

# WORK PERMIT

**THIS PERMIT NEEDS TO BE DISPLAYED AT ALL TIMES**

	Location	Date Issued	Permit # <b>000001</b>
	Facility Name	Start Time	Finish Time

<b>TYPE OF PERMIT</b> Check 3	General	Electrical	Working at Heights	Hot Work	Confined Spaces	Hazardous Substances	Other Specify	Asbestos special permit required
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Name of Contractor / Company	Work to be carried out, and approx. time required	<b>PRECAUTIONS</b>	Yes	No	N/A	<b>PERSONAL PROTECTIVE EQUIPMENT</b>	Yes	No	N/A
Risk Assessment & Liability Insurance provided by contractor		Scaffolding inspected and signed off				Goggles / Eye Protection			
		Ladders inspected (to be tied / footed)				Protective / Insulating Gloves			
		Floor area clean / dry				Safety Footwear			
		Harness to be worn				Hearing Protection			
		Area safe (cordoned off)				Hard Hat / Helmet			
		Correct fire protection				Dust Mask			

**SAFETY PRECAUTIONS** (To be completed by the person responsible for carrying out the work)

	Yes	No	N/A		Yes	No	N/A
#1 Have you been given a copy of the Site Safety Rules?				Fire guard required			
#2 Has a Risk Assessment been completed?				Area clear of combustible materials			
#3 Are all workers qualified and trained to perform the required tasks?				Sewers & drains sealed			
#4 Are all workers medically fit to perform this work?				<b>SERVICES TO BE ISOLATED: ENG. NAME &amp; SIGN</b> Advise relevant departments of any intended isolation & signage posted			
#5 Is the appropriate PPE available to all workers? (Check applicable box(s) under "Personal Protective Equipment")					Yes	No	N/A
#6 Has the electrical supply been switched off and isolated in accordance with OSHA's standard for "The Control of Hazardous Energy - Lockout / Tagout"?				Fire Alarm / Zone			
#6a Is the energy-isolation device locked out / tagged out?				Electrical			
#6b Is voltage detection and / or measurement equipment required?				Water			
#7 Are all workers aware of emergency evacuation procedures; including escape routes and sounding emergency alarms?				Gas / "Specify"			
#8 Are fire extinguishers available within a safe distance of the work area and / or permit space?				Hazardous Chemicals			
#8a Are all workers trained in the use of fire extinguishers?				Advise relevant departments of any intended isolation & signage posted.			
#9 Is work being performed at height?				<b>HAZARDOUS CHEMICALS AND LONE WORKING</b>			
#9a Are ladders or scaffolding required, ready to use and maintained in a safe condition?				Have safety data sheets been supplied with substances?			
#9b Are there any risks from falling objects?				Have precautions been identified & implemented?			
#9c Have details of a fragile roof been explained to all workers?				Is work being carried out by a Lone Worker?			
#10 Is worked being performed in confined space(s)?				If "Yes", is monitoring required?			
#10a Have safe entry and escape routes been confirmed with all workers?				<b>DAILY INSPECTIONS</b>			
#10b Are all workers trained and supplied with breathing apparatus?				Initials			
#10c Is a retrieval system in place outside of the confined space?				Date			
#11 Are you likely to come into contact with asbestos?				Time			
#12 Will all work be completed in accordance with current OSHA standards?				<b>FIRE WATCH</b> (to be completed by member of staff or Contractor responsible for this work before returning this permit)			
Site Contact	<b>CONTRACTOR TO ENSURE THE SECURITY OF THE WORK AREA AND / OR BUILDING AT ALL TIMES</b>			Recommended Duration .....			
				Name .....			
				Position .....			

<b>ISSUING AUTHORITY</b> I authorize the work to be carried out and have notified the relevant personnel	<b>HAND BACK</b> (Departmental Manager) I certify that all work is completed and left in a safe condition. This permit is now cancelled.
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Name ..... Signature ..... Date .....	Name ..... Signature ..... Date .....
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<b>PERFORMING AUTHORITY</b> I have read and understand the conditions of this permit	<b>HAND BACK</b> (Contractor) I certify that all the work is complete, all guards and safety devices reinstated and the area clean
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Name ..... Signature ..... Date .....	Name ..... Signature ..... Date .....
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