# Live works permit

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| **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.*

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| 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: | | |

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

**APPROVAL**

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| 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**

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| *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**

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| --- | --- |
| *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: |