

Application Form for a person seeking to operate an
Electricity Safety Management Scheme as an Employer
Operator in accordance with the Electricity Safety Act
1998 and the Regulations under the Act.



ENERGY SAFE VICTORIA

Level 3, Building 2, 4 Riverside Quay, Southbank
PO Box 262, Collins Street West, Vic, 8007

2. APPLICATION FORM
(Ref: section 104 of the Act)

FOR OFFICE USE ONLY	
<i>APPLICATION NUMBER:</i>	<input type="text"/>
PAYMENT RECEIVED: YES NO <i>(CIRCLE AS APPROPRIATE)</i>	
AMOUNT: \$	_____
RECEIPT NUMBER:	
DATE RECEIVED:	

2.1 DETAILS OF RESPONSIBLE PERSONS IN THE ELECTRICITY SAFETY MANAGEMENT SCHEME

2.1.1 EMPLOYER OPERATOR CATEGORY

(Ref. Regulation 31).

Are you applying for an electricity safety management scheme as an employer operator of a-
(Please select **ONE** of the following):

- company type A;
- company type B;
- OR**
- company type C.

PLEASE INDICATE REFERENCE NUMBER FOR ATTACHMENTS.: _____

2.1.1.1 LIST ALL SITE NAMES AND ADDRESSES TO WHICH YOUR ELECTRICITY SAFETY MANAGEMENT SCHEME APPLIES

1. Name: _____

Address: _____

2. Name: _____

Address: _____

3. Name: _____

Address: _____

4. Name: _____

Address: _____

IF YOUR ELECTRICITY SAFETY MANAGEMENT SCHEME APPLIES TO OTHER SITES, PLEASE PROVIDE DETAILS IN AN ATTACHMENT.

(INDICATE REFERENCE NUMBER): _____

2.1.2 DETAILS OF THE SCHEME OPERATOR

(Ref: Regulation 14(a))

Name: _____

Address: _____

A.B.N.: _____

Email: _____

Telephone number : _____

Fax number: _____

PLEASE INDICATE REFERENCE NUMBER FOR ATTACHMENTS.: _____

2.1.3 DETAILS OF THE NAMES AND QUALIFICATIONS OF PERSONS
NOMINATED TO CARRY OUT THE ELECTRICAL WORK UNDER THE
SCHEME

(Ref: Regulation 14(b)(i))

Please provide an attachment to this part, for each person, in the following format:

- Name
 - Qualifications
 - Electrical license class/type
 - Electrical license number
-

PLEASE INDICATE REFERENCE NUMBER FOR ATTACHMENTS.: _____

2.1.4 DETAILS OF THE PERSON WHO HAS MANAGEMENT OR CONTROL OF THE ELECTRICAL INSTALLATION OR ELECTRICAL EQUIPMENT ON WHICH THE ELECTRICAL WORK IS REQUIRED TO BE CARRIED OUT

(Ref: Regulation 14(b)(ii))

Note: This should be a person at high or senior management level

Name: _____

Position: _____

Business address: _____

Telephone number: _____ Fax number: _____

PLEASE INDICATE REFERENCE NUMBER FOR ATTACHMENTS.: _____

2.1.5 DETAILS OF THE PERSON WHO WILL BE RESPONSIBLE FOR MAKING THE SAFETY ASSESSMENT RELATING TO THE CARRYING OUT OF ELECTRICAL WORK

(Ref: Regulation 16(a))

Note: This should be a person(s) at senior management level

Name: _____

Position: _____

Qualifications: _____
(Provide evidence as attachments)

Business address: _____

Telephone number: _____ Fax number: _____

PLEASE INDICATE REFERENCE NUMBER FOR ATTACHMENTS.: _____

2.1.6 PLEASE PROVIDE AN ATTACHMENT OF DETAILS OF THE PERSONS RESPONSIBLE FOR DETERMINING THE SAFETY POLICY, IN THE FOLLOWING ORDER

(Ref: Regulation 19(3)(a)(i))

Note: This should be a person(s) at middle or senior management level

- Name
- Position
- Business address
- Telephone number

PLEASE INDICATE REFERENCE NUMBER FOR ATTACHMENTS.: _____

2.1.7 PLEASE PROVIDE AN ATTACHMENT OF DETAILS OF THE PERSONS RESPONSIBLE FOR THE IMPLEMENTATION OF THE SAFETY POLICY AND HIS OR HER DUTIES, IN THE FOLLOWING ORDER

(Ref: Regulation 19(3)(a)(ii))

Note: This should be a person(s) at lower management level

- Name
- Position
- Business address
- Telephone number
- Duties

PLEASE INDICATE REFERENCE NUMBER FOR ATTACHMENTS.: _____

2.1.8 APPLICATION FEE

(Please complete as appropriate)

A cheque for \$ is enclosed (assessment activities will commence on receipt of your remittance.)

PLEASE INDICATE REFERENCE NUMBER FOR ATTACHMENTS.: _____

2.2 QUERY AND RESPONSE SECTION

Applicant is to note that these queries are referenced from the Electricity Safety (Management) Regulations 1999. Responses to these queries should be brief and concise. However, if the need arises to include attachments to these queries (i.e.: evidence of any kind to substantiate responses), please indicate clearly in the attachment checklist (refer 2.5) and indicate clearly on the attachments the appropriate query numbers to which the attachments refer. All queries require a response. If a query is not applicable to you, indicate 'NOT APPLICABLE'. DO NOT leave blank

Query 1: ELECTRICAL WORK; LOCATION, EXTENT AND SCOPE

(Ref: Regulation 15 (1)(3))

Give brief and concise details regarding your electricity safety management scheme within the scope of-

the electrical work to which the electricity safety management scheme relates and the electrical installation or electrical equipment requiring that work. This description must provide sufficient information to enable ESV to identify the location, extent and scope of the electrical installation or electrical equipment requiring that work and to assess the risks associated with the safety of the electrical installation or electrical equipment.

[Type your text here]

PLEASE INDICATE REFERENCE NUMBER FOR ATTACHMENTS.: _____

Query 2: NOTIFICATION OF CHANGE

(Ref: Regulation 15(4))

Give brief and concise details regarding your electricity safety management scheme within the scope of-

the system for notifying ESV of any change to the positions or persons specified in the scheme within 10 business days after the change occurs.

The Act and Regulations require ESV to be notified of every change to the positions or persons specified in the scheme as and when this occurs. However, if an exemption from this Regulation is requested, ESV may approve for some scheme operators to report these changes on a regular basis. A record of change which can be retrieved easily for internal usage and by ESV on request (ie.: electronic database) must then be kept. The scheme operator must be able to demonstrate within his or her systems how notification of every change to the positions or persons specified in the scheme to ESV will be handled to satisfy ESV needs.

[Type your text here]

PLEASE INDICATE REFERENCE NUMBER FOR ATTACHMENTS.: _____

Query 3: SAFETY ASSESSMENT

(Ref: Regulation 16(b))

Give brief and concise details regarding your electricity safety management scheme within the scope of-

as part of a safety assessment relating to the carrying out of electrical work, the methodology used and investigations undertaken for the safety assessment.

[Type your text here]

PLEASE INDICATE REFERENCE NUMBER FOR ATTACHMENTS.: _____

Query 4: SAFETY ASSESSMENT OF RISK AND INCIDENT

(Ref: Regulation 16(c) (i)(ii))

Give brief and concise details regarding your electricity safety management scheme within the scope of-

as part of a safety assessment relating to the carrying out of electrical work, assessment and recording systematically and in detail the hazards and risks associated with the electrical installation or electrical equipment, including the likelihood and consequences of-

- (a) any serious electrical incident; and
- (b) any incident in which a person makes accidental contact involving electricity with the electrical installation or equipment or receives an electric shock as the result of direct or indirect contact with the electrical installation or equipment.

[Type your text here]

PLEASE INDICATE REFERENCE NUMBER FOR ATTACHMENTS.: _____

Query 5(a): SAFETY ASSESSMENT MEASURES

(Ref: Regulation 16(d) (i)(ii)(iii))

Give brief and concise details regarding your electricity safety management scheme within the scope of-

as part of a safety assessment relating to the carrying out of electrical work, the measures taken or to be taken to, as far as practicable-

- (a) prevent those hazards; and
- (b) reduce those risks; and
- (c) maintain the level of safety required under the Act and the Regulations under the Act.

[Type your text here]

PLEASE INDICATE REFERENCE NUMBER FOR ATTACHMENTS.: _____

Query 5(b): USING SAFETY ASSESSMENT RESULTS

(Ref: Regulation 20(1)(b))

Give brief and concise details regarding your electricity safety management system within the scope of-

the means by which you will ensure that electrical work takes into account the results of the safety assessment for your scheme.

[Type your text here]

PLEASE INDICATE REFERENCE NUMBER FOR ATTACHMENTS.: _____

Query 6: OPERATION OF COMMUNICATION SYSTEMS IN EMERGENCIES

(Ref: Regulation 16(e))

Give brief and concise details regarding your electricity safety management scheme within the scope of-

as part of a safety assessment relating to the carrying out of electrical work, the extent to which the communication systems need to operate in emergencies

[Type your text here]

PLEASE INDICATE REFERENCE NUMBER FOR ATTACHMENTS.: _____

Query 7: EXEMPTIONS

(Ref: Regulation 17)

Give brief and concise details regarding your electricity safety management scheme within the scope of-

- (a) any exemption request from all provisions of the regulations relating to the installation and operation of electrical installations; and
- (b) any proposal that all provisions of the regulations relating to the carrying out of a class or type of electrical work and the provisions of the Act referred to in section 113(2) of the Act from which any person authorised under the scheme to carry out that class or type of electrical work will be exempted.

[Type your text here]

PLEASE INDICATE REFERENCE NUMBER FOR ATTACHMENTS.: _____

Query 8: RECORDING AND INVESTIGATING SERIOUS ELECTRICAL INCIDENTS

(Ref: Regulation 18(1)(a))

Give brief and concise details regarding your electricity safety management scheme within the scope of-

the standards to be used for recording and investigating any serious electrical incident involving the electrical installation or electrical equipment to which the scheme relates.

{Note: 'standards' as used in this context means the process and systems which are to be used.}

[Type your text here]

PLEASE INDICATE REFERENCE NUMBER FOR ATTACHMENTS.: _____

Query 9: RECORDING AND INVESTIGATING CONTACT INCIDENTS

(Ref: Regulation 18(1)(b))

Give brief and concise details regarding your electricity safety management scheme within the scope of-

the standards to be used for recording and investigating any incident in which a person has made accidental contact involving electricity with the electrical installation or equipment or has received an electric shock as the result of direct or indirect contact with the electrical installation or equipment.

{Note: 'standards' as used in this context means the process and systems which are to be used.}

[Type your text here]

PLEASE INDICATE REFERENCE NUMBER FOR ATTACHMENTS.: _____

Query 10: MANAGEMENT SYSTEMS FOR INCIDENTS

(Ref: Regulation 18(2))

Give brief and concise details regarding your electricity safety management scheme within the scope of-

the management systems to be used for reviewing and taking action on the information recorded or the results of the investigations referred to in Query 8 and Query 9.

[Type your text here]

PLEASE INDICATE REFERENCE NUMBER FOR ATTACHMENTS.: _____

Query 11: SAFETY POLICY AS PER REGULATIONS

(Ref: Regulations 19 (1)(a), (2))

Give brief and concise details regarding your electricity safety management scheme within the scope of-

- a) An electricity safety management scheme must specify the management system in relation to the safety of the electrical work to be carried out by the person nominated by the employer operator.
- b) The safety management system must contain a safety policy and the methods and procedures required by regulations 20, 21, 22, 23, 24, 25, 26, and 27 by which the policy is to be implemented.

[Type your text here]

PLEASE INDICATE REFERENCE NUMBER FOR ATTACHMENTS.: _____

Query 12: COMMUNICATION OF SAFETY POLICY

(Ref: Regulation 19(3)(b))

Give brief and concise details regarding your electricity safety management system within the scope of-

the means by which the safety policy is communicated to all persons required to implement the policy.

[Type your text here]

PLEASE INDICATE REFERENCE NUMBER FOR ATTACHMENTS.: _____

Query 13: KEY PERFORMANCE INDICATORS

(Ref: Regulation 19(3)(c))

Give brief and concise details regarding your electricity safety management system within the scope of-

The key performance indicators used to determine the scheme operator's level of compliance with the electricity safety management scheme, the relevant provisions of the Act and the regulations under the Act

[Type your text here]

PLEASE INDICATE REFERENCE NUMBER FOR ATTACHMENTS.: _____

Query 14: ADEQUATE SAFETY PROCESSES

(Ref: Regulation 20(1)(a))

Give brief and concise details regarding your electricity safety management system within the scope of-

specify the means by which you will ensure that electrical work is adequate for the safe operation of the electrical installation or electrical equipment.

[Type your text here]

PLEASE INDICATE REFERENCE NUMBER FOR ATTACHMENTS.: _____

**Query 15: COMPLYING WITH SPECIFIED PUBLISHED TECHNICAL
STANDARDS**

(Ref: Regulation 20(1)(c))

Give brief and concise details regarding your electricity safety management system within the scope of-

the means by which you will ensure that electrical work meets any published technical standards specified in this system.

[Type your text here]

PLEASE INDICATE REFERENCE NUMBER FOR ATTACHMENTS.: _____

Query 16: WORK TO BE CARRIED OUT BY NOMINATED PERSONS

(Ref: Regulation 20(1)(d))

Give brief and concise details regarding your electricity safety management system within the scope of-

the means by which the employer operator will ensure that electrical work is carried out by the persons nominated to carry out the work

[Type your text here]

PLEASE INDICATE REFERENCE NUMBER FOR ATTACHMENTS.: _____

**Query 17: ESSENTIAL EQUIPMENT FOR ELECTRICAL INSTALLATION OR
ELECTRICAL EQUIPMENT SAFETY**

(Ref: Regulation 21(a))

Give brief and concise details regarding your electricity safety management system within the scope of-

specify the equipment that is essential to ensure the safety of the electrical installation or electrical equipment to which the scheme relates.

[Type your text here]

PLEASE INDICATE REFERENCE NUMBER FOR ATTACHMENTS.: _____

Query 18: SYSTEMS FOR ENSURING NORMAL OPERATION OF SAFETY EQUIPMENT

(Ref: Regulation 21(b)(i))

Give brief and concise details regarding your electricity safety management system within the scope of-

the systems in place to ensure that the equipment referred to in Query 17 operates in normal conditions and, to the extent it is intended to function, in an emergency.

[Type your text here]

PLEASE INDICATE REFERENCE NUMBER FOR ATTACHMENTS.: _____

Query 19: TESTING AND MAINTAINING SAFETY EQUIPMENT

(Ref: Regulation 21(b)(ii))

Give brief and concise details regarding your electricity safety management system within the scope of-

the systems in place to ensure that the equipment referred to in Query 17 is tested and maintained.

[Type your text here]

PLEASE INDICATE REFERENCE NUMBER FOR ATTACHMENTS.: _____

Query 20(a): ESTABLISHMENT OF WORK PERMITS

(Ref: Regulation 22 (1)(2))

Give brief and concise details regarding your electricity safety management system within the scope of-

- a) All work that may affect the safety of the electrical installation or equipment to which the scheme relates.
- b) If work is specified for the above, then a permit to work system must be established and maintained as part of the electricity safety management scheme.

[Type your text here]

PLEASE INDICATE REFERENCE NUMBER FOR ATTACHMENTS.: _____

Query 20(b): AUTHORISATION OF PERMITS

(Ref: Regulations 22(3) (a)(b)(c))

Give brief and concise details (if applicable) regarding your permit to work system including-

- a) prohibition of any person who does not have a written permit to work issued by a person authorised by the scheme operator from-
 - (i) having access to the electrical installation or equipment or parts of the electrical installation or equipment to which the scheme relates; and
 - (ii) performing work specified in Query 20(a); and
- b) the position of the person who is authorised by the employer operator to issue permits to work; and;
- c) provisions to ensure that persons issuing permits to work and persons requiring permits to work are competent and are provided with appropriate training, procedures, tools, equipment and emergency support.

[Type your text here]

PLEASE INDICATE REFERENCE NUMBER FOR ATTACHMENTS.: _____

Query 21(a): RESPONSE PLAN FOR EMERGENCIES

(Ref: Regulation 23(a))

Give brief and concise details regarding your electricity safety management system within the scope of-

a response plan that addresses all reasonably foreseeable emergencies arising from the hazards and risks that have been identified as a result of the safety assessment.

[Type your text here]

PLEASE INDICATE REFERENCE NUMBER FOR ATTACHMENTS.: _____

Query 21(b): ONGOING ELECTRICAL SAFETY PRACTICES (EMERGENCY PREPAREDNESS)

(Ref: Regulation 23(b))

Give brief and concise details regarding your electricity safety management system within the scope of-

the means by which you will ensure the continued safety of electrical work being carried out on electrical installations and electrical equipment.

[Type your text here]

PLEASE INDICATE REFERENCE NUMBER FOR ATTACHMENTS.: _____

Query 22(a): COMMUNICATION SYSTEMS - within the employer operator organisation

(Ref: Regulations 24(1)(a), (2))

Give brief and concise details regarding your electricity safety management system within the scope of-

communications systems within your organisation.

Your communications systems must be-

a) able to adequately handle-

(i) a reasonably foreseeable emergency relating to the electrical installation or electrical equipment; and

(ii) the normal operational requirements of the electrical installation or electrical equipment; and

b) protected so as to be capable of operation in an emergency to the extent specified by your safety assessment.

[Type your text here]

PLEASE INDICATE REFERENCE NUMBER FOR ATTACHMENTS.: _____

Query 22(b): COMMUNICATION SYSTEMS - between the employer operator, other persons and appropriate authorities

(Ref: Regulations 24(1)(b), (2))

Give brief and concise details regarding your electricity safety management system within the scope of-

communications systems between you and-

- (i) any other person who may be affected by an emergency; and
- (ii) the relevant fire control authorities and other emergency service authorities; and
- (iii)ESV.

Your communications systems must be-

a) able to adequately handle-

- (i) a reasonably foreseeable emergency relating to the electrical installation or electrical equipment; and*
- (ii) the normal operational requirements of the electrical installation or electrical equipment; and*

b) protected so as to be capable of operation in an emergency to the extent specified by your safety assessment.

[Type your text here]

PLEASE INDICATE REFERENCE NUMBER FOR ATTACHMENTS.: _____

Query 23(a): MONITORING, AUDITING AND REVIEWING PROCESSES

(Ref: Regulation 25(a))

Give brief and concise details regarding your electricity safety management system within the scope of-

- a) the recording and investigation of electrical incidents required by regulation 18(1);
and
- b) the implementation of the safety policy required by regulation 19(2).

[Type your text here]

PLEASE INDICATE REFERENCE NUMBER FOR ATTACHMENTS.: _____

Query 23(b): IDENTIFICATION OF DEFICIENCIES

(Ref: Regulation 25(b))

Give brief and concise details regarding your electricity safety management system within the scope of-

the methods by which any deficiencies in the processes referred to in Query 23(a) will be regularly and systematically identified.

[Type your text here]

PLEASE INDICATE REFERENCE NUMBER FOR ATTACHMENTS.: _____

Query 23(c): IMPROVEMENTS TO MONITORING, AUDITING AND REVIEWING PROCESSES

(Ref: Regulation 25(c))

Give brief and concise details regarding your electricity safety management system within the scope of-

the methods by which the processes referred to in Query 23(a) will be regularly and systematically improved.

[Type your text here]

PLEASE INDICATE REFERENCE NUMBER FOR ATTACHMENTS.: _____

Query 24: TRAINING
(Ref: Regulation 26)

Give brief and concise details regarding your electricity safety management system within the scope of-

Work and staffing systems used in relation to the electrical installation or electrical equipment of an employer operator as far as practicable that –

- a) Only persons with the qualifications, proficiency and experience appropriate to the work that may affect the safety of the electrical installation or electrical equipment.
- b) Any training necessary for persons assigned to carry out the work is provided.

[Type your text here]

PLEASE INDICATE REFERENCE NUMBER FOR ATTACHMENTS.: _____

Query 25: PUBLISHED TECHNICAL STANDARDS TO BE USED

(Ref: Regulation 27)

Give brief and concise details regarding your electricity safety management system within the scope of-

published technical standards to be applied in connection with electrical work to be carried out by the persons nominated by an employer operator.

An electricity safety management system must not specify technical standards other than published technical standards.

[Type your text here]

PLEASE INDICATE REFERENCE NUMBER FOR ATTACHMENTS.: _____

Query 26(a): RECORDS of level of compliance with Regulations

(Ref: Regulation 28(1)(a))

Give brief and concise details regarding your electricity safety management scheme within the scope of-

records of a report setting out your level of compliance with your electricity safety management scheme, and the relevant provisions of the Act and of the regulations under the Act as determined by the key performance indicators.

[Type your text here]

PLEASE INDICATE REFERENCE NUMBER FOR ATTACHMENTS.: _____

Query 26(b): RECORDS of monitoring, auditing and reviewing

(Ref: Regulation 28(1)(b))

Give brief and concise details regarding your electricity safety management scheme within the scope of-

records of the results of monitoring, auditing and reviewing the –

- i) recording and investigation of electrical incidents referred to in regulation 25 a)(i).*(ref Query 23(a)).*
- ii) Implementation of the safety policy referred to in regulation 25 a)(ii).

[Type your text here]

PLEASE INDICATE REFERENCE NUMBER FOR ATTACHMENTS.: _____

Query 26(c): RECORDS of deficiencies and improvements in processes

(Ref: Regulation 28(1)(c))

Give brief and concise details regarding your electricity safety management scheme within the scope of-

records of a report setting out any deficiencies in the processes identified by the methods referred to in regulation 25(b) and the improvements made to those processes *(ref Query 23(b))*.

[Type your text here]

PLEASE INDICATE REFERENCE NUMBER FOR ATTACHMENTS.: _____

Query 26(d): RECORDS - availability to ESV

(Ref: Regulations 28(2))

Give brief and concise details regarding your electricity safety management scheme within the scope of-

availability to ESV of any record referred to in Regulation 28(1) that is requested by ESV during your normal business hours *(ref Query 26(a), Query 26(b), and Query 26(c))*.

[Type your text here]

PLEASE INDICATE REFERENCE NUMBER FOR ATTACHMENTS.: _____

Query 26(e): RECORDS - location

(Ref: Regulations 28(3)(a))

State all addresses where the records would be kept.

[Type your text here]

PLEASE INDICATE REFERENCE NUMBER FOR ATTACHMENTS.: _____

Query 26(f): RECORDS - retrieval practicality

(Ref: Regulation 28(3)(b))

Give brief and concise details regarding your electricity safety management scheme within the scope of-

how you as the scheme operator would keep the records in a manner that makes their retrieval reasonably practicable.

[Type your text here]

PLEASE INDICATE REFERENCE NUMBER FOR ATTACHMENTS.: _____

Query 26(g): RECORDS - security

(Ref: Regulation 28(3)(c))

Give brief and concise details regarding your electricity safety management scheme within the scope of-

how you as the scheme operator would keep the records in a secure manner.

[Type your text here]

PLEASE INDICATE REFERENCE NUMBER FOR ATTACHMENTS.: _____

Query 26(h): RECORDS - duration of storage

(Ref: Regulation 28(3)(d))

Give indication you would keep the records for the period of 7 years after the creation of the record.

[Type your text here]

PLEASE INDICATE REFERENCE NUMBER FOR ATTACHMENTS.: _____

Query 27: **APPLICATION FOR EXEMPTION FROM THE ELECTRICITY SAFETY (MANAGEMENT) REGULATIONS 1999**

(Ref: Regulation 33)

Give brief and concise details regarding your electricity safety management scheme within the scope of-

request for exemptions from any of the requirements of these Regulations. Please state the exemption requested and the reasons for applying for the exemption.

[Type your text here]

PLEASE INDICATE REFERENCE NUMBER FOR ATTACHMENTS.: _____

2.3 INDEPENDENT VALIDATOR DECLARATION

(Ref: section 108 of the Act)

This checklist is to be completed, signed and dated by the independent validator prior to this application being submitted to ESV.

2.3.1 DETAILS OF THE INDEPENDENT VALIDATOR

Name: _____

Qualifications: _____

Business Address: _____

Telephone number: _____

List the sections of this application which you have validated:

[Type your text here]

As an independent validator whose name and particulars appear on this page, I hereby state that (apart from the exemptions from the Regulations listed in the query and response section) this application for an electricity safety management scheme by an employer operator meets all requirements of the Electricity Safety (Management) Regulations 1999 under the Electricity Safety Act 1998 listed in the independent verification checklist, to the best of my knowledge.

I also verify having completed the independent validation checklist in person.

SIGNATURE OF
INDEPENDENT
VALIDATOR: _____

PRINT NAME: _____

DATE: _____

If other expert opinions or recommendations were required in the validation of this application, please include details of each person overleaf. **Note that only the independent validator is to sign off the assessment.**

PLEASE INDICATE REFERENCE NUMBER FOR ATTACHMENTS.: _____

2.3.2 DETAILS OF OTHER PERSONS USED FOR THE VALIDATION OF THIS APPLICATION

Name: _____

Qualifications: _____

Business Address: _____

Telephone number: _____

List the sections of this application which this person has validated:

[Type your text here]

Name: _____

Qualifications: _____

Business Address: _____

Telephone number: _____

List the sections of this application which this person has validated:

[Type your text here]

If other persons were used, please provide details as above in an attachment.

PLEASE INDICATE REFERENCE NUMBER FOR ATTACHMENTS.: _____

2.4 INDEPENDENT VALIDATION CHECKLIST

The independent validator is to note the following-

The independent validator is to note the following-

- The Regulations refer to the Electricity Safety (Management) Regulations 1999 under the Electricity Safety Act 1998;
- if you as the independent validator are wholly satisfied that the applicant's response to each part of this application is compliant to the Regulation being referred to, place your initials in the corresponding boxes. Otherwise, leave that particular box blank; and
- DO NOT write anything in the corresponding column 'for Office use only'.

Application Reference	Independent validator assessment column	FOR OFFICE USE ONLY
2.1.1 and 2.1.1.1 <i>(Ref Regulation 31)</i>		
2.1.2 <i>(Ref Regulation 14(a))</i>		
2.1.3 <i>(Ref Regulation 14(b)(i))</i>		
2.1.4 <i>(Ref Regulation 14(b)(ii))</i>		
2.1.5 <i>(Ref Regulation 16(a))</i>		
2.1.6 <i>(Ref Regulation 19,3(a)(i))</i>		
2.1.7 <i>(Ref Regulation 19,3(a)(ii))</i>		
Query 1 <i>(Ref Regulation 15 (1-3))</i>		
Query 2 <i>(Ref Regulation 15 (4))</i>		
Query 3 <i>(Ref Regulation 16 (b))</i>		
Query 4 <i>(Ref Regulation 16(c)(i)(ii))</i>		
Query 5(a) <i>(Ref Regulation 16(d))</i>		
Query 5(b) <i>(Ref Regulation 20(1)(b))</i>		

continued-

INDEPENDENT VALIDATION CHECKLIST CONTINUED

Application Reference	Independent validator assessment column	FOR OFFICE USE ONLY
Query 6 <i>(Ref Regulation 16(e))</i>		
Query 7 <i>(Ref Regulation 17(a)(b))</i>		
Query 8 <i>(Ref Regulation 18(1)(a))</i>		
Query 9 <i>(Ref Regulation 18(1)(b))</i>		
Query 10 <i>(Ref Regulation 18(2))</i>		
Query 11 <i>(Ref Regulation 19(1)(a)(2))</i>		
Query 12 <i>(Ref Regulation 19(3)(b))</i>		
Query 13 <i>(Ref Regulation 19(3)(c))</i>		
Query 14 <i>(Ref Regulation 20(1)(a))</i>		
Query 15 <i>(Ref Regulation 20(1)(c))</i>		
Query 16 <i>(Ref Regulation 20 (1)(d))</i>		
Query 17 <i>(Ref Regulation 21(a))</i>		
Query 18 <i>(Ref Regulation 21(b)(i))</i>		
Query 19 <i>(Ref Regulation 21(b)(ii))</i>		
Query 20(a) <i>(Ref Regulation 22(1)(2))</i>		
Query 20(b) <i>(Ref Regulation 22 (3)(a)-(c))</i>		
Query 21(a) <i>(Ref Regulation 23(a))</i>		

continued-

INDEPENDENT VALIDATION CHECKLIST CONTINUED

Application Reference	Independent validator assessment column	FOR OFFICE USE ONLY
Query 21(b) <i>(Ref Regulation 23(b))</i>	<input type="checkbox"/>	<input type="checkbox"/>
Query 22(a) <i>(Ref Regulation 24 (1) (a)(b))</i>	<input type="checkbox"/>	<input type="checkbox"/>
Query 22(b) <i>(Ref Regulation 24,2(a)(b))</i>	<input type="checkbox"/>	<input type="checkbox"/>
Query 23(a) <i>(Ref Regulation 25(a))</i>	<input type="checkbox"/>	<input type="checkbox"/>
Query 23(b) <i>(Ref Regulation 25(b))</i>	<input type="checkbox"/>	<input type="checkbox"/>
Query 23(c) <i>(Ref Regulation 25(c))</i>	<input type="checkbox"/>	<input type="checkbox"/>
Query 24 <i>(Ref Regulation 26)</i>	<input type="checkbox"/>	<input type="checkbox"/>
Query 25 <i>(Ref Regulation 27)</i>	<input type="checkbox"/>	<input type="checkbox"/>
Query 26(a) <i>(Ref Regulation 28(1)(a))</i>	<input type="checkbox"/>	<input type="checkbox"/>
Query 26(b) <i>(Ref Regulation 28((1)(b))</i>	<input type="checkbox"/>	<input type="checkbox"/>
Query 26(c) <i>(Ref Regulation 28(1)(c))</i>	<input type="checkbox"/>	<input type="checkbox"/>
Query 26(d) <i>(Ref Regulation 28(2))</i>	<input type="checkbox"/>	<input type="checkbox"/>
Query 26(e) <i>(Ref Regulation 28(3)(a))</i>	<input type="checkbox"/>	<input type="checkbox"/>
Query 26(f) <i>(Ref Regulation 28(3)(b))</i>	<input type="checkbox"/>	<input type="checkbox"/>
Query 26(g) <i>(Ref Regulation 28(3)(c))</i>	<input type="checkbox"/>	<input type="checkbox"/>
Query 26(h) <i>(Ref Regulation 28(3)(d))</i>	<input type="checkbox"/>	<input type="checkbox"/>
Query 27 <i>(Ref Regulation 33)</i>	<input type="checkbox"/>	<input type="checkbox"/>

2.5 ATTACHMENT CHECKLIST

Applicants to note -

- this checklist **MUST** be completed appropriately, all attachments **MUST** clearly indicate appropriate query numbers and be ordered in increasing query numbers; and
- failure to adhere to the above may result in this application form being not accepted.

	Please initial in the relevant box below to indicate inclusion of attachments.		State the number of attachments included in the corresponding box below. If no attachments are included, write 0.	FOR OFFICE USE ONLY	
	YES	NO			
2.1.1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.1.1.1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.1.2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.1.3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.1.4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.1.5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.1.6	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.1.7	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Query 1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Query 2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Query 3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Query 4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

continued-

ATTACHMENT CHECKLIST CONTINUED

	Please initial in the relevant box below to indicate if attachments are included.		State the number of attachments included in the corresponding box below. If no attachments are included, write 0.	FOR OFFICE USE ONLY	
	YES	NO			
Query 5(a)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Query 5(b)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Query 6	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Query 7	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Query 8	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Query 9	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Query 10	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Query 11	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Query 12	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Query 13	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Query 14	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Query 15	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Query 16	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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ATTACHMENT CHECKLIST CONTINUED

	Please initial in the relevant box below to indicate if attachments are included.		State the number of attachments included in the corresponding box below. If no attachments are included, write 0.	FOR OFFICE USE ONLY	
	YES	NO			
Query 17	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Query 18	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Query 19	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Query 20(a)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Query 20(b)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Query 21(a)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Query 21(b)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Query 22(a)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Query 22(b)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Query 23(a)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Query 23(b)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Query 23(c)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Query 24	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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ATTACHMENT CHECKLIST CONTINUED

	Please initial in the relevant box below to indicate if attachments are included.		State the number of attachments included in the corresponding box below. If no attachments are included, write 0.	FOR OFFICE USE ONLY	
	YES	NO			
Query 25	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Query 26(a)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Query 26(b)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Query 26(c)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Query 26(d)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Query 26(e)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Query 26(f)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Query 26(g)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Query 26(h)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Query 27	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Has the independent validation checklist been completed? <i>(Circle as appropriate)</i>			YES	NO	<input type="checkbox"/>
2.3.1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.3.2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2.6 APPLICANT DECLARATION

As an employer operator seeking to operate an Electricity Safety Management Scheme recognised by the Energy Safe Victoria and whose name and particulars appear in this declaration, I hereby state that all information and attachments included in this application document is true, accurate and meets (apart from the exemptions listed in the query and response section) all requirements of the Electricity Safety Act 1998 and the Electricity Safety (Management) Regulations 1999 under the Act to which this application pertains, to the best of my knowledge.

I also state that this application has been verified to meet (apart from the exemptions listed in the query and response section) all requirements of the Electricity Safety (Management) Regulations 1999 under the Electricity Safety Act 1998 listed in the independent verification checklist by the person whose name and particulars appear in the independent validator declaration section.

SIGNATURE OF
APPLICANT:

PRINT NAME:

POSITION OF
APPLICANT:

DATE:
