

WORK PERMIT / CLEARANCE CERTIFICATE

SITE/WORKPLACE LOCATION			
AREA OF SITE/WORKPLACE LOCATION			
DESCRIPTION OF WORK INTENDED			

TIME & DATE WORK TO COMMENCE		ISSUE TIME & DATE	
REQUESTED BY		REQUEST DATE	

To be completed by Contractor carrying out work and approved by Nominated/Workplace Manager

POTENTIAL HAZARDS/RISKS INVOLVED	✓	DETAIL CONTROL MEASURES REQUIRED
Electrical or Mechanical Energy <i>eg., electrical or motive power</i> Note: Live electrical work is prohibited, other than for the purpose of (specifically approved) essential testing or fault finding.	✓	<i>eg: isolation, lockout and tagging</i>
At Height (above 2m), on Roofs, Scaffolding or Ladders <i>eg. weather, isolated worker, height, condition of roof</i>	✓	<i>eg: bracing, footwear, harness, crawl boards, roof meshing</i>
Hot Work Involving any Ignition Sources <i>eg, welding; grinding; cutting; interfacing with explosive/flammable material/gas/liquid</i>	✓	<i>eg: fire fighting; extinguishers standby person; housekeeping;</i>
Excavation, Breaking into Walls, Floors, Ceilings <i>eg, plant/equipment to be used, structural issues, unexposed services/electricity/gas</i>	✓	<i>eg: site plans; isolation of power supply; shoring/temporary support</i>
Confined Space Entry <i>eg. flammable, toxic, oxygen deficient atmosphere; or the presence electrical/motive power</i>	✓	<i>eg: rescue equipment; procedures; atmosphere testing; isolating hazards; stand by person; breathing apparatus</i>
Overhead or Underground Power Lines <i>eg, height restrictions, unexposed power lines</i>	✓	
Cranes or Lifting Equipment	✓	



Interface with Asbestos, Chemicals, Gas		
Civil Works and Earthmoving		
Other Work with Adverse Operational Impact Potential		
Special Precautions Required:		

DECLARATION

I have discussed the above work, hazards and control measures with the person specified below and authorise the work to proceed on condition that the control measures specified are implemented.

Name – Nominated Workplace Manager		
Date and Time		
Signature		
Valid until	Time:	Date:

Person Taking Control of Work (CONTRACTOR)

I believe that the above control measures will enable the work to be carried out safely and undertake to ensure that the control measures are implemented.

Name		
Date and Time		
Signature		

Persons Handing Back Completed Work (CONTRACTOR):

I certify that the above work is / is not complete and that the area is / is not safe to operate normally within the scope of its former intended service /function.

Name		
Date and Time		
Signature		

