



Electrical and Gas Isolation Work Permit

This permit is valid for **the work stated in Part A** and must be:

- Completed by the person performing the work prior to the commencement of any work requiring electricity* and/or gas isolation.
- Signed off by the site manager or delegate prior to the work commencing.
- Provided to the site manager or delegate on completion of work for sign off once the source of electricity or gas has been recommissioned.
- Filed in the Care Passionately Toolkit in relevant period that works occurred

Special Note:

Electrical Isolation - Permit not required for changing light globes or when electrical equipment can be unplugged by normal means from a power outlet. The plug top of electrical equipment shall be secured with a lock out device with a tag.

Gas Isolation - Permit applies to isolation of LPG and Natural Gas services.

Part A: Work details (Person performing the work)

Contractor:		
Date of work:		
Location of work:		
Description of work:		
Estimated duration of Isolation	From:	To:

Part B: Assessment and Controls (contractor performing the isolation work to confirm that item has been actioned)

Tick each box

The energy source can be adequately and safely isolated	<input type="checkbox"/>
Hazards associated with the job have been identified and hazard controls implemented.	<input type="checkbox"/>
Persons performing the work are appropriately licenced (Lic # _____)	<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"/>
The energy source has been isolated and 'Locked and Tagged' out.	<input type="checkbox"/>
Work area is protected to prevent entry of other persons.	<input type="checkbox"/>

Part C: Acknowledgement (Person performing the work)

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

Name:	Contact Number:		
Signature:	Date:	Time:	

Site Manager or delegate - I acknowledge that the permit has been correctly completed prior to commencement of works

Name:	Signature:	Date:	Time:
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Part D: Completion (Person performing the work)

I certify that the job has been completed and area made safe and secure.

Name:	Signature:	Date:	Time:
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Site Manager or delegate - I acknowledge that the work has been completed and the permit signed off by the person performing the works.

Name:	Signature:	Date:	Time:
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