

WSP part 1

Version 1.0

Work Site Permit (WSP)

PowerLabDK, DTU Risø Campus

The WSP must at all-time be filled out and signed in accordance with “*Safety regulations and safety procedures for PowerLabDK*”. The WSP shall *always* be kept in the binder in the Administrative Coordinator main office after being signed.

Registration of activity (Part 1)

Identification of activity, Title:		
CEE project, number:		
Brief description of the activity utilizing PLDK facility		
Responsible for the test setup: <i>By my signature I declare to have read and will follow the “Safety regulations and safety procedures for PowerLabDK”.</i>		<i>The person responsible for the test setup has the overall responsibility for the design of the test setup.</i>
Name		
Phone No		
E-mail		
In case of a host or other contact person:		<i>Contact person at PowerLabDK/DTU</i>
Name		Date and signature
Phone No		
E-mail		
Project period: Max. 6 months validity	Start date	20[18 - 01 - 01]
	End date	20[18 - 01 - 01]
Allocated equipment:	EV Battery	Bay 1 (90kW) <input type="checkbox"/> Bay 2 (30kW) <input type="checkbox"/>
Allocated equipment:	PV Units	PV 117 (AC) <input type="checkbox"/> PV 319 (AC) <input type="checkbox"/> PV 715 (AC) <input type="checkbox"/>
Allocated equipment:	Wind turbines	Gaia (AC) <input type="checkbox"/> Aircon (DC) <input type="checkbox"/>
Allocated equipment:	Diesel generator	Yes <input type="checkbox"/> / No <input type="checkbox"/>
Allocated equipment:	Dumplload	Yes <input type="checkbox"/> / No <input type="checkbox"/>
Allocated equipment:	B2B converter	Yes <input type="checkbox"/> / No <input type="checkbox"/>
Allocated equipment:	PowerFlexHouse	PFH 1 <input type="checkbox"/> PFH 2 <input type="checkbox"/> PFH 3 <input type="checkbox"/>

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Allocated equipment:	Vanadium Battery	Yes <input type="checkbox"/> / No <input type="checkbox"/>	
Allocated equipment:	Nevic	Yes <input type="checkbox"/> / No <input type="checkbox"/>	
Allocated equipment:	Cables and special requirement	No specific cables required <input type="checkbox"/> A1 <input type="checkbox"/> / A2 <input type="checkbox"/> B1 <input type="checkbox"/> / B2 <input type="checkbox"/> C1 <input type="checkbox"/> / C2 <input type="checkbox"/> D1 <input type="checkbox"/> / D2 <input type="checkbox"/> E1 <input type="checkbox"/> / E2 <input type="checkbox"/> F1 <input type="checkbox"/> Labspace: _____ Equipment: _____ Other: _____	
Activity information:	Activity type(s): Set [x]	Research (incl. PhD-projects)	
		Education (Courses & student projects)	
		Commercial	
	Other:		
	In cooperation with external partner?	Yes <input type="checkbox"/> / No <input type="checkbox"/> [name of partner]	
Authorized responsible for the laboratory/facility:		<i>The authorized person responsible for the laboratory approves that the laboratory space is allocated to the activity described above in the mentioned period of time, and that the installation can begin accordingly by the person responsible for the test setup.</i>	
Name		Signature	
Date			
WSP No. <i>To be added by ADM controller</i>		20[yy-NN]	
Administrative controller:		<i>Registration confirmed.</i>	
Name		Signature	
Date			
Comment			

WSP part 2

Approval of the test setup, safety assessment (Part 2)

EXCEPTION: Remote controlled test setup. You do not need to fill in this section if the test setup exclusively includes remotely access to the Breakers and Units and all connected devices are SYSLAB-units or CE marked units. I.a. a test without use of any other equipment and without any physical activity in the lab.

setup exclusively includes remotely access to the Breakers and Units and all connected devices are SYSLAB-units or CE marked units.	Yes <input type="checkbox"/> / No <input type="checkbox"/> If Yes, skip safety assessment and sign part 2		
Equipment in use: When $>1500V_{DC}$ or $>1000V_{AC}$ the separate rules 'Safety Regulations' regarding work in the High Voltage Laboratory, DTU Elektro, Bldg. 329' have to be followed.			
Equipment under test Voltage level Set [x]	$< 60V_{DC}$ $< 25V_{AC}$	$> 60V_{DC}$ $> 25V_{AC}$	$>1500V_{DC}$ $>1000V_{AC}$
Equipment under test Protected current level Set [x]	$<10A$	$> 10A$ $< 63A$	$> 63A$ or no fuse
Energy storage [kWh/MJ]		Pressure/flow systems	Yes <input type="checkbox"/> / No <input type="checkbox"/>
Rotating machines	Yes <input type="checkbox"/> / No <input type="checkbox"/>	Gas	Yes <input type="checkbox"/> / No <input type="checkbox"/>
Combustion machines	Yes <input type="checkbox"/> / No <input type="checkbox"/>	Laser	Yes <input type="checkbox"/> / No <input type="checkbox"/>
Other equipment			
The test setup is remote controlled and warning signs are placed clearly and visible:		Yes <input type="checkbox"/> / No <input type="checkbox"/>	
Hazard classification of the materials in use (flammable, toxic, corrosive etc.):			
Requirement of workplace instructions (Arbejdspladsbrugsanvisninger, APB) at the laboratory space			Yes <input type="checkbox"/> / No <input type="checkbox"/>
Hazard(s)	Description of the material(s)		
Technical requirements:			
Fume hood	Yes <input type="checkbox"/> / No <input type="checkbox"/>	Avoid open fire	Yes <input type="checkbox"/> / No <input type="checkbox"/>
Local exhaust ventilation	Yes <input type="checkbox"/> / No <input type="checkbox"/>	Detectors	Yes <input type="checkbox"/> / No <input type="checkbox"/>
Special work room	Yes <input type="checkbox"/> / No <input type="checkbox"/>	Other	
Requirements to safety equipment:			
Firefighting equipment	Yes <input type="checkbox"/> / No <input type="checkbox"/>	Shielding equipment	Yes <input type="checkbox"/> / No <input type="checkbox"/>
Emergency stop for gas etc.	Yes <input type="checkbox"/> / No <input type="checkbox"/>	Other	
Requirements to personal safety equipment:			
Safety glasses	Yes <input type="checkbox"/> / No <input type="checkbox"/>	Helmet	Yes <input type="checkbox"/> / No <input type="checkbox"/>
Earmuffs	Yes <input type="checkbox"/> / No <input type="checkbox"/>	Face shield	Yes <input type="checkbox"/> / No <input type="checkbox"/>
Gloves	Yes <input type="checkbox"/> / No <input type="checkbox"/>	Dust filter mask	Yes <input type="checkbox"/> / No <input type="checkbox"/>
Safety shoes	Yes <input type="checkbox"/> / No <input type="checkbox"/>	Other	
Requirements to special first aid equipment:			
Eyewash bottles	Yes <input type="checkbox"/> / No <input type="checkbox"/>	Running water	Yes <input type="checkbox"/> / No <input type="checkbox"/>
Emergency shower	Yes <input type="checkbox"/> / No <input type="checkbox"/>	Other	

WSP part 2

Responsible for the test setup:		<i>The responsible for the test setup confirms that the test setup is reviewed and made to meet the "Safety rules and safety procedures for PowerLabDK"</i>
Name		Signature
Date		
Comment		
Authorized expert:		<i>The authorized expert confirms that the test setup is reviewed and made to meet the "Safety rules and safety procedures for PowerLabDK"</i>
Name		Signature
Date		
Comment		

WSP part 3

Dismantling of the test setup (Part 3)

Statement of completion:			
Any defect equipment has to be reported to the authorized responsible for the laboratory or a laboratory technician. Equipment OK?	Yes <input type="checkbox"/> / No <input type="checkbox"/>	Waste disposed of?	Yes <input type="checkbox"/> / No <input type="checkbox"/>
Work space cleared and ready for the next user? Breakers in initial position?	Yes <input type="checkbox"/> / No <input type="checkbox"/> Yes <input type="checkbox"/> / No <input type="checkbox"/>	Other	
Responsible for the test setup		Date	
		Signature	
Statement of completion accepted:			
Authorized responsible for the laboratory		Date	
		Signature	
Registration confirmed.			
Administrative controller:		Date	
		Signature	

WSP part 4

Phone No.		
E-mail		
Name		Date and signature
Phone No.		
E-mail		
Name		Date and signature
Phone No.		
E-mail		
Name		Date and signature
Phone No.		
E-mail		
Name		Date and signature
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Name		Date and signature
Phone No.		
E-mail		
Name		Date and signature
Phone No.		
E-mail		
Name		Date and signature
Phone No.		
E-mail		
Safety guard:		<i>The person is Safety guard and familiar with "Safety regulations and safety procedures for PowerLabDK".</i>
Name		Date and signature
Phone No.		
E-mail		
Comments (additional comments in separate sheet):		

Comments: