



SAFETY SYSTEM DEFEAT CERTIFICATE

Certificate No.: _____

Section 1 - Description of Defeat			
Location / Installation:		Original Associated Work Permit No.:	
System/ Equipment to be Defeated:		Work Continuing on Permit No.:	
Tag No.:		Loop Drawing / Cause & Effects Attached:	YES / NO
Reason of Safety System / Safety Equipment Defeat			

Section 2 - Defeat Implementation Request (by Requester/Performing Authority)	Section 5 - Defeat Removal Request (by Requester/Performing Authority)
Contractor/Dept.: Name: _____ Signature: _____ Date / Time: _____	I hereby certify that work is sufficiently completed to allow for reinstatement Contractor/Dept.: Name: _____ Signature: _____ Date / Time: _____

Section 3a - Details of Defeat² (by Isolating Authority¹) - Inhibit/Override/Isolation

Section 3b - Details of Safeguards (Precautions and Mitigations) while System/Equipment is Defeated

1: Isolating Authority for the application and removal of Defeats/Inhibits/Overrides is typically the Control Room Operator or an Instrument Technician

2: Where applicable, isolation points to be tagged.

Section 4 - Implementation of Defeat	Section 6 - Removal of Defeat
4a. I hereby approve ² the defeat as described in Section 3 Approving Authority(Incharge of Process/Productio Signature: _____ Date / Time: _____ I hereby authorise the defeat as described in Section 3 Issuing Authority Name: _____ Signature: _____ Date / Time: _____	6a. I hereby authorise removal of the defeat as described in Section 3 Issuing Authority Name: _____ Signature: _____ Date / Time: _____
4b. I hereby certify that the defeat has been applied as described in Section 3 Isolating Authority ¹ Name: _____ Signature: _____ Date / Time: _____	6b. I hereby certify that the defeat has been removed Isolating Authority ¹ Name: _____ Signature: _____ Date / Time: _____
4c. I hereby certify that the defeat is in place Area Authority Name: _____ Signature: _____ Date / Time: _____	6c. I hereby confirm that the defeat has been removed and site has been returned to its initial state Area Authority Name: _____ Signature: _____ Date / Time: _____