

ELECTRICAL WORK PERMIT

Contract/Job Name	The Paddocks
Contract/Job Number	P1
Date	
Permit No	
Specific Location of Work	

1 DESCRIPTION OF WORK

Type and scope of work being carried out

2 PLANT & EQUIPMENT

List plant and equipment to be used for accessing work area and carrying out works and precautions associated with these items

3 PERSONNEL

List of employees' and contractors' names who will be involved in this work

State how other personnel and public below works are protected (e.g. using barriers and signage.)

4 COMPETENCY

Copies of training certificates have been provided and checked

Certificates Seen

Signed:

Date:

5 RISK ASSESSMENTS

Suitable and sufficient Risk Assessments have been carried out and the following hazards identified:

Risk Assessments Seen

Signed:

Date:

6 METHOD STATEMENTS

Suitable and sufficient Method Statement has been prepared and agreed

Method Statements Seen

Signed:

Date:

7 PRECAUTIONS

State how and where works area will be isolated

SAMPLE

State how and where works area will be locked

SAMPLE

State how and where works will be earthed (if applicable)

SAMPLE

8 EMERGENCY PROCEDURES

Give details of emergency and rescue procedures (personnel and equipment) that are in place for duration of work

SAMPLE

9 PPE

List PPE that will be used.

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10 ADDITIONAL PRECAUTIONS

Specify any additional precautions, limitations on works, equipment or materials.

Give details of any additional continuous monitoring required.

Specify frequency of inspections of works to ensure condition of Permit being adhered to.

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11 NOTICES

PLEASE READ THE NOTICE BELOW BEFORE SIGNING THIS DOCUMENT

I certify that the work described in this document is required and it is not reasonably practicable to carry out the work without working with and/or near asbestos.

Signature	
Name & Company Name	
Date	

PLEASE READ THE NOTICE BELOW BEFORE SIGNING THIS DOCUMENT

I certify that it is safe for the work described in this document to be carried out by the persons named in paragraph 3, subject to the precautions, conditions & controls specified being carefully adhered to.

Signature	
Name & Company Name	
Date	
Permit Valid From Date	
Permit Valid Until Date	

PLEASE READ THE NOTICE BELOW BEFORE SIGNING THIS DOCUMENT

I have read & understood this Permit-to-Work and undertake to work in accordance with the conditions & precautions specified.

Signature	
Name(s) & Company Name(s)	

Date	
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PLEASE READ THE NOTICE BELOW BEFORE SIGNING THIS DOCUMENT
 I/We understand the procedures required for the work described in this document and the conditions and precautions required.

Signature	
Name(s) & Company Name(s)	
Date	

12 SHIFT CHANGE-OVER HANDOVER SHEET

At shift change-over, outgoing supervisor must ensure that all personnel from exiting shift have exited the work area and a handover to incoming supervisor must take place.

13 COMPLETION/SUSPENSION OF WORK

The work has been completed/suspended (delete as applicable)

All personnel have exited the work area

All equipment has been removed from the work area

The work has been completed/suspended (delete as applicable)

Electrical equipment has been inspected, tested & recommissioned

Signature	
Name(s) & Company Name(s)	
Date	

Signature	
Name & Company Name	
Date	

14 NOTICES

Cancellation of Permit
This permit is now cancelled.

Permit No	
Signature	
Name & Company Name	
Date	