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| **Section 1 – Work activity details**  |
| This form must be completed in accordance with the requirements of the WHS Energy Tag and Lockout Procedure ([PRO-00014](file:///K%3A%5CQ-Pulse%5CDocs%5CActive%5CPRO-00014%20Corporate%20Safety%20-%20Energy%20Tag%20and%20Lockout%20Procedure.doc)).Isolation instructions must be developed or reviewed by an authorised isolator for the site where the isolation is being performed. Where required, the authorised isolator must also hold the appropriate qualification for the type of isolation being performed. | **Work Order No.** |
| **Work activity details** | Location of work activity: Description of work activity:Date of isolation: |
| **Isolation instruction prepared or reviewed by** | **Operations [ ]  Y [ ]  N/A** | Name:  | Date:  |
| Signature:  |  |
| **Electrical [ ]  Y [ ]  N/A** | Name:  | Date:  |
| Signature:  |
| **Mechanical [ ]  Y [ ]  N/A** | Name:  | Date:  |
| Signature:  |  |
| **Documentation saved at** | Insert file path / TRIM Number / Q-Pulse Number |

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| **Section 2 – Isolation procedure** |
| **Isolation Codes** |
| **LVI** | Low Voltage Isolation (<1000V) | **HVI** | High Voltage Isolation | **OWI** | Operations Work Instruction | **DCR** | De-contactor Removed | **AD** | Air Disconnected |
| **VLO** | Valve Locked Open | **VLC** | Valve Locked Closed | **TO** | Tag Only (isolation point cannot be secured with a lock) | **SI** | Spade Inserted | **SR** | Spool Removed (Blank Fitted) |
| **Note:** All HV Isolations require a High Voltage Access Permit ([FRM-00439](file:///%5C%5Ccorporate%5CApps%5CQ-Pulse%5CDocs%5CActive%5CFRM-00439%20Corporate%20Safety%20-%20High%20Voltage%20Access%20Permit%20Form.docx)) and a High Voltage Switching Form ([FRM-00438](file:///%5C%5Ccorporate%5CApps%5CQ-Pulse%5CDocs%5CActive%5CFRM-00438%20Corporate%20Safety%20-%20High%20Voltage%20Switching%20Form.docx)).Devices not capable of being locked should, as far as reasonably practicable, be secured with a shroud, valve cover, chain, pin or other suitable means, or by the removal of the handle or operating mechanism. As a minimum, an isolation tag must be affixed to any isolation point not able to be secured with a red isolation lock. |

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| **Step** | **Isolation Point Number / Description** | **Isolation Point Location** | **Code** | **Isolator name** | **Initial** |
| **1** | **Access Officer / Duty Operator contacted before commencing isolation.** |  |  |
| **2** |  |  |  |  |  |
| **3** |  |  |  |  |  |
| **4** |  |  |  |  |  |
| **5** |  |  |  |  |  |
| **6** |  |  |  |  |  |
| **7** |  |  |  |  |  |
| **8** |  |  |  |  |  |
| **9** |  |  |  |  |  |
| **10** |  |  |  |  |  |

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| **Section 3 – Test for dead / prove for dead procedure** |
| **Step** | **Test Point Description** | **Test Point Location** | **Isolator name** | **Initial** |
| **1** |  |  |  |  |
| **2** |  |  |  |  |
| **3** |  |  |  |  |
| **4** |  |  |  |  |
| **5** |  |  |  |  |
| I confirm that all identified energy sources have been isolated, all residual energy has been dissipated, all isolation points have been locked or otherwise secured to prevent re-energisation, and the isolations have been tested and proven to be effective.I have demonstrated the effectiveness of the isolation to all workers who are working under the control of the isolation. |
| **Isolation Officer** | Name: | Date: |
| Signature: | Time: |

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| **Section 4 – De-isolation procedure** |
| **Step** | **Isolation Point Number / Description** | **Isolation Point Location** | **Isolator Name** | **Initial** |
| **1** | **Access Officer / Duty Operator contacted before commencing de-isolation.** |  |  |
| **2** |  |  |  |  |
| **3** |  |  |  |  |
| **4** |  |  |  |  |
| **5** |  |  |  |  |
| **6** |  |  |  |  |
| **7** |  |  |  |  |
| **8** |  |  |  |  |
| **9** |  |  |  |  |
| **10** |  |  |  |  |

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| **Section 5 – Inch and test procedure** |
| Equipment to be Tested: | Type of Test: | Reason for Test: |
| **Step** | **Isolation Point Number / Description** | **Date / Time** | **Re-energiser Name** | **Initial** | **Re-isolator Name** | **Initial** |
| **1** |  |  |  |  |  |  |
| **2** |  |  |  |  |  |  |
| **3** |  |  |  |  |  |  |

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| **Section 6 – Reinstatement** |
| I confirm that all isolation equipment has been removed from isolation points, all isolated energy sources have been reinstated and the plant is available for normal operations. |
| **Isolation Officer** | Name: | Date: |
| Signature: | Time: |

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| **Notes and Drawings** |
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