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| **PERMIT TO WORK** |

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| **APPLICATION FOR PERMIT TO WORK** | |
| **ACU Permit to Work Reference** *(inserted by ACU only)* | **PTW-** |
| **Organisational unit or company performing work** |  |
| **Contact name** |  |
| **Location of work** |  |

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| --- | --- | --- | --- | --- | --- | --- | --- |
| **Description of work to be undertaken:** | | | | | | | |
| **Risk assessment completed** *(tick)* | |  | **Safe Work Method Statement (SWMS) for work produced** *(tick)* | | |  | |
| **Specific hazards associated with work and precautions to be taken:** | | | | | | | |
|  | | | | | | | |
| **Isolations and other actions required before (or during) execution of work:** | | | | | | | |
| **No.** | **Details** | | | **Person to take**  **action** | **Confirmed complete** | | **Time** |
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| **OTHER PERMITS REQUIRED** |

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| Hot work: |  | Roof Access | |  | Plant/Equipment Isolation: | |  | Confined Space Entry: | |  | |
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| **ISSUE OF PERMIT – AUTHORISED PERSON** | | | | | | | | | | | |

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| **Permit Valid From** | Date: / / Time: am/pm |
| **Permit Valid Until** | Date: / / Time: am/pm |

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| --- | --- | --- | --- | --- | --- | --- |
| Name of person issuing permit | | Position / Organisation | | Signature | Date | Time |
|  | |  | |  |  |  |
|  | |  | |  |  |  |
| **RECEIPT OF PERMIT – PERMIT HOLDER** | | | | | | |
| I confirm only the work stated above will be carried out and all precautionary measures will be taken. | | | | | | |
| Person in charge of work | | Position / Organisation | | Signature | Date | Time |
|  | |  | |  |  |  |
|  | | | | | | |
| **CLEARANCE ON COMPLETION – PERMIT HOLDER** | | | | | | |
| Outcome of work: | All work completed as planned: | | The aspects detailed below are incomplete: | | | |
|  | | | | | | |
| Person in charge of work | | Position / Organisation | | Signature | Date | Time |
|  | |  | |  |  |  |
|  | |  | |  |  |  |
| **CANCELLATION OF PERMIT – AUTHORISED PERSON** | | | | | | |
| Person cancelling permit | | Position / Organisation | | Signature | Date | Time |
|  | |  | |  |  |  |