1. PRIMARY FREQUENCY RESPONSE REQUIREMENTS   
    Existing Generation – Results of Self-Assessment

Section 1: Applicant

|  |  |
| --- | --- |
| Applicant |  |
| ABN |  |

Where the Applicant represents a number of related parties who are Affected Generators[[1]](#footnote-2), a document showing the relationships between the Applicant and those Affected Generators should also be provided.

Section 2: Affected GS**6** & Local Network Service Provider (LNSP)**[[2]](#footnote-3)**

|  |  |
| --- | --- |
| Name |  |
| DUID |  |
| Connection Point |  |
| Registered Capacity |  |
| Technology |  |
| LNSP |  |

Section 3: Results of self-assessment and proposed PFR settings**7**

The following are the results of the Applicant’s self-assessment of the Affected GS’ ability to meet each of the PFRP outlined in section 3 and the Proposed PFR Settings for the Affected GS:

|  |  |  |
| --- | --- | --- |
| Name of Affected GS: |  | |
| DUID: |  | |
| Deadband at the Connection Point:  (indicate preference) | One change to ±0.015Hz | Yes/No |
| Two changes:   1. ±0.05Hz 2. ±0.015Hz | Yes/No |
| Droop (% of Maximum Operating Level) |  | |
| Response Time (seconds to achieve a 5% change in output) | (provide evidence of inherent delays in plant response or any physical, environmental, temperature or other limits that could impact response time, include its range and continuity – see additional performance requirements referred to in section 4.) | |
| Earliest date(s) that Proposed PFR Settings can be made: |  | |

Section 4: Supporting information

Documents to be submitted to support this Self-Assessment, where necessary, include:

* Control block diagrams, simulations, reports of previous physical tests, past commissioning test results or OEM specifications, as relevant to PFR.
* Information on limits to range of response, or the ability of the Affected GS to sustain response, including how they may relate to underlying plant capability, stability or safety.
* Information on any limitations on the Affected GS’ ability to meet the PFRP.
* Information describing how the Affected GS is operated to provide Regulation FCAS or Contingency FCAS.

Please list each supporting document provided:

Section 5: Demonstration of stability – the following applies to each Affected GS[[3]](#footnote-4):

|  |  |
| --- | --- |
| Name of Affected GS: |  |
| DUID: |  |
| Are tests of the type contemplated by section 8.2.1 proposed? | Yes/No  (If yes, please describe the proposed tests) |
| Are tests of the type contemplated by section 8.2.2 proposed? | Yes/No  (If yes, please describe the proposed tests) |
| Does the Applicant wish to use previous test results as evidence for stable operation with the PFRP? | Yes/No  (If yes, please describe the previous tests, and how they indicate stable operation will be achieved with the PFRP) |
| Has the Affected GS previously operated with settings similar to or consistent with the PFRP within the last few years? | Yes/No  (if yes, provide evidence of previous operation date/time and outcomes) |
| If tests are proposed, please provide date(s) for the tests. |  |

Section 6: Applicant contacts for queries**[[4]](#footnote-5)**

|  |  |
| --- | --- |
| Name |  |
| Title |  |
| Phone |  |
| Email |  |

Section 7: Certification and signature

|  |  |  |
| --- | --- | --- |
| I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (insert name)  ­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(insert title)  DECLARE that I am authorised by the Applicant to submit this Self-Assessment on the Applicant’s behalf and CERTIFY that the contents of this Self-Assessment and any attachments are true and correct.   |  |  | | --- | --- | | Signature | ………./………./20……..  Date | |

This form should be submitted to: [PFR@aemo.com.au](mailto:PFR@aemo.com.au)

Enquiries about this form should be submitted to: [PFR@aemo.com.au](mailto:PFR@aemo.com.au)

1. As defined in the Interim Primary Frequency Response Requirements. [↑](#footnote-ref-2)
2. Copy and paste for each Affected GS. [↑](#footnote-ref-3)
3. Copy and paste table for each Affected GS. [↑](#footnote-ref-4)
4. Copy and paste table to insert more names if more than one contact. [↑](#footnote-ref-5)