Appendix 3

Permit to Work in a Hazardous Area
Maintenance Personnel & Contractors

1. This Permit to Work is designed to provide assurance to maintenance personnel & contractors who are invited to enter and to carry out maintenance work in potentially hazardous areas, e.g. fume cupboard exhaust areas, microbiological laboratories and any other areas about which the contractor may wish to be assured that it is safe to work on.		
2. Department		
3. Area of potential hazard		
4. Nature of work to be carried out		
5. Source of hazard in the area has been effectively isolated by: (general description of ways in which the danger has been isolated.		
6. Details of action taken/advised to render area safe		Initials of designated person in the Department
(a) The mechanical equipment has been shut down and isolated		
(b) All harmful materials have been removed		
(c) Warning notices have been placed - that the equipment is not to be used		
7. Neighbouring equipment, which might be harmful to working in the area, has been shut down. Harmful materials have been removed from the vicinity of the area in which work is to be carried out. Warning notices have been placed that the neighbouring equipment is not to be used.		
8. The area in the vicinity of the work to be carried out has been cleared of fumes, dust and other matter, which might be harmful to people working on it, and is safe to work upon provided the advice in 7 is followed.		
9. List of protective wear that should be used while working in the area.		
10. Other remarks (limitations on use of tools, flame and methods)		

AUTHORISING/ACCEPTANCE SIGNATURES RELEVANT TO THIS PERMIT TO WORK	
11. Signature of designated responsible person in the department. I declare that the apparatus/equipment at 3 above is safe to work on, all safety precautions have been implemented and safety notices displayed	
Signature: …… Date: ……	Position: …….. Time: ……...
12. Acceptance by EMBS Supervisor	
Signature: …… Date: ……	Position: …….. Time: ……...
Signature of person or contractor undertaking the work to confirm receipt of this Permit.	
Signature: …… Date: ……	Position: …….. Time: ……...
13. Signature of above person or contractor confirming job is complete	
Signature: …… Date: ……	Position: …….. Time: ……...
14. Signature of EMBS Supervisor to confirm that work has been completed satisfactorily by contractor and has been handed back to Department for normal use	
Signature: …… Date: ……	Position: …….. Time: ……...
15. Signature of Department personnel confirming acceptance of work done and that the area is being returned to normal use, i.e. that the permit to work is no longer valid	
Signature: …… Date: ……	Position: …….. Time: ……...