

Permit to Work

PERMIT ISSUER (Manager or Supervisor to complete)

Permit Issued by: Name: Signature:

Permit Issued on: Date: Time:

Anticipated Completion: Date: Time:

Comments:

AUTHORIZING THE PERMIT

(Manager or Supervisor to complete after the Permit Holder completes all details)

Print Name: Date: Signature:

PERMIT HOLDER (Person undertaking the work to complete)

Print Name: Date: Signature:

PERMITS REQUIRED/DESCRIPTION OF WORK Tick the relevant boxes

- Live Electrical Work
- Confined Space
- Hot Work
- Excavation
- Other Permit

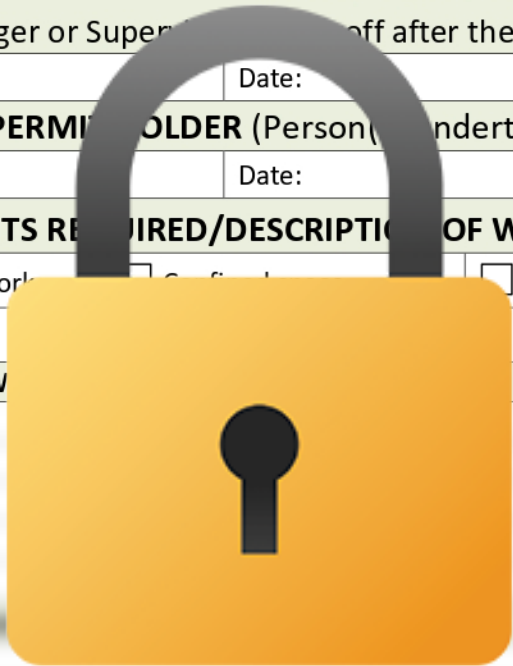
Description of the Work

Permit to Work

WHO IS WORKING UNDER THIS PERMIT?

Print Name	Company	Position or Role	Date	Trained and Competent		Signature
				Yes ✓	No ✗	

SAMPLE



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Permit to Work (ALL SECTIONS SHALL BE COMPLETED OR CROSSED AS N/A)

WORK AREA	YES	NO	N/A	P.P.E	YES	NO	N/A	HIGH RISK ACTIVITIES			USE OF ELEVATED WORK PLATFORMS	YES	NO	N/A	WORKING AT HEIGHT (More than 2 metres)	YES	NO	N/A	
1. Work area clean and free of redundant equipment or materials?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1. Respiratory equipment is available?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	WORKING IN A HAZARDOUS AREA	YES	NO	N/A	1. Has the hierarchy of control been applied and safe work method statement is available?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1. The hierarchy of control has been applied and safe work method statement is available?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Is all equipment in good working order?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2. Safety belts / harnesses / lines are available?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1. Are you aware of the various Hazardous Zones on the site?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2. Are workers trained and competent?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2. Is safety equipment (harnesses and lanyards) inspected and tagged?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. May I be exposed to hazards from nearby work activities?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3. Eye protection is available?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2. Are you competent to undertake works on Hazardous Area plant and equipment?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3. Is safety equipment (harnesses and lanyards) inspected and tagged?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3. Scaffolding is erected in compliance with AS 4576	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Can climatic or environmental conditions pose a hazard?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4. Hand protection is available?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3. Have you removed all sources of ignition prior to entering the Hazardous Zone?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4. Has the EWP been inspected, certified and tagged?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	ISOLATIONS			
HAZARDOUS CHEMICALS	YES	NO	N/A	5. Safety footwear is being worn?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Is your vehicle equipped for operation in a Hazardous Area?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Completed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1. Pipelines (air, water, gas, steam, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1. Are hazardous chemicals used in the job?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	6. Protective clothing is being worn?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Are you aware of the location of any test points?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2. Mechanical and electrical	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Do hazardous materials exist in the work area?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	7. Hearing protection is available?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3. Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Do you have safety data sheets for all chemicals and gases being used?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	8. Safety harnesses are available?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



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