

MCC NUMBER

SSW \_\_\_\_\_

# Minimum Control Checklist –Work in Substations

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

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

## Minimum Controls Checklist (Open)

Location of Work	
Description of Work	
Person in control of the work	
Confirm the following is in place:	<input type="checkbox"/> Site specific SWMS in place and 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 licenses/certificates of competency for the works <input type="checkbox"/> All workers inducted to site and substation hazards. <input type="checkbox"/> Communication devices in place (e.g. two-way radio)
Standby Person Name	
Emergency Rescue Method Type (e.g. Safety Line)	
Emergency Services Contact Number	
BGIS has been notified of works occurring	<input type="checkbox"/> Yes  List BGIS representative notified: _____
Detail of any other controls of the work	
Name:	
Signature	
Date	