Date:	Job Number:	
Customer Address:	Site:	



## PRE-DEMOLITION ELECTRICAL DISCONNECTION CHECKLIST

Task to Perform (in accordance with AS/NZS3000)	Techi	nician	Supe	rvisor
<ol> <li>Plan disconnection prior to the removal of power and lighting cabling and ensure power is isolated and tagged.</li> </ol>	☐ Yes	☐ No	☐ Yes	☐ No
<ol><li>Ensure no bare conductors can contact any live parts.</li></ol>	☐ Yes	☐ No	☐ Yes	☐ No
<ol> <li>Ensure all circuit breakers are switched 'OFF', locked and tagged.</li> </ol>	☐ Yes	☐ No	☐ Yes	☐ No
<ol> <li>Ensure locking device used to lock individual circuit to prevent operation of MCCB in 'OFF' position.</li> </ol>	☐ Yes	☐ No	☐ Yes	☐ No
<ol> <li>Check for auxiliary circuits and alternative power supplies and CONFIRM DEAD before commencing work.</li> </ol>	☐ Yes	☐ No	☐ Yes	☐ No
<ol><li>Have all the power cables been tested and isolated prior to the removal of power points and lights</li></ol>	☐ Yes	☐ No	☐ Yes	☐ No
7. Isolate live cables in work zones.	☐ Yes	☐ No	☐ Yes	☐ No
<ol> <li>Where temporary light and power cabling is in use, all cabling must be clearly tagged with construction and danger tape.</li> </ol>	☐ Yes	☐ No	☐ Yes	☐ No
<ol> <li>Danger tags shall be placed at all points and must not remove without supervisors approval to isolate areas like switchboard, switches and cabling.</li> </ol>	☐ Yes	☐ No	☐ Yes	☐ No
<ol> <li>Test all cabling to ensure isolation in ceiling space and wall cavities in rogue cabling, cabling fed remotely, light sensor and time clock,</li> </ol>	☐ Yes	☐ No	☐ Yes	☐ No
11. Existing cabling in use in demolition areas must be labelled with danger TAGS.	☐ Yes	☐ No	☐ Yes	☐ No
<ol><li>All power to demolition areas has been disconnected.</li></ol>	☐ Yes	☐ No	☐ Yes	☐ No
13. All power to offices, consult rooms, workstations and partition walls have been isolated in all areas.	☐ Yes	☐ No	☐ Yes	☐ No
14. All lighting / switches / exits and emergency lighting have been isolated in demo areas.	☐ Yes	☐ No	☐ Yes	☐ No
15. All areas for demolition have been isolated.	☐ Yes	☐ No	☐ Yes	☐ No
16.	☐ Yes	☐ No	☐ Yes	☐ No
17.	☐ Yes	☐ No	☐ Yes	☐ No
Technician Name: Superviso	echnician Name: Supervisor Name:			

Signature:

Date Completed:

**Time Completed:**