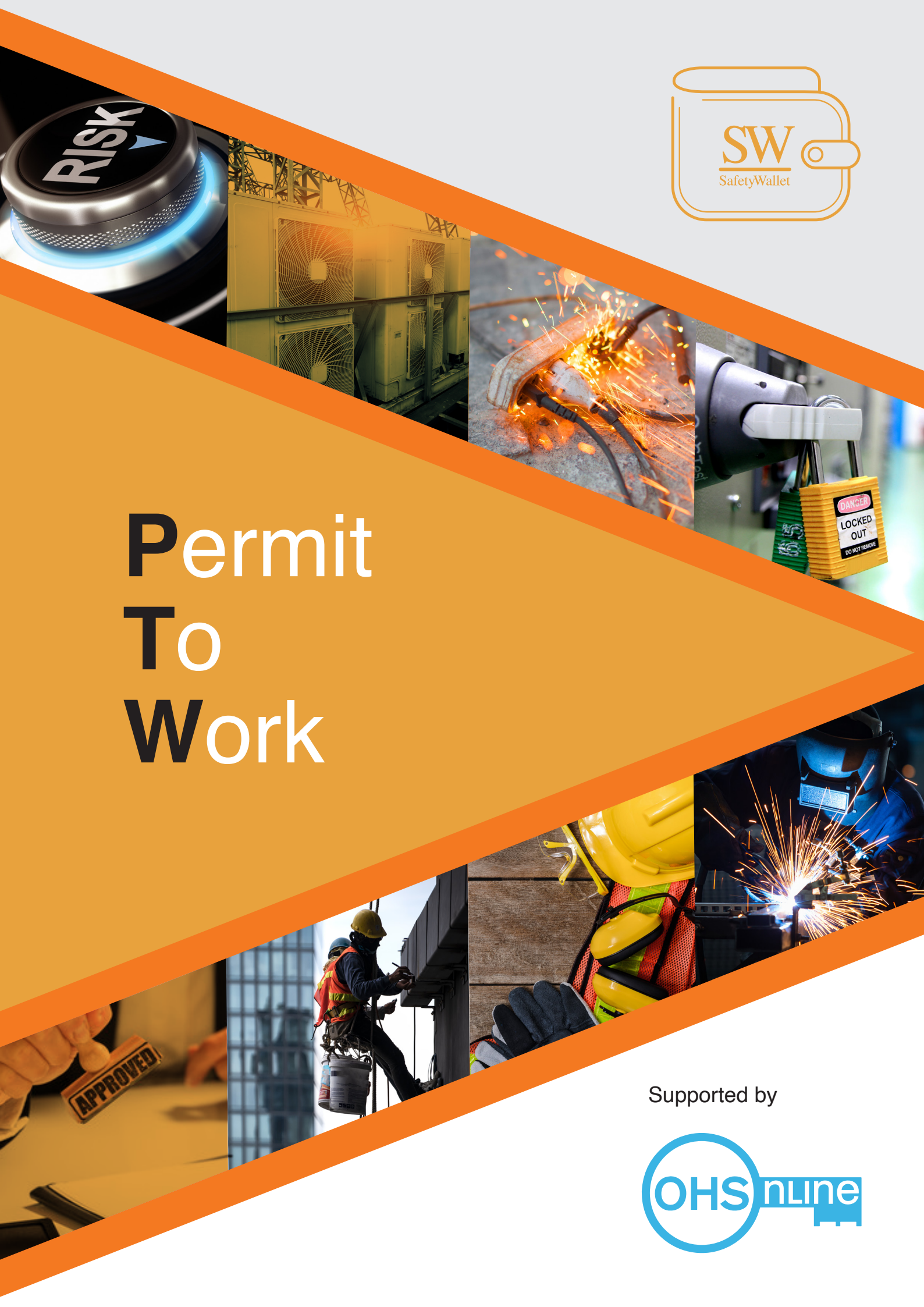




# Permit To Work



Supported by



## SECTION 1: WORK PERMIT DETAILS

Type of Permit to Work:  External (Contractor)  Internal (Maintenance)

Principal Contractor  Yes  No  Principal Contractor  Sub Contractor

### GENERAL PERMIT DETAILS

Work Permit Date

2020-08-17 03:54:54

Contractor Name

1Quality Company Contractor - JC Enterprises

PTW Number

221

Permit Valid From

2020/08/17

To

2020/08/21

Number of Workers

Professional

0

Supervisor

1

Artisan

2

Skilled

2

Unskilled

0

Labourers

0

Company Name Of Requester

1Quality Company Contractor - JC Enterprises

Requester Name

Arnold Mariott

Site Name

Test Audit Branch

Site Location

Storage Area

Description of Work to be Done

Addition of new reinforced shelving for heavy gearbox housings.

Site File Required

Yes  No

Site File Complete & Available

Yes  No

Shift Handovers Required

Yes  No

Multiple Contractors On-Site

Yes  No

### CLIENT SPECIFICATION REQUIREMENTS FOR CONTRACTOR

Contractor required to provide HSE plan  Yes  No

Risk assessment required (Section 3)  Yes  No

Permit holder required to conduct a safety briefing prior to start of work  Yes  No

PPE & safety equipment required (Section 4)  Yes  No

Potential environmental impact from work performed (Section 5)  Yes  No

Hot work to be performed (Section 6)  Yes  No

Electrical, mechanical or equipment isolation required (Tag-out) (Section 7)  Yes  No

Working at heights plan required (Section 8)  Yes  No

Fall protection plan required (Section 8)  Yes  No

Excavation work to be performed (Section 9)  Yes  No

Confined space work or vessel entry work required (Section 10)  Yes  No

Asbestos work required (Section 11)  Yes  No

Cold work to be performed (Section 12)  Yes  No

Comments

## SECTION 2: ADMINISTRATION

### IMPORTANT PTW ADMINISTRATIVE DETAILS

Company Contact Name

Arnold Mariott

Company Contact Number

011 234 5678

Site Supervisor Name

Alfred Song

Site Supervisor Number

079 123 4567

Workmen's Compensation Number (COID #)

99560000000001

Letter of Good Standing Provided  Yes  No

### Letter of Good Standing (LOGS)

Start Date

2020-05-01

Expire Date

2021-04-30

Letter of Good Standing Files

Filename

Modified

37.2 Agreement Signed and Available  Yes  No

**IMPORTANT CLIENT CONTACT DETAILS**

Permit Issuer Name

Ben Worthington 

Contact (In Event Of Incident)

Ben Worthington

Contact Cell Number

080 234 9876

Area of Responsibility

Warehouse and Stores

## SECTION 3: RISK ASSESSMENT

### GUIDELINES TO ASSIST WITH RISK ASSESSMENT

HCS exposure  Yes  No  
Flammable liquids  Yes  No  
Flammable vapours  Yes  No  
Inhalation of vapours  Yes  No  
Dust  Yes  No  
Electricity  Yes  No  
Moving machinery  Yes  No  
Asbestos  Yes  No

Noise  Yes  No  
Pressurised substance  Yes  No  
Slippery surfaces  Yes  No  
Moving vehicles  Yes  No  
Elevated positions  Yes  No  
Loose overhead objects  Yes  No  
Security risk area  Yes  No

Hot/cold surfaces  Yes  No  
Hot/cold temperatures  Yes  No  
Fragile roofing  Yes  No  
Confined spaces  Yes  No  
Oxygen deficient  Yes  No  
Excavations  Yes  No  
UV radiation  Yes  No

### Other (specify)

### HAZARD IDENTIFICATION AND RISK ASSESSMENT TASKS OF THIS JOB

#### Contractor Name

1Quality Company Contractor - JC Enterprises

#### Site Name

Test Audit Branch

#### Site Location

Storage Area

#### Description of Work to be Done

Addition of new reinforced shelving for heavy gearbox housings.

## SECTION 4: PERSONAL PROTECTIVE & SAFETY EQUIPMENT

### Description of Work to be Done

Addition of new reinforced shelving for heavy gearbox housings.

### PERSONAL PROTECTIVE EQUIPMENT (PPE) AND SAFETY EQUIPMENT REQUIRED

Task	PPE and Equipment Required	PPE and Equipment Provided
Working in a Warehouse	4 selected ▼	<input checked="" type="radio"/> Yes <input type="radio"/> No
Working at Heights	4 selected ▼	<input type="radio"/> Yes <input checked="" type="radio"/> No
Using a Ladder	4 selected ▼	<input checked="" type="radio"/> Yes <input type="radio"/> No
Operating and Handling Gas Cutting Equipment	5 selected ▼	<input type="radio"/> Yes <input checked="" type="radio"/> No
Conducting Welding Operations	5 selected ▼	<input checked="" type="radio"/> Yes <input type="radio"/> No
Conducting Lifting and Slings Operations	4 selected ▼	<input type="radio"/> Yes <input checked="" type="radio"/> No
Operating an Angle or Pencil Grinder	4 selected ▼	<input checked="" type="radio"/> Yes <input type="radio"/> No
Using an Electrical Hand Drill	4 selected ▼	<input type="radio"/> Yes <input checked="" type="radio"/> No
Using Hand Tools	4 selected ▼	<input checked="" type="radio"/> Yes <input type="radio"/> No

### CONTRACTOR CONFIRMATION

My signature below, as Permit Requester, indicates all PPE and safety equipment requirements, detailed in the tasks above, have been provided to the relevant contractor employees.

All contractor employees will be required to wear and use the said protective clothing and equipment during the period they are conducting the described work on-site. Any failure by an employee to wear or use the said clothing or equipment will result in his or her removal from the work area until that person is wearing or using the said clothing or equipment.

Permit Requester Name

Arnold Mariott

Signature

Date

yyyy/mm/dd



## SECTION 5: ENVIRONMENTAL CONSIDERATIONS

### POTENTIAL ENVIRONMENTAL EFFECTS TO BE CONSIDERED

#### WORK ENVIRONMENT

##### Description of Work to be Done

Addition of new reinforced shelving for heavy gearbox housings.

##### Work Includes

- |   |   |  |   |
|---|---|--|---|
| Generation of general waste (cardboard, plastic, etc) | <input checked="" type="radio"/> Yes <input type="radio"/> No | Fluorescent tube/bulb waste                | <input type="radio"/> Yes <input checked="" type="radio"/> No |
| Use of standard cleaning chemicals                    | <input type="radio"/> Yes <input checked="" type="radio"/> No | Generation of building waste               | <input checked="" type="radio"/> Yes <input type="radio"/> No |
| Use of flammable chemicals (solvents, oils, etc)      | <input type="radio"/> Yes <input checked="" type="radio"/> No | Use of acidic or caustic (basic) chemicals | <input type="radio"/> Yes <input checked="" type="radio"/> No |
| Heavy metals (lead, mercury, etc)                     | <input type="radio"/> Yes <input checked="" type="radio"/> No | Use of toxic chemicals                     | <input type="radio"/> Yes <input checked="" type="radio"/> No |

##### Client Infrastructure Affected

- |   |   |  |   |
|---|---|--|---|
| Fire alarm (work may cause damage)        | <input type="radio"/> Yes <input checked="" type="radio"/> No | Fire alarm (work may activate alarm)     | <input checked="" type="radio"/> Yes <input type="radio"/> No |
| Security alarm (work may cause damage)    | <input type="radio"/> Yes <input checked="" type="radio"/> No | Security alarm (work may activate alarm) | <input type="radio"/> Yes <input checked="" type="radio"/> No |
| Network cabling (work may damage cabling) | <input type="radio"/> Yes <input checked="" type="radio"/> No |  |   |

##### Other (specify)

### HAZARD IDENTIFICATION AND RISK ASSESSMENT TASKS OF THIS JOB

#### PRECAUTIONARY SAFETY MEASURES

##### General Precaution Measures: Environment

- |   |   |
|---|---|
| Contractor to comply with all environmental legislation requirements  | <input checked="" type="radio"/> Yes <input type="radio"/> No |
| All solid waste (wood, plastic, cardboard, etc) to be removed off-site by contractor                        | <input type="radio"/> Yes <input checked="" type="radio"/> No |
| All solid waste (wood, plastic, cardboard, etc) to be placed in on-site waste management area by contractor | <input checked="" type="radio"/> Yes <input type="radio"/> No |
| All waste materials removed off-site by contractor to be taken to approved waste management sites           | <input type="radio"/> Yes <input checked="" type="radio"/> No |

##### Specific Precaution Measures: Environment (Handling Of Building Waste And Rubble)

- |   |   |
|---|---|
| All building rubble and materials to be removed off-site by contractor                        | <input type="radio"/> Yes <input checked="" type="radio"/> No |
| All building rubble and materials to be placed in on-site waste management area by contractor | <input checked="" type="radio"/> Yes <input type="radio"/> No |

#### CONTRACTOR CONFIRMATION

I hereby confirm that the above environmental considerations (and documentation) are in place and will be followed in order to ensure no adverse effects to the environment or workplace infrastructure result from any work conducted on-site.

<b>Permit Requester Name</b>	<input type="text" value="Arnold Mariott"/>	<b>Signature</b>	<input type="text"/>	<b>Date</b>	<input type="text" value="2020/08/12"/> 
<b>Permit Issuer Name</b>	<input type="text" value="Ben Worthington"/>	<b>Signature</b>	<input type="text"/>	<b>Date</b>	<input type="text" value="2020/08/12"/> 

## SECTION 6: HOT WORK DETAILS

### TYPE OF HOT WORK OPERATION

### WORK ENVIRONMENT

#### Description of Work to be Done

Addition of new reinforced shelving for heavy gearbox housings.

- |                                    |   |  |   |
|------------------------------------|---|--|---|
| Metal cutting or burning (general) | <input checked="" type="radio"/> Yes <input type="radio"/> No | Grinding (general)                     | <input checked="" type="radio"/> Yes <input type="radio"/> No |
| Soldering or brazing               | <input type="radio"/> Yes <input checked="" type="radio"/> No | Welding (general)                      | <input checked="" type="radio"/> Yes <input type="radio"/> No |
| Drilling (general)                 | <input type="radio"/> Yes <input checked="" type="radio"/> No | Live electrical work                   | <input type="radio"/> Yes <input checked="" type="radio"/> No |
| Welding (wet/metal contact)        | <input type="radio"/> Yes <input checked="" type="radio"/> No | Use of electrical tools                | <input type="radio"/> Yes <input checked="" type="radio"/> No |
| Confined space entry               | <input type="radio"/> Yes <input checked="" type="radio"/> No | Metal cutting or burning (tank/vessel) | <input type="radio"/> Yes <input checked="" type="radio"/> No |
| Grinding (tank/vessel)             | <input type="radio"/> Yes <input checked="" type="radio"/> No | Welding (tank/vessel)                  | <input type="radio"/> Yes <input checked="" type="radio"/> No |
| Metal cutting or burning (piping)  | <input type="radio"/> Yes <input checked="" type="radio"/> No | Grinding (piping)                      | <input type="radio"/> Yes <input checked="" type="radio"/> No |
| Welding (piping)                   | <input type="radio"/> Yes <input checked="" type="radio"/> No |  |   |

#### Other (specify)

### HAZARD IDENTIFICATION AND RISK ASSESSMENT TASKS OF THIS JOB

#### PRECAUTIONARY SAFETY MEASURES

##### General Precaution Measures: Hot Work (Fire Precautions)

- |   |   |   |   |
|---|---|---|---|
| Hot Work equipment in good working order              | <input checked="" type="radio"/> Yes <input type="radio"/> No | Adjacent area cleared and made safe           | <input checked="" type="radio"/> Yes <input type="radio"/> No |
| Electrical leads properly insulated and in good order | <input checked="" type="radio"/> Yes <input type="radio"/> No | Combustibles moved at least 5m away           | <input checked="" type="radio"/> Yes <input type="radio"/> No |
| Fire hose available and in good order                 | <input type="radio"/> Yes <input checked="" type="radio"/> No | Fire extinguisher available and in good order | <input checked="" type="radio"/> Yes <input type="radio"/> No |
| Fire blanket available                                | <input type="radio"/> Yes <input checked="" type="radio"/> No | Barricades provided                           | <input checked="" type="radio"/> Yes <input type="radio"/> No |
| PPE worn by hot work workers                          | <input checked="" type="radio"/> Yes <input type="radio"/> No | Signage required                              | <input checked="" type="radio"/> Yes <input type="radio"/> No |
| Post welding/cutting fire watch                       | <input checked="" type="radio"/> Yes <input type="radio"/> No | Effective ventilation provided                | <input type="radio"/> Yes <input checked="" type="radio"/> No |
|   |   | Welding curtains provided                     | <input type="radio"/> Yes <input checked="" type="radio"/> No |

##### General Precaution Measures: Hot Work (Fire Watch/After Action Follow-Up)

#### Time Work Completed

15:45

#### Work Inspected at (30mins later)

16:15

#### Work Inspected at (60mins later)

16:45

Work Area in Good Order (Can be Declared Safe to Use)

Yes  No

Work Area in Good Order (Can be Declared Safe to Use)

Yes  No

#### CONTRACTOR CONFIRMATION

My signature below, as Permit Requester, indicates all requirements and conditions of this hot work permit remain in effect until work is completed and the area declared safe and that it is safe to continue with hot work, as required.

Permit Requester Name	<input type="text" value="Arnold Mariott"/>	Signature	<input type="text"/>	Date	<input type="text" value="2020/08/12"/>	<input type="text"/>
Permit Issuer Name	<input type="text" value="Ben Worthington"/>	Signature	<input type="text"/>	Date	<input type="text" value="2020/08/12"/>	<input type="text"/>

## SECTION 8: WORKING AT HEIGHTS

### TYPE OF WORK AT HEIGHT OPERATION

### WORK ENVIRONMENT

#### Description of Work to be Done

Addition of new reinforced shelving for heavy gearbox housings.

#### General Height of Elevated Work (m)

2m

#### Maximum Height of Elevated Work (m)

2.5m

#### Type Of Work At Height

Ladder work  Yes  No

Roof work  Yes  No

MEWP work  Yes  No

Mobile crane work  Yes  No

Scaffolding work  Yes  No

Material hoist work  Yes  No

Debris chute work  Yes  No

Suspended platform work  Yes  No

Rope work  Yes  No

Tower crane work  Yes  No

### HAZARD IDENTIFICATION AND RISK ASSESSMENT TASKS OF THIS JOB

### PRECAUTIONARY SAFETY MEASURES

#### General Precaution Measures: Work At Heights

Area below where work at heights is conducted barricaded off  Yes  No

Area is segregated from any other moving vehicles and mobile plant  Yes  No

Users wear appropriate safety equipment  Yes  No

Fall protection plan compiled by competent appointed person  Yes  No

Fall protection plan in place and available  Yes  No

Emergency rescue plan in place and available  Yes  No

#### Specific Precaution Measures: Work At Heights (Ladder Work)

Ladders for safe access only  Yes  No

Ladders checked daily and in good working order  Yes  No

Extension ladders secured to building or suitable support structure  Yes  No

Users maintain "three points of contact" when working on ladder  Yes  No


Users attach safety harnesses to ladder when working  Yes  No

### CONTRACTOR CONFIRMATION

I hereby certify that the above safety measures (and documentation) are in place and elevated work can commence.


Permit Requester Name

Signature

Date  

Permit Issuer Name

Signature

Date  



## SECTION 13: SITE INDUCTION AND CONTRACTOR / EMPLOYEE ENDORSEMENT

### SITE INDUCTION OF CONTRACTOR EMPLOYEES

- Client expectations of contractors and contractor behaviour  Yes  No
- Main client contact and process in event of an accident or incident on-site  Yes  No
- Emergency evacuation process and assembly areas for contractors  Yes  No
- Site areas authorised and off-limits to contractors  Yes  No
- Client company systems which contractor must not interfere with  Yes  No
- Smoking requirements and designated smoking areas  Yes  No
- Induction on areas specific to the work in question covered  Yes  No
- Main induction component  Presentation  Video

### SITE INDUCTION TRAINING REGISTER

First Name	Last Name	Position	Training Date	Signature
Freedom	Mbambo	Welder	2020/08/10	
Reggie	Smart	Welder	2020/08/10	
Chris	Morgan	Welder	2020/08/10	
Henry	Cutting	Supervisor Welder	2020/08/10	
Jane	Thompson	Team Leader	2020/08/10	

### TRAINING ACKNOWLEDGEMENT

We, the above signed, fully understand and agree to abide by the requirements of this work permit and all safety precautions that need to be followed, as discussed in the safety induction given.

### TRAINER DETAILS

First Name	Last Name	Position	Training Date	Signature
Jack	Dawson	Workshop Manager		

**Date of Training**

2020/08/14

## SECTION 15: DECLARATION AND APPROVAL

### CONTRACTOR DECLARATION AND PERMIT ISSUER APPROVAL

Risk Assessment Declaration:	See Section 3 for contractor declaration of risk assessment conducted.
Personal Protective Equipment and Clothing:	See Section 4 for contractor declaration of conformity to PPE requirements.
Environmental Considerations:	See Section 5 for contractor declaration of conformity to environmental requirements.
Hot Work Permit Declaration:	See Section 6 for contractor declaration of conformity to safety conditions.
Working at Heights Permit Declaration:	See Section 8 for contractor declaration of conformity to safety conditions.
Induction Training Declaration:	See Section 13 for details of induction training conducted on contractor employees.

### DECLARATION OF CONTROLS

I, the undersigned, hereby declare the general safety and associated specific work safety requirements are in place and will remain so during the course of the work we conduct, in order to maintain safe working conditions for all persons on-site.

I further declare that we will not interfere with or affect any systems (safety or otherwise) which may be on-site, unless permitted, in writing, to do so by the Permit Issuer and that on completion of our work, all areas affected, will be made good and any rubble or waste either removed off-site by ourselves or placed by ourselves in the site waste area, as per the Permit Issuer's waste requirements.

<b>Permit Requester Name</b>	<input type="text" value="Arnold Mariott"/>	<b>Signature</b>	<input type="text"/>	<b>Date</b>	<input type="text" value="2020/08/17"/>
<b>Permit Issuer Name</b>	<input type="text" value="Ben Worthington"/>	<b>Signature</b>	<input type="text"/>	<b>Date</b>	<input type="text" value="2020/08/17"/>

## SECTION 16: HAND-BACK AND ACCEPTANCE

### SITE HAND-BACK AND ACCEPTANCE

A post-work inspection has been conducted by both the Permit Issuer and the Permit Receiver of the work area and its surroundings, with the following being confirmed:

#### Environmental Considerations: Hand-Back

Contractor has complied with all environmental legislation requirements	<input checked="" type="radio"/> Yes <input type="radio"/> No
All solid waste (wood, plastic, cardboard, etc) removed	<input type="radio"/> Off-site <input checked="" type="radio"/> To Waste Mgmt Area <input type="radio"/> Yes <input type="radio"/> No
All waste materials removed off-site by contractor to be taken to approved waste management sites	<input type="radio"/> Yes <input checked="" type="radio"/> No
Work area is neat, tidy and free of any contractor work debris	<input checked="" type="radio"/> Yes <input type="radio"/> No
All building rubble and materials removed	<input type="radio"/> Off-site <input checked="" type="radio"/> To Waste Mgmt Area <input type="radio"/> Yes <input type="radio"/> No

#### Infrastructure Considerations: Hand-Back

Fire alarm system intact and fully functional  Yes  No

#### Hot Work Permit: Hand-Back

Work area safe to use (no possibility of fire)  Yes  No

#### Work At Heights Permit: Hand-Back

Work area suitable for normal access and use  Yes  No  
All ladders and equipment removed  Yes  No

### HAND-BACK CONFIRMATION AND FINAL APPROVAL

My signature below, as Permit Issuer, indicates the required work has been completed and the work area in question returned to normal working conditions. All infrastructure, equipment, tanks and vessels worked on have been checked and confirmed to be intact and in good operational order and any isolation restrictions in place have now been removed and the relevant parties informed of the fact.

This Permit to Work is now considered complete and no longer in effect. Any future work will require the issuing of a new Permit to Work.

<b>Permit Requester Name</b>	<input type="text" value="Arnold Mariott"/>	<b>Signature</b>	<input type="text"/>	<b>Date</b>	<input type="text" value="2020/08/21"/>
<b>Permit Issuer Name</b>	<input type="text" value="Ben Worthington"/>	<b>Signature</b>	<input type="text"/>	<b>Date</b>	<input type="text" value="2020/08/21"/>