

Persons undertaking this work must comply with all relevant Health & Safety Law and Company's Health & Safety Rules and have provided copies of current Public and Employees' Liability Insurance, and a Method Statement on request. Only the work specified is to be carried out and your work area must be left in a safe and tidy condition at all times.

<b>JOB DETAILS</b>	<b>LIST TOOLS /EQUIPMENT TO BE USED</b> Faulty tools and equipment must not be brought onto site.
<b>STATE LOCATION OF WORK</b> Cite any known hazards at this location and ensure risks are reduced, in line with the assessment questions below:	<b>LIST Personal Protective Equipment REQUIRED?</b>
<b>WHO COULD BE AFFECTED BY THE WORK?</b> Assess & reduce risk and confirm notification	

This RISK ASSESSMENT is to be carried out immediately prior to the start of work as reasonably practicable  
**ALL QUESTIONS MUST BE ANSWERED BY DELETING THE ANSWER THAT DOES NOT APPLY**

1 Are you qualified /trained to undertake this work?	YES	NO
<b>IF 'YES' PROCEED TO Q2 IF 'NO' WORK CANNOT PROCEED</b>		
2 Have the lines been purged?		
3 Are there means of sounding the fire alarm to hand?	YES	NO
4 Are all tools and equipment safe and suitable for the job?	YES	NO
5 Are all warning signs visible?	YES	NO
6 Is a means of mobile communication available and in place?	YES	NO
7 Are all shut-off valves locked off in a position away from the area of the break?	N/A	YES
8 Are blanking plates secured downstream of the shut-off valve (but upstream of the break point) when lines are under pressure or contain toxins?	N/A	YES
9 Are all protective ducting,shielding or covers in place?	N/A	YES
10 If flammable gasses or vapours are anticipated at the work point,are atmosphere conditions within acceptable limits?	N/A	YES

**PROVIDING QUESTIONS 2 - 10 ABOVE HAVE BEEN ANSWERED 'YES'PLEASE CONTINUE  
 IF 'NO' WORK MAY NOT PROCEED UNTIL NECESSARY ACTION HAS BEEN TAKEN**

Number in Team: IS IT SAFE TO WORK ALONE ON THIS JOB? YES / NO? (delete as appropriate)  
**IF IT IS NOT DECLARED SAFE TO WORK ALONE, YOU MUST NOT DO SO AT ANY TIME**

**PERSON IN CHARGE:** "I confirm that I have verified the job detailed on this form and ensured that all necessary precautions have been taken. The work will be undertaken in a safe manner. All risks and precautionary measures have been explained to all workers involved. I accept responsibility for carrying out this work."

Print Name: Position: Signature:

Company: Company Tel No:

**PERSON AUTHORISING WORK:** "This permit will be issued on the understanding that all agreed safe systems of work will be adhered to and that any risk or hazard shall be maintained at a level as low as reasonably practicable."

Print Name: Position: Signature:

**VALIDITY PERIOD**

Time	Date	Time	Date
------	------	------	------

**PERMIT VALID FROM:**

**PERMIT VALID TO:**

**PERSON IN CHARGE:** "I confirm that the work is **COMPLETED /INCOMPLETE** "(delete as appropriate)  
 "I have checked the work and confirm the work area is left in a safe and tidy condition."

Print Name: Position: Signature:

**PERSON AUTHORISING WORK:** "I have inspected the work. I confirm that it is **COMPLETED /INCOMPLETE** "(delete as appropriate)  
 "The work area is left in a safe and tidy condition."

Permit Cancelled At: (Time) ON: (Date) BY:

Print Name: Position: Signature:

**HANDBACK AND CANCELLATION OF PERMIT, CONFIRM ALL SERVICES HAVE BEEN RESTORED?**