



<b>PTW CHECKLIST - NO. 64</b>		<b>Title: Working on, or near Rotating Equipment / Machinery</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: [27](#), [42](#)

HRA Checklists:

**PRIOR TO COMMENCING TASK:**

Tick when done

- 1 Confirm measures are in place to stop the machinery from moving due to wind and/or flow (application of brake, chocks etc)

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