

SAFETY SYSTEM ISOLATION CERTIFICATE

SSIC Number: 20/06001b

STATUS: Isolated

LOTO box:

SECTION 1: REQUEST FOR ISOLATION

Requested by:	To Tinh	Date/Time:	44012.45306
Safety system:	bfgfg	Site:	HSD
Safety system to be isolated:	gfg	Location:	Heli <input checked="" type="checkbox"/> Main <input type="checkbox"/> Mezz <input checked="" type="checkbox"/> Cellar <input type="checkbox"/> Sub Cellar <input type="checkbox"/> Sea/Board Landing <input type="checkbox"/>
Reason for isolation:	fdd		
Detail of inhibit/override:	fdf	Attachments:	C replacement- 180620.docx, Esc

SECTION 2: RISK ASSESSMENT AND EVALUATION

Area classification-Electrical:	<input type="checkbox"/> Zone 0	Area classification-H2S:	<input type="checkbox"/> H2S Red Zone
	<input checked="" type="checkbox"/> Zone 1		<input type="checkbox"/> H2S Yellow Zone
	<input type="checkbox"/> Zone 2		<input type="checkbox"/> H2S Green Zone
	<input type="checkbox"/> Unclassified Zone		<input checked="" type="checkbox"/> Non H2S Zone
Identification Work Tag No:	fgdf	P&ID Attached:	<input type="checkbox"/> Escape routes instruction.jpg,
Site Operating Procedure No:	fd	Procedure Attached:	<input type="checkbox"/> Access way.jpg,
Back-up and alternative manual systems available for the duration of the isolation are:	dfdf		
Special conditions to be adhered to by the Performing Authority are:	fdfg		

SECTION 3: CROSS REFERENCED'S CERTIFICATES

PTW CONNECTING	ICC CONNECTING 20/06002a	SSIC CONNECTING

SECTION 4: REVISION AND APPROVAL

APPROVE FOR ISOLATION:		CONFIRM THE EQUIPMENT IS "ISOLATED":	
VSP Sup	Nguyen Ba Quan	Date/time:	30-Jun-20 10:57
AA	Hy Tac Sang	Date/time:	30-Jun-20 10:58
APPROVE FOR SANCTION TO TEST:		CONFIRM THE SANCTION TO TEST IS "APPLIED":	
VSP Sup		Date/time:	
AA		Date/time:	
APPROVE FOR DE-ISOLATION:		CONFIRM THE EQUIPMENT IS "DE-ISOLATED":	
VSP Sup		Date/time:	
AA		Date/time:	

SECTION 5: AUTHORISATION

I, OIM, hereby give my approval for conducting the Safety System override in accordance with the conditions in Section 2 of this Certificate, and that of the associated PTW. Back-up safety systems will be tested to ensure reliability of the system prior to conducting the activity.

From: 07:00 Date: 01-Jul-20 To: 14:00 Date: 03-Jul-20

OIM Name: Tran Anh Quan

Signature:

Date/Time:

30-Jun-20 11:31

SECTION 6: SAFETY SYSTEM ISOLATION

I, Authorized Isolator, confirm that there are no duplicate overrides /isolations in progress and the requested Safety System is overridden.

AI Name: Cao Thanh Tuan

Signature:

Date/Time:

30-Jun-20 14:02

I, VSP Supervisor, has verified and confirm the overridden Safety System is applied.

VSP Sup Name: Nguyen Ba Quan

Signature:

Date/Time:

30-Jun-20 14:02

I, Area Authority, declare the Safety System is overridden, and the work can be proceed.

AA Name: Hy Tac Sang

Signature:

Date/Time:

30-Jun-20 14:03

SECTION 7: SANCTION TO TEST

I, Authorized Isolator, confirm that the overridden Safety System is removed for test as requested.

AI Name:

Signature:

Date/Time:

I, VSP Supervisor, has verified and confirm the overridden Safety System is removed for test as requested.

VSP Sup Name:

Signature:

Date/Time:

I, Area Authority, declare the overridden Safety System is removed and the Sanction To Test can be proceed.

AA Name:

Signature:

Date/Time:

SECTION 8: SAFETY SYSTEM DE-ISOLATION

I, Authorized Isolator, confirm that the overridden Safety System is removed as requested and the safety system is back to functional.

AI Name:

Signature:

Date/Time:

I, VSP Supervisor, has verified and confirm the overridden Safety System is removed and the safety system is back to functional.

VSP Sup Name:

Signature:

Date/Time:

I, Area Authority, declare the override of Safety System is removed, and the safety system is functional as normal.

AA Name:

Signature:

Date/Time:

I, OIM, acknowledge that the overridden safety system has been removed and I am satisfied with the current status of the I/O Register

OIM Name:

Signature:

Date/Time:

This form is auto-generated by system. No live signature is required

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