

PERMIT TO WORK

This permit must be checked and completed prior to works starting by all parties named on the reverse side of this form. Once completed, this form is to be held on file and a photocopy given to the contractor.



PREMIER
MARINAS

CONTRACTOR DETAILS		Marina:	<input type="text"/>
Company name:	<input type="text"/>	On site contact no:	<input type="text"/>
Contact name:	<input type="text"/>	Location on site:	<input type="text"/>
Description of work:	<input type="text"/>		
Equipment:	<input type="text"/>		
Start date and time	<input type="text"/>	End date and time	<input type="text"/>

PERMIT CONDITIONS <i>(to be completed by the contractor)</i>					
Is hazardous waste involved?	<input type="text" value="Yes / No"/>				
Are hot works involved?	<input type="text" value="Yes / No"/>	If yes, enter hot work permit number:	<input type="text"/>		
Are confined space works involved?	<input type="text" value="Yes / No"/>	If yes, please include the training certificate(s).			
Is working at height involved?	<input type="text" value="Yes / No"/>	If yes, state controls to be used in the notes section.			
Are risk assessments attached?	<input type="text" value="Yes / No"/>	If yes, do they include PPE to be used?	<input type="text" value="Yes / No"/>		
Are method statements attached?	<input type="text" value="Yes / No"/>				
Are you suitably trained / qualified to carry out the works?			<input type="text" value="Yes / No"/>		
Are the tools/equipment in good repair, tested and fit for purpose?			<input type="text" value="Yes / No"/>		
Do Premier need to inform any other parties of the works?	<input type="text" value="Yes / No"/>	If yes, please state who:	<input type="text"/>		
Do you have copies of Premier's contractor H&S leaflet and fire evacuation procedures for the area?			<input type="text" value="Yes / No"/>		
Have you provided a copy of their public liability insurance? <i>(minimum cover £5m)</i>			<input type="text" value="Yes / No"/>		
Services / Areas affected, precautions required and who needs to be made aware?					
Elec/Mech	<input type="text" value="Yes / No"/>	HVAC	<input type="text" value="Yes / No"/>	Fire Systems	<input type="text" value="Yes / No"/>
Drainage	<input type="text" value="Yes / No"/>	Water	<input type="text" value="Yes / No"/>	Restricted area/s	<input type="text" value="Yes / No"/>
Signs	<input type="text" value="Yes / No"/>	Barriers	<input type="text" value="Yes / No"/>	Excavation	<input type="text" value="Yes / No"/>
Gasses	<input type="text" value="Yes / No"/>	Compressed Air	<input type="text" value="Yes / No"/>	Mechanical lifting	<input type="text" value="Yes / No"/>
Other (please state)	<input type="text"/>				
Any other notes:	<input type="text"/>				

ROLE

Premier Marinas: I have checked the information provided and agree that a safe system of work is in place

Print Name:

Date:

Signature:

Time:

Contractor: I accept the terms and conditions of this permit, I have read and understood the risk assessments and method statements and I am aware of all precautions that need to be taken.

Print Name:

Date:

Signature:

Time:

PERMIT STATUS

The work has been: Concluded Abandoned Requires an extended period Tools etc. have been removed

All people have been withdrawn and warned to cease work in the area covered by this permit

Barrier, warning signs and guards remain if work is not concluded

Return to supervisor/competent person immediately on the completion/abandonment etc. of the work for formal closure and cancellation of the permit

Permit closed / authorisation to enter withdrawn at (time):

Signature of Premier Manager:

OFFICE USE ONLY

Permit No: DD/MM/YYYY/Number

Fee Paid

ADDITIONAL INFORMATION

Any additional notes or conditions must be attached to this permit

ACTIVE MONITORING

Please name, date and sign any comments