

Authorisation to Work Permit - Bunbury

ATW No: Expiry Date: and Time: Lockbox #:

ATW Issuer: Work Group:
Area: Location:

Supporting Documentation:

1. Brief Description of Works.

Work Order No: (Attach W/O)

2. Required Permits:

• Note: If answering Yes – then list Permit Number	Yes	No	Permit No
Isolation Permit			
Confined Space Entry Permit			
Work on Live Equipment Permit			
Excavation / Penetration Permit			
Electrical Access Permit			
HV Switching Permit			
Complex Lift Permit			
Working at Height Permit			
Floor Plate / Mesh / Handrail Removal			
Fire System Impairment Permit			
Diving			
Other (specify):			

3. ATW Issuer / Authorised Person Field Visit Confirmation

I have inspected the work area with the Recipient, discussed area specific hazards and controls. It is confirmed that this section of the Plant is safe for the work group to commence work.

Date: Time: Name: Sign

4. ATW Issuer Approval

The scope-of-work has been confirmed and all associated JHAs and Permits sighted as approved. Work group interaction has been considered and controls listed as necessary.

Date: Time: Name: Sign

5. Recipient Acceptance

Recipient Acceptance:

- a) I accept all conditions as stated on this ATW and on the related JHAs / work instructions and Permits as true and correct.
- b) All persons in the workgroup shall be informed of all requirements.
- c) I have inspected the work area with the ATW Issuer, discussed area specific hazards and controls. It is confirmed that this section of the Plant is safe for the work group to commence work.

Date: Time: Name: Sign

Recipient Phone Number:

Contractor Emergency Offsite Phone Number:

Authorisation to Work Permit - Bunbury

6. Suspend / Re-Issue ATW (or to transfer Recipient Role)

	Recipient				ATW Issuer		Reason (End of Shift; Change of Recipient; Out of Service)
	Date	Time	Print Name	Signature	Print Name	Signature	
Suspend							
Re-Issue							
Suspend							
Re-Issue							
Suspend							
Re-Issue							
Suspend							
Re-Issue							
Suspend							
Re-Issue							
Suspend							
Re-Issue							
Suspend							
Re-Issue							

7. Completion checklist

	Yes	No	N/A		Yes	No	N/A
Walk down inspection conducted				Limits reset (if moved)			
All restraints removed				Danger tags, locks etc removed			
Construction/Temp materials removed				Lighting tested and operational			
All guarding back in place and secure				Brakes tested and operational			

8. Change details

<p>Created Hazard(s):</p>	<p>Control(s)</p>
---------------------------	-------------------

Recipient:

 Date: _____ Time: _____ Name: _____ Signature: _____

ATW Issuer:

 Date: _____ Time: _____ Name: _____ Signature: _____

9. Recipient Closure: I confirm that the scope of the work is completed, and the work site is left in a safe and clean condition.

Date: _____ Time: _____ Name: _____ Sign: _____

10. ATW Issuer Closure: This ATW to Work is now Closed and no work can continue.

Date: _____ Time: _____ Name: _____ Sign: _____

ATW original kept at job site and returned to SPA Supervisor on completion.

Copy controlled by ATW Issuer