High Hazard Certificate

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1. Location Where is the wor	k taking place	7. Working at Height			10. High Hazard Declaration		
ATW/PTW Number			Yes	No		Issuer	Acceptor
ATW/PTW Number		Relevant			We have visited the area and agreed a safe working method for the task		
Site / Department		Method of Access			I have identified residual risks /controls and adjacent works to the Acceptor		
Area / Room		Fixed Scaffold			I have communicated local emergency arrangements to the Acceptor Emergency Contact Number:		
Area / Room		Tower Scaffold			I have put in place task monitoring relative to the risk of the work (Section		
Equipment / Machine		Mobile Elevated Work Platform (MEWP)			9)		
		Ladder System			I will communicate safe working arrangements to other work team		
2. Hazardous Work Includes:		Other (if "yes" detail on reverse)			members Personal in the Area / Room or near the Equipment have been informed		
	Yes No	Roof work Have fragile roofs, roof lights or other hazardous areas been identified			and are aware of the work		
5. Electrical High Voltage (> 1000V)		and suitable control measures implemented? (if "yes" list controls on					
6. Confined Space Entry		reverse)		ы	Issuer : Date :	Time	ə :
7. Working at Height		Falling objects					
8. Hot Work (Ignition Sources)		Has the risk of falling objects been assessed and suitable control			Valid Until Date : Time : Number of persons in tean	n :	
9. Ammonia or Chemicals		measures implemented?			NOTE: PTW must be issued for shortest reasonable time to complete task up to max	imum of 12	2 hours.
Only complete those sections that are relevant	_	General					
Description of the high hazard work to be completed:		Has adverse weather been considered?			Acceptor : Date :	Time) :
Description of the high hazard work to be completed.		Has a rescue plan been considered and if required implemented?					
		Other control measures to be implemented – please list on reverse			11. Task Monitoring Record monitoring visits undertaker	2	
		8. Hot Work (Ignition Sources)			The record monitoring visits undertaken	1	
		5. Hot Hork (ignition oources)					
			Yes	No	Monitoring Activity (E.g. Fire Watch, Etc.) Initials :Date :	Time	a :
		Relevant			Notes:		
		Open flame/hot cutting					
		Welding					
		Chipping/grinding					
		Other (if "yes" detail on reverse)					
		Precautions					
3. Approval to Work (ATW) Declaration		Within a 10m radius have the following been instigated:					
5. Approval to Work (ATW) Declaration		Has the construction of walls and ceilings in the area been reviewed?					
		Are suitable fire extinguishers available?					
Issuer : Date :	Time :	Have any gas cylinders been removed?			40. Hand back		
	sons in team :	Have combustible materials been removed?			12. Hand-back Not applicable if PTW Cancelled - S	See Sectio	ın 13
NOTE: List names on reverse.	sons in team	Has the area been wetted down?			Com	plete I	Incomplete
7.0.1 <u>2.0.1.0.1.0.0.0.1.0.1.0.1.0.1.0.1.0.1.0.</u>		Is screening required?					
Acceptor: Date:	Time :	Has a fire watch been posted?				es	No
		Other precautions required – please list on reverse			Has all equipment and waste been removed? If no, provide details	_	
4. Hand-back (ATW) - Complete Section 12		9. Ammonia or Chemicals			in 13:]	
5. Electrical High Voltage (> 1000V)			Yes	No			
3. Liectrical riight voltage (> 1000v)		Relevant			Acceptor:	Time) :
	Yes No	Does the activity involve work that may disturb asbestos containing			NOTE: Any remaining hazards, extended isolations, additional PTW references.		
Relevant		materials?					
Is the area cordoned off?		If "yes" is the contractor licensed to complete the work?			Issuer : Date :	Time):
Is proof of competence available?		Does the work involve the use or generation of hazardous substances?					
Has operations been made aware?		If "yes" list below			13. Cancellation All isolations removed (unless noted	d helow)	
Have all sources of energy (apart from electrical) been isolated?		Have suitable control measures been agreed?			- All isolations removed (unless noted	u below)	
Are all energised conductors protected?		Other control measures to be implemented – please list on reverse					
Have rubber mats been positioned?		List of hazardous chemicals/substances to be used or generated:			Name :	Time	
Are test meters fitted with fused leads?						111116	<i>‡</i> i
Other precautions required – please list on reverse					Notes:		
6. Confined Space Entry							
<u> </u>	Yes No						
Delevent							
Relevant							
Precautions							
Have the requirements of the Confined Spaces Regulations 1997 beer	<u> </u>						
fulfilled including the implementation of a rescue plan?							
Gas Test required							
	% (range 19.5 – 23.5%)						
Methane:% LEL (limit 10%) CO ² :p	ppm (Limit 25 ppm)						
Other control measures to be implemented – please list on reverse							

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A. Other Control Measures to be Implemented

Please list any additional control measures referred to in section 5 to 9 overleaf or provide any further relevant information regarding identified hazards and their control measures:

Overview

Certain work activities are fundamentally hazardous and therefore require a high level of assessment, planning and care in their execution if the risks from those hazards are not to be realised. The purpose of a High Hazard Certificate is to ensure that the necessary level of assessment and planning has been undertaken by a competent person before any such work begins and the necessary level of cooperation and coordination has been put in place between the site operations team, engineering team and any relevant contractors.

A High Hazard Certificate is issued as part of a Permit-to-Work and not as a separate document. A High Hazard Certificate is, therefore, not valid if there is no corresponding Permit-to-Work. A High Hazard Certificate cannot be extended beyond the life of the associated Permit-to-Work. However, a High Hazard Certificate can be cancelled before the associated Permit-to-Work if the high hazard works have been fully completed. Permits-to-Work and High Hazard Certificates can only be issued and cancelled by a trained and competent member of the site team.

It is not the responsibility of the site team to impose methods of working on a contractor who has been selected and commissioned on the basis of their competency to be able to complete the work safely. It is, however, our responsibility to ensure that we have ensured the necessary cooperation and coordination has been put in place with external contractors to ensure that any issues that may adversely affect their work or, conversely, our operation are fully accounted for.

A user guide is available for the completion and issuing of Permitsto-Work and High Hazard Certificates.

Additional information and guidance can be provided by the Health and Safety Team.

B. People (Section 3)

Confirm Induction, Competence, Insurance

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

C. Team Member - Job Sign On and Sign Off

Name	Date 🕑 On	Signature	Date () Off	Signature	Date 🕑 On	Signature