

PERMIT TO WORK

Permit To Work (Permit) is used to minimise risks associated with known high risk activities and it is used in conjunction with known sub-permits
This Permit must be kept on the job (at the work site) until the activity has completed.



PERMIT No:		JSA/SOP No:		ORDER No:		DATE:		All PERSONS WORKING UNDER PERMIT							
								<i>Sign On</i>				<i>Sign Off</i>			
LOCATION / AREA				ISOLATION POINT/S				Name	Date	Time	Signature	Time	Signature		
WORK DESCRIPTION															
OTHER PERMITS REQUIRED (ensure to record permit numbers)															
Description		Permit no.		Description		Permit no.									
ISOLATION PERMIT				HIGH VOLTAGE PERMIT											
HOT WORK PERMIT				SPECIAL CRANE LIFT PERMIT											
WORK AT HEIGHTS PERMIT				BUNKERING PERMIT											
CONFINED SPACE ENTRY PERMIT				HULL PAINTING PERMIT											
DIVE PERMIT				IMMOBILISATION PERMIT											
EXCAVATION PERMIT				LIFE BOAT RECOVERY PERMIT											
ADDITIONAL SAFETY REQUIREMENTS		YES	NO			YES	NO								
Additional Fire Protection Required				Safety Goggles or Extra Eye Protection Required											
Disposable Coveralls Required				Respiratory Protection Required											
SDS Available When Using Chemicals				Hearing Protection Required											
Barricade Signs Required				Sentry/Spotter Required											
Residual Current Protection Devices Required				Locate closest first aid kit and fire extinguisher											
PERMIT TO WORK AUTHORISATION - POL PERMIT ISSUER															
I certify the area and equipment is safe and have reviewed the JSA, Permit to Work and other Permits required with the Permit Holder and hereby authorise this permit for use.															
POL Sponsor Name:		Time		POL Sponsor Signature		Date									
PERMIT TO WORK ACCEPTANCE - PERMIT HOLDER								PERMIT TO WORK HAND BACK - PERMIT HOLDER							
I have been briefed on the conditions of the JSA, Permit to Work and other Permits and will ensure all conditions of the Permit/s will be adhered to. I will ensure the entire work group involved in this task are fully aware on the conditions of this Permit.								I certify that this permit is no longer active and that all persons working under this Permit have signed off and removed any personal locks and tags. No further work is required							
Name:		Time		Signature		Date		Name:		Time		Signature		Date	
PERMIT HOLDER CHANGE OVER (IF REQUIRED)								PERMIT TO WORK CLOSURE - POL PERMIT ISSUER							
<i>Signature Sign Off</i>				<i>Signature Sign on</i>				I certify that this permit is closed and that all persons have finished work. There is no further work authorised under this Permit.							
Name	Time	Date	Signature	Name	Time	Date	Signature	Name:		Time		Signature		Date	