**Location and details of work to be carried out:**

…………………………………………………………….…………………………………………………………….……………………………………………

Name of contractor in charge of the work is

…………………………………(Block Capitals)

Supplementary labourers / sub contractors are:

|  |  |
| --- | --- |
| **Name of Person** | **Name of Company** |
|  |  |
|  |  |
|  |  |

*NOTE: A separate specific risk assessment is required for any work involving:*

* Asbestos
* Hot working
* Roof working and working from height
* Confined spaces
* Breaking into pipes
* Excavation/ digging
* High voltage (seek specialist advice)
* Lift maintenance work
* Gas work

**1. Issue**

**This Permit is valid:**

From Date: ……………………. Time: ………………

Until Date: ……………………. Time: ……………

(not exceeding 5 days)

Signed: ………………………………………………….

Date: ……………………. Time: ……………………..

I ………………………………………. (Block Capitals)

being the officer in charge / duty holder, issue this ‘Permit’ to:

Company: ………………………………………………………………………………………………………………

**3. Clearance**

|  |  |  |
| --- | --- | --- |
|  | **Yes** | **No** |
| Has the contractor’s risk assessment been conducted? |  |  |
| Has a premises risk assessment been conducted? |  |  |
| Has a copy of safety rules been provided to the contractor? |  |  |
| Has the contractor seen and signed the asbestos register? |  |  |

***\*If the answer to any of the above is ‘no’ then work should not proceed and you should consult the Property Group for further advice.***

**2. Receipt**

I ………………………………………. (Block Capitals)

being the contractor agree the contents of this permit and accept responsibility for carrying out the work as detailed and will only allow those named to work accordingly.

**I DECLARE THAT THE WORK FOR WHICH THIS** Permit was issued is now

* \*Suspended / Completed

 (delete as required)

that all persons have been withdrawn from the above work, that all gear, tools and materials have been removed and the area left in a safe condition.

Signed: ……………………………………………..

(from person named in ‘2’)

Date: ……………………… Time: ……………..

\*Reason: ………………………………………….

The Contractor’s Safe Working Permit and any associated permits are hereby cancelled.

Signed: ………………………………………

|  |
| --- |
| **(Being an authorised person or their representative to cancel a “Contractor Safe Working Permit”)Form to be retained by originator.** |
|  |  |  |

**4. Cancellation**