risks for persons working on live electrical installations: |
|  |
| Is there a nominated person to ensure that all inspections are undertaken as required (visual and testing)?Name of nominated person/job title: |[ ] [ ] [ ]
| Is all work defined as ‘electrical work’ undertaken by a qualified person (licensed electrician)? |[ ] [ ] [ ]
| **Overhead electrical hazards (Electrical Lines)** |
| Has information from the relevant State Authority been obtained for No Zone Zones and permitted clearance distances? |[ ] [ ] [ ]
| Are all relevant workers (and affected Duty Holders) trained in the No Go Zones and clearances? |[ ] [ ] [ ]
| Can power to the electrical lines be isolated for the duration of the works? |[ ] [ ] [ ]
| Have dedicated SWMS been developed in consultation with relevant persons for all works conducted near overhead electrical lines? |[ ] [ ] [ ]
| List titles / identification # for all relevant SWMS: |
| Has the electrical line owner been informed of the nature and duration of the works? Note any permits or special restrictions that may apply. |[ ] [ ] [ ]
| Has written permission from the line owner been obtained? |[ ] [ ] [ ]
| Will a dedicated and trained Spotter be utilised for the duration of the works? |[ ] [ ] [ ]
| Have the following been determined? (include notes where applicable) |
| Location/s of electrical lines and electrical installations. (Transformers are often mounted lower than wires.) |[ ] [ ] [ ]
| Type of installations (lines, conductors, transformers, Single Wire Earth Return (SWER), communications cables) |[ ] [ ] [ ]
| Maximum range of machinery including all attachments at full extension (design envelope) |[ ] [ ] [ ]
| Minimum clearance zones (as specified by State Authority). Condition of the installations |[ ] [ ] [ ]
| Voltage |[ ] [ ] [ ]
| If there is doubt about any of these matters, contact with the installation owner will be made: |[ ] [ ] [ ]
| Measurements from ground to installation (transformers, conductors, and any sag /sway in sections of the lines) |[ ] [ ] [ ]
| Presence of insulation |[ ] [ ] [ ]
| Contact details: |[ ] [ ] [ ]
| List the risk controls that will be implemented for the duration of the project: |
| Relocate cables/conductors |  |
| Height-limiting devices on equipment |  |
| Equipment with reduced-design envelopes |  |
| Signs/ clearance indicators |  |
| Visual markers |  |
| Dedicated Spotters |  |
| Other? |  |
| Specify: |  |
| Are all workers trained in the nature of the hazards (including arcing and touch potential)? |[ ] [ ] [ ]
| Have workers been trained in correct emergency response in the event of contact with overhead electric lines and installations? |[ ] [ ] [ ]
| **Underground Electrical Installations** |
| Have Dial before You Dig been contacted for location of utilities in all intended work areas? |[ ] [ ] [ ]
| Is appropriate locating equipment available as needed (calibrated electromagnetic locating devices)? |[ ] [ ] [ ]
| List locating device details |
| Make/Model |  |
| ID# |  |
| Date of last calibration |  |
| Date next calibration due |  |
| Are all underground electrical cables marked with agreed colour-coding paints or flags? |[ ] [ ] [ ]
| Are all utilities listed on a documented site plan for the intended work area? |[ ] [ ] [ ]
| Is this site plan available on-site and accessible to relevant workers / Duty Holders? |[ ] [ ] [ ]
| Has the location information for all utilities been provided to relevant workers / Duty Holders? |[ ] [ ] [ ]
| Can power be isolated to the intended work area?If yes, provide evidence of continued disconnection/permit systems: |[ ] [ ] [ ]
| Has contact been made with utility owners to inform them of the time/duration and nature of works being undertaken? |[ ] [ ] [ ]
| Have dedicated SWMS been developed in consultation with relevant persons for all works conducted near underground electrical lines? |[ ] [ ] [ ]
| List titles/identification # for all relevant SWMS: |
| Are suitable equipment, tools & PPE available for working near buried electrical lines? |[ ] [ ] [ ]
| List equipment, tools and PPE (example: Hydro-excavator, insulated tools and PPE): |
| Are all workers trained about the nature of the hazards? |[ ] [ ] [ ]
| Have workers been trained in correct emergency response in the event of contact with underground electrical lines/installations? |[ ] [ ] [ ]
| **Electrical Supply to Site** |
| Has all ‘electrical work’ been undertaken by qualified persons (licensed electrician)? |[ ] [ ] [ ]
| Provide details of Licensed Electrician/s |
| Name of License Holder |  |
| Business name |  |
| Contact details |  |
| License # and Expiry Date |  |
| All electrical works conducted ‘non-live’? |[ ] [ ] [ ]
| Documented Lockout/Tagout procedures in place for all energy sources? |[ ] [ ] [ ]
| Are all relevant persons trained in LOTO procedures for the site? |[ ] [ ] [ ]
| Provide details of the following: |
| Authorised Person |  |
| Lock Type |  |
| Lock # |  |
| Lock Use |  |
| Have all electrical works / installations been undertaken as per AS/NZS 3012? |[ ] [ ] [ ]
| Are electrical installations / equipment rated for the intended work environment? |[ ] [ ] [ ]
| Are all electrical sources protected by RCDs (Safety Switches)? |[ ] [ ] [ ]
| **Are all switchboards compliant with AS/NZS 3012?** |[ ] [ ] [ ]
| Marked in a permanent/clear manner with numbers/letters to uniquely identify all elements of the switchboard. |[ ] [ ] [ ]
| Insulated slot at bottom and tie-bar to anchor cables and preventstrain/mechanical damage? |[ ] [ ] [ ]
| Located in an area that minimises risk of impact from traffic / mobile plant? |[ ] [ ] [ ]
| Marked to indicate live parts (symbols / danger signage)? |[ ] [ ] [ ]
| Suitable door with locking facility (that will not damage cords when closed)? |[ ] [ ] [ ]
| Protected against object 12mm or larger being inserted / protected against splashing from all directions? |[ ] [ ] [ ]
| Have certificates of electrical safety been provided where required? |[ ] [ ] [ ]
| Are procedures in place for regular testing of electrical switchboards, RCDs, leads, extension cords and all other electrical installations as per AS/NZS 3000? |[ ] [ ] [ ]
| List testing schedules for the following equipment: |
| Switchboard |  |
| Temporary Wiring |  |
| RCD |  |
| Electrical Leads (Portable) |  |
| Electrical Extension Leads |  |
| Other? |  |
| Are electrical leads / equipment tested and tagged with correct information? |[ ] [ ] [ ]
| Is a logbook (or similar) maintained for all electrical installations / equipment? |[ ] [ ] [ ]
| Is a logbook (or similar) maintained for all electrical installations / equipment? |[ ] [ ] [ ]
| Have employees been trained in the safe use, set-up and maintenance of electrical equipment? |[ ] [ ] [ ]
| Have persons been nominated to conduct regular spot checks/audits to verify that safe systems are in place for electrical installations (testing, inspection, no leads on the ground, leads protected from damage, RCDs etc.)? |[ ] [ ] [ ]
| List name of person/s and audit schedules: |
| Name |  |
| Job Title |  |
| Schedule (daily/weekly/monthly) |  |
| Are all workers trained about the nature of the hazards? |[ ] [ ] [ ]
| Have workers been trained in correct emergency response in the event of contact with underground electrical lines / installations? |[ ] [ ] [ ]
| **Name** |  |
| **Signature** |  |
| **Date** |  |