

Permit to Work Form – Abrasive
Blasting & Spray Painting**ABRASIVE BLASTING & SPRAY PAINTING**

PERMIT NUMBER:

Work to be performed:

Y

N

Abrasive Blasting

Spray Painting

Person(s) to carry out Abrasive blasting or spray painting:

Date of job:

Expected start time:

Expected completion time:

Where is the work to be carried out:

CHECK & DELETE**Emergency Contact Numbers:**

Y

N

1. Has the area been cordoned off / barricaded and signage placed?

2. Has the area around been checked for potential sources of ignition?

3. Are paints and thinners safely located at the work site?

4. Has the grit pot and associated pressure equipment been regularly serviced and inspected?

5. Is there sufficient separation between spray painting activities and possible ignition sources?

6. Is fire extinguishing equipment in place at the work site?

7. Is a dead mans switch fitted to the blasting line?

8. Are the persons carrying out the work competent to do so?

9. Have possible overspray areas been protected / masked?

10. Are weather conditions appropriate for the work to be completed?

11. Is there adequate ventilation available?

12. Is the correct Personal Protective Equipment on hand?

• Hood and / or Respirator

• Coveralls

• Gloves

• Goggles

• Leggings

REQUEST AND APPROVAL SIGNATURES

I acknowledge that it is my responsibility to ensure that all persons engaged in this work, whether employed directly or on sub contract execute their duties in a safe manner in accordance with the requirements of this permit.

Permit Holder:

Time:

Date:

Signature:

I have checked that the above information is correct and that all precautions and procedures have been put in place.

Works Supervisor:

Time:

Date:

Signature:

Operations Manager:

Time:

Date:

Signature:

WORK COMPLETED

All work associated with this Permit is complete and safe and no further work is permitted.

Permit Holder:

Time:

Date:

Signature:

I accept that the work as defined has been completed satisfactorily.

Works Supervisor:

Time:

Date:

Signature:

Operations Manager:

Time:

Date:

Signature: