

ELECTRICAL ISOLATION CERTIFICATE

(Follow Safe Isolation Procedure at all times)

EQUIPMENT DETAILS

Plant / Location: Equipment to be isolated: Other equipment affected: Work order:

ISOLATION REQUIREMENT

Switch-room: Panel / Cubicle: Rack:

DETAILS OF ISOLATION

Fuses removed:

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Notes: Isolator off: Notes: MCB off: Notes: Racked out: Notes: Padlocks fitted: Notes: Tags fitted: Notes: Date and time:

HANDOVER FOR SERVICE

Isolations have been installed and prove dead test has been carried out by an **Electrically Authorised Person**

Name: Date: Signature: Time:

POINT OF WORK PROVE DEAD TEST

A point of work prove dead test can be carried out by an **Electrically Competent Person**

Name: Date: Signature: Time:

RETURN TO SERVICE

All work has been completed and isolations have been removed. To be completed by an **Electrically Authorised Person**

Name:

Date:

Signature:

Time:

ADDITIONAL COMMENTS

** All Boxes must be completed*

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Indicates **Acceptable condition**

N/A

indicates **Not applicable**

NOTES FOR RECIPIENT

THIS CERTIFICATE IS A VALUABLE DOCUMENT AND SHOULD BE RETAINED FOR FUTURE REFERENCE

This Electrical Isolation Certificate form is intended for controlling electrical work on an existing electrical installation.

You should have received an original Certificate and the EAP should have retained a duplicate.

The original Report is to be retained and once work is complete to be returned to the EAP.