

Level 3 Isolation Confirmation Plan and Sign-On Form

Section 1: Work Summary					
<i>Purpose</i>		<ul style="list-style-type: none"> 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 Contact Number		Position Title		Isolator Qualification	
Isolator 2 Contact Number		Position Title		Isolator Qualification	
Description of Works and conditions					
External Notifications e.g. RiskCover					
Linked Lockbox details:					

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.			<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				
7.			<input type="checkbox"/> M <input type="checkbox"/> E <input type="checkbox"/> O				
8.			<input type="checkbox"/> M <input type="checkbox"/> E <input type="checkbox"/> O				
9.			<input type="checkbox"/> M <input type="checkbox"/> E <input type="checkbox"/> O				
10.			<input type="checkbox"/> M <input type="checkbox"/> E <input type="checkbox"/> O				

<i>Additional Information</i>	
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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.			<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			
7.			<input type="checkbox"/> M <input type="checkbox"/> E <input type="checkbox"/> O			
8.			<input type="checkbox"/> M <input type="checkbox"/> E <input type="checkbox"/> O			
9.			<input type="checkbox"/> M <input type="checkbox"/> E <input type="checkbox"/> O			
10.			<input type="checkbox"/> M <input type="checkbox"/> E <input type="checkbox"/> O			

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*