


PERMIT TO WORK

	Site: Rhymney <input type="checkbox"/> Carmarthen <input type="checkbox"/>		Date issued:		Date End:			
	Location:		Start Time:		Finish Time:			
	Machinery/Plant:		am/pm		am/pm			
N.B. Permits may only be issued over a period of days if the work is continuous and nothing changes.								
Type of Permit Activities covered by this Permit (Please tick all boxes that apply)	General <input type="checkbox"/>	Lifting Equipment <input type="checkbox"/>	Work at Height <input type="checkbox"/>	Electrical <input type="checkbox"/>	Overhead cranes <input type="checkbox"/>			
	Hazardous Substances <input type="checkbox"/>	Confined Spaces <input type="checkbox"/>	Breaking Lines <input type="checkbox"/>	Hot Work <input type="checkbox"/>	Asbestos (special permit required) <input type="checkbox"/>			
Name of Contactor/Company:			Employers Liability Cert provided <input type="checkbox"/> Public Liability Cert provided <input type="checkbox"/>					
Description of work to be carried out:			Expected duration of work: _____ hours					
Please detail specific risk assessments and method statements (RAMS) applicable. If the work is covered by generic RAMS and this PTW forms the SSOW to follow, please detail method to follow below. NB All RAMS must be approved by MBG prior to PTW issue. RA N ^o s _____ SWP N ^o s _____ COSHH N ^o s _____ SSOW to follow 1. _____ 2. _____ 3. _____ 4. _____ 5. _____ 6. _____ 7. _____ 8. _____ PTW user has read and understood contents of RAMS and SSOW to follow and will ensure that all persons involved with the work are appropriately briefed. YES <input type="checkbox"/> NO <input type="checkbox"/> N/A <input type="checkbox"/>			PPE required (Tick all relevant boxes)	YES	NO	N/A		
			Safety eyewear	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
			Safety footwear	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
			Hearing protection	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
			Hi viz vest/jacket	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
			Gloves	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
			Bump cap/hard hat	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
			Respiratory protection	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
			Safety harness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
			Coveralls	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Other (Specify): _____								
Are barriers and warning signs in place?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	N/A <input type="checkbox"/>	Has a Tool Box Talk been completed to discuss this PTW and signed off by all involved?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	N/A <input type="checkbox"/>	
Are provisions in place for safe access and egress (including exclusion zones)?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	N/A <input type="checkbox"/>	Has provision for shift work activities been considered?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	N/A <input type="checkbox"/>	
Are all persons involved in the work aware of the emergency response procedures?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	N/A <input type="checkbox"/>	Any other ongoing activities that could affect or be affected by this permit-to-work? (detail below)	YES <input type="checkbox"/>	NO <input type="checkbox"/>	N/A <input type="checkbox"/>	
Is the required emergency response equipment available e.g. first aid, fire, spill kits?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	N/A <input type="checkbox"/>					
Details of connections, isolations, &/or lock out/tag out completed by suitably qualified and experienced personnel (MS 175) MUST be attached & personnel identified below prior to commencement of work.								
Details of electrical isolations &/or connections completed:		Signed: _____		Date: _____		Time: _____ am/pm		
Details of hydraulic isolations &/or connections completed:		Signed: _____		Date: _____		Time: _____ am/pm		
PERMIT EXTENSION / HANDOVER (to be completed when either the permit issuer changes or the work is extended)								
Original PTW Issuer (Name):		Sign off Date: _____ Time _____ am/pm		Signature: _____				
New PTW Issuer (Name):		Sign on Date: _____ Time _____ am/pm		Signature: _____				
PTW User (Name):		Date: _____ Time _____ am/pm		Signature: _____				
PERMIT AUTHORISATION (
Site Contact details: Name: _____ Tel No: _____		NB: PTW user to ensure the security of the work area &/or building at all times during the life of this Permit						
PTW Issuer (I authorise the work to be carried out under the conditions of this permit and have notified the relevant personnel): Name: _____ Signature: _____ Date: _____		PTW User (I have read, understood and will ensure all those involved in the work will comply with the conditions of this permit): Name: _____ Signature: _____ Date: _____						
COMPLETION OF WORK - PERMIT HAND BACK								
PTW Issuer (I confirm that the planned work has been completed and the equipment &/or work area are in a safe condition. This PTW is now closed) Name: _____ Signature: _____ Date: _____		PTW User (I confirm that the planned work has been completed and the equipment &/or work area are in a safe/clean condition.): Name: _____ Signature: _____ Date: _____						

PERMIT TO WORK CHECKLISTS				PERMIT NUMBER:	
Complete all applicable sections as ticked on the left, ticking all boxes that apply and strike out sections that are not valid.					
WORKING AT HEIGHT		LIFTING EQUIPMENT/OPERATIONS		CONFINED SPACE WORKING	
Who is supervising work at height? Name: _____		Who is supervising lifting operation? Name: _____		Who is supervising confined space work? Name: _____	
Have other work methods been considered before sanctioning working at height	<input type="checkbox"/>	Personnel trained / competent to complete work	<input type="checkbox"/>	Have other work methods been considered before sanctioning confined space entry?	<input type="checkbox"/>
Appropriate access equipment selected	<input type="checkbox"/>	Lift plan completed & approved	<input type="checkbox"/>	Personnel trained / competent to complete work	<input type="checkbox"/>
Personnel working below not at risk	<input type="checkbox"/>	Safe attaching/detaching & securing of load	<input type="checkbox"/>	NO lone working	<input type="checkbox"/>
Personnel trained/ competent to complete work	<input type="checkbox"/>	Correct lifting equipment selected	<input type="checkbox"/>	Specific procedures, RAMS &/or checklists provided by those completing work	<input type="checkbox"/>
Work over/ near water or trench	<input type="checkbox"/>	SWL of equipment known	<input type="checkbox"/>	Atmospheric testing needed before entry & during work period (if YES records need to be kept)	<input type="checkbox"/>
Work on roof – approved by senior manager and specific controls in place i.e. edge protection, crawl boards	<input type="checkbox"/>	Weight of load and Centre of Gravity known	<input type="checkbox"/>	Communication methods agreed	<input type="checkbox"/>
Check for fragile areas e.g. skylights, asbestos etc.	<input type="checkbox"/>	Ground conditions checked and suitable	<input type="checkbox"/>	Access/egress points clearly identified	<input type="checkbox"/>
Scaffold (portable or fixed) is tagged	<input type="checkbox"/>	Suitable means of access & egress	<input type="checkbox"/>	Confined space has been purged before work commences	<input type="checkbox"/>
Ladders inspected, tagged & secure	<input type="checkbox"/>	Trained banksman/ signaller needed	<input type="checkbox"/>	Existing residues removed from confined space	<input type="checkbox"/>
Safety harness with correct lanyard used & inspected	<input type="checkbox"/>	Correct lifting accessories with relevant colour code selected	<input type="checkbox"/>	Gas cylinders, piping, hoses, cables routed/stored to prevent secondary hazards	<input type="checkbox"/>
Exclusion zone required	<input type="checkbox"/>	LOLER through examination certificates seen in date	<input type="checkbox"/>	Respirable air needed &/or additional ventilation required	<input type="checkbox"/>
Additional hazards identified e.g. asbestos, dust, fume, etc.	<input type="checkbox"/>	Tag lines to be used	<input type="checkbox"/>	Adequate emergency/rescue arrangements & equipment in place	<input type="checkbox"/>
Tool lanyards to be used to prevent dropped objects	<input type="checkbox"/>	Communication methods agreed	<input type="checkbox"/>	BREAKING LINES	
Personnel competency certificates seen for MEWP, PASMA, etc.	<input type="checkbox"/>	Safety man needed	<input type="checkbox"/>	Personnel trained / competent to complete work	<input type="checkbox"/>
Distance of potential fall checked	<input type="checkbox"/>	Weather/ environmental conditions suitable for lift	<input type="checkbox"/>	Specific procedures, RAMS &/or checklists provided by those completing work	<input type="checkbox"/>
Check for overhead obstacles including power lines	<input type="checkbox"/>	Personnel competency certificates seen for Crane, telehandler, etc.	<input type="checkbox"/>	No Lone working	<input type="checkbox"/>
Weather/ environmental conditions suitable	<input type="checkbox"/>	Check for overhead obstacles including power lines	<input type="checkbox"/>	Clear, safe & appropriate method of isolation in place	<input type="checkbox"/>
Rescue plan for suspended casualty in place	<input type="checkbox"/>	HOT WORK		Blanking plates secured downstream of shut-off valve BUT upstream of break point, when lines under pressure	<input type="checkbox"/>
ELECTRICAL SAFETY		Non-flammable clothing		Communication methods agreed	<input type="checkbox"/>
Personnel trained / competent to complete work	<input type="checkbox"/>	Fire watch needed for 30 minutes following completion of work	<input type="checkbox"/>	Protective shielding, ducting &/or covers in place	<input type="checkbox"/>
Specific procedures, RAMS &/or checklists provided by those completing work	<input type="checkbox"/>	Area well ventilated using forced or natural air	<input type="checkbox"/>	Access/egress points clearly identified	<input type="checkbox"/>
Equipment correctly earthed	<input type="checkbox"/>	Suitable fire extinguishers in work area	<input type="checkbox"/>	Lock out/ Tag out locks to be applied, where applicable	<input type="checkbox"/>
Appropriate tools and equipment used	<input type="checkbox"/>	Fire alarm to be disabled	<input type="checkbox"/>	HAZARDOUS SUBSTANCES	
'Live working' minimized & only permitted if unreasonable to work on 'dead' system	<input type="checkbox"/>	Good housekeeping to be applied in work area (combustible items removed/ protected)	<input type="checkbox"/>	MSDS & COSHH assessments available, reviewed and understood	<input type="checkbox"/>
Exclusion zone required	<input type="checkbox"/>	Walls, floors, equipment in work area suitably protected	<input type="checkbox"/>	Adequate control measures identified and in place	<input type="checkbox"/>
Clear, safe & appropriate method of isolation in place	<input type="checkbox"/>	Grinders used with hearing protection	<input type="checkbox"/>	On-going monitoring required	<input type="checkbox"/>
Warning signage posted, where appropriate	<input type="checkbox"/>	Welding &/or burning equipment fit-For-purpose, tested & inspected	<input type="checkbox"/>	Substances suitably identified and stored	<input type="checkbox"/>
Equipment confirmed as 'dead' before work commences	<input type="checkbox"/>	OVERHEAD CRANES		Spill kits available, as required	<input type="checkbox"/>
Lock out/ Tag out locks to be applied, where applicable	<input type="checkbox"/>	Personnel competency certs appropriate	<input type="checkbox"/>	Emergency response procedure available & operational	<input type="checkbox"/>
Competent person to check cables/ circuits to ensure it is safe to re-energize when work finished	<input type="checkbox"/>	Crane located in safest position possible	<input type="checkbox"/>	Waste disposal arrangements in place	<input type="checkbox"/>
Personnel trained in fire system maintenance and operation	<input type="checkbox"/>	Safe access is provided	<input type="checkbox"/>		
Personnel not working beneath work area	<input type="checkbox"/>	Exclusion zone in place	<input type="checkbox"/>		
Cable finder or other power source detector required	<input type="checkbox"/>	Procedure for safe attaching/detaching & securing loads	<input type="checkbox"/>		
ANY OTHER CONTROL MEASURES NOT IDENTIFIED ABOVE incl. location of exclusion zones, types of work at height equip, fire safety requirements etc.					
PERIODIC REVIEW OF PTW CONDITIONS (I have reviewed the planned work & confirm it is being carried out safely & in accordance with the PTW conditions)					
Name: _____		Signature: _____		Date: _____	
Name: _____		Signature: _____		Date: _____	
Name: _____		Signature: _____		Date: _____	