WORK HEALTH & SAFETY

Night / After-Hours Work Permit

Authorisation for out-of-hours work

AFTER-HOURS

Permit no.: _____

Valid: **single task / shift**

SITE / BUILDING	ADDRESS	SPECIFIC LOCATION / AREA	DESCRIPTION OF WORK
VALID FROM (DATE / TIME)	**VALID TO (DATE / TIME)**	**SWMS / JSA REF.**	**PERMIT NO.**

1 This permit covers

- ☐ Out-of-hours maintenance
- ☐ Shutdown work
- ☐ Critical repairs

2 Requirements — confirm before work commences

#	REQUIREMENT	YES	NO	N/A	COMMENTS
1	Client approval obtained	☐	☐	☐	
2	Site access arranged	☐	☐	☐	
3	Lighting adequate	☐	☐	☐	
4	Security arrangements confirmed	☐	☐	☐	
5	Emergency contacts available	☐	☐	☐	
6	Communication plan established	☐	☐	☐	
7	Noise restrictions reviewed	☐	☐	☐	
8	Fatigue management considered	☐	☐	☐	
9	First aid available	☐	☐	☐	

3 After-hours details

CLIENT APPROVAL REF.	WORK HOURS (FROM / TO)	SITE ACCESS / SECURITY CONTACT
ON-SITE EMERGENCY CONTACT	**AFTER-HOURS SUPERVISOR**	**FATIGUE MANAGEMENT NOTES**

✎ Authorisation & acceptance

This permit is **not valid until authorised**. By signing, the receiving worker confirms they understand the hazards, controls and conditions of this permit.

ISSUED / AUTHORISED BY (NAME & SIGNATURE)	POSITION	DATE / TIME
ACCEPTED BY (RECEIVING WORKER — NAME & SIGNATURE)	**COMPANY / ROLE**	**DATE / TIME**

✓ Completion & cancellation

On completion, confirm the area is safe, controls / isolations removed where appropriate and systems returned to normal.

PERMIT CLOSED / CANCELLED BY (NAME & SIGNATURE)	POSITION	DATE / TIME

Guidance only. After-hours and lone / night work carries added risk from reduced supervision, lighting, fatigue and emergency response. Confirm client approval, security and site access, ensure reliable communication and emergency contacts, and manage worker **fatigue** in line with the WHS duty to manage risks.