

Services Isolation Permit

Project Name Details:

Project/Task Name:		Site Location:	
Contractor:		Contractor Representative:	
AMG Representative:		ATCW #	

Disruption Details

Proposed Date of Works	
Proposed Time:	
Duration of Isolation	

Services Isolation

Why is a service isolation required for the works?		
What Services must be isolated to safely complete the works?	<input type="checkbox"/> Electrical <input type="checkbox"/> Water <input type="checkbox"/> Natural Gas <input type="checkbox"/> Fire Services <input type="checkbox"/> Exit/Emergency Lighting <input type="checkbox"/> Security Systems <input type="checkbox"/> Lifts <input type="checkbox"/> Plant/Equipment	
Safe Work Method Statement has been completed (submit with application)	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Risk assessment has been completed (submit with application)	<input type="checkbox"/> Yes <input type="checkbox"/> No	
What controls will be in place to reduce the risk?		
Who is responsible for validating controls are in place and effective?		
Who will undertake the services isolation?	Name:	
	Qualifications Required:	

	Licence Number:		
	Required qualifications are in date, current and suitable	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Contractor Submission			
Contractor Responsible for Works			
Email Address			
<i>I acknowledge I am the nominated person for the works and am responsible to ensure all required controls set out in the permit approval process are in place, effective and monitored throughout the works.</i>			<input type="checkbox"/>
<i>I will ensure that all persons on my site will comply with all controls identified as part of the risk assessment and review/approval stage.</i>			<input type="checkbox"/>
<i>I understand that there may be additional requirements as part of high-risk work permit approval, and will ensure all workers are aware, understand, and are signed on as part of my site induction process and prestart risk assessment.</i>			<input type="checkbox"/>
<i>I will confirm and document that workers have been inducted, understand the safe work method statements/procedures, and have correct licenses/competencies for the task they undertake.</i>			<input type="checkbox"/>
<i>Isolations to critical infrastructure or locations may require planning, and final date and timing of these isolations will be given to me by an AMG Representative</i>			<input type="checkbox"/>
<i>High Voltage isolations will be Approved by the AMG HV Installation Responsible Person and be undertaken by AMG's engaged High Voltage Contractor</i>			<input type="checkbox"/>
<i>If Fire Services are not identified as being isolated by the Contractor, and the works undertaken by the contractor activate an unnecessary attendance by the Fire Brigade, these costs will be passed on to the contractor responsible where AMG is not responsible for this.</i>			<input type="checkbox"/>
Completed By			
Name:		Signature:	
Position:		Date:	
AMG Approval			
Reviewed by: (Names)			
Approved by:		Date:	
Role:		Date/Time of Works:	
Comments:			