



This permit is for any Contractor engaged by AIT Estates Office who will carry out work Electrical Works. Electricity can severely injure or kill people, and can cause damage to buildings and property from the effect of fires and explosions.

GENERAL INFORMATION

Project/Work(s)	
Permit Request Date:	
Contractor (company) Name:	
Contractors Person Responsible:	
Contact Phone No:	
Email Address:	
Description of Electrical Works:	
Commencement time & date:	
Completion time & date:	

PRECAUTION CHECKLIST

Confirm the Contractor and his personnel will comply with Part 3 (Regulation 74 to 93) of the 2007 Safety Health & Welfare at Work (General Application) Regulations?

Has a Risk Assessment been carried out specifically identifying the risks associated Works?

Have the Risk Assessment Control Measures/Actions been implemented?

Type of electrical work being undertaken (please specify):	
Hazards associated with the work (Residual hazards and hazards introduced by the work):	
Points at which the equipment is isolated:	
Safety locks have been fitted at the following points:	
Potential tests have been carried out at:	
The equipment is efficiently connected to the earth at the following points (if applicable):	
Signage/ notices have been posted at:	
Other procedures:	

ELECTRICAL ISOLATION - DECLARATION & SIGNATURE

I _____ the Contractors Authorised Person hereby declare that the equipment has been made dead, isolated from all live connections and earthed (if applicable). Safety locks are held by personnel conducting the work. All personnel involved have been informed.

Name (in BLOCK CAPITALS):	
Signature:	
Contractor Name:	
Date:	

AUTHORISATION on behalf of AIT

Name (in BLOCK CAPITALS):	
Signature:	
Date:	

PERMIT RETURN DATE & SIGNATURE

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