

Request for Isolation Permit must be completed before any Isolation approval.

ISOLATION REQUEST

Requestor Name:		Company:		Request Date:	/	/	/20	
Contact No.		Contact Email:						
Date:	/	/	/20	Time:	:	Estimated Duration:	Hrs	Days

SCOPE OF WORKS / REASON FOR ISOLATION

EQUIPMENT/PLANT TO BE ISOLATED

(Indicate which equipment/plant will be isolated and place comments in the space provided)

Utah Point Equipment/Plant to be isolated

<input type="checkbox"/> CV01		<input type="checkbox"/> MFHT 01 Trimming	
<input type="checkbox"/> CV02		<input type="checkbox"/> MFHT 01 Chutes	
<input type="checkbox"/> CV03		<input type="checkbox"/> MFHT 02 Trimming	
<input type="checkbox"/> CV04		<input type="checkbox"/> MFHT 02 Chutes	
<input type="checkbox"/> CV05		<input type="checkbox"/> TS01 Chute 1	
<input type="checkbox"/> CV06		<input type="checkbox"/> TS01 Chute 2	
<input type="checkbox"/> CV07		<input type="checkbox"/> TS02 Chute	
<input type="checkbox"/> CV07 Scraper – star clean		<input type="checkbox"/> Other	
<input type="checkbox"/> CV08		<input type="checkbox"/> TS03 Chute	
<input type="checkbox"/> CV09		<input type="checkbox"/> Ship loader Long Travel	
<input type="checkbox"/> CV10		<input type="checkbox"/> Ship loader Luff	
<input type="checkbox"/> CV10 and Sample Station		<input type="checkbox"/> Ship loader HPU's	
<input type="checkbox"/> Utah Sample Station		<input type="checkbox"/> Shuttle Winch	
<input type="checkbox"/> CV11		<input type="checkbox"/> Cavotec Unit /s _____	
<input type="checkbox"/> CV12		<input type="checkbox"/> Diverter Gate	
<input type="checkbox"/> CV ___ Carry Belt Clamps		<input type="checkbox"/> RSS _____	
<input type="checkbox"/> CV ___ Return Belt Clamps		<input type="checkbox"/> Feeder _____	
<input type="checkbox"/> Other		<input type="checkbox"/> Other	

Eastern Harbour Equipment/Plant to be isolated

<input type="checkbox"/> CV01		<input type="checkbox"/> BC03	
<input type="checkbox"/> CV02		<input type="checkbox"/> Ship loader Long Travel	
<input type="checkbox"/> CV03		<input type="checkbox"/> Ship loader Luff	
<input type="checkbox"/> CV04		<input type="checkbox"/> Shuttle Winch	
<input type="checkbox"/> CV05		<input type="checkbox"/> Mobile Conveyor 01	
<input type="checkbox"/> CV05 Long Travel		<input type="checkbox"/> Mobile Conveyor 02	
<input type="checkbox"/> CV05 North Feeder		<input type="checkbox"/> Berth 1 Fuel Vessel Isolations	
<input type="checkbox"/> CV05 South Feeder		<input type="checkbox"/> Berth 3 Fuel Vessel Isolations	
<input type="checkbox"/> CV06		<input type="checkbox"/> Other	
<input type="checkbox"/> CV07		<input type="checkbox"/> Other	
<input type="checkbox"/> CV09		<input type="checkbox"/> Other	
<input type="checkbox"/> CV10 and Sample Station		<input type="checkbox"/> Other	
<input type="checkbox"/> FD03		<input type="checkbox"/> Other	
<input type="checkbox"/> Other		<input type="checkbox"/> Other	

Dampier Port Equipment/Plant to be Isolated			
<input type="checkbox"/>	Horizon Sub Station		<input type="checkbox"/>
<input type="checkbox"/>	Sub Station 1		<input type="checkbox"/>
<input type="checkbox"/>	Sub Station 2		<input type="checkbox"/>
<input type="checkbox"/>	Sub Station 3		<input type="checkbox"/>
<input type="checkbox"/>	Transformer 1		<input type="checkbox"/>
<input type="checkbox"/>	Transformer 2		<input type="checkbox"/>
<input type="checkbox"/>	Transformer 3		<input type="checkbox"/>
<input type="checkbox"/>	Transformer 4		<input type="checkbox"/>
<input type="checkbox"/>	Transformer 5		<input type="checkbox"/>
<input type="checkbox"/>	Transformer 6		<input type="checkbox"/>
<input type="checkbox"/>	Transformer 7		<input type="checkbox"/>
<input type="checkbox"/>	Other		<input type="checkbox"/>
<input type="checkbox"/>	Other		<input type="checkbox"/>

Ashburton Port Equipment/Plant to be Isolated			
<input type="checkbox"/>	Solar Power Hut North		<input type="checkbox"/>
<input type="checkbox"/>	Other		<input type="checkbox"/>
<input type="checkbox"/>			<input type="checkbox"/>

Will there be any other isolation/s in place? YES NO If YES, please include details below.

PERMIT REQUEST APPROVAL

The work outlined in this request is: Approved Not Approved

I confirm that the isolations requested are in accordance with the scope of work and hereby approve the isolation.

OR

I confirm that the isolations requested are in accordance with the scope of work and are covered by existing isolation #: _____. These tasks can be added with the approval of the permit holder.

Isolation Officer	Name:	Signature:
	Date: / /20	Time: :

CONFIRMATION OF ADDITIONAL TASKS
(Use only when adding task/s to an existing Isolation Statement & Isolation Permit)

I acknowledge permit approval in accordance with the scope of work under the current permit and accept the inclusion of the additional tasks

Permit Holder	Name:	Signature:
	Date: / /20	Time: :

1. DOCUMENT OWNER
The **Electrical Governance Superintendent** is responsible for this **Form**.