

Form	HITACHI
<h2 style="margin: 0;">SAFETY PERMIT ELECTRICAL ISOLATION FORM</h2>	

Permit to Work Number:

Part 1 – General Details (to be completed by Requesting Party)

Work Description		Date	
Schedule Start & Finish <i>dd/mm/yyyy</i>	Start:	Working Period	<input type="checkbox"/> Engineering Hours
	Finish:		<input type="checkbox"/> Revenue Services Hours
Type of Work	<input type="checkbox"/> Inspection <input type="checkbox"/> Maintenance <input type="checkbox"/> Installation <input type="checkbox"/> Testing <input type="checkbox"/> Training <input type="checkbox"/> Other (specify)		
Work Description			
Work Location	Track	From (Chainage)	
	Station	From	To (Chainage)
	Depot	Building Number	To
	Other Areas	(specify)	Room Number

Electrical Isolation		Electrical Section			
Sub Station Location	Sub Station No.	Track Section	Electrical Section	Isolated Y/N	
				<input type="checkbox"/> Yes	<input type="checkbox"/> No
				<input type="checkbox"/> Yes	<input type="checkbox"/> No
				<input type="checkbox"/> Yes	<input type="checkbox"/> No
				<input type="checkbox"/> Yes	<input type="checkbox"/> No
				<input type="checkbox"/> Yes	<input type="checkbox"/> No
				<input type="checkbox"/> Yes	<input type="checkbox"/> No
				<input type="checkbox"/> Yes	<input type="checkbox"/> No
				<input type="checkbox"/> Yes	<input type="checkbox"/> No
				<input type="checkbox"/> Yes	<input type="checkbox"/> No
				<input type="checkbox"/> Yes	<input type="checkbox"/> No
				<input type="checkbox"/> Yes	<input type="checkbox"/> No
				<input type="checkbox"/> Yes	<input type="checkbox"/> No
				<input type="checkbox"/> Yes	<input type="checkbox"/> No
				<input type="checkbox"/> Yes	<input type="checkbox"/> No
				<input type="checkbox"/> Yes	<input type="checkbox"/> No
				<input type="checkbox"/> Yes	<input type="checkbox"/> No
				<input type="checkbox"/> Yes	<input type="checkbox"/> No
				<input type="checkbox"/> Yes	<input type="checkbox"/> No
				<input type="checkbox"/> Yes	<input type="checkbox"/> No
				<input type="checkbox"/> Yes	<input type="checkbox"/> No
				<input type="checkbox"/> Yes	<input type="checkbox"/> No



Warning

*If you discover that equipment is still **LIVE, STOP WORK** immediately and contact the associated OCC*

Check at agreed intervals on Lone Workers (Max 1 Hour) OSC to complete							
Time		Initials		Time		Initials	
Other Precautions Required							
Other Safety Equipment Required							

Approved By:	<input type="checkbox"/> Director, Operations and Maintenance	<input type="checkbox"/> Department Manager	<input type="checkbox"/> Manager, HSE (Operations and Maintenance)
Signature:			
Date:			

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Part 2 – Primary Hazards – electrics (to be completed by On Site Coordinator & kept on site)

If NO is the answer to any of the below question you MUST either stop the work or Comment as to why with a reason for work to proceed.

PLEASE ANSWER THE FOLLOWING QUESTIONS TRUTHFULLY	Yes	No	Details if Required
Are you qualified/trained to undertake work?	<input type="checkbox"/>	<input type="checkbox"/>	
Do you have appropriate PPE Person Protective Equipment?	<input type="checkbox"/>	<input type="checkbox"/>	
Are all tools and equipment safe and suitable for the job?	<input type="checkbox"/>	<input type="checkbox"/>	
Are all Warning signs LOTO tags in place and suitable for period of Permit?	<input type="checkbox"/>	<input type="checkbox"/>	
Are all Service isolation switches clearly identified as DO NOT SWITCH ON WORK IN PROGRESS?	<input type="checkbox"/>	<input type="checkbox"/>	
Is it safe to work alone? (If so add to Risk Assessment).	<input type="checkbox"/>	<input type="checkbox"/>	
Are regular checks in place for lone workers?	<input type="checkbox"/>	<input type="checkbox"/>	
Is a means of mobile communication available and in place?	<input type="checkbox"/>	<input type="checkbox"/>	
Are emergency plans in place?	<input type="checkbox"/>	<input type="checkbox"/>	
The apparatus is efficiently connected to EARTH at the points described in the Method Statement?	<input type="checkbox"/>	<input type="checkbox"/>	
Have all service been disconnected/isolated and proved safe?	<input type="checkbox"/>	<input type="checkbox"/>	
Is Suitable reference Documents available I.E Circuit Diagrams or Switching schedules.	<input type="checkbox"/>	<input type="checkbox"/>	

Part 3 – Approval to Implement

This authorization signifies that the planning component of work activity has been completed and that the work is authorized to implement in accordance with the Method Statement and Risk Assessment. This permit is registered in the Safety Permit Register

Special Instructions

1. SAFETY PERMIT MUST BE RETURNED WITH 24H OF CLOSURE AND CANCELATION AND RETURNED TO PLANNING & PERFORMANCE MGR ADMIN FOR RECORDS KEEPING

Approving Person

Position

Signature

Date

On Site Coordinator (OSC) Name Number
Company

Contact No.

Signature

WORK START		HAND BACK AND CANCELLATION	
I confirm that I have verified the above information and ensured that the necessary precautions have been taken. It is safe to carry out the work as defined above and permit information has been explained to all workers involved. I hereby declare that the above high-voltage apparatus in the area specified is dead, isolated from all live conductors and is connected to earth; I accept responsibility for this work.		I Confirm that the work has been completed/partially completed* , checked by myself and the area left in a safe and tidy condition (* delete as appropriate) The work for which this permit was issued is now suspended*/completed* and all people under my charge have been withdrawn and warned that it is no longer safe to work on the apparatus detailed on this permit. All work equipment, tools, test instruments etc. have been removed. Additional earths have been removed	
	Date & Time		Date & Time

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Authorization Number		
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Additional Notes or observation: