



## Level 2 Isolation Confirmation Plan and Sign-On Form

### Section 1: Work Summary

- Purpose**
- This permit is to be used for any works requiring a **Level 2** Isolation: up to 6 workers on same item of plant with up to 6 isolation points.
  - Check with stakeholders, check permit to work register, advise relevant workers, and check other safety precautions before commencing.

**The Level 2 Isolator completes this section.**

Details of scope of work that requires isolation

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

Isolation and Isolator general details

Isolator Contact Number		Position Title		Isolator Qualification	
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Description of Works and conditions:

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External Notifications e.g. RiskCover:

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### Section 2: Isolation Plan and Confirmation

Level 2 isolators confirm that the isolation is conducted in accordance with a documented safe system of work. Set out in order of isolation sequence.

#	Location	Equipment	Isolation: Mechanical / Electrical / Other	State of Equipment	Time	Isolator Signature
1.			<input type="checkbox"/> M <input type="checkbox"/> E <input type="checkbox"/> O			
2.			<input type="checkbox"/> M <input type="checkbox"/> E <input type="checkbox"/> O			
3.			<input type="checkbox"/> M <input type="checkbox"/> E <input type="checkbox"/> O			
4.			<input type="checkbox"/> M <input type="checkbox"/> E <input type="checkbox"/> O			
5.			<input type="checkbox"/> M <input type="checkbox"/> E <input type="checkbox"/> O			
6.			<input type="checkbox"/> M <input type="checkbox"/> E <input type="checkbox"/> O			

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

### Section 4: Lock Holder Sign-on Sign-off

The "Responsible Task Supervisor" (TS), must ensure all workers understand hazards and requirements, apply and remove red locks to all required points and sign on and sign off, on this permit each time they arrive / leave the work area.

A new page should be used for each new shift / date additional lock holders that exceed available spaces

Lock Holder Name	Company	Phone Number	Shift			Date		
			Sign On	Time	TS Initial	Sign Off	Time	TS Initial

Document Owner: Operations and Maintenance Managers  
 Approved by: Group HSE Manager

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### Section 4: Lock Holder Sign-on Sign-off

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A new page should be used for each new shift / date additional lock holders that exceed available spaces

A new page should be used for each new shift / date additional lock holders that exceed available spaces			Shift		Date			
Lock Holder Name	Company	Phone Number	Sign On	Time	TS Initial	Sign Off	Time	TS Initial

### Section 5: Isolation Restoration

*Restoration* Perform the following steps to restore the plant or equipment. Set out in order of isolation restoration sequence.

#	Location	Equipment	Isolation: Mechanical / Electrical	Time	Isolator Signature
1.			<input type="checkbox"/> M <input type="checkbox"/> E		
2.			<input type="checkbox"/> M <input type="checkbox"/> E		
3.			<input type="checkbox"/> M <input type="checkbox"/> E		
4.			<input type="checkbox"/> M <input type="checkbox"/> E		
5.			<input type="checkbox"/> M <input type="checkbox"/> E		
6.			<input type="checkbox"/> M <input type="checkbox"/> E		



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### 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>Isolator</i>					

### Section 7: Statement of Completion

<i>Additional Information</i>	
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