

## Isolation Permit

**This Isolation Permit must be completed and authorised prior to applicable isolation activities being carried out by the parties listed in Part B and Part C.**

All persons involved in isolation activities as described in Part A must sign on and off as per Part E.

<b>PART A : PERMIT APPLICATION / SCOPE OF WORKS</b>		Permit Number:	
Workplace / Area:			
Description of work to be carried out:			
Equipment to be isolated:			
Energy Source (type) to be isolated: (e.g. electrical, pressure)			
Date and Time of Isolation:	Date:	Estimated time: Start:	Finish:

<b>PART B : COMPETENT PERSON (PERSON PERFORMING THE WORK)</b>	
Organisation:	
Competent Person Name:	
Risk Assessment and Controls	Tick each box
Persons performing isolation tasks are competent and authorised as per site requirements	<input type="checkbox"/>
The energy source can be adequately and safely isolated	<input type="checkbox"/>
All required isolation devices (i.e. tags, locks, locking devices) have been obtained	<input type="checkbox"/>
Hazards associated with the job have been identified and hazard controls implemented.	<input type="checkbox"/>
Persons who may be affected by the energy isolation have been notified (e.g. team members, customers or other contractors)	<input type="checkbox"/>
Safety equipment has been checked and confirmed serviceable prior to use.	<input type="checkbox"/>
Work area is protected to prevent entry of other persons.	<input type="checkbox"/>
<b>AN APPLICABLE RISK ASSESSMENT HAS BEEN ATTACHED TO THIS ISOLATION PERMIT</b>	<input type="checkbox"/>
Competent Person Signature	
Signature:	Date: <span style="float: right;">Time:</span>

<b>PART C : RESPONSIBLE PERSON (PERSON AUTHORISING/ISSUING THE PERMIT)</b>		
Organisation:		
Responsible Person Name:		
Position:		
Contact Number:		
<b>Authorisation to work</b>		
I acknowledge that the above work may proceed during the specified dates and times. I acknowledge that an applicable Risk Assessment has been attached to this Isolation Permit and I have reviewed the Risk Assessment along with the Competent Person and his/her work team.		
<b>Responsible Person Signature</b>		
Signature:	Date:	Time:

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<b>PART D : WORKS COMPLETION – TO BE SIGNED BY BOTH PARTIES</b>		
By signing below, I declare that the work described in this permit has been satisfactorily completed (or stopped) and all isolation devices including isolation (Personal Danger) tags and locks have been removed and all equipment has been made safe to operate.		
<b>Competent Person Declaration</b>		
Signature:	Date:	Time:
<b>Responsible Person Declaration</b>		
Signature:	Date:	Time:

**Failure to remove your Personal Danger (Isolation) Tag and Lock once the work activity has been completed is a Non-Compliance of Ausmite procedures.**

**This may result in you being recalled to site at your own expense to remove your Personal Danger Tag and Lock.**

**PART E : SIGN ON/OFF RECORD** – All persons conducting isolation of energy sources applicable to this work task must complete the details below.

Name	Date	Isolation Start Time	Signature	Isolation Completion Time	Signature