**PERMIT TO WORK**

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| **Name(s):**  |
| **Location:**  | **Plant/Equipment Description:**  |
| **Description of work to be undertaken:**  |
|  | **Y** | **N** |  | **Y** | **N** |
| Confined Space Entry Permit | [ ]  | [ ]  | High Voltage Systems | [ ]  | [ ]  |
| Hot Work Permit | [ ]  | [ ]  | Excavations / Wall Penetration | [ ]  | [ ]  |
| Working at Heights | [ ]  | [ ]  | Demolition | [ ]  | [ ]  |
| Asbestos / Mineral Fibres | [ ]  | [ ]  | Other (specify) | [ ]  | [ ]  |

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| **Authorising Person**The Isolation Procedures have been clearly explained to the recipient(s). I have personally inspected the isolations and the area is safe for this job to proceed. The hazards associated with the work and the precautions required to ensure safe completion have been explained to the recipient(s). The respective Area Supervisor has been notified.This Permit to Work is valid for: **Hours** Time Authorised:     Name:       Signature:       Date:        |

**Note: This permit is only VALID for the specified period above or for a maximum of 24 hrs**

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| **Recipient/s**The Isolation Procedures, potential hazards and precautions have been clearly explained to me. I agree to comply with all the conditions of this Permit to Work, and to ensure that all persons working on this job with me comply with the conditions. |
| Name:       | Signature:       | Date:       |
| Name:       | Signature:       | Date:       |

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| **Hand back by Recipient/s**Tools, equipment and isolations **have / have not** been removed, all persons **have** removed their Personal Danger Tags and the area is **clean**. The equipment **is / is not** available for return to service. |
| Name:       | Signature:       | Date:       |
| Name:       | Signature:       | Date:       |

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| **Accept back by Authorised Person**This work **is / is not** complete. All test forms have been signed off as complete. All other permits have been signed off and cancelled.Name:       Signature:       Date:         |
| **THIS PERMIT IS NOW CLOSED** | **Yes** [ ]  | **No** [ ]  |