



Form: Water, Electrical & Gas Isolation Permit

Contractor's Name and Company _____

Description of Work _____

Location of work _____

This permit is valid for **24 hours** and must be:

- Completed by the person performing the work prior to the commencement of any work requiring water, electricity (Permit not required for LOTO of individual equipment isolation,) and/or gas isolation to an entire block.
- Checked by the Campus Manager, Facilities & Services or delegate prior to work commencing.
- Provided not required for changing light globes, however a Safe Work Method Statement, Job Safety Analysis or similar is still required.

Assessment

YES NO N/A

Safety requirements have been assessed and controls included in Work Method Statement:

The energy source can be adequately and safely isolated	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Any safety equipment to be used has been maintained and checked prior to use	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Personnel conducting the work are trained and licences / competent	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
There is adequate fire protection for the work being conducted	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Controls

YES NO N/A

A Work Method Statement has been developed and is specific to and adequate for the work to be conducted:

Controls in the Work Method Statement are implemented, including but not limited to:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lock outs and tags installed to isolate valves or outlets	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fire protection equipment installed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Area barricaded and signed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Working on live electrical installations is in accordance with state legislative requirements	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ladders or scaffolds are appropriate for the work, inspected and secure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Persons who may be affected by the isolation have been notified (e.g. employees, customers or other contractors)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

I certify that all necessary precautions as detailed in this permit have been taken to make the area safe for the permitted work.

Name of Contractor's Supervisor _____

Date / /

Signature _____

NOTE: NO WORK CAN COMMENCE UNTIL PERMIT IS AUTHORISED BY SOUTH REGIONAL TAFE



Completion of Work

I have inspected the worksite at the completion of works. I confirm that the job has been completed and area made safe.

Name of Contractors Supervisor		Date	/	/
Signature				

OFFICE USE ONLY

Water, Electrical & Gas Isolation Permit Authorisation

Permit No:	Permit valid from:	am/pm	on	/	/	to	am/pm	on	/	/	
Name of SRTAFE Contact									Date	/	/
Signature											

Related documents

Policy: OSH Statement of Commitment and Intent