

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 1hp single phase or 3hp 3phase) in your neighbourhood:

Yes No Don't know

Size: _____ Phasing: _____

Is there any large heating load in your installation:

Spa pool: _____ Under floor heating: _____

Air conditioning: _____ 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 fault person. This must be completed and signed by the customer lodging the complaint.

Refer to **LM3.1.80-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.



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