



SECTION A – SCOPE

CATEGORIES OF WORK (more than one work type may be performed using one form, if appropriate)

Cold Work Explosive/Radioactive Pressure Systems Electrical Work
 Hot Work Confined Space Entry* Working at Height

**The user of a confined spaces entry permit must also use the confined space entry permit supplement.*

Date of Issue : _____ Issued to Permit Holder (Name) : _____

Rig or Equipment Name / Number : _____ Permit Holder Company Name : _____

Name or Location : _____ Specific Work Location on site : _____

Specific Work to be done : _____

Tools / Equipment to be used : _____

Associated Documents (list or attach) : _____ Work Precautions Verifier (Name & Company) : _____

WORK PARTY ACCEPTANCE

I understand the work to be performed, the plant and equipment to be worked on, all work precautions and conditions prescribed for this permit & agree to abide by all the requirements of this permit.

Name	Signature	Time	Name	Signature	Time
1			4		
2			5		
3			6		

SECTION D – PERMIT ISSUE/PERMIT CLOSEOUT

This permit is active from _____ **Date :** _____ **Time (24hrs):** _____

This permit expires at (unless suspended earlier) _____ **Date :** _____ **Time (24hrs):** _____

<p>Permit Holder Acceptance I have read, understood & will ensure compliance with all the requirements of this permit.</p>	<p>Permit Authority Approval I approve the issuing of this permit for work at the specific work location under the precautions & work conditions listed.</p>	<p>Operating Company Representative Authorisation I authorise the issuing of this permit for work at the specific work location under the precautions & work conditions listed.</p>
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Name :	Name :	Name :
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Signature :	Signature :	Signature :
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<p>Permit Holder Closeout I confirm all persons under my supervision, materials & equipment have been withdrawn.</p>	<p>Permit Authority Closeout I confirm this permit is closed & all persons working under this permit, materials & equipment have been removed & the work area made safe.</p>	<p>Company Representative Closeout I confirm this permit is closed & all persons working under this permit, materials & equipment have been removed & the work area made safe.</p>
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Work Complete? <input type="checkbox"/> Yes <input type="checkbox"/> No	Work Complete? <input type="checkbox"/> Yes <input type="checkbox"/> No	Work Complete? <input type="checkbox"/> Yes <input type="checkbox"/> No
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List details of incomplete work:

Time of Closeout (24hrs)	Time of Closeout (24hrs)	Time of Closeout (24hrs)
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Site cleaned up / locks / tags removed? <input type="checkbox"/> Yes <input type="checkbox"/> No	Site cleaned up / locks / tags removed? <input type="checkbox"/> Yes <input type="checkbox"/> No	Site cleaned up / locks / tags removed? <input type="checkbox"/> Yes <input type="checkbox"/> No
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Name :	Name :	Name :
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Signature :	Signature :	Signature :
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