

CRITICAL CONTROL VERIFICATION

CRITICAL RISK – PERMIT TO WORK

Respondent		Secondary Respondent	
Unit	Location	Time	Date
Task		Specific Location Details	
Did you do this verification with anyone?		What workgroup are you interacting with?	
WCA Number	Current OIC (Name)	Isolations	

ISOLATION QUALITY

Verify a sample of the isolation points – are the isolation points:

- In the **correct position** (e.g. locked open or closed) and unable to be moved from its position;
- Fitted with a **red isolation lock** that **cannot be unlocked**; and
- **Isolation tag** fitted with **correct functional location** and operation description (refer to WCD). Ensure the KKS (equipment) number on tag matches isolation list Equipment KKS number and Equipment KKS label on the actual equipment (e.g. valve).

Are isolation Valves in **good order, not passing** and a **suitable isolation method** used to the risk of the substance isolated (e.g. single block, double block, double block and bleed)?

PERMIT TO WORK PROCESS

Does the WCA contain an accurate scope of work?

Does the WCA refer to the **relevant 'hazards'** for the work being undertaken?

Is an OIC / PICW **nominated** and **contactable** (contact them)?

Are all **WCDs referenced** on the WCA attached to the PTW and evidence of a **second check completed** (e.g. physical check by OIC or nominated person)?

Is the PTW Board accessible at the location of the work?

Have the work party **signed onto the PTW** and **Locked on**?

Is a **green** PTWO key/s located in the bucket of the PTW board?

Is a **yellow OIC lock** attached to the PTW board without the key in the lock?

Does the JSEA / SWI accurately describe the task, hazards and controls?

Is the **risk assessment** for the task attached to the PTW board and are the work party **aware** of the hazards and controls related to the work?

Does the number of Work Party members on the Sign-On Sheet match the number working on the task?

Where multiple OIC's have been utilised, has this been captured accurately on the appropriate paperwork?

Indicate below which High Risk Activities are attached to the PTW:

<input type="checkbox"/>	Confined Space	<input type="checkbox"/>	Hot Work	<input type="checkbox"/>	Work at Heights
<input type="checkbox"/>	Unprotected Edges	<input type="checkbox"/>	Digging / Excavation / Building Penetrations	<input type="checkbox"/>	Live Electrical Work

EXCLUSION ZONES

Is the Work party aware of the **boundary of isolation** for their **scope of work** (eg: where the job starts and finishes)?

Are **exclusion zones** adequate and appropriately **barricaded** and signed using Danger tape and Do Not Enter Signage with OIC name nominated?

COMMENTS (Ensure details of immediate corrective actions and/or notifications raised are noted here)

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ALL CRITICAL CONTROLS VERIFIED AND FUNCTIONAL?

<input type="checkbox"/>	YES – Safe to proceed	<input type="checkbox"/>	NO – Stop work and escalate immediately
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