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| **Project Name:** |  | **Site Manager:** |  |
| **Date:** |  | **Ref Number:** |  |

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| **Contractor Company Name:** |  |
| **Contractor Authorised Competent Person:** |  |
| **Site SAP Name:** |  |

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| **Associated Documents: Ref No’s** | | | | | | | |
| **Permits** | **Method Statements** | **Risk Assessments** | **DABS** | **Lifting Plans** | **Temporary Works Plans** | **Traffic Management Plans** | **Emergency Plans** |
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| **Permit Valid** | **From:**  **(Time)** |  | **On:**  **(Date)** |  | **To:**  **(Time)** |  | **On:**  **(Date)** |  |

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| **Location of Proposed Work.**  **(Provide Separate Sketch on reverse if necessary):** |  |
| **Nature of Proposed Work:** |  |
| **Plant to be Used:** |  |
| **Segregated Works Areas Required:**  **(Provide Separate Sketch on reverse if necessary):** |  |
| **Demarcation Required:**  **(Provide Separate Sketch on reverse if necessary):** |  |

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| **PERSONAL PROTECTIVE EQUIPMENT & SAFETY CRITICAL EQUIPMENT REQUIRED.** | | | | | | |
| **ITEM.** | **Required or not ()** | | **ITEM.** | **Required or not ()** | | |
| **Yes** | **N/A** | **Yes** | **N/A** | **Calibration Date & Serial Number:** |
| **Head Protection.** |  |  | **Ladder** |  |  |  |
| **Foot Protection** |  |  | **Safety Harness** |  |  |  |
| **Eye Protection** |  |  | **Hoist / Winch** |  |  |  |
| **Ear Protection** |  |  | **Fire Extinguisher** |  |  |  |
| **High Visibility Clothing** |  |  | **Insulation Mat** |  |  |  |
| **Hand Protection** |  |  | **Sump Pump** |  |  |  |
| **Other (Detail):** |  |  | **Other (Detail):** |  |  |  |
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| **No.** | PRECAUTIONS TO BE TAKEN | **Yes** | **N/A** |
| **1** | **Prepare, agree, brief and work to a detailed site specific RAMS set of documentation** |  |  |
| **2** | **Prepare, agree and brief the DABS for the task** |  |  |
| **3** | **Know the control measures within the Risk Assessment & abide to them** |  |  |
| **4** | **Check Competencies of Operatives Before Starting Operations.** |  |  |
| **5** | **Check ALL Equipment for Wear and Damage Before Use. Replace ALL Worn and Damaged Equipment.** |  |  |
| **6** | **Provide Barriers / Warning Signs to Prevent Access and Warn About Works Operations** |  |  |
| **7** | **Discharge Consent Must Be in Place. Local Water Authority For Surface / Storm Water Drainage & EA For Controlled Water Ways IE Streams And Land Drains** |  |  |
| **8** | **Discharging Must ONLY Take Place at The Designated Discharge Point.** |  |  |
| **9** | **Ensure Water is De-chlorinated / Silt Free / And Free From Contaminates Before Entering the Water System.** |  |  |
| **10** | **Control the Rate of Discharge to Prevent Environmental Damage. The Agreed Flow / Discharge Rate Is ……………. Through A ……………….. Diameter Pipe** |  |  |
| **11** | **The Discharge Must Be Undertaken Under Continual Supervision.** |  |  |
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| **SAP Comments / Requirements** |
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| **Permit Sketch Of Works Location And Specific Requirements:** |
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| **Emergency Plan Details** | | | |
| **Permit Site & Task Specific Instructions – Special Considerations.** | | | |
| **Emergency Contact Number On Site** |  | **Emergency Contact Electrical Services** |  |
| **Emergency Contact Gas Services** |  | **Emergency Contact Water Services** |  |
| **Emergency Assembly Point Location** |  | **Task First Aider & Deputy Names & Contact Numbers** | **1.**  **Tel:**  **2.**  **Tel:** |

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| **WE THE UNDERSIGNED HAVE RECEIVED, READ AND UNDERSTOOD AND AGREE TO COMPLY WITH THE SPECIFIC INSTRUCTIONS LISTED OVERLEAF:** | | | |
| **NAME (Print)** | **COMPANY IF OTHER EMPLOYEES AFFECTED** | **SIGNATURE** | **DATE** |
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| **No** | **Permit Stage** | **Details.** | **Signature** | **Date** | **Time** |
| **1.** | **ISSUE** | **Precautions identified. Isolations complete. Personnel inducted.** |  |  |  |
| **2.** | **RECEIPT** | **Acceptance of responsibility for work area covered by this permit and site specific risk / method statements.** |  |  |  |
| **3.** | **COMPLETION** | **Work area cleared and all works noted have been completed.** |  |  |  |
| **4.** | **CANCELLATION** | **Permit cancelled.** |  |  |  |