



PERMIT TO WORK (PTW)

Date		Job Location:	
Work/Task/Project Description:			
Permit Number		JSA Number	
PTW Receiver (Name)	Company	Mobile No	Signed
PTW Issuer (Name)	Mobile No	Signed	Close Out
Area/Department Supervisor sign on (must be reviewed by Area Supervisor prior to work starting)			Mobile No

CONTROLS/PERMITS REQUIRED

(Select controls/permits required)		Yes	No
Confined Space Permit	Permit Number:	<input type="checkbox"/>	<input type="checkbox"/>
Excavation/Penetration/Demolition Permit	Permit Number:	<input type="checkbox"/>	<input type="checkbox"/>
Hot Work Permit	Permit Number:	<input type="checkbox"/>	<input type="checkbox"/>
Isolation Certificate	Certificate Number:	<input type="checkbox"/>	<input type="checkbox"/>
Lifting Permit	Permit Number:	<input type="checkbox"/>	<input type="checkbox"/>
Working at Heights Permit	Permit Number:	<input type="checkbox"/>	<input type="checkbox"/>
Other Permit	Permit Number:	<input type="checkbox"/>	<input type="checkbox"/>
Notifiable Work (WorkSafe)		<input type="checkbox"/>	<input type="checkbox"/>
Toolbox meeting		<input type="checkbox"/>	<input type="checkbox"/>
Other:			

PERMITS OVER 1 DAY (MAX 5 DAYS) (Review with PTW Issuer at start & end of each day)

Date:	/ /	/ /	/ /	/ /	/ /
Receiver:	[SIGN HERE]	[SIGN HERE]	[SIGN HERE]	[SIGN HERE]	[SIGN HERE]
Issuer:	[SIGN HERE]	[SIGN HERE]	[SIGN HERE]	[SIGN HERE]	[SIGN HERE]

DAILY CLOSE OUT

Ensure all newly identified hazards and/or changes are communicated to the entire team

**HAZARD CHECKLIST**

(If Hazard identified ensure controls/corrective actions are put in place in the Job Safety Analysis)

HEALTH		SAFETY		ENVIRONMENT	
Are cold or hot materials present?	Y / N	Does the worksite need to be isolated from people?	Y / N	Is it a potentially dangerous space?	Y / N
Are there overhead and lifting hazards?	Y / N	Are there any unskilled or non-inducted personnel?	Y / N	Are there any atmosphere hazards (fumes etc.)?	Y / N
Are you working alone?	Y / N	Are evacuation routes understood?	Y / N	Is dust a hazard?	Y / N
Will lighting be a hazard (too little, glare)?	Y / N	Are there machinery or equipment hazards?	Y / N	Is there potential for visibility hazards?	Y / N
Are you using any chemicals (solvents, cleaners)?	Y / N	Is electrical isolation required?	Y / N	Are there any stability and access hazards?	Y / N
Will dust, fumes, or gases be present? (asbestos?)	Y / N	Are there any high-pressure hazards (air, oil, steam)?	Y / N	Is additional oil spill equipment required?	Y / N
Is noise a hazard?	Y / N	Are there any mechanical pinch points?	Y / N	Are hazardous substances used requiring control?	Y / N
Is task being performed in extreme temperatures?	Y / N	Any sharp / cutting edges?	Y / N	Is other work in vicinity creating a hazard to this job?	Y / N
Is stress and fatigue a potential hazard?	Y / N	Could you encounter unstable conditions?	Y / N	Do restricted areas need to be identified?	Y / N
Are all personnel fit for work?	Y / N	Are you using any flammable products?	Y / N	Will weather conditions create a hazard?	Y / N
Additional Personal Protective Equipment required?	Y / N	Are pedestrians, vehicles, or vessels a hazard?	Y / N	Will there be any by-product or waste?	Y / N

PRINT AND SIGN YOUR NAME IF YOU HAVE READ AND AGREE WITH THE PTW CONTENT

NAME (Please Print)	SIGNED	NAME (Please Print)	SIGNED



Permit Declaration and Authorisation

To be read by the Permit Issuer, the Permit Receiver and, where required, the Permit Manager. By signing below, I confirm that I understand the Permit requirements; that I, where required to do so, have inspected the worksite; that I have been advised and briefed of the work task and the associated hazards/risks, precautions, control measures and the emergency rescue plan. Furthermore, that I agree to abide by the conditions of issue as defined in the PTW Procedures and other related documents.

Permit Authorisation Checklist

To be completed prior to commencement of work	Yes	No	N/A
JSA completed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Additional permits completed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Emergency plan completed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Worksite inspected and is safe to start work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Isolations (LOTO) applied	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Stakeholders notified	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Safety Observer assigned	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
All permit users briefed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (Specify):	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Permit Closure Checklist

To be completed after the conclusion of the work	Yes	No	N/A
Additional permits closed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Worksite inspected and is safe to recommission	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Isolations (LOTO) removed, and equipment/plant reinstated	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Stakeholders notified	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Safety Observer debriefed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Post-exit gas test results recorded	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
All permit users accounted for	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
All tools/equipment accounted for	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (Specify):	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Permit Authorisation

Date	Name	Signature
PERMIT RECEIVER		
/ /		
PERMIT ISSUER		
/ /		

Permit Closure

Date	Name	Signature
PERMIT RECEIVER		
/ /		
PERMIT ISSUER		
/ /		