



Isolation Certificate

Note: Live electrical work as defined by AS/NZS4836 is not allowed under any circumstances.

1	Application/ description of isolation							
	00001		Date:		Permit issuer name:		Complier name:	
	Site:			Work area:		Equipment requiring isolation:		
	Reason for isolation:							
2	Type of isolation (tick all that apply)							
	Process Isolation		Extended Period Isolation		PI to sign here if EPI:		Date:	
3	LOTO Plan and Test Record (required)							
	Completed seperately and attached		Lock Box required		Lock box number:		Isolation Certificate lock:	
	Completed on reverse page							
4	Isolation of safety systems (tick applicable systems)							
	ESD		Emergency alarm					
	Fire & Gas detection		Fire response					
	Emergency escape		Other (specify)					
5	Site Manager:		Sign:		Date:		Time:	
	Approval to install isolations as per LOTO Plan and test Record							
	Permit issuer							
	Initial		CROSS OUT LINE IF N/A					
			P&ID or Electrical drawings checked to plan/verify isolation points					
			Physical site review completed to verify required isolations					
			Qualified Electrician available to carry out electrical Isolations					
			Methodology to test/confirm that equipment is isolated, de-energised or depressurised and/or cannot be started					
			LOTO Plan and Test Record completed & checked					
			Communication to affected Personnel					
6	Permit issuer		Sign					
	Master Isolation Register							
	Registered Permits					Permit Deregistration		
	Permit Holder					Permit Issuer		
	Date	Permit Type	Permit number	Permit Holder name	Permit Holder Lock # (If lock box in use)	Date	Sign	
7	Approval to remove Isolations							
	Permit issuer							
8	All permits associated with this Isolation Ceritfcate have been cancelled and it is safe to remove the isolations specified on this certificate							
	Permit issuer name		Sign			Date:		
8	Isolation Certificate Close out							
	Permit issuer							
8	All isolations have been removed and LOTO Plan And Test Record has been checked for completeness. Work area checked and walk the line completed							
	Permit issuer name		Sign			Date:		

LOTO Plan and Test Record

Description of Work:	Compiled by:	Sign:	Date:	LOTO Cert #								
	Checked by:	Sign:	Date:	IC lock #								
	Location/Site:		Lock Box #									
A copy of marked up drawings shall be attached showing how the system has been made safe, and how the plan was developed												
Marked up drawing number/s:												
EQUIPMENT DESCRIPTION												
Step	EQUIPMENT DESCRIPTION	Asset #	Isolated State	Equipment Lock No.	PH Lock No.	Applied By	Date/ Time	Verified by'	Removed by	Date/ Time	Verified by	Found/ Left State
1	Specific instruction to isolate and verify/prove isolation											
2	Specific instruction to isolate and verify/prove isolation											
3	Specific instruction to isolate and verify/prove isolation											
4	Specific instruction to isolate and verify/prove isolation											
5	Specific instruction to isolate and verify/prove isolation											
6	Specific instruction to isolate and verify/prove isolation											
7	Specific instruction to isolate and verify/prove isolation											
8	Specific instruction to isolate and verify/prove isolation											
9	Specific instruction to isolate and verify/prove isolation											
10	Specific instruction to isolate and verify/prove isolation											

NOTES

- Application of isolation is performed by a Z Permit Issuer (PI) or nominated competent person, and is independently checked by a competent 'checker'. Where the PH is the best person to perform the isolation, i.e. an Electrician, the PI must observe the application personally, i.e. CANNOT delegate this responsibility.
- A lock box is required for isolations that have more than 5 individual isolation points
- LOTO Plan and test records with more than 10 Isolation points must be completed seperately and attached to the IC
- All isolations must be verified/proven as effective.