

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>LIST Personal Protective Equipment REQUIRED?</b>
<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>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 is 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
2	Is there an acceptable means of access to and from the confined space?	YES	NO

**IF 'YES' PROCEED TO Q3 IF 'NO' WORK CANNOT PROCEED**

3	Has the confined space been isolated from all connected pipe work?	N/A	YES	NO
4	Has the confined space been purged with steam /water / air?	N/A	YES	NO
5	Has the confined space been electrically isolated and locked out?	N/A	YES	NO
6	Is the confined space below 30 degrees Centigrade on full cooling?	N/A	YES	NO
7	Has the reactor been steamed through to recovery for at least 15 minutes?	N/A	YES	NO
8	Is breathing apparatus at hand and in good working order?	N/A	YES	NO
9	Is a safety line /Tripod /Harness and any other back-up equipment to hand?	N/A	YES	NO
10	Are there adequate emergency arrangements in place?	YES	NO	

**PROVIDING QUESTIONS 3 -10 ABOVE HAVE BEEN ANSWERED 'YES' YOU MUST ENSURE THAT THIS IS PROPERLY CARRIED OUT /MADE SAFE BEFORE COMMENCING WORK**

11	Is a supply of respirable air assured /ventilation required?	YES	NO
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is ATMOSPHERIC TESTING required?

N/A YES NO

**IF 'YES' THE SECTION BELOW MUST BE COMPLETED**

TIME OF TEST 1	HOURS	MINUTES	TIME OF TEST 2	HOURS	MINUTES
OXYGEN	%	PASS / FAIL	OXYGEN	%	PASS / FAIL
CARBON MONOXIDE	%	PASS / FAIL	CARBON MONOXIDE	%	PASS / FAIL
CARBON DIOXIDE	%	PASS / FAIL	CARBON DIOXIDE	%	PASS / FAIL
OTHER (SPECIFY)	%	PASS / FAIL	OTHER (SPECIFY)	%	PASS / FAIL

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
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**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?**