

	Permit to Work (PTW) (Electrical System)	Ref. No:
		Date:
		Page 1 of 1

Note: This permit can be obtained from Reception and is to be completed and submitted to the Facility Manager, (service provider/TPI/contractor/sub-contractor) at least 24 hours in advance of the visit.

Permit No:

1. Application – to be completed by the Contractor

Name of Contractor:

Name of Supervisor: (Supervisor shall be fully responsible for all workers under his control)

Location of Work:

Date & Time of Work: From: To: No. of Workers:

All workplace statutory OHS requirements and GS procedures are to be complied with at all times

- | | |
|---|--|
| <ul style="list-style-type: none"> • Cordon off or barricade work area. • Provide warning signs. • Do not stand on electrical equipment. • Do not touch any electrical equipment. | <ul style="list-style-type: none"> • Do not use liquids in the vicinity of electrical equipment. • Do not use electrical equipment as a means of support. • Immediately report accidents, incidents or any damage. • Others: |
|---|--|

2. Description of Work:

				Requested by Supervisor in Charge:	
				Name:	
Is electrical isolation required?	YES	☐	NO	☐	Date/Time:
Equipment Descriptions:					Signature:
Equipment Tag No.:					

3. Electrical Isolation – To be completed by FM Electrical Technician / Electrical Engineer

The requested equipment is turned off and padlocked and is safe to work on.

Switchboard:		Compartment Ref.:	
Isolated by:		Padlock no.:	
Signature:		Date of Isolation:	Time of Isolation:

4. Authorisation – To be completed by Facility /Project Manager

Additional Restrictions or Conditions Which Shall Apply:

Name:		Signature:		Date/Time:	
--------------	--	-------------------	--	-------------------	--

5. Notification of completion of work by Contractor (must be the applicant)

I hereby declare that the above works have been completed and that all workers under my supervision have been notified of the cancellation of this permit. All materials and tools have been accounted for and removed from the work area. Any electrical isolation previously carried out may be removed and the system switched on.

Name:		Signature:		Date/Time:	
--------------	--	-------------------	--	-------------------	--

6. Equipment re-commissioning – to be completed by Electrical Technician /Engineer

Name:		Signature:		Date/Time:	
--------------	--	-------------------	--	-------------------	--