

## Permit to Work

Permit No.

### Part 1 Permit Details and Controls (to be completed and signed by the Company's Authorised Person)

Issue Date

Issue Time

Expiry time

Building/Facility Name

Room name/number

Description of work to be carried out and on what equipment

Equipment is isolated from all sources of energy: electrical, mechanical, hydraulic, pneumatic etc. [Delete as applicable]


Contractors Signature

Site Supervisor's Signature

Contractors risk assessment on site

Contractors method statement site

COSHH assessments on site

Note: insert ✓ if provided by contractor and considered to be suitable and sufficient for task or N/A if not applicable

### Safety Equipment to be Used – specify safety control equipment below

Communications

Specify type or number if mobile phone

110v Low voltage

Hand tools only

PPE to be used - (✓ as necessary)

Safety footwear

Safety helmet

Safety glasses

goggles

visor

Hearing protection

Specify type

waterproofs

Hi-Viz clothing

Other (specify below)

Contractors Details

Site Supervisor's Name

The Company &amp; individual above is authorised to carry out the task(s) on the plant/equipment/system(s) identified above.

Only the task(s) specified are to be carried out and only on the specified plant/equipment/system

The safety precautions detailed are to be strictly observed and the safety equipment and Personal Protective Equipment (PPE) specified must be in good condition and within its specified test period where applicable.

Post title

Print Name

Signature

### Part 2 Acceptance of Permit and Controls (to be signed by the Contractor's Site Supervisor)

I am satisfied that the safety measures are adequate and accept responsibility for undertaking the work specified in a safe manner and I hereby acknowledge receipt of this permit to work. I understand the above safety precautions, and will ensure that they are implemented and maintained. I declare that neither myself nor those persons within my control will attempt any other task than is specified above.

Contractors Name

Supervisors Name

Signature

Contact number

Date

Time

### Part 3 Completion of Work (to be signed by the Contractor's Site Supervisor)

I certify that the work specified above has been completed/stopped, that all safety guards and/or controls have been replaced and that all personnel, tools and safety equipment within my control have been removed from the work area.

Name

Signature

Date

Time

### Part 4 Return to Service (to be signed by company Authorised Person)

I certify that the above measures have been removed, that all safety guards and/or controls have been replaced and that the plant/equipment/system is safe to operate and is hereby returned to normal service. This permit is hereby closed and this completed form is filed for record purposes.

Name

Signature

Date

Time