



# 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):										
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)

<b>Type of work:</b>	<b>AUP Completing Specific Work</b>	<b>Associated ASP (NOSW)/Electrical Contractor (CCEW) details:</b>
<input type="checkbox"/> Category 1 Disc/Reco	AUP: _____	NOSW: Name: _____
<input type="checkbox"/> Category 2 U/G Service Line	AUP: _____	Address: _____
<input type="checkbox"/> Category 3 O/H Service Line	AUP: _____	AUC Number: _____
<input type="checkbox"/> Category 4 Metering	AUP: _____	Category: 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/>
<input type="checkbox"/> Defect Rectification	AUP: _____	
<b>Service details:</b>		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. Correct Meter Connection <input type="checkbox"/>	8. Pre-energising Check <input type="checkbox"/>
9. 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: .....

A.428



# NOTIFICATION OF SERVICE WORK (NOSW)

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

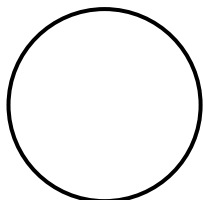
Job No.

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)