

Voltage Fluctuation Observation

Name of person making request for investigation: _____

Premise No. _____ Who is your Energy Retailer: _____

Account No. _____ Postal Address of Account: _____

Description of Premise Location: _____

Contact Phone Nos. Home _____ Work _____

Type of installation: House Milking Shed Pump Workshop Other: _____

How long has problem existed: _____

How is problem apparent: Lights flicker Lights dim Computer switches off

Motor slows down Motors will not start Light bulbs do not last Microwave cook times vary

Other: _____

When is problem apparent: _____

Certain days of the week _____ Certain times of the day _____

What period of time does the problem last _____

Do your neighbours have similar problems: Yes No Don't know

Comments: _____

Are there any large motors (over 1 hp single phase or 3 hp 3 phase) in your installation:

Yes No

Are there any large motors (over 1 hp single phase or 3 hp 3 phase) in your neighbourhood:

Yes No Don't know

Size: _____ Phasing: _____

Is there any large heating load in your installation:

Spa pool: _____ Under floor heating: _____

Airconditioning: _____ Welders: _____

Approximate age of installation: _____ yrs. I Own Rent Lease the installation. Tick one

I understand that there will be a fee of: No fee A fee of \$ _____ A fee based on costs

I understand that if the problem is part of my service line or within my installation, there will be a Northpower attendance charge.
I understand that Northpower reserve the right to charge a fee, based on costs, if voltage monitoring equipment is installed and no problem is found.
I authorise the above Energy Retailer to release to Northpower any details regarding my electricity account that will assist in the investigation of this voltage complaint.

Name: _____ Signature: _____ Date: _____

FOR OFFICE USE ONLY:

Control Room/Faultman

Arranged Field Check. Date: _____

Supplied from Transformer Sub No. _____ Number of phases: _____

11 kV Feeder Name: _____ Zone Sub: _____

Initial check of supply lines carried out by: _____ Date: _____

Findings: _____

Network Engineering

WASP File No. _____

Appraisal carried out by: _____ Date: _____

Voltage Monitoring to be installed: Yes [] No []

Customer advised of charges by: _____ Date: _____

Date Voltage Monitoring Installed: _____ By: _____

Confirmation that problem fixed by: _____ Date: _____

All voltage complaints are to be logged in the WASP Project Register to provide a WASP reference number, and for tracking progress.

The above form **must** be filled in prior to committing any resources to investigation, other than checks by the faultperson. This must be completed and signed by the customer lodging the complaint.

Refer to **LM 3.1.80 - Voltage Drop Determination** for Voltage Drop Determination. This includes a policy on allowable voltage variances.

Also see **LM 3.1.55 - Motor Starting** for motor starting requirements.