PERMIT-TO-WORK – MACHINERY OR EQUIPMENT

Note (i): The Authorising Officer should indicate the sections applicable by ticks in the lefthand boxes next to headings, deleting any subheading not applicable.

Note (ii): The Authorising Officer should insert the appropriate details when the Sections for Other Work or Additional precautions are used.

Note (iii): The Authorised Person should tick each applicable righthand box as they make their check.

Note (iv): This Permit-to-Work contains 5 sections.

Plant Apparatus /Identification (designation of machinery / equipment) Work to be done (description)	
(designation of machinery / equipment)	
Work to be done (description)	
Permit issued to (name of person carrying out work or in charge of the work party)	
SECTION B - Check List / Isolation Data	_
Has a risk assessment of the proposed work been carried out?	
Check	æd
Removed from service/isolated from sources of power or heat	I
All relevant personnel informed Warning notices displayed	2
SECTION C – Authorising of permit	

Period of validity of permit (should not exceed 24 hours)....... hours I am satisfied that all precautions have been taken and that safety arrangements will be maintained for the duration of the work.



Authorising person	
(Name) (Sig	gnature)
(Time)(Da	ate)
SECTION D – Receipt of Permit	
I accept responsibility for carrying out on this permit to work and no attempt under my charge to work on any other I am satisfied that all precautions have I arrangements will be maintained for the	t will be made by me or people rapparatus or in any other area. been taken and that safety e duration of the work.
Safety Key No Receiv	ed* /Applied*
Competent person	
(Name) (Sig	gnature)
(Time)(Da	ate)
Note: After signing the receipt, this per the person in charge at the place when work is complete and the clearance se	re the work is being carried out until
SECTION E - Clearance of Perm	nit
The work for which this permit to wor completed* and all people under my compared that it is no longer safe to wor permit to work. All work equipment, tools, test instrum	harge have been withdrawn and k on the apparatus detailed in this
Safety Key No Receiv	red* /Applied*
Competent person	
(Name) (Sig	gnature)
(Time)(Da	ate)
* Delete words not applicable and who The work is complete* / incomplete	

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