

1. Location

Where is the work taking place?

Site / Department	
Area / Room	
Equipment / Machine	

2. Scope

Full description of the planned work activity

3. People Who Will Execute the Work

Team Member Name:	Team Member's Employer:	Inducted?	
		Yes	No
		Yes	No
		Yes	No

Note: First Entry = Acceptor. Use reverse of form for extra team members.

4. Hazard Identification Followed by RAMS Review

	Yes	No		Yes	No
Stored Energy / Pressure Testing	<input type="checkbox"/>	<input type="checkbox"/>	Confined Space Entry	<input type="checkbox"/>	<input type="checkbox"/>
Refrigerant or Chemicals	<input type="checkbox"/>	<input type="checkbox"/>	Asbestos	<input type="checkbox"/>	<input type="checkbox"/>
Lifting Operation / LOLER	<input type="checkbox"/>	<input type="checkbox"/>	Working at Height	<input type="checkbox"/>	<input type="checkbox"/>
Hot Work (Ignition Sources)	<input type="checkbox"/>	<input type="checkbox"/>	Breaking into Piped Services	<input type="checkbox"/>	<input type="checkbox"/>
Low or High Temperature	<input type="checkbox"/>	<input type="checkbox"/>	HV Electrical > 1000 V	<input type="checkbox"/>	<input type="checkbox"/>

RAMS Reference:

	Issuer	Acceptor
I have reviewed/discussed the full work scope, associated hazards and RAMS	<input type="checkbox"/>	<input type="checkbox"/>
Safe Isolation of LV Electrical < 1000 V will be in place prior to work starting	Yes / No (No = PTW)	
No High Hazard activities have been identified from the checklist above - I have therefore decided to issue an Approval to Work (ATW)	Yes / No (No = PTW)	
I have decided that the activities need extra controls and FULL Permit to Work (PTW) is required	Yes / No (Yes = PTW)	
I have read and understood the site rules given in the induction	<input type="checkbox"/>	<input type="checkbox"/>
PPE and tools are suitable for this work area and persons competent to use it	<input type="checkbox"/>	<input type="checkbox"/>

5. Approval to Work (ATW) Declaration (Strike Through if PTW Required)

Issuer :	Sign :	Date :	Time :
Valid Until	Date :	Time :	Number of persons in team :
NOTE: ATW must be issued for shortest reasonable time to complete task up to maximum of 24 hours. Full PTW must be issued for high hazard activities or when High Hazard Certificate is required.			
Acceptor :	Sign :	Date :	Time :

6. Hand-back (ATW) – Complete Section 10

7. Hazard Control Task Specific Controls and Mitigation

7.1. Isolations

	Area / Room	Lock No	Fitted By	Date ⌚ On	Date ⌚ Off
Machinery					
Piped Services					
Electrical					
Ammonia System					
Other (specify)					

Note: Complex isolations to be recorded on a separate isolation sheet.

7.2. Hazard Control Measures

E.g. Electrical, Chemical, Pressure, Noise, Temperature, People

Hazard Description	Yes	No	Control Measure Description
Stored Energy / Pressure Testing			
Refrigerant or Chemicals			
Lifting Operation / LOLER			
Hot Work (Ignition Sources)			
Low or High Temperature			
Confined Space Entry			
Asbestos			
Working at Height			
Breaking into Piped Services			
HV Electrical > 1000V			
LV Electrical < 1000V			
Other:			

7.3. Specific Personal Protective Equipment (PPE) Specify Type

Eye Protection Required?: <input type="checkbox"/> Yes / No	Foot Protection Required?: <input type="checkbox"/> Yes / No	Head Protection Required?: <input type="checkbox"/> Yes / No
Hand Protection Required?: <input type="checkbox"/> Yes / No	Protective Clothing Required?: <input type="checkbox"/> Yes / No	Hearing Protection Required?: <input type="checkbox"/> Yes / No
Hi Vis Clothing Required?: <input type="checkbox"/> Yes / No	Respiratory Protection Required?: <input type="checkbox"/> Yes / No	Other

8. Permit to Work (PTW) Declaration

	Issuer	Acceptor
We have visited the area and agreed a safe working method for the task	<input type="checkbox"/>	<input type="checkbox"/>
I have identified residual risks /controls and adjacent works to the Acceptor		<input type="checkbox"/>
I have communicated local emergency arrangements to the Acceptor	<input type="checkbox"/>	
Emergency Contact Number :		
I have put in place task monitoring relative to the risk of the work (Section 9)	<input type="checkbox"/>	
I will communicate safe working arrangements to other work team members		<input type="checkbox"/>
Personal in the Area / Room or near the Equipment have been informed and are aware of the work	<input type="checkbox"/>	<input type="checkbox"/>

Issuer :	Sign :	Date :	Time :
Valid Until	Date :	Time :	Number of persons in team :
NOTE: PTW must be issued for shortest reasonable time to complete task up to maximum of 12 hours.			
Acceptor :	Sign :	Date :	Time :

9. Task Monitoring

Record monitoring visits undertaken

Monitoring Activity (E.g. Fire Watch, Etc.) Initials : Date : Time :

Notes:

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10. Hand-back

Not applicable if PTW Cancelled - See Section 11

The area has been inspected to confirm that the work is:	Complete <input type="checkbox"/>	Incomplete <input type="checkbox"/>
Has all equipment and waste been removed? If no, provide details in 11:	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Acceptor :	Sign :	Date :	Time :
NOTE: Any remaining hazards, extended isolations, additional PTW references.			
Issuer :	Sign :	Date :	Time :

11. Cancellation

All isolations removed (unless noted below)

Name :	Sign :	Date :	Time :
Notes:			
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