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| [Sample]**Permit To Work Form**Medical Gas pipeline SystemsHazard Level:\_\_\_\_\_\_\_\_\_\_Facility:\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Permit No.\_\_\_\_\_\_\_\_\_\_\_  |
|  | **Part 1** | Description of work by authorized person (“AP(MGPS)”) and permission to proceed from Designated Medical / Nursing Officer (“DMO/DNO”)The Following works is to be carried out.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Working drawing no.\_\_\_\_\_\_\_\_\_ Work procedure no.\_\_\_\_\_\_\_ Dated\_\_\_\_\_\_\_\_Commencement hr/day\_\_\_\_\_\_\_\_\_\_\_ Completion hr/day\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\* the affected medical locations pipelines and valves shall be highlighted on working drawing.AP(MGPS) Name\_\_\_\_\_\_\_\_\_\_\_ Sign\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_ Time\_\_\_\_\_\_\_\_Clinical/Nursing permission is required for this work and is granted byDMO/DNO Name\_\_\_\_\_\_\_\_\_\_\_ Sign\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_ Time\_\_\_\_\_\_\_\_ |
|  | **Part 2** | Acceptance of work and conditions by Competent Person (MGPS) (“CP(MGPS)”)I accept responsibility for the work as described.No other work will be carried out by me or persons working under my control.I am fully conversant with the work described and relevant health and safety requirement.CP (MGPS) Name\_\_\_\_\_\_\_\_\_\_\_ Sign\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_ Time\_\_\_\_\_\_\_\_ |
|  | **Part 3** | Confirmation of work completion, engineering test results and readiness for pharmaceutical testingWorks described in Part 1 has been completed and the following engineering test have been carried out

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| TEST | P/F | TEST | P/F |
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I have advised the AP(MGPS) of all works and tests carried out and provided details of installationsTest results are / are not satisfactory.The installation has been left in a safe condition.CP(MGPS) Name\_\_\_\_\_\_\_\_\_\_\_ Sign\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_ Time\_\_\_\_\_\_\_\_The system is/is not ready for pharmaceutical testing, this Permit is hereby cancelled.AP(MGPS) Name\_\_\_\_\_\_\_\_\_\_\_ Sign\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_ Time\_\_\_\_\_\_\_\_ |
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|  | **Part 4** | pharmaceutical tests and authorization to use system by Quality Controller (MGPS) (“QC(MGPS”) and AP(MGPS)

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|  | O2 | N2O | N2O/O2 | MA | SA | VAC | AGSS |
| Test | P/F | P/F | P/F | P/F | P/F | P/F | P/F |
| Purging and filling |  |  |  |  |  |  |  |
| Gas Identity |  |  |  |  |  |  |  |
| Gas Quality |  |  |  |  |  |  |  |
| Particulate meter |  |  |  |  |  |  |  |
| Pipeline Odour |  |  |  |  |  |  |  |

The test results are/are not satisfactory. The system may/may not be taken into use.QC(MGPS) Name\_\_\_\_\_\_\_\_\_\_\_ Sign\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_ Time\_\_\_\_\_\_\_\_AP(MGPS) Name\_\_\_\_\_\_\_\_\_\_\_ Sign\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_ Time\_\_\_\_\_\_\_\_ |
|  | **Part 5** | Acceptance of system status by Designated Medical/Nursing OfficerI declare that all aspects of the work have been explained to me. I hereby accept that the system is ready/not ready for service and I will undertake to advise all the appropriate staff of this service status.DMO/DNO Name\_\_\_\_\_\_\_\_\_\_\_ Sign\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_ Time\_\_\_\_\_\_\_\_Ward/Dept\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |