|  |  |
| --- | --- |
| **Electrical Permit to Work**  **(Minor Works)**  This permit must be completed by hand | **Permit number: EL…………………….** |
| **Authorised / Issued by:**  Print name |
| **THIS PERMIT MUST BE DISPLAYED ON SITE**  Permit number: ………………………………………. Date: …………………………………………………….  Site: ………………………………………………………………………………………………………………….  Location: …………………………………………………………………………………………………………….  Contractor/Employee: ………………………………. Phone: ………………………………………………….  This permit is valid from: …………………………… On: ……………………………………………………….  This permit valid until: ………………………………. On: ….……………………………………………………  Description of works: ………………………………………………………………………………………………  A Method Statement or Safe Work Procedure has been provided and is attached to this work permit **YES / NO** | |
| Note: The following section of this permit must be completed and signed by the authorised person(s) before work is to proceed and only work listed above may be completed. | |
| **To be completed by Authorised Person** | |
| I declare it is safe to work on the equipment listed below, which has been made dead, isolated and earthed in accordance with BS 7671:2018 and IET 7671:18th Edition , and I have physically identified the equipment and explained the extent of work to the prospective Person in Charge who is to be responsible for the work.  Equipment to be worked on: ……………………………………………………………………………………  Location of equipment: ………………………………………………………………………………………….  Details of any other safety procedures or  documents that relate to the proposed work: …………………………………………………………………  Details of work to be done: ……………………………………………………………………………………..  ……………………………………………………………………………………………………………………..  ……………………………………………………………………………………………………………………..  Specific points where equipment is isolated: …………………………………………………………………  Specific points where equipment is earthed: ………………………………………………………………..  Any additional detail: | |
| **Safety Checklist (tick)** | |
| Has permission for the intended work Yes  Is the equipment isolated Yes  been confirmed? from all sources of supply?  Are caution signs fixed to isolation Yes  Are safety locks fitted at Yes  Points? Isolation points? N/A  Has the equipment been proved dead? Yes  Are safety locks fitted to Yes  secure temporary earths? N/A    Are conductors to be worked on Yes  Are electrical warning signs Yes  Earthed? No ☐ fitted adjacent to electrical  Equipment?  Where work identifies a cable, has Yes ☐  It been identified with certainty?  Special instructions and safety measures: ………………………………………………………………………  …………………………………………………………………………………………………………………………  Name: ………………………………..…(capitals) Contact Tel.No: ………………………………………..….  Signed: ……………………………….. Issued - Time/date: ………………………………….……    Position: ……………………………… Sign off - Time/Date: ……………………………………… | |
| **To be completed by the Person carrying out the works** | |
| (1) I acknowledge receipt of this Permit and of the key to the Safety Key Box.  (2) I understand and have signed any special instructions and safety measures noted in Part 1 of this Permit.  (3) I have been shown the equipment to be worked on, and the safety arrangements at the points of isolation and places of Work.  (4) I have been shown the electrical diagram.  (5) (a)\* The Authorised Person has demonstrated to my satisfaction that the equipment is dead and safe to work on.  OR  (b)\* (For Low Voltage equipment only) It was not practicable for the Authorised Person to prove the equipment dead prior to the issue of this Permit.  I will confirm the equipment dead to my satisfaction as soon as conductors have been made accessible to a suitable test indicator.  OR  (c)\* It was not practicable for the Authorised Person to prove the equipment dead prior to the issue of this Permit. I understand that the Authorised Person will confirm the equipment dead to my satisfaction as soon as conductors have been made accessible to a suitable test indicator.  \* (delete as appropriate)  (6) I accept responsibility for carrying out the work listed in this Permit.  (7) No work other than that listed in this Permit, will be attempted by me or by any person working under my control whilst this Permit is in force.  (8) Unless it is unavoidable, I will not leave the place of work whilst the work described in Part 1 in this Permit is in progress.  (9) If I have to leave the place of work temporarily, I will suspend the work, and ensure that suitable safety measures are taken until the work is resumed upon my return.  (10) I will retain this Permit while the work described is in progress, and will return it to the Authorised Person when the work is completed or stopped.  Team Leader\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Sign On** Time and Date: ………………………….  Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Print) Contact Tel.No.: ……………………………………    **Job Status** – Completed ☐ / Handover ☐ **Sign Off** – Time & Date…………………………… | |