

## **Network Access and Key Application Form**

Please complete required fields, sign and email to oriontraining@oriongroup.co.nz

Employee's Name		Orion competency number		
Employer		Date:_		
Please indic	ager Approval rate the access <sup>1</sup> and/or keys you authory and the type of work your company i		icant to have. This should be based on their	
Access Only	Access & Key	Access Only	Access & Key	
	☐ Low level gate locks		☐ Building Substations	
	☐ Toilets		☐ Zone Substations	
	☐ Overhead Lines <sup>3</sup>		☐ Switchyards	
	☐ Underground Cables <sup>4</sup>		☐ ABIs	
	☐ Distribution Cabinets		☐ Towers	
	☐ Kiosk Substations		☐ Switchyard equipment/HV/Ripple/Safety Key	
□ Keys □ If key	ne company's responsibility to return t  (a) at Orion's request, or  (b) upon key holder's term  (c) upon expiry of applican cannot be loaned or transferred to and s are lost or damaged Orion is to be no 0 3639898 or email keys@oriongroup.	ination of employm it's competency other person otified a.s.a.p.	ent, or	
Manager's Name:		Signe	d:	
Notes:				
1. 'Access' allows a person to be in a restricted area unsupervised (unless stated as a restriction on their certificate). While your				
	company may be approved for accessing a range of restricted areas, you should consider the work the applicant will be doing			
	neir competencies when deciding their indiv			
2. Your company contract will state what type of work you are authorised to do. This dictates the areas your company will have				

4. For the purpose of access Underground Cables refers to any portion of the underground power cables that are not insulated to full working voltage. e.g. terminations

access to. Contact your contract manager if you have questions about what areas are approved for your company.

3. For the purpose of access Overhead Lines is defined as overhead works that are used or intended to be used for the

conveyance of electricity.

## **Collecting keys or tool**

## Applicant to complete this section when collecting keys or tool

By signing below I understand that: ☐ These keys remain the property of Orion and must be returned at Orion's request, or when my employment is terminated or when my Orion competency is expired. □ I will only access the network for the purpose of my employer's contractual work. ☐ I must advise my employer immediately if the keys are lost. ☐ I will not loan or transfer my keys to another person ☐ I will ensure site security is maintained at all times, and sites are left secure when leaving. Key Received by Name: \_\_\_\_\_\_ Signature: \_\_\_\_\_\_ Date: \_\_\_\_\_\_ Key Issued by Name: \_\_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Office Use Only -Collecting Tool ID Number \_\_\_\_\_ (N/A if none issued) Key Types Issued (Circle) GA1 BT1 AT8 AT7 At6 AT5 AT4 AT3 AT2 AT1 AX Heritage Keys issued: Rural Long Yale Short Yale Master Grand Master Abloy Returning keys or tool Complete this section when returning keys or tool Key Returned by Name: \_\_\_\_\_ Date: \_\_\_\_\_ Key Received by Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Office Use Only - Returning Tool ID Number \_\_\_\_\_ (N/A if none returned) Key Types Returned (Circle) GA1 BT1 AT8 AT7 At6 AT5 AT4 AT3 AT2 AT1 AX Key ID Numbers: \_\_\_ Heritage Keys returned: Rural\_\_\_\_\_\_ Long Yale\_\_\_\_\_ Short Yale\_\_\_\_\_ Master\_\_\_\_ Grand Master\_\_\_\_ Abloy\_\_