SUP 08
Operational procedures for Medical Gas Pipeline Systems (MGPS)
Unified procedures for use within NHS Scotland

May 2015
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Disclaimer

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Acknowledgements

This unified procedures guidance has been produced for NHS Boards to adopt or adapt and incorporates information made available by NHS Lothian and NHS Greater Glasgow & Clyde which is gratefully acknowledged.

**Note:** This unified procedures guidance has been produced for NHS Boards to adopt or adapt to suit individual circumstances.
Introduction

Policy

This Operational Procedure document has been prepared to assist in the safe management of Medical Gas Pipeline Systems (MGPS) installed within the NHS Board’s premises.

In accordance with the requirements of Scottish Health Technical Memorandum (SHTM) 02-01 ‘Medical gas pipeline systems’ the Chief Executive formally delegates the day-to-day responsibility for the management of MGPS to the Authorised Person (MGPS) who will also delegate responsibility for the preparation, implementation, monitoring and review of this Operational Procedure.

The document will be reviewed annually or when there is any significant change to either:

- the MGPS installation;
- leasing arrangements for plant and equipment not owned by the NHS Board;
- personnel responsible and involved with the management of the MGPS systems;
- revisions to published guidance (e.g. SHTM 02-01 Parts A & B)
1. Aim and scope

1.1 The aim of this Operational Procedure is to provide those persons engaged in the day-to-day operation, maintenance and repair of the medical gas pipeline systems (MGPS) with accurate and concise information with respect to the safe use of those systems and of the actions to be taken in an emergency situation.

1.2 Responsibility for the preparation, implementation, monitoring and review of the Operational Procedure lies with the Authorised Person (MGPS) or Co-ordinating Authorised Person (CAP) (where there are more than one Authorised Persons (MGPS) on site) who has delegated day-to-day responsibility for the management of MGPS in the NHS Board’s premises.

1.3 The content of the Operating Procedure is specific (where necessary to identify plant and systems on individual sites) to those MGPS installed within the NHS Board’s premises. It has been derived primarily from the operational management guidance contained within SHTM 02-01 ‘Medical gas pipeline systems’ Part B ‘Operational management’. Other standards, including British and European Standards, will be referred to as appropriate.
2. Operational management arrangements

Functional responsibilities – Key Personnel

2.1 In order to maintain the four fundamental tenets (identity, adequacy, continuity and quality of supply) associated with a safe and reliable MGPS, a management regime is required to ensure that the systems are operated correctly and for maintaining the integrity of the systems during repair or modification works. This requires the involvement of a number of personnel in differing roles with each having specific defined responsibilities. The key role is that of the Authorised Person (AP) (MGPS) who has the delegated responsibility for seeing that the MGPS are operated safely and efficiently. The powers of the AP (MGPS) are such that only he/she can decide whether or not a MGPS should be taken into or out of use.

2.2 In addition to the AP (MGPS) the following personnel have specific responsibilities as defined within these Operational Procedures.

Chief Executive / Executive Manager

2.3 The Chief Executive / Executive Manager has the ultimate management responsibility for the MGPS installed on the NHS Board’s sites. This includes the responsibility for the allocation of resources and the appointment of personnel involved in the use, installation and maintenance of the MGPS. With regard to the AP (MGPS), this appointment must be in writing based on the recommendation of the Authorising Engineer (MGPS) (Paragraph 2.13 refers).

2.4 The name of the nominated Chief Executive / Executive Manager for the purpose of the NHS Board’s Operational Policy should be entered here:

Head of Estates / Facilities

2.5 The Head of Estates / Facilities generally has the responsibility for the integrity of the MGPS installed at the NHS Board’s premises for which he/she is responsible. This can be achieved through the implementation of proper work procedures and the appointment of competent contractors. In most cases the AP (MGPS) or Coordinating AP will be a member of the Estates / Facilities Department.

2.6 The name of the nominated Head of Estates / Facilities for the purpose of the NHS Board’s Operational Policy should be entered here:
Authorised Person (MGPS)

2.7 The AP (MGPS) is defined as that person designated by the Chief Executive / Executive Manager to be responsible for the day-to-day management of the MGPS at a particular site. The AP (MGPS) should be appointed in writing by the Chief Executive / Executive Manager on the recommendation of the Authorising Engineer (AE) (MGPS). This recommendation would normally be made following an assessment of the competency, knowledge of the MGPS on the site and of the overall suitability of the individual proposed for this role. The appointment of a CAP (MGPS), if required on a site, with overall responsibility, will act as the conduit for MGPS issues including receiving and issuing communications from and to the AE (MGPS) and for disseminating information to other APs (MGPS) for the site.

2.8 The main responsibilities of the AP (MGPS) include:

- day-to-day management of the MGPS;
- management and implementation of the MGPS Permit-to-Work procedure including liaison with contractors and all relevant nursing / medical staff;
- liaising closely with other professionals in various disciplines on all matters relating to MGPS including purchase of new equipment to which the MGPS may be connected;
- assessing the competency of all Competent Persons (CPs) (MGPS) employed directly by the Estates Department and maintaining a list of all of the CPs (MGPS). The individual appointment of CPs (MGPS) will be reviewed at intervals not exceeding 3 years;
- ensuring that work on the MGPS is carried out only by approved specialist contractors registered to BS EN ISO 9001 / BS EN ISO 13485 with the scope of registration defined as design, installation, commissioning and maintenance of MGPS as appropriate;
- for the CAP (MGPS), acting as the point of contact for MGPS issues including receiving and issuing communications from and to the AE (MGPS) and for disseminating information to the other APs (MGPS) for the site;
- providing all necessary assistance to the CP (Pressure Systems) for the purpose of statutory inspections on relevant parts of the MGPS;
- providing advice on the suitability of existing MGPS being extended or modified as required for new projects or refurbishment works;
- updating all relevant records relating to the MGPS and amending MGPS drawings as systems are modified or extended;
- monitoring, reviewing and updating these Operational Procedures.

2.9 The name(s) of APs (MGPS) for the (various) NHS Board premises should be entered here against each site:
Competent Person (MGPS)

2.10 The Competent Person (MGPS) should be assessed and appointed by the AP (MGPS) when employed directly by the Estates Department. When this is the case the AP (MGPS) will maintain a register of CPs (MGPS). Where the CP (MGPS) is a member of the MGPS specialist contractor’s staff the contractor will be responsible for assessing the competence of the individual and for maintaining a register of CPs (MGPS). The CP (MGPS) is required to participate in the MGPS Permit-to-Work procedure for all relevant activity or work on the MGPS and to take instruction from the AP (MGPS) with respect to the works in hand.

Quality Controller

2.11 The Quality Controller (QC) is the person designated with the responsibility for the quality control of medical gases at the terminal unit and plant. The responsibilities will extend to carrying out the relevant tests for gas quality and identity following new works and extensions to existing systems. The services of a QC will be obtained from the NHS Board’s Pharmacy Department or Medical Physics Department (whichever provides this service).

Designated Medical or Nursing Officer

2.12 The AP (MGPS) is required to liaise with an individual within each ward or department on matters affecting the MGPS within the ward or department. SHTM 02-01 describes this person as the Designated Medical or Nursing Officer and the individual is required to participate in the MGPS Permit-to-Work procedure, giving permission for a planned interruption to the supply. The Designated Medical or Nursing Officer is required to ensure that no patient within the ward or department under their control is connected to or dependent upon the MGPS prior to giving the AP (MGPS) permission to interrupt the supply. The Designated Medical or Nursing Officer is also required to ensure that all relevant medical and nursing staff are aware of the interruption and for informing them as to which MGPS terminal units cannot be used. The provision of emergency cylinders and action to take in the event of an emergency falls within this remit and all Designated Medical or Nursing Officers will receive training on the MGPS relevant to their ward or department.

Authorising Engineer (MGPS)

2.13 The NHS Board will contract with a suitably qualified Chartered Engineer to secure the services of an AE (MGPS). National Services Scotland National Procurement has set up a Framework of suitable AE (MGPS) providers. The job description, responsibilities and qualifications are set out in SHTM 02-01. The main duties of the AE (MGPS) are to assess individuals nominated by the NHS Board for the role of AP (MGPS) and to provide an independent technical advisory service for all aspects of MGPS.
**Note:** It is imperative that communication with the Authorising Engineer, Co-ordinating Authorised Person, Authorised Person and Pharmacy Quality Assurance Team is maintained and effective. This particularly applies to new and refurbishment works to improve efficiency and prevent delays.
3. Record of appointments and training

**Note:** The Chief Executive / Executive Manager / Head of Estates will maintain a record of all APs (MGPS) appointed for the NHS Board including the date of commencement of appointment and when refresher training and re-appointment is required. The AP (MGPS) will maintain a record of all CPs (MGPS) employed directly by the NHS Board Estates Department and through continued liaison with all relevant wards and departments will maintain a list of Designated medical or Nursing officers for these areas. CPs (MGPS) employed by specialist contractors will have a record of their appointment and training made by the contractor. This will be made available to the AP (MGPS) upon request.

**Training**

3.1 All MGPS training received by staff will be recorded in the individual’s training file. Prior to being considered for appointment as an AP (MGPS) and CP (MGPS), all persons must have satisfactorily completed an appropriate training course. The assessment will then focus on the person’s knowledge of the content of SHTM 02-01 and of their familiarity with the MGPS installed at the relevant NHS Board site.

3.2 Staff undertaking the following functions will require to attend these refresher courses and training:

- **Authorised Persons (MGPS)** are required to attend a suitable refresher course every 3 years prior to being re-assessed by the AE (MGPS);
- **Competent Persons (MGPS)** are required to attend a suitable refresher course every 3 years prior to being re-assessed by the CAP;
- **The Quality Controllers (QC)** will received specific training relevant to their responsibilities and ensure familiarity with the requirements of SHTM 02-01;
- **The Designated Medical or Nursing Officers** will receive specific training in relation to emergency procedures relevant to the ward or department under their control. All medical and nursing staff will be trained in the safe use of MGPS with refresher training being arranged annually;
- **Portering Staff and Maintenance Assistants** with the responsibility for transporting and changing cylinders on equipment will receive training in correct cylinder handling and management.
4. Permits-to-Work and Record Keeping

**Note:** The Permit-to-Work procedure for MGPS as detailed within SHTM 02-01 will be followed rigorously to ensure that the integrity and performance of the system is maintained. The AP (MGPS) will be responsible for the implementation of the permit-to-work procedure and will assign the hazard level appropriate to the works concerned. The specific responsibilities of the key personnel involved in the permit-to-work procedure are detailed below.

4.1 Authorised Person (MGPS)

- to obtain the permission of the Designated Medical or Nursing Officer for the ward or department concerned for interrupting the MGPS supply to that ward or department and obtaining their signature on the permit (Part 1). The AP (MGPS) will endeavour to give as much advance notice as possible for all pre-planned work;
- to assist the Designated Medical or Nursing Officer in making alternative arrangements for providing MGPS through temporary supplies, etc;
- affixing prohibition notices to affected terminal units and outlets;
- preparing the Permit;
- supervising the isolation of the MGPS on the section of the system on which the work is to be carried out;
- describing and explaining the specific work procedures to CPs (MGPS) and obtaining their signatures on the Permit (Part 2, upon commencement and Part 3 upon completion of the works);
- providing ‘as fitted’ drawings of the MGPS installation as required for the work concerned;
- supervising the relevant tests on the completed work;
- supervising purging with the working gas;
- final testing in conjunction with the Quality Controller (QC) where the Permit has been assigned a high hazard level;
- final testing where the Permit has been assigned a high or low hazard level;
- restoring service to the ward or department affected;
- supervising or making the final connection to any extension;
- notifying the Designated Medical or Nursing Officer for the ward or department concerned that the works are complete and obtaining their signature on the Permit (Part 5);
- removal of prohibition notices fitted to terminal units, etc;
- obtaining any corrected copies of drawings and supervising any amendments required to existing ‘as-fitted’ drawings;
• retaining the original copy (White) of the Permit.

**Note:** The AP (MGPS) will also be responsible for arranging other permits as required for the works such as hot work permits, permits for working in confined spaces, permits for isolating sections of the fire alarm system, etc.

4.2 Competent Persons (MGPS)

- signing Part 2 of the Permit to acknowledge responsibility and understanding of the instructions for the work involved;
- isolating the MGPS for the section to be worked on under the direct supervision of the AP (MGPS);
- carrying out the prescribed work in a safe manner;
- carrying out the system integrity tests on completed work under the direct supervision of the AP (MGPS);
- signing Part 3 of the Permit to declare that the work as described on the Permit has been completed;
- retain the Yellow copy of the Permit.

4.3 Designated Medical or Nursing Officer

- signing Part 1 of the Permit agreeing that the MGPS for the ward or department concerned can be taken out of use;
- advising other clinical and nursing staff within the ward or department concerned that the system is not available for use;
- signing Part 5 of the Permit upon completion of the works accepting the system back into use;
- advising other clinical and nursing staff within the ward or department concerned that the system is now available for use.

4.4 Quality Controller (QC)

- carry out the required gas quality and identity tests upon completion of the works which were assigned a high hazard level and to liaise with the AP (MGPS) in carrying this out;
- signing Part 4 of the High Hazard Permit to declare that the testing has been satisfactorily completed;
- retain the Pink copy of the Permit.
**Note:** Permit books will be retained by the CAP (MGPS) with only one book of each type being in use at any one time. Used permit books will be retained for future reference with a new book only being taken into use once the old book is completely used and all permits accounted for. Any errors on the permit will be corrected and initialled by the AP (MGPS). The extent of work specified in Part 1 of the permit should not be amended. If any changes to the work are required, a new permit should be issued with the old one clearly marked as being ‘cancelled’.

### Appointment and control of Specialist Contractors

4.5 Work on the MGPS will only be carried out by specialist contractors registered to BS EN ISO 9001 / BS EN ISO 13485 with the scope of legislation defined as design, installation, commissioning and maintenance of MGPS. The AP (MGPS) will verify the appointment prior to any works commencing by sight of the contractor's registration certificate.

4.6 The AP (MGPS) will be responsible for monitoring the work of specialist contractors which will be carried out through close supervision on site and inspection of completed works. The specialist contractor will only be contacted by the AP (MGPS) to attend site with any faults or emergencies being reported by clinical or nursing staff via the Hospital’s on-call arrangements.

**Note:** All keys for lockable line valves (LLVs) and area valve service units (AVSUs) will be kept within a locked key cabinet – itself restricted to the APs (MGPS). Medical Gas Plantrooms will be locked with the keys made available when appropriate through the NHS Board’s Estates Department signing-in / out procedure.

### Record keeping

4.9 Up-to-date drawings and records of the MGPS are required not only to satisfy the operational management arrangements of SHTM 02-01 but also the statutory requirements of the Pressure Systems Safety Regulations (PSSR) 2000 (SHTM 08-08 refers). All MGPS drawings and Operation & Maintenance Manuals will be kept within the Estates Department and be available for reference by all APs (MGPS). The CAP / AP (MGPS) will have the responsibility for arranging and verifying the updating of all drawings as MGPS are modified, extended or removed. The CAP / AP (MGPS) will also be responsible for ensuring that all documentation relevant to the MGPS is suitably filed within the Estates Department. This may be by electronic means (cad format, etc) or in the form of hard copies.
5. Maintenance activities

General

5.1 All planned and reactive maintenance on the MGPS will be carried out under the responsibility of the CAP / AP (MGPS). Planned Preventive Maintenance (PPM) will generally be undertaken on all relevant MGPS plant and system components as per the manufacturer’s instructions. All work will be carried out in strict accordance with the relevant technical standards and will come under the remit of the permit-to-work procedure, even when no interruption to the service is anticipated.

Specialist contractors etc

5.2 Maintenance work will only be carried out by approved specialist contractors registered to BS EN ISO 9001 / BS EN ISO 13485 or by suitably trained Hospital staff such as appointed CPs (MGPS). Specialist contractors are required to comply with the Estates Department signing-in/out procedures and are required to give sufficient notice (at least one week) to the CAP/AP (MGPS) prior to scheduled visits. The contractor’s staff at all times must display appropriate contractor’s identification as well as the contractor’s pass issued by the NHS Board’s Estates Department. Specialist contractors will receive copies of the Hospital Fire Policy, Health & Safety Policy etc. The contractor will be required to comply with all such policies and must instruct his staff in the requirements of the relevant policies. In the event that the specialist contractor has to use sub-contracted staff, prior permission should be obtained from the CAP/AP (MGPS). In this case the specialist contractor must ensure that any sub-contract staff are at least as competent as his own and have received appropriate training and experience.

5.3 Where the contractor has provided test equipment, calibration certificates should be made available to the CAP/AP (MGPS) if requested.

5.4 The CAP/AP (MGPS) will be responsible for monitoring the maintenance work carried out by both the specialist contractor and in-house staff. When requested, the contractor must provide the Co-ordinating/AP (MGPS) with documentary evidence of competence and training of their staff. All planned maintenance activity will be arranged to minimise disruption to the day-to-day running of the Hospital and may involve particular arrangements to ensure continuity of supply and patient safety where required. Where necessary work will be planned outwith peak times such as evenings and weekends. All maintenance activity will be suitably recorded with the records kept on site. The CAP/AP (MGPS) will be responsible for collating, updating and filing of all maintenance records relevant to MGPS plant and components.
Statutory examinations (Pressure Systems Safety Regulations 2000)

5.5 The Pressure Systems Safety Regulations 2000 are applicable to systems in which the gas pressure exceeds 0.5 bar gauge. All relevant parts of the MGPS will therefore be included within a written scheme of examination and be subject to examination at the prescribed intervals by the appointed Competent Person (Pressure Systems).

Note: This is not the same person as the Competent Person (MGPS) and is likely to be employed by the NHS Board’s insurance company.

5.6 The CAP/AP (MGPS) will receive the reports produced by the CP (Pressure Systems) and will instigate any actions within the timescales specified.

The CP (Pressure Systems) will be named in the NHS Board’s Procedures Manual.

Cylinder management

5.7 All aspects of cylinder management will follow the guidance contained within SHTM 02-01 – Part B: Operational Management.

- **Classification of gas cylinders:** Medical and non-medical gas cylinders must never be mixed, either in storage or in use;
- **Accommodation for medical gas cylinders:** Medical gas cylinder stores must only contain medical gas cylinders. The design and construction of all medical gas cylinder stores will meet the requirements of SHTM 02-01 in terms of the following:
  - being adequately ventilated;
  - having a suitable floor and hard standing;
  - having suitable access for cylinder trolleys to facilitate manual handling of cylinders;
  - having clear segregation of full and empty gas cylinders;
  - providing separate storage areas for different gases;
  - incorporating adequate means of securing large cylinders and racking of small cylinders.
  - stores will also be identified with the correct warning signs and notices;
  - having parking prohibited within the delivery and storage area other than for loading and unloading cylinders.

Medical equipment purchase

5.8 The Co-ordinating/AP (MGPS) must be consulted prior to the purchase of any medical equipment which will be connected to the Hospital’s MGPS systems to
ensure that the system has sufficient capacity and can deliver the required flow rate at the specified pressure.

**Emergency call-out arrangements**

5.9 Outwith normal working hours the ‘duty’ AP (MGPS) will be contacted through the Estates Department's on-call function. The AP (MGPS) will be required to assess the particular situation and arrange for either the CP (MGPS) or specialist contractor to attend site for any required medical works to be carried out. The AP (MGPS) will only make contact with the specialist contractor. In the event that the particular problem will cause a department to be taken out of use for a prolonged period or will require cancellation of patient lists etc, the AP (MGPS) will notify the relevant Head of Department at the earliest possible opportunity.

**Estates Facilities Alerts**

5.10 Health Facilities Scotland (HFS) occasionally issues an Estates Facilities Alert to NHS Scotland through the Incident Reporting & Investigation Centre (IRIC). Where this affects a particular practice or type of plant or component in use within the NHS Board the CAP/APs (MGPS) will assess the implications and possible actions required. Further advice on the content of the Notice should be obtained from the AE (MGPS)
6. Communication and contact details

The following information should be completed

<table>
<thead>
<tr>
<th>Title</th>
<th>Name</th>
<th>Contact details</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chief Executive / Executive Manager</td>
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<td></td>
</tr>
<tr>
<td>Head of Estates</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Co-ordinating/Authorised Person (CAP) (MGPS)</td>
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<td></td>
</tr>
<tr>
<td>Authorised Person (AP) (MGPS)</td>
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<td></td>
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<tr>
<td>Quality Controller (QC)</td>
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<td></td>
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<tr>
<td>Authorising Engineer (AE)</td>
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<td></td>
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<tr>
<td>Specialist Contractor</td>
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<tr>
<td>Competent Person (CP) (MGPS)</td>
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<tr>
<td>Estates Department</td>
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<tr>
<td>Portering Department</td>
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<tr>
<td>Pharmacy Department</td>
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<tr>
<td>Control of Infection</td>
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<tr>
<td>Occupational Health &amp; Safety</td>
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<tr>
<td>Hospital Fire Officer</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cylinder / gas supplier</td>
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</tbody>
</table>
7. Distribution list

Copies of these procedures are located in the following wards/departments:

<table>
<thead>
<tr>
<th>Ward / Department</th>
<th>Name</th>
<th>Designation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Estates Department</td>
<td>Estates Operations Manager</td>
<td></td>
</tr>
<tr>
<td>Medical Physics</td>
<td>Medical Devices Manager</td>
<td></td>
</tr>
<tr>
<td>Pharmacy Department</td>
<td>Pharmacist</td>
<td></td>
</tr>
<tr>
<td>Portering Department</td>
<td>Logistics Manager</td>
<td></td>
</tr>
<tr>
<td>Occupational Health and Safety</td>
<td>Health &amp; Safety Manager/Advisor</td>
<td></td>
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<tr>
<td>Control of Infection</td>
<td>Infection Prevention and Control Manager</td>
<td></td>
</tr>
<tr>
<td>Administration</td>
<td>Business Manager</td>
<td></td>
</tr>
<tr>
<td>Nursing Management</td>
<td>Nursing Manager</td>
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</tr>
</tbody>
</table>

The persons named above will have responsibility for ensuring that any updated sections which are issued are inserted into the Operational Procedures document and for bringing the content of the document to the attention of the relevant staff within that ward /department.
Appendix: Permit-to-Work flow chart

Work to be carried out:

What will the task involve?
What are the competencies/qualifications required?

Carry out risk assessment ID No.

Has a risk assessment been carried out for the task?
Yes – ID No.

What are the control measures required?

Do significant risks still exist?
Yes
Permit to work required?
Yes

Safe to proceed without a permit?
Yes

Undertake task following risk controls

Is permit to work cross referenced with another permit? Yes/No
If yes give detail -

Undertake task implementing the permit controls and requirements?
Yes

If the task changes you must stop and go back to the risk assessment stage

Undertake task