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

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| **Isolation Permission to Work (PTW) Number** | (UoA to complete) |

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| **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 to permitted to remain overnight without written authorisation** |

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| **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.LOCATION** | | | | | | | | | |
| **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:** |  |

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| **3.ISOLATION DETAILS** | | |
| **Isolation type** |  | 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)** |  | |

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| 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 | | **✓ 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 |  |
|  | Name: |  | Plant and equipment to be used is identifiedPre start inspections & PPE must be referenced as controls |  |
|  | Name: |  | Process in place for the safe reinstatement of isolated areas |  |
| Electrical | |  | **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 |  |

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| 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: | | | | | | |
|  |  | I shall implement all planned and necessary controls to ensure the health and safety of all persons who may be affected by the activities. | | | | |
|  | I shall monitor the identified hazards and control strategies throughout the work activities. | | | | |
| **PTW Holder Name:** | |  | **Signature:** |  | **Date:**  **Time:** |  |
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| **Isolation Permission to Work (PTW) Number** | (UoA to complete) |

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| 6. PRINCIPAL CONTRACTOR/ PCBU CONTRACTING THE WORK TO THE GPTW 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:** |  |
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| **7. STAKEHOLDER NOTIFICATION (authorised person to complete)** | | | | | | |
| **Stakeholder Affected by the isolation** |  | | | | | |
| **Areas Notified** | Faculty/School |  | Campus Services |  | Security |  |
| Legal and Risk |  | Fire Wardens (s) |  | Other |  |

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| 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: | | | | | | |
| √ | 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: | | | | | | |
|  | 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**