

To be completed by Individual Requesting Electrical Isolation / Permit to Work

1	Work Site:	Location on Site:	Period Permit is Requested From - Time: ___ hr ___ Date: ___ / ___ / ___ To - Time: ___ hr ___ Date: ___ / ___ / ___	
2	Description of Work:			
3	Affected Plant, Equipment, or Circuits:			
4.	Identified Hazards:			
5	Precautions/Controls:			
6	I declare that the above electrical circuits, as stated in Section 3, can be removed from service and isolated by a B&E Authorised / Competent Person. Control of the electrical supply to the equipment may pass to the Competent Person and work can commence provided the identified Precautions/Controls above are followed. I have reviewed the status of the equipment and all critical equipment will be safely shutdown in a controlled manner in advance of the works commencing. I confirm that there are no conflicting activities or unsafe conditions that may impinge on this work proceeding, apart from those identified in Sections 4 and 5.			
	UL Stakeholder Name(s)	Signature	Position	Time ___ hr ___
				Date ___ / ___ / ___

Authorisation to Proceed with Electrical Isolation

7	Risk Assessment Method Statement Reviewed	<input type="checkbox"/> Yes.	Hazards and Controls Measures Reviewed	<input type="checkbox"/> Yes.
	Additional Precautions to be taken	Details:		
	B&E Authorised Person (LV)	Signature	Date ___ / ___ / ___	

Isolation Details

8	I declare that the electrical circuit(s) stated above in Section 3 are positively isolated from all sources of power.				
	Safety Locks Fitted?	<input type="checkbox"/> Yes. <input type="checkbox"/> No	Danger / Caution Notices Posted	<input type="checkbox"/> Yes.	Location of notice:
	Other Precautions Taken	<input type="checkbox"/> Yes. <input type="checkbox"/> No	If YES Provide Details:		
	Lockout Key References: _____				
9	I accept charge of the above stated electrical circuits and I verify that power has been positively isolated. I shall ensure that all persons within my control follow the identified Controls above. No work outside that stated on the permit shall be undertaken.				
	Competent Person (LV)	Signature	Time ___ hr ___	Date ___ / ___ / ___	

On Completion

10	I declare that the work stated above is complete and the work site is clean. I have reviewed the electrical safety of the affected circuits and completed all Pre-Connection Testing in accordance with the relevant sections of ETCI. It is safe to remove the Isolations, as installed in Section 8.			
	Competent Person (LV)	Signature	Time	Date
			hr	/ /

11	The work is accepted as complete and the work site is clean. The equipment is as stated by the Competent Person in Section 10 above.			
	I have contacted the Stakeholder, identified in Section 6, and they have confirmed that power can be reinstated.			
	Safety Locks Removed	<input type="checkbox"/> Yes. <input type="checkbox"/> No	If NO Provide Details:	
	Pre-Connection Test Certs Reviewed	<input type="checkbox"/> Yes.	Post-Connection Testing Required*	<input type="checkbox"/> Yes. <input type="checkbox"/> No [* If YES, Section 12 and Section 13 to be completed]
	B&E Authorised Person (LV)	Signature	Time	Date
			hr	/ /

***Post Completion Checks (IF required as part Section 11)**

12	I declare that all Post-Connection Testing has been completed in accordance with the relevant sections of ETCI.			
	Competent Person (LV)	Signature	Time	Date
			hr	/ /

13	Post Connection Test Certs Reviewed	<input type="checkbox"/> Yes.		
	B&E Authorised Person (LV)	Signature	Time	Date
			hr	/ /

Close Out

14	I accept the work stated above as complete and that the effected equipment is left in a safe condition. This Permit is now closed out.			
	B&E Authorised Person (LV)	Signature	Time	Date
			hr	/ /