
 HSSE WORLD Health, Safety, Security and Environment	Project/Location:	Form No : / Rev0 Date of Issue:
	ELECTRICAL ISOLATION PERMIT / ELECTRICAL PERMIT TO WORK	

PERMIT APPLICANT	Permit Applicant: (Department/ Section / Contractors):			
	To electrically Isolate the following :			
	To Perform the following Work :			
	Controls Checked and actioned to Prevent undesirable operation of the Equipment.		Yes	No
	Duration of Work	Date & Time:	From:	To:
	Related Permit (s) No.			
	List of Personnel Involved	00	00	00
		00	00	00
	Name of Applicant	Reg. No.	Signature	Date
COMPETENT PERSON	(A) AUTHORIZATION (ELECTRICAL ISOLATION) Electrical isolation checklist overleaf for completion by Electrical Competent person. Electrical isolation for the above equipment has been completed and that the points isolated are: - (Note: 1. Both sections must be completed 2. <i>Mention other Safety Precautions if any.</i>)			
	WARNING: ALL OTHER ELECTRICAL EQUIPMENT IS DANGEROUS			
	DECLARATION: I certify that the above-mentioned equipment has been electrically isolated and it is SAFE to work in/upon following the rules.			
	Name	Reg. No.	Signature	Date
PERMIT APPLICANT	(B) ACCEPTANCE: Performing Supervisor Sign, for ensuring job site Supervision, Acceptance of safe Isolation, Requirements & Precaution needed for safe work			
	Name	Reg. No.	Signature	Date
	(C) COMPLETION /CANCELLATION: (This permit may be cancelled) I hereby declare that all men under my charge have been withdrawn and warned that it is no longer safe to work in/upon the above-mentioned location/equipment. All tools/gear I brought in matters have been removed and the site has been cleared from all objects that might cause any potential hazards of fire. All removed fitting (s) cover (s) have been replaced, leaving the equipment ready for commissioning.			
	Name	Reg. No.	Signature	Date
COMPLETION /CANCELLATION	(D1) Permit Issuer: I have satisfied my self that location / Equipment covered by this permit and all related permits are safe for re-commissioning and that the supply can be restored electrical			
	Name	Reg. No.	Signature	Date
	(D2) Electrical Competent Person: Electrical Supply to the equipment has been restored by reversal of above isolation from the new substation and warning tags removed.			
	Name	Reg. No.	Signature	Date
	(D3) Permit Issuer: The equipment is now re-commissioned satisfactorily and this permit is cancelled.			
Name	Reg. No.	Signature	Date	

Note: New Permit must be issued for any change in condition or cancellation. The permit should not be Altered or Amended.

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Electrical Isolation Checklist					
Sl. No.	Isolation Activities	Done	Not Required	Not Applicable	Remarks
1	Open control & isolator switches. Re-check feeder is open before commencing this activity.				
2	Rack-out / down the truck to the drawn-out position. If Panel door cannot be closed completely remove the switch from the cubicle.				
3	Main fuses removed. Applicable only for the non-draw-out switch. Essential to padlock the open switch. Test voltage-outgoing terminals.				
4	Main isolator switch pad-locked / bolted. Padlocking is preferred bolting is acceptable.				
5	Back feed of power prevented. Isolate power/control switches, P.T's etc. as necessary.				
6	Earthing through external earth. Essential for H.T. feeders. Check earth switch, if any, at another end.				
7	Earthing through external earth. Local Earthing sometime essential, test for no voltage before applying Earthing.				
8	Warning notice/tags fixed at cubicle & local push button station. Control switches to be in "local", "manual" and "off" positions.				
9	Controls checked and actioned to prevent undesirable operation of equipment.				
	In case of control circuit work, P&I, Elec. & Instrument drawings must be examined for possible mal-operation of related equipment.				
10	Shutters locked. Only for work inside switch cubicle or on bus bars. Extreme caution required.				
11	Anti-condensation heater isolated and tagged. Anti-condensation heater should be isolated only if working on the electrical equipment.				

AUTHORIZATION FOR ELECTRICAL ISOLATION

NAME	REG. NO.	SIGNATURE	DATE