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APPLICATION REF  
A006972129

## Application for Safety Advice – Form

**Important:** The *Electrical Safety Regulation 2013* and Powerlink Queensland's *Electrical Safety Rules* require a person intending to undertake an activity that has the potential to come within the *Untrained Exclusion Zone* for live electrical equipment to consult with and seek electrical safety advice from the *Electricity Entity* for the equipment.

**Important:** This Application for Safety Advice is limited to the **time, scope, equipment, procedure** and **location** advised by the Applicant and will become invalid if there any changes to these details.

**Part A - To be completed by Applicant** (at least **28 days** before commencement of work)

### A.1 – Applicant Details

Name:

Email Address:

Contact Number:

Application Date:

### A.2 – Site Supervisor Details

Name:

Email Address:

Contact Number:

### A.3 – Company Details

Name:

Address:

### A.4 – Work Details

Project Name: (if applicable)

Project Number: (if applicable)

Work Location:

Start Date:

End Date:

**Part A - To be completed by Applicant** (continued)**A.5 – Work Summary** (including activities to be undertaken, type of plant, etc.)**A.6 – Site Drawing Reference**

Drawing No.	Drawing Title / Description

**A.7 – Controls** (nominated by Applicant / Site Supervisor)

Control No.	Details of Controls
1	
2	
3	
4	
5	

**Part A - To be completed by Applicant (continued)****A.8 – Electrical Clearances**

Are works within the 6m of any live electrical parts, equipment or conductors?

 Yes No – Proceed to Section A.10**A.9 – Nominated Safety Observers**

**Note:** If answered 'No' in Section A.8, leave this section blank and proceed to Section A.10

Name	Company	Expiry Date

**Evidence of Safety Observer Training Provided:**

 Yes No

**Note:** A suitably qualified Safety Observer is required for any work within the untrained exclusion zone. Evidence must be provided to ensure all nominated Safety Observers have completed the minimum training requirements to perform this role.

**A.10 – Applicant Acknowledgement**

By signing this application, the Applicant acknowledges that they will not allow the commencement of work for which safety advice is being sought until the following requirements have been met:

- Safety advice is given by a Powerlink Queensland Regional Contact Representative (RCR)
- Safety advice has been formally accepted by the nominated site supervisor
- A risk assessment has been completed by the Applicant / Site Supervisor to identify likelihood and consequences of breaching the *untrained exclusion zone*
- Adequate controls have been implemented to mitigate the risk of breaching the *untrained exclusion zone* as low as reasonably practicable.

Applicant Signature:

Date:

**Part B - To be completed by Powerlink Queensland Regional Contact Representative****B.1 – Details of Nearest Live Parts**

Substation / Structure / Span:	
Feeder(s):	
Substation Plant:	
Nominal Voltage: (Phase-to-phase)	Select all that apply: <input type="checkbox"/> > 1,000V and ≤ 33 kV <input type="checkbox"/> 132 kV <input type="checkbox"/> 66 kV <input type="checkbox"/> 275 kV <input type="checkbox"/> 110 kV <input type="checkbox"/> 330 kV
Type of Live Part:	Select all that apply: <input type="checkbox"/> Bare Conductor <input type="checkbox"/> Insulated Conductor (i.e. Underground Cable) <input type="checkbox"/> Earth Conductor <input type="checkbox"/> Other (Specify below)
Any other live parts other than Powerlink's?	<input type="checkbox"/> Yes – Inform applicant to seek advice from asset owner <input type="checkbox"/> No
Other Details:	

**B.2 – Applicable Exclusion Zones**

Works are within the <i>untrained exclusion zones</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No – Proceed to Section B.4
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**B.3 – Applicant's Nominated Safety Observers Training Confirmed**

<input type="checkbox"/> Yes – Attach evidence and record in Objective <input type="checkbox"/> No – Request evidence from Applicant
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**Part B - To be completed by Powerlink Queensland Regional Contact Representative**

**B.4 – Approach Distances & Exclusion Zones**

Nominal Voltage (Phase-to-phase)	People (mm)	Operating Plant with Safety Observer (mm)	Operating Vehicle with Safety Observer (mm)	Operating Plant without Safety Observer (mm)	Operating Vehicle without Safety Observer (mm)

**B.5 – Safety Advice**

Empty box for Safety Advice input.

**Part B - To be completed by Powerlink Queensland Regional Contact Representative****B.6 – Other Control Measures**

Establishment of permanent disconnection point for duration of works	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Auto-reclose disabled for duration of works (i.e. proximity permit)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Additional Comments:		

**B.7 – Regional Contact Representative**

Name:			
Email Address:			
Contact Number:			
Signature:		Date:	

**Part C - To be completed by Site Supervisor****C.1 – Understanding of Electrical Safety Principles**

I have read and understood the:

- **Electrical Safety Code of Practice 2020**
- **Electrical Safety Regulation 2013**

 Yes No**Note:** If answered 'Yes' to Section B.2, the following must be completed. Otherwise, proceed to Section C.2.

I have read and understood:

- **Powerlink Queensland's Electrical Safety Rules**

 Yes No**C.2 – Receiver of Safety Advice Declaration**

To the best of my knowledge, I confirm that all details provided within this document are true and correct.

I understand and agree to comply with the electrical safety advice provided by Powerlink Queensland's Regional Contact Representative(s).

I agree to comply with any additional requirements as outlined in the Electrical Safety Act 2002, Electrical Safety Regulation 2013 and Powerlink Queensland's Electrical Safety Rules.

The aforementioned safety advice and any other electrical safety requirements will be included in a site safety management plan and site induction procedures. These requirements will be clearly communicated to all personnel involved in the work activities outlined in this document.

I understand that work shall cease and this safety advice will become void under the following circumstances:

- Change to the scope, timing, location or equipment used for the work activities
- Failure to implement adequate control measures in accordance with the electrical safety advice
- As directed by a Powerlink Queensland Regional Contact Representative

I understand that the electrical safety advice provided by Powerlink Queensland's Regional Contact Representative related only to electrical safety requirements. I acknowledge that it is my responsibility to identify and manage any other health and safety risks associated with the work activities.

**C.3 – Site Supervisor**

Name:

Signature:

Date: