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| **This permit is required to be completed before any live electrical fault finding work is performed. This permit is not required when testing for dead.** |

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| **Section 1 – Details of work (competent electrical worker to complete)** |
| Site name |  | Work Order # |  |
| Location on site |  |
| Details of work to be undertaken |  |
| Date of work |  | Start time | AM / PM | Finish time | AM / PM |

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| **Section 2 – Details of electrical worker (competent electrical worker to complete)** |
| Name of competent electrical worker |  | Organisation |  |
| Electrical licence number |  | Contact number |  |

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| **Section 3 – Risk assessment and controls (competent electrical worker to complete)** |
| Risk controls required: |
| [ ]  Full length flame retardant cotton clothing (CAT 1 PPE) | [ ]  Safety eyewear | [ ]  Electrical non-conductive safety footwear |
| [ ]  Electrical worker gloves (cloth inner, class ‘OO’ rubber, leather outer) | [ ]  Electrical safety mat | [ ]  Low voltage rescue kit | [ ] Cat rated face shield |
| [ ]  Electrical test equipment (suitable and tested) | [ ]  Barriers in place | [ ]  Other: |
| [ ]  Competent safety observer *(A competent safety observer must be present when work is carried out on energised electrical equipment, unless the work consists only of testing and a risk assessment shows that there is no serious risk associated with the proposed work.)* Name:  |

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| **Section 4 – Verification of risk controls (competent electrical worker to complete)**  |

I have reviewed the risk controls listed in Section 3 and documented on the SWMS and confirm they are appropriate and have been implemented for the work to be undertaken as described in Section 1. Workers involved in this work have been advised of, and understand, the requirements and risks of this work.

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| Name |  | Signature |  |
| Date |  | Time |  |

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| **Section 5 – Permit close (competent electrical worker to complete)** |
| Work completed  | **Y** [ ]  **N** [ ]  | All risk controls removed | **Y** [ ]  **N** [ ]  |
| Faults found / comments: |
| I confirm that all work associated with this permit is complete, all cables not connected are terminated with appropriate connections, no bare conductors are present and all covers are placed securely back in position. Any out of service plant is appropriately identified, locked and tagged. |
| Name of competent electrical worker |  | Date |  |
| Signature |  | Time |  |