



<b>PTW CHECKLIST - NO. 25</b>		<b>Title: Mercury - Working on equipment contaminated or has potential to be contaminated with Mercury</b>	
<b>Owner:</b> Capability Coordinator			
<b>Approver:</b> Capability Coordinator		<b>Max Validity Period: 5 yrs</b>	
<b>Permit No.:</b>		<b>Date:</b>	
<b>Latest Rev</b>	<b>Date</b>	<b>Details</b>	<b>Authorised By</b>
3.0	Jan 2016	Full revision	S Elliott

Other Checklists That May Be Relevant: [59](#)

HRA Checklists: [9](#)

**PRIOR TO PERMIT ISSUE:**

Tick when done

- Does the system contain known mercury contamination and if so what are the latest recorded readings - \_\_\_\_mg/m3 in air, or \_\_\_\_ppb in fluid sampled? (This information is obtained from the [Site Mercury Register](#)).
- The PICWS for this activity has attended the full Mercury Hazards & Management Awareness training. The rest of work party has viewed the 'Dealing with Mercury' video.
- List the PPE to be worn for the initial checking at the worksite. Check the SOP STA-01.43  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Y	N	NA
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**PRIOR TO COMMENCING TASK:**

Tick when done

- During the Mercury testing, if the Mercury threshold limits are reached then signs and barriers are to be erected to restrict others from entering the work area.

Y	N	NA
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**UPON COMPLETION OF WORK:**

Tick when done

- All equipment to be cleaned, checked and / or disposed of as per the SOP.

Y	N	NA
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>