

## **LU Skills Development**



## **Safe Isolation Nomination Form**

| Го | London Underground<br>Skills & Competence Centre<br>Signalling Systems<br>Training Centre<br>130 Bollo Lane<br>Acton W3 8BZ   | From   |  |
|----|---|--|--|
|    |   | Tele Fax Ref Date                            |  |
|    | SAFE SYSTEMS OF WORK O  | N ELECTRICAL EQUIPMENT                       |  |
| 1. | Nomination (To be completed by Engineering Manager)   |  |  |
|    | The person nominated below is known to me to be competent in electrical and communication skills appropriate to his duties. I wish to nominate this person to attend training in Procedure LU Standard S1114 Safe Systems of Work or Near Electrical Equipment, and LU Standard 1-069 Low Voltage Electrical Installations to the level(s) specified below (Please tick as appropriate) |  |  |
|    | Level 1□ Level 2□ Level   | 3 □  |  |
|    | Name (in capitals)<br>Employee no<br>Job description  | EmployerNational Insurance no                |  |
|    | I have provided the nominee with the completed Engineering Statement. I have als provided the name of the nominee on the reverse of their photograph which I hav validated through my signature   |  |  |
|    | Signed  | Engineering Manager, Date                    |  |
| 2. | Record of Competence Level Achiev   | ed (To be completed by Examining Trainer)    |  |
|    | It is confirmed that the person nominated above attended the training course on held at the <b>Signalling Systems Training Centre</b> .  The nominee has <b>successfully/unsuccessfully*</b> met the requirements of the assessment process to prove competence at level 1 2 3 * (*Delete as appropriate)   |  |  |
|    | Comments (state if re-attendance is ne  | ecessary or if lower level achieved etc.)    |  |
|    |   |  |  |
|    | Signed  | Examining Trainer, Date                      |  |
|    | On completion, this form is to be return the Certificate of Competence  | ned to the Engineering Manager together with |  |
|    |   |  |  |

## **Engineering Statement**

| Employees Name: The person named above is known to me to be competent to work on the following electrical equipment / areas and at the voltages defined below: |  |                     |  |
|--|--|---------------------|--|
| Voltages:  |  | Work areas          |  |
| LVAC Distribution  |  |                     |  |
| Non-Traction D.C   |  |                     |  |
| Signalling Systems   |  |                     |  |
| Others (Specify)   |  |                     |  |
| Signature:   |  | Engineering Manager |  |