



ELECTRICAL WORK PERMIT
(OTO PERMIT TO BE ATTACHED IF ISOLATIONS ARE REQUIRED)

Permit No.:

(Concern Dept.)

SECTION 1 - Specification of Work (Filled by Permit Requestor / Activity Responsible Person)

Area		Start time	
Location		Start Date	
Permit Requestor (Activity Responsible Person)		Finish Time	
Phone		Finish Date	
		No. of Days	
Description of work		Schematic Drawings & Diagrams	YES <input type="checkbox"/> NO <input type="checkbox"/>
Equipment		Method statements	YES <input type="checkbox"/> NO <input type="checkbox"/>

SECTION 2 - Performance of Work (Filled by Permit Requestor / Activity Responsible Person)
(Use These Questions When Assessing the Risks - Use N/A if Not Applicable)

Safety Precautions

YES	NO	ITEM	COMMENT
		Isolations	
		Isolation points identified?	
		Requires Lock out Tag Out before Work Commences? (and for testing which Lock out will be removed) Fuses Remove?	
		Warning notices and access control	
		State where caution / danger signs have been posted? Work area has been barricaded / fenced off if necessary?	
		Prove Apparatus is dead	
		State what test have been made where and with what instruments.	
		Prove Apparatus is dead	
		State where apparatus has been earthed (and for testing which earths may be removed)	
		PPE	
		State where proper PPE is available and compliant with the MS/RA?	

CONTROLS AND COMMENTS:

SECTION 3 - PERMIT REQUESTOR (Activity Responsible Person)

must be signed before work commences

I accept this Permit, agree to be bound by the conditions detailed above and the associated procedure(s), and accept responsibility as the person directly in charge of the work. I have read the Activity Method Statement & Risk Assessment and Procedure, prepared the JSTI and communicated it to my crew, and have observed the risk controls in place.

PERMIT REQUESTOR (Activity Engineer/Supervisor)		Signature		Date	
				Time	

SECTION 4 - ISSUING AUTHORITY (IA)

must be signed before work commences

I have checked that the work requirements and precautions have been identified by the Responsible Person (RP) and authorize the work to proceed

Approved start of work: Date: ____/____/____ to Date: ____/____/____
Time: ____:____ hrs to Time: ____:____ hrs

Name (IA): Signature:

SECTION 5 - Authorized Employee to work on test on the Equipment

must be signed before work commences

The Following person's are authorized to work on/test the above mentioned Equipment. The permit Conditions listed above have been read and understood by all personnel performing the work.

Name	Date	Sign	Name	Date	Sign

SECTION 6 - DAILY PERMIT REVALIDATION

I declare that all requirements are in place and all required tests are done (if required) before work commence.

Name	1st Day	2nd Day	3rd Day	4th Day	5th Day	6th Day	7th Day
	Dt: _____	Dt: _____	Dt: _____	Dt: _____	Dt: _____	Dt: _____	Dt: _____
Responsible Person							
Issuing Authority							

SECTION 7 - COMPLETION, SUSPENSION OR CANCELLATION of WORK

All work associated with this Electrical Permit has been: ☐ COMPLETED ☐ CANCELLED ☐ SUSPENDED

The work area and adjacent areas have been inspected after completion of the work and all hazards have been made safe: ☐ YES ☐ NO

Additional Comments :

Responsible Person: Signature: Date of Completion: Time:

Note: This permit is automatically suspended in case of emergency, at the end of the date and time, or if the conditions mentioned in this permit change. On suspension, the permit must be returned to the permit office.