

This permit must be completed, signed and delivered to the relevant JCU Permit Issuer not less than 24 hours before the required Electrical isolation (the only exception is in the case of unforeseen emergencies). Approval will be granted to isolate any Low Voltage Circuits upon confirmation of the following:

SECTION 1 - TO BE COMPLETED BY THE PERMIT ISSUER (PERSON AUTHORISING THE PERMIT)			
MEX Work Order No.			
Permit is valid from:	/...../..... hrs	To:/...../..... hrs
<i>Permit issued to:</i>	Organisation/Company:		
	Contact name:		
	Telephone Number:		
Asbestos Licence No. (if applicable):			
Location of works (Campus/Building):			
Reason for and description of works:			
Checklist & Authorisation			Initial
<i>The removal or opening of a switchboard escutcheon may only be performed by a qualified person and requires a Risk Assessment/SWMS to be submitted before the work is carried out.</i>			
Risk assessment has been carried out and is attached			
Safe Work Method Statement has been produced and is attached			
Will you be performing live work?			Y N
Have the building occupants been notified of the intended work?			Y N
Have the building occupants agreed to the isolation date and duration?			Y N
Do you have a lockout kit?			Y N
Supervisor, Electrical or Maintenance: I have examined the area specified and permission is given for the work to start, subject to the conditions hereon			

SECTION 2 - TO BE COMPLETED BY THE PERMIT REQUESTOR (PERSON CARRYING OUT THE WORK)			
Checklist & Confirmation			Initial
Has the area where the works are to be performed been examined?			Y N
All underground services positively located and marked?			Y N NA
Additional permits have been submitted as required (eg Excavation, Asbestos)			Y N NA
I acknowledge as the Requesting Person it is my responsibility to notify the relevant ED officer after work is complete, and to send copies of all relevant testing and compliance certificates to the Estate Directorate for records.			
I have read and understood the requirements and procedures described in this permit to work.			
I will comply with the Risk Assessment and Method Statement.			
Circuit/Switch	Open/Close	Time & Initials	Reversal
<i>If any unknown materials, or materials suspected of containing asbestos are encountered, work is to cease immediately and the Estate Office notified.</i>			
NAME:		SIGNATURE:	DATE:
JCU AUTHORISING PERSON:		TITLE:	DATE:

SECTION 3 - TO BE COMPLETED BY THE PERMIT REQUESTOR & PERMIT ISSUER (JCU ED)

Person Carrying out the work: The permitted work has been completed and the electrical system is fully tested and safe as per all relevant standards.

NAME:**SIGNATURE:****DATE:**

Authorising Person: I have inspected the work area and all work has been completed.

AUTHORISING PERSON:**SIGNATURE:****DATE:****Additional Comments:**