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| **PLANT/EQUIPMENT ISOLATION PERMIT** |

**This permit must only be used in conjunction with a Permit to Work**

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| **Section1 - WORK INFORMATION** | | | |
| **ACU Permit to Work Reference** [see Permit to Work] | **PTW-** | | |
| **Organisational Unit or Company Performing Work** |  | **Tel:** |  |
| **Contact Name** |  | **Tel:** |  |
| **Location of Work** |  | | |

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| **Description of work to be undertaken:** |

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| **Section 2 - ISOLATIONS UNDERTAKEN** | | | | | | |
| The following actions have been undertaken to implement isolation: | **Valve Open (O) or**  **Closed (C)** | ***(Tick)*** | | |  | |
| **Lock Fitted** | **Tag Fitted** | **Sign Fitted** | **Date** | **Initials** |
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| **Section 3 - HAZARDS REMAINING** |

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| **Section 4 - PRECAUTIONS TO BE TAKEN** |

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| **Section 5 - ACTIONS TO BE TAKEN TO PROVE ISOLATION** |

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| **Section 6 - MONITORING TO BE UNDERTAKEN** |

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| **CONFIRMATION OF ISOLATION** | | | | | |
| I confirm that the isolation(s) detailed in section 2 has been carried out and that work may start subject to the requirements of sections 4, 5 and 6. | | | | | |
| Competent Person | Position / Organisation | Signature | Date | | Time |
|  |  |  |  | |  |
| **ISSUE OF PERMIT – AUTHORISED PERSON** | | | | | |
| Name of person issuing permit | Position / Organisation | Signature | Date | Time | |
|  |  |  |  |  | |
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| **RECEIPT OF PERMIT – PERMIT HOLDER** | | | | | |
| Person in charge of work | Position / Organisation | Signature | Date | Time | |
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| **CONFIRMATION OF WORK COMPLETION – PERMIT HOLDER** | | | | | |
| I confirm that the works for which the isolation(s) was implemented have been completed, all contractors under my control have been withdrawn and the isolation(s) can be removed | | | | | |
| Person in charge of work | Position / Organisation | Signature | Date | Time | |
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| **CONFIRMATION OF ISOLATION REMOVAL** | | | | | |
| I confirm that the isolation(s) has been removed and it is no longer safe to work on the equipment | | | | | |
| Competent Person | Position / Organisation | Signature | Date | Time | |
|  |  |  |  |  | |
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| **CANCELLATION OF PERMIT – AUTHORISED PERSON** | | | | | |
| Person cancelling permit | Position / Organisation | Signature | Date | Time | |
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