

PERMIT TO WORK FORM

DATE:	PERMIT VALID FROM:	PERMIT VALID TO:	PERMIT ISSUER:
PERMIT TYPE: (tick all that apply)	<input type="checkbox"/> Working at Heights <input type="checkbox"/> Confined Space <input type="checkbox"/> Hot work <input type="checkbox"/> Excavation <input type="checkbox"/> Other Hazardous Work		Accompanying JRA Attached: <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes : JRA# If no stop permit and complete risk assessment
	WORK AREA:		
	Describe the location or department:	WORK SCOPE: Does this scope affect other operations? <input type="checkbox"/> Yes <input type="checkbox"/> No	
	Equipment type if applicable:	If yes document in work tasks below	
WORK TASK	Please describe work task to be undertaken :		
PERMIT TO WORK AUTHORISATION :			
I have discussed the hazards, controls & conditions of this permit with the permit holder / issuer and confirm it's safe for this work to be carried out.			
PERMIT ISSUER:	SIGNATURE:	DATE:	TIME:
PERMIT HOLDER:	SIGNATURE:	DATE:	TIME:
PERMIT TO WORK CLOSURE :			
I confirm that this work is complete, and all permit recipients have signed off.			
PERMIT ISSUER:	SIGNATURE:	DATE:	TIME:
PERMIT HOLDER:	SIGNATURE:	DATE:	TIME:

PERMIT TO WORK FORM

CONFINED SPACE – Atmospheric readings							
READINGS	OXY%	CO PPM	CH4 %	H2S	NAME / SIGNATURE	TIME	
READING 1							
READING 2							
READING 3							
RESCUE PLAN - Outline steps required							

PERMIT USER SIGN ON			DATE:	
TIME	NAME	SIGNATURE	PERMIT USER SIGN OFF	DATE:
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				