

PERMIT TO WORK - **HAZARDOUS SUBSTANCES - COSHH** PERMIT No:

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.

JOB DETAILS	LIST TOOLS / EQUIPMENT TO BE USED Faulty tools and equipment must not be brought onto site.
	LIST Personal Protective Equipment REQUIRED?
STATE LOCATION OF WORK Cite any known hazards at this location and ensure risks are reduced, in line with the assessment questions below:	WHO COULD BE AFFECTED BY THE WORK? 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
2	Are you fit /healthy to undertake this work?	YES	NO

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

3	Has an assessment of health and safety risks been made?	YES	NO
4	Have you received all necessary information /instruction?	YES	NO
5	Are adequate control measures in place for substances with MELs or OESs?	YES	NO
6	Will these controls reduce exposure below the MELs?	YES	NO
7	Are monitoring procedures in place? If yes, state intervals:	YES	NO
8	Are plans in place if control measures fail?	YES	NO
9	Are there means for safe storage and disposal?	YES	NO
10	Are there adequate provisions for eating, drinking, washing, clothing?	YES	NO
11	Are you fully aware of the emergency procedures?	YES	NO
12	Are the safety data sheets available for consultation?	YES	NO
13	Are you willing to accept any subsequent health surveillance?	YES	NO

PROVIDING QUESTIONS 3 - 13 ABOVE HAVE BEEN ANSWERED 'YES' YOU MUST ENSURE THAT THIS IS PROPERLY CARRIED OUT /MADE SAFE BEFORE COMMENCING WORK

Substance type (s)		COSHH Hazard Group		Substance type (s)		COSHH Hazard Group	
Quantities involved		Storage arrangements		Quantities involved		Storage arrangements	

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? ☐