Company name

Permit #

AA/JSA/SOP Ref #:

Isolation permit

*An Auckland Council Organisation*

#  Summary of work to be undertaken

Detail only the work to which this permit applies

|  |
| --- |
|  |
|  |
|  |

Do other permits apply to this activity? Refer to the job safety analysis form (JSA)

Hot work

Working at height

Excavations > / =

1.5 metres

Safety device impairment

Confined space entry

Work within hazardous zone (EEHA)

Other (specify)

#  Declaration by permit receiver

The following hazards and risks have been identified: *(Watercare isolation procedure and isolation permit form applies)*

Y/N

* Work on high voltage equipment
* Work on live equipment, electrical circuits, energised pipes or pressure vessels
* Work in a high voltage room or within 2 metres of high voltage equipment
* Remote isolations

Y/N

Y/N

Y/N

* Energising during testing or commissioning • Emergency de-isolation

Y/N

Y/N

Y/N

* Live product work including all work either inside or on live, energised

wastewater or water pipes, where either product or vapours may still be present

#  Isolation and hazardous energy management plan

Document or attach a detailed description of how hazardous energy is going to be controlled during the activity.

#  Permit receiver validation

Permit issuer validation

|  |
| --- |
| **Permit Suspension (PS) and Permit Revalidation (PRv):** The permit must be suspended at the end of each working day *OR* handover of shift; *OR* following an emergency; *OR* at the discretion of the PI and PR. The PTW MUST be revalidated prior to work recommencing. |
| Date | PS or PRv | PR(initial) | PI(initial) |
| DD/MM/YYYY |  |  |  |  |
| DD/MM/YYYY |  |  |  |  |
| DD/MM/YYYY |  |  |  |  |
| DD/MM/YYYY |  |  |  |  |
| DD/MM/YYYY |  |  |  |  |

I certify that I am aware of the planned work and the controls detailed on this permit and the JSA. I will ensure that work only proceeds when the conditions set out are met. I will ensure that others working under it understand and abide by the conditions.

|  |
| --- |
| I certify that I have reviewed the proposed work described on the Permit to Work documents and the JSA.The Permit to Work is allowed: |
| from: | DD / MM / YYYY |
| until: | DD / MM / YYYY |
| NameSignature |  |
|  | DD/MM/YYYYDate |

Name Signature

Date

Work activity raw risk score:

*Refer to JSA*

Residual risk score:

*Refer to JSA*

Verified risk score: Verified on site by the permit receiver

# Permit issuer Permit receiver

I confirm this permit is now cancelled. I confirm that all equipment has been reinstated, isolations removed and the worksite is left in a safe and tidy state.

DD/MM/YYYY

Date

DD/MM/YYYY

Date

Name Name

Signature Signature

V2-07-2019