

PERMIT TO WORK – DEMOLITION



To be completed by demolition works supervisor before work starts – *daily*

Contract:			
Date:		Time:	
Demolition Contractor:			
Demolition Supervisor(s)			
Operatives:			

Area(s) of site to be demolished today:

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Method of demolition, control measures to be employed & restrictions on work:

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Have all Asbestos risks been mitigated for this area?	Yes	No	
Is there safe access to the work area(s) for the operatives?	Yes	No	
Have all fall risks been protected?	Yes	No	
Are persons protected from being struck by moving machinery?	Yes	No	
Are persons protected from falling materials?	Yes	No	
Are 3 rd parties being protected from the works?	Yes	No	
Have operatives been briefed on the required control measures?	Yes	No	
Is the approved method statement being followed?	Yes	No	

Environmental Aspects

Are the dust levels being controlled adequately?	Yes	No	
Are the noise levels under 80db, are ear defenders available if required?	Yes	No	
Are all fuels, oils and lubricants stored correctly, spill kits available and staff trained?	Yes	No	

Authorisation

I am fully aware of and understand the control measures & restrictions stated on this permit.

Name of Demolition Supervisor:	Signature:	Date:

I am satisfied that it is safe to do the work stated, provided that the above instructions are carried out.

Name of Permit Authoriser:	Signature:	Date:

* If any statement cannot be answered 'Yes', work must not proceed until further precautions have been agreed.