

# PERMIT TO WORK

Permit No.

Excavation	<input type="checkbox"/>	Hot work	<input type="checkbox"/>	Asbestos	<input type="checkbox"/>	LPG/Nat gas	<input type="checkbox"/>	Ventilation	<input type="checkbox"/>
Fire alarm	<input type="checkbox"/>	Acetylene	<input type="checkbox"/>	Fire barrier	<input type="checkbox"/>	Emerg light	<input type="checkbox"/>	Demolition	<input type="checkbox"/>
Water system	<input type="checkbox"/>	Work at heights	<input type="checkbox"/>	Confined spaces	<input type="checkbox"/>	LPHW system	<input type="checkbox"/>	Craning	<input type="checkbox"/>
Other	<input type="text"/>		Pressure systems		<input type="checkbox"/>	Pressure system type: <input type="text"/>			

SITE -	LOCATION -
--------	------------

**Service / equipment to be worked on**

**Description of work**

Method statement attached	→/N	M/S no.		Drawing Reference if Issued	
---------------------------	-----	---------	--	-----------------------------	--

**Isolation points/area of excavation/other precautions**

Permit valid from:	Date	Time	To:	Date	Time
--------------------	------	------	-----	------	------

**Opening permit**

**AUTHORISING PERSON**  
 I am aware of the above information and have verified that all precautions, isolations and safety precautions have been taken and that the task is safe to proceed

SIGN \_\_\_\_\_ DATE \_\_\_\_\_

PRINT \_\_\_\_\_ TIME \_\_\_\_\_

**COMPETENT PERSON / CONTRACTOR**  
 I declare that I accept responsibility for the works as detailed in this permit and that no attempt will be made by me or anyone under my control to work on any other equipment / area. I understand the hazards and the precautions to be taken. I have inspected the work area and agree to carry out the works as detailed on the permit and / or method statement. I have read the precautions to be put in place as detailed on the permit

SIGN \_\_\_\_\_ DATE \_\_\_\_\_

PRINT \_\_\_\_\_ TIME \_\_\_\_\_

COMPANY \_\_\_\_\_

**PERMIT EXTENSION**  
 The above permit has been extended at the request of the competent person

EXTENDED TO - DATE \_\_\_\_\_ TIME \_\_\_\_\_

Authorising persons approval

SIGN \_\_\_\_\_ DATE \_\_\_\_\_ TIME \_\_\_\_\_

Reason for extension \_\_\_\_\_

**Closing permit**

**For hot work and fire alarm works**  
 Area must be checked at the end of each day. The fire alarm system is to be left fully operational and the area checked 30 min after completion of the hot works to confirm no smouldering or fires.

	Signature	Time
Sunday		
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		
Saturday		

**COMPETENT PERSON / CONTRACTOR**  
 I confirm that all personnel and equipment have been withdrawn from the work area and the work area has been cleared. Work has been / not been\* completed. It is **safe / unsafe** to return the equipment / area back into service (\* Delete which ever is not applicable)

SIGN \_\_\_\_\_ DATE \_\_\_\_\_

Print name \_\_\_\_\_ TIME \_\_\_\_\_

Status \_\_\_\_\_

***ACTION TAKEN IF WORK/EQUIP NOT COMPLETE OR UNSAFE TO RETURN TO SERVICE***

\_\_\_\_\_

\_\_\_\_\_

**AUTHORISING PERSON**  
 The permit is now CANCELLED

SIGN \_\_\_\_\_ DATE \_\_\_\_\_

Print name \_\_\_\_\_ TIME \_\_\_\_\_

# Permit checklist

Delete not appropriate

Associated permit no

## Hot Work – Mandatory Precautions

Ensure cutting and welding equipment is in good repair and free from defects  
Ensure gas bottles are secure and not free standing  
Ensure gas bottles are removed from site/ward on completion of work or end of working day  
Ensure the floor is swept clean of combustibles  
Remove all combustible items within 2m of the hot work if possible  
If combustible material cannot be removed, it must be covered by fireproof material  
If working with tanks and containers, ensure they are free from all flammable residues  
If flammable vapours are present the containers and area must be purged free of flammable vapours  
A fire watch must be maintained for **30 minutes after the hot work has ceased**  
An appropriate serviced fire extinguisher must be available at all times  
The person undertaking the hot work must be trained in the use of the fire extinguisher and fire emergency procedures  
Break glass point and emergency telephone number identified to control panel  
Control panel advised on how to fit cover to smoke detector and how and when to

## Excavation – Recommended Precautions

Draft a risk assessment and method statement for the work  
Method of making side of excavation safe  
Always have a suitable means of access and egress (preferable two)  
Carry out gas detection if there is a risk of gas from the ground or surrounding areas  
Carry out inspections daily prior to work. Record any action taken daily  
Record formal inspections on a weekly basis  
Ensure materials cannot fall into the excavation  
Ensure wheel stops are used when back filling with vehicles  
Do not load deposit the soil spoil on the edge of the excavation  
A pre-excavation survey scan of the works area must be carried out by the contractor and strict attention must be given to the details of the scan to ensure no damage is caused to any existing underground services namely telephones, site water mains, drainage. This scan is only to be used as a guide and is not conclusive.  
No mechanical excavation should be carried out within 2000mm of suspected services – **hand-dig only**  
**An action plan** must be in place by the contractor to determine the emergency action to be taken by the contracting team in the event of damage being caused to any underground service.  
Refer to HS (G) 185 for further advice

## Working at Heights

Ladder shall be inspected before use. A defective ladder must not be used  
All scaffolding shall be erected by an approved contractor  
Scaffolding must be checked regularly and in accordance with the regulations  
Ladders/scaffolding must not be left unattended unless they have been secured against unauthorised access  
Metal ladders **must** not be used where any electrical hazards exists  
Were necessary fall arrest system should be used for working on roofs  
Area below work cleared of all personnel  
Fragile roof(s) identified if crawl board available  
Is operative trained in the use of a hydraulic /scissor lift

## Fire/Emergency Lights

Area identified and user advised  
Switchboard advised  
SFSA advised

## Transfer of Electrical Installation/Equipment

The area/equipment will now become the responsibility of the contractor names above  
All relevant risk assessments and safety precautions will be carried out by the contractor  
No attempt will be made by the contractor or any persons under his control, to work in any other area or on any other equipment  
The contractor will carry out all necessary tests/inspections during the works and in accordance with all relevant codes of practice  
The electrical installation shall be left in a safe condition prior to being returned to the Estates Department. The installation shall be tested in accordance with BS 7671

## Confined Spaces

Draft risk assessment and method statement for work  
Category of confined space defined  
Safety equipment and personnel identified and listed on permit  
Gas test equipment available and certified  
Area purged prior to entry  
Gas test required prior to entry  
Working sign required and erected

## Ventilation Systems

Area identified and user advised  
Plant isolated electrically and locked and tagged  
Plant isolated mechanically and locked and tagged  
Plant drained and depressurised  
Ensure all supply grills are covered in SCBU and removed thereafter.  
Ensure all surfaces are cleaned and free from dust.  
Ensure blanking plates are sealed around ductwork

## Asbestos

Has the method statement been approved?  
Has the approved respirators been checked and confirmed?  
Has the transit procedure between work area and decontamination unit been agreed?  
Has the transit overall procedure/colours been agreed?  
Has the high efficiency vacuum cleaner been checked and confirmed?  
Have all waste bags clearly labelled and acceptable?  
Has the enclosure been inspected?  
Has the enclosure been smoke tested and satisfactory?  
Has spray and wetting facilities been approved?  
Has all engineering services in work area been made safe and isolated?  
Has all associated permit for isolation of services confined spaces been issued and identified on asbestos permit?  
Has the arrangement for storage of waste been agreed?  
Has the arrangement for disposal of waste been agreed?

## Pressure Systems

Draft a risk assessment and method statement for work  
Mechanical isolation carried out and locked and tagged  
Electrical isolation carried out and locked and tagged  
Bleed of line/hose services and directed to safe area  
Pressure line depressurised and vented

# METHOD STATEMENT

M/S no.

Method statement

Associated permit number

Equipment /precautions required to carry out work safely

Sketch /detail of isolation arrangements or area of excavation

Authorising person signature \_\_\_\_\_

Date \_\_\_\_\_ Time \_\_\_\_\_

Competent person signature \_\_\_\_\_

Date \_\_\_\_\_ Time \_\_\_\_\_