

## Off-site Permit to Work - General

**Instructions**

1. This Permit to Work must be completed, prior to starting any High Risk work on the Workplace/site.
2. This permit is valid for 1-shift only, and a new permit must be issued for each shift.
3. This permit must be clearly displayed on the Workplace/site at all times, and must not be destroyed.
4. On expiry, cancellation or completion of the work, this permit must be returned to the H&S Officer and/or Contractor Manager for assessment, sign-off and filing.

<b>PERMIT NUMBER</b>			
Permit valid from	/ /	<b>Start time</b>	AM / PM
Until	/ /	<b>Finish time</b>	AM / PM
<b>Permit issued by</b>	Signature		
Position held	Mobile phone		
<b>1. Permit Holder</b>			
<b>Name</b>			<b>Mobile phone</b>
Name of Business			
Classification	<input type="checkbox"/> Employee	<input type="checkbox"/> Contractor	<input type="checkbox"/> Subcontractor
<b>SWMS (or JSA)</b>	<input type="checkbox"/> Viewed	<input type="checkbox"/> Not viewed	<input type="checkbox"/> Attached
WorkSafe NZ notified?	<input type="checkbox"/> YES	<input type="checkbox"/> N/A	<input type="checkbox"/> Attached
<b>2. Location of Work</b>			
Workplace/site address			
Work area			
<b>Exact location of Work</b>			
<b>3. Type of Work</b> (select all that apply)			
<b>Type of Works/Services to be undertaken</b>			
<b>Description of Work</b>			
<b>Equipment to be used</b>			
<b>4. Safety Procedures</b> (to be implemented prior to commencement of work)			
1. The following <b>processes</b> are to be suspended during the course of the work.			
2. The following <b>equipment</b> is to be withdrawn from service during the course of the work.			
3. <b>All workers/contractors</b> have been made aware of this supervision/withdrawal.			YES NO
4. <b>Safety warning notices</b> have been posted where required.			YES NO
5. The following steps have been taken to eliminate, control or contain <b>hazards/risks</b> in the work area.			
6. The following <b>safety measures</b> are recommended.			

5. Control of Risks arising from the Work			
1. Isolation of services: (please tick as appropriate)			
<input type="checkbox"/> Water	<input type="checkbox"/> Power	<input type="checkbox"/> Fuel lines	<input type="checkbox"/> Compressed gases
<input type="checkbox"/> Other (please specify)			
2. Are there safety implications resulting from the isolation?			YES NO
If YES, list the safety implications.			
3. Lock-off required?			YES NO
If YES, list what is required.			
4. Safety signs posted?			YES NO
If YES, list what is required.			
5. Air monitoring required?			YES NO
If YES, list what is required.			
6. Are there any significant hazards/risks associated with the work?			YES NO
If yes, what safety precautions are required to control the risks?			
6. Monitoring of Work			
Name of Supervisor		Mobile phone	
The Work area and any adjoining areas must be patrolled by the <b>Supervisor</b> (as listed above) from the start of work, until the work is completed (including rest periods).			
Special conditions (please specify)			
7. Permit Sign-off			
I have inspected the work area after completion of work.			
I certify that the work has been completed in accordance with this permit, and services have been restored and the work area is safe and tidy, ready for re-occupation.			
Signature of the Permit holder		Date / /	Time AM / PM
I have inspected the work area after completion of work.			
I certify that all equipment has been returned to service, safety signs have been removed and the work area is safe and tidy, ready for re-occupation. The employees/contractors have been informed that work may resume in the work area.			
Notes/comments/corrective action(s)			
Signature of the person who issued the Permit		Date / /	Time AM / PM

Source: Department of Labour (October 2006). Permit to Work form. Wellington, NZ: Author

Copy: H&S Officer, Officer of the PCBU, H&S Committee, Contractor Manager, the Contractor, H&S Folder # 04