

Appendix S Permit to Work

PERSONAL DETAILS

Name of Permit Recipient:	Date Issued
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Congregation Address:	Permit Expiry
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Location of work to be completed:	
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Online Contractor Induction I.D. Number:	
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Reason for Permit:	
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HAZARD

HAZARD:	RISK	CONTROLS
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PERMIT ISSUE

VERIFICATION

Contractor has a JSA (SWMS) developed for the work (as stated above)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
The contractor / permit recipient has PPE available?	<input type="checkbox"/> Yes <input type="checkbox"/> No
The contractor / permit recipient is aware of the incident reporting procedures?	<input type="checkbox"/> Yes <input type="checkbox"/> No
The contractor / permit recipient is aware of the emergency procedures?	<input type="checkbox"/> Yes <input type="checkbox"/> No
The contractor / permit recipient is aware of the first aid procedures?	<input type="checkbox"/> Yes <input type="checkbox"/> No
The contractor / permit recipient has appropriate fire extinguishers (especially for hot work)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
The contractor / permit recipient understands the potential risks involved in the work carried out?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Understands the controls to be implemented.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Other	
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AUTHORISATION

Contact Person Name: .	Date:
Signature:	
Contractor / Permit Recipient Name:	Date:
Signature:	



PERMIT CLOSE OUT

VERIFICATION

Contractor / permit recipient has returned the work area to suitable housekeeping standards? Yes No

If work has not been completed has the work area been made safe and separated from other workers / employees, contractors, visitors, congregation members and volunteers? Yes No

There were no incidents or near-misses? Yes No

AUTHORISATION

Contact Person Name: _____ Date: _____

Signature: _____

Contactor / Permit Recipient Name: _____ Date: _____

Signature: _____