

ANNEX J PERMIT TO WORK FORM

	Permit to Work	Ver-00 DD/MM/YYYY
---	-----------------------	------------------------------------

This permit is only valid for the day of issue. Work must be suspended if conditions of issue change.

Administrative Information

Office/Location:

Work Area:

Date of work:

Time of Work:

Permit requested by:

Permit approved by:

Work Type	Hot work	Work at height	Confined space	Work at night	Excavation
Civil	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mechanical	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Electrical	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Description of works

To,

Mr/ Ms _____ of (Department/ Subcontract name) _____

You are hereby permitted to work as detailed above from _____ to _____. The work to be undertaken must be in compliance with the relevant checkpoints appended below:

Checkpoints to be considered for work at height (>=2 m)

S.N	Checkpoints	YES/NO/NA	S.N	Checkpoints	YES/NO/NA
1	Is the surrounding area checked and employees have been cautioned and shifted to safer place?		8	Are the required Personal Protective Equipment provided? (including hand gloves, high visibility vest, helmet, safety glasses, shoes, safety belt, hearing protection, respirator)	
2	Is the surrounding area barricaded and caution board displayed?		9	Is the location of nearest phone, fire extinguisher identified before start of work?	
3	Is the proper scaffold/ ladder provided and tied at top?		10	Is the LOCKOUT and TAGOUT system used to isolate all types of energy sources before attending the work?	

S.N	Checkpoints	YES/NO/NA	S.N	Checkpoints	YES/NO/NA
4	Is the walking platform provided and supported with structure?		11	Have the workers attending the work been informed about the emergency procedure?	
5	Is the safety belt used and lifeline anchored?		12	Does the electrical cable and equipment have earthing and three-pin?	
6	Are the additional fall protection measures like safety net, crawling boards, fall arrester provided?		13	Is the person working at height qualified and does he hold a fitness certificate?	
7	Are tool lanyards and tethers provided for attaching tools directly to the worker's harness or tool belt to avoid falling?		14	After the completion of the work are the hand tools removed? (after completion of work)	
8	Is the standby/ supervisor person appointed to watch and warn personnel?		15	Is the dirt / waste and material removed from the site after completion of the work? (after completion of work)	

Checkpoints to be considered for "Hot Work"

S.N	Checkpoints	YES/NO/NA	S.N	Checkpoints	YES/NO/NA
1	Are you using LOCKOUT and TAGOUT system to isolate all types of energy sources before commencing work?		13	Is the grinder guard in position? The job rest and toe gap maintained within 4-6 mm?	
2	Is the equipment drained, gas freed, flushed and blinded/ isolated?		14	Are the gas cylinder mounted on trolley, secured and caped?	
3	Have you checked the surrounding area and removed the flammable material within 10 m distance?		15	Is the gas hosepipe in good condition, tested and ISO colour coded?	
4	Is the drain pit, sewer and floor opening covered/ protected to prevent spark?		16	Is the welding torch provided with flash back arresters?	
5	Is the control of welding spark provided by using wet gunny bags/ welding curtain?		17	Is the proper scaffold/ ladder provided and tied at top?	
6	Is there a provision of proper lighting and exit?		18	Is the safety belt used and lifeline anchored?	
7	Is the welding return connected to the workpiece?		19	Are the appropriate following fire extinguishers provided? Water type, foam, CO ₂ , Dry Chemical Powder (DCP)	
8	Are welding cables in good condition? (no cuts, no bare conductors exposed)		20	Are the available sprinklers, hose stream, extinguishers reviewed?	
9	Do you have the required Personal Protective equipment (including welding shield,		21	Is the location of nearest phone, safety shower/eye wash, fire	

S.N	Checkpoints	YES/NO/NA	S.N	Checkpoints	YES/NO/NA
	leather hand gloves, apron, helmet, safety glasses, shoes, safety belt)?			extinguisher reviewed before start of work?	
10	Is the ventilation adequate to allow welding fumes to be extracted/diluted?		22	Have the workers attending the work been informed about the emergency procedure?	
11	Is the welding set energised through Earth Leakage Circuit Breaker [ELCB]/ and earthed?		23	Is the fire watch provided trained in use of fire extinguisher?	
12	Is the gas cylinder mounted on trolley, secured and caped?		24	Is the dirt/ waste and material removed from the site after work and properly disposed?	

Checkpoints for confined space entry

S.N	Checkpoints	YES/ NO/NA
1	Is gas monitoring present?	
2	Is there a stand by man to observe work at all times?	
3	Are rescue harness and safety life lines present?	
4	Has forced ventilation been implemented?	
5	Are additional PPE required? If NO, please specify.	
6	Is access requirement fulfilled/obtained? If NO, please specify.	
7	Are there other precautions, i.e., hot works, chemicals? If YES, please specify.	

Checkpoints for excavation work

S.N	Checkpoints	YES/ NO/ NA	S.N	Checkpoints	YES/NO/ NA
1	Has the excavation area been surveyed, demarcated & cleared of all debris/vegetation?		6	Have "Special Precaution Plans" been reviewed based on the items identified under point 3?	
2	Has the excavation plan submitted include the following: <ul style="list-style-type: none"> • A clear sketch of slope/step cuts /shoring, clearances • A clear sketch of roach/stairways, barricading method • List of mobile equipment to be used • Disposal or stacking methods • Dewatering methods 		7	Is excavation plan being followed at site with respect to: <ul style="list-style-type: none"> • Slope/step cut/shoring/clearances? • Approach/stairways safe & sound & as per plan? • Barricading safe & sound & as per plan? • Disposal & stacking method? 	
3	Has the excavation area been checked against: <ul style="list-style-type: none"> • Any underground cabling? • Any underground piping? • Any underground gas line or plumb line, sewerage/ other? 		8	Has mobile equipment been checked with respect to: <ul style="list-style-type: none"> • Competent operators with valid license. • Lights, horns, backlights, reverse horns, brakes. • Properly maintained & fit for use. 	

S.N	Checkpoints	YES/ NO/ NA	S.N	Checkpoints	YES/NO/ NA
4	Have clearances been obtained from respective agencies on electrical, mechanical (gas line, piping.) and civil (sewerage line, catch pits/drain lines) items?		9	Static equipment (i.e dewatering pumps) checked with respect to: <ul style="list-style-type: none"> • Safe connections, unjointed/unsliced cables, switches? • Proper earthing mechanisms? 	
5	Has approval been obtained for the excavation plan based on points 1, 2, 3 and 4 above?		10	Is proper PPE being used by the workers?	

Permit Issue

Issued by EHS In-charge

Name

Signature

Date

Time

Accepted on behalf of

Name

Signature

Date

Time

Permit Close-Out☐ Job Completed☐ Suspended☐ Cancelled

Work Close-Out by

Name

Signature

Date

Time

Close-Out Remarks

On behalf of KTZ, Work Permit Close-Out by

Name

Signature

Date

Time

Close-Out Remarks

This permit is only valid for the day of issue. Work must be suspended if conditions of issue change.