

**Permit information and conditions**

This Permit is required for access to areas deemed restricted (this may include the ceiling and areas which require a buddy system).

Permit conditions

- 1 Only an 'authorised' Permit Authority can issue the permit.
- 2 Permit Authority must be satisfied that work is performed according to the Permit (e.g. appropriate level of supervision) and the area made safe on completion.
- 3 Only an 'authorised' Permit Authority can close the permit.

Company (if applicable) _____

Work Request / Project number _____

Individual(s) involved**LA TROBE UNIVERSITY USE ONLY: Approval (Authorised Permit Authority)**

Name _____ Signature _____

Date / / Time _____ am pm**Person(s) undertaking work** (Permit Holder). Note: Additional Person(s) undertaking work to be listed overleaf.

I acknowledge that I have been consulted on the work to be performed and agree to comply with the controls stated on the permit.

Name _____ Signature _____

Work details

Name _____ Signature _____

Location/s of work i.e. building, level and room numbers _____

Description of work to be performed (brief) _____

Equipment to be used _____

SWMS completed and controls identified (refer overleaf) _____ Controls discussed with each person undertaking the work _____

Isolation required Yes No. **If yes**, please tick below where applicable

Water Steam Gas Electricity Comp air Mechanical

Other _____

Frequency of supervision (please choose one)

Constant 10 minute 30 minute Hourly 2 hourly Start and finish Other _____

Emergency controlsIn the event of an emergency, define **rescue plan** and/or **action required** and/or **who should be contacted** (include contact telephone numbers)

Note: What is the method of communication? (e.g. mobile phone, two-way radio) _____

Is a location-specific retrieval method required (i.e. within the Tunnel network?) Yes No

If yes, what will be the retrieval method? _____**If yes**, have you practiced a dry run? Yes No **If no**, explain why _____

Police, Fire and Ambulance 000 LTU Emergency Campus Security 03 9479 2222.

Permit validityThis permit is only valid today / / from _____ am pm to _____ am pm

Permit closure

Has the work been completed? Yes No
Have the keys been returned? Yes No NA
Has the work area been made safe? Yes No **If no**, please detail the issues outstanding and the action to be taken.

Note: For work continuing into a new shift (with different people), or into the next day, **a new permit is to be written**. This will ensure that an appropriate inspection is made prior to work continuing and that personnel signing on to the permit are made aware of the hazards and the controls in place.

Permit Holder name _____ Signature _____
Date / / Time _____ am pm

LA TROBE UNIVERSITY USE ONLY: Permit Authority closing this permit

Note: For work continuing into a new shift (with different people), or into the next day, **a new permit is to be written**. This will ensure that an appropriate inspection is made prior to work continuing and that personnel signing on to the permit are made aware of the hazards and the controls in place.

Name _____ Signature _____
Date / / Time _____ am pm

Hazard identification	Is there a risk?	Controls implemented (please tick)
Falls	Yes No NA	General precautions Warning notices / Barricades All equipment checked and in satisfactory condition Electrical equipment tagged and within test date Work area cleared of obstructions and trip hazards Tools and materials are to be secured during the work Crawl boards to be used during the work Torch Additional lighting required Personal Protective Equipment Respiratory protection Eye protection Hearing protection Gloves Non-slip boots Safety helmets/headwear (with chin strap) Coveralls / Disposable suit Sunscreen Other (define below) <hr/> <hr/> <hr/>
Trips / Slips	Yes No NA	
Inadequate lighting	Yes No NA	
Inhalation of harmful dusts, vapour, gases, asbestos	Yes No NA	
Foreign object in eye	Yes No NA	
Excessive noise levels	Yes No NA	
Handling sharp objects	Yes No NA	
Lifting heavy weights	Yes No NA	
High temperatures	Yes No NA	
High UV exposure	Yes No NA	
Electric shock or electrocution	Yes No NA	
Burns from hot equipment or unlagged pipework	Yes No NA	
Note: Please arrange for an inspection of the work area with your LTU Representative if you are unsure and therefore unable to identify the hazards within the work area		

Other permits

Other permits may be required, depending on the location and nature of work.

	Required?		Required?		
	Yes	No	Yes	No	
Hot Works	Yes	No	Excavation Works	Yes	No
Work at Heights	Yes	No	Fire Panel Isolation	Yes	No
Confined Spaces	Yes	No			

Other

Additional Person(s) undertaking work

I acknowledge that I have been consulted on the work to be performed and agree to comply with the controls stated on the permit.

Name	Signature
Name	Signature
Name	Signature
Name	Signature
Name	Signature