



PLANT ISOLATION PERMIT

Issuing Permits - The issue of permits is strictly controlled, permits can only be issued by authorised personnel.

PERMIT NUMBER:

CONTRACTOR (Company):

CONTRACTOR (Employee Name):

NOMINATED SAFETY WATCHER:

LOCATION OF WORK (Exact):

DESCRIPTION OF WORK:

DETAILS OF ISOLATIONS REQUIRED:

DETAILS OF OHER SAFETY MEASURES REQUIRED:

I declare that the above has been made known to the competent person in charge of the work and consider the above mentioned area to be safe for the competent person to commence work.

Permit Controller: _____ Signed: _____ Date: _____ Time: _____

Acceptance by competent person prior to commencement

I understand the work that is to be carried out and the safety precautions that are necessary to complete the work safely as outlined in the appropriate method statement and risk assessments. If conditions are such that the method statement and risk assessments become invalid it is my responsibility to stop work immediately and notify the person who authorised this permit to work. The disposal of any residues of the hazardous materials used will be in accordance with the Environmental Protection Act.

Competent Person: _____ Signed: _____ Date: _____ Time: _____

Continuation of Work

I hereby authorise the work specified above to continue until the time stated below and that I have checked the safety arrangements and confirm that they remain adequate.

Permit has been extended to: _____ am / pm

Permit Controller: _____ Signed: _____ Date: _____ Time: _____

I have checked the safety arrangements and am satisfied and agree to accept responsibility to complete the specified work by the revised time.

Competent Person: _____ Signed: _____ Date: _____ Time: _____

Permit Cancellation

This permit is cancelled. The work is / is not complete. Safety precautions have / have not been removed.

Permit Controller: _____ Signed: _____ Date: _____ Time: _____

Completion of Work Final check by Contractor / Employee

I declare that the work described above is complete all work equipment, persons and materials under my control have been withdrawn. All safeguards have been reinstated and the work area returned to a safe status and service.

Competent Person: _____ Signed: _____ Date: _____ Time: _____

Completion of Permit - Permit Controller

I declare that the permit is now closed and I have received copies of the permit back from the Competent Person. The area has been inspected and is free from risk and all fire protection systems have been reinstated to their normal operating status.

Permit Controller: _____ Signed: _____ Date: _____ Time: _____



PLANT TO BE ISOLATED FROM FORMS OF ENERGY* OR HAZARDOUS SUBSTANCES

ENERGY SOURCES:

- Very Toxic
- Hydraulics
- Electrical

- Gas
- Pneumatics

HAZARDOUS SUBSTANCES

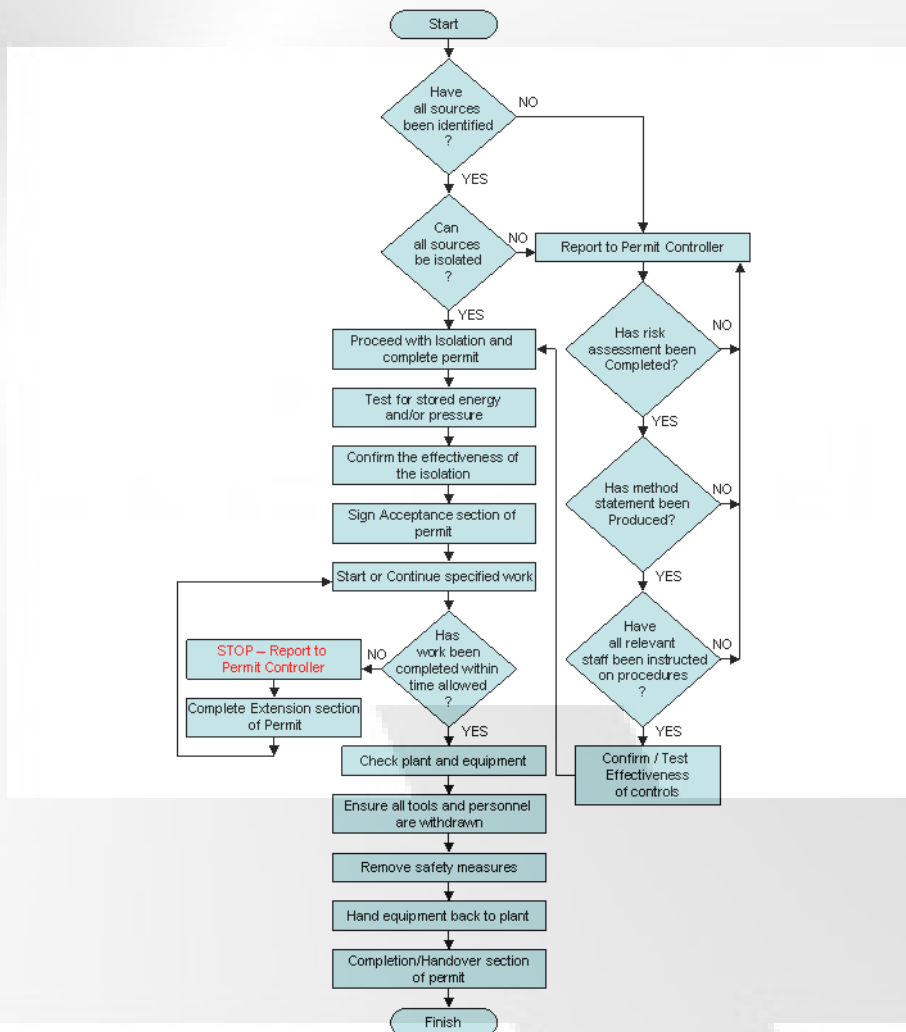
- Chemical
- Noise

- Dust
- Other

Note: Obtain all product data sheet(s)

* FOR THE ISOLATION OF ELECTRICAL ENERGY COMPLETE THE ELECTRICAL PERMIT TO WORK

The following flow chart should be used as a guide:



IF IN DOUBT - ASK