

1. Purpose

To ensure compliance with the following legislation:

- Health & Safety at Work etc., Act 1974 (HASAWA)
- Management of Health & Safety at Work Regulations 1999
- Control of Substances Hazardous to Health (COSHH) Regulations 2002
- Electricity at Work Regulations 1989
- The Regulatory Reform (Fire Safety) Order 2005
- Confined Spaces Regulations 1998
- Construction (Design and Management) Regulations 2007
- Provision and Use of Work Equipment Regulations (PUWER) 1998

2. Operating Policy

2.1 Permit-to-work (PTW) systems shall be utilised to control activities where it is deemed that the level of risk is such that a specific written safe system of work is required. In certain instances this requirement is determined by specific legislation e.g. confined space entry, in others it is considered as best practice and fulfils the broader legal requirements of HASAWA to ensure a safe system of work e.g. equipment isolations, hot work, excavations and working at height.

2.2 PTWs shall be used to support the Company's internal safe working procedures, as well as its contractor risk assessment form WA3413, and shall apply to employees and contractors alike.

2.3 The Company has designated the following activities as requiring PTW control:

- System/equipment isolations – electrical, pressure, hydraulic, mechanical, chemical (includes alarms, eg. Fire and HCN detector, under controlled conditions)
- Hot work
- Confined space entry
- Working at height above 4m and roof work, unless working from a permanent platform, mobile elevating work platform (MEWP) or an approved independent scaffold
- Excavations
- Work on high-voltage electrical systems
- Any activity where risk assessment identifies the need for the development and use of a PTW system

2.4 Westland standard permits (See Appendix A) shall be used except:

- For work on high-voltage electrical systems, where the approved contractor's PTW shall be used
- Where specific PTWs are developed as a result of risk assessment

2.5 Issuing of PTWs shall, in the case of contractors, be the responsibility of the Project Engineer controlling the task, except where the task is regulated by the Construction, Design and Management (CDM) Regulations 2007 when the responsibility passes to the

Principal Contractor's representative. In the case of activities undertaken by employees, the relevant manager / supervisor shall be responsible for issuing PTWs. These persons shall be known as 'Authorising Persons'.

Note 1: In the case of hot work permits, the hot work procedure detailed in HSP1070 must be followed.

Note 2: The exception to the role of the Safety Dept or the Project Engineer in the issuing of permits shall be in the event of a *temporary isolation* or disablement of a fire alarm/detection system. In such cases, the Project Engineer shall request the permit and the Site Fire Service shall issue and control the permit in consultation with the Fire Risk Assessor. Such a system must be adhered to whenever a fixed alarm system is temporarily disabled for the purpose of authorised or necessary works at any location on site. In each case it will be necessary to review the relevant Fire Risk Assessment and record the findings.

3. General

3.1 Definitions

Authorising Person

The Project Engineer/manager/Maintenance Supervisor/Senior Fire Officer responsible for controlling the activity and raising the PTW. In the case of CDM regulated activities, the Principal Contractor's nominated representative shall fulfil the role of Authorising Person.

Approved Operator

The operator responsible for undertaking the activity and, in the case of an isolation or excavation permit, for signing the hand-over if the permit is for more than one shift.

Hot work

Any process other than normal production operations that is likely to involve or produce a viable ignition source eg the use of open flames and the application of heat by means of tools or equipment. This includes the unintentional application of heat for example by the use of angle grinders, or the emission of hot particles for example during welding or angle grinding.

Temporary Isolation of Alarm Systems

Refers to all instances where it is absolutely necessary & unavoidable to disable a *fixed alarm system* for the purpose of development, refurbishment or similar project work – where the system will be re-instated to its original condition at the earliest time.

Fixed Alarm System

Refers to any form of fire or emergency alarm, linked to automatic detection or otherwise, that is an established part of the fire protection arrangements; is listed in the current fire risk assessment and has been notified to the Company's Insurers or a detector/alarm that has been installed to identify system or control failure posing a risk to health, safety and/or the environment, eg. Waste tank level alarm, HCN detection etc.

Confined spaces

Any space of an enclosed nature where there is a risk of death or serious injury from hazardous substances, or dangerous conditions e.g. lack of oxygen, drowning etc. Some confined spaces are easy to identify e.g. enclosures with limited openings:

- storage tanks
- silos
- reaction vessels
- enclosed drains
- sewers

Others may be less obvious, but can be equally dangerous e.g.

- open-topped chambers
- vats
- combustion chambers in furnaces

4. Responsibilities

4.1 Line managers shall:

- Ensure PTWs are used to control employees and contractors when undertaking any of the activities detailed in Para 2.3, including those tasks where risk assessment has identified the need to develop a task specific PTW. (See Appendix B & C)
Note: Some tasks may require more than one PTW to be raised e.g. isolation of services prior to entering a confined space.
- Ensure employees nominated as Authorising Persons have received adequate information, instruction and training.
Note: For those controlling contractors this shall, as a minimum, require training in accordance with HSP2050. For those controlling WHL employees minimum training shall include HSE Awareness for Managers/Supervisors and general risk assessment training.
- Ensure employees and/or contractors nominated as Approved Operators have received adequate information, instruction and training.
- Develop a departmental procedure and logbook for recording the issuing, hand-over and completion/sign off of PTWs.
- Undertake periodic reviews of their department's use of PTWs, implementing any necessary improvements identified.

4.2 Authorising Persons shall:

- Raise PTWs to cover activities detailed in Para 2.3. Process maps 1-3 inclusive (Appendix B & C) provide further guidance on when a PTW is required and how it is to be used.
- Ensure that those undertaking such tasks are competent to do so, particularly those acting as Approved Operators for isolations, hand-overs and fire watching.
- Ensure a pre-job discussion is held with all relevant parties, which in the case of hot work must include the Fire Department if the location or the type of work being undertaken is considered of high risk in any way
- Ensure that there has been appropriate consultation with the Fire Risk Assessor and Safety & Environment Department where temporary alarm isolations are involved.
- Ensure each PTW is identified with a unique number and recorded in accordance with the relevant departmental procedure.

Notes:

1. *Hot work PTWs shall be issued by Site Facilities Administration (HSP1070 – Hot Work Procedure)*
2. *Confined space entry permits shall be issued by Safety & Environment Department only unless otherwise agreed, in writing, by the Safety & Environment Manager*
3. *Temporary alarm Isolation permits shall be requested by the Project Engineer/Maintenance Supervisor from the Site Fire Service or, in the case of non fire alarm systems, the Safety and Environment Department. Details regarding suitable alternative arrangements must also be provided at this time. The Senior Fire Officer/Safety & Environment Adviser shall issue the permit and arrange for the system to be disabled for the period set out in the permit and arrange the reinstatement once advised that the work is completed. If no such advice is received, then the permit shall be revoked at the end of the period set out in the permit and reinstatement shall proceed*

4.3 Approved Operators shall:

- Undertake each PTW task in accordance with the relevant PTW completing and signing off each section in accordance with Appendix C
- Following completion of hot work carry out inspections for smouldering embers after 30 minutes and again after 2 hours
- Before signing off the hand-over section of an isolation permit physically check that the isolation is intact
- Inspect any excavation in excess of 1m deep on a daily basis before signing off hand-over section of the permit

4.4 Site Facilities Administration (Project Engineers and Maintenance Supervisors) shall:

- Log all hot work permits issued recording core information relating to each job.
- File and retain completed/cancelled permits for a minimum period of 12 months
- Discuss the temporary isolation of any fixed fire alarm system with the Fire Risk Assessor and agree the alternative arrangements before applying to the Fire Service for a permit. The application should include details of the duration of the isolation and reinstatement date and the alternative arrangement. It shall be the Project Engineers responsibility to ensure that the reinstatement takes place in accordance with the terms of the permit by advising the Fire Service when the works are complete
- Discuss and agree the temporary isolation of any non fire safety alarm system with the Safety & Environment Department. The Safety & Environment Adviser shall raise an isolation permit, confirm the isolation has been completed and confirm the reinstatement

4.5 Safety & Environment Department shall:

- Issue all confined space entry permits, unless otherwise agreed, in writing, by the Safety & Environment officer
- Monitor and review the adequacy of the Company's permit to work system
- Provide advice and guidance on temporary isolation of alarm systems, raising a permit to work as necessary

4.6 The Site Fire Service (Senior Officer) shall:

- Receive all requests for temporary isolations from the Project Engineer or the Maintenance Dept and ensure that all relevant information is provided before raising the permit

- The Senior Officer will arrange for the system to be disabled and advise all Watches of the situation and carry out periodic checks to ensure that the alternative arrangements are in place and effective
- The Senior Fire Officer will arrange for reinstatement of the alarm system when advised that the works are completed. If no advice is received, then the system is to be reinstated in accordance with the detail set out in the permit

5 Records

- 5.1** Each department shall keep a logbook detailing the issue and status of all PTWs. This logbook shall be retained for a period of three years after the last entry.
- 5.2** Copies of completed PTWs shall be held on file for a minimum period of three months with the exception of hot work permits which shall be retained for a minimum of 12 months.

6 Temporary Isolation of Alarms – Emergency Situations

- 6.1** It may be necessary for the Maintenance Department to require a fixed system to be disabled for emergency or other reactive work. In such an event, and depending on the prevailing circumstances, the Head of Maintenance shall contact the Senior Fire Officer directly with the relevant information and they will carry out a dynamic assessment of the alternative arrangements and advise the Fire Risk Assessor at the earliest time.

The Senior Fire Officer shall give effect to suitable supporting arrangements and record/issue the permit at the earliest time. In the event of an emergency situation arising outside of normal production or test flying hours (no Fire Service cover), then it would be acceptable for the Maintenance Department to proceed to isolate the system, subject to a dynamic assessment of the situation and the implementation of suitable alternative arrangements. It would still be necessary for a file note to be added, albeit retrospectively, to the Fire Risk Assessment and for the Fire Service to be advised of the situation at the first opportunity, after which the standard process would apply.

HSP2051

**Permits To Work
Appendix A
AW (UK) Standard Permits**

**REF: HSP2051
DATE: January 2010
ISSUE: 5
Page 6 of 16**

CONFINED SPACE ENTRY – WA3160/A
EXCAVATION – WA3160/B
HOT WORK – WA3160/C
ISOLATION – WA3160/D
WORKING AT HEIGHT – WA3160/E
ISOLATION / DISABLING FIRE PROTECTION SYSTEMS – WA3160/F

CONFINED SPACES PERMIT WA3160/A – ISSUE 4 2010

This permit must be issued before authorised work is started. It must be cancelled immediately after completion of the authorised work or at the end of the shift on which it was issued.

PERMIT SERIAL NO:			
TIME STARTS (24 HR CLOCK):	:	TIME EXPIRES (24 HR CLOCK):	:
Project/Notification Reference Number:			
ISSUED TO:	NAME:	TITLE:	
AUTHORISED BY:	NAME:	TITLE:	
DATE OF AUTHORISATION:			

Pre-job discussion held? (delete as appropriate) **YES** **NO**

Description of work to be done:

Building:	Area:	Name of local process supervisor:
-----------	-------	-----------------------------------

PRECAUTIONS TAKEN AND EQUIPMENT PROVIDED TO PROTECT PERSONNEL FROM INCIDENT

PLEASE TICK BOXES THAT ARE APPLICABLE

GENERAL	ISOLATION OF SERVICES
Checked work cannot be carried out practically without entry <input type="checkbox"/>	The following equipment/system isolations are required:
Risk assessments and method statements available <input type="checkbox"/>	Pressure: Steam <input type="checkbox"/> Air <input type="checkbox"/> Gas <input type="checkbox"/> Other <input type="checkbox"/>
Qualified/trained operators to complete work (minimum of 2 persons required) <input type="checkbox"/>	Electrical <input type="checkbox"/> Mechanical <input type="checkbox"/> Hydraulic <input type="checkbox"/> Chemical <input type="checkbox"/>
Trained first aider and first aid equipment available <input type="checkbox"/>	Details:
Means of sounding alarm available <input type="checkbox"/>	
Warning signs visible <input type="checkbox"/>	Isolation complete <input type="checkbox"/>
Acceptable means of access to, and escape from, confined space <input type="checkbox"/>	TIME (24 HR) : DATE: SIGN:
Adequate ventilation, lighting and communication <input type="checkbox"/>	ISOLATION PERMIT REFERENCE NUMBER:
Non sparking tools and intrinsically safe electrical equipment required (flammable atmosphere) <input type="checkbox"/>	PERSONAL PROTECTIVE EQUIPMENT
Operator not carrying ignition source (matches, lighter etc) <input type="checkbox"/>	Self Contained Breathing Apparatus Type: <input type="checkbox"/>
AIR	Fresh air mask and supply <input type="checkbox"/>
Air blower in place <input type="checkbox"/>	Emergency air pack (Escape Pack) <input type="checkbox"/>
Atmosphere tested for oxygen and/or flammable/dangerous gases <input type="checkbox"/>	Respirator – Disposable <input type="checkbox"/> Half face <input type="checkbox"/> Full Face <input type="checkbox"/>
Test for: %:	Respirator Filter Cartridge <input type="checkbox"/>
TIME (24 HR) : PURGE REQUIRED <input type="checkbox"/> PURGE COMPLETED <input type="checkbox"/>	Other <input type="checkbox"/>
TIME (24 HR) : DATE: SIGN:	Explain:
CODE BELOW: AP – authorising person AO – approved operator	GOGGLES
	Face Shield <input type="checkbox"/> Side Shield <input type="checkbox"/> Chemical <input type="checkbox"/>
	Dust <input type="checkbox"/> Welding <input type="checkbox"/>
	GLOVES
Rubber <input type="checkbox"/> Leather <input type="checkbox"/> Thermal <input type="checkbox"/> Other <input type="checkbox"/>	
Explain:	
Rubber suit <input type="checkbox"/> Rubber Boots <input type="checkbox"/> Rubber Apron <input type="checkbox"/>	
Disposable Protective Suit <input type="checkbox"/> Hard Hat <input type="checkbox"/>	
Approved Belts (harness) and life line with rope grab shock absorber <input type="checkbox"/>	
Tools in good repair <input type="checkbox"/>	

<input type="checkbox"/> CLEARANCE FOR ENTRY TO COMMENCE	Time (24 hr):	:	Signed (AP):	Date:
<input type="checkbox"/> CONTROL OF WORK ACCEPTED	Time (24 hr):	:	Signed (AO):	Date:
<input type="checkbox"/> WORK COMPLETED	Time (24 hr):	:	Signed (AO):	Date:
COMPLETED WITHIN ONE SHIFT? (DELETE AS APPROPRIATE)				YES/NO
<input type="checkbox"/> ISOLATIONS REMOVED	Time (24 hr):	:	Signed (AO):	Date:
<input type="checkbox"/> PERMIT CANCELLED	Time (24 hr):	:	Signed (AO):	Date:

EXCAVATION PERMIT WA3160/B – ISSUE 4 2010

This permit must be issued before authorised work is started. It must be cancelled immediately after completion of the authorised work or at the end of the shift on which it was issued.

PERMIT SERIAL NO:			
TIME STARTS (24 HR CLOCK):	:	TIME EXPIRES (24 HR CLOCK):	:
Order/Notification Number:			

ISSUE DETAILS

NAME:	
TITLE:	

AUTHORISATION DETAILS

NAME:	
TITLE:	
DATE OF AUTHORISATION:	

Description of work to be done:

Pre-job discussion held? (delete as appropriate)		YES	NO
Building:		Area:	
Name of local process supervisor:			

PRECAUTIONS TAKEN AND EQUIPMENT PROVIDED TO PROTECT PERSONNEL FROM INCIDENT

PLEASE TICK BOXES THAT ARE APPLICABLE

ALL EXCAVATIONS	TRENCH SAFETY
<u>UNDERGROUND SERVICES</u> – this section must be completed before commencing any excavation work	Guard rail in place to prevent falls into trench <input type="checkbox"/>
Underground services identified <input type="checkbox"/>	Barriers to prevent vehicles from driving near the edge of the excavation <input type="checkbox"/>
Area confirmed clear <input type="checkbox"/>	Risk of toxic gases/oxygen deficiency known <input type="checkbox"/>
Underground services disconnected and proved safe. Isolation permit No: <input type="checkbox"/>	Safe access to all areas of excavation where staff are working <input type="checkbox"/>
Position unclear – hand digging only <input type="checkbox"/>	Ladders provided if trench is greater than 1.20m (4ft deep) <input type="checkbox"/>
Signature (AP): _____ DATE: _____	Ladders project 1M above top of trench <input type="checkbox"/>
GENERAL	Ladder secured firmly near top <input type="checkbox"/>
Qualified/trained operators to complete work <input type="checkbox"/>	Edges of excavation kept clear – soil from excavation kept away from edges <input type="checkbox"/>
Warning signs visible <input type="checkbox"/>	Excavation kept as free from water as practicably possible <input type="checkbox"/>
Weather conditions suitable <input type="checkbox"/>	Excavation verified as safe by a competent person and inspection record signed <input type="checkbox"/>
Ground type and conditions taken into account <input type="checkbox"/>	
Risk of water flowing into excavation taken into account <input type="checkbox"/>	
Fine material available for back filling <input type="checkbox"/>	
Emergency plans known <input type="checkbox"/>	

Excavation far enough from buildings to prevent loss of their stability <input type="checkbox"/> Lighting used at bottom of trench <input type="checkbox"/>	FOR EXCAVATIONS DEEPER THAN 1M AND LASTING IN EXCESS OF ONE DAY PLEASE INITIAL HANDOVER BOXES BELOW:
FOR EXCAVATIONS DEEPER THAN 1M	DAY 1
TRENCH SUPPORT	DAY 2
Type of soil taken into account when deciding on shoring <input type="checkbox"/>	DAY 3
Suitable shoring used for depths below 1.5M <input type="checkbox"/>	DAY 4
Typing of shoring used:	DAY 5
	DAY 6
	DAY 7

RENEW PERMIT EVERY 7 DAYS	Other information: <div style="border: 1px solid black; height: 40px;"></div>
----------------------------------	---

<input type="checkbox"/> WORK CLEARED TO START	Time (24 hr):	:	Signed (AP):	Date:	
<input type="checkbox"/> CONTROL OF WORK ACCEPTED	Time (24 hr):	:	Signed (AO):	Date:	
<input type="checkbox"/> WORK COMPLETED	Time (24 hr):	:	Signed (AO):	Date:	

WORK COMPLETED WITHIN ONE SHIFT? YES/NO

<input type="checkbox"/> PERMIT CANCELLED	Time (24 hr):	:	Signed (AP):	Date:	
--	---------------	---	--------------	-------	--

(AP) = Authorising Person (AO) = Approved Operator

HOT WORK PERMIT WA3160/C – ISSUE 4 2010

This permit must be issued before authorised work is started. It should be raised in accordance with Westland's hot work procedure (HSP1070) and must be cancelled immediately after completion of authorised work or at the end of the shift on which it was issued.

PERMIT SERIAL NO (issued by Site Facilities):			
TIME STARTS (24 HR CLOCK):	:	TIME EXPIRES (24 HR CLOCK):	:
Project/Notification Reference Number:			

ISSUE DETAILS

NAME:	
TITLE:	

AUTHORISATION DETAILS

NAME:	
TITLE:	
DATE OF AUTHORISATION:	

Pre-job discussion held? (delete as appropriate)	YES	NO
Fire Department Assistance Required	YES	NO
Building:		
Area:		
Name of local process supervisor:		

PRECAUTIONS TAKEN AND EQUIPMENT PROVIDED TO PROTECT PERSONNEL FROM INCIDENT

PLEASE TICK BOXES THAT ARE APPLICABLE

GENERAL	FIRE PRECAUTIONS CONTINUED
----------------	-----------------------------------

<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td>Qualified/trained operators to complete work</td><td style="text-align: center;"><input type="checkbox"/></td></tr> <tr><td>Mechanical ventilation provided</td><td style="text-align: center;"><input type="checkbox"/></td></tr> <tr><td>Area cordoned off and warning signs displayed</td><td style="text-align: center;"><input type="checkbox"/></td></tr> <tr><td>Area free of combustible material</td><td style="text-align: center;"><input type="checkbox"/></td></tr> <tr> <td>Flammable liquid containers are:</td> <td>Removed* <input type="checkbox"/> Protected* <input type="checkbox"/></td> </tr> <tr><td colspan="2" style="text-align: center;">*DELETE AS APPROPRIATE</td></tr> <tr><td>Walls and floors suitably protected</td><td style="text-align: center;"><input type="checkbox"/></td></tr> <tr> <td>Vessels and lines isolated and purged free of flammable liquid. Isolation permit No:</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr><td>Area free of oxidising materials</td><td style="text-align: center;"><input type="checkbox"/></td></tr> <tr><td>Welding/cutting/bonding equipment correctly sited</td><td style="text-align: center;"><input type="checkbox"/></td></tr> <tr><td>Earthing or bonding correctly applied</td><td style="text-align: center;"><input type="checkbox"/></td></tr> <tr><td>Gas cylinders fitted with flame arrestors</td><td style="text-align: center;"><input type="checkbox"/></td></tr> <tr><td>Surrounding areas notified of work taking place</td><td style="text-align: center;"><input type="checkbox"/></td></tr> </table>	Qualified/trained operators to complete work	<input type="checkbox"/>	Mechanical ventilation provided	<input type="checkbox"/>	Area cordoned off and warning signs displayed	<input type="checkbox"/>	Area free of combustible material	<input type="checkbox"/>	Flammable liquid containers are:	Removed* <input type="checkbox"/> Protected* <input type="checkbox"/>	*DELETE AS APPROPRIATE		Walls and floors suitably protected	<input type="checkbox"/>	Vessels and lines isolated and purged free of flammable liquid. Isolation permit No:	<input type="checkbox"/>	Area free of oxidising materials	<input type="checkbox"/>	Welding/cutting/bonding equipment correctly sited	<input type="checkbox"/>	Earthing or bonding correctly applied	<input type="checkbox"/>	Gas cylinders fitted with flame arrestors	<input type="checkbox"/>	Surrounding areas notified of work taking place	<input type="checkbox"/>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td>Stand by fireman in attendance throughout work</td><td style="text-align: center;"><input type="checkbox"/></td></tr> <tr><td>Fire blankets available</td><td style="text-align: center;"><input type="checkbox"/></td></tr> <tr><td>Flammable gas/vapours anticipated</td><td style="text-align: center;"><input type="checkbox"/></td></tr> <tr><td colspan="2">ATMOSPHERE TESTED FOR EXPLOSIVITY:</td></tr> <tr> <td>Time (24 hr)</td> <td>:</td> <td>%:</td> <td></td> <td>PASS/FAIL</td> </tr> <tr><td>Surrounding drains and sewers inspected and are safe</td><td colspan="4" style="text-align: center;"><input type="checkbox"/></td></tr> <tr><td colspan="5">PERSONAL PROTECTIVE EQUIPMENT</td></tr> <tr><td>As identified by risk assessment or safe system of work</td><td colspan="4" style="text-align: center;"><input type="checkbox"/></td></tr> <tr><td colspan="5">OTHER INFORMATION:</td></tr> </table>	Stand by fireman in attendance throughout work	<input type="checkbox"/>	Fire blankets available	<input type="checkbox"/>	Flammable gas/vapours anticipated	<input type="checkbox"/>	ATMOSPHERE TESTED FOR EXPLOSIVITY:		Time (24 hr)	:	%:		PASS/FAIL	Surrounding drains and sewers inspected and are safe	<input type="checkbox"/>				PERSONAL PROTECTIVE EQUIPMENT					As identified by risk assessment or safe system of work	<input type="checkbox"/>				OTHER INFORMATION:				
Qualified/trained operators to complete work	<input type="checkbox"/>																																																											
Mechanical ventilation provided	<input type="checkbox"/>																																																											
Area cordoned off and warning signs displayed	<input type="checkbox"/>																																																											
Area free of combustible material	<input type="checkbox"/>																																																											
Flammable liquid containers are:	Removed* <input type="checkbox"/> Protected* <input type="checkbox"/>																																																											
*DELETE AS APPROPRIATE																																																												
Walls and floors suitably protected	<input type="checkbox"/>																																																											
Vessels and lines isolated and purged free of flammable liquid. Isolation permit No:	<input type="checkbox"/>																																																											
Area free of oxidising materials	<input type="checkbox"/>																																																											
Welding/cutting/bonding equipment correctly sited	<input type="checkbox"/>																																																											
Earthing or bonding correctly applied	<input type="checkbox"/>																																																											
Gas cylinders fitted with flame arrestors	<input type="checkbox"/>																																																											
Surrounding areas notified of work taking place	<input type="checkbox"/>																																																											
Stand by fireman in attendance throughout work	<input type="checkbox"/>																																																											
Fire blankets available	<input type="checkbox"/>																																																											
Flammable gas/vapours anticipated	<input type="checkbox"/>																																																											
ATMOSPHERE TESTED FOR EXPLOSIVITY:																																																												
Time (24 hr)	:	%:		PASS/FAIL																																																								
Surrounding drains and sewers inspected and are safe	<input type="checkbox"/>																																																											
PERSONAL PROTECTIVE EQUIPMENT																																																												
As identified by risk assessment or safe system of work	<input type="checkbox"/>																																																											
OTHER INFORMATION:																																																												

FIRE PRECAUTIONS	
Sprinkler system/ fixed fire system in operation	<input type="checkbox"/>
Sprinkler system isolated (red tag). Additional approval required. Insurers notified (date): Signed (AP):	<input type="checkbox"/>
Fire detection system – false alarms likely	<input type="checkbox"/>
Fire detection system isolated Isolation permit No:	<input type="checkbox"/>
Type of extinguisher provided: CO ₂ <input type="checkbox"/> Dry Powder <input type="checkbox"/> Water <input type="checkbox"/> Foam <input type="checkbox"/> Hose <input type="checkbox"/>	
Escape routes available and clear	<input type="checkbox"/>
Means of sounding fire alarm at hand	<input type="checkbox"/>
Fire watch in place	<input type="checkbox"/>

<input type="checkbox"/> WORK CLEARED TO START	Time (24 hr):	:	Signed (AP):		Date:	
<input type="checkbox"/> CONTROL OF WORK ACCEPTED	Time (24 hr):	:	Signed (AO):		Date:	
<input type="checkbox"/> WORK COMPLETED	Time (24 hr):	:	Signed (AO):		Date:	
<input type="checkbox"/> AREA CHECKED FOR SMOULDERING EMBERS (30 MINS)	Time (24 hr):	:	Signed (AO)			
<input type="checkbox"/> ARE CHECKED FOR SMOULDERING EMBERS (2 HRS)	Time (24 hr):	:	Signed (AO)			
<input type="checkbox"/> PERMIT CANCELLED	Time (24 hr):	:	Signed (AP):		Date:	

(AP) = Authorising Person (AO) = Approved Operator

ISOLATION PERMIT WA3160/D – ISSUE 4 2010

This permit must be issued before authorised work is started. It must be cancelled immediately after completion of the authorised work or at the end of the shift on which it was issued.

PERMIT SERIAL NO:			
TIME STARTS (24 HR CLOCK):	:	TIME EXPIRES (24 HR CLOCK):	:
Order/Notification Number:			

ISSUE DETAILS

NAME:			
TITLE:			

AUTHORISATION DETAILS

NAME:			
TITLE:			
DATE OF AUTHORISATION:			

Details of equipment/system to be isolated:

Pre-job discussion held? (delete as appropriate)	YES	NO
Building: _____	Area: _____	
Name of local process supervisor: _____		
Does isolation affect other systems/users (delete as appropriate):	YES	NO

IF YES, OTHER USERS MUST BE NOTIFIED. IF ISOLATION AFFECTS A SAFETY OR EMERGENCY SYSTEM, AN ALTERNATIVE ARRANGEMENT MUST BE IMPLEMENTED.

PRECAUTIONS TAKEN AND EQUIPMENT PROVIDED TO PROTECT PERSONNEL FROM INCIDENT

PLEASE TICK BOXES THAT ARE APPLICABLE

<u>GENERAL</u>	<u>HYDRAULIC CONTINUED</u>																																				
Qualified/trained operator to complete work <input type="checkbox"/>	If necessary, system drained, vented, decontaminated and purged <input type="checkbox"/>																																				
Warning signs visible <input type="checkbox"/>	Isolation valves locked <input type="checkbox"/> Isolation valves tagged <input type="checkbox"/>																																				
Means of sounding alarm at hand <input type="checkbox"/>	<u>MECHANICAL</u>																																				
Safe to work alone <input type="checkbox"/>	Starting system disconnected, locked and tagged <input type="checkbox"/>																																				
Protective shielding, ducting or covers in place <input type="checkbox"/>	If risk of movement, preventative device fitted <input type="checkbox"/>																																				
Flammable gas/vapours anticipated <input type="checkbox"/>	Energy released – high and low speed rotating elements run down, springs released <input type="checkbox"/>																																				
Atmospheric conditions checked <input type="checkbox"/>	<u>CHEMICAL</u>																																				
Atmospheric conditions within acceptable limits <input type="checkbox"/>	Type: _____ <input type="checkbox"/>																																				
<u>ELECTRICAL</u>	System isolated at valves, supply and return pipes disconnected <input type="checkbox"/>																																				
Voltage: _____ <input type="checkbox"/>	If necessary, system drained, vented, decontaminated and monitored <input type="checkbox"/>																																				
Main and auxiliary power units isolated and proved dead <input type="checkbox"/>	Isolation valves proved and monitored <input type="checkbox"/>																																				
Capacitors discharged, batteries isolated <input type="checkbox"/>	Isolation valves locked <input type="checkbox"/> Isolation valves tagged <input type="checkbox"/>																																				
Isolation switch locked <input type="checkbox"/> Isolation switch tagged <input type="checkbox"/>	FOR ISOLATIONS IN EXCESS OF ONE SHIFT, PLEASE INITIAL HANDOVER SHIFT BOXES BELOW:																																				
<u>PRESSURE</u>	<u>ISOLATION CHECKED AND CONFIRMED INTACT</u>																																				
System type: _____	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th style="width: 25%;">SHIFT 0600-1400</th> <th style="width: 25%;">SHIFT 1400-2200</th> <th style="width: 25%;">SHIFT 2200-0600</th> </tr> </thead> <tbody> <tr> <td>If venting high pressure gas, checked safe from potential ignition sources <input type="checkbox"/></td> <td></td> <td></td> <td></td> </tr> <tr> <td>If necessary, system drained, vented, decontaminated and purged <input type="checkbox"/></td> <td style="text-align: center;">DAY 1</td> <td></td> <td></td> </tr> <tr> <td>Isolation valves proved and monitored <input type="checkbox"/></td> <td style="text-align: center;">DAY 2</td> <td></td> <td></td> </tr> <tr> <td>If steam purging, earthing used to prevent build up of static electricity <input type="checkbox"/></td> <td style="text-align: center;">DAY 3</td> <td></td> <td></td> </tr> <tr> <td>Isolation valves locked <input type="checkbox"/></td> <td style="text-align: center;">DAY 4</td> <td></td> <td></td> </tr> <tr> <td>Isolation valves tagged <input type="checkbox"/></td> <td style="text-align: center;">DAY 5</td> <td></td> <td></td> </tr> <tr> <td></td> <td style="text-align: center;">DAY 6</td> <td></td> <td></td> </tr> <tr> <td></td> <td style="text-align: center;">DAY 7</td> <td></td> <td></td> </tr> </tbody> </table>		SHIFT 0600-1400	SHIFT 1400-2200	SHIFT 2200-0600	If venting high pressure gas, checked safe from potential ignition sources <input type="checkbox"/>				If necessary, system drained, vented, decontaminated and purged <input type="checkbox"/>	DAY 1			Isolation valves proved and monitored <input type="checkbox"/>	DAY 2			If steam purging, earthing used to prevent build up of static electricity <input type="checkbox"/>	DAY 3			Isolation valves locked <input type="checkbox"/>	DAY 4			Isolation valves tagged <input type="checkbox"/>	DAY 5				DAY 6				DAY 7		
	SHIFT 0600-1400	SHIFT 1400-2200	SHIFT 2200-0600																																		
If venting high pressure gas, checked safe from potential ignition sources <input type="checkbox"/>																																					
If necessary, system drained, vented, decontaminated and purged <input type="checkbox"/>	DAY 1																																				
Isolation valves proved and monitored <input type="checkbox"/>	DAY 2																																				
If steam purging, earthing used to prevent build up of static electricity <input type="checkbox"/>	DAY 3																																				
Isolation valves locked <input type="checkbox"/>	DAY 4																																				
Isolation valves tagged <input type="checkbox"/>	DAY 5																																				
	DAY 6																																				
	DAY 7																																				
System isolated at valves, supply and return pipes disconnected <input type="checkbox"/>	<u>FOR ISOLATIONS IN EXCESS OF 7 DAYS, RENEW PERMIT EVERY 7 DAYS.</u>																																				

<input type="checkbox"/> LOCKOUT COMPLETED	Time (24 hr):	:	Signed (AP): _____	Date: _____
<input type="checkbox"/> WORK COMPLETED	Time (24 hr):	:	Signed (AO): _____	Date: _____
WORK COMPLETED WITHIN ONE SHIFT? YES/NO. IF NO, COMPLETE HANDOVER ABOVE				
<input type="checkbox"/> LOCKOUT REMOVED AND PERMIT CANCELLED	Time (24 hr):	:	Signed (AP): _____	Date: _____

(AP) = Authorising Person

(AO) = Approved Operator

WORKING AT HEIGHT PERMIT WA3160/E – ISSUE 4 2010

This permit must be issued before authorised work is started. It must be cancelled immediately after completion of authorised work or at the end of the shift on which it is issued.

PERMIT SERIAL NO: _____

TIME STARTS (24 HR CLOCK): _____ : _____ TIME EXPIRES (24 HR CLOCK): _____ : _____

Project/Notification Reference Number: _____

ISSUE DETAILS

NAME: _____
TITLE: _____

AUTHORISATION DETAILS

NAME: _____
TITLE: _____
DATE OF AUTHORISATION: _____

Pre-job discussion held? (delete as appropriate) **YES** **NO**

Description of work to be done (include approximate height):

Building: _____

Area: _____

Name of local process supervisor: _____

A WORKING AT HEIGHT PERMIT IS REQUIRED FOR ALL WORK ABOVE 4M, UNLESS WORKING FROM A PERMANENT PLATFORM, MEWP OR AN APPROVED INDEPENDENT SCAFFOLD WHICH DOES NOT NORMALLY REQUIRE A WORK PERMIT, IN ADDITION TO A FULLY COMPLETED CONTRACTOR RISK ASSESSMENT FORM WA3413.

PRECAUTIONS TAKEN AND EQUIPMENT PROVIDED TO PROTECT PERSONNEL FROM INCIDENT

PLEASE TICK BOXES THAT ARE APPLICABLE

GENERAL		MOBILE SCAFFOLDING	
Qualified/trained operators to complete work	<input type="checkbox"/>	Correctly assembled	<input type="checkbox"/>
Warning signs displayed	<input type="checkbox"/>	Edge protection/toe boards fitted	<input type="checkbox"/>
Equipment on firm and level ground	<input type="checkbox"/>	Guard rail at least 1M high	<input type="checkbox"/>
Weather conditions suitable	<input type="checkbox"/>	Safe means of access	<input type="checkbox"/>
Roped off/barricaded below	<input type="checkbox"/>	Platform at least 600 MM wide	<input type="checkbox"/>
Risk from falling objects noted	<input type="checkbox"/>	Floor openings covered/fenced off	<input type="checkbox"/>
Ducts or outlets on roof checked for fumes hazard	<input type="checkbox"/>	Outriggers fitted	<input type="checkbox"/>
Overhead services near to proposed height working proved dead	<input type="checkbox"/>	Tied to structure	<input type="checkbox"/>
Overhead services near to proposed height working taken into account	<input type="checkbox"/>	Wheels locked	<input type="checkbox"/>
Adequate means of escape	<input type="checkbox"/>	LADDERS	
ROOF WORK		Ladder checked for defects	<input type="checkbox"/>
Roof risk assessment reference no:	<input type="checkbox"/>	Ladder tied at top, bottom or both	<input type="checkbox"/>
Fragile roof elements clearly identified	<input type="checkbox"/>	Ladder lashed at midpoint of over 6 metres high	<input type="checkbox"/>
Fragile roof areas made safe	<input type="checkbox"/>	Ladder extends at least 1 metre above landing place or highest run in use	<input type="checkbox"/>
Fall arrest/travel restraint in place	<input type="checkbox"/>	Set at angle of 75°	<input type="checkbox"/>
Westland Safety Instruction 31 control measures in place	<input type="checkbox"/>	Appropriate roof ladders available	<input type="checkbox"/>
Safety nets in place	<input type="checkbox"/>	ERECTION OF SCAFFOLDING	
Assistant available (no lone working)	<input type="checkbox"/>	Assembly in accordance with SG4	<input type="checkbox"/>
Wind speed <20 mph	<input type="checkbox"/>	PERSONAL PROTECTIVE EQUIPMENT	
		As identified by risk assessment, safe system of work or Safety Instruction 31	<input type="checkbox"/>

<input type="checkbox"/> WORK CLEARED TO START	Time (24 hr): _____ : _____	Signed (AP): _____	Date: _____
<input type="checkbox"/> CONTROL OF WORK ACCEPTED	Time (24 hr): _____ : _____	Signed (AO): _____	Date: _____
<input type="checkbox"/> WORK COMPLETED	Time (24 hr): _____ : _____	Signed (AO): _____	Date: _____
<input type="checkbox"/> AREA CHECKED FOR SMOULDERING EMBERS (30 MINS)	Time (24 hr): _____ : _____	Signed (AO)	
<input type="checkbox"/> ARE CHECKED FOR SMOULDERING EMBERS (2 HRS)	Time (24 hr): _____ : _____	Signed (AO)	
<input type="checkbox"/> PERMIT CANCELLED	Time (24 hr): _____ : _____	Signed (AP): _____	Date: _____

(AP) = Authorising Person

(AO) = Approved Operator

ALARM ISOLATION PERMIT WA3160/F – ISSUE 1 2010

This permit must be issued before authorised work is started. It must be cancelled immediately after completion of the authorised work or at the end of the shift on which it was issued.

PERMIT SERIAL NO:			
TIME STARTS (24 HR CLOCK):	:	TIME EXPIRES (24 HR CLOCK):	:
Project/Notification Reference Number:			

ISSUE DETAILS

NAME:			
TITLE:			

AUTHORISATION DETAILS

NAME:			
TITLE:			
DATE OF AUTHORISATION:			

DETAILS OF SYSTEM AND AREAS TO BE ISOLATED : FIRE/OTHER (delete as appropriate)

Pre-job discussion held? (delete as appropriate)	YES	NO
Building:		
Area:		
Name of local process supervisor:		
Does Isolation Affect Level Of Risk In Other Areas Or Processes?	YES	NO

IF YES, OTHER USERS MUST BE NOTIFIED AND IF ISOLATION AFFECTS FIRE SAFETY OR THE EMERGENCY ACTION PLANS. SATISFACTORY ALTERNATIVE ARRANGEMENTS MUST BE PUT IN PLACE.

PRECAUTIONS TAKEN AND EQUIPMENT PROVIDED TO PROTECT PERSONNEL FROM INCIDENT

GENERAL – FIRE ALARM SYSTEM	Tick below as appropriate	OTHER TYPE OF SYSTEM ALARM
Site Fire Service to carry out Fire Alarm System Isolation	<input type="checkbox"/>	Details:
Are occupiers/workers in the area aware of isolation?	<input type="checkbox"/>	
Is area provided with warning signs indicating location affected?	<input type="checkbox"/>	
Area free of excessive combustible material?	<input type="checkbox"/>	
Are any high risk processes likely to be carried out in the affected area?	<input type="checkbox"/>	
Will the risk of fire increase during isolation?	<input type="checkbox"/>	
ALTERNATIVE FIRE PRECAUTIONS		
Sprinkler system in operation or additional manually operated extinguishers provided?	<input type="checkbox"/>	
Sprinkler system isolated (red tag). Additional approval required, insurers notified	<input type="checkbox"/>	
Signature of AP:		
Hot Work permit issued -	Hot Work Permit No:	
Escape routes available and clear	<input type="checkbox"/>	
Describe alternative alarm system	<input type="checkbox"/>	
Method of sounding alarm	<input type="checkbox"/>	
Fire watch in place	<input type="checkbox"/>	
Stand by fireman in place throughout work	<input type="checkbox"/>	

FOR ISOLATIONS IN EXCESS OF ONE SHIFT PLEASE INITIAL HANDOVER SHIFT BOXES BELOW:

ISOLATION CHECKED AND CONFIRMED INTACT			
	SHIFT	SHIFT	SHIFT
	0600-1400	1400-2200	2200-0600
DAY 1			
DAY 2			
DAY 3			
DAY 4			
DAY 5			
DAY 6			
DAY 7			

Distribution list:

- Originator
- Fire station

Inform:

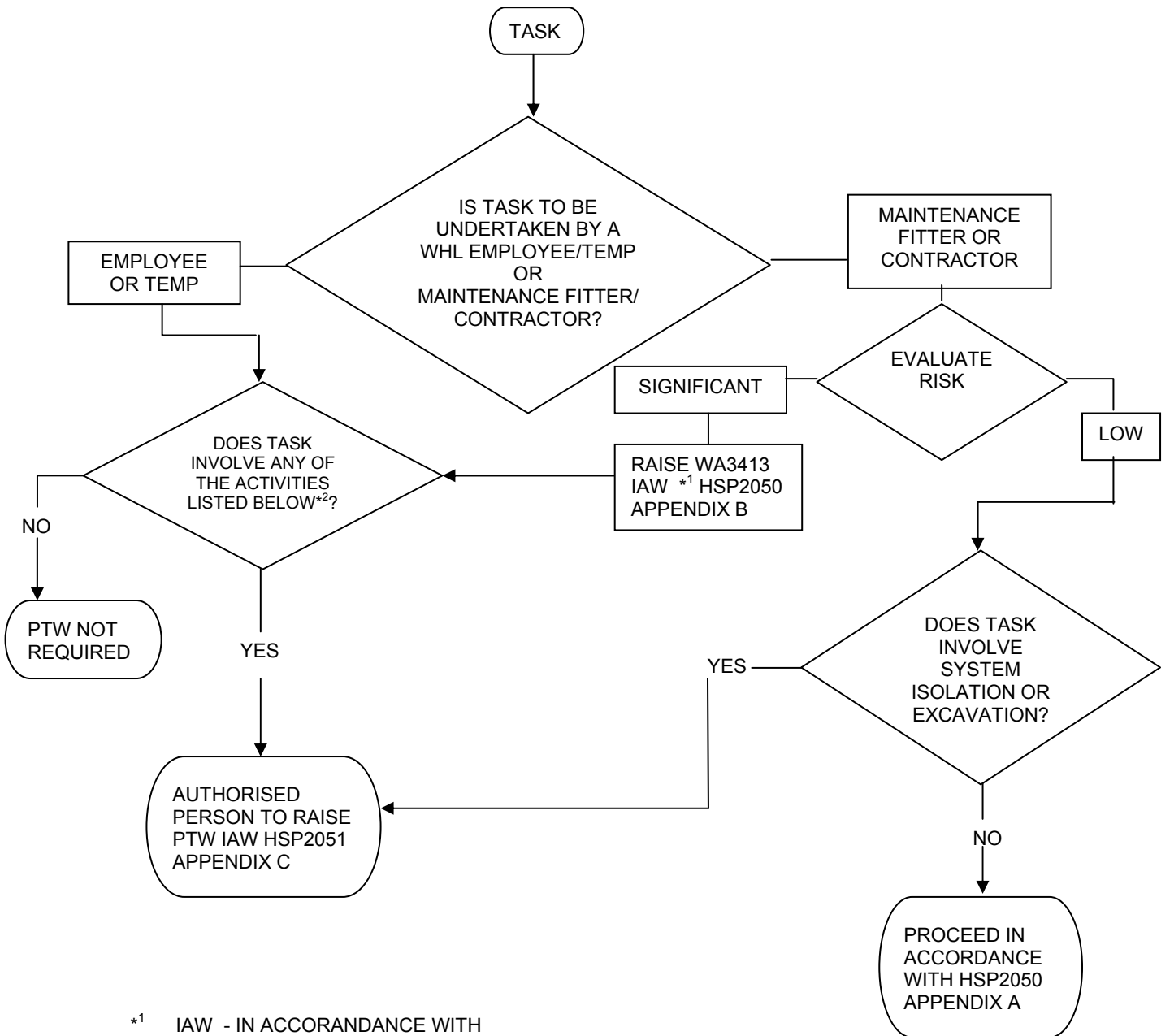
- Entry in Fire alarm record book
- Security

FOR ISOLATIONS IN EXCESS OF 7 DAYS RENEW PERMIT

ISOLATION EFFECTED	Time (24 hr Clock):	:	Signed (AP):	Date:
WORK COMPLETED	Time (24 hr Clock):	:	Signed (AO):	Date:
COMPLETED WITHIN ONE SHIFT? (DELETE AS APPROPRIATE)		YES/NO	If no, complete handover above	
SYSTEM REINSTATED AND PERMIT CANCELLED	Time (24 hr clock):	:	Signed (AP):	

(AP) = Authorising Person

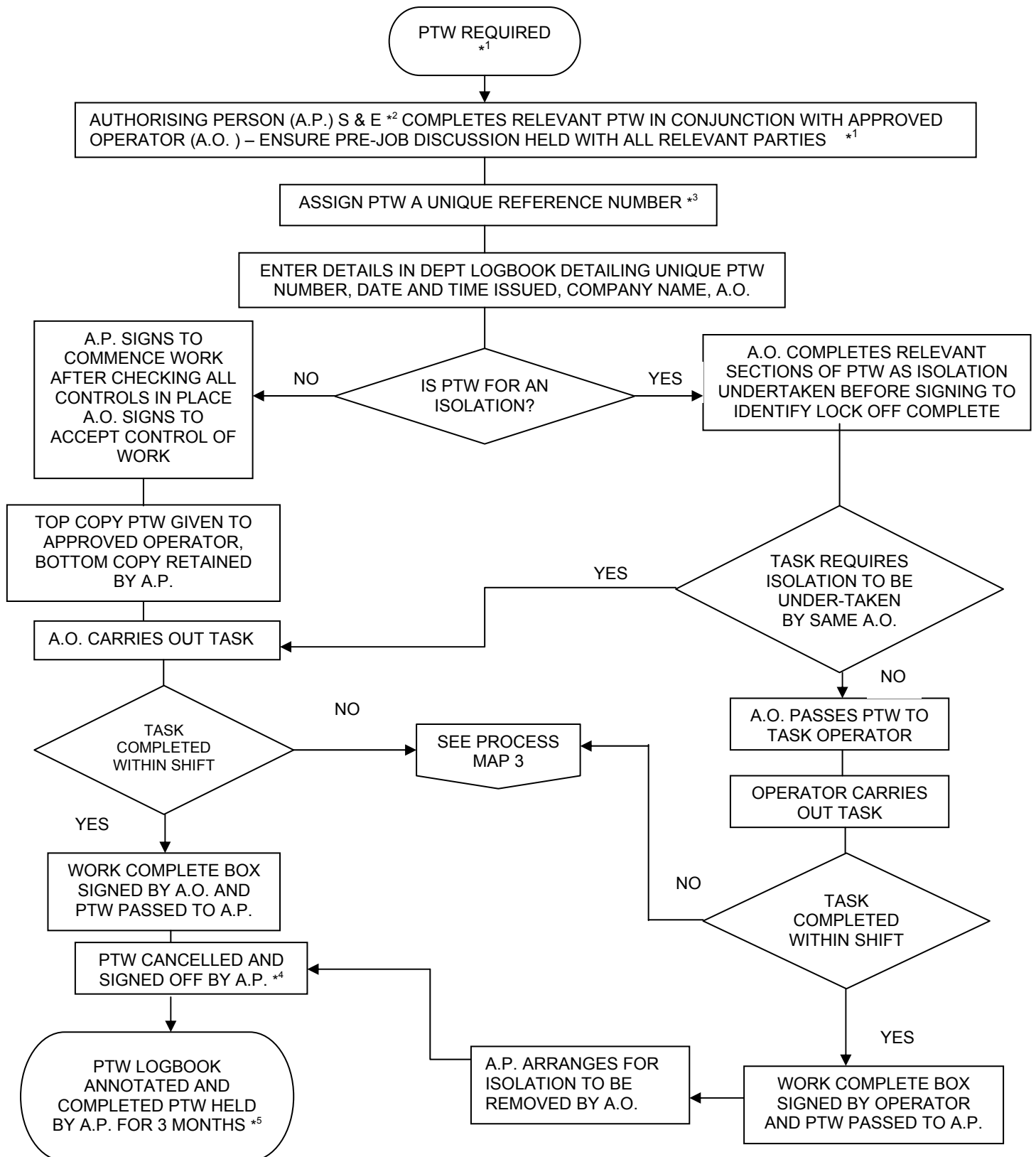
(AO) = Approved Operator



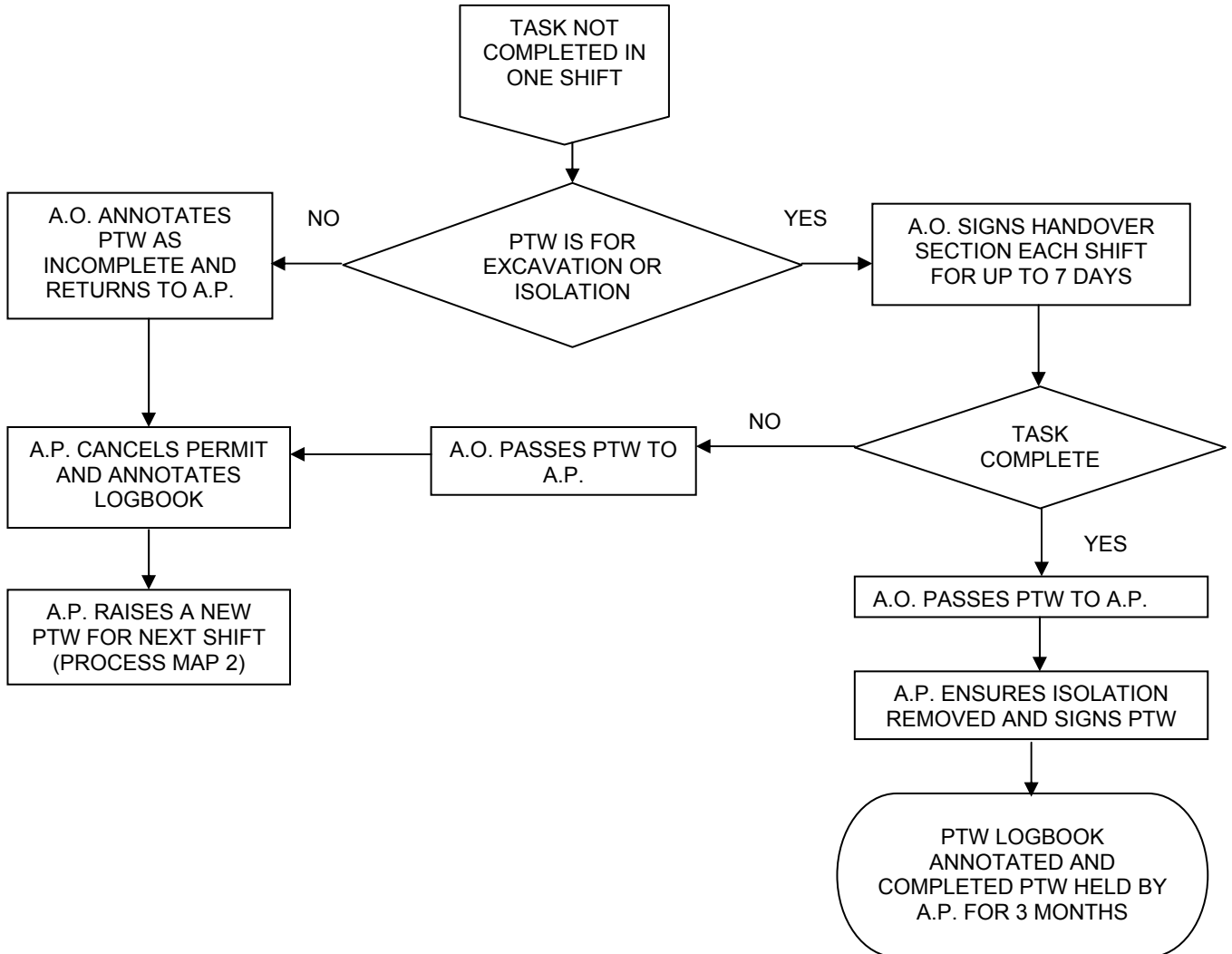
*1 IAW - IN ACCORANDANCE WITH

*2 PTW ACTIVITIES

- SYSTEM ISOLATION
- CONFINED SPACE ENTRY – ISSUED BY S & E DEPARTMENT
- WORKING AT HEIGHT ABOVE 4M FROM A LADDER, MOBILE SCAFFOLD OR ROOF WORK
- EXCAVATION
- HV ELECTRICAL WORK
- HOT WORK
- PROCESS RQUIRING SPECIFIC PTW TO BE DEVELOPED
- ALARM SYSTEM ISOLATION – ISSUED BY FIRE DEPARTMENT/S&E DEPARTMENT



*1 For hot work PTWs the AP shall follow the hot work procedure detailed in HSP1070 and where appropriate shall discuss the task with the Site Fire Department. The Site Fire Department shall raise fire alarm system isolation permits
 *2 Confined space entry permits and non-fire alarm system isolation permits authorised by S & E Department only
 *3 Site Facilities Administration shall provide all hot work PTW proformas together with a unique reference number for each hot work permit
 *4 In case of hot work PTWs this requires inspections for smouldering embers after 30 mins and 2 hours to have been completed by AO
 *5 The AP shall return all completed hot work permits to Site Facilities Administration



PART 1 INFORMATION TO BE SUPPLIED BY THE CONTRACTOR

Brief description of work involved and location

To be carried out on Date Time To Date Time

Contractor Tel No

Sub-Contractor

Pre job discussion held with Manager/Supervisor of department YES NO

Name of Manager Date

1a Hazardous conditions associated with the work involved (tick circle)

Roof working Working at Height > 2m > 4m Excavation/Demolition Entry into ductwork
 Confined spaces Electrical sub station Noise Isolation of services Weather Other

Further details

1b Work Equipment (tick circle)

Ladders Scaffolds MEWPs Crane(s) Other lifting equipment Welding Equipment
 Grinding Equipment Pneumatic drills Machinery Portable Electrical Equipment Other

Further details

1c Materials/Substances Material Safety data Sheets to be supplied (tick circle)

Solvents Adhesives Flammable liquids Compressed gases LPG Epoxy materials
 Corrosives e.g. acid,alkali Substances known to give off irritating fumes/vapours/dust Other

Further details

PART 2 INFORMATION TO BE SUPPLIED BY THE COMPANY SITE NOMINEE

Hazardous conditions associated with the site/workplace/working environment (tick circle)

Fragile Roof Areas Fumes/Gases Hazardous Substances Vehicles Automated Plant & Equipment
 Confined Spaces Other Workmen in the Same Area Noise Radiation Asbestos Aircraft Other

Further details

PART 3 SUMMARY OF SIGNIFICANT RISKS Potential injury / ill health / loss if appropriate do detailed risk assessment

HIGH RISK = MAJOR INJURY OR DEATH **MEDIUM RISK** = UP TO 3 DAYS AND OVER INJURY

PART 4 PRECAUTIONS AND CONTROL MEASURES by joint discussion/agreement attach any additional information

Is a written system of work or method statement required? YES NO If yes give details below or attached copies

Is a Permit to Work required? YES NO If yes indicate type Electrical (HV) Hot work

Confined spaces Working at Height Excavation Isolation

Is compliance with a Westland Safety Instruction required? YES NO If yes indicate which Roof Work (SI31) MEWP (SI32)

Is any PPE required? YES NO

Control Measures (List)

PART 5 ACKNOWLEDGEMENT (Ensure all signatures are obtained before commencement of task)

The above parts of the form have been completed, discussed & agreed. The required precautions will be carried out and all personnel involved have/will have the necessary information, instruction, training & supervision to enable the work to be carried out properly & safely. Part 6 to be signed on satisfactory completion of the task

DEPT REPRESENTATIVE	CONTRACTORS/SUB CONTRACTORS	PROJECT ENGINEER
SIG	SIG	SIG
DATE	DATE	DATE

PART 6 TASK COMPLETION (Ensure all signatures are obtained before returning form)

CONTRACTORS	DEPT REPRESENTATIVE	PROJECT ENGINEER
SIG	SIG	SIG
DATE	DATE	DATE