

COVID-19 Close Contact Working Permit

Section A: Permit Details (To be completed prior to works commencing)					
Date Valid From:		Date Valid To:		Planned Start Time:	
Planned Finish Time:		Project Name:		Contractor:	
Client/PSCS:		Location of Works:			
Task Description:					
RAMS Number:			SPA Number:		
THE CONDITIONS OUTLINED BELOW MUST BE MET FOR WORKS TO PROCEED IF YOU TICK NO TO ANY OF THE BELOW PLEASE CONTACT JEG SUPERVISOR					
Condition		Yes	No	Task Specific PPE Requirements	
1. The work method cannot be changed to eliminate close contact				PPE Type	
2. The operatives involved in the task do not have any Covid-19 symptoms				Full Face Shield	
3. Permit authorised & posted at work location				Disposable Face Mask	
4. Task specific RAMS in place & communicated to / signed by all crew				Safety Glasses	
5. Specific control measures for close contact are in place and detailed on SPA. (SPA communicated to / signed by all crew)				Disposable Gloves	
6. Tools & equipment cleaned & disinfected before and after use. No sharing of tools.				Disposable Suit	
7. Exclusion Zone for <2m work has been established				<ul style="list-style-type: none"> ➤ All operatives must ensure that hands are thoroughly washed & sanitised before donning PPE. ➤ No sharing of PPE, RPE or tools. ➤ Tools must be cleaned & disinfected before & after use (including after breaks) 	
8. Operatives briefed on the donning & doffing procedure for PPE					
9. Operatives have been briefed on permit conditions including Covid-19, best hygiene practice & control measure in place					
10. Close contact list of names documented for contact tracing					
Names of Operatives working on Permit (Print Names - Max 4)		1:		2:	
		3:		4:	
JEG Supervisor:		JEG EHS:		JEG C-19 Compliance Officer:	
Section B: Authorisation					
JEG Supervisor Name (Print):		JEG Supervisor Signature:		Date:	
JEG EHS/C-19 Officer Name (Print):		JEG EHS/C-19 Officer Signature:		Date:	
Authorised Workers					
Print Name:		Signature:		Date:	
Print Name:		Signature:		Date:	
Print Name:		Signature:		Date:	
Print Name:		Signature:		Date:	
Section C: Close Out					
I can confirm the works have been completed and the area made safe. All disposable PPE has been double bagged & disposed of. All reusable PPE, tools and equipment have been cleaned and disinfected.					
Operator Name (Print):		Operator Signature:		Date:	
Supervisor Name (Print):		Supervisor Signature:		Date:	