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: | Company address: |
| Title: | |
| Applicant's Signature: | Principal Contractor or Lead Contractor Endorsement (independent) Safety Manager, Program manager of Principal Contractor or Lead Contractor Name: |
| Date: | 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)

The role of 'Receiving' a Testing Access Authority is a <u>safety critical leadership role</u> 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

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 |
| | | |
| | | |