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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: |  |
|  |  |  |  |  |
| **ISSUE OF PERMIT – AUTHORISED PERSON** |

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

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 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 |
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|  |
| **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 |
|  |  |  |  |  |