

## SERVICES ISOLATION / IDENTIFICATION / CONTROL PERMIT

### 1. CONTACT DETAILS

<b>Details of Contractor</b>	Name:		Company:	
	Email:		Mobile:	
<b>Contract Supervisor</b>	Name:		Dept:	
	Email:		Mobile:	
<b>Service Isolator</b>	Name:		Dept:	
	Email:		Mobile:	
	Electrical Contractor Number		A Grade Licence Number:	
<b>Emergency Contact Numbers</b>				
<b>Project Name / Number</b>		<b>Project Location</b>		

### 2. SERVICES AND AREAS TO BE CONTROLLED (CAN BE MULTIPLE)

<input type="checkbox"/> Gas	<input type="checkbox"/> Fire
<input type="checkbox"/> Electricity	<input type="checkbox"/> Water
<input type="checkbox"/> Fuel	<input type="checkbox"/> Pneumatic
<input type="checkbox"/> Sewage	<input type="checkbox"/> Chemical - Type of Chemical:
<input type="checkbox"/> Telstra	<input type="checkbox"/> Optic Fibre
<input type="checkbox"/> Mechanical / Plant - Type:	<input type="checkbox"/> Other

**Description and Reason for Service Control:**
*Include any equipment ID numbers*
**SERVICES CONTROL LOCATION:**
*Where the physical isolation/control of the service is placed*

Building / Area	Level	Room	Switch / Valve / Isolation Point

**SERVICES CONTROL LOCATION:**
*The area that is safe to work (Please attach marked up floor plans and service diagrams)*

Building / Area	Level	Room	Switch / Valve / Isolation Point

**Relevant Authorities Notified:**

Authority	Yes	No	N/A

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3. PRECAUTIONS REQUIRED (ARE THESE INCLUDED IN YOUR SWMS?)	Yes	No	N/A
Locks/physical barriers in place			
Warning Notices / Tags / Signs / Barriers in place			
Isolation is verified by 'test to start' or other means			
Stored energy is dissipated			
Next upstream isolation point identified			
Sudden changes of environment (e.g. Weather, sudden start of equipment)			
Piping cleaned and cleared of sewage / chemicals / fuel / steam / liquids under pressure			
Spotter in place / required			

General Comments/Controls:

### 4. AUTHORISATION

**Permit Issuer** – I have discussed the isolations, controls, the hazards identified, the work to be performed and the agreed methods of work. I authorise the work specified to proceed, provided the precautions listed on this permit and attached documentation are observed.

Name:	Signature:	Date:
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Permit Valid From (Date/Time):	To (Date/Time):
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**Permit Recipient Directly Managing Work** - I have assessed and discussed the isolations, controls, the hazards identified and work to be performed with the permit issuer and agree to comply with all agreed controls, site safety requirements and with all provisions of this permit, and to explain and enforce those provisions with all persons under my responsibility and that all service isolations and controls are in place. Whenever any excavation, earthworks or blind penetration occurs a service location device must be used. *(NB. Due to the age and history of Tasports infrastructure and property, not all services may be isolated or controlled or noted on this permit. As such should you come across any service you are unsure about or is not identified on this permit, Cease work immediately and contact your permit issuer for further guidance)*

Recipient Name:	Signature:	Date:
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### 5. PERMIT HANDOVER / PERMIT FINALISATION

<input type="checkbox"/> Work not complete, handover completed	<b>Permit Handover:</b> Signed Outgoing Permit Recipient:	Dated:
<input type="checkbox"/> Work complete, proceed to permit closure	Signed Incoming Permit Recipient:	Dated:

<p><b>Completion of Works and Permit Closure – RECIPIENT</b></p> <p>All work has been completed, people and equipment withdrawn from the plant/area, isolations/controls removed and the plant/area is clean and safe for use.</p> <p>Certificate of Electrical compliance has been submitted:          Yes <input type="checkbox"/> No <input type="checkbox"/> If not, reason:</p>	<p><b>Permit Closure – ISSUER</b></p> <p>I am satisfied that all work associated with this Permit has been completed in accordance with the Permit Conditions.</p> <p><b>Name:</b> _____ <b>Signed:</b> _____</p> <p>Date: _____ Time: _____</p>
<p><b>Name:</b> _____ <b>Signature:</b> _____</p> <p>Date: _____ Time: _____</p>	<p>All Permit/s Closed Out in Permit to Work Log <input type="checkbox"/></p> <p>All Permit/s filed in Trim when completed <input type="checkbox"/></p>