

# OVERHEAD OR ROOF WORK PERMIT

## SECTION 1 - TO BE COMPLETED BY THE PERSON AUTHORISING THE PERMIT

Building or maintenance work may be required in areas designated as Confined Space. This permit to work is issued to the nominated recipient for the specific occasion stipulated below:

Work Permit/MEX No:	
This permit is valid from:	hrs on to hrs on
This Permit is issued to:	Organisation/Company: Contact name: Contact Telephone Number:
Location of works:	Campus/Building:
Reason for and description of works:	

- a) Risk assessment has been carried out and is attached  Yes  No  
 b) Method statement has been produced and is attached  Yes  No  
 c) In my opinion the hazard and engineering controls are adequate  Yes  No

I have examined the area specified and permission is given for the work to start, subject to the conditions hereon:

**AUTHORISING PERSON:** ..... **TITLE:** ..... **DATE:**...../...../.....

## SECTION 2 - TO BE COMPLETED BY THE PERSON CARRYING OUT THE WORK

Asbestos-containing materials have been used in various locations throughout the University. Before approval is granted to proceed with work, confirm the following:

- a) I have examined the existing Asbestos Register  Yes  No  
 b) Has the area where the intended works are to be performed been examined with EO rep?  Yes  No  
 a) The appropriate asbestos work procedures as outlined in the JCU Asbestos Management Plan been read and understood  Yes  No  
 b) Are JCU personnel at risk of exposure to airborne asbestos?  Yes  No  
 c) Is it necessary to evacuate JCU employees prior to work commencing?  Yes  No

Isolations (tick as appropriate):	<input type="checkbox"/> Circuit breaker locked out/fuses withdrawn/isolator locked <input type="checkbox"/> Circuit tested and found to be dead <input type="checkbox"/> Mechanical or physical isolation <input type="checkbox"/> Valves closed/locked off/spades inserted <input type="checkbox"/> Pipelines drained/purged/disconnected/vented to atmosphere <input type="checkbox"/> Isolation procedure attached <input type="checkbox"/> Other (specify):
Precautions (tick as appropriate):	<input type="checkbox"/> Hot work permit <input type="checkbox"/> Protective clothing <input type="checkbox"/> Respiratory equipment <input type="checkbox"/> Safety belt or harness <input type="checkbox"/> Protected electrical equipment <input type="checkbox"/> Lifting tackle <input type="checkbox"/> Non-sparking tools <input type="checkbox"/> Special ventilation <input type="checkbox"/> Additional precautions (if none state none):  Atmosphere tests <i>are not / are</i> required at intervals of .....
Other Precautions required :	Method/technique: Materials:
Personnel controls:	Maximum number of persons allowed in at one time ..... Maximum time each person allowed in at one stretch ..... Length of rest pauses between stretches..... Number of watchers .....

- a) I have read and understood the requirements and procedures required in this permit to work.  Yes

**NAME:** ..... **SIGNATURE:** ..... **DATE:**...../...../.....

## SECTION 3 - TO BE COMPLETED BY THE PERSON CARRYING OUT THE WORK AND EO

The permitted work has been completed and work site has been cleared of any asbestos debris/hazards.

**NAME:** ..... **SIGNATURE:** ..... **DATE:**...../...../.....

**AUTHORISING PERSON:** ..... **TITLE:** ..... **DATE:**...../...../.....