

APPENDIX 5. SAMPLE PERMIT FOR HAZARDOUS WORKS ON PRESSURE SYSTEMS

Permit to Work on Steam Systems or inside a Pressure Vessel

Permit to Work No:

Site/Building/Area Exact location:.....

Job Details:

This permit is only valid when all sections are complete. If you are in doubt or don't understand, then please ask. *Please ensure that you sign this permit to work.* Do not proceed with your work until your permit has been authorised by the relevant member of staff.

By accepting this permit you agree to the requirements of the STFC Pressure Systems Code.

HAZARDS TO BE AWARE OF AND PRECAUTIONS TO BE TAKEN			
	Yes	No	N/A
1) Are you qualified /trained to undertake this work?			
2) The Pressure System has been isolated from all connected pipework? If yes please give details below of method used to isolate system.			
3) The Pressure System has been purged with air.			
4) The Pressure System is electrically isolated and locked out? If yes please give details below of method used to isolate system.			
5) The Pressure System is mechanically isolated and locked off so as to prevent re-energisation? If yes please give details below of method used to isolate system.			
6) The Pressure System is below 30°C on full cooling			
If the answer to any of questions 1-6 is no , please give full details below of the methods being			

used to make sure this task can be carried out safely.

Has a corresponding Entry to Confined Space Permit been taken out for this task?
If yes please state number.

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Has a corresponding Hot Work Permit been taken out for this task?
If yes please state number.

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Other precautions required:

Other safety equipment required:

PREPARATION COMPLETE. ACCEPTANCE AND AUTHORISATION

I verify the above location has been examined, the precautions on the checklist have been taken, and that permission is authorised for this work. I also accept responsibility for the work to be carried out.

Person responsible for work: Signed:

Authorised Permit Issuer:..... Signed:

Date and Time: Time of Expiry:

EXTENSION

Permit extended to:		Signature of Authorised Permit issuer	Any additional precautions to be taken
Time	Date		

HAND BACK AND CANCELLATION PROCEDURES

I confirm that the work has been completed/partially completed, checked by myself and the area left in a safe and tidy condition. (Please delete accordingly)

Person responsible for work: Date and Time:

I have inspected the finished work and hereby cancel this permit.

Authorised Permit Issuer: Date and Time: