Services Switching and Isolation Permit

Notice #:	HIAPL Contact:
Issued to (name):	Contact #:
	Electrical and/or Fire License #:
Secondary Contact:	Contact #:
	Electrical and/or Fire License #:

Tick and Fill in as Appropriate

Electrical		Plumbing		HVAC		Fire	
High Voltage-HV		DCW / Fire Main		A/C- FCU		Pump Shed	
Sub Stn #:		Stop Valve #:		Unit #:		Pump:	
Pole #:				Area affected:		Stop Valve #:	
ACB #:		Bld Name:		BMS Check:		Other:	
M/S #:				Alarm reset:		Terminal	
Other:		Affected Area:		Other:		F.I.P:	
Low Voltage-LV				Exhausts		Mimic:	
Bld Name:		Other:		Unit #:		Zone #:	
MSB #:				Area Affected:		Hose reel #:	
DB #:				Other:		Hydrant #:	
C/B #:						Sprinkler Area Affected:	
ESS/Non ESS:				MSSB		Other Bld	
Appliance:		Sewer		Board #:		Bld Name:	
Other:		Pump Station:		Location:		Appliance:	
		Affected Area:		Other:		Other:	

Other Comments:			
Start Date:	Time:	Finish Date:	Time:
Other (add details):			
Other safety equipment or procedure required:			

Job Acceptance Declaration

I, the person named as 'Issued to' above shall be responsible for the supervision of all members working on site and shall ensure all works are carried out in accordance with all relevant Australian Standards, Rules, Regulations and Working at Airport Sites.

Name :	Signature:	Date:	Time:

HIAPL Isolation Approval

Name :	Signature:	Date:	Time:

Job Completion Declaration

I, the person named as 'Issued to' above have completed the works and **reinstated and switched** on any equipment that had been isolated or tagged out in accordance with all relevant Australian Standards, Rules, Regulations and Working at Airport Sites.

Name:	Signature:	Date:	Time:

Version Number: 9, Version Date: 29/07/2026, Approver: Gavin Boyd, DMS/Forms/Assets