# Live works permit

|  |  |  |  |
| --- | --- | --- | --- |
| **Permit number:** |  | Work order number: |       |
| Requested by name: |       | Phone number: |       |
| Company: |       | Vendor OIC name: |       |
| Start date: |       | Finish date: |       |
| Start time: |       | Finish time: |       |
| Location: |       |
| Work description: |       |
| Special conditions: |       |
| Security considerations: |       |
| Clinical considerations: |       |

**LIVE WORK SHOULD ONLY BE UNDERTAKEN IN EXCEPTIONAL CIRCUMSTANCES**

*Officer in charge of equipment must detail below why isolation cannot take place.*

|  |  |  |
| --- | --- | --- |
| Check |  Yes |  NA |
| A safe work method statement has been completed, identifies controls and is understood by the electrical workers | [ ]  | [ ]  |
| A safe system of work is in place and understood by the electrical workers | [ ]  | [ ]  |
| The electrical worker(s) has had appropriate training and holds the correct licence | [ ]  | [ ]  |
| Test and safety equipment is in good condition, within test and fit for purpose | [ ]  | [ ]  |
| Personal protective equipment and flame resistant / retardant full body clothing is being used | [ ]  | [ ]  |
| Isolation point has clear access and signage attached | [ ]  | [ ]  |
| Work area access is barricaded and warning signs are in place | [ ]  | [ ]  |
| Competent safety observer is in place and has an in test LVR kit *OR* mark as NA if safety observer is not required as the only task to be performed is testing where the risk has been assessed as low | [ ]  | [ ]  |
| Additional comments:       |

|  |  |  |  |
| --- | --- | --- | --- |
| **Permit number:** |       | Date issued: |       |

**APPROVAL**

|  |  |
| --- | --- |
| 1. *I understand the conditions of this permit and will abide by all safe work procedures.*
 | Officer in charge on site:Name:      Signature:      1. Date:
 |
| *I am satisfied that persons impacted have been consulted. I approve the works specified in this permit.* | Infrastructure and Assets Electrical Engineer: Name:      Signature:      Date:       |

**COMPLETION OF WORKS**

|  |  |
| --- | --- |
| *I hereby certify that work is complete and area is inspected and made safe. All services have been restored. Impacted staff have been notified.* | Officer in charge:Name:      Signature:      Date:       |

**CLOSE OUT OF PERMIT**

|  |  |
| --- | --- |
| *I hereby certify that work is complete and area is inspected and made safe. All services have been restored. Impacted staff have been notified.* | Infrastructure and Assets authorised person: Name:      Signature:      Date:       |