

LOTO CERTIFICATE

PERMIT HOLDER	00001	Ref. WP #	Permit Holder				Date		
	Other Certificates:	<input type="checkbox"/> Confined Space Entry	<input type="checkbox"/> Excavation	<input type="checkbox"/> Lifting	<input type="checkbox"/> Estimated Date/Time of Completion: _____				
	<input type="checkbox"/> Hot Work	<input type="checkbox"/> Working at height	<input type="checkbox"/> Electrical	<input type="checkbox"/> Supporting Doc's					
	Work Location			Equipment ID					
	Project & work description:								
PERMIT ISSUER SECTION	WORK PREPARATION (PRE-ISOLATION)								
	<input type="checkbox"/> Line Draining	<input type="checkbox"/> Water flushing	<input type="checkbox"/> Venting to atmosphere	<input type="checkbox"/> Electrical grounding/earthing					
	<input type="checkbox"/> Depressurisation	<input type="checkbox"/> Steam cleaning	<input type="checkbox"/> Forced ventilation	<input type="checkbox"/> Other LOTO:					
	<input type="checkbox"/> Gas freeing/degassing	<input type="checkbox"/> Nitrogen purging	<input type="checkbox"/> Gas testing	<input type="checkbox"/> Other					
	ENERGY TO ISOLATE								
	<input type="checkbox"/> Biological	<input type="checkbox"/> Electrical	<input type="checkbox"/> Noise	<input type="checkbox"/> Thermal					
	<input type="checkbox"/> Body mechanics	<input type="checkbox"/> Gravity	<input type="checkbox"/> Pressure	<input type="checkbox"/> Other					
	<input type="checkbox"/> Chemical	<input type="checkbox"/> Mechanical	<input type="checkbox"/> Radiation						
	CONTROLS (Permit Issuer to check required controls and then initial once controls are in place)								
	Req'd	Confirmed							CROSS OUT LINE IF N/A
<input type="checkbox"/>	<input type="checkbox"/>	P&ID or Electrical drawings checked to plan/verify isolation points							
<input type="checkbox"/>	<input type="checkbox"/>	Physical site review completed to verify required isolations							
<input type="checkbox"/>	<input type="checkbox"/>	Electrical isolation carried out by a certified electrician							
<input type="checkbox"/>	<input type="checkbox"/>	Site operator install isolation locks - or direct Electrician to install on behalf							
<input type="checkbox"/>	<input type="checkbox"/>	Flash Hazard Protection Boundary. Specify Limits.							
<input type="checkbox"/>	<input type="checkbox"/>	Methodology to test/confirm that equipment is isolated, de-energised or depressurised and/or cannot be started							
<input type="checkbox"/>	<input type="checkbox"/>	PI/Operator hold isolation key or place in LOTO box							
<input type="checkbox"/>	<input type="checkbox"/>	Communication to affected personnel							
<input type="checkbox"/>	<input type="checkbox"/>	Simultaneous operations considered - no unsafe overlap							
<input type="checkbox"/>	<input type="checkbox"/>	Pre-isolation done to complete this isolation (i.e. close vent, purge line, etc). LOTO Ref #: _____							
<input type="checkbox"/>	<input type="checkbox"/>	Periodic monitoring and testing of isolations stipulated in work permit, risk assessment or method statement							
<input type="checkbox"/>	<input type="checkbox"/>	Others: _____							
METHOD OF ISOLATION									
Positive isolation			Proved isolation			Non-proved isolation			
<input type="checkbox"/>	Physical disconnection (eg spool removal)		<input type="checkbox"/>	Double block and bleed		<input type="checkbox"/> Double valve			
<input type="checkbox"/>	Double block, bleed and spade		<input type="checkbox"/>	Double seals in a single body with bleed in b/w		<input type="checkbox"/> Single valve			
<input type="checkbox"/>	Single block and bleed and spade		<input type="checkbox"/>	Single block and bleed		Others			
						<input type="checkbox"/> Tagged isolation only (approval by PI & Site Mgr)			
PTW DEPENDENT ON THIS PHYSICAL ISOLATION									
PTW No	Start Date	Permit Issuer	Signature	Completed Date	Permit Issuer	Signature	Comment/Notes		
WEEKLY LOTO ELECTRICAL ISOLATION VERIFICATION BY QUALIFIED SITE STAFF									
Week:	1	2	3	4	5	6	7	8	9
Permit Issuer:									
Signature:									
Date									
AUTHORISE LOTO	AUTHORISE LOTO AS PER ISOLATION LIST								
	The person undertaking this work acknowledges that the job will be completed in accordance with the controls listed above and the Z Life Saving Rules. All works will be completed in a safe manner and the Permit Issuer will be informed immediately if conditions change in the work site or an incident or near miss of any severity occurs.								
	The signature below approves the Isolation List. Signatory also confirms all requirements and conditions / controls of this certificate are in place and the LOTO can be performed safely.								
	Permit Issuer:			Signature:			Date:		Time:
Signature below confirms I fully understand and will comply, enforce and meet all conditions / requirements set out in this certificate and associated documents.									
Permit Holder:			Signature:			Date:		Time:	
REINSTATEMENT	AUTHORISE REINSTATEMENT OF PLANT								
	The signature below confirms that all PTW associated with this certificate have been completed and all personnel have been withdrawn from the site. Permission is given to remove the physical isolation on site.								
LOTO Removal Authorized by:			Signature:			Date:		Time:	
CLOSE OUT	LOTO CLOSE OUT								
	The signature below acknowledges Work Permit closure . Work completed, site left in a safe condition, in accordance with facility requirements								
	Permit Holder:			Signature:			Date:		Time:
The signature below acknowledges the work permit closure . The work has been completed and the site has been left in a safe condition									
Permit Issuer:			Signature:			Date:		Time:	