

# HSE-GUI-003h RESTRICTED WORKZONE – PERMIT TO WORK



*Building or maintenance work may be required in areas designated as restricted work zones. This permit to work is issued to the nominated recipient for the specific occasion stipulated below:*

SECTION 1 - TO BE COMPLETED BY THE PERMIT ISSUER (PERSON AUTHORISING THE PERMIT)			
MEX Work Order No.			
Permit is valid from:		...../...../..... hrs	To: ...../...../..... hrs
Permit issued to:	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
Risk assessment has been carried out and is attached			
Safe Work Method Statement has been produced and is attached			
The Permit Requestor has the correct qualifications/training to undertake the works			
Has asbestos been identified within the work area (if YES, ensure Section 2 is completed)			
Does a ceiling space report exist for the work area (if YES, has it been reviewed? Ensure Section 2 is Completed)			
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
I have submitted and had approved any additional permits required (e.g. Confined Space Permit, Asbestos)		
Access	<input type="checkbox"/> Access can be gained to work zone in a safe manner	
Work Zone:	<input type="checkbox"/> Have any electrical risks been identified in the ceiling space audit report – if yes has the area been made safe <input type="checkbox"/> The work zone has been assessed for potential electrical risks if ceiling space report is not available <input type="checkbox"/> The work zone is free from risk associated with operating systems i.e. communication cables, hydraulic systems <input type="checkbox"/> The work zone can be established so that the work on the asset and or associated equipment can be undertaken safely. <input type="checkbox"/> The work zone can be illuminated effectively to enable safe work <input type="checkbox"/> Measures are in place to prevent adverse health effects from environmental conditions i.e. heat stress	
Safety Precautions (tick as appropriate):	<input type="checkbox"/> Use of personal fall protection is approved by JCU <input type="checkbox"/> Scaffolding or platforms above 4 meters have been erected by a licenced scaffolder. <input type="checkbox"/> Work in ceiling spaces on fragile roofs have been assessed and fall controls are in place <input type="checkbox"/> Persons working or passing below are adequately protected <input type="checkbox"/> Warning signs and barriers erected at ground level <input type="checkbox"/> Tools and equipment to be used in work zones are not at risk of falling	
Elevating Work Platforms : (tick as appropriate):	<input type="checkbox"/> Minimum clearance distances can be maintained from power lines <input type="checkbox"/> Operator is trained and familiar with the machine and safety requirements <input type="checkbox"/> The ground surface is even and suitable for operating the machine	
Personnel and Emergency controls:	<input type="checkbox"/> The method of removing an injured or sick worker is addressed in the SWMS and can be effected in an efficient manner.- (this must align with JCU procedures) <input type="checkbox"/> There is appropriate supervision of workers in restricted zones	

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Asbestos (ACM)	<input type="checkbox"/> Where ACM is present in the work area, adequate controls are in place / available (ie: respiratory protection – P2 mask; PVA glue mix etc) <input type="checkbox"/> Where ACM is likely to be disturbed as part of the works a separate SWMS has been developed and approved by JCU	
Safe Work Method Statements (SWMS)	<input type="checkbox"/> The SWMS has addressed all the above points and is specific to the works being undertaken	

<b>NAME:</b>	<b>SIGNATURE:</b>	<b>DATE:</b>
<b>JCU AUTHORISING PERSON:</b>	<b>TITLE:</b>	<b>DATE:</b>

<b>SECTION 3 - TO BE COMPLETED BY THE PERMIT REQUESTOR &amp; PERMIT ISSUER (JCU ED)</b>
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<b>Person Carrying out the work:</b> The permitted work has been completed.
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<b>NAME:</b>	<b>SIGNATURE:</b>	<b>DATE:</b>
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<b>Authorising Person:</b> I have inspected the work area and all work has been completed.
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<b>AUTHORISING PERSON:</b>	<b>SIGNATURE:</b>	<b>DATE:</b>
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