

Permit to Work – (Electrical Works)



Details: Refer to Guidelines 3.6.9 Electrical Works in the EHS Handbook.

Detail of Work:

Workers Name:		Workers Number:	
Company Name:		Company Number:	
Location of Work:			
Date of Work:		Start Time:	am/pm
		Finish Time:	am/pm
Received Risk Assessment	Yes <input type="checkbox"/>	Received Safe Work Method Statement (SWMS)	Yes <input type="checkbox"/>
Do you need to access High Voltage area : Yes <input type="checkbox"/> NO <input type="checkbox"/> If YES Please complete Section 2			

Permit to be issued if SWMS / Risk ASSESSMENT state Power needs to be Isolated form the Main Switch Board

Section 1: Permit for Electrical Works

Details of Work to be Undertaken: (Attach further details if required)			
Hazards Identified And Control Strategies (Attach further details if required)			
Declaration & Signature by permit holder:	I confirm that the works to be carried out are to be completed by a competent person. ALL protective measures and procedures described in this permit are fully understood and are to be observed by those completing the work		
	Contractor Name		Date: / /
Contractor Signature			
Approval by Operations / Facilities Manager	Name		Issue Date: / /
	Signature		
	Return Permit To:		Expiry Date: / /

Specific Requirements	Yes No N/A
The energy source can be adequately and safely isolated	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Any safety equipment to be used has been maintained and checked prior to use by the contractor	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Emergency generator(s) have been tested and back-up power initiated with sufficient fuel to carry out the works, (Note: If the generator is not required to operate during the works, then ensure it is isolated to prevent operation)	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Lock outs and tags installed to isolated valves or electrical switches, circuit breakers and outlets	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Isolated circuits have been tested and work area is safe to carry out permitted work(s)	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Fire protection equipment installed and operational	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Area has been barricaded and sign posted	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Working on live electrical installations is in accordance with state legislative requirements. Live works must only be done if there is no other alternative and is deemed necessary for testing purposes.	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Ladders, platform ladders or scaffolds are appropriate for the work, inspected and secure. All ladders shall be non-conductive fibreglass type.	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
High Voltage work safety clearances shall comply with all national and state work safety codes and staff are suitably qualified.	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Persons who may be affected by the energy isolation have been notified (e.g. employees, tenants, electricity utility, residents or other contractors)	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Has the SWMS been reviewed by AMPCI	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Will you be accessing or working in a Ceiling Space? If yes complete Section below	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
I acknowledge and confirm that I will take the precautions detailed below	
<ul style="list-style-type: none"> • The Risk Assessment & SWMS will consider impacts of working in the ceiling space. • NO electrical work will be carried out on live plant or equipment. • Rubber gloves will be used when repositioning ceiling tiles & accessing the ceiling space. • Before conducting any works, I will observe the surrounding work area to identify any hazards, for example; poor electrical wiring (such as any exposed copper), low head room & foreign items that appear out of place (like tools or equipment). • Upon identification of any hazards & only if safe to do so, I will “make safe the hazard or area” and ensure that site management are notified immediately. • Only non-conducting ladders (such as fiberglass) will be used when accessing a ceiling space. • Electrical current testing will be used prior to working on and within the ceiling grids. 	
Name:	Signature: Date

Section 2 – High Voltage (HV) Access Permit

Date		Start time	AM / PM	Finish time	AM / PM
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Access to the following equipment/high voltage apparatus:

Description of isolation points:

Location of operator:

Other controls taken:

- | | | | |
|--|--|---|--|
| <input type="checkbox"/> Taping off | <input type="checkbox"/> Work area signs | <input type="checkbox"/> Barriers in place | <input type="checkbox"/> Roping off |
| <input type="checkbox"/> Live & Dead board identified | <input type="checkbox"/> Live HV lines & apparatus nearby | <input type="checkbox"/> Signage | |
| <input type="checkbox"/> Other (please specify): | | | |

Nearby live HV at the work area:

Surrender of HV access permit (Only for HV area)

I acknowledge that I no longer have access to the apparatus listed on Section 2 and will regard the apparatus as being live.

Permit recipient name

Signature

Date

Time

Section 3: AMPCI Review Hold Point (to be completed by AMPCI Designated Person)

This permit has been reviewed in consultation with the contractor. The works may proceed based on the requirements outlined in this permit, the respective contractor Safe Work Method Statements, EH&S legislation, Codes and Specifications:

Name: Time:	Signature:	Date:
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Works Suspended

All persons and equipment have been removed from the electrical area and work has been suspended. The following observations of unsatisfactory aspects of the Permit are noted for attention prior to undertaking further work:

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Competent Person Name: Time:	Signature:	Date:
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Completion (person completing the work)

I certify that the job has been completed and the area/work zone made safe.

Competent Person Name: Time:	Signature:	Date:
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AMPCI Designated Persons on Operations

Competent Person Name: Time:	Signature:	Date:
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