

When completed and signed off, the permit must be kept in the possession of the person carrying out the work until completion.

Date Issued:		Date of Isolation:	
Isolation Period (Time)	From:	To:	
Description of Work to be Performed:			
Location of Works being undertaken that requires the Isolation:			
Supervisor:	Initiator of Request:	Associated SWMS , JSA:	
Contractor Company Requesting Isolation:		Contractor Representative and Phone Number:	

ISOLATIONS						
No.	Equipment to be isolated (Circuit.....)	Isolation Point	Lock No.	To be Isolated by	To be Re-energised by	Method of communication to confirm re-energise
1						
2						
3						

PERMIT AUTHORISATION

By executing this permit the signatory confirms that the energy has been isolated and that a safe work environment has been established. All risks have been identified and communicated to all workers onsite. Isolation will remain in place until such time that it is safe to remove by the nominated technician.

De-energise		
The energy source/s as nominated on this Isolation Permit has been isolated & de-energised.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
The energy source has been checked to confirm isolation has occurred.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Isolation Confirmation lock/s and tag/s have been fitted.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Interlink staff and Control Tower has been notified of the isolation and estimated duration of the isolation.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Name:	Signature:	Date:

Contractor Authorisation to Re-energise		
I confirm that I have completed the intended works and that it is now safe to re-energise.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Name:	Signature:	Date:

Re-energise		
I have communicated with the person who undertook the isolation and have deemed it safe to re-energise.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
I have undertaken an inspection of the work area and deemed it clear and safe to re-energise.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Name:	Signature:	Date:

Return to Service / Leave Out of Service or Transfer of Permit (all permits remaining open are to be documented and tracked in the Isolation Register)	
<input type="checkbox"/> Return to Service and Close Permit <input type="checkbox"/> Leave Out of Service (TAG) <input type="checkbox"/> Transfer Permit to authorised worker	
Transfer Workers Name:	Transfer Workers Signature:
Transfer Time:	Transfer Date:
Transfer Comments:	