Document No: ……..

Cross Reference Docs……

LIMITATION-OF-ACCESSS

1. ISSUE

To: ……In the employment of……

Permission is given for access to and/or carrying out the work described below:

Location……

Access to……

……

……

……

……

……

Work to be carried out: ……

……

……

……

……

NO OTHER WORK SHALL BE CARRIED OUT.
ALL HV & LV APPARATUS SHALL BE CONSIDERED AS LIVE.

SAFETY PRECAUTIONS APPLICABLE:

(a) Plant and apparatus……

……

……

(b) Environment: ……

……

……

(c) Access/General: ……

……

NOTE: This Limitation-of Access is valid until it is cleared and cancelled

ISSUED:

Sign: …… Print Name: …….. Time: …… Date: ……

Being the Authorised Person*/Senior Authorised Person* responsible for the issue of this Limitation of Access.

(*** Delete as not appropriate**)

2. RECEIPT I accept responsibility for access and/or for carrying out the work in accordance with this Limitation-of-Access and no other work will be undertaken by me, or by the persons under my charge, at the above location.

Sign: …… Print Name: …….. Time: …… Date: ……

3. Working Party

The recipient of this Limitation-of-Access shall ensure that all members of the working party sign below to show they understand the apparatus that has been made safe to work on, or the safe working zone and the safety precautions to be taken.

Print Name	Signed	Print Name	Signed

4.. Working Party Information / Including Special Precautions (If Required)

The recipient of this Limitation-of-Access shall ensure that all members of the working party sign below to show they understand the apparatus that has been made safe to work on, or the safe working zone and the safety precautions to be taken.

Print Name	Signed	Print Name	Signed

5. CLEARANCE

All persons under my charge have been withdrawn and warned that it is no longer permitted to have access or to carry out the work specified on this Limitation-of-Access.

THE WORK IS COMPLETE* / INCOMPLETE*

*** Delete words not applicable**

Sign: …….. Print Name: …….. Time: …….. Date: ……..

6. CANCELLATION

This Document is cancelled, with the consent of the Authorised Person*/Senior Authorised Person*:

(***Delete as not appropriate.**)

Sign: …….. Print Name: …….. Time: …….. Date: ……..

ON THE CEASING OR COMPLETION OF THE WORK THE HOLDER MUST SURRENDER THIS LIMITATION-OF-ACCESS AS DIRECTED FOR CANCELLATION, AFTER WHICH NO WORK SHALL BE DONE.