GD21 Entry/access (limitation of access) permit



Company name						Project title						
Location						Contract no.						
Part 1												
Reference no.												
Address												
Contractor												
Team completing work			Name	Name					Signa	Signature		
Competent person supervising the work												
Other members of the team												
Location												
Location entrance(s) must be signed with the notice of access control												
Part 2 – Attachmen	ts											
Risk assessment and method statement	nent				No	Approved ris		ment and				
Checklists	Yes (permit will not be approved if checklists not attached)											
Part 3 – Authorisation												
Any special precautions required?												
The persons designated above (and only those persons) are hereby granted permission to enter and work in the controlled location in accordance with the approved risk assessment and method statement.												
Permit to commence Date				Time				e				
Permit to expire	pire Date							ne				
This permit cannot cover more than one shift and can only be issued for the maximum of a 12-hour period.									d.			
Name	P	osition				Signatu	re			Date		
Part 4 – Acceptanc	e of permi	t										
I hereby confirm that all will abide by the conditi			ithin the	e sco	ppe of	this permit wi	ill be	adeq	uately brief	ed on its	content and	
Name	Position					Signature			Date			
Part 5 – Completion of work												
The work for which this permit was issued is complete and all persons, materials and equipment under my supervision have been withdrawn.												
Name	P	osition				Signatu	re			Date		
Part 6 – Works complete												
I certify that I personally examined the work area detailed above and that the work specified has been satisfactorily completed.												
Comments												
Name	P	osition				Signatu	re			Date		
The permit is now cancelled – a new permit will be required if work is to continue.												



GD21 Entry/access (limitation of access) permit continued

This checklist must be completed by the trade contractor's competent, nominated person and reviewed by the appointed person before a permit can be issued. A copy of the checklist must also be attached to the permit.

Note: only questions 3, 4, 6, 7, 8, 11, 14 and 15 can be answered N/A.

Entry/access permit									
				Yes	No	N/A	Co	mments	
1. Is there	adequate access and eg	gress?							
2. Has a r	isk assessment and met	nod stateme							
3. Is moni	toring equipment require	d (and if so l	?						
4. Have al	I harmful substances bee	en removed							
5. Are all t	hose entering the area t	ained and c							
6. Is a res	cue plan in place and ap	proved?							
7. Is adeq	uate rescue equipment i	n place?							
8. Has the	e rescue team been traine	ed in its use?							
	ystem of communication numbers available?	been estab	ency						
10. Have al	I services to the area be	en isolated o							
11. Is the ca and fit f	orrect personal protective or use?	e equipment	e						
12. Are all t	he necessary signs and	barriers ava							
13. Is intrin	sically safe task lighting a	available?							
14. Is there	a risk of spark or fire? (A	f 'Yes' a hot	ed.)						
15. lf worki	ng in riser shafts, lift sha	fts, roof area	is, etc:						
a) is ad	equate fall prevention in	place?							
b) have	precautions been taken	to avoid fallii	?						
c) has t	he area been checked fo	r potential fr							
Comments									
Name		Position		Signature			Date		