

Property Services	5.32 Hazardous Works Permit
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Record hazards of permit work space				Check or list the measures used to isolate the permit space and to eliminate or control the hazards prior to entry
Hazard	Yes	No	N/A	
1. Lack of oxygen - Temperatures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3. Combustible gases/vapours	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4. Chemical contact	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5. Electrical / Mechanical hazards	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6. Engulfment or Entrapment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
7. Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Fall from Height – Use Working at Height Permit!				

Date: _____ **Permission is given to (name/company):** _____

to carry out HAZARDOUS WORKS at (description of site): _____
Between _____ **am/pm** **and** _____ **am/pm**

Description of works to be performed:

Special Conditions (describe):

Personal protective equipment required by all persons:	Y/N/Type
Internal to external communication methods:	Y/N/Type
Ventilation equipment to be used:	Y/N/Type
Lighting inside confined space:	Y/N/Type
Barriers/shields and signage requirements:	Y/N/Type
Rescue equipment to be maintained onsite:	Y/N/Type
Other equipment: <i>Note: if there are vehicle or powered machinery works within the confined space, pre-start emission levels must be recorded and regular monitoring or work zones affected must be maintained.</i>	Y/N/Type

Signature of person issuing permit: _____ **Date:** _____

Verification of Work Completion

The work area has been inspected 30 minutes after completion of work. No hazards remain -Works are complete.

Signature: _____ **Date:** _____ **Time:** _____