PERMIT TO WORK - GENERAL

Please Note: THIS DOCUMENT CARRIES LEGAL ACCOUNTABILITY AND LIABILITY

1. To be completed by the ISSUER (Harbour Staff):

Permit Reference:	/ /					
Contractor Business Name:						
Have the following been received, reviewed, approved and accepted by the relevant authority?	Risk Assessments		Reference No's:			
	Method Statements:		Reference No's:			
Permit Validity:	Valid From: Date:			Time:		
	Valid To: Date:			Time:		
Permit Type:	**Lone Working**		**Electricity**		**Hazardous Substances**	
	Confined Spaces		**Work at Height**		**Ground Penetration**	
	Hot Works		**Pressure Systems**		**Other:**	

2. To be completed by the RECEIVER (Contractor's Representative):

Description of the Works:	
Hazards:	
Control Measures:	

3. ACCEPTANCE

To be completed by the ISSUER: I confirm that, to the best of my knowledge, all aspects of the intended works have been considered, planned and controlled by the contractor such that the works detailed above can be commenced in line with the controls detailed above.

Name (print):		**Position:**	
Signed:		**Date & Time:**	

To be completed by the RECEIVER: I confirm that all aspects of the intended works have been considered, planned and controlled by the organisation I represent and the works detailed above will be carried out in line with the controls detailed above. If any of the actual works vary from that detailed above, the works will be suspended until such time as a new Permit to Work is issued to me.

Name (print):		**Organisation/ Position:**	
Signed:		**Date & Time:**	

To be completed by the OPERATOR: I confirm that I have received a full briefing with regards to the intended works and that the works detailed above will be carried out in line with the controls detailed above. If any of the actual works vary from that detailed above, the works will be suspended until such time as a new Permit to Work is issued.

Name (print):		**Organisation/ Position:**	
Signed:		**Date & Time:**	

SHIFT CHANGE – To be completed by the ISSUER & REPLACEMENT ISSUER: We confirm that ISSUER status has transferred as follows and the REPLACEMENT ISSUER fully understands the intended works scope and the status of this Permit to Work.

Original Issuer Name:		**Replacement Issuer Name:**	
Signed:		**Signed:**	
Transfer Date:		**Transfer Time:**	

CLOSURE OF PERMIT:

We confirm that this Permit to Work has been closed and before any further works are carried out a new Permit to Work will be issued.

Issuer Name:		**Receiver Name:**	
Signed:		**Signed:**	
Closure Date:		**Closure Time:**	