

Section 1 – Work activity details									
<p>This form must be completed in accordance with the requirements of the WHS Energy Tag and Lockout Procedure (PRO-00014). Isolation instructions must be developed or reviewed by an Seqwater 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.</p>	<p>WO or Project No.:</p>								
Work activity details	<p>Location of work activity:</p> <p>Description of work activity:</p> <p>Date of isolation:</p>								
Isolation responsibilities <i>(Where isolation not performed by Authorised Isolator)</i>	<table border="1" style="width: 100%;"> <tr> <td style="width: 40%;">Isolation to be conducted by:</td> <td></td> </tr> <tr> <td>De-Isolation to be conducted by:</td> <td></td> </tr> <tr> <td>Hold points requiring Authorised Isolator involvement:</td> <td></td> </tr> <tr> <td>Other requirements:</td> <td></td> </tr> </table>	Isolation to be conducted by:		De-Isolation to be conducted by:		Hold points requiring Authorised Isolator involvement:		Other requirements:	
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De-Isolation to be conducted by:									
Hold points requiring Authorised Isolator involvement:									
Other requirements:									
Authorised isolator who has prepared or reviewed isolation instruction.	<table border="1" style="width: 100%;"> <tr> <td style="width: 40%; vertical-align: top;"> <p>Operations <input type="checkbox"/> Y <input type="checkbox"/> N/A</p> </td> <td style="width: 60%;"> <p>Name: _____ Date: _____</p> <p>Signature: _____</p> </td> </tr> <tr> <td style="vertical-align: top;"> <p>Electrical <input type="checkbox"/> Y <input type="checkbox"/> N/A</p> </td> <td> <p>Name: _____ Date: _____</p> <p>Signature: _____</p> </td> </tr> <tr> <td style="vertical-align: top;"> <p>Mechanical <input type="checkbox"/> Y <input type="checkbox"/> N/A</p> </td> <td> <p>Name: _____ Date: _____</p> <p>Signature: _____</p> </td> </tr> <tr> <td style="vertical-align: top;"> <p>Other <input type="checkbox"/> Y <input type="checkbox"/> N/A</p> </td> <td> <p>Name: _____ Date: _____</p> <p>Signature: _____</p> </td> </tr> </table>	<p>Operations <input type="checkbox"/> Y <input type="checkbox"/> N/A</p>	<p>Name: _____ Date: _____</p> <p>Signature: _____</p>	<p>Electrical <input type="checkbox"/> Y <input type="checkbox"/> N/A</p>	<p>Name: _____ Date: _____</p> <p>Signature: _____</p>	<p>Mechanical <input type="checkbox"/> Y <input type="checkbox"/> N/A</p>	<p>Name: _____ Date: _____</p> <p>Signature: _____</p>	<p>Other <input type="checkbox"/> Y <input type="checkbox"/> N/A</p>	<p>Name: _____ Date: _____</p> <p>Signature: _____</p>
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<p>Other <input type="checkbox"/> Y <input type="checkbox"/> N/A</p>	<p>Name: _____ Date: _____</p> <p>Signature: _____</p>								
Documentation saved at	<p>Insert Rex Number</p>								

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 / TC	Tagged Open / Tagged Closed	SI	Spade Inserted	SR	Spool Removed (Blank Fitted)

Note: All HV Isolations require a High Voltage Access Permit ([FRM-00439](#)) and a High Voltage Switching Form ([FRM-00438](#)).

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.

Step	Isolation Point Number / Description	Isolation Point Location	Code	Lock No.	Isolator name	Initial
1.	Access Officer / Duty Operator contacted before commencing isolation.					
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						

Isolation diagram

Include a sketch of the isolation to support communication and understanding of isolation requirements. This may include system drawings, isolation points, isolation types etc.



Section 3 – Test for dead / prove for dead procedure				
Step	Test Point Description	Test Point Location	Isolator name	Initial
1				
2				
3				
4				
5				
6				
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.				
Isolation Officer	Name:		Date:	
	Signature:		Time:	
NOTE: All workers who are working under the control of this isolation must sign on and off using Section 7 of this form.				

Section 4 – 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						
4						
5						
6						

Section 5 – De-isolation procedure				
Step	Isolation Point Number / Description	Isolation Point Location	De-isolator Name	Initial
1.	Access Officer / Duty Operator contacted before commencing de-isolation.			
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				

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: _____

Section 7 – Worker sign on / sign off

All workers who are working under the control of the isolation must sign on and off below at the same time that they are attaching and removing their blue personal locks to the lock board. By signing below, you are acknowledging that the effectiveness of the isolation has been proven to you.

Date	Name	Time On	Sign On	Time Off	Sign Off