

ELECTRICAL ISOLATION FORM

Green section to be completed by the party undertaking isolations.

Contractor (Name):	Contractor (Company):							
Contractor (Mobile):								
Location:	Board Designation:							
Circuit Number:	Circuit Name:							
Reason for Isolation:	Period of Isolation:							
Date(s) of Isolation:	Time of Isolation:							
Day(s) of Isolation:	<table border="0" style="width: 100%;"> <tr> <td style="width: 12.5%; text-align: center;">Mon</td> <td style="width: 12.5%; text-align: center;">Tue</td> <td style="width: 12.5%; text-align: center;">Wed</td> <td style="width: 12.5%; text-align: center;">Thu</td> <td style="width: 12.5%; text-align: center;">Fri</td> <td style="width: 12.5%; text-align: center;">Sat</td> <td style="width: 12.5%; text-align: center;">Sun</td> </tr> </table>	Mon	Tue	Wed	Thu	Fri	Sat	Sun
Mon	Tue	Wed	Thu	Fri	Sat	Sun		
Other Details:								
Contractor Signature:								

Yellow Section to be completed by Walker Asset Management

Authorising person:	Position:
Date:	Phone:
Signature:	

Blue Section to be completed by party undertaking the Re-instatement

Date:	Time:
Danger Removed:	Safe to Re-instate?
Contractor Signature:	

Authorising Person Signature:

Please return completed form to the Walker Asset Facilities Team.