

Permit to Work

PERMIT ISSUER (Manager or Supervisor to complete)

Permit Issued by:	Name:	Signature:
Permit Issued on:	Date:	Time:
Anticipated Completion:	Date:	Time:
Comments:		

Permit to Work

WHO IS WORKING UNDER THIS PERMIT?

Print Name	Company	Position or Role	Date	Trained and Competent		Signature
				Yes ✓	No ✗	



SAMPLE

ORDER NOW AND GET FULL ACCESS

Permit to Work (ALL SECTIONS SHALL BE COMPLETED OR CROSSED AS N/A)

WORK AREA	YES	NO	N/A	P.P.E	YES	NO	N/A	HIGH RISK ACTIVITIES				USE OF ELEVATED WORK PLATFORMS	YES	NO	N/A	WORKING AT HEIGHT (More than 2 metres)	YES	NO	N/A
1. Work area clean and free of redundant equipment or materials?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1. Respiratory equipment is available?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	WORKING IN A HAZARDOUS AREA	YES	NO	N/A	1. Has the hierarchy of control been applied and safe work method	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1. The hierarchy of control has been applied and safe work method statement is available?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Is all equipment in good working order?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2. Safety belts / harnesses / lines are available?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1. Are you aware of the various Hazardous Zones on the site?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>								



SAMPLE

ORDER NOW AND GET FULL ACCESS

Background image showing a blurred view of the full Permit to Work form, which contains multiple sections with various safety questions and checkboxes.