

## High Voltage Vaults Access Request

**Submit 5 days in advance to CapU Liaison for approval**

Project Name:	Start Date:
CapU Liaison:	Office/Cell:
Company Name:	Office:
Site Supervisor:	Cell:

- This form shall be initiated by the Contractor or Subcontractor requesting access
- All lockout procedures and work procedures are to be submitted with this form
- This form and accompanying documentation shall be sent to the CapU Liaison and the Manager, Plant Services & Operations for review
- All access to HV vaults must be coordinated through the Manager, Facilities Building Systems
- Upon verification, the CapU Liaison will send notification of the work to the Manager, OHS & EP

**PLEASE CONTACT THE CAPU LIAISON FOR ADDITIONAL INFORMATION**

**Project Information**

Does work include High Voltage Service? <input type="checkbox"/> Yes <input type="checkbox"/> No	Date(s) Required:
Start Time:	End Time:
Scope of Work:	

Contractor Signature & Date

**Facilities Verification**

Facilities Building Systems Manager Signature & Date

Notes:

**Work Complete**

System Tested	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Verification Paperwork Date:
Deficiencies	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Notes:
System Fully Operational	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Date Restored:			
Contractor Signature & Date			CapU Liaison Signature & Date