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| [Sample]  **Permit To Work Form**  Medical Gas pipeline Systems  Hazard 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 by  DMO/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 testing  Works described in Part 1 has been completed and the following engineering test have been carried out   |  |  |  |  | | --- | --- | --- | --- | | TEST | P/F | TEST | P/F | |  |  |  |  | |  |  |  |  |   I have advised the AP(MGPS) of all works and tests carried out and provided details of installations  Test 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\_\_\_\_\_\_\_\_ |
|  |  |  |
|  | **Part 4** | pharmaceutical tests and authorization to use system by Quality Controller (MGPS) (“QC(MGPS”) and AP(MGPS)   |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | |  | 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 Officer  I 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\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |