

I&TS HSW Management Sub-System

3.1-07FO3 Isolation Permission to Work Form

The purpose of this Isolation Permission to Work (IPTW) is to ensure that adequate controls are implemented and affected stakeholders are notified in accordance with PRO3.1-06 Isolation. All work is to comply with relevant legislative and University of Adelaide's requirements. Note: 2 days' notice required for dry fire systems isolation, 5 days' notice required for wet fire systems isolations and 10 days' notice required for services isolation

Isolation Permission to Work (PTW) Number

In the event of an Emergency, all PTW's are immediately suspended. All persons must assemble at the nearest nominated assembly point. The PTW must be re-authorised (Signed) by the I&TS PTW Issuer before work resumes. Fire isolations are not permitted to remain overnight without written authorisation

1. CONTRACTOR DETAILS

Company undertaking the work:			
Person undertaking the work & phone number:		Supervisor name & phone number:	
Principal Contractor Company:			
Principal Contractor Contact name & phone number:			

2. LOCATATION

Location of Work: (inc. Campus/Building/Room:		Level and Room Number:	
Planned Work Activity:			
Estimated Duration of the PTW:	Date from:	Time:	Date to: Time:

3. ISOLATION DETAILS

Isolation type:	<input type="checkbox"/> Electricity <input type="checkbox"/> Gas <input type="checkbox"/> Water <input type="checkbox"/> Mechanical <input type="checkbox"/> Fire Suppress <input type="checkbox"/> FIP Other:
Document areas and equipment inclusive of research activities that will be affected by the isolation:	
Document systems, circuits or fire system zones that require isolation (attach relevant documentation):	

4. REQUIREMENTS FOR SWMS

The person in direct control acknowledges that the items related to PTW (below) have been considered and included in the attached SWMS/JSA. (General requirements for SWMS via 3.2-0F09 Contractor SWMS Checklist) All items must be ticked or marked N/A (✓ or N/A)

GENERAL INCLUSIONS:	✓ or N/A	✓ or N/A
Will the Isolation affect stakeholders If yes (✓) who is responsible for consultation and notification?		Lock out/Tag out procedures are in place for isolation of affected plant & infrastructure
<input type="checkbox"/> UoA Name:		Plant and equipment to be used is identified Pre start inspections & PPE must be referenced as controls
<input type="checkbox"/> Contractor Name:		Process in place for the safe reinstatement of isolated areas
ELECTRICAL	✓ or N/A	FIRE SAFETY SYSTEMS ISOLATION REQUIREMENTS
Electrical infrastructure & associated hazards are identified including area clear of wet conditions, combustible and flammable materials		Daily reinstatement of fire safety systems is required?
For work on live circuits a risk assessment has been completed justifying the need for the work and there is a trained safety observer present at all times who is competent in low voltage rescue.		Extent of fire safety system isolation has been identified and emergency controls considered/implemented

5. PTW REQUEST (PTW Holder)

This acknowledgement signifies a formal request to commence activities involving one or more specified high-risk works. I request this PTW be acknowledged and registered by the relevant University of Adelaide PTW Issuer. As the person requesting this PTW, I hereby certify that:

<input type="checkbox"/>	I shall implement all planned and necessary controls to ensure the health and safety of all persons who may be affected by the activities.
<input type="checkbox"/>	I shall monitor the identified hazards and control strategies throughout the work activities.
PTW Holder Name:	Signature:
	Date: Time:

6. PRINCIPAL CONTRACTOR/ PCBU CONTRACTING THE WORK TO THE PTW HOLDER

As the Principal Contractor (where someone other than the University has engaged the PTW Holder)/ PCBU (where the University has engaged the PTW Holder) commissioning the work, I have reviewed the attached SWMS/JSA (and kept a copy) for the work covered by this GPTW

PCBU/Principal Contractor Rep:		Signature:		Date:	
				Time:	

7. STAKEHOLDER NOTIFICATION (authorised person to complete)

Stakeholder Affected by the isolation						
Areas Notified	Faculty/School	<input type="checkbox"/>	Campus Services	<input type="checkbox"/>	Security	<input type="checkbox"/>
	Legal and Risk	<input type="checkbox"/>	Fire Wardens(s)	<input type="checkbox"/>	Other	<input type="checkbox"/>

8. I&TS PTW ISSUER

The above criteria have been addressed and the work is authorised to commence in accordance with the SWMS / JSA and identified control measures. As the I&TS Permit Issuer, I hereby acknowledge that:

<input type="checkbox"/>	I have allocated this PTW a number and scanned to the PTW register in the relevant area.				
PTW Issuer	UoA	Signature:		Date:	
				Time:	

9. CLOSE OUT

As the PTW Holder, I hereby acknowledge that:

<input type="checkbox"/>	All Isolations have been removed and/or reinstated, all workers have vacated the space and the area has been left in a safe condition. Plans/Drawings are updated and provided to UoA representative including new infrastructure and disconnected services				
PTW Holder		Signature:		Date:	
				Time:	

As the PTW Issuer, I authorise the closure of this PTW and will scan it to the PTW register in my area:

PTW Issuer		Signature:		Date:	
For further information on completing this isolation PTW refer to Section 3.1 Controlling HSW Risks PRO3.1-06 Isolation					

Original – Retained by PTW Holder

Copy – Retained by PTW Issuer