PERMIT TO WORK

Christchurch City Council

This form is to be filled out in accordance with Operating Procedure: Permit to Work

The Permit Issuer shall review this Permit to Work (PTW) from and ensure all sections are completed as applicable. JSA must be attached

Permit number:	**PTW_**
Work Order Number	
Site Name	**Christchurch Wastewater Treatment Plant**
Site Phone	**03 941 5705**
Site Address	**210 – 220 Pages Road, Wainoni**
Person in control	
Position	
Company	
Phone or RT Channel	

ACR number:	
Start Date:	
End Date:	
First Aid Location:	

In the event of an emergency – Call the site supervisor on 03 941 5705, or 111 if there is a risk to life or property

Safety Observer	
Name	
Phone or RT Channel	

JOB DETAILS:
Description and reason for work:
List any impacts to the worksite, operations, other personnel, or environment:

CERTIFICATES REQUIRED

☐	☐	☐	☐	☐	☐	☐	☐
Isolation	**Work at Height**	**Confined Space**	**Hot Works**	**Excavations**	**Cranes / Lifting**	**Transfer of Control**	**Critical Systems**

☐ Technical documentation provided e.g. P&ID, As built

PERMIT REVIEWER: The isolations have been completed per the application, the JSA has been reviewed

I&EC Team	_____	**Shift Engineers**	_____
Date	_____	**Date**	_____
Operations Manager *(Transfer of control only)*	_____	**Health & Safety Advisor** *(if required)*	_____
Date	_____	**Date**	_____

PERMIT ISSUER: The Job Safety Analysis or Safe Work Method Statement has been completed by the Receiver.
All Isolations (if required) are in place and the work is safe to commence.

Signed by Permit Issuer	_____	**Signed by Permit Receiver**	_____
Name of Permit Issuer	_____	**Name of Permit Receiver**	_____
Date/time issued	_____	**Date/time received**	_____

PERMIT CLOSEOUT

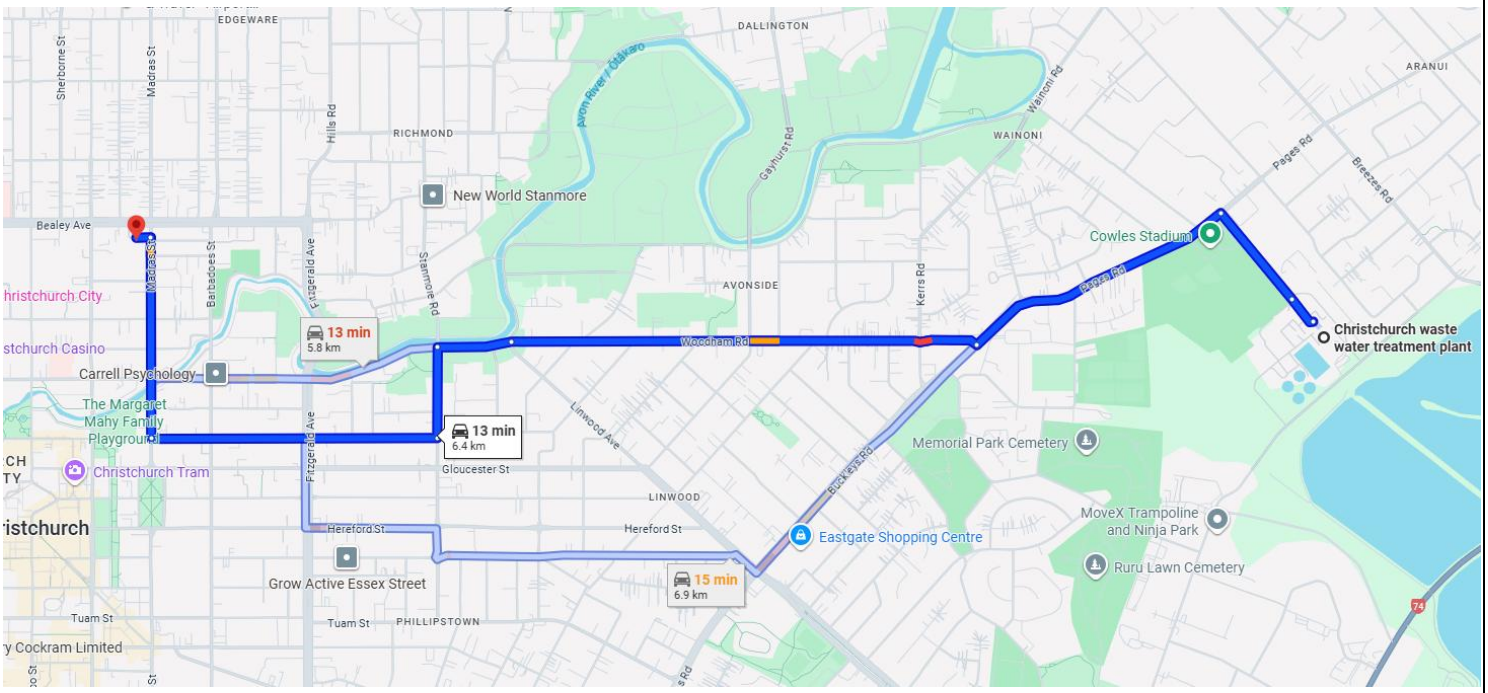
This Permit is closed. All relevant Certificates have been closed by the Permit Receiver. The work site has been left in a safe and tidy condition.

Signed by Permit Issuer	_____	**Signed by Permit Receiver**	_____
Name of Permit Issuer	_____	**Name of Permit Receiver**	_____
Date/time issued	_____	**Date/time received**	_____

Emergency Contacts

Poisons Centre: 0800 764 766
Christchurch City Council: 03 941 8999
Environment Canterbury: 0800 765 588
Pollution hotline: 0800 765 588

Emergency medical centre:



PERMIT TO WORK

Christchurch City Council

PTW #_____

JOB SAFETY ANALYSIS

Risk matrix

			Consequence / potential severity				
			Insignificant No / Very minor harm	**Minor** Minor harm (Requiring first aid, lost time injury <3 days)	**Moderate** Moderate harm (Requiring medical treatment, Lost time injury >4 – 15 days)	**Major** Harm (Resulting in incapacity – permanent absence, Lost time injury >15 days)	**Severe** Death or permanent harm
Likelihood	Certain	Is expected to occur on a regular basis (most weeks or monthly)	Medium	High	Extreme	Extreme	Extreme
	Almost Certain	Is likely to occur several times a year	Low	Medium	High	Extreme	Extreme
	Likely	Will possibly occur (May happen every one to two years)	Low	Medium	Medium	High	Extreme
	Unlikely	Unlikely to occur (Could occur at some time in 2 – 5 years)	Low	Low	Medium	High	Extreme
	Highly Unlikely	May occur in exceptional circumstances (May happen every five – twenty years)	Low	Low	Low	Medium	Extreme

Mandatory personal protective equipment (PPE) required:

 Hard hat	 Safety Boots	 High-Vis	 Gloves	 Eye Protection	 Hearing Protection	 Respirator Protection	 Full-length clothing
☐	☐	☐	☐	☐	☐	☐	☐

PERMIT TO WORK

Christchurch City Council

PTW #_____

	Hazards		**Hazard controls – what do we need to do to make it safe?**			
What are we doing? *(step by step)*	**What could cause harm?**	**Existing risk level** (*use risk matrix)*	**Can we eliminate the risk?** *List how below*	If elimination is not possible, can we: - **substitute** and/or - **isolate** and/or - use **engineering controls**	If any risk stillremains: - use **admin controls** and/or **PPE** *(PPE is the least effective and should not be first or the only control measure)*	Residual risk level

PERMIT TO WORK

Christchurch City Council

PTW #_____

Changes or Updates to JSA

	New hazards *(one per line)*		Hazard controls – what do we need to do to make it safe?			
List any changes or modifications to the job below, in order	**What could cause harm?**	**Existing risk level** *(use risk matrix)*	**Can we eliminate the risk?** *List how below*	If elimination is not possible, can we: - **substitute** and/or - **isolate** and/or - **engineering controls**	If any risk still remains: - use **admin controls** and/or **PPE** *(PPE the least effective and should not be first or the only control measure)*	Residual risk level

PERMIT TO WORK

Christchurch City Council

PTW #_____

JSA sign on: I have read and understood this JSA and agree to follow the plan, use the agreed hazard controls and work safely.

Name	Signature	Position	Sign on		Sign off	
			Date	Time	Date	Time
			DD / MM / YYYY	HH : MM	DD / MM / YYYY	HH : MM
			DD / MM / YYYY	HH : MM	DD / MM / YYYY	HH : MM
			DD / MM / YYYY	HH : MM	DD / MM / YYYY	HH : MM
			DD / MM / YYYY	HH : MM	DD / MM / YYYY	HH : MM
			DD / MM / YYYY	HH : MM	DD / MM / YYYY	HH : MM

Permit to Work
Isolations Certificate

Christchurch City Council

PTW #____

The person performing the isolations must ensure the following is in place before work commences:

1 All personnel working under this isolation schedule clearly understand the LOTO procedure (GEN_HSE_0002).

2 A registered Electrician, Plumber, Shift Engineer or Specialised Technician must have installed and tested the isolations.

All Permit Users (workers) have installed their individual locks and tags on each isolation point or group lockout (clasp or lockbox).

Z.E.S / I.E.S (Zero Energy State/ Isolated Energy State)
Comments: _____

Group Lockout Y/ N **LOCKBOX #**

Note: If lockbox is used then this Isolation schedule must be posted adjacent to the lockbox

Lock #	Isolation Point Tag & Description	State (Open/Close)	Applied By	Personal Lock added?	Check By:	Removed By

PTW1.3 – Permit to Work – Isolations Certificate
DATE OF ISSUE: 2 April 2025
VERSION: V1.2

Permit to Work
Isolations Certificate

Christchurch City Council

PTW #____

Permit Certificate – Isolation Sign Off							
Issue date:				Sign:			
Change in hazards (circle)				Yes		No	
If yes JSA will need to be changed and signed off							
Permit Suspension and Revalidation – used when work is suspended and can be revalidated for up to 6 (six) shifts only. Permit Issuer only can revalidate the Permit.							
Suspended by:		Date/Time:		Revalidated by:		Date/Time:	
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Suspended by:		Date/Time:		Revalidated by:		Date/Time:	
Suspended by:		Date/Time:		Revalidated by:		Date/Time:	
Permit Issuer and Permit Receiver: By signing below, we verify that the work described above has been completed.							
Permit Issuer (name):				Permit Receiver (name):			
Signature				Signature			
Date				Date			

Permit to Work
Working at Height Certificate

Christchurch City Council

PTW #____

NOTE: All staff involved must be trained and competent in working at height.
Specialist qualifications are required for any abseil work.

Description of job and rescue plan

_____
_____
_____
_____
_____
_____
_____

Site Inspection Before Work Starts – Permit Issuer must be satisfied that appropriate precautions are in place or planned to mitigate risk				
Date of Site inspection:				
Type of Equipment? All equipment must be inspected, hold current certificates where relevant, be appropriately rated, fit for purpose and in good condition.				
☐ Ladder	☐ Roof	☐ Certified scaffold	☐ Telescopic boom	☐ Edge protection
☐ Scissor lift	☐ Crane	☐ Permanent ladder	☐ Articulating boom	☐ Total restraint system
☐ Fall Arrest*			☐ Abseil*	
☐ Fall Restraint/Arrest System inspected, maintained and in safe working order compliant with AS/NZS1891			☐ Fall Restraint/Arrest System compliant with AS/NZS1891 series	
☐ Rated and approved anchor point			☐ Lanyard length confines the operator to working platform	

*Contact your Council Health, Safety & Wellbeing Advisor for further advice

The Safety Observer must ensure the following is in place before work commences:

☐ A safety observer has been assigned to maintain continuous communication and observation with any person wearing a safety harness. Strikethrough if not applicable.

☐ WorkSafe NZ has been notified if required (If there is a potential for a fall of 5 m or higher, including the erection or dismantling of scaffolding from which a person may fall 5 m or more. Work carried out from a ladder only, or maintenance and repair work of a minor and routine nature is excluded) Strikethrough if not applicable.

☐ Suitable fall protection has been provided and documented in the Job Safety Analysis for this Permit to work.

☐ Barriers and signs are in place to prevent the passage of other personnel into or underneath the area.

☐ Safe access to any essential service within the work area has been maintained, including protection from falling items. Strikethrough if not applicable.

☐ All safety equipment and specialised work tools are fit for purpose, are in good condition and have valid certification/inspection certificates where relevant.

Rescue Plan

A rescue plan has been documented and is understood by all team members.

Name	**Signed**

Permit to Work
Working at Height Certificate

Christchurch City Council

PTW #____

Rescue Plan:
List all the equipment that will be used and is on hand for self-rescue or team rescue, and how the rescue will be undertaken.

Equipment	Expiry Date	Equipment	Expiry Date

Permit Certificate – Working at Height Sign Off							
Issue date:				Sign:			
Change in hazards (circle)				Yes		No	
If yes JSA will need to be changed and signed off							
Permit Suspension and Revalidation – used when work is suspended and can be revalidated for up to 6 (six) shifts only. Permit Issuer only can revalidate the Permit.							
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Suspended by:		Date/Time:		Revalidated by:		Date/Time:	
Suspended by:		Date/Time:		Revalidated by:		Date/Time:	
Permit Issuer and Permit Receiver: By signing below, we verify that the work described above has been completed.							
Permit Issuer (name):				Permit Receiver (name):			
Signature				Signature			
Date				Date			

Permit to Work
Confined Space Certificate

Christchurch City Council

PTW #____

All confined space entry permits must be reviewed and co-signed by another CCC team member with current training in AS 2865 Confined Spaces. All staff involved with confined spaces must be trained in AS 2865 Confined spaces and hold the relevant unit standards issued within the last two years.

Max Entry Duration: _____ **Max number of people allowed in space: _____**

Site Inspection Before Work Starts – Permit Issuer must be satisfied that appropriate precautions are in place or planned to mitigate risk				
Date of Site Inspection:				
Confined Space Location				
How was the Confined Space Cleaned?	Note: If cleaning not required/practical, mark here ☐			
☐ Flushed with water	☐ Purged with inert gas	☐ Drained of Liquid	Specify cleansing agent used:	
Ventilation	☐ Continuous	☐ Forced air	☐ Respirator / BA	Intrinsically safe equipment ☐ Yes ☐ No

Atmospheric Monitoring: (every 15 - 30 min)	Entry Results	Exit Result	Ceiling (instant)	High level	Low level	TWA (for 8 hour shift)	STEL
Oxygen (%)				23.5	19.5		
H_2S (ppm)						10	5
CO (ppm)			200			20	100
LEL/CH_4 (%)			10				
Other: e.g. Ammonia							

Detector serial no.		Bump test performed	YES / NO
Calibration expiry:		Safe to Enter	YES / NO

The Safety Observer must ensure the following is in place before work commences:
While the entry is in progress, the Safety Observer will:

- Never enter the confined space or leave the entrant unattended
- Control the entry and exit points and ensure only qualified people enter the confined space
- Maintain the entry and exit register to track who is inside the confined space at any time.
- Maintain constant communication with all those working inside the confined space.
- Maintain continuous monitoring of the atmosphere inside the confined space
- Withdraw people from the confined space if the atmosphere deteriorates, conditions change or worksite become unsafe.

☐ The pre-entry atmospheric testing has returned a safe result

☐ Ventilation (natural or forced) is sufficient to maintain a safe atmosphere

☐ A rescue plan has been documented in the Rescue Plan section of this Permit to Work and is understood by all team members.

☐ Rescue equipment is on standby, located near the entrance of the confined space and the safety observer has been briefed on the job.

RESCUE PLAN

A rescue plan must be prepared for all Confined Space Entries. It is to be prepared by the Site Supervisor/ Person responsible for the confined space entry activity.

Emergency Response			
Confined Space Number and Location			
Location of Confined Space Entry Work			
Nominated Rescue Team			
Emergency communications	☐ Radio ☐ Telephone	**Number/Channel**	

Requirements for Confined Space Rescue:

- Life/rescue line must be attached to each person entering a confined space
- Confined Space Entry Emergency Response Procedure must be followed – see next page
- If the rescue plan is going to include an external agency (e.g. the Fire Service) then it is essential that agency is included in the planning process.
- Attempts to retrieve injured person must be attempted from outside the space first
- **Attempts to retrieve injured person by entering the space is a last resort only and may be attempted only where the atmosphere is tested as safe**
- Confined Space rescue scenarios must be practised regularly. All workers involved in CSE must understand the emergency response procedure

Outline of Retrieval/Rescue Plan – include controlling any hazards/risks		
• Immediately notify emergency services – Dial 111.	Expected reaction time of emergency services	
•		
•		
•		
•		
•		
•		

Rescue Equipment Requirements			
Equipment Types	Tick if Required and available on Site	**Equipment Types**	Tick if Required and available on Site
1. First Aid medical pack	☐	7. Tripod and winch ★	☐
2. Harness	☐	8. Self-rescue device ★	☐
3. Fire Fighting Equipment	☐	9. Emergency Stretcher	☐
4. Emergency Lighting	☐	10.	☐
5. Secondary Gas Detector ★	☐	11.	☐
6. Oxygen resuscitation equipment ★	☐	12.	☐

If you require any equipment marked with a ★ you must be specifically trained, competent and authorised to use it.

Developed by:		**Date**	**Accepted by:**		**Date**
Name			Name		
Signature			Signature		

Permit to Work
Confined Space Certificate

PTW #____

Permit Certificate – Confined Space Sign Off							
Issue date:				Sign:			
Change in hazards (circle)				Yes		No	
If yes JSA will need to be changed and signed off							
Permit Suspension and Revalidation – used when work is suspended and can be revalidated for up to 6 (six) shifts only. Only the Permit Issuer can revalidate the Permit.							
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Permit Issuer and Permit Receiver: By signing below, we verify that the work described above has been completed.							
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Signature				Signature			
Date				Date			

PTW #____

SIGN IN AND OUT SHEET

The Standby Person must maintain a record of persons entering and exiting the Confined Space.

Entry Register:

Date:	Name:	Time In:	Time Out:	Time In:	Time Out:	Time In:	Time Out:

PTW #____

Additional atmospheric testing (every 15 – 30 min)

		Pre-Entry Testing Results	Routine Testing Results	Routine Testing Results	Routine Testing Results	Routine Testing Results	Routine Testing Results	Routine Testing Results	Routine Testing Results
Date									
Time									
Safe level	**O_2 19.5-23.5%**								
	H_2S <5 ppm (TWA)								
	CO <20 ppm (TWA)								
	LEL/CH_4 (10% Instant)								
	Other								
	Other								
Safe to Enter (Y/N)									
Signed by safety observer									

		Pre-Entry Testing Results	Routine Testing Results	Routine Testing Results	Routine Testing Results	Routine Testing Results	Routine Testing Results	Routine Testing Results	Routine Testing Results
Date									
Time									
Safe level	**O_2 19.5-23.5%**								
	H_2S <5 ppm (TWA)								
	CO <20 ppm (TWA)								
	LEL/CH_4 (10% Instant)								
	Other								
	Other								
Safe to Enter (Y/N)									
Signed by safety observer									

		Pre-Entry Testing Results	Routine Testing Results	Routine Testing Results	Routine Testing Results	Routine Testing Results	Routine Testing Results	Routine Testing Results	Routine Testing Results
Date									
Time									
Safe level	**O_2 19.5-23.5%**								
	H_2S <5 ppm (TWA)								
	CO <20 ppm (TWA)								
	LEL/CH_4 (10% Instant)								
	Other								
	Other								
Safe to Enter (Y/N)									
Signed by safety observer									

Permit to Work
Hot Work Certificate

Christchurch City Council

PTW #____

Site Inspection Before Work Starts – Permit Issuer must be satisfied that appropriate precautions are in place or planned to mitigate risk	
Date of Site Inspection:	
Description of job :	

Type of Work							
Heat source	☐	Use of open flame	☐	Produces sparks	☐	Electrical ignition source	☐
Use of gas, welding, arc welding, oxyacetylene	☐	Use of rotary disc or grinding equipment	☐	Soldering	☐	Brazing or use of heat guns	☐

Precautions					
Automatic fire detection system isolated (Critical Safety Systems Permit Required)	☐ Yes	☐ NA	All wall, floor, roof penetrations covered, including risers	☐ Yes	
Fire-fighting equipment (including fire hoses) fit for purpose and readily available adjacent to the work area	☐ Yes		Containment of all sparks (eg. grinding, drilling, welding) - screens, fire blankets and barriers	☐ Yes	☐ NA
Operator aware of the exits and exits are not obstructed	☐ Yes		Tanks, valves, vents, pipelines blanked off/isolated	☐ Yes	☐ NA
Cutting/welding equipment in good repair and fitted with flashback arrestors	☐ Yes		Combustible surfaces swept, wetted down, covered with damp sand or metal or fireproof sheets	☐ Yes	☐ NA
Operator has tools and protective gloves on hand to close off the gas in an emergency?	☐ Yes		Fire retardant sheets suspended under work area when working above	☐ Yes	☐ NA
Is ventilation adequate?	☐ Yes		Drains, pits, depressions checked, isolated and sealed	☐ Yes	☐ NA
Operator and Fire Watch have been instructed on action to be taken in case of fire and how to call Fire and Emergency New Zealand. Firewatch examines the area 1 hour after work.	☐ Yes		Combustible and flammable liquids removed or made safe (protected with fireproof tarpaulins or metal shields)	☐ Yes	☐ NA
Site of hot work is isolated and roped off, maintaining a 10-metre exclusion	☐ Yes		Conveyors and waste extraction systems stopped	☐ Yes	☐ NA
Wind direction suitable for hot work (NA if indoors)	☐ Yes	☐ NA			
Work on enclosed equipment			**Fire Watch**		
Equipment purged and cleaned of all combustibles	☐ Yes	☐ NA	Allow for a Cool Down Period once work finished	☐ Yes	
Fume extraction equipment available	☐ Yes	☐ NA	Supplied with appropriate firefighting equipment	☐ Yes	
Adequate air flow through enclosed equipment to be provided while cutting and welding is done	☐ Yes	☐ NA	Trained in use of equipment and sounding alarms	☐ Yes	
Fireproof screens in place	☐ Yes	☐ NA	Smoke detectors deactivated/covered – then reactivate once finished	☐ Yes	☐ NA

Permit to Work
Hot Work Certificate

Christchurch City Council

PTW #____

Equipment and Emergency Arrangements – to be in place before work commences			
☐ Fire blanket	☐ Fire extinguisher	☐ Fire hose reel	☐ Light-transmitting screen/curtain
☐ Emergency recovery equipment	☐ Emergency Plan – practiced	☐ Fume exhaust	☐ Portable fume exhaust

The permit receiver must ensure the following is in place before work commences:

☐ The building condition has been inspected, and cable runs, cavities, pipework, and poly panels have been identified and protected.

☐ All combustible material shall be cleared from the hot work area, where the hot work area cannot practically be cleared, all combustible material must be covered with fireproof blankets or similar protection and any other affected combustible parts of the premises must be similarly protected

☐ Combustible panels or liquids are not closer than 10 m to the worksite or have been inspected and covered with a fire blanket.

☐ Pipework and vessels for flammables have been purged with inert material and certified 'gas free'
Strike through if not applicable.

☐ Fire safety equipment on hand or nearby (e.g. extinguishers, hoses, fire blanket, etc.)

☐ Screens and barriers are in place to prevent the passage of others into the workspace and to protect personnel from arc flash.

☐ Sensitive electronic equipment has been isolated from welding current and conducted heat.

☐ Sufficient ventilation is in place to remove any toxic fumes generated.

☐ All escape routes have been walked and are clear from obstruction.

☐ Before applying any heat to metal built into or projecting through walls, floors or ceilings, an examination will ensure that the other end of the metal is cleared of combustible material, or such combustible material is covered with fireproof blankets or similar protective equipment.

☐ Hot work equipment will be lit, ignited or switched on for as short a time as possible before use and extinguished immediately after use and never left unattended whilst lit or ignited

☐ The insurance certificate does not impose any further hot works conditions.

Permit will only be open for a maximum 12 hours or until the end of shift, additional time will need to be documented and signed daily.

On Closure: After at least one hour after hot works has ceased a fire watch must return to prove the area safe

Permit Certificate –Hot Work Sign Off		
Issue date:	Sign:	
Change in hazards (circle)	Yes	No
If yes JSA will need to be changed and signed off		

Permit Suspension and Revalidation – used when work is suspended and can be revalidated for up to 6 (six) shifts only. Only the Permit Issuer only revalidate the Permit.

Suspended by:		Date/Time:		Revalidated by:		Date/Time:	
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Suspended by:		Date/Time:		Revalidated by:		Date/Time:	
Suspended by:		Date/Time:		Revalidated by:		Date/Time:	

Permit Issuer and Permit Receiver: By signing below, we verify that the work described above has been completed.

Permit Issuer (name):		Permit Receiver (name):	
Signature		Signature	
Date		Date	

Permit to Work
Excavation Certificate

Christchurch City Council

PTW #____

Description of work (Include diagram of work site if appropriate)	

☐ Approved Traffic Management Plan on site	☐ Trees Identified (heritage, protected, roots)
☐ Land identified as contaminated	☐ Less than 30 m from natural watercourse
☐ Known or suspected archaeological or cultural heritage location	☐ If disruptions to properties are likely, have affected businesses / residents been notified?

Description of Excavation / Ground Breaking Activities	
☐ Hand digging (500 mm from services)	☐ Excavator / Heavy Machinery
☐ Air / Hydro Excavation	☐ Working closer than 50 m to Traffic Signals — if Yes, advise Traffic Operations
☐ Working within 4 m of overhead power lines — if Yes, utility owner notification is required	☐ Working closer than 2.5 m to a power pole or stay wire — if Yes, utility owner notification is required
☐ Drilling	☐ Crossing major utility asset

Work Activities	
☐ Underground service plans on site	☐ Are underground services locations understood
☐ Services located by electronic locating device	☐ Underground services marked out
☐ Outline of excavation marked out on the ground	☐ Pipework protected and methodology in place for is safe
☐ Gas detector in use where applicable (anything present that may displace oxygen, e.g. exhaust fumes, contaminated soil etc)	

Nature of Excavation / Trench	**Yes**	**No**	**NA**
Digging and excavating required shallower than 1.5 m	☐	☐	☐
Digging and excavating required deeper than 1.5 m	☐	☐	☐
WorkSafe New Zealand notified	☐	☐	☐
Benching/shoring/shields required	☐	☐	☐
Protection from falls required	☐	☐	☐
Protection from falling objects	☐	☐	☐
Mechanical plant closer than 1 m to the edge	☐	☐	☐
Spoil closer than 1 m to the edge	☐	☐	☐
Adjacent buildings/structures	☐	☐	☐
Isolation when unattended	☐	☐	☐
Is a Permit to Work (PTW) required? Note: Confined Space, Working at Heights permits may be relevant	☐	☐	☐

Hazardous Energy Isolation – Permit Issuer ticks the isolation checks below when satisfied that the isolation is in place. Note: An isolation permit may be required

Service Type	**Location**	**How Isolated?**	**How Identified?**	**OK**
High-voltage electrical cables				☐
Low-voltage electrical cables				☐
Pipelines (Biogas / gas / fuel)				☐
Pipelines (water, waste)				☐
Telecommunications (including fibre optic)				☐

Permit to Work
Excavation Certificate

Christchurch City Council

PTW #____

Do any job steps require excavations 150 mm or deeper or involve demolition YES/NO (If Yes complete below)

The Safety Observer must ensure the following is in place before work commences:

☐ A safety observer has been assigned to check the excavation face during periods of mechanical digging.

☐ The WorkSafe NZ has been notified if required (if a person is required to work in any excavation more than 1.5 m deep and having a depth greater than the horizontal width at the top, if a person is required to work with groundcover overhead, or if a person is required to work below a face higher than 5 m with an average slope steeper than a ratio of 1 horizontal to 2 vertical.) Strikethrough if not applicable.

☐ Safe access and egress to the excavation is in place (steps, ramps or secure ladders where possible, alternatively a mechanical transportation method)

☐ The underground services drawing has been reviewed and Ground Penetrating Radar (GPR) has been completed.

Excavation within 500 mm in any direction of a positively identified (visual) underground service must be carried out by hand.

Excavation within 2 m in any direction of an indicatively identified (by drawings or locator) underground service must be carried out by hand.

☐ All unattended excavations will be barricaded and lit with warning lights if the area is otherwise unlit or covered securely.

☐ Updated drawings provided

☐ All underground services have been positively identified.

Permit Certificate – Excavation Sign Off							
Issue date:				Sign:			
Change in hazards (circle)				Yes		No	
If yes JSA will need to be changed and signed off							
Permit Suspension and Revalidation – used when work is suspended and can be revalidated for up to 6 (six) shifts only. Permit Issuer only can revalidate the Permit.							
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Suspended by:		Date/Time:		Revalidated by:		Date/Time:	
Suspended by:		Date/Time:		Revalidated by:		Date/Time:	
Suspended by:		Date/Time:		Revalidated by:		Date/Time:	
Permit Issuer and Permit Receiver: By signing below, we verify that the work described above has been completed.							
Permit Issuer (name):				Permit Receiver (name):			
Signature				Signature			
Date				Date			

Permit to Work
Cranage & Lifting Certificate

Christchurch City Council

PTW #____

Detailed Description of Work / Purpose of Work (diagram of work site if appropriate)			
Name of Dogman/Slinger:		Name of Spotter:	

Site Inspection Before Work Starts — Permit Issuer must be satisfied that appropriate precautions are in place or planned to mitigate risk

Date of Site Inspection:	

Type of Work?

☐ Personnel Lift	☐ Tandem Lift	☐ Load suspended above potentially occupied areas

Safe Working Limits

Is crane safe working load understood?	☐ Yes	☐ No	Is safe working radius able to be maintained?	☐ Yes	☐ No
If a tandem lift, are cranes to be de-rated?	☐ Yes	☐ No	If cranes to be de-rated, by how much?	☐ Yes	☐ No

Conditions

Are weather conditions suitable for this type of work?	☐ Yes	☐ No	Are proximity hazards identified and hazards mitigated?	☐ Yes	☐ No
Have underground services been located?	☐ Yes	☐ No	Is crane siting suitable for loads to be imposed?	☐ Yes	☐ No

Hazardous Energy Isolation (Permit Issuer ticks the isolation checks below when satisfied that the isolation is in place. Note: An Isolation Permit may be required)

Hazard/Risk	Location	How isolated?	How identified?	Ok
Electrical Services				☐
Isolate vicinity – prevent injuries to persons (including outside ring fence)				☐
Isolate crane – remove keys to prevent unauthorised access				☐

The Safety Observer must ensure the following is in place before work commences:

☐ A safety observer or dogman has been assigned to maintain continuous communication with every person involved in the lift.

☐ WorkSafe New Zealand has been notified if required. Work is notifiable if a load of 500kg or more has to be lifted a vertical distance of 5 m or more. Use of an excavator, forklift, or self-propelled mobile crane is not notifiable for any loads/heights. Strike through if not applicable.

☐ The underground services drawing has been reviewed to check that no weight bearing outriggers are positioned over potential subsidence circumstances (Risk can be mitigated by using load spreading pads.)

☐ Signs, barriers or personnel are in place to prevent passage of people or vehicles into the lifting area

☐ The crane and load will be clear of overhead power lines by at least 4m at all stages of the lift. (Unless the electrical supply authority has been advised in writing and power has been shutoff)

☐ If the load can rotate when lifted, tag lines will be used to ensure that the load is under control at all times.

☐ Strong wind, rain, poor visibility and other environmental conditions that could compromise safety are absent. The lift will be postponed if such conditions arise.

Is this a Critical Lift? (Will the crane operate at over 75% of its capacity, use multiple hoists, or lift people/Dangerous Goods?)

Yes / No (If Yes complete below)

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The Safety Observer must ensure the following is in place before work commences:

☐ The underground services drawing has been reviewed and marked up with the intended position of the crane and its outriggers and attached to this permit.

☐ Overhead services are identified and isolated

☐ The crane's load chart showing the crane's capacity at the intended lifting radius and annotated with the intended weight of the load to be lifted is attached.

☐ A plan showing the direction of the lifting slew and the area to be taped off and controlled is attached.

☐ Barriers or danger tape are in place to prevent passage of others into the lifting area.

Permit Certificate –Cranage & Lifting Sign Off							
Issue date:				Sign:			
Change in hazards (circle)				Yes		No	
If yes JSA will need to be changed and signed off							
Permit Suspension and Revalidation – used when work is suspended and can be revalidated for up to 6 (six) shifts only. Permit Issuer only can revalidate the Permit.							
Suspended by:		Date/Time:		Revalidated by:		Date/Time:	
Suspended by:		Date/Time:		Revalidated by:		Date/Time:	
Suspended by:		Date/Time:		Revalidated by:		Date/Time:	
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Suspended by:		Date/Time:		Revalidated by:		Date/Time:	
Permit Issuer and Permit Receiver: By signing below, we verify that the work described above has been completed.							
Permit Issuer (name):				Permit Receiver (name):			
Signature				Signature			
Date				Date			