

NETWORK PERMIT

102001 Permit Holder Name _____ Phone No. _____ Permit Date _____

Company _____

Supervisor _____ Position _____ Cell # _____

Sub-Contractor Co./s _____

Site Address _____

Site Person-in-Charge / Phone # _____

Permit Issuer / Phone # _____

Authorised Gas Tester / Phone # _____

Work Location _____

Work Description _____

Main Tools / Equipment _____

Training / Qualifications and Equipment Pre-Start Verification

Training Qualifications verified (eg: WAH / CSE / Safety Watch etc.)

Equipment checks have been completed (eg: electrical tags within 3 mths, ladders in good condition)

Is work NOTIFIABLE to WorkSafe?

YES NO Date Notified: _____ Start date: _____ End Date: _____ Ref #: _____

Type of Work notified: _____

Required Forms and Control Measures

<input type="checkbox"/> Hot work	<input type="checkbox"/> Lifting	<input type="checkbox"/> HITRA/JSA/SWMS
<input type="checkbox"/> Confined space entry	<input type="checkbox"/> Demolition	<input type="checkbox"/> Other
<input type="checkbox"/> Work at height	<input type="checkbox"/> Tank removal/install	_____
<input type="checkbox"/> Excavations	<input type="checkbox"/> Asbestos work plan	_____
<input type="checkbox"/> LOTO	<input type="checkbox"/> Toolbox	_____

Contractor Documents

Permit Issuer to Check required controls below and then initial for approval once controls are in place.

Req'd Confirmed

_____ Other staff / contractors advised of works & hazards (who & where to be noted in toolbox)

_____ Overhead lines or hazards

_____ Underground services

_____ Flammable vapours Other _____ Other _____

_____ Barricades required: _____

_____ Signage required: _____

_____ PPE

_____ Safety footwear Eye protection Hearing protection Harness

_____ Gloves Hard hat High visibility vest

_____ Respiratory protection: Type: _____

_____ Other _____

_____ Fire extinguishers Location: _____

Number: _____

Type/Size: _____

Permit Validation Requirements

Req'd Confirmed

_____ Is PH aware of their responsibilities?

_____ Photo requirements Daily-showing site set up Before activity. PI to specify.

Other

Additional requirements to be in place

Emergency Response

List emergency phone numbers, location of nearest medical facility and emergency meeting point.

Phone numbers

Fire	Police
Ambulance	Others

Location of nearest medical facility

Emergency meeting point

Recommissioning Responsibility / Instruction

Permit Validation Period (max 6 consecutive days)

This permit is valid From (Date/time) _____ To (Date/time) _____

WORK PERMIT - APPROVAL TO START WORKS

The person undertaking this work acknowledges that the job will be completed in accordance with the controls listed above and the Z Life Savers. All works will be completed in a safe manner and the Permit Issuer will be informed immediately if conditions change in the work site or an incident or near miss of any severity occurs.

Signature below confirms I fully understand and will comply, enforce and meet all conditions / requirements set out in this permit and documents

Permit Holder:	Signature:	Date:	Time:
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The signature below confirms all requirements and conditions / controls of this permit are in place and the task can be performed safely.

Permit Issuer:	Signature:	Date:	Time:
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WORK PERMIT - CLOSE OUT

The signature below acknowledges Work Permit closure. Site left in a safe condition, in accordance with facility requirements

Permit Holder:	Signature:	Date:	Time:
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The signature below acknowledges the Work Permit closure. The site has been left in a safe condition

Permit Issuer:	Signature:	Date:	Time:
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