**Contractor name**

**Name of Operative**

**THIS FORM MUST BE FULLY COMPLETED / DELETED AS APPROPRIATE.**

**DETAILS OF WORK**

|  |
| --- |
| **Area or Equipment to which Permit Applies**  **Work to be done** |

**ISOLATION OF EQUIPMENT (SPECIFY WHERE NECESSARY) COMMENT**

|  |  |
| --- | --- |
| Circuit breaker locked out/fuses withdrawn/isolator locked off |  |
| Circuit tested and dead |  |
| Mechanical or physical isolation |  |
| Valves closed/locked off |  |
| Pipelines / vessels drained/ purged/ spaded/ disconnected/ vented to atmosphere |  |
| Attached isolation procedure |  |
| Other |  |

 **PRECAUTIONS REQUIRED OTHER PERMITS REQUIRED**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| 1. Head Protection  | Yes | No |  | 1. Confined Space2. High Voltage Electrical3. Hot Work4. Overhead Work5. Excavations 6. Demolition 7. Other (Specify) | YesYesYesYesYesYesYes | NoNoNoNoNoNoNo |
| 2. Eye Protection  | Yes | No |
| 3. Face Protection  | Yes | No |
| 4. Respiratory Protection | Yes | No |
| 5. Ear Protection | Yes | No |
| 6. Hand Protection  | Yes | No |
| 7. Feet/Legs Protection  | Yes | No |
| 8. Body Protection  | Yes | No |
| 9. Non Sparking Tools  | Yes | No |
| 11. Hazard Warning Signs | Yes | No |
| 12. Fire Fighting Equipment  | Yes | No |
| 13. Fire Watcher | Yes | No |
| 14. Banksman | Yes | No |
| 15. Safety Harness & Lanyard | Yes | No |
| 16. Access | Yes | No |
| Additional (Specify) | Yes | No |

 **ISSUE AND ACCEPTANCE BEFORE WORK COMMENCES**

**1. Issue**

I have examined the area/equipment specified and permission is given for the work to start subject to the

conditions specified.

This work is under the control of ........................................................... Position …………………………………

Signed ........................................................................... Dated .................................

**2. Acceptance**

I have read, understood and accept the conditions of this Permit.

Signed ......................................................................... Dated ..................................

 **THIS PERMIT IS VALID FROM HRS. TO HRS. Date**

**(Maximum one shift)**

**THIS PERMIT IS EXTENDED FROM HRS. TO HRS. Date**

Signed ..........................................................................

 **CLEARANCE AND CANCELLATION AFTER WORK**

|  |  |
| --- | --- |
| **1. Clearance** | **2. Cancellation** |
| All persons under my charge have been withdrawn. Tools, Materials and Equipment have been removed.The permitted work is/is not complete.Signed: Time Date: | This Permit is cancelled. I have notified the supervisor specified that the work is / is not complete; The area / plant is / is not safe to use.Signed:Time Date:  |