



Permit to Work Form

Date: _____ | Inspector: _____ | Doc #: _____

Permit Issue Date	
Permit Number	
Site / Facility	
Department / Area	
Description of Work	
<div style="border: 1px solid #ccc; height: 100px;"></div>	
Work Location (exact)	
Permit Holder (Person in Charge)	
Company / Contractor	
Authorising Supervisor	



Permit Timing

Permit Validity

Planned Start Date

Planned Start Time

Planned Finish Date

Planned Finish Time

Actual Start Date & Time

Actual Finish Date & Time



Hazards & Controls

HAZARD IDENTIFICATION

TASK STEP / ACTIVITY	HAZARD DESCRIPTION	LIKELIHOOD / RISK LEVEL	REQUIRED CONTROL MEASURES	CONTROLS IMPLEMENTED?	NOTES / ADDITIONAL INFORMATION
		<input type="checkbox"/> Low <input type="checkbox"/> Medium <input type="checkbox"/> High		<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Low <input type="checkbox"/> Medium <input type="checkbox"/> High		<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Low <input type="checkbox"/> Medium <input type="checkbox"/> High		<input type="checkbox"/> Yes <input type="checkbox"/> No	

General Control Checklist

Work area isolated / barricaded as required?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Lockout / Tagout applied where necessary?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Hot work fire watch in place where applicable?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A



Confined space entry controls in place (if applicable)?

Yes No N/A

PPE requirements communicated and available?

Yes No

Emergency arrangements (alarms, escape routes) briefed?

Yes No N/A

Control Checklist Comments





Authorisations

Permit Issue

Issuer Name

Issuer Position

Issuer Signature

Date:

Issue Date & Time

Permit Acceptance

Permit Holder Name

Permit Holder Signature

Date:

Acceptance Date & Time

Acceptance Comments



Permit Suspension / Extension / Cancellation 1

Change Type (suspend, extend, cancel)

Details / Reason

Authorising Person

Signature

Date:

Date & Time

Permit Suspension / Extension / Cancellation 2

Change Type (suspend, extend, cancel)

Details / Reason

Authorising Person



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Signature

Date:

Date & Time





Permit Closure

Work Completion & Area Handover

Work completed as per permit?

Yes No

Work area inspected and left in a safe condition?

Yes No

All personnel and equipment removed?

Yes No N/A

Completion Comments

Permit Holder Signature (on completion)

Date:

Supervisor Signature (on closure)

Date:

Closure Date & Time