Underground Cable Close Approach Request Auro



Consent Number: _____

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

If you are planning to carry out underground work, a Cable Locate and an Underground Cable Close Approach request **must** be submitted and approved before commencement.

Applicant Details										
Company:										
Postal Address:						I				
Email Address:	Phone No:									
Worksite Location:						<u> </u>				
Work From Date (max 30 days1):		To Date:								
Hours of Work (daily):	Pole No. (if applicable:									
Details of work to be undertaken:										
Site Supervisor:2				Mobile	No:					
Signature:				Date:						
Work duration must not exceed 30 calendar days. A new approval will be required for each subsequent 30 day period										
² Name of person in charge of site works and on-site at all times										
Please download and read our "guide for working safely" which is										
available free from our website https://www.auroraenergy.co.nz/safety/										
Expect overhead conductors to be found at any height and approach them as if they cannot be safely passed until confirmed otherwise										
In an Emergency - Do Not Move Man or Machinery										
Call: 0800 23 00 99										
Immediately!										
Excavating Near Pole	es									
Excavating Near Pole	☐ Yes				□ No					
MAX depth within 2.2	MAX depth between 2.2m-5m - 750mm			nm	Note: NO Close Approach Allowed for RED Tag Poles					
		rance using Min clearance e head mech. He				(Office use) Circuit ID				
400v, 6.6 & 11kV	1	1.0m		0.6m						
33 & 66kV & Fibre *	2	.0m		2.0m						
Conditions of Approval: * No mechanical excavation is permitted within 2m of a 33kV, 66kV or fibre optic cable. A 48 hour notice period is required if approaching closer. A qualified person will be provided to stand-over and observe while trenching is in progress.										

Underground Cable Close Approach Request

Office Use											
Cable mark out?					Yes		No				
Stand over?					Yes		No				
Name:											
Signed:				NOC / FSP Advised (date):							
Field Service Provider Use											
Cable mark out booked?					Yes		No				
Stand over booked?					Yes		No				
Signed:				NOC Advised (date):							
Office Use											
Approved:					Yes		No				
Name:											
Signed:				App	olicant Advise						
Safety Measures on:		From (date):			To (date):						

Please click submit or email this form to: closeapproach@auroraenergy.nz