



NOTIFICATION OF SERVICE WORK (NOSW)

PROPOSED ENERGY RETAILER
(must be completed)

The Accredited Service Provider (ASP) **MUST** submit this fully completed form by either hand delivering to a Field Operations regional office, faxing or e-mailing directly to the Data Group within **TWO** working days of completion of the project.

Section A - CUSTOMER & METERING DETAILS (Please use BLOCK LETTERS)

Job No.

Customer's Surname: _____	National Metering Identifier (NMI):	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Customer's Given Names: _____		Pole/Pillar No: _____							
Address: _____ <small>(Lot No./Street No./Unit No.) (Street) (Suburb) (Post Code)</small>									
Phone: _____		Nearest Cross Street: _____							
Substation No. _____					Meter Position/Location: <input type="checkbox"/> L/H <input type="checkbox"/> R/H <input type="checkbox"/> FRONT <input type="checkbox"/> REAR				
Is the service connected to a low voltage link pole/pillar, what is the Link No. _____					Details of other location:				

METER STATUS: REMOVED (R) - INSTALLED (I) - EXISTING (E) - NO 3 PHASE LOAD INSTALLED (IN)

R / I / E IN	METER PREFIX	METER NUMBER	DIALS		SIZE (AMPS)	No. OF PHASES	READING	Meter Structure	TARIFF
			No.	Dec.					

LOAD CONTROL EQUIPMENT: REMOVED (R) - INSTALLED (I) - EXISTING (E)

R / I / E	EQUIPMENT PREFIX	EQUIPMENT NUMBER	TYPE Freq/Clock	CHANNEL No./TIME	TARIFF		
					OP1	OP2	Other/Str

Office Use	
Verified By	
Confirmed By	
Date	

Section B - SERVICE WORK DETAILS (indicate X in all appropriate boxes and AUP number of staff completing specific work)

Type of work:	AUP Completing Specific Work	Associated ASP (NOSW)/Electrical Contractor (CCEW) details:
<input type="checkbox"/> Class 2A Disc/Reco	AUP: _____	NOSW: Name: _____
<input type="checkbox"/> Class 2B U/G Service Line	AUP: _____	Address: _____
<input type="checkbox"/> Class 2C O/H Service Line	AUP: _____	AUC Number: _____
<input type="checkbox"/> Class 2D Metering	AUP: _____	Category: 2A <input type="checkbox"/> 2B <input type="checkbox"/> 2C <input type="checkbox"/> 2D <input type="checkbox"/>
<input type="checkbox"/> Defect Rectification	AUP: _____	
Service details:		CCEW: Name: _____
<input type="checkbox"/> New Installation <input type="checkbox"/> Alteration/Addition to Existing Service		Address: _____
<input type="checkbox"/> UGOH <input type="checkbox"/> Suspended/Mid Span OH Service		Licence Number: _____
<input type="checkbox"/> Service greater than 100A, AG to Inspect before energising		<input type="checkbox"/> Perm/Disc
<input type="checkbox"/> Special Small Service, AG to Inspect before energising		Installation connected to: A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> Phase(s)

Section C - TEST REPORT proving that the work complies with the required safety standards.

1. Point of Attachment Bonded/Effectively Earthed <input type="checkbox"/>	2. Polarity <input type="checkbox"/>	3. Phase Rotation <input type="checkbox"/>	4. External Metalwork not Alive <input type="checkbox"/>
5. Insulation Resistance <input type="checkbox"/>	6. Earth Integrity <input type="checkbox"/>	7. Neutral Integrity Test as per AS4741 <input type="checkbox"/>	8. Correct Meter Connection <input type="checkbox"/>
9. Pre-energising Check <input type="checkbox"/>	10. De-energising Check <input type="checkbox"/>		

Section D - CERTIFICATION BY AUTHORISED SERVICE PROVIDER

I/we notify that the service work described in this notice complies with Ausgrid's requirements and Service and Installation Rules of NSW and has been completed as follows:

Energised to: MAIN SWITCH (Tagged Off) COMPLETE INSTALLATION PERM/DISC Date: _____

Phone Number _____ Fax Number _____

Accredited Service Provider: _____

Work tested, energised and sealed by: _____

Accreditation No: _____

Authorised Person No: _____

Date: _____

Signature: _____

Inspector's Comments:



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DIAGRAM of OH and/or UG Service Line to the Point of Attachment

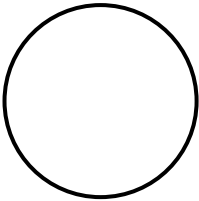
Job No.

House/Lot No. _____ Street _____

Nearest Cross Street _____

Suburb _____ Service Provider AUC No. _____

(North Point)



Office use Only

Private Lead in Pole A.....Y/N

Complex NOSW.....Y/N

Sent to GIS – Date.....Y/N

PL: _____

Cov: _____

NP No: _____

BK: _____ / _____

The sketch of the service main route to the customer’s POA must show the following details:

General:

- Street alignments
- Lot boundaries
- Lot/House numbers
- Name of street and suburb
- North point
- Nearest cross street
- Accredited Service Provider’s name and phone number
- Route of service mains
- Reference points from which all measurements were taken
- As per Service and Installation Rules of NSW

Underground:

- Pillar/Pole Number, indicate any open points, (which side).
- Reference the position of the service in the ground
- Depth of cover over the service
- Position of cable joints and conduits (and their end points)
- Type of joint (if applicable)
- All deviation points

Overhead:

- Pole number
- Service connection side at distributor pole
- Position of new service in relation to open points (which side)