

Notes on use:

- This checklist shall be used where a complete shutdown is required on a switchboard or multiple switchboards under a project.
- This checklist is generic applied for single switchboard shutdown and building/or precinct wide shutdown. "NA" can be ticked where a simple shutdown is required on individual switchboard. All items shall be ticked as "Y" or "NA" when moving forward or as completion.
- Where a "No" is recorded, corrective actions shall be determined and information shall be requested from all responsible parties in the checklist.
- COS Facilities Manager shall be acting as COS Project Manager for any maintenance or correction work request.
- Where there are multiple switchboards involved, a list of switchboards shall be attached.

General Information			
Type of Works (tick one)	<input type="checkbox"/> Project	<input type="checkbox"/> Planned Maintenance	<input type="checkbox"/> Reactive
Description of Works			
Project ID/Work Request No.:			
Building Code & Name:			
Switchboard (DB number and Location)			
Date of shutdown	Start date:	End date:	
	Start time:	End time:	
Principal Contractor's Supervisor	Name:	Company:	
	Mobile:	Email:	
Sub Contractor's Supervisor	Name:	Company:	
	Mobile:	Email:	

Checklist	
A notification for interruption is submitted at least ten working days (subject to the extent of interruption) before the commencement of the interruption.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Photos of DB schedule and origination of the supply (single line diagram or photos of upstream circuit breaker and labelling) is provided.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Date of outage is provided.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Number of power shutdown and duration of outages is provided.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA

Checklist	
Proposed safety methodology (eg. site compound, site hoarding, generator location, temporary supply, staging plan, etc.) is provided to Project Manager.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Confirmation on date of shutdown is received from supply authorities (eg. Ausgrid) if substation shutdown is required.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Construction Notifications are communicated to all COS Facilities Managers, UI Stakeholders (eg. CAMs) and other relevant stakeholders.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
All stakeholders consultation is completed and all critical equipment which requires backup power is identified and agreed.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Temporary power supply strategy is communicated and agreed by all COS Facilities Managers, UI Stakeholders (eg. CAMs) and other relevant stakeholders.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
<p>All COS Tech FMs and UI Engineers are notified, and all essential services and centralised plant/system is identified.</p> <p>It shall include but not limited to the following:</p> <ul style="list-style-type: none"> • Lift • Fire services (eg. FIP, fire pump, suppression system, pre-action system) • Hydraulic Services (sump pumps, cooling water) • Essential mechanical services (eg. exhaust/markup air for smoke control, fire pump room ventilation, chemical storage ventilation, etc.) • BMCS • Programmed lighting control system • AUMS • ICT (network operation email alias ict-cns@sydney.edu.au) • Security and access control system 	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Proposed critical equipment and essential services management and backup strategy is provided to Project Manager.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
<p>Protective Services is notified by Work Request where the existing security system is required to be disarmed or additional security resource is required during shutdown.</p> <p>(Note account code is required when raising WR for additional security resource from Protective Services)</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Shutdown Run Sheet is provided to all relevant parties with contacts (eg. project contractor, UI/COS project manager, COS Facilities Managers, faculty representatives, etc.) during power shutdown.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
For building or multiple buildings shutdown, a contingency plan shall be prepared where the original plan fails to conduct including backup supplies, communications to faculty, BCP to support, etc.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Emergency lighting will be provided to maintain safety movement within the building.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Adequate lighting will be provided to maintain safety movement around the building where required.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Adequate lighting will be provided to maintain safety working environment.	<input type="checkbox"/> Yes <input type="checkbox"/> No

Checklist				
<input type="checkbox"/> NA				
All relevant stakeholders as watchers are notified to be present prior to power resumption to make sure power to all field equipment has resumed and are functional.				
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA				
All relevant services maintenance contractors are engaged as watchers by Work Requests to be present prior to power resumption to make sure power to all essential services has resumed and are functional.				
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA				
ATTACHED DOCUMENTS				
The following documents must be submitted with this Checklist.				
WARNING: The checklist will not be processed without these documents being attached.				
Photos of DB schedule and origination of the supply (single line diagram or photos of upstream circuit breaker and labelling)				
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA				
Proposed safety methodology (eg. site compound, site hoarding, generator location, temporary supply, staging plan, etc.)				
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA				
Risk assessments, Safe work Method Statements (SWMS) and Safety Management Plans addressing any potential hazards				
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA				
Confirmation letter on date of shutdown from Ausgrid – Not required for local switchboard shutdown				
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA				
Proposed critical equipment and essential services management and backup strategy				
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA				
Shutdown Run Sheet with contacts during power shutdown – Not required for local switchboard shutdown				
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA				
Contingency plan for building or multiple buildings shutdown - Not required for local switchboard shutdown)				
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA				
CONTRACTOR ACKNOWLEDGEMENT AND AUTHORISATION				
The information contained in this document is intended as a guide only as is not intended to identify all hazards and site controls required for the shutdown. The Principal Contractor and all Sub Contractors working on shutdown are responsible and liable to ensure all hazards are identified adequately eliminated or controlled to protect the safety of all persons and any assets affected by the works.				
The proposed shutdown has been assessed as safe if performed in accordance with all conditions and attachments indicated in this checklist. Persons working under this checklist have been instructed about site control measures to be implemented and supervision is in place to ensure the control measures identified in this checklist will be complied with.				
Company	Name	Title	Signature	Date
Sub Contractor		Site Supervisor/ Project Manager		
Principal Contractor		Site Supervisor/ Project Manager		
The Principal Contractor must submit this checklist to the University of Sydney Project Manager for completion of subsequent sections and authorisation.				



Checklist				
UNIVERSITY AUTHORISATION				
Project manager check and review				
The assigned University Project Manager has assessed the contractor submission for completeness and confirms adequate Risk Analysis and Site Controls have been incorporated and all required information has been submitted and is attached to the Checklist for review by internal stakeholders.				
Company	Project Manager Name	Signature	Date	
Internal stakeholder review				
The information contained on this Checklist has been reviewed and assessed by the following persons with regards to the area of responsibility indicated. Project Manager shall review and define the responsible internal stakeholders as required.				
Please refer to the following link for the list of responsible internal stakeholders.				
Responsible Internal Stakeholder List.xlsx				
Area of Responsibility	Name	Title	Signature	Date
UI Electrical Services				
UI Hydraulic/Fire Services				
UI Mechanical Services				
ICT Communications				
UI/COS WHS				
COS Electrical Tech FM				
COS Facility Manager/Supervisor				
COS Protective Services				
Project manager recommendation				
The assigned University Project Manager has assessed the internal stakeholder review of the contractor's documents attached to this Checklist. Authorisation of the Checklist is recommended.				
Company	Project Manager Name	Signature	Date	



Checklist			
Director UI Authorisation (UI Managed Projects)			
The electrical shutdown for this project is authorised to commence. All works must be performed in accordance with the information supplied on this permit.			
Name	Title	Signature	Date
Director COS Authorisation (COS Managed Projects)			
The electrical shutdown for this project is authorised to commence. All works must be performed in accordance with the information supplied on this permit.			
Name	Title	Signature	Date

<p>WARNING!</p> <p>Site work must be suspended immediately and site made safe if persons are injured or if assets are damaged and the incident immediately reported to the University Project Manager.</p>
<p><i>A copy of this Checklist must be kept by Principal Contractor on site.</i></p>