



**OVERHEAD LINE CLOSE APPROACH REQUEST
(F1504OH)**

Consent No.

Instructions: Please forward details no later than 4 working days before work is due to commence.

Dunedin System Control
Central Otago System Control

Email: system.control@thinkdelta.co.nz
Email: central.control@thinkdelta.co.nz

Fax: 03-479-6653
Fax: 03-445-3431

Applicant Details

Company: _____

Postal address: _____

Phone: _____ Fax: _____ Email: _____

Worksite location: _____

Work dates (max 14 days) ⁽¹⁾: _____ to _____ Hour: _____ (Daily)

Details of work to be undertaken: _____

Name of Site Supervisor ⁽²⁾: _____ Mobile phone: _____

Signature: _____ Date: _____

Notes:

- (1). Work duration must not exceed 14 calendar days. A new approval will be required for each subsequent 14 day period.
- (2). Name of person in charge of site works, and on-site at all times.

Please download and read "A Guide for Working Safely" and the "Guide for Non-Electricity Industry Employees using Mobile Plant near Power Lines and Electricity Cables" Both documents are available free at <http://www.auroraenergy.co.nz/content/safety.php>

IN AN EMERGENCY - DO NOT MOVE MAN OR MACHINERY
Phone 03 479 6664 (Dunedin) or 03 445 3438 (Central Otago) Immediately

Where any mobile plant is likely to be used at any time in the proximity of overhead lines, the owner or operator of such device shall affix an approved warning notice in a conspicuous place as near as practicable to the operator's position. The notice shall be maintained in a legible condition and shall state:

"WARNING, KEEP CLEAR OF POWER LINES"

Excavating near poles <5m? Y/N	MAX depth within 2.2m = 300mm	MAX depth between 2.2m to 5m = 750mm	Note: No Close approach allowed for Red tagged poles
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The following minimum clearances from overhead lines must be maintained:

Line Voltage:	230/400V <input type="checkbox"/>	6,600V <input type="checkbox"/>	11,000V <input type="checkbox"/>	33,000V <input type="checkbox"/>	66,000V <input type="checkbox"/>
Min. clearance:	1.0m	1.5m	1.5m	2.0m	3.0m
Office Use, Circuit ID					

A.S.I.T use	Cover up gear? Y/N	Safety Observer? Y/N	Signed	Control/DS advised (Date) _____
Distribution Services Use	Cover up gear booked? Y/N	Safety Observer booked? Y/N	Signed	Control advised (Date) _____
System Control Use	Approved? (Sign) Y/N _____	Applicant advised (Date) _____	Safety Measures (Date / Time) On: _____ Off: _____	