Permit for High Risk Work

**Location / Site:**

**Permit to Work No.:**

**Date:**

**Due Date:**

- Confined spaces
- Isolation and blockade
- Electrical Work
- Working at height ≥ 2metres
- Complex lifting operations
- Hot work
- Excavations ≥ 2metres
- Works with overlapping
- Working alone
- Lockout / Tag out
- Temporary Installation
- Temporary structures and equipment
- Radiation work
- Work with hazardous substances
- Working with Asbestos
- Working in an explosion hazardous area
- First start-up of prototypes and process plant
- Trials with potential of unpredictable reactions
- Repair of heavily damaged equipment
- Demolition works

**Job Description:**

**Reference documents:**
For all Permit to Work is a risk assessment and Tool Box Talk is obligatory!

- Risk Assessment
- Method Statement
- Safety Instruction
- Lifting Plan
- Temporary Works Design
- Certificate
- Inspection report
- Static calculation
- Drawing
- Explosion prevention plan
- Start-up procedure
- Shutdown procedure
- Lockout / Tag out procedure
- Tool Box Talk
- Temporary structures and equipment
- Radiation work
- Work with hazardous substances
- Working with Asbestos
- Working in an explosion hazardous area
- First start-up of prototypes and process plant
- Trials with potential of unpredictable reactions
- Repair of heavily damaged equipment
- Demolition works

**People at work:**

Potential Incidents; Outcome of the Risk Assessment

Control of critical risks and safety measures

Emergency measures

**Authorisation:**

Issued by HSE Advisor: [ ] Date: [ ] Time: [ ] Sign: [ ]

Reviewed by Supervisor: [ ] Date: [ ] Time: [ ] Sign: [ ]

Approved by authorized Person: [ ] Date: [ ] Time: [ ] Sign: [ ]

**Supervision of the task or activity**

<table>
<thead>
<tr>
<th>Name</th>
<th>Date</th>
<th>Time</th>
<th>Sign</th>
</tr>
</thead>
<tbody>
<tr>
<td>Safety measures implemented according reference documents:</td>
<td>Yes</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>Safety measures implemented according control or critical risks:</td>
<td>Yes</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>Tool Box Talk carried out:</td>
<td>Yes</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>Safety check are organized</td>
<td>Yes</td>
<td>No</td>
<td></td>
</tr>
</tbody>
</table>

**Safety check carried out by:**

| Date / Time: Safety measures okay? Yes No | Sign: |
| Date / Time: Safety measures okay? Yes No | Sign: |
| Date / Time: Safety measures okay? Yes No | Sign: |

If No, stop the work and implement immediately safety measure.