

LOGO

COMPANY NAME

Address | Web/Email | Phone Number

LIMITATION OF ACCESS

This form must not be used for work on apparatus for which an Electrical Permit to Work or Sanction for Test is required.

1. ISSUE

To _____ in the employment of _____
is hereby given permission to carry out the work described below.

Location of the installation: _____

The following work is to be carried out

TREAT ALL OTHER EQUIPMENT/APPARATUS AS LIVE

Remarks: _____

Equipment which is dangerous: _____

Signed: _____ (being a person authorised to issue Isolation Certificate)

Time: _____ Date: _____

2. RECEIPT

I hereby declare that I am personally responsible for taking the necessary precautions to avoid danger.

Signed: _____ (being the person in charge of the work)

Time: _____ Date: _____

3. CLEARANCE

I hereby declare that the work for which this Limitation Access was issued is now * suspended / completed, and that all persons under my charge have been withdrawn.

Signed: _____ (being the person in charge of the work and authorised to receive an Isolation Certificate)

Time: _____ Date: _____

Note: After signing for the work to proceed the receipt must be signed by and the Limitation of Access be retained by the person in charge of the work until the work is suspended or completed and the clearance has been signed.

4. CANCELLATION

Cancelled by: _____ (being a person authorised to a Limitation of Access)

Time: _____ Date: _____