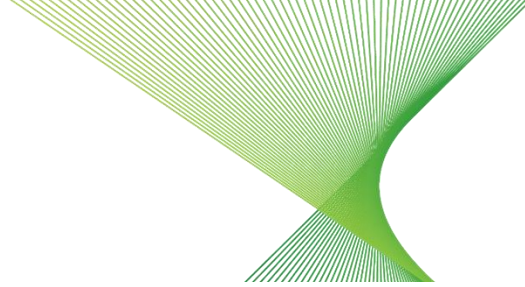


# Suitability Assessment

Transgrid PSSR 5.3 – Receipt of a Testing High Voltage Access Authority



## Applicant and Employer Details

Applicant Information	Organisation Information
Applicant's Full Name (As per Driver Licence):	Employer:
Applicant's Email Address:	Company Email:
Contact Number:	Company Contact Number:
Applicant's direct Supervisor – Name:  Title:	Company address:
Applicant's Signature:  Date:	Principal Contractor or Lead Contractor <b>Endorsement</b> (independent) <i>Safety Manager, Program manager of Principal contractor or Lead Contractor</i> Name:  Title:
	Endorsement Signature:   Date:

### PSSR 5.2 Prerequisite

Does the Applicant currently hold PSSR 5.2 authorisation?

Yes

No

If the Applicant does not hold PSSR 5.2 authorisation please submit a PSSR 5.2 Suitability Application form with this form.

## Suitability Assessment (Applicant to complete)

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The role of 'Receiving' a Testing Access Authority is a safety critical leadership role with multiple high level responsibilities that must be performed by the Applicant.

By endorsing the suitability assessment, the Supervisor is indicating the Applicant has the experience and ability to carry out all the responsibilities involved with the selected authorisation.

### PART A – Suitability Assessment - supporting evidence if insufficient space please use 'more details' area

This question is mandatory

1. What is your experience in performing High Voltage Testing and what tests have you carried out?

This question is mandatory

2. What working activities will you be involved in that require PSSR 5.3?

This question is mandatory

3. Describe the controls you implement to ensure the safety of the work team, while conducting HV Testing?

**Supporting Information**

Large empty rectangular area for providing supporting information.

**PART B – Supervisor Verification** – by signing below I confirm that I am the above applicant’s supervisor and the evidence supplied to support the suitability assessment criteria is accurate.

Supervisor’s Position		
Name	Signature	Date