

ISOLATION PERMIT

1. CONTACT DETAILS

TASPORTS Person Requesting Works:		Mobile Phone #	
Person/Company Undertaking the Work (Responsible person)		Mobile Phone #	
	Electrical Contractor #		Practitioners #

Emergency Contact numbers 000 (Fire, Ambulance & Police) 1300 664 007 (Tasports' Security)

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

Gas	Fire
Electricity	Water
Fuel	Pneumatic
Sewerage	Chemical - Type
Telstra	Optic Fiber
Mechanical / Plant – Type:	Other

3. ISOLATION CHECKLIST (ALL USERS)

Equipment listed below that is safe to work on under this isolation permit

Electrical Isolations Completed

Equipment Isolated	Switchboard	Tier	Switch/Circuit Breaker	Competent persons			
				Performing isolation and verification by 2 nd person			
				Isolated by	Initial	Checked by	Initial

Mechanical/ Hydraulic Isolations Completed (Other Stored Energy)

Equipment Isolated	Location	Isolation Type	Isolation Point	Competent persons			
				Performing isolation and verification by 2 nd person			
				Isolated by	Initial	Checked by	Initial

Name of Relevant Authorities Notified

	Yes	No	N/A

4. 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:			

5. 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:	
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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 verify that isolations will cover the work to be undertaken. I 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, STOP work immediately and contact your permit issuer for further guidance)

Recipient Name:		Signature:	
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6. PERMIT HANDOVER / PERMIT FINALISATION

Work not complete, handover completed Work complete, proceed to permit closure	<p>Permit Handover:</p> <p>Signed Outgoing Permit Recipient: _____ Dated: _____</p> <p>Signed Incoming Permit Recipient: _____ Dated: _____</p>
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<p>Completion of Works and Permit Closure – RECIPIENT</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 No If not, reason:</p>	<p>Acceptance and Permit Closure – ISSUER</p> <p>I am satisfied that all work associated with this Permit has been completed in accordance with the Permit Conditions.</p> <p>Name: _____ Signed: _____ Date: _____ Time: _____</p> <p style="text-align: center;">All Permit/s Closed Out in Permit to Work Log All Permit/s filed in Trim when completed</p>
<p>Name: _____ Signature: _____</p> <p>Date: _____ Time: _____</p>	