PERMIT NUMBER	EWI _____

Isolation of services (e.g. gas, water, fire system, EWIS etc.)

PART 1 – Minimum Controls Checklist details – Available on BSAFE	
Work Order/Project #	
Name	
Contact Number	
Company	
Date & Time	

Minimum Controls Checklist (Open)	
Description of the work	
Location of works	
Confirm the following is in place:	☐ SWMS reviewed in consultation with work group ☐ Work area cordoned off or barricaded/ warning signs in place ☐ Emergency exits / muster points / contingency plans understood ☐ All workers have current licenses/certificates of competency for the works
Isolation Type (select):	☐ Plant/Equipment (if checked identify equipment) _____ ☐ Water (if checked list location) _____ ☐ Natural Gas (if checked list location)_____ ☐ Lift/Elevator (if checked list numbers)_____ ☐ Security Alarms (if checked list location) ☐ Fire/Smoke Alarms Zone/s (if checked list zone/s) ☐ Fire impairment of System – Zone/s (if checked list zone/s) (see additional questions)
Detail the location/zone of the isolation	
Isolation Method (select the relevant isolation controls):	☐ Isolating with Locks on switches, valves etc. ☐ Isolating with Tags on switches, valves etc. ☐ Bonded to earth ☐ Fitting of physical barriers such as blank/flange/spade (spectacle) plate etc. ☐ Lowering suspended equipment to resting position ☐ Blocking/ chocking moveable parts (e.g. fans) ☐ Venting, draining or bleeding gas/steam/hydraulic/pneumatic lines to remove pressure. ☐ De-energising/ blocking of stored energy (e.g. springs). ☐ Isolations will be checked and verified (without placing anyone at risk) ☐ Other method/s(Detail):
BGIS has been notified	☐ Yes List BGIS representative notified:_____

Fire System Isolation

Is the fire system being isolated?*	☐ Yes ☐ No
Please detail any other controls in place:	
Name:	
Signature	
Date	