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

Dormit No.		16ast 24 11	ours in ac	lvance c	of the v	∕isit.					
Permit No:											
1. Application – to be completed	d by the C	ontractor									
Name of Contractor:											
Name of Supervisor: (Supervisor all workers under his control)	shall be fu	ully respor	sible for								
Location of Work:											
Date & Time of Work:	From:			To:				No.	of Worke	rs:	
All workplace statutory OHS requi	irements a	and GS pro	ocedures	are to b	e com	plied wi	th at all t	times		•	
 Cordon off or barricade Provide warning signs. Do not stand on electric Do not touch any electric 	cal equipm	nent.			•	 	Do not u	se liquids in the see electrical equitely report accid	ipment as	a means of sup	oport.
2. Description of Work:											
								Requested by	Supervis	or in Charge:	
								Name:			
Is electrical isolation required?		YES 🗆 NO						Date/Time:			
Equipment Descriptions:			-					Signature:			
Equipment Tag No.:								1			
3. Electrical Isolation – To be cor	mpleted b	y FM Elec	trical Tecl	hnician	/ Elect	rical En	gineer		•		
The requested equipment is turne	ed off and	padlocked	d and is sa	afe to w	ork on						
Switchboard:							Com	partment Ref.:			
Isolated by:							Padlock no.:				
Signature:		Date o				f Isolation:			Time	of Isolation:	
4. Authorisation – To be comple	ted by Fa	cility /Pro	ject Mana	ager							
Additional Restrictions or Condition	ns Which	Shall App	ly:								
				_							
Name:				Signa	ature:				D	Date/Time:	
5. Notification of completion of											
I hereby declare that the above v permit. All materials and tools h removed and the system switched	ave been										
Name:				Signa	ature:					Date/Time:	
Name: 6. Equipment re-commissioning	– to be co	ompleted	by Electri			/Engin	eer		C	Date/Time:	