No.

**GENERAL PERMIT TO WORK**

|  |  |  |  |
| --- | --- | --- | --- |
| A Date: | Permit Requested By: | LOCATION | |
| B Jobs To Be Done  ………………………………………………………………………  ………………………………………………………………………  ………………………………………………………………………  ………………………………………………………………………  ………………………………………………………………………  ……………………………………………………………………… | D1 Precautions  If Emergency Alarm Sounds Report To Assembly Point  WEAR – Highlight All Relevant  Throughout / Breaking in  Throughout / Breaking in  Throughout / Breaking in  Throughout / Breaking in  Throughout / Breaking in  Throughout / Breaking in  Throughout / Breaking in  Throughout / Breaking in  Throughout / Breaking in  Breaking in  Throughout / Breaking in  Breaking in  Throughout / Breaking in  Goggles  Face Visor  PVC Hood  PVC / Neoprene Gloves  PVC Neoprene Gauntlets  PVC Suit / Disposable Overalls  Breathing Apparatus  Canister Mask  Leather Gloves  Dust Mask  Safety Helmet  Ear Protection  Rubber Boots / Safety Boots  ………………………………………………………………………………………………………………………………..  ………………………………………………………………………………………………………………………………… | | F I Understand And Accept The Conditions Of The Permit And Have Discussed These With The Issuer  Print Name Signature  …………………………………………………………………  …………………………………………………………………  ………………………………………………………………...  ………………………………………………………………… |
| C1 \*The Electrical Supply Has Been Isolated By  Isolator locked off …………………………………………..  Second Isolator locked off ……………………………….  Fuses / Switches Cert No………………………………….  at ………………… hrs by ……………………………………  High Voltage Certificate No ………………… APPLIES  Test Start Completed by …………………………………. .....……………………………………………………………….. | F2 All People Working In The Job Must Sign Here – I Understand And Accept The Conditions Of The Permit And I Have Discussed These With The Issuer  …………………………………………………………………  …………………………………………………………………  …………………………………………………………………  …………………………………………………………………  ………………………………………………………………… |
| C2 Fire Alarm/Hot Work Permit No………. Applies | D2 Risk Assessments - Attach Copies of All RAMS  ………………………………………………………………………………………………………………………………….  ………………………………………………………………………………………………………………………………...  …………………………………………………………………………………………………………………………………  …………………………………………………………………………………………………………………………………  ………………………………………………………………………………………………………………………………….  …………………………………………………………………………………………………………………………………  ………………………………………………………………………………………………………………………………… | | G Signed Off And Housekeeping Completed By Contractor  Complete Incomplete Time  …………………………………………………………………  …………………………………………………………………  ………………………………………………………………..  ………………………………………………………………..  ……………………………………………………………….. |
| C3 Confined Spaces Permit No ………...….. Applies |
| C4 Ionising Radiation Permit No ……….. Applies |
| C5 Excavation Permit No ………….………… Applies |
| C6 Limitations Of Access/ Electrical Permit No ……………………………………………………………. Applies |
| C7 Roof Access Cert No ……………………………..  …………………………………………………………….. .. Applies | E Preparation Is Complete Permit Issued By:-  Signature ………………………………………………………………………………………………………………….  Date …………………………………………………………………………………………………………………………  Valid from ……………………………………….. Hrs until …………………………………………………… Hrs  All Permits Are Valid As Shown – Extra Periods Will Require Another Permit To Be Issued  Issued to: ……………………………………………………………………………………..  Signature ………………………………………………………………………………………………………………….  Date …………………………………………………………………………………………………………………………  Valid from ……………………………………….. Hrs until …………………………………………………… Hrs | | H - I Have Checked The Housekeeping Of This Area Is Satisfactory At …….. (Time) And Accept Back.  Signature ………………………………………………… |
| C8 Mechanical Permit No ………….. Applies |
| C9 Chemicals, Medical Gas And Fluids Services Have Been Isolated As Follows:-  ………………………………………………………………………………………………………………………………………………………………  ……………………………………………………………………………… | J Electricity Restored By ………………………………………………………………..  AT ………………………………………………………….. |
| C10 \*Personal Lock Required ……………………………  ………………………………………………………………………………  ……………………………………………………………………………… | K State Of The Task At Hand back. Complete / Incomplete ……………………………………………………………….. |