

PERMIT TO WORK

PART C: CONTROL OF RISKS ARISING FROM THE WORK

1. Isolation and lock off of services (select as appropriate):

Water

Power

Fuel lines

Compressed gases

2. Air monitoring / Firewatch required (select one):

YES

NO

If YES, what safety precautions are required to control the risks:

3. Are there any other controls required (select one):

YES

NO

If YES, what safety precautions are required to control the risks:

~~with~~ Cert electrician

DECLARATION:

NAME:

Hunter Morgan

SIGNED:

[Signature]

NAME:

SIGNED:

NAME:

SIGNED:

NAME:

SIGNED:

PERMIT VALIDITY PERIOD:

FROM:

9th

March 0:500

TO:

10th March

0800

IF THE WORK IS NOT COMPLETED WITHIN THIS TIMESCALE A NEW PERMIT TO WORK MUST BE COMPLETED.

PART D: COMPLETION OF WORK & REINSTATEMENT OF WORK AREA

I confirm that the work has been completed in accordance with this permit. Services have been restored and the work area is ready for re-occupation:

SIGNED:

DATE / TIME: