



Requests for approval to isolate services shall be provided to the Campus Facilities Manager or delegate via FM Assist not less than 5 working days prior to the issue of an [AWN](#). (The [Draft AWN Template](#) must be submitted 96 hours prior to the proposed commencement of works.)

Contractor to complete Sections 1 to 6 (requesting approval for the Isolation) and Section 10 (Isolation reinstatement).

1. CONTRACTOR DETAILS			
Company Undertaking the Work:			
Person Undertaking the Work & Phone Number:			
Occupational Licence Type & Number:			
Contractor Supervisor Name & Phone Number:			
Principal Contractor Company:			
Principal Contractor Contact Name & Phone Number:			
2. LOCATION			
Location of Work including <ul style="list-style-type: none"> • Campus • Building • Room Number • External 			
Details of planned work activity i.e. testing, maintenance, repair, construction:			
Estimated Duration of the Permit:	Date from:		Time:
	Date to:		Time:

3. ISOLATION DETAILS

Isolation type:	<input type="checkbox"/> Fire Systems	<input type="checkbox"/> Smoke / Thermal Detector	<input type="checkbox"/> Gas Suppression System		
		<input type="checkbox"/> Town Mains Supply	<input type="checkbox"/> VESDA	<input type="checkbox"/> FIP / EWIS	
		<input type="checkbox"/> Sprinkler System		<input type="checkbox"/> Fire Pump / Tank	
	<input type="checkbox"/> Electrical				
	<input type="checkbox"/> Gas - Natural			<input type="checkbox"/> Gas - Laboratory	
	<input type="checkbox"/> Mechanical			<input type="checkbox"/> Vertical Transport	
	<input type="checkbox"/> Sewer				
	<input type="checkbox"/> Water - Mains		<input type="checkbox"/> Water - Recycled	<input type="checkbox"/> Water - RO	
	<input type="checkbox"/> BMS	<input type="checkbox"/> CEMS		<input type="checkbox"/> Comms	<input type="checkbox"/> Gas Monitoring
	<input type="checkbox"/> Electronic Security	<input type="checkbox"/> Doors	<input type="checkbox"/> Duress	<input type="checkbox"/> Fridge	<input type="checkbox"/> Freezer <input type="checkbox"/> Incubator
<input type="checkbox"/> Other (please specify)					
<p>List areas affected by this isolation:</p> <ul style="list-style-type: none"> • Campus, Building, Floor & Room Numbers • Sprinkler Valve Numbers • Fire Detector Numbers • Switchboard & Circuit Numbers • Controlled Environment Device Numbers 					

4. REQUIREMENTS FOR SWMS

The person in direct control of the works acknowledges that the items related to this application to Isolate Services Permit (below) have been considered and included in the attached SWMS/JSA. All items must be ticked or marked N/A (✓ or N/A).

General		✓ or N/A
Lock out/Tag out procedures are in place for isolation of affected plant & infrastructure.		
Plant and equipment to be used is identified. Pre-start inspections & PPE must be referenced as controls.		
Process in place for the safe reinstatement of isolated areas.		
Electrical		✓ or N/A
Electrical infrastructure & associated hazards are identified including area clear of wet conditions, combustible and flammable materials.		
For work on live circuits a risk assessment has been completed and approved by the Director: Facilities Management Unit.		
Fire Safety Systems		✓ or N/A
Daily reinstatement of fire safety systems is required?		
Extent of fire safety system isolation has been identified and emergency controls considered/implemented.		
Fire		
Precautions that will be followed:	<input type="checkbox"/> Use shut off tag	<input type="checkbox"/> Cease hazardous operations
	<input type="checkbox"/> Hose / Extinguisher available	<input type="checkbox"/> Ban welding / cutting / hot work
	<input type="checkbox"/> Notify SAMFS	<input type="checkbox"/> Notify alarm company
	<input type="checkbox"/> Work to be continuous	<input type="checkbox"/> Additional watchman surveillance
Please list any other fire prevention controls that will be in place:		

5. ISOLATION PERMIT REQUEST (Holder)

This acknowledgement signifies a formal request to commence activities involving one or more specified high risk works. I request the Isolation of Services Permit be acknowledged and recorded by the University of South Australia Issuer. As the person requesting the Isolation of Services Permit, I hereby certify that:

- I shall implement all planned and necessary controls to ensure the health and safety of all persons who may be affected by the activities.
- I shall monitor the identified hazards and control strategies throughout the work activities.

Permit Requestor:	Signature:	Date:	
		Time:	

6. PRINCIPAL CONTRACTOR/ PCBU CONTRACTING THE WORK TO THE PTW HOLDER

As the Principal Contractor (where someone other than the University has engaged the PTW Holder)/ PCBU (where the University has engaged the PTW Holder) commissioning the work, I have received the attached SWMS/JSA (and kept a copy) for the work covered by this Permit to Isolate.

PCBU/Principal Contractor	Signature:	Date:	
		Time:	

7. FM ASSIST CONFIRMATION (Internal Use Only)

1.	Fire sprinklers and/or thermal detectors must be confirmed as operational.	N/A	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
2.	Smoke detectors must be isolated in the work area.	N/A	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
3.	Hose reel provided.	N/A	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
4.	Fire extinguisher provided (at the work site).	N/A	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
5.	Alternate Warning System or Procedure must be implemented (i.e. EWIS Isolation).	N/A	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
6.	All controls listed above in Item No. 4 are in place.	N/A	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
7.	Alternate emergency egress path in place.	N/A	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

Note: If the impairment exceeds 12 hours UniSA Insurance must be notified.

8. STAKEHOLDER ASSESSMENT (Internal Use Only)

Does this isolation impact Life Safety Systems?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If Yes detail the precautions taken to ensure all stakeholders are safe.	
Stakeholders affected by the isolation (List names):	
Stakeholders consulted, and email detailing conversations provided:	<input type="checkbox"/> Yes <input type="checkbox"/> No If No, please provide reason

9. AUTHORISATION TO ISOLATE SERVICES (Internal Use Only)

The above criteria have been assessed and the isolation/s have been authorised to commence in accordance with the SWMS / JSA and identified control measures. As the Permit Issuer, I hereby acknowledge that:

I have approved this Isolation of Services Permit and a copy will be kept on record as per UniSA Procedures.

UniSA Authorisation:	Signature:	Date:	
		Time:	

10. ACKNOWLEDGEMENT OF ISOLATION REINSTATEMENT:

I acknowledge the isolated service has been reinstated and is safe to use.

Contractor:	Signature	Date:	
		Time:	