



GENERAL PERMIT TO WORK

Issuing Permits - The issue of permits is strictly controlled, permits can only be issued by authorised personnel.

PERMIT NUMBER:

CONTRACTOR (Company):

CONTRACTOR (Employee Name):

LOCATION OF WORK (Exact):

DESCRIPTION OF WORK:

What PPE (Personal Protective Equipment) is required to complete the work safely:

Hard Hats	<input type="checkbox"/>	Hearing Protection	<input type="checkbox"/>
Safety Footwear	<input type="checkbox"/>	Fall Arrest / Restraints	<input type="checkbox"/>
Gloves or Other Hand Protection	<input type="checkbox"/>	Eye / Face Protection	<input type="checkbox"/>
High Visibility Clothing	<input type="checkbox"/>	Barriers & Signs	<input type="checkbox"/>
Screens	<input type="checkbox"/>	Respiratory Protection	<input type="checkbox"/>

OTHER EQUIPMENT NOT LISTED ABOVE:

I declare that the above has been made known to the competent person in charge of the work and consider the above mentioned area to be safe for the competent person to commence work.

Permit Controller: _____ Signed: _____ Date: _____ Time: _____

Acceptance by competent person prior to commencement

I understand the work that is to be carried out and the safety precautions that are necessary to complete the work safely as outlined in the appropriate method statement and risk assessments. If conditions are such that the method statement and risk assessments become invalid it is my responsibility to stop work immediately and notify the person who authorised this permit to work. The disposal of any residues of the hazardous materials used will be in accordance with the Environmental Protection Act.

Competent Person: _____ Signed: _____ Date: _____ Time: _____

Continuation of Work

I hereby authorise the work specified above to continue until the time stated below and that I have checked the safety arrangements and confirm that they remain adequate.

Permit has been extended to: _____ am / pm

Permit Controller: _____ Signed: _____ Date: _____ Time: _____

I have checked the safety arrangements and am satisfied and agree to accept responsibility to complete the specified work by the revised time.

Competent Person: _____ Signed: _____ Date: _____ Time: _____

Permit Cancellation

This permit is cancelled. The work is / is not complete. Safety precautions have / have not been removed.

Permit Controller: _____ Signed: _____ Date: _____ Time: _____

Completion of Work Final check by Contractor / Employee

I declare that the work described above is complete all work equipment, persons and materials under my control have been withdrawn. All safeguards have been reinstated and the work area returned to a safe status and service.

Competent Person: _____ Signed: _____ Date: _____ Time: _____

Completion of Permit - Permit Controller

I declare that the permit is now closed and I have received copies of the permit back from the Competent Person. The area has been inspected and is free from risk and all fire protection systems have been reinstated to their normal operating status.

Permit Controller: _____ Signed: _____ Date: _____ Time: _____



RULES FOR CONTRACTORS

Through co-operation and by following these basic rules you will help keep this site a healthy and safe work place.

The following rules apply to you and anyone employed by you (including all sub-contractors) and it is your responsibility to ensure that they are made aware of these requirements and comply with them at all times:

1. MOVEMENT ON SITE:

Vehicle and pedestrians movements on site must be in accordance with local traffic and restricted to those areas agreed with the "Company"

2. COMPETENT PERSONS:

Persons employed by you shall be competent to undertake the work specified and be able to operate any necessary equipment safely and without risk.

3. RISK ASSESSMENTS:

Any of your activities which pose a significant risk to the health and safety of people, property, plant or product must be formally assessed, and those most likely to be affected, informed of the risks and safety measures that are to be taken.

4. TOOLS AND EQUIPMENT:

Shall be of good working condition and fit for the intended purpose.

5. PORTABLE ELECTRICAL EQUIPMENT:

Shall possess a current test certificate. Voltage requirements should not exceed 100 volts unless protected by a suitable residual current circuit breaker.

6. PERSONAL PROTECTIVE EQUIPMENT (PPE):

For certain tasks or in specified areas the wearing of suitable PPE shall be strictly enforced.

7. HYGIENE:

Any applicable hygiene rules will be strictly enforced.

8. FIRE:

Notices are displayed throughout the site, you must be aware of site procedures what action to take if the fire alarm is sounded or if you discover a fire.

9. ACCIDENTS:

In the event of an accident to yourself or to anyone under your control it must be reported to your site contact as soon as is practical to do so.

10. SMOKING:

A smoking policy is in place and observance of the policy rules must be strictly obeyed.

11. ALCOHOL and CONTROLLED SUBSTANCES:

The consumption of alcohol on site is strictly prohibited, moreover anyone found to be under the influence of alcohol or other controlled substance will be removed from site and not permitted to return.

IF IN DOUBT - ASK