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| **PERMIT TO WORK PERMIT No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | | | | | | | | |
| Type of Permit (tick one or more & complete appropriate sections below)  🞏 Work at Heights  🞏 Excavation/Penetration 🞏 Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  🞏 High Risk Work ***(for hot work and confined spaces refer to relevant forms)*** | | | | | | | | | | |
| **COMPLETE FOR ALL PERMITS** | | | | | | | | | | |
| Site Location: | | | | | Date: | | | | | |
| Task description: | | | | | | | | | | |
| Supervisor for this task: | | | | | | | | | | |
| Permit issued by: | | | | | Permit Issued to: | | | | | |
| Permit to start : | Time…………………… | Date / / | | | Permit to finish: | | Time ………………. | Date / / | | |
| Names of all persons working under this permit (permit issuer and permit recipient must explain conditions of permit to those listed): | | | | | | | | | | |
| Company Name *(if work being undertaken by contractor)*: | | | | | | | | | | |
| SWP / SWMS / JSA Supplied *(include reference number)*: | | | | | | | | | | |
| Managers and personnel affected by work have been advised 🞏 Yes 🞏 N/A | | | | | | | | | | |
| Isolation of energy sources required 🞏 Yes 🞏 N/A | | | | | | | | | | |
| Who will undertake isolation? | | | | | | | | | | |
| **COMPLETE APPROPRIATE SECTION/S BELOW** N/A =Not Applicable | | | | | | | | | | |
| **WORK AT HEIGHTS** | | | | | | | | | | |
|  | | | **Yes** | **N/A** | |  | | | **Yes** | **N/A** |
| Safety plan required | | | 🞏 | 🞏 | | Method of access safe & in good condition | | | 🞏 | 🞏 |
| Fall protection required & in good repair | | | 🞏 | 🞏 | | Safe working load (SWL) of surface adequate | | | 🞏 | 🞏 |
| Guard rail/mid rail toe boards in place | | | 🞏 | 🞏 | | Training of workers verified | | | 🞏 | 🞏 |
| Work surface in good condition | | | 🞏 | 🞏 | | Weather condition appropriate (wind, glare, rain) | | | 🞏 | 🞏 |
| Verify structures on other side of work surface safe | | | 🞏 | 🞏 | | Footwear appropriate to job | | | 🞏 | 🞏 |
| Work at Heights Rescue Plan completed | | | 🞏 | 🞏 | | Barricaded directly below work area | | | 🞏 | 🞏 |

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| **EXCAVATION / PENETRATION** | | | | | | | | |
|  | **Yes** | **N/A** | | |  | | **Yes** | **N/A** |
| Safety plan required | 🞏 | 🞏 | | | Barricades, signage, trench covers in place | | 🞏 | 🞏 |
| Shoring, battering, benching in place | 🞏 | 🞏 | | | Proximity of underground services verified & appropriate | | 🞏 | 🞏 |
| Record of daily inspections prior to entry of excavation & protection system, if used | 🞏 | 🞏 | | | Proximity of buildings & other structures verified & appropriate | | 🞏 | 🞏 |
| Record of excavation progress inspections | 🞏 | 🞏 | | | PPE identified, available & in good repair | | 🞏 | 🞏 |
|  | **Yes** | **No** | | |  | | **Yes** | **No** |
| Does the building contain asbestos?   * *If ‘no’, proceed with penetration* * *If ‘yes’, do not proceed with activity and seek expert advice* | 🞏 | 🞏 | | | Could penetration occur through a wall, floor or ceiling in another workplace?   * *If ‘yes’, ensure controls are documented on risk assessment (LIN0020H) and implemented* | | 🞏 | 🞏 |
| **WORK INVOLVING ISOLATION (Follow LIN0031)** | | | | | | | | |
| EQUIPMENT NAME/LOCATION | | | ISOLATION REQUIRED | | | COMPLETED | | |
|  | | | 🞏 Yes 🞏 N/A | | |  | | |
|  | | | 🞏 Yes 🞏 N/A | | |  | | |
|  | | | 🞏 Yes 🞏 N/A | | |  | | |
| **OTHER PRECAUTIONS/CONTROLS** | | | | | | | | |
| Include reference to any Safe Work Procedures or JSA’s that must be followed. | | | | | | | | |
| **PERMIT ISSUE** | | | | | | | | |
| Permit Conditions   * Permit must be issued by a person authorised to issue permits * This permit applies only to the work described in the permit * Permit is valid only for the time specified * All precautions/controls outlined in this permit must be applied along with precautions/controls outlined in relevant Manhari procedures * Failure to observe permit conditions may lead to cessation of contract * Work must be undertaken in accordance with permit conditions and any other relevant Manhari requirements   *Provide detail of any additional conditions \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*  *\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*  *\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_* | | | | | | | | |
| ISSUE (Authorised Person)  All identified precautions have been taken, work is authorised to proceed provided permit conditions are complied with.  Signed…………………………….……………Date……………………Time……….…… | | | | RECIEPT(Employee/Contractor)  I have read this permit and understand the nature of work and the safety precautions to be taken.  Signed……………………………….…………Date……………………Time…………………… | | | | |
| **PERMIT HANDOVER** *(this section can be used to hand a permit over to a new recipient on a change of shift)* | | | | | | | | |
| HANDOVER (Authorised person)  The new recipient has been briefed in the requirements of the permit  Signed………………………………….………Date…………..………Time………………… | | | | RECIEPT (New recipient)  I have read this permit and understand the nature of work and the safety precautions to be taken.  Signed………………….…………………………Date………..…………Time…………….…… | | | | |
| HANDOVER (Authorised person)  The new recipient has been briefed in the requirements of the permit  Signed……………………………………..……Date…………..………Time………………… | | | | RECIEPT (New recipient)  I have read this permit and understand the nature of work and the safety precautions to be taken.  Signed…………………………………..…………Date…………..………Time………………… | | | | |
| **PERMIT CLOSURE** | | | | | | | | |
| CLOSURE (Authorised Person) I certify this task has been completed/made safe. This permit is now closed.  Signed…………………………………..………Date…………………..Time…………..…… | | | | COMPLETION (Recipient) I certify the work has been completed and made safe to resume normal activities. Fire watch and cooling off periods have been applied (where applicable).  Signed………………………………………………Date……………………Time……………….. | | | | |