### **WORK SAFE BC** Assurance of Compliance with Occupational Health and Safety Regulation, Part 19

Part 1 — Record of discussion (	ROD)				ROD form# 000000	
Worksite address:			City:		Date (yyyy-mm-dd):	
Company name of contractor or employer:			WorkSafeBC employer number:		Phone:	
Mailing address:			City:		Email:	
Name of site contractor/employer representative:			Phone:		Email:	
Company name of power utility system owner:			VorkSafeBC employer number:		Phone:	
Name of power utility system owner rep.	Phone:	En	nergency response nun	nber:	Email:	
Workplan summary (Describe location of the work including any equipment being used.)	power pole or tower in relat	tion to the sit	e, and the nature of the	will be electric Start c Finish	that workers and/or equipment working in proximity to energized cal equipment or conductors date (yyyy-mm-dd):: date (yyyy-mm-dd):: e (phase to phase):	
	- 0			Electri	cal circuit identification:	
Contractor will maintain limits of appro	of this form must be complet	ed by represe	entatives of the power utility sy	ystem owi	ner and employer/contractor prior to work	
Signature of power utility system owne	r rep. Sig	nature of	contractor/employer re	p.	Date signed: (yyyy-mm-dd)	

#### Part 2 — To be completed by representatives of the power utility system owner and employer/contractor when assurance in writing (AIW) is required per Part 19 of the OHS Regulation.

AIW 000

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The following safeguards for electrical equipment or conductors have been selected according to the hierarchy set out in section 19.25 of the OHS Regulation, and have been installed and reviewed with the contractor/employer: Options below must be considered in order Reason selected or not selected (must be completed for all options) Displaced or re-routed □ Isolated and grounded (only if first option is not practicable) Usually identified and guarded (only if first and second options are not practicable) Signature of power utility Date signed: Phone: Signature of contractor/ Date signed: Phone: system owner representative: employer representative: WorkSafeBC use only Office and number: Service centre: Area: Date received:

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Part 1 — Record of discussion (	ROD)			ROD form# 000000		
Worksite address:	City:		Date (yyyy-mm-dd):			
Company name of contractor or emplo	WorkSafeBC employer nu	mber:	Phone:			
Mailing address:	City:		Email:			
Name of site contractor/employer repr	Phone:		Email:			
Company name of power utility system owner:		WorkSafeBC employer nu	mber:	Phone:		
Name of power utility system owner rep.	Phone:	Emergency response nu	mber:	Email:		
Workplan summary (Describe location of the work including any equipment being used.)	to the site, and the nature of the	Dates that workers and/or equipment will be working in proximity to energized electrical equipment or conductors Start date (yyyy-mm-dd):: Finish date (yyyy-mm-dd)::				
				e (phase to phase):		
			Electri	cal circuit identification:		
Contractor will maintain limits of approach: Yes In No If no, then Part 2 of this form must be completed by representatives of the power utility system owner and employer/contractor prior to work starting near energized high-voltage electrical equipment or conductors.						
Signature of power utility system owner rep. Signature of contractor/employ				Date signed: (yyyy-mm-dd)		

#### Part 2 — To be completed by representatives of the power utility system owner and employer/contractor when assurance in writing (AIW) is required per Part 19 of the OHS Regulation.

AIW 000000

 The following safeguards for electrical equipment or conductors have been selected according to the hierarchy set out in section 19.25 of the OHS Regulation, and have been installed and reviewed with the contractor/employer:

 Options below must be considered in order
 Reason selected or not selected (must be completed for all options)

 Displaced or re-routed
 Isolated and grounded

 (only if first option is not practicable)
 Image: Installed and grounded

□ Visually identified and guarded	
(only if first and second options are not practicable)	

Signature of power utility system owner representative:	Date signed:	Phone:	Signature of contractor/ employer representative:	Date signed:	Phone:
WorkSafeBC use only					
Office and number:	Service centre:		Area:	Date received:	

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Part 1 — Record of discussion (	ROD)				ROD form# 000000	
Worksite address:			City:		Date (yyyy-mm-dd):	
Company name of contractor or employer:			WorkSafeBC employer number:		Phone:	
Mailing address:			City:		Email:	
Name of site contractor/employer representative:			Phone:		Email:	
Company name of power utility system owner:			WorkSafeBC employer number:		Phone:	
Name of power utility system owner rep.	Phone:		Emergency response nur	nber:	Email:	
Workplan summary (Describe location of the work including any equipment being used.)	he site, and the nature of the	will be electric Start c Finish Voltag	that workers and/or equipment working in proximity to energized cal equipment or conductors date (yyyy-mm-dd):: date (yyyy-mm-dd):: e (phase to phase): cal circuit identification:			
Contractor will maintain limits of appro Yes No If no, then Part 2 of starting near energy		pleted by re cal equipme	presentatives of the power utility s nt or conductors.	system own	ner and employer/contractor prior to work	
Signature of power utility system owner rep. Signature			e of contractor/employer rep.		Date signed: (yyyy-mm-dd)	

### Part 2 — To be completed by representatives of the power utility system owner and employer/contractor when assurance in writing (AIW) is required per Part 19 of the OHS Regulation.

AIW 000

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The following safeguards for electrical equipment or conductors have been selected according to the hierarchy set out in section 19.25 of the OHS Regulation, and have been installed and reviewed with the contractor/employer:							
Options below must be conside	red in order	Reason selected or not selected (must be completed for all options)					
Displaced or re-routed							
Isolated and grounded (only if first option is not practicable)							
Visually identified and g (only if first and second options are r	·						
Signature of power utility system owner representative:	Date signed:	Phone:	Signature of contractor/ employer representative:	Date signed:	Phone:		
WorkSafeBC use only							
Office and number:	Service cent	re:	Area:	Date received:			

## **NORK SAFE BC** Assurance of Compliance with Occupational Health and Safety Regulation, Part 19

### Instructions for completing Form 30M33

### Part 1

Part 1 of this form is filled out by a representative from the power utility system owner during the initial site visit. It documents the conversation between the utility owner representative and the contractor/employer representative about what work is being proposed. At this point, the utility owner representative will keep the form until the contractor/employer decides to proceed with the work. If the contractor/employer is able to maintain limits of approach, work arrangements should be implemented (refer to section 19.24 of the OHS Regulation for more information). If the contractor/employer decides to proceed and cannot maintain limits of approach, Part 2 of this form must be filled out during another site visit.

Note: Part 1 only needs to be submitted to WorkSafeBC if Part 2 has also been completed.

#### Part 2

Part 2 of this form must be completed if the contractor/employer decides to proceed with work and there is the possibility that the work will result in people or equipment encroaching on the limits of approach of exposed electrical equipment or conductors. Form 30M33 must be completed prior to work starting, and after safeguards for the electrical equipment or conductors have been installed. Safeguard options for electrical equipment must be selected according to the hierarchy set out in section 19.25 of the OHS Regulation and considered in the following order: displaced or re-routed, isolated and grounded, visually identified and guarded (see G19.25 of the OHS Guidelines for more information). If electrical equipment or conductors cannot be displaced or re-routed, isolated or grounded, or visually identified and guarded, the contractor/employer must comply with sections 19.24 and 19.26 of the OHS Regulation.

Part 2 must be signed by both the utility owner representative and the contractor/employer representative to confirm that the safeguards have been put in place. A copy of the entire completed Form 30M33 should be emailed, mailed, or faxed to WorkSafeBC immediately after the site visit. The utility owner and the contractor/ employer must each keep a copy as well.

### **OHS Regulation references**

The following sections of the OHS Regulation relate to the requirements for this form:

- 19.24, Informing workers about high voltage electrical equipment and conductors
- 19.24.1, Minimum approach distance when working close to exposed electrical equipment and conductors
- 19.25, Assurance in writing
- 19.26, Assurance not practicable
- 19.28, Emergency work

To see these sections in their entirety, visit worksafebc.com and click on "Search the OHS Regulation" under Popular links.

### How to submit your form to WorkSafeBC

Scan or take a photo of the completed Form 30M33 and submit it via email to **30M33@worksafebc.com**.

You can also mail or fax your form:

Attn: Prevention Support Services PO Box 5350 Stn Terminal Vancouver BC V6B 5L5 Fax: 604.276.3247 (toll-free at 1.866.240.1434)