No.

**GENERAL PERMIT TO WORK**

|  |  |  |
| --- | --- | --- |
| A Date: | Permit Requested By: | LOCATION |
| B Jobs To Be Done……………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………… | D1 PrecautionsIf Emergency Alarm Sounds Report To Assembly PointWEAR – Highlight All Relevant Throughout / Breaking inThroughout / Breaking inThroughout / Breaking inThroughout / Breaking inThroughout / Breaking inThroughout / Breaking inThroughout / Breaking inThroughout / Breaking inThroughout / Breaking inBreaking inThroughout / Breaking inBreaking inThroughout / Breaking inGoggles Face Visor PVC Hood PVC / Neoprene Gloves PVC Neoprene Gauntlets PVC Suit / Disposable Overalls Breathing Apparatus Canister Mask Leather GlovesDust MaskSafety HelmetEar ProtectionRubber Boots / Safety Boots………………………………………………………………………………………………………………………………..………………………………………………………………………………………………………………………………… | F I Understand And Accept The Conditions Of The Permit And Have Discussed These With The IssuerPrint Name Signature……………………………………………………………………………………………………………………………………………………………………………………………………...………………………………………………………………… |
| C1 \*The Electrical Supply Has Been Isolated ByIsolator locked off …………………………………………..Second Isolator locked off ……………………………….Fuses / Switches Cert No………………………………….at ………………… hrs by ……………………………………High Voltage Certificate No ………………… APPLIESTest 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 ContractorComplete 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 …………………………………………………… HrsAll Permits Are Valid As Shown – Extra Periods Will Require Another Permit To Be IssuedIssued 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 ……………………………………………………………….. |