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| This form is to be completed in accordance with the requirements of the Isolation Lockout and Tagging Procedure (PRO-1060) and Electrical Safety Management Procedure (PRO-1070).  Isolation instructions shall be developed and reviewed by the competent electrical worker in charge of this work (electrical supervisor). All electrical isolation workers involved shall hold an appropriate qualification for the type of isolation being performed.  A copy of this certificate is to be posted at the isolation and lock-off points until: de-isolation is complete, all personnel have safely removed personal locks and tags; and work area has been made safe. At this point this completed and signed certificate is to be given to Facilities Management by the electrical supervisor. Who will have signed the Close-Out section of this document, guaranteeing that electrical works have been completed safely and the worksite and all services are being returned to UC in a safe and operable condition. | | | | | | | | | | | | | | | |
| **Part 1: General Information** (completed by **Competent electrical worker in charge of works**) | | | | | | | | | | | | | | | |
| Site Name: | | |  | | | | | | JSA completed and attached: | | | | | Yes | |
| Location on the site: | | |  | | | | | | SWMS attached: | | | | | Yes | |
| Details of work being undertaken: | | |  | | | | | | | | | | | | |
| Date of Work: | |  | | | Start time: | | |  | | Finish time: | | | | |  |
| **Part 2: Proof of electrical worker competency** (completed by **Competent electrical worker in charge of works**) | | | | | | | | | | | | | | | |
| Name of the electrical worker in charge of works | | | |  | | | | Contractor/ Company Name: | | | | |  | | |
| Electrical Licence number: | | | |  | | | | Phone Number: | | | | |  | | |
| **Part 4: Prestart Risk Assessment and Controls** (completed by **Competent electrical worker in charge of works**) | | | | | | | | | | | | | | | |
| Risk Controls being used during isolation: | | | | | | | | | | | | | | | |
|  | Full length flame retardant cotton clothing (CAT 1 PPE) | | | | |  | Safety Eyewear | | | |  | Electrical non-conductive safety footwear | | | |
|  | Electrical worker gloves (cloth inner, class ‘OO’ rubber, leather outer) | | | | |  | Electrical safety mat | | | |  | Low voltage rescue kit | | | |
|  | Electrical test equipment (suitable and tested) | | | | |  | Barriers/ Barricading and signage in place | | | |  | Other: | | | |
|  | Other: | | | | |  | Other: | | | |  | Other: | | | |
|  | Competent safety observer (UC expect one is used unless work consists only of testing or other electrical work the competent electrical worker deems low risk) | | | | | | | | | | | | | | |

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| **Part 5: Isolation Details** | | | | | | | | | | | |
| Isolation Responsibilities:  (Any person involved in electrical isolation must be a competent and licenced electrical worker.) | | | | Isolation will be conducted by: (name) | | | | |  | | |
| De-isolation will be conducted by: (name) | | | | |  | | |
| Hold points requiring isolator involvement: | | | | |  | | |
| Other requirements: | | | | |  | | |
| What has been Isolated? | | | Type of Isolation | | | | | | | | |
| Floor Power | | | Tagged Locked Fuse Removed Unplugged Disconnected  De-contactor Removed | | | | | | | | |
| DB No: | | | DB No: | | DB No: | | | DB No: |
| Circuit No: | | | Circuit No: | | Circuit No: | | | Circuit No: |
| Lighting Power | | | Tagged Locked Fuse Removed Unplugged Disconnected  De-contactor Removed | | | | | | | | |
| DB No: | | | DB No: | | DB No: | | | DB No: |
| Circuit No: | | | Circuit No: | | Circuit No: | | | Circuit No: |
| Fire Services | | | Tagged Locked Fuse Removed Unplugged Disconnected  De-contactor Removed | | | | | | | | |
| DB No: | | | DB No: | | DB No: | | | DB No: |
| Circuit No: | | | Circuit No: | | Circuit No: | | | Circuit No: |
| Other: | | | Tagged Locked Fuse Removed Unplugged Disconnected  De-contactor Removed | | | | | | | | |
| DB No: | | | DB No: | | DB No: | | | DB No: |
| Circuit No: | | | Circuit No: | | Circuit No: | | | Circuit No: |
| Other: | | | Tagged Locked Fuse Removed Unplugged Disconnected  De-contactor Removed | | | | | | | | |
| DB No: | | | DB No: | | DB No: | | | DB No: |
| Circuit No: | | | Circuit No: | | Circuit No: | | | Circuit No: |
| These Isolations are based on: | | | | | | | | | | | |
| The above Isolations have been carried out using information supplied by: | | | | | | | | | | | |
| Drawing |  | No: | | | Issue No: | | No: | | | Issue No: | |
| On site Investigation |  | Whom by: | | | | | Position: | | | | |
| Live Line tester |  |  | | | | | | | | | |
| Electrical Legend |  | Whom by: | | | | | Position: | | | | |
| Verbal Instructions |  | Whom by: | | | | | Position: | | | | |
| Verbal Instructions received were: | | | | | | | | | | | |

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| **Part 5: Isolation Point Register** | | | | | | | | | | | | | | | | | | | | | | | |
| Isolation Codes | | | | | | | | | | | | | | | | | | | | | | | |
| T | Tag | | L | Locked | | FR | Fuse Removed | | | U | | Unplugged | | D | Disconnected | | | | C | | Removal of a connector or De-contactor | | |
| Note: Isolation points require a lock and tag. Devices not capable of being locked with a lock and hasp must be secured using some other lockable means; this might be the use of a shroud, cover, chain etc. An isolation lock and tag is then attached to this. | | | | | | | | | | | | | | | | | | | | | | | |
| # | Isolation Point / Description of lock used | | | | | | | Isolation Point Location | | | | | Isolation Code | | | Lock No. | | Name of isolator | | | | | Supervisor  Initial |
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| **Part 6: Test for Dead / prove for dead procedure** | | | | | | | | | | | | | | | | | | | | | | | |
| Step | Test Point Description | | | | | | | | Test Point Location | | | | | | | | | Name of Isolator | | | | | Supervisor Initial |
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| I confirm that all energy sources have been isolated, additional non-positive isolations performed where required, and test for dead completed. This included making sure any residual energy has been dissipated; and retesting of the test instrument on a known voltage supply immediately after performing the test for dead. Finally the effectiveness of electrical isolation was confirmed by attempting to start the equipment. | | | | | | | | | | | | | | | | | | | | | | | |
| Isolation performed by: | | | | | Name: | | | | | | | | | | | | | | | Date: | | | |
| Signature: | | | | | | | | | | | | | | | Time: | | | |
| Note: All workers who are working under the control of this isolation are to sign onto and off using Section 8. | | | | | | | | | | | | | | | | | | | | | | | |
| **Part 7: De-isolation Procedure – Energisation Schedule** | | | | | | | | | | | | | | | | | | | | | | | |
| Note: You are required to follow section 8 of AS 3000 “Verification Procedure” when performing this De-isolation - Energisation. | | | | | | | | | | | | | | | | | | | | | | | |
| Step | Isolation Point Description | | | | | | | | Isolation Point Location | | | | | | | | | Name of De-Isolator | | | | | Supervisor Initial |
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| **Part 7: Reinstatement (completed by Electrical person in charge of electrical works and/ or de-isolation)** | | | | | | | | | | | | | | | | | | | | | | | |
| 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. Consider my signature confirmation that electrical works have been completed safely and the worksite and all services are being returned to UC in a safe and operable condition. | | | | | | | | | | | | | | | | | | | | | | | |
| Isolation performed by: | | | | | Name: | | | | | | | | | | | | | | | Date: | | | |
| Signature: | | | | | | | | | | | | | | | Time: | | | |
| **Part 8: Workers sign on/ sign off when working under the protection of this isolation.** | | | | | | | | | | | | | | | | | | | | | | | |
| All workers who are working under the protection of this isolation must sign on and off at the same time they are attaching and removing their personal protection locks and tags. By signing below, you are acknowledging that the effectiveness of the isolation has been proven to you by the electrical supervisor or electrical worker in charge of this work. | | | | | | | | | | | | | | | | | | | | | | | |
| Date | | Name | | | | | | Time On | | | Sign On | | | | | | Time Off | | | | | Sign Off | |
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