

Permit number_____

PART A: WORK REQUEST

Contact name:
Phone number:
Company name:
Location of work (building/room):
Summary of work to be done:

PART B: SAFETY PROCEDURES: To be implemented before work commences

1. The following processes/routes are to be suspended/ altered during the course of the work

2. The following equipment/ area is to be withdrawn from service during the course of the work

3. All users have been made aware of this suspension/withdrawal Yes / No

4. Safety warning notices have been posted where required Yes / No



5. The following steps have been taken to eliminate, control or contain hazards in the area:

6. The following safety measures are recommended, including additional COVID-19 related preventative measures :

Office Use

Have a	all the following been checked and confirmed?
	SWMS/ JSA
	Contractor registration
	All contractors undertaking work have been inducted
	Workcover insurance in date
	Professional Indemnity insurance in date
	Public Liability insurance in date
	COVID-19 Declaration signed



PART C: CONTROL OF RISKS ARISING FROM THE WORK

To be complet	ed by contractor
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1. Isolation of services: (please tick as appropriate)

	Water
	Gas
	Fire services
	Fuel
	Power
	Others (specify)
Are th	ere safety implications resulting from the isolation? Yes/No

2. LOTO required?	Yes / No	Location:
3. Safety signs posted?	Yes/No	Location:
4. Air monitoring required?	Yes/No	Location:

DECLARATION - I understand the precautions to be taken under this permit, I confirm that I have inspected the work area detailed above and declare that to the best of my knowledge and belief the work can be carried out safely and without serious risk of injury to health.

Name (p	orint):	Company/Department				
Signed		Date		Time		
Permit Vali	idity					
Valid from:	Date//	Time:	AM/ PM			
Valid to:	Date//	Time:	AM/ PM			

If the work is not completed within this timescale a new permit-to-work must be completed.



PART D: COMPLETION OF WORK

To be completed by contractor

I confirm that the work has been completed in accordance with this permit. Services have been restored and the work area is ready for re-occupation.

Signed

Date

Time

PART E: REINSTATEMENT OF WORK AREA

To be completed by Facilities

I confirm that all equipment has been returned to service, work site inspected and confirmed free from hazards, safety signs have been removed and the users informed that work may resume in this area.

Signed

Date

Time