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| **Background** | |
| An integral part of switching reauthorisation is exposure to an employee’s authorised roles. This form is to be used to log the details of relevant switching sheets and permits as evidence of practical exposure (gate 1). This completed form is to be sent with the attached evidence to your supervisor and retained locally for compliance and auditing purposes. **Service Providers are to address this requirement as part of their own safe systems of work.** | |
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| **Re-Authorisations and Records of exposure** | |
| Switching Operator Roles (SWO-SWER, FARO & LVSO) | The requirement will be to log evidence of 5 switching sheets while performing the role of a Switching Operator. At least one sheet from each switching operator authorisation is required (e.g. if you are authorised at **SWO-SWER** Switching Operator SWER only, **FARO** Field Auto Reclose Operator, **LVSO** Low Voltage Switching Operator, at least one sheet from each authorisation held will be required to make up the 5 sheet total).  Note – you must have been the switching operator, not the switching operator’s assistant for these sheets. **(to be recorded in Section 1)** |
| Switching Operator Assistant Contractor (SOAC) | The requirement is to log evidence of 3 switching sheets while performing the role as a Switching Operator Assistant Contractor **SOAC**. **(to be recorded in Section 1)** |
| Access/Test Permit Recipient (APR, APL, APS & TPR) | The requirement is to log evidence of 5 permits that have been received while performing the role of a Recipient. At least one permit from each Recipient authorisation is required (e.g. if you are authorised at **APR** Access Permit Restricted, **APL** access permit lines, **APS** Access Permit Substation, **TPR** Test Permit Recipient, at least one permit from each authorisation held will be required to make up the 5 sheet total). **(to be recorded in Section 2)** |

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| **Roles** | **Date** | **Switching Sheet No.** | **Work Description** |
| **Section 1**  Switching Operator / Switching operator Assistant | /  / |  |  |
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| **Roles** | **Date** | **Switching Sheet No.** | **Work Description** |
| **Section 2**  Recipient | /  / |  |  |
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| **Candidate**  I am aware of the responsibilities associated with the roles indicated above and have performed the roles as documented. As required, I have attached all relevant evidence. | | | |
| **Name** (Print) |  | **External Employee No.** |  |
| **Signature** |  | **Date** | /  / |
| **Supervisor**  I have confirmed this information is true and correct and relevant documentation, as required, is attached to this form. | | | |
| **Name** (Print) |  | **External Employee No.** |  |
| **Signature** |  | **Date** | /  / |