

Isolation Instruction Template



Section 1 – Work activity details			
This form must be completed in accordance with the requirements of the Energy Tag and Lockout Procedure (PRO-00014). Isolation instructions must be developed or reviewed by an Seqwater authorised isolator for the site where the isolation is being performed. Where required, the authorised isolator must also hold the appropriate qualification for the type of isolation being performed.			WO or Project No.:
Work activity details	Location of work activity:		
	Description of work activity:		
Isolation responsibilities <i>(Where isolation not performed by Authorised Isolator)</i>	Isolation to be conducted by:		
	De-Isolation to be conducted by:		
	Hold points requiring Authorised Isolator involvement:		
	Other requirements:		
Authorised isolator who has prepared or reviewed isolation instruction.	Operations <input type="checkbox"/> Y <input type="checkbox"/> N/A	Name:	Date:
		Signature:	
	Electrical <input type="checkbox"/> Y <input type="checkbox"/> N/A	Name:	Date:
		Signature:	
	Mechanical <input type="checkbox"/> Y <input type="checkbox"/> N/A	Name:	Date:
		Signature:	
	Other <input type="checkbox"/> Y <input type="checkbox"/> N/A	Name:	Date:
		Signature:	
Documentation saved at	Insert Rex Number		

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Section 2 – Isolation procedure										
Isolation Codes										
LVI	Low Voltage Isolation (<1000V)	HVI	High Voltage Isolation	OWI	Operations Work Instruction	DCR	De-contactor Removed	AD	Air Disconnected	
VLO	Valve Locked Open	VLC	Valve Locked Closed	TO / TC	Tagged Open / Tagged Closed	SI	Spade Inserted	SR	Spool Removed (Blank Fitted)	
<p>Note: All HV Isolations require a High Voltage Access Permit Form (FRM-00439) and a High Voltage Switching Form (FRM-00438).</p> <p>Devices not capable of being locked should, as far as reasonably practicable, be secured with a shroud, valve cover, chain, pin or other suitable means, or by the removal of the handle or operating mechanism. As a minimum, an isolation tag must be affixed to any isolation point not able to be secured with a red isolation lock.</p>										
Step	Isolation Point Number / Description			Isolation Point Location		Code	Lock No.	Isolator name		Initial
1.	Access Officer / Duty Operator contacted before commencing isolation.									
2										
3										
4										
5										
6										
7										
8										
9										
10										
11										
12										
13										
14										

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Isolation diagram

Include a sketch of the isolation to support communication and understanding of isolation requirements. This may include system drawings, isolation points, isolation types etc.

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Section 3 – Test for dead / prove for dead procedure						
Step	Test Point Description	Test Point Location	Isolator name	Initial		
1						
2						
3						
4						
5						
6						
I confirm that all identified energy sources have been isolated, all residual energy has been dissipated, all isolation points have been locked or otherwise secured to prevent re-energisation, and the isolations have been tested and proven to be effective.						
Isolation Officer		Name:		Date:		
		Signature:		Time:		
NOTE: All workers who are working under the control of this isolation must sign on and off using Section 7 of this form.						
Section 4 – Inch and test procedure						
Equipment to be Tested:		Type of Test:		Reason for Test:		
Step	Isolation Point Number / Description	Date / Time	Re-energiser Name	Initial	Re-isolator Name	Initial
1						
2						
3						
4						
5						
6						

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Section 5 – De-isolation procedure				
Step	Isolation Point Number / Description	Isolation Point Location	De-isolator Name	Initial
1	<i>Access Officer / Duty Operator contacted before commencing de-isolation.</i>			
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
Section 6 – Reinstatement				
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.				
Isolation Officer	Name:		Date:	
	Signature:		Time:	

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Section 7 – Worker sign on / sign off

All workers who are working under the control of the isolation must sign on and off below at the same time that they are attaching and removing their blue personal locks to the lock board. By signing below, you are acknowledging that the effectiveness of the isolation has been proven to you.

Date	Name	Time On	Sign On	Time Off	Sign Off