TRIM: 22/1725461

**NOTE:** All Permits involving isolations must be reviewed and co-signed by another CWTP team member.

**The person performing the isolations must ensure the following is in place before work commences:**

 The Shift Engineer and/or IE&C team member have installed and tested the isolations.

All Permit Users (workers) have installed their individual locks and tags on each isolation point or group lockout (clasp or lockbox).

**Scope of Work:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 **Z.E.S / I.E.S** Comments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Zero Energy State/ Isolated Energy State)

**PTW / LOTO ID:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **Group Lockout Y/ N LOCKBOX** #

*Note: If lockbox is used then this Isolation schedule must be posted adjacent to the lockbox*

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| --- | --- | --- | --- | --- | --- | --- |
| **Lock #** | **Isolation Point Tag & Description** | **Check By:** | **State (Open/Close)** | **Applied By** | **Personal Lock added?** | **Removed By** |
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[ ]  I confirm that the precautions described in the scope of work will be put in place and will remain in place for the duration of the work.

**Person isolating:**

|  |  |
| --- | --- |
| Name : | Sign: |

**CWTP Team Member:**

|  |  |
| --- | --- |
| Name : | Sign: |