

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)

☐ Hot work
 ☐ Working at height
 ☐ Excavations ≥ 1.5 metres
 ☐ Hazardous Energy
 ☐ Confined space
 ☐ Explosive Atmosphere Area (EEHA)
 ☐ Other (specify)

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	DD / MM / YYYY	HH : MM	DD / MM / YYYY	HH : MM
• Gas detection system: (specify)	DD / MM / YYYY	HH : MM	DD / MM / YYYY	HH : MM
• MHF specified safety-critical element: (specify)	DD / MM / YYYY	HH : MM	DD / MM / YYYY	HH : MM
• Automatic sprinkler system	DD / MM / YYYY	HH : MM	DD / MM / YYYY	HH : MM
• Standpipe and hose system	DD / MM / YYYY	HH : MM	DD / MM / YYYY	HH : MM
• Underground piping and control valves	DD / MM / YYYY	HH : MM	DD / MM / YYYY	HH : MM
• Fire pumps	DD / MM / YYYY	HH : MM	DD / MM / YYYY	HH : MM
• Water supply to emergency systems	DD / MM / YYYY	HH : MM	DD / MM / YYYY	HH : MM
• Electrical supply to emergency systems	DD / MM / YYYY	HH : MM	DD / MM / YYYY	HH : MM
• Data communication from emergency systems	DD / MM / YYYY	HH : MM	DD / MM / YYYY	HH : MM
• Special suppression system: (specify)	DD / MM / YYYY	HH : MM	DD / MM / YYYY	HH : MM

Work activity raw risk score: Refer to JSA

Residual risk score: Refer to JSA

Verified risk score: Verified on site by the permit receiver

Fire and emergency service notified

☐ Y
 ☐ N

Watercare control room notified

☐ Y
 ☐ N

Insurer notified (Fire Alarm or Sprinkler Shutdown form on intranet)

☐ Y
 ☐ 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 DD / MM / YYYY 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 DD / MM / YYYY Date

Permit issuer

I confirm this permit is now cancelled.

Name PI cannot be same person as PR.

Signature DD / MM / YYYY 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 DD / MM / YYYY Date