

Licensed Electrical Contractors - Work Protection Request Details

Email to : CWP@HydroOne.com

*****MUST BE RECEIVED 10 BUSINESS DAYS PRIOR TO OUTAGE*****

** PC2 (issued) Work Permit <input type="checkbox"/>	** Supporting Guarantee (Isolation from Hydro One sources) <input type="checkbox"/>	** Equipment Outage (Using Self-Administered) <input type="checkbox"/>	** Hold-Off <input type="checkbox"/>	** Equipment Outage Only (No Work Protection Required) <input type="checkbox"/>
Start Time	Time	Day	Date	
Completed Time	Time	Day	Date	
Enter All Times in EST (DST occurs from the second Sunday in March to the first Sunday in November)				
ESA PERMIT #:				
<p>For Work Protection, describe equipment to be worked on that is to be isolated or isolated and de-energized, include equipment required for working clearance - OR - for Equipment Outage, describe the equipment to be released.</p> <p>Please provide as much information as possible</p> <p>NOTE: ** Indicates that these fields are mandatory.</p>	Customer Name, Address, Phone Number		Location where work is being performed	
	** Account number			
	** Meter Number			
	Transformer number (usually 5 digits)			
	Hydro One Station and Feeder (Supply)			
	Hydro One Switch number			
	** Transformer primary voltage/secondary voltage			
NOD-Contractor Contact Date: _____ (within 5 business days of receipt)				
Contractor Name				
Office Contact Name		Email Address		
Telephone number		Fax number		
Crew Contact Name				
Telephone number		Cell phone number		
Reason for the Work				
Hydro One Use Only:	Station/Feeder	Date Received (OP&CS)		
	Ops Centre	Controlling Authority		