

# Permit Form

## ELECTRICAL WORK



**Important:** Please download and open this form using Adobe Acrobat or PDF Reader to ensure this form can be submitted properly. Alternatively, please send completed form to the details below.

**This form is to be completed by the person responsible for the work being performed.**

Any approval by Te Pae Christchurch for this activity to occur does not give rise to an acceptance of any liability, loss or damage caused by the activity.

Please complete the sections below and submit this form no later than 14 days (not applicable for internal permits) prior to the work commencing by using the "Submit" button on page three. Final approval will be completed on the day. For assistance, please contact:

**Health, Safety and Security Manager, Te Pae Christchurch Convention Centre**

**Phone:** +64 3 266 1400

**Email:** [healthandsafety@tepae.co.nz](mailto:healthandsafety@tepae.co.nz)

## Contact Details

Name		Company Name	
Phone Number		Company Address	
Email Address		Post Code	
Name of Event*		Stand Name*	
Event Dates*		Stand Number*	

\* if applicable

## Permit Details

Electrical work is any work involving low voltage, single or three-phase power. All electricians must be registered with the Electrical Workers Registration Board (EWRB).

**Please note:** All permits are only valid for a maximum of one working day.

## Electrical Work Details

Identify the location of work (please include room names if applicable):

Describe the scope of works.

## Potential Hazards

Identify the possible hazards you may incur:

- |  |   |
|--|---|
| <input type="checkbox"/> Electrical burns                  | <input type="checkbox"/> Incompatible plugs (e.g. international connectors) |
| <input type="checkbox"/> Multiple connected cords          | <input type="checkbox"/> Shock  |
| <input type="checkbox"/> Trips and falls over floor wiring | <input type="checkbox"/> Wiring directly into main switchboards             |

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Other (please specify below):

### Working Area Controls

List controls required for the working area:

Compulsory:

- Single and three-phase – Standard PPE, certified electrician, electrical tools, & equipment must be tagged and current.

Additional:

### Control Measures

Identify control measures to be implemented:

<input type="checkbox"/> Department staff informed	<input type="checkbox"/> Hazard/equipment isolated
<input type="checkbox"/> Protective equipment required (specify below):	<input type="checkbox"/> Other (specify below, e.g. extraction/LEV):
<div style="border: 1px solid black; height: 40px;"></div>	<div style="border: 1px solid black; height: 40px;"></div>

### Additional Information

Please ensure the following information is adhered to before commencing electrical work at Te Pae Christchurch:

#### ELECTRICAL WORKS CHECKLIST:

- Identify the power isolation needs and location.
- All equipment is to be in good condition (e.g. power meters, testers, etc. must be inspected prior to use to ensure they are fit for purpose and have a current safety inspection tag).
- Task specific fire extinguisher is to be readily available (CO2).
- The electrician or nominated person must be competent to use the fire extinguisher.
- Contact is to be made with the Health and Safety department to ensure the fire alarm system is protected/isolated if appropriate.

#### REQUIREMENTS WITHIN THE WORK AREA

- Area to be checked for combustible materials which must be removed before work can commence. this can include paper, cardboard, dust, lint, debris, flammable liquids and oily deposits.
- Electrical wiring is to be mechanically protected or secured/taped down to the floor.
- Flammable liquids/chemicals removed from work area or stored appropriately.

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- Area to be screened, protected and safety signs to be displayed.

### ELECTRICAL LEADS

- Leads are to be run around the bottom of the walls or mechanically protected.
- Cables may have 3 or 4 pin plugs.
- Te Pae Christchurch must be informed if electrical leads are required.

### COMPLETION OF WORKS

- Ensure that any fire alarms, protection devices, isolations have been re-instated and put back into service.

## Declaration

- I declare that I have read and understood this permit and have completed this form to the best of my knowledge.

Date:	
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**Submit**

Once the sections above have been completed, please submit this application form. The following Mandatory Safety Requirements will be reviewed on the day the work is taking place.

## Mandatory Safety Requirements

It is the responsibility of all persons conducting a business or undertaking (PCBUs) and their staff to ensure that the Health and Safety at Work Act 2015, applicable legislation, procedures and safe work practices are followed, as far as reasonably practicable, to protect the health and safety of all persons.

All work areas will be checked for obstructions and blind corners for signage to be located prior to the commencement of work.

All electrical leads will be located around walls where possible. If required to cross a walkway, mechanical protection must be used to secure the lead. If required to cross a floor or around a stand, the lead is to be secured/taped to the ground.

Electrical tools and cables are to have been electrically inspected and tagged prior to use.

## Declaration of Understanding

All workers taking part in the task are to sign to declare that they have read and understood the above Mandatory Safety Requirements:

Name	Signature

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### Te Pae Christchurch Convention Centre use only

#### Risk and Compliance Authorisation

Power isolation required?		Power isolation approved?	
Date permit valid for:		Time from:	Time to:

#### Permit Control

Name of Issuer:		Signature:		Date:	
Name of Receiver:		Signature:		Date:	
Electrical registration number:					

#### Permit Closure

This section is to be completed on inspection of work area after work has been completed.

Has the area been left clean and tidy	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Have all tools and barriers etc been removed	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Has no damage occurred to walls, floors etc	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Has any system isolated been re-instated	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Name of Te Pae Christchurch permit issuer:		Date:		Time:	
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