Low Voltage Pillar Checklist

Project/ Job name: _______________________ Location of Work: _________________________________
Drawing No: _______________________________________________________________________________
Model/Size: _____________________________ Pillar number (write pillar number): ___________________

Check the following items | OK | Remedial Action/ Comments/ Feedback
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1. Site Clean
2. Location and orientation within Easement OK
3. Check Ground is Level and access to asset is OK
4. Check Signage is Correct and OK
5. Locks installed functional and doors/lids in working order
6. Check Asset Numbering streetlight /Substation/Test/Pole Etc) is Correct and Installed OK
7. Check Switch Numbering is Correct and Installed OK
8. LV Circuits identified clearly and per standard
9. Check Cable terminations correctly labelled and identified including phasing and Destination Tags Phasing Heatshrink to be below termination
10. Check wiring is completed to relevant standard and of good workmanship
11. Neutral/Earth connection to standards
12. Switchgear (HV/LV) is functional
13. Vacant Conduits Capped
14. Vermin proofing (Conduits filled with Foam a fill and/or Gland plates installed)
15. All Connections tight to relevant Torque
16. Fuses/links in cubicle/at Site (not Installed)
17. Danger Triangle Not affixed but left in Unit (Affixed during Energising)

Inspected by (print name): __________________________________________________________
Inspected by signature: ___________________________________________________________
Date inspected: _________________________________________________________________

TO BE FILLED BY OFFICER IN CHARGE OF CONSTRUCTIONS
Verify below forms/certificates comply and results are OK for energising the asset

<table>
<thead>
<tr>
<th>Certificate of Test completed for LV cables</th>
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Officer in charge of construction (print name): ___________________________________________
Signature: ____________________________________________________
Date: ___________________________________________________________