

# Safety device impairment permit

 AA/JSA/SOP Ref #:  Permit # 

 Company name 

## Summary of work to be undertaken

Detail only the work to which this permit applies

Do other permits apply to this activity? Refer to the job safety analysis form (JSA)

|                                   |  |   |   |   |   |   |
|-----------------------------------|--|---|---|---|---|---|
| <input type="checkbox"/> Hot work | <input type="checkbox"/> Working at height | <input type="checkbox"/> Excavations ≥ 1.5 metres | <input type="checkbox"/> Hazardous Energy | <input type="checkbox"/> Confined space | <input type="checkbox"/> Explosive Atmosphere Area (EEHA) | <input type="checkbox"/> Other (specify) <input style="width: 100px;" type="text"/> |
|-----------------------------------|--|---|---|---|---|---|

## Affected areas - Identify whole or partial areas affected - attach map if required

## Declaration by permit requester

• I am competent to identify and manage the risks connected to this work permit (evidence of training provided).

|     |    |
|-----|----|
| Yes | No |
|-----|----|

|   | Out of service from | Time    | Out of service to | Time    |
|---|---------------------|---------|-------------------|---------|
| • Fire alarm system <input type="checkbox"/>                                | DD / MM / YYYY      | HH : MM | DD / MM / YYYY    | HH : MM |
| • Gas detection system: (specify) <input type="checkbox"/>                  | DD / MM / YYYY      | HH : MM | DD / MM / YYYY    | HH : MM |
| • MHF specified safety-critical element: (specify) <input type="checkbox"/> | DD / MM / YYYY      | HH : MM | DD / MM / YYYY    | HH : MM |
| • Automatic sprinkler system <input type="checkbox"/>                       | DD / MM / YYYY      | HH : MM | DD / MM / YYYY    | HH : MM |
| • Standpipe and hose system <input type="checkbox"/>                        | DD / MM / YYYY      | HH : MM | DD / MM / YYYY    | HH : MM |
| • Underground piping and control valves <input type="checkbox"/>            | DD / MM / YYYY      | HH : MM | DD / MM / YYYY    | HH : MM |
| • Fire pumps <input type="checkbox"/>                                       | DD / MM / YYYY      | HH : MM | DD / MM / YYYY    | HH : MM |
| • Water supply to emergency systems <input type="checkbox"/>                | DD / MM / YYYY      | HH : MM | DD / MM / YYYY    | HH : MM |
| • Electrical supply to emergency systems <input type="checkbox"/>           | DD / MM / YYYY      | HH : MM | DD / MM / YYYY    | HH : MM |
| • Data communication from emergency systems <input type="checkbox"/>        | DD / MM / YYYY      | HH : MM | DD / MM / YYYY    | HH : MM |
| • Special suppression system: (specify) <input type="checkbox"/>            | DD / MM / YYYY      | HH : MM | DD / MM / YYYY    | HH : MM |

|   |  |   |  |
|---|--|---|--|
| Work activity raw risk score: Refer to JSA <input type="text"/> | Residual risk score: Refer to JSA <input type="text"/> | Verified risk score: Verified on site by the permit receiver <input type="text"/> | Fire and emergency service notified <input type="checkbox"/> Y <input type="checkbox"/> N                                  |
|   |  |   | Watercare control room notified <input type="checkbox"/> Y <input type="checkbox"/> N                                      |
|   |  |   | Insurer notified (Fire Alarm or Sprinkler Shutdown form on intranet) <input type="checkbox"/> Y <input type="checkbox"/> N |

## Permit issuer validation

I certify that I have reviewed the proposed work described on the Permit to Work documents and the JSA.

The Permit to Work is allowed:

|        |                |
|--------|----------------|
| from:  | DD / MM / YYYY |
| until: | DD / MM / YYYY |

|           |  |                        |
|-----------|--|------------------------|
| Name      | PI cannot be same person as PR.            |                        |
| Signature | <input style="width: 150px;" type="text"/> | DD / MM / YYYY<br>Date |

## Permit receiver validation

I certify that I am aware of the planned work and the controls detailed on this permit and the JSA. I will ensure that work only proceeds when the conditions set out are met. I will ensure that others working under it understand and abide by the conditions.

|           |  |                        |
|-----------|--|------------------------|
| Name      | PR cannot be same person as PI.            |                        |
| Signature | <input style="width: 150px;" type="text"/> | DD / MM / YYYY<br>Date |

## Permit issuer

I confirm this permit is now cancelled.

|           |  |                        |
|-----------|--|------------------------|
| Name      | PI cannot be same person as PR.            |                        |
| Signature | <input style="width: 150px;" type="text"/> | DD / MM / YYYY<br>Date |

## Permit receiver

I confirm that work under this permit is concluded, and the worksite is left in a safe and tidy state.

|           |  |                        |
|-----------|--|------------------------|
| Name      | PR cannot be same person as PI.            |                        |
| Signature | <input style="width: 150px;" type="text"/> | DD / MM / YYYY<br>Date |