

# ASP General Information GIS Data Maintenance

Alert Number: GI28\_21

20 DECEMBER 2021

## Subject: Process updates to Field Recording Obligations

This General Information Notice (GI) is to notify ASP1s of changes to the process of submitting field recording As-builts and the associated Certification of As-builts (COA) form. As advised in September via alert GI22\_21, as of 1 January 2022, ASP1s will be undertaking all Field Recording of Network Assets (FRNA), **including field recording of commissioning works**, for Level 1 contestable projects. This also applies to in-flight projects where any new assets are yet to be commissioned as of January 1, 2022.

### Updated FRNA Requirements

From 1 January 2022, ASP1s will be required to complete all FRNA for Level 1 contestable projects (including field recording of commissioning works).

The following outlines the updated FRNA process.

#### Submission of as-built field recordings

All submissions of as-built information must be accompanied by a Certification of As-Builts (COA) form, with the "Contractor Request" section completed on either the Preliminary Certification of As-Builts (PCOA) or Final Certification of As-Builts (FCOA). The Preliminary Certification of As-Builts section is used for all submissions prior to the completion of a project and the Final Certification of As-Builts section is used to document and confirm that all required as-built information for the project has been submitted & accepted and complies with the relevant network standards.

#### Incremental Submissions

During large projects, as-builts should be submitted incrementally as each section of works is constructed (incremental submission). A Preliminary Certification of As-Built (PCOA) must accompany all as-builts submitted in this manner, with the "Contractor Request" section completed and "*Incremental Civil Works*" selected from the "Purpose of PCOA" drop-down list. Examples of suitable incremental submissions might be between joint bays on major cable runs, a residential block in a URD, etc. On very large or high-profile projects, sections of work should be determined in conjunction with Ausgrid Data Maintenance ([gis@ausgrid.com.au](mailto:gis@ausgrid.com.au)) during the project planning stage. Failure to appropriately stage submission of as-builts may cause delays in processing the contestable works.

#### Electrification Requests

*Five (5) business days prior* to Pre-Electrification Inspection (three (3) weeks prior to proposed electrification date), as-built drawings detailing all works planned to be commissioned (other than any jointing or terminations work required during the commissioning process) *must* be submitted to Ausgrid Data Maintenance, along with a PCOA form with the "*Submission required for Pre-Electrification Meeting*" selected from the "Purpose of PCOA" drop-down list and the corresponding SAO number entered on the form. SAO number may be obtained from the ASP Compliance Officer (ASP CO) assigned to the project.

If as-built information for any of the works to be commissioned has been previously submitted as an incremental submission (above), the receipt number from the previous submission(s) must be included in the "Scope of current works" section of the PCOA form.

ASP submits certified PCOA relating to the Electrification Request to ASP CO during Pre-Electrification Meeting.

**The Electrification outage will only proceed if a certified PCOA (detailing the Electrification Request) and all other necessary documents have been received by the ASP CO.** If the relevant PCOA is not received at the Pre-Electrification Inspection, the Electrification outage may be cancelled.

#### Completed Electrification Works

As-built drawings detailing any jointing or other works performed as part of electrification must be submitted within two (2) business days following commissioning of any assets. If the electrification marked the completion of the project, the as-builts must be accompanied by an FCOA form. If, however, the electrification marked a stage / milestone in an on-going project, the as-builts must be accompanied by a PCOA form with "*Associated with works undertaken during an outage where further works required*" selected from the "Purpose of PCOA" drop-down list and the corresponding SAO number entered on the form.

## Removal of Assets

In the case that a design indicates assets to be removed, this should be documented on the submitted as-builts prior to certifying a PCOA relating to an Electrification Request, except where the ASP Compliance Officer provides confirmation that the assets that cannot be removed until after new assets are commissioned, in which case details of the removed assets must be included as part of the FCOA submission.

## COA form scenarios

The following describes examples of how to use the updated PCOA/FCOA forms.

| Scenario                                                                                                                                  | COA type | SAO# req'd? | Purpose of PCOA                                                                |
|-------------------------------------------------------------------------------------------------------------------------------------------|----------|-------------|--------------------------------------------------------------------------------|
| Submission of as-builts during a long duct install or cable run                                                                           | PCOA     | No          | Incremental Civil Works                                                        |
| Submission of as-builts <i>5 days prior to</i> Pre-Electrification meeting to commission new assets                                       | PCOA     | Yes         | Submission required for Pre-Electrification Meeting                            |
| Submission of as-builts detailing commissioning joints performed <i>during</i> electrification of the first stage of a multistage project | PCOA     | Yes         | Associated with works undertaken during an outage where further works required |
| Submission of as-builts detailing commissioning works performed during electrification of the final outage                                | FCOA     | Yes         | NA                                                                             |

## Updates to COA form

The following describes the changes from the existing COA forms.

### PCOA Changes

1. Description of outstanding field recordings - no longer required
2. Scope of current works - must include SAO number where "Purpose of PCOA" is anything other than "Incremental civil works" and receipt number from the previous submission(s)
3. Purpose of PCOA - new drop-down list to select the type of submission being made.

| Existing Form                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | New Form                                                                                                                               |                                      |                                             |  |                                           |                                       |                                                                                |                                                              |                                                  |  |                                                                                 |  |                                                                            |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                    |                                      |                                             |  |                                           |                                       |                                                                                |                                                              |                                                  |  |                                                                                     |  |                                                                        |  |                                                                                                                                                                                            |  |
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| <b>Form – Certification of As-builts (COA)</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | <b>Company Form – Certification of As-builts (COA)</b>                                                                                 |                                      |                                             |  |                                           |                                       |                                                                                |                                                              |                                                  |  |                                                                                 |  |                                                                            |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                    |                                      |                                             |  |                                           |                                       |                                                                                |                                                              |                                                  |  |                                                                                     |  |                                                                        |  |                                                                                                                                                                                            |  |
| Contractor Request – <b>Preliminary COA (PCOA):</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Contractor Request – <b>Preliminary COA (PCOA):</b>                                                                                    |                                      |                                             |  |                                           |                                       |                                                                                |                                                              |                                                  |  |                                                                                 |  |                                                                            |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                    |                                      |                                             |  |                                           |                                       |                                                                                |                                                              |                                                  |  |                                                                                     |  |                                                                        |  |                                                                                                                                                                                            |  |
| The included field recordings are submitted for approval and constitute as-built information for <u>all</u> works constructed to date:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | The included field recordings are submitted for approval and constitute as-built information for <u>all</u> works constructed to date: |                                      |                                             |  |                                           |                                       |                                                                                |                                                              |                                                  |  |                                                                                 |  |                                                                            |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                    |                                      |                                             |  |                                           |                                       |                                                                                |                                                              |                                                  |  |                                                                                     |  |                                                                        |  |                                                                                                                                                                                            |  |
| <table border="1"><tr><td>Project name: <input type="text"/></td><td>Project number: <input type="text"/></td></tr><tr><td colspan="2">ASPI contract company: <input type="text"/></td></tr><tr><td>Field recorder name: <input type="text"/></td><td>Authorisation #: <input type="text"/></td></tr><tr><td>Proposed date of final inspection: <a href="#">Click here to enter a date.</a></td><td>Submission date: <a href="#">Click here to enter a date.</a></td></tr><tr><td colspan="2">Submitted document name(s): <input type="text"/></td></tr><tr><td colspan="2">Scope of staged commissioning / milestone (if applicable): <input type="text"/></td></tr><tr><td colspan="2">Description of outstanding field recordings: <input type="text"/> <b>1</b></td></tr></table> | Project name: <input type="text"/>                                                                                                     | Project number: <input type="text"/> | ASPI contract company: <input type="text"/> |  | Field recorder name: <input type="text"/> | Authorisation #: <input type="text"/> | Proposed date of final inspection: <a href="#">Click here to enter a date.</a> | Submission date: <a href="#">Click here to enter a date.</a> | Submitted document name(s): <input type="text"/> |  | Scope of staged commissioning / milestone (if applicable): <input type="text"/> |  | Description of outstanding field recordings: <input type="text"/> <b>1</b> |  | <table border="1"><tr><td>Project name: <input type="text"/></td><td>Project number: <input type="text"/></td></tr><tr><td colspan="2">ASPI contract company: <input type="text"/></td></tr><tr><td>Field recorder name: <input type="text"/></td><td>Authorisation #: <input type="text"/></td></tr><tr><td>Proposed date of final inspection: <a href="#">Click here to enter a date.</a></td><td>Submission date: <a href="#">Click here to enter a date.</a></td></tr><tr><td colspan="2">Submitted document name(s): <input type="text"/></td></tr><tr><td colspan="2">Scope of current works: <input type="text"/> (SAO # <input type="text"/>) <b>2</b></td></tr><tr><td colspan="2">Purpose of PCOA:<br/>↓ [Select an option from dropdown list] ↓ <b>3</b></td></tr><tr><td colspan="2"><b>Choose an item.</b><br/>Incremental civil works<br/>Submission required for pre-electrification meeting<br/>Associated with works undertaken during an outage where further works required</td></tr></table> | Project name: <input type="text"/> | Project number: <input type="text"/> | ASPI contract company: <input type="text"/> |  | Field recorder name: <input type="text"/> | Authorisation #: <input type="text"/> | Proposed date of final inspection: <a href="#">Click here to enter a date.</a> | Submission date: <a href="#">Click here to enter a date.</a> | Submitted document name(s): <input type="text"/> |  | Scope of current works: <input type="text"/> (SAO # <input type="text"/> ) <b>2</b> |  | Purpose of PCOA:<br>↓ [Select an option from dropdown list] ↓ <b>3</b> |  | <b>Choose an item.</b><br>Incremental civil works<br>Submission required for pre-electrification meeting<br>Associated with works undertaken during an outage where further works required |  |
| Project name: <input type="text"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Project number: <input type="text"/>                                                                                                   |                                      |                                             |  |                                           |                                       |                                                                                |                                                              |                                                  |  |                                                                                 |  |                                                                            |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                    |                                      |                                             |  |                                           |                                       |                                                                                |                                                              |                                                  |  |                                                                                     |  |                                                                        |  |                                                                                                                                                                                            |  |
| ASPI contract company: <input type="text"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                        |                                      |                                             |  |                                           |                                       |                                                                                |                                                              |                                                  |  |                                                                                 |  |                                                                            |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                    |                                      |                                             |  |                                           |                                       |                                                                                |                                                              |                                                  |  |                                                                                     |  |                                                                        |  |                                                                                                                                                                                            |  |
| Field recorder name: <input type="text"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Authorisation #: <input type="text"/>                                                                                                  |                                      |                                             |  |                                           |                                       |                                                                                |                                                              |                                                  |  |                                                                                 |  |                                                                            |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                    |                                      |                                             |  |                                           |                                       |                                                                                |                                                              |                                                  |  |                                                                                     |  |                                                                        |  |                                                                                                                                                                                            |  |
| Proposed date of final inspection: <a href="#">Click here to enter a date.</a>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Submission date: <a href="#">Click here to enter a date.</a>                                                                           |                                      |                                             |  |                                           |                                       |                                                                                |                                                              |                                                  |  |                                                                                 |  |                                                                            |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                    |                                      |                                             |  |                                           |                                       |                                                                                |                                                              |                                                  |  |                                                                                     |  |                                                                        |  |                                                                                                                                                                                            |  |
| Submitted document name(s): <input type="text"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                        |                                      |                                             |  |                                           |                                       |                                                                                |                                                              |                                                  |  |                                                                                 |  |                                                                            |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                    |                                      |                                             |  |                                           |                                       |                                                                                |                                                              |                                                  |  |                                                                                     |  |                                                                        |  |                                                                                                                                                                                            |  |
| Scope of staged commissioning / milestone (if applicable): <input type="text"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                        |                                      |                                             |  |                                           |                                       |                                                                                |                                                              |                                                  |  |                                                                                 |  |                                                                            |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                    |                                      |                                             |  |                                           |                                       |                                                                                |                                                              |                                                  |  |                                                                                     |  |                                                                        |  |                                                                                                                                                                                            |  |
| Description of outstanding field recordings: <input type="text"/> <b>1</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                        |                                      |                                             |  |                                           |                                       |                                                                                |                                                              |                                                  |  |                                                                                 |  |                                                                            |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                    |                                      |                                             |  |                                           |                                       |                                                                                |                                                              |                                                  |  |                                                                                     |  |                                                                        |  |                                                                                                                                                                                            |  |
| Project name: <input type="text"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Project number: <input type="text"/>                                                                                                   |                                      |                                             |  |                                           |                                       |                                                                                |                                                              |                                                  |  |                                                                                 |  |                                                                            |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                    |                                      |                                             |  |                                           |                                       |                                                                                |                                                              |                                                  |  |                                                                                     |  |                                                                        |  |                                                                                                                                                                                            |  |
| ASPI contract company: <input type="text"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                        |                                      |                                             |  |                                           |                                       |                                                                                |                                                              |                                                  |  |                                                                                 |  |                                                                            |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                    |                                      |                                             |  |                                           |                                       |                                                                                |                                                              |                                                  |  |                                                                                     |  |                                                                        |  |                                                                                                                                                                                            |  |
| Field recorder name: <input type="text"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Authorisation #: <input type="text"/>                                                                                                  |                                      |                                             |  |                                           |                                       |                                                                                |                                                              |                                                  |  |                                                                                 |  |                                                                            |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                    |                                      |                                             |  |                                           |                                       |                                                                                |                                                              |                                                  |  |                                                                                     |  |                                                                        |  |                                                                                                                                                                                            |  |
| Proposed date of final inspection: <a href="#">Click here to enter a date.</a>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Submission date: <a href="#">Click here to enter a date.</a>                                                                           |                                      |                                             |  |                                           |                                       |                                                                                |                                                              |                                                  |  |                                                                                 |  |                                                                            |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                    |                                      |                                             |  |                                           |                                       |                                                                                |                                                              |                                                  |  |                                                                                     |  |                                                                        |  |                                                                                                                                                                                            |  |
| Submitted document name(s): <input type="text"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                        |                                      |                                             |  |                                           |                                       |                                                                                |                                                              |                                                  |  |                                                                                 |  |                                                                            |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                    |                                      |                                             |  |                                           |                                       |                                                                                |                                                              |                                                  |  |                                                                                     |  |                                                                        |  |                                                                                                                                                                                            |  |
| Scope of current works: <input type="text"/> (SAO # <input type="text"/> ) <b>2</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                        |                                      |                                             |  |                                           |                                       |                                                                                |                                                              |                                                  |  |                                                                                 |  |                                                                            |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                    |                                      |                                             |  |                                           |                                       |                                                                                |                                                              |                                                  |  |                                                                                     |  |                                                                        |  |                                                                                                                                                                                            |  |
| Purpose of PCOA:<br>↓ [Select an option from dropdown list] ↓ <b>3</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                        |                                      |                                             |  |                                           |                                       |                                                                                |                                                              |                                                  |  |                                                                                 |  |                                                                            |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                    |                                      |                                             |  |                                           |                                       |                                                                                |                                                              |                                                  |  |                                                                                     |  |                                                                        |  |                                                                                                                                                                                            |  |
| <b>Choose an item.</b><br>Incremental civil works<br>Submission required for pre-electrification meeting<br>Associated with works undertaken during an outage where further works required                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                        |                                      |                                             |  |                                           |                                       |                                                                                |                                                              |                                                  |  |                                                                                 |  |                                                                            |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                    |                                      |                                             |  |                                           |                                       |                                                                                |                                                              |                                                  |  |                                                                                     |  |                                                                        |  |                                                                                                                                                                                            |  |

## FCOA Changes

4. Proposed date of final inspection - no longer required
5. Scope of staged commissioning / milestone - no longer required
6. Proposed date of commissioning - no longer required
7. Date Commissioned - For staged projects, this is the date of the final electrification. Not required for Ausgrid initiated contract works.
8. Date Completed - Date that ALL required work has been completed for the project. Usually coincides with date of final electrification
9. Final SAO# - For staged projects, this is the SAO detailing the final electrification. Not required for Ausgrid initiated contract works.
10. Associated PCOA Receipt(s) - List of PCOA receipt numbers to validate all prior submissions associated with the project.
11. Additional comments - free text field for any additional information.

| Existing Form                                                                                                                                                 |                                                                                   | New Form                                                                                                                                                      |                                                                                   |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|
|                                                                              |                                                                                   |                                                                            |                                                                                   |
| <b>Form – Certification of As-builts (COA)</b>                                                                                                                |                                                                                   | <b>Company Form – Certification of As-builts (COA)</b>                                                                                                        |                                                                                   |
| <b>Contractor Request – Final COA:</b>                                                                                                                        |                                                                                   | <b>Contractor Request – Final COA (FCOA):</b>                                                                                                                 |                                                                                   |
| The included field recordings are submitted for approval and constitute final as-built information for all outstanding works for the specified project/stage: |                                                                                   | The included field recordings are submitted for approval and constitute final as-built information for all outstanding works for the specified project/stage: |                                                                                   |
| Project name: <input type="text"/>                                                                                                                            | Project number: <input type="text"/>                                              | Project name: <input type="text"/>                                                                                                                            | Project number: <input type="text"/>                                              |
| ASP/ contract company: <input type="text"/>                                                                                                                   |                                                                                   | ASP/ contract company: <input type="text"/>                                                                                                                   |                                                                                   |
| Field recorder name: <input type="text"/>                                                                                                                     | Authorisation #: <input type="text"/>                                             | Field recorder name: <input type="text"/>                                                                                                                     | Authorisation #: <input type="text"/>                                             |
| Proposed date of final inspection: <input type="text"/> <a href="#">Click here to enter a date.</a>                                                           | Submission date: <input type="text"/> <a href="#">Click here to enter a date.</a> | Date Commissioned: <input type="text"/> <a href="#">Click here to enter a date.</a>                                                                           | Final SAO #: <input type="text"/>                                                 |
| Submitted document name(s): <input type="text"/>                                                                                                              |                                                                                   | Date Completed: <input type="text"/> <a href="#">Click here to enter a date.</a>                                                                              | Submission date: <input type="text"/> <a href="#">Click here to enter a date.</a> |
| Scope of staged commissioning / milestone (if applicable): <input type="text"/>                                                                               |                                                                                   | Submitted document name(s): <input type="text"/>                                                                                                              |                                                                                   |
| Proposed date of commissioning (if applicable): <input type="text"/>                                                                                          |                                                                                   | Associated PCOA receipt(s): <input type="text"/>                                                                                                              |                                                                                   |
|                                                                                                                                                               |                                                                                   | Additional Comments: <input type="text"/>                                                                                                                     |                                                                                   |

## In-flight Projects

In the case where an FCOA had previously been issued on any current in-flight project prior to January 1, 2022, a new FCOA must be submitted in conjunction with the related as-builts once all assets have been commissioned and the project is complete. A new FCOA receipt number will be issued for the final project close-out.

For any questions relating to the content of this GI, please email [gis@ausgrid.com.au](mailto:gis@ausgrid.com.au) with the subject line, *GI28\_21 Query: Your Brief detail*

Regards,  
Contract Delivery – Ausgrid