

Level 3 Isolation Confirmation Plan and Sign-On Form

Section 1: Work Summary

Purpose

- This permit is to be used for any works requiring a Level 3 Isolation (Lockbox).
- Check with stakeholders, check permit to work register advise relevant workers, and check other safety precautions before commencing

The Level 3 Isolator completes this section.
Details of scope of work that requires isolation

Work Order Number		Work Requestor Name		Contact Number	
Port		Company		Department	
Lock Box Number		Start Date and Time		End Date and Time	

Isolation and Isolator general details

Isolator 1 Full Name		Isolator 1 Contact Number		Isolator Qualification	
Isolator 2 Full Name		Isolator 2 Contact Number		Isolator Qualification	

Description of Works and conditions
External Notifications e.g. RiskCover
Linked Lockbox details:

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Section 2: Isolation Plan and Confirmation

The *Isolators* confirm the isolation will be conducted in accordance with a documented safe system of work.

#	Location	Equipment	Isolation: Mechanical / Electrical / Other	State of Equipment	Time	Level 3 Isolator 1 Signature	Level 3 Isolator 2 Signature Verify
1.			☐ M ☐ E ☐ O				
2.			☐ M ☐ E ☐ O				
3.			☐ M ☐ E ☐ O				
4.			☐ M ☐ E ☐ O				
5.			☐ M ☐ E ☐ O				
6.			☐ M ☐ E ☐ O				
7.			☐ M ☐ E ☐ O				
8.			☐ M ☐ E ☐ O				
9.			☐ M ☐ E ☐ O				
10.			☐ M ☐ E ☐ O				
	Lock Box Number:		Black Lock and Tag		Attached ☐		

*Additional
Information*

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Section 3: Isolation Handover, out of service or suspension

Required where the original isolator has completed their task or does not need to perform work on isolated equipment, but the isolation is still required by other lock holders, OR the isolation is to be used with no changes on continuing shift / under alternate supervisor. The isolator must sign over this permit to a responsible workgroup supervisor. Any continuing work group supervisor changes must also be recorded below.

Date	Full Name (First & Last)	Contact number	Sign On	Sign Off	State (Out of Service / Suspension / Continuing Work)	Handover notes / comments for incoming responsible workgroup supervisor.

Document Owner: Operations and Maintenance Managers

Approved by: Group HSE Manager

UNCONTROLLED WHEN PRINTED

Version No: 02

Review Due: 12/08/2029

Issue Date: 12/08/2026

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Section 5: Isolation Restoration

<i>Restoration</i>	Perform the following steps to restore the plant or equipment. Set out in order of isolation restoration sequence.					
#	Location	Equipment	Isolation: Mechanical / Electrical / Other	State of Equipment	Time	Level 3 Isolator Signature
1.			☐ M ☐ E ☐ O			
2.			☐ M ☐ E ☐ O			
3.			☐ M ☐ E ☐ O			
4.			☐ M ☐ E ☐ O			
5.			☐ M ☐ E ☐ O			
6.			☐ M ☐ E ☐ O			
7.			☐ M ☐ E ☐ O			
8.			☐ M ☐ E ☐ O			
9.			☐ M ☐ E ☐ O			
10.			☐ M ☐ E ☐ O			
	Lock Box Number:		Black Lock and Tag		Removed ☐	

Section 6: Statement of Completion

<i>Completion</i>	I acknowledge the requirements of Southern Ports were carried out according to the permit, a final inspection completed, and the area is safe to re-instate to normal operations.				
	Name	Signature	Date	Time	Comments
<i>Task Supervisor</i>					
<i>Level 3 Isolator</i>					

*Additional
Information*

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