

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.

PERMIT NUMBER			
Permit valid from	/ /	Start time	AM / PM
Until	/ /	Finish time	AM / PM
Permit issued by	Signature		
Position held	Mobile phone		
1. Permit Holder			
Name		Mobile phone	
Name of Business			
Classification	<input type="checkbox"/> Employee	<input type="checkbox"/> Contractor	<input type="checkbox"/> Subcontractor
SWMS (or JSA)	<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
2. Location of Work			
Workplace/site address			
Work area			
Exact location of Work			
3. Type of Work (select all that apply)			
Type of Works/Services to be undertaken			
Description of Work			
Equipment to be used			
4. Safety Procedures (to be implemented prior to commencement of work)			
1. The following processes are to be suspended during the course of the work.			
2. The following equipment is to be withdrawn from service during the course of the work.			
3. All workers/contractors have been made aware of this supervision/withdrawal.			YES NO
4. Safety warning notices have been posted where required.			YES NO
5. The following steps have been taken to eliminate, control or contain hazards/risks in the work area.			
6. The following safety measures 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? If YES, list the safety implications.			<table border="1"> <tr> <td>YES</td> <td>NO</td> </tr> </table>	YES	NO
YES	NO				
3. Lock-off required? If YES, list what is required.			<table border="1"> <tr> <td>YES</td> <td>NO</td> </tr> </table>	YES	NO
YES	NO				
4. Safety signs posted? If YES, list what is required.			<table border="1"> <tr> <td>YES</td> <td>NO</td> </tr> </table>	YES	NO
YES	NO				
5. Air monitoring required? If YES, list what is required.			<table border="1"> <tr> <td>YES</td> <td>NO</td> </tr> </table>	YES	NO
YES	NO				
6. Are there any significant hazards/risks associated with the work? If yes, what safety precautions are required to control the risks?			<table border="1"> <tr> <td>YES</td> <td>NO</td> </tr> </table>	YES	NO
YES	NO				
6. Monitoring of Work					
Name of Supervisor		Mobile phone			
The Work area and any adjoining areas must be patrolled by the Supervisor (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