

MCC\_NUMBER

LV \_\_\_\_\_

# Minimum Controls Checklist – Electrical Work (Low Voltage) Checklist

## PART 1 – Minimum Controls Checklist details – Available on BSAFE

Work Order/Project #	
Name	
Contact Number	
Company	
Date & Time	

### Minimum Controls Checklist (Open)

Description of the work	
Location of works	
Electrical Licence Number	
Confirm the following is in place:	<input type="checkbox"/> SWMS reviewed in consultation with work group <input type="checkbox"/> Work area cordoned off or barricaded/ warning signs in place <input type="checkbox"/> Emergency exits / muster points / contingency plans understood <input type="checkbox"/> All workers have current licences/certificates of competency for the works
List the equipment/system being isolated/worked on:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Bridges or over-rides required or interlock bypasses? (detail)	
Isolation point ID numbers or identifier?	
Isolation, Lock Out and Tag Out Controls (Select relevant control in place):*	<input type="checkbox"/> All parts treated as live until isolated and proved de-energised <input type="checkbox"/> High voltage parts are to be earthed after being de-energised <input type="checkbox"/> Isolating with Locks on switches <input type="checkbox"/> Isolating with Tags on switches <input type="checkbox"/> Bonded to earth <input type="checkbox"/> De-energising/blocking of stored energy (e.g. springs) <input type="checkbox"/> Isolations will be checked and verified (without placing anyone at risk) <input type="checkbox"/> Electrical isolations include testing of multi-meter, checking circuit (live/dead side) & attempted activation of equipment. <input type="checkbox"/> Portable equipment uses RCDs <input type="checkbox"/> Other (detail):
Test isolation for dead/isolation confirmed?	<input type="checkbox"/> Confirmed
Isolation register completed (where required)?	
Please detail any other controls in place	
BGIS has been notified of works occurring	Yes List BGIS representative notified & method of notification: <hr/>
Name:	

MCC\_NUMBER

LV \_\_\_\_\_

Signature	
Date	