Science & Technology Facilities Council

This sheet to be issued

Permit Serial Number

# PERMIT TO WORK (ELECTRICAL)

**ORIGINAL** (Page 1 of 2)

**Complete precisely and legibly in BLOCK CAPITALS using BLACK or BLUE ink**

## PART 1: ISSUE - To be completed by the Authorised Person (Electrical)

To: …… Employed by: ……

I hereby declare that it is safe to work on the following equipment, which has been made dead, isolated, and where necessary, earthed in accordance with the Rules and Procedures set out in Appendix B of the STFC Safety Code 34 (Electrical Safety).

……

…… Safety Programme No.: ……

**TREAT ALL OTHER EQUIPMENT AS DANGEROUS**

Points of Isolation with Caution Notices posted: ……

……

…… Safety Lock No.: ……

The equipment is efficiently connected to Earth at the following point(s): ……

……

……

Has RELT been * Tick box as appropriate

Yes: ☐ * No: ☐ Not Fitted: ☐ *

The following supplies to the equipment are not isolated: ……

……

……

Special Precautions: ……

……

……

The following work is to be carried out: ……

……

……

State of automatic fire protection equipment:

Not Applicable: ☐ Detection Only - Isolated: ☐ Detection Only - Operational: ☐

Suppression System - Safe: ☐ Suppression System - Operational — Make Safe Before Entering: ☐

Fire Alarm Isolation and/or Hot Works Permits may also be required

1) I have physically identified the equipment and explained the extent of the work to the prospective Person in Charge.
2) I have shown the prospective Person in Charge the Safety Arrangements at the Points of Isolation and the places of work, and I have explained all the relevant safety procedures and precautions, including RELT activation where required.

Signed: …… (Authorised Person) Print Name: ……

Contact Tel. No. …… Date: ……/……/…….. Time: ……:……

## PART 2: RECEIPT - To be completed by the prospective Person in Charge

1) I have read this Permit to Work and fully understand on which equipment I am permitted to work and the work to be carried out.
2) No attempt will be made by me or by any person under my charge to carry out any other work.
3)* a) The Authorised Person has demonstrated to my satisfaction that the equipment is dead and safe to work on. ☐

b) (For LV only) It was not practicable for the Authorised Person to prove the equiment dead prior to the issue of this permit. I will confirm the equipment dead to my satisfaction as soon as conductors have been made accessible to a suitable test indicator.† ☐

c) It was not practicable for the Authorised Person to prove equipment dead prior to the issue of this permit. I understand the Authorised Person will confirm the equipment dead to my satisfaction as soon as conductors have been made accessible to a suitable test indicator.† ☐

* Tick box as appropriate; † Test indicators should conform to HSE safety guide HSG85 (2007) paragraphs 53-56

Signed: …… (Person in Charge) Print Name: ……

Contact Tel. No. …… Date: ……/……/…….. Time: ……:……

ALL ACCESS KEYS MUST BE RETURNED AT THE END OF EACH WORKING DAY

Science & Technology Facilities Council

Permit Serial Number

# PERMIT TO WORK (ELECTRICAL)

**DUPLICATE** (Page 1 of 2)

**Complete precisely and legibly in BLOCK CAPITALS using BLACK or BLUE ink**

## PART 1: ISSUE - To be completed by the Authorised Person (Electrical)

To: …… Employed by: ……

I hereby declare that it is safe to work on the following equipment, which has been made dead, isolated, and where necessary, earthed in accordance with the Rules and Procedures set out in Appendix B of the STFC Safety Code 34 (Electrical Safety).

……

…… Safety Programme No.: ……

**TREAT ALL OTHER EQUIPMENT AS DANGEROUS**

Points of Isolation with Caution Notices posted: ……

……

……Safety Lock No.: ……

The equipment is efficiently connected to Earth at the following point(s): ……

……

……

Has RELT been Yes: ☐ * No: ☐ Not Fitted: ☐ *

* Tick box as appropriate

The following supplies to the equipment are not isolated: ……

……

……

Special Precautions: ……

……

……

The following work is to be carried out: ……

……

……

State of automatic fire protection equipment: Not Applicable: ☐ Detection Only - Isolated: ☐ Detection Only - Operational: ☐ Suppression System - Safe: ☐ Suppression System - Operational — Make Safe Before Entering: ☐

Fire Alarm Isolation and/or Hot Works Permits may also be required

1) I have physically identified the equipment and explained the extent of the work to the prospective Person in Charge.
2) I have shown the prospective Person in Charge the Safety Arrangements at the Points of Isolation and the places of work, and I have explained all the relevant safety procedures and precautions, including RELT activation where required.

Signed: …… (Authorised Person) Print Name: ……

Contact Tel. No. …… Date: ……/……/…… Time: ……:……

## PART 2: RECEIPT - To be completed by the prospective Person in Charge

1) I have read this Permit to Work and fully understand on which equipment I am permitted to work and the work to be carried out.
2) No attempt will be made by me or by any person under my charge to carry out any other work.
3)* a) The Authorised Person has demonstrated to my satisfaction that the equipment is dead and safe to work on. ☐

b) (For LV only) It was not practicable for the Authorised Person to prove the equiment dead prior to the issue of this permit. I will confirm the equipment dead to my satisfaction as soon as conductors have been made accessible to a suitable test indicator.† ☐

c) It was not practicable for the Authorised Person to prove equipment dead prior to the issue of this permit. I understand the Authorised Person will confirm the equipment dead to my satisfaction as soon as conductors have been made accessible to a suitable test indicator.† ☐

* Tick box as appropriate; † Test indicators should conform to HSE safety guide HSG85 (2007) paragraphs 53-56

Signed: …… (Person in Charge) Print Name: ……

Contact Tel. No. …… Date: ……/……/…… Time: ……:……

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# PERMIT TO WORK (ELECTRICAL)



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## PART 3: CLEARANCE - To be completed by the Person in Charge

1)* I confirm that the work described in Part 1 of this Permit has been either:
   a) Satisfactorily completed and that all persons, tools, and instruments under my control have been accounted for and withdrawn. ☐
   b) Stopped for the reasons given below, and that all persons, tools, and instruments under my control have been accounted for and withdrawn, and that the equipment has been made safe. ☐
2) I have warned all persons under my charge that it is no longer safe to work on the equipment.

* Tick box as appropriate

Reason for stopping test and action taken (where applicable): ……

Signed: …… (Person in Charge) Date: ……../……../……..

Print Name: …… Time: ……..:……..

## PART 4: CANCELLATION - To be completed by the Authorised Person (Electrical)

1)* I confirm that the work described in Part 1 of this Sanction has been either:
   a) Satisfactorily completed
   b) Stopped and made safe. ☐
2)* Where RELT has been activated, this has now been switched back to normal and the key returned to the key cabinet ☐
3) The Original sheet of Parts 1 and 2 of this Sanction has been returned to me and destroyed.
4) This Permit is cancelled.

* Tick box as appropriate

Comments (if applicable): ……

Signed: …… (Authorised Person) Date: ……../……../……..

Print Name: …… Time: ……..:……..