

**Part 1 General Details of Isolation, To Be Completed Before Isolation**

<b>Isolation Controllers:</b>			
Contractor Company: .....		Contact Tel. No: .....	
Permit Writer: .....			
Works Manager (If different to permit writer): .....			
Second in Charge (if applicable): .....			
Work Order Number:	.....	Location of Equipment:	.....
Areas Affected: .....			

What kind of energy source is being isolated?

Electrical
  Mechanical
  Hydraulic (Fire System) *If so, Parts 2 and 4 apply*
 Hydraulic (Not Fire System)

Description of isolation works:
.....
.....

Reason for Isolation:
.....
.....

Estimated Duration of Isolation:			
Estimated Time of Isolation:		Isolation Withdrawn by:	
Time	Date	Time	Date
am / pm	on / /20	am / pm	on / /20

Required Isolation Controls					
Control	Yes	N/a	Control	Yes	N/a
Isolation works will be conducted according to a Work Method Statement specific to the isolation task			Area surrounding isolation works is barricaded and signed		
Locks and tags installed to secure and explain the isolation			Persons who may be affected by the energy isolation have been notified (eg employees, customers or other contractors)		
Tag identifies the person who applied the lock			Residual energy has been bled or blocked to avoid release		

**Part 2 Specific Details of Fire Protection Equipment Isolation (as applicable), To Be Completed Before Isolation**

Additional Controls for Fire Equipment Isolation					
Control	Yes	N/a	Control	Yes	N/a
Local Fire Brigade notified of isolation			Hydrant / Hose Reel system checked and operational		
Site Manager (or person in charge) informed			All hot works unrelated to repair of fire equipment ceased for the duration of this Fire Protection Equipment isolation		
Extinguishers available and regular staff checks of area			<b>If isolation &gt; 1 Day:</b> The isolated equipment will be reinstated at the end of each day during the isolation period.		

**NEXT ACTION** Fax this Isolation Certificate, with Parts 1 and 2 complete, and any related work clearance forms or work permits to:  
**Coles Express Safety Team on Fax: 03 8672 5910**

**Part 3 To Be Completed After Isolation**

Isolation Established by:			Equipment Recommissioned by:		
Date	Time	Signature & Company Name	Date	Time	Signature & Company Name
.....	.....	.....	.....	.....	.....
.....					
.....					
Control	Yes	N/a	Control	Yes	N/a
Recommissioning performed as per Work Method Statement			Tested to ensure equipment is now in good working order		

**Part 4 Fire Protection Equipment Recommission (as applicable)**

Additional Controls for Fire Equipment Recommission					
Control	Yes	N/a	Control	Yes	N/a
Sprinkler valves re-opened fully and drain and alarm test completed			Sprinkler valve locked open / power reconnected		
Sprinkler Protection fully restored and system tested			Local Fire Brigade Notified		

**Part 5 Isolation Permit Close Out**

Permit Writer			
.....		.....	
<i>Permit Writer Name</i>	<i>Signature</i>	<i>Time</i>	<i>Date</i>
.....	.....	.....	.....
Site Manager or Delegate			
.....		.....	
<i>Site Number</i> .....	<i>Site Name</i> .....		
.....		.....	
<i>Site Manager Name (or person in charge)</i>	<i>Signature</i>	<i>Time</i>	<i>Date</i>
.....	.....	.....	.....
<b>NEXT ACTION</b> Fax this Isolation Certificate, with all applicable parts complete, and any completed related work clearance forms or work permits to: <b>Coles Express Safety Team on Fax: 03 8672 5910</b>			