

| | | | | | | | | | | | |
|---|--|--|--|--|--|--|--|--|--------------------|--|--|
| <h1 style="margin:0;">Permit to Work Form</h1> <p style="margin:0;">Applicable to all contractor activities and specific TPI activities</p> | | | | | | | | | PERMIT No: | | |
| | | | | | | | | | TPI MAP No: | | |

Section 1: WORK DETAILS - To be completed by the Responsible Person:

| | | | | | | | | | | | |
|--|--|---|-----------|------------------------------|--|-------------------------------|--|------------------------------|--|--|--|
| CMMS / Project No: | | PLEASE PRINT | | Work Description: | | PROVIDE WORK OVERVIEW DETAILS | | | | | |
| Type: | | <input type="checkbox"/> TPI <input type="checkbox"/> Contractor | | | | | | | | | |
| Contractor Company: | | PLEASE PRINT | | Building/Area/Location: | | PROVIDE LOCATION DETAILS | | | | | |
| Out of hours work required? | | <input type="checkbox"/> N/A <input type="checkbox"/> Outside standard site working hours <input type="checkbox"/> Weekend(s) | | PROVIDE OUT OF HOURS DETAILS | | | | | | | |
| | | | | | | | | | | | |
| Identify isolations required in scope of works | | | | | | <input type="checkbox"/> LOTO | | <input type="checkbox"/> SMS | | <input type="checkbox"/> LSS (incl. Fire Alarms) | |
| Responsible Person | | I confirm that; - RAMS covering scope of works have been reviewed and work is ready for permit issue - The Works Supervisor involved in the planned work has been briefed in the scope of works and any major hazards and associated risks. | | | | | | | | | |
| PLEASE PRINT | | | SIGNATURE | | | TITLE / POSITION | | | | | |

Section 2a: PERMIT DETAILS (RESPONSIBLE PERSON)

| | | | | | | | | | | | |
|--|--|---|---------------|---|--|---|--|---|--|--|--|
| <input type="checkbox"/> Asbestos Work | | <input type="checkbox"/> Biocontainment / SPF | | <input type="checkbox"/> Confined Space | | <input type="checkbox"/> Electricity (HV) - Work on/near High Voltage | | <input type="checkbox"/> Electricity (LV) – Working on/near Live Conductors | | | |
| <input type="checkbox"/> Excavation Work | | <input type="checkbox"/> Work in/near Explosive Atmospheres | | <input type="checkbox"/> Hot Works | | <input type="checkbox"/> Life Safety System Isolations | | <input type="checkbox"/> Pressure Systems | | | |
| <input type="checkbox"/> Working at Height | | | Other reason: | | | | | | | | |

Section 2b: PERMIT CHECKLIST (RESPONSIBLE PERSON)

| | | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|--|--|
| <input type="checkbox"/> Associated Permit Checklist (Including PWBCS/PW-SPF) to the above work (Section 2a) attached to this permit | | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|--|--|

Section 3: PRE-START CHECK (PERMIT CO-ORDINATOR)

| | | | | | | | | | | | | | | | |
|--|--|--|--|--------------------------|--|--------------------------|--|--|--|--|--|--------------------------|--|--------------------------|--|
| RAMS details: | | | | Confirmed | | N/A | | Work Arrangements: | | | | Confirmed | | N/A | |
| PoWRA (EMS-FORM-100) issued? | | | | <input type="checkbox"/> | | | | Extended Permit duration beyond 5 working days agreed? | | | | <input type="checkbox"/> | | <input type="checkbox"/> | |
| RAMS for scope of works sent to Compliance Team? | | | | <input type="checkbox"/> | | | | Associated Permit/PWBCS/PW-SPF Number(s) / Other comments: | | | | | | | |
| Isolation form (EMS-FORM-127) issued? | | | | <input type="checkbox"/> | | <input type="checkbox"/> | | | | | | | | | |
| Provide details of other permits relating to this permit / these work activities. All related permits have been reviewed and potential impacts have been fully considered prior to issue of this permit. | | | | | | | | | | | | | | | |

Section 4: ACCEPTANCE - To be completed by the Competent Person(s) (CPs) carrying out the work.

| | | | | | | | | | | | | | | | |
|---|--|--|---|--|--|----|--|----|--|----|--|----|--|----|--|
| I have had this document explained to me and confirm that I will work safely within the scope of agreed RAMS / SSoW, on which I have been briefed. I confirm that I have sufficient competence to carry out the tasks required and will access/work only on/in the area/job/equipment specified in RAMS. NOTE: Please ensure associated SSoW are signed and acknowledged (where applicable). | | | | | | | | | | | | | | | |
| PLEASE PRINT NAME | | | SIGNATURE | | | HH | | MM | | DD | | MM | | YY | |
| PLEASE PRINT NAME | | | SIGNATURE | | | HH | | MM | | DD | | MM | | YY | |
| PLEASE PRINT NAME | | | SIGNATURE | | | HH | | MM | | DD | | MM | | YY | |
| Work Supervisor or nominated deputy | | | I have been briefed on the RAMS covering scope of works and any major hazards and associated risks in order to permit works to proceed. | | | | | | | | | | | | |
| PLEASE PRINT NAME | | | SIGNATURE | | | HH | | MM | | DD | | MM | | YY | |

THIS PERMIT IS NOT TRANSFERABLE AND MUST BE CLOSED ON OR BEFORE STATED EXPIRY DATE.

Section 5: PERMIT ISSUE (PERMIT CO-ORDINATOR)

| | | | | | | | | | | | | | | | | | | | | | | | | | |
|-------------------|--|-------|-----------|----|--|----|--|----|--|----|--|----|--|---------|--|----|--|----|--|----|--|----|--|----|--|
| PLEASE PRINT NAME | | | SIGNATURE | | | HH | | MM | | DD | | MM | | YY | | | | | | | | | | | |
| PERMIT VALIDITY: | | FROM: | | HH | | MM | | DD | | MM | | YY | | EXPIRY: | | HH | | MM | | DD | | MM | | YY | |

Section 6: CLEARANCE - To be completed by person named in the acceptance section above (CP).

| | | | | | | | | | | | | | | | |
|---|--|---|-----------|--|--|----|--|----|--|----|--|----|--|----|--|
| <input type="checkbox"/> All isolations have been removed and a completed isolation form is attached to this permit | | <input type="checkbox"/> I confirm that the area / equipment has been made safe and I have personally checked the area for any outstanding hazards and reported to the Responsible Person with any exceptions. <input type="checkbox"/> I confirm that all personnel and equipment have been withdrawn from the area or area(s) has been left in safe condition, and the activity / work is COMPLETED / STOPPED (please circle appropriate status). | | | | | | | | | | | | | |
| PLEASE PRINT NAME | | | SIGNATURE | | | HH | | MM | | DD | | MM | | YY | |

Section 7: PERMIT CLOSE / CANCELLATION (PERMIT CO-ORDINATOR)

| | | | | | | | | | | | | | | | | | |
|---|--|--------------------------|-----------|--|--|-----------------------------|--|--------------------------------------|--|---|--|--------------------------|--|------------------------------------|--|--------------------------|--|
| PLEASE PRINT NAME | | | SIGNATURE | | | HH | | MM | | DD | | MM | | YY | | | |
| All work was completed? | | <input type="checkbox"/> | | Work stopped & to be continued on new Permit to Work | | | | | | | | <input type="checkbox"/> | | Work was cancelled | | <input type="checkbox"/> | |
| RP contacted to confirm closure / cancellation of permit? | | | | <input type="checkbox"/> YES | | <input type="checkbox"/> NO | | <input type="checkbox"/> UNAVAILABLE | | All sections completed, POWRA and carbon copies returned? | | | | <input type="checkbox"/> CONFIRMED | | | |

The Pirbright Institute may withdraw this permit at any time if unsafe work practices are observed

Q-Pulse Ref: EMS-FORM-098 v6
THE TOP (master) COPY OF THIS FORM IS TO BE RETAINED BY THE ISSUER