



Power System Safety Rules – Manager’s Endorsement Form

I _____ Manager acknowledge that I shall ensure this employee, for whom I am responsible, only performs work for which he / she is competent, approved / authorised and which can be performed safely. (Ref: Power System Safety Rules Section 4 – General Safety Provisions)

I recommend _____ Applicant's Name Employee Number: _____ Aurora, Hydro and Transend only for Power System Safety training.

Recommendation for PSSR Training

Please tick the appropriate boxes and cross through the others.

Note: Instructed Person training lasts for life, PIC, IO and Operator valid for two years.

Instructed Person Person in Charge Issuing Officer Operator

(For Aurora, Hydro and Transend use only)

Manager’s Name: _____ Signature: _____

Company Name: _____

Address: _____

Email Address: _____

Phone No: _____ Preferred method of contact: email telephone

Applicants Acknowledgment

I am prepared to fulfil the responsibilities of the role as detailed in the Power System Safety Rules.

I understand that any violation of the Power System Safety Rules will be subject to the Power System Safety Non-Compliance procedure and relevant Code of Discipline and that, following a non-compliance with these rules, my authorisation and accreditation may be withdrawn by direction of an officer authorised by a signatory company and my passport flagged.

Successful completion of this training entitles me to PSSR accreditation as an Instructed Person, a Person in Charge, an Issuing Officer or an Operator, but does not authorise me to perform work. The authorisation to perform work is a responsibility of the signatory company.

I shall take reasonable care of my own health and safety, and the health and safety of other persons who may be affected by my acts or omissions at the workplace.

I shall comply with any direction given to me.

I may refuse to work if I believe there is a risk of serious or imminent injury, and it is not within my ability to rectify the cause of risk, so long as I immediately notify the person in charge of work.

I acknowledge that if accredited as a Person in Charge, Issuing Officer or Operator it is my responsibility to maintain current accreditation for work under the Power System Safety Rules by completing the appropriate refresher training and assessment as required every two (2) years to retain accreditation.

Applicant's Name: _____ Phone No. _____

Address: _____

Email Address: _____

Preferred method of contact: email telephone

Applicants Signature: _____ Date: / /