

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 <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	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
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Work details

Name	Signature
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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

Frequency of supervision (please choose one)

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

Emergency controls

In 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 validity - Permit to Work Deviation Form required for permits more than one day only

This permit is only valid today / / from am pm to 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 Additional lighting required Personal Protective Equipment Respiratory protection Eye protection Hearing protection Gloves Non-slip boots Safety helmets/headwear (with chin strap) Other (define below)
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		

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