# **BEMS – PLANNED INTERRUPTION TO SERVICES PERMIT**

Date:

#### **Permit Number**

Either Purchase Order Number (Preferred)

or Work Order Number

General Work Permit Number

Interruption Permit Number

#### **Work Permit Period**

Commencement Date Time

**Completion Date** Time

## **Contact Details** (Site Contact during Permit Period)

Service Provider:

Mobile No:

### Interruption Type

Service Provider	Air Conditioning	Natural / LP Gas
	Access or Egress	Nurse Call
	Communications	Pneumatic Tube
	Electricity	Security System
	Fire Detection / Protection	Traffic Flow
	Functional Use	Water
	Lift	Other – (detail be

Lift Other – (detail below)

**Medical Gas** 

### **Details of Interruption**

Site:

**Building:** Floor:

Department:

Door Frame ID:

Description of Work: (If insufficient space, continue on page 2)

Service Provider

Reason for Interruption:

Effect of Interruption:

Location of Interruption:

Overall Residual Risk:

Service Provider

Special Requirements:

#### **Service Provider Confirmation** 6.

Service Provider

I confirm that the interruption to services as detailed above is required.

Company Name:

Service Provider: Mobile No:

Date:

Signature (A):

#### 7. **Approval**

I approve the interruption to services specified in this permit.

Nominated Officer:

(In Charge of Area Impacted):

Mobile No:

Date:

Signature (B):

I am satisfied that all persons impacted have been consulted. I approve the works specified in this permit

Works Coordinator:

Mobile No:

Date:

Signature (C):

#### 8. **Recommissioning Check List**

Service Provider

I hereby certify that work is complete and area is inspected and made safe. All services have been restored. Impacted staff have been notified.

Service Provider:

Date:

Signature (D):

### **Close Out Permit**

Workplace has been checked and cleared as safe. All permit conditions have been withdrawn.

Works Coordinator:

Date:

Signature (E):



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10.	Additional Information