

Accelerated Loss of Mains Change Programme

Questionnaire

1. Unique Site Reference

2. Generator Owner

3. Contractor Completing Change

(a) Company

(b) Engineer Name

(c) Telephone Number

(d) e-mail

(e) SSEN Recognised Contractor

4. Changes being made (tick relevant option)

(a) Settings change

(b) Relay replacement

(c) Relay made inoperative

5. Estimated Change Date

6. Payment details (cheque only)

(a) Payee

(b) Payee Address

Yes

No