|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Consultation with involved Parties has occurred** | | | | | | | | | | | | | | | | **Yes** | | **No** | | **N/A** |
| Consultation with involved Parties has occurred | | | | | | | | | | | | | | | |  | |  | |  |
| Permit No | |  | | | | | | Date | | | |  | | | | | | | | |
| Workplace | |  | | | | | | System to be Isolated | | | | | | |  | | | | | |
| Person Requesting Energisation | | | | Name | | | |  | | | | | | | | | | | | |
| Company | | | |  | | | | | | | | | | | | |
| Authorised Person | | | | Name | | | |  | | | | | | | | | | | | |
| Company | | | |  | | | | | | | | | | | | |
| Mirvac Representative (Permit Issuer) | | | | | | | |  | | | | | | | | | | | | |
| **Description of Work That Has Been Undertaken / Service to be Energised** | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | |
| **Description of the Energisation Process** | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | |
| **Verification of Control of Energy Sources** | | | | | | | | | | | | | | | | | | | | |
| **Identify Relevant Energy Sources are Controlled** | | | | | Yes | | No | | |  | | | | | | | | Yes | | No |
| Electrical | | | | |  | |  | | | Mechanical | | | | | | | |  | |  |
| Pneumatic | | | | |  | |  | | | Hydraulic | | | | | | | |  | |  |
| Radiation | | | | |  | |  | | | Steam | | | | | | | |  | |  |
| Liquid | | | | |  | |  | | | Other | | | | | | | |  | |  |
| **Identify Energisation Sequence and Controls (and precautions should the process not proceed as planned / spans more than one work shift)** | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | |
| **For Electrical Energisation /Commissioning** | | | | | | | | | | | | | | | | | | | | |
| Distribution Board  Identification: | |  | | | | | | | Circuit Identification: | | | | |  | | | | | | |
| Electrical energy sources to be activated: | | | | | | | | | | | | | | | | | | | | |
| **Number** | | | **Description** | | | | | | | | | | **No. Of Outlets** | | | | | | | |
|  | | |  | | | | | | | | | |  | | | | | | | |
|  | | |  | | | | | | | | | |  | | | | | | | |
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|  | | |  | | | | | | | | | |  | | | | | | | |
| Low Voltage Rescue Kit is available at the workplace: Yes  No | | | | | | | | | | | | | | | | | | | | |
| **Permit Issuer authorises energisation to be performed** | | | | | | | | | | | | | | | | | | | | |
| Permit Issuer: |  | | | | | Signature: | | | | |  | | | | | Date: | | |  | |
| **Confirmation of Energisation/Commissioning Completion** | | | | | | | | | | | | | | | | | | | | |
| Name: |  | | | | | Signature: | | | | |  | | | | | Date: | | |  | |
| **List Accompanying Documentation** | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | |
| **Confirmation of Completion Nominated Mirvac Representative** | | | | | | | | | | | | | | | | | | | | |
| Name: |  | | Signature | | | | | |  | | | | Date: | | | |  | | | |