

PERMIT TO WORK - PRESSURE TESTING 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.	
STATE LOCATION OF WORK Cite any known hazards at this location and ensure risks are reduced, in line with the assessment questions below:	PEOPLE TO BE NOTIFIED	<input checked="" type="checkbox"/> WHEN COMPLETED <input type="checkbox"/>
	SIGNAGE TO BE ERECTED	

WORK MAY NOT COMMENCE UNTIL THE FOLLOWING FINAL ASSESSMENT OF RISKS PRESENT AND PRECAUTIONARY MEASURES TAKEN IS COMPLETED

ALL QUESTIONS MUST BE ANSWERED WITH A ✓ = 'YES' OR × NO, AS APPROPRIATE

1	HYDRAULIC TESTING? Do you declare that you are competent / trained to undertake this work?	YES	NO
IF 'YES' PROCEED TO Q2 IF 'NO' WORK CANNOT PROCEED			
2	Is the vessel and its support and foundations capable of withstanding the weight?	YES	NO
3	Is the water temperature more than 7 degrees C (45 degrees F)?	YES	NO
4	Have you checked that there is no danger of fire from flammable liquids?	YES	NO
5	Have you checked if there is any likelihood of thread failure?	YES	NO
6	Is the vessel totally filled with liquid and properly ventilated?	YES	NO
7	Have precautions been taken not to overstress the vessel?	YES	NO
8	Do you have eye protection?	YES	NO
9	Are remote viewing procedures necessary?	YES	NO
PROVIDING QUESTIONS 2 - 9 HAVE BEEN ANSWERED 'YES' PLEASE CONTINUE IF 'NO' WORK MAY NOT PROCEED UNTIL NECESSARY ACTION HAS BEEN TAKEN			
10	PNEUMATIC TESTING? Are you qualified / trained to undertake this?	YES	NO
IF 'YES' PROCEED TO Q11 IF 'NO' WORK CANNOT PROCEED			
11	Has an assessment of the vessel been made / detailed inspection carried out?	YES	NO
12	Is it practicable to reduce to a minimum the internal volume?	YES	NO
13	Have you checked for the possibility of condensation occurring?	YES	NO
14	Are methods for sealing openings in the vessel under test suitable?	YES	NO
15	Are pressure / testing gauges easily visible?	YES	NO
16	Are flexible pipes and their connections likely to reduce the risk of failure?	YES	NO
17	Are there adequate safety restraints?	YES	NO
18	Has the vessel been safely isolated?	YES	NO
19	Do you have eye protection?	YES	NO

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? ☐