**To: SONI Ltd. Castlereagh House Control Centre**

**TEST NOTICE**

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| --- |
| **1.**requests from SONI Ltd. the following test programme: |
|  |
| Generator | AVAIL prior to TestMW | Test Availability (MW) | Test Start | Test Finish | Duration (hrs/mins) |
|  |  |  | Date | Time | Date | Time |  |
|  |  |  |       |       |       |       |       |
| PROPOSED TEST DESCRIPTION |
| **1. SONI assistance required for Test (if Yes, Insert Contact Person below)** | **[ ]**  |
| **2. SONI Contact:** |
| **This notice confirms telephone notice issued at**  |       | **(insert date/time if applicable)** |
| **If this notice contradicts the information given in the telephone notice it shall be disregarded and SONI shall so inform the Generator.** |
| **Name:** |  | **Date/Time of issue:** |  |       |

|  |  |  |  |
| --- | --- | --- | --- |
| **Position:** |  | **Signature:** |  |

|  |
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| **2. SONI RESPONSE TO REQUEST (Fill as appropriate)** |
|  |
| **1. Request accepted and confirmed as above** | **[ ]**  |
| **2. Request refused**  | **[ ]**  |
| **3. Alternative timing proposed as shown below:** | **[ ]**  |
| **Test start date:** | dd/mm/yy | **Test start time:** | hh:mm |
|  |
| **Name:** |  | **Date/Tme of issue** |            |

|  |  |  |  |
| --- | --- | --- | --- |
| **Position:** |  | **Signature** |  |

On completion please email to Generation-outages@soni.ltd.uk